



Setting New Standards for Venous Care

January 2023 Investor Presentation

Nasdaq: NVNO
enVVeno.com



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Investment Overview

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Chronic Venous Insufficiency (CVI)
is Caused by the Failure of Valves
in the Veins of the Leg

There are Currently No
Effective Treatment Options
for Deep Venous CVI



Surgical replacement venous valve
Ongoing SAVVE U.S. pivotal trial
Potential U.S. TAM: 2.5 million patients



Non-surgical replacement venous valve
Upcoming TAVVE FIH (first-in-human) study
Potential U.S. TAM: 3.5 million patients

Sufficient Capital to Fund Operations Through 2024

Perceptive Advisors – Lead Investor

Chronic Venous Insufficiency (CVI)

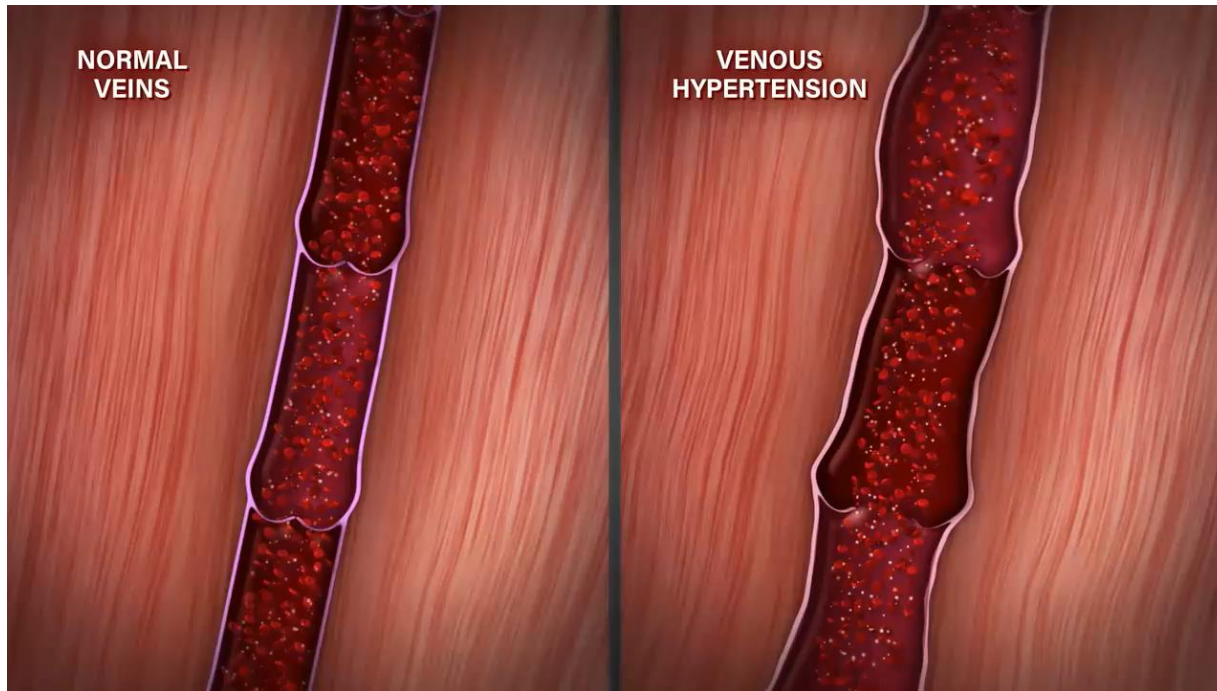


Learn More

Chronic Venous Insufficiency (CVI)

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Occurs as a result of increased venous pressure (venous hypertension) within the veins of the leg, due to failure of valves within the veins





Leads to:

- Reflux – blood flows in the wrong direction
- Blood pooling in the lower leg
- Venous hypertension
- Pain
- Edema
- Ulceration

CVI Patients Need an Effective Treatment


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 ~2.5M
 ~3.5M
People in the U.S.¹

~\$30k
Spent on wound care
per patient per year²



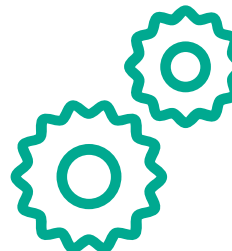
20-40%
1-Year ulcer
recurrence¹



~\$3B
Direct medical
costs²



~40%
More workdays
missed³



1. Yost, Mary, The Sage Group, Chronic Venous Disease, Epidemiology, Costs, and Consequences, 2016
2. Sachdev, Ulka, et. al. Suppressed Networks of Inflammatory Mediators Characterize Chronic Venous Insufficiency, Journal of Vascular Surgery: Venous and Lymphatic Disorders, May 2018
3. Rice, J. Bradford, Burden of Venous Leg Ulcers in the United States, Journal of Medical Economics, Volume 17, 2014

Deep Venous CVI: Current Standard of Care

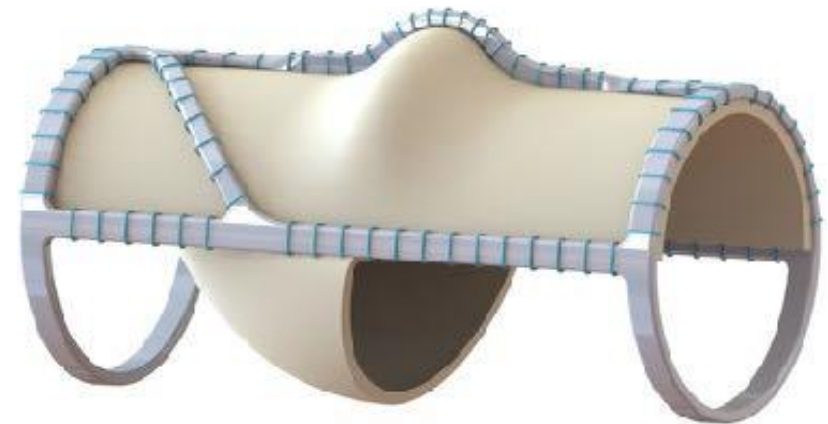
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Compression Garments

Leg Elevation

venoValve



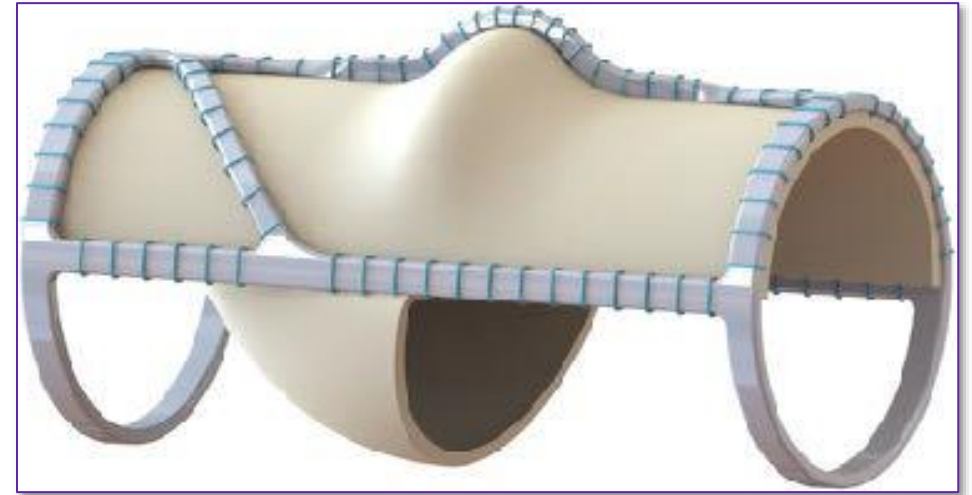
First-In-Class Surgical Replacement Venous Valve

Demonstrated **efficacy and safety**
in first-in-human trial

Ongoing U.S. Pivotal Trial

Significant opportunity with
~2.5 million potential patients in the U.S.

Initial Efficacy Data from
Pivotal trial expected **Q1 2024**



FDA Breakthrough Device Designation

veno valve



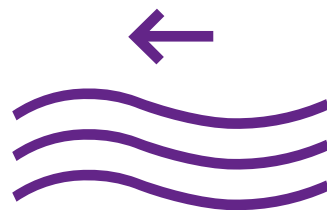
View Video

Safety



Number device related adverse events

Reflux



Backwards flow of blood measured via a duplex scan

rVCSS (Venous Clinical Severity Score)



Progressive ranking of disease manifestations and severity

Pain VAS (Visual Analogue Score)

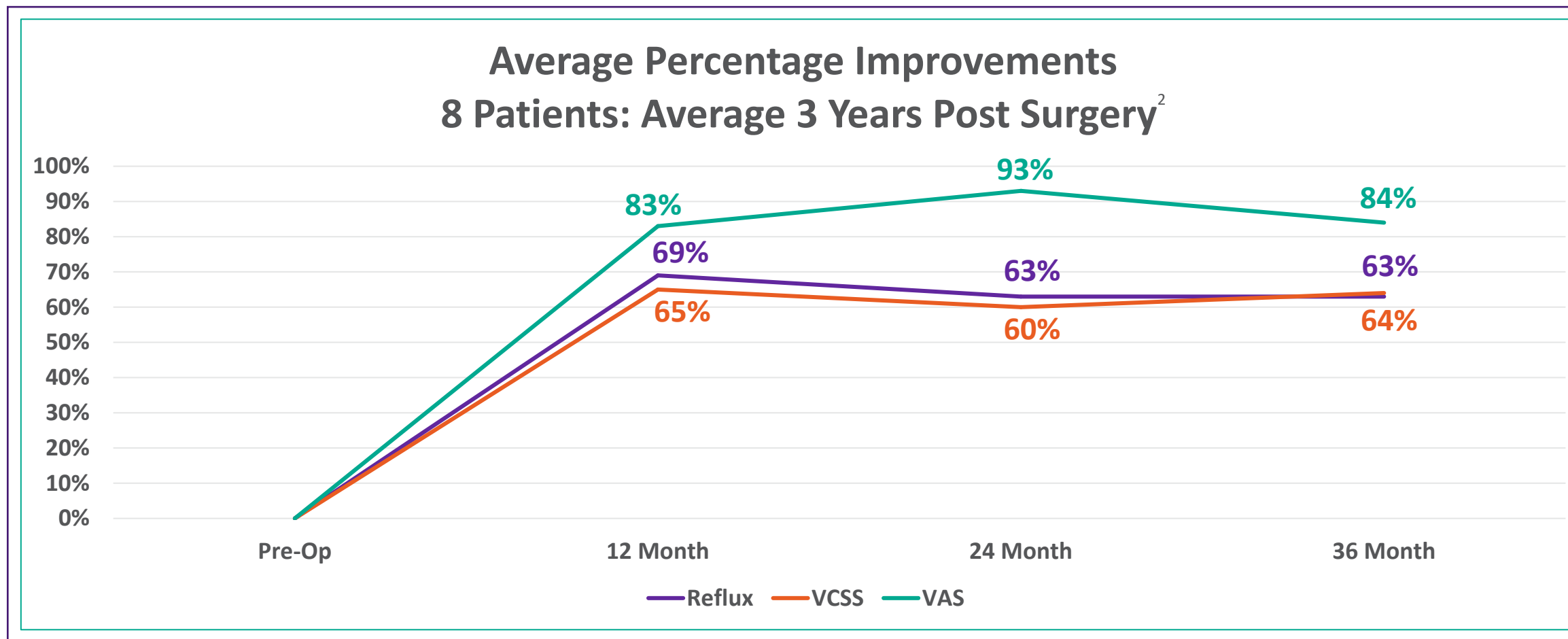


Numerical score of the severity of the perception of pain

VenoValve First-In-Human Trial Data¹

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Substantial Improvement in All Endpoints



1. In Year 1 of the study adverse events included 1 seroma, 3 minor wound infections, 1 over anticoagulation and 1 occlusion due to patient non-compliance. In Year 2 there were no reported adverse events and in Year 3, there was one occlusion due to patient non-compliance.
2. Three-year results for 8 patients compared to Pre-VenoValve levels.

venoValve FIH: Venous Ulcer Healing

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BEFORE



AFTER

BEFORE



AFTER



BEFORE



AFTER



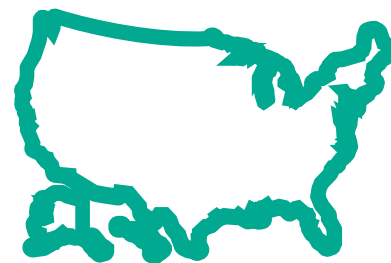
U.S. Pivotal Trial (SAVVE)

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Prospective, Non-Blinded, Single Arm, Multi-Center Study



75 Patients



Up to **30 Sites**
across the U.S.

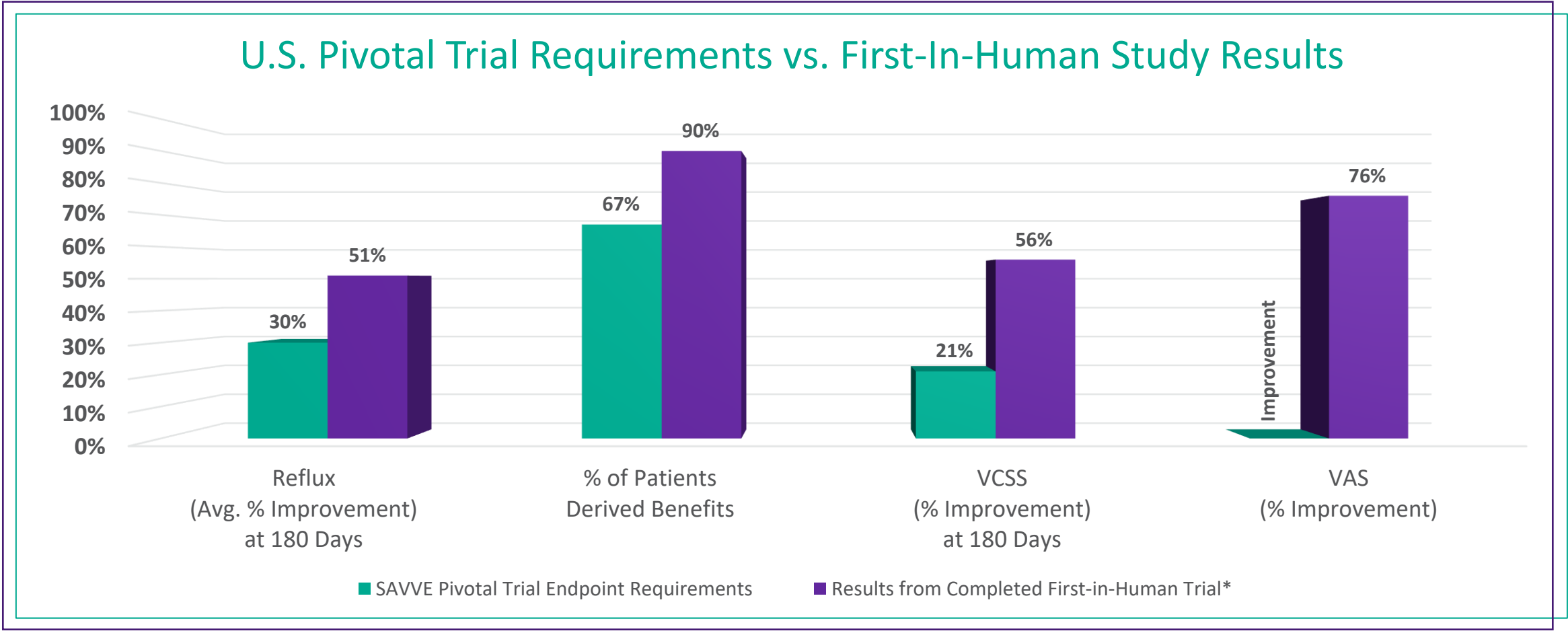
Primary Safety
Endpoint

30 Days

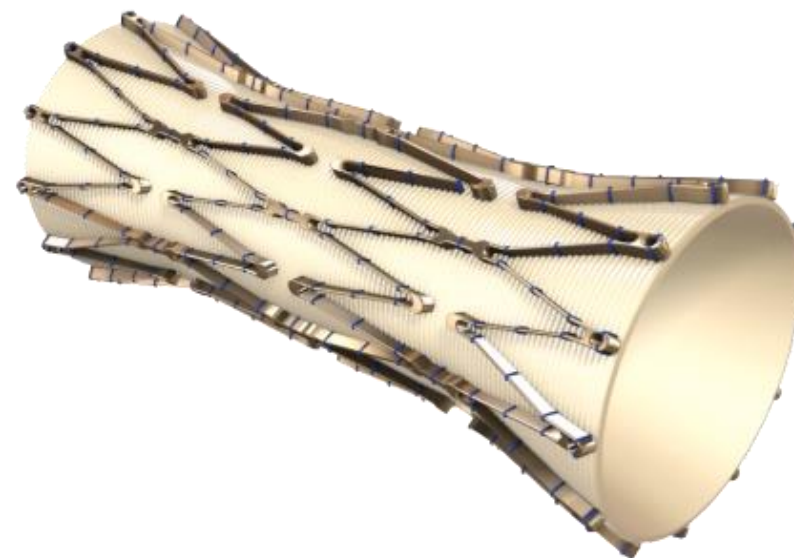
Primary Efficacy
Endpoint

6 Months

SAVVE



enVve



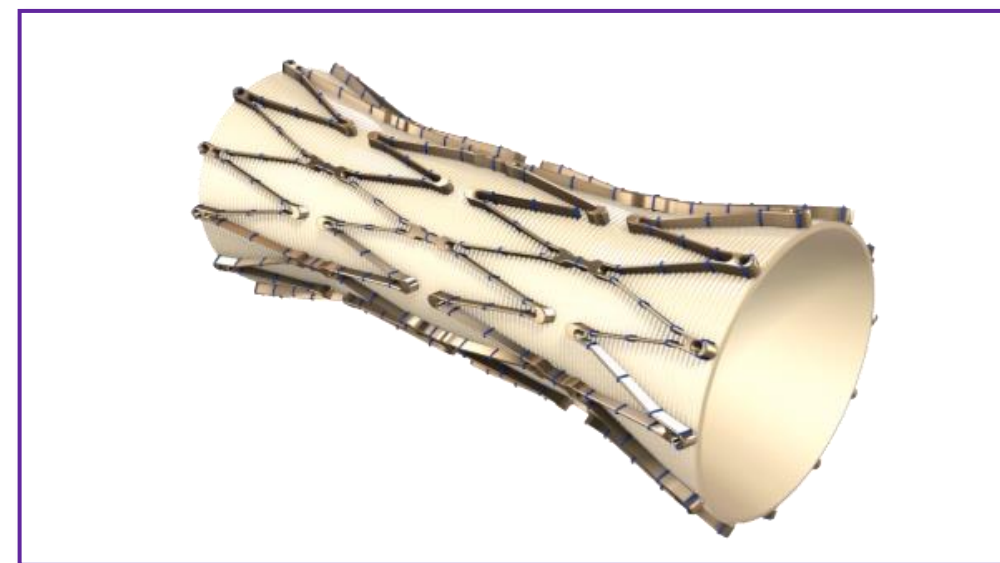
Next-Generation, Non-Surgical Replacement Venous Valve

Transcatheter-based **minimally invasive procedure**

No general anesthesia or overnight **hospital stay**

Significant opportunity with
~3.5 million potential patients in the U.S.

Upcoming TAVVE **first-in-human study**





[View Video](#)



First-In-Human (TAVVE-FIH) Endpoints

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Technical Success

- Access to Vein
- Device Delivery
- Delivery System Retrieval
- Structural Integrity
- Deployment and Positioning
- Absence of Migration

TAVVE

First-in-Human Study

Clinical Success

- Patency
- Reflux
- rVCSS
- VAS
- VEINES Qual/Sym



Corporate Overview

Commercial Manufacturing

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14,000 square foot facility
in Irvine, CA

Capacity to support at least first
5 years of commercialization

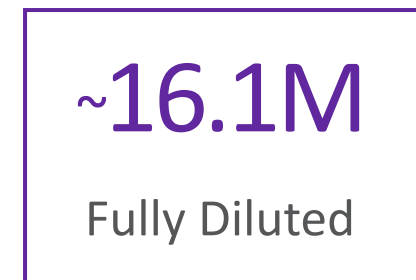
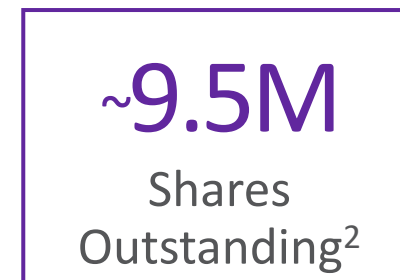
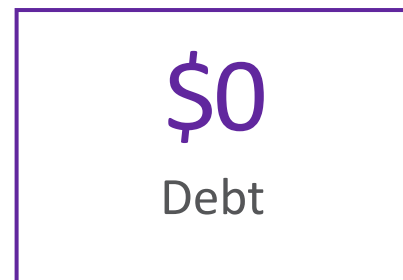
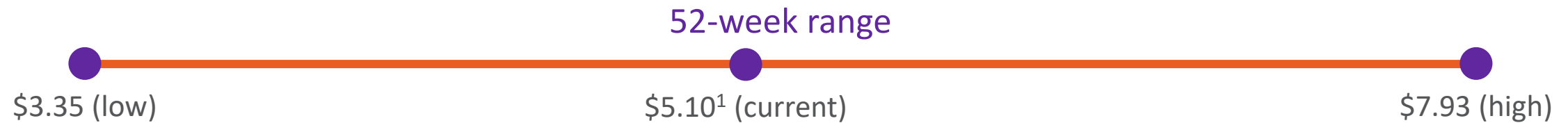
Limited capital investment in plant
and equipment required for
VenoValve commercialization



Financial Overview

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Sufficient Capital to Fund Operations Through Topline Data of SAVVE Pivotal Trial



Management Team

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ROBERT BERMAN

Chief Executive Officer, Director

- Former CEO – Anixa Biosciences (Nasdaq:ANIX)
- Former COO Acacia Research Corporation (Nasdaq:ACTG)
- B.S. Wharton, Univ. of Pennsylvania, JD Northwestern Law



DR. MARC GLICKMAN

Senior VP and Chief Medical Officer

- Board Certified Vascular Surgeon
- Director of Vascular Services – Sentara Health Care
- Past President – Vascular Society of America



CRAIG GLYNN

Chief Financial Officer

- Over 30 years financial experience
- M.S. and B.S. Accounting – California State University Northridge
- Member – American Institute of CPAs



DR. HAMED ALAVI

Chief Technical Officer, SVP of R&D and Quality

- Edwards Lifesciences, Medtronic
- PhD Biomedical Engineering – U.C. Irvine
- M.S. Biomedical Engineering, B.S. Mechanical Engineering



KEVIN BELTEAU

VP Clinical

- Clinical operations Medtronic
- MBA – University of South Florida
BS Biomedical Engineering – Texas A&M University
- More than 75 clinical studies for class III medical devices seeking PMA approval

Collective Industry Experience



Board of Directors

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DR. FRANCIS DUHAY

Director

- Former Chief Medical Officer – Edwards Lifesciences
- Expert in surgical and transcatheter heart valves
- General manager Acendra business unit



DR. SANJAY SHRIVASTAVA

Director

- Business Development – Johnson and Johnson
- 18 years – VP Marketing and Strategy, R&D
- BTG, Medtronic, Abbott Vascular, Edwards Lifesciences



MATTHEW JENUSAITIS

Director

- Chief of Staff and Chief of Innovation and Transformation – UC San Diego Health System
- Former President Boston Scientific – Peripheral Division
- Four successful vascular company exits



BOB GRAY

Director*

- Former Chief Financial Officer – Highmark, Inc.
- Health insurer with over 20 years subscribers
- Rate setting and reimbursement negotiations

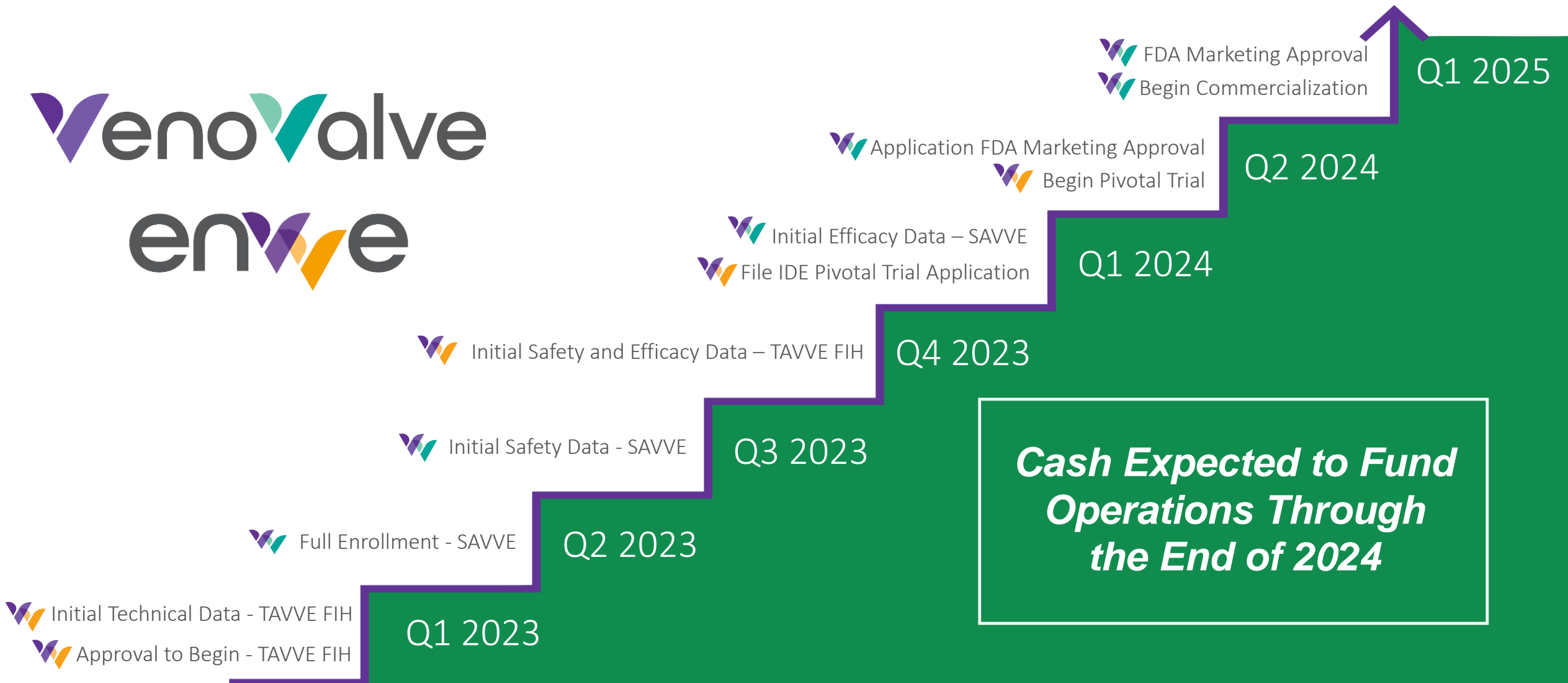
*Chairman, Audit Committee

Collective Industry Experience



Upcoming Milestones

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***Cash Expected to Fund
Operations Through
the End of 2024***

“Green Field” Opportunity Very Large Market

Clinical

Demonstrated efficacy and safety
in first-in-human trial

Capital

Sufficient capital to fund
operations through topline
data of SAVVE pivotal trial

Execution

World-class team of executives
and advisors driving execution

Managed Risks



Setting New Standards for Venous Care

Appendix

Cap Table

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Common Stock Outstanding	9,471,932
Warrants	
Perceptive Pre-Funded Warrants*	1,759,035
Other Warrants	
Exercise Price:	
\$7	3,006,392
\$7 - \$10	906,917
\$10 - \$50	536,812
> \$50	119,729
Total Warrants	4,569,850
Equity Incentive Plan	3,838,107
Total Common Stock, Warrants and Options Outstanding	19,638,924
Total Authorized Shares	250,000,000
Preferred	10,000,000

* Perceptive paid for these shares at close. They are structured as a prefunded warrant to avoid affiliate classification.