TONIX PHARMACEUTICALS

Corporate Presentation
Abbreviated

October 2024

NASDAQ: TNXP

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Certain statements in this presentation regarding strategic plans, expectations and objectives for future operations or results are “forward-looking statements” as defined by the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as “anticipate,” “believe,” “forecast,” “estimate” and “intend,” among others. These forward-looking statements are based on Tonix’s current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, the risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations; risks related to the failure to successfully market any of our products; risks related to the timing and progress of clinical development of our product candidates; our need for additional financing; uncertainties of patent protection and litigation; uncertainties of government or third party payor reimbursement; limited research and development efforts and dependence upon third parties; and substantial competition. As with any pharmaceutical under development, there are significant risks in the development, regulatory approval and commercialization of new products. The forward-looking statements in this presentation are made as of the date of this presentation, even if subsequently made available by Tonix on its website or otherwise. Tonix does not undertake an obligation to update or revise any forward-looking statement, except as required by law. Investors should read the risk factors set forth in the Annual Report on Form 10-K for the year ended December 31, 2023, as filed with the Securities and Exchange Commission (the “SEC”) on April 1, 2024, and periodic reports and current reports filed with the SEC on or after the date thereof. All of Tonix's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements.

Who We Are

Tonix is committed to developing and marketing therapeutics to treat pain, neurologic, psychiatric and addiction conditions through our ***central nervous system portfolio*** and within other areas of ***high unmet need***, including immunology, infectious disease, and rare disease…

…Transforming Therapies for Pain Management and Modernizing Solutions for Public Health Challenges

CNS-Focused Fully-Integrated Biopharma with Preclinical, Clinical and Commercial Stage Products

TNX-102 SL for Fibromyalgia: Submitted New Drug Application (NDA) to FDA in October 2024

- FDA decision on NDA acceptance for review expected December 2024
- Two Phase 3 trials completed with statistical significance on primary endpoint
- Granted FDA Fast Track Designation
- FDA decision on NDA approval expected 2025; potential product launch in 2025

Marketed Products

- Zembrace® and Tosymra® indicated for the treatment of acute migraine

Pipeline

- Phase 2 biologic cocaine antidote, FDA "Breakthrough Therapy Designation"
- Phase 1 anti-CD40L monoclonal antibody to prevent organ transplant rejection

Strategic Partnerships

- With government institutions, world-class academic & research organizations

Internal Capabilities

- Commercial prescription drug sales
- R&D and potential for clinical-trial scale manufacturing

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CNS: KEY DEVELOPMENT CANDIDATES

TNX-102 SL*
(Cyclobenzaprine HCl Sublingual Tablets)

A unique, sublingual formulation of cyclobenzaprine designed to optimize delivery and absorption

*5.6 mg once-daily at bedtime

Fibromyalgia is a Large, Underserved and Dissatisfied Population

- **More than 10 million U.S. adults are affected – predominantly women[1,2]**
  - Debilitating and life altering condition
  - Significant economic impact
- **Patients have expressed dissatisfaction, despite three FDA approved drugs[3,4]**
  - 85% of patients fail first-line therapy[5]: efficacy variability, tolerability issues especially when used long-term and lack of broad-spectrum activity
  - Typical for patients to rotate between drugs and be on multiple drugs at the same time; 79% of FM patients are on multiple therapies[5]
- **~2.7 million FM patients diagnosed and treated[6]**
  - >22 million prescriptions are issued for the treatment of fibromyalgia (on- and off-label usage) each year[7,8]
- **No new R*x* product since 2009**
- *The treatment objective is to **restore functionality** and **quality of life** while avoiding significant side effects*

[1]American College of Rheumatology (www.ACRPatientInfo.org accessed May 7, 2019) – prevalence rate of 2-4% for U.S. adult population (~250 million)
[2]Vincent A, et al. *Arthritis Care Res (Hoboken)*. 2013 65(5):786-92. doi: 10.1002; diagnosed prevalence rate was 1.1% of adult population or 50% of the prevalent population
[3]Robinson RL, et al. *Pain Med*. 2012 13(10):1366-76. doi: 10.1111; 85% received drug treatment
[4]The three drugs with FDA approval for the treatment of fibromyalgia: Pregabalin (Lyrica); Duloxetine (Cymbalta); Milnacipran (Savella)
[5]EVERSANA primary physician research, May 2024; commissioned by Tonix
[6]EVERSANA analysis of claims database, May 2024; commissioned by Tonix
[7]Product sales derived from IMS MIDAS; IMS NDTI used to factor usage for fibromyalgia; data accessed April 2015.
[8]Market research by Frost & Sullivan, commissioned by Tonix, 2011

About Fibromyalgia

*Fibromyalgia is a **chronic pain disorder** resulting from amplified sensory and pain signaling within the CNS – now recognized as **nociplastic pain**[1-4]*

*Fibromyalgia is a **syndrome** comprised of the **symptoms**: chronic widespread pain, **nonrestorative sleep**, and fatigue*

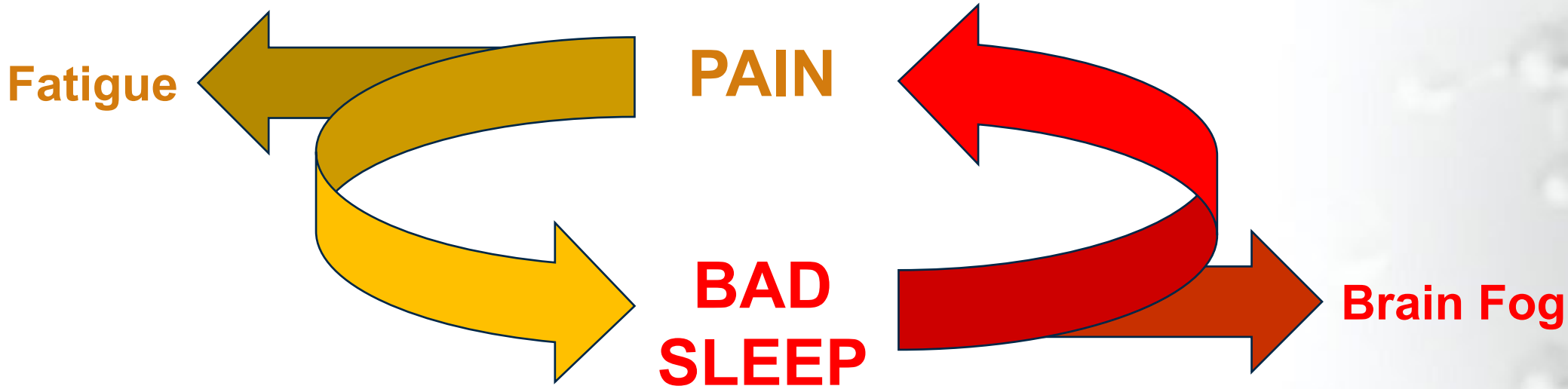
Fibromyalgia is considered a **chronic overlapping pain condition (COPC)**[5]
*- the **only COPC** with any **FDA-approved drugs**[6]*

Fibromyalgia is the prototypic nociplastic syndrome

[1]Trouvin AP, et al. *Best Pract Res Clin Rheumatol*. 2019;33(3):101415.
[2]Fitzcharles MA, et al. *Lancet* 2021;397:2098-110
[3]Kaplan CM, et al. *Nat Rev Neurol.* 2024 20(6):347-363..
[4]Clauw DJ. *Ann Rheum Dis.* 2024 ard-2023-225327. doi: 10.1136/ard-2023-225327.
[5]Maixner W, et al. *J Pain*. 2016;17(9 Suppl):T93-T107.
[6]The three drugs with FDA approval for the treatment of fibromyalgia: Pregabalin (Lyrica®); Duloxetine (Cymbalta®); Milnacipran (Savella®)

Poor Sleep and Pain have Bi-directional Reinforcing Effects[1]

- **Poor sleep and pain form a vicious cycle in driving fibromyalgia decompensation**
  - Can't sleep → worse pain / In pain → can't sleep
  - Poor sleep and pain contribute to persistence, chronicity and severity
  - Syndrome includes symptoms of fatigue and brain fog
- **Treating sleep disturbance in fibromyalgia has the potential to break the vicious cycle**
  - Potential to remove an obstacle to recovery
  - Using the right medicine is important – some sedative/hypnotics don't work[1,2]



[1]Moldofsky H, et al. *J Rheumatol*. 1996;23:529–533.
[2]Grönbald M, et al. *Clin Rheumatol*. 1993;12(2):186–191

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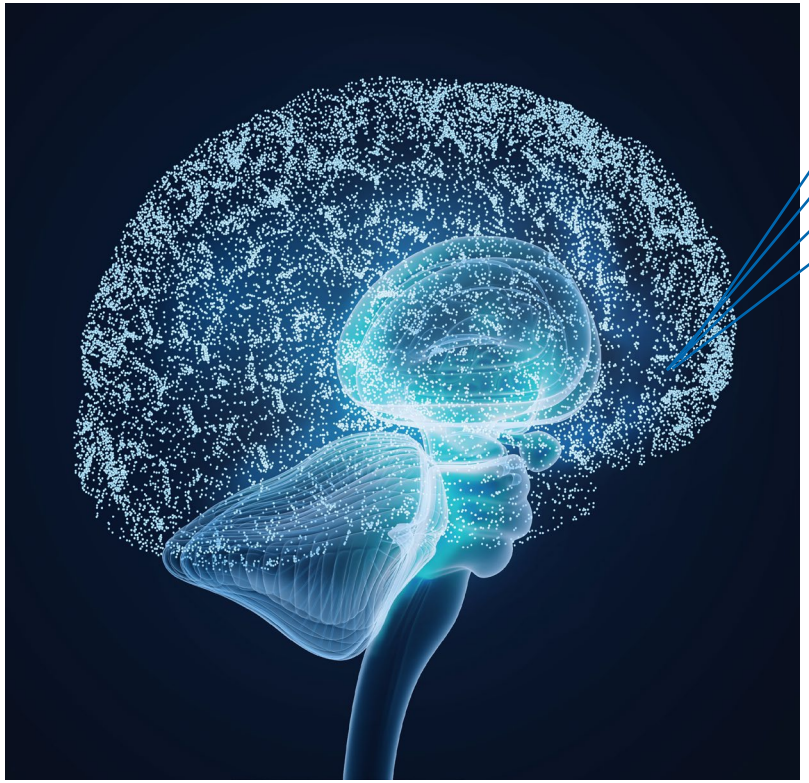
TNX-102 SL[1] for FM: Non-opioid, Centrally-Acting Analgesic that Offers a Potentially Transformative Approach by Facilitating Restorative Sleep[1]

Potent binding and antagonist activities at four key receptors facilitate ***restorative sleep***



Issued patents expected to provide exclusivity to 2034/2035

- *serotonergic-5-HT2A*
- *adrenergic-α1*
- *histaminergic-H1*
- *muscarinic-M1*

Key Features

- Broad spectrum activity on pain, sleep and fatigue
- Proprietary, sublingual transmucosal formulation of cyclobenzaprine designed to optimize delivery and provide rapid absorption
- Not a traditional hypnotic or sedative: improves sleep quality, not quantity

Relative to Oral Cyclobenzaprine

- Lower daytime exposure
- Avoids first-pass metabolism
- Reduces risk of pharmacological interference from major metabolite

Relative to Approved Drugs

- Potential for better tolerability while maintaining efficacy
- Not scheduled, with No recognized abuse potential

[1]TNX-102 SL is an investigational new drug and has not been approved for any indication.

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Fibromyalgia Program Status

TNX-102 SL

Cyclobenzaprine Sublingual Tablets

Fibromyalgia

NDA Submitted to FDA in October 2024

- **First pivotal Phase 3 study (*RELIEF*) reported – December 2020[1]**
- **Second Phase 3 study (*RALLY*) missed primary endpoint – July 2021**
- **Confirmatory pivotal Phase 3 study (*RESILIENT*) reported – December 2023**
- **Granted FDA Fast Track Designation**
- **Submitted NDA to FDA in October 2024**

Next Steps:

- **NDA acceptance for review expected December 2024**
- **FDA decision on NDA approval expected 2025**

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[1]Lederman S, et al. *Arthritis Care Res (Hoboken)*. 2023 Nov;75(11):2359-2368. doi: 10.1002.

RESILIENT Primary Outcome Measure
Reduction in Widespread Pain

RESILIENT Study

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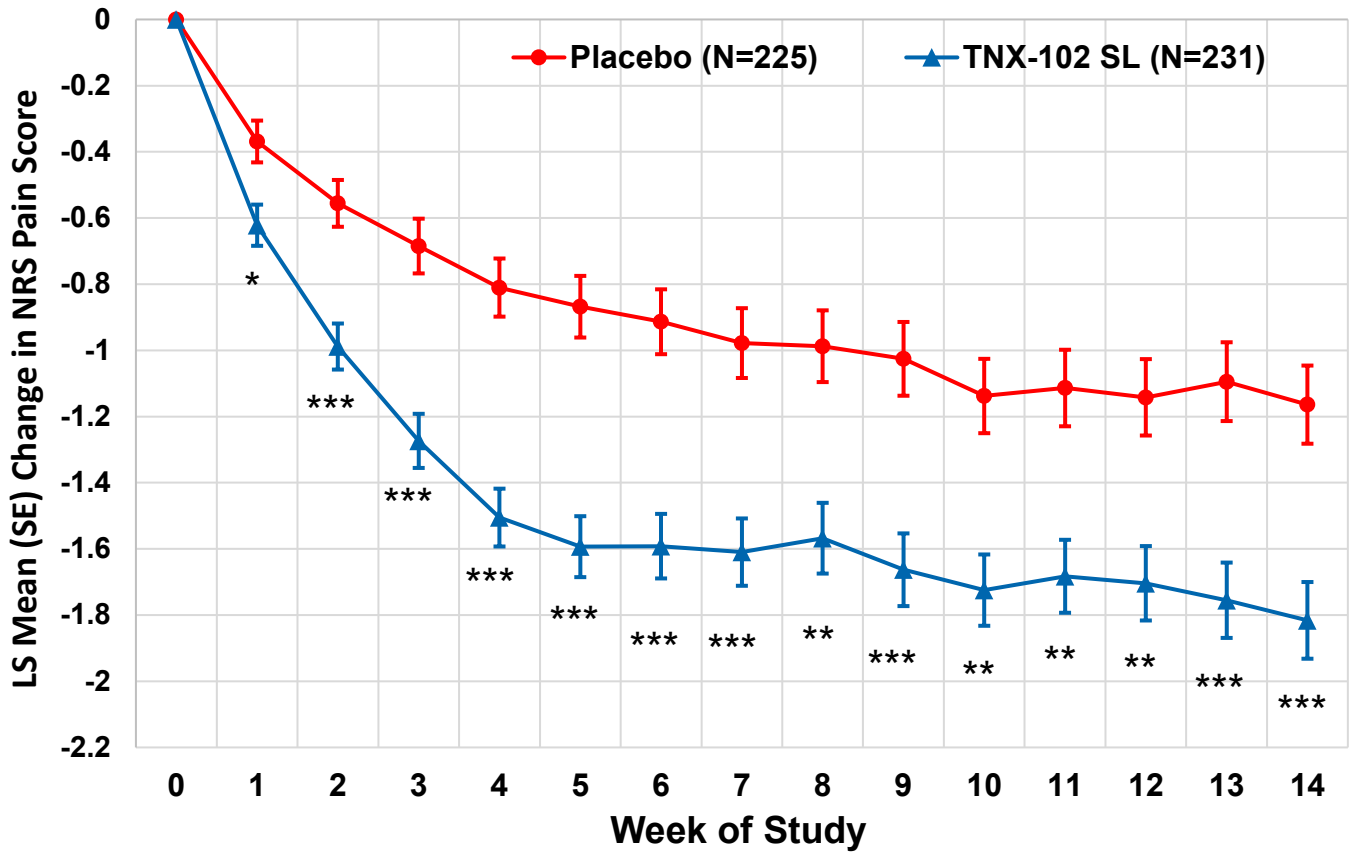
Weekly Average of Daily Diary NRS Ratings of Average Pain Over Prior 24 Hours



*p<0.01; **p<0.001; ***p<0.0001

Week 14 LS mean (SE) change from baseline for TNX-102 SL -1.82 (0.12) and for placebo -1.16 (0.12); LSMD from placebo -0.65 (0.16); **p=0.00005**[#]

[#]Based on Mixed Model Repeated Measures with Multiple Imputation, with fixed categorical effects of treatment, center, study week, and treatment by study week interaction, as well as baseline value and baseline value-by-study week interaction. Abbreviations: LS, least squares; LSMD, least squares mean difference; NRS, numerical rating scale; SE, standard error

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RESILIENT Summary of Endpoints

RESILIENT Study

CNS PORTFOLIO

Endpoint	P-value	Effect Size (ES)
Primary Endpoint		
Daily Diary Pain ratings	***p* = 0.00005****	ES = 0.38
Key Secondary Endpoints*		
Patient Global Impression of Change (PGIC), responders	*p* = 0.00013**	--
Fibromyalgia Impact Questionnaire – Symptoms domain	*p* = 0.000002**	ES = 0.44
Fibromyalgia Impact Questionnaire – Function domain	*p* = 0.001**	ES = 0.30
PROMIS Sleep Disturbance instrument	*p* = 0.0000001**	ES = 0.50
PROMIS Fatigue instrument	*p* = 0.00009**	ES = 0.37
Diary Sleep Quality ratings	*p* = 0.0007**	ES = 0.32

*In order of statistical serial gate-keeping hierarchy (or, “waterfall”) to control overall Type 1 error
**Statistical significance met

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RESILIENT – Cognitive Dysfunction or "Brain Fog"

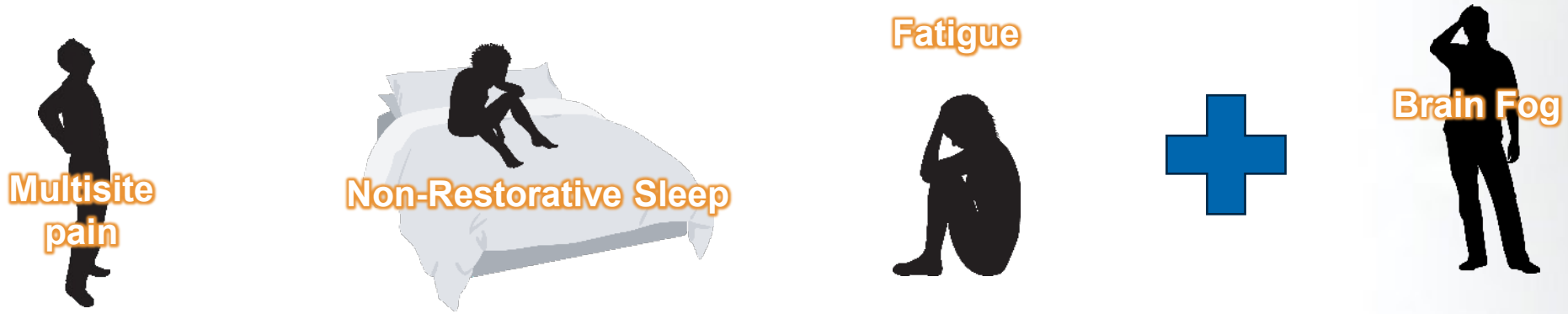
RESILIENT Study

CNS PORTFOLIO

Brain Fog assessed by the FIQ-R[1] item on memory

- Patients rated their level of memory problems
- 11-pt scale going from "Good Memory" to "Very Poor Memory"
- Prespecified endpoint, but not in the "waterfall" with the key secondary endpoints

- TNX-102 SL patients vs PBO change from baseline LS mean (SE) difference of −0.8 (0.23)
- p = 0.001 (not corrected for multiple comparisons)
- Cohen's d effect size = 0.31



[1]FIQ-R = Fibromyalgia Impact Questionnaire - Revised

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TNX-102 SL Showed Activity on Pain, Sleep and Fatigue and was Generally Well Tolerated[1]

Drug		TNX-102 SL
Initial Indication of active ingredient		Muscle spasm[1]
Class		Tricyclic
Mechanism		Antagonist at 4 post-synaptic receptors[2]
Fibromyalgia Activity	Pain	+
	Sleep	+
	Fatigue	+
Tolerability Issues	Sleep	-
	Fatigue	-
	Oral administration site reaction[3]	+

[1]Flexeril® and Amrix® are oral formulations of cyclobenzaprine indicated for short term (2-3 weeks) treatment of muscle spasm
[2]Four receptors are: serotonergic-5-HT2A, adrenergic-α1, histaminergic-H1, and muscarinic-M1 cholinergic receptors
[3]TNX-102 SL was generally well tolerated with an adverse event profile comparable to prior studies and no new safety signals were observed. In both pivotal studies, the most common treatment-emergent adverse event was tongue or mouth numbness at the administration site, which was temporally related to dosing, self-limited, never rated as severe, and rarely led to study discontinuation (one participant in each study).

Tolerability

- **Completion Rate (safety population): TNX-102 SL: 81.0% and Placebo: 79.2%**
- **No new safety signals observed**
- **Only systemic adverse events (AEs) at rate ≥ 3.0% (TNX-102 SL v. Placebo)**
  - COVID-19 (4.3% v. 3.1%), somnolence (3.0% v. 1.3%), and headache (3.0% v. 1.8%)
- **As previously observed TNX-102 SL associated with administration site reactions**
  - Hypoaesthesia oral (23.8% v. 0.4%), product taste abnormal (11.7% v. 0.9%), paraesthesia oral (6.9% v. 0.9%), and tongue discomfort (6.9% v. 0%)
- **No clinically meaningful differences from placebo in Week 14 change from baseline for weight or blood pressure (BP)**
  - Weight: Week 14 change from baseline for TNX-102 SL of +0.04 lbs.; and for Placebo of +0.44 lbs.
  - Systolic BP: Week 14 change from baseline for TNX-102 SL of +0.7 mmHg; and for Placebo of +0.5 mmHg
  - Diastolic BP: Week 14 change from baseline for TNX-102 SL of +1.1 mmHg; and for Placebo of +0.2 mmHg
- **No sexual dysfunction AEs and improved female sexual functioning**
  - No reported AEs of any type of sexual dysfunction
  - Improvement in female sexual function using Changes in Sexual Functioning Questionnaire (p=0.010)

RESILIENT Safety Summary

RESILIENT Study

CNS PORTFOLIO

Treatment-Emergent Adverse Events (TEAEs) at Rate of ≥ 3% in Either Treatment Group

System Organ Class Preferred Term	TNX-102 SL N=231	Placebo N=226	Total* N=457
Systemic Adverse Events			
COVID-19	10 (4.3%)	7 (3.1%)	17 (3.7%)
Somnolence	7 (3.0%)	3 (1.3%)	10 (2.2%)
Headache	7 (3.0%)	4 (1.8%)	11 (2.4%)
Oral Cavity Adverse Events			
Hypoaesthesia oral	55 (23.8%)	1 (0.4%)	56 (12.3%)
Product taste abnormal	27 (11.7%)	2 (0.9%)	29 (6.3%)
Paraesthesia oral	16 (6.9%)	2 (0.9%)	18 (3.9%)
Tongue discomfort	16 (6.9%)	0 (0.0%)	16 (3.5%)

*Safety Population

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~50% of U.S. Fibromyalgia Patients are on Medicare: Prescription Coverage in Medicare Stands to Benefit from Changes in IRA

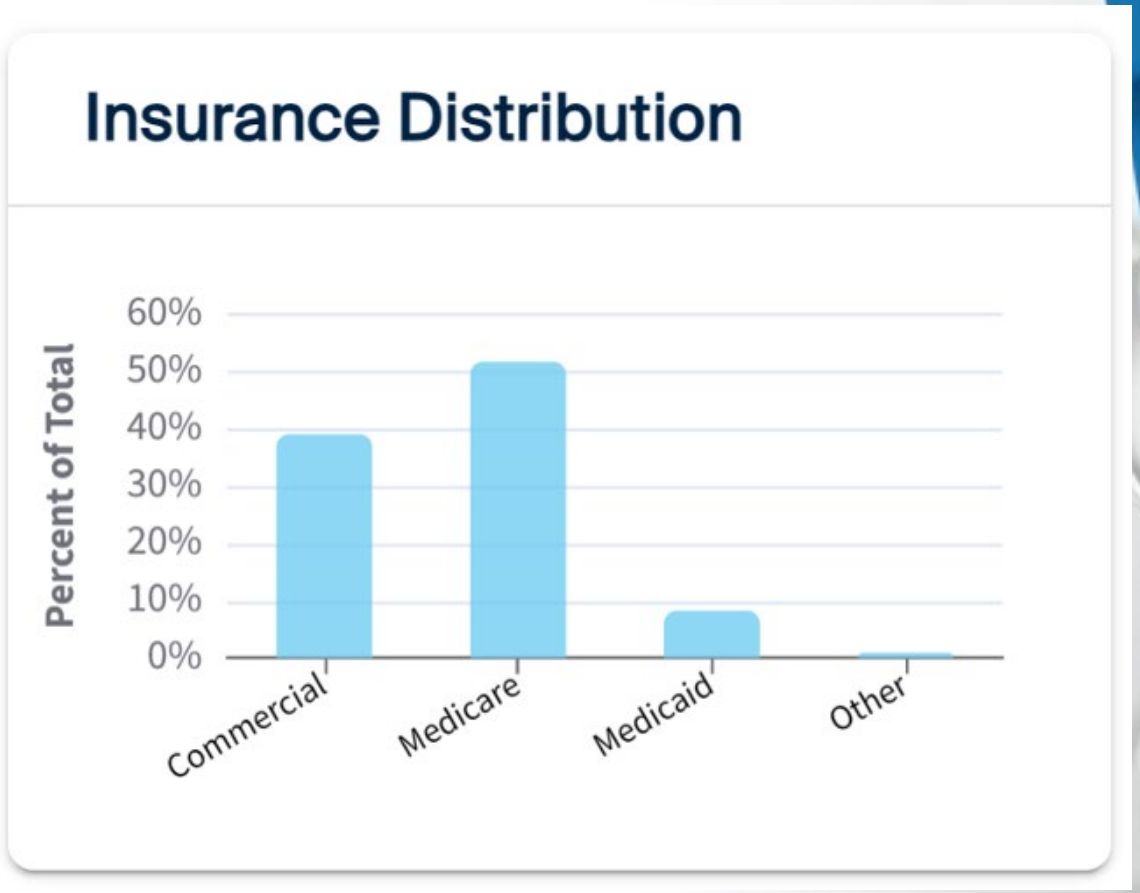
Approximately 50% of fibromyalgia patients are on Medicare

- EVERSANA analysis of claims database consisting of 2.2M patients, for which 1.2M claims were submitted throughout March 2002-March 2023[1]

Beneficial Changes in 2025 to Medicare Part D through Inflation Reduction Act (IRA)[2]

- Medicare prescription payment plan to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly installment payments instead of all at once at the pharmacy
- Annual out-of-pocket costs will be capped at $2,000 in year 2025
- Will replace the existing Coverage Gap Discount Program, which sunsets as of January 1, 2025

Fibromyalgia Patients by Coverage[1]

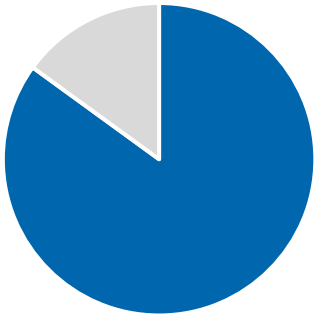


[1] EVERSANA analysis of claims database, May 2024; commissioned by Tonix

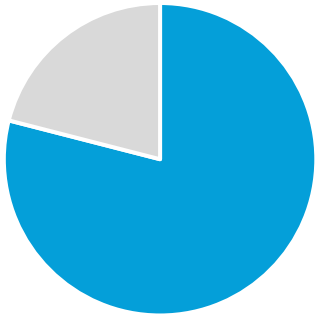
[2] Source: Final CY 2025 Part D Redesign Program Instructions Fact Sheet | CMS

Prescribers Interviewed Expressed Broad Dissatisfaction with Available Fibromyalgia Medications: Results of Primary Research[1]

Perspectives on FM Therapies from Prescribers Interviewed		
Drug	**Positives**	**Negatives**
Duloxetine *(Cymbalta, generic)*	• Relatively high efficacy (compared to alternatives) • Can be titrated slowly from 20mg to 120mg	• Tolerability issues: worsening depression, insomnia • Seldom used as a monotherapy; often requires adjunct
Pregabalin *(Lyrica, generic)*	• Relatively high efficacy (compared to alternatives) • Can often be safely combined with other medications	• Suboptimal for long-term use (e.g., weight gain) • Schedule V status makes some HCPs more cautious to Rx
Savella *(milnacipran)*	• Offers another option if patient fails Cymbalta or Lyrica	• Subpar efficacy does not counterbalance tolerability issues • High cost and access constraints (~$50/month)
Cyclobenzaprine *(Flexeril, generic; oral formulation, off-label)*	• Active for initiating and sustaining sleep; can be titrated up • Active for pain driven by stiffness and muscle spasms	• Mixed perspectives on pain benefit independent of sleep • Suboptimal long-term results as efficacy wanes



85% of patients (avg) fail first line therapy



79% of FM patients (avg) are on multiple therapies

[1] EVERSANA primary physician research, May 2024; commissioned by Tonix

Opportunity for a New, Unique Fibromyalgia Treatment Option: Results of Primary Research from EVERSANA[1,2]

FM Landscape

- Prescribers indicate a **very high unmet need** in FM (ranked ≥4.0 on a 5-point scale)
- Prescribers report there is **no standard of care in FM**, employ an **individualized approach** based on symptomology
- No new treatments approved since 2009
- Prescribers report minimal promotional activities by any pharmaceutical company
- Highly concentrated prescriber base with 50% of patients treated by ~16k physicians

Physician Primary Market Research

- **Physicians reacted positively to the efficacy and safety profile of TNX-102 SL (based on Phase 3 Study results)**
- Median interest = 4.0 on a 5-point scale
- Driving attributes included **strong efficacy, safety and tolerability**
- Unique & differentiating efficacy features included improvements in **sleep and fatigue**

Anticipated Use

- **Physicians indicated intended use in 40% of their FM patients**
- Majority of respondents indicated TNX-102 SL would be their first choice, if accessible
- Physicians surveyed indicated they are well-equipped to deal with access restrictions including prior authorizations and step-edits

[1] EVERSANA primary physician research, May 2024; commissioned by Tonix
[2] EVERSANA analysis of claims database, May 2024; commissioned by Tonix

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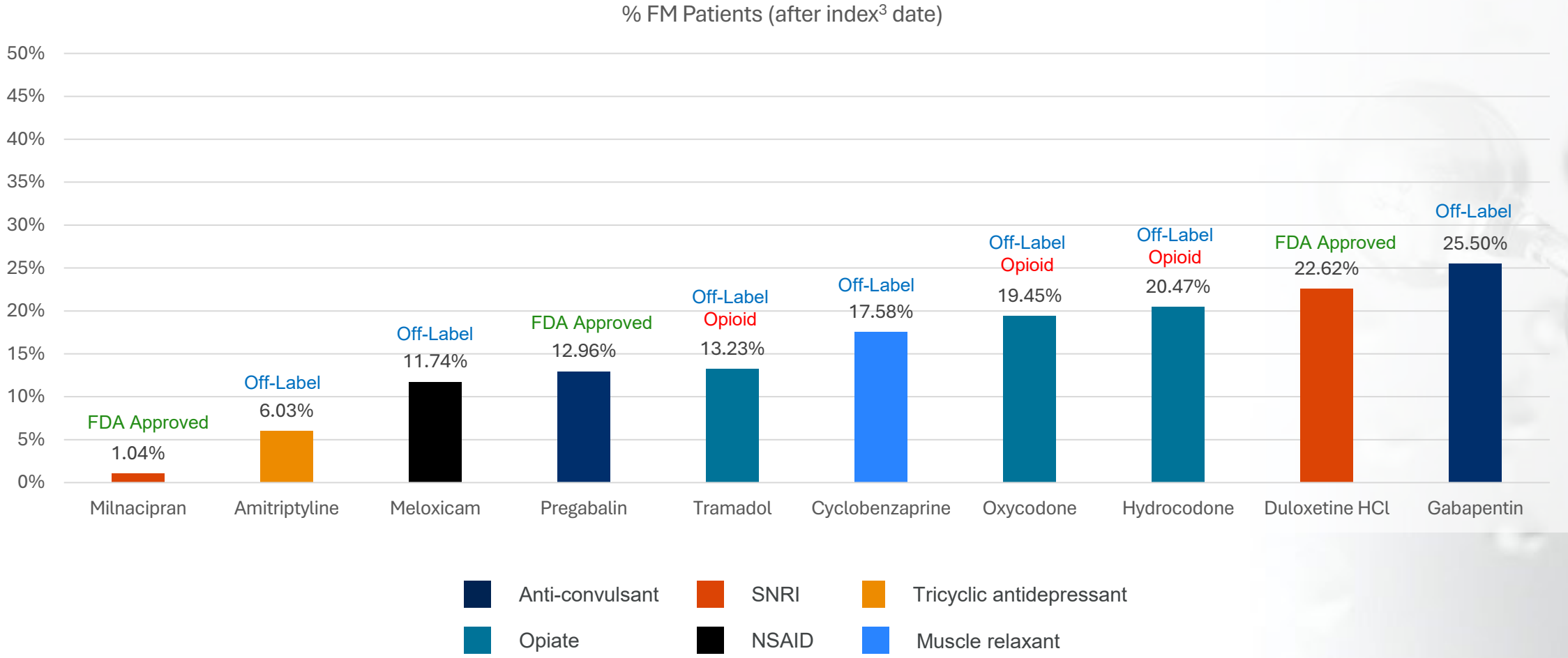
Many Fibromyalgia Patients are Prescribed Off-Label Drugs; ~53% FM Patients Prescribed Opioids Off-Label[1,2]



[1] 2022-2023
[2] EVERSANA analysis of claims database, May 2024; commissioned by Tonix
[3] Index date refers to date when ICD10 code was entered into database

TNX-102 SL for Acute Stress Reaction (ASR) / Acute Stress Disorder (ASD)

ASR/ASD are acute stress conditions resulting from trauma which can affect both civilian and military populations.

Large unmet need:

- According to National Center for PTSD, about 60% of men and 50% of women in the US are exposed least one traumatic experience in their lives[1]
- In the US alone, one-third of emergency department visits (40-50 million patients per year) are for evaluation after trauma exposures[2]

Current standard of care:

- No medications are currently available at or near the point of care to treat patients suffering from acute traumatic events and support long-term health

[1]National Center for PTSD. How Common is PTSD in Adults? https://www.ptsd.va.gov/understand/common/common_adults.asp
[2]Wisco et al. *J Clin Psychiatry*. 2014.75(12):1338-46

TNX-102 SL for ASR/ASD: Program Status

Status: Expect to start investigator-initiated Phase 2 in 4Q 2024; received IND clearance from FDA

Investigator-initiated Phase 2 Trial Funded by DoD grant to University of North Carolina (UNC)

- UNC Institute for Trauma Recovery awarded a $3M grant from the Department of Defense (DoD)
- OASIS trial will build upon infrastructure developed through the UNC-led, $40M AURORA initiative
  - AURORA study is a major national research initiative to improve the understanding, prevention, and recovery of individuals who have experienced a traumatic event
  - Supported in part by funding from the National Institutes of Health (NIH) and the health care arm of Google's parent company Alphabet
- Opportunity to investigate the correlation between motor vehicle collisions and the emergence of ASD and PTSD
- Supported by multiple clinical trials:
  - Phase 2 trial in military-related PTSD (AtEase or NCT02277704)
  - Phase 3 trial in military-related PTSD (HONOR or NCT03062540)
  - Phase 3 trial in primarily civilian PTSD (RECOVERY or NCT03841773)
- In each of these studies, early and sustained improvements in sleep were associated with TNX-102 SL treatment by the PROMIS sleep disturbance (SD) scale and the Clinician Administered PTSD Scale (CAPS-5) "sleep disturbance" item.

Together these studies provide preliminary evidence that TNX-102 SL is generally well-tolerated and may promote recovery from PTSD via a pharmacodynamic facilitation of sleep-dependent emotional memory processing

TNX-102 SL for Long-COVID: Significant Overlap between Fibromyalgia and Long-COVID

National Institutes of Health (NIH)-sponsored RECOVER study found many Long COVID patients suffer from pain at multiple sites[1]

- Suggests that many Long-COVID patients may meet the diagnostic criteria for fibromyalgia

Tonix has previously presented its analysis of real-world evidence from the TriNetX claims database suggesting that ***over 40% of Long COVID patients present with a constellation of symptoms that overlap with fibromyalgia***[2,3]

[1]Thaweethai T, et al. *JAMA*. 2023 329(22):1934-1946.
[2]Feb 22, 2023 Tonix Pharmaceuticals Press Release. URL: https://ir.tonixpharma.com/news-events/press-releases/detail/1369/tonix-pharmaceuticals-describes-emerging-research-on-the
[3]September 21, 2022, Tonix Pharmaceuticals Poster at the IASP, "Retrospective observational database study of patients with Long COVID with multi-site pain, fatigue and insomnia". URL: www.tonixpharma.com/wp-content/uploads/2022/09/Retrospective-Observational-Database-Study-of-Patients-with-Long-COVID-with-Multi-Site-Pain-Fatigue-and-Insomnia_A-Real-World-Analysis-of-Symptomatology-and-Opioid-Use.pdf

NASEM Definition of Long-COVID

- In June 2024, the US National Academies of Sciences, Engineering and Medicine (NASEM) described **fibromyalgia as a 'diagnosable condition' in people suffering from Long COVID**[1]
- This definition provides guidance to government, healthcare professionals and industry that fibromyalgia can arise after infection with the SARS-CoV-2 virus and can be diagnosed in Long COVID patients

Fibromyalgia prevalence prior to COVID-19 pandemic: >10M adults in the US[2]

Long-COVID prevalence: 5.3% or ~14M adults in the US[3]

Tonix believes that diagnosing fibromyalgia in Long COVID patients will increase the potential market for TNX-102 SL as compared to market estimates from before the COVID-19 pandemic

[1]U.S. National Academies of Sciences, Engineering, and Medicine. 2024. *A Long COVID Definition: A chronic, systemic disease state with profound consequences.* Washington, DC: The National Academies Press. https://doi.org/10.17226/27768. http://www.nationalacademies.org/long-covid-definition.
[2]Vincent A, et al. Arthritis Care Res (Hoboken). 2013 65(5):786-92. doi: 10.1002
[3]National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2022–2024. Long COVID. Generated interactively: July 22, 2024 from https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm

Two Marketed Proprietary Migraine Drugs
Non-oral Formulations of Sumatriptan

Zembrace® SymTouch®
(sumatriptan injection) 3 mg[1]

Tosymra®
(sumatriptan nasal spray) 10 mg[2]

- Each indicated for the ***treatment of acute migraine with or without aura in adults***
- Sumatriptan remains the acute migraine 'gold standard' treatment for many patients and continues to represent the largest segment of the market in terms of unit sales[3]
- Each may provide migraine ***pain relief in as few as 10 minutes*** for some patients[1,2,4,5]
- Patents to 2036 (Zembrace) and 2031 (Tosymra)

Acquired from Upsher-Smith Laboratories which has managed care contracts covering ~200 M lives
- Contract includes a transition period during which Tonix expects to secure its own contracts

Tonix Medicines Commercial Subsidiary
- Complete commercialization capability
  - Manage supply chain and contract manufacturer
  - Distribution
  - Trade, Managed Care & Government contracting
- Team of professionals including Sales & Marketing personnel

[1]Zembrace SymTouch [package insert]. For more information, talk to your provider and read the Patient Information and Instructions for Use. – Important Safety Information is provided in the appendix
[2]Tosymra [package insert]. For more information, talk to your provider and read the Patient Information and Instructions for use. – Important Safety Information is provided in the appendix
[3]Tonix Medicines, Inc.; Data On File, 2023
[4]Mathew NT, et al. Dose ranging efficacy and safety of subcutaneous sumatriptan in the acute treatment of migraine. US Sumatriptan Research Group. Arch Neurol. 1992;49(12):1271-1276.
[5]Wendt J, et al. A randomized, double-blind, placebo-controlled trial of the efficacy and tolerability of a 4-mg dose of subcutaneous sumatriptan for the treatment of acute migraine attacks in adults. Clinical Therapeutics. 2006;28(4):517-526.

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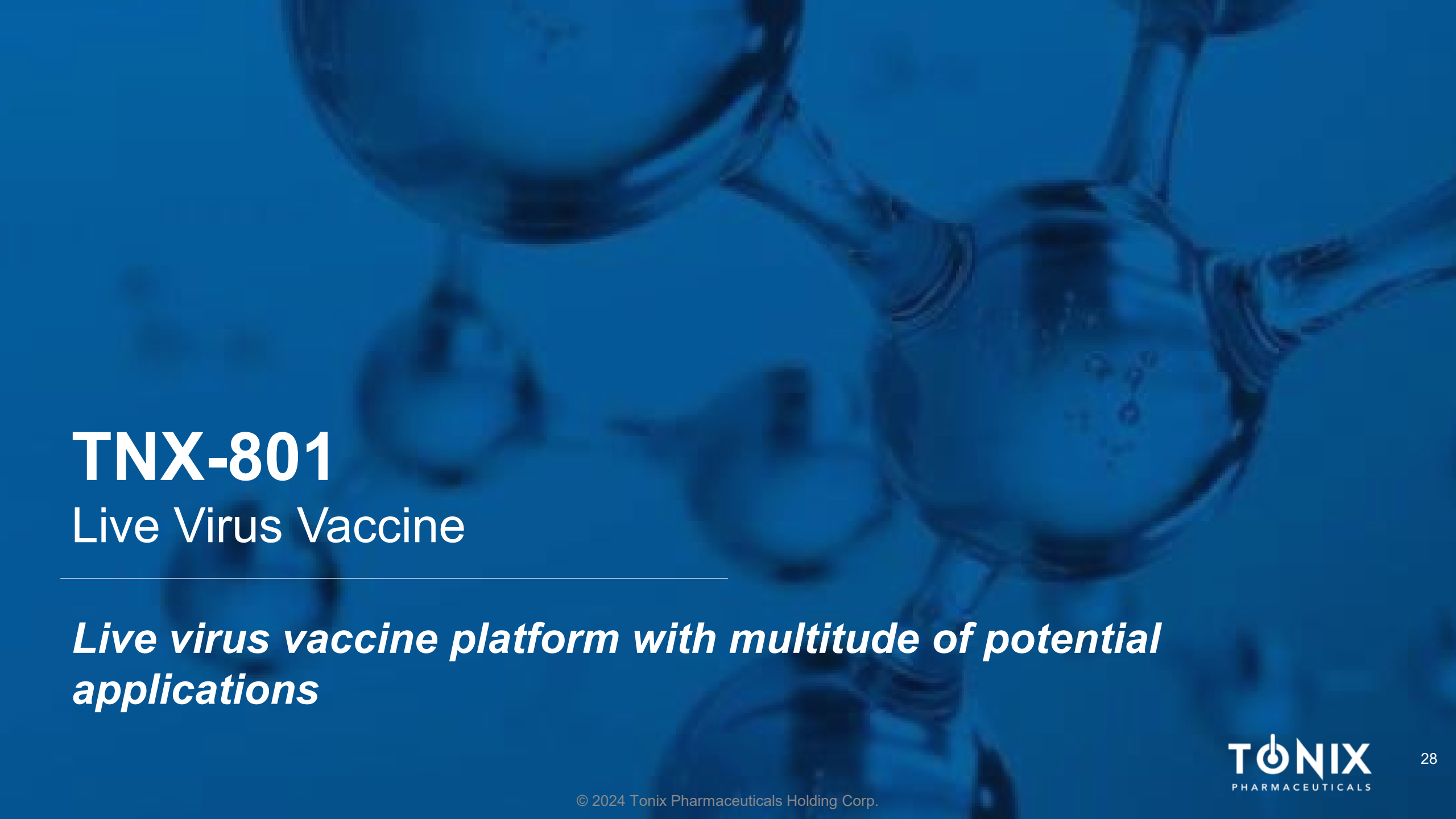
INFECTIOUS DISEASE: KEY CANDIDATES



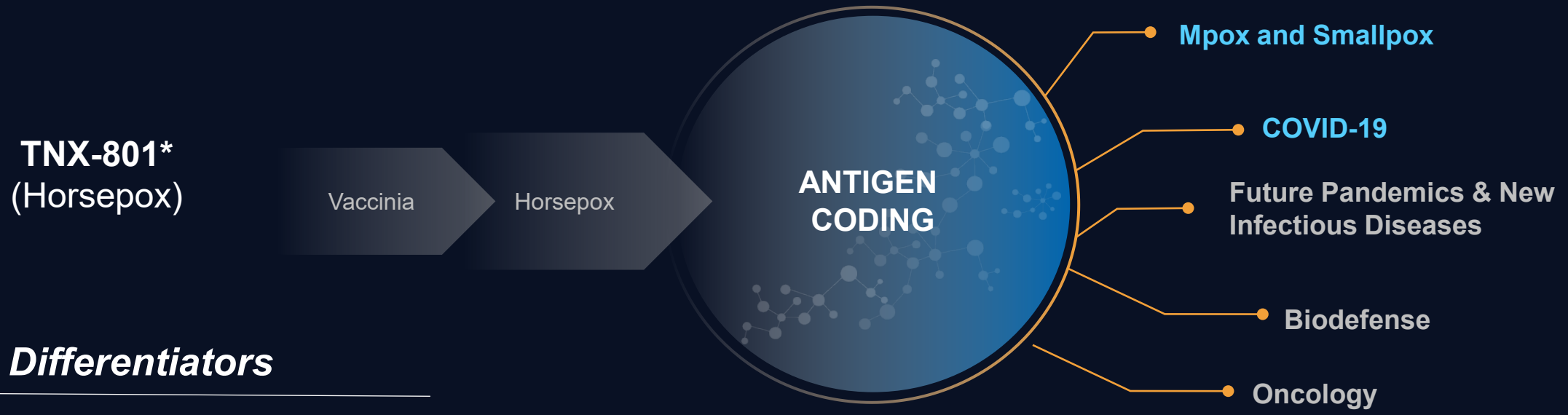
TNX-801

Live Virus Vaccine

Live virus vaccine platform with multitude of potential applications

TNX-801: Recombinant Pox Vaccine (RPV) Platform Using Live Virus Technology

Cloned version of horsepox[1] purified from cell culture



Key Differentiators

Live virus vaccines are the most established vaccine technology

- Prevents forward transmission
- Effective in eliciting durable or long-term immunity

Economical to manufacture at scale

- Low dose because replication amplifies dose *in vivo*
- Single administration

Standard refrigeration for shipping and storage

*TNX-801 is in the pre-IND stage of development and has not been approved for any indication.
[1]Noyce et al., 2018. *PLoS One*. 13(1):e0188453.

TONIX PHARMACEUTICALS

TNX-801: Pre-IND Ready Candidate Mpox Vaccine

- Based on synthetic horsepox-vector, believed related to first smallpox vaccine used by Dr. Edward Jenner in 1796
- Single-dose percutaneous
- Attenuated live virus for durable T-cell immunity similar to 19th Century vaccinia
- Believed to be thermo-stable in ultimate lyophilized formulation
- Eventual presentation using Microneedle Array Patch – working with developers

R&D Center- Maryland
Operational BSL-3 capable

Advanced Manufacturing Center- MA
GMP-manufacturing capability*

*GMP Suites currently decommissioned

Mpox Declared Public Health Emergency of International Concern (PHEIC) by WHO* on August 14, 2024: New Clade I = "Clade Ib"

- Clade Ib - first wave in Democratic Republic of Congo (DRC),
  - Affects children
  - New mutations
  - ~0.5% mortality,
  - Affects both MSM (men who have sex with men) + heterosexual transmission primarily in adults
  - 2024 mpox epidemic has spread to 16 countries in Africa
- First cases outside of Africa identified in Sweden, Thailand, Singapore, and India
- Two FDA**-approved vaccine:
  - Jynneos® (Bavarian-Nordic) – requires 2 dose regimen, durability of neutralization antibody titers being studied[1,2]; also approved for use in adults by the WHO[3]
- Another potential mpox vaccine, is FDA approved for smallpox and recently for mpox
  - ACAM 2000 (Emergent) – single-dose, reactogenic,
  - Provides durable protection;
  - Approved for people at high risk of mpox infection[4];

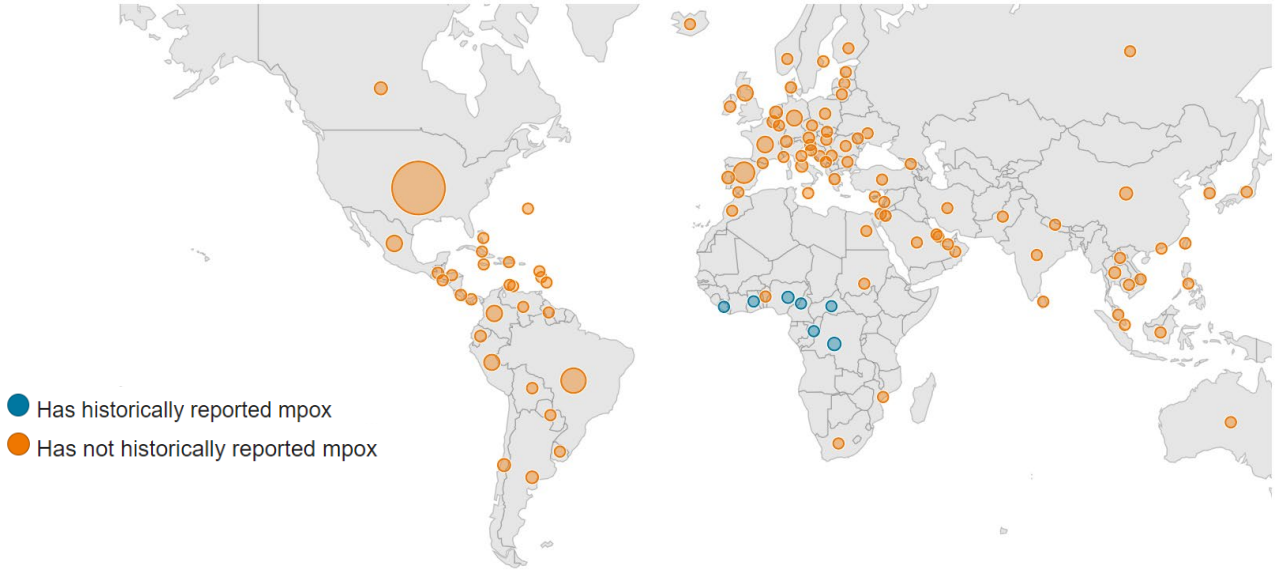
*WHO = World Health Organization

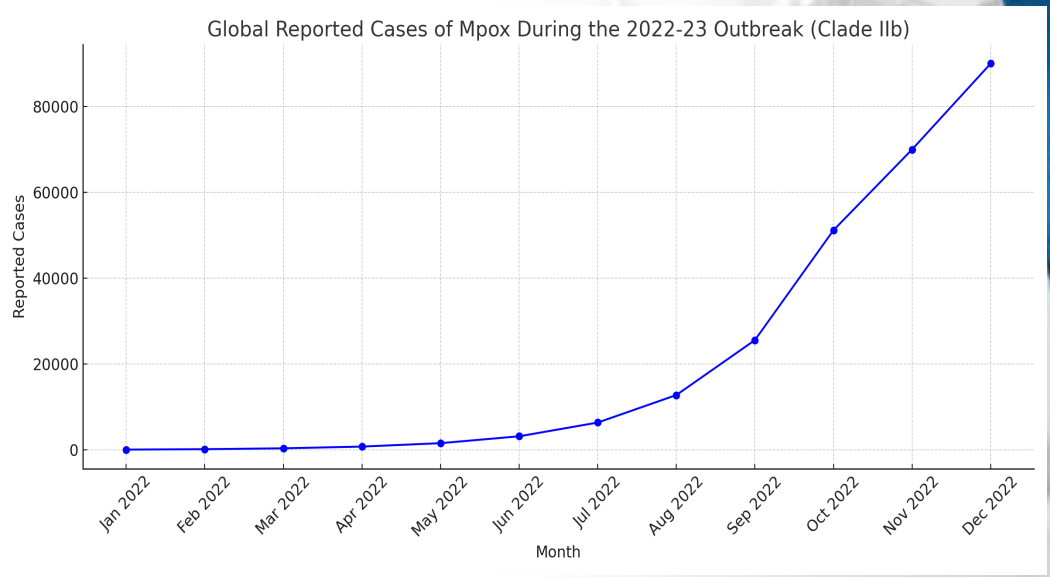
[1]Zaeck LM, *Nat Med.* 2023 29(1):270-278. doi: 10.1038/s41591-022-02090
[2]Berens-Riha N, et al. *Euro Surveill.* 2022 27(48):2200894. doi: 10.2807/1560-7917.ES.2022.27.48.2200894.
[3]Keaton, J. Sept. 13, 2024. *Associated Press.* "WHO grants first mpox vaccine approval to ramp up response to disease in Africa." URL: https://bit.ly/4e4yyeb
[4]https://www.fda.gov/vaccines-blood-biologics/vaccines/key-facts-about-vaccines-prevent-mpox-disease#:~:text=ACAM2000%20Vaccine,for%20smallpox%20or%20mpox%20infection.

Mpox Outbreak 2022-23: Clade IIb
Public Health Emergency Global Health Concern

Risk of Spread and Lethality of Clade IIb

- Case Fatality Rate (CFR): 0.1% to 3.6%→Lower compared to Clade I
- Primarily spread through sexual contact among MSM (men who have sex with men)
- Rapid and significant spread beyond endemic regions → Over 90,000 cases reported in more than 100 countries by the end of 2022
- Systemic symptoms and rash leading to medical interventions in up to 40% of cases





Total Cases: 95,912; 92,982 were in locations that have not historically reported Mpox
Total Location: 118; 111 has not historically reported Mpox

Sources: WHO, European CDC, US CDC, and Ministries of Health
2022 U.S. Map and Case Count | Mpox | Poxvirus | CDC
WHO = World Health Organization
FDA = U.S. Food and Drug Administration

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TNX-1800*: Designed to Express the SARs-CoV-2 Spike Protein

TNX-1800 (recombinant horsepox virus) is a live virus vaccine based on Tonix's TNX-801 that is designed to express the spike protein of the SARS-CoV-2 virus and to elicit a predominant T cell response

- Immunogenic and well tolerated[1]
- Showed promise in protecting animals from challenge with SARS-CoV-2 delivered directly into the lungs[1]

Status: ***National Institute of Allergy and Infectious Diseases (NIAID) will conduct a Phase 1 clinical trial with TNX-1800***

- First vaccine candidate using Tonix's live virus recombinant pox virus (RPV) platform technology to enter clinical trials
- "Project NextGen" is an initiative by the U.S. Department of Health and Human Services (HHS) to advance a pipeline of new, innovative vaccines and therapeutics for COVID-19. NIAID will be conducting clinical trials to evaluate several early-stage vaccine candidates, including TNX-1800
- Phase 1 study is designed to assess safety and immunogenicity in approximately 60 healthy adult volunteers
- Upon completion of the trial, NIAID and Tonix will assess the results and determine the next steps for the development of TNX-1800

*TNX-1800 is in the pre-IND stage of development and has not been approved for any indication

[1]Awasthi, M. et al. *Viruses*. 2023. 15(10):2131.
[2]Awasthi, M. et al. *Vaccines (Basel)*. 2023. 11(11):1682.

Broad-Spectrum Antiviral Discovery Programs

Host-directed antiviral discovery programs

- **TNX-4200*: CD45 targeted therapeutics**
  - Small molecule therapeutics that reduce endogenous levels of CD45, a protein tyrosine phosphatase
  - Reduction in CD45 protects against many viruses including the Ebola virus
- **Cathepsin inhibitors**
  - Small molecule therapeutics that inhibit ***essential cathepsins*** which are required by viruses such as coronaviruses and filoviruses to infect cells
  - Activity as monotherapy and in combination with other antivirals

Virus-directed antivirals discovery program

- **Viral glycan-targeted engineered biologics**
  - Bind to viral densely branched high-mannose (DBH) glycans
  - ***Neutralize circulating virus*** and stop the entry of the progeny virus into cells
  - Antiviral activity against a broad range of RNA viruses
  - Activity as monotherapy and in combination with other antivirals

R&D Center (RDC): Frederick, MD

- Accelerated development of vaccines and antiviral drugs against infectious diseases
- ~48,000 square feet, BSL-2 with some areas designated BSL-3

*TNX-4200 is in the pre-IND stage of development and has not been approved for any indication

Tonix Awarded Contract from DoD

U.S. Department of Defense

Defense Threat Reduction Agency (DTRA) contract is expected to advance development of Tonix's broad-spectrum oral antiviral program, TNX-4200, for medical countermeasures

- Other Transaction Agreement (OTA) with a potential for up to $34 million over five years
- Objective is to develop small molecule, broad-spectrum antiviral agents for the prevention or treatment of infections to improve the medical readiness of military personnel in biological threat environments
- Tonix's focus is to develop an orally available CD45 antagonist with broad-spectrum efficacy against a range of viral families through preclinical evaluation
    - Program is expected to establish physicochemical properties, pharmacokinetics, and safety attributes to support an IND submission and to fund a first-in-human Phase 1 clinical study

Additional Programs and Pipeline Strategy

Focusing on government and academic collaborations

- Validates Tonix's scientific expertise and technology
- Reduces internal spend
- Increases number of trials
- Potentially speeds time to market
- Grants, contracts, cost-sharing or "in-kind" arrangements

TNX-1500: Next Generation anti-CD40L mAb

Re-engineered to better modulate the binding of FcγR and mitigate risk of thrombosis

Clinical Stage of Phase 1 study completed

Key Differentiators

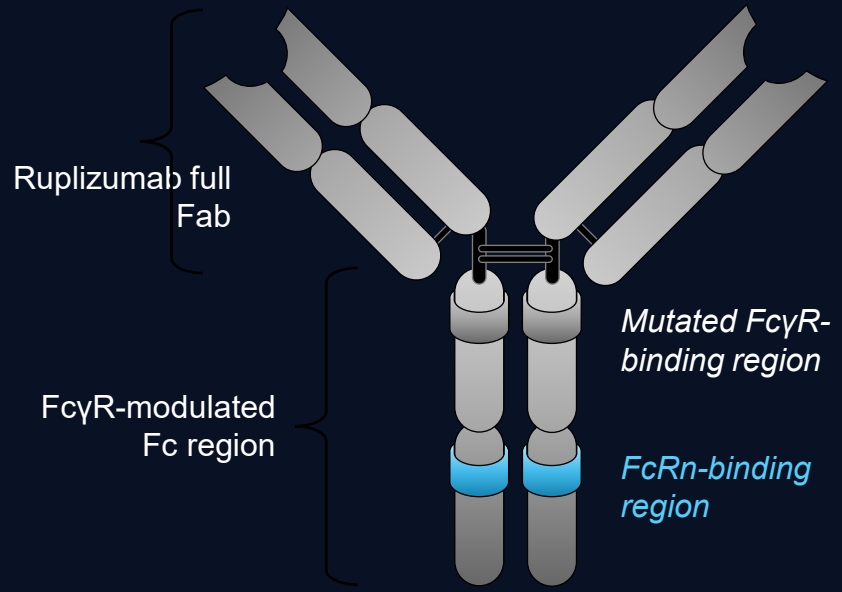
Expected to deliver efficacy without compromising safety

First Generation: Development halted due to thromboembolic (TE) complications—blood clots—traced to Fc gamma receptor (FcγR)

Second Generation: Eliminated the FcγR TE complication but potency and half life was reduced, limiting utility

Third Generation (TNX-1500): Re-engineered to better modulate the binding of FcγR.

Selectively Modified anti-CD40L AB



Contains the full ruplizumab Fab and the engineered Fc region that modulates FcγR-binding, while preserving FcRn function

*TNX-1500 has not been approved for any indication.

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External Partnerships

Government partners providing direct funding, cost sharing or in-kind support include:

- ***National Institutes of Health (NIH)***
- ***National Institute of Allergy and Infectious Disease (NIAID)***
  - TNX-1800 selected for Project NextGen
- National Institute on Drug Abuse (NIDA)
  - TNX-1300 for cocaine intoxication; Phase 2 study funding
- ***Department of Defense (DoD)***
  - TNX-4200 for the prevention or treatment of infections to improve the medical readiness of military personnel in biological threat environments
  - TNX-102 SL for ASD; investigator-initiated Phase 2 study funding

Academic partners sponsoring clinical trials of Tonix's investigational drug products include:

- Massachusetts General Hospital (MGH)
- University of Washington
- University of North Carolina

Key Partnerships

TNX-1500: ALLOGRAFT REJECTION

MASSACHUSETTS GENERAL HOSPITAL

HARVARD MEDICAL SCHOOL

TNX-1300: COCAINE INTOXICATION

NIH National Institute on Drug Abuse

COLUMBIA UNIVERSITY

TNX-102 SL: ACUTE STRESS DISORDER

U.S. Department of Defense

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

TNX-1800: COVID-19 VACCINE

NIH National Institutes of Health

NIH National Institute of Allergy and Infectious Diseases

TNX-2900: PRADER-WILLI SYNDROME

InsermTransfert Your partner in health innovation

CHU de Toulouse

Aix*Marseille université

TNX-4200: BROAD-SPECTRUM ANTIVIRAL

U.S. Department of Defense

DTRA Defense Threat Reduction Agency

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TEAM, NETWORK, & UPCOMING MILESTONES

Management Team

Seth Lederman, MD
Co-Founder, CEO & Chairman

Gregory Sullivan, MD
Chief Medical Officer

Bradley Saenger, CPA
Chief Financial Officer

Jessica Morris
Chief Operating Officer

Milestones: Recently Completed and Upcoming

TNX-102 SL for the Management of Fibromyalgia Milestones

☑ 4th Quarter 2023	Statistically significant topline results of Phase 3 RESILIENT study – 2nd statistically significant Phase 2 trial
☑ 2nd Quarter 2024	Type B CMC and clinical pre-NDA meetings with FDA
☑ 3rd Quarter 2024	FDA Fast Track Designation granted by FDA
☑ October 2024	Submitted NDA to FDA for TNX-102 SL for fibromyalgia in October 2024
❑ December 2024	FDA decision expected on NDA acceptance for review
❑ 2025	FDA decision expected on NDA approval ("PDUFA*" Date)

Other Key Program Milestones

☑ 3rd Quarter 2024	U.S. DoD / DTRA Awarded up to $34 M contract (over 5 years) for broad spectrum antiviral development (TNX-4200)
☑ 3rd Quarter 2024	Initiate Phase 2 study of TNX-1300 for the treatment of cocaine intoxication
❑ 4th Quarter 2024	Initiate Phase 2 study of TNX-102 SL for acute stress disorder

TONIX PHARMACEUTICALS

THANK YOU

Zembrace® Important Safety Information (1 of 2)

Zembrace SymTouch (Zembrace) can cause serious side effects, including heart attack and other heart problems, which may lead to death. Stop use and get emergency help if you have any signs of a heart attack:

- Discomfort in the center of your chest that lasts for more than a few minutes or goes away and comes back; severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw; pain or discomfort in your arms, back, neck, jaw or stomach; shortness of breath with or without chest discomfort; breaking out in a cold sweat; nausea or vomiting; feeling lightheaded

Zembrace is not for people with risk factors for heart disease (high blood pressure or cholesterol, smoking, overweight, diabetes, family history of heart disease) unless a heart exam shows no problem.

Do not use Zembrace if you have:

- History of heart problems; narrowing of blood vessels to your legs, arms, stomach, or kidney (peripheral vascular disease); uncontrolled high blood pressure; hemiplegic or basilar migraines. If you are not sure if you have these, ask your provider.
- Had a stroke, transient ischemic attacks (TIAs), or problems with blood circulation; severe liver problems; taken any of the following medicines in the last 24 hours: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, ergotamines, dihydroergotamine; are taking certain antidepressants, known as monoamine oxidase (MAO)-A inhibitors or it has been 2 weeks or less since you stopped taking a MAO-A inhibitor. Ask your provider for a list of these medicines if you are not sure.
- An allergy to sumatriptan or any of the components of Zembrace

Tell your provider about all of your medical conditions and medicines you take, including vitamins and supplements.

Zembrace can cause dizziness, weakness, or drowsiness. If so, do not drive a car, use machinery, or do anything where you need to be alert.

Zembrace® Important Safety Information (2 of 2)

Zembrace may cause serious side effects including:

- Changes in color or sensation in your fingers and toes; sudden or severe stomach pain, stomach pain after meals, weight loss, nausea or vomiting, constipation or diarrhea, bloody diarrhea, fever; cramping and pain in your legs or hips; feeling of heaviness or tightness in your leg muscles; burning or aching pain in your feet or toes while resting; numbness, tingling, or weakness in your legs; cold feeling or color changes in one or both legs or feet; increased blood pressure including a sudden severe increase even if you have no history of high blood pressure; medication overuse headaches from using migraine medicine for 10 or more days each month. If your headaches get worse, call your provider.
- Serotonin syndrome, a rare but serious problem that can happen in people using Zembrace, especially when used with anti-depressant medicines called SSRIs or SNRIs. Call your provider right away if you have: mental changes such as seeing things that are not there (hallucinations), agitation, or coma; fast heartbeat; changes in blood pressure; high body temperature; tight muscles; or trouble walking.
- Hives (itchy bumps); swelling of your tongue, mouth, or throat
- Seizures even in people who have never had seizures before

The most common side effects of Zembrace include: pain and redness at injection site; tingling or numbness in your fingers or toes; dizziness; warm, hot, burning feeling to your face (flushing); discomfort or stiffness in your neck; feeling weak, drowsy, or tired.

Tell your provider if you have any side effect that bothers you or does not go away. These are not all the possible side effects of Zembrace. For more information, ask your provider.

This is the most important information to know about Zembrace but is not comprehensive. For more information, talk to your provider and read the Patient Information and Instructions for Use. For full Prescribing Information, visit: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=6e5b104f-2b9e-416e-92fb-ef1bdaea867d

You are encouraged to report adverse effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Zembrace is a prescription medicine used to treat acute migraine headaches with or without aura in adults who have been diagnosed with migraine.

Zembrace is not used to prevent migraines. It is not known if it is safe and effective in children under 18 years of age.

Tosymra® Important Safety Information (1 of 2)

Tosymra® can cause serious side effects, including heart attack and other heart problems, which may lead to death. Stop Tosymra and get emergency medical help if you have any signs of heart attack:

- Discomfort in the center of your chest that lasts for more than a few minutes or goes away and comes back; severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw; pain or discomfort in your arms, back, neck, jaw, or stomach; shortness of breath with or without chest discomfort; breaking out in a cold sweat; nausea or vomiting; feeling lightheaded

Tosymra is not for people with risk factors for heart disease (high blood pressure or cholesterol, smoking, overweight, diabetes, family history of heart disease) unless a heart exam is done and shows no problem.

Do not use Tosymra if you have:

- History of heart problems; narrowing of blood vessels to your legs, arms, stomach, or kidney (peripheral vascular disease); uncontrolled high blood pressure; severe liver problems; hemiplegic or basilar migraines. If you are not sure if you have these, ask your healthcare provider.
- Had a stroke, transient ischemic attacks (TIAs), or problems with blood circulation; taken any of the following medicines in the last 24 hours: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, ergotamines, or dihydroergotamine. Ask your provider if you are not sure if your medicine is listed above
- are taking certain antidepressants, known as monoamine oxidase (MAO)-A inhibitors or it has been 2 weeks or less since you stopped taking a MAO-A inhibitor. Ask your provider for a list of these medicines if you are not sure
- An allergy to sumatriptan or any ingredient in Tosymra

Tell your provider about all of your medical conditions and medicines you take, including vitamins and supplements. Tosymra can cause dizziness, weakness, or drowsiness. If so, do not drive a car, use machinery, or do anything where you need to be alert.

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Tosymra® Important Safety Information (2 of 2)

Tosymra may cause serious side effects including:

- Changes in color or sensation in your fingers and toes; sudden or severe stomach pain, stomach pain after meals, weight loss, nausea or vomiting, constipation or diarrhea, bloody diarrhea, fever; cramping and pain in your legs or hips, feeling of heaviness or tightness in your leg muscles, burning or aching pain in your feet or toes while resting, numbness, tingling, or weakness in your legs, cold feeling or color changes in one or both legs or feet; increased blood pressure including a sudden severe increase even if you have no history of high blood pressure; medication overuse headaches from using migraine medicine for 10 or more days each month. **If your headaches get worse, call your provider**.
- Serotonin syndrome, a rare but serious problem that can happen in people using Tosymra, especially when used with anti-depressant medicines called SSRIs or SNRIs. **Call your provider right away if you have**: mental changes such as seeing things that are not there (hallucinations), agitation, or coma; fast heartbeat; changes in blood pressure; high body temperature; tight muscles; or trouble walking.
- Seizures even in people who have never had seizures before

The most common side effects of Tosymra include:

tingling, dizziness, feeling warm or hot, burning feeling, feeling of heaviness, feeling of pressure, flushing, feeling of tightness, numbness, application site (nasal) reactions, abnormal taste, and throat irritation.
Tell your provider if you have any side effect that bothers you or does not go away. These are not all the possible side effects of Tosymra. For more information, ask your provider.
This is the most important information to know about Tosymra but is not comprehensive. For more information, talk to your provider and read the Patient Information and Instructions for use. For full Prescribing Information, visit: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=015a5cf9-f246-48bc-b91e-cd730a53d8aa.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.
Tosymra is a prescription medicine used to treat acute migraine headaches with or without aura in adults.
Tosymra is not used to treat other types of headaches such as hemiplegic or basilar migraines or cluster headaches.
Tosymra is not used to prevent migraines. It is not known if Tosymra is safe and effective in children under 18 years of age.