

A woman with dark curly hair, wearing a yellow button-down shirt, is sitting at a wooden desk in a modern office. She is looking at a laptop screen with a thoughtful expression, her hands resting on her chin. The background shows a window with a view of greenery and a potted plant on the desk.

# Investor Presentation

Third quarter | Fiscal year 2025

Phreesia

# Disclaimer

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This presentation includes express or implied statements that are not historical facts and are considered forward-looking within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Forward-looking statements generally relate to future events or our future financial or operational performance and may contain projections of our future results of operations or of our financial information or state other forward-looking information. These statements include, but are not limited to, statements regarding: Phreesia's future financial and operational performance, including our revenue, Adjusted EBITDA, cash flows and profitability; our outlook for fiscal 2025 and fiscal 2026 including our expectations regarding revenue, Adjusted EBITDA and AHSCs; our business strategy and operating plans; industry trends and predictions; our estimated total addressable market (including any component thereof) and our anticipated growth and operating leverage. In some cases, you can identify forward-looking statements by the following words: "may," "will," "could," "would," "should," "expect," "intend," "plan," "anticipate," "believe," "estimate," "predict," "project," "potential," "continue," "ongoing," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. Although we believe that the expectations reflected in these forward-looking statements are reasonable, these statements relate to future events or our future operational or financial performance and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by these forward-looking statements. Furthermore, actual results may differ materially from those described in the forward-looking statements and will be affected by a variety of risks and factors that are beyond our control, including, without limitation, risks associated with: our ability to effectively manage our growth and meet our growth objectives; our focus on the long-term and our investments in growth; the competitive environment in which we operate; our ability to comply with the covenants in our credit agreement with Capital One; changes in market conditions and receptivity to our products and services; our ability to develop and release new products and services and successful enhancements, features and modifications to our existing products and services; our ability to maintain the security and availability of our platform; the impact of cyberattacks, security incidents or breaches impacting our business; changes in laws and regulations applicable to our business model; our ability to make accurate predictions about our industry and addressable market; our ability to attract, retain and cross-sell to healthcare services clients; our ability to continue to operate effectively with a primarily remote workforce and attract and retain key talent; our ability to realize the intended benefits of our acquisitions and partnerships; difficulties in integrating our acquisitions and investments; and other general market, political, economic and business conditions (including from the results of the 2024 U.S. presidential and congressional elections and the warfare and/or political and economic instability in Ukraine, the Middle East or elsewhere). The forward-looking statements contained in this presentation are also subject to other risks and uncertainties, including those listed or described in our filings with the Securities and Exchange Commission ("SEC"), including in our most recently filed Annual Report on Form 10-K and Quarterly Report(s) on Form 10-Q and our other SEC filings. The forward-looking statements in this presentation speak only as of the date on which the statements are made. We undertake no obligation to update, and expressly disclaim the obligation to update, any forward-looking statements made in this presentation to reflect events or circumstances after the date of this presentation or to reflect new information or the occurrence of unanticipated events, except as required by law.

In addition to the Company's GAAP financial information, this presentation includes certain non-GAAP financial measures. The non-GAAP measures have limitations as analytical tools and you should not consider them in isolation or as a substitute for the most directly comparable financial measures prepared in accordance with GAAP. There are a number of limitations related to the use of these non-GAAP financial measures versus their nearest GAAP equivalents. Other companies, including companies in our industry, may calculate non-GAAP financial measures differently or may use other measures to evaluate their performance, all of which could reduce the usefulness of our non-GAAP financial measures as tools for comparison. We urge you to review the reconciliation of our non-GAAP financial measures to the most directly comparable GAAP financial measures set forth in the Appendix and in the Company's most recently filed Annual Report on Form 10-K, Quarterly Report(s) on Form 10-Q and our other filings with the SEC, and not to rely on any single financial measure to evaluate our business.

This presentation also contains estimates and other statistical data made by independent parties and by the Company relating to market size and growth and other data about the Company's industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Neither the Company nor any other person makes any representation as to the accuracy or completeness of such data or undertakes any obligation to update such data after the date of this presentation. In addition, projections, assumptions and estimates of the Company's future performance and the future performance of the markets in which the Company operates are necessarily subject to a high degree of uncertainty and risk. By attending or receiving this presentation you acknowledge that you will be solely responsible for your own assessment of the market and the Company's market position and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of the Company's business.

OUR MISSION

# Making care easier every day



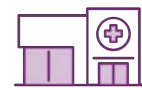
# Creating a better, more engaging healthcare experience



**Who we are:** Leading provider of comprehensive solutions that transform the healthcare experience by **activating patients in their care.**

**What we do:** Empower healthcare organizations to **maximize efficiency, drive growth and deliver great care** with tools that transcend patient intake.

**How we do it:** Manage every step of the healthcare journey—finding a doctor, scheduling, registration, payments, engagement, call-triaging and more—with our **software and payments solutions.**



**>4,200**

Average healthcare services clients (“AHSCs”)<sup>1,2</sup>



**>\$4B**

patient payments processed latest twelve months<sup>3,4</sup>



**\$405M**

Total revenue for latest twelve months<sup>3</sup>



**20%**

Total revenue growth latest 12 months<sup>3</sup>



Facilitated **150M+**

patient visits in Fiscal 2024

<sup>1</sup> We define AHSCs as the average number of clients that generate Subscription and related services or Payment processing revenue each month during the applicable period. In cases where we act as a subcontractor providing white-label services to our partner's clients, we treat the contractual relationship as a single healthcare services client.

<sup>2</sup> Three months ended October 31, 2024

<sup>3</sup> As of October 31, 2024

<sup>4</sup> Measured in terms of patient payment volume. Refer to slide 16 for definition of patient payment volume.

## Attractive industry tailwinds



### Staffing challenges

- **1.3M healthcare staff** represent \$37B in annual spending<sup>1</sup>
- **\$4.5T** U.S. healthcare spend<sup>2</sup>
- **~\$850B** U.S. healthcare waste<sup>3</sup>
- **~\$265B** admin-related waste<sup>3</sup>



### Increasing patient responsibility

- **\$610B out-of-pocket** spend by 2030<sup>2</sup>
- **HDHPs represent 54%** of health plan market<sup>4</sup>
- Patient payments are hard to collect and reduce cash flow to providers



### Accelerated digitization

- Consumer demand for information with speed, efficiency and accuracy
- Healthcare organizations jettisoning manual and time-consuming administrative tasks



### Changing care models

- Providers incentivized to **measure and achieve outcomes**
- Requires high levels of **documentation, and substantive patient engagement**



### Patient-centered care

- **Need to directly reach patients** when making care decisions
- Current engagement strategies not as effective as **direct outreach**




<sup>1</sup> Bureau of Labor Statistics and Kaiser Family Foundation during 2020

<sup>2</sup> Centers for Medicare & Medicaid Services, National Health Expenditure Accounts during 2022

<sup>3</sup> JAMA, Waste in the US Health Care System, October 7, 2019

<sup>4</sup> National Center For Health Statistics July 2022

# Our value proposition and how we make money

	 Healthcare Services Orgs	 Patients	 Life Sciences and Payer Organizations
Value proposition	<ul style="list-style-type: none"><li>• Simplified operations and enhanced staff efficiency</li><li>• Improved cash flow and profitability</li><li>• Enhanced clinical quality</li><li>• Improved patient experience</li></ul>	<ul style="list-style-type: none"><li>• Improved patient experience</li><li>• High patient usage</li><li>• Flexible payment options</li><li>• Engagement in care</li></ul>	<ul style="list-style-type: none"><li>• Direct digital communications</li><li>• Improved brand conversion and adherence</li><li>• Feedback from patient voice</li></ul>
How we make money	<ul style="list-style-type: none"><li>• Highly visible subscription fees most commonly charged on a per provider per month (PPPM) basis</li><li>• Based on number and type of applications elected</li></ul>	<ul style="list-style-type: none"><li>• Reoccurring payment processing fees</li><li>• Based on level of patient payment volume processed through our solutions</li></ul>	<ul style="list-style-type: none"><li>• Fees from life sciences and payer clients for delivering direct communications to patients and members</li><li>• Based on engagements with patients</li></ul>

## Providers

Phreesia serves more than 4,200 AHSCs<sup>1,2</sup>



Health systems



Specialty practices



Hospitals



Federally Qualified Health Centers



Ambulatory surgery centers



Primary care groups

## Life Sciences Companies and Other Organizations

Pharma Manufacturers and Other Organizations



More than 100 pharmaceutical brands<sup>3</sup>



All of the top 10 global pharma companies<sup>3</sup>



Maintaining payer and other relationships

<sup>1</sup> We define AHSCs as the average number of clients that generate Subscription and related services or Payment processing revenue each month during the applicable period. In cases where we act as a subcontractor providing white-label services to our partner's clients, we treat the contractual relationship as a single healthcare services client.

<sup>2</sup> Three months ended October 31, 2024

<sup>3</sup> As of October 31, 2024

# Innovative software to improve efficiency, cash flow and the patient experience



## Access to care

Provider directory for patients seeking care

Integrated patient scheduling

Automated appointment rescheduling

Appointment reminders

Patient text messaging

After-hours care

Smart answering solution



## Registration

Mobile and in-office intake modalities

Registration for virtual visits

Specialty-specific workflows

Consent management

Self-service patient-reported outcomes and screenings



## Revenue cycle

Point-of-service payments

Insurance verification

Payment plans

Online payments

Card on file and payment assurance



## Network

Education and engagement before, during and after the visit

Patient insights

Referral management

Doctor finder



Real-time **integration** with leading PMs and EHRs



Robust **analytics** tools



**Reliable** and **scalable** solutions



Commitment to **privacy** and **security**



# Multiple growth opportunities



## Land new clients

- Direct sales model
- Focus on all provider settings including hospitals



## Grow footprint within existing clients

- Additional providers within existing clients
- Expand new locations
- Increase usage



## Cross-sell new applications to existing clients

- Proven ability to continuously innovate
- Appointments and Mobile
- Upsell new applications



## Growth through investments, return to profitability<sup>1</sup>, and cash flow

- New product and expanding footprint
- Adjusted EBITDA positive from FY19 through FY21<sup>2</sup>
- Accelerated spending in FY22 and FY23<sup>3</sup>
- Generated operating leverage during FY24<sup>4</sup>
- Adjusted EBITDA positive in Q1 FY25<sup>2</sup>
- Generated Free cash flow since Q2 FY25<sup>5</sup>



## Partnerships and M&A

- Opportunistic approach
- Vital Score in FY19
- Two apps from Geisinger and Merck in Q3 FY21
- QueueDr in Q4 FY21
- Insignia Health in Q4 FY22
- MediFind in Q2 FY24
- Access eForms in Q3 FY24
- ConnectOnCall in Q3 FY24

<sup>1</sup> During the third quarter of fiscal 2025, our net loss was \$14.4 million and our Adjusted EBITDA was \$9.8 million. We define "profitability" in terms of Adjusted EBITDA.

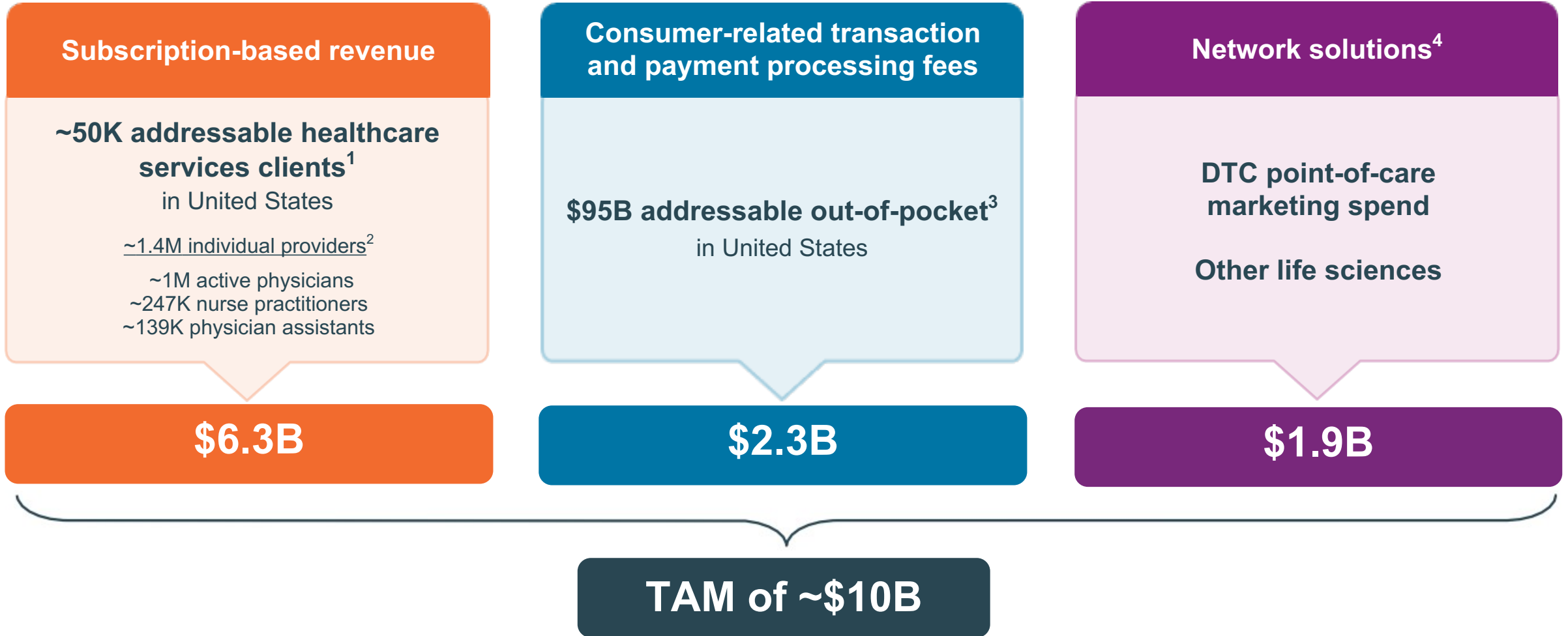
<sup>2</sup> Adjusted EBITDA was positive for FY19, FY20 and FY21 and for Q1, Q2 and Q3 FY25. Adjusted EBITDA is a Non-GAAP measure. We define Adjusted EBITDA as net income or loss before interest income, net, provision for income taxes, depreciation and amortization, and before stock-based compensation expense and other expense, net. See slides 23 and 24 for a reconciliation of Adjusted EBITDA to the closest GAAP measure.

<sup>3</sup> During FY22 we accelerated hiring and overall investments across all areas of the Company to prepare for our anticipated growth in client and use of our solutions. FY23 included a full-year run rate of hiring and investments made during FY22.

<sup>4</sup> Increase in FY24 Adjusted EBITDA compared to FY23 Adjusted EBITDA per Slide 23. Driven by growth in revenues, as noted by FY24 Revenue compared to FY23 Revenue per Slide 22, as well as moderation of expenses.

<sup>5</sup> During the third quarter of fiscal 2025, our Net cash provided by operating activities was \$5.8 million. Free cash flow is a Non-GAAP measure. We define Free cash flow as Net cash provided by (used in) operating activities less capitalized internal-use software development costs and purchases of property and equipment. See slide 25 for a reconciliation of Free cash flow to the closest GAAP measure.

## Our current addressable market



<sup>1</sup> IQVIA, Definitive Healthcare and company estimates as of April 2021

<sup>2</sup> Kaiser Family Foundation, BLS Data, American Association of Nurse Practitioners, National Commission of Certification of Physician Assistants - assumes ~1,022,000 total physicians; ~237,000 NPs of which ~110,000 are out-of-hospital taking appointments and 36,000 in-hospital taking appointments; 106,000 PAs, of which ~42,000 are out-of-hospital taking appointments and 41,000 in-hospital taking appointments (2021 - 2022)

<sup>3</sup> CMS, includes out-of-pocket spending for physician, clinical and other professional services (2022)

<sup>4</sup> Based on estimated budget spend for 1) DTC digital advertising in healthcare outside of the point-of-care setting (JAMA Network, Association Between Drug Characteristics and Manufacturer Spending on Direct-to-Consumer Advertising (February 2023)) and 2) POC marketing (Point of Care Marketing Association and ZS Associates, State of the Point of Care Marketing Industry 2022)

# Financial Overview

## Scalable and predictable sources of revenue

		Revenue model	Drivers	Q3 FY25 % rev
P r o v i d e r	Subscription and related services <sup>1</sup>	<ul style="list-style-type: none"> <li>Includes base package and add-on applications</li> <li>Majority of fees charged per provider per month (PPPM)</li> </ul>	<ul style="list-style-type: none"> <li>New healthcare services clients</li> <li>Expansion within existing clients</li> <li>New products and applications</li> </ul>	46%
	Payment processing fees	<ul style="list-style-type: none"> <li>Fees earned as % of processed patient payments</li> <li>~81%<sup>2</sup> volume: Credit/debit transactions processed on Phreesia payment facilitator model</li> <li>Remaining volume: Cash, check and credit gateway transactions to other payment processors</li> </ul>	<ul style="list-style-type: none"> <li>Increase in payment volume from patients of existing and new providers/clients</li> <li>Increase in patient financial responsibility</li> </ul>	23%
Network solutions		<ul style="list-style-type: none"> <li>Based on direct communications to patients and members</li> <li>Contract duration typically 12 months</li> <li>Guaranteed # of engagements with addressable audience</li> <li>Majority of fees typically charged per engagement</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare services clients and footprint</li> <li>New brands and payers</li> <li>Investment in new data and analytics products represent upside potential</li> </ul>	31%

**Strong visibility into revenue at the beginning of the fiscal period based on contracted business**

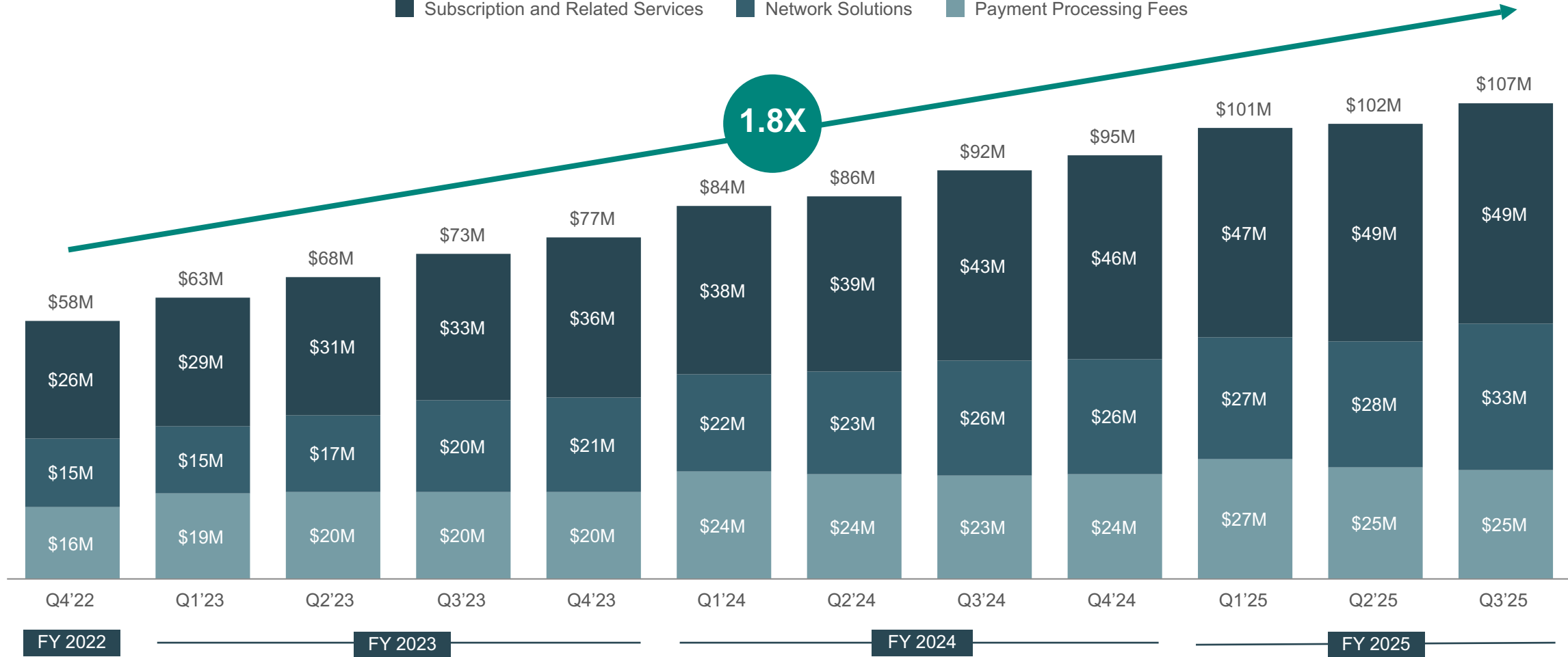
<sup>1</sup> In addition to subscription revenue, Phreesia generates certain fees from healthcare services clients for professional services associated with implementation, travel and expense reimbursements, shipping and handling, leasing and sale of hardware (PhreesiaPads and Arrivals Kiosks) and on-site support and training.

<sup>2</sup> Measured in terms of payment facilitator volume percentage. Refer to slide 16 for definition of payment facilitator volume percentage.

# Nearly doubled quarterly revenue since Q4 fiscal 2022

## Quarterly Revenue<sup>1</sup> (Q4 FY2022 - Q3 FY2025<sup>2</sup>)

■ Subscription and Related Services ■ Network Solutions ■ Payment Processing Fees

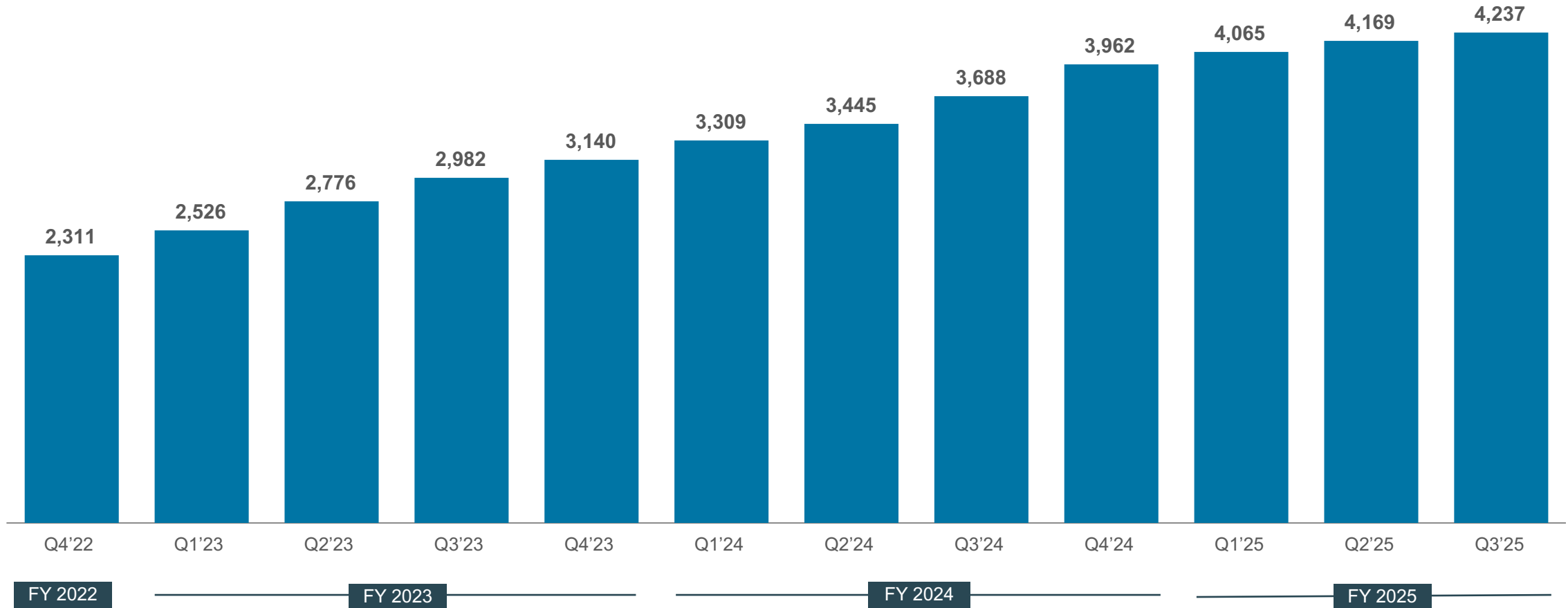


<sup>1</sup> Revenue may not add up due to rounding

<sup>2</sup> Fiscal year ended January 31. FY2022 includes only Q4'22. FY2025 includes only Q1'25, Q2'25 and Q3'25.

## Average Healthcare Services Clients (AHSCs)

AHSCs<sup>1</sup> (Q4 FY2022 - Q3 FY2025<sup>2</sup>)

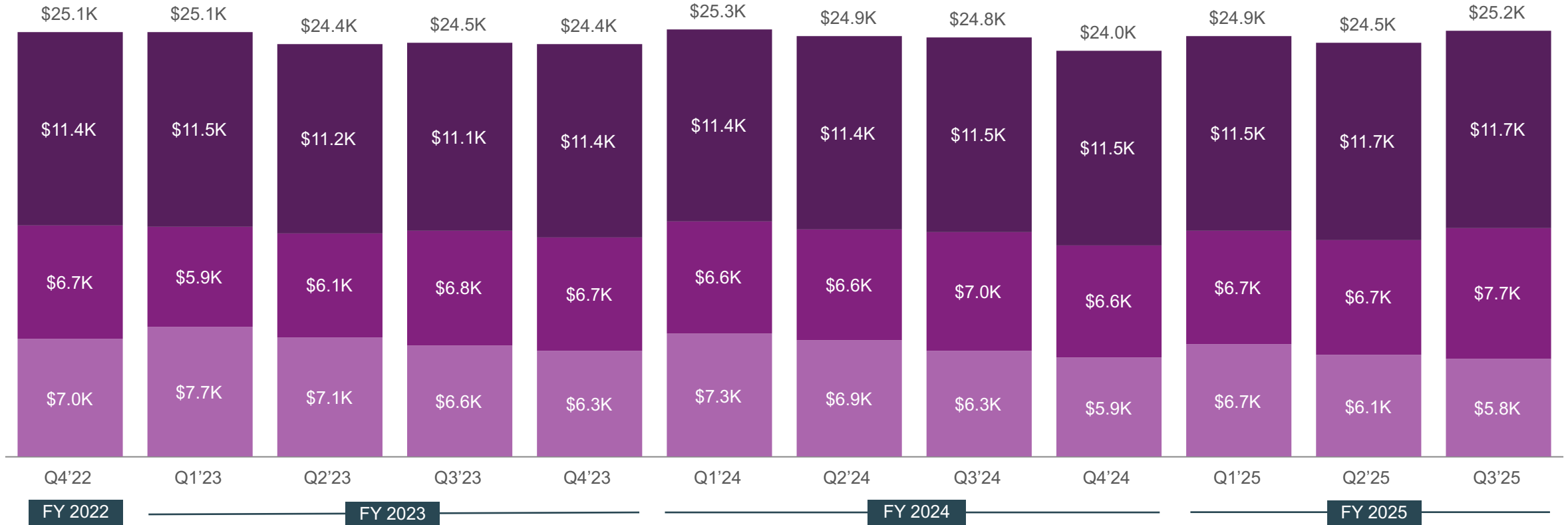


<sup>1</sup> We define AHSCs as the average number of clients that generate Subscription and related services or Payment processing revenue each month during the applicable period. In cases where we act as a subcontractor providing white-label services to our partner's clients, we treat the contractual relationship as a single healthcare services client.

<sup>2</sup> Fiscal year ended January 31. FY2022 includes only Q4'22. FY2025 includes only Q1'25, Q2'25 and Q3'25.

# Total revenue per AHSC<sup>2</sup> (Q4 FY2022 - Q3 FY2025)<sup>3</sup>

■ Subscription and Related Services  
 ■ Network Solutions  
 ■ Payment Processing Fees



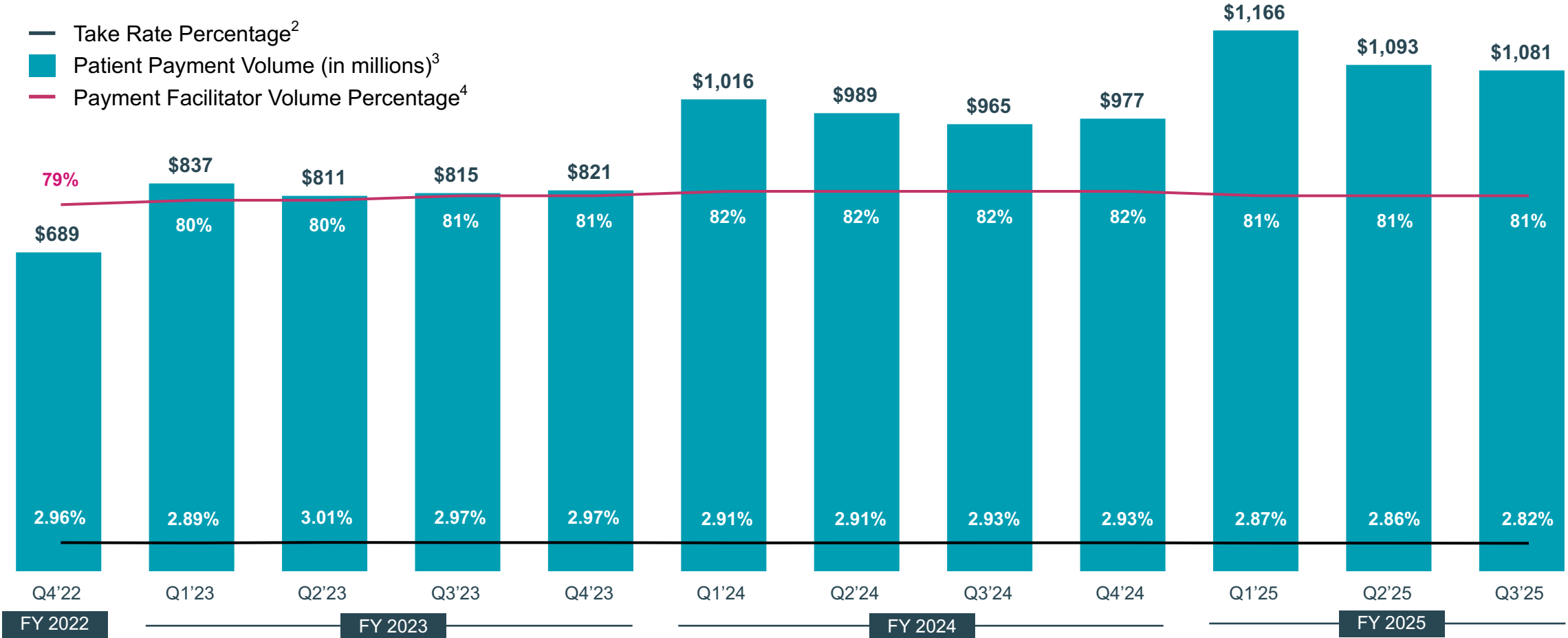
<sup>1</sup> Revenue may not add up due to rounding

<sup>2</sup> Refer to slide 4 for definition of AHSC. We define Total revenue per AHSC as Total revenue in a given period divided by AHSCs during that same period.

<sup>3</sup> Fiscal year ended January 31. FY2022 includes only Q4'22. FY2025 includes only Q1'25, Q2'25 and Q3'25.

# Consistent payment volume and transaction-level economics

## Patient Payment Volume (Q4 FY2022 - Q3 FY2025<sup>1</sup>)



<sup>1</sup> Fiscal year ended January 31. FY2022 includes only Q4'22. FY2025 includes only Q1'25, Q2'25 and Q3'25.

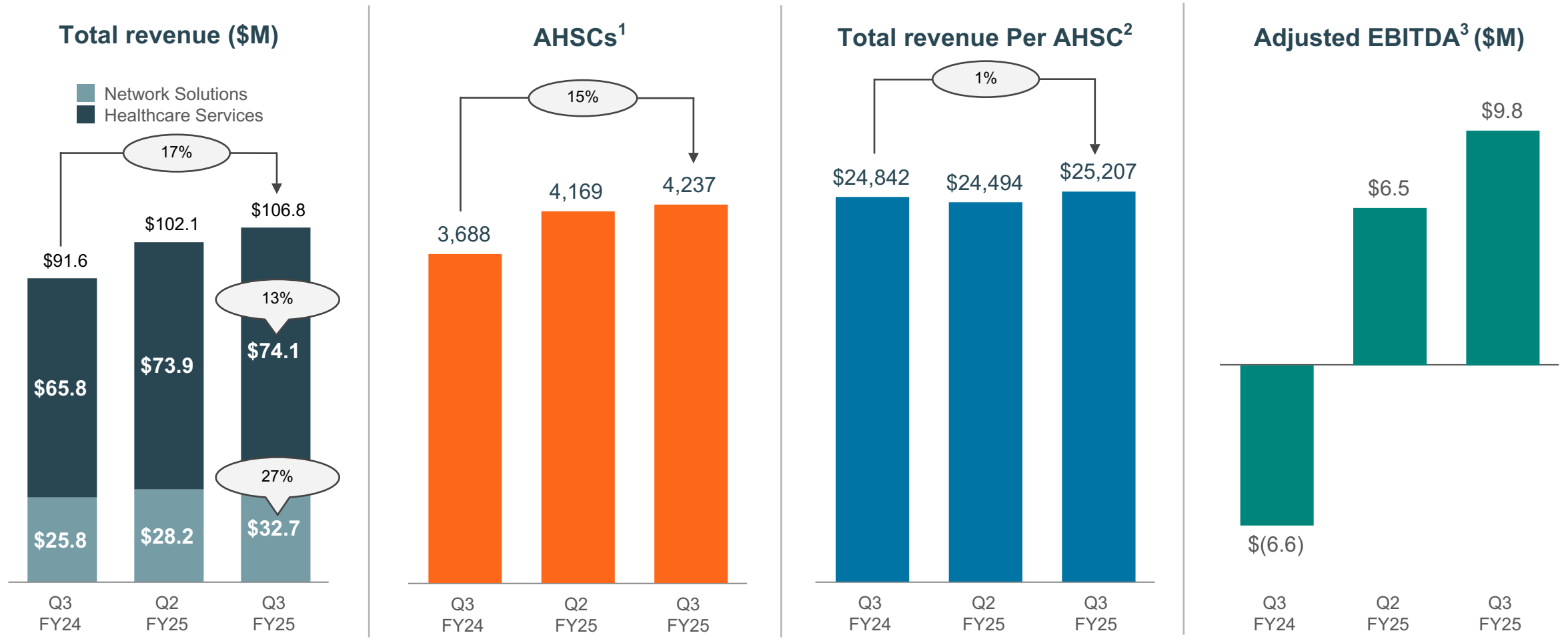
<sup>2</sup> Take rate percentage is defined as: payment processing fees / (patient payment volume x payment facilitator volume percentage).

<sup>3</sup> Patient payment volume: We believe that patient payment volume is an indicator of both the underlying health of our healthcare services clients' businesses and the continuing shift of healthcare costs to patients. We measure patient payment volume as the total dollar volume of transactions between our healthcare services clients and their patients who utilize our payment solution, including via credit and debit cards that we process as a payment facilitator, as well as through cash and check payments, and credit and debit transactions for which Phreesia acts as a gateway to other payment processors.

<sup>4</sup> Payment facilitator volume percentage is defined as the volume of credit and debit card patient payment volume that we process as a payment facilitator as a percentage of total patient payment volume. Payment facilitator volume is a major driver of our payment processing fees revenue.



# Fiscal third quarter 2025 results

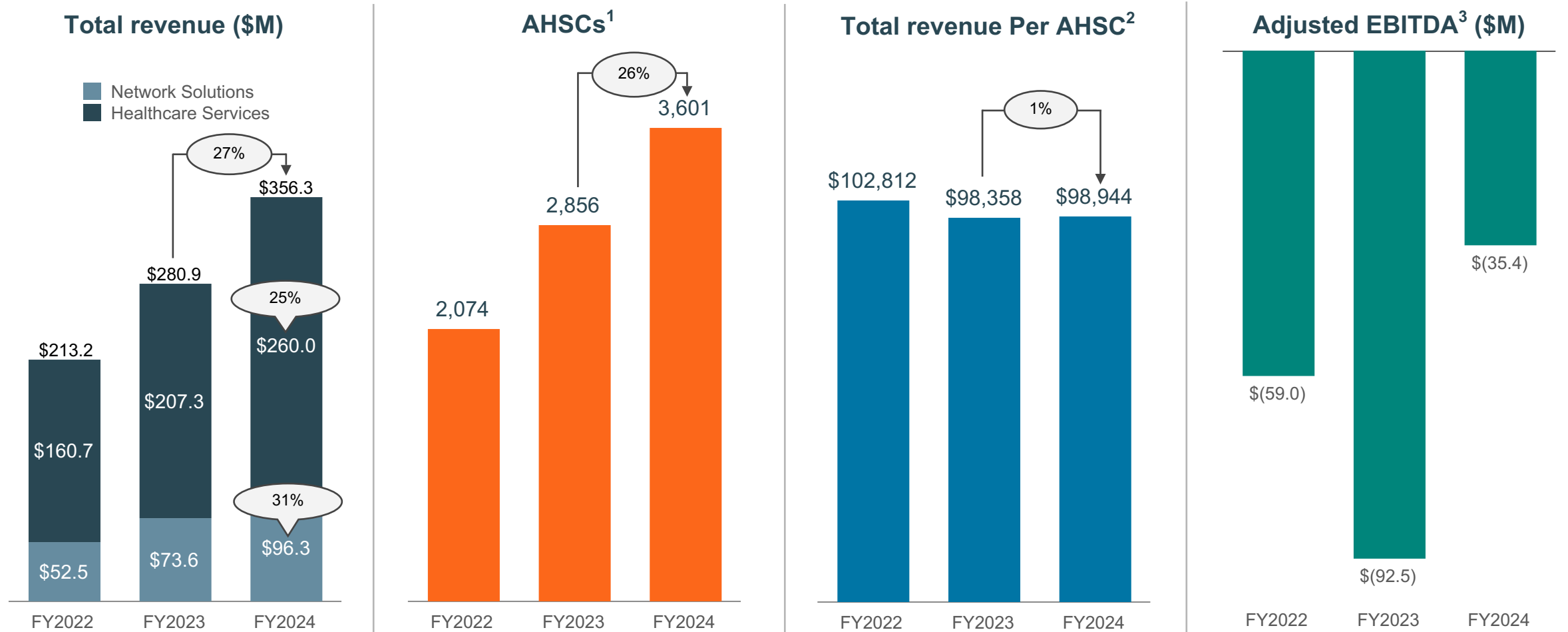


<sup>1</sup> We define AHSCs as the average number of clients that generate Subscription and related services or Payment processing revenue each month during the applicable period. In cases where we act as a subcontractor providing white-label services to our partner's clients, we treat the contractual relationship as a single healthcare services client. We believe growth in AHSCs is a key indicator of the performance of our business and depends, in part, on our ability to successfully develop and market our solutions to healthcare services client organizations that are not yet clients. While growth in the number of healthcare services clients is an important indicator of expected revenue growth, it also informs our management of the areas of our business that will require further investment to support expected future AHSC growth. For example, as the number of AHSCs increases, we may need to add to our customer support team and invest to maintain effectiveness and performance of our solutions and software for our healthcare services clients and their patients.

<sup>2</sup> We define Total revenue per AHSC as Total revenue in a given period divided by AHSCs during that same period. We are focused on continually delivering value to our healthcare services clients and believe that our ability to increase AHSCs is an indicator of the long-term value our solutions.

<sup>3</sup> Adjusted EBITDA is a Non-GAAP measure. We define Adjusted EBITDA as net income or loss before interest income, net, provision for income taxes, depreciation and amortization, and before stock-based compensation expense and other expense, net. See slides 23 and 24 for a reconciliation of Adjusted EBITDA to the closest GAAP measure.

# Fiscal year 2024 results



<sup>1</sup> We define AHSCs as the average number of clients that generate Subscription and related services or Payment processing revenue each month during the applicable period. In cases where we act as a subcontractor providing white-label services to our partner's clients, we treat the contractual relationship as a single healthcare services client. We believe growth in AHSCs is a key indicator of the performance of our business and depends, in part, on our ability to successfully develop and market our solutions to healthcare services client organizations that are not yet clients. While growth in AHSCs is an important indicator of expected revenue growth, it also informs our management of the areas of our business that will require further investment to support expected AHSC growth. For example, as the number of AHSCs increases, we may need to add to our customer support team and invest to maintain effectiveness and performance of our solutions and software for our healthcare services clients and their patients.

<sup>2</sup> We define Total revenue per AHSC as Total revenue in a particular period divided by AHSCs during that same period. We are focused on continually delivering value to our healthcare services clients and believe that our ability to increase healthcare services revenue per AHSC is an indicator of the long-term value of our solutions.

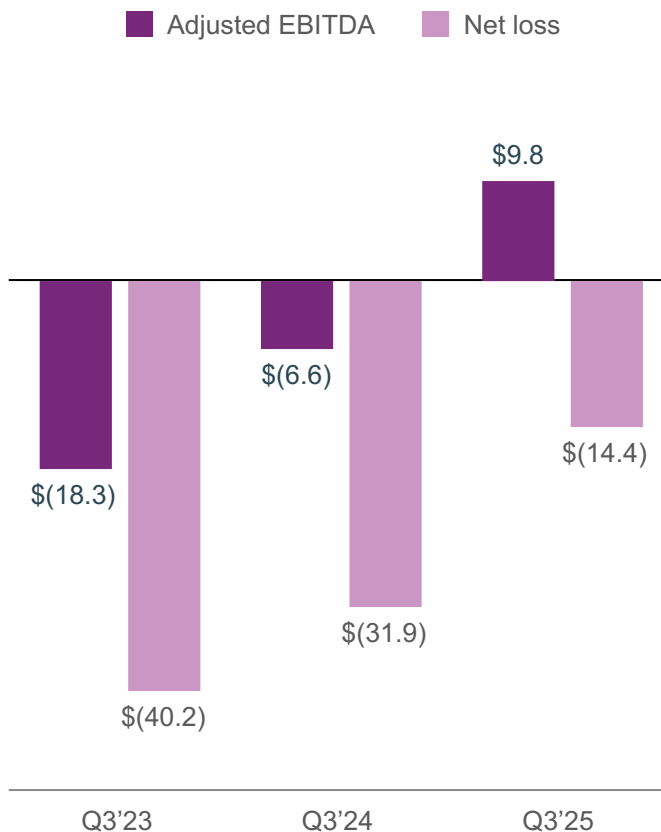
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# Growth and Operating Leverage (\$M)

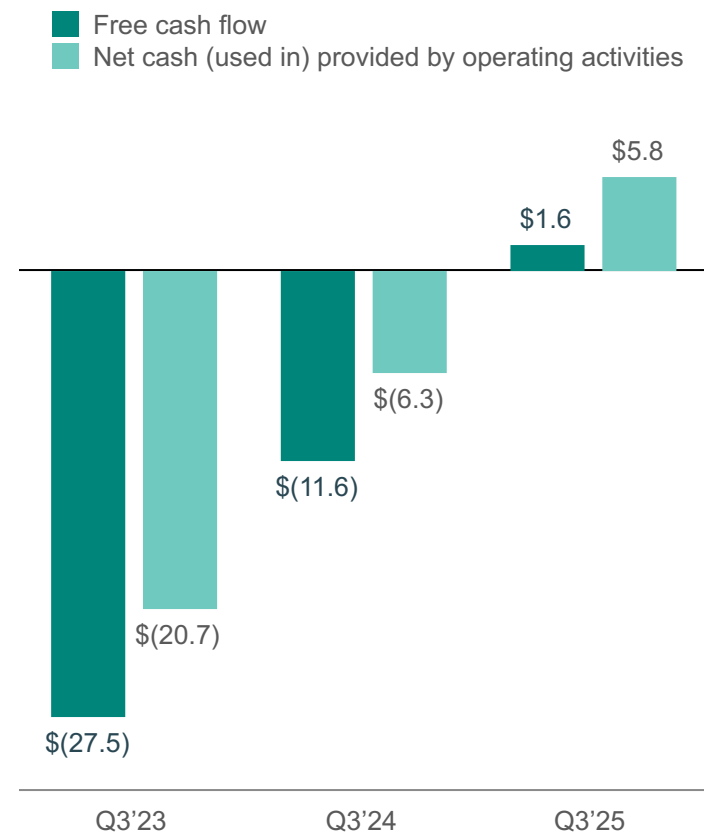
## Total revenue



## Adjusted EBITDA<sup>1</sup> & Net loss



## Free cash flow<sup>2</sup> & Net cash (used in) provided by operating activities



<sup>1</sup> Adjusted EBITDA is a Non-GAAP measure. We define Adjusted EBITDA as net income or loss before interest income, net, provision for income taxes, depreciation and amortization, and before stock-based compensation expense and other expense, net. See slides 23 and 24 for a reconciliation of Adjusted EBITDA to the closest GAAP measure.

<sup>2</sup> Free cash flow is a non-GAAP measure. We define free cash flow as net cash provided by (used in) operating activities less capitalized internal-use software development costs and purchases of property and equipment. See slide 25 for a reconciliation of free cash flow to the closest GAAP measure.

**FY2025 Outlook**

**\$418M to \$420M<sup>1</sup>**

**Total revenue**  
+17%-18% y/y

**\$34M to \$36M<sup>2</sup>**

**Adjusted EBITDA<sup>3</sup>**

**Approximately 4,200<sup>4</sup> AHSCs**

**FY2026 Outlook**

**\$472M to \$482M<sup>1</sup>**

**Total revenue**

**\$78M to \$88M<sup>2</sup>**

**Adjusted EBITDA<sup>3</sup>**

**Approximately 4,500<sup>4</sup> AHSCs**

**Total revenue per AHSC**  
**Greater than FY25<sup>5</sup>**

<sup>1</sup> Total revenue outlook issued on December 9, 2024.

<sup>2</sup> Adjusted EBITDA outlook issued on December 9, 2024.

<sup>3</sup> We have not reconciled the Adjusted EBITDA outlook to GAAP Net income (loss) because we do not provide an outlook for GAAP Net income (loss) due to the uncertainty and potential variability of Other (income) expense, net and (Benefit from) provision for income taxes, which are reconciling items between Adjusted EBITDA and GAAP Net income (loss). Because we cannot reasonably predict such items, a reconciliation of the non-GAAP financial measure outlook to the corresponding GAAP measure is not available without unreasonable effort. We caution, however, that such items could have a significant impact on the calculation of GAAP Net income (loss).

<sup>4</sup> Full year AHSC outlook issued on September 4, 2024 and reaffirmed December 9, 2024.

<sup>5</sup> "Total revenue per AHSC Greater than FY25" outlook issued on September 4, 2024 and reaffirmed December 9, 2024.

# Financial Appendix

# Detailed Income Statement<sup>1</sup>

\$ and shares in Millions						
	Fiscal year ended January 31			Fiscal quarter ended October 31		
	FY 2022	FY 2023	FY 2024	Q3 2024	Q3 2025	
<b>Revenue:</b>						
Subscription and related services	\$ 95.5	\$ 129.0	\$ 165.4	\$ 42.6	\$ 49.4	
Payment processing fees	65.2	78.4	94.6	23.2	24.7	
<b>Total healthcare services revenue</b>	<b>\$ 160.7</b>	<b>\$ 207.3</b>	<b>\$ 260.0</b>	<b>\$ 65.8</b>	<b>\$ 74.1</b>	
<i>% Growth</i>						
<b>Network solutions</b>	<b>52.5</b>	<b>73.6</b>	<b>96.3</b>	<b>25.8</b>	<b>32.7</b>	
<i>% Growth</i>						
<b>Total revenue</b>	<b>\$ 213.2</b>	<b>\$ 280.9</b>	<b>\$ 356.3</b>	<b>\$ 91.6</b>	<b>\$ 106.8</b>	
<i>% YoY Growth</i>	43 %	32 %	27 %	25 %	17 %	
<b>Expenses:</b>						
Cost of revenue (excl. depreciation and amortization)	\$ 42.7	\$ 58.9	\$ 61.0	\$ 15.5	\$ 17.9	
Payment processing expense	38.7	50.3	63.0	15.4	16.7	
Sales and marketing	106.4	151.3	147.0	36.5	30.1	
Research and development	52.3	91.2	112.3	28.5	29.3	
General and administrative	68.7	80.4	79.9	20.2	19.6	
Depreciation	15.0	18.0	17.6	4.5	3.6	
Amortization	6.3	7.3	11.9	3.0	3.5	
<b>Total expenses</b>	<b>\$ 330.1</b>	<b>\$ 457.5</b>	<b>\$ 492.8</b>	<b>\$ 123.7</b>	<b>\$ 120.6</b>	
<b>Operating loss</b>	<b>(116.8)</b>	<b>(176.6)</b>	<b>(136.5)</b>	<b>(32.0)</b>	<b>(13.8)</b>	
Other expense, net	(0.1)	(0.2)	—	—	(0.1)	
Loss on extinguishment of debt	—	—	(1.1)	—	—	
Interest (expense) income, net	(1.1)	1.1	2.2	0.5	—	
<b>Total other (expense) income, net</b>	<b>(1.2)</b>	<b>0.9</b>	<b>1.1</b>	<b>0.5</b>	<b>(0.1)</b>	
Provision for income taxes	(0.2)	(0.5)	(1.5)	(0.4)	(0.4)	
<b>Net loss</b>	<b>\$ (118.2)</b>	<b>\$ (176.1)</b>	<b>\$ (136.9)</b>	<b>\$ (31.9)</b>	<b>\$ (14.4)</b>	
<b>Weighted average shares outstanding, basic and diluted</b>	<b>49.9</b>	<b>52.4</b>	<b>54.6</b>	<b>55.3</b>	<b>57.9</b>	
<b>Net loss per share, basic and diluted</b>	<b>\$ (2.37)</b>	<b>\$ (3.36)</b>	<b>\$ (2.51)</b>	<b>\$ (0.58)</b>	<b>\$ (0.25)</b>	

<sup>1</sup> Subtotals may not foot due to rounding

## Adjusted EBITDA Reconciliation<sup>1</sup>

\$M	Fiscal year ended Jan 31				
	2020	2021	2022	2023	2024
Net loss	\$ (20.3)	\$ (27.3)	\$ (118.2)	\$ (176.1)	\$ (136.9)
Interest expense (income), net	2.4	1.6	1.1	(1.1)	(2.2)
(Benefit) provision for income taxes	(1.8)	—	0.2	0.5	1.5
Depreciation and amortization	13.9	15.9	21.3	25.3	29.5
Stock-based compensation expense	6.2	13.5	36.2	58.8	71.6
Change in fair value of warrant liability	3.3	—	—	—	—
Change in fair value of contingent consideration liabilities	—	0.1	0.3	—	—
Loss on extinguishment of debt	—	—	—	—	1.1
Other expense, net	1.0	—	0.1	0.2	—
<b>Adjusted EBITDA<sup>1</sup></b>	<b>\$ 4.8</b>	<b>\$ 3.8</b>	<b>\$ (59.0)</b>	<b>\$ (92.5)</b>	<b>\$ (35.4)</b>

<sup>1</sup> We define Adjusted EBITDA as net income or loss before interest income, net, provision for income taxes, depreciation and amortization, and before stock-based compensation expense and other expense, net. Adjusted EBITDA is a supplemental measure of our performance that is not required by, or presented in accordance with, GAAP. Adjusted EBITDA is not a measurement of our financial performance under GAAP and should not be considered as an alternative to net income or loss or any other performance measure derived in accordance with GAAP, or as an alternative to cash flows from operating activities as a measure of our liquidity.

## Adjusted EBITDA Reconciliation<sup>1</sup>

<b>\$M</b>	<b>Fiscal quarter ended</b>					
	<b>October 31,</b>			<b>July 31,</b>		
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2024</b>
Net loss	\$ (6.7)	\$ (36.3)	\$ (40.2)	\$ (31.9)	\$ (14.4)	\$ (18.0)
Interest expense (income), net	0.5	0.3	(0.1)	(0.5)	—	—
Provision for income taxes	0.2	0.2	0.2	0.4	0.4	0.8
Depreciation and amortization	4.0	5.2	6.7	7.5	7.1	7.3
Stock-based compensation expense	3.3	12.9	14.8	18.0	16.5	16.4
Other (income) expense, net	(0.1)	0.1	0.2	—	0.1	0.1
<b>Adjusted EBITDA<sup>1</sup></b>	<b>\$ 1.2</b>	<b>\$ (17.6)</b>	<b>\$ (18.3)</b>	<b>\$ (6.6)</b>	<b>\$ 9.8</b>	<b>\$ 6.5</b>

<sup>1</sup> We define Adjusted EBITDA as net income or loss before interest income, net, provision for income taxes, depreciation and amortization, and before stock-based compensation expense and other expense, net. Adjusted EBITDA is a supplemental measure of our performance that is not required by, or presented in accordance with, GAAP. Adjusted EBITDA is not a measurement of our financial performance under GAAP and should not be considered as an alternative to net income or loss or any other performance measure derived in accordance with GAAP, or as an alternative to cash flows from operating activities as a measure of our liquidity.



# Free Cash Flow Reconciliation<sup>1</sup>

	Fiscal quarter ended				
	October 31,				
	2020	2021	2022	2023	2024
Net cash (used in) provided by operating activities	\$ (0.7)	\$ (24.5)	\$ (20.7)	\$ (6.3)	\$ 5.8
Less:					
Capitalized internal-use software	(1.9)	(2.9)	(5.3)	(4.1)	(3.6)
Purchases of property and equipment	(1.8)	(11.6)	(1.4)	(1.2)	(0.6)
<b>Free cash flow<sup>1</sup></b>	<b>\$ (4.4)</b>	<b>\$ (39.0)</b>	<b>\$ (27.5)</b>	<b>\$ (11.6)</b>	<b>\$ 1.6</b>

<sup>1</sup> We calculate Free cash flow as Net cash (used in) provided by operating activities less capitalized internal-use software development costs and purchases of property and equipment.

Additionally, Free cash flow is a supplemental measure of our performance that is not required by, or presented in accordance with, GAAP. We consider Free cash flow to be a liquidity measure that provides useful information to management and investors about the amount of cash generated by our business that can be used for strategic opportunities, including investing in our business, making strategic investments, partnerships and acquisitions and strengthening our financial position.