



SNT-4728 Webinar

Gary Phillips, CEO

1st June 2026

FORWARD LOOKING STATEMENT

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These forward-looking statements are not guarantees or predictions of future results, levels of performance, and involve known and unknown risks, uncertainties and other factors, many of which are beyond our control, and which may cause actual results to differ materially from those expressed in the statements contained in this document. For example, despite our efforts there is no certainty that we will be successful in developing or partnering any of the products in our pipeline on commercially acceptable terms, in a timely fashion or at all. Except as required by law we undertake no obligation to update these forward-looking statements as a result of new information, future events or otherwise.

SNT-4728 phase 2a study – Webinar

Participants



Professor Simon Lewis
Trial Principal Investigator

- Neurologist sub-specialised in degenerative diseases of the brain including Parkinson's Disease, Dementia with Lewy Bodies and related conditions.
- Works as a Clinical Academic seeing patients and conducting research to improve our understanding and treatment of these brain disorders.
- Currently conducting a series of disease modifying drug trials in patients who have been diagnosed with degenerative brain disease.



Dr Lynsey Bilsland
MD, Parkinson's
Research Ventures Ltd

- Managing Director of Parkinson's Research Ventures, which invests in the development of new therapies for people living with Parkinson's.
- Prior to joining Parkinson's UK in July 2025, Lynsey spent 16 years at Wellcome.
- Lynsey has a PhD in Neuroscience from University College London and a Bachelor of Science (Honours) in Pharmacology from the University of Glasgow.



Gary Phillips
CEO

- More than 30 years of operational management experience in the pharmaceutical and healthcare industry in Europe, Asia and Australia
- Joined Pharmaxis in 2003 and was appointed Chief Executive Officer in March 2013 at which time he was Chief Operating Officer
- Previously held country and regional management roles at Novartis – Hungary, Asia Pacific and Australia



Dr Wolfgang Jarolimek
Head Drug Discovery

- More than 25 years experience in pharmaceutical drug discovery and published more than 50 peer reviewed articles
- Previously Director of Assay Development and Compound Profiling at the GlaxoSmithKline Centre of Excellence in Drug Discovery in Verona, Italy
- Spent 8 years as post-doc at the Max-Planck Institute in Munich, Germany; Baylor College of Medicine, Houston, Texas; Rammekamp Centre, Cleveland Ohio; and University of Heidelberg, Germany

SNT-4728 phase 2a study - Webinar

1. SNT-4728: a brief history – Gary Phillips

2. iRBD and Parkinson's disease – Dr Lynsey Bilsland

- The facts
- Patient perspective

3. Neuroinflammation – Dr Wolfgang Jarolimek

- Role of neuroinflammation in iRBD and Parkinson's disease
- SNT-4728- how it works

4. SNT-4728 Clinical Trial – Prof Simon Lewis

- Design and endpoints
- Why is this study important?
- When are the results expected and what will they tell us?

5. SNT-4728 – importance to investors – Gary Phillips

- Where it fits in Syntara's pipeline
- Next steps in road to commercialisation

6. Q&A

SNT-4728: BRIEF HISTORY

Safe and efficacious, small molecule enzyme inhibitor that crosses the blood brain barrier

- Syntara discovered and wholly owned asset
- Drug extensively de-risked from earlier collaboration with Boehringer Ingelheim
- Once daily dosing achieves consistent, dose-dependent inhibition of two enzyme targets; SSAO and MAO-B.

SNT-4728 FOR NEUROINFLAMMATION

A novel approach

- Strong preclinical and clinical data support the role of SSAO and MAO-B as **drivers of neuroinflammation**
- **Dual SSAO & MAO-B** inhibition provides an opportunity for anti-inflammatory and neuroprotective treatments through the combination of proven and safe mechanisms.

SNT-4728

Webinar

Participants

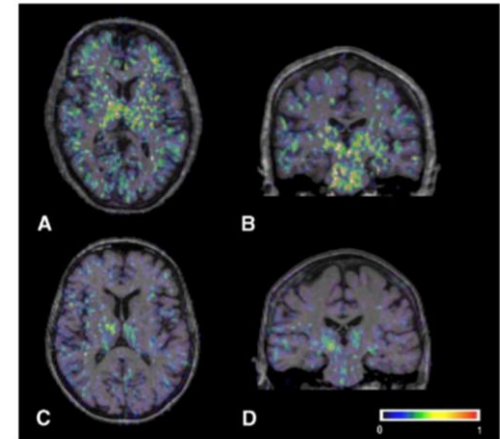
Dr Lynsey Bilsland

- MD, Parkinson's Research Ventures Ltd



iRBD and Parkinson's disease

- The facts
- Patient perspective



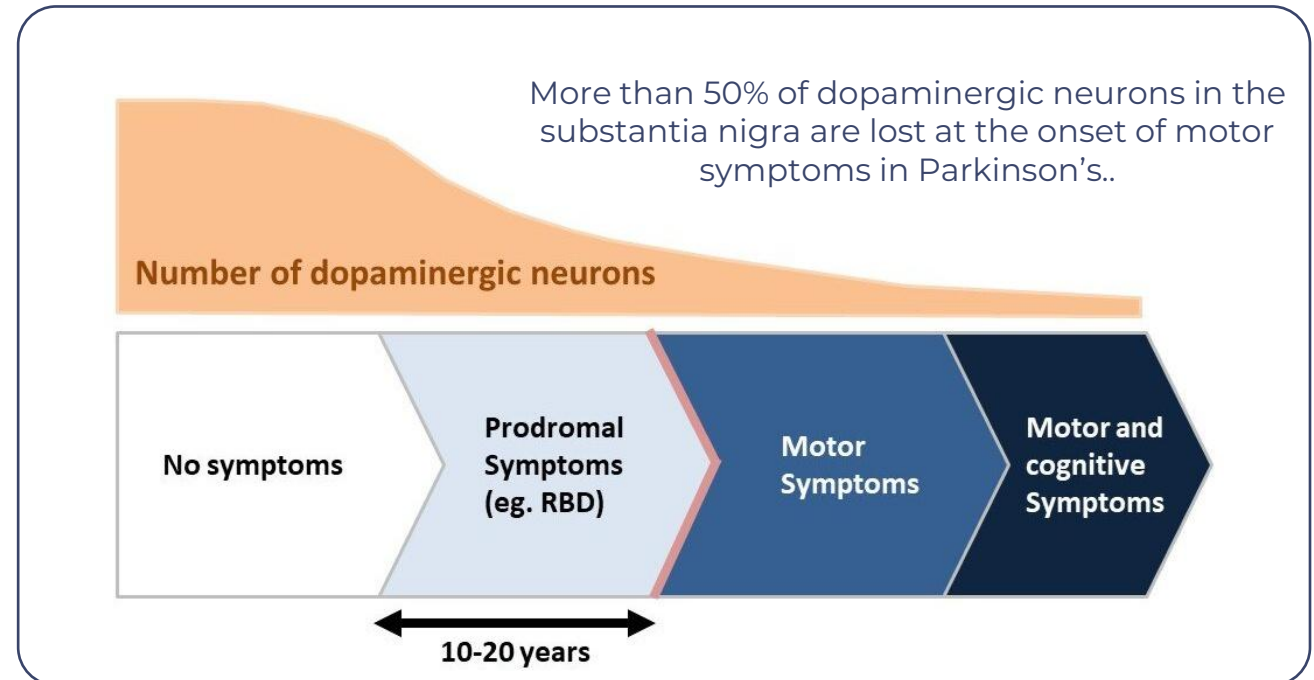
iRBD AND PARKINSON'S

KEY FACTS

- Patients with isolated REM sleep behaviour disorder (iRBD) act out their dreams, often violently.
- IRBD can represent a prodromal stage of Parkinson's
- Prodromal symptoms precede the onset of motor cognitive dysfunction.
- > 70 % of iRBD patients go on to develop Parkinson's and the related α -synuclein deposition disorders, dementia with Lewy bodies (DLB) and multiple system atrophy (MSA)
- Annual conversion rate from iRBD to overt neurodegenerative condition is 6.25%¹
- > 8% of 70 – 89 year olds have iRBD.
- Unmet medical need as there is currently no approved treatment; current standard of care is melatonin.

Using a sleep disorder to target Parkinson's.

Early intervention to demonstrate neuroprotection – rather than late treatment when most neurons have already been lost (for example in PD) – is where disease-modifying, slowing therapies are likely to have their greatest impact.



¹ Risk and predictors of dementia and parkinsonism in idiopathic REM sleep behaviour disorder: a multicentre study; doi: <https://doi.org/10.1093/brain/awz030>

PARKINSON'S UK

Largest European funder of Parkinson's research

By 2050, the number of people living with Parkinson's worldwide will double to 25 million.

- There are no treatments that can stop, or even slow its progression.
- Over 40 symptoms of Parkinson's, motor and non-motor.
- Current treatments mask the symptoms, but do nothing to treat the underlying biology.

Joe describes what it's like to live with iRBD:

"I depend on my wife telling me of my restlessness and sometimes violent outbursts that have resulted in injury to her, myself and a few broken windows. I now have to make sure I have a 'safe sleeping environment' to help reduce the risks of any damage done to myself, my wife and my surroundings."

PARKINSON'S RESEARCH VENTURES

- Specialised global programme, in partnership with Parkinson's Foundation, that aims to accelerate the development of transformative treatments for Parkinson's.
- Provide Pre-Seed, Seed, and Series A funding.
- Focus on projects in pre-clinical or early clinical phases.
- Driven by priorities of people with Parkinson's, working closely with the Parkinson's community.

Early intervention in the prodromal phase of Parkinson's, which Syntara is pioneering with SNT-4728, could be an absolute game-changer.

If we could identify people up to 20 years before their Parkinson's diagnosis, we have the opportunity to intervene before many dopaminergic neurons have been lost and significantly alter the trajectory of the condition.



“I took part in this research as it felt like time to contribute something back. It is also good to have an understanding of Parkinson's moving forward, how it progresses, and anything that I could do to slow its progression.”

“The hope is that a cure, or a slowing down of the condition, will be found for the future, and give people hope.”

Francis, participant at the Oxford site

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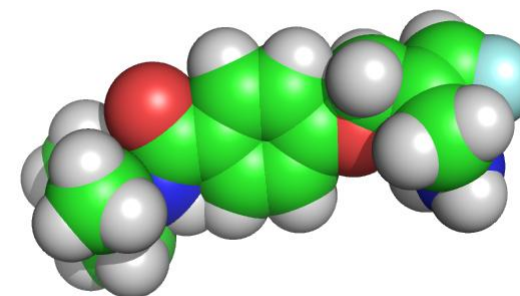
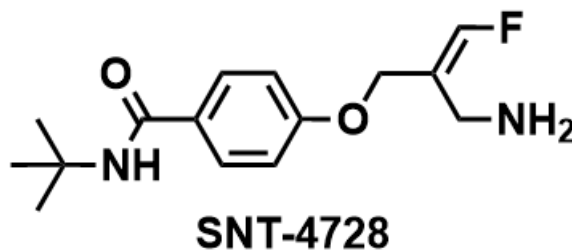
Dr Wolfgang Jarolimek

Head of Drug Discovery, Syntara



Neuroinflammation

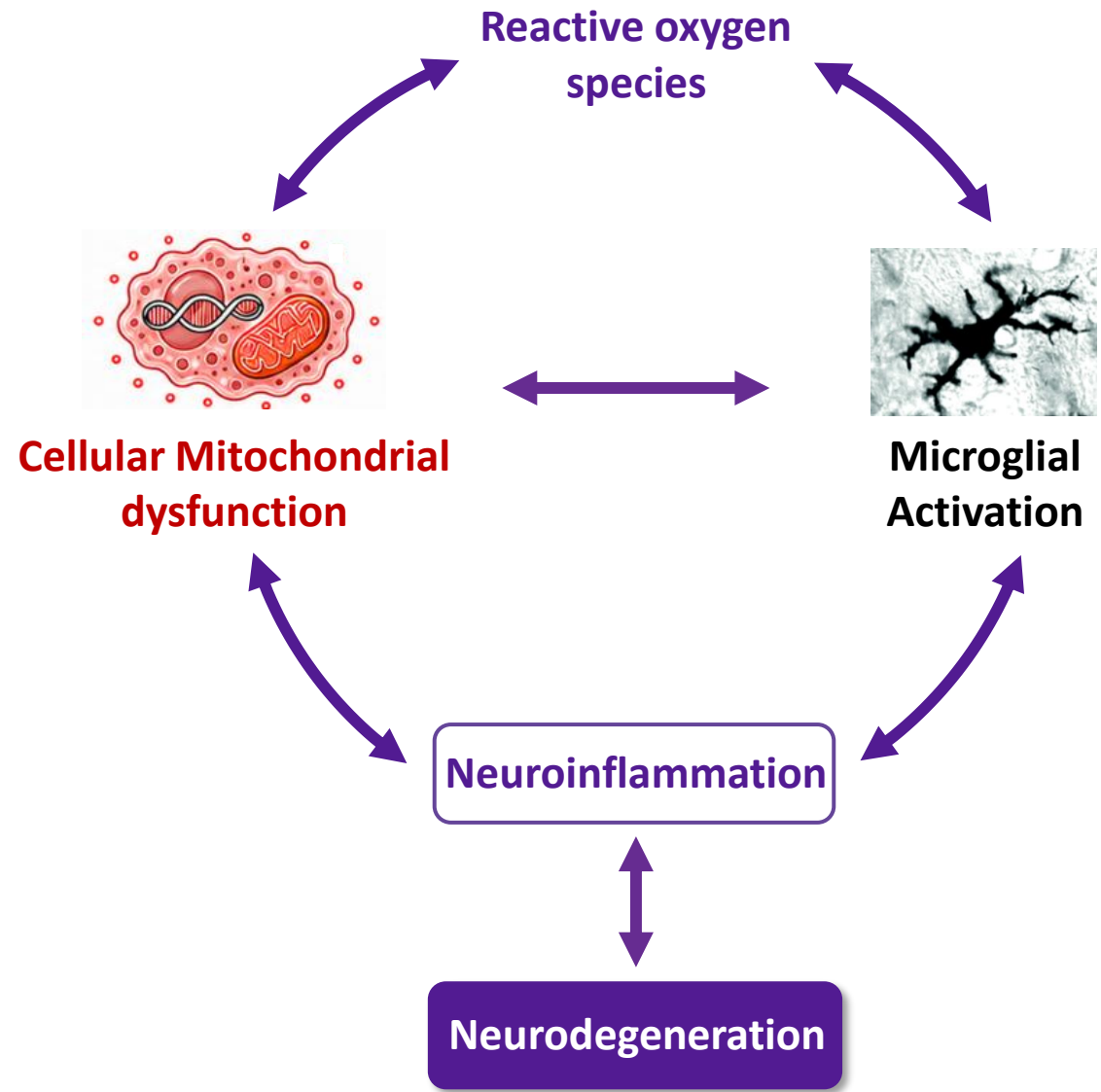
- Role of neuroinflammation in iRBD and PD
- SNT-4728: how it works



VICIOUS CYCLE

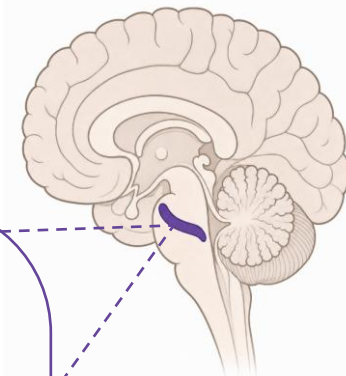
Neuroinflammation drives neurodegeneration

- Neurodegeneration is sustained by a self-reinforcing cycle of **oxidative stress, mitochondrial dysfunction** and **microglial activation**.
- These processes amplify one another, driving ongoing **neuroinflammation** and progressive neuronal damage.

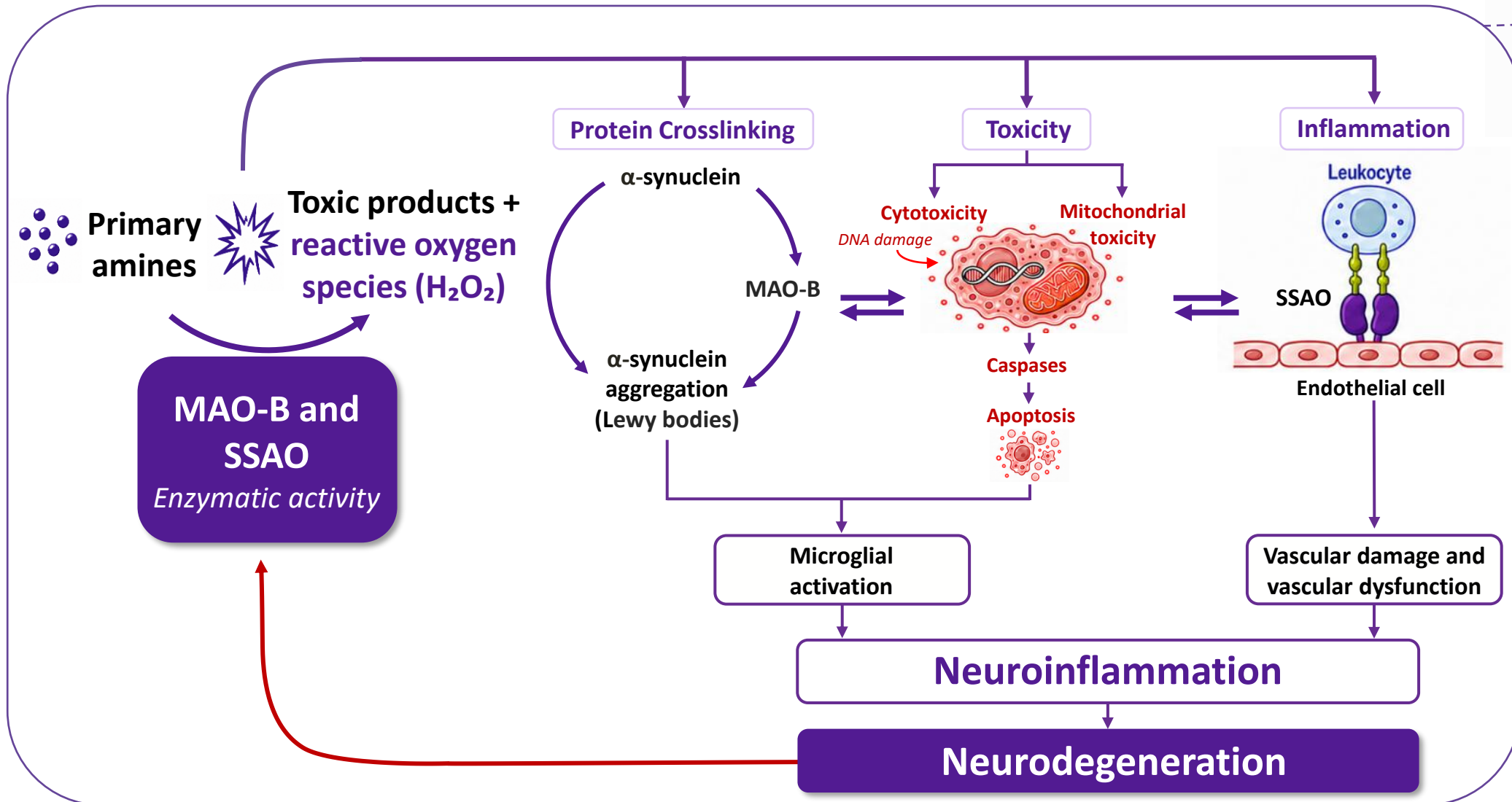


A drug that can reduce oxidative stress and neuroinflammation may have the potential to slow progression, not just provide symptomatic benefit.

SSAO and MAO-B DRIVE NEUROINFLAMMATION



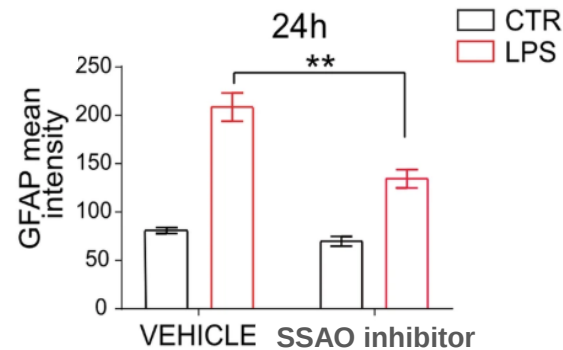
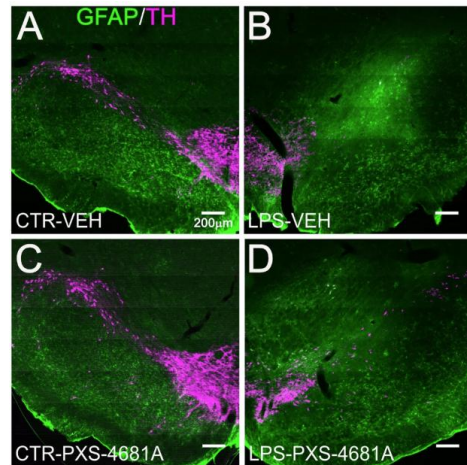
Substantia nigra
(midbrain)



TRANSITION INTO THE CLINIC

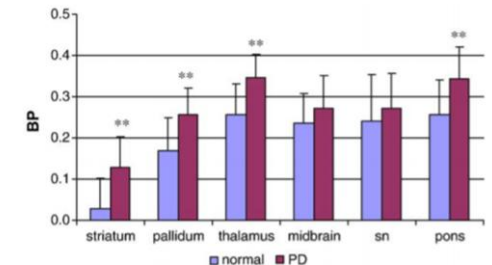
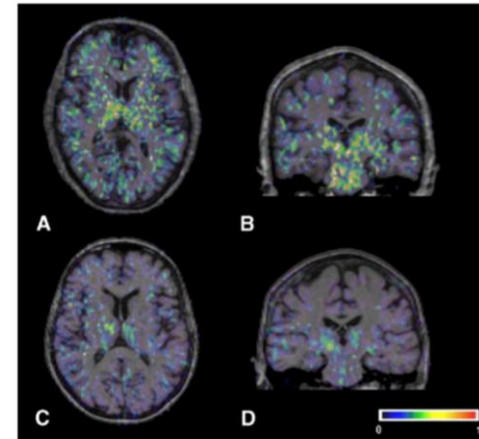
Microglial activation as a biomarker for neuroinflammation

- LPS activates microglia
- SSAO inhibitor reduces microglial activation



GFAP: glial fibrillary acidic protein

PD patients have increased microglial activation¹



From bench...

...to bedside.

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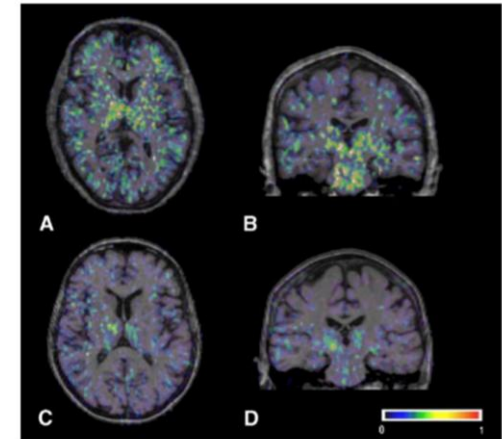
Prof Simon Lewis

- Trial Principal Investigator



SNT-4728 Clinical Trial

- Why is this study important?
- Design and endpoints
- When are the results expected and what will they tell us?



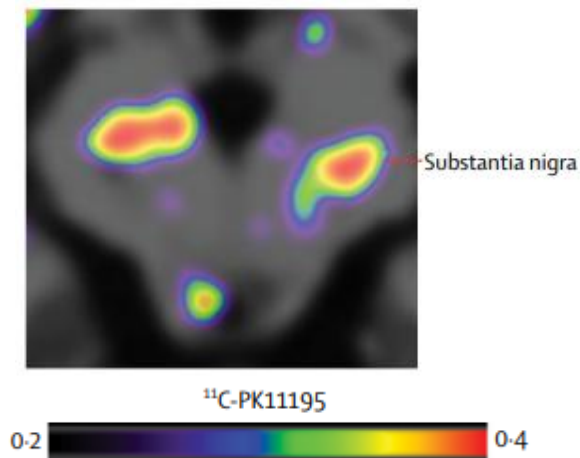
WHY IS THIS STUDY IMPORTANT?

Microglial activation is linked to dopaminergic cell loss in iRBD

THE LANCET
Neurology

Assessment of neuroinflammation in patients with idiopathic rapid-eye-movement sleep behaviour disorder: a case-control study

Morten Gersel Stokholm, Alex Iranzo, Karen Østergaard, Mónica Serradell, Marit Otto, Kristina Bacher Svendsen, Alicia Garrido, Dolores Vilas, Per Borghammer, Joan Santamaria, Arne Møller, Carles Gaig, David J Brooks, Eduardo Tolosa, Nicola Pavese



^{11}C PK11195 PET: iRBD vs. controls

- Increased microglial activation in iRBD

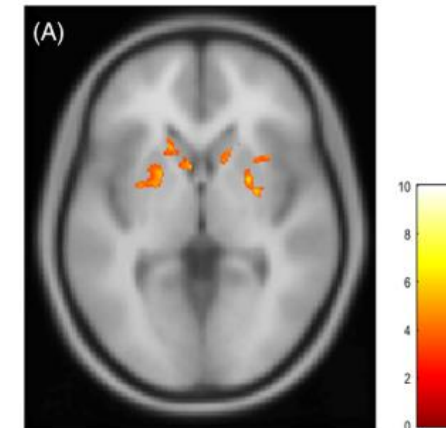
Movement
Disorders

Official Journal of the International
Parkinson and Movement Disorder Society

Research Article | [Open Access](#) | [CC](#) [BY](#) [NC](#) [ND](#)

Microglial Activation and Progression of Nigrostriatal Dysfunction in Isolated REM Sleep Behavior Disorder

Kristian Stær MD, PhD, Alex Iranzo MD, PhD, Morten Gersel Stokholm MD, PhD, Victor S. Hvingelby MD, Erik Hvid Danielsen MD, PhD, Karen Østergaard MD, DMSc, Mónica Serradell BSc, Marit Otto MD, PhD, Kristina B. Svendsen MD, PhD, Alicia Garrido MD, Dolores Vilas MD, PhD, Joan Santamaria MD, PhD, Arne Møller MD, Carles Gaig MD, David J. Brooks MD, DSc, Per Borghammer MD, DMSc, Eduardo Tolosa MD, PhD, Nicola Pavese MD, PhD



Increased baseline microglial activation

- Greater dopaminergic loss over 3 years

SNT-4728: CLINICAL TRIAL

Phase 2 multi-centre, placebo-controlled study assessing effect of SNT-4728 on microglia activation in patients with iRBD

40 patients (3:1 drug to placebo randomisation), drug treatment duration 12 weeks, 15 mg oral, once daily

Key inclusion criteria: definitive iRBD, mild (sub-clinical) parkinsonism and either/both hyposmia or reduced colour discrimination.

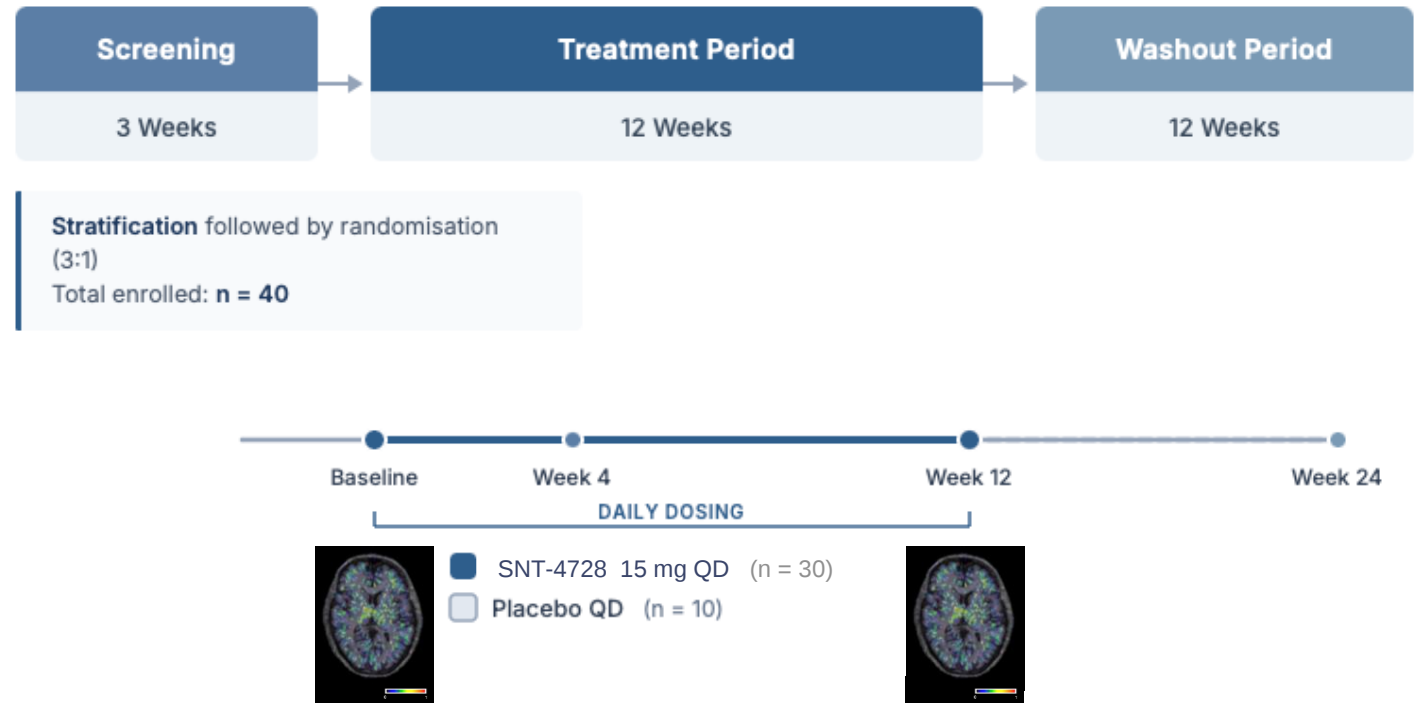
Follow-up period of 12 weeks.

ENDPOINTS

- Safety TEAEs up to Week 24
- Change in neuroinflammation measured by PET ligand binding in brain regions of interest at Week 12
- Digital and biological markers up to Week 24



Study funded by Parkinson's UK Virtual Biotech and is being run at sites in Sydney, Australia and Oxford, UK

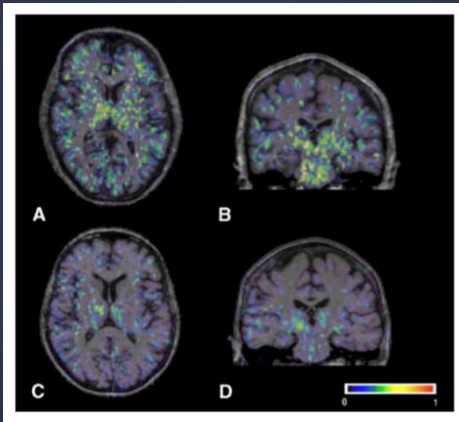


First drug trial in iRBD that could provide evidence for an early neuro-protective intervention strategy in prodromal PD.

WHAT CAN WE EXPECT FROM THE RESULTS?

PET ligand binding and Safety

Change in microglial activation across striato-cortical regions and additional cortical and subcortical regions of interest

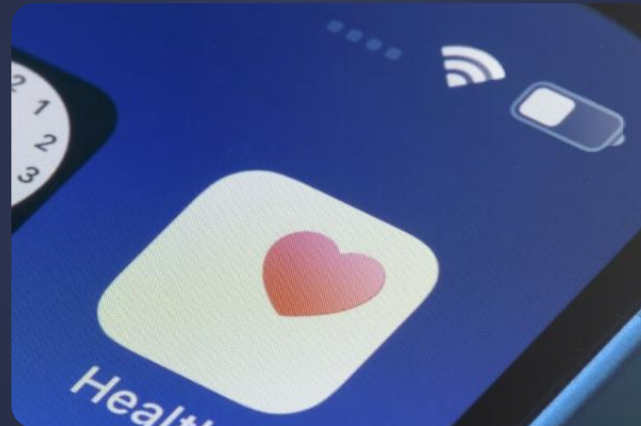


Safety and tolerability as assessed by safety labs, adverse events and treatment compliance

Expected: Q2, 2026

Digital biomarkers

Exploratory endpoints measuring cognitive, motor function and actigraphy



Expected: Q3/4, 2026

Biological markers

Exploratory endpoints measuring inflammation and neurodegeneration in the blood and CSF



Expected: Q3/4, 2026

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Gary Phillips

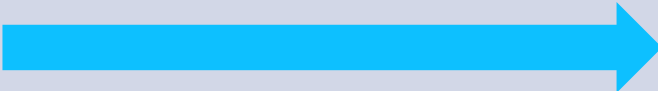
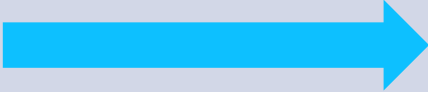
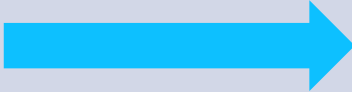
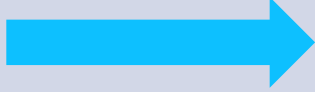
Chief Executive Officer, Syntara



SNT-4728 – importance to investors

- Next steps in road to commercialisation
- Where it fits in Syntara's pipeline

THE YEAR AHEAD - POISED TO DELIVER NEAR TERM VALUE

TARGET	DRUG	INDICATION	PARTNERS	PHASE 1		PHASE 2	NEWS FLOW	
				HEALTHY PARTICIPANTS	PATIENTS		H1 2026	H2 2026
Pan-LOX	Amsulostat (SNT-5505)	Myelofibrosis					FDA approved development plan and partner engagement	
		High Risk MDS AZALOX trial					Interim safety and efficacy data	Phase 2 initiation
		Low / Int Risk MDS MESSAGE trial						Interim safety and efficacy data
		Pancreatic cancer FALCON trial						Trial initiation
Topical Pan-LOX	SNT-9465	Hypertrophic scarring					Recruit hypertrophic scar Phase 1b trial	Top Line safety and efficacy data
	SNT-6302	Keloid scarring					Interim safety and efficacy data	
Dual SSAO & MAO-B	SNT-4728	IRBD / Parkinson's Disease	In partnership with 				Phase 2 Top Line data	



Syntara Limited ABN 75 082 811 630

www.syntaraTX.com.au



Gary Phillips

Chief Executive Officer

gary.phillips@syntaraTX.com.au