



palisadebio

**Next-Generation, Once Daily, Oral PDE4
Inhibitor Prodrugs for Inflammatory Disease**

Forward Looking Statements

Statements in this presentation that are not statements of historical fact are forward-looking statements. Such forward-looking statements include, without limitation, statements regarding our research and pre-clinical and clinical development plans, expected near and long-term milestones, hypothesis related to PALI-2108, the potential of PALI-2108 to treat inflammatory bowel disease (“IBD”), our ability to successfully complete our current and planned human clinical trials of PALI-2018, the ability of PALI-2108 to achieve market acceptance, the success of our development and business strategy, Insurance company’s agreeing to reimburse patients for treatments utilizing PALI-2018, ability to leverage certain regulatory pathways, timing of studies, competitors, regulatory matters, market size and opportunity and our ability to complete certain milestones, including completion of subject enrollment. Words such as “believe,” “anticipate,” “could,” “estimate,” “aim,” “target,” “plan,” “expect,” “intend,” “will,” “may,” “goal,” “potential” and similar expressions are intended to identify forward-looking statements, though not all forward-looking statements necessarily contain these identifying words. These forward-looking statements are based on the beliefs of management of Palisade Bio, Inc. (the “Company”) as well as assumptions that may never materialize or prove to be incorrect. Such statements reflect the current views of the Company with respect to future events and are subject to known and unknown risks, including business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about the Company, including, without limitation, risks inherent in developing pharmaceutical products, future results from the Company’s ongoing pre-clinical studies and clinical trials, the Company’s ability to obtain adequate financing to fund its operations and planned studies and other expenses, trends in the industry, changes in the competitive landscape, delays or disruptions due to the pandemics, the legal and regulatory framework for the industry and future expenditures. In light of these risks and uncertainties, the events or circumstances referred to in this presentation may not occur. The actual results may vary from the anticipated results and the variations may be material. Other factors that may cause the Company's actual results to differ from current expectations are discussed in the Company's filings with the Securities and Exchange Commission, including the section titled “Risk Factors” contained therein. These forward-looking statements should not be taken as forecasts or promises, nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such forward-looking statements have been made are correct or exhaustive or, in the case of the assumptions, fully stated in this presentation. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date this presentation is given. Except as required by law, the Company assumes no obligation to update any forward-looking statements contained herein to reflect any change in expectations, even as new information becomes available.

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Corporate Highlights

Our Mission:

Advancing next-generation, once daily, oral PDE4 inhibitor prodrugs for patients with inflammatory and fibrotic diseases

Lead program, PALI-2108, targeting multi-billion-dollar IBD market

Raised \$138 Million from Leading Fundamental Institutional Healthcare Investors to Fund Company Through Major Development Milestones

PALI-2108

- **Only PDE4 inhibitor prodrug in development targeting the terminal ileum and colon** for treatment of ulcerative colitis (UC) and fibrostenotic Crohn's disease (FSCD)
- **Commercially proven PDE4 target** with potential for superior efficacy and greater tolerability with PDE4 inhibitor over systemic PDE4 inhibitors
- **Positive Phase 1a/b data** demonstrating safety, tolerability and PK supporting local bioactivation
- **First and only dual-acting anti-inflammatory and anti-fibrotic candidate in development for FSCD** where there are currently no approvals
- **Precision Medicine CDx test in development** to identify UC patient responders to PDE4 inhibitors, ensuring better treatment outcomes

Development Pipeline

Differentiated product candidates with potential to address shortcomings of existing therapies in established markets

PROGRAM	INDICATION	STAGE	HIGHLIGHTS
PALI-2108 PDE4 Inhibitor Prodrug, Once Daily	Ulcerative Colitis (UC)	Phase 1b	Completed and reported topline data for Ph1 Topline data for UC cohort released IND and Ph2 expected to commence in 2026
	Fibrostenotic Crohn's Disease (FSCD)	Phase 1b	Completed and reported topline data for Ph1 Ph1b cohort in FSCD ongoing and topline data expected Q1 2026

PALI-2108 Upcoming Milestones¹

INDICATION	H2 2025	H1 2026	H2 2026	H1 2027	H2 2027	H1 2028
Ulcerative Colitis (UC)	• Ph 1a/b • UC topline • Ph 2-enabling tox completion	• IND Clearance • Clinical Site Initiation	Phase 2 first subject dosed		• Phase 2 primary efficacy readout	
Fibrosenotic Crohn's Disease (FSCD)	• Ph 2-enabling tox completion • Ph 1b first subject dosed • Ph 1b safety readout	• Ph 1b topline readout	• IND Clearance	• Phase 2 first subject dosed	• Ph 2 interim readout	• Ph 2 primary efficacy readout



PALI-2108

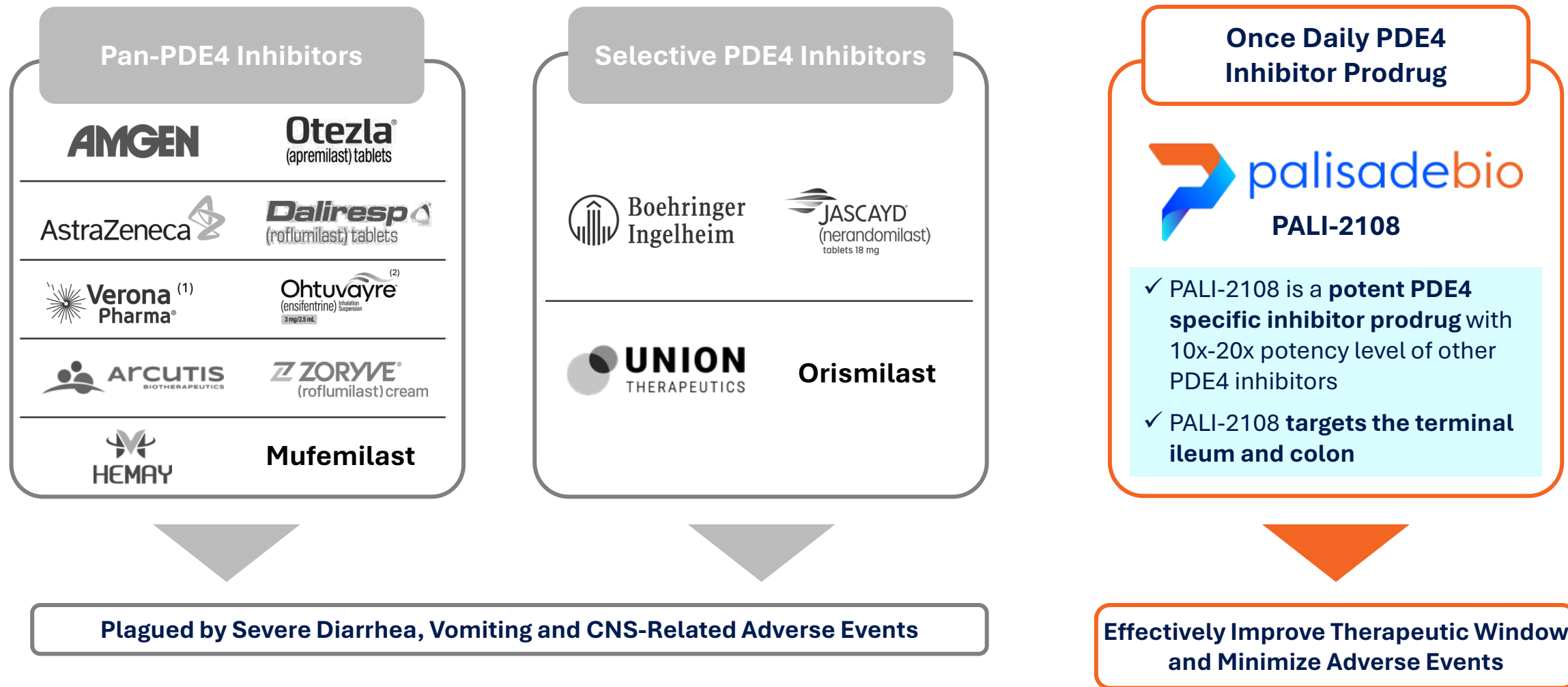
Targeting Multi-Billion-Dollar IBD Market

Ulcerative
Colitis (UC)

Fibrosenotic Crohn's
Disease (FSCD)

Differentiated asset with potential to address important unmet medical needs in large, established IBD market

PALI-2108's Highly Differentiated PDE4 Inhibitor Prodrug Improves PK and Tolerability, and Enables Daily Dosing



PALI-2108 Only Bio-Activates in the GI System



Targets PDE4 enzymes



Prevents breakdown of intracellular cAMP



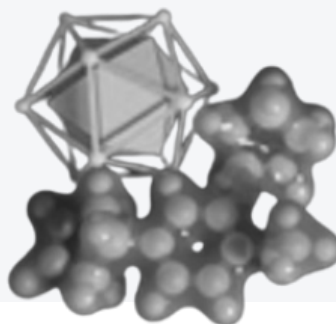
cAMP levels become elevated



Reduces inflammatory tone and prevents inflammatory cell infiltration within tissues of the ileum and colon

Prodrug Form

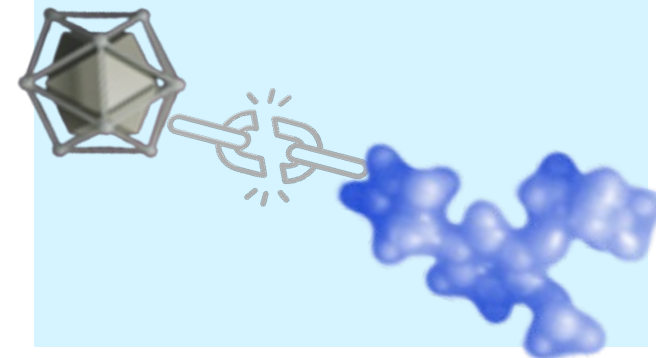
- PALI-2108 prodrug is linked to a galactose moiety via a beta-1, 4-glycosidic bond that minimizes systemic exposure
- The β bond can be cleaved by bacterial enzyme β -glucuronidase in the colon
- Human β -glucuronidase in lysosomes and other tissues does not have access to the prodrug



Colonic Bacterium Enzyme β -Glucuronidase

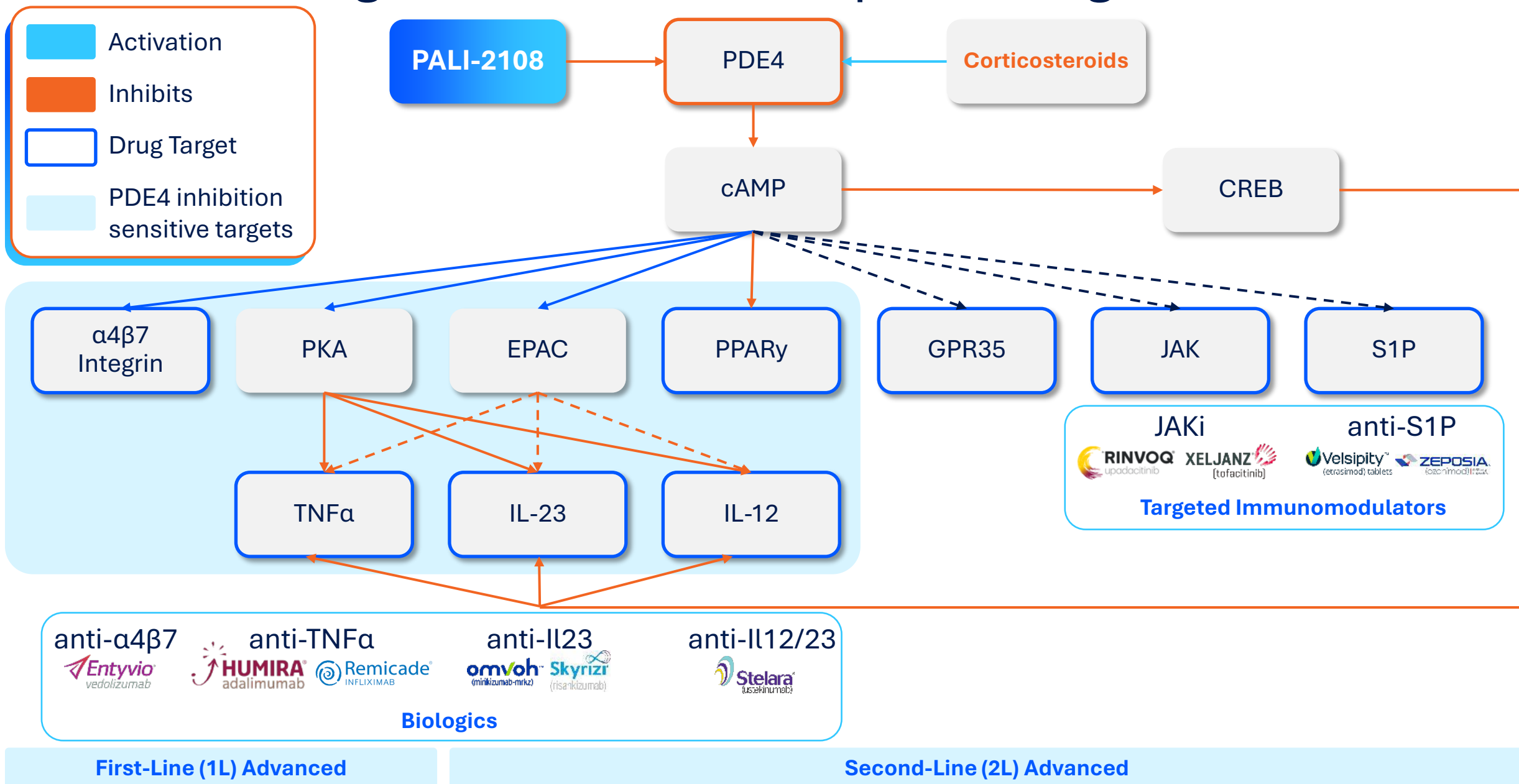
Localized Bio-Activation

- Colonic bacterial enzyme β -glucuronidase cleaves the β bond and activates PALI-2108, enabling targeted activation
- The activated PALI-2108 inhibits PDE4 isoforms in the ileum and colon, preventing systemic side effects

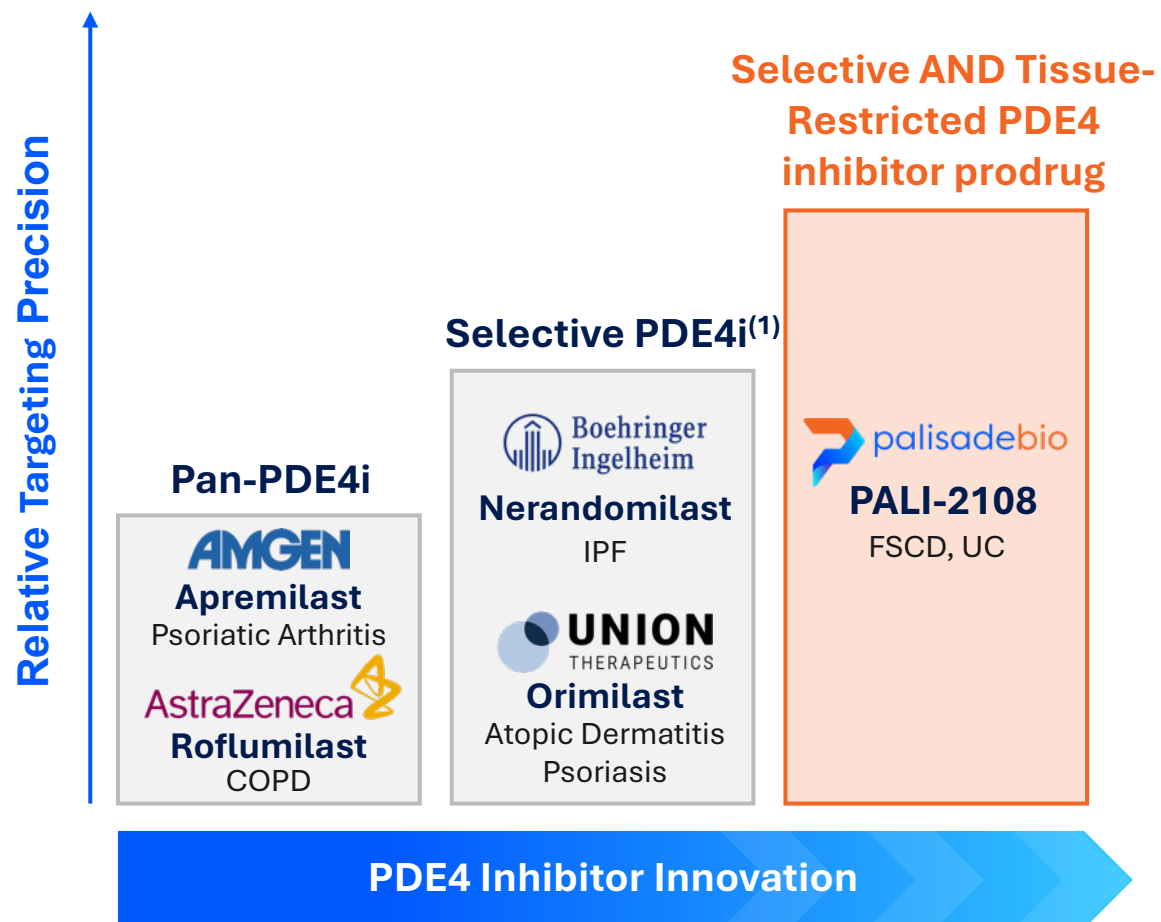


Localized bio-activation in combination with isoform specificity limits cAMP modulation to the ileum and colon, reducing the risk of GI and CNS adverse events with PALI-2108 vs. non-specific and non-localized PDE4 inhibitors

How PDE4 Regulates the UC Therapeutic Targets



PALI-2108 Advances the PDE4 Inhibitor Paradigm While Building on Clinical and Commercial Precedents



PALI-2108's once daily ileum and colon targeted, selective PDE4 prodrug inhibition is the next step toward greater precision in targeting fibrosis, and in parallel inflammation, while limiting the chances of unwanted off-target effects.

Anti-fibrotic therapies Ofev (nintedanib) and Esbriet (pirfenidone) achieved blockbuster commercial performance in IPF, demonstrating the strong market potential for anti-fibrotic assets.

BI's successor to Ofev, nerandomilast has shown clinical POC for targeting fibrosis endpoints via PDE4B inhibition in IPF, setting a precedent for PALI-2108 to follow a similar clinical strategy, with added differentiated locally bioactivated MOA, in targeting fibrosis via PDE4 inhibition in FSCD.

A Differentiated Approach to IBD

An oral prodrug designed to treat FSCD and UC by targeting the key enzyme PDE4 locally in intestinal tissues

Key Differentiation

✓ Oral Dosing

Preferred by patients and clinicians, important goal for large pharma and supports future oral combination therapies

✓ Novel Target

First therapy designed to target PDE4 enzymes in treating inflammatory and fibrotic bowel diseases

✓ Targeted Localized Delivery

Only PDE4 inhibitor prodrug targeting the terminal ileum and colon for FSCD and UC with high local tissue levels and minimal systemic exposure

✓ Improved Tolerability

Minimizes common PDE4 inhibitor-related side effects, such as CNS and GI toxicity, by ensuring activation only in the affected areas of the gut

✓ Dual-Action Mechanism for FSCD

Delivers both anti-inflammatory and anti-fibrotic effects in FSCD, where there are no approved therapies, offering a novel treatment approach

✓ Precision Medicine for UC Patient Selection

Employs a biomarker test developed using machine learning for UC patient selection, potentially increasing remission rates

Ileocolonic Bioactivated PDE4 Inhibitor

Anti-Inflammatory Mechanism

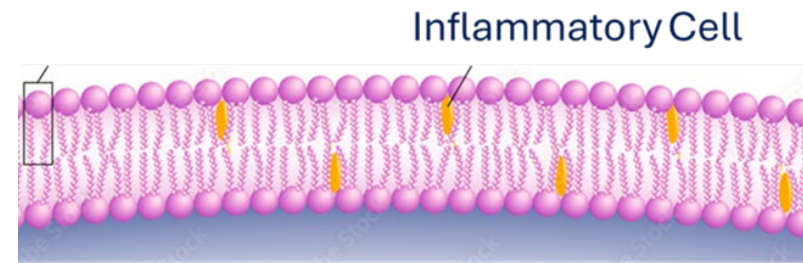
- PDE4 inhibition increases intracellular cAMP in immune cells, leading to activation of PKA and CREB, which:
 - Suppress NF- κ B and AP-1 activity
 - Decrease production of pro-inflammatory cytokines (e.g., TNF- α , IL-6, IL-1 β , IL-12)
 - Promote anti-inflammatory mediators like IL-10 → Resulting in dampened immune cell activation and reduced mucosal inflammation

Anti-Fibrotic Mechanism

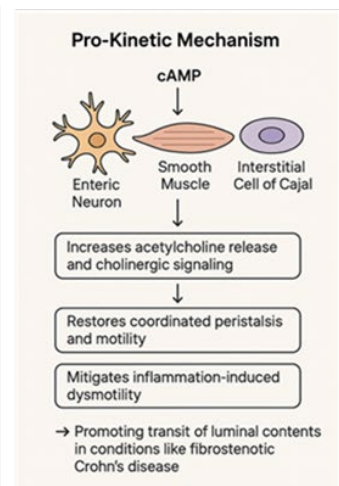
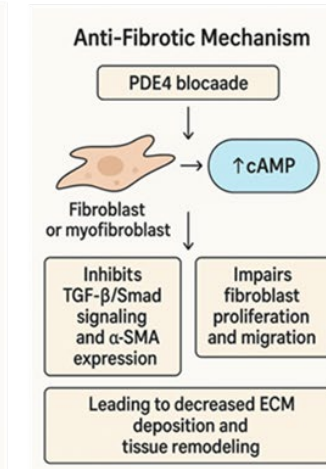
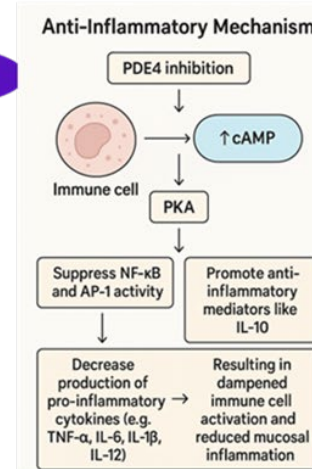
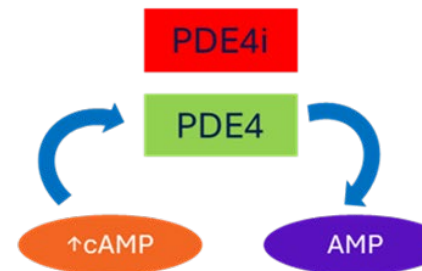
- PDE4 blockade elevates cAMP in fibroblasts and myofibroblasts, which:
 - Inhibits TGF- β /Smad signaling and α -SMA expression
 - Reduces collagen, fibronectin, and TIMP-1 transcription
 - Impairs fibroblast proliferation and migration → Leading to decreased ECM deposition and tissue remodeling

Pro-Kinetic Mechanism

- By enhancing cAMP in enteric neurons, smooth muscle, and interstitial cells of Cajal:
 - Increases acetylcholine release and cholinergic signaling
 - Restores coordinated peristalsis and motility
 - Mitigates inflammation-induced dysmotility → Promoting transit of luminal contents in conditions like fibrostenotic Crohn's disease



Fibrostenotic lesion





PALI-2108 Phase 1a/b

SAD/MAD, FE and UC Cohort
Study Design and Findings

Summary of PALI-2108 Phase 1a/b

Topline Data Summary

➤ GI-Restricted PDE4 Inhibitor Prodrug Targeting Inflammation and Fibrosis in UC and Crohn's Exceptional Safety & Tolerability

- 89 patients treated with **no SAEs, no lab or EKG abnormalities and no TEAE-related discontinuations**
- Completed all SAD cohorts: Single dose safe up to 450 mg
- Completed all MAD cohorts: BID dosing well tolerated up to 50 mg
- 15 mg BID had zero TEAEs, not even minor, in any subject
- Titration at 30 mg BID improved tolerability, with single minor TEAE, leveraging tachyphylaxis profile of PDE4s

➤ Robust PK/PD Profile Supporting Mucosal Targeting

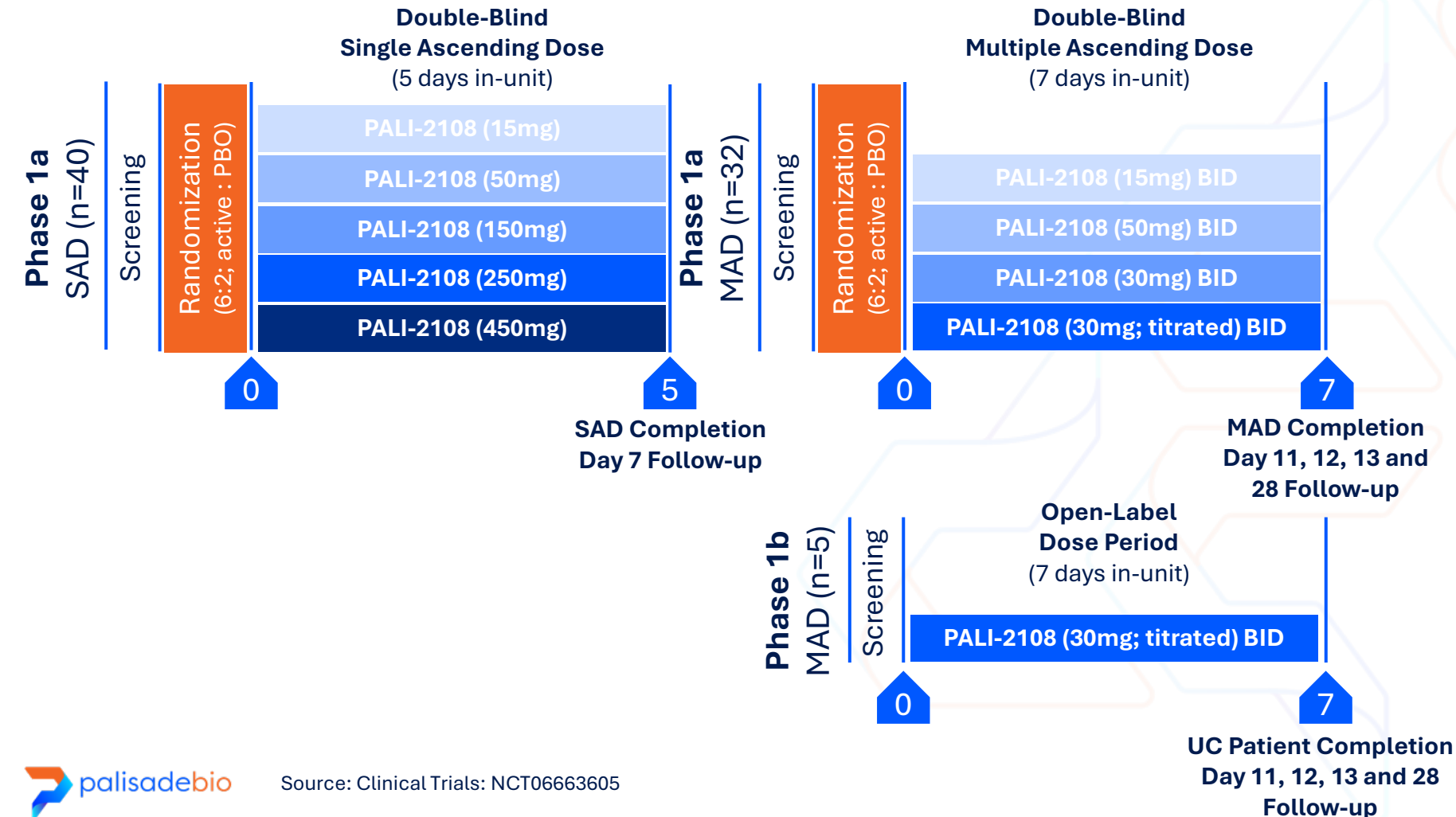
- Localized GI delivery confirmed: SI release and colonic bioactivation demonstrated in humans and preclinical models
- High mucosal drug levels exceeded IC_{90} in colon, including 36h post-last dose
- Systemic exposure C_{max} delayed and exposure right shifted and long half-life
- **Long half-life and extended-release PK characteristics support QD dosing**

➤ Early Signals of Clinical Activity in UC

- **100% clinical response after 7 days of 30 mg BID (with titration) in UC patients ($\geq 30\%$ or ≥ 3 -pt drop in Modified Mayo + RBS ≤ 1)**
- **40% clinical remission after 7 days of 30 mg BID (with titration)**
- Modified Mayo $\downarrow$ 62.8% (mean -4.0 pts)
- Tissue cAMP $\uparrow$ $\sim 27\%$, Lymphocytes $\downarrow$ $\sim 40\%$
- Histology improved: Nancy (58%), Robarts (56%), Geboes (36%)
- Fecal calprotectin $\downarrow$ in 4/5

Completed Phase 1a/b Study with NHV and UC Patients

Double-Blind, Placebo-Controlled, Safety, Tolerability, PK and PD Study of PALI-2108 in NHV and Open-Label Study of a Patient Cohort with UC



Single Ascending Dose (n~40)

- Primary Endpoint
 - Safety and tolerability
- Secondary Endpoints
 - PK including Tmax, Cmax and T1/2

Multiple Ascending Dose (n~32)

- Primary Endpoint
 - Safety and tolerability
- Secondary Endpoints
 - PK including plasma and tissue C SS and colon : plasma ratio

Multiple Dose UC Cohort (n~5)

- Pharmacokinetic Endpoints
 - Plasma, colon tissue, urine, stool including plasma and tissue C SS and colon : plasma ratio
- Pharmacodynamic Endpoints
 - Fecal calpro, calpro epitope, hsCRP, colon tissue PDE4s, cAMP, TLC and histology

Phase 1a Confirms PALI-2108 was Safe and Well Tolerated

SAD Safety and Tolerability

	15mg		50mg		150mg		250mg		450mg	
	Active	PBO	Active	PBO	Active	PBO	Active	PBO	Active	PBO
Number of subjects	6	2	6	2	6	2	6	2	6	2
TEAEs, possibly related (n)	0	0	0	0	0	0	0	0	22	1
Investigator defined TEAEs (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	6 (100%)	1 (50%)
> Grade 1 TEAE (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Severe Adverse Events (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Withdrawn b/c TEAE (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

MAD Safety and Tolerability

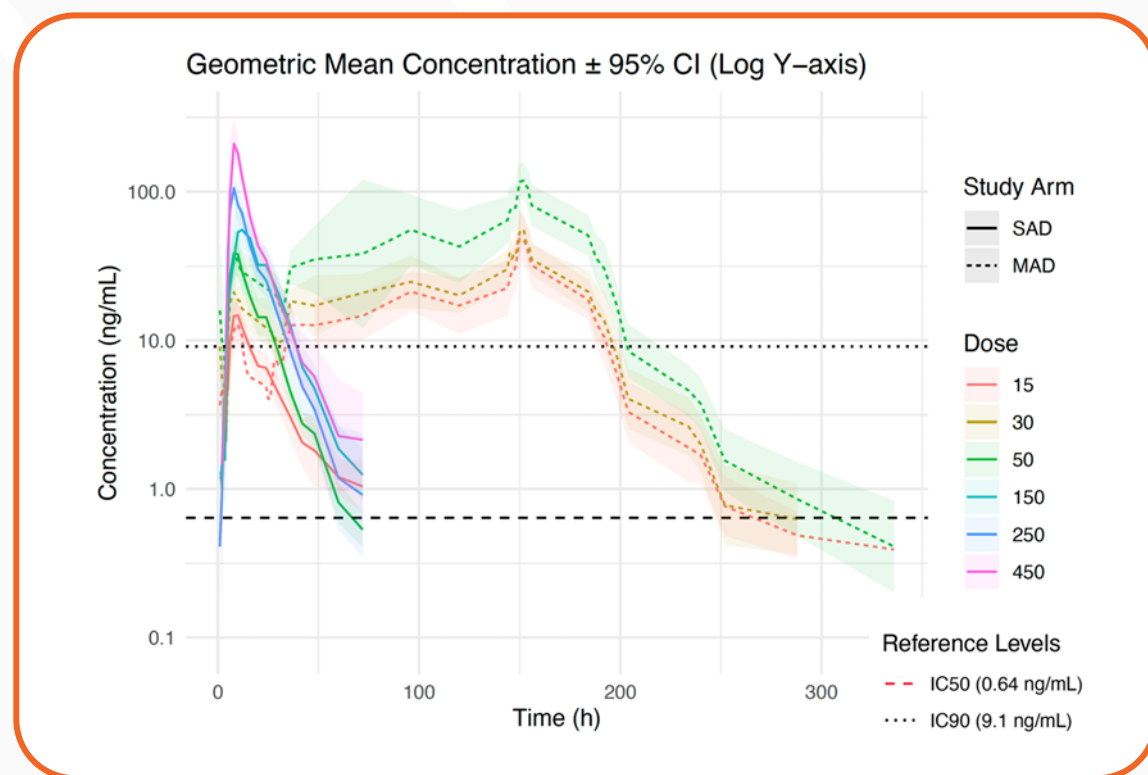
	15mg BID		30mg BID (titrated)		30mg BID		50mg BID	
	Active	PBO	Active	PBO	Active	PBO	Active	PBO
Number of subjects	6	2	6	2	6	2	6	2
TEAEs, possibly related (n)	0	0	1	0	21	0	18	0
Investigator defined TEAEs (n/%pts)	0 (0%)	0 (0%)	1 (17%)	0 (0%)	4 (67%)	0 (0%)	4 (67%)	0 (0%)
> Grade 1 TEAE (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (33%)	0 (0%)	1 (17%)	0 (0%)
Severe Adverse Events (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Withdrawn b/c of TEAE (n/%pts)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (17%)	0 (0%)

PALI-2108 Ph1a Findings:

- ✓ **84 patients treated and no SAEs and no AEs related to labs or EKGs**
- ✓ **Completed all SAD cohorts** demonstrating Safety and Tolerability of single dose PALI-2108 up to 450mg
- ✓ **Completed all MAD cohorts** demonstrating safety and tolerability of twice daily (BID) doses of 15mg, 30mg and 50mg with 15mg BID having zero (not even minor) TEAE in any subject
- ✓ **Completed FE cohort** demonstrating minimal changes, reduced Cmax, right shifted AUC and delayed Tmax due to colon bioactivation
- ✓ **Confirmed utility of titration** with 30mg BID like other PDE4s

Phase 1 SAD/MAD PK Demonstrates PK Characteristics and Superior Exposure to Other PDE4s

Dose Proportionality and Extended Half-Life
Enabling Daily Dosing



Single Ascending Dose (SAD)

PALI-2108 (prodrug; NOT SHOWN)

- **T_{max}**: ~3–4h → consistent with small intestinal dissolution (Eudragit + prodrug design)
- **Exposure (AUC)**: Minimal, as intended (GI-restricted)

PALI-0008 (active PDE4 inhibitor)

- **T_{max}**: ~8–9h → consistent with ileocolonic bioconversion
- **PK profile**: Extended release; ~2–3× longer half-life than other PDE4 inhibitors (usually BID)
- **Dose proportionality**: C_{max} and AUC approximately dose-proportional

Multiple Ascending Dose (MAD)

Bioconversion

- PALI-2108 converted locally to PALI-0008 in terminal ileum/colon

Steady State

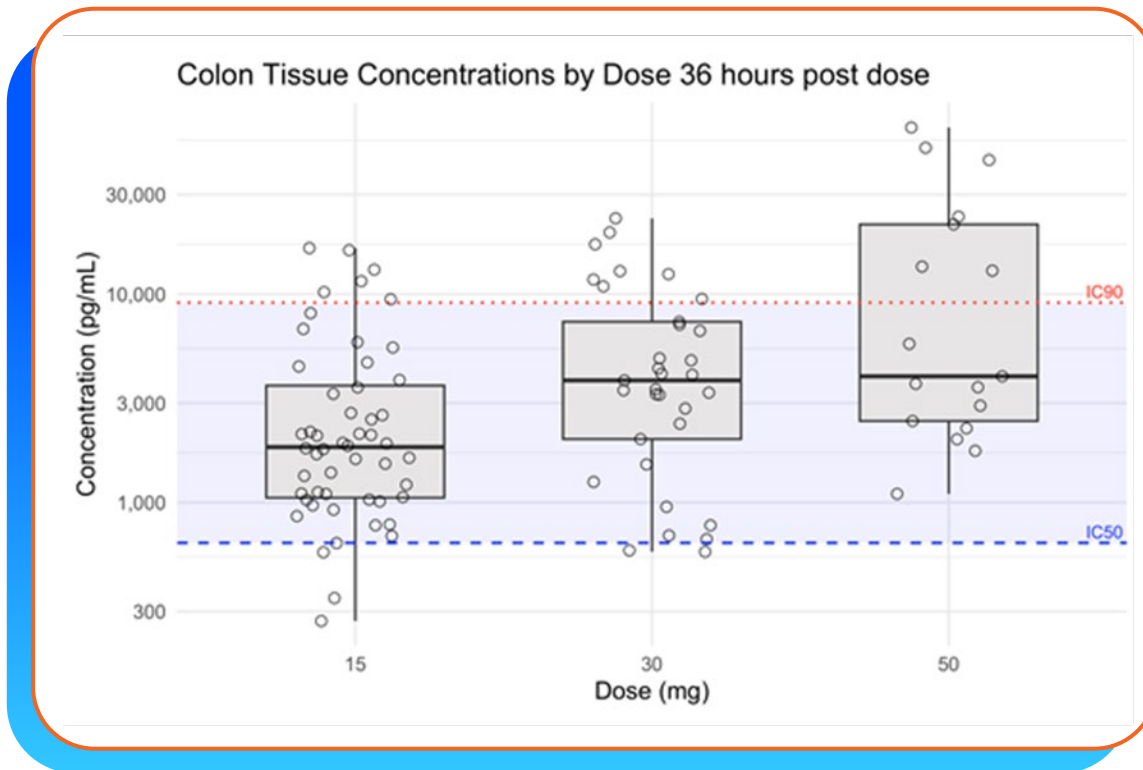
- Reached within ~48h
- Stable pre-dose troughs with repeat dosing
- Pre-dose troughs ~20% higher than single-dose C_{max}, above IC₉₀

Dosing Implications

- Extended half-life supports **once-daily dosing**

Phase 1 MAD Colon Tissue Pharmacokinetics

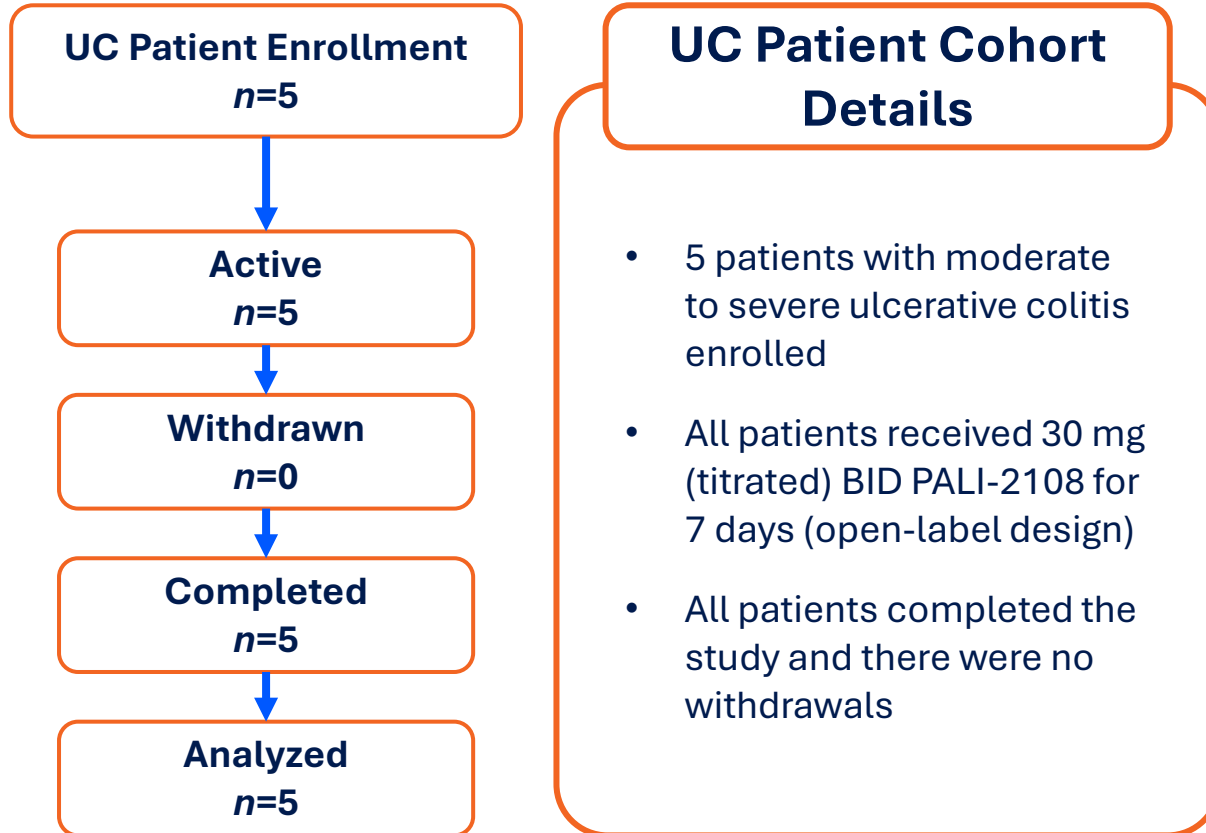
Tissues PK 36 Hours Post Dose Demonstrates Extended-Release PK and Potential for Daily Dosing



Tissue PK Observations from MAD:

Colon Tissue Concentrations approached IC90 36h post dose – demonstrating extended-release tissue PK at multiple dose levels supporting a daily dosing regimen

Phase 1b UC Cohort Patient Disposition and Safety



- **Safe and Well-Tolerated:**

- No clinically significant change in PE, vital signs, safety lab tests and EKG
- PDE4-related TEAEs were mild and quickly resolved

- **Successful Titration Strategy:**

- Using a 5-day dose titration regimen led to good tolerability
- Few TEAEs by end of titration related to Cmax and BID dosing

- **Time-Limited Adverse Events:**

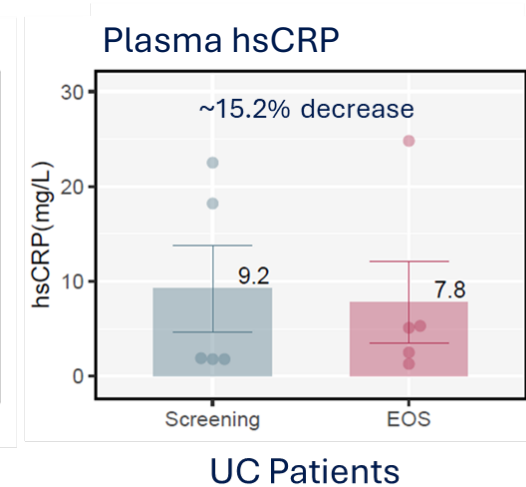
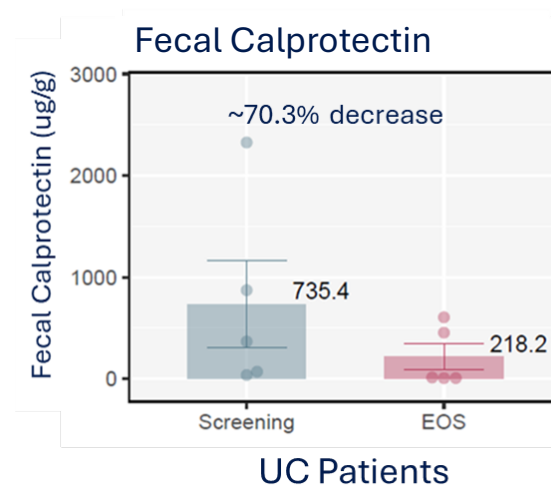
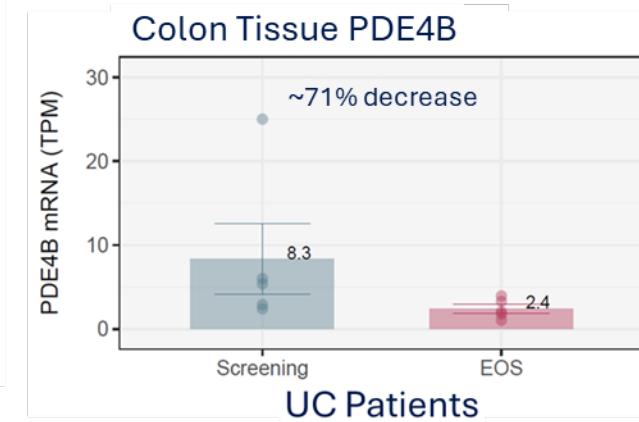
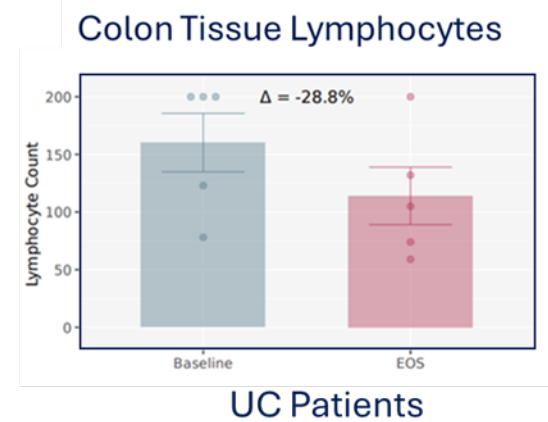
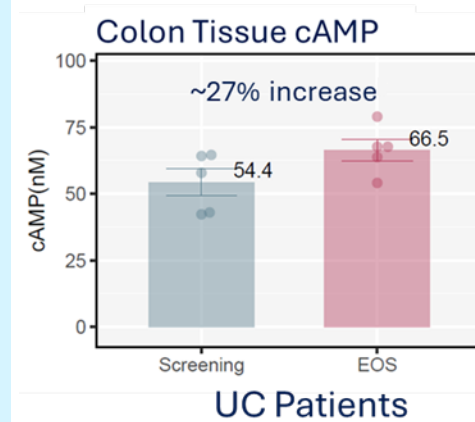
- TEAEs occurred within 2-3 days of treatment, with reduction in frequency and severity over time

- **Extended-Release PK:**

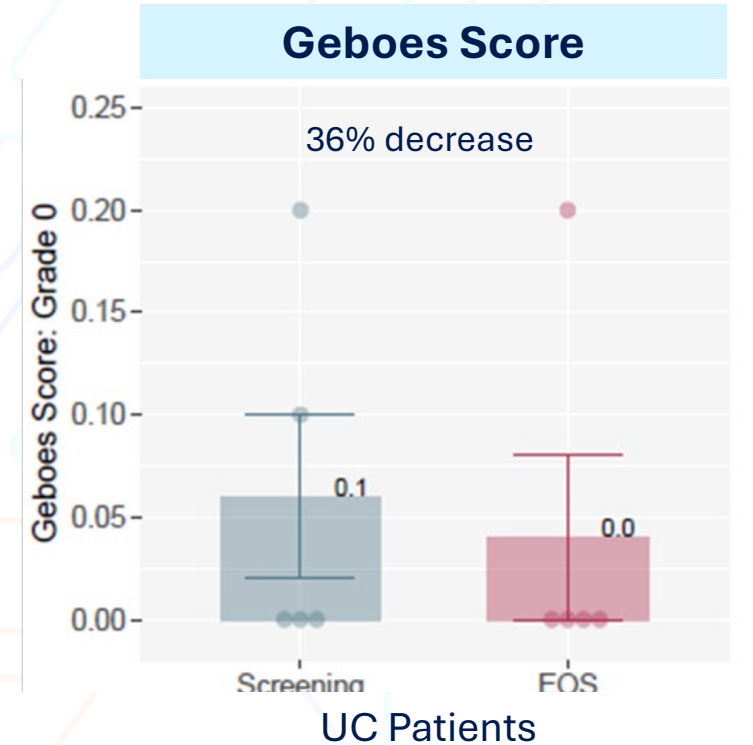
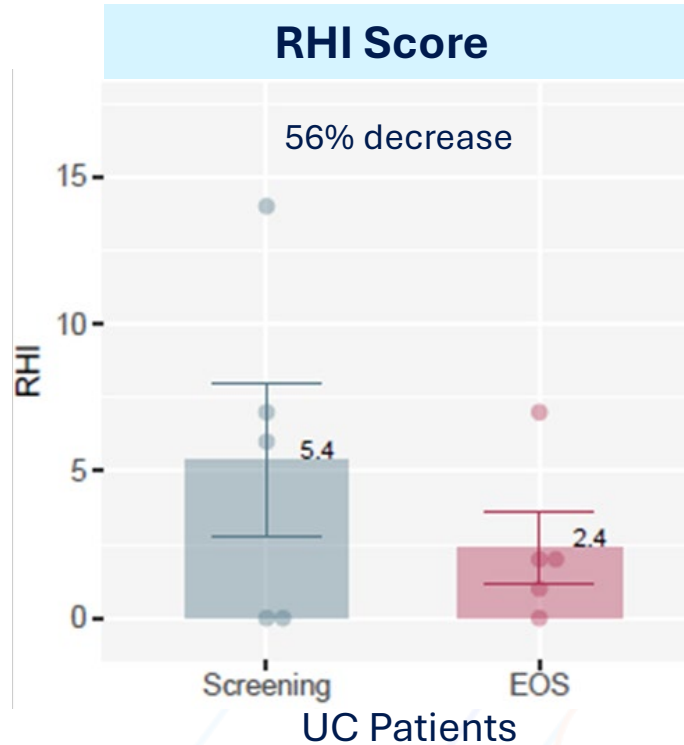
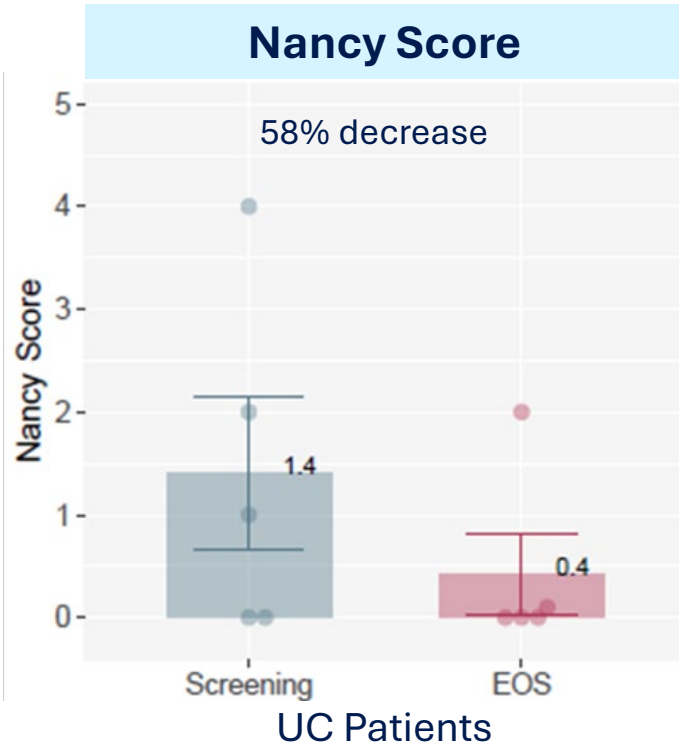
- PK suggests daily dosing and lower initial titration expected to achieve plasma and tissue IC50/90 goals with excellent Day 7 tolerability

Mechanistic and Inflammatory PD were Improved cAMP, PDE4B and TLC, CalPro and hsCRP

- ✓ **Tissue cAMP was increased** in 4/5 patients (~27% individual mean increase) as expected due to inhibition of PDE4 enzyme
- ✓ **Tissue lymphocytes were decreased** in 4/4 (mean ~29% reduction; ~40% by individual mean approach)
- ✓ **Tissue PDE4B was decreased** in 5/5 patients (mean ~71% reduction)
- ✓ **Fecal calprotectin was decreased** in 4/5 patients by a mean of ~70.3%
- ✓ **hsCRP was decreased** by a mean of ~15.2%



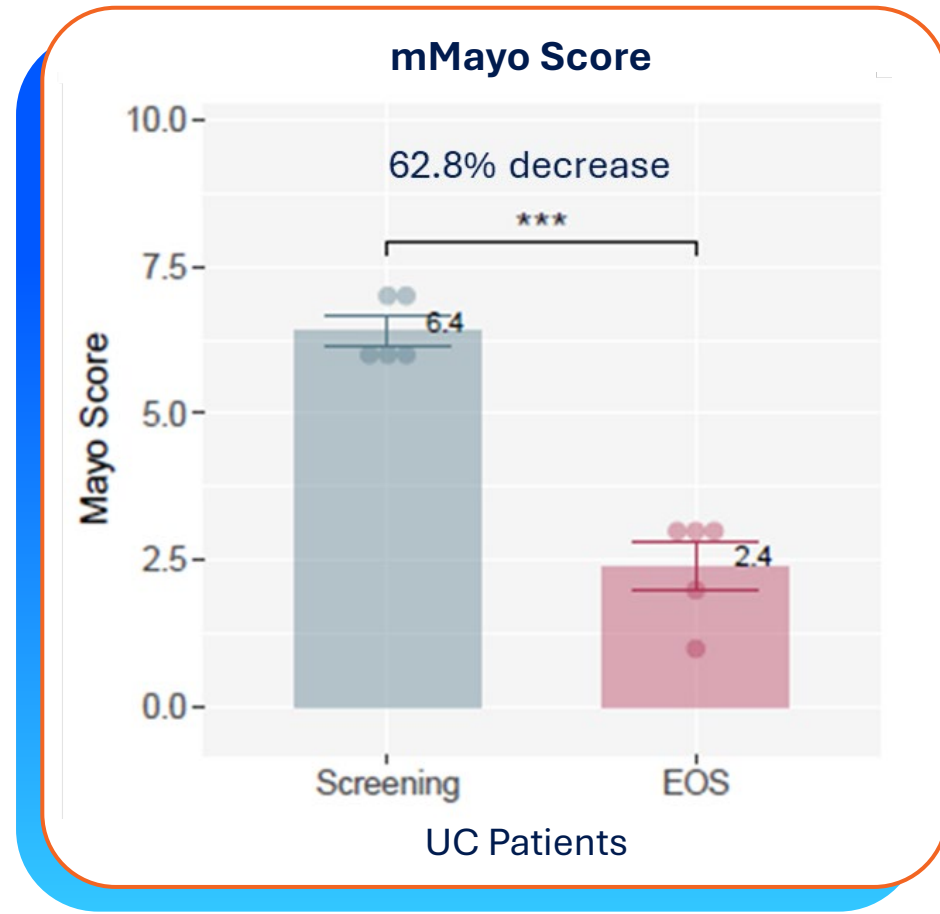
Colon Tissue Histologic Scores Were Improved



Tissue Histology Improvements Observed in:

- **Nancy Index** was decreased ~58%
- **Robarts Histopathology Index** was decreased ~56%
- **Geboes Score** was decreased ~36%

Clinical Response and Remission Were Demonstrated by Modified Mayo Score



Patient	Screening (Baseline)	Day 7	Absolute Δ	% Change from Baseline
1701	6	2	-4	-66.7%
1702	6	1	-5	-83.3%
1703	6	3	-3	-50.0%
1704	7	3	-4	-57.1%
1705	7	3	-4	-57.1%

Mean Baseline = $(6+6+6+7+7)/5 = 6.4$

Mean Day 7 = $(2+1+3+3+3)/5 = 2.4$

Mean Absolute Change = -4.0

Mean % Change from Baseline = (-62.8%)

Modified Mayo Score was reduced in 5/5 patients with mean absolute reduction of 62.8% from baseline

Clinical Response was achieved in 5/5 (100%) of patients ($\geq 30\%$ or ≥ 3 -point drop in modified Mayo score with rectal bleeding subscore of 0 or 1)

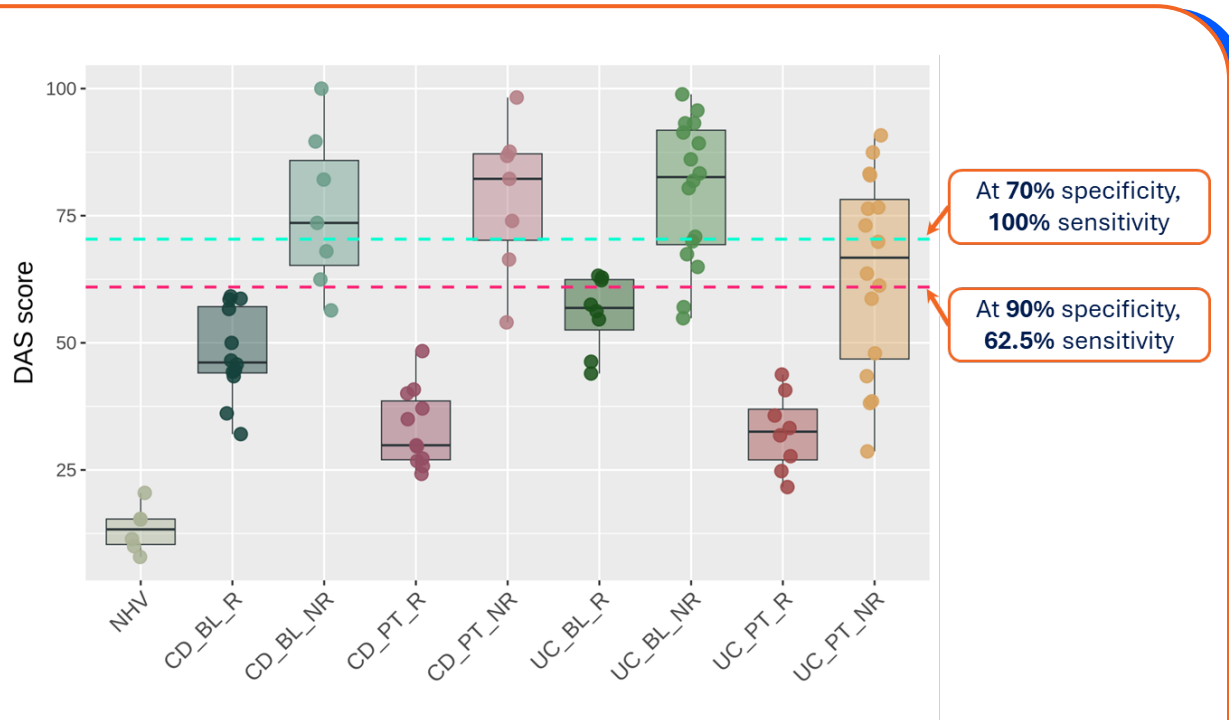
Clinical Remission was achieved 2/5 (40%) of patients



PALI-2108

Ulcerative Colitis (UC)

Precision Medicine Test with PDE4-Related Biomarkers Could Be a Breakthrough for IBD Treatment



Treatment in this dataset was with Infliximab (anti-TNF). PDE4 inhibitors act at a higher level on the inflammatory cascade and our DAS score was selected based on PDE4 inhibitor effectors and thus designed to perform specifically for the selection of PDE4 responders.

Ability to Aid Clinicians in Identifying Patients Who May Better Respond to PALI-2108

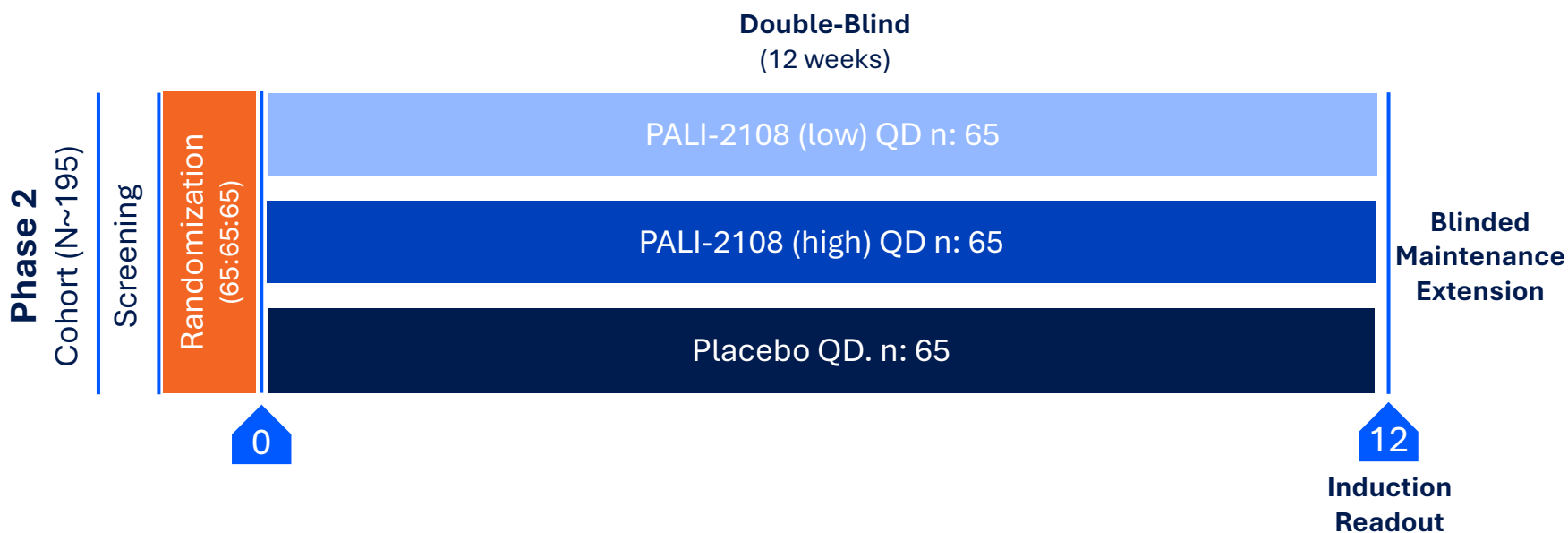
Elevated PDE4B-Related Biomarkers: Consistently observed in adult patients in >1600 patients and ~10 studies

- ✓ Approach featuring five PDE4B-related biomarkers
- ✓ Shown superior performance compared to benchmark
- ✓ Tailored for PDE4 inhibition, providing a targeted solution for enhancing therapeutic outcomes
- ✓ PCR-based assays aimed at potential FDA approval may ensure precision in patient targeting

Development: Used intervention data sets to develop PCR-based assays with RNAseq to standardize TPM values and improve qPCR Ct value correlations, ensuring precise and effective patient targeting

Ulcerative Colitis Phase 2 Study Design

Blinded Long Term Extension (Remission Maintenance)



Phase 2 Study in UC

Induction Readout (N~195 through 12 wks)

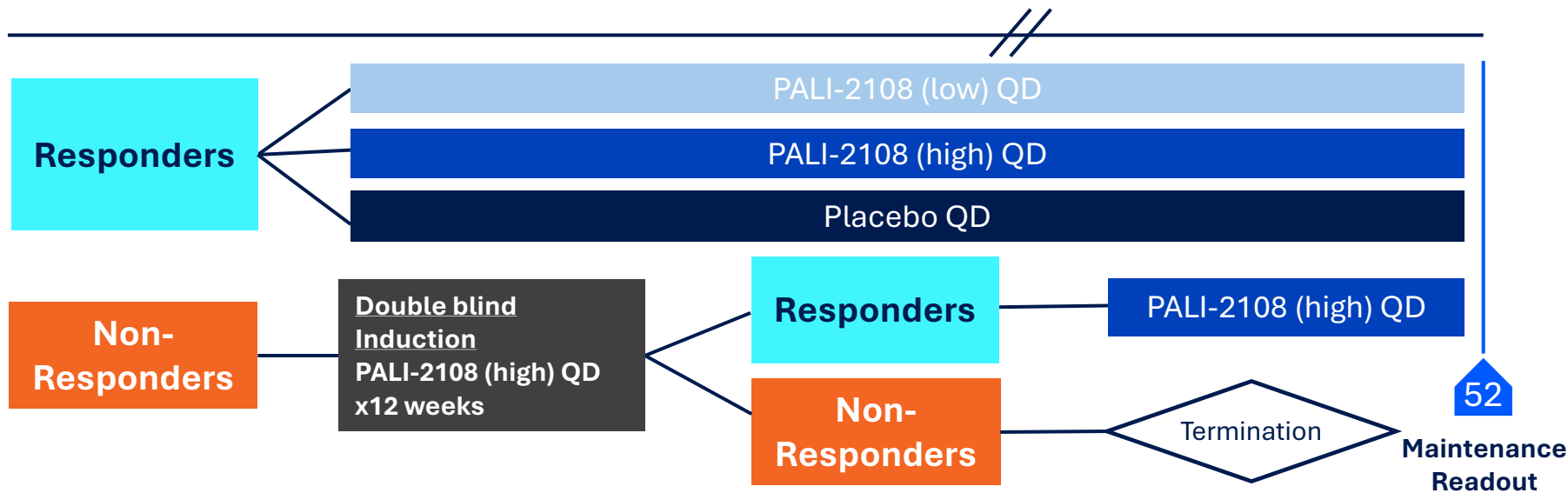
- Primary Endpoint:
 - Clinical Remission
- Secondary Endpoints:
 - Clinical: Response, Hx Remission, etc.;
 - PD: Calpro, hsCRP, tissue RNAseq etc.
- Exploratory:
 - CDx+ Cohorts Analysis
 - Clinical Remission, etc.
- At week 12: sub- or non responders can receive another 12 week treatment, with LTE eligibility re-assessment

Key Selection Criteria:

- Ulcerative colitis with mod-to-sev active disease
- Inadequate response or intolerance to approved Tx
- At least 50% failing Advanced Therapies

Ulcerative Colitis Phase 2 Study Design

Blinded Long Term Extension (Remission Maintenance)



Maintenance Readout:

- Primary:
 - Clinical Remission
- Secondary:
 - Safety and tolerability
 - mMS or RHI
 - Clinical Response, Hx Remission, etc.
 - PD: Fecal Calpro, hsCRP, tissue RNAseq, etc.
- Exploratory
 - Clinical Remission (CDx+ cohort)

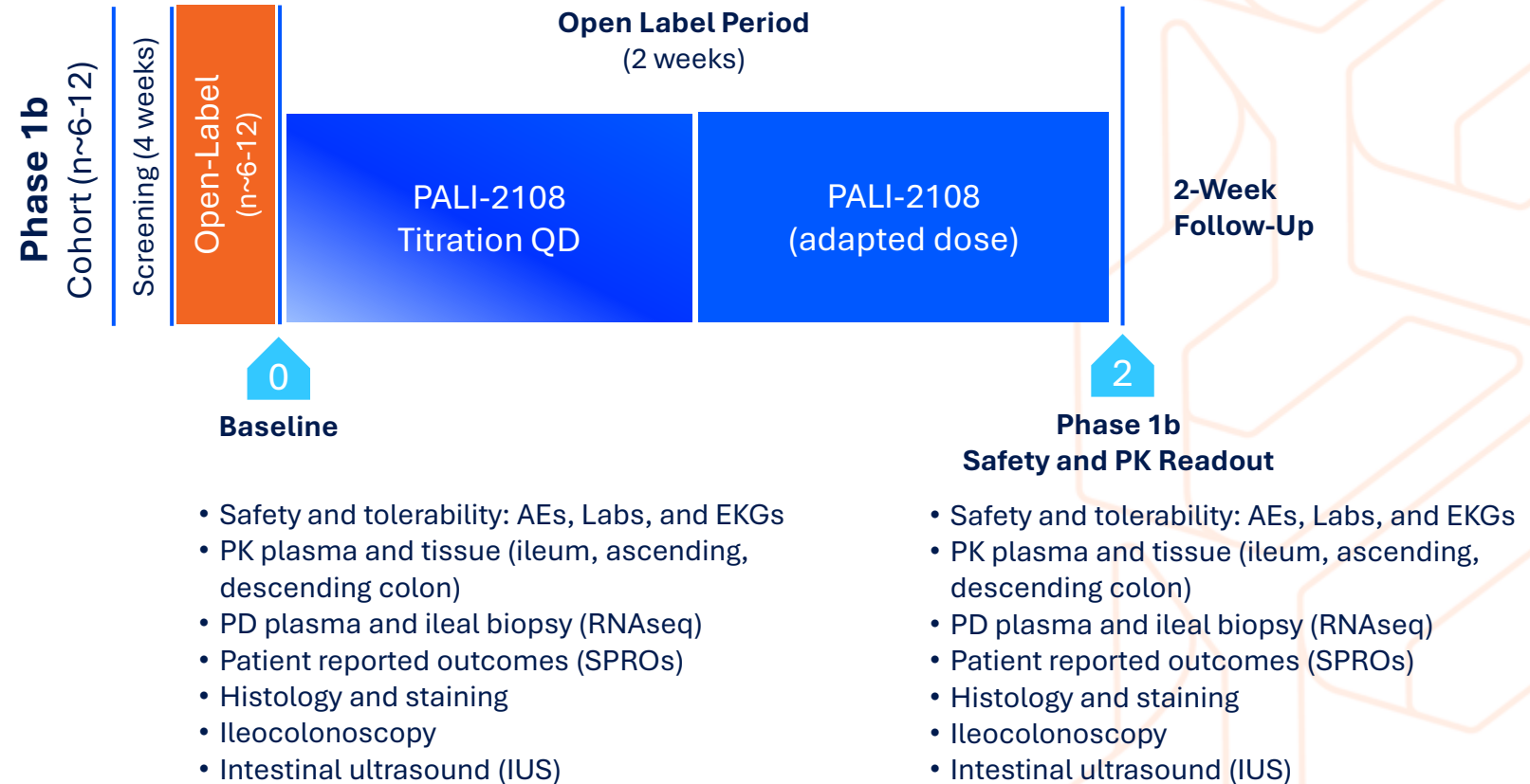
PALI-2108
**Fibrostenotic Crohn's
Disease (FSCD)**

FSCD Phase 1b Proposed Study Design (Ongoing)

First Subject Dosed Q4 2025

Ph1b Safety and PK Readout (n~6-12):

- Safety and tolerability: AEs, Labs, and EKGs
- PK plasma and tissue ileum, ascending, descending colon
- PD plasma and ileum biopsy (RNAseq)
- Patient reported outcomes (SPROs)
- Histology with staining
- Intestinal ultrasound (IUS)





Corporate Overview

NASDAQ: PALI

Financial Snapshot

**Sufficient Capital to Fund Company
Through Major Clinical Development Milestones**

~\$133 Million Cash

as of October 15, 2025

Recent Offering Included Leading Fundamental
Institutional Healthcare Investors

Adage
Capital Management, L.P.

ADAR1
Capital Management

B Group
CAPITAL MANAGEMENT

BOXER
CAPITAL

COASTLANDS CAPITAL

**COLUMBIA
THREADNEEDLE**
INVESTMENTS*

**DEEP
TRACK**
CAPITAL

Janus Henderson
INVESTORS

OCTAGON
CAPITAL GROUP

**PERCEPTIVE
ADVISORS**

RACAPITAL

SQUADRON
CAPITAL MANAGEMENT

\$332 Million

Market Cap¹

5.1 Million

Average Volume²

206 Million

Shares Outstanding³

1. As of February 3, 2026
2. 3-Month Average as of February 3, 2026
3. Shares Outstanding as of November 5, 2025, includes common stock of 149,003,210 and prefunded warrants of 57,309,424 (Excludes the following outstanding instruments: 17,135,866 warrants with a weighted average exercise price of \$2.21; 24,708,430 RSUs; 167,261 stock options with a weighted average exercise price of \$50.86; and 8 common shares issuable upon conversion of 200,000 Series A Convertible Preferred Stock.)

Team



JD Finley, MT
CEO

Seasoned executive with ~\$1B raised as CFO and investment banker, with leadership roles in biotech, software, and finance, including Palisade Bio, Proteus Capital, and Deloitte.



Mitch Jones, MD, PhD
President & CMO

Seasoned MD, PhD with a track record of company building and completing value-creating transactions, including leadership and participation through two IPOs and two separate venture financings, each >\$125M, to advance IBD-focused programs. Extensive development experience includes multiple Phase 2 and Phase 3 metabolic studies and early IBD development with marketed LRC®, Phase 3 CP101, and Phase 1 NaviCap™ (tofacitinib).



Ryker Willie
SVP, Finance and
Corporate Controller

Strong financial experience in the complexities of international collaborations, clinical trials and follow-on offerings.



Sharon Skare, PhD(c)
VP, Global Head of
Clinical Operations

Veteran clinical operations leader with over 24 years of experience in global clinical development and operations, guiding programs through approval and commercialization, including etrasimod (Velsipity™) for ulcerative colitis, delayed-release metformin for type 2 diabetes, and pramlintide for type 1 and type 2 diabetes.



James Izanec, MD, AGAF
VP, Head of
Clinical Development

Veteran clinical development leader and gastroenterologist with deep expertise leading global Phase 2/3 programs, including ozanimod for ulcerative colitis, Crohn's disease, and multiple sclerosis; deucravacitinib for Sjögren's disease; and major biologics such as ustekinumab (STELARA®), adalimumab (HUMIRA®), infliximab (REMICADE®), and golimumab (SIMPONI®).



Joerg Heyer, PhD
Head of Translational
Science & Medicine

Successful translation strategy and approvals for marketed FOTIVDA® (Tivozanib), Ph3 Ficlatazumab, and Ph3 CP101.



Daniel Larkins, MS
Head of Global
Regulatory Affairs

Veteran regulatory affairs leader with over 25 years of global regulatory experience guiding products from early development through registration and lifecycle management, including duvakitug (anti-TL1A), upadacitinib (RINVOQ®), and risankizumab (SKYRIZI®) in inflammatory bowel disease.



Adarsh Patel, MS, MBA
Head of Chemistry, Manufacturing
and Controls (CMC)

Successfully CMC development resulting in NDA filings, ensuring regulatory compliance with FDA, EMEA, and HC guidelines.



Clinical Advisory Board



**Vipul Jairath, MBChB, DPhil,
MRCP, FRCPC**

Leads global Medical R&D, providing medical leadership for clinical trial design in IBD; Professor of Medicine at the Schulich School of Medicine & Dentistry and holds the John and Susan McDonald Endowed Chair in Inflammatory Bowel Disease at Western University



David T. Rubin, MD

Globally respected expert in ulcerative colitis, Crohn's disease; Joseph B. Kirsner Professor of Medicine and Chief of the Section of Gastroenterology, Hepatology and Nutrition at the University of Chicago



Laurent Peyrin-Biroulet, MD, PhD

Internationally recognized leader in inflammatory bowel disease; Professor of Gastroenterology at the University of Lorraine and Head of the Department of Gastroenterology at Nancy University Hospital



Bruce Sands MD, MS

Dr. Burrill B. Crohn Professor of Medicine, Icahn School of Medicine at Mount Sinai and System Chief, Division of Gastroenterology, Mount Sinai Health System



Florian Rieder, MD

Associate Staff in the Department of Gastroenterology, Hepatology and Nutrition, as well as an Investigator in the Department of Pathobiology at the Cleveland Clinic



Bram Verstockt, MD, PhD

Research focuses on non-invasive IBD monitoring, advanced imaging, and precision medicine; Assistant Professor at KU Leuven and a staff physician in the Department of Gastroenterology and Hepatology at University Hospitals Leuven



NASDAQ: PALI
palisadebio.com



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**Next-Generation, Once Daily, Oral PDE4
Inhibitor Prodrugs for Inflammatory Disease**