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

June 2026
Corporate Presentation

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-2108, the ability of PALI-2108 to achieve market acceptance, the success of our development and business strategy, Insurance companies agreeing to reimburse patients for treatments utilizing PALI-2108, 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 **prodrugs** for patients with **inflammatory** and **fibrotic diseases**

Lead Program:

PALI-2108 – targeting multi-billion-dollar IBD market

Strong Financial Foundation:

Raised **$138 Million** from leading Healthcare investors

PALI-2108

First and only oral PDE4 inhibitor prodrug in development for Inflammatory Bowel Disease (IBD)

Ulcerative Colitis (UC) and Crohn's disease (CD)

Commercially proven PDE4 target

Potential for superior efficacy and greater tolerability over systemic PDE4 inhibitors

Positive Phase 1a/b data in two trials

Demonstrating safety, tolerability and pharmacokinetic (PK) profile supporting local bioactivation

Precision Medicine CDx test in development

To identify IBD patient responders to PDE4 inhibition

PALI-2108 Development Pipeline and Upcoming Milestones[1]

PROGRAM	INDICATION	H1 2026	H2 2026	H1 2027	H2 2027	H1 2028
ASCENTRA-UC	Ulcerative Colitis (UC)	✓ IND Cleared	• Phase 2 first subject dosed		• Phase 2 primary efficacy readout	
ASCENTRA-CD	Crohn's Disease (CD)[2]	✓ Phase 1b topline readout in FSCD	• IND Clearance	• Phase 2 first subject dosed	• Phase 2 interim readout	• Phase 2 primary efficacy readout

PALI-2108 is advancing rapidly with multiple value-driving milestones across UC and CD, building toward Phase 2 readouts in 2027 and 2028.

1. The timing of the milestones are estimated, and the actual timing of these milestones may differ than described herein.
2. Finalizing design of Phase 2 study in Crohn's disease.

Targeting $25B Global IBD Market

Ulcerative Colitis

~3 Million
Patients

~$10 Billion
Market Opportunity

Chronic inflammation of the colon causing bleeding, diarrhea and difficulty controlling bowel movements

Crohn's Disease (CD)

~3 Million
Patients

~$15 Billion
Market Opportunity

Progressive inflammatory disease affecting the GI tract, leading to pain, damage and complications including fibrosis

IBD Market Expected to Grow to $41 Billion by 2032

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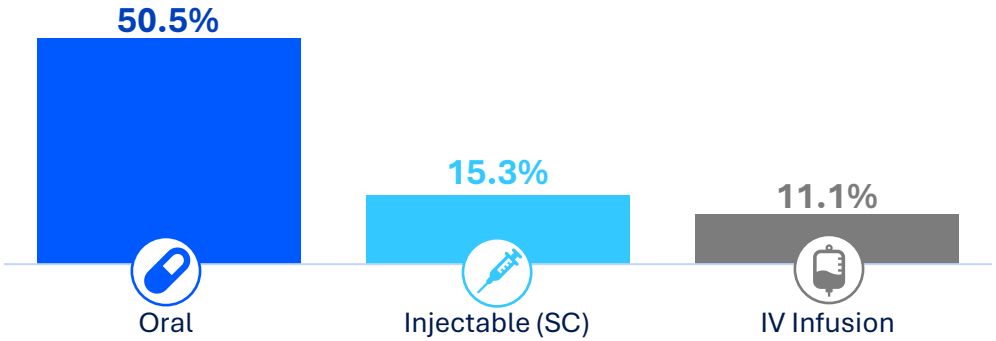
Source: Evaluate Pharma

Strong Patient and Physician Preference Supports Differentiated Positioning for **Orally Delivered Therapies**

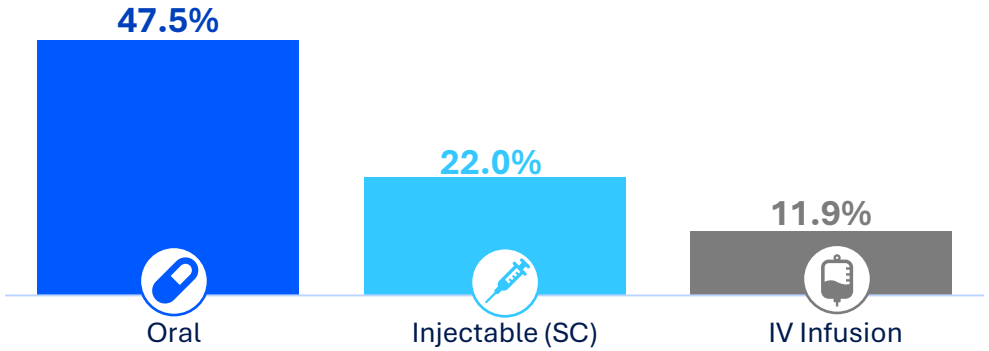
Oral therapies align with what matters most to patients and providers: convenience, simplicity and choice

Patient Preference by Route of Administration



Patients clearly prefer oral therapies – more than **3x higher** than injectables

Provider Preference when Efficacy/Safety are Comparable



Providers are **2x more likely** to prefer oral therapies over injectables

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Sources: Rubin DT, et al. J Crohns Colitis. 2021; 15(5):861-869; Fumery M, et al. *Intest Res.* 2020;18(1):41-50; Vaughn BP, et al. *Inflamm Bowel Dis.* 2024;30(12):2380-2392

PALI-2108: Potentially Disruptive Oral Therapy for IBD

Oral Once Daily Dosing

Preferred by patients and clinicians and an important goal for large pharma

Novel Target

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

Gut-Activated Prodrug

Only PDE4 inhibitor prodrug being activated in the terminal ileum and colon with high local tissue delivery and slow-release into the systemic bloodstream

Improved Tolerability

Minimizes common PDE4 inhibitor-related side effects, such as CNS and GI toxicity

Dual-Action Mechanism

Delivers both anti-inflammatory and anti-fibrotic effects

Potential for Combination Therapies

Safety profile supports future oral or IV/SQ combination therapies

PALI-2108 is a first-in-class gut-activated PDE4 inhibitor prodrug designed to deliver local efficacy, improve tolerability and enable once-daily dosing– positioning it as a best-in-class therapy in IBD.

PDE4 Inhibitors Are Pleiotropic Drugs with Commercially Proven Anti-Inflammatory and Anti-Fibrotic Activity

One Mechanism. Two Therapeutic Benefits.

ANTI-INFLAMMATORY EFFECTS

PDE4 inhibition → ↑ cAMP

- ↓ Pro-inflammatory cytokines (TNFα, IL-23, IL-6)
- ↓ Immune cell activation
- ↓ Immune cell trafficking
- ↓ Tissue inflammation

Result: Reduced inflammation

Inflammatory Indications:

- Psoriasis
- Psoriatic arthritis
- Behçet's disease
- COPD

AMGEN Otezla (apremilast) tablets
AstraZeneca Daliresp (roflumilast) tablets
Verona Pharma Ohtuvayre (ensifentrine) inhalation

ANTI-FIBROTIC EFFECTS

PDE4 inhibition → ↑ cAMP

- ↓ Fibroblast activation
- ↓ Collagen and ECM production
- ↓ Tissue remodeling and scarring

Result: Reduced fibrosis

Fibrosis Indications:

- Interstitial Pulmonary Fibrosis (IPF)

Boehringer Ingelheim
JASCAYD (nerandomilast) tablets 18 mg

PDE4 inhibitors are clinically validated across multiple indications, demonstrating broad potential for meaningful patient benefit with **PALI-2108**.

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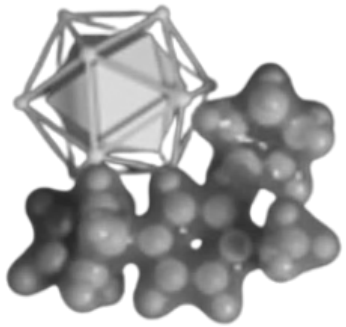
PALI-2108 Bio-Activates Locally in the Ileum and Colon

Once-Daily PALI-2108

- 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

- Galactose-linked prodrug designed to limit systemic exposure
- Activated in the colon by bacterial β-glucuronidase
- Restricted from activation by human enzymes outside the GI tract

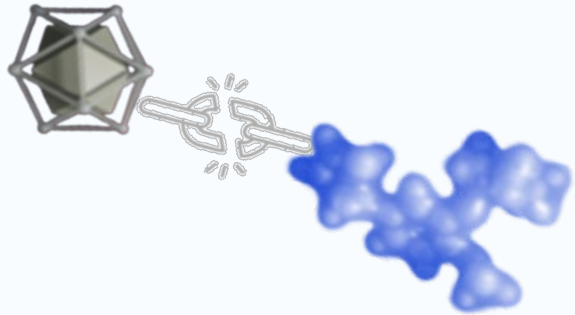


Key Activating Enzyme

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

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

Pan-PDE4 Inhibitors

- AMGEN — Otezla (apremilast) tablets
- AstraZeneca — Daliresp (roflumilast) tablets
- Verona Pharma (1) — Ohtuvayre (2) (ensifentrine) 3 mg/2.5 mL
- ARCUTIS BIOTHERAPEUTICS — ZORYVE (roflumilast) cream
- HEMAY — **Mufemilast**

Selective PDE4 Inhibitors

- Boehringer Ingelheim — JASCAYD (nerandomilast) tablets 18 mg
- UNION THERAPEUTICS — **Orismilast**

Once Daily PDE4 Inhibitor Prodrug

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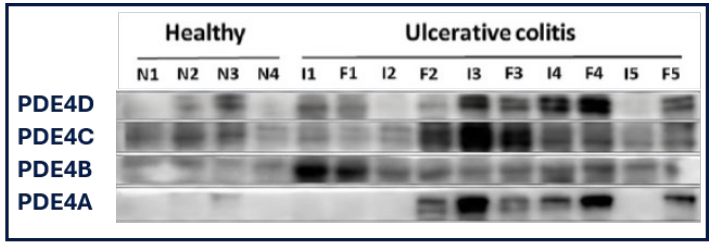
PALI-2108

- **Potent PDE4 inhibitor prodrug** with 10-20x higher potency versus other PDE4 inhibitors
- **Differentiated PK Profile** enabling better tolerability + Effective Pan-PDE4 inhibition

PDE4 Isoforms are Upregulated in IBD



Li et al. 2022

- Local activation minimizes systemic exposure
- Improved PK and target engagement at the site of disease
- Enhanced tolerability with reduced systemic side effects
- Enables once-daily dosing for greater convenience

(1) Merck acquired Verona Pharma for $10B in October 2025.
(2) In addition to targeting PDE4, OHTUVAYRE also targets PDE3.

Multiple Oral Combinations Are Being Contemplated by Industry and Academic Participants in IBD

Relevant Oral MoAs in IBD:

- PDE-4
- IL-23
- α4β7
- TYK2
- AhR
- miR-124

Oral

By simplifying co-administration, fixed dose combinations improve adherence and convenience

Safe

Black box warnings present a challenge for combos, supporting exploratory work in development-stage MoAs

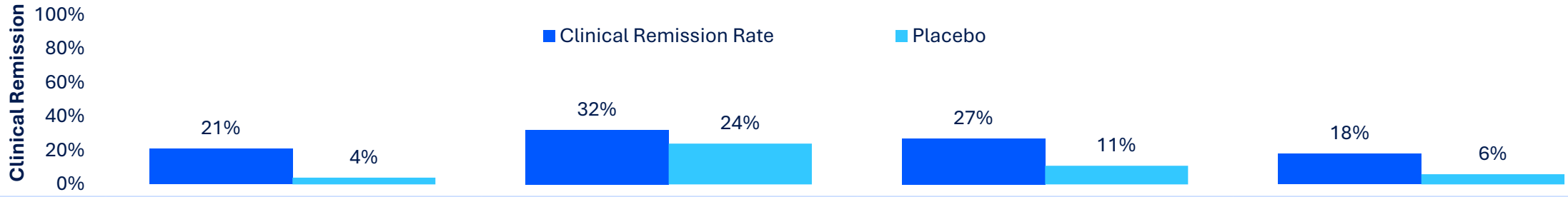
No pre-initiation requirements

Synergistic Pathways

Enables efficacy stacking at induction and more durable clinical response in maintenance with combination of multiple mechanisms

Oral IBD Therapies Have **Achieved Multi-Billion Dollar** Valuations Despite Modest Remission Rates

Highlighting the Modest Efficacy Threshold Established Across Oral UC Therapies in Development



Therapy	Obefazimod[1]	MORF-057[2] (Discontinued)	Etrasimod[3]	Ozanimod[4]
Sponsor	ABIVAX	MORPHIC THERAPEUTIC	ARENA PHARMACEUTICALS	receptos
Target	miR-124	α4β7	S1P	S1P
Stage Acquired	Phase 3 (not acquired)	Phase 2b	Phase 3	Phase 3
Acquiror	NA	Lilly	Pfizer	Celgene
Date Acquired	NA	July 2024	December 2021	July 2015
Value	**$10.5 Billion Market Cap[5]**	**$3.2 Billion[6]**	**$6.7 Billion[6]**	**$7.2 Billion[6]**

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1. Average of data from Phase 3 trials at week 8; 2. Phase 2 data at week 12; 3. Prescribing Information, data at week 12; 4: Prescribing Information, data at week 10;
5. As of May 29, 2026; 6. Company press releases

PALI-2108 Phase 1a/b Program

- SAD/MAD Study
- UC Cohort
- FSCD Cohort

PALI-2108 Phase 1a/b Summary

PHASE	SCREENING	RANDOMIZATION	TREATMENT PERIOD	READOUT
1a SAD (n=40)		6:2; Active: PBO	Double-Blind Single Ascending Dose (5 days in-unit) DAY 0 15mg 50mg 150mg 250mg 450mg	DAY 5 SAD Completion DAY 7 Follow-up
1a MAD (n=32)		6:2; Active: PBO	Double-Blind Multiple Ascending Dose (7 days in-unit) DAY 0 15mg BID 30mg; titrated BID 30mg BID 50mg BID	DAY 7 MAD Completion DAY 11, 12, 13, 28 Follow-up
1b UC Cohort (n=5)		Open Label	Open-Label Dose Period (7 days in-unit) DAY 0 30mg; titrated BID	DAY 7 US Patient Completion DAY 11, 12, 13, 28
1b FSCD Cohort (n=5)	4 Weeks	Open Label	Open Label Period (2 weeks) DAY 0 Baseline 20mg QD titration; n=2 → DAY 10: 20mg; daily 25mg QD titration; n=2 → DAY 10: 25mg; daily 30mg QD titration; n=1 → DAY 10: 30mg; daily	DAY 14 Phase 1b Safety and PK Readout 2-Week Follow-up

ENDPOINTS

1a

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

1b UC Cohort

- **Primary Endpoint**
  - Safety and tolerability
- **Secondary Endpoints**
  - PK: Plasma, colon tissue, urine, stool including plasma and tissue
  - PD: Fecal calpro, hsCRP, cAMP, tissue lymphocytes
  - Histology of ileal tissue
  - Clinical Remission and Response (Modified Mayo Score or mMayo)

1b FSCD Cohort

- **Primary Endpoint**
  - Safety & tolerability
- **Secondary Endpoints**
  - PK: plasma and tissue (ileum, ascending, descending colon)
  - PD: Fecal calpro, cAMP, tissue lympocytes
  - Histology of ileal tissue
  - Endoscopic Remission and Response (SES-CD)

Favorable Safety and Tolerability Profile Achieved in SAD/MAD

No Serious Adverse Events or Dose-Limiting Toxicities

- **Well tolerated across all doses** up to 450 mg
- **No clinically meaningful lab**, ECG or vital sign abnormalities
- **Titration effective at 30 mg BID**, consistent with other PDE4s

SAD (n=40)

	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	6 (100%)	1 (50%)
> Grade 1 TEAE (n/%pts)	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
Withdrawn b/c of TEAE (n/%pts)	0	0	0	0	0	0	0	0	0	0

MAD (n=32)

	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	1 (17%)	0 (0%)	4 (67%)	0	4 (67%)	0
> Grade 1 TEAE (n/%pts)	0	0	0	0	2 (33%)	0	1 (17%)	0
Severe Adverse Events (n/%pts)	0	0	0	0	0	0	0	0
Withdrawn b/c of TEAE (n/%pts)	0	0	0	0	0	0	1 (17%)	0

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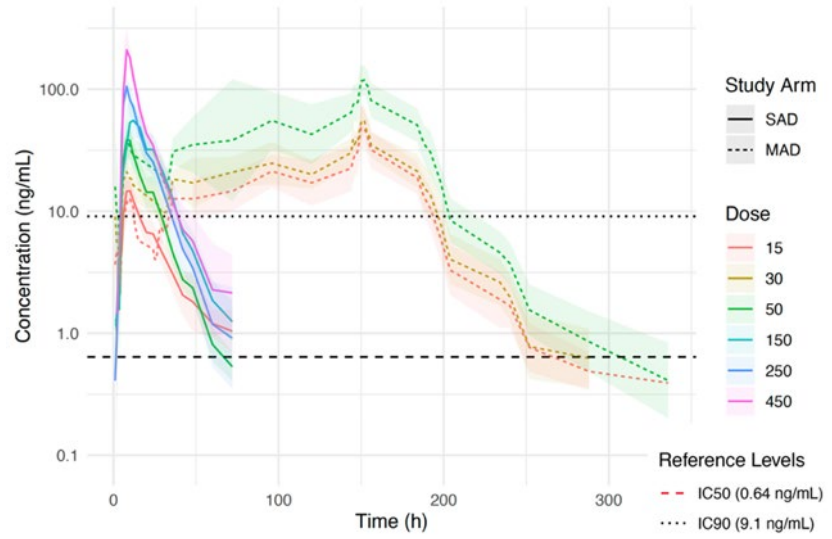
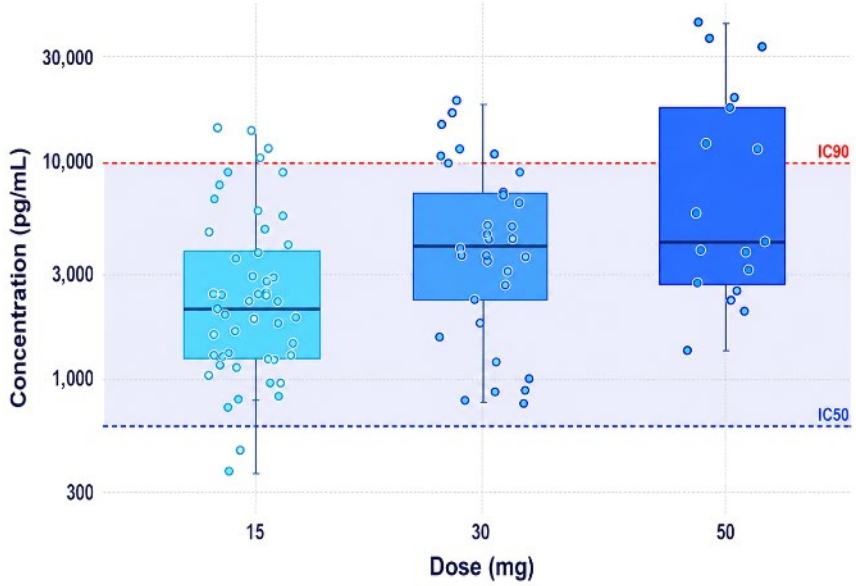
PK Demonstrates Sustained, Targeted Exposure Enabling Once-Daily Dosing

IC90 Exposure Achieved in Plasma



Colon Tissue Concentrations by Dose 36 Hours Post Dose



Sustained exposure with extended half-life supports **once-daily dosing**

Colon tissue concentrations **approach or exceed IC90 at 36 hours**

Dose-proportional PK with **localized bioconversion** in ileum and colon

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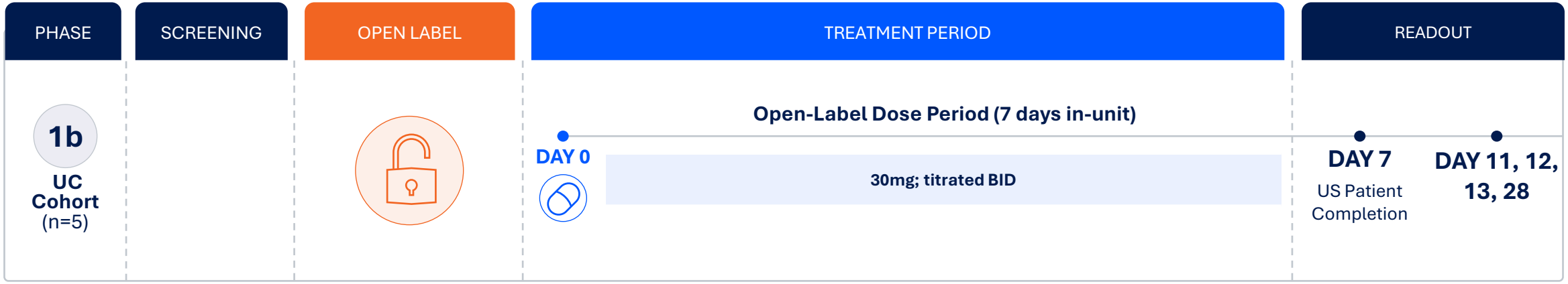
PALI-2108 Phase 1a/b Program

- UC Cohort

UC Phase 1b Study Design



PATIENT DETAILS

- **Enrolled 5 patients with moderate to severe ulcerative colitis**
- **All patients received 30 mg (titrated) BID PALI-2108 for 7 days (open-label design)**
- **All patients completed the study and there were no withdrawals**

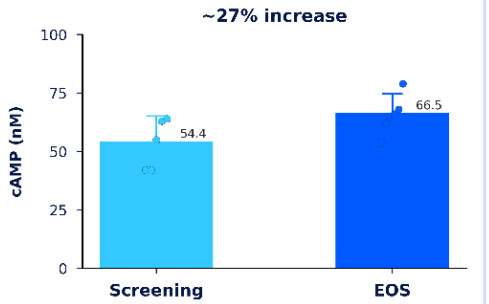
ENDPOINTS

- **Primary Endpoint**
  - Safety and tolerability
- **Secondary Endpoints**
  - PK: Plasma, colon tissue, urine, stool including plasma and tissue
  - PD: Fecal calpro, hsCRP, cAMP, tissue lymphocytes
  - Histology of ileal tissue
  - Clinical Remission and Response (Modified Mayo Score or mMayo)

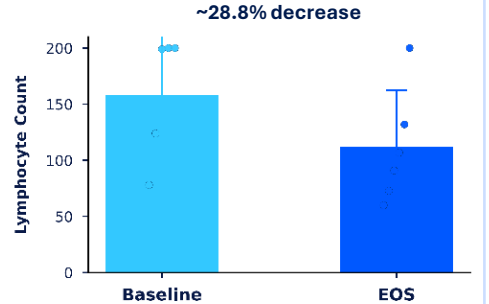
Safe and well-tolerated with no clinically significant change in PE, vital signs, safety lab tests and EKG

Mechanistic and Inflammatory PD were Improved Across Key Biomarkers

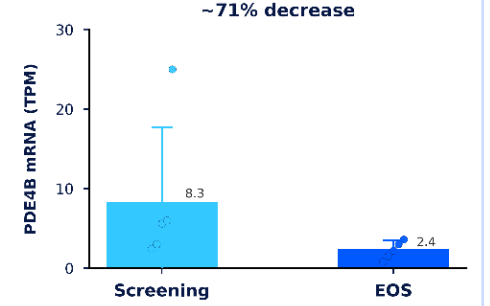
Colon Tissue cAMP



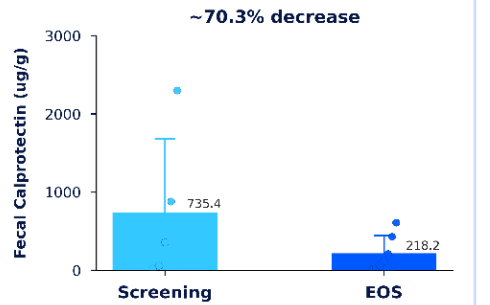
Colon Tissue Lymphocytes



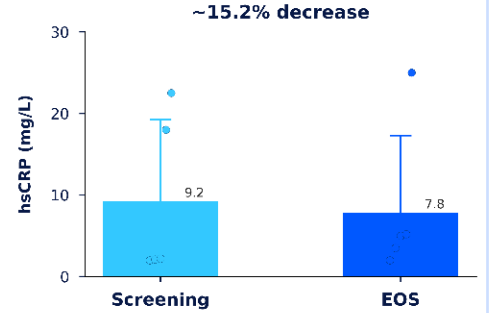
Colon Tissue PDE4B



Fecal Calprotectin



Plasma hsCRP



+27% **Tissue cAMP was increased** in 4/5 patients as expected due to inhibition of PDE4 enzyme

-29% **Tissue lymphocytes were decreased** in 4/4 patients

-71% **Tissue PDE4B was decreased** in 5/5 patients

-70% **Fecal calprotectin was decreased** in 4/5 patients

-15% **hsCRP was decreased** by a mean of 15.2%

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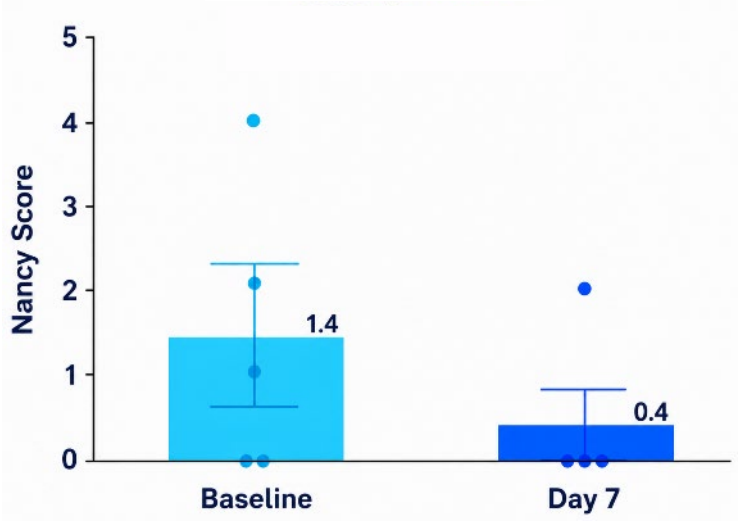
Consistent Histologic Improvement Across Validated Scoring Systems

Nancy Score

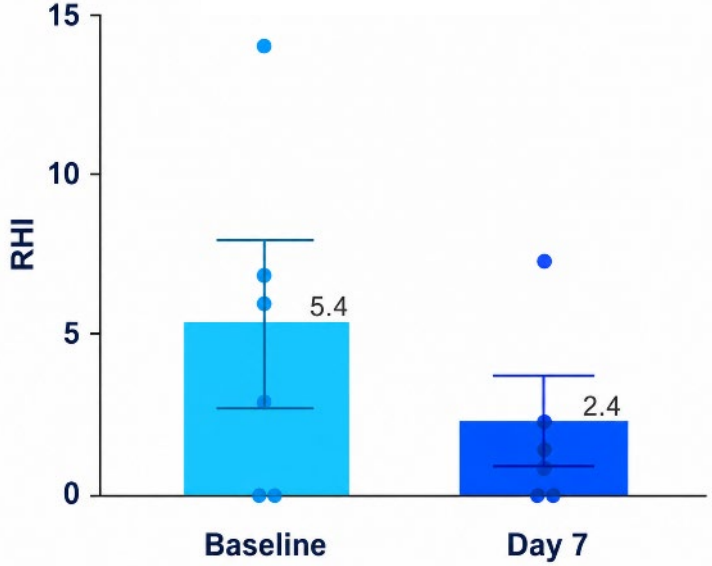
58% decrease



UC Patients
(n=5)

RHI Score

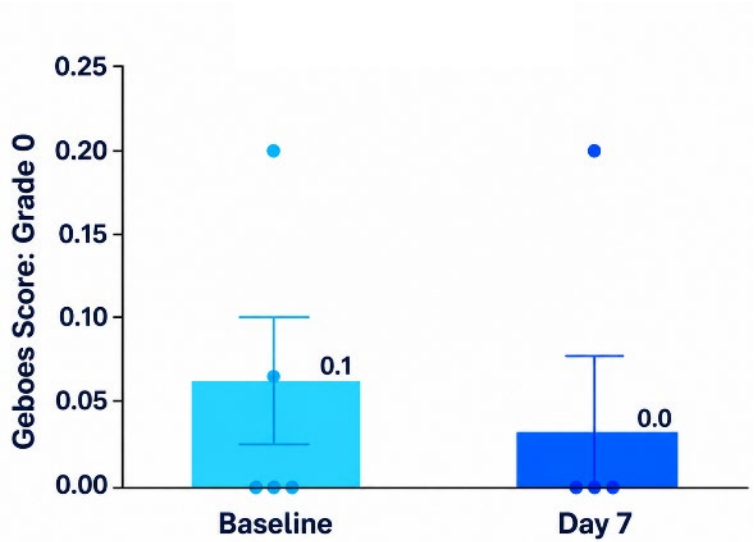
56% decrease



UC Patients
(n=5)

Geboes Score

36% decrease



UC Patients
(n=5)

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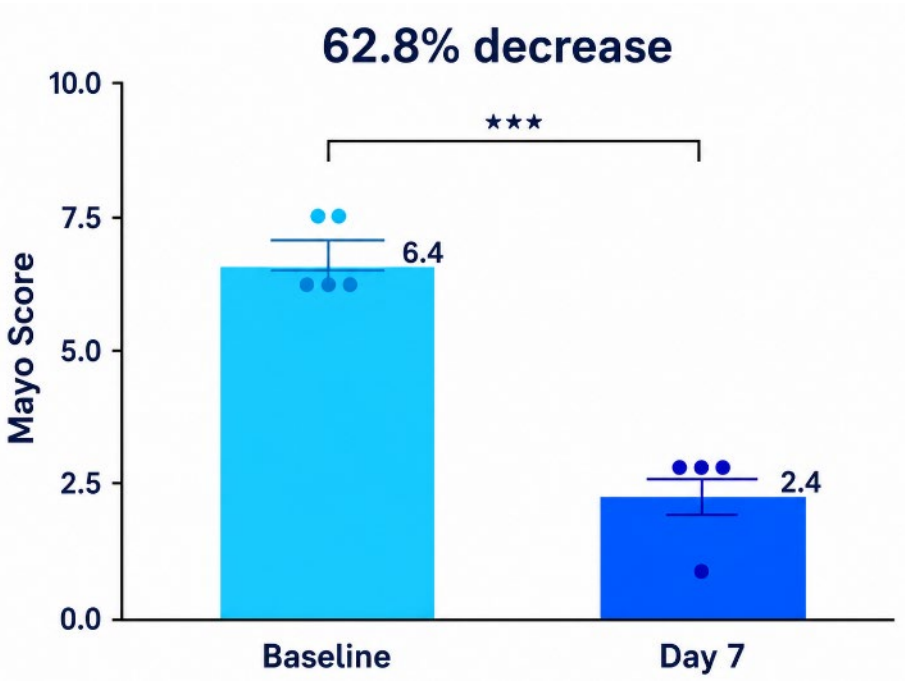
Rapid, Meaningful Clinical Improvement in All Patients within 7 Days

Modified Mayo Score



UC Patients
(n=5)

100% Of patients achieved clinical response (5/5)

40% Achieved clinical remission (2/5)

62.8% Mean reduction in modified Mayo score from baseline

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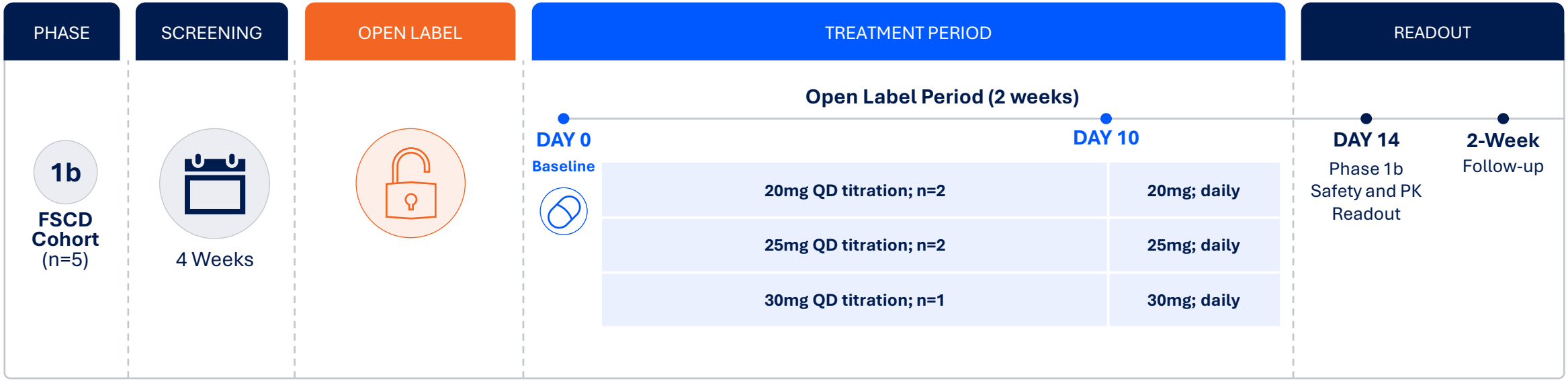
PALI-2108 Phase 1a/b Program

- FSCD Cohort

FSCD Phase 1b Study Design



PATIENT DETAILS

- **Enrolled 5 patients with Crohn's Disease and a symptomatic ileal stricture on ultrasound**
- **Patients had mean duration of disease of over 15 years and 80% were on concomitant biologics**
- **Patients received open label once-daily dosing of PALI-2108 for 14 days (titrated, with food)**

ENDPOINTS

- **Primary Endpoint**
  - Safety & tolerability
- **Secondary Endpoints**
  - PK: plasma and tissue (ileum, ascending, descending colon)
  - PD: Fecal calpro, cAMP, tissue lympocytes
  - Histology of ileal tissue
  - Endoscopic Remission and Response (SES-CD)

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Safety Profile in FSCD

- **Generally safe and well-tolerated**
- **No serious adverse events**
  - Consistent profile with Phase 1b UC study
- **No study or treatment discontinuations**
- **All AE's mild in severity**
- **One GI AE (abdominal discomfort) – Possibly drug related**
  - No nausea
  - No vomiting
  - No diarrhea

Total number of subjects (n)	**5**
Subjects with TEAE, at least possibly related	2/5 (40%)
Subjects with > Grade 1 TEAE	0
Subjects with Severe Adverse Events	0
Subjects withdrawn because of TEAE	0
TEAEs per SOC: GI system (>5%)	
Nausea	0
Vomiting	0
Abdominal Discomfort / Cramps	1/5 (20%)
Diarrhea	0
TEAEs per SOC: Nervous System (>5%)	
Headache	0
TEAEs per SOC: Other (>5%)	
Fatigue	1/5 (20%)

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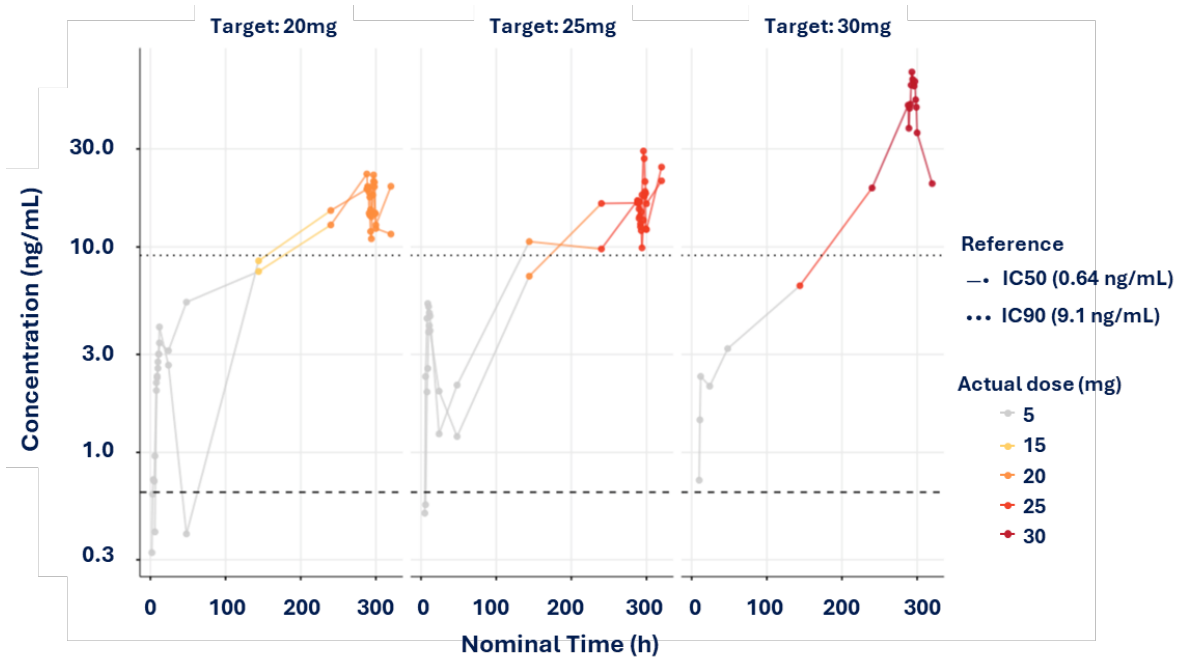
Demonstrates Sustained, Targeted Exposure Supporting Once-Daily Dosing

Plasma Pharmacokinetic Profile by Patient



- **Plasma pre-dose trough concentrations >IC90 at all doses** (20mg, 25mg, and 30mg) and in all patients
- **Using the peak plasma (Cmax) and tissue (4-8h post dose), there was a 6.2x average tissue/plasma ratio across all segments**
- **Once daily dosing confirmed as ideal dosing frequency**

Tissue Concentration	Ascending colon (ng/mL)	Descending colon (ng/mL)	Ileum (ng/mL)	All segments (ng/mL)	Plasma Cmax (ng/mL)	Tissue/ plasma ratio All segments
Mean	185.4	114.4	107.6	149.0	32.8	**6.2**

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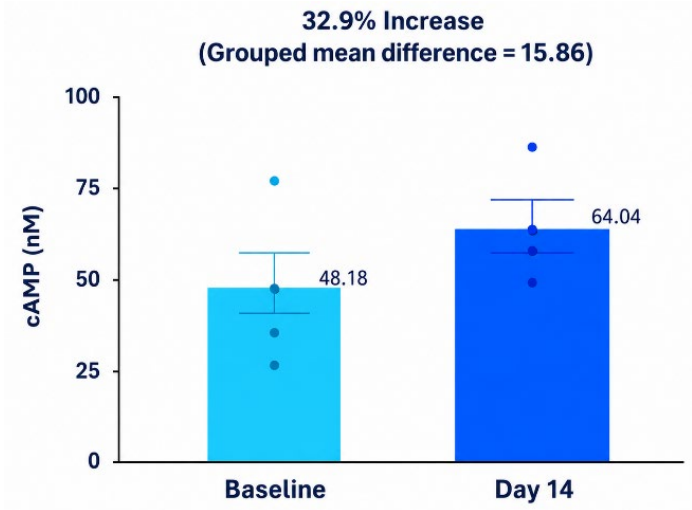
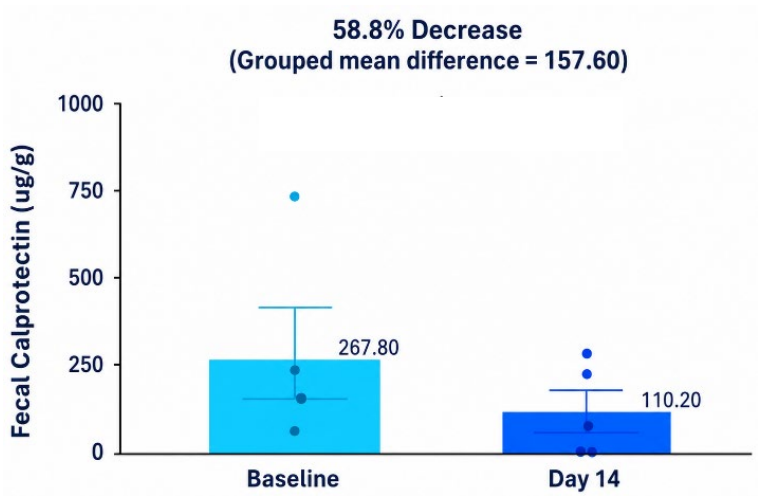
FSCD: Clear Target Engagement and Reduction in Inflammatory Biomarkers

Strong Correlation Between Biomarkers Supports Mechanistic Effect

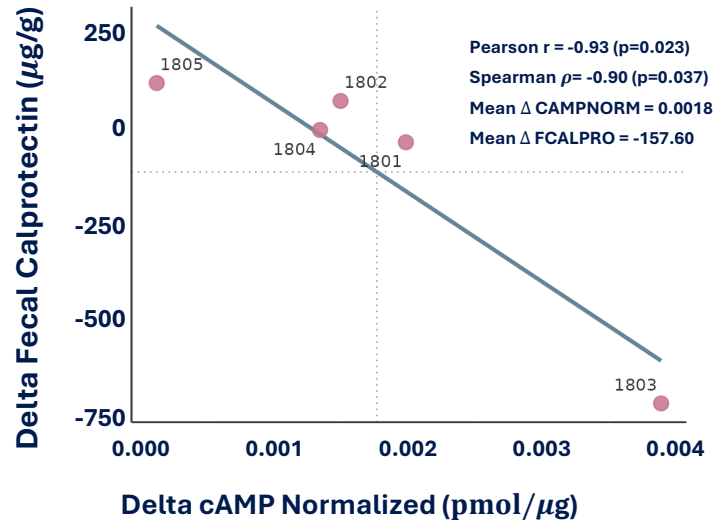
cAMP increased, confirming PDE4 target engagement



Fecal CalPro reduced ~59% from baseline



Strong Correlation between cAMP and CalPro



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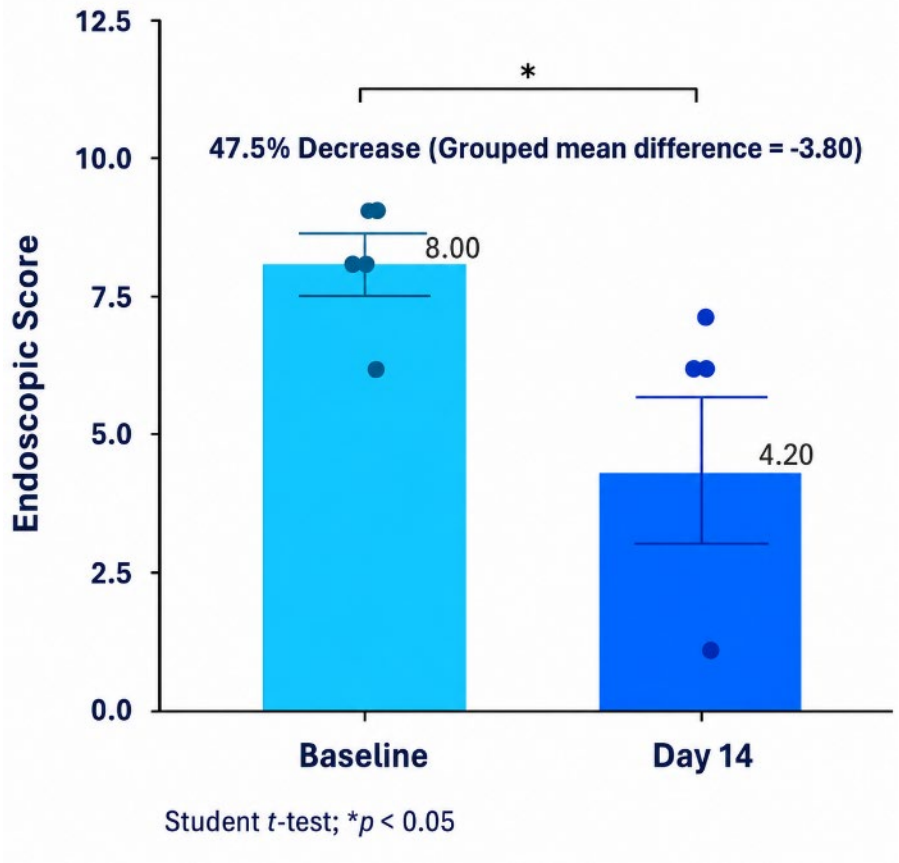
Endoscopic Improvement Observed in FSCD by Day 14

Simple Endoscopic Scoring (SES-CD)



47.5% Mean reduction in SES-CD by Day 14

40% Endoscopic response achieved

40% Endoscopic remission achieved

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PALI-2108 Development Plan

ASCENTRA-UC

Ulcerative Colitis

Phase 2 Study Expected to Commence H2 2026

ASCENTRA-CD

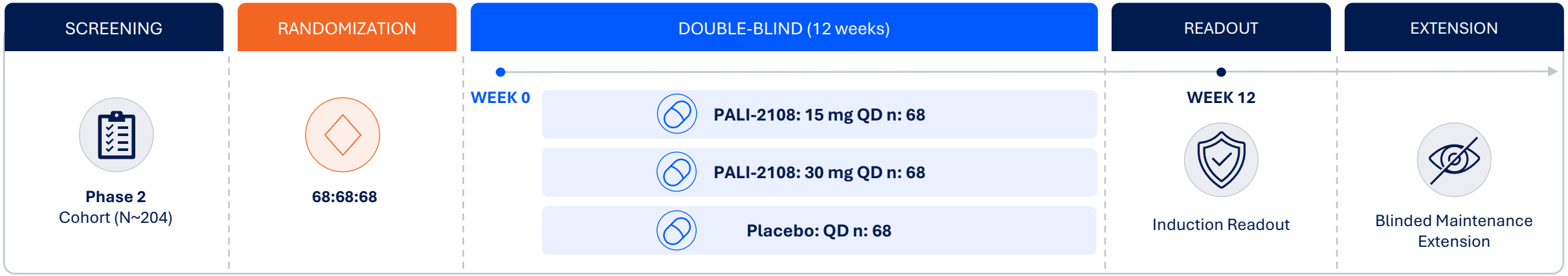
Crohn's Disease

Finalizing Phase 2 Design

Ulcerative Colitis Phase 2 Study Design

Blinded Long-Term Extension (Remission Maintenance)

ASCENTRA-UC



INDUCTION READOUT: N~204 through 12 weeks

PRIMARY ENDPOINT
- Clinical Remission (Modified Mayo Score)

SECONDARY ENDPOINTS
- Clinical Response, Endoscopic Improvement and HEMI
- PD: Fecal Calprotectin, High-Sensitivity C-Reactive Protein, Tissue RNA Sequencing

EXPLORATORY
- Endoscopic Remission
- Symptomatic Remission at week 4
- Companion Diagnostic + Cohorts Analysis

KEY SELECTION CRITERIA
- ✓ Ulcerative colitis with moderate to severe active disease
- ✓ Inadequate response or intolerance to approved therapies
- ✓ At least 50% failing advanced therapies

At week 12: sub- or non-responders can receive another 12-week treatment, with LTE eligibility re-assessment

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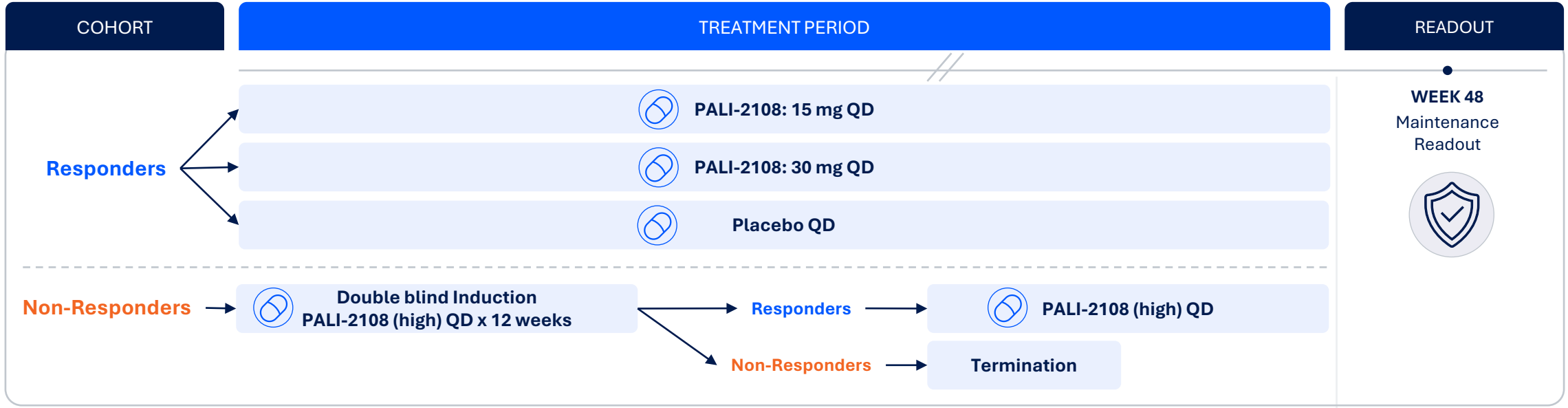
QD = once daily; PD = Pharmacodynamic; HEMI = Histologic-Endoscopic Mucosal Improvement

Ulcerative Colitis Phase 2 Study Design

Blinded Long-Term Extension (Remission Maintenance)

ASCENTRA-UC



MAINTENANCE READOUT

PRIMARY ENDPOINT
- Clinical Remission (Modified Mayo Score)

SECONDARY ENDPOINTS
- Safety and tolerability
- Clinical Response, Endoscopic Improvement and HEMI
- PD: Fecal Calprotectin, High-Sensitivity C-Reactive Protein, Tissue RNA Sequencing

EXPLORATORY
- Corticoid Steroid-Free Clinical Remission
- Companion Diagnostic + Cohorts Analysis

QD = once daily; PD = Pharmacodynamic; HEMI = Histologic-Endoscopic Mucosal Improvement

Corporate Overview

NASDAQ: PALI

Financial Snapshot

Sufficient Capital to Fund Company Through Major Clinical Development Milestones

~$132.6 Million Cash

as of March 31, 2026

Recent Offering Included Leading Fundamental Institutional Healthcare Investors

Adage Capital Management, L.P. · ADAR1 Capital Management · B Group Capital · Boxer Capital · Coastlands Capital · Columbia Threadneedle Investments · Janus Henderson Investors · Octagon Capital Group · Perceptive Advisors · RA Capital · Squadron Capital Management

$399 Million

Effective Market Cap[1]

211 Million

Shares Outstanding[1]

3.9 Million

Average Volume[2]

1. Effective Market Cap as of June 26, 2026, assuming 167.4 million common shares and 43.8 million prefunded warrants as of March 31, 2026 (Excludes the following outstanding instruments: 13.8 million warrants with a weighted average exercise price of $4.81; 24,846,600; shares issuable pursuant to issued and outstanding employee stock options and unvested restricted stock units)
2. 3-Month Average as of June 26, 2026

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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.

Deloitte. PROTEUS CAPITAL PARTNERS

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).

BIORA Therapeutics FINCH Chemomab

Ryker Willie
SVP, Finance and Corporate Controller

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

pwc

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®).

Bristol Myers Squibb Temple Health Temple University Hospital
Drexel University College of Medicine Johnson&Johnson

Joerg Heyer, PhD
Head of Translational Science & Medicine

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

AVEO ONCOLOGY an LG Chem company FINCH

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.

teva MERCK abbvie

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.

Allergan abbvie

Ram Donthamsetty, CFA
SVP, Corporate Development and Investor Relations

Strategic life sciences executive with over 20 years of experience across capital markets, corporate development, and investor relations. Brings a unique perspective shaped by roles as an investor, Wall Street analyst, and corporate strategist, with experience spanning portfolio management, private credit and royalty investments, and strategic advisory across the life sciences sector.

J.P.Morgan INTUITIVE SURGICAL extera partners PDL

Dawn Louro
VP, Head of Clinical Operations

Clinical operations leader with 25+ years of experience advancing global programs across GI, CNS, and I&I. Former VP of Clinical Operations at Landos, where she led development of omilancor in UC through the company's acquisition by AbbVie. Previously led clinical operations at Supernus, supporting the development and commercialization of multiple approved therapies, including Trokendi XR®, Oxtellar XR®, GOCOVRI®, and Qelbree®

LANDOS BIOPHARMA STATERA BIOPHARMA
Supernus Pharmaceuticals MedImmune

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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

Western

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

THE UNIVERSITY OF CHICAGO

Florian Rieder, MD

Globally recognized for expertise in fibrostenosing Crohn's disease, clinical trial endpoint and early drug development. Vice Chair, Co-Section Head for Inflammatory Bowel Disease, Director for Global Inflammatory Bowel Diseases, Associate Professor, Department of Gastroenterology, Hepatology and Nutrition at the Cleveland Clinic

Cleveland Clinic

Bruce Sands MD, MS

International leader in clinical trials and drug development, Dr. Burrill B. Crohn Professor of Medicine and System Chief, Division of Gastroenterology, Mount Sinai Health System

Icahn School of Medicine at Mount Sinai

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

UNIVERSITÉ DE LORRAINE CHRU NANCY

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

UZ LEUVEN

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Investment Summary

Advancing into Two Phase 2 Trials in UC and Crohn's Disease

First-in-class, once-daily, locally activated PDE4 prodrug

Strong clinical data across IBD with favorable safety, PK and early efficacy signals across IBD

Potential to address both inflammation and fibrosis in IBD

Well Capitalized to Deliver Key Clinical and Development Milestones

NASDAQ: PALI
palisadebio.com

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