SeaStar Medical is developing and commercializing proprietary extracorporeal therapies that target the effector cells that drive systemic inflammation and damage vital organs. SeaStar Medical’s novel technologies rely on science and innovation to provide life-saving solutions to critically ill patients in multiple underserved indications.

**Investment Highlights**

- SCD addresses hyperinflammation in multiple acute and chronic indications, all high-value and large markets
- SCD’s unique method of mechanism of action provides cell-directed extracorporeal therapy at the patient point of care under an FDA medical device regulatory pathway
- Initial work in pediatric and adult AKI generated clinical results demonstrating vastly reduced mortality and the elimination of dependency on hemodialysis
- Multiple near-term regulatory and clinical milestones provide potential to create significant value for shareholders
- Seasoned leadership team with highly relevant business experience and a proven track record of execution

**Hyperinflammation is a Serious Condition that Can Lead to Permanent Organ Damage and Death**

Hyperinflammation develops when the immune system responds too aggressively to injury, subsequently creating a cytokine storm

**Key Drivers of Hyperinflammation:** bacterial and viral infections, trauma and surgery can lead to pulmonary infiltrates, lung injury, acute respiratory distress syndrome (ARDS), cardiovascular shock, disseminated intravascular coagulant or renal failure

Hyperinflammation can Result in End-Organ Damage and Failure, with the Potential for Permanent Organ Damage or Death

**Current Treatment Options Have Limited Efficacy**

**There is an urgent need to address hyperinflammation at its source**

- IV Fluids
- Drugs to Reduce Fever
- Ventilation
- Dialysis
- Blood Transfusion

Therapeutic approaches intended to block soluble mediator targets – such as cytokines or free radicals – have not been proven to be efficacious

**SCD: Innovative Cell-directed Extracorporeal Therapy Works to Restore Immune System Homeostasis**

SCD is not a filter; it creates a microenvironment to neutralize hyperactive neutrophils and transform monocytes

The FDA granted Breakthrough Device designation to SCD for adult AKI in Q2 2022

*SCD is currently under investigation and has not been approved. There is no guarantee that the product will receive authority approval and become commercially available for the uses being investigated.*
Significantly Reduced Mortality and Elimination of Dialysis Dependency Demonstrated Across Multiple AKI Clinical Studies

<table>
<thead>
<tr>
<th></th>
<th>Mortality Rate (60 Days)</th>
<th>Dialysis Dependency (60 Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SCD</td>
<td>Control</td>
</tr>
<tr>
<td>OUS Study</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>U.S. Adult Pilot 002</td>
<td>31%</td>
<td>50%</td>
</tr>
<tr>
<td>U.S. Adult ARF 003</td>
<td>16%</td>
<td>41%</td>
</tr>
<tr>
<td>U.S. Peds SCD 001</td>
<td>25%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Note: All subjects in these studies were patients with AKI.
1. Case-matched controls based on SOFA Scores and age
2. Treated per protocol (iCa in therapeutic range using citrate)
3. Historical control based on published studies. ARF = Acute Renal Failure

Positive Results in Pivotal Pediatric AKI Study

Open-label, multicenter pilot study assessed the safety and feasibility of SCD in 16 pediatric patients with AKI and multi-organ dysfunction requiring continuous kidney replacement therapy.

Primary Endpoints: Treatment-related adverse events occurring during treatment and Day 60 post-treatment initiation.

Results:
✓ No SCD-related adverse events
✓ 94% of patients survived SCD therapy
✓ 75% of patients survived to ICU discharge
✓ 100% of ICU survivors were dialysis independent and had normal kidney function at Day 60

Platform Therapy Addressing Multiple High-Value Indications

<table>
<thead>
<tr>
<th>Indication</th>
<th>Feasibility</th>
<th>Pivotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Acute Kidney Injury as iCaRI</td>
<td>HDE accepted for review by FDA in July 2022</td>
<td></td>
</tr>
<tr>
<td>Adult Acute Kidney Injury (on iCaRI)</td>
<td>Pivotal Trial Ready</td>
<td></td>
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<tr>
<td>Cardiorenal Syndrome in Congestion-Heart Failure (in LAMO)</td>
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<td>Cardiorenal Syndrome in Congestion Heart Failure (in LAMO)</td>
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<tr>
<td>Mucocutaneous Skin-in-End Stage Renal Disease</td>
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<tr>
<td>Hepatorenal Syndrome</td>
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</tbody>
</table>

Pediatric AKI Commercial Overview

Market:
220 Children’s Hospitals: ~4,000 AKI pediatric patients; ~7,200 ICU beds
Top 50 Children’s Hospitals: ~2,200 AKI pediatric patients; ~4,030 ICU beds

Commercial Preparations:
Product manufacturer
Pediatric SCD license & distribution partner

Key Upcoming Value-Creating Milestones

- Merger into SPAC (Nasdaq: LMAO) on October 28, 2022
- At merger closing entered into forward purchase agreements of shares and warrants with the potential to generate up to $10 million in proceeds
- $100 million equity line of credit
- Closed $3.3 million first tranche in March and $1.75 million second tranche in May of a $9.8 million private placement

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July 2023