COYA THERAPEUTICS

Combating Neurodegeneration Via Treg Directed Combination Therapy



Investor Overview
July 2026

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This presentation and the accompanying oral presentation contain "forward-looking" statements that are based on our management's beliefs and assumptions and on information currently available to management. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our current and future financial performance, business plans and objectives, current and future clinical and preclinical development activities, timing and success of our ongoing and planned clinical trials and related data, the timing of announcements, updates and results of our clinical trials and related data, our ability to obtain and maintain regulatory approval, the potential therapeutic benefits and economic value of our product candidates, competitive position, industry environment and potential market opportunities. The words "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "expect," and similar expressions are intended to identify forward-looking statements.

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Coya Therapeutics (COYA): Investment Highlights

Indications With High Unmet Need

- ALS, Frontotemporal Dementia (FTD), Alzheimer's Disease (AD)
- De-risked approach with regulatory flexibility

Novel Combination Therapies

- COYA 302 (ALS, FTD) and COYA 303 (AD) have differentiated approach targeting Treg dysfunction via combination therapies

Clinical Programs Ongoing

- COYA 302: ALSTARS Phase 2 study in ALS ongoing
- COYA 302: Phase 2 in FTD to commence in 2026

Value Creation - Compelling Market Opportunity

- COYA 302: Pipeline within a product > $10B Potential
- COYA 303- Potential to add value for existing GLP-1 RA's

Strong Partnership and Cash Position

- 2H 2027 estimated runway: ~$50.7 million as of Mar. 31, 2026
- Dr. Reddy’s partnership: royalties + up to ~$700M in potential milestones
- $10 million strategic investment from Dr. Reddy's

Key Catalysts and Milestones

COYA 302 in ALS: ALSTARS (Phase 2)	• Complete enrollment: expected 2H 2026 • Top-line data: expected 1Q 2027 • Management to provide periodic updates
COYA 302 in FTD:	• Acceptance of IND: accepted 1Q 2026 • initiate Phase 2a study: expected 2H 2026
Translational Datasets	• Present further translational and clinical datasets across Coya programs Including biomarker, proteomics, and single-cell data • Further elucidate role of Tregs in neuroinflammation and neurodegeneration • Provide additional insight into target engagement, pathway modulation, and patient-level biology:
COYA 303 in Alzheimer's	• Evaluate path forward: mid-2026 • Evaluate emerging clinical data EVOKE/EVOKE+ to inform R&D strategy

LD IL-2 Combination Therapy: 3 Pillars For Success

The neurodegeneration field increasingly recognizes combination-based therapeutic strategies such as Coya's as a viable path forward for diseases driven by complex, multifactorial biology

Validated Science

- Nobel Prize–Recognized for discovery & role of Treg Biology(1)
- Well-established association between Treg Dysfunction and ALS/FTD(2)
- Independent scientific support of Coya's approach in ALS(3)

Differentiated Combination-based Therapeutic Approach

- Combination therapy increase likelihood of success
- Endorsed by external thought leaders (KOLs, ADDF, CTAD)
- Well-established therapeutics (low-dose IL-2 & Abatacept)
- Low-dose IL-2 used at ~50x lower doses vs standard IL-2 dosing
- CTLA4-Ig's safety and efficacy established in millions of patients

Early Clinical Validation

- Combination therapy restores and maintains Treg function
- Stabilization of disease progression in ALS & FTD
- Potential for combo therapies to alter disease trajectory
  - ➢ ALS IIT: no ALSFR-S decline at 6 months, minimal decline at 1 year
  - ➢ FTD IIT: cognitive stability at 6 months

1. The 2025 Nobel Prize in Physiology or Medicine awarded to Dr. Shimon Sakaguchi, member of Coya SAB
2. Appel et al, ALS patients' regulatory T lymphocytes are dysfunctional, and correlate with disease progression rate and severity, JCI Insight, 2027
3. Sette et al, Autoimmune response to C9orf 72 protein in amyotrophic lateral sclerosis, Nature, November 2025

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COYA 302 in ALS & FTD

Proprietary, Recombinant Human
Low Dose Interleukin-2 (LD rhIL-2)
and CTLA4-Ig



COYA 302 in ALS and FTD

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ALS and Frontotemporal Dementia

- High unmet need
- Relatively short life expectancy from time of diagnosis
- Significant loss of QoL
- Orphan diseases
- Flexible and fast paths to regulatory approval
- ALS: ~33,000 patients in U.S. (NIH)
- FTD: 50,000-60,000 patients in U.S. (Alzheimer's Association)

COYA 302

- Proprietary combination (co-administered)
- Recombinant Human Low Dose Interleukin-2 (LD rhIL-2) and CTLA4-Ig
- Strong IP through 2040's

Dr. Reddy Partnership

- Global rights to ALS in U.S. and Europe excluding Japan & LATAM
- Up to ~$700 million in R&D, regulatory, and sales milestones, mid-digits royalties
- $10 million strategic investment (Jan. 2026)

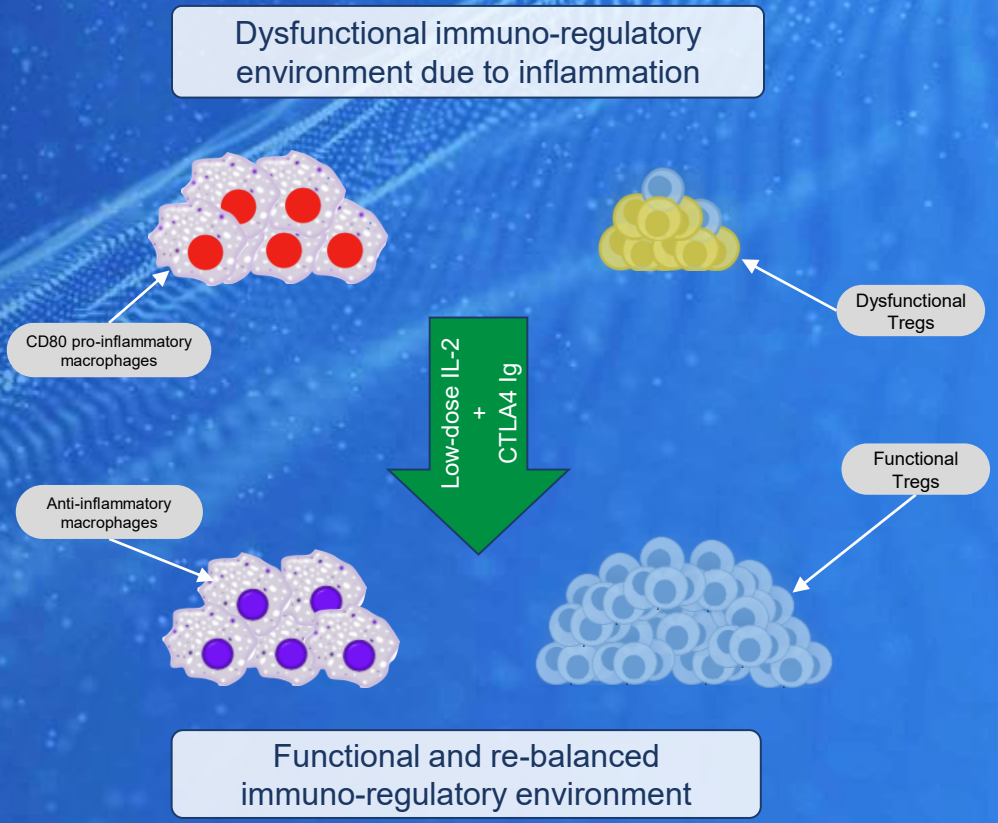
ADDF Partnership

- $5M Investment to support Phase 2 trial in FTD

COYA 302: Combo Therapies Enhance Treg Function

Restoring Immune Regulation via Combination Therapy

- Inflammation creates a dysfunctional immuno-regulatory environment
  - Tregs are dysregulated and dysfunctional
- CTLA-4 Ig + low-dose IL-2 combination acts synergistically to expand dysfunctional Tregs and shift them to functional state
- The combination restores immune suppressive function and shifts myeloid cells toward an anti-inflammatory phenotype
- The result is re-balanced immune homeostasis, which leads to neuro-protection against neuro-degenerative disease



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COYA 302 in ALS



Current ALS Therapies aim to slow disease progression

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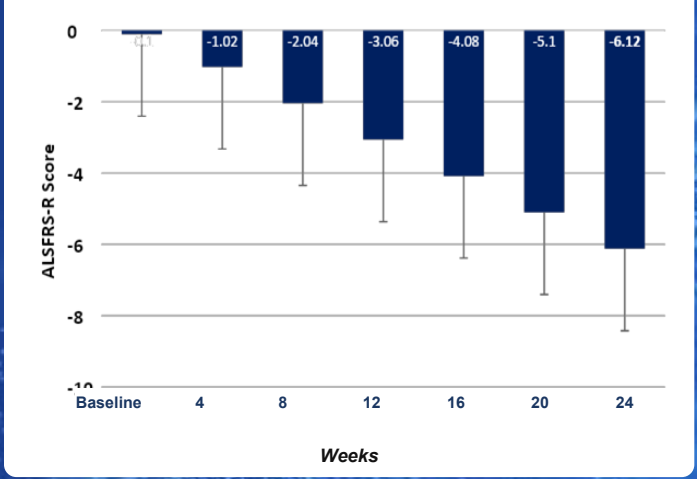
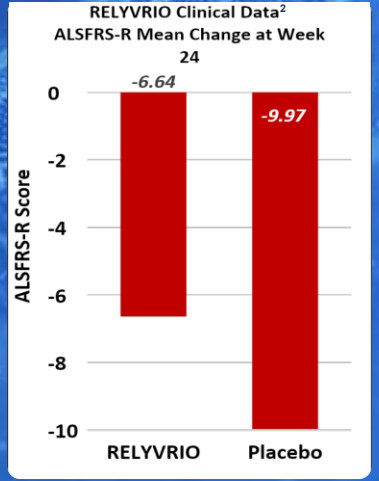
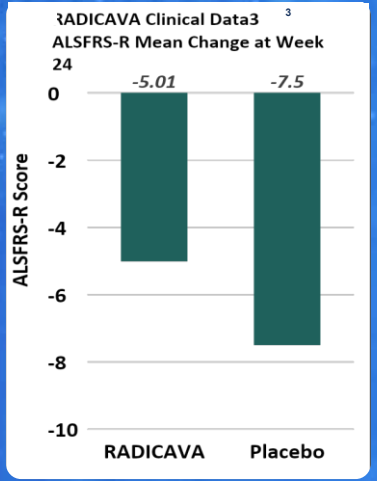
PRO-ACT ALS Database Mean (SD) Documented Decline (ALSFRS-R)



Many companies have garnered significant value by demonstrating a *limited*` benefit of slowing the rate of ALS progression





ALS patients average rate of decline is ~1 point/month in ALSFRS-R score[1]

1. The PRO-ACT database is the largest ALS data repository (Atassi et al, 2014)
2. Relyvrio US Prescribing Information (9/2022)
3. Radicava US Prescribing Information (5/2022)

LD IL-2 + CTLA4-Ig IIT: Signal in Mild-to-Moderate ALS

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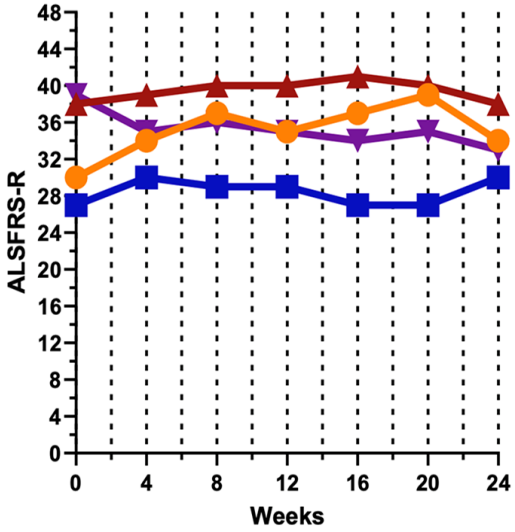
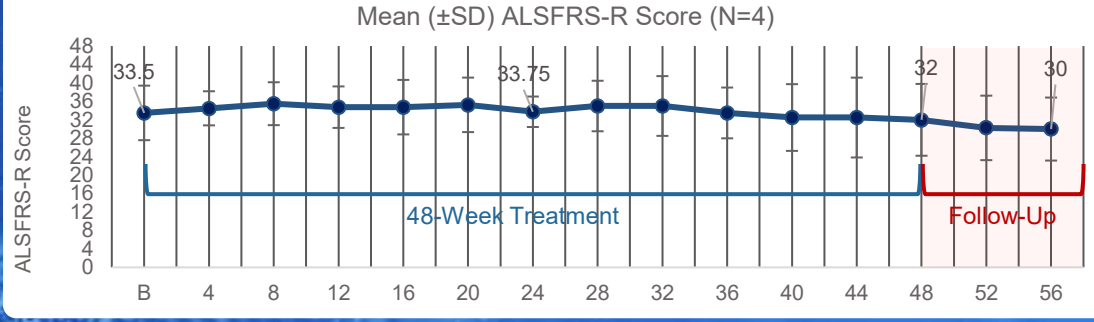
ALSFRS-R improved or stabilized over 6 months



Participant 1: +4 points
Participant 2: +3 points
Participant 3: Stable
Participant 4: -6 points (declined at month 1 and remained stable thereafter)

CTLA-4 Ig + LD IL-2 ameliorates progression in a 48 week IST in ALS Patients



Investigator Initiated Trial with LD IL-2 and CTLA4 Ig

- 4 mild-to-moderate ALS patients
- Low-dose IL-2 + CTLA4 Ig led to stable or improved ALSFRS-R Scores
- Ameliorate ALS progression over 48 weeks
- Well tolerated over 48 weeks (the most common AE mild was ISR)
- All patients completed the study
- No deaths or serious AEs (SAEs)

Thonhoff et al. A Phase 1 Proof-of-Concept Study Evaluating Safety, Tolerability, and Biological Marker Responses with combination therapy of CTLA4-Ig and Interleukin-2 in Amyotrophic Lateral Sclerosis. Frontiers in Neurology, 2024. In press.

COYA 302: ALSTARS Phase 2 Study in ALS Ongoing

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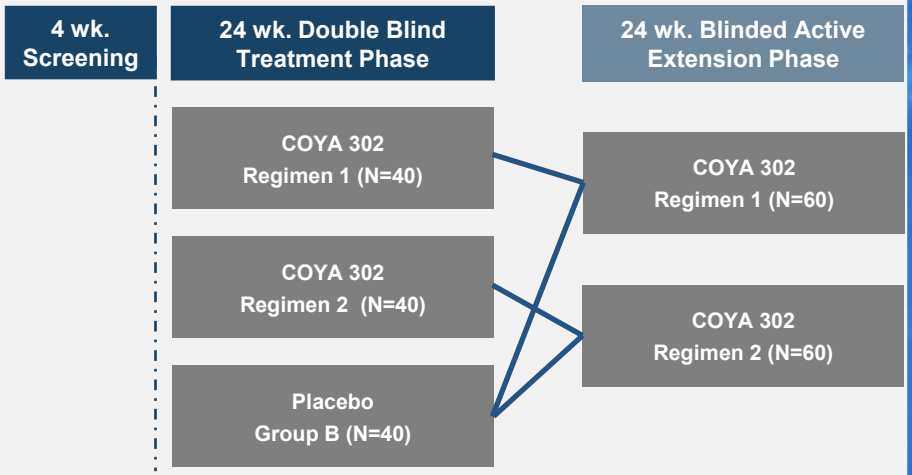
Key Inclusion Criteria

- Diagnosis of sporadic or familial ALS
- ALSFR-R score ≥ 35 at Screening
- Slow vital capacity (SVC) ≥ 70% of predicted capacity for age, height, and gender at Screening
- Documented disease progression between -0.5 and -1.5 points per month on ALSFR-R total score

Randomized, Double-Blind, Placebo-Controlled Phase 2 Study with Blinded Active Extension



- Trial is active and enrolling patients
- Complete enrollment: expected 2H 2026
- Top-line data: expected 1Q 2027
- Fast Track Designation granted to COYA 302 in ALS

Primary Endpoint

Change in disease severity over time measured by ALSFRS-R total score from baseline to Week 24 vs. placebo

Study Objectives

1. Efficacy
2. Safety and Tolerability
3. Biological Activity
4. Biomarker levels

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COYA 302 in FTD



LD IL-2 & CTLA-4 Ig: Signal in Mild-to-Moderate FTD

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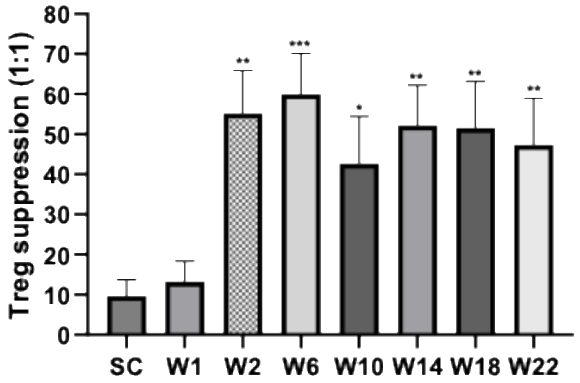
Encouraging clinical data in FTD in Investigator Sponsored Study

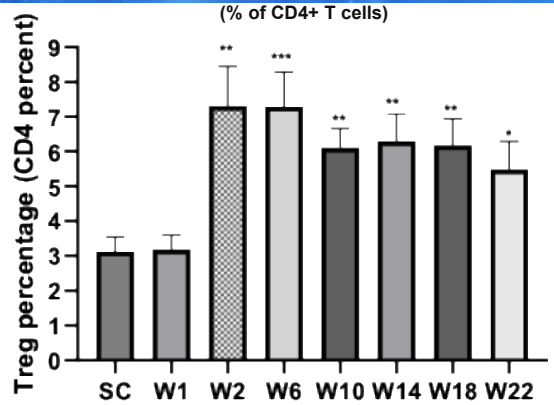
- Treg suppressive function and percentage:
  - Increased after first treatment
  - Remained elevated across 22-week treatment period

Increased Treg Suppressive Function



*<0.05
**<0.01
***<0.001
****<0.0001

Expansion of Treg Percentage



LD IL-2 & CTLA-4 Ig: Signal in FTD – cont.

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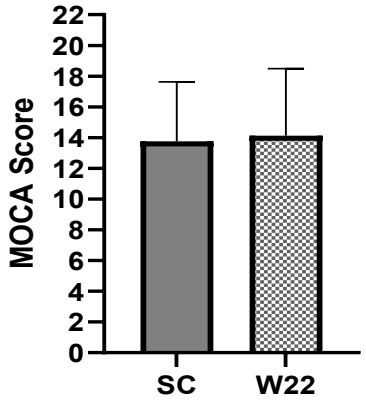
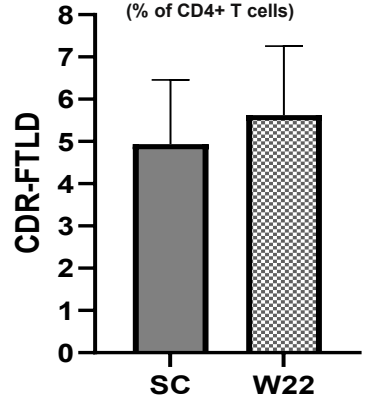
Cognitive Stability in 22-Week Investigator Sponsored Study

- CDR-FTLD, MoCA, PASS cognitive tests exhibited no cognitive decline at end of study compared with baseline

Moca Scores Remains Unchanged Compared to Baseline



CDR-FTLD Scores Remains Unchanged Compared to Baseline



COYA-302 in FTD: Phase 2a Expected 2H 2026 Start

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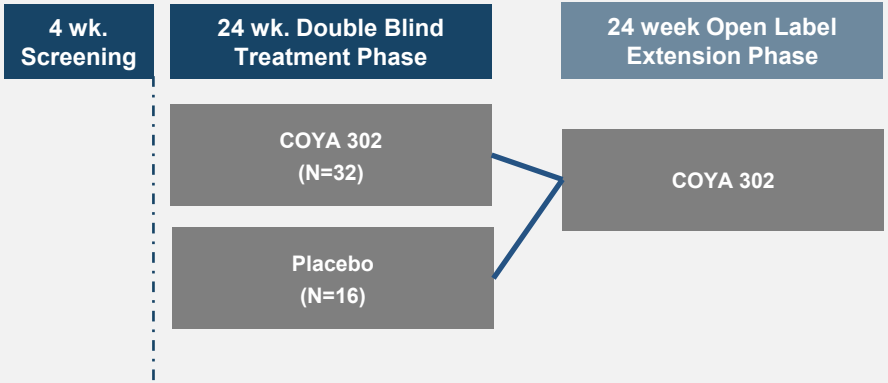
Key Inclusion Criteria

- Non-Fluent Primary Progressive Aphasia Subtype
- Global Clinical Dementia Rating - Frontotemporal Lobar Degeneration (CDR® plus NACC FTLD) score of 0.5, 1 or 2

Randomized, Double-Blind, Placebo-Controlled Phase 2a Study with Open Label Extension



- Study initiation: expected 2H 2026

Primary Endpoint

- Safety and tolerability

Clinical Efficacy Endpoints

- CDR+NACC-FTLD-SB*
- Neuropsychological tests

Biomarkers

- Plasma Glial Fibrillary Acidic Protein (GFAP)
- Inflammatory cytokines
- NfL

* CDR® Dementia Staging Instrument PLUS National Alzheimer's Coordinating Center (NACC) Behavior and Language Domains for FTLD - sum of boxes

Coya's Late Stage Neurodegenerative Pipeline

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Product	IND-Enabling	Phase 1	Phase 2	Phase 3	Partner
COYA 302 Low Dose IL-2 + CTLA4-Ig	ALS (Amyotrophic Lateral Sclerosis)				Dr. Reddy's Labs (worldwide, excl. Japan & LatAm)
	FTD (Frontotemporal Dementia)				Coya retains worldwide rights
COYA 303 Low Dose IL-2 + GLP-1 RA	Alzheimer's Disease				Coya retains worldwide rights
COYA 201 *Allogeneic Treg Derived Exosomes*	Undisclosed				Coya retains worldwide rights
COYA 206 *Antigen-Directed Treg Exosomes*	Undisclosed				Coya retains worldwide rights

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Thank You!

