AXSOME THERAPEUTICS

May 2018

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Certain information contained in this presentation may include "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. We may, in some cases, use terms such as "predicts," "believes," "potential," "continue," "estimates," "anticipates," "expects," "plans," "intends," "may," "could," "might," "will," "should" or other words that convey uncertainty of future events or outcomes to identify these forward-looking statements. In particular, the Company's statements regarding trends and potential future results are examples of such forward-looking statements. The forwardlooking statements include risks and uncertainties, including, but not limited to, the success, timing and cost of our ongoing clinical trials and anticipated clinical trials for our current product candidates, including statements regarding the timing of initiation and completion of the trials, interim analyses and receipt of interim results; the timing of and our ability to obtain and maintain U.S. Food and Drug Administration or other regulatory authority approval of, or other action with respect to, our product candidates; the Company's ability to obtain additional capital necessary to fund its operations; the Company's ability to generate revenues in the future; the Company's ability to successfully defend its intellectual property or obtain the necessary licenses at a cost acceptable to the Company, if at all; the successful implementation of the Company's research and development programs; the enforceability of the Company's license agreements; the acceptance by the market of the Company's product candidates, if approved; and other factors, including general economic conditions and regulatory developments, not within the Company's control. These factors could cause actual results and developments to be materially different from those expressed in or implied by such statements. Forward-looking statements are not guarantees of future performance, and actual results may differ materially from those projected. The forward-looking statements are made only as of the date of this presentation and the Company undertakes no obligation to publicly update such forward-looking statements to reflect subsequent events or circumstance.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Neither we nor any other person makes any representation as to the accuracy or completeness of such data or undertakes any obligation to update such data after the date of this presentation. In addition, these projections, assumptions and estimates are necessarily subject to a high degree of uncertainty and risk.

Developing novel therapies for CNS disorders.

Axsome is addressing growing markets, where current treatment options are limited or inadequate, by leveraging well-characterized compounds to create novel therapeutics to meet unmet medical needs and improve the lives of patients.

Our Technologies

Axsome's medicinal chemistry and formulation technologies enable new and innovative medicines to treat CNS conditions.



Our Candidates and Pipeline

- Five differentiated clinical-stage assets targeting significant and growing markets.
- Patent protection to 2034, worldwide rights.

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
	Treatment Resistant	Depression: Fast Tra	ck Granted	Ongoing
A XS-05 (DM + BUP)	Agitation in Alzheime	er's Disease: Fast Tra	ck Granted	Ongoing
(2 23.)	Smoking Cessation			Ongoing
A XS-09 (DM + S-BUP)	CNS Disorders			
AXS-02	Knee OA with BMLs:	SPA Received; Fast	Track Granted	Ongoing
(DZT)	CLBP with MCs			
A XS-07 (MoSEIC™ Mx + Riz)	Migraine			
AXS-06 (MoSEIC™ Mx + Eso)	OA and RA			

Abbreviations: BML = Bone Marrow Lesions; BUP = Bupropion; CLBP = Chronic Low Back Pain; DM = Dextromethorphan; DZT = Disodium Zoledronate Tetrahy drate; Eso = Esomeprazole; MC = Modic Changes; Mx = Meloxicam; OA = Osteoarthritis; RA = Rheumatoid Arthritis; Riz = Rizatriptan; S-BUP = Esbupropion; SPA = Special Protocol Assessment.

+ AXS-05

Dextromethorphan (DM) + Bupropion (BUP)

Novel therapy for CNS disorders:

- Treatment Resistant Depression (TRD)
- Agitation in Alzheimer's Disease (AD)
- Smoking Cessation



CNS Disorders:Mechanisms of Action

Pharmacodynamic Synergy

Mechanism of Action	DM	BUP	AXS-05 DM+BUP
NMDA Receptor Antagonist	1		✓
Sigma-1R Agonist	1		✓
Norepinephrine Reuptake Inhibitor	1	/	✓
Serotonin Reuptake Inhibitor	1		✓
Dopamine Reuptake Inhibitor		/	✓
Nicotinic ACh Receptor Antagonist	1		✓

DM = Dextromethorphan; BUP = Bupropion.

✓ Present

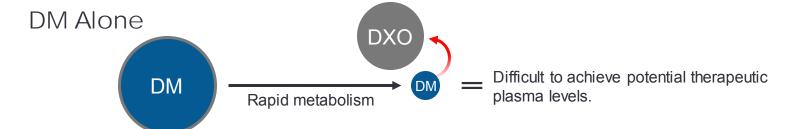
Mechanisms of Action and Relevant Indications

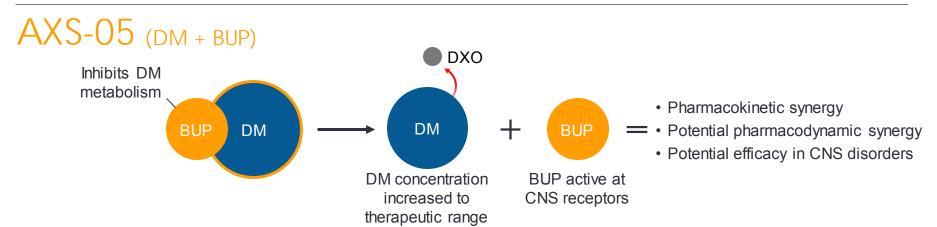
	Pharmacodynamic Synergy			Relevant Indications ¹		cation						
Mechanism of Action	DM	BUP	AXS-05	P	OHO P	rtiety	Theim	3 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	ion of	Pop Spiga	il Su	o ^{king cess} atio ⁿ Related Agents ²
NMDA Receptor Antagonist	1		✓									Ketamine Memantine (Namenda®)
Sigma-1R Agonist	1		✓									Fluvoxamine (Luvox®) Donepezil (Aricept®)
Norepinephrine Reuptake Inhibitor	1	1	✓									Duloxetine (Cymbalta®) Venlafaxine (Effexor®)
Serotonin Reuptake Inhibitor	/		✓									 Escitalopram (Lexapro®) Fluoxetine (Prozac®) Sertraline (Zoloft®)
Dopamine Reuptake Inhibitor		1	✓									Bupropion (Wellbutrin®)
Nicotinic ACh Receptor Antagonist	1	1	✓									• Bupropion (Wellbutrin®)
DM = Dextromethorphan; BUP = Bupropion.	√ Pre	sent			Rel	evan	t					

^{1.} Indications listed are associated with the mechanism of action and are not related to either DM or BUP, unless specifically noted.

^{2.} Agents do not contain DM or BUP, unless specifically noted.

Novel Therapy for CNS Disorders





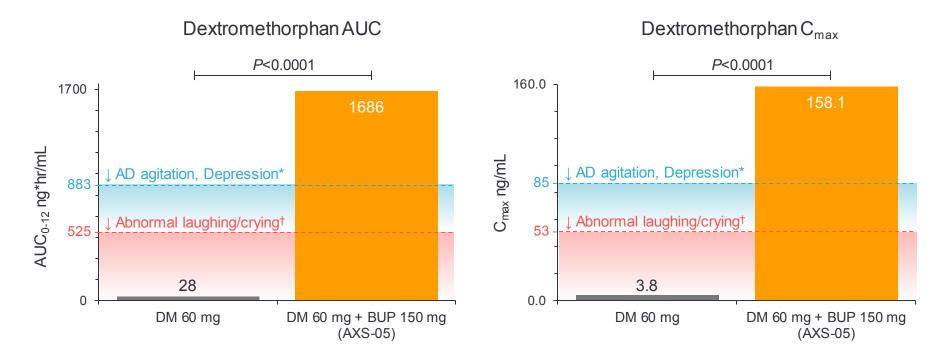
DM = Dextromethorphan; DXO = Dextrorphan; BUP = Bupropion.

- Phase 1 trials with AXS-05 completed:
 - Significant increase in DM plasma levels.
- Phase 3 trials in TRD and AD Agitation initiated.

IP Overview

• 25 issued patents – protection through 2034.

CNS Disorders: Phase 1 Results



DM concentrations associated with reported therapeutic responses shown (dotted lines).

- * DM plasma concentrations reported with dose (DM 30 mg + Q 10 mg) resulting in reduction of agitation symptoms in AD patients, and of depressive symptoms in AD and PBA patients.
- [†] DM plasma concentrations reported with dose (DM 20 mg + Q 10 mg) resulting in reduction in emotional symptoms in PBA patients.

Axsome data on file.

Therapeutic DM concentrations from NDA 021879, FDA Clinical Pharmacology Review. DM, Dextromethorphan; Q, Quinidine; BUP, Bupropion; AD, Alzheimer's disease; PBA, pseudobulbar affect

TRD Overview

- Major Depressive Disorder (MDD) is a leading cause of disease burden in the US.4
- 63% and 44% of MDD patients have inadequate response to initial therapy and second line therapy, respectively.²
- Only 1 approved drug for TRD = unmet medical need.
- AXS-05 combines the MOA of 4 distinct anti-depressant drug classes into one novel oral therapeutic.
- DM antidepressant effects demonstrated preclinically and clinically.
- Phase 3 interim futility analysis: IDMC recommended trial continuation



in the U.S.¹⁻³

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-05 (DM + BUP)	Treatment Resista	nt Depression: Fast l	Track Granted	Ongoing

Abbreviations: DM = Dextromethorphan; BUP = Bupropion.

^{1.} Marcus SC, Olfson M. Arch Gen Psychiatry 2010;67:1265-1273.

^{2.} Rush AJ, et al. Am J Psychiatry 2006;163:1905-1917.

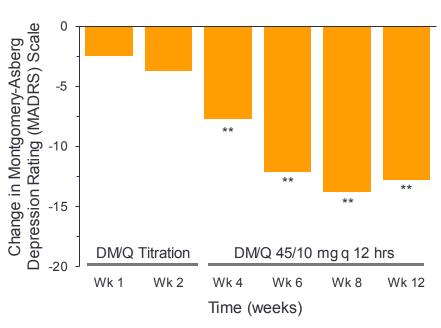
^{3.} U.S. Census Bureau, Population April 1, 2010 to July 1, 2013.

^{4.} Mathers CD, PLoS Med 2006; 3(11): e442.

CNS Disorders: TRD Clinical Rationale

• DM and metabolic inhibitor reduce depressive symptoms in TRD and in AD.

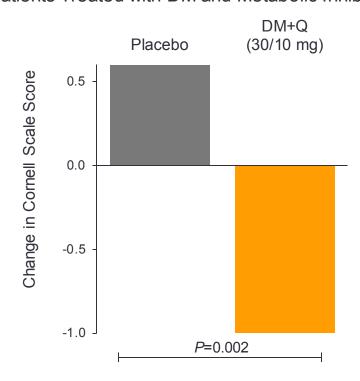
Symptom Reduction in TRD Patients
Treated with DM and Metabolic Inhibitor¹



- Failed 2 to 10 prior treatments
- 45% of patients had ≥ 50% reduction in MADRS

- 1. Murrough J, et al. *J Affect Disord*. 2017;218:277-283.
- 2. Cummings J, et al. JAMA. 2015;314:1242-1254.

Depressive Symptom Reduction in AD Agitation Patients Treated with DM and Metabolic Inhibitor²



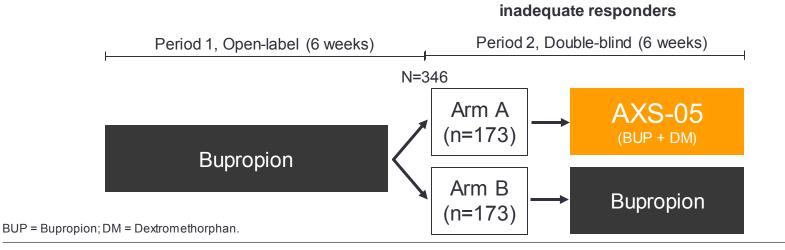
^{**} P<0.01 versus baseline

CNS Disorders: TRD Phase 3 Design



A Phase 3 trial to assess the efficacy and safety of AXS-05 in the treatment of TRD.

1:1 randomization of



- **Primary Endpoint:** Change in depression score from randomization to end of study, measured using the Montgomery-Asberg Depression Rating Scale (MADRS).
- Key Inclusion Criteria:
 - Male or female 18-65 years old
 - History of inadequate response to 1 or 2 adequate antidepressant treatments
- Interim futility analysis: Conducted at approximately 40% target randomized subjects. IDMC recommended trial continuation.
- Interim efficacy analysis: Planned at approximately 60% target randomized subjects.

Agitation in AD Overview

- Agitation and aggression seen in approximately 45% of AD patients during 5-year period.³
- Characterized by emotional distress, aggressive behaviors, disruptive irritability, disinhibition, and caregiver burden.⁴
- Associated with^{4,5}:
 - Accelerated cognitive decline
 - Earlier nursing home placement
 - Increased mortality
- No approved medication = unmet medical need.
- Proof of concept: DM plus metabolic inhibitor reduced agitation in AD patients.
- Phase 2/3 ongoing.



2 M patients in the U.S.^{1,2}

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-05 (DM + BUP)	Agitation in Alzheir	ner's Disease: Fast 1	Frack Granted	Ongoing

Abbreviations: DM = Dextromethorphan; BUP = Bupropion.

^{1.} Ryu, SH, et al. Am J Geriatr Psychiatry. 2005;13:976-983.

^{2.} Hebert, LE, et al. Neurology. 2013;80:1778-1783.

^{3.} Steinberg M, et al. Int J Geriatr Psychiatry. 2008;2:170-177.

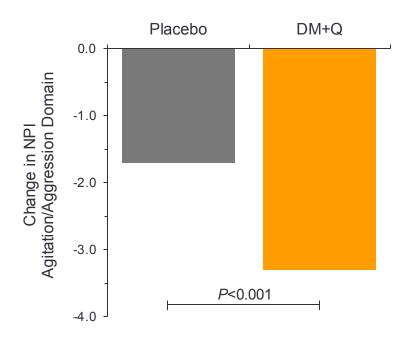
^{4.} Antonsdottir IM, et al. Expert Opin Pharmacother. 2015;11:1649-1656.

^{5.} Rabins PV et al. Alzheimers Dement. 2013; 9:204-207.

Agitation in AD Clinical Rationale

- Randomized, double-blind, placebocontrolled, two-stage trial.
 - Placebo (n=125), 30 mg DM + 10 mg quinidine (Q) (n=93), for stage 1.
- DM+Q treatment reduced agitation/ aggression in AD by 46% vs. 24% for placebo (P<0.001)—primary endpoint.
- Statistically significant improvement in multiple secondary endpoints.
- DM plasma levels achieved with AXS-05 in target therapeutic range.
- Potential for additional contribution from bupropion component of AXS-05.

Change in Agitation/Aggression Scores in AD with DM and Metabolic Inhibitor Quinidine (Q)

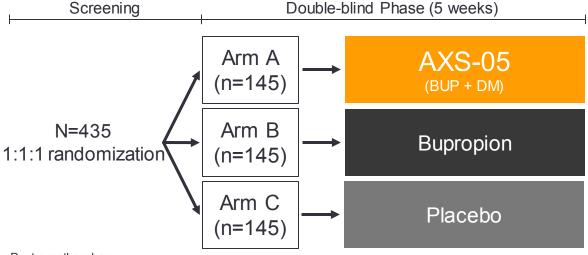


Cummings J, et al. *JAMA*. 2015;314:1242-1254.

Agitation in AD Phase 2/3 Design



A Phase 2/3 trial to assess the efficacy and safety of AXS-05 in the treatment of Agitation in AD.



BUP = Bupropion; DM = Dextromethorphan.

- Primary Endpoint: Cohen-Mansfield Agitation Inventory (CMAI).
- Key Inclusion Criteria:
 - Diagnosis of probable Alzheimer's disease
 - Clinically significant agitation
- Interim futility analysis: Planned at approximately 30% target randomized subjects.
- Interim efficacy analysis: Planned at approximately 60% target randomized subjects.

Smoking Cessation Overview

- Smoking is single largest cause of preventable death in the U.S.¹
- 70% of smokers want to quit and only 3-5% who attempt to quit without assistance are successful for 6-12 months.²
- DM component of AXS-05 significantly reduced nicotine self-administration in nicotine-dependent rats.
- Bupropion component of AXS-05 has been found to be effective for smoking cessation in clinical trials.
- Axsome entered into a research collaboration with Duke University to evaluate AXS-05 in a Phase 2 clinical trial in smokers attempting to quit.
- Phase 2 controlled trial initiation anticipated in 1H 2018.



40 M patients in the U.S.¹

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-05 (DM + BUP)	Smoking Cessation			Ongoing

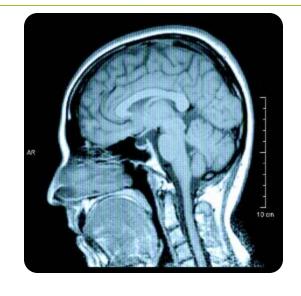
Abbreviations: DM = Dextromethorphan; BUP = Bupropion.

^{1.} U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. 2014.

^{2.} Hughes JR, et al. Addiction. 2004;99(1):29-38.

AXS-09 (Esbupropion + DM) Overview

- Esbupropion and DM fixed-dose combination
- Esbupropion is the chirally pure S-enantiomer of bupropion.
- Phase 1 trial completed:
 - Pharmacokinetic trial of AXS-09, R-bupropion and dextromethorphan, single-entity S-bupropion, or single-entity R-bupropion
 - Substantial increases in DM plasma concentrations with AXS-09 (p<0.0001 day 1 versus day 8)
 - DM concentrations with AXS-09 comparable to AXS-05
 - AXS-09 was well tolerated
- To be developed in future CNS indications



Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
A XS-09 (DM + S-BUP)	CNS Disorders			

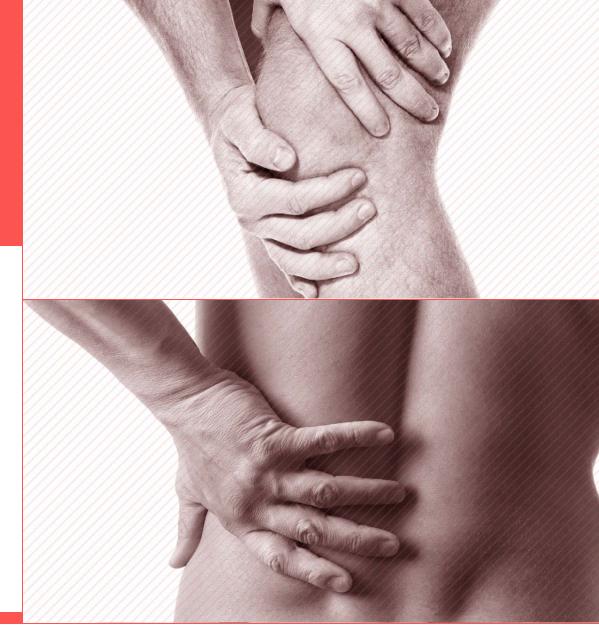
Abbreviations: DM = Dextromethorphan; S-BUP = Esbupropion.

AXS-02

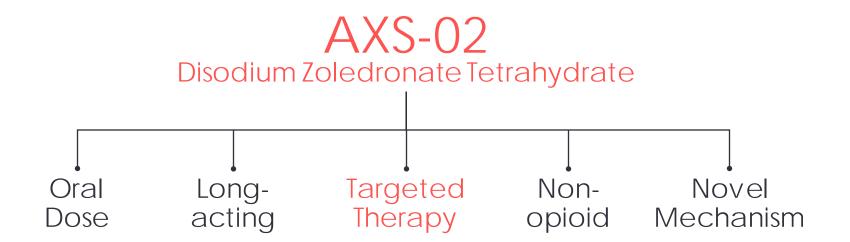
Disodium Zoledronate Tetrahydrate

Novel therapy for chronic pain:

- Knee Osteoarthritis (OA) with Bone Marrow Lesions (BMLs)
- Chronic Low Back Pain (CLBP)
 with Modic Changes (MCs)



Chronic Pain: Differentiated Therapy



Mechanisms of Action



Inhibits bone-resorbing osteoclasts



Downregulates acid-sensing[†] ion channels



Reduces pro-inflammatory cytokine production



Anti-angiogenic

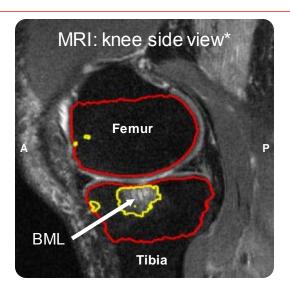
†Acid is a well known cause of pain.



Chronic Pain:

Knee OA with BMLs Overview

- Bone marrow lesions (BMLs) on MRI are associated with pain in knee osteoarthritis (OA).¹
- BMLs are regions of increased bone turnover, and reduced mineral density.^{2,3}
- Zoledronic acid inhibits bone resorption and increases mineral density.
- Phase 3 trial initiated based on positive Phase 2 results with IV zoledronic acid.
- Phase 3 interim analysis: IDMC recommended continuation to full enrollment



7 M patients in the U.S.⁴⁻⁹

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-02 (DZT)	Knee OA with BML	s: SPA Received; F	ast Track Granted	Initiated

Abbreviations: DZT = Disodium Zoledronate Tetrahydrate.

- * MRI showing BML in medial tibia from Driban, et al. Arthritis Res Ther. 2013;15:R112.
- 1. Driban JB, et al. Arthritis Res Ther. 2013;15:R112.
- 2. Hunter DJ, et al. Arthritis Res Ther. 2009;11:R11.
- 3. Kazakia GJ, et al. Osteoarthritis Cartilage. 2013;21:94-101.
- 4. Law rence RC, et al. Arthritis Rheum. 2008;58:26-35.

- 5. Zhang Y, Jordan. JM Clin Geriatr Med. 2010;26:355–69.
- 6. Tanamas SK, et al. Rheumatology. 2010;49:2413–19.
- 7. Guermazi A, et al. BMJ. 2012;345:e5339.
- 8. Jensen OK, et al. Spine J. Feb. 14, 2014;pii:S1529-9430(14)00214-9.
- 9. U.S. Census Bureau, Population April 1, 2010 to July 1, 2013.

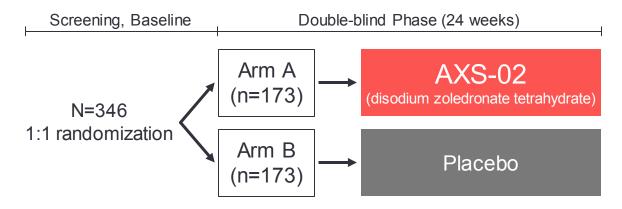
Chronic Pain:

Knee OA with BMLs Phase 3 Design



A Phase 3 trial to assess the efficacy and safety of AXS-02 in the treatment of pain of knee OA associated with BMLs.

Special Protocol Assessment (SPA) received



- **Primary Endpoint:** Change in pain intensity from baseline to week 24, measured using the 0-10 Numerical Rating Scale (NRS).
- Key Inclusion Criteria:
 - Male at least 50 years of age or postmenopausal female, with knee OA and BMLs
 - Moderate or worse knee pain
- **Dosage:** Once per week for six weeks; no drug for remainder of double-blind phase.

Chronic Pain:

CLBP with MCs Overview

- Modic changes (MCs) type 1 (M1) on MRI are associated with chronic low back pain (CLBP).¹
- Increased bone turnover on bone scan is seen in M1 lesions.²
- Increased pro-inflammatory cytokines, and vascular density seen in M1 lesions.³
- Zoledronic acid reduces bone turnover, suppresses the production of inflammatory mediators, and is anti-angiogenic.
- Phase 2 results: Zoledronic acid reduced pain in patients with CLBP
- FDA clearance received for IND for Phase 3 trial initiation planned following readouts from CREATE-1 and STRIDE-1.
- Issued U.S. patents: protection into 2034 uses of oral zoledronic acid for low back pain.



1.6 M patients in the US 4-7

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-02 (DZT)	CLBP with MCs			

Abbreviations: DZT = Disodium Zoledronate Tetrahydrate.

^{*} MRI showing modic type 1 lesions from Luoma K, et al. European Congress of Radiology (ECR). 2014; Poster B-0458.

^{1.} Zhang Y, et al. Eur Spine J. 2008;17:1289-1299.

^{2.} Järvinen J, et al. *Spine: ISSLS Society Meeting Abstracts*. Oct. 2011;Volume Suppl, Abstract GP127.

^{3.} Rahme R, Moussa R. *Am J Neuroradiol*. 2008;29:838–42.

^{4.} Law rence RC, et al. Arthritis Rheum. 2008;58:26-35.

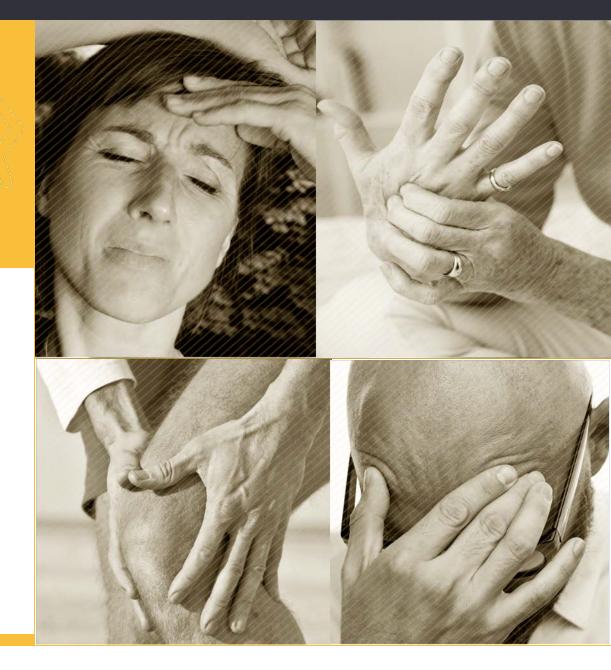
^{5.} Zhang Y, Jordan. JM Clin Geriatr Med. 2010;26:355–69.

Jensen OK, et al. Spine J. Feb. 14, 2014;pii:S1529-9430(14)00214-9.7. U.S. Census Bureau, Population April 1, 2010 to July 1, 2013.

MoSEIC Meloxicam

Novel therapies:

- AXS-07 Migraine
- AXS-06 OA and RA



Migraine, OA and RA:

MoSEIC™ Meloxicam Overview

- MoSEIC meloxicam is a potent, oral, rapidly-absorbed, once-daily, non-opioid, COX-2 preferential, pain therapeutic.
- Standard meloxicam has an extended T_{max} (4-6 hours) which delays its onset of action. 1,2
- Axsome's MoSEIC (Molecular Solubility Enhanced Inclusion Complex) technology substantially increases the rate of absorption of meloxicam while maintaining its approximately 20-hour half-life.
- Phase 1 results: 9 times faster T_{max}, higher C_{max} and similar half-life, compared to Mobic[®].
- Potential utility for migraine, and the signs and symptoms of OA and RA.
- AXS-07 is a fixed-dose combination of MoSEIC meloxicam and rizatriptan.
- AXS-06 is a fixed-dose combination of MoSEIC meloxicam and esomeprazole (to reduce risk of NSAID-associated ulcers).

IP Overview

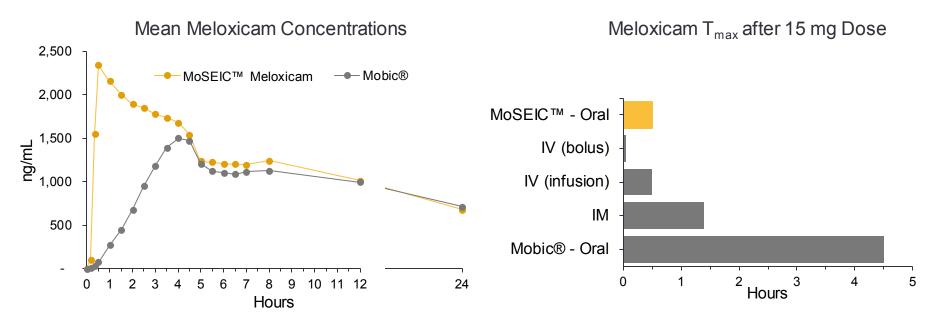
- 1 issued patent protection through 2036.
- Pharmacokinetic patents
- More than 10 U.S. and international applications.

^{1.} Mobic® (meloxicam) FDA Package Insert.

^{2.} Euller-Ziegler et al., Inflamm Res 50, Supplement 1 (2001) S5–S9.

Migraine, OA and RA:

MoSEIC™ Meloxicam Phase 1 Results



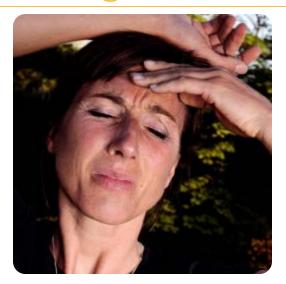
- MoSEIC meloxicam T_{max} 9 times faster than Mobic® (0.5 hour versus 4.5 hours, respectively, p<0.0001).
- Therapeutic plasma levels achieved within 15 minutes of oral dosing of MoSEIC meloxicam.
- MoSEIC meloxicam had higher mean C_{max} (p=0.0018), faster time to therapeutic plasma concentration (p<0.0001), and time to half-maximal plasma concentration (p<0.0001) as compared to Mobic[®].
- Terminal half-lives were approximately 20 hours for MoSEIC meloxicam and 22 hours for Mobic®.

Sources: Axsome data on file. IV and IM data from Euller-Ziegler et al., Inflamm Res 50, Supplement 1 (2001) S5-S9.

AXS-07:

MoSEIC™ Meloxicam + Rizatriptan for Migraine

- Meloxicam is a new molecule for migraine—not currently approved or used for this indication due to prolonged T_{max}
- MoSEIC delivery enables its use in abortive treatment of migraine
 - Rapid T_{max} of MoSEIC meloxicam is ideal for migraine treatment
 - Extended half-life of MoSEIC meloxicam should lead to lower symptom recurrence
- AXS-07 combines unique PK of MoSEIC meloxicam with proven efficacy of rizatriptan
- FDA Pre-IND written guidance received
- Phase 3 initiation anticipated in 2018



37M patients
in the U.S.1

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-07 (MoSEIC™ Mx + Riz)	Migraine			

Abbreviations: Mx = Meloxicam; Riz = Rizatriptan.

^{1.} Pleis JR, et al., Summary health Statistics for U.S. adults: National Health Interview Survey, 2009. National Center for Health Statistics. Vital Health Stat 10(249). 2010.

AXS-07:

Differentiated Clinical Profile for Migraine



Rapid absorption & onset of action

Based on rapid absorption of MoSEIC meloxicam and expected additive effect of AXS-07 components



Strong & consistent pain relief

Potential for superior efficacy as compared to current treatments based on expected additive effect of AXS-07 components



Sustained pain relief

Based on extended MoSEIC meloxicam half-life and expected additive effect of AXS-07 components



Pharmacoeconomic benefits

Potentially superior efficacy expected to result in reduced use of medication and medical services, reduced absenteeism and loss of productivity

AXS-06:

MoSEIC™ Meloxicam + Esomeprazole for OA & RA

- AXS-06 is a fixed-dose combination of MoSEIC™ meloxicam and esomeprazole
- Being developed to treat OA and RA, and to reduce the risk of NSAID-associated upper GI ulcers
- Potentially best-in-class NSAID profile:
 - Oral administration with IV-like onset of action
 - Long half-life for sustained effect and once-daily dosing
 - Improved GI safety from esomeprazole component
- Positive Phase 1 results: therapeutic meloxicam concentrations within 15 mins, gastroprotective esomeprazole concentrations
- FDA Pre-IND written guidance received
- AXS-06 is Phase 3-ready

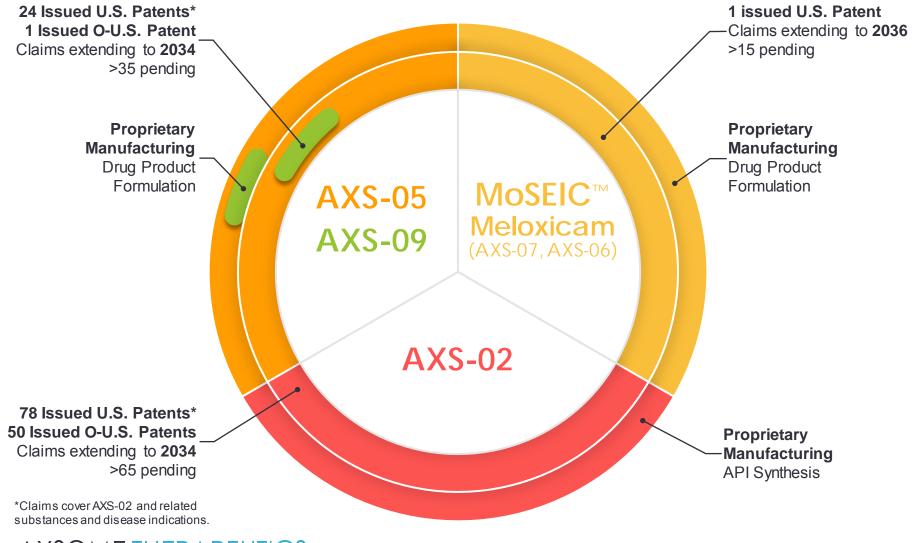


120 M NSAID TRX per year in the U.S.

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3
AXS-06 (MoSEIC™ Mx + Eso)	OA and RA			Phase 3 ready

Abbreviations: Eso = Esomeprazole; Mx = Meloxicam; OA = Osteoarthritis; RA = Rheumatoid Arthritis.

Barriers to Entry



Our Team

Management

Herriot Tabuteau, MD Founder & CEO





Nick Pizzie, CPA, MBA



Cedric O'Gorman, MD, MBA SVP, Clinical Development & Medical Affairs



Mark Jacobson, MA SVP, Operations



Robert Niecestro, PhD VP, Clinical & Regulatory



Board of Directors

Roger Jeffs, PhD

Former President, Co-CEO, Director **United Therapeutics Corp.**

Prior positions at Amgen and Burroughs Wellcome

Myrtle Potter

Former President, COO

Genentech

Prior positions at Bristol-Myers Squibb and Merck

Mark Saad

Former CFO

Bird Rock Bio, Inc.

Former COO of the Global Healthcare Group at UBS

Mark Coleman, MD

Medical Director

National Spine and Pain Centers

Diplomat of the American Board of Anesthesiology

Herriot Tabuteau, MD
Chairman

Key Financial Information

As of March 31, 2018			
\$26.6 Million			
\$8.9 Million			
25.5 Million			
4.9 Million			

• **Financial guidance**: Cash anticipated to fund operating requirements into the third quarter of 2019.

^{2.} Consists of 2.8 million options and 2.1 million warrants.



^{1.} Book value of \$9.2 million.

Clinical Milestones

Product Candidate	Indication	2018	2019
AXS-05 (DM + BUP)	TRD	✓ STRIDE-1 interim analysis	
		• STRIDE-1 interim efficacy analysis (2H 2018)	
		• STRIDE-1 top-line results (2H 2018/1H 2019)	
	AD Agitation	ADVANCE-1 interim analysis (2H 2018)	 ADVANCE-1 interim efficacy analysis ADVANCE-1 top-line results (2H 2019/1H 2020)
	Smoking Cessation	✓ Ph 2 trial start	Ph 2 top-line results
AXS-09 (DM + S-BUP)	CNS Disorders	✓ Ph 1 trial results	
AXS-07 (MoSEIC TM Mx + Riz)	Migraine	Ph 3 trial start	Ph 3 top-line results
AXS-02 (DZT)	Knee OA	✓ COAST-1 interim analysis	

Abbreviations: AD = Alzheimer's Disease; BUP = Bupropion; CLBP = Chronic Low Back Pain; DM = Dextromethorphan; DZT = Disodium Zoledronate Tetrahydrate; Eso = Esomeprazole; ; Mx = Meloxicam; OA = Osteoarthritis; RA = Rheumatoid Arthritis; Riz = Rizatriptan; S-BUP = Esbupropion; TRD = Treatment Resistant Depression.

✓ Accomplished milestone.

• Upcoming milestone.



AXSOME THERAPEUTICS

Thank you.

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