Cytokinetics

EMPOWERING

MUSCLE

EMPOWERING

LIVES

Forward Looking Statements

This Presentation contains forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995 (the "Act"). Cytokinetics disclaims any intent or obligation to update these forward-looking statements, and claims the protection of the Act's Safe Harbor for forward-looking statements. Examples of such statements include, but are not limited to, statements relating to Cytokinetics' and its partners' research and development activities; the design, timing, results, significance and utility of preclinical study results, including Cytokinetics' expectations regarding the timing or results from the clinical trials of *omecamtiv mecarbil* and *reldesemtiv*; enrollment of patients in METEORIC-HF and GALACTIC-HF; initiation of the Phase 1 study of AMG 594; interactions with the FDA; and Cytokinetics' pipeline expansion in 2019; the properties, potential benefits and commercial potential of CK-274, *omecamtiv mecarbil*, AMG 594, *reldesemtiv* and Cytokinetics' other drug candidates. Such statements are based on management's current expectations; but actual results may differ materially due to various risks and uncertainties, including, but not limited to, potential difficulties or delays in the development, testing, regulatory approvals for trial commencement, progression or product sale or manufacturing, or production of Cytokinetics' drug candidates that could slow or prevent clinical development or product approval, including risks that current and past results of clinical trials or preclinical studies may not be indicative of future clinical trial results, patient enrollment for or conduct of clinical trials may be difficult or delayed, Cytokinetics' drug candidates may have adverse side effects or inadequate therapeutic efficacy, the FDA or foreign regulatory agencies may delay or limit Cytokinetics' or its partners' ability to conduct clinical trials, and Cytokinetics may be unable to obtain or maintain patent or trade secret protection for its intellectual property; Astellas' or Amgen's decisions with respect to the design, initiation, conduct, timing and continuation of development activities for *reldesemtiv* or *omecamtiv mecarbil*, respectively; Cytokinetics may incur unanticipated research, development and other costs or be unable to obtain financing necessary to conduct development of its products; standards of care may change, rendering Cytokinetics' drug candidates obsolete; competitive products or alternative therapies may be developed by others for the treatment of indications Cytokinetics' drug candidates and potential drug candidates may target; and risks and uncertainties relating to the timing and receipt of payments from its partners, including milestones and royalties on future potential product sales under Cytokinetics' collaboration agreements with such partners. For further information regarding these and other risks related to Cytokinetics' business, investors should consult Cytokinetics' filings with the Securities and Exchange Commission.

Our Mission

We are developing potential medicines to improve the healthspan of people with devastating cardiovascular and neuromuscular diseases of impaired muscle function.

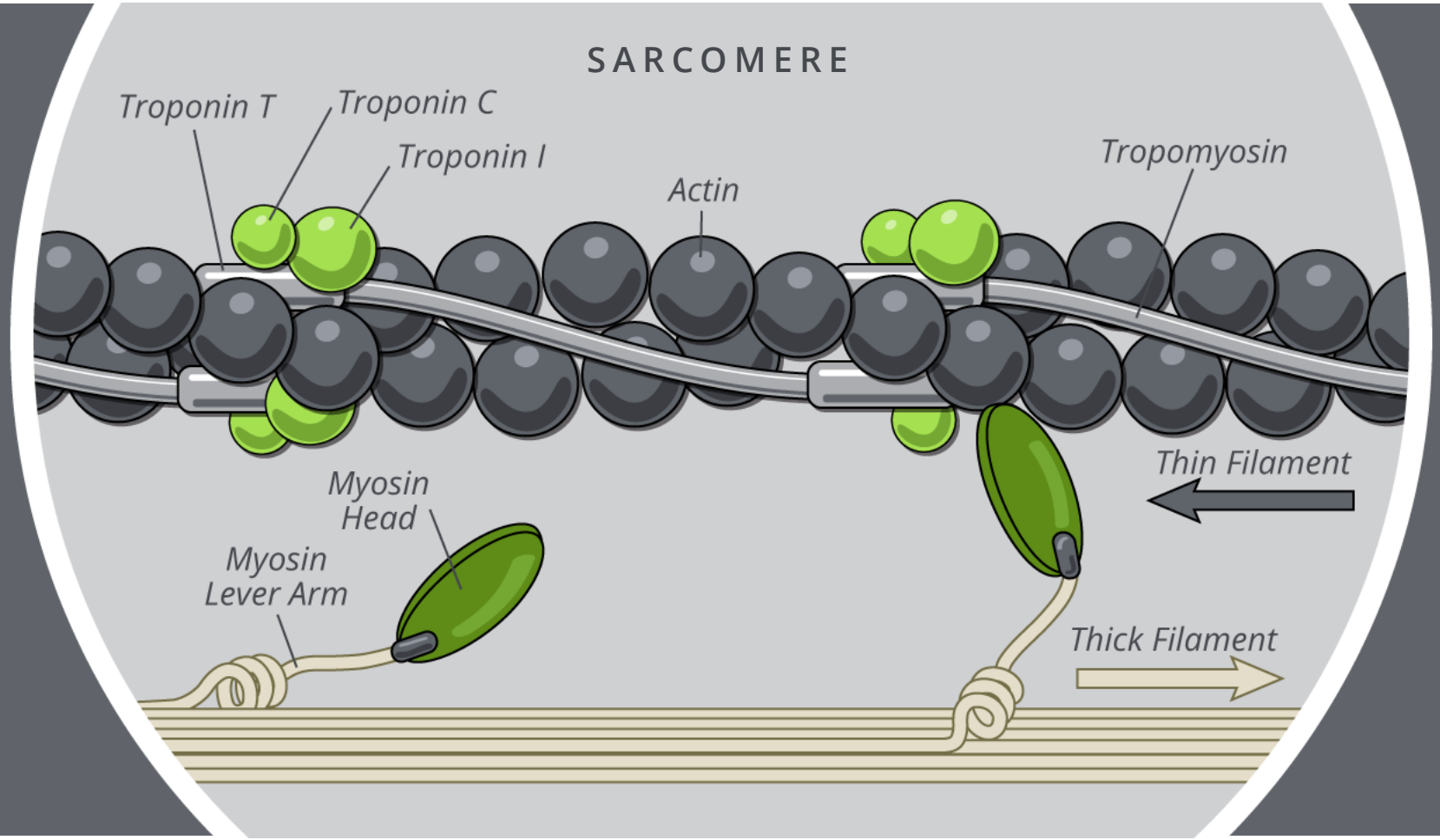
Sarcomere-Directed Research

CARDIAC

ACTIVATE MYOSIN
Omecamtiv Mecarbil

INHIBIT MYOSIN
CK-274

ACTIVATE TROPONIN
AMG 594

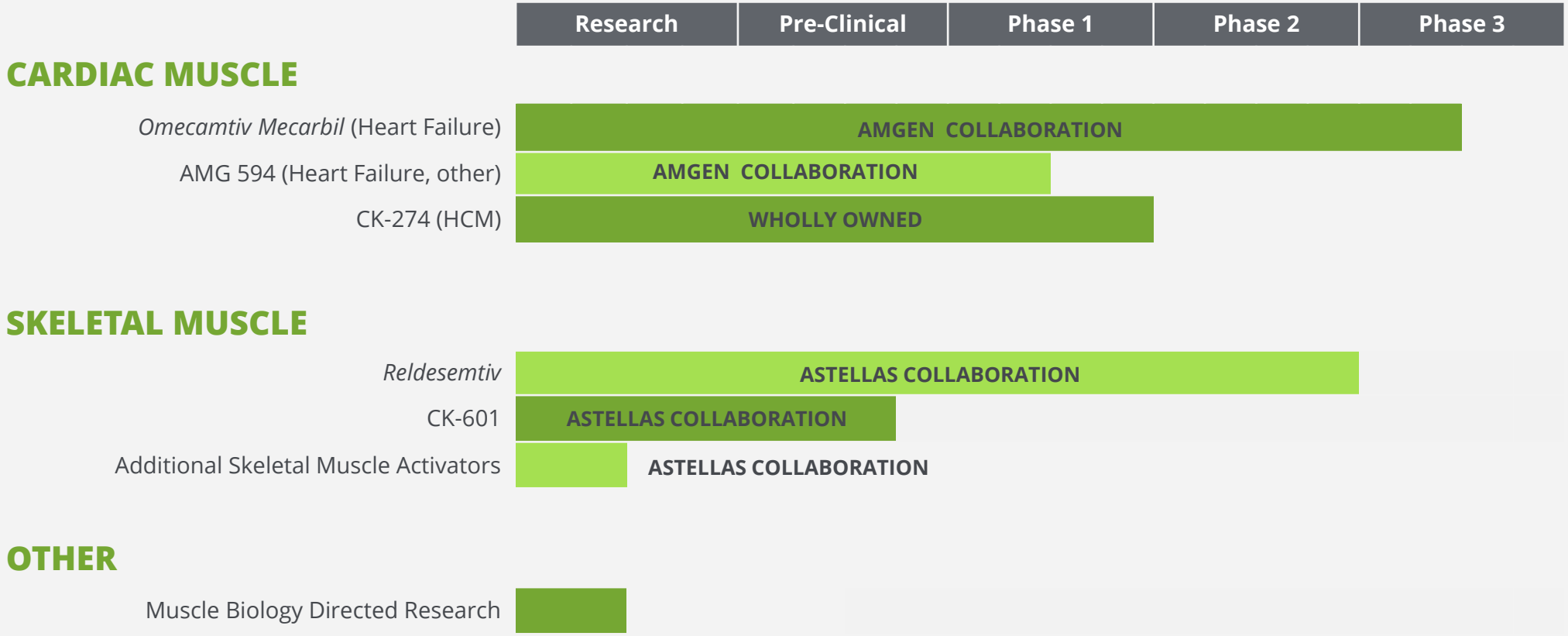


SKELETAL

ACTIVATE TROPONIN
Reldesemtiv

ACTIVATE TROPONIN
CK-601

Pipeline of Novel Muscle-Directed Compounds



Investigational products – not approved as safe or effective for any indication.

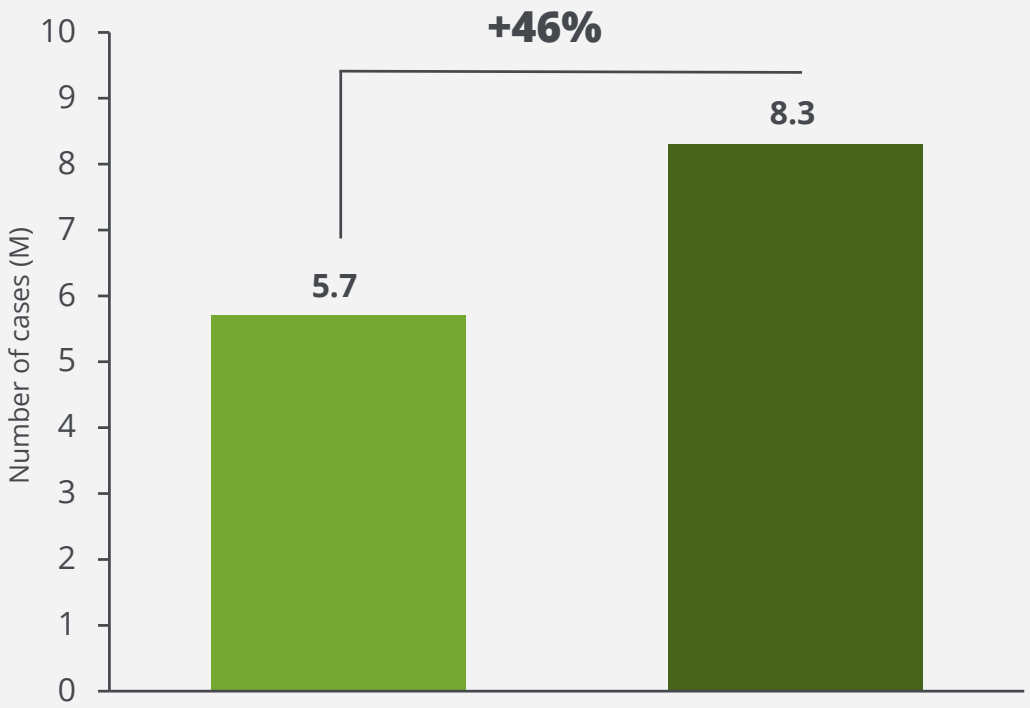
CARDIAC MUSCLE

Omecamtiv Mecarbil

CK-274

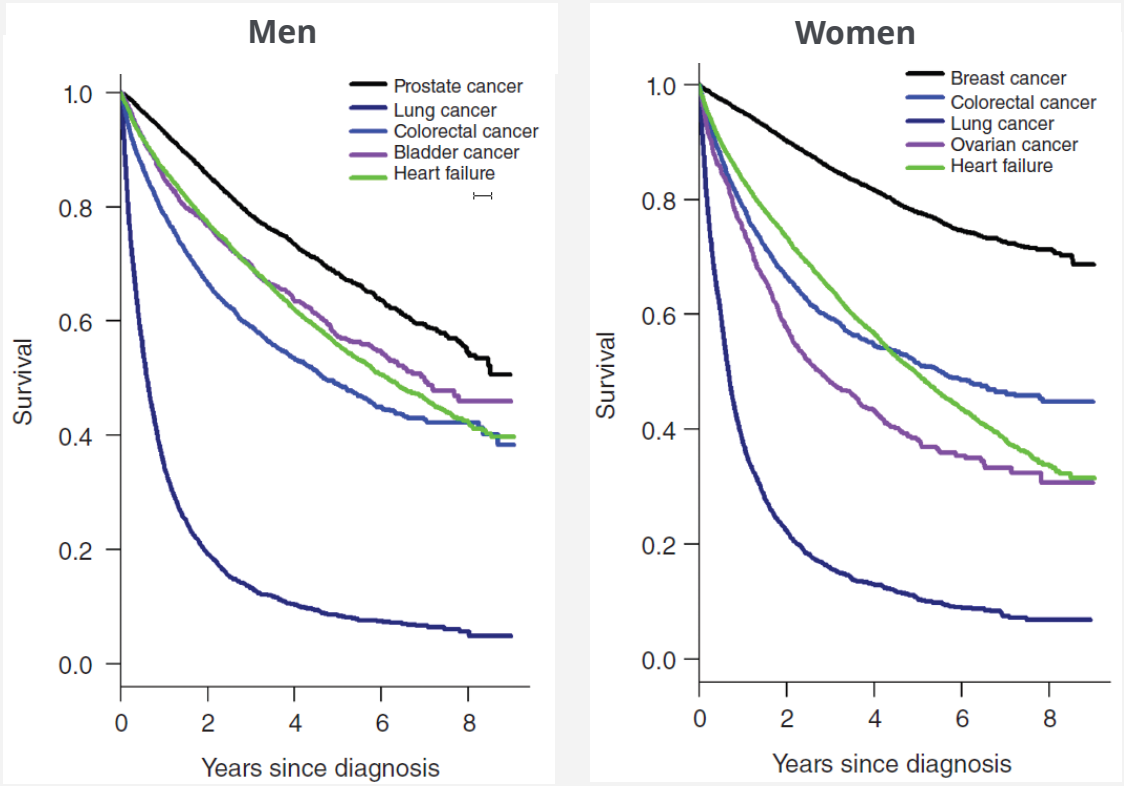
Heart Failure: Growing Prevalence and Low Survival Rate

6M People Have HF; Prevalence Expected to Increase by 46% from 2012 - 2030



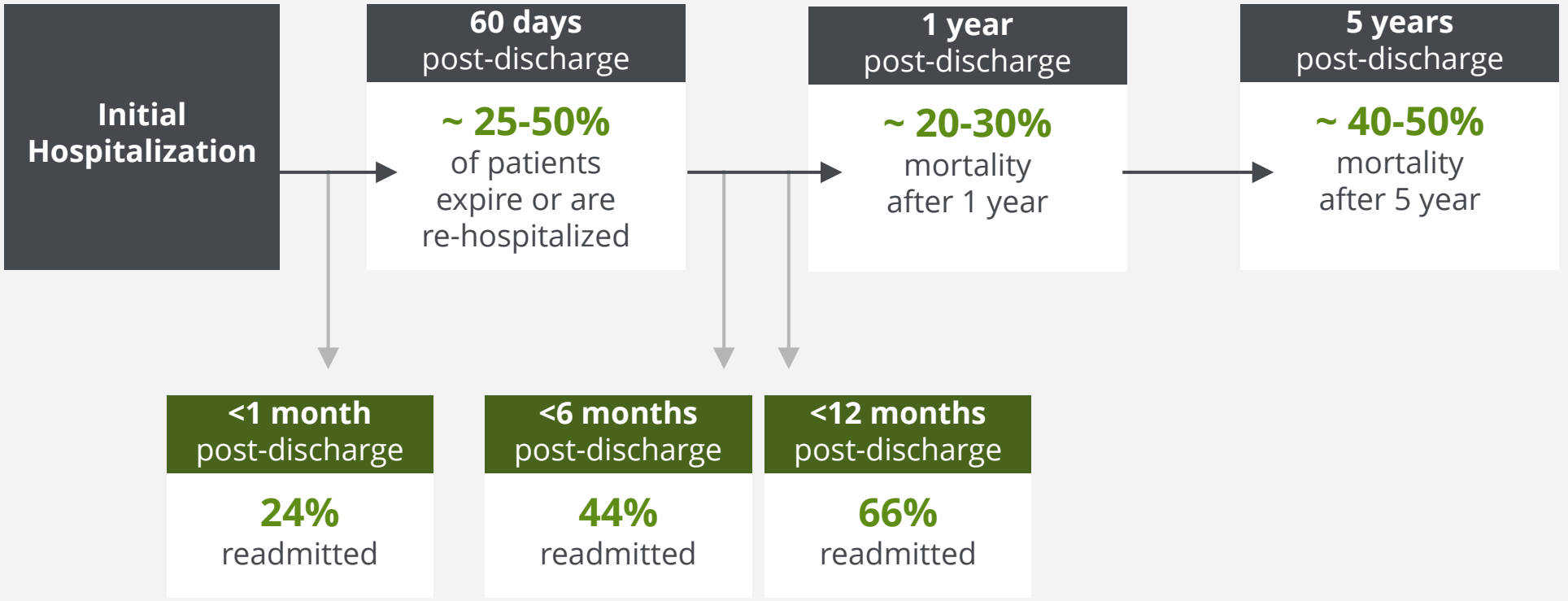
Mozzafarian, et al. *Circulation* 2016; 133: e38-360

HF Survival Rates Worse than Some Prevalent Cancers



Mamas et al. Eur J Heart Fail. 2017 Sep;19(9):1095-104.

High Mortality and Hospital Readmission Rates



Acute heart failure is the most frequent cause of hospitalization in people > 65

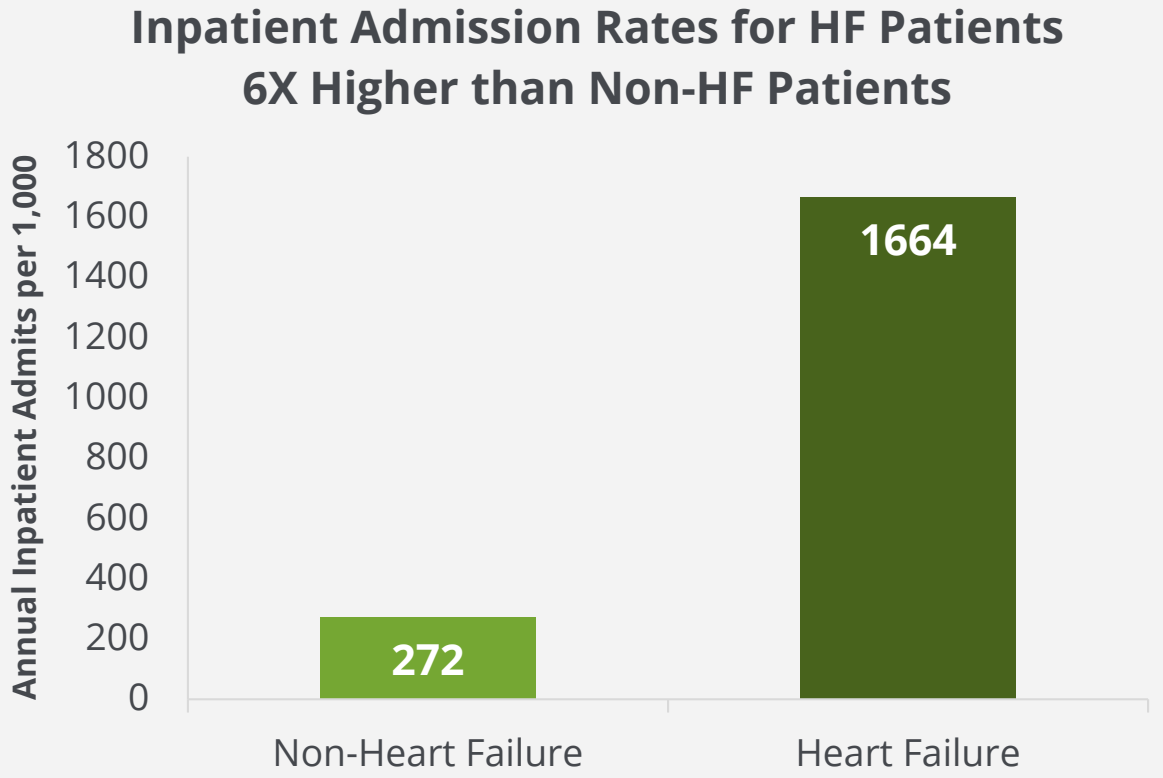
1 of 2 hospitalized HF patients are readmitted within 6 months

Mozzafarian, et al. Circulation 2016; 133: e38-360
Shahar, et al. J Card Fail 2004 Oct 1;10(5):374-9.
Roger et al. Circulation 2012;125:32-220
Chen et al. JAMA 2011;306:1669-78
Mamas et al. Eur J Heart Fail. 2017 Sep;19(9):1095-104.
Adams et al. Am Heart J 2006; 149:209-16
Dickstein et al. Eur Heart J 2008;29:2388-442
Whellan et al. Circulation 2010 Jan;3(1):33-40.
Krumholz HM, et al. Arch Intern Med 1997;15799 – 105
Loehr et al. Am J Cardiol 2008;101:1016-22

High Economic Burden of Heart Failure

Heart failure costs ~$123 billion annually, which represents **33% of total Medicare budget**

Heart failure is the most frequent diagnosis for hospitalized Medicare patients in the US



Milliman Analysis of Medicare 5% Sample 2011-2012 (2012 index year, 2011 look back year)
Milliman Analysis of Medicare 5% Sample (2014 index year, 2013 look back year) and Office of the Actuary 2016 Board of Trustees Report. The costs only include Part A & B costs.

Significant Unmet Need in Heart Failure with Reduced Ejection Fraction

Reduction in mortality & hospital visits	Physicians say Entresto has prolonged survival, decreased hospital visits, but still **see need for other therapies that reduce mortality**
Drugs that do not affect renal function	Most physicians recognize negative effect therapies such as aldosterone antagonists have **on renal function**
Drugs that do not affect BP	BP often limiting factor for up titration and therapy initiation; Need efficacious drugs **that do not result in hypotension**
Drugs with molecular targets & inotropic agents	Need drugs that target **novel/more specific molecular targets**; Need targets other than the neurohormonal pathway; Need for inotropic drugs as support agents
Disease modifying therapies	Need therapies **that offer contractile support** Increased EF most frequently mentioned desired measure
Drugs that increase QoL	Patient management will improve **with drugs that increase QoL;** Patient QoL decreases as they lose the ability to perform daily tasks

Proprietary Market Research Suggests Need for Novel Therapy

Omecamtiv Mecarbil: Clinical Trials Program

11
Phase 1 Studies

324
Subjects Enrolled

Well characterized safety, Tolerability and PK/PD data

Robust Clinical Trials Program

7
Phase 2 Studies

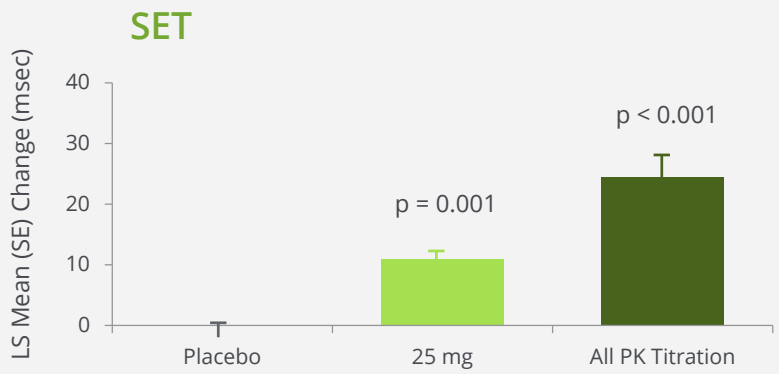
1,414
Subjects Enrolled

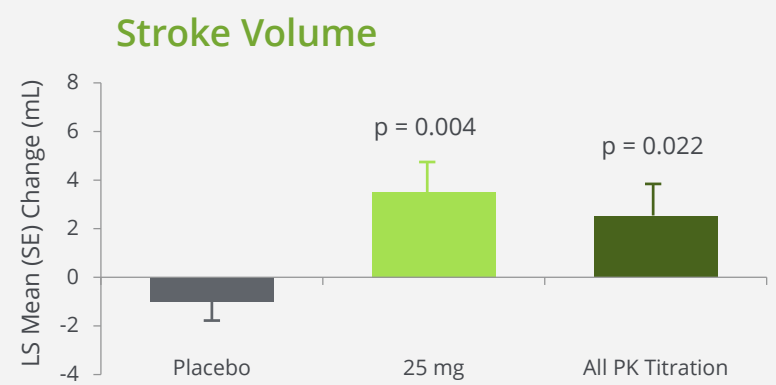
COSMIC-HF showed statistically significant improvements in measures of cardiac function

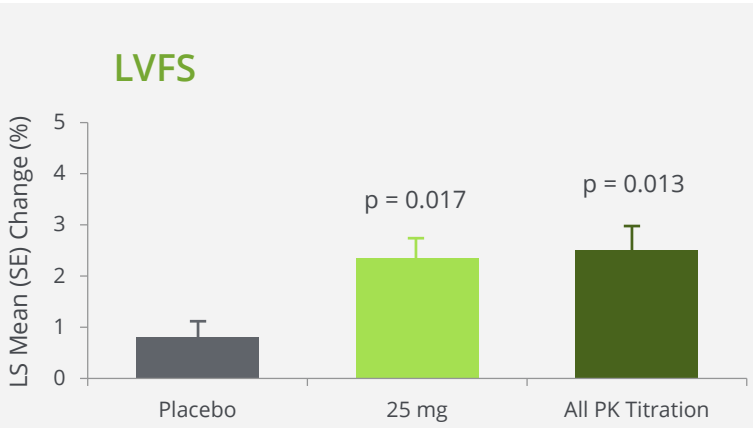
Dose-Dependent Increases Observed in Cardiac Output

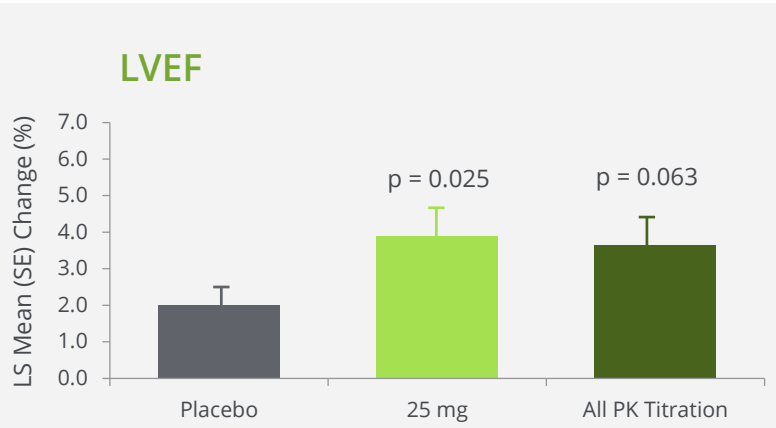
Pharmacodynamic Data Observed in COSMIC-HF

LVEF, left ventricular ejection fraction; LVFS, left ventricular fractional shortening;
SE, standard error; SET, systolic ejection time ; all p values are nominal without multiplicity adjustment.





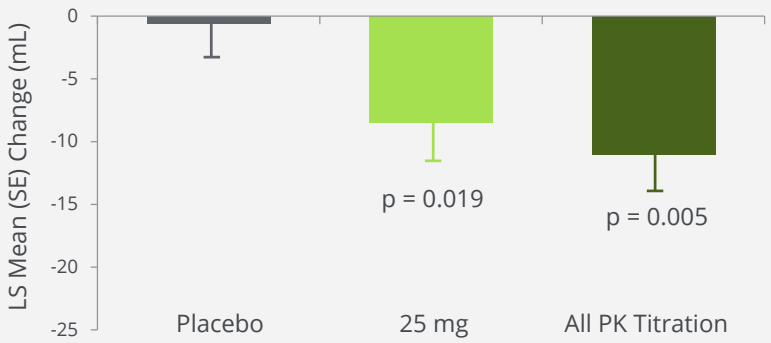


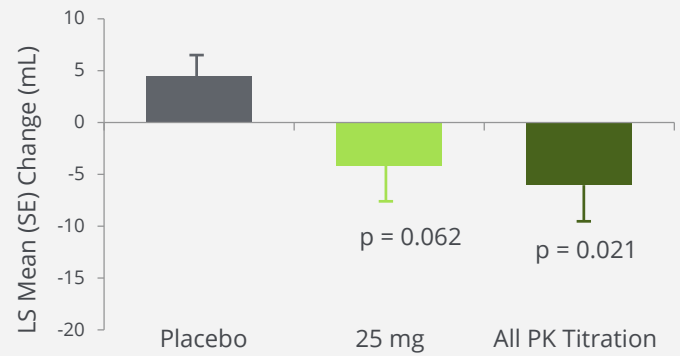


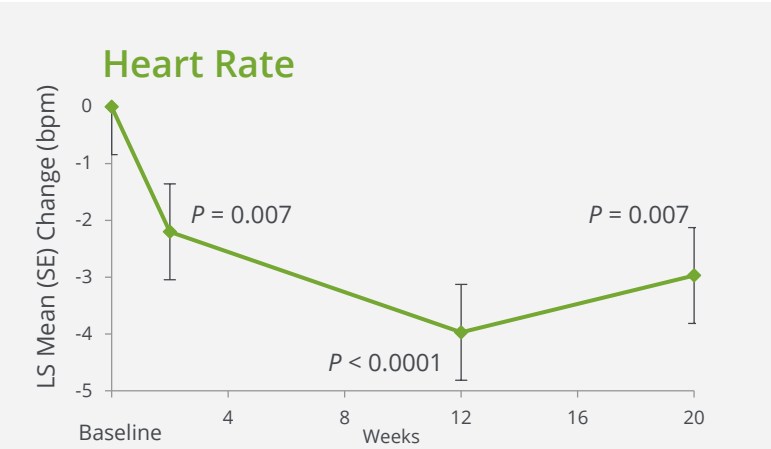
Decreases Observed in Physiology & Cardiac Risk

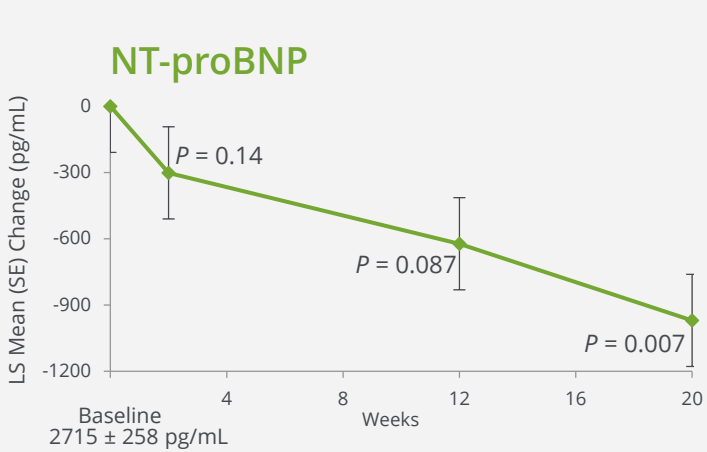
Reductions in Heart Volume, Oxygen Demand & Wall Stress Observed in COSMIC-HF

LVESV left ventricular end systolic volume LVEDV left ventricular end diastolic volume
All p values are nominal without multiplicity adjustment

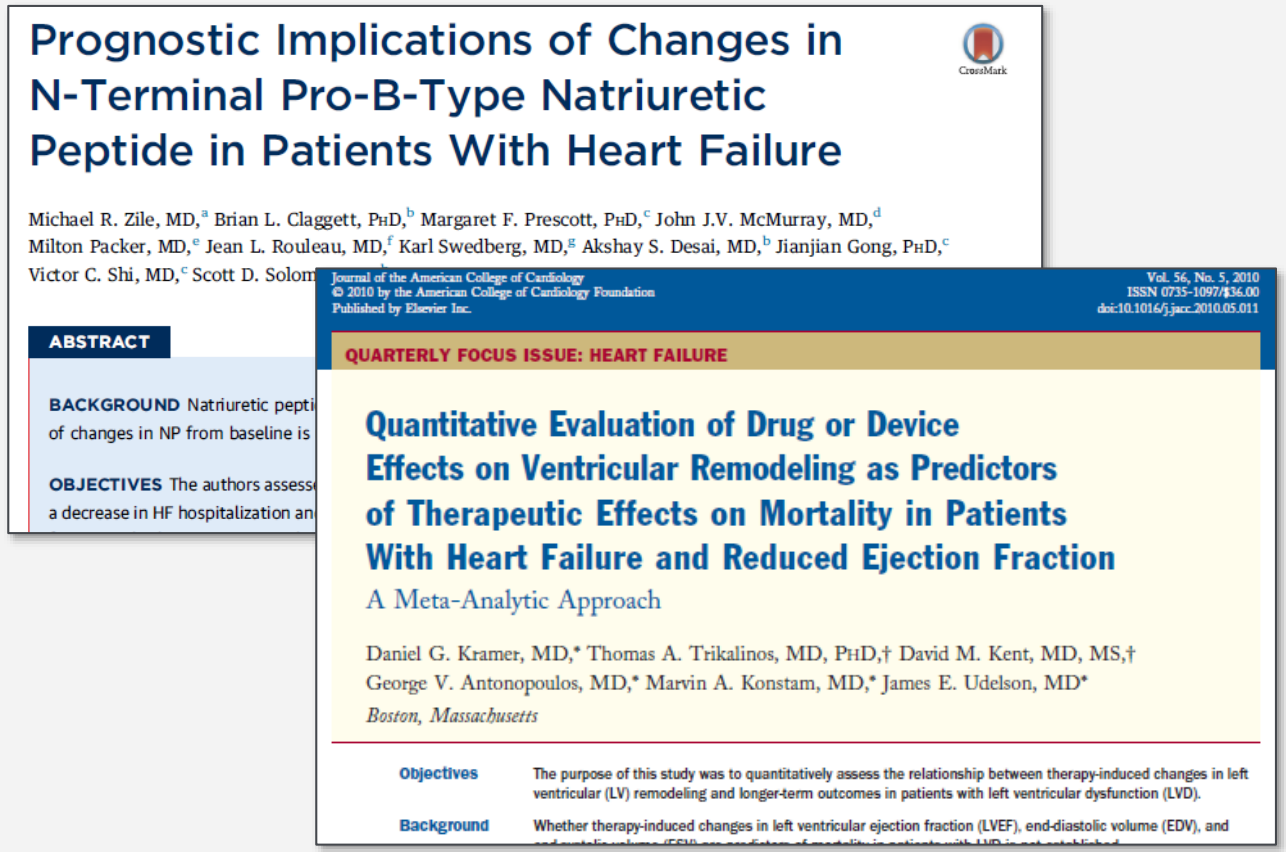








Prognostic Implications: NT-proBNP and Remodeling



Prognostic Implications of Changes in N-Terminal Pro-B-Type Natriuretic Peptide in Patients With Heart Failure

Michael R. Zile, MD,[a] Brian L. Claggett, PhD,[b] Margaret F. Prescott, PhD,[c] John J.V. McMurray, MD,[d] Milton Packer, MD,[e] Jean L. Rouleau, MD,[f] Karl Swedberg, MD,[g] Akshay S. Desai, MD,[b] Jianjian Gong, PhD,[c] Victor C. Shi, MD,[c] Scott D. Solom

ABSTRACT

BACKGROUND Natriuretic pepti
of changes in NP from baseline is

OBJECTIVES The authors assess
a decrease in HF hospitalization an

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QUARTERLY FOCUS ISSUE: HEART FAILURE

Quantitative Evaluation of Drug or Device Effects on Ventricular Remodeling as Predictors of Therapeutic Effects on Mortality in Patients With Heart Failure and Reduced Ejection Fraction

A Meta-Analytic Approach

Daniel G. Kramer, MD,* Thomas A. Trikalinos, MD, PhD,† David M. Kent, MD, MS,† George V. Antonopoulos, MD,* Marvin A. Konstam, MD,* James E. Udelson, MD*

Boston, Massachusetts

Objectives The purpose of this study was to quantitatively assess the relationship between therapy-induced changes in left ventricular (LV) remodeling and longer-term outcomes in patients with left ventricular dysfunction (LVD).

Background Whether therapy-induced changes in left ventricular ejection fraction (LVEF), end-diastolic volume (EDV), and

Kramer et al. JACC 2010;56(5):392-406
Zile et al. JACC 2016; 68(22); 2425-2436

Analysis of PARADIGM-HF showed decreases from baseline in NT-proBNP were strongly correlated with reductions in combined endpoint of time to first HF hospitalization or CV death

Meta-analysis of 30 mortality trials of 25 drugs/device therapies found that in patients with left ventricular dysfunction, short-term therapeutic effects of a drug or device on left ventricular remodeling were associated with longer-term effects on mortality

Phase 3 Trial Completed Enrollment

GALACTIC-HF

GALACTIC-HF Continuing Following Planned Interim Analysis Conducted by DMC

Second Interim Analyses Expected in 1H 2020

Study Overview

- Enrolled over 8,200 patients at ~1,000 sites in 35 countries

Primary endpoint

- Composite of time to CV death or first HF event*, whichever occurs first

Secondary endpoints

- Time to CV death
- Change in Kansas City Cardiomyopathy Questionnaire Total Symptoms Score (KCCQ TSS) from baseline to Week 24
- Time to first HF hospitalization
- Time to all-cause death

*An HF event defined as the presentation of the subject for an urgent, unscheduled clinic/office/ED visit, or hospital admission, with a primary diagnosis of HF, where the patient exhibits new or worsening symptoms of HF on presentation, has objective evidence of new or worsening HF, and receives initiation or intensification of treatment specifically for HF (Hicks et al, 2015). Changes to oral diuretic therapy do not qualify as initiation or intensification of treatment.

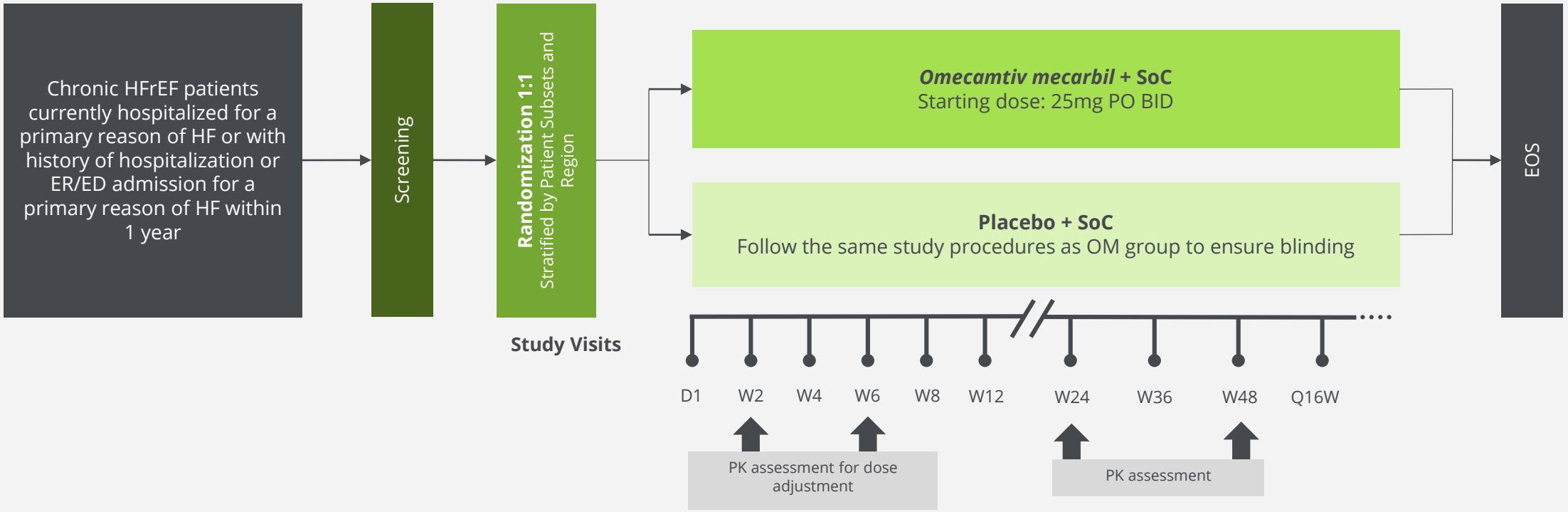
Key Design Points

- Dose optimization based on trough concentration of *omecamtiv mecarbil* at 2 weeks and 6 weeks
  - Starting Dose = 25 mg BID
  - Escalation (or not) at Week 4 to 37.5 mg or 50 mg BID based on plasma concentration of *omecamtiv mecarbil* at Week 2
  - Recheck at Week 6, adjust dose downward if necessary
- Enroll patients from time of hospitalization to within 1 year of discharge
  - In-hospital enrollment target is approximately 25% of total enrollment
  - Stratify on randomization setting
- Event driven with 90% power based on secondary endpoint of CV Death

Clinical Trial Overview

GALACTIC-HF

2 years enrollment, approx. 4 years total follow-up/study period



Second Phase 3 Trial Underway

Primary endpoint

- Change in peak VO_2 on CPET from baseline to Week 20

Secondary endpoints

- Change in total workload during CPET from baseline to Week 20
- Change in ventilatory efficiency (V_E/VCO_2 slope) during CPET from baseline to Week 20
- Change in the average daily activity units measured over a 2 weeks from baseline to Week 18-20

Exploratory Endpoints

- Change from baseline to Week 20 in oxygen uptake efficiency slope ($VO_2/\log V_E$ slope), ventilatory threshold (by the V-slope method), VO_2 recovery kinetics, percent predicted pVO_2, and exercise duration
- Change from baseline in the average daily activity units at Week 6-8 and at Week 12-14
- Change from baseline in the KCCQ Total Symptom Score and its sub-domains from baseline to Week 20

VO_2 = Oxygen Uptake; CPET = Cardio-Pulmonary Exercise Testing; V_E = Ventilatory Efficiency

Multicenter **E**xercise **T**olerance **E**valuation of ***O****mecamtiv Mecarbil* **R**elated to **I**ncreased **C**ontractility in **H**eart **F**ailure

9 Countries in North America & Europe

METEORIC-HF Steering Committee:

Greg Lewis (Co-lead, US)

Michael Felker (Co-lead, US)

John Teerlink (US)

David Whellan (US)

Justin Ezekowitz (Canada)

Adriaan Voors (Netherlands)

Alain Cohen-Solal (France)

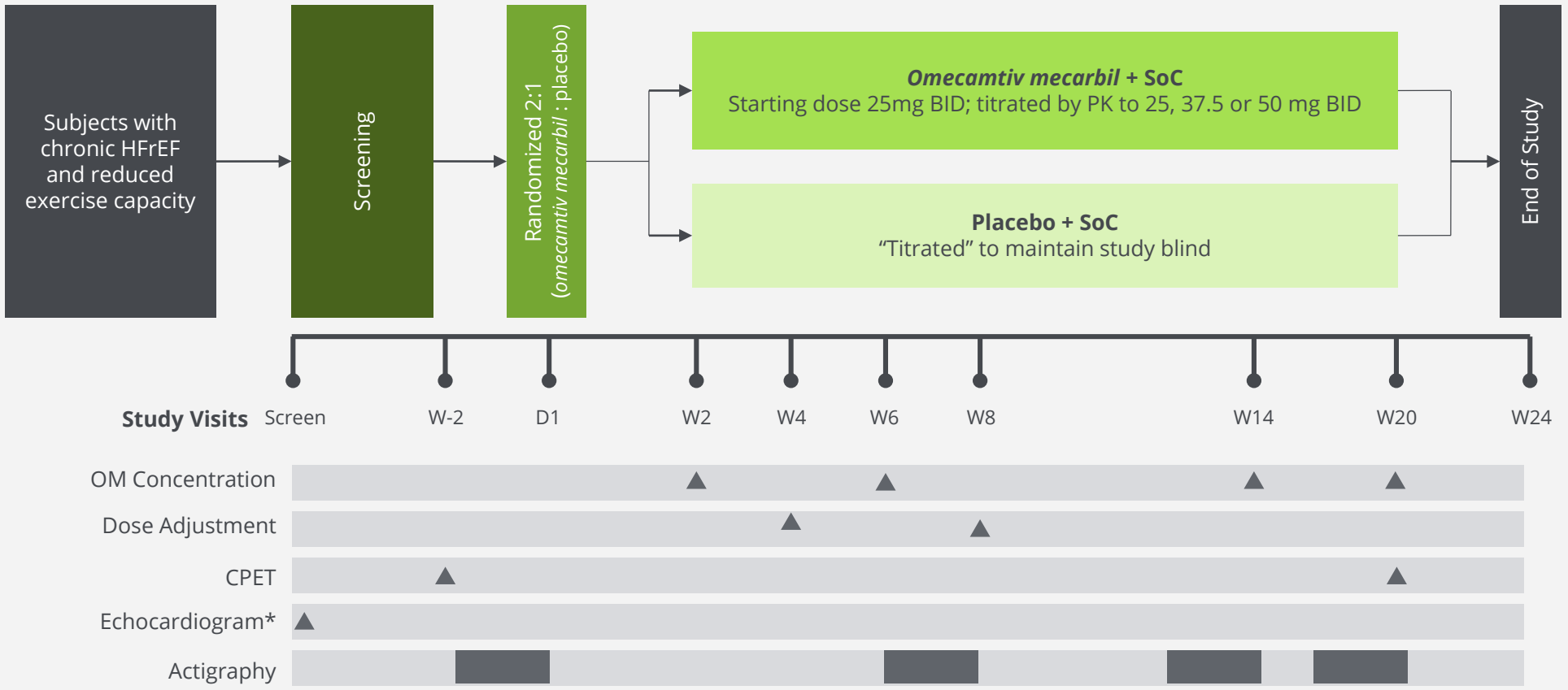
Piotr Ponikowski (Poland)

Michael Böhm (Germany)

Marco Metra (Italy)

METEORIC-HF

Clinical Trial Overview



* Screening echocardiogram is not required if an appropriate LVEF assessment has been performed within one year

~270 subjects
90% power

5 months of treatment (same as COSMIC-HF)

Dose titration of *omecamtiv mecarbil* same as GALACTIC-HF

Collaborations & Agreements

Amgen Collaboration

Purchase Option: 2006
Exercise Option Ex-Japan: 2009
Expanded to Include Japan/Purchase Equity: 2013
Received >$220M over 12 Years

Amgen responsible for development and commercialization subject to Cytokinetics' participation rights*

Cytokinetics could earn over $600 mm in milestone payments

*Servier has a sub-license from Amgen to commercialize *omecamtiv mecarbil* in Europe and certain other countries.

COMMERCIALIZATION:

- Cytokinetics may receive escalating double-digit royalties
- Cytokinetics to co-fund Phase 3 development program
- Co-fund enables co-promote NA
- Cytokinetics reimbursed for certain sales force activities

Royalty Pharma Agreement

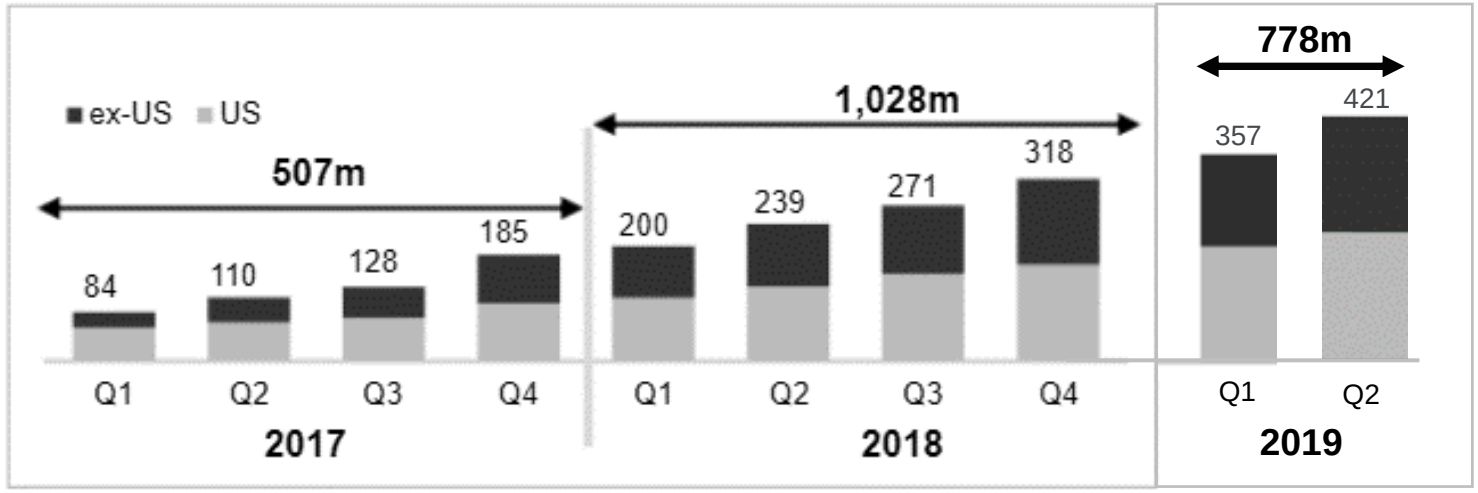
Paid $100M for 4.5% royalty on worldwide sales of *omecamtiv mecarbil*: 2017

Cytokinetics gains right to co-promote *omecamtiv mecarbil,* if approved, in institutional care settings in North America, with reimbursement from Amgen for certain sales force activities

Joint commercial operating team responsible for commercialization program

- Royalty rate may increase up to additional 1% associated with timing of US approval
- Cytokinetics agreed to exercise option to co-invest $40M in Ph 3 development program in exchange for up to incremental 4% royalty on increasing worldwide sales outside of Japan
- Cytokinetics retains right to receive >$600M in additional potential milestone payments and escalating double-digit royalties that may exceed 20% on tiered worldwide sales outside Japan; lower royalty rate in Japan

Commercial Opportunity for New Heart Failure Therapy



- USD 318m (+76% cc) Q4 sales
- Blockbuster in 2018 and doubling sales vs. 2017

Sources: Novartis Q4 and FY18 results presentation, January 2019; Novartis Q1 2019 results presentation, April 2019; Novartis Q2 2019 results presentation, July 2019.
*As with all products in P3, the product profile achieved by *omecamtiv mecarbil* in GALACTIC-HF is required to provide a better understanding of the expected revenue.

AMG 594: Next-Gen Cardiac Sarcomere Activator

Decreased Cardiac Contractility

Heart Failure with Reduced Ejection Fraction (HFrEF)

Genetic Dilated Cardiomyopathy

Pulmonary Hypertension with Right Ventricular Heart Failure

Amgen & Cytokinetics are considering the Phase 2 clinical trials program

AMG 594 is an oral, small molecule cardiac troponin activator

- Intended to improve ventricular systolic function in patients with heart failure
- Selected from >1.5 million compounds in >80 distinct series
- Preclinical results support the potential for best-in-class safety and efficacy
- Projected once daily dosing

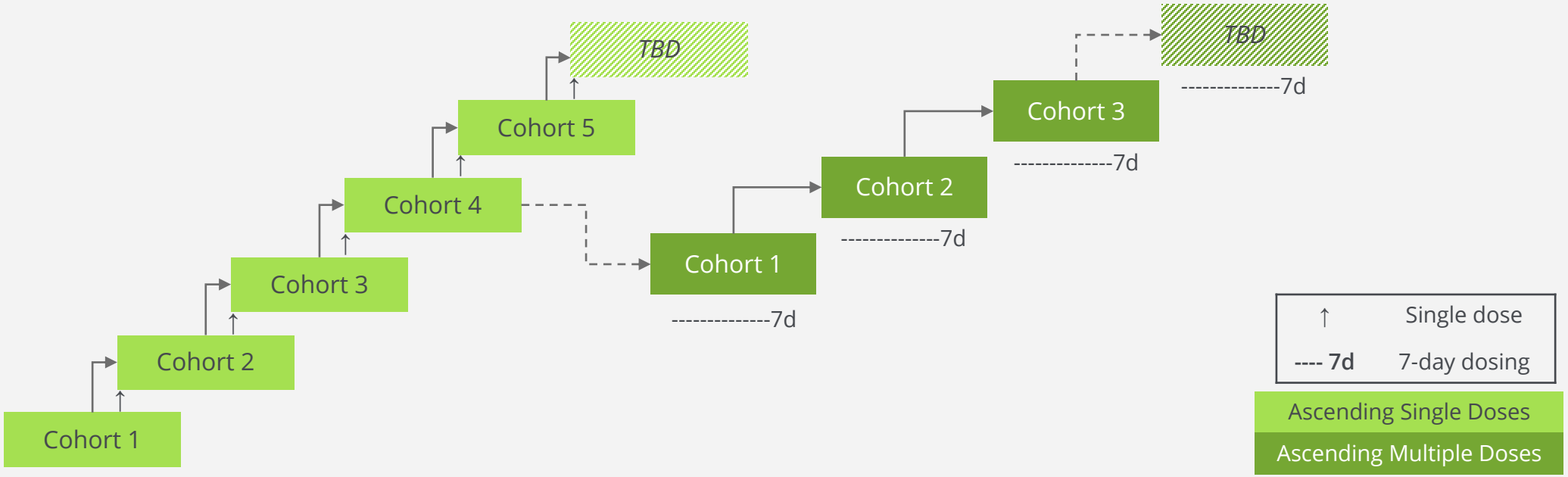
Cytokinetics and Amgen are advancing AMG 594 into clinical development

- IND filed
- Early clinical trials will assess the safety and tolerability of AMG 594. as well as its potential to enhance ventricular contraction

AMG 594 is a Next-Generation Cardiac Sarcomere Activator for the Potential Treatment of Patients with Heart Failure

Potential Applications of AMG 594 for Patients with Distinct Types of Ventricular Dysfunction and Heart Failure are Under Discussion

AMG 594: Nested SAD and MAD in Healthy Subjects



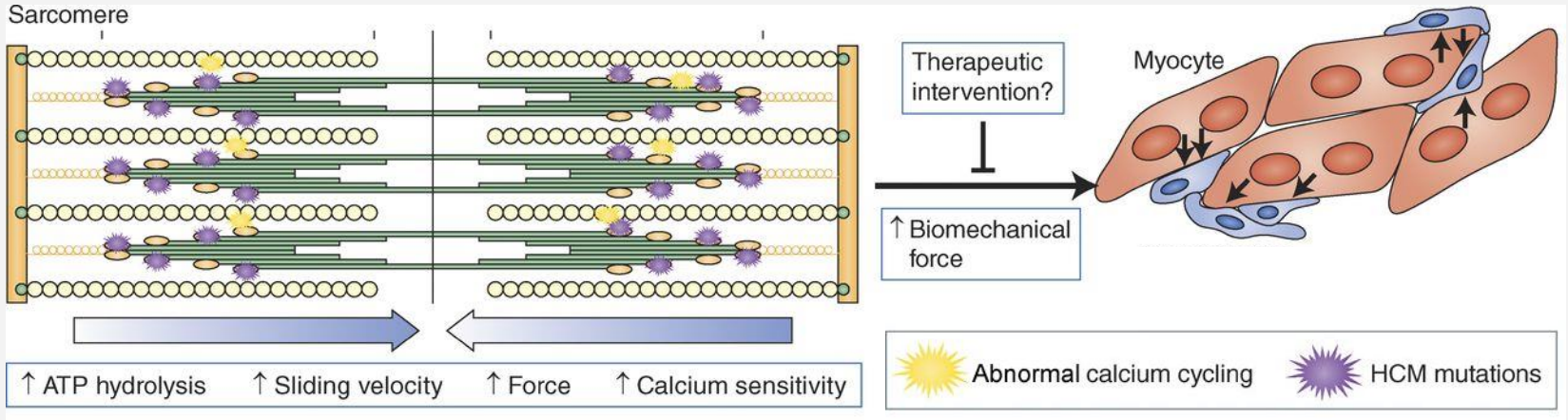
Randomized, placebo-controlled, double-blind, multi-part, single center study

- Part 1: 5 ascending single oral doses (SAD)
- Part 2: 3 ascending multiple oral doses (MAD)
- ~64 healthy subjects overall

Objectives	Endpoints
Safety and tolerability	AEs, laboratories, cardiac markers, ECGs
Pharmacokinetics	C_{max}, T_{max}, AUC
Pharmacodynamics	LVEF, LVFS, LVOT-VTI, SET

HCM: Lack of Therapy Targeting Underlying Disease Biology

HCM is a Disease of the Sarcomere



Teekakirikul et al., JCB 2012

Current Medical Therapy:

- Indirect mechanisms of action with systemic side effects
- Variable efficacy, often inadequate
- Treatment failure means resorting to surgical myomectomy or percutaneous ablation

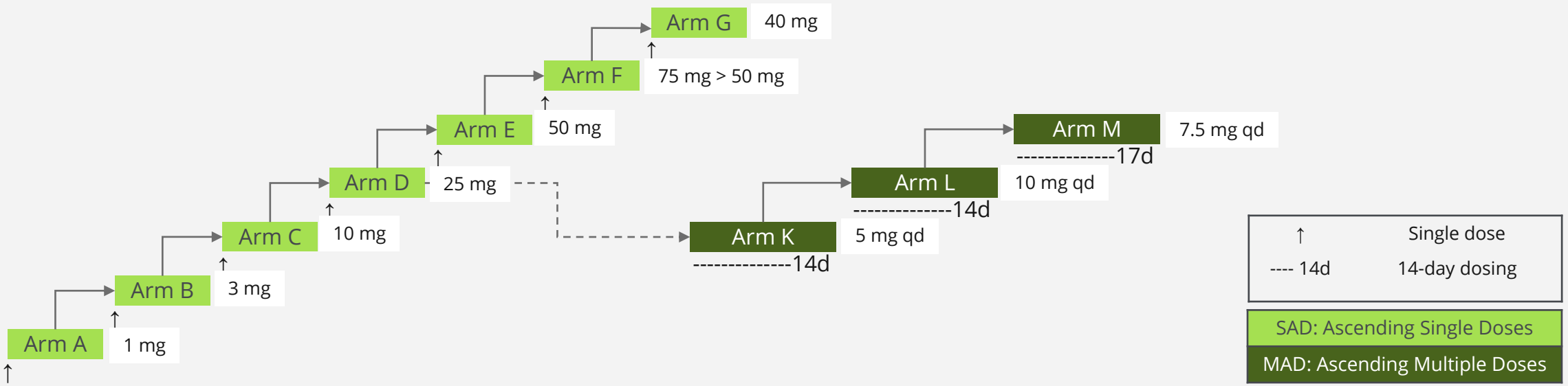
CK-274: Potential Next-In-Class Cardiac Myosin Inhibitor

- Favorable pharmacokinetic / pharmacodynamic properties and other candidate selection criteria
  - Selective allosteric inhibitor of cardiac myosin
  - Potential *In vivo* pharmacodynamic advantages related to distinctive binding
  - No inhibition of smooth muscle myosin observed
  - Favorable ADME properties with no CYP inhibition or CYP induction observed
  - Favorable oral bioavailability observed across pre-clinical species
    - Excellent permeability observed without efflux
  - Clear pharmacokinetic/pharmacodynamic (PK/PD) relationship observed
  - **Projected once daily dosing to reach steady state rapidly in patients**
  - **Shallow dose response curve may translate to favorable therapeutic window in patients and broaden clinical utility**

Discovered by Company Scientists Independent of Collaborations

Selected from Multiple Potential Development Candidates (PDCs)

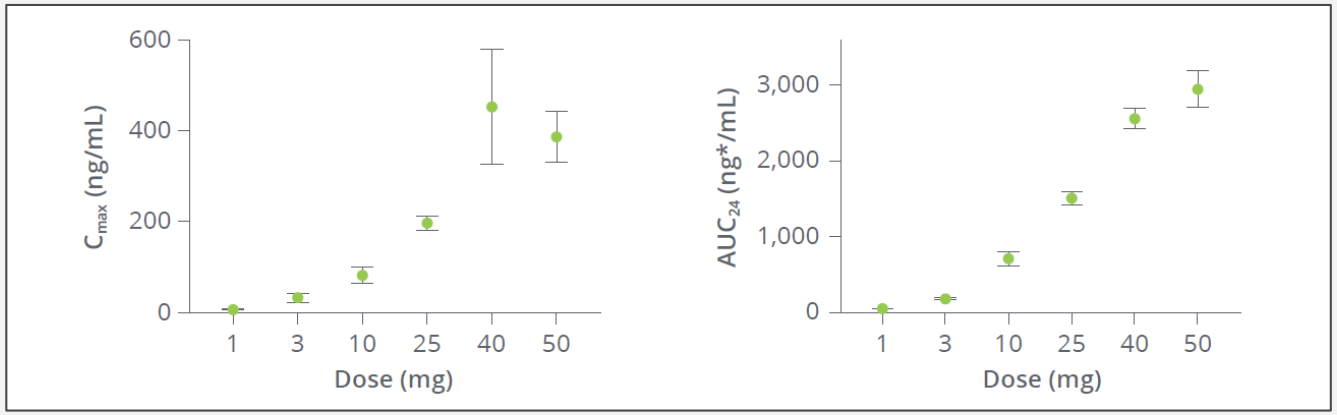
CY 6011: SAD/MAD Study Completed



- Stopping Criteria met in SAD in 75 mg dose cohort
  - One participant in sentinel group had LVEF <45% at 1.5 hrs, asymptomatic and recovered to normal EF at 6 hrs
- Stopping Criteria met in MAD in 10 mg dose cohort
  - Two participants had LVEF <50% at 14 days, asymptomatic and recovered to normal EF within 24-48 hrs

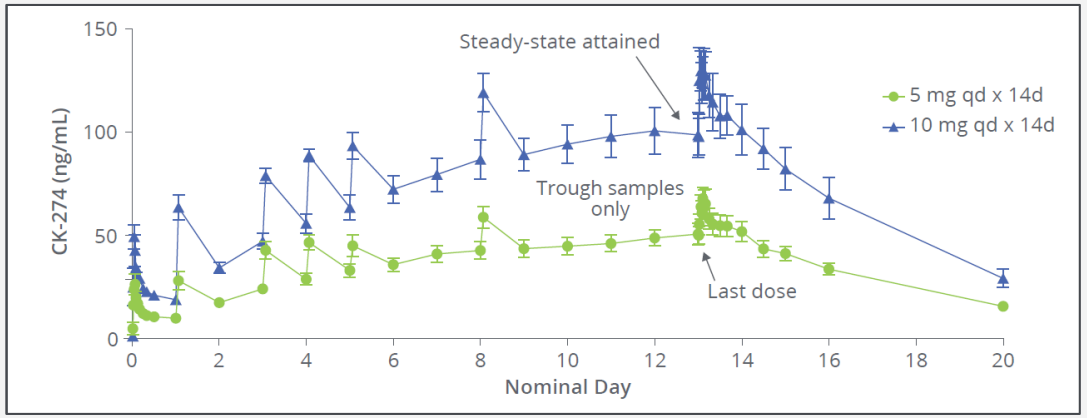
CY 6011: SAD & MAD Pharmacokinetics

SAD Pharmacokinetics Appeared Generally Dose Proportional



Data points represent mean ± standard error of the mean.
Cmax, maximum drug plasma concentration; AUC, area under the plasma concentration curve; SAD, single ascending dose.

Steady-State Appeared Evident After 14 Days of Dosing



Data points represent mean ± standard error of the mean.
d, day; qd, once daily.

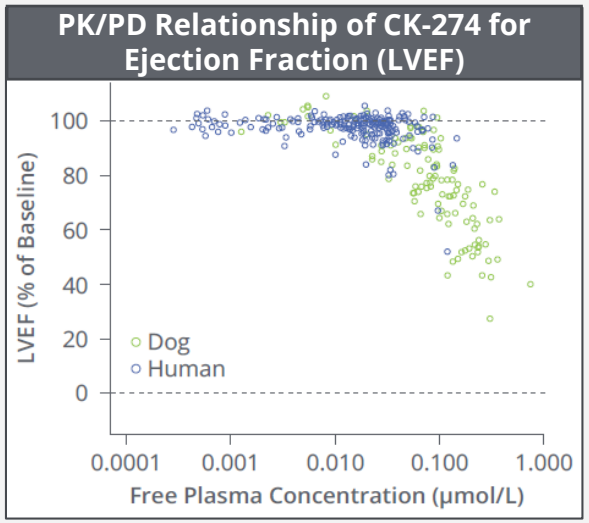
CY 6011: MAD Pharmacokinetic Parameters

Half-Life of CK-274 at Steady-State was ~81 hours (3.4 days) On Average

Shallow Exposure-Response Relationship Observed Preclinically Appears to Have Translated to Humans, May Enable Flexible Dose Optimization in Humans

	PK Parameter, Geometric Mean (%CV)*				
Dose (n)	C_{max} (ng/mL)	t_{max} (h)	AUC_{24} (ng•h/mL)	$t_{½}$ (h)	AR
5 mg (6)	69 (23.2%)	2.75 (1.5–4)	1,320 (23.0%)	86.3 (11.9)	4.71
7.5 mg (6)	148 (39.5%)	1.0 (0.5–5)	2,518 (25.8%)	76.9 (14.5)	4.50
10 mg (6)	141 (19.7%)	2.5 (0.5–3)	2,631 (22.8%)	79.7 (14.1)	4.79

* Except data for t_{max} shown as median (minimum-maximum), and $t_{½}$ shown as the arithmetic mean (standard deviation). AR (accumulation ratio) calculated as (AUC_{24} on Day 14 or 17)/(AUC_{24} on Day 1). %CV, percent coefficient of variation; C_{max}, maximum plasma concentration; AUC_{24}, area under the plasma concentration curve; MAD, multiple ascending dose; $t_{½}$, apparent plasma terminal elimination half-life; t_{max}, time to maximum observed plasma concentration.

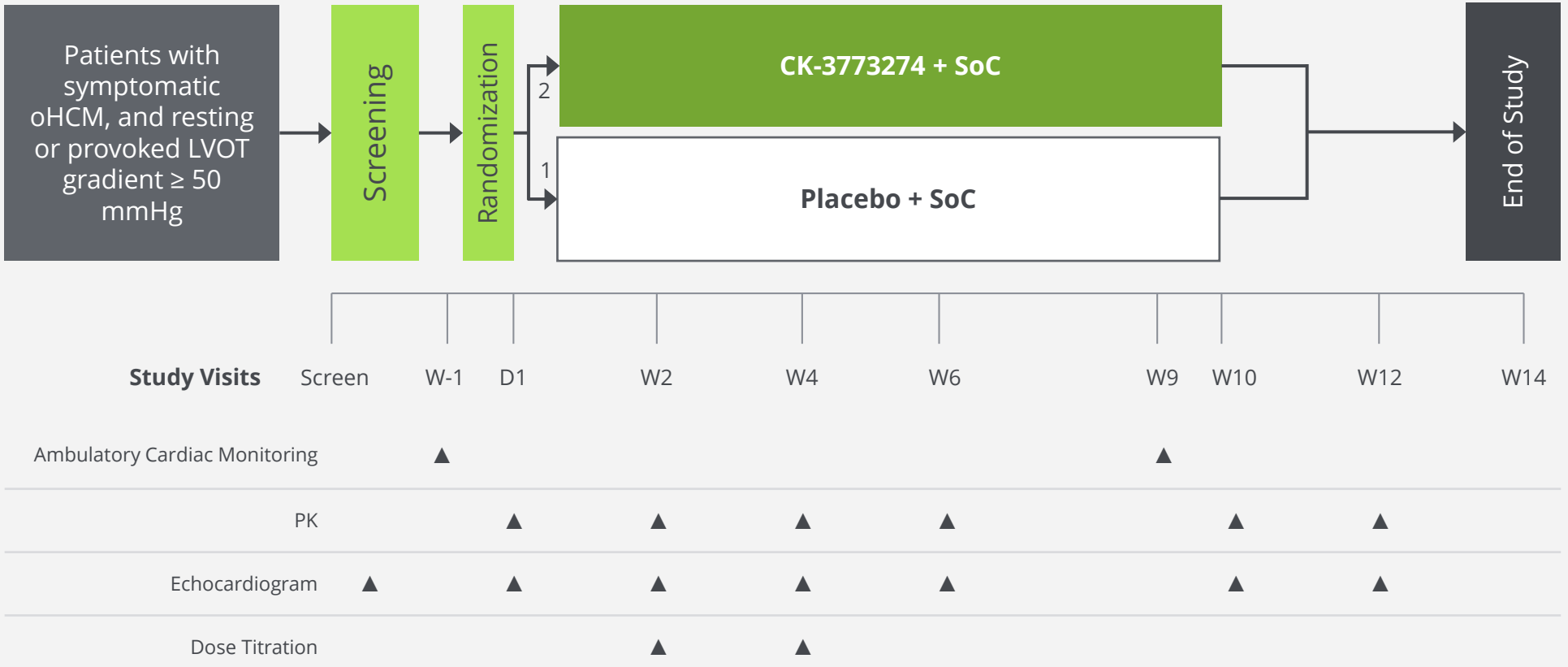


- Graphs show LVEF as a function of exposure; data points represent observed values in dogs and humans
- Decrease in LVEF as function of exposure is similar in humans and dogs

CK-274 Phase 1 Data Support Progression to Phase 2

- CK-274 was well tolerated in healthy participants; there were no SAEs and no clinically meaningful changes in vital signs, ECGs, or laboratory tests
- Criteria for stopping dose escalation were reached after a single dose of 75 mg and after 14 days of a daily 10 mg dose
- Decreases in ejection fraction below 50% were readily reversible within 6 hours following single doses and within 24-48 hours following 14 days of dosing
- Pharmacokinetics (C_{max} and AUC_{24}) were generally dose linear; steady-state appeared evident after 14 days of daily dosing
- The shallow exposure-response relationship observed preclinically appears to have translated to humans and thereby may enable flexible dose optimization in humans
- These Phase 1 data support progression of CK-274 into a placebo-controlled, double-blind Phase 2 study in patients with obstructive HCM who:
  - Remain on their background therapy for HCM
  - Can undergo echo-guided dose titration every 2 weeks

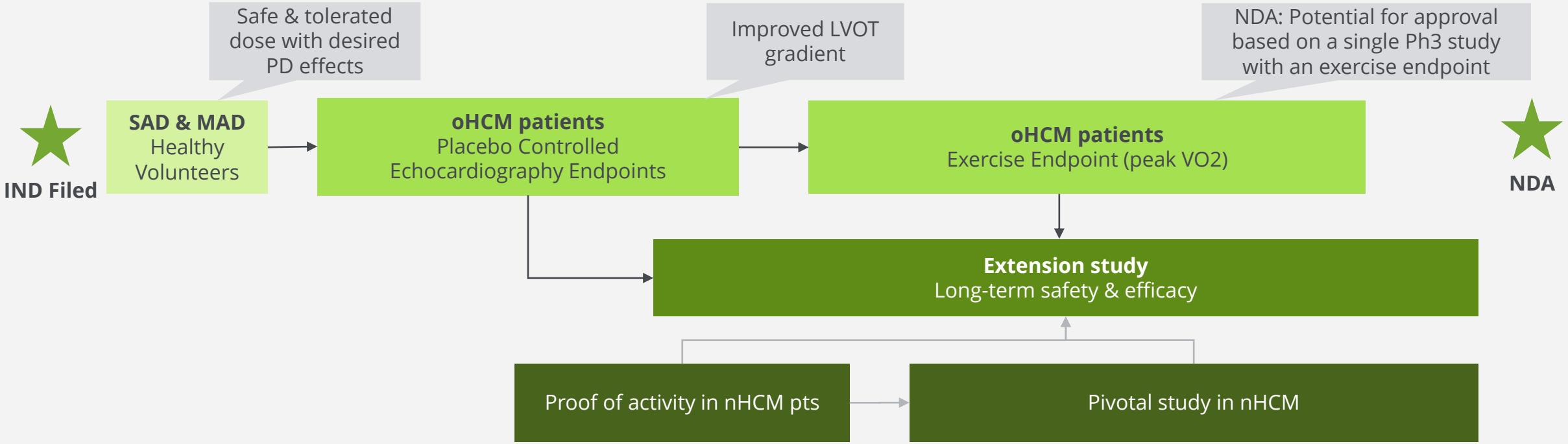
CK-274: Phase 2 Trial Design



Phase 2 Clinical Trial Expected to Begin in Q4 2019

CK-274: Clinical Development Plan for HCM

Phase 1 Safety, PK & PD	Phase 2 Proof of Concept, Dose Finding	Phase 3 Pivotal Studies

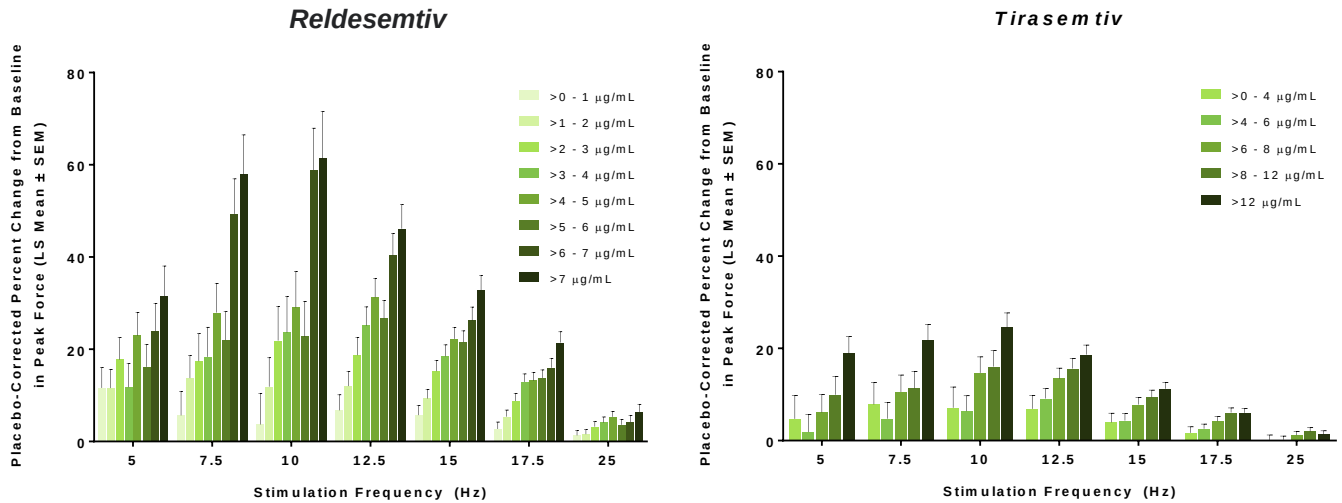


SKELETAL MUSCLE

Reldesemtiv

Reldesemtiv: Potentially More Potent, Well Tolerated Than *Tirasemtiv*

- *Reldesemtiv* increased the force generated by the tibialis anterior muscle versus placebo in response to nerve stimulation in a dose, plasma concentration, and frequency-dependent manner
- The overall largest increase from baseline in peak force, compared to placebo, was **58.7** (10.2)% (least-squares mean [SE]) at a stimulation frequency of 10 Hz
- The largest response *tirasemtiv* produced in a comparable study was a **24.5** (3.1)% increase in peak force at 10 Hz
- Single doses of *reldesemtiv* were well-tolerated in healthy volunteers at doses up to 4000 mg. No SAEs were reported, AEs were mild or moderate



Results from Three Phase 1 Studies of *Reldesemtiv* Published in *Muscle & Nerve*

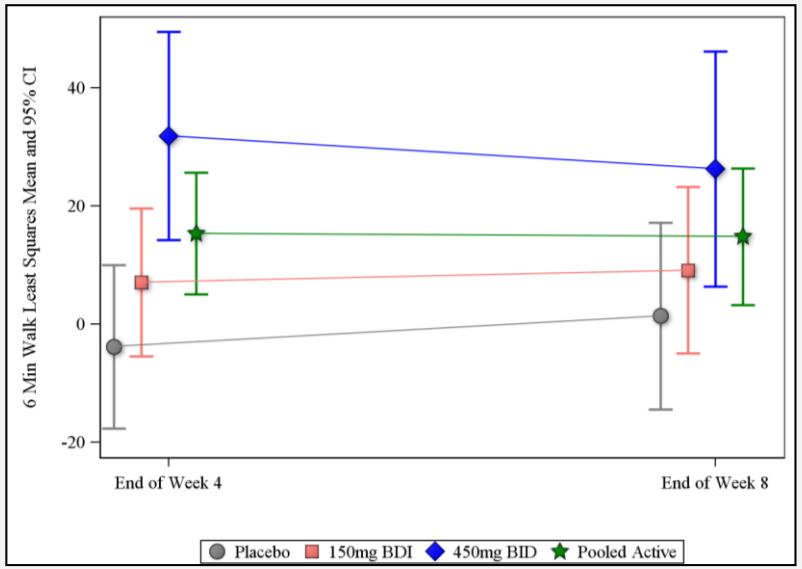
Andrews JA, Miller TM, Vijayakumar V, Stoltz R, James JK, Meng L, Wolff AA, Malik FI. CK-2127107 amplifies skeletal muscle response to nerve activation in humans. *Muscle & Nerve*. 2017 Nov 18.

For informational purposes only: no head-to-head studies have been conducted comparing *reldesemtiv* to *tirasemtiv*. Differences between the two studies may limit the conclusions that can be drawn from comparisons.

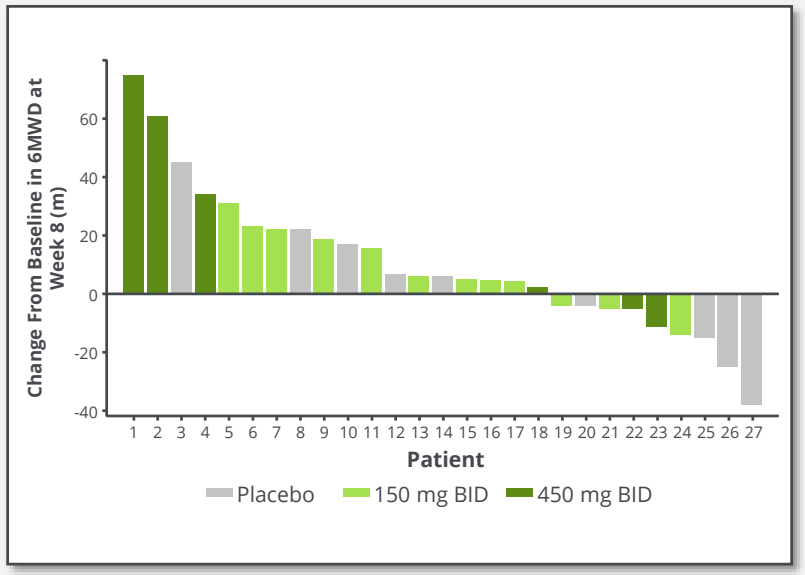
CY 5021: Increases in 6MWD

Dose-Dependent Increases in 6MWD

Change from Baseline Over Time

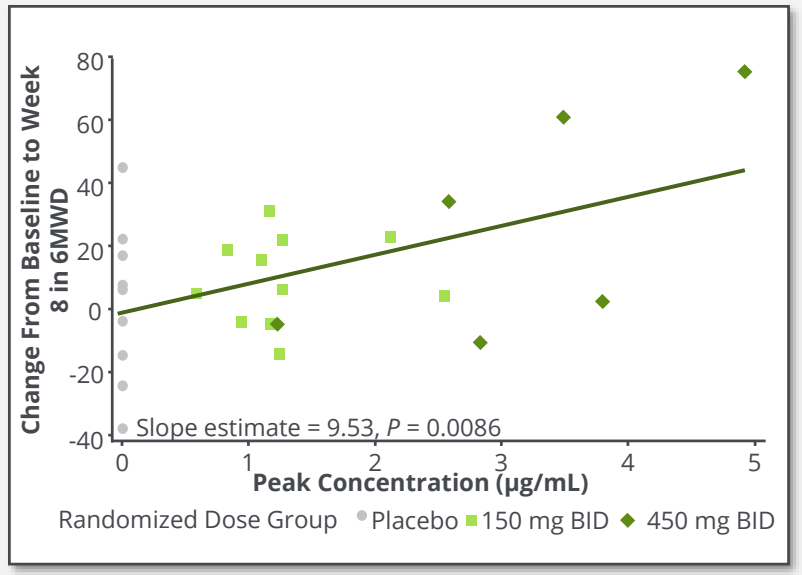


Change from Baseline at Week 8



Concentration-Dependent Increases in 6MWD

6 Minute Walk Change from Baseline at Week 8 versus C_{max}



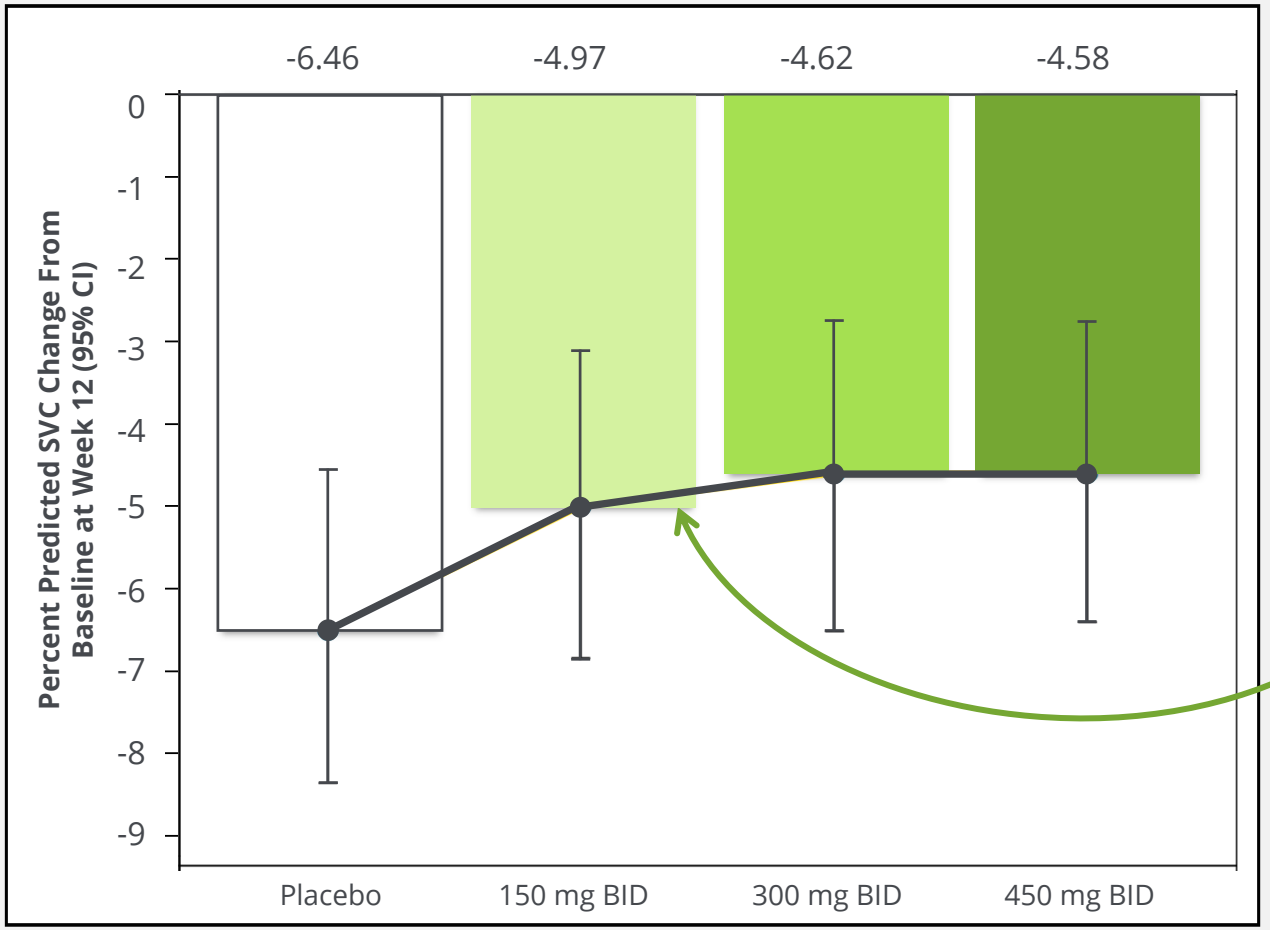
C_{max}, maximum concentration
Data Transfer on 24MAY18

Phase 2 Clinical Trial in ALS

Functional
Outcomes in a
Randomized
Trial of
Investigational
Treatment with CK-107
to **U**nderstand
Decline in
Endpoints in
ALS

Parallel group, dose ranging study enrolling 450 patients with ALS in the US and Canada, evaluating change from baseline in the percent predicted slow vital capacity (SVC) at 12 weeks of treatment with *reldesemtiv* or placebo

Primary Endpoint: SVC



Primary Analysis

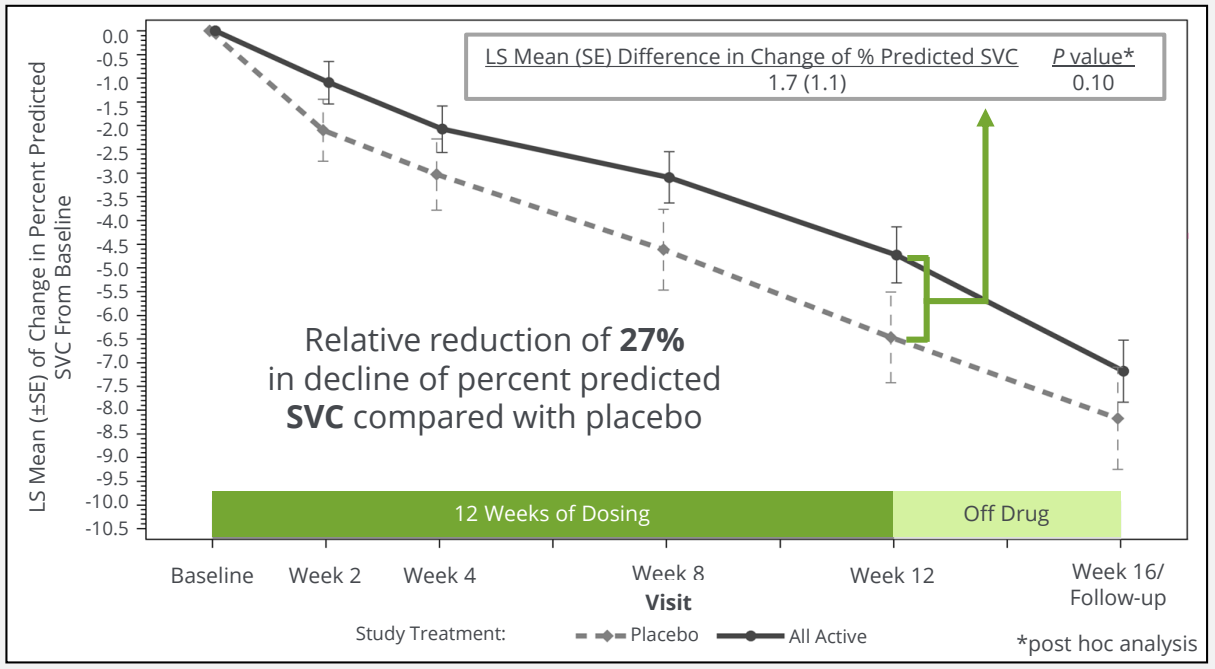
P* = 0.11 for weighted dose-response relationship

Change from Baseline in Percent Predicted SVC at Week 12

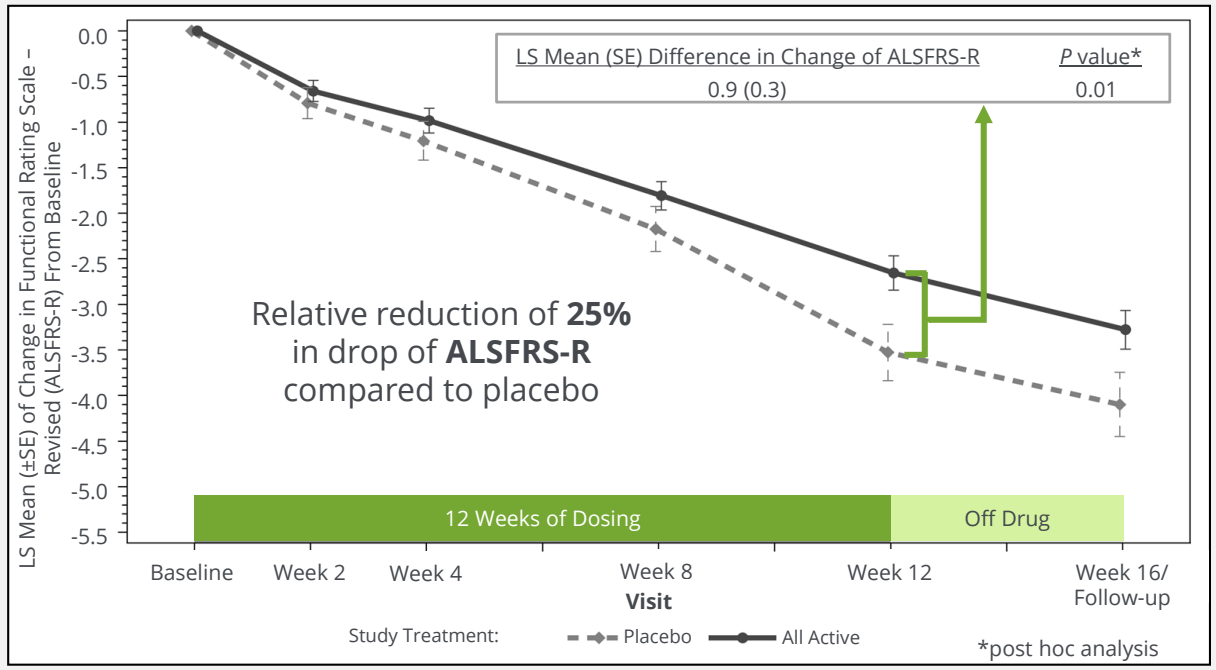
*Based on Mixed Model for Repeated Measures (MMRM) with the contrasts of (-5, -1, 3, 3) for placebo, reldesemtiv 150 mg, 300 mg and 450 mg BID, respectively

Change From Baseline: All Active vs Placebo*

SVC Change From Baseline
(All Active vs Placebo)



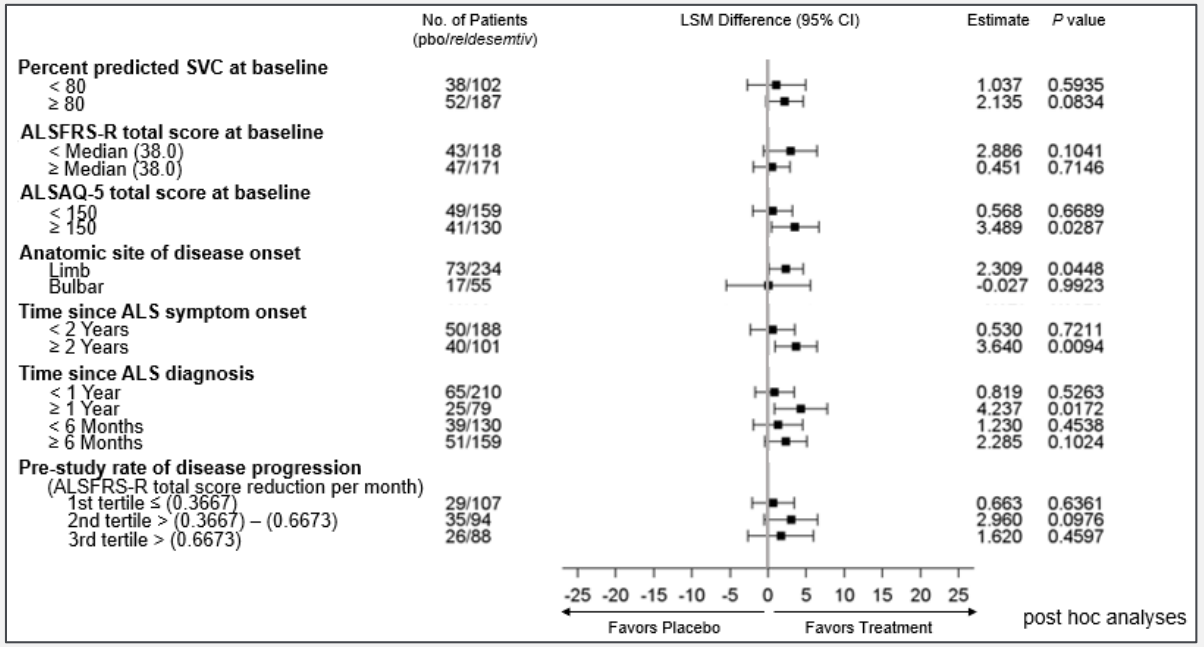
ALSFRS-R Change From Baseline
(All Active vs Placebo)



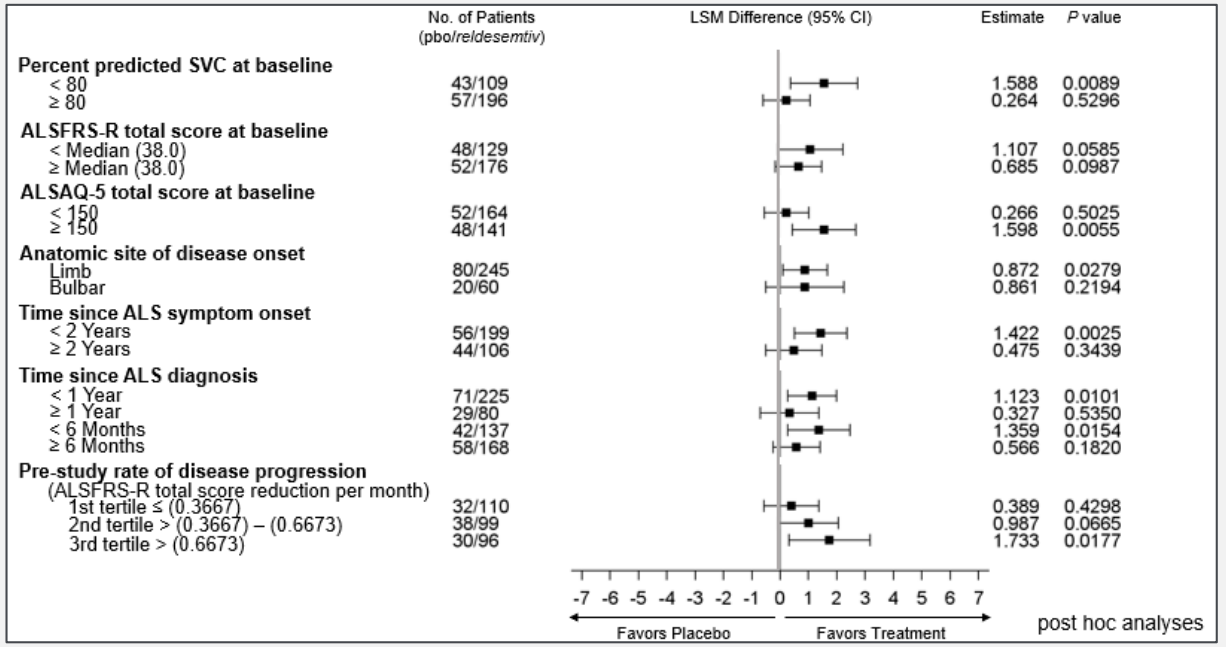
*FORTITUDE-ALS did not achieve statistical significance, but patients on all dose groups of *reldesemtiv* declined less than patients on placebo

Subgroup Analyses*

Percent Predicted SVC



ALSFRS-R Total Score



*FORTITUDE-ALS did not achieve statistical significance, but patients on all dose groups of *reldesemtiv* declined less than patients on placebo

Astellas Collaboration

Original Deal: 2013
Expanded to include SMA: 2014
Expanded to Include ALS: 2016
>$200M in Upfront Payments/R&D Sponsorship

- Collaborative research program on next-generation skeletal muscle activators through 2019 (under Astellas' sponsorship)
- Development of *reldesemtiv* in non-neuromuscular and neuromuscular indications (e.g., SMA and ALS)
- Cytokinetics conducts Phase II clinical trials of *reldesemtiv* in SMA and ALS (at Astellas' expense)
- Astellas primarily responsible for development; Cytokinetics' option to co-fund (e.g., SMA) and co-funding obligation (e.g., ALS)
- Cytokinetics has option to conduct early-stage development for certain indications at its expense, subject to reimbursement

Astellas to commercialize products subject to Cytokinetics' option to co-promote for neuromuscular indications in US, Canada, and Europe; **Cytokinetics** has the option to co-promote for all other indications in the US and Canada

Astellas will reimburse Cytokinetics for certain expenses associated with co-promotion activities

Cytokinetics eligible to receive over $600 mm in pre-commercialization and commercialization milestones plus royalties, which are increased for co-funded products

CORPORATE

PROFILE

Cytokinetics Financing History

Strategic Partners and Institutional Investors Have Committed Approximately Equal Amounts of Capital to Cytokinetics

		Equity	Upfront Cash, Option, and Milestones	R&D Reimbur.	Total
Investors	Private Investors (VCs)	$116M			
	IPO	$94M			
	Public Post-IPO/Other	$420M			
	Total	**$630M**			**$630M**
Strategic Partners & Grants	Astellas	$10M	$130M	$81M	$221M
	Amgen	$43M	$145M	$31M	$219M
	Royalty Pharma	$10M	$90M		$100M
	GSK	$24M	$22M	$33M	$78M
	AstraZeneca			$2M	$2M
	MyoKardia			$2M	$2M
	Global Blood			$2M	$2M
	Grants (ALS Assoc / NINDS / other)		$6M		$6M
	Total	**$87M**	**$393M**	**$143M**	**$631M**

Note: Figures above exclude current debt outstanding of $43M.

Q2 2019 Condensed Balance Sheet

	6/30/19 (in millions)
Cash and investments	$175.1
Other assets	$23.1
Total assets	$198.2
Debt	$44.5
Liability related to sale of future royalties	$132.4
Other liabilities	$26.2
Total liabilities	$203.1
Working capital	$163.0
Accumulated deficit	-$804.8
Stockholders' Equity (Deficit)	-$4.9
Basic shares outstanding	**58.1**

2019 Financial Guidance

	(in millions)
Cash Revenue	**$28 - 32**
Cash Operating Expenses	**$110 - 115**
Net	**~$90**

Financial guidance confirmed on May 9, 2019 earnings call

Over 24 Months of Cash Based on 2019 Guidance

Upcoming Milestones

Continue to Conduct **GALACTIC-HF** through 2019; Expect Second Interim Analyses in 1H 2020

Continue Enrollment in **METEORIC-HF** through 2019

Expect to Initiate Phase 2 Trial of **CK-274** in Q4 2019

Continue to Evaluate Results of **FORTITUDE-ALS** & Discuss Next Steps with Astellas

Continue to Conduct Phase 1 Study of **AMG 594** through 2019

Cytokinetics

THANK YOU