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; 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.

Cytokinetics has filed a registration statement (including a prospectus) with the SEC for the offering to which this presentation relates. Before you invest, you should carefully read the prospectus and the prospectus supplement, when available, together with the information incorporated by reference, as well as any free writing prospectus that we or the underwriters provide you in connection with the offering, for more information about Cytokinetics and the offering. You may obtain those documents that are filed with the SEC free of charge by visiting the SEC's website at www.sec.gov. Alternatively, you may obtain a copy of the prospectus supplement and accompanying prospectus, when available, from Morgan Stanley & Co. LLC, Attention: Prospectus Department, 180 Varick Street, 2nd Floor, New York, NY 10014; or Mizuho Securities USA LLC, Attn: Equity Capital Markets, 320 Park Avenue, 12th Floor, New York, NY 10022-6815, by telephone (212) 205-7600, or by email: US-ECM@us.mizuho-sc.com.

Our Mission

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

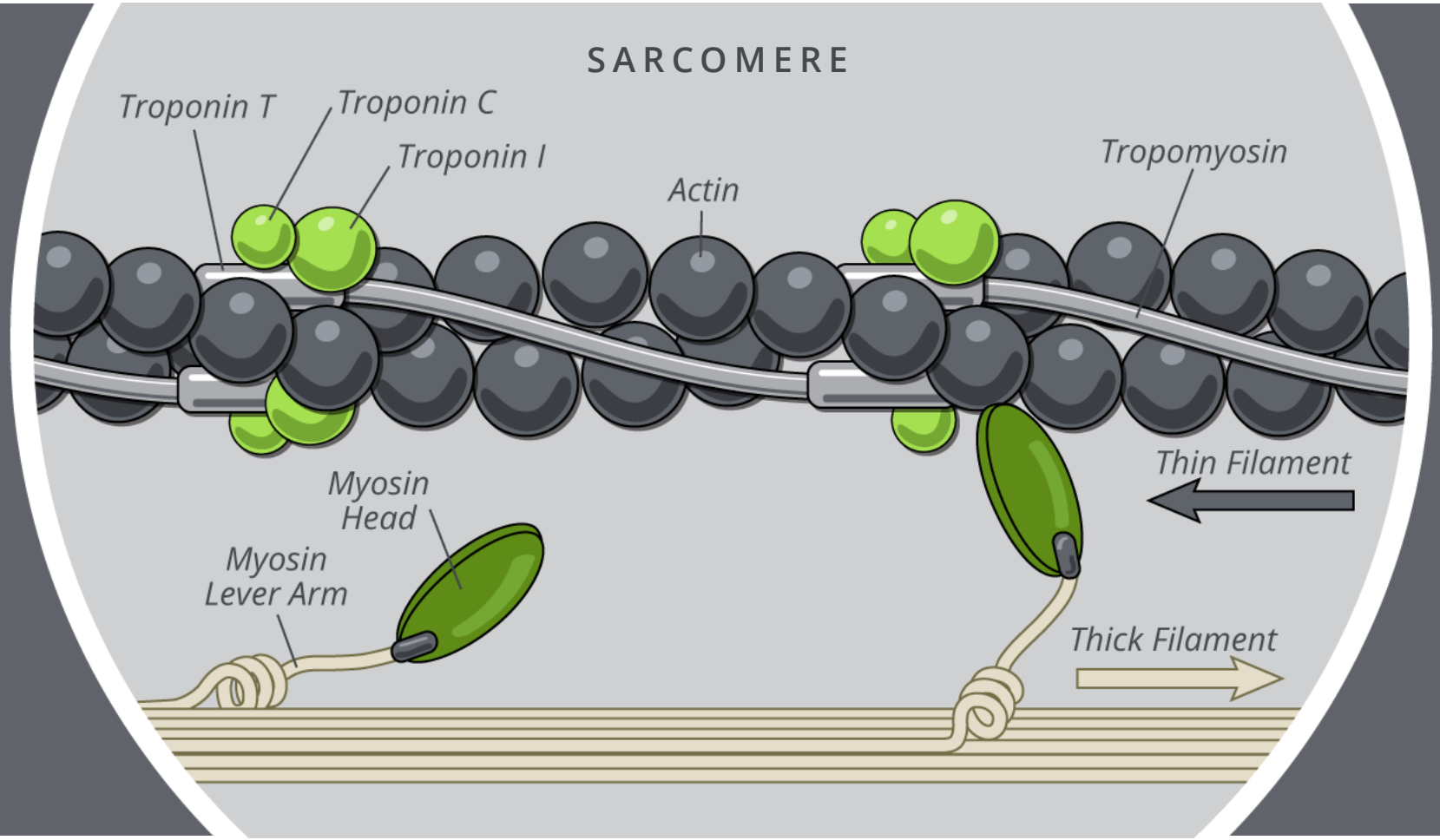
Sarcomere-Directed Research Goals

CARDIAC

ACTIVATE MYOSIN
Omecamtiv Mecarbil

INHIBIT MYOSIN
CK-274

ACTIVATE TROPONIN
AMG 594

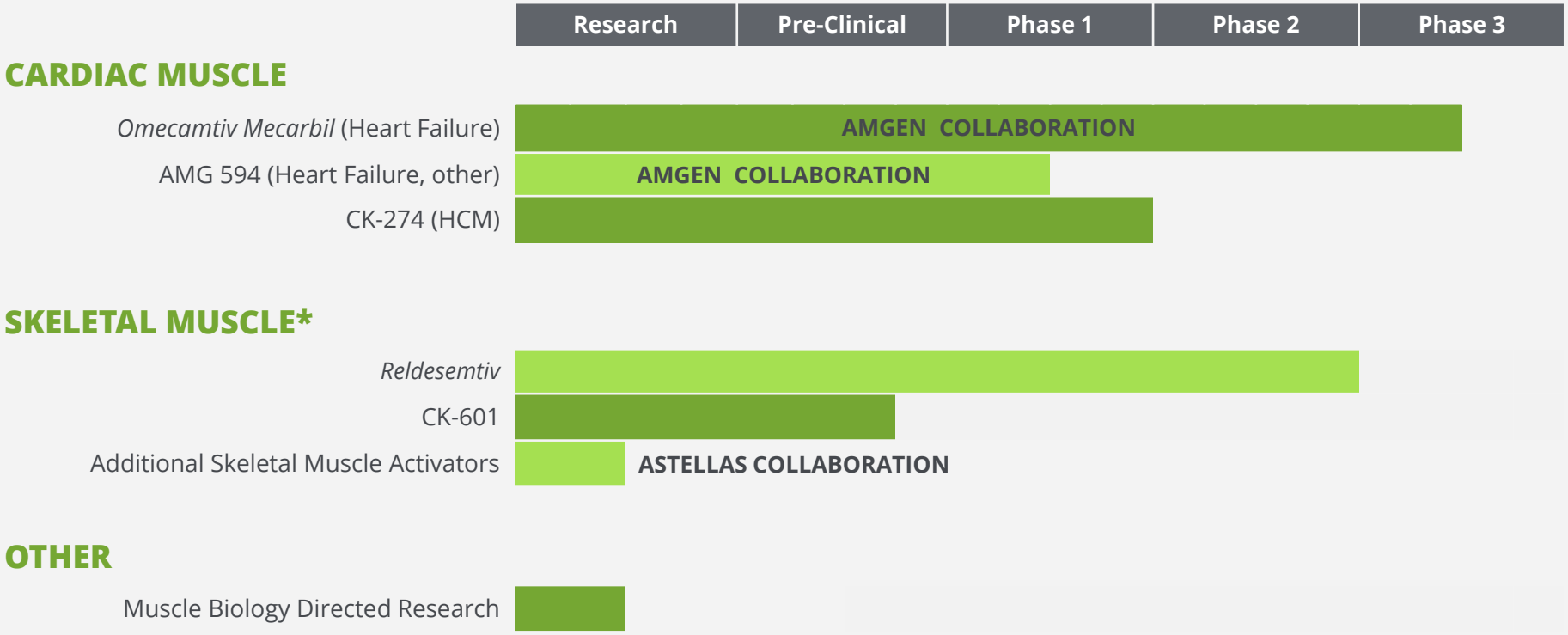


ACTIVATE TROPONIN
Reldesemtiv

ACTIVATE TROPONIN
CK-601

SKELETAL

Pipeline of Novel Muscle-Directed Compounds



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

*Development of *tirasemtiv* has been suspended. A managed access program remains underway for patients who completed participation in VITALITY-ALS.

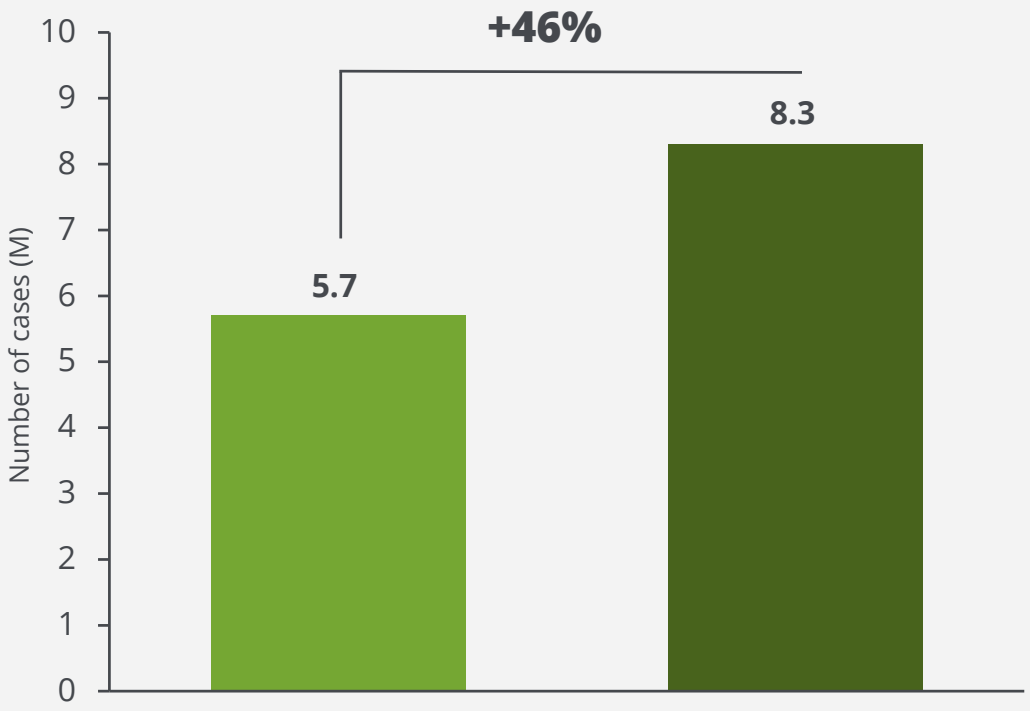
CARDIAC MUSCLE

Omecamtiv Mecarbil

CK-274

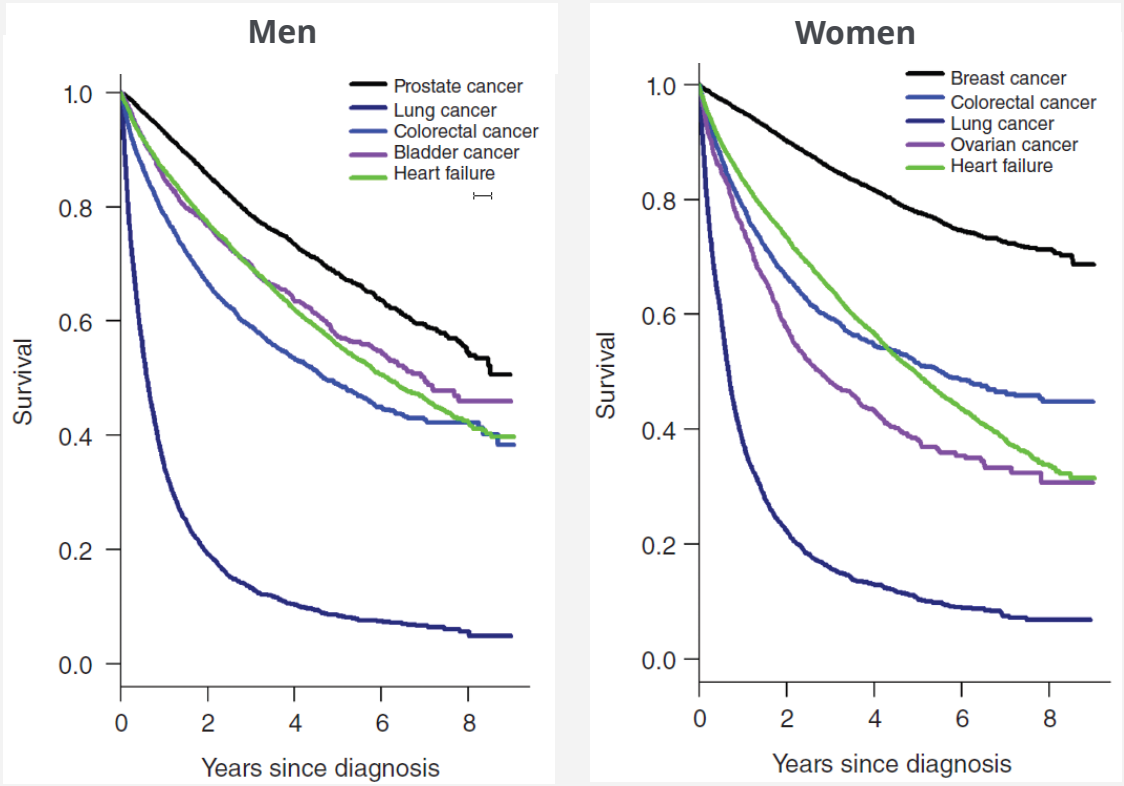
Heart Failure: Growing Prevalence and Low Survival Rate

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



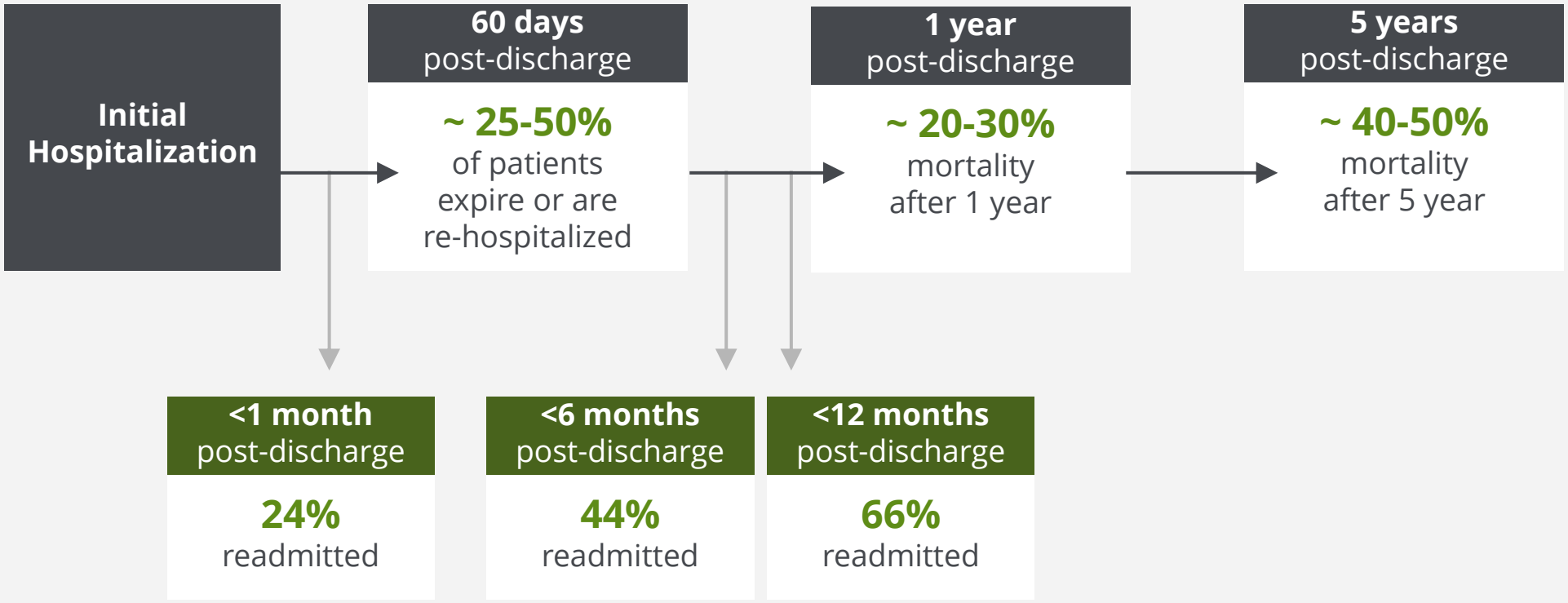
Mozzafarian, et al. *Circulation* 2016; 133: e38-360

HF Survival Rates Worse than Some Prevalent Cancers



Mamas MA, et al. Do patients have worse outcomes in heart failure than in cancer? *European Journal Heart Failure* 2017

High Mortality and Hospital Readmission Rates



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

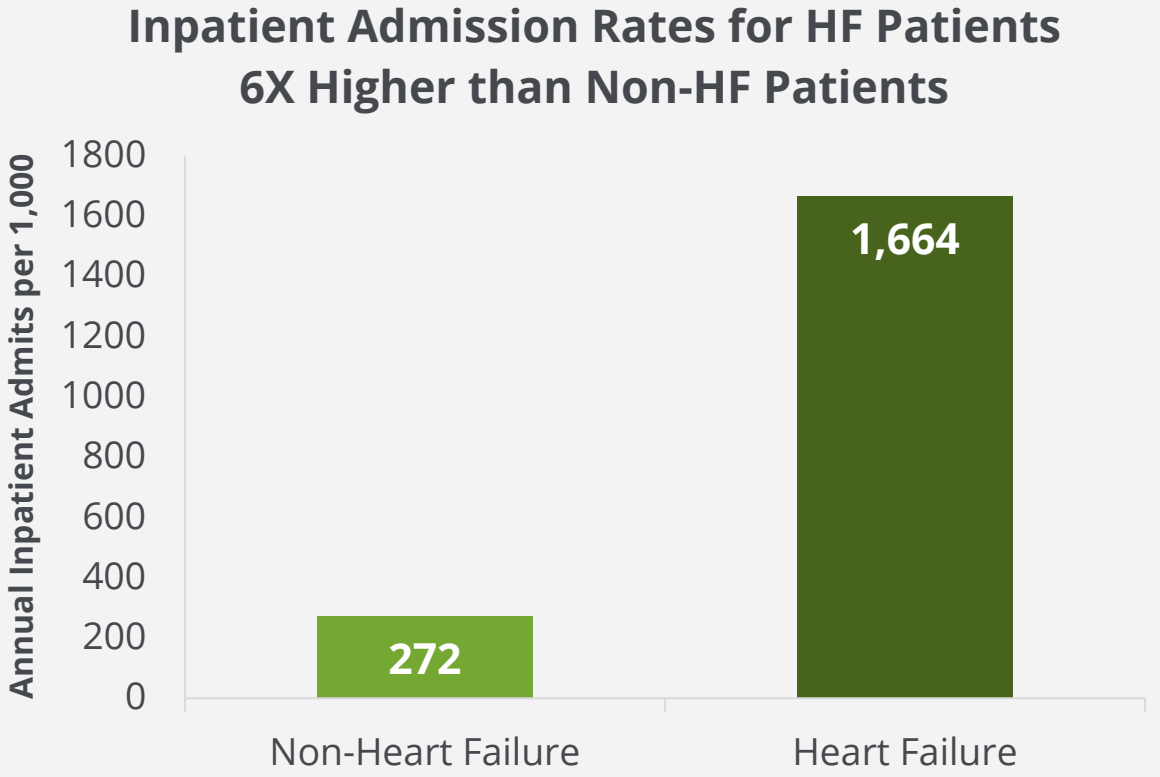
Acute heart failure is the most frequent cause of hospitalization in people > 65

1 of 2 hospitalized HF patients are readmitted within 6 months

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



Source: Milliman Analysis of Medicare 5% Sample 2011-2012 (2012 index year, 2011 look back year)
Source: 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

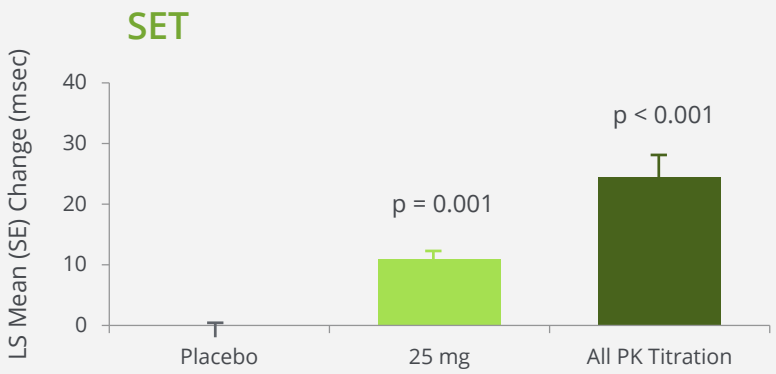
7
Phase 2 Studies

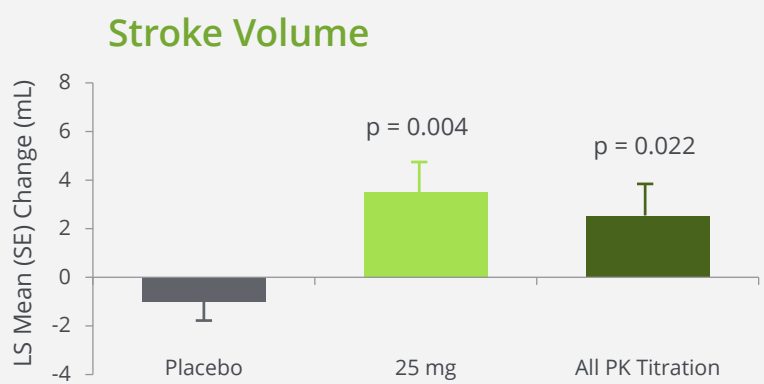
1,414
Subjects Enrolled

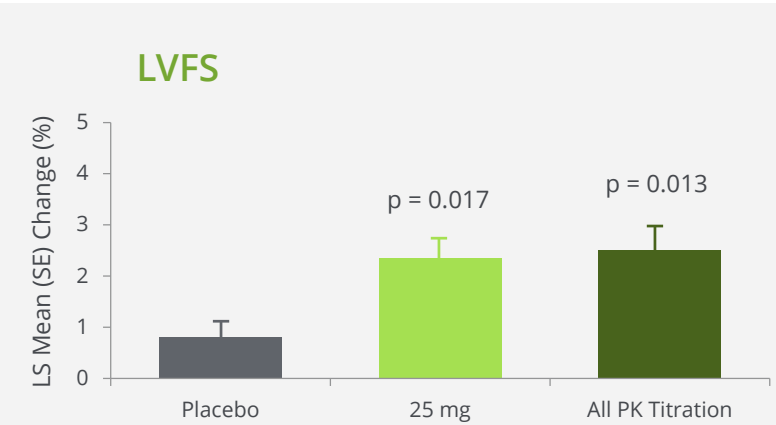
COSMIC-HF showed statistically significant improvements in measures of cardiac function

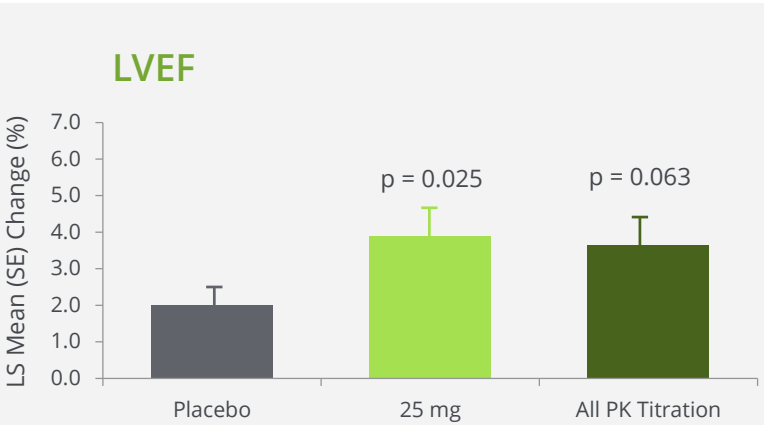
Dose-Dependent Increases Observed in Cardiac Output

Pharmacodynamic Data Observed in COSMIC-HF









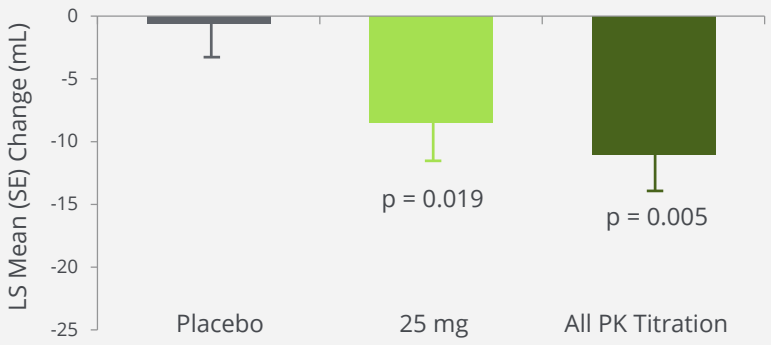
LVEF, left ventricular ejection fraction; LVFS, left ventricular fractional shortening;
SE, standard error; SET, systolic ejection time ; all p values are nominal without multiplicity adjustment.

Decreases Observed in Physiology & Cardiac Risk

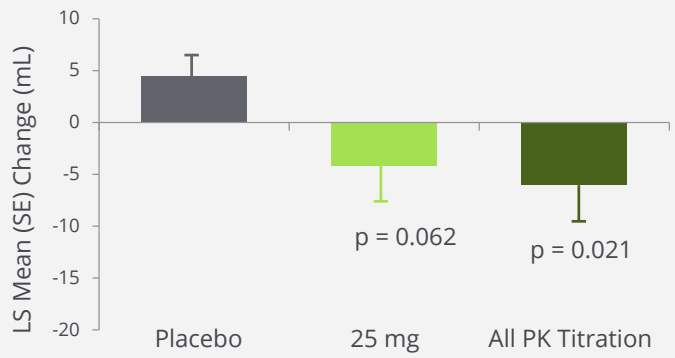
Reductions in Heart Volume, Oxygen Demand & Wall Stress Observed in COSMIC-HF

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

LVESV

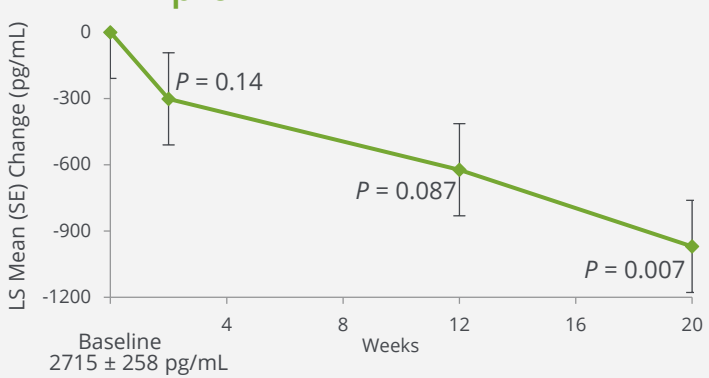


LVEDV

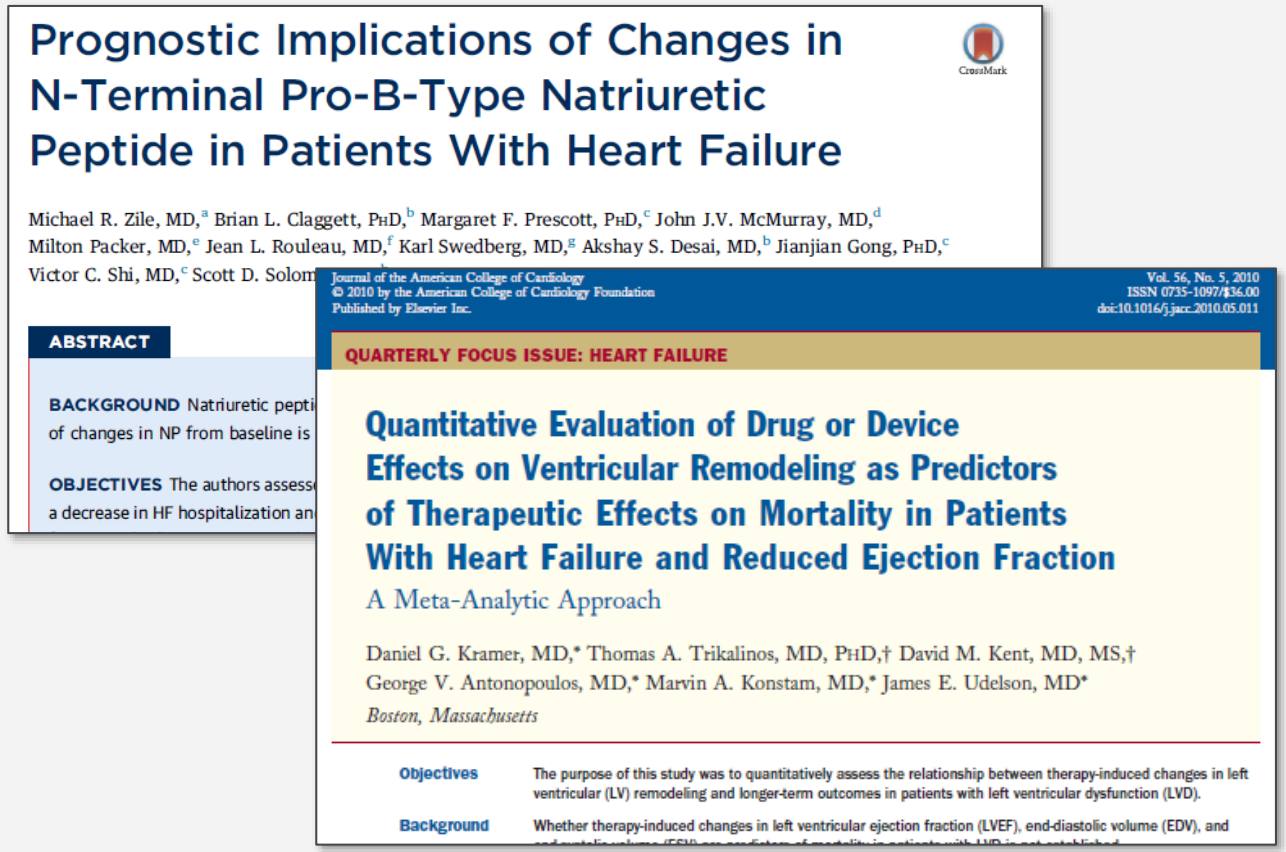


Heart Rate

NT-proBNP



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

Journal of the American College of Cardiology
© 2010 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 56, No. 5, 2010
ISSN 0735-1097/$36.00
doi:10.1016/j.jacc.2010.05.011

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

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

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 Clinical Trial Completed Enrollment

GALACTIC-HF

GALACTIC-HF Continuing Following Planned Interim Analysis Conducted by DMC

Second Interim Analyses Expected in Q1 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.

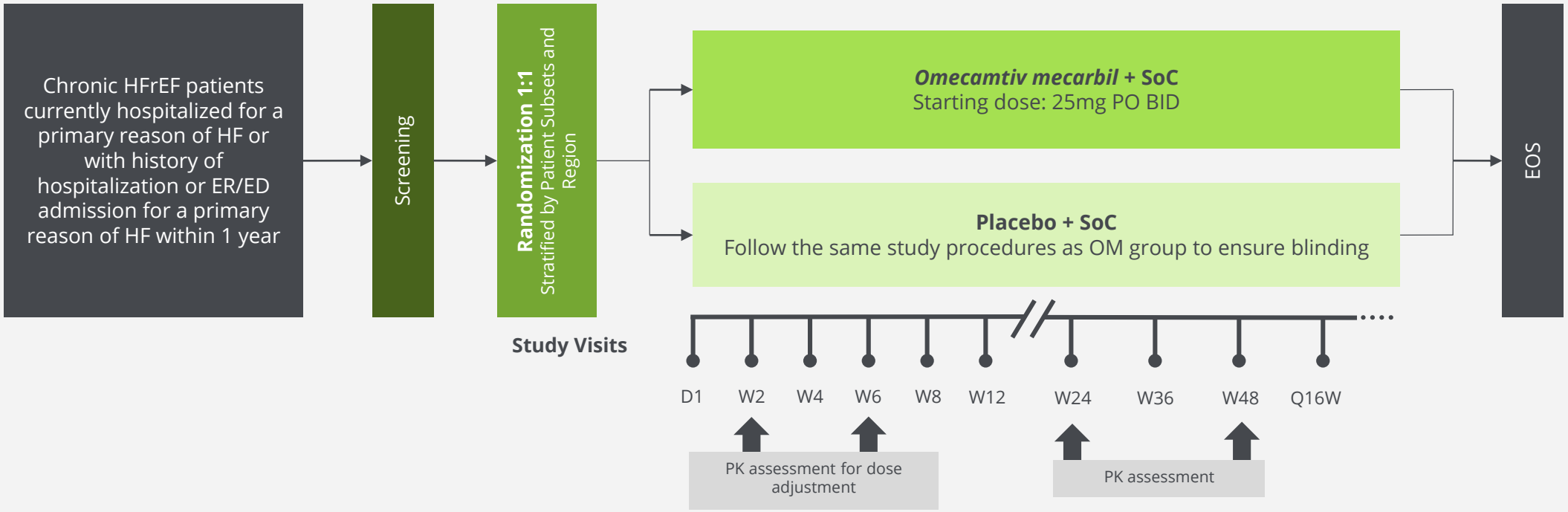
Key Design Points

- 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 Clinical 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)

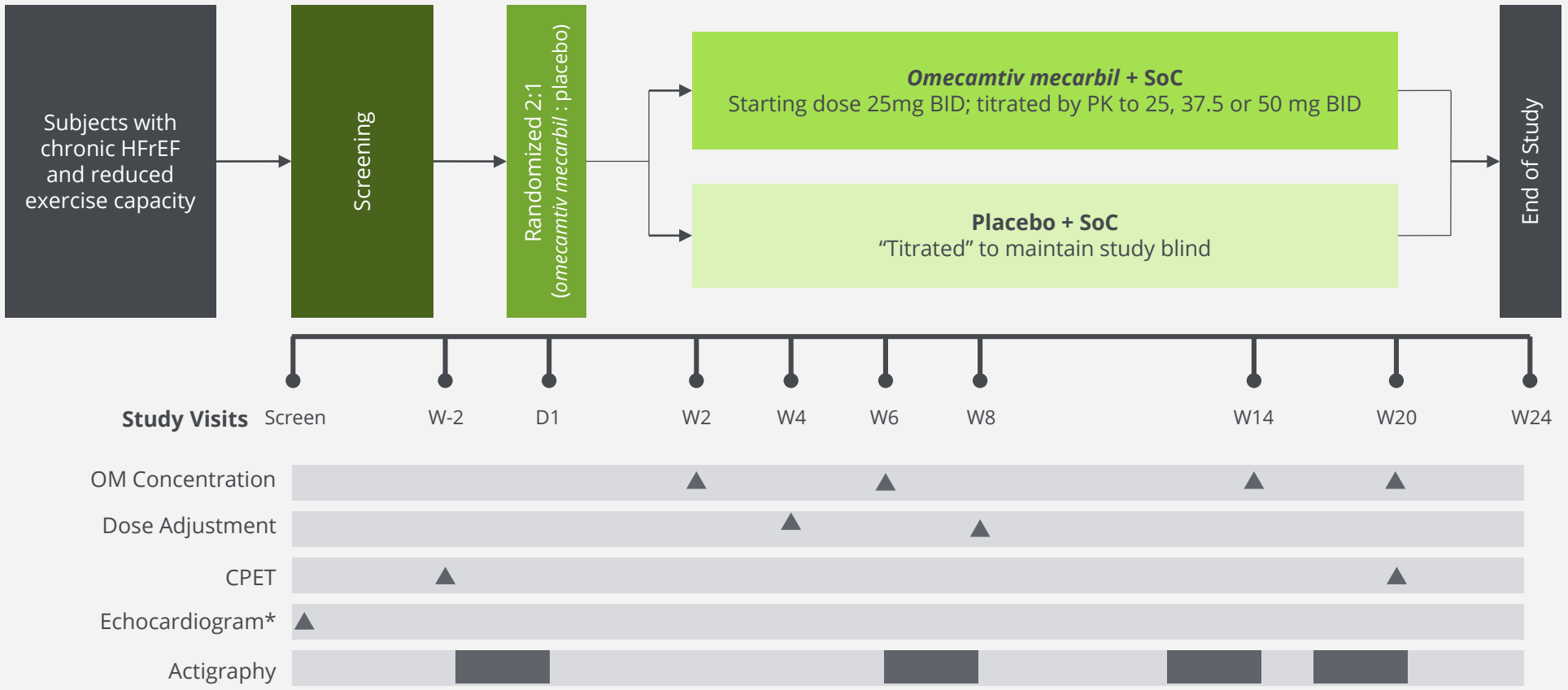
Piotr Ponikowski (Poland)

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

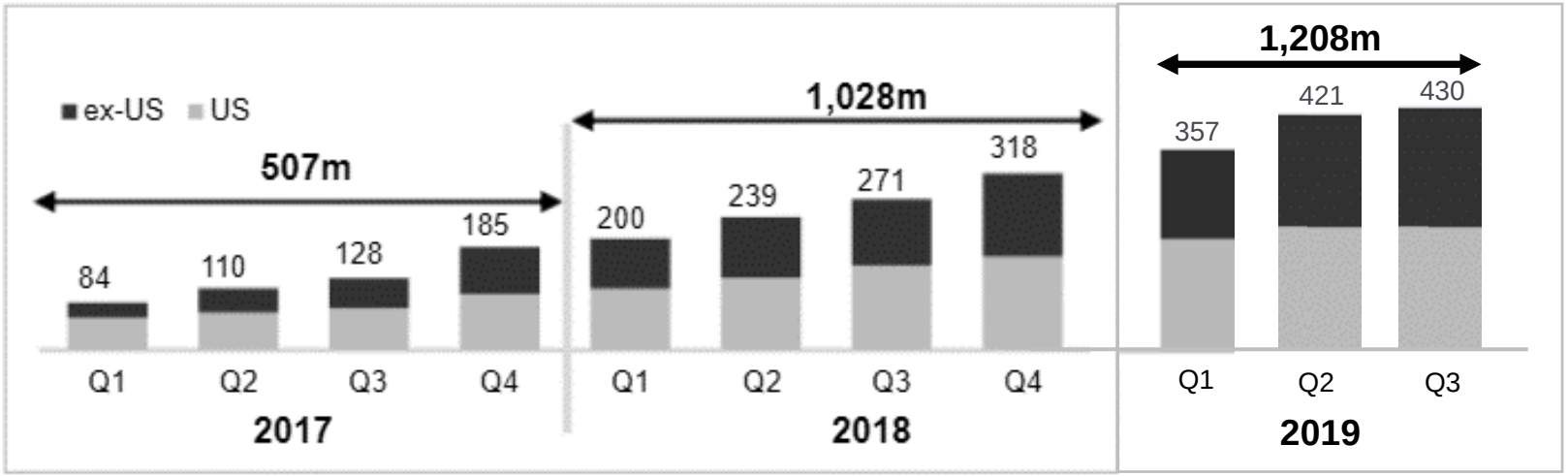
Paid $100M for 4.5% royalty on worldwide sales of *omecamtiv mecarbil*: 2017

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

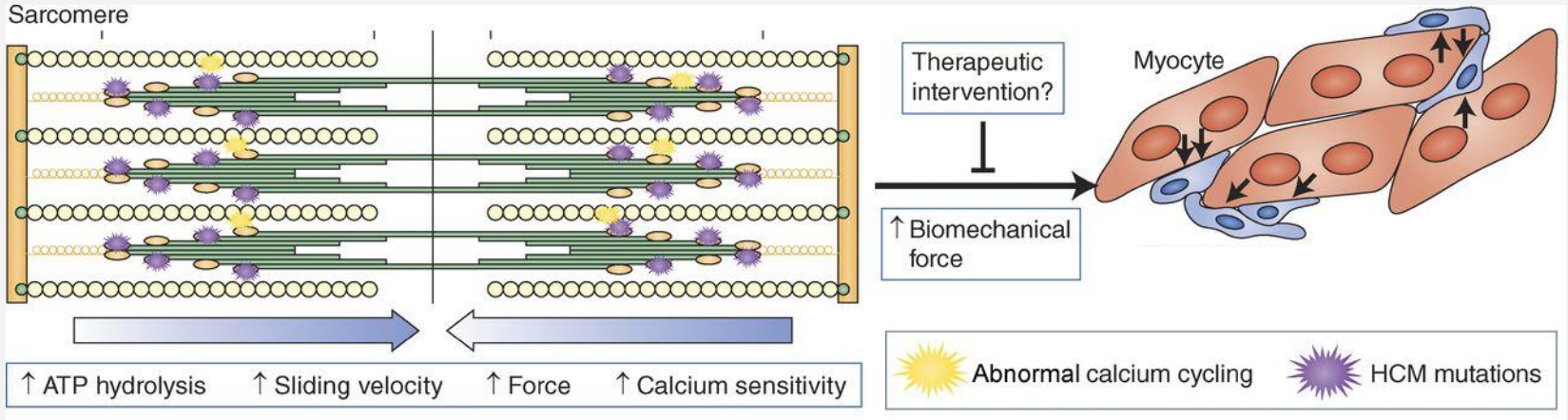


Sources: Novartis Q4 and FY18 results presentation, January 2019; Novartis Q1 2019 results presentation, April 2019; Novartis Q2 2019 results presentation, July 2019; Novartis Q3 2019 results presentation, October 2019

*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.

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

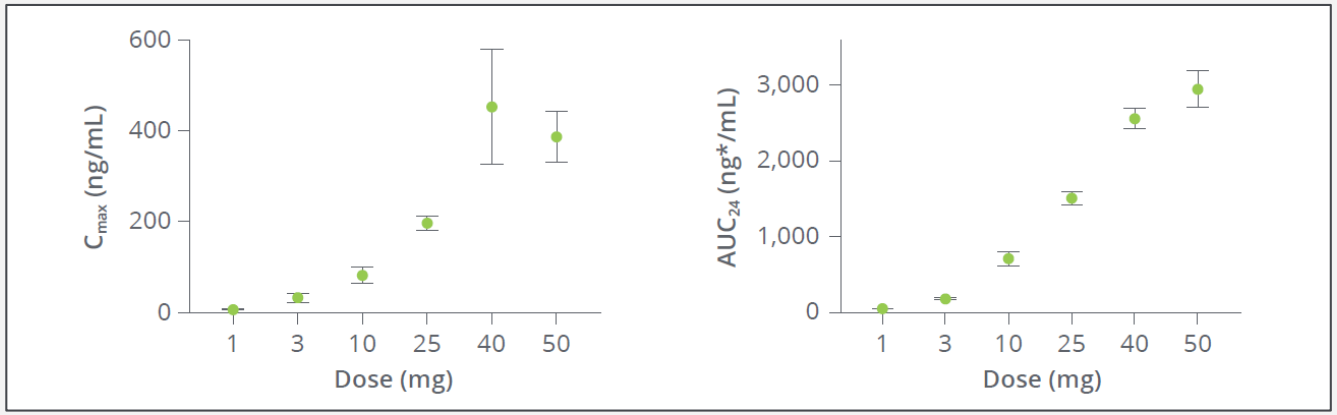
- Favorable pharmacokinetic / pharmacodynamic properties and other candidate selection criteria
  - Selective allosteric inhibitor of cardiac myosin
  - Potential *in vivo* pharmacodynamic advantages related to distinctive binding
  - No inhibition of smooth muscle myosin observed
  - Favorable ADME properties with no significant CYP inhibition or CYP induction observed
  - Favorable oral bioavailability observed across pre-clinical species
    - Favorable 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 seen in pre-clinical/clinical studies may translate to favorable therapeutic window in patients, broaden clinical utility**

Discovered by Company Scientists Independent of Collaborations

Selected from Multiple Potential Development Candidates (PDCs)

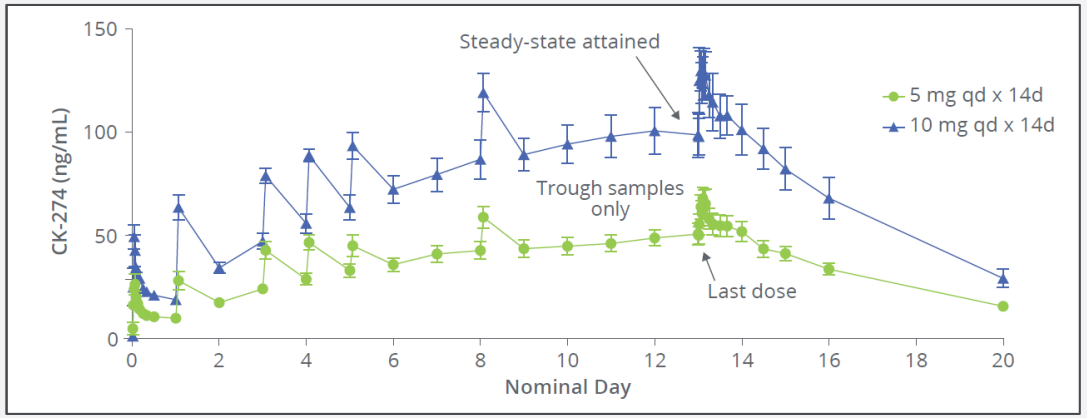
Phase 1 Study: SAD & MAD Pharmacokinetics

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.

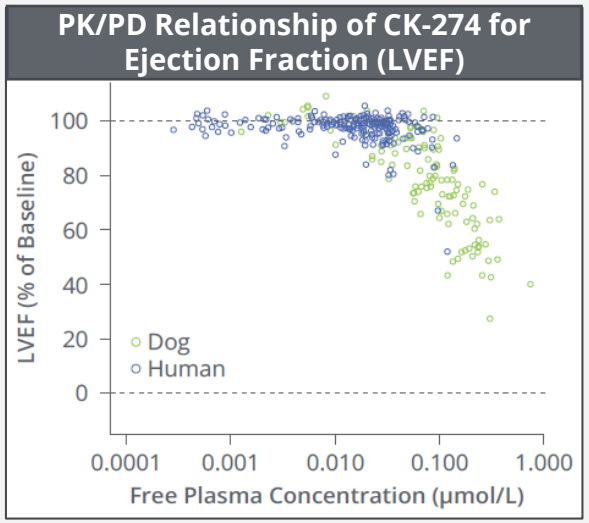
Phase 1 Study: MAD Pharmacokinetic Parameters

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.

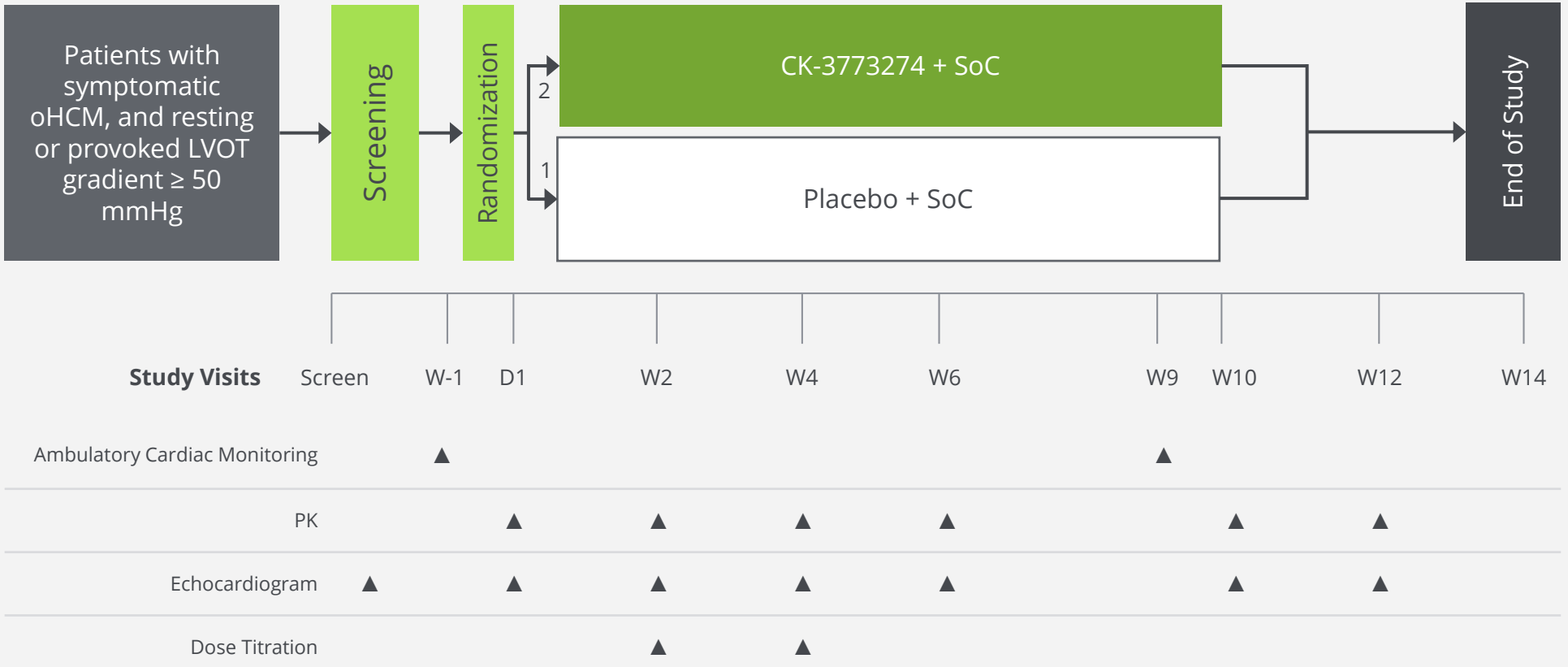


- Graphs show LVEF as a function of exposure; data points represent observed values in dogs and humans
- Decrease in LVEF as function of exposure is similar in humans and dogs

CK-274: Phase 1 Data Support Progression to Phase 2

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

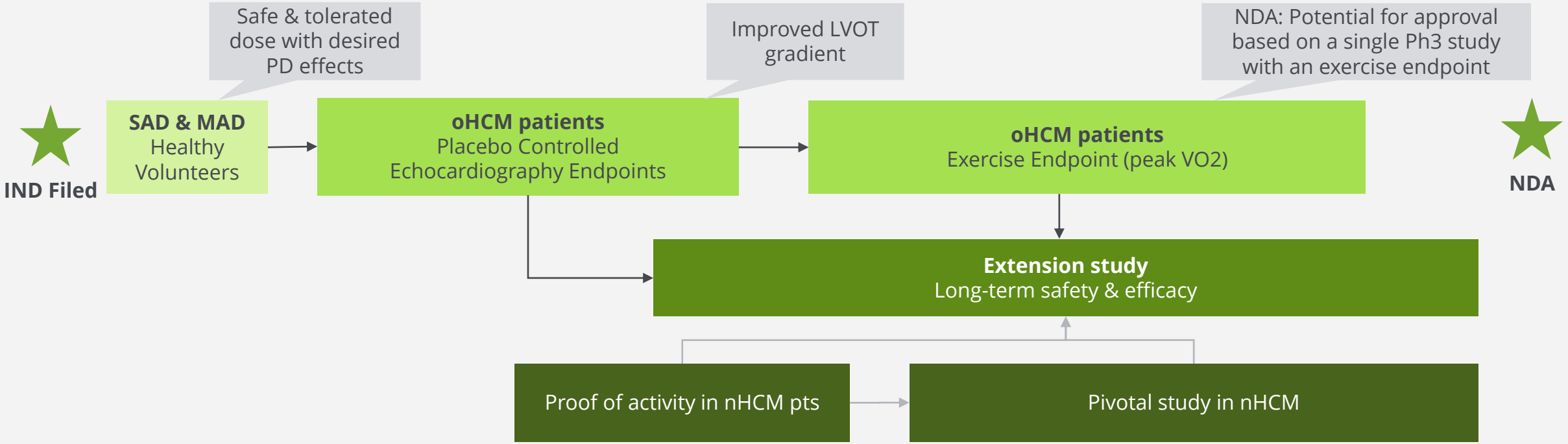
REDWOOD-HCM: Phase 2 Clinical Trial Design



REDWOOD-HCM 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



Cardiac Muscle: Upcoming Milestones

Continue to Conduct GALACTIC-HF through 2019;
Expect Second Interim Analyses in Q1 2020

Continue Enrollment in METEORIC-HF Through 2019

Expect to Initiate REDWOOD-HCM in Q4 2019

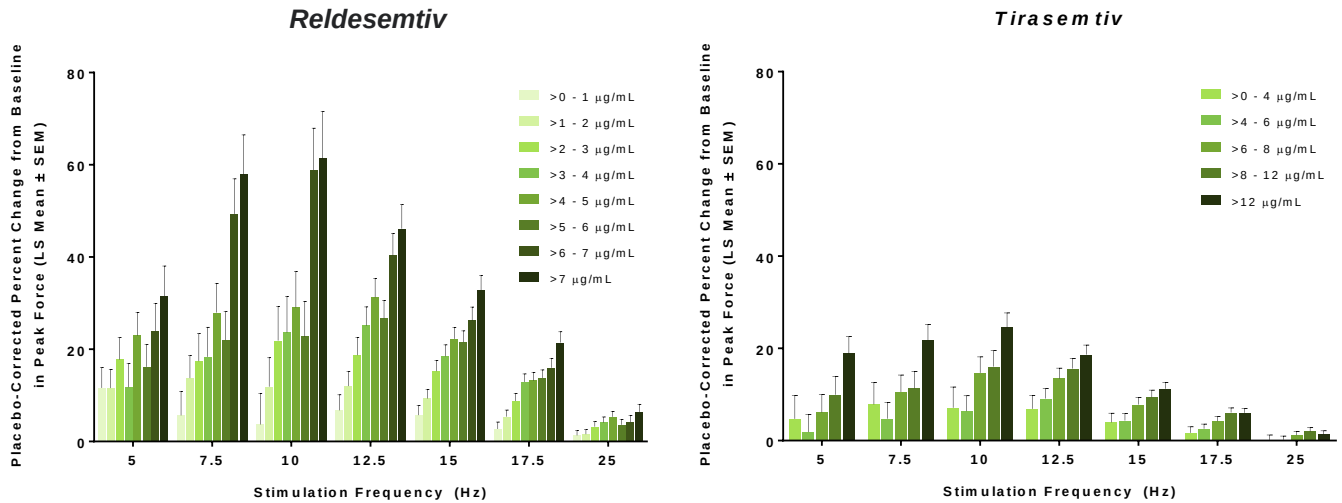
Continue to Conduct Phase 1 Study of AMG 594 through 2019

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.

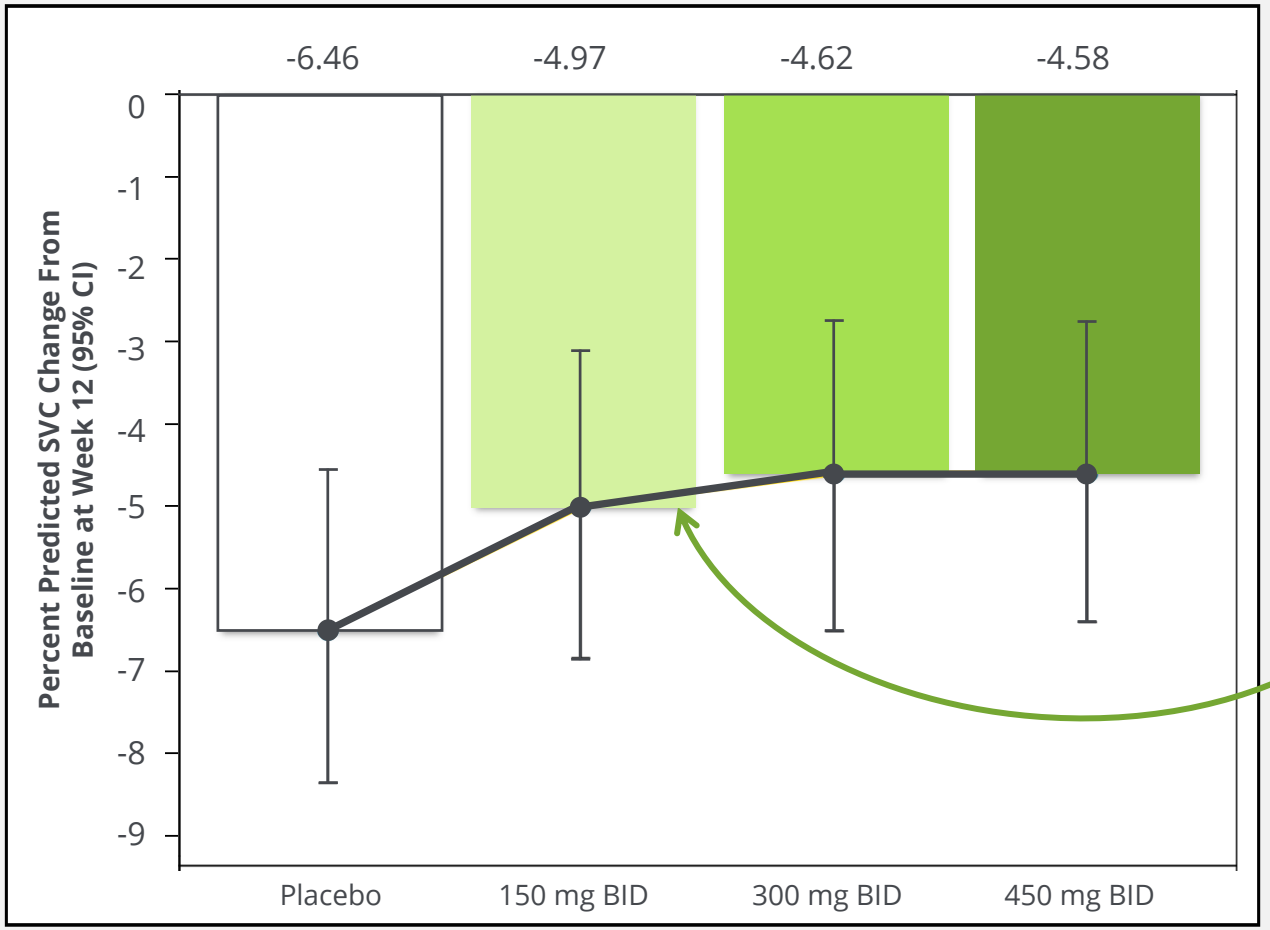
For informational purposes only: no head-to-head studies have been conducted comparing *reldesemtiv* to *tirasemtiv*. Differences between the two studies may limit the conclusions that can be drawn from comparisons.

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

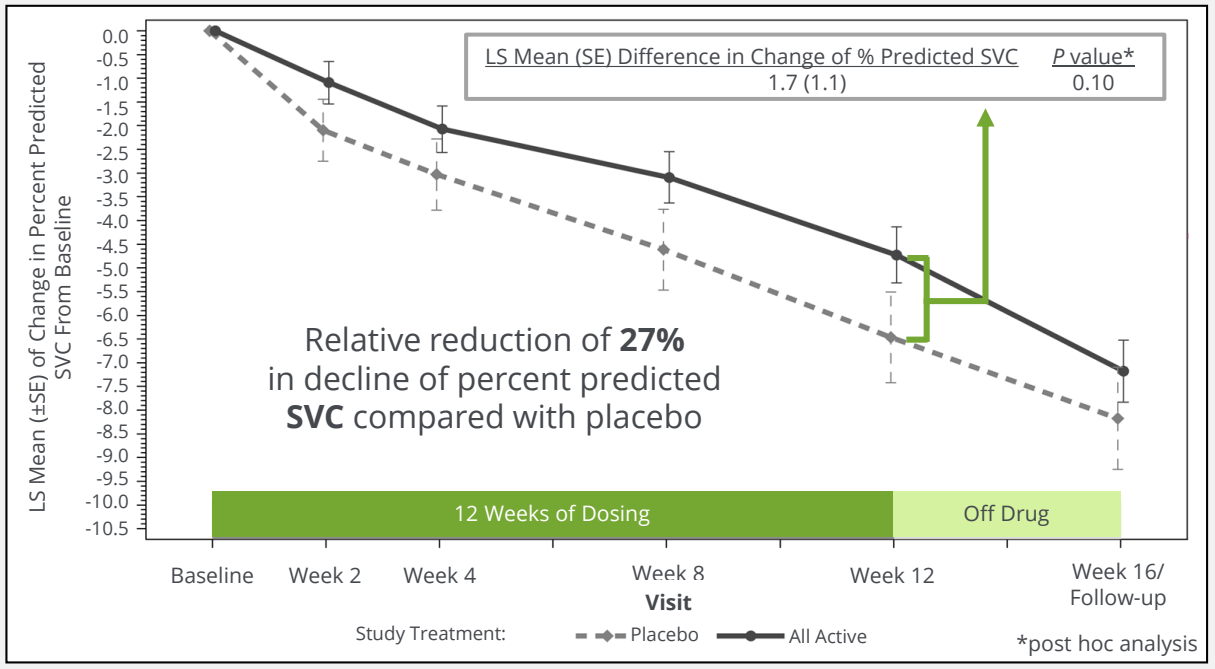
P* = 0.11 for weighted dose-response relationship

Change from Baseline in Percent Predicted SVC at Week 12

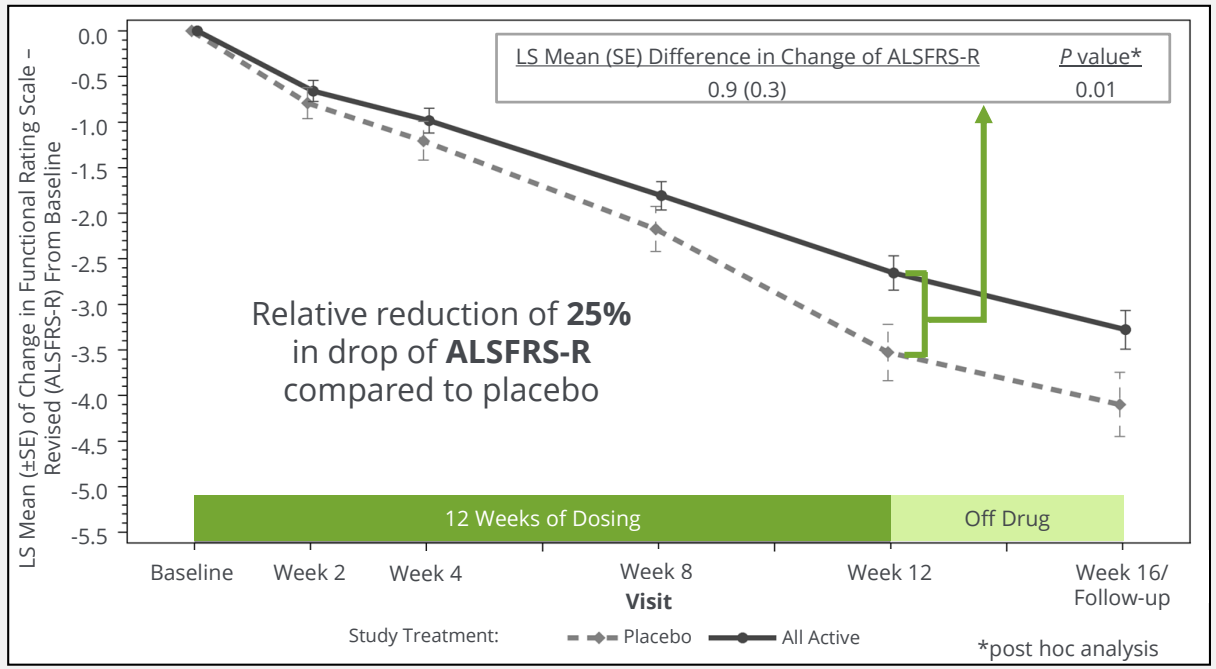
*Based on Mixed Model for Repeated Measures (MMRM) with the contrasts of (-5, -1, 3, 3) for placebo, reldesemtiv 150 mg, 300 mg and 450 mg BID, respectively

Change From Baseline: All Active vs Placebo*

SVC Change From Baseline
(All Active vs Placebo)



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

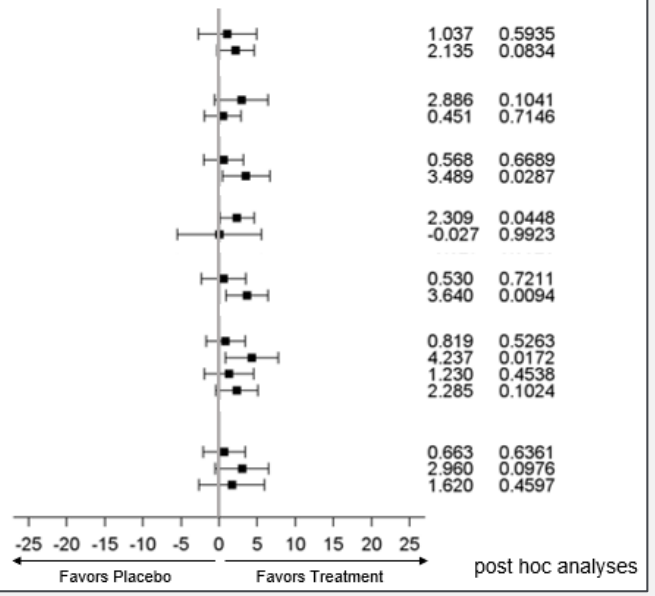


*FORTITUDE-ALS did not achieve statistical significance, but patients on all dose groups of *reldesemtiv* declined less than patients on placebo

Pre-Specified Subgroup Analyses*

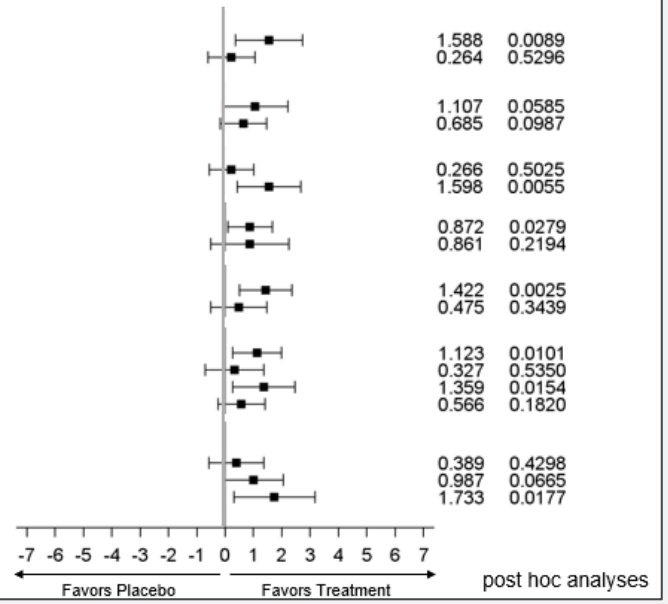
Percent Predicted SVC

	No. of Patients (pbo/*reldesemtiv*)	Estimate	*P* value
Percent predicted SVC at baseline			
< 80	38/102	1.037	0.5935
≥ 80	52/187	2.135	0.0834
ALSFRS-R total score at baseline			
< Median (38.0)	43/118	2.886	0.1041
≥ Median (38.0)	47/171	0.451	0.7146
ALSAQ-5 total score at baseline			
< 150	49/159	0.568	0.6689
≥ 150	41/130	3.489	0.0287
Anatomic site of disease onset			
Limb	73/234	2.309	0.0448
Bulbar	17/55	-0.027	0.9923
Time since ALS symptom onset			
< 2 Years	50/188	0.530	0.7211
≥ 2 Years	40/101	3.640	0.0094
Time since ALS diagnosis			
< 1 Year	65/210	0.819	0.5263
≥ 1 Year	25/79	4.237	0.0172
< 6 Months	39/130	1.230	0.4538
≥ 6 Months	51/159	2.285	0.1024
Pre-study rate of disease progression (ALSFRS-R total score reduction per month)			
1st tertile ≤ (0.3667)	29/107	0.663	0.6361
2nd tertile > (0.3667) – (0.6673)	35/94	2.960	0.0976
3rd tertile > (0.6673)	26/88	1.620	0.4597



ALSFRS-R Total Score

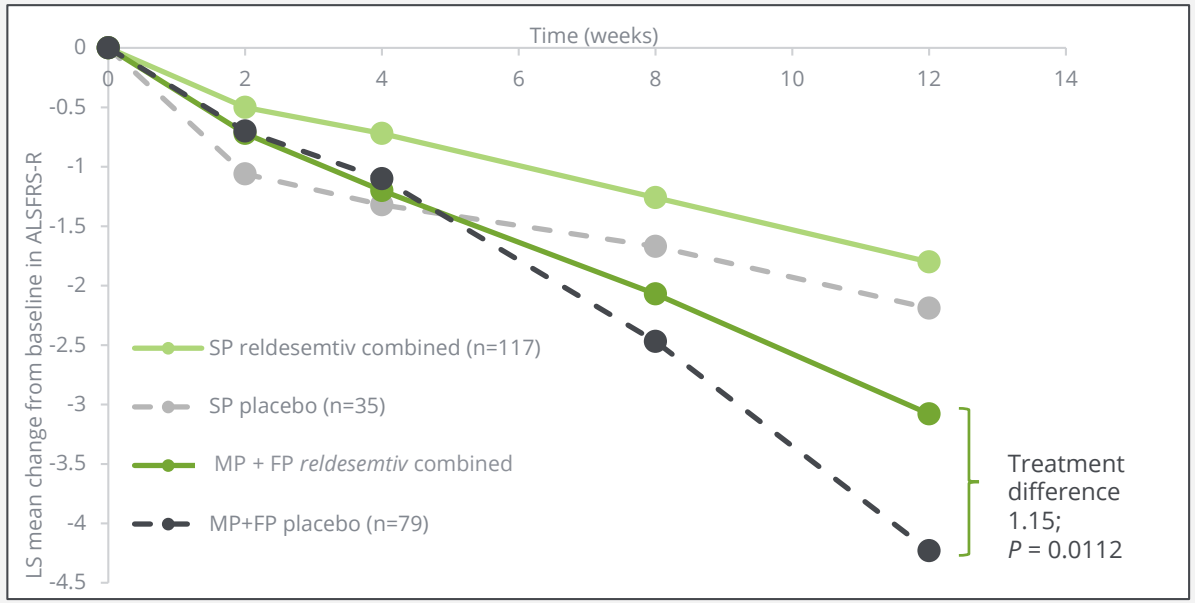
	No. of Patients (pbo/*reldesemtiv*)	Estimate	*P* value
Percent predicted SVC at baseline			
< 80	43/109	1.588	0.0089
≥ 80	57/196	0.264	0.5296
ALSFRS-R total score at baseline			
< Median (38.0)	48/129	1.107	0.0585
≥ Median (38.0)	52/176	0.685	0.0987
ALSAQ-5 total score at baseline			
< 150	52/164	0.266	0.5025
≥ 150	48/141	1.598	0.0055
Anatomic site of disease onset			
Limb	80/245	0.872	0.0279
Bulbar	20/60	0.861	0.2194
Time since ALS symptom onset			
< 2 Years	56/199	1.422	0.0025
≥ 2 Years	44/106	0.475	0.3439
Time since ALS diagnosis			
< 1 Year	71/225	1.123	0.0101
≥ 1 Year	29/80	0.327	0.5350
< 6 Months	42/137	1.359	0.0154
≥ 6 Months	58/168	0.566	0.1820
Pre-study rate of disease progression (ALSFRS-R total score reduction per month)			
1st tertile ≤ (0.3667)	32/110	0.389	0.4298
2nd tertile > (0.3667) – (0.6673)	38/99	0.987	0.0665
3rd tertile > (0.6673)	30/96	1.733	0.0177



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

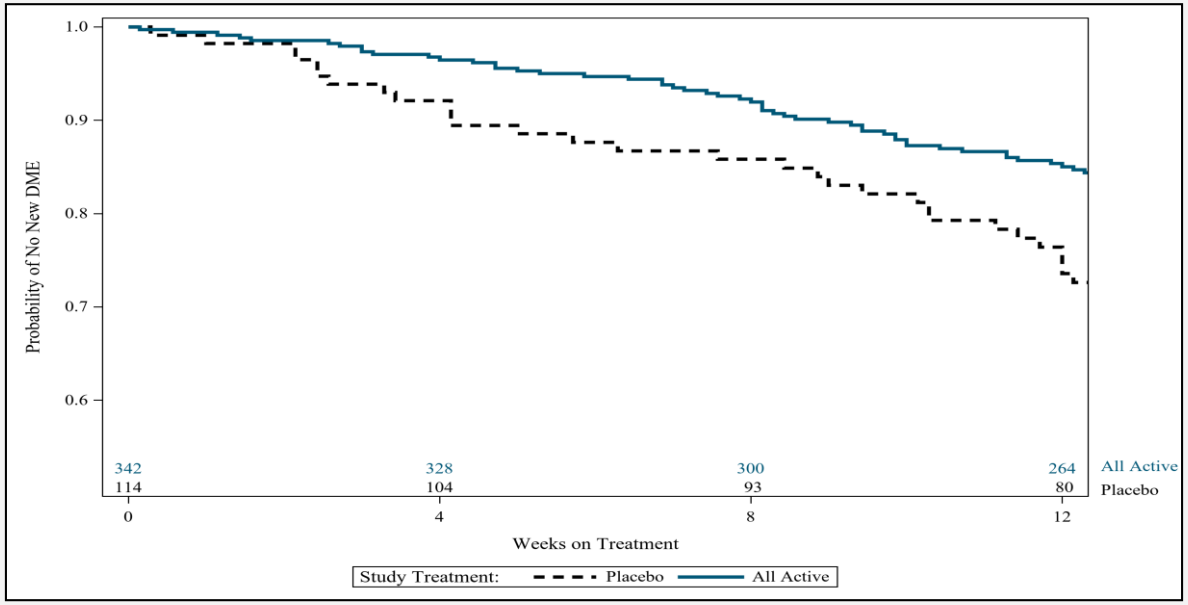
Post-Hoc Analyses Inform Potential Path Forward

Change From Baseline in ALSFRS-R by Progressor Tertiles



Probability of No New DME Use Over Time With *Reldesemtiv*

(DME: Manual wheelchair, power wheelchair, NIV, Augmentative Language Device, PEG)



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	$92M	$232M
	Amgen	$43M	$145M	$40M	$228M
	Royalty Pharma	$10M	$90M		$100M
	GSK	$24M	$22M	$33M	$79M
	AstraZeneca			$2M	$2M
	MyoKardia			$2M	$2M
	Global Blood			$2M	$2M
	Grants (ALS Assoc / NINDS / other)		$6M		$6M
	Total	**$87M**	**$393M**	**$171M**	**$651M**

Note: Figures above exclude current debt outstanding of $45M.

Q3 2019 Condensed Balance Sheet

	9/30/19 (in millions)
Cash and investments	$166.0
Other assets	$21.4
Total assets	$187.4
Debt	$44.8
Liability related to sale of future royalties	$137.7
Other liabilities	$24.8
Total liabilities	$207.3
Working capital	$155.0
Accumulated deficit	-$834.4
Stockholders' Equity (Deficit)	-$19.9
Basic shares outstanding	**58.6**

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 Q1 2020

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

Expect to Initiate **REDWOOD-HCM** in Q4 2019

Continue to Evaluate Results of **FORTITUDE-ALS** & to Prepare for Potential Phase 3 Clinical Trial

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

Cytokinetics

THANK YOU