empowering

muscle

empowering

lives

*Sarcomere directed therapies*
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 express or implied related Cytokinetics’ research and development and commercial readiness activities, including the initiation, conduct, design, enrollment, progress, continuation, completion, timing and results of clinical trials, projections regarding growing prevalence, low survival rates and market opportunity in heart failure, hypertrophic cardiomyopathy (HCM) or heart failure with preserved ejection fraction (HFpEF); projections regarding the size of the addressable patient population for omecamtiv mecarbil, aficamten, CK-136, CK-586 or any of our other drug candidates; Cytokinetics’ commercial readiness for omecamtiv mecarbil; the likelihood and/or timing of regulatory approval for our new drug application for omecamtiv mecarbil or any future new drug application for any of our other drug candidates; the timing of commencement of a second phase 3 clinical trial of aficamten as a monotherapy in patients with obstructive HCM, the timing of commencement of a phase 3 clinical trial of aficamten in nonobstructive HCM, the efficacy or safety of omecamtiv mecarbil, aficamten, CK-136, CK-586 or any of our other drug candidates, our ability to fully enroll or to announce the results of any of our clinical trials by any particular date; Cytokinetics’ cash expenditures or runway; the results of any of our interactions with the FDA or any other regulatory authority regarding omecamtiv mecarbil or any of our other drug candidates; the properties, potential benefits and commercial potential of aficamten, omecamtiv mecarbil, CK-136, CK-586 or any of 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’ ability to conduct clinical trials, and Cytokinetics may be unable to obtain or maintain patent or trade secret protection for its intellectual property; 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; and competitive products or alternative therapies may be developed by others for the treatment of indications Cytokinetics’ drug candidates and potential drug candidates may target. These forward-looking statements speak only as of the date they are made, and Cytokinetics undertakes no obligation to subsequently update any such statement, except as required by law. For further information regarding these and other risks related to Cytokinetics’ business, investors should consult Cytokinetics’ filings with the Securities and Exchange Commission (the “SEC”).
Our Mission

To bring forward new medicines to improve the healthspan of people with devastating cardiovascular and neuromuscular diseases of impaired muscle function.
Our vision is to be the leading muscle biology biopharma company that meaningfully improves the lives of patients with diseases of impaired muscle function through access to our pioneering medicines.

**VISION 2025**

Leading with Science, Delivering for Patients

As always, we will support disease advocacy groups elevating the patient voice and live by our values of integrity, fairness and compassion in all that we do.

- Achieve regulatory approvals for at least two drugs arising from our pipeline
- Build commercial capabilities to market and sell our medicines reflective of their innovation and value
- Generate sustainable and growing revenues from product sales
- Double our development pipeline to include ten therapeutic programs
- Expand our discovery platform to muscle energetics, growth and metabolism
- Be the science-driven company people want to join and partner with

Not for Promotional Use, For Investors Only
A Great Place to Work; Uncommon Continuity of Team

VALUES

- patients are our North Star
- science is in our soul
- we > me
- make it happen

AWARDS

- FORTUNE BEST WORKPLACES IN BIOLOGY 2022
- FORTUNE BEST WORKPLACES FOR INNOVATORS 2022
- Great Place To Work® Certificate 2023
- FAST COMPANY BEST WORKPLACES FOR INNOVATORS 2023
- Winner in Wellness 3rd Out of 25 Large Companies

RETENTION

<5%

Turnover rate of leadership; low attrition

>10 yrs

Average tenure of leadership; high continuity
The sarcomere is a molecular structure found in skeletal and cardiac muscle that enables myocytes to contract and generate force.

ACTIVATE

INHIBIT

INHIBIT

ACTIVATE

ACTIVATE

Myosin

Omecamtiv Mecarbil (Cardiac)

Aficamten (Cardiac)

CK-586 (Cardiac)

Reldesemtiv (Skeletal)

CK-136 (Cardiac)

Troponin

Myosin lever arm

Myosin head

ATP

Calcium

Actin

Tropomyosin

Thin filament

Thick filament
Contractile Dysfunction Underlies Cardiac Diseases

**Decreased Cardiac Contractility**
- Heart Failure with Reduced Ejection Fraction (HFrEF)
- Genetic Dilated Cardiomyopathy
- Pulmonary Hypertension with Right Ventricular Heart Failure

**Increased / Preserved Cardiac Contractility**
- Non-obstructive Hypertrophic Cardiomyopathy (nHCM)
- Obstructive Hypertrophic Cardiomyopathy (oHCM)
- Heart Failure with Preserved Ejection Fraction (certain HFpEF subsets)
Pipeline of Novel Muscle-Directed Drug Candidates

**CARDIAC MUSCLE**
- Omecamtiv Mecarbil (HFrEF)*
- Aficamten (oHCM)
- Aficamten (nHCM)
- CK-136 (Heart Failure, other)
- CK-586 (HFpEF)

**SKELETAL MUSCLE**
- Reldeemtv (ALS)**
- Additional Skeletal Muscle Activators

**OTHER**
- Muscle Biology Directed Research

*MAA on file with EMA
**Phase 3 study met criteria for futility; to date, no further study activity planned
All drug candidates above are investigational products and are not approved as safe or effective for any indication.
Building a Specialty Cardiology Franchise Anchored by Aficamten
Addressing severely ill and underserved populations in need of new therapies

Strategic expansion of clinical development program to various patient populations fuels leadership in cardiology

Aficamten
- oHCM SEQUOIA-HCM
  - First potential indication

Aficamten
- oHCM MAPLE-HCM
  - Potential to expand to first-line treatment

Aficamten
- nHCM ACACIA-HCM
  - Potential to expand into nHCM

CK-586
- HFrEF
  - Potential in HFrEF in Europe

Omecamtiv Mecarbil
- HFpEF
  - Potential to expand to subsets of heart failure

CK-136
- Heart failure

Aficamten, CK-586, omecamtiv mecarbil, and CK-136 are investigational drugs and have not been approved. Their safety and efficacy have not been established.
Specialty Cardiovascular Portfolio

Aficamten
Omecamtiv Mecarbil
Emerging Pipeline – CK-136 & CK-586
Aficamten

Aficamten is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product has not been established.
HCM Prevalence: Significant and Growing Globally

HCM prevalence estimates vary across geography and over time

**Estimated HCM Prevalence Rates**

- **USA**
  - 0.02% (3), 0.08% (12), 0.17% (6), 0.19% (7)

- **Europe**
  - GER: 0.07% (1)
  - IT: 0.05-0.07% (5, 7)
  - EU: 0.2% (13)

- **Asia**
  - JP: 0.17% (2)
  - CH: 0.16% (8)
  - SG: 0.005% (11)

- **Africa**
  - TZ: 0.19% (10)

**HCM True Patient Prevalence (Est. 2021)**

- **China**
  - 1,100

- **EU**
  - 1,000

- **USA**
  - 700

Source:
1. Husser et al 2018 doi.org/10.1371/journal.pone.0196612
3. Codner 1989 10.1161/01.cir.90.4.785
4. Maron et al 1995 10.1161/01.cir.92.4.785
7. Nistri et al 2000 10.1016/s0002-9149(00)00014-1
10. Maron 2006 10.1161/01.cir.80.3.564
11. Ng et al 2011 10.1093/europace/eur051
Opportunity for CMIs in Diagnosed, Symptomatic HCM Patients

Potential for nearly 200K patients eligible for CMIs in 2025

Prevalence of HCM¹
700K to 1.1M

~65% oHCM¹,³
US

Diagnosed oHCM
~200K²,³

Sympt. >130K⁴,⁵

~35% nHCM¹,³
US

Diagnosed nHCM
~100K²,³

Sympt. >40K⁴,⁵

Diagnosed HCM
~300K²

Sympt. >130K⁴,⁵

US

Diagnosed oHCM
450-700K¹,³

O HCM Prevalence
450-700K¹,³

Diagnosed nHCM
250-400K¹,³

nHCM Prevalence
250-400K¹,³

Projections and forecasts for illustration.

2. DoF: SHA; Symphony PTD (Patient Transaction Data): Includes patients diagnosed since 2016 and having any HC transaction in the claims data universe in the last year June 2022-May 2023;
3. Lu DY et al: Clinical Outcomes in Patients With Nonobstructive, Labile, and Obstructive Hypertrophic Cardiomyopathy. J. Am. Heart Assoc.2018;7:1-11; 4) DoF: SHA Symphony PTD (Patient Transaction Data) includes any patients with symptoms in the last 2 years: angina, dyspnea, fatigue, palpitations, syncope, tachycardia; and/or treatments in the past 2 years: ibb, ccb, dyso, ralto, Camzyos; 5) DoF: Primary market research: 443 HCPs treating HCM - % of nHCM patients not considered under control with current SOC.
Aficamten: Proposed Mechanism of Action

Aficamten stabilizes myosin in the released post-powerstroke state unable to hydrolyze ATP

“Fewer hands pulling on the rope”

Aficamten is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Aficamten: Aspirational Target Profile

Potential next-in-class cardiac myosin inhibitor

Rapid onset
Rapid reversibility
Speed to optimal dose
Predictable dose response
No teratogenicity
No clinically meaningful P450 liabilities

Aspirational information. Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
REDWOOD-HCM: Cohorts 1 & 2

Patients with symptomatic oHCM on background therapy excluding disopyramide

Two sequential dose-finding cohorts

- **Patients with symptomatic oHCM, and resting or provoked LVOT gradient ≥ 50 mmHg**

  - **Screening**
  - **Randomization**
    - **Cohort 1**
      - Dose 1: 5 mg
      - Dose 2: 10 mg
      - Dose 3: 15 mg
    - **Cohort 2**
      - Dose 1: 10 mg
      - Dose 2: 20 mg
      - Dose 3: 30 mg

  - **AFICAMTEN**
  - **EMCABIL**
  - **EMERGING PIPELINE**
  - **CORPORATE PROFILE**
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established. Maron M, et. al. Phase 2 Study of Aficamten in Patients With Obstructive Hypertrophic Cardiomyopathy. JACC. January 2023.

Consistent, **clinically meaningful reductions in LVOT gradients** within two weeks

No treatment interruptions or discontinuations

Reversibility of drug effect demonstrated

REDWOOD-HCM: Robust Reduction of LVOT Gradients

Cohorts 1 & 2

Resting LVOT-G

![Graph showing reduction in LVOT gradients over weeks for Cohorts 1 and 2.](image)

Valsalva LVOT-G

![Graph showing reduction in LVOT gradients over weeks for Cohorts 1 and 2.](image)

Dose finding study
Cohort 1 (n=21), Cohort 2 (n=20)

**P** < 0.001
***P** < 0.0001
*P* < 0.05

- Combined Placebo
- Aficamten: Cohort 1
- Aficamten: Cohort 2

LVOT-G ≥50 mmHg

P-values versus Placebo
Change from Baseline in NT-proBNP & NYHA Class

Cohorts 1 & 2

Change from Baseline NT-proBNP to Week 10

![Graph showing change from baseline NT-proBNP to week 10 with data points for Placebo, Aficamten: Cohort 1, and Aficamten: Cohort 2.]

* p = 0.003 for Pooled Cohort 1 & 2 vs. Placebo

Improvement in Heart Failure Symptoms (NYHA Class)

Week 10 Responder Definition: Improvement in NYHA Class ≥1

![Graph showing improvement in NYHA Class with data points for Placebo, Aficamten: Cohort 1, and Aficamten: Cohort 2.]

- 31% (n=4) in Cohort 1 vs Placebo: p > 0.1
- 43% (n=6) in Cohort 2 vs Placebo: p = 0.08

Aficamten is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Improved Cardiac Structure and Diastolic Function

Cohorts 1 & 2: Early signs of improvement in cardiac structure and myocardial relaxation

Treatment with aficamten for 10 weeks resulted in:

- **Significant reduction in left atrial volume index**
- Trend towards a **reduction in LV mass index**
- **Improved diastolic function**
  - reduction in lateral E/e’ (p<0.01)
  - increase in lateral e’ (p<0.05))

Aficamten is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Response Rates on Treatment with Aficamten

**Cohorts 1 & 2**

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>Aficamten: Cohort 1</th>
<th>Aficamten: Cohort 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responder #</td>
<td>1/13 7.7%</td>
<td>11/14 78.6%</td>
<td>13/14 92.9%</td>
</tr>
</tbody>
</table>

*Respondent Definition:*
- Resting LVOT-G <30 mmHg and post-Valsalva LVOT-G <50 mmHg at Week 10

- **Aficamten**
  - Consistent, *clinically meaningful reductions in LVOT gradients* within two weeks
  - No treatment interruptions or discontinuations
  - No treatment-related SAEs
  - Reversibility of drug effect demonstrated
  - Statistically significant reductions in NT-proBNP
  - Improvement in NYHA class

Aficamten is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.

REDWOOD-HCM: Cohort 4
Patients with symptomatic nHCM on background therapy

Results presented at ESC Heart Failure 2023

Patients with symptomatic nHCM on background therapy

Screening

Aficamten + SoC

End of Study

Study Visits

Screening

W-1*

D1

W2

W4

W6**

W8*

W9*

W10

W12

W14*

Ambulatory Cardiac Monitoring

PK

Echocardiogram

Dose titration

NT-proBNP + hs-cTnl

KCCQ

Cohort 4

Dose 1

Dose 2

Dose 3

5 mg

10 mg

15 mg

*Telephone visits
**Patient can only be down-titrated at Week 6

hs-cTnl: high-sensitivity cardiac troponin

Cytokinetics

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Significant Improvements in KCCQ & NYHA Class

Cohort 4

85% of patients achieved 15 mg dose; no discontinuations due to adverse events

Kansas City Cardiomyopathy Questionnaire
Mean improvement in KCCQ of 10.6 points

Categorical Changes at Week 10 in KCCQ-CSS

NYHA Functional Class
56% of patients improved by ≥1 NYHA class

Aficamten is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Change in Baseline in Biomarkers & Angina Frequency

**Cohort 4**

**Proportional Change from Baseline in Cardiac Biomarkers**
Mean reduction in high-sensitivity cardiac troponin of 21%
Mean reduction in NT-proBNP of 55%

**Seattle Angina Questionnaire Angina Frequency (SAQ-AF)**
Reduction in frequency of angina from daily or weekly, to weekly or monthly

Data presented as the mean proportional change and 95% CI
Data presented as mean and standard deviation

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**FOREST-HCM: Baseline Characteristics**

Baseline characteristics indicate substantial disease burden; ~2/3 patients achieving 15 or 20 mg

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>FOREST-HCM oHCM N=143*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Years), Mean (SD)</td>
<td>60.4 (13.2)</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>65 (45.5)</td>
</tr>
<tr>
<td>BMI (kg/m²), Mean (SD) [Range]</td>
<td>29.2 (4.5)</td>
</tr>
<tr>
<td>NYHA Class, n (%)</td>
<td></td>
</tr>
<tr>
<td>Class II</td>
<td>82 (58)</td>
</tr>
<tr>
<td>Class III</td>
<td>60 (42)</td>
</tr>
<tr>
<td>Familial HCM, n (%)</td>
<td>40 (28.0)</td>
</tr>
<tr>
<td>Beta Blocker Use, n (%)</td>
<td>90 (62.9)</td>
</tr>
<tr>
<td>Calcium Channel Blocker Use, n (%)</td>
<td>14 (9.8)</td>
</tr>
<tr>
<td>Disopyramide Use, n (%)</td>
<td>27 (18.9)</td>
</tr>
<tr>
<td>LVEF* at Screening (%), Mean (SD)</td>
<td>69 (5)</td>
</tr>
<tr>
<td>LVOT-G*, Rest at Screening (mmHg), Mean (SD)</td>
<td>56.8 (33.2)</td>
</tr>
<tr>
<td>LVOT-G*, Valsalva at Screening (mmHg), Mean (SD)</td>
<td>93.1 (37.9)</td>
</tr>
</tbody>
</table>

* Data cut Sept 15, 2023

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
**Dose Titration Phase**

- No treatment-related LVEF <50% during the titration period
- Of the 94 patients having completed the titration period, ~2/3 are receiving 15 and 20 mg qd
- Approximately 30% of patients have **reduced doses or discontinued background therapy** at the discretion of the treating physician and/or request from the patient

---

**Maintenance Phase**

- 579 monitoring echocardiograms completed* in oHCM patients
- None with LVEF <40% requiring treatment interruption
- 3 patients (0.5%) with LVEF <50%
  - Two asymptomatic patients (LVEF of 47% and 49%) resulting in per-protocol dose reduction
  - One patient with atrial fibrillation (unrelated) and LVEF of 47%
  - All 3 patients are currently receiving aficamten with apparent relief from obstruction, symptoms & improved biomarkers

---

* Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
* As of Sept 15, 2023.

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Monitoring Echocardiogram

- 99.5% - no change
- 0.5% - down-titration triggered

Target dose defined as achieved if Valsalva LVOT-G ≤ 30 mmHg or no dose change for 2 consecutive visits
Durable Effects of Aficamten on LVOT-G & LVEF

Resting & provoked gradients remain below diagnostic threshold for >2 years, LVEF remains flat after titration

---

**Aficamten** is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Sustained relative reductions in high-sensitivity Troponin I (~30%) & NT-proBNP (~70%) observed

**High-Sensitivity Cardiac Troponin I**

**NT-proBNP**

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Durable Effects of Aficamten on Clinical Endpoints

KCCQ-CSS
71% of patients had ≥ 5-point KCCQ-CSS increase
30% of patients had ≥ 10-point KCCQ-CSS increase

NYHA Class
~50% of patients were asymptomatic at 1 year
>80% of patients improved ≥1 NYHA Class at every visit after initiation of aficamten

Guideline-Eligible for SRT
90% of SRT-eligible patients at baseline are no longer SRT-eligible

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Safety Data: Phase 2 & OLE

- **oHCM → Cohorts 1, 2, & 3: After 10-weeks of treatment**
  - 2 SAEs reported in 41 aficamten-treated → none were related to aficamten treatment
  - No treatment interruptions or discontinuations
  - Transient and asymptomatic decrease in LVEF < 50% occurred in 2 of 41 aficamten-treated patients

- **nHCM → Cohort 4: After 10-weeks of treatment**
  - Well tolerated - 85% achieved maximal dose (15 mg)
  - Transient and asymptomatic decrease in LVEF < 50% occurred in 3 of 41 aficamten-treated patients
  - One death unrelated to aficamten treatment - sudden cardiac death (SCD) in patient with history of aborted SCD x 2 prior to participation. Two days before event, LVEF was normal, NT-proBNP was lower and plasma concentration of aficamten was within the expected range

- Almost all eligible patients choose to participate in the OLE
- Echocardiography-guided dose titration of aficamten is managed entirely by the treating physicians
- 2/3 of patients achieve higher doses; no low LVEF events requiring treatment interruption
- 94 patients have completed the titration period - none have experienced LVEF <50%
- 99.5% of monitoring echocardiograms have not led to a dose reduction
- Clinical, hemodynamic & biochemical markers of efficacy continue to indicate sustained efficacy following exposures for > 2-years
- Of the patients that are guideline-eligible for septal reduction therapies at baseline, ~90% are no longer eligible after dose titration
- Aficamten has been generally well-tolerated, with 60% of patients experiencing at least one treatment emergent adverse event (TEAE) but there were no treatment-related serious adverse events (SAEs) as assessed by investigators, and no patient deaths
SEQUOIA-HCM: Phase 3 Trial

Completed enrollment; expect topline results in late December

Primary endpoint: **Change in pVO₂ by CPET from baseline to Week 24**

Secondary objectives include measuring change in KCCQ & improvement in NYHA class at week 12 and 24

Enrolled 282 patients treated with standard of care with:
- resting LVOT-G ≥30 mmHg,
- post-Valsalva LVOT-G ≥50 mmHg,
- NYHA Class II or III,
- exercise performance <80% predicted

Individualized dose up-titration based on echocardiography: LVEF ≥55%, post-Valsalva LVOT-G ≥30 mmHg

<table>
<thead>
<tr>
<th>Study Visits</th>
<th>Screen</th>
<th>D1</th>
<th>W2</th>
<th>W4</th>
<th>W6</th>
<th>W8</th>
<th>W12</th>
<th>W16</th>
<th>W20</th>
<th>W24</th>
<th>W28</th>
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</thead>
<tbody>
<tr>
<td>Echocardiogram</td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
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<tr>
<td>KCCQ</td>
<td></td>
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<tr>
<td>NYHA</td>
<td></td>
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<td>A</td>
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</tr>
</tbody>
</table>

**Dose Options** (Dose optimization completed by Week 8)

<table>
<thead>
<tr>
<th>Dose Options</th>
<th>5 mg QD</th>
<th>10 mg QD</th>
<th>15 mg QD</th>
<th>20 mg QD</th>
</tr>
</thead>
</table>

SOC: standard of care
* Focused echocardiogram

Not for Promotional Use, For Investors Only
Baseline characteristics reflect highly symptomatic patient population with reduced exercise capacity

**Baseline Characteristics (N=282)**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n (%) or Mean (SD)a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>59.1 (12.9)</td>
</tr>
<tr>
<td>Female</td>
<td>114 (40.4)</td>
</tr>
<tr>
<td>Race/ethnicityb</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>222 (78.7)</td>
</tr>
<tr>
<td>Black</td>
<td>3 (1.1)</td>
</tr>
<tr>
<td>Asian</td>
<td>53 (18.8)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9 (3.2)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (1.4)</td>
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<tr>
<td>Region</td>
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<tr>
<td>United States</td>
<td>94 (33.3)</td>
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<tr>
<td>China</td>
<td>46 (16.3)</td>
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<tr>
<td>Europe and Israel</td>
<td>142 (50.4)</td>
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<tr>
<td>Vital Signs</td>
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</tr>
<tr>
<td>Weight, kg</td>
<td>81.6 (15.7)</td>
</tr>
<tr>
<td>Body mass index, kg/m²</td>
<td>28.1 (3.7)</td>
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<tr>
<td>Systolic blood pressure, mmHg</td>
<td>125.3 (16.1)</td>
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<tr>
<td>Diastolic blood pressure, mmHg</td>
<td>74.4 (10.6)</td>
</tr>
<tr>
<td>Heart rate, bpm</td>
<td>65.6 (11.2)</td>
</tr>
<tr>
<td>HCM History</td>
<td></td>
</tr>
<tr>
<td>History of known HCM-causing gene mutation</td>
<td>48 (17.0)</td>
</tr>
<tr>
<td>Positive family history of HCM</td>
<td>71 (25.2)</td>
</tr>
<tr>
<td>Time since initial HCM diagnosis, median (IQR), years</td>
<td>5.9 (1.7 - 8.5)</td>
</tr>
</tbody>
</table>

**Baseline Characteristics (N=282)**

<table>
<thead>
<tr>
<th>HCM Medical Therapies</th>
<th>n (%) or Mean (SD)a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta-blocker</td>
<td>172 (61.0)</td>
</tr>
<tr>
<td>Non-dihydropyridine calcium channel blocker</td>
<td>75 (26.6)</td>
</tr>
<tr>
<td>Disopyramide</td>
<td>36 (12.8)</td>
</tr>
<tr>
<td>HCM Symptoms</td>
<td></td>
</tr>
<tr>
<td>KCCQ-CSS</td>
<td>74.7 (18.0)</td>
</tr>
<tr>
<td>NYHA class II/III/IV</td>
<td>214 (75.9)</td>
</tr>
<tr>
<td></td>
<td>67 (23.8)</td>
</tr>
<tr>
<td></td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>SRT guideline eligible</td>
<td>68 (24.1)</td>
</tr>
<tr>
<td>Comorbidities</td>
<td></td>
</tr>
<tr>
<td>Hypertensiond</td>
<td>136 (48.2)</td>
</tr>
<tr>
<td>Diabetesa</td>
<td>24 (8.5)</td>
</tr>
<tr>
<td>Permanent atrial fibrillation</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Paroxysmal atrial fibrillation</td>
<td>40 (14.2)</td>
</tr>
<tr>
<td>CPET Metrics</td>
<td></td>
</tr>
<tr>
<td>Treadmill</td>
<td>155 (55.0)</td>
</tr>
<tr>
<td>Peak VO₂, mL/kg/min</td>
<td>18.5 (4.5)</td>
</tr>
<tr>
<td>Peak VO₂, % of predicted maximumf</td>
<td>56.9 (11.8)</td>
</tr>
<tr>
<td>Total workload, watts</td>
<td>122.4 (41.2)</td>
</tr>
<tr>
<td>Biomarker</td>
<td></td>
</tr>
<tr>
<td>hs-cTnI median (IQR), ng/L</td>
<td>21.1 (7.7 - 27.3)</td>
</tr>
</tbody>
</table>

- Significant **symptom burden** despite background therapy
- 61% of patients on **beta-blockers**
- Baseline pVO2 reflects patient population with **reduced exercise capacity**

---

a Unless otherwise indicated.
b >100% total due to overlap in ethnicity and race.
c NYHA FC III and any LVOTO ≥50 mmHg
d Combines hypertension and essential hypertension.
e Combines T2DM, T1DM, and DM
f CCB, calcium channel blocker; DM, diabetes mellitus, including types 1 and 2; IQR, interquartile range
MAPLE-HCM: Phase 3 Monotherapy Trial
Open to enrollment

Active-comparator trial of *aficamten* as monotherapy vs. *metoprolol* in patients with oHCM

- Trial to enroll approximately **170** patients
- Primary endpoint: change in peak VO2, assessed by CPET from baseline to Week 24
- Secondary endpoints: change in NYHA class, KCCQ, NT-proBNP, and measures of structural remodeling

**Study Visits**

<table>
<thead>
<tr>
<th>Study Visits</th>
<th>Screening 1</th>
<th>Screening 2</th>
<th>D1</th>
<th>W2†</th>
<th>W4†</th>
<th>W6†</th>
<th>W8</th>
<th>W12</th>
<th>W16</th>
<th>W20</th>
<th>W24</th>
<th>W28</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPET</strong></td>
<td>A</td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td><strong>KCCQ</strong></td>
<td>A</td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td><strong>Echocardiogram</strong></td>
<td>A</td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td><strong>Dose titration</strong></td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td><strong>NT-proBNP &amp; hs-cTnI</strong></td>
<td>A</td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
</tbody>
</table>

**Randomization**

- Aficamten
- Metoprolol

**End of Study**

**SOC:** standard of care

* Focused echocardiogram
ACACIA-HCM: Pivotal Phase 3 Trial in nHCM

Open to enrollment

- Trial to enroll approximately 420 symptomatic nHCM patients
- Primary endpoint: change in KCCQ Clinical Summary Score from baseline to Week 36
- 5-20 mg doses; 6-week titration period
- Secondary endpoints:
  - Change in pVO2, Ve/VCO2,
  - Left atrial volume index (LAVI)
  - NT-proBNP
  - Proportion of patients with ≥1 class improvement in NYHA from baseline to Week 36
  - Time to first cardiovascular event

Patients with:
Symptomatic (NYHA Class II/III) nHCM,
KCCQ-CSS ≥ 30 and ≤ 85
LVEF ≥ 60%
NT-proBNP ≥ 300 ng/mL

Study visits:

- CPET
- KCCQ
- NYHA
- Dose titration
- Biomarkers

- Week 36:
  - Primary Analysis of KCCQ summary
  - Week 72:
  - End of Treatment (EOT)
  - End of Study (EOS)

Part 1:
- All participants followed until Week 36

Part 2:
- Participants completing Week 36 continue until either Week 72 (followed by EOS at Week 76) OR the last randomized participant in Part 1 completes Week 36.

Site-read focused echocardiogram for titration visit (sole criterion). Aficamten dose range 5-20 mg.

- 4-week follow up after last dose

Not for Promotional Use, For Investors Only
Aficamten: Clinical Development Plan for HCM

KEY

- Complete
- Ongoing
- Not yet started

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

**Phase 1**
- **SAD & MAD**
  - Healthy Volunteers
  - IND Filed
  - Well tolerated dose with desired PD effects

**Phase 2**
- **REDWOOD-HCM Cohorts 1-3**
  - Obstructive HCM
  - Placebo controlled; echocardiography endpoints
  - Improved LVOT gradient

**Phase 3**
- **SEQUOIA-HCM**
  - Obstructive HCM
  - Pivotal trial with exercise endpoint (peak VO2)
  - MAPLE-HCM
    - Obstructive HCM
    - Aficamten monotherapy vs. Metoprolol monotherapy
  - FOREST-HCM
    - Obstructive & non-obstructive HCM
    - Extension study for long-term safety & efficacy
  - **REDWOOD-HCM Cohort 4**
    - Non-obstructive HCM
    - Proof of activity
  - **ACACIA-HCM**
    - Non-obstructive HCM
    - Pivotal trial in patients with symptomatic nHCM

Target NDA
- Potential for approval based on results from SEQUOIA-HCM

IND Filed
- Target NDA
- Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Aficamten: Planned Commercial Approach

Driven by a relentless focus on our North Star: the HCM patient

**Learn**
- Leverage deep understanding of patients, HCPs, payers, and community

**Design**
- Engage with all stakeholders to design an optimal customer experience

**Build**
- Tap into deep functional experience to build operational excellence across launch functions

Our Focus to Date

Our 2024 Focus

*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*
Market Research Shows *Aficamten* May Achieve High Share & Grow Category

**AFICAMTEN OMECARBIL EMERGING PIPELINE CORPORATE PROFILE**

---

Potential target product profile for *aficamten* interest creates **share opportunity** in newly treated CMI patients.

*Aficamten* is **also expected to expand the total CMI market**

Key attributes that may drive preference include the potential for:

- LVOT gradient reduction
- Change in NYHA Functional Class
- Pharmacodynamics/LVEF maintenance
- Change in KCCQ
- Absence of DDI

---

*Aficamten* is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

*Source: Aficamten Impact of Product Attributes on Product Preference Share n=443 cardiologists, Quantitative research including conjoint – Cogenet*
If **Aficamten** is Approved, Expect Majority of CMI-Eligible Patients Available at Launch

**Diagnosis of HCM anticipated to grow 5x the rate of the general population**

---

**US HCM Patients (in ‘000)**

*Illustrative*

<table>
<thead>
<tr>
<th>Year</th>
<th>Projected Diagnosed HCM Patients (5x the growth rate of the US population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>300K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2024</td>
<td>350K&lt;sup&gt;1,2&lt;/sup&gt;</td>
</tr>
<tr>
<td>2025</td>
<td>400K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2026</td>
<td>450K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2027</td>
<td>500K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2028</td>
<td>550K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2029</td>
<td>600K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2030</td>
<td>650K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2031</td>
<td>700K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2032</td>
<td>750K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2033</td>
<td>800K&lt;sup&gt;1,2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Projected Diagnosed HCM Patients**

- Potential oHCM Launch: >80% CMI-Eligible patients available
- Potential nHCM Launch: >90%

**Symptomatic o/nHCM Patients (Considered for CMI)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Symptomatic o/nHCM Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>300K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2024</td>
<td>350K&lt;sup&gt;1,2&lt;/sup&gt;</td>
</tr>
<tr>
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<td>400K&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>750K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2033</td>
<td>800K&lt;sup&gt;1,2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**CMI Use: 25-40% of diagnosed, symptomatic HCM patients**

<table>
<thead>
<tr>
<th>Year</th>
<th>CMI Use: 25-40% of diagnosed, symptomatic HCM patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>300K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2024</td>
<td>350K&lt;sup&gt;1,2&lt;/sup&gt;</td>
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<tr>
<td>2032</td>
<td>750K&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>2033</td>
<td>800K&lt;sup&gt;1,2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Potential US Market**

- Year: 2023-2033
- Projection: 500K<sup>1,2</sup>
- Growth rate: 5x the growth rate of the US population

**Source:**
1) DoF: SHA; Symphony PTD (Patient Transaction Data): Includes patients diagnosed since 2016 and having any HC transaction in the claims data universe in the last year June 2022-May 2023;
2) Butzner et al 2021 estimated a 8% growth rate in diagnosed HCM patients between 2013-2019; CYTK is forecasting an average growth rate of 5% over the coming decade; 3) Internal forecasts
Cardiologists Located in Concentrated Geographic Clusters Across the US

75% of the HCM patient volume is treated by 10,000 cardiologists

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Note: includes only patients who are treated by a cardiologist - not all patients see a cardiologist; sample of 67K HCM patients

Source: Symphony PTD (Patient Transaction Data); mapping of HCPs to HCOs using Definitive Healthcare Data 2023 and 7/2023 mapping; Patient volume by dominant Cardiologist Location 7/2023
Gated Build of Commercial Infrastructure

Majority of spending to occur closer to approval in 2025

2/3 of hiring to occur at-approval

- Commercial leadership
- Marketing
- HEOR
- Patient services
- Access & distribution
- Field operations
- Commercial learning & development
- Sales team leadership

1/3 of hires pre-approval

- Sales representatives

Activities initiated upon key de-risking events

Underway before SEQUOIA-HCM readout
- Market access strategy
- Pricing strategy
- Distribution approach
- Payer engagement
- Brand strategy
- Customer account identification

Initiated after SEQUOIA-HCM readout
- Launch campaign
- Commercial training
- Payer Pre-approval Information Exchange
- Sales force planning
- Technology build
- Omnichannel execution
- Market development

Initiated upon FDA approval
- Media purchases
- Patient support programs

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Omecamtiv Mecarbil

Omecamtiv mecarbil is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product has not been established.
Omecamtiv Mecarbil: Current Status

No current plans to conduct additional clinical trial of omecamtiv mecarbil

Received CRL from FDA
Feb 28, 2023

GALACTIC-HF not sufficiently persuasive to establish substantial evidence of effectiveness for reducing the risk of heart failure events and cardiovascular death in adults with chronic HFrEF

• Submitted Formal Dispute Resolution Request to the FDA

• Continue to pursue approval of omecamtiv mecarbil in Europe

2023
Emerging Cardiovascular Pipeline
CK-136 & CK-586

CK-136 and CK-586 are investigational agents and have not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of these products have not been established.
Novel Approach May Address Multiple Unmet Patient Needs

- **oHCM**
  - Obstructive HCM
  - Cardiac myosin Inhibitors

- **nHCM**
  - Non-Obstructive HCM
  - Cardiac myosin Inhibitors

- **HFpEF**
  - Heart Failure with Preserved Ejection Fraction
  - CK-586

- **aficamten**

---

Cytokinetics

Not for Promotional Use, For Investors Only
CK-586: Distinct Mechanism of Action from Aficamten

CK-586 inhibits actin-activated ATPase of HMM only; aficamten inhibits both S1 and HMM

**Single-headed Myosin (S1)**

**Two-headed Myosin (HMM)**

*Based on preclinical testing*

CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
CK-586: Shallow In Vivo Concentration-Response

CK-586 is predicted to have a shorter half-life in humans than *aficamten*.

![Graph showing concentration-response relationship](image)

**Pharmacodynamic window**

**Fractional shortening IC$_{50}$/IC$_{10}$ ratio**

<table>
<thead>
<tr>
<th>Compound</th>
<th>IC$_{10}$: plasma concentration at 10% relative reduction in fractional shortening</th>
<th>IC$_{50}$: plasma concentration at 50% relative reduction in fractional shortening</th>
</tr>
</thead>
<tbody>
<tr>
<td>mavacamten</td>
<td>2.8x</td>
<td></td>
</tr>
<tr>
<td><em>aficamten</em></td>
<td>9.9x</td>
<td></td>
</tr>
<tr>
<td>CK-586</td>
<td>9.3x</td>
<td></td>
</tr>
</tbody>
</table>

**Compound half-life in humans**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Actual</th>
<th>Predicted</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>aficamten</em></td>
<td>~3 days</td>
<td>2.8 days</td>
</tr>
<tr>
<td>CK-586</td>
<td>TBD</td>
<td>15 hours</td>
</tr>
</tbody>
</table>

CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
CK-586 is Efficacious in ZSF1 Obese Rat Model of HFpEF

Model is representative of hypertensive, diabetic, metabolic aspects of HFpEF

10 weeks of treatment improved diastolic function and reduced cardiac fibrosis

Reduced Fractional Shortening

Improved Diastolic Function

Reduced Fibrosis

CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
CK-136: Mechanism of Action

**Key biochemical and cellular features**

The first selective cardiac troponin activator

1. **Greater ATPase Activity**
   - Cardiac
   - Slow Skeletal
   - Fast Skeletal

2. **Contractability Strongly Activated After Treatment**
   - Calcium Transients Unchanged After Treatment

3. **PD Window** = Maximum Tolerated Concentration (MTC) / 10% increase in Fractional Shortening (FS)

CK-136 is an investigational agent and has not been approved for use by any regulatory agency. Its safety and efficacy have not been established.
CK-136: Exposure Response Relationship

Exposure-response of troponin activator is shallower than myosin activator

Analyzing single ascending dose data from Phase 1 study

Animal Models of Cardiac Function

Healthy Rats PD Window¹

\[ \geq 15 \times \]

MI Rats PD Window¹

\[ \geq 15 \times \]

Healthy Dogs PD Window¹

\[ \geq 15 \times \]

1PD Window = Maximum Tolerated Concentration (MTC) / 10% increase in Fractional Shortening (FS)

CK-136 is an investigational agent and has not been approved for use by any regulatory agency. Its safety and efficacy have not been established.
Robust Pipeline, Solid Financial Position

<table>
<thead>
<tr>
<th>Pipeline</th>
<th>Programs</th>
<th>Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>Potential commercial launches in 2025</td>
<td>5</td>
</tr>
</tbody>
</table>

### HCM Programs
- **Aficamten**
  - SEQUOIA-HCM ongoing (Phase 3 trial in oHCM)
  - MAPLE-HCM ongoing (Phase 3 monotherapy trial in oHCM)
  - ACACIA-HCM ongoing (Phase 3 trial in nHCM)
  - FOREST-HCM ongoing (OLE)

### Heart Failure Programs
- **Omeamativ mecarbil**
  - Engaging with FDA
  - Pursuing approval in Europe

- **CK-586**
  - Proceeding to MAD cohorts of Phase 1 study

- **CK-136**
  - Analyze SAD data from Phase 1 study

### Ongoing R&D
- Additional research in muscle biology, energetics & metabolism

### Foundations
- **~420**
  - Full time employees
  - As of November 2023

- **~$555M**
  - At Q3 2023

- **over 18 months**
  - of cash runway
  - based on 2023 Financial Guidance
  - As of September 2023

*Timelines and milestones reflect Cytokinetics' current expectations and beliefs*
Cytokineti cs: Uniquely Positioned for Success

**Leadership**

in muscle biology

- Pioneer in CMI space
- Multiple drug candidates arising from our research
- Core research engine

**Depth**

in cardiology

- Late-stage HCM program
- HFrEF opportunity in Europe
- Bridge to HFpEF
- Expand to advanced HF

**Relationships**

with stakeholders

- Seasoned commercial team
- Strong existing payer relationships
- Strong relationships with cardiologists and institutions

**Access**

to capital

- Strong cash runway of over 18 months based on 2023 financial guidance
- Access to capital through Royalty Pharma transaction, subject to satisfaction of certain conditions

CMI: cardiac myosin inhibitor
## Balance Sheet & Financial Guidance

**Over 18 months of cash runway based on 2023 guidance**

### 2023 Condensed Balance Sheet

As of 9/30/2023

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and investments</td>
<td>$554.7</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$2.5</td>
</tr>
<tr>
<td>PPE</td>
<td>$75.6</td>
</tr>
<tr>
<td>Leased assets</td>
<td>$79.9</td>
</tr>
<tr>
<td>Other assets</td>
<td>$27.9</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$740.6</td>
</tr>
<tr>
<td>Convertible Debt</td>
<td>$545.0</td>
</tr>
<tr>
<td>Liability related to sale of future royalties</td>
<td>$370.0</td>
</tr>
<tr>
<td>Lease liability</td>
<td>$122.2</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>$142.2</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$1,179.4</td>
</tr>
<tr>
<td>Working capital</td>
<td>$662.9</td>
</tr>
<tr>
<td>Accumulated deficit</td>
<td>($1,975.3)</td>
</tr>
<tr>
<td>Stockholders’ deficit</td>
<td>($438.8)</td>
</tr>
<tr>
<td><strong>Wtd Avg Basic Shares Outstanding (million)</strong></td>
<td>96.1</td>
</tr>
</tbody>
</table>

---

1. Cytokinetics internal planning data. Outside services spend for clinical trials, CMC and toxicology studies

### 2023 Financial Guidance

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Revenue</td>
<td>$5</td>
</tr>
<tr>
<td>Cash Operating Expenses</td>
<td>$390-410</td>
</tr>
<tr>
<td><strong>Net</strong></td>
<td>~ $310-320</td>
</tr>
</tbody>
</table>
Expected 2023 Milestones

<table>
<thead>
<tr>
<th>Aficamten</th>
<th>Omecamtiv Mecarbil</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aficamten</strong></td>
<td><strong>Omecamtiv Mecarbil</strong></td>
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<tr>
<td>Expect <strong>topline results from SEQUOIA-HCM</strong> in late December</td>
<td>Continue to pursue <strong>approval</strong> for <em>omecamtiv mecarbil</em> in Europe</td>
</tr>
<tr>
<td>Continue enrollment of <strong>MAPLE-HCM</strong>, <strong>second Phase 3 trial of aficamten</strong> in oHCM</td>
<td></td>
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<tr>
<td>Continue enrollment of <strong>ACACIA-HCM</strong>, <strong>pivotal Phase 3 trial of aficamten</strong> in nHCM</td>
<td>Proceed to MAD Cohorts of Phase 1 study of <strong>CK-586</strong></td>
</tr>
<tr>
<td></td>
<td>Analyze SAD data from <strong>Phase 1 study of CK-136</strong></td>
</tr>
</tbody>
</table>

*Aficamten, omecamtiv mecarbil, CK-586 and CK-136 are investigational drugs and have not been approved. Their safety and efficacy have not been established.*
Thank You

Sarcomere directed therapies