Cytokinetics®

EMPOWERING

muscle

EMPOWERING

lives

Vi, diagnosed with HCM
Avonne, diagnosed with HCM
John, diagnosed with heart failure

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 *aficamten*, *omecamtiv mecarbil,* CK-136, CK-586 or any of our other drug candidates; Cytokinetics' commercial readiness for *aficamten* or *omecamtiv mecarbil*; our ability to submit a new drug application for *aficamten* with FDA in the third quarter 2024 or a marketing authorization application with EMA in the fourth quarter 2024, the likelihood and/or timing of regulatory approval for our planned new drug application for *aficamten*, *omecamtiv mecarbil* or any future new drug application for any of our other drug candidates or the anticipated timing of any interactions with FDA, EMA or any other regulatory authorities in connection thereto; the timing of completion of MAPLE-HCM, ACACIA-HCM, CEDAR-HCM or any of our other clinical trials, the efficacy or safety of aficamten, *omecamtiv mecarbil*, 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 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").

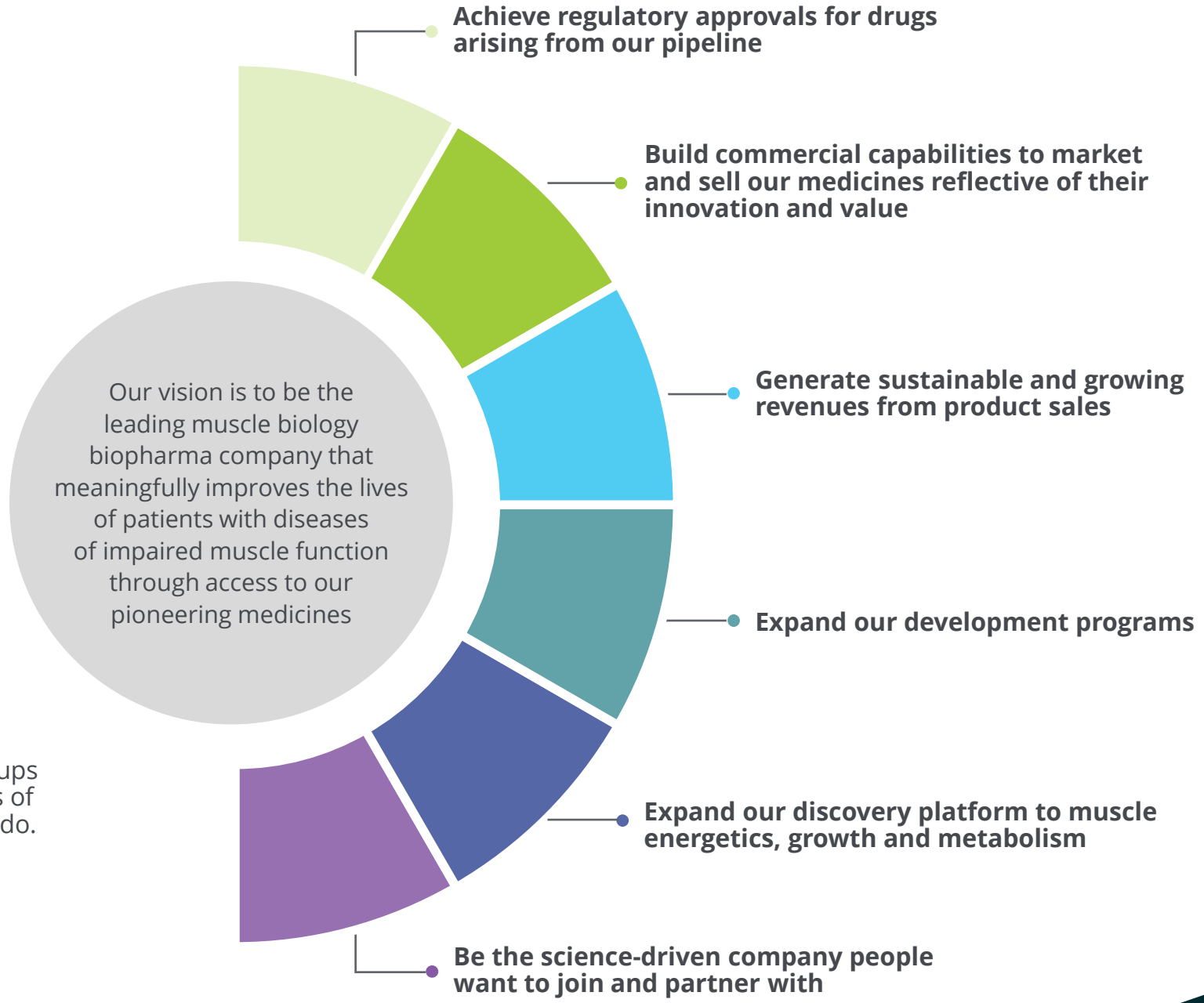
Our Mission

To bring forward new medicines to improve the healthspan of people with devastating cardiovascular and neuromuscular diseases of impaired muscle function.

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.



Cytokinetics®

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 BIOPHARMA™ 2022

FORTUNE BEST WORKPLACES IN THE BAY AREA™ 2023

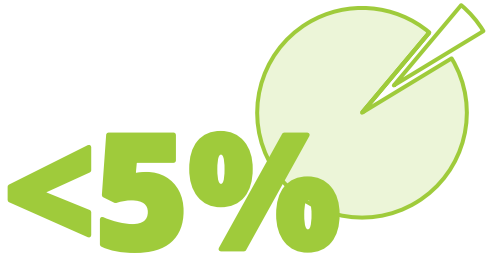
Great Place To Work. Certified FEB 2024-FEB 2025 USA

San Francisco Business Times · Silicon Valley Business Journal — BPtW — BEST PLACES TO WORK 2023

FAST COMPANY — BEST WORKPLACES FOR INNOVATORS 2023 — SCIENCE & TECHNOLOGY — CYTOKINETICS

Winner in Wellness 3rd — SAN FRANCISCO BUSINESS TIMES — Out of 25 Large Companies

RETENTION

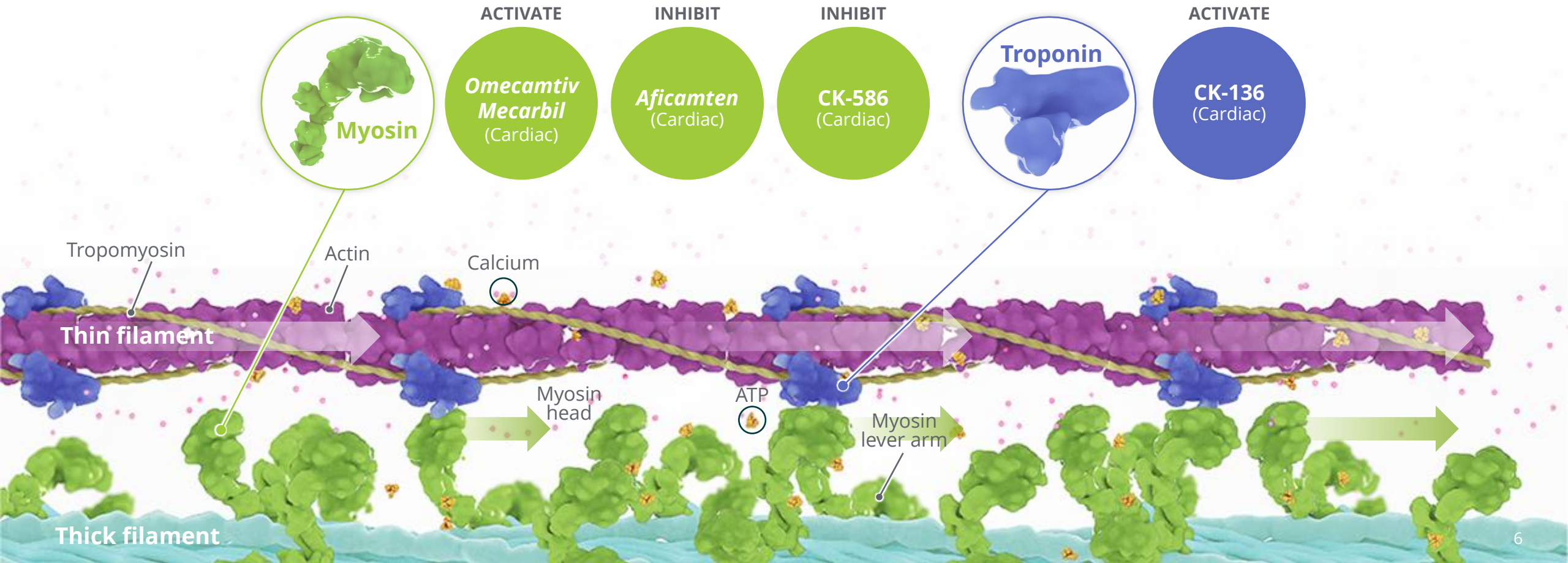


Turnover rate of leadership; low attrition

Average tenure of leadership; high continuity

Sarcomere Directed Drug Development

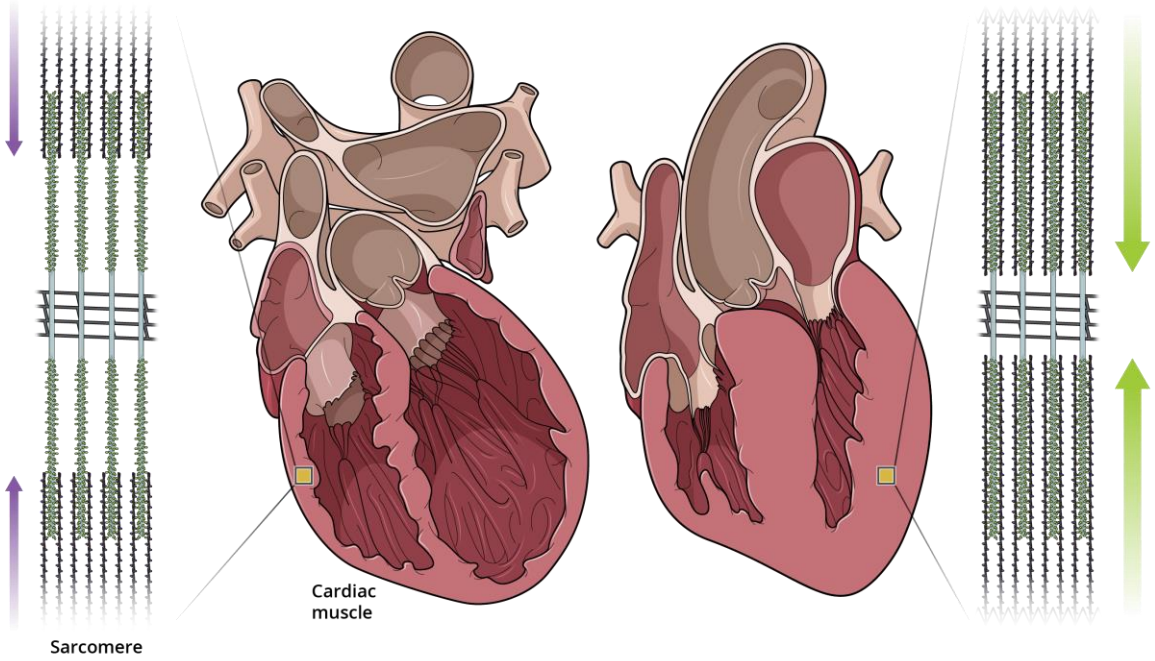
The sarcomere is a molecular structure found in skeletal and cardiac muscle that enables myocytes to contract and generate force



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



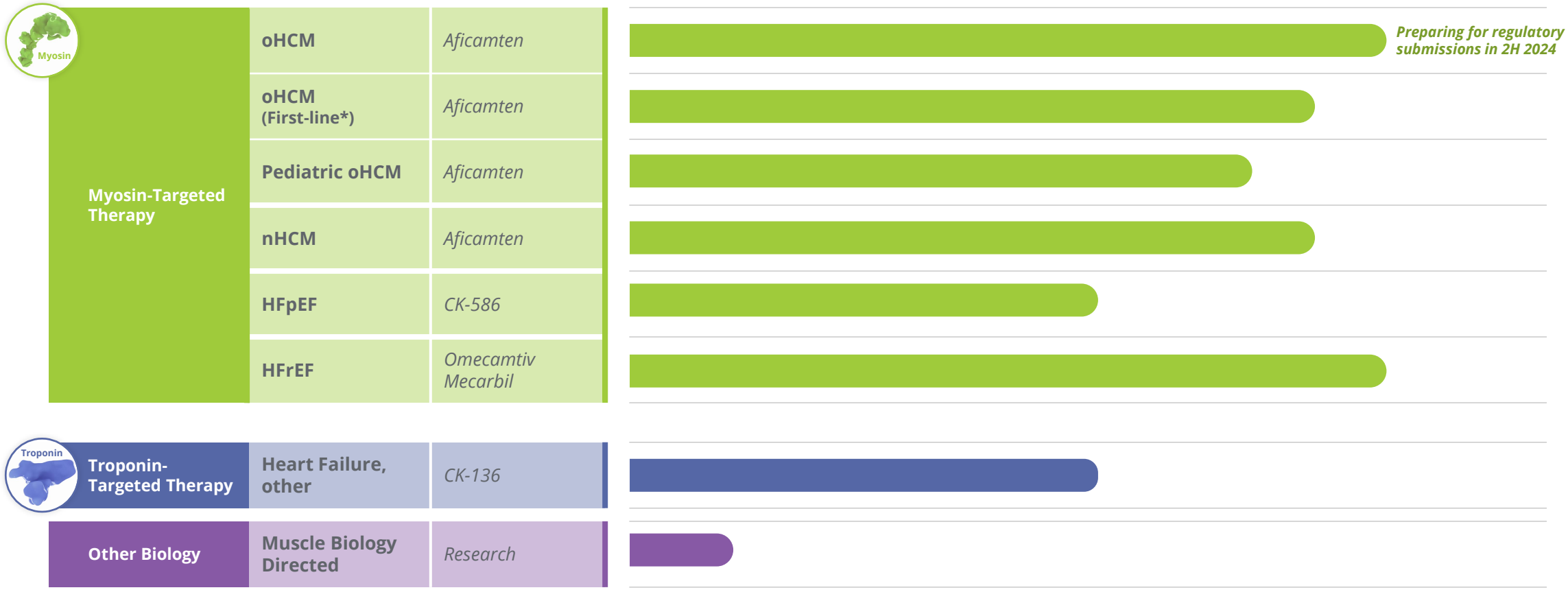
Increased / Preserved Cardiac Contractility

- Non-obstructive Hypertrophic Cardiomyopathy (nHCM)
- Obstructive Hypertrophic Cardiomyopathy (oHCM)
- Heart Failure with Preserved Ejection Fraction (certain HFpEF subsets)

A Commitment to Muscle-Directed Cardiac Medicines

Building a specialty cardiology franchise anchored by *aficamten*

Protein Target	Therapeutic Area	Drug Candidate
Myosin-Targeted Therapy	oHCM	*Aficamten*
	oHCM (First-line*)	*Aficamten*
	Pediatric oHCM	*Aficamten*
	nHCM	*Aficamten*
	HFpEF	*CK-586*
	HFrEF	*Omecamtiv Mecarbil*
Troponin-Targeted Therapy	Heart Failure, other	*CK-136*
Other Biology	Muscle Biology Directed	*Research*



**Pending results from MAPLE-HCM, an ongoing Phase 3 clinical trial evaluating for the potential superiority of aficamten as monotherapy compared to metoprolol as monotherapy in patients with obstructive HCM.*

All drug candidates above are investigational products and are not approved as safe or effective for any indication.

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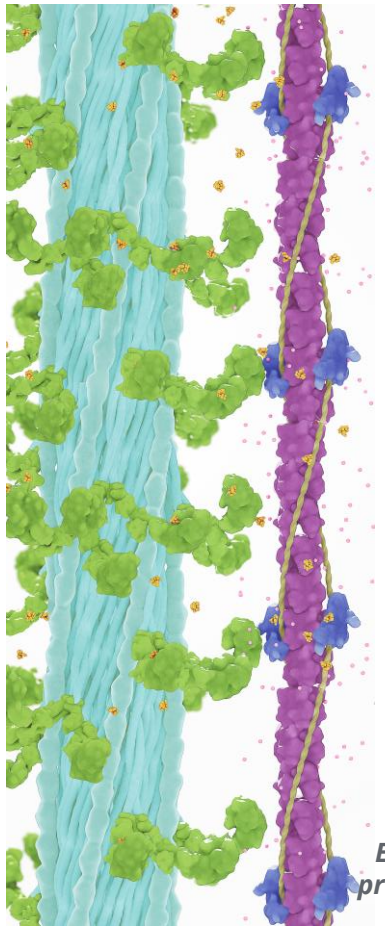
Building a Specialty Cardiology Franchise Anchored by *Aficamten*

Potential patient market for specialty cardiology franchise strategy



Estimated prevalence in US only

Myosin-Targeted Therapies

Troponin-Targeted Therapies

450-700K[1,2]
oHCM patients in 2025-2026

Aficamten

oHCM
SEQUOIA-HCM
First potential indication

250-400K[1,2]
nHCM patients in 2027

Aficamten

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

Aficamten

nHCM
ACACIA-HCM
Potential to expand into nHCM

800K[3]
HFpEF + EF ≥ 65% in 2030

CK-586

HFpEF
With nHCM as a proxy, potential to expand into HFpEF

Omecamtiv Mecarbil

HFrEF
Potential in HFrEF in Europe

CK-136

Heart failure
Potential to expand to subsets of heart failure

All drug candidates above are investigational products and are not approved as safe or effective for any indication.

1. Cardiovascular Research Group: CVrg Market Strategies: Heart Failure, p 48, Q4 2022; Maron BJ: et al: Prevalence of Hypertrophic Cardiomyopathy In A General Population of Young Adults, Circulation 1995;92;785-789; Semsarian C. et al: New Perspectives on the Prevalence of Hypertrophic Cardiomyopathy, J. Am, Coll. Cardiol. 2015; 65: 1249-1254;
2. Lu DY et al: Clinical Outcomes in Patients With Nonobstructive, Labile, and Obstructive Hypertrophic Cardiomyopathy. J. Am. Heart Assoc. 2018;7:1-11
3. Dunlay et al (2012) Circ Heart Fail. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30.

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Aficamten

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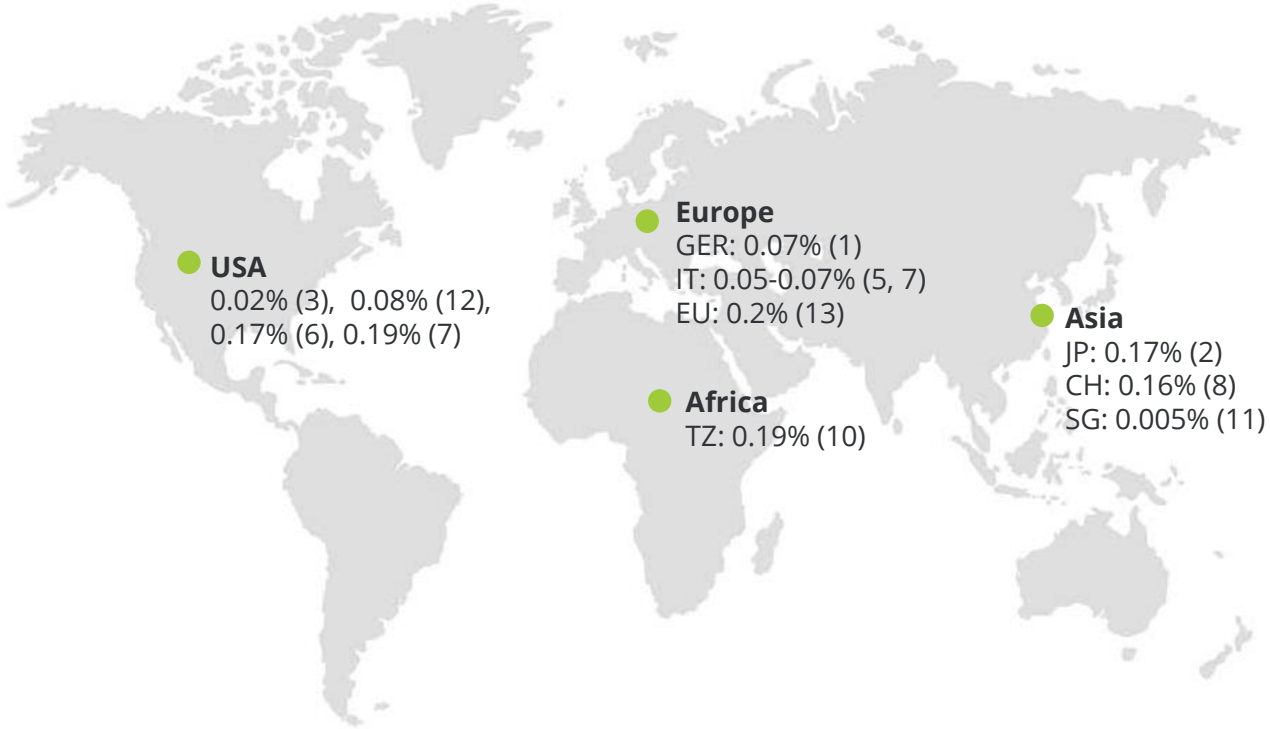
Aficamten is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product has not been established.

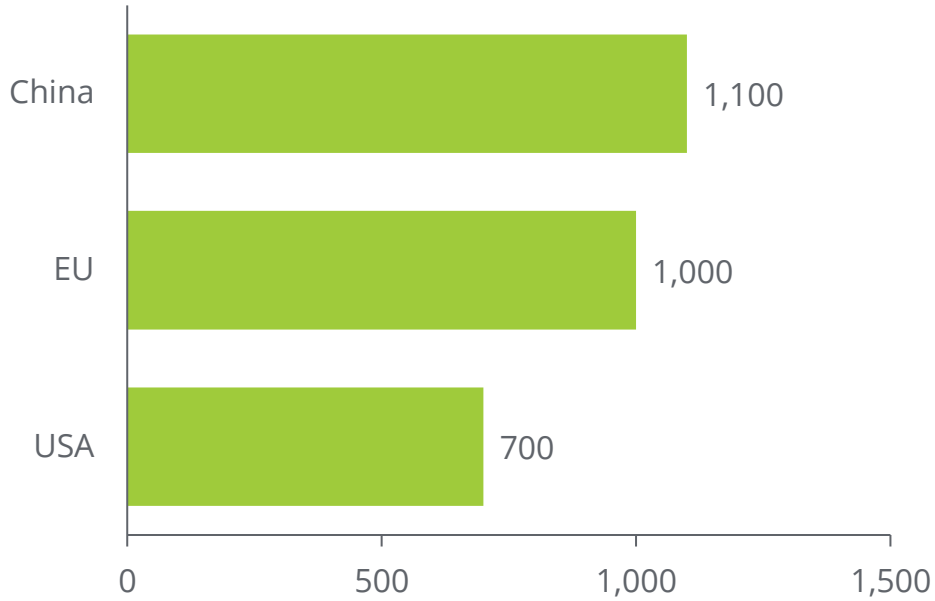
HCM Prevalence: Significant and Growing Globally

HCM prevalence estimates vary across geography and over time

Estimated HCM Prevalence Rates

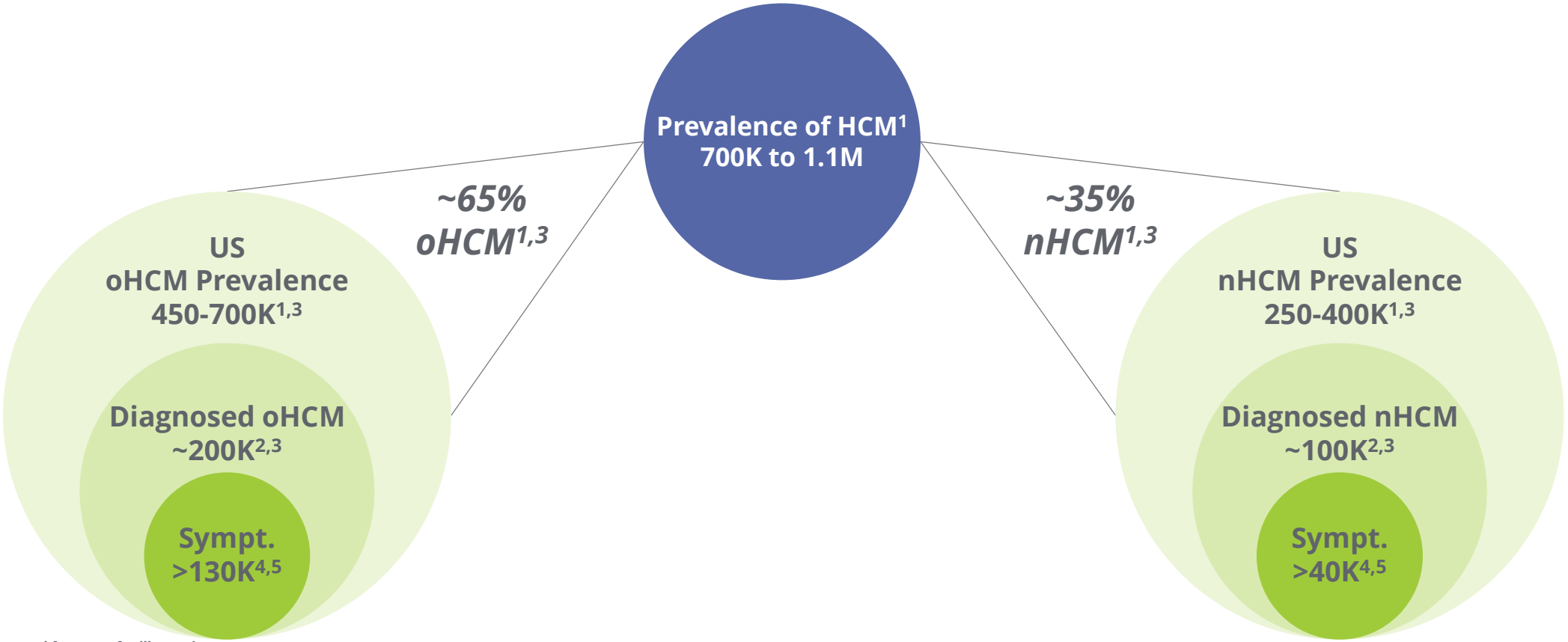


HCM True Patient Prevalence (Est. 2021)



Sources: 1. Husser et al 2018 doi.org/10.1371/journal.pone.0196612; 2. Hada et al 10.1016/s0002-9149(87)80107-8; 3. Codd 1989 10.1161/01.cir.80.3.564; 4. Maron et al 1995 10.1161/01.cir.92.4.785; 5. Corrado et al 1998 10.1056/NEJM199808063390602; 6. Maron et all 1999 10.1001/jama.281.7.650; 7. Nistri et al 2003 10.1016/s0002-9149(03)00132-2; 8. Zou et al 2004 10.1093/aje/kwh090; 9. Maron 2004 https://doi.org/10.1016/j.amjmed.2003.10.012; 10. Maro 2006 10.1258/004947506778604904; 11. Ng et al 2011 10.1093/europace/eur051; 12. Butzner et al 2021 10.1016/j.amjcard.2021.08.024; 13. Cardim et al 2011 10.1016/j.repc.2011.09.005

Opportunity for CMIs in Diagnosed, Symptomatic HCM Patients

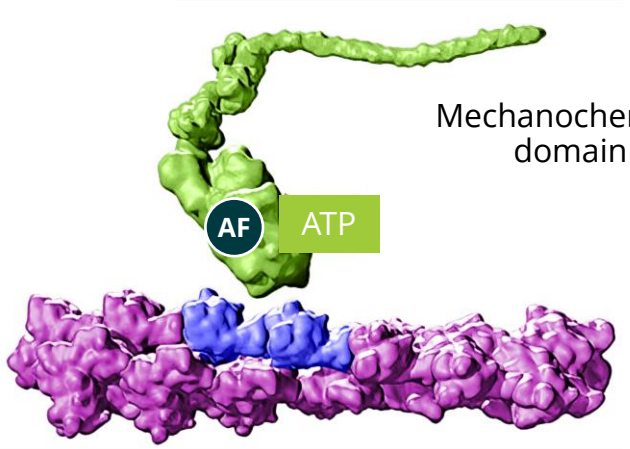


Projections and forecasts for illustration.

1. Cardiovascular Research Group: CVrg Market Strategies: Heart Failure, p 48, Q4 2022; Maron BJ: et al:: Prevalence of Hypertrophic Cardiomyopathy In A General Population of Young Adults, Circulation 1995;92;785-789; Semsarian C. et al: New Perspectives on the Prevalence of Hypertrophic Cardiomyopathy, J. Am, Coll. Cardiol. 2015; 65: 1249-1254;
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: bb, ccb, dyso, ralo, Camzyos;
5. DoF Primary market research: 443 HCPs treating HCM - % of nHCM patients not considered under control with current SOC.

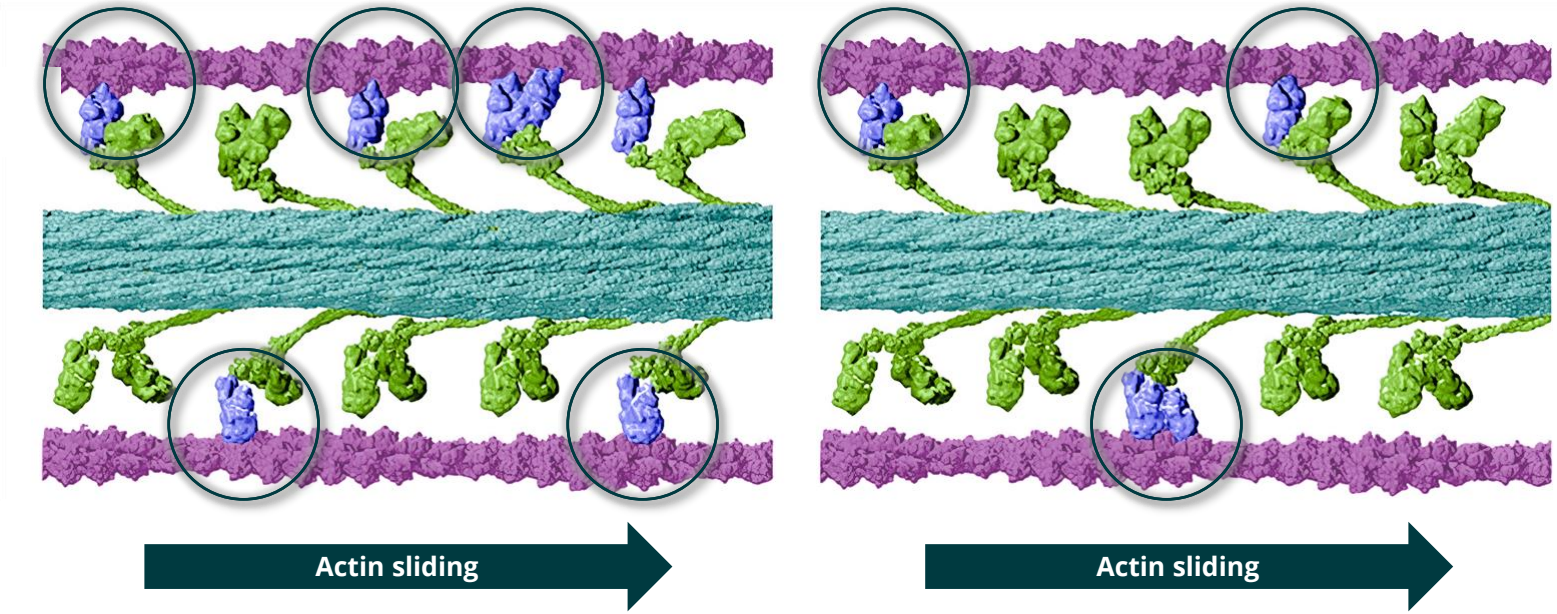
Aficamten: Proposed Mechanism of Action

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



Post-Powerstroke State

"Fewer hands pulling on the rope"



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

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Aficamten: Aspirational Target Profile

Potential next-in-class cardiac myosin inhibitor

Rapid onset

Rapid reversibility

Speed to optimal dose

Predictable dose response

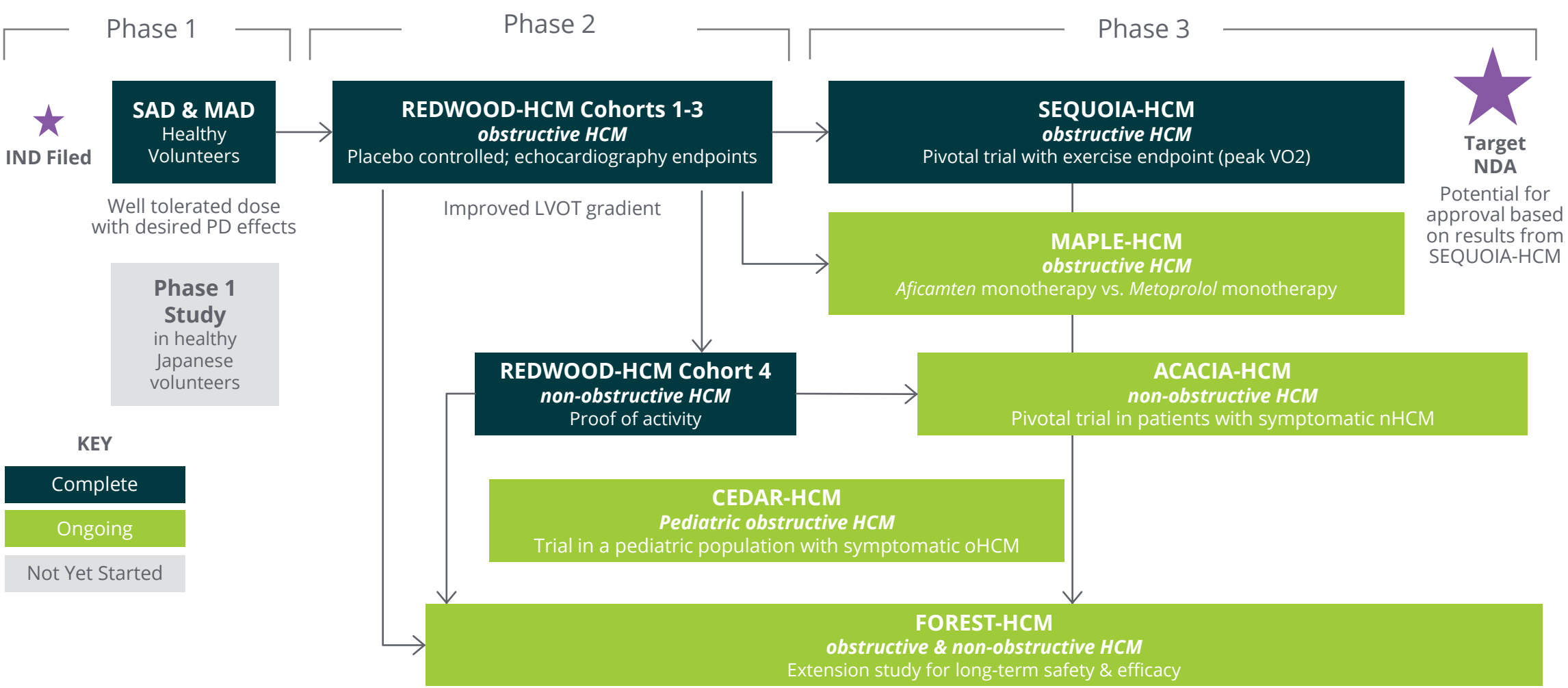
No teratogenicity

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.

Cytokinetics®

Aficamten: Clinical Development Plan for HCM



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

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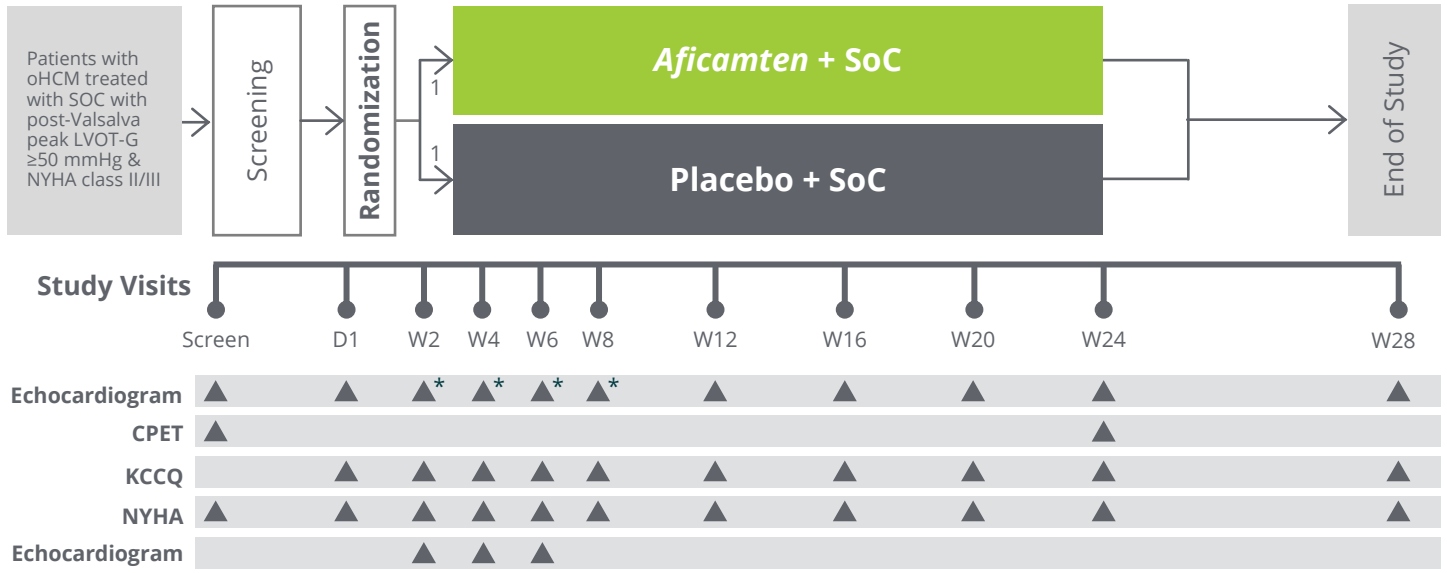
SEQUOIA-HCM: Phase 3 Trial

Primary endpoint: **Change in pVO_2 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



Dose Options (Dose optimization completed by Week 8)

5 mg QD	10 mg QD	15 mg QD	20 mg QD

SOC: standard of care
** Focused echocardiogram*

SEQUOIA-HCM: Baseline Characteristics

Baseline characteristics reflect highly symptomatic patient population with reduced exercise capacity

- Significant **symptom burden** despite background therapy
- 61% of patients on **beta-blockers**
- Baseline pVO_2 reflects patient population with **reduced exercise capacity**

	Aficamten n=142	Placebo n=140
Age, y	59.2 ± 12.6	59.0 ± 13.4
Female sex, n (%)	56 (39.4)	59 (42.1)
Race, n (%)		
White	108 (76.1)	115 (82.1)
Geographic region, n (%)		
North America	49 (34.5)	45 (32.1)
China	24 (16.9)	22 (15.7)
Europe and Israel	69 (48.6)	73 (52.1)
Medical history, n (%)		
Hypertension	75 (52.8)	70 (50.0)
Paroxysmal atrial fibrillation	21 (14.8)	20 (14.3)
Permanent atrial fibrillation	2 (1.4)	1 (0.7)
CPET		
pVO_2 (mL/kg/min)	18.5 (4.5)	18.6 (4.5)
Percent of predicted pVO_2 (%)	58 (13)	57 (12)

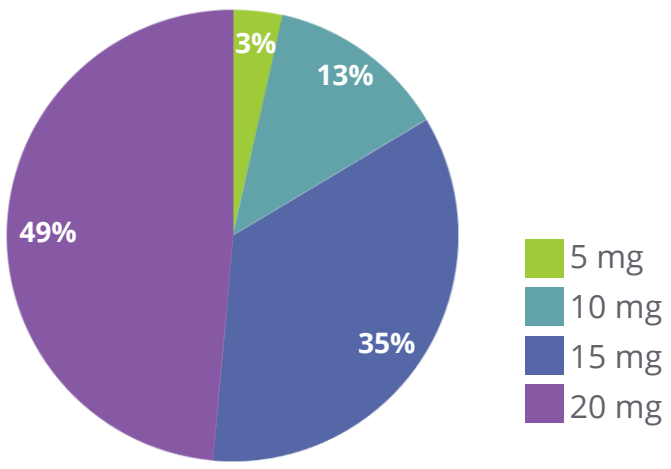
	Aficamten n=142	Placebo n=140
Background HCM therapy, n (%)		
Beta-blocker	86 (60.6)	87 (62.1)
Calcium channel blocker	45 (31.7)	36 (25.7)
Disopyramide	16 (11.3)	20 (14.3)
None	19 (13.4)	22 (15.7)
KCCQ-CSS	76 ± 18	74 ± 18
NYHA FC, n (%)		
II	108 (76.1)	106 (75.7)
III/IV	34 (23.9)	34 (24.3)
Median NT-proBNP (IQR), pg/mL	818 (377–1630)	692 (335–1795)
Median hs-cTnI (IQR), ng/L	12.9 (7.6–33.6)	11.5 (7.7–25.0)
Echocardiographic parameters		
Valsalva LVOT-G, mmHg	82.9 ± 32	83.3 ± 33
Resting LVOT-G, mmHg	54.8 ± 27	55.3 ± 32
LVEF, %	74.8 ± 5.5	74.8 ± 6.3
Maximal LV wall thickness, mm	20.7 ± 3.0	21.0 ± 3.0

Values are the mean ± SD unless otherwise indicated.

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

Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

SEQUOIA-HCM: Dosing



There were no differences in age, sex, ethnicity, body mass index, or comorbidities (diabetes, hypertension or AF) between dose groups

Mean ± SD, n (%), or median (IQR)	Placebo n=140	5 mg n=5	10 mg n=18	15 mg n=49	20 mg n=68
% per treatment group	100%	3.5%	12.7%	34.5%	47.9%
Background HCM therapy					
Beta-blocker	87 (62.1)	5 (100.0)	10 (55.6)	31 (63.3)	40 (58.8)
Calcium channel blocker	36 (25.7)	1 (20.0)	3 (16.7)	17 (34.7)	24 (35.3)
Disopyramide	20 (14.3)	1 (20.0)	5 (27.8)	3 (6.1)	7 (10.3)
Baseline study assessments					
KCCQ-CSS	74 ± 18	68 ± 26	75 ± 19	77 ± 20	75 ± 17
NYHA class II	106 (75.7)	3 (60.0)	16 (88.9)	33 (67.3)	54 (79.4)
NT-proBNP, pg/mL	692 (335, 1795)	1133 (992, 1475)	338 (283, 674)	871 (428, 1505)	962 (511, 2085)
hs-cTnI, ng/L	12 (8, 25)	12 (6, 234)	10 (5, 17)	13 (7, 24)	16 (8, 38)
pVO_2, mL/kg/min	18.6 ± 4.5	18.7 ± 2.9	18.6 ± 3.9	18.2 ± 4.1	18.3 ± 4.9
Echocardiographic parameters (core laboratory)					
LVEF at baseline, %	75 ± 6	71 ± 12	76 ± 5	75 ± 5	75 ± 5
Peak LVOT-G at rest	55 ± 32	29 ± 13	45 ± 21	56 ± 24	58 ± 30
Peak LVOT-G post-Valsalva	83 ± 33	51 ± 24	71 ± 29	84 ± 26	88 ± 35
Left ventricular MWT, cm	2.10 ± 0.30	2.42 ± 0.74	1.94 ± 0.22	2.04 ± 0.26	2.11 ± 0.28

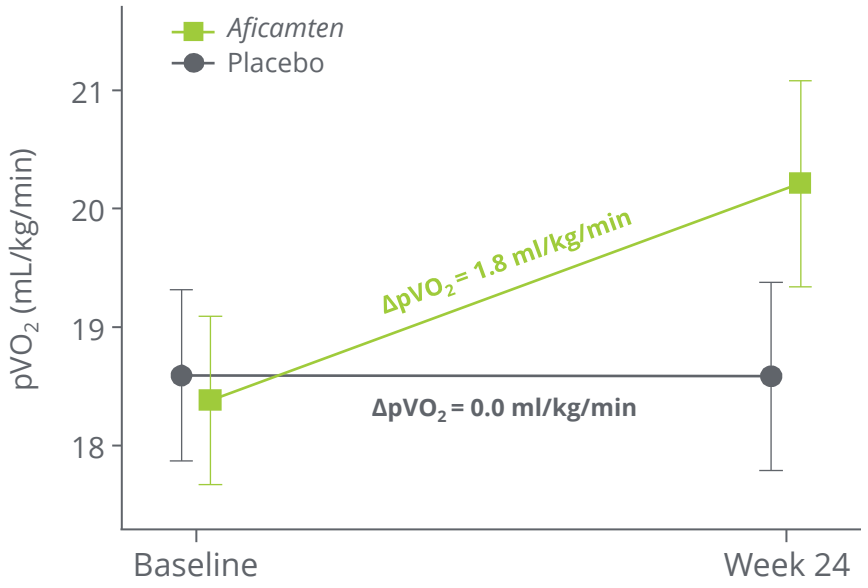
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
hs-cTnI, high-sensitive cardiac troponin; IQR, interquartile range; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire-Clinical Summary score; MWT, maximal wall thickness; NT-proBNP, N-terminal pro b-type natriuretic peptide; NYHA, New York Heart Association.
Coats CJ. "Dosing and Safety Profile of Aficamten in Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

SEQUOIA-HCM: Primary Endpoint

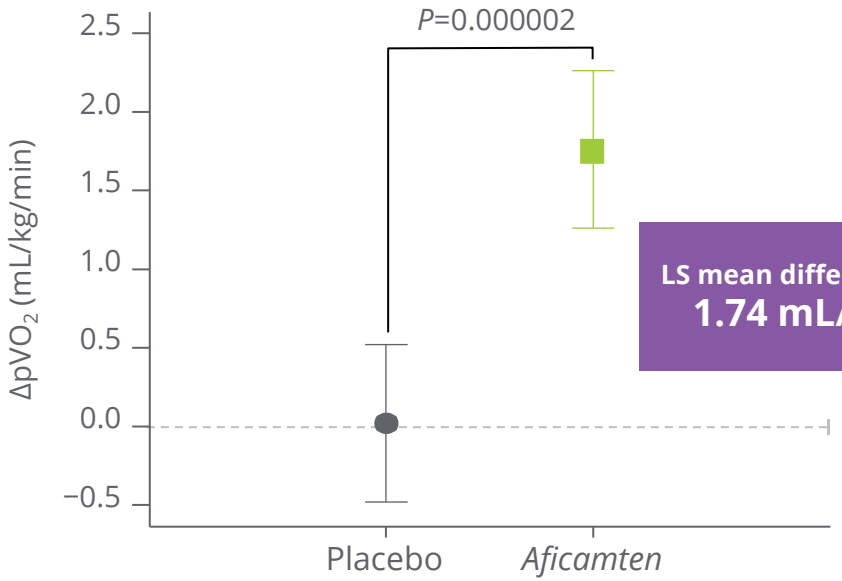
Significant improvement in exercise capacity compared to placebo

Results presented at Heart Failure 2024 and published in *NEJM*

Absolute Change from Baseline to Week 24



LS mean Change from Baseline to Week 24



Data are mean and 95% CI

LS mean difference (SE) vs placebo:
1.74 mL/kg/min (0.36)

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

Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

SEQUOIA-HCM: Subgroup Analysis

SEQUOIA HCM

Results consistent across all prespecified subgroups including patients receiving or not receiving background beta-blockers

	n (Afi/Plb)	*Aficamten* LS mean	Placebo LS mean	Mean difference (95% CI)
Age				
<65 y	85/84	2.4	0.4	2.0 (1.1, 2.8)
≥65 y	57/56	0.9	−0.5	1.4 (0.3, 2.5)
Sex				
Male	86/81	2.5	0.7	1.8 (0.9, 2.7)
Female	56/59	0.6	−0.8	1.4 (0.4, 2.5)
Baseline BMI				
<30 kg/m^2	97/94	1.9	0.1	1.8 (1.0, 2.7)
≥30 kg/m^2	45/46	1.4	−0.2	1.6 (0.3, 2.8)
Baseline Median LVEF				
≤75.6%	73/68	1.9	0.0	1.8 (0.8, 2.8)
>75.6%	69/72	1.7	0.0	1.6 (0.6, 2.6)
Baseline NYHA FC				
Class II	108/106	2.0	0.3	1.7 (0.9, 2.5)
Class III /IV	34/34	1.0	−0.9	1.9 (0.5, 3.3)
Baseline Median KCCQ-CSS				
≤78.1	67/75	1.7	−0.1	1.8 (0.8, 2.8)
>78.1	75/65	1.8	0.1	1.7 (0.7, 2.6)

Interaction *P* values were >0.05 for all prespecified subgroups

Favors Placebo — Favors Treatment

	n (Afi/Plb)	*Aficamten* LS mean	Placebo LS mean	Mean difference (95% CI)
Baseline NT-proBNP (median)				
≤ 788 pg/mL	66/73	2.2	0.6	1.7 (0.7, 2.7)
> 788 pg/mL	73/65	1.4	−0.6	2.0 (1.0, 2.9)
CPET Modality				
Treadmill	78/77	2.5	0.2	2.3 (1.4, 3.2)
Bicycle	64/63	0.9	−0.1	1.0 (−0.0, 2.1)
Baseline Median pVO_2				
≤18.4 mL/kg/min	74/67	1.5	−0.1	1.6 (0.6, 2.5)
>18.4 mL/kg/min	68/73	2.0	0.1	1.9 (1.0, 2.9)
Baseline Beta-Blocker Use				
Yes	86/87	1.4	−0.2	1.6 (0.7, 2.5)
No	56/53	2.2	0.2	1.9 (0.8, 3.1)
Baseline Resting LVOT (median)				
≤51.1 mmHg	72/69	1.8	0.5	1.3 (0.3, 2.3)
>51.1 mmHg	70/71	1.7	−0.4	2.1 (1.2, 3.1)
Genotype				
Positive	20/22	1.6	−1.0	2.6 (0.9, 4.2)
Negative	71/70	1.4	−0.1	1.4 (0.5, 2.3)

Favors Placebo — Favors Treatment

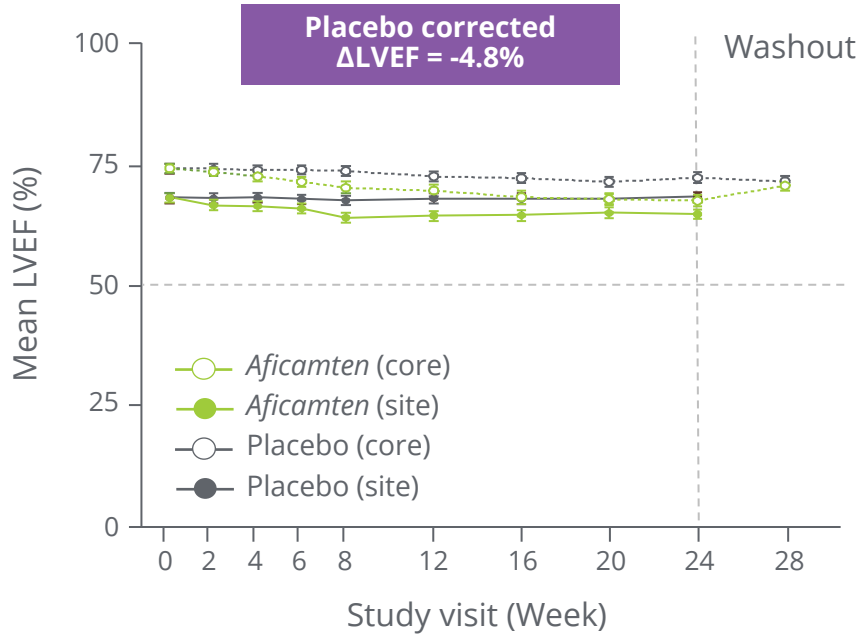
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

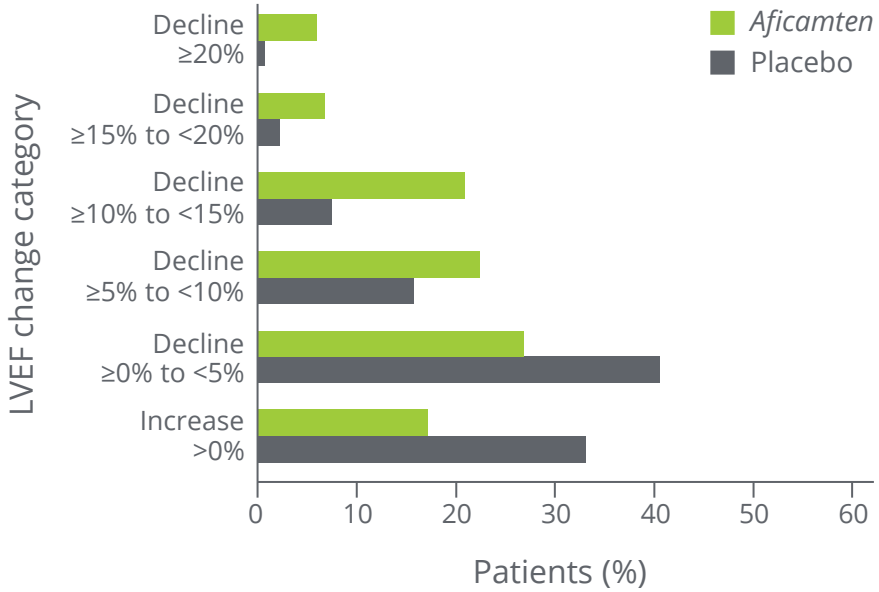
SEQUOIA-HCM: Change in LVEF

Modest reduction in LVEF in patients on *aficamten* resulted in large reductions in LVOT-G

Mean Change in Core Laboratory LVEF Over 24 Weeks



Distribution of Categorical Changes in Core Laboratory LVEF from Baseline to Week 24

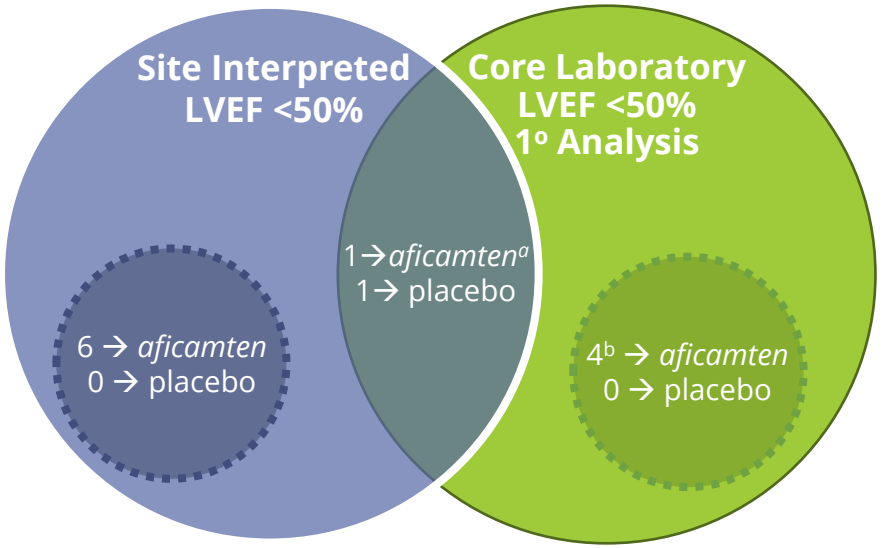


Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

SEQUOIA-HCM: Low Incidence of LVEF <50%

5 (3.5%) of patients on *aficamten* had LVEF <50% determined by the core laboratory



a COVID-19 infection preceded LVEF <50% based on both core and site laboratory assessments.
b Did not undergo dose adjustment (3.5%)

- **No treatment interruptions** occurred
- **No heart failure** was experienced by any *aficamten*-treated patient with LVEF <50% by either core laboratory or site interpreted
- All *aficamten* patients with LVEF <50% were **reversible**

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Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

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SEQUOIA-HCM: Responder Analysis

Significant improvement in exercise capacity and symptoms in composite responder endpoint

	Aficamten n=142	Placebo n=140
≥1.5 mL/kg/min increase in pVO_2 and ≥1 NYHA FC improvement *or* ≥3.0 mL/kg/min increase in pVO_2 and no worsening of NYHA FC, n (%)	60 (42)	19 (14)
≥1.5 mL/kg/min increase in pVO_2 and ≥1 NYHA class improvement	44 (31)	9 (6)
≥3.0 mL/kg/min increase in pVO_2 and no worsening of NYHA class	37 (26)	13 (9)
Both ≥3.0 mL/kg/min increase in pVO_2 and ≥1 NYHA class improvement	21 (15)	3 (2)
Common rate difference vs placebo (95% CI)	**28.7** (18.8, 38.6)	
***P* value**	<0.0001	

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Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

SEQUOIA-HCM: Secondary Endpoints

Statistically significant improvements in all 10 pre-specified secondary endpoints

Endpoints	P value
Primary Endpoint	
pVO_2 change from baseline to Week 24	**<0.0001**
Secondary Endpoints	
1. KCCQ-CSS change from baseline to Week 24	**<0.0001**
2. NYHA Class Improvement by at least 1 class at Week 24	**<0.0001**
3. Valsalva LVOT-G change from baseline to Week 24	**<0.0001**
4. % Valsalva LVOT-G <30 mmHg at Week 24	**<0.0001**
5. Duration of SRT Eligible during 24 Weeks of Treatment	**<0.0001**
6. KCCQ-CSS change from baseline to Week 12	**<0.0001**
7. NYHA Class Improvement by at least 1 class at Week 12	**<0.0001**
8. Valsalva LVOT-G change from baseline to Week 12	**<0.0001**
9. % Valsalva LVOT-G <30 mmHg at Week 12	**<0.0001**
10. Total workload change from baseline to Week 24	**<0.0001**

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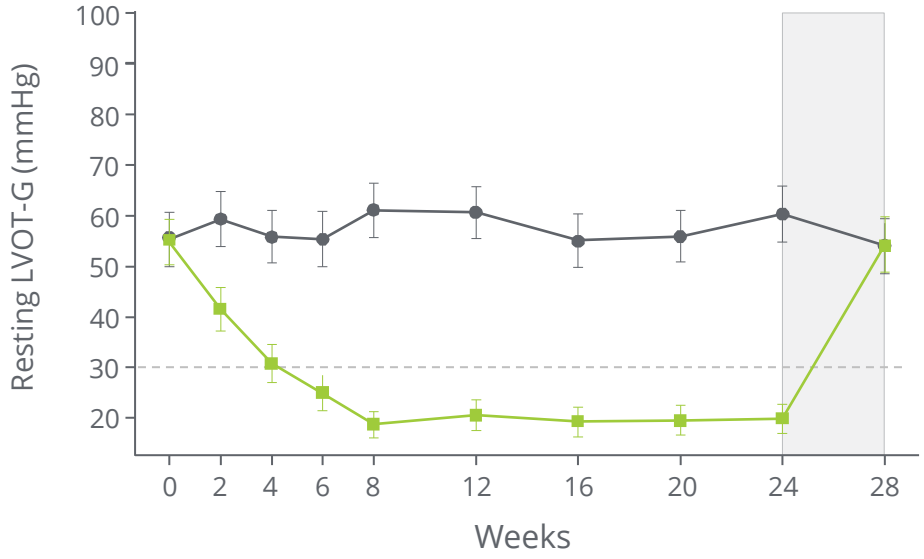
Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

SEQUOIA-HCM: Secondary & Exploratory Endpoints

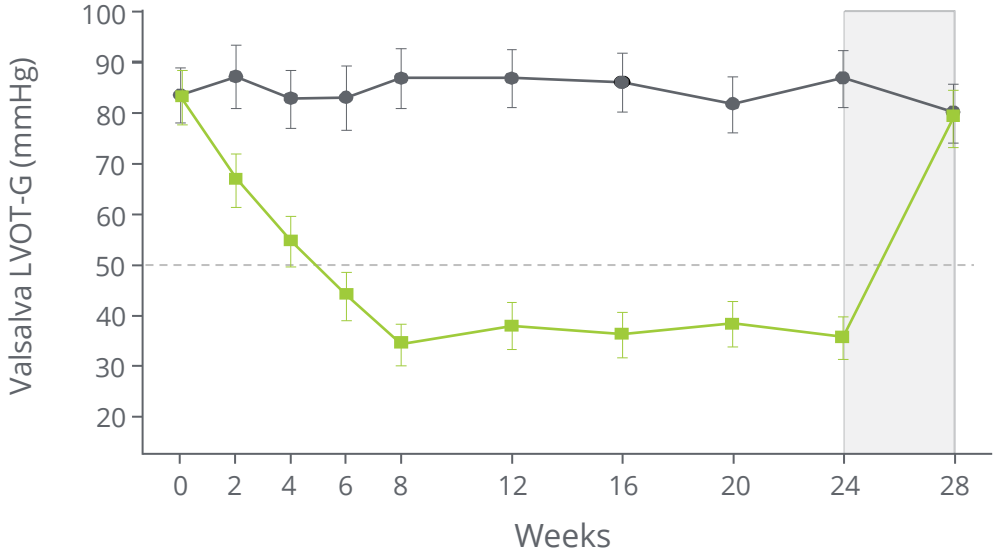
Significant improvement in post-Valsalva left ventricular outflow tract gradient (LVOT-G)

LS mean difference:
- 50 mmHg

Resting LVOT-G



Valsalva LVOT-G



Aficamten
Placebo
Washout

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Error bars are 95% CI
Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

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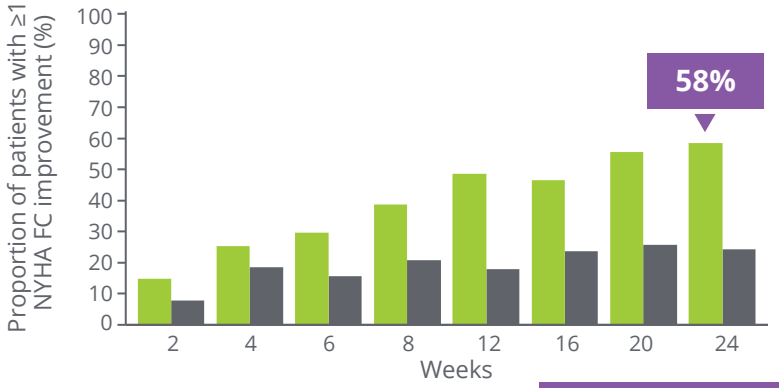
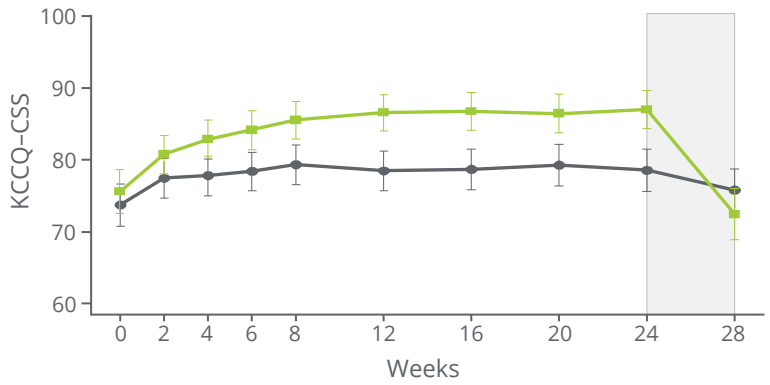
SEQUOIA-HCM: Secondary & Exploratory Endpoints

≥1 NYHA FC Improvement



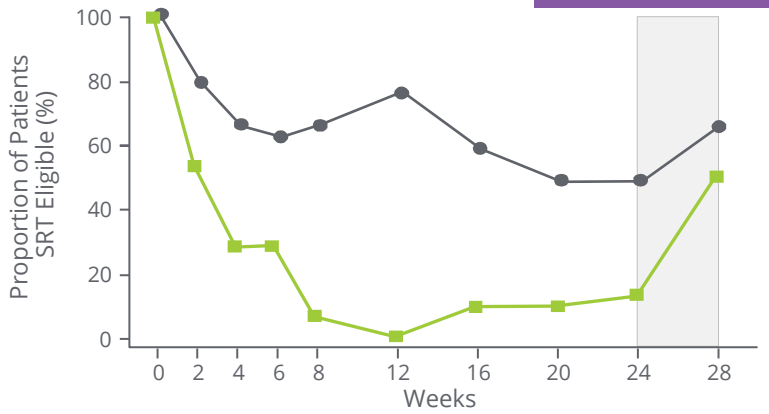
KCCQ-CSS

LS mean difference: 7 points



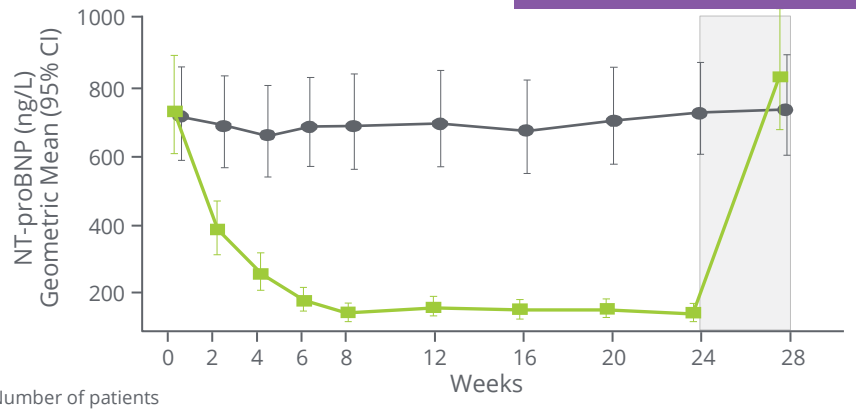
Guideline Eligibility for SRT

78 fewer days spent SRT-eligible



NT-proBNP

80% reduction from baseline to Wk 24



Aficamten
Placebo
Washout

Number of patients

Aficamten	139	141	141	139	139	139	137	139	136	135
Placebo	138	138	139	136	137	135	135	137	134	135

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Error bars are 95% CI
Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

Cytokinetics®

SEQUOIA-HCM: Integrated Exercise Performance

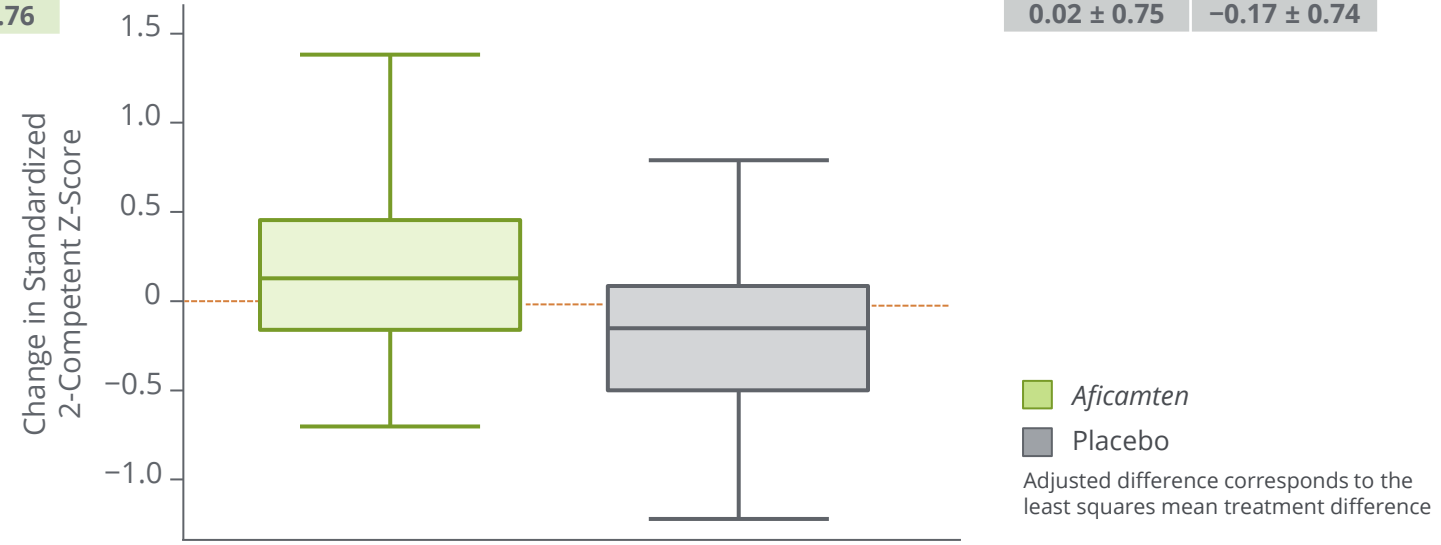
Aficamten improved novel integrated exercise performance metric

Integrated Exercise Performance (Z-score pVO_2 & V_E/VCO_2)

Aficamten	
Mean ± SD	
Baseline	Week 24
−0.01 ± 0.82	0.16 ± 0.76

Adjusted Difference (95% CI)	*P* value
0.35 (0.25, 0.46)	0.0000000006

Placebo	
Mean ± SD	
Baseline	Week 24
0.02 ± 0.75	−0.17 ± 0.74



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Integrated exercise performance was defined as the 2-component Z-score of pVO2 and ventilatory efficiency (VE/VCO2 slope) and will be used in ACACIA-HCM (NCT06081894). The Z-score was derived by reversing the directionality of VE/VCO2 slope values such that increases in both Z-score components indicate benefit; equal weights were used for each component.

Lewis G. "Enhancing Exercise Response in Obstructive Hypertrophic Cardiomyopathy." ESC Heart Failure 2024.

SEQUOIA-HCM: Safety Data

AEs with ≥5% incidence

There were no serious adverse cardiovascular events associated with *aficamten* treatment in SEQUOIA-HCM

Event, n (%)	Placebo (n=140)	*Aficamten* (n=142)
Overall AEs	99 (70.7)	105 (73.9)
Headache	10 (7.1)	11 (7.7)
Hypertension	3 (2.1)	11 (7.7)
Palpitations	4 (2.9)	10 (7.0)
Upper respiratory infection	12 (8.6)	9 (6.3)
COVID-19	9 (6.4)	8 (5.6)
Dyspnea	8 (5.7)	8 (5.6)
SAEs	13 (9.3)	8 (5.6)
Cardiac AEs	21 (15.0)	24 (16.9)
Discontinuations	4 (2.9)	5 (3.5)
New-onset AF	1 (0.7)	1 (0.7)
Appropriate ICD shock	1 (0.7)	0
LVEF <50% by core laboratory[a]	1 (0.7)	5 (3.5)
Dose reduction based on site-read LVEF <50%	1 (0.7)	7 (4.9)

[a] 1 placebo- and 1 *aficamten-treated* patient overlap with dose reduction based on site-read LVEF <50%.

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AE, adverse event; SAE, serious adverse event.
Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

SEQUOIA-HCM: Conclusions

Trial underscores potential clinical efficacy & safety of *aficamten* in patients with symptomatic oHCM

- Patients treated with *aficamten* observed to have:
  - **Clinically meaningful improvements in exercise capacity (pVO_2), consistent across all prespecified subgroups**
  - **Significant reduction in the burden of limiting symptoms** based on improvement in KCCQ-CSS and NYHA Functional Class
  - **Improvement in a novel integrated exercise performance metric** combining maximal and submaximal exercise parameters (pVO_2 and V_E/VCO_2)
- ***Aficamten* was generally well-tolerated with low frequency of LVEF <50%,** all asymptomatic, with no treatment interruptions and no instances of worsening HF
- **Functional & symptomatic improvements associated with benefits as early as 2 weeks; remained consistent & durable throughout treatment period:**
  - Substantial relief from resting and provocable LVOT obstruction observed
  - Large reductions in cardiac biomarker NT-proBNP observed
  - Considerable reduction in the number of patients eligible for SRT observed
- **Treatment effects were reversible within the 4-week washout period**

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Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.
Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.
Lewis G. Enhancing Exercise Response in Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

Preparing for Regulatory Submissions to FDA, EMA

SEQUOIA HCM

Positive Results from SEQUOIA-HCM

2024

- Participated in **two meetings with FDA** in Q1 2024
- **Type B meeting with FDA** to occur in Q2 2024
- **Meetings with EMA** in Q2 2024
- **Expect to submit NDA to FDA** in Q3 2024 and **MAA to EMA** in Q4 2024: development of all modules underway and manufacturing activities on track

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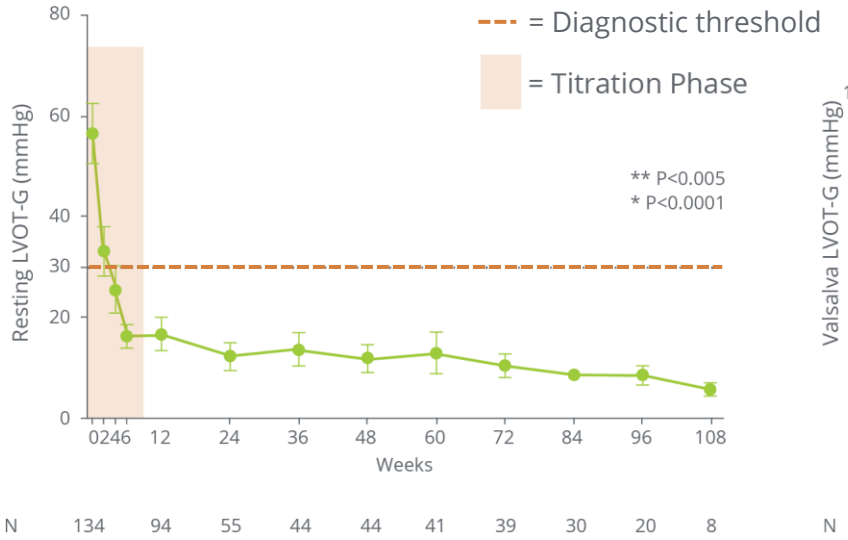
Observed Durable Effects of *Aficamten* on LVOT-G & LVEF

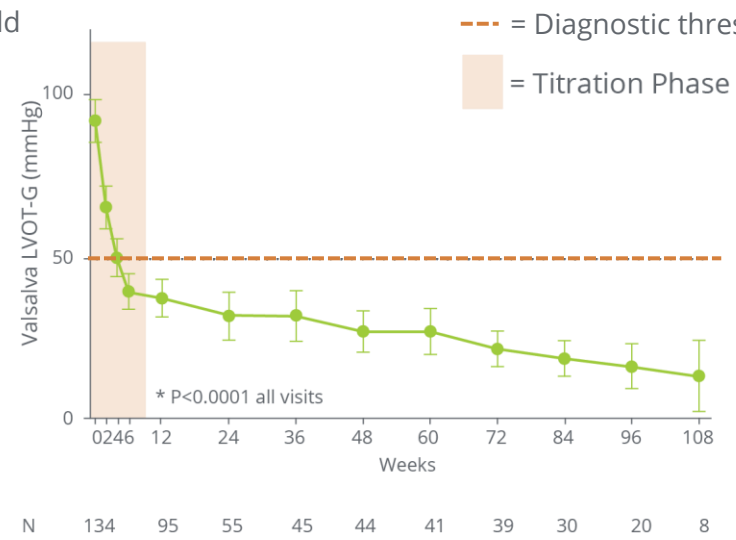
FOREST-HCM data cut as of September 15, 2023

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

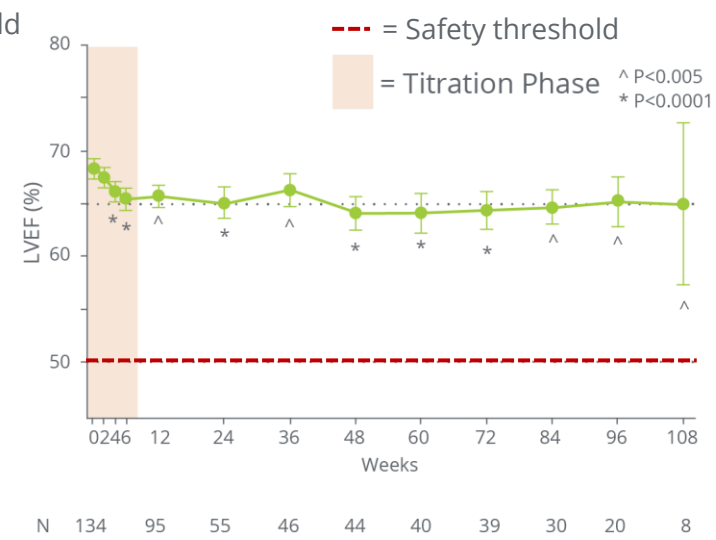
Resting LVOT Gradient



Valsalva LVOT Gradient



LVEF



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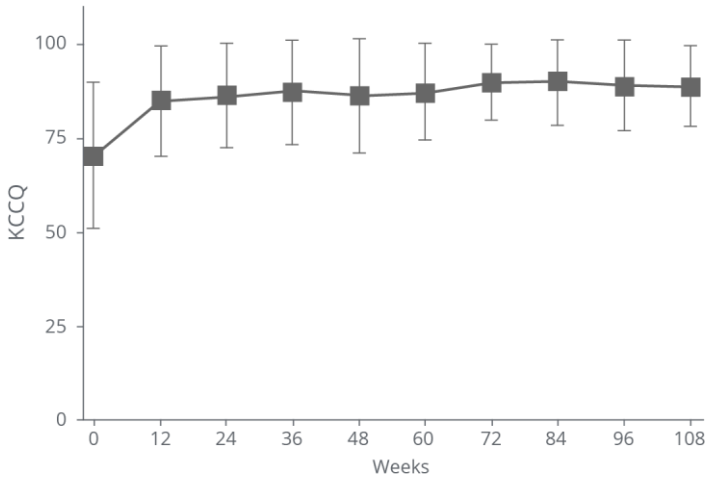
Observed Durable Effects of *Aficamten* on Clinical Endpoints

KCCQ-CSS

Data cut as of September 15, 2023

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

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

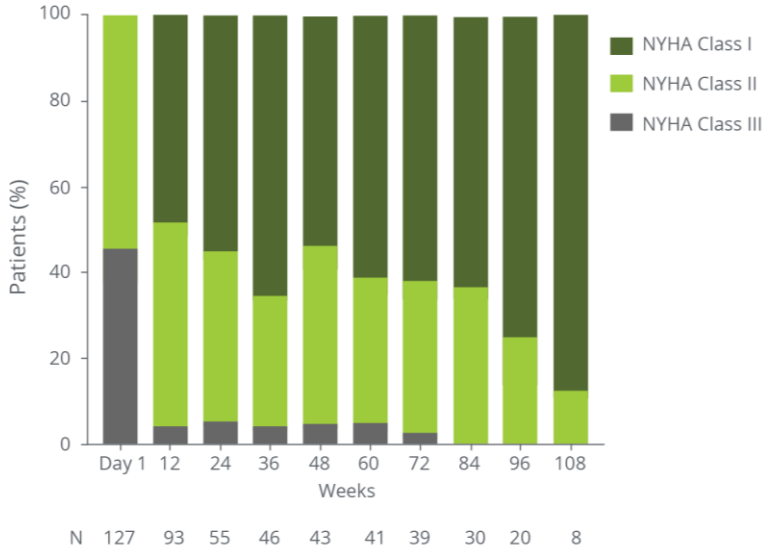


NYHA Class

Data cut as of September 15, 2023

~50% of patients were asymptomatic at 1 year

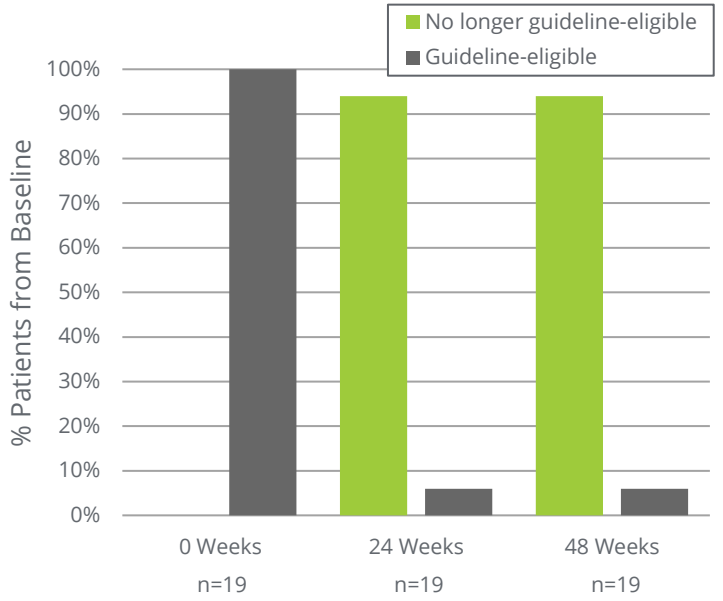
>80% of patients improved ≥1 NYHA Class at every visit after initiation of *aficamten*



Guideline-Eligible for SRT

Data cut as of October 31, 2023

94% of SRT-eligible patients at baseline are no longer SRT-eligible



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Few Dose Reductions Occurred During Maintenance

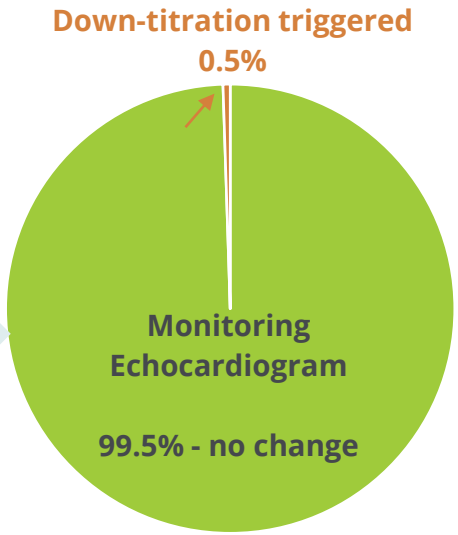
FOREST-HCM data cut as of September 15, 2023

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



Target dose defined as achieved if Valsalva LVOT-G ≤ 30 mmHg or no dose change for 2 consecutive visits

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Safety Data

FOREST-HCM data cut as of September 15, 2023

- **Almost all eligible patients choose to participate** in the OLE
- Echocardiography-guided dose titration of *aficamten* was **managed entirely by the treating physicians**
- 2/3 of patients achieved **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 did not lead to a dose reduction**
- Clinical, hemodynamic & biochemical markers of efficacy indicated **sustained efficacy** following exposures for > 2-years
- Of the patients that are guideline-eligible for septal reduction therapies at baseline, **~90% were 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

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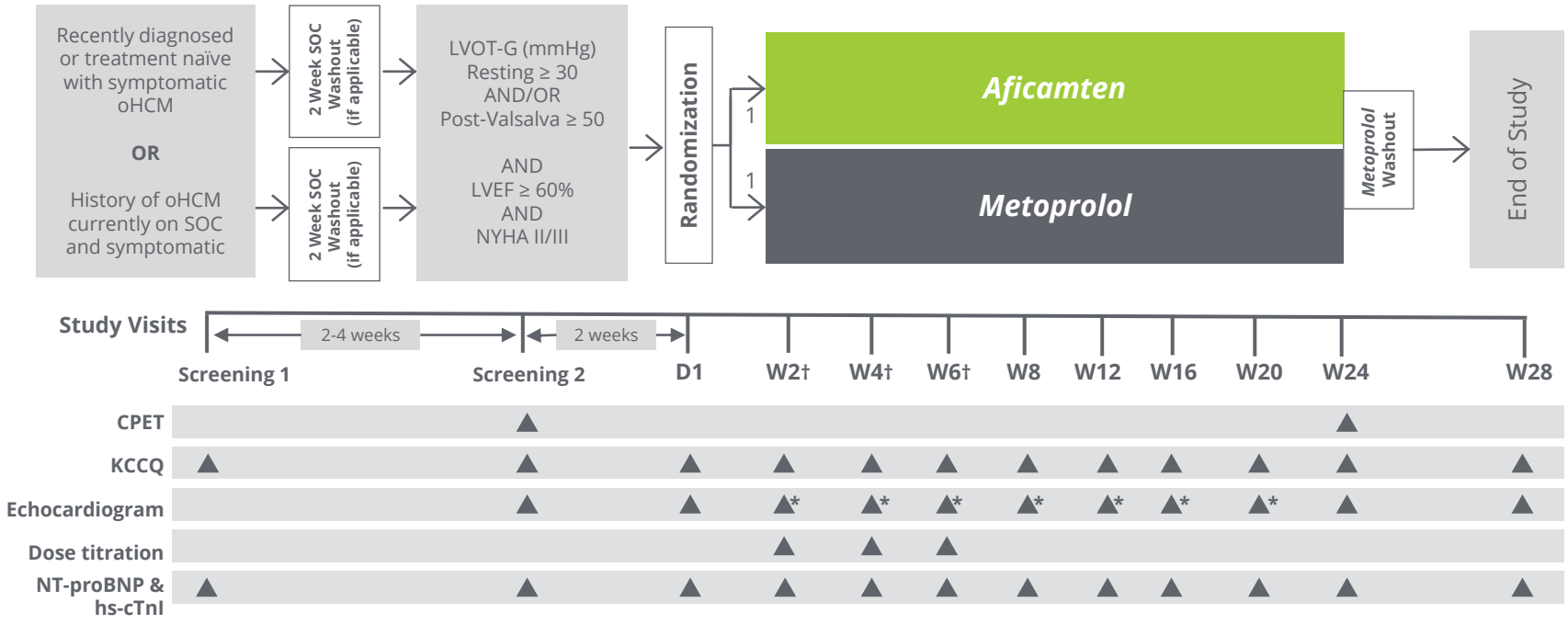
MAPLE-HCM: Phase 3 Monotherapy Trial

Currently enrolling

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

- Trial to enroll approximately **170 patients**
- Primary endpoint: **change in peak VO_2, assessed by CPET from baseline to Week 24**
- Secondary endpoints: **change in NYHA class, KCCQ, NT-proBNP, and measures of structural remodeling**



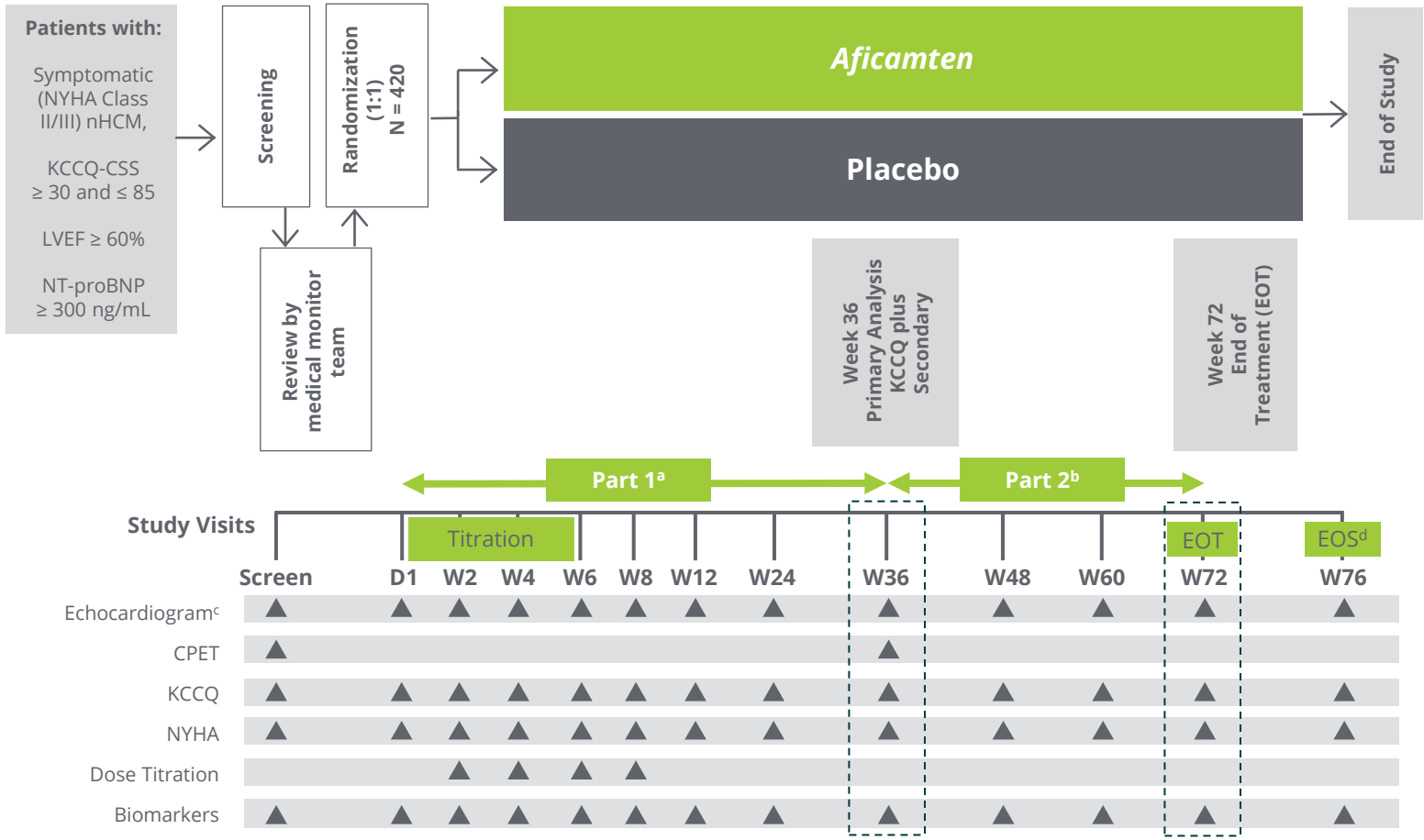
SOC: standard of care
**Focused echocardiogram*
***Aficamten* is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Cytokinetics®

ACACIA-HCM: Pivotal Phase 3 Trial in nHCM

Currently enrolling

- 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 pVO_2, Ve/VCO_2,
  - 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



[a] Part 1: All participants followed until week 36
[b] 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.
[c] Site-read focused echocardiogram for titration visit (sole criterion). *Aficamten* dose range 5-20 mg.
[d] 4-week follow up after last dose

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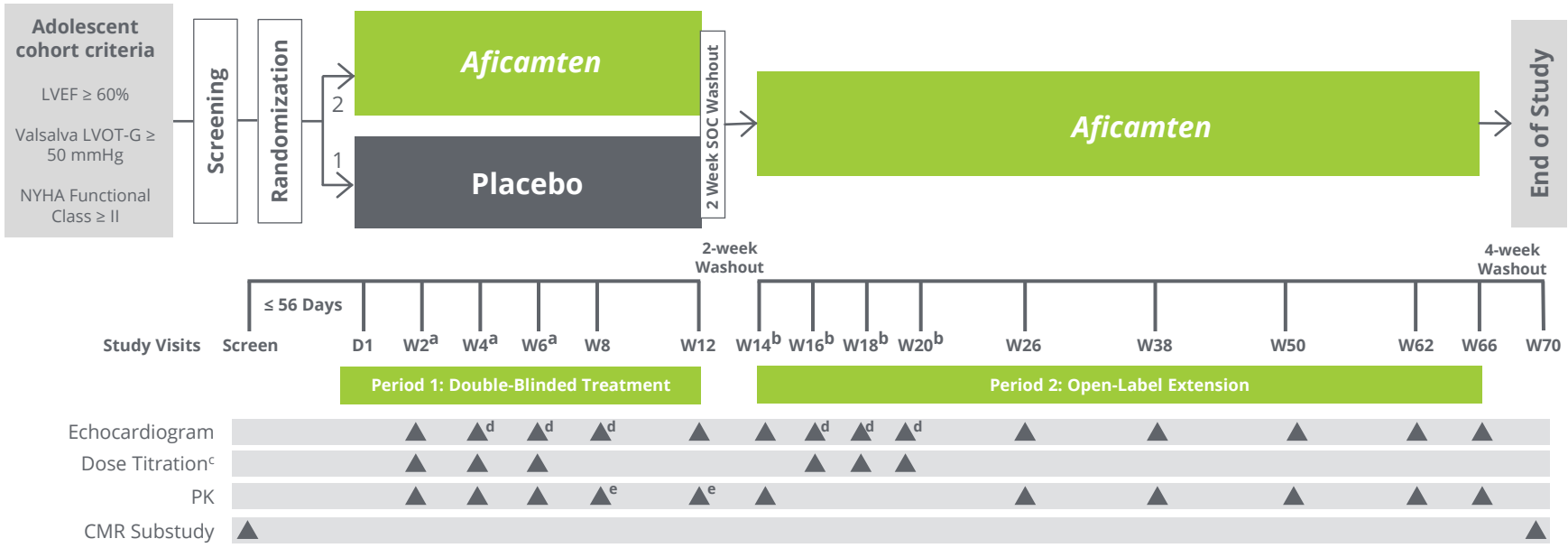
CEDAR-HCM: Clinical Trial in Pediatric Population

Currently enrolling

- Expected to enroll initial cohort of ~**40 adolescent patients aged 12 to 17**
- Data from adolescent patients will support decision to enroll **cohort of ~8 to 10 patients aged 6 to 11**
- **5-20 mg doses**; 6-week titration period
- Primary endpoint: **change in LVOT-G** from baseline to Week 12
- Secondary endpoints: **change in resting LVOT-G, NYHA Functional Class, pharmacokinetics & cardiac biomarkers**



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a Up-titration to the next dose in Period 1 will be managed by the IRT system and will only occur if Valsalva LVOT-G is ≥ 30 mmHg and biplane LVEF is ≥ 55%

b In Period 2, participants will start dosing with aficamten at the lowest dose (5 mg) and up-titration to the next dose (10, 15, or 20 mg) will be managed by the Principal Investigator or designee if Valsalva LVOT-G is ≥ 30 mmHg and biplane LVEF is ≥ 55%. Up-titrations may occur no more frequently than every 2 weeks

c Additional ad hoc titrations after Week 20 may occur at ad hoc titration visits (at least 2 weeks apart) or during a planned visit (ie, Weeks 26, 38, 50, or 62). A titration follow-up visit is required 2 weeks after any titration occurring after Week 20

d Focused echocardiogram (LVOT-G and LVEF only)

e Intensive PK substudy may occur at Week 8 or Week 12

Cytokinetics®

Aficamten: Planned Commercial Approach

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

Learn	Design	Build
Leverage **deep understanding** of patients, HCPs, payers, and community	Engage with all stakeholders to design **an optimal customer experience**	Tap into deep functional experience to build **operational excellence** across launch functions

Our Focus in 2023 → **Our 2024 Focus**

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

Cytokinetics®

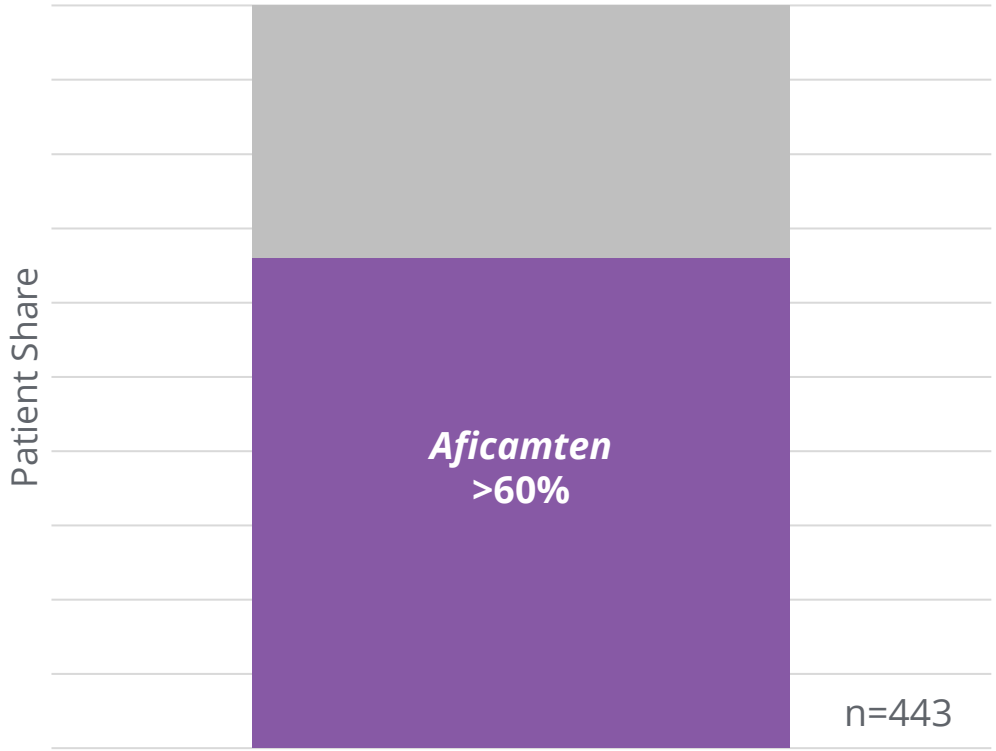
Cytokinetics Poised to Compete in the Specialty Cardiology Business

Potential for high return on investment

	Broad Cardiology	Specialty Cardiology
Example Therapies	Heart failure, cholesterol, blood thinner	**HCM, TTR amyloidosis**
Prescribers	*Broad*: Cardiologists, PCPs (50K+)	***Concentrated*: Subset of cardiologists (~10K)**
ROI / Prescriber	Limited	**High**
Distribution	Retail	**Limited, specialty distributor**
Customer-Facing Reps	Entry level	**Highly experienced**
Support Services	*Standard*: Affordability / copay	***High-touch*: Financial, education, journey**
Managed Care	Competitive/high rebates	**Managed to label**
Diagnosis	High awareness and diagnosis rate	**Limited awareness with high % undiagnosed**
HCP – Rep Interactions	Brief features/benefits	**Comprehensive broad-based discussion**

Market Research Shows *Aficamten* May Achieve High Share & Grow Category

oHCM CMI Preference Shares in Eligible Patient Population*



Survey results are based on the aspirational profile of *aficamten* and if approved, the actual profile could vary materially.

- Potential target product profile for *aficamten* interest creates **share opportunity** in newly treated CMI patients
- *Aficamten* could also be **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

Source: *Aficamten* Impact of Product Attributes on Product Preference Share n=443 cardiologists, Quantitative research including conjoint - Cogent

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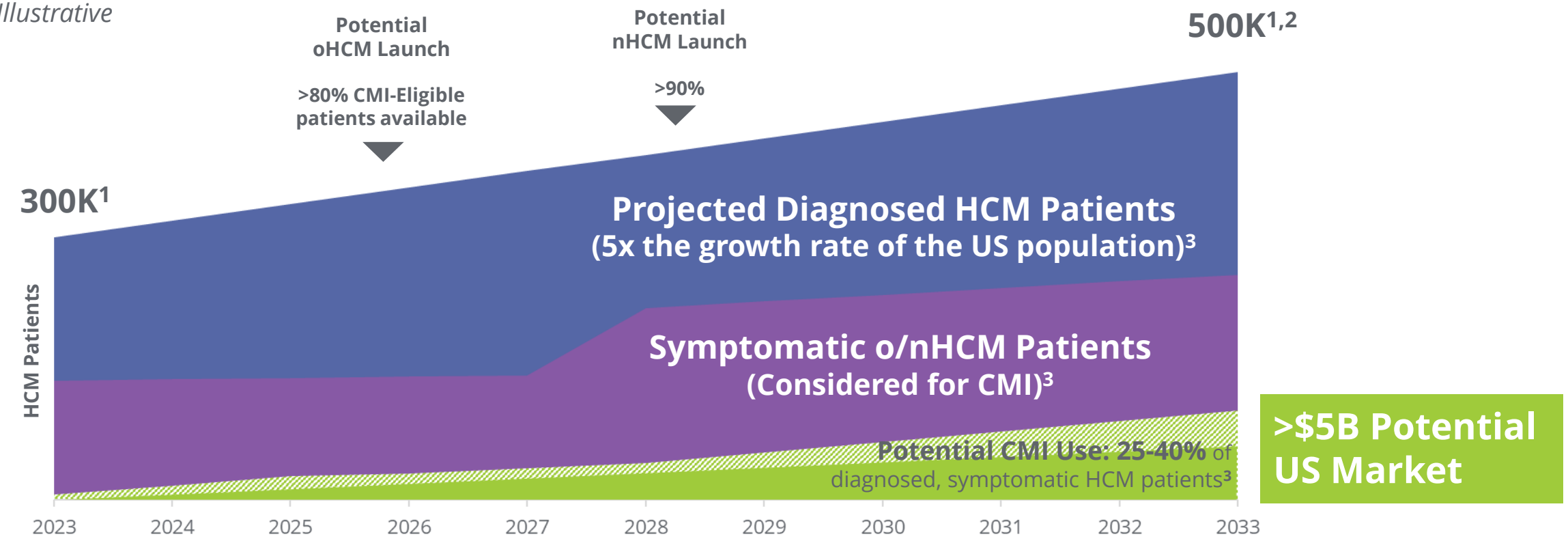
If *Aficamten* is Approved, Expect Majority of CMI-Eligible Patients Available at Launch

Diagnosis of HCM anticipated to grow 5x the rate of the general U.S. population

US HCM Patients (in '000)

Illustrative



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 https://www.ajconline.org/article/S0002-9149(21)00783-9/fulltext; CYTK is forecasting an average growth rate of 5% over the coming decade;
3. Internal forecasts

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

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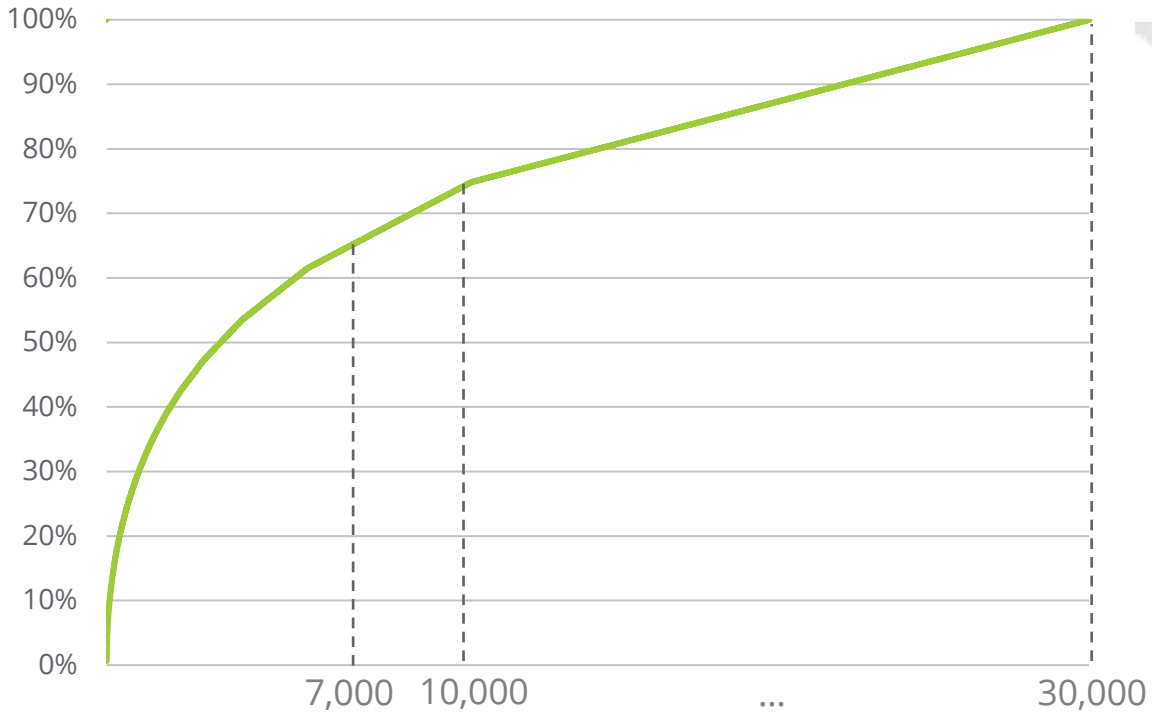
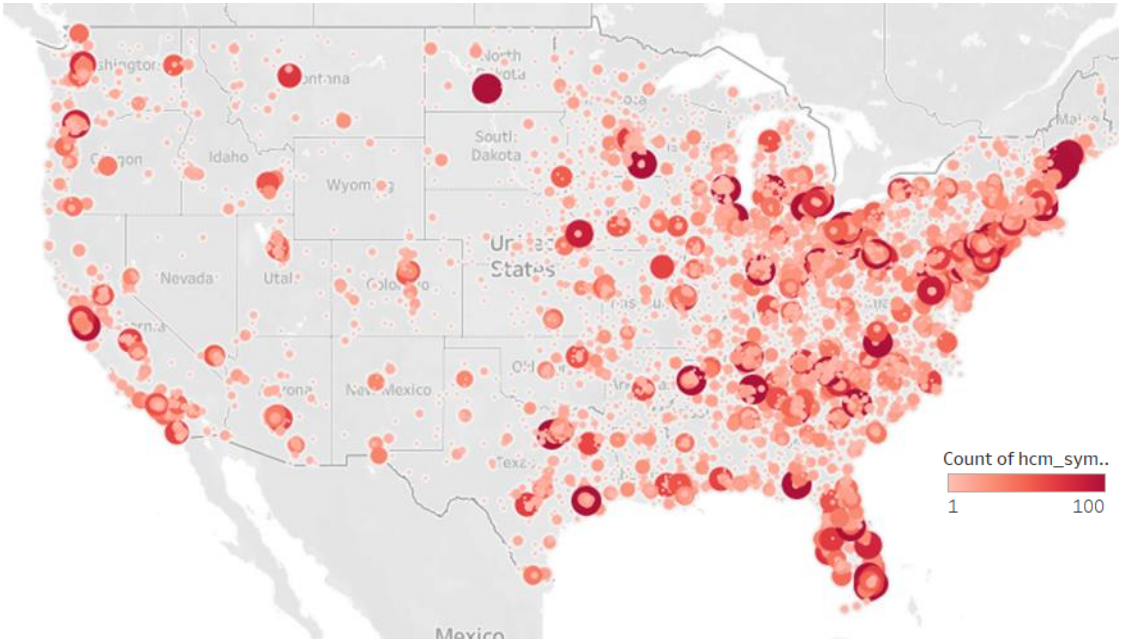
Cardiologists Located in Concentrated Geographic Clusters Across the US

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

HCM Patient Concentration by Cardiologist



Geographic Distribution of HCM Patients



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

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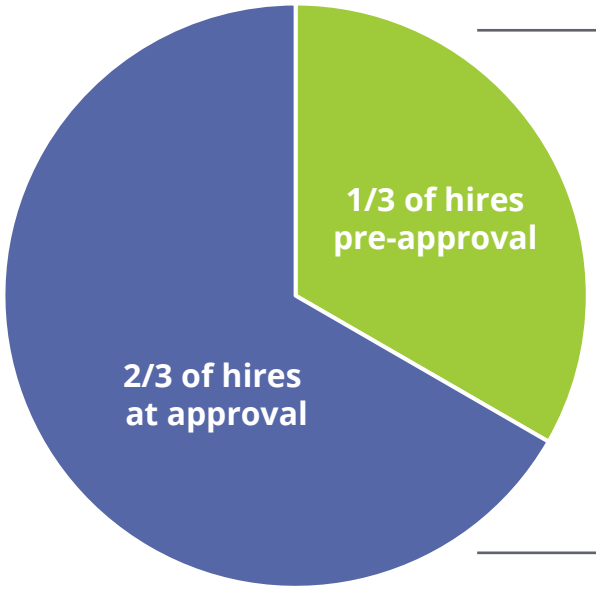
Gated Build of Commercial Infrastructure

Majority of spending to occur closer to potential 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

Sales representatives

Key activities after SEQUOIA-HCM readout

Continued insight generation
Market access strategy validation
Pricing strategy finalization
Distribution approach
Payer engagement
Brand strategy evolution
Customer account identification
Launch campaign development
Customer Experience
Payer Pre-approval Information Exchange
Sales force planning
Data & Technology Infrastructure build
Omnichannel execution
Market development rollout

Initiated upon FDA approval

Media purchases
Patient support programs
Peer to peer engagement
HCP Omnichannel launched

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

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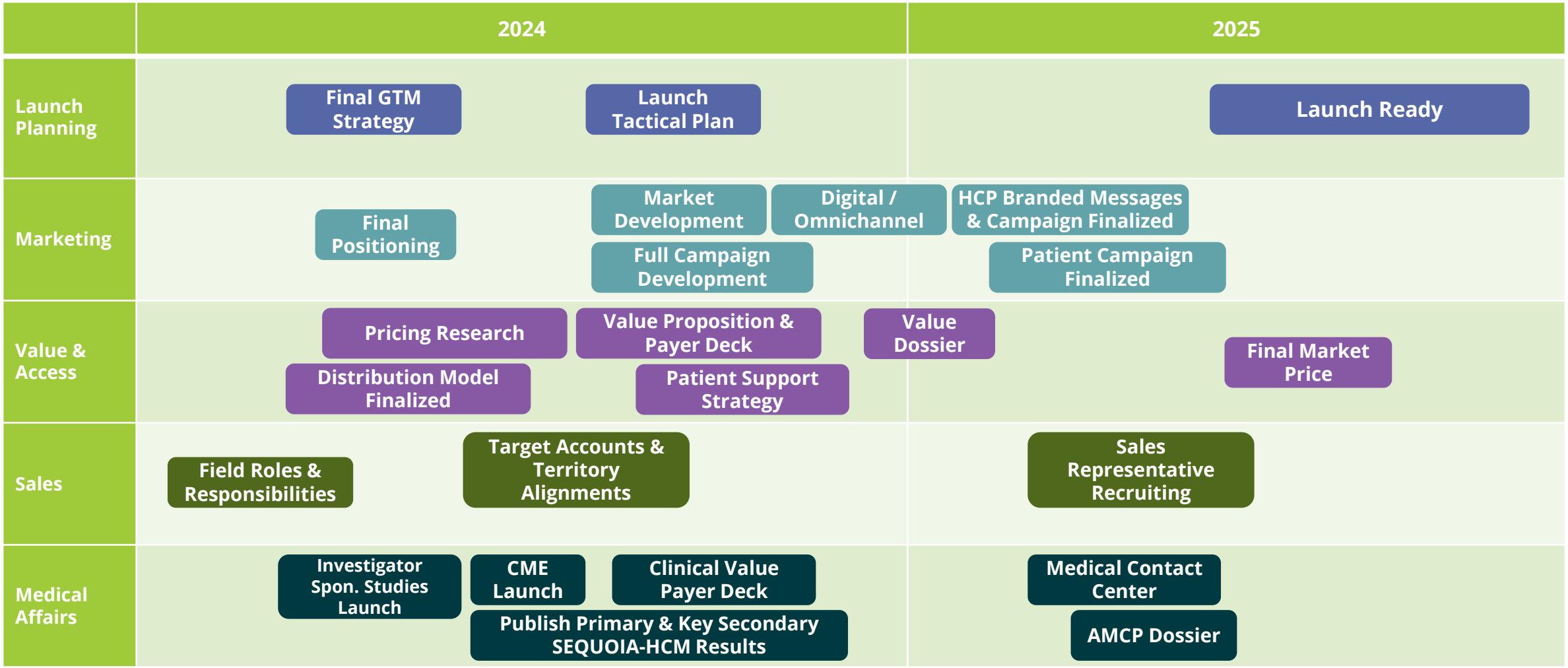
US Commercial Readiness Milestones for *Aficamten*

2024-2025



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

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Omecamtiv Mecarbil

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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

Received CRL from FDA

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

Withdrew MAA from EMA

Withdrew the MAA from the EMA based on feedback from the CHMP indicating that the Committee will not be able to conclude that the benefits outweigh the risks on the basis of the results from GALACTIC-HF alone

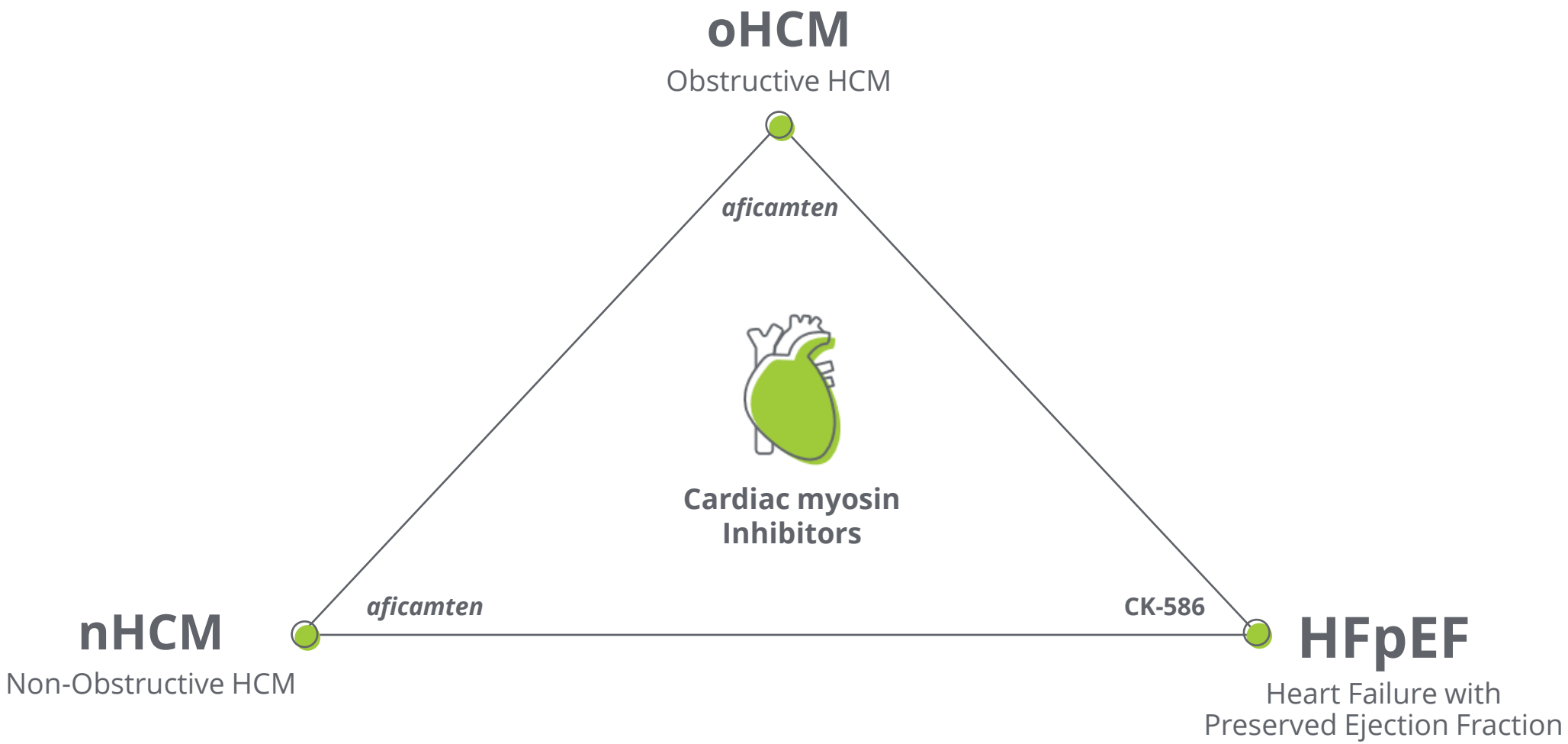
Omecamtiv mecarbil **is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

CK-586

Cytokinetics®

CK-586 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.

Novel Approach May Address Multiple Unmet Patient Needs



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Heart Failure with Preserved Ejection Fraction (HFpEF)

Despite broad use of standard treatments and advances in care, the prognosis for patients with heart failure is poor[1]

8.5 million

Americans will have heart failure by 2030[2]

~50%

HF patients have HFpEF[3] & prevalence of HFpEF is increasing[2,4]

~75%

HFpEF patients will die within five years of initial hospitalization[2]

~84%

HFpEF patients will be rehospitalized[2]

1. *Jhund PS, MacIntyre K, Simpson CR, et al. Long-Term Trends in First Hospitalization for Heart Failure and Subsequent Survival Between 1986 and 2003. Circulation. 2009;119:515-523.*
2. *Bozkurt B, Ahmad T, Alexander KM, Baker WL, Bosak K, Breathett K, Fonarow GC, Heidenreich P, Ho JE, Hsich E, Ibrahim NE, Jones LM, Khan SS, Khazanie P, Koelling T, Krumholz HM, Khush KK, Lee C, Morris AA, Page RL 2nd, Pandey A, Piano MR, Stehlik J, Stevenson LW, Teerlink JR, Vaduganathan M, Ziaeian B; Writing Committee Members. Heart Failure Epidemiology and Outcomes Statistics: A Report of the Heart Failure Society of America. J Card Fail. 2023 Oct;29(10):1412-1451. doi: 10.1016/j.cardfail.2023.07.006. Epub 2023 Sep 26. PMID: 37797885; PMCID: PMC10864030.*
3. *Dunlay SM, Roger VL, Weston SA, Jiang R, Redfield MM. Longitudinal changes in ejection fraction in heart failure patients with preserved and reduced ejection fraction. Circ Heart Fail. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30. PMID: 22936826; PMCID: PMC3661289.*
4. *Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA Guideline for the Management of Heart failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;128:e240-e327.*

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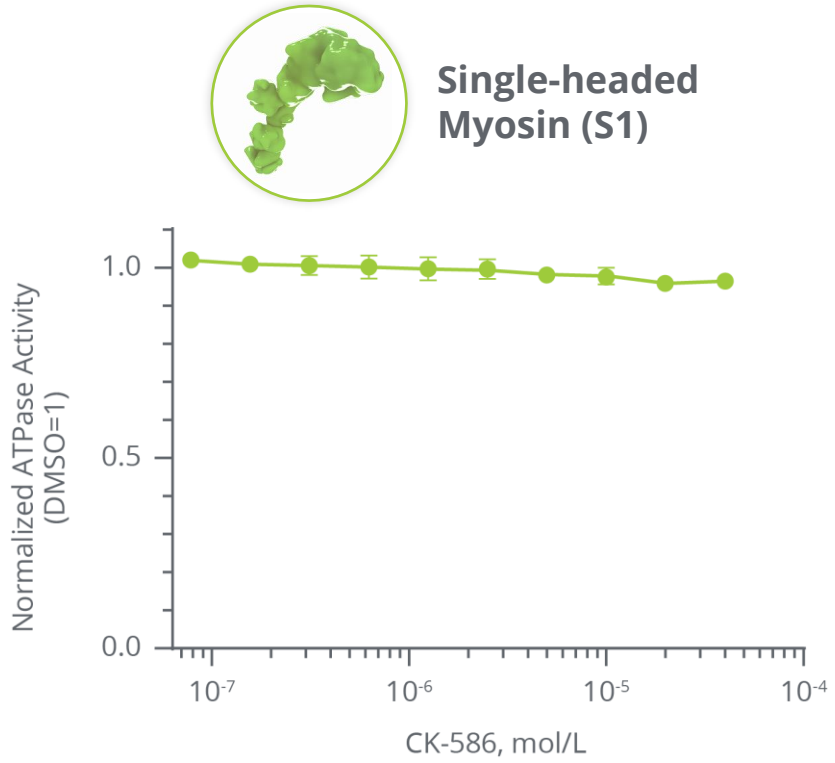
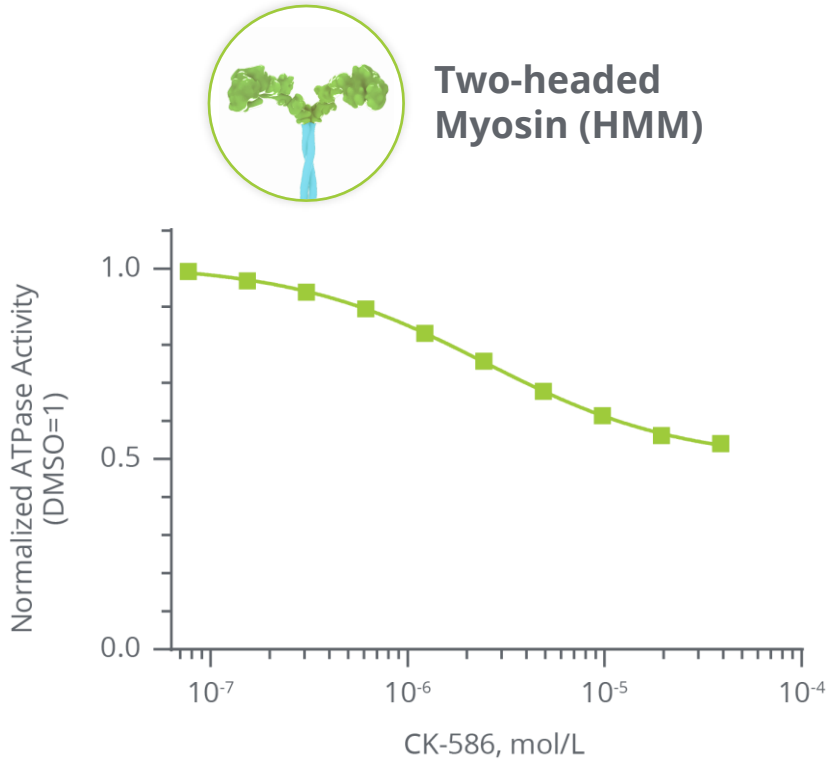
CK-586: Distinct Mechanism of Action from *Aficamten*

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

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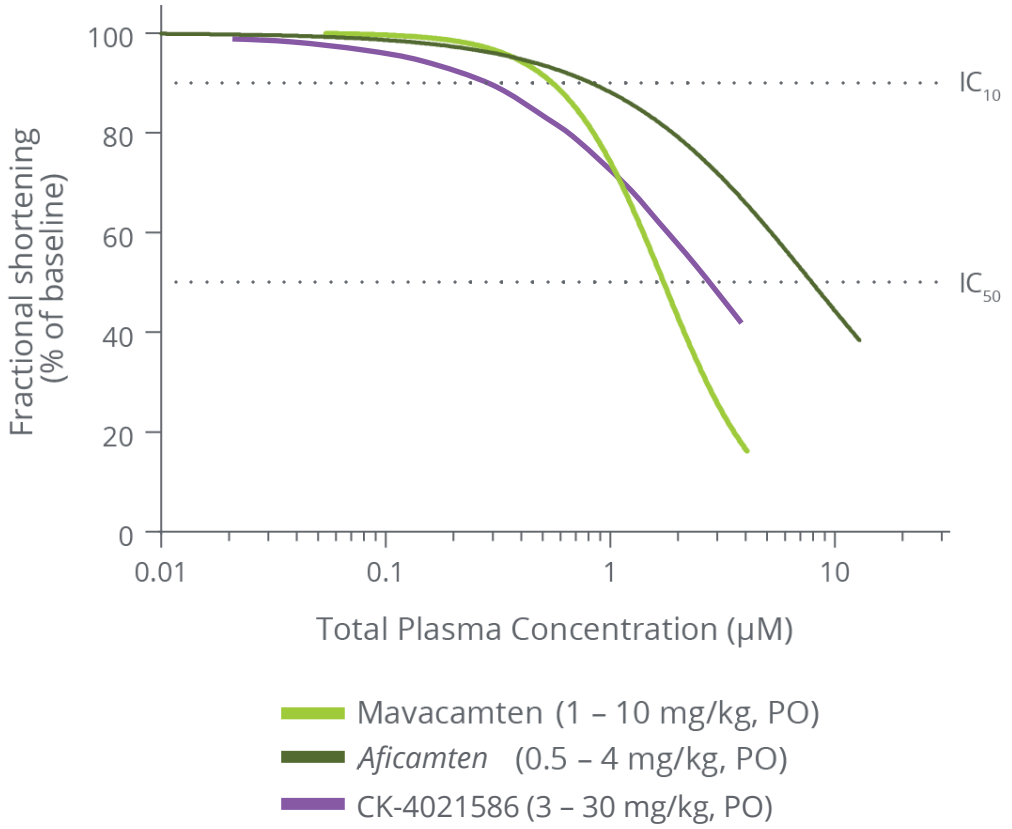
CK-586: Shallow *In Vivo* Concentration-Response

CK-586 will have a shorter half-life in humans than *aficamten*



Pharmacodynamic window Fractional shortening IC_{50} /IC_{10} ratio	
mavacamten	2.8x
aficamten	9.9x
CK-586	9.3x

IC_{10}: plasma concentration at 10% relative reduction in fractional shortening
IC_{50}: plasma concentration at 50% relative reduction in fractional shortening

Compound half-life in humans	Actual	Predicted
aficamten	~3 days	2.8 days
CK-586	TBD	15 hours

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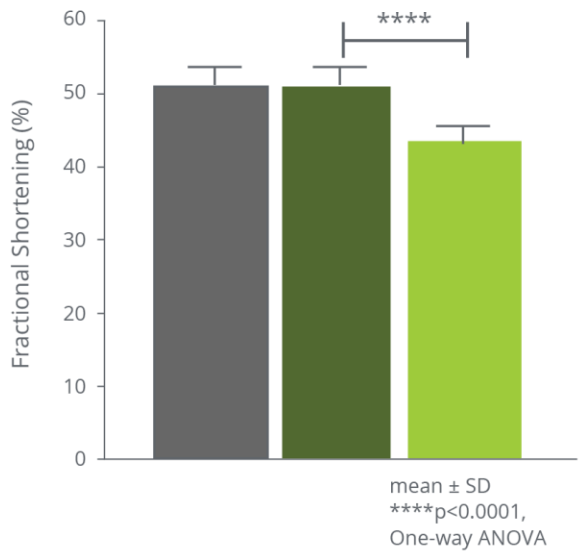
CK-586 is Efficacious in ZSF1 Obese Rat Model of HFpEF

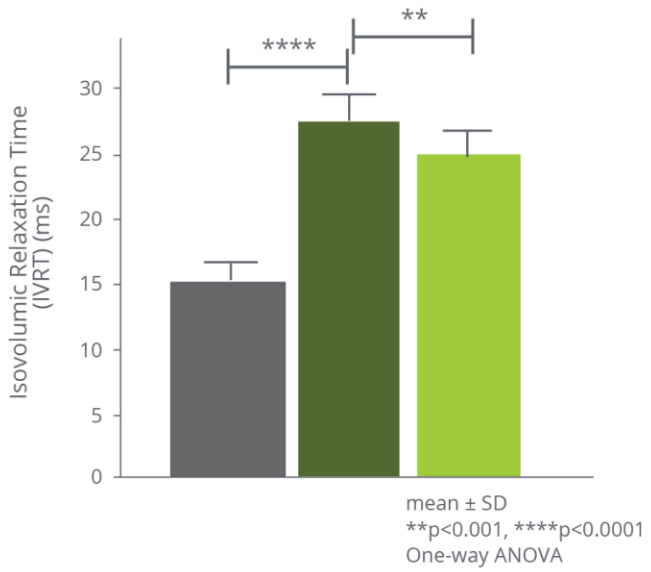
Model is representative of hypertensive, diabetic, metabolic aspects of HFpEF

10 weeks of treatment improved diastolic function and reduced cardiac fibrosis

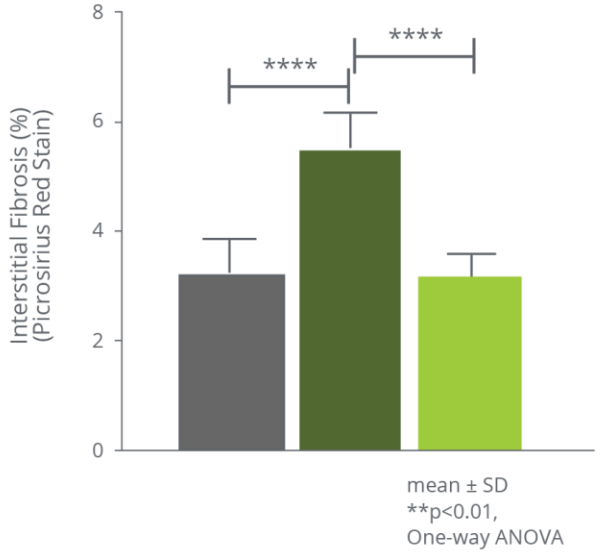
Reduced Fractional Shortening



Improved Diastolic Function



Reduced Fibrosis



ZSF1 Lean + Vehicle | ZSF1 Obese + Vehicle | ZSF1 Obese + CK-586 (10 mg/kg, PO QD)

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

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Phase 1 Data Support Advancement to Phase 2 Clinical Trial

Full data to be presented at a medical congress in 2H 2024

Phase 1 Design

- **7 SAD cohorts** (10 mg to 600 mg) comprised of 10 participants each
- **2 MAD cohorts** (100 and 200 mg once daily) comprised of 10 participants each

Key Findings

- Pharmacodynamics were evaluated using echocardiography and **consistent with expectations**
- CK-586 was **safe and well-tolerated** with **linear PK**
- **No series adverse events** were observed
- **Stopping criteria were not met** in the study

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

CK-136

Cytokinetics®

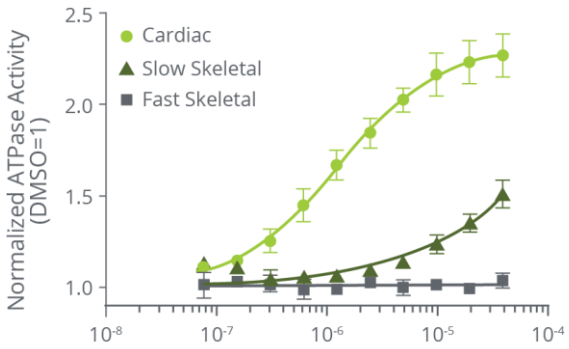
CK-136 is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product has not been established.

CK-136: Mechanism of Action

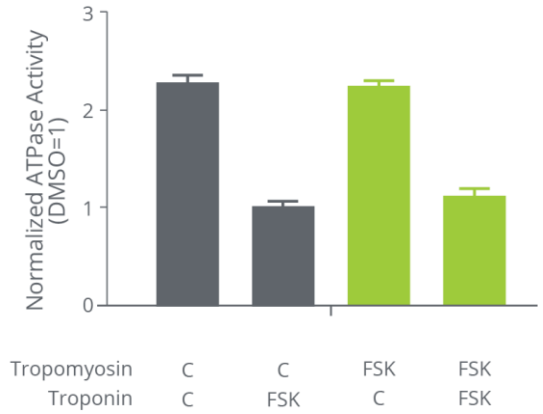
Key biochemical and cellular features

The first selective cardiac troponin activator

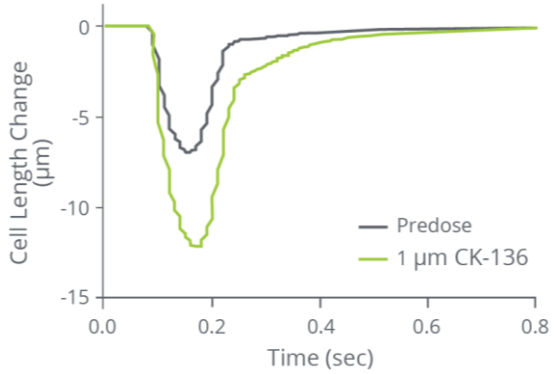
Greater ATPase Activity



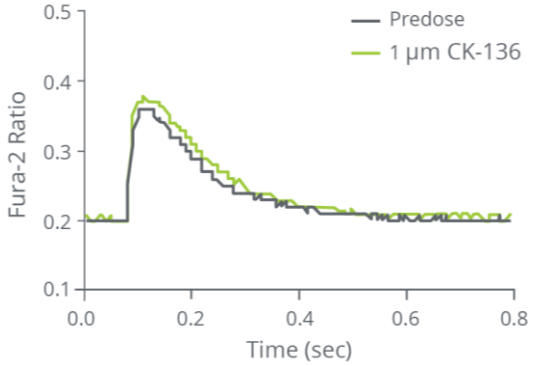
Greater ATPase Activity



Contractability Strongly Activated After Treatment



Calcium Transients Unchanged After Treatment



[1]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.

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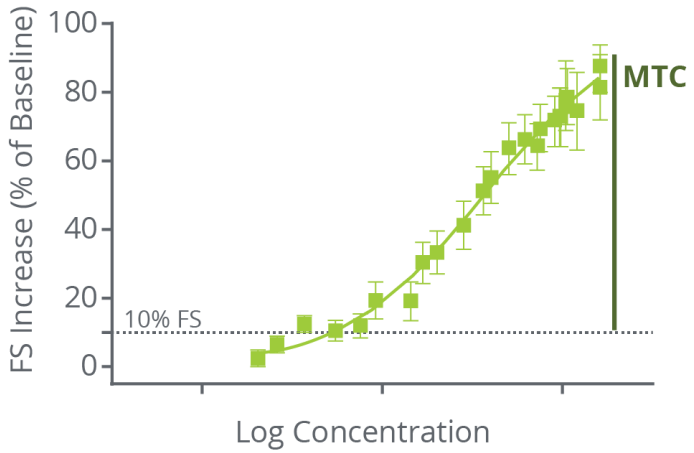
CK-136: Exposure Response Relationship

Exposure-response of troponin activator is shallower than myosin activator

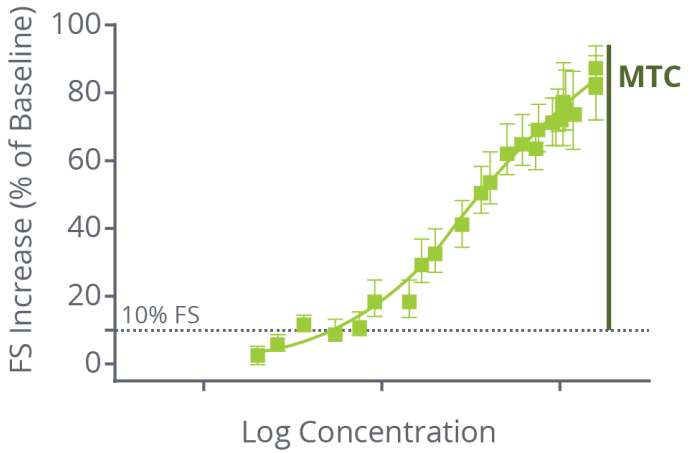
Completed Phase 1 study and have begun analyzing data

Animal Models of Cardiac Function

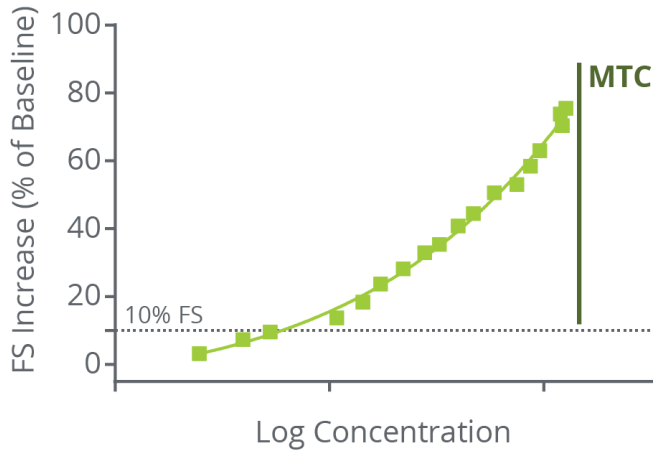
Healthy Rats PD Window[1]
≥15X



MI Rats PD Window[1]
≥15X



Healthy Dogs PD Window[1]
≥15X



[1]*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.

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Corporate Profile

Robust Pipeline, Solid Financial Position

Pipeline

1 Potential commercial launch as early as 2025

3 Clinical stage programs

Ongoing muscle biology directed research

Programs

HCM

Aficamten

- **SEQUOIA-HCM:** Positive Phase 3 results
- **MAPLE-HCM:** Phase 3 monotherapy trial in oHCM ongoing
- **ACACIA-HCM:** Phase 3 trial in nHCM ongoing
- **CEDAR-HCM:** Trial in pediatric population
- **FOREST-HCM:** OLE ongoing

Heart Failure

Omecamtiv mecarbil

- Considering potential next steps

CK-586

- Phase 1 results support advancement to Phase 2

CK-136

- Analyzing data from Phase 1 study

Ongoing R&D

Additional research in muscle biology, energetics & metabolism

Foundations

~423

Full time employees

As of Dec 31, 2023

~$634M

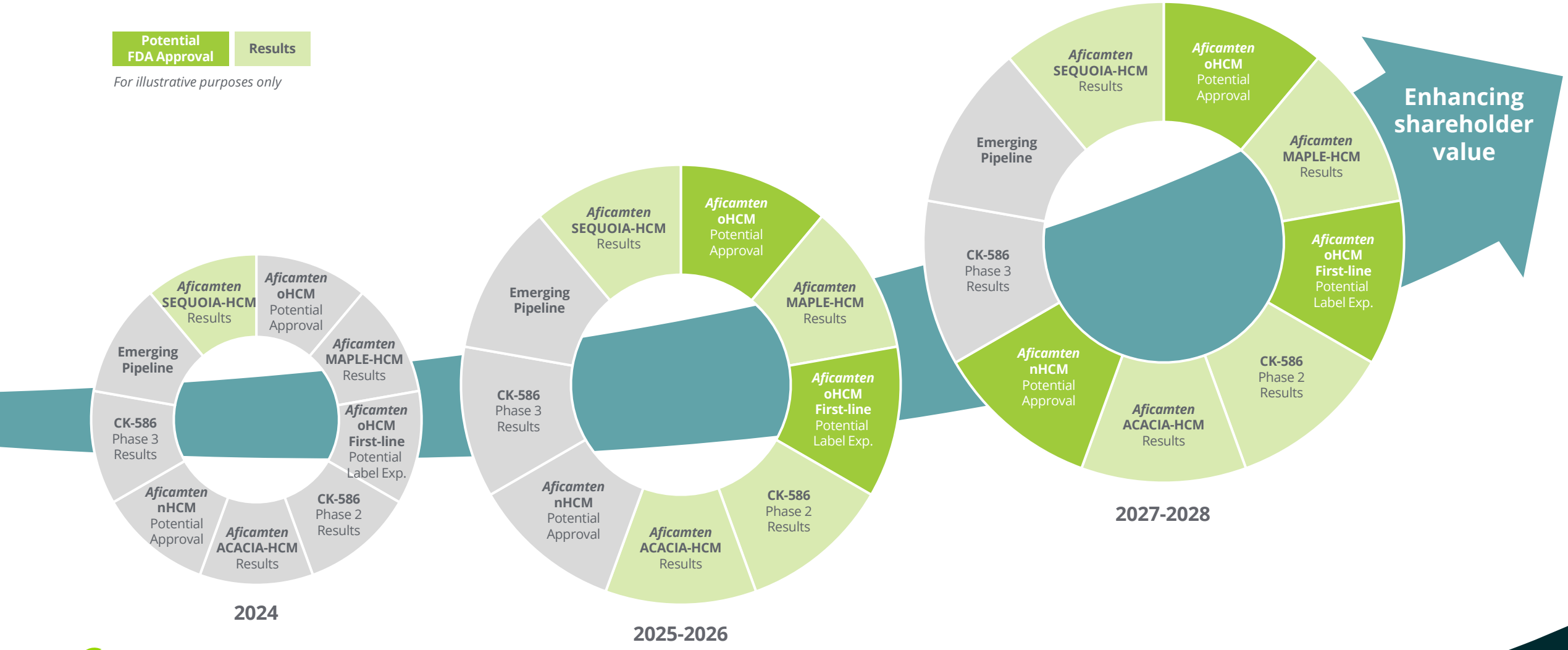
At Q1 2024

***Approximately* 2 years**

of cash runway based on 2024 Financial Guidance*

** Based on the current status of our development plans and anticipated research and development timeline. Including up to $75M we expect to be available to us under our loan agreement with Royalty Pharma, upon satisfaction of conditions.*

Myosin Platform Drives Multiple Data Milestones and Potential Approvals



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Balance Sheet & Financial Guidance

Approximately 2 years of cash runway based on 2024 guidance*

2024 Condensed Balance Sheet

As of 3/31/2024

in millions

	Total
Cash and investments	$634.3
Accounts receivable	$0.8
PPE	$68.0
Leased assets	$78.2
Other assets	$26.8
Total Assets	**$808.1**
Convertible Debt, net	$549.8
Liability related to sale of future royalties	$390.2
Lease liability	$136.8
Other liabilities	$127.4
Total Liabilities	**$1,204.2**
Working capital	$549.8
Accumulated deficit	($2,247.9)
Stockholders' deficit	($396.2)
Wtd Avg Basic Shares Outstanding (million)	**101.9**

** Including up to $75M we expect to be available to us under our loan agreement with Royalty Pharma, upon satisfaction of conditions.*
***Operating expenses exclude stock-based compensation.*

2024 Financial Guidance

- **Cash Revenue**: $3 to $5 million
- **Operating Expenses****: $420 to $450 million
- **Expected Net Cash Utilization for Full Year**: $390 to $420 million

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Planned 2024 Milestones

Aficamten

- **Submit NDA to FDA** in Q3 2024 and **MAA to EMA** in Q4 2024
- **Complete enrollment of MAPLE-HCM** in Q3 2024
- **Continue enrollment in ACACIA-HCM** in 2024
- **Continue enrollment of CEDAR-HCM** in 2024
- **Begin Phase 1 study of *aficamten* in healthy Japanese volunteers** in Q2 2024

CK-586

- **Share full data from Phase 1 study of CK-586** in 2H 2024
- **Initiate Phase 2 study of CK-586** in Q4 2024

Pre-Clinical Development & Ongoing Research

- **Initiate clinical development with another muscle-directed compound** in 2024

Aficamten **and CK-586 are investigational drugs and have not been approved.** ***Their*** **safety and efficacy have not been established.**

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thank you

Vi, diagnosed with HCM
Avonne, diagnosed with HCM
John, diagnosed with heart failure