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2021 Annual Results

April 26, 2022

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We report certain financial information using non-IFRS financial measures, as we believe these measures provide information that is useful to management and investors to assess financial performance. These non-IFRS financial measures do not have any standardized meaning and may not be comparable with similar measures used by other companies. For certain non-IFRS financial measures, there are no directly comparable amounts under IFRS. These non-IFRS financial measures should not be viewed as alternatives to measures of financial performance determined in accordance with IFRS. Please see slide 84 for a reconciliation of these measures to the most comparable IFRS measure.

This document and the Presentation contain statements that are or may be forward-looking statements. These statements are based on our management's current beliefs, expectations and assumptions about future events, conditions and results, and on information currently available to us. This document and the Presentation also contain estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

All statements other than statements of historical facts included in this document may be forward-looking statements, including statements that relate to the Company's future prospects, developments and strategies. Words such as "expect," "anticipate," "intend," "plan," "believe," "seek," "estimate," "think," "may," "could," "will," "would," "should," "continue," "potential," "likely," "opportunity" and similar expressions or variations of such words are intended to identify forward-looking statements, but are not the exclusive means of identifying forward-looking statements. Additionally, statements concerning future matters such as our expectations of business and market conditions, development and commercialization of new products, enhancements of existing products or technologies, and other statements regarding matters that are not historical are forward-looking statements. Such statements are based on currently available operating, financial and competitive information and are subject to various risks, uncertainties and assumptions that could cause actual results to differ materially from those anticipated or implied in our forward-looking statements due to a number of important factors including, but not limited to, those risks that are described in the Company's most recent Annual Report and Accounts which can be found on the Company's web site at https://www.puretechhealth.com/reports-presentations and in the Company's Annual Report on Form 20-F for the year ended December 31, 2021 filed with the Securities and Exchange Commission.

Given these risks, uncertainties and other factors, many of which are beyond the Company's control, you should not place undue reliance on these forward-looking statements.

Each forward-looking statement speaks only as at the date of this document. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to revise any forward-looking statements to reflect events or developments occurring after the date of this document, even if new information becomes available in the future.

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References in the following presentation to our "Controlled Founded Entities" refer to Follica, Incorporated, Entrega, Inc., Vedanta Biosciences, Inc., Sonde Health, Inc. and for all periods prior to June 10, 2021, Alivio Therapeutics, Inc. References to our "Non-Controlled Founded Entities" refer to Akili Interactive Labs, Inc., Karuna Therapeutics, Inc., Vor Bio, Inc., Gelesis, Inc., and, for all periods prior to December 18, 2019, resTORbio, Inc.

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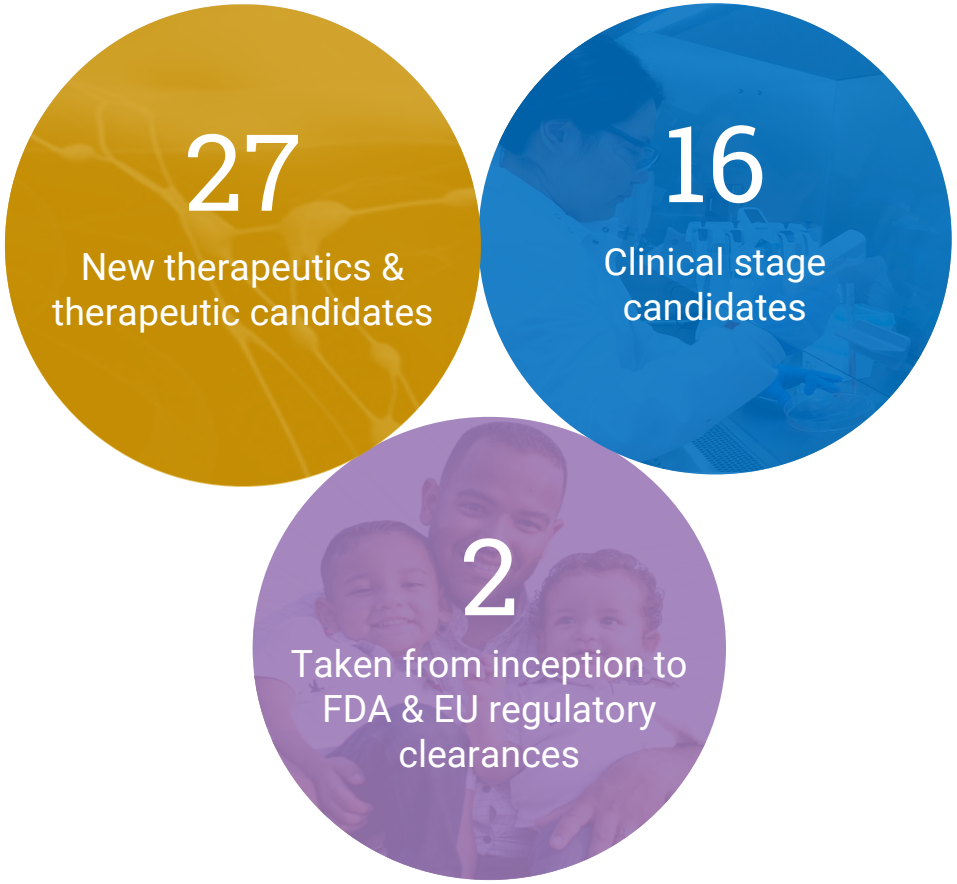
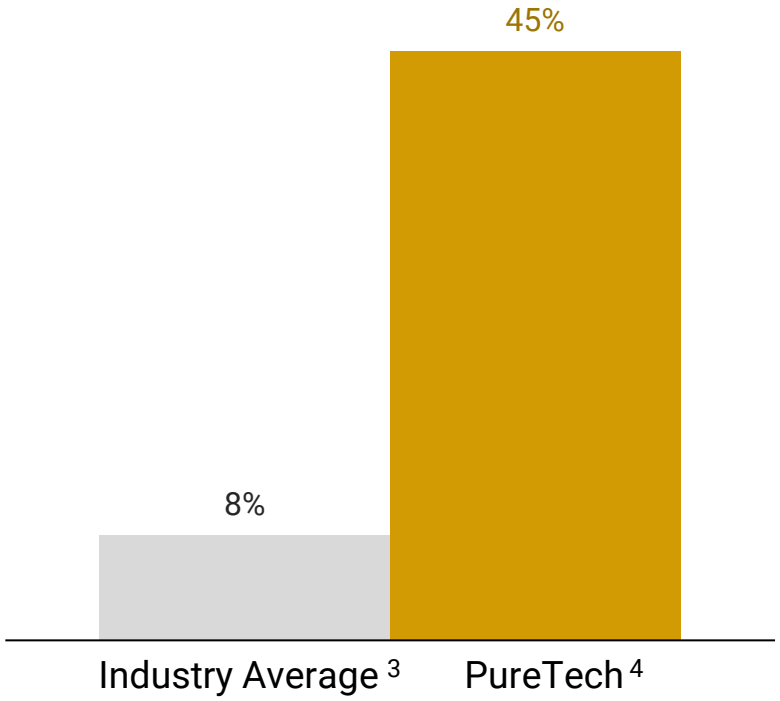
PURETECH HEALTH PLC — ANNUAL REPORT AND ACCOUNTS 2021

PureTech's R&D Engine Has Delivered Results[1]



Track Record of Clinical Success[2]



Probability of Transition Success from Ph1 to Regulatory Filing

Developing novel therapeutic solutions for patients with high unmet need

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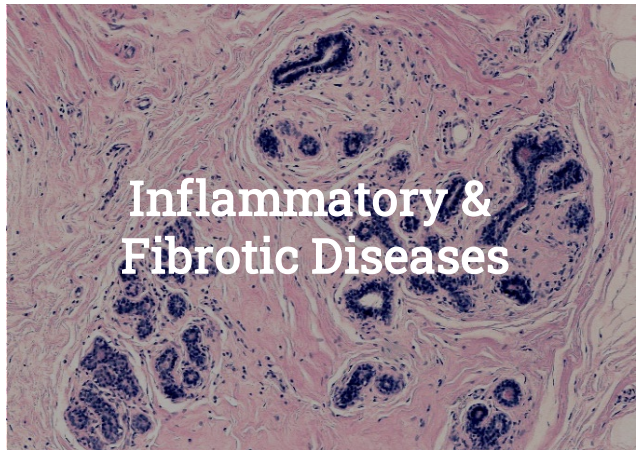
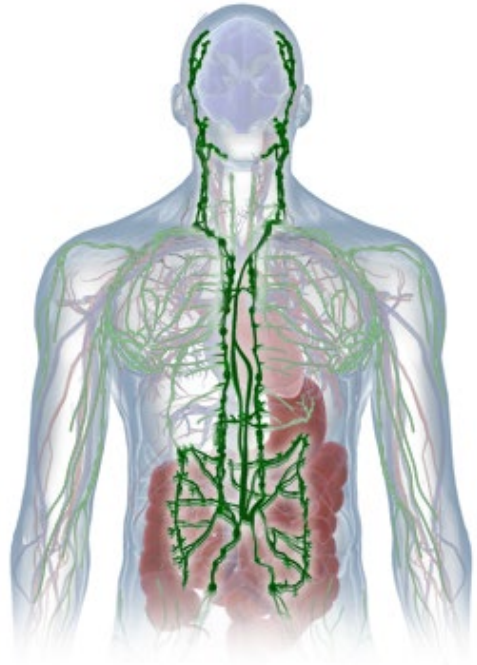
[1] PureTech has established the underlying programs and platforms that have resulted in therapeutics and therapeutic candidates that are being advanced within our Wholly Owned Programs or by our Founded Entities. The numbers on this slide reflect the status of those therapeutics and therapeutic candidates as of the date of PureTech's most recently filed Annual Report on Form 20-F; [2] The cumulative percentages are calculated by multiplying the individual phase percentages listed in the following footnotes 3 & 4; [3] Industry average data measures the probability of clinical trial success of therapeutics by calculating the number of programs progressing to the next phase vs. the number progressing and suspended (Phase 1=52%, Phase 2=29%, Phase 3=58%). BIO, PharmaIntelligence, QLS (2021) Clinical Development Success Rates 2011 – 2020. This study did not include therapeutics regulated as devices; [4] The aggregate percentages include all therapeutic candidates advanced through at least Phase 1 by PureTech or its Founded Entities from 2009 onward, using the aforementioned calculation method based on the following individual phase percentages, Phase 1 (n = 6/8; 75%), Phase 2 (n = 10/11; 91%), Phase 3 (n = 2/3; 67%); Phase 2 and Phase 3 percentages include some therapeutic candidates where Phase 1 trials were not conducted by PureTech or its Founded Entities (i) due to the requirements of the medical device regulatory pathway or (ii) because a prior Phase 1 trial was conducted by a third party.

Wholly Owned Pipeline Focused on Unlocking the Potential of Validated Biology

IMMUNOLOGY



Drug pipeline builds upon **validated biologic pathways** & **proven pharmacology**



Lymphatic & inflammation platform engines generate **novel compounds** protected by **strong intellectual property**

Karuna (PRTC Ownership: 5.6% Plus Royalties[1])

Selectively activating muscarinic acetylcholine receptors in the brain

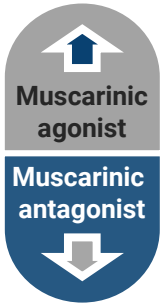
Innovation

~2.7M **living with schizophrenia in the US**

Current antipsychotics **have significant side effects and poor adherence**

Advised by world's leading schizophrenia & dementia-related psychosis experts:

- ✓ Exclusively in-licensed xanomeline from Eli Lilly



Xanomeline
CNS active agonist

Trospium chloride Peripheral antagonist blocks side effects of agonist

- ✓ **Invented and filed patents** to cover the agonist/antagonist concept

Validation

Built top team of CNS experts led by former Lilly executive Steven Paul, MD

- ✓ **Completed tolerability POC**
- ✓ Planned Phase 2 POC study

Value Realization

Nasdaq IPO, Phase 2 data

- ✓ KarXT for treatment of acute psychosis in patients with schizophrenia **met the primary endpoint** with a **clinically meaningful 11.6 point improvement on the PANSS total score** compared to placebo (p<0.0001)
- ✓ Successful End-of-Phase 2 meeting with FDA
- ✓ Enrolling all Phase 3 trials in the EMERGENT clinical program for psychosis in adults with schizophrenia

Potential to target additional indications, including **dementia-related psychosis (DRP)**, with an initial focus on psychosis in Alzheimer's disease, the most common subtype of DRP

41.0X
ROI[2]

$18.5M total PRTC spend[2]
$775.7M value created[2]
$565.7M of which is cash generated from equity sales[2,3]

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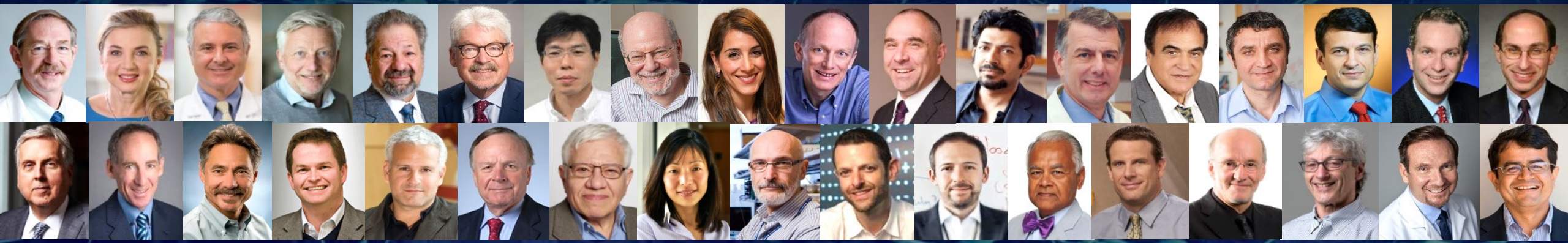
[1] As of February 15, 2022, PureTech's percentage ownership of Karuna was approximately 5.6 percent on an outstanding share basis. PureTech is eligible to receive certain payments from Karuna under its license agreement, including sublicense payments and royalties on any sales of KarXT; [2] Return on Investment (ROI) and value creation calculations were assessed based on PureTech's percentage ownership of Karuna outstanding shares as of market close March 31st, 2022. ROI and its components are non-IFRS financial measures. We report certain financial information using non-IFRS financial measures, as we believe these measures provide information that is useful to management and investors to assess financial performance. These non-IFRS financial measures do not have any standardized meaning and may not be comparable with similar measures used by other companies. For certain non-IFRS financial measures, there are no directly comparable amounts under IFRS. These non-IFRS financial measures should not be viewed as alternatives to measures of financial performance determined in accordance with IFRS. For a reconciliation of ROI and its components to IFRS financial measures (where applicable) please refer to appendix slide 89 of our corporate deck at https://puretechhealth.com/images/PRTCCorpPresentation.pdf for further information; [3] $200.9 million in proceeds from the January 22, 2020 sale of 2.1 million common shares, $45.0 million in proceeds from the May 26, 2020 sale of 0.6 million common shares, $101.6 million in proceeds from the August 26, 2020 sale of 1.3 million common shares, $118 million in proceeds from the February 9, 2021 sale of 1 million common shares, ~$100 million from the November 9, 2021 sale of 0.75 million common shares.

Our Distinctive Approach Drives Success in Today's Toughest Health Challenges

Proprietary insights into disease in collaboration with world's leading experts



STEP 1

Uncover High Potential Science Pre-Industry Recognition

STEP 2

De-risk & Validate Innovative Approaches

STEP 3

Advance to Patients in Major Underserved Diseases

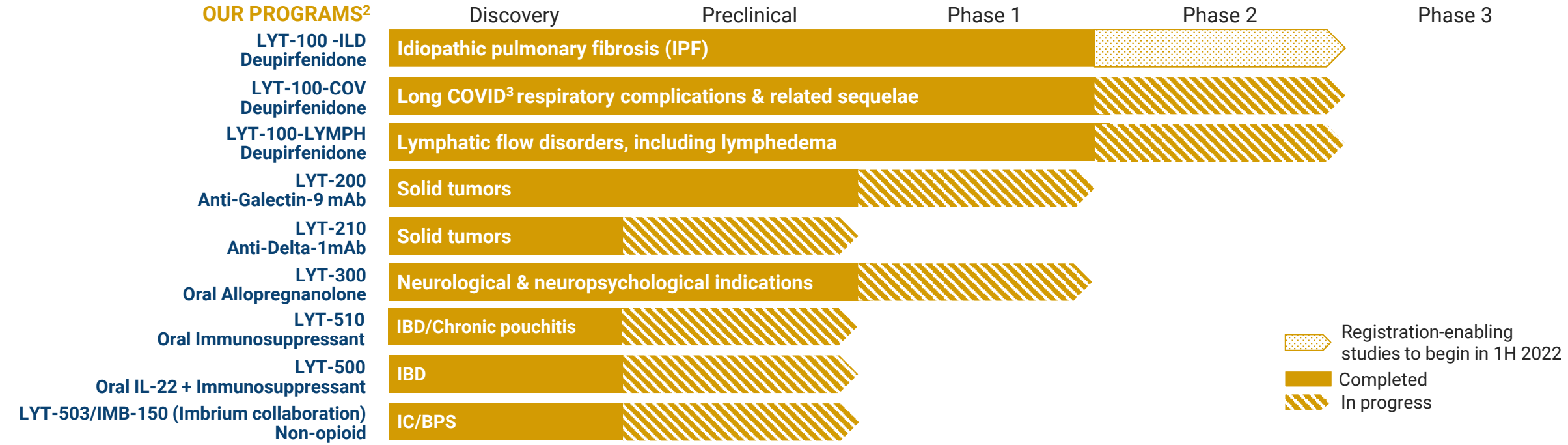
Scripps · Massachusetts Institute of Technology · Broad Institute · Pfizer · Harvard Medical School · University of Copenhagen · UNSW Sydney · UCSF University of California San Francisco · hhmi Howard Hughes Medical Institute · Duke University · Stanford Health Care · Harvard University · Weill Cornell Medicine · Black Dog Institute · Brigham and Women's Hospital

University of Colorado Denver CU in the City · Bosley · Penn · University of Virginia McIntire School of Commerce · Cornell University · European School of Oncology · 東京大学 The University of Tokyo · Memorial Sloan Kettering Cancer Center · GlaxoSmithKline · University of Louisville · UCSB · NYU School of Medicine NYU Langone Medical Center · University of Rochester · Boston Medical Center

Université Laval · Université de Genève · The American Journal of Clinical Nutrition · University of Cincinnati · Perlmutter Cancer Center NYU Langone Health · Indiana University School of Medicine · Monash University Institute of Pharmaceutical Sciences · Children's Hospital of Philadelphia · The University of Chicago · UBC The University of British Columbia · Upstate Medical University · University of Nebraska Lincoln · The Rockefeller University · Yale University School of Medicine

PureTech: Developing New Medicines for Underserved & Serious Diseases

Wholly Owned Pipeline[1] (Lymphatics/Immunology)



Founded Entities Programs[4] (Conceived by PureTech)

(NASDAQ: KRTX)
KARUNA THERAPEUTICS
5.6% Equity + Royalties
Phase 3

ANILI
22.3% Equity
Commercial

(NYSE: GLS)
GELESIS
23.5% Equity + Royalties
Commercial

(NASDAQ: VOR)
VOR
8.6% Equity
Phase 1/2a

VEDANTA BIOSCIENCES
41.4% Equity
Phase 3 Ready

follica
76.0% Equity + Royalties
Phase 3 Ready

SONDE
44.6% Equity
Commercial Release

entrega
74.3% Equity
Preclinical

$418.9M PureTech Level Cash and Cash Equivalents as of December 31, 2021[5]

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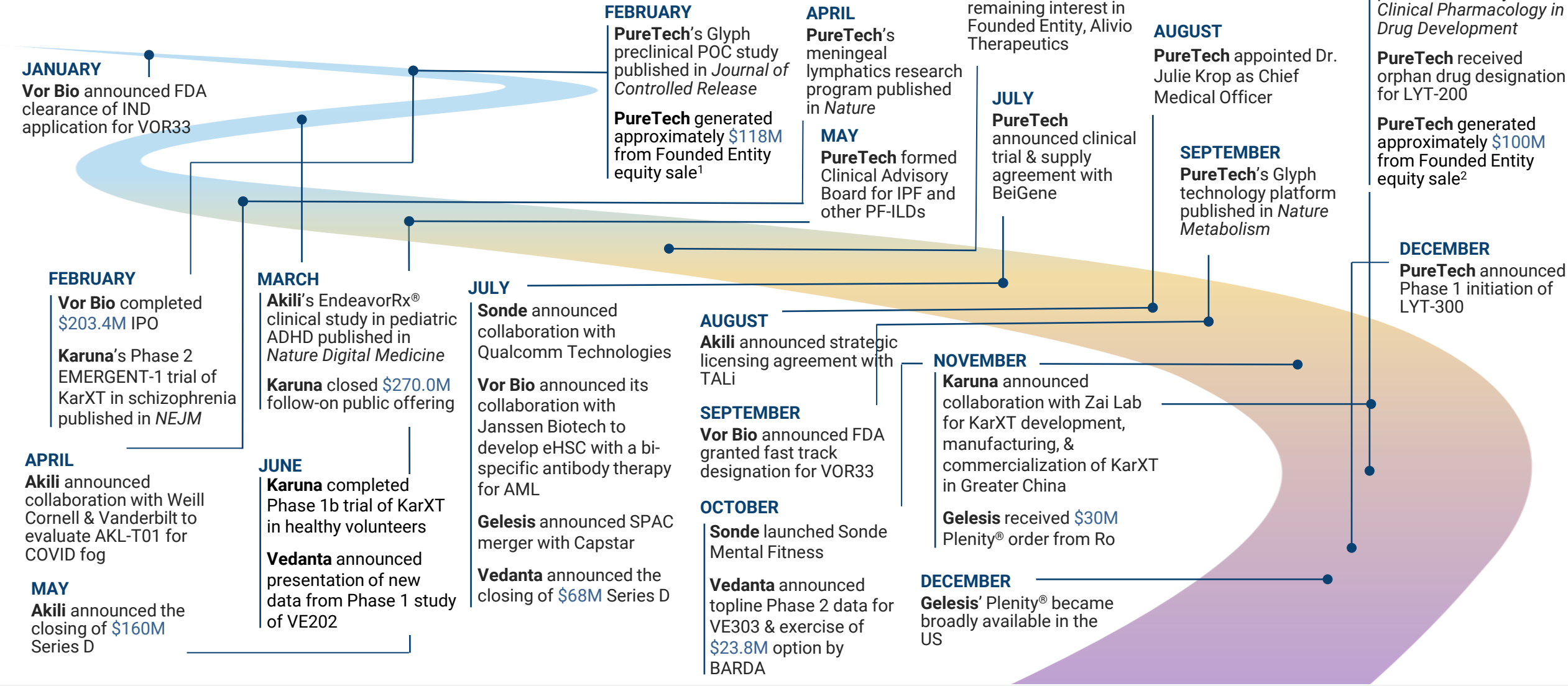
[1] References in this report to "Wholly Owned Programs" refer to the Company's seven therapeutic candidates (LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150), four lymphatic and inflammation platforms and potential future therapeutic candidates and platforms that the Company may develop or obtain. References to "Wholly Owned Pipeline" refer to LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150. On July 23, 2021, Imbrium Therapeutics exercised its option to license LYT-503/IMB-150 pursuant to which it is responsible for all future development activities and funding for LYT-503/IMB-150; [2] The FDA and corresponding regulatory authorities will ultimately review our clinical results and determine whether our wholly-owned therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our wholly-owned therapeutic candidates are safe or effective for use by the general public for any indication; [3] Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as post-acute COVID-19 syndrome (PACS); [4] This figure represents the stage of development for each Founded Entity's most advanced therapeutic candidate. While PureTech maintains ownership of equity interests in its Founded Entities, the Company does not, in all cases, maintain control over these entities (by virtue of (i) majority voting control and (ii) the right to elect representation to the entities' board of directors) or direct the management and development efforts for these entities. Consequently, not all such entities are consolidated in the financial statements. Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of December 31, 2021, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Vor, Karuna and Gelesis ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of March 4, 2022 and February 15, 2022 and March 31, 2022, respectively; [5] PureTech Level Cash and Cash Equivalents is a Non-IFRS measure. Please refer to slides 87 and 88 of this presentation or our corporate deck at https://puretechhealth.com/images/PRTCCorpPresentation.pdf for further information.

Milestones Achieved in 2021

Proven track record of value creation, credibility and transparency



JANUARY

Vor Bio announced FDA clearance of IND application for VOR33

FEBRUARY

Vor Bio completed $203.4M IPO

Karuna's Phase 2 EMERGENT-1 trial of KarXT in schizophrenia published in *NEJM*

APRIL

Akili announced collaboration with Weill Cornell & Vanderbilt to evaluate AKL-T01 for COVID fog

MAY

Akili announced the closing of $160M Series D

MARCH

Akili's EndeavorRx® clinical study in pediatric ADHD published in *Nature Digital Medicine*

Karuna closed $270.0M follow-on public offering

JUNE

Karuna completed Phase 1b trial of KarXT in healthy volunteers

Vedanta announced presentation of new data from Phase 1 study of VE202

FEBRUARY

PureTech's Glyph preclinical POC study published in *Journal of Controlled Release*

PureTech generated approximately $118M from Founded Entity equity sale[1]

APRIL

PureTech's meningeal lymphatics research program published in *Nature*

MAY

PureTech formed Clinical Advisory Board for IPF and other PF-ILDs

JULY

Sonde announced collaboration with Qualcomm Technologies

Vor Bio announced its collaboration with Janssen Biotech to develop eHSC with a bi-specific antibody therapy for AML

Gelesis announced SPAC merger with Capstar

Vedanta announced the closing of $68M Series D

AUGUST

Akili announced strategic licensing agreement with TALi

SEPTEMBER

Vor Bio announced FDA granted fast track designation for VOR33

OCTOBER

Sonde launched Sonde Mental Fitness

Vedanta announced topline Phase 2 data for VE303 & exercise of $23.8M option by BARDA

JUNE

PureTech acquired remaining interest in Founded Entity, Alivio Therapeutics

JULY

PureTech announced clinical trial & supply agreement with BeiGene

NOVEMBER

Karuna announced collaboration with Zai Lab for KarXT development, manufacturing, & commercialization of KarXT in Greater China

Gelesis received $30M Plenity® order from Ro

DECEMBER

Gelesis' Plenity® became broadly available in the US

AUGUST

PureTech appointed Dr. Julie Krop as Chief Medical Officer

SEPTEMBER

PureTech's Glyph technology platform published in *Nature Metabolism*

NOVEMBER

PureTech's LYT-100 Phase 1 results published in the journal *Clinical Pharmacology in Drug Development*

PureTech received orphan drug designation for LYT-200

PureTech generated approximately $100M from Founded Entity equity sale[2]

DECEMBER

PureTech announced Phase 1 initiation of LYT-300

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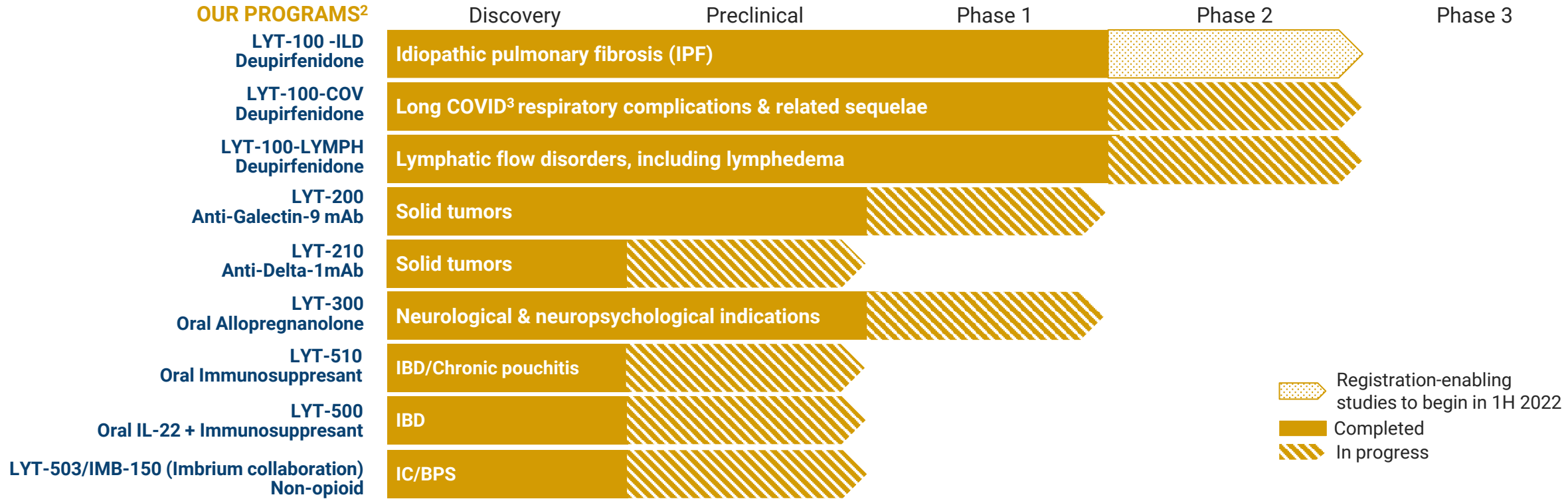
[1] Approximately $118 million in proceeds from the February 10, 2021 sale of 1 million Karuna common shares; [2] Approximately $100 million in proceeds from the November 9, 2021 sale of 750,000 Karuna common shares.

PureTech: Developing New Medicines for Underserved & Serious Diseases

Wholly Owned Pipeline[1] (Lymphatics/Immunology)



Lymphatic & Inflammation Platforms

Glyph™
(Lymphatic targeting)

Orasome™
(Oral biotherapeutics via the lymphatic system)

Alivio™
(Inflammation targeting)

Meningeal Lymphatics Research Program

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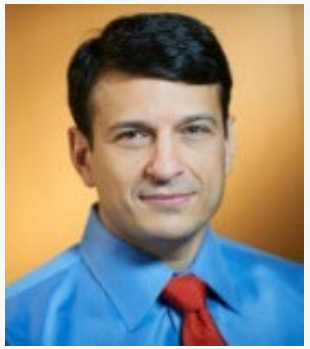
[1] References in this report to "Wholly Owned Programs" refer to the Company's seven therapeutic candidates (LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150), four lymphatic and inflammation platforms and potential future therapeutic candidates and platforms that the Company may develop or obtain. References to "Wholly Owned Pipeline" refer to LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150. On July 23, 2021, Imbrium Therapeutics exercised its option to license LYT-503/IMB-150 pursuant to which it is responsible for all future development activities and funding for LYT-503/IMB-150; The FDA and corresponding regulatory authorities will ultimately review our clinical results and determine whether our wholly-owned therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our wholly-owned therapeutic candidates are safe or effective for use by the general public for any indication; [3] Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as post-acute COVID-19 syndrome (PACS).

LYT-100 (Deupirfenidone): Oral Anti-Fibrotic & Anti-Inflammatory Small Molecule

Access to unpublished data

Lymphedema Experts



Dr. Babak Mehrara

Dr. Stanley Rockson

Memorial Sloan Kettering Cancer Center

Stanford MEDICINE

Acquired IP from Teva/Auspex & MSKCC

MAD & FE Studies Confirm Differentiation

Lymphatic system diseases

~1M

in the US with lymphedema[1]

Pulmonary dysfunction

~130K

in the US with IPF[2]

Over 500M

potentially at risk of Long COVID[3]

Other serious fibrotic & inflammatory conditions

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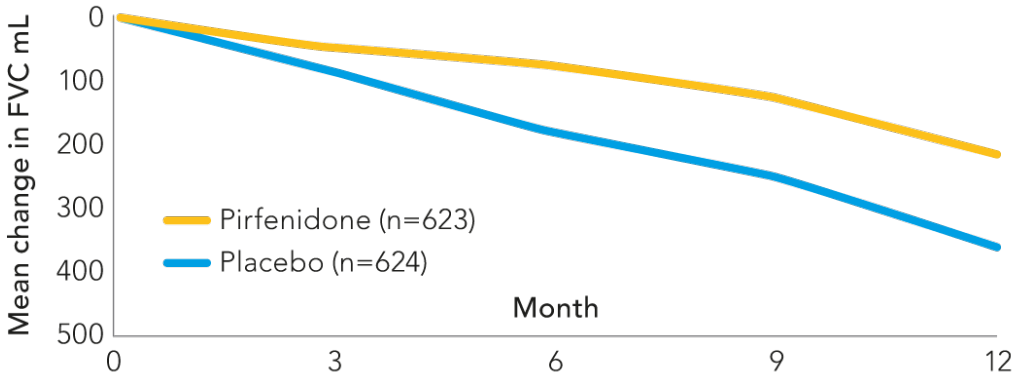
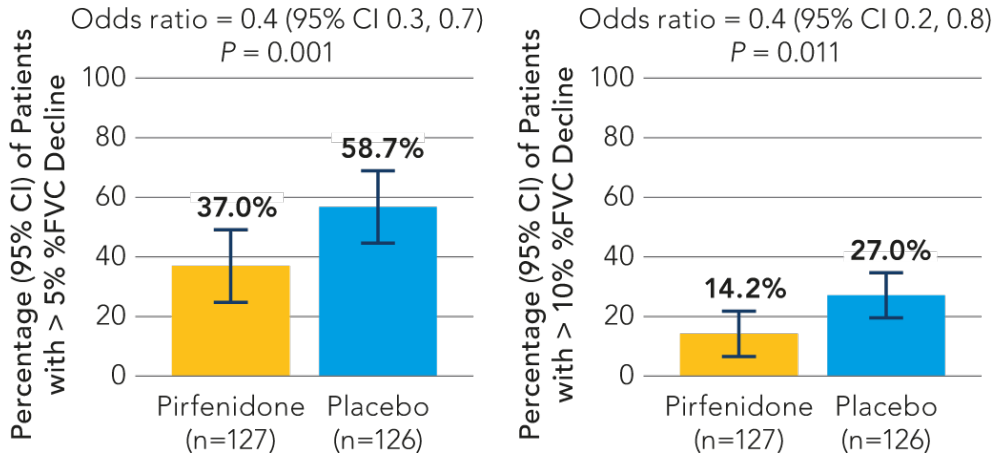
[1] Lymphedema. Vascular Cures. (2017). https://vascularcures.org/lymphedema/; [2] Martinez, F., Collard, H., Pardo, A. et al. Idiopathic pulmonary fibrosis. Nat Rev Dis Primers 3, 17074 (2017). https://doi.org/10.1038/nrdp.2017.74; [3] Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as post-acute COVID-19 syndrome (PACS). COVID-19 map. Johns Hopkins Coronavirus Resource Center. (2021). https://coronavirus.jhu.edu/map.html.

Pirfenidone: Clinically Validated Anti-Fibrotic & Anti-Inflammatory

IPF[1]



Unclassifiable Interstitial Lung Disease (uILD)[2]



- **Pirfenidone FDA-approved for IPF with breakthrough designation for uILD**
- **Over a dozen late-stage & real-world efficacy studies demonstrate efficacy in IPF[3]**
- **Clinical proof-of-concept studies in FSGS, uILD, radiation-induced fibrosis & other inflammatory & fibrotic diseases**
- **<u>BUT</u> GI-related tolerability issues significantly limit its usage, resulting in ~50% who discontinue, dose adjust, or switch[4]**
- **~75% of IPF patients are not on standard of care therapy[5]**
- **Despite drawbacks, pirfenidone sales >$1B / year**

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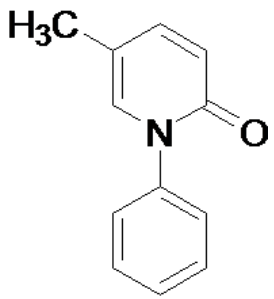
[1] Noble, P., et al. European Respiratory Journal (2016) 47:243-253; [2] ERS 2019: http://bit.ly/2lJ9WCC; [3] Saad, M. I., Mcleod, L., Hodges, C., Vlahos, R., Rose-John, S., Ruwanpura, S., & Jenkins, B. J. (2021). ADAM17 Deficiency Protects against Pulmonary Emphysema. American Journal of Respiratory Cell and Molecular Biology, 64(2), 183-195. doi:10.1165/rcmb.2020-0214oc; [4] Cottin, V., et al. ERJ Open Research (2018); [5]Dempsey et al. Annals of the American Thoracic Society, 18(7), 1121–1128. https://doi.org/10.1513/AnnalsATS.202007-901OC.

LYT-100: Potential Advantages with Pirfenidone's De-Risked Clinical Profile

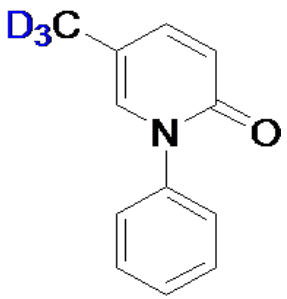
- **Tolerability advantage** over pirfenidone[1]
- Potential for enhanced **anti-fibrotic & anti-inflammatory activity** vs. pirfenidone
- **Composition of Matter Patent** exclusivity up to 2033 with PTE; **Additional IP coverage** to ~2040
- Potential for Orphan Drug Exclusivity **for IPF** & other indications

Pirfenidone



- ✓ **Clinically validated efficacy**
- ✗ Associated with GI AEs
- ✗ Higher exposure limited by tolerability

LYT-100



- ✓ **Differentiated PK profile while retaining pharmacology**
- ✓ **Substantially improved AE profile**
- ✓ **Potential to enhance exposure that could improve efficacy; MTD not determined**

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[1] Based on healthy older adult crossover study.

LYT-100: Data to Date Demonstrate Tolerability Advantage Over Pirfenidone

LYT-100 demonstrates lower Cmax with AUC that is bioequivalent to pirfenidone

Healthy Older Adult Crossover Study (N=49[1])

TEAE	LYT-100 550mg TID n (%)	Pirfenidone 801mg TID n (%)
Gastrointestinal	**8 (17.4%)**	**16 (34.0%)**
Nausea	7 (15.2%)	14 (29.8%)
Vomiting	2 (4.3%)	3 (6.4%)
Abdominal Pain/Distension	1 (2.2%)	3 (6.4%)
Nervous System	**8 (17.4%)**	**15 (31.9%)**
Headache	6 (13.0%)	9 (19.1%)
Dizziness	1 (2.2%)	7 (14.9%)
Somnolence	1 (2.2%)	2 (4.3%)

Clinical data demonstrate favorable tolerability

Multiple Ascending Dose Study[2]

- Well-tolerated at all doses studied[3] without dose titration
- All treatment-related **AEs** were **mild & transient**

Healthy Older Adult Crossover Study

- Achieved **~50% reduction** in healthy older adults experiencing **GI-related AEs compared to pirfenidone**

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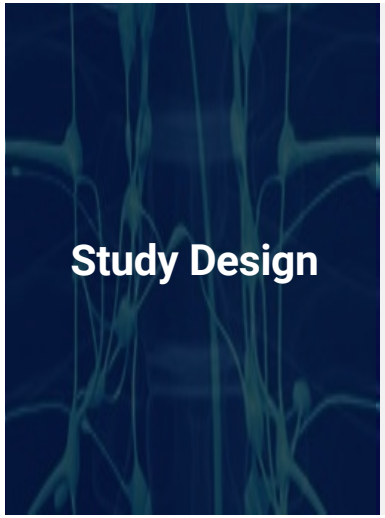
[1] 44 completed study (5 early terminated: 2 for AEs, 3 for non-medical reasons); [2] Chen, M. C., , et al. (2021, November 15). ACCP journals. American College of Clinical Pharmacology: https://accp1.onlinelibrary.wiley.com/doi/10.1002/cpdd.1040; [3] LYT-100 was administered in doses of 100 mg, 250 mg, 500 mg, 750 mg and 1000 mg BID over five days.
TEAE = treatment emergent adverse event
Discontinuations for AEs: 1 during pirfenidone administration, 1 during LYT-100 administration

LYT-100 Dose-Ranging Study in Treatment-Naïve IPF Patients

- **Primary Aim:** To evaluate activity of LYT-100 in patients with IPF
- **Primary Endpoint:** Slope of decline in FVC for LYT-100 compared to placebo over 6 months



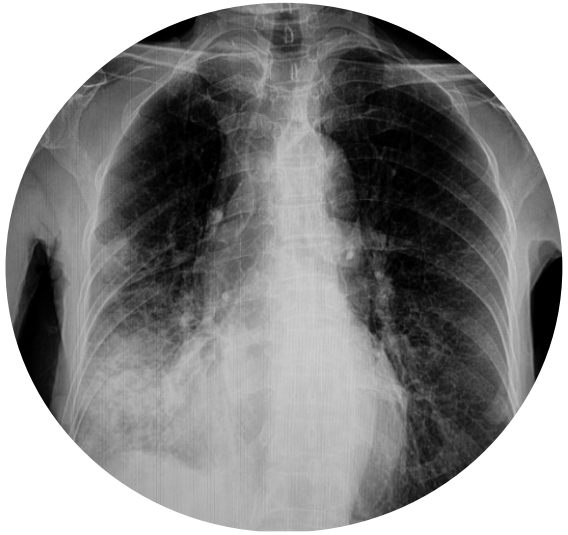
- N= ~240 treatment naïve IPF patients
  - Placebo
  - Pirfenidone 801 mg TID
  - LYT-100 550 mg TID
  - LYT-100 Higher Dose TID
- 6-month treatment duration

Initiating 1H 2022; Topline data expected by YE 2023

LYT-100: Tackling Inflammatory & Fibrotic Diseases

LYT-100-ILD

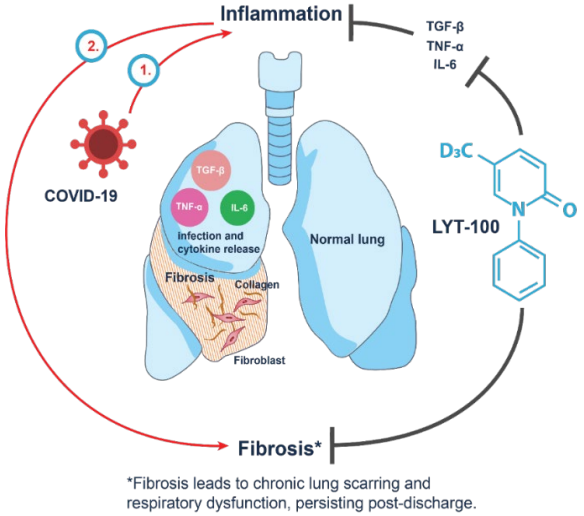
~130K
in the US with IPF[7]



- Progressive fibrotic diseases leading to fatal lung dysfunction. Current standards of care for IPF associated with significant tolerability issues
- **Initiating registration-enabling studies in 1H 2022**

LYT-100-COV

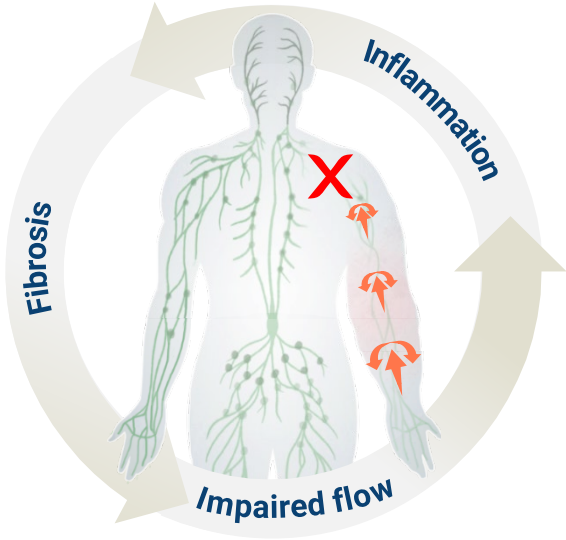
Over 500M people have been infected by COVID-19[1]



- Up to 1/3 of severe COVID-19 patients develop lung fibrosis[2]
- Up to 54% of hospitalized COVID-19 patients develop lasting dyspnea[3]
- **Topline results from Phase 2 expected in 1H 2022**

LYT-100-LYMPH

~1M
in the US with lymphedema[4]



- Lymphatic damage initiates vicious cycle of inflammation & fibrosis which further impairs fluid flow & tissue regeneration[5,6]
- **Topline results from Phase 2a POC expected in 2022**

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[1] COVID-19 map. Johns Hopkins Coronavirus Resource Center. (2021). https://coronavirus.jhu.edu/map.html; [2] Han X, Fan Y, Alwalid O, Li N, Jia X, Yuan M, Li Y, Cao Y, Gu J, Wu H, Shi H. Six-month Follow-up Chest CT Findings after Severe COVID-19 Pneumonia. Radiology. 2021 Apr;299(1):E177-E186. doi: 10.1148/radiol.2021203153. Epub 2021 Jan 26. PMID: 33497317; PMCID: PMC7841877; [3] Lerum, T. V., Aaløkken, T. M., Brønstad, E., Aarli, B., Ikdahl, E., Lund, K., Durheim, M. T., Rodriguez, J. R., Meltzer, C., Tonby, K., Stavem, K., Skjønsberg, O. H., Ashraf, H., & Einvik, G. (2021). Dyspnoea, lung function and CT findings 3 months after hospital admission for COVID-19. The European respiratory journal, 57(4), 2003448. https://doi.org/10.1183/13993003.03448-2020; [4] *Lymphedema.* Vascular Cures. (2017). https://vascularcures.org/lymphedema/; [5] Gousopolos et al., 2016, JCI Insight – CD-45 stain; [6] Avraham et al., 2010; Am J Pathology – TGF-β stain; [7] Martinez, F., Collard, H., Pardo, A. et al. Idiopathic pulmonary fibrosis. Nat Rev Dis Primers 3, 17074 (2017). https://doi.org/10.1038/nrdp.2017.74.

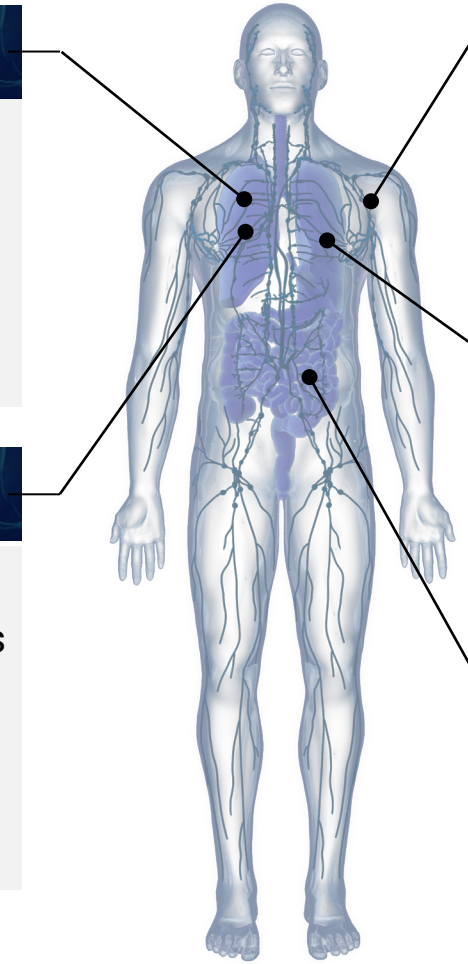
LYT-100: Validated Biology Can Potentially Address Multiple Underserved Diseases

Long COVID

- Over 500M people are potentially at risk of Long COVID as COVID-19 becomes endemic
- Numerous case reports indicate pirfenidone improves symptoms[1,2]
- **Topline results from Ph2 expected in 1H 2022**

IPF and PF-ILD

- Approximately 130K IPF patients and approximately equal numbers of PF-ILD patients are affected with few treatment options[3]
- Pirfenidone reduces lung function decline[4]
- **Initiating registration-enabling studies in 1H 2022**



Lymphedema

- ~1M people in the US with lymphedema
- **Topline results from Ph2a POC expected in 2022**

Myocardial Fibrosis

- Millions of patients are affected with few effective treatments to address fibrosis
- Pirfenidone reduces myocardial fibrosis[5,6]

Radiation Induced Fibrosis

- LYT-100 as medical countermeasure
- Pirfenidone inhibits progression of radiation-induced lung fibrosis[7]

Additional Opportunities for LYT-100 in Inflammation & Fibrosis

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[1] Cho et al., 2007, *Clinical Journal of the American Society of Nephrology;* [2] Shimizu et al., 1998, *Kidney international;* [3]Martinez, F., Collard, H., Pardo, A. et al. Idiopathic pulmonary fibrosis. Nat Rev Dis Primers 3, 17074 (2017). https://doi.org/10.1038/nrdp.2017.74; Wong, A., et al. Respiratory Research (2020) 21:32; Sauleda, J., et al. Medical Sciences (2018) 6:110; [4] Behr et al., 2021, *The Lancet;* [5] Lewis et al., 2021, *Nature Medicine;* [6] Wang et al., 2013, *Cardiology;* [7] Ying, H., et al.. Pirfenidone modulates macrophage polarization and ameliorates radiation-induced lung fibrosis by inhibiting the TGF-β1/Smad3 pathway. Retrieved April 18, 2022, from https://onlinelibrary.wiley.com/doi/full/10.1111/jcmm.16821.

LYT-200: A Clinical Stage Monoclonal Antibody Targeting Galectin-9

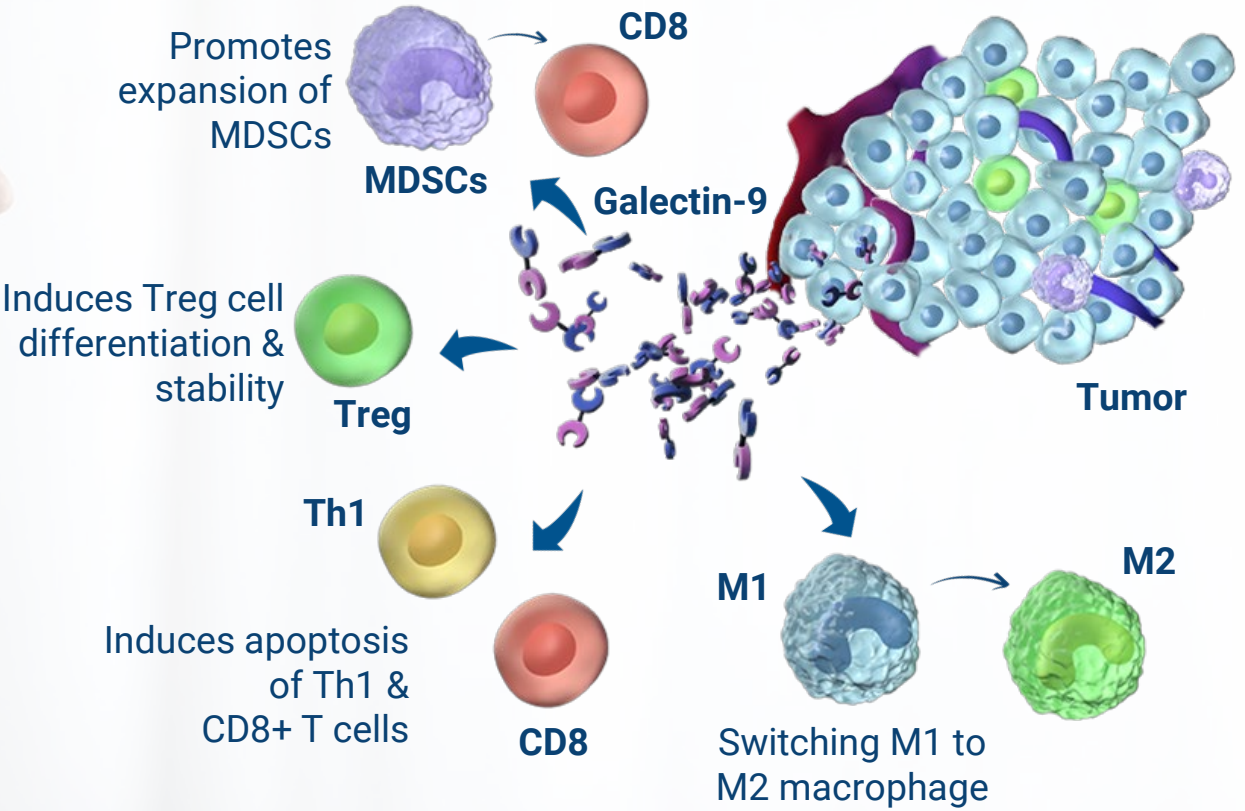
Foundational biology

Galectin-9 modulates multiple pathways of cancer immunosuppression, including those modulated by PD-1 & TIM-3

LYT-200 proof-of-concept

- Inhibition of tumor growth & increased survival in KPC pancreatic cancer model, **outperforming anti-PD-1**
- Inhibition of tumor growth in a melanoma model **outperforming anti-PD-1**
- T cell activation in **patient derived** organoid cultures

Galectin-9: A fundamental immunosuppressor in cancer



Received orphan drug designation from the FDA for the treatment of pancreatic cancer in November 2021

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Image adapted from J Mol Biol; 428 (16): 3266-3281; 2016
Treg = T regulatory cell; MDSC = myeloid derived suppressor cell; M1/M2 = tumor associated macrophage (TAM)1 (immunoactive) and 2 (immunosuppressed) cell; Th1 = T helper1 cell

LYT-200: Initiated Phase 1 Trial in Patients With Metastatic Solid Tumors

Dose escalation & dose expansion trial

Dose Finding (CRM)
(all comers), safety, tolerability, RP2D, PK/PD, exploratory

Up to 26 patients

Safety & efficacy
– with exploratory endpoints –
Data expected in 1H 2022

Ph2 expansion cohorts likely to include range of GI indications

Further expansion aimed at enabling accelerated approval single agent &/or combo with tislelizumab (anti-PD-1 mAb) or chemotherapy

Clinical investigators

UCLA
PI - Zev Wainberg

Massachusetts General Hospital
Dana-Farber Cancer Institute
Aparna Parikh

Memorial Sloan Kettering Cancer Center
Neil Segal

The University of Texas MD Anderson Cancer Center
Making Cancer History®
Siqing Fu

Columbia University Medical Center
Manji Gulam

Columbia University Medical Center
Richard Carvajal

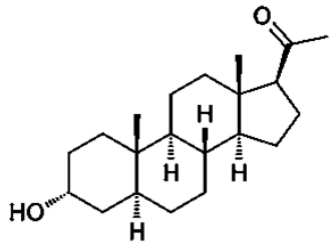
Other sites: Mayo, START, Sarah Cannon

LYT-300: Oral Allopregnanolone for Neurological & Neuropsychological Conditions

Brexanalone for IV injection

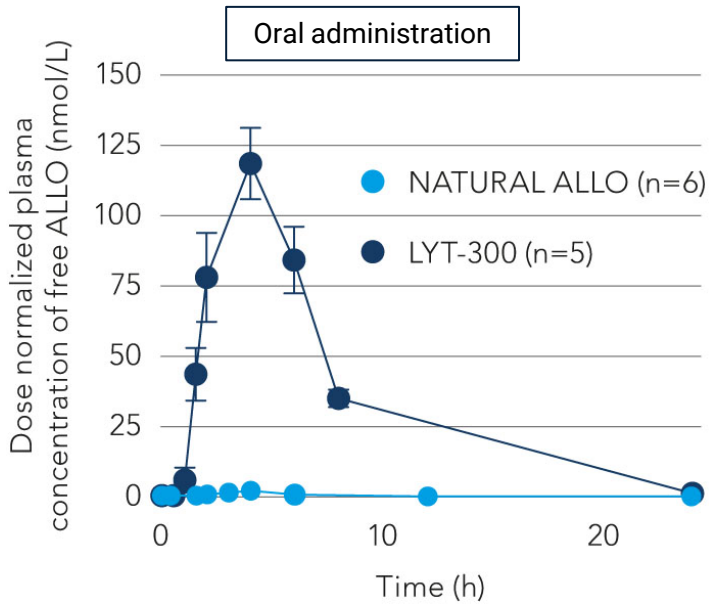
marketed as Zulresso®

Required **60-hr IV** infusion limits usage



Allopregnanolone

LYT-300 Systemic Exposure
Non-Human Primate



LYT-300 Development Rationale

- Designed to avoid first-pass metabolism by trafficking via the lymphatic system
- Oral bioavailability observed in canine & non-human primate PK studies
- Results from Phase 1 clinical study expected in 2H 2022

Oral administration

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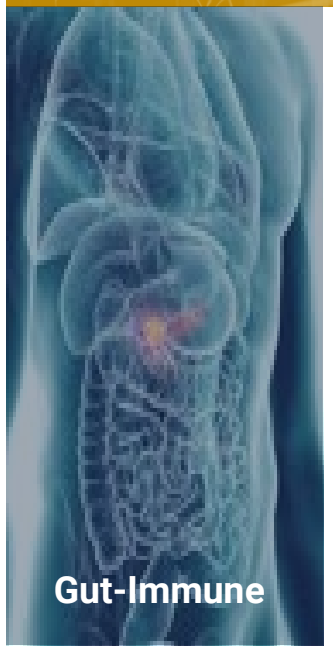
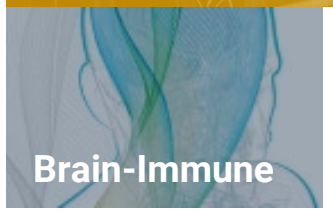
Zulresso® is a trademark of Sage Therapeutics and is not owned by or affiliated with PureTech Health.
LYT-300 is an investigational drug not approved by any regulatory authority.

Proprietary Technology Therapeutic Engine

Designed to harness the lymphatic system & administer therapeutics to immune, lymphatic and inflamed tissue

Technology Platform	Application/Focus
	
Glyph™	▪ Employs the body's natural lipid absorption & transport process to **orally administer drugs** via the lymphatic system by **bypassing first-pass metabolism**
Orasome™	▪ Enables **oral administration** of macromolecule therapeutic payloads, such as **mRNA** and other expression systems, to potentially allow the **body to produce its own therapeutic proteins** that are otherwise administered exclusively by injection
Alivio™	▪ Facilitates **selective restoration of immune homeostasis** at inflamed sites in the body, while having the potential for **minimal impact on the rest of the body's immune system**, to treat a range of chronic and acute inflammatory disorders

Discovery Research	Application/Focus
	
Meningeal Lymphatics Research Program	▪ Aims to restore **lymphatic flow in the brain** by targeting specific cell types to potentially improve outcomes for a range of **neurodegenerative & neuroinflammatory conditions** that are currently not effectively treated

2022 Value Drivers: Wholly Owned Programs

1 clinical trial initiation & 6 clinical readouts expected in 2022 across Wholly Owned Programs

Therapeutic Candidate[1]		Expected Milestones	
LYT-100-ILD	*Deupirfenidone*	❑ Initiation of registration-enabling studies in IPF	1H 2022
LYT-100-COV	*Deupirfenidone*	❑ **Results from Phase 2 in Long COVID**[2]	1H 2022
LYT-100-LYMPH	*Deupirfenidone*	❑ **Results from Phase 2a POC in lymphedema**	2022
LYT-200	*Anti-Galectin-9 MAb*	❑ **Results from Phase 1 in solid tumors**	1H 2022
LYT-210	*Anti-Delta-1 MAb*	❑ Completion of additional biomarker studies	2022
LYT-300	*Oral Allopregnanolone*	❑ **Results from Phase 1 study**	2H 2022
LYT-510	*Oral Immunosuppressant*	❑ File for regulatory approval to initiate first-in-human studies	YE 2022
LYT-500	*Oral IL-22 + Immunosuppressant*	❑ **Results from preclinical POC data**	1H 2022
LYT-503/IMB-150	*Non-opioid*	❑ IND filing	2022
Discovery programs		❑ **Results from Orasome POC data in multiple preclinical studies**	2022

B Key anticipated milestones are **bolded**
✓ Indicates partially completed milestone
✓ Indicates completed milestone

Wholly Owned Programs Consist of 7 Therapeutic Candidates[1] & 4 Lymphatic & Inflammation Platforms

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[1] The FDA and corresponding regulatory authorities will ultimately review our clinical results and determine whether our wholly-owned therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our wholly-owned therapeutic candidates are safe or effective for use by the general public for any indication. On July 23, 2021, Imbrium Therapeutics exercised its option to license LYT-503/IMB-150 pursuant to which it is responsible for all future development activities and funding for LYT-503/IMB-150; [2] Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as post-acute COVID-19 syndrome (PACS).

Financial Highlights

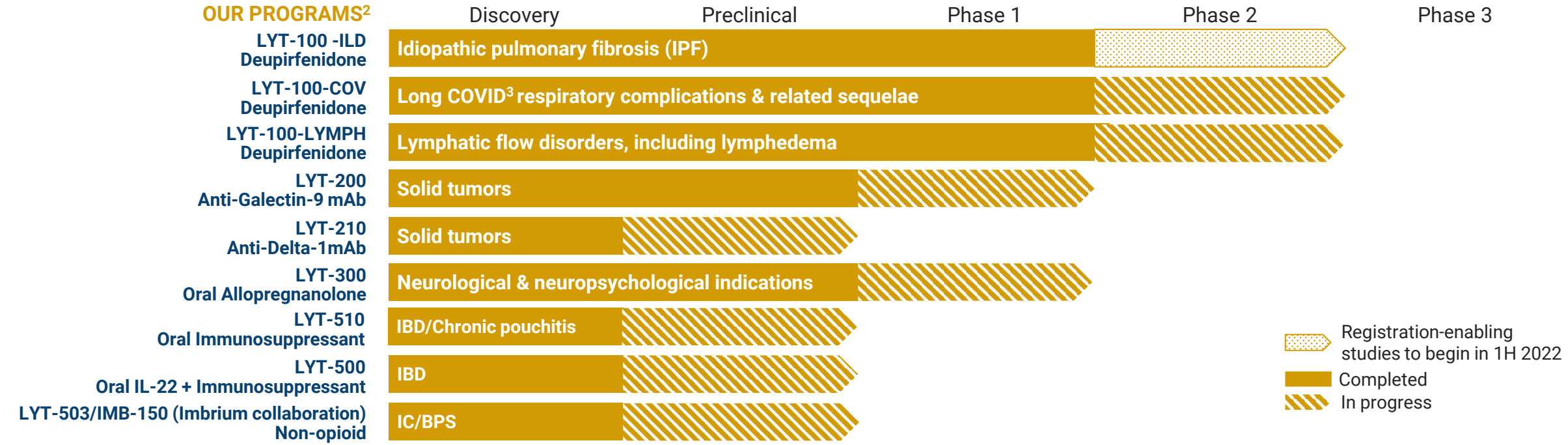
	December 31, 2021 $ millions	December 31, 2020 $ millions
Consolidated cash and cash equivalents	**465.7**	**403.9**
Less: Cash and cash equivalents held at non-wholly-owned subsidiaries	(46.9)	(54.5)
PureTech Level Cash and Cash Equivalents[1]	**418.9**	**349.4**
Revenue	17.4	**11.8**
Operating income/(loss)	(150.3)	(119.5)
Net income/(loss)	(62.7)	4.6

Cash flow and liquidity	
PureTech Level Cash and Cash Equivalents	**Measure type:** Core performance
	Definition: Cash and cash equivalents held at PureTech Health plc and only wholly-owned subsidiaries as noted (PureTech LYT, PureTech LYT-100, PureTech Management, Inc., PureTech Health LLC, and other inactive entities in which we have no current operations. During the year ended December 31, 2021, the Company acquired the non controlling interest in Alivio Therapeutics, Inc. and since then Alivio Therapeutics, Inc. is wholly owned by the Company and the related cash and cash equivalents are included in the PureTech Level Cash and Cash Equivalents as of December 31, 2021. The cash and cash equivalents of Alivio Therapeutics, Inc. were not included in the PureTech Level Cash and Cash Equivalents as of December 31, 2020 as during that period, the subsidiary was not wholly owned by the Company.
	Why we use it: PureTech Level Cash and Cash Equivalents is a measure that provides valuable additional information with respect to cash and cash equivalents available to fund the Wholly Owned Programs and make certain investments in Founded Entities

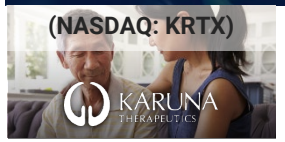
[1] PureTech Level Cash and Cash Equivalents is a Non-IFRS measure. Please refer to slides 87 and 88 of our corporate deck at https://puretechhealth.com/images/PRTCCorpPresentation.pdf for further information.

PureTech: Developing New Medicines for Underserved & Serious Diseases

Wholly Owned Pipeline[1] (Lymphatics/Immunology)



Founded Entities Programs[4] (Conceived by PureTech)

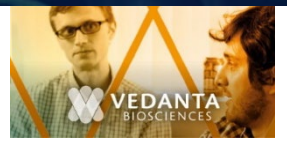


5.6% Equity + Royalties — Phase 3

22.3% Equity — Commercial

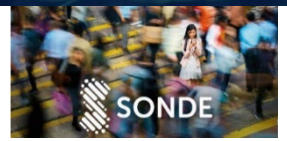
23.5% Equity + Royalties — Commercial

8.6% Equity — Phase 1/2a



41.4% Equity — Phase 3 Ready

76.0% Equity + Royalties — Phase 3 Ready



44.6% Equity — Commercial Release

74.3% Equity — Preclinical

$418.9M PureTech Level Cash and Cash Equivalents as of December 31, 2021[5]

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[1] References in this report to "Wholly Owned Programs" refer to the Company's seven therapeutic candidates (LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150), four lymphatic and inflammation platforms and potential future therapeutic candidates and platforms that the Company may develop or obtain. References to "Wholly Owned Pipeline" refer to LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150. On July 23, 2021, Imbrium Therapeutics exercised its option to license LYT-503/IMB-150 pursuant to which it is responsible for all future development activities and funding for LYT-503/IMB-150; [2] The FDA and corresponding regulatory authorities will ultimately review our clinical results and determine whether our wholly-owned therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our wholly-owned therapeutic candidates are safe or effective for use by the general public for any indication; 3 Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as post-acute COVID-19 syndrome (PACS); [4] This figure represents the stage of development for each Founded Entity's most advanced therapeutic candidate. While PureTech maintains ownership of equity interests in its Founded Entities, the Company does not, in all cases, maintain control over these entities (by virtue of (i) majority voting control and (ii) the right to elect representation to the entities' board of directors) or direct the management and development efforts for these entities. Consequently, not all such entities are consolidated in the financial statements. Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of December 31, 2021, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Vor, Karuna and Gelesis ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of March 4, 2022 and February 15, 2022 and March 31, 2022, respectively; [5] PureTech Level Cash and Cash Equivalents is a Non-IFRS measure. Please refer to slides 87 and 88 of this presentation or our corporate deck at https://puretechhealth.com/images/PRTCCorpPresentation.pdf for further information.

2021 ESG Progress

Our Approach

2021 Highlights

Patients

27 therapeutic and therapeutic candidates in development, of which

16 are in clinical stage, and

2 taken from inception to FDA & EU regulatory clearances

People

1 of 10 FTSE 250 companies to have a woman CEO[1]

Ranked top 14th FTSE 250 company by FTSE Women Leader Review for surpassing Board and leadership gender balance target

44% gender diversity on the Board level[2]

50% cultural diversity on the Board level[3]

$38K committed to charitable contributions & social causes[4]

Planet

85% less energy consumed at the Boston HQ compared to The 2030 Challenge baseline[5]

84% fewer GHG emissions generated at the Boston HQ compared to The 2030 Challenge baseline

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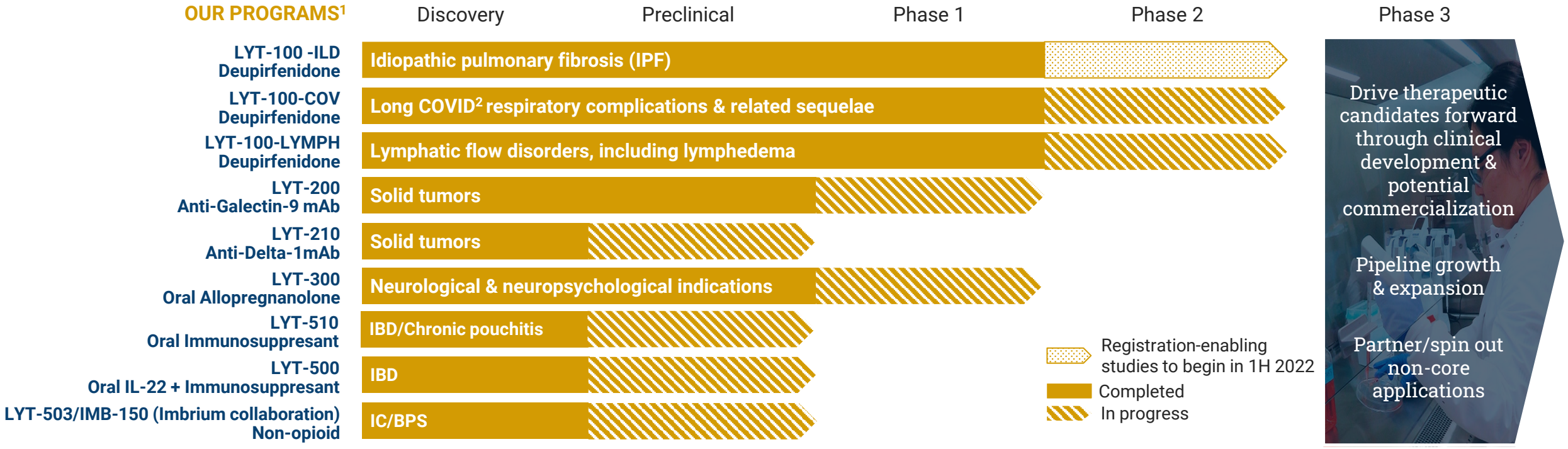
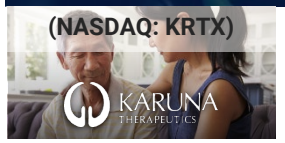
[1] Source: FTSE Women Leaders Review, 2021; [2] Board composition at March 24, 2022; [3] Board composition at December 31, 2021; [4] In 2021 and through January 2022 post-period, PureTech made charitable contributions to Life Sciences Cares, The Greater Boston Food Bank (GBFB), Lymphatic Education & Research Network (LE&RN), Langer Prize for Innovation & Entrepreneurial Excellence Fellowship, and Fred Hutchinson Cancer Research Center; [5] The 2030 Challenge is a carbon-neutral target issued by the Architecture 2030 in 2006 recommending all new buildings, developments and major renovations to meet a fossil fuel, GHG-emitting, energy consumption performance standard of 70% below the regional (or country) average/median for any specific building type. Boston HQ building data is assessed as a laboratory type building and the data is generated by AppFolio Property Manager, prepared for Related Beal. The current data available is as of December 31, 2020.

PureTech: Moving Medicines Forward

Advance Wholly Owned Pipeline through development & commercialization, including pipeline expansion



Derive value from equity growth of Founded Entities[3]

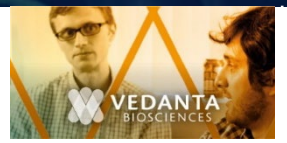


5.6% Equity + Royalties

22.3% Equity

23.5% Equity + Royalties

8.6% Equity



41.4% Equity

76.0% Equity + Royalties

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74.3% Equity

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[1] References in this report to "Wholly Owned Programs" refer to the Company's seven therapeutic candidates (LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150), four lymphatic and inflammation platforms and potential future therapeutic candidates and platforms that the Company may develop or obtain. References to "Wholly Owned Pipeline" refer to LYT-100, LYT-200, LYT-210, LYT-300, LYT-510, LYT-500 and LYT-503/IMB-150. On July 23, 2021, Imbrium Therapeutics exercised its option to license LYT-503/IMB-150 pursuant to which it is responsible for all future development activities and funding for LYT-503/IMB-150; [2] Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as post-acute COVID-19 syndrome (PACS); [3] Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of December 31, 2021, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Vor, Karuna and Gelesis ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of March 4, 2022 and February 15, 2022 and March 31, 2022, respectively.

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Q&A