UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event Reported): May 22, 2024

Cytokinetics, Incorporated
(Exact Name of Registrant as Specified in Charter)

Delaware	**000-50633**	**94-3291317**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification Number)**

350 Oyster Point Boulevard, South San Francisco, CA 94080
(Address of Principal Executive Offices) (Zip Code)

(650) 624-3000
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001	CYTK	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01 Other Events

On May 22, 2024, Cytokinetics, Incorporated released its current corporate presentation, which is attached hereto as Exhibit 99.1 and is incorporated by reference in this Item 8.01.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate Presentation.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CYTOKINETICS, INCORPORATED

Date: May 22, 2024.

By: /s/ Robert Blum
Robert Blum
Chief Executive Officer

Exhibit 99.1

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, Incorporated ("Cytokinetics" or the "Company") 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 to 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; 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").

Disclaimer

This presentation concerns drug candidates that are under clinical investigation, and which have not yet been approved by the U.S. Food and Drug Administration. These are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

The assumptions used in the preparation of this presentation, although considered reasonable by us at the time of preparation, may prove to be incorrect. You are cautioned that the information is based on assumptions as to many factors and that actual results may vary from the results projected and such variations may be material. Accordingly, you should not place undue reliance on any forward-looking statements contained herein or rely on them as predictions of future events.

The trademarks, trade names and service marks appearing in this presentation are the property of their respective owners. Certain information contained in this presentation relate to or are based on studies, publications and other data obtained from third-party sources as well as our own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources.

Structured Financing Transaction with Royalty Pharma

Four Separate Components Providing $250M upon Closing; up to $575M Total

Royalty Pharma R&D Partnership, Royalty Monetization, Long-term Debt and Equity Investment

Diversifies access to capital to support potential commercial launch and monetize/advance myosin focused pipeline

***Aficamten*: Potential Commercial Launch Capital**

Cytokinetics to receive **$50M upfront capital**

Cytokinetics eligible to draw additional **$175M** within 12 months of FDA approval for oHCM

Capital repayable over 10 years in quarterly installments (totaling 1.9x)

***Omecamtiv Mecarbil*: R&D Funding**

Cytokinetics to receive **$100M** in upfront capital to fund confirmatory Phase 3 clinical trial

If new Phase 3 clinical trial is positive and FDA approval is received within specified time frames, Royalty Pharma will receive 1.0x milestone payment and incremental 2.0% royalty on global net sales and/or fixed quarterly payments

Otherwise Cytokinetics required to repay loan in fixed quarterly payments (totaling 2.275x – 2.375x) over either 18 or 22 quarters

CK-586: R&D Funding

Cytokinetics to receive **$50M upfront** in exchange for 1.0% royalty on net sales of CK-586

Royalty Pharma will have option to invest up to additional $150M for **Phase 3 development**

If Royalty Pharma opts in to Phase 3 funding, it will be eligible to receive up to 0.75x milestone upon certain regulatory approvals and 4.5% royalty on global net sales

If Royalty Pharma does not opt in to Phase 3 funding, eligible for 1% royalty on global net sales

Royalty Pharma's royalty on *aficamten* was restructured so that Royalty Pharma will now receive 4.5% up to $5.0 billion of annual net sales of *aficamten* and 1% above $5.0 billion of annual net sales compared to the prior 4.5% up to $1.0 billion of annual net sales and 3.5% above $1.0 billion of annual net sales

Royalty Pharma to purchase $50M of Cytokinetics' common stock, at Cytokinetics' option, subject to certain conditions

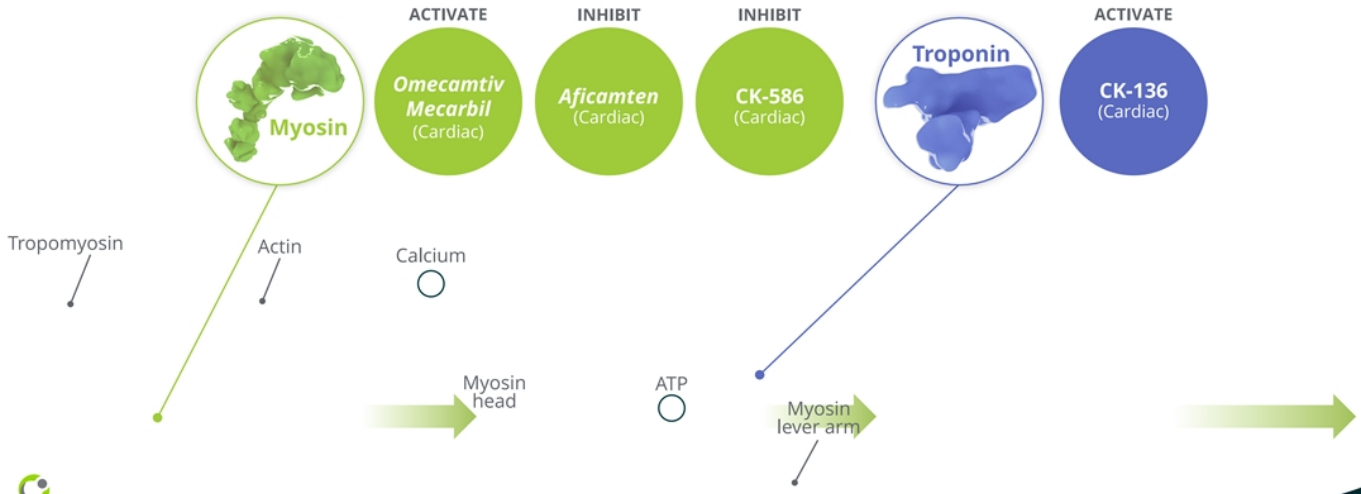
VISION 2025

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.

Sarcomere Directed Drug Development

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



A Commitment to Muscle-Directed Cardiac Medicines

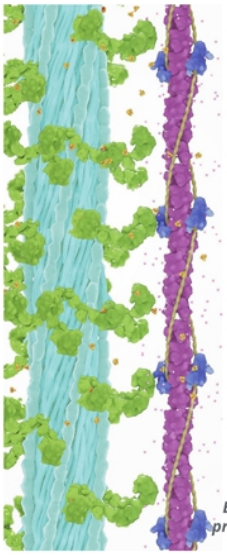
Building a specialty cardiology franchise anchored by *aficamten*

*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.

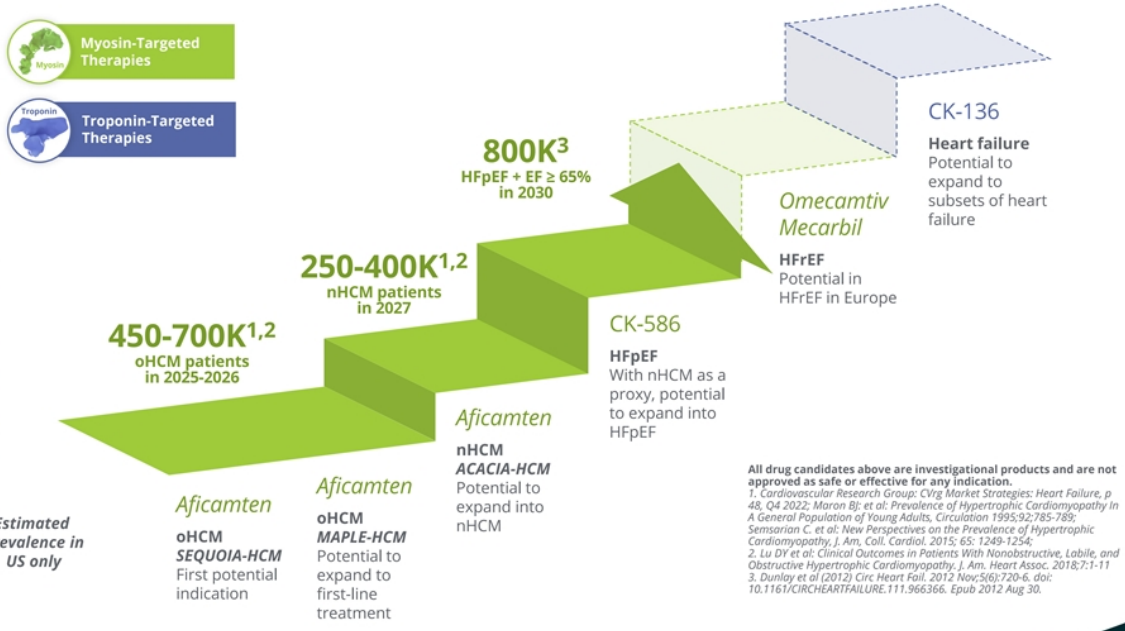
All drug candidates above are investigational products and are not approved as safe or effective for any indication.

Building a Specialty Cardiology Franchise Anchored by *Aficamten*

Potential patient market for specialty cardiology franchise strategy



Estimated prevalence in US only



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

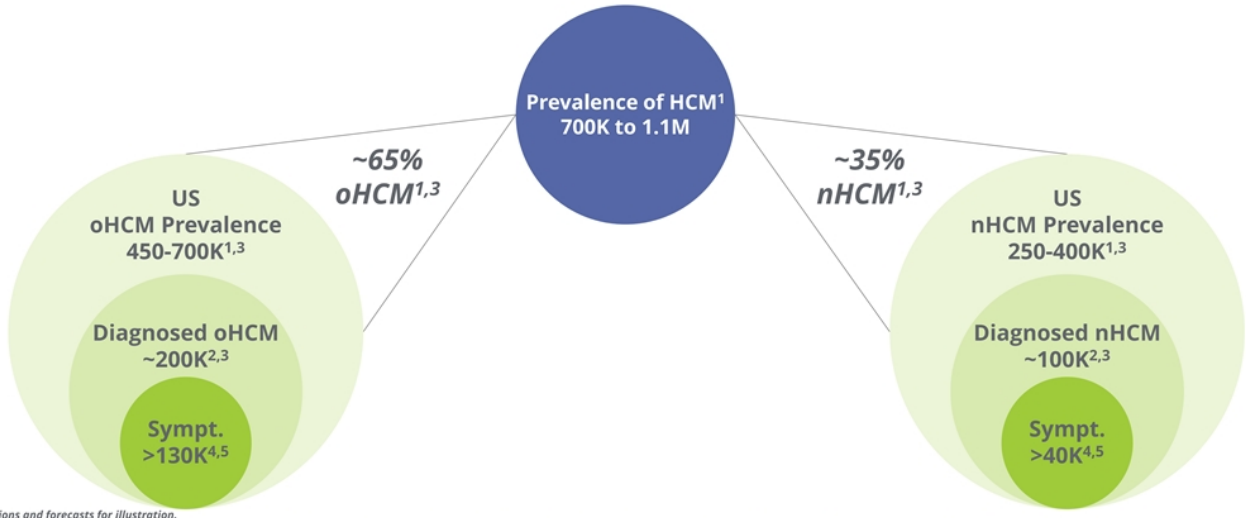
3. Dunlay et al (2012) Circ Heart Fail. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30.

Aficamten

Cytokinetics®

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.

Opportunity for CMIs in Diagnosed, Symptomatic HCM Patients

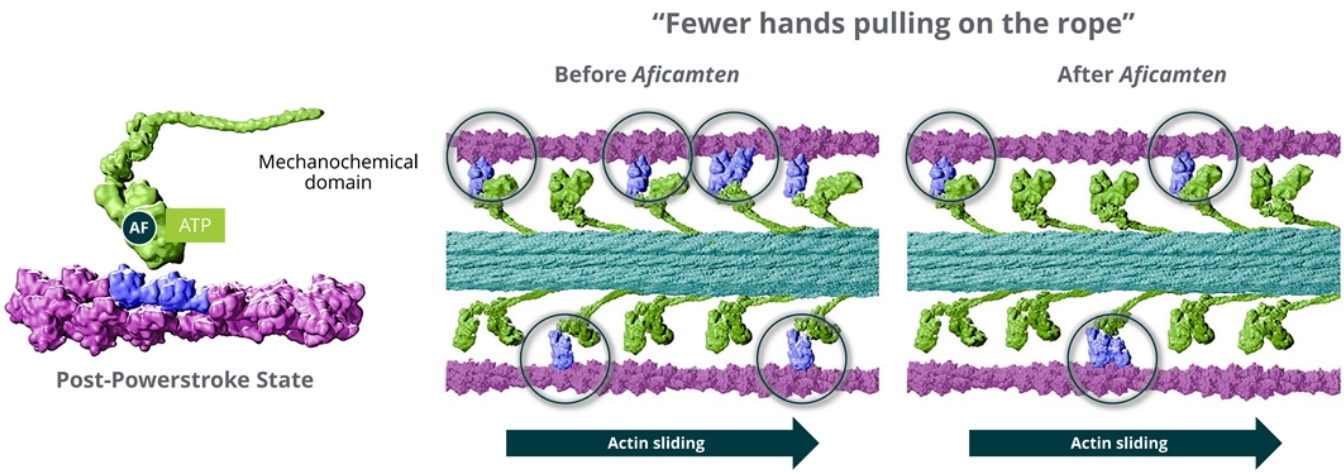


Projections and forecasts for illustration.

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: Mechanism of Action

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



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

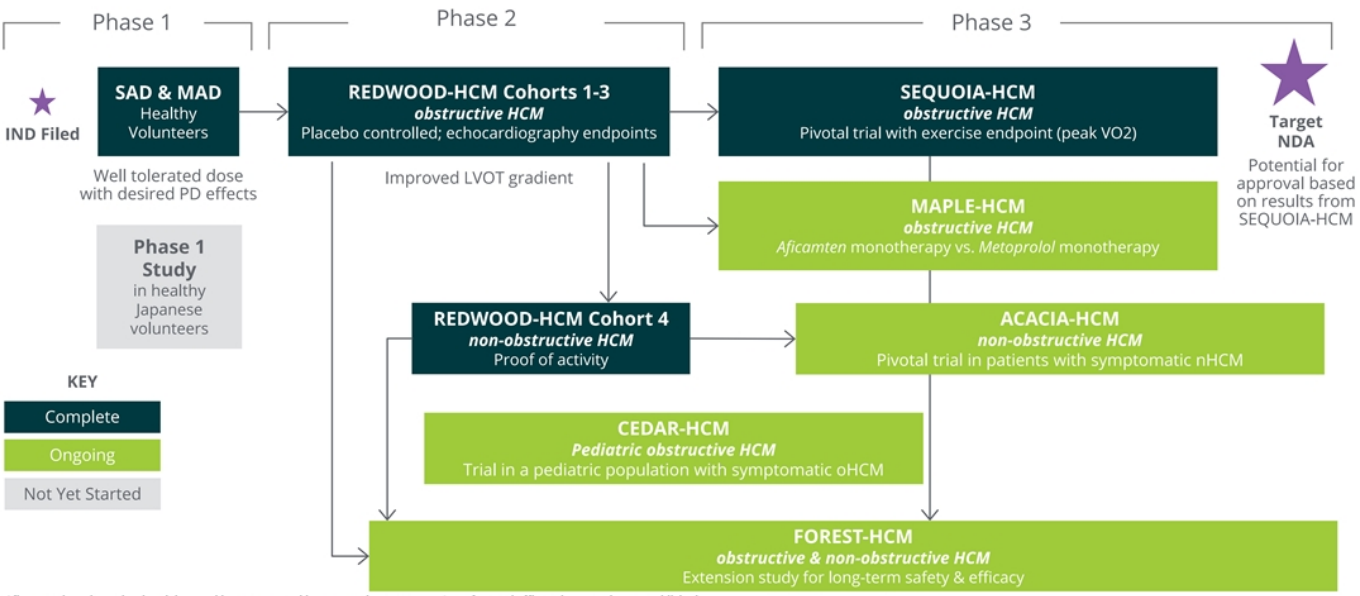
Aficamten: Aspirational Target Profile

Potential next-in-class cardiac myosin inhibitor

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

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

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.

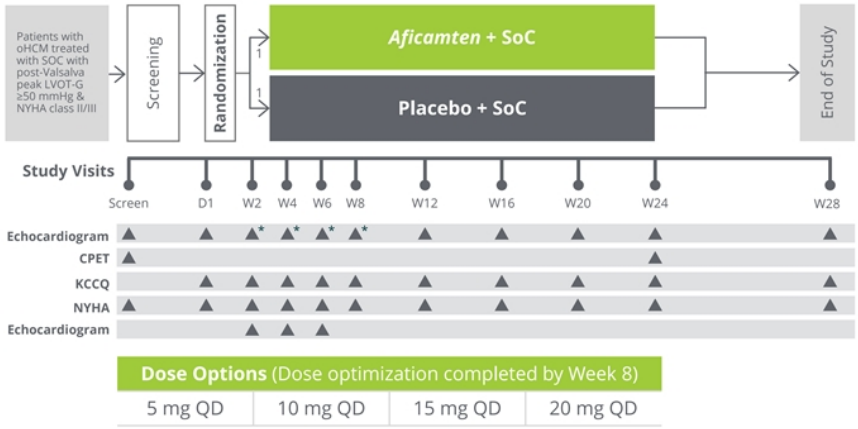
SEQUOIA-HCM: Phase 3 Trial

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*

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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)

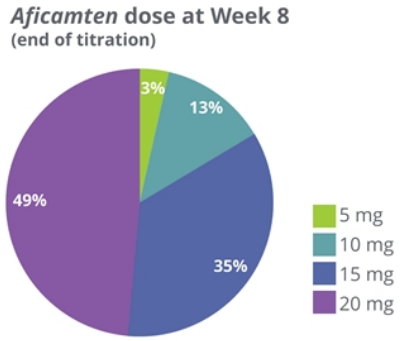
	Aficamten n=142	Placebo n=140
Background HCM therapy, n (%)		
Beta-blocker	86 (60.6)	87 (62.1)
Calcium channel blocker	45 (31.7)	36 (25.7)
Disopyramide	16 (11.3)	20 (14.3)
None	19 (13.4)	22 (15.7)
KCCQ-CSS	76 ± 18	74 ± 18
NYHA FC, n (%)		
II	108 (76.1)	106 (75.7)
III/IV	34 (23.9)	34 (24.3)
Median NT-proBNP (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

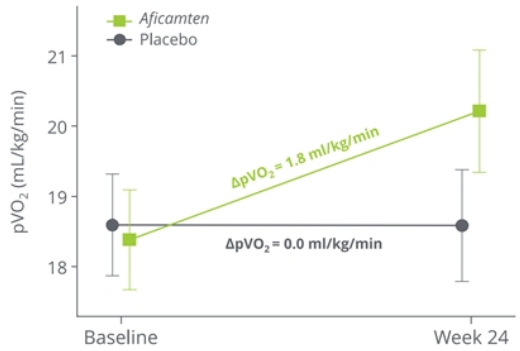
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
hs-cTnI, high-sensitive cardiac troponin; IQR, interquartile range; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire-Clinical Summary score; MWT, maximal wall thickness; 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

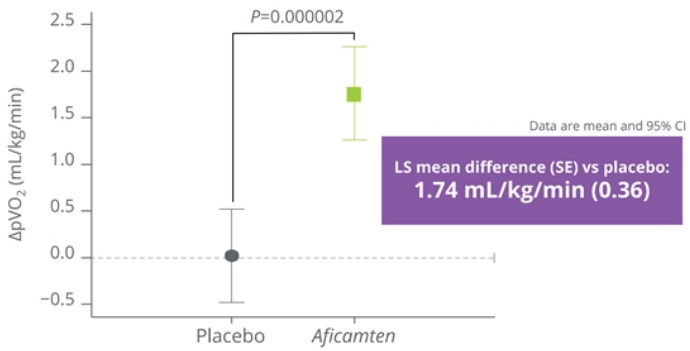
Significant improvement in exercise capacity compared to placebo

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



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

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SEQUOIA-HCM: Subgroup Analysis

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)
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)

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

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.

Cytokinetics

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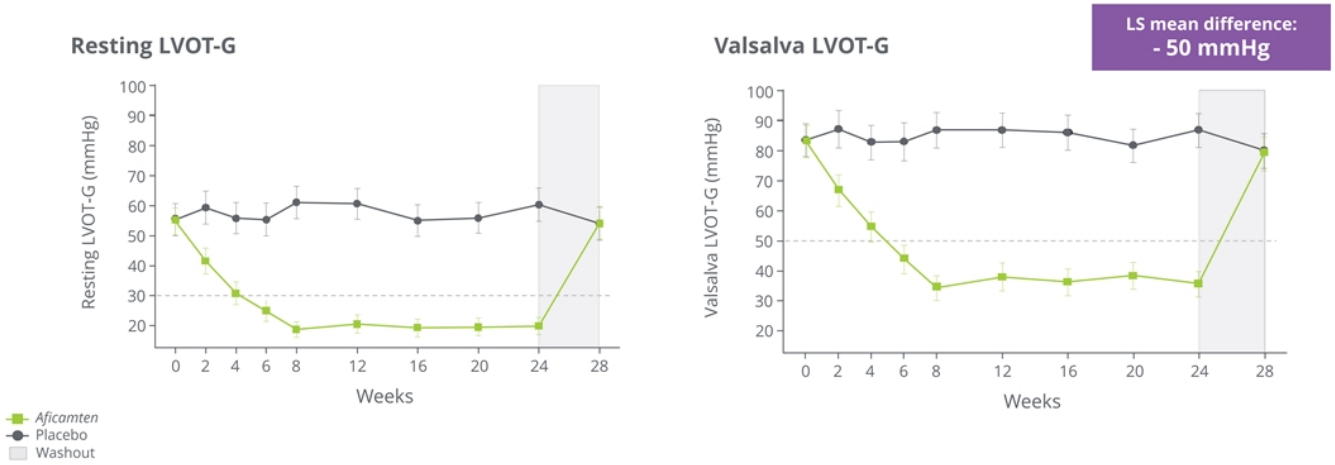
Maron M. "*Aficamten* for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

SEQUOIA-HCM: Secondary & Exploratory Endpoints

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

LS mean difference: - 50 mmHg



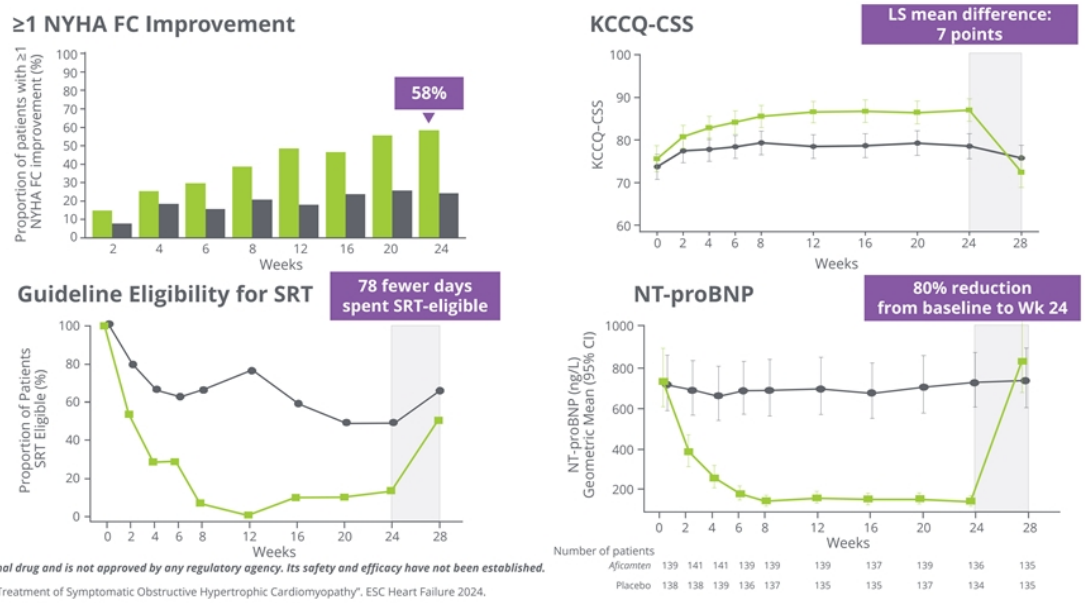
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Error bars are 95% CI

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

Cytokinetics

SEQUOIA-HCM: Secondary & Exploratory Endpoints



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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: 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) *P* **value**	**28.7** (18.8, 38.6) <0.0001	

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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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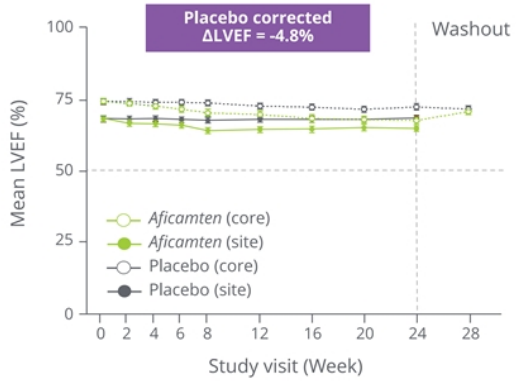
AE, adverse event; SAE, serious adverse event.

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

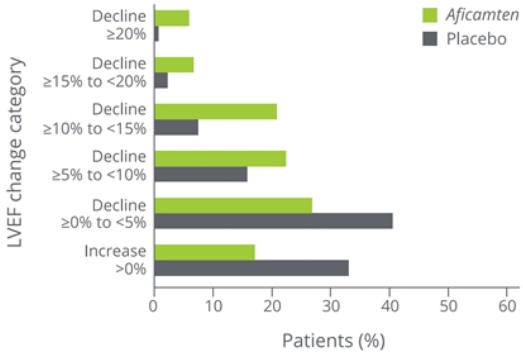
SEQUOIA-HCM: Change in LVEF

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



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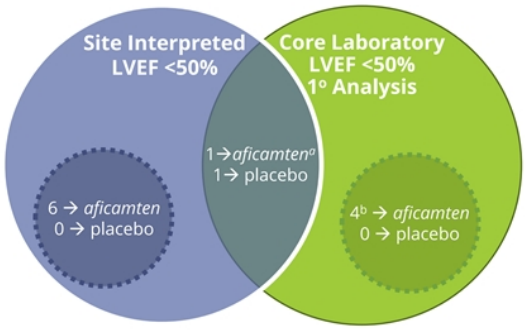
Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

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.

Cytokinetics

SEQUOIA-HCM: Low Overall Incidence of LVEF <50%

Core lab LVEF was prespecified source for statistical analyses

LVEF <50% assessed at 3.5% by core lab and 4.9% by site

Prespecified Analysis

Core Lab Only LVEF <50%
4 *aficamten* patients

Both Core & Site-Read LVEF <50%
1 *aficamten* patient
1 placebo patient

Age, y, Sex	*Aficamten* Dose, mg/d	BL Core LVEF, %	Study Week With Lowest Core LVEF	Lowest Core LVEF %	Matching Site LVEF %	NYHA Class	KCCQ-CSS	NT-proBNP, Change from BL, ng/dL	Down-Titration, mg	Next Visit LVEF Core	Matching Site LVEF %
30 M	20	65	8	48	62	1	+21	−535	N/A	56	65
57 F	5	56	24	46	60	2	+14	−372	N/A	51	NR
72 F	15	80	20	48	52	1	+5	−403	N/A	52	51
57 F	20	84	16	43	59	1	+12	−921	N/A	72	68
75 F	Placebo	53	6	48	45	3	+29	−291	N/A	50	51
72 F *	15	63	16	34	49	2	+14	111	15 to 10	55	51

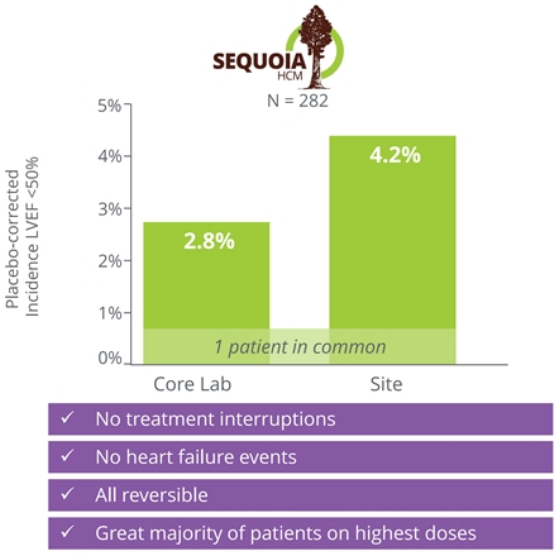
Site-Read Only LVEF <50%
6 *aficamten* patients

Age, y, Sex	*Aficamten* Dose, mg/d	BL Core LVEF, %	Study Week With Lowest Site LVEF	Lowest Site LVEF %	Matching Core LVEF %	NYHA Class	KCCQ-CSS	NT-proBNP, Change from BL, ng/dL	Down-Titration, mg	Next Visit LVEF Core	Matching Site LVEF %
41 M	20	70	16	47	59	2	+2	−1597	20 to 15	54	50
52 M	20	69	16	46	51	1	+25	−712	20 to 15	60	50
76 F	15	87	16	48	53	3	+22	−44	15 to 10	52	50
59 M	15	77	12	48	70	2	+10	−1482	15 to 10	60	55
54 M	15	76	8	49	72	1	+31	−162	15 to 10	60	54
66 M	20	76	20	45	53	3	+8	−83	20 to 15	61	60

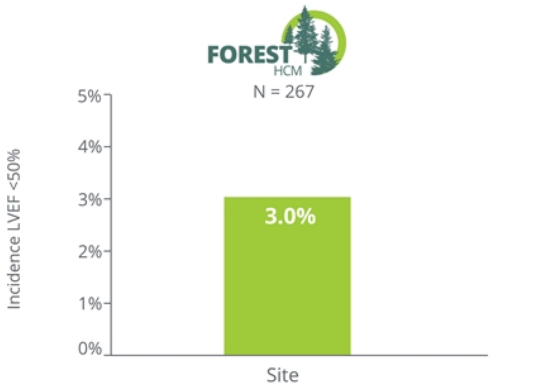
* COVID-19 infection preceded LVEF <50% based on both core and site laboratory assessments.
NR = not recorded, site LVEF were not obtained following Week 24 per protocol
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.
Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

Implementation of Dosing in Real-World Setting (FOREST-HCM)

Low incidence of LVEF <50% in patients with oHCM treated with *aficamten*



- ✓ No treatment interruptions
- ✓ No heart failure events
- ✓ All reversible
- ✓ Great majority of patients on highest doses



- ✓ No treatment interruptions
- ✓ No heart failure events
- ✓ All reversible
- ✓ Great majority of patients on highest doses

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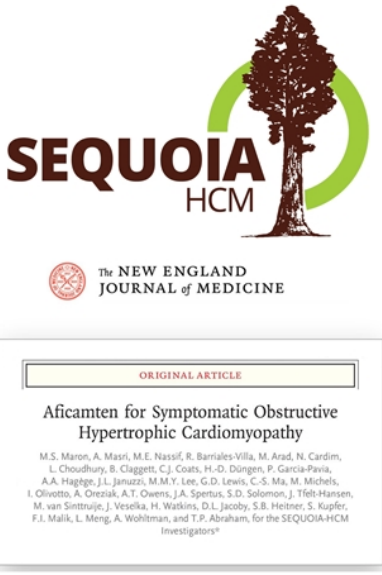
SEQUOIA-HCM Source: Coats CJ. Dosing and Safety Profile of *Aficamten* in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.
FOREST-HCM Source: Data on file – data cut 15 Apr 24

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
- ***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.

Cytokinetics

Preparing for Regulatory Submissions to FDA, EMA

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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Aspirational Profile of *Aficamten* & Results from SEQUOIA-HCM Inform Potential REMS

REMS Existing Challenges	*Aficamten* Aspirational Profile	Potential Unique REMS
Echo frequency →	• Rapid onset • Rapid reversibility • Speed to optimal dose • SEQUOIA-HCM: No treatment interruptions due to low LVEF • SEQUOIA-HCM: No instances of worsening HF	*Potential for*: Echo monitoring during titration as **early as 2 weeks**, enabling titration to max dose of 20 mg in 6 weeks **Up-titration after each echo based on clinical judgement** Flexible **echo window** for dose titration and maintenance
Dosing window →	• Predictable dose response • Stable over time	
DDI monitoring →	• No teratogenicity • No clinically meaningful P450 liabilities • All background therapies & combinations have been tested in clinical trials • No QTc liability	

Few Dose Reductions Occurred During Maintenance

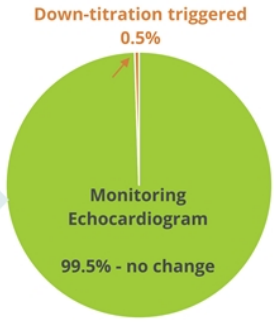
FOREST-HCM data cut as of September 15, 2023

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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Ongoing Clinical Trials of *Aficamten*

MAPLE HCM

Pivotal **Phase 3** of *aficamten* as **monotherapy** vs. metoprolol as monotherapy in oHCM

ACACIA HCM

Pivotal **Phase 3** clinical trial in **nHCM**

CEDAR HCM

Clinical trial in a **pediatric population**

FOREST HCM

Open-label extension clinical study in **HCM**

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Cytokinetics

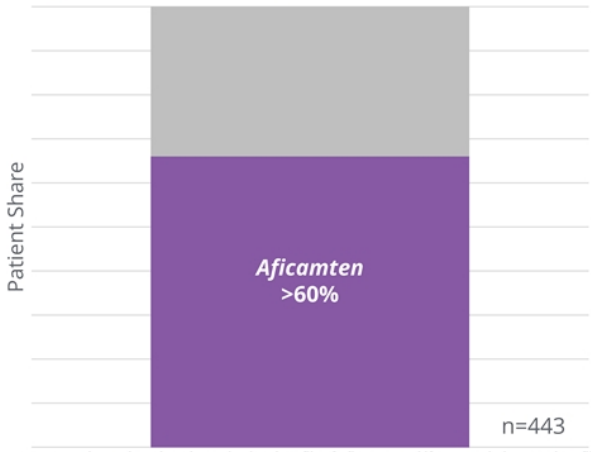
Cytokinetics Poised to Compete in the Specialty Cardiology Business

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.

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

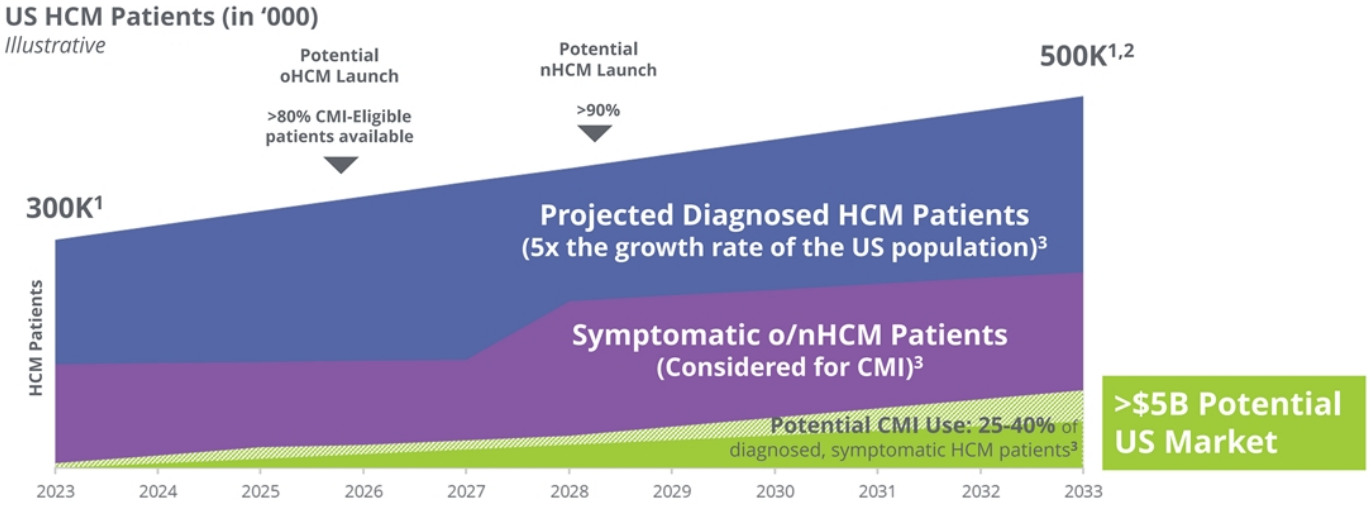
***Aficamten* is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

- 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

Cytokinetics

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



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

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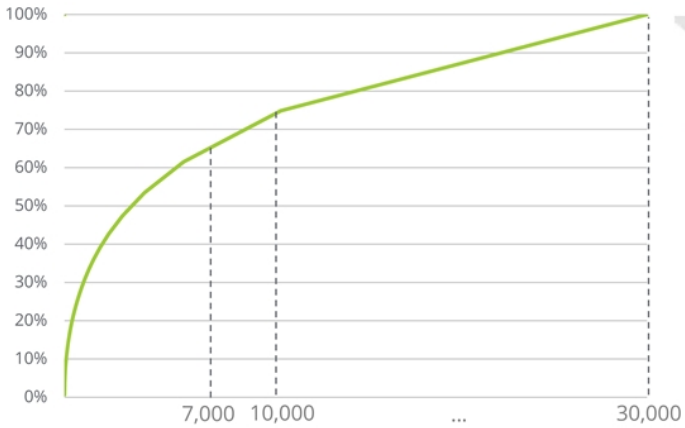
Projections and forecasts for illustration

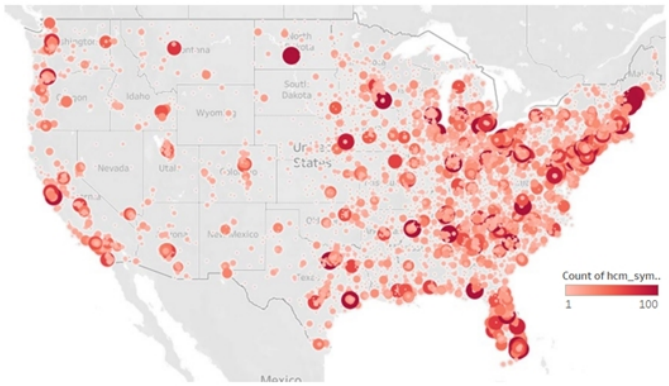
Cardiologists Located in Concentrated Geographic Clusters Across the US

~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
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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

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Omecamtiv Mecarbil

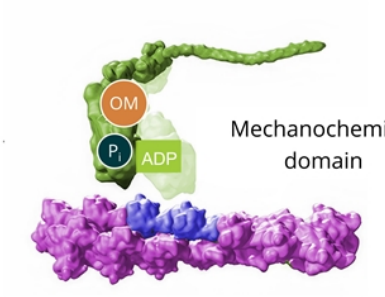
Cytokinetics®

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: Mechanism of Action

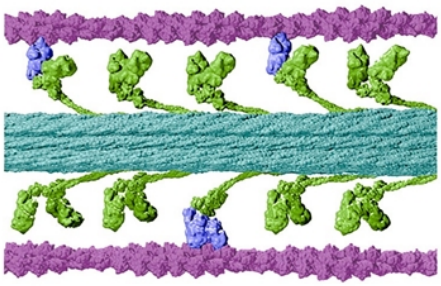
Omecamtiv mecarbil shifted equilibrium in favor of the pre-powerstroke state

"More hands pulling on the rope"



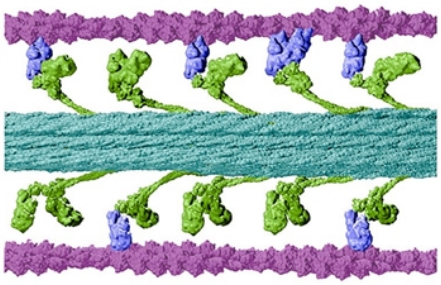
Pre-Powerstroke State

Before *Omecamtiv Mecarbil*



Actin sliding

After *Omecamtiv Mecarbil*



Actin sliding

Malik, et al. Science 2011; 1439-1443
Planelles-Herrero, et al. Nature Comm 2017; 1-10
Shen et al, Circ HF, July 2010, 522-527
Teerlink, et al. JACC-HF 2020; 329-340

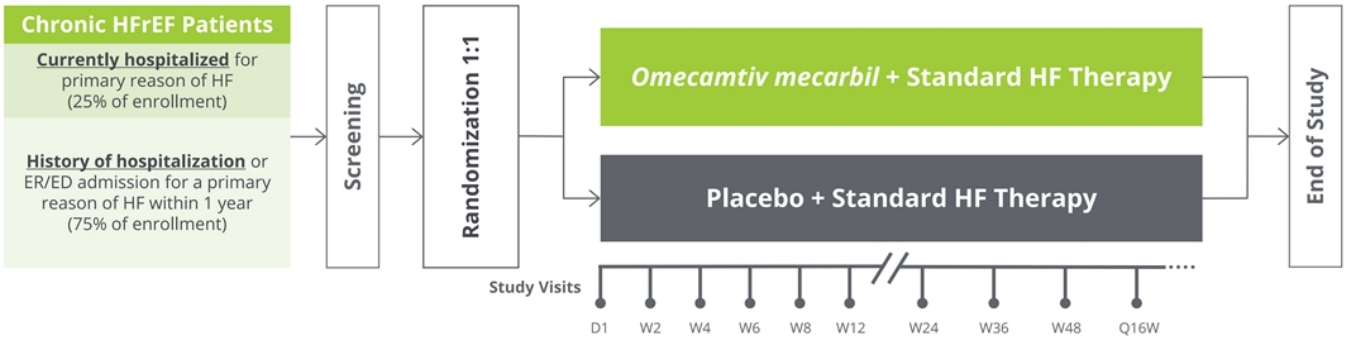
Omecamtiv mecarbil **is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Cytokinetics

GALACTIC-HF: Clinical Trial Overview

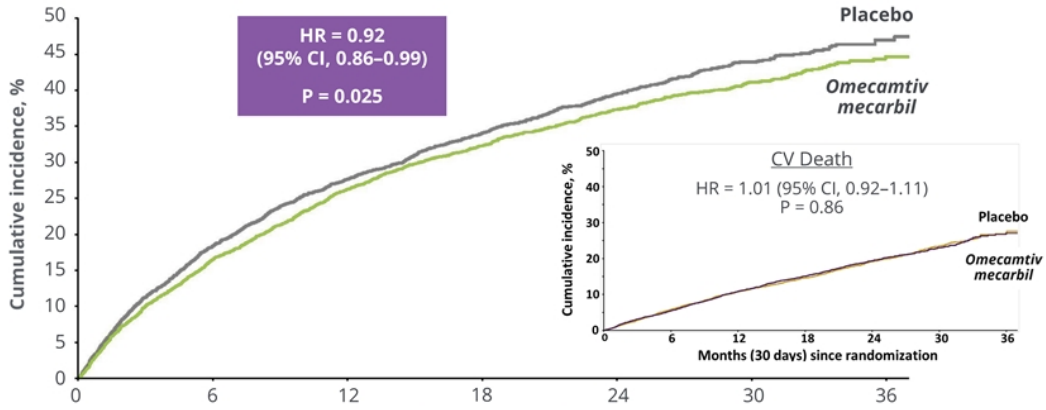
Phase 3 clinical trial

Event-driven clinical trial; 8256 patients randomized in 35 countries at 944 clinical trial sites



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

Primary Composite Endpoint




The NEW ENGLAND JOURNAL of MEDICINE

Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

Patients at risk, n							
Placebo	4112	3310	2889	2102	1349	647	141
OM	4120	3391	2953	2158	1430	700	164

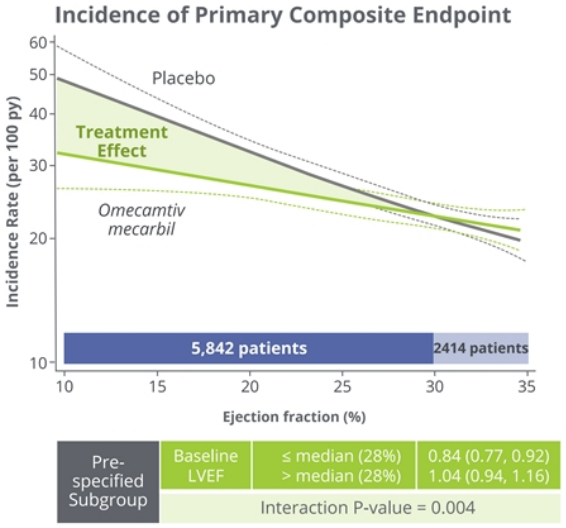
Time to first HF event or CV death

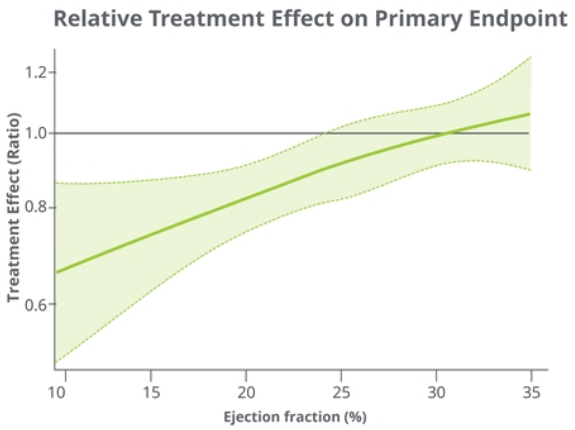
Omecamtiv mecarbil **is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Cytokinetics

Benefit Observed to Increase As Baseline LVEF Decreased

GALACTIC-HF






JACC

Pre-specified Subgroup	Baseline LVEF		
		≤ median (28%)	0.84 (0.77, 0.92)
		> median (28%)	1.04 (0.94, 1.16)
	Interaction P-value = 0.004		

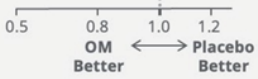
ARR = Absolute Risk Reduction. RRR = Relative Risk Reduction.
Teerlink JR., Diaz R., Felker GM., et al. Effect of Ejection Fraction on Clinical Outcomes in Patients treated with Omecamtiv Mecarbil in GALACTIC-HF. JACC. 2021
***Omecamtiv mecarbil* is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Cytokinetics

In Post-Hoc Analysis, Greater Benefit in Patients with Worsening HF

GALACTIC-HF

Subgroup	No. of Events/ No. of Patients	Hazard Ratio (95% CI)	Norm p-value	ARR
All Patients	3103/8232	0.92 (0.86, 0.99)	0.025	2.1%
LVEF ≤28%	**1821/4456**	**0.84 (0.77, 0.92)**	**<0.001**	**4.9%**
+ Inpatients	566/1152	0.86 (0.73, 1.02)	0.084	3.9%
+ Hosp <3 mos	1200/2688	0.83 (0.74, 0.93)	0.001	5.2%
+ Class III/IV	1055/2132	0.80 (0.71, 0.90)	<0.001	7.0%
+ NT-proBNP >2000	1249/2431	0.77 (0.69, 0.87)	<0.001	8.1%
+ SBP <110	843/1820	0.81 (0.70, 0.92)	0.002	7.4%



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

Cytokinetics

Safety Results in Low LVEF Subgroup Were Observed to Continue

GALACTIC-HF

Incidences of SAEs, ventricular arrhythmias, & cardiac ischemic events were similar

Incidence of stroke was lower with *omecamtiv mecarbil*

	Overall Population		LVEF ≤28%	
	Omecamtiv Mecarbil N=4110 %	Placebo N=4101 %	*Omecamtiv Mecarbil* N=2208 %	Placebo N=2236 %
Serious adverse events	57.7	59.4	58.8	61.9
Adverse events				
Ventricular tachyarrhythmia (narrow SMQ)	7.1	7.4	8.0	8.2
Torsade de pointes/QT prolongation (SMQ)	4.3	4.8	5.2	5.8
Serious adverse ventricular arrhythmia requiring Rx	2.9	3.1	3.4	3.6
Adjudicated major cardiac ischemic event	4.9	4.6	4.6	4.2
Myocardial infarction	3.0	2.9	3.0	2.9
Hospitalized for unstable angina	0.6	0.3	0.4	0.2
Coronary revascularization	2.8	2.9	2.6	2.5
Adjudicated stroke	1.6	2.8	2.1	2.6

GALACTIC-HF CSR Table 14.3.4.5.27

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Cytokinetics

Omecamtiv Mecarbil: Current Status

Received CRL from FDA

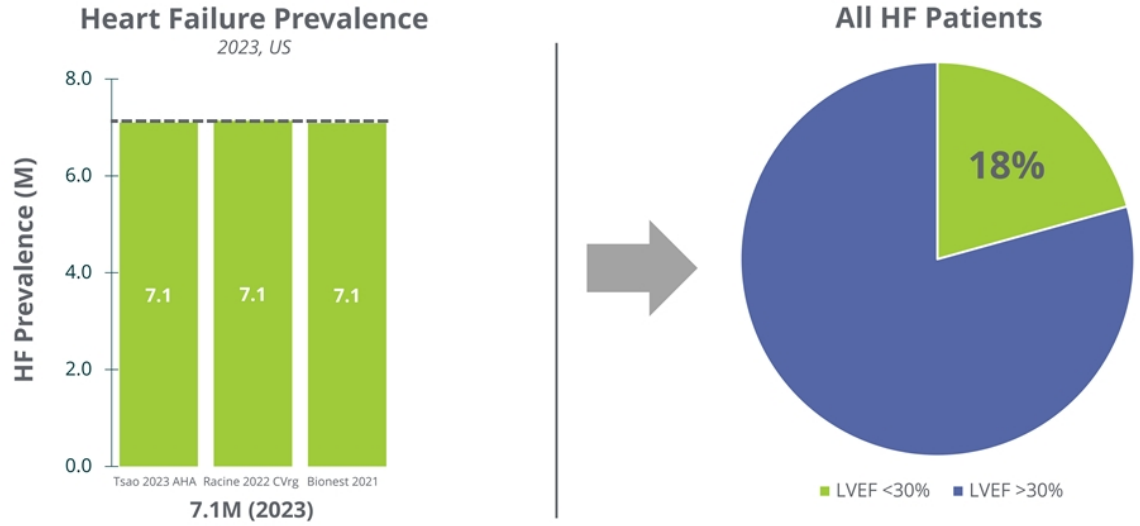
GALACTIC-HF not sufficiently persuasive to establish substantial evidence of effectiveness for reducing the risk of heart failure events and cardiovascular death in adults with chronic HFrEF

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

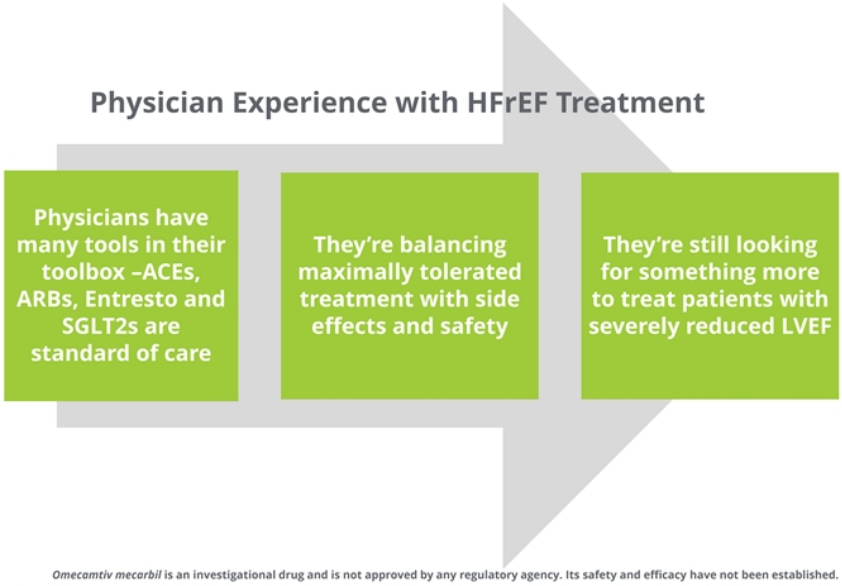
Omecamtiv mecarbil **is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Omecamtiv Mecarbil: HFrEF Epidemiology



Circ Heart Fail. 2012;5:720-726
REAL HFrEF Study 2021
Omecamtiv mecarbil **is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Omecamtiv Mecarbil: SOC Not Addressing Needs of Patients with EF <30%



Proposed Patient Type for *Omecamtiv Mecarbil*

- EF <30%
- Not responding to current treatment options, recently hospitalized
- Patients with renal insufficiency / hypotension / elevated NT-pro BNP
- Have contraindications limiting necessary SoC dose increases, e.g. low BP or renal dysfunction
- Higher NYHA grade

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

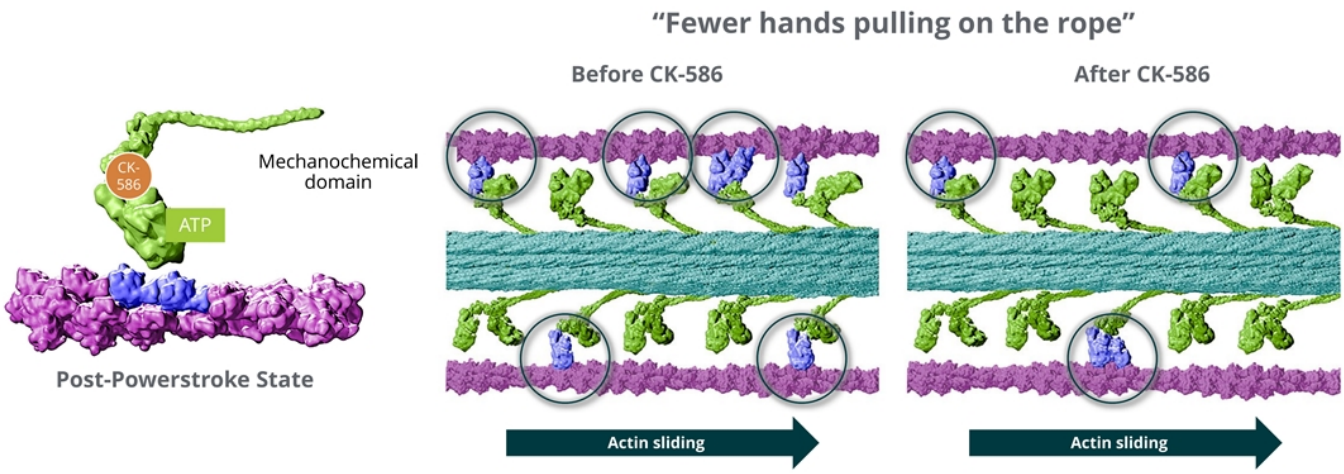
Cytokinetics

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.

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



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

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]

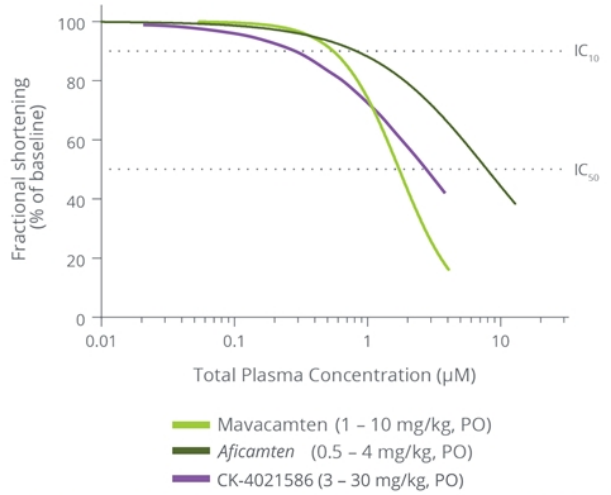
~84%

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.

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

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

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

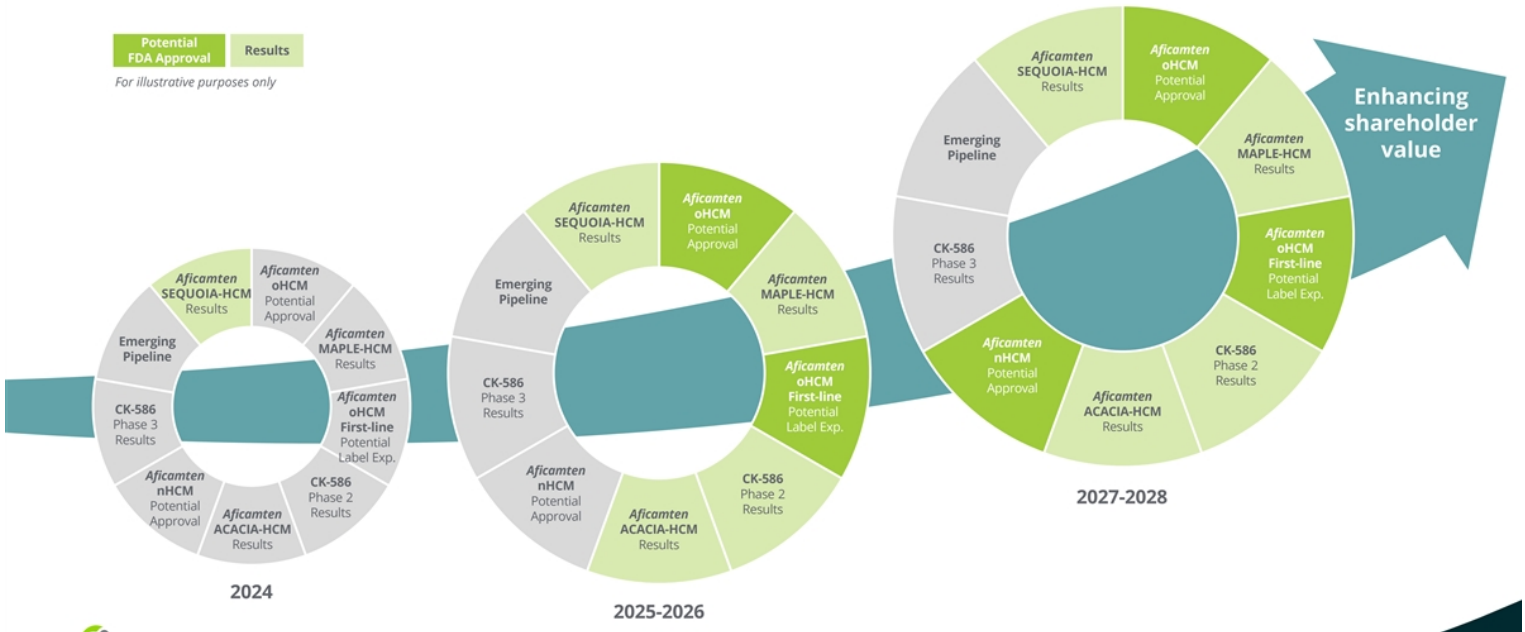
Key Findings

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

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

Corporate Profile

Myosin Platform Drives Multiple Data Milestones and Potential Approvals



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**

2024 Financial Guidance

- **GAAP Operating (R&D and G&A) Expense:** $535 to $555 million
- **Non-cash expenses included in GAAP Operating Expense**:** $115 to $105 million
- Operating Expense (R&D and G&A) excluding non-cash expenses $420 to $450 million
- Expected Net Cash Utilization***: $390 to $420 million

** Including up to $175M we expect to be available to us under our loan agreement with Royalty Pharma, upon satisfaction of conditions.*
***Non-cash expenses included in GAAP Operating Expenses are comprised of stock-based compensation and depreciation. Non-cash expense is a non-GAAP financial measure that should be considered as supplemental information regarding our operations and should not be considered without also considering our results prepared in accordance with U.S. GAAP. It should not be considered as a substitute for, or superior to, our U.S. GAAP results. We believe non-cash expenses is a relevant and useful operational measure as our management uses it to budget and plan for the business and also useful to investors because similar measures are used by securities analysts, investors and others in their evaluation of companies in similar industries. Non-cash expense as we present it may not be comparable with similarly titled operational measures used by other companies. Our expectations regarding non-cash expenses are based on information currently available to us, but are forward-looking statements subject to change.*
****We define "Net Cash Utilization" as change in cash, cash equivalents and investments year over year.*

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.

Cytokinetics®

thank you

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