

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): March 13, 2023

ORCHESTRA BIOMED HOLDINGS, INC.  
(Exact name of registrant as specified in its charter)

Delaware  
(State or other jurisdiction  
of incorporation)

001-39421  
(Commission File Number)

92-2038755  
(IRS Employer  
Identification No.)

150 Union Square Drive  
New Hope, Pennsylvania 18938  
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: (215) 862-5797

(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 \$0.0001 per share	OBIO	The Nasdaq Global Market

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 7.01. Regulation FD Disclosure.**

A copy of a slide presentation that Orchestra BioMed Holdings, Inc. (the “Company”) uses at investor and industry conferences and presentations is attached to this Current Report on Form 8-K (“Current Report”) as Exhibit 99.1 and is incorporated herein solely for purposes of this Item 7.01 disclosure. Additionally, the Company has posted the slide presentation on its website at <https://investors.orchestrabiomed.com> under the Investor Relations section.

The information in Item 7.01 of this Current Report, including Exhibit 99.1 attached hereto, is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of such section. The information in Item 7.01 of this Current Report, including Exhibit 99.1, shall not be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, regardless of any incorporation by reference language in any such filing.

**Item 8.01 Other Events.**

The Company considers its exposure to Silicon Valley Bank (“SVB”) as *de minimis*, given that less than one percent of its total cash, cash equivalents and marketable securities are held at SVB.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits.

<b>Exhibit Number</b>	<b>Description</b>
99.1	<a href="#">Investor Presentation.</a>

**SIGNATURES**

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

**ORCHESTRA BIOMED HOLDINGS, INC.**

By: /s/ David P. Hochman

Name: David P. Hochman

Title: Chief Executive Officer

Date: March 13, 2023



# Orchestra BioMed

Corporate Presentation  
Q1 2023

Bringing medical innovation to life



# Forward-Looking Statements

This presentation has been prepared for informational purposes only from information supplied by Orchestra BioMed Holdings, Inc., referred to herein as “we,” “our,” “Orchestra BioMed,” and “the Company,” and from third-party sources indicated herein. Such third-party information has not been independently verified. Orchestra BioMed makes no representation or warranty, expressed or implied, as to the accuracy or completeness of such information.

This presentation contains forward-looking statements within the meaning of the safe harbor provisions under The Private Securities Litigation Reform Act of 1995 and other federal securities laws, including, without limitation, statements relating to our expected financial runway, the potential safety and efficacy of our product candidates, the timing of our planned pivotal trials, expected market sizes for our product candidates, the ability of our partnerships to accelerate clinical development, and our estimated future financial performance and financial position. These statements are often identified by the use of words such as “anticipate,” “believe,” “can,” “continue,” “could,” “estimate,” “expect,” “intend,” “likely,” “may,” “might,” “objective,” “ongoing,” “plan,” “potential,” “predict,” “project,” “should,” “to be,” “will,” “would,” or the negative or plural of these words, or similar expressions or variations, although not all forward-looking statements contain these words. We cannot assure you that the events and circumstances reflected in the forward-looking statements will be achieved or occur and actual results could differ materially from those expressed or implied by these forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those identified herein, and those identified under the heading “Risk Factors—Risks Related to Orchestra’s Business and New Orchestra Following the Business Combination” in the definitive proxy statement/prospectus of Health Sciences Acquisitions Corporation 2 (Orchestra BioMed’s predecessor) filed with the U.S. Securities and Exchange Commission pursuant to Rule 424(b)(3) on December 16, 2022 and in our other filings with the SEC. These risks are not exhaustive. New risk factors emerge from time to time, and it is not possible for our management to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. In addition, statements that “we believe” and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date hereof and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain, and investors are cautioned not to unduly rely upon these statements. Except as required by law, we undertake no obligation to update any forward-looking statements to reflect events or circumstances after the date of such statements.

# Orchestra BioMed Executive Summary



**Partnership-enabled business model** designed to **accelerate innovation** to patients, drive strong partner and shareholder value and yield **exceptional future profitability**



**BackBeat CNT™** targets >\$10B annual hypertension markets  
*Firmware upgrade to existing pacemaker*

Statistically significant double-blind, randomized preliminary trial efficacy data  
*Plan to initiate pivotal trial H2 2023*

Strategic collaboration  
**Medtronic**  
*Double-digit revenue share*



**Virtue® SAB** targets >\$3B annual artery disease markets  
*Protected sirolimus delivery, non-coated balloon*

Strong 3-year multi-center preliminary trial safety and efficacy data  
*Plan to initiate pivotal trial H1 2023*

Strategic collaboration  
**TERUMO**  
*Double-digit revenue share*



**Strong balance sheet and outstanding investors**

**Medtronic**



**PERCEPTIVE  
ADVISORS**

**TERUMO**

# Orchestra BioMed's Partnership-enabled Model Benefits All



## **Development**

- Secure substantial long-term royalties
- Outsource commercialization
- Multiple pipeline opportunities

## **Shared Benefits**

- Improve patient lives
- Accelerate development
- Leverage expertise & resources

## **Strategic Partners**

### **Commercialization**

- Enable new growth opportunities
- Outsource development
- Minimize P&L dilution

# Highly Accomplished Executive Team & Board



**David Hochman**  
Chairman, CEO, Co-Founder



**Darren R. Sherman**  
President, COO, Director, Co-Founder



**Michael Kaswan**  
Chief Financial Officer



**Yuval Mika, Ph.D.**  
GM & CTO, Bioelectronic Therapies



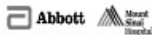
**George Papandreou, Ph.D.**  
GM & SVP, Focal Therapies



**Hans-Peter Stoll, M.D., Ph.D.**  
Chief Clinical Officer



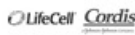
**Avi Fischer, M.D.**  
SVP, Medical Affairs & Innovation



**J.C. Simeon**  
SVP, Quality



**Inessa R. Wheeler**  
VP, Marketing



**Bob Laughner**  
VP, Regulatory Affairs



**Stephen A. Zielinski**  
VP, Product Dev., Bioelectronic Therapies



**Ziv Belsky**  
VP, Research, Bioelectronic Therapies



**Juan Lorenzo**  
VP, Product Dev., Focal Therapies



**Executive Team: >250 Years of Experience, ~25 Avg Industry Years, >100 Product Approvals & >600 Authored Patents**

**Jason Aryeh**  
Board Member



**Pamela Connealy**  
Board Member



**Eric S. Fain, M.D.**  
Board Member



**Eric A. Rose, M.D.**  
Board Member



**Geoffrey W. Smith**  
Board Member





# Advancing a High-Impact Pipeline

Product Platforms	Target Indications	Preclinical	Clinical Feasibility	Clinical Pivotal	Partner	Study Sponsor	Next Milestones & Expected Timing <sup>6</sup>
BackBeat Cardiac Neuromodulation Therapy (CNT™)	Hypertension (HTN) (pacing patients; HTN+P)				Medtronic		Global Pivotal Study Start H2 2023
	High-Risk HTN (non-pacing patients)				Medtronic ROFN		Will Seek to Leverage Data from HTN+P <sup>2</sup>
CNT - HF	Heart Failure						Acute Clinical Data 2023 Potential Chronic Study Start 2024
Virtue® Sirolimus Angioplasty Balloon (SAB)	Coronary In-Stent Restenosis (ISR)	FDA Breakthrough <sup>3</sup>					US Pivotal Study Start H1 2023 Japan Pivotal Study Start H1 2024
	Coronary Small Vessel (SV) <sup>1</sup>	FDA Breakthrough <sup>4</sup>					Japan Pivotal Study Start H1 2024 US Pivotal Study Start 2024
	Below-the-Knee (BTK) <sup>1</sup>	FDA Breakthrough <sup>5</sup>					Global BTK Study Start 2024/2025
SirolimusEFR™ / Microporous Balloon	Urethral Strictures & BPH Osteoarthritis						Preclinical Development Milestones 2023/2024

<sup>1</sup>Plan to leverage existing coronary ISR data to support potential Pivotal Study, although there have only been limited discussions with the FDA or a comparable foreign regulator in this regard. <sup>2</sup>Will seek to leverage data from HTN+P pilot and pivotal trials to support clinical and regulatory development for High-Risk HTN indication given that age and other demographic factors of the target population are expected to be similar, the type of hypertension treated will likely be isolated systolic hypertension which is predominant in the HTN+P population, and other co-morbidities are also expected to be common to both target populations. However, there have been no discussions with the FDA or a comparable foreign regulator in this regard. <sup>3</sup>Virtue SAB has received Breakthrough Device Designation for the balloon dilatation of the stenotic portion (up to 26 mm length) of a stented coronary artery (In-stent restenosis [ISR]) that is 2.25 to 4.0 mm in diameter, for the purpose of improving lumen diameter. <sup>4</sup>Virtue SAB has received Breakthrough Device Designation for the balloon dilatation of the stenotic portion (up to 26 mm in lesion length) of a native coronary artery of 2.0 mm to 2.5 mm in diameter (small coronary arteries), for the purpose of improving lumen diameter. <sup>5</sup>Virtue SAB has received Breakthrough Device Designation for the balloon dilatation of the stenotic portion (up to 18 mm length) of an infrapopliteal artery (P-3 segment or distal, below the knee, with reference vessel diameter [RVD] 2.25 - 4.0 mm), for the purpose of improving lumen diameter. All references to clinical study initiations for HTN+P, Coronary ISR and Coronary SV indications are based on ongoing interactions with US FDA regarding IDE approvals or Japan PMDA regarding CTN approvals, which are required to start clinical studies. With respect to BackBeat CNT for HTN, Orchestra and Medtronic have had initial interactions with the FDA regarding IDE approval and expect to continue interactions regarding clinical trial design and submission requirements ahead of submitting documentation for approval in the second half of 2023. A pre-CTN discussion with the PMDA is planned for December 2022 with submission for CTN approval anticipated in the second half of 2023. With respect to Virtue SAB for Coronary ISR, Orchestra has been working on IDE approval with the FDA under the breakthrough designation program to define all of the elements necessary for IDE approval and Orchestra expects to complete the agreed upon work and submit documentation for approval in Q1 of 2023. Orchestra and Terumo have had initial interactions with the PMDA and expect to submit for CTN approval for Coronary ISR and SV studies in the second half of 2023. FDA and PMDA responses are expected approximately 90 days following formal submissions; clinical study enrollment is expected to begin approximately 6-8 weeks after regulatory approvals; study enrollment timelines are currently estimated to be 12-18 months for all referenced studies although actual study enrollment timeframes may be longer; final primary endpoint results for all studies are at 12 months from enrollment with the exception of Japan Coronary ISR & SV studies, which are expected to be at 6 months from enrollment.



*BackBeat Cardiac  
Neuromodulation  
Therapy (CNT™)*



# BackBeat CNT™ Overview

## Opportunity

- **Hypertension is #1 comorbidity in pacemaker population affecting over 70% of patients<sup>1</sup>**
- Older population at **increased risk for major events** & challenges with drug compliance

## Innovation

- Bioelectronic therapy **designed to substantially & persistently lower blood pressure**
- **Compatible with standard pacemaker device** & leverages existing treatment paradigm
- **Compelling clinical data from double-blind randomized study:** significant 8.1 mmHg net reduction in 24-Hr aSBP at 6 months & 17.5 mmHg reduction in oSBP at 2 years<sup>2,3</sup>

## Collaboration with Medtronic

- Global pacemaker leader providing technology and development/clinical/regulatory support for Orchestra BioMed-sponsored global pivotal trial
- Following regulatory approval, Medtronic has exclusive global rights to commercialization in the pacemaker-indicated patient population with **double-digit revenue sharing for Orchestra BioMed** of BackBeat CNT-enabled pacemaker sales

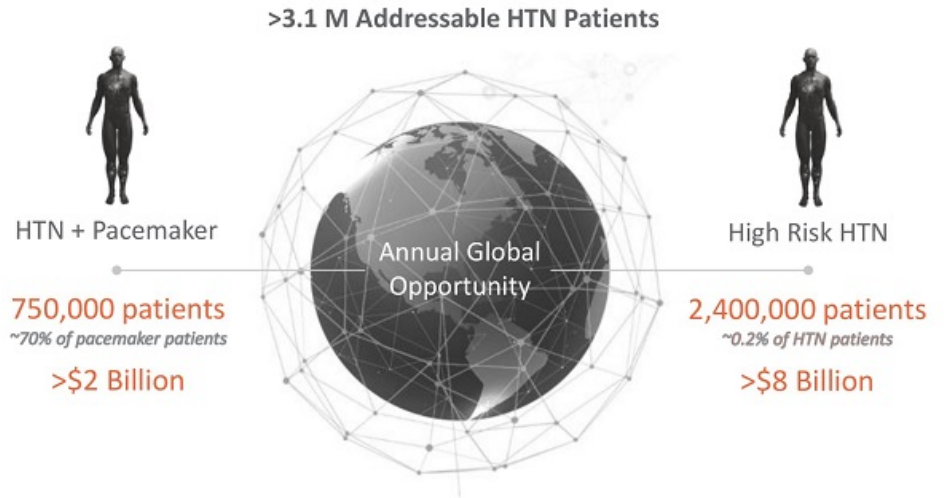


8 <sup>1</sup>Company estimates based on published sources, including National Inpatient Survey (NIS) and National Health and Nutrition Examination Survey (NHANES); <sup>2</sup>Kalaras et al. Journal of the American Heart Association. [ahajournals.org/doi/10.1161/JAHA.120.020492](https://doi.org/10.1161/JAHA.120.020492); <sup>3</sup>Burkhoff. MODERATO II Study 2-Year Results TCT 2021;. **Definitions:** Ambulatory Systolic Blood Pressure (aSBP) and Office Systolic Blood Pressure (oSBP)

# Large Global Opportunity for Treating Hypertension in Target Populations

**>\$10 Billion Potential Annual Global Market Opportunity\***

- HTN + Pacemaker**
- Over 70% of pacemaker patients have HTN<sup>1</sup>
  - Older, co-morbid population at increased risk of major events<sup>2</sup>
- High Risk HTN (Non-pacemaker)**
- Older patients with isolated systolic hypertension (ISH) and comorbidities

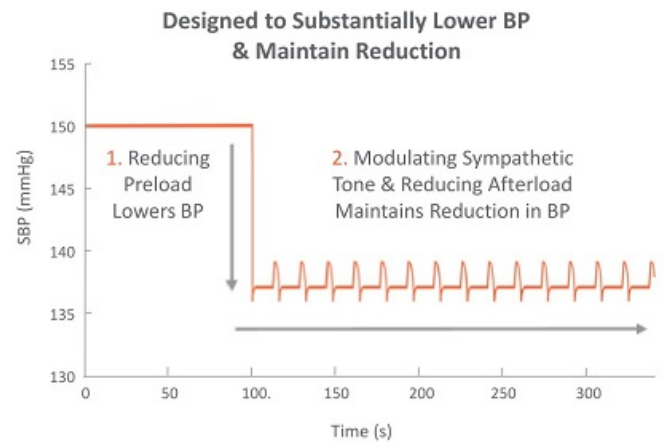


9 \*Total addressable market in 2025 based on company estimates; <sup>1</sup>Company estimates based on published sources, including National Inpatient Survey (NIS) and National Health and Nutrition Examination Survey (NHANES); <sup>2</sup>Known and well-characterized population, multiple references available; **Definition:** Hypertension (HTN)

# BackBeat CNT™

## *Designed to Substantially and Persistently Lower Blood Pressure*

- Bioelectronic therapy designed to leverage standard rhythm management device procedures (dual-chamber pacemaker)
  - Same implant procedure and lead positions
  - Large trained physician pool
  - Same target patient population
  - Leverageable existing reimbursement
- Mechanism of action
  - Designed to substantially reduce blood pressure by reducing preload through programmed pacing with short AV delays
  - Designed to maintain reduction by modulating sympathetic tone and reducing afterload through programmed variable pressure patterns



# MODERATO II Double-Blind, Randomized Results

BackBeat CNT™ showed encouraging results in MODERATO II, a prospective, multi-center, randomized, (BackBeat CNT + Medical Therapy vs. Continued Medical Therapy), double-blind, pilot study of pacemaker patients with persistent hypertension

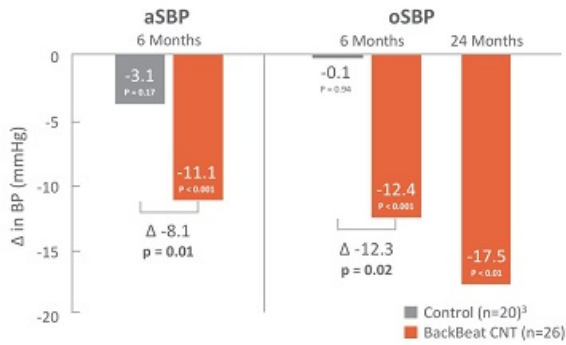
**-11.1 mmHg** in 24-Hour aSBP at 6 months

**-17.5 mmHg** in oSBP at 2 years

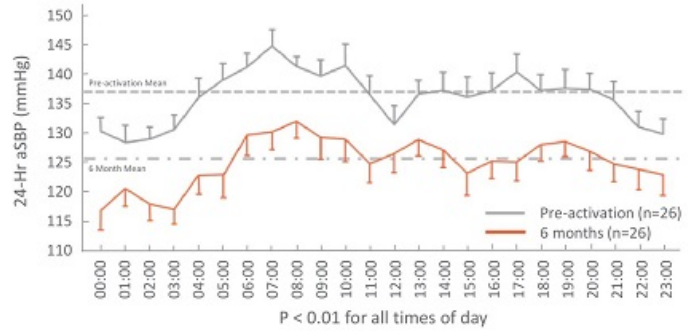
**0%** MACE vs. 9.5% in control group at 6 months

**85%** of patients with reduction in aSBP

## Significant Reduction in 24-Hr aSBP and oSBP<sup>1,2</sup>



## Significant Reduction in aSBP 24 Hours a Day



<sup>1</sup>Kalaras et al. Journal of the American Heart Association. 2021;10:e020492 [ahajournals.org/doi/10.1161/JAHA.120.020492](https://doi.org/10.1161/JAHA.120.020492); <sup>2</sup>Burkhoff MODERATO II Study 2-Year Results TCT 2021; <sup>3</sup>24-Hr aSBP Control (n=19), 1 control patient could not be measured despite repeat measurement (patient had extremely high blood pressure); **Definitions:** Major Adverse Cardiac Events (MACE) included death, heart failure, clinically significant arrhythmias (i.e., persistent or increased atrial fibrillation, serious ventricular arrhythmias), myocardial infarction, stroke and renal failure in treatment group calculated per patient, Office Systolic Blood Pressure (oSBP), Ambulatory Systolic Blood Pressure (aSBP)

# BackBeat CNT™ Medtronic Collaboration

## *Aligned with Global Market Leader in Pacemakers and Device-based Hypertension Treatment*

- Medtronic is the global leader in pacemakers
  - >\$1.5 billion annual pacemaker revenues<sup>1</sup>
- Key Terms: (Hypertension + Pacemaker population)
  - Orchestra BioMed drives and finances development as sponsor of global pivotal trial
  - Medtronic provides certain development/clinical/regulatory resources funded by Orchestra to support integration into a Medtronic pacemaker and execution of the pivotal trial
  - Medtronic has exclusive global rights for commercialization upon regulatory approval
  - Orchestra is expected to receive between \$500 and \$1,600 per BackBeat CNT enabled device sold based on a formula of the higher of (1) a fixed dollar amount per device (amount varies materially on a country-by-country basis) or (2) a percentage of sales.
  - BackBeat CNT enabled devices expected to be ***sold under existing reimbursement codes.***
  - Medtronic has a right of first negotiation to expand its global rights to BackBeat CNT for the treatment of HTN patients not indicated for a pacemaker
- \$50 million equity investment in Orchestra BioMed



# BackBeat CNT™ Pivotal Trial Design

## ***Current anticipated trial design:***

- Randomization of ~650-750 patients with uncontrolled HTN despite medical therapy who are indicated for a dual-chamber pacemaker
- Inclusion and exclusion criteria for enrollment in the BackBeat CNT Pivotal Study will be similar to the criteria used in the MODERATO II study
- Patients will be randomized 1:1 in a double-blinded manner to either active treatment with the BackBeat CNT-with continued antihypertensive drug treatment **or** to standard pacing-only with continued antihypertensive drug therapies
- Anticipated primary efficacy and safety endpoints:
  - **Efficacy endpoint:** Superiority of treatment as compared to control based on mean change in 24-hour aSBP at 3 months post randomization
  - **Safety endpoint:** Non-inferiority between the treatment and control groups comparing Major Adverse Cardiovascular Events (MACE) at 12 months post randomization
- Enroll patients across ~80 study sites planned for United States, Europe and, potentially, Japan



*Virtue<sup>®</sup> Sirolimus  
AngioInfusion<sup>™</sup>  
Balloon (SAB)*



# Virtue<sup>®</sup> SAB Overview

## Opportunity

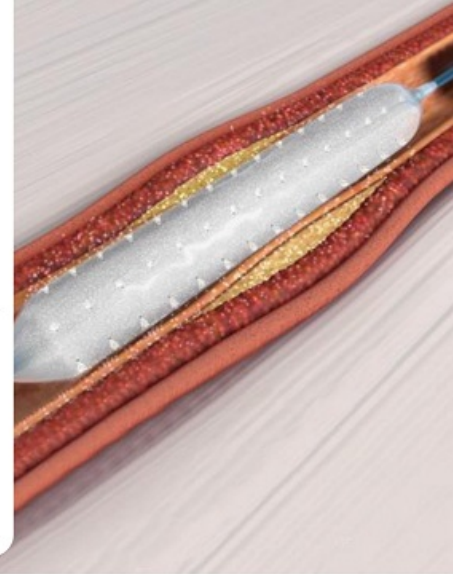
- Significant need for “leave nothing behind” treatment for coronary and peripheral indications representing an **>\$3B global market opportunity**<sup>1</sup>
- Drug-eluting stents (DES) carry risks of long-term restenosis and late thrombosis; require extended dual antiplatelet therapy; not effective/approved for select patients/lesions

## Innovation

- **Highly-differentiated, non-coated drug/device combination** product candidate designed to enable angioplasty with protected delivery of extended release sirolimus
- **Compelling clinical results in multi-center coronary ISR clinical trial** with 3-year follow-up<sup>2</sup>
- **FDA Breakthrough Device Designation** received for indications in coronary ISR<sup>3</sup>, coronary SV<sup>4</sup> and BTK<sup>5</sup>

## Partnership with TERUMO

- **Global commercial leader** with >\$2.5B annual interventional cardiology revenue responsible for commercializing **Virtue SAB as flagship therapeutic offering**
- Collaboration driving multi-indication pivotal trial program starting with coronary ISR
- **Orchestra BioMed to receive double-digit royalties and per unit drug payments**



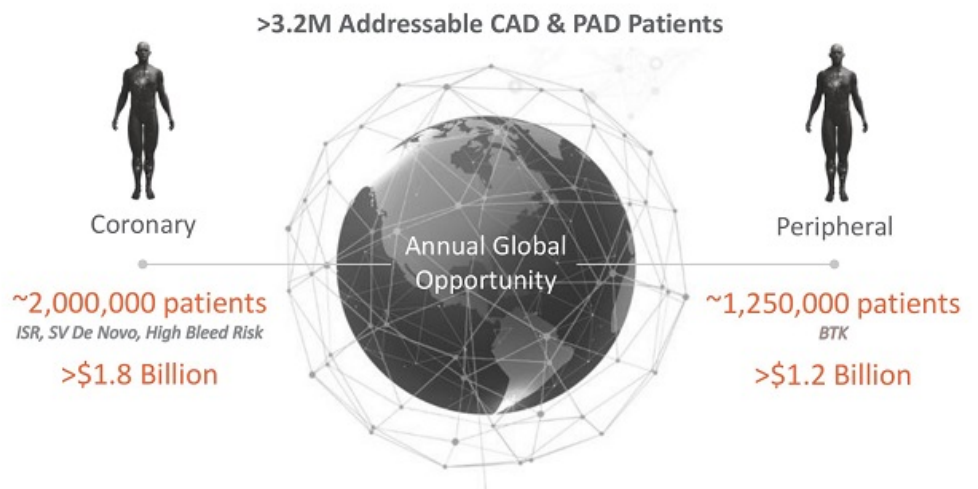
<sup>1</sup>Total addressable market is 2025 market data based on company estimates; <sup>2</sup>von Birgelen et al. JACC Vol. 59, No. 15, 2012 April 10, 2012:1350-61; Virtue SAB has received Breakthrough Device Designation for; <sup>3</sup>The balloon dilatation of the stenotic portion (up to 26 mm length) of a stented coronary artery (in-stent restenosis (ISR)) that is 2.25 to 4.0 mm in diameter, for the purpose of improving lumen diameter; <sup>4</sup>The balloon dilatation of the de novo stenotic portion (up to 26mm in lesion length) of a native coronary artery of 2.0 mm to 2.5 mm in diameter (small coronary arteries), for the purpose of improving lumen diameter; <sup>5</sup>The balloon dilatation of the stenotic portion (up to 18 mm length) of an infrapopliteal artery (P-3 segment or distal, below the knee, with reference vessel diameter (RVD) 2.25 - 4.0 mm), for the purpose of improving lumen diameter.

Orchestra  
BioMed

# Large Opportunity for Leave Nothing Behind Solution

**>\$3 Billion Annual Global CAD & PAD Market Opportunity\***

- Artery disease is the primary cause of death worldwide
- Large mature market with significant unmet need
  - Suboptimal treatments for coronary ISR, coronary SV *de novo* and BTK
- Designed to leverage existing treatment paradigm & established technologies: sirolimus and balloon angioplasty



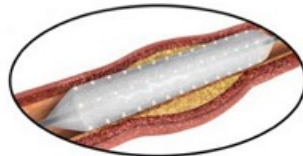
## Designed to Enable Angioplasty with Protected Sirolimus Delivery while Leaving No Metal Behind

**AngioInfusion™ Balloon** designed to enable angioplasty with protected drug delivery to dilate vessel, to consistently deliver intended dose and to leave no metal behind



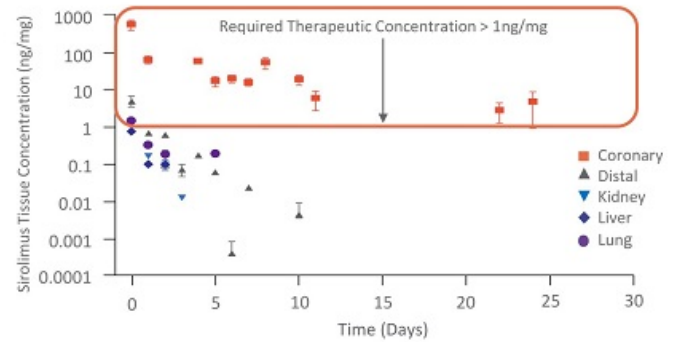
### Protected Delivery/No Drug Coating

- No drug loss in transit
- No time limits on delivery
- No drug coating particulates



*Inflated to deliver dose through micropores*

**SirolimusEFR™ Formulation** provided extended focal release of therapeutic levels of sirolimus through critical healing period ( $\approx 30$  days)<sup>1</sup>



N = 753 porcine coronary artery segments

Lung, liver & kidney below level of assay quantification (0.1 ng/mg) in <1 week

# Compelling SABRE Trial Results in Coronary ISR Patients

Virtue® SAB preliminarily demonstrated encouraging safety and efficacy results in patients with coronary in-stent restenosis (ISR) in prospective, multi-center SABRE Trial<sup>1</sup>

**0.12mm** LLL at 6-months

**2.8%** Target Lesion Failure at 1 year

**0%** New TLR between 1 to 3 years

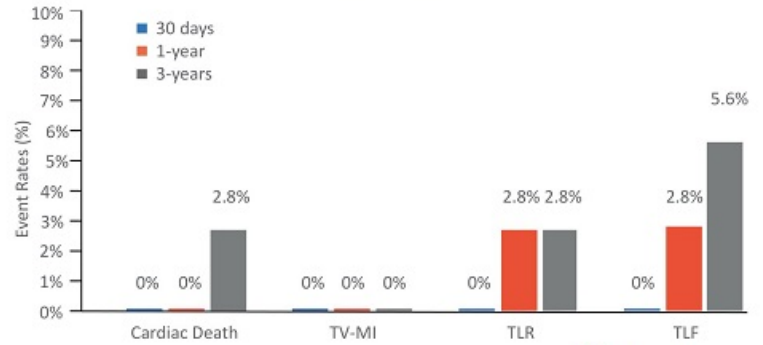
## Preliminary Efficacy Results Showed Low 0.12mm Late Loss

	Per Protocol <sup>4</sup>
n	36
Reference Vessel Diameter (RVD) mm <sup>1</sup>	2.52 ± 0.32
Minimum Lumen Diameter (MLD) mm	1.96 ± 0.32
% Diameter Stenosis	22.3 ± 9.4
Change in % Diameter Stenosis	5.2 ± 11.4
Late Lumen Loss (LLL) mm <sup>2</sup>	0.12 ± 0.33
Binary Restenosis <sup>3</sup>	2.8%

<sup>1</sup>RVD reported using Internormal values; <sup>2</sup>Trial primary performance endpoint; <sup>3</sup>Trial secondary performance endpoint (binary restenosis = >50% lumen diameter stenosis). <sup>4</sup>Data is based on per protocol population criteria revised to be consistent with proposed Virtue ISR-US pivotal study population.

18 <sup>1</sup>Verheye et al. JACC Cardiovasc Interv 2017 Oct 23;10(20):2029-2037. DOI: 10.1016/j.jcin.2017.06.021. <sup>2</sup>Granada 3-Year Clinical Results TCT 2018. 3-Year SABRE Trial Clinical Report on file. **Definitions:** Target lesion failure (TLF), late lumen loss (LLL), target lesion revascularization (TLR) and Myocardial Infarction (MI).

## Preliminarily Demonstrated Safety with Low Event Rates Out to 3 Years<sup>2</sup>



**Orchestra**  
BioMed™

# Virtue® SAB Terumo Partnership

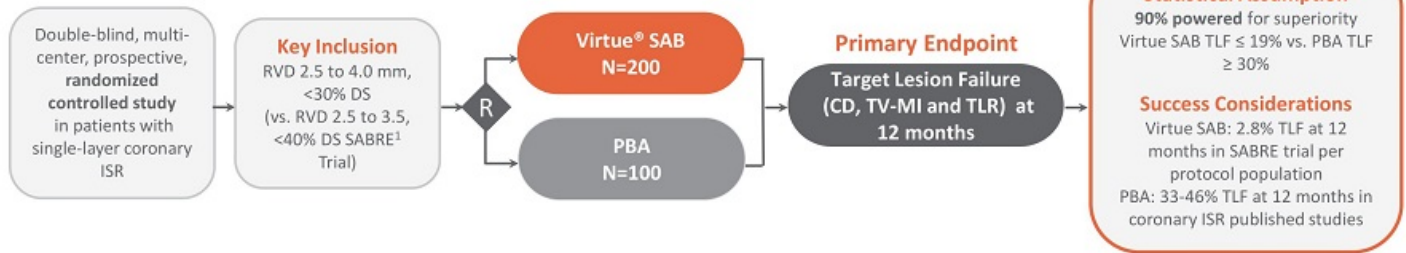
## *Multinational Market Leader Provides Global Commercial Reach and Long-Term Alignment*

- Terumo is a global leader with >\$2.5 billion annual interventional cardiology revenues<sup>1</sup>
- Virtue SAB positioned to become Terumo's **flagship** therapeutic offering with potential to drive significant future growth
- Key Terms:
  - \$30 million upfront and potential future clinical and regulatory milestones
  - \$5 million equity investment in Orchestra BioMed
  - Terumo responsible for clinical and regulatory expenses, excluding Virtue ISR-US study which Orchestra BioMed is sponsoring
  - Terumo responsible for device supply chain and commercialization expenses
  - Orchestra BioMed receives 10-15% royalty PLUS per unit payments for SirolimusEFR™ as exclusive supplier
  - Orchestra BioMed retains rights to Virtue SAB in all clinical applications outside of vascular indications

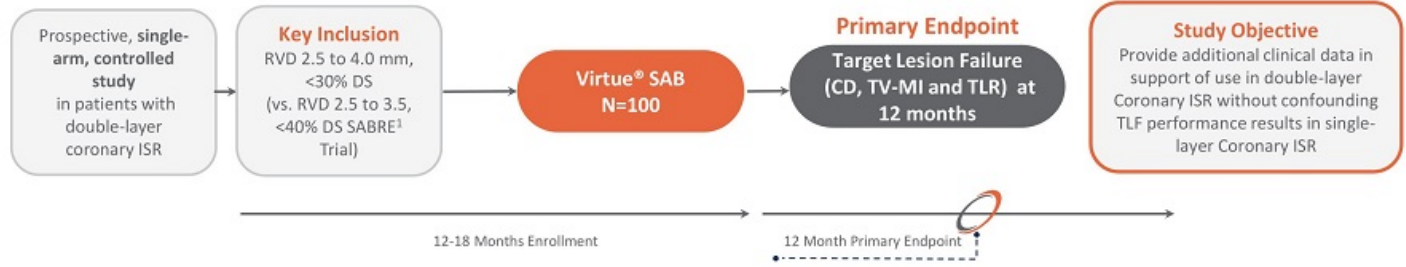


# Virtue<sup>®</sup> SAB – Coronary ISR US Pivotal Trial

## Randomized Study Arm to Support Regulatory Approval: Single-Layer Coronary ISR



## Non-Randomized Study Arm: Double-Layer Coronary ISR



# 2023 - Anticipated Milestones



H1 2023

## Virtue SAB – Coronary ISR

- Virtue ISR-US FDA IDE Approval
- 1st Pt. Enrollment



H2 2023

## BackBeat CNT – HTN + Pacemaker

- FDA IDE Approval
- 1<sup>st</sup> Pt. Enrollment

## CNT-HF

- Acute Clinical Results

## Virtue SAB – Coronary ISR

- Japan PMDA CTN Approval<sup>1</sup>

## Virtue SAB – Coronary SV

- Japan PMDA CTN Approval<sup>1</sup>

## SirolimusEFR

- Preclinical Feasibility Results<sup>2</sup>

- BackBeat CNT / CNT-HF
- Virtue SAB
- SirolimusEFR



# Bringing Medical Innovations to Life Through Partnerships



## Partnership-Enabled Business Model & Accomplished Leadership Team

- Designed to accelerate innovation to patients, enable pipeline expansion and drive strong partner and shareholder value
- Highly experienced team with proven track record of innovation and execution

## Two Programs Targeting Large Markets Supported by Promising Trial Data Entering Pivotal Trials

- **BackBeat CNT™**
  - >\$10 billion annual market
  - Randomized, controlled study shows efficacy potential
  - Collaboration with **Medtronic**
- **Virtue® SAB**
  - ~\$3 billion annual market
  - 3-year pilot study results show potential safety & efficacy
  - Partnered with **TERUMO**

## Strong Balance Sheet and Committed Strategic and Financial Investors

**Medtronic**



# *Partnership-Enabled Business Model*



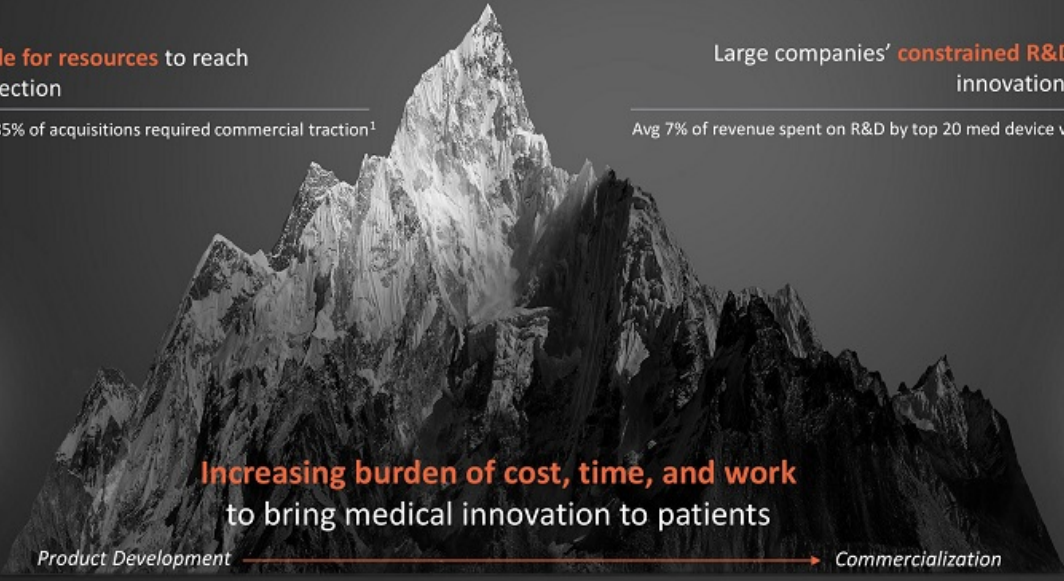
# Significant Barriers Prevent Innovation From Reaching Patients

Startups often **struggle for resources** to reach commercial value inflection

Avg \$60M funding needed, 85% of acquisitions required commercial traction<sup>1</sup>

Large companies' **constrained R&D budgets** limit innovation & acquisitions

Avg 7% of revenue spent on R&D by top 20 med device vs. 20% in pharma<sup>2,3</sup>



**Increasing burden of cost, time, and work**  
to bring medical innovation to patients

Product Development

Commercialization

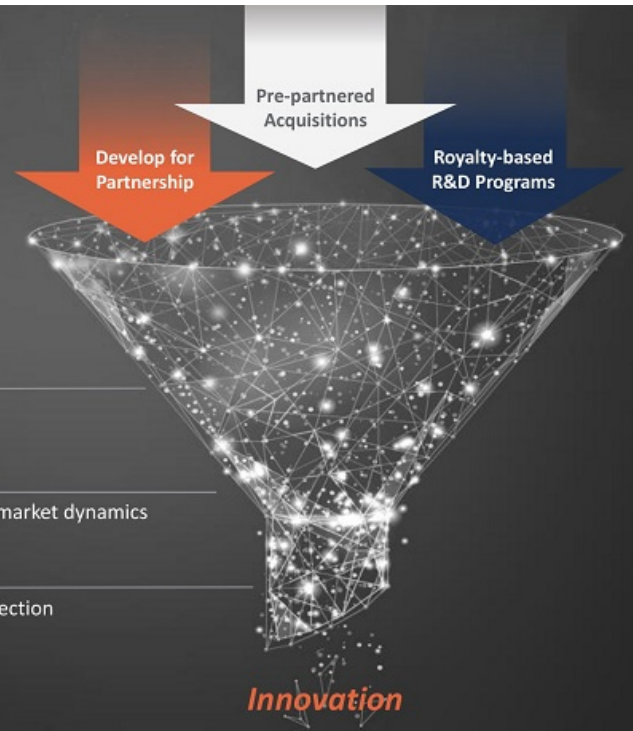
# Orchestra BioMed Can Accelerate Innovation to Patients



*Risk-Reward Sharing **Partnerships**  
Can Overcome the Barriers to Innovation*



# Selecting Optimal Opportunities



## Key Pipeline Criteria

### Large Market with Unmet Needs

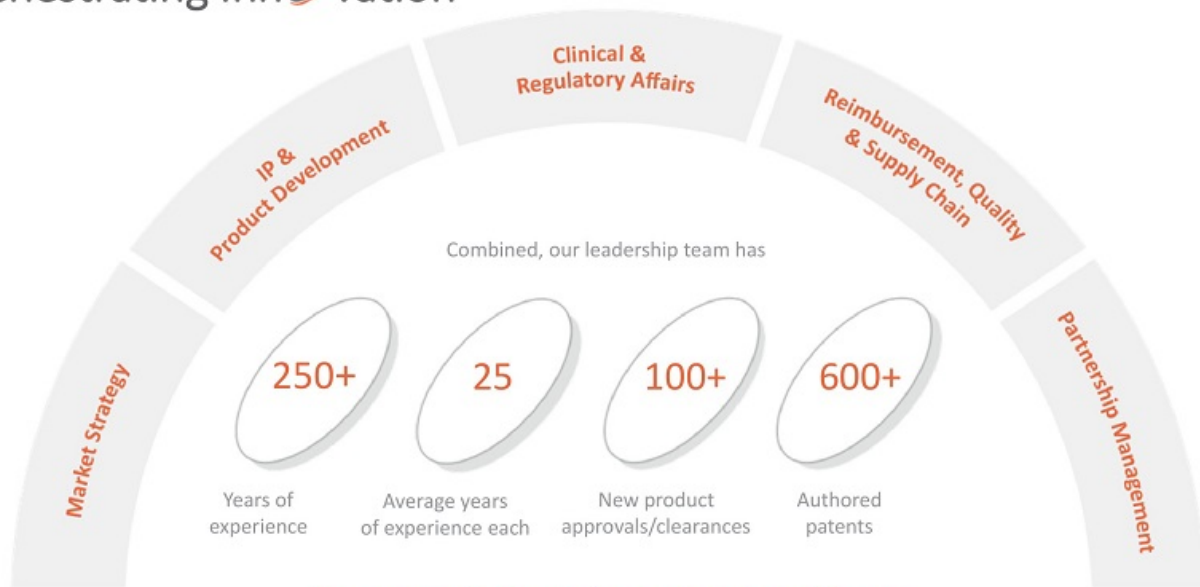
Large market, significant unmet needs, established distribution channels

### Potential for High Impact

Designed to improve standard of care, fit existing treatment paradigm, disrupt market dynamics

### Favorable for Partnering

Significant differentiation, attractive economics for partnership, durable IP protection



## Accomplished Leadership Team

*Created Pipeline, Pioneered Business Model and Established Partnerships*