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Interim report January–March 2023

AlzeCure® is a Swedish pharmaceutical company that develops new innovative small molecule drug therapies for the treatment of severe diseases and conditions that affect the central nervous system, such as Alzheimer's disease and pain – indications for which currently available treatment is very limited. The company is listed on Nasdaq First North Premier Growth Market and is developing several parallel drug candidates based on three research platforms: NeuroRestore®, Alzstatin® and Painless.

NeuroRestore consists of two symptomatic drug candidates where the unique mechanism of action allows multiple indications, including Alzheimer's disease, as well as cognitive disorders associated with traumatic brain injury, sleep apnea and Parkinson's disease.

The **Alzstatin** platform focuses on developing disease-modifying and preventive drug candidates for early treatment of Alzheimer's disease and comprises two candidates.

Painless is the company's research platform in the field of pain and contains two projects: ACD440, which is a drug candidate in the clinical development phase for the treatment of neuropathic pain, and TrkA-NAM, which targets severe pain in other conditions such as osteoarthritis. AlzeCure® aims to pursue its own projects through preclinical research and development to an early clinical phase and is continually working on business development to find suitable solutions for outlicensing to other pharmaceutical companies.

FNCA Sweden AB is the company's Certified Adviser.

For more information, please visit www.alzecurepharma.com.

AlzeCure

Financial information

January–March 2023

Figures in parentheses refer to the corresponding period of the previous year.

- Net sales during the period totaled SEK 0 thousand (0).
- Loss for the period totaled SEK -9,545 thousand (-12,646).
- Earnings per share, basic, totaled SEK -0.15 (-0.33).
- Cash flow from operating activities totaled SEK 28,095 thousand (-57,401).
- Total assets at the end of the period amounted to SEK 57,974 thousand (75,561).
- Cash and cash equivalents at the end of the period totaled SEK 53,718 thousand (25,683).

Significant events

January–March 2023

- In January, the company chose a Candidate Drug (CD) and initiated the preclinical development phase with the company's preventive and disease-modifying drug candidate Alzstatin ACD680.
- In January, the last patient was included in the ongoing Phase II clinical trial with the leading non-opioid drug candidate in the Painless platform, ACD440, which is being developed to treat peripheral neuropathic pain.
- The company announces on March 13 that the last patient has completed treatment in the above clinical trial with ACD440.

Significant events after the end of the period

- On April 17, the company announced that its Annual General Meeting will convene on May 17, 2023.

A word from the CEO

The first quarter of 2023 was very active and eventful for AlzeCure. For example, we completed the clinical part of our Phase II trial with ACD440 for neuropathic pain and we are now processing and analyzing data from the study with the aim of reporting the results in the summer of 2023. In addition, we selected a new complementary molecule as Candidate Drug in our Alzstatin Alzheimer's project, and we have now initiated preclinical safety testing. We also presented new study data for both Alzstatin and NeuroRestore at the international ADPD Alzheimer's & Parkinson's Diseases Conference. It is gratifying to see that we are keeping up the pace as we continue to meet our set goals.

Development in AlzeCure's pain platform Painless, with the ACD440 and TrkA-NAM projects, is continuing according to plan. During the first quarter, we completed the clinical portion of the Phase II clinical trial with ACD440 for peripheral neuropathic pain, which means that all patients are now included and fully treated. We are now collecting, compiling and processing data with the aim of presenting the results of the study as planned during the summer. ACD440 is a TRPV1 antagonist for topical use aimed at treating peripheral neuropathic pain based on discoveries that garnered the 2021 Nobel Prize in physiology or medicine. The groundbreaking discovery of TRPV1 and its link to pain signaling is of great significance and we have used it in our ACD440 clinical development program. Our second pain project, TrkA-NAM, which focuses on arthritis of the knee, also continues to make good progress. Even though the project is in the early stages, it has drawn the attention of several external parties with whom we have regular contact.

At the end of March, we presented positive new data for ACD856, our leading drug candidate in Alzheimer's and cognition, at the world-leading Alzheimer's conference ADPD in Gothenburg. ACD856 is part of our NeuroRestore platform, which includes a new generation of symptom-relieving drug candidates for conditions where learning and memory are impaired, such as Alzheimer's disease. Recent preclinical data showed that ACD856 could also potentially have a disease-modifying effect. The new preclinical results further support the potential neuroprotective, long term plasticity effect of NeuroRestore, which is extremely promising for continued development within the platform. Taken together, this could indicate that these compounds also have a disease-modifying effect, i.e. they can slow down the progression of the disease. In previously completed Phase I clinical trials (SAD and MAD) of ACD856, the compound showed good safety and tolerability, and was also shown to stimulate neuronal pathways in the brain relevant for treatment of cognition and depression.

At the ADPD Congress, we also presented new positive data in our Alzstatin platform, which aims to develop a preventive and disease-modifying treatment in tablet form for Alzheimer's disease. Among other things, Alzstatin reduces the production of the harmful amyloid-beta-42 protein that generates plaques in the brain. The data published at the ADPD congress were produced in collaboration with Professor Henrik Zetterberg and colleagues and relates to ACD860. Alzstatin is a gamma-secretase modulator (GSM), a potentially new class of Alzheimer's drugs that is receiving growing attention, and there was strong interest at the ADPD meeting. ACD680 is our new supplementary Candidate Drug that offers patent advantages, which has been in the preclinical development phase since January this year. Data showed that ACD680 can reduce harmful amyloid-beta-42 production by over 50 percent, which is significant. In addition to being a preventive treatment against developing Alzheimer's, Alzstatin could also be used as an adjunct or maintenance treatment to reduce the need for long-term antibody treatment.

Martin Jönsson, CEO

It is particularly gratifying that we could present new data from the NeuroRestore and Alzstatin projects at a time when we see strongly growing interest in Alzheimer's. We have also noted positive new high-profile results from amyloid antibody therapies in 2022, as well as lecanemab receiving accelerated approval from the FDA in the first quarter of 2023. The results for this type of antibody drug are extremely important for the entire Alzheimer's field and validate the "amyloid hypothesis," on which AlzeCure's Alzstatin research platform is also based. The results for lecanemab are promising, but the size of the treatment effect indicates that there will be a need for additional alternative and complementary therapies, such as Alzstatin and NeuroRestore.

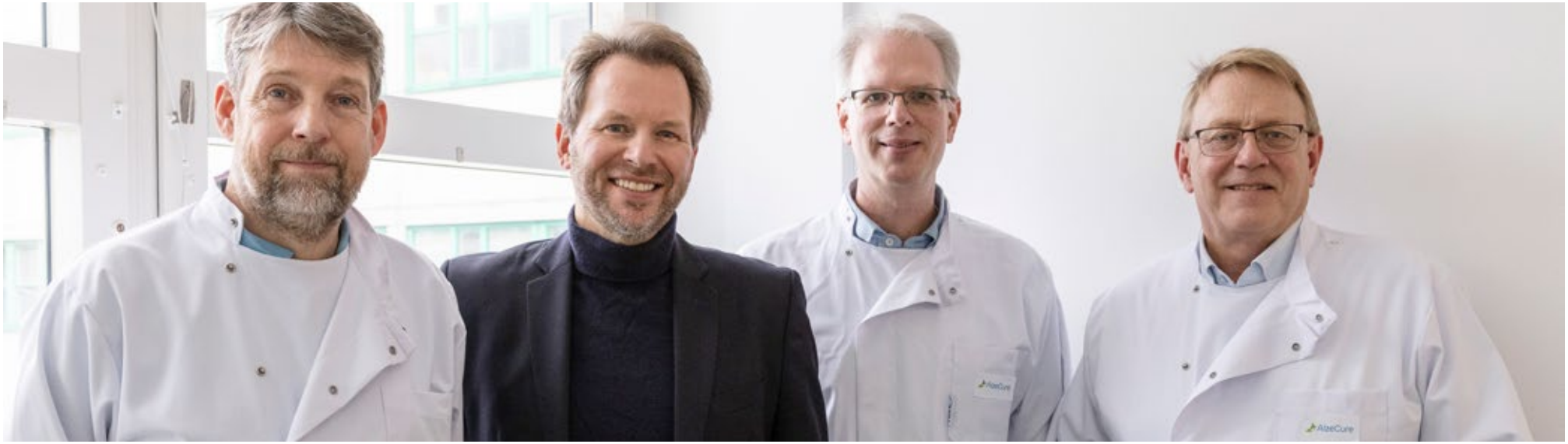
We continue to have a strong focus on marketing communications and actively participate in various meetings and congresses presenting AlzeCure and our research to investors and potential partners. In addition to ADPD 2023, we also participated in the JP Morgan days event in San Francisco in January and the BioEurope Spring partnering congress in Switzerland in March. We are encountering growing interest from both private and institutional investors, as well as from pharmaceutical companies and other stakeholders that may be interested in investing in or in-licensing our development projects, or alternatively in entering into a partnership.

With a successful 2022 behind us during which we reached the significant milestone of becoming a Phase II company, an active and productive first quarter of 2023, along with growing interest in both our research and the Alzheimer's field as a whole, I look forward to continuing to develop AlzeCure together with our talented and ambitious employees and partners.

Stockholm, May 2023

Martin Jönsson

> "The first quarter of 2023 was very active and eventful for AlzeCure. It is gratifying to see that we are keeping up the pace as we continue to meet our set goals.
>
> Martin Jönsson, CEO



Project portfolio

AlzeCure works with several research platforms:
NeuroRestore® and Alzstatin® – with a focus on Alzheimer's disease, where the leading candidate ACD856 is in clinical development phase.
Painless – focuses on pain treatment and contains two projects: ACD440 in clinical development phase and TrkA-NAM in research phase.

There are several small-molecule drug candidates in the various platforms: two in NeuroRestore and two in Alzstatin. There are also two projects in the Painless platform. A diversified drug portfolio paves the way for other indications, such as cognitive disorders associated with Alzheimer's, traumatic brain injury, sleep disturbances and Parkinson's disease, as well as for severe pain in conditions such as neuropathy and osteoarthritis.

- The NeuroRestore platform is developing a new generation of symptom-relieving drugs for the treatment of illnesses with cognitive disorders, such as Alzheimer's disease. The target mechanism also has other potential indications, including depression and cognitive disorders in Parkinson's disease, traumatic brain injury and sleep disorders. The leading drug candidate in the project, ACD856, is in clinical development phase.
- Innovative disease-modifying and preventive oral drugs for Alzheimer's disease are under development within the Alzstatin platform. They are intended to enable simple administration of the drug and be more cost-effective. The two Alzstatin projects are in the preclinical development phase.
- The Painless platform includes two projects: TrkA-NAM and ACD440, which both focus on severe pain conditions.
  - The drug candidate ACD440 was in-licensed in January 2020 and affects a specific biological mechanism; the 2021 Nobel Prize in Physiology or Medicine was awarded for the discovery of this mechanism. The compound is being developed for the treatment of neuropathic pain, a field with great unmet medical need. The project is currently in the clinical development phase.
  - The TrkA-NAM project is aimed at treating other severe pain caused by disorders such as osteoarthritis, which today lacks sufficiently effective treatment. The project is currently in the research phase.

AlzeCure's project portfolio[1]

Platform	Candidate	Indication	Research phase	Preclinical phase	Phase I	Phase II	Phase III
NeuroRestore	ACD856	Alzheimer's disease Sleep disorders/ Traumatic brain injury Parkinson's disease					
	ACD857	Alzheimer's disease					
Alzstatin	ACD679	Alzheimer's disease					
	ACD680	Alzheimer's disease					
Painless	ACD440	Neuropathic pain					
	TrkA-NAM	Osteoarthritis pain					

In progress Completed

1) For definitions of the phases, please see the AlzeCure Pharma website, www.alzecurepharma.com, Status as of April 6, 2023.

Project development

AlzeCure works with research and development of innovative and effective new small molecule drugs for treatment of diseases that affect the nervous system and the brain, with a focus on Alzheimer's disease and pain. The need for new treatments for these severe illnesses is great; for example, disease-modifying therapy for Alzheimer's is expected to be able to generate more than USD 15 billion* in annual sales.

The company is simultaneously developing four drug candidates based on the two research platforms NeuroRestore and Alzstatin, along with two projects within the Painless platform – TrkA-NAM and ACD440.

A diversified portfolio of drug candidates paves the way for other indications, such as cognitive disorders associated with traumatic brain injury, Parkinson's disease and sleep disorders. With its broad portfolio of assets, the company maximizes shareholder value by working in multiple indication areas where there is scientific support for the biological target mechanisms.

Neurology

Within NeuroRestore, a new generation of symptomatic drugs is being developed for the treatment of cognitive dysfunction (memory disorders) in Alzheimer's disease. The company initiated the first clinical trial with the primary drug candidate in NeuroRestore, ACD856, in late 2019. The study was completed on schedule in the second quarter of 2020. The results showed that ACD856 was well-suited for further clinical development, which led to the initiation of subsequent clinical trials, the SAD-study, according to plans in the end of 2020. In the third quarter of 2021 the MAD study was also initiated and both of these studies, which are part of the phase I program for the drug candidate, have had the primary purpose of assessing safety and tolerability in humans. The MAD study, which was concluded according to plan in June 2022, showed that ACD856 has a good safety and tolerability profile in humans. Moreover, the results showed that the compound demonstrated good pharmacokinetic properties with rapid uptake in the body. In addition, ACD856 easily crosses the blood-brain barrier and can be measured in the spinal fluid; these important data support further clinical development work. Moreover, in September 2022 the company reported new EEG results from a planned exploratory analysis in the MAD study, which showed that ACD856 not only reaches the CNS, but also activates neuronal pathways in the brain, of relevance to both cognition and depression. ACD857 is in the research phase and also has the primary indication of cognitive dysfunction/Alzheimer's disease.

New preclinical data within the NeuroRestore platform have also shown potential disease-modifying properties in this class of compounds. For example, ACD856 has been observed to have a positive effect on mitochondrial function, which is disrupted in neurodegenerative diseases such as Alzheimer's. Further studies have also demonstrated the neuroprotective, regenerative and long-term effects of the compound. Moreover, data show that ACD856 increases the quantity of a specific protein that plays a key role in communication between nerve cells, which is severely affected in the disease. These important data, which highlight the potential of NeuroRestore as both a memory-improving and disease-modifying treatment, have been presented at a number of scientific conferences during the year – most recently at the major international ADPD Alzheimer's and Parkinson's congress in late March 2023.

AlzeCure's disease-modifying research platform for Alzheimer's disease, Alzstatin, focuses specifically on reducing the production of toxic amyloid beta (Aβ42) in the brain. Aβ plays a key pathological role in Alzheimer's disease and begins to accumulate in the brain years before clear symptoms develop.

The target mechanism in Alzstatin is confirmed by previously reported study results, which we believe validate the amyloid hypothesis and thus Alzstatin's focus. The small-molecule compounds in the Alzstatin platform simultaneously demonstrate several key properties that distinguish them from antibody

1 **NeuroRestore® – the platform is developing a new generation of symptomatic drugs for the treatment of illnesses with cognitive disorders, such as Alzheimer's disease.**

2 **Alzstatin® – the platform develops innovative disease-modifying and preventive drugs for Alzheimer's disease.**

3 **Painless – two projects: TrkA-NAM and ACD440, which both focus on severe pain.**

> "Diagnostics and biomarkers within the field of Alzheimer's are active fields of research, where key advances made in recent years have been of great importance for diagnostics, as well as for evaluating new drug candidates."
>
> Henrik Zetterberg, professor at Sahlgrenska University and partner in AlzeCure's Alzstatin GSM project.

* Source: Asher Mullard, Nature, June 8, 2021; Landmark Alzheimer's drug Approval.

treatments; for example, they can be taken as tablets, they easily cross the blood-brain barrier and they can be produced more cost-effectively.

The leading drug candidate within Alzstatin, ACD679, is in preclinical phase and alongside this work, the development of an additional drug candidate is in progress to ensure that the company has the best compound for clinical studies. This substance, ACD680, also entered the preclinical development phase in early January 2023. The drug candidate comes from a newly developed series of molecules that are expected to be advantageous from a patent perspective. New positive preclinical data on ACD680 were presented at the ADPD Alzheimer's and Parkinson's congress in late March 2023, in which the compound showed reductions of toxic Aβ42 by over 50% and good pharmacokinetic properties in vivo.

Pain

The Painless platform contains two projects aimed at developing new treatments for pain. Both projects involve non-opiates, which is important to emphasize, because of the inherent risk associated with opiates for abuse, overdose and secondary injuries – which has led to avoidance of opiates as first-line treatment for pain. Despite this treatment problem they are still frequently used, for which reason the need for new non-opiate treatments is great.

In January 2020, a drug candidate in the clinical development phase aimed at treating neuropathic pain, ACD440, was in-licensed. This project is an important strategic in-licensing that strengthens the company's current clinical portfolio. The ACD440 project has its origins in Big Pharma and is based on strong scientific grounds. The 2021 Nobel Prize in Physiology or Medicine was awarded for the discovery of and insights into TRPV1, the biological system that serves as the basis for ACD440 and is central to temperature regulation and pain. The compound that is being developed as a gel for topical treatment has previously undergone clinical trials, but at that time as oral treatment. As planned, AlzeCure initiated a Phase Ib clinical trial of the drug candidate in late 2020, which was completed in April 2021 and showed positive proof-of-mechanism results, i.e. an analgesic effect in humans. The efficacy of ACD440 was clearly significant compared with placebo. The compound was also well tolerated as a topical gel on the skin, indicating good suitability for further clinical development as topical treatment for neuropathic pain conditions. During the first quarter of 2022, the FDA provided feedback regarding the material and documentation submitted for a pre-IND meeting. The response was informative and in June 2022, the company initiated a Phase II trial with ACD440 in patients with peripheral neuropathic pain. This double-blind, placebo-controlled, randomized cross-over study aims to evaluate the efficacy, safety and pharmacokinetics of the company's leading drug candidate in pain. AlzeCure reported in March 2023 that the last patient had completed treatment and results from the study are expected in mid-2023.

TrkA-NAM builds on the knowledge amassed and assets developed in the NeuroRestore platform, but with the purpose of developing new compounds that focus on providing pain relief in several conditions associated with severe pain. The goal of the project is to develop a small molecule "TrkA-negative allosteric modulator" that can reduce movement-induced and spontaneous pain in patients with painful osteoarthritis. The compounds in the platform block NGF-mediated signaling via TrkA receptors, a biological mechanism with strong genetic, preclinical and clinical validation with respect to its role in pain. The company received the first positive preclinical efficacy data during the latter part of 2020 and is actively working on the development of a drug candidate for preclinical safety studies. In September 2022, AlzeCure presented results for a new compound, AC-0027838, which has been identified as a potent and selective negative modulator of NGF/TrkA signaling in cell-based analyses, at the IASP international pain conference. The results showed a potent analgesic effect in a nociceptive pain model. The data also show that the compound has a powerful anti-inflammatory effect, which can potentiate the analgesic effects in clinical contexts. Analysis of the inflamed tissue also demonstrated significant effects on CGRP, a relevant biomarker for inflammation and pain.

Every 5 seconds someone in the world is diagnosed with Alzheimer's.

News in Q1

Alzstatin/ACD680

- In January, a new Candidate Drug was selected for the Alzstatin platform, ACD680, which has now entered the preclinical development phase.
- Data related to ACD680 were presented at the ADPD 2023 Alzheimer's congress, showing that the compound reduced production of toxic Aβ42, which creates harmful plaques in the brain, both in human cell systems and in vivo models, by over 50%.
- The Candidate Drug in the Alzstatin platform are "gamma-secretase modulators," a promising class of Aβ42-lowering anti-amyloidogenic agents for the treatment of Alzheimer's disease and exhibit several key properties that make them suitable as both a preventive and disease-modifying treatment for the disease.

ACD440

- In January 2023, the last patient was included in the ongoing Phase II clinical trial with the leading non-opioid drug candidate in the Painless platform, ACD440.
- In March, the company announced that the Last Patient Last Visit (LPLV) had now taken place in the Phase II clinical trial of ACD440, which is being developed for peripheral neuropathic pain.
- The Phase II clinical study is a double-blind, placebo-controlled, randomized, cross-over study aimed at evaluating the efficacy, safety and pharmacokinetics of ACD440. The main results from the study are expected no later than the summer of 2023.

"About 70–80 percent of patients with neuropathic pain do not adequately respond to current first-line treatment, and AlzeCure is developing its new intended treatment specifically for individuals in this group.

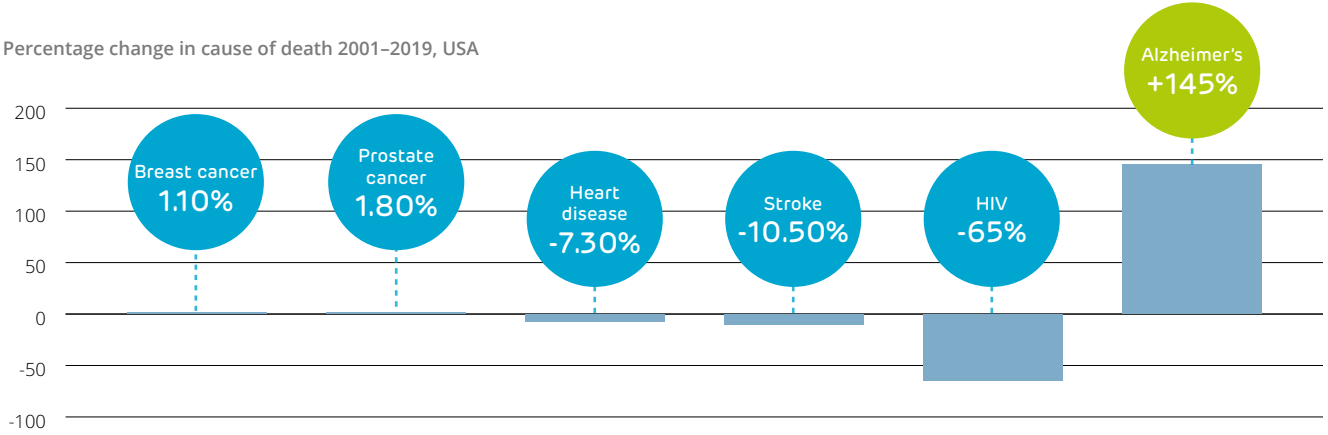
Market trends affecting AlzeCure®

Increased social costs for Alzheimer's and other neurodegenerative diseases.
Costs associated with Alzheimer's and other neurodegenerative diseases are sharply rising and account for a substantial burden on the public healthcare system. The global cost to society for dementia is estimated at more than USD 1 trillion and is expected to triple over the next 30 years. These burgeoning costs increase the need for disease-modifying and/or preventive treatments appreciably.

Increased need for treatment due to an aging population.
Old age is the greatest risk factor in dementia-related illnesses such as Alzheimer's, but also for pain problems. Life expectancy is anticipated to rise globally as a result of improving living standards and improved health care.

New treatment for Alzheimer's disease targeting amyloid plaques receives FDA approval
An antibody therapy (Aduhelm) targeting amyloid pathology received approval in the US in June 2021 as the first disease-modifying treatment for Alzheimer's disease through the FDA's Accelerated Approval process. The approval is based on a "surrogate endpoint," in this case the reduction of beta-amyloid in the brain. Three other antibody therapies targeting amyloid pathology have also been granted "Breakthrough Therapy Designation" status, giving them access to the FDA's other fast track processes, which could lead to a significantly faster pathway to market for drugs in this important area.

Amyloid-targeted therapeutics show positive effects on cognitive function in Alzheimer's patients
Lecanemab, one of the above-mentioned antibody therapies targeting amyloid pathology and which recently completed a pivotal phase III study, was reported in September 2022 to have achieved its efficacy milestones, with significantly reduced functional and cognitive decline, as well as a reduction in the quantity of amyloid plaque in the brain. The results, which support the amyloid hypothesis, could serve as the basis for possible market approval in 2023. This has led to a strong and growing interest in research relating to other new drugs for Alzheimer's disease, such as drugs that attack symptoms in other ways (NeuroRestore), as well as those (such as Alzstatin) that attack amyloid formation early in the course of disease, and that can be administered as tablets – unlike antibody treatment, which is administered intravenously. Drugs such as NeuroRestore and Alzstatin can also potentially be given in combination with existing therapy.



The mortality rate for Alzheimer's disease has risen sharply, while several other causes of death have fallen.

Major pharmaceutical companies are allocating investments in CNS-related illnesses to specialized research projects.
An increasing number of major pharmaceutical companies are starting investment funds aimed at smaller research companies and drug companies, as this is where a great deal of innovation takes place. The trend favors smaller R&D companies as opportunities for licensing agreements concerning the research, development and commercialization of drug candidates are increasing.

Development related to diagnostics & biomarkers for Alzheimer's disease
Significant progress has been made in this field through intensive work, including recent findings that a combination of blood-based biomarkers and simple cognitive tests have very high sensitivity for detection of Alzheimer's disease at an earlier stage. Currently, Alzheimer's disease is mainly diagnosed through clinical examination, including a lumbar puncture combined with tests of cognitive ability and brain imaging (PET). A spinal fluid test is an invasive procedure in which spinal fluid is drawn for analysis. PET diagnostics is a nuclear medicine imaging method used to identify differences between healthy brains and brains in patients with Alzheimer's. There is a great need to be able to correctly diagnose Alzheimer's in order to include a relevant population in clinical trials to develop drugs for the disease and the development that is taking place in the field, including in blood-based biomarkers, entails significant progress for the area.

Great need for new pain treatments
In the US alone, an estimated 50 million adults live with chronic or severe pain, and more people suffer from pain than diabetes, cardiovascular diseases and cancer combined. Data from Europe show similar results and the health and socioeconomic costs are estimated at 3-10 percent of gross domestic product in Europe. Regarding the efficacy of currently available drugs in the field, for example, approximately 80 percent of patients with neuropathic pain do not respond adequately to current treatment. Because of the risk of abuse, overdose and secondary injuries, there is also an effort to avoid opiates for treatment of pain. Consequently, there is currently a high unmet medical need for new, non-opiate treatments in this field.

Alzheimer's disease

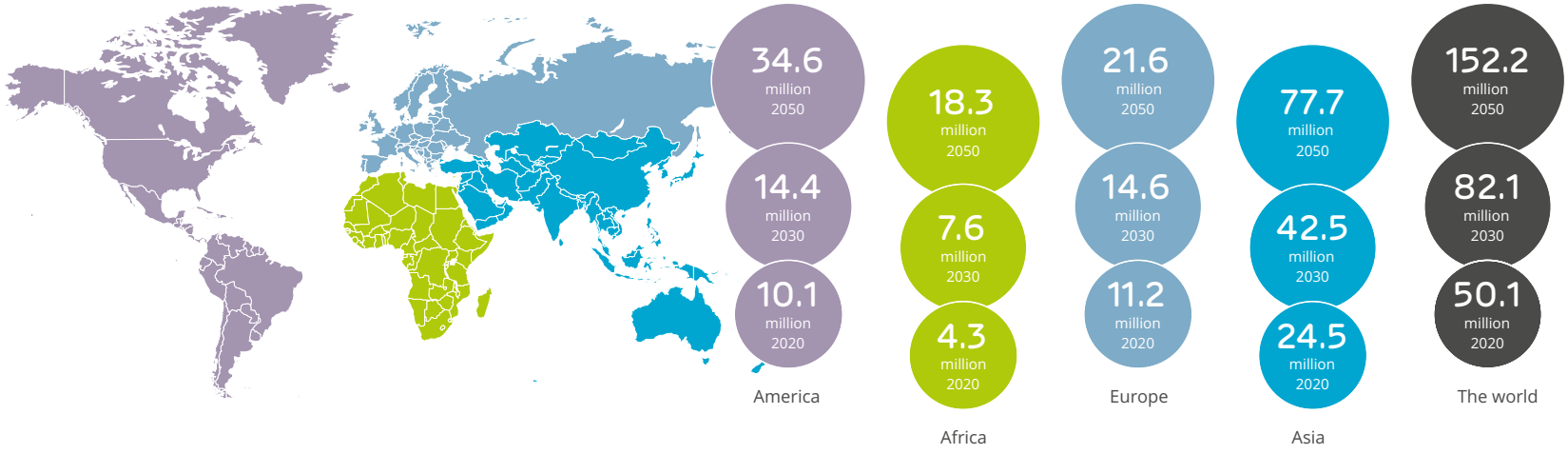
Alzheimer's is the most common form of dementia, with around 60–70 percent of all dementia cases stemming from this illness. It is a deadly disease that has a huge impact on sufferers and their relatives alike. Yet despite this, there is currently a lack of preventive and disease-modifying treatments in the global market.

Alzheimer's disease is a neurodegenerative disease, which is a collective term for various conditions in which the nerve cells of the brain gradually deteriorate and eventually die. Nerve cells have very limited regeneration and damage to them therefore becomes clear and crucial for the functionality of the nervous system. Nerve cell death in the brain in connection with Alzheimer's manifests through a variety of symptoms, such as impaired memory, as well as difficulties finding words, expressing oneself and understanding. Difficulties with the concept of time are also common. Eventually, sufferers experience orientation problems in their surroundings, and difficulties reading, writing and counting or managing practical tasks. Some have problems with perception and difficulty in recognizing what they see, and reasoning and planning become more difficult. With the passage of time, sufferers become more and more dependent on help from relatives and/or care services. Because a characteristic of the disease is its gradual onset, it can be difficult to identify when the problems actually began. Symptoms may also vary from person to person.

Alzheimer's is the most common form of dementia, with around 60–80 percent of all dementia cases stemming from this illness. Even though it is a deadly disease that has a huge impact on both sufferers and their relatives, currently no preventive or disease-modifying treatments are available. The disease starts with amyloid beta (Aβ) protein beginning to clump in the brain, which ultimately form the amyloid plaques so characteristic of the illness. These have a negative impact on nerve cell function and lead, inter alia, to reduced levels of important neurotransmitters in the brain. These neurotransmitters, such as acetylcholine and glutamate, are necessary for nerve cells to communicate with each other and for the normal operation of the brain. With time, the ability of nerve cells to survive also deteriorates and they die.

The reasons that some individuals develop the disease while others do not are as yet unknown, but it is clear that accumulations of Aβ amyloid in the brain play a central part in Alzheimer's. The most common risk factors for developing Alzheimer's are old age and genetic proclivity. The disease may appear early, between the ages of 40 and 65 for the hereditary form, but is most common after 65. The course of disease begins many years before the brain suffers from widespread nerve cell death and the patient shows clinical symptoms. A person diagnosed with Alzheimer's disease lives for an average of four to eight years after being diagnosed.

Geographic distribution and expected growth of prevalence of dementia.



Today, growing sums are being invested in medical research in Alzheimer's due to the extensive human suffering, and the costs to healthcare and society are considerable. Total global costs for dementia-related illnesses are estimated to exceed USD 1 trillion, which is expected to triple by 2050. The lack of effective symptom-relieving treatments and efficacious treatments that slow or prevent the course (disease-modifying) of the disease represent an urgent medical need. The few approved drugs sold in today's global market have only a limited symptom-relieving effect and entail problematic side effects. Thus there is a very urgent medical need for new symptomatic and disease-modifying treatments. A disease-modifying therapy for Alzheimer's is considered capable of generating more than USD 15 billion in annual sales.

In June 2021, the FDA approved a new Alzheimer's drug in the US, Aduhelm™ (aducanumab), for which one year of treatment costs about USD 28,000. Subsequently, three additional antibody drugs for the treatment of Alzheimer's disease received "Breakthrough Therapy Designation" from the FDA. This status provides access to FDA's other "fast track" processes. Applications for approval of two of these drugs were also submitted to the FDA. Taken together, this trend reveals an accessible regulatory pathway for drugs within the field, thereby leading to growing interest in research into new drugs for Alzheimer's disease.

Symptoms

Usually, the first signs of Alzheimer's are impaired memory, difficulties in finding words, expressing oneself and understanding. Difficulties with the concept of time are also common. Eventually, sufferers experience orientation problems in their surroundings, and difficulties reading, writing and counting or managing practical tasks. Some have problems with perception and difficulty in recognizing what they see, and reasoning and planning become more difficult. With the passage of time, sufferers become more and more dependent on help from relatives and/or care services. Because a characteristic of the disease is its gradual onset, it can be difficult to identify when the problems actually began. Symptoms may also vary from person to person.

Prevalence

As previously mentioned, Alzheimer's is the most common form of dementia, and worldwide over 50 million people were estimated to be living with dementia-related diseases in 2020, a figure that is expected to rise to 82 and 152 million sufferers by the years 2030 and 2050 respectively. Geographical distribution and the anticipated increase in dementia is shown in the figure above.

It is estimated that around 150,000 people in Sweden are living with dementia diseases, a figure that is expected to double by 2050. Every year, around 25,000 people are affected, resulting in major care and healthcare costs for society. The direct costs in Sweden are greater than those caused by cancer and cardiovascular diseases.

Treatment

On the global market there are currently two different classes of approved symptomatic drugs for the treatment of Alzheimer's disease to improve cognition and memory function.

- Cholinesterase inhibitors: The drug allows the neurotransmitter acetylcholine to work longer in the brain and thus boost nerve cell communications. The drug primarily provides symptom relief, rather than slowing the course of disease.
- NMDA inhibitors: The drug affects glutamate signaling, which plays an important part in nerve cell communications.

However, the effect of the above treatment methods is usually limited and associated with side effects. The most common side effects are gastrointestinal symptoms, including nausea, diarrhea and stomach pain. Other common side effects are problems associated with the heart, high blood pressure, dizziness and headache. The need for new drugs with better symptom-relieving effect and fewer side effects is thus urgent.

AlzeCure's NeuroRestore® and Alzstatin® platforms act in a completely different manner in their treatment of the disease than the drug classes described above. NeuroRestore seeks to improve communication between nerve cells by strengthening the signaling of neurotrophins such as BDNF and NGF, so that memory function is improved in the patient while also avoiding difficult side effects. Alzstatin is aimed at preventing or delaying the very occurrence of the illness by reducing production of toxic amyloid in the brain and thereby preventing the formation of amyloid aggregates such as oligomers and plaque in the brain.

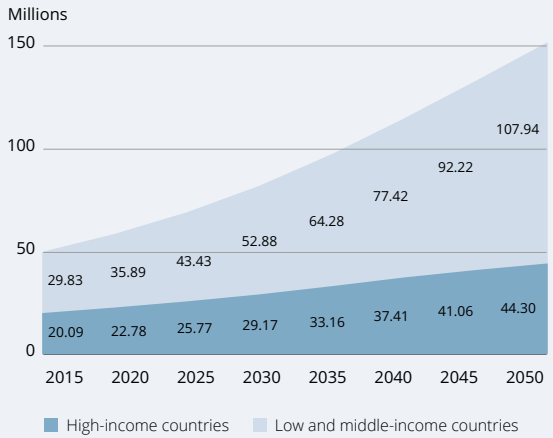
"I am so grateful that AlzeCure is running a project on gamma-secretase modulators (GSMs). There is so much genetic and biochemical data to support this approach, which could be a true primary prevention drug for Alzheimer's."

Henrik Zetterberg, professor at Sahlgrenska University and partner in AlzeCure's Alzstatin GSM project.

> The socioeconomic costs of Alzheimer's disease are currently very high. At the individual level, the problems the disease causes for patients and their families are of course the most important. Currently there is no effective medication for the disease, and subsequently there is a high unmet medical need for both new symptomatic and disease-modifying drugs within this important area.
>
> Professor Bengt Winblad, Karolinska Institutet

The figure below shows the expected growth in the number of cases of dementia between 2015 and 2050. The largest increase in number of cases of dementia and Alzheimer's is expected to occur in low and medium income countries (LMIC), since these countries are expected to demonstrate a higher relative improvement in quality of life than high-income countries (HIC), which leads to an increased life expectancy. The need for novel therapies continues to be very high since there are currently no satisfactory treatment options for such patients.

The number of individuals with dementia in low and middle-income countries compared with high-income countries



Other diseases with cognitive dysfunction

There are several other diseases in which cognitive functions such as memory function and learning are affected; in addition to the classic neurodegenerative diseases such as Alzheimer's and Parkinson's disease, other indications include sleep disorders and traumatic brain injury. The cognitive dysfunction in these indications could be addressed by drug candidates from the NeuroRestore platform.

Sleep apnea

More than 900 million people worldwide suffer from sleep apnea, the majority of whom are undiagnosed. A Swedish population study shows that 50 percent of women between the ages of 20 and 70 have mild sleep apnea and that 6 percent suffer from sleep apnea that is severe enough to require treatment. The condition occurs in particular with overweight and high blood pressure. As the population gradually becomes more overweight, the incidence of sleep apnea is also expected to increase. There is also a hereditary component associated with the condition. One consequence of suffering from sleep apnea is that the patient suffers from extreme fatigue, since the body reflexively wakes up when breathing stops. The body also suffers oxygen insufficiency since breathing is absent for long periods and the body does not get a chance to recover. This fatigue also leads to impaired cognitive ability. The patients' symptoms are somewhat similar to Alzheimer's, since memory function, learning and other cognitive abilities are negatively impacted by sleep apnea.

Traumatic brain injury (TBI)

Traumatic brain injury (TBI) is caused by external trauma where the nerve cells in the brain are immediately damaged. TBI is a major global health and socioeconomic problem and is a common cause of death, especially among young adults, and can cause lifelong injuries among those who survive. Every year about 10 million people suffer from TBI worldwide. In North America, TBI affects about 1.7 million individuals annually, with total medical costs of more than SEK 600 billion. The global market for treatment of TBI is expected to grow from SEK 970 billion in 2017 to SEK 1,350 billion in 2024. The two most common causes of TBI are traffic accidents and falls. The majority of other causes of cases of TBI are violence or work or sports-related. The increase in TBI is due in part to the increased use of vehicles in low and middle-income countries.

TBI has been shown to increase the risk of developing dementia-related diseases, such as Alzheimer's disease and other neurodegenerative diseases, such as Parkinson's disease. Studies show that a person who sustains a TBI is at an approximately 24 percent increased risk of suffering from dementia.

The symptoms of TBI may be both physical and mental, and vary depending on the severity of the injury. Common symptoms include memory loss, headache, fatigue, sleep difficulties, concentration difficulties and mood swings. Depression during or after TBI is common. Within one year, half of all people with TBI suffer from depression, and within seven years, two thirds are affected.

Parkinson's disease

Parkinson's disease is a chronic and progressive neurodegenerative disease. The diagnosis is based on the patient having a combination of motor symptoms, such as tremors, mobility impairment, muscle stiffness, and balance and walking difficulties. The symptoms occur mainly as a result of a gradual loss of dopamine-containing nerve cells in the brain. In addition to the motor problems, impairment of cognitive functions such as memory and attention are also common.

Common cognitive problems include difficulties with:

- Attention and concentration.
- Planning such as organizing an eventful day.
- Following complicated conversations and the ability to solve complex problems.
- Being able to quickly formulate thoughts.
- Remembering events or special details, but where clues often guide the memory back.

Dementia associated with Parkinson's disease is not an uncommon type of dementia, accounting for about 1.5–3 percent of all dementia cases.

Pain

Pain, both acute and chronic, afflicts millions of people around the world. Pain can be categorized in different ways, but one of the most common is nociceptive versus neuropathic pain.

Nociceptive pain is the result of activity in signaling pathways caused by tissue damage. Nociceptive pain is usually acute and develops in response to a specific situation, such as postsurgical pain and pain associated with sports injuries. It tends to disappear when the affected body part heals. An example of chronic nociceptive pain that lasts for more than 3–6 months is pain from osteoarthritis.

The body contains specialized nerve cells, which in turn have sensors known as nociceptors. They react to stimuli that can injure the body, such as extreme heat or cold, pressure, crushing and chemicals. These warning signals are then transmitted along the nervous system to the brain. This happens very quickly in real time, such as quickly pulling away hands after touching a hot oven, or not putting weight on an injured ankle.

Neuropathic pain is pain resulting from dysfunction in or direct damage to the nervous system. Neuropathic pain is almost always chronic. Chronic pain is a disabling disease that affects every aspect of the patient's life, which includes the ability of the individual to work and engage in social and leisure activities. Neuropathic pain affects a total of approximately 7–8 percent of the adult population, which means about 600 million people worldwide. People with certain diseases, such as diabetes and HIV, suffer from neuropathic pain to a greater extent; about 25 and 35 percent of patients with these conditions, respectively, experience neuropathic pain.

Peripheral neuropathic pain results from various types of damage to the nerve fibers, such as toxic, traumatic, metabolic, infection-related, or compressional injuries. Common symptoms are painful tingling or itching that can be described as a stabbing or burning pain, including a sensation of getting an electric shock. Patients may also experience allodynia (pain caused by a stimulus that usually does not cause pain) or hyperalgesia (increased pain from a stimulus that normally provokes pain). Examples of conditions associated with neuropathic pain are painful peripheral neuropathy caused by conditions such as diabetes, painful postherpetic neuralgia (shingles), neuropathic pain induced by chemotherapy and/or direct injury to the nerve.

Osteoarthritis ("wear and tear arthritis") can affect all joints of the body, but most common are the knees, hips, back and shoulders. It was previously believed that this pain was due entirely to local inflammation. It is now known that other mechanisms are involved, and that the pain is primarily nociceptive in nature. Osteoarthritis pain also affects most aspects of the patient's life; in addition to the severe pain itself, it limits mobility and the ability to work, while also making it difficult to engage in leisure activities and a social life. Physical exercise can only help to a limited extent, while existing drug treatments have only a small effect on the pain and should not be given to patients with conditions such as cardiovascular or lung disease. Therefore there is a great need for new effective drugs for the treatment of osteoarthritis pain.

Prevalence

An estimated 50 million adults in the US suffer from chronic pain that requires treatment. More Americans currently suffer from pain than diabetes, heart disease and cancer combined. The data from Europe show similar results and health and socioeconomic costs are estimated at 3–10 percent of gross domestic product in Europe.

The neuropathic pain market is characterized by high unmet medical need in all indications and in all major markets, where only 20–30 percent of patients respond to existing treatments. The patient population is expected to continue to grow, due to factors such as an aging population, an increased incidence of type 2 diabetes, and a growing number of cancer survivors who were previously treated with chemotherapy. The global market for neuropathic pain was valued at about USD 11 billion in 2020 and is expected to grow to USD 25 billion by 2027.

Woman suffering from postherpetic neuralgia after developing shingles:

"When I was diagnosed, and if someone had told me then, that — this is what you'll have to live with — then I'd have done something really crazy. This has really destroyed a large part of my life. I can tolerate a lot of pain, I've had breast cancer surgery, received chemotherapy and never complained, but this is horrendous. I've just received a new treatment, but I don't think it helps at all. " *Britt.*

600 million

Neuropathic pain affects a total of approximately 7–8 percent of the adult population, which means about 600 million people worldwide.

USD 25 billion

The global market for neuropathic pain was valued at about USD 11 billion in 2020 and is expected to grow to USD 25 billion by 2027.

Treatment

There is currently a major medical need for several different severe pain conditions. For example, about 70–80 percent of patients with neuropathic pain do not experience adequate pain relief with existing treatments. Because of the risk of abuse, overdose and secondary injuries, nowadays doctors avoid prescribing opiates as first-line treatment for pain. Despite this treatment problem they are still frequently used, for which reason the need for new non-opiate treatments is great.

Comments on the report

Financial overview

SEK thousand	Jan.–Mar. 2023	Jan.–Mar. 2022	Jan.–Dec. 2022
Net sales	0	0	0
Operating profit/loss	-9,762	-12,666	-56,442
Earnings for the period and comprehensive income	-9,545	-12,646	-56,239
Earnings per share, basic (SEK)	-0.15	-0.33	-1.18
Research expenses as a percentage of operating expenses (%)	72.5	79.8	81.6
Cash flow from operating activities	28,095	-57,401	-99,911
Total assets	57,974	75,561	70,836
Cash and cash equivalents	53,718	25,683	25,577
Debt/equity ratio (%)	87.9	81.6	85.4
Average number of shares, basic	62,087,012	38,678,167	47,696,091
Average number of employees	12	14	13

See the definitions below.

Revenue and profit/loss

The company had no net sales during the period, which is in line with its plan and with earlier periods.

The operating loss during the first quarter of 2023 was SEK -9,762 thousand (-12,666). During the first quarter of 2022 the company had more capital-intensive research projects. The company continued to conduct research in the first quarter of 2023, with steady progress according to plan. Research expenses accounted for 72.5 percent (79.8) of operating expenses. More information about research at AlzeCure can be found in the "Project Portfolio" and "Project Development" sections of this report.

Administrative expenses this quarter were on a par with such expenses during the same period the previous year. The company plans to continue to focus on communication and business development, including internationally. Operating profit/loss is in line with the company's plan for 2023.

The company had 12 (14) employees on the closing date.

Earnings per share, basic, totaled SEK -0.15 (-0.33) for the first quarter of 2023, and SEK -1.18 (-2.06) for the period January to December 2022.

Financial position

At the end of the period, equity was SEK 50,976 thousand (61,671) and the debt/equity ratio was 87.9 percent (81.6). Cash and cash equivalents at the end of the period totaled SEK 53,718 thousand (25,683).

During the fourth quarter of 2022 an additional rights issue was carried out to raise SEK 31.7 million with a possible over-allotment of SEK 15 million. The issue was 134.3% subscribed and raised a total of SEK 42.6 million before issue expenses; a total of 11,353,647 shares were issued. Issue expenses totaled SEK 3.0 million. The issue proceeds were received in January 2023.

In 2020, the company launched an incentive program with warrants aimed at the company's Chief Executive Officer. A total of 300,000 warrants were issued. For more details regarding the warrant programs, please see "Share-related compensation programs" in the report.

As of the closing date of March 31, 2023, a total of 300,000 warrants were issued, resulting in a dilution effect of 0.5 percent on the closing date.

Cash flow and investments

Cash flow from operating activities including changes in working capital for the first quarter of 2023 totaled SEK 28,095 thousand (-57,401), mainly as a result of a receivable in the financial statements regarding issue proceeds that were not settled until January 2023.

Cash flow from investing activities totaled SEK 0 thousand (-0) during the first quarter. Historically, the company has mainly invested in laboratory equipment.

Cash flow from financing activities totaled SEK 46 thousand (41,343) for the first quarter of 2023. Cash flow consists of a credited issue expense, attributable to the issuance in the fourth quarter of 2022, and a realized financial asset.

Accounting policies and valuation principles

General information and compliance with IAS 34
The company's interim report has been prepared in accordance with IAS 34 Interim Financial Reporting, with consideration for the exceptions and additions to IFRS stated in RFR 2. AlzeCure Pharma AB (publ) is domiciled in Stockholm.

No expenses during the period have been deemed to meet the requirement for capitalization according to IAS38. The company's research has not yet advanced far enough for capitalization.

Significant accounting policies and valuation principles
This interim report has been prepared in compliance with the accounting policies and valuation principles applied in the company's most recent annual report.

Significant estimates and assumptions
When preparing interim reports, the Board and the CEO must, in accordance with the applicable accounting policies and valuation policies, make certain estimates, assessments and assumptions that affect the recognition and valuation of assets, provisions, liabilities, income and expenses. The outcome may deviate from these estimates and assessments and will very rarely amount to the same sum as the estimated outcome.

The estimates and assessments made in the interim report, including the assessment of the main causes of uncertainty, are the same as those applied in the most recent Annual Report.

Key ratios and definitions

Earnings per share: net sales for the period divided by the average number of shares during the period.
Debt/equity ratio: equity, and where applicable untaxed reserves (less deferred tax), in relation to total assets.
Research expenses as a percentage of total operating expenses: research expenses divided by operating expenses, which include research expenses, administrative expenses and other operating expenses. Research expenses include the company's direct expenses relating to research activities such as expenditures for personnel, material and external services.

Significant risks and uncertainties

The company develops drug candidates and activities will always involve regulatory, market and financial risks. Financing risk is deemed to have increased as a result of the current financial climate and geopolitical turmoil. Financing risk refers to the ability to finance projects to the point of commercialization. The company manages this by the timely preparation of rights issues. See also the "Going concern" section below. Otherwise, no significant changes regarding those risks and uncertainty factors took place during the period compared with those presented in the most recent annual report.

The Covid-19 pandemic is still ongoing, even though restrictions have been lifted and most activities have returned to normal. Nevertheless, the company continues to take the necessary measures to protect its employees and limit any negative impact on the company's operations.

The geopolitical situation in the world is extremely uncertain, and it is difficult to say how it may affect the company's development. The company currently has no transactions or activities associated with Russia.

The general economy, both domestically and internationally, will be a challenge for all companies going forward. It is extremely likely that high inflation will lead to increased costs. The company is very cost conscious and continues to focus on prioritizing activities.

Related party transactions

During the second quarter of 2022, a consulting agreement was signed, on arm's-length terms, with the company R Linder Consulting, which is owned by Board member Ragnar Linder. The agreement covers consulting services related to business development. During the first quarter of 2023 the fee for consulting services totaled SEK 30,000.

Going concern

The company's available funds and equity as of March 31, 2023 cover, taking into account the incoming payment of issue proceeds in January 2023, the liquidity needed to conduct the identified possible activities for the next 12 months. The most recent issue was 134% oversubscribed and the support from our current shareholders feels reassuring.

Reconciliation of alternative performance measures

SEK thousand	Jan.–Mar. 2023	Jan.–Mar. 2022	Jan.–Dec. 2022
Research expenses as a percentage of total operating expenses:			
Research expenses	-7,125	-10,162	-46,183
Administrative expenses	-2,702	-2,525	-10,168
Other operating expenses	-5	-51	-230
Total operating expenses	**-9,832**	**-12,738**	**-56,581**
Research expenses as a percentage of total operating expenses:	**72.5%**	**79.8%**	**81.6%**
Debt/equity ratio (%) March 31, 2023:			
Total equity at end of period	50,976	61,671	60,482
Total assets at end of period	57,974	75,561	70,836
Debt/equity ratio (%):	**87.9%**	**81.6%**	**85.4%**

The share, share capital & ownership structure

The share

The share has traded on Nasdaq First North Premier Growth Market under the name ALZCUR since November 28, 2018.

Share-related compensation programs

In 2020 the company provided an incentive program with warrants aimed at the Chief Executive Officer. A total of 300,000 warrants were issued.

The warrants, which were issued at the market price based on an external valuation as of May 20, 2020, entitle the holder to subscribe for shares during the period June 15, 2023 – July 5, 2023.

The issue price for newly subscribed shares totaled 150 percent of the volume-weighted average closing price for the company's shares on the Nasdaq First North Premier Growth Market during the 10 trading days preceding the Annual General Meeting on Wednesday, May 20, 2020.

The total dilutive effect of the incentive programs is 0.5 percent on the closing date.

Financial calendar

Annual General Meeting	May 17, 2023
Interim report Q2, April–June 2023	August 24, 2023
Interim report Q3, July–September 2023	November 9, 2023

Nomination Committee

AlzeCure Pharma's nomination committee for the 2023 Annual General Meeting was appointed in accordance with the principles adopted by the Annual General Meeting on May 22, 2019 and consists of: William Gunnarsson, appointed by BWG Invest Sàrl, Rolf Karlsson, appointed by FV Group AB, Peter Thelin, appointed by Sjuenda Holding AB and Thomas Pollare (Chairman of the Board).

Owners as of March 31, 2023

10 largest owners as of March 31, 2023	Number of shares	Share capital and votes
BWG Invest Sàrl	8,747,295	14.1%
FV Group AB	4,400,000	7.1%
Sjuenda Holding AB	4,400,000	7.1%
SEB-Stiftelsen	2,286,666	3.7%
Avanza Pension	2,247,431	3.6%
Nordnet Pensionsförsäkring AB	2,085,787	3.4%
Futur Pension	1,857,590	3.0%
AlzeCure Discovery AB	1,710,000	2.8%
Thomas Pollare	1,501,293	2.4%
Stein Grimsvik	1,109,429	1.8%
10 largest owners	**30,426,491**	**49.0%**
Other	31,660,521	51.0%
TOTAL	**62,087,012**	**100%**

The Board's assurance

The Board of Directors and the CEO hereby certify that this interim report provides a true and fair view of the company's operations, position and results and describes significant risks and uncertainties facing the company.

Huddinge, May 4, 2023

Thomas Pollare
Chairman of the Board

Eva Lilienberg
Board member

Ragnar Linder
Board member

Ellen Donnelly
Board member

Martin Jönsson
Chief Executive Officer

This report has not been reviewed by the company's auditors.

For more information, please see www.alzecurepharma.com or contact:
Martin Jönsson, CEO, info@alzecurepharma.com

FNCA is the company's Certified Adviser.
FNCA Sweden AB, info@fnca.se

Income statement and other comprehensive income

SEK thousand	Jan.–Mar. 2023	Jan.–Mar. 2022	Jan.–Dec. 2022
Net sales	0	0	0
Operating expenses			
Research expenses	-7,125	-10,162	-46,183
Administrative expenses	-2,702	-2,525	-10,168
Other operating income	70	72	139
Other operating expenses	-5	-51	-230
Operating profit/loss	**-9,762**	**-12,666**	**-56,442**
Profit/loss from financial items			
Interest income and similar profit/loss items	217	21	207
Interest expenses and similar profit/loss items	0	-1	-4
Loss after financial items	**-9,545**	**-12,646**	**-56,239**
Earnings for the period and comprehensive income	**-9,545**	**-12,646**	**-56,239**
Earnings for the period per share, basic, SEK	-0.15	-0.33	-1.18
Earnings for the period per share, diluted, SEK	-0.15	-0.33	-1.18
Average number of shares, basic	62,087,012	38,678,167	47,696,091
Average number of shares, diluted	62,387,012	39,088,167	48,051,091

Balance sheet

SEK thousand	March 31, 2023	March 31, 2022	Dec. 31, 2022
ASSETS			
Capital subscribed but not yet paid in	0	0	42,455
Non-current assets			
Intangible fixed assets			
Project rights	17	17	17
Total intangible fixed assets	**17**	**17**	**17**
Tangible fixed assets			
Equipment, tools and installations	720	1,278	852
Total tangible fixed assets	**720**	**1,278**	**852**
Financial fixed assets	0	7	7
Total non-current assets	**737**	**1,302**	**876**
Current assets			
Current receivables			
Advance to supplier	1,215	418	0
Other current receivables	1,109	46,985	1,377
Prepaid expenses and accrued income	1,195	1,173	551
Total current receivables	**3,519**	**48,576**	**1,928**
Cash and bank balances	**53,718**	**25,683**	**25,577**
Total current assets	**57,237**	**74,259**	**27,505**
TOTAL ASSETS	**57,974**	**75,561**	**70,836**

SEK thousand	March 31, 2023	March 31, 2022	Dec. 31, 2022
EQUITY AND LIABILITIES			
Restricted equity			
Share capital	1,552	944	1,268
Share capital not registered	0	303	284
Total restricted equity	**1,552**	**1,247**	**1,552**
Unrestricted equity			
Share premium reserve	362,020	319,882	361,981
Accumulated profit/loss	-303,051	-246,812	-246,812
Profit/loss for the period	-9,545	-12,646	-56,239
Total unrestricted equity	**49,424**	**60,424**	**58,930**
Total equity	**50,976**	**61,671**	**60,482**
Current liabilities			
Trade payables	1,832	4,030	4,845
Other current liabilities	314	339	333
Accrued expenses and deferred income	4,852	9,521	5,176
Total current liabilities	**6,998**	**13,890**	**10,354**
Total liabilities	**6,998**	**13,890**	**10,354**
TOTAL EQUITY AND LIABILITIES	**57,974**	**75,561**	**70,836**

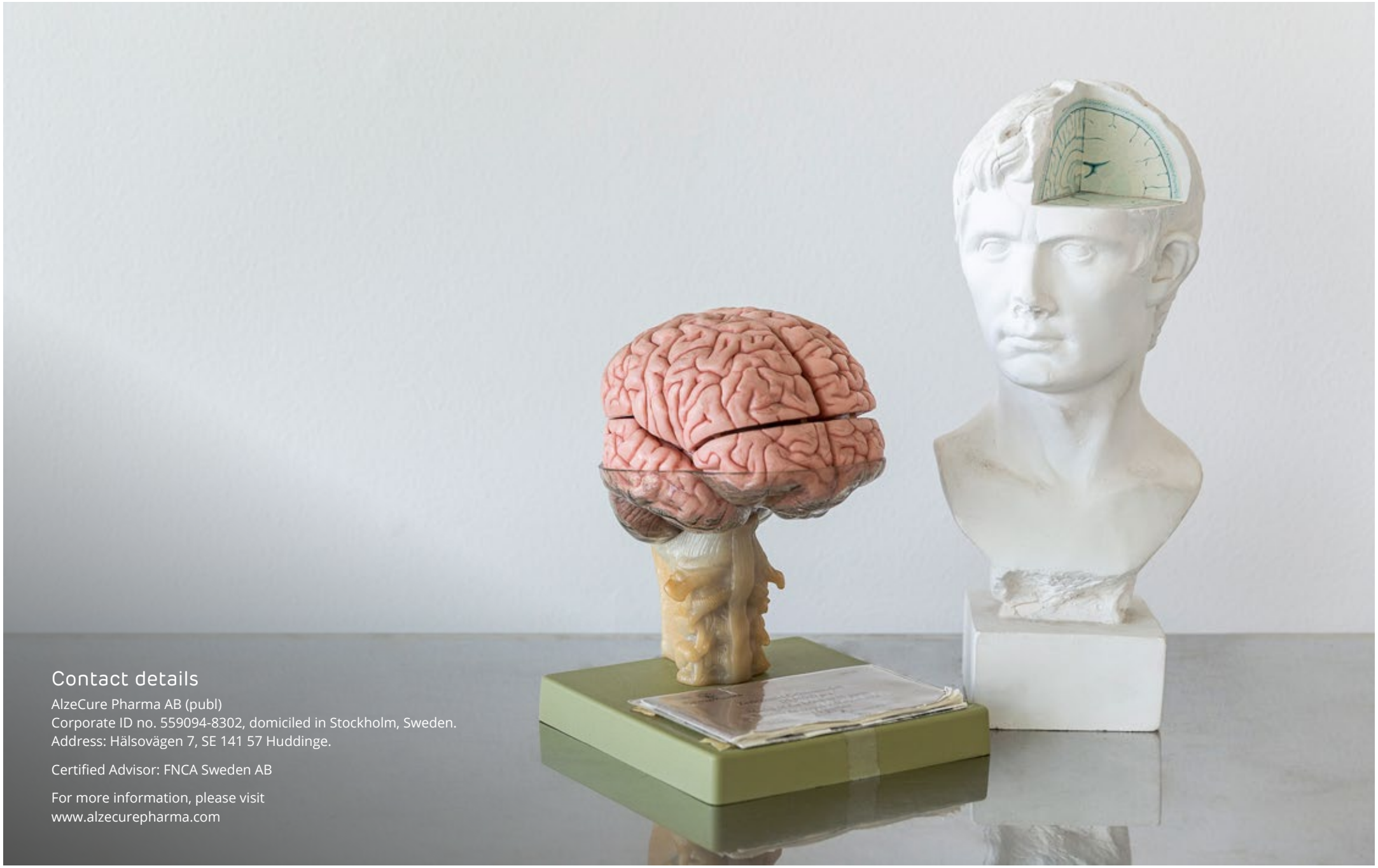
Statement of change in equity

SEK thousand	Share capital	Share premium reserve	Accumulated profit/loss	Profit/loss for the year	Total equity
Opening balance January 1, 2022	**944**	**278,842**	**-169,031**	**-77,781**	**32,974**
Appropriation of earnings			-77,781	77,781	0
Rights issue	303	48,187			48,490
Issue expenses		-7,231			-7,231
Set-off issue	21	2,978			2,999
Issue expenses		-113			-113
New share issue	284	42,292			42,576
Issue expenses		-2,974			-2,974
Earnings for the year and comprehensive income				-56,239	-56,239
Closing balance December 31, 2022	**1,552**	**361,981**	**-246,812**	**-56,239**	**60,482**

Opening balance January 1, 2023	**1,552**	**361,981**	**-246,812**	**-56,239**	**60,482**
Appropriation of earnings			-56,239	56,239	0
Rights issue					0
Issue expenses		39			39
Earnings for the period and comprehensive income				-9,545	-9,545
Closing balance March 31, 2023	**1,552**	**362,020**	**-303,051**	**-9,545**	**50,976**

Cash flow statement

SEK thousand	Jan.–Mar. 2023	Jan.–Mar. 2022	Jan.–Dec. 2022
Operating activities			
Operating loss before financial items	-9,762	-12,666	-56,442
Adjustment for items not included in cash flow, etc.			
Depreciation and amortization	132	144	570
Interest received	217	21	207
Interest paid	0	-1	-4
Cash flow from operating activities before changes in working capital	-9,413	-12,502	-55,669
Statement of change in working capital			
Change in current receivables	40,864	-46,116	-41,923
Change in trade payables	-3,013	-1,941	-1,126
Change in current operating liabilities	-343	3,158	-1,193
Net cash flow from operating activities	**28,095**	**-57,401**	**-99,911**
Investing activities			
Acquisition of tangible fixed assets	0	0	0
Cash flow from investing activities	**0**	**0**	**0**
Financing activities			
Issues (net)	0	41,343	83,747
Issue expenses	39	0	0
Sale of financial assets	7	0	0
Cash flow from financing activities	**46**	**41,343**	**83,747**
Cash flow for the year	**28,141**	**-16,058**	**-16,164**
Cash and cash equivalents at beginning of period	25,577	41,741	41,741
Cash and cash equivalents at end of period	**53,718**	**25,683**	**25,577**



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For more information, please visit
www.alzecurepharma.com

AlzeCure