TRYPTAMINE
THERAPEUTICS

ASX : TYP

Advancing Psychedelic Science for Disorders in Neuropsychiatry

Bioshares Biotech Summit – August 2025

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Psilocybin. Psilocybin is currently a Schedule III drug under the Controlled Drugs and Substances Act, S.C. 1996, c. 19 (the "CDSA") and it is a criminal offence to possess substances under the CDSA without a prescription. Health Canada has not approved psilocybin as a drug. While the Company is focused on developing products using psilocybin, the Company does not have any direct or indirect involvement with the illegal selling, production or distribution of any substances. The Company does not currently manufacture, store or otherwise handle psilocybin directly and will only do so through agents within laboratory and clinical trial settings conducted within approved regulatory frameworks. The Company's products that contain psilocybin or other psychedelic compounds will not be commercialized prior to applicable regulatory approval, which will only be granted if clinical evidence of safety and efficacy for the intended uses is successfully developed.

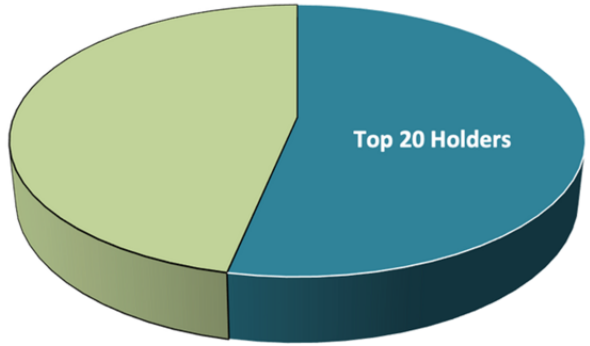
All medicines carry risks and specialist prescribers, such as registered psychiatrists are best placed to assess the suitability of a new medication against a patient's individual circumstances and medical history before proceeding.

Adverse effects of psilocybin and its derivatives can include temporary increase in blood pressure and a raised heart rate. There may be some risk of psychosis in predisposed individuals. These effects of psilocybin and its derivatives are unlikely at low doses and in the treatment regimens used in psychedelic-assisted psychotherapy and appropriately managed in a controlled environment with direct medical supervision.

TRYPTAMINE THERAPEUTICS – THE BEST KEPT SECRET ON THE ASX

Corporate Snapshot	
ASX code:	TYP
Shares on issue:	1.439Bn
Market capitalisation: (at $0.03 per share)	AU$43.2m
Cash at bank: (as at 30 June 2025)	AU$3.0m*
Debt:	Nil

Board of Directors	
Non-Executive Chairman	Mr. Herwig Janssen
Chief Executive Officer	Mr. Jason Carroll
Executive Director	Mr. Chris Ntoumenopoulos
Non-Executive Director	Dr. Daniel Tillett
Non-Executive Director	Mr. Gage Jull

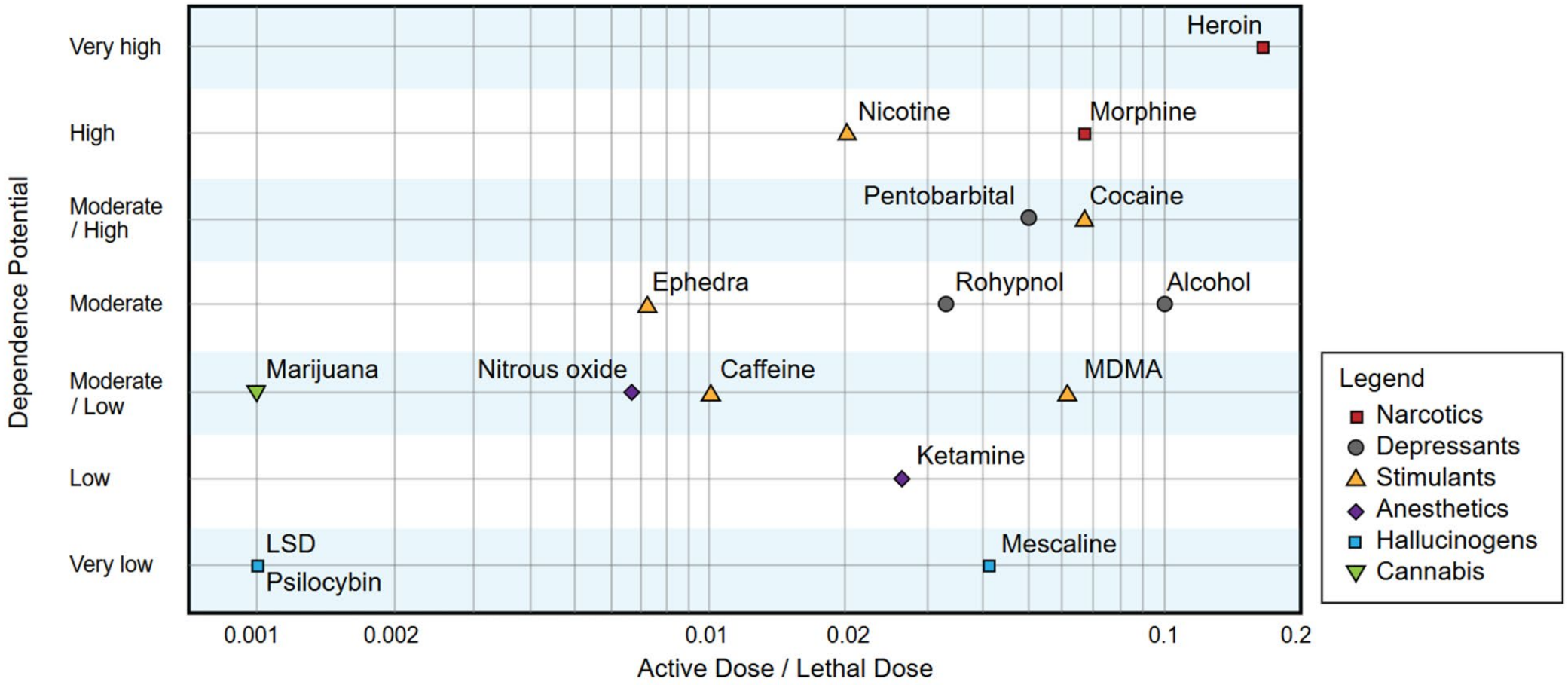


Shareholders (at 31 July 2025)	
Dr. William James Garner *(Co-founder)*	14.3%
Dr. Daniel Tillett *(NED)*	4.3%
Mr. Jason Carroll *(CEO)*	3.6%
Mr. Herwig Janssen *(Chair)*	2.3%
Mr. Chris Ntoumenopoulos *(ED)*	0.7%
Top 10:	42.8% (+1.5%)*
Top 20:	53.3% (+1.6%)*
Top 100:	81.5% (+0.3%)*

* Cash balance 30 June 2025 excludes expected R&D Tax Rebate Incentive [AU$0.8M]

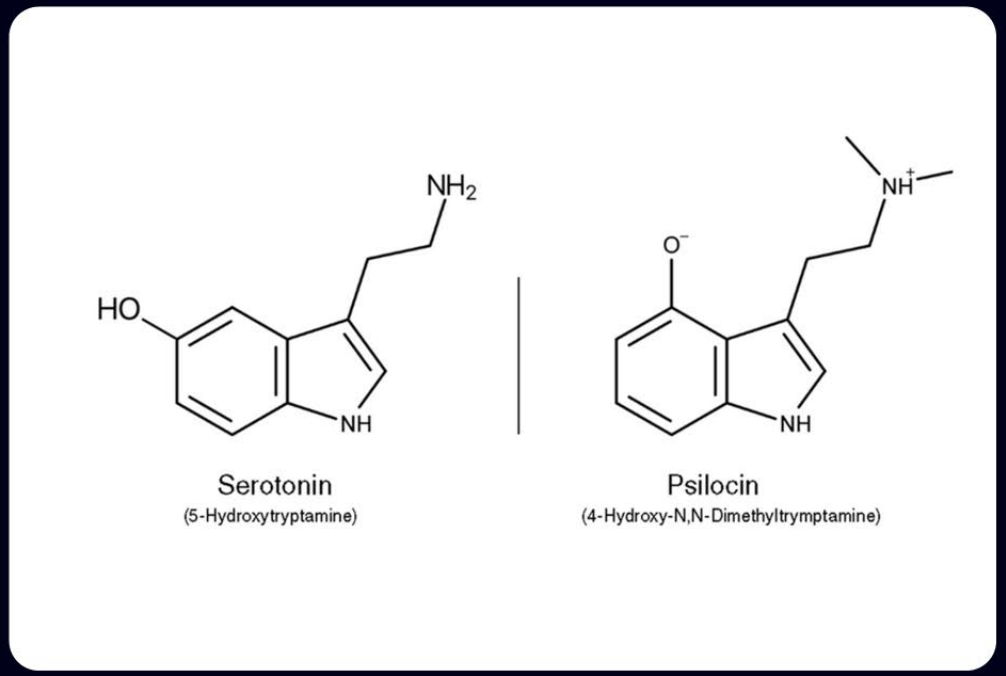
* Increase in collective holdings over the last month

DISPELLING MYTHS REGARDING PHARMACEUTICAL SAFETY OF PSILOCYBIN

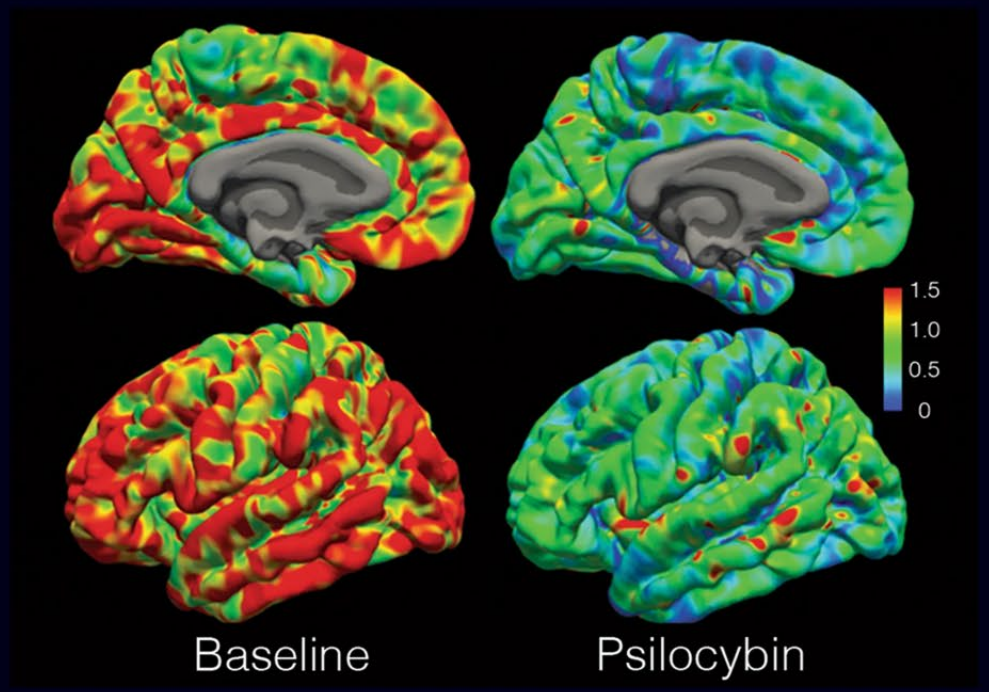


Gable, R. S. (2006). Acute toxicity of drugs versus regulatory status. In J. M. Fish (Ed.),Drugs and Society: U.S. Public Policy, pp.149-162

UNPARALLELED ABILITY OF PSILOCIN TO TARGET SEROTONIN 5-HT2A RECEPTORS



Psilocin molecules activate the serotonin 5HT2A receptor due to structural similarity between psilocin & serotonin.



Psilocin occupancy of 5-HT2A Receptors

Madsen, M.K., Fisher, P.M., Burmester, D. *et al.* Psychedelic effects of psilocybin correlate with serotonin 2A receptor occupancy and plasma psilocin levels. *Neuropsychopharmacol.* 44, 1328–1334 (2019). https://doi.org/10.1038/s41386-019-0324-9

THE CLINICAL POTENTIAL OF PSILOCYBIN TREATMENT IS VERY REAL

Significant improvement in symptoms within 1 – 7 days is typical

Durability of clinical response of 6 months from one treatment

- Treatment Resistant Depression [TRD]
- Major Depressive Disorder [MDD]
- Post-partum Depression [PPD]
- Post-Traumatic Stress Disorder [PTSD]
- Obsessive Compulsive Disorder [OCD]
- Depression in Bipolar-2 Disorder
- Generalised Anxiety Disorder [GAD]
- Body Dysmorphic Disorder [BDD]
- Anorexia Nervosa [AN]
- Binge Eating Disorder [BED]
- Fibromyalgia Syndrome [FMS]
- Irritable Bowel Syndrome [IBS]
- Phantom Limb Pain
- Migraine
- Cluster Headache
- Concussion/Traumatic Brain Injury [TBI]
- Methamphetamine Use Disorder
- Cocaine Use Disorder
- Alcohol Use Disorder [AUD]
- Gambling Addiction
- Smoking Cessation/Nicotine Addiction
- Demoralisation
- Cancer-related mood & anxiety disorders
- Parkinson’s Disease

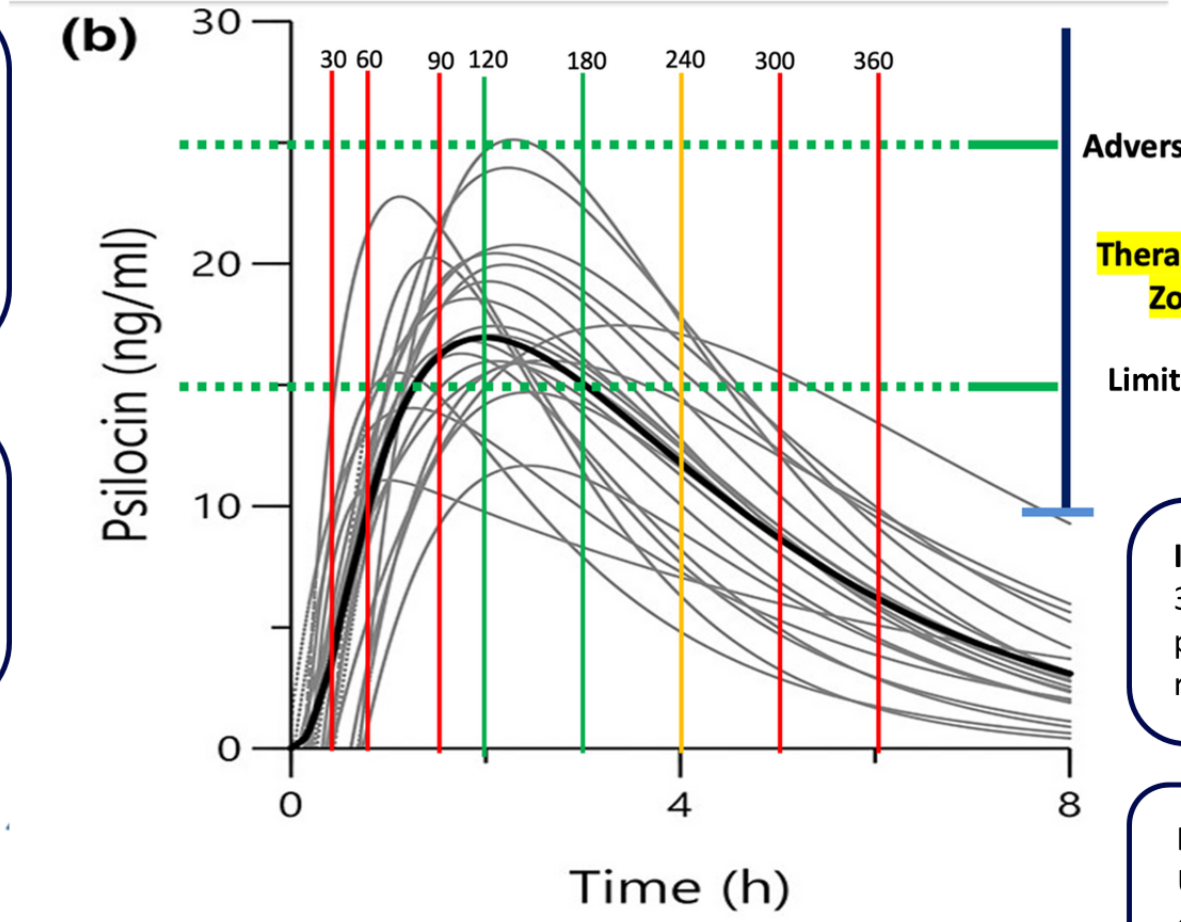
But how does one harness the clear clinical potential of Psilocybin without the ‘life-changing’ anecdotes and obligatory retreat visits?

THE CLINICAL DRAWBACKS OF ORAL PSILOCYBIN TREATMENT

Blood level of Psilocin after taking a standard 25mg capsule of Psilocybin

ISSUE 3 - IMPRECISION
Time to reach a therapeutic psilocin level in any patient is 1 – 3 hours with highly unpredictable outcome

ISSUE 4 - APPREHENSION
Treatment is uncontrolled and irreversible once begun - it's a physician's nightmare



ISSUE 2 – SIDE EFFECTS
Attempts to dose escalate to lift patients into an ideal therapeutic zone simply leads to significantly increased adverse events

ISSUE 1 - EFFICACY
30% of patients metabolising psilocybin to psilocin fail to reach therapeutic levels

ISSUE 5 – COMMERCIAL MODEL
Unpredictable efficacy and uncontrolled dosing provides limited time within the therapeutic zone and extends treatment for each patient to 8+ hours

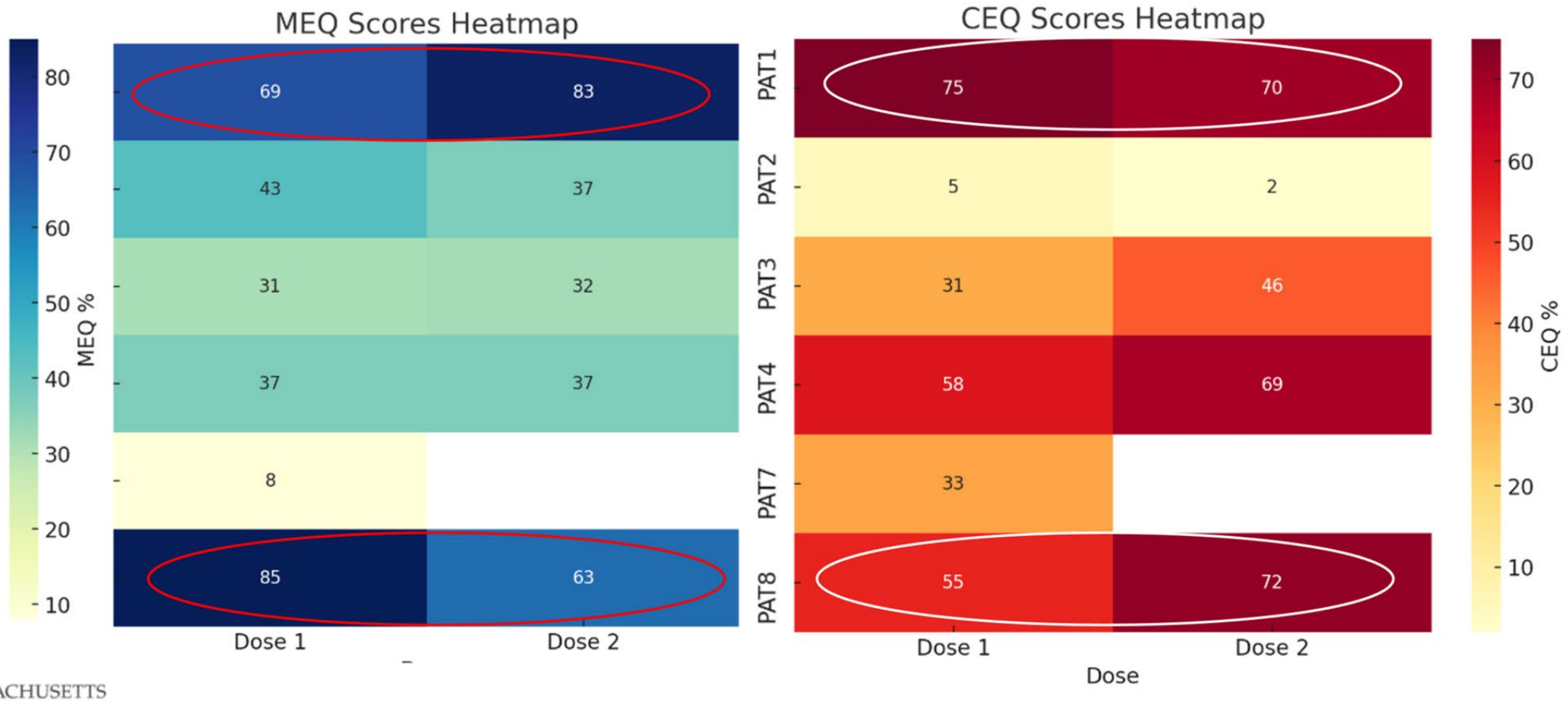
Volume 113, Issue
April 2023
Pages 747-751

Adapted from : Clin Pharma and Therapeutics, Volume: 113, Issue: 4, Pages: 822-831, First published: 12 December 2022, DOI: (10.1002/cpt.2821)

INTERPATIENT VARIABILITY WITH ORAL PSILOCYBIN DOSING IN PRACTICE

TYP – Phase 2a IBS study with MGH/Harvard (TRP-8802)

“It’s like I’m treating patients with two completely different drugs” Dr. Erin Mauney



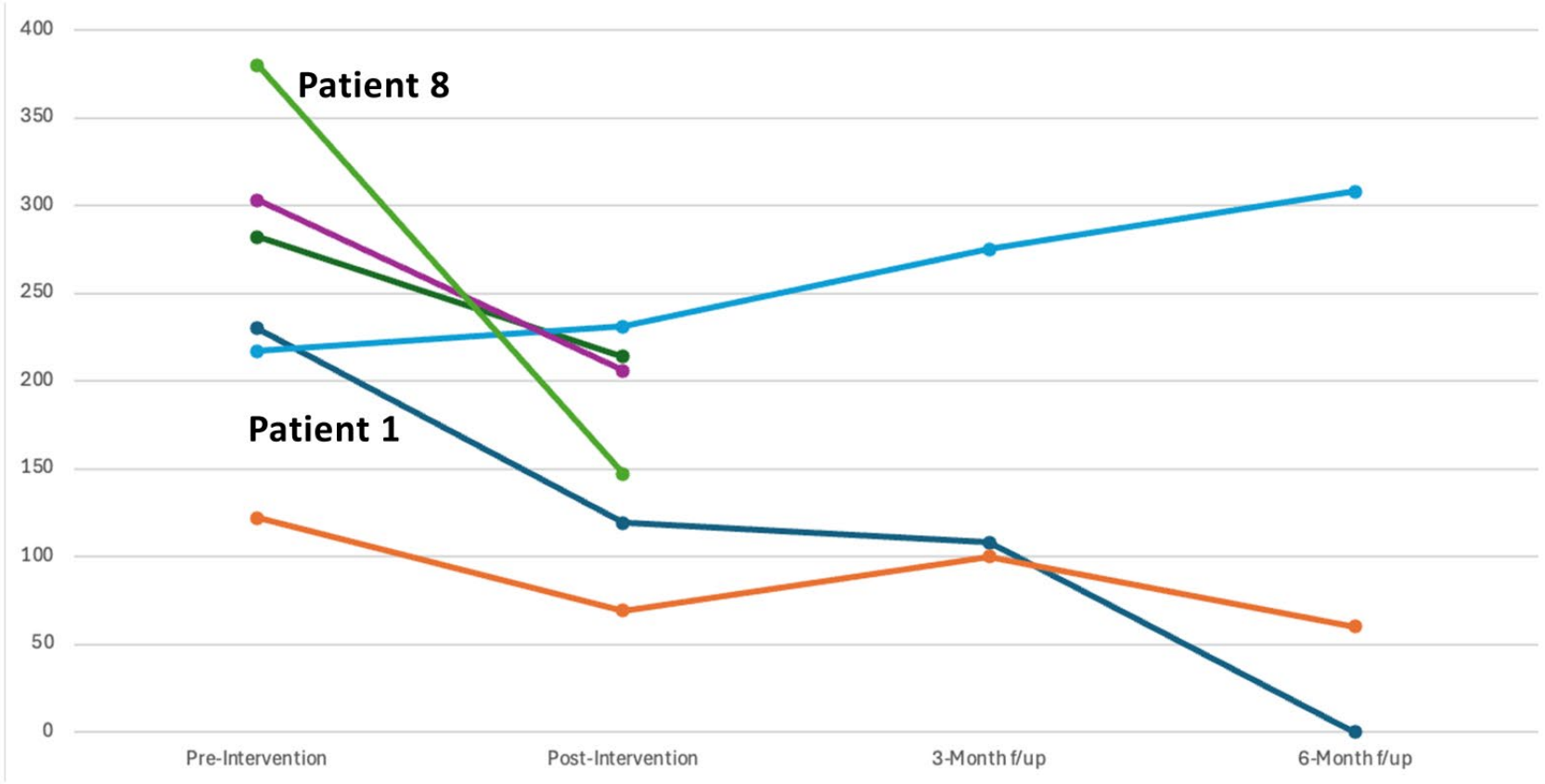
MASSACHUSETTS GENERAL HOSPITAL
CENTER FOR THE NEUROSCIENCE OF PSYCHEDELICS

Source: Dr. Erin Mauney & Dr. Franklin King as presented at Psychedelic Science 2025, Denver, CO, USA, 20 June 2025

IBS ALL-SYMPTOM IMPROVEMENT IN 5 OF 6 PATIENTS AFTER DOSING (83%)

Largest improvement apparent in patients with highest intensity (at same dose)

Treatment Durability may extend past 6 months



MASSACHUSETTS GENERAL HOSPITAL
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Source: Dr. Erin Mauney & Dr. Franklin King as presented at Psychedelic Science 2025, Denver, CO, USA, 20 June 2025

TYP – PHASE 2A FM STUDY WITH UNIVERSITY OF MICHIGAN (TRP-8802)

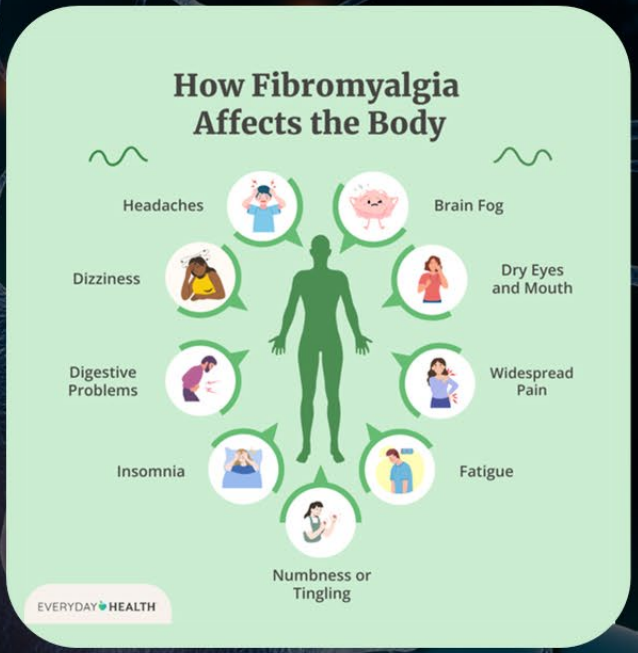
FMS characterised by widespread musculoskeletal pain, profound fatigue, sleep disturbances, and numerous other symptoms[1]

Symptoms of fibromyalgia often begin after physical or emotional trauma, such as an illness, surgery, infection, life event or injury[2]

While fibromyalgia pain feels like it's coming from a specific area of your body, it's actually originating in your brain, specifically from the nervous system[2]

Many drugs have a limited effect on Fibromyalgia Pain[1]

Co-morbidities include depression and health-related anxiety, sleep disturbances and increased suicide risk[2]



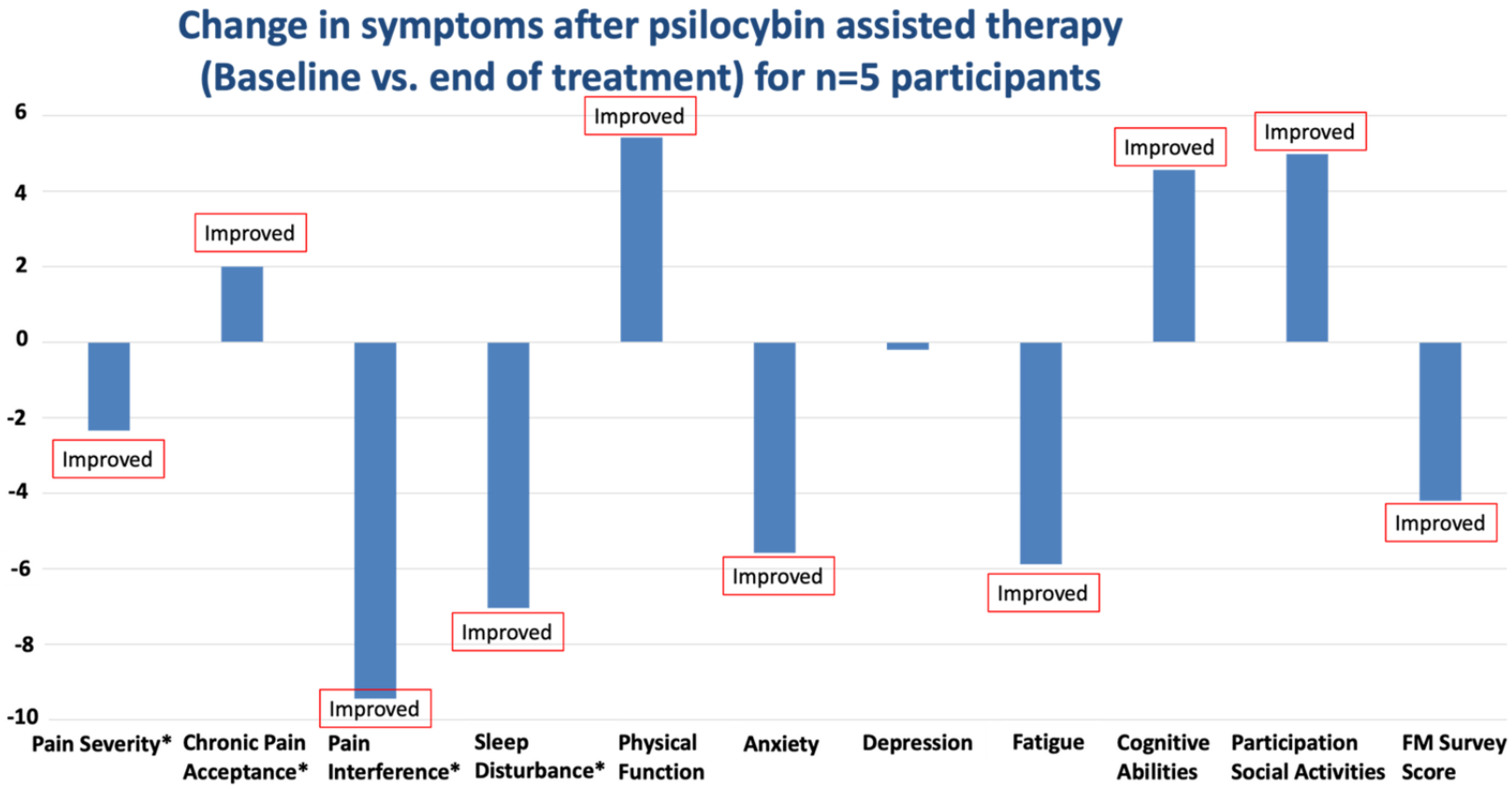
PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	5	UNIVERSITY OF MICHIGAN	Open label with psychotherapy	Initial Data Available	Full Clinical Study Data Release & 3 month follow up

First patient dosed in December 2023 with Data presented August 2024

1.Giorgi et.al.; Current Pain & Headache Reports; 23 July 2024; Pharmacological Treatment of Fibromyalgia Syndrome: A Practice-Based Review

2.Marks, J.; What is Fibromyalgia? Symptoms, Causes, Diagnosis, Treatment & Prevention; Everydayhealth.com/fibromyalgia/guide; Dec 15 2022

CHANGE IN FIBROMYALGIA SYMPTOMS AFTER TRP-8802



For T-scores, **changes of 2-6 points are considered a meaningful change**. For **pain severity, a 2-point difference is considered clinically significant**.
https://www.healthmeasures.net/score-and-interpret/interpret-scores/promis/meaningful-change

*Indicates secondary Outcome. CPAQ: Chronic Pain Acceptance Questionnaire. Pain Severity reported as change in aggregate pain score from the 7 days prior to the intervention to the end of the intervention. Sleep disturbance, pain interference, physical function, anxiety, depression, fatigue, participation in social activities, and cognitive abilities are all reported as T-scores per PROMIS scoring. Negative change scores indicate improvement for pain severity, pain interference, sleep disturbance, FM score, anxiety, depression, and fatigue. Positive change scores indicate improvement for CPAQ, physical function, participation in social activities, and cognitive abilities.

TYP – BINGE EATING DISORDER STUDY WITH UNIVERSITY OF FLORIDA: TRP 8802

Recurring episodes of eating large quantities of food and a loss of control over eating

25-50% of obese patients who seek weight-loss treatment suffer from problems with Binge Eating[1]

Limited treatments available for Binge Eating Disorder

Patients suffering from BED have multiple co-morbidities[2]:
- 94% have lifetime Psychiatric disorders
- 70% Mood disorders
- 59% Depression
- 32% PTSD
- 23% of BED sufferers have attempted suicide

PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	6	UF UNIVERSITY of FLORIDA	Open label with psychotherapy	Data announced Q1 2023	Scientific paper publication

Positive interim data announced in January 2023, including mean reduction >80% for Binge Eating Score confirmed as viable target for future studies using TRP-8803

1.Bruce et.al.; *Journal of the ADA,* Volume 96, Issue 1, Jan 1996, PP 58-61, *Binge Eating Among the Overweight Population: A Serious and Prevalent Problem*

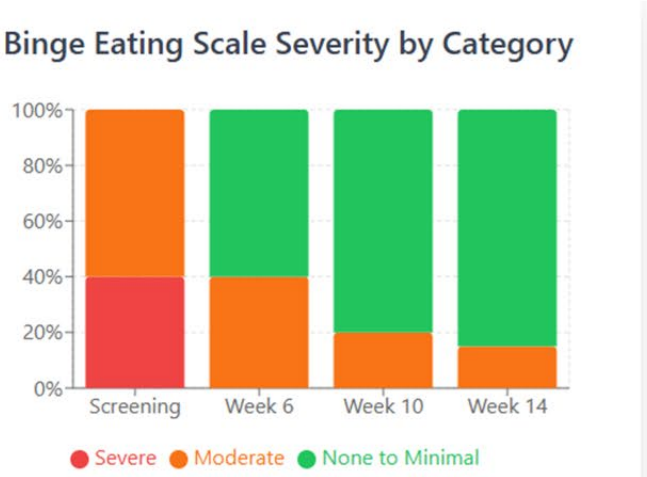
2.Keski-Rahkonen: *Current Opinion in Psychiatry* 34(6):p 525-531, November 2021. *Epidemiology of Binge Eating Disorder: prevalence, course, comorbidity & risk factors*

EARLY CLINICAL PROMISE WITH TRP-8802 IN BED DERISKS TRP-8803 PROGRAM

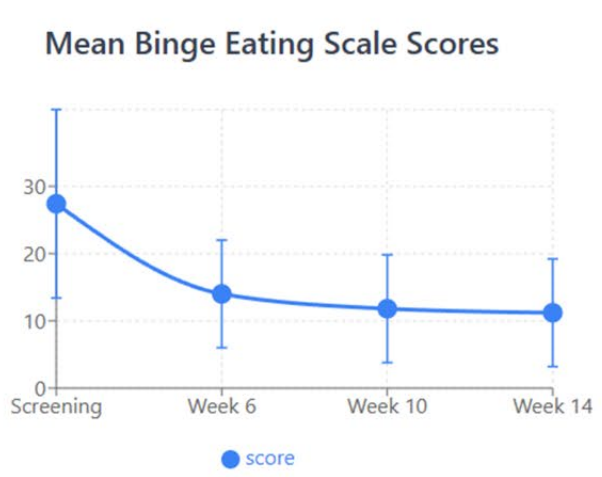
"These results from a single dose of psilocybin combined with therapy are clinically meaningful and highly promising. The magnitude of changes for most participants in binge eating, anxiety, and depression are dramatic."

Professor Jessie Dallery, Ph.D.

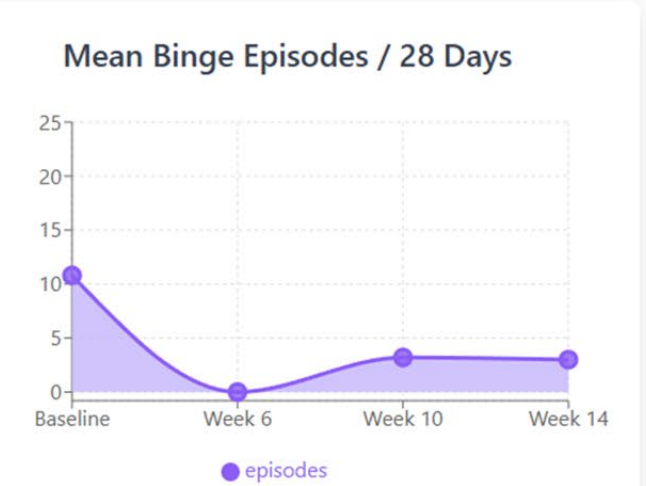
University of Florida, Lead Psychologist



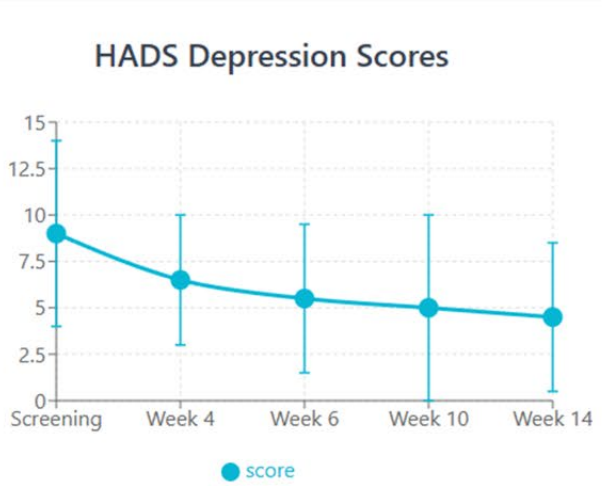
Patients in 'Severe' category reduced from ~40% to near 0% by Week 6.



Mean BES scores reduced by ~60% from 27.4 to 11.2 by Week 14.



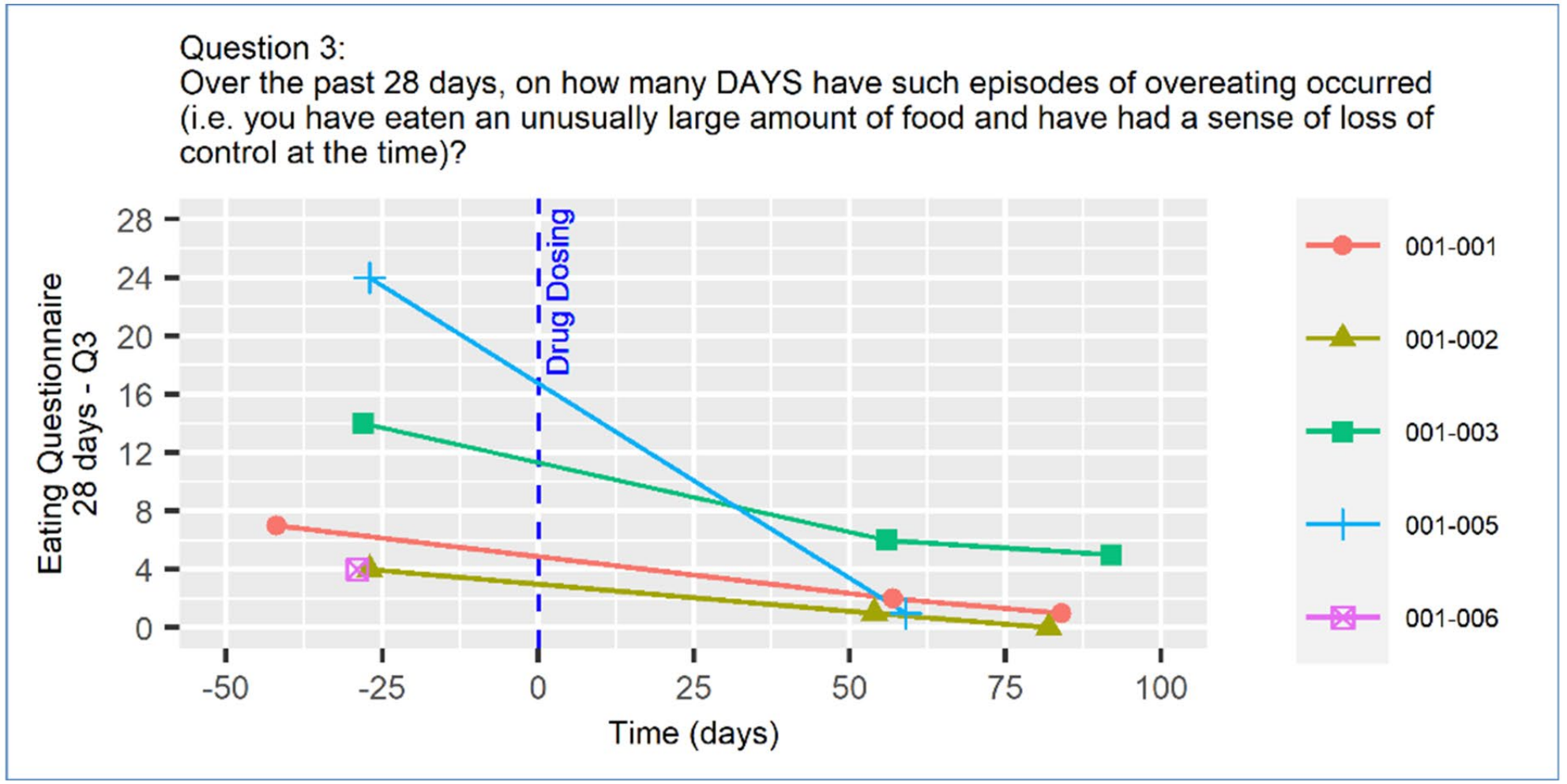
Mean binge episodes reduced by 100% from 10.8 to 0 by Week 6, remaining low.



Mean HADS Depression scores reduced by ~50% from 9.0 to 4.5 by Week 14.

TYP – PHASE 2A BED STUDY WITH UNIVERSITY OF FLORIDA (TRP-8802)

Durable efficacy over 14 weeks post-treatment after single dose (Oral psilocybin 25mg)



DESIGN THE APPROACH TO REMOVE THE BARRIERS TO THERAPY

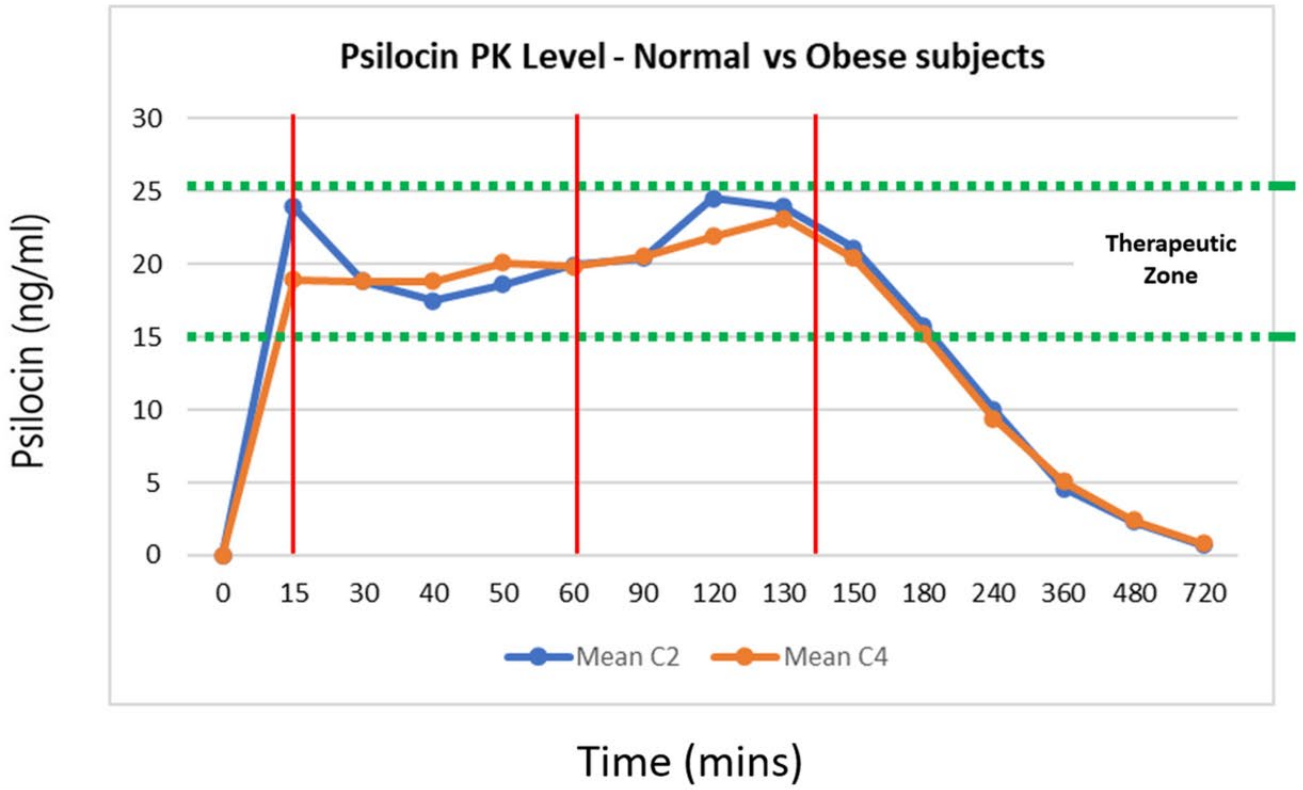
TRP-8803 : A Precision approach in Neuropsychiatry

	IV-infused Psilocin	Oral Psilocybin *
Short treatment duration of 1-2 hours	✓	✗ ~8-10 hours
Quick onset of psychedelic state (~15 minutes)	✓	✗ 1-2 hours
Precision targeting of drug blood levels in patients	✓	✗ highly variable
Patient safety - quickly reversible in emergency	✓	✗
Strong IP positioning	✓	✗
Commercially scalable	✓	?

* Companies developing oral psilocybin include: Compass Pathways, Cybin, USONA amongst many others

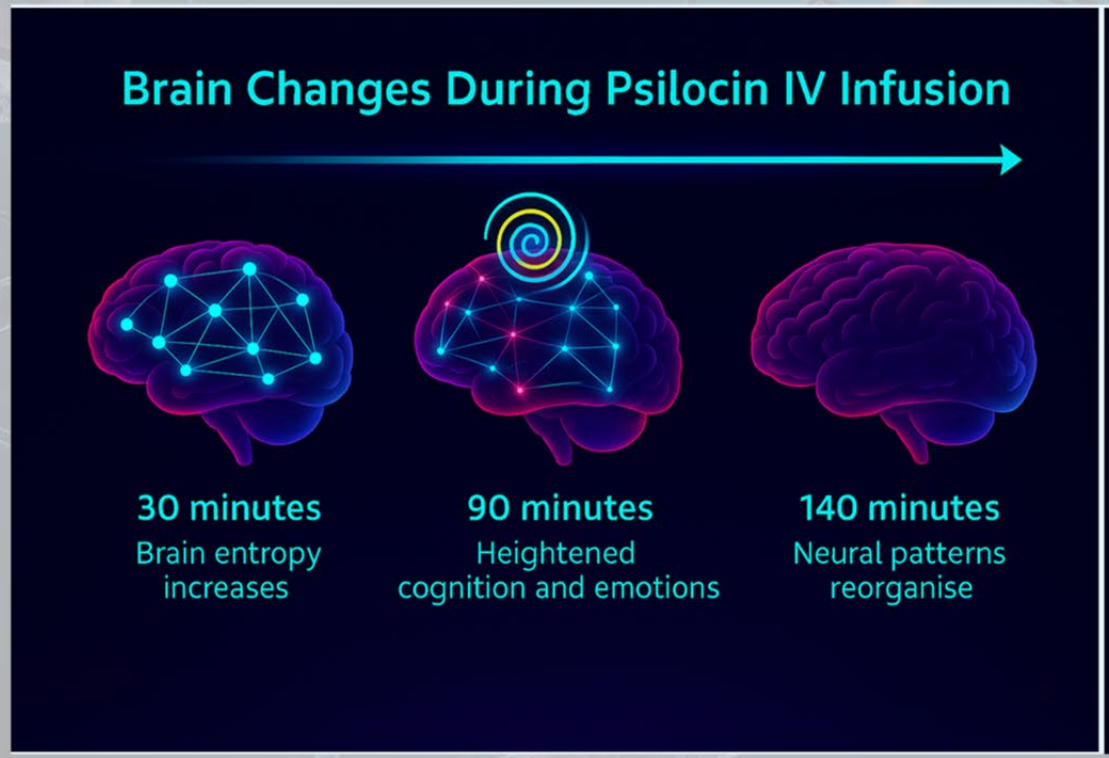
RESULTS PHASE I TRP-8803 CLINICAL SAFETY AND DOSE RANGING STUDY

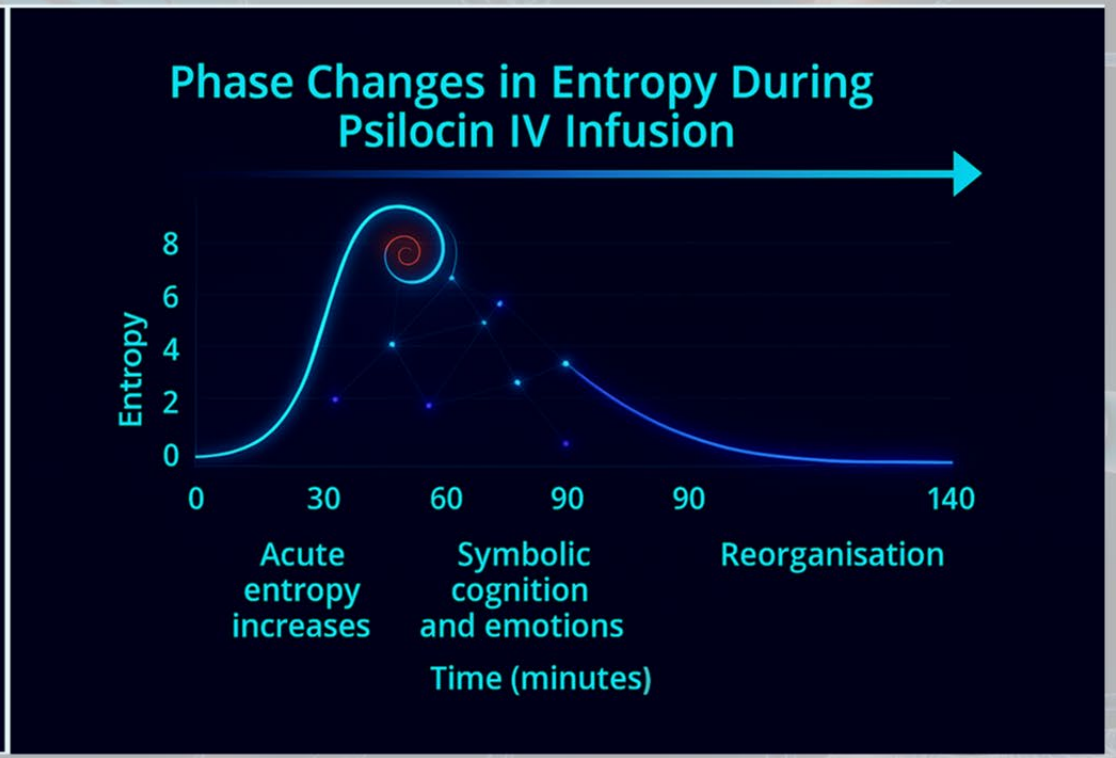
TRP-8803 achieves consistent blood levels within a target therapeutic zone across diverse cohorts



- Established Safety of TRP-8803 IV-infusion
- Confirmed achievement of target blood levels of psilocin within the Therapeutic Zone
- Confirmed reversibility of TRP-8803
- Achieved desired PK profile that improves adverse event profile
- Achieved dosing intensity of 9-10 within 15 minutes across target therapeutic dose cohorts
- Eliminates the need for weight-based dosing and removes significant interpatient variability
- Established doses and infusion rates to be utilised in upcoming patient studies

WHAT HAPPENS TO A PATIENT UNDERGOING IV-INFUSION OF TRP-8803?





WHAT IS BRAIN ENTROPY?

BRAIN ENTROPY quantifies the variability and richness of neural signals, reflecting cognitive flexibility, consciousness level, and brain network dynamics

1. **Deep Sleep (NREM):**
   - *The brain is quiet and synchronized, like a slow, steady heartbeat*
2. **Resting Wakefulness:**
   - *Thoughts drift inward while the brain follows familiar patterns*
3. **Focused Attention:**
   - *The brain sharpens its signals to concentrate on one clear task*
4. **Light Sleep / REM:**
   - *Dreaming begins as the brain plays vivid, emotional simulations*
5. **Active Wakefulness:**
   - *The brain adapts quickly to the world, blending sights, sounds, and decisions*
6. **Exercise / Flow State:**
   - *Movement and thought merge into smooth, effortless focus*
7. **Psychedelic State:**
   - *The brain breaks usual boundaries, generating symbolic and unexpected patterns*

BRAIN STATES BY ENTROPY LEVEL

BRAIN STATE	RELATIVE ENTROPY	DESCRIPTION
Deep Sleep (NREM)	Very Low (~0,1–0,3)	Highly synchronized, repetitive neural activity. Minimal sensory processing
Resting Wakefulness	Low (~0,3–0,5)	Detault mode network dominates. Predictable. internally focused thought
Focused Attention	Moderate- (~0,4–0,6)	Task positive networks engaged. Structured cognition, reduced variability
Light Sleep / REM	Moderate-High (~0,6–0,8)	Dreaming state. Increased neural variability, vivid imagery, emotional salience
Active Wakefulness	High (~0,7–0,9)	Sensory-rich, dynamic engagement with environment Flexible cognition
Exercise / Flow	High (~0,8–0,9)	Integrated sensorimotor and cognitive processing. Adaptive, embodied awareness
Psychedelic State	Very High (~0,9–1,0+)	Disintegration of default mode network. Expanded connectivity and symbolic flux

“The quality of any conscious state depends on the system's entropy measured via key parameters of brain function”

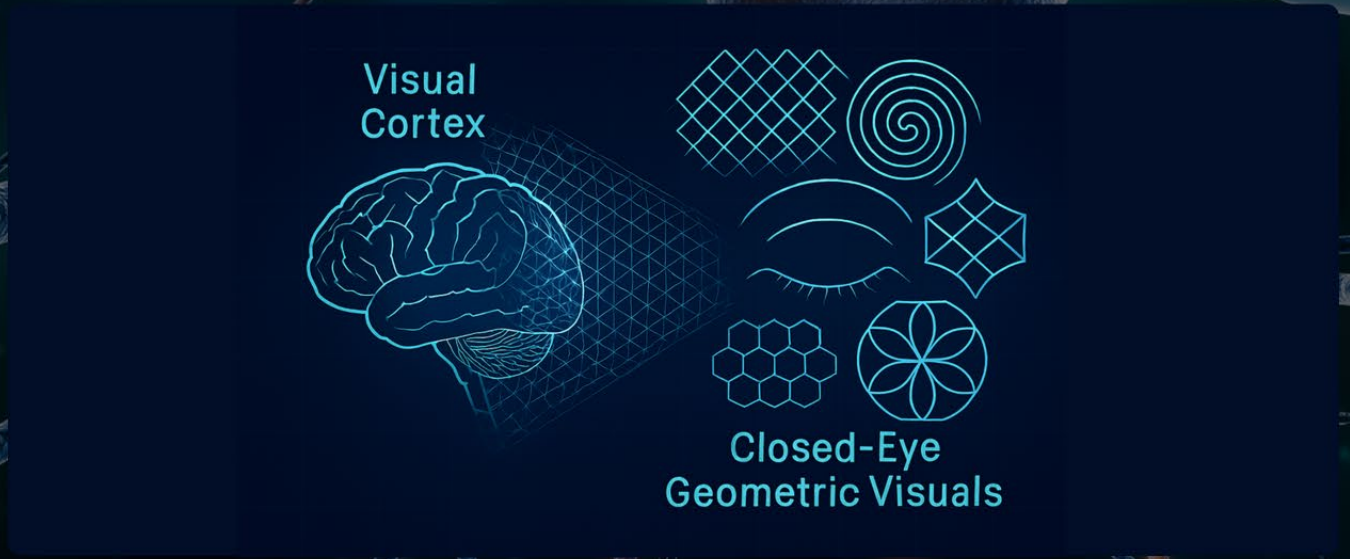
Professor Robin Carhart-Harris

EEG MEASUREMENT OF BRAIN ENTROPY & ITS POTENTIAL IN NEUROPSYCHIATRY

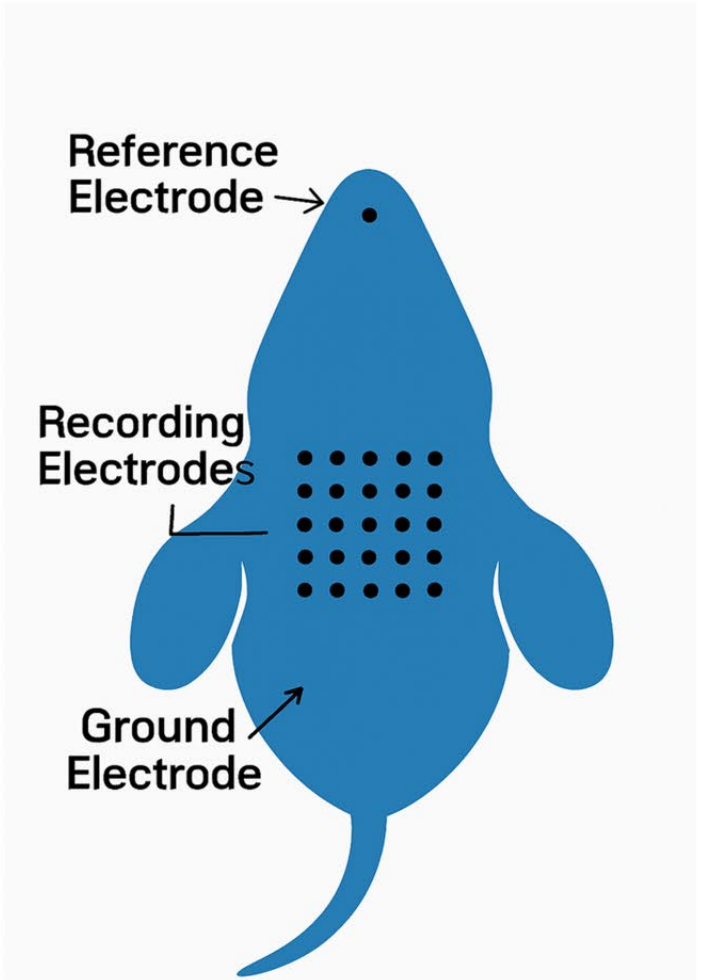
EEG: The Brain's Electrical Language

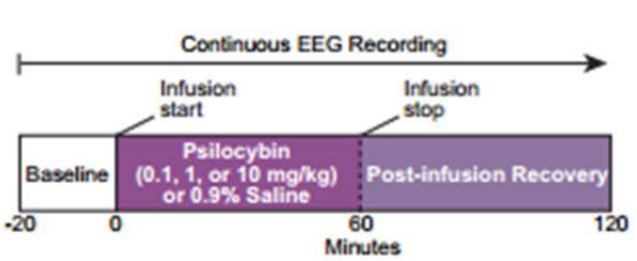
Non-invasive, high resolution, real-time brain signaling

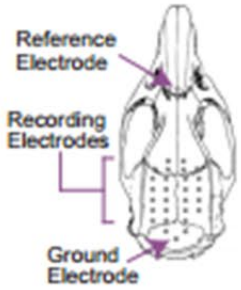
EEG captures the brain’s electrical language by recording voltage fluctuations from neuronal activity across the scalp.
These signals reflect synchronized firing of cortical neurons, revealing patterns like oscillations, rhythms, and transient bursts that encode perception, attention, emotion, and cognition.



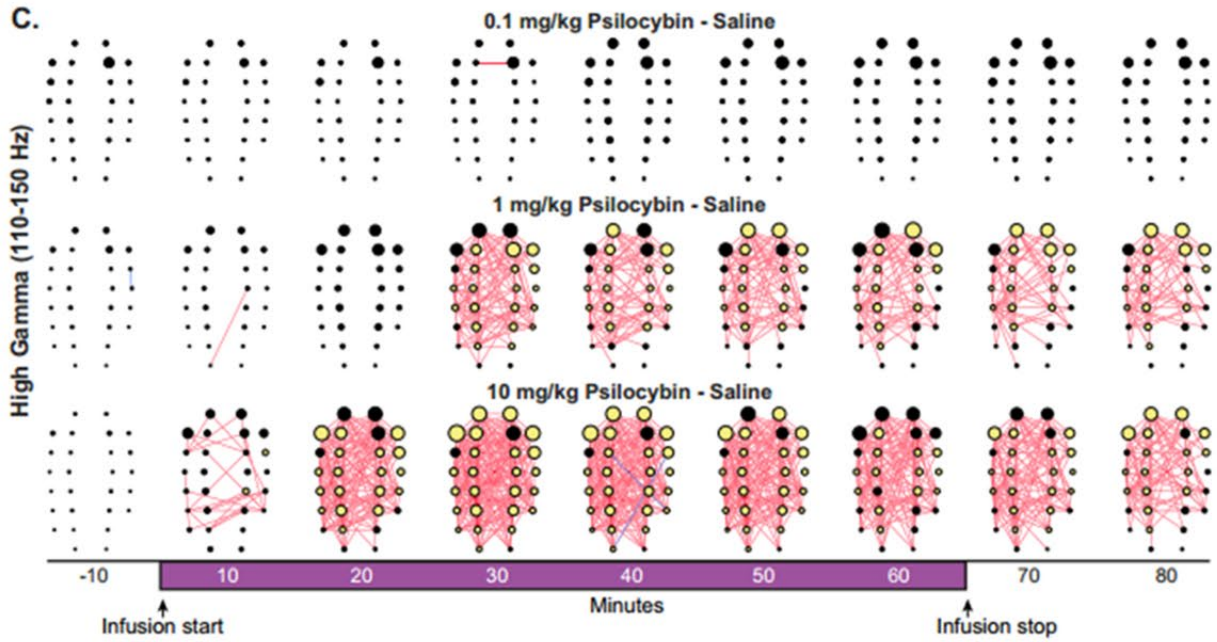
SIGNIFICANT CONNECTIVE NETWORK REORGANISATION IN ANIMAL MODELS





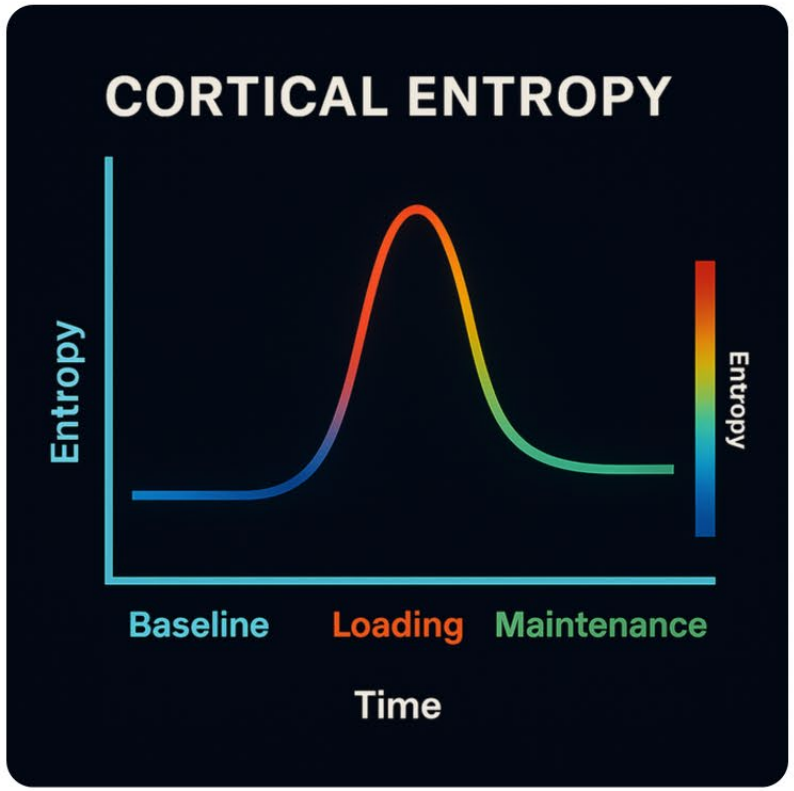


↑ Frontal High-Gamma & Posterior Theta Connectivity = Neuroplasticity

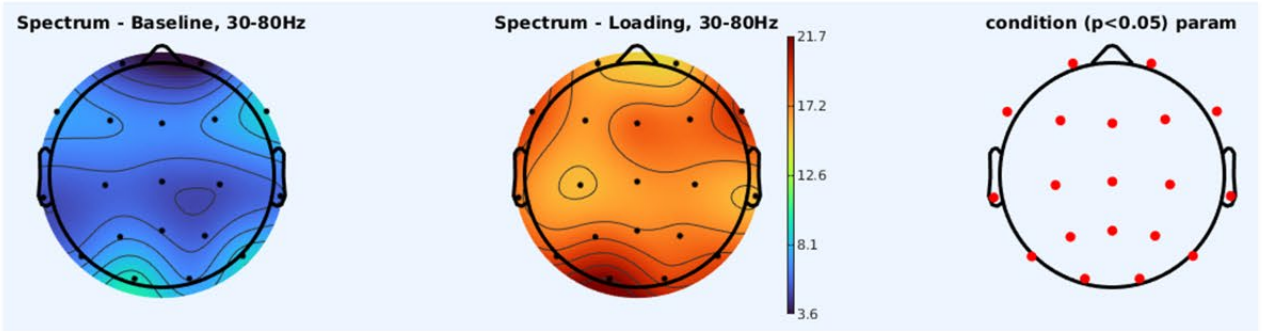


Source: Silverstein BH, Kolbman N, et al. Translational Psychiatry. 2025;15:93.

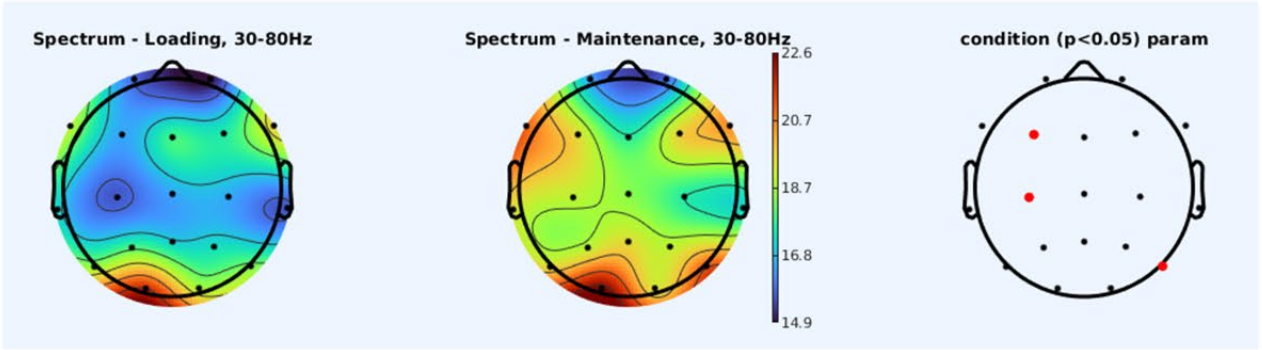
DEVELOPMENT OF THE FIRST MEASURABLE BIOMARKER IN NEUROPSYCHIATRY (TRP-8803 EEG PHASE 1B HUMAN DATA)



Baseline **Loading**



Loading **Maintenance**



Spectral power was significantly higher at all electrode points for loading dose phase vs baseline

Source: Data on File – Phase 1b real-time Electroencephalography [EEG] measurements throughout precision IV-infusion treatment with TRP-8803

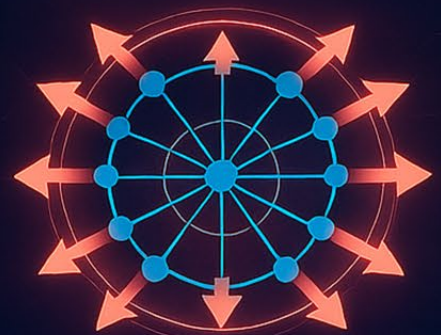
BRAIN ENTROPY: THE FIRST MEASURABLE BIOMARKER IN NEUROPSYCHIATRY MORE TO FOLLOW SOON…

Interpreting Psilocin-Induced Entropy Dynamics

Baseline

Dominated by low-entropy Default Mode Network (DMN) activity – marked by rigidity, repetition and constrained thought loops

Loading (0–20 mins)



Psilocin infusion disrupts theta-gamma wave coupling, triggering widespread gamma activation. The brain enters a high-entropy state, exploring novel connectivity patterns and forming new synaptic links

Maintenance

Entropy stablises at a higher set-point. Patient undergoes introspective integration within newly reorganized networks. Neural connectivity is now richer and more distributed

The elevated entropy profile reflects enhanced adaptability, emotional openness and cognitive flexibility – transforming a rigid system into a more dynamic one that's better able to navigate a rapidly changing environment

GLOBAL INTELLECTUAL PROPERTY PORTFOLIO

Patent applications and trade secrets based on novel methods for manufacturing, formulation, dosing and treatment of specific disease indications have been filed for all major global pharmaceutical markets

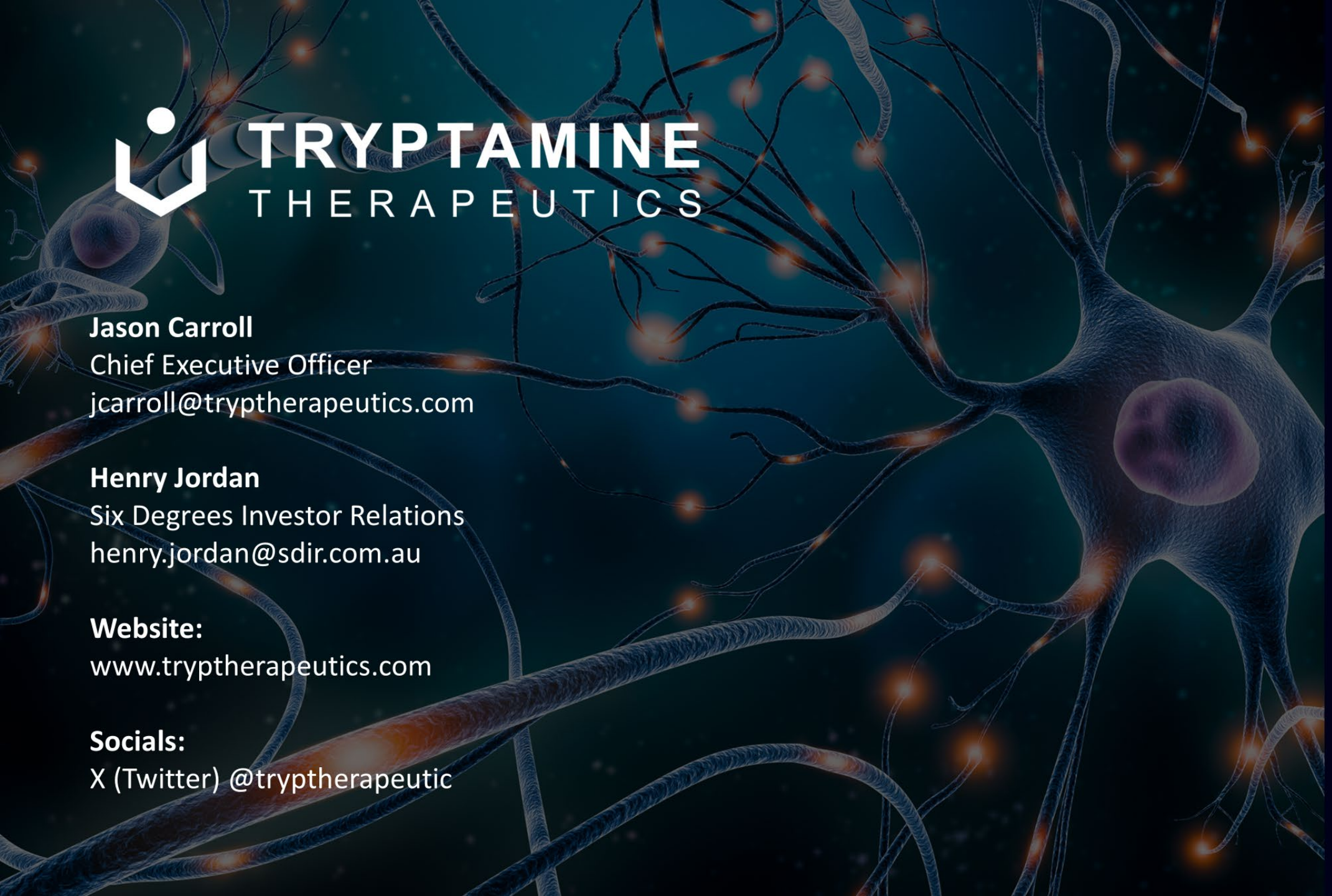
- Provisional patent filed in March 2021 (US 63/161,070) covering TRP-8803 (**IV-infused Psilocin**); converted to PCT filing March 2022; published September 22, 2022
- Provisional patent application covering the use of psilocybin and derivatives in the treatment of Binge Eating Disorder (BED) filed June 2022
- Provisional patent application for the treatment of fibromyalgia filed September 2022
- Provisional patent application for salt & co-formers of TRP-8803 filed September 2022
- Provisional patent for IBS filed January 2, 2023
- New patent family filed July 2025 (measurement)

Allens › ‹ Linklaters

HISTORICAL MILESTONES & PENDING CATALYSTS*

Milestone	Timing	Status
Completion of Tryp Therapeutics Inc. acquisition and $6.5m capital raise	H1 CY24	✔
Recommencement of trading of on ASX	H1 CY24	✔
Appointments to strengthen Scientific Advisory Board	H1 CY24	✔
Start of TRP-8803 Phase 1 trial (Australia)	H1 CY24	✔
TRP-8802 Fibromyalgia Phase 2a patient enrolment (in collaboration with University of Michigan)	H1 CY24	✔
TRP-8802 IBS Phase 2a trial commencement (in collaboration with Harvard)	H2 CY24	✔
Completion of TRP-8803 Phase 1 trial and interim results	H2 CY24	✔
TRP-8802 IBS Phase 2a interim data	H2 CY24	✔
TRP-8803 Phase 2 trial authorisations	H1 CY25	✔
TRP-8803 Phase 2 trial eating disorder trial commencement (Australia)	H1 CY25	✔
TRP-8802 IBS Phase 2a final data	H2 CY25	Pending
TRP-8803 initial BED data	H2 CY25	Pending
TRP-8802 fibromyalgia Phase 2a final data	H2 CY25	Pending
Commencement of new & significant TRP-8803 clinical study (TBA)	H2 CY25	Pending
Completion of TRP-8803 BED study (final data)	H1 CY26	Pending

**The timetable is indicative only and is subject to change (Calendar year is used)*



TRYPTAMINE
THERAPEUTICS

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