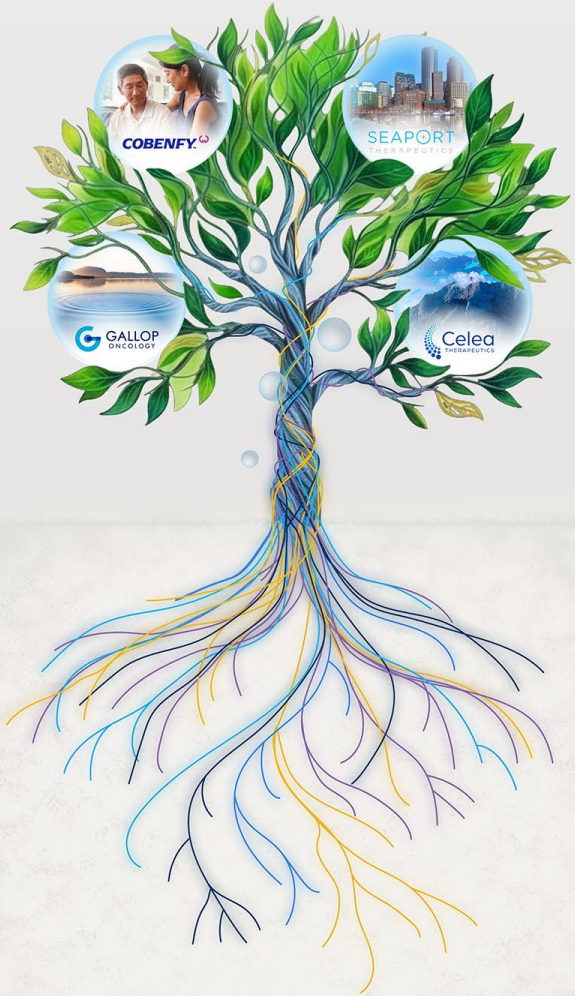
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2026 Half Year Results

September 22, 2026

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This document and the Presentation contain statements that are or may be forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward looking statements contained in Section 27A of the U.S. Securities Act of 1933, as amended and Section 21E of the Exchange Act of 1934, as amended. These statements are based on our management's current beliefs, expectations and assumptions about future events, conditions and results, and on information currently available to us. This document and the Presentation also contain estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

All statements other than statements of historical facts included in this document and the Presentation should be considered forward-looking statements, including without limitation, statements that relate to our expectations around our and our Founded Entities' therapeutic candidates and approach towards addressing major diseases, operational plans, future prospects, objectives, developments, strategies and expectations, the progress and timing of clinical trials and data readouts, the timing of regulatory approvals or clearances from the FDA, our future results of operations and financial outlook, including our anticipated cash runway and our forecasted cash, cash equivalents and short-term investments, and our ability to realize value for our shareholders.

Words such as "expect," "anticipate," "intend," "plan," "believe," "seek," "estimate," "think," "may," "could," "will," "would," "should," "continue," "potential," "likely," "opportunity" and similar expressions or variations of such words are intended to identify forward-looking statements, but are not the exclusive means of identifying forward-looking statements. Additionally, statements concerning future matters such as our expectations of business and market conditions, development and commercialization of new products, enhancements of existing products or technologies, and other statements regarding matters that are not historical are forward-looking statements.

The forward-looking statements are based on current expectations and currently available operating, financial and competitive information and are subject to known and unknown risks, uncertainties and other important factors that could cause actual results, performance and achievements to differ materially from current expectations, including, but not limited to, the following: our history of incurring significant operating losses since our inception; our ability to realize value from our Founded Entities; our need for additional funding to achieve our business goals, which may not be available and which may force us to delay, limit or terminate certain of our therapeutic development efforts; our limited information about and limited control or influence over our Non-Controlled Founded Entities; the lengthy and expensive process of preclinical and clinical drug development, which has an uncertain outcome and potential for substantial delays; potential difficulties with enrolling patients in clinical trials, which could delay our clinical development activities; side effects, adverse events or other safety risks which could be associated with our therapeutic candidates and delay or halt their clinical development; our ability to obtain regulatory approval for and commercialize our therapeutic candidates; our ability to compete with companies currently marketing or engaged in the development of treatments for indications within our programs are designed to target; our ability to realize the benefits of our collaborations, licenses and other arrangements; the impact of government laws and regulations; our ability to maintain and protect our intellectual property rights; our reliance on third parties, including clinical research organizations, clinical investigators and manufacturers; our vulnerability to natural disasters, global economic factors, geo-political actions and unexpected events; and the risks, uncertainties and other important factors described under the caption "Risk Factors" in our Annual Report on Form 20-F for the year ended December 31, 2025 filed with the SEC and in our other regulatory filings. These forward-looking statements are based on assumptions regarding the present and future business strategies of the Company and the environment in which it will operate in the future.

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

Each forward-looking statement speaks only as at the date of this document. Except as required by law and regulatory requirements, we disclaim any obligation to update or revise these forward-looking statements, whether as a result of new information, future events or otherwise.

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Our Founded Entities are comprised of Founded Entities we control and Founded Entities we do not control, all of which are incorporated in the United States. We formed each of our Founded Entities and have been involved in development efforts in varying degrees. In the case of Founded Entities we control, we continue to maintain majority voting control. With respect to Founded Entities we do not control, we may benefit from appreciation in our minority equity investment as a shareholder of such companies.

Agenda



1. 2026 YTD Highlights
2. PureTech Model & Portfolio Updates
3. Gallop Oncology Updates
4. Our Innovation Framework
5. Financial Highlights & Upcoming Catalysts
6. Q&A



2026 YTD Highlights, PureTech Model & Portfolio Updates

Robert Lyne
Chief Executive Officer

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2026 YTD Portfolio & Operational Highlights

Seaport Therapeutics
- ✓ $260M IPO (Nasdaq: SPTX) completed
- ✓ GlyphAllo™ Phase 1 driving simulation trial completed
- ✓ GlyphAgo™ Phase 1 proof-of-concept trial completed

Celea Therapeutics
- ✓ $180M financing completed
- ✓ Phase 3 SURPASS-IPF initiated

Gallop Oncology
- ✓ EOP1 meeting with FDA completed
- ✓ Fast Track Designation received for R/R HR-MDS

Innovation
- ✓ Innovation work in progress



~$220M PureTech level cash, cash equivalents as of June 30, 2026[1]

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R/R HR-MDS = relapsed/refractory high-risk myelodysplastic syndromes

[1] PureTech level cash, cash equivalents and short-term investments excludes cash and cash equivalents at non-wholly owned subsidiary of $0.1m. PureTech level cash, cash equivalents and short-term investments is a non-IFRS measure. For more information in relation to the PureTech level cash, cash equivalents and short-term investments and Consolidated cash, cash equivalents and short-term investments measures, please see slides 19 & 23.

PureTech Overview

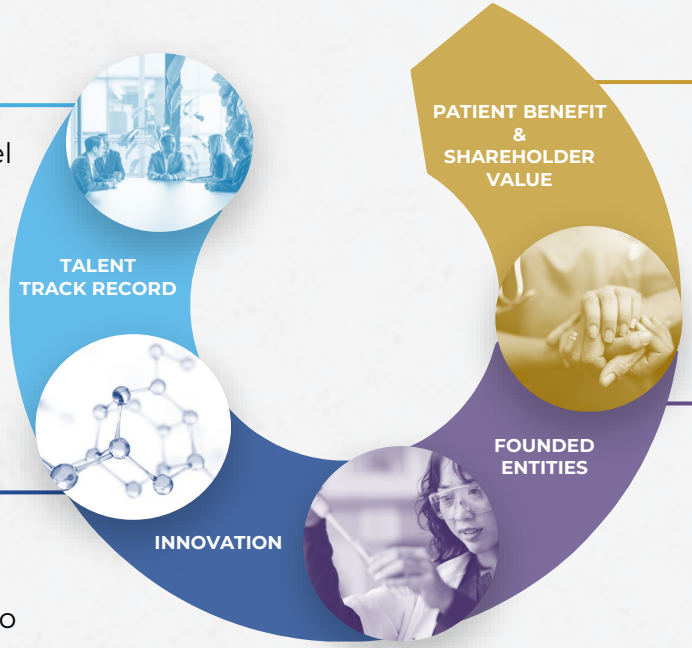
Deploying our differentiated hub-and-spoke model to give life to science and transform innovation into value

Strong Fundamentals

- Capital-efficient & self-funded model
- Deep clinical expertise
- Proven value-creation track record
  - ✓ 80% clinical success rate[1]
  - ✓ Three FDA approvals

De-risked, Differentiated Innovation

- Target clinically-validated therapeutics
- Rigorous de-risking & early go/no-go decisions
- Strategic innovation generates proprietary intellectual property



Maximize Stakeholder Benefits

- Deliver high-impact medicines for patients
- Maximize shareholder value through disciplined execution, durable growth, and thoughtful capital return

Value-driving Founded Entities

- Launch programs into Founded Entities
- Leverage external capital for efficient development
- Retain founding economics for significant upside

Celea THERAPEUTICS · SEAPORT THERAPEUTICS · GALLOP ONCOLOGY · COBENFY™

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[1] The percentage includes number of successful trials out of all trials run for all therapeutic candidates advanced through at least Phase 1 by PureTech or its historical Founded Entities from 2009 onward.

A Diversified Portfolio Well-Positioned for Significant Upside

	PureTech Economics		Clinical Maturity
	Equity[1]	**Non-dilutive**	
Celea Therapeutics *~$300M post-money valuation following financing*	35.4%	1-3% tiered royalties[2] on deupirfenidone net sales + up to $190M in milestones + 20% sublicense income	Phase 3 ongoing
Gallop Oncology	100%	Undisclosed	Phase 2 ready
Seaport Therapeutics (Nasdaq: SPTX)	31.2%	3-5% tiered royalties on Glyph product net sales + modest developmental & commercial milestones	Phase 2b ongoing
Karuna Therapeutics/ Cobenfy™	Acquired by BMS (March 2024)	2% royalty on annual Cobenfy sales above $2B + regulatory & commercial milestones	Commercial COBENFY™
New Innovation	Potential future Founded Entities		
Balance Sheet	~$220M PureTech level cash, cash equivalents as of June 30, 2026[3]		N/A

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[1] Relevant ownership interests in Gallop Oncology as of June 30, 2026; Celea Therapeutics as of July 1, 2026, on a fully diluted basis; and Seaport Therapeutics as of July 27, 2026, based on the common shares outstanding; [2] Celea will pay PureTech tiered royalties on annual net sales of Celea's products that use the deupirfenidone technology until the later of the last-to-expire patent or ten (10) years from the first commercial sale of such Celea product. These royalty amounts are potentially subject to customary reductions based on future events; [3] PureTech level cash, cash equivalents and short-term investments excludes cash and cash equivalents at non-wholly owned subsidiary of $0.1m. PureTech level cash, cash equivalents and short-term investments is a non-IFRS measure.

Cobenfy™ Economics to PureTech Based on Analyst Forecasts as of August 11, 2026

Potential ~$50 million in future economic value to PureTech between 2026-2033[1] based on analyst consensus for Cobenfy™ sales projections[2]

($ in millions)	2026	2027	2028	2029	2030	2031	2032	2033[1]
Low - High Analyst Consensus Range[2]	$250-315	$359-612	$431-1,433	$474-2,388	$498-3,032	$498-3,646	$498-4,839	$945-4,994
Average Cobenfy Analyst Consensus Sales Projections[2]	$275	$465	$815	$1,208	$1,578	$1,953	$2,350	$2,022
Annual Est. Royalties & Milestones to PureTech[3]	**$2**	**$2**	**$40[4]**	**-**	**-**	**-**	**$7**	**<$1**

- *2% royalty on annual Cobenfy sales above $2B*
- *Undisclosed regulatory & commercial milestones*

Projected Future Economics to PureTech **$51M**

Potential for significant upside upon approval in additional indications

Additional trial results from the Phase 3 ADEPT program in Alzheimer's psychosis in 2027
Topline results from the Phase 3 BALSAM program in bipolar disorder in 1H 2027[5]

NOTE: These values do not reflect PureTech's views or assumptions and are provided for informational purposes only. Analyst consensus sales projections reported by Bloomberg may include sales estimates for additional indications for which Cobenfy is not currently approved. Future Cobenfy sales may differ materially from what is presented here based on a variety of factors.
[1] Estimated Cobenfy patent expiration (including Patent Term Extension) in October 2033 pending PTE approval, after which all PureTech's rights to milestone and royalty payments will terminate; corresponding annual sales are prorated through October in 2033; [2] Source: Bloomberg as of 8/11/2026. We give no opinion on the sales projections, which have been prepared by third parties independent of PureTech; [3] Annual Est. Royalties & Milestones to PureTech is based on 2% of the average Cobenfy analyst consensus sales projections over $2b annually per Bloomberg, plus management's probability-weighted estimate of milestone payments. They do not include any potential payments of sublicense income; [4] Commercial and regulatory milestone payments, which in certain cases are subject to undisclosed conditions & timeline and achievement of which have been probability weighted based on management assumptions; [5] Source: BMS July 30, 2026, Q2 2026 Results.

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GALLOP ONCOLOGY

Gallop Oncology Updates

Eric Elenko, PhD
PureTech Co-founder &
Acting Chief Executive Officer of Gallop

LYT-200 Targets Galectin-9, a Key Driver in Myeloid Malignancies

Galectin-9: Groundbreaking Target

- Oncogenic driver and potent immunosuppressor
- Promotes multiple immunosuppressive pathways
- Blocking galectin-9 results in tumor cell death & induction of anti-tumor immunity

LYT-200: Mutation-Agnostic, Dual MOA

Gear 1

Kills cancer cells directly

- Apoptosis
- DNA damage

Gear 2

Kills cancer cells through activation of the immune system

- Activating T cells
- Activating NK cells

LYT-200 was initially explored in solid tumors (HNSCC) and hematological malignancies, with the latter prioritized based on unprecedented clinical data and enduring unmet need

LYT-200 is an investigational drug not approved by any regulatory authority.
MOA = mechanism of action; DNA = deoxyribonucleic acid; NK = natural killer; HNSCC = head and neck squamous cell carcinoma.

Portfolio Progress: Gallop Oncology

End-of-Phase 1 meeting with the FDA completed

- ✓ Provided a clear path to advance LYT-200 into Phase 2 STRIDE-MDS trial for the treatment of relapsed/refractory (R/R) high-risk myelodysplastic syndromes (HR-MDS)

Fast Track Designation granted by the FDA

- ✓ Facilitates the development and expedites the review of drugs
- ✓ Enables more frequent interactions with the FDA throughout development

Intends to leverage external capital to support the continued development of LYT-200 through the completion of the Phase 2 STRIDE-MDS trial and expect to secure capital in the first half of 2027

LYT-200 is an investigational drug not approved by any regulatory authority.
STRIDE-MDS = The **S**tudy of **T**wo **R**egimens **I**nvestigating **D**ose and **E**fficacy of LYT-200 in Relapsed/Refractory High-Risk **MDS**

High-Risk Myelodysplastic Syndrome (HR-MDS) is a Devastating Bone Marrow Cancer With Poor Survival

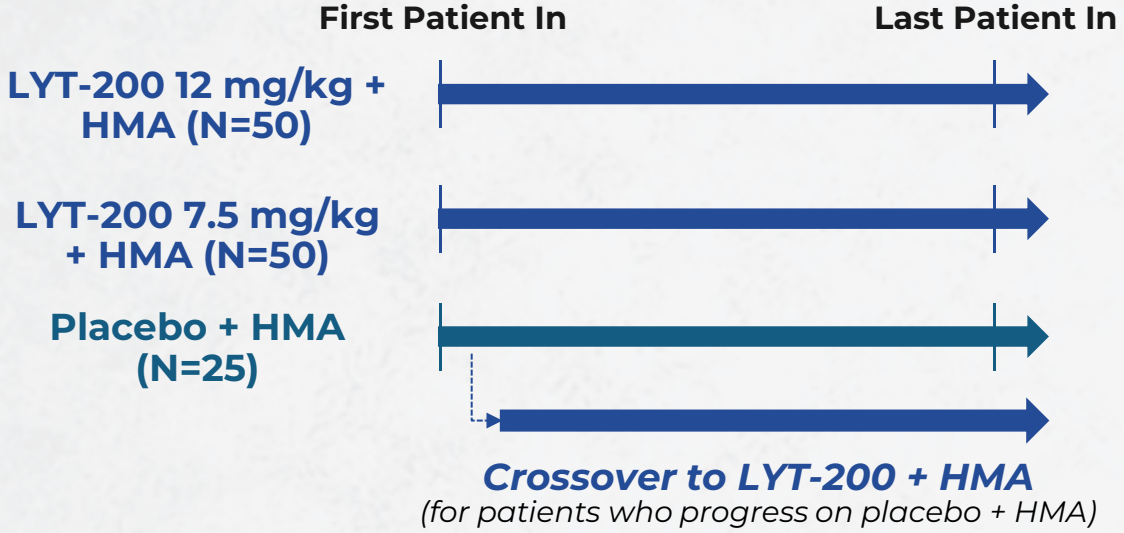
	Poor Survival Outcomes[1-5]	Significant Unmet Need[4]
Frontline	**<2 years** Median survival following diagnosis with HR-MDS	**1 drug class** Approved for 1st line MDS (Hypomethylating Agents or HMAs)
Relapsed / Refractory	**3-6 months** Survival once patient relapses or becomes refractory to treatment (R/R)	**1 therapy** Approved for R/R MDS, which addresses only ~3% of patients with specific genetic mutation

HR-MDS = High-risk myelodysplastic syndrome. Sources: [1]Greenberg, P. L., Tuechler, H., Schanz, J., Sanz, G., Garcia-Manero, G., Solé, F., Bennett, J. M., Bowen, D., Fenaux, P., Dreyfus, F., Kantarjian, H., Kuendgen, A., Levis, A., Malcovati, L., Cazzola, M., & Haase, D. (2012). Revised International Prognostic Scoring System for myelodysplastic syndromes. Blood, 120(12), 2454-2465. https://doi.org/10.1182/blood-2012-03-420489; [2] National Comprehensive Cancer Network. (2024). *NCCN Clinical Practice Guidelines in Oncology: Myelodysplastic Syndromes (Version 2.2024).* Retrieved from https://www.nccn.org; [3] Ma, X. (2012). Epidemiology of myelodysplastic syndromes. *The American Journal of Medicine, 125*(7 Suppl), S2-S5. https://doi.org/10.1016/j.amjmed.2012.04.014; [4] Garcia-Manero, G., Fenaux, P., Al-Kali, A., Baer, M. R., Sekeres, M. A., Roboz, G. J., et al. (2016). Rigosertib versus best supportive care for patients with high-risk myelodysplastic syndromes after failure of hypomethylating drugs (ONTIME): A randomised, controlled, phase 3 trial. *Lancet Oncology, 17*(4), 496-508. https://doi.org/10.1016/S1470-2045(16)00009-7; [5] Prébet, T., Gore, S. D., Esterni, B., Gardin, C., Itzykson, R., Thepot, S., Quesnel, B., Dreyfus, F., Beyne-Rauzy, O., Vey, N., Recher, C., Adès, L., Fenaux, P., & Groupe Francophone des Myélodysplasies. (2011). Outcome of patients with higher-risk myelodysplastic syndromes after azacitidine treatment failure. *Journal of Clinical Oncology, 29*(24), 3322-3327. https://doi.org/10.1200/JCO.2011.35.8135

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Design of Phase 2 STRIDE-MDS Study in R/R HR-MDS

The **S**tudy of **T**wo Regimens **I**nvestigating **D**ose and **E**fficacy of LYT-200 in Relapsed/Refractory High-Risk **MDS**



Patient Population (N=125)

- Post-HMA R/R MDS; high-risk by FDA accepted criteria
- Ineligible for high-dose chemotherapy as bridge for transplant

Primary Endpoint: Dose selection

Key Secondary Endpoint: CR + PR

Study Goals

- **Confirm efficacy of LYT-200 including against a placebo arm**
- **Satisfy FDA required dose-ranging requirement of PROJECT OPTIMUS**

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LYT-200 is an investigational drug not approved by any regulatory authority.
R/R = relapsed / refractory; HR-MDS = high-risk myelodysplastic syndromes; HMA = hypomethylating agents; CR = complete response; PR = partial response; BLA = Biologics License Application. Note: PROJECT OPTIMUS - https://www.fda.gov/about-fda/oncology-center-excellence/project-optimus



Our Innovation Framework

Greg Zugates, PhD
Vice President, Innovation & Research

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Launching Innovation From Existing pharmacology

Deploying our L.I.F.E Model to systematically unlock therapeutic potential

Goals

- **At least 3 Concept[1]-stage programs each year**
- **Additional details around our progress in H1 2027**

Approach



[1] A Concept-stage program refers to a potential therapeutic opportunity that has been prioritized for structured internal diligence based on its alignment with PureTech's innovation framework and the potential to advance toward development candidate nomination.

Case Studies of Our *LIFE* Model

	Target Significant Patient Need	Validated Pharmacology	Cause of Limitations	Novel Solutions
COBENFY™ *Schizophrenia*	• ~21M people worldwide are affected[1] • Historical antipsychotics have suboptimal efficacy & side effects challenges	• Xanomeline previously demonstrated compelling efficacy in schizophrenia and AD[2]	• Dose-limiting side effects	• PureTech invented & patented combination of xanomeline with trospium chloride to mitigate side effects & unlock xanomeline's potential
SEAPORT THERAPEUTICS *Psychiatric diseases*	• ~332M people worldwide are affected[3] • Current MDD drugs often have modest efficacy, slow onset of action and unfavorable side effects	• Allopregnanolone has been clinically validated as a rapidly acting antidepressant with anxiolytic and sleep-promoting effects	• Very low oral bioavailability	• PureTech leveraged Glyph technology to create novel compounds, bypassing liver degradation & overcoming bioavailability limitations
Celea THERAPEUTICS *Idiopathic Pulmonary Fibrosis*	• ~233K people in the US and EU5 are affected[4-10] • Historical treatments have suboptimal efficacy	• Pirfenidone is approved to treat IPF	• Efficacy limited by tolerability	• PureTech demonstrated that deuterium modification enhanced the beneficial pharmacology and exposure of pirfenidone without compromising the tolerability profile

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[1] Schizophrenia Resources | COBENFY™ (xanomeline and trospium chloride). (2024). Cobenfy.com. https://www.cobenfy.com/living-with-schizophrenia; [2] Alzheimer's Disease; [3] World Health Organization, 2025; [4] Raghu, Ganesh, et al. "Incidence and prevalence of idiopathic pulmonary fibrosis in US adults 18–64 years old." European Respiratory Journal 48.1 (2016): 179-186; [5] Raghu, Ganesh, et al. "Idiopathic pulmonary fibrosis in US Medicare beneficiaries aged 65 years and older: incidence, prevalence, and survival, 2001–11." The lancet Respiratory medicine 2.7 (2014): 566-572; [6] Kreuter, Michael, et al. "Epidemiology, healthcare utilization, and related costs among patients with IPF: results from a German claims database analysis." Respiratory Research 23.1 (2022): 62; [7] Snell, N., et al. "P272 Epidemiology of idiopathic pulmonary fibrosis in the UK: findings from the British lung foundation's 'respiratory health of the nation' project." (2016): A236-A236; [8] French guidelines PNDS; [9] Rodríguez-Nieto, Maria Jesus, et al. "Economic burden of idiopathic pulmonary fibrosis in Spain: a prospective real-world data study (OASIS study)." PharmacoEconomics 41.8 (2023): 999-1010; [10] Iommi, Marica, et al. "Occurrence of idiopathic pulmonary fibrosis in Italy: latest evidence from Real-World data." International Journal of Environmental Research and Public Health 19.5 (2022): 2510.



Financial Highlights & Upcoming Catalysts

Robert Lyne
Chief Executive Officer

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Financial Highlights

Cash Flow and Liquidity	June 30, 2026 $ millions	December 31, 2025 $ millions
Cash and Cash Equivalents	121.3	252.5
Short-term investments	98.8	24.8
Consolidated Cash, cash equivalents and short-term investments	**220.1**	**277.3**
Less: Cash and Cash Equivalents held at non-wholly-owned subsidiaries	(.1)	(.2)
PureTech Level Cash, cash equivalents and short-term investments[1]	**220.0**	**277.1**

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[1] PureTech Level Cash, cash equivalents and short-term investments is a Non-IFRS measure.

Near-term Priorities & Catalysts

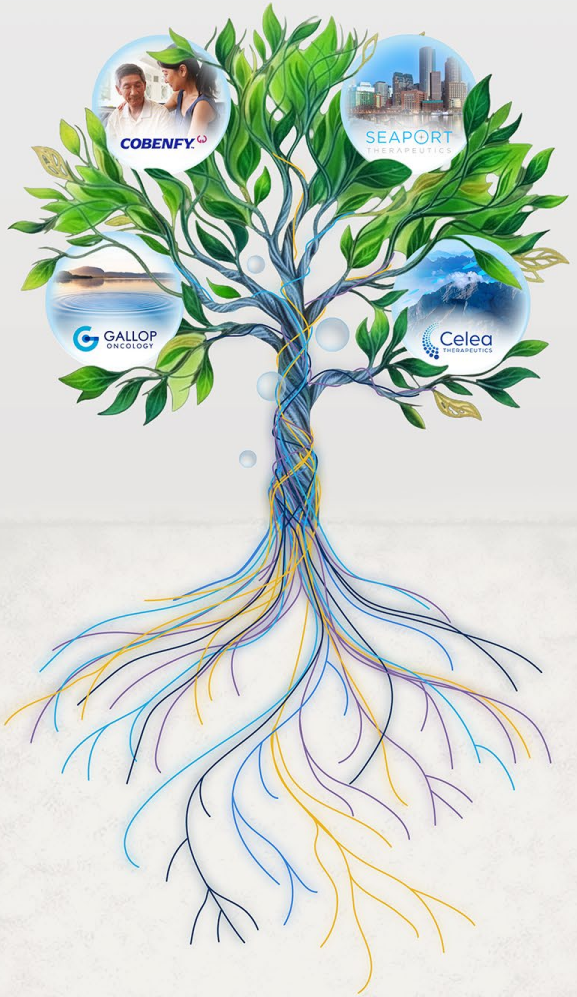
	Equity[1]	Priority & Catalyst	Timing
Celea Therapeutics	35.4%	☑ Secure external funding	By early Q3 2026
		☑ Initiate Phase 3 SURPASS-IPF trial in IPF	In early Q3 2026
		❑ Topline results from Phase 3 SURPASS-IPF trial in IPF	H2 2029
Gallop Oncology	100%	☑ Final results from Phase 1b trial in MDS/AML	H1 2026
		☑ End-of-Phase 1 meeting with the FDA	2026
		❑ Secure external capital	H1 2027
Seaport Therapeutics (Nasdaq: SPTX)	31.2%	☑ GlyphAllo: Topline data from Phase 1 driving simulation trial	H2 2026
		❑ GlyphAllo: Topline data from Phase 2b BUOY-1 trial in MDD	H1 2027
		❑ GlyphAgo: Initiation of Phase 2a proof-of-pharmacology trial in GAD	H2 2026
		❑ GlyphAgo: Initiation of Phase 2b trial in GAD	H1 2027
		❑ GlyphAgo: Topline data from Phase 2a proof-of-pharmacology trial in GAD	Early 2028
		❑ GlyphAgo: Topline data from Phase 2b trial in GAD	YE 2028
		❑ Glyph2BLSD: Completion of first-in-human enabling studies	YE 2027
Innovation	100%	❑ Progress at least 3 concept-stage programs	Each year
		❑ Additional details around our progress towards these goals	H1 2027
Balance Sheet	~$220M PureTech level cash, cash equivalents as of June 30, 2026[2]		

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MDD = major depressive disorder; GAD = generalized anxiety disorder. [1] Relevant ownership interests in Gallop Oncology as of June 30, 2026; Celea Therapeutics as of July 1, 2026, on a fully diluted basis; and Seaport Therapeutics as of July 27, 2026, based on the common shares outstanding; [2] PureTech level cash, cash equivalents and short-term investments excludes cash and cash equivalents at non-wholly owned subsidiary of $0.1m. PureTech level cash, cash equivalents and short-term investments is a non-IFRS measure.

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Thank You



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Appendix

Non-IFRS Measures

Reported Performance

Reported performance considers all factors that have affected the results of our business, as reflected in our condensed consolidated financial statements.

Core Performance

Core performance measures are alternative performance measures which are adjusted and non-IFRS measures. These measures cannot be derived directly from our Condensed Consolidated Financial Statements. We believe that these non-IFRS performance measures, when provided in combination with reported performance, will provide investors, analysts and other stakeholders with helpful complementary information to better understand our financial performance and our financial position from period to period. The measures are also used by management for planning and reporting purposes. The measures are not substitutable for IFRS financial information and should not be considered superior to financial information presented in accordance with IFRS.

Cash flow and liquidity

PureTech Level Cash, cash equivalents and short-term investments

Measure type: Core performance.

Definition: Cash and cash equivalents, and Short-term investments held at PureTech Health plc and only wholly-owned subsidiaries.

Why we use it: PureTech Level Cash, cash equivalents and short-term investments is a measure that provides valuable additional information with respect to cash, cash equivalents and short-term investments available to fund the Wholly Owned programs and make certain investments in Founded Entities