INITIATION OF COVERAGE

AB SCIENCE S.A. (ENXTPA: AB)

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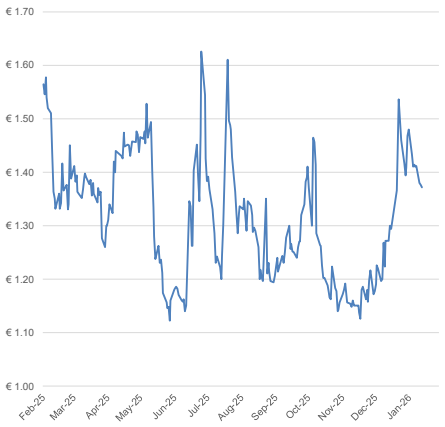
Market Statistics in EUR	
Price	€ 1.37
52 week Range	€0.97 - €1.73
Daily Vol (3-mo. average)	226,026
Market Cap (M)	€ 99.94
Enterprise Value (M)	€ 113.99
Shares Outstanding: (M)	72.9
Float (M)	27.9

Financial Summary in EUR	
Cash (M)	€ 5.03
Cash/Share	€ 0.08
Debt (M)	€ 19.08
Equity (M)	€ (27.32)
Equity/Share	€ (0.41)



COMPANY DESCRIPTION

Founded in 2001, AB Science is a pharmaceutical company specializing in the research, development and commercialization of protein kinase inhibitors (PKIs), a class of targeted proteins whose action are key in signaling pathways within cells. The programs only targets diseases with high unmet medical needs, often lethal with short term survival or rare or refractory to previous line of treatment. AB Science has developed a proprietary portfolio of molecules and the Company's lead compound, masitinib, has already been registered for veterinary medicine and is being developed in human medicine in oncology, neurological diseases, inflammatory diseases and viral diseases. The company is headquartered in Paris, France, and listed on Euronext Paris (ticker: AB).

Overview: AB Science is a late-stage biotech advancing masitinib, an oral, selective tyrosine kinase inhibitor designed to modulate maladaptive neuroinflammation through mast-cell and microglia/macrophage pathways. The Company is positioning masitinib as an add-on therapy across ALS, progressive MS, and AD, while maintaining earlier-stage upside through AB8939 in AML. The combination of a treatment for ALS along with the optionality that comes with the rest of the Company's portfolio makes us excited to monitor the development of AB's Masitinib asset.

Masitinib in ALS: Masitinib's ALS program is supported by prior Phase 2B/3 data in a pre-planned normal progressor population, where AB has reported statistically significant functional benefit and improved median progression-free survival. The confirmatory Phase 3 (AB23005) is FDA-authorized and approved under CTIS steps 1–2 in the EU, requires riluzole, and permits edaravone in the US if initiated prior to baseline, with a 48-week design built around regulator-aligned endpoints. We are optimistic that this pathway will lead to commercialization before the end of the decade and have modeled accordingly.

Masitinib in ALS Pathway: EMA did not grant conditional marketing authorization based on the earlier dataset due to remaining uncertainty around robustness in a heterogeneous ALS population, including baseline-severity considerations in a subset of patients. It is believed that Phase 3 success probability is improved because AB23005 prospectively addresses these issues through enrollment criteria intended to reduce heterogeneity, greater statistical power, and endpoints aligned to EMA and FDA expectations, while preserving the clinically relevant 48-week assessment window. This updated approach allows us to look past the previous hurdles.

Masitinib in MS and AD: In progressive MS, the Phase 3 trial is authorized in the US and 12 EU countries with ~94 sites initiating, and targets time to confirmed EDSS progression, consistent with the clinical objective of slowing disability accumulation. In AD, prior add-on data showed statistically significant effects on cognition and daily function at 24 weeks, supporting a confirmatory Phase 3 authorized in the US and key European countries with co-primary cognitive and functional endpoints at 24 weeks and longer-horizon secondary outcomes.

AB8939: AB8939 is a Phase 1 AML asset, differentiated by dual targeting of microtubules and ALDH pathways intended to address both proliferating blasts and resistant stem-like populations. Dose escalation is complete and the program is now in combination cohorts with venetoclax and venetoclax plus azacitidine, setting up additional data-driven milestones.

Financing: AB Science's financing approach is expected to balance traditional capital markets activity with non-dilutive alternatives where feasible, including regional partnering, structured funding options, and grand options. Near-term funding priorities should remain centered on executing late-stage masitinib programs while progressing AB8939 combinations, with capital decisions likely tied to the cadence of clinical milestones and the Company's ability to raise on favorable terms around value inflection points.

Valuation: We use a Discounted Cash Flow Model when valuing AB. Our model returns a valuation range of €3.65 to €6.69 with a mid-point of €4.89.

Business Overview

AB Science is a Paris-based clinical-stage biopharmaceutical company developing small molecules for diseases with high unmet need. The lead program, Masitinib (oral), a tyronise kinase inhibitor selectively targeting mast cells and microglia, is advanced across three late-stage neurodegenerative indications with phases 3 authorized in amyotrophic lateral sclerosis (ALS), progressive forms of multiple sclerosis (MS), and Alzheimer's disease (AD) with Beyond neurodegeneration, the pipeline includes a second platform with a portfolio of synthetic agents that jointly target cancer cells, with the first asset AB8939 (IV) in phase 1 in AML. The company also successfully registered a proprietary veterinary product (canine mast cell tumor) that demonstrates commercial-grade CMC and pharmacovigilance capabilities.

Exhibit 1: Pipeline Overview

Proprietary Drug Portfolio

Platform	Drug / *Target*	Therapeutic area	Indication	Development Stage	Financing Need	Staggered Potential Milestones
Tyrosine Kinase Inhibitor	Masitinib (Veterinary)	Oncology	Canine Mast Cell Tumor	Registered in the EU (>1M€ annual sales)		
Tyrosine Kinase Inhibitor	Masitinib (Oral)	Neuro-degenerative Diseases (NDD)	Amyotrophic Lateral Sclerosis	Phase 3 *Authorized*	22 M€ budget	End Enrolment / Read-out / EAP and Launch
			Progressive Forms of Multiple Sclerosis	Phase 3 *Sites initiated*	To be financed through partnership	Financing
			Alzheimer's Disease	Phase 3 *Authorized*		
		Blood diseases	Sickle Cell Disease[1)]	Phase 2 *To be authorized*	Fully funded by a 9M€ grant of 9M€	Biomarkers / Read-out
ALDH / Microtubule	AB8939 (IV)	Hematology	Acute Myeloid Leukemia (AML)	Phase 1 *Initiated*	Fully Funded	Phase 1 read-Out / Expansion phase Read-out
Tyrosine Kinase Inhibitor		Neuro-degenerative Diseases (NDD)		Drug Discovery		

2026 2027 2028 2029

Source: Company Reports

Execution is anchored by an experienced, stable management team led by Co-founder & CEO Alain Moussy, Scientific Chair Prof. Olivier Hermine, and CMO Dr. Christian Fassotte. This team has consistently progressed multiple late-stage programs through regulator-aligned designs and site initiations. The Company highlights ongoing partnership discussions for the NDD franchise and non-dilutive financing for the sickle-cell Phase 2 (government grant €9M), reinforcing optionality in business development and capital strategy.

Asset Overview: Masitinib

Masitinib is an oral, selective tyrosine kinase inhibitor (TKI) designed to modulate maladaptive neuroinflammation by targeting mast cells and macrophages and microglia. The drug inhibits kinases including c-KIT, Lyn and Fyn, and CSF1R, pathways implicated in immune-cell activation and inflammatory signaling that can amplify neurodegenerative injury. AB Science's core thesis is that dampening mast-cell and microglia and macrophage crosstalk across peripheral and central compartments can translate into disease-modifying benefit across multiple neurodegenerative settings where chronic, dysregulated inflammation is believed to contribute to progression.

Exhibit 2: Masitinib Overview

Masitinib targets mast cells

- Masitinib is designed to be a potent and selective inhibitor of c-Kit, Lyn, and Fyn kinases. These kinases play critical roles in the activation of mast cells

Masitinib targets macrophages/microglia

- Masitinib is designed to be a potent and selective inhibitor of MCSFR-1

Kinase inhibition profile of masitinib

Cellular Target	Molecular Target	IC_{50} [nM]	Kd [µM]
Mast cells	KIT wild-type (WT)	20	0.008
	FYN	240	0.14
	LYN	225	0.061
Macrophages / Microglia	MCSFR-1	90	0.0076

Dubreuil 2009, PLoSONE.4(9):e7258; AB Science. Davis 2011, Nat Biotechnol; 29(11):1046

Source: Company Reports

Across programs, masitinib is positioned as an add-on therapy compatible with standard-of-care regimens rather than a replacement. In ALS, the protocol requires riluzole and permits edaravone under defined conditions. In AD, the program is designed on top of standard symptomatic therapies. This combination-ready approach is central to AB Science's development strategy, with late-stage trials structured around clinically meaningful functional endpoints in each disease. From a safety and practicality standpoint, EMA's most recent benefit-risk assessment considered masitinib's safety acceptable for continued ALS development, supported by a safety database exceeding 4,300 exposed patients across studies and indications, with a substantial subset treated beyond two years. Drug-drug interactions are viewed as manageable, primarily CYP3A4, and management has indicated an oral solution is planned alongside tablets to support real-world administration.

AB Science also emphasizes a multi-layered protection strategy that combines intellectual property and regulatory exclusivities. Method-of-use protection in ALS normal and slow progressors extends to 2037 in the U.S., with orphan exclusivity and potential data exclusivity further supporting durability if approved. The Company's MS and AD strategies are positioned similarly, tying trial populations to claim language and expected label text to strengthen enforceability and extend protection through approximately 2041 depending on jurisdiction.

Masitinib in ALS: Masitinib's ALS program is anchored by prior Phase 2B/3 data (AB10015) in a pre-planned "normal progressor" population (ALSFRS-R decline <1.1 points/month), where the Company reports statistically significant functional benefit and a median progression-free survival improvement. This dataset is intended to define a prospectively enriched responder population for confirmatory testing and, importantly, to reduce heterogeneity that can obscure signal in ALS.

The confirmatory Phase 3 (AB23005) is FDA-authorized and approved under CTIS steps 1-2 in the EU. The protocol requires riluzole background therapy and permits edaravone in the US if initiated prior to baseline, aligning the trial with real-world treatment patterns while maintaining a controlled framework for assessment of functional decline and survival-related outcomes.

The European Medicines Agency previously declined to grant conditional marketing authorization for masitinib in ALS based on AB10015 because, in the Agency's view, the clinical evidence did not yet remove enough uncertainty for an early approval in a heterogeneous, rapidly progressive disease.

Management believes the probability of Phase 3 success is meaningfully improved because AB23005 is explicitly engineered to address those EMA concerns prospectively, for example it more than doubles the per-arm sample size versus the responder cohort in AB10015 to increase statistical power. Importantly, EMA's benefit-risk assessment considered masitinib's safety acceptable for continued evaluation in ALS, which reduces development friction as the program moves into confirmatory testing.

Exhibit 3: EMA Objections

EMA Assessment		Mitigation
CGP Compliance	EMA inspection highlighted GCP deviations	▪ For Phase 3, a global partner will ensure data quality and integrity.
Primary analysis population	EMA disagreed with the exclusion of fast progressors in the primary analysis after study started even if the amendment was early	▪ Exclusion of Fast progressors and the definition of fast progressors have been validated by EMA's Scientific Advisory Group Neurology ▪ Exclusion of fast progressors is prespecified in the confirmatory phase 3
Imputation of Missing Data	Missing data should be treated with a penalty in case of discontinuation.	▪ Integrated in the statistical part of the confirmatory study ▪ The sample size has been inflated to detect a significant treatment effect with two conservative imputation methods, Copy Increment in Reference (CIR) and Jump to Reference (JTR)

Source: Company Reports

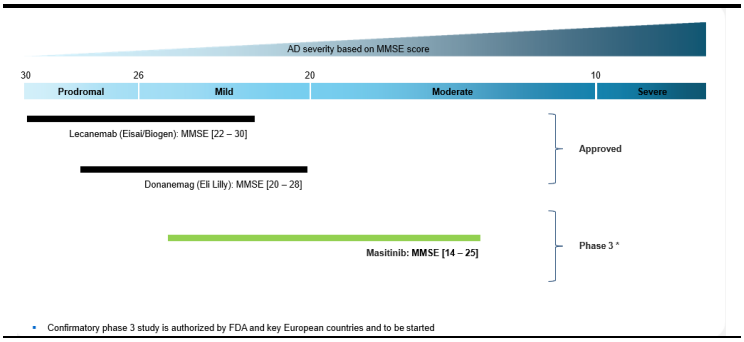
Masitinib in Progressive MS: In progressive MS, AB Science is targeting disability progression under the hypothesis that inflammation-driven neurodegeneration remains a key driver even in more advanced disease phenotypes. The Company references prior Phase 2B/3 experience as supportive of a disability progression effect at 4.5 mg/kg/day, which underpins the rationale for confirmatory evaluation.

A Phase 3 trial is authorized in the US and 12 EU countries with ~94 sites initiating. The design centers on time to confirmed EDSS progression, directly addressing the endpoint that matters most clinically in progressive disease and aligning with masitinib's proposed mechanism of attenuating harmful immune-cell activity that may contribute to continued neurologic decline.

BTK inhibitors are a prominent competing approach in progressive MS given their ability to modulate microglia and inhibit B-cells, but AB Science frames masitinib as differentiated by adding mast-cell inhibition alongside microglia modulation. Management argues mast cells play an active role in MS biology, including orchestrating microglia activation, contributing to demyelination, increasing blood–brain barrier permeability, and being present within MS plaques where they may contribute to plaque formation and disease progression. On efficacy, BTK programs have reported a ~24% risk reduction in time to 3-month confirmed disability progression in SPMS, while AB Science cites masitinib Phase 2B data showing a positive trend across PPMS and non-relapsing SPMS and a 37% risk reduction in time to 3-month confirmed disability progression in a combined PPMS plus non-relapsing SPMS population, which the Company believes could be enhanced by the incremental mast-cell component. From a safety perspective, management highlights BTK class concerns that have included cardiac events, serious liver toxicity, and infection risk tied to B-cell targeting, whereas masitinib is described as having predominantly mild-to-moderate adverse events that are front-loaded in the first three months and generally manageable with dose adjustment, with hepatic enzyme elevations addressed through a risk management plan; the Company also emphasizes that masitinib is not an immunosuppressive drug and is therefore intended to be suitable for long-term administration if Phase 3 benefit is confirmed.

Masitinib in Alzheimer's Disease: Masitinib's AD program builds on prior Phase 2B/3 results (AB09004; 718 patients across two sub-studies) where the Company reports statistically significant improvement in cognition (ADAS-Cog) and daily function (ADCS-ADL) at 24 weeks for masitinib 4.5 mg/kg/day administered on top of standard of care. The thesis is that modulating neuroinflammatory components of AD biology can support cognitive and functional preservation in a population consistent with mild-to-moderate disease.

Exhibit 4: Masitinib For AD



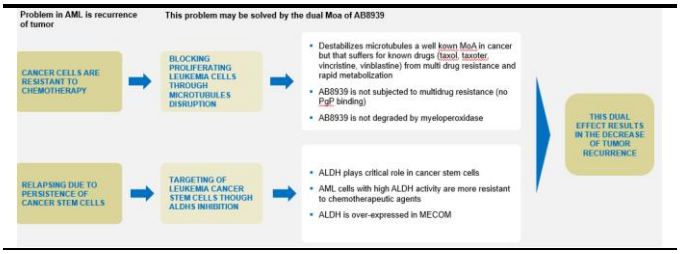
Source: Company Reports

A confirmatory Phase 3 is authorized by the FDA and key European countries. The trial uses 24-week co-primary endpoints (ADCS-ADL and ADAS-Cog 11), with 48-week secondary measures including time to severe dementia, aiming to capture both near-term symptomatic trajectory and longer-horizon functional outcomes.

Asset Overview: AB8939

AB8939 is an intravenous small molecule designed to target both proliferating leukemia cells and leukemia stem-cell biology in Acute Myeloid Leukemia. The candidate destabilizes microtubules to disrupt cell division while inhibiting ALDH1A1 and ALDH2, enzymes associated with cancer stem-cell survival and treatment resistance. Management positions AB8939 as a differentiated mechanism that could be additive in combination regimens and potentially active in high-risk, refractory disease.

Exhibit 5: AB8939 Problem Set



Source: Company Reports

AB8939 is in Phase 1 in relapsed and refractory AML. Monotherapy dose escalation has been completed across both a 3-day and 14-day regimen, with a maximum tolerated dose of 21.3 mg/m2. The study has advanced into combination cohorts evaluating AB8939 with venetoclax, and with venetoclax plus azacitidine, with the goal of establishing a recommended Phase 2 dose and generating an early efficacy and safety profile in a setting where response rates and durability remain a key unmet need.

The Company highlights composition-of-matter and method-of-use protections for AB8939, and is pursuing a strategy of linking claim language to defined AML subpopulations and combination use. If clinical activity is confirmed, management believes this approach can support commercial durability through the next decade.

Additional Assets Overview

Beyond masitinib, AB Science's discovery platform supports additional programs spanning mast cell-driven disease and veterinary health. In immunology, the Company is advancing mast cell-focused indications including indolent systemic mastocytosis in Phase 3 and mast cell activation syndrome in Phase 2, leveraging its core expertise in mast cell biology and signaling. Separately, AB Science maintains a commercialized veterinary masitinib franchise registered in the EU, providing a modest recurring revenue stream and a real-world validation point for the compound class in an adjacent market.

Market Overview

ALS Market Overview: ALS is an orphan-eligible disease with a relatively small but well-defined addressable population. The Centers for Disease Control and Prevention National ALS Registry estimates ~32,893 people living with ALS in the U.S. in 2022, rising to ~36,308 by 2030 (≈10.5 per 100,000). In developed markets, this translates into a limited prevalence base (relative to MS/AD), but one where payers will often reimburse high-value therapies when benefit is clear and the patient segment is easy to define. Treatment is typically "add-on" (patients may layer therapies), and uptake is driven by evidence of functional/survival benefit, tolerability, and ease of use. The competitive set includes riluzole and edaravone as broad standards, and more targeted options like tofersen for SOD1-ALS; the voluntary withdrawal of Relyvrio after a negative confirmatory study has also made the market more evidence-sensitive.

Exhibit 6: ALS Market Potential

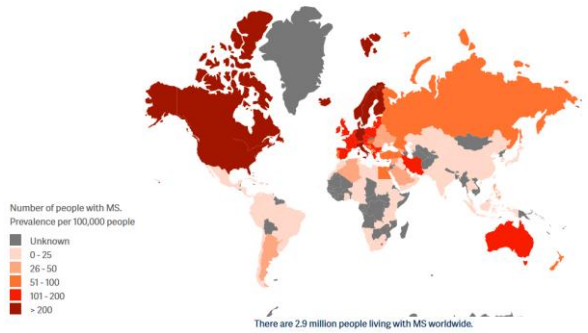
	EUROPE	US
Global disease Prevalence	6 per 100.000	6 per 100.000
Number of ALS patients	30,000	20,000
% of patients targeted in the disease*	75%	75%
Expected market share in the label**	75%	75%
% of patients covered by insurance	90%	90%
Annual treatment price***	80K€	140K$
Potential annual peak sales	~1bn €	~1bn $

*: Excluding fast progressors patients and excluding patients prior to complete loss of function
**: In ALS, which is a fatal disease, patients regularly use all available treatments
***: Based on 12 months treatment duration, as per study data

Source: Company Reports

Progressive MS Market Overview: Progressive MS sits inside a large global MS population, but the *addressable* segment for any new therapy depends heavily on label language (PPMS vs SPMS, "active" vs non-active disease, disability level, and background therapy). The most widely cited global dataset (Atlas of MS) estimates ~2.9 million people living with MS worldwide in 2023 (up from 2.8 million in 2020), supporting a growing prevalence base. Progressive phenotypes represent a minority of total MS, but they carry disproportionate unmet need because the commercial prize is slowing disability progression (not just relapse control). Pricing for established MS therapies is generally specialty-drug level with prior authorization common; in practice, physicians and payers require a clear disability-progression story before adopting a new agent broadly. The landscape is competitive-anchored by major biologics and a steady flow of late-stage programs, including BTK inhibitors-so durability tends to come from a clean endpoint win on confirmed disability progression plus a chronic-use safety/monitoring profile that fits real-world care.

Exhibit 7: MS Global Prevelance



Source: https://atlasofms.org

Alzheimer's Disease Market Overview: AD is the largest prevalence opportunity of the three, but the *addressable* population is shaped by diagnosis requirements, disease stage, and the practical ability of health systems to deliver/monitor therapy. The World Health Organization estimates ~57 million people lived with dementia globally in 2021, with Alzheimer's accounting for ~60-70% of cases (a very large underlying pool). In the U.S., the Alzheimer's Association estimates ~7.2 million Americans age 65+ are living with Alzheimer's in 2025-useful context for sizing near-term commercial focus in one major market. Pricing in AD can support blockbuster economics, but uptake is constrained by workflow and coverage: Medicare has tied broad coverage for anti-amyloid antibodies to registry-style data collection, and real-world adoption depends on diagnostic confirmation, clinic capacity, and ongoing monitoring. The competitive landscape is currently led by anti-amyloid antibodies (e.g., Leqembi, Kisunla), with companies also working on formats that reduce administration burden-steps that can improve adoption over time if outcomes and safety remain acceptable.

Risks

As with any investment, there are certain risks associated with AB Science's operations as well as with the surrounding economic and regulatory environments common to the pharmaceutical industry.

- The Company has no history of net income, dividends, or cash flow and there can be no assurance that the Company will be profitable going forward. In the case that the Company cannot create enough revenue to sustain on-going business activities, the Company's most likely source of financing will be through the sale of existing securities or high-cost borrowing.

- Currently the Company has enough funds to sustain it through the foreseeable future and does not pose a going concern risk. We do however recognize that at some point the Company may need to raise more funds to sustain its operations until it begins revenue generation. Should the Company be unable to raise the necessary funds this would create a going concern risk.

- The Company is subject to regulatory risk as pharmaceutical activities are subject to laws and regulations imposed by local and state government authorities. Any future changes in the laws, regulations, agreements, or judicial rulings could impact or stop the Company from generating a profit on portions or all of its asset portfolio.

- The Company has several patents for intellectual property that the Company has developed. The Company is constantly on guard and ready to defend its intellectual property using litigation if necessary. Should judgements go against the Company this could materially weaken its edge among peers. Additionally, having to pursue litigation as mediation for any infringement could be costly for the Company, regardless of the outcome.

- Should the Company bring any or all its assets to market, there is no guarantee that a profitable market will exist for those treatments. While we have sufficient reason to believe that a market will exist for the Company's assets, this is a fast-moving industry so no guarantees can be made.

VALUATION

We use a Discounted Cash Flow Model when valuing AB. Our model returns a valuation range of €3.65 to €6.69 with a mid-point of €4.89.

Our DCF valuation incorporates a terminal growth rate of 1% and a discount rate range of 17.5% to 22.5%, with a midpoint of 20.0%. While this valuation framework is currently very conservative, it reflects the inherent execution risks associated with regulatory approval, product manufacturing, and commercial pricing, all of which are still in early stages for the Company. However, we also recognize the favorable updated pathway from AB23005.

The model also conservatively assumes peak yearly revenue of ~€500.0M based on commercialization beginning in FY29 for Masitinib to treat ALS, without significant consideration given to the remainder of Masitinib uses. As the Company advances through key milestones, we believe substantial valuation re-rating potential exists.

To highlight the significant upside, a reduction in the discount rate to ~15%, which may be warranted following successful regulatory and operational de-risking, would imply a valuation midpoint of approximately ~€9.0 per share. This highlights a generous risk/reward profile and transformative value opportunity for AB Science's development pipeline.

Key sensitivities in our model include the timing and outcome of the FDA approval process, commercial launch execution, and market adoption rates. Positive developments across any of these variables would meaningfully impact our DCF output, presenting substantial positive re-rating potential as more certainty is established in the near term. Despite this relative uncertainty we still view the Company as undervalued.

AB Science S.A.
Discounted Cash Flow Model
(in €M, except per share)

Estimates:	2025	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E	2036E	2037E	Terminal Value
Revenue	1.1	1.2	1.3	1.4	15.4	61.6	123.3	271.2	339.0	389.9	448.4	493.2	508.0	
Opearting Income	(6.0)	(6.5)	(3.2)	(3.5)	7.7	43.2	86.3	189.9	237.3	272.9	313.9	345.3	355.6	
Less: Taxes (benefit)	-	-	-	-	0.8	8.6	21.6	47.5	59.3	68.2	78.5	86.3	88.9	
NOPAT	(6.0)	(6.5)	(3.2)	(3.5)	6.9	34.5	64.7	142.4	178.0	204.7	235.4	258.9	266.7	
Plus: Changes in WC	-	-	-	-	-	-	-	-	-	-	-	-	-	
Less: Capex	-	-	-	-	-	-	-	-	-	-	-	-	-	
Free Cash Flow	(6.0)	(6.5)	(3.2)	(3.5)	6.9	34.5	64.7	142.4	178.0	204.7	235.4	258.9	266.7	1,417.8
Discount period - months	6	18	30	42	54	66	78	90	102	114	126	138	150	
Discount period - years	0.5	1.5	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5	
Discount factor	0.91	0.76	0.63	0.53	0.44	0.37	0.31	0.25	0.21	0.18	0.15	0.12	0.10	
PV of FCF	(5.5)	(5.0)	(2.0)	(1.9)	3.1	12.7	19.8	36.3	37.8	36.2	34.7	31.8	27.3	145.2

Valuation:

Shares outstanding	72.9
PV of FCF	225.3
PV of Terminal Value	145.2
Enterprise Value	370.5
less: Net Debt	14.0
Estimated Total Value:	356.4
Est Equity Value/share:	**€ 4.89**
Price	€ 1.37

Sensitivity Analysis:

Discount rate	Terminal Growth Rates 0.0%	0.5%	1.0%	1.5%	2.0%
15.00%	€ 8.74	€ 8.91	€ 9.09	€ 9.28	€ 9.49
17.50%	€ 6.38	€ 6.48	€ 6.58	€ 6.69	€ 6.81
20.00%	€ 4.77	€ 4.83	€ 4.89	€ 4.95	€ 5.02
22.50%	€ 3.62	€ 3.65	€ 3.69	€ 3.73	€ 3.77
25.00%	€ 2.78	€ 2.80	€ 2.83	€ 2.85	€ 2.88

Source: Company Reports; Stonegate Capital Markets

INCOME STATEMENT

AB Science S.A.
Consolidated Statements of Income (in €M, except per share amounts)
Fiscal Year End: December

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Q2 Jun-22	Q4 Dec-22	FY 2022	Q2 Jun-23	Q4 Dec-23	FY 2023	Q2 Jun-24	Q4 Dec-24	FY 2024	Q2 Jun-25	Q4 E Dec-25	FY 2025E	Q2 E Jun-26	Q4 E Dec-26	FY 2026E
Revenue	€ 1.7	€ 1.7	€ 1.6	€ 1.6	€ 1.6	€ 0.6	€ 0.3	€ 1.0	€ 0.4	€ 0.5	€ 1.0	€ 0.6	€ 0.5	€ 1.1	€ 0.5	€ 0.5	€ 1.1	€ 0.6	€ 0.6	€ 1.2
Total Revenues	**1.7**	**1.7**	**1.6**	**1.6**	**1.6**	**0.6**	**0.3**	**1.0**	**0.4**	**0.5**	**1.0**	**0.6**	**0.5**	**1.1**	**0.5**	**0.5**	**1.1**	**0.6**	**0.6**	**1.2**
Operating Expenses:																				
Cost of Goods Sold	0.1	0.2	0.2	0.1	0.1	0.2	(0.1)	0.0	0.2	0.2	0.4	0.1	(0.3)	(0.2)	0.4	0.3	0.7	0.4	0.4	0.7
Gross Profit	**1.6**	**1.5**	**1.4**	**1.5**	**1.5**	**0.5**	**0.5**	**0.9**	**0.2**	**0.4**	**0.6**	**0.5**	**0.8**	**1.2**	**0.2**	**0.2**	**0.4**	**0.2**	**0.2**	**0.5**
SG&A	3.3	3.5	3.3	3.4	4.1	1.9	1.6	3.5	1.9	1.7	3.5	1.5	1.9	3.4	1.0	1.5	2.5	1.5	1.5	3.0
R&D	26.7	26.9	15.6	12.8	11.2	8.1	5.2	13.3	7.2	3.3	10.5	2.6	1.4	3.9	1.8	2.0	3.8	2.0	2.0	4.0
Total Operating Expenses	30.0	30.4	18.9	16.3	15.3	10.0	6.8	16.9	9.1	4.9	14.0	4.0	3.3	7.3	2.9	3.5	6.4	3.5	3.5	7.0
Operating Income	**(28.4)**	**(28.9)**	**(17.5)**	**(14.7)**	**(13.8)**	**(9.6)**	**(6.4)**	**(15.9)**	**(8.9)**	**(4.6)**	**(13.4)**	**(3.6)**	**(2.5)**	**(6.1)**	**(2.7)**	**(3.3)**	**(6.0)**	**(3.3)**	**(3.3)**	**(6.5)**
Net Interest	0.0	0.0	(0.0)	(0.1)	(0.0)	(0.7)	(0.1)	(0.8)	(0.8)	(0.5)	(1.3)	(0.5)	(0.4)	(0.9)	(0.5)	(0.5)	(1.0)	(0.5)	(0.5)	(1.0)
FX Gains/Losses	(0.0)	0.0	(0.1)	0.2	(0.0)	0.4	(0.3)	0.1	0.1	0.3	0.4	(0.0)	(0.0)	(0.1)	0.1	0.1	0.2	0.1	0.1	0.2
Other	1.3	2.8	(4.2)	(0.4)	(0.6)	2.7	0.3	3.0	(0.9)	3.2	2.3	(0.3)	(0.4)	(0.8)	(2.1)	(0.5)	(2.6)	(0.5)	(0.5)	(1.0)
Profit Before Taxes	**(27.1)**	**(26.1)**	**(21.7)**	**(15.0)**	**(14.4)**	**(7.1)**	**(6.5)**	**(13.6)**	**(10.4)**	**(1.6)**	**(12.0)**	**(4.5)**	**(3.4)**	**(7.8)**	**(5.2)**	**(4.2)**	**(9.3)**	**(4.2)**	**(4.2)**	**(8.3)**
Provision for Income Tax	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	-	-	-	-	-	-	-	-	-	-
Net Income To Common Stockkholders	**(27.122)**	**(26.061)**	**(21.747)**	**(15.045)**	**(14.463)**	**(7.141)**	**(6.474)**	**(13.615)**	**(10.411)**	**(1.574)**	**(11.985)**	**(4.469)**	**(3.362)**	**(7.831)**	**(5.177)**	**(4.162)**	**(9.339)**	**(4.184)**	**(4.159)**	**(8.342)**
EPS	**€ (0.76)**	**€ (0.68)**	**€ (0.55)**	**€ (0.34)**	**€ (0.30)**	**€ (0.15)**	**€ (0.14)**	**€ (0.29)**	**€ (0.22)**	**€ (0.03)**	**€ (0.24)**	**€ (0.09)**	**€ (0.06)**	**€ (0.15)**	**€ (0.09)**	**€ (0.07)**	**€ (0.16)**	**€ (0.07)**	**€ (0.07)**	**€ (0.14)**
WTD Shares Out	35.9	38.1	39.6	43.9	47.5	47.1	47.2	47.1	47.3	51.8	49.5	49.7	54.9	52.3	58.3	58.3	58.3	58.3	58.3	58.3

Source: Company Reports, CapIQ, and Stonegate Capital Partners estimates

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