ventyx BIOSCIENCES

CORPORATE PRESENTATION

June 29, 2022

Forward Looking Statements

Ventyx cautions you that statements contained in this presentation regarding matters that are not historical facts are forward-looking statements. These statements are based on the Company's current beliefs and expectations. Such forward-looking statements include, but are not limited to, statements regarding: clinical development plans and related timing for Ventyx's product candidates; anticipated timing of data announcements; anticipated efficacy, safety, dosing and clinical differentiation of Ventyx's product candidates; potential indications for Ventyx's product candidates; market opportunities; the anticipated timing of IND submission for VTX3232; projected catalysts relating to Ventyx's product candidate pipeline; and anticipated cash runway. The inclusion of forward-looking statements should not be regarded as a representation by Ventyx that any of its plans will be achieved. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in Ventyx's business, including, without limitation: potential delays in the commencement, enrollment and completion of clinical trials; disruption to our operations from the ongoing global outbreak of the COVID-19 pandemic, including clinical trial delays; the Company's dependence on third parties in connection with product manufacturing, research and preclinical and clinical testing; the results of preclinical studies and early clinical trials are not necessarily predictive of future results; supply chain constraints; the success of Ventyx's clinical trials and preclinical studies for its product candidates; interim results do not necessarily predict final results and one or more of the outcomes may materially change as the trial continues and more patient data become available and following more comprehensive audit and verification procedures; regulatory developments in the United States and foreign countries; unexpected adverse side effects or inadequate efficacy of our product candidates that may limit their development, regulatory approval and/or commercialization, or may result in recalls or product liability claims; Ventyx's ability to obtain and maintain intellectual property protection for its product candidates; Ventyx may use its capital resources sooner than it expects; and other risks described in the Company's prior communications and the Company's filings with the Securities and Exchange Commission (SEC), including under the heading "Risk Factors" in the Company's Quarterly Report on Form 10-Q files on May 12, 2022, and any subsequent filings with the SEC. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and Ventyx undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

This presentation includes statistical and other industry and market data that we obtained from industry publications and research, surveys and studies conducted by third parties as well as our own estimates of potential market opportunities. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for our products include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reliable, such assumptions have not been verified by any third party. The industry in which we operate is subject to a high degree of uncertainty and risk due to a variety of important factors that could cause results to differ materially from those expressed in the estimates made by third parties and by us.

ventyx BIOSCIENCES

INTRODUCTION & PIPELINE

VTX958 | TYK2 Inhibitor | Phase 1

VTX002 | S1P1R Modulator | Phase 2

VTX2735 | Peripheral NLRP3 Inhibitor | Phase 1 Complete

VTX3232 | CNS-penetrant NLRP3 Inhibitor | Pre-clinical

Summary | Milestones & highlights

Our Leadership Team

MANAGEMENT

Raju Mohan, PhD
CHIEF EXECUTIVE OFFICER, FOUNDER

Martin Auster, MD
CHIEF FINANCIAL OFFICER

Chris Krueger, JD
CHIEF BUSINESS OFFICER

John Nuss, PhD
CHIEF SCIENTIFIC OFFICER

William Sandborn, MD
PRESIDENT, CHIEF MEDICAL OFFICER

BOARD OF DIRECTORS

Sheila Gujrathi, MD
EXECUTIVE CHAIR, VENTYX

Aaron Royston, MD
MANAGING PARTNER, VENBIO

Jigar Choksey
PRINCIPAL, THIRD POINT

Somu Subramaniam
MANAGING PARTNER, NEW SCIENCE VENTURES

Richard Gaster, MD, PhD
MANAGING PARTNER, VENBIO

William White
CHIEF FINANCIAL OFFICER, AKERO THERAPEUTICS

Raju Mohan, PhD
CHIEF EXECUTIVE OFFICER, VENTYX

Our Mission: To become a Leading Immunology Company

Underpinned by Strong Drug Discovery and Development Capabilities

WITH THREE, DIFFERENTIATED, CLINICAL-STAGE CANDIDATES
and a deep pipeline of preclinical programs that target immune-mediated and inflammatory disease indications

OUR INTERNALLY-DISCOVERED SMALL MOLECULE DRUGS
allow us to own 100% commercial rights to our entire portfolio with long patent lives for all product candidates

OUR EXPERIENCED TEAM AND OUR INTERNAL R&D ENGINE
continue to generate candidates with potential to address diseases with high unmet need

Broad Pipeline of Candidates With Multiple Near-Term Catalysts

Addressing Established Inflammatory and Immunology Markets with a Wholly Owned Product Portfolio

TARGET	PROGRAM	PRECLINICAL / PHASE 1 / PHASE 2 / PHASE 3	NEXT ANTICIPATED MILESTONES
TYK2	VTX958	Potential indications include psoriasis, psoriatic arthritis, Crohn's disease and others	Report topline Phase 1 data Q3 2022 Initiate Phase 2 POC trials H2 2022
S1P1R	VTX002	Ulcerative Colitis	Report topline Phase 2 data 2023
NLRP3 *Peripheral*	VTX2735	Potential indications include cardiovascular, hepatic, renal, and rheumatologic diseases	Initiate POC trial in CAPS Q4 2022
NLRP3 *CNS-penetrant*	VTX3232	Neuroinflammatory diseases	File IND Q4 2022 Initiate Phase 1 trial Q1 2023

Pipeline Targeting Large Well-Established Markets

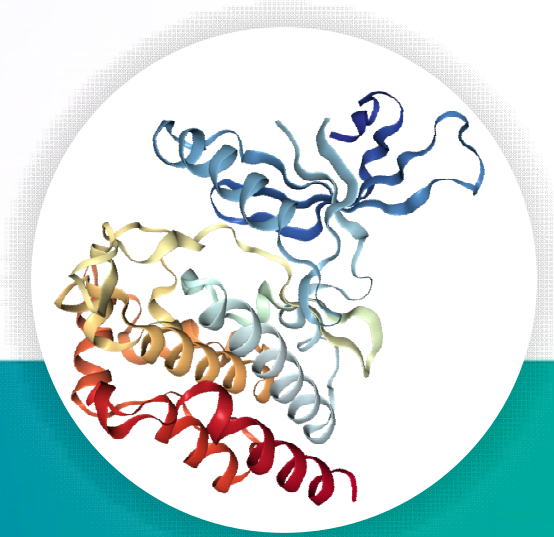
INDICATION*	PATIENTS IN THE U.S.	GLOBAL DRUG REVENUE* (2020)	TARGET POPULATION
Psoriasis *Dermatology*	~8M	~$20B	25-30% MODERATE-TO-SEVERE
Crohn's disease *IBD*	~700K	~$13B	30-40% MODERATE-TO-SEVERE
Ulcerative colitis *IBD*	~1M	~$7B	30-40% MODERATE-TO-SEVERE
Psoriatic arthritis *Rheumatology*	~1M	~$4B	40-60% MODERATE-TO-SEVERE
SLE *Rheumatology*	Up to 500K	~$1B	

Sources: Evaluate Pharma, Company Estimates, Wall Street Research
*Global drug revenue refers to the total market across all severity levels
Notes: SLE = systemic lupus erythematosus; *Group of indications based on current mid/late-stage trials for BMS's allosteric TYK2 inhibitor deucravacitinib; global commercial sales totaled $10.65B for biologics targeting IL-12/23 and IL-23 in 2020

ventyx BIOSCIENCES

ventyx BIOSCIENCES

ORALLY BIOAVAILABLE selective allosteric inhibitor of TYK2



VTX958 Program Summary

Allosteric, Selective TYK2 Inhibitor

Potentially Differentiated TYK2 Inhibitor

- Selective, **allosteric** TYK2 inhibitor
- TYK2 functional selectivity can potentially differentiate clinical profile vs. less selective TYK2 inhibitors

Clinically Validated Target

- Well established clinical efficacy in psoriasis, IBD and psoriatic arthritis with biologics targeting IL-12/IL-23 and IL-23* pathways
- These pathways also the target of allosteric TYK2 inhibitors
- Phase 3 PoC in psoriasis has been demonstrated** by BMS' allosteric TYK2 inhibitor deucravacitinib

Deucravacitinib in Phase 2/3 for Crohn's disease, psoriatic arthritis, lupus

Large Addressable Markets

- Multiple autoimmune disorders in dermatology, IBD, renal and rheumatology total $45B WW sales*

*Includes approved drugs Stelara™ (JNJ), Tremfya® (JNJ), Skyrizi™(ABBV), Ilumya™ (Sun Pharma) and others in late-stage development (mirikizumab (LLY), brazikumab (AZN)
**Deucravacitinib efficacy reported on 16-week primary endpoint of PASI-75 (75% reduction of psoriasis affected area and severity) at AAD '21; p<0.0001 vs placebo and Otezla® in POETYK-1; p=0.0003 vs. Otezla in POETYK-2; See slide 14 for more detail on $45B worldwide market

Allosteric Inhibitor VTX958 Binds Selectively to the TYK2 JH2 Domain

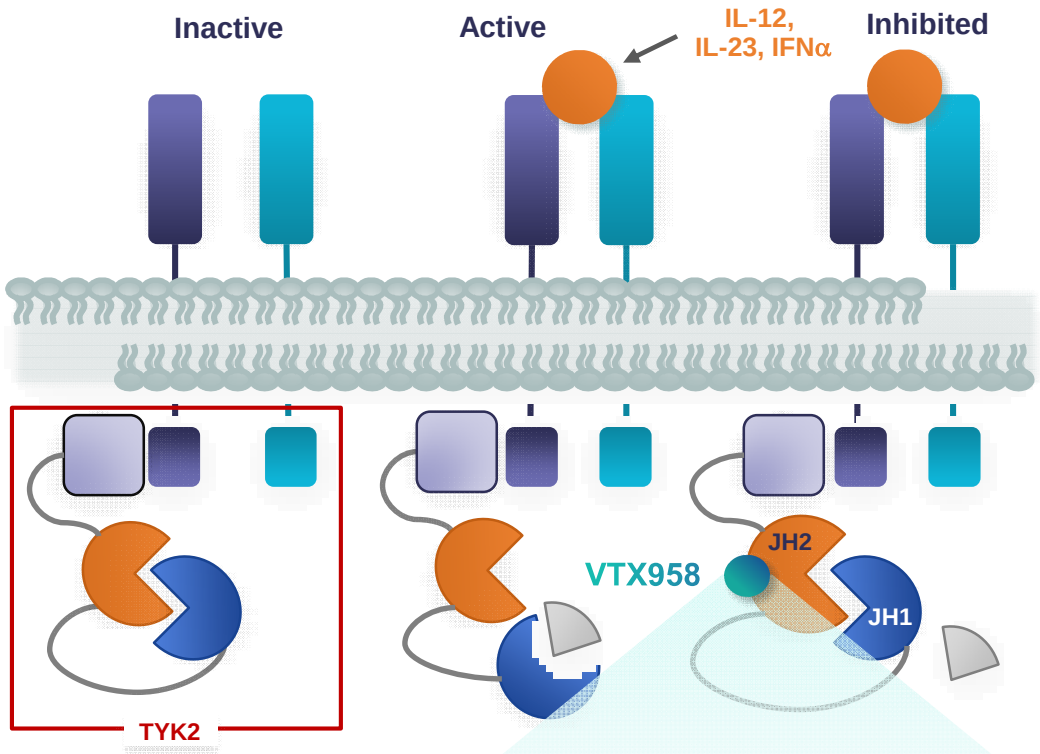
Structural Domains in the JAK/TYK2 Family

FERM/SH2 Receptor interaction

JH2 Allosteric Domain
Much less conserved amongst the JAK family with structurally distinct binding pockets

JH1 Kinase Domain
Highly conserved and inhibitors targeting the kinase domain have poor selectivity

ATP Binding to JH1 allows phosphorylation of substrates



Targeting the **JH2 (allosteric) domain** of TYK2 affords TYK2 inhibitors with selectivity against other JAK isoforms

Features of VTX958 JH2 Allosteric Inhibition

Selectivity for TYK2 JH2 vs. JAK1 JH2 domain (>4,000 X)

No binding to JAK2/3 JH2 domains

No binding to TYK2 kinase JH1 **and**

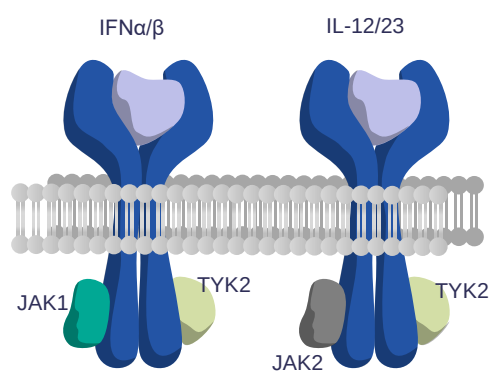
No kinase enzyme inhibition of any JAK family member

Selective TYK2 Inhibitor

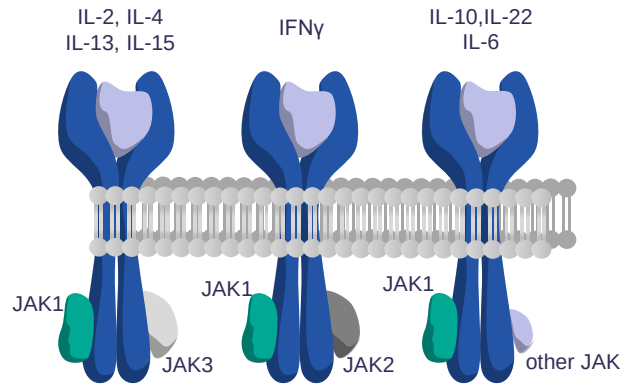
VTX958 More Selective than Deucravacitinib for TYK2 JH2 Domain

Inhibits TYK2 Pathways (IL-12, IL-23, IFNα) while Avoiding the JAK1/2/3 Pathways

	DEUCRAVACITINIB	VTX958
TYK2-JH2 Binding K_d	0.009 nM	**0.058 nM**
JAK1-JH2 Binding K_d	0.43 nM	**240 nM**
Selectivity (fold)	48	**>4,000**



TYK2 essential signaling pathways



JAK1 dependent signaling pathways

Source: Ventyx internal data

VTX958 Selectively Targets IL-12, IL-23 and IFNα

VTX958 Potently Inhibits TYK2 Pathways

Selective and potent inhibition of IL-12/23 and Type I interferon axis allows targeting pathways driving immune-mediated diseases

VTX958 Has No Measurable Inhibition of JAK1-Mediated Pathways

Lack of inhibition of IL-6, IL-10 and other protective cytokines may avoid potential AEs associated with less selective inhibitors

PROINFLAMMATORY INNATE & TH1/TH17 CYTOKINES

Psoriasis Patient PBMC

DRUG	IL-12 IC_{50} (nM)	IL-23 IC_{50} (nM)	IFNα IC_{50} (nM)
VTX958	**35**	**5**	**12**
deucravacitinib	10	10	5

PLEIOTROPIC CYTOKINES WITH PROTECTIVE FUNCTIONS

DRUG	IL-22 IC_{50} (nM)	IL-10 IC_{50} (nM)	IFNγ IC_{50} (nM)	IL-4 IC_{50} (nM)	IL-6 IC_{50} (nM)
VTX958	**>10,000**	**>10,000**	**>10,000**	**>10,000**	**>10,000**
deucravacitinib	114	20	350	249	464

KEY TAKEAWAYS

- Potent activity against IL-23, a key cytokine implicated in psoriasis and other indications
- Broad therapeutic window with VTX958 may allow for higher exposures in Phase 2/Phase 3 studies

ventyx BIOSCIENCES

Source: Ventyx internal data; conducted in peripheral blood mononuclear cells (PBMC)

VTX958 Phase 1 SAD Results Support Clinical Advancement

Safety

Well-tolerated across all cohorts; all AEs observed were mild and not dose- or time-of-dose dependent

Pharmacokinetics

No dose-saturation observed; PK and absorption profiles suggest continued absorption throughout GI tract

Pharmacodynamics

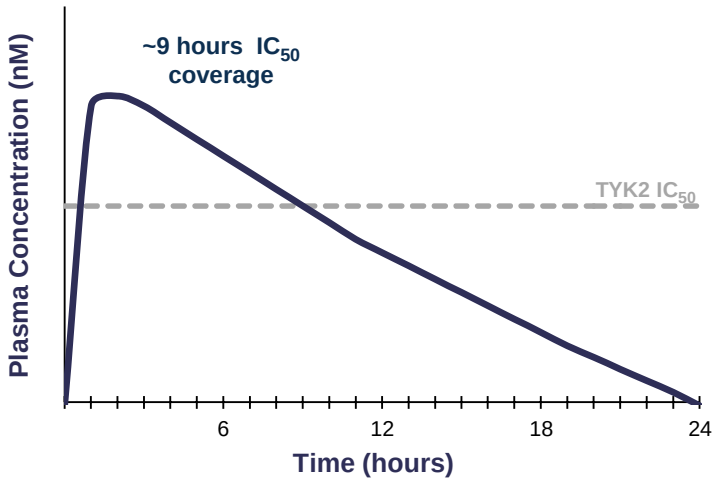
Dose-dependent VTX958-mediated effect on TYK2 signaling observed in both *in vivo* gene expression studies and *ex vivo* stimulation assays

NOTE: SAD = single ascending dose; AE= adverse event; dose-related exposures are observed at all doses

Targeting a Best-in-Class Exposure Profile With VTX958

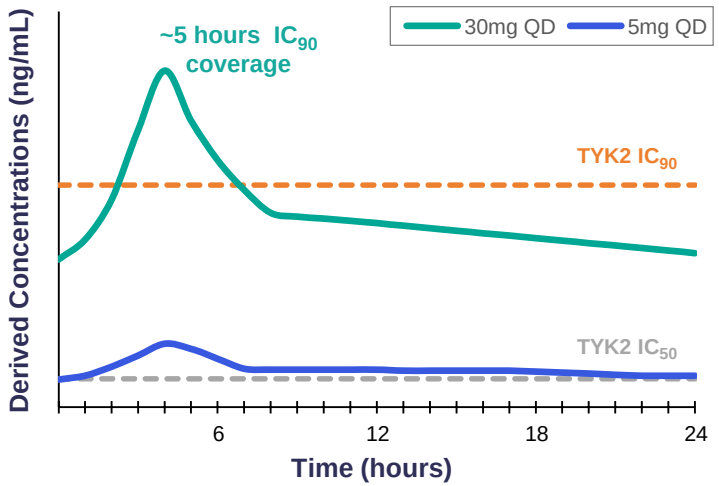
Allosteric TYK2 Inhibitors – Target Coverage

Deucravacitinib (BMS) 6mg QD



Source: Adapted from Chimalakonda et al., 2021.

NDI-034858 (Nimbus)



Source: Adapted from Nimbus 2022 JPM conference presentation.

VTX958 Target Profile

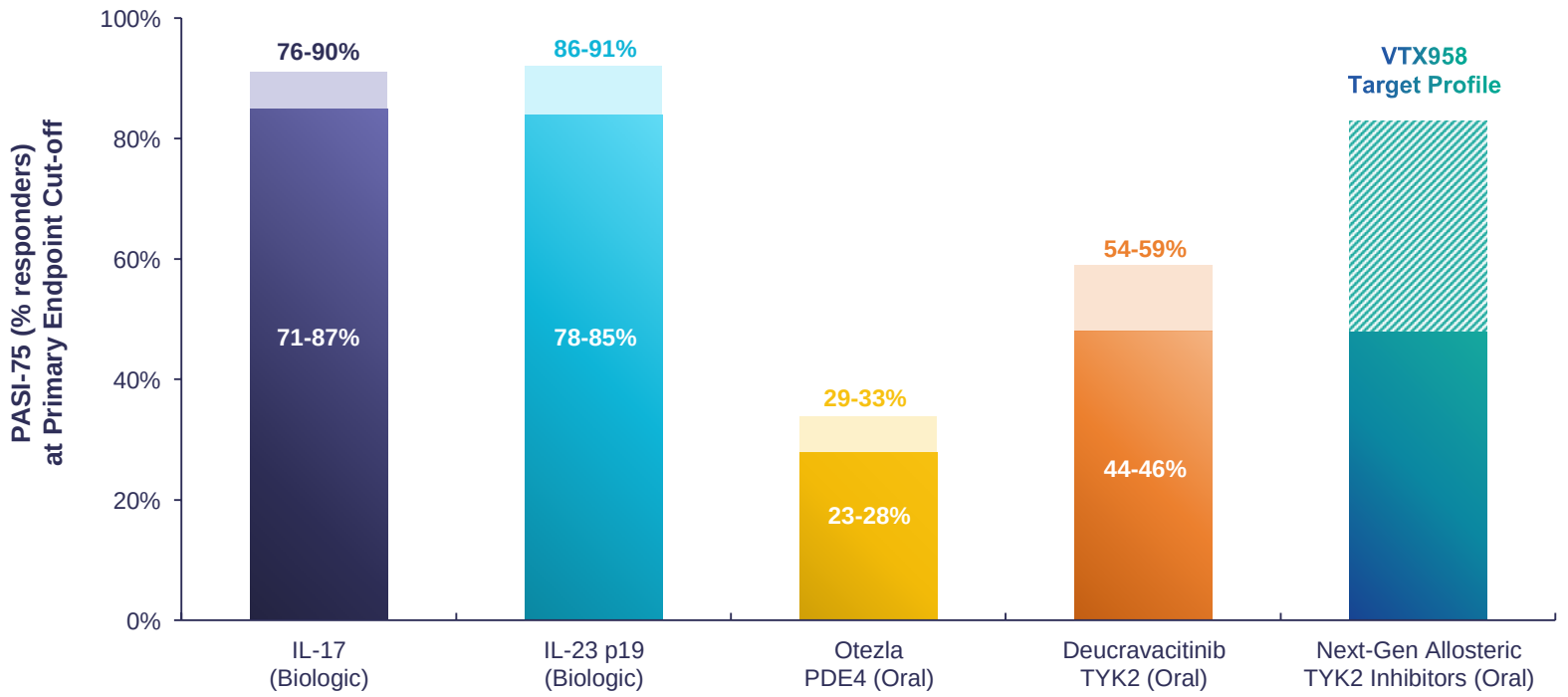
- **Maximize TYK2 pathway suppression** (IC_{50} and IC_{90})
- **Wide safety margin** enabling higher doses and exposures:
  - Potential for **improved efficacy** in PsO + PsA with greater TYK2 inhibition
  - **Higher exposures** may be necessary to achieve efficacy in Crohn's disease

Note: Exposure curves are adapted from corporate presentations and publications, as noted

VTX958 Profile Expected to Drive Clinical Differentiation

Psoriasis Competitive Landscape

Targeting Best-in-Disease Oral Profile with VTX958



KEY TAKEAWAYS

- Current oral options in PsO are substantially less efficacious than biologics
- Greater TYK2 suppression may produce **improved efficacy** compared to other oral agents, with potential to approach leading biologics
- Significant opportunity for a best-in-disease oral agent in psoriasis, a **>$20B global market**

Note: Solid area represents pbo-adjusted response rate; dashed area indicates total observed response rate; primary endpoint cut-off ranges from Week 10 to Week 16
Sources: Company reports and FDA labels for approved anti-IL-17 and anti-IL-23 biologics

Unlocking the Opportunity in Crohn's Disease

Several-fold Higher Doses Required in Crohn's*

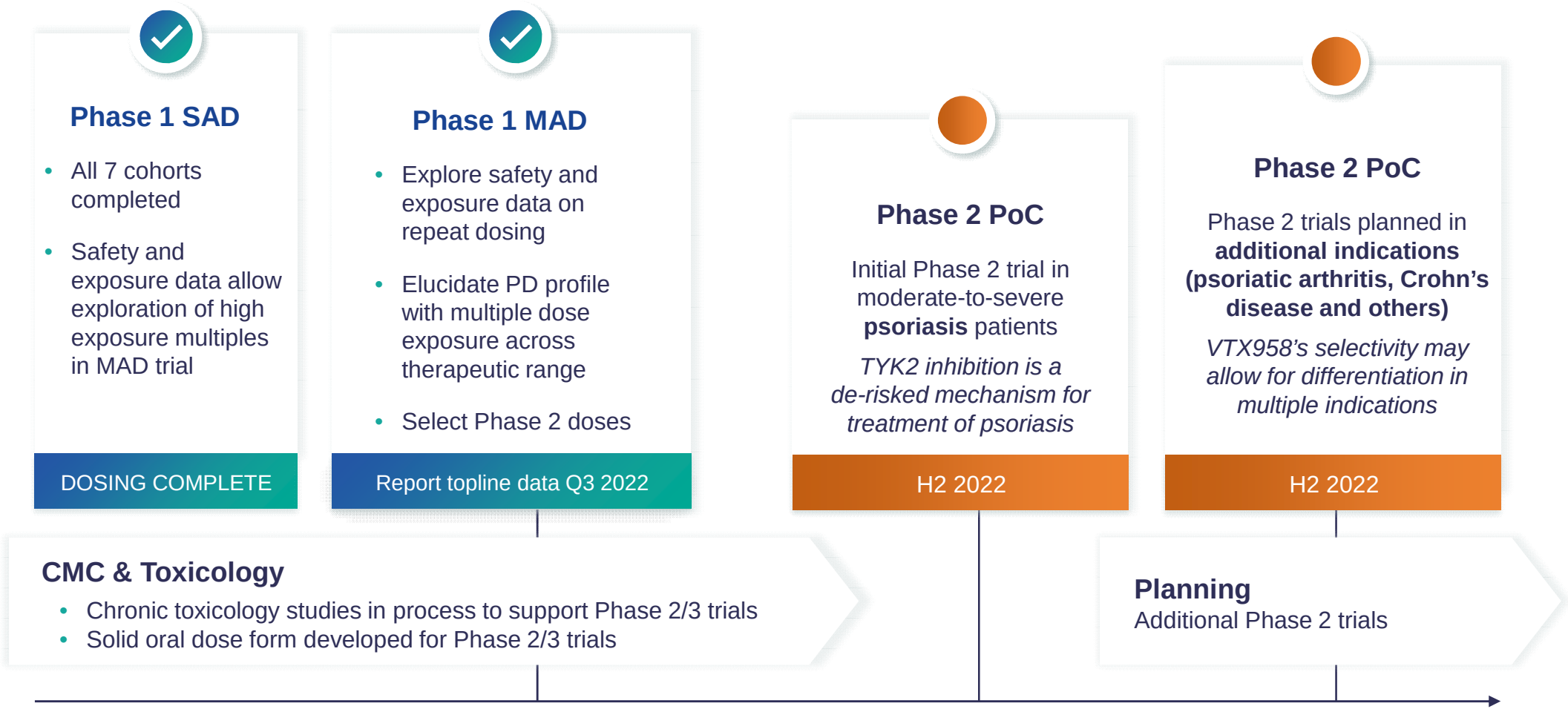
Agent	PsO Dose	Crohn's Dose
Skyrizi (IL-23)	**150mg Q12W** Subcutaneous	**600mg IV Q4W (induction)** 360mg SC (maintenance)
Tremfya (IL-23)	**100mg Q8W** Subcutaneous	**200mg / 600mg / 1200mg**** IV Q4W induction
Stelara (IL-12/23)	**40mg / 90mg Q12W** Subcutaneous	**260mg / 390mg / 520mg** IV induction dose
Humira (TNFα)	**80mg (SC induction)** 40mg Q2W maintenance	**160mg (SC induction)** 40mg Q2W maintenance

Greater Exposures Needed for TYK2 Inhibitor Efficacy in Crohn's

- Biologics data suggest **substantially higher exposures** are required for efficacy in Crohn's vs. PsO
- Maximizing TYK2 target coverage expected to differentiate VTX958 from other TYK2 inhibitors
- Selectivity, safety and tolerability considerations may limit the Crohn's opportunity for other TYK2 inhibitors
- Optimized profile of VTX958 may unlock a major market opportunity in Crohn's, a **>$13B global market**

*Source: FDA labels for approved drugs/indications; Skyrizi represents dose submitted for FDA approval. Note: maintenance dose unless otherwise specified.
**Represents Phase 2 doses; specific Phase 3 doses not disclosed.

VTX958 Clinical Development Plan

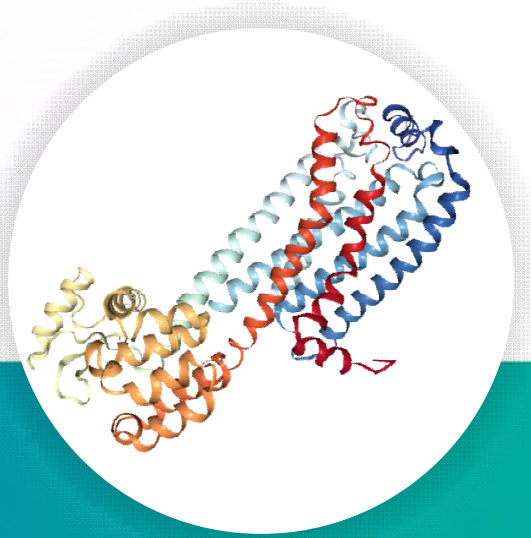


NOTE: SAD = single ascending dose; MAD = multiple ascending dose; PoC = proof-of-concept

ventyx BIOSCIENCES

PERIPHERALLY RESTRICTED S1P1R MODULATOR

with potential for treatment of ulcerative colitis



VTX002 Program Summary

Phase 2 S1P1R Modulator for Ulcerative Colitis

Potentially Differentiated S1P1R Modulator

- Selective S1P1R modulator
- Differentiated on key parameters
- Demonstrated pharmacodynamic activity in Phase 1 trial
- Pursuing clinical development plan in both treatment-naïve and biologic-experienced patients

Clinically Validated Target

- S1P1R modulators approved for MS and UC with clinical trials ongoing in other indications
- BMS' ozanimod approved for UC in May 2021

Large Addressable Markets

- Ulcerative colitis is lead indication totaling up to $7B in worldwide revenue

VTX002 Differentiates on Multiple Key Parameters vs. Competitors

Potential for Differentiated Clinical Profile in UC Patients

Sustained lymphocyte reduction up to 65% across multiple doses in MAD trial

Safety Profile

No SAEs, elevated LFTs, abnormal PFTs or macular edema

No Drug-Drug Interactions

No CYP inhibition; no food effect; favorable profile for patients with co-morbidities

Fast Onset of Action Faster Lymphocyte Recovery

No long-acting circulating metabolites
Optimal half life (t~20h)

Ability to Dose Titrate

Potential to avoid first-dose cardiac monitoring in label

Peripherally Restricted

Very low CNS penetration; not a repurposed MS drug; potential to avoid macular edema

Notes: SAE=significant adverse event; MAD=multiple ascending dose

VTX002 Differentiates on Multiple Key Parameters vs. Competitors

Differentiating Parameter	Ozanimod	Etrasimod	VTX002
Receptor Selectivity	S1P 1,5	S1P 1,4,5	S1P 1,5
Lymphocyte Suppression in Healthy Volunteers	1 mg, ~60%	2 mg, 69%	40 mg, ~65%
Lymphocyte Suppression in UC Patients	1 mg, 49%	2 mg, 40%	TBD
CYP450 Interactions	Yes	No	No
Liver Enzyme Elevations	Yes	No	No
Active Metabolites	Yes	No	No
Half-life	19 h, Met 10-13 d	**33 h**	**~20 h**
Fast Lymphocyte Recovery Time	No	Yes	Yes
First Dose Heart Rate Reduction	Yes	Yes	Yes
Dose Titration	Yes	**No**	**Yes**
First Dose Monitoring	No	TBD	TBD

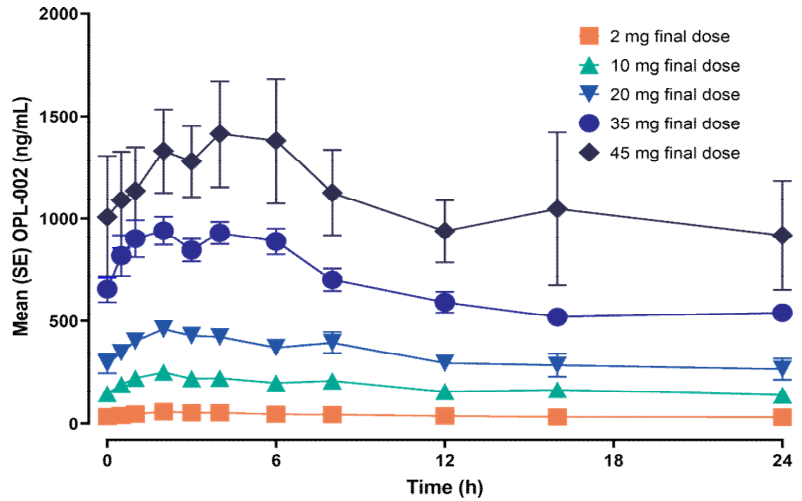
ventyx BIOSCIENCES

Source: NEJM (2016), Gastroenterology (2020)
*Ph2 UC ALC reduction from baseline: 1mg ozanimod (49%), 2mg etrasimod (40%)

Phase 1 MAD Results: Dose-Dependent Exposure and Lymphocyte Reduction

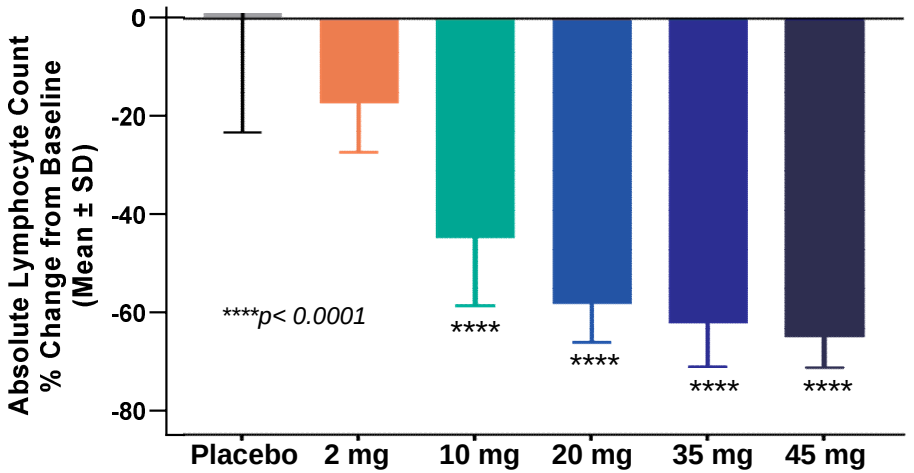
Absolute Lymphocyte Count (ALC) Reductions of 40-50% Correlated with Clinical Efficacy Observed in UC*

Pharmacokinetics



- $T_{1/2}$ of ~20 hours
- Dose-proportionate exposure after single and multiple doses of VTX002 with steady-state reached after 4 to 7 days of target-dose exposure

Pharmacodynamics



- Demonstrated consistent, sustained reduction of lymphocytes up to 65% across multiple dose groups

Source: NEJM (2016), Gastroenterology (2020)

*Ph2 UC ALC reduction from baseline: 1mg ozanimod (49%), 2mg etrasimod (40%)

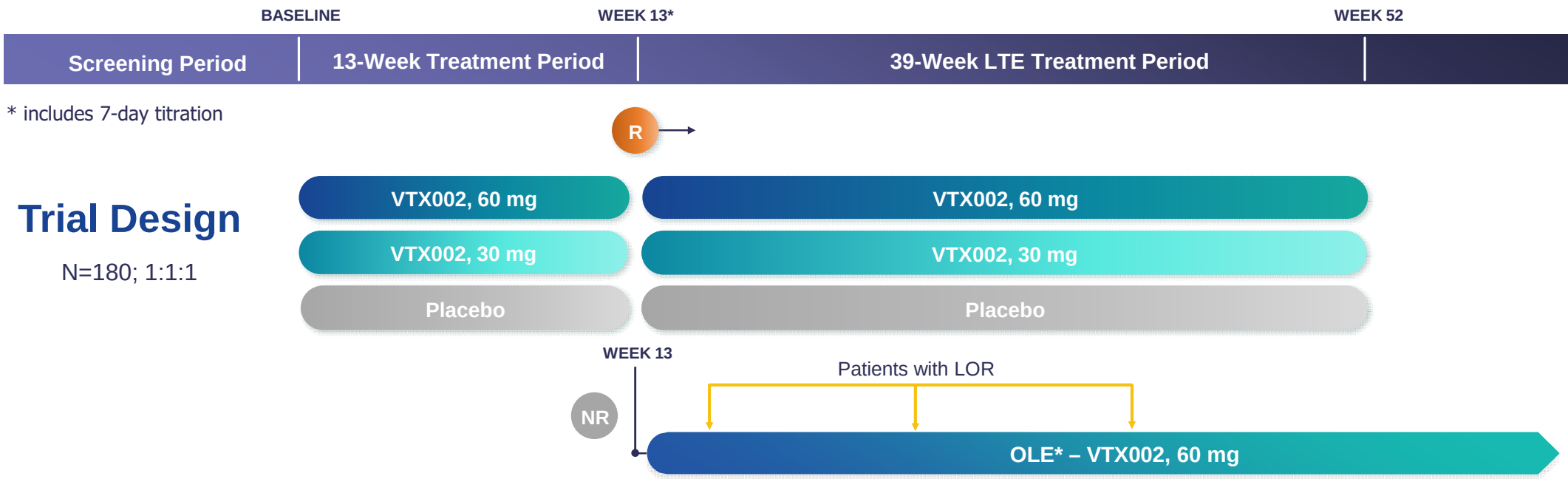
Phase 2 Induction Trial in Moderate-to-Severe Ulcerative Colitis

KEY TAKEAWAYS

- Powered for primary endpoint of clinical remission
- Trial may serve as the first of two pivotal trials required for registration

Trial Design

N=180; 1:1:1

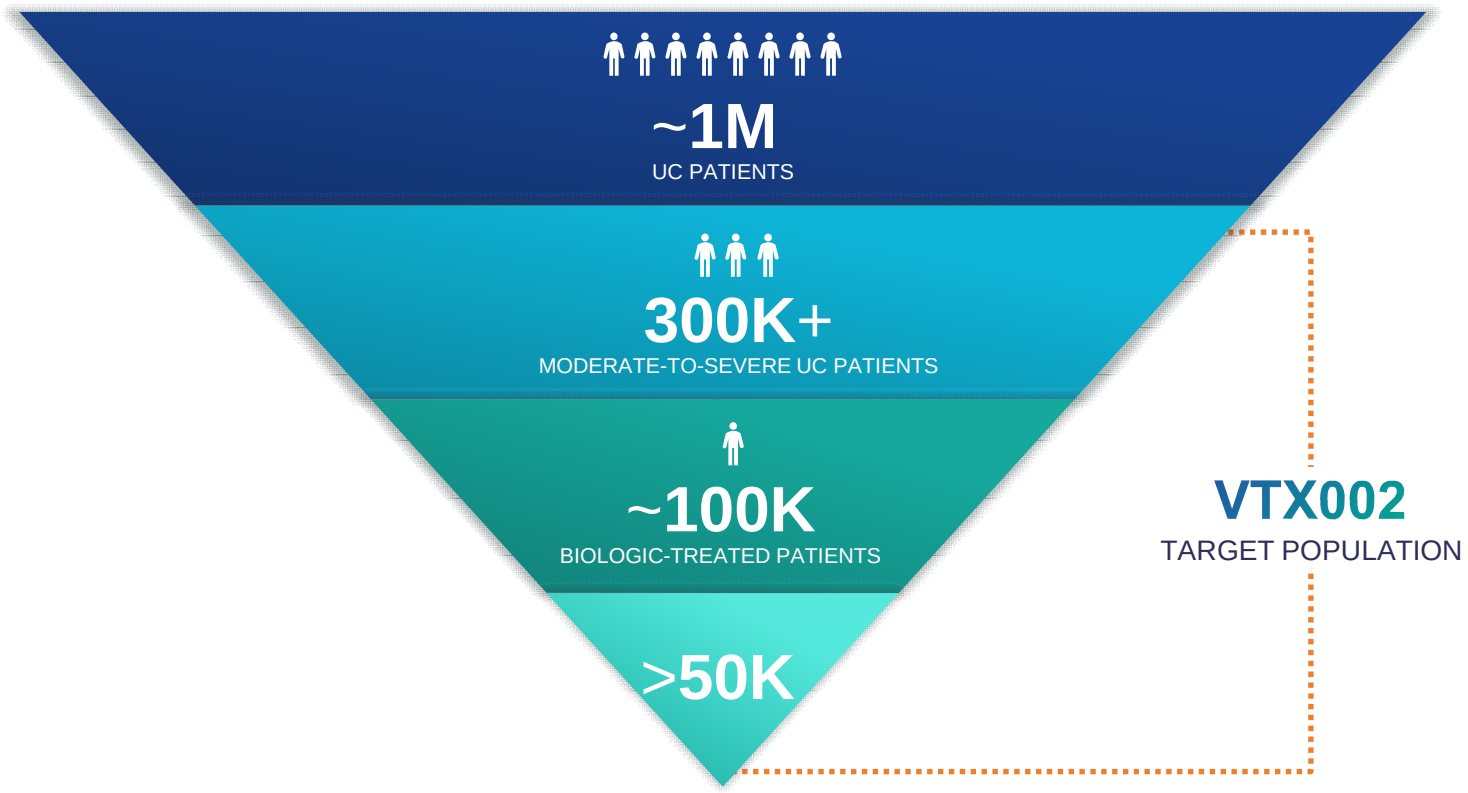


Note: Phase 2 tablet doses of 30mg and 60mg provide comparable VTX002 exposure as Phase 1 suspension doses of 20mg and 40mg, respectively

*Induction and OLE non-responder dosing includes 7-day titration period followed by 12 weeks of placebo or VTX002 dose

Underpenetrated Market for Biologic Refractory Patients

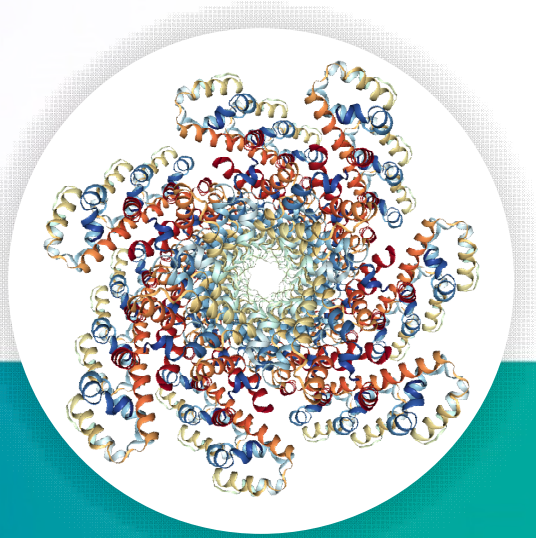
Addressable UC Patient Population in US



- Existing agents leave room for new treatments
- Novel oral agents may expand penetrance of treated moderate-to-severe UC population beyond current ~25-30%
- S1P well positioned to emerge as leading oral therapeutic class based on its attractive class efficacy/safety profile

ventyx BIOSCIENCES

SELECTIVE NLRP3 INFLAMMASOME INHIBITORS for systemic and CNS indications



Rationale for Targeting the NLRP3 Inflammasome

NLRP3 Inflammasome Inhibitors Target IL-1β, a Key Driver of Inflammatory Disease

In vivo Evidence

- The NLRP3 inflammasome can become overactive in the presence of persistent tissue damage or crystal deposits
- Inflammasome activation results in release of IL-1β & IL-18 recruiting neutrophils and driving Th17 response
- This leads to pyroptosis and further tissue damage

Genetic Evidence

- Gain-of-function mutations in the NLRP3 gene, associated with certain severe orphan inflammatory diseases, are classified as cyropyrin-associated periodic syndromes (CAPS)

Clinical Validation of Downstream Target

- IL-1β signaling, downstream of inflammasome activation, is a clinically-validated, anti-inflammatory target with biologics
- Ilaris® ($873M sales in 2020) approved for CAPS and other orphan periodic fever syndromes

ventyx BIOSCIENCES

NLRP3 = NOD-like receptor family, pyrin domain-containing protein 3; IL-1β = interleukin-1β

NLRP3 Inhibitor Program Summary

Peripheral NLRP3 Inhibitor: VTX2735

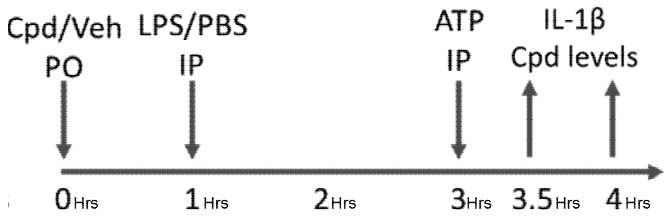
- Selective NLRP3 inhibitor
- Well tolerated in GLP safety and tox assessment
- Phase 1 completed with attractive safety/tolerability profile and evidence of pharmacodynamic activity
- Phase 2 trial in CAPS planned Q4 2022; additional indications are being evaluated

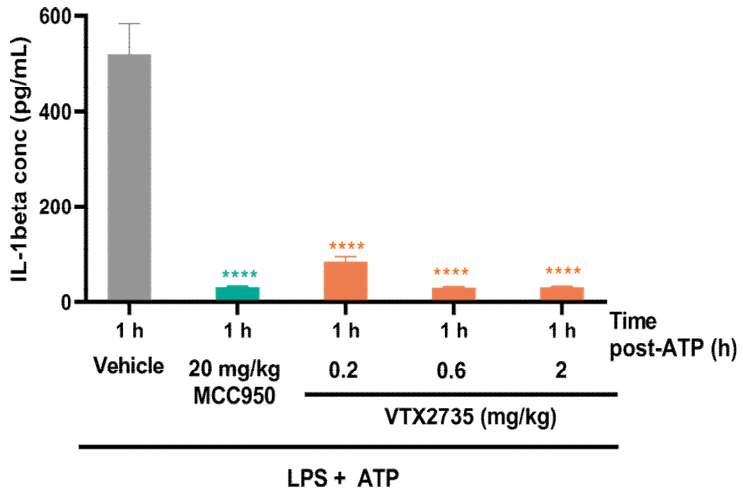
CNS NLRP3 Inhibitor: VTX3232

- Selective compounds generated with high CNS bioavailability
- Novel and proprietary lead series
- Plan to file IND in Q4 2022
- Potential to be first, truly CNS-directed NLRP3 inhibitor to enter clinic

VTX2735 is a Selective & Orally Bioavailable NLRP3 Inhibitor

Mouse Pharmacodynamic Assay



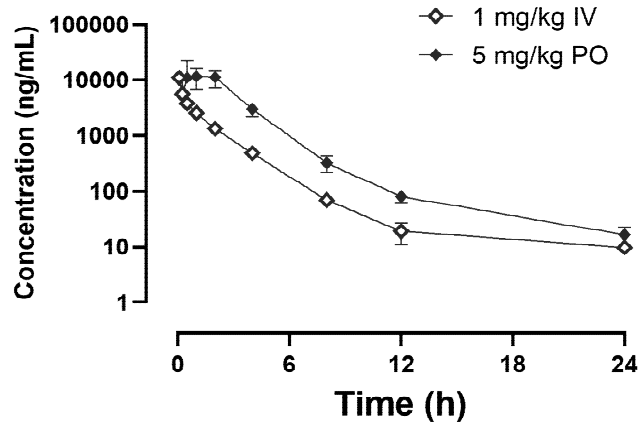


In Vitro Potency & Selectivity

		IL-1β IC_{50} (nM)
On Target	human monocytes	2
	human whole blood	**75**
Off Target	AIM2	>10000
	NLRC4	>10000
	NF-kb	>10000

Non-Human Primate PK

IV Clearance: 1.6 mL/min/kg; Oral Bioavailability: 80%



KEY TAKEAWAYS

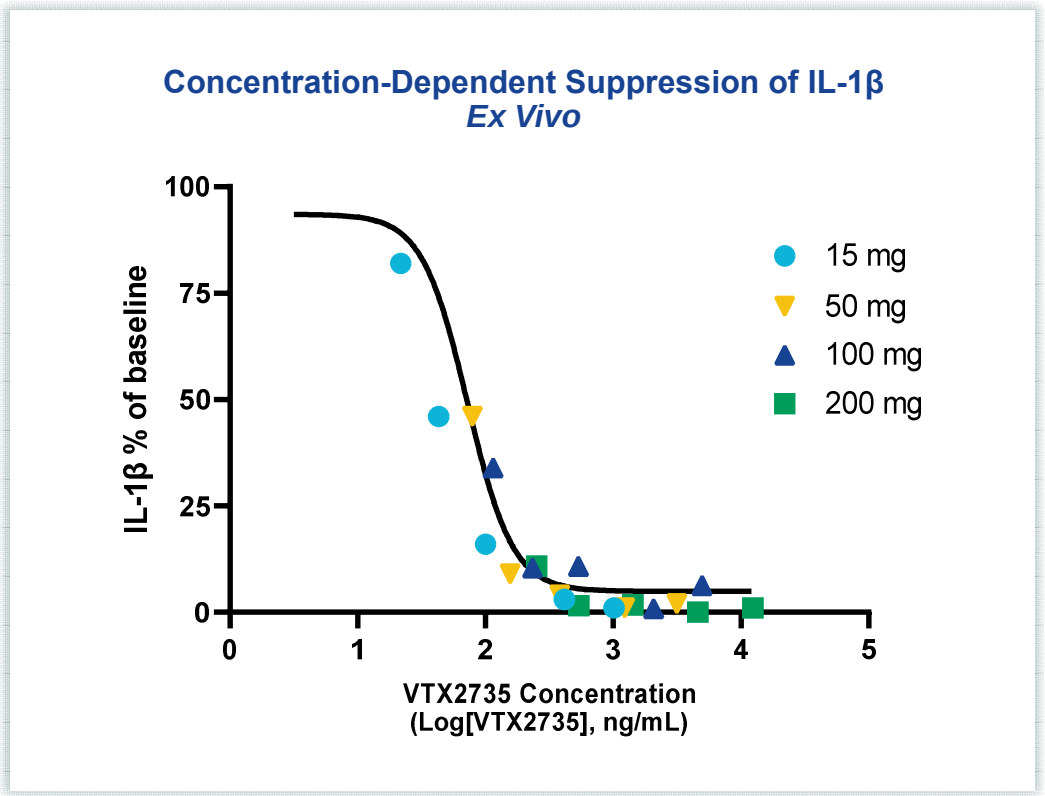
- Well-tolerated preclinically in IND-enabling GLP studies
- Oral bioavailability (80%) in NHP and dose-proportional exposure that predicts potential for wide safety margins based on PK/PD modeling

MCC950 is an NLRP3 inhibitor and a control compound used in in vitro and in vivo studies

Summary of VTX2735 Phase 1 Results

Excellent Safety and Pharmacodynamic Activity

Safety	• All AEs considered mild • No LFT abnormalities • No dose-related increase in frequency of AEs observed
PK	• Dose-proportionate increases in exposure (C_{max} and AUC)
PD	• Robust dose and concentration-dependent suppression of IL-1β *ex vivo*
Target Coverage	• Ability to cover IL-1β IC_{50}, IC_{90} • Potential wide therapeutic window (safe across wide exposure range)



Data from Day 10 of Phase 1 MAD, 1 to 8h post-dose
Ex vivo LPS plus ATP-mediated IL-1β release assay

*PK: Pharmacokinetics; PD: Pharmacodynamics

VTX2735 Has Broad Activity Against Multiple NLRP3 Mutations

Potential for Differentiation in CAPS Setting*

What is CAPS?

An ultra-orphan auto-inflammatory disease caused by various mutations in NLRP3 and characterized by inappropriate release of IL-1β and symptoms of recurrent systemic inflammation

KEY TAKEAWAY

VTX2735 blood assay data from CAPS patients suggest inhibitory activity across several mutations: FCAS, MWS and NOMID subset of CAPS patients.

IC_{50} in Blood Monocyte Assay (nM)

75%
of all CAPS patients
In North America

MOST SEVERE

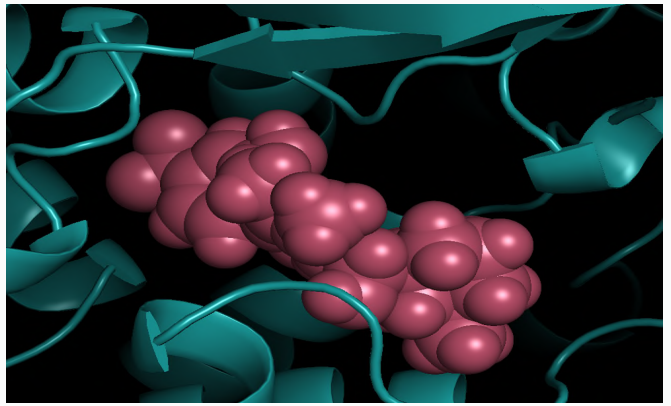
CPD	CHALLENGE	FCAS1 L353P	FCAS2 (L353P)	FCAS3 (L353P)	FCAS4 A439V/G564R	FCAS.MWS E525K/V198M	NOMID F309Y
VTX2735	LPS	**117**	**56**	**166**	14	24	**17**
MCC950	LPS	**>10K**	**>10K**	**>10K**	1,264	>10K	**>10K**

*Source: UCSD (Dr. Hal Hoffman's lab); CAPS=Cryopyrin-Associated Periodic Syndromes

CNS-Penetrant NLRP3 Inhibitor VTX3232

KEY TAKEAWAYS

- Novel, potent, brain-penetrant inhibitor of NLRP3
- **13 nM IC_{50} in human whole blood IL-1β release assay**
- Unique structural chemotype vs. peripheral NLRP3 inhibitors
- Provisional application filed June 2021
- IND filing in Q4 2022; Phase 1 start in Q1 2023

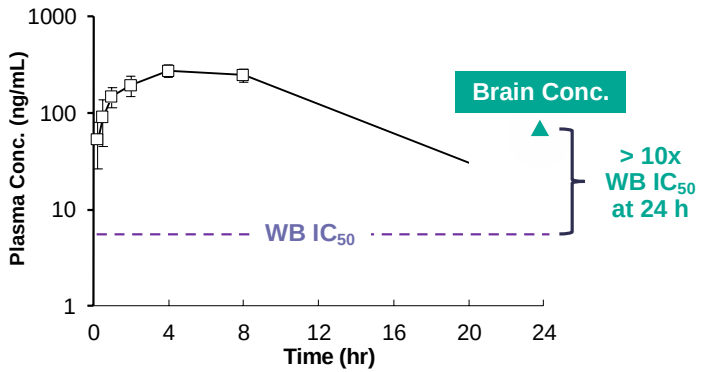


In Vitro Potency & Selectivity

		IL-1β IC_{50} (nM)
NLRP3	huWB	13
AIM2		>10000
NLRC4	BMDM	>10000
NF-kb		>10000

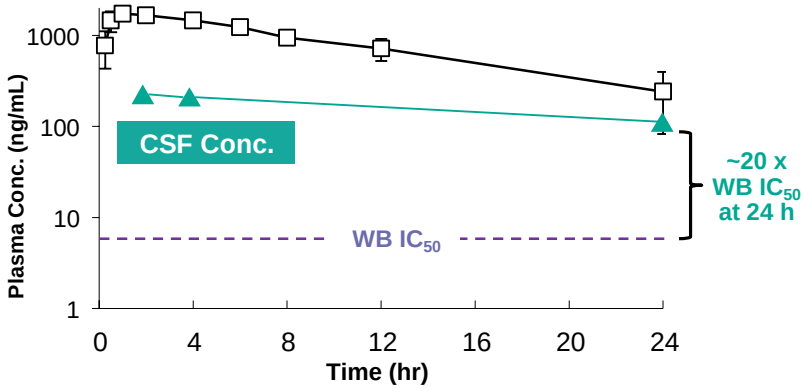
Rat PK (PO, 5mg/kg)

T½ = 4.4 h; Oral Bioavailability = 75%



Dog PK (PO, 5mg/kg)

T½ = 8 h; Oral Bioavailability = 100%



ventyx BIOSCIENCES

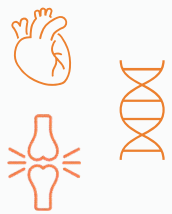
NLRP3 Program Clinical Development Plan

Our Comprehensive NLRP3 Portfolio Targets a Broad Range of Major Inflammatory Diseases

NLRP3

Systemic Diseases

Peripheral NLRP3 inhibitors are designed to treat cardiovascular, rheumatic, fibrotic and rare genetic diseases



- Cardiovascular
- Rheumatic
- Fibrotic Diseases
- Rare Genetic Diseases

Our solution: VTX2735

Neuroinflammatory Diseases

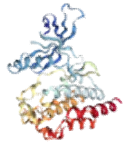
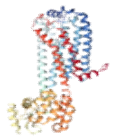
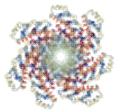
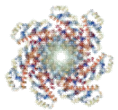
CNS-directed NLRP3 inhibitors are designed to treat a range of neuro-degenerative disorders, such as Alzheimer's and Parkinson's disease

- Alzheimer's Disease
- Parkinson's Disease
- ALS
- Multiple Sclerosis

Our solution: VTX3232

PROJECTED PIPELINE CATALYSTS AND SUMMARY

Projected Catalysts Over Next 24 Months

PROGRAMS	H1'2021	H2'2021	H1'2022	H2'2022	2023
 **VTX958** Allosteric TYK2 inhibitor addressing a broad range of autoimmune disorders	Phase 1 SAD	Phase 1 MAD			Phase 2 in Multiple Indications*
 **VTX002** Selective S1P1R modulator targeting UC and other immune disorders			Phase 2 Ulcerative Colitis 13-Week Induction		
 **VTX2735** Peripheral NLRP3 inflammasome inhibitor for multiple inflammatory and immune conditions	IND-enabling	Phase 1 SAD/MAD			Phase 2 CAPS Initiation
 **VTX3232** CNS-directed NLRP3 inflammasome inhibitor for neurodegenerative diseases	Candidate Selection		IND-enabling		Phase 1 SAD/MAD**

*Following completion of our Phase 1 trial, we intend to initiate Phase 2 trials in psoriasis, psoriatic arthritis, Crohn's disease and potentially other indications

** Following regulatory acceptance of planned Q4 2022 IND filing, we intend to initiate and conduct a Phase 1 SAD/MAD trial in healthy volunteers in Q1 2023

Investment Highlights

EFFICIENT & PRODUCTIVE IMMUNOLOGY PLATFORM

- **Internal R&D engine** designed to generate candidates to address autoimmune and inflammatory diseases with high unmet need
- **100% commercial rights** to entire portfolio; long patent life for all product candidates

POTENTIALLY DIFFERENTIATED MEDICINES

- **Multiple selective, oral, small molecule product candidate portfolio**:
  - **VTX958:** allosteric TYK2 inhibitor for multiple autoimmune indications
  - **VTX002:** peripherally-restricted S1P1R modulator for ulcerative colitis
  - **VTX2735:** peripheral NLRP3 inhibitor for multiple autoimmune indications
  - **VTX3232:** CNS-targeted NLRP3 inhibitor for multiple neurodegenerative indications

TARGET MAJOR INFLAMMATORY & IMMUNOLOGY DISEASE MARKETS

- **Our portfolio can address I&I markets**, such as psoriasis, IBD, and other indications
- Opportunity to disrupt existing markets dominated by biologics with varying degrees of efficacy and safety in order to:
  - ✓ Capture refractory patients
  - ✓ Expand market share of moderate-to-severe patient populations with patient-friendly oral therapy

CAPITAL-EFFICIENT BUSINESS MODEL

- **Over $339 million raised** from dedicated biotech investors
- **Cash & equivalents and marketable securities balance** of $273.1M as of March 31, 2022; Runway into H1 2024

CONTACT US FOR ADDITIONAL INFORMATION:

ir@ventyxbio.com

VENTYX BIOSCIENCES, INC.
662 ENCINITAS BOULEVARD, SUITE 250
ENCINITAS, CA 92024