UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported):
November 30, 2021

Ventyx Biosciences, Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-40928	83-2996852
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

662 Encinitas Blvd., Suite 250
Encinitas, CA 92024
(Address of principal executive offices, including zip code)

(760) 593-4832
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of exchange on which registered
Common Stock, $0.0001 par value per share	**VTYX**	**The Nasdaq Global Select Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On December 1, 2021, representatives of Ventyx Biosciences, Inc. ("Ventyx") will be attending meetings with investors, analysts and others in connection with the Evercore's ISI 4th Annual HealthCONx Conference. During these meetings, Ventyx will present the slides attached as Exhibit 99.1 to this Current Report on Form 8-K, which are incorporated herein by reference.

In accordance with General Instruction B.2. of Form 8-K, all of the information furnished in this Item 7.01 and Item 9.01 (including Exhibit 99.1) shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, and shall not be incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Presentation, dated December 1, 2021.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

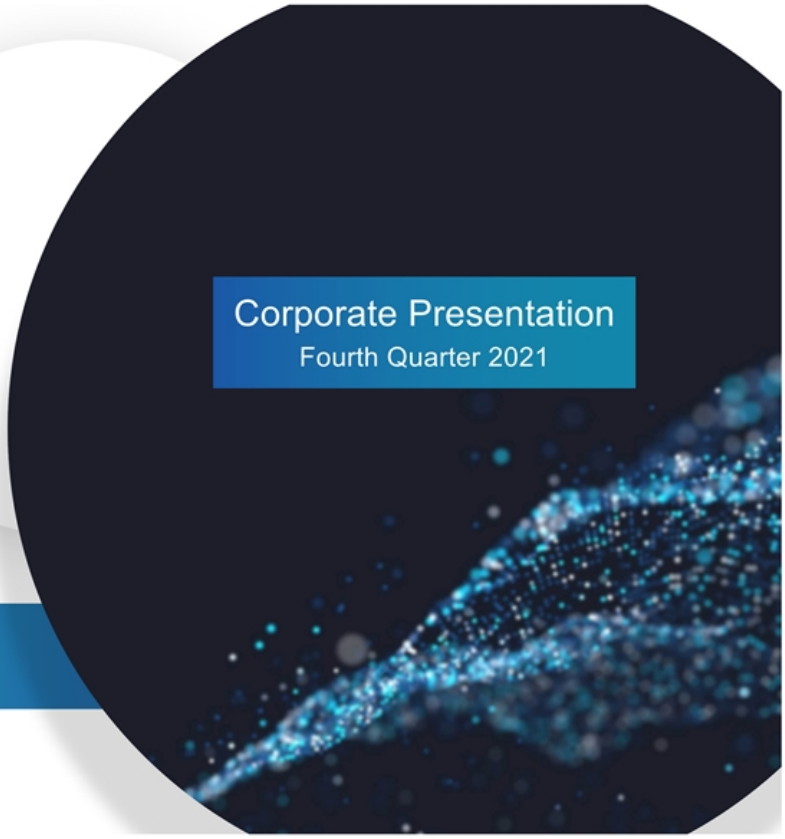
Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

VENTYX BIOSCIENCES, INC.

By: /s/ Raju Mohan
Raju Mohan, Ph.D.
Chief Executive Officer

Date: November 30, 2021

Exhibit 99.1



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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: the anticipated timing of enrollment of clinical trials for Ventyx's product candidates; the expectation that the Phase 2 clinical trial for VTX002, along with an additional Phase 3 trial, may serve as the first of two pivotal trials required for registration; the potential of Ventyx's product candidates to address a broad range of immune-mediated diseases; the potential of CNS-penetrant NLRP3 inhibitors to treat Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis and multiple sclerosis; plans to advance Ventyx's product candidates; and the expected timeframe for funding Ventyx's operating plan with current cash, cash equivalents and marketable securities. 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; 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 final prospectus filed pursuant to Rule 424(b)(4) on October 21, 2021, 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.

Neither the SEC nor any state securities commission has approved or disapproved of the securities of the Company or passed upon the accuracy or adequacy of this presentation. Any representation to the contrary is a criminal offense. Except as otherwise indicated, this presentation speaks as of the date hereof.

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.

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COMPANY

TEAM, INVESTORS & PIPELINE

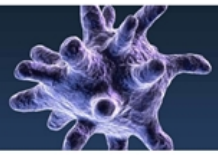
VTX958
PHASE 1

VTX002
PHASE 2 READY

VTX2735
PHASE 1

CNS NLRP3
PRECLINICAL

SUMMARY
MILESTONES & HIGHLIGHTS



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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

Jörn Drappa, MD, PhD
CHIEF MEDICAL OFFICER

Board of Directors

Sheila Gujrathi, MD
EXECUTIVE CHAIR, VENTYX

Jigar Choksey
PRINCIPAL, THIRD POINT

Richard Gaster, MD, PhD
MANAGING PARTNER, VENBIO

Raju Mohan, PhD
CHIEF EXECUTIVE OFFICER, VENTYX

Aaron Royston, MD
MANAGING PARTNER, VENBIO

Somu Subramaniam
MANAGING PARTNER, NEW SCIENCE VENTURES

William White
CHIEF FINANCIAL OFFICER, AKERO THERAPEUTICS

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

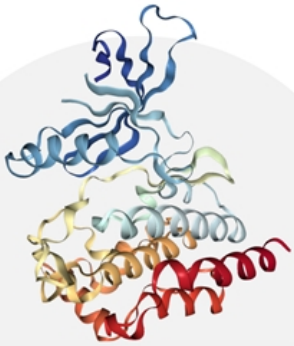
Our internally-discovered small molecule drugs allow us to own 100% commercial rights to our entire portfolio with long patent lives for all product candidates

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 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				Complete Phase 1 MAD H1 2022 Initiate Phase 2 POC trial(s) H2 2022
S1P1R	VTX002	Ulcerative Colitis				Initiate Phase 2 trial Q4 2021 Report topline Phase 2 data 2023
NLRP3 *Peripheral*	VTX2735	Potential indications include cardiovascular, hepatic, renal, and rheumatologic diseases				Complete Phase 1 H1 2022 Initiate Phase 2 POC trial(s) H2 2022
NLRP3 *CNS-penetrant*	Discovery	Neuroinflammatory diseases				Select lead candidate Q4 2021 File IND H2 2022



Orally Bioavailable, Selective Allosteric Inhibitor of TYK2

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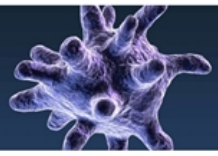

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VTX958 Program Summary

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

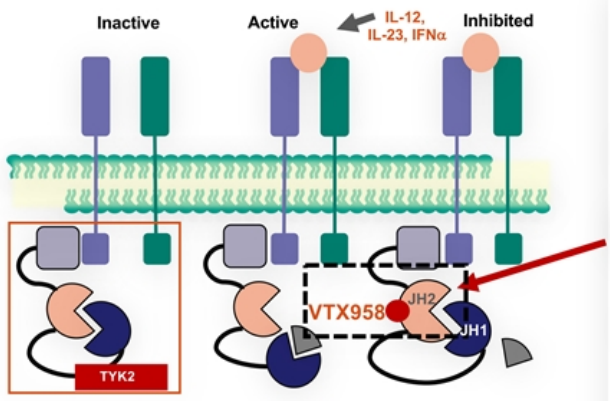
Deucravacitinib in Phase 2/3 for Crohn's disease, psoriatic arthritis, lupus

Large Addressable Markets

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

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



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

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

Features of VTX958 JH2 allosteric inhibition

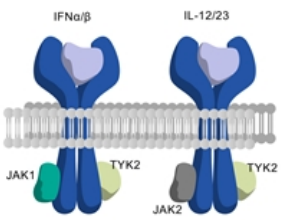
- **Selectivity** for TYK2 JH2 vs. JAK1 JH2 domain (>4,000 X)
- **No** binding to JAK2/3 JH2 domains
- **No** binding to TYK2 kinase JH1 **and**
- **No kinase enzyme inhibition of any JAK family member**

Selective TYK2 Inhibitor

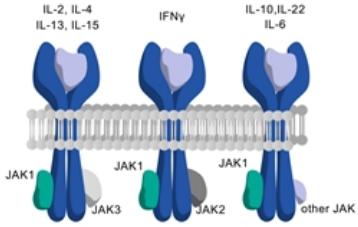
VTX958 More Selective than Deucravacitinib for TYK2 JH2 Domain

Targeting JH2 domain selectively 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

Proinflammatory Innate & Th1/Th17 Cytokines

Drug	Psoriasis Patient PBMC IL-12 IC_{50} (nM)	IL-23 IC_{50} (nM)	IFNα IC_{50} (nM)
VTX958	35	5	12
deucravacitinib	10	10	5

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

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

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

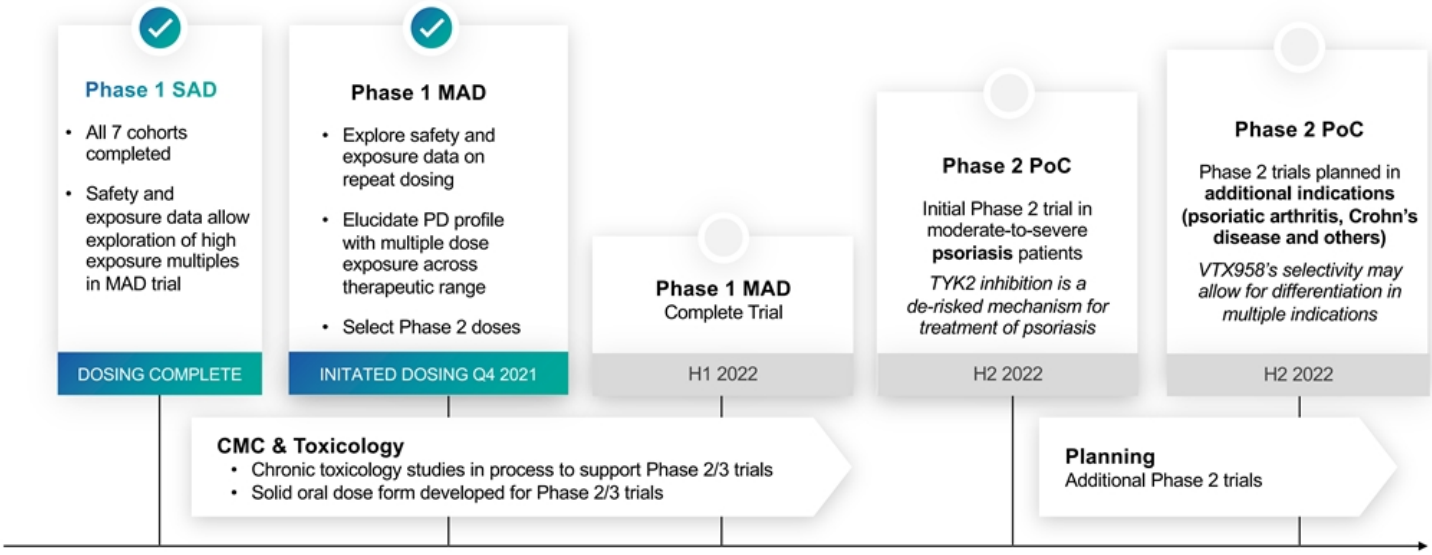
No dose-saturation observed; PK and absorption profiles suggest continued absorption throughout GI tract

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

VTX958 Clinical Development Plan



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

Commercial Potential in 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*

Psoriasis and Psoriatic Arthritis

Commercial Snapshot

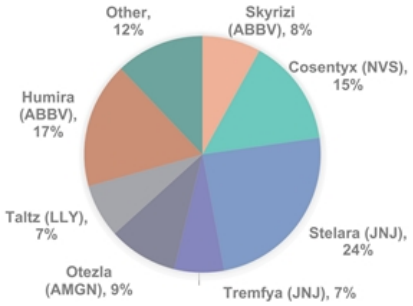
Psoriasis Commercial Opportunity

- ~8M patients in U.S.
- 25-30% are moderate-to-severe
- U.S. biologic penetration ~15-20%
- Total treated U.S. moderate-severe population ~1.2m*
- Global revenue of psoriasis drugs **~$20B in 2020**

Psoriatic Arthritis Opportunity

- ~1M patients in U.S.
- Up to ~40-60% are moderate-to-severe
- Total treated U.S. moderate-severe population ~500k*
- Global revenue of PsA drugs **~$4B in 2020**

Leading Branded Drugs in the $20B Worldwide Psoriasis Market



Key Takeaways

- Significant share shift in recent years from anti-TNF agents to newer biologics (anti-IL-23, IL-12/23 and anti-IL-17s antibodies)
- Despite limitations, Otezla had $2.2B in 2020 sales and is the only major oral player in these markets
- TYK2 de-risked in both indications by deucravacitinib
  - Psoriasis: Phase 3 trial 6mg QD dose was statistically superior vs. Otezla*
  - PsA Phase 2 data showed stat. significant ACR20 and ACR50 scores vs pbo^; now in Phase 3 trials at 6mg QD dosing

*Sources: Evaluate Pharma, Company Estimates, Wall Street Research; *BMS AAD 2021 Presentation; PsA=psoriatic arthritis; *BMS deucravacitinib: 54-59% responses on PASI75 at 16 weeks achieved statistically significant results vs. apremilast control*
^6/12mg ACR20: 53/63% vs 32%; ACR50: 24/33% vs 11%

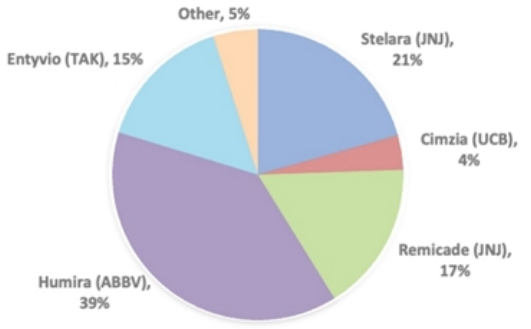
Crohn's Disease

Commercial Snapshot

Crohn's Disease (IBD) Commercial Opportunity

- ~700k+ Crohn's disease patients in U.S.
- 30-40+% are moderate-to-severe
- U.S. biologic penetration ~35-40%
- Global revenue of Crohn's disease drugs ~$13B in 2020

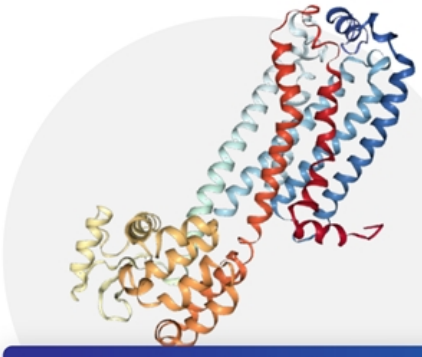
2020 Market Share of Leading Branded Drugs in the $13B WW Crohn's Disease Market



Key Takeaways

- ~$13B market dominated by parenteral biologic therapies
- Share trends have favored Stelara (anti-IL-12/23) with more selective anti-IL-23 biologics (i.e. Skyrizi) producing positive Phase 3 data
- Dosing of IL-23 targeting biologics in CD may be as great as 3-4x dosing in dermatology indications
- Biologics targeting anti-IL12/23 and anti-IL23 provide rationale for TYK2 inhibitor development; higher selectivity may yield wider therapeutic index, potentially supporting differentiation

Sources: Evaluate Pharma, Company estimates, Wall Street research, BMS AAD 2021 Presentation; Skyrizi label dosing for psoriasis/PsA vs. Phase 3 Crohn's dosing regimen



Peripherally Restricted S1P1R Modulator with Potential for Treatment of Ulcerative Colitis

COMPANY
TEAM, INVESTORS, & PIPELINE

VTX958
PHASE 1

VTX002
PHASE 2 READY

VTX2735
PHASE 1

CNS NLRP3
PRECLINICAL

SUMMARY
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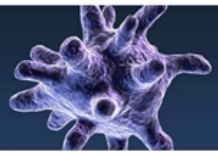

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VTX002 Program Summary

Phase 2 ready 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 Market

- 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

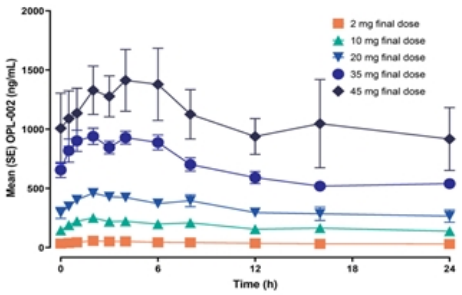
Peripherally Restricted
Very low CNS penetration; not a repurposed MS drug; potential to avoid macular edema

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

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

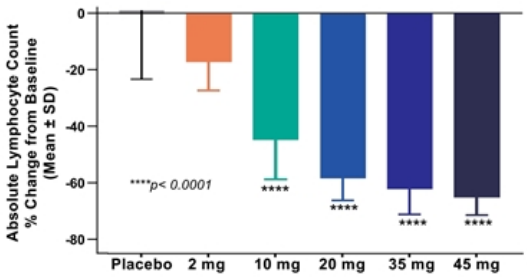
Absolute lymphocyte count (ALC) reductions of 40-50% correlated with clinical efficacy observed in UC*

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



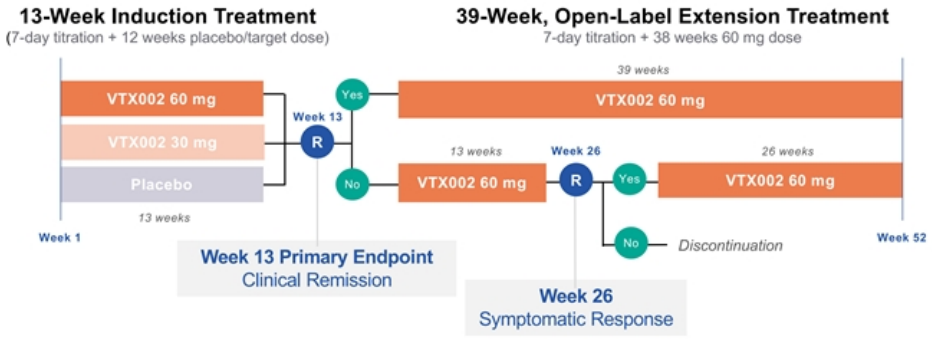
- Demonstrated consistent, sustained reduction of lymphocytes up to 65% across multiple dose groups

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

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

Trial Design

N=180; 1:1:1



Key Takeaways

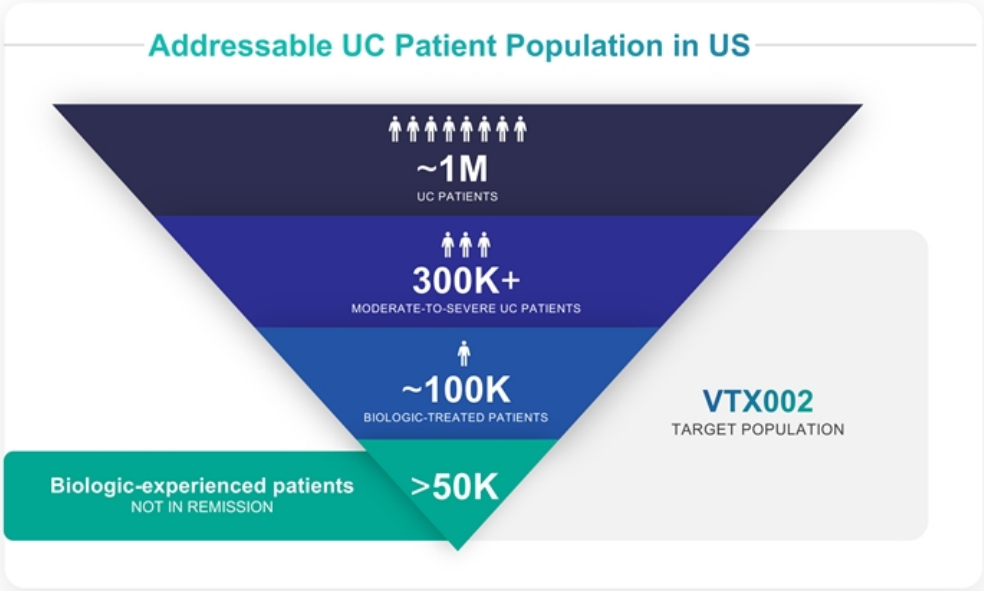
Powered for primary endpoint of clinical remission

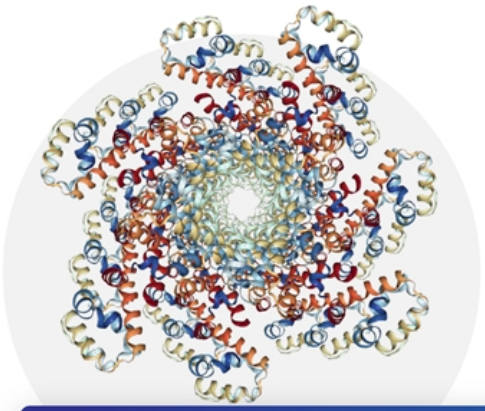
Trial may serve as the first of two pivotal trials required for registration

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

Underpenetrated Market for Biologic Refractory Patients

- 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





Selective NLRP3 Inflammasome Inhibitors for Systemic and CNS Indications

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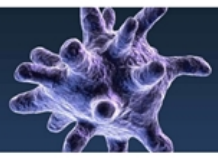
PHASE 1

CNS NLRP3
PRECLINICAL

SUMMARY
MILESTONES & HIGHLIGHTS



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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

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

NLRP3 Inhibitor Program Summary

Peripheral NLRP3 Inhibitor: VTX2735

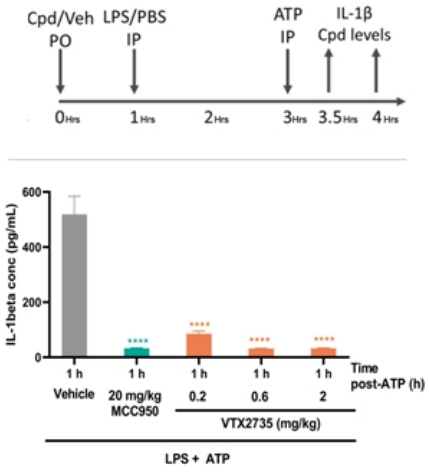
- Selective NLRP3 inhibitor
- Well tolerated in GLP safety and tox assessment
- Phase 1 dosing initiated in Q4 2021
- High oral bioavailability in non-clinical PK studies
- PD activity demonstrated in animal models

CNS NLRP3 Inhibitor

- Currently in late-stage lead optimization
- Selective compounds generated with high CNS bioavailability
- Novel and proprietary lead series
- Potential to be first, truly CNS-directed NLRP3 inhibitor in clinic

VTX2735 is a Selective & Orally Bioavailable NLRP3 Inhibitor

Mouse Pharmacodynamic Assay

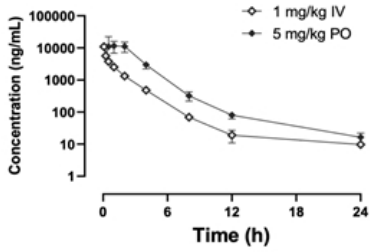


In Vitro Potency & Selectivity

	IL-1ß IC_{50} (nM)	VTX2735
On Target	human monocytes	2
	human whole blood	48
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

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)

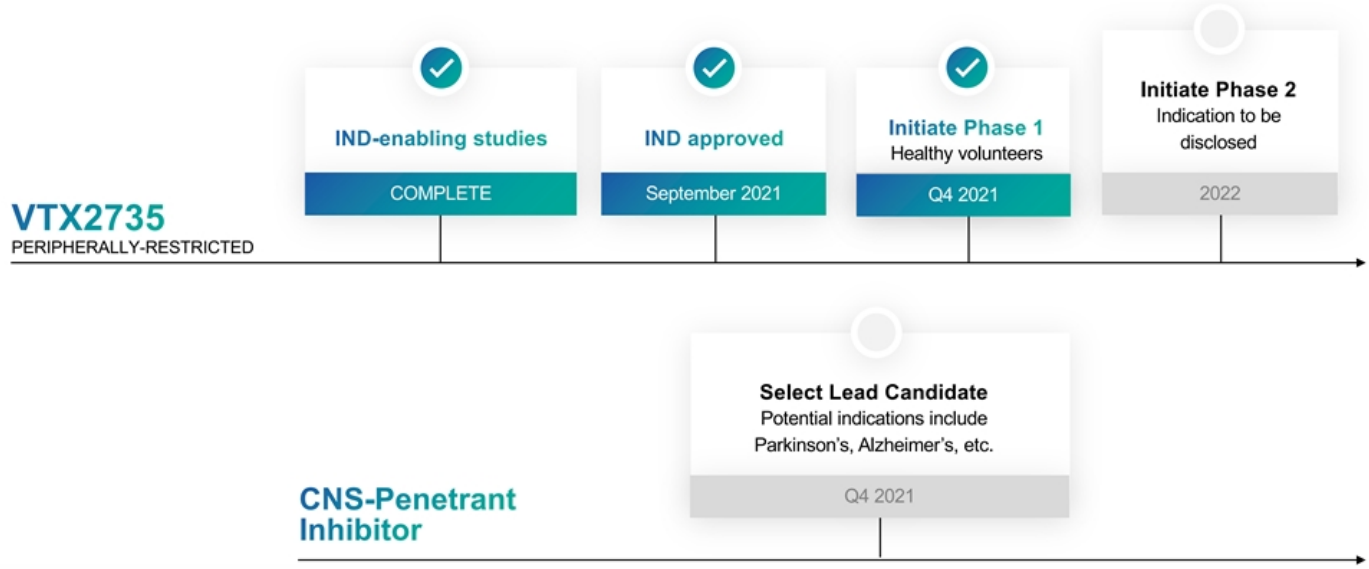
75% of all CAPS patients In North America

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

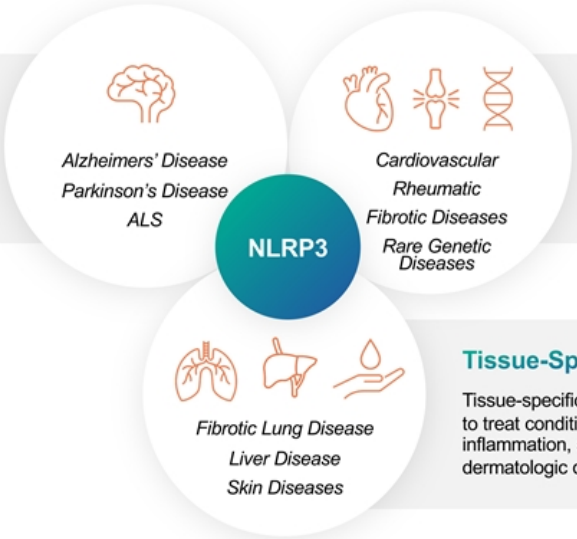
NLRP3 Program Clinical Development Plan



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

Neuroinflammatory Diseases

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



Systemic Diseases

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

Tissue-Specific Diseases

Tissue-specific NLRP3 inhibitors are designed to treat conditions associated with site-specific inflammation, such as IBD, pulmonary and dermatologic diseases

COMPANY
TEAM, INVESTORS, & PIPELINE

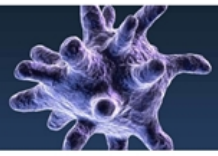
VTX958
PHASE 1

VTX002
PHASE 2 READY

VTX2735
PHASE 1

CNS NLRP3
PRECLINICAL

SUMMARY



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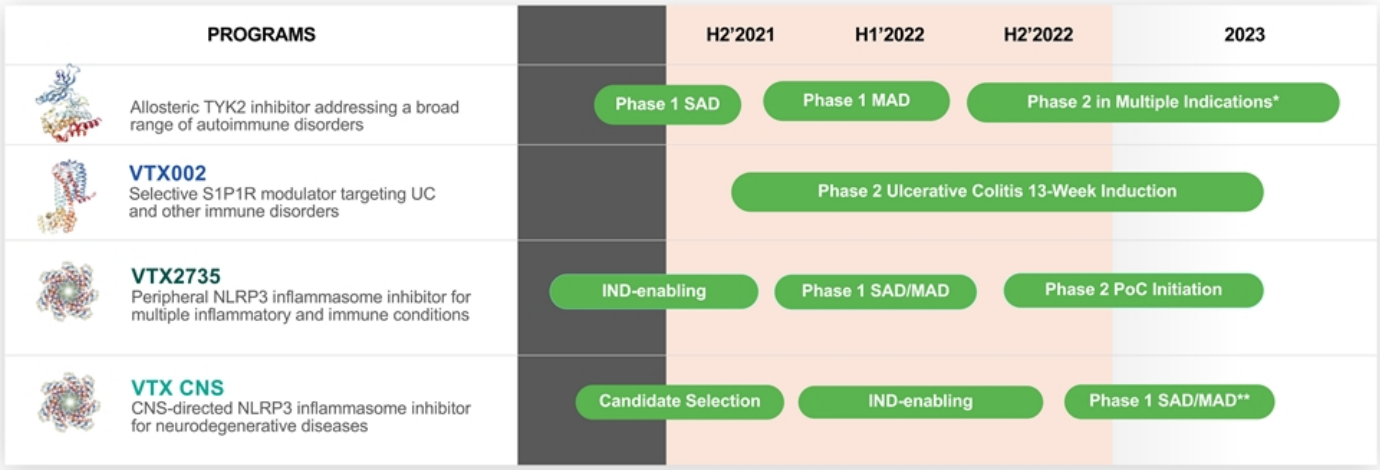
Projected Catalysts Over Next 24 Months



**Following completion of our Phase 1 trial, we intend to initiate Phase 2 PoC trials in psoriasis, psoriatic arthritis, Crohn's disease and potentially other indications*
*** Following regulatory acceptance of planned H2 2022 IND filing, we intend to initiate and conduct a Phase 1 SAD/MAD trial in healthy volunteers*

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:*** *a peripheral NLRP3 inhibitor for multiple autoimmune indications, and CNS-targeted NLRP3 inhibitors*

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 balance of $142M as of September 30, 2021*

**Not including gross proceeds of $174M raised in October 2021 IPO*

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