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

# FORM 8-K/A

**CURRENT REPORT**

**Pursuant to Section 13 or 15(d) of The Securities Exchange Act of 1934**

**Date of Report (Date of earliest event reported): April 9, 2018**

# Cocrystal Pharma, Inc.

(Exact name of registrant as specified in its charter)

| Delaware | 000-55158 | 35-2528215 |
|---|---|---|
| (State or other Jurisdiction of Incorporation) | (Commission File Number) | (IRS Employer Identification No.) |

| 1860 Montreal Rd, Tucker, GA | 30084 |
|---|---|
| (Address of principal executive offices) | (Zip Code) |

Registrant's telephone number, including area code: (678) 892-8800

(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:

[ ] 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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

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. [ ]

**EXPLANATORY NOTE**

This Form 8-K/A is being furnished to amend the Current Report on Form 8-K furnished by Cocrystal Pharma, Inc. (the "Company") on April 3, 2018. The sole purpose of the amendment is to update and clarify certain information in the investor presentation furnished as Exhibit 99.1 to the original Form 8-K.

**Item 7.01 Regulation FD Disclosure**

A copy of the Company's investor presentation is being furnished as Exhibit 99.1 hereto and is hereby incorporated by reference.

The information in this Current Report on Form 8-K (including exhibits hereto) shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") or otherwise subject to the liabilities under such section, and shall not be deemed to be incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act.

**Item 9.01 Financial Statements and Exhibits**

**(d) Exhibits.**

| Exhibit | Description |
|---|---|
| 99.1 | Cocrystal Pharma, Inc. Investor Presentation, dated April 2018 |

**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.

**Cocrystal Pharma, Inc.**

Date: April 9, 2018

By: */s/ James Martin*
Name: James Martin
Title: Chief Financial Officer


COCRYSTAL
PHARMA, INC.
Antiviral Therapies
Corporate Presentation
April 2018
NASDAQ: COCP
www.cocrystalpharma.com

# Forward Looking Statements

This presentation contains forward-looking statements, the anticipated timing of our drug development programs, including near-term milestones, and anticipated completion or initiation of studies, IND filings, and opportunities in the hepatitis C and influenza antiviral markets. Forward-looking statements also are prefaced by words such as "expect," "plan," "intend," "anticipate," and similar words. Forward-looking statements are based on our current expectations and assumptions regarding our business, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict. Our actual results may differ materially from those contemplated by the forward-looking statements for a variety of reasons, including delays in manufacturing created by third parties, the ability of clinical research organizations to recruit patients, and the failure to obtain adequate financing to fund our programs. Also see the risk factors contained in our Form 10-K for the year ended December 31, 2017. We caution you, therefore, against relying on any of these forward-looking statements. They are neither statements of historical fact nor guarantees or assurances of future performance. We do not intend to nor do we undertake any duty to update these forward-looking statements.

# Corporate Overview

| Highlights |
| --- |
| Clinical Stage Antiviral Company |
| Wholly Owned Product Portfolio |
| Proprietary Drug Discovery Platform |

| Target Diseases |
| --- |
| Hepatitis |
| Influenza |
| Norovirus Gastroenteritis |

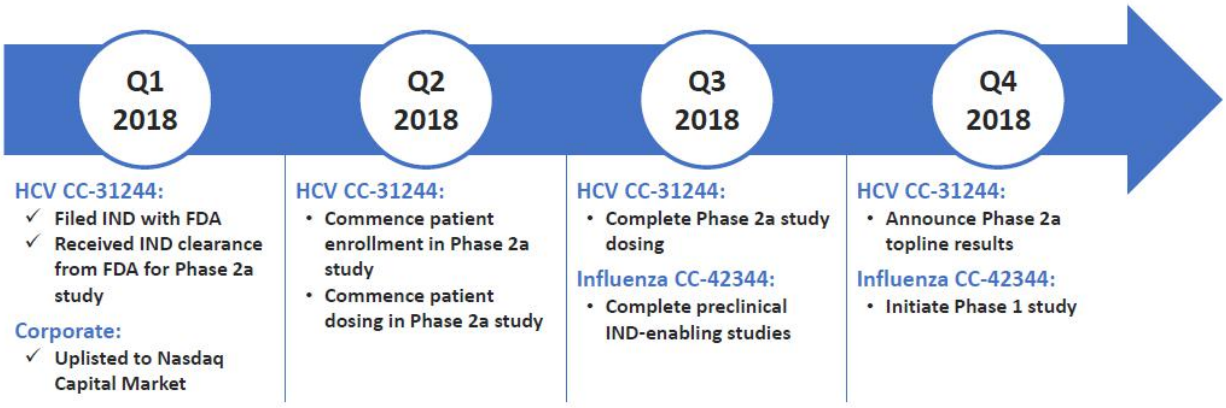
# Investment Highlights

- Nobel Prize winning expertise leveraged to design first- and best-in-class antiviral drug candidates addressing well established and growing markets
- Lead program CC-31244 for the treatment of hepatitis C infection entering Phase 2a in Q2 2018
  - Received IND clearance from FDA in Q1 2018
  - Topline data expected before year end
  - Exploring partnering opportunities in strategic territories
- Influenza candidate, CC-42344 is a novel PB2 inhibitor scheduled to enter Phase 1 in Q4 2018 for the treatment of influenza
  - Shown excellent antiviral activity against influenza A strains, including avian pandemic strains and Tamiflu resistant strains
- Company positioned to achieve multiple clinical and regulatory milestones in the near-term
- Recently uplisted to Nasdaq Capital Market

# Robust Development Pipeline

| Program | | Discovery | Preclinical | Phase 1 | Phase 2 | Phase 3 |
|---|---|---|---|---|---|---|
| Hepatitis C (HCV) | **CC-31244** (Pan-genotypic NS5B NNI) | | | | | |
| | **CC-2850** (Pan-genotypic NS5B Nuc) | | | | | |
| | **CC-2069** (Pan-genotypic NS5A inhibitor) | | | | | |
| Influenza | **CC-42344** (Influenza A PB2 inhibitor) | | | | | |
| | **Influenza A/B inhibitor** | | | | | |
| Norovirus | **Noro Polymerase Inhibitor** | | | | | |

# Near-Term Milestones Expected to Drive Value




**Q1 2018**

**HCV CC-31244:**
- ✓ Filed IND with FDA
- ✓ Received IND clearance from FDA for Phase 2a study

**Corporate:**
- ✓ Uplisted to Nasdaq Capital Market

**Q2 2018**

**HCV CC-31244:**
- Commence patient enrollment in Phase 2a study
- Commence patient dosing in Phase 2a study

**Q3 2018**

**HCV CC-31244:**
- Complete Phase 2a study dosing

**Influenza CC-42344:**
- Complete preclinical IND-enabling studies

**Q4 2018**

**HCV CC-31244:**
- Announce Phase 2a topline results

**Influenza CC-42344:**
- Initiate Phase 1 study

# Seasoned Management Team

**Gary Wilcox, Ph.D.**
*Vice Chairman and Chief Executive Officer*
Over 35 years of executive biotech leadership experience and played a key role in the development of Cialis

**Sam Lee, Ph.D.**
*President*
20 years of anti-infective drug discovery research experience and played a key role in the early development of phosphoinositide 3-kinase (PI3K) delta inhibitors

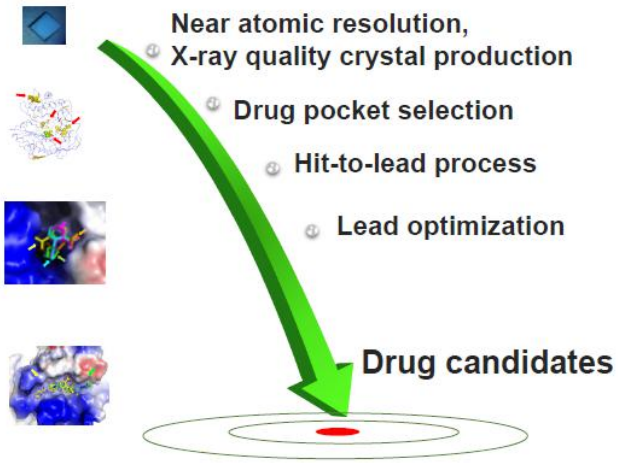
**James J. Martin, MBA, CPA**
*Chief Financial Officer*
25 years of finance and management experience including providing financial leadership to commercial-stage, publicly traded health science companies

# Board of Directors

| | |
|---|---|
| **Raymond F. Schinazi, Ph.D.**<br>*Chairman* | Frances Winship Walters Professor of Pediatrics, Director, Laboratory of Biochemical Pharmacology and Director, HIV Cure Scientific Working Group at Emory University |
| **Gary Wilcox, Ph.D.**<br>*Vice Chairman and Chief Executive Officer* | Vice Chairman and Chief Executive Officer, Cocrystal Pharma, Inc. |
| **David S. Block, M.D.**<br>*Director* | President and Chief Executive Officer of Gliknik Inc. |
| **Phillip Frost, M.D.**<br>*Director* | Chairman and CEO of OPKO Health, Inc. |
| **Jane Hsiao, Ph.D.**<br>*Director* | Vice Chairman and Chief Technical Officer of OPKO Health, Inc. |
| **Steve Rubin**<br>*Director* | Executive Vice President-Administration and a director of OPKO Health, Inc. |

# Cocrystal Technology

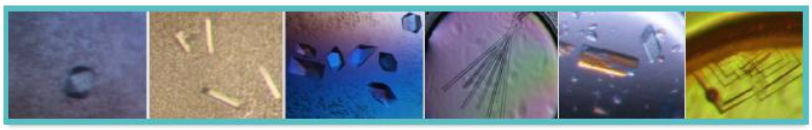
## Nobel Prize Winning Technology

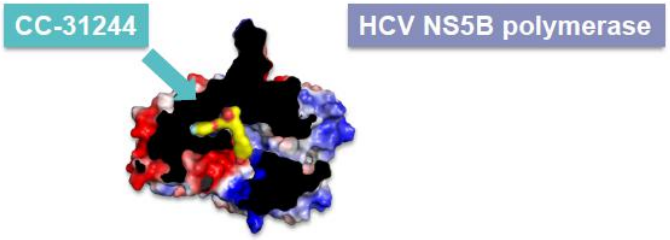


# CC-31244: Broad Spectrum HCV NNI

## Demonstration of Cocrystal's Enabling Technology

HCV GT1 – GT6 NS5B polymerase crystals

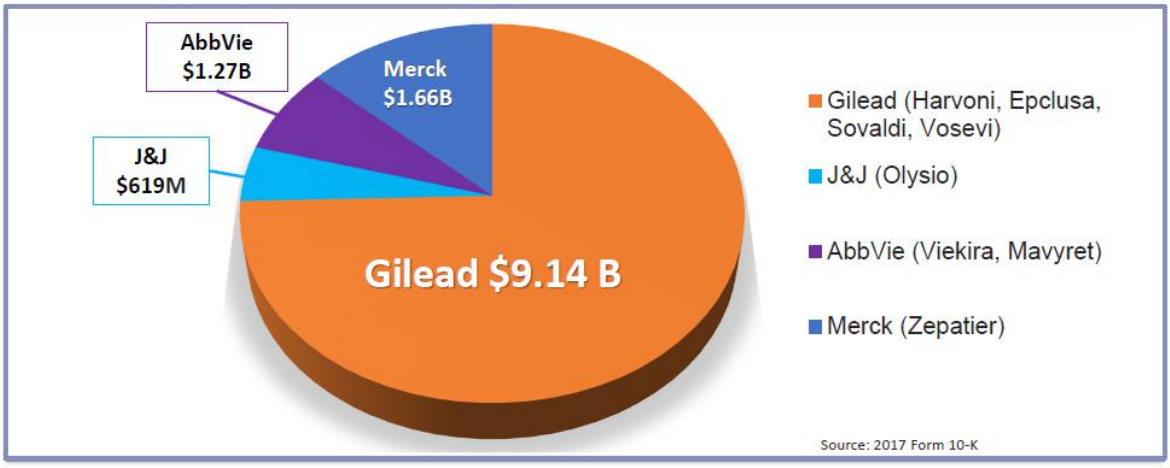





Proven track record for broad spectrum antiviral leads

# Hepatitis C Treatment Market Share

## 2017 Annual Sales, $12.69 Billion



# AbbVie's Mavyret Demonstrated a Shorter Treatment: From 12 Weeks To 8 Weeks

**Approved broad spectrum HCV combination therapy**

Nuc + NS5A inhibitor

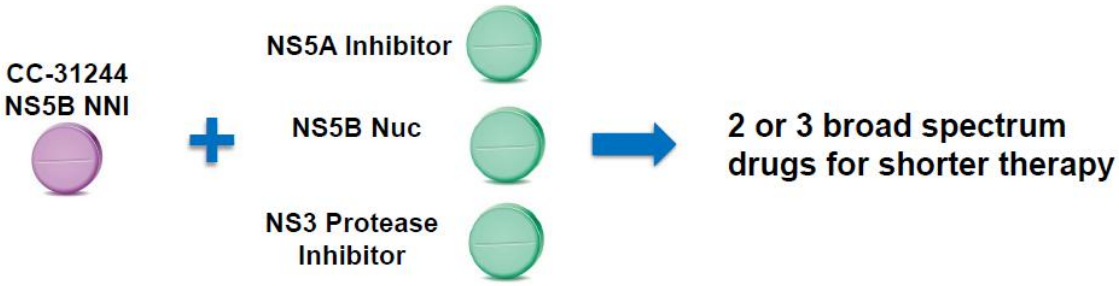
**Gilead's EPCLUSA**
(sofosbuvir 400mg/ velpatasvir 100 mg)
**12-week treatment**
**Approved June 2016**

PI + NS5A inhibitor

**AbbVie's Mavyret**
(glecaprevir 100 mg/ pibrentasvir 40 mg)
**8-week treatment**
**Approved August 2017**

# Cocrystal's HCV Strategy: Shorter Combination Therapy

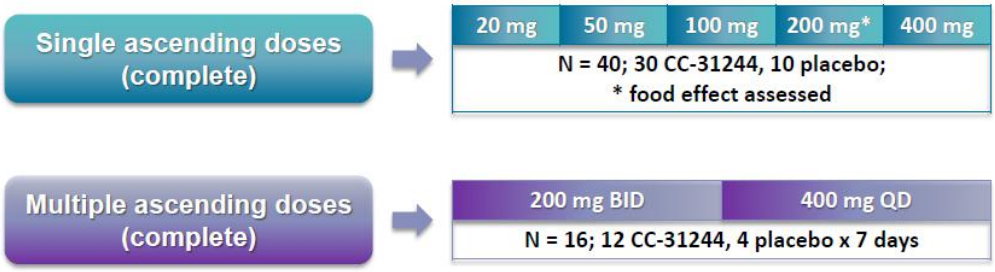
Multiple opportunities in developing shorter combination therapy with approved HCV drugs



# Cocrystal's Next Wave Combination Therapy: CC-31244 with Approved HCV Drugs

- Potential best-in-class HCV NNI with a strong profile
  - Broad spectrum, potent NS5B polymerase inhibitor
  - Developed by Cocrystal's proprietary structure-based discovery platform
  - High barrier to drug resistance
  - Effective against known NNI drug resistant variants
  - Liver targeting
- Acceptable safety and efficacy profiles in Phase 1 studies
- Potential for a shorter therapy with existing HCV combination therapy
- Received IND clearance from FDA in Q1 2018
- Phase 2a scheduled to commence Q2 2018

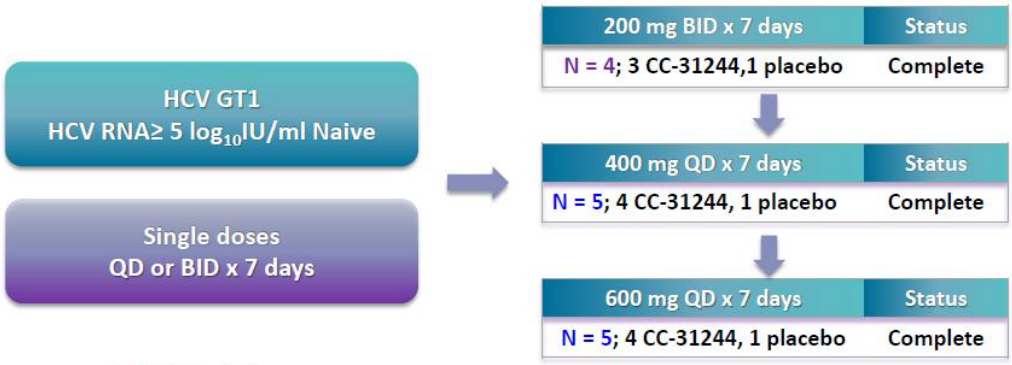
# Phase 1a Study Completed




## Endpoints

- Safety: adverse events (AEs) and laboratory abnormalities

# Phase 1b Study Completed

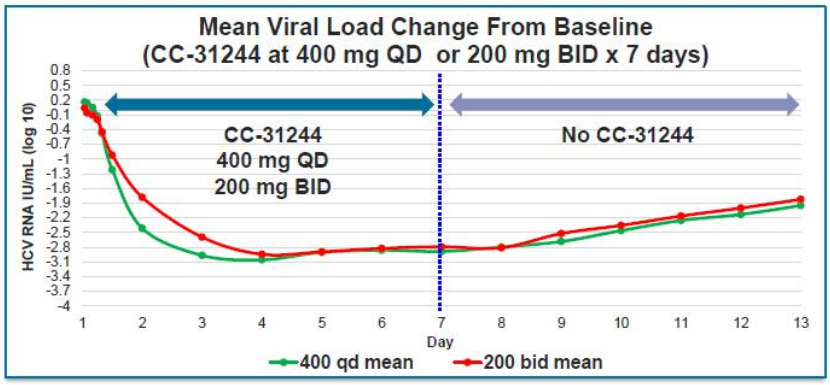



## Endpoints

- Efficacy: changes in HCV RNA viral load
- Safety: adverse events (AEs) and laboratory abnormalities

# Superior Viral Load Reduction

- HCV RNA viral load decline of 3 logs by 48 hours
- After the NNI treatment, the viral load levels were slowly increased



# Best-in-Class Potential of Any NNI

| Drug | Genotype | Dose (mg) | Treatment Duration (days) | Viral load reduction ($Log_{10}$IU/ml) |
|---|---|---|---|---|
| **CC-31244** | **Genotype 1-6** | **400** | **7 (QD)** | **-3.0** |
| **ABT-333* (Dasabuvir)** | Genotype 1 | 400 | 3 (BID) | -1.08 |
| | | 800 | 3 (BID) | -0.95 |
| **GS-9190 (Tegobuvir)** | Genotype 1 | 40 | 3 (BID) | -1.0 |
| | | 120 | 3 (BID) | -1.5 |

(* : approved DAA)

# CC-31244 Phase 2a Study Design

- An open-label, Phase 2a study evaluating the safety, tolerability and preliminary efficacy of CC-31244 with approved HCV DAAs


- Endpoints
  - Efficacy: changes in HCV RNA viral load
  - Safety: adverse events (AEs) and laboratory abnormalities
- Expect to commence patient enrollment in Q2 2018

# HCV Summary and Conclusion

- Showed an acceptable safety profile in both healthy volunteers and GT1 patients up to 400 mg x 7 days
- No serious adverse events or discontinuations due to adverse events
- Demonstrated HCV RNA viral load reduction of ~ 3 logs by 48 hours
- Demonstrated a sustained post-treatment antiviral effect after the 7-day treatment
- Potential to be an important DAA in shorter HCV combination regimens

# New Antivirals For Influenza


- High mortality rate:
  - 1918 Spanish Flu, 20-100 million deaths
  - 1957 Asian Flu, 1-1.5 million deaths
  - 1968 Hong Kong Flu, 0.75-1 million deaths
  - 2009 Swine Flu, 0.15-0.5 million deaths
- Emerging influenza viruses
  - Highly virulent avian influenza viruses
  - Tamiflu-resistant influenza viruses
- Delayed vaccine development

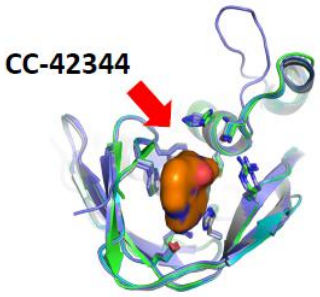
# Great Opportunity in Influenza Antiviral Market

- Seasonal and pandemic infection
  - 3-5 million cases of severe illness per year
  - 250,000 – 500,000 deaths worldwide*
- Approved influenza therapies have major limitation
- Multiple product routes of delivery, inhalation, oral, and intravenous (IV)
- Stock piling and prophylactic market in addition to standard of care

*Reference: https://www.cdc.gov/flu/about/disease/burden

# Influenza A Preclinical Lead CC-42344

## Influenza Crystals




- Potent and favorable PK profiles
- Excellent anti-influenza activity against pandemic, seasonal, and Tamiflu resistant influenza strains
- Binds a highly conserved site
- Novel mechanism of action
- IND filing scheduled in 2018

# Early Stage Programs

- Influenza A/B Inhibitor Program
  - Influenza cocrystals developed
  - Structure-based lead discovery ongoing
  - IND filing in 2019

- Noro Polymerase Inhibitor
  - Structure-based NNI discovery ongoing
  - Multiple polymerase crystals developed
  - Noro nucleoside lead discovery ongoing
  - IND filing in 2019

# Cocrystal-HitGen-InterX Collaboration: Aimed at Rapid Lead Discovery Process

- Combines synergistic drug discovery platforms developed by Cocrystal-HitGen-InterX
- Break through hit-to-lead process
- High quality novel leads will be developed

# Selected Value Indicators Suggest Potential Significant Upside

| Company Name | Ticker | Market Cap (M)* | Overview | Status |
|---|---|---|---|---|
| Arrowhead Pharmaceuticals | ARWR | $626 | Develops medicines to treat intractable diseases by silencing the genes that cause them | 2 Phase 1<br>6 Preclinical |
| Arbutus BioPharma | ABUS | $275 | Biopharmaceutical company developing a cure for patients suffering from chronic hepatitis B infection | 1 Phase 2<br>2 Preclinical<br>3 Discovery |
| Chimerix | CMRX | $248 | Developing novel antivirals for the growing population of immunocompromised patients, | 1 Phase 3<br>2 Phase 2<br>1 Phase 1 |
| Sinovac Biotech | SVA | $491 | Biopharmaceutical company that develops vaccines that protect against human infectious diseases | 1 NDA post Phase 3 preliminary data<br>1 IND approval<br>2 IND filed |
| Spring Bank Pharmaceuticals | SBPH | $199 | Discovery and development of a novel class of therapeutics using a proprietary small molecule nucleic acid hybrid, or SMNH | 2 Phase 2<br>3 Preclinical |

*As of 3/29/2018

# Financial Snapshot – Nasdaq: COCP

**$145MM**
Market cap*

**24.4MM**
Common shares outstanding

**7.7K**
3 month average daily volume*

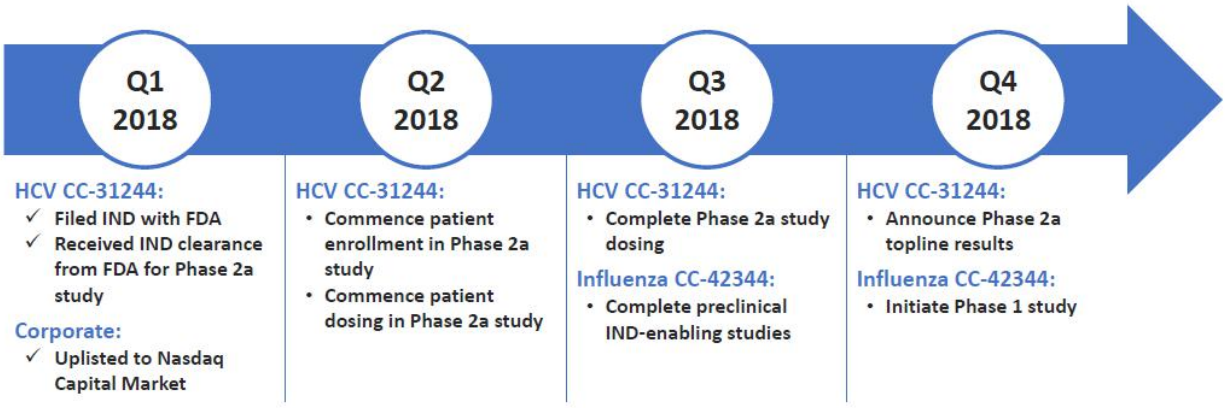
* Based on March 28, 2018 closing price of $5.95 per share

# COCP Capitalization Table

| Capitalization Table (As of 12/31/2017) | # of Shares | WAEP | $ Value | % of Fully Diluted |
|---|---|---|---|---|
| Common Shares Outstanding (Directors & Officers) | 14,420,436 | | | 56.68% |
| Common Shares Outstanding (Other) | 9,854,058 | | | 38.73% |
| Warrants | 209,166 | $15.00 | $3,137,490 | 0.82% |
| Stock Options | 711,308 | $8.39 | $5,967,874 | 2.80% |
| Convertible Notes* | 246,914 | $8.10 | $2,000,000 | 0.97% |
| **Fully Diluted Shares Outstanding** | **25,441,882** | | | **100%** |

* Converts to common stock at the lesser of $8.10 per share or the price of future financing > $10M. $ value shown as principal only. Includes $1M note issued by Opko Health, Inc on January 31, 2018.

# Near-Term Milestones Expected to Drive Value

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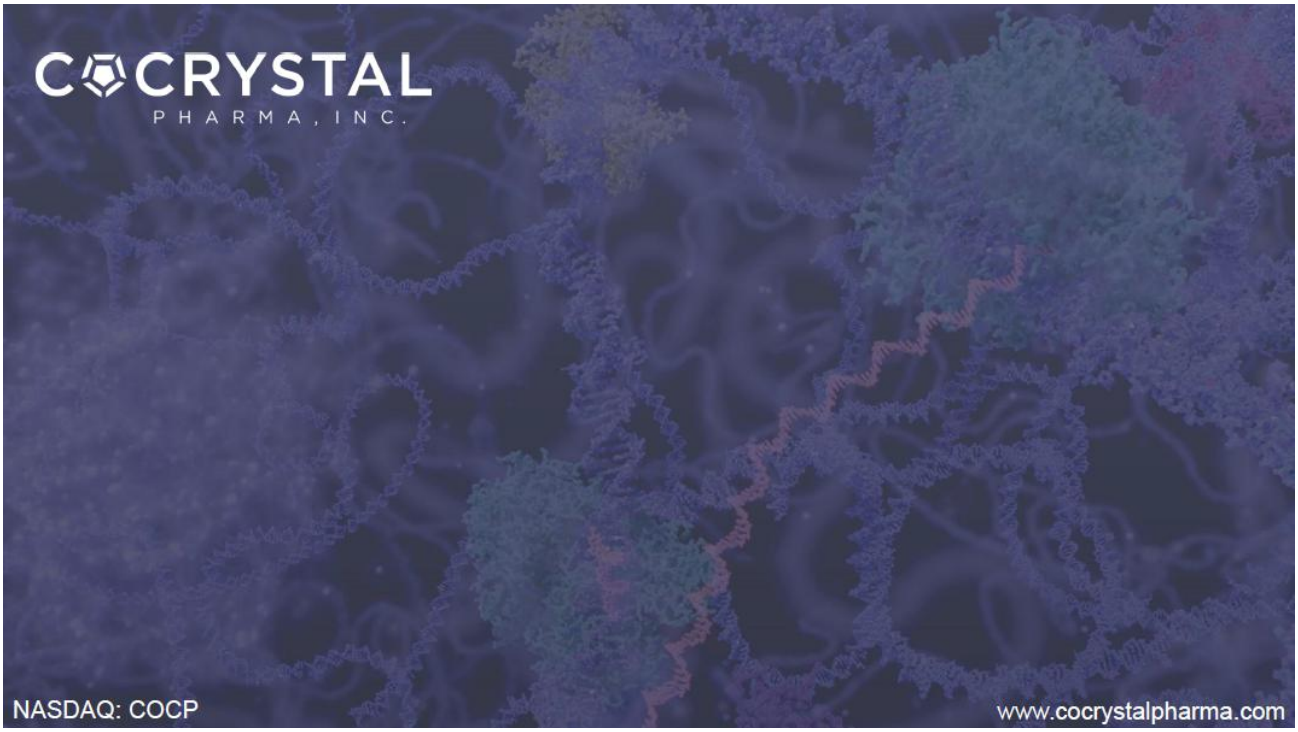
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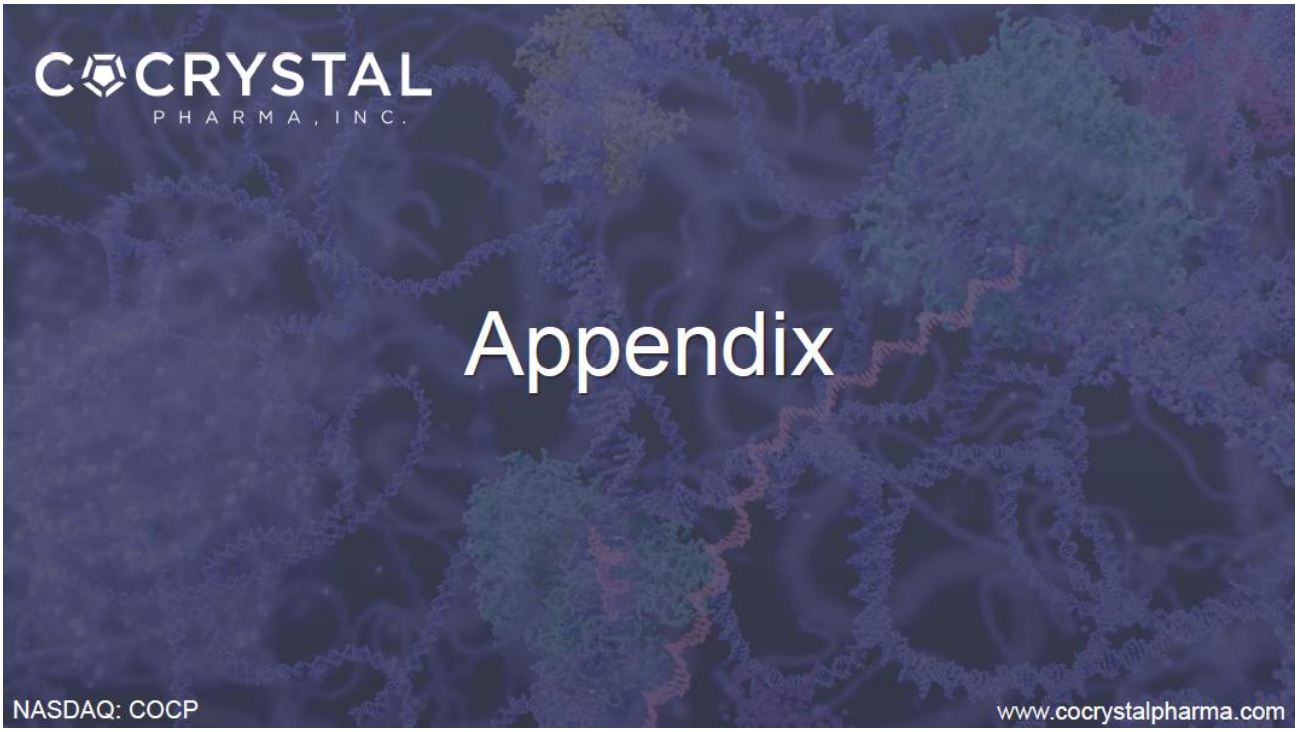
COCRYSTAL
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Appendix
NASDAQ: COCP
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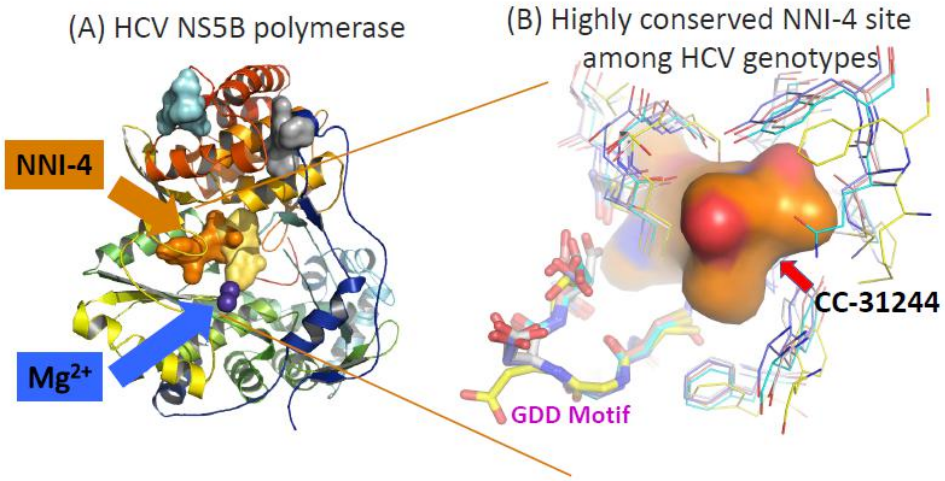
# Scientific Advisors

| | |
|---|---|
| Roger Kornberg, Ph.D.<br>*Chief Scientist, Chairman of Scientific Advisory Board* | Professor of Structural Biology at Stanford University School of Medicine. Nobel Laureate in Chemistry, Member of the National Academy of Sciences, and the American Academy of Arts and Sciences |
| Michael Levitt, Ph.D. | Stanford University School of Medicine. Professor, Department of Structural Biology. Nobel Laureate in Chemistry, Member of the National Academy Sciences, and fellow of the Royal Society, London |
| Baek Kim, Ph.D. | Director of Center for Drug Discovery, Professor of Pediatrics, Department of Pediatrics, Emory School of Medicine. Clinical and Translational Science and HIV/HSV Pathogenesis |
| Bob Lehman, Ph.D. | Stanford University School of Medicine. Professor, Department of Biochemistry. Member of the National Academy Sciences |
| Gary Schoolnik, M.D. | Stanford University School of Medicine. Professor & Chief, Division of Geographic Medicine & Infectious Diseases; Professor, Microbiology & Immunology |
| Roland Strong, Ph.D. | Fred Hutchinson Cancer Research Center. Professor, Department of Structural Biology |
| Christophe Verlinde, Ph.D. | University of Washington. Associate Professor, Department of Structural Biology |

# Cocrystal Patent Portfolio

- HCV: 15 patents including three PCT applications
- Influenza: 2 patent applications filed
- Noro: patent application(s) will be filed in 2018

# CC-31244 Binds To a Highly Conserved Drug Binding Site (NNI-4) of NS5B Polymerase



# CC-31244: Pan-genotypic NS5B NNI

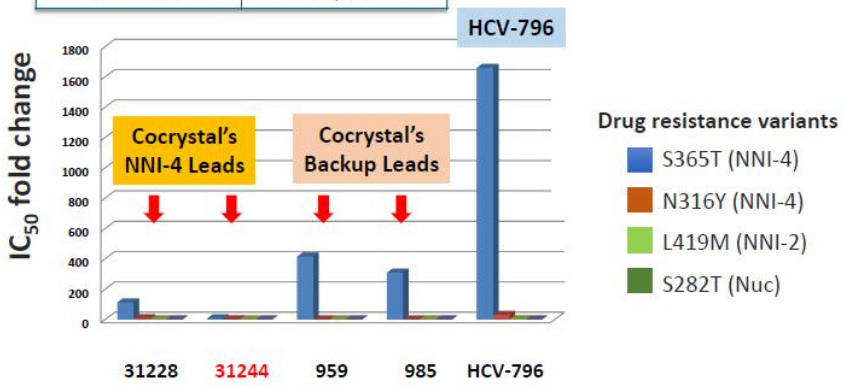
- **CC-31244 HCV replicon $EC_{50}$ fold change, <6 fold**

HCV replicon/chimeric replicon $EC_{50}$ results

| Genotype | CDI-31244 $EC_{50}$, mM | $EC_{50}$ Fold change | Sofosbuvir $EC_{50}$, mM | $EC_{50}$ fold change |
|---|---|---|---|---|
| 1b | 0.005 | 1.0 | 0.042 | 1.0 |
| 1a | 0.009 | 1.8 | 0.034 | 0.8 |
| 2b | 0.026 | 5.2 | 0.028 | 0.66 |
| 3a | 0.011 | 2.2 | 0.14 | 3.2 |
| 4a | 0.021 | 4.2 | 0.047 | 1.1 |
| 5a | 0.002 | 0.4 | 0.075 | 1.7 |

# CC-31244 Exhibits Excellent Activity Against Common NNI and Nuc Drug Resistant Variants

| NNI | $IC_{50}$ fold change |
|---|---|
| CC-31244 | <5 |
| HCV-796 | >1,500 |

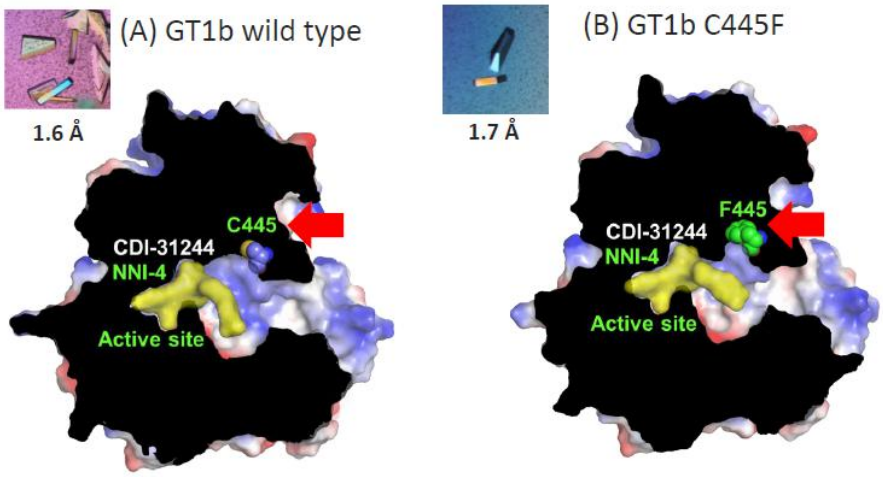


# GT1b NS5B C445F:
# The Major Drug Resistance Variant of CC-31244

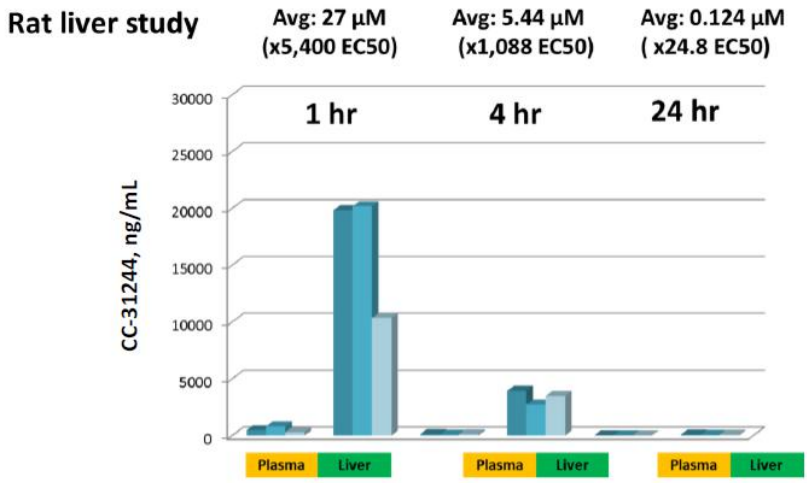
- HCV GT1b replicons containing NS5B variants identified by CC-31244 resistant colony selection

| HCV replicon | GT1b C445F/S549G $EC_{50}$ µM | GT1b $EC_{50}$ µM | $EC_{50}$ fold change |
|---|---|---|---|
| CC-31244 | 0.08 | 0.005 | 16 ⬅ |
| **Purified NS5B polymerase** | **GT1b C445F $IC_{50}$ µM** | **GT1b $IC_{50}$ µM** | **$IC_{50}$ fold change** |
| CC-31244 | 0.23 | 0.24 | 0.94 ⬅ |

# CC-31244 Binding Mode:
# GT1b Drug Resistant NS5B C445F

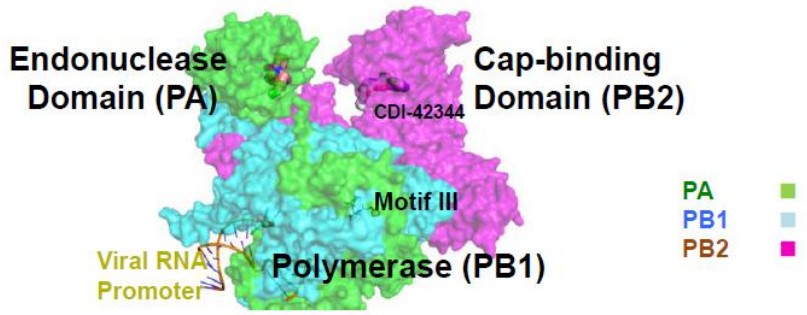


# CC-31244 Exhibits Excellent Liver Targeting



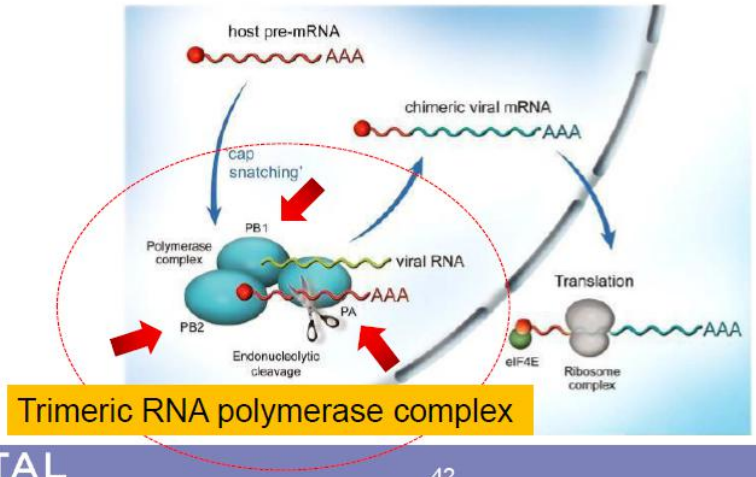
# Cocrystal Influenza Program

- Influenza A PB2 lead, CC-42344: IND filing scheduled in 2018
- Influenza A/B PA: Discovery stage



# Polymerase Complex (PB2:PA:pb1) Is Essential For Influenza Viral Replication

- Polymerase: cap binding (PB2) + endonuclease (PA) + polymerase (PB1)




Trimeric RNA polymerase complex

# CC-42344 Met Preclinical Lead Selection Criteria

| Properties | Selection criteria |
|---|---|
| **Pharmacological properties** | ❑ Good antiviral activity (EC50, single digit nanomlar)<br>❑ High-affinity binding to a highly conserved drug binding site<br>❑ Broad spectrum against seasonal and pandemic influenza trains<br>❑ Excellent antiviral activity against Tamiflu resistant influenza strains<br>❑ Selective |
| **Pharmacokinetics** | ❑ Favorable PK properties<br>❑ Adequate half-time and biodistribution<br>❑ Potential for inhalation, oral, and IV administration |
| **Chemical properties** | ❑ Stable molecule<br>❑ Suitable for API scale up and manufacturing |
| **Safety and toxicity** | ❑ Excellent profile for ADMET<br>❑ Absence of obvious cytotoxicity and cardiac toxicity<br>❑ Absence of obvious toxicity in animal studies |

# Approved Influenza Antivirals

| Antiviral | Developer | MOA/Dosing |
|---|---|---|
| **Oseltamivir** (Tamiflu) | Gilead/ Genentech | Oral neuraminidase Inhibitor/75 mg bid for five days |
| **Zanamivir** (Relenza) | Biota/ GSK | Inhaled neuraminidase inhibitor/ 5 mg inhalation bid for five days |
| **Peramivir** (Rapivab) | Biocryst/ Shionogi | A single-dose intravenous neuraminidase inhibitor/600 mg IV |
| **Favipiravir** (Avigan, T-705) (Approved in Japan) | Toyama | Nuc, polymerase inhibitor/1,200 mg bid, followed by 600 mg bid for five days |
| **Baloxavir marboxil** (Xofluza, **S-033188**) (Approved in Japan) | Shionogi/ Roche | Oral PA (endonuclease) inhibitor/ 80 mg orally once |

# Influenza Clinical Landscape: CC-42344 Can Be Developed For Inhalation, IV, and Oral

- Key players: J&J (PB2 and PA) AND Shionogi/Roche (PA)
- Other companies: Merck, Gilead, and Novartis

| Antiviral | Developer | Route | Stage | MOA/Indication |
|---|---|---|---|---|
| Pimodivir (VX-787 or JNJ-636233872) | J&J | Oral (600 mg/ twice-daily) | Phase 2 | PB2 inhibitor/ Influenza A |
| S-033188 | Shionogi/ Roche | Oral (80 mg/ Once-daily) | Approved in Japan | PA inhibitor/ Influenza A&B |
| AL-794 | J&J | Oral (50, 150 mg/ twice-daily) | Phase 1 | PA inhibitor/ Influenza A&B |
| CC-42344 | COCP | Inhalation, Intravenous, Oral | Preclinical | PB2 inhibitor/ Influenza A |

# *In Vitro* Potency Comparison: Cocrystal's Leads vs VX-787

| | J&J | Cocrystal Preclinical Lead | ← Cocrystal's backup PB2 inhibitors → | | | | |
|---|---|---|---|---|---|---|---|
| **Influenza strain** | **VX-787 EC50 nM** | **42344 EC50 nM** | **42343 EC50 nM** | **42487 EC50 nM** | **42500 EC50 nM** | **42530 EC50 nM** | **42534 EC50 nM** |
| **Pandemic H1N1 Influenza A/CA/07/2009** | 2.4 | 0.12 | 5 | 0.9 | 2.7 | ND | ND |
| **H1N1 Influenza PR/8/34** | 1 | 1 | 1.2 | 1.2 | 2 | 0.5 | 5 |
| **Pandemic H5N1 Influenza A/VN/1193/ 2004** | <3.2 | <3.2 | <3.2 | <3.2 | <3.2 | <3.2 | <3.2 |

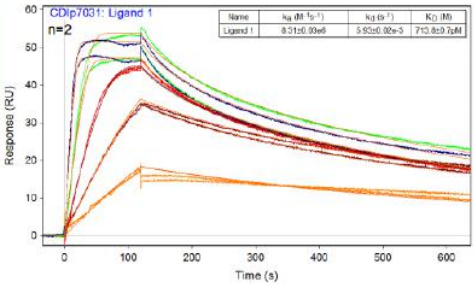
# CC-42344 Shows Broad Spectrum Antiviral Activity Against Pandemic Influenza Strains

| Influenza Serotype | Strain | CC-42344 EC50, nM | VX-787 EC50, nM |
|---|---|---|---|
| H5N1 | Duck/MN/1524/81 | 8.6 | 0.07 |
| H5N1- Amantadine resistant | Duck/MN/1524/81 | <3.2 | <3.2 |
| H5N1 | Gull/PA/4175/83 | 4.5 | 0.17 |
| H5N1 | Hong Kong/213/2003 | <3.2 | <3.2 |
| H5N1 | Thailand/16/2004 | <3.2 | <3.2 |
| H5N1 | A/VN/1194/2004 | 1.3 | 6.6 |
| H7N7 | Netherlands/219/2013 | 5.6 | <3.2 |
| H7N9 | Shanghai/2/2013 | 5.4 | <3.2 |
| H7N9 | Anhui/1/2013 | <3.2 | <3.2 |
| H7N9 | Taiwan/1/2013 | <3.2 | <3.2 |

# CC-42344 Exhibits Greater Affinity Than VX-787

- Highly sensitive biophysical method (SPR technology) was applied to determine the affinity (Kd) of CC-42344 to the PB2 protein

| Compound ID | $K_D$ |
|---|---|
| VX-787 | 37.4 nM |
| CC-42344 | 9.90 nM |




**Sample H1N1 Sensorgram data**