# 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): June 4, 2019**

# Cocrystal Pharma, Inc.
(Exact name of registrant as specified in its charter)

| Delaware | 001-38418 | 35-2528215 |
|---|---|---|
| (State or other Jurisdiction of Incorporation) | (Commission File Number) | (IRS Employer Identification No.) |

| 19805 N. Creek Parkway<br>Bothell, WA | 98011 |
|---|---|
| (Address of principal executive offices) | (Zip Code) |

Registrant's telephone number, including area code: (786) 459-1831

(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. [ ]

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

| Title of Each Class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Common Stock | COCP | The Nasdaq Stock Market LLC (The Nasdaq Capital Market) |

**Item 7.01 Regulation FD Disclosure**

Beginning on June 4, 2019, senior executives of Cocrystal Pharma, Inc. (the "Company") will hold a series of meetings with the members of the scientific and financial community as part of a non-deal roadshow in New York, New York. A copy of the Company's presentation to be used in connection with these meetings is being furnished as Exhibit 99.1 hereto and is hereby incorporated by reference. The presentation is also available on the Company's website at www.cocrystalpharma.com.

The information in this Item 7.01 (including Exhibit 99.1) shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (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, or the Exchange Act.

**Item 9.01 Financial Statements and Exhibits**

**(d) Exhibits**

| Exhibit | Description |
|---|---|
| 99.1 | Cocrystal Pharma, Inc. Corporate Presentation, dated June 2019 |

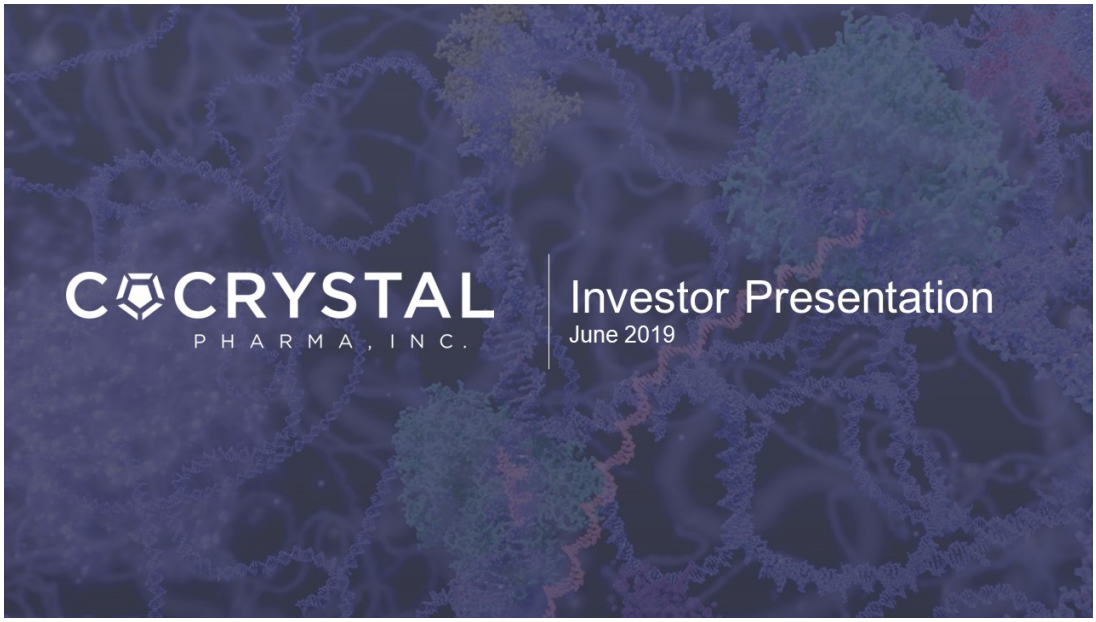
**SIGNATURES**

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: June 4, 2019

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


COCRYSTAL
PHARMA, INC.
Investor Presentation
June 2019

# Forward Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding expected results of our collaboration with Merck Sharp & Dohme Corp. ("Merck") and expected funding by Merck of future research, development and commercialization of products derived from such collaboration, the anticipated timing of our drug development programs, including milestones, anticipated completion or initiation of studies, and the expected growth of the global influenza antiviral market. Forward-looking statements 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. We caution you, therefore, against relying on any of these forward-looking statements. 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 unanticipated development obstacles with our programs. Also see the risk factors contained in our Annual Report on Form 10-K for the year ended December 31, 2018. Any forward-looking statement made by us in this presentation speaks only as of the date on which it is made. Factors or events that could cause our actual results to differ may emerge from time to time, and it is not possible for us to predict all of them. We undertake no obligation to publicly update any forward-looking statement, whether as a result of new information, future developments or otherwise, except as may be required by law.

# Cocrystal's Seasoned Senior Leadership

## Management Team

**Gary Wilcox, Ph.D.**

*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*

- Over 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

## Scientific Advisory Board

| | |
|---|---|
| **Roger Kornberg, Ph.D.**<br>*Chief Scientist, Chairman of Scientific Advisory Board* | • Professor<br>• Stanford University School of Medicine<br>• Nobel Laureate |
| **Michael Levitt, Ph.D.**<br>*Member* | • Professor<br>• Stanford University School of Medicine<br>• Nobel Laureate |
| **Baek Kim, Ph.D.**<br>*Member* | • Director of Center for Drug Discovery<br>• Emory University |
| **Bob Lehman, Ph.D.**<br>*Member* | • Professor (Emeritus)<br>• Stanford University School of Medicine |
| **Gary Schoolnik, M.D.**<br>*Member* | • Professor (Emeritus)<br>• Stanford University School of Medicine |
| **Roland Strong, Ph.D.**<br>*Member* | • Professor<br>• Fred Hutchinson Cancer Research Center |
| **Christophe Verlinde, Ph.D.**<br>*Member* | • Professor (Emeritus)<br>• University of Washington |

# Corporate Overview

| Highlights |
| --- |
| Clinical Stage Antiviral Company |
| Proprietary Drug Discovery Platform |
| Merck Influenza Collaboration |

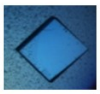
| Target Diseases |
| --- |
| Influenza |
| Hepatitis |
| Norovirus Gastroenteritis |

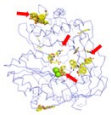
# Technology and Drug Discovery Platform

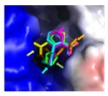
## Technology Platform

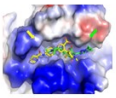
**Based on Nobel Prize-winning technology**

- Near-atomic resolution
- X-ray quality crystal production
- Drug pocket selection
- Hit-to-lead process
- Lead optimization
- **Drug candidates**

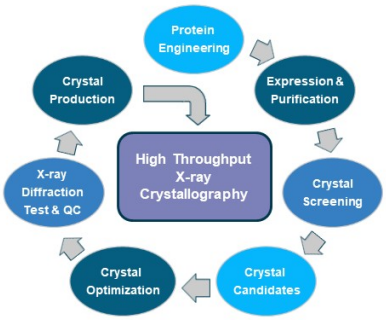








## Drug Discovery Platform




- Fully-optimized operations from expression through high resolution X-ray data
- Stringent quality oversight of procedures for crystal production
- High throughput X-ray data collection and computation methods
- Crystal production capability: 700 – 7,000 X-ray quality crystals (1-2.5 Å) generated per month for each program

# Robust Development Pipeline

| Program | | Discovery | Preclinical | Phase 1 | Phase 2a | Phase 2b | Phase 3 | Partner |
|---|---|---|---|---|---|---|---|---|
| Hepatitis C (HCV) | **CC-31244 – University of MD** (Pan-genotypic NS5B NNI) | | | | | | | |
| | **CC-31244 - Hong Kong** (Pan-genotypic NS5B NNI) | | | | | | | |
| Influenza | **CC-42344** (Influenza A PB2 Inhibitor) | | | | | | | |
| | **Influenza A/B inhibitor** | | | | | | | MERCK |
| Norovirus | **Noro Polymerase Inhibitor** | | | | | | | |

# Merck/Cocrystal Team Initiates Influenza Collaboration

Received **$4 million** upfront payment, eligible to receive up to **$156 million** in milestone payments and royalties (undisclosed) on product sales

- Exclusive license and collaboration agreement to discover and develop certain proprietary influenza A/B antiviral agents
- Merck will fund all:
  - Research and development
  - Clinical development
  - Worldwide commercialization of any products derived from the collaboration
- Dedicated joint research committee in place
- Collaboration is expected to advance the development of certain influenza A/B antivirals

MERCK

# Overview | Antiviral Programs:

# Hepatitis C

# Cocrystal's HCV Strategy

## Lead program CC-31244, in ongoing Phase 2a study for the treatment of Hepatitis C

### Current HCV Market Overview

- Clinical limitations of existing long-term HCV therapies:
  - Longer period for viruses to replicate and mutate, creating significant drug resistance challenges
  - Increased risk of adverse events
  - Greater opportunity for missed doses
- Multiple opportunities in developing shorter combination therapy with approved HCV drugs
  - Gilead EPCLUSA® + CC-31244
  - AbbVie Mavyret™ + CC-31244
  - Other approved HCV drugs + CC-31244

### AbbVie's Mavyret™ Demonstrated Shorter Treatment

- Approved broad spectrum HCV combination therapy shortened treatment from 12 weeks to 8 weeks

| Nucleoside/NS5A Inhibitors | Protease/NS5A Inhibitors |
|---|---|
|  |  |
| **Gilead's EPCLUSA®** (sofosbuvir 400mg/ velpatasvir 100 mg) **12-week treatment** **Approved June 2016** | **AbbVie's Mavyret™** (glecaprevir 100 mg/ pibrentasvir 40 mg) **8-week treatment** **Approved August 2017** |

# HCV Is Still a Global Issue

**71 Million**
people infected globally[1]

**400,000**
people die annually
from related causes[1]

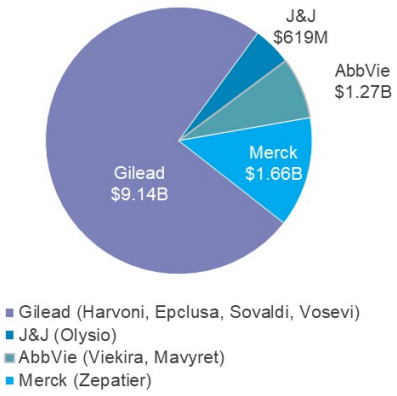
**Only 20%**
of infected patients
have been diagnosed[1]

**Only 2%**
of infected patients
are being treated[1]

1: Polaris Observatory, 2019

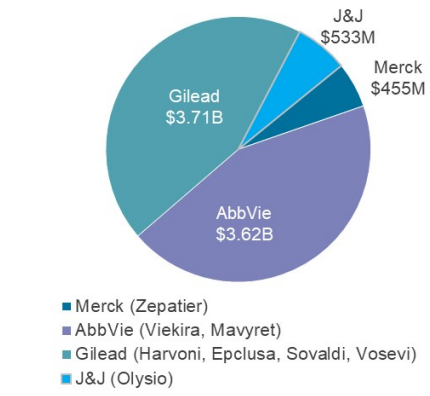
# Hepatitis C Treatment Market Share

**2017 Annual Sales: $12.69 Billion**




Source: 2017 Form 10-K

**2018 Annual Sales: $8.3 Billion**




Source: 2018 Form 10-K

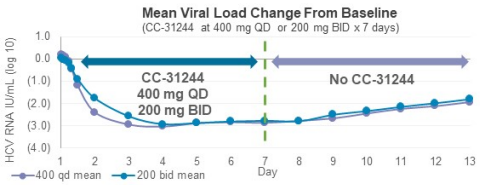
# CC-31244: Broad Spectrum HCV Non-Nucleoside Inhibitor (NNI)

## Next Wave Combination Therapy

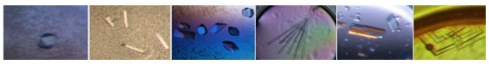
- Potential best-in-class HCV NNI with a strong profile
  - Broad spectrum, potent NS5B polymerase inhibitor
  - High barrier to drug resistance
  - Effective against known NNI drug resistant variants
  - Liver targeting
  - Novel mechanism of action

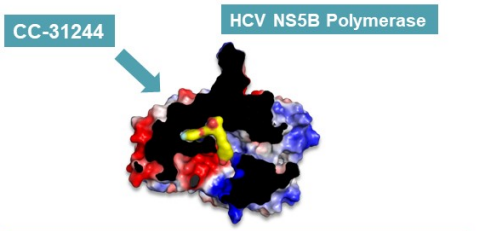
## Phase 1b Data - Superior Viral Load Reduction

- HCV RNA viral load decline of 3 logs by 48 hours (HCV GT1 subjects, N=14)
- After the NNI treatment, the viral load levels slowly increased




## HCV GT1 – GT6 NS5B Polymerase Crystals






**Proven Track Record of Broad-Spectrum Antiviral Leads**

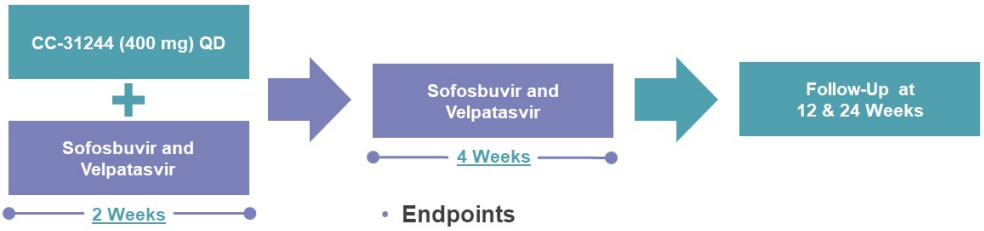
# Potential Best-in-Class NNI

| Drug | Genotype | Dose (mg) | Treatment Frequency | Viral Load Reduction ($Log_{10}$IU/ml) |
|---|---|---|---|---|
| **CC-31244** | **Genotypes 1-6** | **400** | **QD** | **(3.0)** |
| **ABT-333 (Dasabuvir)[1]** | Genotype 1 | 400 | BID | (1.08) |
| | | 800 | BID | (0.95) |
| **GS-9190 (Tegobuvir)** | Genotype 1 | 40 | BID | (1.0) |
| | | 120 | BID | (1.5) |

1. Represents approved DAA

# CC-31244: Phase 2a University of Maryland Study Design

**Open-label, Phase 2a study evaluating the safety, tolerability and preliminary efficacy of CC-31244 with approved HCV DAAs**
(HCV GT1 subjects, N=12)




- **Endpoints**
  - Primary Endpoint: SVR12
  - Secondary Endpoint: SVR24
  - Safety: Adverse events (AEs) and laboratory abnormalities

# University of Maryland Phase 2a Interim Data

On January 22, 2019, Cocrystal Pharma announced safety and preliminary efficacy data for its U.S. Phase 2a study evaluating CC-31244 for the ultra-short treatment of HCV infected individuals:

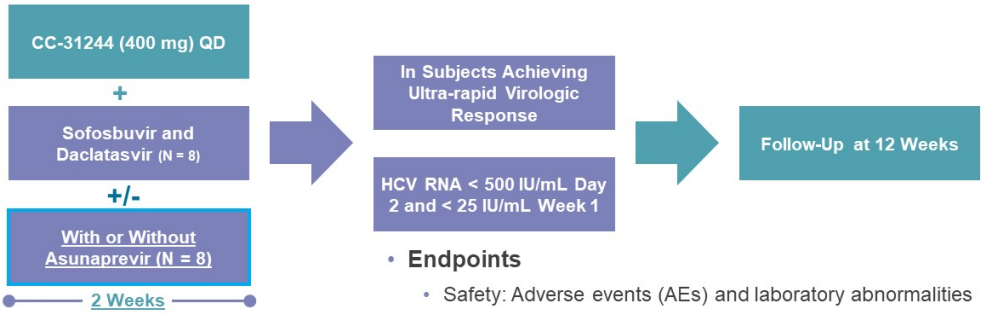
- All subjects completed the 6-week treatment regimen
- The treatment was well tolerated with no study discontinuations due to adverse events[1]
- In all patients, HCV RNA levels rapidly decreased during the first 2 days of treatment and were below the lower limit of quantification by the end of the 6-week treatment period
- Eight of 12 subjects (66%) achieved both SVR12 and SVR24, considered virologic cure
- Four patients had virologic relapse at week 10, 4 weeks after completion of treatment

1. There was one serious adverse event that the principal investigator determined was not attributable to the study drugs.

# CC-31244: Ongoing Phase 2a Hong Kong Study

Investigator IND; **Dr. George Lau**, Humanity & Health Research Centre, Hong Kong, China

**Open-label, safety, tolerability and preliminary efficacy of CC-31244 in combination with sofosbuvir and daclatasvir with or without a protease inhibitor, for the treatment of HCV**
(HCV subjects, N=16)




- **Endpoints**
  - Safety: Adverse events (AEs) and laboratory abnormalities
  - Preliminary Efficacy: Changes in HCV RNA viral load

# Overview | Antiviral Programs:

# Influenza

# Significant Unmet Need in Growing Influenza Market

Global influenza market was valued at nearly **$5.6 billion** in 2017
and is expected to reach nearly **$6.5 billion** by 2022[1]

**Seasonal and pandemic infection**

| | | |
|---|---|---|
| **1 Billion** cases annually[2] | **3-5 Million** cases of severe illness annually[1] | Up to **650,000** deaths worldwide[1] |

## Current antiviral treatments are burdened by significant viral resistance

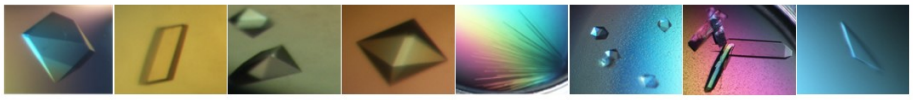
- Approved influenza therapies have major limitations
  - Tamiflu® has a long history of drug resistance issues[3]
  - Xofluza™ (approved November 2018) also has shown emergence of drug resistant mutations[4]

1. BCC Research (May 2018) The Global Influenza Market
2. Hussain, et al, Infection and Drug Resistance 2017:10 121-134
3. ScienceDaily (March 2014) Tamiflu-resistant influenza related to mutations in genome
4. NEJM Journal Watch (September 2018) A Promising Drug for Influenza?

# Influenza Remains a Major Global Concern

# Influenza Drug Candidates

**Influenza A/B Inhibitor**



**Proprietary Influenza A and B Crystals**

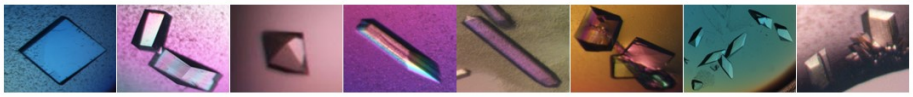
MERCK Collaboration

- Broad spectrum, potent dual influenza A/B preclinical lead will be developed
  - Results of Cocrystal's drug discovery platform technology
  - Binds to highly conserved site of influenza A and B replication complex
  - Expected to be active against seasonal, pandemic and drug resistant influenza A and B strains
  - Expected to exhibit superior drug resistant profile

# Influenza Drug Candidates

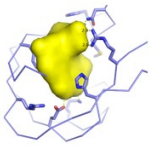
## Antiviral Product Candidates Target All Strains of the Influenza A Virus

**Influenza A/B Inhibitor**



**Influenza PB2 Crystals**

- Binds to the highly conserved m7GTP binding pocket of PB2
- Exhibits broad spectrum activity against seasonal and pandemic influenza strains, EC50 is 0.12-9 nM
- Favorable preclinical safety profile and pharmacokinetic properties
- Multiple routes of administration (oral, inhalation, and IV)
  - Existing drugs Tamiflu® and Xofluza™ limited to oral administration



**Cocrystal structure of CC-42344 (1.47 Å)**

## Overview | Antiviral Programs:

## Norovirus

# Norovirus Is an Area of Significant Unmet Need

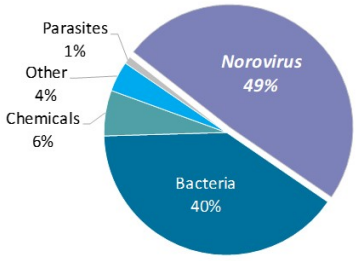
## Norovirus Market Overview

- No approved antiviral drugs for the treatment of Noro infection

**$4.2 billion in direct health system costs**[1]

| | |
|---|---|
| **700 million** infections worldwide annually[1] | **19-21 million** cases in the U.S.[2] |
| **400,000** emergency department visits in the U.S.[2] | **56,000-71,000** hospitalizations in the U.S.[2] |

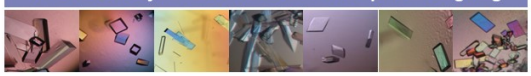
## Known Causes of Foodborne Illness Outbreaks, U.S.[2]




1. World Economic Forum, What is the economic impact of norovirus infections?, 2016
2. CDC, Norovirus Disease in the United States, 2013

# Cocrystal's Norovirus Program

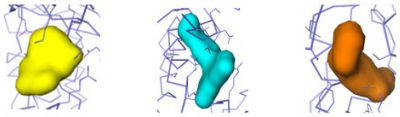
**Norovirus Polymerase NNI Lead Development Ongoing**



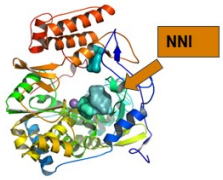
**Norovirus and Norwalk Polymerase Crystals**

- Potential first-in-class NNI
- Potent and broad spectrum anti-Noro polymerase inhibitors
- Toolbox complete - Noro, Norwalk, and mouse Noro polymerase crystals developed
- Structure-based lead discovery ongoing

**Noro Polymerase NNIs**



**Novel NNI Pockets**



# Intellectual Property

Patents and pending applications in the areas primarily related to the treatment of HCV, influenza A and influenza A/B

- **HCV Treatment**
  - NS5B (non-nucleoside inhibitor)
    - Issued patents in U.S.
    - Pending applications in U.S., Australia, Brazil, Canada, China, Europe, Eurasia, Hong Kong, India, Indonesia, Israel, Japan, Mexico, New Zealand, Philippines, Singapore, South Africa, South Korea, and Taiwan
    - Pending U.S. provisional application
- **Influenza**
  - PB2 (influenza A replication inhibitor)
    - Pending applications in PCT and Taiwan
    - 3 pending U.S. provisional applications
- **Influenza A/B (influenza replication inhibitor)** MERCK
  - 2 pending U.S. provisional applications

# Well-Positioned for Growth

# Financial Snapshot: NASDAQ: COCP

**~$73M**
Market cap[1]

**31.6MM**
Common shares outstanding

**~9K**
Average daily volume[1]

**~$8.6MM**
Cash Balance
As of March 31, 2019[2]

| Capitalization Table (As of May 31, 2019) | # of Shares | WAEP | $ Value | % of Fully Diluted |
|---|---|---|---|---|
| Common Shares Outstanding (Directors, Officers and Affiliates) | 15,214,178 | | | 46.19% |
| Common Shares Outstanding (Other) | 16,406,468 | | | 49.81% |
| Warrants | 243,375 | $10.28 | $2,501,895 | 0.74% |
| Stock Options | 1,077,277 | $5.59 | $6,020,488 | 3.27% |
| **Fully Diluted Shares Outstanding** | **32,941,298** | | | **100%** |

1. Based on May 31, 2019 closing price of $2.30 per share.
2. Based on the Form 10-Q filed with the SEC on May 10, 2019.

# Strategy Directed at Advancing Programs and Growing Value

- Growth in focused therapeutic areas
- Continue to build an innovative pipeline
- Form additional strategic collaborations and partnerships
- Ongoing collaboration with Merck expected to accelerate influenza drug development program

# Upcoming Milestones Expected to Drive Value

| Date | Segment | Event | Achieved |
|---|---|---|---|
| Q1 2019 | Hepatitis C | Phase 2a USA – Interim Results | ✓ |
| Q1 2019 | Hepatitis C | Phase 2a (Hong Kong) – First Patient Commencement | ✓ |
| Q2 2019 | Influenza A | Commence GLP Toxicology Studies | |
| Q4 2019 | Hepatitis C | Phase 2a (Hong Kong) Interim Results | |
| Q4 2019 | Influenza A | Completion of GLP Toxicology Studies | |
| Q2 2020 | Noro | Preclinical Lead Molecule | |
| Q3 2020 | Influenza A | Phase 1A Study Commencement | |
| Q4 2020 | Platform | In-License New Lead Molecule | |
| Q4 2020 | Merck A/B | Influenza A/B Lead Molecule | |
| Q3 2021 | Noro | Regulatory Submission (IND or European counterpart) | |


COCRYSTAL
PHARMA, INC.
Thank you!