

Alzamend Neuro, Inc.

Filed Pursuant to Rule 433
Issuer Free Writing Prospectus
Registration Statement File No. 333-255955

Alzamend 

June 2021

FREE WRITING PROSPECTUS STATEMENT



This presentation highlights basic information about us and the offering to which this presentation relates. Because it is a summary, it does not contain all of the information that you should consider before investing in our securities. Alzamend Neuro, Inc. (the “Company”) has filed a registration statement on Form S-1 (including a prospectus, which is currently in preliminary form) (File No. 333-255955) with the Securities and Exchange Commission (the “SEC”) for the offering to which this presentation relates. The registration statement has not yet become effective. Before you invest, you should read the preliminary prospectus in the registration statement (including the risk factors described therein) and other documents the Company has filed with the SEC for more complete information about the Company and this offering. You may access these documents for free by visiting EDGAR on the SEC website at www.sec.gov. The [preliminary prospectus](#), dated June 7, 2021, is available on the SEC website at www.sec.gov/edgar. Alternatively, the Company or the underwriter participating in the offering will arrange to send you the preliminary prospectus and, when available, the final prospectus and/or any supplements thereto if you contact Spartan Capital Securities, LLC, Attention: Prospectus Department, 45 Broadway, 19th Floor, New York, NY 10006, by calling (212) 293-0123 or by e-mail at investmentbanking@spartancapital.com.

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This presentation includes market and industry data and forecasts that the Company has developed from independent research reports, publicly available information, various industry publications, other published industry sources or the Company’s internal data and estimates. Independent research reports, industry publications and other published industry sources generally indicate that the information contained therein was obtained from sources believed to be reliable, but do not guarantee the accuracy and completeness of such information. Although the Company believes that the publications and reports are reliable, the Company has not independently verified the data and makes no representation or warranty with respect to the accuracy of such information. Any and all trademarks and trade names referred to in this presentation are the property of their respective owners. The Company’s internal data, estimates and forecasts are based on information obtained from trade and business organizations and other contracts in the markets in which it operates and management’s understanding of industry conditions. Although the Company believes that such information is reliable, the Company has not had such information verified by any independent sources.



CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

Certain statements in this presentation may constitute “forward-looking statements” within the meaning of the Private Litigation Securities Litigation Reform Act of 1995. Those statements include, but are not limited to, statements with respect to the Company’s future financial performance, our anticipated growth strategies, anticipated trends in our industry, business prospects and opportunities. These statements are generally identified by the use of words such as “may,” “might,” “will,” “could,” “would,” “should,” “expect,” “intend,” “plan,” “aim,” “objective,” “anticipate,” “believe,” “estimate,” “predict,” “project,” “potential,” “continue,” “ongoing,” “target,” “seek” or the negative of these terms, or other comparable terminology intended to identify statements about the future. These forward-looking statements may include projections about our future financial performance, growth strategies, expected product trials and approvals, and anticipated trends in our industry. All forward-looking statements speak only as of the date on which they are made. These statements are not guarantees of future performance and involve certain risks, uncertainties and assumptions concerning future events that are difficult to predict. Therefore, actual future events or results may differ materially from these statements. Although we believe that these forward-looking statements are based on reasonable assumptions, a number of factors could cause actual results to differ materially from these statements, including, but not limited to: (i) our significant losses since inception and anticipation of continuing significant losses for the foreseeable future; (ii) our requirement of substantial additional funding to finance our operations and complete development in seeking United States Food and Drug Administration (“FDA”) approval for AL001 and AL002 before commercialization; (iii) our ability to generate revenue and achieve profitability and our ability to achieve key business strategies; (iv) our reliance on licenses from a third party regarding our rights and development of AL001 and AL002; (v) our development of AL001 and AL002 never leading to a marketable product; (vi) our AL001 and AL002 product candidates not qualifying for expedited development, or if they do, not actually leading to a faster development or regulatory review or approval process; (vii) our approach to targeting beta-amyloid plaque via AL002 being based on a novel therapeutic approach; (viii) our concentrated research and development efforts on the treatment of Alzheimer’s and other neurodegenerative diseases and psychiatric disorders, fields that have seen limited success in product development; (ix) our clinical development involving a lengthy and expensive process with an uncertain outcome; (x) our encountering substantial delays in clinical trials, or conducting or completing clinical trials on expected timelines; (xi) our significant competition with competitors which may develop and market technologies or products more rapidly or that are more effective, safer or less expensive than our product candidates; (xii) our reliance on third parties to conduct our nonclinical studies and clinical trials; and (xiii) our ability to protect our intellectual property and our proprietary technologies.

Recipients are cautioned not to place undue reliance on these statements and that the foregoing may not contain all of the forward-looking statements made in this presentation. The Company does not undertake any obligation to publicly update these forward-looking statements, except as required by federal securities law.

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Company Overview



Company history

Preclinical stage biopharmaceutical company dedicated to:

- Researching, developing and commercializing **preventions, treatments and cures** for neurodegenerative diseases and psychiatric disorders.
- Working on **two therapeutics** licensed from the **University of South Florida Research Foundation, Inc.**, one of the top 20 institutions in the nation for patented research and their portfolio of proprietary solutions.

Current projects

AL001 (aka LiProSal):

- an **ionic cocrystal of lithium** for the treatment of **Alzheimer's Disease** and other neurodegenerative diseases and **psychiatric disorders**.

AL002 (aka CAO22W):

- a **cell-based therapeutic vaccine** that seeks to **restore** the ability of the patient's **immunological system** to combat Alzheimer's Disease.





Alzheimer's Disease



Key Statistics:

6th leading cause of death in the United States

Every 65 seconds someone in the United States develops Alzheimer's Disease

13 million Americans are projected to be living with Alzheimer's Disease by 2050

1-in-9 Americans over the age of 65 are estimated to be afflicted with Alzheimer's Disease



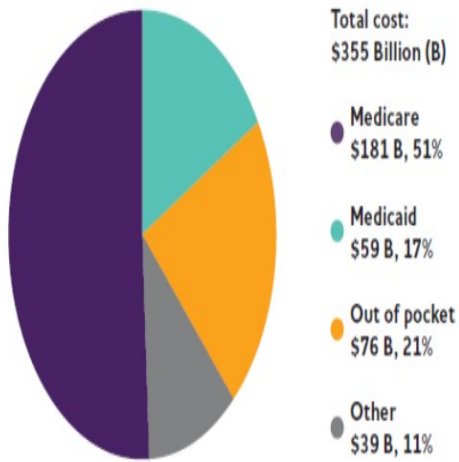
Alzheimer's Disease:

Alzheimer's Disease is an **irreversible, progressive brain disorder** that **slowly destroys memory** and **cognitive skills**, and eventually the **ability to carry out the simplest tasks**. In most people with Alzheimer's Disease, symptoms first appear in their early to mid-60's. Estimates vary, but experts suggest that more than **6.2 million Americans** may have Alzheimer's Disease, considered by many as "**the most feared**" disease.

Alzheimer's Disease has **no current cure**, but four treatments for symptoms are available today while research continues.



Economic Burden



*Data are in 2021 dollars.

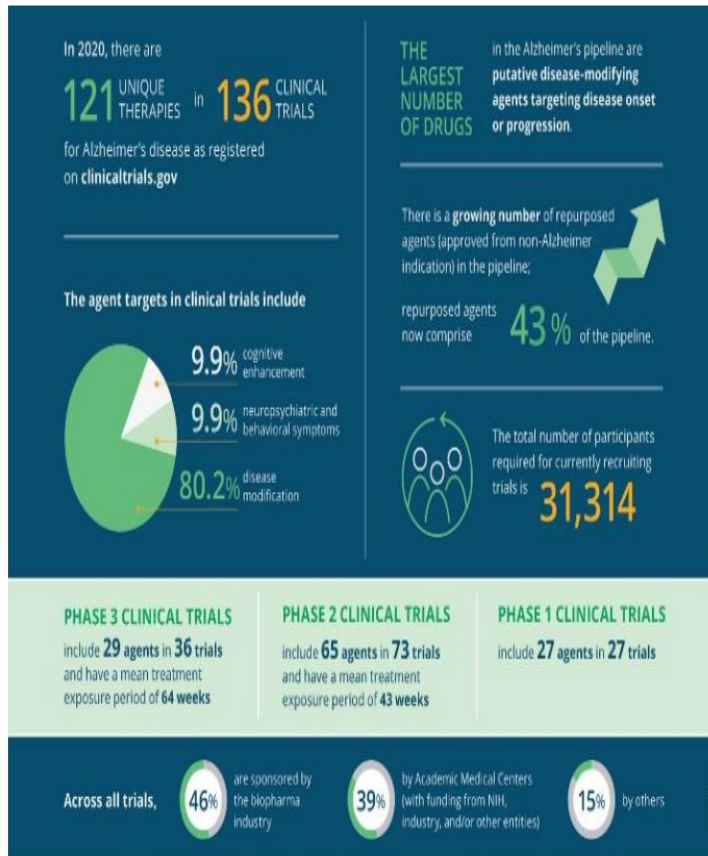
Created from data from the Lewin Model. "Other" payment sources include private insurance, health maintenance organizations, other managed care organizations and uncompensated care. ¹

1. 2021 Alzheimer's Disease Facts and Figures from the Alzheimer's Association (<https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>)

Important Implications

1. In 2021, the estimated **healthcare costs** for treating individuals with Alzheimer's Disease in the United States will be **\$355 billion**, including \$239 billion in Medicare and Medicaid payments
2. More than **11 million Americans** (family members) provide unpaid care for people with Alzheimer's Disease or other dementias - an estimated **15.3 billion hours of care** valued at nearly **\$257 billion**
3. Between now and 2050, **treatment for Alzheimer's Disease/dementia** will cost **\$20.2 trillion**, most of which will be funded by Medicare & Medicaid

Therapeutic Landscape



<https://alz-journals.onlinelibrary.wiley.com/cms/asset/006b182a-0807-477d-99bd-45d8c5306665/trc212050-gra-0001-m.jpg>
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General Scientific Overview

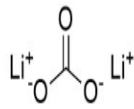
Product Candidate	Potential Indication	Potential IND Submission	Pre-Clinical	Phase I	Phase II	Phase III	FDA Approval
AL001	• Alzheimer's disease	• June 30, 2021	IND-Enabling →				
	• Bipolar disorder	• May 31, 2022	IND-Enabling →				
	• Depression	• May 31, 2022	IND-Enabling →				
	• Post Traumatic Stress Disorder (PTSD)	• May 31, 2022	IND-Enabling →				
AL002	• Alzheimer's Disease	• November 31, 2021	Pre-Clinical →				

*IND - Investigational New Drug

**There is no guarantee that the FDA will approve any IND Submission

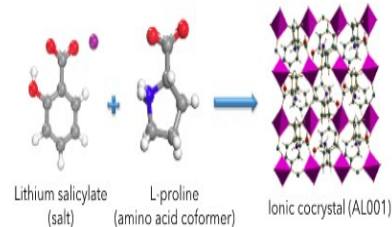
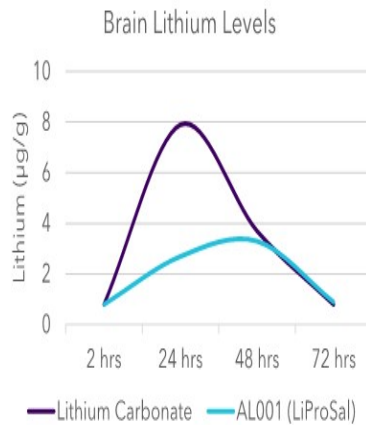
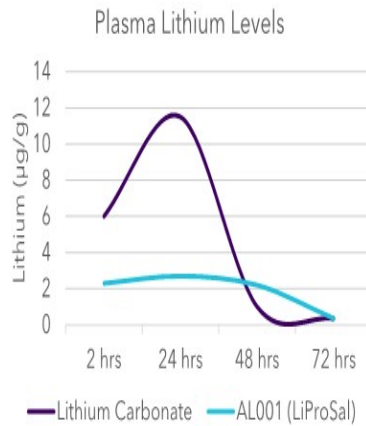
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AL001 (LiProSal)



Lithium carbonate

- **Narrow therapeutic window** that requires **regular blood monitoring** of plasma lithium levels and blood chemistry by a clinician **to mitigate adverse events**
- **Multiple administrations** throughout the day are required to safely reach therapeutic plasma concentrations
- **Suffer** from **chronic toxicity, poor physicochemical properties** and **poor brain bioavailability**



- AL001 is a patented ionic cocrystal technology delivering a therapeutic combination of **lithium, proline** and **salicylate**
- AL001 exhibits **improved nonclinical pharmacokinetics** and **bioavailability** compared to the currently FDA approved lithium drugs on the market
- AL001 exhibits **improved brain bioavailability**, without demonstrating an initial spike in lithium concentration that is associated with negative side effects of treatment
- AL001 **exhibits plateau-like pharmacokinetics** compared to the problematic peak and trough pharmacokinetics of other lithium forms



The results of our preclinical studies, conducted from May 2016 to June 2017, are summarized below:

- AL001 had no effect on renal COX2 activity (Tg-Ctrl vs. AL001: $p > 0.05$), a biomarker of renal toxicity, while markedly **reducing abnormal biomarkers** associated with AD **by 50%**; **beta-amyloid pathology, tau phosphorylation** and **neuro-inflammation** (Tg-Ctrl vs. AL001: $p < 0.01$)(FIGS. 14-15).
- AL001 treatment **did not induce tissue pathological damage in the heart, kidneys, liver and lungs** by a general autopsy (Tg-Ctrl vs. AL001: $p > 0.05$). In contrast, **equimolar doses** (using a similar structure of moles but different active pharmaceutical ingredient) **of lithium carbonate enhanced renal COX2 expression** while **having little or no impact on Alzheimer's Disease pathology** (Tg-Ctrl vs. LC: $p < 0.01$).
- AL001, at the effective dose, **yielded 50% higher lithium levels** (LC vs. AL001; $p < 0.01$) **in the brain** compared with equimolar doses of lithium carbonate (AL001 vs. LC; $p < 0.05$), while producing low nontoxic steady state levels in the body.

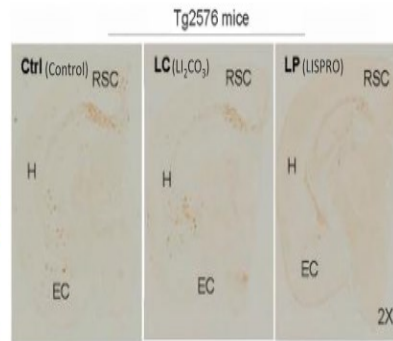


FIG. 14A

FIG. 14A & 14B: Beta Amyloid Burden

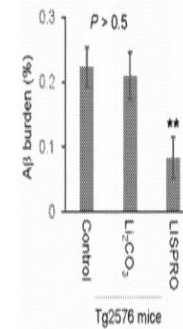


FIG. 14B

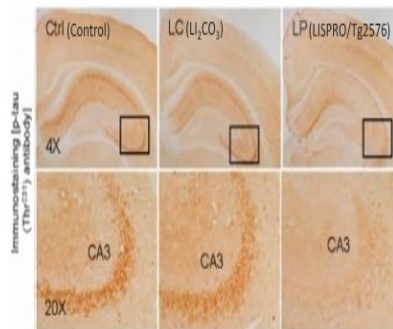


FIG. 15A

FIG. 15A & 15B: Tau Phosphorylation Burden

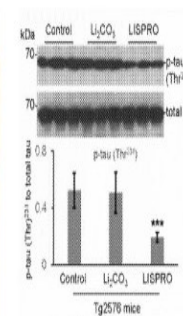
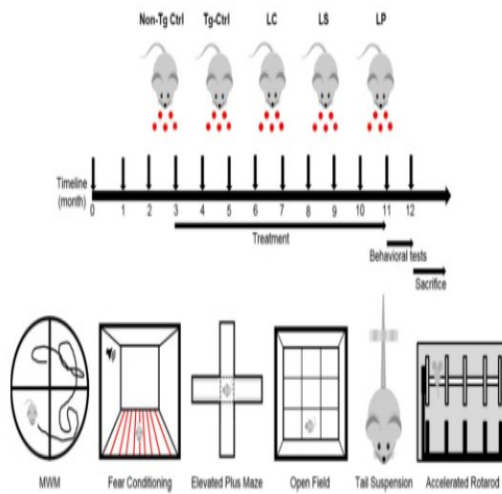


FIG. 15B



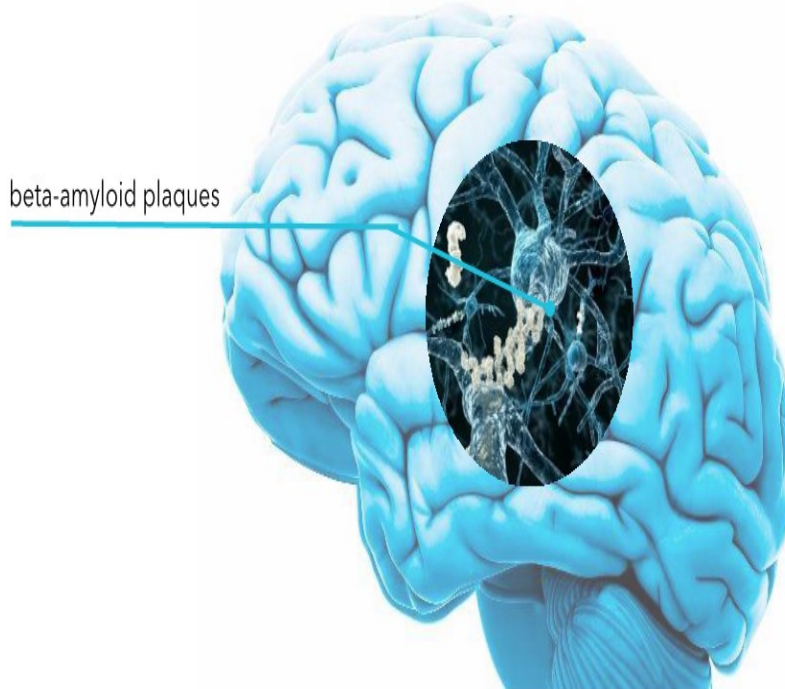
- Our preclinical studies encompassed the treatment of **28 transgenic** (or genetically modified) and **10 non-transgenic mice** with lithium carbonate and AL001.
- **Female APPSWE/PS1dE9 mice** at 4 months of age were **orally treated** with LiProSal (LP), lithium salicylate (LS), or lithium carbonate (LC) for **9 months** followed by **determination of body weight, growth of internal organs, and cognitive and non-cognitive behavior**.
- Untreated age-matched non-transgenic littermates served as wild-type (WT) controls.

The Results

- **No significant differences** in **body weight, brain, heart, lung, spleen, liver** or **kidney** were found between lithium treated and untreated APPSWE/PS1dE9 cohorts (Tg-Ctrl vs. AL001: $p > 0.05$).
- AL001 treatment **improved cognitive function by 50%** (Tg-Ctrl vs. AL001: $p < 0.01$), in comparison with the control group, through **behavioral tests** administered to mice with AD. The tests resulted in **50% lower escape latency** (Tg-Ctrl vs. AL001: $p < 0.01$) during the training and probe trial of the Morris water maze test and **50% longer contextual freezing time** (Tg-Ctrl vs. AL001: $p < 0.05$) during the fear conditioning test.
- AL001 treatment **reduced depression by 25%** (Tg-Ctrl vs. AL001: $p < 0.001$), as assessed by the tail suspension test, and **irritability by 50%** (Tg-Ctrl vs. AL001: $p < 0.01$), as assessed by the touch escape test.
- Continued AL001 treatment **prevented cognitive deficits, depression and irritability** and, compared to lithium carbonate treatments, was **superior in improving associative learning and memory** (LC vs. AL001: $p < 0.05$) and in **reducing irritability** (LC vs. AL001: $p < 0.01$), supporting the potential of this lithium formulation for the treatment of Alzheimer's Disease.



A cell-based therapeutic vaccine which seeks to restore the ability of the patient's immunological system to combat Alzheimer's Disease



Hypothesis:

- AL002 is intended to **elicit** an **immune response** to **produce anti-amyloid antibodies**, which can then neutralize circulated beta-amyloids and prevent additional plaque build-up.
- AL002 is a **patient-specific therapy** where the patient undergoes leukapheresis, a nonsurgical treatment used to reduce the quantity of white blood cells in the bloodstream, **to isolate peripheral blood monocytes** that are subsequently **matured into dendritic cells ("DCs")** using an **IL4+ GM-CSF cocktail**.
- The **DCs** are **incubated** with a modified amyloid beta (A β) peptide ("**AL002 peptide**") to sensitize them, and then **administered to the same patient**.



Intellectual Property (Licensed Patents)

Title of Patent	Patent Type	Therapeutic Drug	Date Filed	Date Issued	Expiration Date	Application/Patent #
Lithium Cocrystals and an Additional Neuropsychiatric Agent for Treatment of Neuropsychiatric Disorders	Method of Use	AL001 (LiProSal)	05/21/2016	03/28/2017	05/21/2036	9,603,869
Organic Anion Lithium Ionic Cocrystal Compounds and Compositions	Composition of Matter	AL001 (LiProSal)	04/18/2014	12/12/2017	04/18/2034	9,840,521
Amyloid beta peptides and methods of use	Composition of Matter	AL002 (CAO22W)	10/12/2007	05/29/2012	02/17/2028	8,188,046



Recent IPOs of Biotechnology Companies with AD Indication

Company	Science/ Treatment	Use of Funds	Employees	IPO Date	IPO Price	IPO Proceeds	Total Shares	IPO Valuation
Athira Pharma	Alzheimer's + Neurodegeneration	Phase II for two drugs	22	9/18/2020	\$17	\$204M	12M	\$527.3M
Annovis Bio	Alzheimer's + Neurodegeneration	Phase II for two drugs	2	1/29/2020	\$6	\$12M	2M	\$41.5M
Cortexyme	Alzheimer's + Neurodegeneration	Phase II/III	19	5/9/2019	\$17	\$78M	5M	\$1B
Alector	Alzheimer's + Immuno-neurology	Phase I for two drugs	78	2/7/2019	\$19	\$176M	68.4M	\$1.3B
Denali	Alzheimer's + Neurodegeneration	Phase I for three drugs	125	12/8/2017	\$18	\$287M	16M	\$1.5B

Use of Proceeds



Description	Amount	Over-allotment
Phase I Clinical Trials for AL001	\$5,300,000	\$5,300,000
Phase I Clinical Trials for Phase I AL002	\$3,600,000	\$3,600,000
AL001 IND Filing License Fee	\$65,000	\$65,000
AL001 Dosing First Patient License Fee	\$190,000	\$190,000
AL002 IND Filing License Fee	\$50,000	\$50,000
Working Capital	\$2,105,000	\$3,848,750
Total	\$11,310,000	\$13,053,750

*Clinical Trial estimates vary depending on specific requirements from the FDA (Post IND).



Description	Amount	Over-allotment
Total offering	\$12,500,000	\$14,375,000
Price per share	\$5.00	\$5.00
Number of shares	2,500,000	2,875,000
Shares outstanding	67,429,525	67,429,525
Conversion of Series A Preferred	15,000,000	15,000,000
Shares after completion of IPO	84,929,525	85,304,525
Gross proceeds from Digital Power Lending, LLC ("DPL")	\$10,000,000	\$10,000,000
Gross proceeds from Spartan Capital Securities, LLC ("Spartan")/Others	\$2,500,000	\$4,375,000
Total gross proceeds	\$12,500,000	\$14,375,000
Underwriting discount payable to Spartan for sales to DPL	\$500,000	\$500,000
Underwriting discount payable to Spartan for sales to Others	\$175,000	\$306,250
Other deal costs	\$515,000	\$515,000
Total costs	\$1,190,000	\$1,321,250
Net proceeds	\$11,310,000	\$13,053,750



Alzamend Leadership Team



Stephan Jackman

Chief Executive Officer and Director
20+ years multi-industry experience, specialized in
Biotech and Pharmaceutical



Henry Nisser

Executive Vice President, General Counsel and Director
20+ years experience, U.S. securities compliance, M&A,
equity/debt financings and corporate governance



Lien T. Escalona

Chief Financial Officer
25+ years multi-industry experience with an
emphasis on accounting and finance, system
implementation and SEC reporting



David J. Katzoff

Chief Operating Officer
30+ years multi-industry experience, including
Healthcare and Technology



Kenneth S. Cragun

Senior Vice President of Finance
30+ years SEC reporting, CFO of publicly-traded
company on Nasdaq, multi-industry experience,
including Biotech and Healthcare

Alzamend Board of Directors



William B. Horne

Chairman of Alzamend
Chief Executive Officer of Ault Global Holdings
25+ years Financial Industry experience, prior "Big 4"
auditor and healthcare executive



Lynne Fahey McGrath

Regulatory Affairs and Product Development Consultant
30+ years experience, Biotech and Pharmaceuticals
M.P.H./Ph.D., Public Health from UMDNJ - Robert Wood
Johnson Medical School



Stephan Jackman

Chief Executive Officer and Director
20+ years multi-industry experience, specialized in Biotech
and Pharmaceutical



Andrew H. Woo M.D., Ph.D.

Practicing physician at Santa Monica Neurological Consultants,
Assistant Clinical Professor of Neurology at the David Geffen
School of Medicine at UCLA and Cedars-Sinai Medical Center
20+ years experience in Psychiatry and Neurology



Henry Nisser

Executive Vice President, General Counsel and Director
20+ years experience, U.S. securities compliance, M&A,
equity/debt financings and corporate governance



Mark Gustafson C.P.A.

Chief Financial Officer of PharmaKure Limited
30+ years multi-industry experience as an active CPA,
specialized in Biotech, Energy and Technology



Jeffrey Oram

Principal at Godby Realtors
25+ years multi-industry experience, Investments, Real Estate
and Technology



Milton "Todd" Ault, III

Founder/Chairman Emeritus of Alzamend
Executive Chairman of Ault Global Holdings
27+ years Financial Industry experience, seasoned Wall
Street CEO & activist investor

Alzamend Scientific Advisory Board



Eric McDade, DO

Associate Director of the Dominantly Inherited Alzheimer Network Trials Unit ("DIAN-TU"),
Washington University School of Medicine
76+ Peer-Reviewed Journal Publications
Leads a Research Laboratory Continuously Funded by the National Institutes of Health for 10+ Years



Thomas M. Wisniewski, MD

Director, NYU Langone's Pearl I. Barlow Center for Memory Evaluation and Treatment
300+ Peer-Reviewed Medical Journal Publications (28 U.S. Patents Issued)
Leads a Research Laboratory Continuously Funded by the National Institutes of Health for 30+ Years



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Stephan Jackman
Chief Executive Officer

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