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

FORM 1-U

CURRENT REPORT PURSUANT TO REGULATION A

Date of Report: January 7, 2019
(Date of earliest event reported)

Alzamend Neuro, Inc.

(Exact name of issuer as specified in its charter)

Delaware
(State or other jurisdiction of
Incorporation or Organization)

3802 Spectrum Blvd., Suite #112C, Tampa, FL 33612
(Full mailing address of principal executive offices)

(844) 722-6333
(Issuer's telephone number, including area code)

Title of each class of securities issued pursuant to Regulation A:
Common Stock, par value 0.0001 per share

ITEM 7.01 REGULATION FD DISCLOSURE.

Alzamend Neuro Inc., a Delaware corporation (the “**Company**”) will participate in a series of private off-site meetings during the JP Morgan Healthcare Conference being held from January 7 through January 9, 2019 in San Francisco. The Company will have Stephan Jackman, its CEO and Milton “Todd” Ault, III, its Executive Chairman, discuss the contents of a presentation prepared by the Company (the “Corporate Presentation”) at each of these meetings. The Corporate Presentation includes an overview of the Company and its management team, provides some updates on the Company’s business progress and its prospective plans for 2019 and beyond, and an overview of the company’s therapeutic treatments targeting Alzheimer’s disease, which is attached hereto as Exhibit 99.1.

The information contained in this Current Report shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “**Exchange Act**”), or incorporated by reference in any filing under the Securities Act of 1933, as amended (the “**Securities Act**”) or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing. The furnishing of the information in this Current Report on Form 1-U is not intended to, and does not, constitute a representation that such furnishing is required by Regulation FD or that the information contained in this Current Report on Form 1-U constitutes material investor information that is not otherwise publicly available.

ITEM 9.01 FINANCIAL STATEMENTS AND EXHIBITS.

(d) Exhibits.

The following exhibits are furnished herewith:

Exhibit No.	Description
99.1	Corporate Presentation

SIGNATURES

Pursuant to the requirements of Regulation A, the issuer has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

(Exact name of issuer as specified in its charter) Alzamend Neuro Inc.

By: /s/ Stephan Jackman, CEO
(Signature and Title)

Date: January 7, 2019



Corporate Overview
January 2019

AlzamendTM



Safe Harbor Disclaimer

This presentation contains forward-looking statements. All statements other than statements of historical fact are, or may be deemed to be, forward-looking statements. Such forward-looking statements include statements regarding, among others, (i) our expectations about possible business combinations, (ii) our growth strategies, (iii) our future financing plans, and (iv) our anticipated needs for working capital. Forward-looking statements, which involve assumptions and describe our future plans, strategies, and expectations, are generally identifiable by use of the words "may," "will," "should," "expect," "anticipate," "approximate," "estimate," "believe," "intend," "plan," "budget," "could," "forecast," "might," "predict," "shall" or "project," or the negative of these words or other variations on these words or comparable terminology. This information may involve known and unknown risks, uncertainties, and other factors that may cause our actual results, performance, or achievements to be materially different from the future results, performance, or achievements expressed or implied by any forward-looking statements. These statements may be found in the Annual Report and in the Semiannual Report referred to immediately below.

This presentation should be read in conjunction with the audited financial statements and related notes for the fiscal year ended April 30, 2017, contained in Alzamend's, or the Company's, Annual Report on Form 1-K, as well as the condensed financial statements and related notes for the six months ended October 31, 2017, contained in the Company's Semiannual Report on Form 1-SA, as filed with the Securities and Exchange Commission on January 25, 2018 and January 30, 2018, respectively.

Forward-looking statements are based on our current expectations and assumptions regarding our business, potential target businesses, the economy and other future conditions. Because forward-looking statements relate to the future, by their nature, 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 as a result of various factors, including, without limitation, changes in local, regional, national or global political, economic, business, competitive, market (supply and demand) and regulatory conditions and the following:

- Our ability to effectively execute our business plan;
- Our ability to manage our expansion, growth and operating expenses;
- Our ability to evaluate and measure our business, prospects and performance metrics;
- Our ability to compete and succeed in a highly competitive and evolving industry;
- Our ability to respond and adapt to changes in technology and customer behavior; and
- Our ability to protect our intellectual property and to develop, maintain and enhance a strong brand.

We caution you therefore that you should not rely on any of these forward-looking statements as statements of historical fact or as guarantees or assurances of future performance. All forward-looking statements speak only as of the date of this presentation. We undertake no obligation to update any forward-looking statements or other information contained herein.

Information regarding market and industry statistics contained in this presentation is included based on information available to us that we believe is accurate. It is generally based on academic and other publications that are not produced for purposes of securities offerings or economic analysis. Forecasts and other forward-looking information obtained from these sources are subject to the same qualifications and the additional uncertainties accompanying any estimates of future market size, revenue and market acceptance of products and services. Except as required by U.S. federal securities laws, we have no obligation to update forward-looking information to reflect actual results or changes in assumptions or other factors that could affect those statements.



Mission & Motto

“To help the Alzheimer’s community through the support of research and the commercialization of preventions, treatments and cures of this devastating disease.”

Join Alzamend™ in “Making Alzheimer’s Just a Memory”!™



Our Story

Alzamend Neuro™ was founded in 2016 by Milton “Todd” Ault, III because of a lifelong goal to find a treatment/cure for Alzheimer’s and other neurodegenerative diseases that have plagued his family for generations. His unwavering passion and commitment led him to the University of South Florida (USF) Health Byrd Alzheimer’s Center and Research Institute, one the top 20 institutions in the nation for patented research and their portfolio of proprietary solutions. The Company has licensed two patented therapeutic compounds indicated for the treatment and prevention of Alzheimer’s disease.



Our Team



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



Milton "Todd" Ault, III
Founder/Executive Chairman
27+ years Financial Industry experience,
seasoned Wall Street CEO & activist investor



Kenneth S. Cragun
Chief Financial Officer/Treasurer
30+ Years multi-industry experience,
including Biotech and Healthcare



Phillip E. Mansour
Board of Directors
25+ years multi-industry experience,
seasoned executive, manager & coach



Gary Gottlieb
Director, Bus. Dev. & Administration
35+ Years multi-industry experience,
including Biotech and Healthcare



William B. Horne
Board of Directors
25+ years Financial Industry experience,
prior "Big 4" auditor & healthcare executive

January 2019

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Our Approach

We intend to seek and acquire early-stage, proprietary, innovative science residing on research benchtop shelves awaiting commercialization with the patent life ticking away. There is a 20+ year backlog of scientific discoveries that may be useful in human medicine. Alzamend™ anticipates finding these discoveries and fast-track developing them to fulfill our mission; to bring treatments/cures to those suffering.

Alzamend™ intends to secure funding by leveraging traditional channels, directed at accredited and institutional investors, and new financial regulations which permit direct marketing to the public. This approach will increase the speed, volume and breadth of capital raised while concurrently minimizing overhead costs.



Alzheimer's Disease

- The sixth leading cause of death in the United States

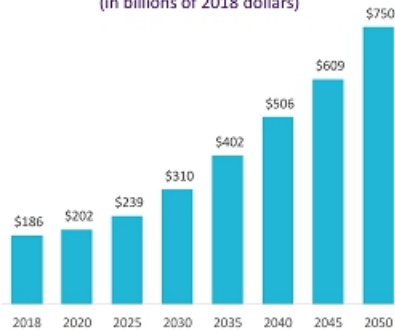
Alzheimer's disease ("AD") is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear in their early to mid-60's. Estimates vary, but experts suggest that more than 5.7 million Americans may have AD, considered by many as "the most feared" disease.

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



Economic Burden – Alzheimer's

**Alzheimer's Costs to Medicare
And Medicaid**
(in billions of 2018 dollars)



January 2019

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- **The escalating Alzheimer's epidemic has profound implications for government budgets:**
 - Alzheimer's is the most expensive disease in America, costing more than heart disease and cancer.
 - In 2018, caring for people with Alzheimer's and other dementias will cost the United States an estimated \$277 billion. Cumulatively between now and 2050, it will cost \$20.2 trillion - two-thirds of which will be borne by Medicare and Medicaid.
 - One in every 5 dollars of Medicare spending is spent on people with Alzheimer's and other dementias.
- **Despite the recent increased investment in Alzheimer's research, funding still falls short of the need.**
 - For fiscal year 2018, Congress provided \$1.9 billion in Alzheimer's research funding at the National Institutes of Health (NIH).
 - For every \$9,700 Medicare and Medicaid spend caring for people with Alzheimer's, the NIH spends only \$100 on Alzheimer's research.



Alzheimer's Therapeutic Landscape

Phase 3 Facts 2018	Percent Change from 2017	Phase 2 Facts 2018	Percent Change from 2017
Number of Drugs: 31	↓ -3%	Number of Drugs: 68	↑ 17%
Commercial Launch: 25 drugs could reach the market in the next five years	↓ -7%	Commercial Launch: 8 drugs could reach the market in the next five years	0%
Number of Symptomatic Drugs: 12	↑ 20%	Number of Symptomatic Drugs: 13	↓ -24%
Number of Disease Modifying Drugs: 19	↓ -14%	Number of Disease Modifying Drugs: 55	↑ 34%
Prevention Trials: 7 drugs are in prevention trials	0%	Prevention Trials: 2 drugs are in prevention trials	0%
Mechanism of Action: 14 drugs are classified as Neurotransmission	↑ 27%	Mechanism of Action: 11 drugs are classified as Tau 12 drugs are classified as Amyloid	↑ 57% ↑ 20%

https://www.usagainstalzhaimers.org/sites/default/files/2018_Alzheimers_Drug_Pipeline_The_Current_State_Of_Alzheimers_Drug_Development.pdf

Based on the data above, the first of the 99 drugs is slated to reach the market in 2023.

January 2019

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9



Our Science

Therapeutic Drug	Synopsis	Strength	Status
LiProSal™	<ul style="list-style-type: none"> Use of patented Ionic Cocystal (ICC) technology delivering a therapeutic combination of Lithium, Proline, and Salicylate Lithium as a treatment of agitation and other possible symptoms in patients with indication of Alzheimer's disease Other potential indications: Dementia, Parkinson's Disease, ALS, Depression, Bi-Polar Disorder, Mania, Post Traumatic Stress Disorder (PTSD), Suicidality, etc. 	<ul style="list-style-type: none"> Exclusive license for Cocystal delivery system for AD and psychiatric indications Eligible for "breakthrough therapy" designation from FDA Repurpose of Lithium, recognized as mood stabilizer by FDA, with the potential to receive approval of 505(2)(b) clinical trial pathway from FDA FDA has established a separate fast-track clinical process for Cocystal based technologies 	<ul style="list-style-type: none"> Filing pre-IND/IND in Q1, 2019 Commencing human clinical trials in Q2, 2019
CAO22W	<ul style="list-style-type: none"> A patented method using a mutant peptide sensitized cell as a cell-based therapeutic vaccine that reduces beta-amyloid plaque and seeks to restore the ability of the patient's immunological system to combat Alzheimer's disease. Also seeks to mitigate adverse reactions from a patient's immunological system experienced during pre-clinical trials including the highly publicized Elan study (AN-1972) 	<ul style="list-style-type: none"> This is the only therapeutic vaccine designed for the treatment of Alzheimer's Difficult to manufacture and hence not easily replicated by competitors Eligible for "breakthrough therapy" status via FDA Significant support that beta-amyloid plaque is a distinct factor in the development/progression of AD from recent Phase II Clinical Trial results released by Biogen/Esai 	<ul style="list-style-type: none"> Completing pre-clinical studies in Q2, 2019 Filing pre-IND/IND in Q3, 2019 Commencing human clinical trials in Q4, 2019



LiProSal™ (LISPRO)

- Our studies concluded that low doses of LiProSal™ are safe and effective in reducing AD pathology.
- LiProSal™ has no effect on renal COX2 activity, a biomarker of renal toxicity, while markedly reducing abnormal .beta.-amyloid pathology, tau phosphorylation and neuroinflammation (FIGS. 14-15).
- LiProSal™ treatment did not induce tissue pathological damage in the heart, kidney, liver, and lung by a general autopsy. In contrast, equimolar doses of lithium carbonate enhanced renal COX2 expression while having little or no impact on AD pathology.
- LiProSal™ at the effective dose yields higher lithium levels in the brain compared with equimolar doses of lithium carbonate, while producing low nontoxic steady state levels in the periphery.
- The improved pharmacokinetics of LiProSal™ in the blood and brain explains its enhanced effectiveness and safety for treating AD compared with lithium carbonate.
- These results confirm and build upon recent studies indicating that low lithium doses can be effective in AD treatment.

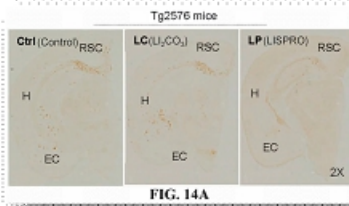


FIG. 14A

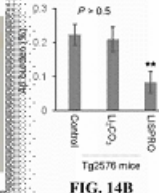


FIG. 14B

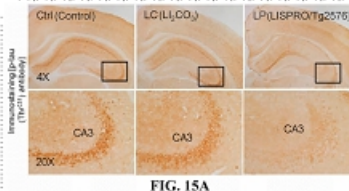


FIG. 15A

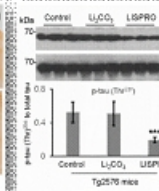


FIG. 15B

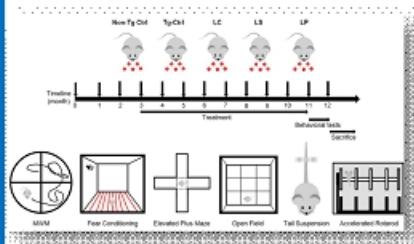


LiProSal™ (LISPRO)

- With the goal of improving lithium's therapeutic profile, we investigated the safety, pharmacokinetics, and therapeutic efficacy of LiProSal™(LPS), compared with lithium carbonate (LC) and lithium salicylate (LS) across a host of preclinical models of AD.
- Female APPSWE/PS1dE9 mice at 4 months of age were orally treated with LPS, LS, or 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.
- LPS treatment improved cognitive function, as shown by lower escape latency during training and probe trial of the Morris water maze (MWM) test and longer contextual freezing time during the fear conditioning test.
- LPS treatment also reduced depression, as assessed by tail suspension test, and irritability, as assessed by touch escape test.
- LPS treatment afforded superior protection against cognitive impairment as determined by contextual fear conditioning test and irritability in comparison with LC or LS treatment.
- Chronic LPS treatment prevent cognitive deficits, depression and irritability in female APPSWE/PS1dE9 mice, and is superior in improving associative learning and memory and irritability compared with lithium salicylate or carbonate treatments, supporting the potential of this lithium formulation for the treatment of AD.





CAO22W

- Our goal is to develop a safer and better Alzheimer Abeta vaccine candidate that will be devoid of the problems associated with current vaccine therapy. Our studies concluded the successful vaccination of mice with adjuvant-free mutated Abeta peptides have significant advantages over both native Abeta and the use of adjuvant.
- 10 weeks old female BALB/c mice were housed in Varian standard cages including amber igloos and vaccinated when 14 weeks old.
- Differently mutated Abeta 1-42 peptides were used for each group and a 1.times.PBS (also containing 10% DMSO) as a control group.

The Results:

- Mice vaccinated with various mutated Abeta 1-42 peptides induce antibody responses after two inoculations, while no antibody can be detected in the control group (FIG. 5A).
- All antibodies induced by the peptide injection bind to the same epitope. There is no difference in recognition between the various anti-sera and peptides such that all anti-sera recognize the 1-16 epitope on all peptides.
- Demonstrate definite advantages over previous vaccination protocols, which strongly support our Adjuvant-Free Vaccine Hypothesis.
- The data clearly show that wild type and mutated amyloid beta peptide administered without adjuvant induce a strong and long lasting antibody response.
- The first use of adjuvant-free Abeta as Alzheimer's vaccines and demonstrate that T cell epitope mutation will contribute to either Th1 or Th2 response. Those peptides will have an outstanding promise for the treatment of Alzheimer's disease.

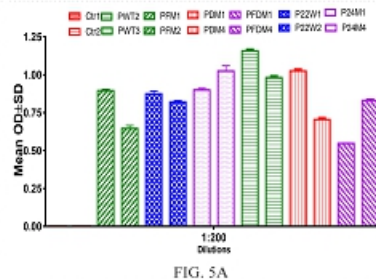


FIG. 5A



CAO22W

- We illustrated our result by using Abeta peptide pulsed Dendritic cells as a vaccine in Tg APP/PS1 mice.
- Abeta 1-42 with different mutation were synthesized and designed as PWT (wild type Abeta1-42), PFM (Abeta with Flemish mutation), PDM (Abeta with Dutch mutation), PFDm (Abeta with both Flemish and Dutch mutation), P22W (Abeta with a new mutation at amino acid 22), P24G (Abeta with mutation at amino acid 24).

The Results:

- There is no antibody production after two injections of DCs sensitized with wild type Abeta peptide (PWT). However, all other groups that received DCs sensitized with mutant Abeta can induce antibody response even with only one vaccination. The antibody titer can reach as high as 1:16000 with only two inoculations.
- Our result indicated that the antibody can last at least 4 months.
- Inflammation has been considered as the very important safety issue in AD vaccine. Therefore, we have checked the antibody level to these peptide vaccinated mice. There is no difference for both Th1 and Th2 cytokine among all these groups at the same time point ($P>0.05$). It is worth noting that inflammation cytokines like IL1 and TNF-alpha, which are considered being related to inflammation didn't increase with antibody level increase. However, Th2 cytokine as IL4 increase with the antibody increasing (See FIG. 4).

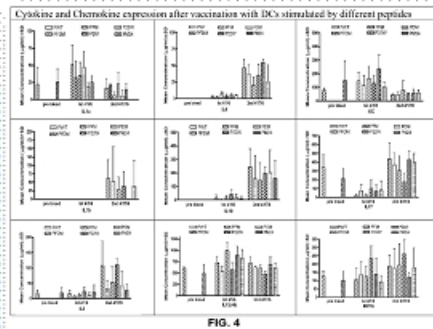


FIG. 4



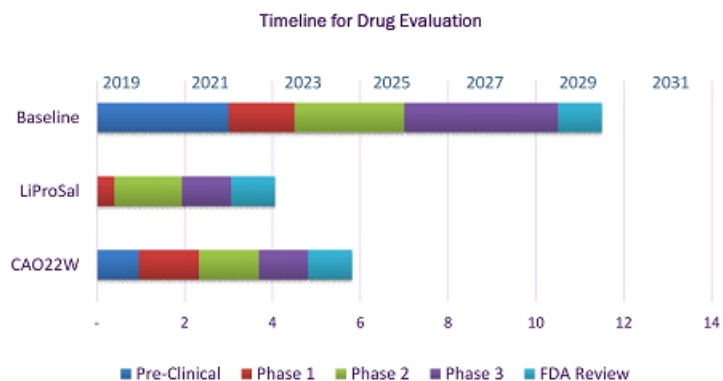
Intellectual Property (Licensed Patents)

Title	Therapeutic Drug	Date Filed	Date Issued	Application/Patent #
Amyloid beta peptides and methods of use	CAO22W	10/12/2007	05/29/2012	8,188,046
Lithium Cocrystals and an Additional Neuropsychiatric Agent for Treatment of Neuropsychiatric Disorders	LiProSal™	05/21/2016	03/28/2017	9,603,869
Organic Anion Lithium Ionic Cocrystal Compounds and Compositions	LiProSal™	04/19/2013	12/12/2017	9,840,521



Timeline

- Typical (Baseline) developmental timeline for new therapeutic drugs encompasses a **9-12 Year** process.
- Alzamend's therapeutic drugs are eligible for fast-track (**Breakthrough**) designation from the FDA, thus truncating the developmental timeline.





Preliminary Budgetary Estimate

Category	2019	2020	2021	2022	2023	5-year Total
Phase 1 clinical trial*	\$ 5,000,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ 6,500,000
Phase 2 clinical trial*	-	7,000,000	13,000,000	7,000,000	-	27,000,000
Phase 3 clinical trial*	-	-	30,000,000	40,000,000	40,000,000	110,000,000
License fees	280,000	400,000	2,425,000	1,000,000	-	4,105,000
Outsourced clinical services	1,077,000	396,000	475,000	570,000	684,000	3,202,000
SG&A expenses	1,663,000	2,500,000	2,655,000	2,826,000	3,014,000	12,658,000
Total	\$ 8,020,000	\$ 11,796,000	\$ 48,555,000	\$ 51,396,000	\$ 43,698,000	\$ 163,465,000

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



Progressed Project Timeline



Drug	Year Approved	Peak Revenue/Year	Cost Per Patient/Year	Total Revenue 2017
Aricept	2004	\$3,454,000,000	\$4,404	\$268,000,000
Exelon	2000	\$1,067,000,000	\$3,768	\$381,000,000
Namenda	2003	\$2,575,000,000	\$3,456	\$452,000,000
Razadyne	2004	\$428,000,000	\$3,120	\$152,000,000

*Aricept – Eisai Co., Ltd. Third Quarter Financial Results: https://www.eisai.com/library/teffement/pdf/2018Q3_52.pdf

*Exelon – Novartis Pharmaceutical Co. Q4FY 2017 Financial Report: <https://www.novartis.com/biotech/novartis.com/files/2018-01-interim-financial-report-en.pdf>

*Namenda – Allergan Q4/FY 2017 Financial Report (<https://www.scribd.com/document/448614122/Allergan-Reports-2017-Financial-Report>)

*Razadyne – Takeda FY2017 Data Book https://www.takeda.com/s/teasett/systeminvestors/report/quarterly/announcements/fy2017/fy2017-fall-year-results/fy2017_q4_d_en.pdf

*Thomson Reuters Report - <https://www.researchgate.net/publication/274830510> Spotlight on Alzheimer's disease: a Thomson Reuters Pharma Matters mood



Commercial Market Evaluation

Potential Revenue

Patient Population	Price per patient/yearly	10% Market Capture	20% Market Capture	30% Market Capture
6 Million	\$3,000	\$1.8 Billion	\$3.6 Billion	\$5.4 Billion

Note: See "Treating Alzheimer's Disease – Cost of Drugs" (<https://www.consumerreports.org/cro/2012/07/evaluating-drugs-to-treat-alzheimer-s-disease/index.htm>)

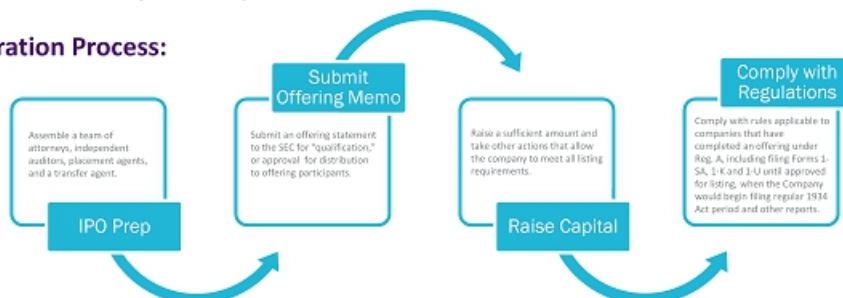


Capital Raise – Regulation A+ Tier II Process

Through Regulation A+, a company is afforded the opportunity to:

- Raise up to \$50 million in a 12-month period using a “public solicitation” exempt from registration under the Securities Act of 1933.
- Confidentially submit an offering statement to the SEC and “test the waters” before pursuing a small public offering.
- Enjoy a streamlined and expedited review process.

Preparation Process:





Reg. A+ Consumer Experience





Strategic Partners

Fighting Together to “Make Alzheimer’s Just a Memory”!™

