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

FORM 1-U

CURRENT REPORT PURSUANT TO REGULATION A

Date of Report: February 25, 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 meetings during the week of February 25 through February 28, 2019 in the Greater New York area. The Company will have Stephan Jackman, its CEO and Milton "Todd" Ault, III, its Executive Chairman, discuss the contents of two presentations 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 and Exhibit 99.2.

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
99.2	Corporate Presentation - LiProSal

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: February 25, 2019

Exhibit 99.1

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, (a) our expectations about possible business combinations, (b) our growth strategies, (c) our future financing plans, and (d) 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, 2018, contained in 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 February 21, 2019 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.

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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"!™

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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 has 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.

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Alzamend™

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/Corporate Secretary
30+ Years multi-industry experience, including Biotech and Healthcare

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

Gary R. 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

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Alzamend™

Scientific Advisory Board

Thomas M. Wisniewski, MD
Director, NYU Langone's Pearl I. Barlow Center for Memory Evaluation and Treatment
300+ Peer-Reviewed Medical Journal Publications (**19** U.S. Patents Issued)
Leads a Research Laboratory Continuously Funded by the National Institutes of Health for 20+ Years

Yong Fan, MD
Senior Consultant, A2Z Reg Solutions
10+ Years at the FDA/CBER/OTAT as a Quality reviewer and policy maker
Knowledgeable of FDA's Expedited Programs for Serious Conditions, new policies and current thinking.

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Scientists/Inventors

Chuanhai Cao, PhD.
Inventor of CAO22W
Assistant Professor, College of Medicine Neurology, University of South Florida
70+ Peer-Reviewed Journal Publications (**4** U.S. Patents Issued)
30+ Years experience and a leading researcher in the field of Alzheimer's treatments.

Roland Shytle, PhD.
Co-Inventor of LiProSal
Associate Professor, Center of Excellence for Aging & Brain Repair, University of South Florida
30+ Peer-Reviewed Journal Publications (**2** U.S. Patents Issued)
30+ Years experience and a leading researcher in Allergy, Immunology and Neurodegenerative Disease.

Jun Tan, PhD, MD
Co-Inventor of LiProSal
Professor, College of Medicine Neurosurgery, University of South Florida
150+ Peer-Reviewed Journal Publications (**14** U.S. Patents Issued)
30+ Years experience and a leading researcher in Metabolic Regulation and Neurodegenerative Disease.

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Strategic Partner – TAMM Net, Inc.

Art Spaulding
Founder and President, TAMM Net, Inc.
25+ years experience, including market research, reimbursement and regulatory.

Eve Del Rio, MD, PhD.
Epidemiologist/Immunologist
30+ years experience, including pre-IND, INDs, pre-NDA, NDAs and BLAs.

Donald P. Reitberg, Pharm.D.
Pharmacologist
30+ year experience, including FDA briefing packages at FDA for Phases I-IV.

Gary W. Wolfe, PhD., DABT
Pharmacologist/Toxicologist
30+ years experience preparing drug development plans for FDA approval.

Kenny Seaver, MS, RAC
Regulatory Affairs, CMC
20+ Years experience in drug metabolism, pharmacokinetics, and CMC development

Michael Matthews, MS, RAC
Regulatory Affairs
10+ years experience preparing/reviewing technical docs required for INDs/NDAs.

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Our Approach

We seek out 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™ finds these discoveries and fast-track develops them 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.

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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.

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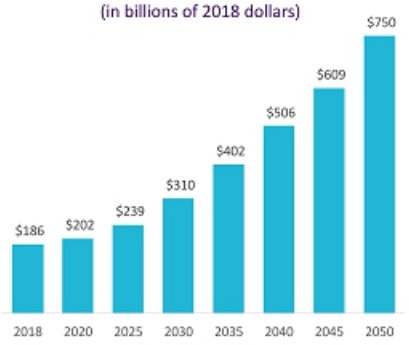
Economic Burden – Alzheimer's

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



- **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.

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Alzheimer's Therapeutic Landscape

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

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

https://www.usagainstalzheimers.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.

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Our Science

Therapeutic Drug	Synopsis	Strength	Status
LiProSal™	• Use of patented Ionic Cocrystal (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.	• Exclusive license for Cocrystal 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(b)(2) clinical trial pathway from FDA • FDA has established a separate fast-track clinical process for Cocrystal based technologies • Accelerated path for the treatment of Alzheimer's, deemed "unmet need" by the FDA	• Filing pre-IND and IND in Q2 2019 • Commencing human clinical trials in Q3 2019
CAO22W	• 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)	• This is the only therapeutic vaccine designed for the treatment and prophylactics 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 cause in the development/progression of AD from recent Phase II Clinical Trial results released by Biogen/Esai • Accelerated path for the treatment of Alzheimer's, deemed "unmet need" by the FDA.	• Completing pre-clinical studies and filing pre-IND in Q2 2019 • Filing IND in Q3 2019 • Commencing human clinical trials in Q4 2019

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Alzamend™

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.

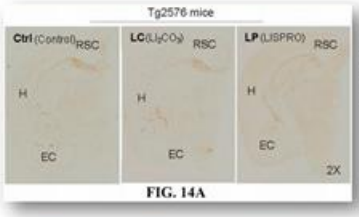

FIG. 14A

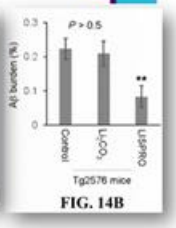

FIG. 14B

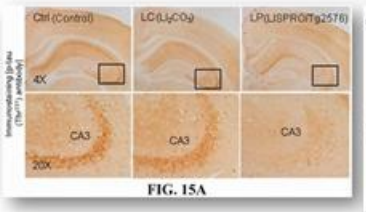

FIG. 15A

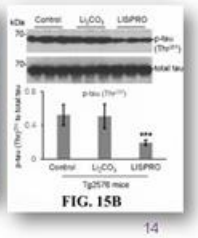

FIG. 15B

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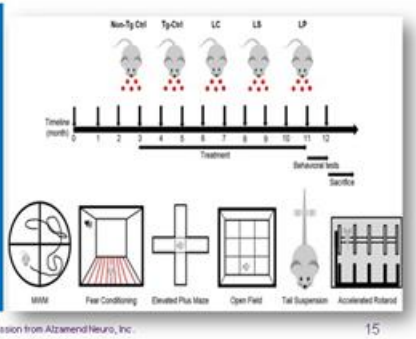
Alzamend™

LiProSal™ (LISPRO)

- With the goal of improving lithium's therapeutic profile, we investigated the safety, pharmacokinetics, and therapeutic efficacy of LiProSal™ (LP), 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 LP, 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.
- LP 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.
- LP treatment also reduced depression, as assessed by tail suspension test, and irritability, as assessed by touch escape test.
- LP treatment afforded superior protection against cognitive impairment as determined by contextual fear conditioning test and irritability in comparison with LC or LS treatment.
- Chronic LP 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.



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Alzamend™

CAO22W

- Our goal is to develop a safer and better Alzheimer's 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 administrated 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.

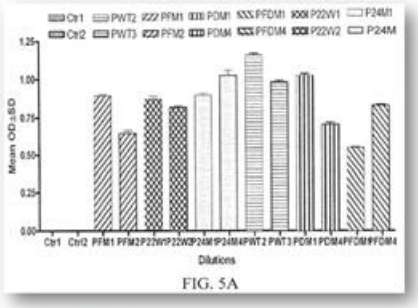

FIG. 5A

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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 TNFalpha, 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).

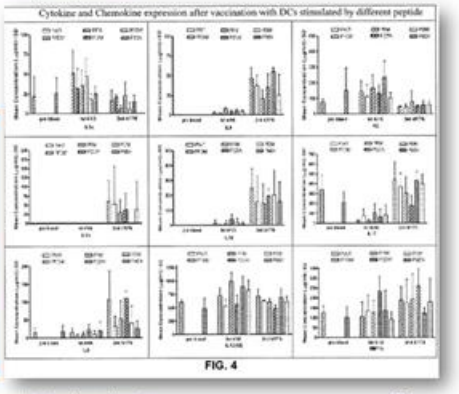

FIG. 4

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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

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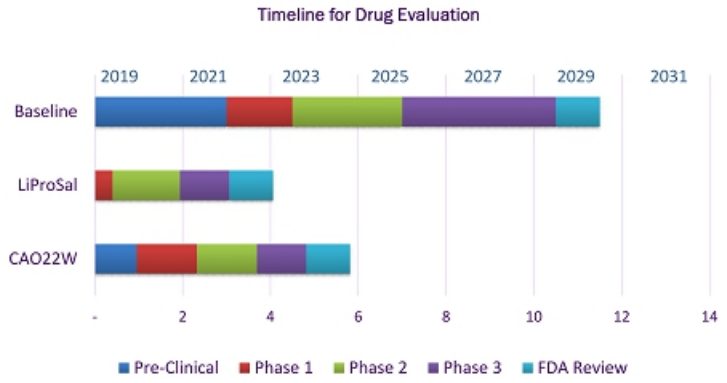
Timeline

- Typical (Baseline) developmental timeline for new therapeutic drugs encompasses **a 9-12 Year process.**
- Alzamend's therapeutic drugs are eligible to pursue a **Fast-Track** pathway and seek **Breakthrough** designation from the FDA, thus truncating the developmental timeline.



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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).

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Progressed Project Timeline

Secure CA022W IP

- ☑ Completed Initial License Evaluation
- ☑ Completed Negotiations
- ☑ Agreement Signed
- ☑ Established IP Development Timeline

Start Alzamend

- ☑ Founders Capital Round
- ☑ Established Legal Counsel
- ☑ Engaged Auditors
- ☑ Identified and Evaluated Reg. Proposals
- ☑ Developed Brand

Secondary Capital Round $1MM

- ☑ Developed PPM
- ☑ Secured Initial Investment
- ☑ Launched IOI Campaign ("Test the Waters")
- ☑ Confidentially Filed Reg. A+ Tier II Offering with SEC
- ☑ Established Initial Regulatory Path
- ☑ Performed Initial Gap Analysis
- ☑ Launched Website and Primary Online Presence

Initial Reg. A+ Capital Round

- ☑ Developed Marketing Materials and Campaign
- ☑ DTC Market Tests Beta Test Platform
- ☑ Completed Capital Round
- ☑ Initial Press Release Campaign Launched

Bridge Capital Round

- ☐ Funding re: Pre-clinical through IND Prep
- ☑ Engaged TAMM Net
- ☑ Appointed Scientific Advisory Board
- ☑ Established Audit and Nomination/Governance Committees
- ☑ Adopted Code of Ethics
- ☑ Secured Additional IP
- ☑ Secured USF Local Office
- ☑ Awarded Florida High
- ☑ Transition to Full-Time CEO
- ☑ Active in AD Conferences and Community
- ☑ Tech Corridor Matching Grant Funding
- ☐ Conduct Pre-Clinical Toxicology Mice Study and Evaluation
- ☐ Prepare Pre-IND
- ☐ Prepare FDA IND

Capital Raises and Corporate Expansion

- ☐ Raise Capital via 506B and Reg. A+
- ☐ Support Continuous Research for Current Products
- ☐ Seek Non-Profit Research Funding
- ☐ Expand Board
- ☐ Develop Product Production Plans
- ☐ Develop Corporate and Product Marketing Plans
- ☐ Attend Industry Events and Conferences

NYSE American Listing

- ☐ Engage Strategic Partners
- ☐ Move IP Forward through Trials
- ☐ Invest in Research
- ☐ Secure New IP

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Current Drugs – Alzheimer's

Drug	Year Approved	Peak Revenue/Year	Cost Per Patient/Year	Total Revenue 2017
Aricept	1996	$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/ir/library/settlement/pdf/e2018Q3_52.pdf)
*Exelon – Novartis Pharmaceutical Co. Q4/FY 2017 Financial Report (https://www.novartis.com/sites/www.novartis.com/files/2018-01-interim-financial-report-en.pdf)
*Namenda – Allergan Q4/FY 2017 Financial Report (https://www.prnewswire.com/news-releases/allergan-reports-solid-finish-to-2017-with-12-increase-in-fourth-quarter-gaap-net-revenues-to-43-billion-300593801.html)
*Razadyne – Takeda FY2017 Data Book (https://www.takeda.com/siteassets/system/investors/reportlquarterlyannouncements/fy2017/fy2017-full-year-results/q/2017_q4_d_en.pdf)
*Thomson Reuters Report – (https://www.researchgate.net/publication/274903618_Spotlight_on_Alzheimers_disease_a_Thomson_Reuters_Pharma_Matters_report)

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Alzamend™

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)

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Alzamend™

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 SEC securities law registration.
- 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:

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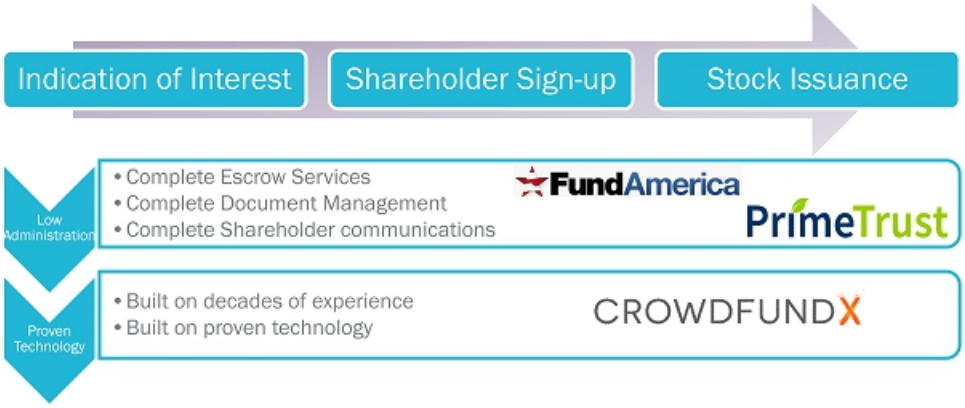
Reg. A+ Consumer Experience



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Alzamend™

Strategic Partners

Fighting Together to "Make Alzheimer's Just a Memory"!™

TAMMNet Integrated Biomed Solutions

Lonza

USF UNIVERSITY OF SOUTH FLORIDA.

SRF SICHENZIA ROSS FERENCE LLP

TRANSFER online

EMORY UNIVERSITY

TRACTION

charles river accelerating drug development. exactly.

CROWDFUNDX

FundAmerica

PrimeTrust

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Thank You
Alzamend™


LiProSal™ Overview
February 2019
Alzamend™

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, (a) our expectations about possible business combinations, (b) our growth strategies, (c) our future financing plans, and (d) 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, 2018, contained in 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 February 21, 2019 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.

Alzamend™

LiProSal™ Per TAMM NET

A novel drug delivery system/active pharmaceutical ingredient ionic co-crystal of lithium product **(LiProSal™)** that attenuates peak-to-trough concentrations via sustained-release properties yet additionally bolsters/stabilizes the ratio of brain-to-serum concentrations (enhances brain lithium exposure) could **revolutionize** the clinical utility of lithium therapy.

The blood-brain barrier, restricting access of substances into the brain, occurs along all capillaries and consists of tight junctions around the capillaries that do not exist in normal circulation. Perhaps related to this barrier and as stated earlier, it is known that lithium brain concentrations are only weakly correlated to blood lithium concentrations. Overcoming the blood-brain barrier is a daunting hurdle for pharmacologists. If brain lithium concentrations can be increased and/or be more reproducible/less variable while the total body lithium burden can be decreased, the **benefit-to-risk profile may be favorably improved for lithium treatments**. The cocrystal of lithium formulation **(LiProSal™)** may be dose-sparing, thereby lowering total body lithium exposure while maintaining efficacy, and lowering the potential for adverse events.

"Lower dosage of LiProSal™ will produce the same if not higher efficacy, minimize side effects (if any exists) and improve the safety profile of lithium, when compared to the current therapy on the market". Hence, LiProSal™ can become the replacement for ALL lithium therapy on the market".

Alzamend™

LiProSal™ Per TAMM NET

The current target by Alzamend™ for an NDA exploits the enhanced absorption of ionic cocrystals of lithium **(LiProSal™)** into brain tissue, providing an opportunity to explore additional indications that may require relatively high brain lithium concentrations, such as for neurodegenerative disorders (Alzheimer's, Parkinson's, ALS, etc.). For these disorders, higher (or lower) brain lithium concentrations may be needed compared to those needed for mood disorders and so dose finding studies may be needed. If higher brain concentrations are needed for treatment of neurodegenerative disorders than mood disorders, systemic toxicity may only be avoidable by virtue of enhanced brain lithium distribution when using an ionic cocrystal lithium **(LiProSal™)** formulation, whereas traditional lithium dosage forms would have an unacceptable safety profile when achieving comparable brain lithium concentrations. If lower brain concentrations are needed for treatment of neurodegenerative disorders than mood disorders, systemic toxicity may not present when using an ionic cocrystal lithium formulation and so no therapeutic drug monitoring would be needed. An ionic cocrystal lithium **(LiProSal™) formulation may importantly expand the range of therapeutic categories amenable to lithium treatments, with enhanced safety.**

> *"Our game plan is to go after Neurodegenerative disorders (Alzheimer) because of the fast-track designation associated with the diseases. Additionally, upon approval of LiProSal™ for Alzheimer's, because we will have proven its enhanced safety, physicians will be able to prescribe it off-label for psychiatric disorders".*

Alzamend™

LiProSal™ Regulatory Pathway

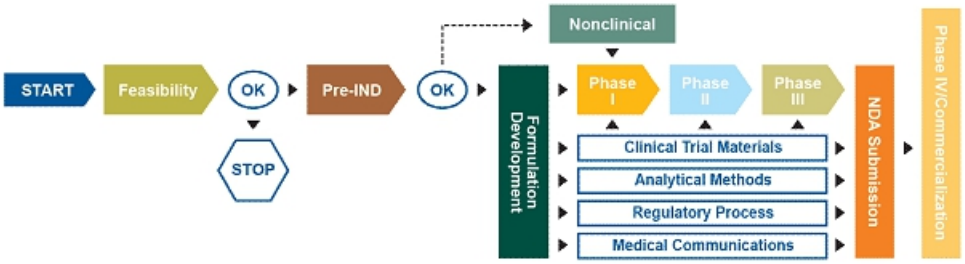
Alzamend™ is pursuing a 505(b)(2) **(Pages 6-8)** regulatory approval pathway for LiProSal™. Currently, we are in the process of Putting together our portfolio for a Pre-IND meeting with the FDA. Upon completion, we will schedule said meeting with the FDA to review and provide guidance. Three scenarios can occur via the pre-IND meeting;

1. *The FDA will be in favor of our information and encourage us to apply for the IND.*
2. *The FDA will require additional information, which can be to be included in our IND application.*
3. *The FDA will require additional Preclinical testing in animals.*

We are working toward putting together a comprehensive package which will garner full support from the FDA with the encouragement to apply for the IND (Scenario #1). Post IND approval, we anticipate a robust Phase I Clinical Trial, adhering to all guidelines and recommendations established by the FDA, Tamm Net, and our Scientific Advisory Board. The results from Phase I testing will provide insight as to whether we will have to conduct separate Phase II and Phase III trials, skip certain steps, reduce patient count or conduct a combined Phase II/III trial. With proper funding, we anticipate a Pre-IND meeting and IND Approval in Q2, with Phase I to commence at the beginning of Q3. We anticipate Phase I to be completed within 3-6 months (pending agreement/approval by the FDA). Phase II or a potential Phase II/III combination may commence as early as Q4, 2019.

Alzamend™

505(b)(2) Approval Pathway



- The provisions of 505(b)(2) were created, in part, to help avoid unnecessary duplication of studies already performed on a previously approved ("reference" or "listed") drug;
- 505 (b)(2) gives the FDA express permission to rely on data not developed by the NDA applicant (Alzamend™).

Alzamend™

505(b)(2) Approval Pathway

Benefits of 505(b)(2)

505(b)(2) is particularly valuable for pharmaceutical and generics companies looking to alleviate competitive forces in their environments while still wanting to benefit from a development process that eliminates most nonclinical studies as well as extensive safety and efficacy tests.

- Relatively low risk because of previous drug approval
- Lower cost, accelerated development due to fewer studies
- May qualify for three, five or seven years of market exclusivity
- Usually faster to product commercialization and to use by patients in need.

505(b)(2) Approval Pathway

Phase I

In certain instances, the 505(b)(2) pathway enables the Phase I process to be reduced to a single study. This study, known as a Phase I bridging study, is used to compare the human pharmacokinetic profile of the proposed drug product with that of the reference product (a clinical bioequivalence study). Done properly, a bridging study allows a company to reference the established safety information for the original drug.

- The specific type of Phase I bridging study for a 505(b)(2) product depends on the nature of the dose form and the reference product. For an immediate-release oral dosage form, for example, the Phase I study is often a fasting, single-dose, crossover bioavailability/bioequivalence (BA/BE) study in healthy human volunteers in which the new drug product is compared with the reference product using pharmacokinetic assessments. Repeat-dose studies as well as those conducted in the fed state are sometimes required as well.
- In some cases, the requirement for an *in vivo* bioequivalence study can be waived via a formal request called a biowaiver.

Phase II

- Certain 505(b)(2) development programs require no Phase II or Phase III studies (e.g., dosage form changes may rely on Phase I pharmacokinetic studies alone).
- In some 505(b)(2) NDAs, Phase II and Phase III studies can be combined.

Phase III

- If a Phase III study is required for a 505(b)(2), such as when approval is sought for a product of a previously approved active ingredient, only one study is often necessary.
- Fewer patients may be needed for 505(b)(2) product clinical trials due to the existing large exposure information available in the public literature or in the FDA's databases.

Alzamend™

The Science of LiProSal™

Therapeutic Drug	Synopsis	Strength	Status
LiProSal™	• Use of patented Ionic Cocrystal (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.	• Exclusive license for Cocrystal 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(b)(2) clinical trial pathway from FDA • Accelerated path for the treatment of Alzheimer's because it is deemed "an unmet need" by the FDA.	• Filing pre-IND and IND in Q2 2019 • Commencing human clinical trials in Q3 2019

Alzamend™

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.

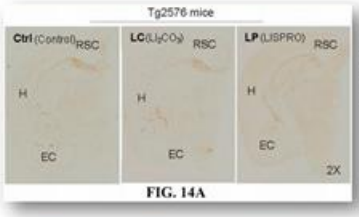


FIG. 14A

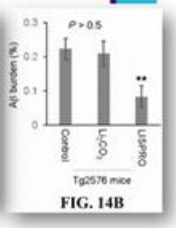


FIG. 14B

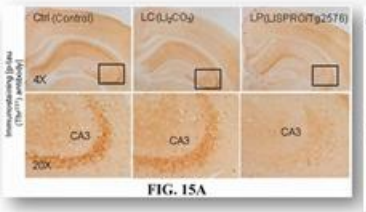


FIG. 15A

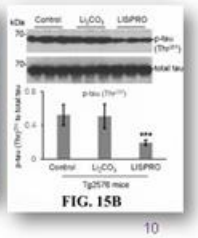


FIG. 15B

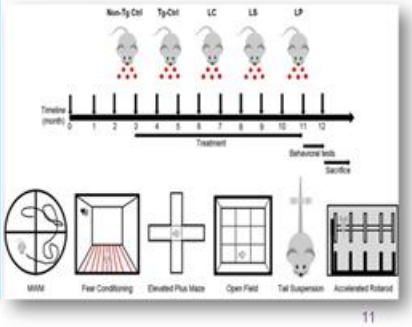
Alzamend™

LiProSal™ (LISPRO)

- With the goal of improving lithium's therapeutic profile, we investigated the safety, pharmacokinetics, and therapeutic efficacy of LiProSal™ (LP), 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 LP, 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:

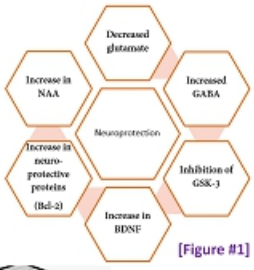
- No significant differences in body weight, brain, heart, lung, spleen, liver or kidney were found between lithium treated- and untreated APPSWE/PS1dE9 cohorts.
- LP treatment improved cognitive function, as shown by lower escape latency during training and probe trial of the Morris water maze (MWM) test and longer contextual freezing time during the fear conditioning test.
- LP treatment also reduced depression, as assessed by tail suspension test, and irritability, as assessed by touch escape test.
- LP treatment afforded superior protection against cognitive impairment as determined by contextual fear conditioning test and irritability in comparison with LC or LS treatment.
- Chronic LP 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.



Alzamend™

Mechanism of Lithium's Neuroprotection

- Reduced glutamate levels and increased GABA – thus reducing neuronal excitation and cell death.
- Increase neurotrophic factors e.g. Brain derived neurotrophic factor (BDNF), neuroprotective proteins e.g Bcl-2 group of proteins.
- Increases N-acetylaspartate (NAA) which is a marker of neuronal health and viability.
- Lithium competes with magnesium in several enzymatic reactions at substrate sites that require magnesium as a co-factor. In particular, lithium inhibits the enzymes GSK-3B and inositol monophosphatase (IMP), both of which have implications in neurodegenerative diseases such as Alzheimer's disease as well as being relevant in neuropsychiatric disorders [Figure #1].
- Although bipolar disorder is hypothesized to be a myelin disorder that is not associated with nerve cell loss, WMHs and myelin disruption are suggested to be important in the expression of bipolar symptoms [9]. Here, lithium has been shown to play a protective role in myelin physiology by enhancing re-myelination of peripheral neurons.



[Figure #1]

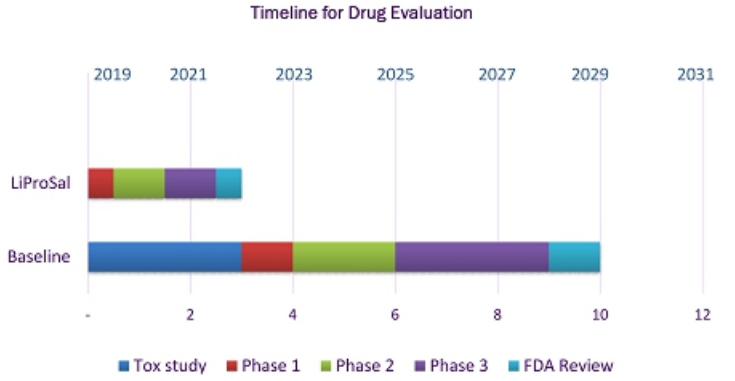
Patients treated with Lithium have larger hippocampal and amygdala volumes than healthy controls and those not on Lithium therapy [Figure #2]


[Figure #2]

Alzamend™

Timeline

- Typical (Baseline) developmental timeline for new therapeutic drugs encompasses **a 9-12 Year process.**
- LiProSal™ is eligible for a 505 (b)(2) **Fast-Track** pathway and we will seek a **Breakthrough** designation by the FDA, thus truncating the developmental timeline.



Alzamend™

Commercial Market Evaluation

Potential Revenue

Patient Population	Price per patient/yearly	10% Market Capture	20% Market Capture	30% Market Capture
16.2 Million - Depression	$2,400	$3.9 Billion	$7.8 Billion	$11.7 Billion
13.0 Million – PTSD	$4,100	$5.3 Billion	$10.6 Billion	$15.9 Billion
6.0 Million - Alzheimer	$3,000	$1.8 Billion	$3.6 Billion	$5.4 Billion
5.7 Million - Bipolar Disorder	$1,800	$1.0 Billion	$2.0 Billion	$3.0 Billion
40.9 Million – Patient Population		**$12 Billion**	**$24 Billion**	**$36 Billion**

Medication cost per year for Depression: https://depression.informedchoices.ca/types-of-treatment/medication-treatment/cost-of-medication/
Medication cost per year for Bipolar Disorder: https://www.ncbi.nlm.nih.gov/pubmed/18906503
Medication cost per year for Alzheimer: https://www.takeda.com/siteassets/system/investors/report/quarterlyannouncements/fy2017/fy2017-full-year-results/qr2017_q4_d_en.pdf).
Medication cost per year for PTSD: https://www.marketwatch.com/story/what-ptsd-costs-families-2014-04-04


Thank You
Alzamend™