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Corporate Presentation

As of April 1, 2026

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This document and the Presentation contain statements that are or may be forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward looking statements contained in Section 27A of the U.S. Securities Act of 1933, as amended and Section 21E of the Exchange Act of 1934, as amended. These statements are based on our management's current beliefs, expectations and assumptions about future events, conditions and results, and on information currently available to us. This document and the Presentation also contain estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

All statements other than statements of historical facts included in this document and the Presentation should be considered forward-looking statements, including without limitation, statements that relate to our expectations around our and our Founded Entities' therapeutic candidates and approach towards addressing major diseases, operational plans, future prospects, objectives, developments, strategies and expectations, the progress and timing of clinical trials and data readouts, the timing of regulatory approvals or clearances from the FDA, our future results of operations and financial outlook, including our anticipated cash runway and our forecasted cash, cash equivalents and short-term investments, and our ability to realize value for our shareholders.

Words such as "expect," "anticipate," "intend," "plan," "believe," "seek," "estimate," "think," "may," "could," "will," "would," "should," "continue," "potential," "likely," "opportunity" and similar expressions or variations of such words are intended to identify forward-looking statements, but are not the exclusive means of identifying forward-looking statements. Additionally, statements concerning future matters such as our expectations of business and market conditions, development and commercialization of new products, enhancements of existing products or technologies, and other statements regarding matters that are not historical are forward-looking statements.

The forward-looking statements are based on current expectations and currently available operating, financial and competitive information and are subject to known and unknown risks, uncertainties and other important factors that could cause actual results, performance and achievements to differ materially from current expectations, including, but not limited to, the following: our history of incurring significant operating losses since our inception; our ability to realize value from our Founded Entities; our need for additional funding to achieve our business goals, which may not be available and which may force us to delay, limit or terminate certain of our therapeutic development efforts; our limited information about and limited control or influence over our Non-Controlled Founded Entities; the lengthy and expensive process of preclinical and clinical drug development, which has an uncertain outcome and potential for substantial delays; potential difficulties with enrolling patients in clinical trials, which could delay our clinical development activities; side effects, adverse events or other safety risks which could be associated with our therapeutic candidates and delay or halt their clinical development; our ability to obtain regulatory approval for and commercialize our therapeutic candidates; our ability to compete with companies currently marketing or engaged in the development of treatments for indications within our programs are designed to target; our ability to realize the benefits of our collaborations, licenses and other arrangements; the impact of government laws and regulations; our ability to maintain and protect our intellectual property rights; our reliance on third parties, including clinical research organizations, clinical investigators and manufacturers; our vulnerability to natural disasters, global economic factors, geo-political actions and unexpected events; and the risks, uncertainties and other important factors described under the caption "Risk Factors" in our Annual Report on Form 20-F for the year ended December 31, 2024 filed with the SEC and in our other regulatory filings. These forward-looking statements are based on assumptions regarding the present and future business strategies of the Company and the environment in which it will operate in the future.

Given these risks, uncertainties and other factors, many of which are beyond the Company's control, you should not place undue reliance on these forward-looking statements.

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Our Founded Entities are comprised of Founded Entities we control and Founded Entities we do not control, all of which are incorporated in the United States. We formed each of our Founded Entities and have been involved in development efforts in varying degrees. In the case of Founded Entities we control, we continue to maintain majority voting control. With respect to Founded Entities we do not control, we may benefit from appreciation in our minority equity investment as a shareholder of such companies.

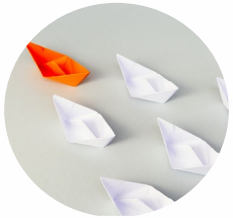
PureTech Overview

We are dedicated to giving life to science and transforming innovation into value

A Boston-based, LSE-listed, hub-and-spoke biotherapeutics company

Well-capitalized, self-funded model

- ✓ *Approximately $320M PureTech level cash, cash equivalents and short-term investments as of June 30, 2025*[1]
- ✓ *Operational runway into 2028*



Pioneer of the hub-and-spoke R&D model

What is it:

*The **"hub"** drives new innovations and early program advancements, which are spun out into Founded Entities (**"spokes"**), securing external capital to further advance a program.*

Benefits of the model:

- ✓ *No binary risk*
- ✓ *Capital efficient*
- ✓ *Retain upside while limiting financial exposure*

Proven R&D expertise backed by our risk-mitigated hub-and-spoke R&D model

- ✓ *Track record of **~80%** clinical trial success rate*[2]
- ✓ ***3 FDA approvals** to date, including* COBENFY

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[1] This represents a non-IFRS number and is comprised of Cash, cash equivalents and short-term investments held at PureTech Health plc and our following wholly-owned subsidiaries: PureTech LYT, Inc., PureTech LYT 100, Inc., Alivio Therapeutics, Inc., PureTech Management, Inc., PureTech Health LLC, PureTech Securities Corp., PureTech Securities II Corp. For a reconciliation of this number to the IFRS equivalent number, please refer to the "Non-IFRS Financial Information" section of this report; [2] The percentage includes number of successful trials out of all trials run for all therapeutic candidates advanced through at least Phase 1 by PureTech or its Founded Entities from 2009 onward.

Our Innovative Approach to Development

Unlocking value from therapeutics with clinically-validated pharmacology

CRITERIA

- Mechanism validated in prior human studies
- Clear disease relevance and patient need
- Defined regulatory and commercial path

APPROACH

- Development anchored to key validation/value inflection points
- Capital deployed selectively as conviction increases
- Targeted, killer experiments drive go/no go decisions
- Applied innovation generates proprietary IP

Our approach is highly de-risked, capital efficient, and establishes a clear path to value creation

Our Proven and Seasoned Team

Robert Lyne

Chief Executive Officer

Former CEO at Arix Bioscience (acq. by RTW Biotech $250M); Previously at Touchstone Innovations, Bird & Bird; worked on >80 VC financings as well as multiple portfolio exits & IPOs.

Eric Elenko, PhD

Co-founder & President

Co-founder and acting C-level executive of multiple PureTech founded entities (e.g., Karuna Therapeutics.) Leading innovation and development of internal PureTech programs in PureTech's "hub." Former consultant at McKinsey & Company.

Michael Inbar, CPA, MBA

Chief Accounting Officer

Former CFO at Acronis Inc.; Previously interim CFO at Wallarm, Inc.,; Held several leadership roles at Solid Biosciences, Inc., Syros Pharmaceuticals, Inc., and GlassHouse Technologies, Inc.

Charles Sherwood, JD

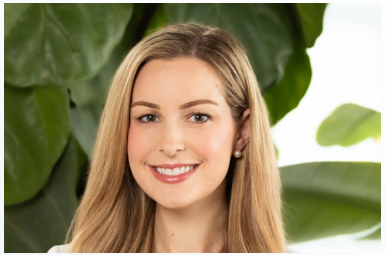
General Counsel

Former VP, Corporate Legal Counsel at Anika Therapeutics with extensive expertise in strategic transactions, IP, product & brand marketing, financing, securities compliance.

Spencer Ball

Executive VP, HR

Former Director, Talent Acquisition/Executive Search at PAREXEL International; Previously at Ball & Company, J. Robert Scott/Fidelity Investments, PAR Associates, and The Onstott Group.



Allison Mead Talbot

Senior VP, Communications

Former leader at award-winning PR agencies, TogoRun (FleishmanHillard) & Feinstein Kean Healthcare (Ogilvy); Extensive experience in healthcare, tech, policy, and patient advocacy.

Anita Terpstra, PhD, JD

Senior VP, IP

Former Sr. Patent Counsel, and later as Associate General Counsel at Synlogic; Previously at Sigma-Aldrich, McDonnell, Boehnen, and Hulbert & Berghoff.

Sven Dethlefs, PhD

Celea Therapeutics

Former Executive Vice President & CEO at Teva North America; A pharmaceutical leader with 25+ years of experience in P&L leadership, R&D strategy, manufacturing, M&A, business transformation, capital markets, and board management.

Our World Class Board of Directors

Our board has contributed to **regulatory approvals of over 15 drugs** and has led multi-billion-dollar strategic transactions

Sharon Barber-Lui

Interim Board Chair

CFO & Senior VP of Teva Pharma, Former CFO of Merck & Co. Inc. U.S. Oncology & Senior VP of EQRx

Robert Langer, ScD

Board

MIT, Award winning materials science pioneer, Former member of the US FDA's SCIENCE Board, Co-founder of multiple biotech companies incl. Moderna & PureTech

John LaMattina, PhD

Board

Former President of Pfizer Global R&D, Forbes Contributor

Kiran Mazumdar-Shaw

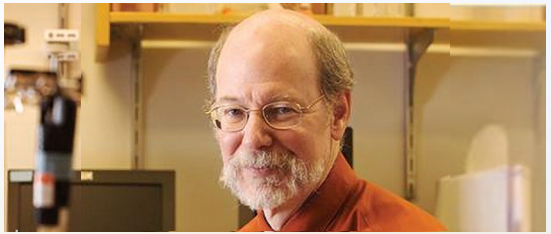
Board

Founder & Chairperson of Biocon, Board of Trustees Member at MIT, Member of National Academy of Engineering

Michele Holcomb, PhD

Board

Former EVP, Chief Strategy and Business Development Officer at Cardinal Health, SVP of Strategy, Portfolio, Search & Partnership of Teva, McKinsey & Company



Robert Horvitz, PhD

Board Observer & Chair of R&D Committee

Nobel Prize in Medicine, MIT, HHMI, neurobiologist at MGH, Former Novartis Scientific Advisory Board Member

PureTech's Core Components of Value Creation

Celea THERAPEUTICS

- ✓ Phase 3 ready program with potential to become new standard of care in IPF
- ✓ Significant potential upside within >$10B market[1]
- ✓ 100% equity holding[2]; intend to secure external capital

GALLOP ONCOLOGY

- ✓ Differentiated clinical-stage program addressing ~$6B[3] and growing market in hematological malignancies
- ✓ 100% equity holding[2]; intend to secure external capital

SEAPORT THERAPEUTICS

- ✓ $733M post-money valuation following Series B financing[4]
- ✓ 3-5% tiered royalties to PureTech on product net sales; undisclosed milestone & sublicense payments
- ✓ 35.1% equity holding[2]

COBENFY™

- ✓ Cobenfy™ (~$300M indicative value to PureTech over time)[5]
- ✓ 2% royalties to PureTech on annual Cobenfy sales above $2B
- ✓ Additional regulatory and commercial milestone payments

Balance Sheet

- ✓ ~$320M PureTech level cash, cash equivalents and short-term investments as of June 30, 2025[6]
- ✓ Operational runway into 2028

New Innovation

- ✓ Ongoing innovation to build the next wave of programs

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[1] Straits Research Report, Idiopathic Pulmonary Fibrosis Market Size, Share & Trends Analysis Report By Drug Type (Nintedanib, Pirfenidone, Other Drug Types), By Mode of Action (Antifibrotic Agents, Tyrosine Kinase Inhibitors, Other Modes of Action), By End-User (Hospitals and Clinics, Pharmacies, Other end-users) and By Region (North America, Europe, APAC, Middle East and Africa, LATAM) Forecasts, 2025-2033; [2] Relevant ownership interests for Celea Therapeutics, Gallop Oncology, and Seaport Therapeutics were calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2025; [3] Grand View Research, Acute Myeloid Leukemia Treatment Market Size, Share & Trends Analysis Report By Disease, By Treatment (Chemotherapy, Targeted Therapy, Immunotherapy), By Route of Administration, By End Use, By Region, And Segment Forecasts, 2025 – 2030; [4] Fully-diluted post-money valuation as of close of Series B on October 18, 2024; [5] Figure reflects gross estimated royalties and milestones and is not time adjusted (see slide 9 for additional detail); [6] This represents a non-IFRS number and is comprised of Cash, cash equivalents and short-term investments held at PureTech Health plc and our following wholly-owned subsidiaries: PureTech LYT, Inc., PureTech LYT 100, Inc., Alivio Therapeutics, Inc., PureTech Management, Inc., PureTech Health LLC, PureTech Securities Corp., PureTech Securities II Corp. For a reconciliation of this number to the IFRS equivalent number, please refer to the "Non-IFRS Financial Information" section of this report; [7] Legacy Holdings represent our interests in historical Founded Entities. We retain potential upside from these positions but do not expect them to be material value drivers for PureTech and only expect to allocate modest, if any, capital to these entities. To the extent we believe that these holdings could produce material value to PureTech, we would move them into the Core Programs category.

Celea Therapeutics (PureTech's Economic Interest: 100%)

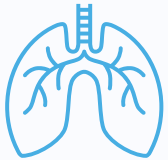
Advancing deupirfenidone for the treatment of idiopathic pulmonary fibrosis (IPF)

IPF is a **progressive and fatal disease** with a **significantly unaddressed** patient population

>232,000

IPF patients in the U.S. & EU5[1]

Involves scarring of the lungs, leading to shortness of breath and loss of lung function[2]



~2-5 years

Life expectancy of IPF ***without treatment***[3]

Three

FDA-approved agents to treat IPF[4]

Historically, tolerability challenges have outweighed suboptimal efficacy for most patients

~25%

of IPF patients have ever started antifibrotic treatment

...of which >40% eventually discontinue[5]

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[1] GlobalData Epidemiology and Market Size Search, EU5=United Kingdom, France, Germany, Italy and Spain; [2] Barratt SL, Creamer A, Hayton C, Chaudhuri N. Idiopathic Pulmonary Fibrosis (IPF): An Overview. J Clin Med. 2018 Aug 6;7(8):201; [3] Fisher, M., Nathan, S. D., Hill, C., Marshall, J., Dejonckheere, F., Thuresson, P., & Maher, T. M. (2017). Predicting Life Expectancy for Pirfenidone in Idiopathic Pulmonary Fibrosis. Journal of Managed Care & Specialty Pharmacy, 23(3-b Suppl), S17–S24. https://doi.org/10.18553/jmcp.2017.23.3-b.s17; [4] ESBRIET (pirfenidone) and OFEV (nintedanib) were approved in 2014 and JASCAYD (nerandomilast) approved in 2025; [5] Dempsey TM, Payne S, Sangaralingham L, Yao X, Shah ND, Limper AH. Adoption of the Antifibrotic Medications Pirfenidone and Nintedanib for Patients with Idiopathic Pulmonary Fibrosis. Ann Am Thorac Soc. 2021 Jul;18(7):1121-1128.

Celea Therapeutics (Cont'd)

Deupirfenidone has the potential to become the next standard-of-care for IPF

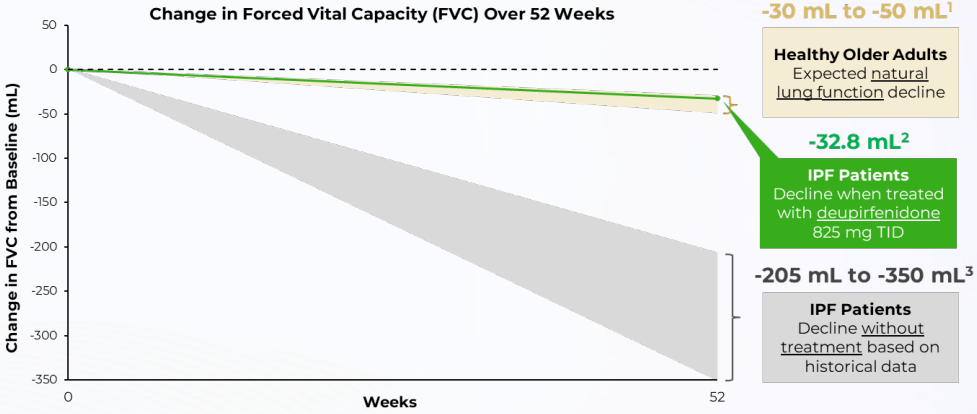
Deupirfenidone is a novel, oral small molecule
Next generation antifibrotic & deuterated form of pirfenidone, one of three existing FDA-approved therapies for IPF

De-risked profile
Enhanced beneficial pharmacology & clinically validated efficacy of pirfenidone

Phase 2b completed
Deupirfenidone 825 mg TID monotherapy demonstrated a potential for lung function stabilization

Enhanced efficacy vs SOC
Deupirfenidone 825 mg TID demonstrated a ~50% greater treatment effect than FDA-approved pirfenidone vs placebo

Open-label extension trial ongoing
Initial data support the durability of treatment effect & safety demonstrated in the Phase 2b trial



Phase 3 SURPASS-IPF trial initiation in H1 2026

Orphan Drug Designation for IPF granted by the FDA & European Commission

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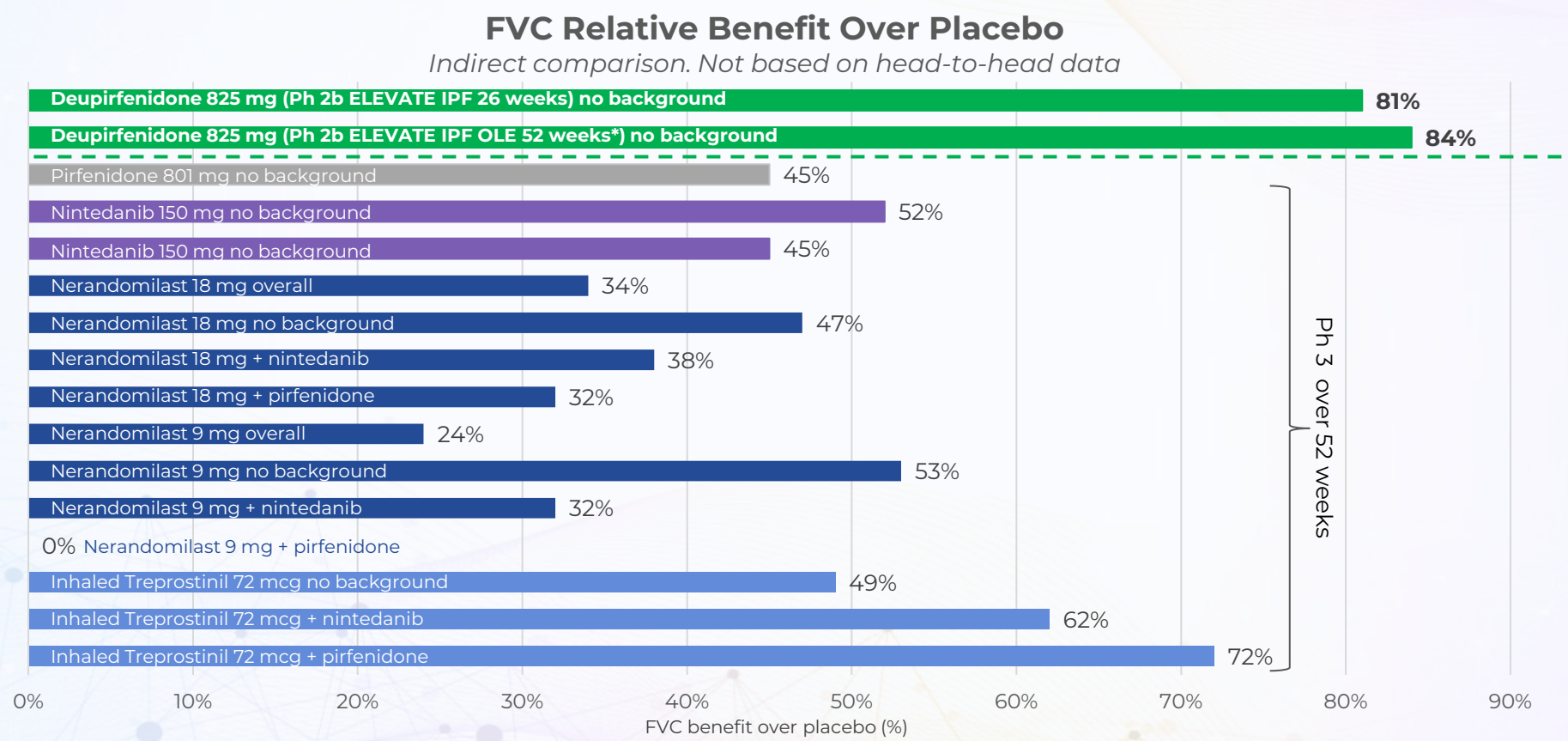
[1] Per Valenzuela. Boehringer Ingelheim. ERS 2024 and Luoto. Eur Respir J. 2019.; [2] Integrated analysis of double-blind and preliminary open-label extension data from Phase 2b ELEVATE IPF trial as of May 9, 2025, using a random coefficient regression model with absolute FVC including baseline as response variable and week, treatment and interaction between week and treatment as fixed effect; [3] Per placebo arm 48-week decline in pirfenidone CAPACITY 004 and CAPACITY 006 trials (Noble. Lanct. 2011.) and 52-week decline in nintedanib INPULSIS-1 and INPULSIS-2 trials (Richeldi. N Engl J Med. 2014)

Deupirfenidone Has Demonstrated Potential for Best-in-class Efficacy



NOTE: Cross-trial comparisons are inherently limited, as these data are from separate studies with differing designs, patient populations, and methodologies. No direct, head-to-head trials have been conducted.
*In the ELEVATE IPF Open-Label Extension (OLE) study, the decline in FVC over 52 weeks with deupirfenidone 825 mg was -32.8 mL. The ELEVATE IPF OLE did not include a placebo arm, so the relative improvement over placebo was calculated assuming a -200mL decline in FVC at 52 weeks for placebo, based on a meta-analysis of the placebo decline from the ASCEND, INPULSIS-1, INPULSIS-2, AND TOMORROW trials..

Celea Therapeutics (Cont'd)

Why Deupirfenidone?

- ✓ **Strong data package as a monotherapy**; first therapy to show potential lung function normalization in IPF
- ✓ **Best-in-class efficacy:** first and only IPF treatment to show improved efficacy over SOC treatment (pirfenidone)
- ✓ **Favorable tolerability**; increased efficacy without compromising tolerability
- ✓ **Promising Phase 3 translatability**; supported by the rigorous/well-run Phase 2b trial & robust initial data from the ongoing OLE trial

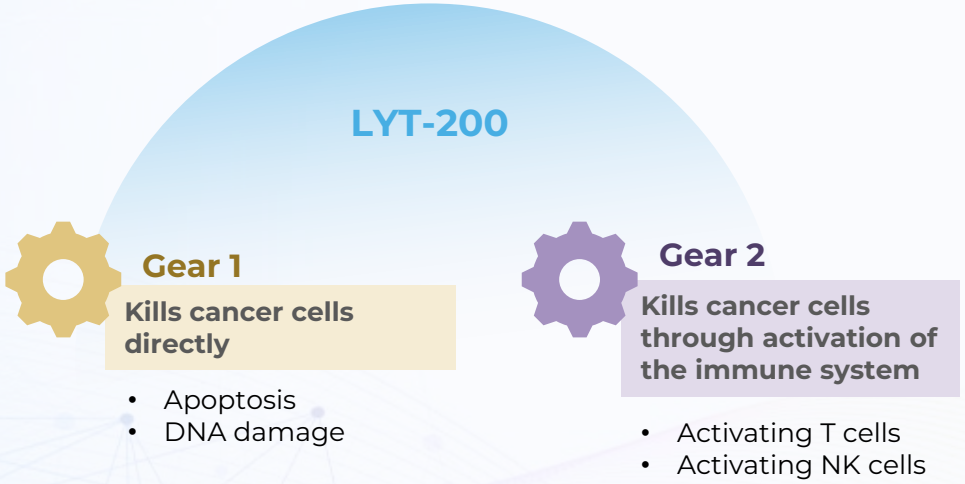
- ✓ **Broad potential to be the new SOC** for IPF patients
- ✓ Estimated total addressable market of **>$10B** by 2033[1]
- ✓ Potential to **capture additional markets** with expansion into non-IPF PF-ILDs
- ✓ **Broad IP** protection

Financing expected to be finalized in H1 2026 to support the initiation of Phase 3 trial in H1 2026; PureTech to retain meaningful ownership and upside

SOC = Standard of care; PF-ILD = Progressive Fibrosing Interstitial Lung Disease; IP = Intellectual Property
[1] Straits Research Report, Idiopathic Pulmonary Fibrosis Market Size, Share & Trends Analysis Report.

Gallop Oncology (PureTech's Economic Interest: 100%)

Advancing LYT-200, galectin-9 targeting mAb, for the treatment of hematological malignancies



Challenge

- Current therapies predominantly **only** address Gear 1 **or** Gear 2

Solution

- **Novel therapeutics that address both Gear 1 and Gear 2**
- Galectin-9 represents a **novel approach to kill tumor cells** via **BOTH direct** (tumor) and **indirect** (immune) **mechanisms**

Received Orphan Drug designation & Fast Track designation from the FDA for the treatment of AML

Data Cut from Phase 1b Trial in AML/MDS[1] Presented at ASH

		LYT-200 Phase 1b Early Data[2] *Proposed Phase 2 Dose* *12 mg/kg in Combination with Ven/Aza in Evaluable Patients[3] (N=32)*
Survival	Median Progression-free Survival	4.5 months
Survival	Median Overall Survival	13.2 months
Efficacy	Combined Complete Response	38% *43% of CR patients achieved MRD(-) status and proceeded to transplant*
Efficacy	Overall Response Rate	50%
Efficacy	Clinical Stable Disease	47%
Efficacy	Overall Disease Control Rate	97%
Safety		• No dose-limiting toxicities • No LYT-200 related SAEs • Mild, transient AEs in <25% of patients (e.g., nausea, fatigue, rash)

Final results are expected in H1 2026

[1] The Phase 1b, open-label, dose-escalation and dose-expansion trial evaluated LYT-200 both in combination with the standard-of-care (SOC) regimen of venetoclax (VEN) and a hypomethylating agent (HMA) and as a monotherapy in a heavily pretreated patient population (median prior lines of treatment: 3; range: 1-7); [2] As of October 23, 2025; [3] Evaluable is defined in the protocol as all patients who received a minimum one full cycle of LYT-200 (four doses) and had a minimum of one on-study disease assessment.

Seaport Therapeutics (PureTech Economic Interest: 35.1%[1])

Advancing a clinical-stage pipeline of novel neuropsychiatric medicines

SEAPORT THERAPEUTICS

PROVEN TEAM

Track record of success in developing neuropsychiatric medicines & creating shareholder value

UNLOCKING NEW MEDICINES

Advancing novel antidepressants and anxiolytics based on clinically validated mechanisms powered by the Glyph™ platform

GLYPH™ PLATFORM

Uniquely designed to enable oral bioavailability, avoid first-pass metabolism and reduce hepatotoxicity and other side effects

BACKED BY TOP TIER INVESTORS

Supported by leading investors

ARCH VENTURE PARTNERS
SOFINNOVA INVESTMENTS
THIRD ROCK VENTURES
GENERAL ATLANTIC
T.RowePrice INVEST WITH CONFIDENCE
FORESITE CAPITAL Funding the Future of Healthcare
CPP investments
INVUS

PureTech retains 3-5% tiered royalties on product net sales & undisclosed milestone and sublicense payments

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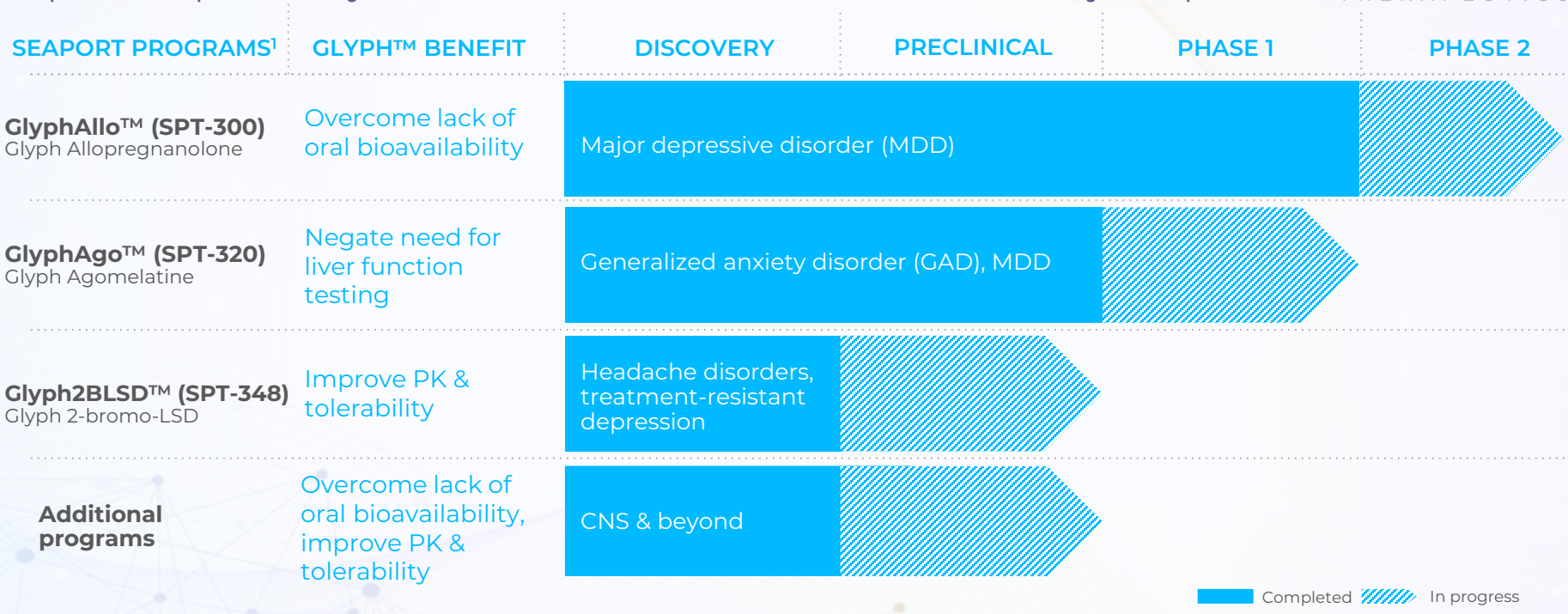
[1] Relevant ownership interests was calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2025, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans.

Seaport Therapeutics (Cont'd)

Pipeline of potentially first & best-in-class new medicines for anxiety & depression

SEAPORT THERAPEUTICS



Sufficient capital to advance pipeline through key clinical milestones

$325 million raised since founding in April 2024

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[1] The FDA and corresponding regulatory authorities will ultimately review Seaport's clinical results and determine whether our therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our therapeutic candidates are safe or effective for use by the general public for any indication.

Case Study of Clinical & Financial Success: Karuna Therapeutics

Acquired by Bristol Myers Squibb for $14 billion on March 18, 2024

CLINICAL SUCCESS

- COBENFY™ (formerly Karuna's KarXT) now **FDA approved** for the treatment of schizophrenia in adults
- **1st new mechanism** for treating schizophrenia in over 50 years

PURETECH'S ROLE

- Invented & filed patents to cover KarXT
- Funded & executed early de-risking human studies
- Entitled to milestone payments/royalties as the inventor

FINANCIAL SUCCESS

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[1] Represents total PureTech principal investment in Karuna; [2] Represents cash generated to date through sales of KRTX common stock, the $100 million in upfront payment from PureTech's transaction with Royalty Pharma, and milestone payments upon Cobenfy approval.

Cobenfy™ Economics to PureTech Based on Analyst Forecasts

Potential ~$300 million in economic value to PureTech between 2025-2033[1] based on analyst consensus for Cobenfy™ sales projections[2]

($ in millions)	2025	2026	2027	2028	2029	2030	2031	2032	2033
Low - High Analyst Consensus Range[2]	$137-285	$274-900	$501-1,475	$626-2,406	$720-3,559	$792-4,463	$832-5,410	$832-7,542	$2,634-5,842
Average Cobenfy Analyst Consensus Sales Projections[2]	$186	$505	$968	$1,588	$2,285	$3,024	$3,627	$4,263	$3,902
Annual Est. Royalties & Milestones to PureTech[3]	**-**	**$17**	**$77[4]**	**-**	**$6**	**$70[4]**	**$33**	**$45**	**$38**

- *2% royalty on annual Cobenfy sales above $2B*
- *Undisclosed regulatory & commercial milestones*

Projected Future Economics to PureTech $286M

Potential for significant upside upon approval in additional indications

Additional trial results from the ADEPT program in psychosis associated with Alzheimer's Disease by the end of 2026[5]

NOTE: These values do not reflect PureTech's views or assumptions and are provided for informational purposes only. Analyst consensus sales projections reported by Bloomberg may include sales estimates for additional indications for which Cobenfy is not currently approved. Future Cobenfy sales may differ materially from what is presented here based on a variety of factors.
[1] Estimated Cobenfy patent expiration (including Patent Term Extension) in October 2033 pending PTE approval, after which all PureTech's rights to milestone and royalty payments will terminate; corresponding annual sales are prorated through October in 2033; [2] Source: Bloomberg as of 8/5/2025. We give no opinion on the sales projections, which have been prepared by third parties independent of PureTech; [3] Annual Est. Royalties & Milestones to PureTech is based on 2% of the average Cobenfy analyst consensus sales projections over $2b annually per Bloomberg, plus management's probability-weighted estimate of milestone payments. They do not include any potential payments of sublicense income; [4] Commercial and regulatory milestone payments, which in certain cases are subject to undisclosed conditions & timeline and achievement of which have been probability weighted based on management assumptions; [5] Source: BMS December 3, 2025, press release, "*Bristol Myers Squibb Announces Continuation of ADEPT-2 Phase 3 Study in Psychosis Associated with Alzheimer's Disease*".

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2026 Key Priorities & Catalysts

OPERATIONAL FOCUS

❑ Secure external funding for Celea Therapeutics	H1 2026
❑ Secure external funding for Gallop Oncology	2026
❑ Streamline spend	Ongoing

CLINICAL MILESTONES

Celea THERAPEUTICS ❑ Initiation of Phase 3 SURPASS-IPF trial in IPF	H1 2026
GALLOP ONCOLOGY ❑ Final results from Phase 1b trial in AML/MDS	H1 2026

NEW INNOVATION

❑ Ongoing innovation to build the next wave of programs	Ongoing

Nasdaq Global Market & LSE Main Market / FTSE-indexed: PRTC

Headquartered in Seaport, Boston

243,418,190 outstanding shares as of March 31, 2026

$319.6M PureTech Level Cash, Cash Equivalents & Short-Term Investments as of June 30, 2025[1]

ANALYST COVERAGE

Peel Hunt LLP

Miles Dixon

Substantial shareholders include Invesco Asset Management, Citigroup, Lansdowne Partners LLP, Baillie Gifford & Co., Tang Capital, Recordati S.p.A., Briarwood Chase, FIL Investment.

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[1] This represents a non-IFRS number and is comprised of Cash, cash equivalents and short-term investments held at PureTech Health plc and our following wholly-owned subsidiaries: PureTech LYT, Inc., PureTech LYT 100, Inc., Alivio Therapeutics, Inc., PureTech Management, Inc., PureTech Health LLC, PureTech Securities Corp., PureTech Securities II Corp. For a reconciliation of this number to the IFRS equivalent number, please refer to slide 21.

Financial Highlights

	June 30, 2025 $ millions	June 30, 2024 $ millions
Cash Flow and Liquidity		
Cash and Cash Equivalents	260.6	308.5
Short-term investments	59.3	191.9
Consolidated Cash, cash equivalents and short-term investments	**319.9**	**500.4**
Less: Cash and Cash Equivalents held at non-wholly-owned subsidiaries	(.3)	(99.8)
PureTech Level Cash, cash equivalents and short-term investments[1]	**319.6**	**400.6**

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[1] PureTech Level Cash, cash equivalents and short-term investments is a Non-IFRS measure.

Non-IFRS Measures

Reported Performance

Reported performance considers all factors that have affected the results of our business, as reflected in our condensed consolidated financial statements.

Core Performance

Core performance measures are alternative performance measures which are adjusted and non-IFRS measures. These measures cannot be derived directly from our Condensed Consolidated Financial Statements. We believe that these non-IFRS performance measures, when provided in combination with reported performance, will provide investors, analysts and other stakeholders with helpful complementary information to better understand our financial performance and our financial position from period to period. The measures are also used by management for planning and reporting purposes. The measures are not substitutable for IFRS financial information and should not be considered superior to financial information presented in accordance with IFRS.

Cash flow and liquidity

PureTech Level Cash, cash equivalents and short-term investments

Measure type: Core performance.

Definition: Cash and cash equivalents, and Short-term investments held at PureTech Health plc and only wholly-owned subsidiaries.

Why we use it: PureTech Level Cash, cash equivalents and short-term investments is a measure that provides valuable additional information with respect to cash, cash equivalents and short-term investments available to fund the Wholly Owned Programs and make certain investments in Founded Entities