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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): May 14, 2026

Larimar Therapeutics, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-36510**	**20-3857670**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

Three Bala Plaza East **Bala Cynwyd, Pennsylvania**	**19004**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (844) 511-9056

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

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

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.001 per share	LRMR	Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On May 14, 2026, Larimar Therapeutics, Inc. (the "***Company***") announced its financial results and operational highlights for the first quarter ended March 31, 2026. A copy of the press release is being furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information furnished pursuant to this Item 2.02, including Exhibit 99.1 attached hereto, is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "***Exchange Act***"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 8.01 Other Events.

On May 14, 2026, the Company posted on its website an updated slide presentation, which is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated herein by reference. Representatives of the Company will use the presentation in various meetings with investors, analysts and other parties from time to time.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Below is a list of exhibits included with this Current Report on Form 8-K.

Exhibit No.	Document
99.1	Press Release issued by Larimar Therapeutics, Inc. on May 14, 2026*
99.2	Larimar Therapeutics, Inc. Corporate Presentation, dated May 14, 2026
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

* Furnished herewith

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Larimar Therapeutics, Inc.

Date: May 14, 2026

By: /s/ Carole S. Ben-Maimon, M.D.
Name: Carole S. Ben-Maimon, M.D.
Title: President and Chief Executive Officer

Exhibit 99.1

Larimar Therapeutics Reports First Quarter 2026 Financial and Business Update

- *Intending to initiate rolling BLA seeking accelerated approval with submission of nonclinical and clinical modules in June 2026; submission of the final modules including the CMC module expected in second half of 2026*
- *Cross-species nonclinical findings that support skin frataxin levels as a surrogate endpoint for nomlabofusp program published in peer-reviewed journal*
- *Topline open label study data to support BLA submission expected in Q2 2026*
- *$200.4 million in cash, cash equivalents and marketable securities as of March 31, 2026, with projected cash runway into the second quarter of 2027*

Bala Cynwyd, PA, May 14, 2026 – Larimar Therapeutics, Inc. (Larimar) (Nasdaq: LRMR), a clinical-stage biotechnology company focused on developing treatments for complex rare diseases, today reported its first quarter 2026 operating and financial results.

"We have strong momentum as we advance nomlabofusp towards potential approval for the treatment of adults and children with Friedreich's ataxia (FA). Our ongoing engagement with the U.S. Food and Drug Administration (FDA) continues to support our registrational strategy. As we are coming down the homestretch for the submission of our BLA, pending FDA feedback, we are planning to seek accelerated approval and initiate a rolling BLA submission in June with the nonclinical and clinical modules. To facilitate a seamless review process, we continue to focus on the completeness of our chemistry, manufacturing, and controls (CMC) module, and plan to submit the CMC portion of the BLA in the second half of 2026," said Carole Ben-Maimon, MD, President and Chief Executive Officer of Larimar Therapeutics. "We look forward to having a Type B meeting prior to initiating the rolling submission to obtain additional FDA feedback on the BLA content. We expect to report topline data from our open-label (OL) study this quarter and plan to dose the first patient in our global confirmatory Phase 3 study in mid-2026. We are focused on disciplined execution to deliver what could become the first disease-modifying therapy for patients living with FA."

Highlights

- **Published Cross-species Nonclinical Findings on Skin FXN Levels.** In April, Larimar published a paper entitled *Nomlabofusp Treatment Produces Frataxin Levels That Correlate Across Peripheral Tissues: Preclinical and Clinical Support for Surrogate Tissue Sampling* in the peer-reviewed journal *Clinical and Translational Science.* The cross-species nonclinical findings consistently showed that treatment with nomlabofusp increases tissue frataxin (FXN) levels in target tissues (including heart, brain, dorsal root ganglia and skeletal muscle), with changes correlating between the tissues. These data were part of the package reviewed by the U.S. FDA in support of the potential use of skin FXN concentrations as a reasonably likely surrogate endpoint (RLSE) for accelerated approval. The open access article is now available online (https://ascpt.onlinelibrary.wiley.com/doi/10.1111/cts.70565).

- **Breakthrough Therapy Designation:** In February, the U.S. FDA granted Breakthrough Therapy Designation to nomlabofusp for the treatment of adults and children with FA. The designation was based on the FDA's review of available clinical data from the Company's ongoing OL study evaluating nomlabofusp in adult and pediatric patients with FA.

- **FDA Meeting Comments Support Continued Alignment for BLA Submission:** In February, following a recent Support for Clinical Trials Advancing Rare Disease Therapeutics (START) pilot program meeting with the FDA and review of preliminary clinical data for the nomlabofusp program, Larimar announced continued alignment with the FDA on BLA content including:
    - **FXN as Surrogate Endpoint**: FDA reaffirmed willingness to consider use of FXN as novel surrogate endpoint and confirmed Larimar's exposure-response analysis exploring the relationship between nomlabofusp exposures and clinical outcome measures is the type that could support the future BLA submission.
    - **Safety Dataset**: FDA stated that the adequacy of the safety dataset will be a matter of review at the time of BLA submission.
    - **Global Phase 3 Study**: FDA is aligned with plans to have the global confirmatory Phase 3 study underway at the time of BLA submission and confirmed that change from baseline in the Upright Stability Score (USS) (a subscale of mFARS) is a reasonable and clinically relevant primary endpoint for the planned Phase 3 study.

- **Strengthened Balance Sheet:** In February, Larimar announced a $115.0 million underwritten public offering of common stock, including the exercise in full of the underwriters' option to purchase additional shares, that included new and existing leading healthcare investors, resulting in net proceeds of $107.6 million and extending its projected cash runway into the second quarter of 2027.

Upcoming Milestones

- **Topline OL Study Data in Second Quarter of 2026:** Larimar plans to report topline data from the OL study that is intended to support BLA submission in the second quarter of 2026.

- **Global Confirmatory Phase 3 Study:** Plan to initiate dosing of first patient mid-2026.

- **BLA Submission:** Type B meeting with FDA scheduled later in Q2 to align on the overall BLA data package readiness. Pending FDA feedback, Larimar is planning to seek accelerated approval in a rolling BLA with submission of nonclinical and clinical modules in June 2026; submission of the final modules including the CMC module expected in second half of 2026. Targeting first half 2027 launch, if approved.

First Quarter 2026 Financial Results

As of March 31, 2026, the Company had cash, cash equivalents and marketable securities totaling $200.4 million.

The Company reported a net loss for the first quarter of 2026 of $29.6 million, or $0.31 per share of common stock, compared to a net loss of $29.3 million, or $0.46 per share of common stock, for the first quarter of 2025.

Research and development expenses for the first quarter of 2026 were $25.0 million, compared to $26.6 million for the first quarter of 2025. The decrease in research and development expenses was primarily driven by a decrease of $3.1 million in nomlabofusp manufacturing related costs and a decrease of $0.5

million in clinical trial costs primarily related to the completion of the Company's adolescent run-in study in the first half of 2025, partially offset by an increase of $1.6 million in professional consulting fees predominantly related to BLA preparation and inspection readiness, and an increase of $0.2 million in personnel expenses due to increased headcount.

General and administrative expenses were $6.1 million in the first quarter of 2026, compared to $4.6 million in the first quarter of 2025. The increase in general and administrative expenses was primarily due to an increase of $1.1 million in professional fees related to commercial consulting services performed and an increase of $0.3 million of personnel costs associated with increased headcount.

About Larimar Therapeutics
Larimar Therapeutics, Inc. (Nasdaq: LRMR), is a clinical-stage biotechnology company focused on developing treatments for complex rare diseases. Larimar's lead compound, nomlabofusp, is being developed as a potential treatment for Friedreich's ataxia. Larimar also plans to use its intracellular delivery platform to design other fusion proteins to target additional rare diseases characterized by deficiencies in intracellular bioactive compounds. For more information, please visit: https://larimartx.com.

Forward-Looking Statements
This press release contains forward-looking statements that are based on Larimar's management's beliefs and assumptions and on information currently available to management. All statements contained in this release other than statements of historical fact are forward-looking statements, including but not limited to statements regarding Larimar's ability to develop and commercialize nomlabofusp and any other planned product candidates, Larimar's planned research and development efforts, including the timing of its nomlabofusp clinical trials, interactions and filings with the FDA, expectations regarding the timing of the BLA submission, the expectations of the timing of, and potential for, accelerated approval or accelerated access, time to launch and market and overall development plans and other matters regarding Larimar's business strategies, ability to raise capital, use of capital, results of operations and financial position, and plans and objectives for future operations.

In some cases, you can identify forward-looking statements by the words "may," "will," "could," "would," "should," "expect," "intend," "plan," "anticipate," "believe," "estimate," "predict," "project," "potential," "target", "continue," "ongoing" or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. These statements involve risks, uncertainties and other factors that may cause actual results, performance, or achievements to be materially different from the information expressed or implied by these forward-looking statements. These risks, uncertainties and other factors include, among others, the success, cost and timing of Larimar's product development activities, nonclinical studies and clinical trials, including nomlabofusp clinical milestones and continued interactions with the FDA and Larimar's ability to timely implement the revised dosing regimen in its clinical program for nomlabofusp; that preliminary clinical trial results may differ from final clinical trial results, that earlier non-clinical and clinical data and testing of nomlabofusp may not be predictive of the results or success of later clinical trials, and assessments; that the FDA may not ultimately agree with Larimar's nomlabofusp development strategy; that the FDA may not ultimately agree with Larimar's rolling BLA submission strategy; Larimar's ability to submit BLA modules on the intended timelines; Larimar's ability to realize the benefits of Breakthrough Therapy Designation; the potential impact of public health crises on Larimar's future clinical trials, manufacturing, regulatory, nonclinical study timelines and operations, and general economic conditions; Larimar's ability and the ability of third-party manufacturers Larimar engages, to optimize and scale nomlabofusp's manufacturing process; Larimar's ability to obtain regulatory approvals for nomlabofusp and future product candidates; the timing of any potential commercial launch of nomlabofusp, if approved; Larimar's ability to develop sales and marketing capabilities, whether alone or with potential future collaborators, and to successfully commercialize any approved product candidates; Larimar's ability to raise the necessary capital to conduct its product development activities; and other risks described in the filings made by Larimar with the Securities and Exchange Commission (SEC), including but not limited to Larimar's periodic reports, including the annual report on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K, filed with or furnished to the SEC and available at www.sec.gov. These forward-looking statements are based on a

combination of facts and factors currently known by Larimar and its projections of the future, about which it cannot be certain. As a result, the forward-looking statements may not prove to be accurate. The forward-looking statements in this press release represent Larimar's management's views only as of the date hereof. Larimar undertakes no obligation to update any forward-looking statements for any reason, except as required by law.

Investor Contact:	**Company Contact:**
Joyce Allaire	Michael Celano
LifeSci Advisors	Chief Financial Officer
jallaire@lifesciadvisors.com	mcelano@larimartx.com
(212) 915-2569	(484) 414-2715

Larimar Therapeutics, Inc.
Consolidated Balance Sheet
(In thousands except share data)
(unaudited)

	March 31, 2026	December 31, 2025
Assets		
Current assets:		
Cash and cash equivalents	$ 177,913	$ 85,412
Marketable securities	22,472	51,440
Prepaid expenses and other current assets	4,592	5,170
Total current assets	204,977	142,022
Property and equipment, net	558	622
Operating lease right-of-use assets	1,866	2,069
Restricted cash	606	606
Other assets	504	523
Total assets	$ 208,511	$ 145,842
Liabilities and Stockholders' Equity		
Current liabilities:		
Accounts payable	$ 8,576	$ 5,216
Accrued expenses	38,123	58,474
Operating lease liabilities, current	1,058	1,105
Total current liabilities	47,757	64,795
Operating lease liabilities	2,721	2,962
Total liabilities	50,478	67,757
Commitments and contingencies (See Note 8)		
Stockholders' equity:		
Preferred stock; $0.001 par value per share; 5,000,000 shares authorized as of March 31, 2026 and December 31, 2025; 500,000 and 250,000 shares issued and outstanding as of March 31, 2026 and December 31, 2025, respectively	1	—
Common stock, $0.001 par value per share; 115,000,000 shares authorized as of March 31, 2026 and December 31, 2025; 103,882,937 and 83,090,392 shares issued and outstanding as of March 31, 2026 and December 31, 2025, respectively	103	83
Additional paid-in capital	622,367	512,779
Accumulated deficit	(464,444)	(434,831)
Accumulated other comprehensive gain	6	54
Total stockholders' equity	158,033	78,085
Total liabilities and stockholders' equity	$ 208,511	$ 145,842

Larimar Therapeutics, Inc.
Consolidated Statements of Operations
(In thousands, except share and per share data)
(unaudited)

	Three Months Ended March 31,	
	2026	2025
Operating expenses:		
Research and development	$ 25,031	$ 26,552
General and administrative	6,086	4,636
Total operating expenses	31,117	31,188
Loss from operations	(31,117)	(31,188)
Other income, net	1,504	1,907
Net loss	$ (29,613)	$ (29,281)
Comprehensive loss:		
Net loss	$ (29,613)	$ (29,281)
Other comprehensive loss:		
Unrealized loss on marketable securities	(48)	(94)
Total other comprehensive loss	(48)	(94)
Total comprehensive loss	$ (29,661)	$ (29,375)
Basic and diluted net loss per share:		
Common stock	$ (0.31)	$ (0.46)
Preferred stock	(3.14)	—
Weighted-average shares used in computing basic and diluted net loss per share:		
Common stock	89,814,820	63,964,008
Preferred stock	441,667	—

Exhibit 99.2

Larimar Therapeutics

Corporate Deck

May 2026

Forward-Looking Statements

This presentation contains forward-looking statements that are based on Larimar's management's beliefs and assumptions and on information currently available to management. All statements contained in this presentation other than statements of historical fact are forward-looking statements, including but not limited to statements regarding Larimar's ability to develop and commercialize nomlabofusp and any other planned product candidates, Larimar's planned research and development efforts, including the timing of its nomlabofusp clinical trials, interactions and filings with the FDA, expectations regarding the timing of the BLA submission, the expectations of the timing of, and potential for, accelerated approval or accelerated access, time to launch and market and overall development plans and other matters regarding Larimar's business strategies, ability to raise capital, use of capital, results of operations and financial position, and plans and objectives for future operations.

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Nomlabofusp Program Granted FDA Breakthrough Therapy Designation for the Treatment of Adults and Children with Friedreich's Ataxia

FDA Breakthrough Designation

Designed to expedite the development and regulatory review of a drug for a serious condition

Eligibility requires preliminary clinical evidence which indicates that the drug may demonstrate substantial improvement over available treatments for clinically significant endpoints

Clinical evidence from open label study supporting BTD included:

In participants with 6-months of data and daily administration of nomlabofusp for the full 6-months, **100% (10/10)** of participants achieved FXN levels similar to asymptomatic carriers

Consistent directional improvement across key clinical outcomes including mFARS score, ADL, 9-HPT, and MFIS after 1-year of treatment

Reinforces the potential of nomlabofusp to be disease modifying & improve FA's disease course

Nomlabofusp Awarded Multiple Global Regulatory Designations Intended to Expedite and Incentivize the Development Program

US Designations

Breakthrough Therapy Designation
START Pilot Program
Orphan Drug Designation
Fast Track Designation
Rare Pediatric Disease Designation

Priority review voucher program extended to 2029

Global Designations

Orphan Drug Designation (EU)
PRIME Designation (EU)
Innovative Licensing and Access Pathway (ILAP) (UK)

FDA Engagement on Planned BLA Submission for Nomlabofusp Program

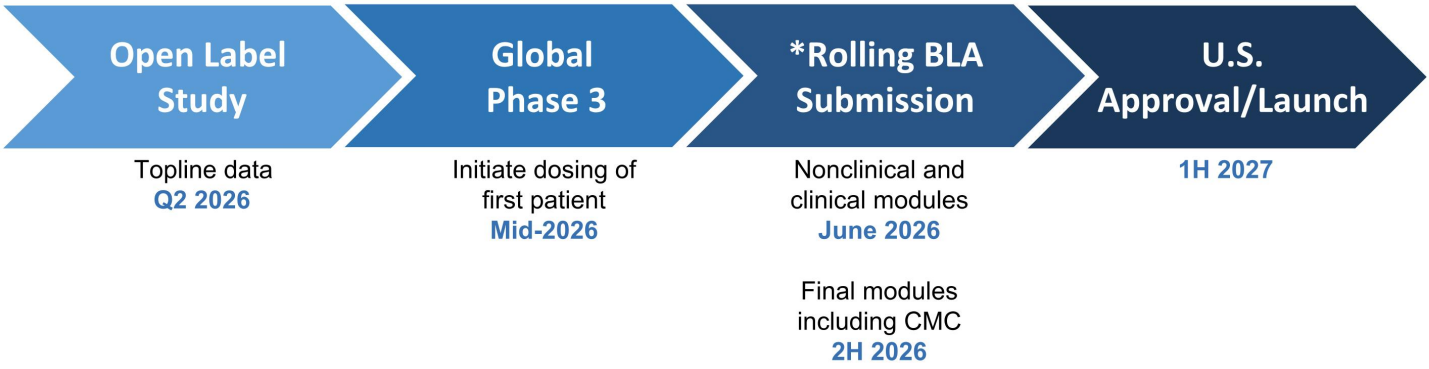
Intend to initiate rolling BLA* seeking accelerated approval with submission of nonclinical and clinical modules in June 2026; submission of the final modules, including the CMC module, expected in 2H 2026

FXN as Surrogate Endpoint	Safety Database	Reference Population	Global Phase 3 Study
Continued alignment with FDA to consider the use of skin FXN as novel surrogate endpoint reasonably likely to predict clinical benefit	As part of the recent START meeting and BTD application, Larimar submitted available safety and exposure data to FDA for review	FDA will review and comment on the selection of a reference population from a natural history study and the statistical analysis plan	FDA alignment to have global Phase 3 study underway at time of BLA submission
FDA confirmed Larimar's exposure-response analysis exploring the relationship between nomlabofusp exposures and clinical outcome measures is the type that could support future BLA submission	FDA stated that the adequacy of the safety database will be a matter of review at the time of BLA submission	The planned analysis will identify subjects in the FACOMS database who have baseline characteristics that match those of participants who have data after 1-year of treatment with nomlabofusp in the OL study	Confirmed that change from baseline in Upright Stability Score (a subscale of mFARS) is a reasonable and clinically relevant primary endpoint

Larimar Therapeutics

Note: Data is based on the September 2025 data release with appropriate safety updates.
*Type B meeting with FDA scheduled in Q2 2026 to align on the overall BLA data package readiness. Pending FDA feedback, Larimar intends to initiate a rolling BLA seeking accelerated approval.

Multiple Planned Near-term Milestones for Potential Registration



$200.4 M in cash & investments as of March 31, 2026, with projected cash runway into Q2 2027

*Type B meeting with FDA scheduled in Q2 2026 to align on the overall BLA data package readiness. Pending FDA feedback, Larimar intends to initiate a rolling BLA seeking accelerated approval.

Friedreich's Ataxia (FA): A rare, debilitating and progressive disease

Affects ~20,000 patients globally	~5,000 patients in the U.S., with a concentration of patients in Europe ~70% of patients present before age 14
Caused by a genetic defect that lowers frataxin levels	Most patients with FA only produce ~20-40% of normal frataxin levels depending on the tissue, sampling technique, and assay used*
Heterozygous carriers	Asymptomatic with FXN levels of 50-75%* of normal frataxin levels
Progressive, debilitating disease with early mortality	Characterized by loss of coordination, slurred speech, difficulty swallowing, scoliosis, diabetes, and cardiovascular disease Life expectancy 30-50 years, with early death usually caused by heart disease
High unmet medical need	The only currently approved treatment for FA does not address frataxin deficiency

Larimar is developing nomlabofusp as the first potential disease modifying therapy for FA.
Designed to potentially save patients from enormous suffering and deterioration of quality of life.

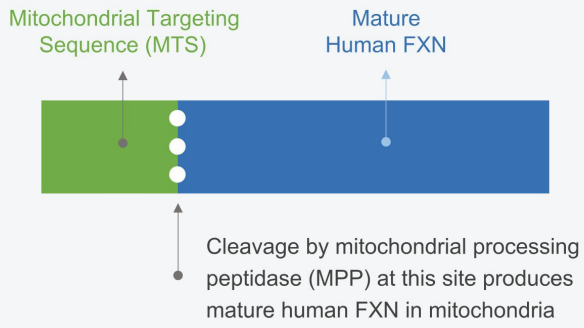
Larimar Therapeutics

* E.C. Deutsch et al. Molecular Genetics and Metabolism 101 (2010) 238–245.

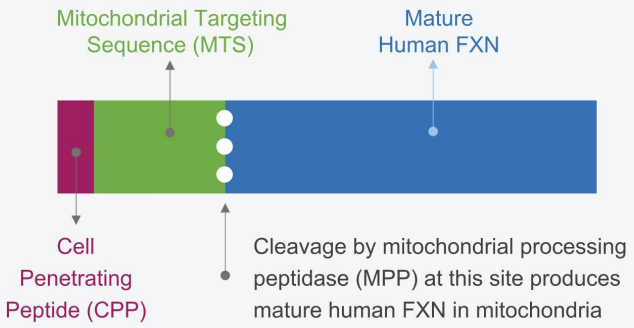
Nomlabofusp is Designed to Target the Root Cause of FA, FXN Deficiency

Nomlabofusp (CTI-1601) maintains the cleavage site between the MTS and mature human frataxin (FXN)

Structure of Endogenous FXN



Structure of nomlabofusp



The presence of the cleavage site allows the CPP and MTS to be removed by mitochondrial processing peptidase to produce mature human FXN in the mitochondria

FXN Levels Clearly Predict Disease Progression in FA

Lower FXN levels are associated with earlier onset of disease, faster rate of disease progression, and shorter time to loss of ambulation

Median Age of Onset and Rate of Disease Progression in Relation to FXN Levels

FXN Level* (% of Normal Level)	Age of Onset (Years)	FARS** (Change/Year)
11.2	7	2.9
22.0	11	2.1
31.0	16	2.0
48.7	19	1.6

Adapted from H.L.Plasterer et al. PLoS ONE 2013 8(5):e63958

Median Age of Onset Predicts Time to Loss of Ambulation

Age of Onset (Years)	Median Time to Loss of Ambulation (Years)
< 15	11.5
15 to 24	18.3
> 24	23.5

Adapted from C. Rummey et al. EClinicalMedicine. 2020 18:100213

Larimar Therapeutics

*FXN levels measured in peripheral blood mononuclear cells (PBMCs). FXN levels as measured by % of normal demonstrated to be equivalent in PBMCs, buccal cells, and whole blood.
**FARS: Friedreich's ataxia rating score, measures disease progression with a higher score indicating a greater level of disability.

Robust Clinical Development Program to Support Nomlabofusp Planned BLA Submission Seeking Accelerated Approval

Consistent, dose-dependent increases in FXN levels in skin and buccal cells across the development program

Phase 1 SAD Ph 1 single ascending dose study	Assessed the safety, tolerability, PK and PD of 25, 50, 75, and 100 mg dose levels of nomlabofusp vs placebo in 28 participants with FA
Phase 1 MAD Ph 1 multiple ascending dose study	Assessed the safety, tolerability, PK, and PD of nomlabofusp vs placeboin 27 participants with FA. 25 mg (Days 1-4, 7, 10, 13), 50 mg (Days 1-7, 9, 11, 13), and 100 mg doses (Days 1-13) were evaluated
Phase 2 Dose Exploration Study	Randomized, double-blind, placebo-controlled study assessing nomlabofusp in 28 adult participants with FA treated for 28 days with 25 mg or 50 mg of nomlabofusp or placebo
Adolescent PK Phase 1 study	Assessed the safety, tolerability, PK, and PD of nomlabofusp in 14 adolescents ages 12 to < 18 years with FA; participants were treated for 7 days with 0.8 mg/kg (maximum 50 mg) of nomlabofusp or placebo
Ongoing OL Study Open label study	Assessing the long-term safety, efficacy, PK, PD, and tolerability of nomlabofusp in participants with FA

Larimar Technology is Supported by a Strong IP Portfolio

Granted nomlabofusp (CTI-1601) composition of matter patent extends into 2040

Additional nomlabofusp IP protection

- US and foreign pending applications and patents cover key biomarkers, analytical tools and methods of treatment for additional disease indications for nomlabofusp
- Nomlabofusp should be eligible for **12 years of market exclusivity** upon approval in the US (independent of patents) and at least **10 years of market exclusivity** upon approval in EU (independent of patents)

Larimar Therapeutics

Nomlabofusp Long-term Open Label Study

Expanded Open Label Study*: Now Includes Adolescents and Participants not in Prior Nomlabofusp Studies

Patient Population

Initially, adult participation in a prior Phase 1 or Phase 2 trial required

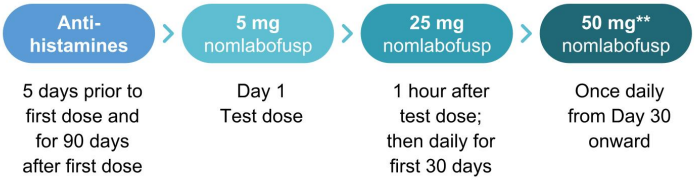
Expanded study criteria to include:

- Adolescents (12-17 yrs) from the PK run-in study
- Adult and adolescent participants not in prior studies

Plan to enroll children (2 to 11 yrs) directly in study

Dosing and Administration

Current Dose Regimen



Anti-histamines	5 mg nomlabofusp	25 mg nomlabofusp	50 mg** nomlabofusp
5 days prior to first dose and for 90 days after first dose	Day 1 Test dose	1 hour after test dose; then daily for first 30 days	Once daily from Day 30 onward

Key Study Objectives

- Skin FXN concentrations
- Safety and tolerability
- Long-term PK
- Clinical efficacy measures relative to reference population from Friedreich's Ataxia Clinical Outcome Measures Study (FACOMS) database

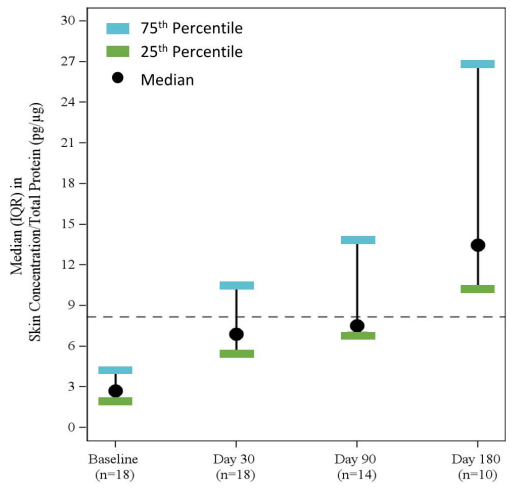
Larimar Therapeutics

*Open Label Extension study is now referred to as Open Label study following inclusion of participants who were not part of a prior nomlabofusp clinical study.
**Participants under 18 years of age receive a weight-based dose equivalent.

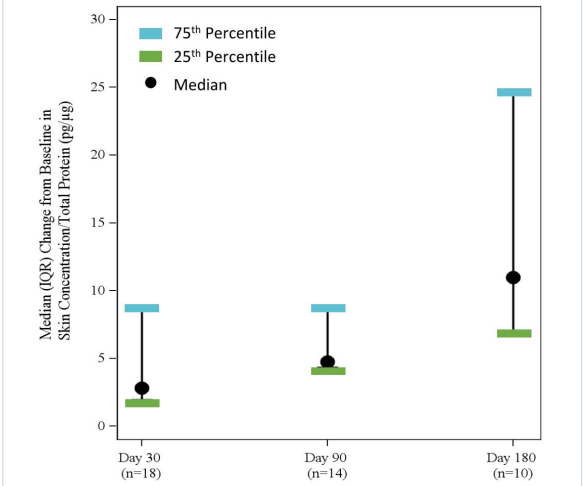
Increases in Skin FXN Levels* were Sustained Over Time

100% of Participants at Day 180 had Skin FXN Levels >50% of Healthy Volunteers

Skin FXN Levels*



Change from Baseline in Skin FXN Levels*



Dotted Line indicates 50% of the average FXN concentrations of healthy volunteers.
*FXN levels measured via detection of peptide derived from mature FXN; FXN concentrations are normalized to total cellular protein content in each sample.
Data include all participants with quantifiable FXN levels at baseline and at least 1 post-baseline FXN level.
Data presented is based on the September 2025 data release.

Nomlabofusp Increased FXN to Levels Similar to Asymptomatic Carriers Over Time in the Open Label Study

% of Participants* with Skin FXN Levels > 8.2 pg/µg**
(50% of the average FXN concentration levels of healthy volunteers which is similar to levels in asymptomatic carriers)

Baseline	Day 30	Day 90	Day 180
0% 0/18	**33%** 6/18	**43%** 6/14	**100%** 10/10

Absolute Skin FXN Levels* Increase Over Time with Nomlabofusp Treatment

Statistic	Baseline	Day 30	Day 90	Day 180
N	*18*	*18*	*14*	*10*
Median (IQR)	**2.70 (2.14, 4.13)**	**6.87 (5.34, 10.37)**	**7.50 (6.66, 13.73)**	**13.44 (10.10, 26.71)**
(Min, Max)	(1.5, 6.3)	(1.5, 76.4)	(5.6, 37.1)	(8.7, 92.9)

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*Data include all participants with quantifiable levels at each measurement point who had received 25 mg, 50 mg or had the dose increased from 25 mg to 50 mg.
**8.2 pg/µg represents 50% of the average FXN concentration average FXN concentration of healthy volunteers.
Note: Data presented is based on the September 2025 data release.

Nomlabofusp Safety Summary* with Long-term Treatment

- ~8,000 doses of nomlabofusp have been administered throughout the clinical development program
  - Most common AEs were mild/moderate local ISRs and did not lead to any discontinuations
- 65 total participants received at least 1 dose of nomlabofusp across all studies including 39 participants in OL study
- 7 of 39 participants in OL study experienced anaphylaxis
  - 6 of the 7 cases occurred in participants who had been exposed to nomlabofusp in at least one prior study
  - 10 of 39 participants were exposed to nomlabofusp only in the OL study; 1 of these 10 experienced anaphylaxis
  - Standard treatment with epinephrine autoinjector resulted in reversal of symptoms and no late phase response or complications were observed
  - All affected participants returned to usual state of health with no further sequelae
- Long-term daily dosing was generally well tolerated, including 14 on treatment for at least 6 months and 8 for over 1 year in the OL study

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* Data presented is based on the September 2025 data release except for total doses administered.
AE: Adverse events; ISR: Injection site reaction

Disease Characteristics – OL Study & FACOMS Reference Population

	Nomlabofusp*	FACOMS
Age of screening (years)		
n	38	370
Mean (SD)	30.2 (10.94)	27.5 (9.30)
Min, Max	12, 55	12, 54
Age of symptom onset (years)		
n	38	370
Mean (SD)	12.7 (6.09)	13.8 (5.50)
Min, Max	5, 30	5,30
Baseline mFARS Total Score		
n	38	370
Mean (SD)	55.7 (17.05)	49.7 (14.5)
Min, Max	23.3, 85.5	23.3, 80.5

	Nomlabofusp*	FACOMS
Baseline FARS-ADL Overall Score		
n	38	370
Mean (SD)	17.5 (6.84)	14.2 (5.70)
Min, Max	2, 27	2, 27
Baseline 9-HPT Average Time of Dominant Hand(s)		
n	34	370
Mean (SD)	95.4 (67.65)	124.8 (51.90)
Min, Max	35.8, 277.3	36.7, 276.5
Baseline MFIS Overall Score		
n	38	370
Mean (SD)	33.2 (15.05)	31.8 (15.60)
Min, Max	2, 79	2, 78

FACOMS longitudinal natural history study (N = 955) includes participants with confirmed FA diagnosis
Larimar identified participants from the FACOMS dataset with similar range of baseline characteristics of participants in the OL study using data recorded over the last 4 years for each participant

*Participants in open label study included 58% female, 53% with exposure to omaveloxolone and 53% non-ambulatory.

Improvements Across Clinical Outcomes with Nomlabofusp Relative to Worsening in FACOMS Reference Group Supports Potential Clinical Benefits

		mFARS [0- 93]		FARS-ADL [0- 36]		9-HPT Dominant Hand [Seconds]		MFIS [0- 84]	
	Statistic	Nomlabofusp	FACOMS[1]	Nomlabofusp	FACOMS[1]	Nomlabofusp	FACOMS[1]	Nomlabofusp	FACOMS[1]
Baseline	Median (IQR)	**54.75** (41.2, 71.0)	**50.00** (37.0, 61.0)	**17.75** (13.0, 24.5)	**14.50** (10.0, 18.5)	**71.95** (49.6, 114.8)	**113.50** (86.5, 148.5)	**34.00** (20.0, 34.0)	**32.00** (21.0, 42.0)
	n	38	370	38	370	34	370	38	370
Change from Baseline at 1 year	Median (IQR)	**-2.25** (-3.75, -0.25)	**1.00** (-1.5, 4.0)	**-0.50** (-2.0, 1.0)	**0.50** (-1.0, 2.5)	**-7.40** (-38.8, -2.5)	**3.40** (-4.5, 18.0)	**-6.50** (-17.5, 4.0)	**1.50**[2] (-9.5, 11.0)
	n	8	185	8	237	7	219	8	136

IQR = interquartile range

[1] Based on the range of baseline characteristics of participants in the OL study, Larimar identified patients from the FACOMS dataset with similar characteristics using data recorded over the last 4 years for each patient.

[2] Modified Fatigue scale presented here is at Month 24 because it was not assessed at Month 12.

Note: Data presented is based on the September 2025 data release.

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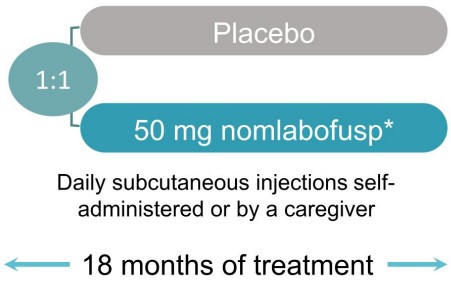
Global Confirmatory Phase 3 Double-blind Placebo-controlled Study

Plan to initiate screening in Q2 2026; dosing of first patient expected mid-2026

Patient Population

- Ambulatory participants
- 2 – 40** years of age (~2/3 under 21 years of age)
- n = 100 – 150



Key Study Objectives

- Safety and tolerability
- Upright stability score (U.S.) and mFARS (Europe) as primary outcome measures

Qualifying sites in U.S., E.U., U.K., Canada, and Australia

Clinical trial application submissions are underway in the E.U. and Canada with the U.K. soon to follow

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*5 mg nomlabofusp test dose, then 25 mg 1 hour later and daily for the first 30 days followed by 50 mg daily.
**Study will initiate with participants 12-40 yrs of age and will change to 2-40 yrs when dose is confirmed in children 2-11 yrs of age.

Nomlabofusp Program for the Treatment of Adults and Children with FA Advances Towards BLA Submission Seeking Accelerated Approval

Granted Breakthrough Therapy Designation	Continued FDA Alignment	Safety and Exposure Dataset	Anticipated Near-term Registrational Milestones
supporting potential of nomlabofusp to demonstrate substantial improvement over available treatments on clinically significant endpoints	willingness to consider FXN as novel surrogate endpoint to support accelerated approval	will be a matter of review at time of BLA submission	• Topline OL data in Q2 2026 • FDA Type B meeting in Q2 2026 • Plan to initiate rolling BLA submission* in June 2026 • Submission of final modules, including CMC module, expected in 2H 2026 • U.S. launch in 1H 2027, if approved

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*Pending FDA feedback, Larimar intends to initiate a rolling BLA seeking accelerated approval.

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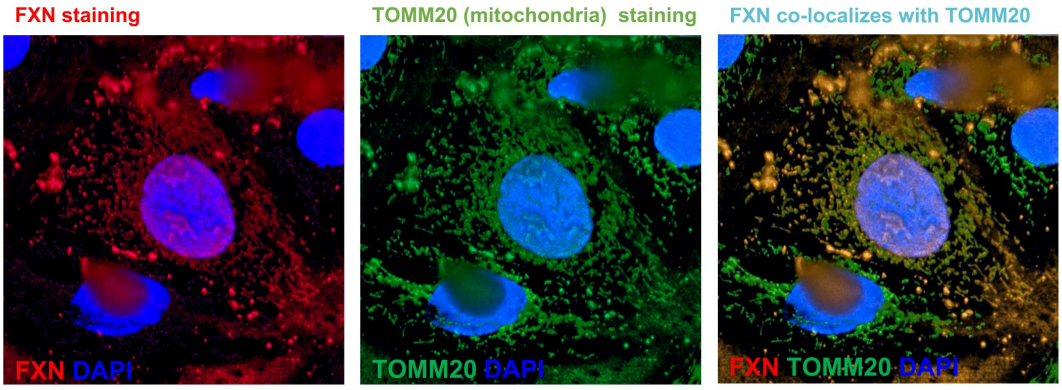
Appendix

Mitochondrial Localization and Preclinical Data

Nomlabofusp Cell Transduction In Vitro Leads to hFXN in Mitochondria



- Rat cardiomyocytes (H9C2) were transduced with nomlabofusp
- Cells were fixed and analyzed by immunofluorescence microscopy to detect the presence of human frataxin (hFXN) and TOMM20 (a mitochondrial outer membrane protein)
- Nuclei were stained with DAPI

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Nomlabofusp Extends Survival in FXN-deficient KO Mice

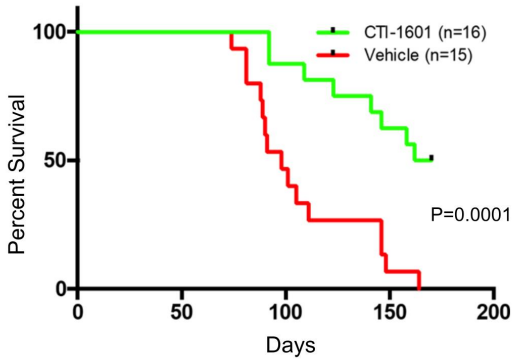
Initial proof-of-concept for FXN replacement therapy in cardiac mouse model of FA

Median survival of MCK-Cre FXN-KO mice

- 166 days (nomlabofusp) vs. 98 days (Vehicle)
- Nomlabofusp administered 10 mg/kg SC every other day

Survival beyond vehicle mean (107.5 days)

- 87.5% (nomlabofusp) vs. 33% (Vehicle)
- Demonstrates that nomlabofusp is capable of delivering sufficient amounts of FXN to mitochondria



Nomlabofusp (CTI-1601) rescues a severe disease phenotype in a well-characterized cardiac mouse model of FA

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Nomlabofusp Prevents Development of Ataxic Gait in Neurologic KO Mouse Model

In-Vivo Efficacy Data in Pvalb-Cre FXN-KO Mouse Model

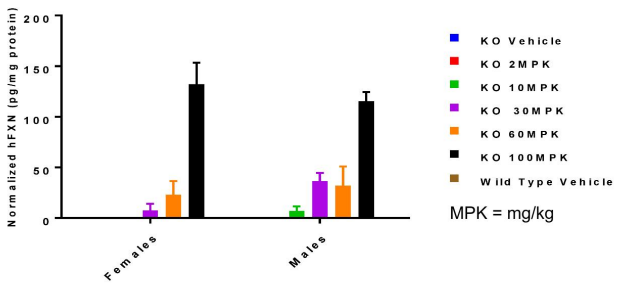
Single dose level: 10 mg/kg nomlabofusp or vehicle given intraperitoneally three times per week

- hFXN replacement with nomlabofusp **prevents development of ataxic gait**
- Nomlabofusp-treated mice **survive longer** than untreated mice
- Human frataxin **present in brain, dorsal root ganglia and spinal cord** demonstrating central nervous system penetration

Nomlabofusp Delivers hFXN to Mitochondria and Restores SDH Activity in KO Mice

Study Design – Cardiac and skeletal muscle FXN knockout mice (MCK-CRE) were treated at varying SQ doses of nomlabofusp every other day for two weeks at Jackson Laboratories (Bar Harbor, ME). After dosing, animals were sacrificed, and heart and skeletal muscle were evaluated for hFXN concentration in mitochondrial extracts and SDH activity was assessed.

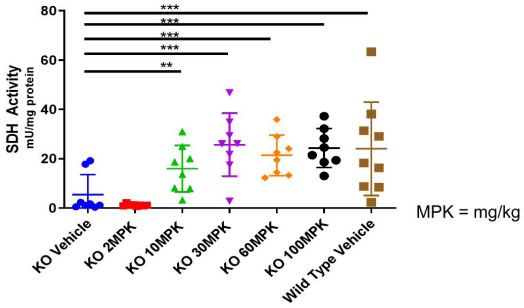
Mitochondrial FXN (Heart)



Mitochondria hFXN concentration increases dose-dependently

Given subcutaneously, nomlabofusp functionally replaces hFXN in mitochondria of KO mice

SDH Activity (Muscle)



Succinate dehydrogenase (SDH) activity, which is indicative of mitochondrial function, increases in a dose-dependent manner after administration of nomlabofusp; activity plateaus at 30 mg/kg and is equivalent to activity in wild type

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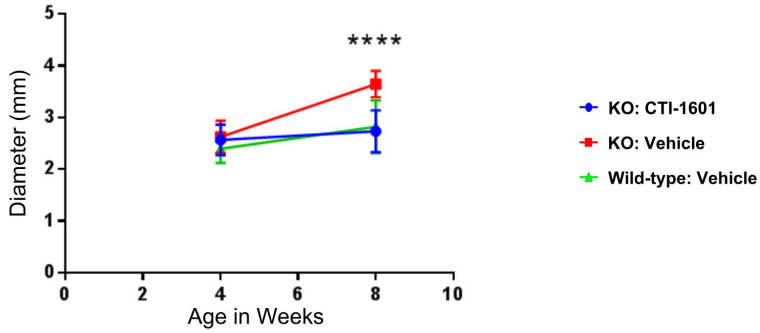
Nomlabofusp Prevents Left Ventricle Dilation in KO Mice

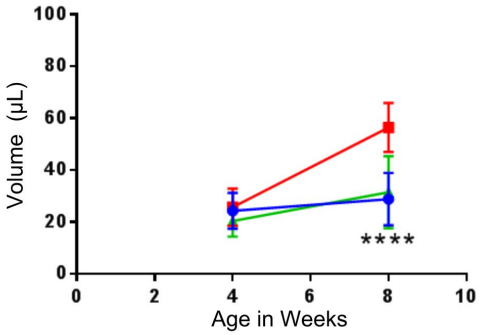
Study Design – Cardiac and skeletal muscle FXN knockout mice (MCK-CRE) were treated at 10 mg/kg every other day at Jackson Laboratories (Bar Harbor, ME). Echocardiograms were performed pre-dose and post dose.

Left Ventricle Internal Diameter (Systole)



Left ventricular (LV) volume increases in systole in untreated mice by 8 weeks (after 4 weeks of dosing with vehicle), but remains similar to wildtype when treated with nomlabofusp (10 mg/kg every other day)

Left Ventricle Volume (Systole)



Nomlabofusp-treated mice have similar LV volume as wild type; echocardiogram shows significant differences between vehicle and nomlabofusp treated (10 mg/kg every other day) KO mice

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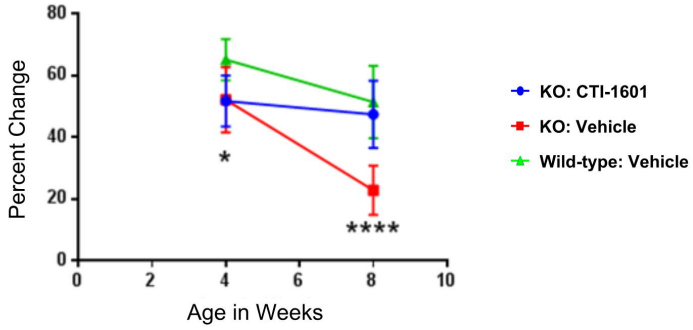
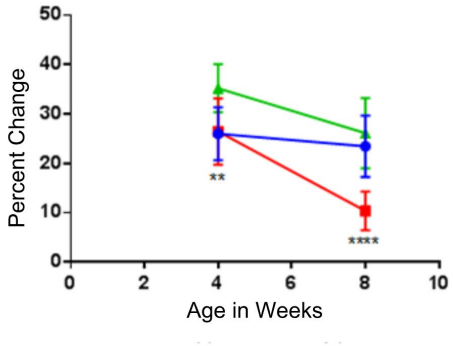
Nomlabofusp Preserves Left Ventricle Function in KO Mice

Study Design – Cardiac and skeletal muscle FXN knockout mice (MCK-CRE) were treated at 10 mg/kg every other day at Jackson Laboratories (Bar Harbor, ME). Echocardiograms were performed pre-dose and post dose.

Left Ventricle Ejection Function



Left Ventricle Fractional Shortening



Left ventricular (LV) function drops significantly in vehicle treated mice by Week 8

Nomlabofusp-treated (10 mg/kg every other day) mice have similar LV function as wildtype; echocardiogram shows significant differences between vehicle and nomlabofusp treated KO mice

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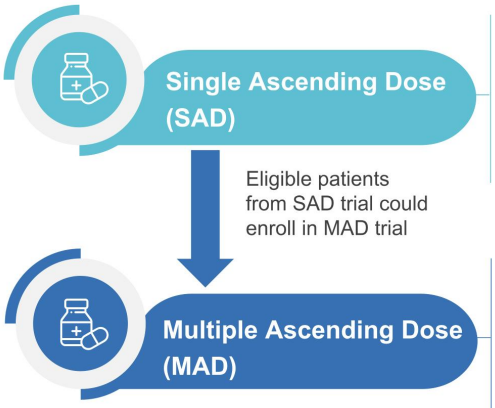
Phase 1 Clinical Data

CTI-1601: Phase 1 Clinical Program in Patients with FA

Program consisted of double-blind, placebo controlled single- and multiple-ascending dose trials

Phase 1 Development Plan

- Two double-blind, placebo-controlled dosing trials in patients with FA
- Patient dosing began December 2019
- Safety Review Committee assessed all blinded data between each cohort to ensure patient safety



Number of subjects: 28
Dose levels: 25 mg, 50 mg, 75 mg and 100 mg (subcutaneous administration)
Treatment Duration: 1 day
1º Endpoint: Safety and tolerability
2º Endpoints: PK; PD; FXN levels; multiple exploratory
Status: Complete

Number of Subjects: 27
Dose Range: 25 mg, 50 mg, 100 mg (subcutaneous administration)
Treatment Regimen: Multiple increasing doses administered subcutaneously over 13 days
1º Endpoint: Safety and tolerability
2º Endpoints: PK; PD; FXN levels (buccal cells, platelets, optional skin biopsies); multiple exploratory
Status: Complete

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Completed Phase 1 Multiple Ascending Dose Study

Treatment Schedules for Each Cohort- nomlabofusp (CTI-1601) or placebo

Cohort 1 (25 mg; n = 8)

13-day Treatment Period

1	2	3	4	5	6	7	8	9	10	11	12	13	14

= Administration of nomlabofusp or placebo

= No Administration

Cohort 2 (50 mg; n = 9)

13-day Treatment Period

1	2	3	4	5	6	7	8	9	10	11	12	13	14

= Administration of nomlabofusp or placebo

= No Administration

Cohort 3 (100 mg n = 10)

13-day Treatment Period

1	2	3	4	5	6	7	8	9	10	11	12	13	14

= Administration of nomlabofusp or placebo

= No Administration

FXN Level Sampling Days Presented for Each Cohort

Cohort 1 Sampling Days	
Buccal Cells	Baseline, Day 4, Day 13
Skin	Baseline, Day 13
Platelets	Baseline, Day 4, Day 13

Cohort 2 Sampling Days	
Buccal Cells	Baseline, Day 7, Day 13
Skin	Baseline, Day 13
Platelets	Baseline, Day 7, Day 13

Cohort 3 Sampling Days	
Buccal Cells	Baseline, Day 7, Day 13
Skin	Baseline, Day 13
Platelets	Baseline, Day 7, Day 13

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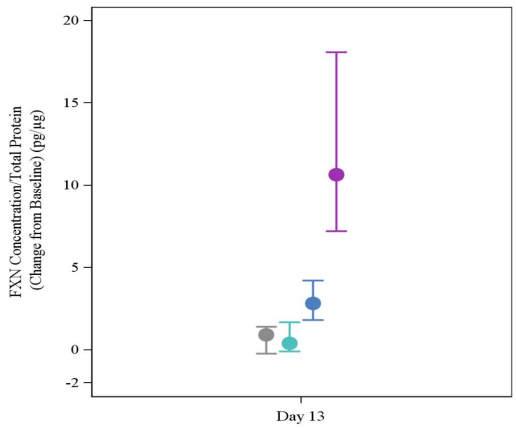
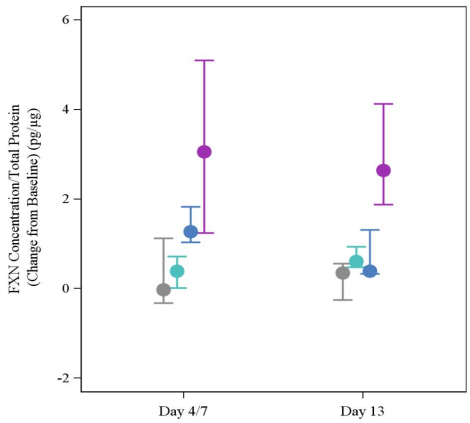
Dose Dependent Increases in FXN Levels Observed in Skin and Buccal Cells in Phase 1

FXN* Change from Baseline By Dose Group (Skin Cells)



FXN* Change from Baseline By Dose Group (Buccal Cells)



Placebo: Participants randomized to placebo in each cohort
25 mg: Dosed daily for 4 days, every third day thereafter
50 mg: Dosed daily for 7 days, every other day thereafter
100 mg: Dosed daily for 13 days

*FXN levels measured via detection of peptide derived from mature FXN; FXN concentrations are normalized to total cellular protein content in each sample; Data represent median and 25th and 75th percentiles; FXN levels from Day 4, & Day 13 measurements are shown for data derived from the 25 mg cohort; FXN levels from Day 7 & Day 13 measurements are shown for data derived from the 50 & 100 mg cohorts;

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MAD Trial Patient Demographics

Parameter	Statistic	All placebo (n=7)	25 mg CTI-1601 (n=6)	50 mg CTI-1601 (n=7)	100 mg CTI-1601 (n=7)	All CTI-1601 (n=20)	Overall (n=27)
Sex							
Male	n (%)	5 (71.4)	3 (50.0)	4 (57.1)	3 (42.9)	10 (50.0)	15 (55.6)
Female	n (%)	2 (28.6)	3 (50.0)	3 (42.9)	4 (57.1)	10 (50.0)	12 (44.4)
Age (years)							
	Mean	25.7	39.7	34.7	28.0	33.9	31.7
	SD	6.37	16.59	9.03	8.96	12.13	11.40
	Median	23	37	36	24	34	28
	Min, Max	20,36	21,65	19,47	20,44	19,65	19,65
Race							
White	n (%)	6 (85.7)	6 (100.0)	6 (85.7)	6 (85.7)	18 (90.0)	24 (88.9)
Asian	n (%)	0	0	1 (14.3)	1 (14.3)	2 (10.0)	2 (7.4)
American Indian	n (%)	1 (14.3)	0	0	0	0	1 (3.7)
Ethnicity							
Hispanic/Latino	n (%)	2 (28.6)	0	0	0	0	2 (7.4)
Not Hispanic/Latino	n (%)	5 (71.4)	6 (100.0)	7 (100.0)	7 (100.0)	20 (100.0)	25 (92.6)

SD: Standard deviation

MAD Trial Patient Disease Characteristics

Parameter	Statistic	All placebo (n=7)	25 mg CTI-1601 (n=6)	50 mg CTI-1601 (n=7)	100 mg CTI-1601 (n=7)	All CTI-1601 (n=20)	Overall (n=27)
Age at Symptom Onset							
	Mean	14.1	24.0	19.3	11.9	18.1	17.1
	SD	5.34	14.48	6.21	6.72	10.37	9.39
	Median	15.0	18.0	19.0	10.0	18.0	16.0
	Min, Max	8,23	12,44	8,28	5,22	5,44	5,44
Age at Diagnosis							
	Mean	18.3	31.5	26.4	15.9	24.3	22.7
	SD	7.87	19.88	4.28	8.21	13.24	12.23
	Median	20.0	25.5	28.0	13.0	27.0	21.0
	Min, Max	9,32	14,64	17,30	5,27	5,64	5,64
Assistive Device							
Walker	n (%)	0	2 (33.3)	3 (42.9)	0	5 (25.0)	5 (18.5)
Wheelchair	n (%)	4 (57.1)	3 (50.0)	1 (14.3)	6 (85.7)	10 (50.0)	14 (51.9)
Other	n (%)	1 (14.3)	0	1(14.3)	0	1 (5.0)	2 (7.4)
None	n (%)	2 (28.6)	1 (16.7)	2 (28.6)	1 (14.3)	4 (20.0)	6 (22.2)

SD: Standard deviation

PK analyses support evaluating once-daily and every-other-day dosing regimens for CTI-1601

Summary of MAD Trial PK Analyses

- CTI-1601 was quickly absorbed after subcutaneous administration
- Dose-proportional increases in exposure observed with increasing doses of CTI-1601
- Mean half life of CTI-1601 in plasma was approximately 11 hours
- CTI-1601 appeared to be at or close to steady state exposure after 13 days of dosing 100 mg once daily

Phase 2 Dose Exploration Data

Completed Ph 2 Dose Exploration Study (25 & 50 mg Cohorts)

Goal: Further characterize PK/PD and assess safety to inform long-term dose and dose regimen

28-day Treatment Period - nomlabofusp (CTI-1601) or placebo

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

= Subcutaneous administration of nomlabofusp (CTI-1601) or placebo

= No Administration

Study Details	
Population	Ambulatory and non-ambulatory Friedreich's ataxia patients ≥18 years of age Nomlabofusp (CTI-1601) treatment naïve or participated (if eligible) in a previous Larimar study
Dose	**Cohort 1:** 25 mg **Cohort 2:** 50 mg
Key Endpoints	Frataxin levels in peripheral tissue, PK, safety and tolerability; other exploratory endpoints include lipids and gene expression levels
Number of Patients	**Cohort 1:** Enrolled 13 participants (9 on nomlabofusp; 4 on placebo) **Cohort 2:** Enrolled 15 participants (10 on nomlabofusp; 5 on placebo)
Key Results	Generally well tolerated; most common adverse events were mild and moderate injection site reactions Dose dependent increases of frataxin levels in tissues tested (skin and buccal cells) Baseline FXN levels in skin cells in the 50 mg cohort were < 17% of the average of healthy volunteers. After daily dosing for 14 days, FXN levels increased to 33% to 59% of the average of the healthy volunteers

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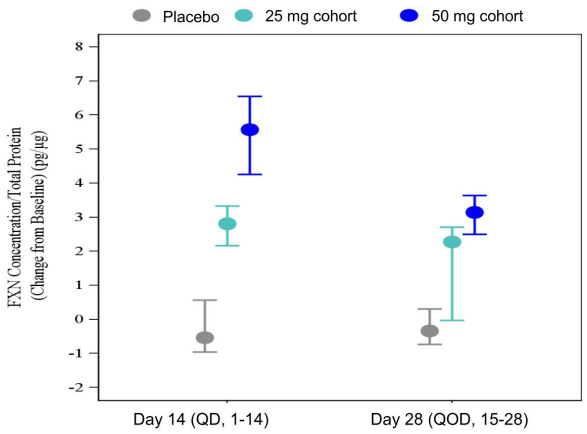
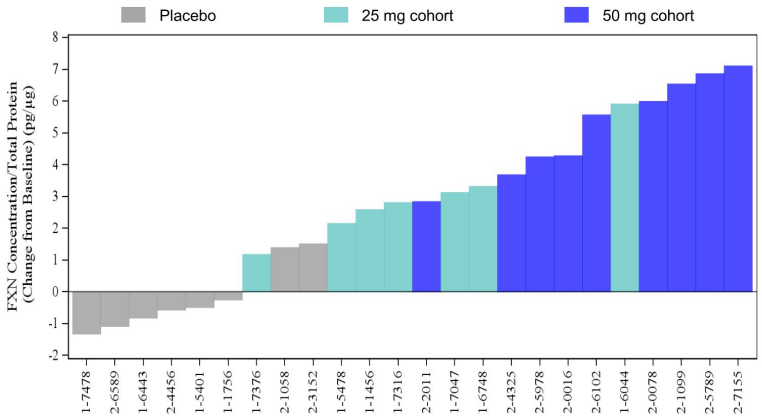
Dose-Dependent Increase in FXN Levels in Skin Cells

Participants dosed daily for 14 days, then every other day until day 28

FXN Levels* in Skin Cells Change from Baseline**

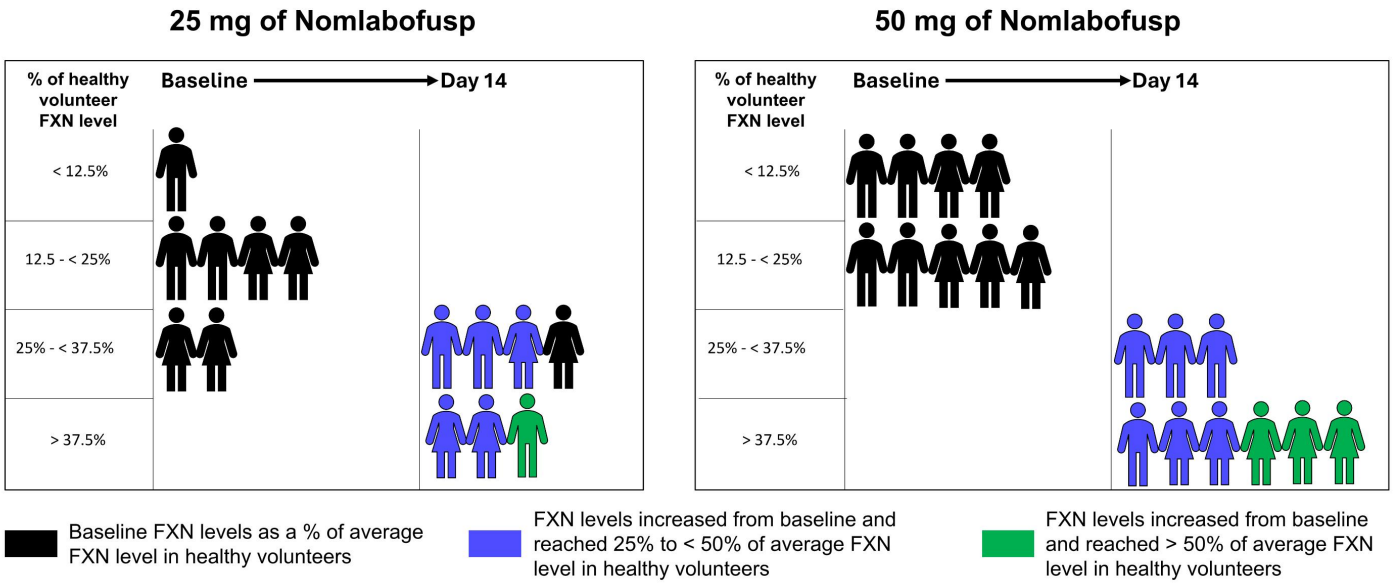


FXN Levels* in Skin Cells Change from Baseline at Day 14



*FXN levels measured via detection of peptide derived from mature FXN; FXN concentrations are normalized to total cellular protein content in each sample. Data represent median and 25th and 75th percentiles. Only participants with quantifiable levels at both baseline and Day 14 are included in the figures.
**Median baseline FXN levels in patients were 3.5 pg/µg for the placebo, 3.7 pg/µg for the 25 mg cohort and 2.1 pg/µg for the 50 mg cohort.

Skin Cell FXN Levels Achieve Higher % of Healthy Volunteers* Following 14 days of Daily Nomlabofusp



Only participants with quantifiable levels at baseline and day 14 are included in the figures.
*% of healthy volunteer FXN level is calculated by dividing each participant's FXN level by the average FXN level (16.34 pg/µg) from the noninterventional healthy volunteer study (N=60).

Nomlabofusp PK Profile Consistent Across Studies

Long-term PK Profile Consistent with Phase 1 and Phase 2 Studies

- Rapid absorption after subcutaneous administration
- Steady state reached by Day 30 at both the 25 mg and 50 mg doses with no further accumulation
- Pharmacokinetic profile consistent with Phase 1 and Phase 2 studies

Adolescent PK Profile Consistent with Adult

- Adolescents 12 to 17 years of age received a weight-based equivalent of 50 mg for 7 days
- Exposure and PK in 9 adolescents 12 to 17 years of age on nomlabofusp was similar to adults on 50 mg of nomlabofusp

Elevated TGs in FA Decreased with Nomlabofusp and Correlated with FXN Increases

In patients with FA from Phase 2 dose exploration study after treatment with nomlabofusp

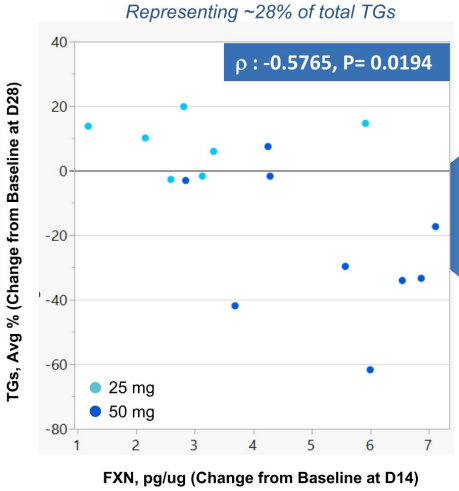
Plasma lipids at baseline were compared to Day 28 after nomlabofusp treatment

27 TGs* were identified as nomlabofusp-responsive and were typically elevated at baseline in patients with FA

Baseline elevated TGs decreased towards levels in healthy volunteers and correlated with FXN levels after nomlabofusp treatment

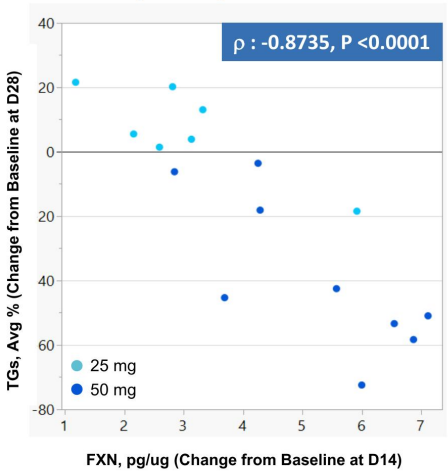
27 elevated TGs correlated with skin FXN levels

Representing ~28% of total TGs



Subset of 4 TGs were highly correlated with skin FXN levels

Representing ~22% of total TGs

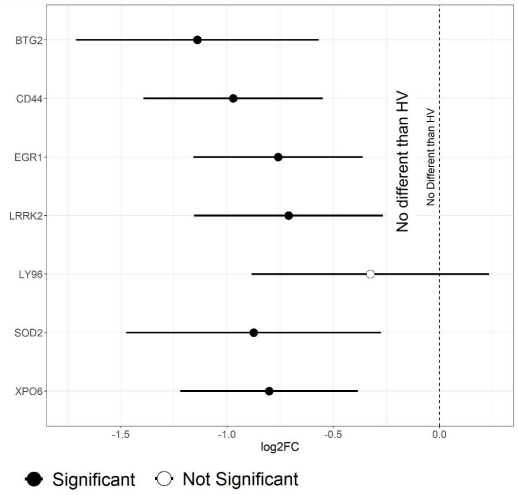


Plasma samples were collected before, during, and after treatment for lipid profiling from the Phase 2 dose exploration study evaluating nomlabofusp 25 mg and 50 mg or placebo daily for 14 days followed by alternate day administration for 14 days

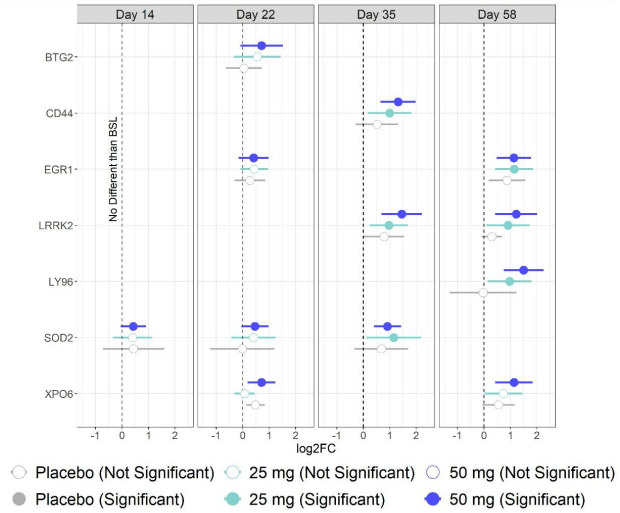
**Triglycerides (TG) were selected with a median fold-change (≥ 1.25 fold) post-treatment vs. baseline, a correlation (r value ≥ 0.4) between baseline and post-treatment results in the 50 mg group with consistent directionality in the 25 mg group and no changes in the placebo group*

Increase Towards Normal Gene Expression in Adults with FA* Observed After Nomlabofusp Treatment

Select Baseline Gene Expression
Patients with FA* vs. Healthy Volunteers (HV)**



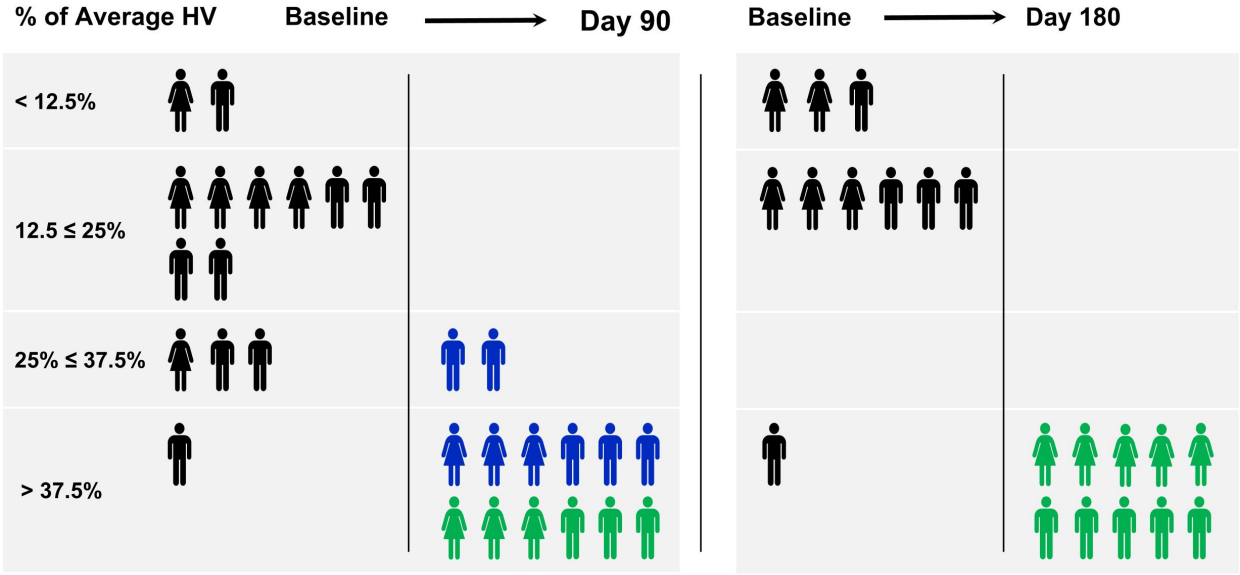
Post-treatment Changes in Gene Expression From Baseline



Data presented at the International Congress for Ataxia Research, November 2024
**Samples from Phase 2 dose exploration study evaluating nomlabofusp 25 mg (Cohort 1) and 50 mg (Cohort 2) or placebo via subcutaneous injection daily for 14 days followed by alternate day administration for 14 days. Buccal samples were collected before, during, and after treatment for gene expression profiling*
***Data from Larimar's non-interventional healthy volunteer study*

Additional Open Label Data

Skin FXN Levels Achieved Higher % of Healthy Volunteers' FXN Levels* Following Daily Nomlabofusp



*% of average FXN level in healthy volunteers (HV); FXN level is calculated by dividing each participant's FXN level by the average FXN level (16.34 pg/µg) from the noninterventional healthy volunteer study (N=60).

Data include all participants with quantifiable FXN levels at baseline and Day 90/Day 180.

Note: Data presented is based on the September 2025 data release.

Baseline as a percentage of average FXN level in HV

FXN levels increased from baseline and reached 25% to < 50% of average FXN level in HV

FXN levels increased from baseline and reached > 50% of average FXN level in HV

Additional Phase 1 and 2 Data Presented at the International Congress for Ataxia Research, November 2024

Nomlabofusp Clinical Studies Included a Broad, Representative Population of Adults with FA

Broad population of adults with FA included in Phase 1 and 2 Studies

Age of onset between 5 - 60 years with a median age of onset of 15 yrs

81% of participants had FXN levels at baseline less than 30% of healthy controls and 37% of participants had less than 20%

Over 50% of participants were non-ambulatory at baseline

**18 subjects participated in more than 1 study*
***Quantifiable buccal cell FXN levels relative to the median of healthy controls*
****Ambulatory status is based on the gait score (E7=5 vs. <5) of the upright stability subscore of the mFARS*
*****Data presented at the International Congress for Ataxia Research, November 2024*

Demographics and Baseline Disease Characteristics from Nomlabofusp Phase 1 and 2 Interventional Studies****

	N*	Median	Mean	Min	Max
Age	61	28.0	31.9	19	69
Age of Onset	61	15.0	15.9	5	60
Age of Diagnosis	61	19.0	21.0	5	64
Shorter GAA (GAA_1)	60	550.0	555.8	99	1000
Longer GAA (GAA_2)	60	900.0	890.2	265	1300
Frataxin, % of Control**	57	24.4	23.9	8.7	61.9
mFARS Score	61	52.0	49.5	13.2	74.5
Upright Stability Score	61	32.0	26.9	7.0	35.0
Dominant hand 9-hole peg test	61	71.0	84.8	26.0	229.2
T25-FW Test Score	51	9.9	13.4	4.3	48.5
Left Ventricular Mass (g)	61	163.4	168.0	73.7	398.8
LVEF %	61	63.0	63.5	52	76
Ambulatory Status***					
No	36				
Yes	25				

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Pooled Data from Completed Phase 1 & 2 Studies Confirms Disease & FXN Relationships are Consistent with Literature

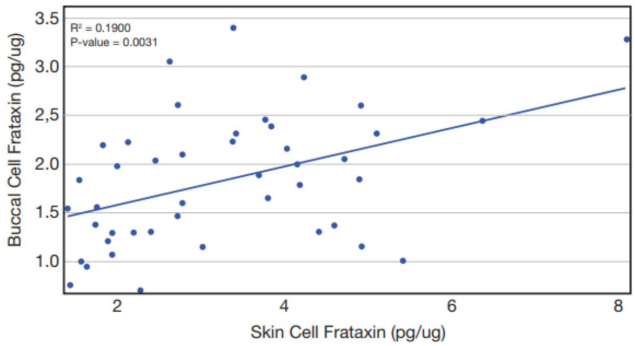
Disease Characteristics by Quartiles Based on Buccal Cell FXN Levels at Baseline

Quartile	FXN Concentration* (pg/mcg)	Age at Symptom Onset**	Age at Diagnosis **	GAA_1**	GAA_2**
Q1 (N=14)	< 1.31	10.5	14.5	616.5	899.5
Q2 (N=14)	1.31 - <1.95	13.5	23.0	486.0	866.0
Q3 (N=14)	1.95 - <2.30	16.0	19.0	555.0	871.5
Q4 (N=15)	≥ 2.30	19.0	27.0	400.0	933.0

**Quantifiable buccal cell frataxin levels*
***Median values*
Median buccal cell FXN concentration in healthy controls = 8.1 ng/mcg

Buccal cell FXN levels correlated with age of onset and inversely correlated with the number of GAA repeats and rate of disease progression

Baseline Buccal and Skin Cell FXN Levels



Buccal cell FXN levels correlated with skin cell FXN levels

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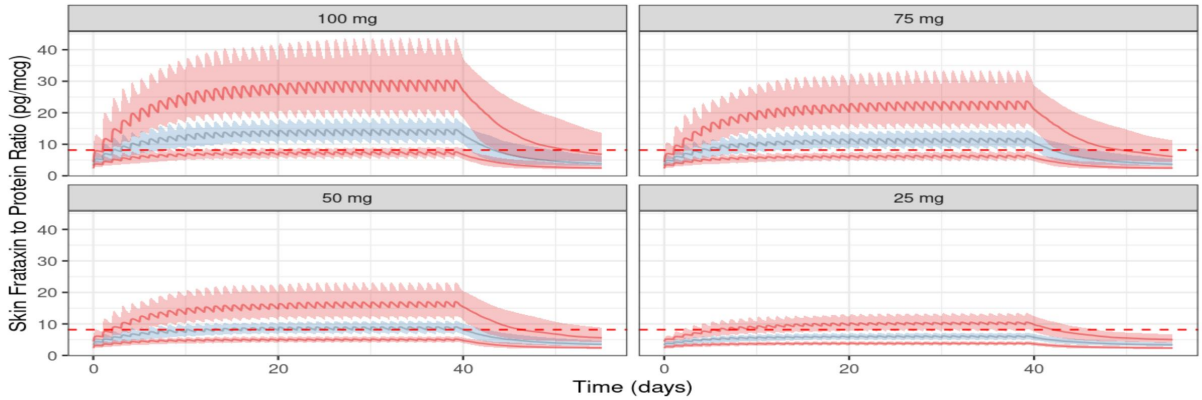
Data presented at the International Congress for Ataxia Research, November 2024

Modeling/Simulation Predicts* 50mg Daily Can Achieve Skin FXN Levels ≥50% of Healthy Controls in Most Patients



Dashed red line – 50% the average skin FXN/protein ratio (8.17 pg/ug) in a non-interventional study in healthy controls (HC)
Blue line – median of simulated values across trials
Red lines – 10th and 90th percentiles
Shaded regions – 95% confidence intervals of the corresponding percentiles (10th, 50th, and 90th).

Data presented at the International Congress for Ataxia Research, November 2024

50 mg nomlabofusp daily was predicted to lead to:
A median increase of 5.64 (2.3 – 13.5) pg/µg in FXN levels from baseline

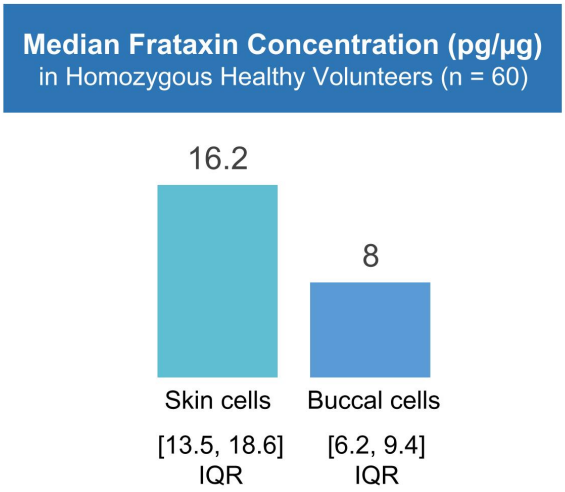
Increase in skin FXN levels in 59% of simulated patients with FA to levels ≥50% of average skin FXN levels in HC

**PK/PD model was developed with data collected from 3 completed studies in adults with FA. A population of virtual FA patients (n = 100, 100 trials) receiving subcutaneous daily doses of 25, 50, 75, or 100 mg nomlabofusp for 40 days was simulated*

Non-Interventional Study Data

CLIN-1601-002: Top-line Non-interventional Study Results

Non-interventional study measured FXN in homozygous healthy volunteers



Most patients with FA only produce ~20-40%[1] of normal frataxin levels depending on the tissue, sampling technique, and assay considered

Lower FXN levels seen with typical onset[2] (5 to 15 years of age)

Higher FXN levels seen with late onset[2] (after 25 years of age)

Heterozygous carriers who show no signs of disease have buccal cell FXN levels of ~50% of unaffected healthy persons[1]

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FXN concentrations were measured in skin and buccal cells from 60 homozygous healthy volunteers utilizing the same sampling technique and assay as clinical trials of nomlabofusp; FXN levels measured via detection of peptide derived from mature FXN; FXN concentrations normalized to total cellular protein content in each sample. 1. E.C. Deutsch et al. Molecular Genetics and Metabolism 101 (2010) 238–245. 2. Friedreich's Ataxia Research Alliance

FDA START Pilot Program

START Pilot Program Continues to Expedite the Clinical and Regulatory Development of Nomlabofusp

START Pilot Program
Support for Clinical Trials Advancing Rare Disease Therapeutics

1 of 7 novel drugs development programs selected by FDA

A new milestone-driven program launched by the FDA in September 2023

Designed to accelerate the development of novel therapies for rare diseases

Sponsors selected can benefit from:
- more frequent and rapid ad-hoc FDA interactions
- help facilitating the development of programs to pre-BLA meeting stage
- guidance on generating high-quality and reliable data intended to support a BLA

CDER Selection Based On

Demonstrated development **program readiness**

Potential to address serious and unmet medical need in a **rare neurodegenerative condition**

Alignment of CMC development timelines with clinical development plans

Proposed plan where **enhanced communication can improve efficiency of product development**

FDA: Food and Drug Administration; CDER: Center for Drug Evaluation and Research; CMC: Chemistry, Manufacturing, and Controls

FARA

Strong Relationship with FARA – Joined FARA's TRACK-FA Neuroimaging Consortium as an Industry Partner

TRACK-FA collects natural history data to establish disease specific neuroimaging biomarkers for potential use in clinical trials. Larimar will have access to all study data for use in regulatory filings, as appropriate

FARA provides industry with several key items

- Assistance with patient recruitment and education
- Access to Global Patient Registry with demographic and clinical information on more than 1,000 FA patients
- Sponsored a Patient-Focused Drug Development Meeting in 2017 resulting in a publication titled "The Voice of the Patient"

FARA Friedreich's Ataxia Research Alliance

National, non-profit organization dedicated to the pursuit of scientific research leading to treatments and a cure for FA