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)
January 9, 2024

ORIC Pharmaceuticals, Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-39269	47-1787157
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

240 E. Grand Ave, 2nd Floor
South San Francisco, CA 94080
(Address of principal executive offices, including zip code)

(650) 388-5600
(Registrant's telephone number, including area code)

Not Applicable
(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 $0.0001 per share	ORIC	The Nasdaq Global Select 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.

The information set forth in Item 7.01 is hereby incorporated by reference into this Item 2.02.

Item 7.01 Regulation FD Disclosure.

ORIC Pharmaceuticals, Inc. (the "Company") intends to present an updated corporate presentation (the "Corporate Presentation") at the 42nd Annual J.P. Morgan Healthcare Conference on January 9, 2024. A copy of the Corporate Presentation is furnished as Exhibit 99.1 hereto and is incorporated herein by reference.

All of the information furnished in this Item 7.01 and Items 2.02 and 9.01 (including Exhibit 99.1) shall not be deemed to be "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 into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Corporate Presentation
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

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.

ORIC PHARMACEUTICALS, INC.

Date: January 9, 2024

By: /s/ Christian Kuhlen
Christian Kuhlen, M.D., J.D.
General Counsel

Exhibit 99.1

ORIC

OVERCOMING RESISTANCE IN CANCER

Company Overview

January 2024

Forward-Looking Statements

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation, including statements regarding ORIC Pharmaceuticals, Inc.'s ("ORIC", "we", "us" or "our") future financial condition, results of operations, business strategy and plans, and objectives of management for future operations, as well as statements regarding industry trends, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potentially," "predict," "should," "will" or the negative of these terms or other similar expressions. Forward-looking statements contained in this presentation also include, but are not limited to, statements regarding: our development plans and timelines; the potential advantages of our product candidates and programs; plans for the clinical trials and development of ORIC-114, ORIC-944 and ORIC-533; the expected timing of reporting data from our clinical trials; our anticipated milestones and clinical updates; and the period over which we estimate our existing cash and investments will be sufficient to fund our current operating plan.

We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our financial condition, results of operations, business strategy and financial needs. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, among other things: the timing of the initiation, progress and results of our preclinical studies and clinical trials; risks associated with the process of discovering, developing and commercializing drugs that are safe and effective for use in humans and operating as an early clinical stage company; negative impacts of the COVID-19 pandemic on our operations, including clinical trials; the potential for current or future clinical trials of product candidates to differ from preclinical, initial, interim, preliminary or expected results; our ability to advance product candidates into, and successfully complete, clinical trials; the timing or likelihood of regulatory filings and approvals; changes in our plans to develop and commercialize our product candidates; our estimates of the number of patients who suffer from the diseases we are targeting and the number of patients that may enroll in our clinical trials; the commercializing of our product candidates, if approved; our ability to successfully manufacture and supply our product candidates for clinical trials and for commercial use, if approved; potential benefits and costs of strategic arrangements, licensing and/or collaborations; the risk of the occurrence of any event, change or other circumstance that could give rise to the termination of our license or collaboration agreements; our estimates regarding expenses, future revenue, capital requirements and needs for financing and our ability to obtain capital; the sufficiency of our existing cash and investments to fund our future operating expenses and capital expenditure requirements; our ability to retain the continued service of our key personnel and to identify, hire and retain additional qualified professionals; the implementation of our business model and strategic plans for our business and product candidates; the scope of protection we are able to establish and maintain for intellectual property rights, product candidates and our pipeline; our ability to contract with third-party contract research organizations, suppliers and manufacturers and their ability to perform adequately; the pricing, coverage and reimbursement of our product candidates, if approved; developments relating to our competitors and our industry, including competing product candidates and therapies; general economic and market conditions; and the other risks, uncertainties and assumptions discussed in the public filings we have made and will make with the Securities and Exchange Commission ("SEC"). These risks are not exhaustive. New risk factors emerge from time to time and it is not possible for our management to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in, or implied by, any forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size 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 data and 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.

Except as required by law, we undertake no obligation to update any statements in this presentation for any reason after the date of this presentation.

We have filed Current Reports on Form 8-K, Quarterly Reports on Form 10-Q, Annual Reports on Form 10-K, and other documents with the SEC. You should read these documents for more complete information about us. You may obtain these documents for free by visiting EDGAR on the SEC website at www.sec.gov.

This presentation discusses our product candidates that are under preclinical or clinical study, and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of our product candidates for the therapeutic use for which they are being studied.

ORIC Pharmaceuticals: Dedicated to **O**vercoming **R**esistance **I**n **C**ancer

Broad Pipeline of Potential First-in-Class and Best-in-Class Programs	• Two potential best-in-class programs advancing towards pivotal studies • Additional preclinical programs targeting novel and validated targets
Precision Oncology Expertise Enables Accelerated Clinical Timelines	• Rapid timelines enabled by biomarker-driven, patient-selected clinical trials and translational expertise
Dual Engines for Pipeline Expansion	• Track record of building pipeline via internal R&D and business development • Targeting one new IND candidate every 18 months
Experienced Management Team	• Heritage of discovering and developing multiple approved oncology medicines at Ignyta, Medivation, Aragon and Genentech
Strong Financial Position	• Cash and investments of $235 million expected to fund company into 2026 (1)
Anticipated Milestones	• ORIC-944 initiation of combination study with AR inhibitor(s): 1H 2024 • ORIC-944 program update: mid-2024 • ORIC-114 initiation of dose expansion in multiple cohorts: 1H 2024 • ORIC-114 updated Phase 1b data: 1H 2025

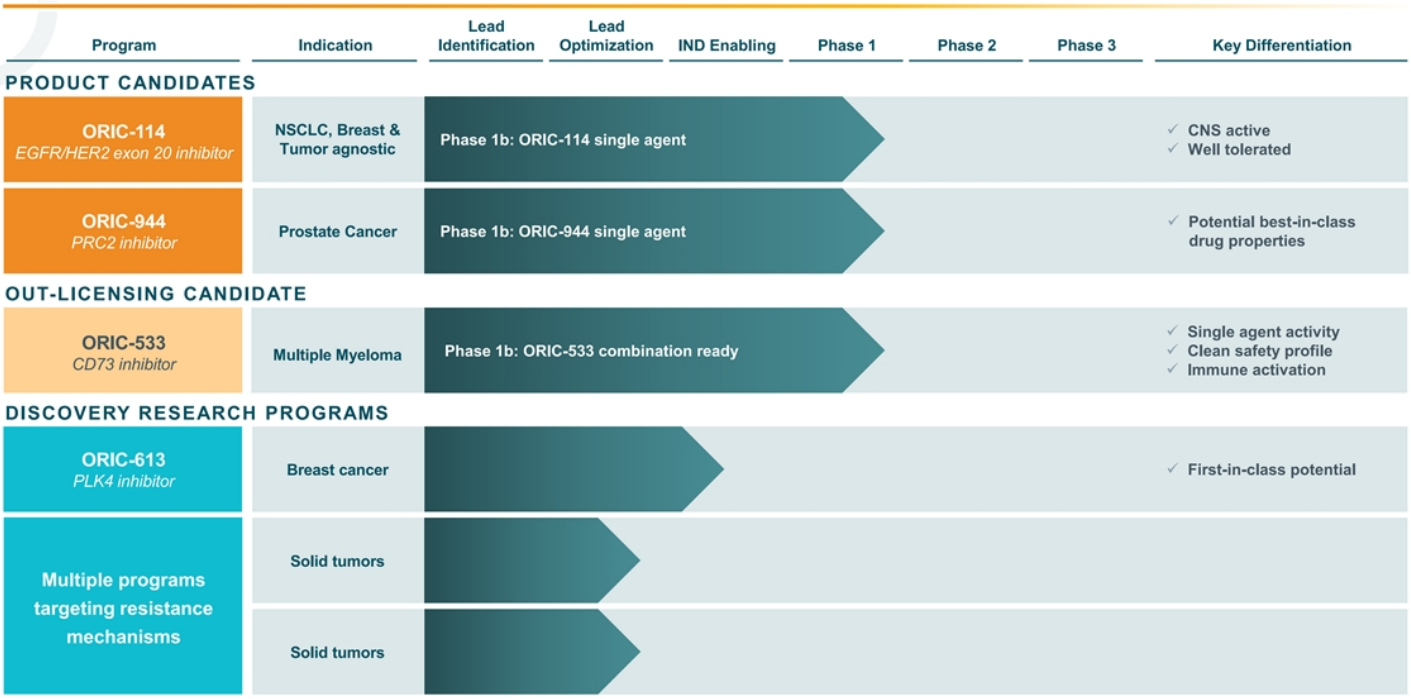
ORIC

(1) Approximate unaudited balance as of December 31, 2023.

Executive Team with Expertise in Building Leading Oncology Companies

Jacob Chacko, MD Chief Executive Officer	• Previously CFO of Ignyta (acquired by Roche), raised over $500mm in capital • TPG Capital (completed $10bn of aggregate acquisitions) and McKinsey • Board member of 4D Molecular Therapeutics and Board chair of Bright Peak Therapeutics; previously Turning Point, Bonti, RentPath, EnvisionRx, Par Pharma, IMS and Quintiles	ignyta TPG McKinsey&Company
Lori Friedman, PhD Chief Scientific Officer	• Previously Head of Translational Oncology at Genentech; advanced over 20 drug candidates into development, two approvals to date • Director of Signal Transduction at Exelixis; led new target discovery collaboration with BMS • Inventor on 28 issued patents and author on 99 peer-reviewed publications • Board member of NextRNA Therapeutics	Genentech EXELIXIS
Pratik Multani, MD Chief Medical Officer	• Previously CMO of Ignyta, led development and regulatory for entrectinib • CMO of Fate Therapeutics; contributed to development of Rituxan and Zevalin at Idec, and Treanda at Salmedix; earlier at Dana Farber and MGH • Board member of Erasca and Chimerix	ignyta biogen idec DANA-FARBER CANCER INSTITUTE
Matt Panuwat Chief Business Officer	• Previously SVP of Business Development at Prothena, established Celgene collaboration for up to $2.2bn • Head of BD at Medivation (acquired by Pfizer), led M&A including the acquisition of talazoparib • Global Healthcare Investment Banking at Merrill Lynch	prothena MEDIVATION Bank of America Merrill Lynch
Dominic Piscitelli Chief Financial Officer	• Previously CFO of AnaptysBio, raised over $500mm in capital (IPO and follow-on financing) • VP of Finance, Strategy and Investor Relations at Medivation • VP of Treasury and Finance at OSI Pharmaceuticals (acquired by Astellas) • Board member of Celyad Oncology	AnaptysBio MEDIVATION (OSI) pharmaceuticals
Christian Kuhlen, MD General Counsel	• Previously General Counsel at Synthorx (acquired by Sanofi), completed $151 million IPO • General Counsel at Ignyta and Genoptix (acquired by Novartis), executed multiple financings and M&A • Attorney at Cooley LLP	synthorx ignyta GENOPTIX
Edna Chow Maneval, PhD SVP Clinical Development	• Previously SVP at Ignyta; clinical lead for entrectinib, led transition team through global filings • VP of Clinical Development at Seragon and Aragon, clinical lead for apalutamide • Led pivotal Phase 3 study in RCC for Sutent at Pfizer	ignyta SERAGON PHARMACEUTICALS ARAGON PHARMACEUTICALS

Clinical Pipeline Focused on Advancement of ORIC-114 and ORIC-944

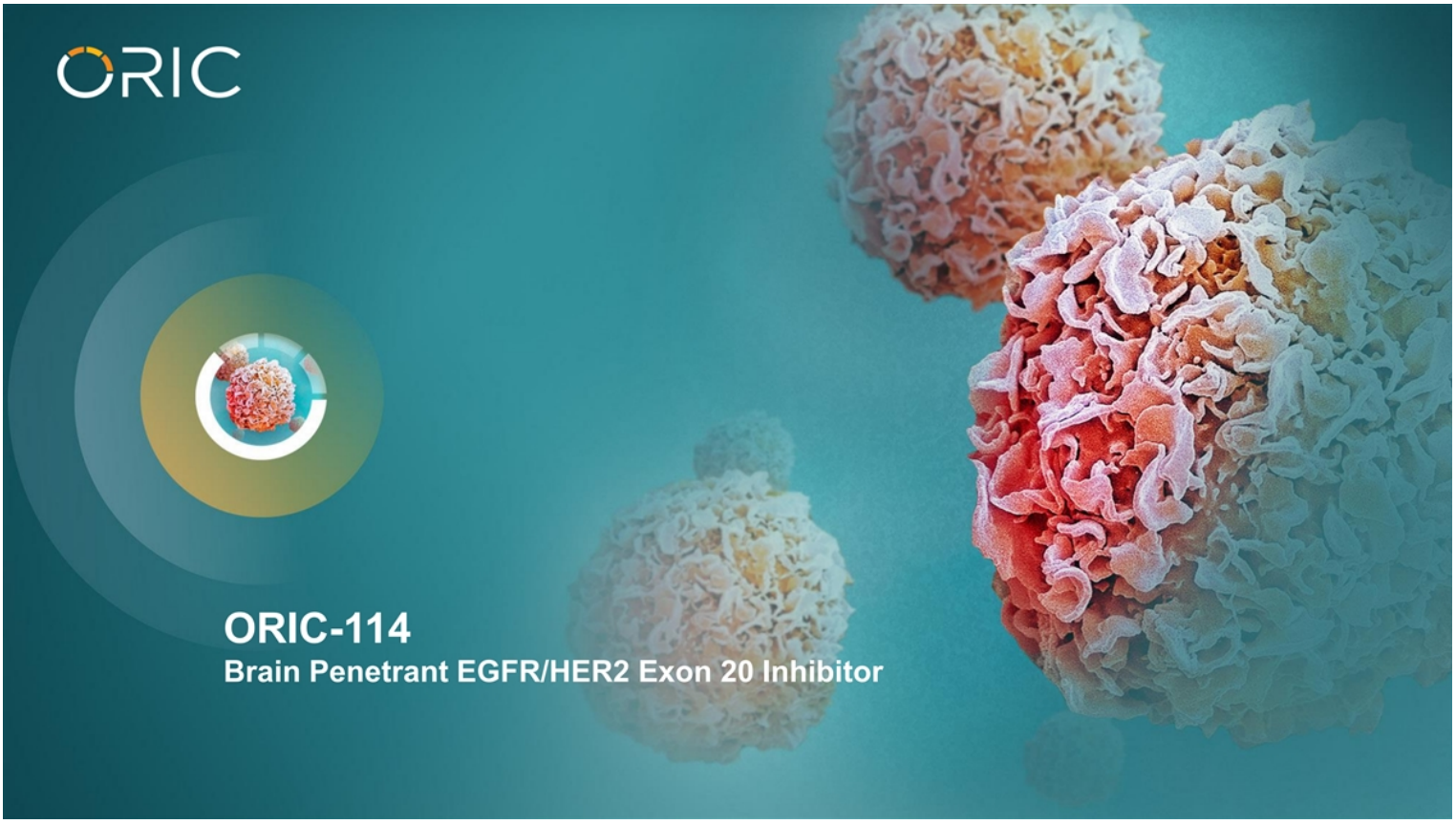


Substantial Progress in 2023: Well Positioned to Build Value in 2024 and Beyond

2023 Accomplishments and Next Steps

ORIC-114 *EGFR/HER2 exon 20 inhibitor*	✓ Phase 1b dose escalation data presented at ESMO 2023 demonstrated potential best-in-class profile, with favorable safety and both systemic and CNS activity in heavily pre-treated NSCLC patients ✓ Initiating multiple dose expansion cohorts in 1H 2024
ORIC-944 *PRC2 inhibitor*	✓ Phase 1b dose escalation data demonstrated potential best-in-class drug properties and favorable safety, supporting advancement into combination development in prostate cancer ✓ Initiating combination development with AR inhibitor(s) in 1H 2024
ORIC-533 *CD73 Inhibitor*	✓ Phase 1b dose escalation data presented at ASH 2023 demonstrated favorable safety and clinical activity in heavily pre-treated multiple myeloma patients ✓ Pursuing strategic partnership for combination studies
Discovery Research	✓ Presented preclinical data confirming therapeutic potential of highly selective PLK4 inhibitors as synthetic lethal for TRIM37 amplified breast cancer ✓ Advanced ORIC-613, a novel, highly selective PLK4 inhibitor, through IND enabling studies
Corporate	✓ Strengthened balance sheet with $85 million financing from healthcare specialist funds ✓ Extended cash runway into 2026

ORIC-114 and 944 rapidly advancing, with potential registrational studies for both programs expected to initiate in 2025

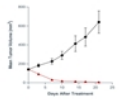

ORIC
ORIC-114
Brain Penetrant EGFR/HER2 Exon 20 Inhibitor

ORIC-114 Is a Promising Candidate for Patients with Tumors Harboring EGFR and HER2 Exon 20 Insertion Mutations, Including Those with Brain Metastases

ORIC-114 Target Product Profile

Selective and Potent

- Selectively targets EGFR and HER2 with high potency against exon 20 insertion mutations
- Exquisite kinome selectivity with limited potential for off-target activity



Robust In Vivo Efficacy

- Significant tumor regression in multiple exon 20 insertion models
- Superior therapeutic index in vivo with improved efficacy and tolerability than competitor molecules

Highly Brain Penetrant

- High unbound (free) brain exposures in vivo
- Substantial tumor regression in intracranial efficacy studies

Promising Phase 1b Results

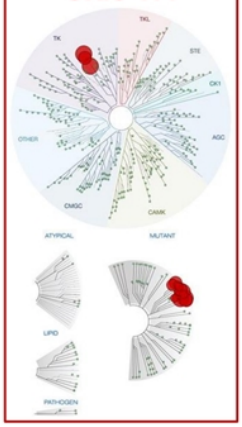
- ✓ Well tolerated safety profile
- ✓ Systemic activity post-amivantamab
- ✓ CNS activity

ORIC-114 is a potentially best-in-class EGFR and HER2 exon 20 inhibitor with excellent selectivity and brain penetrance

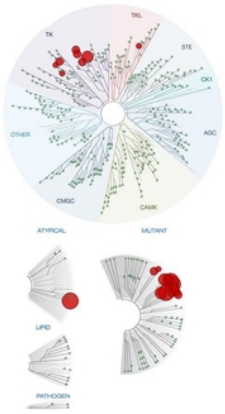
ORIC-114 Was Designed to Selectively Target EGFR and HER2 with High Potency Against Exon 20 Insertion Mutations

Kinome Selectivity Comparison

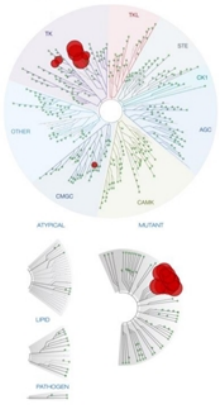
ORIC-114



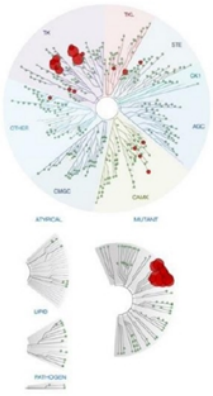
CLN-081



Furmonertinib



BLU-451*



Mobocertinib

Off-target Wildtype (WT) Kinases Inhibited 80-100% at 1 μM				
ORIC-114	CLN-081	Furmonertinib	BLU-451	Mobocertinib
0	7	4	7*	7

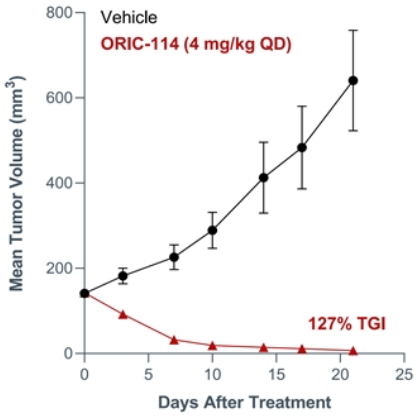
ORIC-114 has demonstrated an exquisitely clean kinome panel, which is especially important for covalent inhibitors

Source: Junttila et al. ESMO Poster (2023) and Murray et al. AACR Poster (2022).
Note: ORIC-114, mobocertinib, CLN-081, data conducted head-to-head in 468 kinases at 1μM. Top 10% shown. *BLU-451 data not conducted head-to-head in 409 kinases at 1μM.

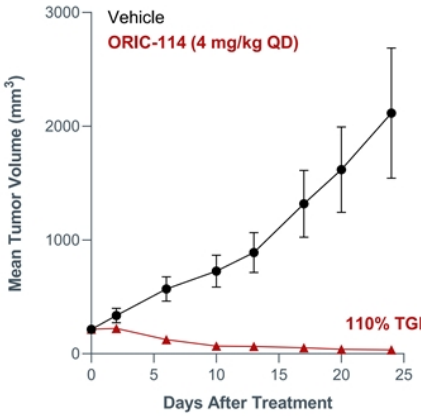
ORIC-114 Demonstrates Potent In Vivo Activity in EGFR Exon 20 Insertion Models

In Vivo Efficacy – NSCLC EGFR Exon 20 Insertion Models

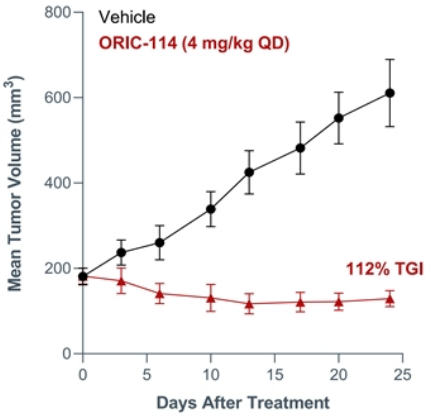
EGFR Exon 20 insNPH



EGFR Exon 20 insASV



EGFR Exon 20 insG



ORIC-114 demonstrates potent tumor regression in multiple NSCLC EGFR exon 20 insertion models without significant body weight loss

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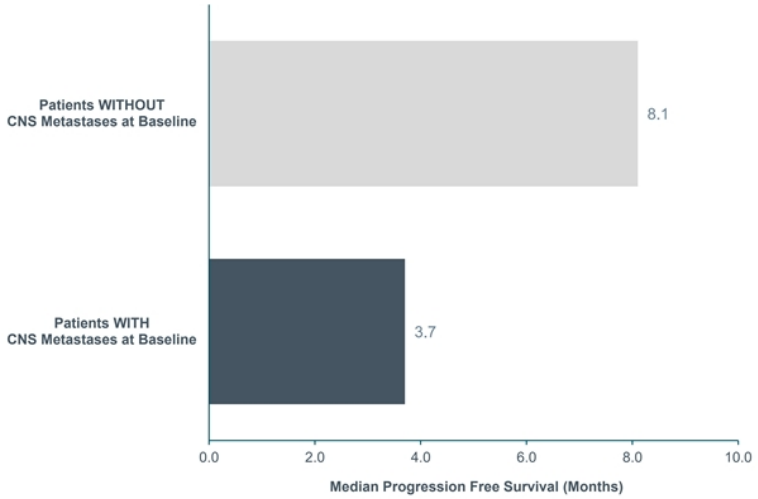
Source: Junttila et al. AACR Poster (2021).

Drugs Lacking CNS Activity Often Have Worse Clinical Outcomes in NSCLC

Case Study on NSCLC Targeted Therapy without CNS Activity: Mobocertinib

- In mobocertinib's phase 1/2 trial, ~35% of patients had CNS metastases at baseline
- Patients with CNS metastases at baseline had markedly worse outcomes
  - Brain was the first site of progression in 68% of patients with CNS metastases at baseline and in 38% of all patients
  - ORR was 25% in patients with CNS metastases at baseline compared to 43% in all patients



Approximately 35% of EGFR exon 20 NSCLC patients have CNS metastases at baseline and the brain is a frequent site of progression in patients with and without CNS metastases at baseline, leading to shorter PFS with therapies lacking CNS activity

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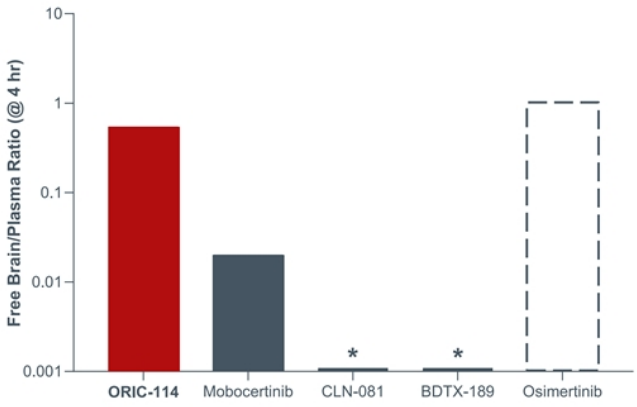
Source: Janne et al. ASCO Presentation (2019) and Ramalingam et al. ASCO Poster (2021).

Superior Brain Penetration of ORIC-114 Differentiates from Comparator Exon 20 Targeted Agents

ORIC-114 Properties Allowed Optimization of Brain Exposure

- Minimal pump engagement
  - Key pumps that limit brain penetration, PGP and BCRP drug transporters, have minimal impact on ORIC-114 in cell assays
- Suitable physicochemical properties
  - LogP, LogD, TPSA, MW, HBD/HBA, pKa
- High free unbound exposure in brain tissue
  - Mouse Kp,uu 0.5
  - Dog Kp,uu 1.5

ORIC-114 Exhibits High Ratio of Free (Unbound) Brain/Plasma Exposure in Mice

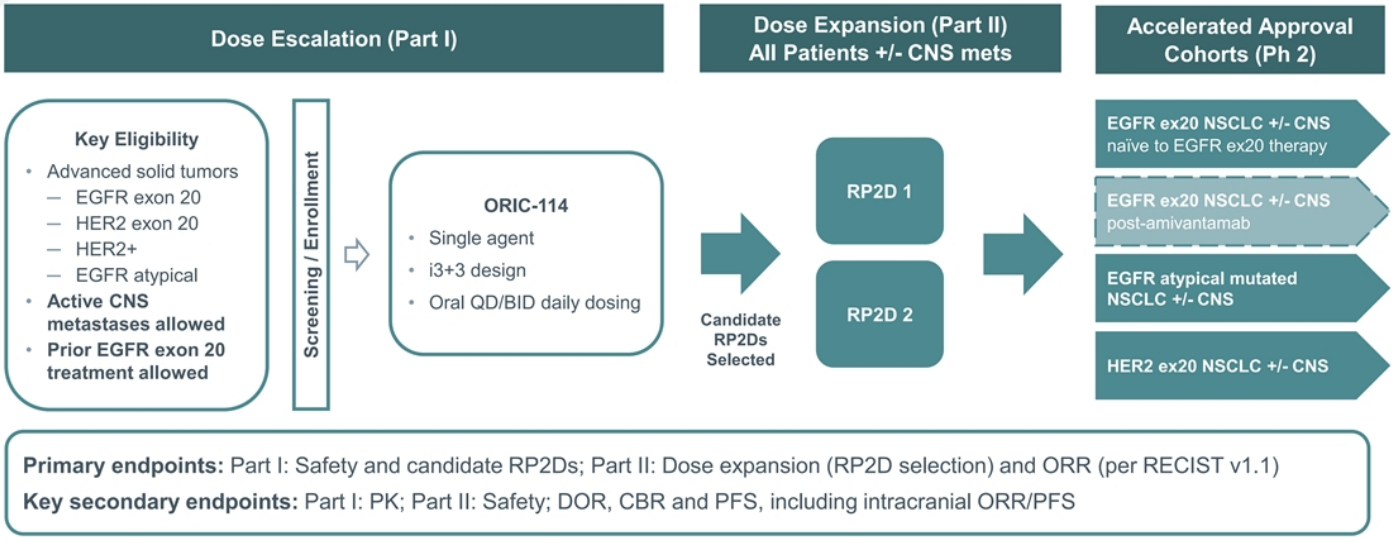


Extensive preclinical profiling demonstrates superior CNS properties of ORIC-114 versus competitors; Excellent free brain exposure across species for ORIC-114 as exhibited by Kp,uu

Source: Junttila et al. AACR Poster (2021), Junttila et al. AACR-NCI-EORTC Presentation (2021) and ORIC data on file. * Brain exposures were below quantification limit.

First-In-Human Phase 1b Study of ORIC-114

Phase 1b, Multicenter, Open-Label Study



Primary endpoints: Part I: Safety and candidate RP2Ds; Part II: Dose expansion (RP2D selection) and ORR (per RECIST v1.1)

Key secondary endpoints: Part I: PK; Part II: Safety; DOR, CBR and PFS, including intracranial ORR/PFS

Initial safety, PK/PD, and preliminary antitumor data from dose escalation (part I) presented at ESMO 2023

Note: ClinicalTrials.gov identifier: NCT05315700. Dose expansion may include QD and BID dosing, fed/fasted dosing. RP2D = recommended Phase 2 dose

ORIC-114 Phase 1 Patient Disposition and Baseline Characteristics

Patient Disposition and Baseline Characteristics

- 50 patients were treated with increasing doses of ORIC-114
- Of the NSCLC patients with EGFR exon 20
  - ≥1 prior EGFR ex20: 81%
  - ≥2 prior EGFR ex20: 19%
  - CNS mets at baseline: 86%
- Of the NSCLC patients with HER2 exon 20
  - ≥1 prior HER2 agent: 30%
  - CNS mets at baseline: 38%

	EGFR Ex20 (n=21)	HER2 Ex20 (n=24)	HER2+ (n=5)	Total (N=50)
Age, years, median (range)	63 (31,80)	63 (25,86)	66 (48,68)	63 (25,86)
Females, n (%)	10 (48)	11 (46)	3 (60)	24 (48)
ECOG performance score, n (%)				
0	1 (5)	10 (42)	3 (60)	14 (28)
1	20 (95)	14 (58)	2 (40)	36 (72)
Non-smoker, n (%)	12 (57)	16 (68)	3 (60)	31 (62)
Prior lines of therapies, median (min, max)	2 (1,6)	2 (0,7)	4 (1,7)	2 (0,7)
Prior therapies, n (%)				
Chemotherapy	21 (100)	23 (96)	5 (100)	49 (98)
EGFR targeted agents	18 (86)	1 (4)	–	19 (38)
EGFR exon 20 targeted agents	17 (81)	–	–	17 (34)
Amivantamab	15 (71)	–	–	15 (30)
Mobocertinib	4 (19)	–	–	4 (8)
Other (CLN-081, BLU-451)	2 (10)	–	–	2 (4)
HER2 targeted agents	–	7 (30)	3 (60)	10 (20)
CNS metastases at baseline, n (%)	18 (86)	9 (38)	1 (20)	28 (56)

Phase 1b enrolled heavily pretreated patients with exceptionally high rates of prior exon 20 targeted therapy and CNS metastases at baseline

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Note: All data as of the data cut-off on September 26, 2023.

ORIC-114 Has Been Generally Well Tolerated Despite More Heavily-Pretreated Patients and Less Stringent Enrollment Criteria for Prior Therapy and CNS Disease

Treatment Related Adverse Events Occurring in ≥10% of Patients

- Well tolerated safety profile with mostly Grade 1-2 TRAEs
- Minimal EGFR-wt related or other toxicities
- Low rates and severity of rash and diarrhea
  - No Grade ≥3 rash
  - Low rate of Grade 3 diarrhea (6%)
- Infrequent dose reduction and discontinuations

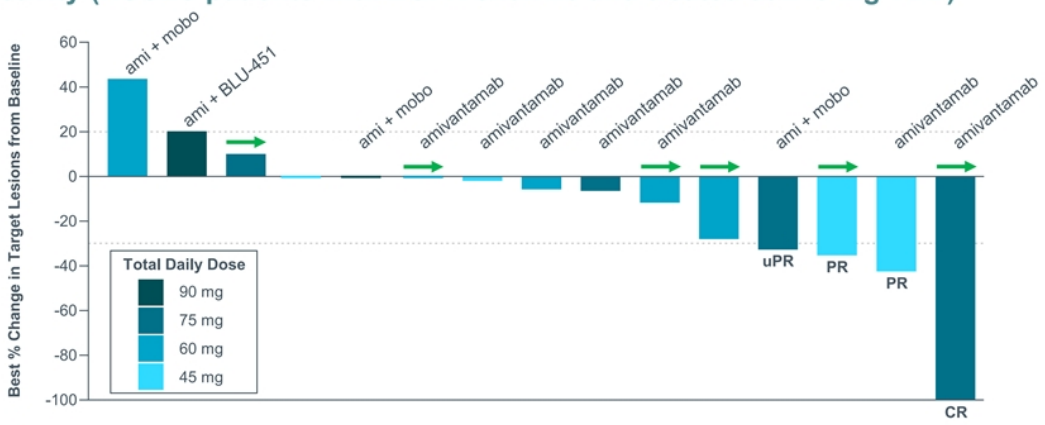
	<45 mg TDD (n=18)				45 – 60 mg TDD (n=23)				≥75 mg TDD (n=9)				Total (N=50)
Preferred Term, n (%)	**Gr1**	**Gr2**	**Gr3**	**≥Gr4**	**Gr1**	**Gr2**	**Gr3**	**≥Gr4**	**Gr1**	**Gr2**	**Gr3**	**≥Gr4**	**All Grades**
Rash*	6 (33)	4 (22)	–	–	6 (26)	6 (26)	–	–	4 (44)	1 (11)	–	–	27 (54)
Diarrhea	2 (11)	2 (11)	–	–	7 (30)	2 (9)	2 (9)	–	2 (22)	2 (22)	1 (11)	–	20 (40)
Stomatitis	4 (22)	2 (11)	–	–	2 (9)	2 (9)	1 (4)	–	2 (22)	2 (22)	–	–	15 (30)
Paronychia	1 (6)	2 (11)	–	–	4 (17)	4 (17)	–	–	2 (22)	1 (11)	–	–	14 (28)
Pruritis	2 (11)	–	–	–	4 (17)	2 (9)	1 (4)	–	1 (11)	1 (11)	–	–	11 (22)
Nausea	1 (6)	–	–	–	2 (9)	2 (9)	–	–	1 (11)	1 (11)	1 (11)	–	8 (16)
Decreased appetite	–	1 (6)	–	–	5 (22)	1 (4)	–	–	–	–	–	–	7 (14)
Vomiting	2 (11)	–	–	–	2 (9)	–	–	–	1 (11)	1 (11)	1 (11)	–	7 (14)
Dose Reductions		2 (18)				3 (13)				3 (33)			8 (16)
Dose Discontinuations		1 (9)				1 (4)				–			2 (4)

ORIC-114 was well tolerated with mainly Grade 1 and 2 adverse events and little evidence of off-target toxicities

Note: All data as of the data cut-off on September 26, 2023. * Rash includes the following terms: acne, dermatitis, dermatitis acneiform, eczema, hand dermatitis, and rash. TDD, total daily dose. TRAE, treatment related adverse event.

EGFR Exon 20: Tumor Regression Observed Across All Active ORIC-114 Doses

Preliminary Activity (NSCLC patients with EGFR exon 20 and treated at ≥45 mg TDD)



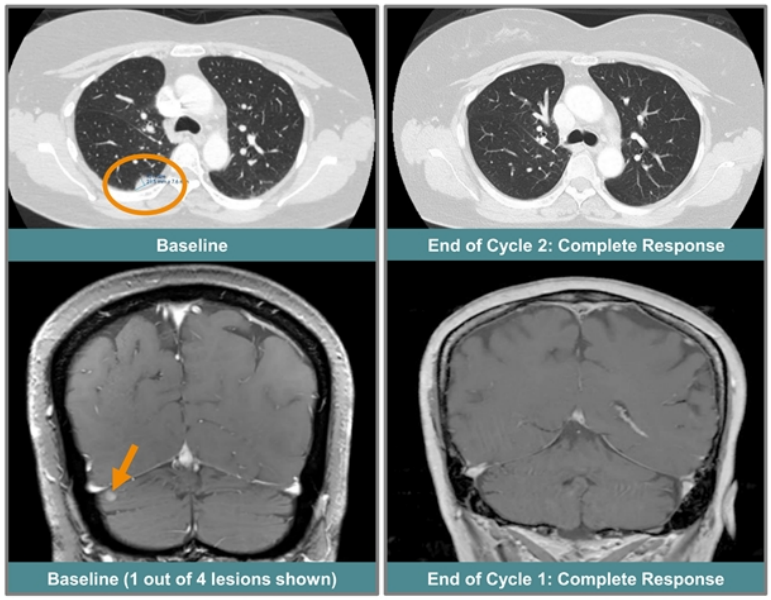
Prior EGFR exon 20 therapy	+	+	-	-	+	+	+	+	+	+	-	+	-	+	+
CNS Metastases at Baseline	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+
Best CNS Response	ND	PD	PD	SD/PR	PD	PD	—	SD/PR	—	SD/PR	SD/PR	SD/PR	SD/PR	SD/PR	CR
													2 of 3 CNS lesions resolved		4 of 4 CNS lesions resolved

Systemic and CNS activity observed in heavily pretreated patients, including prior EGFR exon 20 therapy & active brain metastases

Note: All data as of the data cut-off on September 26, 2023. ND: not done, SD/PR: Non-CR/Non-PD (RECIST 1.1), Response-evaluable: Dose level ≥45 mg TDD and at least one post-baseline tumor assessment.

Confirmed Complete Intracranial and Systemic Response in Patient with EGFR Exon 20 Mutated NSCLC and Active CNS Metastases Progressed on Prior EGFR Exon 20 Targeted Therapy

- **Patient:** 55F with EGFR exon 20 mutated NSCLC
- **Prior therapy:** Pemetrexed/cisplatin and amivantamab
- **Metastases at baseline:** Four active CNS non-target lesions
  - Previously untreated
  - No prior surgery
  - No prior radiation
- **ORIC-114 dose:** 75 mg QD
- **Systemic response:** Partial response after Cycle 1 (60% reduction in all target and non-target lesions) followed by complete response at the end of Cycle 2 (100% reduction of all target and non-target lesions), subsequently confirmed
- **CNS response:** Complete response after Cycle 1 (100% reduction of all 4 CNS lesions) confirmed after Cycle 2
- **Grade ≥2 treatment-related AEs:** Grade 2 mucositis and paronychia
- **Duration of treatment:** Cycle 9 (ongoing)



ORIC-114 demonstrated single agent clinical activity in a key cancer and molecular subtype (i.e., NSCLC and EGFR exon 20) in a patient typically excluded from clinical trials (i.e., active brain metastases) and previously treated with EGFR exon 20 therapy

ORIC

Note: All data as of the data cut-off on September 26, 2023.

ORIC-114 Is the Only EGFR Exon 20 Inhibitor to Demonstrate a Systemic Complete Response and CNS Complete Response, Despite More Challenging Patients

Comparison of Selected Eligibility Criteria, Baseline Characteristics, and Clinical Activity

- EGFR exon 20 inhibitor clinical studies typically EXCLUDE:
  - Prior EGFR exon 20 treatment
  - Untreated CNS metastases
- ORIC-114 trial enrolled significantly higher percentage of patients with prior EGFR exon 20 treatment and baseline CNS metastases
- Despite more challenging patients, ORIC-114 demonstrated:
  - Systemic complete response
  - CNS complete response in untreated CNS metastases
  - Responses post-amivantamab

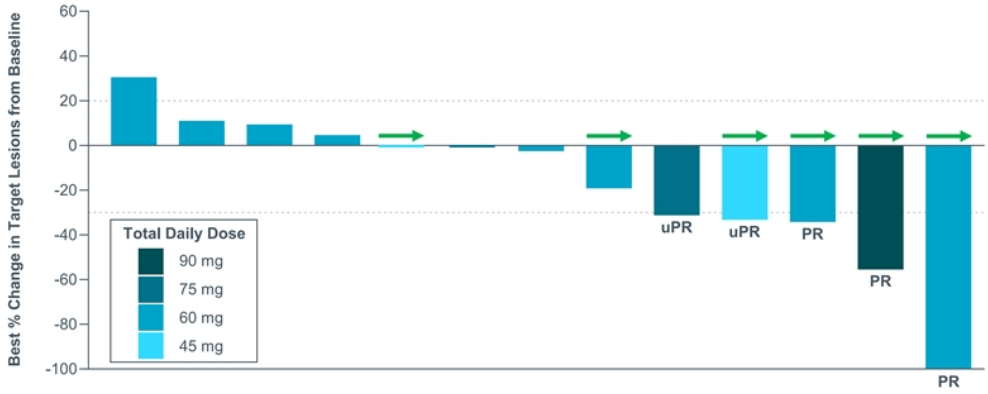
	Amivantamab	CLN-081	Sunvozertinib	Furmonertinib	BLU-451	**ORIC-114**
Trial	Phase 1	Phase 1	Phase 2	Phase 1	Phase 1	Phase 1
ENROLLMENT						
Prior EGFR ex20i Allowed [1]	No	No	No	No	Yes	**Yes**
% Prior EGFR ex20i	1%	4%	3%	NR	75%	**81%**
Untreated CNS Mets Allowed	No	No	No	No	Yes	**Yes**
% Baseline CNS Mets	22%	38%	32%	34%	58%	**86%**
CLINICAL ACTIVITY						
Systemic Complete Response	Yes	No	No	No	No	**Yes**
CNS Complete Response in Untreated CNS Mets [2]	No	No	No	No	No	**Yes**
ORR in EGFR ex20i Naive	~40%	~41%	~61%	42%	TBD	**TBD**
Post-Amivantamab Response	NA	No	Yes	No	No	**33% confirmed ORR (at 75 mg)**

Even while allowing patients with prior exon 20 treatment and untreated brain metastases, ORIC-114 is the only EGFR exon 20 inhibitor to demonstrate a confirmed complete systemic response and confirmed complete CNS response

Note: All data as of the data cut-off on September 26, 2023.
Source: Park et al. J Clin Oncol (2021), Zhou et al. JAMA Oncology (2021), Piotrowska et al. J Clin Oncol (2023), Han et al. WCLC Presentation (2023), Wang et al. ASCO Presentation (2023), and Nguyen et al. ASCO Poster (2023).
(1) Amivantamab prohibited prior EGFR exon 20 treatment in dose expansion. CLN-081 allowed prior EGFR exon 20 treatment selectively during accelerated titration dose escalation only. (2) Treatment history for brain metastases not disclosed for BLU-451.

HER2 Exon 20: Tumor Regression Observed Across All Active ORIC-114 Doses

Preliminary Activity (NSCLC patients with HER2 exon 20 and treated at ≥45 mg TDD)



Prior HER2 therapy	-	+	-	-	-	-	+	-	-	-	-	+	-
CNS Metastases at Baseline	+	-	-	+	-	-	-	-	-	+	+	-	-
Best CNS Response	SD/PR	—	—	ND	—	—	—	—	—	SD/PR	SD/PR	—	—

Shrinkage of CNS lesions

ORIC-114 demonstrated clinical activity in patients with HER2 exon 20 NSCLC, including in patients with baseline brain metastases

ORIC

Note: All data as of the data cut-off on September 26, 2023. ND: not done, SD/PR: Non-CR/Non-PD (RECIST 1.1), Response-evaluable: Dose level ≥45 mg TDD and at least one post-baseline tumor assessment.

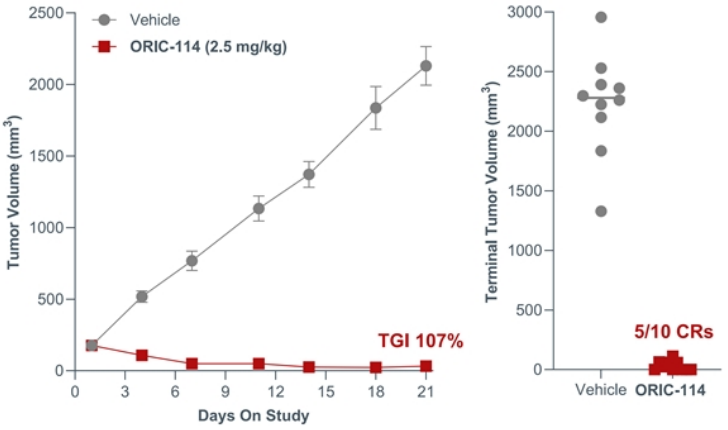
In Addition to EGFR Exon 20, ORIC-114 Also Demonstrates Excellent Preclinical Activity Against Atypical Mutations in EGFR, Revealing an Additional Opportunity

ORIC-114 In Vitro and In Vivo Activity in Atypical EGFR Mutations

ORIC-114 Demonstrates Superior In Vitro Potency

Type	Atypical Mutations	BaF3 Cell EC50 Ratio EGFR WT / Mutant		
		ORIC-114	Afatinib	Furmonertinib
primary	G719C	**8x**	4x	2x
	G719S	**9x**	4x	1x
	L747S	**1x**	1x	1x
	L747P	**2x**	1x	2x
acquired	L858R L718V	**31x**	13x	1x
	L858R L718Q	**7x**	1x	0.1x
	del19 G796S	**5x**	5x	0.5x
	del19 L792H	**3x**	1x	0.09x

ORIC-114 Induces Complete Tumor Regressions In Vivo



ORIC-114 is a promising therapy for NSCLC patients with atypical mutations in EGFR, based on promising preclinical activity and the emerging clinical profile in patients with EGFR and HER2 exon 20 insertion mutations

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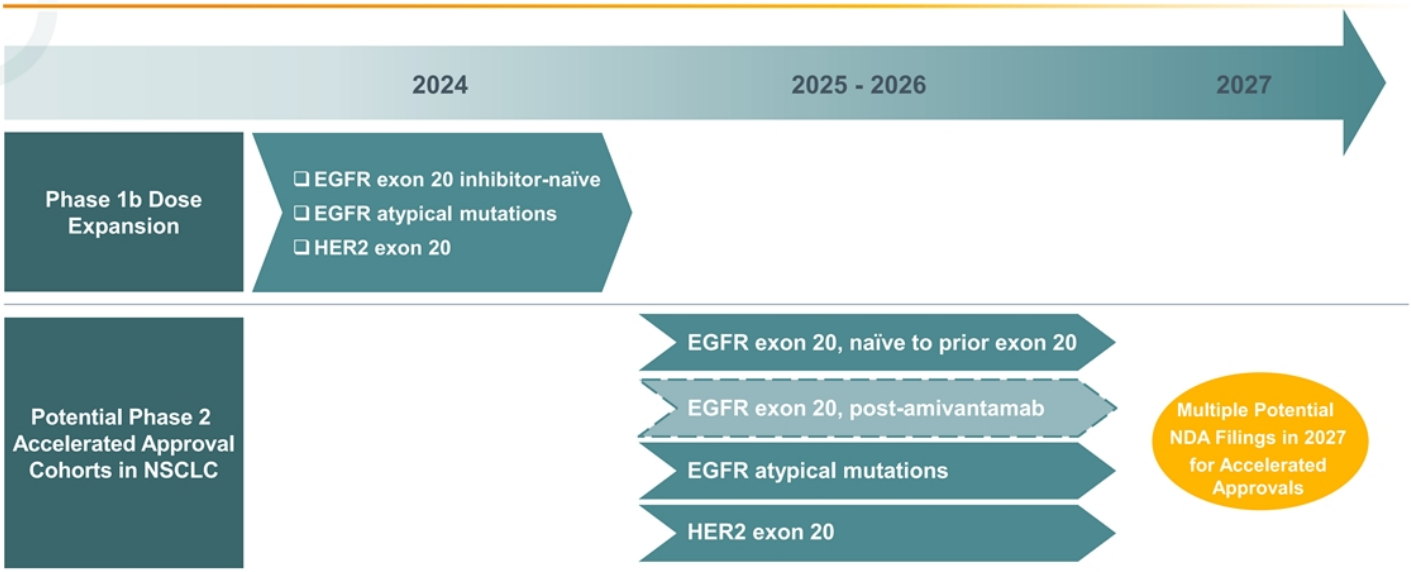
Source: Junttila et al. ESMO Poster (2023). Note: Left graph, Ba/F3 cells stably expressing EGFR wild-type or EGFR carrying classical or atypical mutations. Middle graph, EGFR G719S atypical mutant xenograft model. Right graph: Individual terminal tumor volumes at day 21. Mean is indicated by a line. No body weight loss observed. Complete response, CR, defined as tumor of undetectable size.

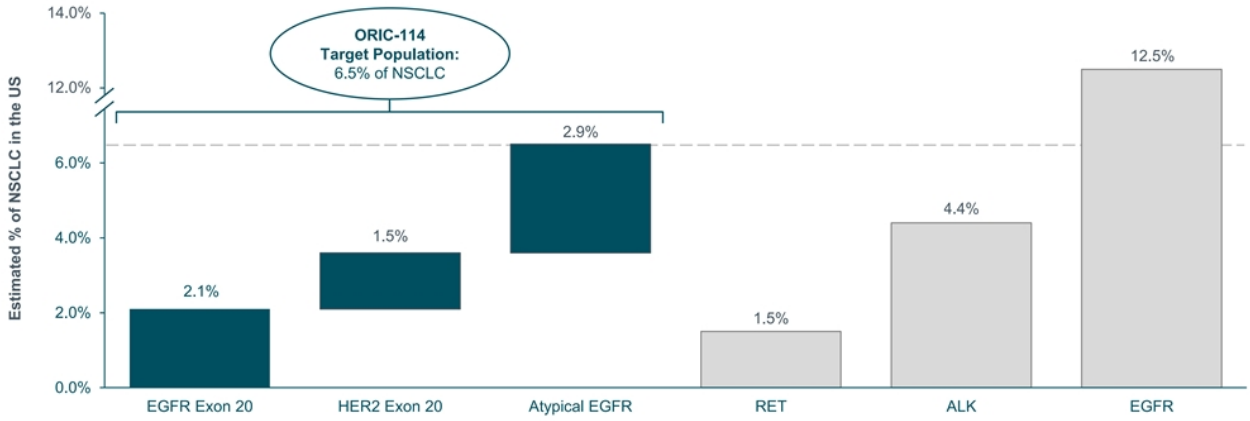
ORIC-114 Planned Next Steps and Potential Registrational Path(s)



Updated Phase 1b data expected in 1H 2025;
Potential for multiple accelerated registrational cohorts initiating in 2025

ORIC-114 Is Pursuing a Significant Commercial Opportunity Across Multiple Patient Populations that Do Not Have CNS Active Agents Approved or in Late-Stage Development

Estimated US Prevalence of Exon 20 Insertions (% of NSCLC)

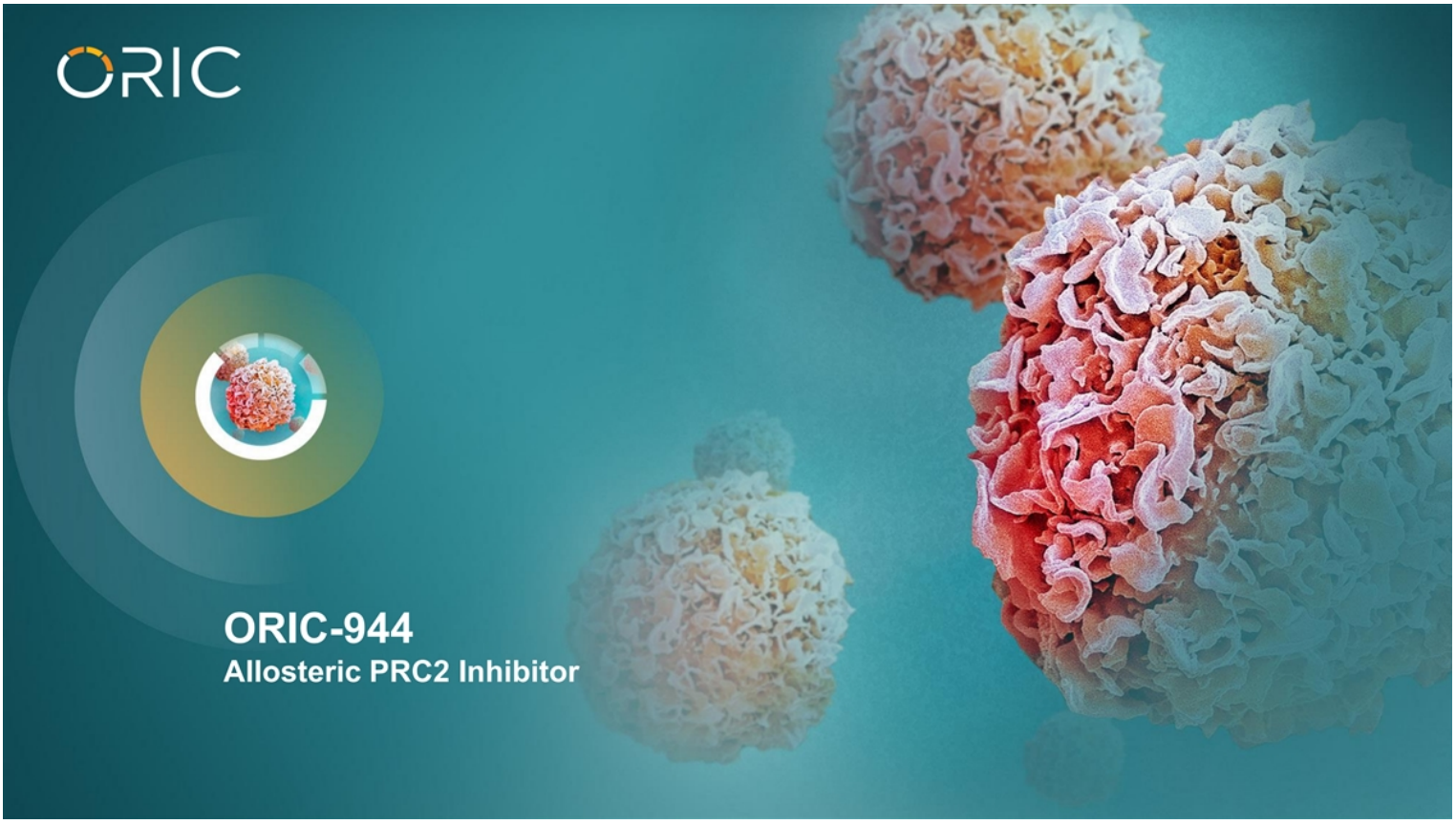


Approved Agents with CNS Activity:	⊘	⊘	⊘	Pralsetinib/Selpercatinib	Alectinib	Osimertinib
Worldwide Annualized 2Q23 Estimated Sales:	–	–	–	$325m (+54% YoY)	$1,700m (+1% YoY)	$6,000m (+7% YoY)

The commercial opportunity for ORIC-114 may represent up to 6.5% of NSCLC (>12,500 patients) in the US annually

ORIC

Source: American Cancer Society Cancer Facts & Figures 2023, Gainor et al. Clin Cancer Res (2013), Hirsch et al. Lancet (2017), Rosen et al. Clin Cancer Res (2021), Heymach et al. WCLC Presentation (2018) and Robichaux et al. Nature (2021). AstraZeneca, Roche and Lilly corporate filings. Note: Worldwide annualized 2Q23 estimated sales calculated using reported 2Q23 sales and adjusted for an annual run rate.


ORIC
ORIC-944
Allosteric PRC2 Inhibitor

ORIC-944 Is a Promising Next-Generation PRC2 Inhibitor Focused on Patients with Prostate Cancer

ORIC-944 Target Product Profile

Selective and Potent

- Allosteric inhibitor of PRC2 by selectively targeting EED
- Picomolar biochemical potency

Robust In Vivo Efficacy

- Significant single agent activity demonstrated in treatment resistant prostate cancer models
- ORIC-944 appears more effective than EZH2 inhibitors in preclinical models

Best-in-Class Drug Properties

- Approved and other PRC2 inhibitors in development appear to be limited by poor drug properties
- ORIC-944 designed for improved drug properties over other PRC2 inhibitors

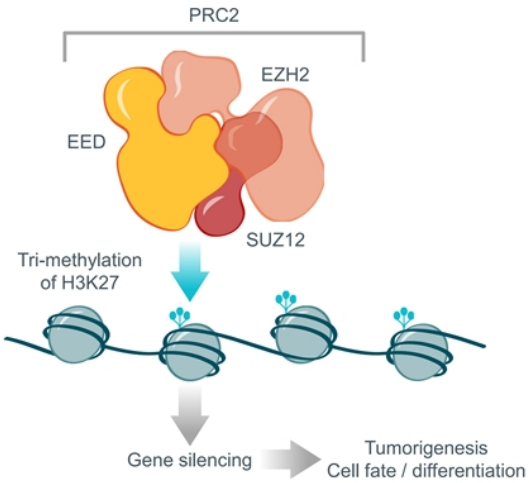
Promising Phase 1b Results

- ✓ Best-in-class drug properties
- ✓ Robust target engagement
- ✓ Well tolerated safety profile

ORIC-944 is a potential best-in-class PRC2 inhibitor with superior drug properties suitable for combination development in prostate cancer

PRC2 Plays Pivotal Role in Transcriptional Regulation and Cancer

PRC2 Function



PRC2 Background

- Two druggable subunits:
  - EED: responsible for histone binding; target of ORIC-944
  - EZH2: responsible for histone methylation; target of first-generation inhibitors
- Dysregulation of PRC2 linked to several cancers
  - Decreased expression of target genes associated with poor prognosis in prostate cancer (1)
- First-generation inhibitors, designed to inhibit EZH2, have demonstrated promising clinical activity
  - Approved for epithelioid sarcoma and follicular lymphoma
  - Emerging potential in prostate cancer

PRC2 is a validated oncogenic target across several cancers with promising therapeutic potential in prostate cancer

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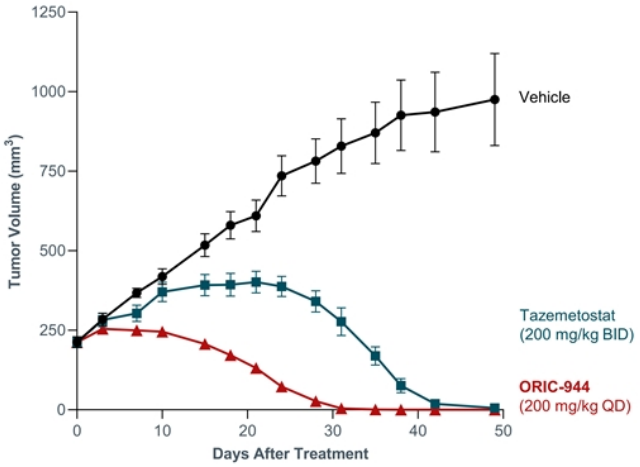
Note: EZH1, enhance of zeste homolog 1. EZH2, enhance of zeste homolog 2. EED, embryonic ectoderm development. SUZ12, suppressor of zeste 12. H3K27, histone H3 at lysine 27.
(1) Yu et al. Cancer Res. (2007).

ORIC-944 Targets the EED Subunit of PRC2 and Has Demonstrated Superior Single Agent In Vivo Efficacy and Favorable Drug Properties

EED Inhibition May Improve Upon EZH2 Inhibitors

- ORIC-944 allosterically inhibits PRC2 by targeting EED
- Allosteric inhibition of PRC2 through EED may address limitations of EZH2 inhibitors
  - Active against EZH2 innate resistant PRC2 mutants (1)
  - Prevent acquired resistance through secondary mutations in EZH2 (2)
  - Inhibit compensatory bypass activity of EZH1 (3)
- ORIC-944 is associated with improved drug properties over other PRC2 inhibitors (4)
- ORIC-944 appears more effective than EZH2 inhibitors in preclinical models

ORIC-944 Induces Complete Regression in DLBCL Model



Allosteric PRC2 inhibition through EED provides many potential benefits over EZH2; Notably, ORIC-944 has improved drug properties over other PRC2 inhibitors

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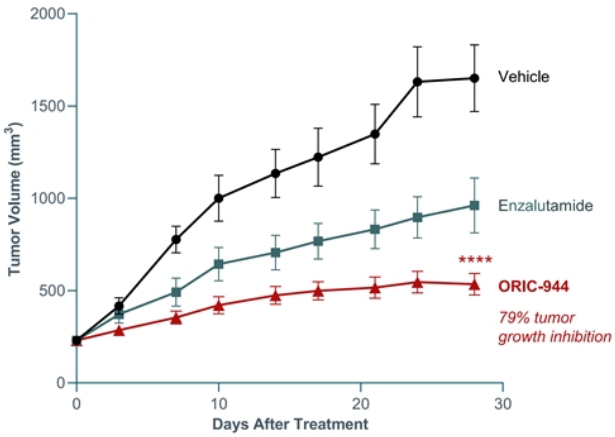
Source: Daemen et al. AACR Poster (2021). (1) Qi et al. Nat Chem Biol (2017). (2) Bisserier et al. Blood (2018). (3) Shen et al. Mol Cell (2008) and Honma et al. Cancer Sci (2017). (4) Italiano et al. Lancet Oncol (2018), Harb et al. TAT (2018) and Yap et al. Clin Cancer Res (2019). Note: DLBCL, diffuse large B-cell lymphoma. Right graft: KARPAS-422 xenograft model.

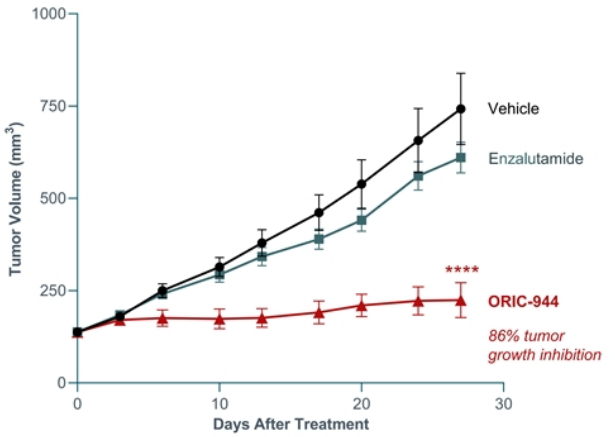
ORIC-944 Demonstrated Strong Single-Agent Activity in Prostate Cancer Models

In Vivo Efficacy – Prostate Cancer Models

Androgen-Insensitive Prostate Cancer



Enzalutamide-Resistant AR-v7+ Prostate Cancer

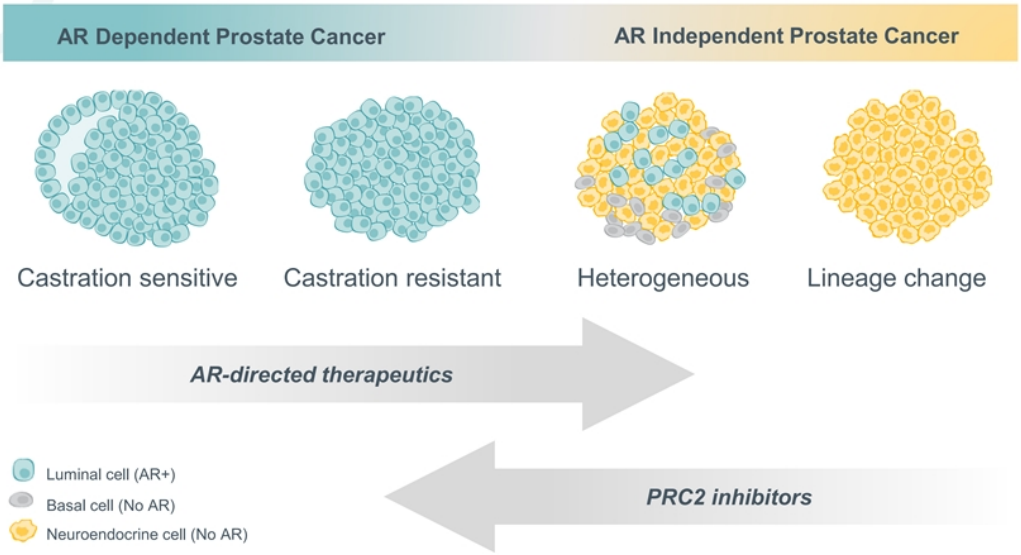


Based on In vivo efficacy observed in multiple prostate cancer models and improved drug properties, ORIC-944 is positioned as a potential best-in-class PRC2 inhibitor for prostate cancer

ORIC

Source: ORIC data and Daemen et al. AACR Poster (2021).
Note: ORIC-944 dose used was 200 mg/kg QD. Enzalutamide dose used was 30 mg/kg QD. ****p < 0.0001. Left graph: C4-2 xenograft model. Right graph: 22Rv1 xenograft model.

PRC2 Epigenetic Dysregulation Plays a Key Mechanistic Role During the Progressive Reprogramming of Prostate Cancers Treated with AR Inhibitors



- Prostate cancer cells evade therapies by cellular reprogramming to an AR independent state
- PRC2 inhibition can reverse this process, such that prostate cancer cells regain AR dependency
- Mechanistic rationale supports combination of PRC2 inhibitors with AR inhibitors

Therapeutic potential of PRC2 inhibitors in prostate cancer is maximized in combination with AR inhibitors

ORIC

Source: Mu et al. Science (2017), Dardenne et al. Cancer Cell (2016), Davies et al. Nat Cell Biol (2021), Nouruzi et al. Nat Commun (2022), and Goel et al. Semin Cancer Bio (2022).

ORIC-944 Synergizes with AR Inhibitors in Preclinical Prostate Cancer Models

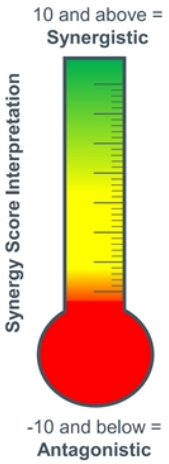
Combination Potential of PRC2 and AR Inhibition

Preclinical Synergy Assessment

- Synergy observed with ORIC-944 combination with enzalutamide in preclinical prostate cancer model
  - Cellular growth assay over 14 days
  - Dose-ranging concentrations of enzalutamide and PRC2 inhibitor, alone and in combination
  - Synergy scoring via multiple models
- Synergy also demonstrated with ORIC-944 in transcriptional based analysis, in combination with other AR inhibitors, and in additional prostate cancer cell lines

Synergy Score Results

Synergy Analysis	**ORIC-944 + enzalutamide**	PF-1497 + enzalutamide
Bliss	10.6	9.9
Loewe	15.8	14.1
HSA	16.7	15.4



ORIC-944 synergizes with AR inhibitors in prostate cancer models, providing rationale for clinical development

ORIC

Source: Data in C4-2 prostate cancer cells shown.

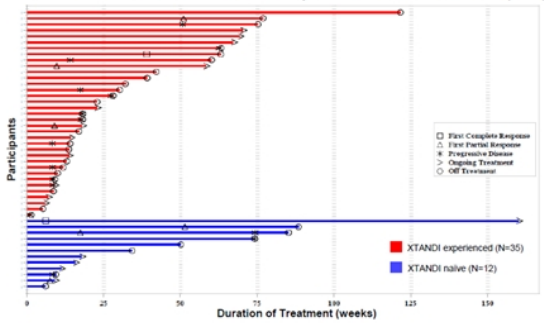
Pfizer Phase 1 Data Clinically Validates Synergy of PRC2 Inhibitor and AR Inhibitor in Prostate Cancer

Updated PF-06821497 Phase 1 Data in Prostate Cancer (1Q23 Pfizer Earnings Call)

PF-06821497: Potential First-in-Class EZH2i in Prostate Cancer

Potential to overcome multiple resistance mechanisms to XTANDI

Phase 1 Dose Escalation in 2L mCRPC with prior abiraterone and/or XTANDI (N=47)



PF-06821497 + XTANDI (XTANDI experienced, N=35)	PF-06821497 + XTANDI (XTANDI naïve, N=12)
rPFS = 8.7mo (4.1. NE)	rPFS = 17.1mo (2.0, NE)

- Durable anti-tumor activity in both XTANDI naïve and experienced patients with mCRPC, suggests potential to sensitize XTANDI-resistant tumors
- All XTANDI naïve patients received prior abiraterone
- Combination generally well-tolerated with mostly Grade 1 and 2 events

Ongoing randomized Phase 2 in 2L mCRPC with data expected early 2024

Pfizer First Quarter 2023 Earnings

No definitive conclusions can be made with cross trial comparisons; EZH2i: Enhancer of zeste homolog 2 inhibitor; mCRPC: metastatic castration-resistant prostate cancer; 2L: second line; rPFS: radiographic progression free survival

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Early rPFS data are encouraging and notably longer than historical controls

*In the control arm of the CARD study, rPFS for XTANDI alone was **4.8 months in XTANDI-naïve patients***

These results, in combination with emerging objective response rate and PSA50 response, are supportive of the contribution of our EZH2 inhibitor candidate in driving these responses

— Mikael Dolsten, CSO and President, Worldwide Research, Development and Medical

Durable antitumor activity was observed in both XTANDI naïve and experienced patients with mCRPC, both of which are notably longer than historical controls – Phase 2 randomized data expected in 2024

ORIC

Source: Pfizer first quarter 2023 earning call on May 2, 2023.

First-In-Human Phase 1b Study of ORIC-944 in Metastatic Prostate Cancer

Phase 1b, Multicenter, Open-Label Study

Dose Escalation

Key Eligibility

- Metastatic prostate cancer
- Progressed:
  - ≥1 AR inhibitor(s)
  - ≤2 chemo regimens
- ECOG 0-1

Screening / Enrollment

ORIC-944

- Single agent
- i3+3 design
- Oral once daily dosing

Dose Escalation Objectives

- ❑ Strong drug properties
  - ❑ Long half-life
  - ❑ Dose proportional exposures
  - ❑ No CYP autoinduction
- ❑ Robust target engagement
- ❑ Well tolerated

Phase 1b designed to confirm ORIC-944 differentiated single agent profile and to position ORIC-944 as a potential best-in-class PRC2 inhibitor for combination development in prostate cancer

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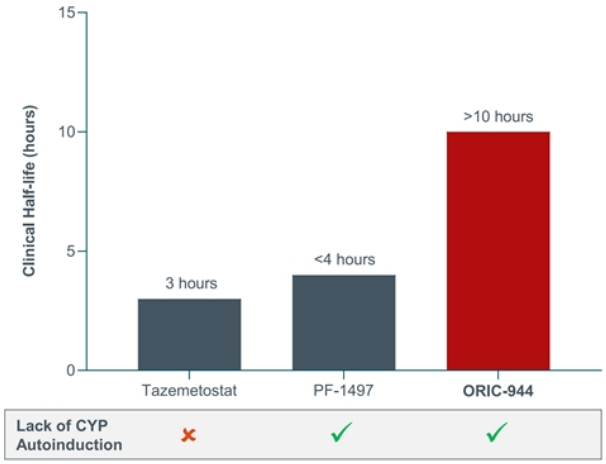
Note: All data as of December 10, 2023.

ORIC-944 Has Demonstrated a Potential Best-in-Class Pharmacokinetic Profile

Preliminary Phase 1b Pharmacokinetic Data

Clinical Half-Life Comparison



Key Takeaways

- Excellent pharmacokinetic profile observed to date
  - Increased exposure with dose level
  - Low inter-patient variability
- No signs of CYP autoinduction that is observed with first-generation PRC2 inhibitors
- Clinical half-life consistent with preclinical prediction of >10 hours, which is superior to other PRC2 inhibitors and supports QD dosing
- Exposures at ≥600 mg QD exceed target Cmin that provides 90% TGI in preclinical in vivo prostate cancer models

Dose exploration continues with favorable plasma half-life and exposures consistent with best-in-class drug properties

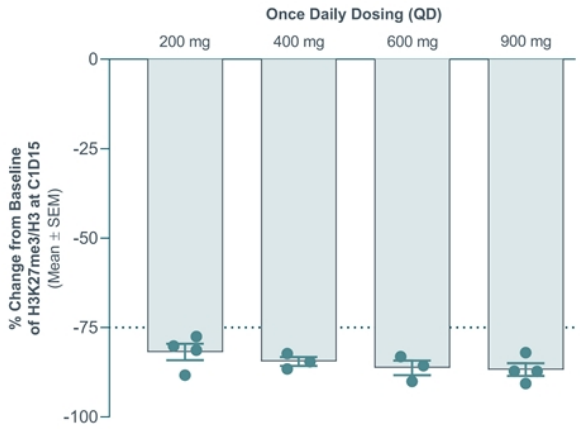
ORIC

Note: All data as of December 10, 2023.
Source: Tazemetostat half-life from FDA label. PF-06821497 half-life estimated from Schweizer et al. ESMO Poster (2022).

ORIC-944 Has Demonstrated Robust and Consistent Target Engagement

Preliminary Phase 1b Pharmacodynamic Data

Inhibition of PRC2 Activity
(% H3K27me3 Reduction in Monocytes)



Key Takeaways

- Robust target engagement demonstrated with once-daily monotherapy dosing
- Maximal decrease (≥75%) in H3K27me3 in monocytes from peripheral blood samples achieved across multiple dose levels, starting as low as 200 mg QD
- Low inter-patient variability observed

ORIC-944 has demonstrated promising pharmacodynamic data, indicating strong target engagement

Note: All data as of December 10, 2023.
Note: % H3K27me3 inhibition in monocytes from Phase 1b patients shown on plot. Samples collected at cycle 1 day 15, or at cycle 1 day 22 for 2 patients at 400 mg QD. H3K27me3, trimethylation of lysine 27 of histone H3.

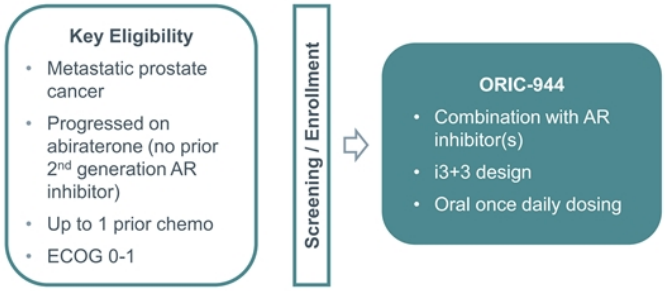
ORIC-944 Is Advancing into Combination Development Based on Phase 1 Results

Phase 1b, Multicenter, Open-Label Study

Initial Phase 1b Results

- Potential best-in-class drug properties with half-life >10 hours supporting once-daily dosing
- Robust target engagement demonstrated with maximal decrease (≥75%) in H3K27me3 in monocytes from peripheral blood samples
- Well tolerated to date
  - Only grade 1 and 2 TRAEs at dose levels less than 900 mg QD

Phase 1b Dose Expansion



Primary endpoints: Safety and recommended Phase 2 dose

Key secondary endpoints: Safety; DOR, CBR and PFS

Exploratory endpoints: H3K27 trimethylation, PRC2 target gene expression, PSA, and genomics

ORIC-944 demonstrated potential best-in-class drug properties with favorable safety and strong PK profile supporting QD dosing; Combination study with AR inhibitor(s) to be initiated in 1H 2024

ORIC

Note: All data as of December 10, 2023.


ORIC
ORIC-533
Orally Bioavailable Small Molecule Inhibitor of CD73

ORIC-533 Is a Potential Best-in-Class Inhibitor of CD73 and First-in-Class for the Treatment of Multiple Myeloma

ORIC-533 Target Product Profile

CD73 Has Significant Therapeutic Potential in Oncology

- Adenosine is immunosuppressive and impairs antitumor immunity
- CD73 reverses immunosuppression in preclinical studies
- CD73 inhibition has demonstrated positive randomized phase 2 data in NSCLC in combination with PD-L1 inhibition

ORIC-533 Is a Potential Best-in-Class CD73 Inhibitor

- More potent than benchmark inhibitors in T cell activation assays
- Orally administered small molecule provides benefits over antibodies (ease of administration and increased tumor penetration)
- Clean safety profile observed in preclinical toxicology studies

ORIC-533 Is First-in-Class for Multiple Myeloma

- CD73 and adenosine role in multiple myeloma supported by research of Dr. Kenneth Anderson lab at Dana Farber Cancer Institute
- Activity demonstrated in ex vivo bone marrow assays from patients with relapsed/refractory multiple myeloma

Promising Phase 1b Results

- ✓ Once daily oral dosing
- ✓ Clean safety profile
- ✓ Dose dependent immune activation
- ✓ Clinical activity as single agent in heavily-pretreated multiple myeloma

ORIC-533 demonstrated immune activation with an exceptionally clean safety profile, which translated into the first single agent activity of any CD73 inhibitor in clinic; well positioned for combination studies in multiple myeloma

Initial First-In-Human Phase 1b Results of ORIC-533 in r/r Multiple Myeloma Were Presented at ASH 2023

Phase 1b, Multicenter, Open-Label Study

Phase 1b Dose Escalation

Key Eligibility

- r/r multiple myeloma
- Refractory to or ineligible for treatment regimens known to provide clinical benefit (i.e., triple-class+ refractory)
- ECOG 0-2

Screening / Enrollment

ORIC-533

- Single agent
- i3+3 design
- Oral once daily dosing

Primary endpoints: Safety and recommended Phase 2 dose

Key secondary endpoints: PK

Exploratory endpoints: Exploratory biomarkers (1)

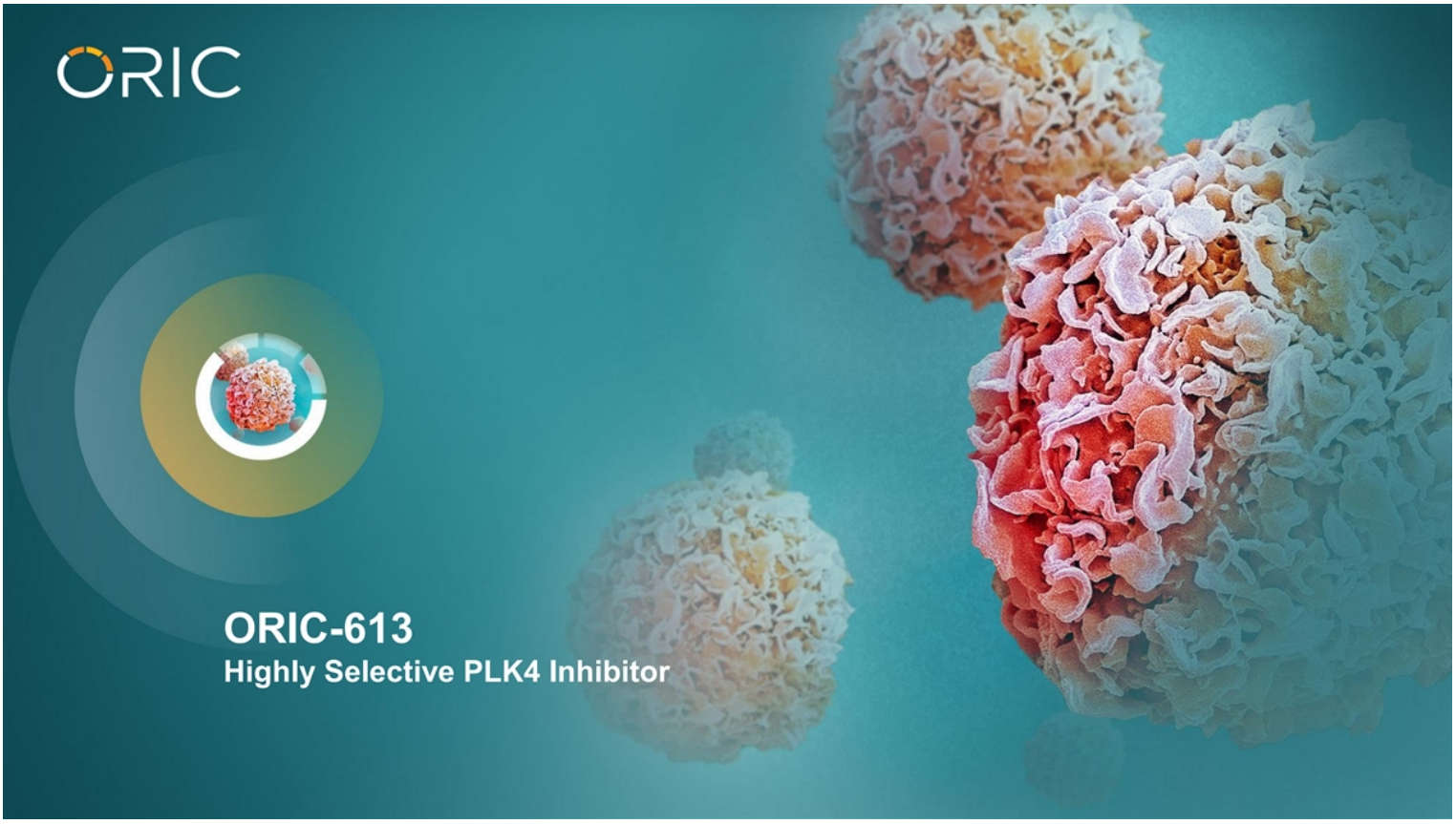
Initial Phase 1b Results

- ✓ Clinical half-life of ~24 hours supports QD dosing
- ✓ Well tolerated safety profile with no Grade ≥3 TRAEs
- ✓ Complete/substantial inhibition of CD73 activity in serum and bone marrow
- ✓ Evidence of immune modulation of CD8+ T cells and NK cells
- ✓ Meaningful reductions in sBCMA levels, suggestive of antimyeloma activity
- ✓ Preliminary evidence of clinical antimyeloma activity, including reductions in paraprotein, demonstrated in multiple patients with r/r multiple myeloma

Phase 1b remains ongoing as a monotherapy to select provisional RP2D for combination development; Strategic partnership being pursued to enable combination studies

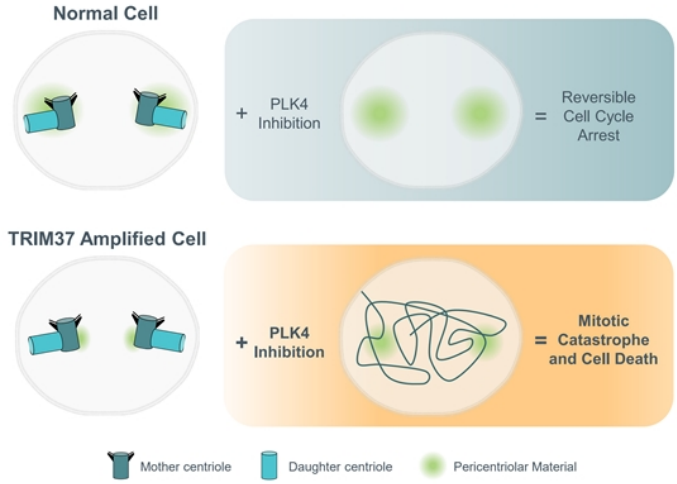
ORIC

(1) Exploratory biomarker analyses include CD73 enzymatic function, and immune cell and cytokine profiling. Note: r/r, relapsed/refractory. NK, natural killer. sBCMA, soluble B-cell maturation antigen.


ORIC
ORIC-613
Highly Selective PLK4 Inhibitor

ORIC Is Developing Small Molecule Inhibitors of PLK4 Targeting TRIM37-Amplified Breast Cancer Via Synthetic Lethality

PLK4 Inhibition Is Synthetically Lethal to Tumor Cells with TRIM37 Amplifications



ORIC Small Molecule Inhibitor of PLK4 Discovery and Development Rationale

- Polo-like kinase 4 (PLK4) is a serine/threonine protein kinase that controls centrosome duplication during cell division
- Cells with TRIM37 amplification require PLK4 function for growth and survival
  - Provides opportunity for synthetic lethal targeting
- TRIM37 amplifications occur in breast cancer (~20%) and neuroblastoma (~55%), and have been associated with early relapse and poor prognosis

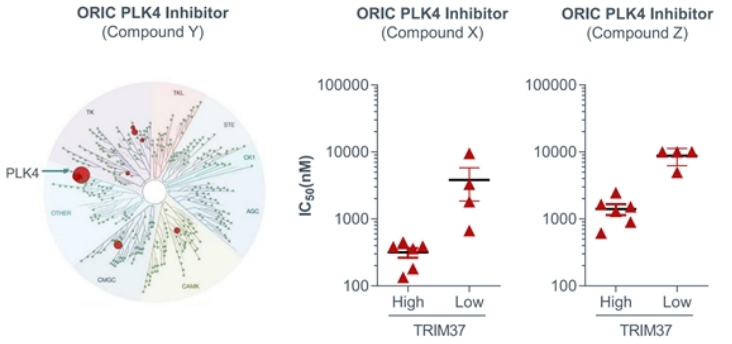
Targeting TRIM37 amplified cancers with a potent and selective PLK4 inhibitor is a potential first-in-class opportunity

ORIC

Source: Meitinger et al. Nature (2020), Yeow et al. Nature (2020), Sinclair et al. Breast Cancer Res Treat (2003) and Bown et al. N Engl J Med (1999).

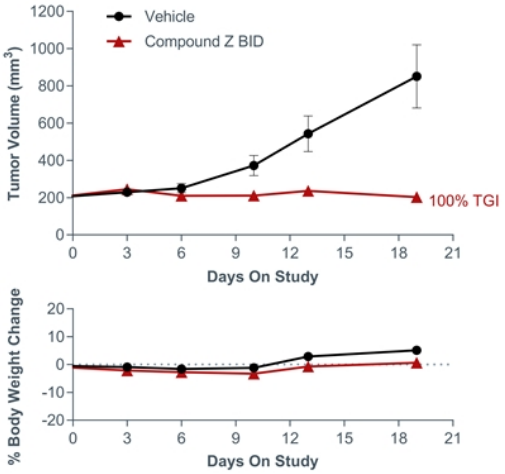
ORIC Small Molecule Inhibitors of PLK4 Are Highly Potent and Selective, and Demonstrate Single Agent Activity In Vivo

ORIC PLK4 Inhibitors Are Potent and Selective with Targeted Activity in TRIM37 Amplified Cell Lines



	ORIC PLK4 Inhibitors		
	Compound X	Compound Y	Compound Z
PLK4 Biochemical IC_{50} (nM)	0.43	1.58	1.79

ORIC PLK4 Inhibitors Demonstrate Single Agent Activity in TRIM37 Amplified Xenograft Model



ORIC PLK4 inhibitors are highly selective and demonstrate strong single agent antitumor activity in TRIM37 amplified xenografts; Advanced novel development candidate, ORIC-613, through IND enabling studies

ORIC

Source: Edgar et al. AACR Poster (2022). Left graphs: Kinome profile at 1 µM. Cell panel consists of breast cancer and neuroblastoma cell lines. Right graphs: oral dosing of ORIC PLK4 inhibitor in CHP-134 neuroblastoma xenograft model.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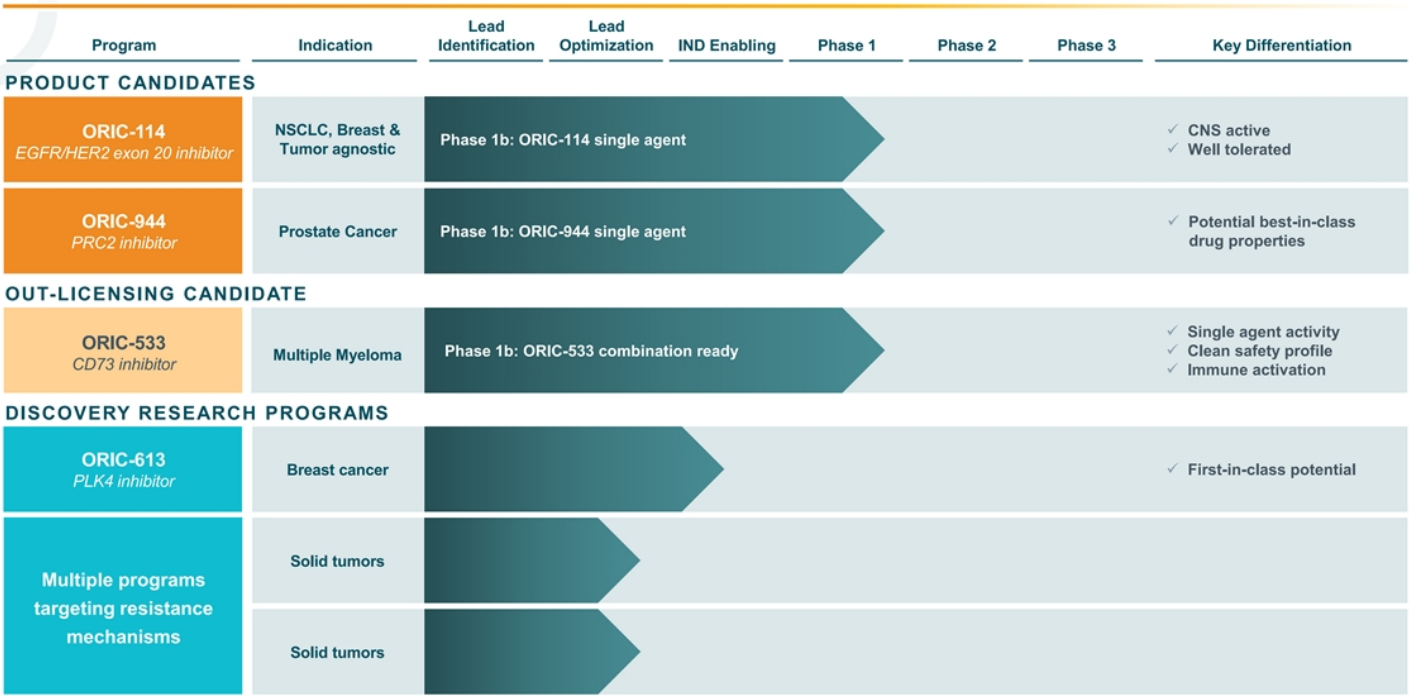
Key Takeaways

Clinical Pipeline Focused on Advancement of ORIC-114 and ORIC-944



ORIC Pharmaceuticals: Dedicated to **O**vercoming **R**esistance **I**n **C**ancer

Broad Pipeline of Potential First-in-Class and Best-in-Class Programs	• Two potential best-in-class programs advancing towards pivotal studies • Additional preclinical programs targeting novel and validated targets
Precision Oncology Expertise Enables Accelerated Clinical Timelines	• Rapid timelines enabled by biomarker-driven, patient-selected clinical trials and translational expertise
Dual Engines for Pipeline Expansion	• Track record of building pipeline via internal R&D and business development • Targeting one new IND candidate every 18 months
Experienced Management Team	• Heritage of discovering and developing multiple approved oncology medicines at Ignyta, Medivation, Aragon and Genentech
Strong Financial Position	• Cash and investments of $235 million expected to fund company into 2026 (1)
Anticipated Milestones	• ORIC-944 initiation of combination study with AR inhibitor(s): 1H 2024 • ORIC-944 program update: mid-2024 • ORIC-114 initiation of dose expansion in multiple cohorts: 1H 2024 • ORIC-114 updated Phase 1b data: 1H 2025

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(1) Approximate unaudited balance as of December 31, 2023.