# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**WASHINGTON, DC 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): **June 13, 2024**

# InspireMD, Inc.
(Exact Name of Registrant as Specified in Its Charter)

**Delaware**
(State or Other Jurisdiction of Incorporation)

| **001-35731** | **26-2123838** |
|---|---|
| (Commission File Number) | (IRS Employer Identification No.) |
| **4 Menorat Hamaor St. Tel Aviv, Israel** (Address of Principal Executive Offices) | **6744832** (Zip Code) |

**(888) 776-6804**
(Registrant's Telephone Number, Including Area Code)

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 | NSPR | The Nasdaq Capital Market LLC |

Indicate by check mark whether the registrant is an emerging growth company as defined in 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 7.01 Regulation FD Disclosure.**

On June 13, 2024, InspireMD, Inc. (the "Company", "we", "us", or "our") made available an updated investor presentation. A copy of the presentation is attached hereto as Exhibit 99.1 and incorporated by reference in this Item 7.01. A copy of the presentation is also available on our website at https://www.inspiremd.com/en/investors/investor-relations/.

The information contained in this Item 7.01, including in Exhibit 99.1 attached hereto, is "furnished" and not "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. Such information shall not be incorporated by reference in another filing under the Exchange Act or the Securities Act of 1933, as amended, except to the extent such other filing specifically incorporates such information by reference.

**Item 9.01 Financial Statements and Exhibits**

(d) Exhibits

| | |
|---|---|
| 99.1 | InspireMD Investor Presentation June 2024 |
| 104 | Cover Page Interactive Data File (formatted as inline XBRL) |

**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.

**INSPIREMD, INC.**

Date: June 13, 2024

By: */s/ Craig Shore*
Name: Craig Shore
Title: Chief Financial Officer

Exhibit 99.1


INSPIRE MD

Nasdaq: NSPR

# Disclaimers

## Forward Looking Statement

This presentation contains "forward-looking statements." Such statements may be preceded by the words "intends," "may," "will," "plans," "expects," "anticipates," "projects," "predicts," "estimates," "aims," "believes," "hopes," "potential" or similar words. For example, the Company is using forward-looking statements when it discusses the potential commercialization and market opportunities for its products and product candidates, its cash runway, and its anticipated future milestone Company events. Forward-looking statements are not guarantees of future performance, are based on certain assumptions and are subject to various known and unknown risks and uncertainties, many of which are beyond the Company's control, and cannot be predicted or quantified and consequently, actual results may differ materially from those expressed or implied by such forward-looking statements. Such risks and uncertainties include, without limitation, risks and uncertainties associated with (i) market acceptance of our existing and new products, (ii) negative clinical trial results or lengthy product delays in key markets, (iii) an inability to secure regulatory approvals for the sale of our products, (iv) intense competition in the medical device industry from much larger, multinational companies, (v) product liability claims, (vi) product malfunctions, (vii) our limited manufacturing capabilities and reliance on subcontractors for assistance, (viii) insufficient or inadequate reimbursement by governmental and other third party payors for our products, (ix) our efforts to successfully obtain and maintain intellectual property protection covering our products, which may not be successful, (x) legislative or regulatory reform of the healthcare system in both the U.S. and foreign jurisdictions, (xi) our reliance on single suppliers for certain product components, (xii) the fact that we will need to raise additional capital to meet our business requirements in the future and that such capital raising may be costly, dilutive or difficult to obtain and (xiii) the fact that we conduct business in multiple foreign jurisdictions, exposing us to foreign currency exchange rate fluctuations, logistical and communications challenges, burdens and costs of compliance with foreign laws and political and economic instability in each jurisdiction. More detailed information about the Company and the risk factors that may affect the realization of forward- looking statements is set forth in the Company's filings with the Securities and Exchange Commission (SEC), including the Company's Annual Report on Form 10-K and its Quarterly Reports on Form 10-Q. Investors and security holders are urged to read these documents free of charge on the SEC's web site at http://www.sec.gov. The Company assumes no obligation to publicly update or revise its forward-looking statements as a result of new information, future events or otherwise.

This presentation shall not constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of these securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or other jurisdiction.

# Investment Highlights : Poised to Transform the Carotid Intervention Market

### CGuard EPS Stent Platform Utilizing Proprietary MicroNet™ Technology

Highly differentiated platform for treatment of carotid artery disease and stroke prevention

### Unmatched Clinical Outcomes (Short- and Long-Term)

Ten clinical trials completed with >**2,000** patients presented or published including US IDE trial

### Deep Pipeline and Strategic Roadmap

**MicroNet™** technology pipeline; SwitchGuard NPS for TCAR; acute stroke with tandem lesions

### CMS Coverage Expanded to Include Standard Risk and Asymptomatic Reimbursement

Enables stent-first approach to carotid revascularization

### Regulatory Efforts Advancing Toward US Approval

FDA approval of CGuard Prime anticipated in **H1 2025**

### Significant Market Potential

Current treated market: **$1.3 Billion** (patients treated with CEA + CAS globally), with significant growth potential from demographic trends and increased screening and diagnosis

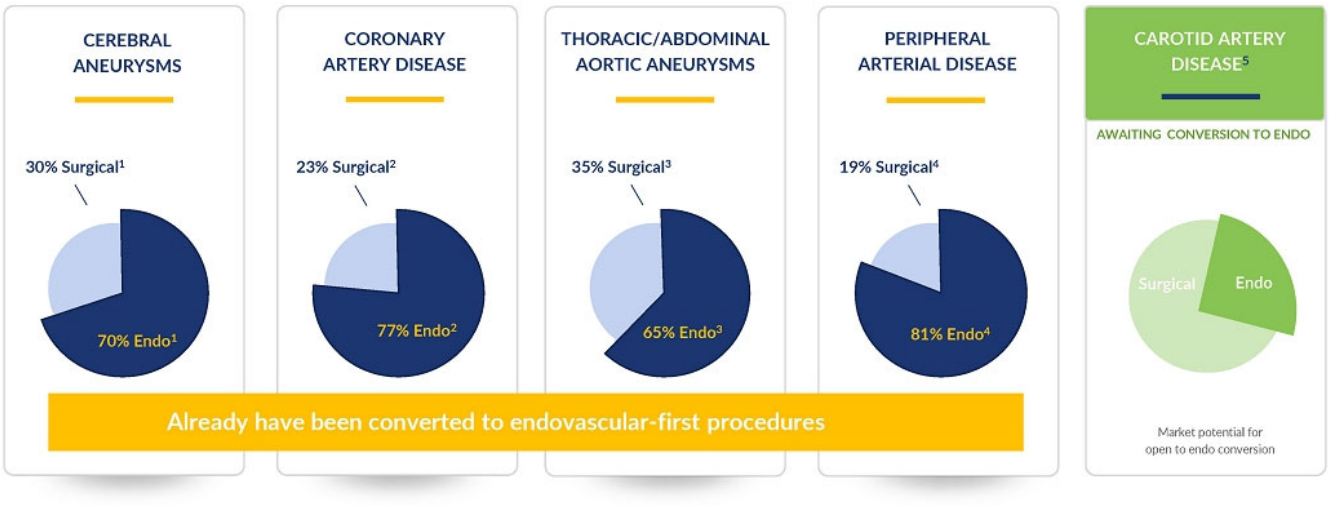
### Expanding Commercial Footprint

Double-digit market share in >**30** served countries (>30% in Italy)

Over **50,000** stents sold to date

*Transformational May 2023 financing up to $113.6 million provides runway through potential US approval of CGuard Prime EPS and other value-creating milestones*

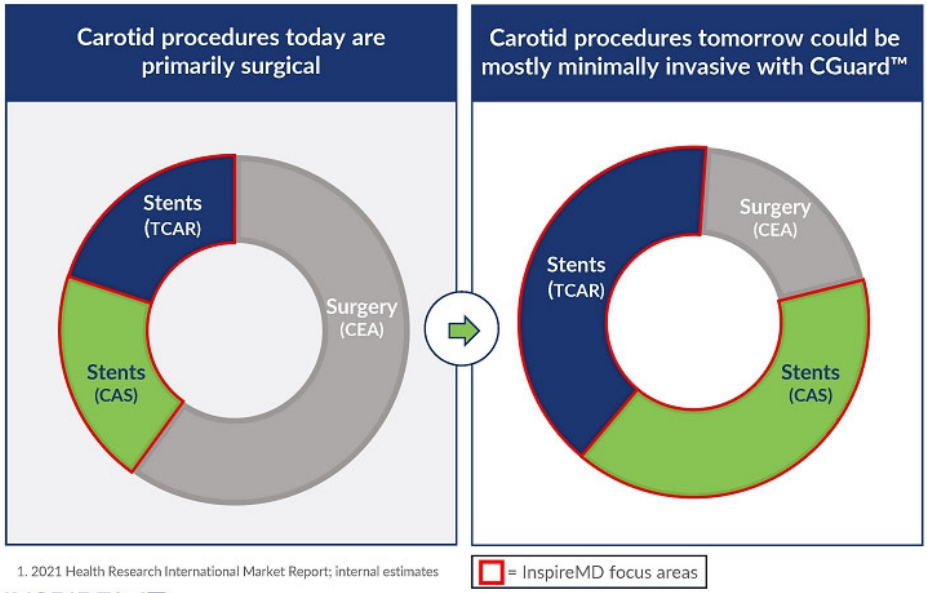
# Cardiovascular Procedures: The Endovascular Revolution is Nearly Complete




[1] Bekelis K, Gottlieb DJ, Su Y, et al. Comparison of clipping and coiling in elderly patients with unruptured cerebral aneurysms. J Neurosurg. 2017;126(3):811–818
[2] Culler SD, Kugelmass AD, Brown PP, , et al. Trends in Coronary Revascularization Procedures Among Medicare Beneficiaries Between 2008 and 2012. Circulation. 2015;131(4):362-70
[3] Beck AW, Sedrakyan A, Mao J, et al. Variations in Abdominal Aortic Aneurysm Care: A Report From the International Consortium of Vascular Registries. Circulation. 2016;134(24):1948-1958
[4] Guez, D., Hansberry, D. R., Gonsalves, C. F., Eschelman, D. J., Parker, L., Rao, V. M., & Levin, D. C. Recent Trends in Endovascular and Surgical Treatment of Peripheral Arterial Disease in the Medicare Population. AJR Am J Roentgenol. 2020 May;214(5):962-966.
[5] Procedures For Selected Nations, 2017 – 2025 presented to InspireMD, Inc. by Health Research International Personal Medical Systems, Inc. Sept. 13, 2021

# Potential Multi-Billion Dollar Market Opportunity

MicroNet™ covered CGuard™ stent platform could become the new gold standard



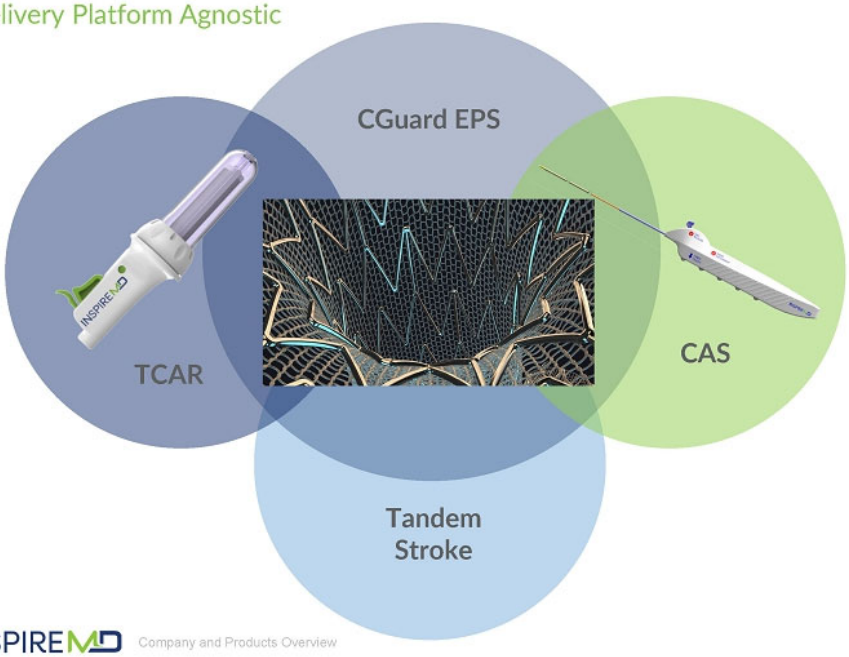

- **Current Treated Global Market:** [1]
  → **$1.3 billion**
  407K Global procedures (CEA/CAS/TCAR) to treat HGCS (High Grade Carotid Stenosis)
- **Current Treated U.S. Market:**
  → **$809 million**
  155K procedures to treat HGCS
- **Current Untreated Global Market:**
  → **$8 billion**
  ~2.8 million people diagnosed with HGCS (Untreated)
- **Standard Risk and Asymptomatic reimbursement (US) increases CAS potential**, expected to increase screening and diagnosis

1. 2021 Health Research International Market Report; internal estimates

= InspireMD focus areas

## Long-Term Stent Performance is the Cornerstone of Our Focus

Delivery Platform Agnostic

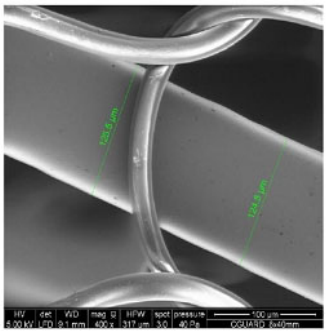


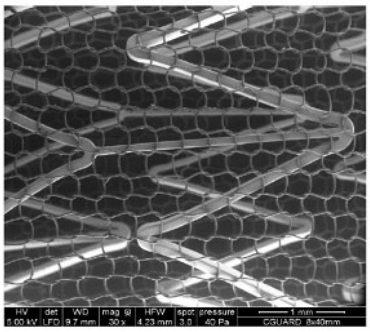

- ✓ Well-positioned to capitalize on the ongoing **paradigm shift toward a "stent first" approach** and away from surgery
- ✓ **Agnostic to stent delivery approach** (TCAR vs. CAS)

**PROBLEM:** Approximately 2/3 of neurovascular events (stroke, TIA) occur after the carotid surgery procedure takes place[2]. How to preserve the flexibility of an open-celled stent while building in embolic protection?

## OUR SOLUTION: The CGuard EPS

The only stent platform available with our patented MicroNet mesh technology

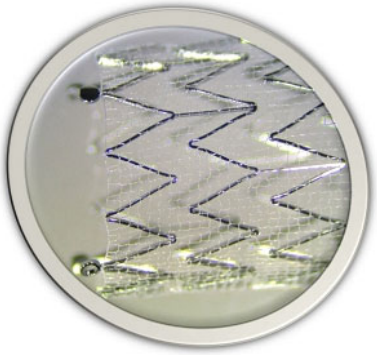




Interior Component:
Open-Cell Nitinol stent
**(92 µm and 125 µm)**

Exterior Component :
Closed-cell PET
(Polyethylene terephthalate)
**25 µm**

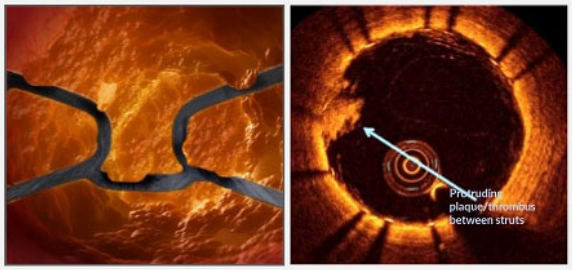
Mesh Cell Size: **165 µm**



1. Cano et al. Rev Bras Cardiol Invasiva 2013; 21(2): 159-64. 2. Bosiers et al. Eur J Vasc Endovasc Surg Vol 33, Feb 2007.,

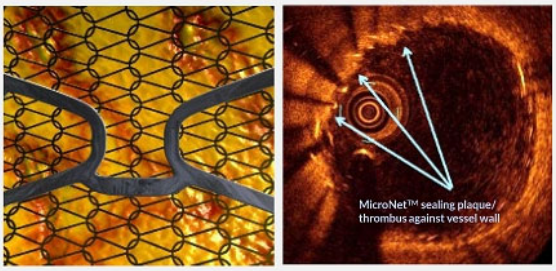
# OUR SOLUTION: CGuard™ Stent with Proprietary MicroNet™ Technology[1]

Mesh-covered stent offers superior plaque coverage when compared to conventional stents




**Conventional Open Cell Stent (1st GEN):**
Larger cell sizes allow increased plaque protrusion risk

VS.



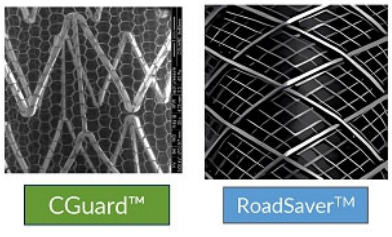

**CGuard Stent System (2nd GEN):**
Stents are covered in MicroNet to minimize plaque prolapse

## An Embolic Prevention System (EPS) for Ultimate Thrombus Protection

MicroNet captures and locks thrombus & plaque materials against the arterial wall, deterring debris from entering the bloodstream while also acting as a mechanical barrier to prevent plaque protrusion

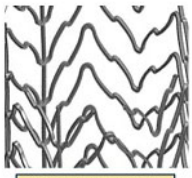
[1] Tomoyuki Umemoto, MD. Optical coherence tomography assessment of new generation mesh-covered stents after carotid stenting. Eurointerventional 2017;1348-1355 (published online)
Image: Prof. Valdés Chávarri

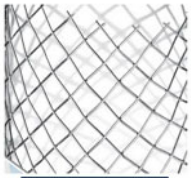
## Stent Cell Sizes



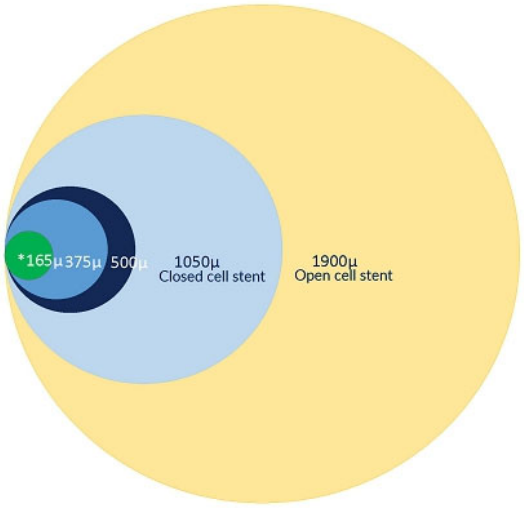




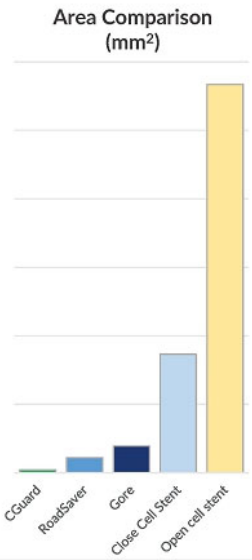


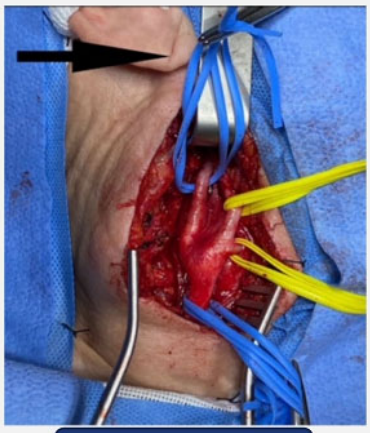

* Bench test results may not necessarily be indicative of clinical performance.
Stent images approximately at scale but not exact




* Average in lesion at expanded state

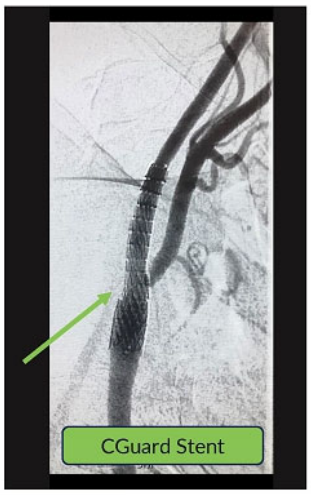


## A Picture is Worth a Thousand Words…



Surgical Endarterectomy

VS


Stenting

# Unmatched Foundational Data and Evidence

# PMA Trial Design (C-GUARDIANS)

## Prospective, multicenter international single-arm clinical trial

- **Pivotal study objective:** to evaluate the safety and efficacy of the CGuard™ Carotid Stent System in the treatment of carotid artery stenosis
    - **Primary Endpoint: Composite of DSMI through 30 days or ipsilateral stroke 31 - 365 days post-index procedure.** Calculation will be the composite of the following: incidence of the following major adverse events: death (all- cause mortality), all stroke, and myocardial infarction (DSMI) through 30-days post-index procedure, based on the clinical events or ipsilateral stroke from 31-365-day follow-up, based on CEC adjudication. The rate will be compared to a performance goal of 11.6% developed from published CAS literature.
    - In European independent clinical studies peer-review* published data of **1,104 patients** followed for one year - **1.99%**
- **Chris Metzger, M.D.** (Ballad Health) and **Piotr Musialek, M.D.** (John Paul II Hospital, Krakow, Poland): Principal Investigators
- **316 Patients – Enrollment completed (23 months)**
- **24 Centers** (19 in the United States and 5 in Europe)

* Schofer, J. et al. JACC Cardiovasc. Interv. 2015; Speziale, F. et al. EuroIntervention. 2018; Sirignano, P et al. Cardiovascular Interv. 2020; Musialek et al. EuroIntervention. 2020; Karpenko, A. et al. JACC Cardiovasc. Interv. 2021.



* 2021 Health Research International Market Report; internal estimates

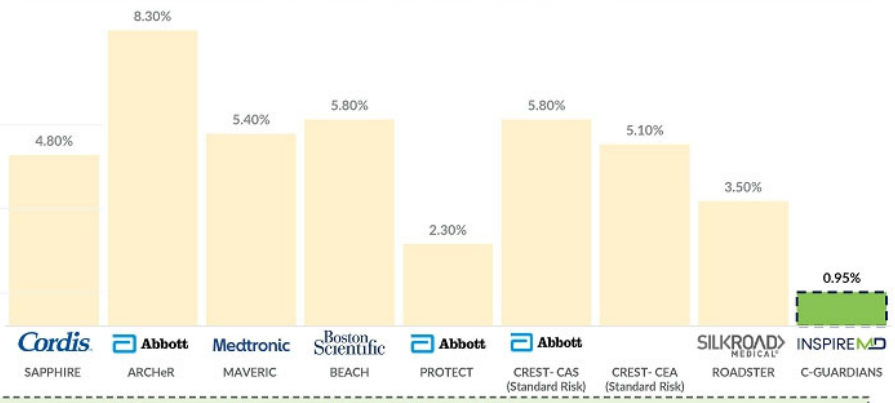
# C-GUARDIANS: 30-Day Safety Outcomes

## 30-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials

### CGUARDIANS 30-day outcomes

| | Intention to Treat | Per Protocol[1,2] |
|---|---|---|
| 30-day DSMI | 0.95% (3) | 0.63% (2) |
| Death | 0.32% (1) | 0.0% (0) |
| Stroke | 0.95% (3) | 0.63% (2) |
| MI | 0.00% (0) | 0.0% (0) |

### 30-day DSMI (multiple FDA trials)




- **Demonstrates the lowest 30-day DSMI rates of any FDA approval/clearance trial of CAS or TCAR**
- **Trial includes independent event adjudication**
- **0.95% event rate consistent with 1.03% 30-day event rate from >1350 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization**

INSPIREMD

1) Kaplan-Meier estimate for all 1-year endpoints
2) Per Protocol Analysis excludes 15 patients with Major Protocol Deviations

Yadav JS, et al. N Engl J Med 2004;351:1493-501. Gray WA, et al. J Vasc Surg. 2006 Aug;44(2):258-68. Higashida RT, et al. Stroke. 2010 Feb;41(2):e102-9. White CJ, et al. CCI 2006 Apr;67(4):503-12. Iyer SS, et al. J Am Coll Cardiol. 2008 Jan 29;51(4):427-34. Matsumura JS, et al. J Vasc Surg. 2012 Apr;55(4):968-976.e5. SSED Premarket Approval Application (PMA) Number: P040012/S034. Kwolek CJ, et al. J Vasc Surg. 2015 Nov;62(5):1227-34.

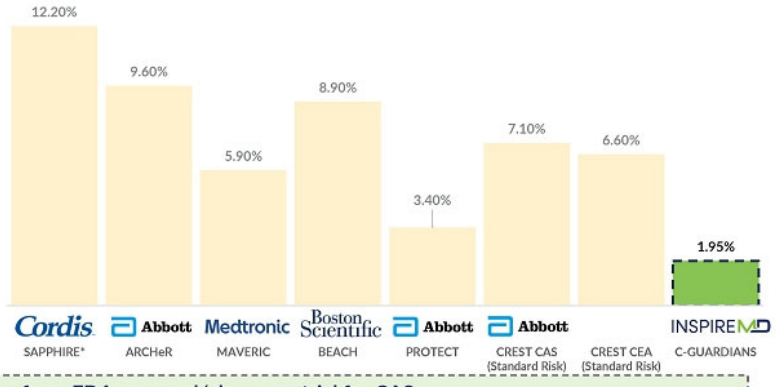
# C-GUARDIANS: 1-Year Safety and Effectiveness Outcomes

## Composite event rate of 30-Day Death/Stroke/MI (DSMI) or Ipsilateral stroke between days 31-365

### CGUARDIANS 1-Year outcomes

| | Intention to Treat | Per Protocol[1,2] |
|---|---|---|
| Primary Endpoint: 30-day Death, Stroke, or MI + Ipsilateral Stroke between 31 and 365 days | 1.95% (6) | 1.70% (5) |
| Target Lesion Revascularization (TLR) through 365 days. | 0.98% (3) | 1.01% (3) |

### 30-day DSMI or Ipsilateral Stroke to 1-Year




- Demonstrates the lowest primary endpoint event rates of any FDA approval/clearance trial for CAS
- Trial includes independent event adjudication
- 1.95% event rate consistent with 1.99% 1-year event rate from >1100 patients in peer-reviewed, published studies of real world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization

INSPIRE MD

1) Kaplan-Meier estimate for all 1-year endpoints
2) Per Protocol Analysis excludes 15 patients with Major Protocol Deviations
* SAPPHIRE one-year primary endpoint also included Death/MI from 31-365 days

Yadav JS, et al. N Engl J Med 2004;351:1493-501. Gray WA, et al, J Vasc Surg. 2006 Aug;44(2):258-68. Higashida RT, et al, Stroke. 2010 Feb;41(2):e102-9. White CJ, et al, CCI 2006 Apr;67(4):503-12. Iyer SS, et al, J Am Coll Cardiol. 2008 Jan 29;51(4):427-34. Matsumura JS, et al, J Vasc Surg. 2012 Apr;55(4):968-976.e5. SSED Premarket Approval Application (PMA) Number: P040012/S034. Kwolek CJ, et al, J Vasc Surg. 2015 Nov;62(5):1227-34.

# Safety Comparison: InspireMD vs. Silk Road vs. Contego Medical

30-day Major Adverse Events (DSMI) with independent adjudication.

| | INSPIREMD | SILKROAD MEDICAL | Contego Medical |
|---|---|---|---|
| | C-GUARDIANS U.S. Pivotal Trial | ROADSTER U.S. Pivotal Trial | PERFORMANCE II U.S. Pivotal Trial |
| | Intent to Treat (n=316) | Intent to Treat (n=141) | Intent to Treat (n=305) |
| Death, Stroke, or MI | 0.95% | 3.5% | 2.30% * |
| Death | 0.32% | 1.4% | 0.33% |
| Any Stroke | 0.95% | 1.4% | 1.31% |
| Myocardial Infarction | 0.00% | 0.7% | 0.66% |

- PERFORMANCE II 2.30% DSMI on par with NAV6 FDA clinical study (PROTECT) published results in 2011
- 80% of PERFORMANCE II cases were done with NAV6 EPD

INSPIREMD

Kwolek CJ, et al. Results of the ROADSTER multicenter trial of transcarotid stenting with dynamic flow reversal. J Vasc Surg. 2015 Nov;62(5):1227-34.
A Multicenter Trial Evaluation of the Neuroguard Carotid Artery Stent System With Integrated Embolic Protection: 30-Day and 1-year Outcomes of PERFORMANCE II. Presentation by Gray WA at VIVA, Nov 2, 2023.

# CARMEN Meta-Analysis (112 Studies, 68K Patients)[1]

- Improvements from second-generation stents (SGS) relative to first-generation stents (FGS), but important differences exist amongst the SGS
- CGuard's MicroNet **drives improvement both in event reduction** (due to improved scaffolding) and **restenosis reduction** (due to less metal burden)

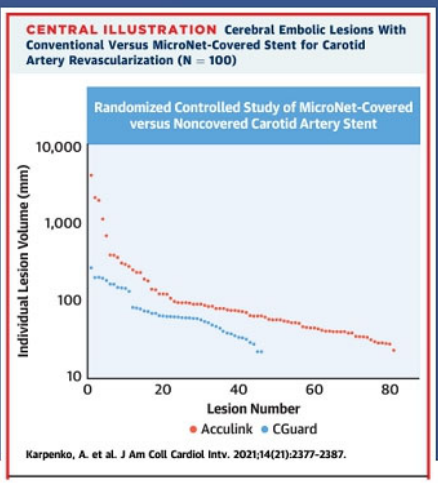
## 30-day and 12-month event rates by stent type (random-effect model)

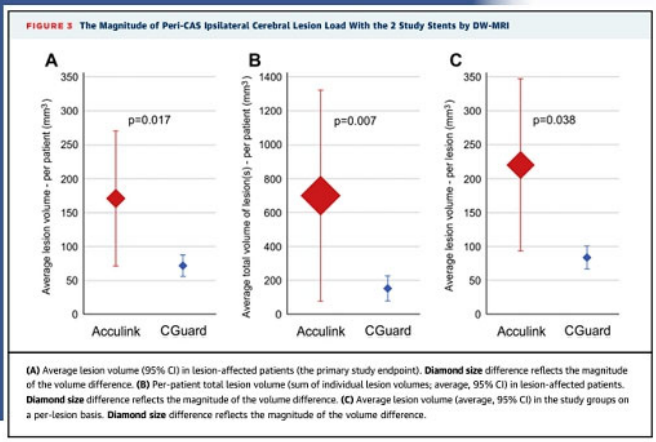
| Event | FGS | SGS | Terumo RoadSaver/ Casper | Gore (not marketed) | INSPIRE MD CGuard |
|---|---|---|---|---|---|
| 30-day Stroke [%] (95% CI) | 3.01 (2.63-3.38) | 0.60 (0.28-0.92) | 0.50 (0.0-1.15) | 2.89 (1.03-4.76) | 0.54 (0.17-0.92) |
| 30-day Death / Stroke / MI [%] (95% CI) | 4.11 (3.65-4.56) | 1.30 (0.64-1.96) | 1.33 (0.0-2.66) | 4.82 (2.44-7.2) | 1.08 (0.55-1.60) |
| 12-month Ipsilateral Stroke [%] (95% CI) | 3.51 (2.52-4.50) | 0.7 (0.0-1.47) | 0.26 (0.0-1.27) | 3.1 (1.11-5.1) | 0.38 (0.0-0.9) |
| 12-month Restenosis [%] (95% CI) | 3.97 (0.28-5.14) | 3.38 (1.39-5.37) | 7.16 (4.45-9.86) | 4.83 (2.36-7.29) | 0.34 (0.0-0.82) |
| 12-month Ipsilateral Stroke / Restenosis [%] (95% CI) | 8.15 (6.34-9.93) | 5.12 (2.14-8.10) | 7.86 (5.04-10.68) | 7.93 (4.82-11.04) | 0.73 (0.0-1.44) |

INSPIRE MD

1) Clinical Outcomes of Second- versus First-Generation Carotid Stents: A Systematic Review and Meta-Analysis, J. Clin. Med. 2022, 11

# Randomized DW-MRI Study Comparing CGuard and Acculink Demonstrates the Neuroprotective Effect of MicroNet™



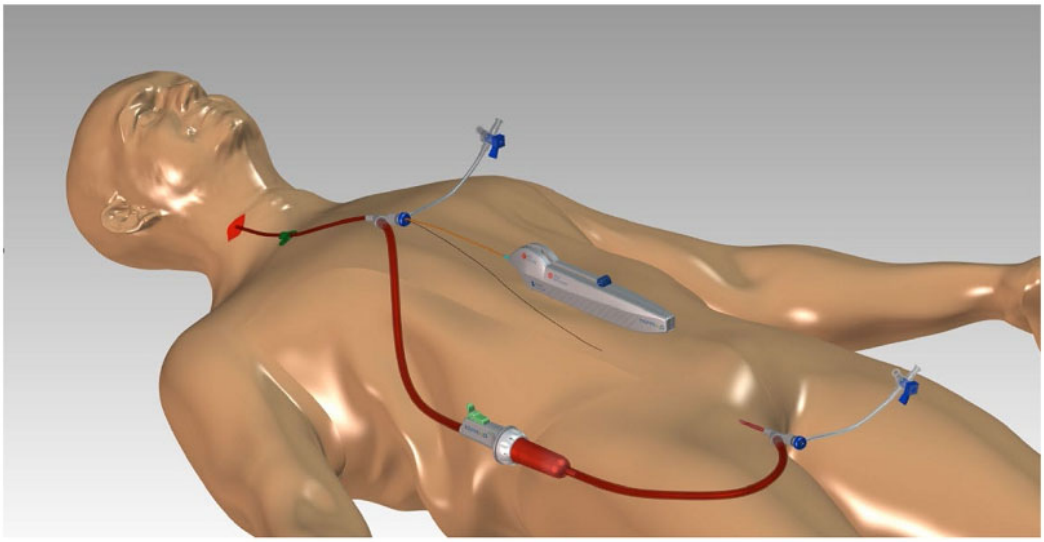

*DW-MRI number of cerebral lesions: 45 with CGuard vs 82 with Acculink (p= 0.03)*
*DW-MRI total volume of cerebral lesions: 18,212 mm$^3$ with CGuard vs 3,930 mm$^3$ with Acculink*

*Filters with Macroscopic debris: 4% with CGuard vs 32% with Acculink*
*(0) strokes with CGuard vs (2) Ipsilateral strokes with Acculink at 30-days*

Karpenko A et al. Randomized Controlled Trial of Conventional Versus MicroNet-Covered Stent in Carotid Artery Revascularization, JACC: Cardiovascular Interventions, 2021: 14 (21), 2377-2387

# TCAR

## Transcarotid Arterial Revascularization (TCAR): Direct Carotid Access with Reverse Flow



InspireMD combines SwitchGuard NPS with Best-in-Class CGuard Implant

1. Transient flow reversal combined with sustained embolic prevention in transcervical revascularization of symptomatic and highly-emboligenic carotid stenoses for optimized endovascular lumen reconstruction and improved peri- and post-procedural outcomes, Advances in Interventional Cardiology 2020;16, 4 (62):495-506

## SwitchGuard NPS (TCAR)

80CM
CGUARDPRIME


SWITCH GUARD

**TCAR Market Opportunity**

**>2,800 TCAR-trained physicians in the U.S.[1]**

**>25,000 TCAR procedures ($177M) performed in the U.S. in 2023, double-digit growth projected[1,2]**

**InspireMD's CGUARDIANS II TCAR trial anticipated to commence H2 2024; Potential clearance in H1 2026**

[1] SILK reporting
[2] Piper-Sandler model, 11/8/23

# The Promise of TCAR with CGuard

## DW MRI study of recently symptomatic patients- Professor Nacho Leal at LINC 2024

- **"Transcarotid Flow Reversal and MicroNET Covered Stent for Carotid Revascularization in Recently Symptomatic Patients: A DW MRI-Based Prospective Evaluation"**
  - 15 **recently-symptomatic** (<14 days) patients were treated with CGuard using flow-reversal (TCAR)
  - All stents remained patent with no major adverse events through 30 days (**0% TLR, MAE**)
  - Post-procedural DW MRI lesion found in only one patient (6.7%); complete resolution in follow-up imaging at 30 days

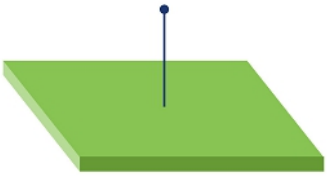
- **Conclusions:**
  - **(TCAR) combined with a MicroNET stent** performed within 14 days of symptom onset could carry a **remarkably low incidence of new ischemic brain infarcts detected by DW MRI studies**."
  - **…may improve the safety of CAS, and has the potential to produce results at least comparable to that of carotid endarterectomy**"

# Corporate

# Roadmap / Milestones

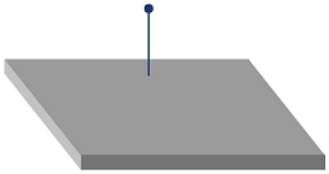
## Key Value Drivers

- **FDA PMA** Submission (Module II, III and IV)
- Initiation of **CGUARDIANS II (TCAR)** study
- **Acute Stroke EFS- Tandem Lesions**
- **China** Regulatory Submission
- **CGuard Prime** CE Mark



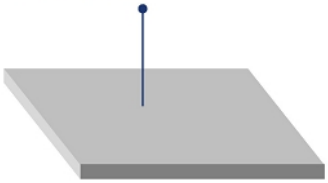
2024

- **CGuard Prime PMA Approval** for CAS and TCAR
- **U.S. Commercial** Launch
- Build out of U.S. HQ and Production



2025

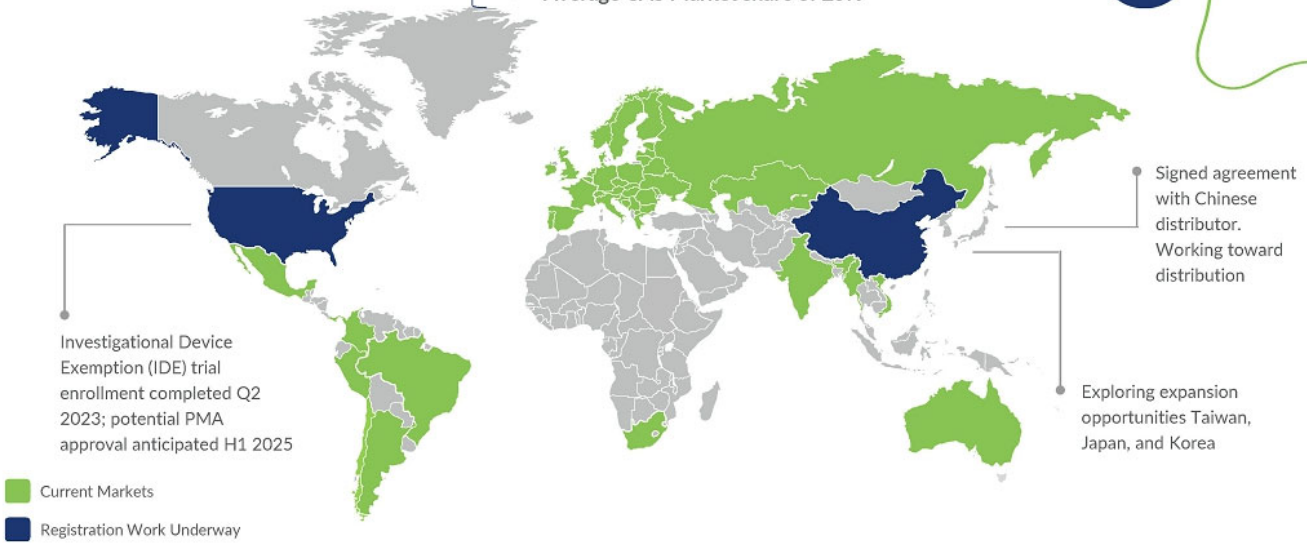
- **SwitchGuard NPS Approval +** Launch
- Scale US Operations
- Approval China



2026

# Commercial Footprint

- Active selling in more than 30 countries
- Over 50,000 systems sold
- Average CAS Market share of 25%



Investigational Device Exemption (IDE) trial enrollment completed Q2 2023; potential PMA approval anticipated H1 2025

Signed agreement with Chinese distributor. Working toward distribution

Exploring expansion opportunities Taiwan, Japan, and Korea

Current Markets

Registration Work Underway

# Executive Leadership Team

Deep industry experience and subject matter expertise

**Marvin Slosman**
**Chief Executive Officer**

- 30+ years medical device experience, NSPR since 2019
- Previous CEO/President of ITAMAR Medical, Ovalum Vascular, Phormax Medical
- Prior experience at JNJ, GE Healthcare and Baxter
- BS from University of Alabama, MBA from University of Chicago

**Shane Gleason**
**Chief Commercial Officer**

- 20+ years cardiovascular medical device experience, NSPR since 2023
- Previous CCO of Nuvaira; VP Sales of TriVascular, Cordis and Surmodics
- Prior experience at Abbott and Edwards Lifesciences
- BS in Engineering Science and Mechanics from Virginia Tech, MBA from University of Maryland

**Craig Shore**
**Chief Financial Officer**

- 25+ years of international financial management, NSPR since 2010
- Previous CFO of RIT Technologies
- Prior experience at GE, Dunn and Bradstreet, Pfizer Pharmaceuticals and Bristol Meyer Squibb
- BS in Finance from Penn State, MBA from George Washington University

**Andrea Tommosoli**
**Chief Operating Officer**

- 20+ years of medical technology experience, NSPR since 2020
- Previous international leadership experience at Integra LifeSciences, St Jude (Abbott)
- BA in Nuclear Engineering from Bologna University, MBA from HEC Paris

# Executive Leadership Team (continued)

Deep industry experience and subject matter expertise

**Peter Ligotti**
**EVP and General Manager**

- 30+ years medical device experience, joined NSPR 2024
- Previous VP/GM for NuVasive Specialized Orthopedics, SVP/GM Integra LifeSciences
- Prior experience at Smith & Nephew
- BA in Biology from Syracuse University

**Dr Patrick Verta**
**EVP Clinical & Medical Affairs**

- 25+ years medical device experience, NSPR since 2023
- Previous Chief Medical Officer Canary Medical, Sunshine Heart and Neomend; VP Medical Affairs at Edwards Lifesciences
- Prior experience at Abbott
- MD from Faculte de Medecine de Paris XII, DVM from Ecole Nationale Veterenaire d'Alfort, MS in Biostatistics from Universite de Paris VI

**Amir Kohen**
**SVP Finance & HR**

- ~20 years of finance experience, NSPR since 2011
- Prior experience at PwC
- BA in Economics, Accounting and Management and MBA from Tel Aviv University, M.A. in Law from Bar-Ilan University

**Cheryl Tal**
**VP Quality & Regulatory Affairs**

- 20+ years medical device and pharmaceutical experience, NSPR since 2023
- Regulatory Affairs, Quality Assurance and Clinical Affairs experience
- Prior leadership roles at Redent Nova, Change Healthcare and New Phase

## Scientific Advisory Board (Multidisciplinary KOLs)

Kenneth Rosenfield, M.D.

Interventional Cardiologist

Mass General Brigham

Adnan H. Siddiqui, M.D. Ph.D

Professor, Vice Chairman of the Department of Neurosurgery

UBNS Neurosurgery

Chris Metzger , M.D.

Medical Director

Cardiologist

OhioHealth

Sean Lyden, M.D.

Vascular Surgeon

Cleveland Clinic

# Board of Directors

| | |
|---|---|
| **Marvin L. Slosman**<br>President and CEO | Mr. Slosman has over 30 years of experience in the medical device industry with focused leadership in commercialization and international market development in both public and privately held companies. He has had senior management roles in a variety of public and privately held companies. |
| **Paul Stuka**<br>Chairman | Mr. Stuka was named to the Board of Directors in August of 2011 and serves as Chairman of the Board of Directors. Mr. Stuka is a Managing Member of Osiris Partners and a 30-year investment industry veteran. |
| **Michael Berman**<br>Director | Mr. Berman is a successful entrepreneur within the medical device industry. He joined Scimed in 1986, leading its marketing activities until its merger with Boston Scientific in 1995. From 1995-2000, he served as President of Boston Scientific/Scimed. Venture partner in RiverVest Ventures |
| **Thomas Kester**<br>Director | Mr. Kester is CFO of Kester Search Group, Inc., a private executive search firm specializing in sales force placement for medical, dental and diagnostic device companies. He spent 28 years at KPMG LLP. |
| **Gary Roubin, M.D.,Ph.D.**<br>Director | Dr. Roubin was named to the board of Directors in October 2020. Dr. Roubin has co-authored more than 280 clinical publications and has contributed to 20 textbooks in the fields of Interventional Cardiology and Vascular Surgery. He was a key contributor in the CREST trial which has validated the use of carotid stents for the treatment of carotid artery stenosis. |
| **Katie Arnold**<br>Director | Ms. Arnold was named to the Board of Directors in May 2021. Ms. Arnold founded and leads SPRIG Consulting, providing the entire spectrum of strategic marketing services to medical companies. Ms. Arnold is currently an adjunct professor at Northwestern University's Kellogg School of Business, where she teaches medical product commercialization and financing. |
| **David Bonita, MD**<br>Board Observer | Dr. Bonita is a General Partner of OrbiMed. Prior to joining OrbiMed, he worked in the healthcare investment banking groups of Morgan Stanley and UBS. Dr. Bonita received his A.B. magna cum laude in Biological Sciences from Harvard University and his joint M.D./M.B.A. from Columbia University where he was elected to the Alpha Omega Alpha Medical Honor Society and Beta Gamma Sigma Business Honor Society. |

## Robust Intellectual Property Portfolio

Proprietary platform technology supported by IP

| Patent Rights | Issued | Pending |
|---|---|---|
| **USA** | 19 | 6 |
| **Rest of World** | 40 | 17 |

InspireMD will continue to strengthen and broaden its patent protection globally to enable future pipeline products

IP Counsel: Kligler and Associates, P.A.

## Transformational May 2023 Financing Up To $113.6 Million

To advance the company towards potential US approval and launch of CGuard EPS and other value-creating milestones

- **$42.2 million** upfront funding
- **$71.4 million** tied to the achievement of four milestones (**$17.9 million** each) each expiring upon the earlier of 5 years or 20 trading days following the achievement of the following milestones:
  1. Release of primary and secondary end points related to one year follow up study results from the C-Guardians pivotal trial;
  2. Receipt of Premarket Approval (PMA) from the FDA for the CGuard Prime Carotid Stent System (135 cm);
  3. Receipt of FDA approval for the SwitchGuard trans carotid system and CGuard Prime 80 cm; and
  4. Completion of four quarters of commercial sales of the CGuard in the United States.
- **Strong validation** from leading fundamental healthcare investors, with additional participation by select NSPR Board members.

ROSALIND

MARSHALL WACE

SOLEUS CAPITAL

OrbiMed Healthcare Fund Management

NANTAHALA CAPITAL MANAGEMENT, LLC

VELAN CAPITAL

## Summary Financials

June 11, 2024

| NASDAQ Capital Markets | NSPR |
|---|---|
| Stock Price | $2.68 |
| Average 3 Month Volume | 34.9K |
| Shares Outstanding | 25.1M |
| Shares Outstanding with Prefunded Warrants | 38.9M |
| Market Capitalization with Prefunded Warrants | $104.2M |
| Cash Balance - March 31, 2024 | $34.0M |
| Debt | $0M |


INSPIREMD
Nasdaq: NSPR