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Corporate Overview

Developing precision therapies for patients with devastating cardiovascular diseases

January 2026

Notice: Forward Looking Statements

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Market data and industry information used throughout this presentation are based on management's knowledge of the industry and the good faith estimates of management. We also relied, to the extent available, upon management's review of independent industry surveys and publications and other publicly available information prepared by a number of third-party sources. All of the market data and industry information used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Although we believe that these sources are reliable as of their respective dates, we cannot guarantee the accuracy or completeness of this information, and we have not independently verified this information. Projections, assumptions and estimates of our future performance and the future performance of the industry in which we operate are necessarily subject to a high degree of uncertainty and risk due to a variety of factors. These and other factors could cause results to differ materially from those expressed in our estimates and beliefs and in the estimates prepared by independent parties.

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This presentation discusses potential future product candidates that are investigational only and 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 these potential future product candidates for the use for which such potential future product candidates are being studied. The following abbreviations are used throughout this presentation: obstructive hypertrophic cardiomyopathy, or oHCM; non-obstructive hypertrophic cardiomyopathy, or nHCM; left ventricular outflow tract, or LVOT; left ventricular outflow tract gradient, or LVOT-G; left ventricular ejection fraction, or LVEF; ejection fraction, or EF; and risk evaluation and mitigation strategy, or REMS.

Transforming the care of hypertrophic cardiomyopathy and related conditions

BHB-1893: next-generation cardiac myosin inhibitor with best-in-class potential across efficacy, safety, and convenience

- oHCM data demonstrated *rapid and deep LVOT gradient reductions*, with high rate of complete gradient response, and meaningful improvements in biomarkers and functional measures
- A shallow LVEF-dose response and wide therapeutic window support potential to replicate efficacy data in Phase 3 with minimal or no dose titration, enabling a *highly convenient and differentiated dosing regimen*
- Potential best-in-class profile could enable a *broad development strategy for BHB-1893* across oHCM and nHCM
- oHCM is a large and *growing market with persistent unmet need*; existing cardiac myosin inhibitors (CMIs) have been limited by titration complexity and REMS burden

Braveheart Bio fully-funded through planned registrational study

- $185mm Series A funds company through global registrational oHCM study, supported by a seasoned management team and blue-chip investor syndicate
- Braveheart Bio holds exclusive worldwide rights (ex-Greater China) to BHB-1893 and plans to initiate a global Phase 3 oHCM study in mid-2026

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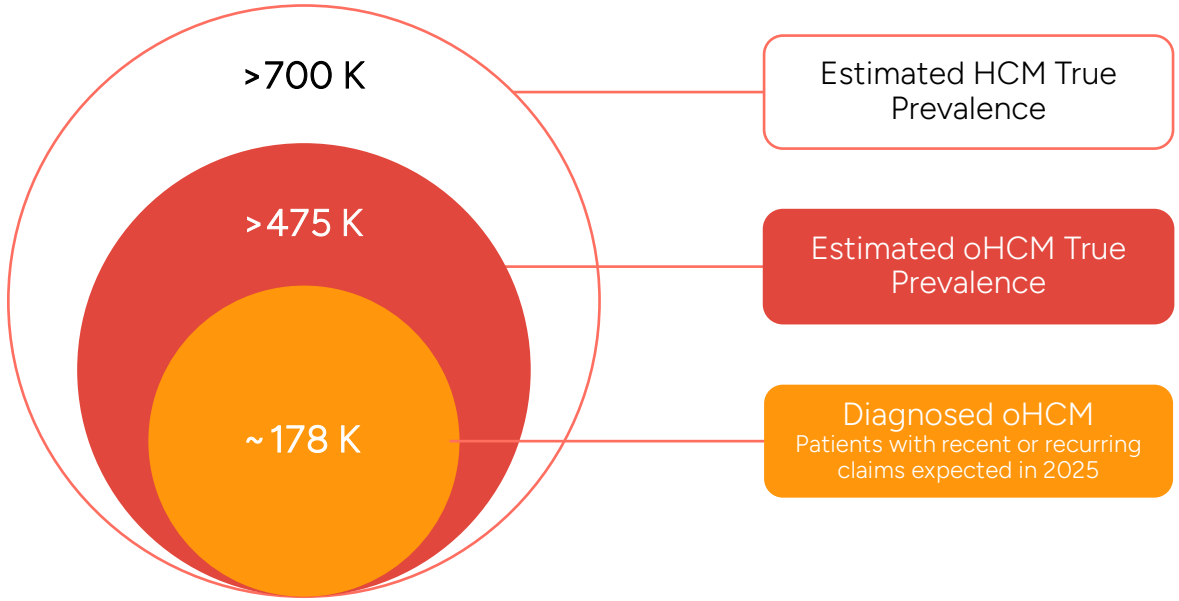
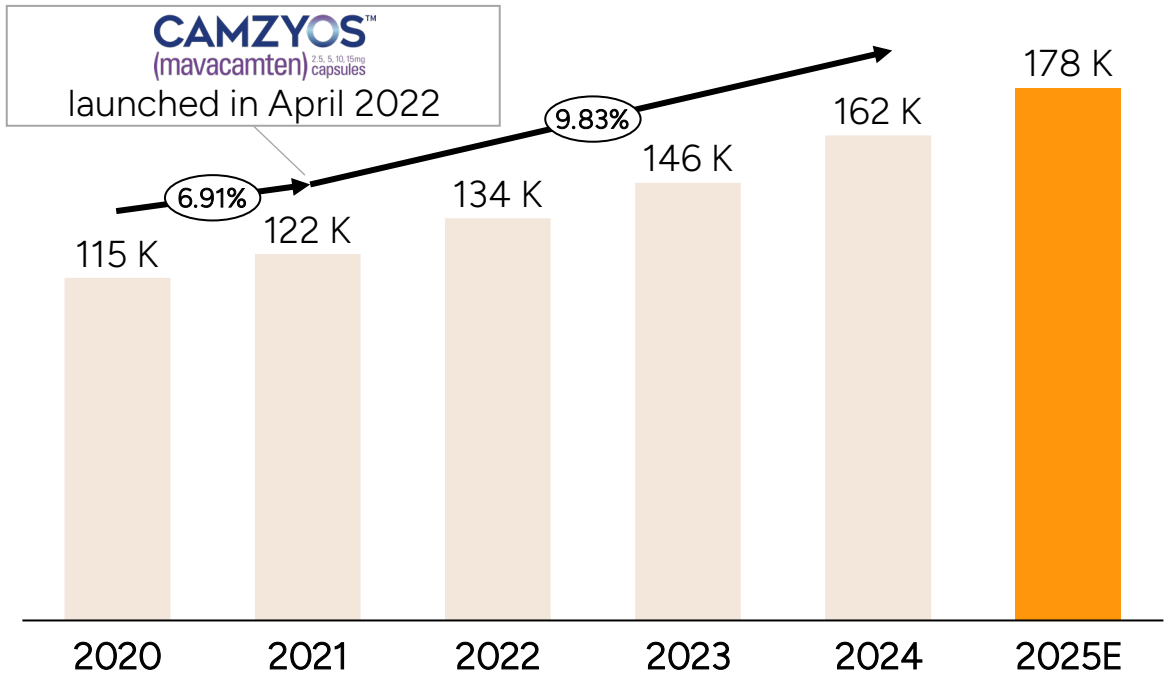
HCM is a large and growing market opportunity for a potential best-in-class CMI

U.S. Prevalence of HCM (2025)

Onerous REMS of 1st-gen CMIs has impacted uptake and market expansion



Increase in diagnosed oHCM population



Large, growing chronic disease with white space for best-in-class opportunity; estimated $8.6 billion size (2040)

Source: Forian Claims Database; ClearView Analysis; CAMZYOS is a registered trademark of MyoKardia, Inc.

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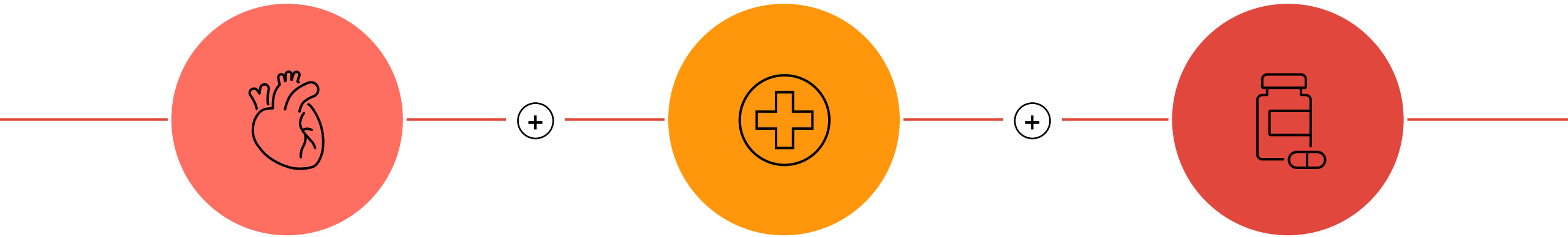
We aim to develop the preferred treatment for HCM patients

EFFICACY | SAFETY | CONVENIENCE



Improved cardiac performance

Greater improvement in LVOT-G and diastolic function could translate to better clinical outcomes

Favorable safety and DDI profile

Minimal LVEF "cost" could enable target drug exposures while potentially limiting the need for echo monitoring

Rapid onset, minimal dose titration

Starting patients on their optimal dose level could represent a differentiated product profile and reduce echo burden

DDI: Drug-drug interactions; echo: Echocardiogram.

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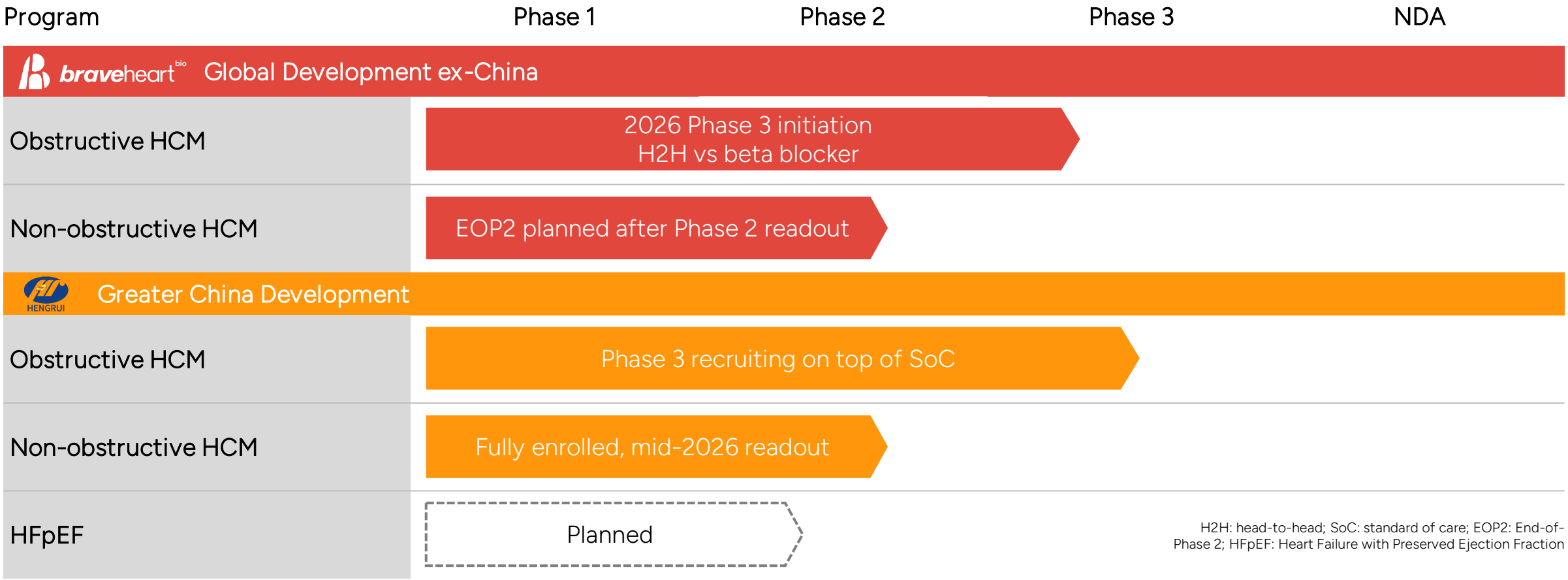
BHB-1893 is rapidly progressing to registrational studies

- Emerging data support global oHCM Phase 3 study initiation in 2026; nHCM Phase 3 initiation pending positive Phase 2 readout
- oHCM H2H study against beta-blocker planned with minimal or no dose titration, in addition to ongoing Phase 3 on top of SoC



H2H: head-to-head; SoC: standard of care; EOP2: End-of-Phase 2; HFpEF: Heart Failure with Preserved Ejection Fraction

BHB-1893 clinical studies

Over 250 subjects dosed with BHB-1893 to date

	Population	Status	Description
Phase 3			
NCT07021976	oHCM	Ongoing	Randomized, double-blind, placebo-controlled
Phase 2			
NCT06516068	oHCM	*Completed*	Randomized, multi-cohort
NCT06816251	nHCM	Ongoing	Randomized, double-blind, placebo-controlled
NCT07021963	HCM	Ongoing	Long-term extension
NCT07269717	HFpEF	Planned	Randomized, double-blind, placebo-controlled
Phase 1			
NCT07033455	HVs	*Completed*	Ethnic PK study
NCT06775834	Impaired renal function	*Completed*	Renal impairment safety, PK
NCT06354556	HVs	*Completed*	Verapamil DDI Study
NCT05879523	HVs & oHCM	*Completed*	HVs and oHCM patients
NCT07272330	HVs	Ongoing	Bioavailability and food effect

Source: ClinicalTrials.gov; HVs: healthy volunteers; PK: pharmacokinetic.

Extensive clinical data package underpins best-in-class potential

BHB-1893 advantages seen across studies

Rapid and deep LVOT-G response in oHCM Ph1b

- Clinically-meaningful response by day 2
- All patients achieved Valsalva LVOT-G <30 mmHg

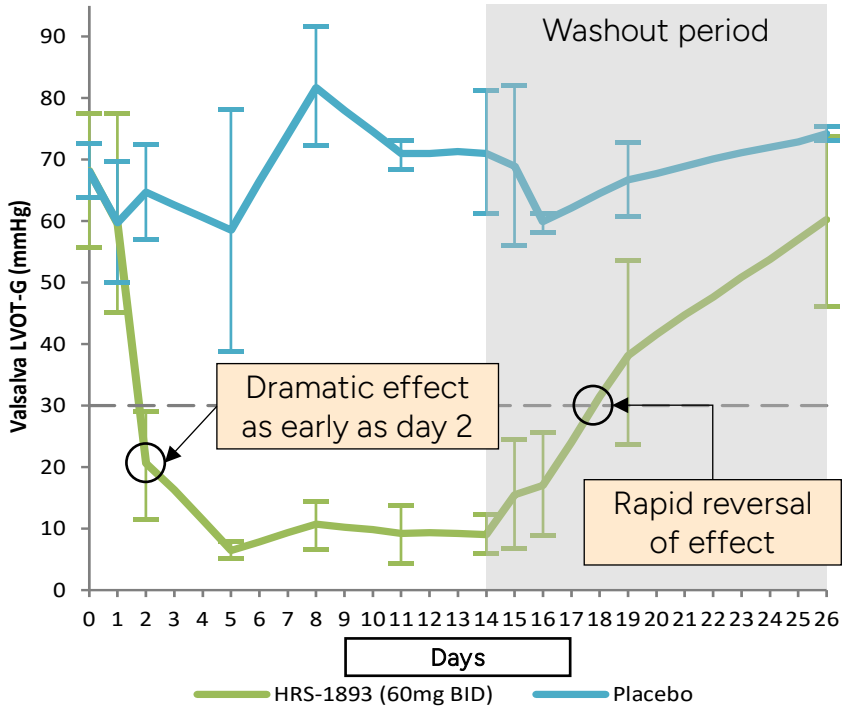
Excellent safety with rapid reversibility

- Minimal change in LVEF, with no low EF events
- Rapid reversal of effect following discontinuation

Consistent PK with low DDI potential

- Ethno-bridging PK study completed in Australia
- Multiple metabolism pathways including renal clearance
- No DDI in formal verapamil (CYP3A4 inhibitor) study

BHB-1893 Phase 1b (14-day dosing)



Source: Company data on file, ESC 2025 HRS-1893 Ph1b oHCM presentation; BID: twice a day.

Robust Phase 2 study in obstructive HCM with near term data presentation planned

oHCM topline Phase 2 data confirmed differentiation

Results to be presented at upcoming medical conference in 2026 were consistent with data shown in Phase 1:

1. *Rapid, deep, complete LVOT gradient reduction with clinical improvement*

↓

2. *Shallow LVEF/exposure response with rapid reversibility*

↓

3. *Potential for highly simplified dosing regimen*

Next steps

Phase 3 program underway in China

- Designed to evaluate BHB-1893 on top of standard of care

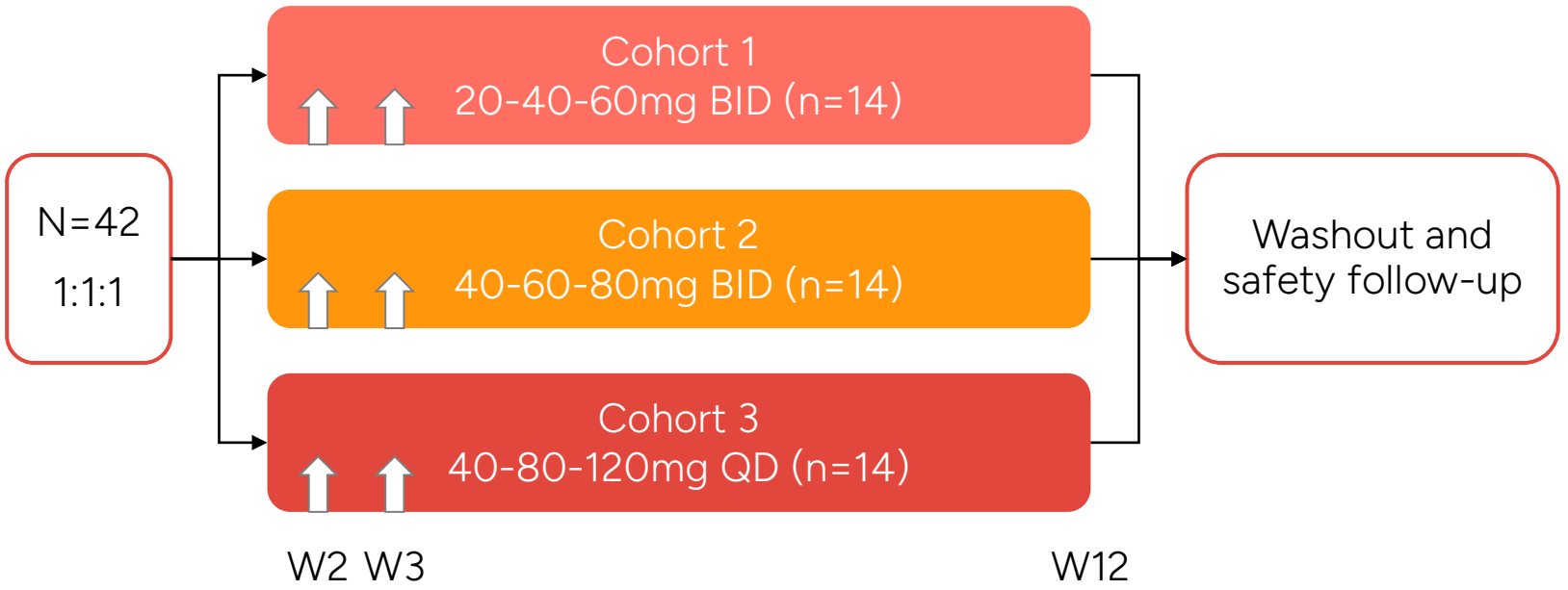
Global, Braveheart-sponsored Phase 3 initiation planned in 2026

- Designed to evaluate BHB-1893 H2H vs. standard-of-care

Source: Company data on file, clinicaltrials.gov.

Phase 2 oHCM: dose-ranging to establish target dose and simplified dosing regimen

Design



Key Endpoints

- Change in Valsalva LVOT gradient, baseline to W12
- CPET: Peak VO2, VE/VCO2 change from baseline
- TTE: Rest LVOT gradient, LVEF, LVOT-VTI , etc.
- Lab Tests: cTnI, NT-proBNP
- Symptoms: KCCQ-CSS, Improvement of ≥ 1 NHYA class
- Safety

Study designed to enable a differentiated clinical profile

CPET: Cardiopulmonary exercise test; TTE: Transthoracic echocardiogram; ⇧Evaluation for dose increase; Phase 2 oHCM study is sponsored by Hengrui;
VE/VC02: Minute Ventilation/Carbon Dioxide Production slope; VTI: Velocity time integral; cTnI: cardiac troponis I; NT-proBNP: N-terminal pro-B-type natriuretic peptide;
KCCQ-CSS: Kansas City Cardiomyopathy Questionnaire - Clinical Summary Score; NHYA: New York Heart Assoc.

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Robust Phase 2 study in non-obstructive HCM with near term data readout

nHCM Phase 2 data readout in 2026

Placebo controlled

Exploratory endpoints include key biomarkers, diastolic echo parameters, and potential registrational clinical endpoints

Dose ranging

84-patient study will evaluate performance of BHB-1893 across exposures

Patient safety

Titration schedule designed to maintain target drug exposures and minimize any drug interruptions

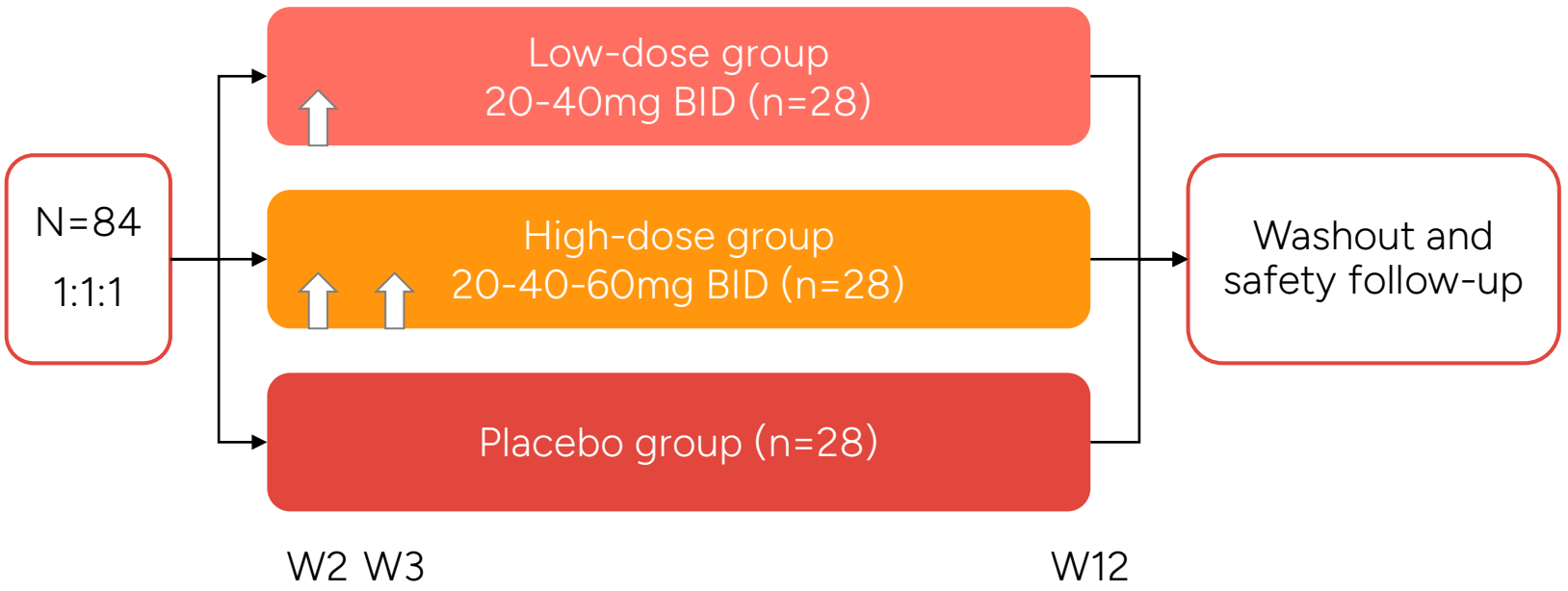
Next steps

Phase 2 readout in mid-2026 could highlight ability of BHB-1893 profile to address unique challenges of nHCM

Source: Company data on file and press release, clinicaltrials.gov.

Non-obstructive Phase 2 topline results expected mid-2026

Design



Key Endpoints

- Biomarkers: NT-proBNP, cardiac troponin I
- Registrational: pVO2, KCCQ-CSS
- Diastolic echo parameters

Dose Titration Criteria

LVEF (%)	Adjustment
≥55%	Increase Dose
<55% and ≥50%	Maintain Dose
<50% and ≥45%	Decrease Dose
<45%	Drug interrupted

Study designed to maintain maximal drug exposures without the need for study drug discontinuation

⇧ = Evaluation for dose increase. Phase 2 nHCM study is sponsored by Hengrui.

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Upcoming Phase 2 data: BHB-1893 target profile optimized for efficacy, safety, and convenience

Improved cardiac performance

Deeper gradient reduction:
achieve normal gradient in more oHCM patients, with wide therapeutic index

Improved diastolic relaxation:
demonstrate ability to improve diastolic function across HCM

Favorable safety & DDI profile

Shallow LVEF/exposure curve:
enable target efficacy without clinically-meaningful EF "cost"

Predictable PK:
confirm multi-pathway metabolism & clearance without significant DDIs

Rapid onset, minimal titration

Short effective half-life:
demonstrate rapid onset of action and rapid reversibility

Simplified dosing paradigm:
enable majority of patients to be well-served on starting dose; minimize titration and echo burden

Targeting a best-in-class emerging profile as Braveheart Bio advances into global registrational studies

Fully funded, operationally-focused team with planned global Phase 3 development

Anticipated 2026 catalysts for Braveheart Bio

- oHCM and nHCM data release at upcoming congresses
- Design and startup of Phase 3 study in oHCM to deliver on a differentiated target product profile (TPP) across efficacy, safety, and convenience
- Share further mechanistic differentiation for BHB-1893 underpinning the emerging clinical and pharmacodynamic differentiation

A seasoned management team with strong history of execution

HI·Bio Acquired By Biogen

ALPINE ImmuneSciences Acquired By VERTEX

MYOKARDIA Acquired By Bristol Myers Squibb®

akero Acquired By novo nordisk®

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Thank you