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UNITY
BIOTECHNOLOGY

UBX1325
Phase 2 ENVISION nAMD Study
24 Week Data

NASDAQ: UBX

Special Note Regarding Forward-Looking Statements

This presentation and the accompanying oral commentary contain forward-looking statements including statements related to Unity Biotechnology Inc.'s ("UNITY's") understanding of cellular senescence and the role it plays in diseases of aging, the potential for UNITY to develop therapeutics to slow, halt, or reverse diseases of aging, including for ophthalmologic and neurologic diseases, the potential for UNITY to successfully commence and complete clinical studies of UBX1325 for DME, AMD, and other ophthalmologic diseases, the expected timing of enrollment and results of the clinical trials in UBX1325, and UNITY's expectations regarding the sufficiency of its cash runway. These statements involve substantial known and unknown risks, uncertainties, and other factors that may cause our actual results, levels of activity, performance, or achievements to be materially different from the information expressed or implied by these forward-looking statements, including the risk that the COVID-19 worldwide pandemic may continue to negatively impact the development of preclinical and clinical drug candidates, including delaying or disrupting the enrollment of patients in clinical trials, risks relating to the uncertainties inherent in the drug development process, including the risk that interim results of our clinical studies may not be indicative of future results, and risks relating to UNITY's understanding of senescence biology. We may not actually achieve the plans, intentions, or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. The forward-looking statements in this presentation represent our views as of the date of this release. We anticipate that subsequent events and developments will cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we have no current intention of doing so except to the extent required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this release. For a further description of the risks and uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to the business of UNITY in general, see UNITY's most recent Annual Report on Form 10-K for the year ended December 31, 2022, filed with the Securities and Exchange Commission on March 15, 2023, as well as other documents that may be filed by UNITY from time to time with the Securities and Exchange Commission. This presentation concerns drug candidates that are under clinical investigation which have not yet been approved for marketing by the U.S. Food and Drug Administration. They are currently limited by Federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated. This presentation does not constitute an offer or invitation for the sale or purchase of securities and has been prepared solely for informational purposes.

UBX1325 Phase 2 ENVISION Study in Patients with Neovascular AMD

Phase 2 ENVISION Part A Study Data Highlights

UBX1325 monotherapy did not achieve non-inferiority through 24 weeks due, in part, to an unexpected 3.5 letter gain in the anti-VEGF control arm

UBX1325 maintained visual acuity in patients with ongoing active disease through 24 weeks with less than one letter mean decrease from baseline

52% of UBX1325-treated patients did not require anti-VEGF treatment through 24 weeks

UBX1325 was well tolerated with no instances of intraocular inflammation

Additional Insights from Secondary Analysis

- A single dose of run-in aflibercept may not have been sufficient to get patients entering study to anti-VEGF BCVA plateau
- UBX1325 may be more effective in patients with longer disease duration who may have greater senescence burden

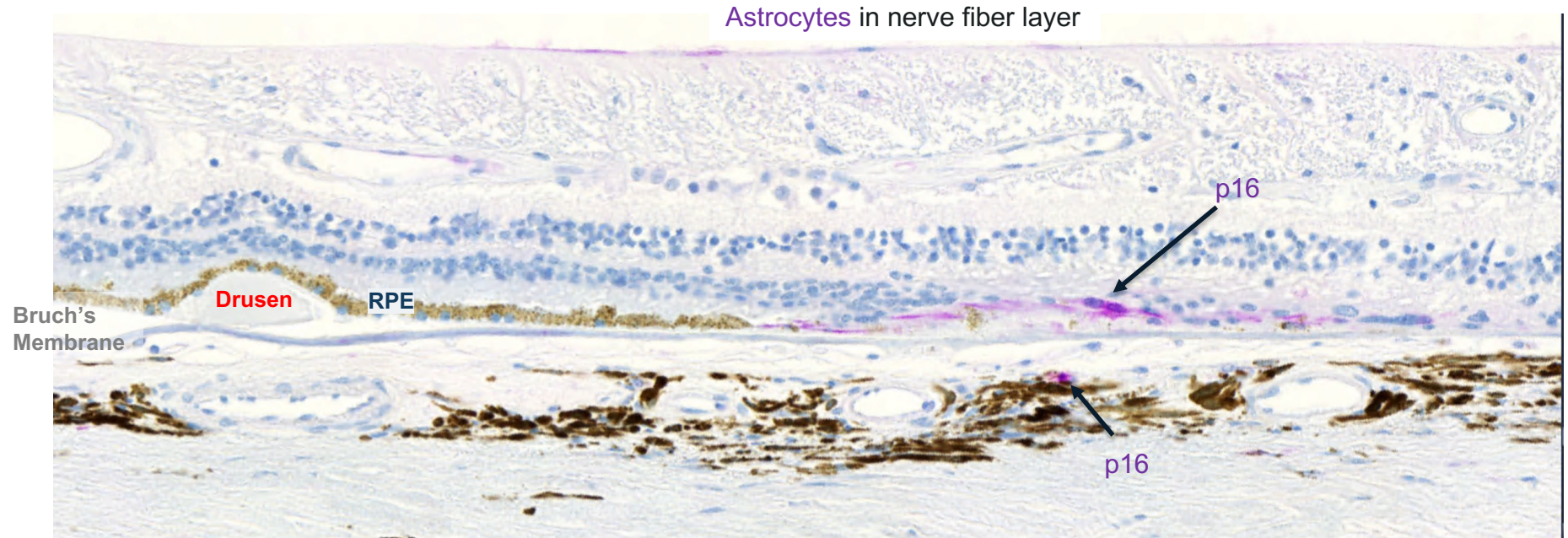
**Disease
Pathophysiology**

**UBX1325 Rationale and
Mechanism of Action**

**Clinical Development
Plan**

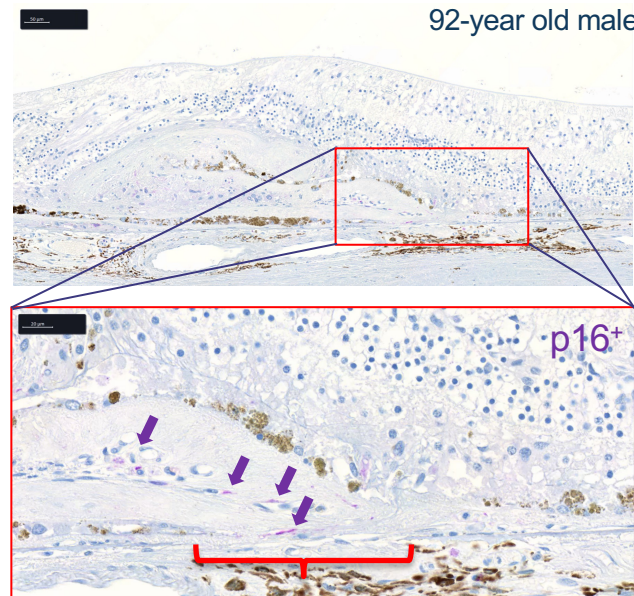
Senescent cells are Associated with Disease Pathology in AMD

p16-positive senescent cells in 86y/o AMD posterior retina and choroid



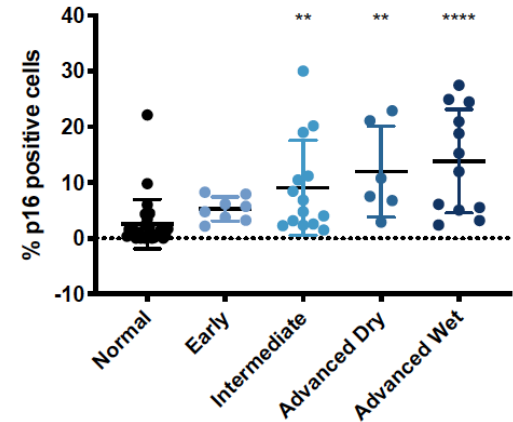
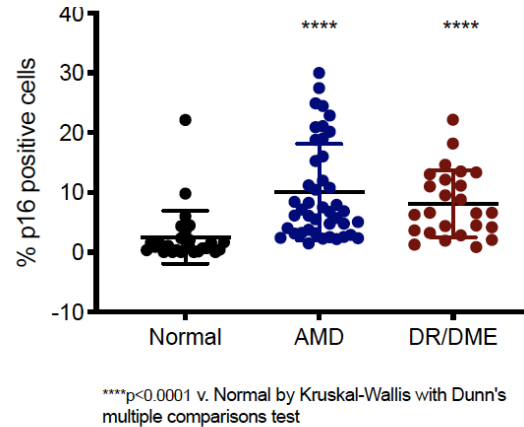
There is a Higher Burden of Senescent Cells in Advanced Disease

Macular region of patient with wAMD



Disruption of Bruch's Membrane

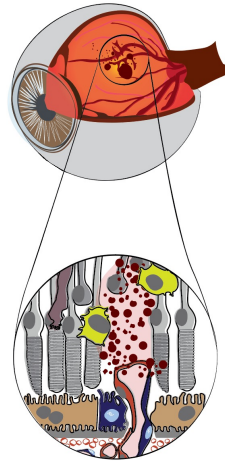
% of p16⁺ cells



Percentage p16⁺ cells in human ocular normal (n=28), AMD (n=43) and DR/DME (n=25) samples. Each point represents a single whole globe.

UNITY Is Developing Senolytic Medicines to Eliminate Senescent Cells to Restore Vascular Health and Improve Vision

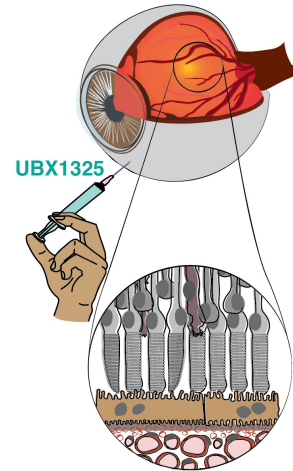
Neovascular Age-related Macular Degeneration



Neovascularization & fluid extravasation

nAMD:

- Increased senescence burden
- Choroidal vasculature affected
- Neovascularization and vascular leakage
- Loss of vision



Repaired Retina

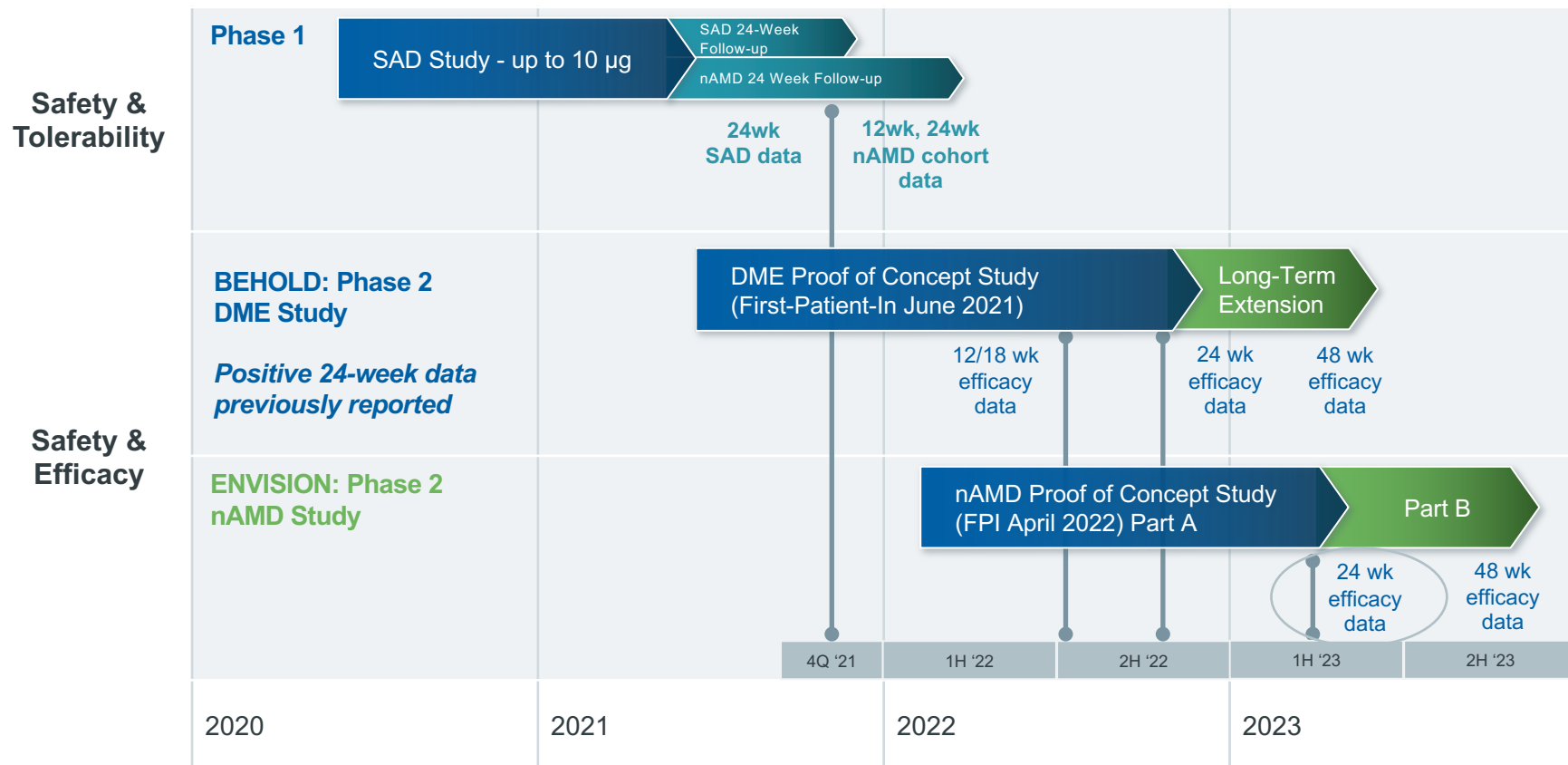
nAMD treated with Senolytic intended results:

- Senescent cells removed
- Choroidal vasculature and outer retina restored
- Improvement in vision



UNITY illustration.

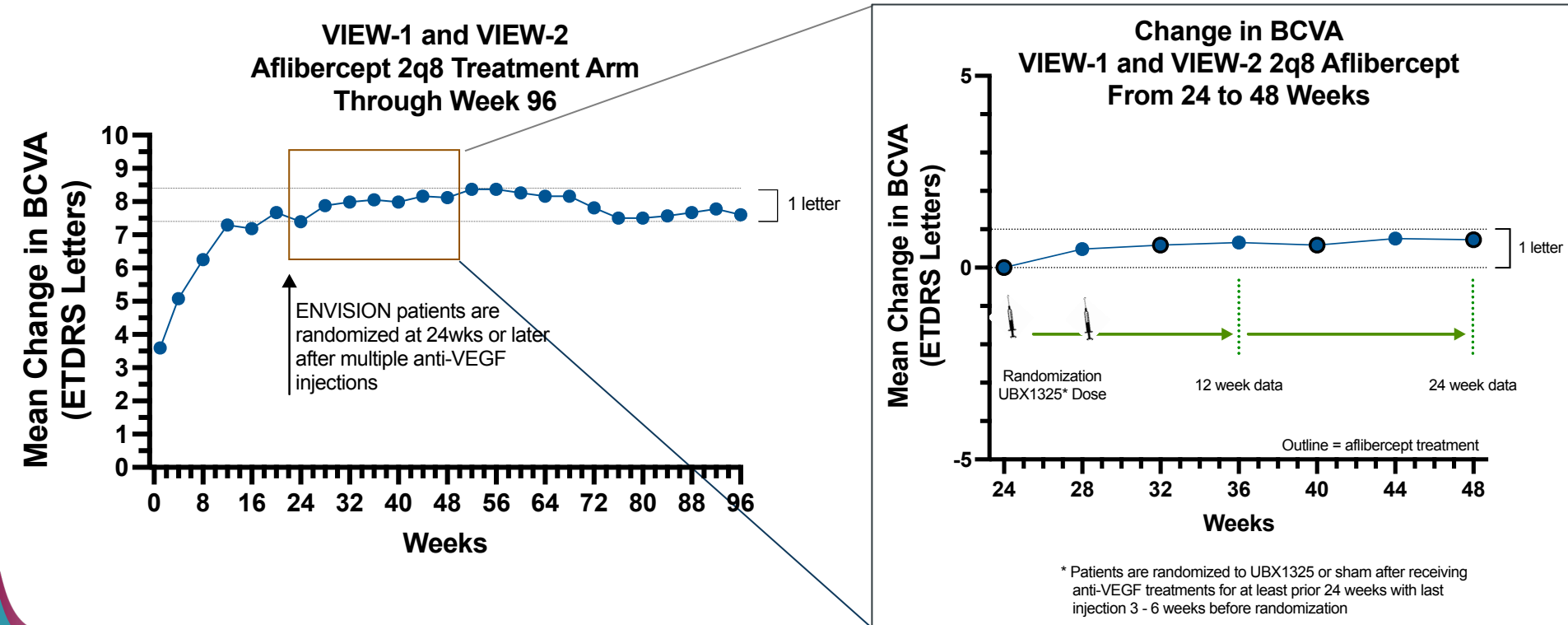
UBX1325 Clinical Program Overview



Clinical Context:
Response of nAMD Patients
to anti-VEGF Treatment



Context for AMD Data: Majority of Anti-VEGF BCVA Benefit is in First Six Months After Which Gains Are Limited To ~One or Fewer Letters

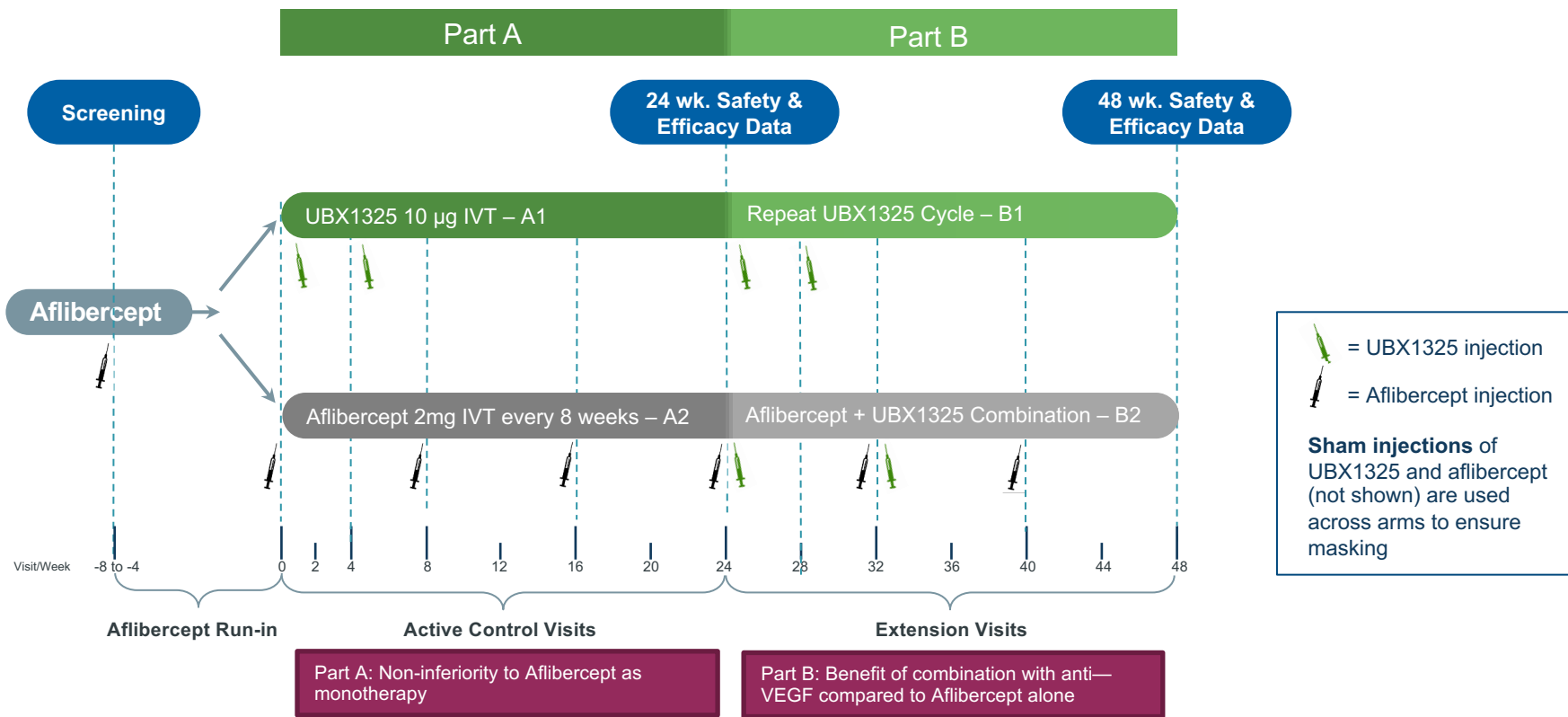




**UBX1325 Phase 2
ENVISION Study
24-Week Data in
Patients With nAMD**



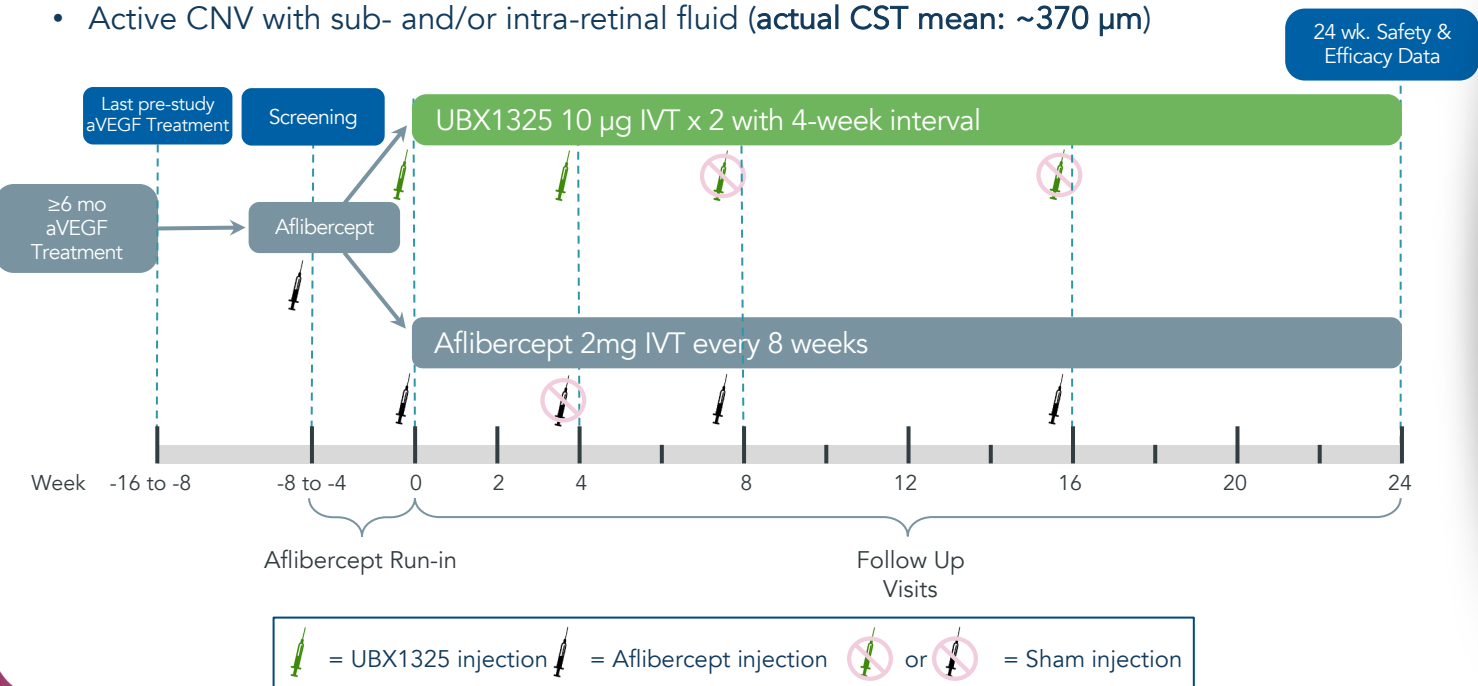
ENVISION: nAMD Phase 2 Study Design



ENVISION: nAMD Phase 2 Proof-of-Concept Study Design – Part A

Population (actual enrolled 51) patients with AMD who had:

- At least 2 anti-VEGF IVTs in the preceding 6-month period (actual ~4)
- BCVA 70 – 20 ETDRS letters (actual mean: ~60)
- Active CNV with sub- and/or intra-retinal fluid (actual CST mean: ~370 μ m)



Endpoints

- Safety and tolerability
- BCVA change from baseline
- CST change from baseline
- Non-inferiority vs aflibercept (BCVA and CST)
- Durability of response
- Sub- and intra-retinal fluid
- Changes in perfusion (FA and OCTA)
- Changes in photoreceptor function (mfERG)

ENVISION: Demographics at baseline

	Aflibercept	UBX1325
Baseline BCVA (ETDRS Letters)		
n	25	25
Mean	62.4	58.0
SD	9.46	13.47
Median	64.0	60.0
Min, Max	36.0, 77.0	25.0, 79.0
Baseline CST (μm)		
n	25	25
Mean	367.5	370.8
SD	151.75	108.85
Median	284.0	374.0
Min, Max	198.0, 683.0	206.0, 665.0
Duration of neovascular AMD (Years)		
n	25	25
Mean	3.9	3.8
SD	2.04	3.40
Median	3.3	2.4
Min, Max	1.1, 9.1	0.4, 14.6

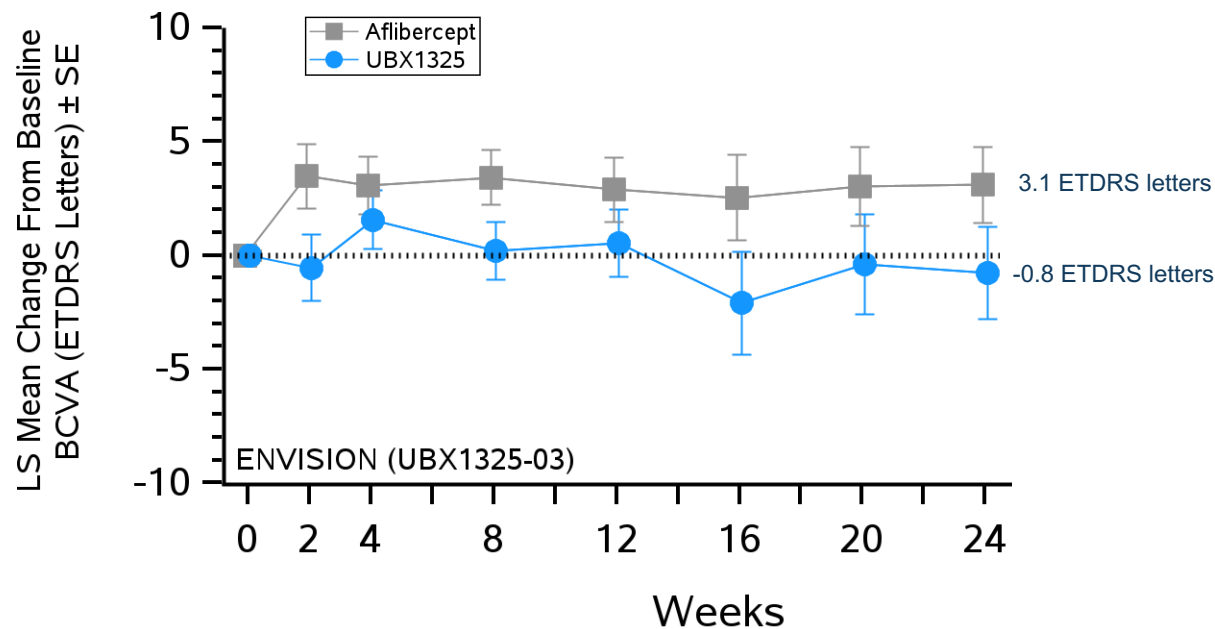
Summary of Treatment Emergent Adverse Events

	Aflibercept 2mg Total 25 n (%)	UBX1325 10µg Total 25 n (%)
Subjects with at least one TEAE	19 (76.0)	20 (80.0)
Grade ≥3 TEAE	1 (4.0)	2 (8.0)
Serious TEAE	0	2 (8.0)
Ocular TEAE for Study Eye	14 (56.0)	15 (60.0)
Treatment-related Ocular TEAE for Study Eye	3 (12.0)	1 (4.0)
TEAE leading to death	0	1 (4.0) *
Intraocular inflammation, endophthalmitis, retinal artery occlusion, or vasculitis	0	0

* Unrelated to treatment

Change from baseline in BCVA excluding post-rescue data

UBX1325 Patients Maintained BCVA Through 24 Weeks; non-inferiority not met



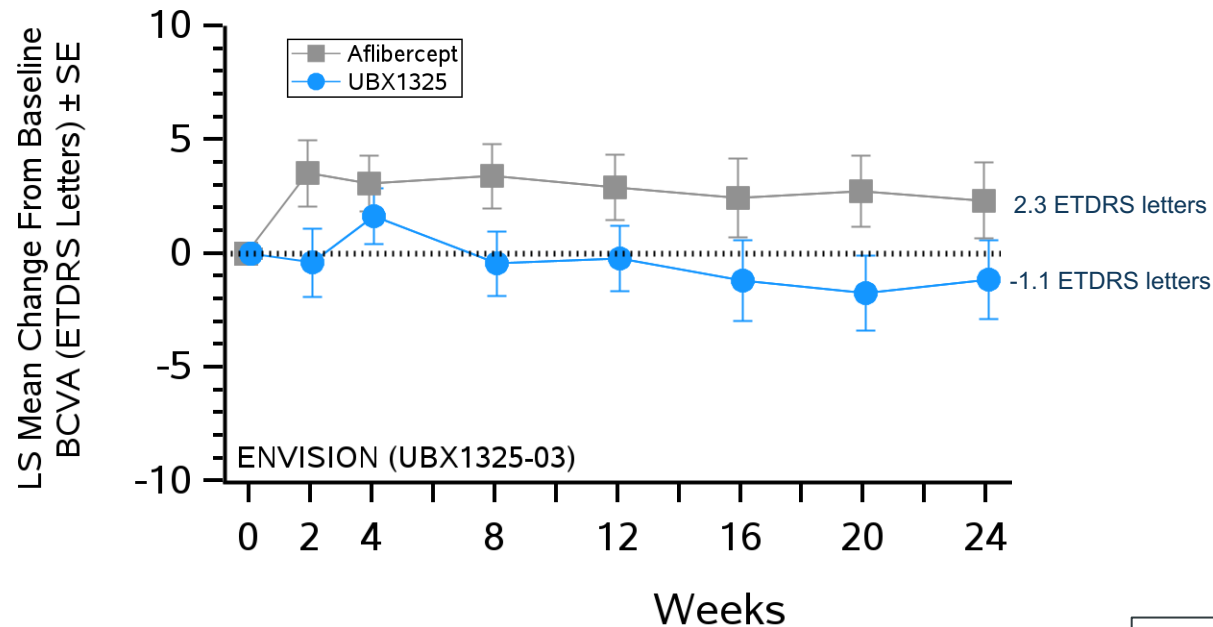
Number of Subjects							
Aflibercept	24	25	25	25	25	25	23
UBX1325	22	24	22	21	13	11	12

Average CFBL Weeks 16 – 24 ETDRS letters (85% CI)	
Aflibercept	2.9 (0.7 – 5.1)
UBX1325	-1.1 (-3.6 – 1.4)

UBX1325 dosed at 0 and 4 weeks
Aflibercept dosed at 0, 8, and 16 weeks

Change from baseline in BCVA including post-rescue data

UBX1325 patients maintained BCVA through 24 Weeks



Average CFBL
Weeks 16 – 24
ETDRS letters
(85% CI)

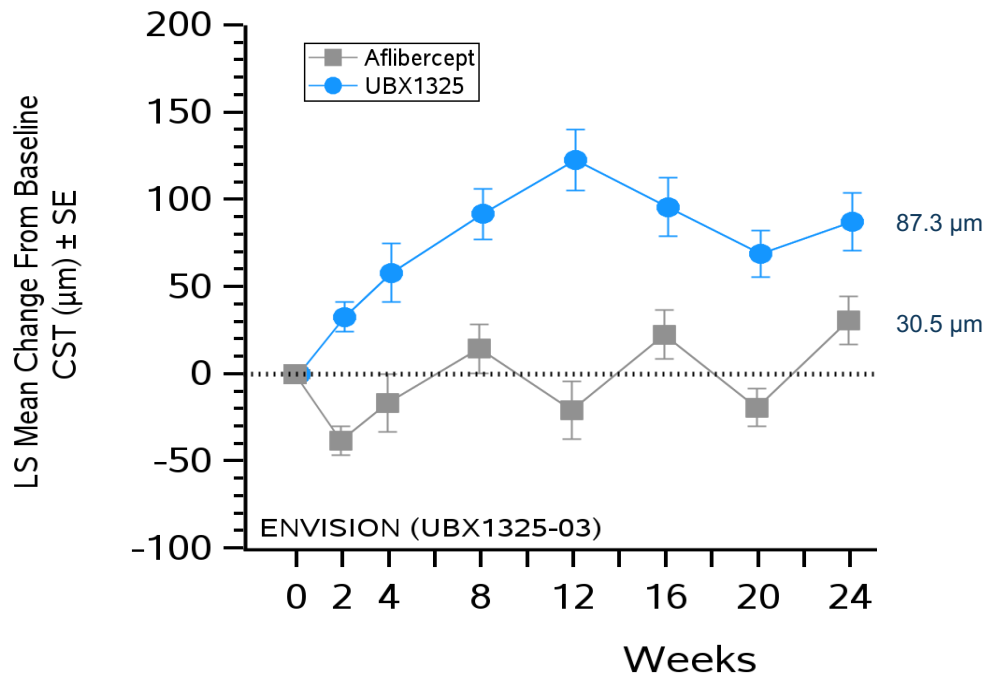
Aflibercept	2.5 (0.5 – 4.5)
UBX1325	-1.4 (-3.4 – 0.7)

	Number of Subjects						
Aflibercept	24	25	25	25	25	25	24
UBX1325	22	25	25	24	23	21	21

UBX1325 dosed at 0 and 4 weeks
Aflibercept dosed at 0, 8, and 16 weeks

Change from baseline in CST excluding post-rescue data

Delayed impact on CST is consistent with potential time-course for senolytic mechanism to exert effect



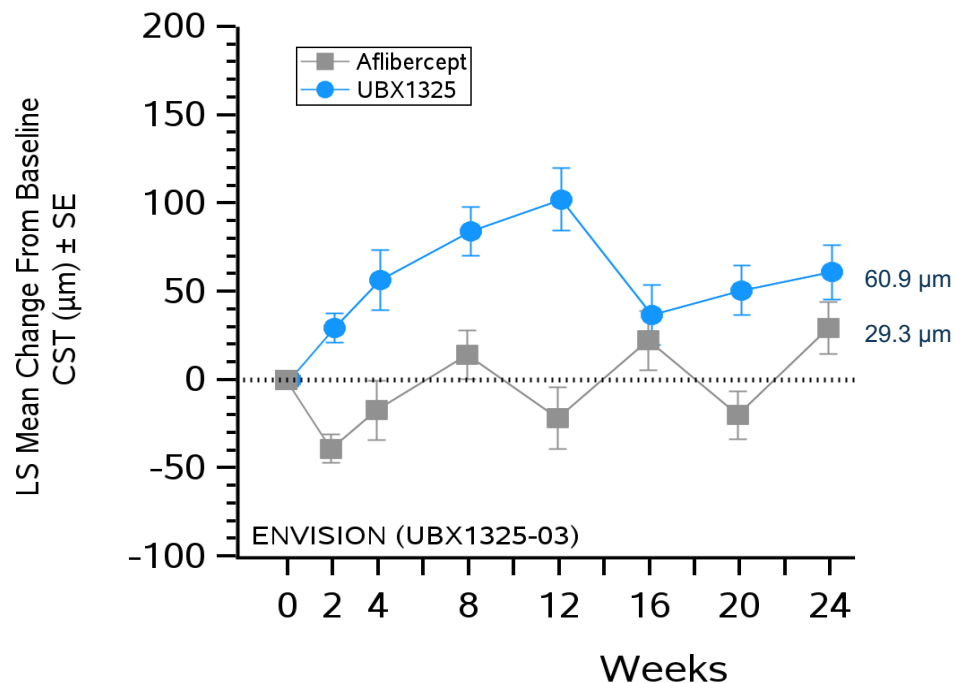
Number of Subjects							
UBX1325	21	24	22	21	13	11	12
Aflibercept	24	25	25	25	25	24	22

Average CFBL Weeks 16 – 24 μm (85% CI)	
Aflibercept	11.3 (-4.9 – 27.4)
UBX1325	84.0 (65.8 – 102.3)

UBX1325 dosed at 0 and 4 weeks
Aflibercept dosed at 0, 8, and 16 weeks

Change from baseline in CST including post-rescue data

Anti-VEGF rescue appears to improve CST in UBX1325-treated patients



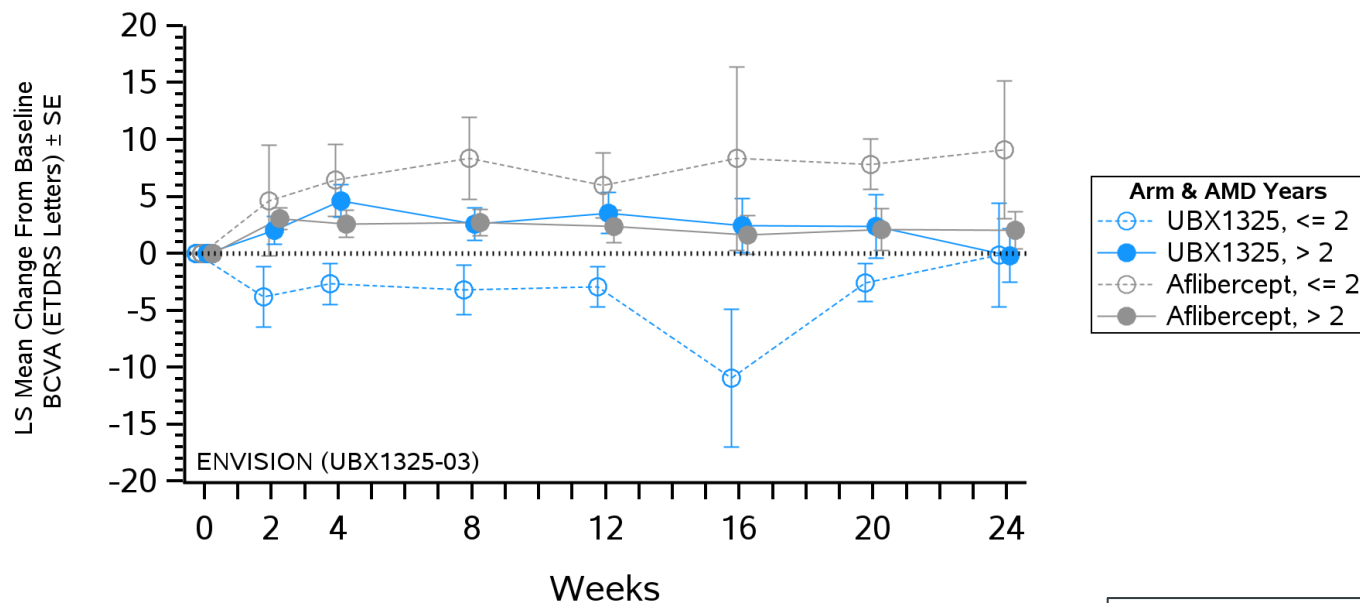
UBX1325	21	25	25	24	23	21	21
Aflibercept	24	25	25	25	25	24	23

Average CFBL Weeks 16 – 24 μm (85% CI)	
Aflibercept	10.5 (-7.0 – 28.1)
UBX1325	49.4 (31.4 – 67.3)

UBX1325 dosed at 0 and 4 weeks
Aflibercept dosed at 0, 8, and 16 weeks

Impact of AMD diagnosis duration on BCVA response excluding post-rescue data

*Patients with AMD diagnosis over two years may show stronger treatment effect with UBX1325**

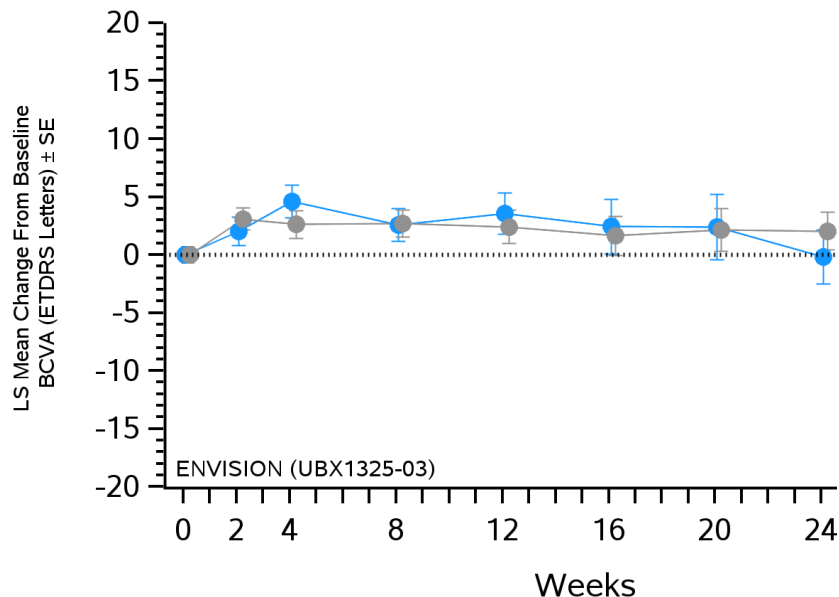


	Number of Subjects						
UBX1325, ≤ 2	10	9	8	7	4	4	4
UBX1325, > 2	12	15	14	14	9	7	8
Aflibercept, ≤ 2	3	3	3	3	3	3	3
Aflibercept, > 2	21	22	22	22	22	22	20

UBX1325 dosed at 0 and 4 weeks
Aflibercept dosed at 0, 8, and 16 weeks

* Post hoc analysis expanding on a priori hypothesis

BCVA change in patients with wAMD diagnosis >2 years excluding post-rescue data is similar between UBX1325 and aflibercept-treated patients*



Number of Subjects							
UBX1325	12	15	14	14	9	7	8
Aflibercept	21	22	22	22	22	22	20

	Average CFBL Weeks 16 – 24 ETDRS letters (85% CI)
Aflibercept	1.9 (-0.2 – 4.0)
UBX1325	1.6 (-1.3 – 4.4)

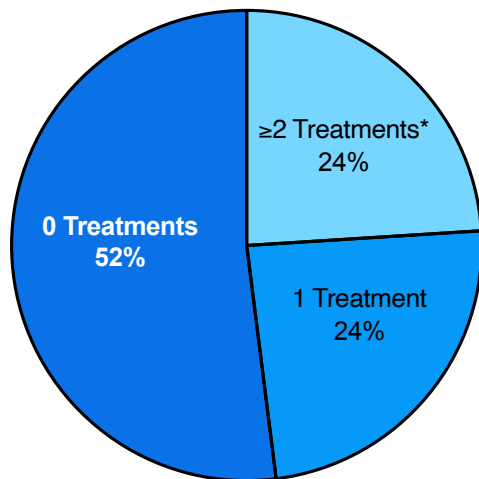
UBX1325 dosed at 0 and 4 weeks
Aflibercept dosed at 0, 8, and 16 weeks

* Post hoc analysis expanding on a priori hypothesis

ENVISION: Durability of effect of UBX1325

Majority of patients went 24 weeks without requiring anti-VEGF treatments

of aVEGF Treatments over 24 Weeks



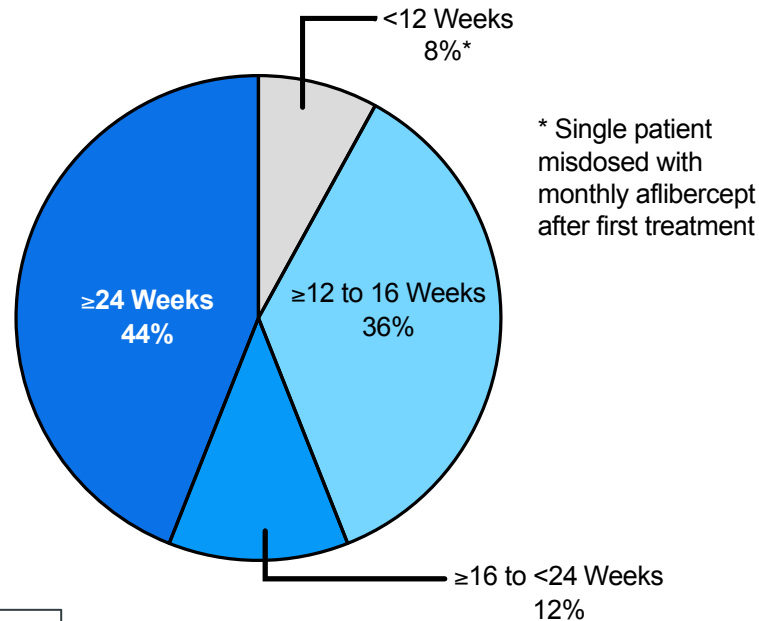
* Includes single patient misdosed with monthly aflibercept after first treatment

UBX1325
ITT Population

Treatment Criteria (either):

- Loss of 10 letters from any highest value (peak)
- Gain of 75 μ m CST from any lowest value (trough)

Maximal aVEGF-Free Interval

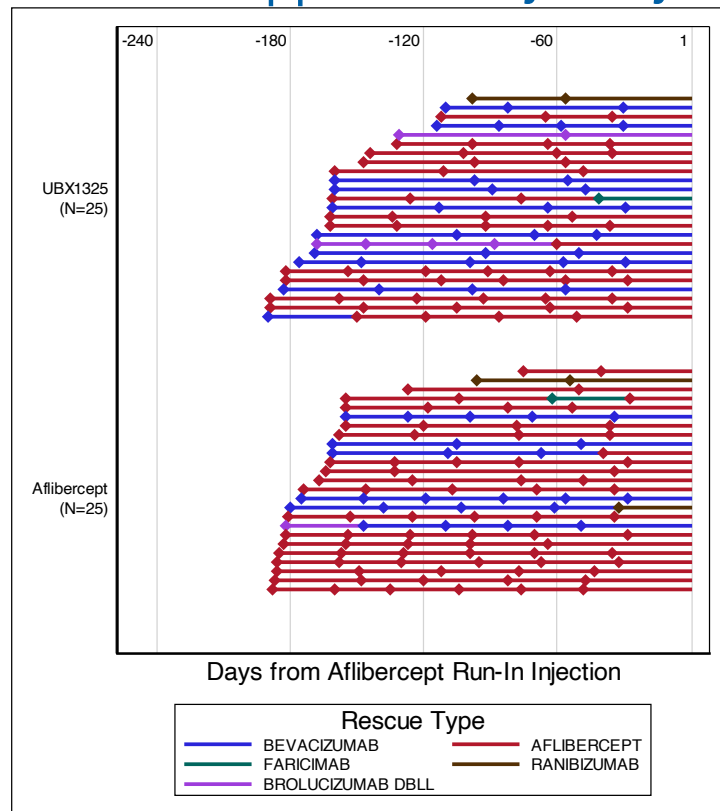


* Single patient misdosed with monthly aflibercept after first treatment

Total ≥16 weeks = 56%

UBX1325
ITT Population

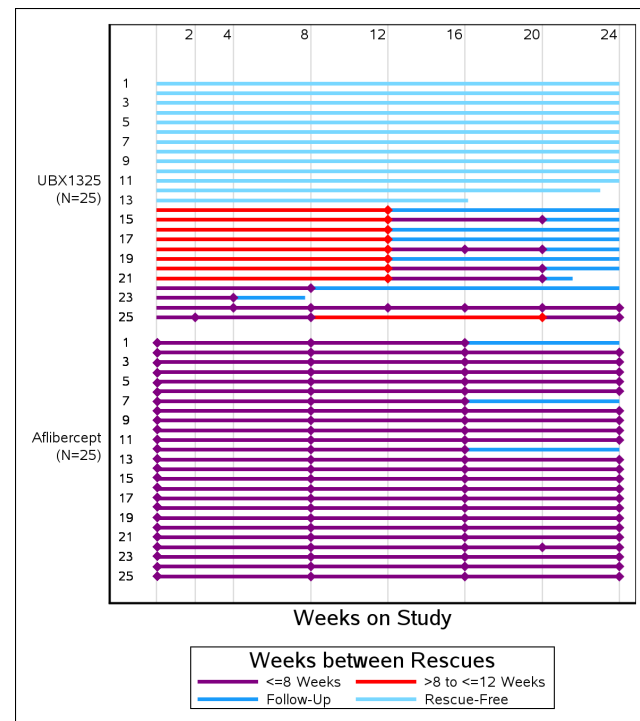
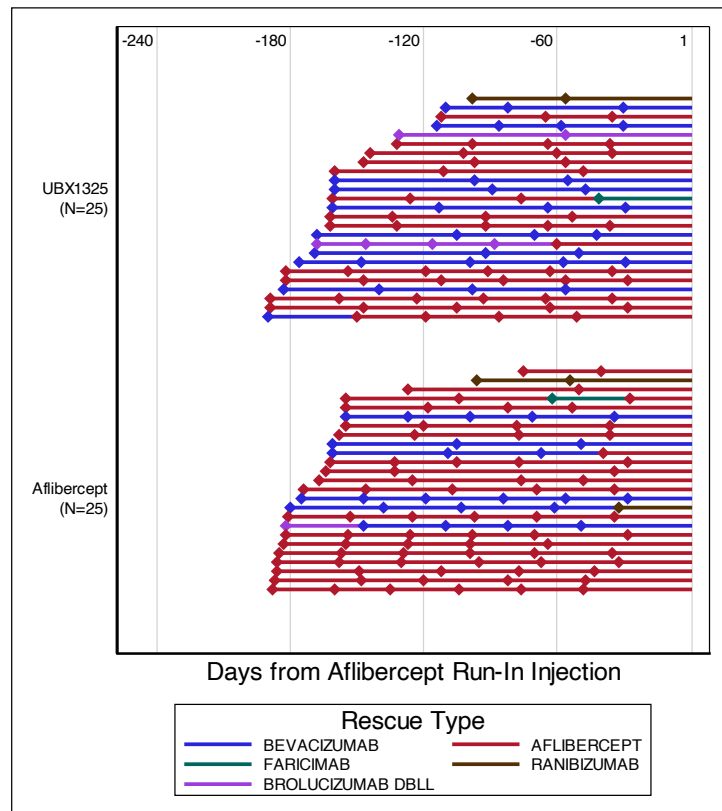
Patients in ENVISION were high-need patients with active disease requiring anti-VEGF treatment approximately every 6 weeks



Avg prior aVEGF use from -190d: 4.0
CST 370.8 μ m

Avg prior aVEGF use from -190d: 4.5
CST 367.5

In UBX1325-treated patients 52% went without requiring anti-VEGF



Summary of UBX1325 ENVISION Phase 2 Study in nAMD



UBX1325

In the ENVISION Study, UBX1325:

- ✓ Was generally well tolerated with no intraocular inflammation
- ✓ Maintained visual acuity through 24 weeks in patients with active disease; there was a 3.5 letter gain in aflibercept arm at 2 weeks and non-inferiority to aflibercept was not met
- ✓ Allowed 52% of patients to avoid anti-VEGF treatment for at least 6 months
- ✓ May have greater treatment effect in patients with AMD diagnosis greater than two years based on post-hoc assessments

Part B of ENVISION study is exploring the potential benefit of UBX1325 in combination with anti-VEGF

Summary and Development Plans for UBX1325

Phase 2 ENVISION Part A Study Data Highlights

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- UBX1325 may be more effective in patients with longer disease duration who may have greater senescence burden

Company to share 48-week BEHOLD DME data in April and intends to initiate Phase 2b study in DME in second half of 2023

Q&A



Backup



Financials: Market Snapshot

\$94.8 million cash, cash equivalents and marketable securities as of December 31, 2022

Focused capital allocation to extend cash runway into first quarter of 2024, funding UBX1325 Phase 2 proof-of-concept studies, 48-week long-term extension in DME and 48-week Part B study in nAMD