

**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): September 12, 2022**

**FREQUENCY THERAPEUTICS, INC.**

(Exact name of Registrant as Specified in Its Charter)

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

**001-39062**  
(Commission  
File Number)

**47-2324450**  
(IRS Employer  
Identification No.)

**75 Hayden Avenue, Suite 300**  
**Lexington, MA 02421**  
(Address of principal executive offices) (Zip Code)

**(781) 315-4600**  
(Registrant's telephone number, include area code)

N/A  
(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 (see General Instructions A.2 below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

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

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value \$0.001 per share	FREQ	The Nasdaq Stock Market LLC (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 7.01. Regulation FD Disclosure.**

On September 12, 2022, Frequency Therapeutics, Inc. (the “Company”) posted an updated corporate slide presentation in the “Investors & Media” portion of its website at [www.frequencytx.com](http://www.frequencytx.com). A copy of the slide presentation is attached as Exhibit 99.1 to this Current Report on Form 8-K (the “Current Report”).

The information in Item 7.01 of this Current Report, including Exhibit 99.1 attached hereto, is intended to be furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended (the “Securities Act”), or the Exchange Act, except as expressly set forth by specific reference in such filing. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits

The following exhibits relate to Items 7.01, and shall be deemed to be furnished, and not filed:

<u>Exhibit No.</u>	<u>Description</u>
99.1	<a href="#">Frequency Therapeutics, Inc. Corporate Slide Presentation as of September 12, 2022</a>
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.

FREQUENCY THERAPEUTICS, INC.

Date: September 12, 2022

By: /s/ David L. Lucchino  
Name: David L. Lucchino  
Title: President and Chief Executive Officer

# Pioneering a New Category in Regenerative Medicine

Frequency Therapeutics Corporate Presentation

September 2022

FREQUENCY  
THERAPEUTICS 

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements, including without limitation statements regarding the design of Frequency Therapeutics' (the "Company") Phase 2b trial of FX-322, including the type of SNHL that the enrolled patients will have and the ability of design features to reduce bias, the timing of the Company's trials, including the Phase 2b trial of FX-322, Phase 1b trial of FX-345, and Phase 1 trial in the multiple sclerosis ("MS") remyelination program, the interpretation and implications of the results and learnings of previous FX-322 clinical studies, the acceptance by the FDA of particular endpoints in the Company's trials, the treatment potential of FX-322, FX-345, and the novel approach for remyelination in MS, the timing and progress of the FX-345 and remyelination programs, the sufficiency of the Company's cash, cash equivalents and short-term investments, estimates of the size of the hearing loss population and population at risk for hearing loss, estimates of the size of the population with MS, estimates of the commercial opportunity of FX-322, FX-345, and the novel approach to remyelination, the impact on existing treatment paradigms, the potential for payor reimbursements for treatment, the ability of our technology platform to provide patient benefit, and the potential application of the progenitor cell activation ("PCA") platform to other diseases.

These forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties and other important factors that may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements, including, but not limited to, the following: the impact of COVID-19 on the Company's ongoing and planned clinical trials, research and development and manufacturing activities, the Company's business and financial markets; the Company has incurred and will continue to incur significant losses and is not and may never be profitable; need for additional funding to complete development and commercialization of any product candidate; the Company's

dependence on the development of FX-322; the unproven approach of the PCA platform; the lengthy, expensive and uncertain process of clinical drug development and regulatory approval; limited experience successfully obtaining marketing approval for and commercializing product candidates; the results of earlier clinical trials not being indicative of the results from later clinical trials; differences between preliminary or interim data and final data; adverse events or undesirable side effects; disruptions at the FDA and other regulatory agencies; failure to identify additional product candidates; new or changed legislation; failure to maintain Fast Track designation for FX-322 and such designation failing to result in faster development or regulatory review or approval; costly and damaging litigation, including related to product liability, intellectual property or brought by stockholders; dependence on Astellas Pharma Inc. for the development and commercialization of FX-322 outside of the United States; misconduct by employees or independent contractors; reliance on third parties, including to conduct clinical trials and manufacture product candidates; compliance with laws and regulations, including healthcare and environmental, health, and safety laws and regulations; failure to obtain, maintain and enforce protection of patents and other intellectual property; security breaches or failure to protect private personal information; attracting and retaining key personnel; and ability to manage growth.

These and other important factors discussed under the caption "Risk factors" in the Company's Form 10-Q filed with the Securities and Exchange Commission (SEC) on August 9, 2022 and its other reports filed with the SEC could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While the Company may elect to update such forward-looking statements at some point in the future, it disclaims any obligation to do so, even if subsequent events cause its views to change. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

## Vision

### A new approach to regenerative medicine

- Using small molecules to activate the body's innate regenerative potential
- Applicable to many other degenerative diseases with large patient populations

## Opportunity

### The first drug candidate shown to improve hearing

- Potential to transform treatment for millions
- Key clinical readout in Q1 2023

## Capitalized to Achieve Major Milestones

**FX-322**

### Lead Hearing Program

Phase 2b 208 study readout

**Q1 2023**

Lead hearing restoration study in sudden sensorineural and noise-induced hearing loss

**FX-345**

### Second Hearing Program

Phase 1b readout

**H2 2023**

New hearing restoration candidate explores impact of broader cochlear drug distribution

**Development Candidate**

### MS Remyelination Program

Advance to Phase 1 Study

**H2 2023**

Small-molecule therapeutic to activate oligodendrocyte precursor cells to restore myelin

# Transforming the Standard of Care for Hearing Loss

## FX-322 for Hearing Restoration

### SIGNIFICANT UNMET NEED

There are no solutions to address the underlying biological cause of hearing loss

### POTENTIAL PARADIGM- CHANGING THERAPY

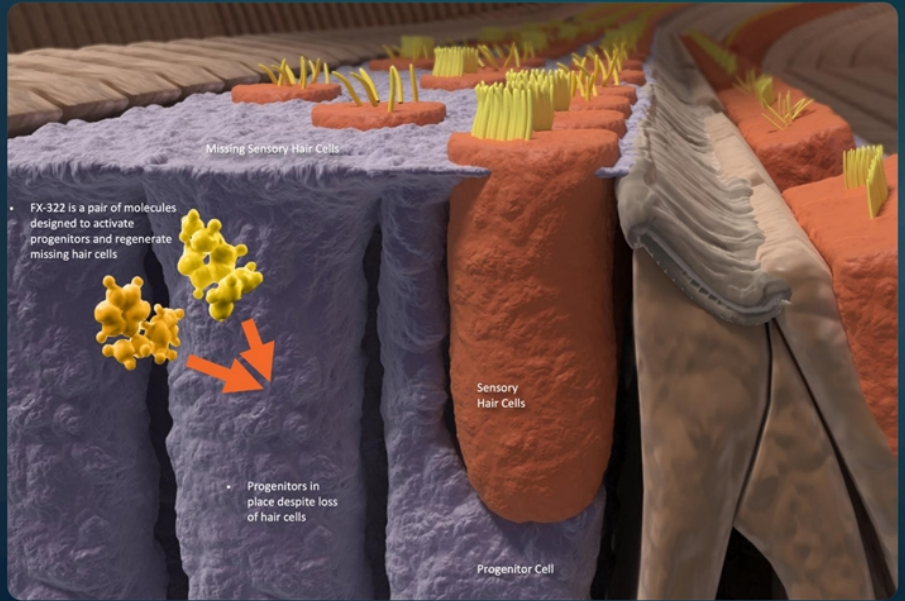
Enhancing speech perception — the greatest need for millions of individuals with hearing loss



# FX-322:

## A Small Molecule Candidate to Address the Underlying Pathology

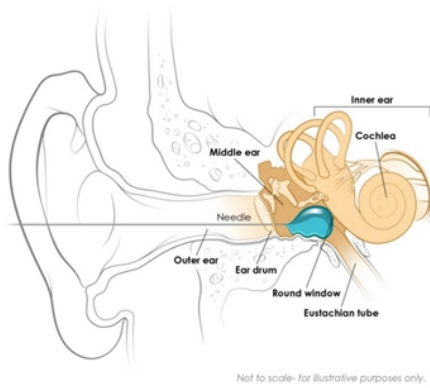
Combination of pathways aims to activate progenitor cells and regenerate sensory cells in the cochlea



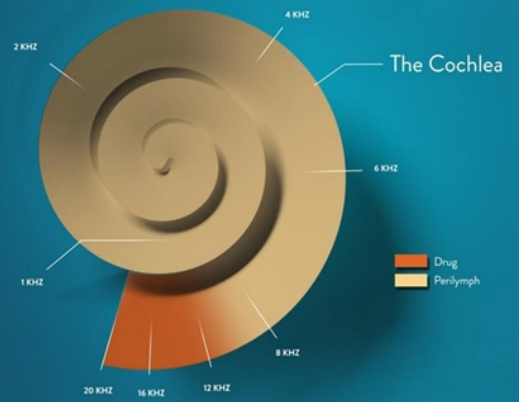
# FX-322:

## Directly Targeting the Regeneration of Sensory Hair Cells in the Cochlea

FX-322 is administered via a standard intratympanic injection, a routine procedure performed by ENTs

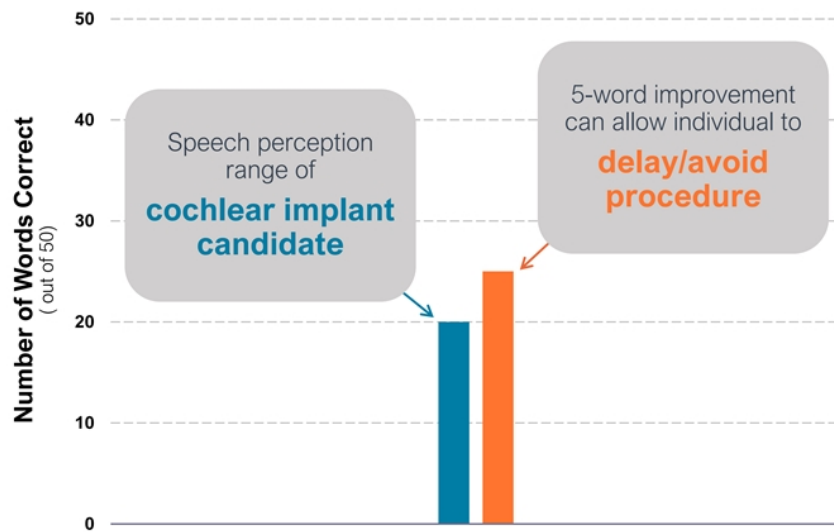


The injection concentrates FX-322 in the cochlear region critical for speech intelligibility



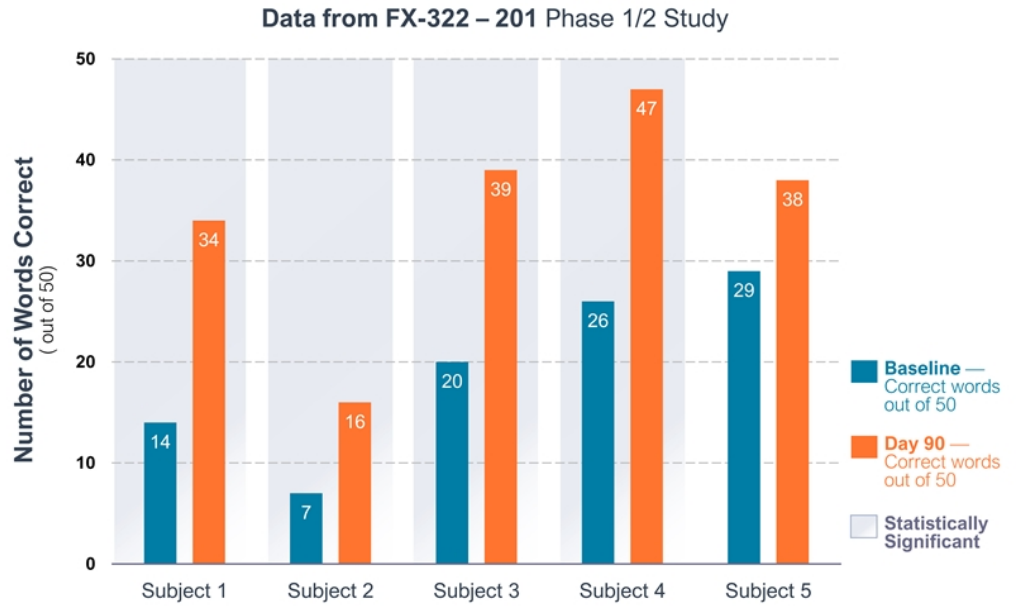
## Clinical Impact of a 5-word Improvement for Hearing Loss Patient

- 5-word increase out of 50 (10% absolute) is clinically meaningful
- Impacts treatment recommendation
- Individuals with stable hearing loss *do not* spontaneously improve



# Speech Perception Improvements with FX - 322

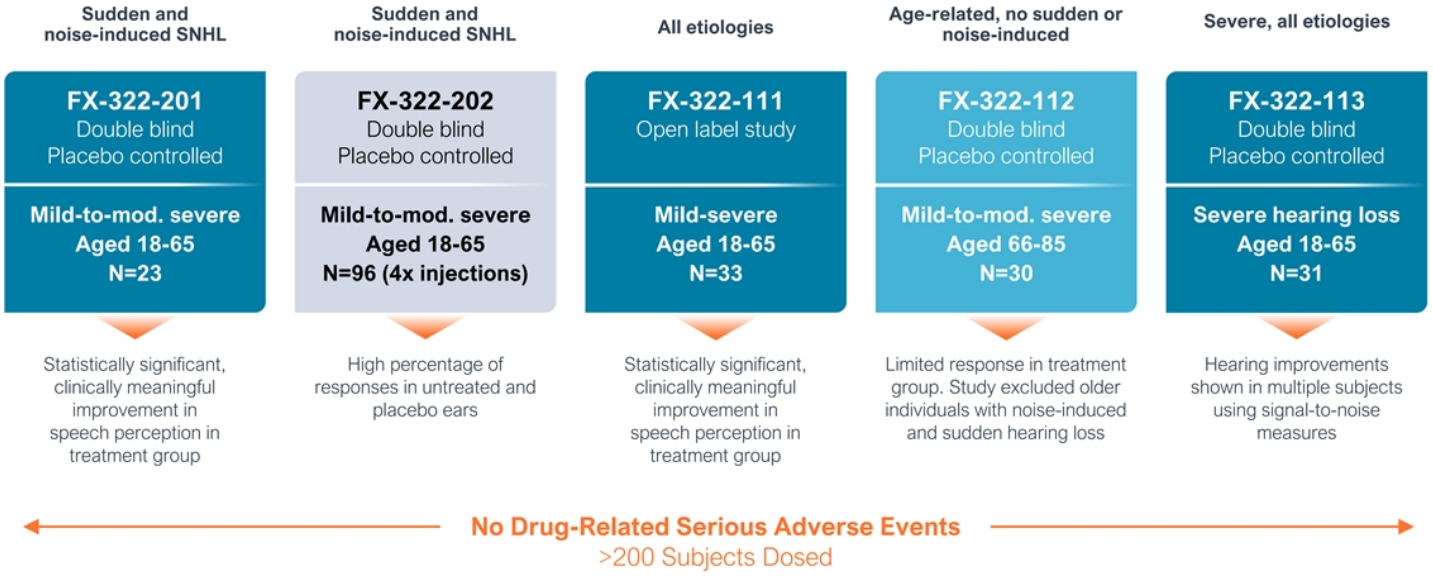
- More than 30% of subjects had a greater than 5-word improvement in speech perception scores
- Some subjects more than doubled their scores
- Some maintained improvements one to two years later



Published in *Otology and Neurotology*, February 2021 *Improved Speech Intelligibility in Subjects with Stable Sensorineural Hearing Loss Following Intratympanic Dosing of FX-322 in a Phase 1b Study* (W.J. McLean, et. al.)

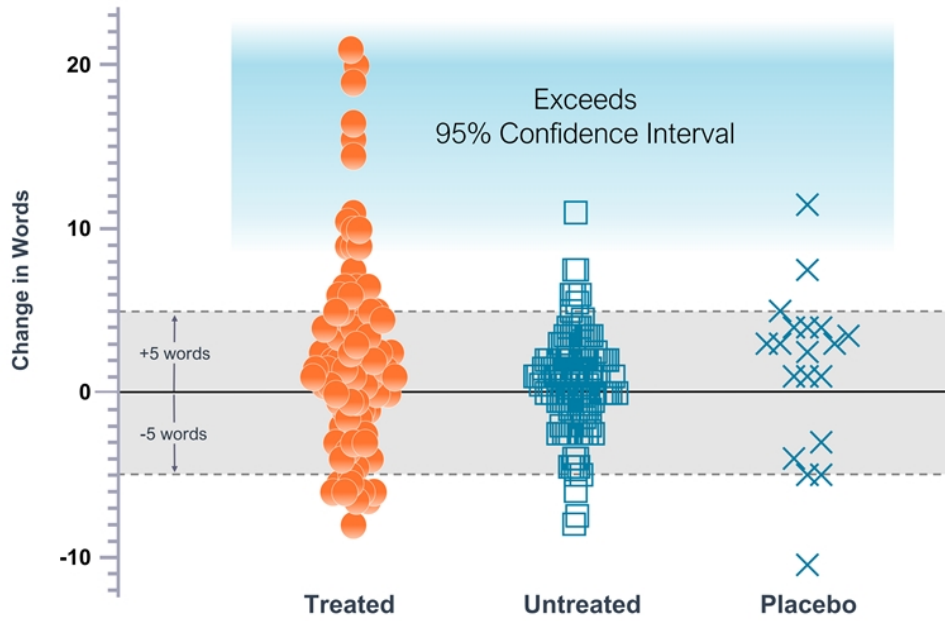
# Outcomes from Five FX-322 Studies

## Building a Clinical Path for a Hearing Therapeutic



■ Hearing signal   ■ No change between placebo and treated groups   ■ Inconsistent baselines undermined data

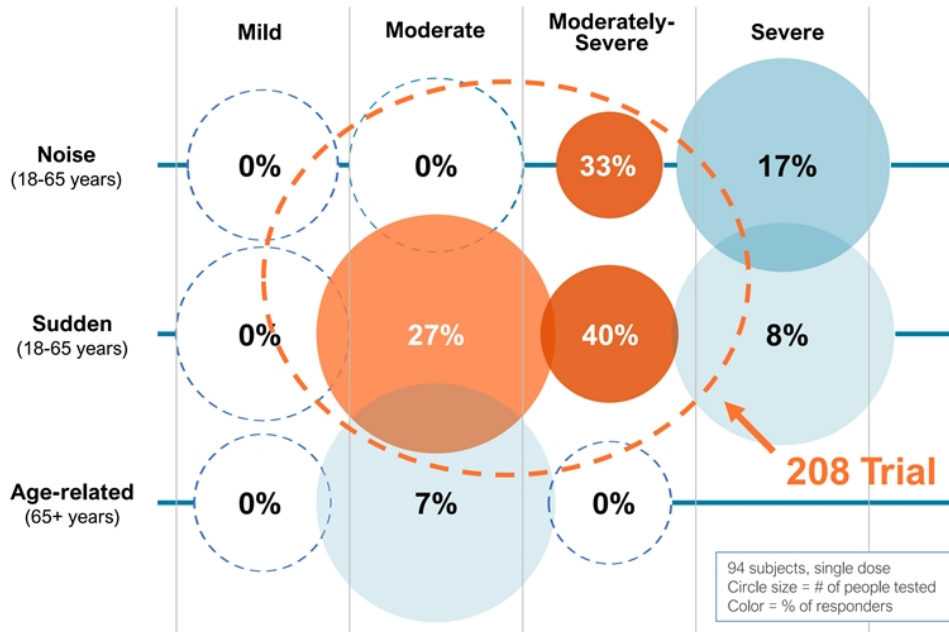
Studies 201, 111, 112 & 113



95% confidence intervals established by Thornton & Raffin (1978) and modified by Carney & Schlauch (2007).  
Word improvement to reach 95% confidence interval depends on starting performance.

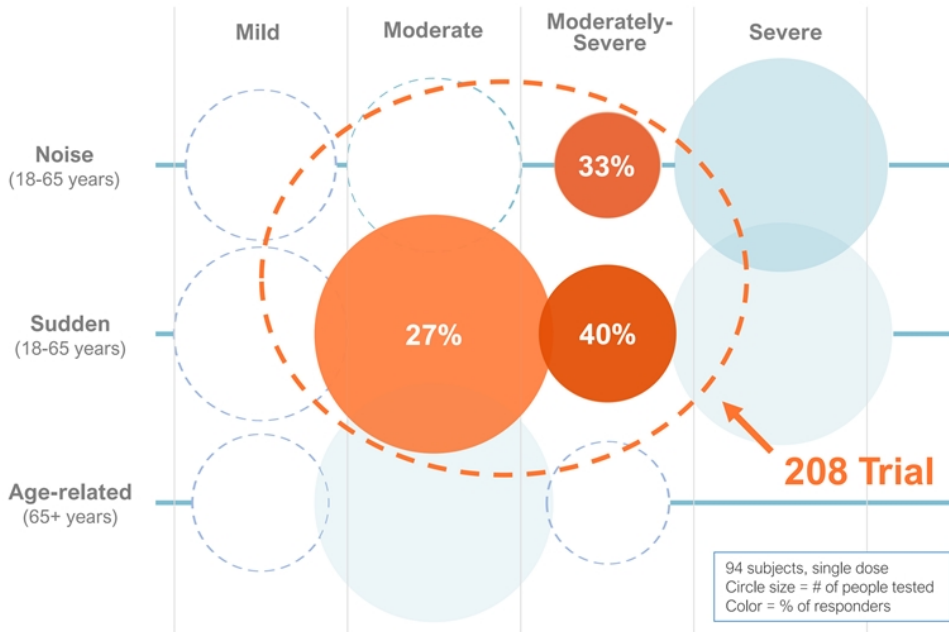
# Pooled Single-Dose Studies

## Defined Etiology/Severity for 208 Study



Placebo and untreated ears had a 3% response rate

# Substantial and Growing Need within Target Population



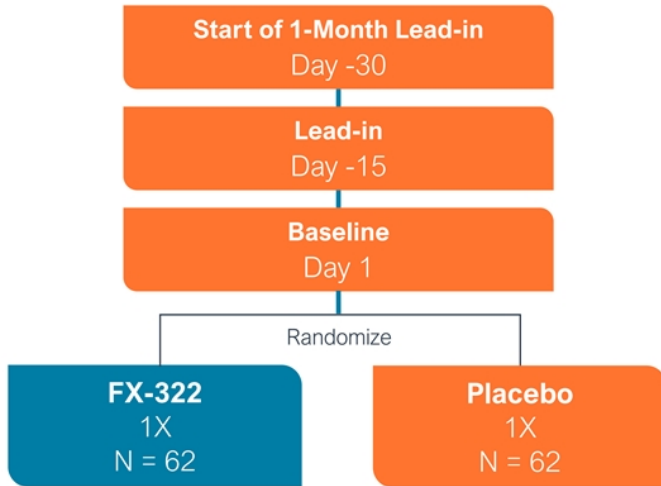
208 study:  
Target population  
**7-10 million**  
people in the U.S.



# FX-322-208 Phase 2B Study

Powered to show statistically significant improvement in speech perception

124 Subjects, SSNHL and NIHL, Ages 18-65  
3 screenings to enter lead-in  
Pure tone average 35-85 dBHL



Follow-up Visits: Days 30, 60, 90

## Rigorous Study Design

- ✓ Lead-in phase with multiple baseline measures
- ✓ Ability to disqualify subjects based on test stability
- ✓ All sessions recorded and monitored
- ✓ Sites and patients masked to qualifying test results

# Clearly Defined Criteria for FX-322-208 Study Success

## Pre-specified, FDA-aligned clinical endpoints

### Powered to detect efficacy over placebo

Study powered to show greater responder rate in FX-322 treated patients than placebo ( $p < 0.05$ )\*

\*80% power assuming 20% effect size

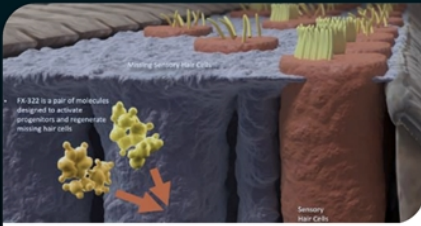
### Pre-Specified Responder Definition

Responders have statistically significant and clinically meaningful improvements (Exceed 95% confidence interval on speech perception test\*)

\*Speech perception test used as a primary endpoint is pre-specified but not publicly disclosed to keep clinicians and patients blinded

# Clear Commercial Path

First Potential Therapy for Millions of People with Hearing Loss



## Small molecule approach

- Not gene or cell therapy
- Favorable safety profile
- Ease of manufacturing and drug delivery



## Established ENT physician channel

- Medicine would enable ENTs to offer intervention to patients with SNHL
- Standard trans-tympanic injection



## Path to reimbursement

- Existing reimbursement (and CPT code) for trans-tympanic injection
- ENTs are currently reimbursed for many hearing interventions

# Hearing Loss Can Have a Significant Impact on Overall Health

THE LANCET  
July, 2020

*“Hearing loss is the largest potentially modifiable risk factor for developing dementia”*

JAMA  
November, 2018

*Increased risks with untreated hearing loss*



Dementia



Depression

JAMA Nov 8, 2018, Deal J, et al. Incident Hearing Loss and Comorbidity. A Longitudinal Administrative Claims Study.

# Opportunities Enabled by a Positive FX-322-208 Study Outcome

## Regulatory

Defined path to registrational studies

- Potential for FX-322-208 to be considered a pivotal study
- One additional study for approval

Potential for Breakthrough Therapy designation

## FX-322 Partner Milestones



\$625m for ex-US development  
and commercialization

AST Development milestone payments to Frequency

- \$90 million for Phase 2b start in Europe and Asia
- \$140 million for Phase 3 start in Europe and Asia

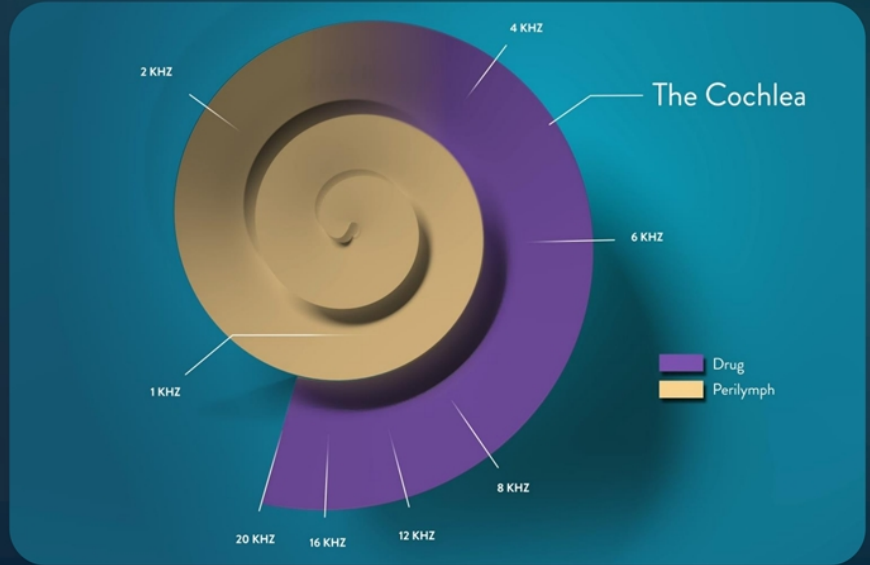
## Pipeline Expansion

**What if we were able  
to get greater drug  
distribution in the  
cochlea?**

# FX-345

## Working to Achieve Broad Exposure Through the Cochlea

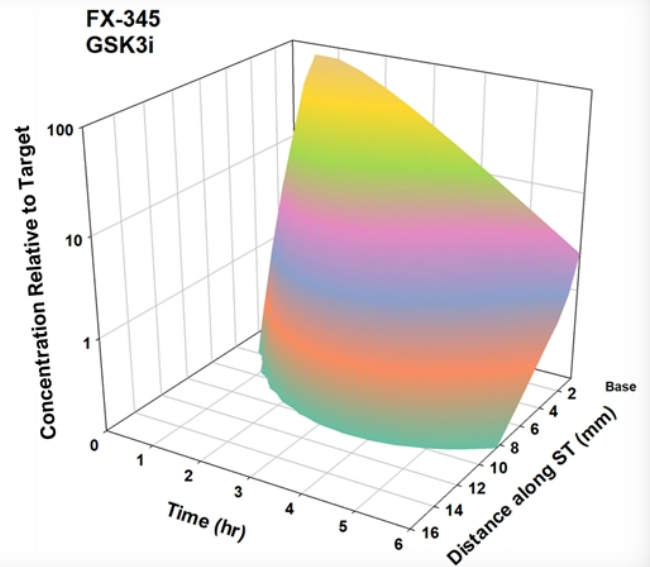
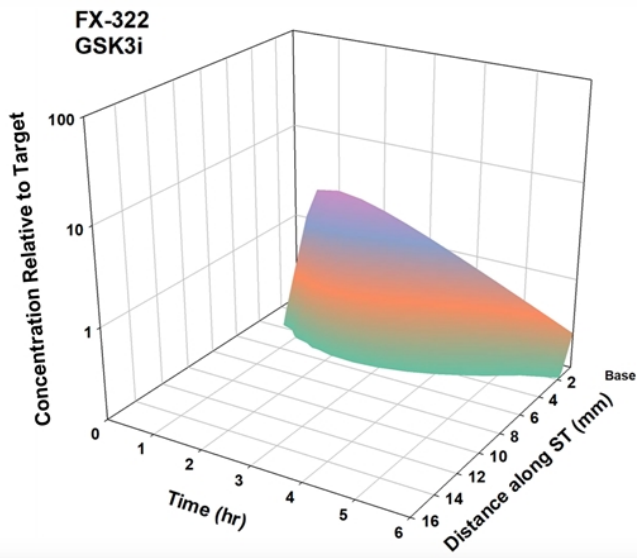
- Second hearing restoration program
- Enables coverage of a large portion of the cochlea
- Potential to address additional SNHL patient types
- Formulation enabling evaluation of a range of dose levels
- Developing in addition to FX-322. Clinical data will drive commercial positioning



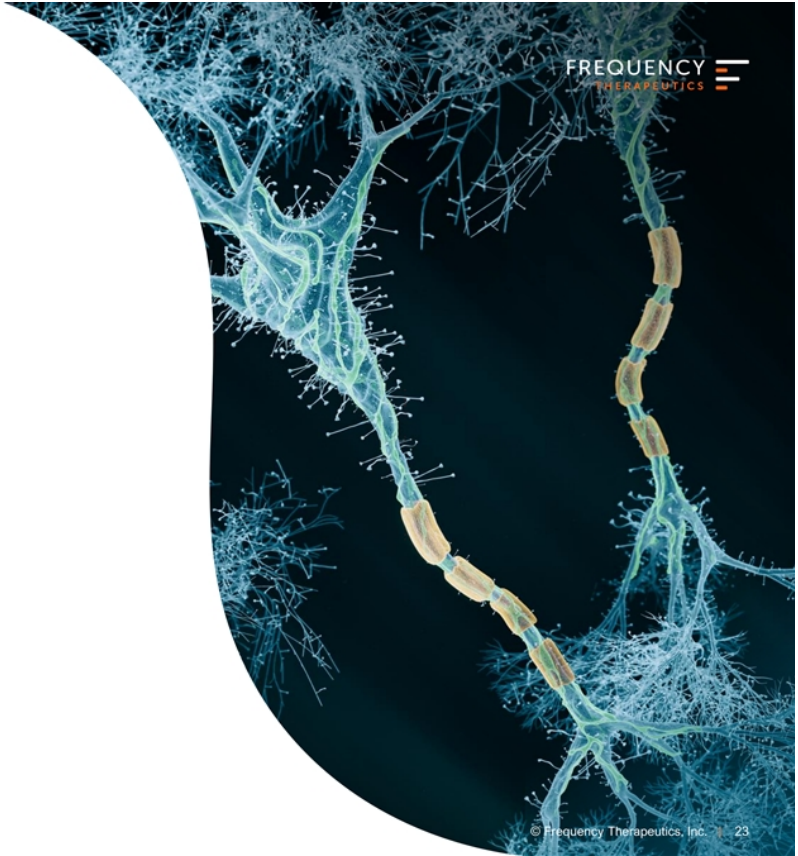


# FX-345

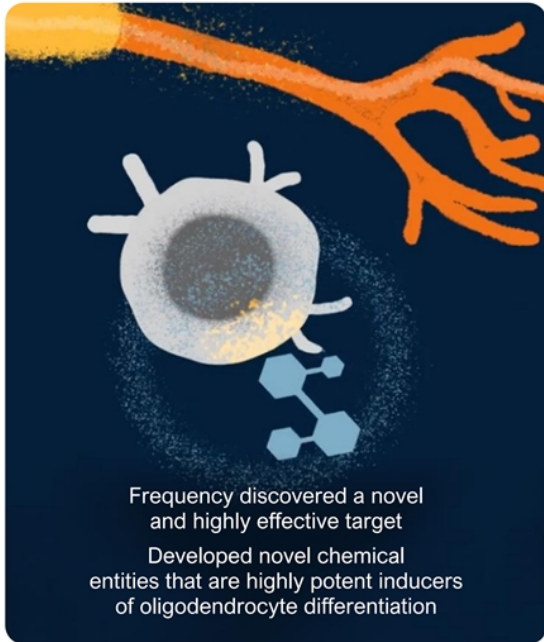
Creating Effective Drug Levels Through Large Portion of Cochlea



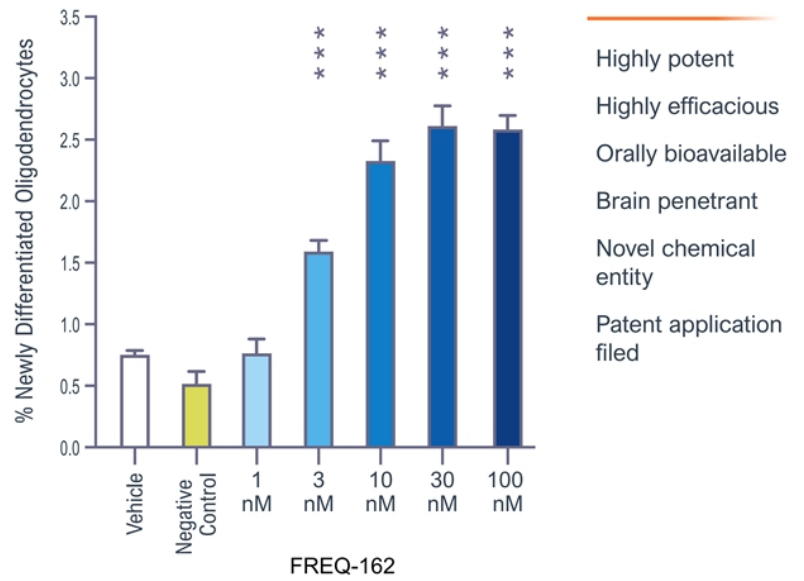
**What if we could  
extend our approach  
to other degenerative  
diseases?**



# Novel Frequency Small Molecule Inhibitors Drive Oligodendrocyte Differentiation



Lead Optimization generated FREQ-162

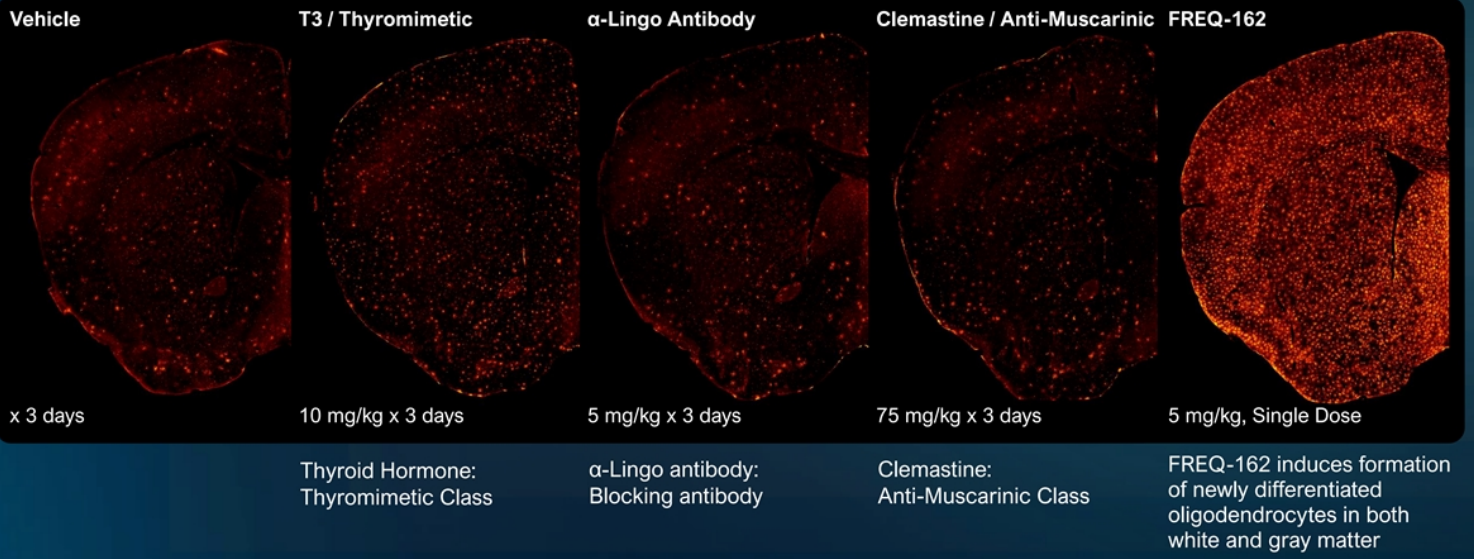


# FREQ-162 Outperforms Literature Compounds *In Vivo*

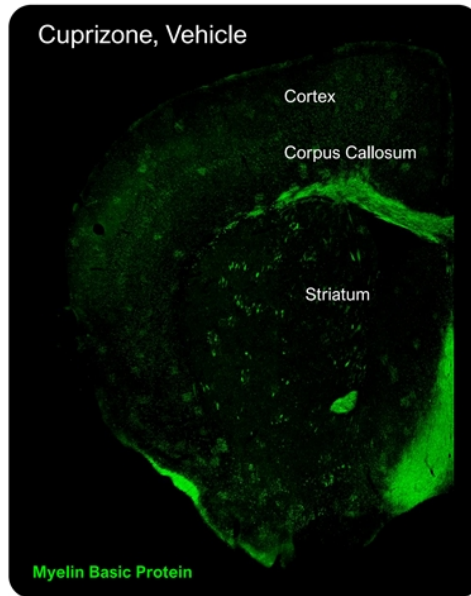
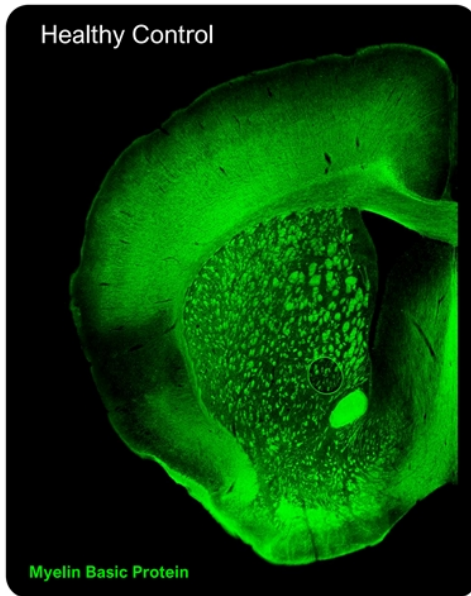
Adult mice received 3 doses of comparator compounds or a single dose of FREQ-162

Brains were stained for a marker of newly generated oligodendrocytes

Single dose FREQ-162 induces more OPCs to differentiate than comparator compounds



# The Cuprizone Model of Chronic Demyelination



Adult mice were demyelinated via 17 months of cuprizone administration

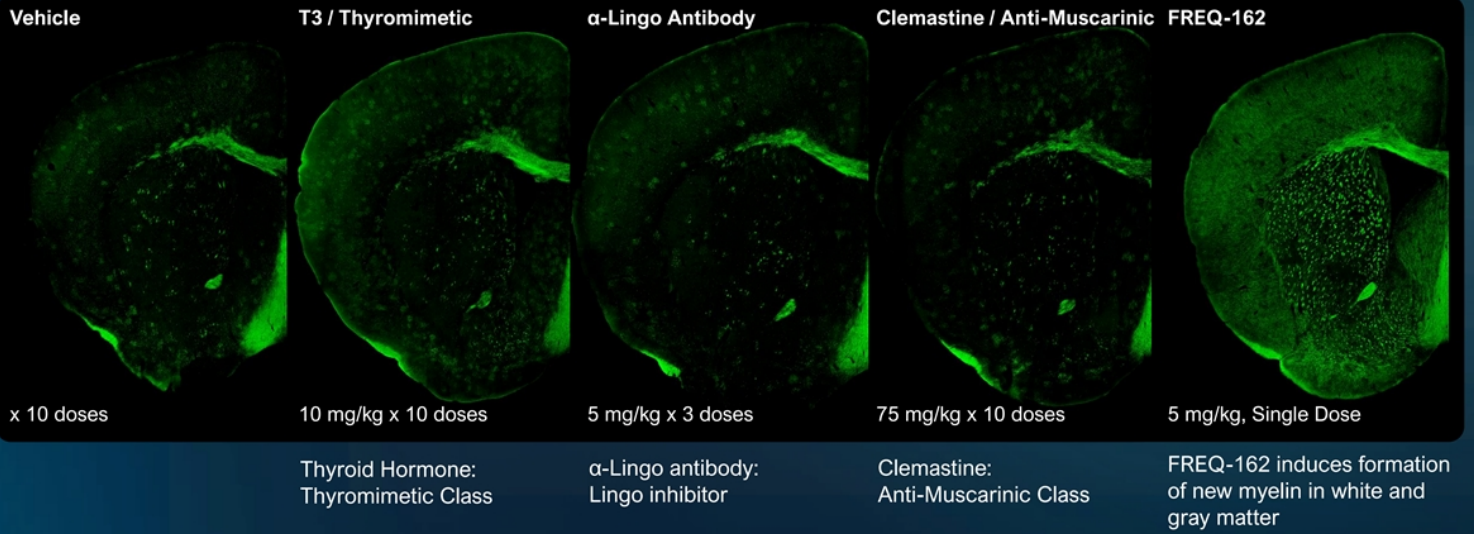
- Elderly mice with long term demyelination

# FREQ-162 Outperforms Published Compounds *In Vivo*

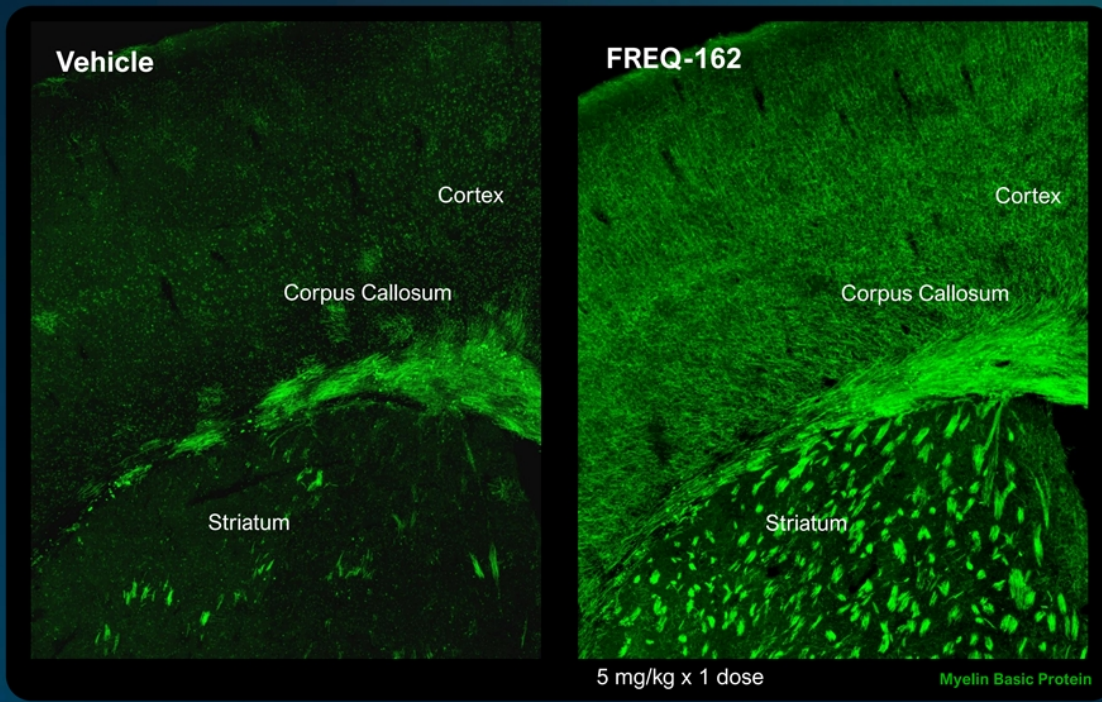
Adult mice received up to 10 daily doses of comparators or a single dose of FREQ-162

Brains were stained for Myelin Basic Protein (green)

Single dose FREQ-162 induces more remyelination than comparator compounds



Animals demyelinated for 17 months via cuprizone treatment

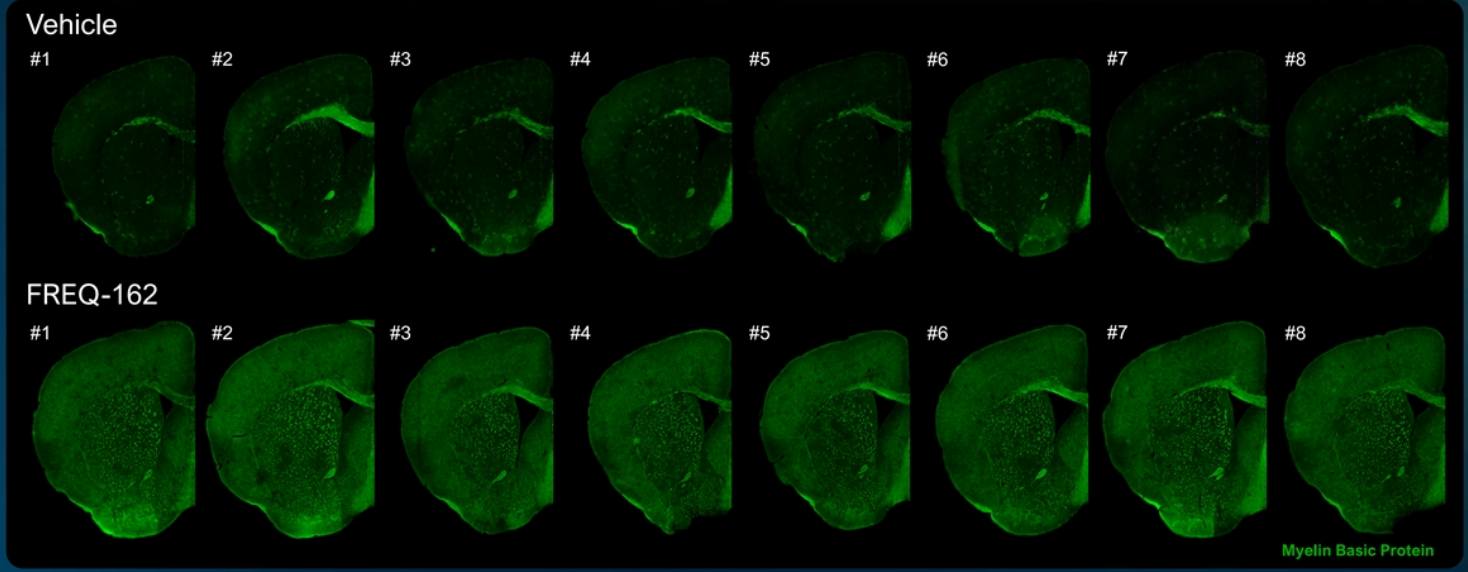


High magnification view reveals that FREQ-162 yields myelination

- In both white and gray matter
- In the appropriate orientation and location

# FREQ-162: Highly Reproducible Increases in Myelination

All 8 out of 8 mice treated with FREQ-162 showed robust increases in myelination in both white and gray matter tracts

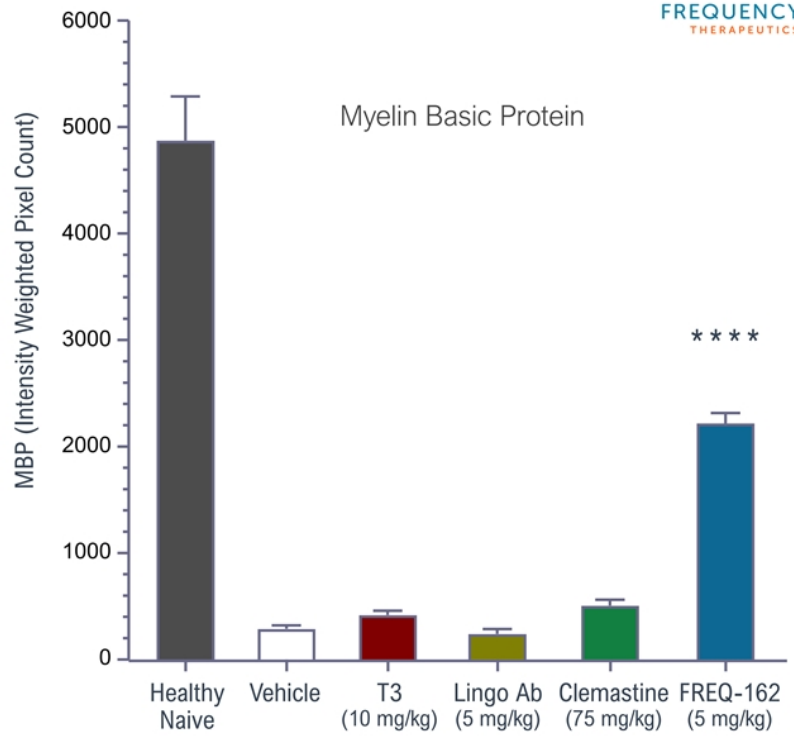


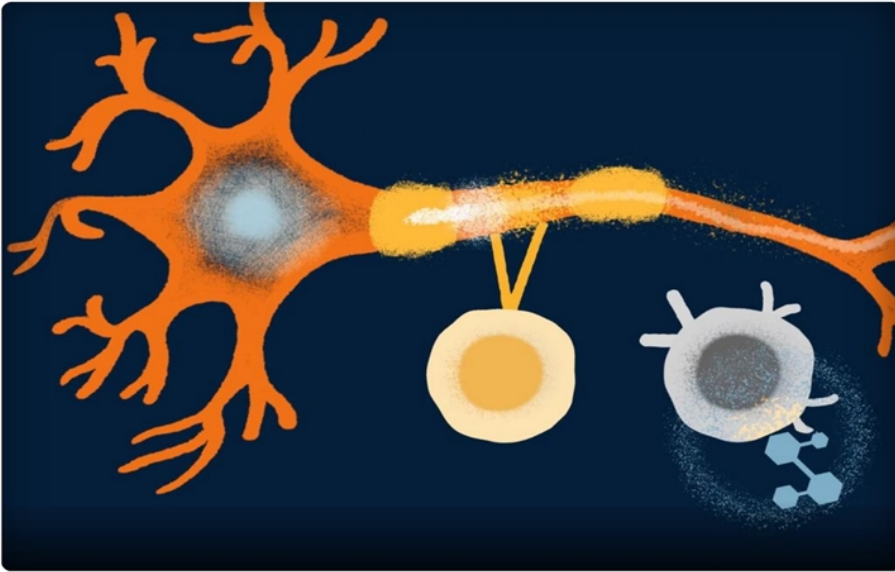


# Freq-162 Induces Robust Increases in Myelination

- Forebrain myelin basic protein levels quantitated
- A single dose of a Frequency compound induces robust remyelination

Compound	Dose (mg/kg)	# of doses	Fold change	P=
<b>α-Lingo antibody</b>	5	3	0.9 x	0.99
<b>Clemastine</b>	75	10	1.7 x	0.70
<b>Thyroid Hormone (T3)</b>	10	10	1.4 x	0.95
<b>FREQ-162</b>	5	1	7.7 x	<0.0001





Discovered novel target

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Induced high levels of oligodendrocyte differentiation and remyelination *in vivo*

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Candidate entering IND-enabling studies

## Our Path Forward

- ✓ Q1 Readout for lead hearing restoration program, with clear success criteria.
- ✓ Alignment with FDA on speech perception endpoints.
- ✓ Second hearing restoration program to explore the impact of broader cochlear drug exposure. Enrollment anticipated to start in Q4 2022.
- ✓ Remyelination program in multiple sclerosis, with a novel target and a strong response in vivo, advancing toward 2023 clinical start.
- ✓ Company is sufficiently capitalized with resources to meet key milestones.
  - \$111.1m in cash and cash equivalents\*, runway into 2024
  - \$90m from Astellas for FX-322 Phase 2b start in Europe and Asia

\*Number reflects unaudited Cash, Cash Equivalents, and Marketable Securities as of June 30, 2022, and does not include Restricted Cash

# Appendix

# Origin of Frequency Therapeutics

Tissue-Specific, Pre-programmed Stem Cells

## Decoding Intestinal Regeneration

Langer and Karp publish  
small molecules activate  
intestinal progenitors



Niche-independent high-purity cultures of  
Lgr5+ intestinal stem cells and their progeny

## Enabling Cochlear Regeneration

Same cues reactivate  
normally inactive  
progenitors in the cochlea



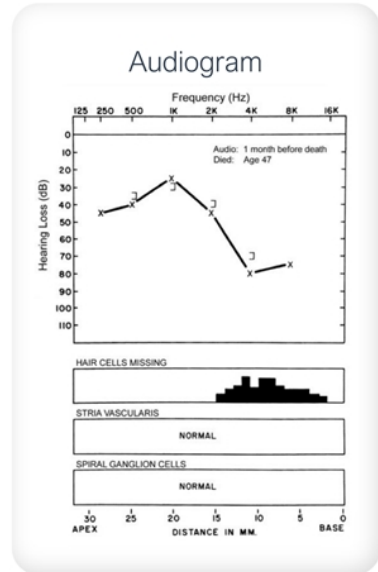
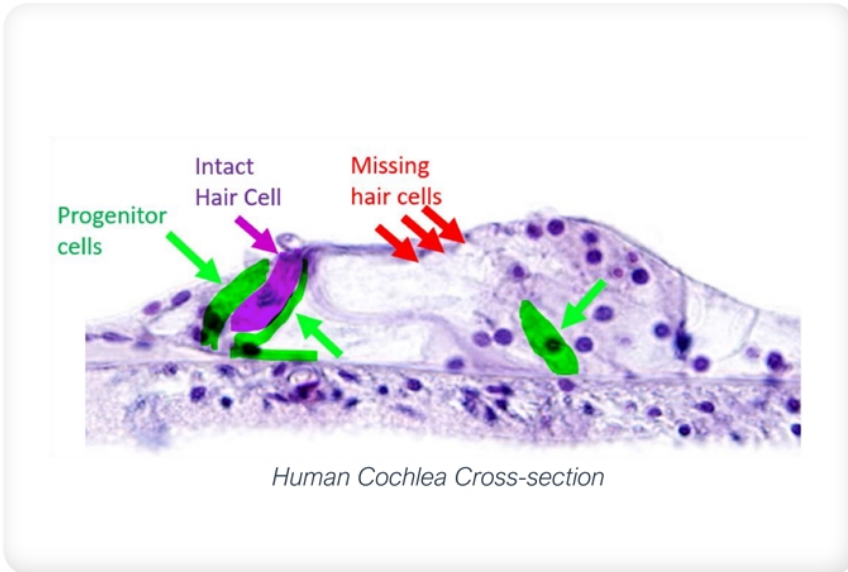
Clonal Expansion of Lgr5-Positive Cells  
from Mammalian Cochlea and High-  
Purity Generation of Sensory Hair Cells

## Frequency Therapeutics

Small molecule  
therapeutics show  
clinical proof  
of concept



# Despite Hair Cell Loss, Progenitor Cells Remain

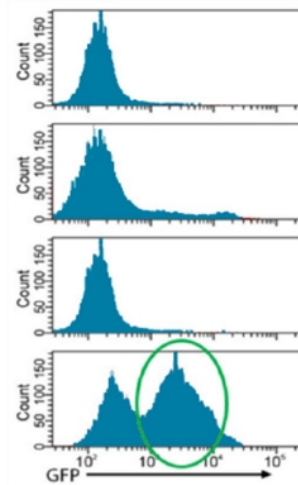


47 Year Old Male with Occupational Noise Deafness

# Combination of Pathways to Activate Progenitor Cells

## Cochlear Progenitor Proliferation (Lgr5+ – GFP)

HDAC = Histone deacetylase  
NCE = new chemical entity  
In vitro mouse model testing



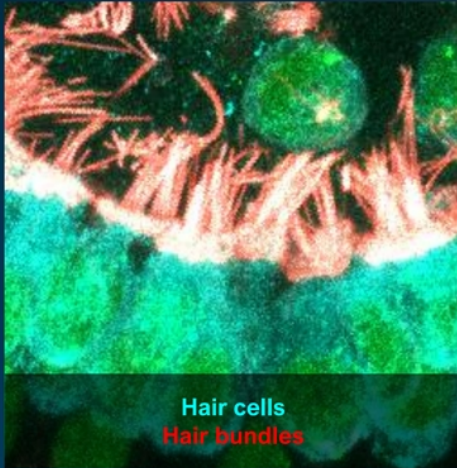
Culture Media

Glycogen synthase kinase-3  
(GSK3) Inhibitor; (laduviglusib)

HDAC Inhibition  
(sodium valproate)

GSK3 + HDAC inhibition

# FX-322 Agents Induce Protein Expression Consistent with Fully Functional Sensory Hair Cells



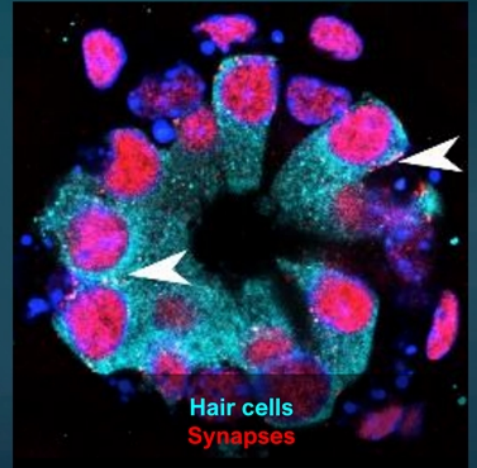
Hair cells  
Hair bundles

Sensing Sound  
Generating intricate  
hair bundles



Hair cells  
Transducing cell dye

Creating Signal  
Producing functional  
ion channels



Hair cells  
Synapses

Transmitting Signal  
Synaptic proteins to communicate  
with nerve are present



# Data from Controlled Studies (FX-322-201, FX-322-111)

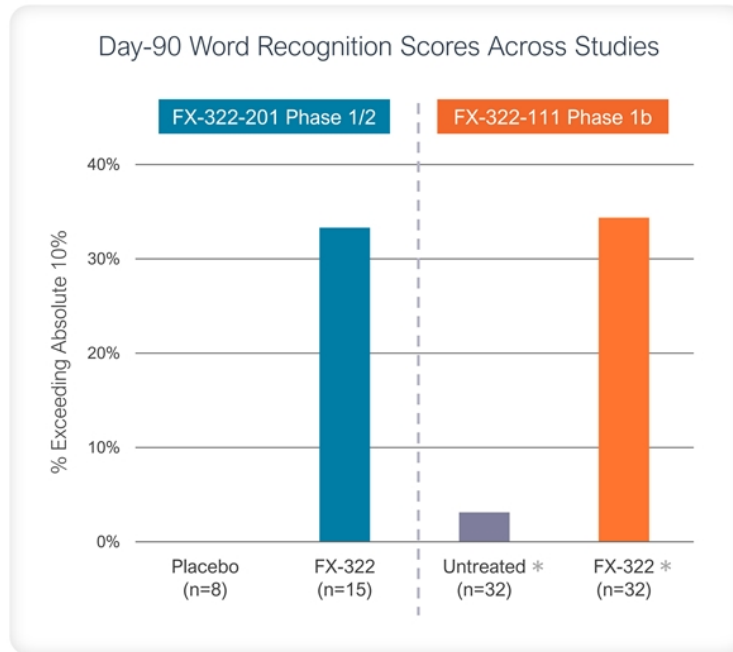
## Improvement Shown in Speech Perception in Quiet with Single Dose

### Phase 1/2 Study FX-322-201 Overview

- Placebo-controlled, multi-center, randomized study
- Mild to moderately severe subjects, age 18-65 (n=23)
- NIHL/SSNHL

### Study Results

- 33% of subjects achieved 10% or greater absolute improvement in word recognition in treated ear
- Statistically significant *and* clinically meaningful improvements in WR
- No meaningful changes in placebo group
- Favorable safety profile



### Phase 1b Study FX-322-111 Overview

- Compared different FX-322 administration conditions
- Open-label, multi-center, randomized study
- Mild to severe subjects, age 18-65 (n=33)

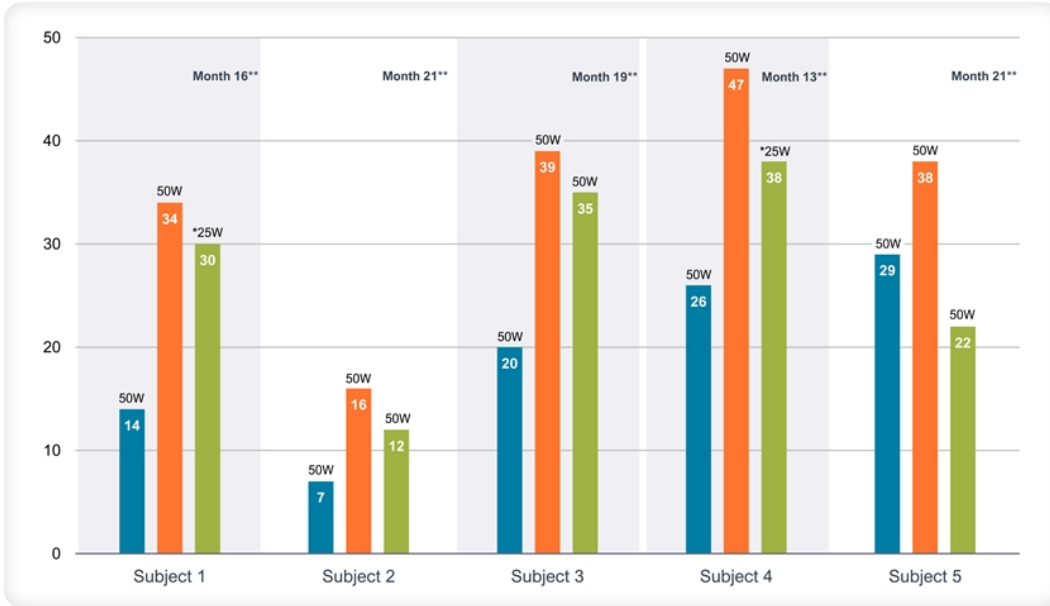
### Study Results

- 34% of subjects achieved 10% or greater absolute improvement in word recognition (WR) in treated ear
- Statistically significant *and* clinically meaningful improvements in WR
- Favorable safety profile

\*Total of 33 patients enrolled in study, 32 subjects completed 90-day clinical assessment period

# FX-322 Phase 1/2 Durability Data:

Patients Show Sustained Hearing Improvements 13-21 Months After Initial Dosing



\*25W = 25 Word test performed outside an official study site at 13-18 months after dosing; results scaled to 50 words

50W = 50 Word test performed under a formal protocol at original study site at 18-21 months after dosing

\*\*Since FX-322 dosing

## Key Findings

**Preliminary evidence indicating a durable benefit of hearing clarity**

Baseline - Correct words out of 50

Day 90 - Correct words out of 50

1-2 Years - Correct words out of 50

Three patients who had durable improvements in intelligibility also had pure tone audiometry improvements of 10 – 15 dB at the highest frequency tested (8k Hz)

# FX-322-113: Hearing Signal and Speech Perception Improvements Observed in Subjects with Severe SNHL

## Double-blind, placebo-controlled study of 31 individuals randomized 4:1

- Pure tone average deficit between 71-90 decibel hearing level (dBHL)
- Potential cochlear implant candidates

## Improvements in Bamford-Kowal-Bench Sentence-in-Noise exam (BKB-SIN) observed in treated ears

- BKB-SIN measures signal-to-noise ratios required for subjects to correctly repeat words in sentences
- Three FX-322 treated subjects show improvement, two with a 6 dB response
- A single placebo subject showed a 3.6 dB change
- No improvements observed in words-in-quiet

## Favorable safety profile

- No treatment-related SAEs

## Astellas Collaboration:

### Ex-US Development and Commercialization of FX-322

- **Development and commercialization collaboration for FX-322, including lifecycle improvements**
- **Astellas has ex-US rights; Frequency retains US rights to FX-322**
- **Payments of up to \$625mm which included \$80mm upfront**
  - Development milestone payments to Frequency of \$65.0 million and \$25.0 million upon the first dosing of a patient in a Phase 2b clinical trial for SNHL in Europe and Asia, respectively
  - \$100.0 million and \$40.0 million upon the first dosing of a patient in a Phase 3 clinical trial for SNHL in Europe and Asia, respectively
- **Development & commercialization:**  
Astellas responsible for execution and costs of ex-US clinical development and commercialization



# Proven Leadership Team



**David Lucchino**  
President, CEO  
& Co-Founder

Former CEO of Entrega Bio (PureTech). Co-founder / CEO of Semprus BioSciences (acquired), Polaris Partners. MIT Sloan Fellow.



**Chris Loose, Ph.D.**  
Chief Scientific Officer  
& Co-Founder

Co-founder/CTO of Semprus BioSciences through FDA / CE clearance and acquisition. Princeton, MIT, Hertz Fellow and Yale Faculty.



**Carl Lebel, Ph.D.**  
Chief Development Officer

Chief Scientific Officer of Otonomy (2009 to 2016). Executive Director, Amgen. Scientific fellow of the American Academy of Otolaryngology.



**Dana Hilt, M.D.**  
Chief Medical Officer

Neurologist and neuroscientist with two decades in biopharma and CNS drug development. Amgen, Lysosomal, Forum Pharma.



**Sue Stewart, J.D., LLM**  
Chief Regulatory Officer

CRO at numerous biopharma companies including Kaleido Biosciences, Candel Therapeutics, and regulatory leadership roles at Tokai Pharma, Transmolar and Genzyme Corp.



**Wendy Arnold**  
Chief People Officer

HR leader with extensive life science experience including senior leadership roles at Kaleido Biosciences, Moderna, Celgene Avilomics Research, and Inotek Pharmaceuticals



**Quentin McCubbin, Ph.D.**  
Chief Manufacturing Officer

Led pharmaceutical sciences and process chemistry at Takeda / Millennium and headed technical operations Cerevel Therapeutics.

## Scientific Advisory Board



**Jeff Karp,  
Ph.D.**

Associate Professor at Brigham and Women's Hospital, Harvard Medical School



**Robert Langer,  
SC.D.**

David H. Koch Institute Professor at the Massachusetts Institute of Technology



**Sheng Ding,  
Ph.D.**

Senior Investigator, Gladstone Institute of Cardiovascular Disease



**Sean J. Morrison, Ph.D.**

Director of the Children's Medical Center Research Institute, UT Southwestern



**Siddhartha Mukherjee,  
M.D., D.Phil.**

Assistant Professor of Medicine, Columbia University Medical Center



**Amy Wagers,  
Ph.D.**

Forst Family Professor of Stem Cell and Regenerative Biology, Harvard University

## Clinical Advisory Board



**Dan Lee,  
M.D.**

Director, Pediatric Otolaryngology and Neurotology, Mass Eye and Ear



**Rene Gifford,  
Ph.D.**

Associate Director of Pediatric Audiology, Director of Cochlear Implant Program, Vanderbilt University



**Steve Rauch,  
M.D.**

Director, Vestibular Division, Medical Director, Mass. Eye and Ear Balance and Vestibular Center



**Ruth Litovsky,  
Ph.D.**

Professor, Communications Sciences and Disorders and Surgery Division of Otolaryngology, University of Wisconsin



**Chris Runge,  
Ph.D.**

Chief of the Division of Communication Sciences, Medical College of Wisconsin



**Joni Doherty,  
MD, Ph.D.**

Assistant Professor of Clinical Otolaryngology-Head and Neck Surgery, Keck School of Medicine of USC.



**Julie Arenberg,  
MS, Ph.D.**

Associate Director of Clinical Audiology for Research and Education, Mass Eye and Ear



**David Friedland,  
M.D., Ph.D.**

Vice-Chair of the Department of Otolaryngology and Communications Sciences, Medical College of Wisconsin



# Pioneering a New Category in Regenerative Medicine

Frequency Therapeutics Corporate Presentation  
September 2022

FREQUENCY  
THERAPEUTICS 