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): July 28, 2026

TURN THERAPEUTICS INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-42875**	**32-0456090**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification Number)

250 N. Westlake Blvd., Westlake Village, California	**91362**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(818) 564-4011**

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:

☐ 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**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.0001 per share	**TTRX**	**The Nasdaq Stock Market LLC**

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 July 28, 2026, Turn Therapeutics Inc. released an updated investor presentation (the "Investor Presentation"). A copy of the Investor Presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

The information in Item 7.01 of this Current Report on Form 8-K, including the Investor Presentation furnished as Exhibit 99.1 hereto 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, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Investor Presentation, dated July 28, 2026
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.

Date: July 28, 2026

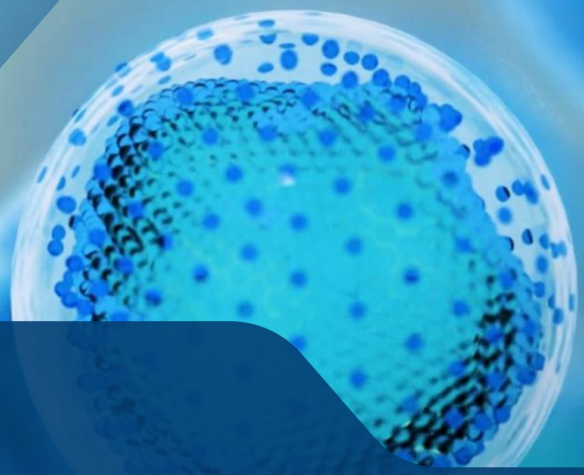
TURN THERAPEUTICS INC.

By: /s/ Bradley Burnam
Name: Bradley Burnam
Title: Chief Executive Officer

Exhibit 99.1

ADVANCING NON-SYSTEMIC MEDICINES FOR INFLAMMATORY SKIN DISEASES

TURN THERAPEUTICS



July 2026

Corporate Presentation

Forward-Looking Statements & Safe Harbour

Except for historical information set forth herein, the matters set forth in this presentation contain forward-looking statements within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. Forward-looking statements may be identified by words such as "may," "might," "will," "should," "expects," "plans," "anticipates," "believes," "estimates," "predicts," "potential" or "continue," the negative of these terms and other comparable terminology. We cannot guarantee future results, level of activity, performance or achievements. Moreover, neither we nor any other person assumes responsibility for the accuracy and completeness of any of these forward-looking statements. We are under no duty to update any of these forward-looking statements after the date of this presentation to conform our prior statements to actual results or revised expectations.

These statements are based upon the current beliefs and expectations of Turn Therapeutics' management and are subject to significant risks and uncertainties. By their nature, forward-looking statements involve risks and uncertainties because they depend on circumstances that may or may not occur in the future. If underlying assumptions prove inaccurate or risks or uncertainties materialize, actual results may differ materially.

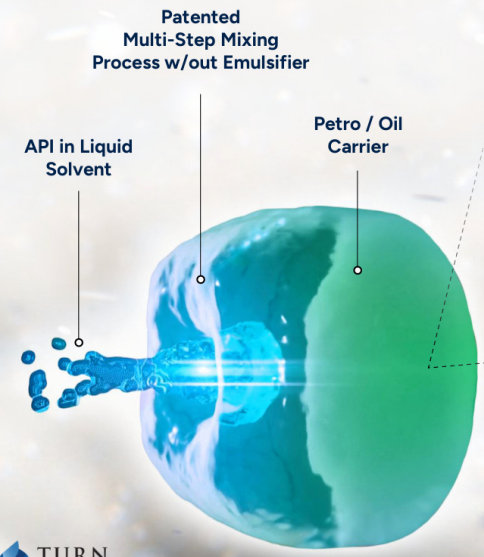
Risks include: industry competition; economic factors; regulatory challenges; uncertainties in clinical development and obtaining regulatory approvals; no guarantees that pipeline products will prove commercially successful; reliance on third-party partnerships and manufacturers; dependence on patent protections for PermaFusion®; and ability to access adequate capital.

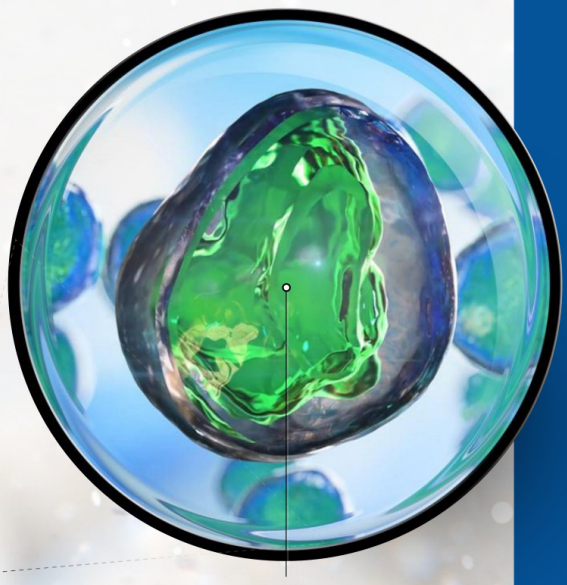
Although these statements are based on assumptions we believe are reasonable, we caution that forward-looking statements are not guarantees of future performance and you should not place undue reliance on them. Turn Therapeutics undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise. Additional factors can be found in the company's SEC filings available at www.sec.gov.

This presentation includes market and industry data and forecasts that the Company has derived from independent consultant reports, publicly available information, various industry publications, other published industry sources, and its internal data and estimates. Independent consultant reports, industry publications and other published industry sources generally indicate that the information contained therein was obtained from sources believed to be reliable. Although the Company believes that these third-party sources are reliable, it does not guarantee the accuracy or completeness of this information, and the Company has not independently verified this information. The Company's internal data and estimates are based upon information obtained from trade and business organizations and other contacts in the markets in which the Company operates and management's understanding of industry conditions. Although the Company believes that such information is reliable, it has not had this information verified by any independent sources. In addition, the information contained in this presentation is as of the date hereof (except where otherwise indicated), and the Company has no obligation to update such information, including in the event that such information becomes inaccurate or if estimates change. Subsequent materials may be provided by or on behalf of the Company in its discretion and such information may supplement, modify or supersede the information in these materials. Neither the Company, nor any of its respective affiliates, advisors or representatives shall have any liability whatsoever (in negligence or otherwise) for any loss or damage howsoever arising from any use of these materials or their contents or otherwise arising in connection with these materials.

This presentation may contain trademarks, service marks, trade names and copyrights of other companies, which are the property of their respective owners. Solely for convenience, some of the trademarks, service marks, trade names and copyrights referred to in this presentation may be listed without the TM, SM or symbols, but the Company will assert, to the fullest extent under applicable law, the rights of the applicable owners, if any, to these trademarks, service marks, trade names and copyrights.

PermaFusion: API-Agnostic Delivery Platform





1.3 Micron

Active ingredient nanodroplets suspended within petrolatum matrix

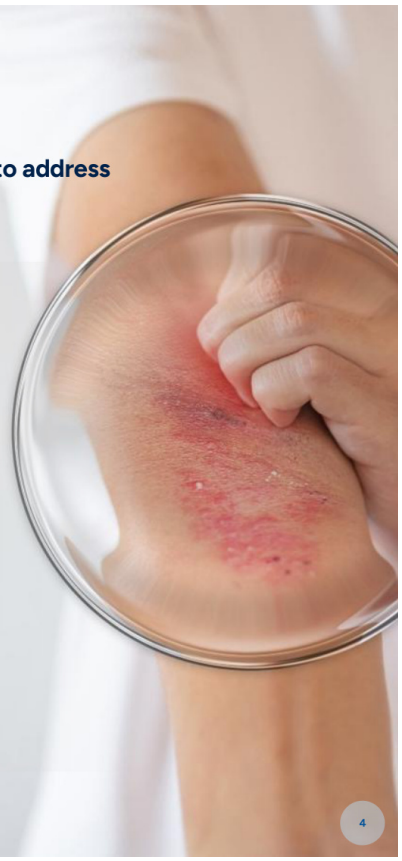
A transformative delivery platform enabling stable, emulsifier-free dispersion of active ingredients in oil-based carriers for superior penetration by APIs

- Multi-patented, proprietary process
- API-agnostic drug delivery platform designed for continued innovation
- Suspended, non-diluted nanodroplets embedded within oil-based carrier deliver active ingredients through skin, nails, and mucous membranes
- Compatible with any liquid or liquid-soluble API, including live payloads (i.e., viruses/vectors)

TURN THERAPEUTICS

Executive Summary

Turn Therapeutics is a biotechnology company developing GX-03, a first-in-class, precision, non-systemic immunomodulation therapy that targets IL-36 and key downstream cytokines to address high-unmet-need inflammatory diseases, with an initial focus on moderate to severe AD.



IL-36/IL-31 Inhibitor – GX-03

Novel MOA

employs precision immunomodulation to prevent unnecessary immune activation and systemic uptake

200,000+

patients have received GX-03 with zero reported adverse events[1]

Robust IP

including issued composition and method patents, supporting durable commercial exclusivity

Phase 2 RCT trial

underway for moderate to severe AD, topline results expected Q4 2026

FDA clearances

with non-cytotoxic, non-sensitizing and non-irritating claims

TURN THERAPEUTICS

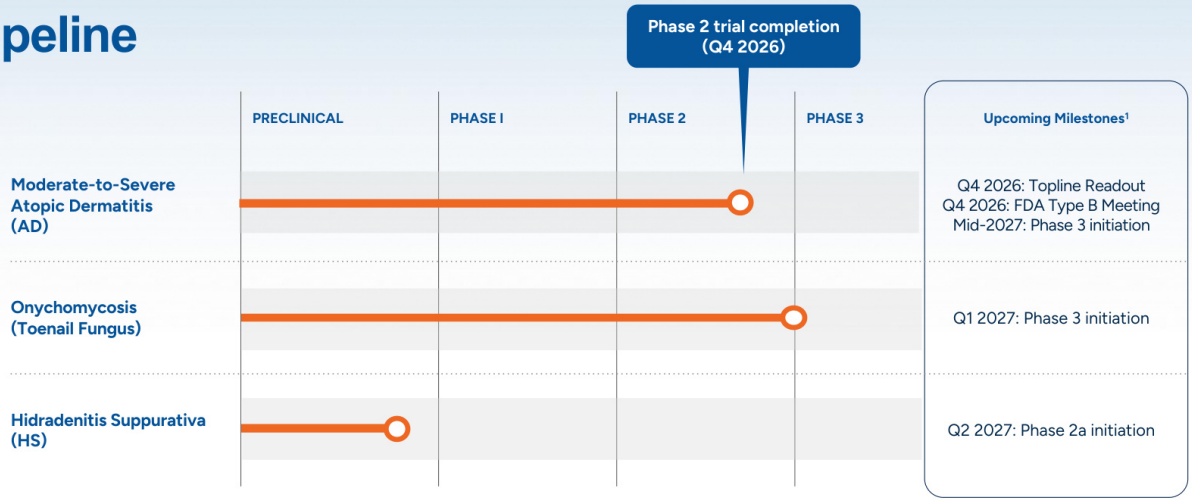
1. In other FDA cleared indications (or as a management tool for chronic wound care)

Turn Tx Pipeline

GX-03

IL-36α, IL-36γ, IL-31 and IL-4 inhibitor

Non-systemic and non-steroid potentially best-in-class topical



Medical Devices

MEDLINE — **FDA-cleared antimicrobial surgical gauze out-licensed**

MIMEDX — **Sterile collagen powder out-licensed for $70M+ milestones**

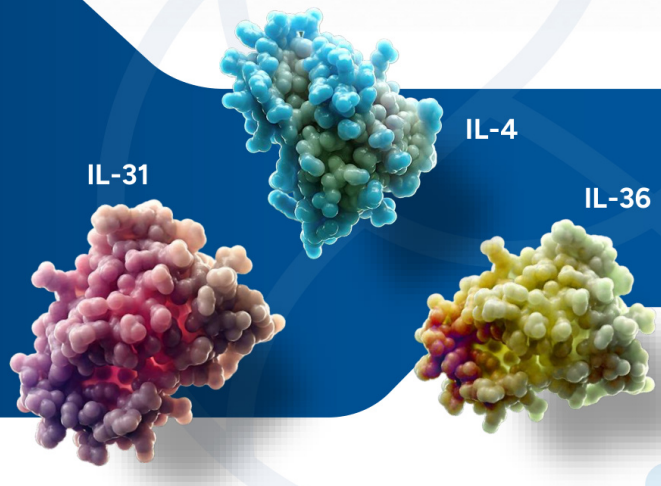
TURN THERAPEUTICS

1. Subject to successful completion of each phase and capital availability.

TURN THERAPEUTICS

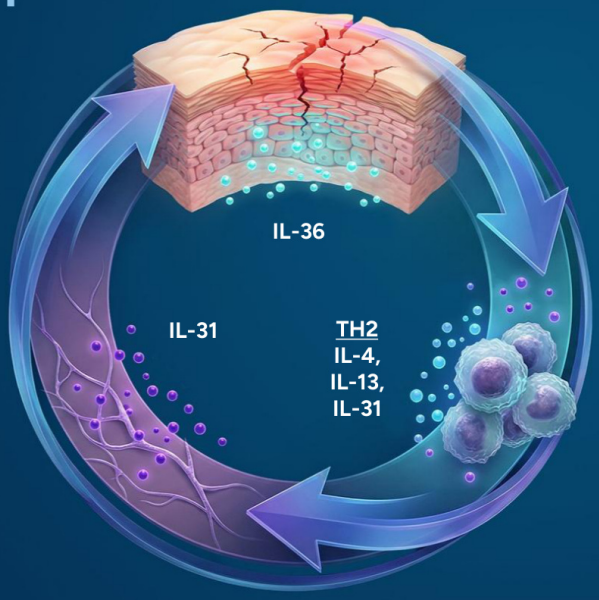
GX-03 for AD

Phase 2 Ongoing



The Chronic Inflammatory 'Loop'

Skin Barrier Disruption
Skin barrier disruption results in release of IL-36



IL-31 Drives Itch & Scratch

IL-31 release drives itch which leads to further disruption of the skin barrier and restarts loop

Th2 Immune Response

IL-36 initiates TH2 signaling with IL-4, IL-13, and IL-31 release

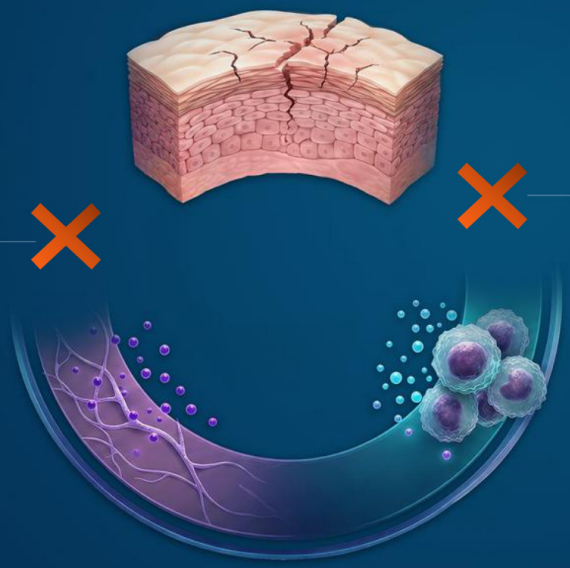
Chronic AD Cycle

Stop the 'Loop'

IL-36 and IL-31 Inhibition

GX-03 targets key upstream and downstream cytokines to stop the chronic inflammatory 'loop'

GX-03 suppresses IL-31 signaling, blunting itch/scratch signal and continued barrier disruption

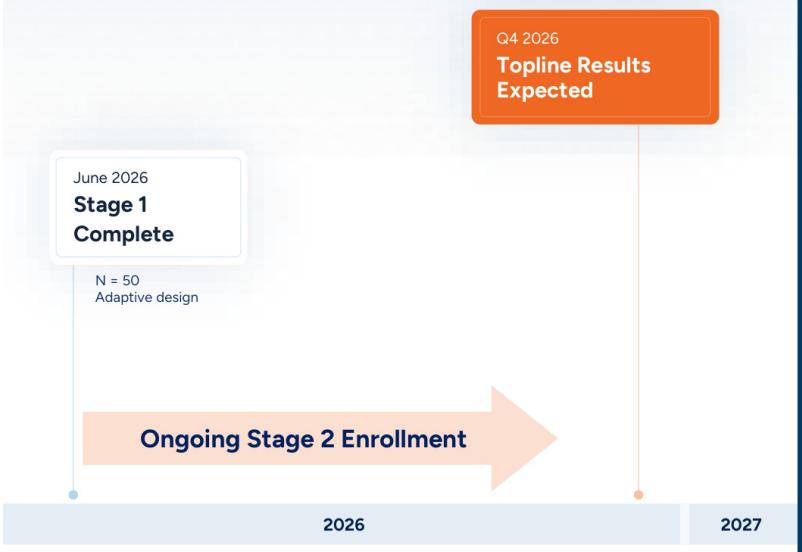


GX-03 suppresses IL-36 release via targeted modulation of the epithelial microenvironment, blunting Th2 response

GX-03 Inhibition

TURN THERAPEUTICS

Ongoing Phase 2 for GX-03 in AD



Stage 2 Optimized Design

Population:
- N = ~ 120-135 (*Powered to ≥ 99.8%*)
- EASI ≥ 1.1, IGA ≥ 3 and PP-NRS ≥ 7
- Age: 18 – 80
- No concomitant therapy

Design:
- Double-blind
- 1:1 Randomized w/ Prospective 1:1 Stratification
- Vehicle Controlled
- BID Topical
- Week 4 and Week 8 Endpoints
- IDMC Governed Adaptive Design

Selected Endpoints:
- **Week 4 – vIGA-AD of 0/1 with ≥ 2 grade improvement**
- **Week 4 – EASI-75**
- **Week 8 – EASI-90**
- **Week 8 – EASI-100**

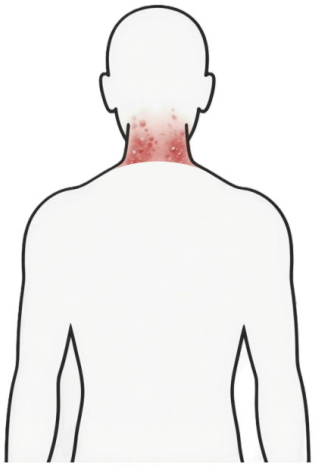
Endpoints will be evaluated using a single prespecified Hochberg multiple-testing method across the four endpoints.

TURN THERAPEUTICS

How is Atopic Dermatitis Severity Measured?

Lesion Severity vs Inflammatory Burden

Lesion Severity Measured through vIGA-AD



vIGA = 4
EASI≈1.1

- **Validated Investigator Global Assessment (vIGA-AD)**:

A 5 point scale (0-4) rating overall disease severity based on the worst lesion characteristics – erythema, papulation, and lichenification.

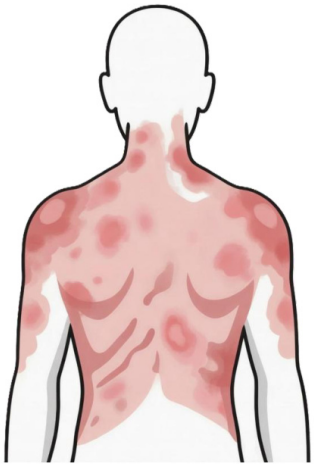
- **Eczema Area Severity Index (EASI)**:

A weighted score (0-72) that accounts for the extent (% body surface area) and intensity of inflammation across 4 body regions.

- **Key Difference**:

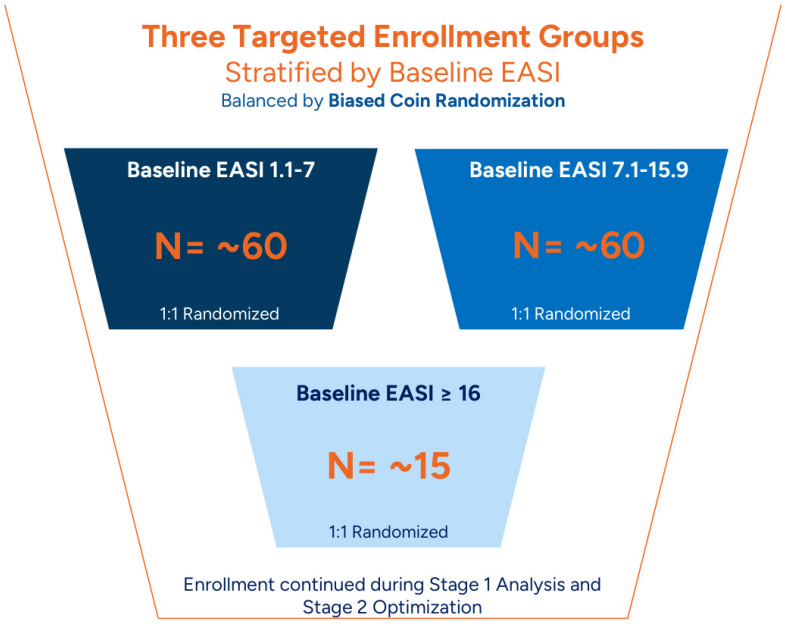
vIGA reflects the severity of the single worst area; EASI captures total inflammatory burden across the whole body.

Inflammatory Burden Measured through EASI



vIGA = 4
EASI ≈ 17

Stage 2 Design – Prospective Stratification by EASI



Enrollment Criteria & Stratification

1. Baseline PP-NRS

Baseline ≥ 7 – Mandatory Inclusion Criteria

2. Baseline EASI

Stratified by baseline EASI score

- Separate strata(s) prevents imbalanced disease severity among GX-03 and Vehicle
- Stratified patient population represents full disease spectrum and EASI ≥ 16 groups represent potential biological therapy candidates
- Intentional weighting among disease groups to generate robust treatment separation

3. Baseline vIGA-AD

Baseline ≥ 3 – Mandatory Inclusion Criteria

Stage 2 Design – Selected Endpoints

Endpoints and timepoints optimized from observed separation and effect in Stage 1

Selected Endpoints Family

To be evaluated using Hochberg Method

- **Week 4 – vIGA-AD Success**
  (vIGA of 0/1 with ≥ 2 grade improvement)
- **Week 4 – EASI-75**
- **Week 8 – EASI-90**
- **Week 8 – EASI-100**

Clinically meaningful signals emerged at Week 4 with responses deepening through Week 8

Primary Statistical Analysis

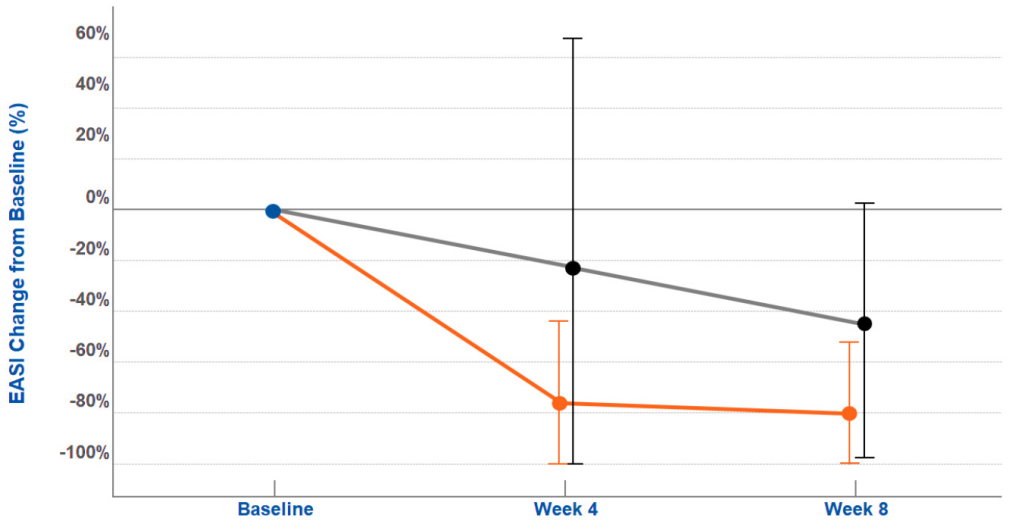
The entire enriched efficacy population will be evaluated using a single prespecified Hochberg multiple-testing method across the four selected endpoints.

Hochberg Method Characteristics:

- One primary population
- One analysis set
- No predetermined alpha (α) allocation
- Full alpha (α) directed to a single multiplicity-controlled analysis

Stage 2 Design – Representative Subgroup from Interim Analysis

Baseline EASI ≥ 1.1 and Baseline PP-NRS ≥ 7



Baseline Characteristics	GX-03 (n=13)	Vehicle (n=12)
Mean EASI (SD)	12.1 (13.3)	7.2 (5.7)
Mean vIGA (SD)	3.15 (0.36)	3.08 (0.49)

Baseline characteristics favor Vehicle

Stage 2 Design – Representative Subgroup from Interim Analysis

Baseline EASI ≥ 1.1 and Baseline PP-NRS ≥ 7

Endpoint	GX-03 (n=13)	Vehicle (n=12)	Treatment Difference	Two-Sided p-value*	Stage 2 Statistical Power at n≈135
Week 4 vIGA-AD Success vIGA of 0/1 with ≥ 2 grade improvement	**61.5%** (8/13)	8.3% (1/12)	**Δ 53.2%**	0.0100	~99.99%
Week 4 EASI-75	**69.2%** (9/13)	25.0% (3/12)	**Δ 44.2%**	0.0407	~99.99%
Week 8 EASI-90	**53.8%** (7/13)	16.7% (2/12)	**Δ 37.1%**	0.0914	~99.83%
Week 8 EASI-100	**46.2%** (6/13)	8.3% (1/12)	**Δ 37.9%**	0.0704	~99.97%

**Fisher's Exact Test*

Baseline Characteristics	GX-03 n=13	Vehicle n=12
Mean EASI (SD)	12.1 (13.3)	7.2 (5.7)
Mean vIGA (SD)	3.15 (0.36)	3.08 (0.49)

Baseline characteristics favor Vehicle

Encouraging treatment separation across all four endpoints selected for Stage 2 design

Powered with high confidence intervals to obtain maximum developmental value

TURN THERAPEUTICS

Stage 1 – Safety Summary

	GX-03 N = 27	Vehicle N = 23
Subjects with AE, n	1*	1**
Severe (Grade ≥ 2)	0	0
Serious AEs	0	0
AEs leading to study drug discontinuation	0	0

*Subject reported a mild warming sensation that was described as pleasant.

**Subject reported a common cold which was determined by PI to not be treatment related.

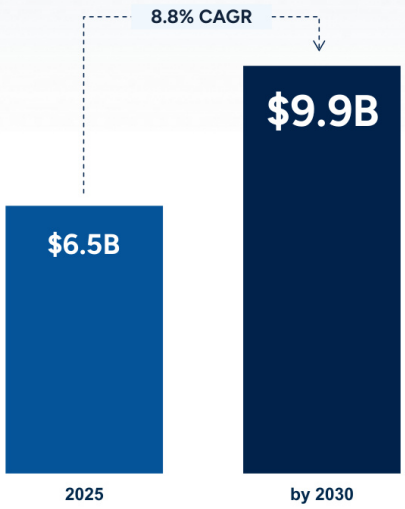
AD TAM & Prevalence

16.5M
US patients suffer from AD

6.6M
patients in moderate-severe category[1]

AD is the largest and fastest growing I&I market in the U.S.[2]

US Market Size[3]



High Unmet Needs

- Safe therapies
- Non-systemic therapies
- Rapid Action
- Needle-free options

GX-03 Path to Market[4]

2026
Phase 2 Readout

2027
Phase 3 Initiation

2029
Potential Commercial Launch

1. The National Eczema Association (NEA)
2. Largest by patient population, fastest based on projected market size (EvaluatePharma)
3. Grand View Research - AD Outlook
4. Subject to successful completion of each phase and capital availability.

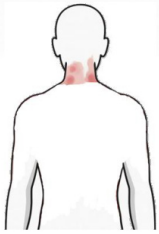
GX-03: For Patients Across The Full Moderate-Severe AD Spectrum

Lower EASI (1.1 – 7)

Patients with clinically moderate-severe lesions per vIGA are not all eligible for the same treatments based upon current guidelines

Higher EASI (>20)

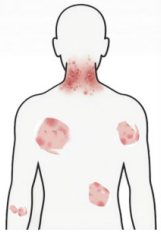
Moderate, Limited
IGA 3/4 - EASI 1.1 - 3



Typical Therapy Used

- *Corticosteroids*
- *Calcineurin Inhibitors*
- *Ruxolitinib (Opzelura®)*
- *Tapinarof (Vtama®)*

Moderate, Scattered
IGA 3/4 - EASI 3.1 – 7

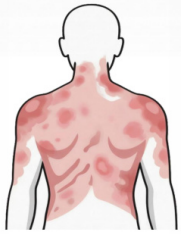


Typical Therapy Used

- *Corticosteroids*
- *Calcineurin Inhibitors*
- *Ruxolitinib (Opzelura®)*
- *Tapinarof (Vtama®)*

Currently Treated with Topicals (PDE4, AhR, JAK)

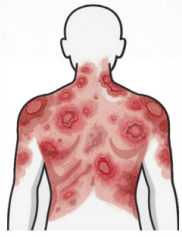
Moderate, Extensive
IGA 3 - EASI 14-16



Typical Therapy Used

- *High potency steroids*
- *Dupilumab (Dupixent®)*
- *Upadacitinib (Rinvoq®)*

Severe, Extensive
IGA 4 - EASI > 20



Typical Therapy Used

- *Dupilumab (Dupixent®)*
- *Upadacitinib (Rinvoq®)*
- *Tralokinumab (Adbry®)*
- *Abrocitinib (Cibinqo®)*

Currently Treated with Biologics

Patients with EASI<16 and IGA 3/4 are oftentimes not eligible for biologics despite clinically significant, localized disease.

GX-03 for Onychomycosis

Phase 3 Ready

GX-03 – Human Data in Onychomycosis

"Novel Approach to Polymicrobial Nail Infection"

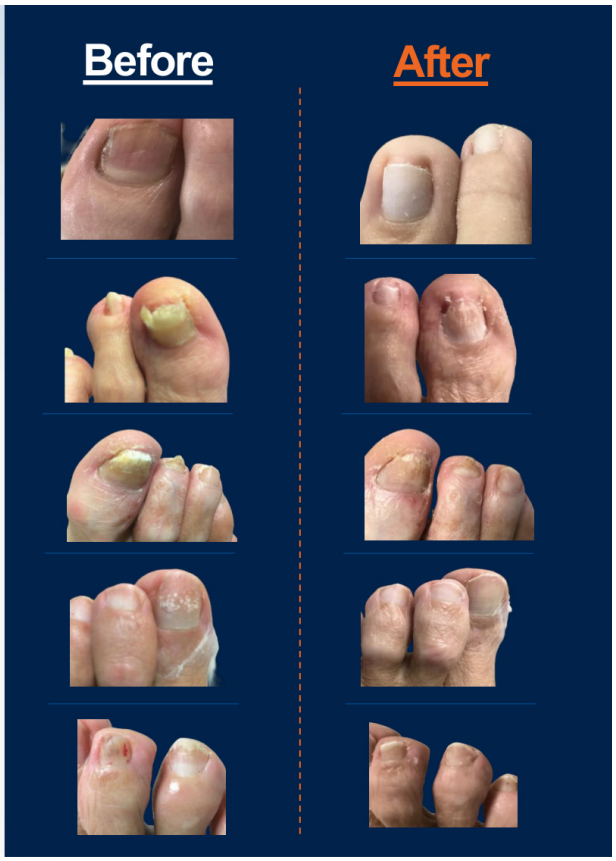
R. Dan Davis, DPM
Former President of American Podiatric Medical Association

Study Design (n≈100)

- GX-03 applied once daily or BID application
- No debridement or occlusive dressings required

Study Results

- Visible evidence of Beau's line development, **clear nail plate**
- **70% complete cure**[1] (approx.) with once-daily application
- **85% complete cure**[1] (approx.) with BID application
- **No adverse events** reported during the study

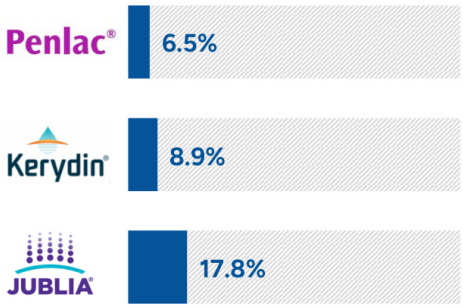


TURN THERAPEUTICS

1. Complete cure is defined as 0% involvement of the target toenail (no clinical evidence of onychomycosis of the target toenail).

Current Topicals for Onychomycosis

Currently approved topical onychomycosis products have **failed to penetrate the nail** and eliminate fungal pathogens leading to lower complete cure rates[2,3]

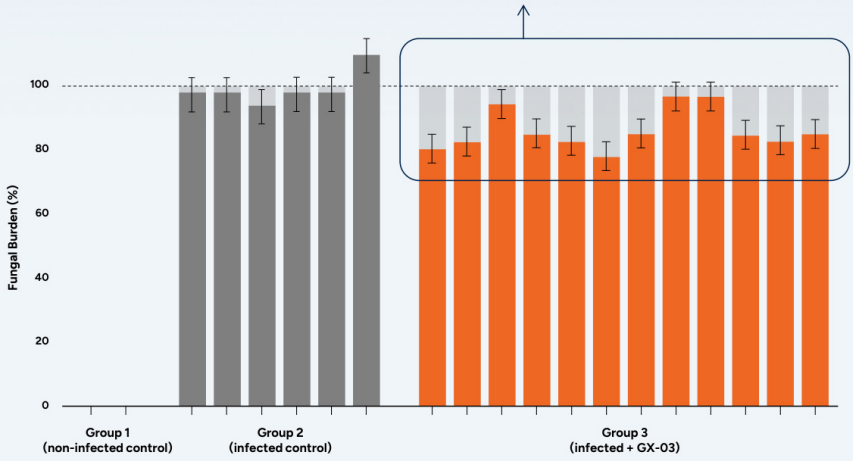


1. https://pubmed.ncbi.nlm.nih.gov/21555762/
2. Complete cure is defined as 0% involvement of the target toenail (no clinical evidence of onychomycosis of the target toenail).
3. Not studied in head-to-head trials with GX-03

TURN THERAPEUTICS

In the same in-vivo model, GX-03 successfully penetrated the nail, REDUCING FUNGAL BURDEN BY 12% - 18% with just two weeks of application.[1]

Lipid-based delivery enables passive diffusion of API through lipid bilayers.



GX-03 successfully penetrated nails and eliminated fungal pathogens in the standard model

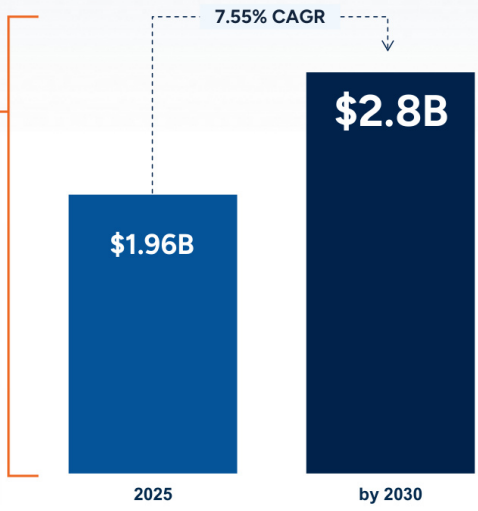
Onychomycosis TAM & Prevalence

Only 15%
of the affected population seeks treatment due to lack of awareness, limited efficacy and hepatotoxicity of available therapeutics

47.6M
patients suffer from onychomycosis in U.S.

1 in 7
people globally suffers from onychomycosis[1]

US Market Size[2]



High Unmet Needs

- Effective therapies as current topical treatments are only 6-18% effective
- Patent cliff for current onychomycosis treatments in 2026

GX-03 Path to Market[3]

2026
Phase 3 Ready

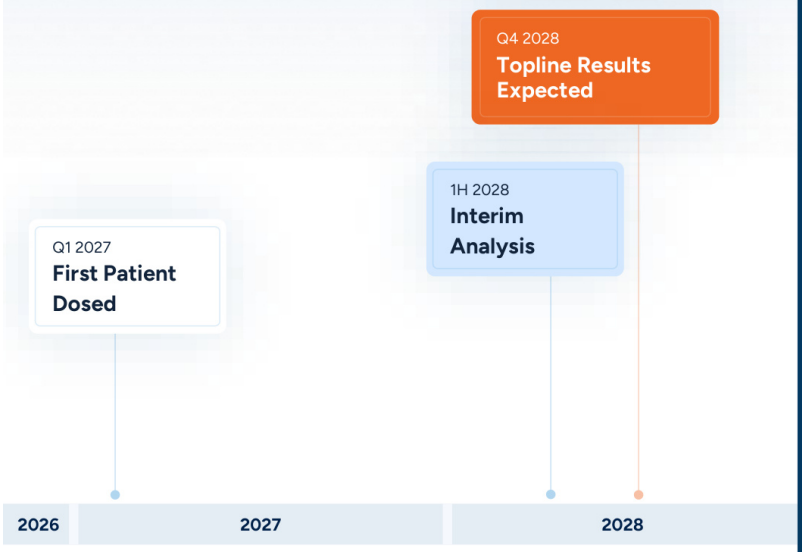
2027
Phase 3 Initiation

2029
Potential Commercial Launch

TURN THERAPEUTICS

1. www.cdc.gov
2. Precedence Research - Onycho Treatment market.com
3. Subject to successful completion of each phase and capital availability.

Planned Phase 3 Pivotal Trial



Population:
- N ≈ 400
- Age: 18 – 80
- No concomitant therapy

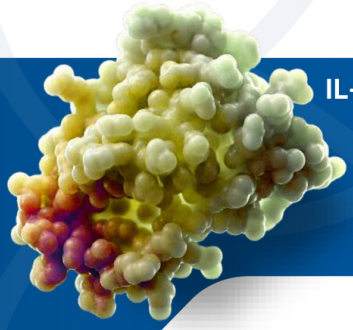
Design:
- Double-blind
- 1:1 Randomized
- Vehicle Controlled
- BID Topical Application
- Week 52 Endpoints
- Week 26 Interim Analysis

Endpoints:
- **Primary: Complete Cure at Week 52**
- Key Secondary Endpoints:
  - Mycological Cure at Week 52
  - ≤ 5% Clinical Involvement at Week 52
  - ≤ 5% Mycological Involvement at Week 52

TURN THERAPEUTICS

GX-03 for
Hidradenitis Suppurativa (HS)

Preclinical Stage



HS – Major I&I Challenge with Significant Unmet Need

Inflammatory Burden
HS is an IL-36 driven chronic, inflammatory, recurrent skin disease that causes follicular occlusion and rupture leading to painful inflammatory nodules and abscesses

GX-03's IL-36 Pathway
GX-03 inhibits IL-36 signaling at site of disease, which may help downregulate key inflammatory mediators (IL-1β, IL-17A and TNFα)

Skin Dysbiosis
Inflamed, occluded follicles trap anaerobic bacteria, resulting in tunnels, draining, and intensifying disease

GX-03 Manages Dysbiosis
GX-03 manages skin dysbiosis by selectively eliminating trapped anaerobes without cytotoxicity or sensitization

Systemic Options
Current HS treatments include steroids, biologics, and antibiotics, increasing the risk of treatment-related side effects

Non-Systemic Topical
GX-03's non-systemic topical application potentially provides safe, needle-free treatment of both IL-36 driven inflammation and bioburden

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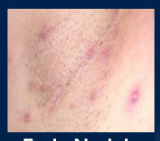
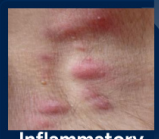
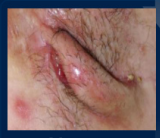
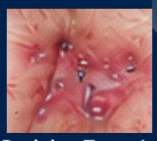
HS Progression

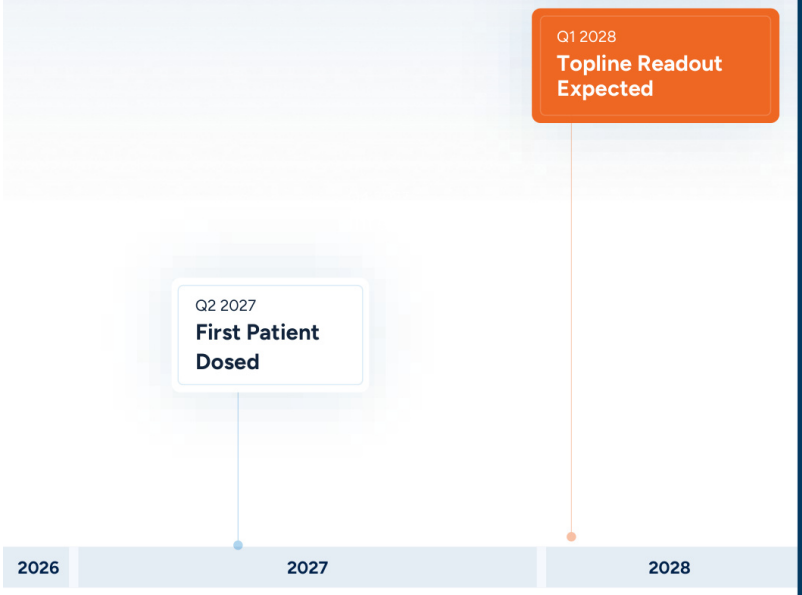

Early Nodule


Inflammatory Nodule


Abscess


Draining Tunnels

GX-03 – Planned Phase 2a Trial in HS



Trial Design

Population

- 30 GX-03 : 30 Vehicle (1:1 Randomization)
- Hurley Stage I–III; active inflammatory nodules/abscesses (± tunnels)
- Topical GX-03 applied BID or TID to affected areas for 12 weeks

Study Evaluations

- Safety and tolerability
- Efficacy on four endpoints
- Adaptive expansion available based on Phase 2a observed response
- IDMC Governed Adaptive Design

Four-Endpoint Efficacy Family (Week 12)

- **Week 12 – HiSCR75** (≥75% reduction in abscesses)
- **Week 12 – HiSCR50** (≥50% reduction in abscesses)
- **Week 12 – IHS4-55 Response** (≥55% reduction in IHS4 total score)
- **Week 12 – Skin Pain Response (NRS)** (≥30% reduction in average skin pain NRS)

All four endpoints will be evaluated using a single prespecified Hochberg multiple-testing procedure.

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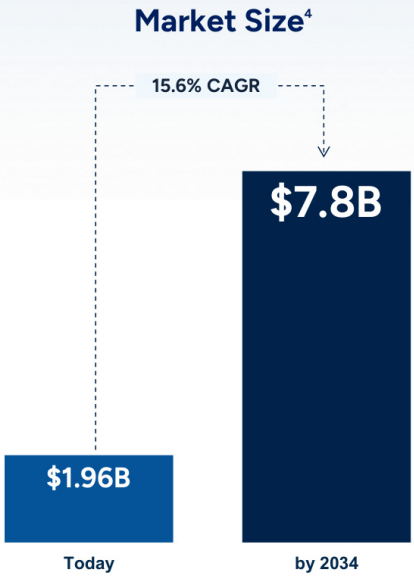
HS – TAM & Prevalence

~2.9M
adults suffer from HS[1]

+300K
new patients diagnosed with HS every quarter[2]

...US HS market has a +$10B potential commercial opportunity for multiple drugs[3]

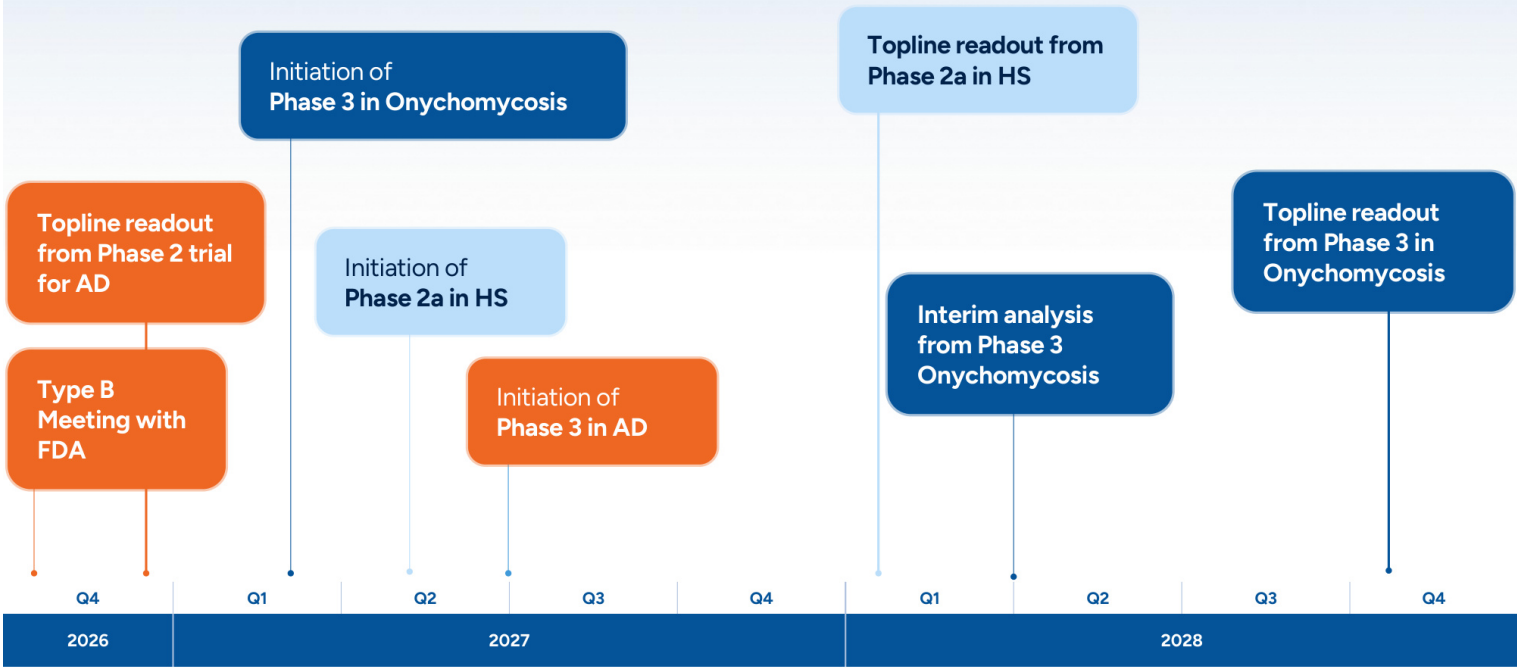


High Unmet Need

- Safe, non-systemic therapies
- Lower cost treatment options
- Limited approved treatment options for children
- Tachyphylaxis and treatment durability

1. Patients ≥18 years with a HS diagnosis in US
2. Net new diagnosed HS patients
3. Research analyst reports from TD Cowen, Leerink and Oppenheimer
4. HS market forecast to reach $7.8bn across 7MM by 2034

GX-03 – Value-Driving Milestones[1]



1. Subject to successful completion of each phase and capital availability.

Financial & IP Highlights

~$250K/mo.
Current G&A burn as a public co.

~$29M
Total money raised since inception (2015)

~$21M
Cash burned since inception[1]

$11.2M Cash Balance
As of March 31, 2026

Cash Runway into Q3 2027
Additional capital available under existing facilities

~29.8M Common Shares Outstanding
As of May 8, 2026

Extensive Patent Families
Various patent families for composition and/or methods around API

17 Issued Patents
Various additional applications pending

Coverage Through 2040
Various applications pending to extend coverage

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1. $23.4M accumulated deficit as of March 31, 2026 includes stock-based compensation and non cash expenses.

Management & Board

Board Members

Arthur Golden, JD
Senior Counsel, Davis Polk & Wardwell

Andrew Gengos
Former CFO Terns Pharmaceuticals

Kent Kester, MD
Executive Director, Vaccine Research and Development at CEPI

Martin Dewhurst
McKinsey Veteran Senior Advisor at PJT Partners

Key Management

Bradley Burnam
CEO, Chairman & Founder

Dr. Neil Ghodadra, MD
Chief Medical Officer

Dr. Stephen Hahn, MD
Clinical and Regulatory Lead

Sasha Damouni Ellis
Corporate Communications & IR

Zuraiz Chaudhary
Chief Accounting Officer

Advisors & KOLs

Dr. Robert Redfield
Former Director, CDC

Dr. Redfield is a nationally recognized virologist and public health leader who served as Director of the CDC. As Senior Advisor of Health Policy and Regulatory Affairs at Turn.

Dr. R. Daniel Davis, DPM
Former President, CPMA & APMA Board of Trustee

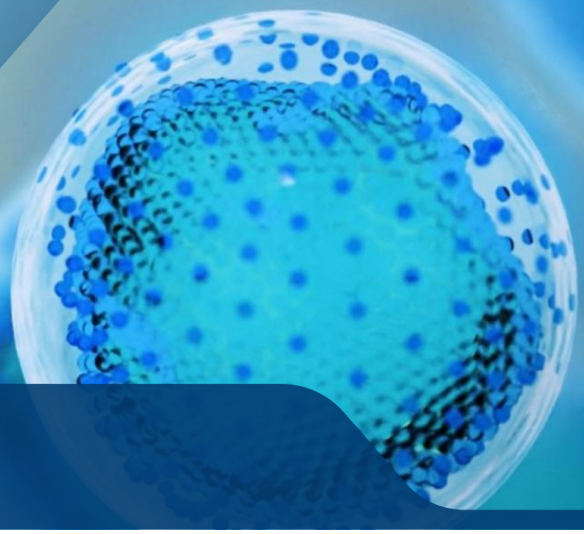
Dr. Davis is board Certified Foot and Ankle Surgeon and has been in practice for over 30 years. Dr. Dan Davis is an advisor and KOL for Turn's onychomycosis program.

Stephen Bresnick, MD
Board-Certified Plastic Surgeon

Dr. Stephen Bresnick is a board-certified surgeon in skin health and immunology-related fields, has two doctorate degrees, and is an esteemed research publisher. Dr. Bresnick is an advisor and KOL for Turn's Atopic Dermatitis program.

ADVANCING NON-SYSTEMIC MEDICINES FOR INFLAMMATORY SKIN DISEASES

TURN THERAPEUTICS



Investors@turntherapeutics.com

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Westlake Village, CA 91362

Thank You!

Appendix

In-vivo and Safety Study

57% Reduction in Disease Severity in an IL-36 Environment[1]

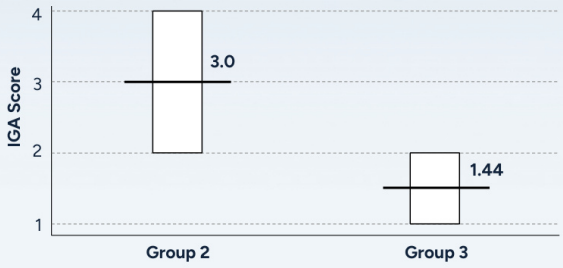
N = 30

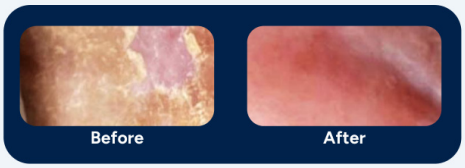
Inflammation induced using a standardized epicutaneous *Staphylococcus aureus* exposure protocol

Group 1 N = 10	Group 2 N = 10	Group 3 N = 10
Pre-treatment Control	**No Treatment Control**	**GX-03 Treatment**
3.33 ~ Mean IGA after 7 days of *S.aureus* inducement	3.33 ~ Mean IGA after 7 days of *S.aureus* inducement	3.33 ~ Mean IGA after 7 days of *S.aureus* inducement
IL-36 expression observed following microbial challenge	3.00 ~ Mean IGA after 7 days of no treatment	1.44 ~ Mean IGA after 7 days of GX-03 treatment
	No significant reduction in IGA	**57% reduction in IGA over 7 days of treatment**

Group 2 and Group 3 at 14 days

(p-value ~ 0.0003)

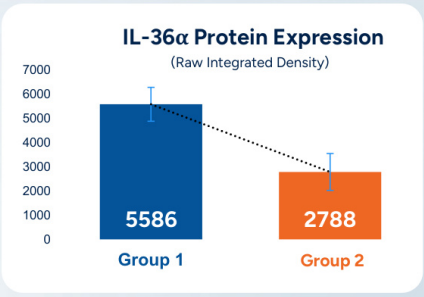


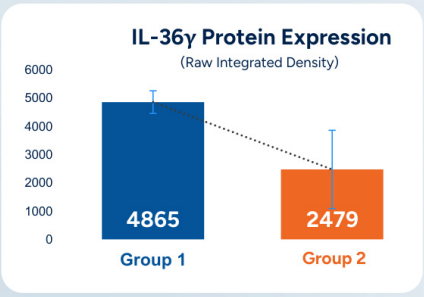


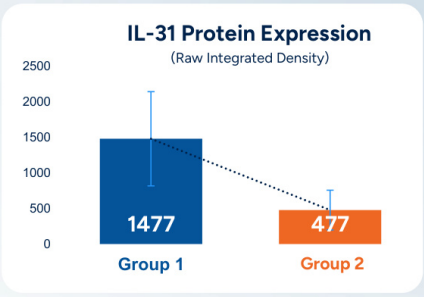
TURN THERAPEUTICS

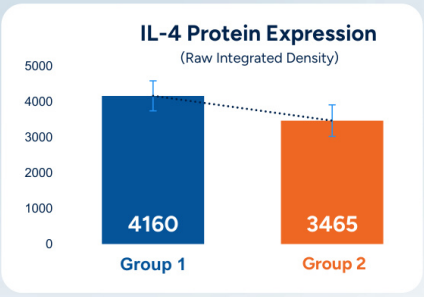
1. Utilizing a validated in-vivo AD model, www.cell.com

Demonstrated Inhibition of Key Upstream and Downstream Cytokines









Objective: To ascertain the immunological inhibitory effects of GX-03 for upstream and downstream cytokines

N = 36
Group 1: no treatment (N = 18)
Group 2: GX-03 treatment (N = 18)

Inflammation induced using a standardized epicutaneous *Staphylococcus aureus* exposure protocol

Cytokine Inhibition Demonstrated:

Cytokine	% Inhibition	p-value
IL-36α	50.08%	0.0000000000
IL-36γ	49.05%	0.0000000435
IL-31	67.70%	0.0000011200
IL-4	16.71%	0.00002870

TURN THERAPEUTICS

Phase 1-Level Safety Data:
53 Patients RIPT Study

Trial Design

- First application: 48 hours of continuous exposure
- 2nd through 9th application: 24 hours of continuous exposure three times a week for three consecutive weeks

Endpoints:

Adverse reaction of erythema and edema scoring:

0 = no reaction
1 = erythema throughout at least ¾ of site
2 = erythema and induration throughout at least ¾ of site
3 = erythema, induration & vesicles
4 = erythema, induration & bullae

Trial Results:

No adverse reactions of any kind
were reported during the study

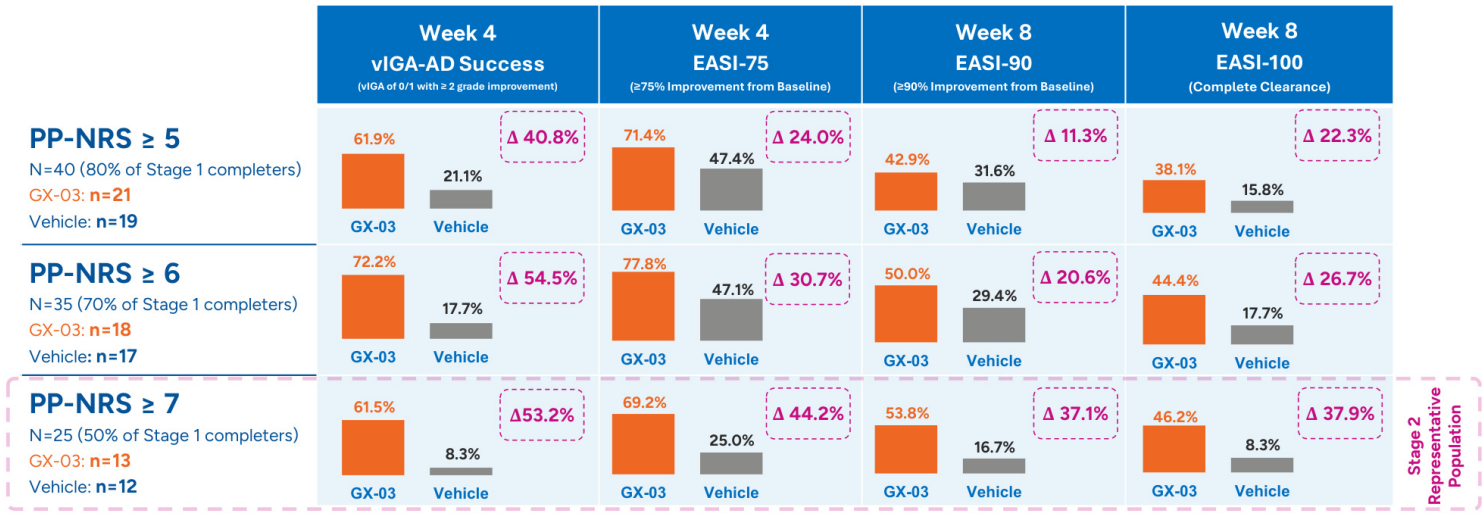
(580+ applications across all subjects)

GX-03 has been FDA cleared as **non-cytotoxic**, **non-sensitizing** and **non-irritating**

Appendix

Stage 1 Subgroup Analysis

Pruritus as Potential Predictive Biomarker for AD Success



Higher baseline pruritus severity is consistently associated with stronger responses across all four efficacy endpoints

Enriching for PP-NRS ≥ 7 increases event rates and maximizes Stage 2 efficiency

Why Enrichment Improves Stage 2 Efficiency

- *Greater treatment separation vs. vehicle observed at every endpoint*
- *Higher event rates requires smaller sample size*
- *More efficient path to achieving statistically significant results*

Moderate-Severe AD: Assessing for Stage 2 EASI Enrichment

IGA 3/4 & Baseline EASI ≥ 10

Endpoint	GX-03 (n=9)	Vehicle (n=4)	Treatment Difference
Week 4 vIGA-AD Success vIGA of 0/1 with ≥ 2 grade improvement	**55.6%** (5/9)	25.0% (1/4)	**Δ 30.6%**
Week 4 EASI-75	**88.9%** (8/9)	50.0% (2/4)	**Δ 38.9%**
Week 8 EASI-90	**77.8%** (7/9)	50.0% (2/4)	**Δ 27.8%**
Week 8 EASI-100	**44.4%** (4/9)	50.0% (2/4)	**Δ -5.6%**

Baseline Characteristics	GX-03 n=9	Vehicle n=4
Mean EASI (SD)	22.1 (10.8)	14.8 (3.51)
Mean vIGA (SD)	3.44 (0.49)	3.25 (0.43)

Baseline characteristics favor Vehicle

TURN THERAPEUTICS

Interim Analysis – EASI 1.1 – 7 Subgroup

Presents as Meaningful on Key Disease Clearance Endpoints

Endpoints	GX-03 (n=14)	Vehicle (n=18)	Treatment Difference
Week 4 vIGA-AD Success vIGA of 0/1 with ≥ 2 grade improvement	**71.4%** (10/14)	33.3% (6/18)	**Δ 38.1%**
Week 4 EASI-100	**28.6%** (4/14)	5.6% (1/18)	**Δ 23.1%**
Week 8 EASI-100	**35.7%** (5/14)	11.1% (2/18)	**Δ 24.6%**

Baseline Characteristics	GX-03 n=14	Vehicle n=18
Mean EASI (SD)	3.59 (1.71)	3.99 (1.70)
Mean vIGA (SD)	3 (0.69)	3 (0.79)

Balanced Population

Baseline disease severity was well balanced between treatment groups, supporting interpretation of the observed treatment differences.

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