

**NASDAQ: RSL**

**Company  
Presentation**

*January 2018*



# Safe Harbor Statement and Risk Factors

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements generally can be identified by the use of words such as expect, “plan,” “anticipate,” “could,” “may,” “intend,” “will,” “continue,” “future,” other words of similar meaning and the use of future dates. Forward-looking statements in this presentation include statements about the company’s total addressable market and annual procedures; competitive companies, technologies and procedures; the company’s ability to implement its business model and strategic plan, including its commercialization and reimbursement strategies; expansion of the company’s sales team; and implementation and completion of clinical trials.

These forward-looking statements are based on the current expectations of our management and involve known and unknown risks and uncertainties that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others: our limited history of operations; our losses since inception and for the foreseeable future; our limited commercial sales experience with our vBloc® System for the treatment of obesity in the United States or in any foreign market other than Australia and the European Community; the competitive industry in which we operate; our ability to maintain compliance with the Nasdaq continued listing requirements; our ability to commercialize our vBloc® System; our dependence on third parties to initiate and perform our clinical trials; the need to obtain regulatory approval for any modifications to our vBloc® System; physician adoption of our vBloc® System and vBloc® Neurometabolic Therapy; our ability to obtain third party coding, coverage or payment levels; ongoing regulatory compliance; our dependence on third party manufacturers and suppliers; the successful development of our sales and marketing capabilities; our ability to raise additional capital when needed; international commercialization and operation; our ability to attract and retain management and other personnel and to manage our growth effectively; potential product liability claims; the cost and management time of operating a public company; potential healthcare fraud and abuse claims; healthcare legislative reform; our ability to obtain and maintain intellectual property protection for our technology and products; our acquisition of BarioSurg, Inc. may involve unexpected costs or liabilities; the ability to recognize benefits of the acquisition; and risks that the acquisition disrupts current plans and operations.

These and additional risks and uncertainties are described more fully in the Company's filings with the Securities and Exchange Commission, particularly those factors identified as "risk factors" in the annual report on Form 10-K filed March 8, 2017 and quarterly report on Form 10-Q filed May 15, 2017. We are providing this information as of the date of this presentation and do not undertake any obligation to update any forward-looking statements contained in this document as a result of new information, future events or otherwise.



## A medical technology company serving the growing obesity epidemic

Addressing  
**\$1.5 billion/year**  
surgical device market<sup>1</sup>



Safe, minimally invasive,  
anatomy preserving  
solutions with durable  
outcomes



Providing a comprehensive  
toolbox of solutions for  
obesity continuum of care

1. Global Bariatric Surgery Devices Market Analysis and Trends, Industry Forecast to 2025, Accuray Research

# Management Team

## **DAN W. GLADNEY – CHIEF EXECUTIVE OFFICER**

- Health care executive with over 25 years of experience leading a variety of medical device companies
- Lanx (Biomet), Norwest Equity Partners, Heart Leaflet Technologies (Bracco Group), Compex Technologies (Donjoy), ACIST Medical (Bracco Group)

## **SCOTT P. YOUNGSTROM – CHIEF FINANCIAL OFFICER**

- Financial executive focused on creating shareholder value with 25 years of strategic financial and operational experience in a variety of medical device companies
- Galil Medical (BTG), Anulex, Enpath Medical (Greatbatch), Compex Technologies (Donjoy), ACIST Medical (Bracco Group)

## **RAJ NIHALANI, MD – CHIEF TECHNOLOGY OFFICER AND BUSINESS DEVELOPMENT**

- Medical device executive and physician entrepreneur with 20 + years of experience in small and large medtech companies
- Founder and CEO of BarioSurg; Onciomed, Medtronic, Endologix, Acufocus, Rox Medical, Mdnook

## **DEBORAH SCHMALZ – VICE PRESIDENT, CLINICAL AND REGULATORY**

- Over 25 years of executive leadership experience in medical device regulatory affairs, clinical research, compliance and reimbursement
- Medpace, Veniti, Entellus Medical, Vascular Solutions, Empi

## **BOB HAGGERTY – VICE PRESIDENT, SALES**

- Proven background in creating distribution, launching new technologies, and developing long-term relationships with customers
- Ceterix Orthopaedics, Coviden/GI Solutions, BARRX Medical, Gyrus/ ACMI, Boston Scientific

## **SHARON WHALEN – VICE PRESIDENT, REIMBURSEMENT**

- Leader in medical device and managed care. Evidence development, health technology reviews, new product reimbursement, and advocacy expertise.
- Acelity, Edwards Lifesciences, World Heart, Endocare, PacificCare.

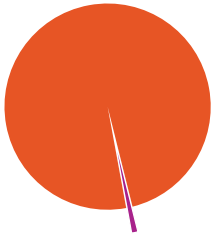
# Obesity: Epidemic, Costly and Underserved



- **1 in 3 adults** in the U.S. are obese<sup>1</sup>
- **600 million people** are overweight and obese worldwide<sup>2</sup>
- **9% CAGR expected through 2025** for the global bariatric surgery device market<sup>3</sup>



- U.S. healthcare costs of more than \$149 billion/year for obesity<sup>1</sup>
- Indirect costs estimated as high as \$6.4 billion<sup>1</sup>
- Healthcare costs for severely or morbidly obese adults are 81% higher than for healthy weight adults<sup>4</sup>



**Bariatric Surgery  
Penetration  
1%**

- **Only 1% of obese patients who qualify have surgery<sup>5</sup>**
- Huge opportunity for effective, patient-friendly surgical solutions

Gastric bypass and sleeve surgery, the current standard of care, are invasive, anatomy changing, and lifestyle altering.

<sup>1</sup>The State of Obesity: *Better Policies for a Healthier America*, 2016.

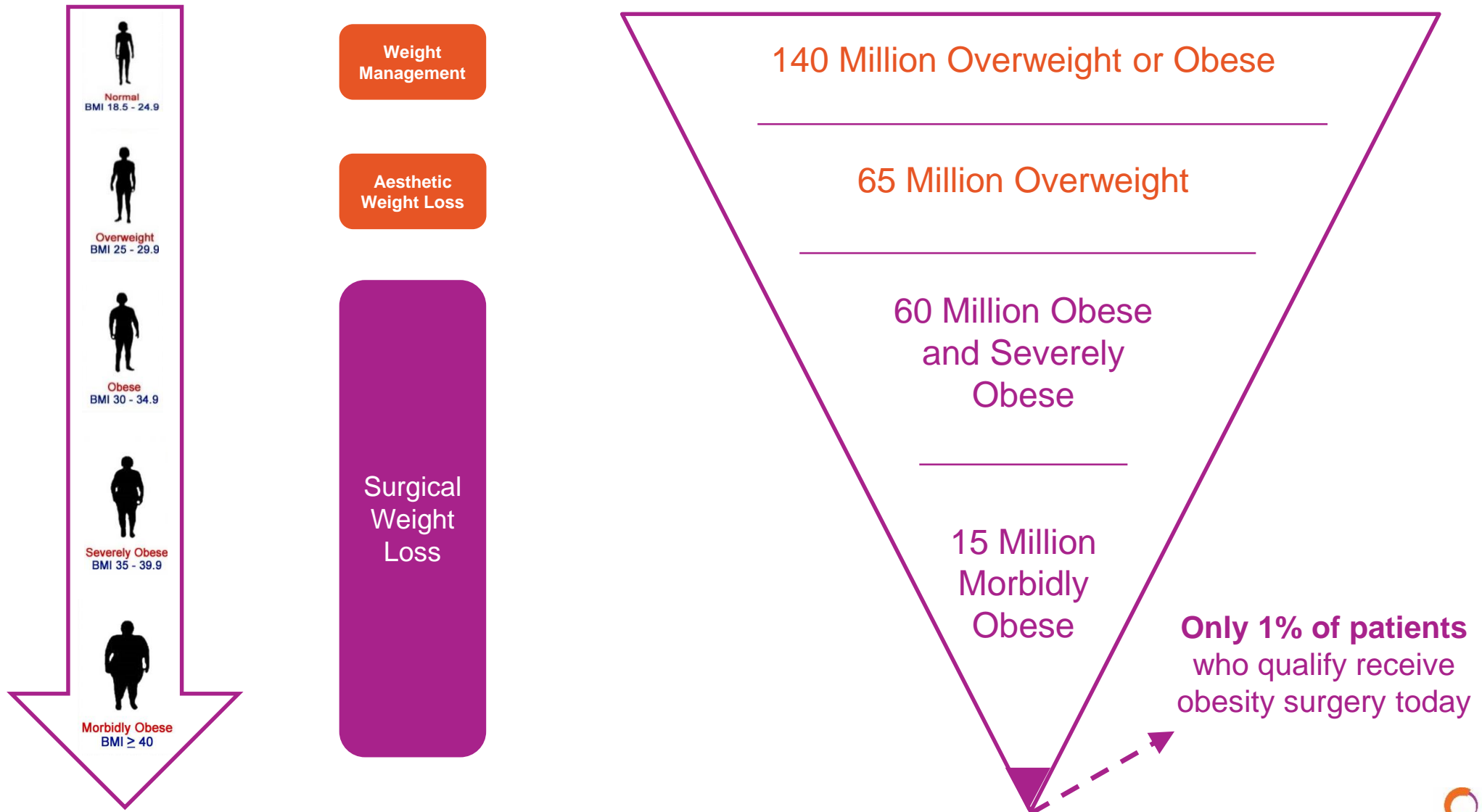
<sup>2</sup>McKinsey Global Institute, *Overcoming Obesity: An Initial Economic Analysis*, pg. 1, November 2014.

<sup>3</sup>Accuray Research, *Bariatric Surgery Devices Market Report*. 2017.

<sup>4</sup>Anterburn DE, Maciejewski ML, Tsevat J. *Impact of Morbid Obesity on Medical Expenditures in Adults*. 2005.

<sup>5</sup>American Society for Metabolic and Bariatric Surgery. 2014.

# Today's Obesity Continuum (U.S. Populations\*)



\*Source: NIH

# ReShape: Minimally Invasive Offerings for the Full Continuum of Care



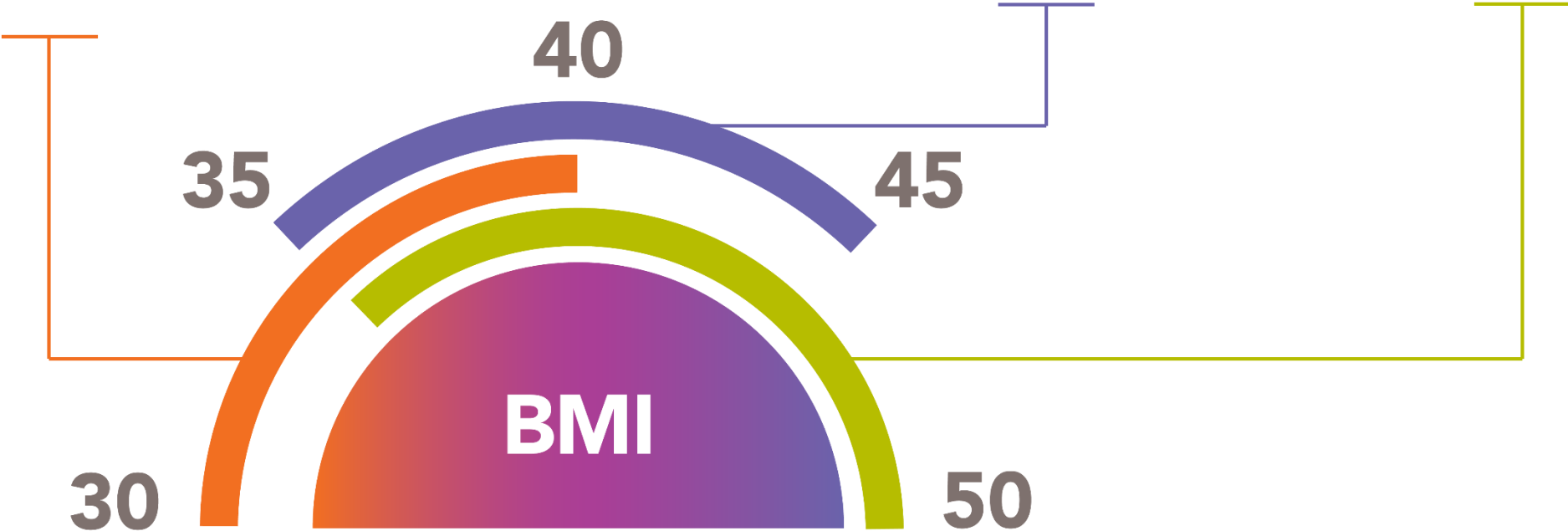
- Takes up room in the stomach so there is less space for food



- Vagal nerve stimulation blocks hunger signals



- Restriction creates feelings of fullness



\*ReShape Vest is for investigational use only and not approved for use.

# ReShape Products Meet Patient Requirements

Current surgical options do not satisfy patient needs;  
**ReShape** products **will drive market penetration**

## MINIMALLY INVASIVE



ReShape products do **not change anatomy** and are **removable or reversible**

## LIFESTYLE ENHANCING



ReShape products help patients lose weight and live a more comfortable life, while also **reducing co-morbidities** associated with excess weight

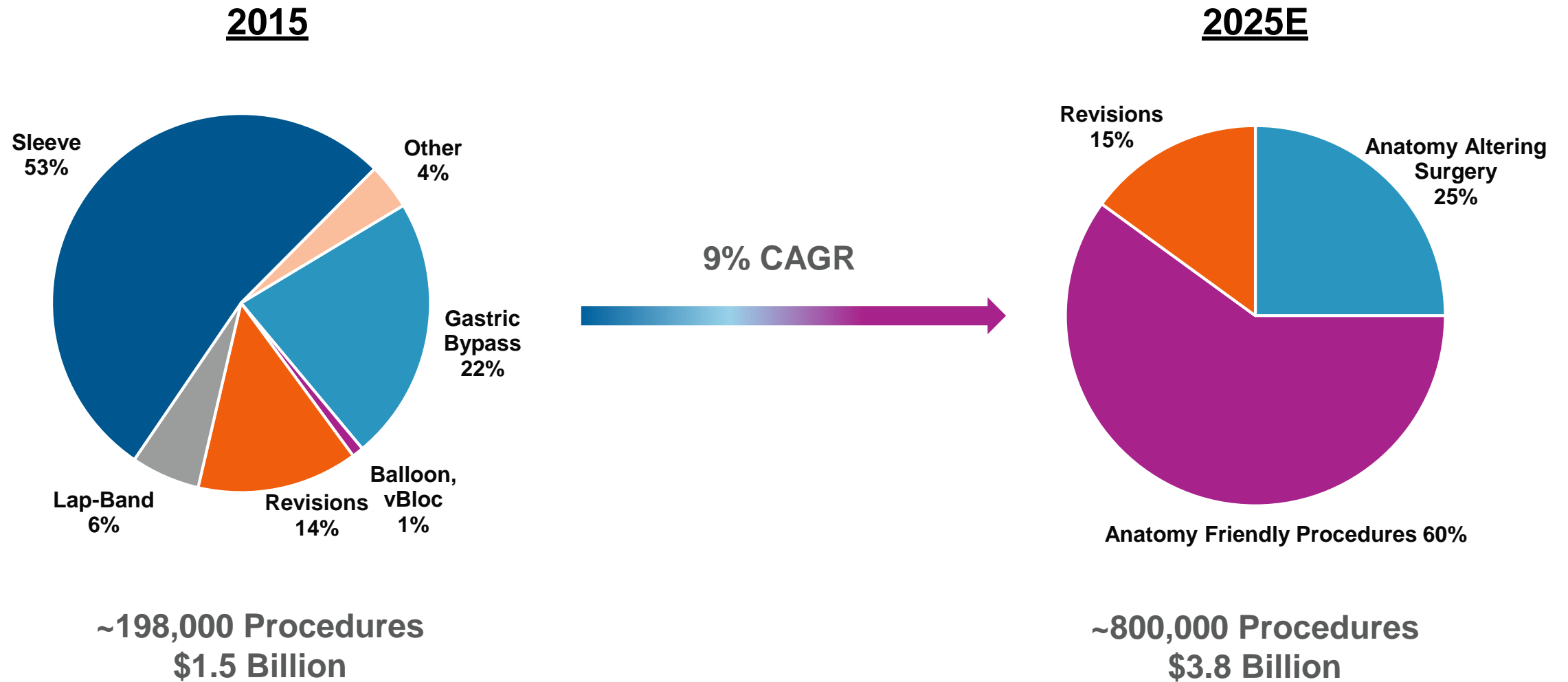
## DURABLE WEIGHT LOSS



ReShape offers **sustainable solutions** that help patients achieve long term success



# U.S. Obesity Procedure Mix (2015 – 2025E)\*



\*Global Bariatric Surgery Devices Market Analysis and Trends, Industry Forecast to 2025, Accuray Research; Canaccord Genuity Equity Research 2014

# ReShape IntraGastric Dual Balloon Technology

BMI  
30-40

ReShape  
Balloon™



- Acquired in October 2017
- FDA approved
- Endoscopic procedure through the mouth
- Not anatomy altering

**\$3.5 M**

2017 Sales

Six Month Balloon Implant  
fills volume in stomach to  
make patient feel full

**>4,000**  
Patients Implanted

**10.5%**

Total Weight Loss (6 months)\*\*

**200+**




Physicians Implanting

**60%**

Maintained or continued to  
lose weight (1 year)\*\*\*

# Intragastric Balloon Comparison

## FDA Approved Intragastric Balloons

	Balloon Construct	Volume	Duration	Procedure Type	Safety Considerations	9 Month Results (%TWL)	Adverse Events
	Dual Balloon Saline Filled to mimic fullness	750cc to 900 cc fill range takes up more room in stomach	6 Months	Endoscopic with guidewire for placement	Dual balloon design reduces migration risk	13.3% <sup>3</sup>	Shorter duration of nausea and vomiting vs Orbera <sup>2</sup>
	Single Balloon Saline Filled to mimic fullness	400cc to 700 cc	6 Months	Endoscopic	Deflated single balloon more likely to migrate Higher device intolerance rate	13.3% <sup>4</sup>	2X more early retrievals versus ReShape <sup>2</sup>
	Gas Filled Capsule; gas can be buoyant	Three 250cc balloons swallowed individually. Not all patients can swallow all three <sup>1</sup>	3 balloons placed over a 1 month period. All 3 dwell together for 5 months total	Swallow; Fluoroscopy to check placement. Three passes of Endoscope to remove balloons	Deflated single balloon more likely to migrate	7.0% <sup>5</sup>	Risk of esophageal injury higher due to three passes of endoscope during removal

<sup>1</sup> Nearly 10% of Obalon patients were unable to swallow three balloons; 8.3% of patients in the Obalon clinical trial had to exit the study after being unable to swallow the balloons and be treated \*For Obalon patients with less than 3 balloons placed, average weight loss was only 3.13 lbs. (Source:Obalon IFU)

<sup>2</sup> "Intragastric Balloon Intolerance: A Retrospective Review of 100 Patients Treated with Two Different Devices", Trace Curry, Tracy Pitt

<sup>3</sup> "Real-world Safety and Efficacy of Fluid-filled Dual Intra-gastric Balloon for Weight Loss"

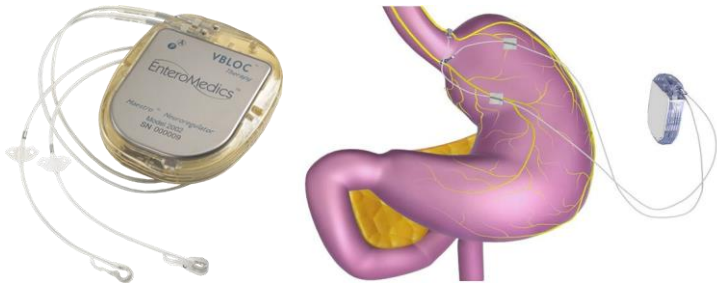
<sup>4</sup> "Single Fluid-Filled Intragastric Balloon Safe and Effective for Inducing Weight Loss in a Real-World Population".

<sup>5</sup> "A 6-month Swallowable Balloon System Results in Sustainable Weight Loss at 1 Year: Results from a Prospective, Randomized Sham-Controlled Trial,"

# vBloc® Bioelectronic Neuroblocking Technology

BMI  
35-45

ReShape  
vBloc™



35 - 45

Patient BMI Range\*

50%

Remittance of Pre Diabetes\*\*

Intermittently blocks  
signals of hunger on the  
vagus nerve

16

VA Facilities Implanting

>700

Patients Implanted

25%

EWL at 1 Year\*\*

- Implanted subcutaneously
- Reversible or removable
- Not anatomy altering
- FDA Approved
- Covered for veterans

\* vBloc Therapy is approved for use in patients with a BMI of 35 – 40 along with one related comorbid condition and for use in patients with a BMI of 40 – 45.

\*\* Shikora, Scott, et al. "Vagal Blocking Improves Glycemic Control and Elevated Blood Pressure in Obese Subjects with Type 2 Diabetes Mellitus." *Journal of Obesity*, (2013) Article ID 245683. DOI: 10.1155/2013/245683.

# Sales Strategy for vBloc and *ReShape*

The ReShape sales team is comprised of 16 direct reps

Provide A Compelling,  
Differentiated Offering

- Only company to offer complete toolbox of minimally invasive, patient-friendly devices for bariatric surgery
- All team members rep all products
- Three dedicated teams focus on US/non-VA, US/VA and International

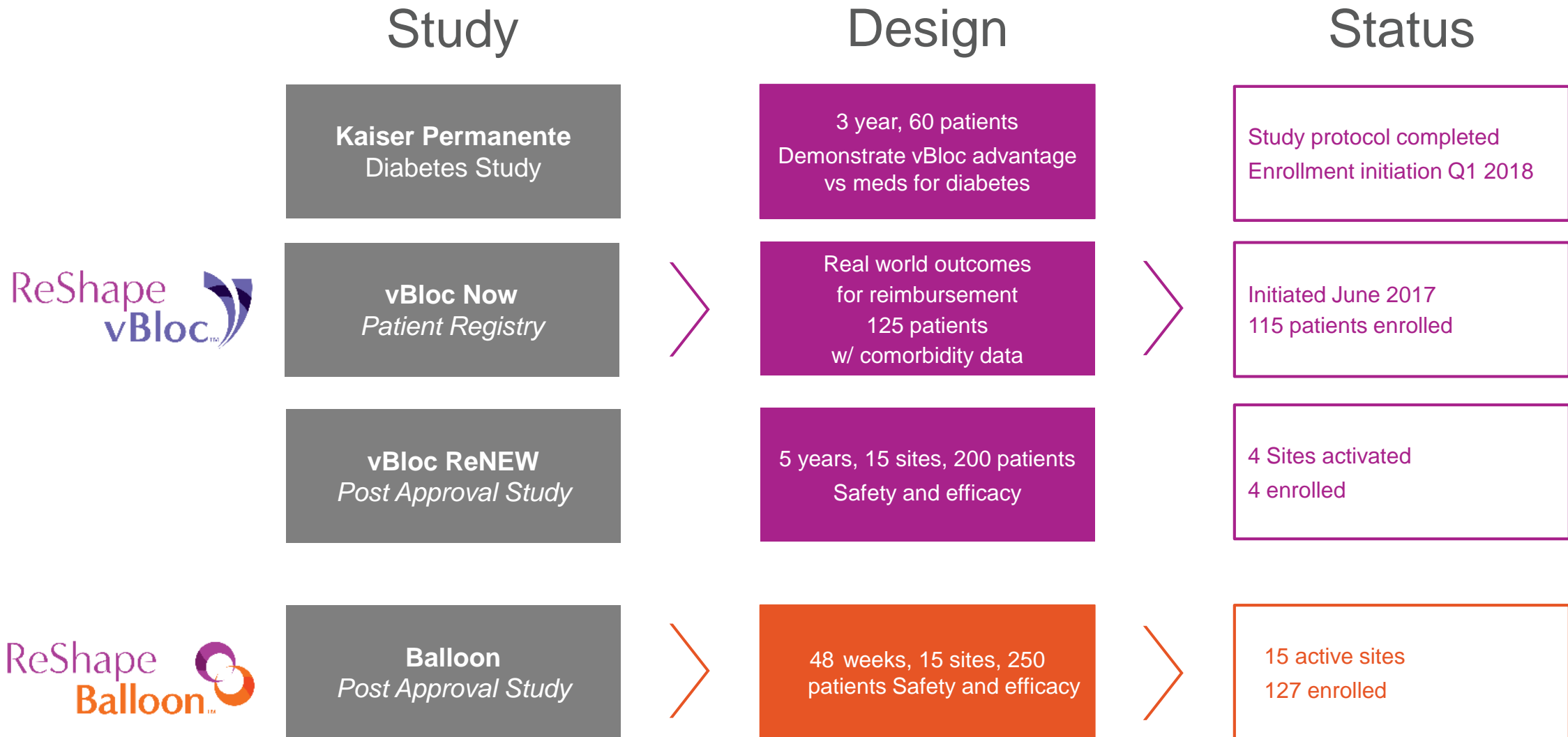
Equip Practices For  
Success

- Field-based marketing team partners with practices to drive patient acquisition
- Education is key
  - Clinical Data
  - Co-morbidity impact
  - Reimbursement

Target & Convert  
Accounts Where  
Reimbursement is in  
Place

- ReShape is the only intragastric balloon with reimbursement in place
  - CarePlus coverage sets precedent for corporate coverage policies
  - VA policy offers national ReShape vBloc coverage for veterans

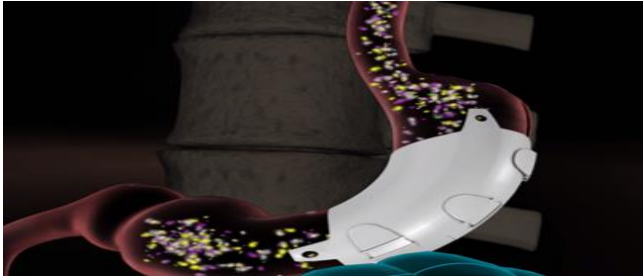
# Strategy to Collect Outcomes Data for Reimbursement



11. Shikora, Scott, et al. "Vagal Blocking Improves Glycemic Control and Elevated Blood Pressure in Obese Subjects with Type 2 Diabetes Mellitus." *Journal of Obesity*, (2013) Article ID 245683. DOI: 10.1155/2013/245683.

# ReShape Vest

BMI  
35-50



- Acquired May 2017
- Not anatomy altering
- Intended for morbidly obese needing rapid weight loss
- Currently investigational use

**>40**

Patient BMI Range

Wraps around stomach to restrict amount of food eaten; emulates conventional weight loss surgery

**85.5%**

Excess Weight Loss (1 Year)\*

**15"**

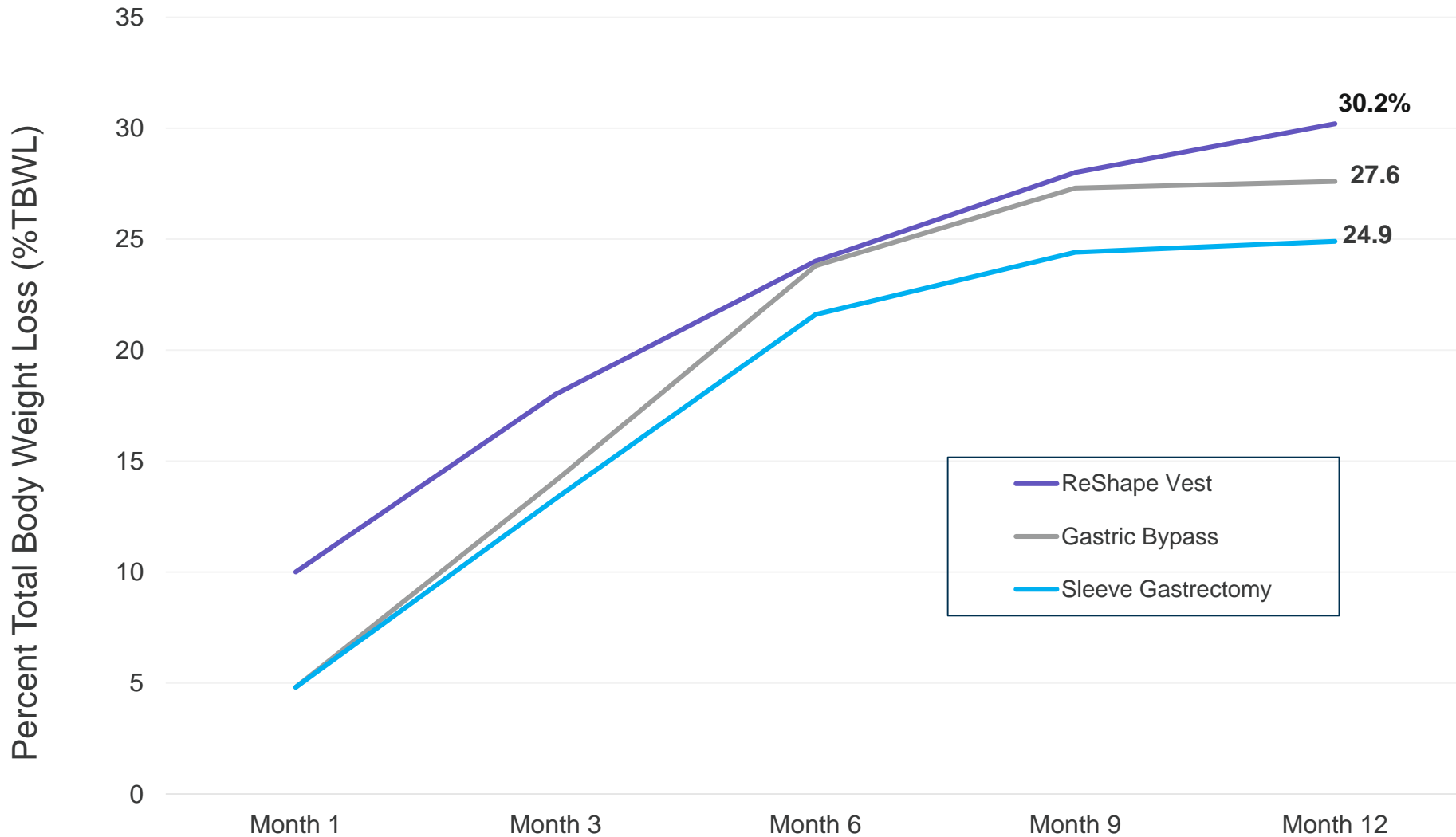
Waist Reduction\*\*

CE Mark Study  
1H / 2018

IDE Planned  
2H / 2018

\* Juan López-Corvalá MD, Fernando Guzmán-Cordero MD, Cleysa Hermosillo-Valdez MD, Janine Rosales-Landgrave MD, "Gastric Vest System: Initial Results of a Novel Restrictive Bariatric Procedure"

# ReShape Vest Pilot Study Outcomes



## Efficacious

*Pilot study patients achieved gold standard of weight loss at 12 months*

## Minimally Invasive

*Vest is laparoscopic and a removable, anatomy friendly procedure*

## Transformative Technology

*No other device has TBWL near the standard of bariatric surgery*

12. Schauer et al. N.E.J.M. 366: 1567, 2012.

\* Juan López-Corvalá MD, Fernando Guzmán-Cordero MD, Cleysa Hermsillo-Valdez MD, Janine Rosales-Landgrave MD, "Gastric Vest System: Initial Results of a Novel Restrictive Bariatric Procedure"





Patients in the ReShape Vest pilot study demonstrated **significant improvements in comorbidities**

## PILOT STUDY PATIENTS AT 1 YEAR



HbA1c (%) reduction of 2.1 points



Systolic blood pressure decreased 13 mmHg



Waist circumference reduced by 15"



Increase in HDL “good cholesterol” of 29 mg/dL

Improvements in  
co-morbidities yield  
significant savings  
to the health care  
system

# ReShape Vest Clinical and Regulatory Path



	FY 2018		FY 2019		FY 2020		FY 2021	
	1H	2H	1H	2H	1H	2H	1H	2H
CE Mark Trial Initiation		★						
PMA Trial Initiation		★						
CE Mark Approval						★		
PMA Approval								★

### CE Mark trial

- Non-randomized trial enrolling 65 patients
- 12 month primary endpoint (weight loss and safety)
- 24 month long-term follow-up

### US Pivotal Trial (Proposed)

- Non-randomized trial enrolling up to 250 patients
- 12 month primary endpoint (weight loss and safety)
- 24-36 month long-term follow-up

Both studies will include metrics requested by payers (e.g. safety, efficacy, health economics, co-morbidity reductions)



# Intellectual Property



## Bioelectronic Medicine Utilizing Vagus Nerve

- Broad coverage for neuroregulation of vagus nerve/ bioelectronic systems and methods related to neuroblocking, neuromodulation, and neurostimulation technology
- Coverage of vagus nerve applications including obesity, bulimia, pancreatitis, heart rate regulation, glucose regulation
- 45 granted U.S. patents, additional pending
- 45 granted foreign patents in Australia, Europe, China and Japan, additional pending



## ReShape Balloon

- Robust coverage for multi-balloon gastric implants and methods for its placement and retrieval.
- Coverage related to methods of manufacturing and additional therapy applications.
- 35 patents granted in the US, Europe, Canada, and Japan. Additional pending.



## ReShape Vest

- Intellectual property for gastric restriction device to treat obesity
- 4 granted U.S. patents
- 4 granted foreign patents in China, Israel, Canada and Australia

# Strategic Partnership for Neuroregulators and the Vagus Nerve

## Collaboration Agreement (for pre-clinical research)

- Funded co-development of new modified ReShape Lifesciences' products
- Future opportunities (continued IP + technology platform co-development)
- Intellectual property licensing
- ReShape Lifesciences will receive payments for its development work and supply under this agreement

# ReShape Lifesciences Milestones and Objectives

1

## Drive Revenue and Clinical Outcomes

- Unified sales organization addressing entire market
- Focused on market expansion
- Co-morbidity and clinical support

2

## Reimbursement

- Balloon / vBloc commercial coverage
- Commercial data through clinical use
- Publish real-world outcomes and co-morbidity data

3

## Grow Pipeline

- Complete CE Mark trial for ReShape Vest
- Complete US PMA trial for ReShape Vest
- Continue to advance next generation technologies

# ReShape Lifesciences Capitalization

<i>Current Authorized Common Shares</i>	275,000,000
<u>Outstanding RSLs Common Stock (As of 12/31/17)</u>	
Common Stock	30,957,113
Series B Convertible Preferred	2,633,925
Series C Convertible Preferred	9,538,800
Common Underlying Outstanding Preferred	<u>12,172,725</u>
Total Common and Common Underlying Outstanding Preferred at 12/31/17	<u><u>43,129,838</u></u>
Total Shares of Common Underlying Outstanding Options	3,830,047
Total Shares of Common Underlying Outstanding Warrants	<u>14,308,337</u>
<b>Total Fully Diluted Shares</b>	<b>61,268,222</b>



**ReShape Lifesciences Inc. (NASDAQ:RSL)**

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San Clemente, CA 92673

**Dan Gladney**

President, Chief Executive Officer & Chairman of the Board  
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# APPENDIX



# Market Product Positioning

	Alter Anatomy?	Diet Restrictions	Procedure Type	Safety Risks	Weight Loss %EWL	Procedure Cost
By-Pass	Yes	Severe	Laparoscopic	Potential for serious complications	65-80%	~\$24,000
Sleeve	Yes	Severe	Laparoscopic	Potential for serious complications	50-65%	~\$19,000
<b>Gastric Vest</b>	Restrict	None	Laparoscopic	Low	+85%	~\$8,000- \$11,000
Band	Restrict	None	Laparoscopic	Erosion, Infection, Leakage	30-50%	~15,000
<b>vBloc</b>	No	None	Laparoscopic	Low	25% (durable)	~\$20,000
<b>Balloon</b>	No	None	Endoscopic	Low- erosion, obstruction	25-35% (temporary)	~\$8,000
Aspire	No	None	Endoscopic	Infection, leakage	30-35%	~\$10,000

