Structure
THERAPEUTICS

Medicine is our platform.
Accessibility is our cure.

Corporate Presentation

June 2026

Forward-Looking Statements

This presentation contains “forward-looking statements” within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact are statements that could be deemed forward-looking statements, including, without limitation, statements concerning: the estimated addressable patient population, market, and revenue opportunity for aleniglipron; any expectations regarding the potential benefits, tolerability and safety profile, accessibility, dose flexibility, scalability, cost, combinability, capability, efficacy, convenience, expected effects, and future application of aleniglipron; the Company’s belief that data to date from the ACCESS, ACCESS II, Body Composition and Open Label Extension studies provide a strong foundation for the Phase 3 clinical development of aleniglipron; the belief that all key questions have been answered by the studies to date; the belief that aleniglipron represents a potentially best-in-class oral small molecule GLP-1 and may be a backbone therapy for obesity; the expected size and design for the Phase 3 trial; any presumption that topline, interim or preliminary data will be representative of final data or data in later clinical trials; the belief that the Company is well positioned to lead with a differentiated and highly scalable pipeline of oral small molecule medicines designed to address the significant unmet needs in obesity and related metabolic diseases; the belief that there is potential for expansion beyond obesity, including chronic kidney disease, metabolic associated steatohepatitis, heart failure, sleep apnea, type 2 diabetes mellitus, osteoarthritis, and addiction; plans to conduct FDA regulatory interactions; the expected timing of topline data readouts from the Open Label Extension, ACCESS II Extension, Body Composition, SWITCH and T2DM studies; the planned initiation of the ACCG-3535 Phase 1 study and the timing thereof; the expected timing of study results from the Phase 1 ACCG-2671 study; and the Company’s future plans and prospects. In addition, when or if used, the words and phrases “believe,” “may,” “potential,” “to be,” “will,” and similar expressions and their variants, as they relate to the Company may identify forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Although the Company believes the expectations reflected in such forward-looking statements are reasonable, the Company can give no assurance that such expectations will prove to be correct. Readers are cautioned that actual results, levels of activity, safety, performance or events and circumstances could differ materially from those expressed or implied in the Company’s forward-looking statements due to a variety of risks and uncertainties, which include, without limitation: risks and uncertainties related to topline results that the Company reports is based on preliminary analysis of key efficacy and safety data, and such data may change following a more comprehensive review of the data related to the clinical trial and such topline data may not accurately reflect the complete results of a clinical trial, the preliminary nature of the results due to the length of the study and sample size and results from earlier clinical studies not necessarily being predictive of future results; the reported efficacy and safety data is not based on head-to-head studies and therefore may not be comparable to other oral or injectable GLP-1's due to differences in study design, participant characteristics and how companies quantify or qualify eligibility criteria, and how results are recorded; aleniglipron is in clinical development and even if the Company is successful in obtaining regulatory approval, there can be no guarantees that aleniglipron will outperform other therapies in terms of efficacy or tolerability; potential delays in the commencement, enrollment and completion of the Company’s planned Phase 3 clinical program and other clinical studies, whether as a result of feedback from the End-of-Phase 2 meeting with FDA or otherwise; the Company’s ability to advance aleniglipron, ACCG-2671, ACCG-3535, ANPA-0073, LTSE-2578, and its other therapeutic candidates, obtain regulatory approval of, and ultimately commercialize the Company’s therapeutic candidates; competitive products or approaches limiting the commercial value of the Company’s product candidates; the timing and results of preclinical and clinical studies; the Company’s ability to fund development activities and achieve development goals; the Company's reliance on third parties, including clinical research organizations, manufacturers, suppliers and collaborators, over which it may not always have full control; general geopolitical and macroeconomic conditions, including as a result of tariffs and various global conflicts; the Company’s ability to protect its intellectual property; and other risks and uncertainties described in the Company’s filings with the Securities and Exchange Commission (SEC), including the Company’s latest Annual Report on Form 10-K and future reports the Company may file with the SEC from time to time. All forward-looking statements contained in this presentation speak only as of the date on which they were made and are based on management’s assumptions and estimates as of such date. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made, except as required by law.

This presentation discusses product candidates that are under clinical study and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these product candidates for the use for which such product candidates are being studied.

This presentation may incorporate publicly-available third-party data that we have not independently verified. There are risks inherent in conducting cross-trial comparisons and the results should be interpreted with caution. The presentation of such third-party data does not represent a head-to-head comparison of how our product candidates performed against any other third-party product candidate or study. Rather, such third-party data has been pulled by us from publicly-available sources for supplemental informational purposes, only. We caution you that any comparisons against third-party data set forth herein should not be viewed as a side-by-side comparison, and you should not rely on the completeness or accuracy of our presentation of the results of any third-party drug candidate in these slides, due to differences in study design, how other companies quantify or qualify eligibility criteria, and how results are recorded, among other distinguishing factors and uncertainties. Because we may be unaware of or may not adequately present various distinguishing factors and uncertainties, the comparisons set forth herein may not properly present such third-party data, which may differ materially from the data as presented here. Investors are encouraged to independently review third party data and should not rely on our presentation of such data as a single measure to evaluate our business.

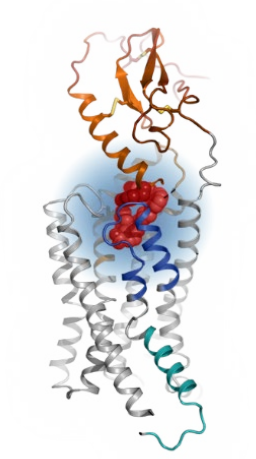
Our Mission

Making medicines more accessible to all

Overview and Growth Opportunity

Aleniglipron was **designed to achieve the efficacy** of an injectable with the convenience of an **oral pill** and has the potential to **scale to meet the needs of the global obesity patient population**

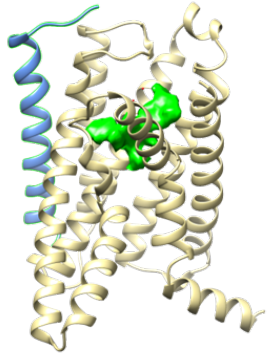
GLP-1 Receptor Agonist



ORAL SMALL MOLECULE

ALENIGLIPRON (Phase 3 ready)

Amylin Receptor Agonist



ORAL SMALL MOLECULE

ACCG-2671 (Phase 1)

>1 billion worldwide[1]

Obesity

3.0 billion people[1]

Overweight & Obesity

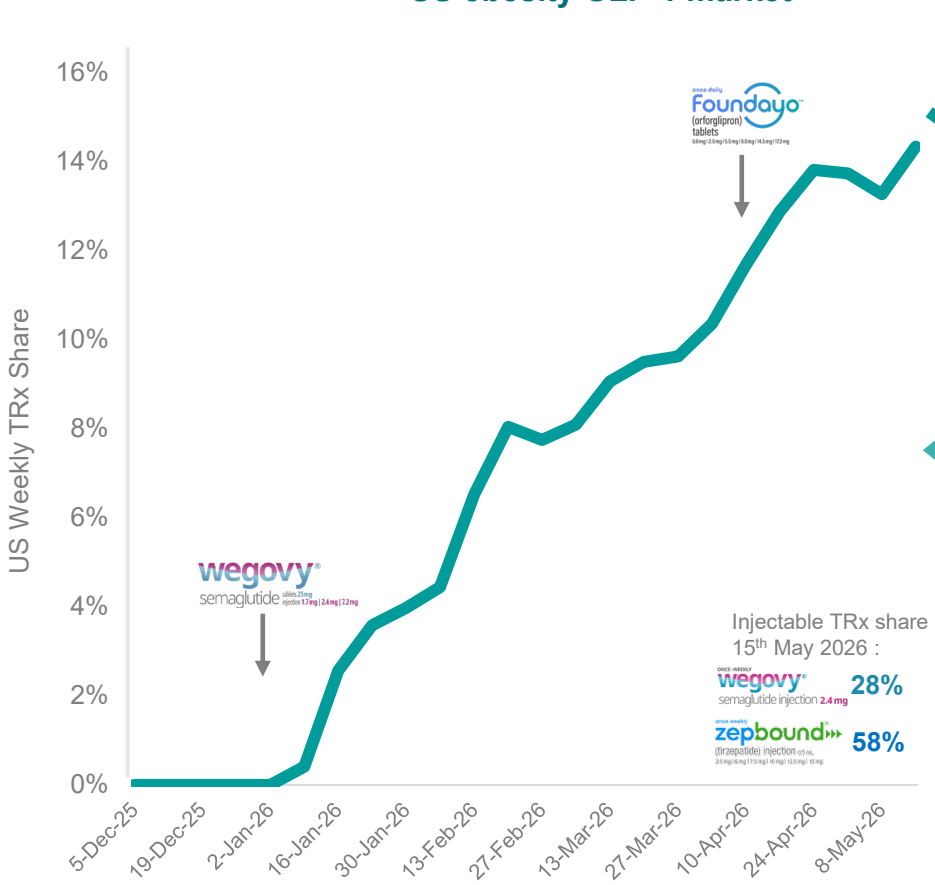
1.World Obesity 2024 https://www.worldobesity.org/about/about-obesity/prevalence-of-obesity

Note: Tablet images are not to scale

Launch of Oral Therapies in 2026 has Demonstrated Unprecedented Growth and Unmet Need and Demand

>1.2M patients on therapy in Q1 2026; far exceeding the *Zepbound* launch

Weekly Oral TRx Share
US obesity GLP-1 market[1]



Oral GLP-1 @14% by wk20

Key insights

1. **Oral *Wegovy*® has been the fastest GLP-1 launch to-date[2]:** >1.2M patients on therapy in Q1 2026, far exceeding the *Zepbound*® launch
2. **Orals are expanding the market:** ~80% of oral prescriptions are from treatment-naïve patients, with limited switching from injectables[3]
3. **Orals are expected to continue growing:** by 2035, 25-50% of market could be orals, based on patient preferences and prescriber dynamics[4]

1. : IQVIA; Bernstein Research
2. Novo Nordisk – Q1 2026 earnings report
3. FirstWord Pharma - Novo edges up annual outlook following oral Wegovy's 'record' launch - May 06, 2026
4. Triangulation between internal data, analog disease areas, and 3rd party estimates

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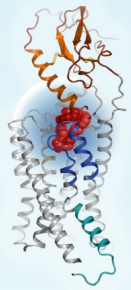
Structure is Uniquely Positioned to Develop Multiple Oral Obesity Treatments That Could Scale to Meet the Global Unmet Need

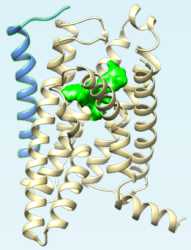
GLP-1 Receptor



Aleniglipron

- **Highest efficacy** among oral GLP-1RAs with up to **16.3%** body weight loss with 180 mg at 44 weeks
- **Positive End-of-Phase 2 feedback** received from FDA
- **Phase 3 registrational study initiation** on track for Q3 2026

Amylin Receptor



ACCG-2671

- **First-in-class DACRA** oral small molecule
- **Phase 1 Single Ascending Dose (SAD) study data** on track for Q3 2026
- **Multiple Ascending Dose (MAD) study initiation** on track for Q3 2026

GLP-1 + Amylin

Fixed Dose Combination

- **GLP-1R + Amylin Small Molecule Combination Proof of Concept achieved** in obese NHPs
- **Combination clinical study initiation** in Q4 2026

Other Combinations

GLP-1R + GIPR	Amylin + GIPR
GLP-1R + GCGR	GLP-1R + GIPR + GCGR

- **Greater body weight loss** and **enhanced tolerability**
- **Label expansion into additional clinical indications** beyond obesity, including CKD, MASH, hypertension, heart failure, sleep apnea, T2DM, osteoarthritis, addiction

Note: Tablet images are not to scale

2026: A Transformational Year as Aleniglipron Advances into Phase 3

Discovery and Development of a Strong and Broad Portfolio of Obesity related Oral Assets

Program	Molecule(s)	Study / Focus	Discovery	Lead Opt	IND-enabling/ DC	Phase 1	Phase 2	Phase 3	
Selective GLP-1 Receptor Agonist Backbone	Aleniglipron (GSBR-1290)	Phase 3 Registrational					End of Phase 2 ✓		***Pivotal Phase 3 initiation*** *anticipated Q3 2026*
		ACCESS (+ OLE)					✓		***Ongoing:*** *Data anticipated Q3 2026*
		ACCESS II (+ Extension)					✓		***Completed***
		Diabetes/Obesity							***Ongoing:*** *Data anticipated Q4 2026*
		SWITCH Study							***Ongoing:*** *Data anticipated Q4 2026*
		Body Composition							***Ongoing:*** *Data anticipated Q4 2026*
Amylin Receptor Agonists Backbone	Amylin	ACCG-2671 (DACRA)							***Ongoing:*** *Phase 1 SAD data Q3 2026* ***MAD study initiation*** *anticipated Q3 2026*
		ACCG-3535 (DACRA)							*IND-enabling studies underway and* ***Phase 1 initiation*** *anticipated Q4 2026*
		SARA							
Combinations	GLP-1RA + Amylin	GLP-1RA + Amylin							*Combination clinical study anticipated Q4 2026*
	Backbone + GIPR	GLP-1RA + GIPR Amylin + GIPR							
	Backbone + GCGR	Backbone + GCGR Backbone + GIPR + GCGR							

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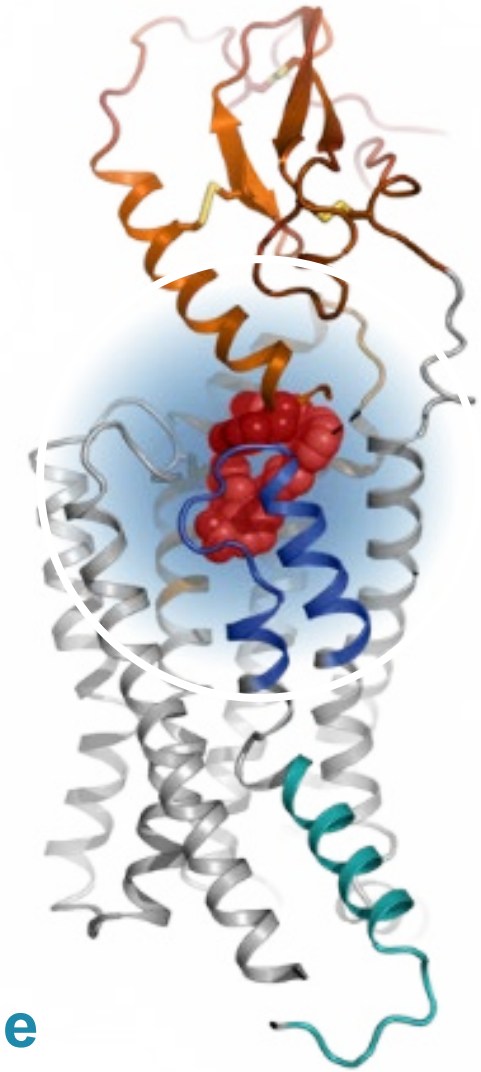
Aleniglipron



Selective GLP-1
Receptor Agonist
Oral Small Molecule

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Aleniglipron Phase 2b Demonstrates Potential Best-in-Class Profile

Body weight loss:

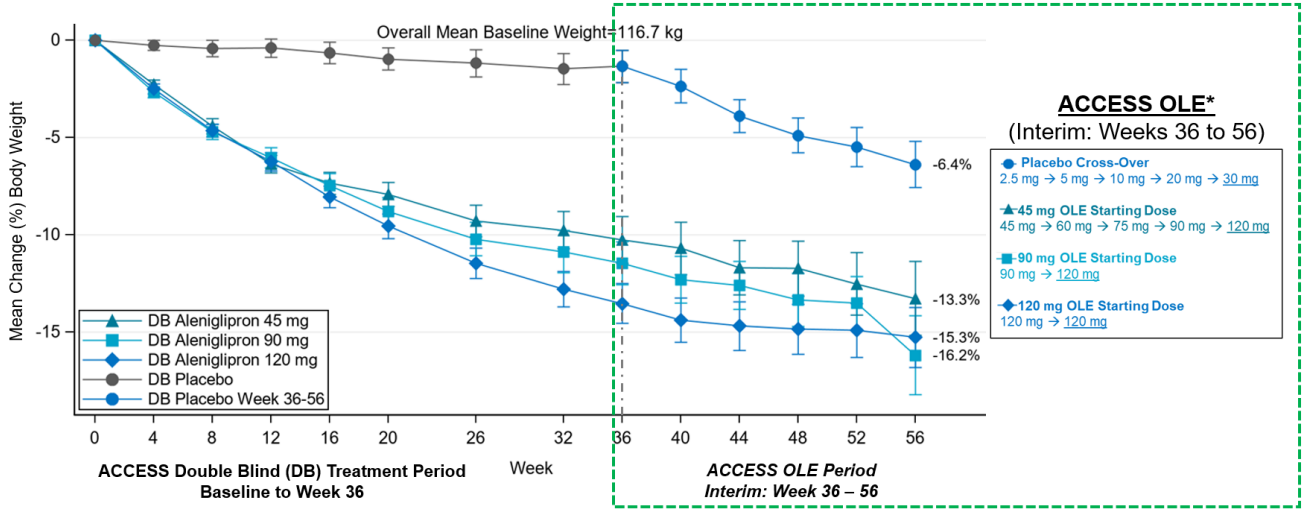
ACCESS
11.3%
at 36 weeks
120 mg

ACCESS OLE
16.2%
at 56 weeks
120 mg

ACCESS II
16.3%
at 44 weeks
180 mg

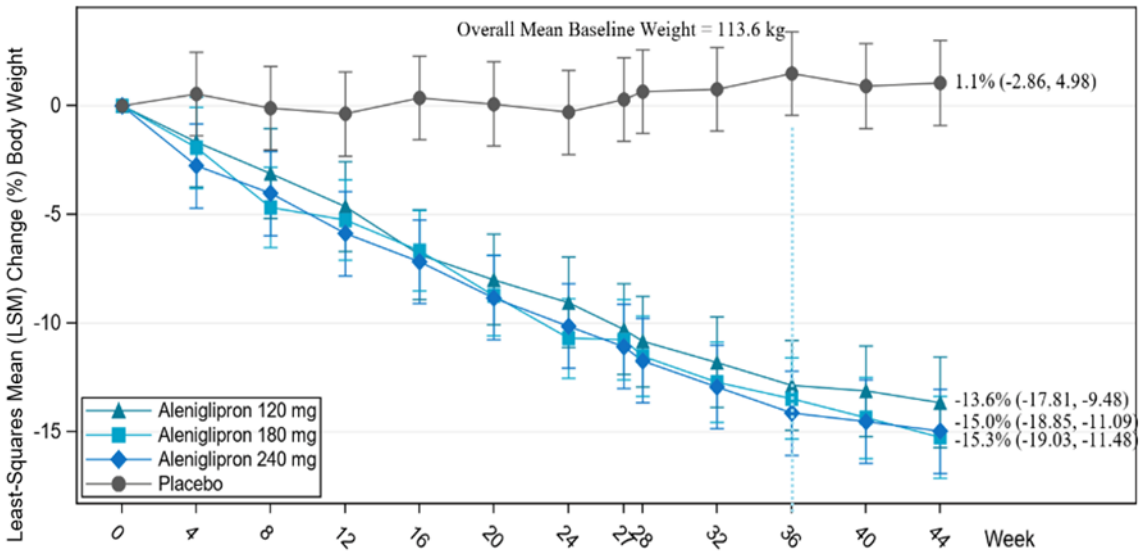
AE-related discontinuations:

10.4% in ACCESS over 36 weeks



Mar 2026

3.7% in ACCESS II after re-randomization at 28 weeks

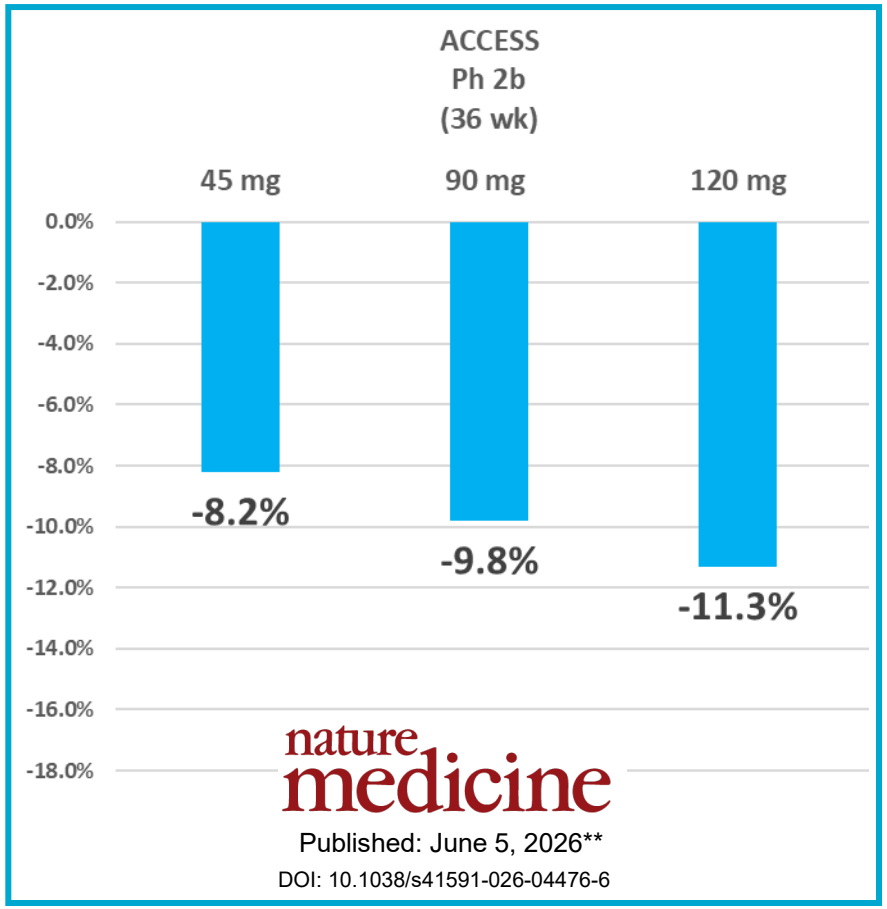


Mar 2026

*All data shown as placebo-adjusted primary efficacy estimand
** Full efficacy and tolerability data available in presentations of ACCESS and ACCESS II topline results (https://ir.structuretx.com/events-presentations/presentations

Aleniglipron ACCESS and ACCESS II Weight Loss Summary*

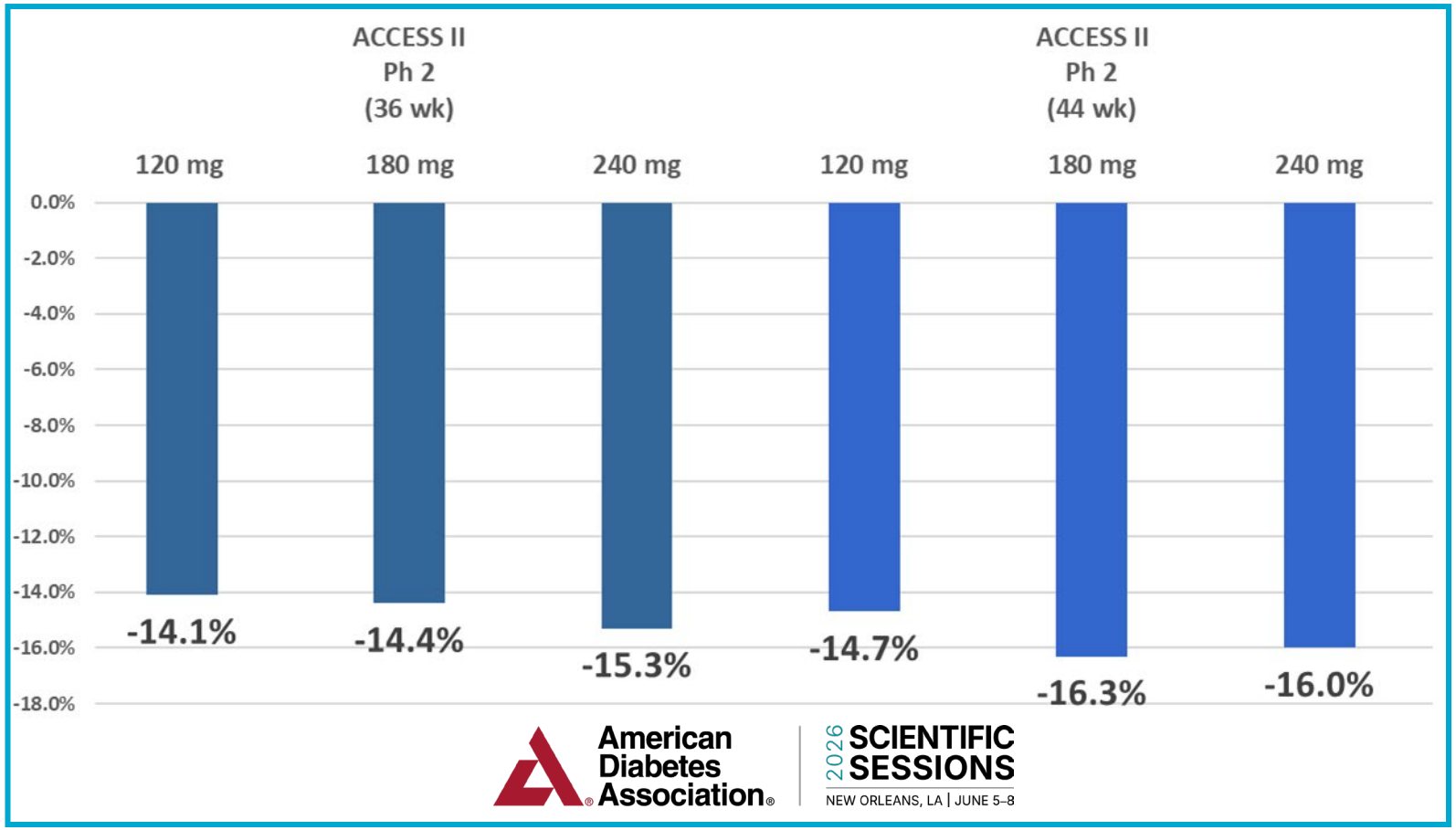
Up to 16.3% weight loss and no evidence of plateauing



nature medicine

Published: June 5, 2026**

DOI: 10.1038/s41591-026-04476-6



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*All data shown as placebo-adjusted primary efficacy estimand.

** https://www.nature.com/articles/s41591-026-04476-6

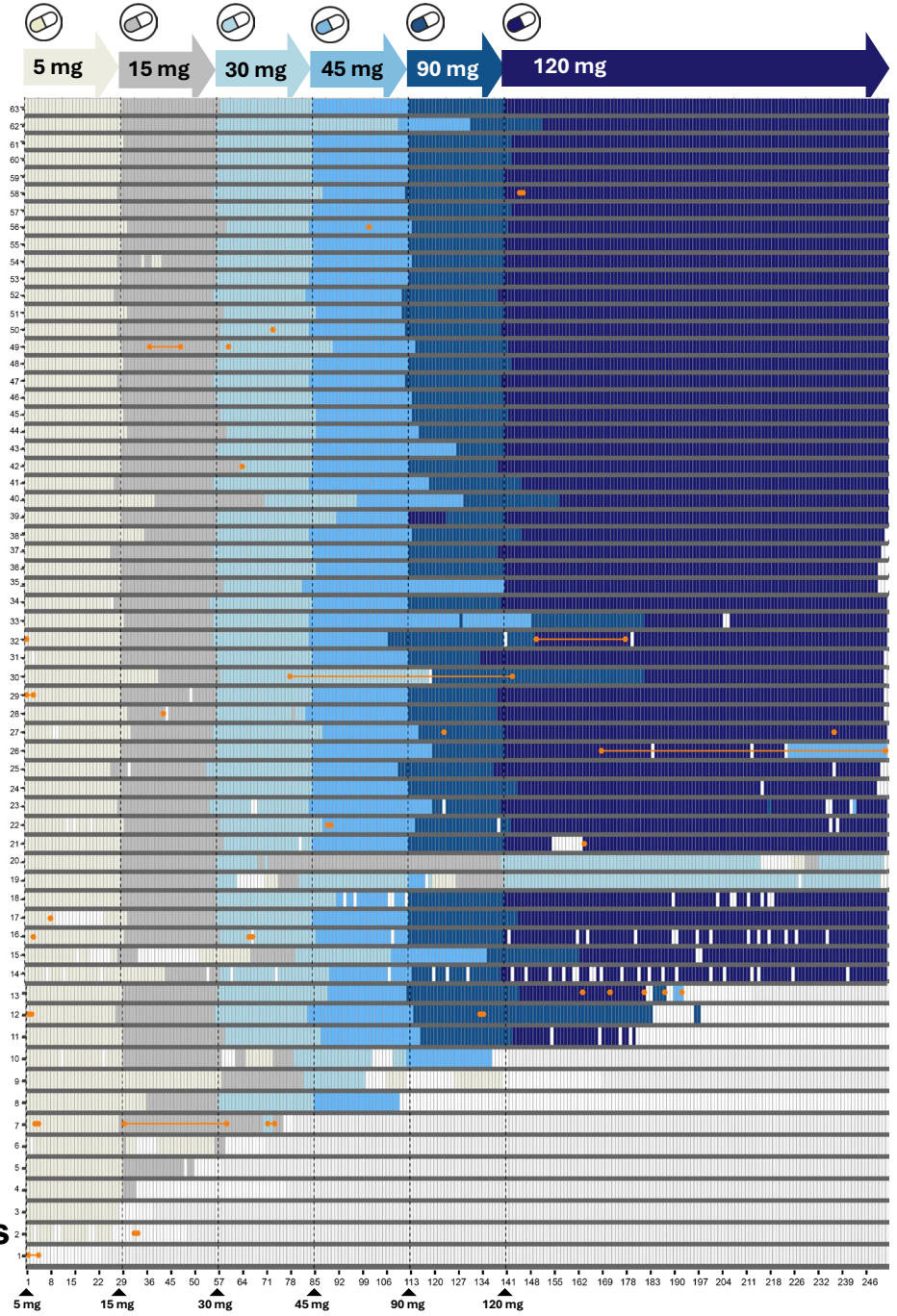
Participant Journey Responding to GI AEs on 120 mg dose of aleniglipron

Participants who completed treatment (N=30, 47%)

Participants who completed study treatment with occasional interruptions in dosing (N=20, 31%)

Participants who discontinued study treatment (N=14, 21%)

AE leading to discontinuations (N=7, 11.1%)



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nature medicine

Published: June 5, 2026

DOI: 10.1038/s41591-026-04476-6

- Majority participants followed titration as scheduled
- Dose interruptions did not impact overall participant journey
- Re-introduction of aleniglipron did not lead to increase in events of emesis
- **86% (N=43) of participants continued on to ACCESS OLE study**

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Aleniglipron Participant Journey to Chronic Weight Management

Key Questions

1	What is the top dose?	ACCESS II Potential best-in-class efficacy – 16.3% weight loss at 180 mg dose
2	Does weight loss continue beyond 36 weeks?	ACCESS II and ACCESS OLE No evidence of plateauing at 44 weeks (ACCESS II) and 56 weeks (ACCESS OLE)
3	Is there weight loss at low doses?	ACCESS OLE and Body Composition Weight loss is observed starting at 2.5 mg and continues at increasing doses
4	Is there positive impact on CV risk markers?	ACCESS Significant reduction in hsCRP (>46% or PBO-adjusted ~40%) for the 120 mg arm at week 36, and improvements in blood pressure and HbA1c
5	Does tolerability improve starting at 2.5 mg?	ACCESS OLE and Body Composition Low number of AE leading to study drug discontinuations (<4%)
6	Does aleniglipron maintain absence of off-target safety?	ACCESS, ACCESS II, ACCESS OLE and Body Composition No drug-induced liver injury (DILI)

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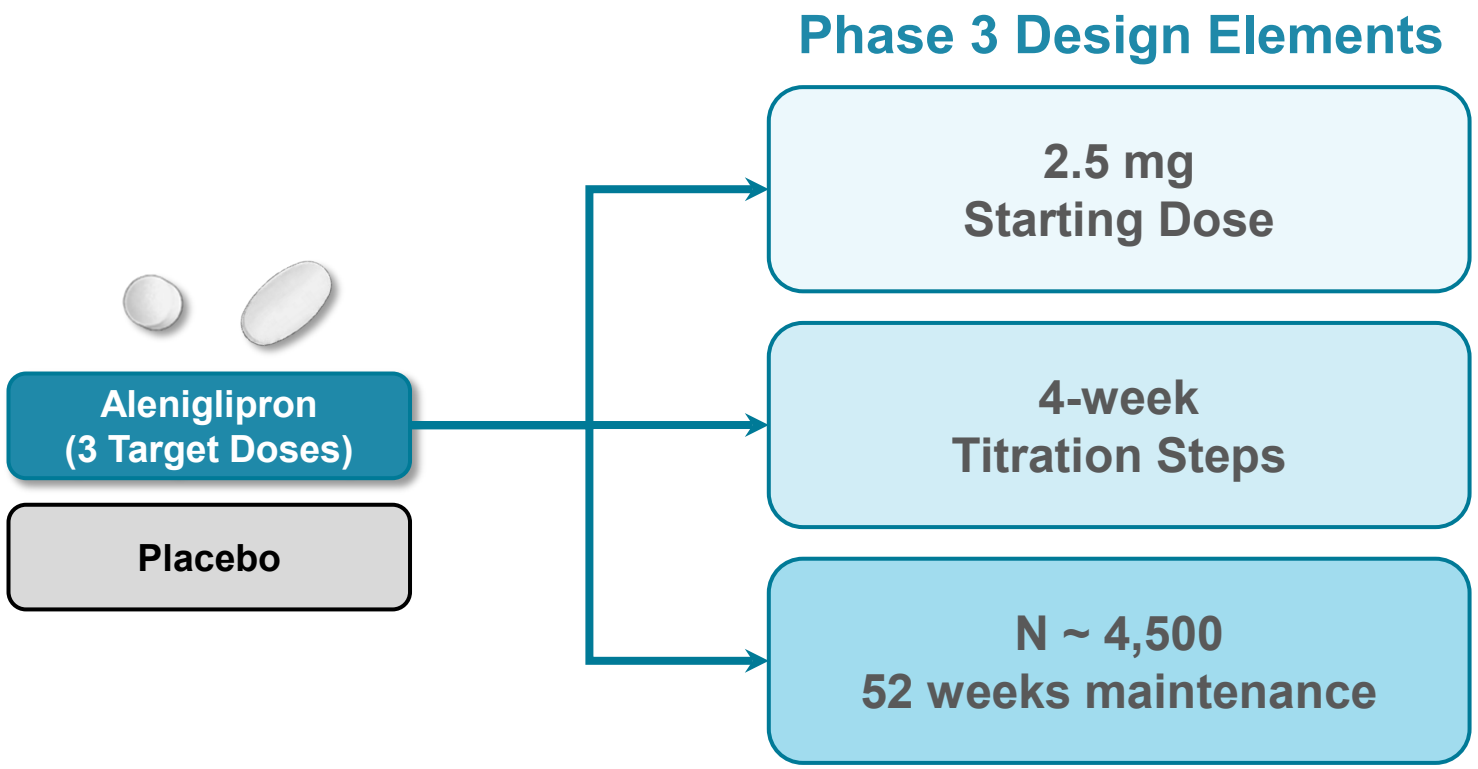
Ongoing Aleniglipron Clinical Studies

Clinical Study	Rationale and Opportunity	Data Readout
ACCESS OLE	• ACCESS placebo participants continue into OLE with 2.5 mg starting dose to 180 mg over 36 weeks • ACCESS treated participants continue into OLE for up to 72 weeks up to 180 mg	**Q3 2026**
Body Composition	• 2.5 mg starting dose up to 180 mg over 36 weeks • Assess body fat loss measured by DXA	**Q4 2026**
Type 2 Diabetes (T2DM)	• 2.5 mg starting dose up to 180 mg over 38 weeks • Informs Phase 3 study inclusion of participants with T2DM with obesity or overweight	**Q4 2026**
SWITCH	• Evaluate aleniglipron in participants switching from stable injectable GLP-1RA (e.g., semaglutide or tirzepatide) treatment	**Q4 2026**

Aleniglipron Phase 3 Expected to Initiate in Q3 2026

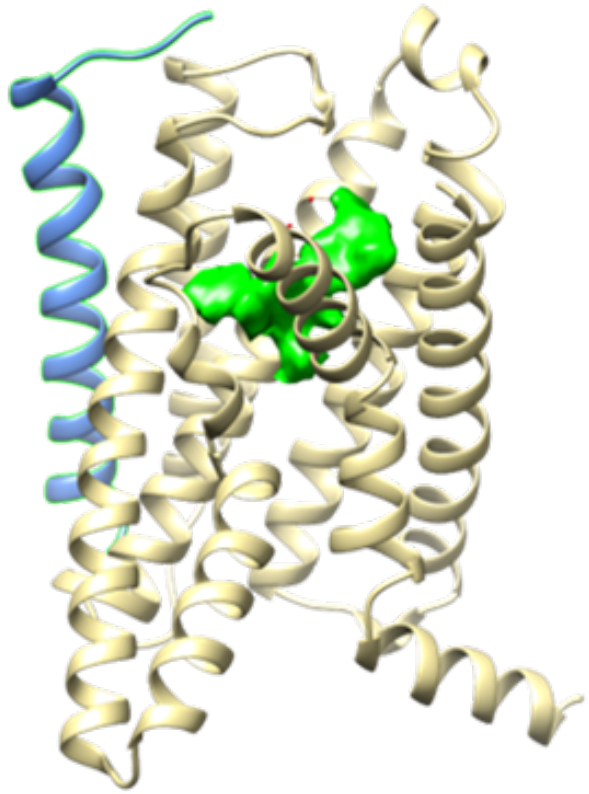


- **Positive End-of-Phase 2** meeting in May 2026
- **Alignment reached** on key design elements required for Phase 3 registrational program
- **Phase 3 data** anticipated in Q4 2028

Phase 3 registrational program for chronic weight management could enable aleniglipron launch in 2029

ACCG-2671

Amylin Receptor Agonist
Oral Small Molecule



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ACCG-2671 Preclinical Profile

		Oral Small Molecule ACCG-2671	Injectable Peptide Cagrilintide
***In vitro* affinity**	K_i hAMY3R	<5 nM	3.5 nM
	K_i hCTR	<5 nM	6.8 nM
***In vivo* efficacy**	Bodyweight loss (DIO rats)	14.8% @15 mpk p.o. QD	11.4% @7.5nmol/kg s.c. QD
Preclinical Safety	*In vivo*	Tolerability up to 300mpk (rat dose range finding)	N/A
	In vitro	hERG (>100x) GSH Negative	N/A
Human Dose	Dose & frequency	Predicted <100 mg / QD	2.4 mg s.c. / QW

ACCG-2671 Profile

- Dual Amylin and Calcitonin Receptor Agonist (DACRA)
- Nanomolar in vitro binding affinity to amylin and calcitonin receptors
- Sub-nanomolar in vitro functional activity on amylin and calcitonin receptors
- In vivo efficacy comparable to cagrilintide DACRA in Diet-Induced Obesity (DIO) models
- Robust efficacy in combination treatment with semaglutide in DIO models
- Preclinical safety profile supports development candidate selection
- Preclinical PK supports once-daily oral dosing in human

Note: The in-house data included here are based on preclinical studies conducted by the Company except for the human dose data.
In vivo efficacy data are based on separate preclinical DIO studies of cagrilintide and ACCG-2671
GSH: Glutathione trapping liver microsomes assay; hERG: human ether-a-go-go-related gene potassium channel

ACCG-2671 Phase 1 SAD Study Ongoing

- **Evaluate the safety, tolerability, pharmacokinetics (PK), and food-effect of single ascending doses (SAD) of ACCG-2671 in healthy adult participants**
- **Phase 1 data and move into 12 week MAD study on track for Q3 2026**

Phase 1

Single Ascending Dose (SAD) Study

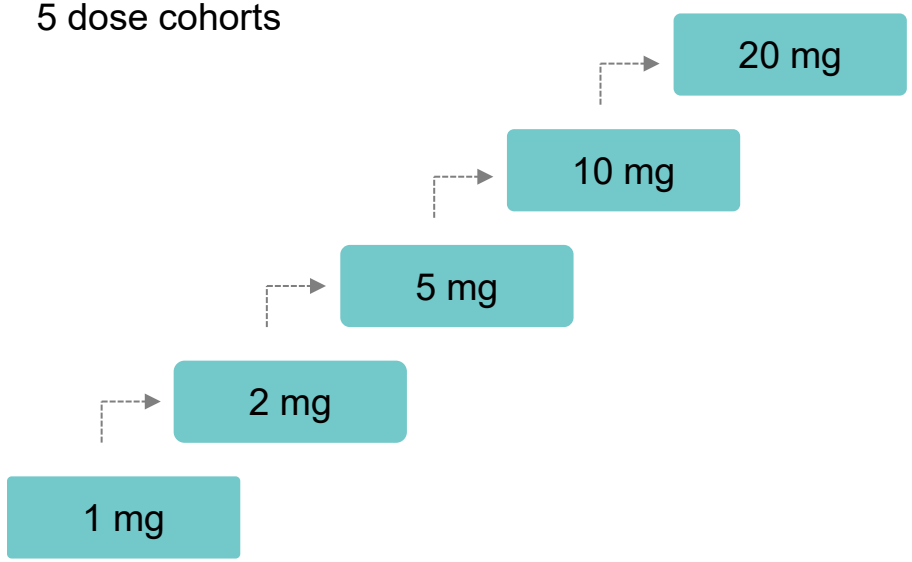
- Two parts
- Healthy adults 25-65 years old
- BMI ≥18 kg/m2 and ≤30 kg/m2
- N=52

Part 1 (n=40)

Single Ascending Dose (SAD) to measure safety, tolerability and pharmacokinetics (PK)

3:1 randomization (active:placebo)

5 dose cohorts



Part 2 (n=12)

Effect of food intake on the PK, safety, and tolerability of a single dose of ACCG-2671

Open-label, 2-treatment arm, 2-period crossover

Single low-dose

Arm 1 (fed) → **Arm 1 – Crossover** (fasted)

Arm 2 (fasted) → **Arm 2 – Crossover** (fed)

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ACCG-2671 and Combination Proof-of-Concept Study

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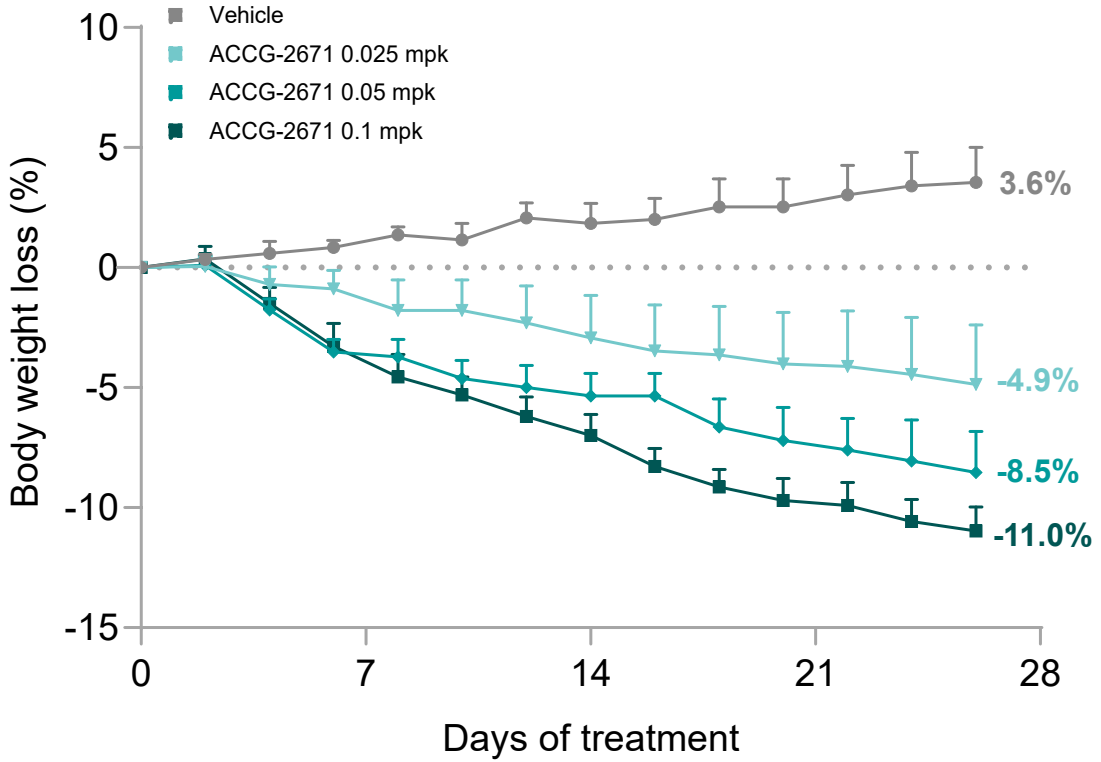
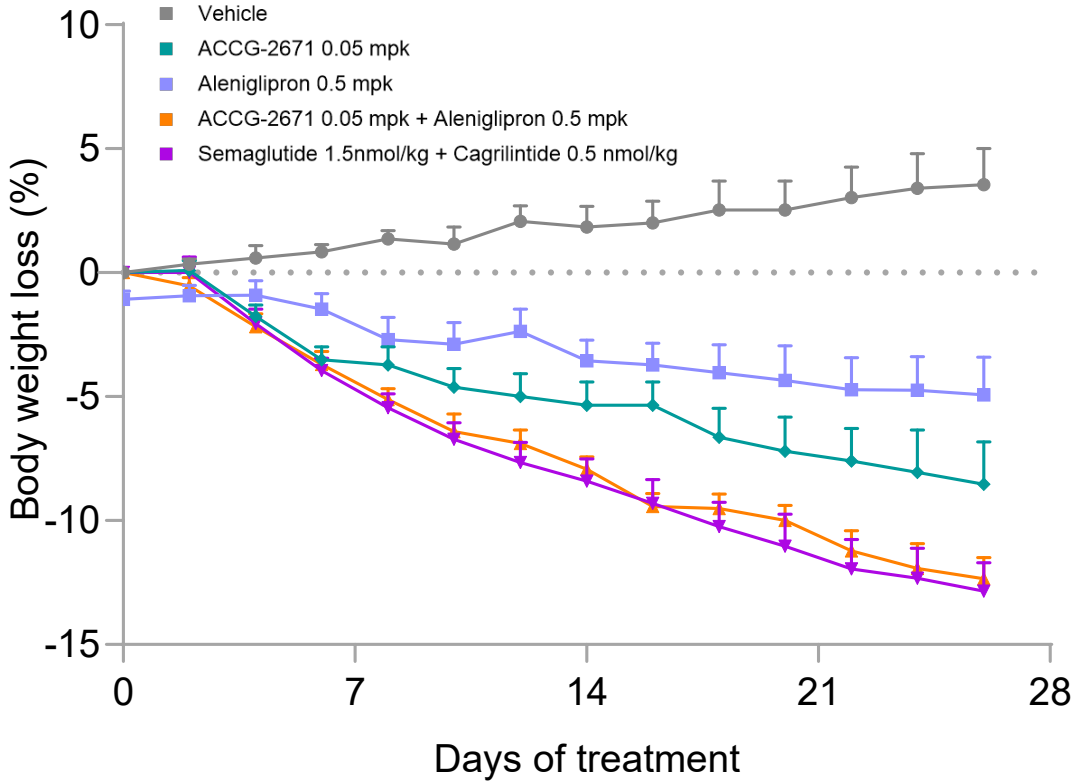
- ACCG-2671 demonstrated significant dose-dependent weight loss in obese non-human primates (NHPs)
- Long half-life ($t_{1/2}$ > 60 hr) in NHPs
- Combination ACCG-2671 and aleniglipron resulted in −12.3% body weight loss in obese NHPs





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Amylin + GLP-1 Receptor Combination Opportunity

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ACCG-2671 Demonstrates Promising Efficacy and Pharmacokinetics in a Proof-of-Concept Study in Obese NHPs, Supporting Further Development as Mono- and Combination Therapy

Xiankang Fang, Jinqiang Zhang, Nan Hu, Xinglong Jiang, Xichen Lin, Fang Zhang

Structure Therapeutics, South San Francisco, CA, USA

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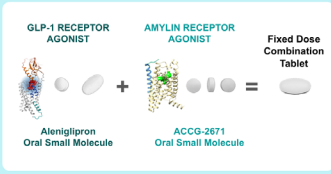
#3061-LB

Introduction

Amylin and GLP-1 receptor agonists reduce food intake, slow gastric emptying, and suppress glucagon. While GLP-1 agonists increase insulin secretion, amylin analogs also promote satiety and enhance insulin action, indicating in combination they can enhance efficacy over single agents for obesity treatment.[1]

Here we evaluated the pharmacokinetics (PK) and efficacy properties of a novel, small molecule dual amylin and calcitonin receptor agonist (DACRA), ACCG-2671 in obese non-human primates (NHPs). We further assessed whether efficacy of ACCG-2671 could be enhanced when combined with the GLP-1 receptor agonist aleniglipron.

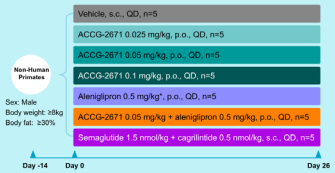
Proposed physiological effects of amylin receptor activation[2, 3, 4]



Methods

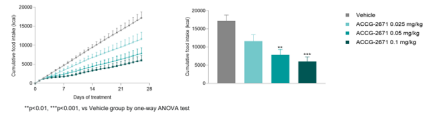
- Obese male cynomolgus monkeys (body weight ≥8 kg, age ≥10 years, body fat ≥30%) were individually housed for the duration of the study. Animals were randomized into treatment groups (n=5 per group) based on body weight. Following a two-week dosing acclimation period, animals were treated according to the study design
  - **Monotreatment**: Obese NHPs received ACCG-2671 (0.025, 0.05, or 0.1 mg/kg, p.o., QD) to evaluate dose-dependent effects on food intake and body weight
  - **Combination treatment**: ACCG-2671 (0.05 mg/kg, p.o., QD) and aleniglipron (0.5 mg/kg, p.o., QD) were co-administered at submaximal doses, selected due to the limited body weight reduction window in obese NHPs. Effects on food intake and body weight were evaluated. Co-administration of semaglutide (1.5 nmol/kg, s.c., QD) and cagrilintide (0.5 nmol/kg, s.c., QD) was included as comparators
- Daily food intake and body weight (measured every 2 days) were recorded. Cumulative food intake and percent body weight change from baseline were analyzed
- Data are presented as mean ± SEM. Statistical significance was assessed using one-way ANOVA followed by Dunnett's multiple comparisons test

Study design: Treatment in obese NHPs



Monotreatment in obese NHPs

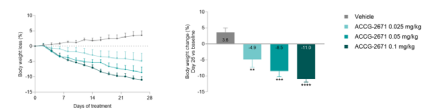
Cumulative food intake: ACCG-2671 monotreatments



**p<0.01, ***p<0.001, vs Vehicle group by one-way ANOVA test

ACCG-2671 oral daily dosing produced a dose-dependent reduction in cumulative food intake in obese NHPs

Chronic body weight loss: ACCG-2671 monotreatments

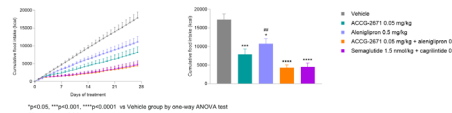


**p<0.01, ***p<0.001, ****p<0.0001 vs Vehicle group by one-way ANOVA test

ACCG-2671 resulted in significant dose-dependent weight loss (-11.0% at 0.1 mg/kg and -8.5% at 0.05 mg/kg)

Monotreatment and combination treatment in obese NHPs

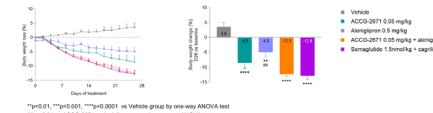
Cumulative food intake: ACCG-2671 + aleniglipron co-administration treatment



*p<0.05, ***p<0.001, ****p<0.0001 vs Vehicle group by one-way ANOVA test
p<0.01 vs ACCG-2671 + aleniglipron group by one-way ANOVA test

Co-administration of ACCG-2671 and aleniglipron resulted in greater reduction in food intake compared with both as monotherapies

Chronic body weight loss: ACCG-2671 + aleniglipron co-administration treatment



**p<0.01, ***p<0.001, ****p<0.0001 vs Vehicle group by one-way ANOVA test
p<0.01 vs ACCG-2671 + aleniglipron group by one-way ANOVA test

Co-administration of ACCG-2671 and aleniglipron resulted in −12.3% body weight reduction, greater than either monotreatment (−8.5% for ACCG-2671 0.05 mg/kg and −4.9% for aleniglipron 0.5 mg/kg)

Results

- The novel oral small molecule DACRA, ACCG-2671, demonstrated dose-dependent reductions in food intake and body weight in obese NHPs
  - Up to 11.0% body weight loss over 26 days
- ACCG-2671, when combined with oral small molecule GLP-1 RA aleniglipron, resulted in greater weight loss compared to monotreatment in obese NHPs
  - Up to 12.3% body weight loss over 26 days
- ACCG-2671 yielded a long $t_{1/2}$ > 60 hr in large animals
- A Phase 1 single ascending dose study of ACCG-2671 is currently ongoing to assess safety and PK in humans

Conclusions

- These findings support further development of ACCG-2671 as a monotherapy and potentially as an oral fixed-dose combination therapy with a GLP-1 RA for obesity

References

1. Volčanšek et al. *Diabetes Ther* (2025)
2. Walker et al. *Nat Rev Endocrinol* (2025)
3. Mathiesen et al. *Eur J Endocrinol* (2022)
4. Hey et al. *Pharmacol Rev* (2015)

Abbreviations:
ANOVA = analysis of variance
BF = tissue
NHPs = non-human primates
PK = pharmacokinetics
QD = once daily
s.c. = subcutaneous
SEM = standard error of the mean
$t_{1/2}$ = half-life

GLP-1 + Amylin

Fixed Dose Combination

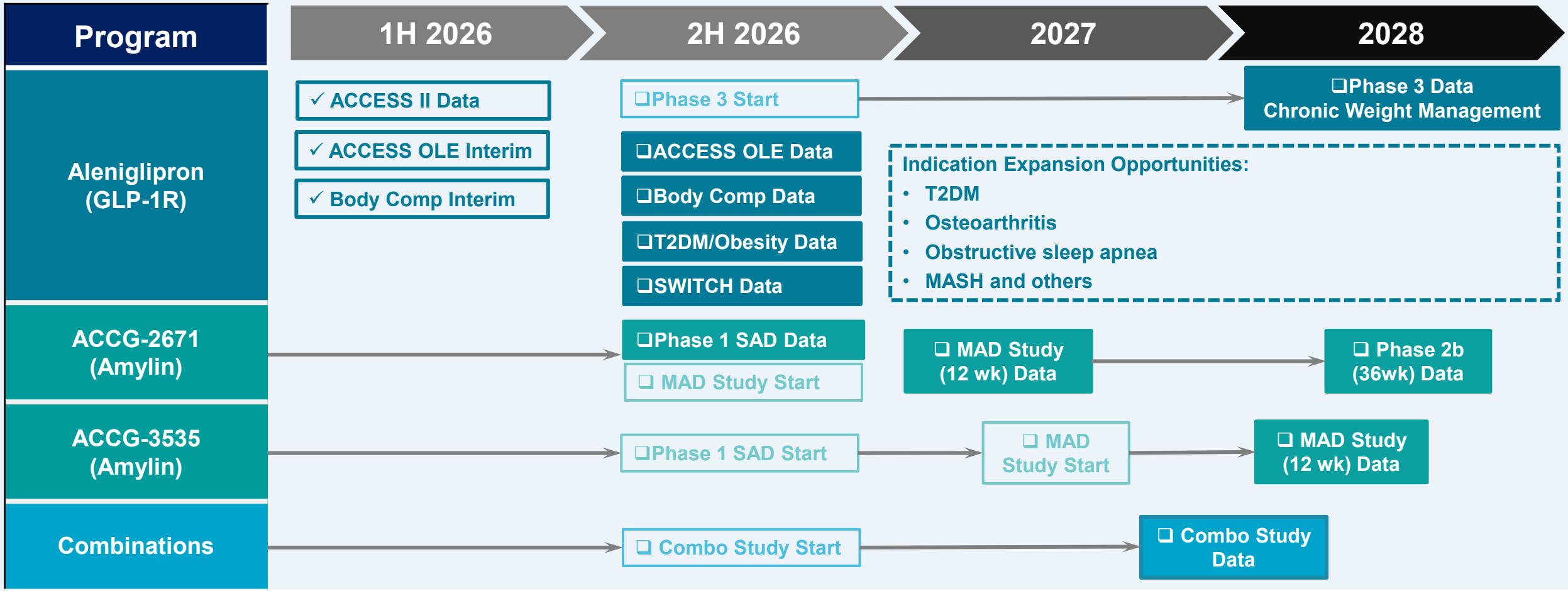
- **GLP-1R + Amylin Small Molecule Combination Proof of Concept achieved** in obese NHPs
- **Combination clinical study initiation** in Q4 2026

Structure THERAPEUTICS

Strong Momentum with Multiple Potential Catalysts 2026 - 2028

~$1.5B in cash[1] expected to fund Aleniglipron Phase 3 program through 2028

Anticipated Milestones



1. Cash includes cash, cash equivalents and short-term investments

Structure THERAPEUTICS

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Making medicines more accessible to all

NASDAQ: GPCR

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