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): January 13, 2020

Cytokinetics, Incorporated
(Exact Name of Registrant as Specified in Charter)

Delaware	**000-50633**	**94-3291317**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification Number)**

280 East Grand Avenue, South San Francisco, California 94080
(Address of Principal Executive Offices) (Zip Code)

(650) 624-3000
(Registrant's telephone number, including area code)

Not Applicable
(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(s)	Name of each exchange on which registered
Common Stock, par value $0.001	**CYTK**	**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 2.02 Results of Operations and Financial Condition.

On January 13, 2020, in advance of meetings at the 38th Annual J.P. Morgan Healthcare Conference in San Francisco, California, Cytokinetics, Incorporated is making publicly available a corporate presentation that includes preliminary estimates of certain operating and financial results as of and for the year ended December 31, 2019, as well as other updates regarding its business. A copy of the presentation is furnished as Exhibit 99.1 hereto.

The information in this Item 2.02 and the exhibit hereto are being furnished and shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of that section, nor shall they 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 Number	Description
99.1	Presentation of Cytokinetics, Incorporated, made available on January 13, 2020.

SIGNATURE

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.

CYTOKINETICS, INCORPORATED

Date: January 13, 2020

By: /s/ Ching Jaw
Ching Jaw
Senior Vice President, Chief Financial Officer

Exhibit 99.1

Cytokinetics

Sarcomere Directed Therapies

EMPOWERING MUSCLE EMPOWERING LIVES

John, *diagnosed with heart failure*

Jillian, *diagnosed with HCM*

Chuck, *diagnosed with ALS*

Forward-Looking Statements

This Presentation contains forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995 (the "Act"). Cytokinetics disclaims any intent or obligation to update these forward-looking statements, and claims the protection of the Act's Safe Harbor for forward-looking statements. Examples of such statements include, but are not limited to, statements relating to Cytokinetics' and its partners' research and development activities; the design, timing, results, significance and utility of preclinical study results, including Cytokinetics' expectations regarding the timing or results from the clinical trials of *omecamtiv mecarbil, reldesemtiv* and CK-274; projections regarding growing prevalence, low survival rates and market opportunity in heart failure; Cytokinetics' commercial readiness for *omecamtiv mecarbil*; Cytokinetics' ability to earn and receive milestone payments; the timing and results of clinical trials of AMG 594 and CK-274; the timing of any potential commercial launch of our product candidates, if approved; commercial opportunities for our product candidates; Cytokinetics' cash runway and 2019 financial guidance; interactions with the FDA; the properties, potential benefits and commercial potential of CK-274, *omecamtiv mecarbil*, AMG 594, *reldesemtiv* and Cytokinetics' other drug candidates. Such statements are based on management's current expectations; but actual results may differ materially due to various risks and uncertainties, including, but not limited to, potential difficulties or delays in the development, testing, regulatory approvals for trial commencement, progression or product sale or manufacturing, or production of Cytokinetics' drug candidates that could slow or prevent clinical development or product approval, including risks that current and past results of clinical trials or preclinical studies may not be indicative of future clinical trial results, patient enrollment for or conduct of clinical trials may be difficult or delayed, Cytokinetics' drug candidates may have adverse side effects or inadequate therapeutic efficacy, the FDA or foreign regulatory agencies may delay or limit Cytokinetics' or its partners' ability to conduct clinical trials, and Cytokinetics may be unable to obtain or maintain patent or trade secret protection for its intellectual property; Astellas' or Amgen's decisions with respect to the design, initiation, conduct, timing and continuation of development activities for *reldesemtiv* or *omecamtiv mecarbil*, respectively; Cytokinetics may incur unanticipated research, development and other costs or be unable to obtain financing necessary to conduct development of its products; standards of care may change, rendering Cytokinetics' drug candidates obsolete; competitive products or alternative therapies may be developed by others for the treatment of indications Cytokinetics' drug candidates and potential drug candidates may target; and risks and uncertainties relating to the timing and receipt of payments from its partners, including milestones and royalties on future potential product sales under Cytokinetics' collaboration agreements with such partners. For further information regarding these and other risks related to Cytokinetics' business, investors should consult Cytokinetics' filings with the Securities and Exchange Commission.

Sarcomere Directed Therapies

OUR MISSION

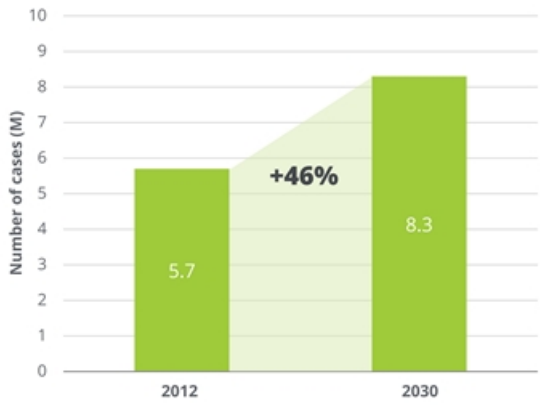
To bring forward new medicines to improve the healthspan of people with devastating cardiovascular and neuromuscular diseases of impaired muscle function.

Cytokinetics

Heart Failure: Growing Prevalence and Low Survival Rates

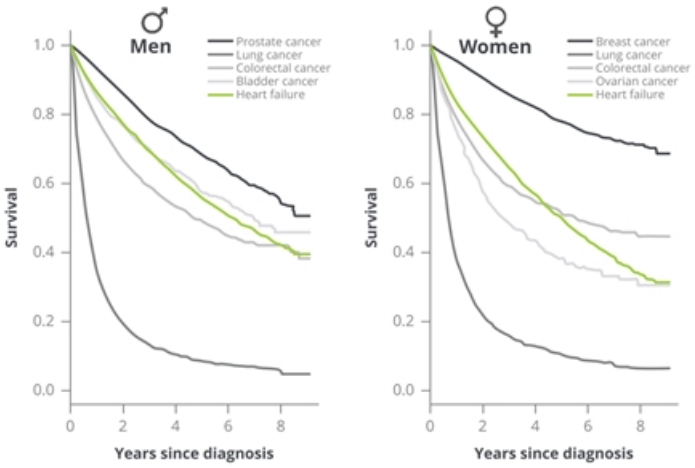
6 million people have heart failure in the United States

Prevalence Expected to Increase by 46% from 2012 – 2030



Mozzafarian, et al. *Circulation* 2016; 133: e38-360

HF Survival Rates Worse than Some Prevalent Cancers

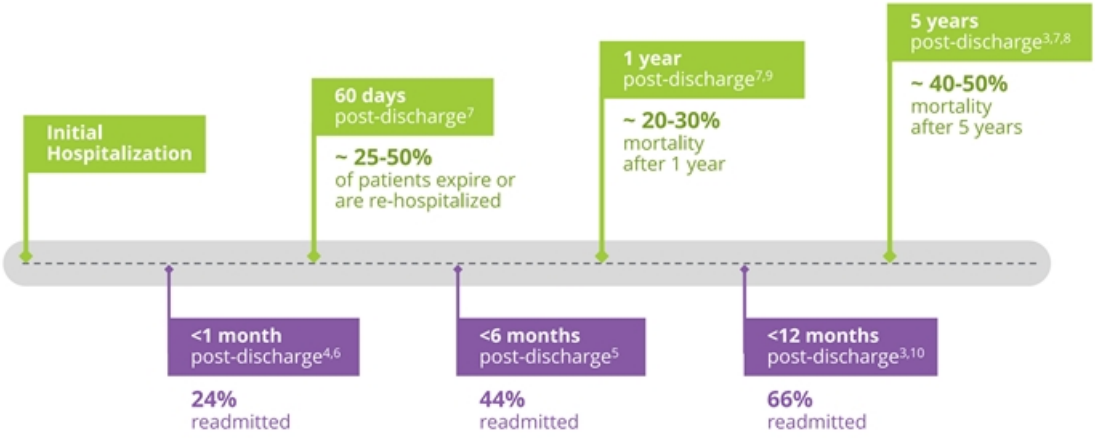


Mamas et al. *Eur J Heart Fail*. 2017 Sep;19(9):1095-104

High Mortality and Hospital Readmission Rates

Acute heart failure is the most frequent cause of hospitalization in people > 65[1,2]

1 of 2 hospitalized HF patients are readmitted within 6 months[5]



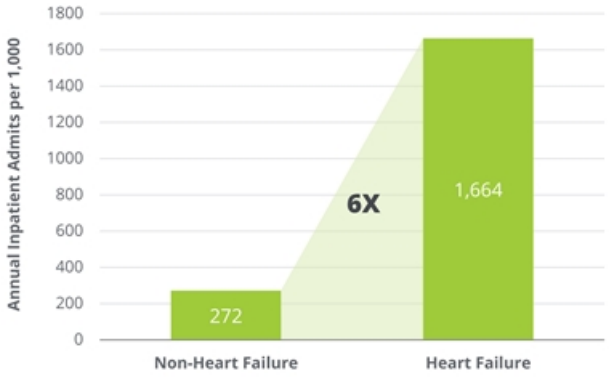
1, Adams et al. *Am Heart J* 2006; 149:209-16
2. Chen et al. *JAMA* 2011;306:1669-78
3. Dickstein et al. *Eur Heart J* 2008;29:2388-442
4. Korda,, et al. *BMC Health Serv Res*. 2017;21;17(1):220.
5. Krumholz et al. *Arch Intern Med* 1997;15799 – 105
6. Krumholz et al. *Circ Cardiovasc Qual Outcomes* 2009;2(5):407-13
7. Loehr et al. *Am J Cardiol* 2008;101:1016-22
8. Roger et al. *Circulation* 2012;125:32-220
9. Shahar, et al. *J Card Fail* 2004; 10(5):374-9
10. Whellan et al. *Circulation* 2010 Jarc;3(1):33-40

High Economic Burden of Heart Failure

Heart failure costs ~$123 billion annually, representing 33% of total Medicare budget[1,2]

Heart failure is the most frequent diagnosis for hospitalized Medicare patients in the US[1,2]

Inpatient Admission Rates for HF Patients 6X Higher than Non-HF Patients[1]



1. Milliman Analysis of Medicare 5% Sample 2011-2012 (2012 index year, 2011 look back year)
2. Milliman Analysis of Medicare 5% Sample (2014 index year, 2013 look back year) and Office of the Actuary 2016 Board of Trustees Report. The costs only include Part A & B costs

Significant Unmet Need in HFrEF

Proprietary market research suggests need for novel therapy

Market research suggests need for novel therapy

Physicians say newly approved therapies have prolonged survival, decreased hospital visits, but still **see need for other therapies that reduce mortality**

Drugs that do not affect renal function

Most physicians recognize negative effect therapies such as aldosterone antagonists have **on renal function**

Drugs that do not affect BP

BP often limiting factor for up titration and therapy initiation

Need efficacious drugs **that do not result in hypotension**

Drugs that enhance cardiac performance

Need drugs that target **novel/more specific molecular targets**

Need targets other than the neurohormonal pathway;

Disease modifying therapies

Need drugs that safely enhance contractility

Increased EF most frequently mentioned desired measure

Drugs that increase QoL

Patient management will improve **with drugs that increase QoL**

Patient QoL decreases as they lose the ability to perform daily tasks

Significant Unmet Need in HCM

Current therapies do not target underlying disease

HCM is an inherited cardiovascular disease

1 in 500 have genetic mutation

1 in 3200 have HCM

Subset of patients have progressive symptoms, atrial fibrillation, stroke, sudden death

Surgical intervention not permanent solution

Invasive therapy to reduce septal thickness is effective

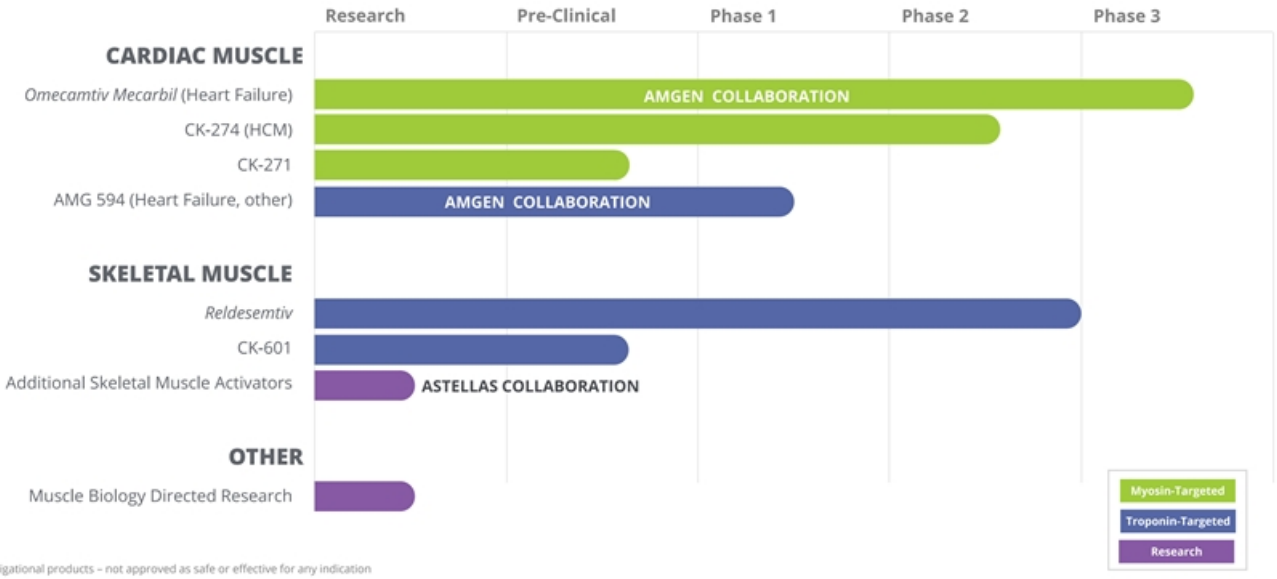
Surgical myectomy or percutaneous ablation

Current medical therapy does not target underlying disease

Indirect mechanisms of action with systemic side effects

Variable efficacy, often inadequate

Pipeline of Novel Muscle-Directed Drug Candidates



Investigational products – not approved as safe or effective for any indication

Sarcomere Directed Drug Development

CARDIAC MUSCLE

Omecamtiv Mecarbil

AMG 594

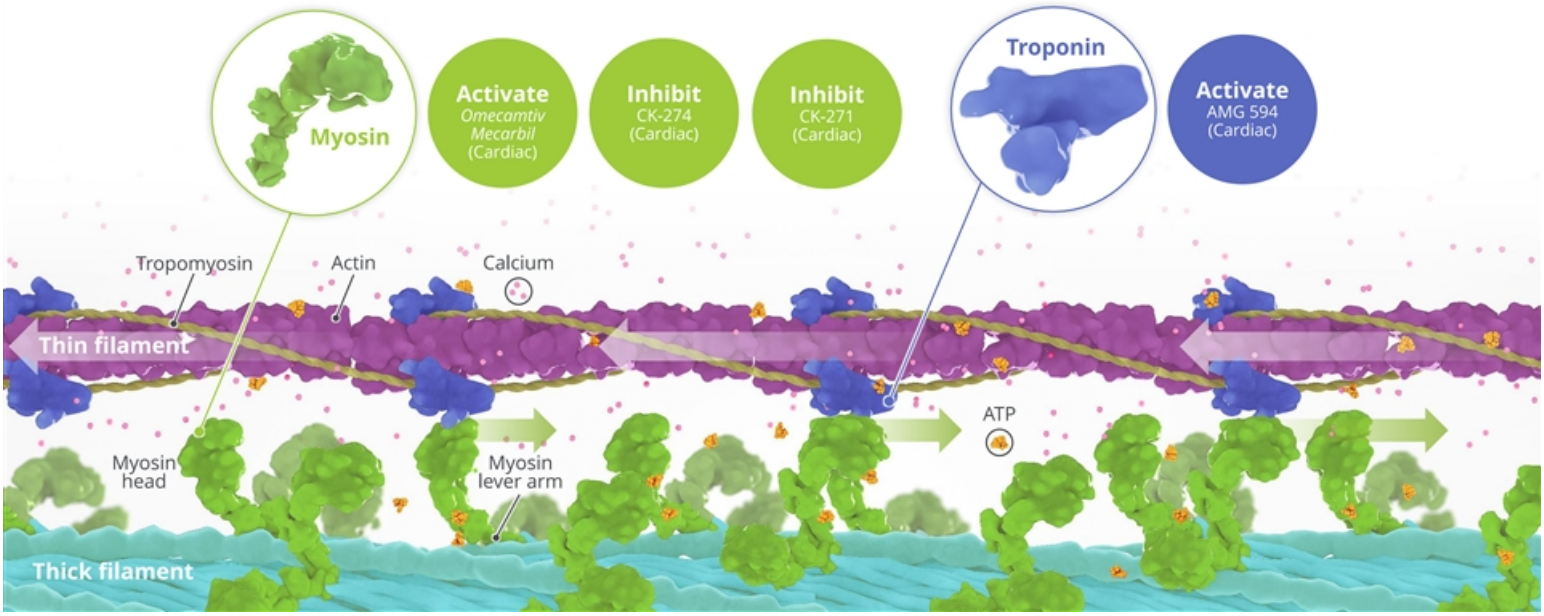
CK-274, CK-271

Cytokinetics

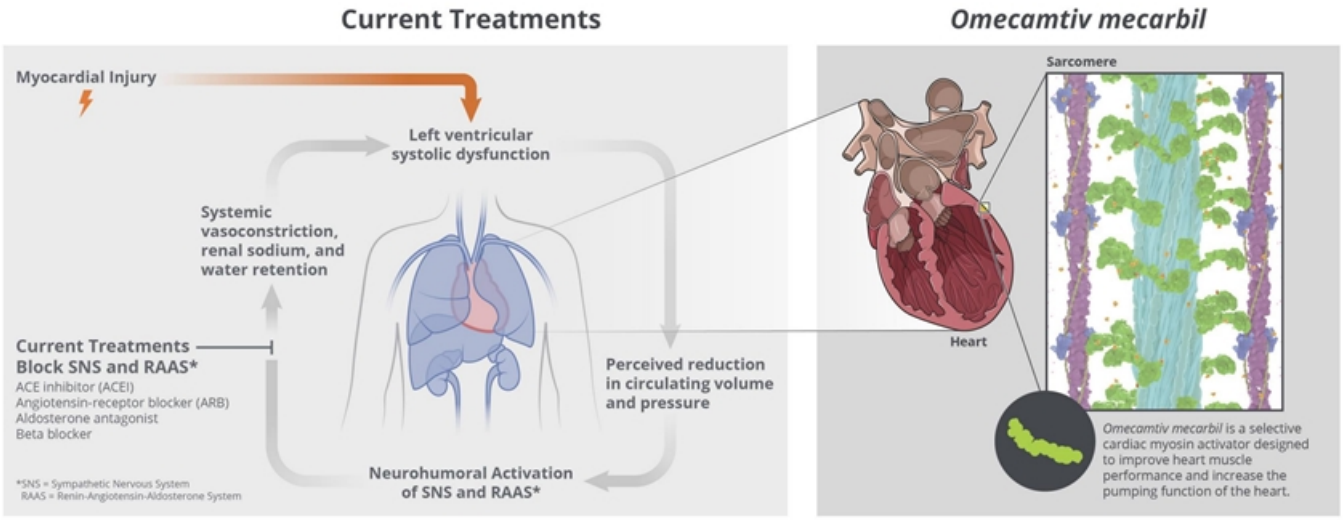
Sarcomere Directed Drug Development

Cardiac muscle

The sarcomere is a molecular structure found in skeletal and cardiac muscle that enables cardiac myocytes to contract and generate force



Omecamtiv Mecarbil: Novel Mechanism Approach



Omecamtiv Mecarbil: Robust Clinical Trials Program

Over 10,000 patient-years of exposure to *omecamtiv mecarbil*

11

Phase 1 Studies

7

Phase 2 Studies

324

Subjects Enrolled

Well characterized safety, tolerability and PK/PD data

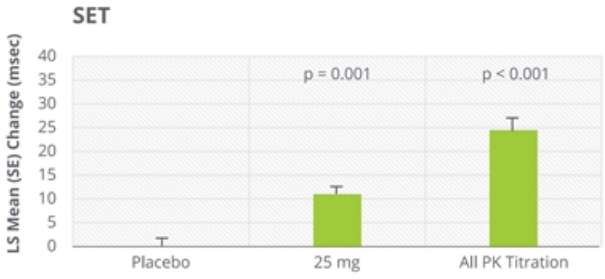
1,414

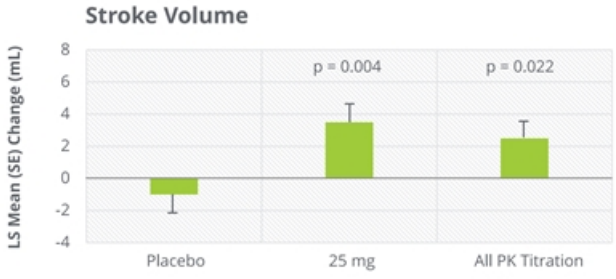
Subjects Enrolled

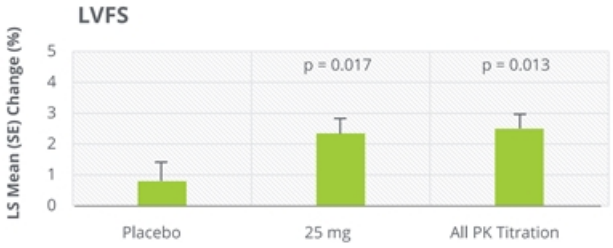
COSMIC-HF showed statistically significant improvements in measures of cardiac function

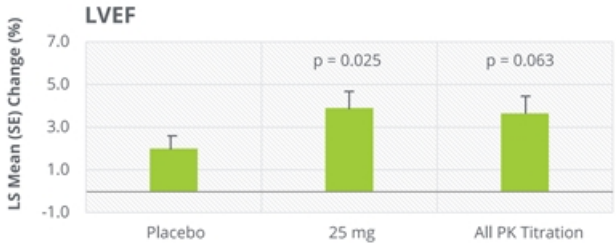
Dose-Dependent Increases in Cardiac Performance

Pharmacodynamic results from COSMIC-HF





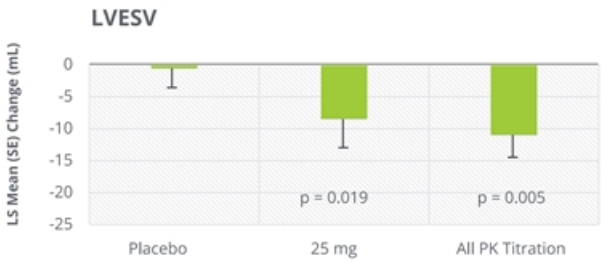


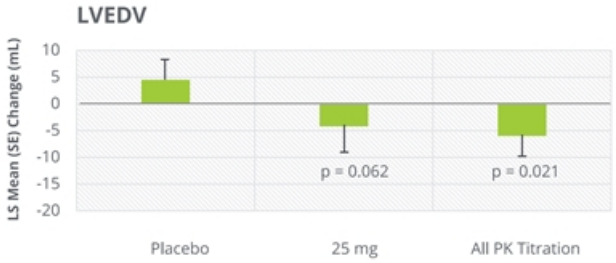


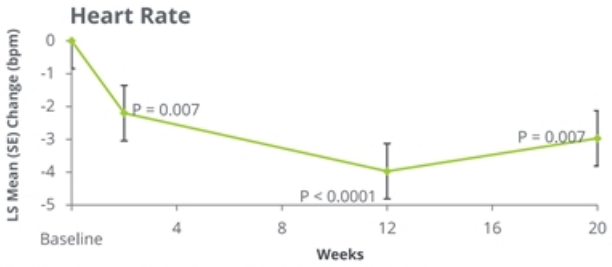
LVEF, left ventricular ejection fraction; LVFS, left ventricular fractional shortening;
SE, standard error; SET, systolic ejection time ; all p values are nominal without multiplicity adjustment.

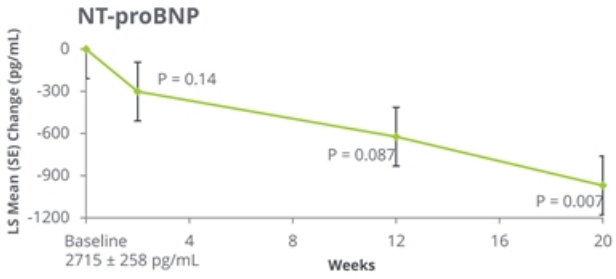
Decreases in Physiology & Cardiac Risk

Reductions in heart volume, oxygen demand & wall stress in COSMIC-HF





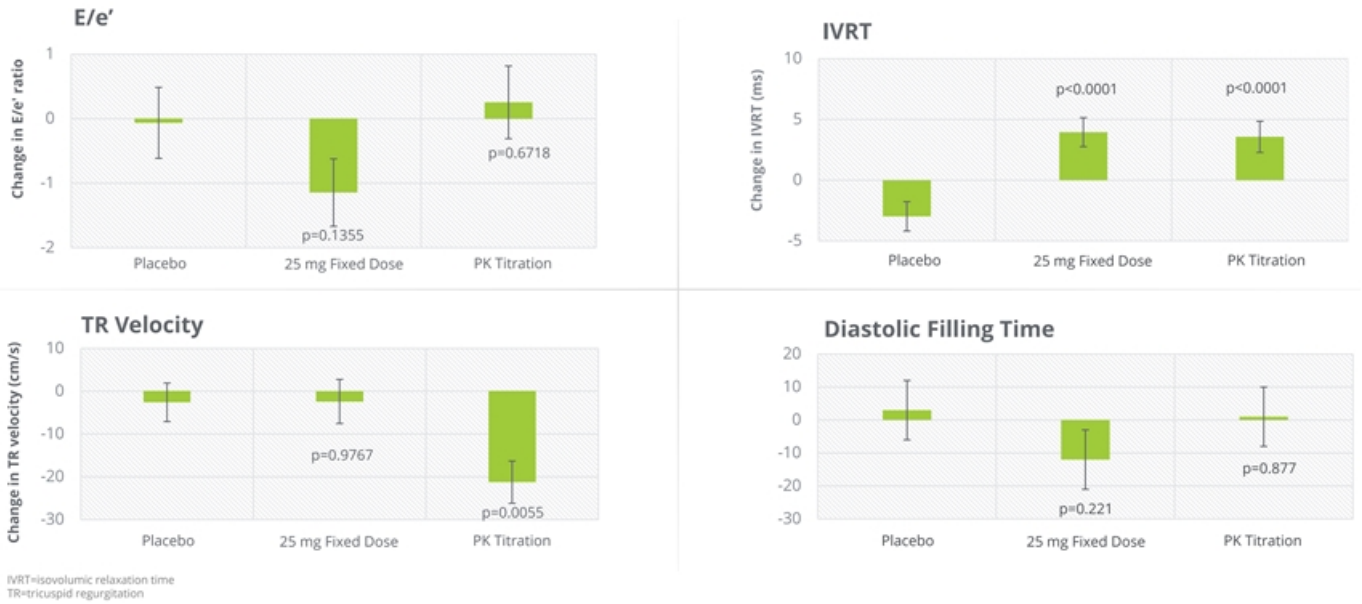




LVESV left ventricular end systolic volume; LVEDV left ventricular end diastolic volume
All p values are nominal without multiplicity adjustment

Neutral or Improved Measures of Diastolic Function

Improved systolic function with no negative impact on diastolic function



IVRT=isovolumic relaxation time
TR=tricuspid regurgitation

Prognostic Implications: NT-proBNP and Remodeling

Studies demonstrate correlation with cardiovascular outcomes

Patients in PARADIGM-HF who had significant reductions in NT-proBNP had lower rates of CV death or heart failure hospitalization[1]

Meta-analysis of drug/device therapies demonstrated association between LV remodeling and longer-term effects on mortality in patients with LVD[2]

1. Zile et al. JACC. 2016; 68(22): 2425-2436
2. Kramer et al. JACC 2010;56(5):392-406

Pivotal Phase 3 Trial Completed Enrollment

GALACTIC-HF continuing following first planned interim analysis

GALACTIC-HF

Second interim analyses expected in Q1 2020

Overview
Enrolled over 8,200 patients at ~1,000 sites in 35 countries
Primary Endpoint
Composite of time to CV death or first HF event*, whichever occurs first
Secondary Endpoints
• Time to CV death • Change in Kansas City Cardiomyopathy Questionnaire Total Symptoms Score (KCCQ TSS) from baseline to Week 24 • Time to first HF hospitalization • Time to all-cause death

Key Design Points

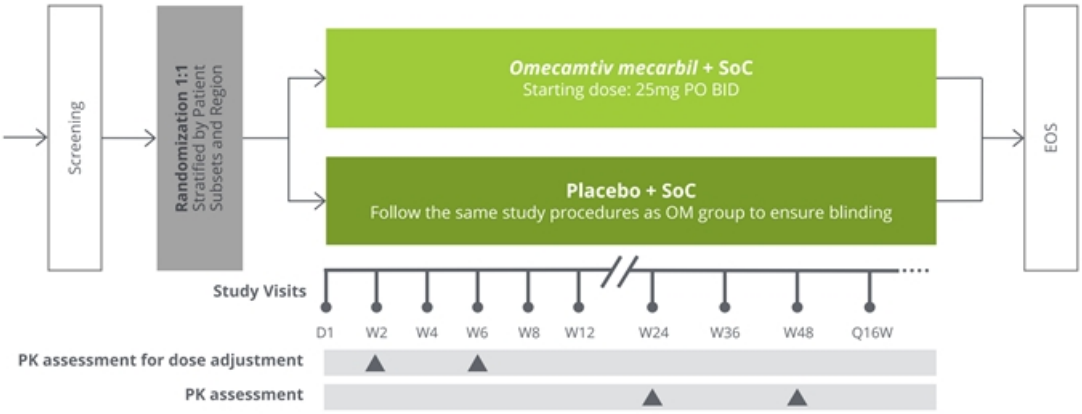
- Dose optimization based on trough concentration of *omecamtiv mecarbil* at 2 weeks and 6 weeks
  - Starting Dose = 25 mg BID
  - Escalation (or not) at Week 4 to 37.5 mg or 50 mg BID based on plasma concentration of *omecamtiv mecarbil* at Week 2
  - Recheck at Week 6, adjust dose downward if necessary
- Enroll patients from time of hospitalization to within 1 year of discharge
  - In-hospital enrollment target is approximately 25% of total enrollment
  - Stratify on randomization setting
- Event driven with 90% power based on secondary endpoint of CV death

*An HF event defined as the presentation of the subject for an urgent, unscheduled clinic/office/ED visit, or hospital admission, with a primary diagnosis of HF, where the patient exhibits new or worsening symptoms of HF on presentation, has objective evidence of new or worsening HF, and receives initiation or intensification of treatment specifically for HF (Hicks et al, 2015). Changes to oral diuretic therapy do not qualify as initiation or intensification of treatment.

Clinical Trial Overview

GALACTIC-HF

Chronic HFrEF patients currently hospitalized for a primary reason of HF or with history of hospitalization or ER/ED admission for a primary reason of HF within 1 year



Second Phase 3 Clinical Trial Underway

Investigating effect of *omecamtiv mecarbil* on exercise tolerance

METEORIC-HF

Trial will enroll patients in 9 countries in North America and Europe

Overview
Change in peak VO2 on CPET from baseline to Week 20
Primary Endpoint
• Change in total workload during CPET from baseline to Week 20 • Change in ventilatory efficiency (VE/VCO2 slope) during CPET from baseline to Week 20 • Change in average daily activity units measured over 2 weeks from baseline to Week 18-20
Explanatory Endpoints
• Change from baseline to Week 20 in oxygen uptake efficiency slope (VO2/logVE slope), ventilatory threshold (by the V-slope method), VO2 recovery kinetics, percent predicted pVO2, and exercise duration • Change from baseline in average daily activity units at Week 6-8 and Week 12-14 • Change from baseline in KCCQ Total Symptom Score and sub-domains from baseline to Week 20

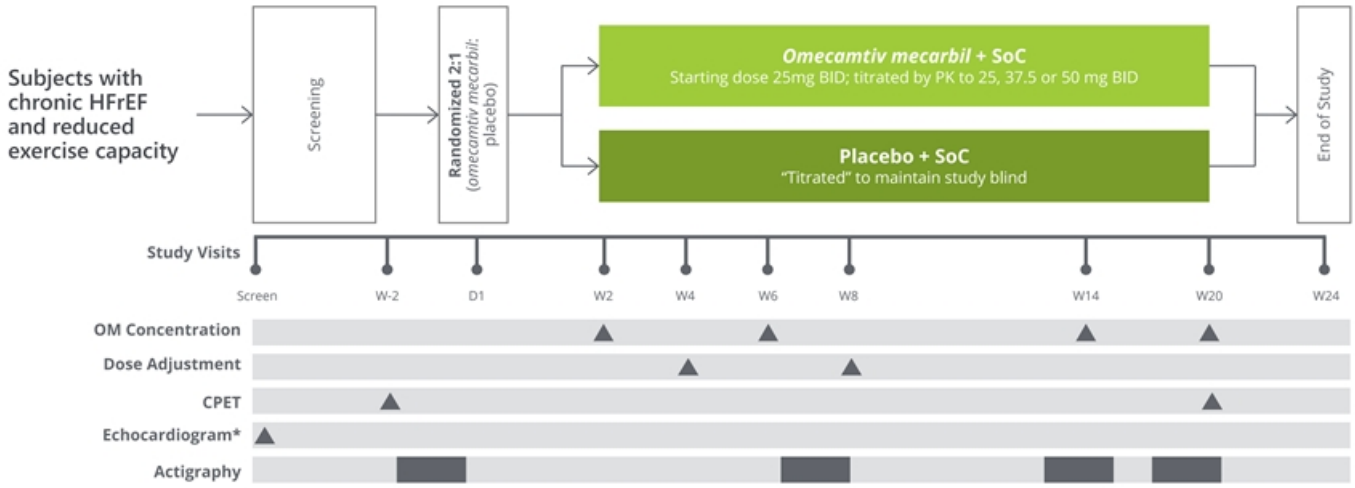
Key Design Points

- Designed to enroll approximately 270 patients
- 20 weeks of treatment
- 90% power
- Patients must:
  - Have LVEF ≤35 percent
  - Be New York Heart Association (NYHA) heart failure class II or III
  - Have reduced exercise capacity compared to age matched controls
- Patients randomized 2:1 to *omecamtiv mecarbil*
- Starting dose at 25 mg twice daily, titrated to 25, 37.5 or 50 mg twice daily based on the same PK-guided dosing regimen used in GALACTIC-HF

VO2 = Oxygen Uptake; CPET = Cardio-Pulmonary Exercise Testing; VE = Ventilatory Efficiency

Clinical Trial Overview

METEORIC-HF



*Screening echocardiogram is not required if an appropriate LVEF assessment has been performed within one year

Commercial Opportunity for New Heart Failure Therapy

Projected to reach between $1.5-2B in sales in 2019; Analysts expect $3-5B in peak annual sales

Entresto® Global Product Sales (M)

*As with all products in Phase 3, the product profile achieved by *omecamtiv mecarbil* in GALACTIC-HF is required to provide a better understanding of the expected revenue.
Source: Novartis public quarterly results presentations

Commercial Readiness for *Omecamtiv Mecarbil*

Multiple workstreams in progress to prepare for successful commercial launch

Educate heart failure market	Assess impact for value proposition	Determine areas of differentiation for HCPs	Cultivate advocacy for heart failure patients

Collaborations & Agreements

Amgen Collaboration

Purchase Option: 2006
Exercise Option Ex-Japan: 2009
Expanded to Include Japan/Purchase Equity: 2013
Received >$220M over 13 Years

Amgen responsible for development and commercialization subject to Cytokinetics' participation rights*

Cytokinetics could earn over $600 mm in milestone payments

Commercialization:

- Cytokinetics may receive escalating double-digit royalties
- Cytokinetics to co-fund Phase 3 development program
- Co-fund enables co-promote NA
- Cytokinetics reimbursed for certain sales force activities

Royalty Monetization

Royalty Pharma paid $100M for 4.5% royalty on worldwide sales of *omecamtiv mecarbil*: 2017

Cytokinetics gains right to co-promote *omecamtiv mecarbil*, if approved, in institutional care settings in North America, with reimbursement from Amgen for certain sales force activities

Joint commercial operating team responsible for commercialization program

- Royalty rate may increase up to additional 1% associated with timing of US approval
- Cytokinetics agreed to exercise option to co-invest $40M in Ph 3 development program in exchange for up to incremental 4% royalty on increasing worldwide sales outside of Japan
- Cytokinetics retains right to receive >$600M in additional potential milestone payments and escalating double-digit royalties that may exceed 20% on tiered worldwide sales outside Japan; lower royalty rate in Japan

*Servier has a sub-license from Amgen to commercialize *omecamtiv mecarbil* in Europe and certain other countries.

AMG 594: Cardiac Troponin Activator

Advancing through Phase 1: Potential for HFrEF and other indications

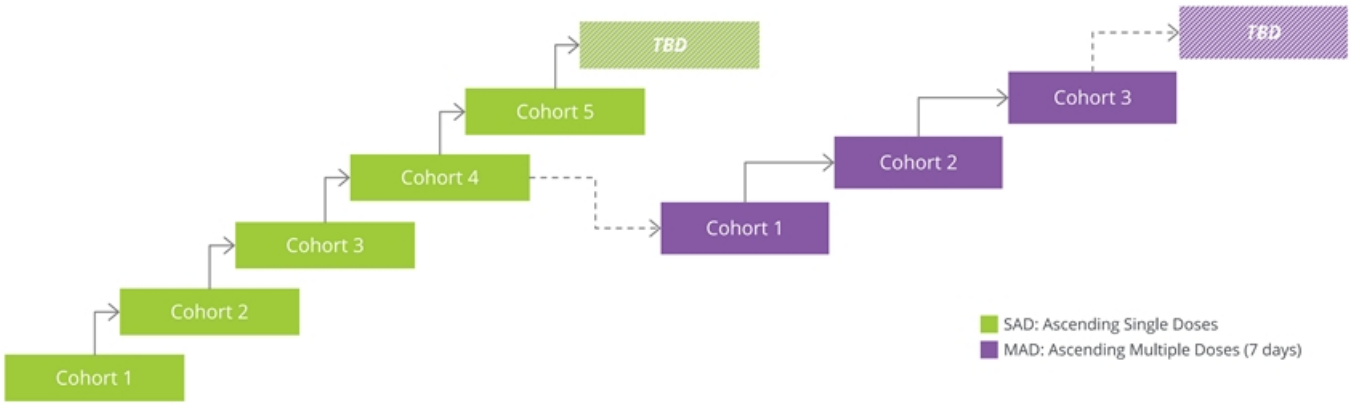
- Intended to improve ventricular systolic function in patients with heart failure
- Preclinical results support the potential for best-in-class safety and efficacy
- Projected once daily dosing

AMG 594: Nested SAD and MAD in Healthy Subjects

Randomized, placebo-controlled, double-blind, multi-part, single center study

- Part 1: 5 ascending single oral doses (SAD)
- Part 2: 3 ascending multiple oral doses (MAD)
- ~64 healthy subjects overall

Objectives	Endpoints
Safety and tolerability	AEs, laboratories, cardiac markers, ECGs
Pharmacokinetics	C_{max}, T_{max}, AUC
Pharmacodynamics	LVEF, LVFS, LVOT-VTI, SET



CK-274: Next-In-Class Cardiac Myosin Inhibitor

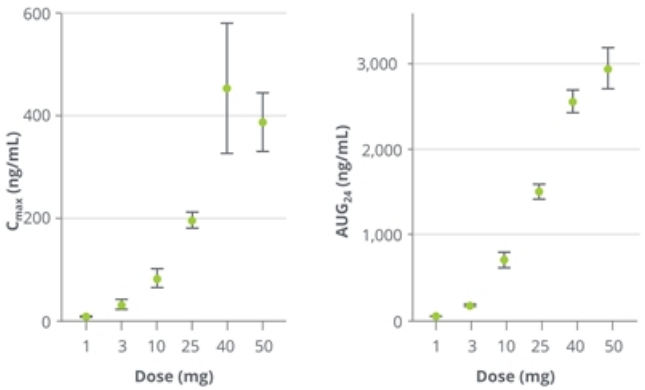
Potential treatments for patients with HCM

- Discovered by company scientists independent of collaborations
- Selective allosteric inhibitor of cardiac myosin
- Potential *in vivo* pharmacodynamic advantages related to distinctive binding site
- No inhibition of smooth muscle myosin observed
- Clear pharmacokinetic/pharmacodynamic (PK/PD) relationship observed
- Projected once daily dosing to reach steady state rapidly in patients
- Shallow dose response curve translated to favorable therapeutic window in healthy volunteers

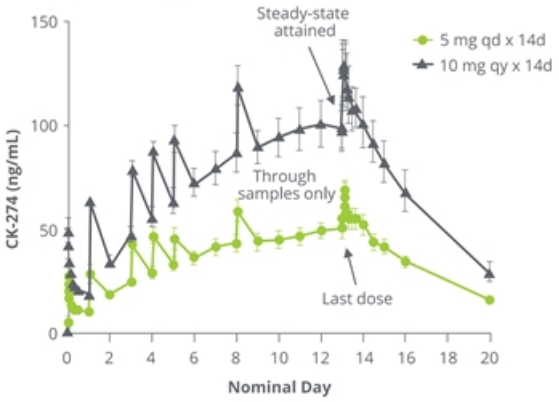
SAD & MAD Results Support Progression to Phase 2

CK-274 was well tolerated in healthy participants: no SAEs*

SAD Pharmacokinetics Appeared Generally Dose Proportional



Steady-State Appeared Evident After 14 Days of Dosing



*No SAEs and no clinically meaningful changes in vital signs, ECGs, or laboratory tests
Data points represent mean ± standard error of the mean
Cmax = maximum drug plasma concentration; AUC = area under the plasma concentration curve; SAD = single ascending dose; d = day; qd = once daily

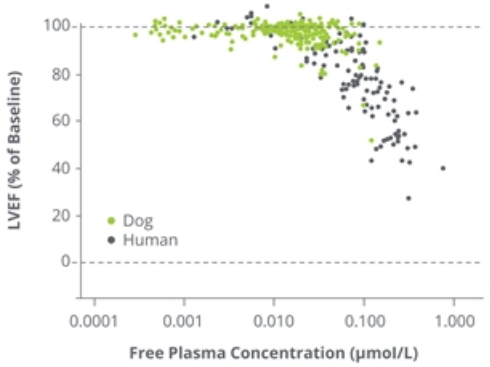
CY 6011: MAD Pharmacokinetic Parameters

Half-Life of CK-274 at Steady-State was ~81 hours (3.4 days) On Average

PK Parameter, Geometric Mean (%CV)*			
Dose (n)	5 mg (6)	7.5 mg (6)	10 mg (6)
C_{max} (ng/mL)	69 (23.2%)	148 (39.5%	141 (19.7%)
t_{max} (h)	2.75 (1.5–4)	1.0 (0.5–5)	2.5 (0.5–3)
AUG_{24} (ng•h/mL)	1,321 (23.0%)	2,518 (25.8%)	2,631 (22.8%)
$t_{1/2}$ (h)	86.3 (11.9)	76.9 (14.5)	79.7 (14.1)
AR	4.71	4.5	4.79

Shallow Exposure-Response Relationship Observed Preclinically Appears to Have Translated to Humans, May Enable Flexible Dose Optimization in Humans

PK/PD Relationship of CK-274 for Ejection Fraction (LVEF)



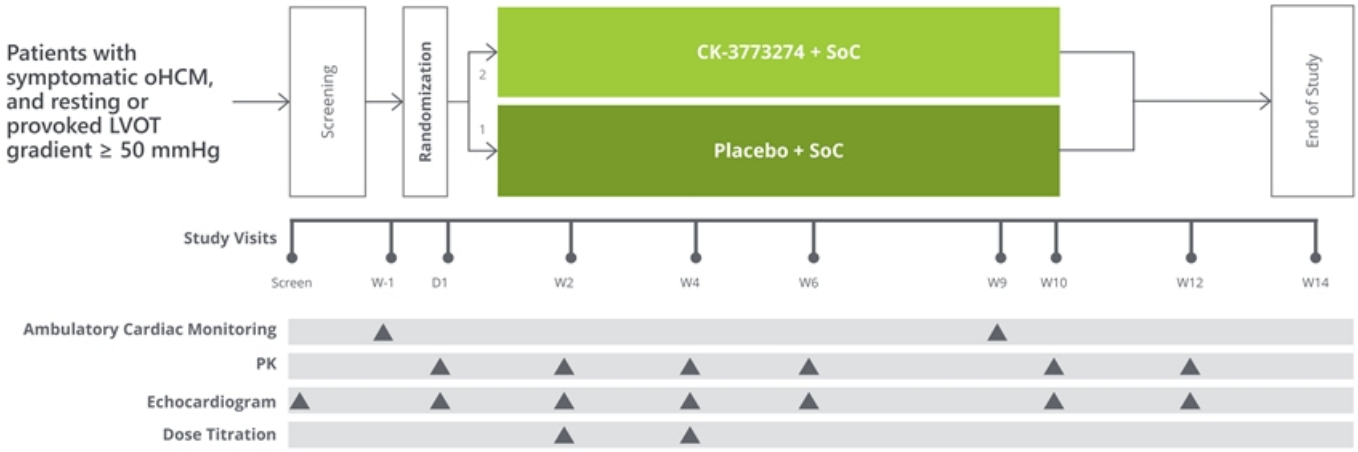
Graphs show LVEF as a function of exposure; data points represent observed values in dogs and humans.

Decrease in LVEF as function of exposure is similar in humans and dogs.

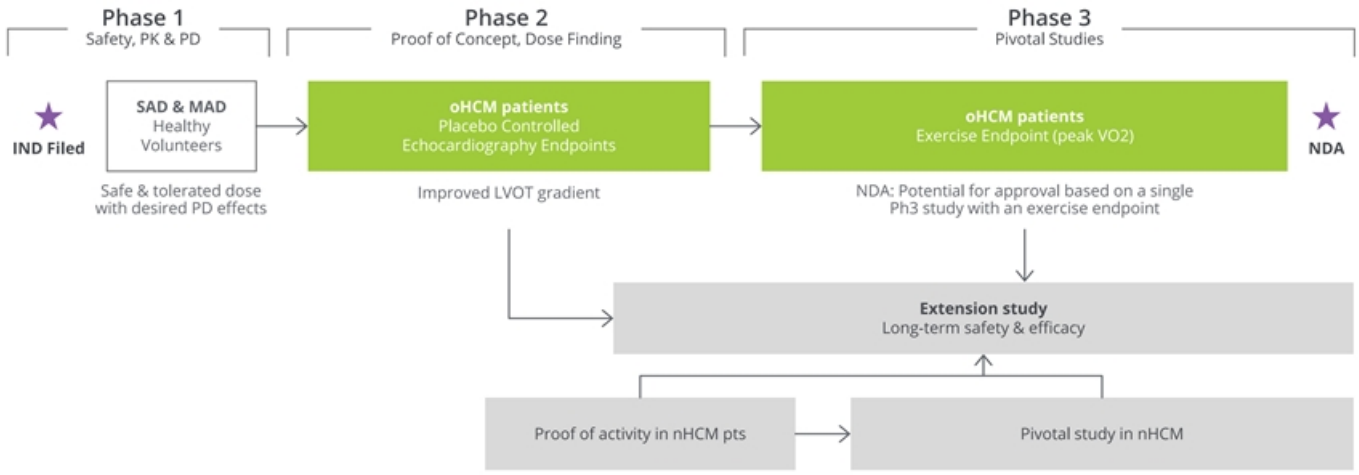
*Except data for tmax shown as median (minimum-maximum), and t½ shown as the arithmetic mean (standard deviation).
AR (accumulation ratio) calculated as (AUC24 on Day 14 or 17)/(AUC24 on Day 1).
%CV = percent coefficient of variation; Cmax = maximum plasma concentration; AUC24 = area under the plasma concentration curve;
MAD = multiple ascending dose; t½ = apparent plasma terminal elimination half-life; tmax = time to maximum observed plasma concentration.

Phase 2 Clinical Trial Design

Phase 2 clinical trial open to enrollment



CK-274: Clinical Development Plan for HCM



Sarcomere Directed Drug Development

SKELETAL MUSCLE

Reldesemtiv

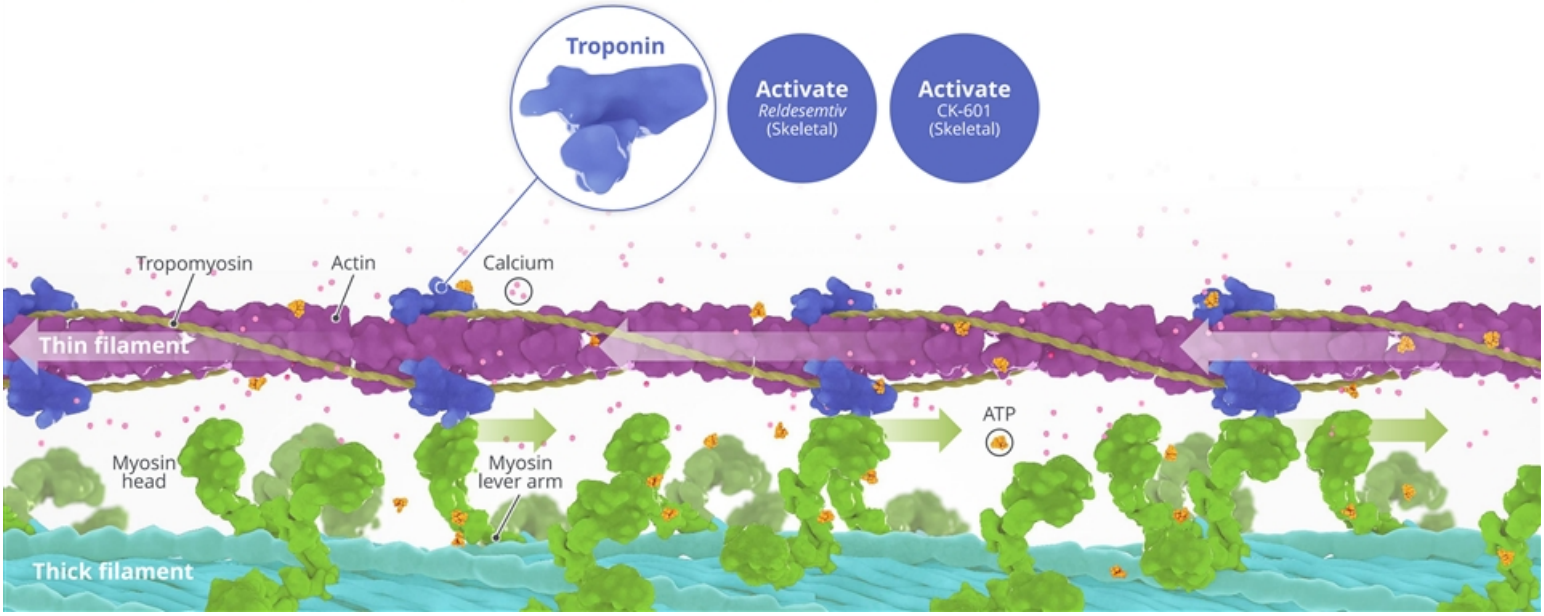
CK-601

Cytokinetics

Sarcomere Directed Drug Development

Skeletal muscle

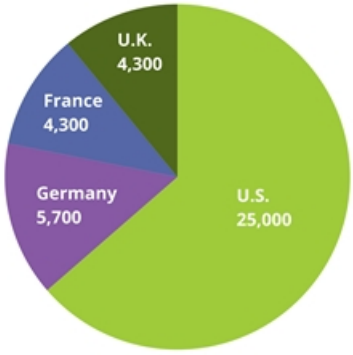
The sarcomere is a molecular structure found in skeletal and cardiac muscle that enables cardiac myocytes to contract and generate force



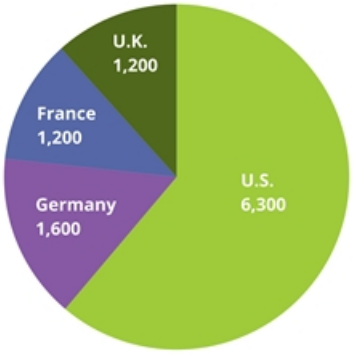
Significant Unmet Need in ALS

No approved muscle directed therapies

Prevalence*



Incidence*



- Average 3-5 year mortality
- Current therapies provide modest benefit
- Initial symptoms include: limb weakness, slurred speech, swallowing issues
- Average age at diagnosis is 55-65
- Death most commonly due to respiratory failure

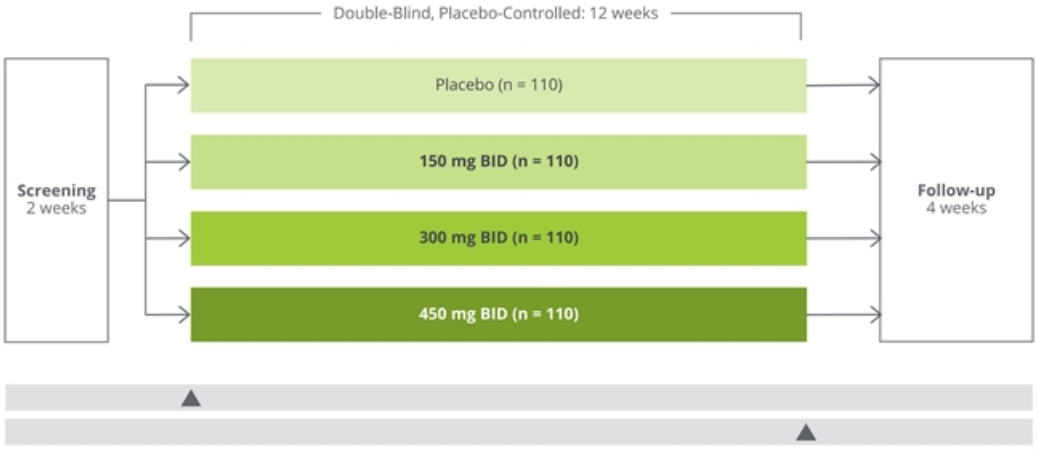
*Cytokinetics estimates based on proprietary market research
Source: NIH National Institute of Neurological Disorders and Stroke, ALS Fact Sheet

Phase 2 Clinical Trial in ALS

FORTITUDE ALS

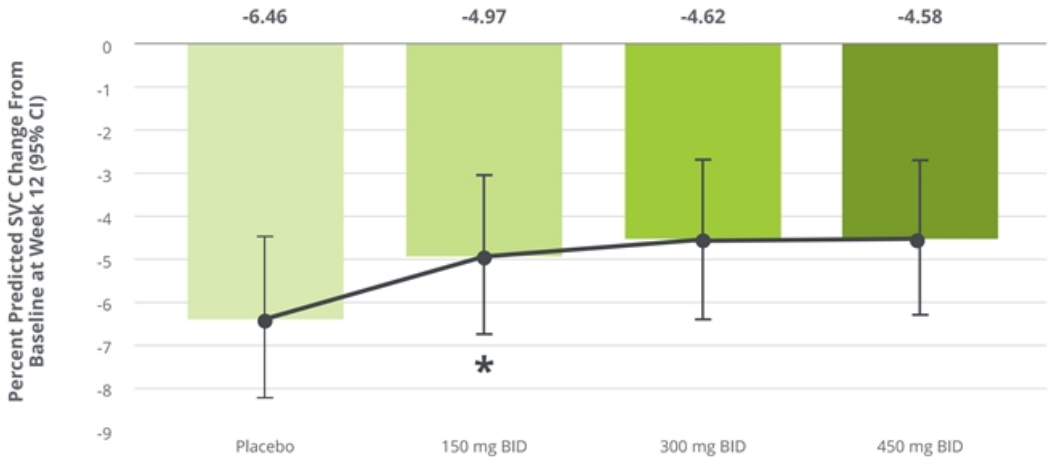
Results presented at American Academy of Neurology 2019

Parallel group, dose ranging study enrolled 458 patients with ALS in the US and Canada, evaluating change from baseline in the percent predicted slow vital capacity (SVC) at 12 weeks of treatment with *reldesemtiv* or placebo



Primary Endpoint: SVC

Change from baseline in percent predicted SVC at week 12



Primary Analysis*
P = 0.11
for weighted
dose-response
relationship

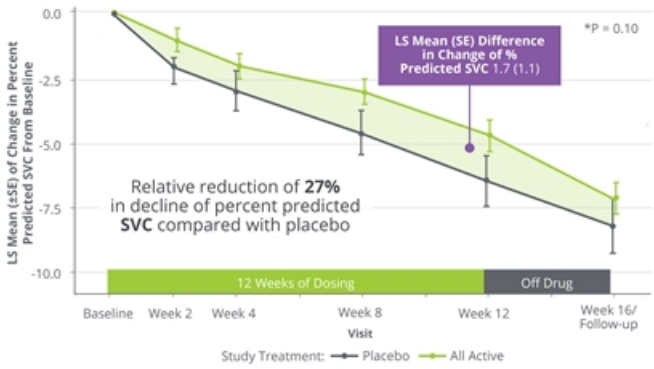
*Based on Mixed Model for Repeated Measures (MMRM) with the contrasts of (-5, -1, 3, 3) for placebo, *reldesemtiv* 150 mg, 300 mg and 450 mg BID, respectively

Change From Baseline: All Active vs Placebo*

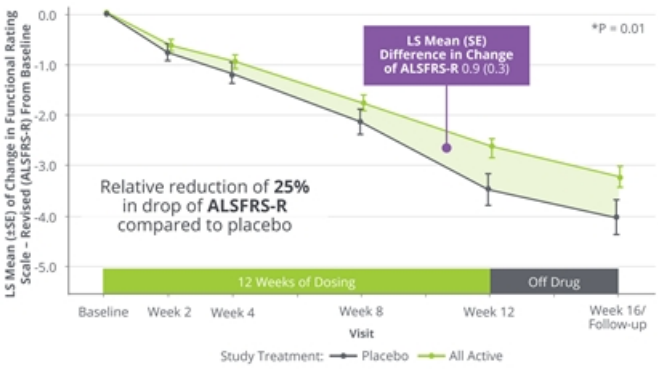
FORTITUDE ALS

Results support progression to potential Phase 3 clinical trial

SVC Change From Baseline
(All Active vs Placebo)



ALSFRS-R Change From Baseline
(All Active vs Placebo)



*post hoc analysis
FORTITUDE-ALS did not achieve statistical significance, but patients on all dose groups of *reldesemtiv* declined less than patients on placebo

Subgroup Analyses*

FORTITUDE ALS

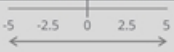
Percent Predicted SVC

	No. of Patients (pbo/*reldesemtiv*)	Estimate	*P*value
Percent predicted SVC at baseline			
<80	38/102	1.037	0.5935
≥80	52/187	2.135	0.0834
ALSFRS-R total score at baseline			
<Median (38.0)	43/118	2.886	0.1.41
≥Median (38.0)	47/171	0.451	0.7146
ALSAQ-5 total score at baseline			
<150	49/159	0.568	0.6689
≥150	41/130	3.489	0.0287
Anatomic site of disease onset			
Limb	73/234	2.309	0.0448
Bulbar	17/55	-0.027	0.9923
Time since ALS symptom onset			
<2 Years	50/188	0.530	0.7211
≥2 Years	40/101	3.640	0.0094
Time since ALS diagnosis			
<1 Year	65/210	0.819	0.5263
≥1 Year	25/79	4.237	0.0172
<6 Months	39/130	1.230	0.4538
≥6 Months	51/159	2.285	0.1024
Pre-study rate of disease progression			
(ALSFRS-R total score reduction per month)			
1st tertile ≤(0.3667)	29/107	0.663	0.6361
2nd tertile > (0.3667) – (0.6673)	35/94	2.960	0.0976
3rd tertile (0.6673)	26/88	1.620	0.4597

Favors Placebo Favors Treatment

ALSFRS-R Total Score

	No. of Patients (pbo/*reldesemtiv*)	Estimate	*P*value
Percent predicted SVC at baseline			
<80	43/109	1.588	0.0089
≥80	57/196	0.264	0.5296
ALSFRS-R total score at baseline			
<Median (38.0)	48/129	1.107	0.0585
≥Median (38.0)	52/176	0.685	0.0987
ALSAQ-5 total score at baseline			
<150	52/164	0.266	0.5025
≥150	48/141	1.598	0.0055
Anatomic site of disease onset			
Limb	80/245	0.872	0.0279
Bulbar	20/60	0.861	0.2194
Time since ALS symptom onset			
<2 Years	56/199	1.422	0.0025
≥2 Years	44/106	0.475	0.3439
Time since ALS diagnosis			
<1 Year	71/225	1.123	0.0101
≥1 Year	29/80	0.359	0.5350
<6 Months	42/137	1.359	0.0154
≥6 Months	58/168	0.566	0.1820
Pre-study rate of disease progression			
(ALSFRS-R total score reduction per month)			
1st tertile ≤(0.3667)	32/110	0.389	0.4298
2nd tertile > (0.3667) – (0.6673)	38/99	0.987	0.0665
3rd tertile (0.6673)	30/96	1.733	0.0177



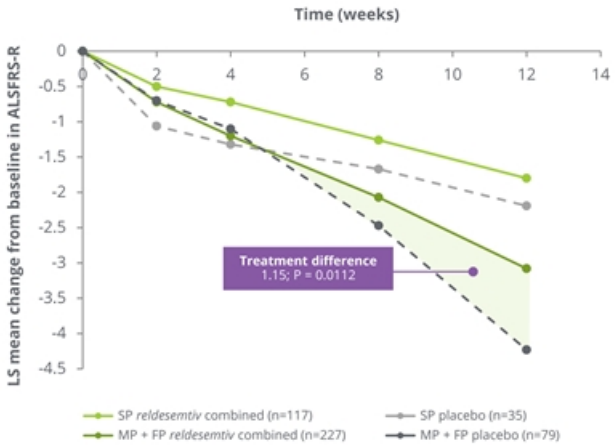
Favors Placebo Favors Treatment

*FORTITUDE-ALS did not achieve statistical significance, but patients on all dose groups of *reldesemtiv* declined less than patients on placebo

Post-Hoc Analyses Inform Potential Path Forward

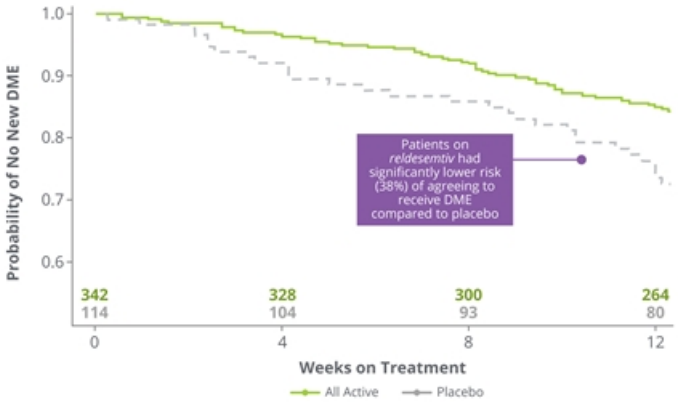
FORTITUDE ALS

Change From Baseline in ALSFRS-R by Progressor Tertiles



Probability of No New DME* Over Time With Treatment With *Reldesemtiv*

DME (Durable Medical Equipment): Manual wheelchair, power wheelchair, NIV, Augmentative Language Device, PEG



Sarcomere Directed Therapies

CORPORATE PROFILE

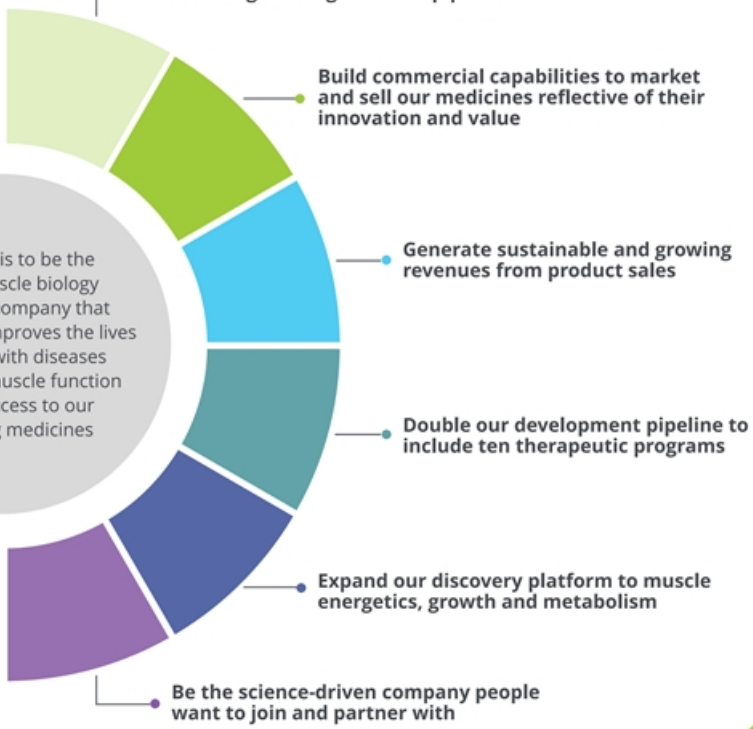
Cytokinetics

VISION 2025

Leading with Science, **Delivering for Patients**

As always, we will support disease advocacy groups elevating the patient voice and live by our values of integrity, fairness and compassion in all that we do.

Our vision is to be the leading muscle biology biopharma company that meaningfully improves the lives of patients with diseases of impaired muscle function through access to our pioneering medicines



Cytokinetics Financing History

in millions

		Financing	Equity	Upfront Cash, Option, & Milestones	R&D Reimbursement	Total
Investors	Private Investors (VCs)		$116			$116
	IPO		$94			$94
	Public Post-IPO/Other		$420			$420
	Term Loan	$45				$45
	Convertible Debt (net)*	$120.5				$120.5
		$165.5	**$630**			**$795.5**
Strategic Partners & Grants	Astellas		$10	$130	$92	$232
	Amgen		$43	$145	$40	$228
	Royalty Pharma		$10	$90	–	$100
	GSK		$24	$22	$33	$79
	AstraZeneca		–	–	$2	$2
	MyoKardia		–	–	$2	$2
	Global Blood		–	–	$2	$2
	Grants (ALS Assoc/NINDS/other)		–	$6	–	$6
			$87	**$393**	**$171**	**$651**

**Net of fees and expenses*

Capital raised: combination of strategic partners and investors

Balance Sheet & Financial Guidance

Ended 2019 with 2-3 years of cash based on 2019 guidance*

Q3 2019 Condensed Balance Sheet

As of 9/30/19

in millions

	Total
Cash and investments	$166.0
Other assets	$21.4
Total Assets	**$187.4**
Debt	$44.8
Liability related to sale of future royalties	$137.7
Other liabilities	$24.8
Total Liabilities	**$207.3**
Working capital	$155.0
Accumulated deficit	-$834.4
Stockholders' Equity (Deficit)	-$19.9
Basic Shares Outstanding	**58.6**

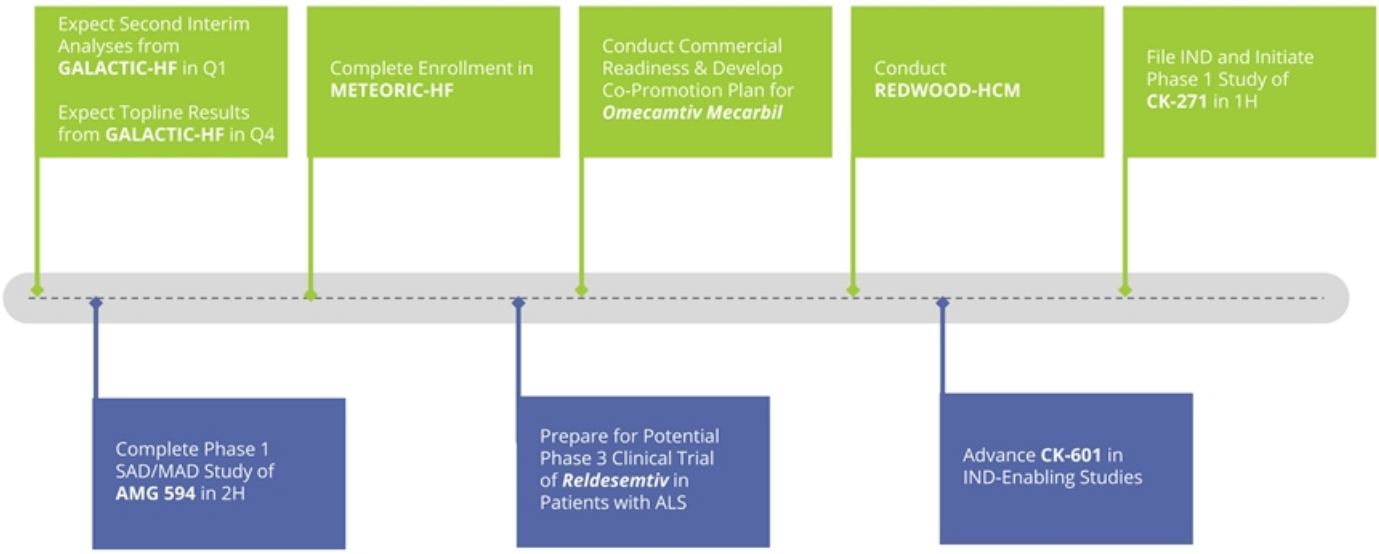
2019 Financial Guidance

in millions

	Total
Cash Revenue	$28 – 32
Cash Operating Expenses	$110 – 115
Net	**~ $90**

*Q3 balance sheet doesn't include $120M raised in convertible debt financing in Q4 2019

Upcoming 2020 Milestones



Cytokinetics

Sarcomere Directed Therapies

THANK YOU

John, *diagnosed with heart failure*

Jillian, *diagnosed with HCM*

Chuck, *diagnosed with ALS*