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 19, 2021

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 8.01 Other Events.

On July 19, 2021, Cytokinetics, Incorporated released its current corporate presentation, which is attached hereto as Exhibit 99.1 and is incorporated by reference in this Item 8.01.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate Presentation.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CYTOKINETICS, INCORPORATED

Date: July 19, 2021

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

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 related Cytokinetics' research and development and commercial readiness activities, including the initiation, conduct, design, enrollment, progress, continuation, completion, timing and results of clinical trials, projections regarding growing prevalence, low survival rates and market opportunity in heart failure, hypertrophic cardiomyopathy (HCM) or amyotrophic lateral sclerosis (ALS); projections regarding the size of the addressable patient population for *omecamtiv mecarbil*, CK-274 *or reldesemtiv*; Cytokinetics' commercial readiness for *omecamtiv mecarbil*; the likelihood of approval and timing for regulatory approval of *omecamtiv mecarbil* or any of our other drug candidates; the submission of a new drug application (NDA) to the FDA for *omecamtiv mecarbil* in 2021;the timing of commencement of COURAGE-ALS, a phase 3 clinical trial of *reldesemtiv* or the timing of commencement of a phase 3 clinical trial of CK-274; the timing of any potential commercial launch of our product candidates, if approved; commercial opportunities for our product candidates; Cytokinetics' cash runway; interactions with the FDA; the properties, potential benefits and commercial potential of CK-274, *omecamtiv mecarbil*, *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' ability to conduct clinical trials, and Cytokinetics may be unable to obtain or maintain patent or trade secret protection for its intellectual property; 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; and competitive products or alternative therapies may be developed by others for the treatment of indications Cytokinetics' drug candidates and potential drug candidates may target. These forward-looking statements speak only as of the date they are made, and Cytokinetics undertakes no obligation to subsequently update any such statement, except as required by law. For further information regarding these and other risks related to Cytokinetics' business, investors should consult Cytokinetics' filings with the Securities and Exchange Commission (the "SEC").

Sarcomere Directed Therapies

OUR MISSION

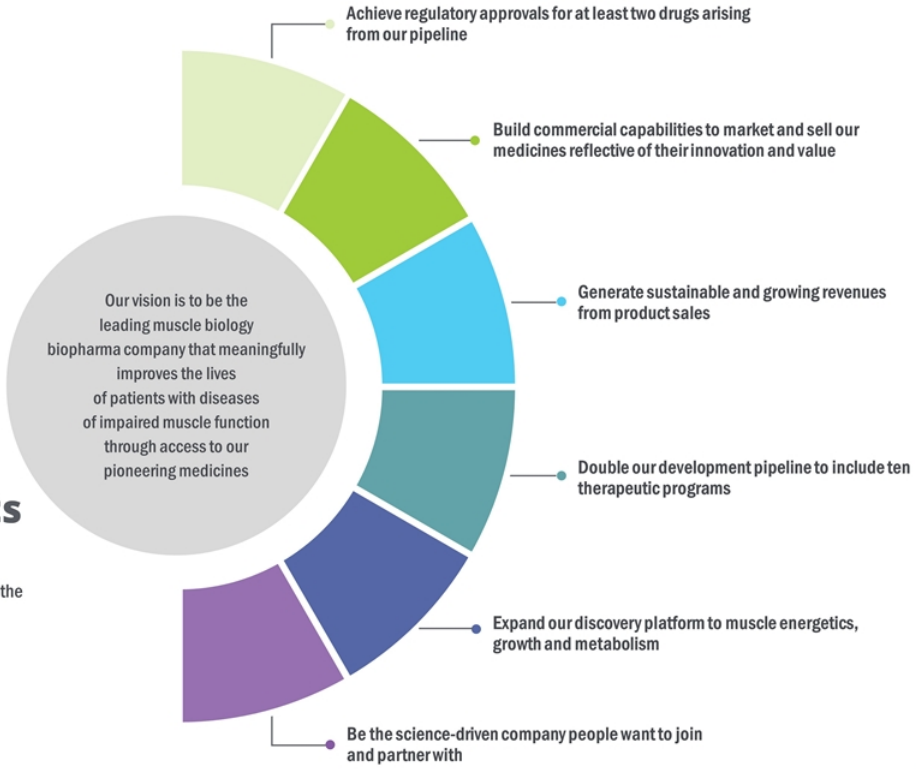
To bring forward new medicines to improve the healthspan of people with devastating cardiovascular and neuromuscular diseases of impaired muscle function.

Cytokinetics

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.



Executing On Our Vision

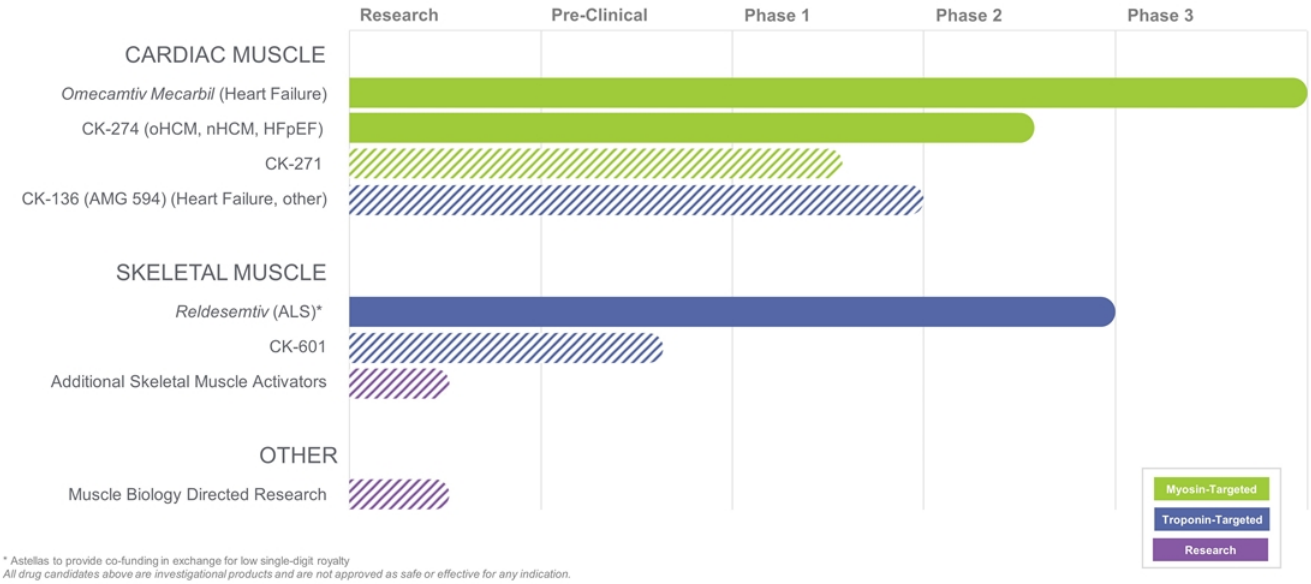
- Scientific innovation driven by modulating cardiac myosin
- First-in-class myosin activator
- Next-in-class myosin inhibitor
- Expansion beyond contractility to muscle energetics, metabolism

- Positive Phase 3 results from GALACTIC-HF; NDA submission expected in 2H 2021
- Positive Phase 2 results from REDWOOD-HCM; Phase 3 clinical trial expected by year-end
- Clinical trial results from METEORIC-HF expected in early 2022

- Customer-centric approach to portfolio management
- Overlap between HFrEF and HCM accounts
- Commercial build in HFrEF supports future HCM business
- Lifecycle management extends and expands franchise

- Regular input, collaboration and guidance
- Elevate patient voice
- Improve function, performance and healthspan

Pipeline of Novel Muscle-Directed Drug Candidates



* Astellas to provide co-funding in exchange for low single-digit royalty
All drug candidates above are investigational products and are not approved as safe or effective for any indication.

Sarcomere Directed Drug Development

CARDIAC MUSCLE

CK-274, CK-271

Omecamtiv Mecarbil

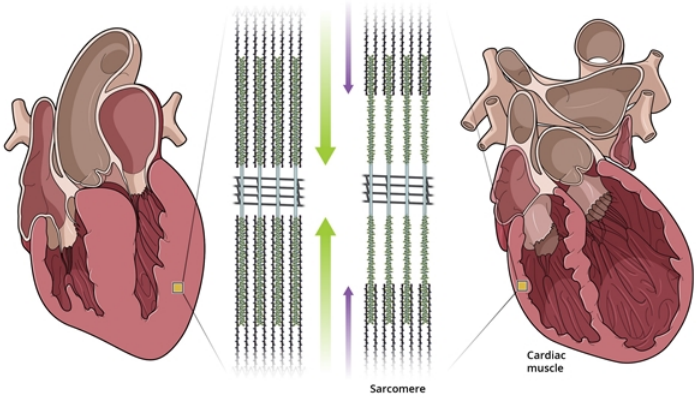
CK-136 (AMG 594)

Cytokinetics

Contractile Dysfunction Underlies Heart Failure

Increased / Preserved Cardiac Contractility

- Non-obstructive Hypertrophic Cardiomyopathy (nHCM)
- **Obstructive Hypertrophic Cardiomyopathy (oHCM)**
- Heart Failure with Preserved Ejection Fraction (certain HFpEF subsets)

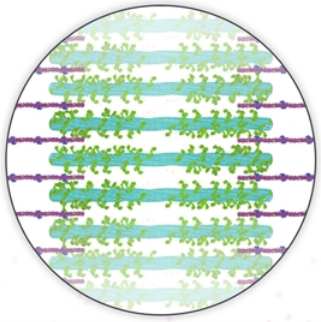


Decreased Cardiac Contractility

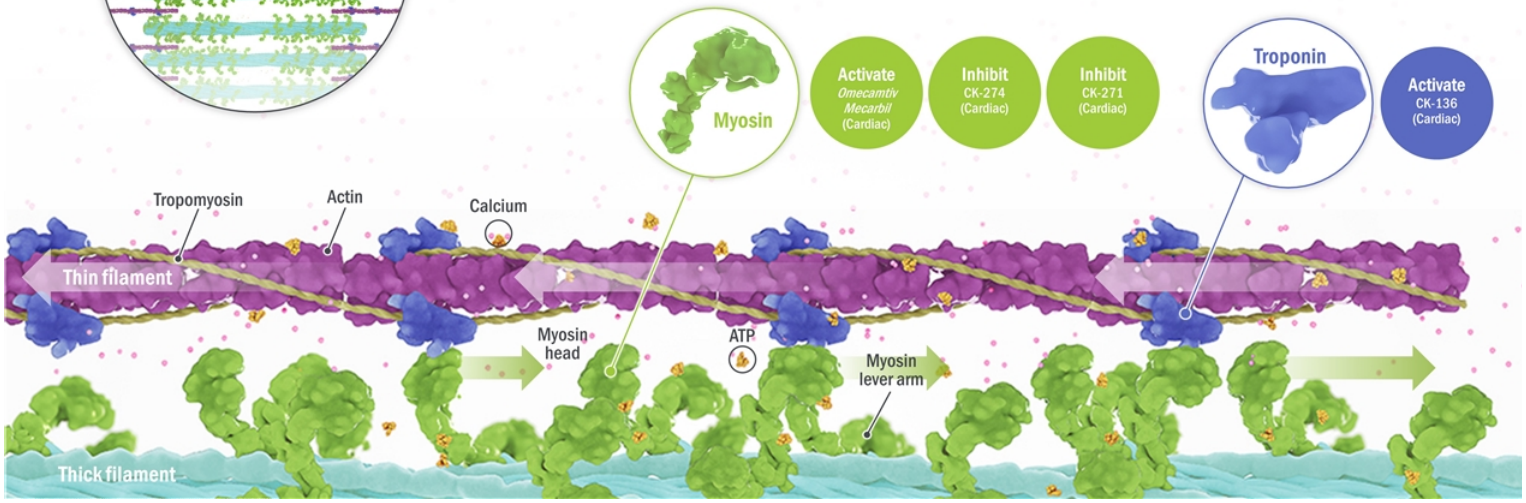
- **Heart Failure with Reduced Ejection Fraction (HFrEF)**
- Genetic Dilated Cardiomyopathy
- Pulmonary Hypertension with Right Ventricular Heart Failure

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

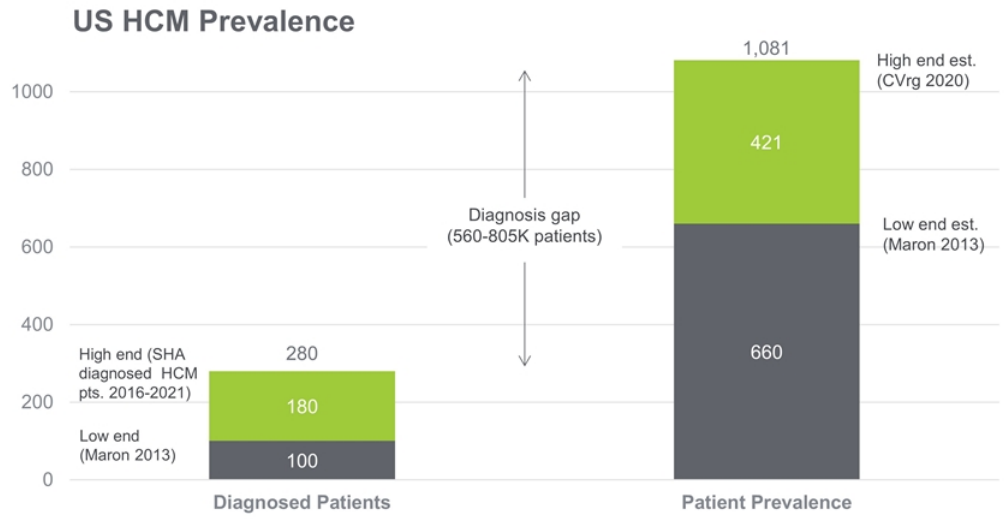


Sarcomere Directed Drug Development

CK-274

Cytokinetics

Symptomatic HCM: Orphan Indication



Source: #26 SHA 2016-2021 Patient Claims Data; #20 Cogent HC 2020 DoF

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

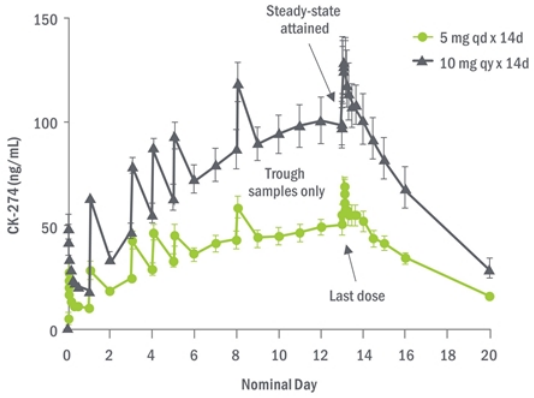
Potential treatment for patients with HCM

- Selective allosteric inhibitor of cardiac myosin discovered by company scientists independent of collaborations
- Potential *in vivo* pharmacodynamic advantages related to distinctive binding site
- Optimized for
  - Onset of action (reach steady state within two weeks)
  - Rapid reversibility of effect
  - Minimal drug-drug interactions
  - Favorable tolerability
  - Ease of titration for personalized dosing
- Clear pharmacokinetic/pharmacodynamic (PK/PD) relationship observed
- Shallow exposure-response relationship

SAD & MAD Results Support Progression to Phase 2

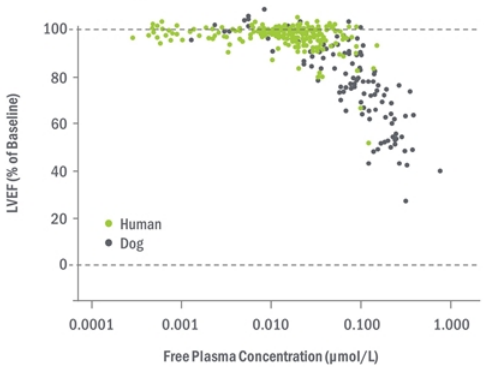
Preclinical data translated to healthy participants

MAD PK: Steady-State Achieved After 14 Days of Dosing



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

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



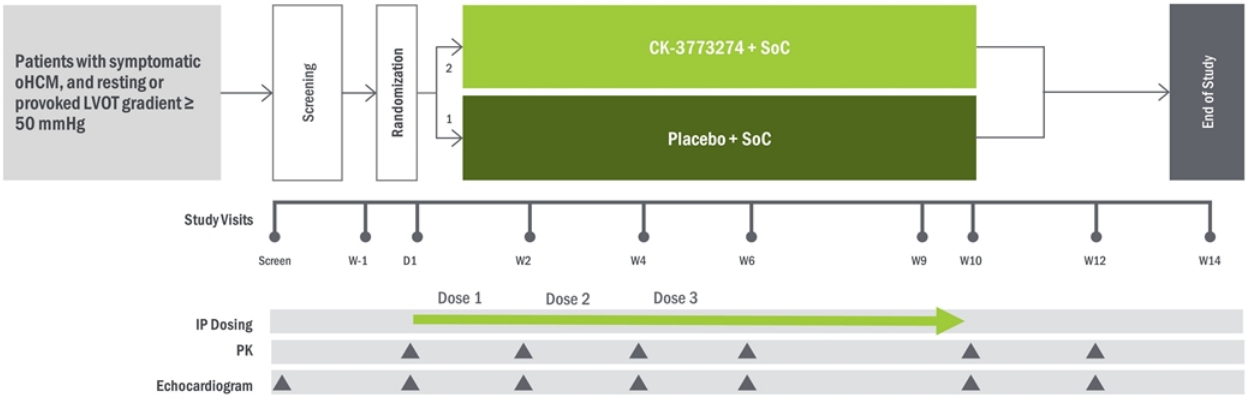
Graphs show LVEF as a function of exposure; data points represent observed values in dogs and humans.

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

Phase 2 Clinical Trial Design

REDWOOD HCM

Two sequential dose-finding cohorts (with third cohort assessing patients on *disopyramide*)



	Dose 1	Dose 2	Dose 3
Cohort 1	5 mg	10 mg	15 mg
Cohort 2	10 mg	20 mg	30 mg

Patient Enrollment and Dosing

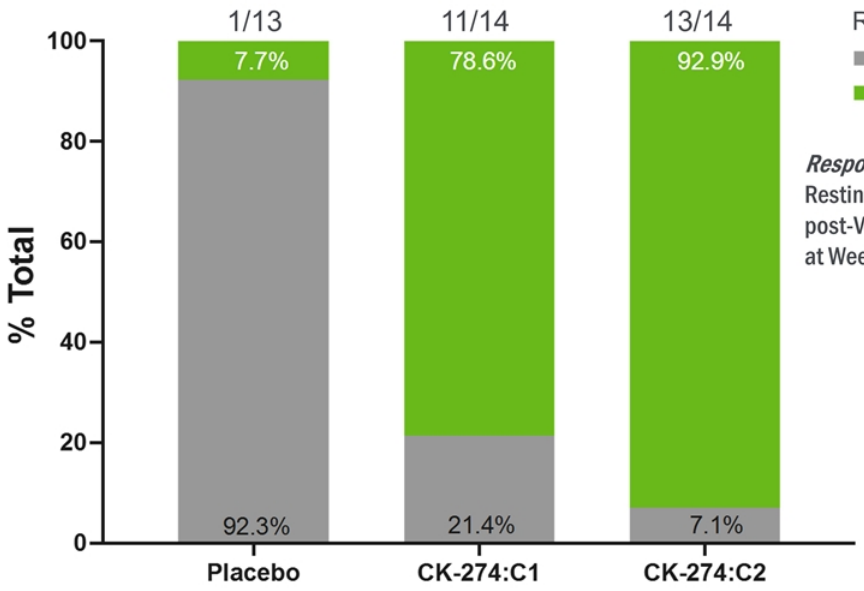
41 Total Enrolled Patients

	Final Dose Achieved (N)					
	Cohort 1			Cohort 2		
Placebo	5mg	10mg	15mg	10mg	20mg	30mg
13	4	5	5	9	4	1

Baseline Echocardiographic Data

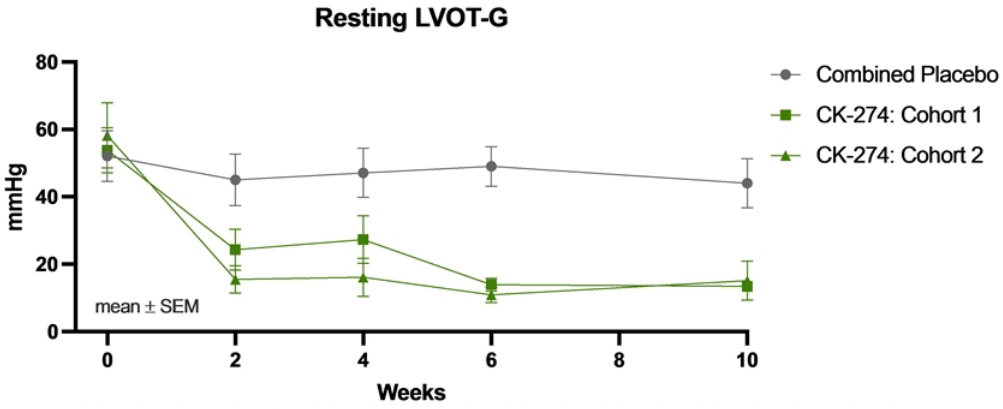
Characteristic, mean	Baseline (Day 1 Pre-dose)		
	Placebo C1 + C2 Combined (N = 13)	CK-274	
		Cohort 1 (N = 14)	Cohort 2 (N = 14)
LVEF (%)	74.5	73.2	75.4
LVOT-G, Rest (mmHg)	52.1	53.8	58.2
LVOT-G, Valsalva (mmHg)	84.6	74.4	82.3

High Response Rates on Treatment with CK-274



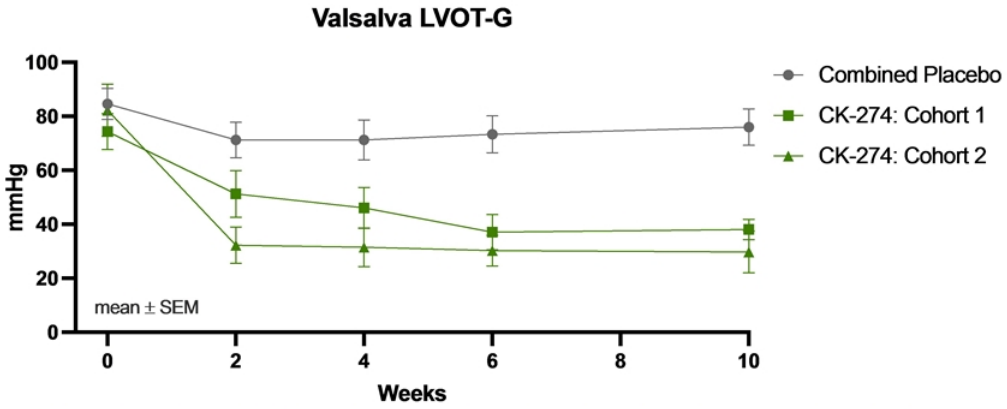
Responder Definition:
Resting LVOT-G <30 mmHg and post-Valsalva LVOT-G <50 mmHg at Week 10

Resting Left Ventricular Outflow Tract Gradient



Mean ± SEM	Resting LVOT-G (mmHg)				
	Baseline	*Week 2*	*Week 4*	*Week 6*	*Week 10*
Placebo (n=13)	52.1	45.0	47.1	49.0	44.0
Cohort 1 (n = 14)	53.8	24.3	27.3	13.9	13.4
p-value vs placebo	-	0.007	0.025	<0.0001	0.0003
Cohort 2 (n = 14)	58.2	15.5	16.1	10.9	15.1
p-value vs placebo	-	0.0002	0.0006	<0.0001	0.0004

Post-Valsalva Left Ventricular Outflow Tract Gradient



Mean ± SEM	Valsalva LVOT-G (mmHg)				
	Baseline	*Week 2*	*Week 4*	*Week 6*	*Week 10*
Placebo (n=13)	84.6	71.3	71.3	73.4	76
Cohort 1 (n = 14)	74.4	51.3	46.1	37.1	38.1
p-value vs placebo	-	0.097	0.038	0.0003	0.001
Cohort 2 (n = 14)	82.3	32.3	31.5	30.3	29.8
p-value vs placebo	-	0.0005	0.0005	<0.0001	<0.0001

Safety Data

- Incidence of adverse events on CK-274 similar to placebo and mild or moderate
- There were no treatment related serious adverse events reported by investigators
- No patients who received CK-274 in Cohort 1 had an LVEF <50%
- In Cohort 2, one patient with LVEF at baseline of 58% was up titrated to 20 mg and experienced transient LVEF reduction to <50% (remaining above 40%) requiring down titration
- No interruptions or discontinuations of treatment with CK-274 occurred across both cohorts

Open Label Extension Trial

REDWOOD-HCM OLE open for eligible patients who completed REDWOOD-HCM

- Primary endpoint: incidence of AEs & LVEF <50
- Secondary endpoints: measures of long-term effects of CK-274 on LVOT-G; assessments of steady-state pharmacokinetics.
  - Cardiac MRI sub-study to assess changes in cardiac morphology, function and fibrosis
- Individually optimized dose starts at lowest dose in prespecified range with echo-guided dose titration
- Initial dose and highest target dose informed by interim analyses from REDWOOD-HCM

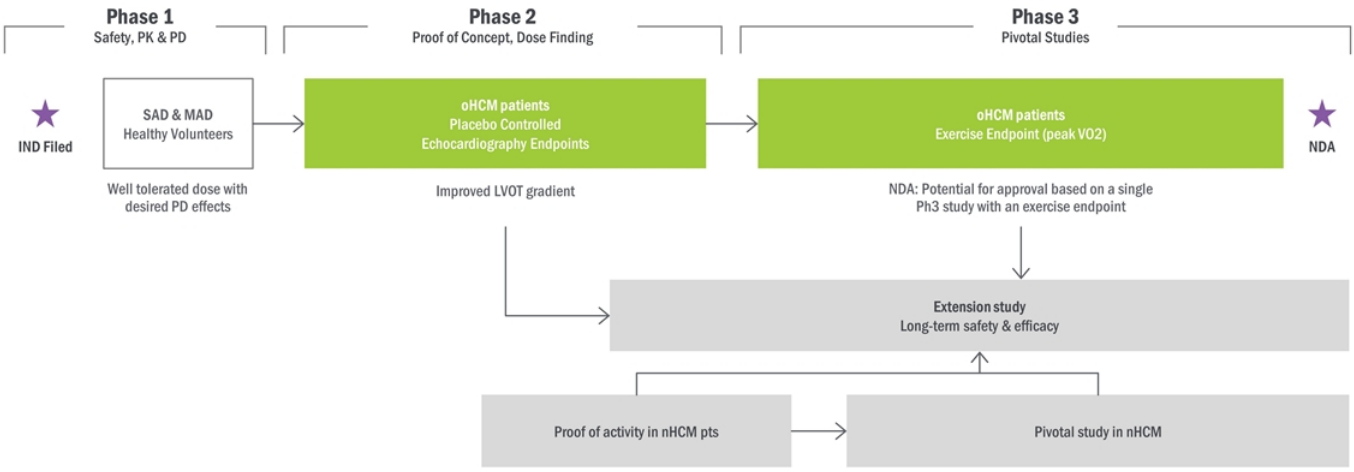
OLE: Escalating doses based on echo-guided dose titration

Engaging Regulatory Authorities to Inform Phase 3

- Type C meeting with FDA to review Phase 3 clinical trial design
- End of Phase 2 meeting to review final dose selection rationale for Phase 3

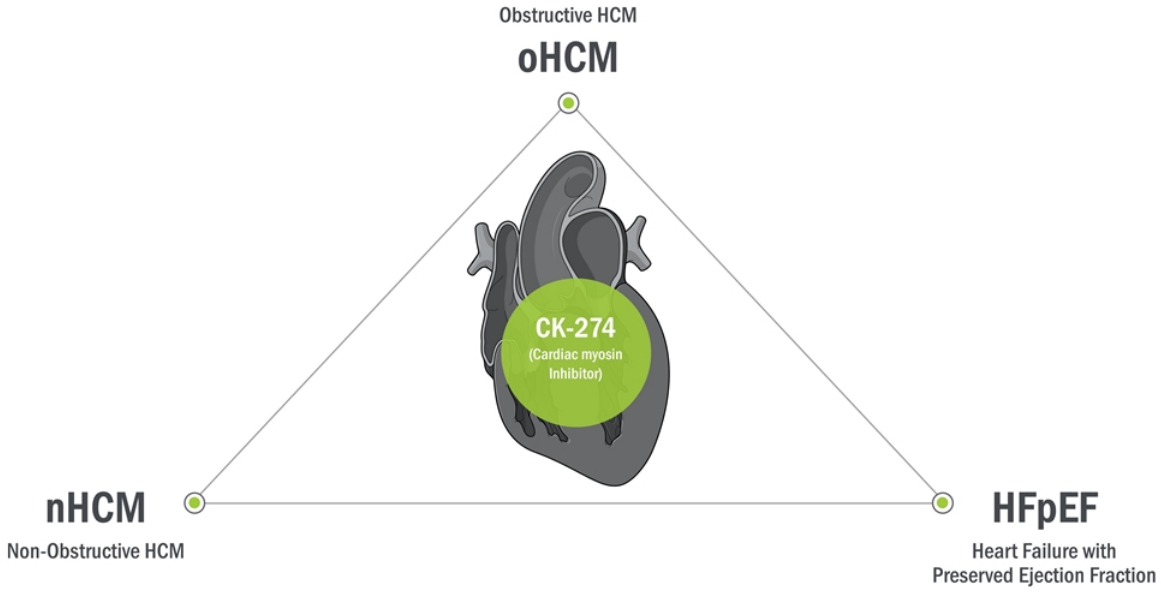
FDA U.S. FOOD & DRUG ADMINISTRATION

CK-274: Clinical Development Plan for HCM



Novel Approach May Address Multiple Unmet Patient Needs

No FDA-approved therapies



CK-274: Collaborations & Agreements

RTW Investments, LP & Ji Xing Pharmaceuticals Limited

IND filed in China; Phase 1 clinical trial underway; readying for participation in Phase 3 clinical trial of CK-274 in oHCM

RTW & Ji Xing Pharma Licensing Collaboration, Funding Commitments & Royalty Monetization

RTW Investments committed capital, funding and sale proceeds of $250M to Cytokinetics

Ji Xing Pharma to develop & commercialize CK-274 in China, subject to royalties and up to $200M in milestone payments

RTW Investments purchased equity and royalty; provides access to capital for development of CK-274

Ji Xing Pharma

Ji Xing to develop & commercialize CK-274 in Greater China and Taiwan

Cytokinetics receives **$25M upfront**; eligible to receive **$200M** in development & commercial milestones & double-digit royalties on sales of CK-274 in licensed territory

RTW: Funding for Development of CK-274

Cytokinetics receives options for additional funding for further development of CK-274 in HCMs:

- Eligible for **$45M** in each of 2 tranches (upon initiation of global registration programs in oHCM and nHCM) in exchange for 2% royalty on sales in U.S. & certain European countries
- If **full $90M** received, Cytokinetics pays RTW 4% royalty on sales of CK-274 in U.S. & certain European countries, subject to royalty reductions for potential other indications

RTW: Other Purchases

RTW purchased Cytokinetics' royalty rights **on future sales of *mavacamten*** for **$85M**

RTW purchased **$50M of Cytokinetics' common stock** at $25 per share

Sarcomere Directed Drug Development

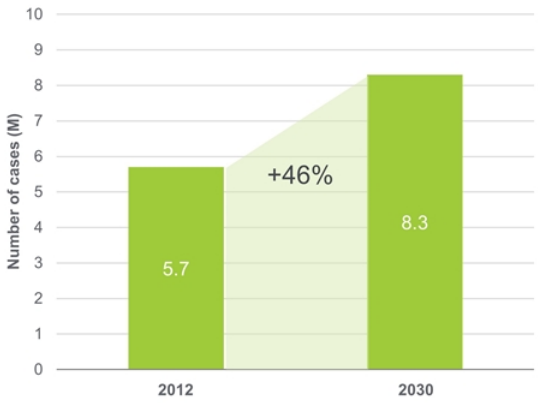
OMECAMTIV MECARBIL

Cytokinetics

Heart Failure: Growing Prevalence and High Readmission Rates

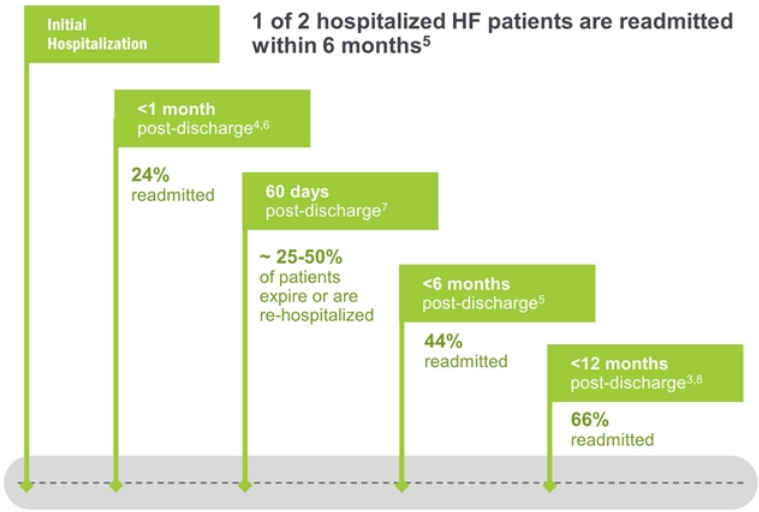
6 million people have heart failure in the United States

Prevalence Expected to Increase by 46% from 2012 – 2030



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

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. Whellan et al. *Circulation* 2010 Jan;3(1):33-40

Pivotal Phase 3 Trial Design

GALACTIC-HF

Landmark clinical trial results published in NEJM

Overview
Enrolled 8,256 patients at ~1,000 sites in 35 countries
Primary Endpoint
Composite of time to cardiovascular (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
- High risk patients enrolled from inpatient and outpatient settings
- Designed to provide 90% statistical power to assess risk 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.

Baseline Characteristics

GALACTIC-HF

Characteristic	OM (N=4120)	Placebo (N=4112)
Demographics		
Age (years), median (Q1, Q3)	66 (58, 73)	66 (58, 73)
Sex, female, n (%)	875 (21.2)	874 (21.3)
White/Asian/Black/other, %	78/9/7/7	78/9/7/7
Heart Failure History and Medical Conditions		
LVEF (%), mean (SD)	26.6 (6.3)	26.5 (6.3)
NYHA class, II/III/IV, %	53/44/3	53/44/3
Ischemic etiology, %	53.2	54.0
Atrial fib/flutter at screening, %	27.8	26.7
Type 2 diabetes, %	40.1	40.3

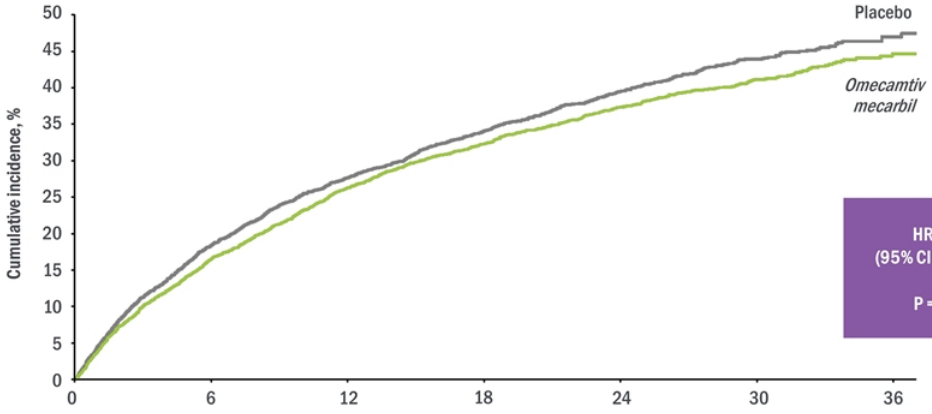
Characteristic	OM (N=4120)	Placebo (N=4112)
Vitals and Laboratory Parameters		
NT-proBNP (pg/mL), median (Q1, Q3)	1977 (980, 4061)	2025 (1000, 4105)
SBP (mmHg), mean (SD)	116 (15)	117 (15)
Heart rate, mean (SD)	72 (12)	72 (12)
eGFR (mL/min/1.73m^2), median (Q1, Q3)	59 (44, 74)	59 (44, 74)
Cardiac TnI (ng/mL), median (Q3)	0.027 (0.052)	0.027 (0.052)
Medications and Cardiac Devices		
ACEI/ARB/ARNi , %	87	87
ARNi, %	20	19
BB, %	94	94
MRA, %	78	78
SGLT2i, %	2.5	2.8
CRT, %	14	14
ICD, %	32	31

ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; ARNi, angiotensin receptor-neprilysin inhibitor; BB, beta blocker; CRT, cardiac resynchronization therapy; eGFR, estimated glomerular filtration rate; fib, fibrillation; hsTnI, high-sensitivity troponin I; ICD, implantable cardioverter-defibrillator; LVEF, left ventricular ejection fraction; MRA, mineralocorticoid receptor antagonist; NT-proBNP, N-terminal pro-B-type natriuretic peptide; NYHA, New York Heart Association; Q, quartile; SBP, systolic blood pressure; SGLT2i, sodium-glucose co-transporter 2 inhibitor.

Primary Composite Endpoint

Time to first HF event or CV death

GALACTIC-HF



HR = 0.92
(95% CI, 0.86–0.99)

P = 0.025

Patients at risk, n							
Placebo	4112	3310	2889	2102	1349	647	141
OM	4120	3391	2953	2158	1430	700	164


The NEW ENGLAND JOURNAL of MEDICINE

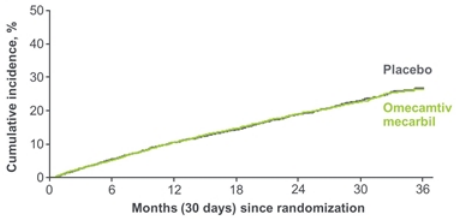
Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

Cytokinetics

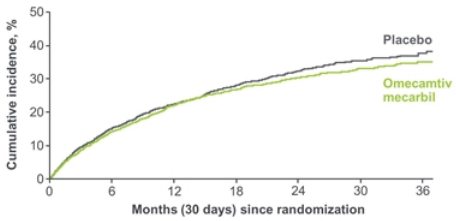
Primary Composite Components and KCCQ TSS

GALACTIC-HF

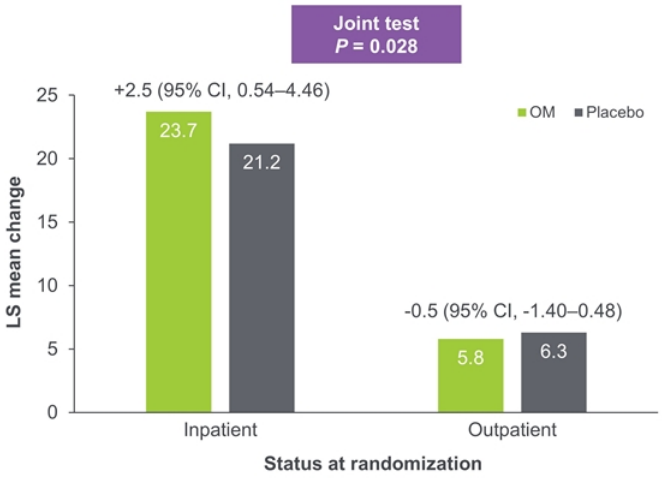
CV Death
HR = 1.01 (95% CI, 0.92–1.11)
***P* = 0.86**



Heart Failure Event
HR = 0.93 (95% CI, 0.86–1.00)
***P* = 0.063**



Change in KCCQ TSS from Baseline to Week 24



No reduction in the secondary endpoint of time to CV death was observed

Laboratory and Safety Events

GALACTIC-HF

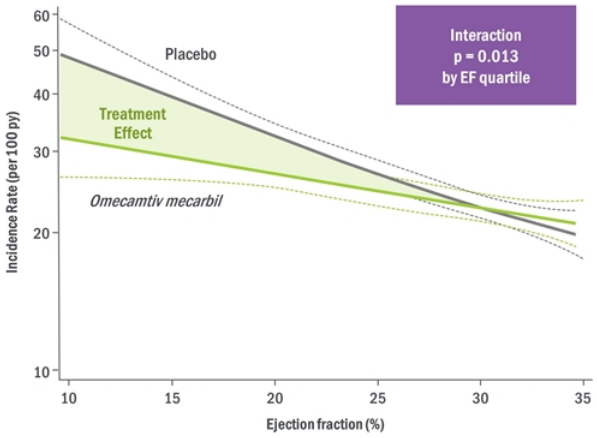
Variable	*Omecamtiv Mecarbil* (N=4110)	Placebo (N=4101)	Relative Risk or Difference (95% CI)
Laboratory value change from baseline to Week 24			
Systolic blood pressure – mmHg, mean (SD)	1.4 (15.3)	1.5 (15.6)	-0.1 (-0.9, 0.6)
Heart rate, bpm, mean (SD)	-2.1 (12.6)	-0.5 (12.8)	-1.6 (-2.2, -1.0)
Cardiac Troponin I, ng/L, median (Q1, Q3)	0.004 (-0.002, 0.021)	0.000 (-0.009, 0.008)	0.004 (0.003, 0.005)
NT-proBNP, pg/mL, median (Q1, Q3)	-251 (-1180, 295)	-180 (-915, 441)	0.90 (0.86, 0.94)
Adverse events (AEs)			
Any serious AE, n (%)	2373 (57.7)	2435 (59.4)	0.97 (0.94, 1.01)
Drug discontinuation due to AE, n (%)	371 (9.0)	382 (9.3)	0.97 (0.85, 1.11)
Adverse events of interest			
Ventricular tachyarrhythmias	290 (7.1)	304 (7.4)	0.95 (0.82, 1.11)
Torsade de pointes/QT prolongation	176 (4.3)	195 (4.8)	0.90 (0.74, 1.10)
SAE of ventricular arrhythmia requiring treatment treatment	119 (2.9)	127 (3.1)	0.93 (0.73, 1.20)
Adjudicated major cardiac ischemic events, n (%)	200 (4.9)	188 (4.6)	1.06 (0.87, 1.29)
Myocardial infarction	122 (3.0)	118 (2.9)	
Hospitalized for unstable angina	25 (0.6)	12 (0.3)	
Coronary revascularization	115 (2.8)	117 (2.9)	
Adjudicated Strokes	76 (1.8)	112 (2.7)	0.68 (0.51, 0.91)

Treatment Effect Increased Progressively As Baseline EF Decreased

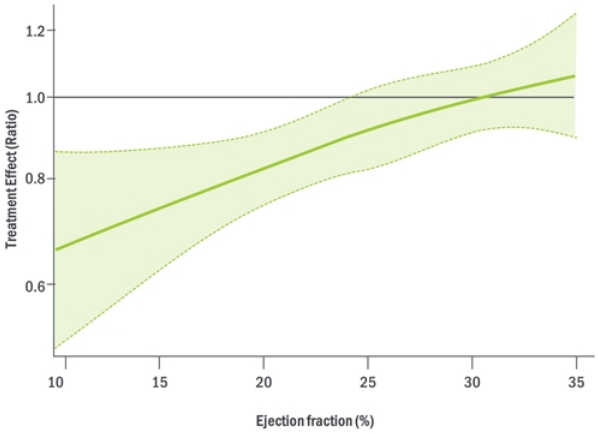
In EF ≤22%, 11.8 needed-to-treat to prevent 1 event over 3 years

GALACTIC-HF

Incidence of Primary Composite Endpoint



Relative Treatment Effect on Primary Composite Endpoint

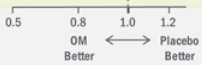


Greater Treatment Effect in More Severe HF

GALACTIC-HF

Results of the primary outcome in pre-specified subgroups showed greater treatment effect in patients with markers of more severe heart failure, including patients with LVEF ≤28%: (n=4,456) HR 0.84; 95% CI 0.77, 0.92

Subgroup	No. of Events/ No. of Patients	Hazard Ratio (95% CI)	Norm p-value	ARR
All Patients	3103/8232	0.92 (0.86, 0.99)	0.025	2.1%
LVEF ≤28%	1821/4456	0.84 (0.77, 0.92)	<0.001	4.9%
Outpatients	1255/3304	0.83 (0.75, 0.93)	0.001	5.0%
Inpatients	566/1152	0.86 (0.73, 1.02)	0.084	3.9%
Hosp <3 mos	1200/2688	0.83 (0.74, 0.93)	0.001	5.2%
Class III/IV	1055/2132	0.80 (0.71, 0.90)	<0.001	7.0%
NT-proBNP >2000 >2000	1249/2431	0.77 (0.69, 0.87)	<0.001	8.1%
SBP <110	843/1820	0.81 (0.70, 0.92)	0.002	7.4%

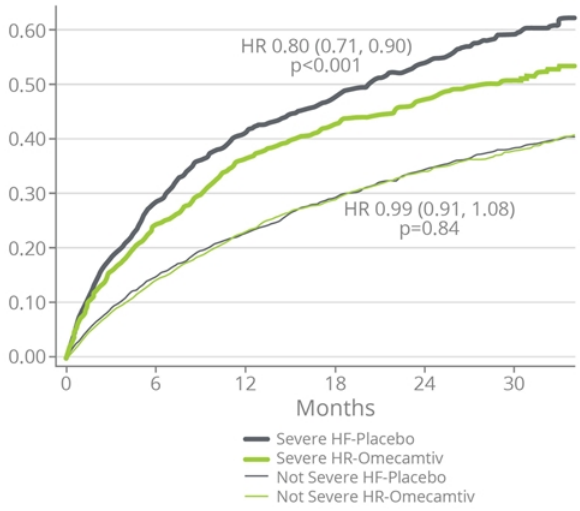


Increased Treatment Effect with Severe HF

Severe HF defined as NYHA III-IV, EF ≤ 30%, HF hospitalization in last 6 months

GALACTIC-HF

Heart Failure & World Congress on Acute Heart Failure 2021



Treatment effect for primary endpoint in severe HF
HR = 0.80 (0.71, 0.90)

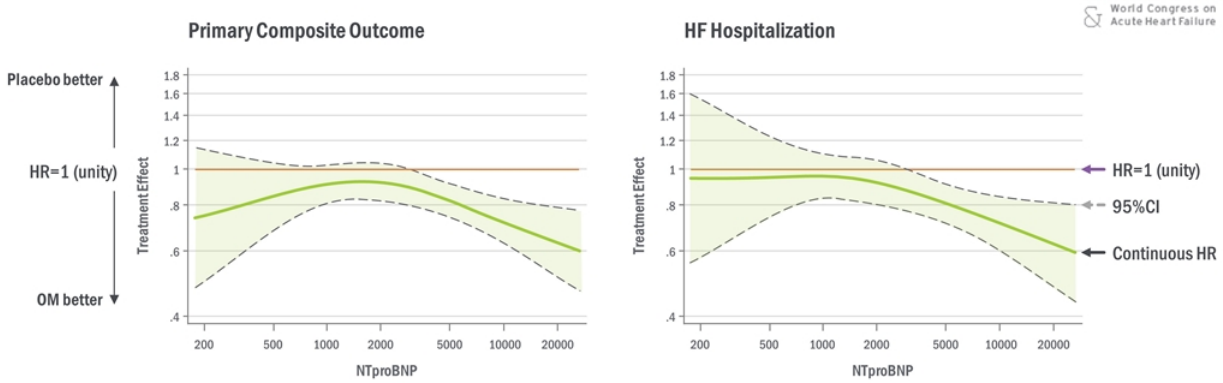
Absolute risk reduction 8.3 events/100 pt-years
NNT = 12

Source: Felker GM, Omecamtiv Mecarbil in Patients with Severe Heart Failure: An Analysis from GALACTIC-HF, ESC Heart Failure 2021, June 2021

Increased Treatment Effect with Higher NT-proBNP

GALACTIC-HF

Heart Failure & World Congress on Acute Heart Failure 2021



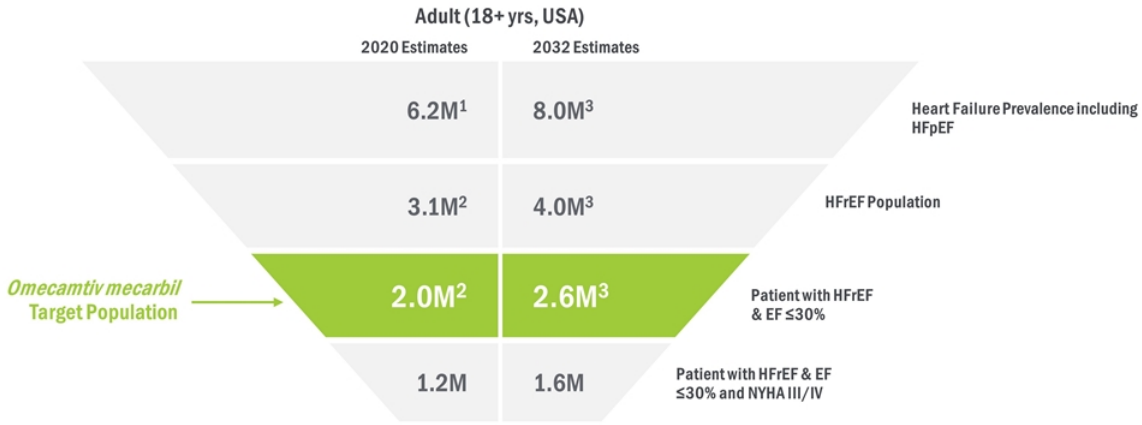
Source: McMurray JM, Efficacy of omecamtiv mecarbil in HFrEF according to NT-proBNP level: Insights from the GALACTIC-HF trial, ESC Heart Failure 2021, June 2021

On Track to Submit NDA in Second Half 2021

- Three interactions with FDA in 2021 inform submission based on GALACTIC-HF
  - Topline meeting to review results of GALACTIC-HF
  - Type C meeting to discuss questions about GALACTIC-HF, approach to NDA submission
  - Pre-NDA meeting to review administrative details of submission, e.g., content of datasets, etc.
- Engaging FDA on strategy to personalize dose optimization in patients treated with *omecamtiv mecarbil*

FDA U.S. FOOD & DRUG ADMINISTRATION

Large Number of Patients At Potential US Launch Of *Omecamtiv Mecarbil*



1.2 – 2.0M patients at potential launch

1) National Center for Health Statistics. National Health and Nutrition Examination Survey (NHANES) as accessed 4/1/2019 at website. https://www.cdc.gov/nchs/nhanes/. – data from 2013-2016 as quotes in Benjamin 2019 Circulation. 2019;139:e56–e528. DOI: 10.1161/
2) EF based on distribution as presented in Dunlay et al Circ Heart Fail. 2012;5:720-726,
3) 2.1% annual growth rate:1.9% annual growth rate of patient population 65+ (UN World Populations Prospects Nov 2019) and a 0.2% mortality impact of HF treatment (doi: 10.1136/bmj.l223 | BMJ 2019;364:l223)

Potential to Offset Medicare Hospitalization Costs

Outcomes from GALACTIC-HF may translate into economic benefits to payers and IDNs

Hospitalization drives cost for Medicare patients[1]

- Mean cost per HFrEF hospitalization: **$10,735**
- Mean cost for 30-day post-hospitalization care: **$7,060**
- **Total 30-day cost for HFrEF hospitalization & post-hospitalization care: $17,795**

Patients on *omecamtiv mecarbil* showed reductions in both hospital admissions and re-admissions[2]

Decrease in number of hospital admissions per year

Reduction in 30-day re-admissions

1. Desai et al, Yale University School of Medicine, AHA 2020; Congest Heart Fail. 2011 Jul-Aug; 17(4): 10.1111/j.1751-7133.2011.00246.x.
2. GALACTIC-HF

Fit-for-Purpose Sales Team: Face-to-Face & Virtual Visits

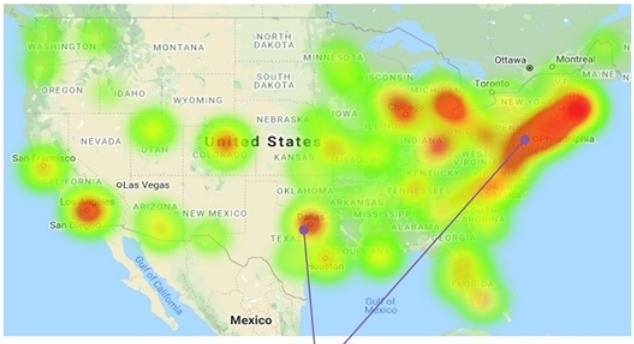
Illustration

% of Face-to-Face Visits		
Heavy face-to-face	Mix of face-to-face and remote	Minimum face-to-face
Engagement Description		
Similar to traditional engagement – rep spends most of most of the time in face-to-face interaction	Hybrid engagement – mix of face-to-face and virtual visits to sequence interactions depending on depending on customer needs and constraints. Remote Remote resources deployed (i.e., samples, speakers, literature)	Dominant use of virtual platforms. Interaction is primarily primarily over scheduled virtual visits or phone calls in response to office queries. queries. Remote resources deployed (i.e., samples, samples, speakers, literature)

Note: Sep'20 Access Monitor stats indicate the growing preference for face-face visits. Based on Access Monitor and Voice of Patient & Provider surveys

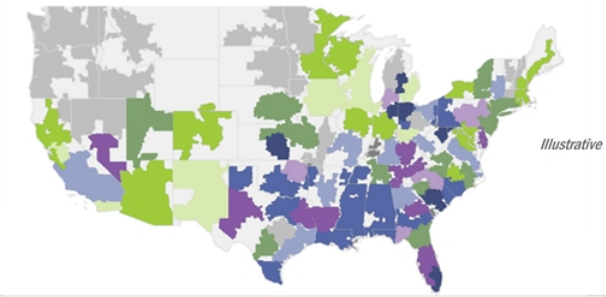
Applied Analytics Will Inform Channel Mix and Deployment

Patient and HCP Heat Map in HFrEF



Deploy to Hot Spots

Physician Engagement Type by Geography



Illustrative

	Example Cities
High PFF High DP	Miami, FL Wichita, KS
High PFF Low DP	Montgomery, AL Las Vegas, NV
Low PFF High DP	Boston, MA Minneapolis, MN
Low PFF Low DP	Austin, TX Grand Rapids, MI

Note: Based on 2020 cycle 1 AffinityMonitor™ metrics for LHMs; LHM engagement was considered to be the average engagement of rated HCPs within each LHMs; LHMs are ZS designed market which are homogeneous market within LHM boundaries

Building Synergistic Commercial Capabilities

Building Today...

Building commercial organization focused on hospitalized CV patients and HCPs to optimize opportunity for *omecamtiv mecarbil*

- Cultivate advocacy with CV patients and HCPs

To Lead Tomorrow

Establish Cytokinetics as a CV leader by leveraging commercial capabilities for future product launches

- Significant overlap between HFrEF & HCM accounts
- Simultaneously gain experience in HFrEF & HCM

6,000+

Hospitals and CoEs in US

→

1,100

Highest Value Hospitals & CoEs

→

~75% HFrEF Patients

~78% HCM Patients

IQVIA HPD – Q3'18 – Q2'19

Sarcomere Directed Drug Development

SKELETAL MUSCLE

Reldesemtiv

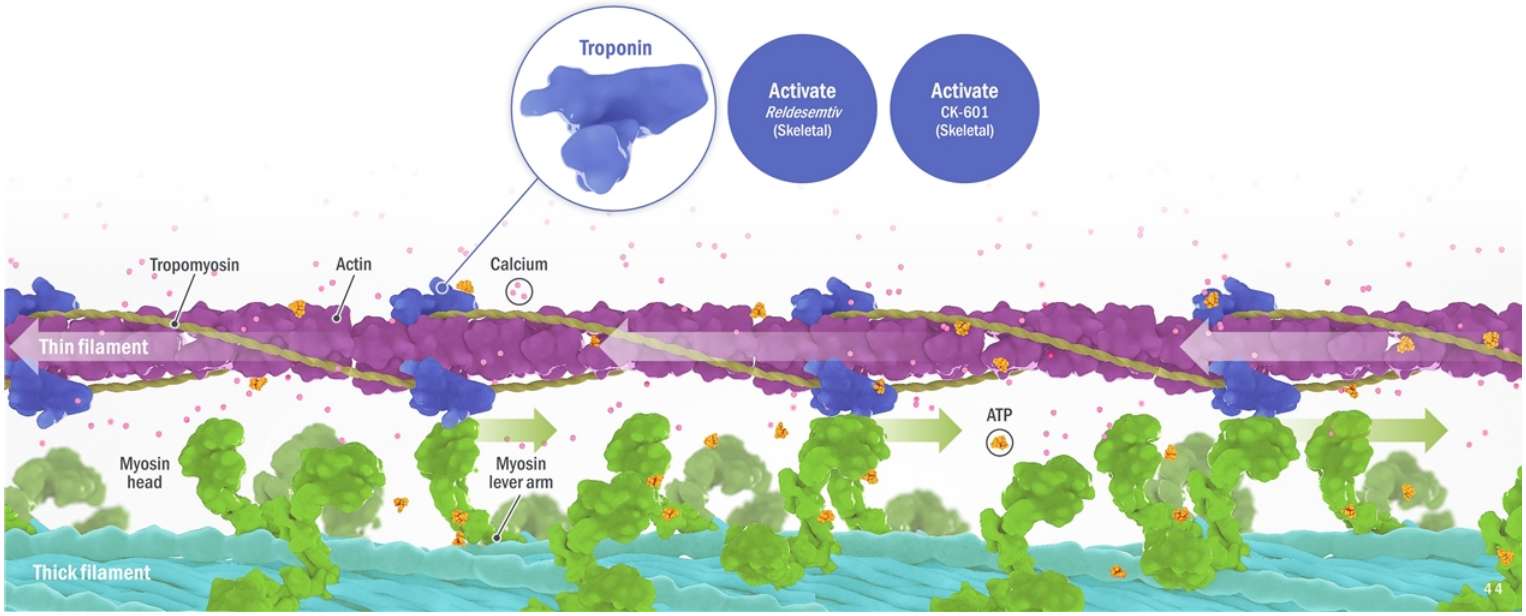
CK-601

Cytokinetics

Sarcomere Directed Drug Development

Skeletal muscle

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

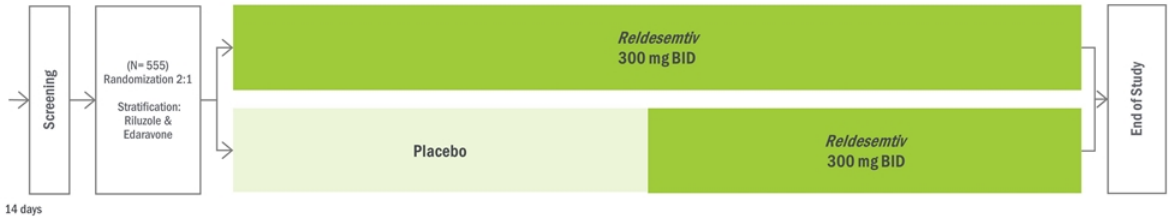


Planned Phase 3 Clinical Trial Design

COURAGE ALS

Trial to open for enrollment in 2021

Enrolling 555 patients with ALS in the US, Canada, Australia and Europe evaluating change from baseline ALSFRS-R at 24 weeks of treatment with *reldesemtiv* or placebo



Study Visits	Screen	D1	W2	W4	W8	W12	W16	W20	W24	W26	W28	W32	W36	W40	W44	W48	W52 FU
ALSFRS-R	↑	↑		↑	↑	↑	↑	↑	↑		↑	↑	↑	↑	↑	↑	↑
FVC	↑	↑		↑	↑	↑	↑	↑	↑		↑	↑	↑	↑	↑	↑	↑
Lab	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Muscle Strength	↑	↑		↑		↑			↑				↑			↑	↑

↑ In-Clinic ↑ Remote ↑ Both In-Clinic & Remote

Sarcomere Directed Therapies

CORPORATE PROFILE

Cytokinetics

Robust Pipeline, Solid Financial Position

Pipeline*

- **1** Positive trial readout in 2021
- **2** Pivotal trials in 2021
- **3** Potential FDA approvals by 2025
- **5** Clinical stage programs
- **10** Development programs by 2025

Programs*

Heart Failure

Omecamtiv mecarbil

- Positive trial results from GALACTIC-HF
- Phase 3 exercise capacity trial results early 2022

CK-136

- Phase 1

HCM

CK-274

- Positive results from REDWOOD-HCM
- Expect to begin Phase 3 trial by year end

ALS

Reldesemtiv

- Expect to begin COURAGE-ALS, Phase 3 trial, in Q3 2021

Ongoing R&D

Additional research in muscle biology, energetics & metabolism

Foundations

207
Full time employees

$460M
At Q1 2021

** Timelines and milestones reflect Cytokinetics' current expectations and beliefs*

Balance Sheet & Financial Guidance

2021 Condensed Balance Sheet
As of 3/31/2021

in millions

	Total
Cash and investments	$460.2
Leased assets	$86.1
Other assets	$30.8
Total Assets	**$577.1**
Debt	$134.0
Liability related to sale of future royalties	$168.9
Deferred Revenue	$87.0
Lease liability	$85.6
Other liabilities	$33.7
Total Liabilities	**$509.2**
Working capital	$397.2
Accumulated deficit	($1,039.4)
Stockholders' equity	$67.8
Wtd Avg Basic Shares Outstanding	**71.2**

Updated 2021 Financial Guidance

in millions

	Total
Net cash utilization*	**~ $195 -215**

* We define "Net cash utilization" as cash used for operating expenses less cash from revenues and cash received from our RTW Royalty Holdings Designated Activity Company ("RTW") financing facility. We expect net cash utilization will increase as we advance our clinical development programs for CK-274 and *reldesemtiv* in Phase 3 clinical trials. The net cash utilization range includes approximately $35 million of non-recurring building construction and related costs and assumes receipt of a potential $45 million from RTW, subject to conditions for payment being fulfilled.

Net cash utilization is a non-GAAP financial measure that should be considered as supplemental information regarding our operations and should not be considered without also considering our results prepared in accordance with U.S. GAAP. It should not be considered as a substitute for, or superior to, our U.S. GAAP results. We believe net cash utilization is a relevant and useful operational measure that our management uses to budget and plan for the business that is also useful to investors. However, there is no standardized measurement of net cash utilization, and net cash utilization as we present it may not be comparable with similarly titled operational measures used by other companies. Our expectations regarding net cash usage are based on information currently available to us and our current intentions, but are forward-looking statements subject to change.

Expected Upcoming 2021 Milestones

Expect to Begin **Phase 3 Trial of CK-274** by Year End

Submit US NDA for ***omecamtiv mecarbil*** in 2H 2021

Expect results from **METEORIC-HF** in early 2022

Start COURAGE-ALS, Phase 3 Clinical Trial of ***Reldesemtiv*** in Patients with ALS, in Q3

Cytokinetics

THANK YOU

Sarcomere Directed Therapies

John, diagnosed with heart failure *Jillian, diagnosed with HCM* *Chuck, diagnosed with ALS*

Sarcomere Directed Therapies

APPENDIX

Cytokinetics

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

Under-Treatment Due To Concerns Over Tolerability, Co-Morbidities

Patient Populations Where Caution Should be Used

	Low BP	Renal Insufficiency	Elevated Serum Potassium	% Patients Treated with SOC Therapy	% Patients Receiving Target Dose
ACEi/ARB	X	X	X	60%	17%
ARNI	X	X	X	13%	14%
Beta Blocker	X			67%	28%
MRAs	X	X	X	33%	77%

"Obviously [goal is to] help increase their longevity, reduce their morbidity and mortality with [being] able to tolerate the side effects of the medications" –R10 (KOL)

Initiation of therapy limited due to concerns over patient tolerability and co-morbidities...

... and even more so, not reaching recommended doses linked to higher mortality

Source: CHAMP-HF Registry, July 2018; HCP interviews

Omecamtiv Mecarbil: Positive Phase 3 Trial Results

>30 trials: 23 Phase 1 studies with 600+ participants, 7 Phase 2 trials with 1,400+ patients, 2 Phase 3 trials with 8,000+ patients