#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## 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): March 7, 2024

## **Foghorn Therapeutics Inc.**

(Exact name of registrant as specified in its charter)

001-39634

(Commission File Number) 47-5271393 (IRS Employer Identification No.)

(State or other jurisdiction of incorporation)

500 Technology Square, Ste 700 Cambridge, MA

(Address of principal executive offices)

02139

(Zip Code)

(Registrant's telephone number, including area code): (617) 586-3100

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)

Delaware

Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

D 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, \$0.0001 par value per share	FHTX	The Nasdaq Global Market

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 March 7, 2024, Foghorn Therapeutics Inc. (the "Company") issued a press release announcing certain of the Company's financial results for the year ended December 31, 2023. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

The information in this Item 2.02 (including Exhibit 99.1 attached hereto) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any filing by the Company under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as expressly set forth by specific reference in such filing.

#### Item 7.01 Regulation FD Disclosure.

The Company is furnishing as Exhibit 99.2 to this Current Report on Form 8-K a presentation, dated March 7, 2024, which the Company intends to use in meetings with or presentations to investors.

The information in this Item 7.01 (including Exhibit 99.2 attached hereto) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any filing by the Company under the Securities Act or the Exchange Act, except as expressly set forth by specific reference in such filing.

### Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.		
<u>99.1</u>	Press Release issued on March 7, 2024	
99.2	Investor Presentation dated March 7, 2024	

Description

### SIGNATURES

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

## FOGHORN THERAPEUTICS INC.

By:

/s/ Michael LaCascia Michael J. LaCascia Chief Legal Officer

Date: March 7, 2024

### Foghorn Therapeutics Provides Financial Update for 2023 and 2024 Strategic Outlook

• Dose escalation in FHD-286 combination study in AML continues to progress; clinical data anticipated in the second half of 2024

- FHD-909, a first-in-class BRM selective inhibitor, selected for clinical development by partner Lilly; preclinical data to be presented at AACR with IND planned for the second quarter, primary target patient population in non-small cell lung cancer
  - Selective CBP and EP300 degrader preclinical data to be presented at AACR; IND-enabling studies for CBP degrader program planned to begin by end of 2024

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- Foghorn anticipates at least six new INDs targeting significant oncology patient populations over the next four years, reflecting the continued productivity of its precision medicine platform
  - · Cash, cash equivalents, and marketable securities of \$234.1 million, as of December 31, 2023, provide cash runway into the first half of 2026

CAMBRIDGE, Mass. -- (GLOBE NEWSWIRE) – March 7, 2024 -- Foghorn® Therapeutics Inc. (Nasdaq: FHTX), a clinical-stage biotechnology company pioneering a new class of medicines that treat serious diseases by correcting abnormal gene expression, today provided a financial update and corporate outlook in conjunction with the Company's 10-K filing for the year ending December 31, 2023. With an initial focus in oncology, Foghorn's Gene Traffic Control® Platform and resulting broad pipeline have the potential to transform the lives of people with a wide spectrum of diseases.

"The research and clinical advances we made in 2023 set the stage for Foghorn to deliver significant value with the potential for several differentiated, high-impact medicines in 2024 and beyond," said Adrian Gottschalk, President and Chief Executive Officer of Foghorn. "In 2023 we initiated a combination study with FHD-286 in AML, with data anticipated in the second half of 2024. Based on the mutation-agnostic differentiation effect observed in our single-agent escalation study, we believe FHD-286 has the potential to be a first-in-class broad-based differentiation therapeutic in AML. We are also making progress with our selective BRM program with FHD-909, a first-in-class BRM selective inhibitor, selected for clinical development by partner Lilly. The IND is planned for the second quarter of 2024, with an initial focus in non-small cell lung cancer. Finally, we are excited by the preclinical efficacy and safety data for our CBP and EP300 selective degrader programs and target IND-enabling studies for CBP by the end of the year. Our cash position remains strong with runway into the first half of 2026."

#### Key Recent Updates and Upcoming Milestones

- FHD-286. FHD-286 is a potent, selective inhibitor of the BRG1 and BRM subunits of the BAF chromatin remodeling complex where dependency on BRG1/BRM is well-established preclinically with multiple tumor types, including acute myelogenous leukemia (AML)/myelodysplastic syndrome (MDS), non-small cell lung cancer (NSCLC) and prostate cancer.
  - AML Update. Foghorn commenced a Phase 1 study of FHD-286 in combination with decitabine or low-dose cytarabine (LDAC) in relapsed and/or refractory AML patients, with the first patient dosed during the third quarter of 2023. Dose escalation is ongoing, and the first clinical data are expected in the second half of 2024.
  - TKI Resistance. Recently published data, along with Foghorn's work, suggest that FHD-286 may play an important role in overcoming resistance in EGFR/KRAS tumors. The Company is conducting preclinical work to further explore the opportunity and expects data in the second quarter of 2024.
- Differentiated Pipeline Advancement. Foghorn continues to expand its platform and pipeline. The Company anticipates the potential for six new investigational new drug (IND) applications in the next four years. The Company continues to progress programs for multiple targets that include chromatin remodeling complexes, transcription factors, helicases, and other chromatin-related factors. These targets include selective BRM and wholly owned programs including CBP, EP300, and ARID1B, as well as other undisclosed targets, which combined could address more than 20 tumor types impacting more than 500,000 new patients annually.
  - Selective CBP and Selective EP300 programs. Foghorn is presenting new preclinical data for its CBP and EP300 selective degrader programs at the 2024 AACR Annual Meeting, April 5-10, 2024.
    - CBP selective degraders have shown significant tumor growth inhibition in a colorectal cancer *in vivo* model. Antiproliferative effects were also observed for numerous cancer cell lines, including colorectal, gastric and bladder cancers.
    - EP300 selective degraders have shown potent cellular antiproliferation and *in vivo* tumor growth inhibition in an AR+ enzalutamide prostate *in vivo* model.
    - At preclinical efficacious doses, neither the CBP nor the EP300 selective degraders cause thrombocytopenia, a commonly observed safety liability for dual CBP/EP300 inhibitors.
- Lilly Collaboration. Foghorn is engaged in a strategic collaboration with Lilly and continues to advance the BRM selective inhibitor and degrader programs along with other undisclosed programs.

• In the first quarter of 2024, Lilly selected FHD-909, a first-in-class oral BRM selective inhibitor, for clinical development. Lilly plans to file an IND for

- FHD-909 in the second quarter of 2024. The primary target patient population is BRG1-mutated NSCLC.
- Selective BRM inhibition has been a sought-after objective in cancer research for many years. A variety of tumor types, including NSCLC, are known to have mutations in BRG1, which we believe make them dependent on BRM activity for their survival. Selective blocking of BRM activity is considered a promising strategy for causing tumor cell death while sparing healthy cells.
- Preclinical data will be presented in 2024, including at AACR with a poster presentation on April 8.

In December 2021, Foghorn announced a strategic collaboration with Lilly to create novel oncology medicines. The collaboration includes a co-development and co-commercialization agreement for Foghorn's Selective BRM oncology program and an additional undisclosed oncology target. In addition, the collaboration includes three discovery programs using Foghorn's proprietary Gene Traffic Control platform.

#### Full Year 2023 Financial Highlights

- Collaboration Revenues. Collaboration revenues were \$34.2 million for the year ended December 31, 2023, compared to \$19.2 million for the year ended December 31, 2022. The increase year-over-year was primarily driven by revenue recognized under the Merck collaboration due to the termination of the agreement and the subsequent recognition of the remaining deferred revenue.
- Research and Development Expenses. Research and development expenses were \$109.7 million for the year ended December 31, 2023, compared to \$105.6 million for the year ended December 31, 2022. This increase was primarily due to costs associated with continued investment in R&D personnel, platform, and other early-stage research, partially offset by a decrease in spend on FHD-286 and FHD-609.
- General and Administrative Expenses. General and administrative expenses were \$32.4 million for the year ended December 31, 2023, compared to \$30.7 million for the year ended December 31, 2022. This increase was primarily due to an increase in investments to support the growing business, which included increases in personnel-related costs and stock-based compensation expense.
- Net Loss. Net loss was \$98.4 million for the year ended December 31, 2023, compared to a net loss of \$108.9 million for the year ended December 31, 2022.
- Cash, cash equivalents and marketable securities. As of December 31, 2023, the Company had \$234.1 million in cash, cash equivalents and marketable securities, providing cash runway into the first half of 2026.

### About FHD-286

FHD-286 is a highly potent, selective, allosteric, and orally available small-molecule, enzymatic inhibitor of BRG1 (SMARCA4) and BRM (SMARCA2), two highly similar proteins that are the ATPases, or the catalytic engines, of the BAF complex, one of the key regulators within the chromatin regulatory system. In preclinical studies, FHD-286 has shown anti-tumor activity across a broad range of malignancies including both hematologic and solid tumors.

#### About AML

Adult acute myeloid leukemia (AML) is a cancer of the blood and bone marrow and the most common type of acute leukemia in adults. AML is a diverse disease associated with multiple genetic mutations. It is diagnosed in about 20,000 people every year in the United States.

#### About FHD-909

FHD-909 (a.k.a. LY4050784) is a highly potent, allosteric and orally available small molecule that selectively inhibits the ATPase activity of BRM (SMARCA2) over its closely related paralog BRG1 (SMARCA4), two proteins that are the catalytic engines across all forms of the BAF complex, one of the key regulators of the chromatin regulatory system. In preclinical studies, tumors with mutations in BRG1 rely on BRM for BAF function. FHD-909 has shown significant anti-tumor activity across multiple BRG1-mutant lung tumors.

#### **About Foghorn Therapeutics**

Foghorn<sup>®</sup> Therapeutics is discovering and developing a novel class of medicines targeting genetically determined dependencies within the chromatin regulatory system. Through its proprietary scalable Gene Traffic Control<sup>®</sup> platform, Foghorn is systematically studying, identifying and validating potential drug targets within the chromatin regulatory system. The Company is developing multiple product candidates in oncology. Visit our website at <u>www.foghorntx.com</u> for more information on the Company, and follow us on X (formerly Twitter) and LinkedIn.

#### Forward-Looking Statements

This press release contains "forward-looking statements." Forward-looking statements include statements regarding the Company's clinical trials, product candidates and research efforts and other statements identified by words such as "could," "may," "might," "will," "likely," "anticipates," "intends," "plans," "seeks," "believes," "estimates," "expects," "continues," "projects" and similar references to future periods. Forward-looking statements are based on our current expectations and assumptions regarding capital market conditions, our business, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict. As a result, actual results may differ materially from those contemplated by the forward-looking statements. Important factors that could cause actual results of differ materially from those in the forward-looking statements include regional, national or global political, economic, business, competitive, market and regulatory conditions, including risks relating to our clinical trials and other factors set forth under the heading "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2023, as filed with

the Securities and Exchange Commission. Any forward-looking statement made in this press release speaks only as of the date on which it is made.

## **Condensed Consolidated Balance Sheets**

(In thousands)

	Dec. 31, 2023	Dec. 31, 2022
Cash, cash equivalents and marketable securities	\$ 234,057	\$ 345,798
Collaboration receivable	_	—
All other assets	51,859	59,085
Total assets	\$ 285,916	\$ 404,883
Deferred revenue, total	\$ 302,665	\$ 336,820
All other liabilities	60,441	67,951
Total liabilities	363,106	404,771
Total stockholders' equity	(77,190)	112
Total liabilities and stockholders' equity	\$ 285,916	\$ 404,883

# Condensed Consolidated Statements of Operations (In thousands, except share and per share amounts)

	Twelve Months E	nded December 31,		
	 2023		2022	
nue	\$ 34,155	\$	19,228	
g expenses:				
esearch and development	109,689		105,618	
General and administrative	32,372		30,747	
operating expenses	 142,061		136,365	
om operations	 (107,906)		(117,137)	
ther income, net	13,706		8,255	
before income taxes	 (94,200)		(108,882)	
sion for income taxes	 (4,226)		—	
<b>iS</b>	\$ (98,426)	\$	(108,882)	
oss per share attributable to common stockholders—basic and diluted	\$ (2.34)	\$	(2.62)	
rage common shares outstanding—basic and diluted	41,974,484		41,591,433	

## **Contacts:** Greg Dearborn, Foghorn Therapeutics Inc. (Investors) gdearborn@foghorntx.com

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# FCGHORN® THERAPEUTICS

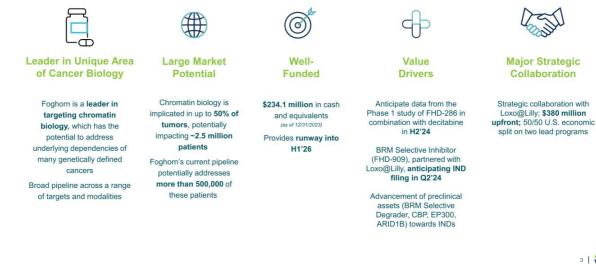
Unique biology Precision therapeutics Broad impact

March 2024

## **Forward Looking Statements**

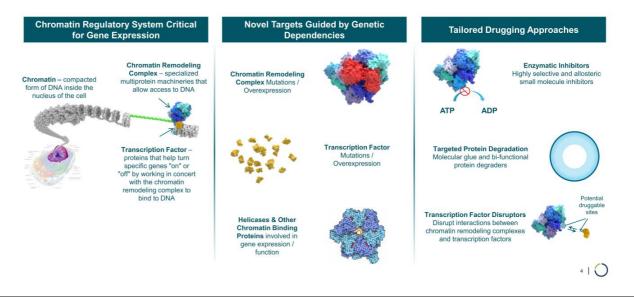
This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "could," "may," "might," "will," "likely," "anticipates," "intends," "plans," "seeks," "believes," "estimates," "expects," "continues," "projects" or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. Forward-looking statements include, but are not limited to, statements concerning: the potential outcomes from our collaboration agreements with Lilly; the initiation, timing, progress and results of our research and development programs and pre-clinical studies and clinical trials, including with respect to our Phase 1 study of FHD-286 in combination with decitabine or cytarabine in relapsed and/or refractory AML patients and anticipated timing of release of clinical data, and the planned Phase 1 dose escalation study of FHD-909 with Loxo@Lilly; our ability to advance product candidates that we may develop and to successfully complete preclinical and clinical studies; our ability to leverage our initial programs to develop additional product candidates using our Gene Traffic Control Platform; the impact of exogeneous factors, including macroeconomic and geopolitical circumstances, on our and our collaborators' business operations, including our research and development programs and pre-clinical studies; developments related to our competitors and our industry; our ability to expand the target populations of our programs and the availability of patients for clinical testing; our ability to obtain regulatory approval for FHD-286 and any future product candidates from the FDA and other regulatory authorities; our ability to identify and enter into future license agreements and collaborations; our ability to continue to rely on our CDMOs and CROs for our manufacturing and research needs; regulatory developments in the United States and foreign countries; our ability to attract and retain key scientific and management personnel; the scope of protection we are able to establish, maintain and enforce for intellectual property rights covering FHD-286, our future products and our Gene Traffic Control Platform; and our use of proceeds from capital-raising transactions, estimates of our expenses, capital requirements, and needs for additional financing. Any forward-looking statements represent the Company's views only as of today and should not be relied upon as representing its views as of any subsequent date. The Company explicitly disclaims any obligation to update any forward-looking statements. The Company's business is subject to substantial risks and uncertainties 210

## First-In-Class Precision Medicines Targeting Major Unmet Needs in Cancer

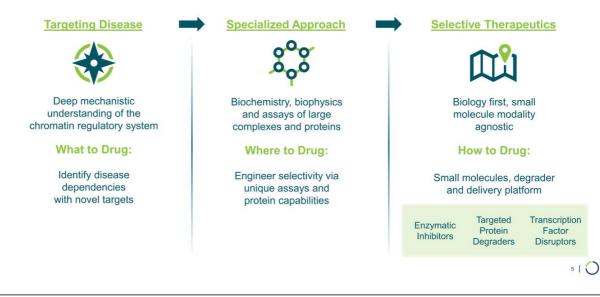


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# Unique Insights into Chromatin Biology to Prosecute Untapped Area for Novel Targets and Therapeutics



# Foghorn's Validated Gene Traffic Control<sup>®</sup> Platform Enables an Integrated, Scalable, Efficient and Repeatable Paradigm



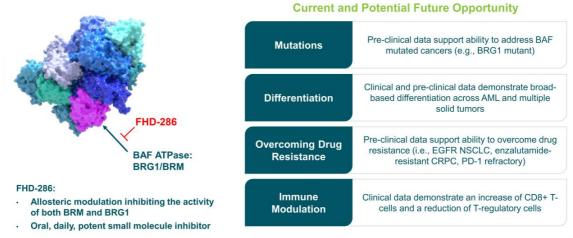
# Broad and Deep Pipeline Across a Range of Targets and Modalities

Modality	Program	Disease	Discovery	Phase 1	Phase 2	Phase 3	Commercial Rights
Enzyme	FHD-286 (BRG1/BRM)	Relapsed/Refractory AML					FCGHORN
Inhibitors	FHD-909 (Selective BRM)	BRG1 mutant cancers (e.g., ~8-10% of NSCLC, bladder, endometrial, colorectal)					FCGHORN
	Selective BRM	BRG1 mutant cancers (e.g., ~8-10% of NSCLC, bladder, endometrial, colorectal)					LOXO FOGHORN
Protein	Selective CBP	EP300 mutant cancers (e.g., ~5-10% of bladder, gastric, breast, NSCLC, colorectal)					FOGHORN'
Degraders Selective EP300	Selective EP300	EP300 dependent cancers (e.g., prostate, DLBCL), CBP mutant cancers (e.g., ~9-10% of NSCLC, bladder, melanoma)					FOGHORN'
	Selective ARID1B	ARID1A mutant cancers (~5% of all solid tumors)					FCGHORN
Transcription Factor Disruptors	Undisclosed	Undisclosed					FOGHORN
Partnered Program	Undisclosed	Undisclosed					LOXO FOGHORN
3 Discovery Programs	Undisclosed	Undisclosed					LOXO FOGHORN
							6

# FHD-286: Dual BRM/BRG1 Inhibition

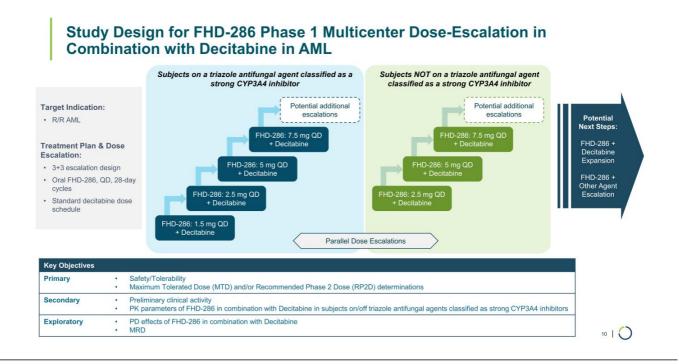
**Targeting BAF Dependency in Cancer** 

# Exploring BAF Dependency in Cancer with FHD-286 – Potent, Small Molecule Inhibitor Targeting BRM and BRG1



# First-in-Class Broad-Based Differentiation Agent With Significant Combination Potential in AML

Significant Opportunity	Completed Phase I Monotherapy Safety and Efficacy Results Ongoing Phase I Combination Stu			
<ul> <li>~27,000 drug treated relapsed and/or refractory (R/R) AML patients*</li> <li>No broad differentiation agent approved in AML</li> <li>Significant combination potential</li> </ul>	<ul> <li>Efficacy</li> <li>Differentiation observed in heavily pretreated patients, regardless of mutational status</li> <li>Multiple patients with bone marrow and peripheral blast improvements and associated ANC recovery</li> <li>Safety</li> <li>Adverse event profile consistent with lateline AML population</li> <li>Most frequent ≥ grade 3 TRAEs: increased blood bilirubin, hypocalcemia, differentiation syndrome (DS), stomatitis, increased ALT</li> </ul>	<ul> <li>Phase I dose escalation study evaluating oral daily dosing of FHD-286 with fixed dose decitabine or cytarabine</li> <li>Standard 3+3 dose escalation design</li> <li>Data anticipated in H2'2024</li> </ul>		
.S., EU5, Japan	Adjudicated Differentiation Syndrome rate of 15%	9.1		



# FHD-286 Demonstrated Differentiation Across a Broad Range of Genetic Backgrounds

- Concept							% Decrease	
			1000					
N/A	Adverse	7	62	9.2x	94	27	(71%)	
CBFB (locus at 16g22)		2	94	59.4x	70	2	(97%)	
KMT2A rearrangement	Adverse	3	58	21.4x	85	9	(90%)	
RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK	Adverse	5	73	15x	95	18	(81%)	
N/A	Adverse	8	52	6.3x	94	33	(65%)	
ASXL1, TP53, U2AF1	Adverse	19	63	3.3x	92	51	(45%)	
RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2	Adverse	3	74	29x	94	19	(80%)	
RUNX1, NRAS, ASLX1	Adverse	4	97	22.8x	98	7	(93%)	
N/A	Adverse	6	79	13x	93	11	(88%)	
TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2		3	24	8.1x	86	62	(27%)	
N/A	Adverse	4	28	6.5x	93	66	(29%)	7
DNMT3a, TET2		21	88	4.1x	30	4	(88%)	CD34 (leukemic st
								cell marker)
NRAS, WT1	Adverse	3	13	4.8x	93	89	(4%)	decreases
	KMTZA rearrangement RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK N/A ASXL1, TP53, U2AF1 RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2 RUNX1, NRAS, ASLX1 N/A TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2 N/A DNMT3a, TET2	KMTZA rearrangement     Adverse       RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK     Adverse       N/A     Adverse       ASXL1, TP53, U2AF1     Adverse       RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2     Adverse       RUNX1, NRAS, ASLX1     Adverse       N/A     Adverse       TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2     Adverse       N/A     Adverse	KMTZA rearrangement     Adverse     3       RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK     Adverse     5       N/A     Adverse     8       ASXL1, TP53, UZAF1     Adverse     19       RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2     Adverse     3       RUNX1, NRAS, ASLX1     Adverse     4       N/A     Adverse     6       TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2     3       N/A     Adverse     4       DNMT3a, TET2     21	KMT2A rearrangementAdverse358RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNKAdverse573N/AAdverse852ASXL1, TP53, U2AF1Adverse1963RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2Adverse374RUNX1, NRAS, ASLX1Adverse497N/AAdverse679TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2324N/AAdverse428DNMT3a, TET22188	KMT2A rearrangementAdverse35821.4xRUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNKAdverse57315xN/AAdverse85263xASXL1, TP53, U2AF1Adverse19633.3xRUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2Adverse37429xRUNX1, NRAS, ASLX1Adverse49722.8xN/AAdverse67913xTET2, WT1 GATA2 PLG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR23248.1xN/AAdverse4286.5xDNMT3a, TET221884.1x	KMTZA rearrangement     Adverse     3     58     21.4x     85       RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK     Adverse     5     73     15x     95       N/A     Adverse     5     73     15x     95       ASXL1, TPS3, UZAF1     Adverse     8     52     6.3x     94       RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2     Adverse     19     63     3.3x     92       RUNX1, NRAS, ASLX1     Adverse     3     74     29x     94       N/A     Adverse     6     79     13x     93       TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2     3     24     8.1x     86       N/A     Adverse     4     28     6.5x     93       DNMT3a, TET2     21     88     4.1x     3	KMT2A rearrangement     Adverse     3     58     21.4x     85     9       RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK     Adverse     5     73     15x     95     18       N/A     Adverse     8     52     63x     94     33       ASXL1, TP53, U2AF1     Adverse     19     63     3.3x     92     51       RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2     Adverse     3     74     29x     94     19       RUNX1, NRAS, ASLX1     Adverse     4     97     22.8x     98     7       N/A     Adverse     6     79     13x     93     11       TET2, WT1 GATA2 PLG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2     3     24     8.1x     86     62       N/A     Adverse     4     28     6.5x     93     66       DNMT3a, TET2     21     88     4.1x     30     4	KMT2A rearrangement     Adverse     3     58     21.4x     85     9     (90%)       RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK     Adverse     5     73     15x     95     18     (81%)       N/A     Adverse     8     52     63x     94     33     (65%)       ASXL1, TP33, U2AF1     Adverse     19     63     3.3x     92     51     (45%)       RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, Adverse     3     74     29x     94     19     (80%)       RUNX1, NRAS, ASLX1     Adverse     4     97     22.8x     98     7     (93%)       N/A     Adverse     6     79     13x     93     11     (88%)       TET2, WT1 GATA2 PLG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2     3     24     8.1x     86     62     (27%)       N/A     Adverse     4     28     6.5x     93     66     (29%)       N/A     Adverse     4     28     6.5x     93     66     (29%)       N/A     Adverse     21     88     4.1x     30     4     (88%)

# Clear Signs of Differentiation in Heavily Pre-Treated, Secondary AML Patient with Abnormal Karyotype

## Patient Background:

- · 47-year-old male, secondary AML
- Abnormal karyotype: Del (7Q), Inv (3), Der (7;12), -8, ADD(1)

## Prior AML Treatment:

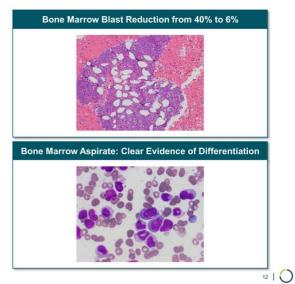
Progressive disease: 4 lines prior treatment and 2 bone marrow transplants

#### Prior non-AML treatment:

MDS with inv(3) and der(7;12) and ASXL1 mut. Received AZA x 4.

### Initiation of FHD-286 at 10 MG Dose:

 Bone marrow blast from 40% to 6% with clear evidence of differentiation with persistence of cytogenetics abnormalities. ANC recovery.



## Meaningful Clinical Benefit in Heavily Pre-Treated Patient

## Patient Background:

- · 25-year-old male, treatment-related AML
- KMT2A rearrangement

## **Prior AML Treatment:**

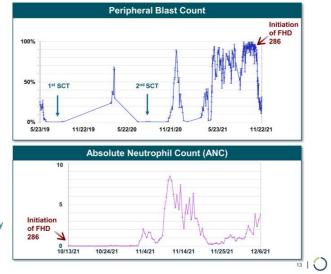
Progressive disease with CNS Leukemia: 7 lines prior treatment and 2 bone marrow transplants

#### Prior non-AML treatment:

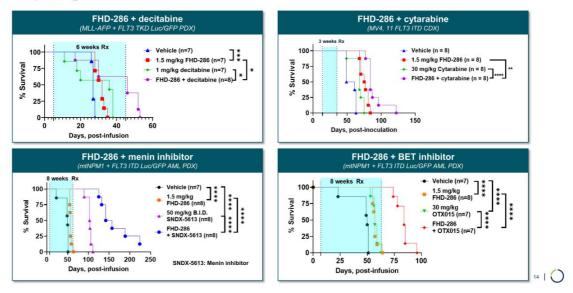
 Ewing's sarcoma: Treated with Chemo/RT/Surgery (VCR, doxo, cyclophos, ifos, etoposide)

### Initiation of FHD-286 at 10 MG Dose:

- Drop in peripheral blast, 97% to 5%
- Bone marrow reduction from 89% to 48%, with ANC recovery



# Pre-Clinical Data Demonstrate Significant Combination Potential with Multiple Agents in AML

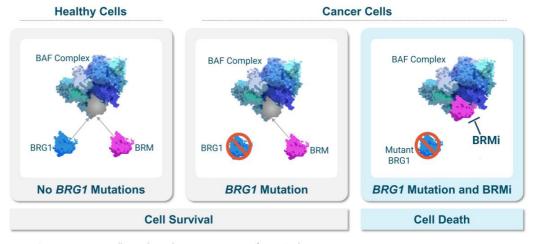


# Selective BRM Modulators For BRG1 Mutated Cancers

# BRM Selective Inhibitor FHD-909 IND Targeted in Q2'24, BRM Selective Degrader Continues Late-Stage Pre-Clinical Development

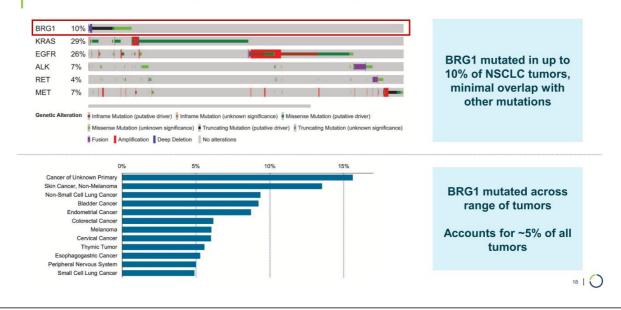
	BRM Selective Inhibitor (FHD-909)	BRM Selective Degrader
Biology	Exploit the synthetic lethal relations mutated BRG	
Stage	IND submission planned in Q2'24	Advancing in parallel through late pre- clinical development
Opportunity	BRG1 mutated cancer including ~10% of	FNSCLC and up to 5% of all solid tumors
Loxo@Lilly Partnership	50/50 global R&D cost share   50/50 U.S. e in the low double-digit range a	

# BRM Selective Inhibition and Degradation Exploit the Synthetic Lethal Relationship Between BRM and Mutated BRG1

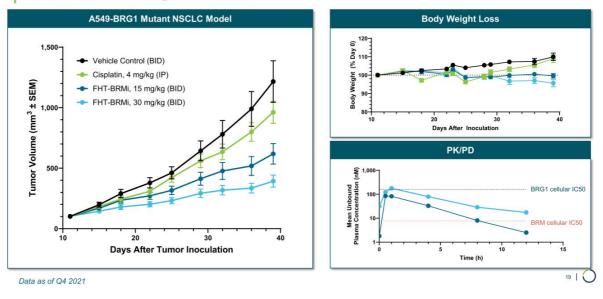


- •
- *BRG1* mutant cancer cells are dependent on BRM ATPase for survival Selectively targeting BRM ATPase is a potentially effective therapeutic option for *BRG1* mutated cancers

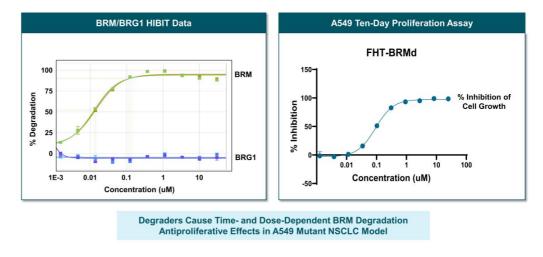
## BRG1 is Mutated in Up to 10% of NSCLC; Up to 5% of Solid Tumors



# BRM Selective Inhibitor Demonstrates PK/PD and *In Vivo* Efficacy in a BRG1 Mutant Lung CDX Model



# BRM Selective Degrader Achieves Complete BRM Degradation and Cell Growth Inhibition

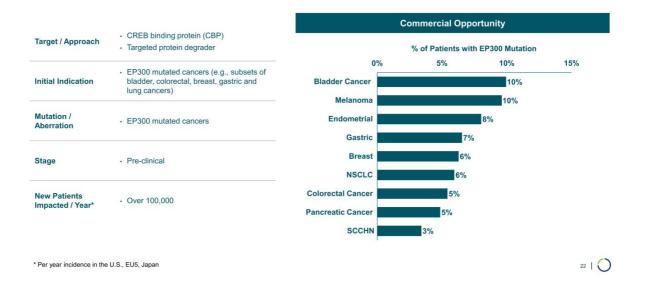


Data as of Q4 2021

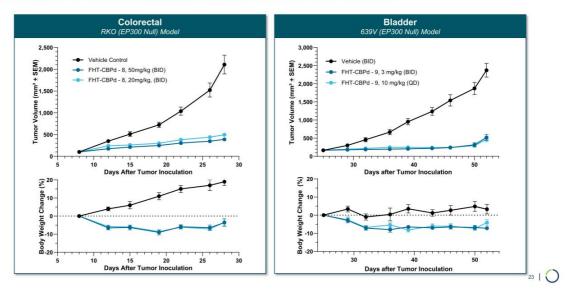
20 | 🔿

# Selective CBP Protein Degrader For EP300 Mutated Cancers

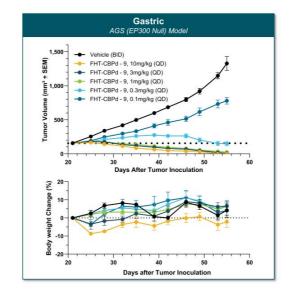
# Summary: Selective CBP Protein Degrader for EP300 Mutated Cancers



## Selective CBP Protein Degrader Result in Significant Tumor Growth Inhibition in Colorectal and Bladder EP300 Null Models

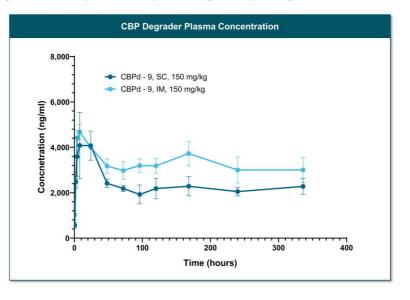


# Selective CBP Protein Degrader Result in Tumor Regression in Gastric EP300 Null Models



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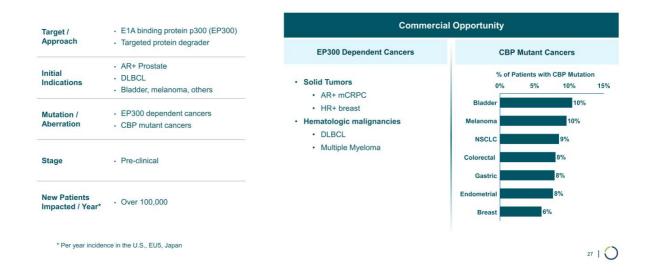
# Long-Acting Injectable Formulations of CBP Degrader Could Enable Once Every 2 Weeks (or Better) Dosing Frequency



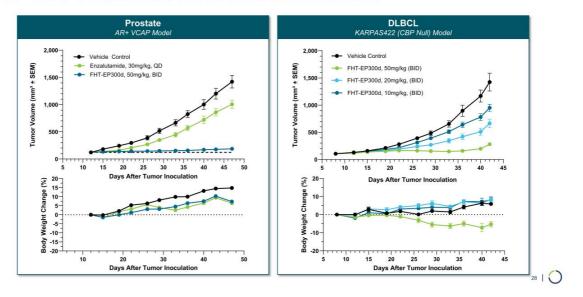
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# Selective EP300 Protein Degrader For CBP Mutated and EP300 Dependent Cancers

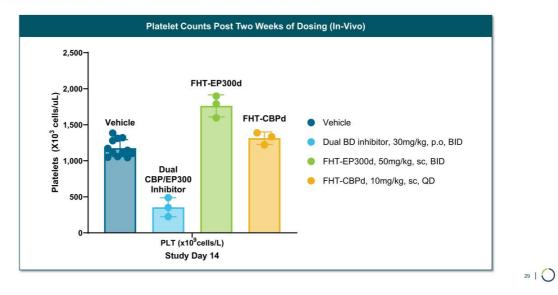
# Summary: Selective EP300 Protein Degrader for CBP Mutant & EP300 Dependent Cancers



# EP300 Degradation Results in Significant Tumor Growth Inhibition in AR+ VCAP Prostate and KARPAS422 DLBCL Models

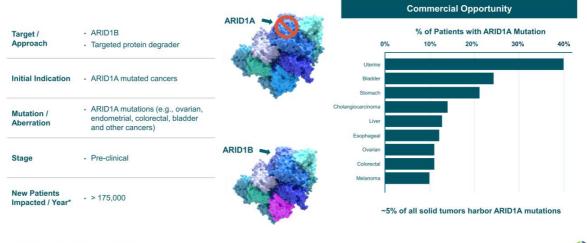


# Selective Degradation of EP300 and CBP Does Not Show Thrombocytopenia in Mice at Relevant Doses



# Selective ARID1B Protein Degrader For ARID1A Mutated Cancers

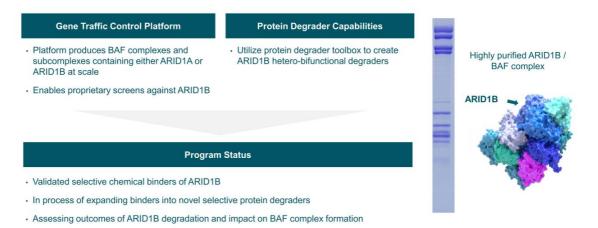




\* Per year incidence in the U.S., EU5, Japan



# Targeting ARID1B for ARID1A Mutated Cancers is Enabled by Foghorn's Unique Biology and Discovery Capabilities



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## Foghorn's Novel Approach to Drugging Transcription Factors Enabled by Its Protein Production and Discovery Capabilities

## Transcription Factors are Compelling Drug Targets...

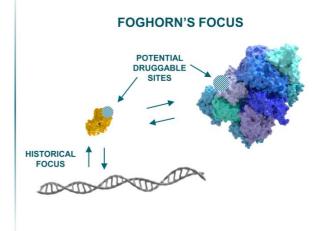
- · Highly involved in gene expression
- · Implicated in range of cancers and other diseases

## ...But Historically Difficult to Target...

- Featureless surface: no druggable binding pocket
- Tight interactions with DNA: undruggable affinities

# Foghorn Has a New Approach Focusing on Interaction with BAF

- Druggable binding pockets
- Druggable affinities



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# Broad and Deep Pipeline Across a Range of Targets and Modalities

Modality	Program	Disease	Discovery	Phase 1	Phase 2	Phase 3	Commercial Rights
Enzyme	FHD-286 (BRG1/BRM)	Relapsed/Refractory AML					FCGHORN
Inhibitors	FHD-909 (Selective BRM)	BRG1 mutant cancers (e.g., ~8-10% of NSCLC, bladder, endometrial, colorectal)					FCGHORN
	Selective BRM	BRG1 mutant cancers (e.g., ~8-10% of NSCLC, bladder, endometrial, colorectal)					LOXO FOGHORN
Protein	Selective CBP	EP300 mutant cancers (e.g., ~5-10% of bladder, gastric, breast, NSCLC, colorectal)					FOGHORN'
Degraders Selective EP300	Selective EP300	EP300 dependent cancers (e.g., prostate, DLBCL), CBP mutant cancers (e.g., ~9-10% of NSCLC, bladder, melanoma)					FOGHORN' THERAPEUTICS
	Selective ARID1B	ARID1A mutant cancers (~5% of all solid tumors)					FCGHORN
Transcription Factor Disruptors	Undisclosed	Undisclosed					FOGHORN
Partnered Program	Undisclosed	Undisclosed					LOXO FOGHORN
3 Discovery Programs	Undisclosed	Undisclosed					FOGHORN THERAPEUTICS
							36

## First-In-Class Precision Medicines Targeting Major Unmet Needs in Cancer



