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): April 26, 2024

INHIBIKASE THERAPEUTICS, INC.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-39676**	**26-3407249**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

3350 Riverwood Parkway SE, Suite 1900 **Atlanta, Georgia**	**30339**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (678) 392-3419

N/A
(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 (*see* General Instruction A.2. below):

☐ 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, $0.001 par value	IKT	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 7.01 Regulation FD Disclosure.

On April 29, 2024, Inhibikase Therapeutics, Inc. (the "Company") utilized a corporate presentation which may be used in presentations to investors and analysts from time to time. A copy of the presentation is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

The information furnished in this Item 7.01 of this Current Report on Form 8-K and Exhibit 99.1 attached hereto shall not be deemed "filed" for the 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. The information in this Item 7.01 of this Current Report on Form 8-K is not incorporated by reference into any filings of the Company made under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date of this Current Report on Form 8-K, regardless of any general incorporation language in the filing unless specifically stated so therein.

Item 8.01 Other Events.

On April 26, 2024, the Company received a notice of a demand for arbitration with the American Arbitration Association from Pivot Holding LLC ("Pivot"), that alleges to be a successor in interest to Sphaera Pharma Pte. Ltd. ("Sphaera"), in connection with the Collaborative Research and Development Agreement dated February 29, 2012, as amended, between the Company and Sphaera. Pivot alleges breach of contract by the Company for failure to pay milestone payments and seeks damages of $1.625 million in milestone payments plus interest. The Company believes that Pivot's claims are without merit and that the Company hasn't owed and doesn't owe any milestone payments to Pivot. The Company intends to vigorously dispute Pivot's claims and assert counterclaims against Pivot.

Forward-Looking Statements

This Current Report on Form 8-K includes "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking terminology such as "believes," "expects," "may," "will," "should," "anticipates," "plans," or similar expressions or the negative of these terms and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based on the Company's current expectations and assumptions. Such statements are subject to certain risks and uncertainties, which could cause the Company's actual results to differ materially from those anticipated by the forward-looking statements. Important factors that could cause actual results to differ materially from those in the forward-looking statements include our ability to successfully defend ourselves and assert counterclaims in the arbitration proceeding commenced by Pivot, to enroll and complete the 201 Trial evaluating risvodetinib in untreated Parkinson's disease, to successfully apply for and obtain FDA approval for IkT-001Pro in blood and stomach cancers or other indications, to successfully conduct clinical trials that are statistically significant, whether results from our animal studies may be replicated in humans, our need for additional capital especially to conduct the 12 month extension study of our 201 trial, the substantial doubt regarding our ability to continue as a going concern, as well as such other factors that are included in our periodic reports on Form 10-K and Form 10-Q that we file with the U.S. Securities and Exchange Commission. Any forward-looking statement in this release speaks only as of the date of this Current Report on Form 8-K. The Company undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future developments or otherwise, except as may be required by any applicable securities laws.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Number	Description
99.1	Presentation of Inhibikase Therapeutics, Inc.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

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.

Date: April 30, 2024

INHIBIKASE THERAPEUTICS, INC.

By: /S/ MILTON H. WERNER
Milton H. Werner, Ph.D.
President and Chief Executive Officer

Exhibit 99.1

Inhibikase.com

Nasdaq : IKT

This presentation shall not constitute an offer to sell or a solicitation of an offer to buy any securities, nor shall there be any sale of such securities in any state or jurisdiction in which such offer, solicitation, or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

This presentation contains information that may constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act, and Section 21E of the Securities Exchange Act of 1934, as amended. Inhibikase Therapeutics, Inc. (the "Company" or "we") intends for the forward-looking statements to be covered by the safe harbor provisions for forward-looking statements in those sections. Generally, we have identified such forward-looking statements by using the words "believe," "expect," "intend," "estimate," "anticipate," "project," "target," "forecast," "aim," "should," "will," "may", "continue" and similar expressions. Such statements are subject to a number of assumptions, risks and uncertainties which may cause actual results, performance or achievements to be materially different from those anticipated in these forward-looking statements. You should read statements that contain these words carefully because they discuss future expectations and plans which contain projections of future clinical studies, regulatory approvals, product candidate development, results of operations or financial condition or state other forward-looking information. However, the absence of these words or similar expressions does not mean that a statement is not forward-looking. Forward-looking statements are not historical facts, but instead represent only the Company's beliefs regarding future events, many of which, by their nature, are inherently uncertain and outside of the Company's control. It is possible that the Company's actual results and financial condition may differ, possibly materially, from the anticipated results and financial condition indicated in these forward-looking statements. Management believes that these forward-looking statements are reasonable as of the time made. However, caution should be taken not to place undue reliance on any such forward-looking statements because such statements speak only as of the date when made. The Company undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law. In addition, forward-looking statements are subject to certain risks and uncertainties that could cause actual results to differ materially from the Company's historical experience and our present expectations or projections. Important factors that could cause actual results to differ materially from those in the forward-looking statements are set forth in the Company's filings with the Securities and Exchange Commission, including its annual report on Form 10-K and its quarterly Form 10-Q, including under the caption "Risk Factors".

We do not intend our use or display of other entities' names, trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, any other entity.

ISSUER:	Inhibikase Therapeutics, Inc. ("IKT" or the "Company")
EXCHANGE/SYMBOL:	Nasdaq Capital Market: IKT
OFFERING TYPE:	Best Efforts S-1 Follow-on
GROSS PROCEEDS:	Up to $13.0 Million
SECURITIES TO BE OFFERED:	Units consisting of one share of Common Stock (or one Pre-Funded Warrant in lieu thereof), and one Warrant to purchase one share of common stock
ANTICIPATED USE OF PROCEEDS:	To extend the 201 trial for Risvodetinib (IkT-148009) up to an additional 12 months, support expansion of their biomarker program and ancillary studies required for Phase 3 entry and other general corporate purposes
SOLE PLACEMENT AGENT:	Maxim Group LLC
ANTICIPATED PRICING:	Week of April 29, 2024

Developing innovative medicines across the therapeutic spectrum

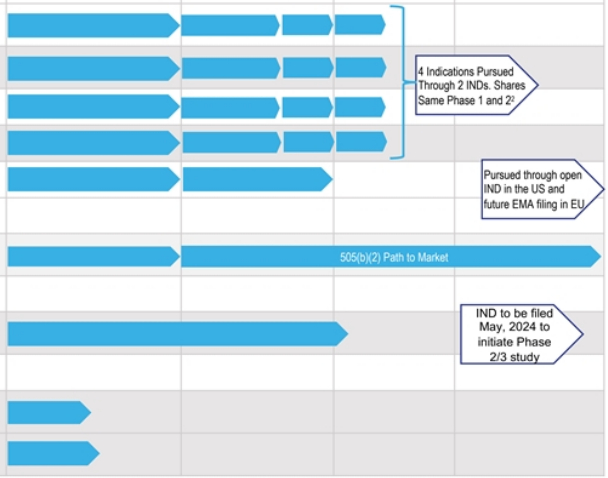
- Multi-therapeutic pipeline across neurodegenerative disease, cancer and cardiopulmonary disease
- **Risvodetinib (IkT-148009): Selective c-Abl inhibitor. Phase 2 ongoing** to evaluate disease modification in Parkinson's disease. Phase 2 201 trial, 77% enrolled in the U.S. 12-week trial planned to be extended by up to 12 additional months, subject to additional resources. Blinded functional and biomarker data support continuation and expansion of trial. $12B+ global addressable market.[1]
- **IkT-001Pro: Prodrug of imatinib mesylate**. **Phase 3 complete in blood and stomach cancers, Phase 2/3 ready in Pulmonary Arterial Hypertension**. $7B+ global addressable market.[2]
- Robust patent portfolio with compositions of matter protected to 2033 (IkT-001Pro) and 2036 (risvodetinib).
- Orphan designations: **Rivsodetinib** in Multiple System Atrophy, **IkT-001Pro** in multiple oncology indications and pulmonary arterial hypertension.
- Cash/cash equivalent runway into 1Q25.
- Highly-experienced management team, consultants, Board of Directors and Scientific Advisory Board.

[1]Vision Research, 2022; [2]From Biomedtracker (Citeline Commercial), 2024 (https://www.biomedtracker.com/indicationreport.cfm?indid=245#PipelineChart)

Inhibikase Therapeutics

Multi-Indication Pipeline in Neurodegeneration, Oncology and Non-oncology Indications

DRUG TARGET	DRUG CANDIDATE	MODALITY	DISEASE INDICATION	CLINICAL DEVELOPMENT[1]
				PRECLINICAL DEVELOPMENT / PHASE 1/1B / PHASE 2 / PHASE 3
Neurodegeneration				
c-Abl	**Risvodetinib**	Small molecule	Parkinson's Disease: Treatment Naive	
c-Abl	**Risvodetinib**	Small molecule	Parkinson's Disease: Early Stage	
c-Abl	**Risvodetinib**	Small molecule	Neurogenic Constipation	
c-Abl	**Risvodetinib**	Small molecule	Dysphagia	
c-Abl	**Risvodetinib**	Small molecule	Multiple System Atrophy	
Oncology				
BCR-Abl	**IkT-001Pro**	Small molecule	Stable-phase CML (orphan indication)	
Cardiopulmonary disease				
c-Abl	**IkT-001Pro**	Small molecule	Pulmonary Arterial Hypertension	
Research				
c-Abl	**IkT-148x, BIP4-7**	Small molecule	Dementia with Lewy Body	
c-Abl	**IkT-148x, BIP4-7**	Small molecule	Multiple System Atrophy	



(1). 'Clinical Development' progress bars represent the current state of the indicated programs. Blue arrows represent completed or in progress studies; white arrows represent planned approaches for future clinical studies.

(2). Four indications will be pursued for IkT-148009 in PD, which will be pursued through studies of treatment naïve and early-stage patients, including their GI complications. MSA is an orphan, aggressive form of Parkinson's-like disease to enter clinical development at Phase 2 following completion and positive outcomes from animal model studies of IkT-148009 in prophylactic and therapeutic dosing studies.


Inhibikase
Therapeutics
Parkinson's and Related Disorders

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Parkinson's disease and MSA in the U.S.[1]

Parkinson's: Slowly Progressing

1/3 of a Patient's Lifespan to death = 25 years

90,000 New Cases / Year

38,000 Deaths / Year

930,000 – 1,200,000

U.S. Patients[1]

60

Average Age Of Onset

MSA: Rapidly Progressing

1/10 of a Patient's Lifespan to death = 8 years

15,000 -50,000 Cases

Orphan Disease

55

Average Age Of Onset

Men twice as likely as **women** to contract disease

Co-morbid indications

47% Arthritis

36% Heart/Circulatory

35% Psychosis

30% Dementia

Global treatment sales for PD by 2030 are expected to exceed

$12.2 BILLION

Vision Research, 2022

Current treatments cannot alter course of Parkinson's disease

MSA has no beneficial treatments

The country with the highest diagnosed prevalence is

THE U.S.

Vision Research, 2022

[1]Parkinson's Disease Foundation Decisions Resources 2016, Lewin Report in the Economic Burden and Future Impact of Parkinson's disease, 2019.

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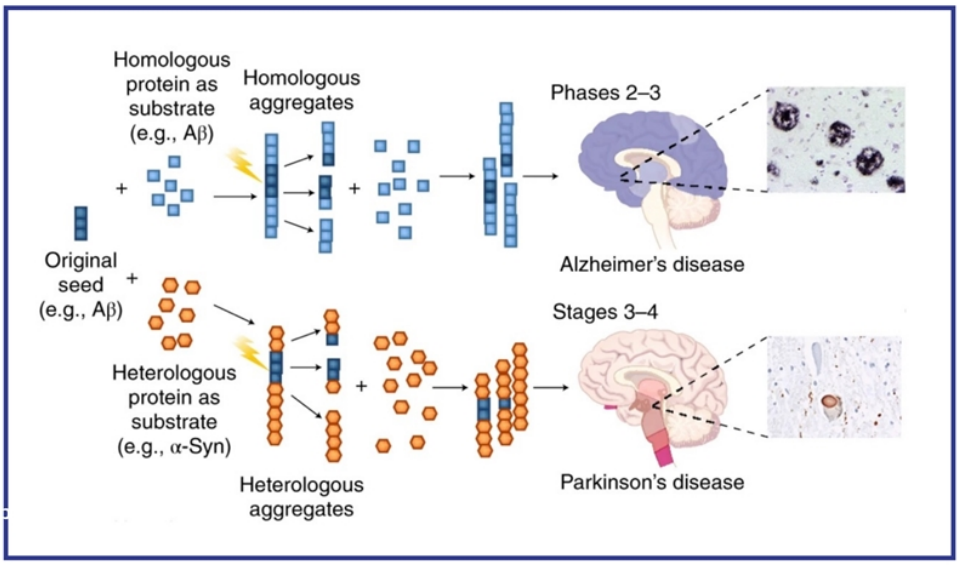
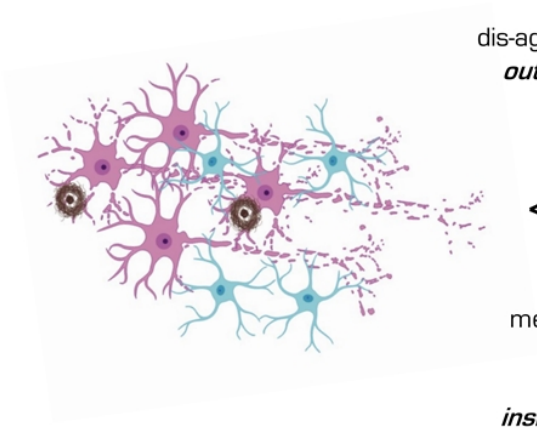
Different proteins, similar pathological effect

β-amyloid and Tau in Alzheimer's

α-synuclein in PD, MSA, DLB



[1]Nat. Neurosci. 21: 1332-1340 (2018)



antibody or
dis-aggregator targets plaque
outside affected neurons

→ Clearance of pathological plaque unknown
NOT restorative

mechanistic inhibitors
like risvodetinib
target plaque
inside affected neurons

→ Does clear pathological plaques
CAN BE restorative

- Risvodetinib targets an enzyme, c-Abl, inside the neurons at the site of disease initiation[1]

[1]Werner and Olanow , Mov Disorders 2021, doi: 10.1002/mds.28858
Karuppagounder, Werner, et al., Sci Transl. Med 2023 doi: 10.1126/scitranslmed.abp9352

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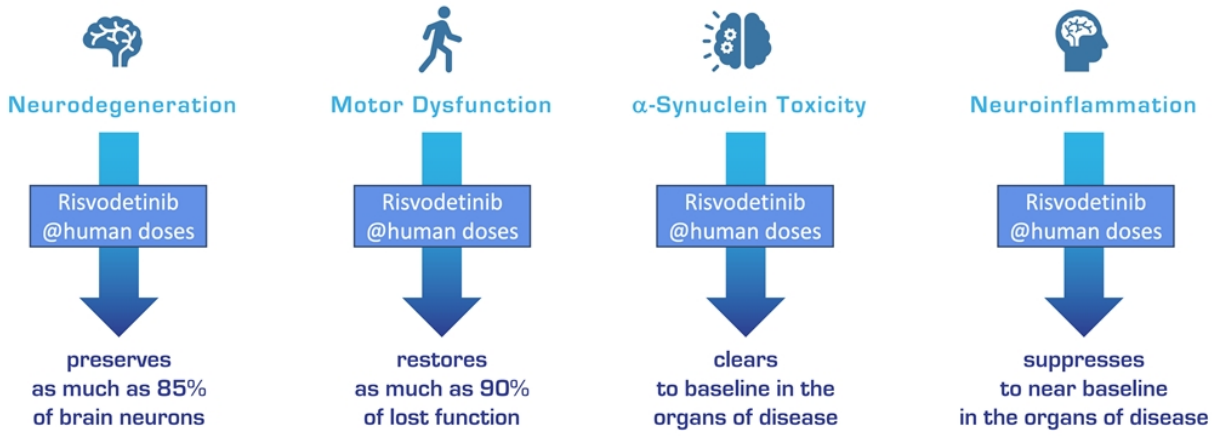
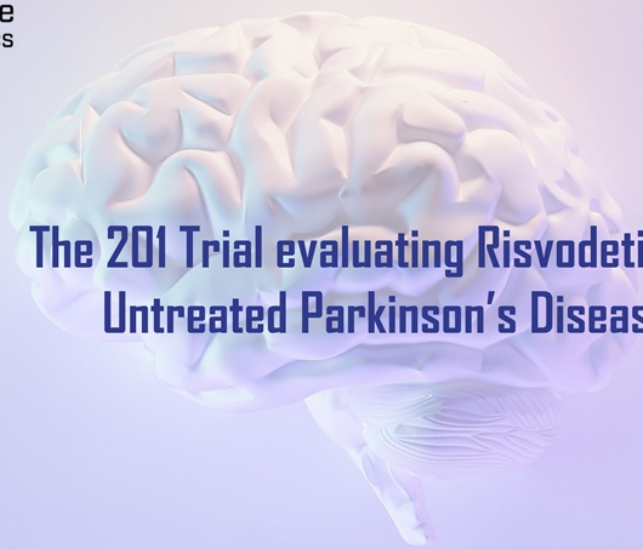
c-Abl inhibition by Risvodetinib restores lost function in Validated Animal Models of Parkinson's disease[1]

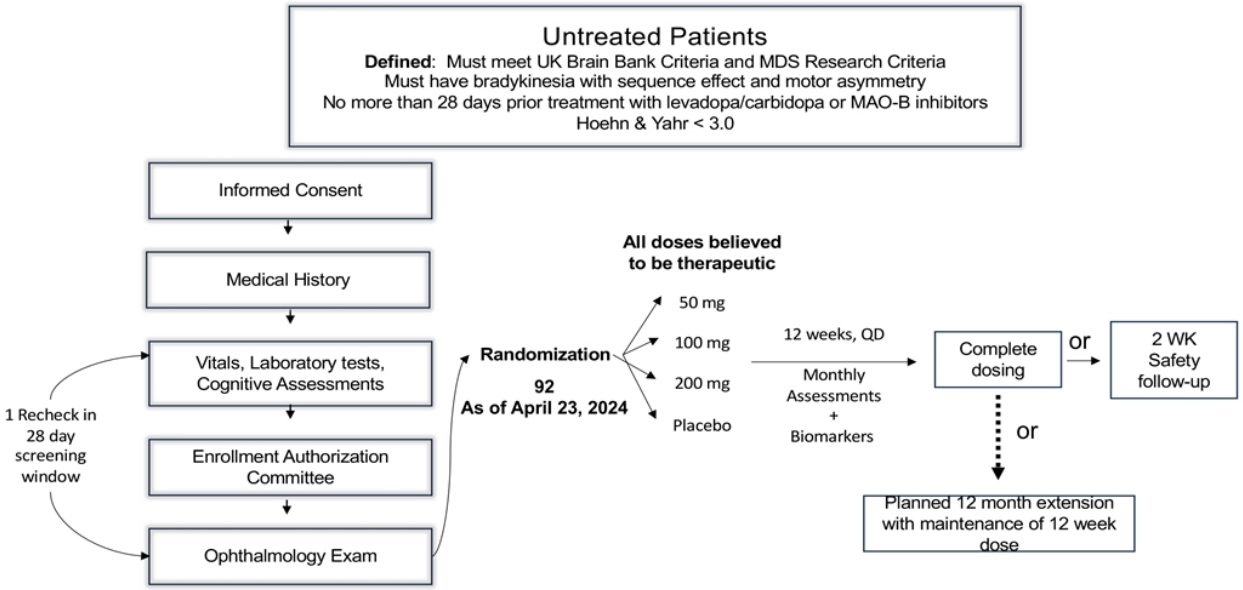


[1]Werner and Olanow , Mov Disorders 2021, doi: 10.1002/mds.28858
Karuppagounder, Werner, et al., Sci Transl. Med 2023 doi: 10.1126/scitranslmed.abp9352

Inhibikase Therapeutics



The 201 Trial evaluating Risvodetinib in Untreated Parkinson's Disease


Untreated Patients
Defined: Must meet UK Brain Bank Criteria and MDS Research Criteria
Must have bradykinesia with sequence effect and motor asymmetry
No more than 28 days prior treatment with levadopa/carbidopa or MAO-B inhibitors
Hoehn & Yahr < 3.0
Informed Consent
Medical History
Vitals, Laboratory tests, Cognitive Assessments
Enrollment Authorization Committee
Ophthalmology Exam
1 Recheck in 28 day screening window
All doses believed to be therapeutic
Randomization
92
As of April 23, 2024
50 mg
100 mg
200 mg
Placebo
12 weeks, QD
Monthly Assessments + Biomarkers
Complete dosing
or
2 WK Safety follow-up
or
Planned 12 month extension with maintenance of 12 week dose

Inhibikase Therapeutics

25 AEs occurred in 17 of 92 enrolled participants

	Adverse Event (# Occurrences)	Severity
Gastrointestinal		
	Nausea (1)	Mild
	Vomiting (3)	Mild (3)
	Gas/Cramps (2)	Mild (1)/Moderate (1)
	Heartburn (1)	Mild
	Diarrhea (3)	Mild
	Constipation (1)	Mild
Cardiovascular		
	Abnormal ECG (2)	Mild
	Orthostatic hypotension (2)	Mild
Laboratory		
	Elevated lipase (1)	Mild
	Elevated creatinine (1)	Mild
Psychological/Neurological		
	Irritability (1)	Mild
	Headache (2)	Mild
	Increase energy (1)	Mild
	Worsening Parkinsonism (1) (non-compliant dosing)	Moderate
Musculoskeletal		
	Fatigue (2)	Mild
	Rash (1)	Mild

Functional Assessment: Universal Parkinson's Disease Rating Scale (MDS-UPDRS)

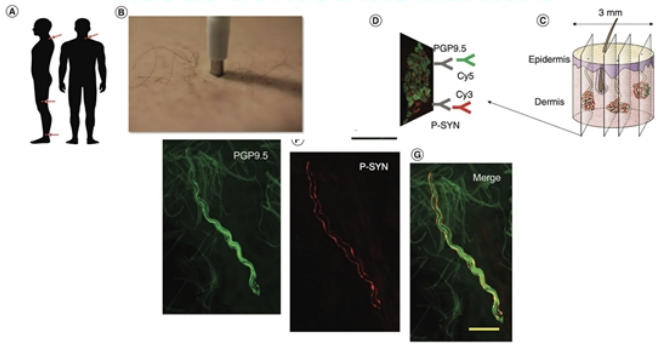
Part 2: Measures ability to do everyday activities (teeth brushing, dressing on your own, etc.)
Part 3: Measures ability to do walk, stand, balance
Improvement occurs when numbers decrease; Worsening occurs when numbers increase

	Mean Changes From Baseline End of Study[1]			
	50 mg N=3	**100 mg N=2**	**200 mg N=3**	**Placebo N=3**
MDS-UPDRS Part 2	-0.33	0	-4.33	0
MDS-UPDRS Part 3	2	-1.3	-4.33	1.7
Part 2 + Part 3	1.67	-1.3	-8.7	1.7

-10.4

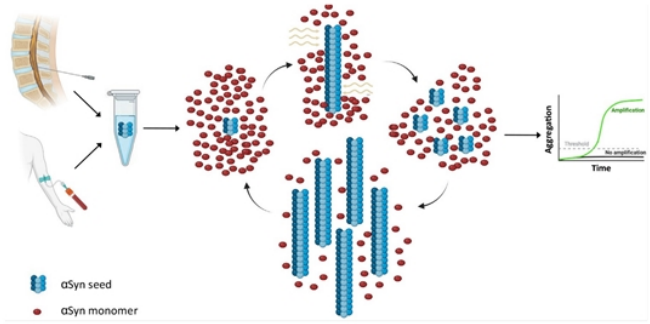
[1]Given small sample size, we do not yet conclude that a clinical benefit has been achieved.

Tissue-derived biomarkers



Tissue biomarkers may indicate clearance of plaque pathology in the 201 Trial. Proprietary antibody against phosphorylated alpha-synuclein will use this method to report on target engagement as well.

Blood and CSF biomarkers

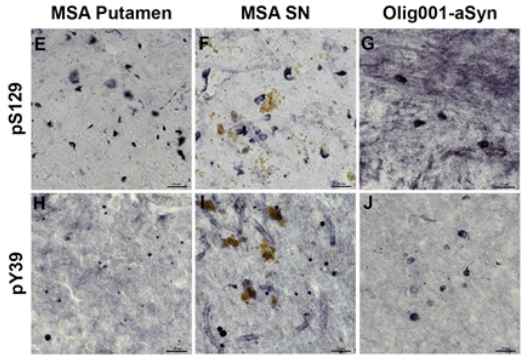


Spinal fluid biomarkers may confirm proper diagnosis of disease in the 201 Trial.

Inhibikase Therapeutics

Risvodetinib in other neurodegenerative disease

MSA[1]



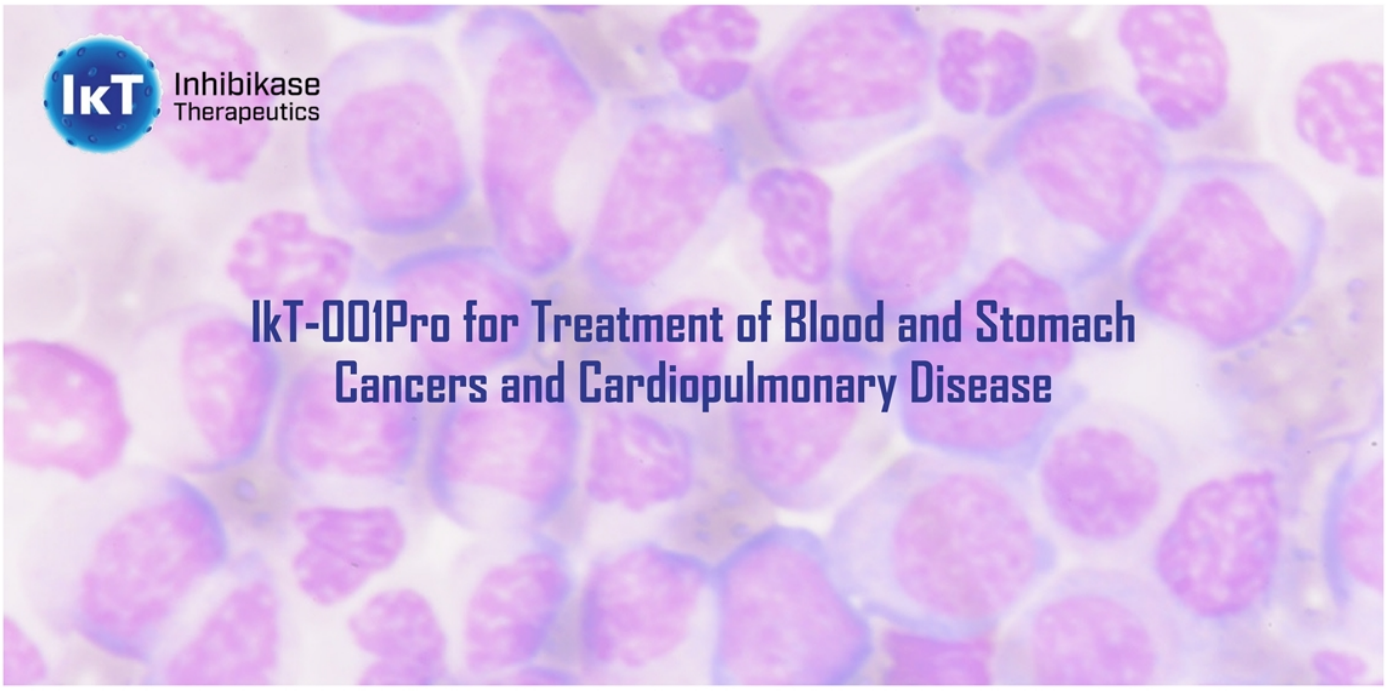
Alzheimer's

Prog Neurobiol. 2021;202:102031
Autophagy. 2021;17(5):1278-1280.
J Biol Chem. 2020 ;295(23):7905-7922
Front Cell Neurosci. 2019;13:526
Biochim Biophys Acta Mol Basis Dis. 2018; 1864(4 Pt A):1148-1159
Biomol Struct Dyn. 2017;35(4):883-896
J Alzheimers Dis. 2016 ;54(3):1193-1205
PLoS One. 2014 ;9(3):e92309
Curr Alzheimer Res. 2011;8(6):643-51.
Neurobiol Aging. 2011;32(7):1249-61.
J Alzheimers Dis. 2011;25(1):119-33.
J Alzheimers Dis. 2010;19(2):721-33.
J Alzheimers Dis. 2009;18(1):1-9
J Alzheimers Dis. 2009;17(2):409-22
Brain. 2008;131(Pt 9):2425-42
Neurobiol Dis. 2004;17(2):326-36
Proc Natl Acad Sci U S A. 2003;100(21):12444-9.

ALS

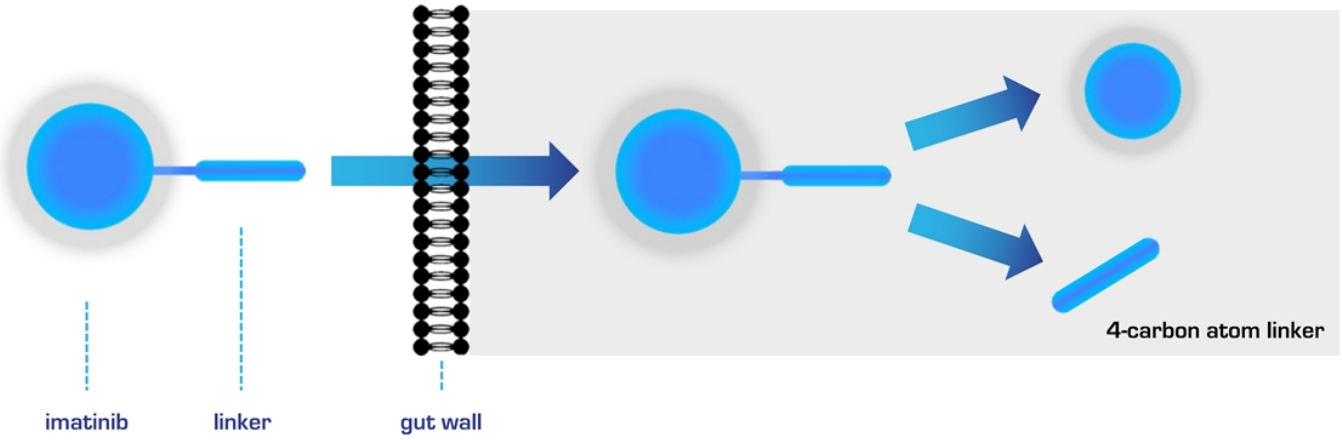
J Neurol Sci. 2018;393:80-82
Sci Transl Med. 2017;9(391):eaaf3962
Front Cell Neurosci. 2015 9;9:203
PLoS One. 2012;7(9):e46185

[1]Marmion, Werner, Kordower et al, (2021) Neurobiol Dis 148:105184


IkT
Inhibikase
Therapeutics
IkT-001Pro for Treatment of Blood and Stomach
Cancers and Cardiopulmonary Disease

Inhibikase Therapeutics

IkT-001Pro releases the active ingredient imatinib only in blood



pH 2-6
(stomach, ileum, duodenum)

pH 7⁺ (blood)
Lifetime in blood < 10 min

Inhibikase Therapeutics

IkT-001Pro has less toxicity in non-human primate:

Potentially Safer Alternative to Imatinib Mesylate

Measurement of IkT-001Pro in Non-Human Primates

	No Adverse Event Level (mg/kg) **NOAEL**	Cmax (mean, ng/mL)	Tmax (mean, h)	AUC_{0-T} (mean, ng-h/mL)
Imatinib (Day 91)[1]	15	176/206 (M/F)	4/3 (M/F)	1540/1960 (M/F)
IkT-001Pro[2] (Day 28)	75	400/318 (M/F)	5.3/3.7 (M/F)	5220/3890 (M/F)

[1]FDA summary data for approval 21-335
[2]IkT IND #135167

RESULTS SUGGEST THAT:

- ✓ Achieve dose flexibility, including use of higher dosing due to lower AEs
- ✓ Suppress GI and other adherence-related adverse events

NO ADVERSE EVENTS

Up to 3.4x
higher dose of imatinib delivered as 001Pro

Up to 3.4x
increased exposure

Clinical Development of IkT-001Pro: Summary

- Phase 3 Complete in Blood and Stomach Cancers
  - Competes against generic imatinib mesylate
  - ≈$300M market US[1]
- Phase 2/3 Ready in Pulmonary Arterial Hypertension
  - Proven to be disease-modifying, but Phase 3 needs to be repeated due to safety concerns 10 years ago[2]
  - Developing to compete with sotatercept, marketed as Winrevair (approved March, 2024)
  - $4.6B market US[3], $7B+ global,[4] 5.3% CAGR[4]

[1]ISI retail sales data 2016-2020
[2]*Circulation* 2013;127:1128-1138
[3]From Biomedtracker (Citeline Commercial), 2024 (https://www.biomedtracker.com/indicationreport.cfm?indid=245#PipelineChart)
[4]Precedence Research, 2023 (https://www.linkedin.com/pulse/pulmonary-arterial-hypertension-market-prathamesh-sakpal-lvrfc/)


IKT
Inhibikase
Therapeutics
Selected Financial Data

Selected Financial and Stock Data

Capitalization Table	April 15, 2024
Common Shares Outstanding	6,476,844
Options (WAEP: $10.33)	985,280
Warrants (WAEP: $7.64)	2,266,136
Fully Diluted Shares Outstanding	**9,728,260**

Balance Sheet	December 31, 2023
Current Assets:	
Cash, Cash Equivalents, Marketable Securities	$13,252,052
Prepaid research and development	$219,817
Prepaid expenses and other current assets	$739,179
Total Current Assets	**$14,211,048**
Total Current Liabilities	$3,438,601
Total Working Capital	**$10,772,447**

Inhibikase Therapeutics

Management Team with Deep Experience in Drug Development and Commercialization

Milton Werner, PhD
President & CEO

Previously, Dr. Werner served as Director of Research at Celtaxsys. From September 1996 until June 2007, Dr. Werner was a Head of the Laboratory of Molecular Biophysics at The Rockefeller University in New York City. Throughout his scientific career, Dr. Werner has been an innovator integrating chemistry, physics, and biology into a comprehensive approach to solving problems in medicine. Dr. Werner is the author or co-author of more than 70 research articles, reviews, and book chapters and has given lectures on his research work throughout the world.

Garth Lees-Rolfe
Chief Financial Officer

Previously served as our Vice President of Finance from November 2022 to March 2024. Prior to Inhibikase served as the Vice-President, Finance for F-Star, Inc., a publicly traded global clinical-stage biotech company. Prior to his corporate work, spent 16 years in public practice mostly with Ernst & Young, lastly as a Senior Manager. He is a licensed Certified Public Accountant in the state of Massachusetts and a licensed Chartered Accountant of Australia and New Zealand.

C. Warren Olanow, MD,
Medical Consultant
and Chief Executive Officer of Clintrex Research Corporation.

Dr. Olanow is the former Henry P. and Georgette Goldschmidt Professor and Chairman of the Department of Neurology at the Mount Sinai School of Medicine Prior to joining Mount Sinai, he served on the faculties of McGill University, Duke University, and the University of South Florida. He is the former President of the Movement Disorder Society, past President of the International Society of Motor Disturbances, and former Treasurer of the American Neurological Association. He has served on the executive committee of the Michael J. Fox Foundation Scientific Advisory Board, and he is the former Chairman of the Scientific Advisory Board of the Bachmann-Strauss Parkinson Foundation and of the Dystonia Foundation. Dr. Olanow is the former Co-Editor-in-Chief of the journal Movement Disorders. Dr. Olanow received his medical degree from the University of Toronto, performed his neurology training at the New York Neurological Institute at Columbia Presbyterian Medical Center at Columbia University, and undertook postgraduate studies in neuroanatomy at Columbia University and authored more than 600 articles in the field of neurodegeneration.

Mr. Dennis Berman

- Co-founder, board member, and/or seed investor in many private biotechnology and technology companies, five of which have gone public.
- Currently serves as the President of Molino Ventures, LLC a board advisory and venture capital firm and was co-founder and Executive Vice President of Corporate Development of Tocagen.
- Seed investor, co-founder, and/or board member of Intervu, Viagene, Kintera, Inc., Gensia, Calabrian

Dr. Milton H. Werner, PhD

- President & CEO, Inhibikase Therapeutics, Inc.

Ms. Gisele Dion

- Chief Accounting Officer of Alnylam Pharmaceuticals since November, 2023
- Senior Vice President, Chief Accounting Officer and Corporate Controller at Takeda Pharmaceutical Ltd
- Senior Advisor to the Chief Financial Officer of Takeda Pharmaceutical Ltd.
- Vice President, Chief Accounting Officer and Corporate Controller at Shire Pharmaceuticals LLC,
- Corporate Controller and Senior Director of Technical Accounting at Biogen Inc.,
- Currently Director and Audit Committee Chair, Cytek Biosciences, Inc.
- Staff Member of the Financial Accounting Standards Board (FASB)
- Audit Advisor Group Member for the Pharmaceutical Research and Manufacturers of America (PhRMA).
- B.S. in Accounting and Management Information Systems from Fairfield University

Dr. Roy Freeman, MD

- Professor of Neurology at the Harvard Medical School and Director of the Center for Autonomic and Peripheral Nerve Disorders in the Department of Neurology at Beth Israel Deaconess Medical Center
- Former chairman of the World Federation of Neurology research group on the autonomic nervous system, former President of the American Autonomic Society, and former chairman of the Autonomic Section of the American Academy of Neurology.
- Editor-in-Chief of Autonomic Neuroscience: Basic and Clinical and on the editorial boards of The Clinical Journal of Pain, Pain: Clinical Updates, and Clinical Autonomic Research.
- Serial founder of several companies in pain and neurodegenerative disease and is on the scientific advisory boards of many large and small pharmaceutical and biotechnology companies.

Dr. Paul Grint, MD

- 20+ years experience in biologics and small-molecule research and development, including the successful approval and commercialization of products in the infectious diseases, immunology, and oncology therapeutic areas.
- Director of Amplyx Pharmaceuticals and Synedgen.
- Served in senior management roles at Cerexa, Forest Laboratories, Kalypsys, Pfizer, IDEC Pharmaceuticals, and Schering-Plough Corporation.
- Fellow of the Royal College of Pathologists and a medical degree from St. Bartholomew's Hospital College, University of London.

Dr. Robert Hauser, MD
Professor of Neurology, University of South Florida College of Medicine - Director USF Parkinson's Disease and Movement Disorders Center

Dr. Jeffrey Kordower, PhD
Founding Director
ASU-Banner Neurodegenerative Disease Research Center (NDRC)
The Charlene and J. Orin Edson Distinguished Director at the Biodesign Institute
Professor of Life Sciences
Arizona State University

Dr. Ken Marek
President and Senior Scientist, Institute of Neurodegenerative Disorders

Dr. Ted Dawson, MD, PhD
Neurodegeneration and Stem Cell Programs, Institute for Cell Engineering, Departments of Neurology, Physiology, Pharmacology, and Molecular Sciences - The Johns Hopkins University School of Medicine

Dr. Valina Dawson, PhD
Neurodegeneration and Stem Cell Programs, Institute for Cell Engineering, Departments of Neurology and Physiology
The Johns Hopkins University School of Medicine

Dr. Warren Olanow, MD, FRCPC
Henry P. and Georgette Goldschmidt Professor and Chairman Emeritus, Mount Sinai School of Medicine
CEO, Clintrex Research Corporation

Dr. Karl Kieburtz, MD, MPH
Robert J. Joynt Professor in Neurology, Senior Associate Dean for Clinical Research, Director of the Clinical &Translational Science Institute, Founder Center for Human Experimental Therapeutics (CHET)- University of Rochester Medical Center
President Clintrex Research Corporation

Dr. Jay Pasricha, MBBS, MD
Director, Johns Hopkins Center for Neurogastroenterology
Professor of Medicine