

EMPOWERING PATIENTS THROUGH
KINOME INNOVATION

Company Overview

December 2019



Cautionary Note Regarding Forward-Looking Statements

Any statements contained in this presentation that do not describe historical facts may constitute forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements may be identified by words such as "believe," "expect," "may," "plan," "potential," "will," and similar expressions, and are based on Aclaris' current beliefs and expectations. These forward-looking statements include expectations regarding Aclaris' development of its drug candidates, including the timing for initiation and completion of clinical trials, the availability of data from these trials and the timing of its regulatory submissions related to these trials. These statements involve risks and uncertainties that could cause actual results to differ materially from those reflected in such statements. Risks and uncertainties that may cause actual results to differ materially include uncertainties inherent in the conduct of clinical trials, Aclaris' reliance on third parties over which it may not always have full control, and other risks and uncertainties that are described in the Risk Factors section of Aclaris' Quarterly Report on Form 10-Q for the quarter ended September 30, 2019, and other filings Aclaris makes with the U.S. Securities and Exchange Commission from time to time. These documents are available under the "SEC filings" section of the Investors page of Aclaris' website at <http://www.aclaristx.com>. Any forward-looking statements speak only as of the date of this presentation and are based on information available to Aclaris as of the date of this presentation, and Aclaris assumes no obligation to, and does not intend to, update any forward-looking statements, whether as a result of new information, future events or otherwise.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Strategy: *Development stage biotechnology company focused on immuno-inflammatory diseases*



LEADERSHIP

- Physician/Scientist founded and led
- Kinome experts - combined 300+ years of R&D experience immunology and inflammation
- World class ex-Pfizer kinase and ex-GSK immunology R&D leadership

KINect™ PLATFORM

Proprietary
Discovery Engine

- Versatile platform with multiple approaches for difficult to drug kinases in precedent pathways
- Fully integrated discovery and development team
- Dedicated to the design of innovative, kinase targeted medicines for immuno-inflammatory diseases
- Positioning small molecule drug candidates to parallel or exceed efficacy of high value biologics

INNOVATIVE PIPELINE

(investigational drug candidates)

ATI-450

- Oral anti-TNF, anti-IL1, anti-IL6
- Novel target for the potential treatment of various inflammatory indications

ATI-1777-Topical Soft-JAK1/3i

- Innovative treatment limiting systemic exposure for the potential treatment of moderate-to-severe atopic dermatitis (AD)

ATI-2138 - ITK/TXK/JAK3i

- Dual inhibitor of T-cell and cytokine receptor for the potential treatment of autoimmune disease

R&D Leadership Team

Experienced team with deep scientific and operational experience

David Gordon

Chief Medical Officer

Former SVP, R&D at GSK.
Led discovery and development teams in Immuno-Inflammation and Dermatology leading to multiple successful NDAs, including NUCALA® & BENLYSTA®

Joseph Monahan, PhD

*Exec. VP R&D
(Head of Discovery)*

Former Executive Director, Pfizer Inflammation Research and Leader of Global Kinase Technology Team
>95 publications and patents (>30 total on kinases)

Walter Smith

SVP, R&D

Former VP Research & Global Head, Pfizer Inflammation, co-leader of Pfizer Licensing Team
Delivered 8 clinical candidates, 6 INDs and 1 NDA in inflammation and cancer

Jon Jacobsen, PhD

VP, Chemistry

Former Research Fellow and Director, Pfizer Chemistry
>100 publications and patents (15 total on kinases)
Project Lead for PFE JAK Program

Paul Changelian, PhD

VP, Biology

Immunologist/drug discovery leader at pharma (Pfizer & biotech)
Validated JAK 1/3 as target for transplant/RA/psoriasis, leading to approval of XELJANZ®

David R Anderson, PhD

Sr. Director, Discovery, Early Development






Former research project leader at Pfizer. Director of Chemistry at Mnemosyne, Luc, Cadent.
Inventor of 6 clinical candidates and author of 40 peer reviewed publications and patents

Gary DeCrescenzo

SVP, Pharm R&D

Former Exec. Director, Pfizer. Site Head for Medicinal & Structural Chemistry.
>100 patents.
Co-inventor of multiple drug candidates

Pipeline

Program	Indication(s)	Preclinical	Phase 1	Phase 2	Phase 3
ATI-450 MK2 Inhibitor <i>Oral</i>	Rheumatoid Arthritis + Additional Immuno-inflammatory Indication				
ATI-1777 JAK1/JAK3 Inhibitor <i>Soft Topical</i>	Atopic Dermatitis (moderate-to-severe)				
ATI-2138 ITK/TKK/JAK3 Inhibitor <i>Oral</i>	Psoriasis, Inflammatory Bowel Disease				
JAK1/JAK3 Inhibitor <i>Oral, gut-restricted</i>	Inflammatory Bowel Disease				
ITK/JAK3 Inhibitor <i>Oral, gut-restricted</i>	Inflammatory Bowel Disease				

The Kinase Opportunity and Challenge

Creating New Medicines Targeting Previously Inaccessible Kinome Targets

Medically Important and Productive Target Class

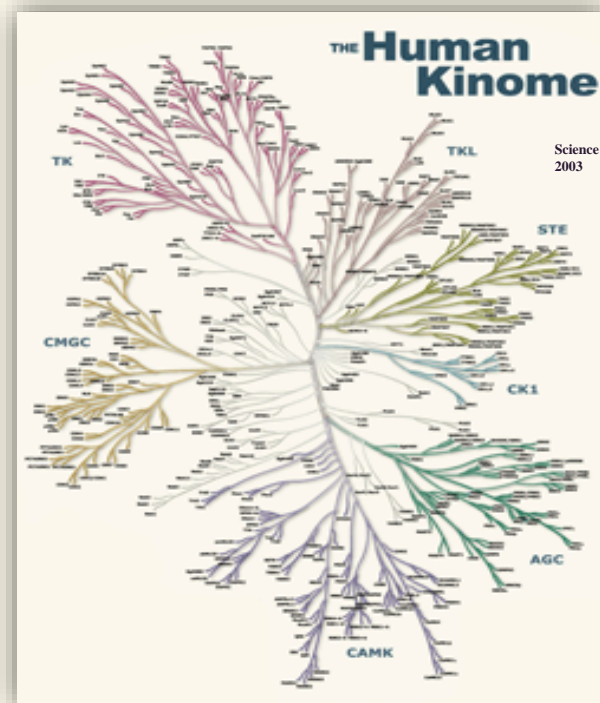


~36 Marketed Drugs

~\$48B*

Annual Sales of Kinase Drugs

Most Members of the Kinome Remain Unexplored



518 Members

>90% of the Human Kinome
remains undrugged

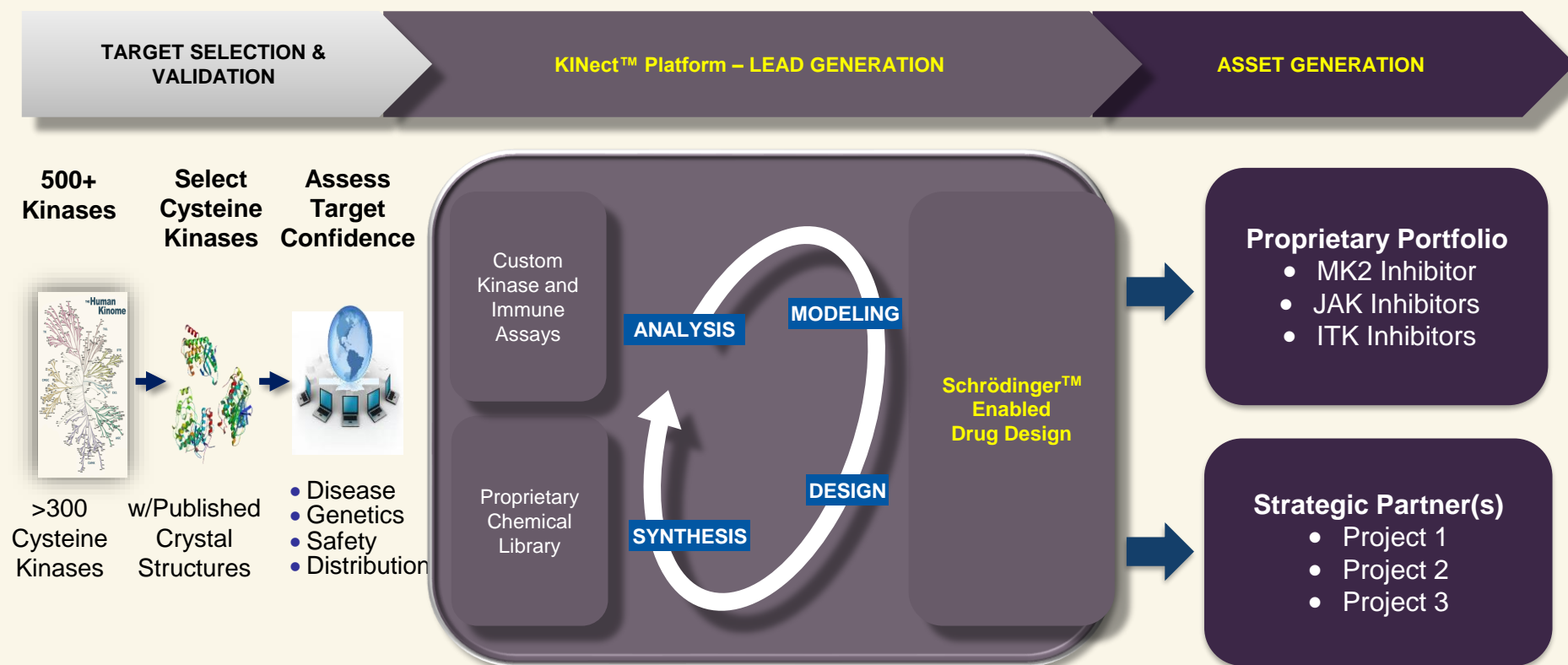
These drugs target less than 5% of the kinome

* Bologa C, et al. Unexplored opportunities in the druggable human genome. *Nat Rev Drug Discov*. 2018.

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KINect™ Platform

Developing Kinase Drug Candidates Rapidly & Efficiently



- Forward focus on the cysteinome with use of electrophilic warheads
- Leads are chemically tuned

- Multiple approaches for difficult to drug kinases
- Integrated system:
 - Structure-based drug design
 - Proprietary library of kinase inhibitor probes
 - Layers of validated translatable testing funnels
- Faster path to lead optimization

- Demonstrated success:
 - Substrate selective inhibitors
 - Tissue targeted reversible and irreversible kinase inhibitors
 - Covalent ITK inhibitors

KINect™ Platform Demonstrated Success

Reversible and Covalent

MK2 Inhibitor

Unique Substrate Selective Drug Design

- Oral anti-TNF, anti-IL1, and anti-IL6 MK2 kinase inhibitor drug
- Novel approach for a difficult to target kinase
- ATI-450 (investigational compound) currently in Phase 1 clinical trial

Tissue Restricted JAK and ITK Inhibitors

Tailoring physico-chemical and potency properties

- Potential approaches to achieve efficacy with improved safety
- ATI-1777 (investigational compound): Soft, topical drug for the potential treatment of moderate-to-severe AD
- Gut-restricted inhibitor for the potential treatment for inflammatory bowel disease

Covalent ITK Inhibitors

Covalent Inhibition: for difficult to target kinase

- ITK T cell kinase inhibitors for autoimmune disease
- Reversible inhibition largely unsuccessful
- Oral and topical covalent drug candidates developed
- Oral: ATI-2138 (investigational compound) IND enabling work

Market Overview of Select Inflammatory Indications

	RA (moderate - severe)	Psoriasis (moderate - severe)	Ulcerative Colitis (moderate - severe)	Crohn's (moderate - severe)	Atopic Dermatitis (moderate - severe)
2018E WW Sales¹	~25B	~15B	~\$5B	~\$11B	~\$1B
Estimated Peak Market (WW)²	~\$25-30B	~\$20-25B	~\$8-12B	~\$15B	~\$8-12B
Prevalent US Moderate/Severe Population³	~1,000K+	~1,000-1,300K	~400-500K	~350-450K	~300-700K
Approved Agents (per target)	TNF-alpha: 5	TNF-alpha: 3	TNF-alpha: 2	TNF-alpha: 3	IL-4R: 1
	CD20: 1	IL-12 / IL-23: 2	Integrin $\alpha 4\beta 7$: 1	IL-12 / IL-23: 1	
	JAK: 2	IL-17A: 2	JAK: 1	Integrin $\alpha 4\beta 7$: 1	
	Integrin $\alpha 4\beta 7$: 1	PDE4: 1			
	Other: 3				
Agents in Clinic (per target)	BTK: 9	IL-23: 2	JAK/STAT: 4	JAK/STAT: 5	JAK/STAT: 4
	JAK/STAT: 5	IL-17 / IL17R: 4	IL-23: 4	IL-23: 5	IL-33: 2
	IL-6: 3	JAK/STAT: 2	S1P-R: 2	S1P Receptor: 3	IL-13: 2
	TNF-alpha: 1	Others: 7	Integrins: 2	Integrin $\alpha 4\beta 7$: 1	IL-31: 2
	T-cell Receptor: 1		Others: 12	Others: 12	OX40: 2
	Others: 41				Others: 8
Opportunity for New Treatments	Orals, Improved risk/benefit, novel mechanism	Oral, novel mechanism, improved safety	Gut-restricted (improved safety)	Gut-restricted (Improved safety)	Improved risk/benefit, topical in moderate to severe

* Auster M, et al. Something Big Is Getting Bigger [research note]. New York, NY: Credit Suisse Equity Research; 2019.

¹ Estimates of total sales per indication from EvaluatePharma.

² CS projections: based on US branded pricing.

³ Assumed peak treatable population with biologics/novel agents in the US: RA 350-400k / Psoriasis 300-350k / Ulcerative Colitis 225-275k / Crohn's 225-275k / Atopic Dermatitis 150-200k.

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ATI-450: MK2 Inhibitor

(Investigational Drug Candidate)



MK2 Inhibitor – Potential ORAL Alternative to Injectable, Anti-Cytokine Biologics and JAK Inhibitors for Immuno-Inflammatory Diseases

- MK2* is an attractive drug target because it drives pro-inflammatory cytokine expression
- The effects of inhibiting MK2 mirror the effects of anti-inflammatory biologics¹
 - **anti-TNF:** HUMIRA[®], ENBREL[®], REMICADE[®]
 - **anti-IL1:** KINERET[®], ILARIS[®], ARCALYST[®]
 - **anti-IL6:** KEVZARA[®], ACTEMRA[®]
- ATI-450 inhibits MK2 via a novel MOA which involves binding to a drug “pocket” created in the p38α/MK2 complex²

* MK2 = Mitogen-activated protein kinase-activated protein kinase 2

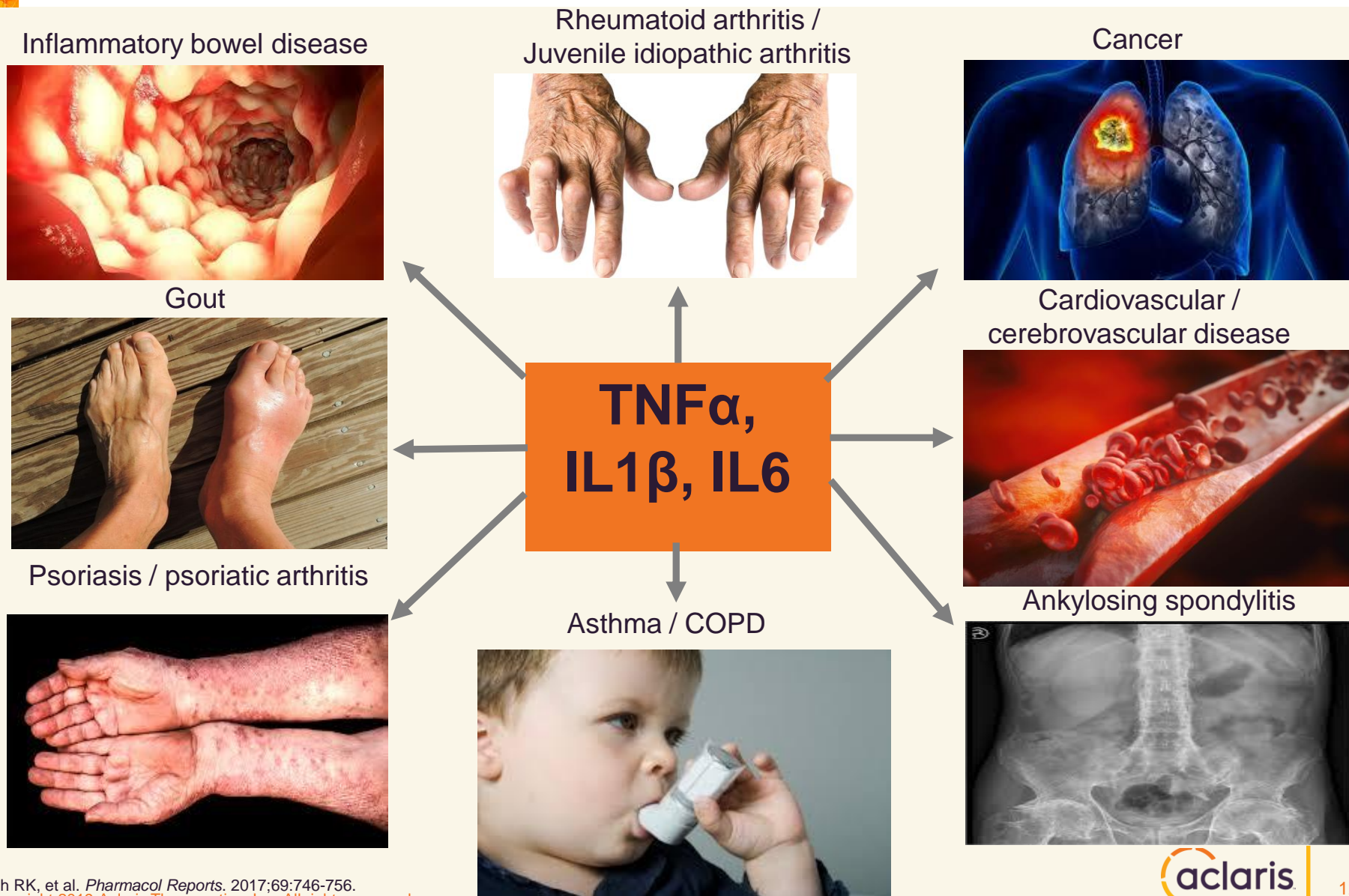
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¹ Data on file.

² Wang C, et al. *J Exp Med*. 2018;215(5):1315-1325.

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MK2-driven Cytokines are Central to Many Diseases

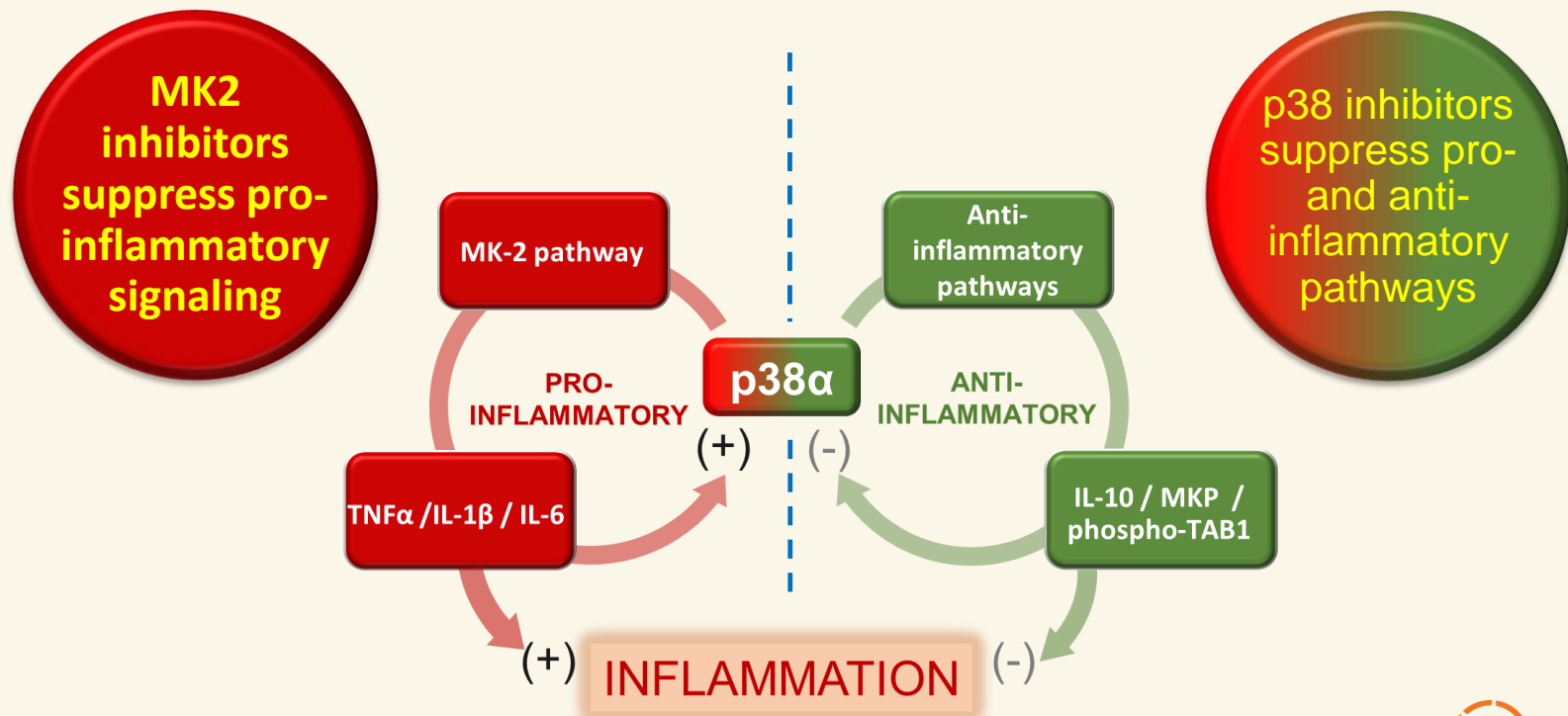


Evolution in Understanding of a Well-Known Path

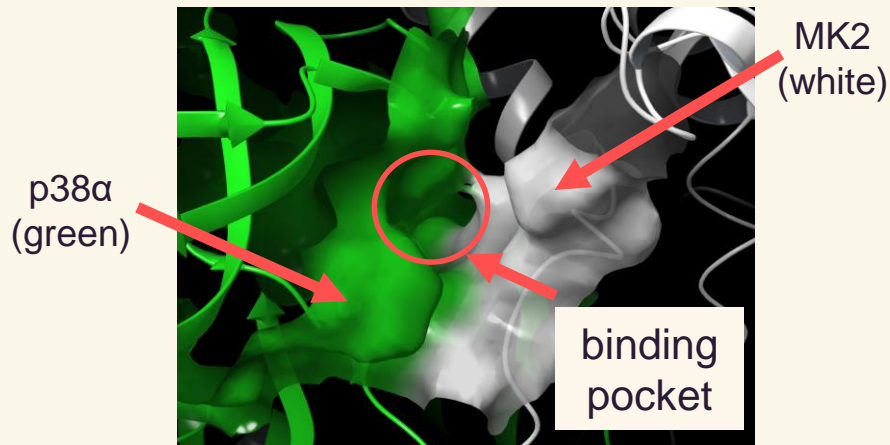
The Path From p38 α to MK2

p38 α was the original therapeutic target for suppressing TNF α and other pro-inflammatory cytokines

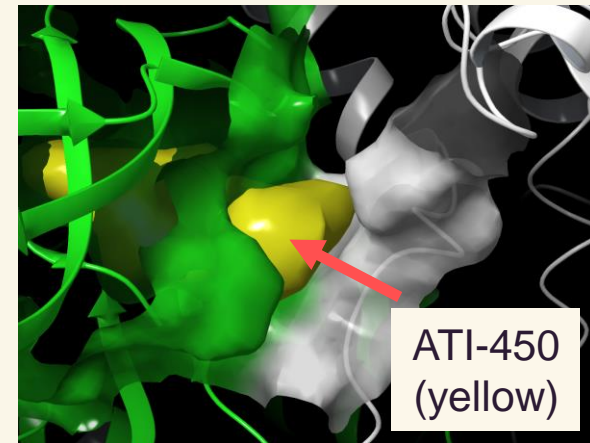
- However, first generation p38 α inhibitors were not selective resulting in multiple safety issues including liver, kidney, GI, and skin toxicity.
- Second generation p38 α inhibitors demonstrated a lack of sustained activity in certain diseases such as RA and IBD and could not completely overcome toxicity.
- MK2 inhibitors became recognized as a more selective and targeted approach to this path.



Capturing MK2 in an Inactive State



Crystal structure of the p38α/MK2 complex



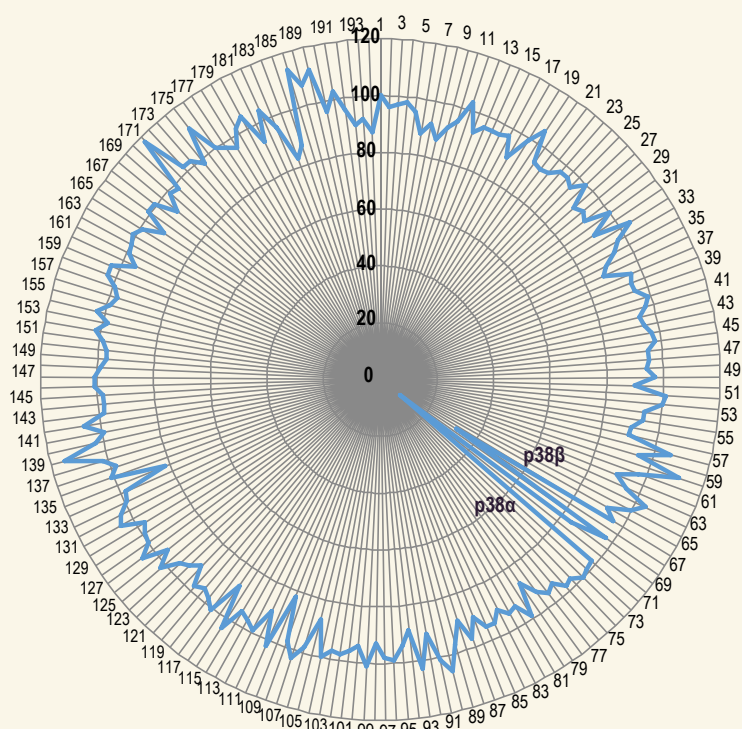
ATI-450 (yellow) docked in the pocket

- In the nucleus, inactive MK2 and p38α dock in a high affinity complex that exhibits a binding pocket formed by juxtaposed walls of both proteins
- Aclaris MK2 inhibitors bind to both walls of the pocket, stabilizing the complex and preventing MK2 activation

Aclaris MK2 inhibitors lock MK2 in a catalytically inactive state – a unique MOA

ATI-450 selectivity

Human Kinome Selectivity¹



- ATI-450 (5μM) was tested vs 193 kinases
- >350-fold binding selectivity on all kinases in this panel except p38α and p38β

MK2 Pathway Selectivity

ATI-450 is highly selective for the p38/MK2 complex vs. other p38 substrates¹

Assay	Fold Selective
p38α/MK2	1
p38α/ATF2	700
p38α/PRAK	750

ATI-450 binds to the p38α/MK2 complex with higher affinity than either p38 or MK2 alone^{**}

Assay	Fold Selective
p38α/MK2	1
p38α/p38tide*	51
MK2/HSP27	>550

* Optimized p38 peptide substrate

** Data on file.

¹ Wang C, et al. *J Exp Med*. 2018;215(5):1315-1325.

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Animal Models Supporting the Development of ATI-450 in Inflammatory Diseases

Therapeutic Area	Animal Model	Reference
Rheumatoid Arthritis / Psoriatic Arthritis	Rat streptococcal cell wall arthritis model <ul style="list-style-type: none"> • Protection against bone deterioration • Protection against lethality Inhibition of cellular IL1 β mRNA stability & translation	Wang C, et al. <i>J Exp Med.</i> 2018;215(5):1315-1325.
Inflammatory Bowel Disease	Adoptive transfer mouse model of colitis <ul style="list-style-type: none"> • Endoscopy scores show disease control • Decreased inflammatory infiltrate • Protected structural integrity of mucosa 	Strasser S, et al. <i>Integrative Biology.</i> 2019;11(7):301-314.
Cryopyrin-Associated Periodic Syndromes (CAPS)	Murine NOMID (severe form of CAPS) transgenic model Human CAPS PBMC* IL1 β modulation	Wang C, et al. <i>J Exp Med.</i> 2018;215(5):1315-1325.

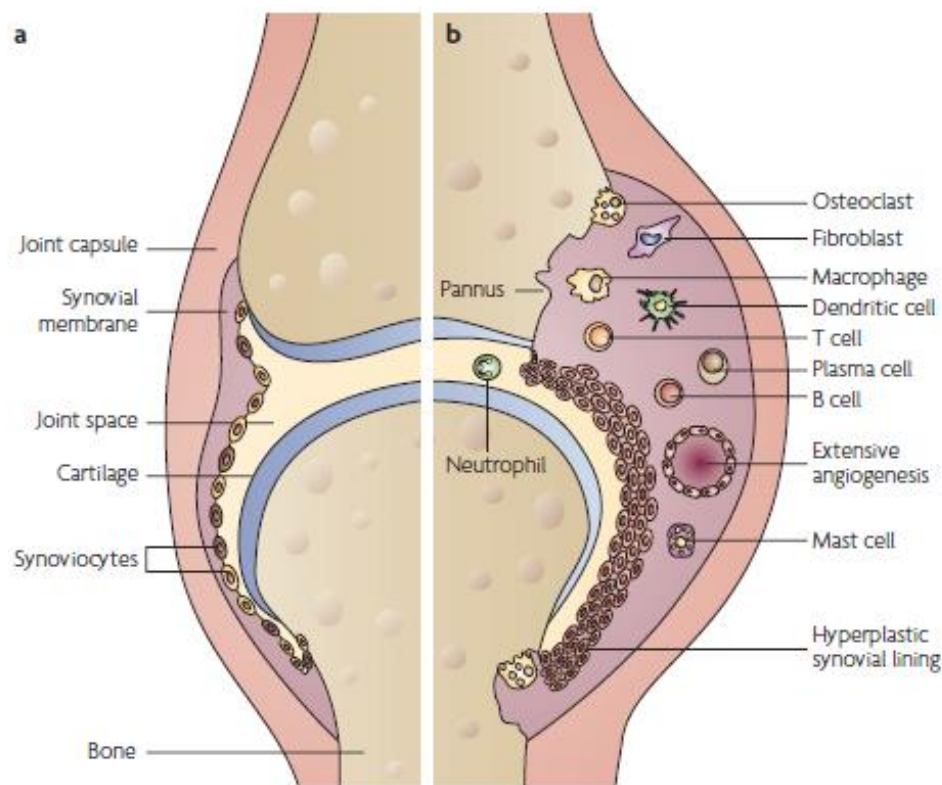
* PBMC = Peripheral blood mononuclear cells

ATI-450 Blocks MK2 – Potential Effect in Rheumatoid Arthritis

MK2 is a key regulator of essential pathogenic signals in chronic inflammatory and autoimmune diseases

Normal Joint

RA Joint



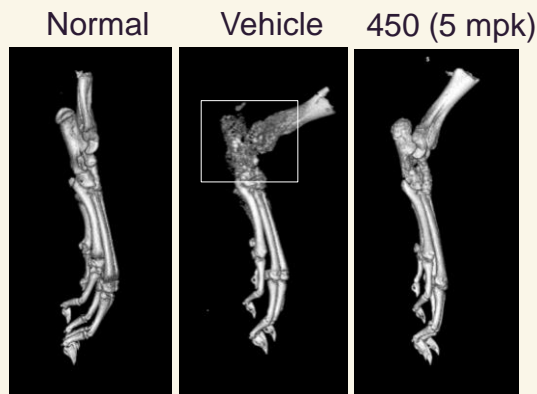
Strand V, et al. *Nat Rev Drug Discov.* 2007;6(Jan 2007):75-92.

Cells	Cytokines
Monocyte	TNFα
Macrophage	IL1β
Osteoclast	IL1α
Epithelial Cells	IL6
RA Syn Fibroblast	IL18
Chondrocytes	RANKL

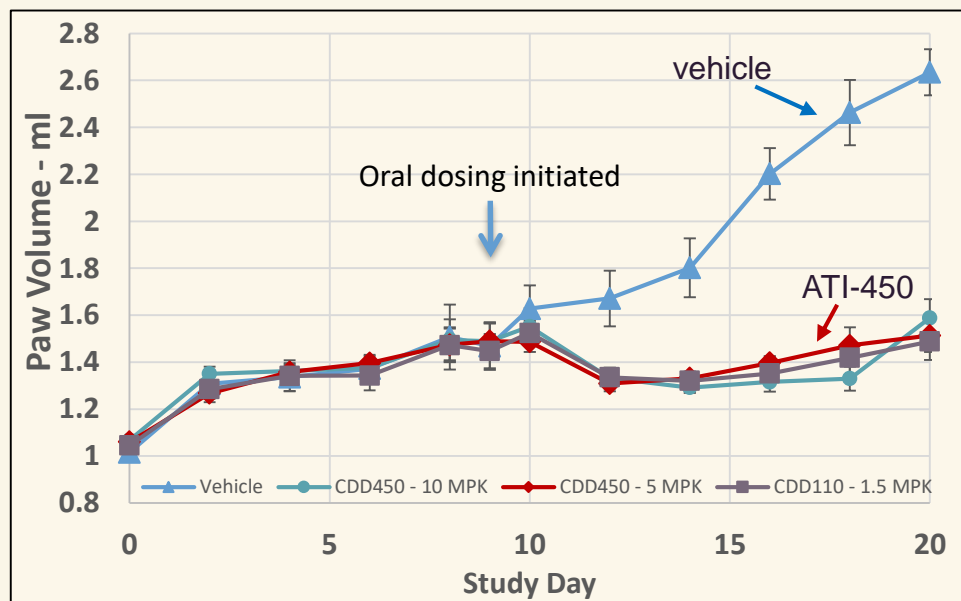
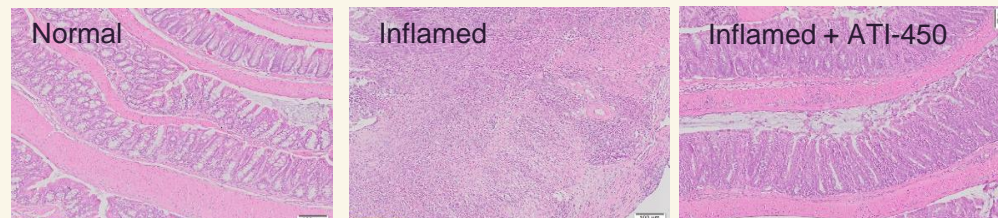
ATI-450: for bold items above data on file and Wang C, et al. *J Exp Med.* 2018;215 (5):1315-1325.

In vivo Preclinical Data of MK2 Pathway Inhibitor ATI-450

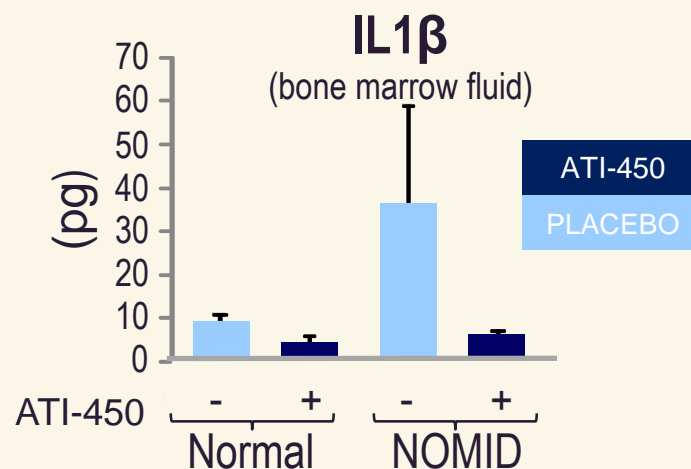
Joint Protection in Rat Arthritis Model¹



Blockade of Gut Inflammatory Infiltrate in Murine Adoptive Transfer Ulcerative Colitis Model²



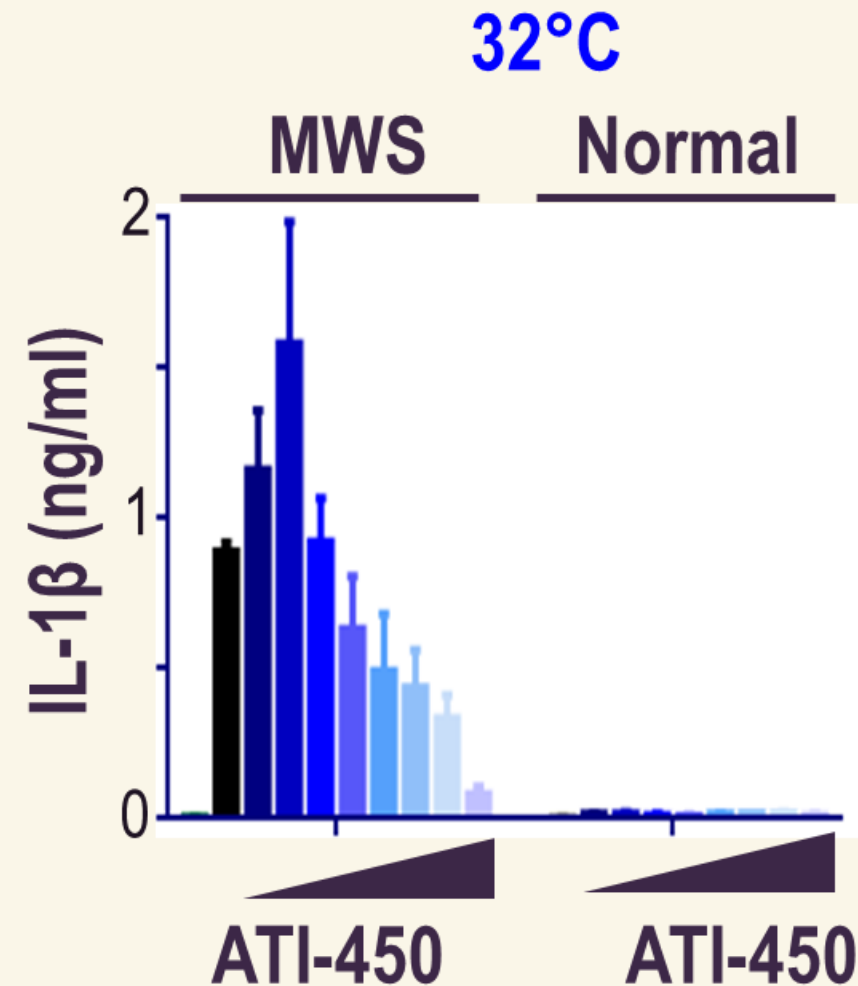
Cytokine Modulation in Orphan Autoinflammatory Disease (CAPS)¹



¹ Wang C, et al. *J Exp Med*. 2018;215(5):1315-1325.

² Strasser S, et al. *Integrative Biology*. 2019;11(7):301-314.

Ex vivo Preclinical Data: ATI-450 Inhibits IL1 β Expression in PBMCs from a CAPS Patient



- Peripheral blood mononuclear cells (PBMCs) were isolated from CAPS patients and healthy controls.
- In CAPS patients (Muckle Wells Syndrome; MWS), IL1 β expression is triggered by exposure to low temperatures.
- CAPS PBMCs spontaneously produced high amounts of IL1 β at 32°C but not at 37°C.
- ATI-450 blocks temperature stress induced IL1 β production.

Mouse Model: ATI-450 Inhibits RANKL-induced Osteoclastogenesis

Bone marrow derived macrophages (BMDM) from NOMID mice

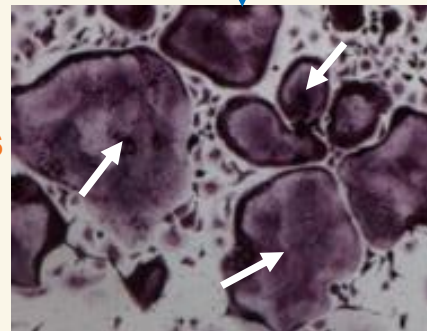
- In CAPS, osteoclastogenesis gives rise to low bone mass (osteopenia)
- (a) When bone marrow derived macrophages (BMDM) from NOMID mice are stimulated with RANKL (RANK ligand), they differentiate into osteoclasts
- (b) ATI-450 blocks this macrophage differentiation

Macrophages
RANKL stimulation
Osteoclasts

NOMID BMDM



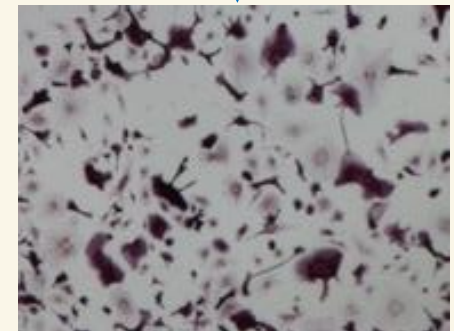
(a)



NOMID BMDM
Plus ATI-450



(b)

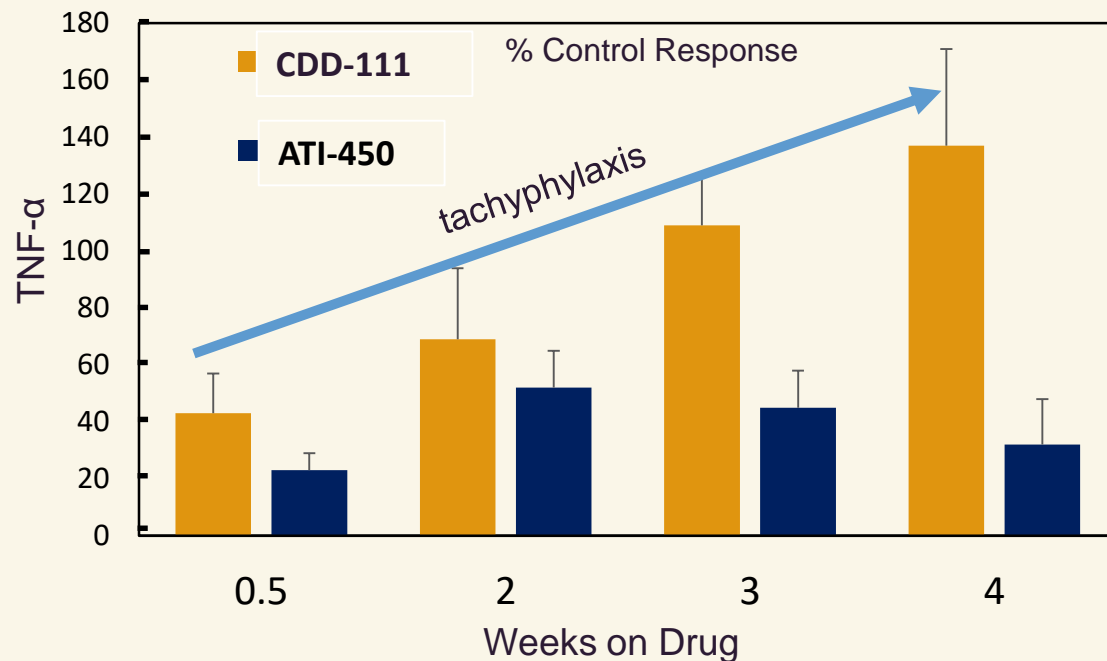


ATI-450 inhibits RANKL-stimulated macrophage differentiation into osteoclasts from NOMID mice

Mouse Model: LPS-Induced $\text{TNF}\alpha$ Production

ATI-450 demonstrated durable response (no tachyphylaxis)

- Global p38 inhibitor CDD-111 lost inhibition over time
- **MK2 inhibitor ATI-450 (investigational compound) demonstrated durable response (no tachyphylaxis)**



- Conventional p38 (CDD-111) and MK2i (ATI-450) administered to mice in feed starting day 1 and continuing through day 28
- At the time point indicated, mice were LPS challenged and blood $\text{TNF}\alpha$ levels determined

ATI-450 Clinical Development

Phase 1 Single and Multiple Ascending Doses

- Safety, PK, Tolerability
- PD (inhibition of $\text{TNF}\alpha$, $\text{IL1}\beta$, IL6 , IL8 & Hsp27)



Rheumatoid Arthritis Phase 2 Clinical Trial

- 12 wks: ATI-450 vs placebo
- Assess CRP dynamics
- Clinical Disease Activity/PD Biomarkers
- MRI: wrist synovitis



Demonstrate proof of
concept data

CAPS

Inflammatory Bowel Disease

Psoriatic Arthritis

Hidradenitis Suppurativa

Psoriasis

Gout

Rheumatoid Arthritis

MK2 inhibitor ATI-450 Summary

- Well-known pathway
- Discovered an approach to drug the target
- Novel mechanism designed to block inflammation
 - ✓ Multiple inflammatory cytokines impacted
 - ✓ Key RA inflammatory cell types impacted
 - ✓ Lock MK2 in a catalytically inactive state – a unique MOA
 - ✓ Broad IP issued
- Oral option for numerous diseases currently treated by biologics
 - ✓ Robust efficacy in a range of inflammation and mouse cancer models^{1,2}
- Phase 1 trial underway
- Proof of concept Phase 2 trial in RA expected to begin first half 2020
 - ✓ To demonstrate clear pharmacodynamic effect and no tachyphylaxis
 - ✓ To demonstrate early signs of efficacy in a well understood disease
- Other inflammatory indications under consideration

¹ Murali B, et al. *Cancer Res.* 2018;78(19):1-13.

² Wang C, et al. *J Exp Med.* 2018;215(5):1315-1325.

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ATI-1777 (Topical Soft-JAK Inhibitor)

(Investigational Drug Candidate)



ATI-1777 (Topical Soft-JAK Inhibitor)

Novel approach for moderate to severe Atopic Dermatitis

- Atopic dermatitis (AD) is a disease of unknown origin that usually starts in early infancy and is typified by pruritus, eczematous lesions, xerosis (dry skin), and lichenification on the skin (thickening of the skin and increase in skin markings).¹
 - ✓ Large and growing market – Projected to be \$8-12 billion at peak (moderate-to-severe AD)²
 - ✓ Unmet need for effective and safe topical treatment for AD
 - ✓ Systemic and topical JAK inhibition has demonstrated promising results in clinical trials for treating pruritus and inflammation in AD³
 - ✓ In AD, a compromised skin barrier means that a topically dosed JAK inhibitor might result in pharmacologically active systemic drug levels
- Topical soft-JAK inhibitor has potential to achieve efficacy with improved safety
 - ✓ Achieve efficacy in skin while minimizing systemic JAK inhibitor toxicity
 - ✓ JAK1/3 selectivity minimizes JAK2 toxicities given compromised skin barrier
- Topical formulations being optimized into a differentiated, patient-friendly emollient formulation (topical spray vs cream/ointment)
- First in human studies planned for second half 2020 in moderate-to-severe AD

¹ <https://emedicine.medscape.com/article/1049085-overview>. Last accessed 11-1-19.

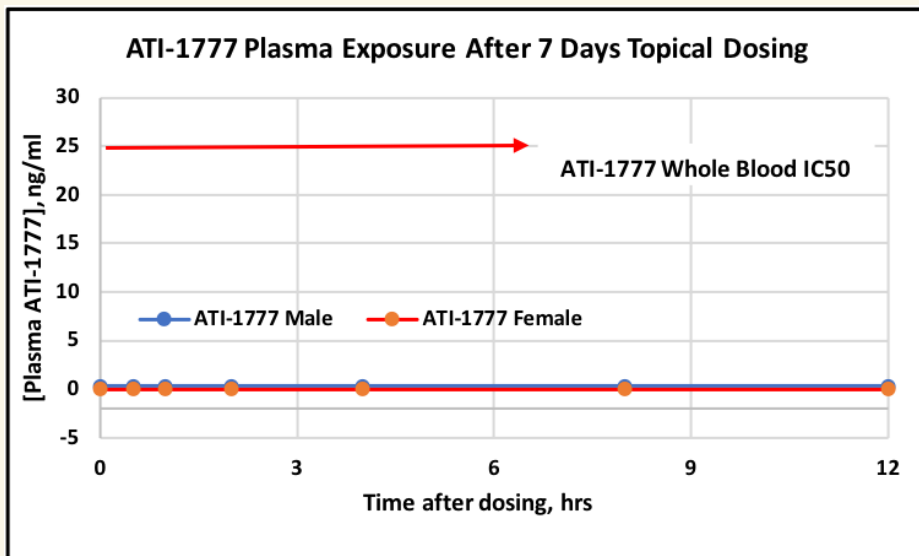
² Auster M, et al. Something Big Is Getting Bigger [research note]. *Credit Suisse Equity Research*; 2019.

³ Shreberk-Hassidim R, et al. *J Am Acad Dermatol*. 2017;Apr;76(4):745-753.

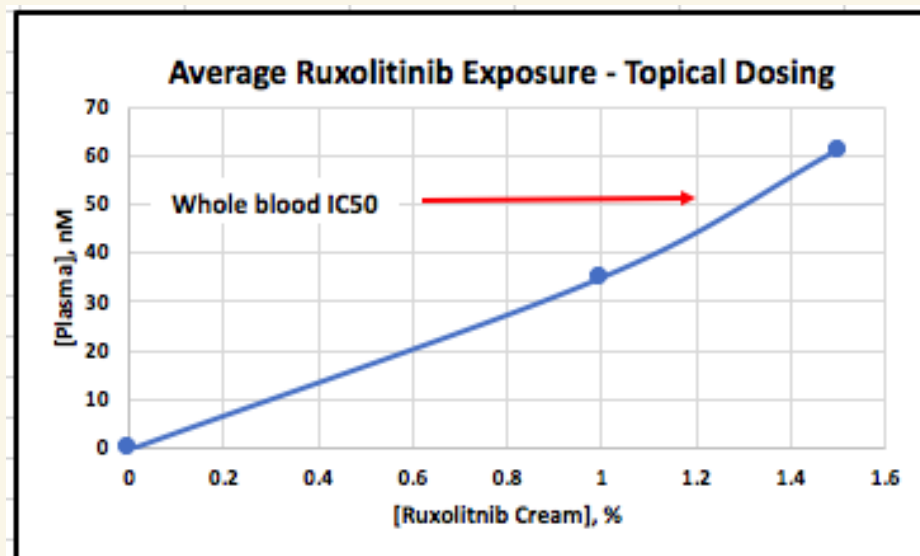
Minipig Model: ATI-1777 Nonclinical Safety Program TK Data

Tolerability/Toxicokinetic with 7-day dermal administration (non-GLP)

- No adverse effects noted (10% body surface area, QD)
- Bleeds at 0.5, 1, 2, 4, 8, 12, and 24 hours post-application: Days 1 and 6
- All plasma samples were below limit of quantification (<0.50 ng/mL) – well below cellular IC₅₀



MINIPIG¹



HUMAN^{2,3}

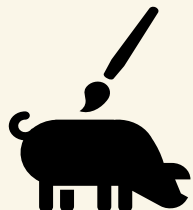
¹ Data on file.

² Chen X, et al. *Clin Pharmacol Drug Dev.* 2013;3(1):34–42.

³ Punwani N, et al. *Br J Dermatol.* 2015;173:989–997.

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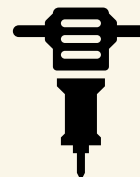
Porcine Model: ATI-1777 Blocks IL15 Induced CCL8 mRNA



Apply
formulation to
back of pig,
wait 1 hr



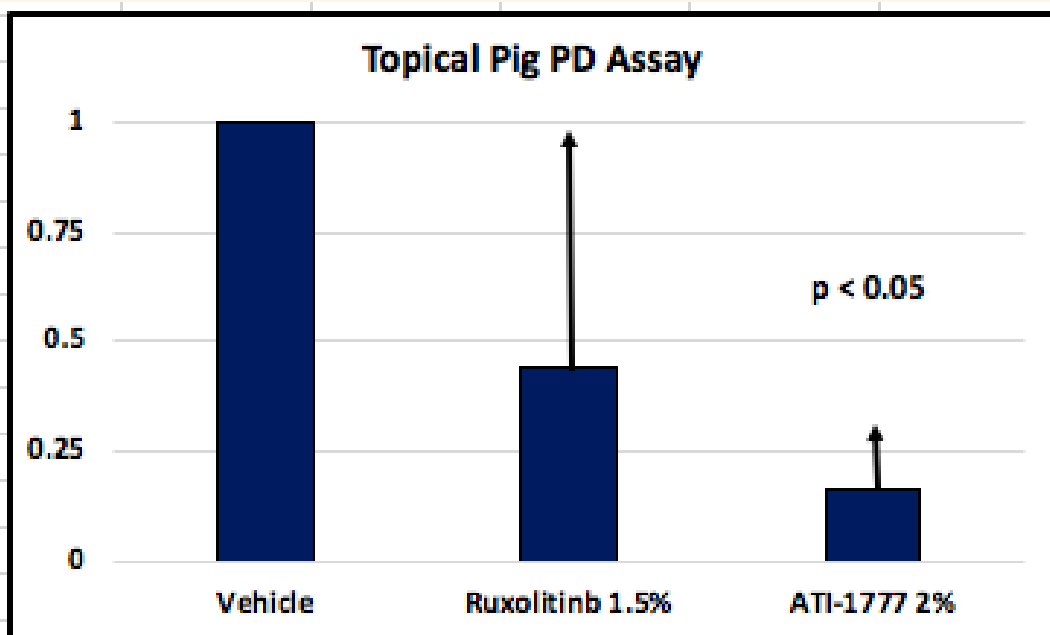
Intra-dermal
Injection of
porcine IL15,
wait 3 hr



Harvest 6 mm
biopsy,
prepare RNA,
measure CCL8
by qPCR



Topical Pig PD Assay



- Single application of 2% ATI-1777 development formulation significantly inhibits IL15 induced gene induction (CCL8).
- Clinical topical formulation of 1.5% ruxolitinib does not significantly inhibit IL15 (CCL8) induction.

ATI-1777: Topical Soft-JAK Inhibitor to Target Moderate-to-Severe AD

Formulate a topical atopic dermatitis therapy which meets the medical, aesthetic and compliance needs of patients and physicians

Approach

- Designed to be:
 - “Soft” drug to minimize the potential for systemic immunosuppression
 - JAK1/3 selective to minimize JAK2 inhibition toxicity
 - Delivered in a patient-friendly formulation to clearly differentiate it from other topical therapies

Status

- Plan to study in patients with moderate-to-severe AD
- IND-enabling preclinical safety program initiated
- Next key milestone: First In Human - 2H2020

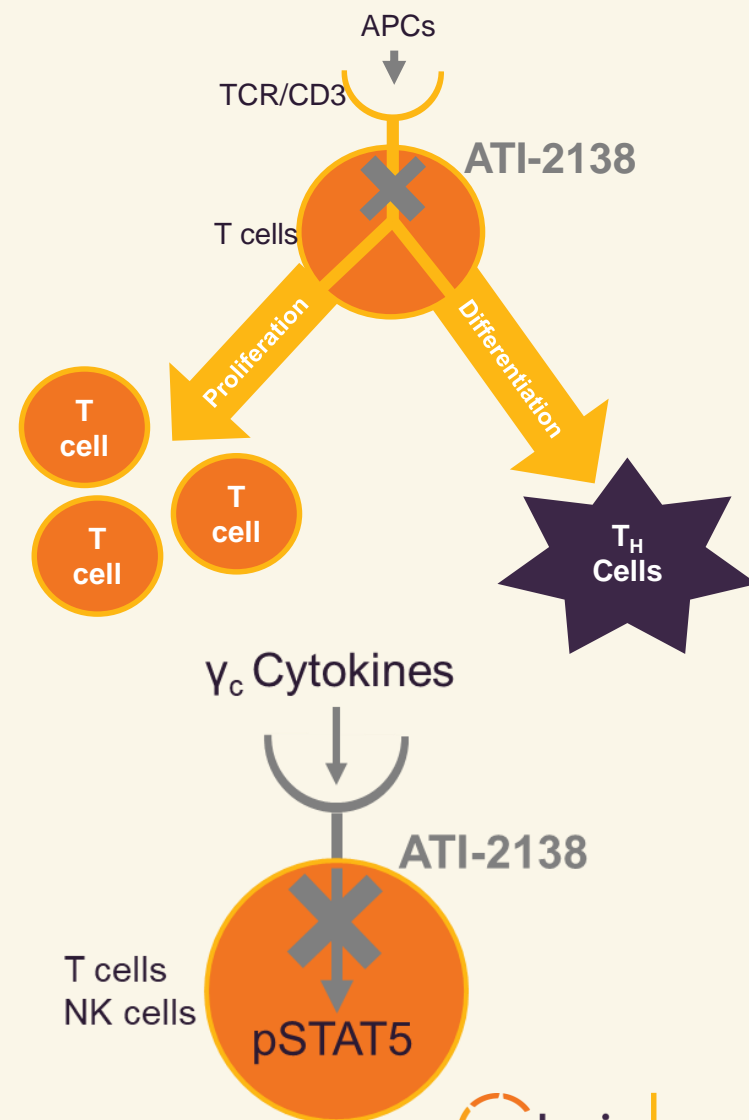
ATI-2138 (ITK/TKK/JAK3)

(Investigational Drug Candidate)



ATI-2138: Covalent ITK/TXK/JAK3 Inhibitor

- ATI-2138 covalently blocks ITK/TXK/JAK3*
 - ✓ ITK/TXK required for T-cell receptor signaling
 - ✓ JAK3 required for γ_c cytokines (IL-2/4/7/9/15/21)
 - ✓ Targeting both with a single drug may produce synergistic efficacy - expected to have few off-target effects
 - ✓ PD effects persist after plasma clearance
 - ✓ Efficacy in rat arthritis and mouse colitis
- All T-cell mediated autoimmune diseases are potentially targetable
- Next milestones
 - ✓ IND submission in 4Q20/1Q21
 - ✓ First In Human - 1H 2021



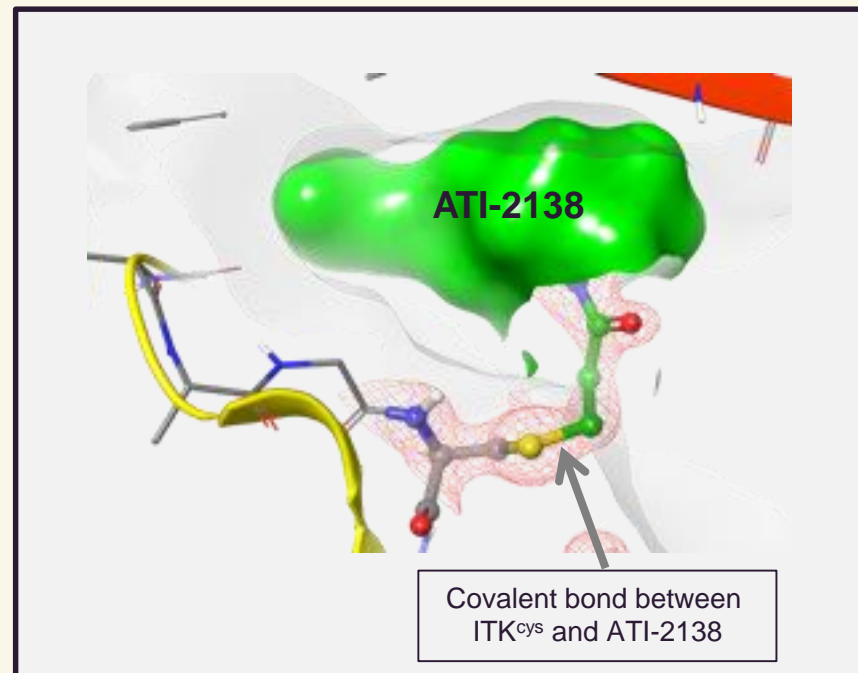
ATI-2138 is a Potent Covalent Inhibitor

Cellular Inhibition of JAK and ITK/TXK

Assay Description	ATI-2138 IC ₅₀ (nM)	Assay
ITK/TXK activity	7	Jurkat pPLCγ-1
JAK1/3 activity	20	PBMC pSTAT-5
BTK activity	52	Ramos pPLCγ-2
Both ITK/TXK and JAK3	13	HWB αCD3/IL15 IFNγ

ATI-2138 potently inhibits ITK/TXK and JAK3 in cells and in whole blood

Co-Crystal Structure of ATI-2138/ITK

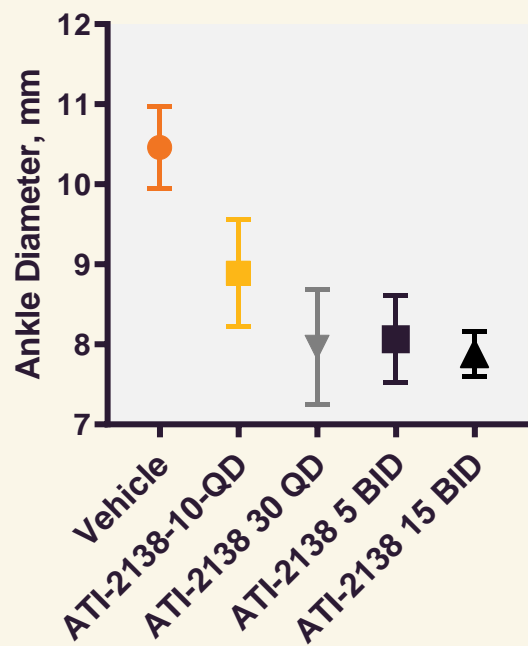


Crystal structure definitively shows ATI-2138 covalent binding to ITK

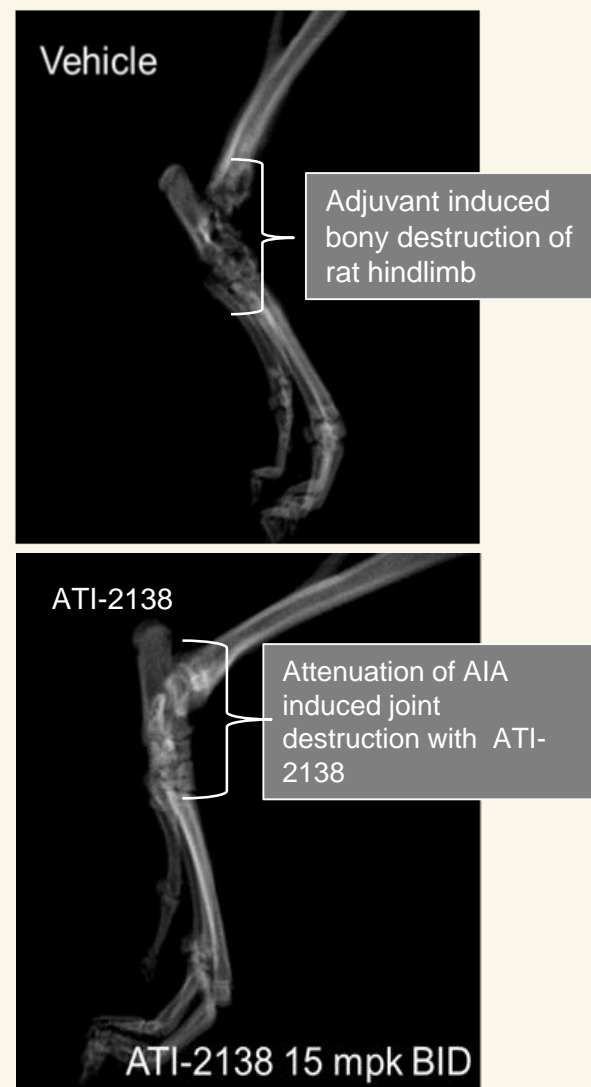
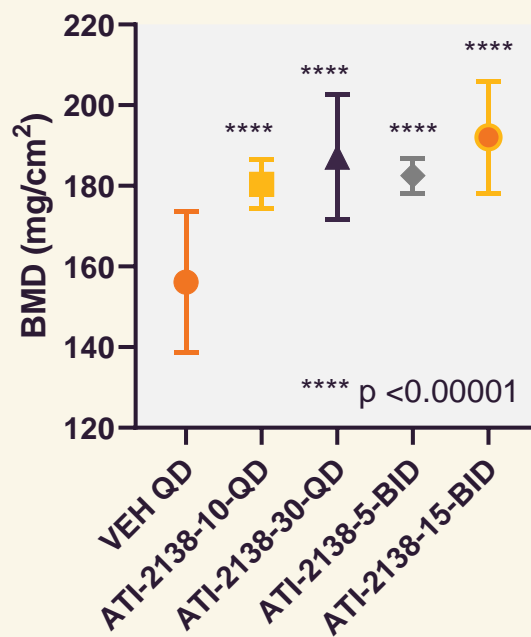
Rat Adjuvant Induced Arthritis (AIA) Model: ATI-2138 Reduced Inflammation and Protected Bone



Day 23 ankle diameter

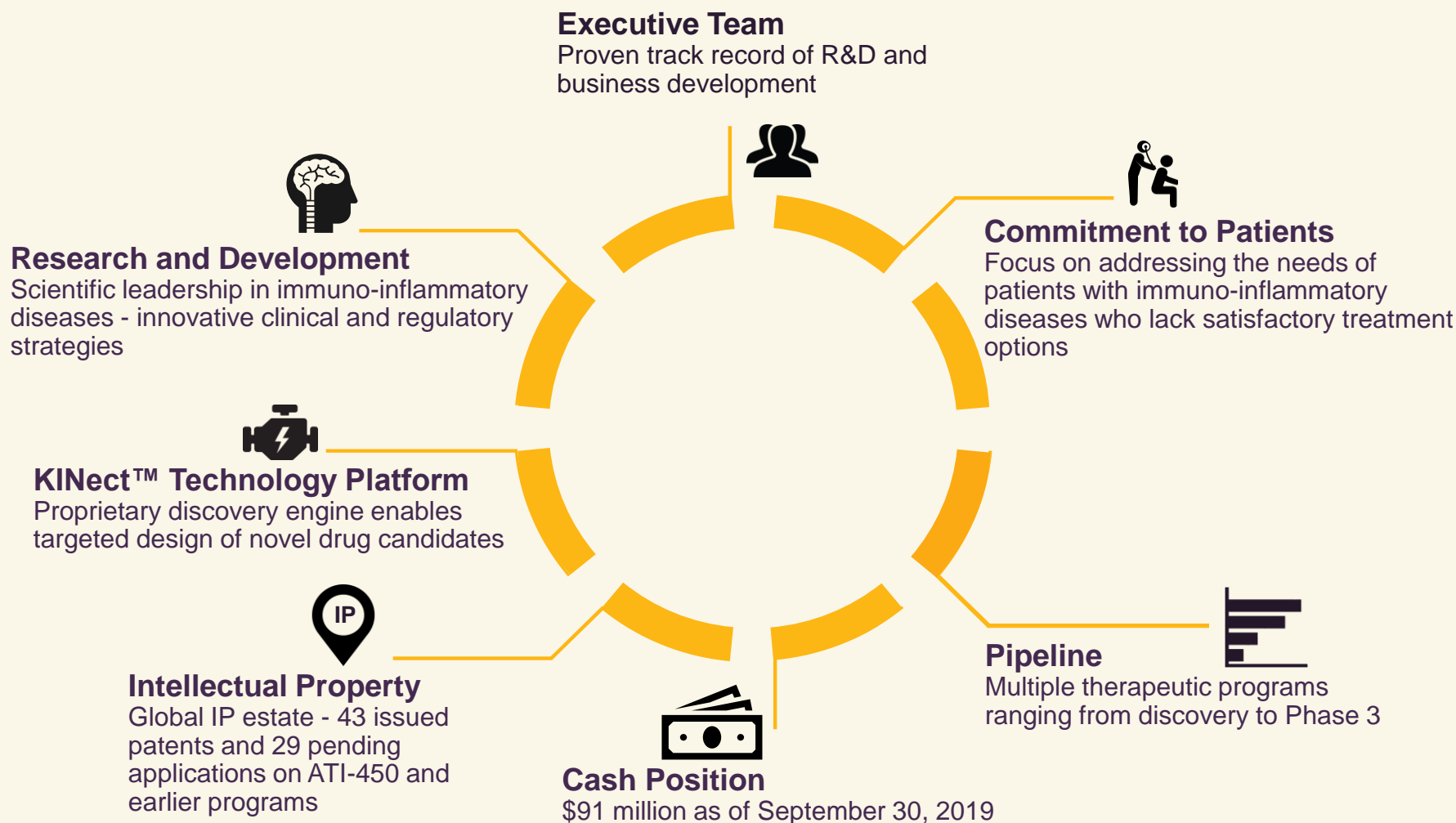


ATI-2138 bone mineral density in rat AIA study



ATI-2138 reduced inflammation and bone mineral density loss

Biopharmaceutical Company



Catalysts

Milestone

2019

2020

Q3

Q4

Q1

Q2

Q3

Q4

A-101 45% Common Warts

Phase 3 Data (THWART-1, THWART-2)



Immuno-Inflammatory

ATI-450 (MK2 Inhibitor) - Initiate Phase 1 Trial



ATI-450 (MK2 Inhibitor) - Phase 1 Data

ATI-450 (MK2 Inhibitor) - Initiate Phase 2 Trial in Rheumatoid Arthritis

ATI-450 (MK2 Inhibitor) - Phase 2 Data in RA

ATI-1777 (Soft-JAK) – Submit IND

ATI-1777 (Soft-JAK) – Initiate Phase 1/2 Trial

ATI-2138 (ITK/JAK3) – Submit IND

EMPOWERING PATIENTS THROUGH
KINOME INNOVATION

THANK YOU

