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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

ANNEXON, INC.
(Exact name of registrant as specified in its charter)

Delaware	001-39402	27-5414423
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

1400 Sierra Point Parkway, Bldg C, Suite 200
Brisbane, California 94005
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (650) 822-5500

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

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

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	**ANNX**	**The Nasdaq Stock 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 7.01 Regulation FD Disclosure.

Attached hereto as Exhibit 99.1 is an investor presentation that Annexon, Inc. (the "Company") plans to present during the 40th Annual J.P. Morgan Healthcare Conference commencing on January 10, 2022.

The information 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 purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended. The information contained in this Item 7.01 and in the presentation attached as Exhibit 99.1 to this Current Report shall not be incorporated by reference into any filing with the Securities and Exchange Commission made by the Company, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

Item 9.01 Financial Statements and Exhibits.

Exhibit No.	Description
99.1	Company Presentation.
104	Cover Page Interactive Data File, formatted in inline XBRL.

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.

Dated: January 10, 2022

Annexon, Inc.

By: /s/ Jennifer Lew
Jennifer Lew
Executive Vice President and Chief Financial Officer

Exhibit 99.1

ANNEXON biosciences

STOP THE START

of classical complement-driven diseases

40th ANNUAL J.P. MORGAN HEALTHCARE CONFERENCE

JANUARY 11, 2022

Forward-looking Statements

This presentation and accompanying oral presentation contain “forward-looking” statements about Annexon, Inc. and our industry that involve substantial risks and uncertainties. All statements other than statements of historical facts, including statements regarding our clinical and preclinical programs, timing and commencement of future nonclinical studies and clinical trials and research and development programs, timing of clinical results, strategic plans for our business and product candidates, including additional indications which we may pursue, our financial position, runway and anticipated milestones, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “aim,” “anticipate,” “assume,” “believe,” “contemplate,” “continue,” “could,” “design,” “due,” “estimate,” “expect,” “focus,” “goal,” “intend,” “may,” “objective,” “plan,” “positioned,” “potential,” “predict,” “seek,” “should,” “target,” “will,” “would” and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology.

Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties that could cause actual results and events to differ materially from those anticipated, including, but not limited to, risks and uncertainties related to: our history of net operating losses; our ability to obtain necessary capital to fund our clinical programs; the early stages of clinical development of our product candidates; the effects of COVID-19 or other public health crises on our clinical programs and business operations; our ability to obtain regulatory approval of and successfully commercialize our product candidates; any undesirable side effects or other properties of our product candidates; our reliance on third-party suppliers and manufacturers; the outcomes of any future collaboration agreements; and our ability to adequately maintain intellectual property rights for our product candidates. These and other risks are described in greater detail under the section titled “Risk Factors” contained in our Annual Report on Form 10-K and Quarterly Reports on Form 10-Q and our other filings with the Securities Exchange Commission (SEC). All forward-looking statements in this presentation speak only as of the date of this presentation. Except as required by law, we undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise.

This presentation concerns drug candidates that are under clinical investigation, and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). These are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

Unlocking a New Generation of Complement Medicines

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1 MISSION:

Bring game-changing therapies to patients suffering from serious complement-mediated diseases

2 **Disease processes**

3 **Therapeutic franchises:**
Autoimmune, Neurodegeneration, Ophthalmology

3 **Clinical-stage candidates**

5 **Phase 2+ clinical trials underway**

7 **Clinical data readouts by 2023**

Funded into 2024 to answer key clinical questions

Cash and equivalents of $271.4M as of 9/30/2021

Rigorous Strategic Approach to Pioneering Complement Platform

Developing potential game-changing therapies for complement-mediated diseases in the body, brain & eye

Blocking Aberrant Complement Activity at the start

Targeting C1q and Classical Complement in **2 disease processes & 3 therapeutic franchises** (autoimmune, neurodegeneration & ophthalmology)

Advancing in **indications & patients with demonstrated aberrant complement activity**

Developing **5 drug candidates** with diverse routes of administration designed for specific diseases

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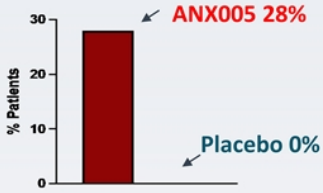
C1q Inhibition Stops Classical Complement Activity at the Start

Potential for unique clinical outcomes – improvement shown in two challenging indications

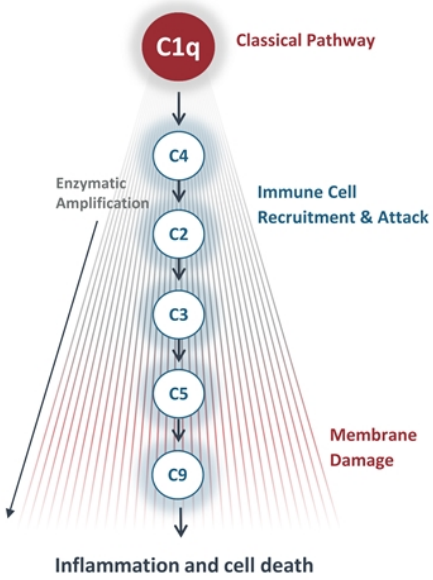
Guillain-Barré Syndrome (GBS)

Patients achieving ≥3 point improvement in 8 weeks



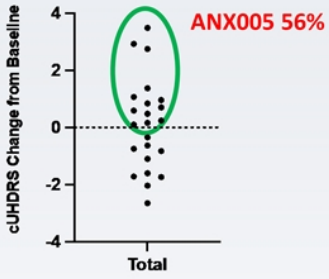
GBS 6-point disability scale:

1	Slight symptoms
2	Walk / no running
3	Walk with support
4	Bedridden / chair bound
5	Ventilator-assisted breathing
6	Death



Huntington's Disease (HD)

56% of patients improved at week 24 with ANX005



Composite Unified Huntington's Disease Rating Scale (cUHDRS)

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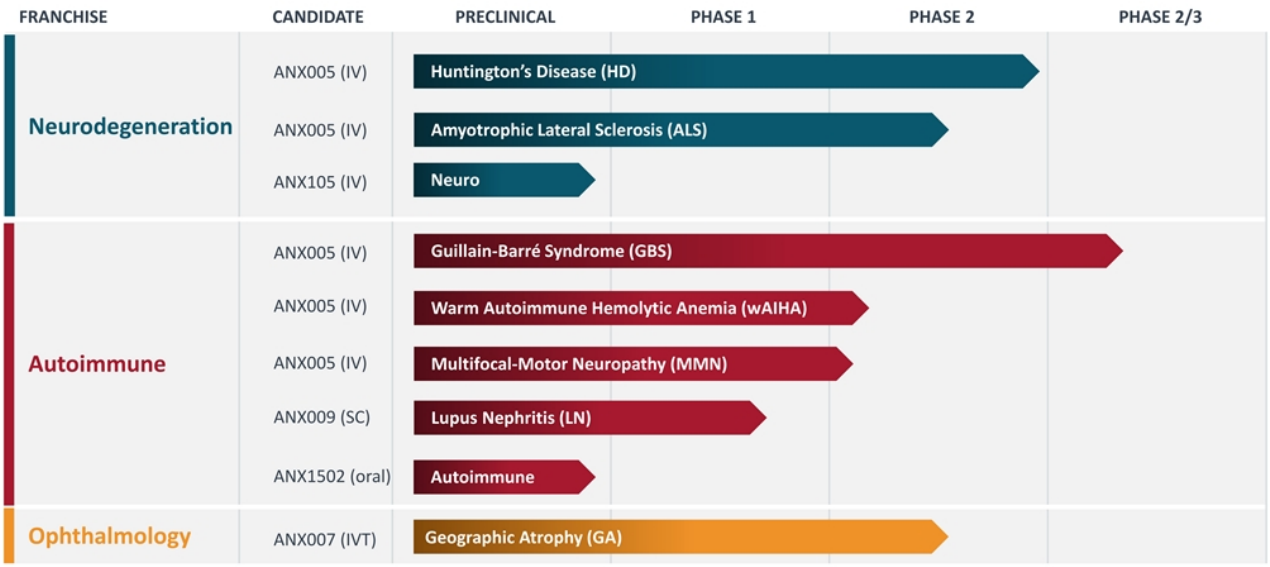
Robust Pipeline Diversified by Drug Candidate and Therapeutic Area

Catalysts anticipated to readout by 2023



IV, intravenous; IVT, intravitreal; SC, subcutaneous.

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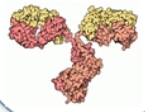
Portfolio of Fit-for-Purpose Drug Candidates Designed for Efficacy and Safety

Lead Molecule
- Intravenous
- Full systemic/CNS C1q inhibition
- GBS / acute care
- POC in multiple indications

ANX005



ANX007 (IVT)

Antibody Fab: Localized inhibition of C1q in the eye
- Intravitreal administration
- Geographic atrophy, glaucoma, other eye disease

ANX009 (SubQ)

Antibody Fab: Selective inhibition of C1q in the vascular space
- Subcutaneous administration
- Lupus nephritis, hemolytic disorders (AIHA)

ANX105 (IV)

Whole antibody: Modified for enhanced systemic dosing
- Intravenous administration
- Chronic autoimmune and neurological disorders

ANX1502 (oral)

Small molecule: Novel oral inhibitor of classical cascade
- Oral
- Peripheral autoimmune indications

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Restoring Function in Neurodegenerative Diseases

ANX005

Huntington's Disease

Amyotrophic Lateral Sclerosis (ALS)

Significant Unmet Need for HD Patients – HD Phase 2 Interim Data

Inherited, fatal, neurodegenerative disease that affects ~80K people globally with ~300K at risk

ANX005 Phase 2 Trial in HD

N = 28 adults with/at risk for manifest HD

Total CAP score > 400

UHDRS independence score ≥ 80%

6-month treatment + 3 month off-treatment follow-up

Interim Data

6-month on-treatment data for HD patients, including safety, target engagement and PK/PD, clinical measures and NfL

Patient numbers and market forecasts: GlobalData and Delvinsight market research

Chronic Dosing with ANX005 Generally Well-Tolerated and Achieved Full Target Engagement

ANX005 Generally Well-Tolerated*

28 patients enrolled and received ≥ 1 dose

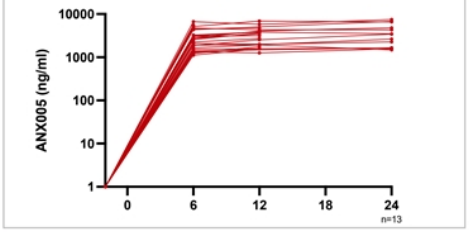
Majority of Adverse Events occurred during initial Day 1 infusion (~92.9%); majority low grade transient skin rash

3 drug-related AEs led to discontinuations, including 2 serious adverse events that have resolved / stabilized:

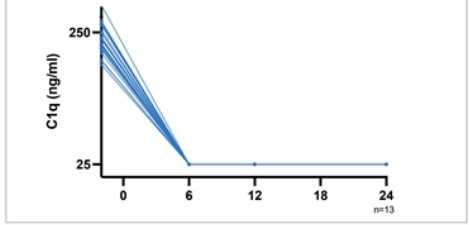
- Symptoms and signs of lupus (mucocutaneous, not involving organs); resolved post drug cessation. Subsequently modified ANA exclusion criteria
- Idiopathic pneumonitis (stabilized, follow-up ongoing)

No deaths and no serious infections

ANX005 Drug levels in CSF**



Full Engagement of C1q in CSF**



Weeks

*Data as of cut off date of October 17, 2021

**Analysis of full cohort through week 24 not complete. Interim data as of cutoff date of October 17, 2021 (n=13)

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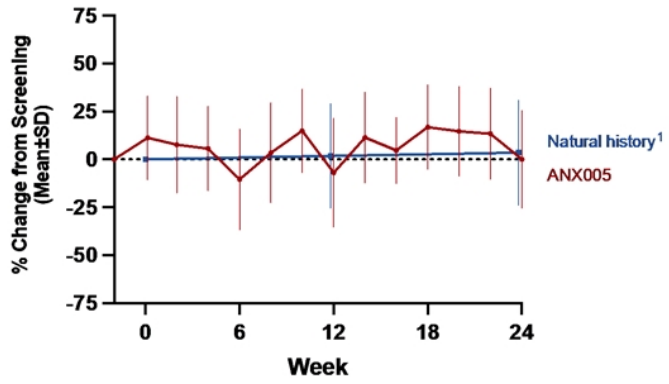
NfL Levels Consistent and Comparable with HD Natural History at Week 24

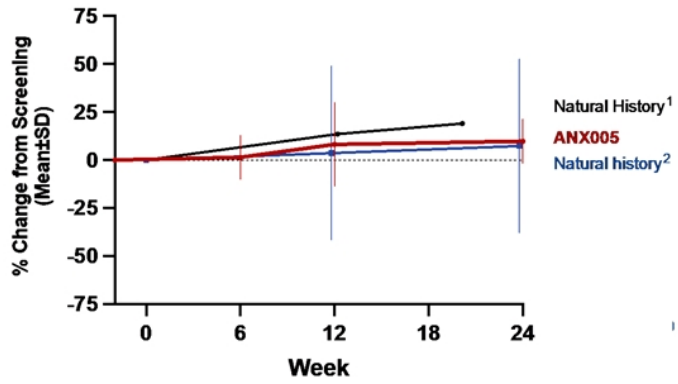
Neuronal loss / NfL changes may lag improvement in synaptic function in slower progressing neurodegenerative diseases

Plasma NfL Levels



[1]*Interpolated data for manifest cohort; Rodriguez, et al., Sci Transl Med. 2020 12 16;12(574)*

CSF NfL Levels



[2]*Tabrizi, NEJM 2019, 38:2307;* [2]*Interpolated from Rodriguez, et al., Sci Transl Med. 2020 12 16;12(574)*

For illustrative purposes only: differences exist between patient demographics, study designs, and other factors and caution should be exercised when comparing data across studies.

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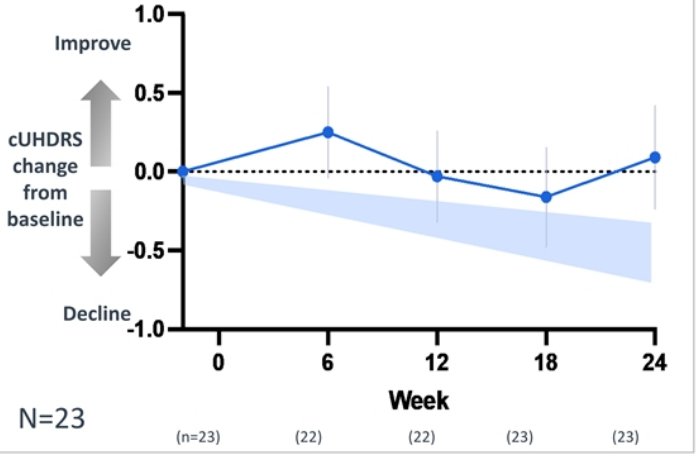
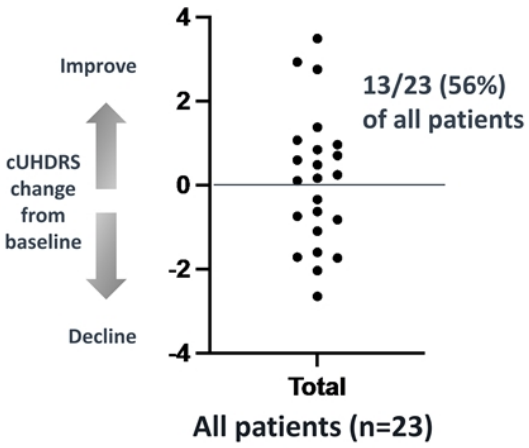
Clinical Function Maintained Over 24-Week Treatment Period

- >1600 patient natural data indicates cUHDRS declines by ~1/2 point at week 24 in early HD patients*
- 56% of ANX005 treated patients improved on cUHDRS at week 24

Mean cUHDRS Maintained Over 24-Week Treatment Period (N=23)

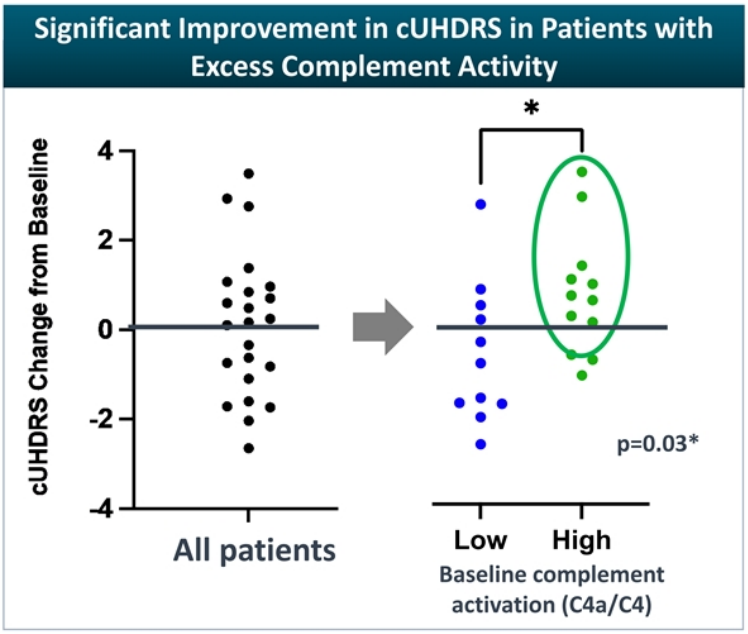


56% of Patients Improved at Week 24 (N=23)



*Natural history interpolated from Schobel 2017 (1 point decline / year ± 0.2 points considered to be clinically meaningful)

Clinical Improvement Statistically Better in High Complement Patients



75% of patients with excess complement activity (9/12) improved on cUHDRS at week 24 vs. 36% with low activity (4/11)

* Exploratory analysis showed statistical significance p=0.03

Leveraging Recent HD Data to Inform Future Development

- Potential for **rapid clinical improvement**
- **Patients can be stratified** by level of complement activity for potentially better response
- Potential to **mitigate drug-related adverse events** with enhanced screening, monitoring and next generation drug candidates

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ANX005 for ALS in Phase 2 Trial

Amyotrophic Lateral Sclerosis (ALS): aberrant C1q activity involved in both CNS & PNS, impacting synapse loss & disability

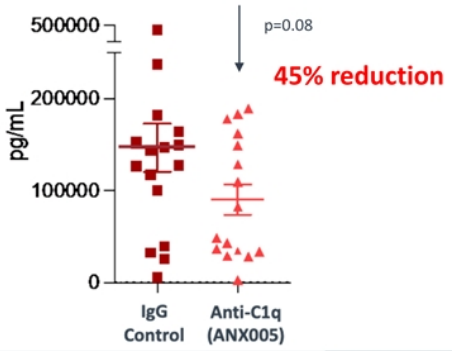
- Rapid, progressive loss of muscle function needed to move, speak, eat and breathe
- ~19K U.S. patients

High baseline NfL levels – potentially viable biomarker due to rapid disease progression

Phase 2 Trial: **Extending study treatment period from 12 to 24 weeks -** leverage learnings from HD Phase 2 study – **Data 2023**

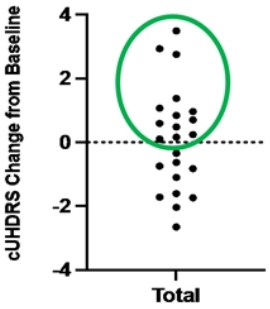
ANX005 NfL Reduction in ALS Preclinical Model

Study in SOD1 mouse model



ANX005 in HD Patients Showed Protection of Cognitive and Motor Through 24 Weeks

HD Phase 1: Composite Unified Huntington's Disease Rating Scale (cUHDRS)



56% of patients improved at week 24 with ANX005

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Improving Patient Outcomes in Autoimmune Diseases

ANX005

Guillain-Barré Syndrome

Warm Autoimmune Hemolytic Anemia

ANX009

Lupus Nephritis

ANX005 for GBS in Phase 2/3 Trial

Well-tolerated, achieved full target engagement, reduced NfL and prevented disability in POC trial

Guillain-Barré Syndrome (GBS)
Autoantibody attack on peripheral nerves causing C1q activation and nerve damage

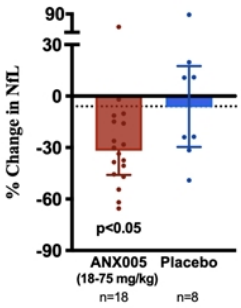
- No approved therapy in the US
- ~ 6,000 US patients/year

Anti-C1q blocks autoantibody activation of complement and potentially prevents disability

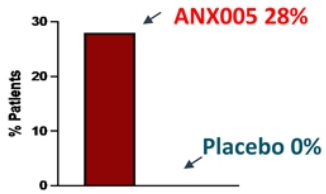
Placebo-controlled Phase 2/3 enrollment ongoing (n=180); **data 2023**

ANX005 Phase 1b Data in GBS

Statistically Significant Early NfL Reduction (Weeks 2-4)



Patients achieving ≥3 point improvement in 8 weeks



GBS 6-point disability scale:

1 Slight symptoms
2 Walk / no running
3 Walk with support
4 Bedridden / chair bound
5 Ventilator-assisted breathing
6 Death

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ANX005 for wAIHA in Phase 0/2 Trial

Targeting patients with demonstrated excess complement activity at baseline

Warm Autoimmune Hemolytic Anemia (wAIHA): Dysregulated destruction of healthy red blood cells causing anemia that affects daily activities

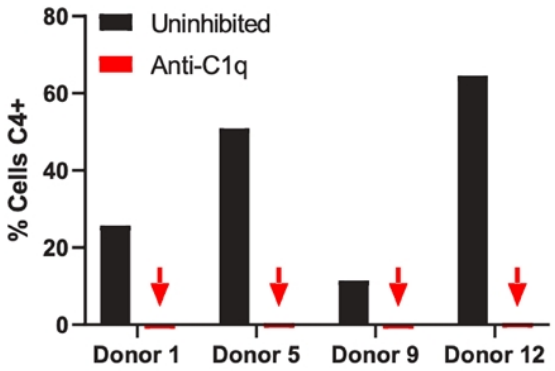
- Like CAD, involves anti-RBC autoantibodies
- Complement involvement in subset of patients (~25%)
- ~47K U.S. Patients

Precision medicine: Selecting patients with high baseline complement activity - complement driven disease

Phase 2 Enrollment ongoing (up to n = 12); data 2022

ANX005 Preclinical Data – Presented at ASH 2021

Ex Vivo Blockade of C4 Deposition on RBC in wAIHA Patient Sera with ANX005



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ANX009 Entering Phase 1 for Lupus Nephritis

Targeting patients with demonstrated excess complement activity at baseline

Lupus Nephritis (LN): Severe, life-threatening kidney disease

- Autoantibody-driven activation of C1q / classical complement pathway leading to smoldering disease and disease progression
- Autoantibodies against C1q uniquely amplifies kidney inflammation
- ~60K U.S. patients

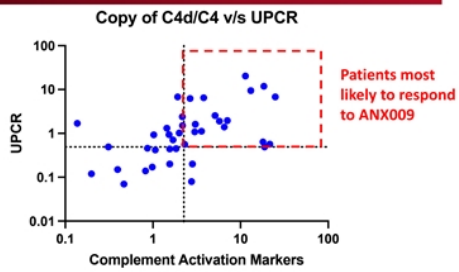
Precision medicine: High baseline complement activity correlated with disease activity

- Testing complement inhibition in disease process

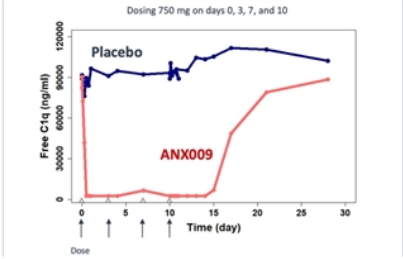
Targeted drug exposure: ANX009 limited to blood space to protect kidney vascular function

- Twice weekly dosing
- Safety / dose response reported at ASH 2021

Serum Complement Activation vs LN Severity



ANX009 Inhibits Serum C1q



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Restoring Function in Neurodegenerative Retinal Diseases

ANX007

Geographic Atrophy

ANX007 for GA in Phase 2 Trial

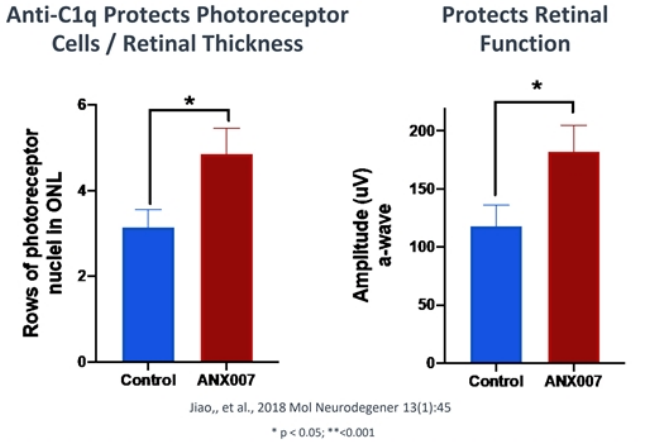
Geographic Atrophy (GA): Advanced form of age-related macular degeneration (AMD) involving dysregulated complement activity

- Leads to chronic progressive disease and vision loss
- ~1M US patients

ANX007 demonstrated protection against **photoreceptor cell loss** in mice and blocked C1q activation on drusen components in vitro

Enrolling 240 patient Phase 2 clinical trial **stratifying patients by foveal / non-foveal lesion location**

Intravitreal ANX007 Protects Photoreceptors and Retinal Function in Mouse Model of Photoreceptors Damage



Jiao,, et al., 2018 Mol Neurodegener 13(1):45

* $p < 0.05$; **<0.001

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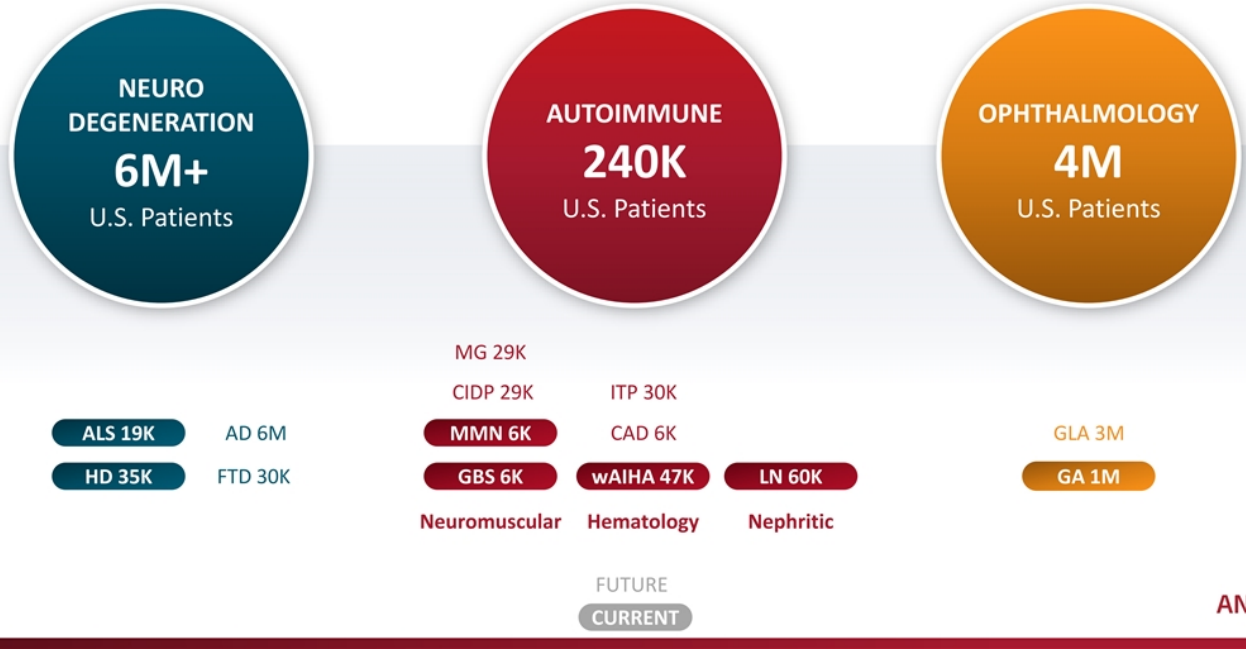
Summary

Broad Portfolio Provides Vast Opportunity to Help Patients

Significant market opportunity in rare and prevalent diseases with high unmet need



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Multiple Value-Creating Catalysts Anticipated Through 2023

NEURODEGENERATION			1H 2022	2H 2022	2023
HD	ANX005 (IV)	Full Phase 2 Data	●		
ALS	ANX005 (IV)	Full Phase 2 Data			●
ANX105	ANX005 (IV)	First in Human Initiation	●		
ANX105	ANX005 (IV)	First in Human Data			●
AUTOIMMUNE			**1H 2022**	**2H 2022**	**2023**
GBS	ANX005 (IV)	Phase 2/3 Data			●
wAIHA	ANX005 (IV)	Phase 2 Data		●	
MMN	ANX005 (IV)	Phase 2 Initiation			●
LN	ANX005 (SC)	P1b Proof of Biology Initiation	●		
LN	ANX005 (SC)	P1b Proof of Biology Data		●	
ANX1502	ANX1502 (oral)	First in Human Initiation	●		
ANX1502	ANX1502 (oral)	First in Human Data			●
OPHTHALMOLOGY			**1H 2022**	**2H 2022**	**2023**
GA	ANX007 (IVT)	Phase 2 Data			●

Positioned For Explosive Growth with Potential Game-Changing Treatments for Complement-mediated Disease

Anti-C1q platform with broad and deep applicability to address destructive immune activity across autoimmune, neurodegenerative & ophthalmic diseases

Demonstrated improvement in clinical measures with ANX005 in autoimmune and neurodegenerative diseases

Poised for significant value creation with 7 or more data sets expected over next 2 years

Well capitalized with runway into 2024 for milestones over next 2 years

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THANK YOU