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): June 29, 2026

Alumis Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-42143**	**86-1771129**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

280 East Grand Avenue
South San Francisco, California 94080
(Address of principal executive offices)

Registrant's telephone number, including area code: (650) 231-6625

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:

☐ 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, $0.0001 par value per share	ALMS	The Nasdaq Global Select 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 8.01. Other Events.

On June 29, 2026, Alumis Inc. (the "Company") updated its corporate presentation for use in meetings with investors, analysts, and others. The presentation is available on the Company's website and a copy of the presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K (the "Report").

The information set forth in this Report, including without limitation the presentation, is not deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as may be expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Presentation dated June 2026.
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.

Alumis Inc.

By: /s/ Martin Babler
Martin Babler
President & Chief Executive Officer

Dated: June 29, 2026

Exhibit 99.1


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Transforming Immune-Mediated Disease Treatment with Precision Engineered TYK2 Inhibitors
Corporate Deck: June 2026

Forward-Looking Statements

This presentation contains forward looking statements within the meaning of federal securities laws, including the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. Such statements are based upon cu plans, estimates and expectations of management of Alumis Inc. ("Alumis") in light of historical results and trends, current conditions and potential future developments, and are subject to various risks and uncertainties that could c actual results to differ materially from such statements. The inclusion of forward-looking statements should not be regarded as a representation that such plans, estimates and expectations will be achieved. Words such as "anticip "expect," "project," "intend," "believe," "may," "will," "should," "plan," "could," "continue," "target," "contemplate," "estimate," "forecast," "guidance," "predict," "possible," "potential," "pursue," "likely," and words and terms of si substance used in connection with any discussion of future plans, actions or events identify forward-looking statements. All statements, other than statements of historical facts, including express or implied statements regarding the ti of the initiation of clinical trials, including for envu, A-005 and Alumis' next clinical candidate, the timing of clinical data readouts in its ongoing clinical trials, including Alumis' topline data in its Phase 2b LUMUS trial, as well as long-term safety data, the timing of Alumis' planned NDA submission with the FDA for envudeucitinib in moderate-to-severe plaque psoriasis, the potential for envudeucitinib to treat moderate-to-severe plaque psoriasis, systemic l erythematosus and other immune-mediated diseases, Alumis' plans to explore strategic alternatives for lonigutamab, any expectations regarding the safety, efficacy or tolerability of its drug candidates and statements regarding Al future plans and prospects, including development of its clinical pipeline and the commencement of additional clinical trials; Alumis' participation at upcoming conferences; expectations of the size of market opportunity, the potenti envudeucitinib to be a best-in-disease oral in psoriasis, future plans and prospects including our cash runway and development of our development pipeline and any assumptions underlying the foregoing, our competitive ability position, our clinical pipeline, and any assumptions underlying any of the foregoing, are forward-looking statements.

Risks and uncertainties include, among other things, the risk that Alumis may be adversely affected by economic, business and/or competitive factors; the risk that the anticipated benefits and synergies of the recent merger with ACEL Inc. may not be fully realized or may take longer to realize than expected, including the risk that the combined company may not be able to be successfully integrated and achieve the growth prospects expected from the transaction impact of legislative, regulatory, economic, competitive and technological changes; the implementation of our business model and strategic plans for our product candidates and pipeline, and challenges inherent in develo commercializing, manufacturing, launching, marketing and selling potential existing and new products and product candidates; the scope, progress, results and costs of developing our product candidates and any future product candid including conducting preclinical studies and clinical trials, and otherwise related to the research and development of our pipeline; the timing and costs involved in obtaining and maintaining regulatory approval for current or future pro candidates, and any related restrictions, limitations and/or warnings in the label of any product, if and once approved; the market for, adoption (including rate and degree of market acceptance) and pricing and reimbursement o product candidates, if approved, and their respective abilities to compete with therapies and procedures that are rapidly growing and evolving; uncertainties in contractual relationships, including collaborations, partnerships, licensi other arrangements and the performance of third party suppliers and manufacturers; our ability to establish and maintain intellectual property protection for products or avoid or defend claims of infringement; and potential dela initiating, enrolling or completing preclinical studies and clinical trials.

While the list of factors presented here are considered representative, no such list should be considered to be a complete statement of all potential risks and uncertainties. For additional information about other factors that could c actual results to differ materially from those described in the forward-looking statements, please refer to our periodic reports and other filings with the Securities and Exchange Commission (the "SEC"), including the risk factors identifi our most recent Quarterly Report on Form 10-Q. The risks and uncertainties described above and in the SEC filings cited above are not exclusive and further information concerning us and our businesses, including factors that poten could materially affect our business, financial conditions or operating results, may emerge from time to time. Readers are urged to consider these factors carefully in evaluating these forward-looking statements, and not to place u reliance on any forward-looking statements, which speak only as of the date hereof. Readers should also carefully review the risk factors described in other documents we file from time to time with the SEC.

The forward-looking statements included in this presentation are made only as of the date hereof. Alumis assumes no obligation and does not intend to update these forward-looking statements, even if new information becomes avai in the future, except as required by law.

Certain of the data in this presentation are not based on head-to-head or comparator trials. Differences exist between trial designs and caution should be exercised when comparing data across trials.

This presentation contains trademarks, service marks, trade names and copyrights of Alumis and other companies which are the property of their respective owners. This presentation discusses product candidates that are under cli study and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these product candidates for the uses for which they are being stu This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. These data involve a number of assumptions and limitat and you are cautioned not to give undue weight to such estimates. We have not independently verified the data generated by independent parties and cannot guarantee their accuracy or completeness. In addition, projections, assumpt 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.

Additional Information and Where to Find It

Copies of documents filed with the SEC by Alumis are available free of charge under the SEC Filings heading of the Investor Relations section of Alumis' website at https://investors.alumis.com/.

Alumis' Next-Gen TYK2 Inhibitors: Two Pipelines-in-a-Pill

Positive Psoriasis Phase 3	• Envudeucitinib delivered highly significant efficacy with **leading PASI 100 responses** and early robust improvements in skin clearance, quality of life, and symptoms
Significant Near-term Value	• Global opportunity for **Psoriasis (~$40B) and Lupus (~$11B) expected by 2030**[1] • High efficacy orals expected to drive market growth
Broad TYK2 Opportunity	• **Significant market opportunity (projected $180B+**[2]**) across many indications** with potenti be addressed by TYK2 molecules. Envudeucitinib and A-005 provide two pipelines-in-a-pill • **Additional envudeucitinib indications**: prioritizing Sjögren's disease and Cutaneous Lupus Erythematosus (CLE)[3]
Differentiated TYK2i's	• Envudeucitinib and A-005 are **precision engineered for 24-hour maximal target inhibition** • Maximal inhibition translates to leading Phase 3 efficacy with balanced safety and tolerability
Anticipated Milestones	• **Envudeucitinib Psoriasis:** Additional data (2H 2026) and NDA filing (4Q 2026) • **Envudeucitinib SLE:** Potentially pivotal Phase 2b SLE topline data (3Q 2026) • **A-005:** Initiation of Phase 2 biomarker trial in Parkinson's disease (1H 2027)

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1 and 2: 2030 market projections; Source: Evaluate Pharma, January 2026.
3 Advancement decisions will be guided by LUMUS readout and disciplined capital allocation.

Positioned to Unlock the Full Potential of TYK2i Mechanism

Hypothesis validated: maximal target engagement translates into higher clinical efficacy

Power of TYK2i

Human Genetics: TYK2 loss-of-function variants protect against immune mediated disorders

Known Mechanism: TYK2 is an upstream mediator of immune disease (IL-23/IL-17, IL-12, Type I Interferon)

Clinically Validated: Efficacy in plaque psoriasis, psoriatic arthritis, CLE and SLE

Unlocking TYK2i Full Therapeutic Potential

What Matters

- Sustained and maximal TYK2 inhibition
- High kinome selectivity for TYK2
- Safety and tolerability

Alumis Opportunity

- Breadth of IL-23/IL-17 and Type I IFN-driven diseases
- Peripheral and CNS indications
- Portfolio optimization with multiple molecules and formulations

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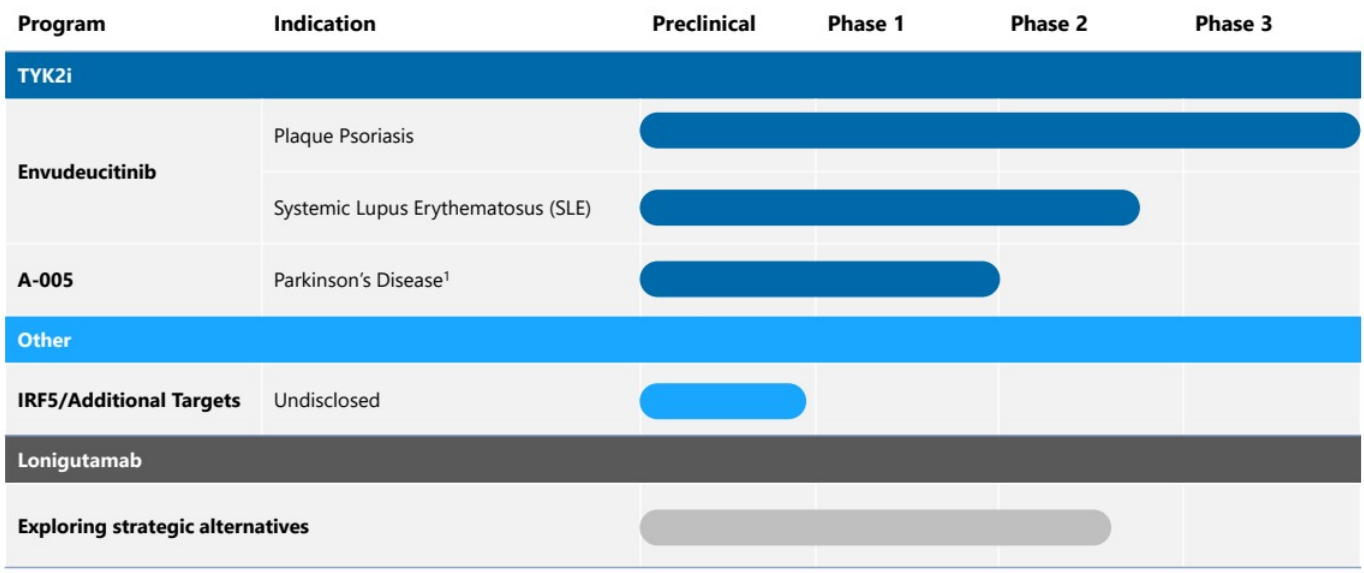
Late-stage Pipeline with Multiple Near-term Anticipated Milestones

Our pathway to patients



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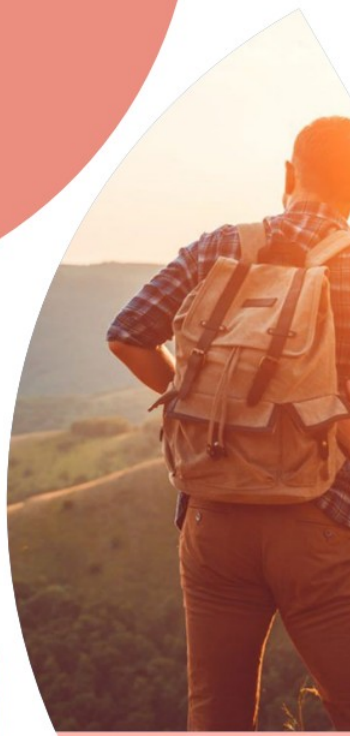
1. Phase 2 biomarker trial

Key Achievements and Anticipated Milestones for 2026

- **1Q26** Envu – PsO Phase 3 Topline Data for 16- and 24-week Endpoints
- **1Q26** Envu – PsO Phase 3 Additional Data Presented at AAD
- **1H26** Lonigutamab – Completion of Strategic Review
- **2Q26** TYK2 Franchise Development Strategy (Envu and A-005) - Evaluation of Additional Indic
- **3Q26** Envu – SLE Phase 2b Topline Data
- **2H26** Envu – PsO ONWARD3 Topline Data
- **2H26** Envu – PsO Phase 2 Two-Year Safety Data
- **2H26** Phase 1 trial Initiation – next clinical candidate (new target)
- **Q426** Envu – PsO NDA Filing

Envudeucitinib: Highly Selective TYK2i Being Developed for Moderate-to-Severe Plaque Psoriasis



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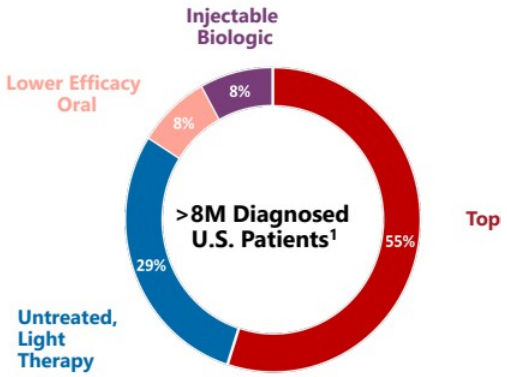
Significant Disease Burden Remains in Psoriasis

Many patients remain untreated or undertreated, despite available treatments

Significant Unmet Market Opportunity Driven by Persistent Disease, Undertreatment, and High Therapy Discontinuation

- **Persistent Symptoms:** Many patients continue to experience itch, pain, and visible skin lesions despite current therapies
- **Quality-of-Life Impact:** Psoriasis still significantly affects daily activities, social interactions, and emotional well-being
- **Inadequate Therapies:** Most patients receive treatments that provide limited benefit and do not address the systemic nature of the disease
- **Undertreatment with Low-Efficacy Options:** Fewer than 10% of patients are currently treated with high efficacy drugs including biologics[2]
- **High Therapy Discontinuation:** Lack of efficacy and poor tolerability lead to two-thirds of patients discontinuing oral therapies within 12 months[3]
- **Comorbidities and Long-Term Risk:** Psoriasis patients face elevated risks for arthritis, cardiovascular disease, and other systemic complications

Majority of Psoriasis Patients Remain Untreated or Undertreated

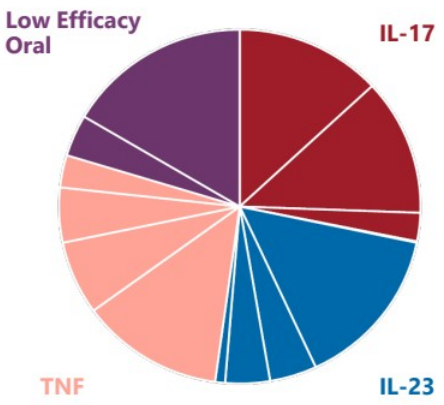


1. National Psoriasis Foundation. Psoriasis Statistics. Available at: https://www.psoriasis.org/content/statistics. Accessed December 2025.
2. IQVIA Analysis, Stable and eligible newly diagnosed patients from April 2021– March 2022 utilized for longitudinal analysis; all patients have at least 24M of look forward post-Dx. Note: Last data March 2024; product and market dynamics since March 2024 not reflected here.
3. Veeva Claims Analysis.

Multiple Entry Points Available in Growing Psoriasis Market

High-efficacy orals well-positioned to capture market share in $40B projected market by 2030[1]

Estimated Market Share by Brand and MOA[2]



Multiple Market Dynamics Drive Opportunity for Oral and Differentiated Therapies

- **No single Brand or Mechanism of Action has dominant market shar**
  Otezla is the most prescribed systemic therapy
- **High switching rates**
  44% of systemically treated patients switched to a new therapy in the las 12 months[3]
- **Access barriers**
  High cost, payor restrictions, administrative hurdles limit biologic uptake leaving space for accessible alternatives
- **Low brand loyalty**
  HCPs prefer having multiple options; frequently switch/rotate therapies

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1. Source: Evaluate Pharma as of December 2025.
2. Source: Veeva Claims data from 1/1/2025 to 6/30/25. Oral: apremilast, deucravacitinib; TNF: certolizumab, etanercept, Infliximab; IL-17: ixekizumab, secukinumab, bimekizuma, brodalumab; IL23: Risankizumab, guselkumab, tildrakizumab, ustekinumab.
3. Veeva Claims Analysis.

Key Drivers of Use in Psoriasis Treatment

HCP Treatment Goals:

1. PASI 90/PASI 100 outcomes
2. Low AEs
3. Itch relief

HCP Preferences

Simplicity
Easy regimens, minimal monitoring, and reduced administrative steps

Treating harder, earlier
Recognize that faster, more complete clearance reduces long-term disease and quality-of-life impact

> *We are definitely lacking orals because whatever we have her in terms of the orals, the effica is not there yet.*
>
> *– De*

Patient Treatment Goals:

1. Skin clearance
2. Symptom relief including itch
3. Safety

Patient Preferences

Orals
75% of patients choose an oral over a biologic[1]

Convenience
Fit with routine and lifestyle, favor flexible dosing without food restrictions

> *I'm tired. Tired of the itching, t burning, the flaking - tired of h you (psoriasis) make me feel about my own skin. You've ma me self-conscious in ways I ne thought possible.*
>
> *– Pati*

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1. In Industry surveys: J&J Business Review Dec 2023 (survey of n=395 patients with moderate-to-severe psoriasis).
2. Internal company market research.

Envudeucitinib is a Next-Generation, Highly Selective Oral Allosteric TYK2 Inhibitor

Unmet need	Oral systemic therapy that addresses immune dysregulation at its source, delivering robust skin clearance and early symptom relief that impacts quality of life
Power of TYK2	Inhibiting TYK2, a central upstream regulator of multiple psoriasis pathways, blocks both IL-23 and IL-17 to address immune dysregulation
Unlocking TYK2's full potential	Envudeucitinib is precision engineered to deliver maximal 24-hour inhibition, enablin early and broad disease control[1,2]

1. Ucpinar S, et al. *Clin Transl Sci*. 2024;17(12):e70094. 2. Blauvelt A, et al. *J Am Acad Dermatol*. 2026;94(1):57-65.
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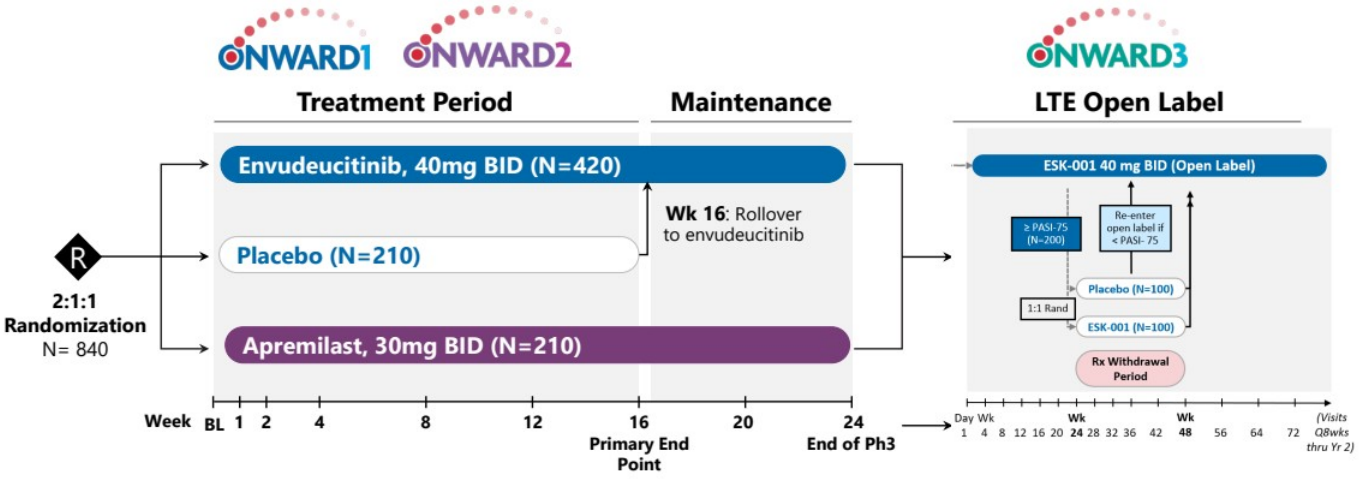
Envudeucitinib is an investigational therapy not reviewed or approved by any regulatory agency.

Phase 3 Psoriasis Clinical Program: Well-Designed and Rapidly Executed

Two Phase 3 trials and LTE to evaluate efficacy & safety of envudeucitinib in moderate-to-severe plaque psoriasis



- ONWARD1 and ONWARD2: 24-week duration, placebo and active comparator (apremilast) controlled
- ONWARD3: Long-term extension (LTE study, includes treatment withdrawal period starting at Week 24

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* Reflects trial design; not actual enrollment figures.

ONWARD1 and ONWARD2 Phase 3 Data Update AAD March 2026

Envudeucitinib Delivered Early and Robust Improvements in Skin Clearance, with Meaningful Improvement in Psoriasis Symptom Relief and QoL

- Leading PASI 100 skin clearance among oral plaque psoriasis therapies; consistent across ONWARD1 and 2
- Compelling differentiation and rapid improvement in patient reported outcomes
- Differentiated and attractive profile for physicians and patients

Highly statistically significant Ph3 efficacy; robust skin clearance through Wk 24

Broad and meaningful clinical benefits emerg early; QoL and itch improvements appeared before PASI 90 skin clearance

Early onset of action; PASI 90 responses emerged as early as Wk 4

Generally well tolerate safety profile consistent with Phase 2

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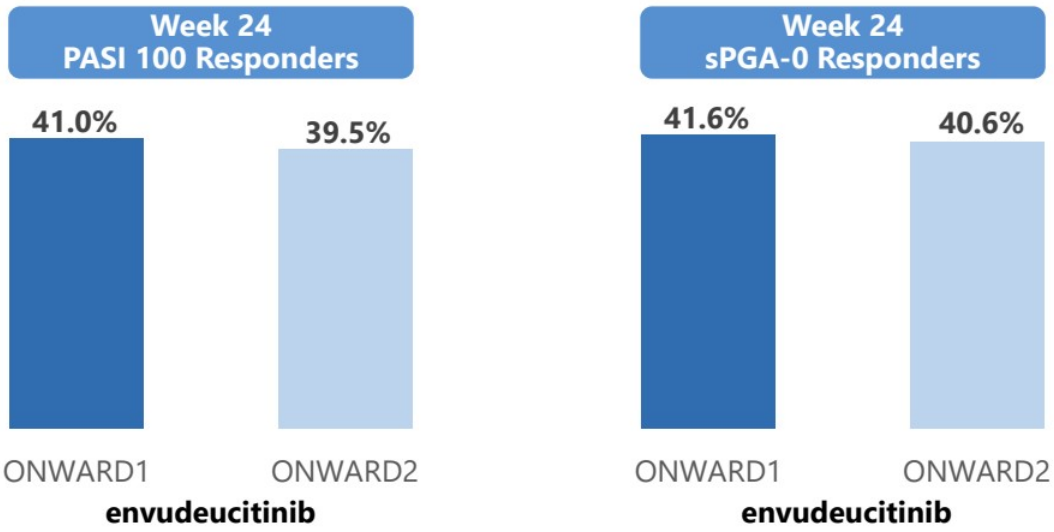
Envudeucitinib is an investigational therapy not reviewed or approved by any regulatory agency.

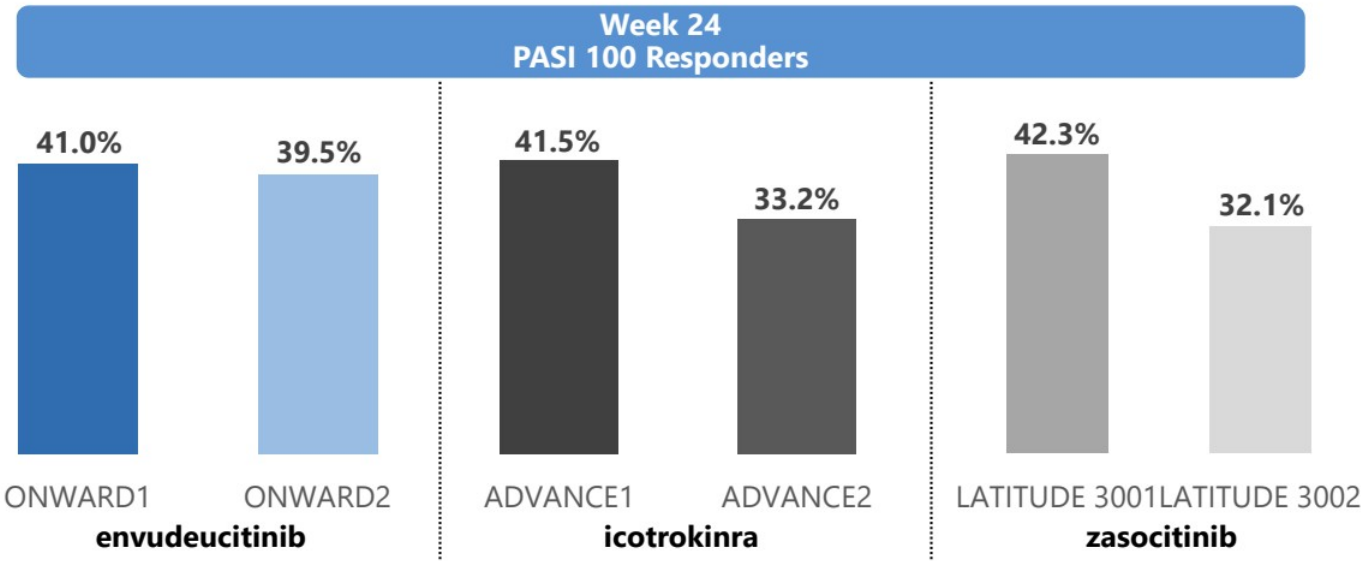
Note: the comparisons on this slide relate to retrospective post hoc cross-trial comparisons, which may not be directly comparable. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across unrelated studies.

Envudeucitinib Demonstrated Reproducibility Between ONWARD1 and ONWARD2 and Consistency Across PASI 100 and sPGA-0 Responses



alumis Envudeucitinib data presented from ONWARD 1 and ONWARD 2 trials (AAD 2026).

Envudeucitinib: Leading PASI 100 Skin Clearance



Envudeucitinib data presented from ONWARD 1 and ONWARD 2 trials (AAD 2026).
Icotrokinra data presented from ICONIC-ADVANCE 1 and ICONIC-ADVANCE 2 trials (Stein Gold L. et. al Lancet, 2025).
Zasocitinib data presented from LATITUDE-PsO-3001 and LATITUDE-PsO-3002 (AAD 2026).
Note: The results of this retrospective post hoc cross-trial comparison may not be directly comparable. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data cross unrelated studies.

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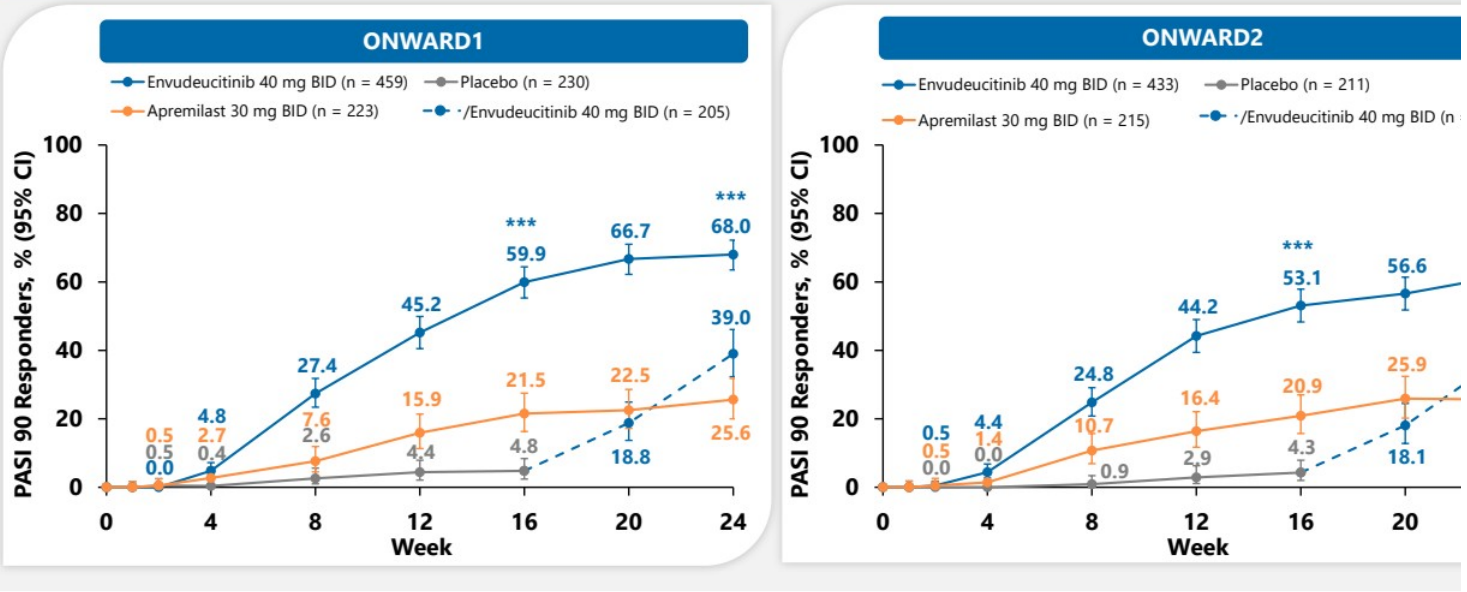
Envudeucitinib Resulted in Rapidly Increasing, Statistically Significant PASI 90 Response Rates vs Placebo and Apremilast

Early onset of action: separation vs placebo observed at Week 4



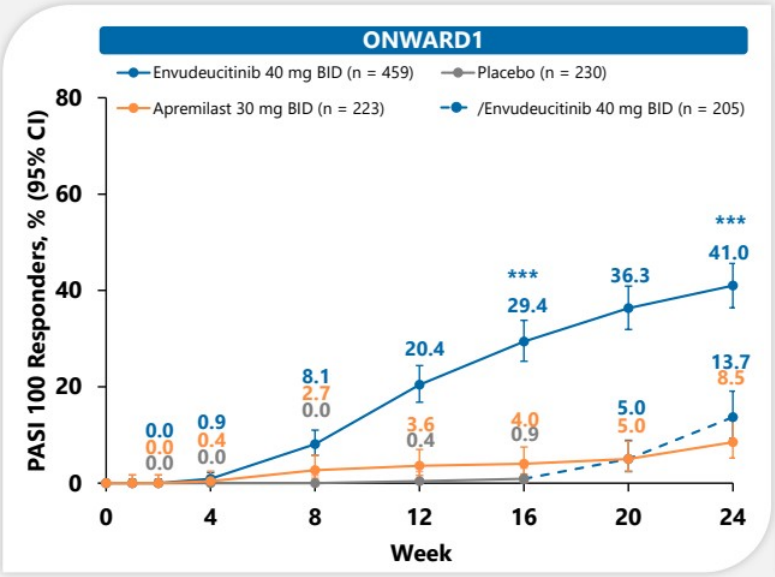
Intention-to-treat population. The 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. ***P <0.0001 vs placebo and apremilast.

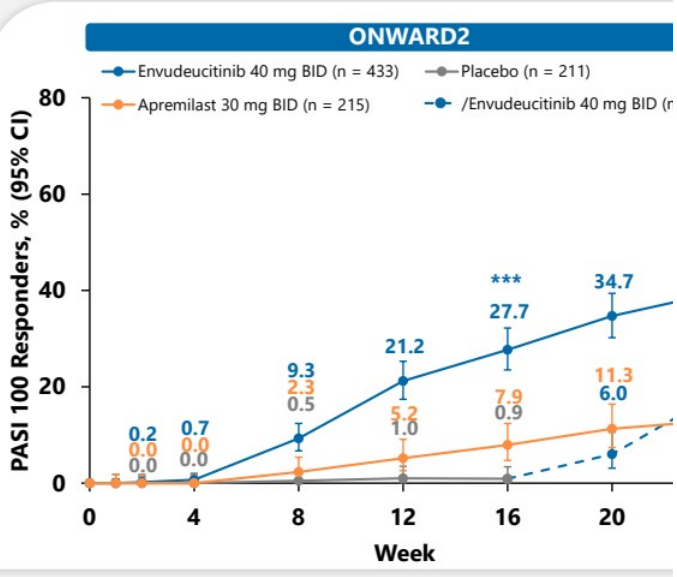
BID, *bis in die* (twice daily); CI, confidence interval; PASI 90, ≥90% improvement in Psoriasis Area and Severity Index.

Envudeucitinib is investigational; not yet reviewed by regulatory

Envudeucitinib Demonstrated Robust and Progressive Improvement in PASI 100 Response Rates Over Time

Approximately 40% complete skin clearance at Week 24 without evidence of plate





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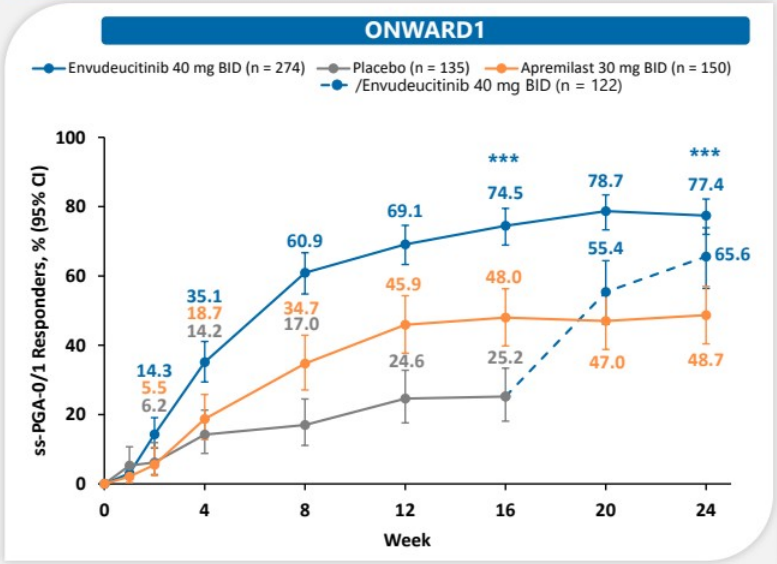
Intention-to-treat population. The 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. ****P* <0.0001 vs placebo and apremilast.

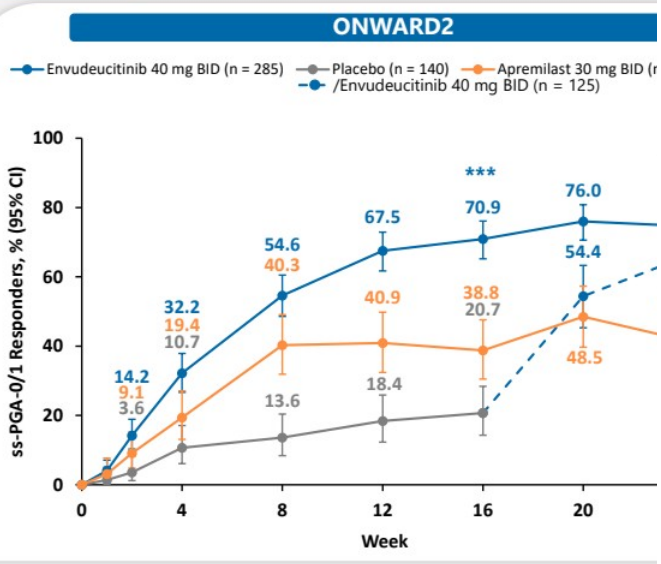
BID, *bis in die* (twice daily); CI, confidence interval; PASI 100, 100% improvement in Psoriasis Area and Severity Index.

Envudeucitinib is investigational; not yet reviewed by regulatory

Rapid, Significant, and Sustained Scalp Psoriasis Improvement With Envudeucitinib

Approximately 3 in 4 patients receiving envudeucitinib achieved ss-PGA-0/1[a] at Wee with over 30% response as early as Week 4





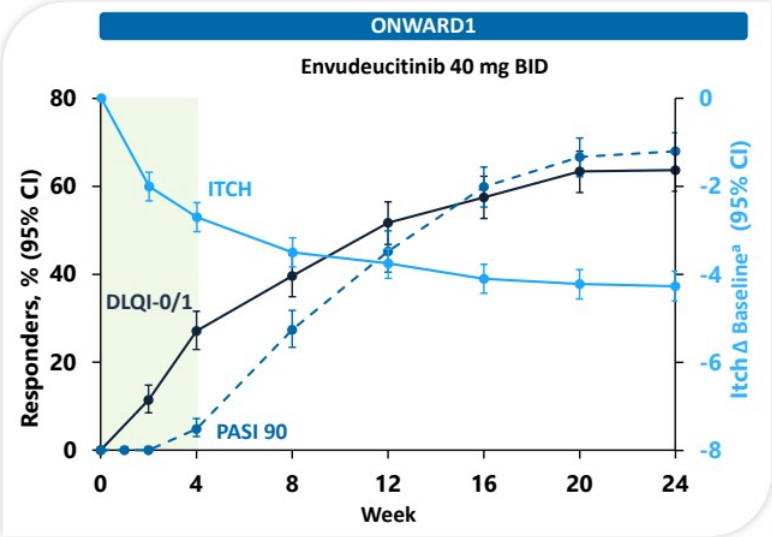
Intention-to-treat population. The 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. [a]In patients with baseline ss-PGA ≥3. ***P <0.0001 vs placebo at Week 16 and apremilast at Week 24.

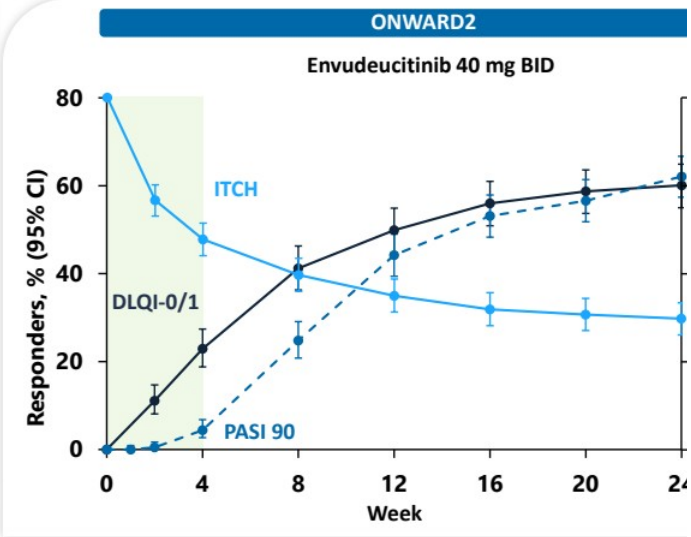
BID, *bis in die* (twice daily); CI, confidence interval; ss-PGA-0/1, scalp-specific Physician's Global Assessment 0 (clear) or 1 (almost clear).

Envudeucitinib is investigational; not yet reviewed by regulatory

Benefits in Itch Reduction and Quality of Life Visible Before Skin Clearance

Patients receiving envudeucitinib showed robust, early improvements in DLQI and itch that preceded PASI 90 responses





Intention-to-treat population. For DLQI and PASI 90, the 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. For itch, LSMs, CIs, and *P*-values are based on MMRM. [a]LSM change from baseline in worst pruritus NRS.

BID, *bis in die* (twice daily); CI, confidence interval; DLQI, Dermatology Life Quality Index; DLQI-0/1, DLQI 0 or 1; LSM, least-squares mean; MMRM, mixed model for repeated measures; NRS, numeric rating scale; PASI 90, ≥90% improvement in Psoriasis Area and Severity Index.

Envudeucitinib is investigational; not yet reviewed by regulatory

Envudeucitinib's Differentiated and Attractive Profile for Physicians and Patients

Skin Clearance	• Leading and consistent PASI 100 skin clearance among oral plaque psoriasis therapies
	  ○ Early onset of action; PASI 90 responses emerged as early as Week 4
	  ○ Clear or almost clear scalp psoriasis as early as Week 4

Patient Reported Outcomes	• Improvements across burdensome symptoms highlight early onset and broad clinical benefit
	  ○ Rapid and profound improvements in Quality-of-life measures
	  ○ Meaningful itch relief was apparent before PASI 90 skin clearance

Safety	• Generally well tolerated through Week 24 in ONWARD trials; safety profile consistent with Phase 2 program
	  ○ No clinically significant lab abnormalities observed
	  ○ No TB reactivations

Upcoming Data	• ONWARD3: Wk 48 results on LT efficacy & safety/tolerability, durability & maintenance • Additional special areas (palmoplantar, nails) • Biomarker analysis

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Envudeucitinib is investigational; not yet reviewed by regulatory agencies. Differences exist between trial design and subject characteristics, and caution should be exercised when comparing data across unrelated studies.

ONWARD1 and ONWARD2 Pooled Safety Through Weeks 16 and 24

	Through Week 16			Through Week 24			
n (%)	Envudeucitinib 40 mg BID n = 890	Placebo n = 441	Apremilast 30 mg BID n = 438	Envudeucitinib 40 mg BID only n = 890	Placebo to Envudeucitinib 40 mg BID n = 390	Overall Envudeucitinib 40 mg BID n = 1280	Apre 30 m n =
≥1 TEAE	524 (58.9)	166 (37.6)	223 (50.9)	563 (63.3)	130 (33.3)	693 (54.1)	248
≥1 SAE	19 (2.1)	5 (1.1)	5 (1.1)	24 (2.7)	1 (0.3)	25 (2.0)	6
TEAE leading to treatment discontinuation	30 (3.4)	7 (1.6)	9 (2.1)	31 (3.5)	4 (1.0)	35 (2.7)	12
TEAE grade ≥3	42 (4.7)	14 (3.2)	18 (4.1)	48 (5.4)	7 (1.8)	55 (4.3)	23
Most-frequent TEAEs (≥5%)[a]							
Nasopharyngitis	64 (7.2)	21 (4.8)	16 (3.7)	92 (10.3)	18 (4.6)	110 (8.6)	26
Headache	92 (10.3)	11 (2.5)	40 (9.1)	97 (10.9)	11 (2.8)	108 (8.4)	42
Upper respiratory tract infection	43 (4.8)	7 (1.6)	16 (3.7)	57 (6.4)	2 (0.5)	59 (4.6)	21
Acne	53 (6.0)	3 (0.7)	3 (0.7)	60 (6.7)	17 (4.4)	77 (6.0)	3
Nausea	20 (2.2)	4 (0.9)	23 (5.3)	20 (2.2)	0	20 (1.6)	23
Diarrhea	14 (1.6)	11 (2.5)	36 (8.2)	16 (1.8)	1 (0.3)	17 (1.3)	36

- Envudeucitinib showed low rates of SAEs and AEs leading to discontinuation, with no clusters of events
  - No deaths; no MACE or cytopenia signals; no TB reactivation[b]
- No clinically significant laboratory abnormalities were observed across lipid, hematologic and chemistry panels, with comparable variability across treatment arms throughout the study
- At Week 24, low incidence of serious infections (0.7%) and malignancies (0.2%) observed in patients treated with envudeucitinib

Safety analysis population; pooled ONWARD1 and ONWARD2 data. [a]TEAEs occurring in ≥5% of patients in any treatment arm through either Week 16 or Week 24.
[b]Thirty-nine patients with latent or treated TB were enrolled.
AE, adverse event; BID, *bis in die* (twice daily); MACE, major adverse cardiovascular event; SAE, serious AE; TB, tuberculosis; TEAE, treatment-emergent AE.

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Envudeucitinib is investigational; not yet reviewed by regulatory

2026 is Expected to be a Breakout Year for Envudeucitinib

Precision engineered oral TYK2i with differentiated profile

Psoriasis: Potential best-in-disease oral (Ph3 data)

Confirmed TYK2 viability as oral IL-23/IL-17 pathway inhibitor

- ✓ ONWARD1 & 2 met all primary and secondary endpoints
- ✓ Maximal IL-23/IL-17 pathway inhibition clinically demonstrated in psoriasis
- ✓ Phase 3 data presentation at AAD
- ○ Additional long-term psoriasis data expected 2H 2026
- ○ Anticipated NDA filing Q4 2026

SLE: Potential oral category leader

Evaluating TYK2 viability as Type I IFN pathway inhibitor

- ○ Phase 2b LUMUS SLE topline results expected Q3 2026
- ○ Designed as a potentially pivotal trial
- ○ Potential additional clinical benefit of maximal, oral IFN pathway inhibition in SLE

Setting the stage for strategic optionality

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Envudeucitinib for Systemic Lupus Erythematosus (SLE)

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High Disease Burden and Unmet Need in SLE

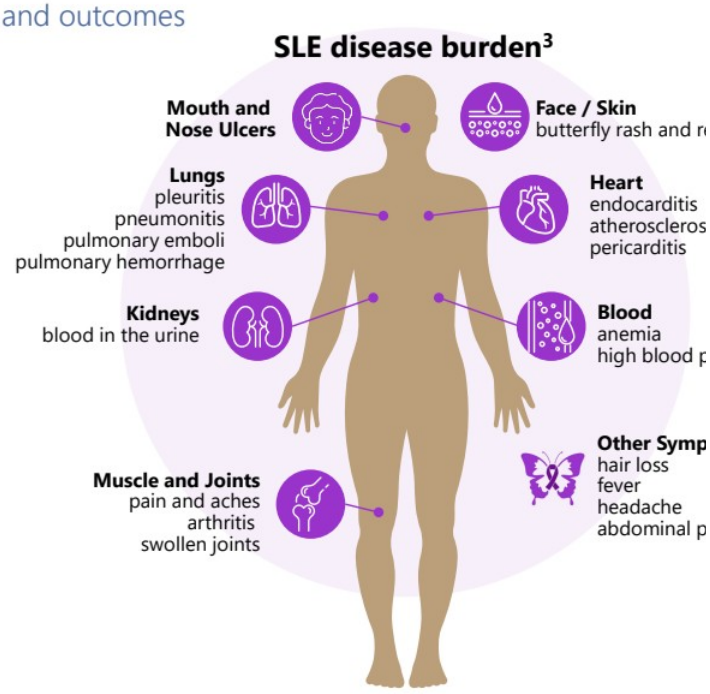
Highly efficacious oral therapy could transform treatment and outcomes

Significant Systemic Lupus SLE disease burden

- **Chronic autoimmune disease** affecting ~3.4M people worldwide; prevalence rising globally[1]
- **Multi-organ involvement** drives morbidity & reduced quality of life
- **Fatigue, pain, and flares** disrupt daily life and emotional well-being

Limited treatment options

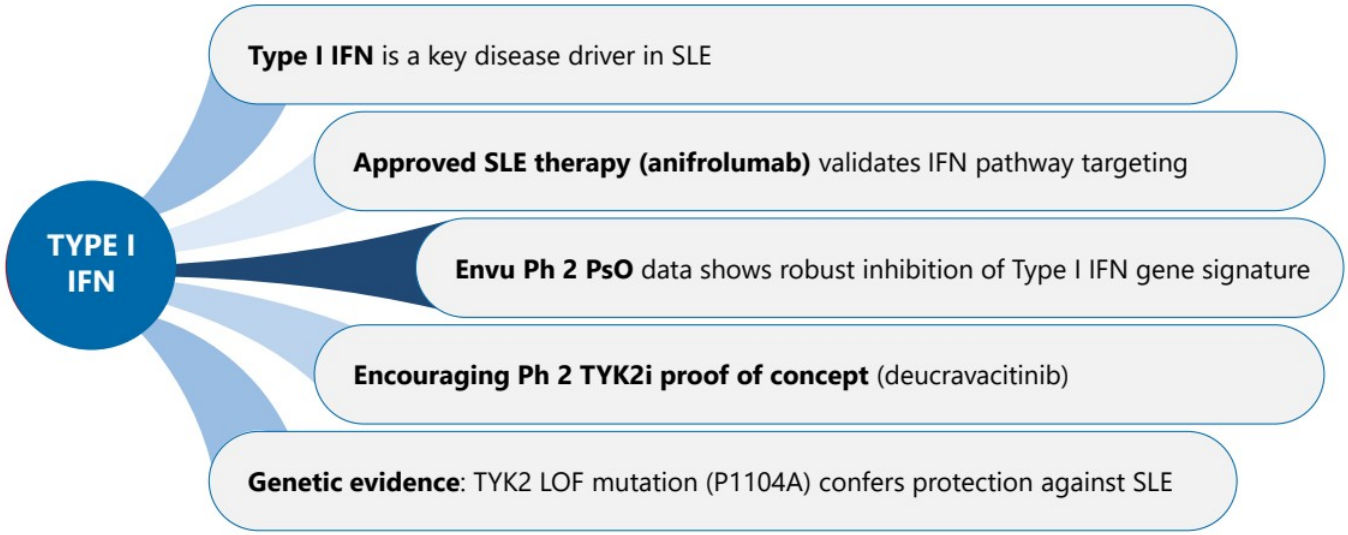
- **Current standard-of-care** relies on non-specific immunosuppressants, causing serious complications and reduced life expectancy
- **Two biologics dominate the market despite modest efficacy**; belimumab and anifrolumab represent the majority of market share and are expected to exceed $3B in combined sales in 2026[2]



1. Current patient estimates from Tian J, Zhang D, Yao X, Huang Y, Lu Q. Global epidemiology of systemic lupus erythematosus: a comprehensive systematic analysis and modelling study. Ann Rheu Dis. 2023 Mar; 82(3):351-356. doi: 10.1136/ard-2022-223035. Epub 2022 Oct 14. PMID: 36241363; PMCID: PMC9933169.
2. Evaluate Pharma as of January 2026.
3. Siegel CH; Sammaritano LR. Systemic Lupus Erythematosus: A Review. JAMA. 2024;331(17):1480–1491.

Strong Clinical & Scientific Rationale to Unlock SLE Opportunity

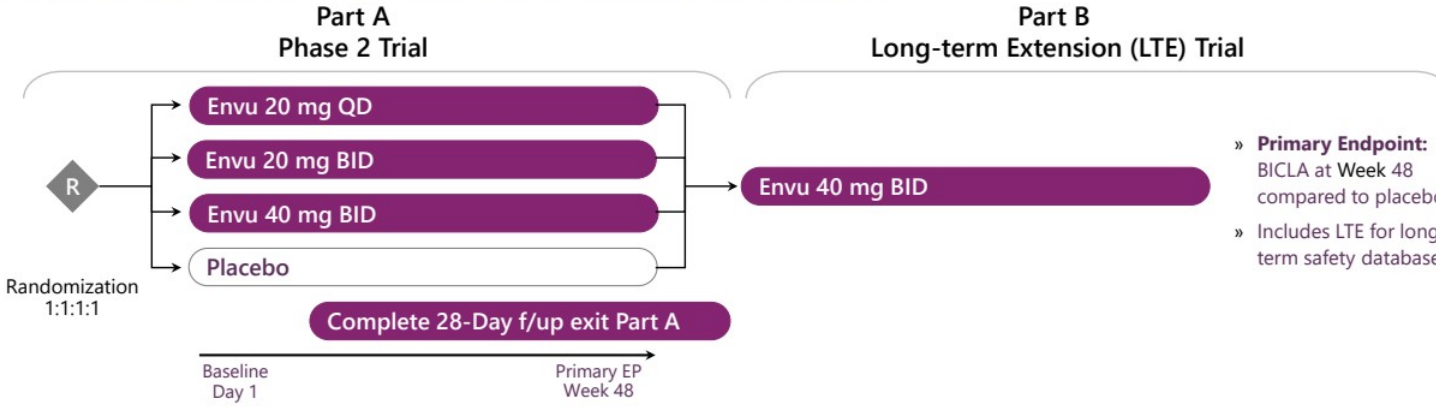
Envudeucitinib oral therapy has potential to transform SLE therapy by targeting Type I IFN



Narayan N, Hoffman J, Langrish C, Ucpinar S, Corpuz P, Mittleman B, Tilley M. ESK-001, an Allosteric TYK2 Inhibitor, Maximally Suppresses Type 1 Interferon, a Therapeutic Pathway Central to SLE and CLE. Arthritis Rheumatol. 2024; 76 (suppl 9).; Morand EF, Pike M, Merrill JT, et al. Deucravacitinib, a TYK2 inhibitor, in systemic lupus erythematosus: Phase II RCT. Arthritis & Rheumatology. 2023;75:242–252; Hoi A, Igel T, Mok CC, Arnaud L. Systemic lupus erythematosus (Seminar). The Lancet. 2024; 403: 2326–2338.; Dendrou CA, Cortes A, Shipman L, et al. Resolving TYK2 locus genotype-to-phenotype differences in autoimmunity. Science Translational Medicine. 2016; 8 (363): 363ra149.

LUMUS Phase 2b Trial: Topline Results Expected Q3 2026

Designed for high probability of clinical success and speed to market



Lumus trial incorporates key learnings from past SLE trials

- Lumus trial requires stringent disease activity criteria
- Rigorous enrollment and outcome adjudication processes
- Real time data consistency checks
- Concomitant medications minimized; steroid taper incorporated
- Extensive and ongoing site training in endpoint assessments

Lumus
a lupus study

- **Lumus trial fully enrolled (n=408)**
- **Lumus could enable potential accelerated regulatory pathway with one additional confirmatory Phase 3 trial**

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A-005: Phase 2 Ready
CNS-Penetrant Allosteric TYK2i

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A-005, our CNS Penetrant TYK2 Inhibitor, has Potential to Add Substantia Value to TYK2 Franchise

Broadening TYK2i Opportunities

- Broader tissue penetration to address inflammation on both sides of blood brain barrier
- Within the CNS compartment, A-005 modulates astrocytes and microglia, key drivers of neuroinflammation
- Initial development for Parkinson's disease; additional opportunities in other neuroinflammation-driven diseases and orphan peripheral immune-mediated diseases

TYK2i in Parkinson's Disease

- Inflammation increasingly implicated as driver of PD progression[(1)]
- IFN signature associated with worse disease in PD patients[(2)]
- IL-17A causal for onset of PD in human genetic analyses[(3)]
- A-005 offers opportunity to bring maximal TYK2 inhibition of IL-17/23 and IFN pathways to the CNS compartment

Phase 2 Program

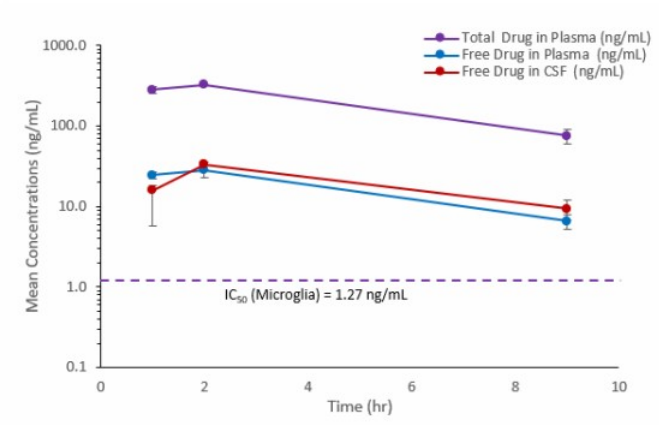
- Phase 2 biomarker trial in Parkinson's disease patients planned 1H 2027
- A-005 achieved maximal target inhibition in CNS and periphery in Phase 1 healthy volunteers[(4)]
- Favorable safety and tolerability profile demonstrated in Phase 1

(1) Yacoubian, et al., Movement Disorders, 2023; Potashman, Parkinsonism & Related Disorders, 2025.
(2) Chen et al., Brain, Behavior, & Immunity – Health, 2025.
(3) ACTRIMS 2025: Graham, K. et al. A-005 astrocyte/microglia modulation (P352) & Sharma, R. et al. safety/PK in HV (P335). West Palm Beach, FL.
(4) ECTRIMS 2025: Ucpinar S et al. PK, PD & CNS penetration of A-005 in MS. Poster P299. Barcelona, Spain; Monroy-Jaramillo et al., Life, 2025; Zhang, Brain and Behavior, 2025.

A-005 Demonstrated Full CNS Penetration in Phase 1 Program

Ability to cross blood-brain barrier and achieve high levels of exposure in cerebral spinal fluid (CSF)

CSF Cohort (120 mg QD)



PK Summary: CSF Cohort (120 mg QD)

	T_{max*} (h)	C_{max} (ng/mL)	C_{9h} (ng/m
Plasma $_{Total}$, mean (SD)	1.0 (0.75-3.0)	327 (0.6)	75 (16
Plasma $_{Free}$, mean (SD)	1.0 (0.75-3.0)	29 (0.1)	7 (1.4
CSF $_{Free}$, mean (SD)	2.0 (2.0-2.0)	34 (10.9)	9 (2.7
Ratio ($CSF_{free}/Plasma_{free}$)	NA	1.2	1.4

A-005 concentration in CSF above IC90 levels measured in microglia cells *in vitro*

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* Tmax was reported as median (range)

ECTRIMS 2025: Ucpinar S et al. PK, PD & CNS penetration of A-005 in MS. Poster P299. Barcelona, Spain.

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Milestones

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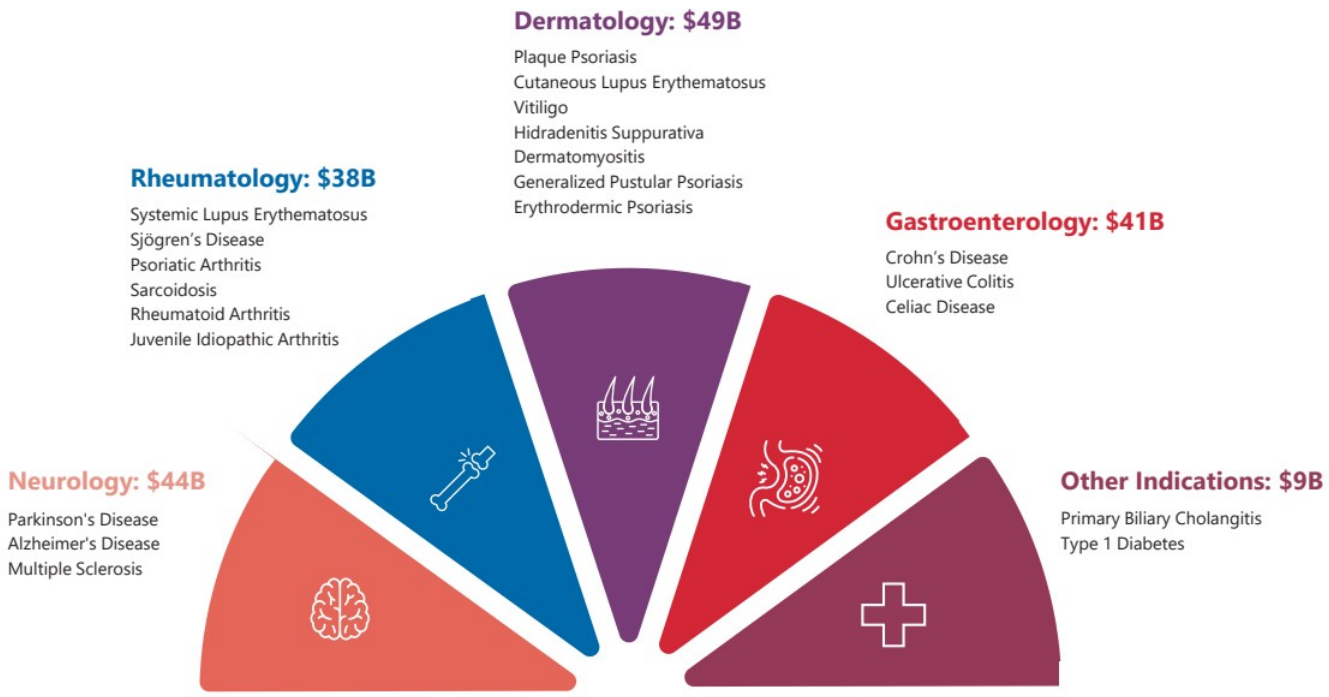
Key Achievements and Anticipated Milestones for 2026

- **1Q26** Envu – PsO Phase 3 Topline Data for 16- and 24-week Endpoints
- **1Q26** Envu – PsO Phase 3 Additional Data Presented at AAD
- **1H26** Lonigutamab – Completion of Strategic Review
- **2Q26** TYK2 Franchise Development Strategy (Envu and A-005) - Evaluation of Additional Indic
- **3Q26** Envu – SLE Phase 2b Topline Data
- **2H26** Envu – PsO ONWARD3 Topline Data
- **2H26** Envu – PsO Phase 2 Two-Year Safety Data
- **2H26** Phase 1 trial Initiation – next clinical candidate (new target)
- **Q426** Envu – PsO NDA Filing

Two Pipeline-in-a-Pill Opportunities; $180B+ Potential Total Market Opportunity

Indications supported by genomic evidence, clinical validation, or active studies



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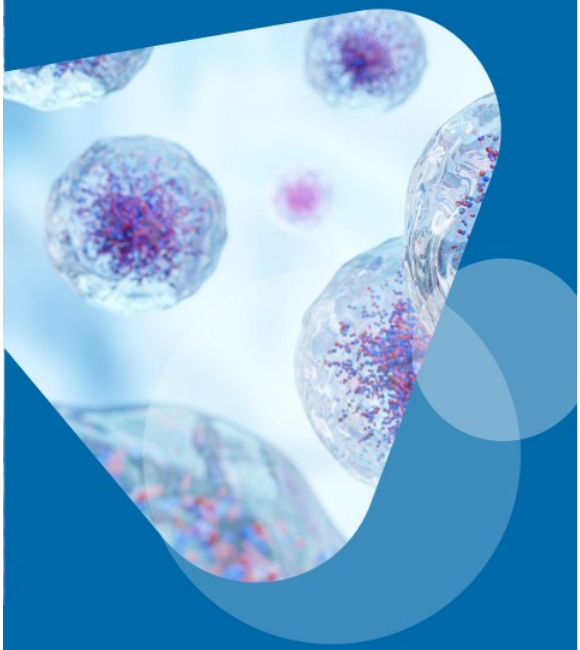
2032 Market Projections; Source: Evaluate Pharma, January 2026.

Company Financial Summary



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$569.5m[1]
in cash, cash equivalents and marketable securities as of March 31, 2026

Cash runway expected into
Q4 2027

1. Unaudited and subject to change

Alumis Leadership

Martin Babler
President, CEO & Chairman

Mark Bradley
Chief Development Officer

Kolbot By, PhD
Head of Technical Operations

John Schroer
Chief Financial Officer

Roy Hardiman
Chief Business & Strategy Officer

Grace Halteh
Head of Quality and Regulatory

Jörn Drappa, MD, PhD
Chief Medical Officer

David Goldstein, PhD
Chief Scientific Officer

Claire Langrish, PhD
Head of Immunology & Translational Science

Jack Danilkowicz
Chief Commercial Officer

Sanam Pangali
Chief Legal Officer

AMGEN Genentech HORIZON Janssen MYOKARDIA ONYX PHARMACEUTICALS PRINCIPIA BIOPHARMA Roche Transla

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Alumis' Next-Gen TYK2 Inhibitors: Two Pipelines-in-a-Pill

Positive Psoriasis Phase 3	• Envudeucitinib delivered highly significant efficacy with **leading PASI 100 responses** and early robust improvements in skin clearance, quality of life, and symptoms
Significant Near-term Value	• Global opportunity for **Psoriasis (~$40B) and Lupus (~$11B) expected by 2030**[1] • High efficacy orals expected to drive market growth
Broad TYK2 Opportunity	• **Significant market opportunity (projected $180B+**[2]**) across many indications** with potenti be addressed by TYK2 molecules. Envudeucitinib and A-005 provide two pipelines-in-a-pill • **Additional envudeucitinib indications**: prioritizing Sjögren's Disease and Cutaneous Lupus Erythematosus (CLE)[3]
Differentiated TYK2i's	• Envudeucitinib and A-005 are **precision engineered for 24-hour maximal target inhibition** • Maximal inhibition translates to leading Phase 3 efficacy with balanced safety and tolerability
Anticipated Milestones	• **Envudeucitinib Psoriasis:** Additional data (2H 2026) and NDA filing (4Q 2026) • **Envudeucitinib SLE:** Potentially pivotal Phase 2b SLE topline data (3Q 2026) • **A-005:** Initiation of Phase 2 biomarker trial in Parkinson's disease (1H 2027)

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1 and 2: 2030 market projections; Source: Evaluate Pharma, January 2026.
3 Advancement decisions will be guided by LUMUS readout and disciplined capital allocation.


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Transforming Immune-Mediated Disease Treatment with Precision Engineered TYK2 Inhibitors
Corporate Deck: June 2026