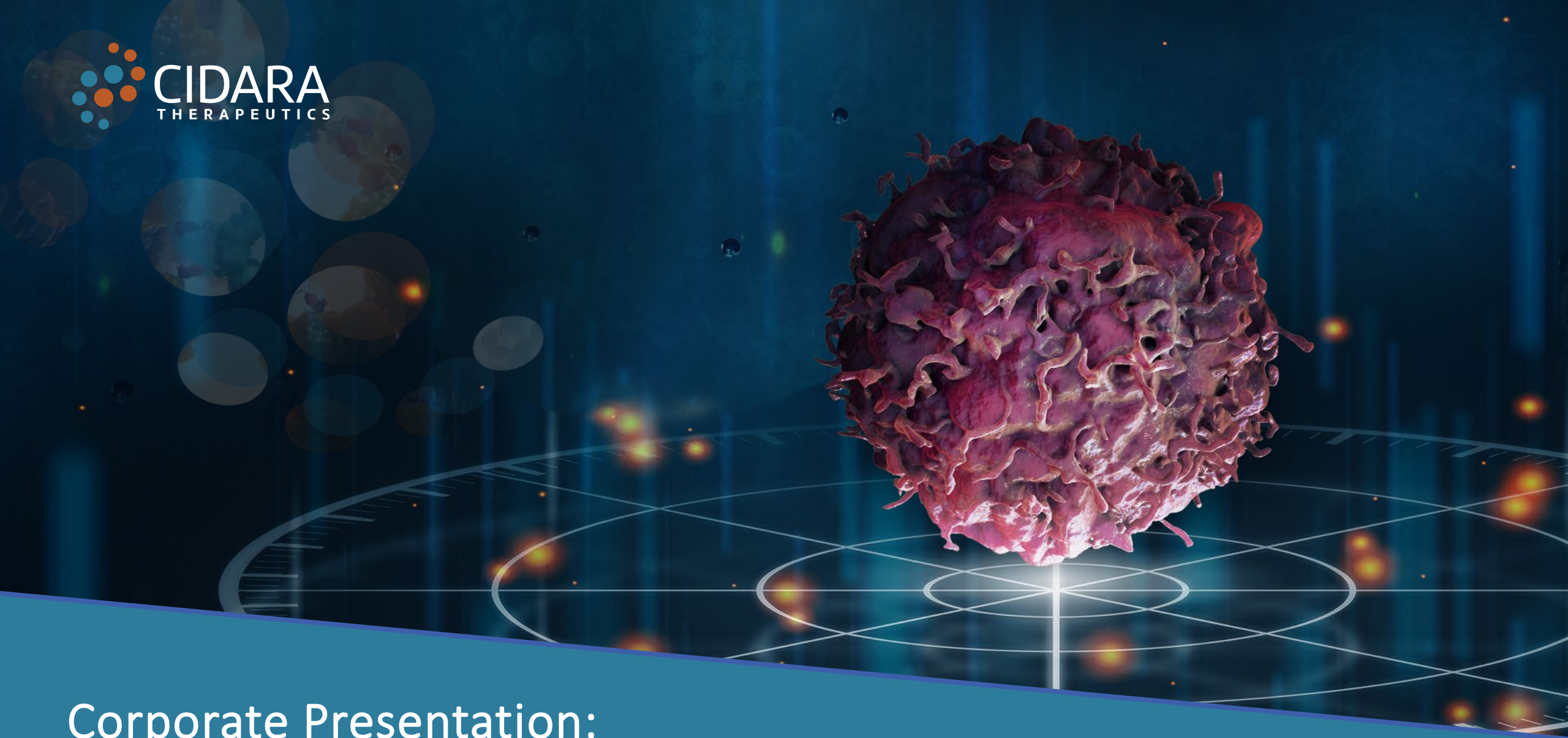


Corporate Presentation:

August 2024
NASDAQ: CDTX

Forward-Looking Statements

These slides contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995.

The words “may,” “will,” “estimate,” “plan”, “anticipate,” “expect,” “potential,” “could,” “project,” and similar expressions (including the negative thereof), are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Such statements include, but are not limited to, statements regarding Cidara’s research and development efforts; preclinical and clinical development activities; plans, projections and expectations for and the potential effectiveness, safety and benefits of, its product candidates, including CD388, CBO421 and other antiviral and oncology product candidates from the Cloudbreak platform; whether CD388 may have significant advantages beyond and in addition to flu vaccines; and advancement of its strategic plans

Projections, assumptions and estimates of the future performance of the markets in which Cidara operates are necessarily subject to a high degree of uncertainty and risk, including, Cidara's ability to obtain additional financing; the success and timing of Cidara’s preclinical studies, clinical trials and other research and development activities; receipt of necessary regulatory approvals for development, as well as changes to applicable regulatory laws in the United States and foreign countries; changes in Cidara's plans to develop its product candidates; Cidara's ability to obtain and maintain intellectual property protection for its product candidates; and the loss of key scientific or management personnel. These and other risks and uncertainties are described more fully in Cidara's Annual Report on Form 10-K for the fiscal year ended December 31, 2023 filed with the United States Securities and Exchange Commission ("SEC“’) on April 22, 2024, and in Cidara’s other filings with the SEC.

Additional risks and uncertainties may emerge from time to time, and it is not possible for Cidara’s management to predict all risk factors and uncertainties. Cidara cautions that the foregoing list of factors is not exclusive and not to place undue reliance upon any forward-looking statements which speak only as of the date of this presentation. Except as required by law, Cidara does not undertake any obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in its expectations.

Rezafungin Divested to Mundipharma*

Cidara Therapeutics Reacquires Global Development and Commercial Rights to CD388 and Announces Private Placement Financing of $240 Million

- *$240 million private placement financing led by RA Capital Management with significant participation by Bain Capital Life Sciences as well as BVF Partners and Canaan Partners to fund Phase 2b clinical trial*
- *CD388, which is active against all strains of influenza A and B, is being developed for pre-exposure prophylactic treatment*

Rezafungin Divested to Mundipharma*

Approximately **$67M** in clinical development and CMC costs over next three years

Approximately **$61M** in forecasted obligations through the patent life of rezafungin

Cost savings to be applied to advancing CD388 and other Cloudbreak development programs, including CBO421

*Napp Pharmaceutical Group, an affiliate of Mundipharma.

Company Overview and CD388 Timelines

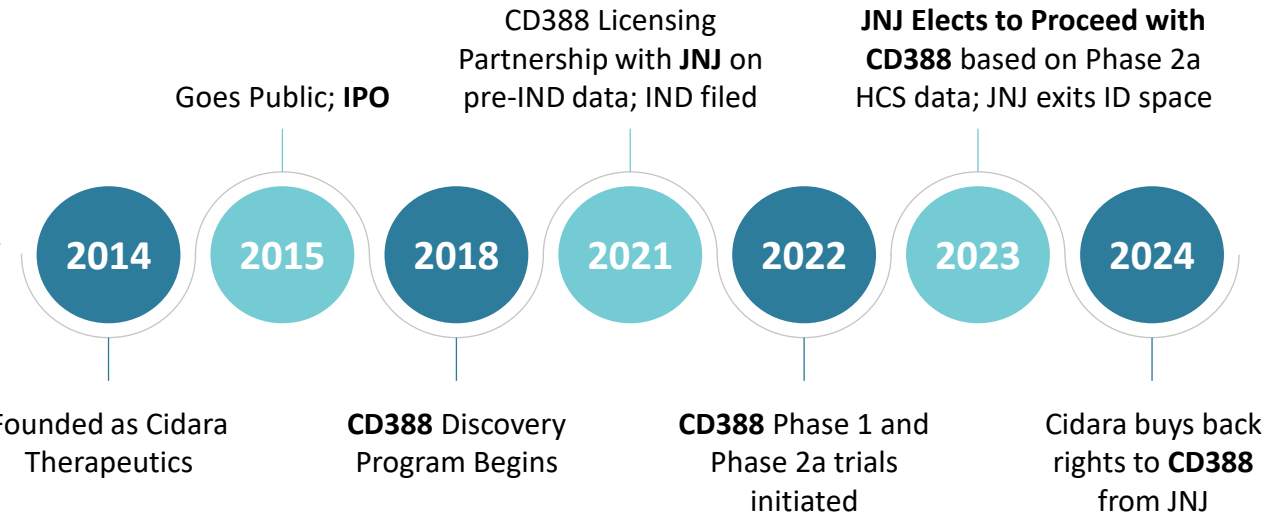
Cidara Therapeutics

Headquarters: San Diego

Employees: 70; R&D: 50, G&A: 20

NASDAQ Ticker: CDTX

Implied Fully Diluted Market Cap: ~$323M*



Cloudbreak Drug Fc Conjugate (DFC) Programs

Program	Indication	Discovery	Preclinical	IND-enab.	Phase 1	Phase 2
Viral Neuraminidase	Prevention of Seasonal Influenza	CD388				
CD73 Oncology	Solid Tumors, TNBC[1]	CBO421				
PD-1/ CD73 Oncology	Solid Tumors					
CCR5 Oncology	Solid Tumors					

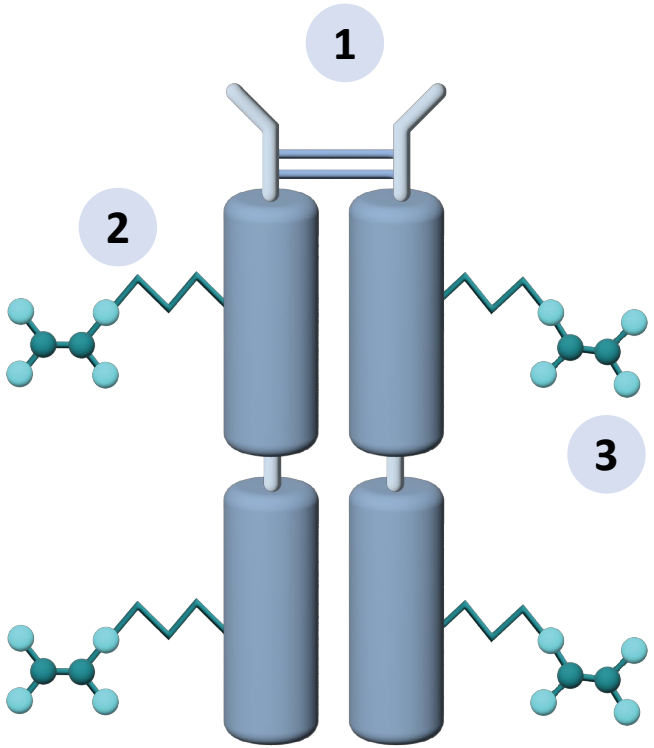
Upcoming CD388 Clinical Timelines

- 5000 patient US/UK Northern Hemisphere Phase 2b trial to be initiated in Sept 2024
- Phase 2b Top-line data, Q3 2025 (expected)
- Phase 3 start, Q2 2026 (expected)
- Phase 3 top line data, Q3 2027 (expected)

1. TNBC = Triple Negative Breast Cancer; JNJ = Johnson & Johnson; IPO = Initial public offering; HCS: Human Challenge Study; * Based on average 90-VWAP as of 7/19/24

A Novel Drug Class with Broad Therapeutic Potential

Cloudbreak™Drug Fc Conjugates (DFC)



1 **Proprietary hIgG1 CH1-Fc* hybrid domain**

Multiple tunable attributes

- *Immune effector function*
- *Half-life extension*
- *2.5x smaller than Antibodies*

2 **Non-cleavable linker**

No intracellular exposure = superior safety vs small molecule drugs

- *Greater freedom to optimize TMs for target potency*
- *Potential to inhibit "undruggable" targets*

3 **Small molecule Targeting Moiety (TM)**

All the strengths of mAbs with several potential advantages

- *Efficient targeting of cryptic sites and small molecule receptors*
- *Tunable valency to exploit avidity for improved potency*
- *Multiple routes to low molecular weight multispecific agents*

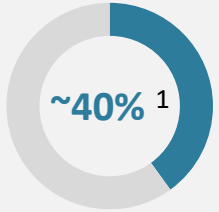
*The protein construct boundaries encompass the Fc domain and a part of the CH1 domain from human IgG1

CIDARA THERAPEUTICS

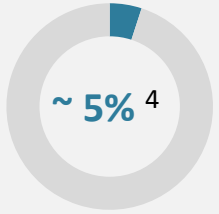
The Problem: A "Universal" Flu Vaccine Does not Exist

Influenza worldwide death rates >650,000 per year [2]

Low vaccine effectiveness



General population
(5-year flu season average)



Immunocompromised

Antigenic drift

Few viable programs in development

2020-2024 Flu season average [3]

Co-morbidities at higher risk of hospitalization:

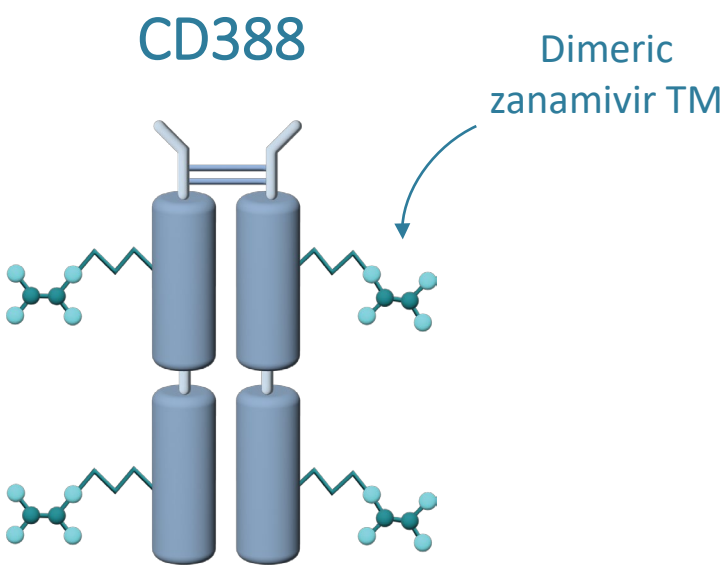
- **Chronic lung disease:** 9-fold increase
- **Kidney disease:** 5-fold increase
- **Cardiovascular Disease:** 12-fold increase

1. https://www.cdc.gov/flu/vaccines-work/past-seasons-estimates.html
2. Estimates of global seasonal influenza-associated respiratory mortality: a modelling study. Lancet. 2018 Mar 31;391(10127):1285-1300.
3. Laboratory-Confirmed Influenza Hospitalizations (cdc.gov)
4. Hughes K, Middleton DB, Nowalk MP, et al. Effectiveness of Influenza Vaccine for Preventing Laboratory-Confirmed Influenza Hospitalizations in Immunocompromised Adults. Clin Infect Dis. 2021;73(11): e4353-e4360.

CIDARA THERAPEUTICS

CD388 Development Data Confirm Target Product Profile

D388 is being developed for pre-exposure prophylaxis for influenza



Single dose /~ 4-6 months

Promising Phase 2a data (TRL7)

	CD388
Potential for broad protection seasonal/pandemic strains	Yes
Potential to protect high-risk groups	Yes
Potential to bridge the gap for pandemic response before matched vaccine is available	Yes
High scale and low cost	Yes

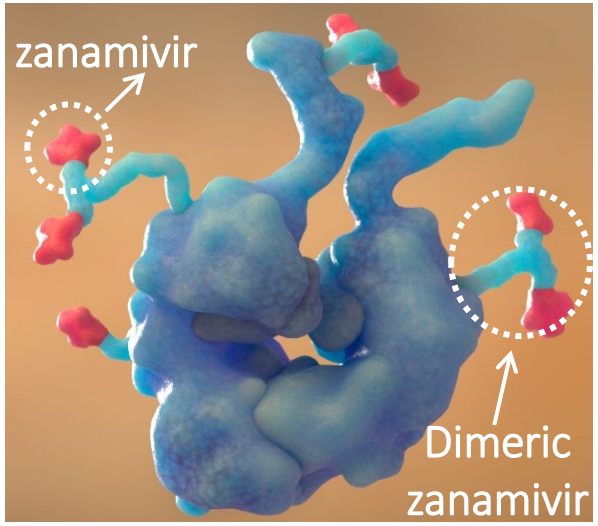
Link to Manuscript for Additional Details: https://www.biorxiv.org/content/10.1101/2024.06.04.597465v3

Study summary at https://clinicaltrials.gov/ct2/show/NCT05285137

CIDARA THERAPEUTICS

Unique Structure of CD388 Enables Multimodal Activity Coupled with Extended Systemic Exposure and Half-Life

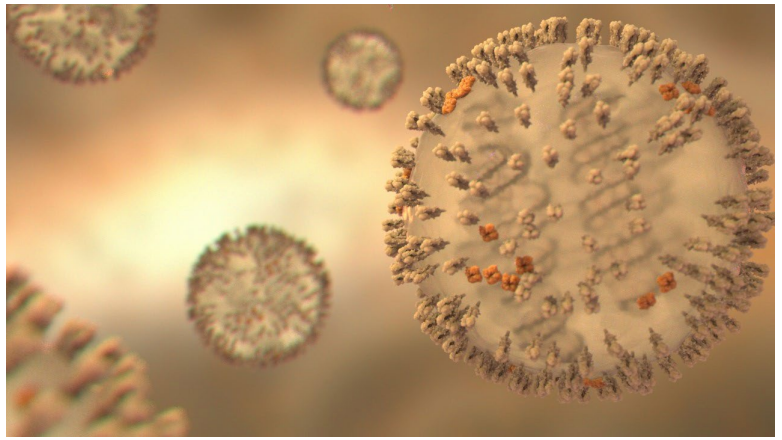
CD388 DRUG Fc CONJUGATE (DFC)



Conjugates remain intact in circulation

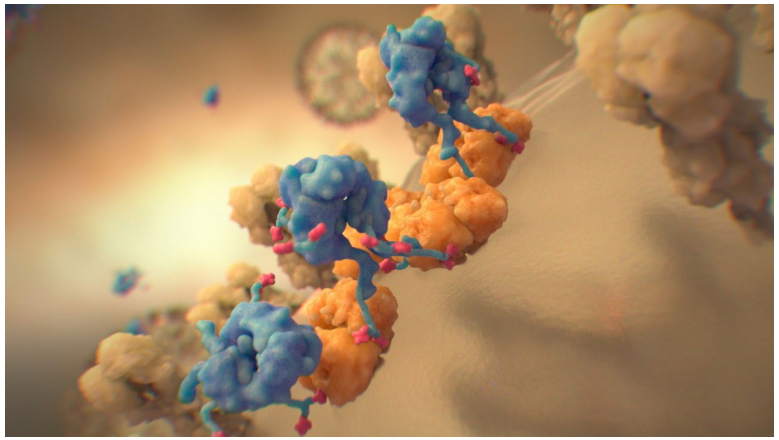
7-week half-life in humans

1



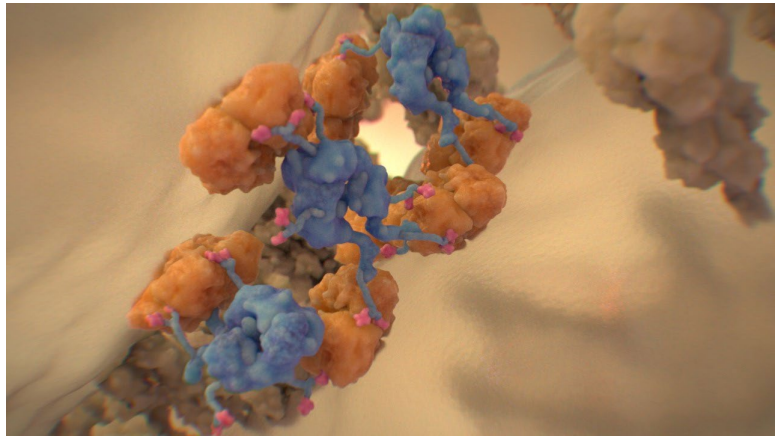
Influenza virion: NA clusters shown in orange

2



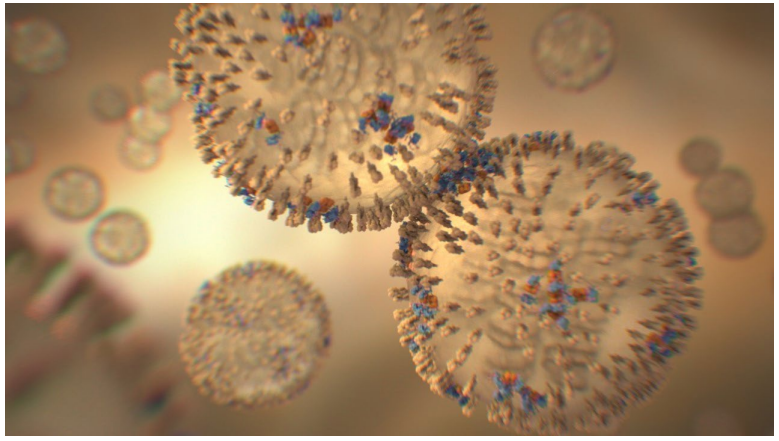
CD388 bridges adjacent NA monomers

3



CD388 bridges NA on different virions

4



CD388 has the potential to aggregate virions

CIDARA THERAPEUTICS

NA = Neuraminidase

CD388 Is Differentiated From Other Influenza Prophylactics

CD388 possesses the key attributes of a long-acting broad-spectrum influenza prophylactic

	CIDARA THERAPEUTICS	sanofi GSK Pfizer moderna Others[2]	Roche Tamiflu®	Genentech A Member of the Roche Group SHIONOGI XOFLUZA™	VIR / GSK Others[3]
Modality	**DFC (CD388)**	**Vaccines** - strain specific (mRNA, conventional e.g., Fluzone)	**Small molecule** (neuraminidase inhibitor)	**Small molecule** (CAP endonuclease inhibitor)	**Monoclonal antibodies**
Stage of Development	**P2**	Approved/P3	Approved	Approved	Failed/Terminated
Spectrum	**Broad Coverage (A & B)[1]**	Strain specific	Influenza A & B	Influenza A & B	Influenza A[3]
Protection in High-Risk Populations	**Yes[2]**	Low/None[2]	Yes	Yes	Yes
Route of Administration	**SC/IM**	IM	Oral	Oral	IV[3]
Prophylaxis Timeframe	**Single flu season**	TBD	Once daily dosing, 10 days	Single dose, 10 days	Single flu season
Resistance Potential	**Low**	High	Moderate	Moderate	Low
Low Cost of Goods / Scale	**Yes / Yes**	Yes / Yes	Yes / Yes	Yes / Yes	High / TBD

1. Based on preclinical data.
2. Moderna quadrivalent mRNA vaccine (mRNA 1010) may perform better than conventional vaccines in elderly adults based on Phase 3 topline data https://s29.q4cdn.com/435878511/files/doc_downloads/program_detail/2024/flu-11-02-23.pdf
3. Includes: Celltrion mAb cocktail (CT-P27) (NCT03511066), Medimmune (MEDI8552) (NCT02603952), NIAID/Crucell (CR6261, CR8020) (NCT01992276), Roche (MHAA45498) (NCT02293863), Visterra (Vis410) (NCT03040141 – only tested as treatment). Vir 2482 was IM dosed in a phase 2b prophylaxis study, but failed to meet efficacy endpoints (NCT05567783)

CIDARA THERAPEUTICS

CD388 Nonclinical Summary

Data support potential for single dose "broad" prophylaxis and treatment

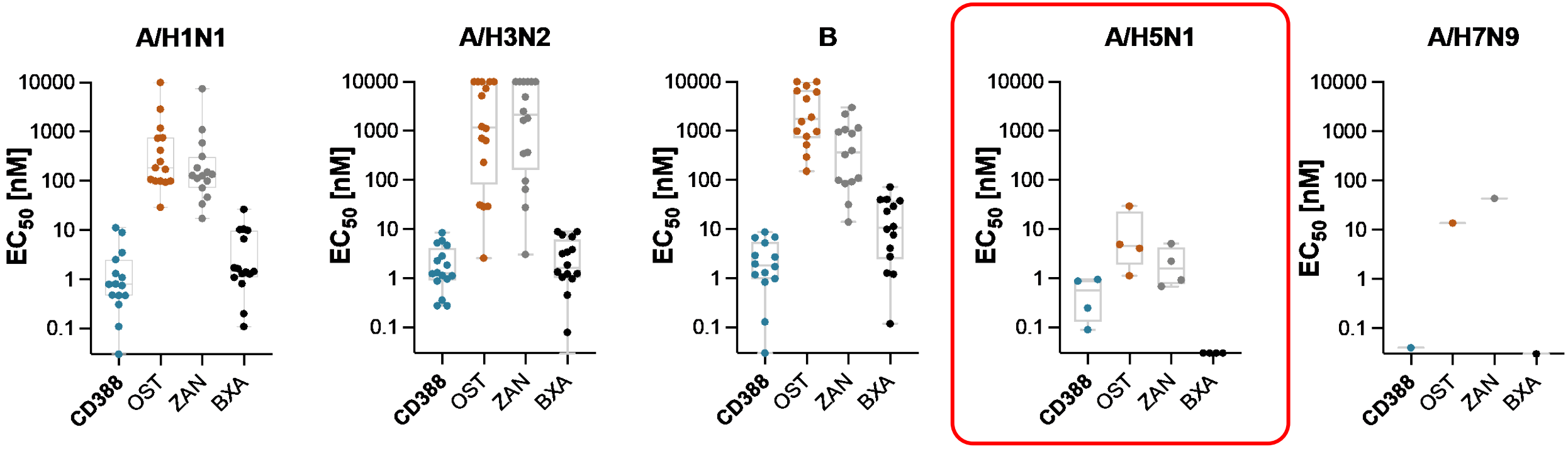
Efficacy & PK	• Potent in-vitro and in-vivo activity against all tested seasonal and pandemic strains of influenza A and B, • Maintains potency against NAI resistant strains • Equivalent exposure and protection via IV, subcutaneous or intramuscular administration • Equivalent protection in immune-competent and immune-compromised mouse models • Supports potential for single SQ/IM dose to provide protection for flu season
Safety	• Well-tolerated at doses up to 500 mg/kg in chronic toxicology studies with AUC safety margins at top Phase 2b dose (450 mg) of 29-fold and 189-fold relative to the rat and monkey • No concerning findings in reproductive or genotoxicity studies

CIDARA THERAPEUTICS

CD388: Potential First "Broad" Influenza Prophylaxis

CD388 retains potent antiviral activity across diverse seasonal and high pathogenicity strains, including H5N1

Cytopathic Effect (CPE) Activity Versus Influenza Strain Panels



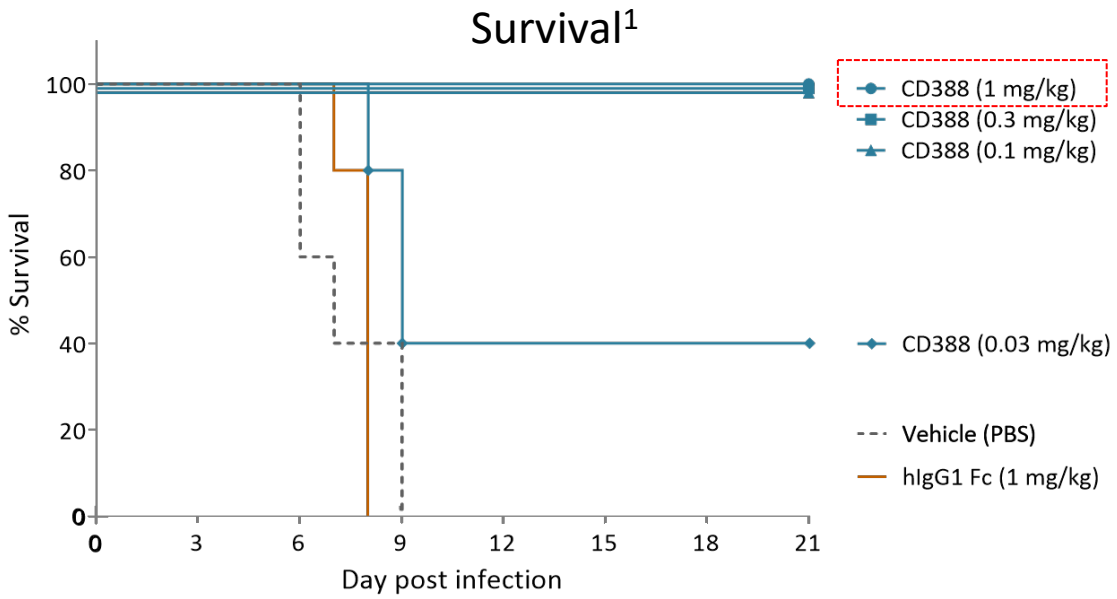
A/Vietnam/1194/2004 – clade 1
A/Indonesia/05/2005 – clade 2.1.3.2
A/Turkey/2005 – clade 2.2.1
A/Hong Kong/156/97 – clade 0

OST = Oseltamivir carboxylate; ZAN = Zanamivir; BXA = Baloxavir acid

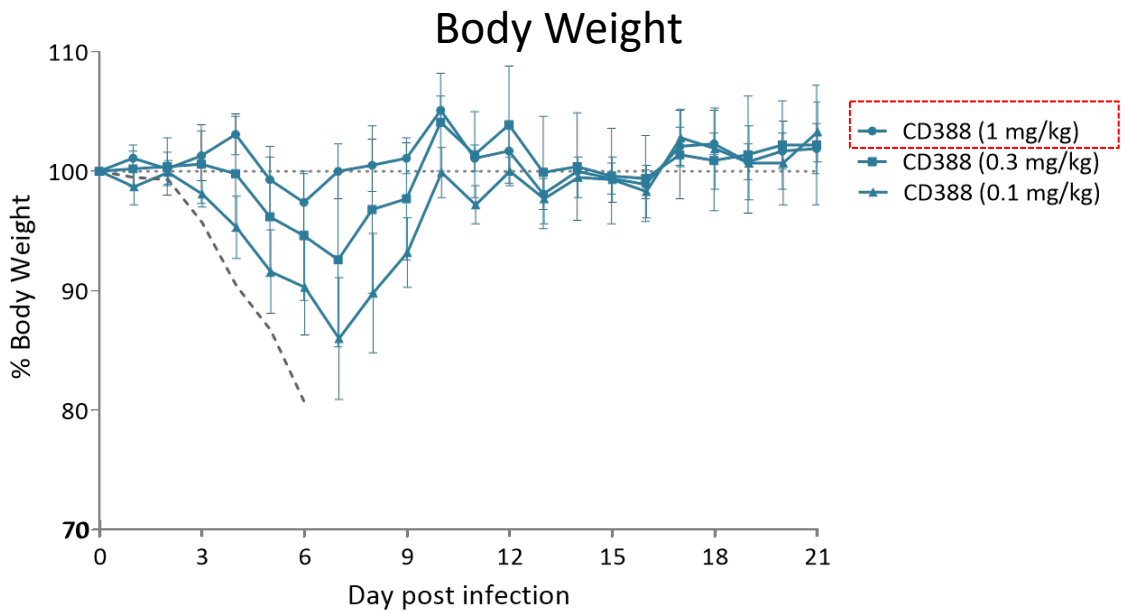
Potential for Single Dose, Long-Acting Prophylaxis in Lethal Models

CD388 has the potential to be the first therapeutic to provide season-long, broad influenza protection

100% survival across broad dose range



Protection against body weight loss



Trough concentration selected for clinical development based on protective doses: 1 μg/mL

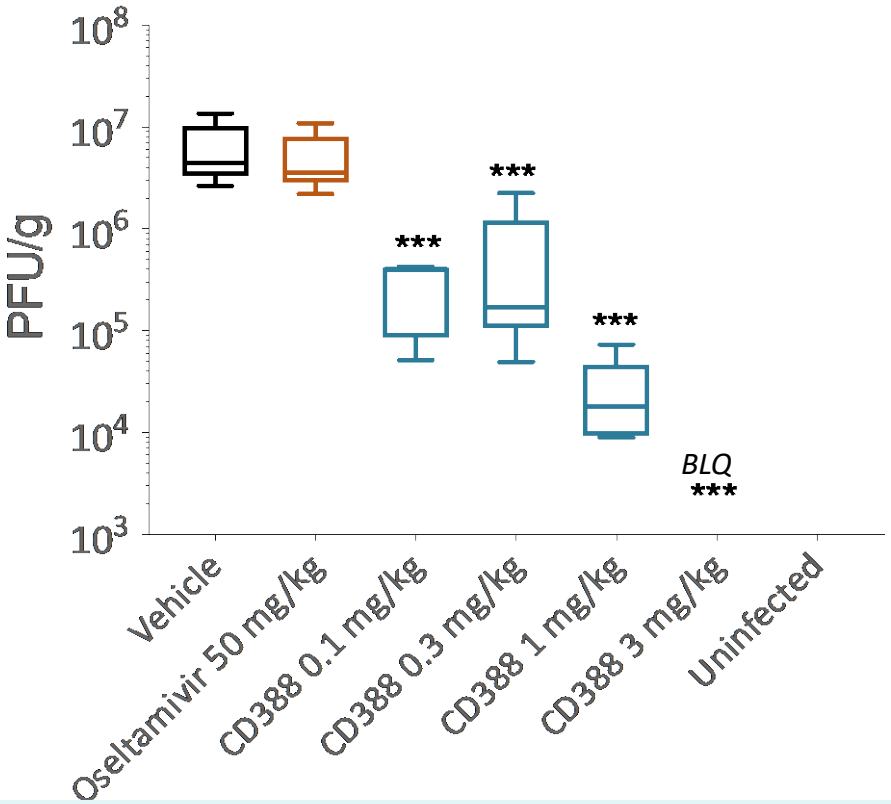
CD388 protected mice from lethal infection across broad panels of influenza H1N1, H3N2, B/Vic and B/Yam strains at doses **≤ 1 mg/kg (CD388 concentration at time of infection: 1 μg/mL)**

1. Treatment initiated 7 days prior to viral challenge. A/Puerto Rico/8/1934(H1N1). Single IM dose.

CD388 Reduces Viral Burden in Lung at Therapeutic Exposure

Unlike oseltamivir, CD388 demonstrates robust, dose dependent viral clearance in lungs

Viral burden in lung



Study Details:

- Mouse adapted A/Puerto Rico/8/1934 (H1N1) (n=5 mice/arm)
- Treatment initiated 2 hours post infection
- Oseltamivir dosed twice daily (10x human equivalent dose)
- CD388 dosed once
- Viral burden assessed four days after lethal challenge

CD388 demonstrates improved pharmacodynamics versus small molecule NAIs

*** P < 0.001

BLQ = Below Limit of Quantitation

CD388 Maintains In-Vitro Activity Against NAI Resistant Strains

CD388 retains potent antiviral activity against CDC NAI susceptibility reference virus panel (versions 2.0 and 3.0)

Influenza strain	NA Genotype	CD388		OST		Zanamivir	
		IC_{50} [nM]	Fold change	IC_{50} [nM]	Fold change	IC_{50} [nM]	Fold change
A/Illinois/45/2019 (H1N1)pdm09	H275	1.30	--	0.3	--	0.19	--
A/Alabama/03/2020 (H1N1)pdm09	H275Y	0.98	0.76	426.8	1303.6	0.16	0.83
A/Bethesda/956/2006 (H3N2)	R292K	3.09	n/a	>1,000	n/a	8.46	n/a
A/Pennsylvania/46/2015 (H3N2)	E119	3.04	--	0.21	--	0.24	--
A/Washington/33/2014 (H3N2)	E119V	4.09	1.3	49.9	232.6	0.53	2.23
B/Rochester/02/2001	D198	0.12	--	38.5	--	1.15	--
B/Rochester/02/2001	D198N	0.65	5.4	291.5	7.6	14.02	12.2
B/Memphis/20/1996	R152	7.63	--	15.61	--	2.95	--
B/Memphis/20/1996	R152K	6.71	0.9	>1,000	>64.1	109.4	37.1
B/North Carolina/25/2018	D197	6.09	--	23.67	--	1.93	--
B/Missouri/12/2018	D197E	6.19	1.0	197.4	8.34	14.21	7.35
B/Laos/0080/2016	H134	7.44	--	33.35	--	2.61	--
B/Laos/0654/2016	H134N	4.66	0.6	171.8	5.15	310.80	119.3

OST = Oseltamivir carboxylate; ZAN = Zanamivir

Shifts in NA inhibition >10X or to IC50s >100 nM are highlighted in red

CIDARA THERAPEUTICS

CD388 Retains In Vivo Activity Against Highly NAI Resistant Strains

Protective dose of CD388 does not shift in mice infected with matched NAI sensitive and NAI resistant strains

Strain	Neuraminidase inhibition IC_{50} (nM)		Protective dose (mg/kg), lethal challenge model[1]	
	CD388	Zanamivir	CD388	Zanamivir
B/Laos/0080/2016 **H134 (NAI-S)**	7.44	2.61	0.3	1
B/Laos/0654/2016 **H134N (NAI-R)**	4.66	**310.8**	0.3	**10**

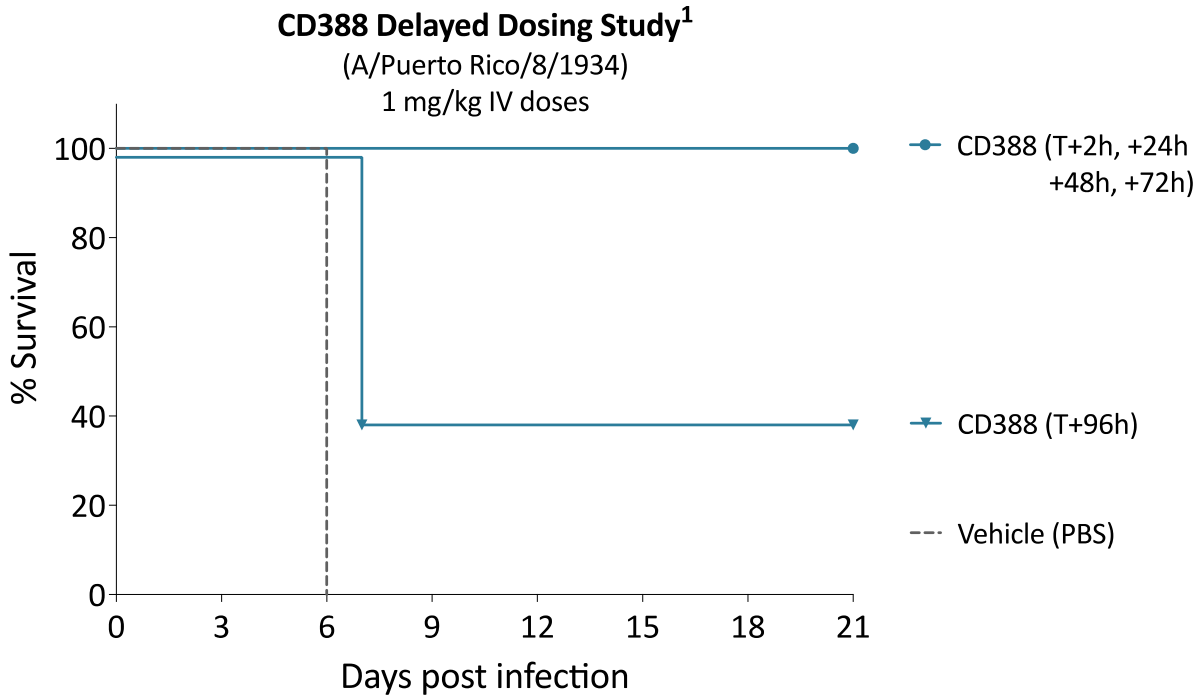
Shifts in NA inhibition IC_{50}s or protective doses >10X are highlighted in red

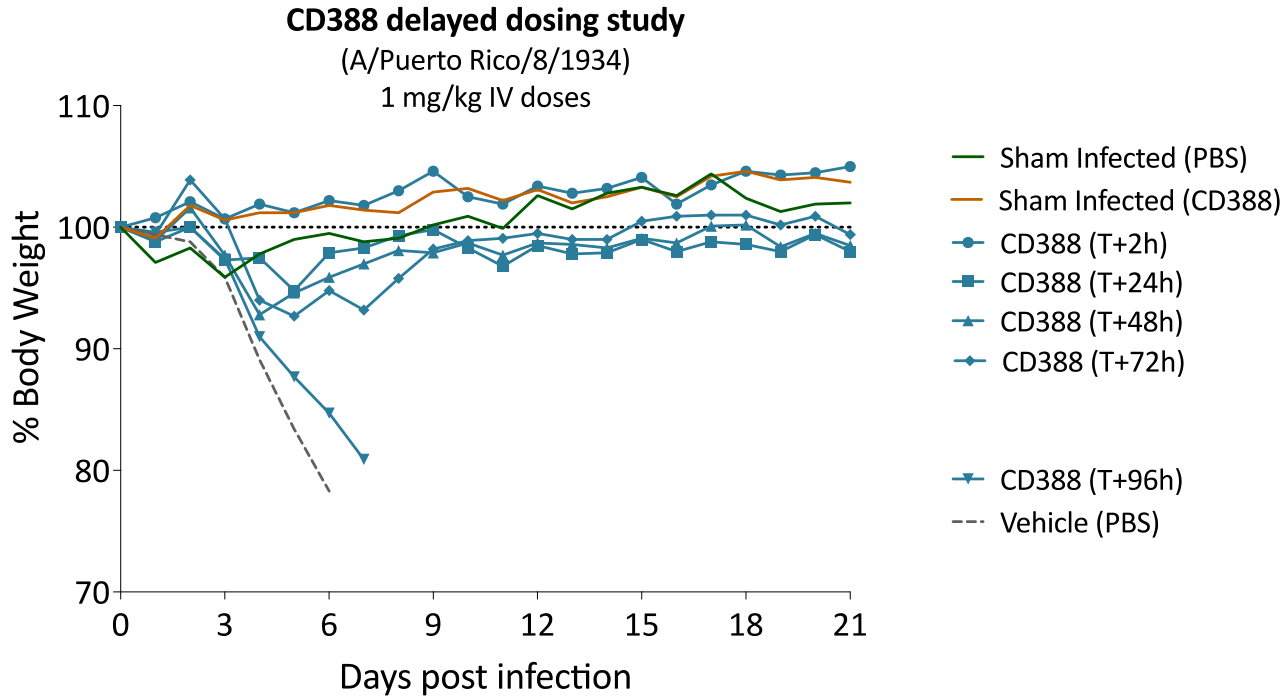
1. 5 mice/group treated a single IM dose of CD388 2-hours after viral challenge. Zanamivir dosed IN once daily for 5-days starting 2-hours after infection. Survival monitored for 21 days

CIDARA THERAPEUTICS

CD388 has the Potential to Extend the Treatment Window > 48-hours

CD388 offered full protection 72 hours post-viral challenge in mouse models





1. Lethal viral challenge with H1N1 A/Puerto Rico/8/1934, 5 mice/cohort

CIDARA THERAPEUTICS

CD388 Is Differentiated From Current Influenza Treatment Options

CD388 possesses the key attributes of a long-acting broad-spectrum influenza treatment

Companies in Space	CIDARA THERAPEUTICS	Roche Tamiflu®	GSK Relenza®	Genentech / SHIONOGI A Member of the Roche Group XOFLUZA™	bioCryst Rapivab®
Modality	**DFC (CD388)**	**Small molecule** (neuraminidase inhibitor)	**Small molecule** (neuraminidase inhibitor)	**Small molecule** (CAP endonuclease inhibitor)	**Small molecule** (neuraminidase inhibitor)
Protection in High-Risk Populations	**Yes[1]**	Yes	Yes	Yes	Yes
Route of Administration	**SC/IM/IV**	Oral	Inhaled Powder/IV	Oral	IV
Treatment Timeframe	**~72 hours[2]**	48 hours	48 hours	48 hours	48 hours
Resistance Potential	**Low**	Moderate	Low	Moderate	Low

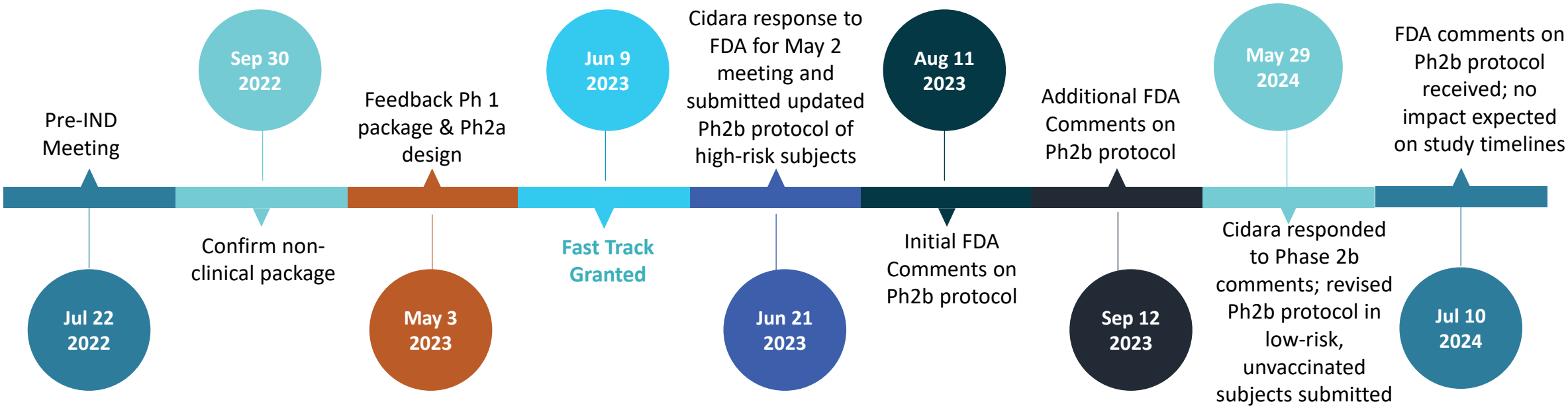
1. Based on preclinical data.
2. Based on CD388 predecessor molecule CD377 data.

CIDARA THERAPEUTICS

4 Regulatory and Clinical Development Plan

CD388 Regulatory Timeline of FDA Interactions

FDA Type C interactions to date:



FDA Type C interaction planned for Q4 '24 to confirm remaining development program:

Clinical Development Program

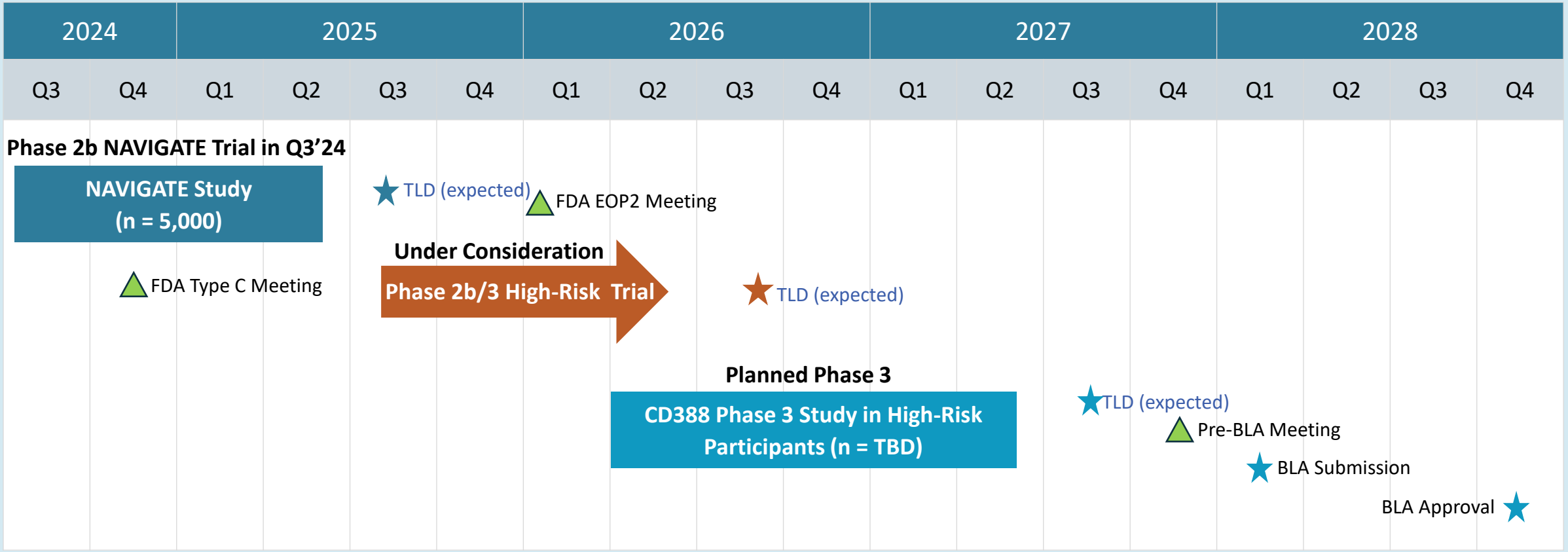
- Phase 3 study in the prophylaxis of influenza in subjects at high risk of complications due to influenza
- Phase 1 study on the interactions between CD388 and seasonal influenza vaccine

Possible Additional Studies

- Phase 1 Drug-Drug Interaction study; Phase 1 Renal Impairment study
- FDA agreed hepatic impairment PK analysis can be performed in high-risk clinical trial
- FDA agreed Definitive QT study not required; QT waiver to be submitted

Program Timeline Projects CD388 Prophylaxis NDA Approval in 2028

Full development program to be confirmed with FDA by end of 2024



Phase 2b/3 trial under consideration with high-risk participants and the planned Phase 3 trial in high-risk participants are subject to securing additional funding

Phase 1 and Phase 2a Completed Clinical Trials

First in Human Phase 1 Study	A Phase 1, Randomized, Double-Blind, Single-Dose and Repeat Single Dose, Dose-Escalation Study to Determine the Safety, Tolerability, and Pharmacokinetics of CD388 Intramuscular or Subcutaneous Administration in Healthy Subjects (63 subjects)
Japan Bridging Phase 1 Study	A Phase 1, Randomized, Double-Blind, Single Ascending Dose Study to Determine the Safety, Tolerability, and Pharmacokinetics of CD388 Subcutaneous Administration in Healthy Japanese Subjects (21 subjects)
Human Challenge Phase 2a Study	A Proof-Of-Concept, Randomized, Double-Blind, Placebo-Controlled, Phase 2a Study to Assess the Prophylactic Antiviral Activity against Influenza, Safety, Tolerability, and Pharmacokinetics of CD388 via a Human Viral Challenge Model (30 subjects)

CIDARA THERAPEUTICS

CD388 Was Well-Tolerated for Up To 900 MG (Maximum Dose Tested)

Total of 114 subjects dosed in Phase 1/2a: 87 dosed SQ and 27 dosed IM

Percent of SQ CD388 or Placebo Treatment Related Adverse Events in Phase 1 and Phase 2a studies

Dose	FIH (CD388 N= 9/dose; Placebo N=12)	JBS (CD388 N= 7/dose; Placebo N=6)	HCS (50mg N=2; 150mg N=28; Placebo N=29)
Placebo	33.3	16.7	0
50 mg	62.5	28.6	0
150 mg	12.5	12.5	0
450 mg	0	0	NA
900 mg	33.3	NA	NA

FIH - First-in-Human Study; **JBS -** Japanese Bridging Study;
HCS - Human Challenge Study

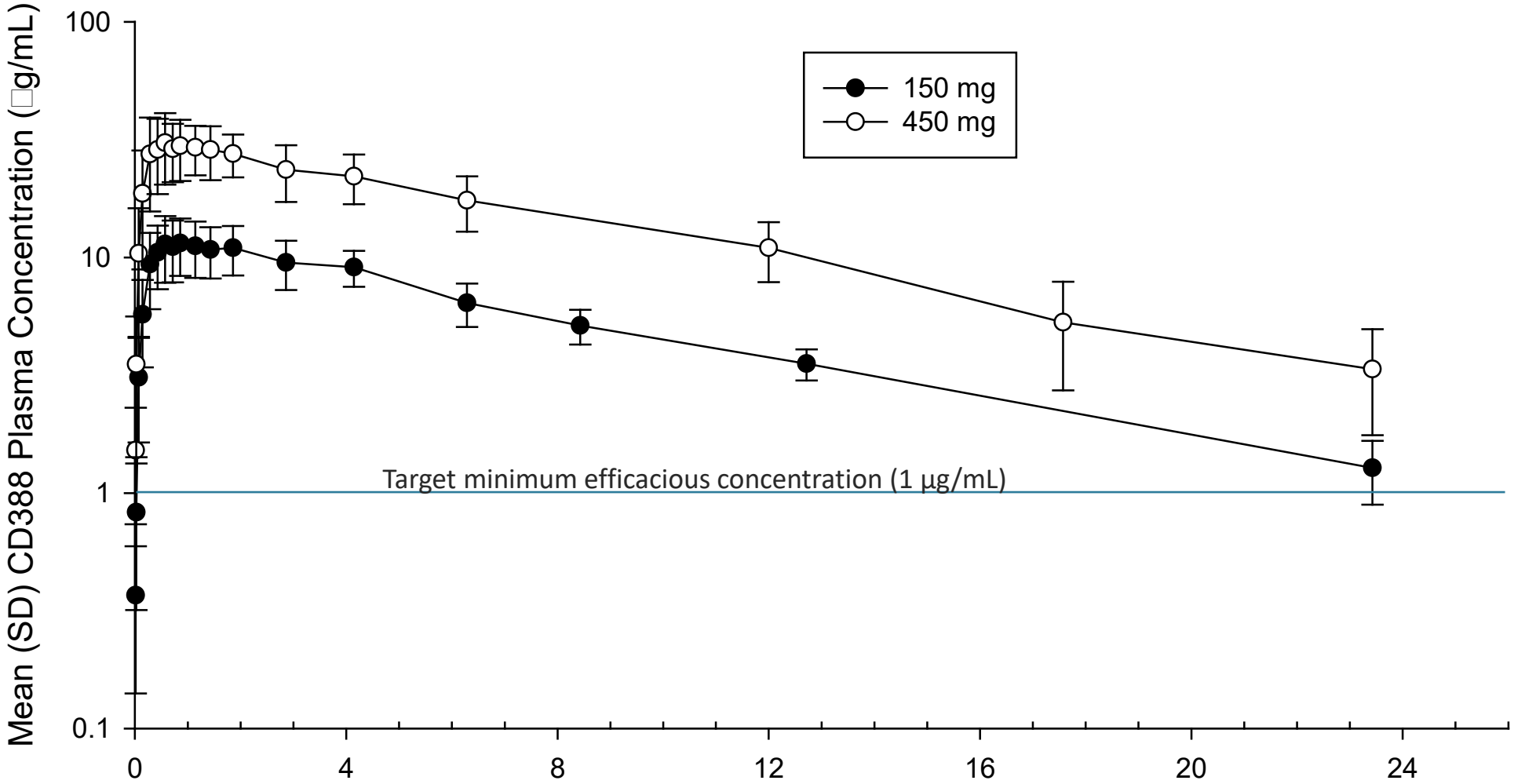
Safety Summary

- No treatment-emergent SAEs and no discontinuation of study drug or withdrawals due to safety findings
- No consistent AE patterns
- No hypersensitivity reactions
- Most TEAEs Grade 1 (90%), few Grade 2, all resolved
- Incidence of TEAE not dose-dependent
- Few injection site events (pain, IM route mainly), Grade 1, all resolved spontaneously
- No clinically relevant ECG, vital signs or physical exam abnormalities

SQ – Subcutaneous; **IM** - Intramuscular

FIH - Single CD388 Dose of 150 to 450 mg Provides Seasonal Coverage

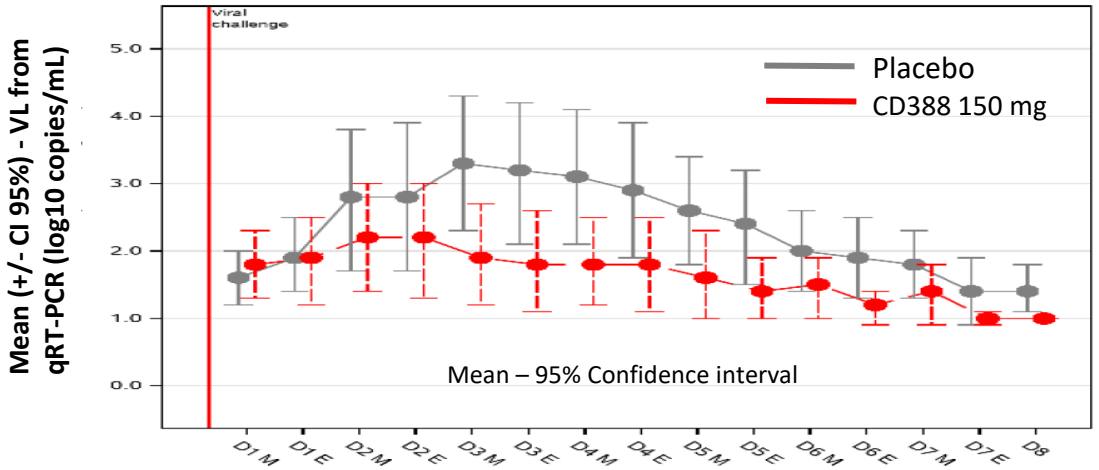
Differentiation between doses expected near the end of the flu season



Data from First in Human Study (N=8 per arm)

CD388 Demonstrated Protection in Phase 2a Human Challenge Model

Mean VL from qRT-PCR



Primary endpoint: AUC viral load-time_ qRT-PCR

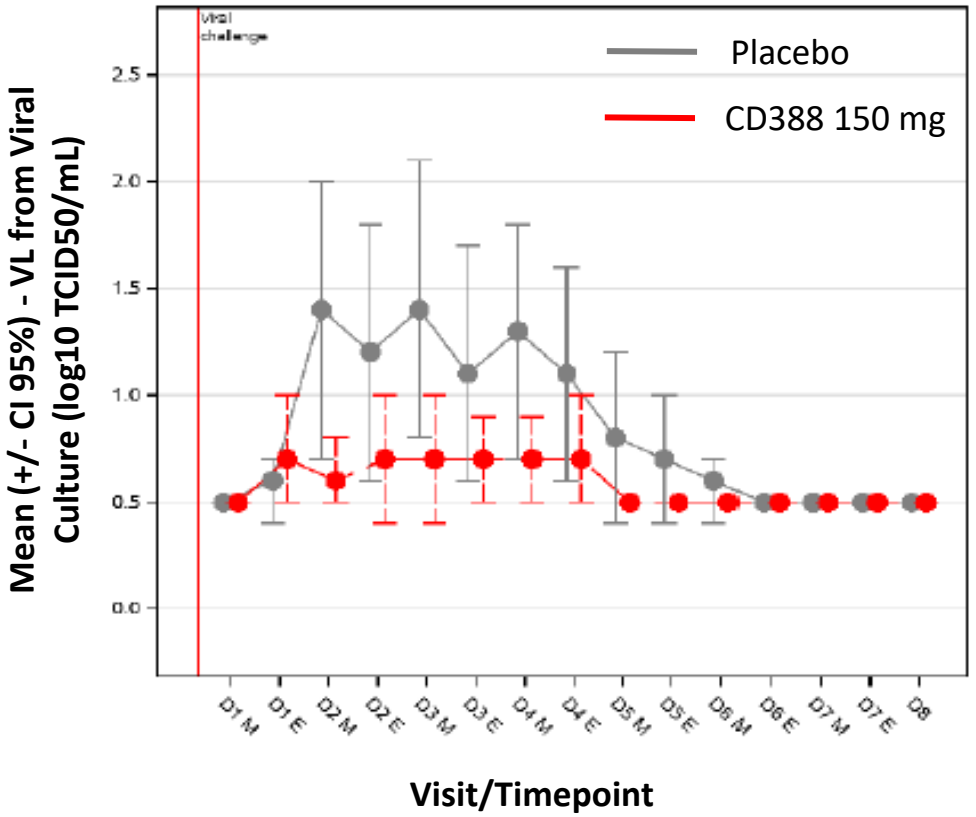
One sided p-value Wilcoxon rank sum test: 0.0390

Endpoint	Placebo N=28	CD388 150 mg N=28	P-value
qRT-PCR confirmed influenza infection *	14 (50%)	6 (21%)	0.0248
qRT-PCR confirmed symptomatic influenza infection **	9 (32%)	4 (14%)	0.1023
qRT-PCR confirmed moderately to severe symptomatic influenza infection ***	7 (25%)	3 (11%)	0.1477

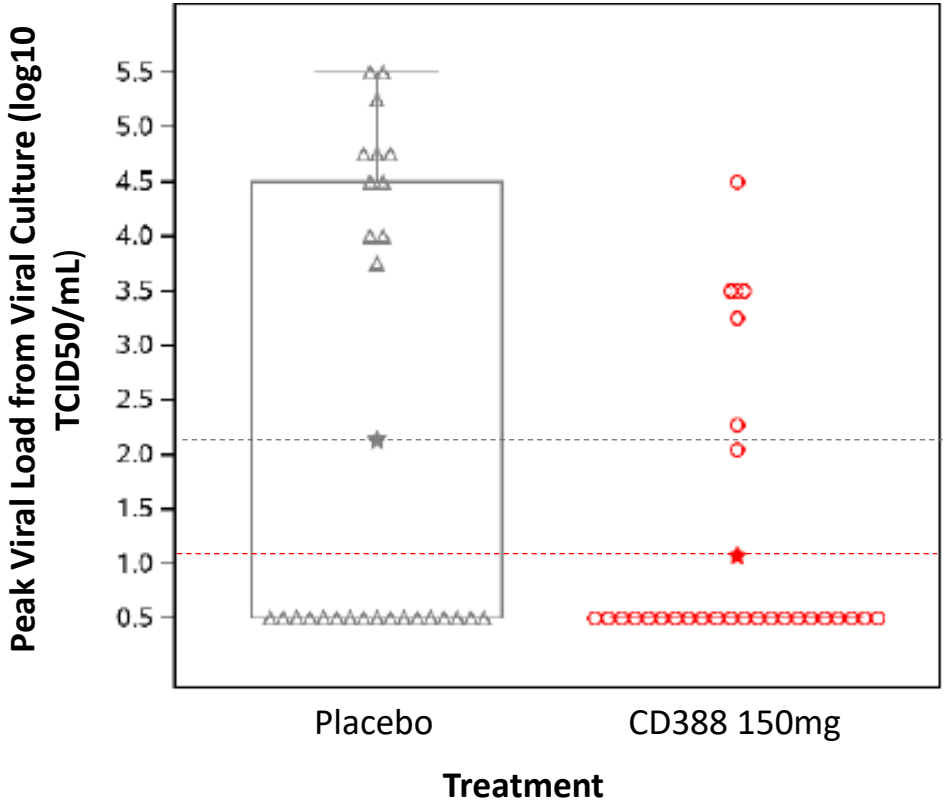
*RT-PCR-confirmed influenza infection: 2 quantifiable (≥ lower limit of quantification [LLOQ]) qRT-PCR measurements (reported on 2 or more independent samples over 2 days), from Day 1 (pm) up to Day 8 (am).
**RT-PCR-confirmed symptomatic influenza infection: RT-PCR-confirmed influenza infection (2 quantifiable [≥LLOQ] qRT-PCR measurements [reported on 2 or more independent samples over 2 days]), from Day 1 (pm) up to Day 8 (am), AND symptoms ≥2 at a single time point.
***RT-PCR-confirmed moderate to severe symptomatic influenza infection: RT-PCR confirmed influenza infection (2 quantifiable [≥LLOQ] qRT-PCR measurements [reported on 2 or more independent samples over 2 days]), from Day 1 (pm) up to Day 8 (am), AND any symptoms of grade ≥2 at a single time point.

Viral Culture Data Confirmed Protection Seen in Early Analyses

Mean VL from Viral Culture



Peak Viral Load from Viral Culture



*, * = mean peak viral load

Phase 2a Human Challenge Study Comparable to Other Drugs/Vaccines

Historic HCS studies average 50% decrease in infection compared to placebo control

	Drug	Year	Subjects (N)	Challenge Strain	Placebo Infection (%)	Treatment Infection (%)	Diff %
	JNJ0953/CD388 (Cidara)	**2022/23**	**56**	**A/Perth/16/2009 H3N2**	**50%**	**21%**	**58%**
Vaccines	**VXA-A1.1**	2020	143	A/California/H1N1	65%	34%	48%
Vaccines	**FLU-v**	2020	123	A/California/04/2009/H1N1	54.8%	32.5%	41%
Vaccines	**PrEP-001**	2018	55	A/Perth/16/2009 H3N2	48%	24%	50%
Vaccines	**TCN-032**	2015	61	A/Wisconsin/67/2005 (H3N2)	48.4%	34.5%	29%
Antivirals	**Peramivir / Rapivab**	2002	50	A/Texas/36/ 91/H1N1	74%	38%	49%
Antivirals			52	B/Yamagata/16/88	90%	83%	8%
Antivirals	**Zanamavir**	1999	16	A/Texas/36/91 (H1N1)	100%	14%	86%
Antivirals	**CAIV-T, FluMist™**	1999	92	A/Texas/36/91,	45%	7%	84%
Antivirals				A/Shangdong/9/93, B/Panama/45/90	55%	31%	44%
Antivirals	**Oseltamivir/ Tamiflu**	1999	33	A/Texas/36/91 (H1N1)	50%	0%	100%
				Average →	**63%**	**32%**	**50%**

HCS = Human Challenge Study

CD388 Phase 2b NAVIGATE Clinical Trial

Phase 2b double-Blind RCT[1] for the efficacy/safety of CD388 vs. placebo in the prophylaxis of influenza

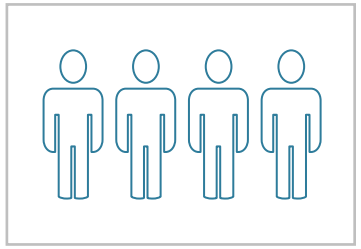
- **Study Design:** Blinded, randomized, controlled trial with single doses of CD388 or placebo administered as a single, SQ dose at the beginning of the influenza season with subjects followed for the entire influenza season to monitor for breakthrough cases of influenza
- **Primary Endpoint:** To compare the rates of laboratory-confirmed clinical influenza between different single doses of CD388 and placebo over an influenza season using CDC definition of influenza
- **Study Population:** Generally healthy, unvaccinated adults not at risk of complications from influenza
- **Study Size:** Target of 5000 subjects with three CD888 dose groups (150, 300 & 450 mg) and one placebo group randomized in a 1:1:1:1 ratio
- **Study Sites:** 60 sites in US and 1 site in the UK
- **First Subject Dosed:** Sept 2024
- **Last Subject Dosed:** November 2024

1. RCT = Randomized Clinical Trial

CD388 NAVIGATE Study Protocol Overview

Primary measure between 7 days and 24 weeks, secondary measures out to 28 weeks

Screening



Healthy unvaccinated subjects- 5000 randomized

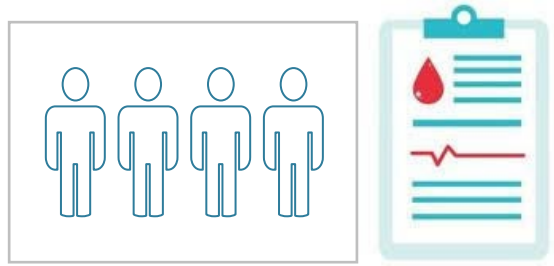
Day 1

-Study Drug Dosing
-ePRO Training
-Baseline Safety Labs
-Baseline PK/ADA
-Baseline Flu Serology

Day 7 to 28 weeks

ARI Surveillance and Monitoring:
-Nasal swab for influenza infection
-ePRO symptom monitoring
-PK/ADA/Flu Serology

Final Visit (Week 28):

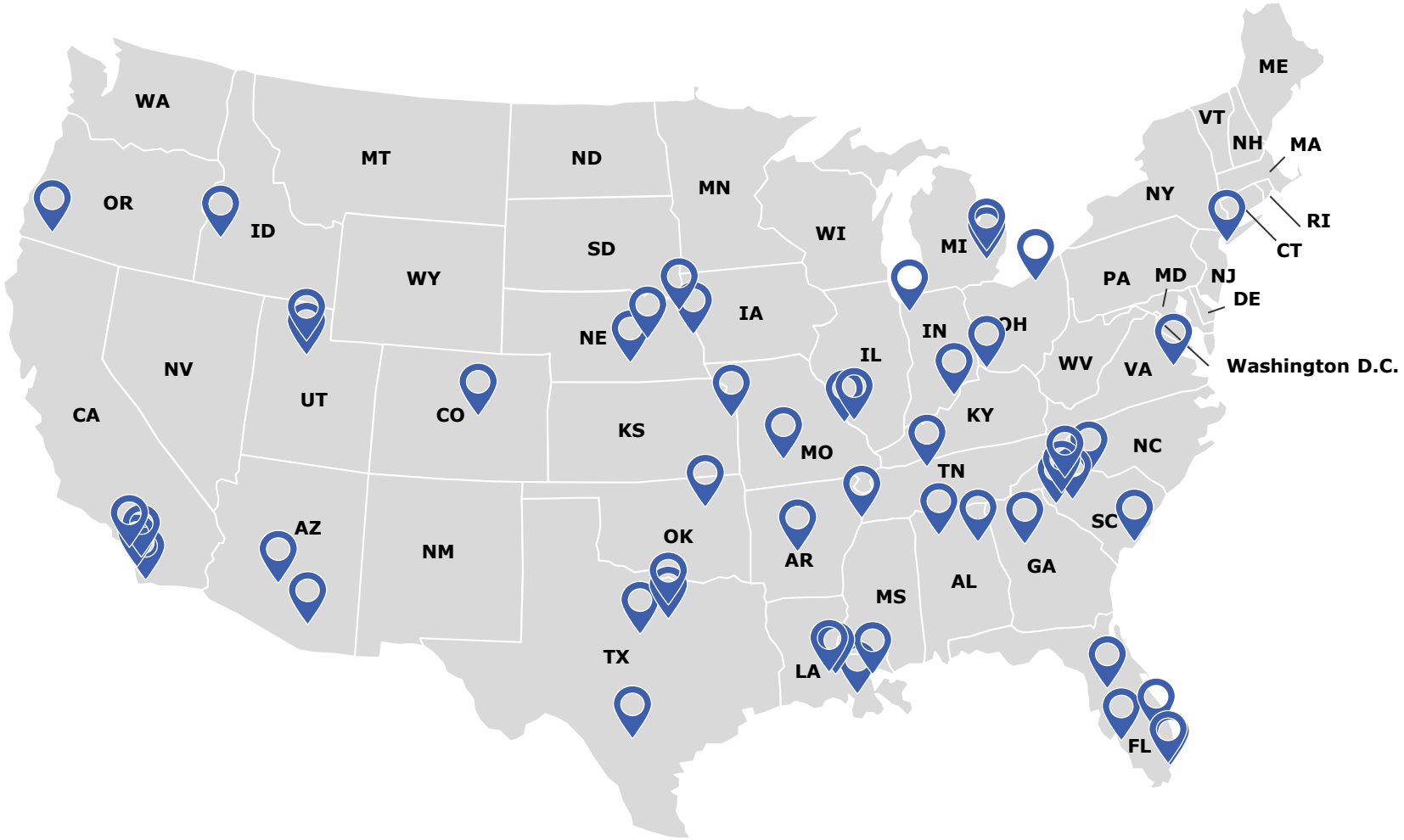


-Final Safety Labs
-Final PK/ADA
-Final Flu Serology

PK- Pharmacokinetics; ADA- Anti-drug Antibody ARI - Acute Respiratory Illness

CIDARA THERAPEUTICS

CD388 Phase 2b NAVIGATE US Clinical Trial Sites

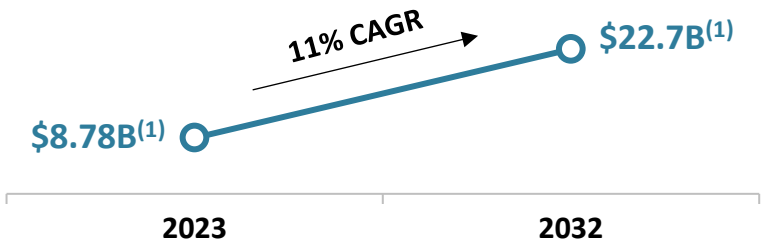


- **60 US sites** - 4000 participants
- **1 UK site** - 1000 participants
- **61 total sites; 5000 participants**

CIDARA THERAPEUTICS

CD388: A Potential Multi-Billion Dollar Market Opportunity

Global Influenza Vaccine Market



Market Growth and Expansion Expected

- **Growth** due to rise of more effective vaccines
- **Expansion** due to:
  - Next generation premium flu vaccines
  - Better prophylactic agents
  - New therapeutic modalities with improved efficacies

CD388 Target Product Profile & Positioning

- Potential for universal protection
- Potential to protect all high-risk groups
- Potential for prevention and treatment
- Attractive scale and cost

% Market Share of Influenza High-Risk Groups [2] (18 and older)

- Adults 18 and older
- Immunocompromised or weakened immune systems (e.g., HIV, cancer or on immunosuppressive drugs)
- People with certain health conditions {diabetes, lung disease, asthma, heart disease, sickle cell anemia, kidney or liver disease, metabolic disorders, and disorders than may cause breathing problems (e.g., muscle, nerve disorders)}
- People who are overweight - Body Mass Index (BMI) 40 or over
- People living in nursing homes and other care facilities
- Those who are in close contact with people at high risk of complications (e.g., healthcare workers)

% Market Share of Traditional and Premium Vaccine Market

+

+

% Market Share of Worldwide Opportunity

1 Source: Influenza Global Flu market till 2032 (2023-2032 CAGR 11.07%).
https://www.globenewswire.com/en/news-release/2024/03/05/2840453/0/en/Global-Influenza-Vaccine-Market-to-Attain-Valuation-of-USD-22-71-Billion-By-2032-Astute-Analytica.html
2. https://www.nyc.gov/site/doh/providers/health-topics/influenza-high-risk-groups.page;
CAGR = Compounded Annual Growth Rate; HIV = human immunodeficiency virus.

CIDARA THERAPEUTICS

CD388: A Potential Multi-Billion Dollar Market Opportunity

	CIDARA THERAPEUTICS	moderna	VIR / GSK	GSK / CUREVAC	Pfizer / BIONTECH	Traditional Vaccines [1]
Estimated Peak Sales [2]	**Multi-billion dollar potential**	**$5.6bn**	**$5.2bn**	**$2.9bn**	**$3.9bn**	**$5.9bn[1]**
Modality	DFC	mRNA Vaccine	mAb	mRNA Vaccine	Quadrivalent mod RNA Vaccine (mRNA vaccine)	Quadrivalent Vaccine (egg and Cell based)
Current Status	Phase 2	Phase 2/3	Terminated	Phase 2	Phase 3	Commercial
Broker / Source	N/A	William Blair 7/24/2023	Needham 5/5/2023	Goldman Sachs 12/11/2023	HSBC 7/2023	CDC

1. FY 2022 total revenue estimates based on CDC and individual Company data; includes Flumist, Fluarix, FluLaval, Fluzone, Fluzone HD, Flubloc, Afluria, Flucelvax & Fluad.
2. Estimated Peak Sales at 100% POS. Patient population and addressable market for each program may not be similar.

CIDARA THERAPEUTICS

FINANCIAL OVERVIEW

Important Information	June 30, 2024[1]
Cash and Cash Equivalents	$164.4M
Common Stock Outstanding	4,568,991
Common Equivalent Shares Outstanding[2]	22,421,227

Summary Consolidated *Cash Flow Information*	Rolling two-quarter period ended June 30, 2024[3]
Operating Cash Burn	$(130.4)M
Mundipharma Milestones & Reimbursements	$16.5M
Janssen Reimbursements	$3.3M
Capital Raise net of issuance costs	$239.2
Net Cash from Operations, Investing & Financing	$128.6M

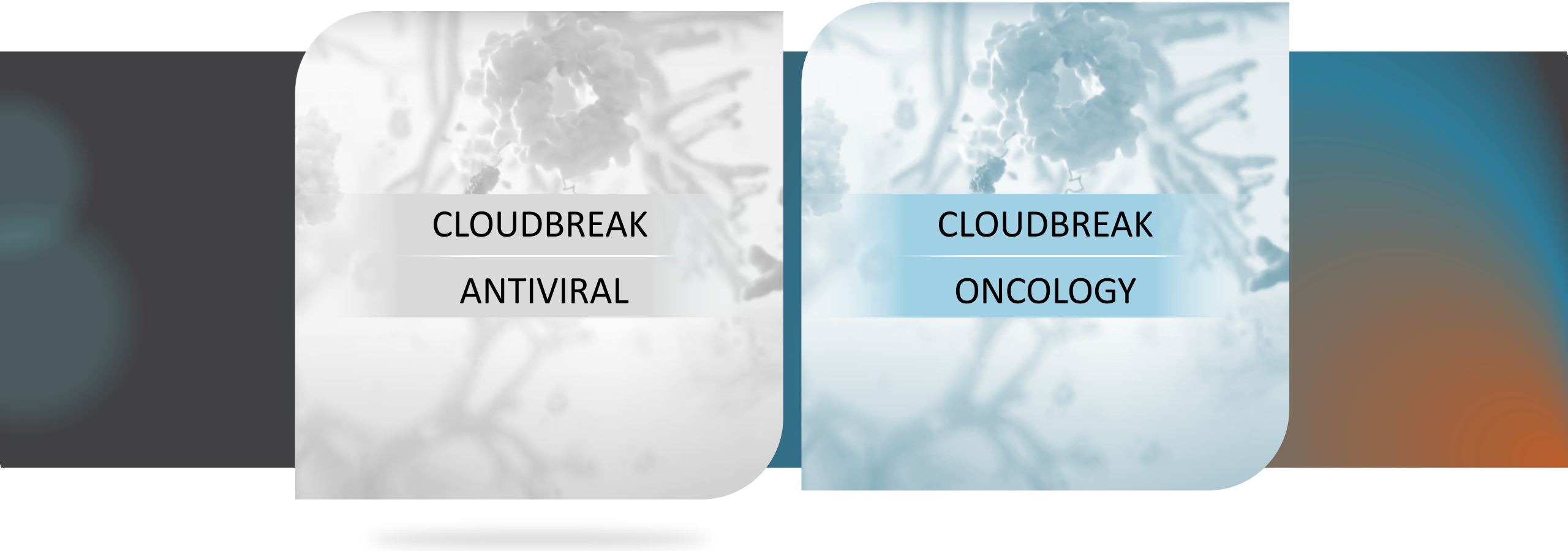
1. Information listed here is as of June 30, 2024 (as disclosed in our Form 10-Q).
2. Includes (i) 4,568,991 shares of common stock (split adjusted), (ii) 1,052,236 shares of common stock issuable upon the conversion of Series X Convertible Preferred stock, both as of June 30, 2024, and (iii) 16,800,000 shares of common stock convertible upon Shareholder Approval on July 18, 2024, and issuable upon conversion of Series A Convertible Preferred stock. Each share of Series X Convertible Preferred is convertible into 0.5 shares of common stock (split adjusted). Each share of Series A Convertible Preferred is convertible into 70 shares of common stock. On July 19, 2024, the Company issued 2,469,250 shares of common stock upon automatic conversion of 35,275 shares of Series A Convertible Preferred Stock.
3. Amounts reflect a rolling two-quarter period ending on the date noted. Amounts shown are historical and may not be indicative of future results.

Capital Structure and Share Information

All shares in millions	3/31/24 [1] (as filed 10-Q) Split Adjusted (1:20) [5]	4/24/24 PIPE Financing (Split Adjusted 1:20) [5]	7/19/24 Pro-forma PIPE Financing & Shareholder Approval [6]
Common Shares Outstanding [1]	4,561,696		4,568,991
Series A Convertible Voting Preferred Stock (automatic conversion based on shareholder approval and S-1 filed on 7/19/24)			2,469,250
Common Shares Outstanding post automatic conversion of Series A Convertible Voting Preferred Stock [6]			**7,038,241**
Series X Convertible Preferred stock (as converted) [2]	1,052,236		1,052,236
Common stock options, RSUs, PRSUs issued and outstanding [1]	828,655		828,655
240,000 shares of Series A Convertible Voting Preferred Stock (as converted) [3]		16,800,000	
Series A Convertible Voting Preferred Stock shares of Common Stock issuable upon conversion (based on S-1 filed on 7/19/24)			14,330,750
Pro-forma Fully Diluted Common Shares Outstanding			**23,249,882**
Average 90-Day VWAP [4]			**$13.88**
Implied Pro-forma Fully Diluted Equity Value / Market Cap			**$322.7 million**
Cash and Cash Equivalents [1]	$29.0 million	$240.0 million	**$269.0 million**
Debt	-		**-**

1. Information listed here is as of 3/31/24 and as disclosed in our Form 10-Q filed on 5/15/24.
2. **1,052,236** shares of common stock issuable upon the conversion of **2,104,472** Series X Convertible Preferred stock, both as of March 31, 2024. Each share of Series X Convertible Preferred is convertible into **0.5** shares of common stock.
3. 240,000 shares of Series A Convertible Voting Preferred Stock, par value $0.0001 per share (the "Series A Preferred Stock"). Each share of Series A Preferred Stock is, subject to stockholder approval and certain beneficial ownership conversion limitations, automatically convertible into shares of common stock, par value $0.0001 per share, at a conversion price of $14.20 per share, rounded down to the nearest whole share.
4. As of 7/19/24.
5. Reverse Split-adjusted numbers are approximate based on a ratio of 1:20.
6. Based on S-1 filed on 7/19/24 post shareholder approval on 7/18/24.

Cidara's Pipeline Targets **Multiple Unmet Medical Needs**

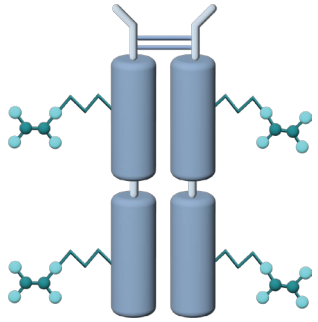


CIDARA THERAPEUTICS

Cloudbreak Oncology DFC Programs

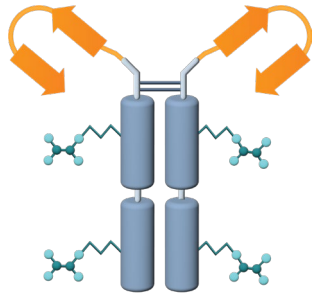
CD73: CBO421 Development Candidate

- Differentiated from existing SM and mAb CD73 inhibitors
- Complete responders in combination with PD-1 inhibitors
- Excellent safety and COGS



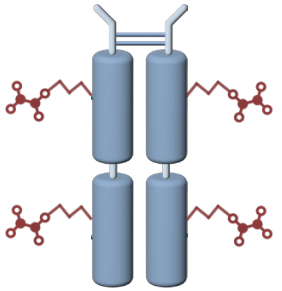
PD-1/CD73 Discovery Program

- Unique dual inhibitor of CD73 and PD-1
- Compelling preclinical data
- Potential for more efficient clinical development

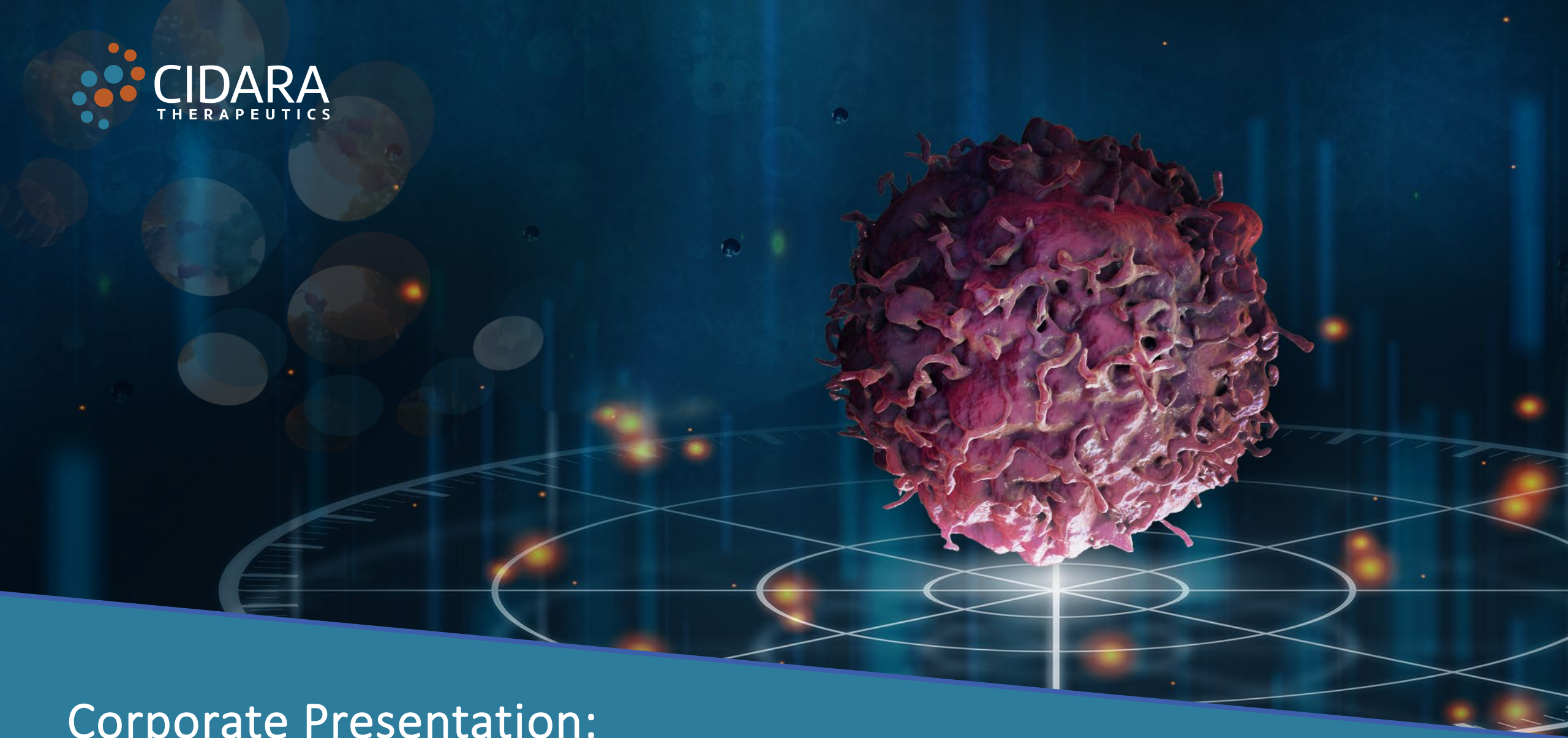


CCR5 Discovery Program

- Overcomes limitations of prior approaches
- Proof of concept data against “undruggable” target
- Potential for improved safety over SM antagonists



mAbs = Monoclonal Antibodies; SM= Small Molecule



Corporate Presentation:

August 2024
NASDAQ: CDTX