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 8, 2021

NeuroBo Pharmaceuticals, Inc. (Exact name of registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation) 001-37809 (Commission File Number)

47-2389984 (IRS Employer Identification No.)

200 Berkeley Street, Office 19th Floor Boston, Massachusetts 02116 (Address of principal executive offices, including Zip Code)

Registrant's telephone number, including area code: (857) 702-9600

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

	he following provisions (see General Instruction A.2. below):			
	Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)			
	Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)			
	Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))			
	Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))			
Securities registered pursuant to Section 12(b) of the Act:				

Trading Name of each exchange
Symbol(s) on which registered

Common Stock, par value \$0.001 per share

NRBO

Trading Name of each exchange on which registered
The Nasdaq Stock Market, LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ⊠

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. \boxtimes

Item 7.01. Regulation FD Disclosure.

Representatives of NeuroBo Pharmaceuticals, Inc. will be presenting the slides attached as Exhibit 99.1 to this report at the H.C. Wainwright BIOCONNECT 2021 Conference, which is scheduled to take place from January 11-14, 2021.

The information furnished pursuant to Item 7.01, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description	
99.1	Company Presentation, dated January 8, 2021	

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: January 8, 2021

NEUROBO PHARMACEUTICALS, INC.

By: /s/ Richard Kang

Richard Kang President and Chief Executive Officer



DISCLAIMERS

This presentation includes forward-looking statements within the meaning of Section 27A of the Securities Act of 1934, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Except for statements of historical fact, any information contained in this presentation may be a forward-looking statement that reflects the Company's current views about future events and are subject to risks, uncertainties, assumptions and changes in circumstances that may cause events or the Company's actual activities or results to differ significantly from those expressed in any forward-looking statement. In some cases, you can identify forward-looking statements by terminology such as "may", "will", "could", "would", "should", "plan", "predict", "potential", "project", "promising," "expect," "estimate," "anticipate," "intend," "goal," "strategy," "believe," and similar expressions and variations thereof. Forward-looking statements may include statements regarding the Company's business strategy, market size, potential growth opportunities, capital requirements and use of proceeds, clinical development activities, the timing and results of clinical trials, regulatory submissions, potential regulatory approval and commercialization of the product candidate. Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, the Company cannot guarantee future events, results, actions, levels of activity, performance or achievements. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described under the heading "Risk Factors" in our Annual Report on Form 10-K for the year ending December 31, 2019 and our other filings with the SEC, including our quarterly Q and R reports on form 10-Q. These forward-looking statements speak only as of the date of this presentation and the Company undertakes no obligation to revise or update any forward-looking statements to reflect events or circumstances after the date her

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market shares and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates.

The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of such products.



COMPANY OVERVIEW AND MERGER WITH ANA THERAPEUTICS

NeuroBo Pharmaceuticals, Inc. is a clinical-stage biotechnology company focused on developing and commercializing multimodal disease-modifying therapies for viral, neuropathic and neurodegenerative diseases.

Repurposing ANA-001 as a rapid COVID-19 treatment (Priority)

ANA-001 - COVID-19 Trial

- · Compelling in-vitro data showing efficacy, with 50+ years of safety
- Shows great broad-spectrum antiviral activity
 - · Effective against other viruses such as influenza
 - Likely effective against novel COVID-19 variants
- · Shows great anti-inflammatory properties, without suppressing immune response
- · Shows promise as a prophylactic

NB-01 - Targeting Pain in Orphan Indication

- · Compelling Phase 2 data showing efficacy and safety for neuropathic pain
- · Multimodal mechanism of action to treat pain supported by preclinical evidence

Pipeline Programs Addressing Large Unmet Needs

NB-02 - Targeting Alzheimer's Disease (AD) and other dementias

· IND Ready; Solid preclinical data

Gemcabene: Originally Targeting Chronic Orphan Dyslipidemia indications:

- Reassessing target for acute COVID-19 indication
- 25 Phase 1 and Phase 2 trials completed



PROVEN LEADERSHIP TEAM

Richard J. Kang, PhD President & CEO

- Founder of JK BioPharma Solutions and senior management at companies including NeoImmuneTech
- in immuno-oncology Visiting Fellow at NIH and senior research experience in host-disease pathogen interactions

- Akash Bakshi, MsC.
 Chief Operating Officer

 Founder and CEO of ANA Therapeutics

 Founder and CEO of YourChoice Therapeutics

 Previously Assistant Director of Marketing and Technology Analysis at UC Berkeley.

Nikki Shannon, RegN, BA VP, Clinical Operations

- 26 years of drug development experience from Phase 1 to Phase 4 at Vertex (Kalydeco), Cubist/Merck, AstraZeneca, Tetraphase
 Leadership roles at 4 pharma companies; >55 studies including 14 Phase 3
 Drug approvals: 2 NDAs, 2 MAAs

EXPERT SCIENTIFIC ADVISORY BOARDS

NEUROPATHIC PAIN SCIENTIFIC CHAIR

Roy Freeman, M.D.

Expert in peripheral nerve disorders and neurodegenerative diseases

- Professor of Neurology, Harvard Medical School
- Director of the Center for Autonomic and Peripheral Nerve Disorders

COVID-19

Warner Greene, M.D., Ph.D.

Expert in virology

- · Director of the Gladstone Institute
- Professor at UCSF
- · Member of the national Academy of Medicine

Gunda Georg, Ph.D.

Expert in medicinal chemistry

- · Professor and Head of the Department of Medicinal Chemistry at University of Minnesota • Member of the national Academy of Medicine

Christopher Davis, Ph.D.

Expert in virology and clinical aspects

- Ex-BARDA
- Managed a NATO drug development program
 10 years at British Intelligence as principal bioweapons anaylst

ALZHEIMER'S DISEASE & OTHER DEMENTIAS

Brian Bacskai, PhD

Expert in Alzheimer's Disease Research

- · Professor of Neurology, Harvard Medical
- Principal Investigator, Neurology Massachusetts General Hospital

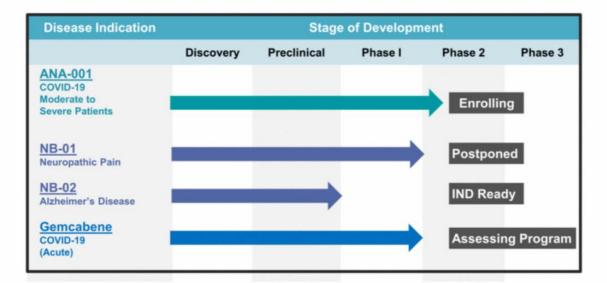
Pierre N. Tariot, M.D.

Award-Winning Leader in Dementia

- Director, Banner Alzheimer's Institute, Arizona
 Research Professor of Psychiatry, University of Arizona College of Medicine

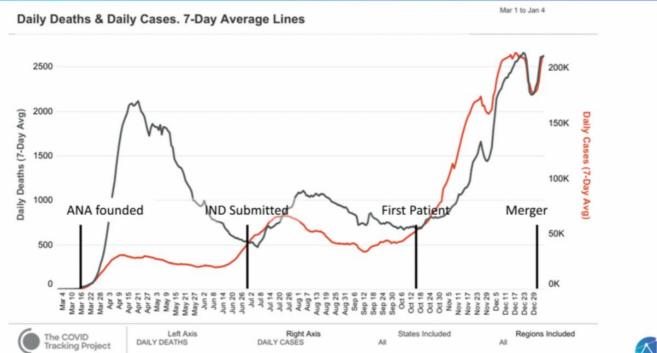


NEUROBO DEVELOPMENT PIPELINE







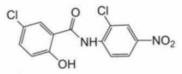




What is Niclosamide?

Background

- On World Health Organization's (WHO) list of essential medicines
- · Safely treated millions of patients
- Currently used to treat tapeworm



Niclosamide

- Well-established drug: oral administration known to be safe for 50+ years
- Very few, non-severe side effects
- Appealing characteristics for most at risk population: elderly patients, high comorbidity, and children



ANA-001

ANA Therapeutics has developed a proprietary capsule formulation of niclosamide for COVID-19 treatment and prophylaxis

- ANA-001 is being studied in a Phase 2/3 trial in the US that is currently enrolling patients
- Generic niclosamide has been used safely for 50 years globally as a treatment for tapeworm infections
- Niclosamide prevents replication of SARS-CoV-2 at very low concentrations
- . Niclosamide has also been shown to have three distinct mechanisms of action:
 - <u>Potent Anti-Viral</u> at lowering SARS-CoV-2 and a broad homology of other virus including <u>Influenza</u>.
 - Anti-Inflammatory Unique MOA that does not suppress immune system while reducing inflammation.
 - <u>Bronchodilation</u> Useful pulmonary mechanism for at-risk patients with underlying cardio/pulmonary conditions.



Evidence: In-Vitro Efficacy Related to COVID-19 Niclosamide Remdesivir Chloroquine Inhibition of . III . 120 120 120 SARS-CoV-2 80 -60 -40 -20 -100 80 -60 -40 -20 -80 -60 -40 replication -60 (Jeon et al., 2020, Antimicrob. Agents Chemother. doi:10.1128/AAC.00819-20) -20 Concentration [log μ M] IC50 = 0.28 Concentration [log µM] Concentration [log µM] IC50 = 11.41 IC50 = 7.28Anti-Viral Bronchodilation Anti-Inflammatory: STAT3 inhibition Niclosamide | HillSlope | 2.722 | EC_m | 0.150 μM Relaxation of Human Bronchial Rings (% Theophyline Response) 100-90-80-70-60-50-40-30-20-10-0.0 40-

Concentration in µM (Log10) Shi et al., 2020, unpublished Concentration (log, µM)

Miner et al., 2019, Front Pharmacol.

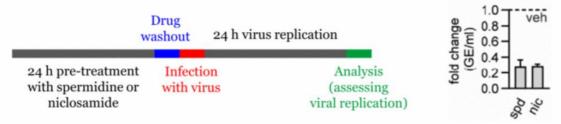
doi:10.3389/fphar.2019.00051

Ren et al., 2010, ACS Med Chem Lett

doi: 10.1021/ml100146z

Niclosamide as COVID-19 Prophylaxis

- VeroFM cells were pre-treated with spermidine (spd, 100 μM), niclosamide (nic, 5 μM) or control (veh) 24 h prior to infection with SARS-CoV-2
- · Spermidine is a natural enhancer of autophagy to protect the body
- 24 h after infection, viral replication was assessed (normalized to control)
- Main result: Pre-treating cells with niclosamide reduces viral replication by ~70%

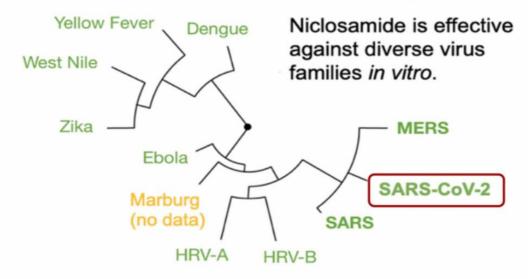


Gassen et al., 2020, Preprint from bioRxiv, doi: 10.1101/2020.04.15.997254

<u>GE:</u> SARS-CoV-2 genome equivalents (determined by real-time RT-PCR)



Broad Coverage Across Viral Homology is Important Mutations/Another Corona Virus / Influenza



Source: https://pubs.acs.org/doi/10.1021/acsinfecdis.0c00052



Potential Markets

COVID-19 Hospitalized **Patients** (1M in US) 1

COVID-19 Infected Individuals (20M in US)2

Prophylaxis Over 65 (55M in US)3 Front Line Healthcare (16M in US)4

National Stockpile (25% of US population)

- COVID-19 Associated Hospitalization Surveillance Network (COVID-NET) Mar-Dec 2020
 Johns Hopkins Coronavirus Resource Center Mar-Dec 2020
 Statista: 16.5% of 331M
 Center for Economic and Policy Research (CEPR) April 2020



Competitive Activity in Clinical Development for niclosamide

• 10 total studies listed in ClinicalTrial.gov for niclosamide

Currently Active Programs

Competing Niclosamide trials on US and EU trial databases								
Company Clinical Trials.Gov	NCT	Phase	Start	End	Formulation	Sites	N	
ANA Therapeutics	NCT04603924	2 & 3	Oct-20	Nov-22	0	20 sites	436	
Imuneks Farma ilac San.Tic A. S.	NCT04558021	3	Oct-20	Feb-21	O / Suspension	8 in Turkey	200	
First Wave Bio	NCT04542434	2	Nov-20	May-21	0	N/A	148	
First Wave Bio	NCT04436458	2	Dec-20	Apr-21	0	not listed	100	
Bayer through Charite Research Organization GmbH	2020-002233-15	2	Jun-20	Feb/Mar 2021	0	Germany	72	
Tufts	NCT04399356	2	Oct-20	Feb-21	0	not listed	100	
Daewoong Pharmaceutical	NCT04592835	1	Oct-20	Dec-20	IM	Australia	24	
Daewoong Pharmaceutical	NCT04541485	1	Oct-20	Jan-21	IM	Phillippines	40	
Daewoong Pharmaceutical	NCT04524052	1	N/A	Dec-20	IM	India	32	
Union Therapeutics	EU	1	Aug-20	N/A	Inhaled	N/A	N/A	

We believe ANA is estimated to be the lead program to NDA for <u>niclosamide capsule formulation</u> in the U.S.

Landscape of Vaccines and Therapeutics

Prevention (Vaccines)	ntion (Vaccines) Therapeutics (Treatment)			
Pfizer – RNA / 2 shots	Hydroxychloroquine			
AstraZeneca – Viral Vector / 2 shots	Convalescent Plasma			
Moderna – RNA / 2 shots	Antibody- Regeneron / Lilly			
Novavax – Protein Subunit / 2 shots	Remdesivir – Gilead	\$875M in Q3/2020		
Sanofi – Protein Subunit / 2 shots	Olumiant - Lilly			
erck – Viral Vector / 1 shot Dexamethasone				
J&J – Viral Vector / 1 or 2 shots	+ Hundreds other drugs	+ Hundreds other drugs in small trials		

- · Vaccines have a challenge with public trust
- · Cost of manufacturing is high especially for 2 shot ·
- Protective immunity 4-6 months = 4 shots yr.
- · Cost of cold chain distribution is expensive
- Still need a therapeutic for those who get sick
- · Effectiveness has been underwhelming
- · Most lack mortality benefit
- · Several temporally lower body's Immune System
- · Some have safety concerns
- IV and injectable formulations not ideal



Vaccines are an Important Tool in Battling COVID-19 However There are Challenges to Overcome

- RNA Vaccine Ultra Cold storage (-100° F) and "cold chain" distribution scale-up
- Manufacturing: scale-up capacity
- Essential supply of vials, syringes, etc.
- · 2 administrations necessary 28 days apart
- · Willingness of population to get vaccinated
- Mutation of viral sequence may require new vaccines

Unknowns:

- · Long term efficacy
- · Efficacy in diverse populations
- Safety Side effects
- · Long term impacts of covid infections in vaccinated individuals
- Can vaccinated individuals still spread COVID?



Pharma is still hungry for Antivirals

Roche Secures Covid-19 Treatment In \$350 Million Deal With Boston-Based Atea



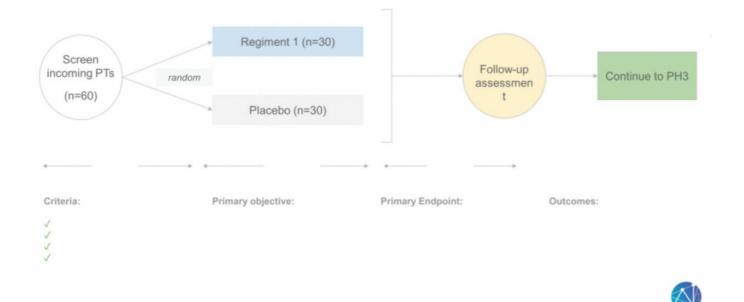
Robert Hart Forbes Staff Business I cover breaking news.

TOPLINE Swiss pharma giant Roche has signed a \$350 million deal with Boston-based Atea Pharmaceuticals for the exclusive right to research, develop and distribute a potential Covid-19 treatment outside the U.S., Atea said Thursday — the oral antiviral is currently in phase 2 clinical trials and there are plans to study it as a way of preventing Covid-19 infection.





Clinical Trial Design: Phase 2



Update on ANA001-002 (Phase 1 study)

SAD n=30 (8 subjects on ANA001, 2 on placebo / p	er cohort) Date	Outcomes
Cohort 1: 1,000 mg	Nov 17, 2020	no AEs
Cohort 2: 2,000 mg	Nov 20, 2020	no AEs
<u>Cohort 3:</u> 3,000 mg	Nov 24, 2020	no AEs





Emergency Use Authorization

- The primary mechanism of FDA approval of therapeutics during the COVID-19 pandemic has been Emergency Use Authorization (EUA)
- EUA requires a lower level of evidence than the "effectiveness" standard that FDA uses for standard product approvals.
- None of the existing therapeutics approved under EUA have demonstrated any mortality benefit
- · Key examples include:
 - Remdesivir (Gilead)
 - Convalescent plasma
 - Hydroxychloroquine
 - Remdesivir + Baricitinib (Eli Lilly)
 - Casirivimab and Imdevimab (Regeneron)
 - Bamlanivimab (Eli Lilly)



EUA Definition & Criteria

What is EUA?

During a public health emergency, the FDA may authorize the introduction of a drug into interstate commerce, including one which is not yet (or currently) approved under 505 of the Federal Food, Drug, and Cosmetic (FD&C) Act.

Per Section 564 of the FD&C Act, EUA is appropriate in consideration of the following conditions

- (1) serious of life-threatening disease or condition,
- (2) evidence of effectiveness,
- (3) risk-benefit analysis, and
- (4) no alternatives.

Each of these conditions is met in relation to the potential for ANA001 to treat COVID-19.





Hatch-Waxman Exclusivity and Intellectual Property

- NRBO is pursuing an abbreviated regulatory using A 505(b)(2) New Drug Application (NDA).
 - o This allows for referencing all the safety data from niclosamide's original approval.
- A 505(b)(2) New Drug Application (NDA) provides 3 years of market exclusivity
 - Niclosamide is not currently approved in the US, so there is unlikely to be competition
 - o Three-year exclusivity period would block the approval of any generic drugs.
- The three-year exclusivity period may be extended by 6 months with pediatric exclusivity
- NRBO will continue to supplement the provisional filing, which will include clinical data from COVID positive patients.
 - This is a unique opportunity in biotech/pharma and expected to be particularly valuable in priority jurisdictions.





