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): October 22, 2018

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

Delaware	**001-36183**	**33-0971591**
(State or other jurisdiction incorporation)	**(Commission File Number)**	**(IRS Employer of Identification No.)**

Eiger Biopharmaceuticals, Inc.
2155 Park Blvd.
Palo Alto, California 94306
(Address of principal executive offices, including zip code)

(650) 272-6138
(Registrant's telephone number, including area code)

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

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

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

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

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

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

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.

Eiger BioPharmaceuticals, Inc. (the "***Company***") is filing the investor presentation slides attached as Exhibit 99.1 to this Current Report on Form 8-K, which the Company may use from time to time in conversations with investors and analysts.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Investor Presentation.

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.

Eiger BioPharmaceuticals, Inc.

Dated: October 22, 2018

By: /s/ James Welch
James Welch
Chief Financial Officer

Exhibit 99.1

EIGER BIOPHARMACEUTICALS

COMMITTED TO RARE DISEASES

October 2018

FORWARD-LOOKING STATEMENTS

This presentation and the oral commentary contain “forward-looking” statements that involve substantial risks and uncertainties. All statements other than statements of historical facts, including statements regarding our future financial condition, timing for and outcomes of clinical results, business strategy and plans and objectives for future operations, are forward looking statements. These forward-looking statements include terminology such as “believe,” “will,” “may,” “estimate,” “continue,” “anticipate,” “contemplate,” “intend,” “target,” “project,” “should,” “plan,” “expect,” “predict,” “could,” “potentially” or the negative of these terms. Forward looking statements are our current statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things, whether the FDA minutes confirm the understanding that existing data will support an NDA filing for lonafarnib in Progeria and the timing of the NDA filing; our ability to meet the quality and documentation requirements for potential approval of an NDA; our ongoing and planned clinical development, including whether the D-LIVR study will be supported by the FDA as a single, pivotal study to support registration; results of the Phase 3 D-LIVR study; the timing of and our ability to initiate or enroll clinical trials, including whether our D-LIVR study can be advanced by the end of this year; whether Phase 2 results in any of our clinical trial candidates to date will be indicative of larger, controlled Phase 3 clinical trial results; whether PREVENT Phase 2 study results will support further development of avexitide; our ability to make timely regulatory filings and obtain and maintain regulatory approvals for lonafarnib as a single agent or in combination, ubenimex, PEG IFN lambda, avexitide and our other product candidates; our intellectual property position; and the potential safety, efficacy, reimbursement, convenience clinical and pharmaco-economic benefits of our product candidates as well as the commercial opportunities, including potential market sizes and segments; our ability to finance the continued advancement of our development pipeline products, including our results of operations, cash available, financial condition, liquidity, prospects, growth and strategies; and the potential for success of any of our product candidates.

Forward-looking statements involve known and unknown risks, uncertainties, assumptions and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements, including the risks described in the “Risk Factors” section in our Quarterly Report on Form 10-Q for the quarter ended June 30, 2018, and subsequent filings with the Securities and Exchange Commission (SEC). Forward-looking statements represent our beliefs and assumptions only as of the date of this presentation. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

This presentation concerns products that have not yet been approved for marketing by the FDA. No representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

LATE–STAGE PIPELINE TARGETING RARE DISEASES

EIGER is a late stage biopharmaceutical company focused on the development and commercialization of targeted therapies for multiple rare diseases.

ALL on-going programs have reported critical Phase 2b positive results using well-characterized drugs in targeted rare diseases.

LONAFARNIB is our lead compound advancing into:

- Phase 3 in a single, pivotal trial to treat hepatitis delta virus (HDV) infection by end of 2018
- NDA for the treatment of Hutchinson-Gilford Progeria Syndrome (HGPS or Progeria) in 2019

Portfolio of Clinical Programs
Targeting Diverse Rare Indications

HEPATITIS DELTA VIRUS

PROGERIA

POST-BARIATRIC HYPOGLYCEMIA

Multiple Programs Positioned for Success

NOVEL TARGETS VALIDATED

MATCHING DRUGS IDENTIFIED

Faculty Inventors / Advisors

Jeffrey Glenn, MD, PhD

Leslie Gordon, MD, PhD*

Tracey McLaughlin, MD, MPh

Partners / Licensors

EIGER BIOPHARMACEUTICALS

MERCK

Boston Children's Hospital
Until every child is well™

Bristol-Myers Squibb

Stanford MEDICINE

* volunteer

4Q 2018 MILESTONES

Analyst Day December 11th

	Q4 2018
HDV Lonafarnib	D-LIVR Phase 3 Initiating
HDV PEG IFN Lambda	LIFT Study Lambda Combo Enrolling ✓ LIMT Study Lambda Mono EOT Data
Progeria Lonafarnib	NDA Preparation ✓ Rare Pediatric Disease Designation IND ◎ Expanded Access Program ◎
PBH Avexitide	✓ PREVENT Phase 2 Data

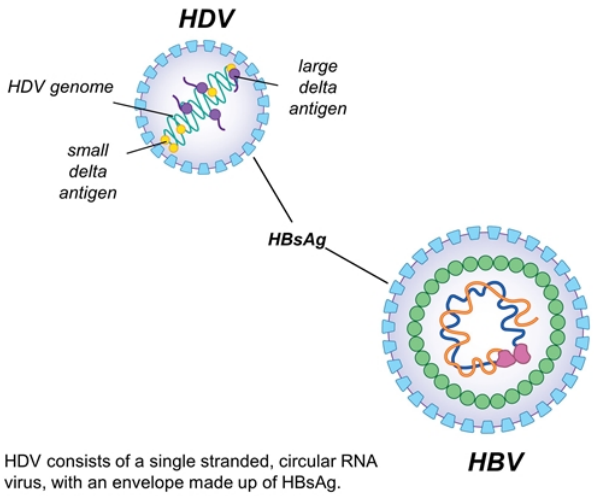
✓ Achieved ◎ Planned

EIGER BIOPHARMACEUTICALS

HEPATITIS DELTA VIRUS (HDV)

OVERVIEW

- HDV is the most severe form of human viral hepatitis
- HDV is always a co-infection with HBV
  - HDV requires HBsAg to complete virion assembly
  - HBsAg acquired through protein prenylation
- 4-6% of HBV infected patients co-infected with HDV
- HDV causes more rapid disease progression
  - Compared to HBV mono-infection
- No FDA approved Rx
- 15-20 M HDV infected patients worldwide
  - > 100K patients in US; > 200K patients in EU

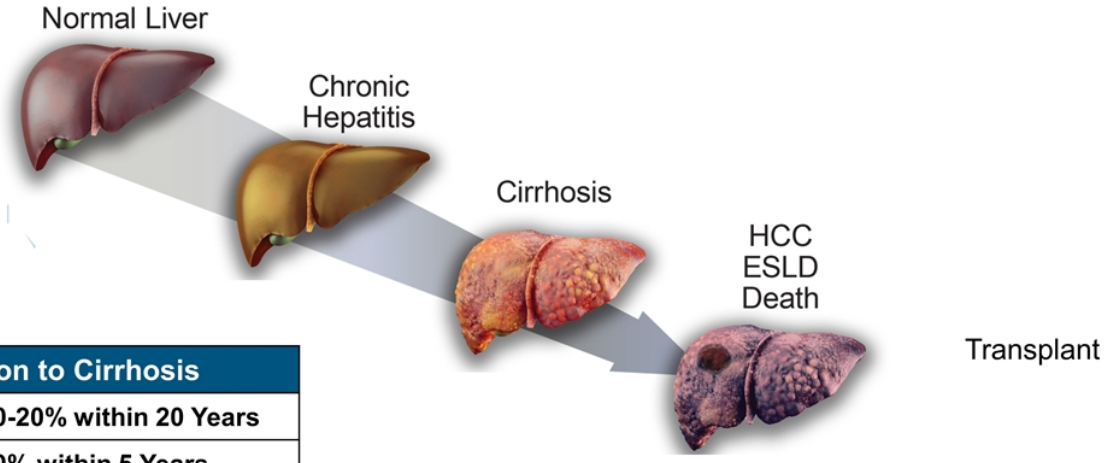


HDV consists of a single stranded, circular RNA virus, with an envelope made up of HBsAg.

Poster, DDW 2017, Abstract #Sa1486, Hughes et al, Lancet, 2011, Vol 378, 73.

HDV: MOST RAPID PROGRESSION OF VIRAL HEPATITIS

50% of HDV-Infected Patients are Cirrhotic at Diagnosis

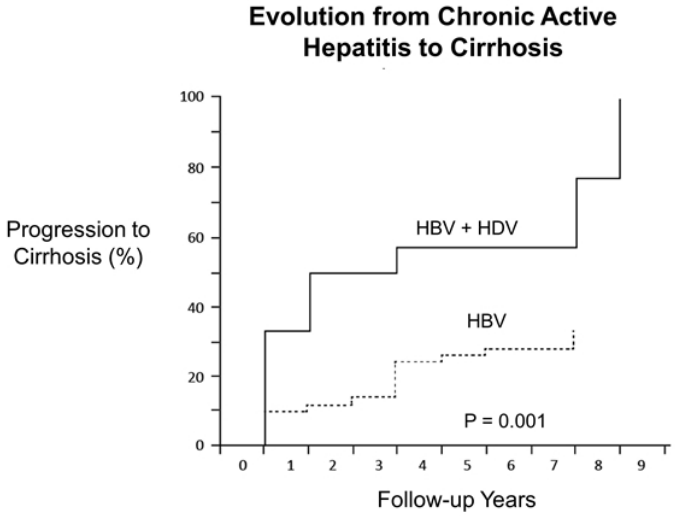


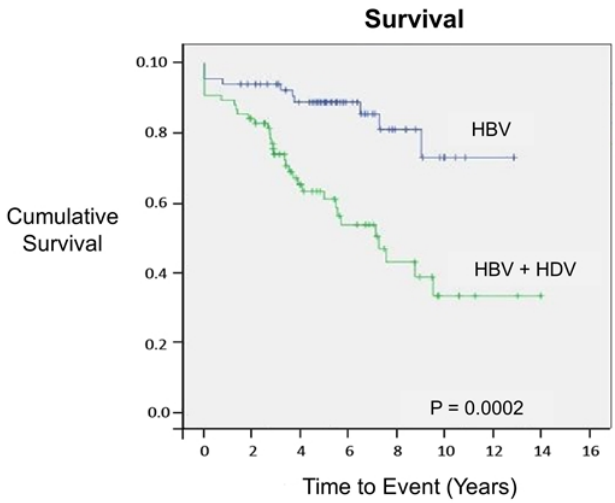
Progression to Cirrhosis	
HCV	10-20% within 20 Years
HBV	20% within 5 Years
HDV	70% within 5-10 Years

Westbrook et al, *J Hepatology* **2014**
Fattovich et al, *Seminars in Liver Diseases* **2003**
Nourredin et al, *Curr. Gasterol. Rep* **2013**

AT DIAGNOSIS, >50% OF HDV PATIENTS ARE CIRRHOTIC

Risk of Hepatocellular Carcinoma, Decompensation, Mortality Increase

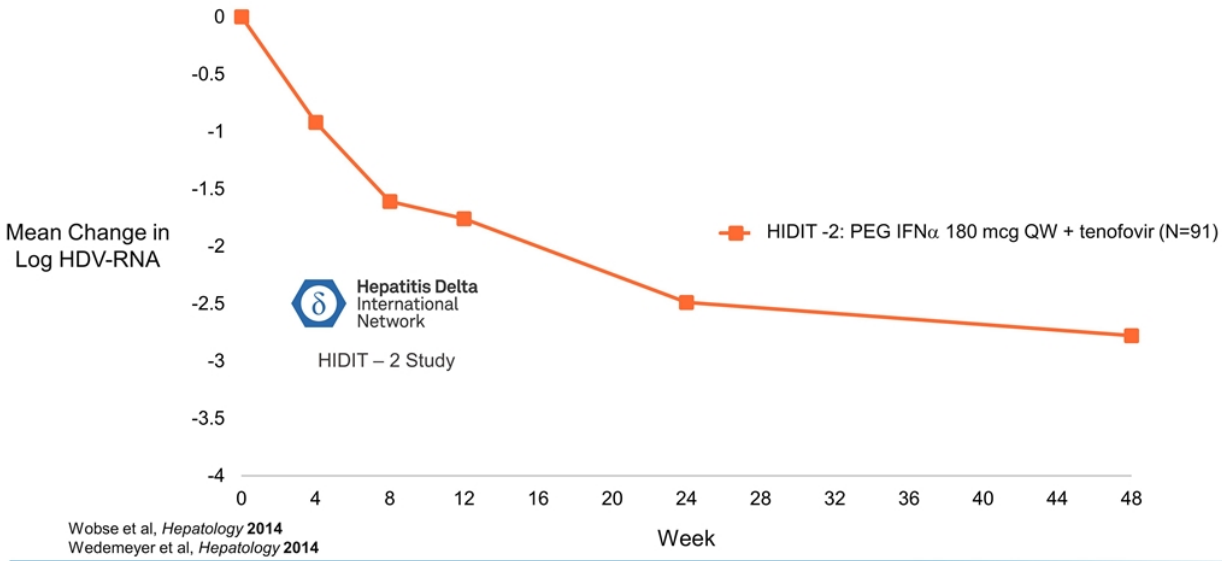




Fattovich et al, *J Infect Dis*, **1987**; Fattovich et al, *Gut*, **2000**. Serrano et al, EASL **2011**

PEG IFN-ALFA REDUCED HDV RNA IN PATIENTS

Not Approved for HDV



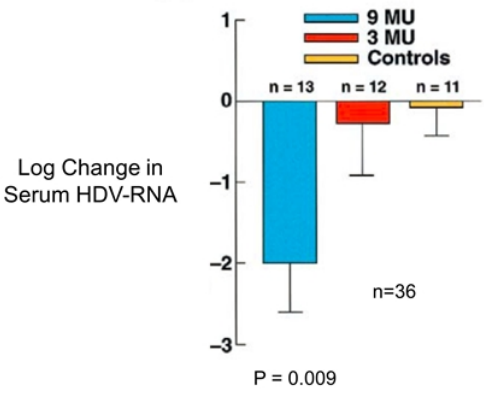
Wobse et al, *Hepatology* **2014**
Wedemeyer et al, *Hepatology* **2014**

REDUCING HDV-RNA WITH IFNα IMPROVED SURVIVAL

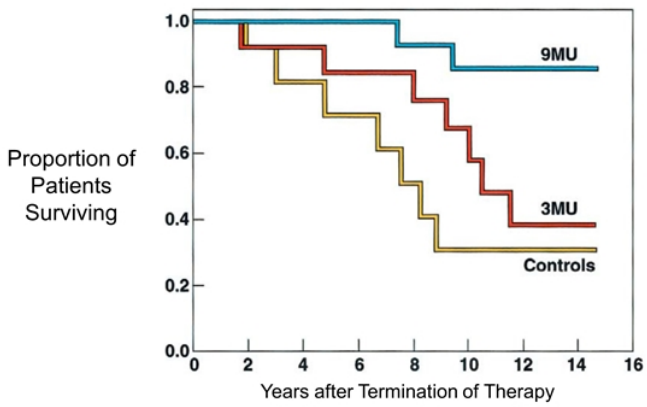
Improved Clinical Benefit without Clearance of HDV-RNA

Interferon-α for 48 weeks with 15 year Follow Up

Change in HDV-RNA



Survival



Farci et al, *Gastroenterology* **2004**: Long-Term Benefit of Interferon-α Therapy of Chronic HDV: Regression of Advanced Hepatic Fibrosis

HBV Rx APPROVALS AND REGISTRATION ENDPOINTS

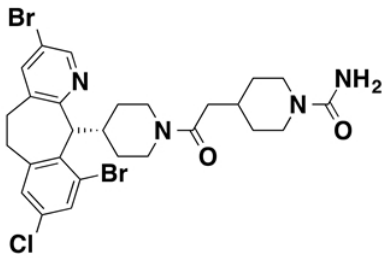
Viral Load Reduction, Biochemical Response, Histologic Improvement

Brand (generic)	Approved	Primary Endpoint(s)	Secondary Endpoints(s)
Intron A® (interferon alfa-2b)	1991	• HBeAg + HBV DNA	• HBsAg + ALT + Histology
Epivir HBV® (lamivudine)	1998	• Histology* • HBeAg + HBV DNA	• ALT
Hepsera® (adefovir dipivoxil)	2002	• Histology*	• HBV DNA + ALT + HBeAg
Baraclude® (entecavir)	2005	• Histology*	• HBV DNA + ALT
Pegasys® (peginterferon alfa-2a)	2005	• HBeAg • HBV DNA • ALT	• Histology
Tyzeka® (telbivudine)	2006	• HBV DNA + HBeAg or ALT	• Histology + ALT
Viread® (tenofovir disoproxil fumurate)	2008	• HBV DNA + Histology	• ALT
Vemlidy® (tenofovir alafenamide)	2016	• HBV DNA	• ALT + HBsAg + HBeAg

* ≥ 2 point decrease in the Knodell necro-inflammatory score with no worsening of the Knodell fibrosis score

LONAFARNIB FOR HDV

Well-characterized Clinical Stage Lead Compound

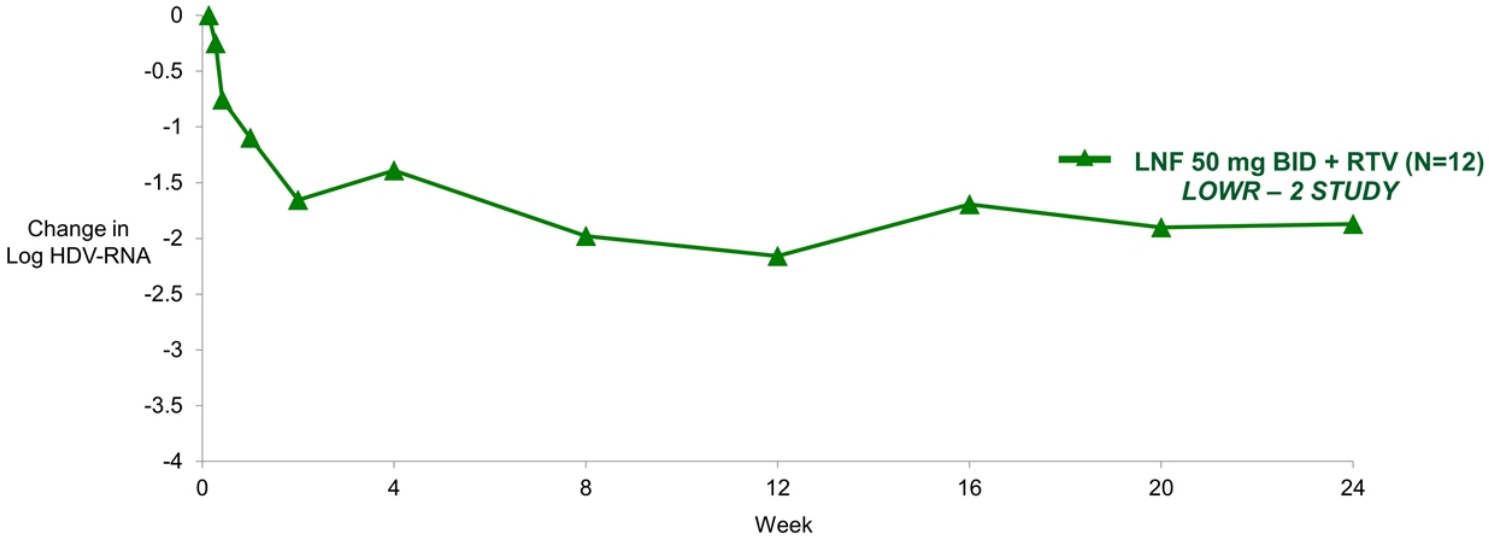


- Small molecule, oral, prenylation inhibitor
- Well-characterized through Phase 3
  - >2,000 patients dosed in oncology program by Merck (Schering)
  - Dose limiting toxicity is GI (class effect)
- Over 120 HDV patients dosed across international sites
- HDV Orphan Designation in US & EU, Fast Track in US
- Patent issued allowing broad range of lonafarnib + ritonavir doses and durations
- Prenylation is a host target; potential barrier to resistance

ALL-ORAL REGIMEN: IFN-FREE OPTION

Presented EASL The Home of Hepatology 2018

Lonafarnib 50 mg BID + Ritonavir 100 mg BID



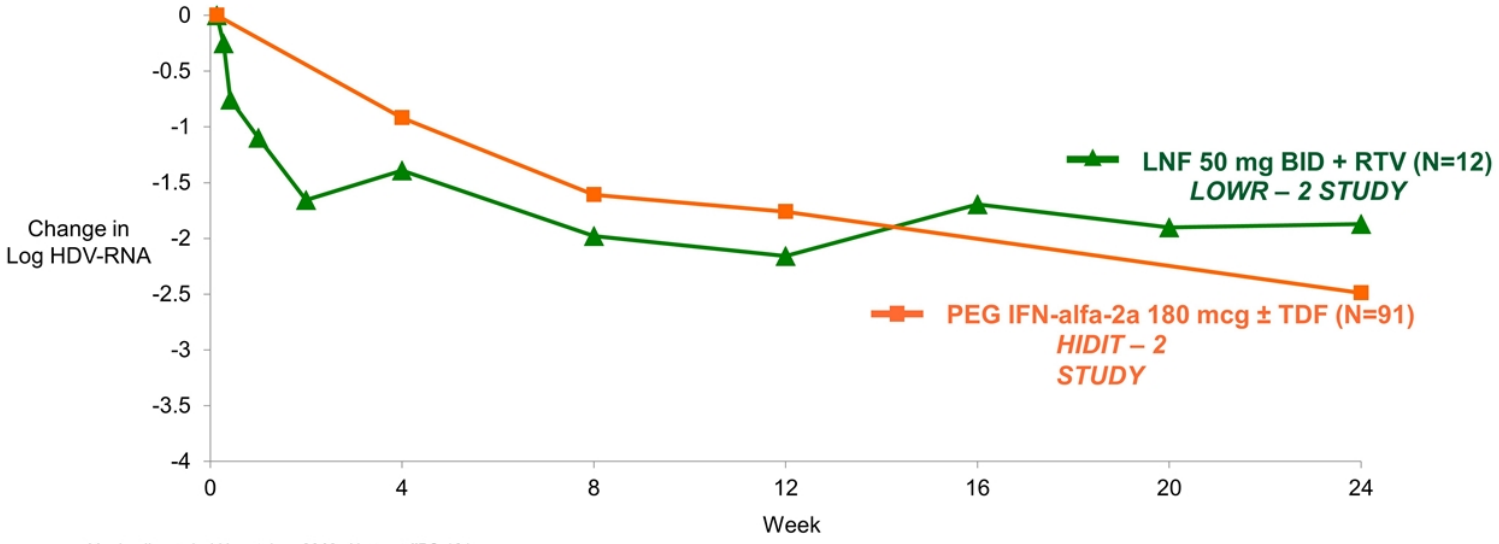
Yurdaydin et al, *J Hepatology* **2018**, Abstract #PS-161

EIGER BIOPHARMACEUTICALS

Presented EASL The Home of Hepatology 2018

ALL-ORAL REGIMEN: IFN-FREE OPTION

Lonafarnib 50 mg BID + Ritonavir 100 mg BID

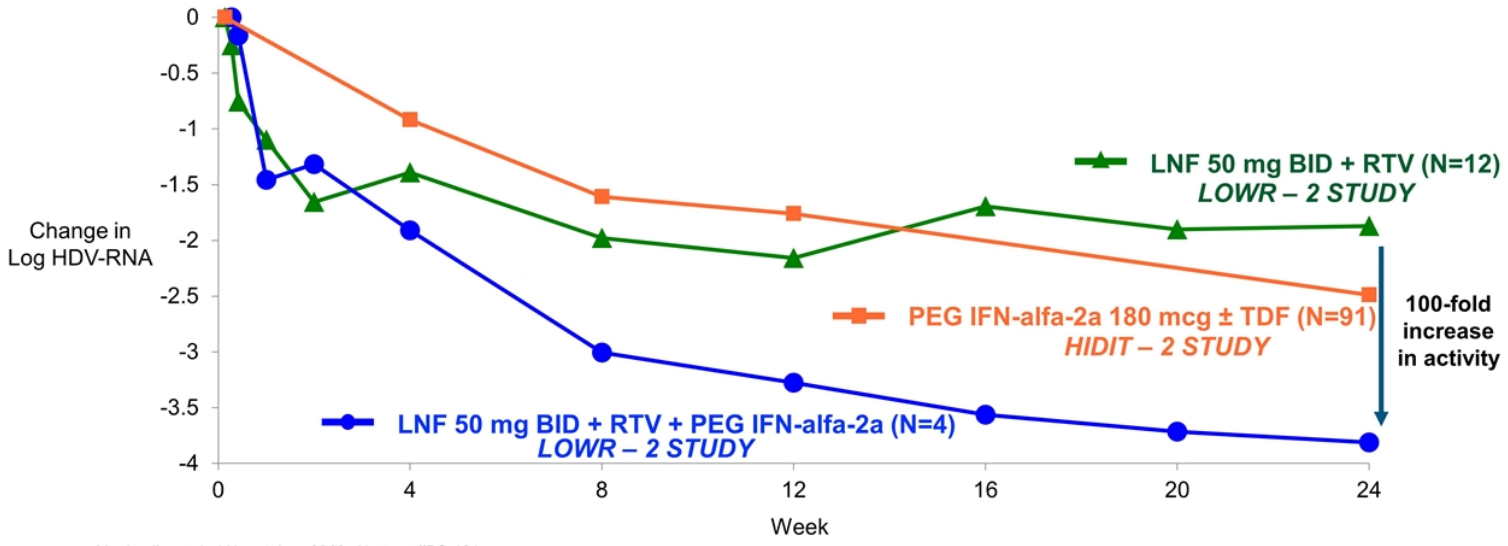


Yurdaydin et al, *J Hepatology* **2018**, Abstract #PS-161

EIGER BIOPHARMACEUTICALS

COMBO REGIMEN: GREATEST OBSERVED DECLINE IN HDV-RNA

Lonafarnib 50 mg BID + Ritonavir 100 mg BID + PEG IFN-alfa-2a



Yurdaydin et al, *J Hepatology* **2018**, Abstract #PS-161

EIGER BIOPHARMACEUTICALS

Presented EASL The Home of Hepatology 2018

LONAFARNIB PHASE 2 HDV PROGRAM

Dose, Combinations and Endpoints Defined

- **All-oral:** Lonafarnib boosted with Ritonavir
  - 39% (7 of 18) patients ≥ 2 log decline or BLQ at Week 24
  - 60% patients normalized ALT at Week 24

- **Combination:** Lonafarnib boosted with Ritonavir + PEG IFN-alfa-2a
  - 89% (8 of 9) patients ≥ 2 log decline or BLQ at Week 24
  - 78% patients normalized ALT at Week 24

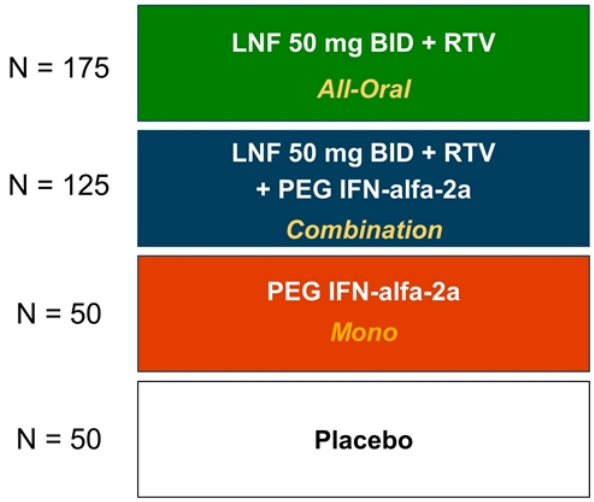
- Predominant AEs were GI-related (mild / moderate)

Yurdaydin et al, *J Hepatology* **2018**, Abstract #PS-161

Most common reported AEs: nausea, diarrhea, fatigue, weight loss, anorexia, vomiting

D-LIVR : PHASE 3 STUDY INITIATING Q4 2018

Delta-Liver Improvement and Virologic Response in HDV



Primary Endpoint at Week 48

- ≥ 2 log decline in HDV RNA
  +
- Normalization of ALT

Secondary Endpoint at Week 48

- Histologic improvement
  - > 2 point improvement in HAI inflammatory score
  - No progression in fibrosis
- Improvement of fibrosis

* All patients will be run-in and maintained on background HBV nucleoside therapy

PHASE 3 D-LIVR GLOBAL FOOTPRINT

EIGER BIOPHARMACEUTICALS

U.S. HDV PATIENT IDENTIFICATION PROGRAM

- 600,000 diagnosed HBV patients provide readily identifiable HDV market
- HDV patients clustered in major metro hotspots

Quest Diagnostics™
ARUP LABORATORIES

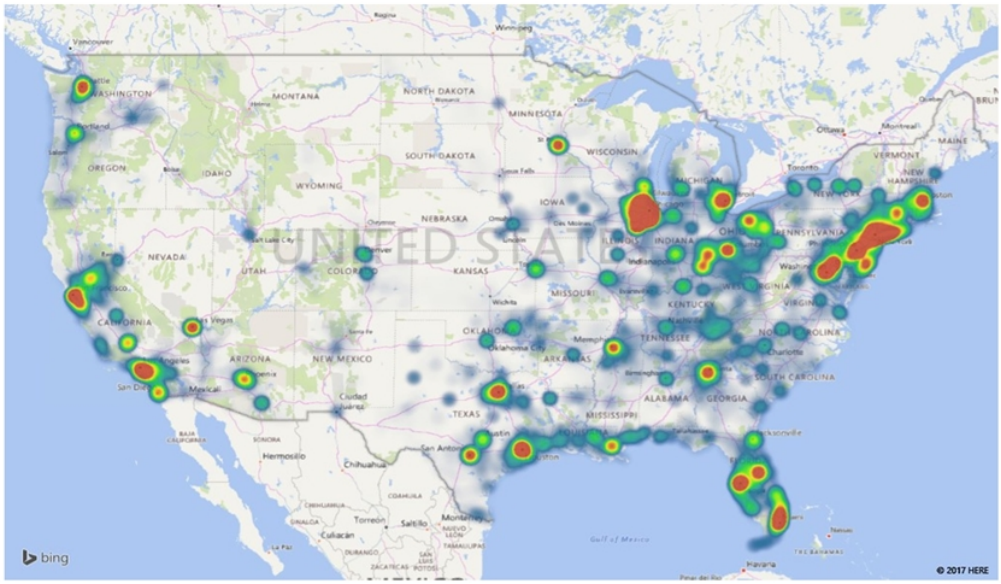
→ HDV RNA quantification and HBV/HDV reflex test for commercial testing

HEPATITIS B FOUNDATION

→ Patient and physician outreach supporting Eiger's HDV testing initiative

U.S. MAJOR METRO HOTSPOTS IDENTIFIED

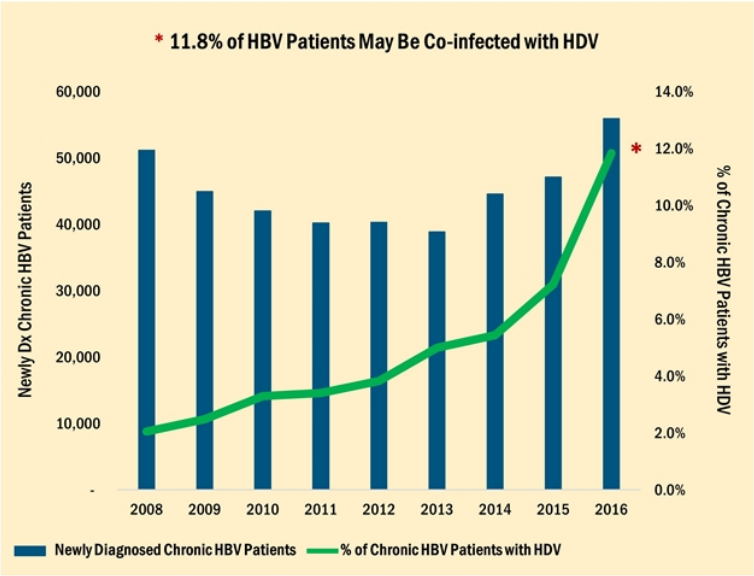
HDV Geographic Footprint is Growing

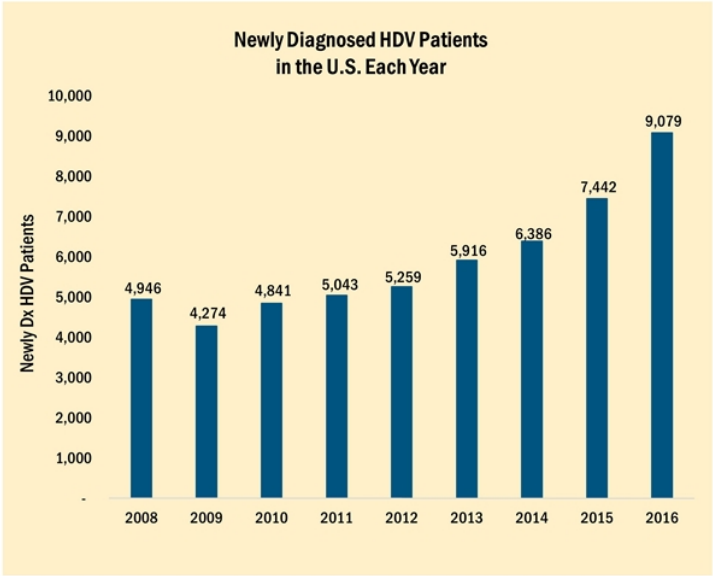


Top 10 U.S. Cities in 2016
1. Chicago, Illinois
2. Berwyn, Illinois
3. Brooklyn, New York
4. Corona, New York
5. Waukegan, Illinois
6. New York, New York
7. Bronx, New York
8. Jamaica, New York
9. Lombard, New York
10. Aurora, Illinois

U.S. HDV PREVALENCE ~ 110,000

Increased Screening Leads to Increased HBV and HDV Diagnosis





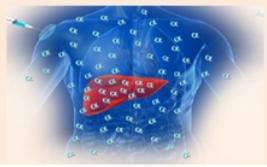
Martins et al, DDW 2017

PEGYLATED INTERFERON LAMBDA

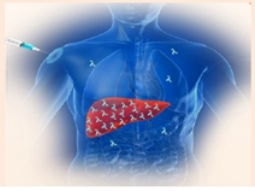
A Better Tolerated Interferon

- A novel first in class Type III interferon
- Binds to a unique receptor versus Type I interferons
  - Highly expressed on hepatocytes
  - Limited expression on hematopoietic cells and CNS cells
- Uses similar downstream signaling pathway as Type I interferons
- Greater than 3,000 patients in 17 clinical trials (HCV / HBV)
- Comparable antiviral activity with less of the typical IFN alfa related side effects*

Alfa Receptor Expression



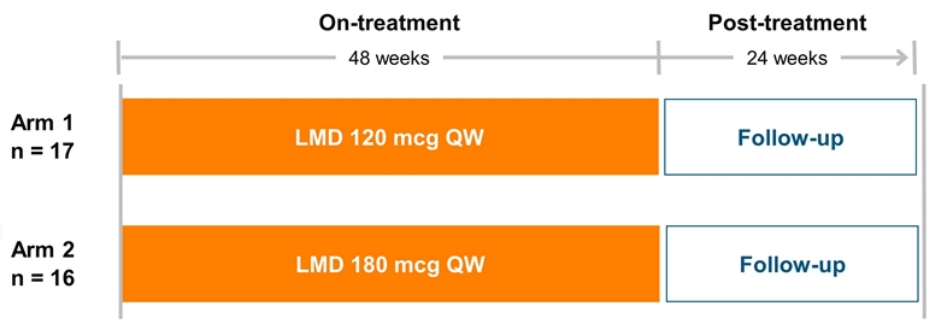
Lambda Receptor Expression



*Chan, HLY et al, J Hepatology 2016

LIMT HDV "MONO": PHASE 2 STUDY

Lambda Interferon MonoTherapy Study in HDV

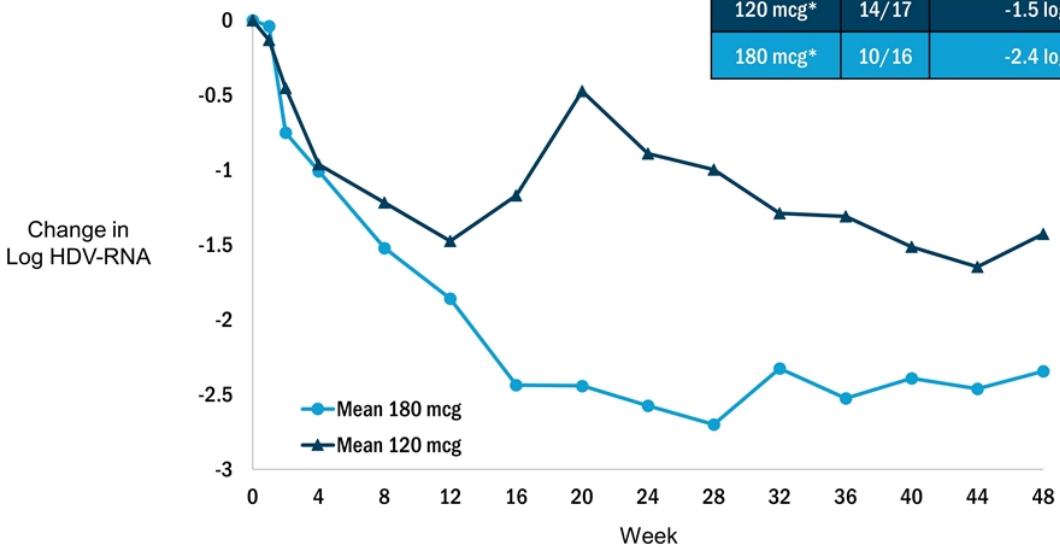


Dosing Complete

HDV-RNA REDUCTION WITH LAMBDA THRU WEEK 48

Dose Response Demonstrated

Week 48	N	Mean VL Decline	≥ 2 Log Decline
120 mcg*	14/17	-1.5 log	6 of 14 (42.9%)
180 mcg*	10/16	-2.4 log	6 of 10 (60.0%)



* Randomization dose

LIMT HDV "MONO": PHASE 2 STUDY

48 Week End of Treatment Data

- Lambda demonstrated comparable anti-HDV activity to historical PEG IFN-alfa-2a
- Lambda was well tolerated in the majority of patients
- Lambda is a promising investigational agent, alone or in combination Rx in HDV

*Hamid S et al, *Hepatology* **2017**

LIFT: PHASE 2 LAMBDA COMBO STUDY

Lambda InterFeron combination Therapy

Primary Endpoint:

- ≥ 2 Log HDV RNA reduction at EOT

Secondary Endpoint:

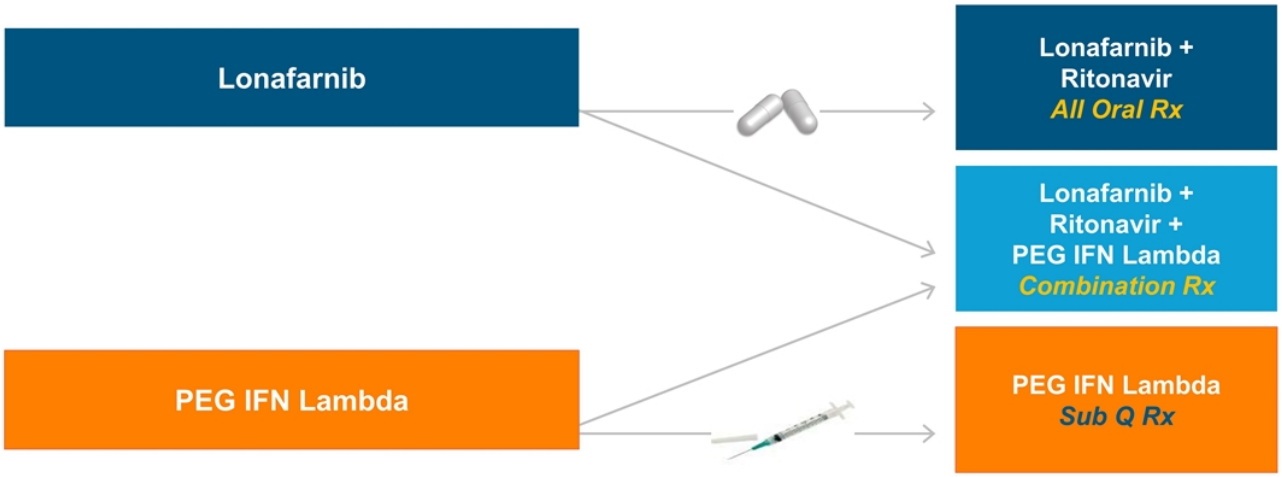
- Histological Improvement (biopsy confirmed)

- Open-label, Phase 2 study evaluating Lambda + LNF + RTV
- To be conducted at the NIH
- Enrollment and Dosing Ongoing

* biopsy

COMPLEMENTARY DRUGS FOR HDV

Multiple Treatment Options



HDV PROGRAM: DEVELOPING MULTIPLE TREATMENT OPTIONS

	Q4 2018		
HDV Lonafarnib	D-LIVR Phase 3 Initiating		
HDV PEG IFN Lambda	LIFT Study Lambda Combo Enrolling	✓	LIMT Study Lambda Mono EOT Data

✓ Achieved

EIGER HDV PROGRAM UPDATES AT AASLD 2018

- Liver Institute and Foundation for Education and Research: The Search for HBV/HDV Cure, L.I.F.E.R. Meeting, November 9
- Eiger Phase 3 D-LIVR Study Investigator Reception, November 9
- Hepatitis Delta International Network (HDIN) Meeting, November 10

D-LIVR

Delta-Liver Improvement and Virologic Response in HDV

D-LIVR is the first-ever, Phase 3 study in Hepatitis Delta Virus (HDV) Infection.

D-LIVR will evaluate an "All-Oral" regimen of investigational drug **LONAFARNIB** boosted with **RITONAVIR** and a "Combination" regimen with **PEGYLATED INTERFERON-ALFA** in HDV-infected patients.

D-LIVR is a global study, currently activating clinical sites across 19 countries around the world.

HUTCHINSON-GILFORD PROGERIA SYNDROME (PROGERIA)

OVERVIEW

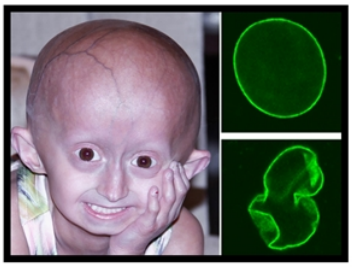
- Ultra-rare, fatal, premature aging pediatric disease
- Point mutation in the Lamin A gene
  - Results in a farnesylated aberrant protein, Progerin
  - Disruption of scaffold structure of the nuclear membrane
- Accelerated atherosclerosis with cardiovascular decline
- Average lifespan = 14.5 years
- Prevalence of 1 in 20 million (~400 worldwide)
  - 1 child born each year in the US
- No FDA approved Rx
- >80 Children treated with lonafarnib

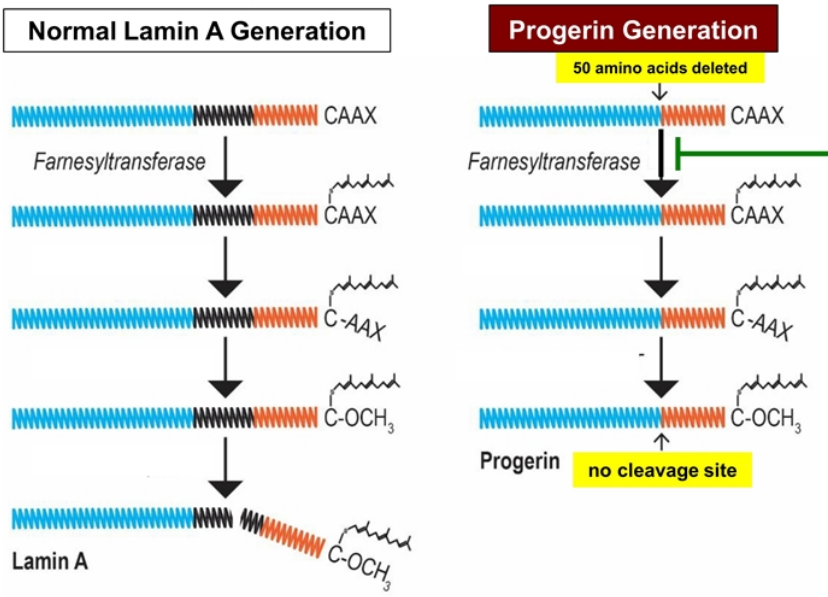
EIGER BIOPHARMACEUTICALS

Berns Family
Founders of the Progeria Research Foundation (PRF)

ACCUMULATION OF PROGERIN

Disrupts Cell Scaffold, Leads to Disfigurement of Nucleus





Lonafarnib blocks production of Progerin

EIGER BIOPHARMACEUTICALS

W/W PREVALENCE ~ 400 CHILDREN WITH PROGERIA

147 Identified Across 47 Countries Worldwide with Progeria and Progeroid Laminopathies

147 Patients Identified Worldwide

- Progeria* W/W = 114
- Progeroid Laminopathies** W/W = 33

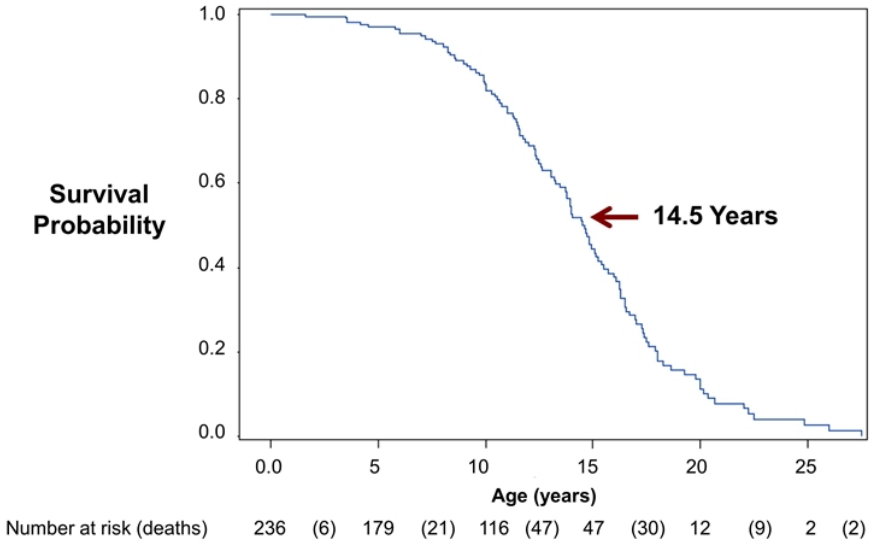
43 Patients Identified in US/EU

- Progeria* US/EU = 32
- Progeroid Laminopathies** US/EU = 11

* Progeria (HGPS) patients have a progerin-producing mutation in the LMNA gene
** Progeroid Laminopathies have a mutation in the lamin pathway but do not produce progerin

SURVIVAL OF UNTREATED PROGERIA CHILDREN

Average Lifespan = 14.5 Years



Number at risk (deaths)	236	(6)	179	(21)	116	(47)	47	(30)	12	(9)	2	(2)

JAMA | Preliminary Communication

Association of Lonafarnib Treatment vs No Treatment With Mortality Rate in Patients With Hutchinson-Gilford Progeria Syndrome

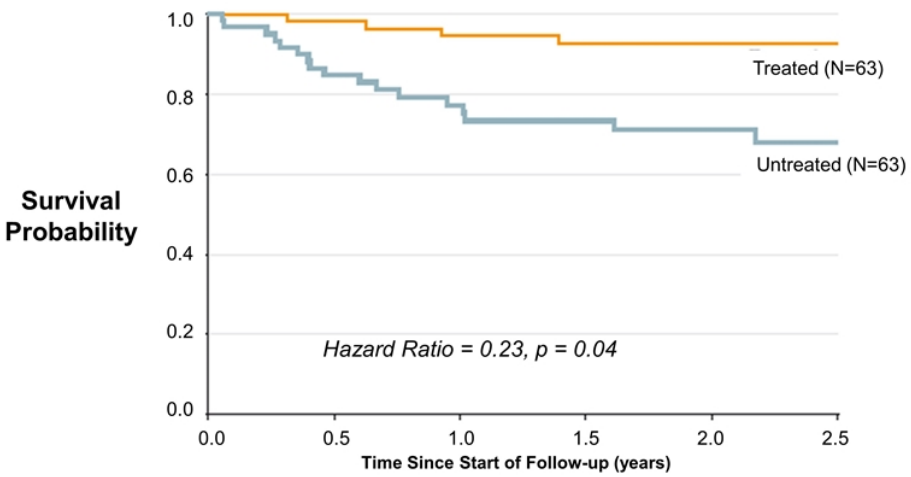
Leslie B. Gordon, MD; PhD; Heather Shappell, PhD; Joe Massaro, PhD; Ralph B. D'Agostino Sr. PhD; Joan Brazier, MS; Susan E. Campbell, MA; Monica E. Kleinman, MD; Mark W. Kieran, MD, PhD

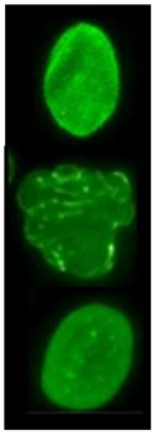
Gordon, L et al, *JAMA*, **2018**, 319(16): 1687

EIGER BIOPHARMACEUTICALS

LONAFARNIB IMPROVES SURVIVAL IN PROGERIA

77% Reduction in Risk of Mortality Compared to No Treatment





Normal Cell

Progeria Cell

Progeria Cell After Treatment with Lonafarnib

Gordon, L et al, *JAMA*, **2018**, 319(16): 1687

NEXT STEPS FOR PROGERIA

LATE 2018	2019
Launch Expanded Access Program	File NDA in the U.S. and MAA in Europe

EIGER'S COMMITMENT IS TO PROVIDE ACCESS TO LONAFARNIB TO EVERY CHILD IN THE WORLD WITH PROGERIA

PROGERIA PROGRAM: PREPARING NDA

NDA Filing Planned in 2019

	Q4 2018						
 HDV Lonafarnib	Phase 3 Initiating						
 HDV PEG IFN Lambda	LIFT Study Lambda Combo Enrolling		LIMT Study Lambda Mono EOT Data				
 **Progeria Lonafarnib**	NDA Preparation	✓ Rare Pediatric Disease Designation		IND ◎		Expanded Access Program ◎	

✓ Achieved ◎ Planned

EIGER BIOPHARMACEUTICALS

PROGERIA AND HDV

Distinct Diseases, Distinct Treatment Regimens, Distinct Commercial Strategies

PROGERIA

Lonafarnib Monotherapy (weight-based)

HDV

Lonafarnib Boosted with Ritonavir ± Pegylated Interferon-Alfa

POST-BARIATRIC HYPOGLYCEMIA (PBH)

OVERVIEW

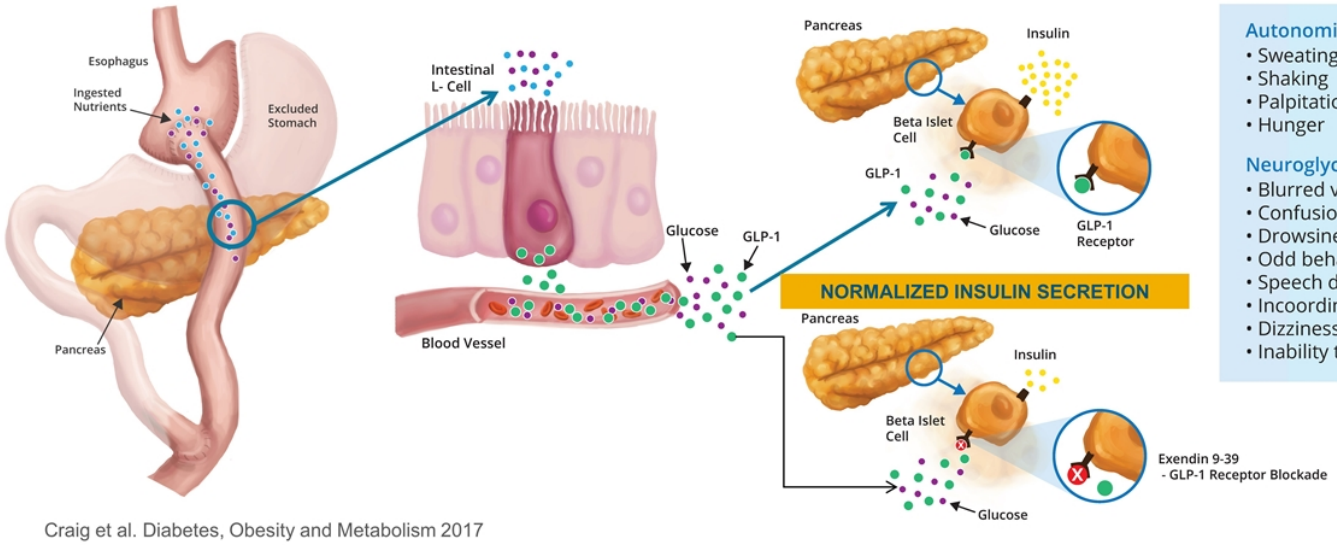
- Bariatric Surgery Increasing due to Morbid Obesity
  - ~200K US / ~100K EU in 2015*
  - Significant Impact: Weight Loss, Glycemic Control
  - Roux-en-Y Gastric Bypass ~35% of all procedures
- Postprandial Hypoglycemia: Serious Complication
  - Dangerously low blood sugar after meals
  - Impacts 5-10% of Roux-en-Y patients
- PBH estimated prevalence ~70K in US / EU
- No approved therapy

* American Society for Metabolic and Bariatric Surgery 2015

TARGETED BLOCKADE OF GLP-1

Normalizes Insulin Secretion

ALTERED NUTRIENT TRANSIT POST ROUX-EN-Y GASTRIC BYPASS → **HYPER-SECRETION OF GLP-1** → **INSULIN SECRETION** → **SYMPTOMATIC HYPOGLYCEMIA**



Autonomic
- Sweating
- Shaking
- Palpitations
- Hunger

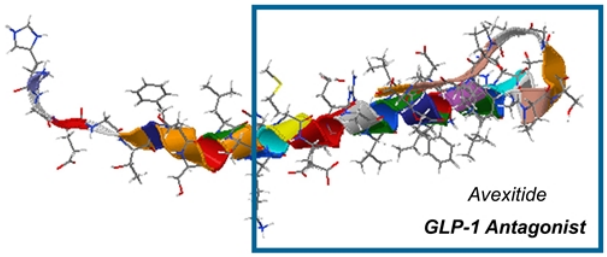
Neuroglycopenic
- Blurred vision
- Confusion
- Drowsiness
- Odd behavior
- Speech difficulty
- Incoordination
- Dizziness
- Inability to concentrate

Craig et al. Diabetes, Obesity and Metabolism 2017

AVEXITIDE: A GLP-1 ANTAGONIST

31 Amino Acid Fragment of Byetta (exenatide), a GLP-1 Agonist

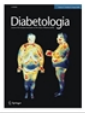
- Phase 2 Activity and Safety Demonstrated in 54 PBH Patients
  - Four clinical studies completed (POC, SAD, MAD, 28-day)
- Previous experience as investigational agent
  - >300 patients reported dosed worldwide*
- Proprietary Liquid Formulation Developed
- Orphan Designation Granted in US and EU



* www.clinicaltrials.gov

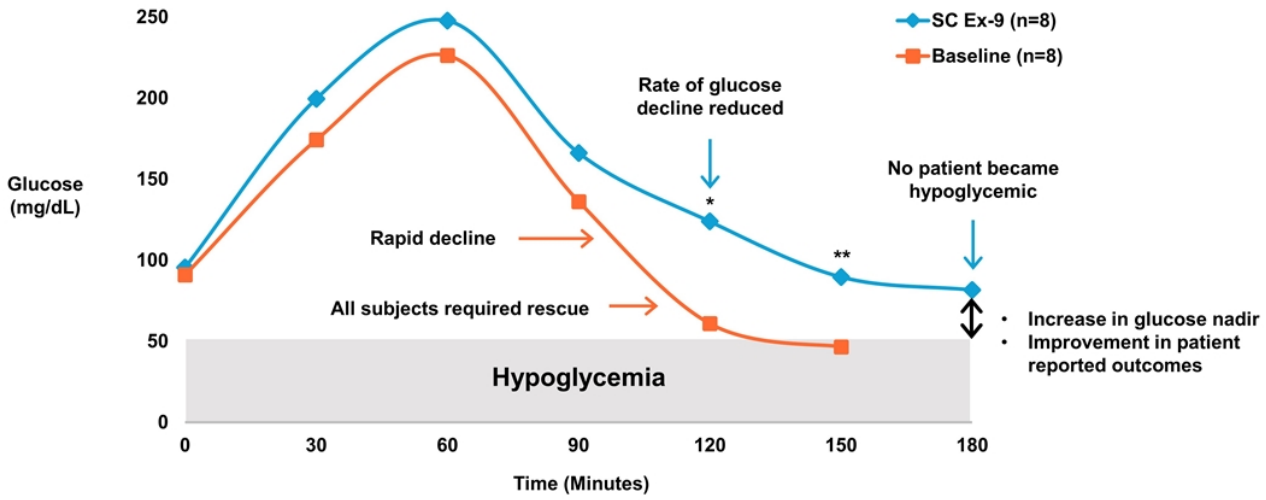
PHASE 2 CLINICAL PROOF OF CONCEPT DEMONSTRATED

54 Patients Dosed in 4 Completed Clinical Studies with Avexitide

Study	# Patients	Duration of Dosing	Status
 IV Infusion 	8	Single dose	Published Diabetologia 
 Sub Q Injection SAD 	8	Single dose	Presented at 2016 ADA American Diabetes Association. Published Diabetes, Obesity and Metabolism 
 Sub Q Injection MAD 	20	Up to 3 days BID dosing	Presented at 2017 ADA American Diabetes Association.
Sub Q Injection; Durability of Effect 	18	28 days QD / BID dosing	Topline data press released October 16, 2018

AVEXITIDE REDUCES PBH

Single Ascending Dose Study Results

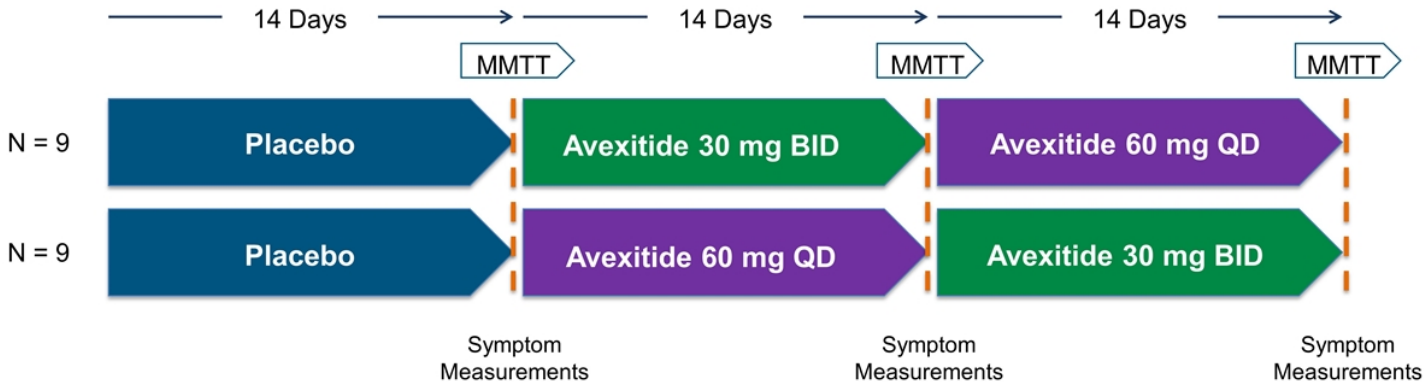


* P<0.05, ** P<0.01

Craig C et al, Diabetes, Obesity and Metabolism 2017.

PREVENT 28-DAY PHASE 2 OUTPATIENT STUDY

Goal: Demonstrate Durability of Effect, Define Dose, Safety, Tolerability

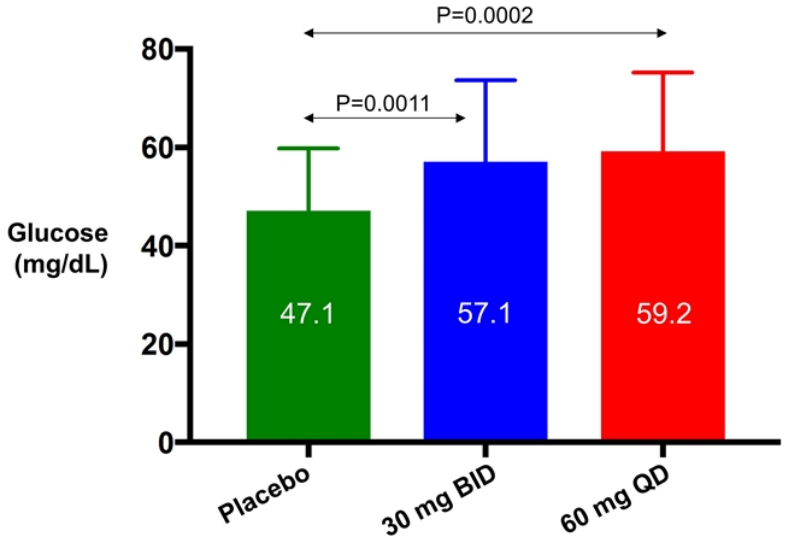


Primary Endpoint: Magnitude of postprandial hypoglycemia defined as the plasma glucose nadir occurring within 3 hours of mixed meal tolerance test (MMTT)

Secondary Endpoints: Postprandial neuroglycopenic signs & symptoms; peak postprandial insulin response; require glucose rescue during MMTT

IMPROVED POSTPRANDIAL GLUCOSE NADIR

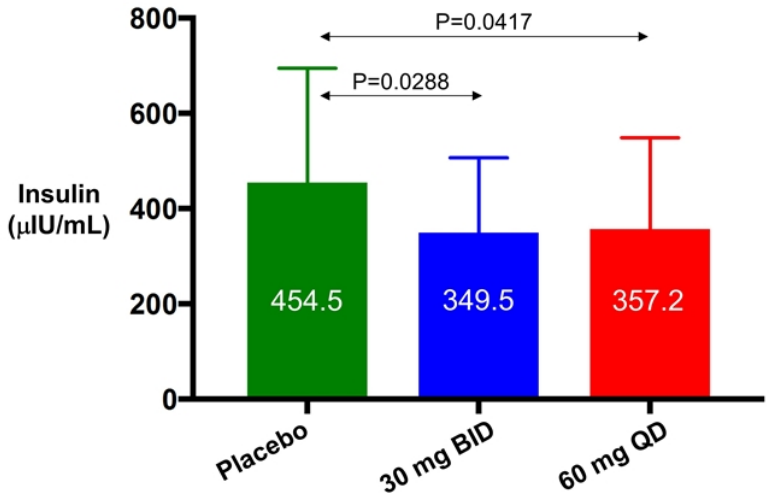
Primary Endpoint Achieved



REDUCED POSTPRANDIAL INSULIN PEAK

PREVENT 28-day Study

Secondary Endpoint Achieved



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FEWER EPISODES OF HYPOGLYCEMIA WITH AVEXITIDE

PREVENT
28-day Study

Exploratory Secondary Endpoints Achieved with CGM

- Metabolic and clinical improvements corroborated by continuous glucose monitoring (CGM)
- Fewer episodes of hypoglycemia (< 70 mg/dL)
- Fewer episodes of severe hypoglycemia (< 55 mg/dL)
- Fewer neuroglycopenic symptoms confirmed by CGM

PREVENT *PHASE 2 STUDY*

Clinically Meaningful Improvements Throughout 28-days of Avexitide Treatment

- Improved postprandial glucose nadir
- Reduced postprandial insulin peak
- Fewer episodes of hypoglycemia; less rescue required
- Statistical significance achieved with QD and BID dosing
- Well tolerated
- No approved therapy

Next Steps: Regulatory guidance in 2019

PBH PROGRAM: REGULATORY GUIDANCE IN 2019

	Q4 2018
 HDV Lonafarnib	Phase 3 Initiating
 HDV PEG IFN Lambda	LIFT Study Lambda Combo Enrolling LIMT Study Lambda Mono EOT Data
 Progeria Lonafarnib	NDA Preparation Rare Pediatric Disease Designation IND Expanded Access Program
 **PBH** **Avexitide**	 PREVENT **Phase 2 Data**

 Achieved

4Q 2018 MILESTONES

Analyst Day December 11th

	Q4 2018
HDV Lonafarnib	D-LIVR Phase 3 Initiating
HDV PEG IFN Lambda	LIFT Study Lambda Combo Enrolling ✓ LIMT Study Lambda Mono EOT Data
Progeria Lonafarnib	NDA Preparation ✓ Rare Pediatric Disease Designation IND ◎ Expanded Access Program ◎
PBH Avexitide	✓ PREVENT Phase 2 Data

✓ Achieved ◎ Planned

FINANCIAL SUMMARY

- $73.5 million cash as of June 30, 2018
- 14.2 million shares outstanding as of June 30, 2018

EXPERIENCED MANAGEMENT

DAVID CORY, RPH, MBA	President Chief Executive Officer
DAVID APELIAN, MD, PHD, MBA	Chief Operating Officer Executive Medical Officer
JIM WELCH, MBA	Chief Financial Officer
LISA PORTER, MD	Chief Medical Officer Metabolic Diseases
JIM SHAFFER, MBA	Chief Business Officer
INGRID CHOONG, PHD	Vice President Investor Relations and Corporate Development
JOHN FERRARO, MBA	Vice President Clinical Operations

SEASONED BOARD

THOMAS DIETZ, PHD	Chairman
DAVID CORY, RPH, MBA	President and CEO
DAVID APELIAN, MD, PHD, MBA	COO and EMO
EVAN LOH, MD	Independent Director
JEFFREY GLENN, MD, PHD	Independent Director
ELDON MAYER, MBA	Independent Director


EIGER
BIOPHARMACEUTICALS
COMMITTED TO RARE DISEASES