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): August 17, 2016

Eiger BioPharmaceuticals, Inc.
(Exact name of registrant as specified in its charter)

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

350 Cambridge Avenue, Suite 350 **Palo Alto, California**	**94306**
(Address of principal executive offices)	**(Zip Code)**

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

(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 obligations 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))

Item 8.01. Other events.

On August 17, 2016, Eiger BioPharmaceuticals, Inc. (the "Company") announced a proposed public offering of its common stock pursuant to its Registration Statement on Form S-3 (No. 333-212114) declared effective by the Securities and Exchange Commission on August 4, 2016. The Company is filing the investor presentation slides attached as Exhibit 99.1 to this Current Report on Form 8-K, which the Company will use in conversations with investors.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Reference is made to the Exhibit Index included with this Current Report on Form 8-K.

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: August 17, 2016

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

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor Presentation.

Exhibit 99.1

EIGER BIOPHARMACEUTICALS

An Orphan Disease Company by Design

August 2016

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, our ongoing and planned clinical development, the timing of and our ability to initiate or enroll clinical trials, and our ability to make regulatory filings and obtain and maintain regulatory approvals for Sarasar, Bestatin, PEG IFN Lambda and our other product candidates, our intellectual property position, the potential safety, efficacy, reimbursement, convenience clinical and pharmaco-economic benefits of our product candidates, commercial opportunities, including potential market sizes and segments, our ability to commercialize, expectations regarding clinical trial data and FDA outcomes, our results of operations, cash needs, spending of the proceeds from this offering, financial condition, liquidity, prospects, growth and strategies, the industry in which we operate and the trends that may affect the industry or us.

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. 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.

Business Strategy to Maximize Efficiency

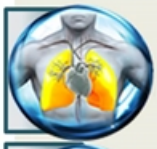
Orphan Disease Focus by Design

- *Identify novel biology in targeted orphan diseases*
  - *Scientific and academic collaborations at Stanford University*
- *License well-characterized assets against novel targets*
  - *Preclinical and clinical experience already generated*
- *Translate science into the clinic rapidly*
  - *Cost efficient and time efficient clinical data in target disease*
- *Develop markets and prepare for commercialization*
  - *Patient identification, KOL engagement, data dissemination, education*

Investment Highlights

- *5 - Phase 2 programs in the clinic and dosing patients*
- *4 - Well characterized, clinical stage compounds*
- *Therapeutically diverse set of orphan disease programs*
- *Multiple large commercial market opportunities*
- *Multiple shots on goal for clinical & regulatory success*
- *Data from all 5 programs over the next 18 months*

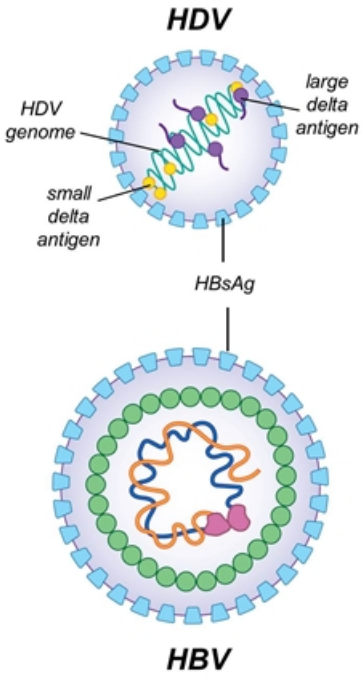
Development Pipeline

Product	Indication	Phase II	Approved Treatments	Phase 2 Data
Sarasar® (lonafarnib)	Hepatitis Delta		○	2016
PEG IFN Lambda	Hepatitis Delta		○	2017
Exendin (9-39)	Post-Bariatric Hypoglycemia		○	2016
Bestatin™ (ubenimex)	Pulmonary Arterial Hypertension		✓	2017
Bestatin™ (ubenimex)	Lymphedema		○	2017

Hepatitis Delta Virus

The Most Severe Form of Viral Hepatitis

- *HDV is the most severe form of viral hepatitis*
  - *More rapid progression to liver cirrhosis and liver cancer*
  - *5-7x more likely to develop cirrhosis and HCC vs HBV*
- *HDV is always associated with HBV Infection*
  - *HDV steals HBsAg to complete its envelope*
- *Final step in replication involves prenylation*
  - *HDV hijacks prenylation, a host process*
- *No FDA approved Rx for HDV*
  - *PEG IFN α demonstrates modest benefit*

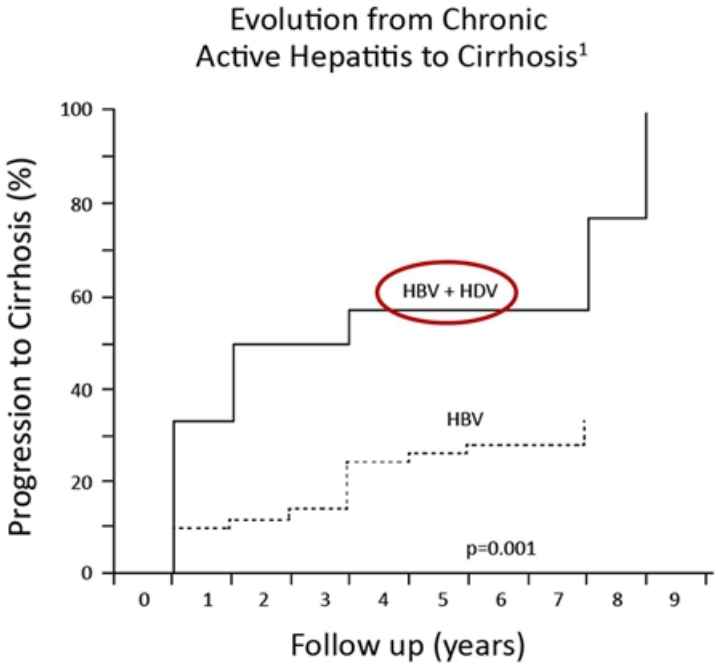


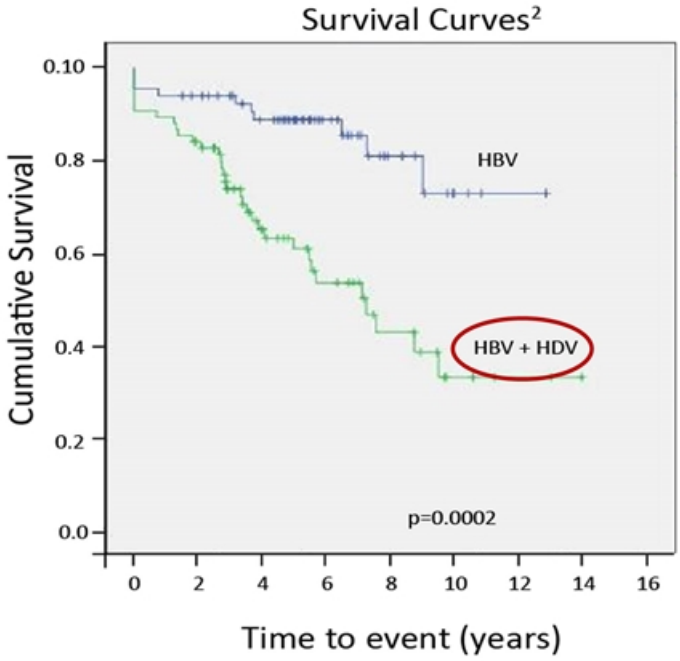
- *HDV worldwide prevalence is 15 - 20 million*
  - *Approximately 4-6% of HBV worldwide population is infected with HDV*
  - *Orphan status in US and EU*

Complications of Hepatitis D

At the time of diagnosis, >50% of HDV patients are cirrhotic

Risk of hepatocellular carcinoma, decompensation, mortality increased…





[1]*Fattovich et al, J Infect Dis, 1987; Fattovich et al, Gut, 2000.* [2]*Serrano et al, EASL 2011.*

Hepatitis Delta Virus

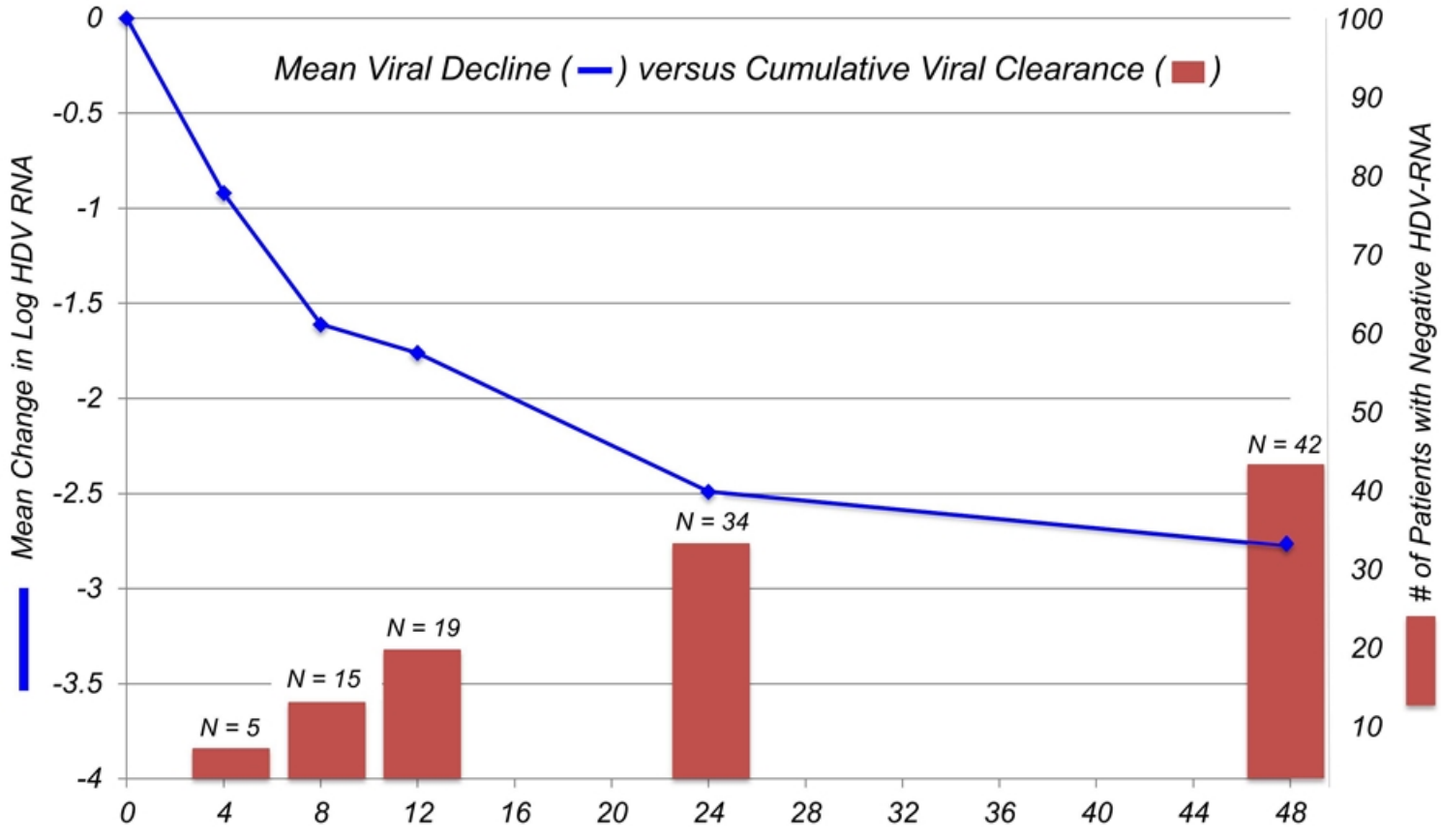
A Potential $Billion+ World Wide Commercial Opportunity

Virus	Hepatitis C US	Hepatitis B US	Hepatitis D US
Prevalence	4M	2M	100K
Diagnosed	1.3M	600K	33K*
Severity	Moderate	Severe	Most Severe
Progression to Cirrhosis	10-20% within 20 Years	15% Within 5-10 Years	70% Within 5-10 years (50% at diagnosis)
Approved Therapies	Yes (Curative)	Yes (Suppressive)	None

*5% of HBV population to be captured via reflex HDV quantitative RNA test for all HBV diagnosed patients
Triangle Insights Market Research 2015

PEG IFN-α in HDV: Activity Over 48 Weeks

Poor Tolerability, Retreatment Not an Option for Rebound



*Wobse **2014**: AASLD*
*Wedemeyer **2014**: AASLD*

Hepatitis Delta International Network

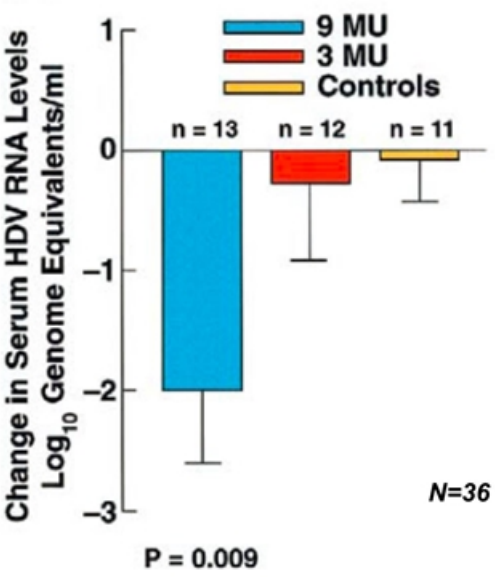
PEG IFN-α 180 mcg QW +/- tenofovir (N = 91)

Reducing HDV RNA Improves Survival

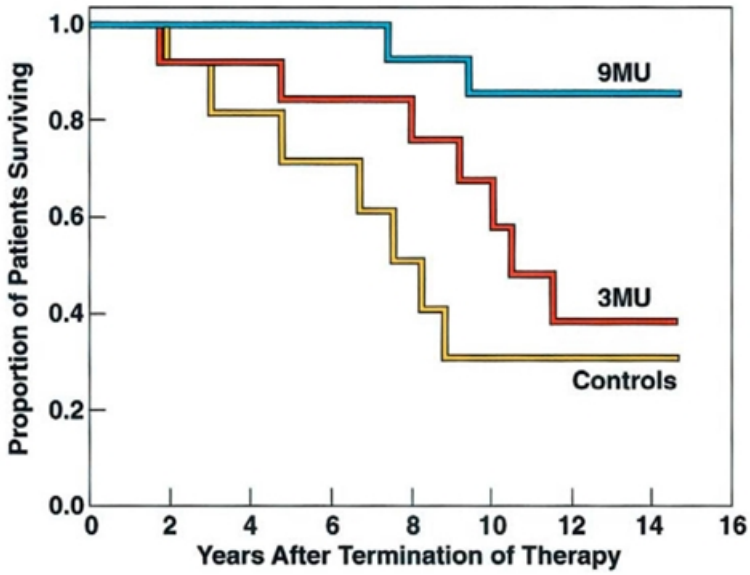
Improved Clinical Benefit without Clearance of HDV RNA

Interferon Alfa for 48 weeks with 15 year Follow Up

Change in HDV RNA



Survival



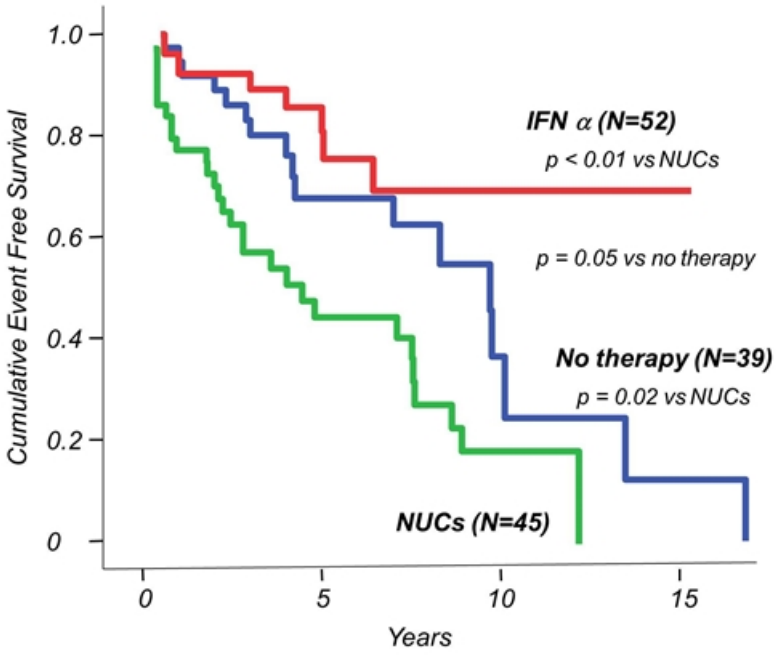
*Farci et al, Gastroenterology **2004**: Long-Term Benefit of Interferon α Therapy of Chronic HDV: Regression of Advanced Hepatic Fibrosis*

Fewer Clinical Events following IFN-α

HDV RNA Loss Improves Long-term Clinical Outcomes

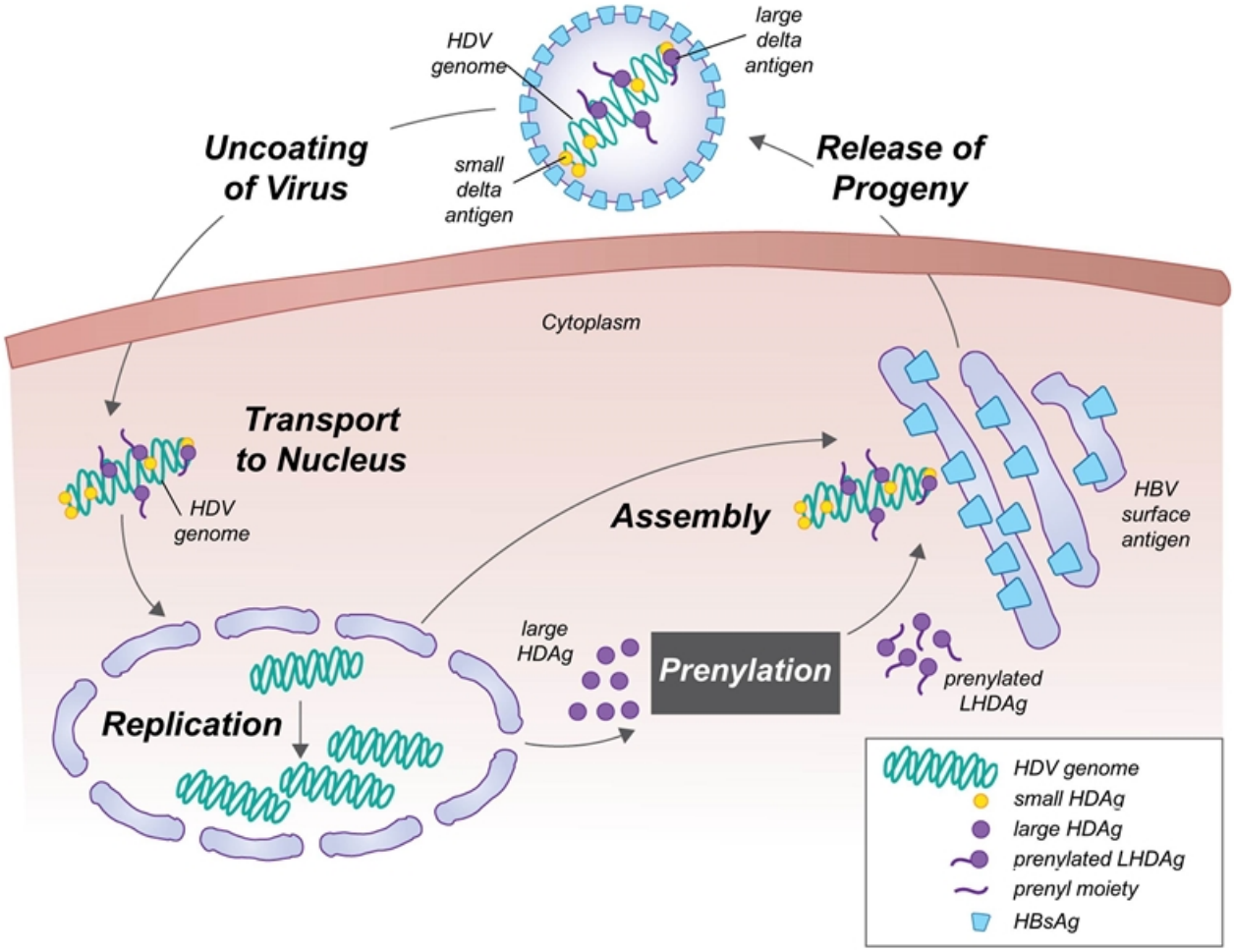
Interferon Alfa for 48 weeks with up to 18.8 Year Follow Up

- *Long term clinical outcomes*
  - *IFN alfa treatment in HDV*
- *Retrospective analysis*
  - *single cohort study*
- *136 anti-HDV positive patients*
- *Median follow-up: 5.2 years*
  - *Range 0.6 -18.8 years*



Wranke et al. J Hepatology ***2016****: Does Antiviral Treatment Affect the Clinical Long-term Outcome of Hepatitis Delta?*

The HDV Life Cycle



Prenylation Inhibitors as Antivirals

HDV is a Genetically Validated Target

Identification of a Prenylation Site in Delta Virus Large Antigen

Jeffrey S. Glenn,* John A. Watson, Christopher M. Havel, Judith M. White

SCIENCE • VOL. 256 • 29 MAY 1992

Proof of Concept

Use of a Prenylation Inhibitor as a Novel Antiviral Agent

JEFFREY S. GLENN,[1]* JAMES C. MARSTERS, JR.,[2] AND HARRY B. GREENBERG[1,3]

Division of Gastroenterology,[1] and Department of Microbiology and Immunology,[3] Stanford University School of Medicine and Veterans Administration Medical Center, Palo Alto, California 94305-5487, and Bioorganic Chemistry, Genentech Inc., South San Francisco, California 94080[2]

JOURNAL OF VIROLOGY, Nov. 1998, p. 9303–9306

Virus Like Particle (VLP)

A Prenylation Inhibitor Prevents Production of Infectious Hepatitis Delta Virus Particles

Bruno B. Bordier,[1,2] Patricia L. Marion,[1] Kazuo Ohashi,[3] Mark A. Kay,[3] Harry B. Greenberg,[1,2,4]† John L. Casey,[5] and Jeffrey S. Glenn[1,2]*

Division of Gastroenterology and Hepatology,[1] Department of Microbiology and Immunology,[4] and Program in Human Gene Therapy, Departments of Pediatrics and Genetics,[5] Stanford University School of Medicine, and Veterans Administration Medical Center,[2] Palo Alto, California, and Division of Molecular Virology and Immunology, Georgetown University Medical Center, Rockville, Maryland[5]

Infectious Virus

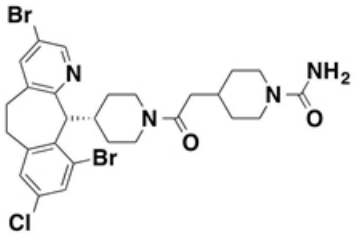
In vivo antiviral efficacy of prenylation inhibitors against hepatitis delta virus

The Journal of Clinical Investigation | August 2003 | Volume 112 | Number 3 | Jeffrey S. Glenn

In Vivo Animal Model

Sarasar® (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)*
- *Prenylation is a host target; confers high barrier to resistance*
- *Over 100 HDV patients dosed across international sites*
  - *NIH Phase 2 study results published in Lancet Infectious Diseases 2015*
- *Orphan Designation in US & EU, Fast Track in US*

Koh et al, Lancet Infect Dis, 2015.

Sarasar® (lonafarnib) Phase 2 HDV Program

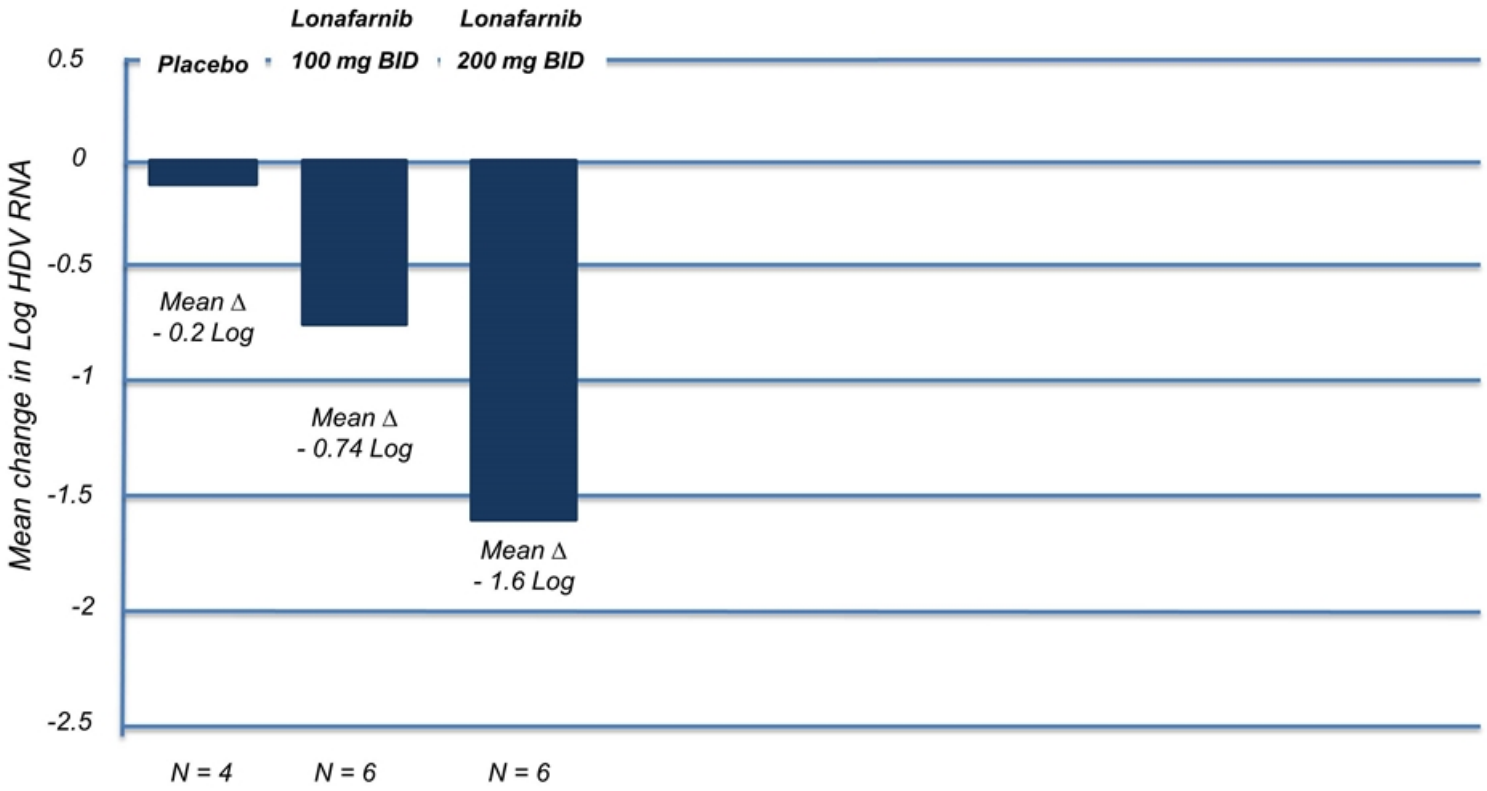
102 HDV Infected Patients Dosed

• ***Proof of Concept***			
– *Monotherapy*	*N = 14*	NIH	*Complete*
• ***LOWR HDV – 1***			
– *Combinations +/- PEG IFN α*	*N = 15*		*Complete*
• ***LOWR HDV – 2***			
– *Dose Finding +/- PEG IFN α*	*N = 37*		*Dosing*
• ***LOWR HDV – 3***			
– *Duration*	*N = 21*	NIH	*Last Patient Out*
• ***LOWR HDV - 4***			
– *Titration*	*N = 15*	MHH Hannover Medical School	*Dosing*

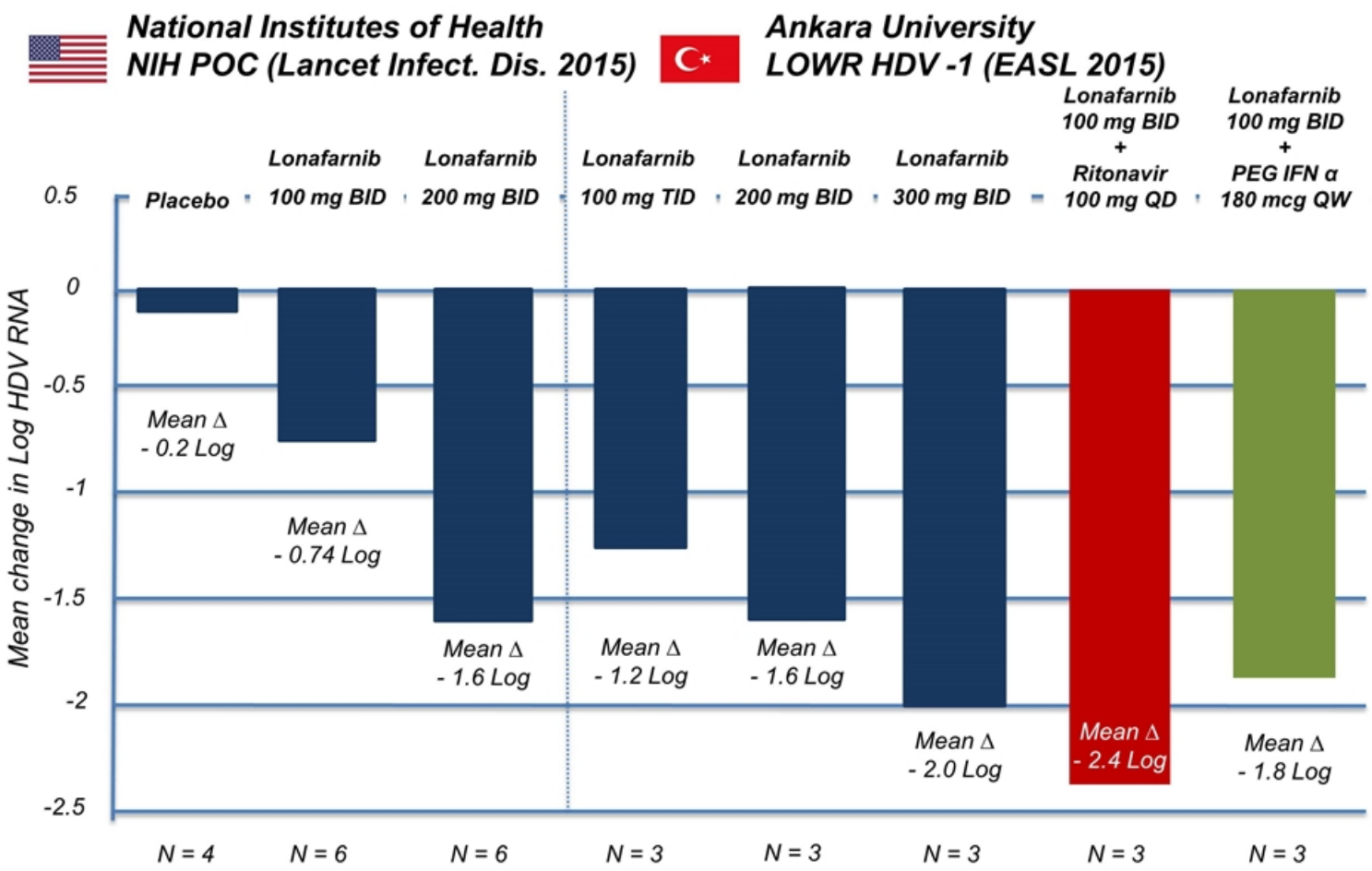
*LOWR HDV = **LO**nafarnib **W**ith **R**itonavir in **HDV***

Week 4 Reduction in HDV RNA with Lonafarnib

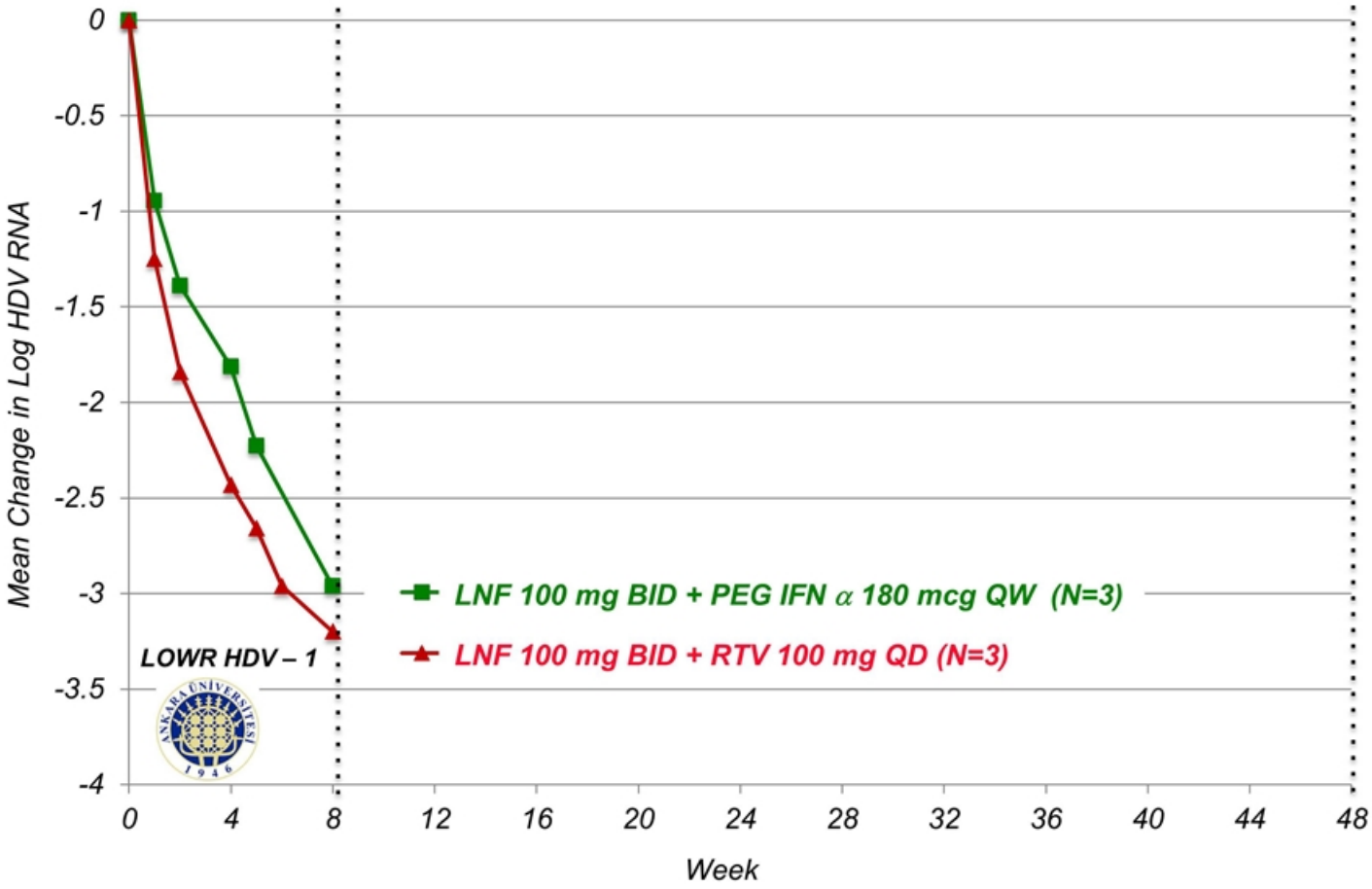
National Institutes of Health
NIH POC (Lancet Infect. Dis. 2015)



Week 4 Reduction in HDV RNA with Lonafarnib

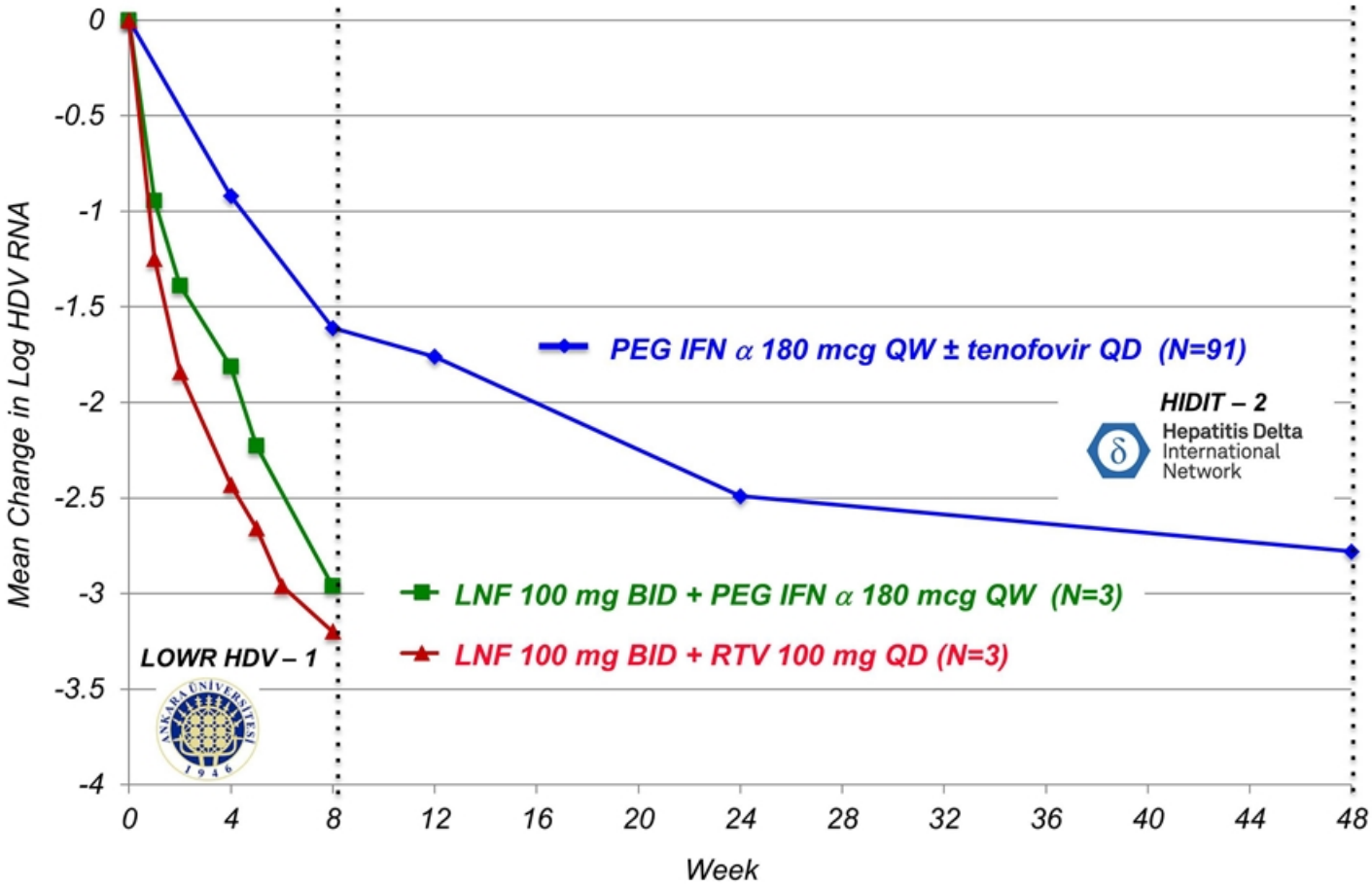


Faster Decline with Lonafarnib Combinations



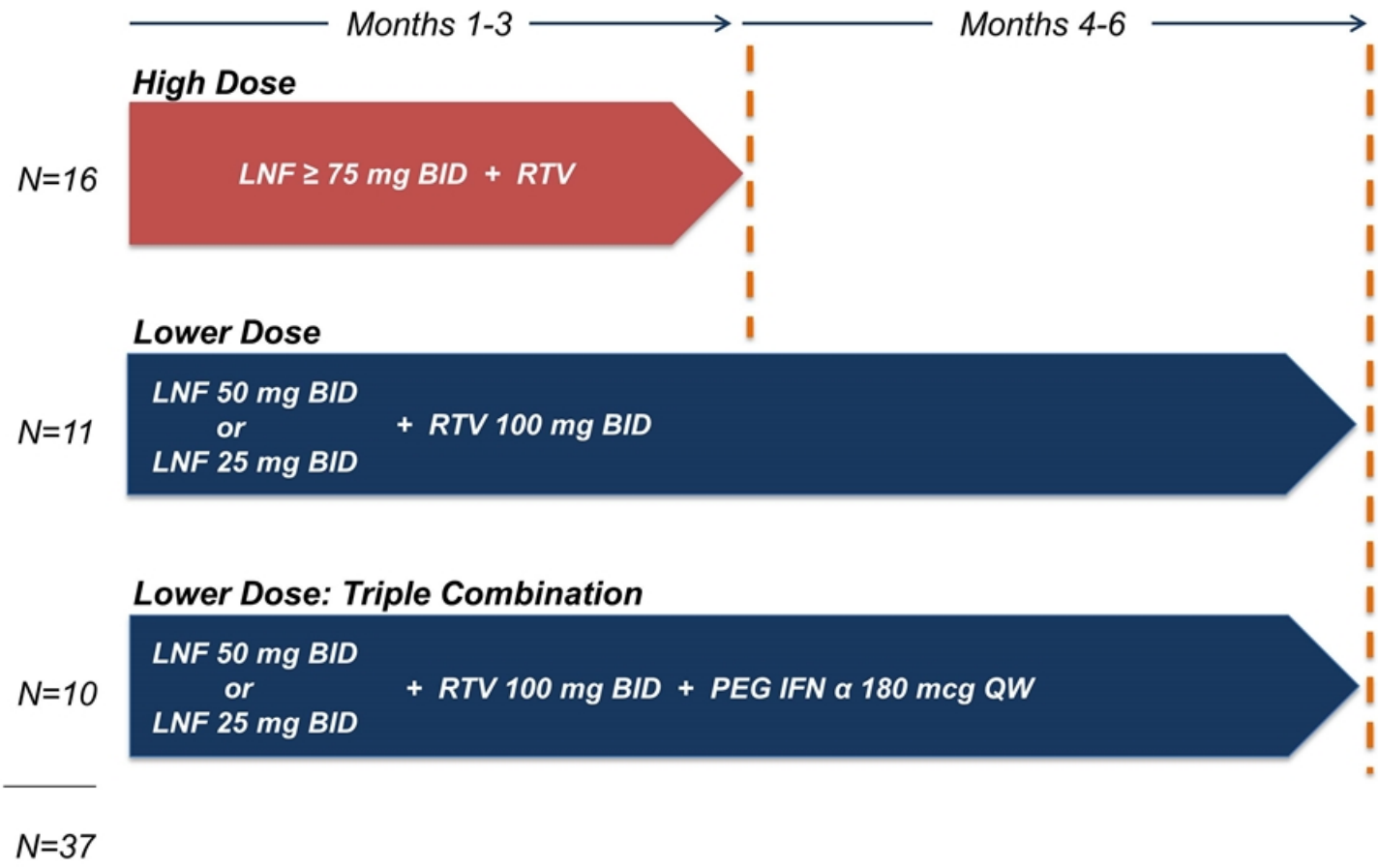
Faster Decline with Lonafarnib Combinations

Larger Declines in HDV RNA at Week 8 versus PEG IFN α at Week 48



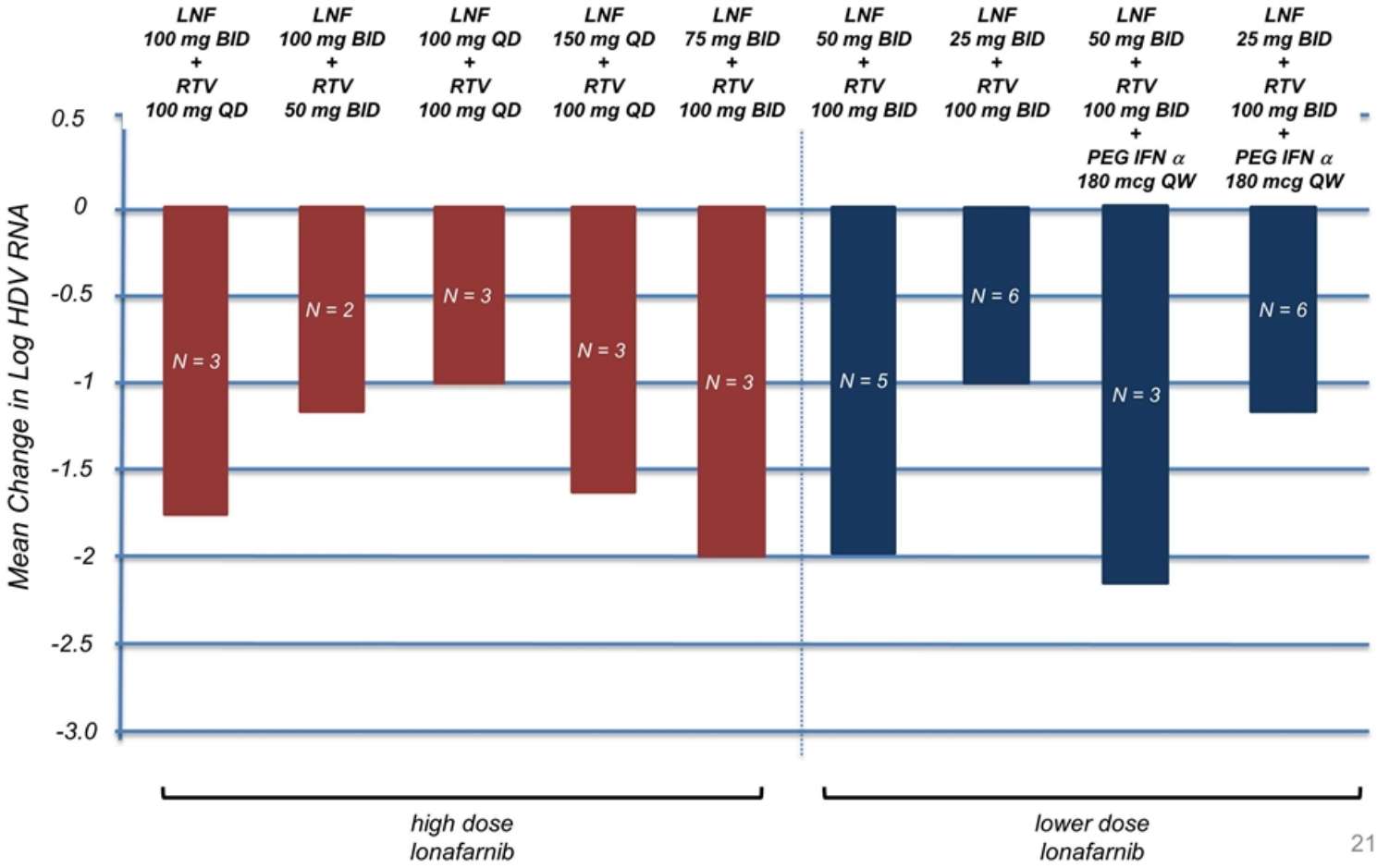
LOWR HDV – 2: "Dose Finding" Study

Tolerability, Longer Dosing, Triple Combination



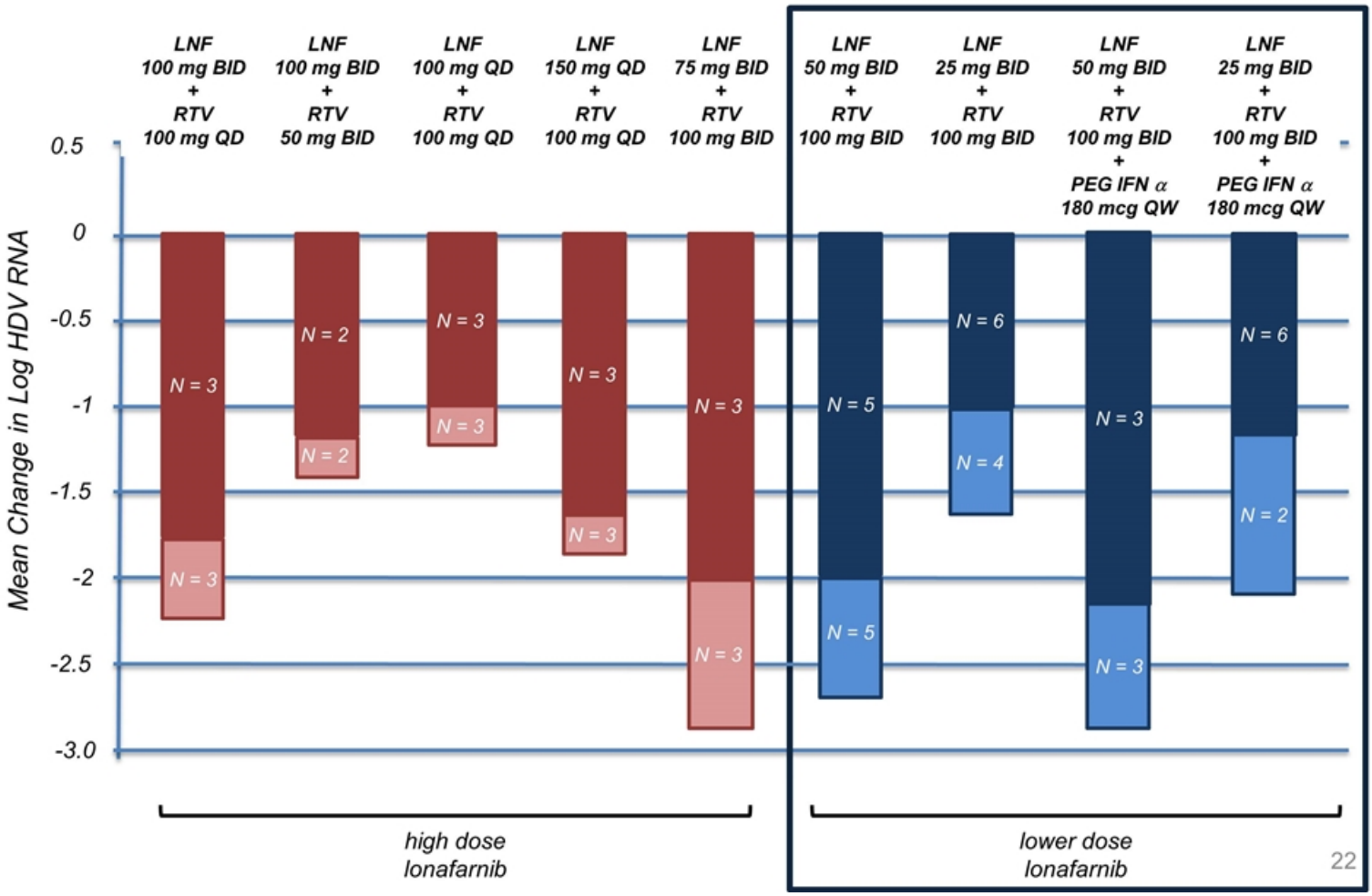
LOWR HDV – 2: Week 4 Reduction in HDV RNA

Comparable Viral Load Decline: High Dose vs Lower Dose



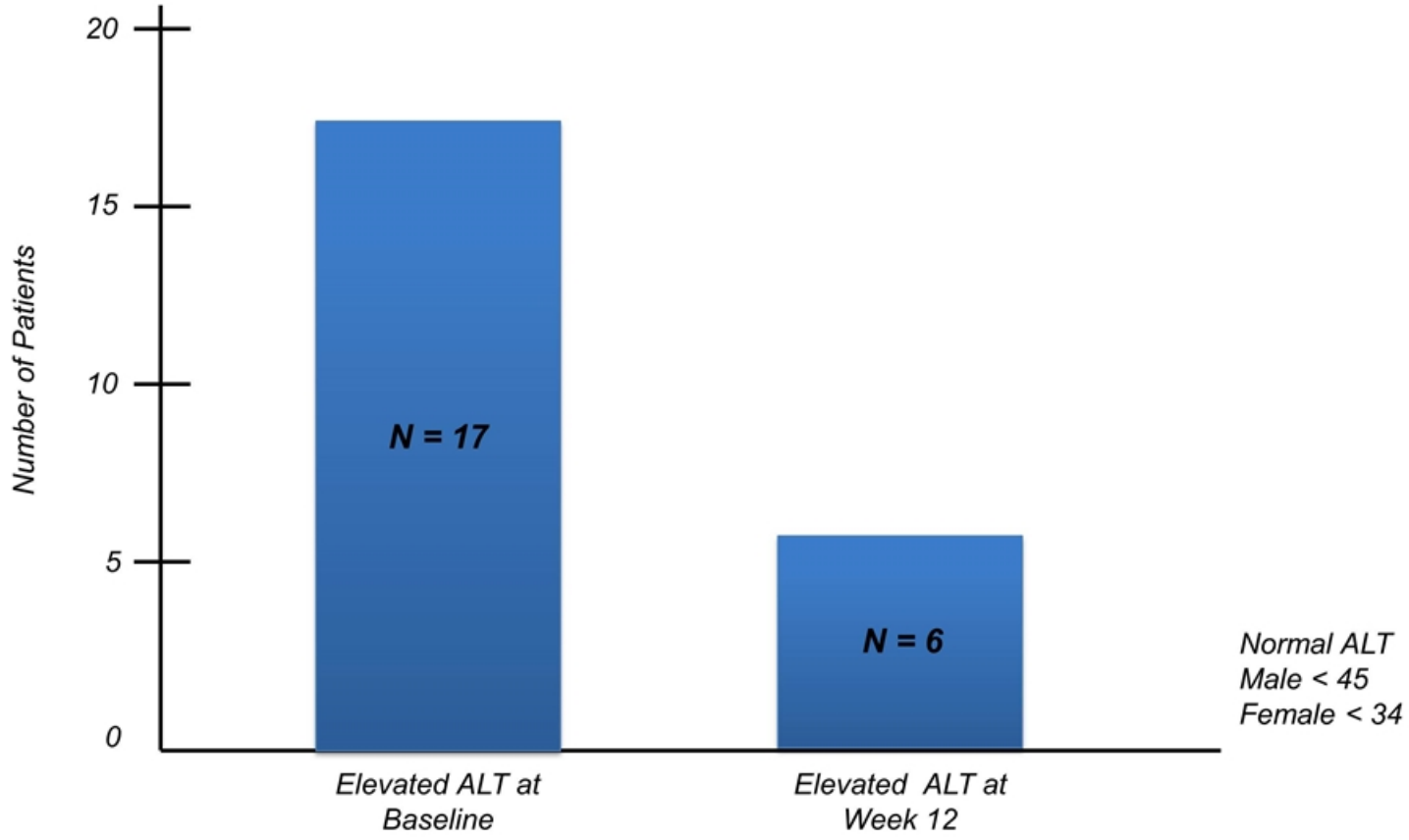
LOWR HDV – 2: Week 8 Reduction in HDV RNA

Comparable Viral Load Decline: High Dose vs Lower Dose



LOWR HDV – 2: ALT Normalization

In 65% of Patients at Week 12*



* 23 of 37 patients have Week 12 data

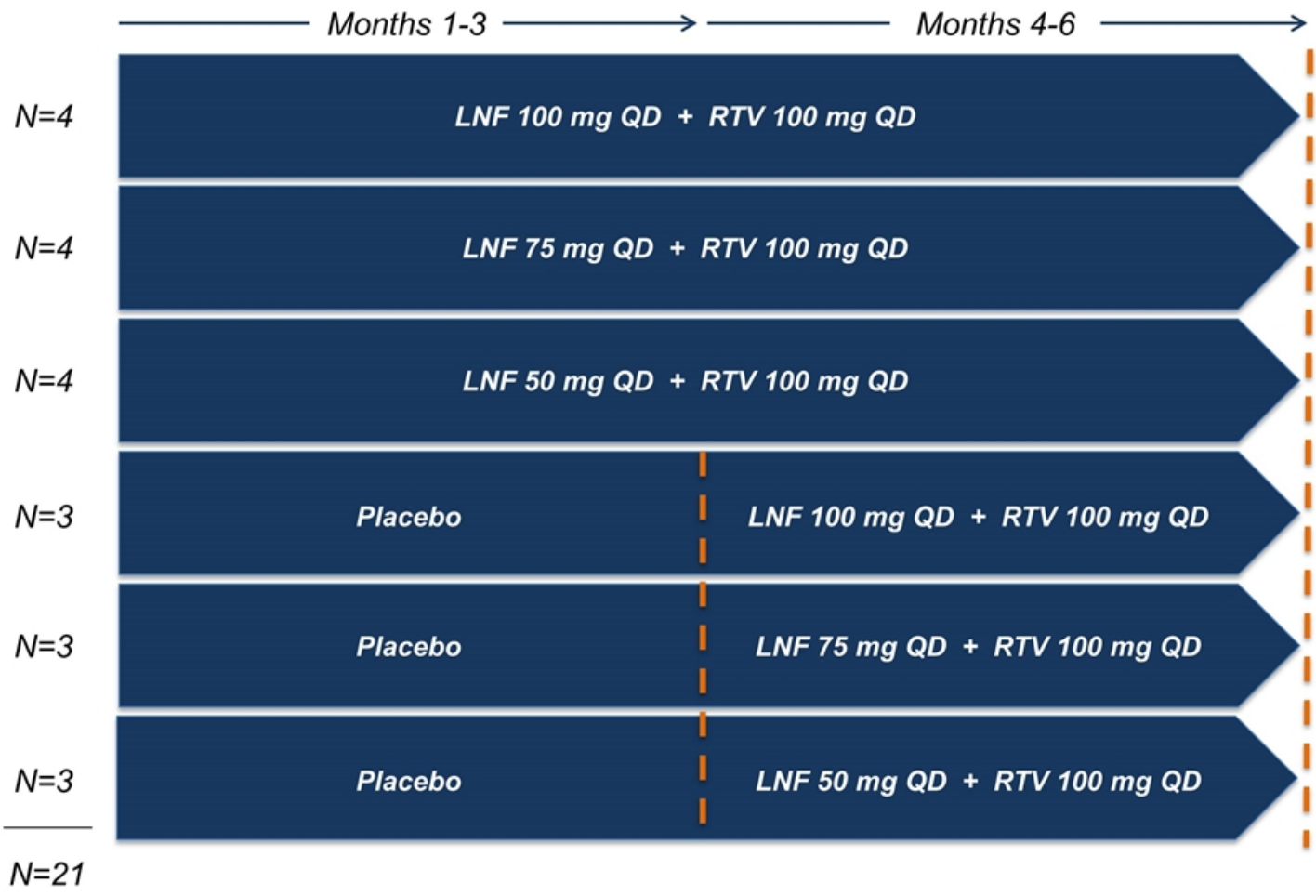
LOWR HDV – 2

Observations & Conclusions

- *Activity demonstrated in all patients with all doses of LNF*
- *Lower doses identified that improve GI tolerability*
- *Longer dosing durations now possible with tolerability*
- *HDV RNA negativity achieved with low dose LNF*
- *ALT normalization in 65% of patients at Week 12*
- *Addition of PEG IFN alfa offers promising treatment options*

LOWR HDV – 3: "Duration" Study

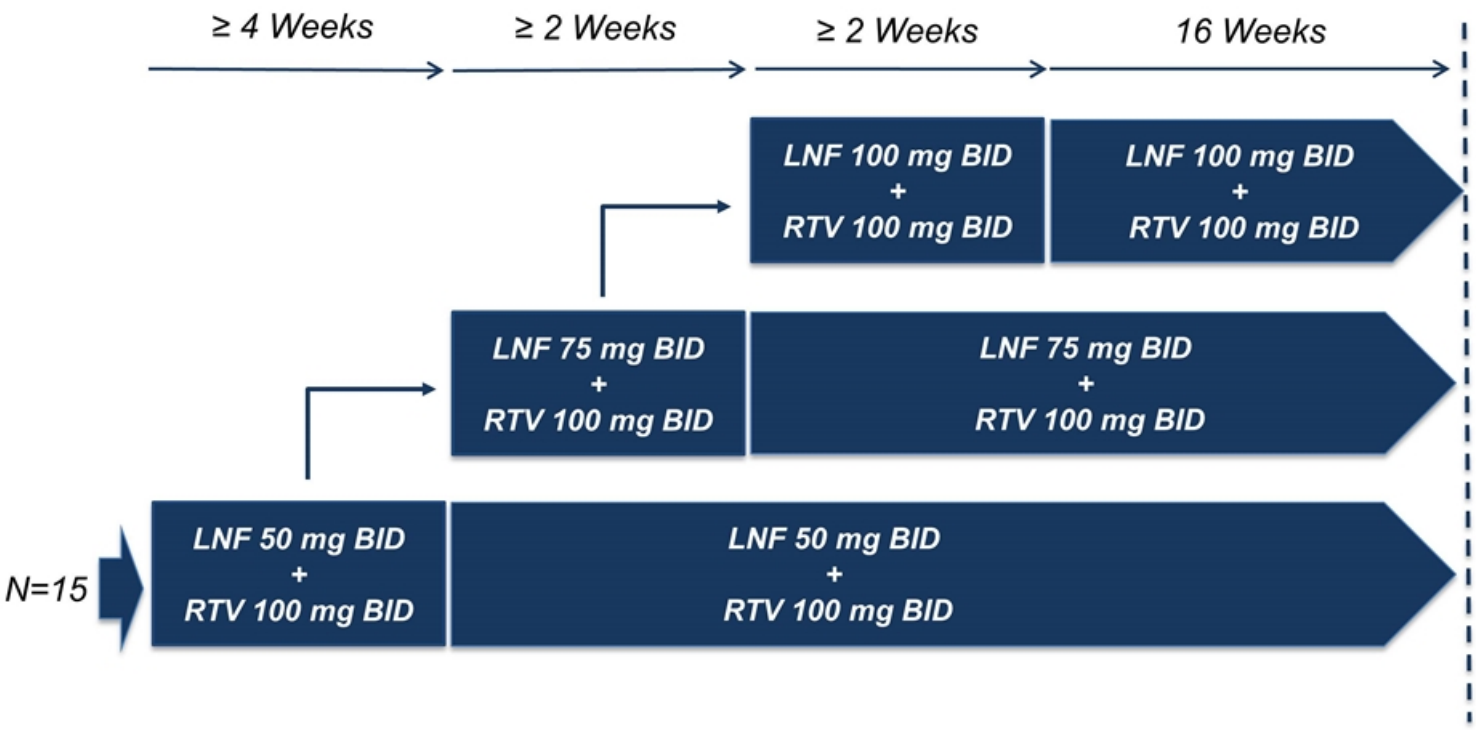
Dosing Completed



MHH
Hannover
Medical
School

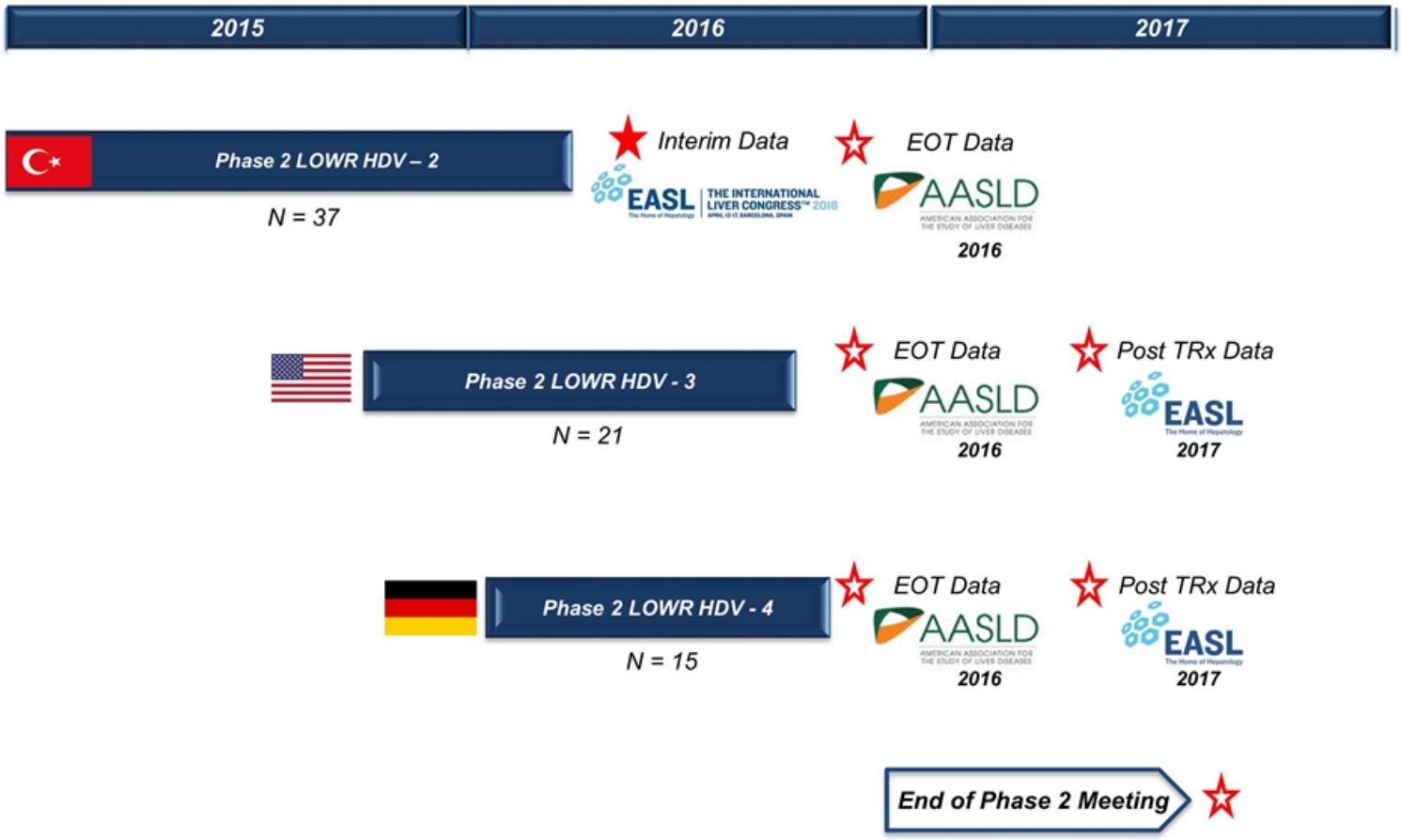
LOWR HDV – 4: "Dose Titration" Study

Enrolled and Dosing



Sarasar® (lonafarnib) in HDV

Targeting End of Phase 2 Meeting in mid-2017



Potential Registration Pathways

Building an HDV Franchise

HDV Registration Options	Clinical Description	Treatment Option All Oral
Cure	*HDV RNA Negativity*	*Lonafarnib* + *Ritonavir*
Chronic Treatment	*HDV RNA Reduction* + *ALT Normalization* + *Histopathology**	*Lonafarnib* + *Ritonavir*

** 2 point improvement in inflammatory score without worsening in fibrosis score*

Building an HDV Franchise

April 20th Eiger Press Release

Eiger BioPharmaceuticals Announces License of Worldwide Rights to Pegylated Interferon Lambda-1a from Bristol-Myers Squibb

Including Rights for All Indications and Associated Patents

PALO ALTO, CALIF, April 20, 2016 /PRNewswire/ -- Eiger BioPharmaceuticals, Inc. (NASDAQ: EIGR) announced today that it has licensed Pegylated Interferon Lambda-1a ("Lambda"), a novel, well-characterized, first in class Type III interferon to be studied as an investigational therapy for hepatitis delta virus (HDV) infection, from Bristol-Myers Squibb. Lambda has been administered in clinical trials involving over 3,000 subjects. It has not been approved for any indication. Eiger plans to evaluate Lambda as a potential monotherapy and combination treatment for chronic HDV infection, the most aggressive and deadly form of human viral hepatitis.

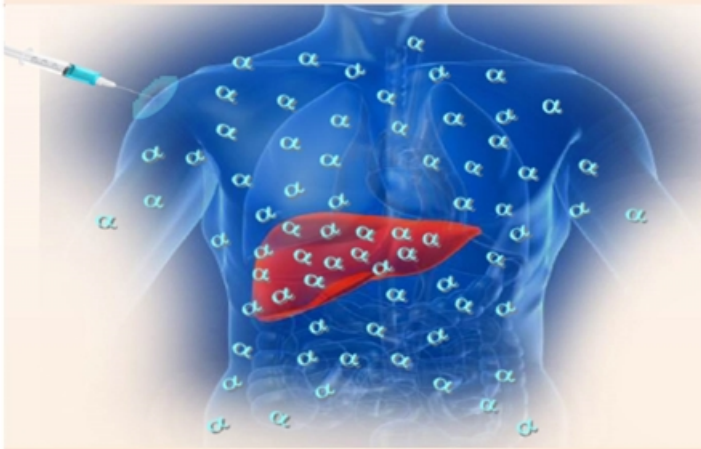
PEG IFN Lambda

A targeted interferon for HDV

- *A novel, first in class Type III interferon*
  - *Native Lambda is generated by human immune system in viral infections*
- *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 18 clinical trials (HCV / HBV)*
- *Antiviral activity with less of the typical IFN alfa related side effects*
- *Anti HDV activity demonstrated in humanized liver mouse model*

Potential Impact of Lambda Receptor Distribution

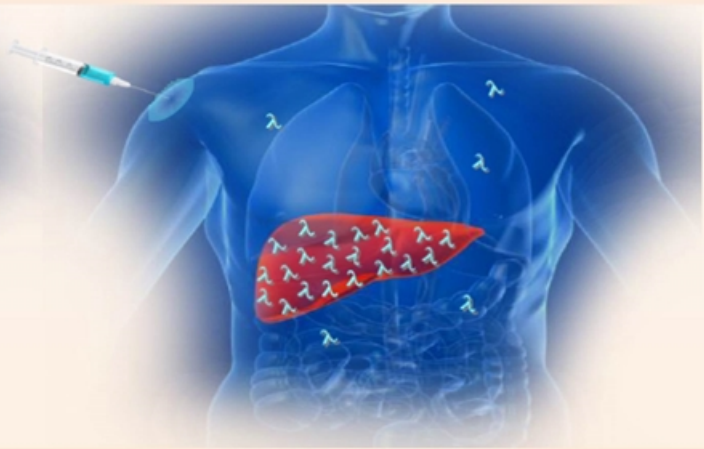
*IFN alfa receptors **widely** distributed throughout body.*



*Potential for **MORE** IFN-associated abnormalities:*

- ↑ *Neutropenia*
- ↑ *Thrombocytopenia*
- ↑ *Flu-like Symptoms*
- ↑ *Musculoskeletal Symptoms*

*Lambda receptors NOT **widely** distributed throughout body.*



*Potential for **LESS** IFN-associated abnormalities:*

- ↓ *Neutropenia*
- ↓ *Thrombocytopenia*
- ↓ *Flu-like Symptoms*
- ↓ *Musculoskeletal Symptoms*

PEG IFN Lambda Safety versus PEG IFN Alfa

Results of Clinical Study in HBV Infected Patients

Type of Event	Event	Lambda 180 mcg (N = 80)	Alfa 180 mcg (N = 83)
		# of patients (%)	
Serious adverse events		7 (8.8)	5 (6.0)
Adverse events leading to discontinuation		6 (7.5)	8 (9.6)
Adverse events (any grade) in >15% in any group	Pyrexia	8 (10.0)	38 (45.8)
	Alopecia	9 (11.3)	25 (30.1)
	Fatigue	26 (32.5)	24 (28.9)
	Headache	11 (13.8)	24 (28.9)
	Neutropenia	0	20 (24.1)
	Myalgia	3 (3.8)	18 (21.7)
	Dizziness	5 (6.3)	13 (15.7)
	Pruritus	7 (8.8)	13 (15.7)
	ALT Increase	15 (18.8)	8 (9.6)
Adverse event categories of special interest	Constitutional	28 (35.0)	26 (31.3)
	Neurological	18 (22.5)	30 (36.1)
	Flu-like	13 (16.3)	45 (54.2)
	Musculoskeletal	5 (6.3)	23 (27.7)
	Psychiatric	11 (13.8)	15 (18.1)

Chan, HLY et al, J Hepatology 2016.

PEG IFN Lambda Safety versus PEG IFN Alfa

Results of Clinical Study in HBV Infected Patients

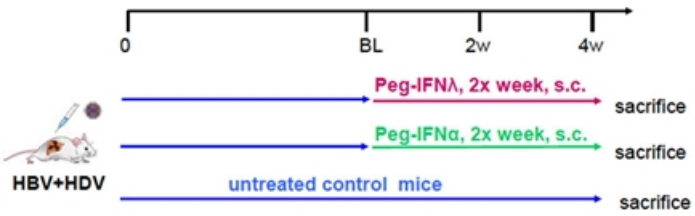
Type of Event	Event	Lambda 180 mcg (N = 80)	Alfa 180 mcg (N = 83)
		# of patients (%)	
Grade 3-4 laboratory abnormalities	ALT increases (>5 x ULN)	33 (41.3)	19 (23.3)
	AST increases (>5 x ULN)	27 (33.8)	15 (18.3)
	Hyperbilirubinemia (>2.5 x ULN)	3 (3.8)	0
	Neutropenia (<750 cells / mm^3)	2 (2.5)	17 (20.7)
	Thrombocytopenia (<50,000 cells / mm^3)	0	1 (1.2)
	Hemoglobin (<9 g/dL or 4.5 g/dL decrease from baseline)	0	0
ALT flares		13 (16.3)	6 (7.2)
Dose reductions		12 (15.0)	23 (27.7)
Dose interruptions		8 (10.0)	4 (4.8)

Chan, HLY et al, J Hepatology 2016.

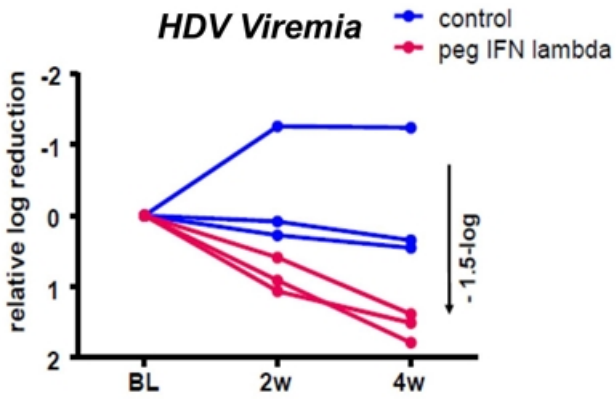
PEG IFN Lambda Suppresses HDV RNA

Strongly Enhanced Innate Immune Response of Human Hepatocytes

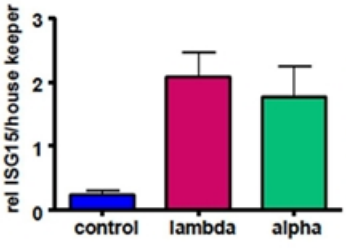
Experimental Design



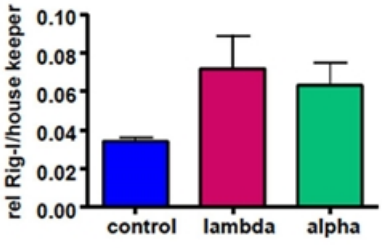
HDV Viremia



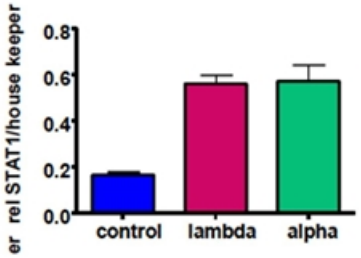
ISG15 = 6.2 Fold



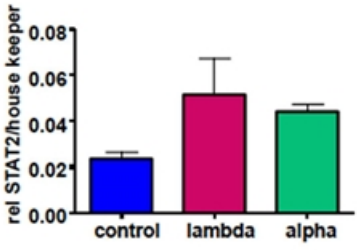
Rig-I = 1.9 Fold



STAT1 = 6.2 Fold



STAT2 = 11.2 Fold

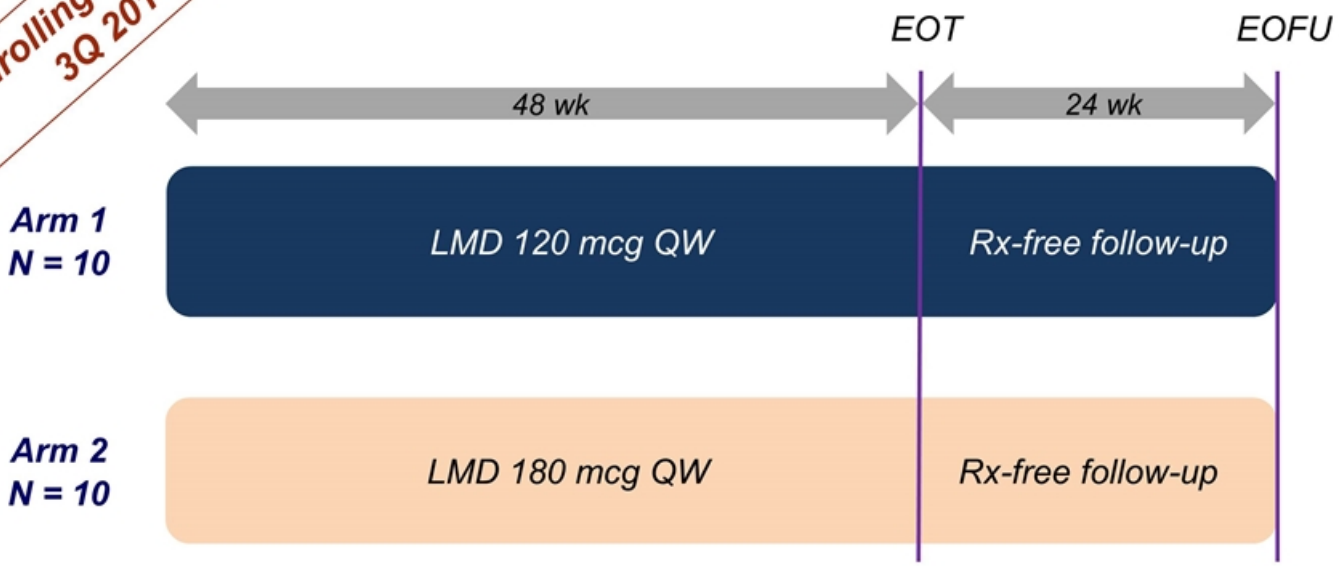


Dandri et al, EASL 2013 Monothematic Conference, Poster

Lambda Monotherapy Study in HDV

LMD 120 mcg QW vs LMD 180 mcg QW

Enrolling Planned 3Q 2016



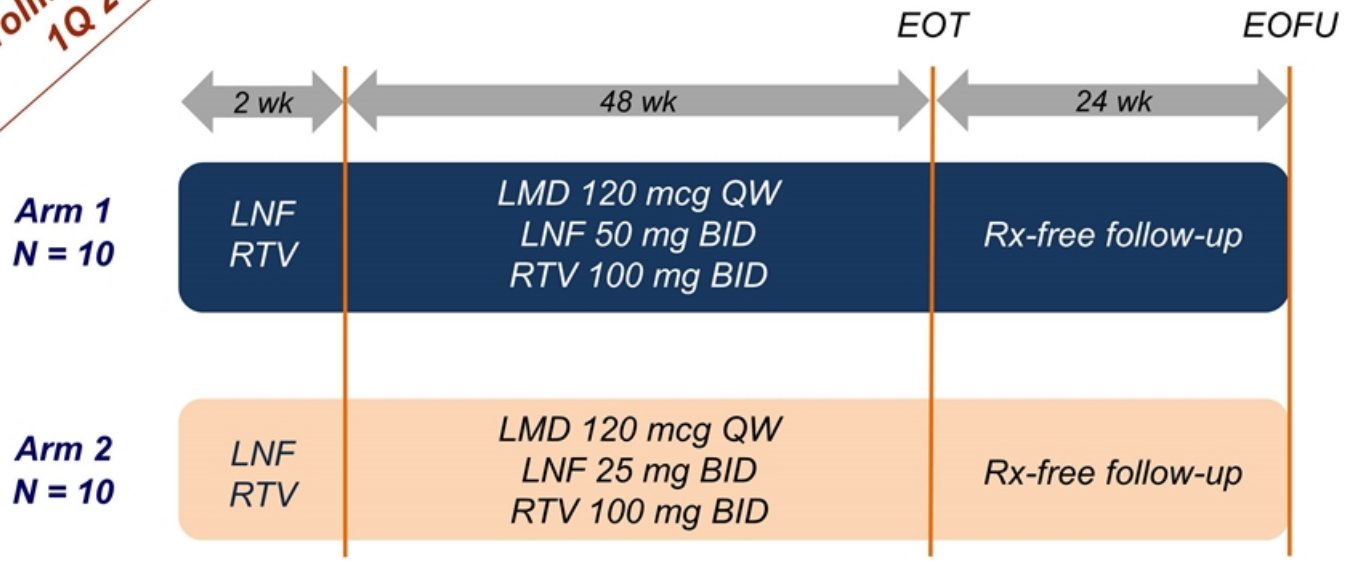
New Zealand: Ed Gane (Auckland)

Pakistan: Saeed Hamid (Karachi)

Lambda Combination Study in HDV

LNF 50 mg BID / RTV 100 mg BID + LMD 120 mcg QW

Enrolling Planned 1Q 2017

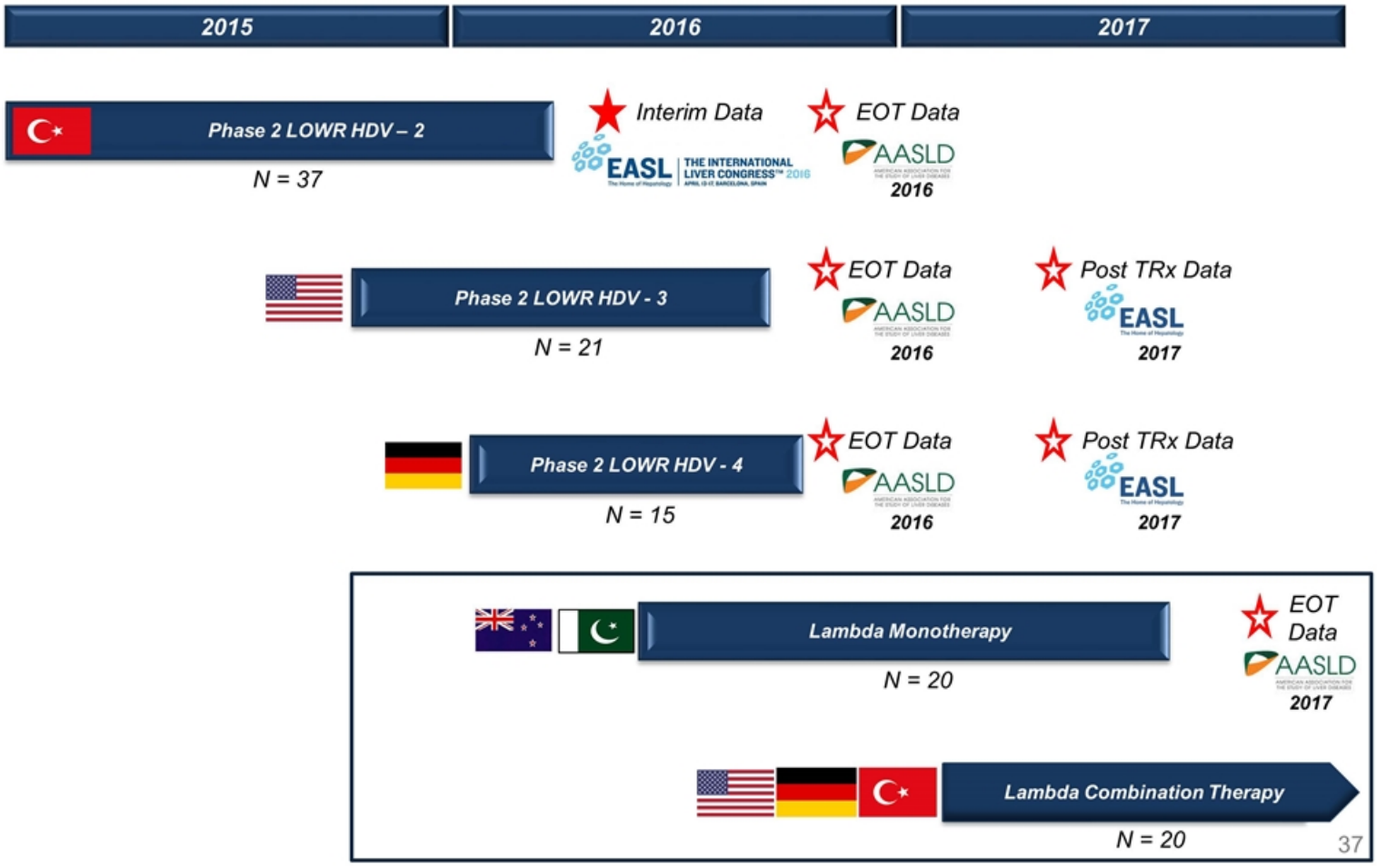


Planned Sites:

US: *Turkey:* *Germany:*

Eiger HDV Program

PEG IFN Lambda Results to Expand Franchise

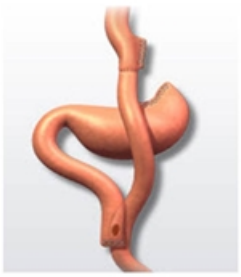


Potential Registration Pathways

Building an HDV Franchise

HDV Registration Options	Clinical Description	Treatment Option All Oral	Treatment Option Sub Q	Treatment Option Triple Combo
Cure	HDV RNA Negativity	Lonafarnib + Ritonavir	Lambda	Lonafarnib + Ritonavir + Lambda
Chronic Treatment	HDV RNA Reduction + ALT Normalization + Histopathology*	Lonafarnib + Ritonavir		

* 2 point improvement in inflammatory score without worsening in fibrosis score



Post-Bariatric Hypoglycemia

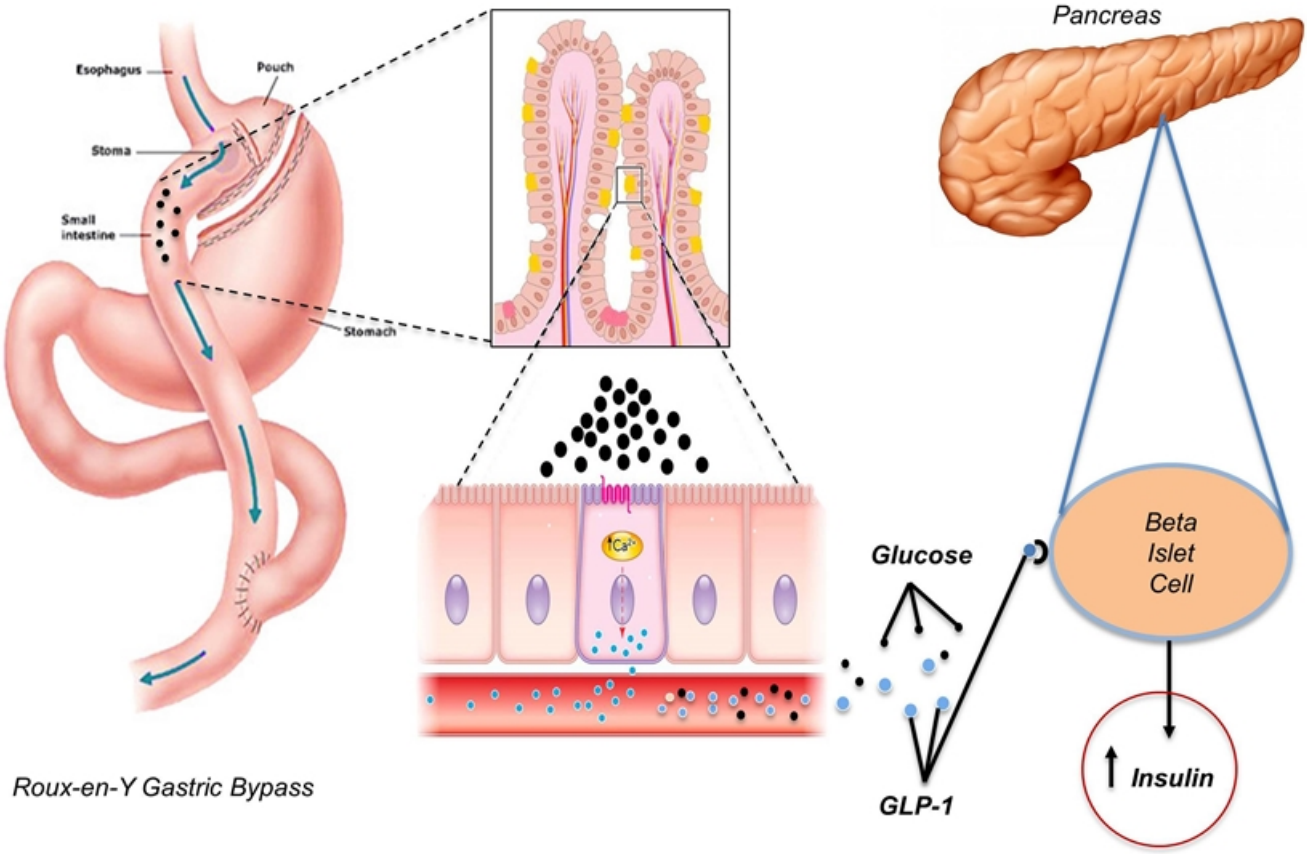
Debilitating Complication of Bariatric Surgery

- *Bariatric Surgery increasing worldwide*
  - *200,000 bariatric surgeries in the US in 2014 and growing**
- *Post prandial hyperinsulinemia and hypoglycemia*
  - *Neuroglycopenia – seizures, loss of consciousness, and even death*
  - *Disability – impaired ability to work, drive, perform daily activities*
- *Impacts 5-10% of Roux-en-Y patients: Orphan Disease*
  - *~ 60,000 Roux-en-Y procedures in the US in 2015*
  - *~ Up to 3,000 new patients presenting annually in US (incidence)*
  - *~ 30,000 current patients in US (prevalence)*
- *No approved therapy; high unmet medical need*

** Angrisani et al., Obes Surg, 2015*

Post-Bariatric Hypoglycemia

Enhanced Secretion of GLP-1 Leads to Elevated Insulin Release

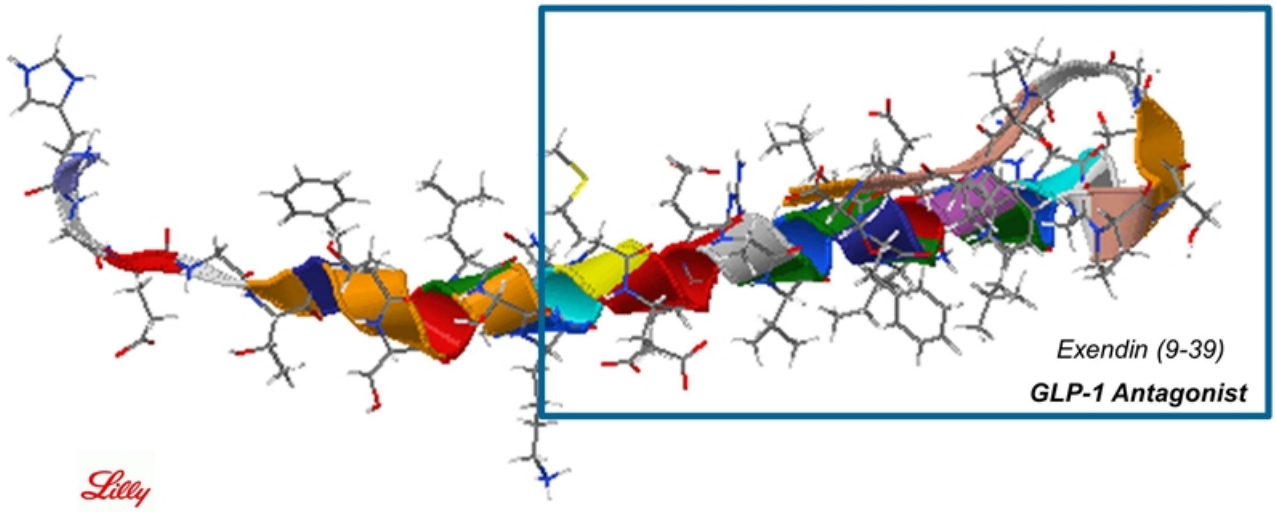


Exendin (9-39)

Well-Characterized; Has Not Been Marketed for Any Indication

Exendin (9-39) is a GLP-1 Antagonist

- *31 AA fragment of exenatide, a GLP-1 agonist*
- *Decreases insulin secretion*



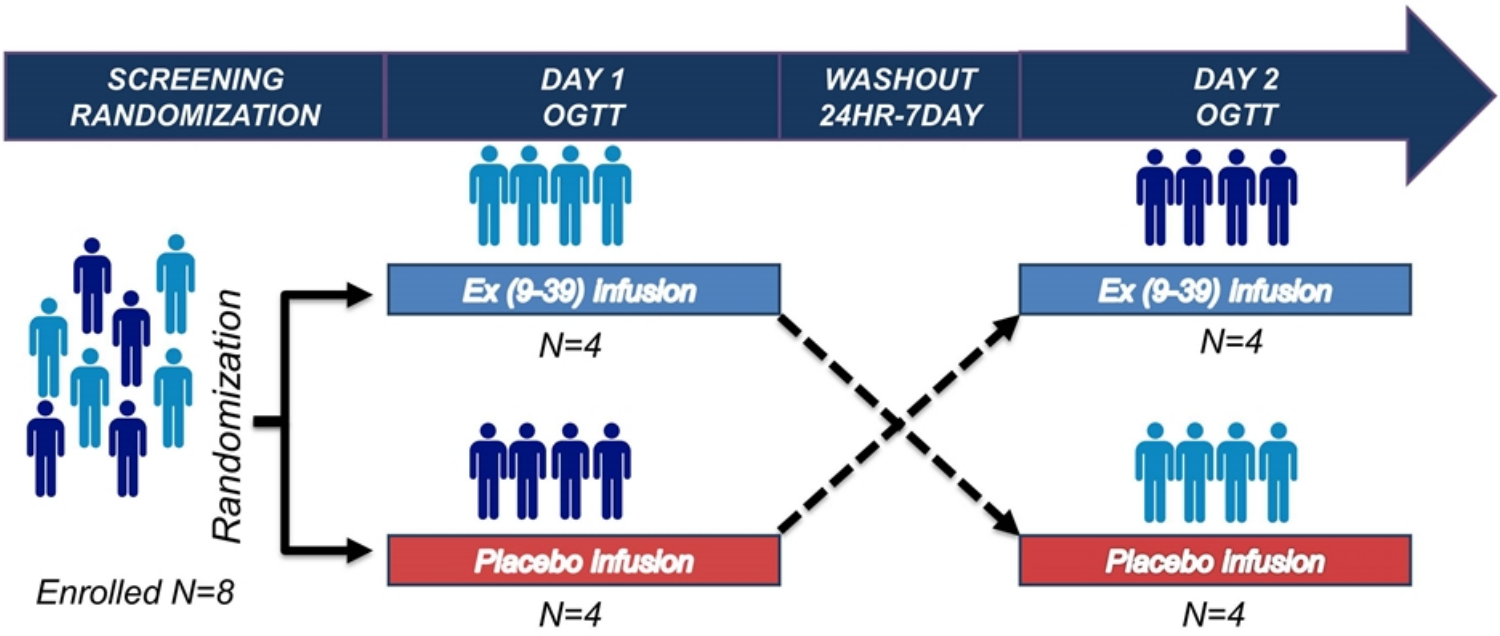
Byetta (exenatide)

Bydureon (exenatide er)

GLP-1 Agonists

IV Exendin (9-39)

Phase 2: IV Infusion Study



Inclusion Criteria:

1) Whipple's triad

- *Hypoglycemic sx post-prandially*
- *Plasma glucose <50 mg/dL*
- *Resolution w/ CHO intake*

2) Documented hyperinsulinemia (>2 uU/mL)

Endpoints:

1°: Hypoglycemia: Plasma glucose <50 mg/dL

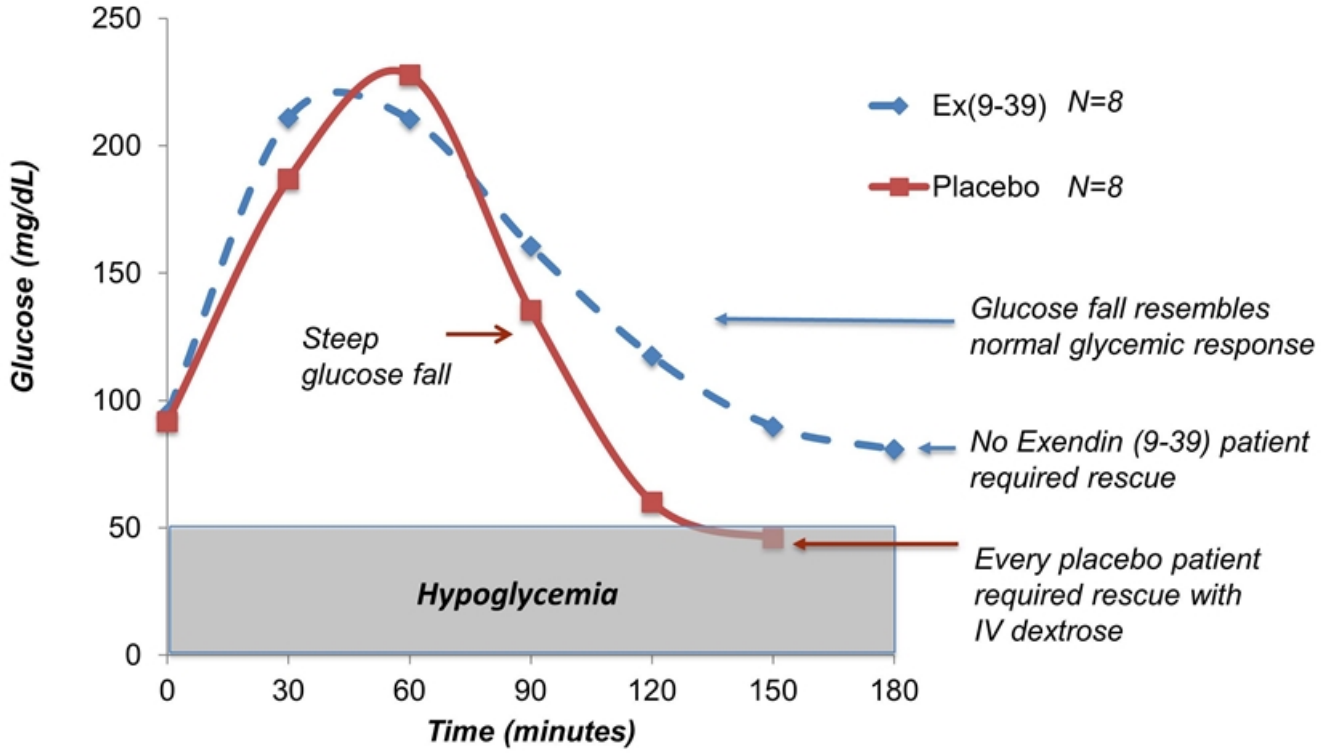
2°: Rate of glucose decline

3°: Composite symptom score

Ancillary measures: Insulin, GLP-1, GIP, glucagon, Ex (9-39)

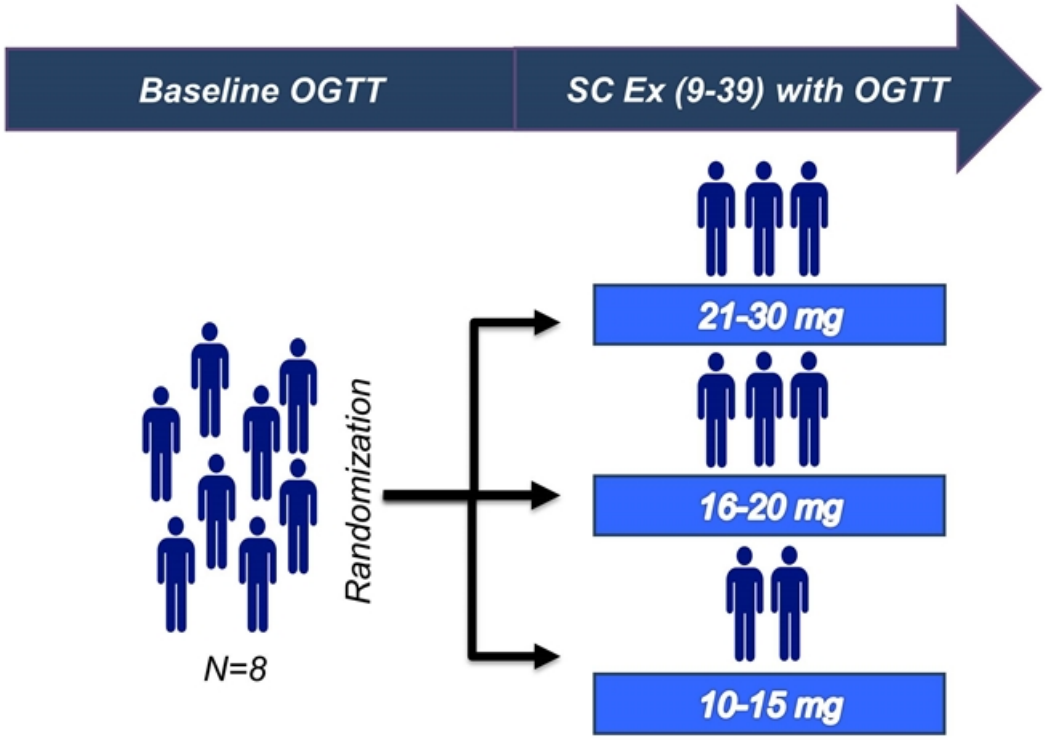
IV Exendin (9-39) Infusion Mean Study Results

Exendin (9-39) Reduces Post Bariatric Hypoglycemia



SC Exendin (9-39)

Phase 2: SC SAD Study



Inclusion Criteria:

1) Whipple's triad

- *Hypoglycemic sx post-prandially*
- *Plasma glucose <50 mg/dL*
- *Resolution w/ CHO intake*

2) Documented hyperinsulinemia (>2 uU/mL)

Endpoints:

1°: Prevention of hypoglycemia <50 mg/dL

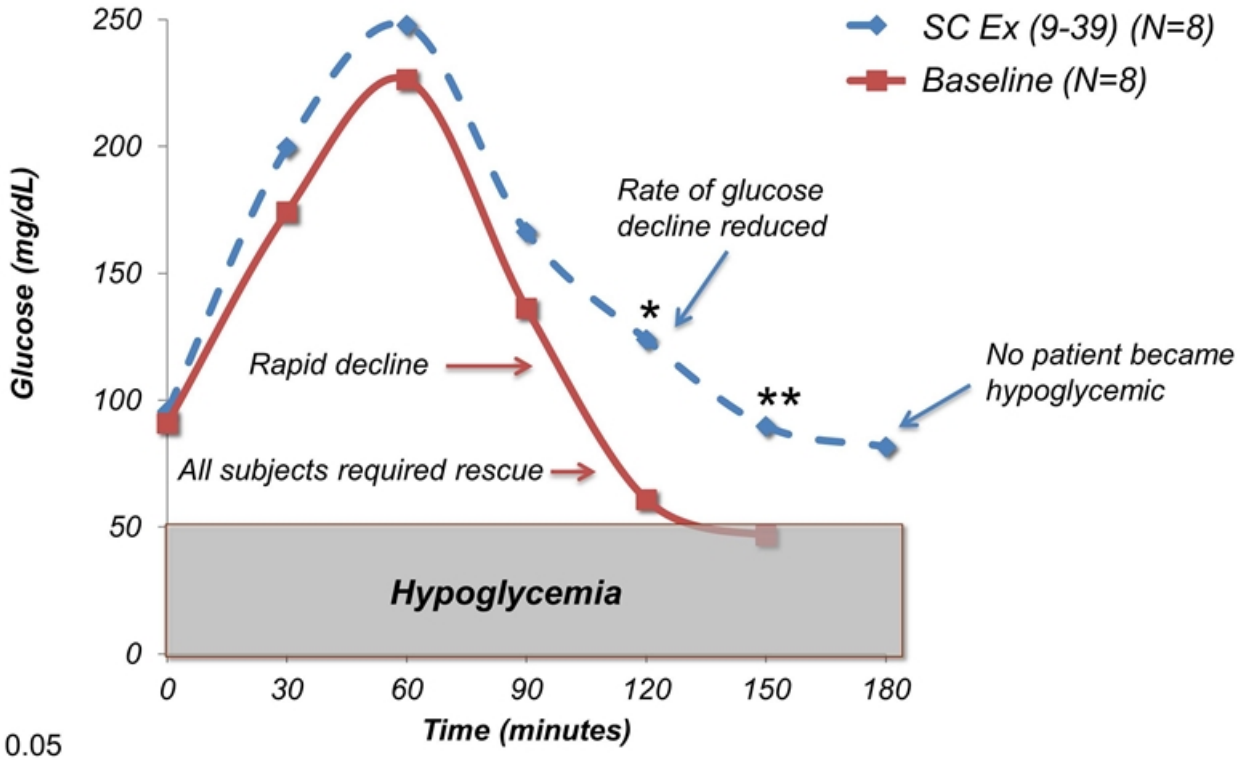
2°: Improvement in hypoglycemia score

3°: PK, Safety, Tolerability

SC Exendin (9-39) Mean SAD Study Results

SC Exendin (9-39) - All Doses Therapeutic

American Diabetes Association June 2016



* $P < 0.05$

** $P < 0.01$

Exendin (9-39)

Development Status

Stanford MEDICINE

2015	2016

IV Infusion Study — N=10

✓ **Manuscript Submitted**

★ IND for **SC** Formulation by Stanford

SC Injection SAD Study — N=8

✓ **Oral Presentation**

△ **American Diabetes Association June 2016**

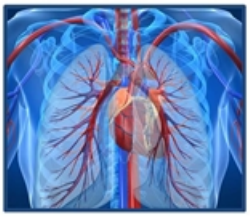
Dosing Now

SC Injection MAD Study — N=16

EIGER BIOPHARMACEUTICALS

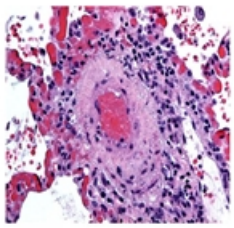
IND Enabling Studies
Pre IND Meeting
Orphan Application

IND ☆



Pulmonary Arterial Hypertension

Targeting Disease Modification



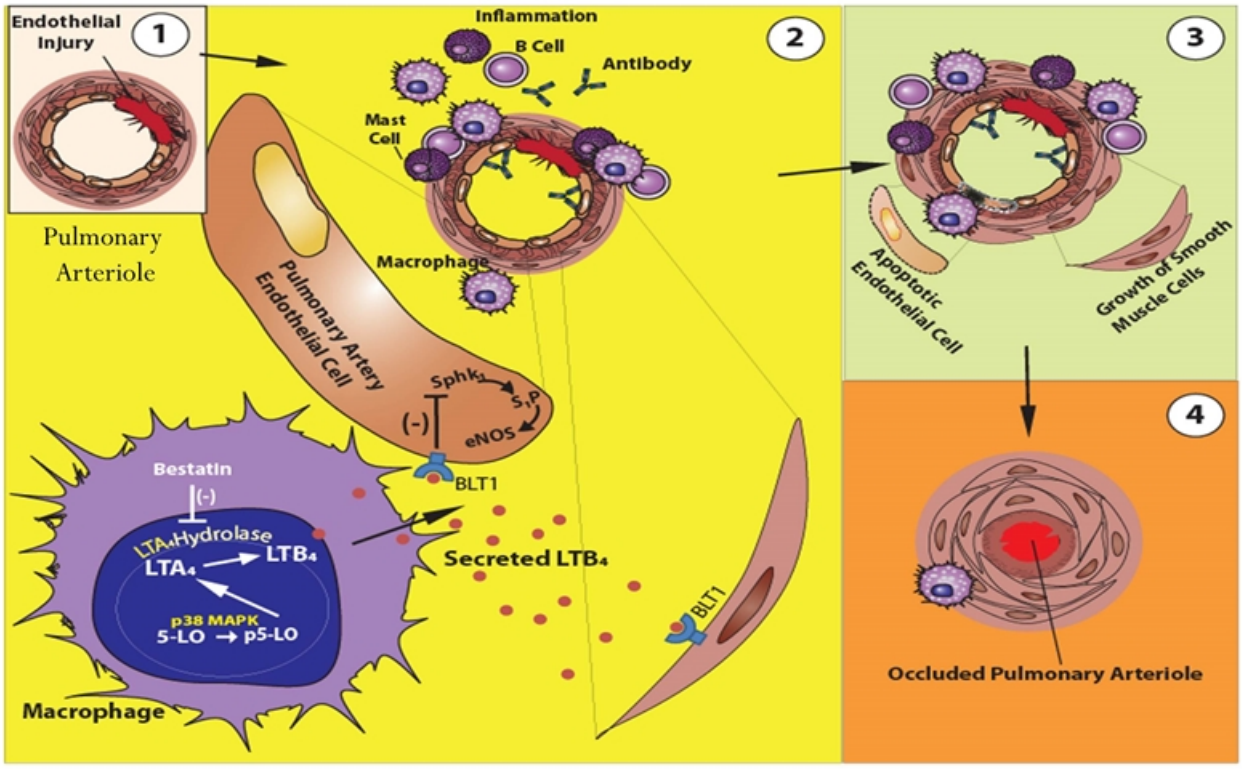
- *PAH is a $4 Billion+ Orphan Disease market*
  - *Approved agents for PAH are all Vasodilators (palliative)*
- *Inflammation now recognized as major component in PAH*
  - *LTB_4 identified as an inflammatory mediator in PAH*
- *LTB_4 is elevated in PAH animals and human PAH disease*
  - *Targeted inhibition of LTB_4 reverses PAH in animal models*
- *Ubenimex is a targeted inhibitor of LTA_4H*
  - *Approved in Japan for a different indication; well characterized*
- *Potential for PAH Disease Modification & Reversal*

PAH and Inflammation

Stanford MEDICINE

LTB4 Induces Pulmonary Endothelial Cell Death

LTB4 Induces Pulmonary Arterial Smooth Muscle Proliferation



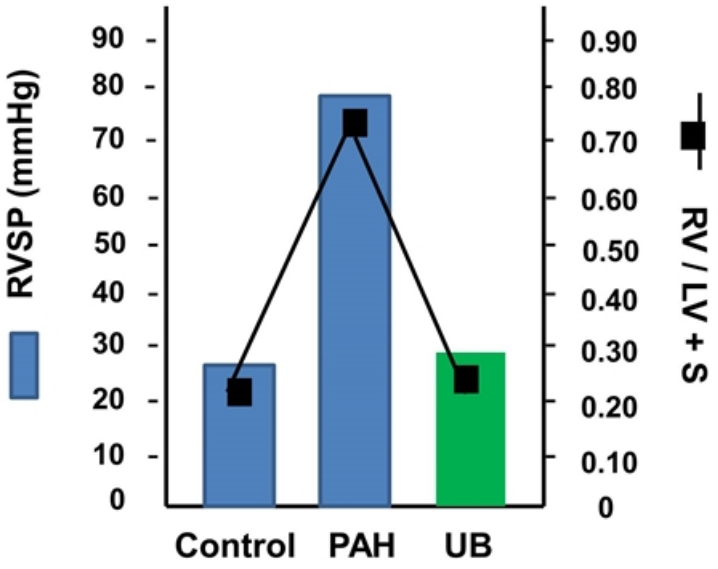
* *Sci Transl Med, 2013: "Blocking Macrophage Leukotriene B4 Prevents Endothelial Injury and Reverses Pulmonary Hypertension"*

Ubenimex Reverses PAH

LTB_4 Inhibition Lowers Pressures and Improves Survival*

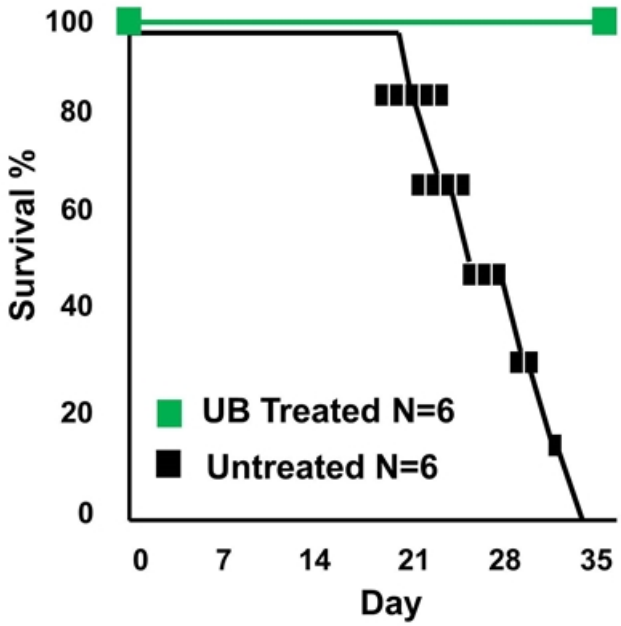
Hemodynamics

Right Ventricle Systolic Pressure (RVSP)
Right Ventricle Hypertrophy (RV / LV + S)



Survival Curves

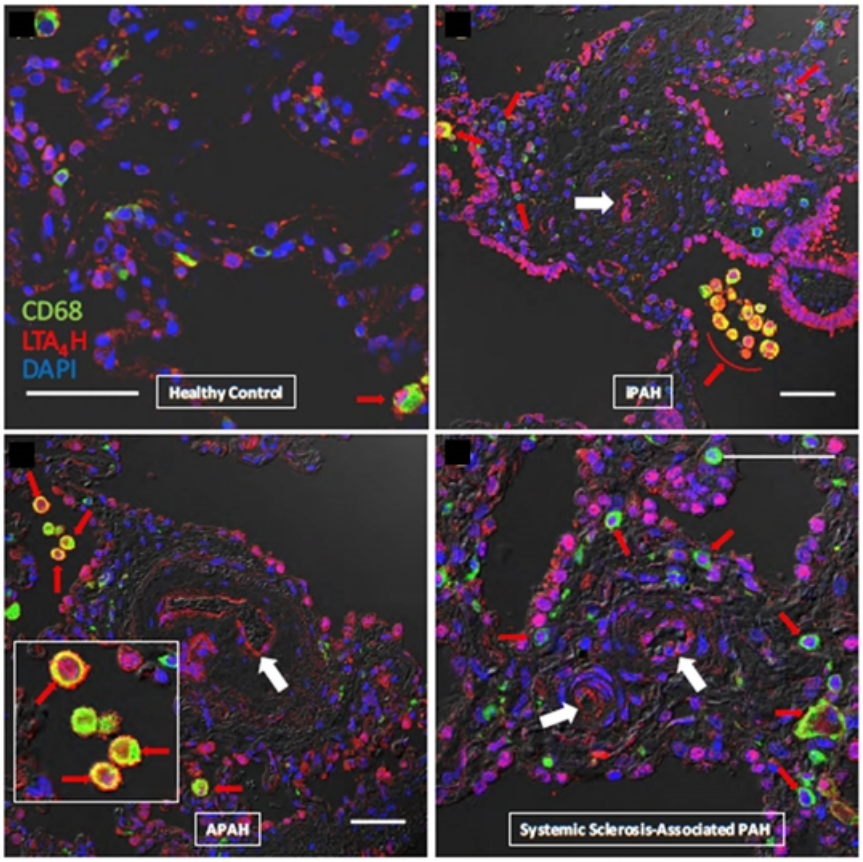
Ubenimex Treated PAH Rats
vs
Untreated PAH Rats



* *> 100 rats treated with ubenimex (different routes, different doses, different models) with similar results*
> 1,000 rats treated in different models with different agents

Human PAH Lung Tissue and Serum

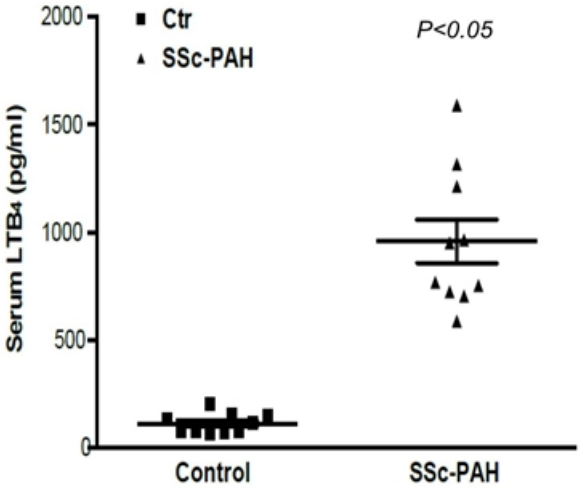
LTA_4H and LTB_4 levels are Elevated in PAH



⇨ *Indicates occluded arteriole*

Human Serum LTB_4

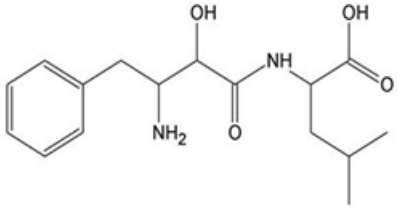
(pg/mL)
*N=10 PAH Patients**



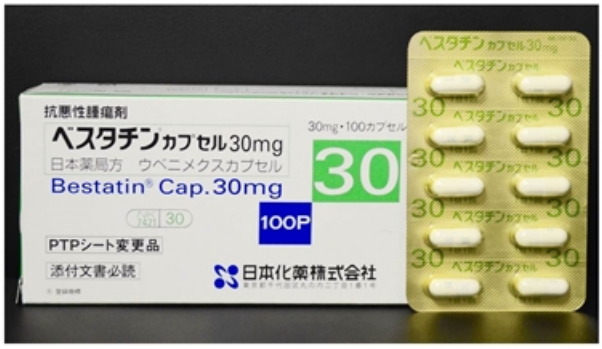
**Tian et al Hypertension 2015*

Bestatin™ (ubenimex)

Partner: Nippon Kayaku, Japan

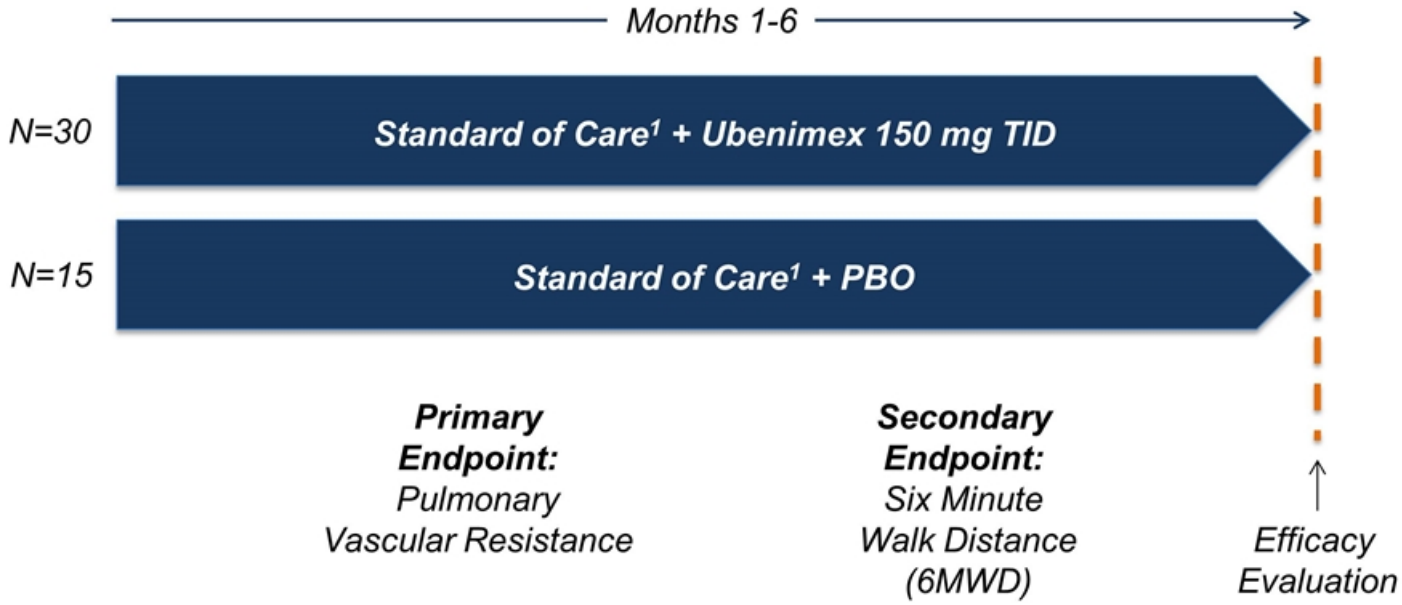


- *Orally active, small molecule, marketed in Japan since 1987*
- *Approved as an adjuvant to chemotherapy for non-lymphocytic leukemia*
- *LTA_4H inhibitor*
- *Marketed in 30 mg QD capsules*
- *Well-characterized, safe and well-tolerated*
- *Never introduced in the US or EU – NCE*
- *PAH IND Approved: US Sites Ramping*
- *Granted: Orphan Designation in PAH in US and EU*
- *US Patent Allowance for Claims in PAH*



LIBERTY: Phase 2 Study

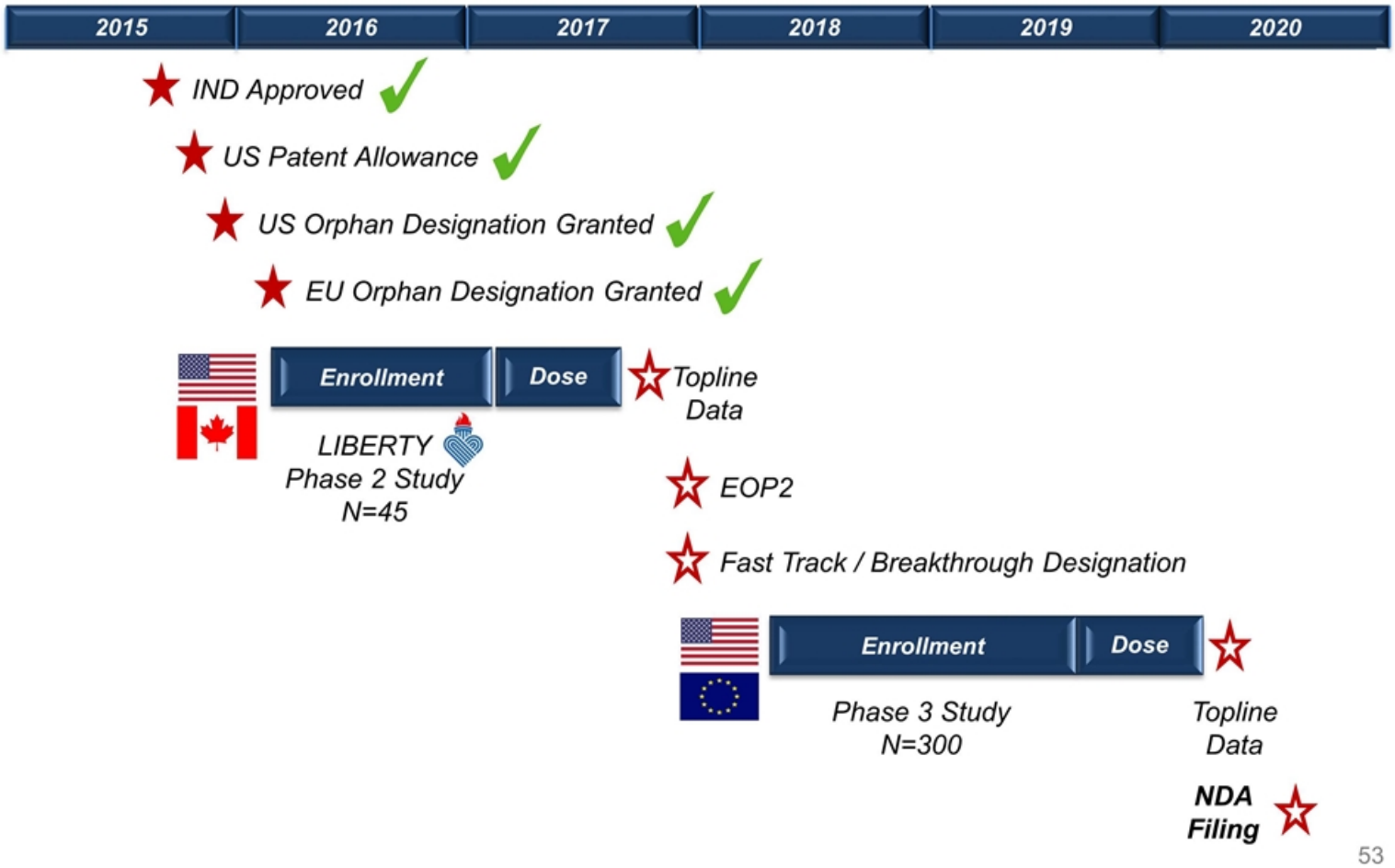
*A Randomized, Double-BLInd, Placebo-Controlled Study of UBEnimex in Patients with Pulmonary ARTerial Hypertension**

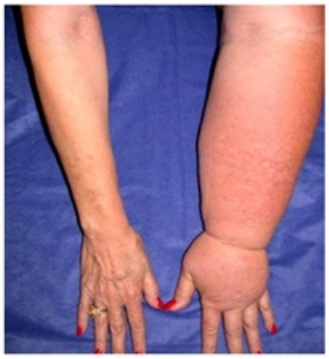


[1] On at least one of PDE5 inhibitor/sGC inhibitor and/or endothelin receptor antagonist and/or prostacyclin
* Enrolling Functional Class 2 and 3

Ubenimex in PAH Timeline

Estimated

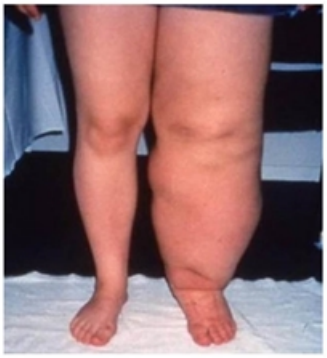




Lymphedema

A Disabling Disorder with Significant Impact on Quality of Life

No Approved Rx Therapy

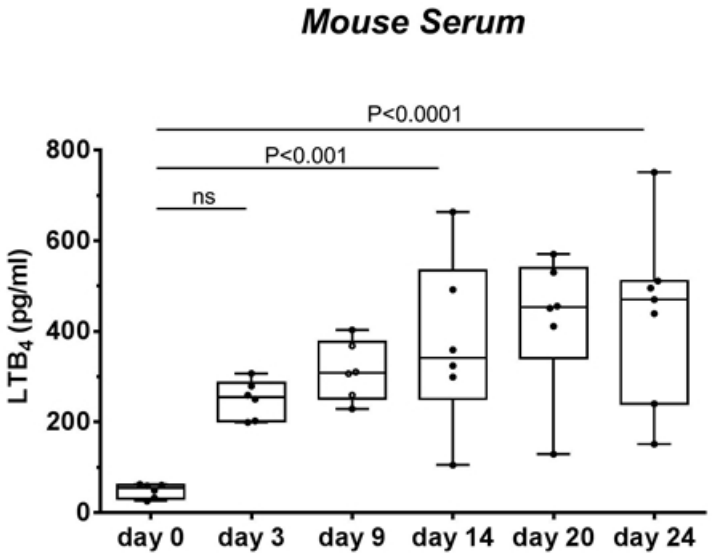


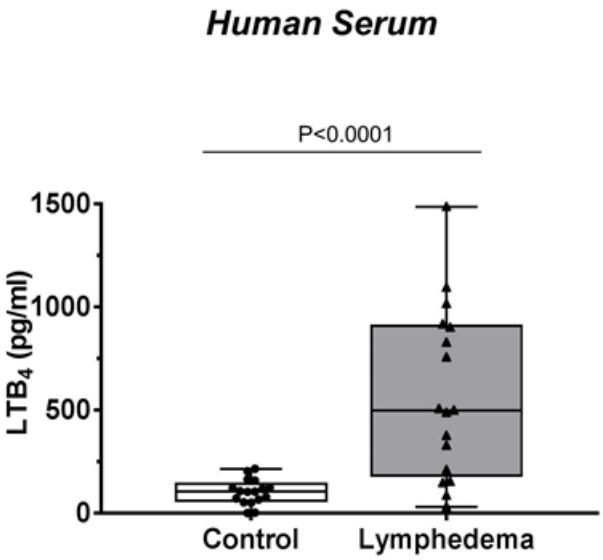
- *Lymphedema is a state of vascular insufficiency*
  - *Decreased clearance of interstitial fluid through lymphatics*
  - *Debilitating architectural alterations in skin & supporting tissues*
- *Primary Lymphedema – hereditary (Orphan)*
- *Secondary Lymphedema – due to a causative event*
- *Elevated LTB_4 in animal models and human lymphedema*
  - *Targeted blockade of LTB_4 improves preclinical lymphedema*
- *Potential for Disease Modification & Reversal*

** Rockson et al Provisional Patent Filing: LTB_4 inhibition to prevent and treat lymphedema; 2015*

LTB_4 is Elevated in Lymphedema

Murine Model and Human Lymphedema



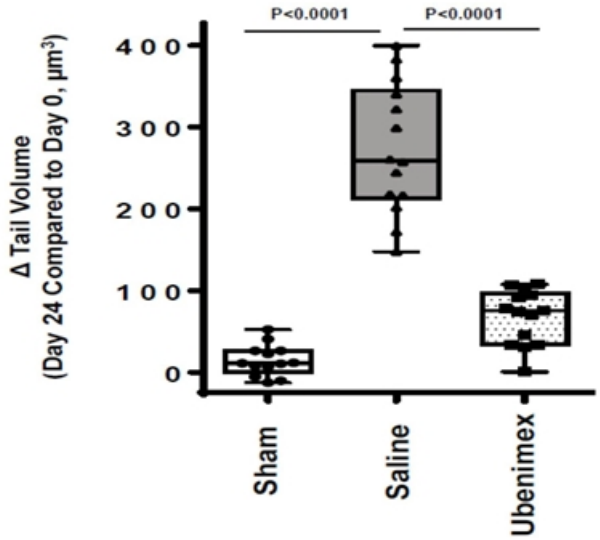


** Rockson et al Provisional Patent Filing: LTB_4 inhibition to prevent and treat lymphedema; 2015*

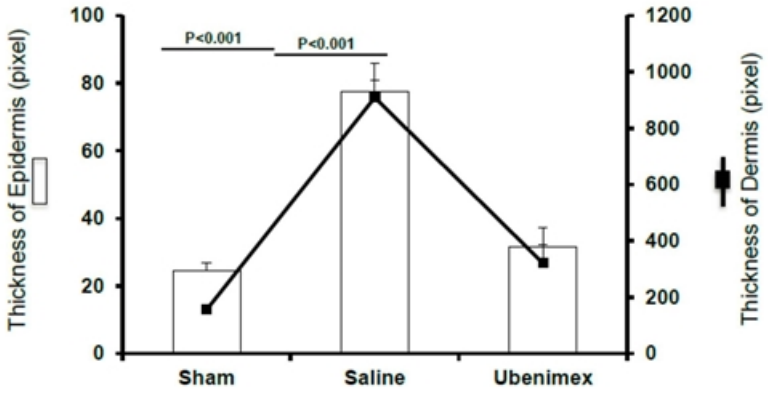
Ubenimex Reverses Lymphedema

Murine Model of Lymphedema

Ubenimex reduced tail volume



Ubenimex reduced epidermis and dermis thickness

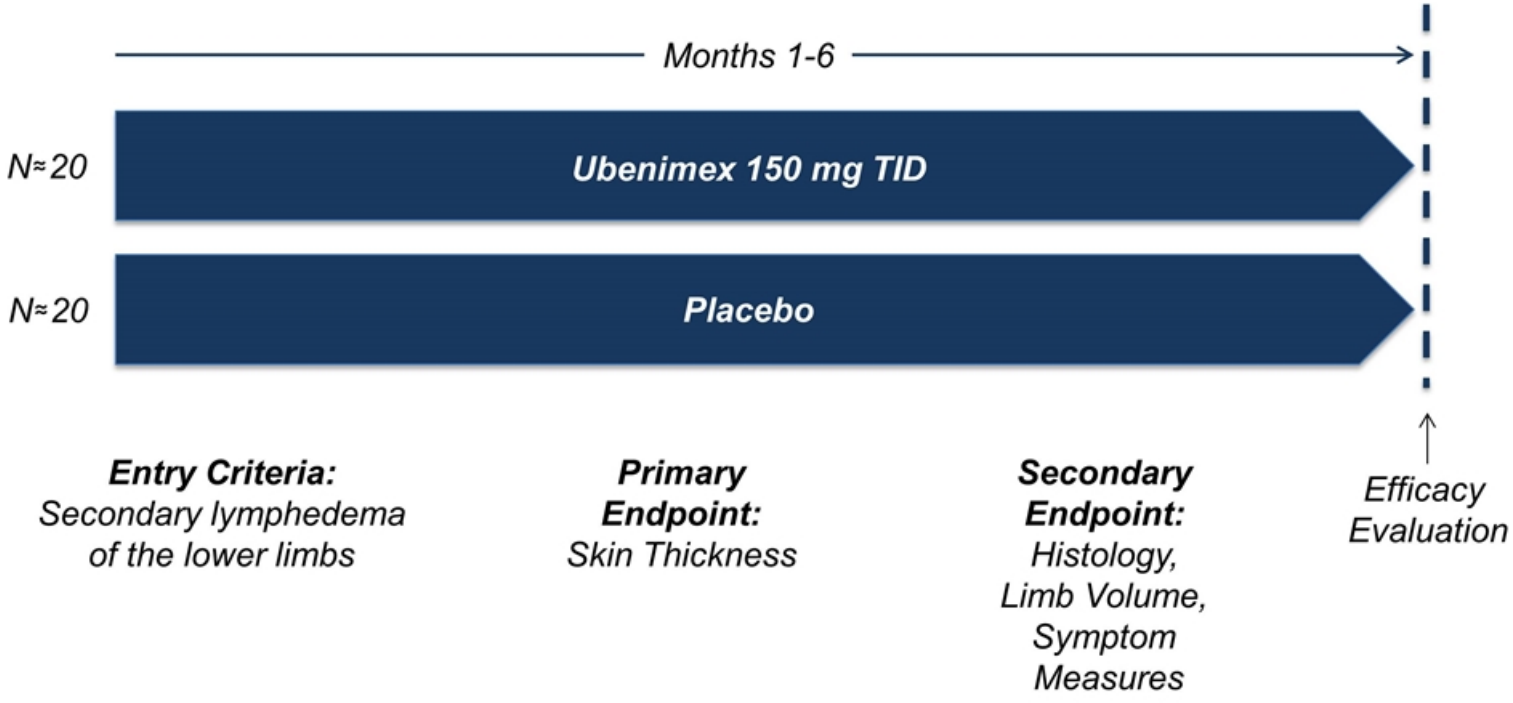


** Rockson et al Provisional Patent Filing: LTB_4 inhibition to prevent and treat lymphedema; 2015*

ULTRA : Phase 2 Study

Ubenimex Lymphedema Trial Restoring Activity

A Randomized, Placebo-Controlled Trial to Evaluate Efficacy, Safety, and Tolerability of Ubenimex in Patients with Lymphedema



Entry Criteria:
Secondary lymphedema of the lower limbs

Primary Endpoint:
Skin Thickness

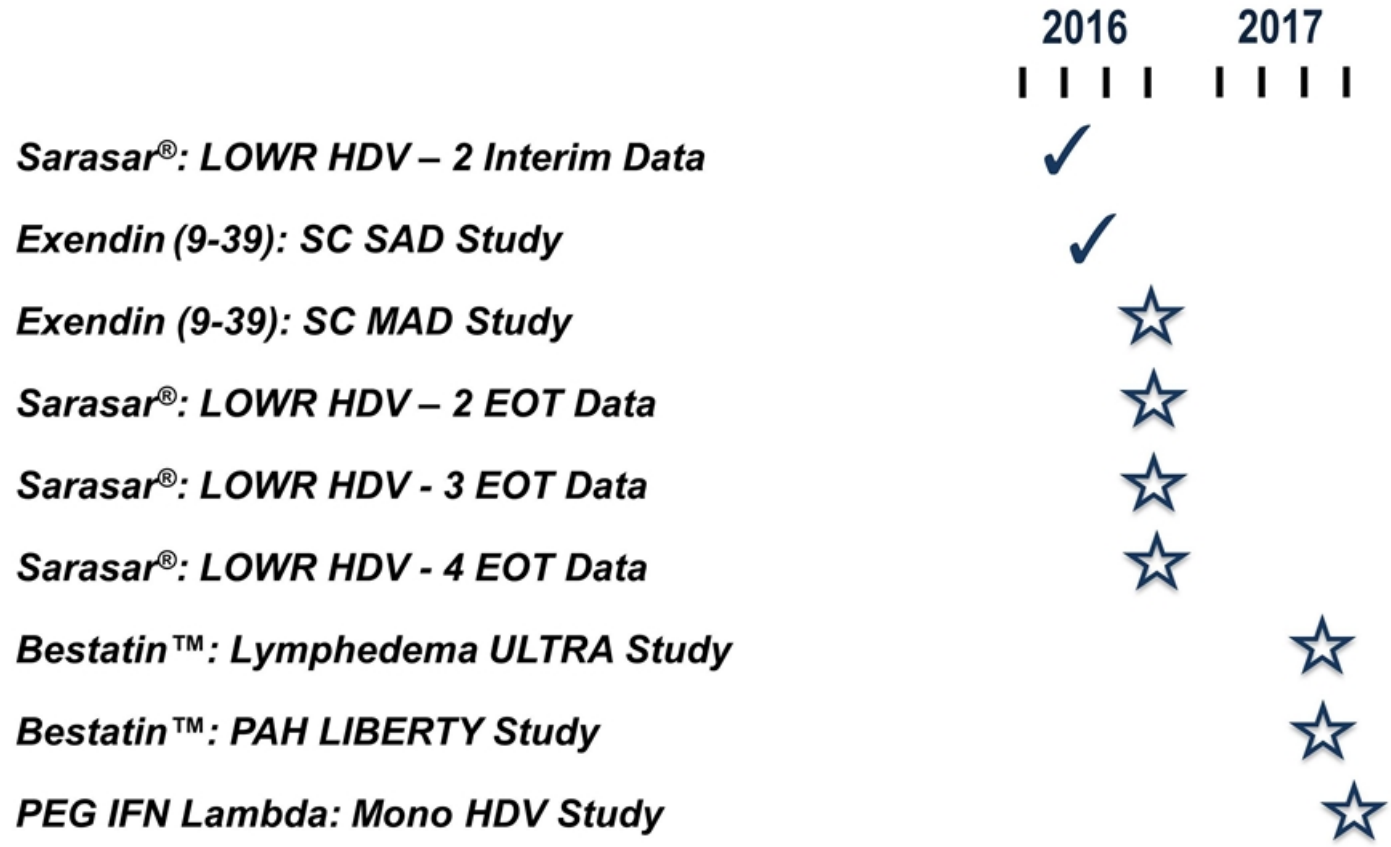
Secondary Endpoint:
Histology, Limb Volume, Symptom Measures

Ubenimex in Lymphedema Timeline

Estimated

Clinical Data News Flow

Phase 2 Results Across All Programs



Experienced Management

David Cory, RPh, MBA
President and CEO

Jim Welch, MBA
Chief Financial Officer

Joanne Quan, MD
Chief Medical Officer

Eduardo Martins, MD, PhD
Senior Vice President, Liver & Infectious Diseases

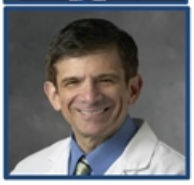
Jim Shaffer, MBA
Chief Business Officer

Shelly Xiong, PhD, RAC
Vice President, Regulatory Affairs

Debra Odink, PhD
Senior Vice President, Manufacturing

Inventors & Advisors

Stanford MEDICINE

	Indication	Faculty / Inventors / Advisors	
	Hepatitis Delta	Jeffrey Glenn, MD, PhD	
	Post-Bariatric Hypoglycemia	Tracey McLaughlin, MD, MPH	
	Pulmonary Arterial Hypertension	Mark Nicolls, MD	
	Lymphedema	Stanley Rockson, MD	

Financial Snapshot

Balance Sheet (as of June 30, 2016)	$ Millions
Cash and Cash Equivalents	$45.4
Debt	$0.0

Capitalization (as of August 4, 2016)	Shares in Millions
Common Shares Outstanding	7.105
Fully Diluted Shares Outstanding[1]	7.250

- *Reverse merger into Celladon on March 22, 2016*
- *License Agreement with Bristol-Myers Squibb on April 20, 2016*
  - *In-licensed PEG-interferon Lambda-1a for Hepatitis Delta Virus*
  - *Eiger made upfront payment of $2 million in cash and $3 million in stock*

[1]Fully diluted share count assumes treasury stock method, outstanding options and warrants as of June 30, 2016, and share price as of August 12, 2016.

EIGER BIOPHARMACEUTICALS

An Orphan Disease Company by Design