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): May 23, 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 furnishing 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: May 23, 2018

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

Exhibit 99.1

EIGER BIOPHARMACEUTICALS

ADDRESSING RARE DISEASES

May 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, our ongoing and planned clinical development, including whether Eiger would be permitted to file an NDA based on PRF data and the timing and outcome of any FDA meeting with respect to lonafarnib and Progeria, the D-LIVR study will be supported by the FDA as a single, pivotal study to support registration; 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; 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, exendin 9-39 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. 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.

REDEFINING DRUG DEVELOPMENT

WHO WE ARE

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

WE believe that our clinical development experience enables us to identify existing compounds to address rare disease conditions.

OUR LEAD PROGRAM is advancing Lonafarnib in Hepatitis Delta Virus (HDV) infection into Phase 3 with a single, pivotal trial planned to begin later this year.

Portfolio of Clinical Programs
Targeting Diverse Rare Indications

HEPATITIS
DELTA VIRUS

PROGERIA

POST-BARIATRIC
HYPOGLYCEMIA

LYMPHEDEMA

Multiple Programs Positioned for Success

NOVEL TARGETS VALIDATED MATCHING DRUGS IDENTIFIED

Faculty Inventors / Advisors

Jeffrey Glenn, MD, PhD

Tracey McLaughlin, MD, MPh

Stanley Rockson, MD

Leslie Gordon, MD, PhD*

Partners / Licensors

EIGER BIOPHARMACEUTICALS

MERCK

Stanford MEDICINE

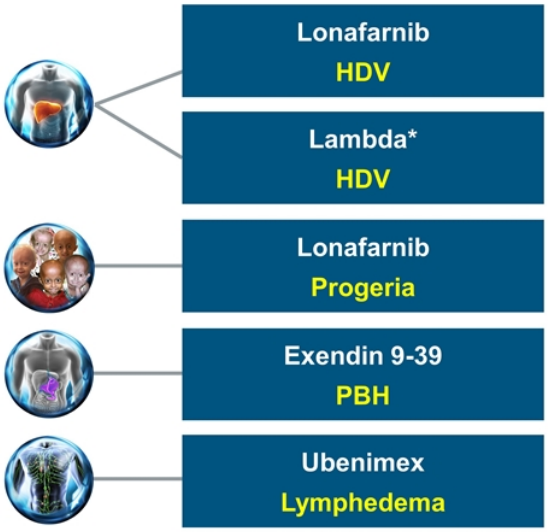
Bristol-Myers Squibb

Boston Children's Hospital
Until every child is well™

NIPPON KAYAKU

* volunteer

WHY IS EIGER DIFFERENT?



MULTIPLE RARE DISEASE PROGRAMS
Unmet medical needs with potentially large markets

WELL-CHARACTERIZED COMPOUNDS
Clinical Proof of Concept Demonstrated

ADVANCING PIPELINE TO LATE STAGE
Progeria Program Expands Opportunity

STRATEGIC OPPORTUNITIES TO FINANCE PROGRAMS
Finance to NDA, partnership for non-dilutive capital, licensing

EXPERIENCED MANAGEMENT
In development, sales and marketing for rare diseases

*pegylated interferon lambda

EIGER PIPELINE AND MILESTONES

Lead Program in HDV Advancing to Phase 3 in 2018

	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 **HDV** Lonafarnib	✓ FDA Meeting			Initiating Phase 3 D-LIVR Study
 **HDV** PEG IFN Lambda		Phase 2 LIFT (Combo) Study Enrollment ◎		Phase 2 LIMT (Mono) Study EOT Data ◎
 **Progeria** Lonafarnib		Expanded License PRF Partnership ✓		◎ Agency Meeting
 **PBH** Exendin 9-39			Phase 2 PREVENT Study Data ◎	
 **Lymphedema** Ubenimex			Phase 2 ULTRA Study Data ◎	

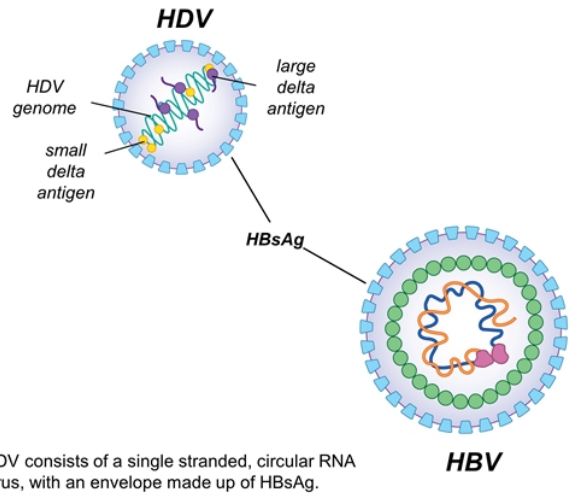
✓ Completed ◎ Planned

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

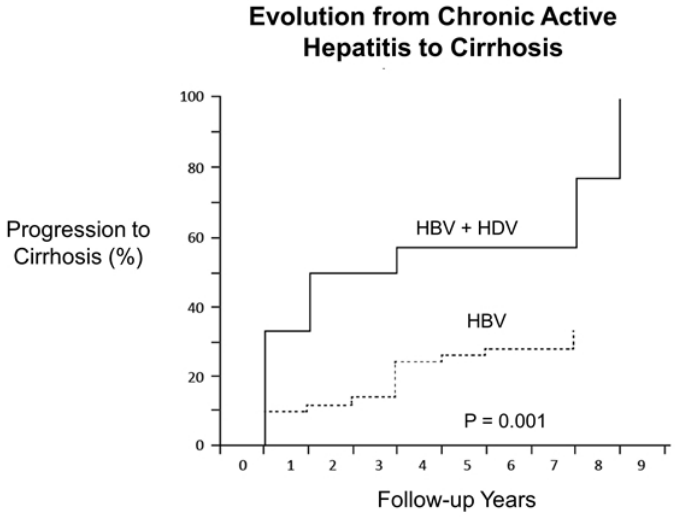


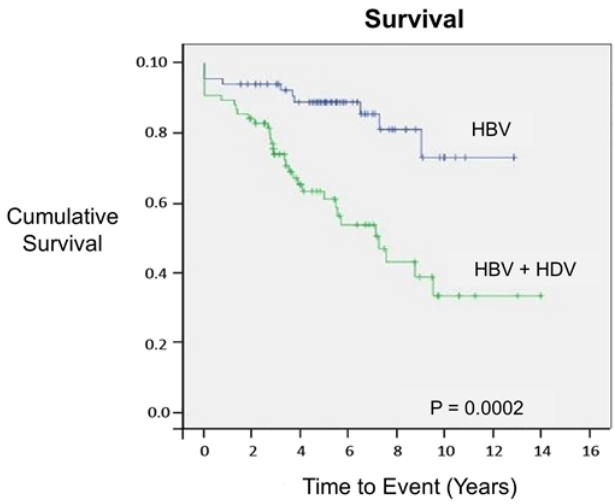
HDV consists of a single stranded, circular RNA virus, with an envelope made up of HBsAg.

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

AT DIAGNOSIS, >50% OF HDV PATIENTS ARE CIRRHOTIC

Risk of Hepatocellular Carcinoma, Decompensation, Mortality Increase

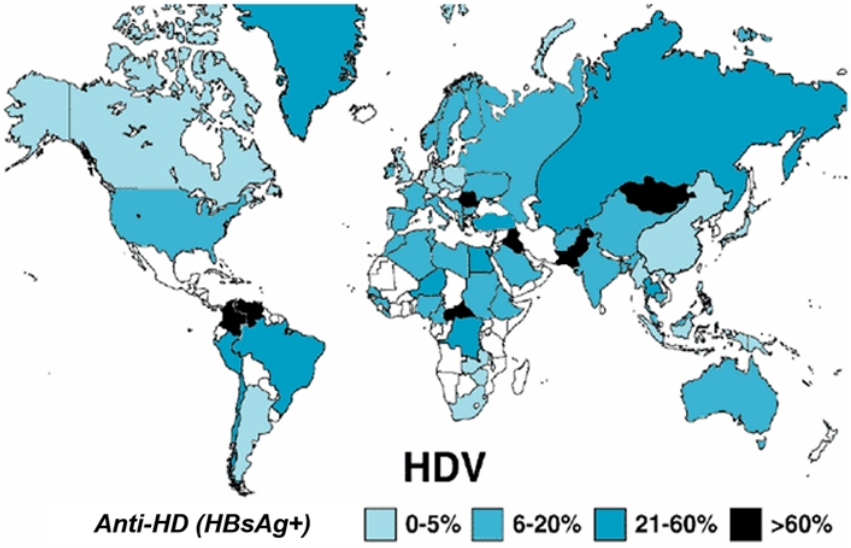




Fattovich et al, *J Infect Dis*, **1987**; Fattovich et al, *Gut*, **2000**. Serrano et al, EASL **2011**

HDV WORLDWIDE PREVALENCE: 15-20 MILLION

6% of HBV Population Co-Infected with HDV



(Range 0 - > 60%)

Hughes et al, Lancet, 2011, Vol 378, 73.

MIGRATION AND VIRAL HEPATITIS

Globalization of Disease

Foreign-born individuals now comprise majority of HDV population in North America and Western Europe

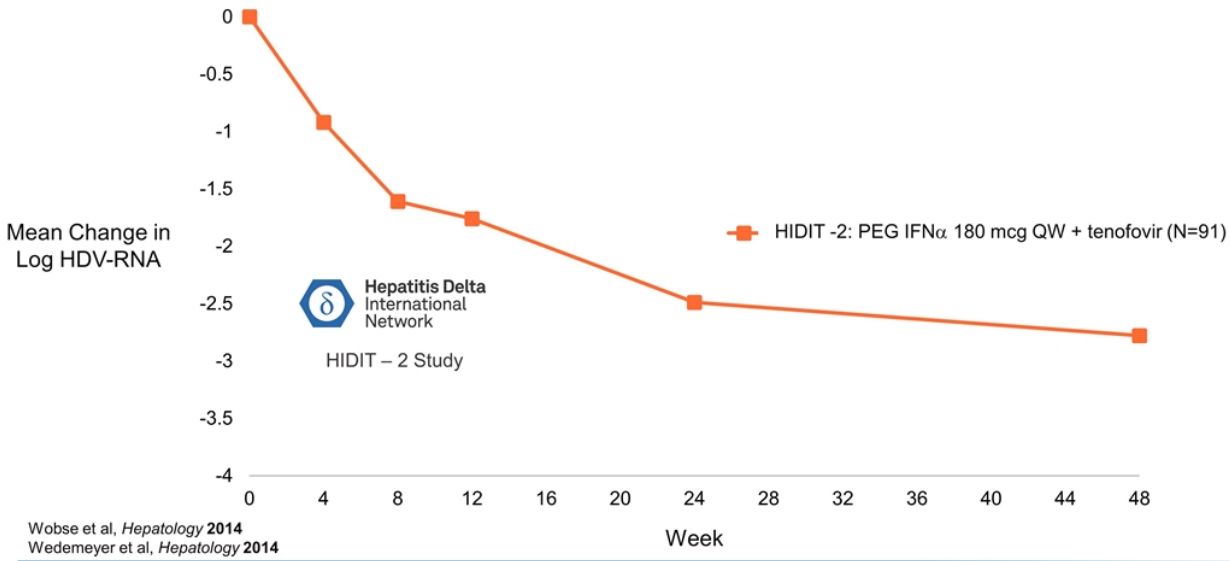
Germany: Wedemeyer et al., *Hepatology* **2007**
Heidrich et al., *J Viral Hepatitis* **2009**

France: Le Gal et al., *Hepatology* **2007**
UK: Cross et al., *J Med Virol* **2008**

Italy: Stroffolini et al., *J Med Virol* **2009**
Piccolo et al., *Eur J Publ Health* **2010**

PEG IFNα REDUCED HDV RNA IN PATIENTS

Not Approved for HDV



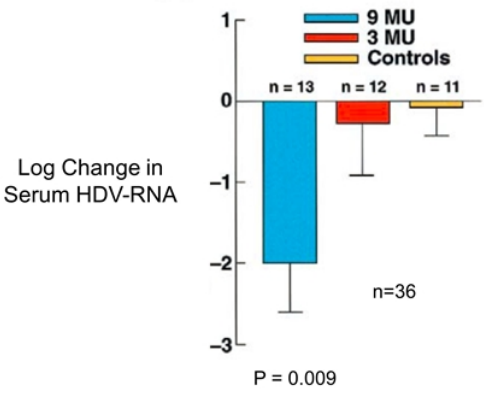
Wobse et al, *Hepatology* **2014**
Wedemeyer et al, *Hepatology* **2014**

REDUCING HDV-RNA WITH IFNα IMPROVED SURVIVAL

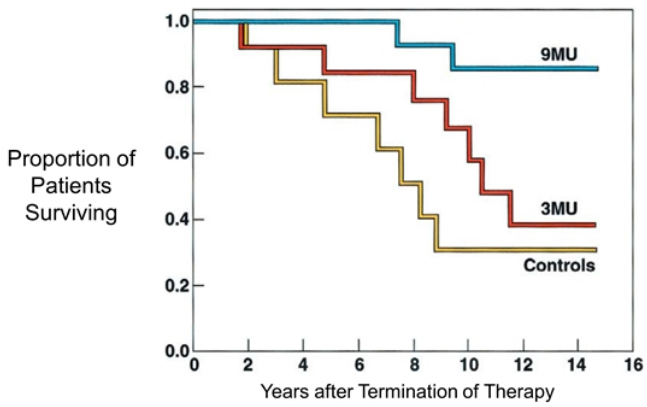
Improved Clinical Benefit without Clearance of HDV-RNA

Interferon-α for 48 weeks with 15 year Follow Up

Change in HDV-RNA



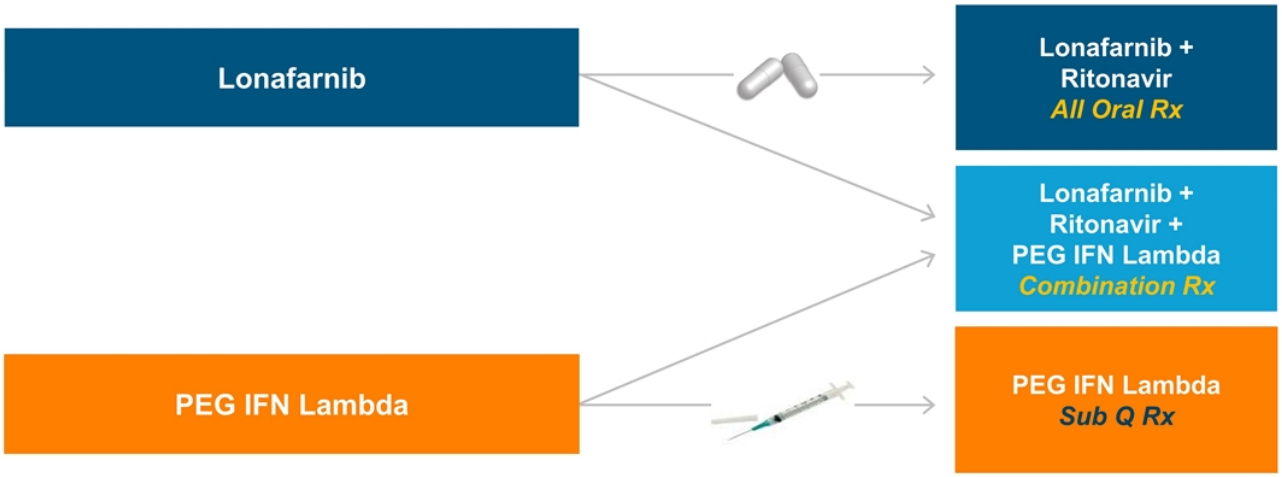
Survival



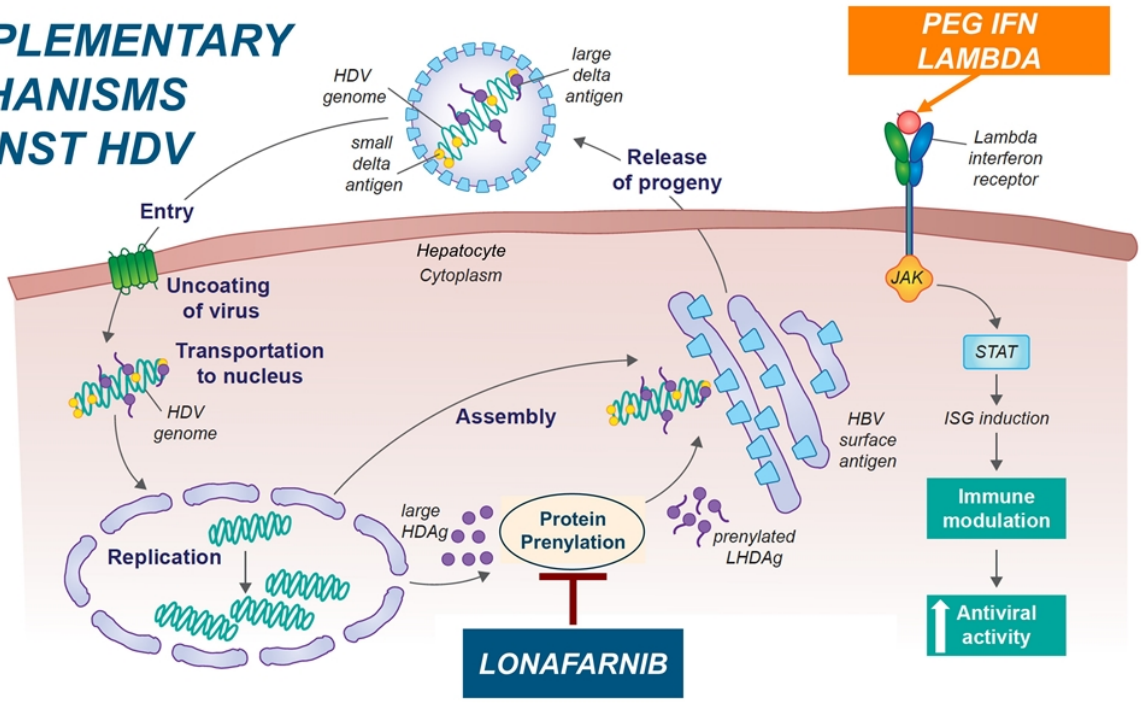
Farci et al, *Gastroenterology* **2004**: Long-Term Benefit of Interferon-α Therapy of Chronic HDV: Regression of Advanced Hepatic Fibrosis

EIGER: DEVELOPING COMPLEMENTARY DRUGS FOR HDV

Multiple Treatment Options



COMPLEMENTARY MECHANISMS AGAINST HDV



HDV genome encodes for a single protein, the hepatitis delta antigen.

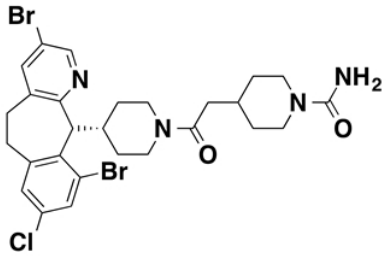
HDV relies on host cell machinery for replication.

New virions can be assembled only in the presence of hepatitis B virus.

EIGER BIOPHARMACEUTICALS

LONAFARNIB FOR HDV

Well-characterized Clinical Stage Lead Compound

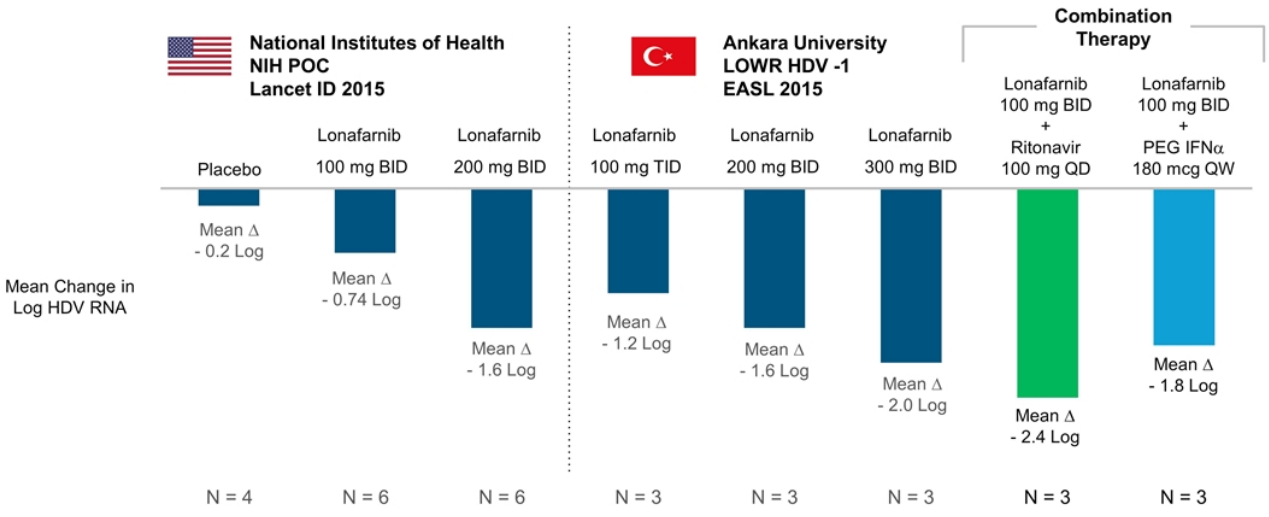


- Small molecule, oral, prenylation inhibitor
- Well-characterized through Phase 3
  - >2,000 patients dosed in oncology program by Merck (Schering)
  - Dose limiting toxicity is GI (class effect)
- Over 120 HDV patients dosed across international sites
- HDV Orphan Designation in US & EU, Fast Track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

Phase 2 proof of concept study conducted at NIH; NIH Phase 2 study results published: Koh et al, *Lancet Infect Dis*, **2015**

LONAFARNIB DECREASED HDV-RNA VIRAL LOAD IN PHASE 2 STUDIES

4 Week Reduction in HDV-RNA with Lonafarnib

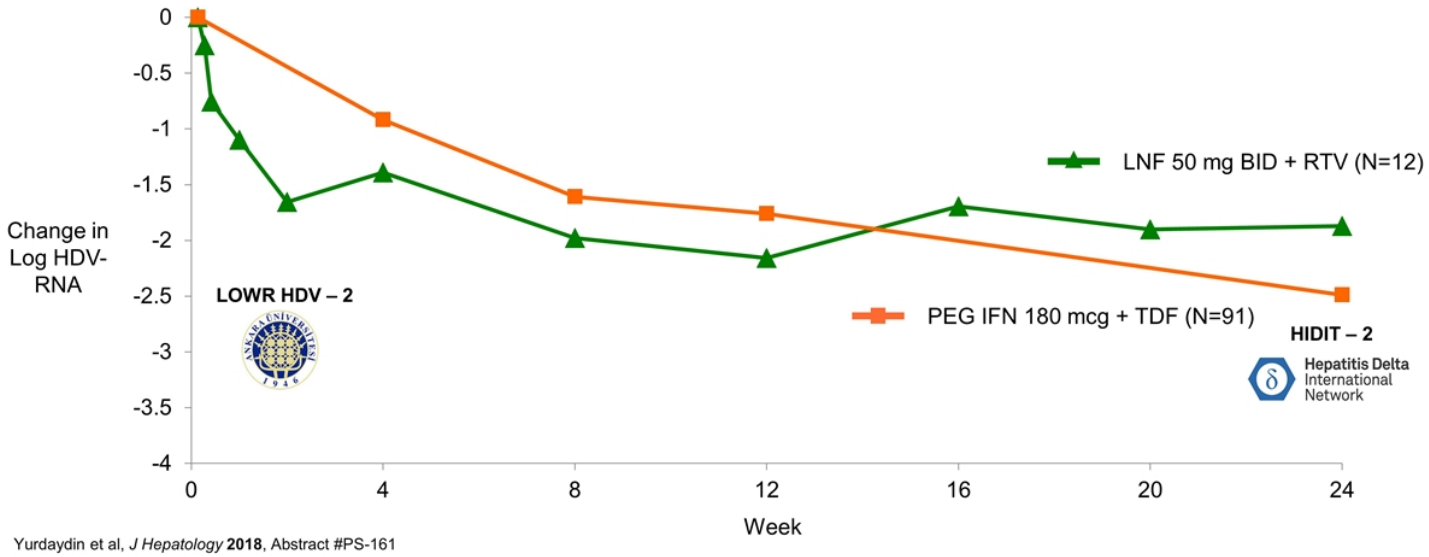


Koh et al, *Lancet Infect Dis*, **2015**
LOWR HDV = LOnafarnib With Ritonavir in HDV; Yurdaydin, C. et al, *Hepatology* **2018**; 67:1224

ALL-ORAL REGIMEN: POTENTIAL FOR IFN-FREE OPTION

Presented EASL The Home of Hepatology 2018

Lonafarnib 50 mg BID + Ritonavir 100 mg BID

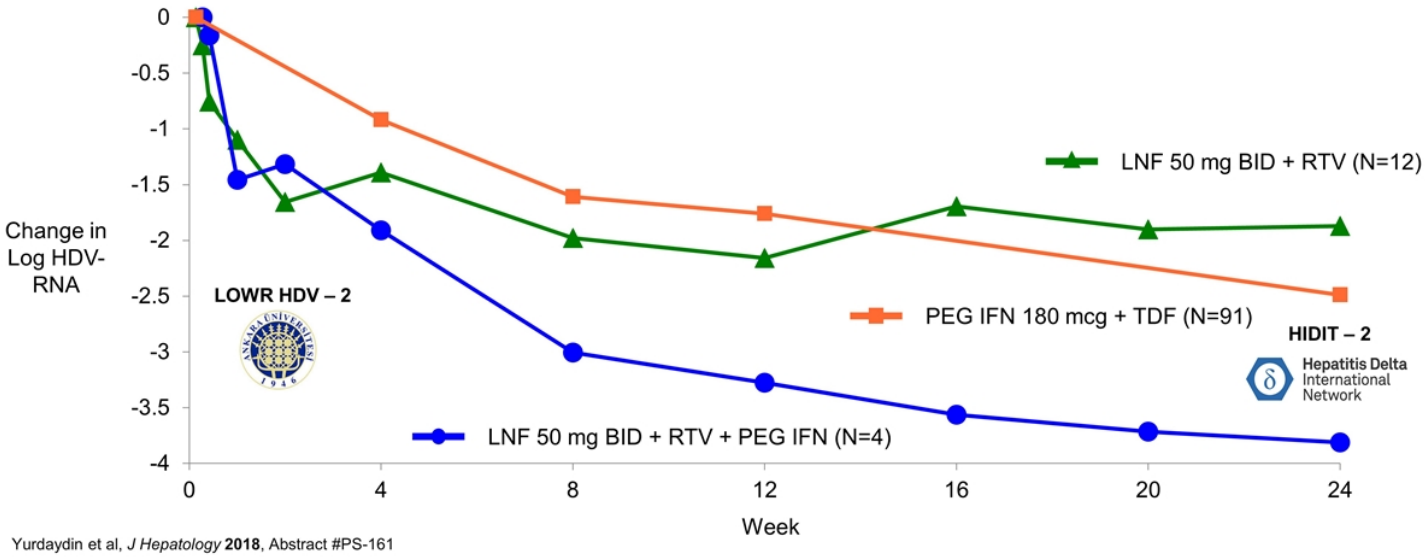


Yurdaydin et al, *J Hepatology* **2018**, Abstract #PS-161

EIGER BIOPHARMACEUTICALS

COMBO REGIMEN: GREATEST 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

LONAFARNIB RESPONSES IN HDV PATIENTS

Regimen	# of Patients				
	# Patients Dosed 24 Weeks	BL VL ≤ 4 log (%)		BL VL > 4 log (%)	
		< LLOQ (%)	≥ 2 log decline (%)	< LLOQ (%)	≥ 2 log decline (%)
LNF 50 mg BID + RTV 100 mg BID + PEG IFN-α	4	0 / 0 (0%)	0 / 0 (0%)	2 / 4 (50%)	4 / 4 (100%)
LNF 25 mg BID + RTV 100 mg BID + PEG IFN-α	5	1 / 1 (100%)	1 / 1 (100%)	2 / 4 (50%)	3 / 4 (75%)
LNF 50 mg BID + RTV 100 mg BID	12	5 / 5 (100%)	5 / 5 (100%)	0 / 7 (0%)	1 / 7 (14%)
LNF 25 mg BID + RTV 100 mg BID	6	0 / 3 (0%)	0 / 3 (0%)	0 / 3 (0%)	1 / 3 (33%)

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

HIGH RESPONSE RATES IN LOW BASELINE VIRAL LOAD

All-Oral: Lonafarnib 50 mg BID + Ritonavir 100 mg BID

Regimen	# of Patients				
	# Patients Dosed 24 Weeks	BL VL ≤ 4 log (%)		BL VL > 4 log (%)	
		< LLOQ (%)	≥ 2 log decline (%)	< LLOQ (%)	≥ 2 log decline (%)
LNF 50 mg BID + RTV 100 mg BID + PEG IFN-α	4	0 / 0 (0%)	0 / 0 (0%)	2 / 4 (50%)	4 / 4 (100%)
LNF 25 mg BID + RTV 100 mg BID + PEG IFN-α	5	1 / 1 (100%)	1 / 1 (100%)	2 / 4 (50%)	3 / 4 (75%)
LNF 50 mg BID + RTV 100 mg BID	12	**5 / 5 (100%)**	**5 / 5 (100%)**	0 / 7 (0%)	1 / 7 (14%)
LNF 25 mg BID + RTV 100 mg BID	6	0 / 3 (0%)	0 / 3 (0%)	0 / 3 (0%)	1 / 3 (33%)

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

Per protocol analysis

RESPONSE RATES IN HIGH BASELINE VIRAL LOAD HDV

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

Regimen	# of Patients				
	# Patients Dosed 24 Weeks	BL VL ≤ 4 log (%)		BL VL > 4 log (%)	
		< LLOQ (%)	≥ 2 log decline (%)	< LLOQ (%)	≥ 2 log decline (%)
LNF 50 mg BID + RTV 100 mg BID + PEG IFN-α	4	0 / 0 (0%)	0 / 0 (0%)	**2 / 4 (50%)**	**4 / 4 (100%)**
LNF 25 mg BID + RTV 100 mg BID + PEG IFN-α	5	1 / 1 (100%)	1 / 1 (100%)	**2 / 4 (50%)**	**3 / 4 (75%)**
LNF 50 mg BID + RTV 100 mg BID	12	5 / 5 (100%)	5 / 5 (100%)	0 / 7 (0%)	1 / 7 (14%)
LNF 25 mg BID + RTV 100 mg BID	6	0 / 3 (0%)	0 / 3 (0%)	0 / 3 (0%)	1 / 3 (33%)

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

Presented EASL The Home of Hepatology 2018

LONAFARNIB PHASE 2 HDV PROGRAM

Dose, Combinations and Endpoints Defined

- **All-oral:** LNF + RTV
  - 7 of 18 (39%) patients ≥ 2 log decline or BLQ at Week 24
  - Higher response rates (5 of 5, 100%) in low baseline viral load patients

- **Combination:** LNF + RTV + PEG IFNα
  - Results in highest response rates
  - 8 of 9 (89%) patients ≥ 2 log decline or BLQ at Week 24

- Majority of patients normalized ALT at Week 24

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

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

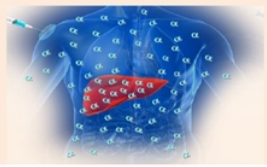
EIGER BIOPHARMACEUTICALS

PEGYLATED INTERFERON LAMBDA

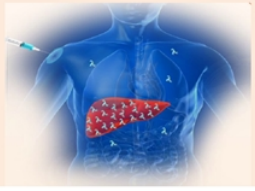
A Better Tolerated Interferon*

- 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

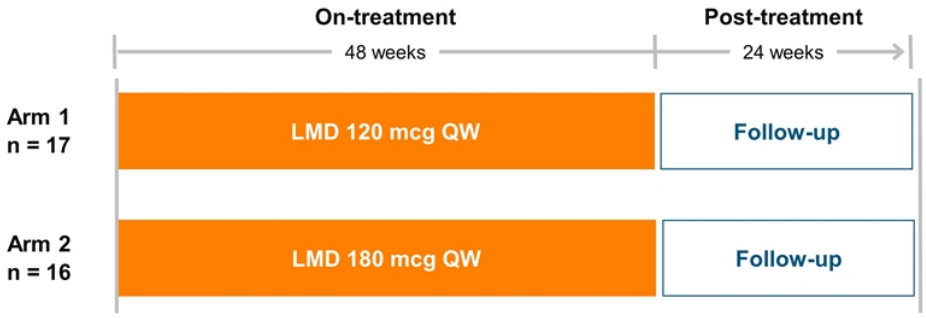


*Chan, HLY et al, *J Hepatology* **2016**

EIGER BIOPHARMACEUTICALS

LIMT HDV PHASE 2 STUDY

Lambda Interferon MonoTherapy Study in HDV



Enrollment Completed N=33

Goals:

- Demonstrate comparable activity to historical PEG IFN-alfa
- Demonstrate better tolerability to historical PEG IFN-alfa

Presented AASLD 2017

LIMT HDV STUDY

Interim Results (Week 24) Presented at AASLD 2017 *

- Lambda demonstrated comparable anti-HDV activity to historical PEG-Alfa
- Lambda was well tolerated in the majority of patients
- Lambda is a promising investigational agent, alone or in combination Rx in HDV
- End of Treatment (Week 48) data in 4Q 2018

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

PLANNED HDV REGISTRATION PROGRAM

Face to Face Meeting with FDA on February 14, 2018

D-LIVR (**D**elta **L**iver **I**mprovement and **V**irologic **R**esponse in HDV); N~300; multicenter study

All-oral Arm (LNF/RTV) and Combination Arm (LNF / RTV + PEG IFN-α)

- Each arm compared to placebo arm (HBV nucleos(t)ide therapy alone)
- PEG IFN-α alone arm to demonstrate contribution of effect; superiority over this arm not required

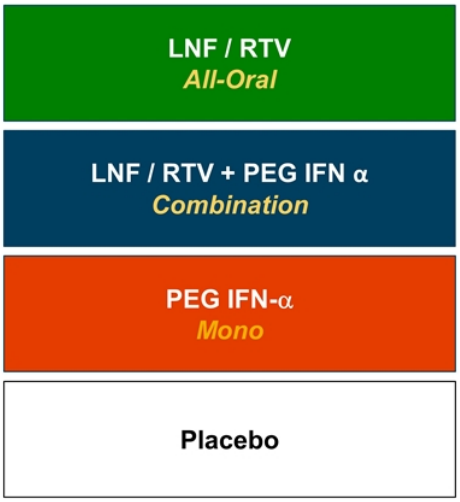
Endpoints and study duration for D-LIVR to be defined with Agency in mid-2018 (by telecon)

Plan to initiate D-LIVR study by end of 2018 (following feedback from FDA on study design)

D-LIVR: PLANNED PHASE 3 STUDY

Delta Liver Improvement and Virologic Response in HDV

N ~ 300



- LNF arms compared to Placebo
- Superiority over PEG IFN α not required
- PEG IFN-α arm to assess contribution only
- Placebo arm on background Nuc* only

*Nuc = HBV nucleoside or nucleotide Rx. All patients will be on background HBV nuc therapy

HBV APPROVALS AND REGISTRATION ENDPOINTS

Focus on 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

FDA GUIDANCE ON HDV LAMBDA PROGRAM

"LIFT" Lambda Interferon Combination Therapy Study to Advance in Parallel

D-LIVR (**D**elta **L**iver **I**mprovement and **V**irologic **R**esponse in HDV); N~300; multicenter study

All-oral Arm (LNF/RTV) and Combination Arm (LNF / RTV + PEG IFN-α)

- Each arm compared to placebo arm (HBV nucleos(t)ide therapy alone)
- PEG IFN-α alone arm to demonstrate contribution of effect; superiority over this arm not required

Endpoints and study duration for D-LIVR to be defined with Agency in mid-2018 (by telecon)

Agency supports continued Lambda development in HDV (Phase 2 combo data requested)

- **LIFT** (**L**ambda **I**nter**F**eron combination **T**herapy): Lambda in combination with LNF / RTV
- To be conducted at the NIH; enrollment in 2Q 2018

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 is planned for 2Q 2018

* biopsy

HDV PROGRAM: PREPARING FOR REGISTRATION

	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 **HDV** **Lonafarnib**	FDA Meeting			Initiating Phase 3 D-LIVR Study
 **HDV** **PEG IFN Lambda**		Phase 2 LIFT (Combo) Study Enrollment		Phase 2 LIMT (Mono) Study EOT Data

Completed Planned

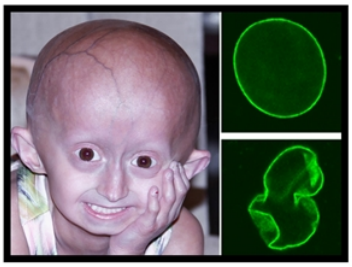
HUTCHINSON-GILFORD PROGERIA SYNDROME (PROGERIA)

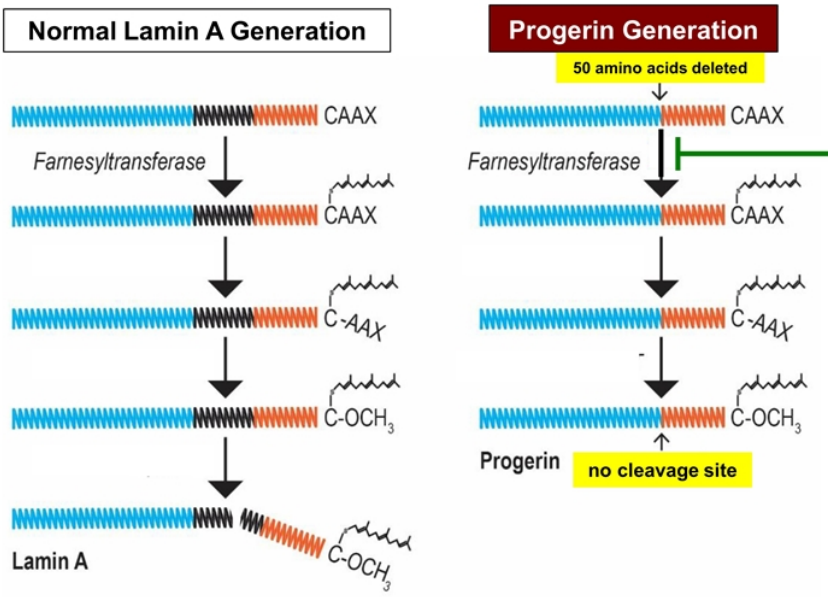
OVERVIEW

- Ultra-rare, premature, fatal 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)
- No FDA approved Rx
- >80 Children treated with lonafarnib

ACCUMULATION OF PROGERIN

Disrupts Cell Scaffold, Leads to Disfigurement of Nucleus





Lonafarnib blocks production of Progerin

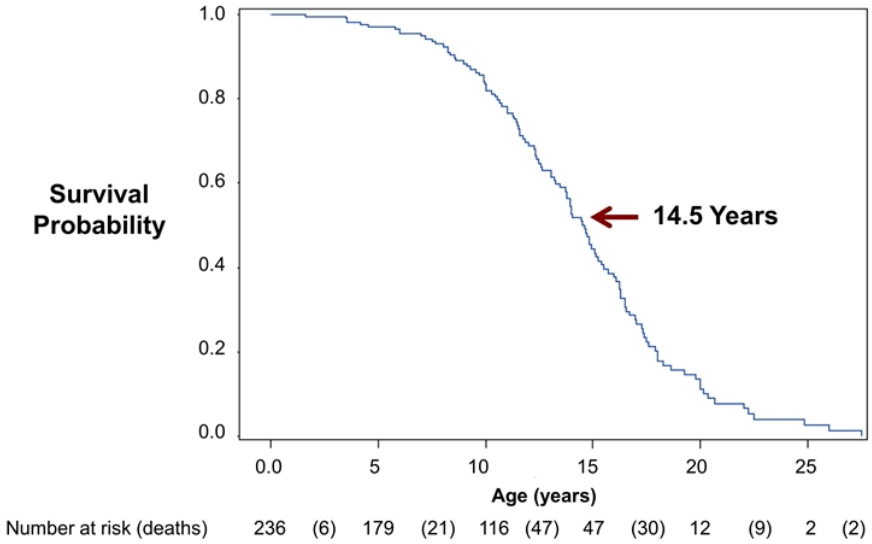
EIGER BIOPHARMACEUTICALS

WORLDWIDE PREVALENCE ESTIMATE ~ 400 CHILDREN

113 Children Identified Across 47 Countries Worldwide

SURVIVAL OF UNTREATED PROGERIA CHILDREN

Average Lifespan = 14.5 Years



JAMA | Preliminary Communication

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

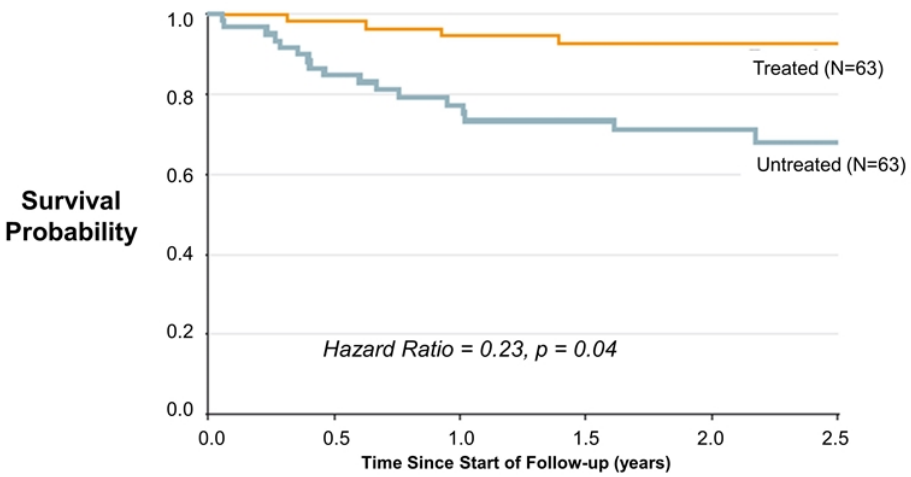
Leslie B. Gordon, MD; PhD; Heather Shappell, PhD; Joe Massaro, PhD; Ralph B. D'Agostino Sr. PhD; Joan Brazier, MS; Susan E. Campbell, MA; Monica E. Kleinman, MD; Mark W. Kieran, MD, PhD

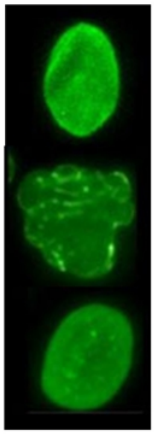
Gordon, L et al, *JAMA*, **2018**, 319(16): 1687

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

PROGERIA: A PEDIATRIC RARE DISEASE

Consistent with Eiger Mission, Vision, and Values

- Eiger to continue to provide lonafarnib to PRF for clinical studies in Progeria
- Eiger to ensure that lonafarnib treatment is available to children with Progeria W/W
- Eiger to seek FDA guidance on approval pathway for lonafarnib in Progeria
- Eiger to control regulatory development, pricing, and distribution of lonafarnib for Progeria

KEY AGREEMENT TERMS

Eiger, Merck, Progeria Research Foundation Lonafarnib Agreements

Merck License Agreement Amendment

- Expansion of exclusively licensed field to include all uses of lonafarnib in Progeria
- Eiger manufactures and supply lonafarnib to PRF
- Merck receives no up-front, no milestones, no royalties related to lonafarnib in Progeria
- Eiger retains exclusive rights to commercialize lonafarnib for approved indications
- Merck grants no rights or licenses to third parties to commercialize lonafarnib for any use outside of use licensed to Eiger

PRF Collaboration and Supply Agreement

- Eiger and PRF collaborating in the pursuit of regulatory approval of lonafarnib for Progeria
- PRF grants Eiger a non-exclusive, worldwide, royalty-free, sub-licensable license under all IP and data controlled by PRF to prepare and file any NDA
- Eiger establishes a patient support program in Progeria
- Eiger prepares and is the sponsor of the NDA
- Proceeds from the sale of a priority review voucher that Eiger may receive as the sponsor is shared equally (50/50) between Eiger and PRF

PROGERIA PROGRAM: PREPARING FOR APPROVAL

	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 HDV Lonafarnib	FDA Meeting			Initiating Phase 3 D-LIVR Study
 HDV PEG IFN Lambda		Phase 2 LIFT (Combo) Study Enrollment		Phase 2 LIMT (Mono) Study EOT Data
 **Progeria** **Lonafarnib**		**Expanded License PRF Partnership** ✓		**Agency Meeting**

✓ Completed ◎ Planned

EXENDIN 9-39: POST-BARIATRIC HYPOGLYCEMIA (PBH)

A Chronic, Debilitating Condition

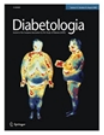
OVERVIEW

- Bariatric Surgery Increasing due to Morbid Obesity
  - ~200K US / ~100K EU in 2015*
  - Roux-en-Y Gastric Bypass ~35% of all procedures
- Postprandial Hypoglycemia: A Debilitating Complication
  - Elevated GLP-1 and Hyperinsulinemia Documented
  - Impacts 5-10% of Roux-en-Y patients
- PBH estimated prevalence ~70K in US / EU
- Exendin 9-39 is a targeted GLP-1 antagonist
  - Well characterized in Phase 1 / 2 clinical studies

* American Society for Metabolic and Bariatric Surgery 2015

PHASE 2 CLINICAL PROOF OF CONCEPT COMPLETED

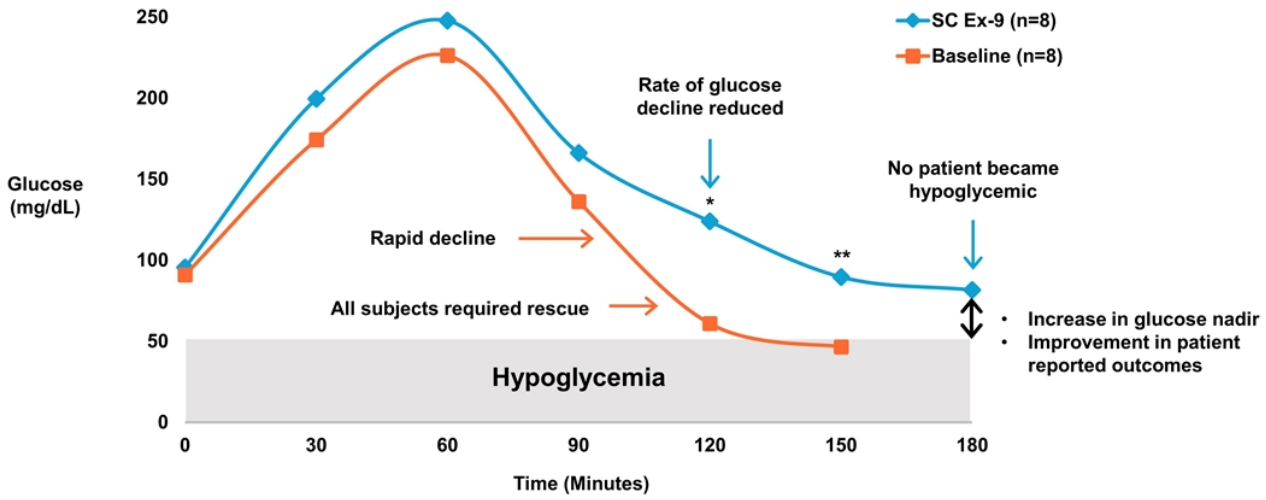
36 Patients Dosed in Clinical Studies with Exendin 9-39

Study	# Patients	Duration of Dosing	Status
 IV Infusion 	8	Single dose	Published Diabetologia 
 Sub Q Injection SAD Study 	8	Single dose	Presentation at 2016 ADA  Published Diabetes, Obesity and Metabolism 
 Sub Q Injection MAD Study* 	20	Up to 3 days BID dosing	Presentation at 2017 ADA 

* Comparison of lyophilized powder and novel liquid formulation.

EXENDIN 9-39 REDUCED PBH

Single Ascending Dose Study Results



* P < 0.05, ** P < 0.01

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

PBH PROGRAM: ADDITIONAL PHASE 2 DATA 2H 2018

Phase 2, Placebo-Controlled, Multi-Center, PREVENT Study (N=20) Enrolling

	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 HDV Lonafarnib	FDA Meeting			Initiating Phase 3 D-LIVR Study
 HDV PEG IFN Lambda		Phase 2 LIFT (Combo) Study Enrollment		Phase 2 LIMT (Mono) Study EOT Data
 Progeria Lonafarnib		Expanded License PRF Partnership		Agency Meeting
 **PBH** **Exendin 9-39**			**Phase 2 PREVENT 28-day Study Data**	

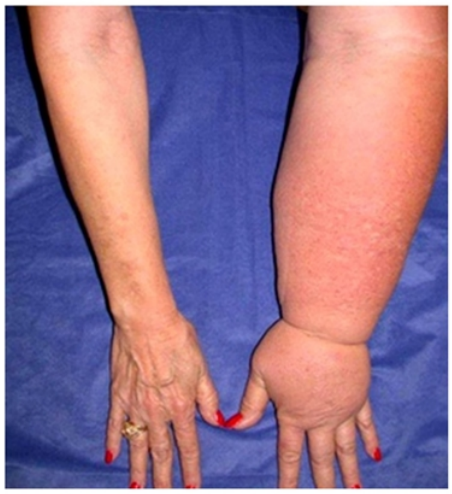
Completed Planned

EIGER BIOPHARMACEUTICALS

UBENIMEX: PRIMARY AND SECONDARY LYMPHEDEMA

OVERVIEW

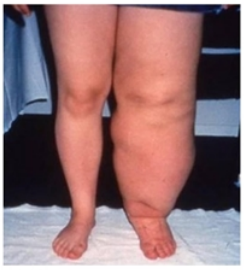
- Lymphedema: State of vascular insufficiency
  - Decreased clearance of interstitial fluid
  - Debilitating architectural alterations in skin and tissues
- Primary Lymphedema – hereditary
  - Estimated US < 50,000 (Orphan)
- Secondary Lymphedema – due to causative event
  - Estimated US / EU ~1 million +
- LTB_4 is elevated in animal models and human lymphedema*
  - Targeted blockade of LTB_4 improves preclinical lymphedema
- Ubenimex is an oral, small molecule inhibitor of LTA_4H
  - Well characterized, marketed in JP since 1987 (different indication)



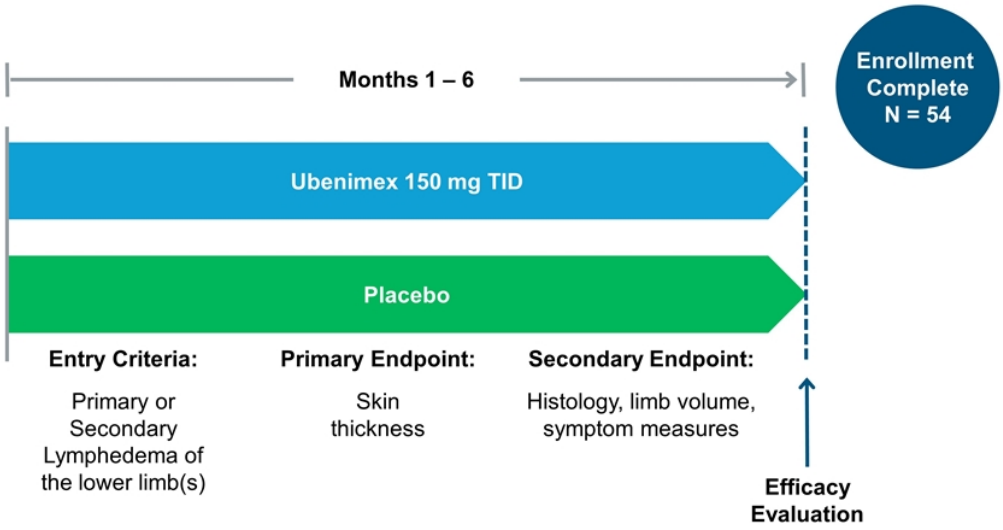
*Tian et al, Sci Trans Med 2017

UBENIMEX FOR LYMPHEDEMA: DATA IN 2H 2018

Phase 2, Placebo-Controlled, Multi-Center Study, Enrolled (N=54) and Dosing



Potential for 1st Rx and Disease Modifying Therapeutic



LYMPHEDEMA PROGRAM: DELIVERING PHASE 2 DATA 2H 2018

	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 HDV Lonafarnib	FDA Meeting			Initiating Phase 3 D-LIVR Study
 HDV PEG IFN Lambda		Phase 2 LIFT (Combo) Study Enrollment		Phase 2 LIMT (Mono) Study EOT Data
 Progeria Lonafarnib		Expanded License PRF Partnership		Agency Meeting
 PBH Exendin 9-39			Phase 2 PREVENT 28-day Study Data	
 **Lymphedema Ubenimex**			**Phase 2 ULTRA Study Data**	

Completed Planned

EIGER PIPELINE AND MILESTONES

Lead Program in HDV Advancing to Phase 3 in 2018

	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 **HDV** Lonafarnib	✓ FDA Meeting			Initiating Phase 3 D-LIVR Study
 **HDV** PEG IFN Lambda		Phase 2 LIFT (Combo) Study Enrollment ◎		Phase 2 LIMT (Mono) Study EOT Data ◎
 **Progeria** Lonafarnib		Expanded License PRF Partnership ✓		◎ Agency Meeting
 **PBH** Exendin 9-39			Phase 2 PREVENT 28-day Study Data ◎	
 **Lymphedema** Ubenimex			Phase 2 ULTRA Study Data ◎	

✓ Completed ◎ Planned

EIGER BIOPHARMACEUTICALS

FINANCIALS

- Shares Outstanding ~10.5 Million

- Cash on hand ~$38 Million funds company operations into 3Q 2019
  - Funding Exendin 9-39 in PBH through Phase 2 PREVENT EOT data
  - Funding Ubenimex in Lymphedema through Phase 2 ULTRA EOT data
  - Funding Lambda monotherapy in HDV Phase 2 LIMT EOT data
  - Funding Lambda combination in HDV Phase 2 LIFT EOT data

- Use of Additional Proceeds
  - Funding Lonafarnib in HDV Phase 3 single pivotal trial to EOT data
  - Funding Lonafarnib in Progeria program (regulatory execution, EAP)

EXPERIENCED MANAGEMENT

DAVID CORY, RPH, MBA	President and CEO	
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	

SEASONED BOARD

THOMAS DIETZ, PHD	Chairman	Waypoint Holdings, LLC · AgBiome · Pacific Growth Equities · UCSF
DAVID CORY, RPH, MBA	President and CEO	gsk · InterMune · Prestwick Pharmaceuticals · cōtherix
DAVID APELIAN, MD, PHD, MBA	COO and EMO	Achillion · GlobeImmune · Bristol-Myers Squibb · Schering-Plough
EVAN LOH, MD	Independent Director	Pfizer · Wyeth · Paratek
JEFFREY GLENN, MD, PHD	Independent Director	Stanford Medicine · Riboscience · UCSF
ELDON MAYER, MBA	Independent Director	Rigel · Questcor Pharmaceuticals, Inc. · Schering-Plough

EIGER BIOPHARMACEUTICALS

ADDRESSING RARE DISEASES