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): February 22, 2018

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 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 7.01. Regulation FD Disclosure.

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.

The information in this report is being furnished pursuant to Item 7.01 and shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "***Exchange Act***"), or otherwise subject to the liabilities of that section, nor shall it be deemed to be incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act.

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: February 22, 2018

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

Exhibit 99.1

EIGER BIOPHARMACEUTICALS

CONQUERING RARE DISEASES

February 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, 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 lonafarnib, ubenimex, PEG IFN Lambda, exendin 9-39 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, including whether we will be able to reach agreement on a single pivotal study for lonafarnib and the nature and scope of any such study to support approval, 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.

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 are committed to translational innovation through developing well-characterized drugs acting on newly identified or novel targets in rare diseases.

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

Portfolio of Novel Phase 2 Clinical Programs
Targeting Diverse Rare Indications

HEPATITIS DELTA VIRUS

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

EIGER BIOPHARMACEUTICALS

Stanford MEDICINE

Partners / Licensors

MERCK

Bristol-Myers Squibb

NIPPON KAYAKU

WELL-CHARACTERIZED DRUGS IN RARE DISEASES

Lead Program in HDV Advancing to Phase 3

Lonafarnib
HDV

Lambda*
HDV

Exendin 9-39
PBH

Ubenimex
Lymphedema

Reducing Time and Cost of the Drug Development Process

Options if Successful

- Finance to NDA
- Partnership for non-dilutive capital
- Licensing

*pegylated interferon lambda

RARE DISEASES WITH LARGE MARKET POTENTIAL

	HEPATITIS DELTA VIRUS	POST-BARIATRIC HYPOGLYCEMIA	LYMPHEDEMA	
			Primary	Secondary
Prevalence (US / EU)	**300K**	**70K**	**35K**	**1M+**
Eiger Sales Potential (Peak Year)	**$1.5B**	**$800M**	**$1B**	

Market Sizes do not reflect 100% penetration
Triangle Insights Market Analysis: "Assessment of HDV Revenue and Market Potential 2015"
Triangle Insights Market Analysis: "Assessment of Hypoglycemia Associated with Bariatric Surgery Revenue and Market Potential 2016"
Rockson, J Am Coll Cardiol "Diagnosis and Management of Lymphatic Disease", **2008**, 799.

EIGER PIPELINE AND MILESTONES

Regulatory and Clinical Announcements Across All Programs in 2018

	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 **HDV** Lonafarnib & Lambda	✓ LIMT Interim Data AASLD	✓ FDA Meeting	◎ EASL	◎ LIMT Study Dosing Complete	Initiating Phase 3 →
 **PBH** Exendin 9-39	PREVENT Phase 2 Study Initiation ✓		◎ PREVENT Enrollment Complete	◎ PREVENT Study Data	
 **Lymphedema** Ubenimex	ULTRA Enrollment Complete ✓			ULTRA Study Data ◎	

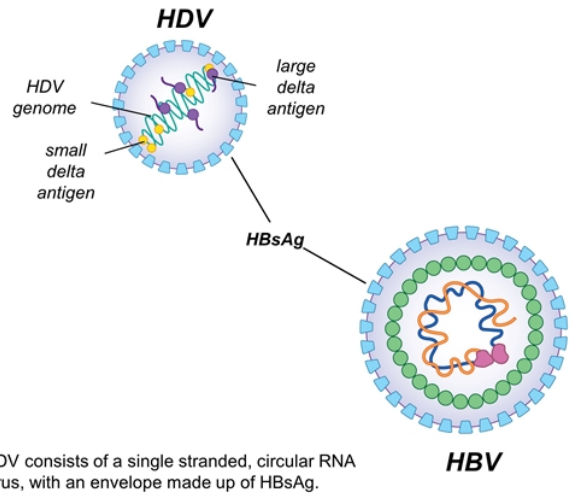
✓ Completed ◎ Planned

EIGER BIOPHARMACEUTICALS

HEPATITIS DELTA VIRUS (HDV)

OVERVIEW

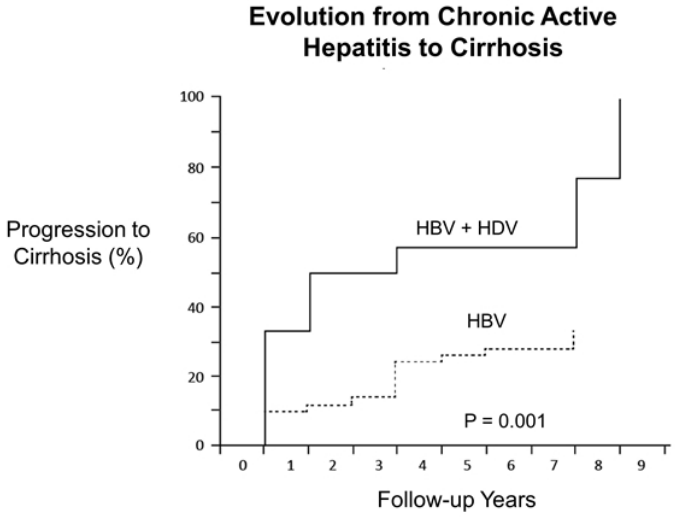
- HDV is the most severe form of human viral hepatitis
- HDV is always a co-infection with HBV
  - HDV requires HBsAg to complete virion assembly
  - HBsAg acquired through protein prenylation
- HDV causes more rapid disease progression
  - Compared to HBV mono-infection
- No FDA approved Rx
- 15-20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

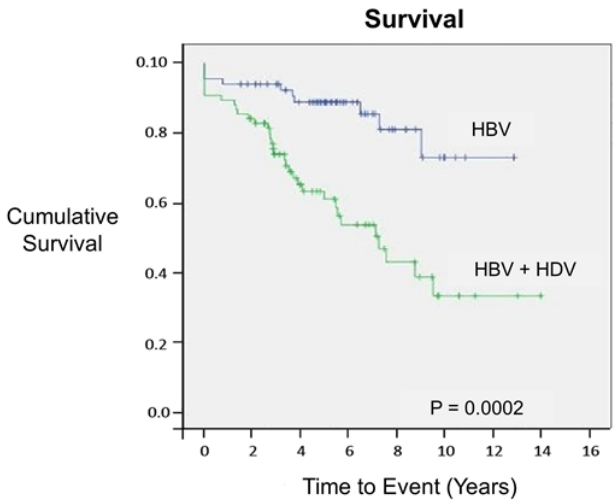


HDV consists of a single stranded, circular RNA virus, with an envelope made up of HBsAg.

AT DIAGNOSIS, >50% OF HDV PATIENTS ARE CIRRHOTIC

Risk of Hepatocellular Carcinoma, Decompensation, Mortality Increase

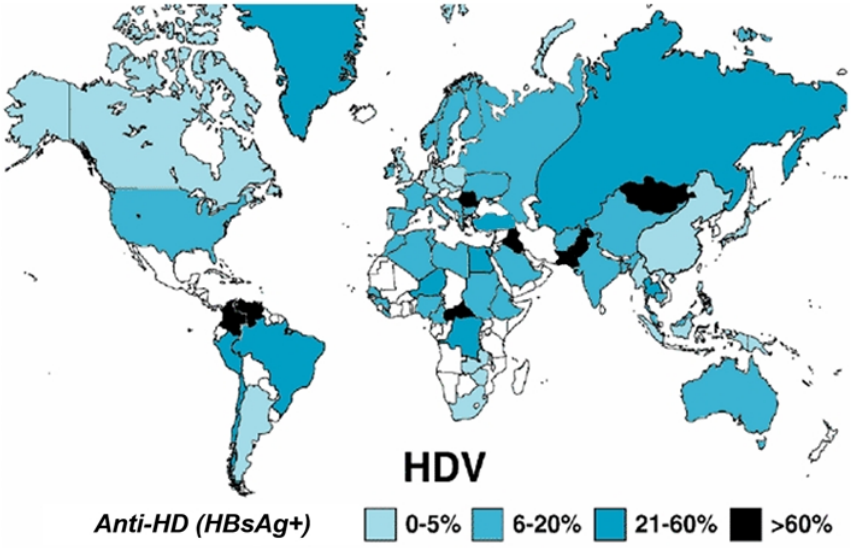




Fattovich et al, J Infect Dis, 1987; Fattovich et al, Gut, 2000. Serrano et al, EASL 2011

HDV WORLDWIDE PREVALENCE: 15-20 MILLION

6% of HBV Population Co-Infected with HDV



(Range 0 - > 60%)

MIGRATION AND VIRAL HEPATITIS

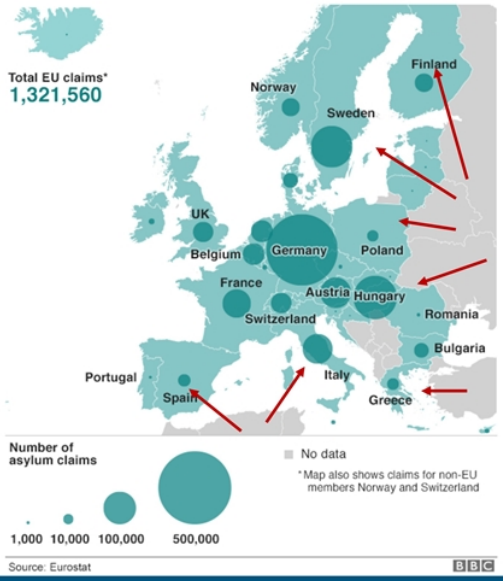
Globalization of Disease

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

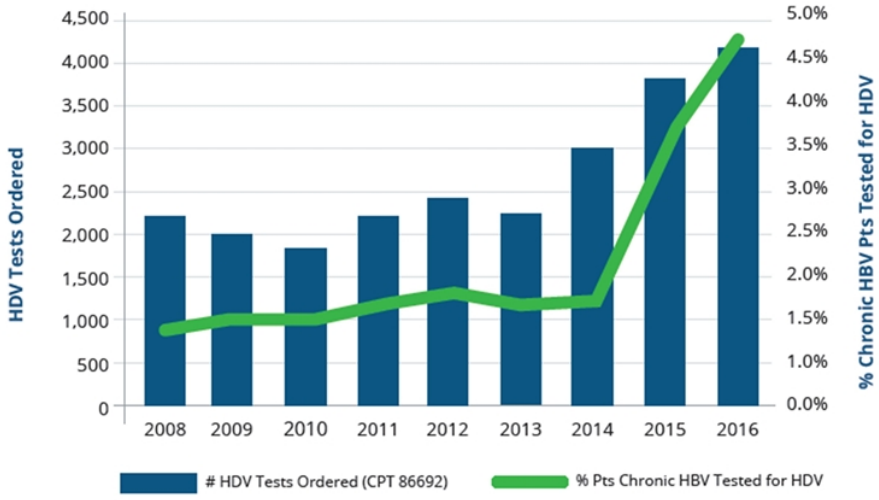
MIGRATION INTO WESTERN EUROPE

Known Claims for Asylum in 2015 > 1 Million



INCREASE IN HDV TESTING IN THE U.S.

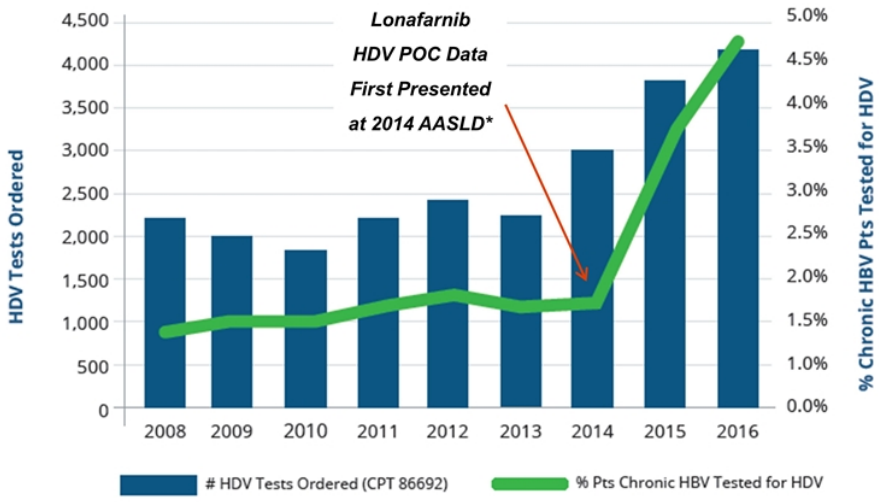
Increasing % of Chronic HBV Patients Tested for HDV



Poster, DDW 2017, "Prevalence of Hepatitis Delta Virus (HDV) Infection in the United States: Results from an ICD-10 Review"

INCREASE IN HDV TESTING IN THE U.S.

Increasing % of Chronic HBV Patients Tested for HDV

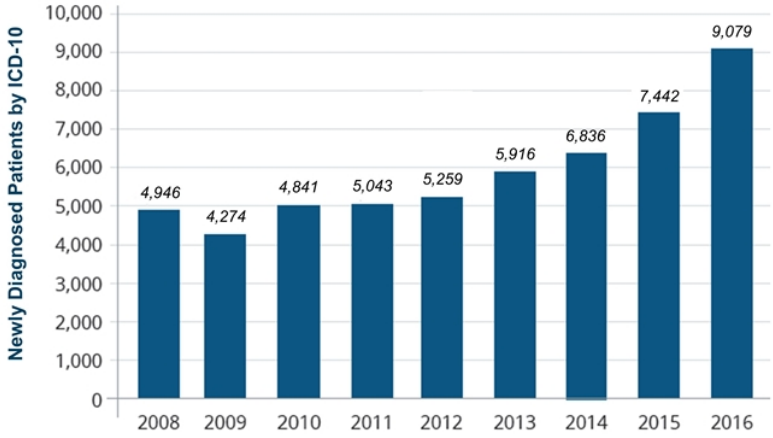


Poster, DDW 2017, "Prevalence of Hepatitis Delta Virus (HDV) Infection in the United States: Results from an ICD-10 Review"

** Koh, C. et al, AASLD 2014, "Prenylation inhibition with lonafarnib decreases hepatitis D levels in humans"*

INCREASED HDV PATIENT DIAGNOSIS

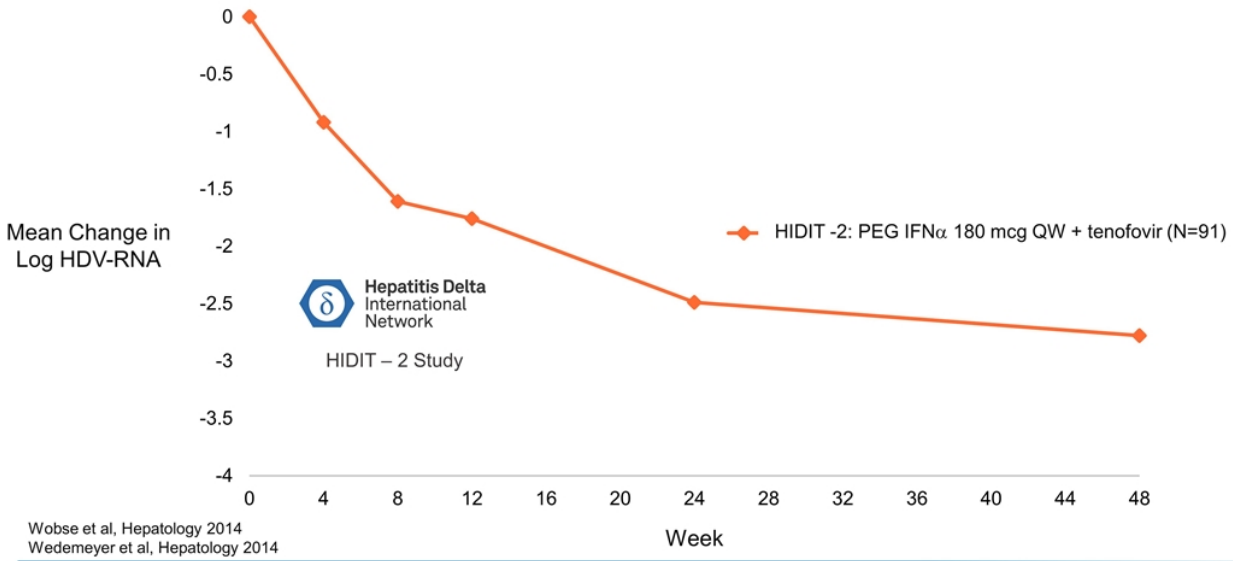
Estimated ~110,000 Individuals Co-Infected with HBV / HDV in the U.S.



Poster, DDW 2017, Prevalence of Hepatitis Delta Virus (HDV) Infection in the United States: Results from an ICD-10 Review

PEG IFNα REDUCES HDV RNA IN PATIENTS

Immunomodulating Monotherapy Activity in HDV



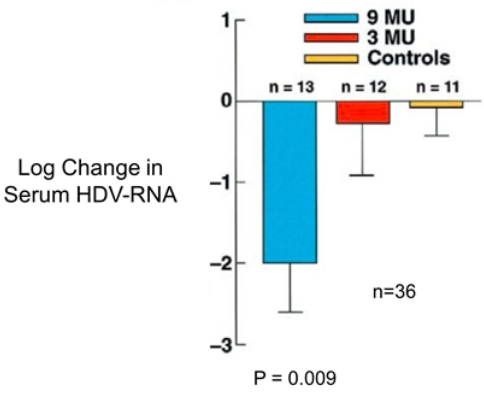
Wobse et al, Hepatology 2014
Wedemeyer et al, Hepatology 2014

REDUCING HDV-RNA WITH IFNα IMPROVES SURVIVAL

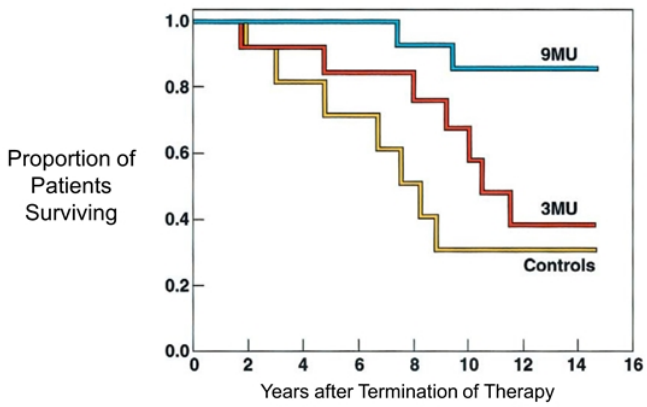
Improved Clinical Benefit without Clearance of HDV-RNA

Interferon-α for 48 weeks with 15 year Follow Up

Change in HDV-RNA



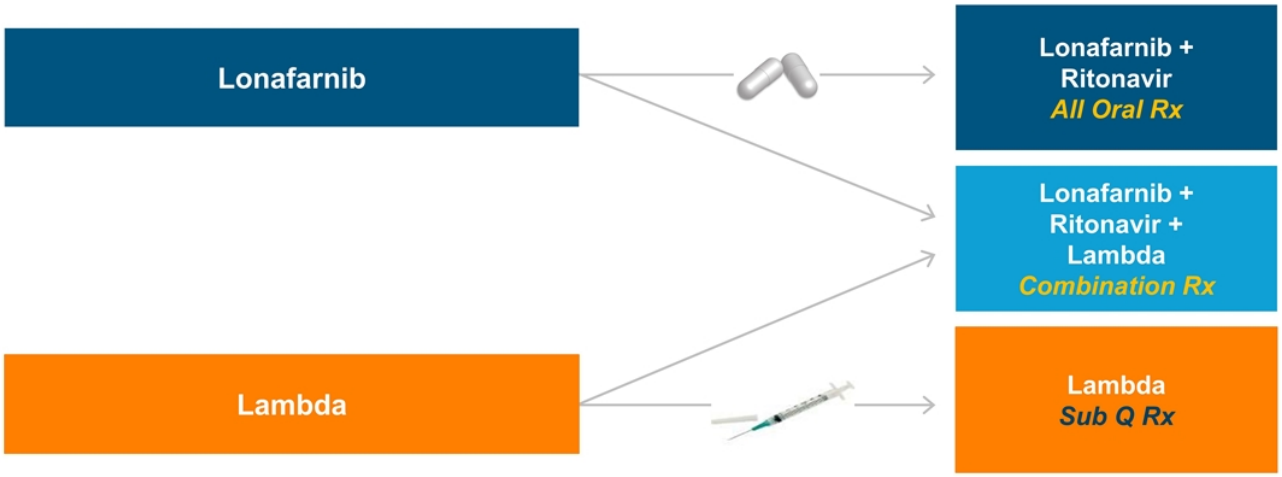
Survival



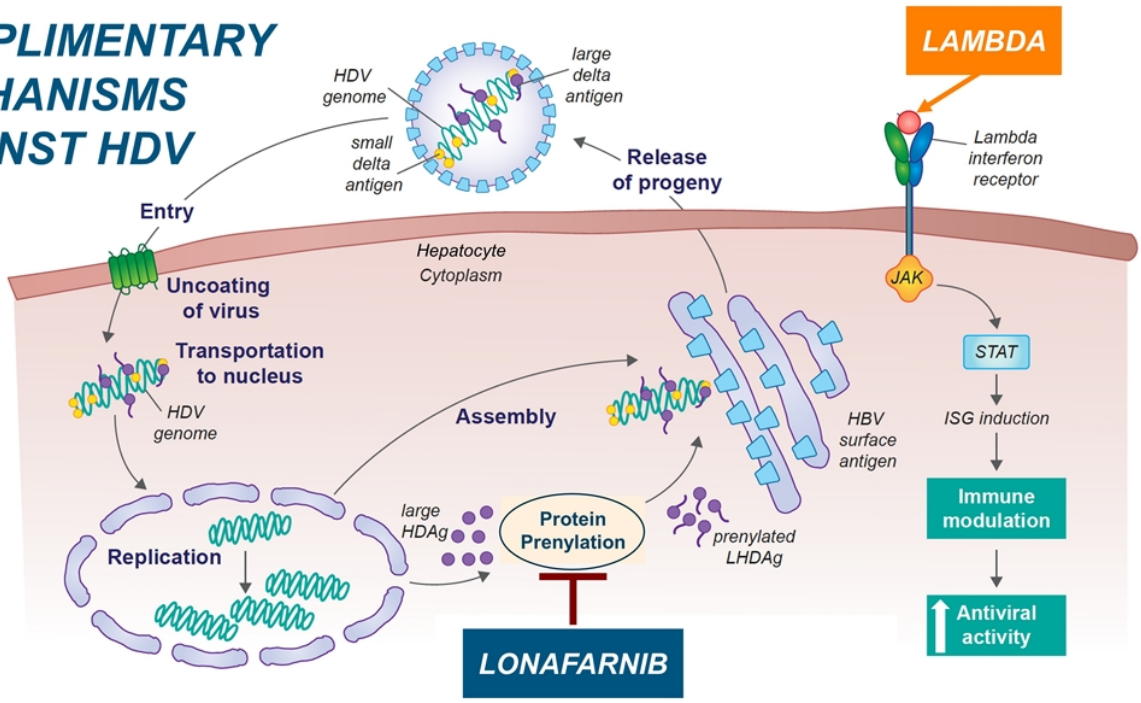
Farci et al, Gastroenterology **2004**: Long-Term Benefit of Interferon-α Therapy of Chronic HDV: Regression of Advanced Hepatic Fibrosis

EIGER: DEVELOPING COMPLEMENTARY DRUGS FOR HDV

Multiple Treatment Options



COMPLIMENTARY MECHANISMS AGAINST HDV



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

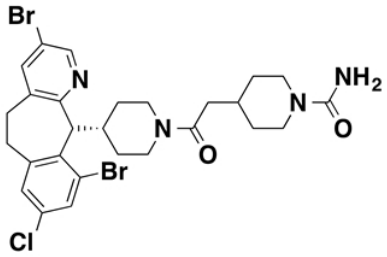
HDV relies on host cell machinery for replication.

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 PHASE 2 PROGRAM

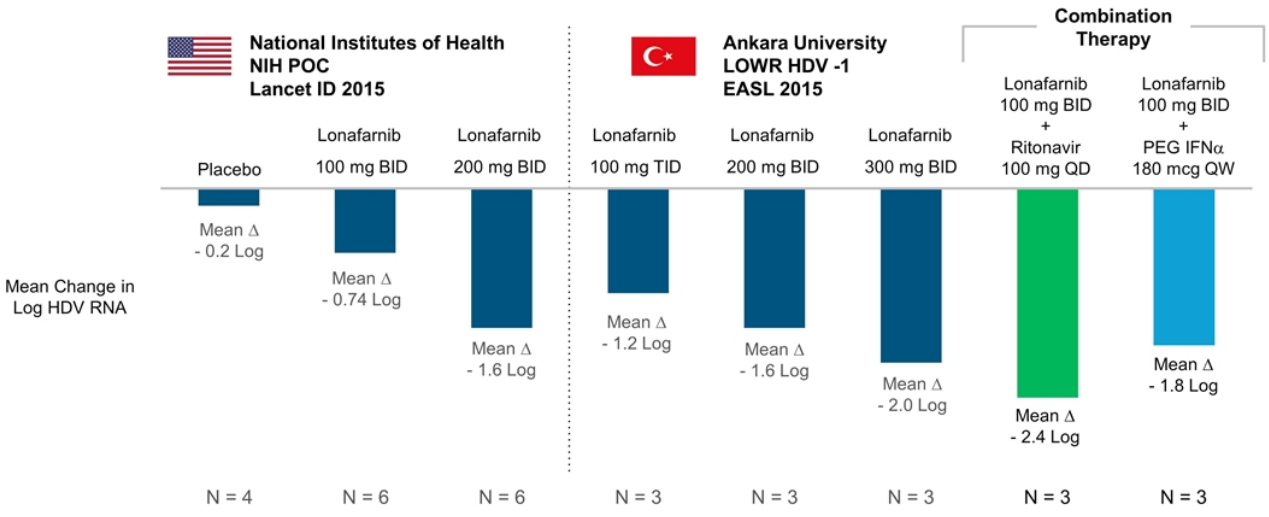
Goal: Identify Dose and Regimen for Registration N=129

• **Proof of Concept**				
- Monotherapy	N = 14	NIH		
• **LOWR HDV – 1**				
- ± RTV or PEG IFNα	N = 21			**Published On Line Hepatology**
• **LOWR HDV – 2**				
- Dose Finding ± PEG IFNα	N = 58			**Draft Manuscript**
• **LOWR HDV – 3**				
- QD Dose	N = 21	NIH		**Draft Manuscript**
• **LOWR HDV – 4**				
- Dose-Escalation	N = 15	MHH Hannover Medical School		**Draft Manuscript**

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

LONAFARNIB DECREASES HDV-RNA VIRAL LOAD

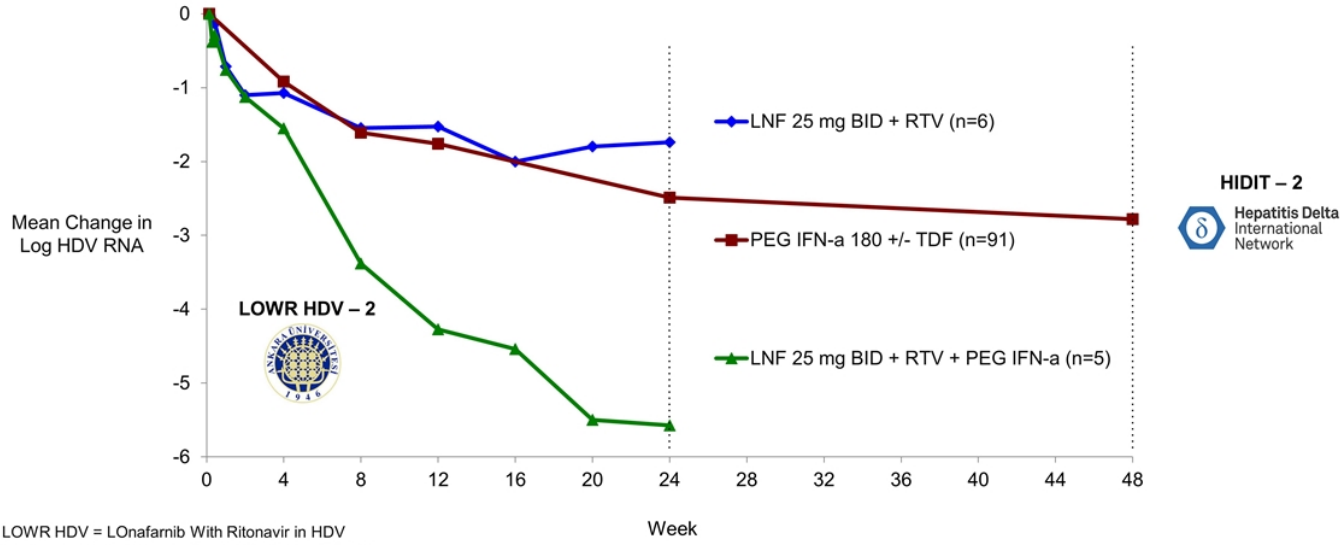
4 Week Reduction in HDV-RNA with Lonafarnib



Koh et al, Lancet Infect Dis, 2015.
LOWR HDV = LOnafarnib With Ritonavir in HDV; Yurdaydin, C. et al, J Hepatology 2015 Abstract #O118

LONAFARNIB + RITONAVIR + PEG IFNα

Most Rapid and Profound Decline in HDV-RNA



LOWR HDV = LOnafarnib With Ritonavir in HDV

Yurdaydin, C. et al, Hepatology 2016 Abstract #1845

LONAFARNIB PHASE 2 HDV PROGRAM

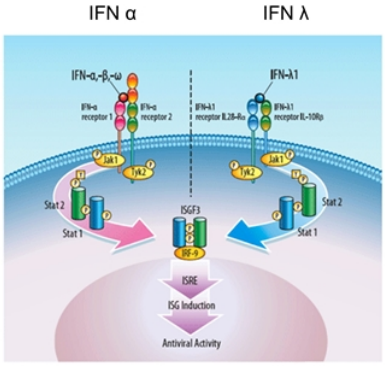
Dose, Combinations and Endpoints Defined*

- **All-oral** LNF 50 mg BID + RTV
  - 7 of 14 (50%) patients ≥ 2 log decline or PCR-negative at Week 24
- **Combination** LNF 25 mg BID + RTV + PEG IFNα
  - Results in highest response rates
  - 5 of 7 (71%) patients ≥ 2 log decline or PCR-negative at Week 24
- Majority of patients normalized ALT at Week 24
- GI AEs predominantly mild / moderate

* Yurdaydin et al., EASL 2017, J Hepatology; Koh et al., EASL 2017, J Hepatology; Wedemeyer et al., EASL 2017, J Hepatology

PEGYLATED INTERFERON LAMBDA

A Better Tolerated Interferon

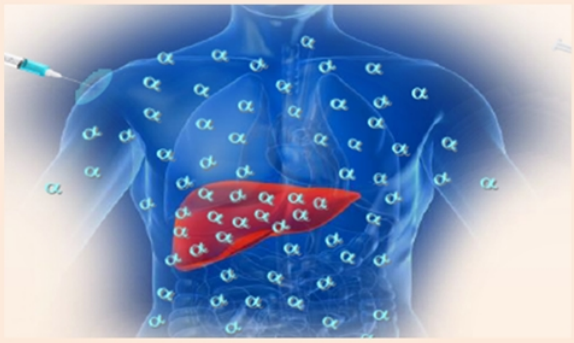


- A novel first in class Type III interferon
- Binds to a unique receptor versus Type I interferons
  - Highly expressed on hepatocytes
  - Limited expression on hematopoietic cells and CNS cells
- Uses similar downstream signaling pathway as Type I interferons
- Greater than 3,000 patients in 17 clinical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

*Chan, HLY et al, J Hepatology 2016

LIMITED EXTRA HEPATIC LAMBDA RECEPTOR DISTRIBUTION

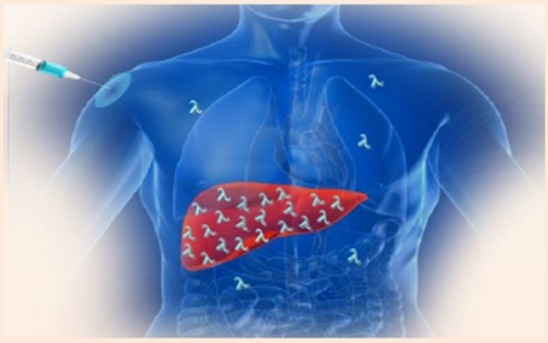
Alfa receptors **widely** distributed throughout body.



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

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

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

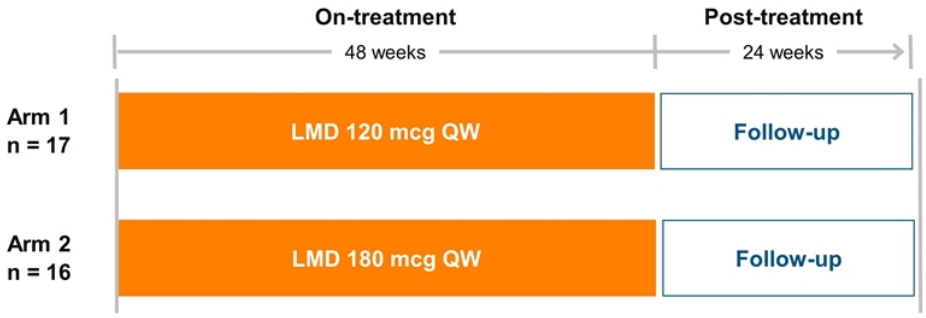


Potential for **LESS** IFN-associated abnormalities:

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

LIMT HDV "MONO": PHASE 2 STUDY

Lambda Interferon MonoTherapy Study in HDV



Enrollment Completed N=33

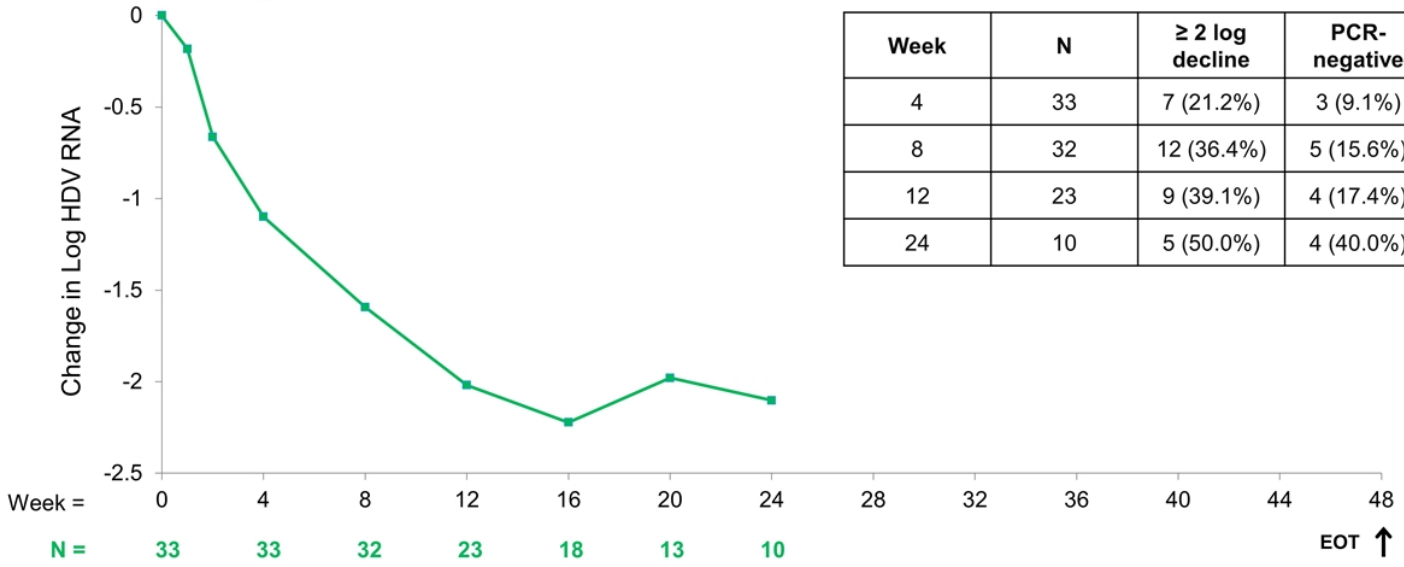
Goals:

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

Presented AASLD 2017

LAMBDA DEMONSTRATES RAPID DECLINE IN HDV-RNA*

Mean Change in HDV RNA



Week	N	≥ 2 log decline	PCR-negative
4	33	7 (21.2%)	3 (9.1%)
8	32	12 (36.4%)	5 (15.6%)
12	23	9 (39.1%)	4 (17.4%)
24	10	5 (50.0%)	4 (40.0%)

*Hamid S et al, Hepatology 2017.

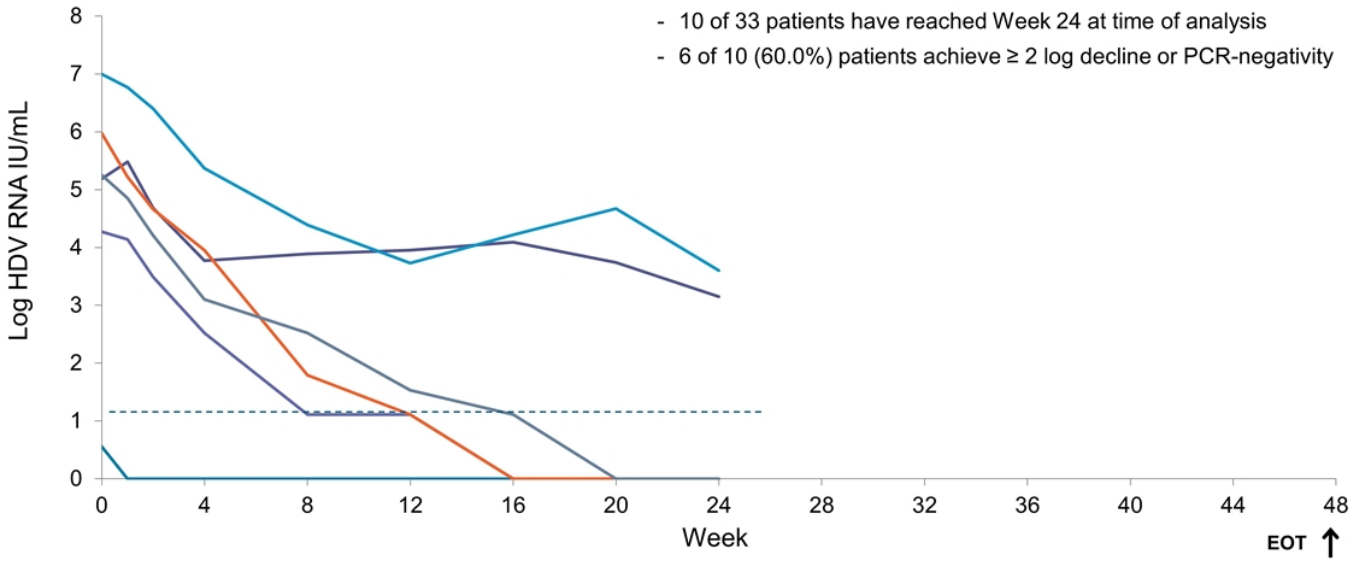
LIMT HDV - PEG IFN lambda

EIGER BIOPHARMACEUTICALS

Presented AASLD 2017

6 OF 10 (60%) PATIENTS RESPONDERS AT WEEK 24*

- 10 of 33 patients have reached Week 24 at time of analysis
- 6 of 10 (60.0%) patients achieve ≥ 2 log decline or PCR-negativity



*Hamid S et al, Hepatology 2017.

Limit of quantification = 14 IU/mL

EIGER BIOPHARMACEUTICALS

LAMBDA WELL TOLERATED IN MAJORITY OF PATIENTS

Presented AASLD 2017

AE Categories of Special Interest

AE of Special Interest	% Patients Reporting	Lambda 120 / 180 mcg N=33			
		Grade			
		1	2	3	4
Pyrexia[a,b]	13 (39.4%)	11	2		
Alopecia[a]	0 (0%)				
Fatigue[a]	11 (33.3%)	9	2		
Headache[a,b]	21 (63.6%)	15	6		
Neutropenia[a]	1 (3%)				1
Thrombocytopenia	0 (0%)				
Myalgia[a,b]	11 (33.3%)	8	3		
Dizziness[a,b]	4 (12.1%)	3	1		
Pruritus[a]	3 (9.1%)	3			
ALT increase	6 (18.2%)		6		
Depression[b]	1 (3%)	1			
Influenza-like Illness[b]	4 (12.1%)	4			

*Hamid S et al, Hepatology 2017.

[a] AEs occurring in >15% in alfa cohorts from prior studies: Chan et al, J. Heptaology, 2016
[b] Preferred terms found in the alfa label reported in at least 5% of patients

Presented AASLD 2017

LIMT HDV STUDY

Interim Results at Week 24*

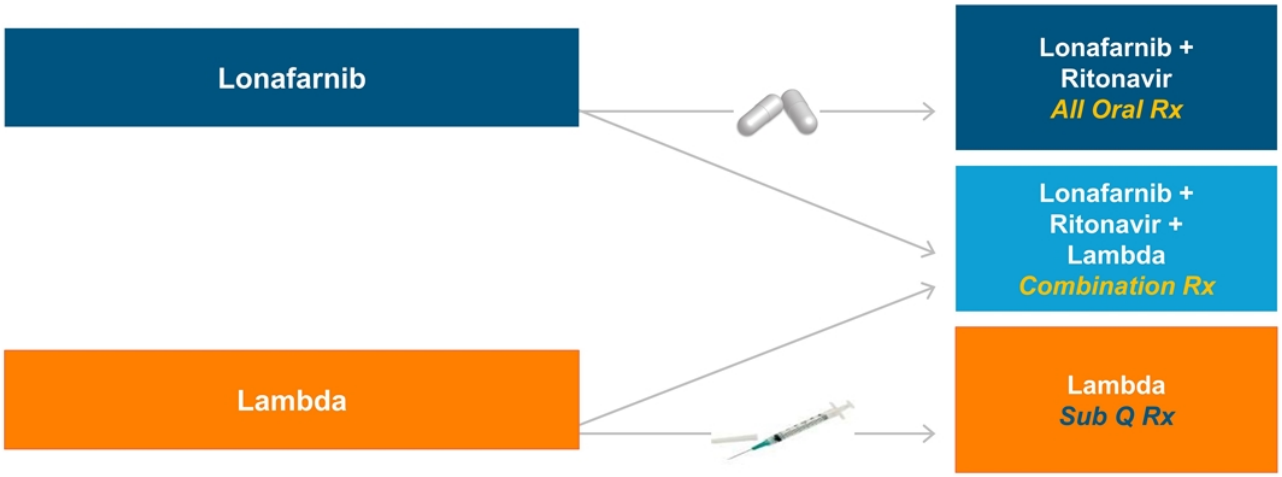
- Lambda demonstrates comparable anti-HDV activity to historical PEG-Alfa
- Lambda is well tolerated in the majority of patients
- Association of ALT flares with HDV viral load decline suggests a vigorous immune response to therapy rather than hepatotoxicity
- Lambda is a promising investigational agent, alone or in combination Rx in HDV

*Hamid S et al, Hepatology 2017.

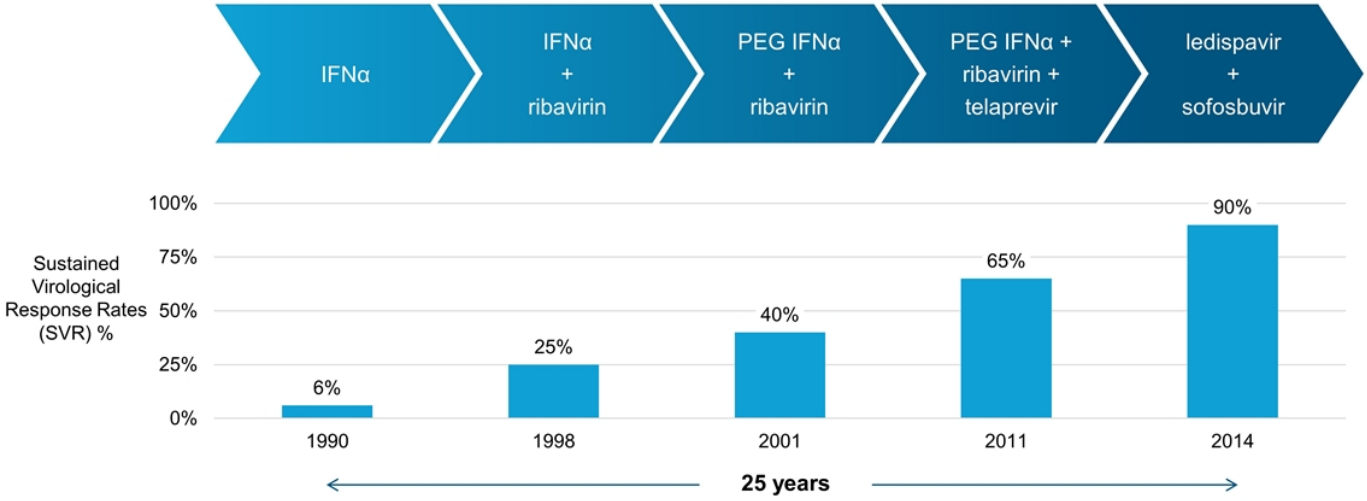
EIGER BIOPHARMACEUTICALS

COMPLEMENTARY DRUGS FOR HDV

Multiple Treatment Options



COMBINATION THERAPY MOST EFFECTIVE FOR HEPATITIS C



We Believe Combination Therapy Will Benefit HDV Patients

Source: Frost and Sullivan HCV Reports, Manns et al Nat Rev Drug Dis 12 (2013)

HDV PROGRAM: FDA MEETING

Division of Antiviral Drug Products (DAVDP)

- Eiger had a very positive meeting with the agency on February 14th.
- Agency has agreed that the next Eiger study can be a single, registration trial in HDV.
- Eiger expects written minutes from the agency within 30 days and intends to communicate further information about plans during the second quarter of this year.

HDV PROGRAM: PREPARING FOR REGISTRATION

	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 **HDV** **Lonafarnib & Lambda**	✓ LIMT Interim Data AASLD	✓ FDA Meeting	◎ EASL	◎ LIMT Study Dosing Complete	Initiating Phase 3 →

✓ Completed ◎ Planned

POST-BARIATRIC HYPOGLYCEMIA (PBH)

OVERVIEW

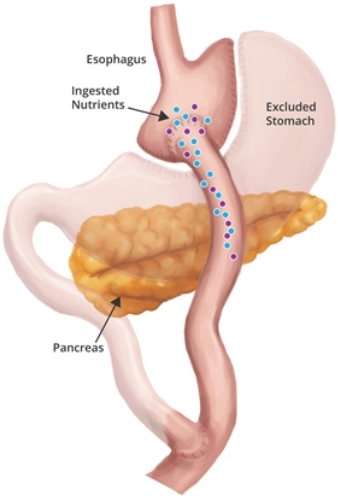
- Bariatric Surgery Increasing due to Morbid Obesity
  - ~200K US / ~100K EU in 2015*
  - Significant Impact: Weight Loss, Glycemic Control
  - Roux-en-Y Gastric Bypass ~35% of all procedures
- Postprandial Hypoglycemia: Serious Complication
  - Dangerously low blood sugar after meals
  - Impacts 5-10%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

* American Society for Metabolic and Bariatric Surgery 2015

ROUX-EN-Y GASTRIC BYPASS AND PBH

Exaggerated Nutrient Sensing

ALTERED NUTRIENT TRANSIT
POST ROUX-EN-Y GASTRIC BYPASS

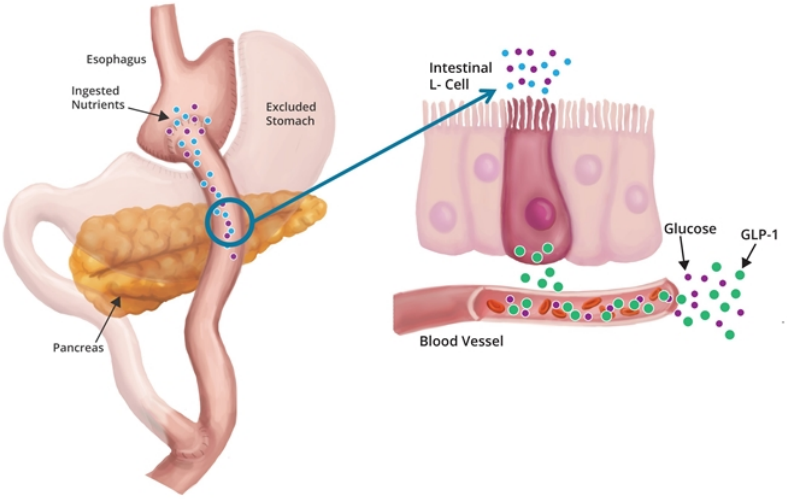


Craig et al. Diabetes, Obesity and Metabolism 2017

ROUX-EN-Y GASTRIC BYPASS AND PBH

Increased GLP-1 Secretion

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



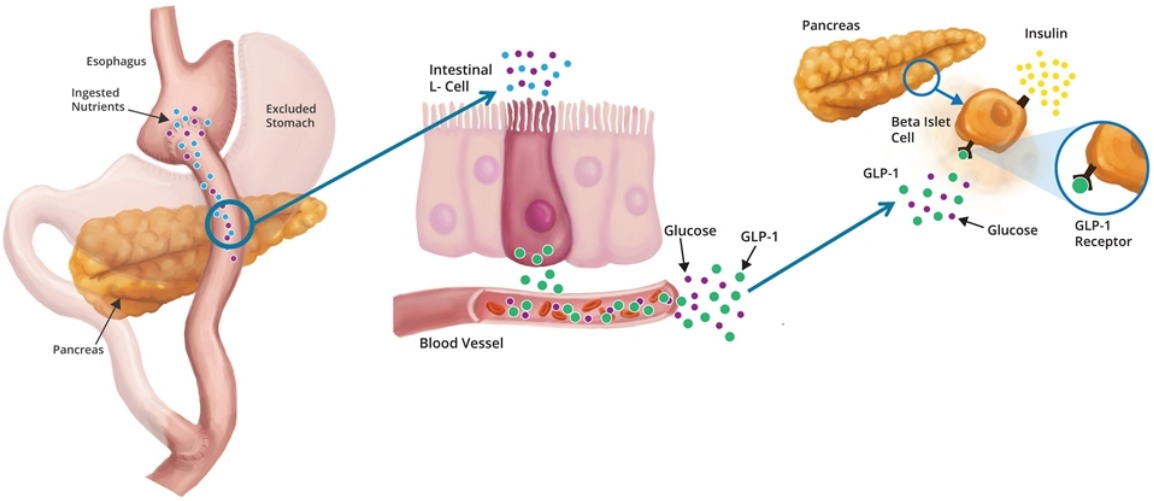
Craig et al. Diabetes, Obesity and Metabolism 2017

ROUX-EN-Y GASTRIC BYPASS AND PBH

Hyperinsulinemia

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

HYPER-SECRETION OF INSULIN



Autonomic
- Sweating
- Shaking
- Palpitations
- Hunger

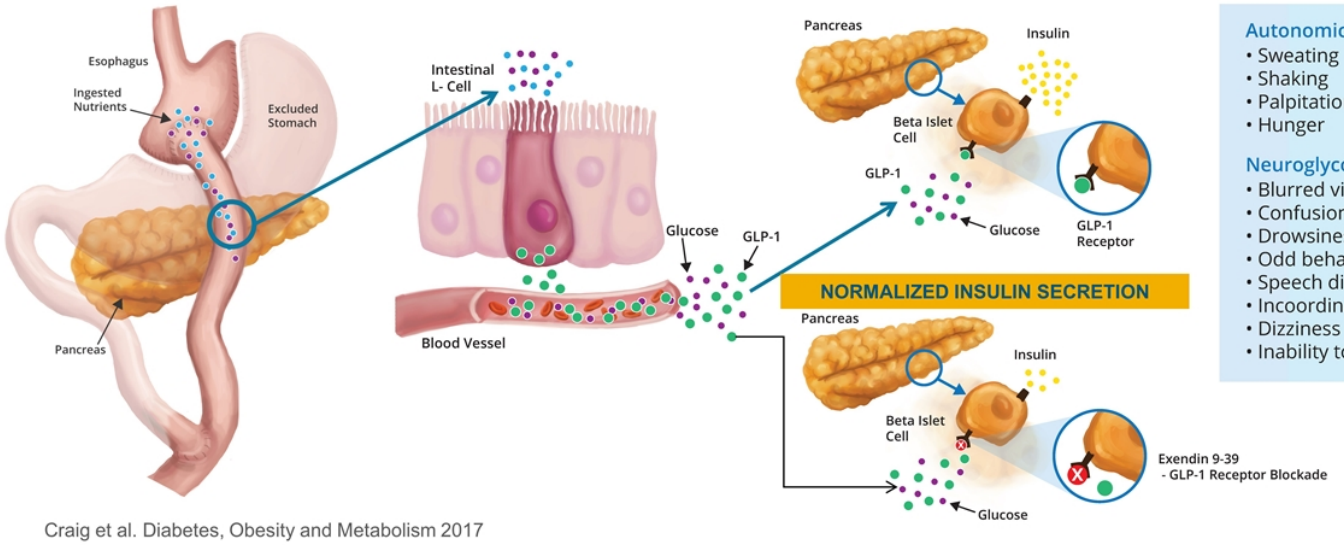
Neuroglycopenic
- Blurred vision
- Confusion
- Drowsiness
- Odd behavior
- Speech difficulty
- Incoordination
- Dizziness
- Inability to concentrate

Craig et al. Diabetes, Obesity and Metabolism 2017

EXENDIN 9-39 IS A GLP-1 ANTAGONIST

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

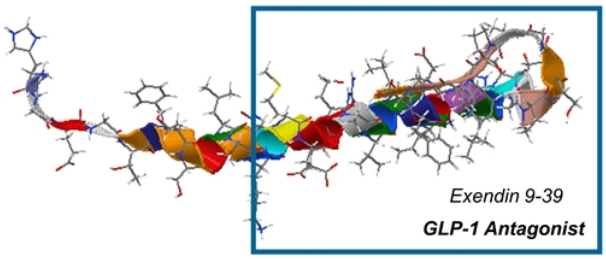
Neuroglycopenic
- Blurred vision
- Confusion
- Drowsiness
- Odd behavior
- Speech difficulty
- Incoordination
- Dizziness
- Inability to concentrate

Craig et al. Diabetes, Obesity and Metabolism 2017

EXENDIN 9-39 IS A GLP-1 ANTAGONIST

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

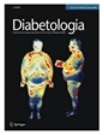
- Proof of Concept in PBH Patients
  - 36 patients dosed at Stanford
  - Multiple clinical studies completed
- Previous experience as investigational agent
  - >300 patients reported dosed worldwide*
- Novel Liquid Formulation Developed
- Orphan Designation Granted in US and EU



* www.clinicaltrials.gov

PHASE 2 CLINICAL PROOF OF CONCEPT DEMONSTRATED

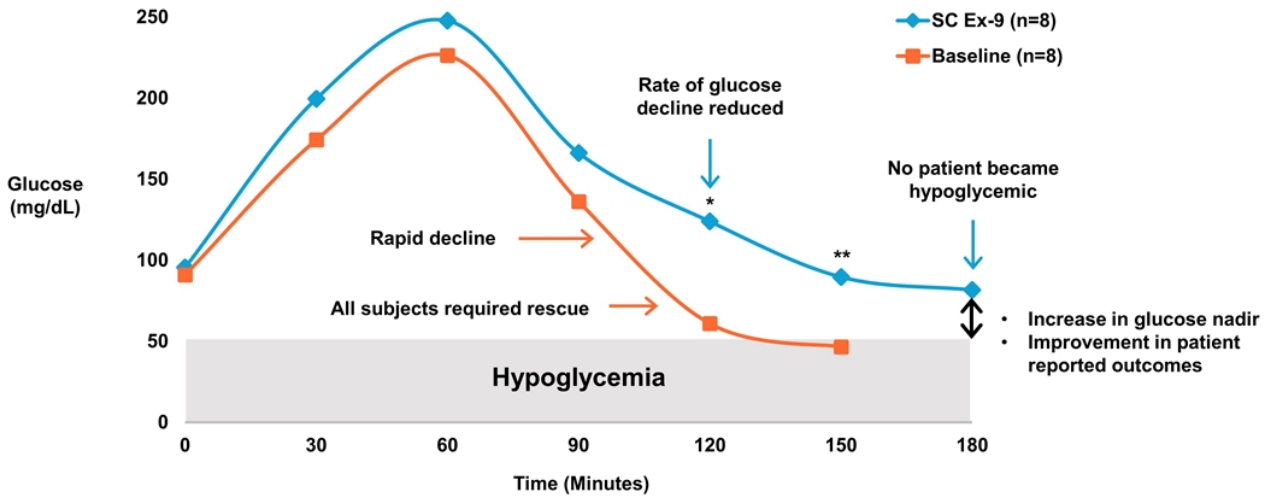
36 Patients Dosed in Clinical Studies with Exendin 9-39

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 REDUCES PBH

Single Ascending Dose Study Results

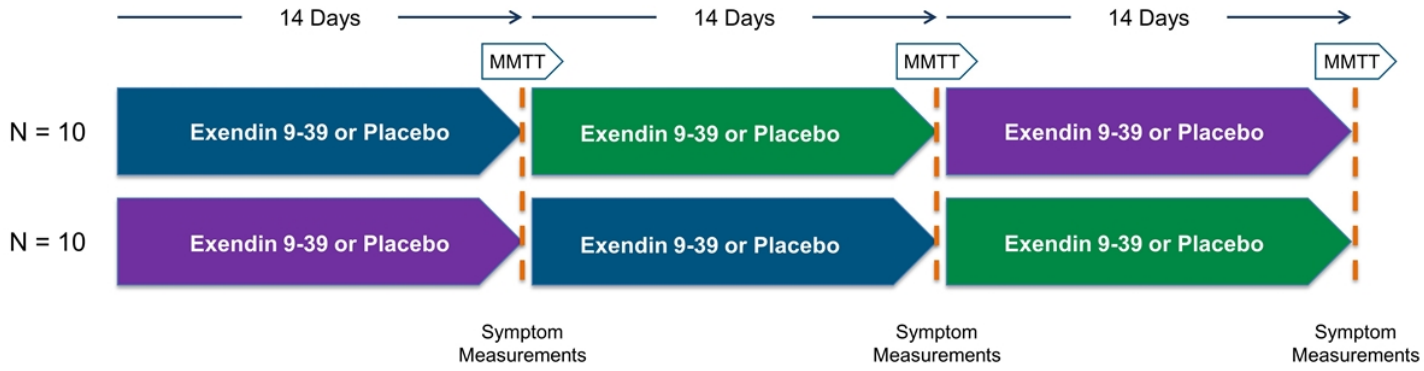


• P<0.05, ** P<0.01

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

PREVENT 28-DAY, PHASE 2 STUDY NOW ENROLLING

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



Placebo or Dose 1 or Dose 2

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

PBH PROGRAM: ADDITIONAL PHASE 2 DATA 2H 2018

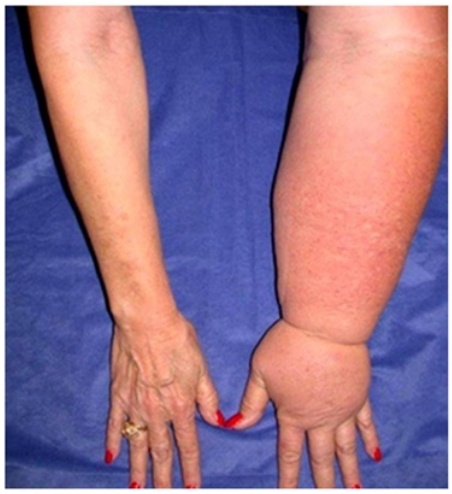
	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 HDV Lonafarnib & Lambda	LIMT Interim Data AASLD	FDA Meeting	EASL	LIMT Study Dosing Complete	
 **PBH** **Exendin 9-39**	**PREVENT Phase 2 Study Initiation** ✓		**PREVENT Enrollment Complete** ◎	**PREVENT Study Data** ◎	

✓ Completed ◎ Planned

LYMPHEDEMA

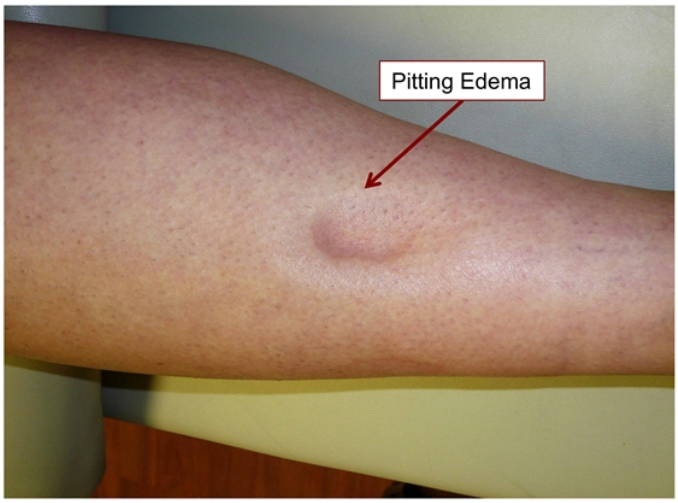
OVERVIEW

- State of vascular insufficiency
  - Decreased clearance of interstitial fluid
  - Debilitating architectural alterations in skin and tissues
- Primary Lymphedema – hereditary
  - Estimated US / EU ~35,000 (Orphan)
- Secondary Lymphedema – due to causative event
  - Estimated US / EU ~1 million +
- No approved pharmacological therapy
- Elevated LTB_4 in animal models and human lymphedema*
  - Targeted blockade of LTB_4 improves preclinical lymphedema

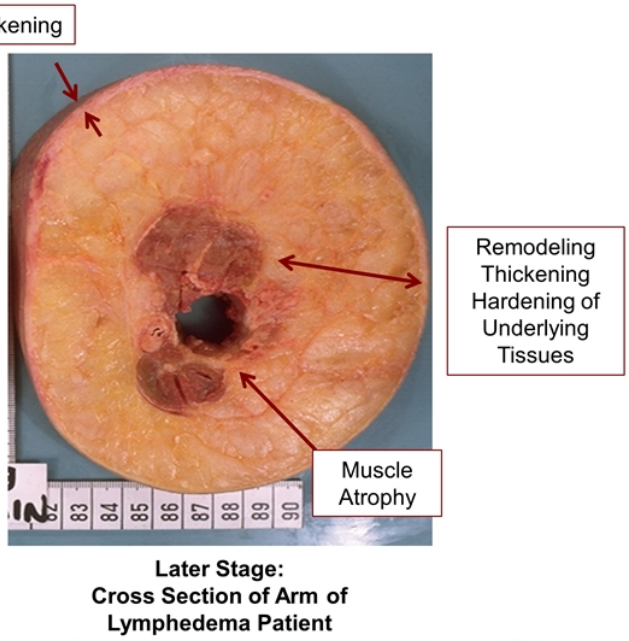


*Tian et al, Sci Trans Med 2017

LYMPHEDEMA: A PROGRESSIVE DISORDER



Early Stage
Lymphedema



Later Stage:
Cross Section of Arm of
Lymphedema Patient

KETOPROFEN REDUCES PRECLINICAL LYMPHEDEMA

Ketoprofen MOA Not Defined in 2009

PLoS ONE 2009

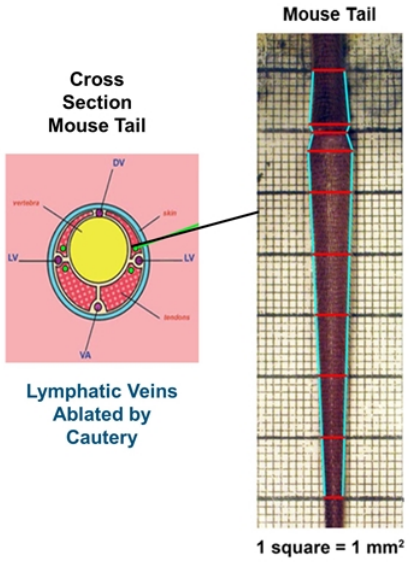
Anti-Inflammatory Pharmacotherapy with Ketoprofen Ameliorates Experimental Lymphatic Vascular Insufficiency in Mice

Kenta Nakamura, Kavita Radhakrishnan, Yat Man Wong, Stanley G. Rockson*

Division of Cardiovascular Medicine, Stanford University School of Medicine, Stanford, California, United States of America

Results:

- Lymphedema is Reduced by NSAID Ketoprofen
- NSAID Ketoprofen Normalizes Histological Changes



Rockson et al, PLOS ONE Dec 2009

EIGER BIOPHARMACEUTICALS

TWO KETOPROFEN CLINICAL POC STUDIES

Studies Completed: Manuscript Prepared for Submission

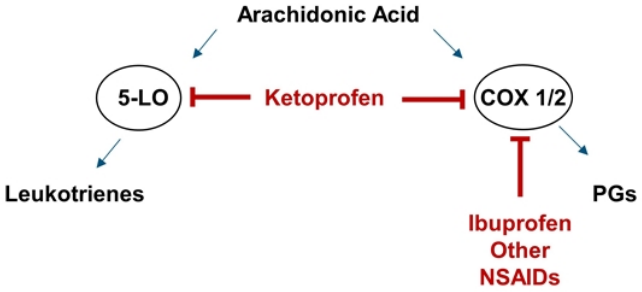
- **Study 1: Open Label N = 16**
- Primary and Secondary Lymphedema
- Ketoprofen 75 mg TID for 120 Days
- Primary Endpoint: Skin Thickness
- Secondary Endpoint: Histology

- **Study 2: Placebo Controlled N = 29**
- Primary and Secondary Lymphedema
- Ketoprofen 75 mg TID for 120 Days
- Primary Endpoint: Skin Thickness
- Secondary Endpoint: Histology

Stanford Medicine Team preparing combination manuscript for publication in 2018

KETOPROFEN DUAL MECHANISM OF ACTION

Inhibitor of Prostaglandin and Leukotriene Synthesis



Black Box Warnings*

Cardiovascular Risk

- Increased risk of serious CV events…

Gastrointestinal Risk

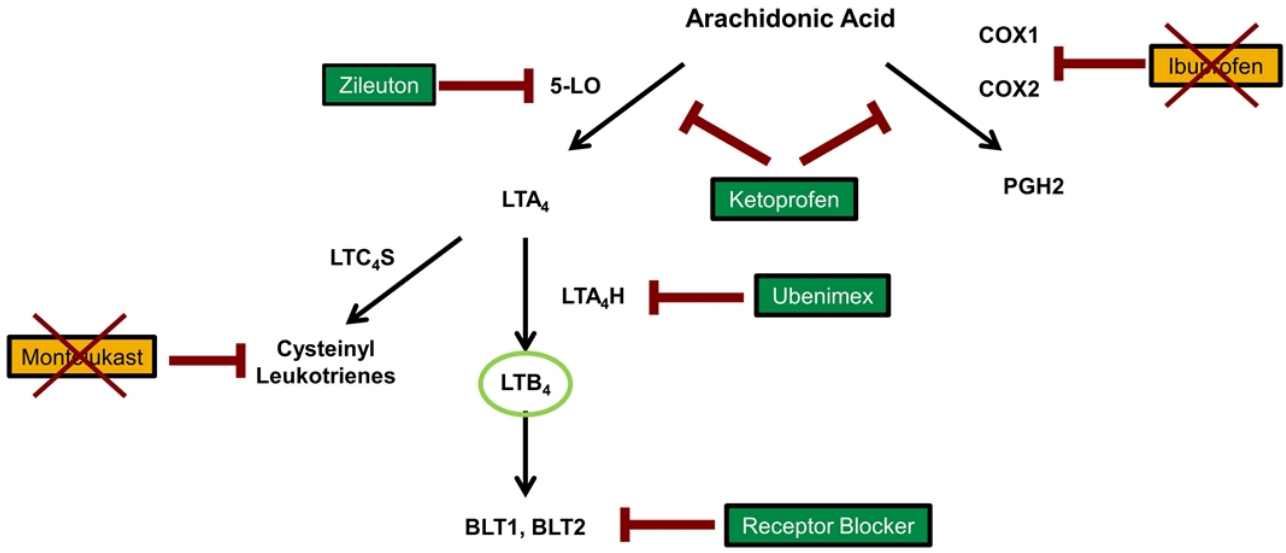
- Increased risk of serious GI events…

Safer, more targeted therapy needed for chronic use

* Orudis (ketoprofen) Prescribing Information

VASCULAR BIOLOGY

Leukotriene B_4 antagonism ameliorates experimental lymphedema

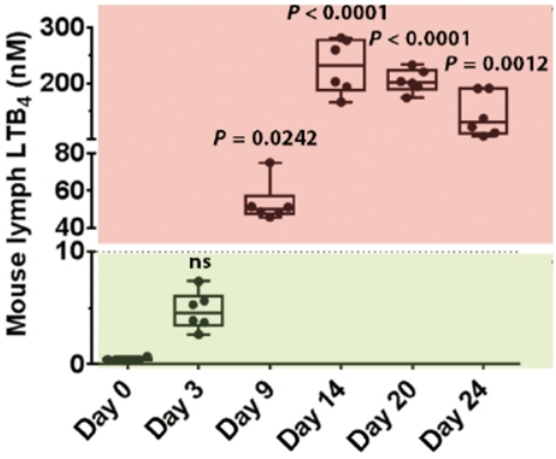


Rockson et al, Science Translational Medicine May 2017

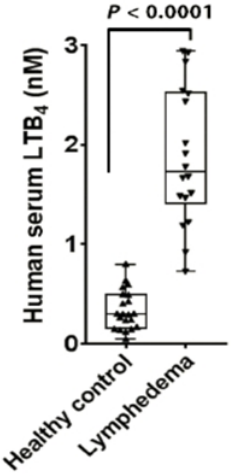
LTB_4 IS ELEVATED IN LYMPHEDEMA

Preclinical and Clinical Lymphedema

Mouse Lymph Fluid



Human Serum

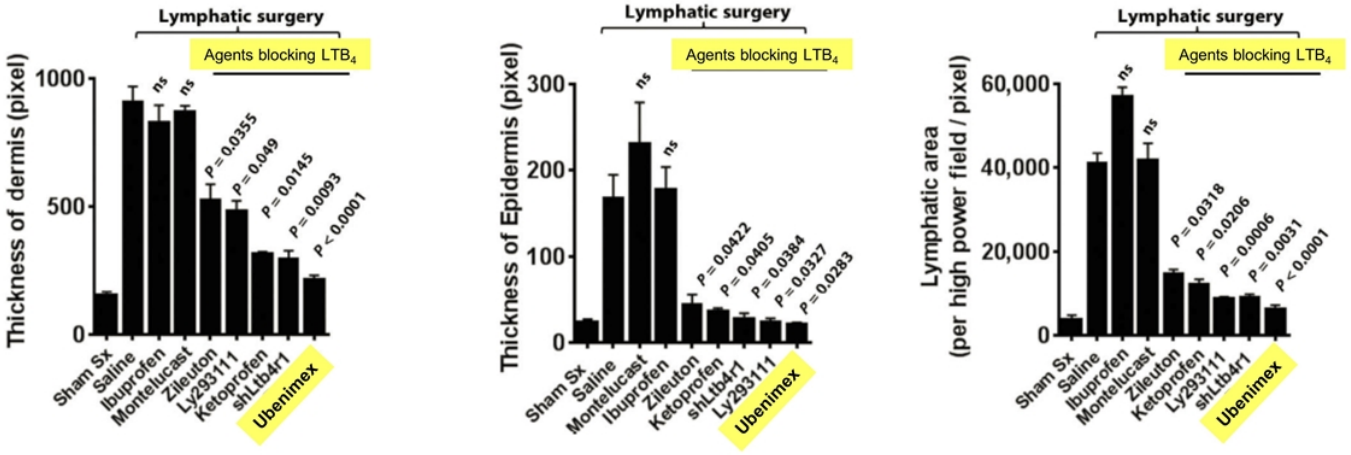


Rockson et al, Science Translational Medicine May 2017

EIGER BIOPHARMACEUTICALS

LTB_4 MODULATION IMPROVES PRECLINICAL LYMPHEDEMA

Reduced Dermal Thickness, Reduced Epidermal Thickness, Reduced Lymphatic Area



Rockson et al, Science Translational Medicine May 2017

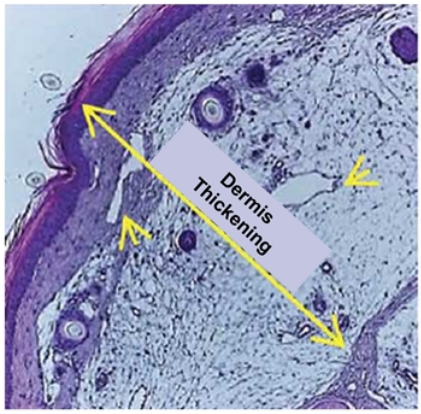
UBENIMEX IMPROVES HISTOLOGY IN PRECLINICAL MODEL

Better Lymphatic Clearance, Diminished Tissue Inflammation

Healthy

Baseline

Saline



Lymphedema: Day 24

Ubenimex

Lymphedema: Day 24

Rockson et al, Science Translational Medicine May 2017

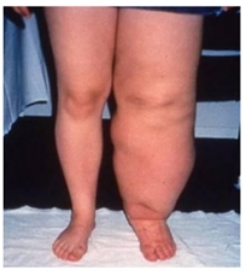
UBENIMEX

Potential for 1st Lymphedema Disease Modifying Agent

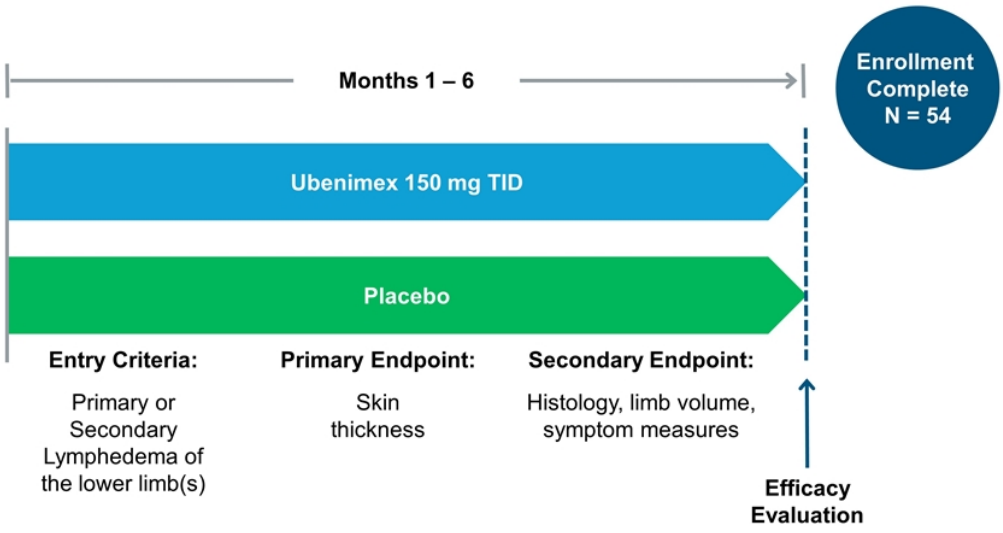
- Oral, small molecule, LTA_4H inhibitor
- Well-characterized, well-tolerated as labeled
- Marketed as an adjuvant to chemotherapy in JP since 1987
- No liabilities of COX inhibition
- Never introduced in the US or EU

UBENIMEX FOR LYMPHEDEMA: PHASE 2 STUDY

Evaluating Efficacy, Safety/Tolerability and PK in Lymphedema Patients



Potential for 1st Rx and Disease Modifying Therapeutic



LYMPHEDEMA PROGRAM: DELIVERING PHASE 2 DATA 2H 2018

	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
HDV Lonafarnib & Lambda	LIMT Interim Data AASLD	FDA Meeting	EASL	LIMT Study Dosing Complete	
PBH Exendin 9-39	PREVENT Phase 2 Study Initiation		PREVENT Enrollment Complete	PREVENT Study Data	
Lymphedema Ubenimex	ULTRA Enrollment Complete ✓			ULTRA Study Data ◎	

✓ Completed ◎ Planned

EIGER PIPELINE AND MILESTONES

Regulatory and Clinical Announcements Across All Programs in 2018

	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
 **HDV** Lonafarnib & Lambda	✓ LIMT Interim Data AASLD	✓ FDA Meeting	◎ EASL	◎ LIMT Study Dosing Complete	Initiating Phase 3
 **PBH** Exendin 9-39	PREVENT Phase 2 Study Initiation ✓		◎ PREVENT Enrollment Complete	◎ PREVENT Study Data	
 **Lymphedema** Ubenimex	ULTRA Enrollment Complete ✓			ULTRA Study Data ◎	

✓ Completed ◎ Planned

EIGER BIOPHARMACEUTICALS

WHY IS EIGER DIFFERENT?

Lonafarnib
HDV

Lambda
HDV

Exendin 9-39
PBH

Ubenimex
Lymphedema

EFFICIENT VENTURE MODEL
Multiple programs in single pipeline

RAPID PATH TO CLINIC
Well-Characterized compounds directly into Phase 2

MULTIPLE RARE INDICATIONS
Unmet medical needs with large market opportunities

ADVANCING PIPELINE
HDV Program in Phase 3 by end of 2018

EXPERIENCED MANAGEMENT
In development, sales and marketing for rare diseases

MULTIPLE FINANCING OPTIONS
Finance to NDA, partnership for non-dilutive capital, licensing

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	
JOANNE QUAN, MD	Chief Medical Officer	
JIM SHAFFER, MBA	Chief Business Officer	
LISA PORTER, MD	Senior VP, Clinical Development	

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

CONQUERING RARE DISEASES