



Investor Presentation January 2014



Safe Harbor Statement

This presentation includes forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, or the Exchange Act. All statements other than statements of historical facts contained in this presentation, including statements regarding our anticipated future clinical and regulatory events, future financial position, business strategy and plans and objectives of management for future operations, are forward-looking statements. Forward looking statements are generally written in the future tense and/or are preceded by words such as “may,” “will,” “should,” “forecast,” “could,” “expect,” “suggest,” “believe,” “estimate,” “continue,” “anticipate,” “intend,” “plan,” or similar words, or the negatives of such terms or other variations on such terms or comparable terminology. Such forward-looking statements include, without limitation, statements regarding the potential future commercialization of our product candidates, the anticipated start dates, durations and completion dates, as well as the potential future results, of our ongoing and future clinical trials, the anticipated designs of our future clinical trials, anticipated future regulatory submissions and events, our anticipated future cash position and future events under our current and potential future collaborations. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including without limitation to the risks described in “Risk Factors” in Part I, Item 1A of Ampio Pharmaceuticals, Inc. Annual Report on Form 10-K and in the other reports and documents we file with the Securities and Exchange Commission from time to time. These risks are not exhaustive. Other sections of Ampio Pharmaceuticals, Inc. Annual Report on Form 10-K and such other filed reports and documents include additional factors that could adversely impact our business and financial performance. Moreover, we operate in a very competitive and rapidly changing environment. New risk factors emerge from time to time and it is not possible for our management to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. We cannot assure you that the events and circumstances reflected in the forward-looking statements will be achieved or occur and actual results could differ materially from those projected in the forward looking statements. We assume no obligation to update or supplement forward-looking statements.

Ampio's R&D Strategy

Develop therapies that decrease inflammation by:

- Inhibiting specific pro-inflammatory compounds by affecting specific pathways at the protein expression as well as the transcription level
- Activating specific phosphatase or depleting available phosphate needed for the inflammation process
- Decreasing vascular permeability

Focused on efficient development of novel therapeutics

Ampio's Pipeline Overview

Core Development Assets						
Ampion	PC	Phase 1	Phase 2	Phase 3	BLA Filed	Approved
Degenerative Joint Disease						
Osteoarthritis of the Knee (OAK)						
T-Cell Mediated Disease						
Crohn's Disease						
Optina	PC	Phase 1	Phase 2	Phase 3	NDA Filed	Approved
Diabetic Angiopathies						
Diabetic Macular Edema (DME)						

Note: pre-clinical Ampion in Crohn's Disease study will be Investigator Initiated Trial 4



Ampion



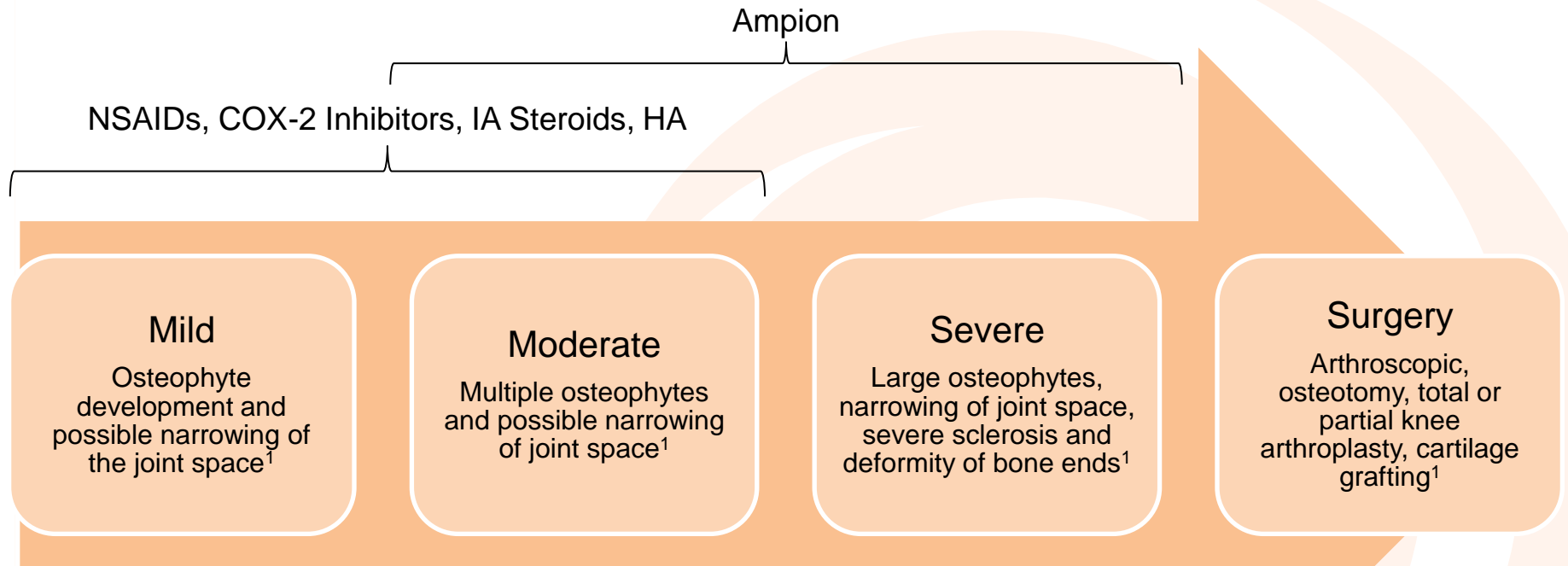
Novel Biologic with Unique MOA

- Low molecular weight fraction, < 5 kDA, of commercial human serum albumin
- Aspartyl-alanyl diketopiperazine (DA-DKP) primary constituent ingredient¹
- Suppresses pro-inflammatory cytokine production in T-cells²
- Inhibits early activation of memory T-cells but not naïve T-cells²
- Demonstrates significant efficacy across broad spectrum of OAK patients graded Kellgren-Lawrence 2 through 4 – radiographic OA grading instrument
- Efficacy seen as early as 4 weeks and through 20 weeks

High Barriers to Entry

- 3 patent families consisting of 42 issued patents and 44 pending patents
- Summary of composition claims
 - Pharmaceutically-acceptable carrier and DA-DKP
 - Filtrate produced by passing a solution of a protein or peptide over an ultrafiltration membrane with a molecular weight cutoff that retains albumin
- 12 years data BLA exclusivity in US upon approval & long-term supply agreement

Treatment & Progression of OAK

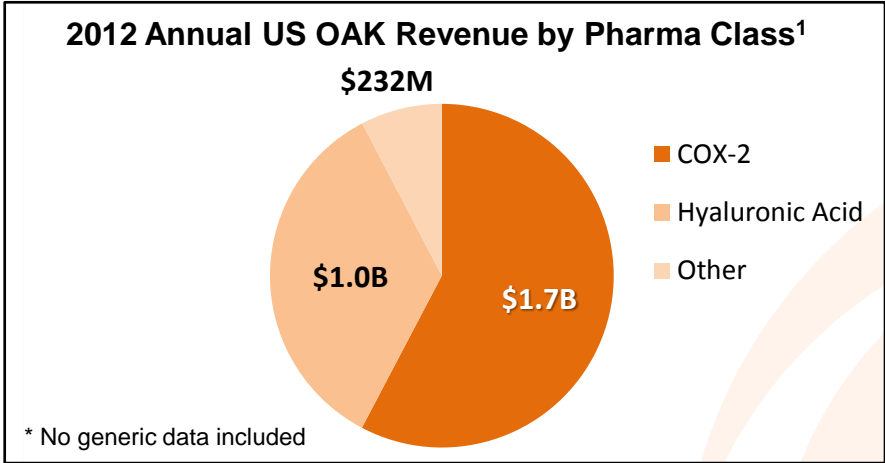


60% suffering from either moderate or severe disease²

Approximately 20 million symptomatic patients in the US at annual growth rate 1.8%³

Radiological changes in the knee occur gradually over time. These changes result in increased pain, stiffness, and lack of physical function as the disease progresses from mild to the point where surgical intervention is necessary.

OAK Competitive Landscape



Key Points

- The osteoarthritis pharmacologic market is approximately \$3.1 billion
- COX-2 therapies dominate the market, but Celebrex will go generic in 2015
- Recent changes to the AAOS guidelines on hyaluronic acids may impact future market revenues²
- No intra-articular therapies have consistently established efficacy in KL 3 & 4 patients
- Market revenue is expected to decrease as the share of generics increases through 2017
- The introduction of a disease-modifying drug could dramatically change OA market economics by capturing a sizable share of revenues

Anti-NGFs

- Once promising, but now under scrutiny by the FDA
- Associated with rates of rapidly progressive osteoarthritis³

p38 Inhibitors

- Compelling clinical data, but with cardiac safety issues
- Associated with an increased risk of arrhythmia⁴

Corticosteroids

- Sustained-release corticosteroids are troublesome due to the fact that they do not provide long-lasting treatment and can only be given three times a year due to evidence that suggests frequent injections may damage cartilage⁵

1. Evaluate Pharma Indication>>Musculoskeletal>>Arthritis | Osteoarthritis Report | Indication Profile. September 20, 2013
2. www.aaos.org. "AAOS Evidence-Based Clinical Practice Guidelines" Accessed on September 29, 2013.
3. www.medscape.com. "Tanezumab-Related Adverse Events Adjudicated." Accessed October 7th, 2013
4. www.businessweek.com. "Array BioPharma skids on side effects of pain drug." Accessed October 8, 2013
5. www.medscape.com. "Osteoarthritis Treatment and Management." Accessed October 8th, 2013.

SPRING: Pivotal Trial Summary

Overview

- 9 centers, N=329, randomized 1:1:1:1, double-blind, parallel group
- Ampion 4 mL vs. saline 4mL & Ampion 10 mL vs. saline 10 mL
- Rapid completion – enrollment completed in less than 4 weeks
 - Study initiation date: March 29, 2013
 - Study completion date: August 19, 2013
- Primary efficacy endpoint: difference in pain reduction as measured by WOMAC A subscale at 12 weeks
- Efficacy determined by WOMAC and PGA
- Safety examined as incidence and severity of AEs
- 20 week ad hoc follow-up to determine duration of effect

Ampion Demonstrated Significant Efficacy Throughout the Treatment Period

- No significant difference between the 4 mL and 10 mL Ampion cohorts
- Patients receiving Ampion experienced, on average, a 42.3% reduction in pain
- Patients receiving Ampion achieved significantly greater improvement from baseline to 12 weeks compared to saline vehicle control:
 - Pain (WOMAC A) $p = 0.0038$
 - Function (WOMAC C) $p = 0.044$
 - Patient Global Assessment (PGA) of disease severity $p=0.012$
- Efficacy seen as early as week 4: $p = 0.025$
- K-L IV patients receiving Ampion achieved a significantly greater reduction in pain at 12 weeks compared to saline vehicle control ($p=0.017$)
- Ampion was well tolerated. There were no drug-related serious adverse events. All AEs were well balanced between Ampion and control groups
- Positive ad hoc 20 week evaluation

Efficacy Established Across:

- Significant improvements in pain, function, and PGA of disease severity
- Pronounced effect in patients with severe OA

STEP Study: Final Pivotal Trial Design

Overview

- 17 centers, N=500, randomized 1:1, double-blind
- Ampion 4 mL vs. saline 4mL vehicle control
- Primary efficacy endpoint: difference in pain reduction as measured by WOMAC A subscale at 12 weeks
- 20 week follow-up to determine duration of effect
- Top-line results expected in 3Q 2014

Inclusion Criteria

- Clinical diagnosis & radiological evidence of symptomatic OAK (K-L II, III, IV)
- Moderate to severe pain
- IA treatment naïve and previously treated patients

Exclusion Criteria

- Other conditions in the knee (e.g. crystal arthropathies, septic necrosis, TKA, major injury within 12 months prior to screening, tense effusions)
- Requires ongoing treatment with IA pain medications or systemic corticosteroids



Optina



Optina (danazol)

Inhibits Inflammation Induced Vascular Permeability at Low Doses

- The fat soluble low molecular weight weak androgen affects vascular permeability through the endothelial barrier in a biphasic manner¹
- Inhibits vascular permeability by stimulating formation of cortical actin ring and binding molecules¹
- Approved indications: Endometriosis, HAE, ITP, Fibrocystic Breast Disease
- Established safety profile

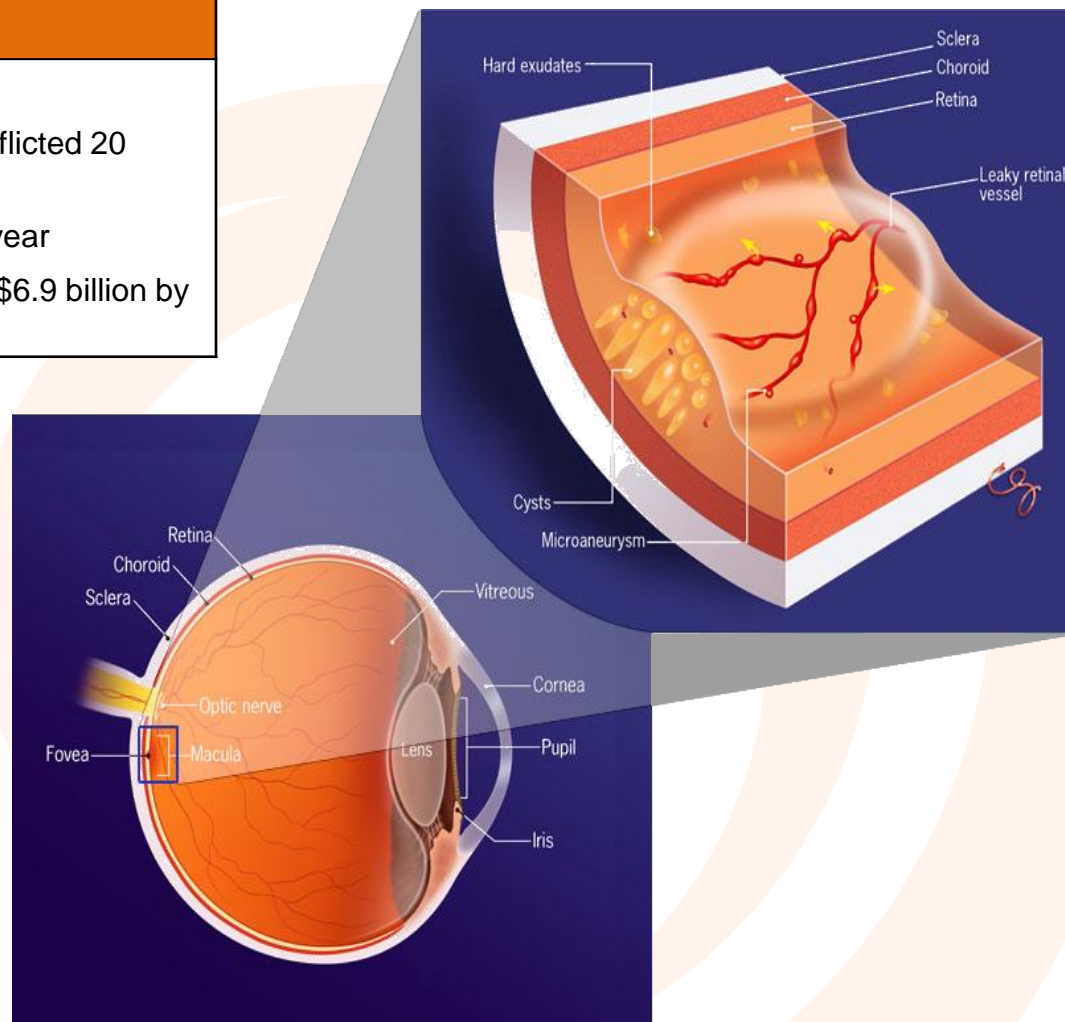
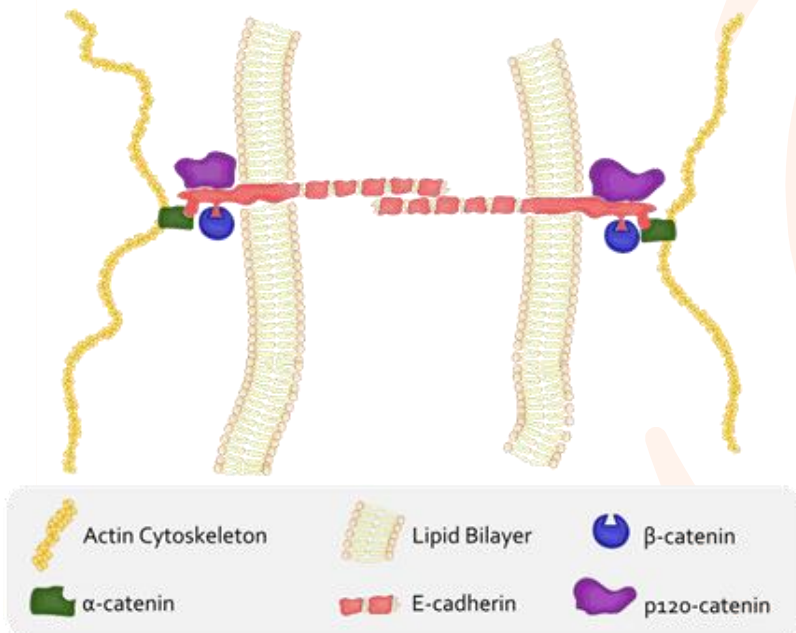
High Barriers to Entry

- 2 patent families consisting of 40 issued patents and 44 pending patents
- Understanding of new mechanism of action allows us to patent the invention
 - Angiogenesis and vascular permeability are distinct phenomena
 - It is surprising and unexpected that danazol affects vascular permeability at low doses and that the dose of danazol required for treating vascular permeability is different from the dose required for treatment of angiogenesis

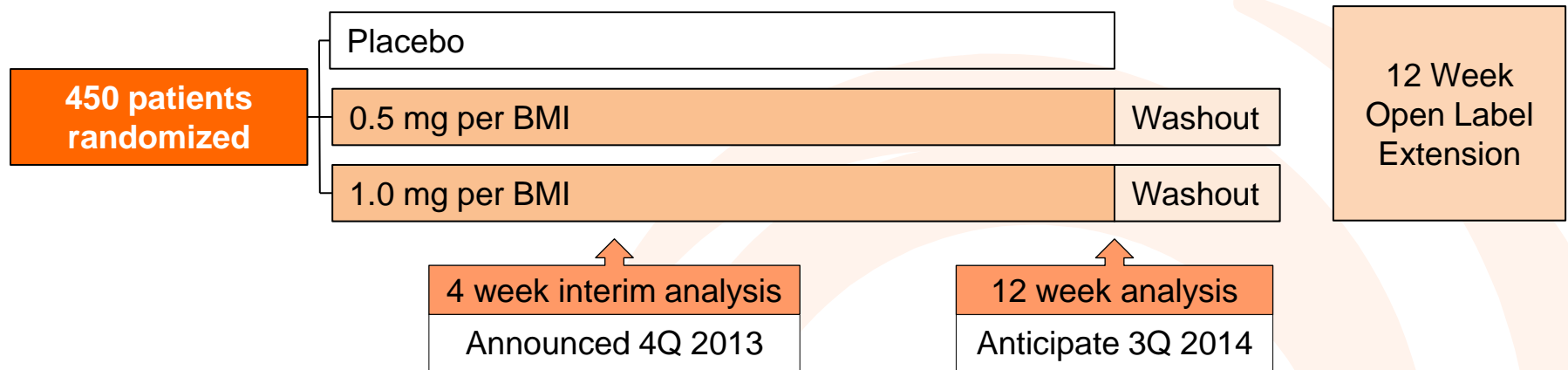
Diabetic Macular Edema

Key Statistics

- Diabetes affects 26 million people in the US
- DME is estimated to affect 30% of adult diabetics inflicted 20 years or more
- DME incidence in the US is 75,000 new cases per year
- Global macular edema market expected to grow to \$6.9 billion by 2017



Optina FDA Clinical Pathway



Overview

- Primary endpoint: Improvement in Best Corrective Visual Acuity (BCVA) vs. placebo
- >2/3 enrolled; Enrollment into the Open Label study is currently > 60%
- Optina 505(b)(2) designation enables efficient path toward NDA filing
- ~50% of patients are treatment naïve; ~50% have received anti-VEGF in past

Interim Analysis by Independent Data Review Committee

- Identified dosage demonstrating potentially beneficial anatomic effect
- No significant safety concerns



Summary



Investment Summary

Portfolio of Innovative Products to Treat Inflammatory Diseases

- Lead products address underserved, attractive markets
- Well defined and efficient clinical development plan
- Strong intellectual property covering major markets

Ampion for Osteoarthritis of the Knee

- Novel biologic with unique MOA
- Suppresses pro-inflammatory cytokine production in T-cells
- Positive pivotal data; no treatment related adverse events
- Demonstrates significant efficacy in moderate to severe OAK patients
- Efficacy seen as early as week 4 and at least until week 20
- Final Phase III top-line data expected 3Q 2014

Optina for Diabetic Macular Edema

- Phase IIb top-line data expected 3Q 2014
- Early efficacy signal confirmed

Financials

Stock Information	As of 01/09/2014
Symbol	AMPE
Mkt Cap:	\$335M
Shares Outstanding	41.8M
Shares Fully Diluted	47.9M
52-Week High	\$10.86
52-week Low	\$3.60
Average Daily Trading Volume (Shares) 90D	~294,000

Company is now funded through:

- Ampion US Phase III Final Pivotal Trial
- Renovation of new facility
- Ampion BLA filing
- Optina Phase IIb Trial
- Optina Open Label Extension

Summary Balance Sheet	As of 09/30/2013
Cash & Cash Equivalents	\$32.1M
Long-term Debt	\$0

Upcoming Milestones

Timing	Event
Q1-2014	Commence enrollment in Ampion Phase III pivotal study
Q3-2014	Phase IIb trial results for Optina in patients with DME
Q3-2014	Phase III trial results for Ampion in patients with OAK
Q4-2014	Potential BLA filing for Ampion in OAK
2014	Potential publications of Ampion



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