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MSCL-TSX, MSLE-NASDAQ

Rating:	Speculative Buy
Target:	US\$16.00
Price:	US\$10.10
Return:	58%
Valuation:	NPV (30% disc rate), 20x EPS, 12.5x EV/EBITDA (F2031 ests)

Cautious Capital Market Response To Encouraging But Not Definitive Interim SAT-3247 Update – Maintaining Spec Buy

ON-based rare disease drug developer Satellos Biosciences reported updated interim Phase II data from its 30-patient adult Duchenne muscular dystrophy trial (the TRAILHEAD) trial, testing its adaptor-associated protein kinase 1 (AAK1)-inhibiting orally-active small-molecule drug SAT-3247 for the indication. The update was actually part of a more comprehensive overview of multiple efficacy endpoints for SAT-3247, including those relevant to how SAT-3247 impacts biomarkers of disease (an indirect but still relevant measure of SAT-3247's impact on disease physiology), on how it impacts muscle function in diseased patients & on how it impacts actual muscle regeneration as measured by a novel analysis that Satellos described in one of three posters presented at a US-based muscular dystrophy-specific scientific conference earlier this week.

Summary & valuation. Initial capital market response to the SAT-3247 update was somewhere between ambiguous & negative, possibly driven in part by broader market desire to lock in transient returns on MSCL share value with the stock up 93% over the T6M period. Moreover, we would certainly consider the TRAILHEAD clinical data & biomarker data to be more evolutionary than revolutionary in our assessment of SAT-3247's clinical prospects.

But that said, TRAILHEAD data in particular from four evaluable subjects provided as many questions as answers on SAT-3247 mode of action, suggesting in an admittedly limited patient set that there may be a threshold of residual muscle function above which the drug is effective at augmenting muscle function but below which it is not. We provide some commentary on this theme below. But on balance, we do not consider the update to be overly negative, just ambiguous in some of the ways that interim analyses can be & we hope investors were not anticipating more definitive conclusions on SAT-3247 pharmacology than interim analysis can provide.

Our model & investment thesis still assumes that periodic updates on both the 10-patient TRAILHEAD adult DMD trial & the 51-patient Phase II BASECAME pediatric DMD trial that just commenced enrollment last month will roll out during F2026. Our expectation is that updates when provided will provide supplemental but not conclusive indications of SAT-3247 clinical efficacy, with final data from both trials & eventually pivotal Phase III pediatric/adult DMD trials providing a final data set for regulatory review. For now, our core investment thesis on MSCL/MSLE is unchanged by the update just provided, as is our foundational diligence on the relevance of dystrophin in facilitating asymmetric cell division of muscle progenitor cells & the role that AAK1 can play in that process.

Maintaining our core investment thesis on Satellos, notwithstanding today's share price compression on what we consider to be evolutionary insights into our conceptualization of SAT-3247's medical prospects. As before, our US\$16.00 PT is based on NPV (30% discount rate) & multiples of our F2031 EBITDA/fd EPS forecasts of US\$81.0M & US\$2.53/shr, respectively. Our EV calculation incorporates pro forma cash of US\$88.1M (FQ325 cash of US\$34.6M, to which we add net proceeds from the firm's Feb/26 equity offering) & no LT debt, with fd S/O of 23.3M forming the basis for our share-based projections.

Market Data

Basic Shares O/S (M)	20.6
FD Shares O/S (M)	23.3
Market capitalization (US\$M) ¹	208.3
Enterprise Value (US\$M) ¹	120.2
Pro forma cash (US\$M)	88.1
LT debt (US\$M)	0.0
52 Week Range ¹	\$4.56-\$13.86
Avg. Weekly Volume	170,775
Fiscal Year End	31-Dec

¹ TSX price data converted to USD

Key Milestones (Calendar Year)

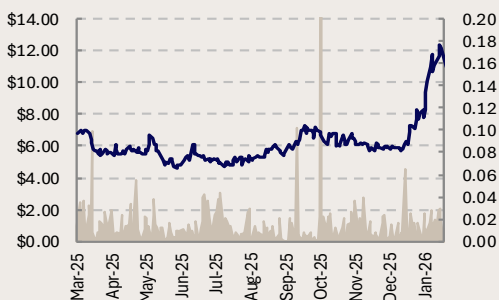
SAT-3247, Phase I safety/PK data	Q2-25
SAT-3247, Phase II update (LT-001 data)	Q4-25
SAT-3247, Phase II update (LT-001 data)	Q1-26
SAT-3247, Phase II update (LT-001 & BASECAMP trials)	Q2-26

Financial Metrics

In US\$000	2029E	2030E	2031E
SAT-3247 roy rev, US	\$0	\$31,455	\$63,287
SAT-3247 roy rev, EU	\$0	\$0	\$39,635
Total SAT-3247 roy rev	\$0	\$31,455	\$102,922
R&D expense	\$15,000	\$14,155	\$12,351
G&A expense	\$6,000	\$8,176	\$9,547
Adj EBITDA	(\$21,000)	\$9,124	\$81,025
Net income (loss)	(\$20,645)	\$7,140	\$61,096
EPS (FD)	(\$0.86)	\$0.30	\$2.53

Company Description

Satellos is a clinical-stage drug developer, focused on targeting novel pathways relevant to muscle regeneration in Duchenne Muscular Dystrophy (DMD). Phase I/III testing for lead AAK1 inhibitor SAT-3247 is ongoing; interim data in 2026



Source: Refinitiv, Leede Financial ¹

Accordingly, we are maintaining our expectations for SAT-3246 pivotal Phase III DMD testing to conclude by FH129 & for FDA regulatory filings for the drug to be submitted & then favorably reviewed by FH130 & then launched in FH230, the first financial period in which we are projecting SAT-3247 royalty revenue from future partners.

After considering MSLE share value as of this writing & thus giving effect to share price downdraft endured today as of this writing, our PT still corresponds to a one-year return of 58%. Our milestone watch is focused on SAT-3247 of course, with additional interim analysis of both the TRAILHEAD & BASECAMP Phase II DMD trials on the horizon. Specifically for the newly-initiated 51-patient BASECAMP pediatric DMD trial, we expect full patient enrollment to conclude later in FQ226, with interim biochemical & musculoskeletal physiological endpoints (muscle strength, muscle fat fraction, biomarker analysis) at three-month follow-up to be provided sporadically over the next several months, with final data expected during FH127.

Exhibit 1. Financial Forecast Summary for Satellos, F2024AE-to-F2035E

<i>Year-end December 31 (US\$000, exc share data)</i>	2024A	2025E	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E
SAT-3247 royalty revenue, US	\$0	\$0	\$0	\$0	\$0	\$0	\$31,455	\$63,287	\$84,889	\$106,748	\$128,866	\$151,246
SAT-3247 royalty revenue, EU	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,635	\$80,063	\$107,818	\$136,120	\$164,978
Total SAT-3247 revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$31,455	\$102,922	\$164,952	\$214,566	\$264,986	\$316,223
Revenue growth (%)	NA	NA	NA	NA	NA	NA	NA	227%	60%	30%	23%	19%
R&D, clinical expenses	\$14,521	\$17,295	\$20,000	\$22,500	\$22,500	\$15,000	\$14,155	\$12,351	\$8,248	\$7,510	\$7,420	\$7,906
G&A, marketing expenses	\$4,498	\$4,783	\$5,000	\$5,250	\$5,500	\$6,000	\$8,176	\$9,547	\$10,287	\$10,112	\$11,194	\$11,705
Other expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EBITDA	(\$19,019)	(\$22,077)	(\$25,000)	(\$27,750)	(\$28,000)	(\$21,000)	\$9,124	\$81,025	\$146,417	\$196,944	\$246,372	\$296,612
EBITDA growth (%)	NA	NA	NA	NA	NA	NA	NA	788%	81%	35%	25%	20%
EBITDA margin (%)	NA	NA	NA	NA	NA	NA	29%	79%	89%	92%	93%	94%
Non-operating expenses	\$1,580	\$3,005	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260	\$1,260
EBIT	(\$20,599)	(\$25,083)	(\$26,260)	(\$29,010)	(\$29,260)	(\$22,260)	\$7,864	\$79,765	\$145,157	\$195,684	\$245,112	\$295,352
Other non-oper expenses	\$216	(\$1,808)	(\$1,500)	(\$1,538)	(\$1,576)	(\$1,615)	(\$1,656)	(\$1,697)	(\$1,740)	(\$1,783)	(\$1,828)	(\$1,873)
EBT	(\$20,814)	(\$23,275)	(\$24,760)	(\$27,473)	(\$27,684)	(\$20,645)	\$9,519	\$81,462	\$146,897	\$197,467	\$246,940	\$297,226
Tax expense, other	\$150	\$69	\$0	\$0	\$0	\$0	\$2,380	\$20,365	\$36,724	\$49,367	\$61,735	\$74,306
Net income, fully-taxed	(\$20,964)	(\$23,344)	(\$24,760)	(\$27,473)	(\$27,684)	(\$20,645)	\$7,140	\$61,096	\$110,173	\$148,100	\$185,205	\$222,919
Fully-taxed EPS (basic)	(\$1.52)	(\$1.51)	(\$1.20)	(\$1.33)	(\$1.29)	(\$0.96)	\$0.33	\$2.85	\$5.13	\$6.90	\$8.63	\$10.39
Fully-taxed EPS (fd)	(\$1.32)	(\$1.33)	(\$1.06)	(\$1.18)	(\$1.15)	(\$0.86)	\$0.30	\$2.53	\$4.56	\$6.14	\$7.67	\$9.23
P/E (basic)	NA	NA	NA	NA	NA	NA	28.7x	3.4x	1.9x	1.4x	1.1x	0.9x
EV/EBITDA	NA	NA	NA	NA	NA	NA	4.7x	0.5x	0.3x	0.2x	0.2x	0.1x
S/O, basic (M)	13,818	15,424	20,622	20,622	21,456	21,456	21,456	21,456	21,456	21,456	21,456	21,456
S/O, fd (M)	15,869	17,614	23,307	23,307	24,140	24,140	24,140	24,140	24,140	24,140	24,140	24,140

Source: Historic data – Satellos financial filings; Forecasts/Estimates – Leede Financial Inc.

Updated SAT-3247 Phase II clinical data & biomarker data are consistent with our expectations for depth of insight that can be gleaned from an interim analysis. In our analysis that follows, we are providing our views on data provided in the three poster presentations that Satellos & its clinical team shares at the FL-based Muscular Dystrophy Association Clinical & Scientific Conference. One presentation other than from Satellos that caught our eye was from University of Minnesota researcher Rita Perlingeiro whose research focuses on mechanisms for how pluripotent stem cells differentiate into functional skeletal muscle, with over acknowledgement of the relevance of this work to DMD; we will track progress from this laboratory on this theme going forward.

Interestingly the conference was not limited to DMD and included several presentations on advances in amyotrophic lateral sclerosis (ALS) clinical drug development, an area that actually has more relevance to another coverage stock of ours, MA-based ProMIS Neurosciences (PMN-Q, Spec Buy, PT US\$49.50) that in addition to its Phase II clinical activities in Alzheimer's disease with beta-amyloid oligomer-targeted mAb PMN310, it is also undertaking IND-enabling studies for its misfolded TDP-43-targeted mAb PMN267.

But moving on to more Satellos-relevant data shared at the conference. First of all, we were interested to see Satellos provide some new biomarker data from its long-ago-completed first-in-human Phase I SAT-3247 safety/PK trial, with five adult DMD patients included in this analysis. Substantial & reproducible declines in expression levels of DMD-associated serum biomarkers of disease exhibited across a broad array of candidates, including the enzyme adenylosuccinate lyase (the deficiency of which is itself a genetic disorder that leads to impaired purine metabolism & to psychomotor disorders that this impairment causes), an isoform of the enzyme fructose-1,6-bisphosphatase called FBP2 (FBP2 is the form of this enzyme found in healthy muscle & thus if in plasma is a marker for muscle damage), an isoform of the enzyme adenylylate kinase called AK1 (as with FBP2, its

presence in plasma when it should be in healthy skeletal muscle is thus a marker for muscle damage), as well as the muscle-specific enzyme isoforms of beta-enolase (ENO3) & of carbonic anhydrase 3 (CA3), with CA3 specifically known to be expressed at higher levels in DMD patients. These markers are collectively related to muscle function.

Known plasma markers of DMD were substantially & reproducibly reduced by SAT-3247 administration to adult DMD patients, encouraging evidence that SAT-3247 impacts DMD muscle physiology in some way, probably through AAK1 inhibition as designed. Separately, Satellos found that three other protein biomarkers that instead of being relevant to muscle function are more relevant to muscle structure (both of which are critical to muscle physiology overall) are also down-regulated by SAT-3247 action. These included the muscle variant of hemoglobin called myoglobin, a protein called ankyrin repeat domain-containing protein 2 (ANKRD2) that regulates expression of other proteins in healthy muscle (& which by the way is altered in ALS as well), & cysteine & glycine-rich protein 3 (CSRP3, which regulates assembly of muscle elements in skeletal & cardiac muscle).

To be clear, the fact that SAT-3247 could lower levels of these markers of muscle damage does not by itself indicate that SAT-3247 is actually reversing muscle damage in any sustainable way, but that qualifier aside, we were encouraged by the fact that for the biomarkers that are most tightly associated with DMD pathophysiology (CA3, ENO3, AK1, myoglobin & ANKRD2), all five DMD patients who were subjected to this analysis experienced reduction in plasma levels of all biomarkers, apparently by a similar magnitude. This observation suggests, though does not prove, that SAT-3247 is engendering a direct effect on muscle function in DMD patients, presumably through an AAK1-dependent pathway. As described by Satellos before, those five DMD patients experienced sizable increases in grip strength of between 98%-to-119% on average, though some DMD patients exhibited better grip strength recovery than others, but response variability in a patient sample this small is unsurprising to us.

Exhibit 2. Valuation Summary for Satellos

NPV, discount rate	20%	25%	30%	35%	40%	
Implied value per share	\$35.77	\$22.70	\$14.42	\$9.04	\$5.46	
Price/earnings multiple, 2031E	20%	25%	30%	35%	40%	
Implied share price ^{1,2}						
	10	\$12.21	\$10.37	\$8.86	\$7.62	\$6.59
	20	\$24.41	\$20.73	\$17.72	\$15.24	\$13.18
	30	\$36.62	\$31.10	\$26.58	\$22.86	\$19.76
EV/EBITDA multiple, 2031E	7.5x	10x	12.5x	15x	17.5x	
Implied share price ^{1,2}	\$10.09	\$13.03	\$15.97	\$18.91	\$21.84	
One-year MSCL target price (US\$)^{1,2}	\$16.04					

¹ Based on F2031 fd fully-taxed EPS of US\$2.53; EBITDA of US\$81.0M, discounted at 30%, current basic S/O post-consolidation, post Feb/26 equity offering of 20.6M, FD S/O of 23.3M

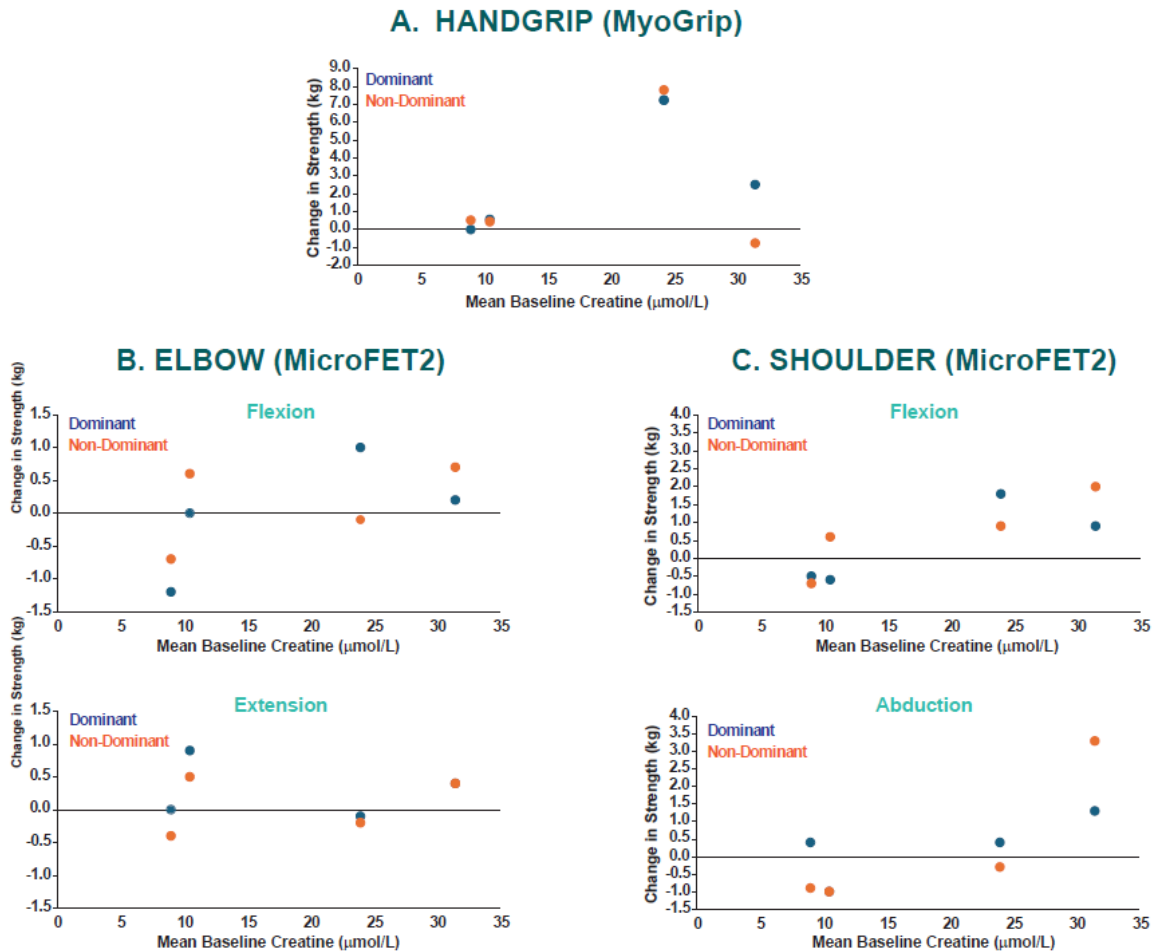
² Enterprise value based on notional fd S/O of 23.6M (assumes supplemental equity capital raise during our forecast period); pro forma cash of US\$88.1M (FQ325 cash & equiv of of US\$34.6M, plus estimated net proceeds from Feb/26 equity offering), no LT debt

Source: Leede Financial Inc.

Still early days for interpreting TRAILHEAD data, but interim analysis was a bit less conclusive than biomarker data were, at least so far. Shifting away from Phase I biomarker analysis & toward testing of DMD patients in the 30-patient adult DMD TRAILHEAD trial, Satellos presented muscle function data from four of the five DMD patients who had completed one-month of SAT-3247 dosing in the Phase I study described above & then another eleven months on drug thereafter. Satellos presented these data in graphical form, which we will reproduce from its poster presentation in Exhibit 3.

As shown in the five panels in Exhibit 3, it seems clear that one DMD patient (we assume it is the same patient in each panel) was not responsive to SAT-3247 & indeed experienced either no improvement on hand grip strength while experiencing decline in elbow extension/flexing motions & in shoulder abduction/flexing after SAT-3247 dosing. The other three patients generally experienced more positive improvements in grip strength/elbow-shoulder range of motion, with strength/flexibility parameters apparently correlating with levels of creatinine at enrollment (a surrogate measure of muscle mass). This is an interesting finding at least to us, in that it suggests that DMD patients require at least some residual level of muscle integrity before SAT-3247 can engender any magnitude of improvement over that threshold. We will be interested to see if this creatinine-responsiveness correlation is a more broadly-observed manifestation of SAT-3247 action as more TRAILHEAD & BASECAMP patients are amenable to analysis.

Exhibit 3. Recovery of muscle function (grip strength, elbow/shoulder range-of-motion) was more prominently observed in DMD patients with higher muscle mass (higher creatinine levels) at enrolment, an observation bearing greater scrutiny as TRAILHEAD data analysis continues



Source: *Muscular Dystrophy Association Clinical & Scientific Conference (2026). Poster 487-LB*

Creation of a regeneration index could be a useful supplementary measure of DMD responsiveness to regeneration-relevant therapies like SAT-3247. And lastly, Satellos presented a proposed methodology for assessing muscle regeneration using a measurement that it called a Regenerative Index (RI). As described in one of its posters at the conference, RI is defined by Satellos as the ratio of muscle fibers harboring detectable amounts of embryonic myosin heavy chains (a key component of the actin-myosin filaments that give rise to muscle contraction) & muscle fibers that have detectable levels of immunoglobulin G, a marker for necrotic & thus non-functional muscle fibers (such muscles would not be subjected to B-cell mediated IgG attack if not damaged in some way).

The creation of RI as a measure of functional muscle regeneration is neither feast nor famine in our evaluation of SAT-3247 development risk & we are quite happy for our own purposes for Satellos to employ all clinical measures of muscle function that have been used successfully by its DMD development peers to gain favorable regulatory regard for predecessor commercial-stage therapies. But on its merits, RI does seem to correlate well with disease etiology, exhibiting far lower values in older DMD patients that presumably have experienced more extensive muscle degeneration with age. Going forward, we will be quite happy to see Satellos use RI measurements as supplemental but not exclusive measures of muscle regeneration. RI could be used as a prescreening tool for Satellos to identify patients who could be more responsive to muscle regeneration & thus to SAT-3247's AAK1-dependent pharmacology.

Exhibit 4. Comparable Companies For Satellos

Company	Curr	Sym	Shares out (M)	Share price 10-Mar	Mkt Cap (\$M) (curr)	Mkt Cap (\$M) (C\$)	Ent Val (\$M) (curr)	Ent Val (\$M) (C\$)	Company description
Duchenne Muscular Dystrophy-focused therapy developers - Exon-Skipping Or RNA/Antisense Technologies									
BioMarin Pharmaceutical Inc	USD	BMRN	192.3	\$60.88	\$1,709	\$15,907	\$14,599	\$19,834	CA-based rare disease-focused drug developer; lead DMD antisense drug BMN 351 in Italy-based 18-patient Phase II testing, data expected by end-of-F2026
Sarepta Therapeutics Inc	USD	SRPT	105.0	\$17.64	\$1,852	\$2,516	\$2,366	\$3,214	Three approved antisense therapies targeting genetic variants of DMD (Exondys 51, Vyondys 53, Amondys 45), Roche-partnered approved adenovirus-based gene therapy (Elevidys); T9M rev to end-of-FQ325 US\$1.76B
WAVE Life Sciences Ltd	USD	WVE	188.3	\$13.29	\$2,502	\$3,399	\$2,592	\$3,521	Exon 53-skipping antisense therapy WVE-N531; 48-week Phase II (Forward-53 trial) data in Mar/25; dystrophin express up 7.8%, 88% of pts over threshold of 5%
Duchenne Muscular Dystrophy-focused therapy developers - Adenovirus (AAV)-Based Gene Delivery Technologies									
Hansa Biopharma AB	SEK	HNSA	101.8	SEK 29.34	SEK 2,986	\$4,056	SEK 479	\$651	SRP-9001-104 trial; Sarepta-partnered pre-treatment with imlifidase/Idelerix (cleaves IgG, mitigates immune response to adenovirus vectors) prior to gene therapy with SRP-9001/Elevidys; Phase I testing is ongoing
Regenxbio Inc	USD	RGNX	51.6	\$10.38	\$536	\$728	\$669	\$909	AAV-based gene therapy RGX-202 encodes C-terminal domain of micro-dystrophin; Phase I/II data from five patients (Nov/24) in 15-patient AFFINITY DUCHENNE trial; partnered with Genethon for AAV-based GNT-0004
Solid Biosciences Inc	USD	SLDB	77.9	\$8.02	\$625	\$849	\$528	\$718	AAV-based gene therapy SGT-003 in 43-patient Phase I/II INSPIRE DUCHENNE trial, data in Q125, microdystrophin expression observed in mdx mouse, targets cardiac & skeletal muscle with minimal liver targeting; proprietary capsid AAV-SLB101 is vector
Average					\$4,576		\$4,808		
Duchenne Muscular Dystrophy-focused therapy developers - Small Molecule Or Other Technologies									
Capricor Therapeutics Inc	USD	CAPR	45.7	\$30.63	\$1,400	\$1,903	\$1,773	\$2,409	Deramioceel (CAP-1002; exosome-secreting allogeneic cardiosphere-derived cell therapy); 106-patient Phase III HOPE-3 trial generated positive data in Dec/25
Catalyst Pharmaceuticals	USD	CPRX	122.1	\$24.79	\$3,027	\$4,113	\$3,150	\$4,279	Neuromuscular disease; amifampridine/ Fird-apse for LEMS, perampanel/Fycompa for epilepsy, vamor-olone/Agamree for DMD
Dyne Therapeutics Inc	USD	DYN	165.0	\$17.69	\$2,919	\$3,966	\$2,660	\$3,613	DYNE-251 (z-rostudirsen) in 86-patient Phase II (DELIVER) trial, projects early BLA filing by Q226
Edgewise Therapeutics Inc	USD	EWTX	107.3	\$28.66	\$3,074	\$4,177	\$3,457	\$4,696	CO-based sevasesmen (EDG-5506) developer, in Phase II testing for Becker/Duchenne muscular dystrophy; Phase II LYNX trial, data in early F2027
PTC Therapeutics Inc	USD	PTCT	82.8	\$68.40	\$5,662	\$7,692	\$8,583	\$11,661	Emflaza/deflazacort (corticosteroid; FDA-approved in Feb/17, FQ325 sales US\$35.2M), Translarna/ataluren (RNA therapy; FQ325 sales US\$50.7M)
Santhera Pharmaceuticals	CHF	SANN	14.7	CHF 15.90	CHF 233	\$405	CHF 448	\$777	Developed corticosteroid vamorolone/Agamree (Catalyst holds US rights)
Rare Disease Drug Developers									
Apellis Pharmaceuticals Inc	USD	APLS	127.8	\$19.99	\$2,555	\$3,472	\$3,457	\$4,696	Empaveli/pegcetacoplan (PEGylated pentadecapeptide); complement C3 inhibitor, targets paroxysmal nocturnal hemoglobinuria (PNH)
Amicus Therapeutics Inc	USD	FOLD	314.0	\$14.37	\$4,512	\$6,130	\$6,265	\$8,512	Targets Fabry disease (Galafold/migalastat; chaperones alpha-galactosidase A to lysosomes; approved in 2018) & Pompe disease (Pombiliti-Opfolda/miglustat; recom-binant glucosidase alpha enzyme stabilizer; approved in 2023); acquired by BioMarin for US\$4.8B in Dec/25
BridgeBio Pharma Inc	USD	BBIO	193.9	\$65.64	\$12,725	\$17,288	\$20,182	\$27,420	Rare diseases; Nulibry (2021; molybdenum cofactor deficiency Type A), Attruby (2024; ATTR-cardiac amyloidosis)
Mereo BioPharma Group PLC	USD	MREO	795.7	\$0.39	\$312	\$423	\$19	\$25	Lead asset setrusumab/UX143 in testing for reducing fracture risk in patients with osteogenesis imperfecta; positive data on decreased fracture rate at 14-months in Phase II portion of Orbit trial
Traverse Therapeutics Inc	USD	TVTX	92.2	\$28.98	\$2,673	\$3,632	\$3,617	\$4,914	Filspari/sparsentan FDA-approved in Sept/24 for kidney disease (IgA Nephropathy); endothelin-angiotensin II receptor antagonist
Ultragenyx Pharmaceutical Inc	USD	RARE	96.6	\$22.61	\$2,185	\$2,968	\$3,622	\$4,921	Five product approvals in rare diseases, including Dojolvi (trihexanoin; long-chain fatty acid oxidation disorders), Mepsevii (recombinant beta-glucuronidase/vestronidase; mucopolysaccharidosis VII)
Average					\$4,681		\$6,494		
Satellos Bioscience Inc	CAD	MSCL	20.6	\$15.77	\$325	\$325	\$279	\$279	Lead AAK1 inhibitor drug SAT-3247 in Phase I/II testing for Duchenne muscular dystrophy (DMD)

Source: Refinitiv

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Rating Definitions

Buy	The security represents attractive relative value and is expected to appreciate significantly from the current price over the next 12-month time horizon.
Speculative Buy	The security is considered a BUY but carries an above-average level of risk.
Hold	The security represents fair value and no material appreciation is expected over the next 12-month time horizon.
Sell	The security represents poor value and is expected to depreciate over the next 12-month time horizon.
Under Review	The rating is temporarily placed under review until further information is disclosed.
Tender	Leede Financial Inc. recommends that investors tender to an existing public offer for the securities in the absence of a superior competing offer.
Not Rated	Leede Financial Inc. does not provide research coverage of the relevant issuer.

Rating Distribution

RECOMMENDATION	NO. OF COMPANIES	%
Buy	9	53%
Speculative Buy	5	29%
Hold	1	6%
Sell	-	-
Tender	1	6%
Under Review	1	6%

Historical Target Price

