

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): July 13, 2026

Contineum Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-42001
(Commission
File Number)

27-1467257
(IRS Employer
Identification No.)

3565 General Atomics Court, Suite 200
San Diego, California
(Address of principal executive offices)

92121
(Zip Code)

(858) 333-5280
(Registrant's telephone number, including area code)

N/A
(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))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A Common Stock, par value \$0.001 per share	CTNM	The Nasdaq Global Market LLC (Nasdaq Global Select Market)

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.

Corporate Presentation.

On July 13, 2026, the Company updated its corporate presentation to reflect certain business and strategic updates. The updated corporate presentation is attached as Exhibit 99.1 to this report and is incorporated herein by reference. The Company's updated corporate presentation will be posted to the Company's website, www.contineum-tx.com. The Company plans to use its website to disseminate future updates to its corporate presentation and does not intend to file or furnish a Form 8-K alerting investors each time the presentation is updated.

The information set forth in this Item 7.01 is being furnished pursuant to Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, and it shall not be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or under the Exchange Act, whether made before or after the date hereof, except as expressly provided by specific reference in such a filing.

By filing this Current Report on Form 8-K and furnishing the information in this Item 7.01, the Company makes no admission as to the materiality of Item 7.01 in this report or the presentation available on the Company's website. The information contained in the corporate presentation is summary information that is intended to be considered in the context of the Company's filings with the Securities and Exchange Commission (the "SEC") and other public announcements that the Company makes, by press release or otherwise, from time to time. The Company undertakes no duty or obligation to publicly update or revise the information contained in this Current Report on Form 8-K, although it may do so from time to time as its management believes is appropriate or as required by applicable law. Any such updating may be made through the filing of other reports or documents with the SEC, through press releases, by updating its website or through other public disclosure.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Presentation of Contineum Therapeutics, Inc.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: July 13, 2026

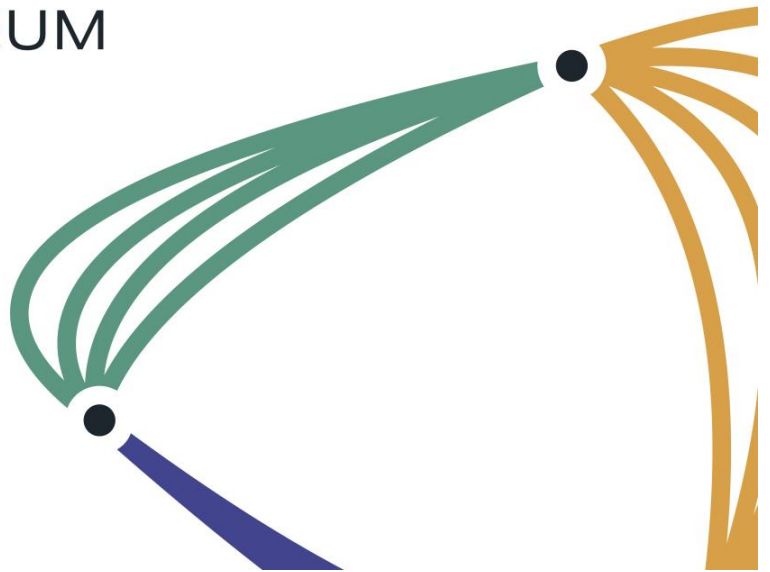
Contineum Therapeutics, Inc.

By: /s/ Peter Slover
Peter Slover
Chief Financial Officer
Principal Financial Officer and Principal Accounting Officer



Corporate Overview

JULY 2026



Disclaimer

This presentation by Contineum Therapeutics, Inc. ("Contineum", "We" or "Our") contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts contained in this presentation, including without limitation statements regarding our future results of operations and financial position, timing, progress and expected results of our clinical trials and our product development efforts, the pharmacological properties, safety, efficacy, tolerability and therapeutic potential of our drug candidates, our business strategy and prospects, research and development costs, timing and likelihood of success, the size of the market opportunities, as well as plans and objectives of management for future operations, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that are in some cases beyond our control and 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. The words "anticipate," "believe," "contemplate," "continue" "could," "estimate," "expect," "intend," "may," "might," "plan," "potential" "predict," "project," "should," "target," "will" or "would" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. The forward-looking statements in this presentation are only predictions and represent our views as of the date of this presentation. Although we believe the expectations reflected in such forward-looking statements are reasonable, we cannot guarantee that the future results, advancements, discoveries, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. These risks and uncertainties, include, but are not limited to, the following: the Company is heavily dependent on the success of PIPE-791 and PIPE-307, both of which are in the early stages of clinical development, and neither of these drug candidates may progress through clinical development or receive regulatory approval; the results of earlier preclinical studies and clinical trials, including those conducted by third parties, may not be predictive of future results and unexpected adverse side effects or inadequate efficacy of the Company's drug candidates may limit their development, therapeutic indications, regulatory approval and/or commercialization; the timing and outcome of research, development and regulatory review is uncertain; the FDA or comparable foreign regulatory authorities may disagree as to the design or implementation of our proposed clinical trials; clinical trials and preclinical studies may not proceed at the time or in the manner expected, or at all; the Company may use its capital resources sooner than expected and they may be insufficient to allow the Company to achieve its anticipated milestones; the potential for the Company's programs and prospects to be negatively impacted by developments relating to the Company's competitors, including the results of studies or regulatory determinations relating to the Company's competitors; risks associated with reliance on third parties to successfully conduct clinical trials; the Company's reliance, pursuant to a global license and development agreement, upon Janssen Pharmaceutica NV, a Johnson & Johnson company, to develop, in its sole discretion, PIPE-307 for relapsing-remitting multiple sclerosis, MDD or for any other indication; the restrictions contained in the Company's global license and development agreement with Janssen Pharmaceutica NV limiting the Company's access to, and restricting the Company from disclosing, certain information regarding the development of PIPE-307; the Company has incurred significant operating expenses since inception and it expects that its operating expenses will continue to significantly increase for the foreseeable future; the Company's ability to operate in a competitive industry and compete successfully against competitors that have greater resources than the Company does; the Company may be unable to obtain, maintain and enforce intellectual property protection for its technology and drug candidates; and unstable market and economic conditions and military conflict may adversely affect the Company's business and financial condition and the broader economy and biotechnology industry. Additional risks and uncertainties that could affect the Company's business, operations and results are included under the captions, "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in the Company's periodic filings and in other filings that the Company makes with the Securities and Exchange Commission (SEC) from time to time, which are available on the Company's website at www.contineum-tx.com under the Investor section and on the SEC's website at www.sec.gov. Accordingly, readers should not rely upon forward-looking statements as predictions of future events. Except as required by applicable law, the Company undertakes no obligation to update publicly or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

This presentation contains estimates, projections and other information concerning our industry, our business and the markets for our product candidates, including data regarding the estimated size of such markets and the incidence of certain medical conditions. We obtained the industry, market and similar data set from our internal estimates and research, including surveys and studies we have sponsored and/or conducted, and from published studies from third parties, including governmental agencies. This data involves several assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.



Pioneering differentiated small molecule therapies for diseases with significant unmet need

Focused execution

LEAD PROGRAM
PIPE-791

LPAR1 antagonist for IPF

3

CLINICAL VALIDATION across key programs, **STRONG IP** for lead programs

LARGE TAMs with significant unmet need in idiopathic pulmonary fibrosis (IPF), chronic pain, and major depressive disorder (MDD)

MULTIPLE SHOTS-ON-GOAL with clinically-validated targets (LPAR1, M1R)

J&J PARTNERSHIP VALIDATES both platform quality and target identification abilities

DISCIPLINED CAPITAL allocation

Projected **CASH RUNWAY THROUGH MID-2029** (with existing cash and cash equivalents) expected to support key milestones



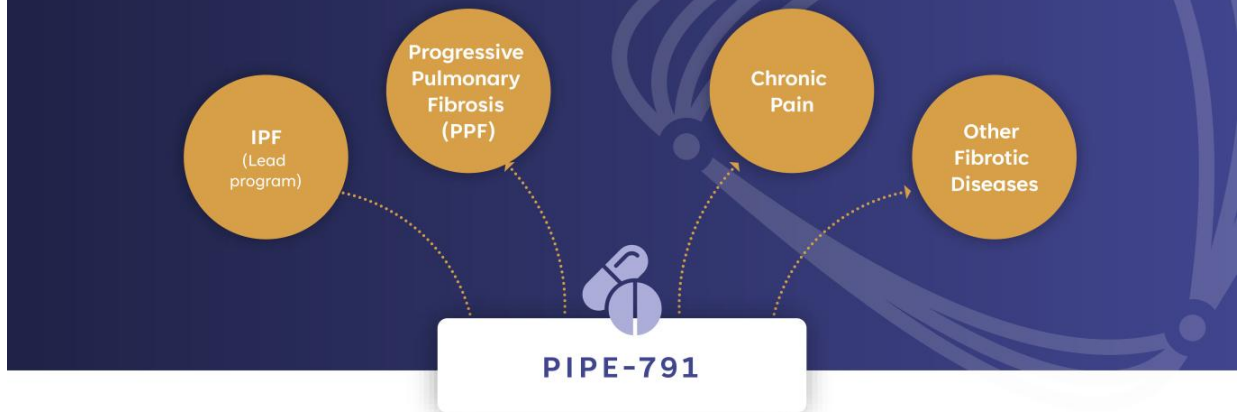
Balanced Pipeline, Clinical Validation of IPF and MDD Targets

Drug Candidate	Mechanism	Program	Preclinical	Phase 1	Phase 2	Phase 3	Worldwide Rights
PIPE-791	LPAR1 Antagonist	IPF	 PROPEL-IPF				
PIPE-791	LPAR1 Antagonist	Chronic Pain					
CTX-343 ⁽¹⁾	LPAR1 Antagonist	Peripheral					
PIPE-307 ⁽²⁾ (JNJ-5120)	M1R Antagonist	MDD					
Discovery Programs	Various	Undisclosed					

All assets were internally developed

4 (1) The Company has made a strategic decision to defer further clinical development for its CTX-343 program until funding is obtained to specifically move this program forward.
(2) Janssen Pharmaceutica NV has sole discretion whether or not to further develop PIPE-307 for MDD or any other indication.

PIPE-791 Has Broad Therapeutic Potential



Portfolio in a Pill

A differentiated, brain penetrant LPAR1 antagonist



Pulmonary Fibrosis

Potential best-in-disease molecule

High and sustained target coverage, favorable safety and tolerability

Ideal backbone for combination treatment

Continued lead program execution

A structurally differentiated oral, small molecule



PIPE-791

THE ONLY
brain penetrant
LPA1 antagonist



Chronic Pain

Potential to address pain and quality of life

Novel, non-opioid mechanism targeting peripheral and central sensitization

Favorable safety and compelling early efficacy signals

Ongoing evaluation to assess next steps

Unlocking a differentiated opportunity in pulmonary fibrosis

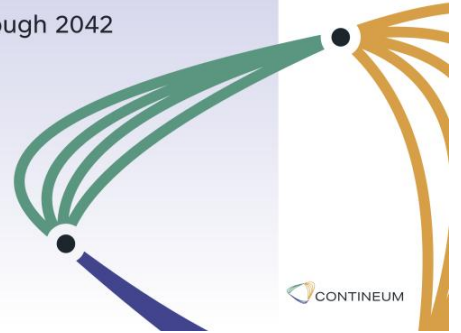
PIPE-791

Idiopathic Pulmonary Fibrosis

Potential **BEST-IN-DISEASE** treatment
for halting disease progression

The **ONLY** low dose, 1x daily oral small
molecule in clinical development for IPF

IP COVERAGE Through 2042



 CONTINEUM

PIPE-791: Potential Best-in-Disease Treatment for IPF

STRONG

Clinical Validation

Clinical Validation in IPF/PPF

2 Phase 2 Clinical Trials
completed in IPF/PPF (BMS)⁽¹⁾

2 Phase 3 Clinical Trials underway
in IPF/PPF (BMS)⁽²⁾

HIGHLY

Differentiated Profile

Efficacy

High and sustained target engagement

Safety/Tolerability

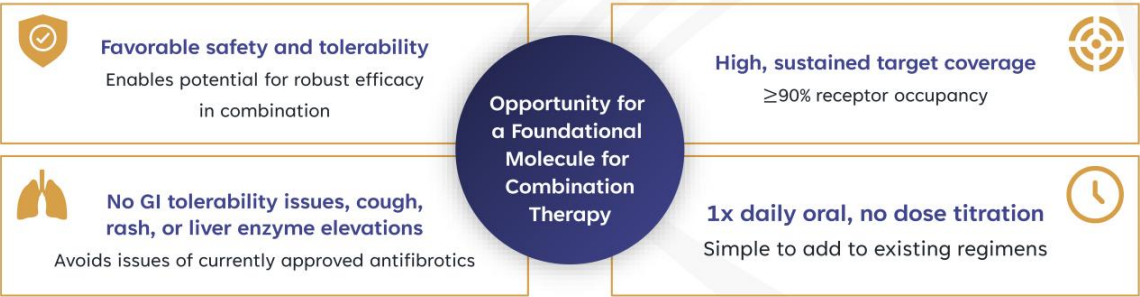
Improved tolerability, no safety observations
in vitals, no clinically relevant orthostatic events, ECG,
or telemetry (3 completed Phase 1 studies)

Convenience

1x daily oral, no titration

8 (1) <https://clinicaltrials.gov/study/NCT07284459> and <https://clinicaltrials.gov/study/NCT04308661>.
(2) <https://clinicaltrials.gov/study/NCT06003426> and <https://clinicaltrials.gov/study/NCT06025578>.

PIPE-791: The Ideal Once Daily Backbone for Combination Treatment in IPF



No Combination Therapy Has Been Established in IPF

Antifibrotic standard of care

+

Emerging MOAs

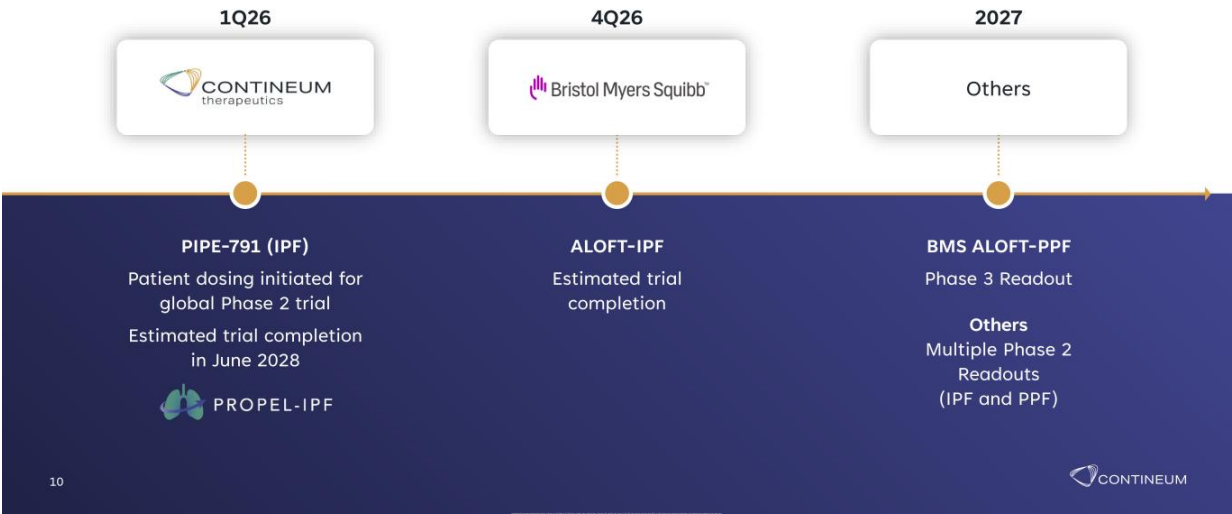
+

Future agents

9

CONTINEUM

Significant Developments and Potential Derisking of Therapies for IPF



IPF +\$4B Current Market⁽¹⁾

Significant Need
for Differentiated
Treatments

No approved drugs
halt disease progression

(3 FDA approved therapies)

(1) Boehringer Ingelheim press release March 29, 2023; Roche Holdings, Inc. 2022 Annual Report.
(2) NIH - <https://pmc.ncbi.nlm.nih.gov/articles/PMC3947240/>



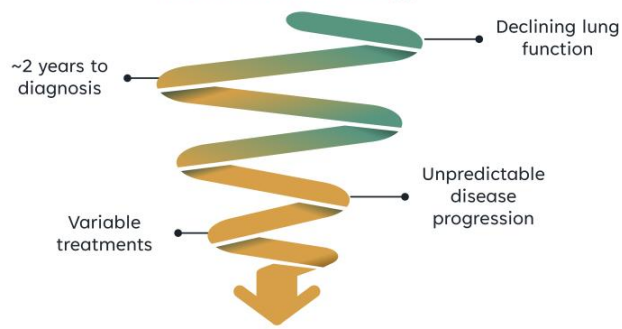
Current therapies have
tolerability and efficacy
limitations

130K+
patients in the US⁽²⁾

3M
patients globally⁽²⁾

IPF: A Long and Difficult Patient Journey

Rare, Progressive Interstitial Lung Disease with Unknown Etiology



60% - 80%

of patients die from respiratory failure within 5 years⁽¹⁾

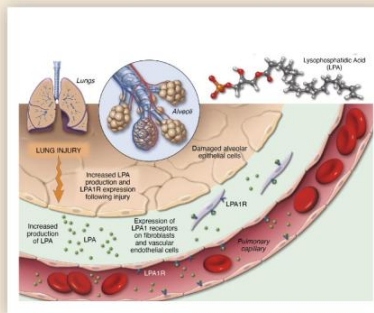
~43% of patients discontinue treatment⁽²⁾

12 (1) Within five years of diagnosis; Clin Respir J. 2022;16:84-96.
(2) (mean <1 yr) (Dempsey et al., Ann Am Thorac Soc 2021)

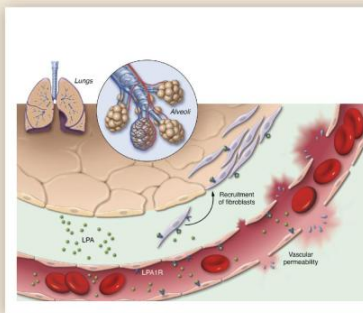


**Prognosis for overall survival
is worse than
many forms of cancer**

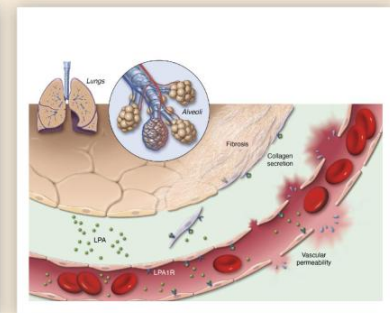
Blocking LPAR1 Inhibits Several Steps in the Fibrosis Pathway



Injury
Increases LPA production
and LPA1 expression



LPAR1 activation
Promotes recruitment of fibroblasts and
collagen secretion leading to fibrosis and
restrictive lung disease

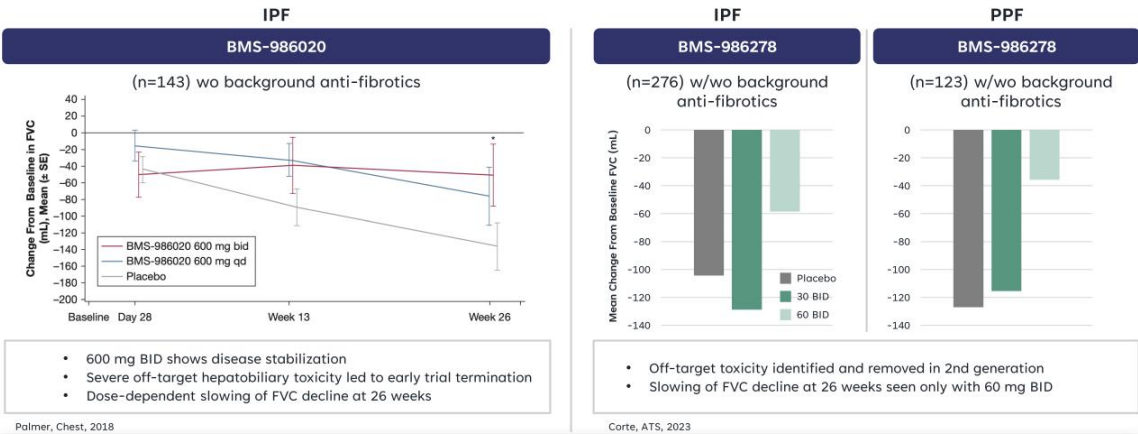


**LPA-induced endothelial
barrier breakdown**
Promotes further inflammation

Well understood pathway and target biology

LPAR1 Is a Clinically Validated Target in IPF and PPF

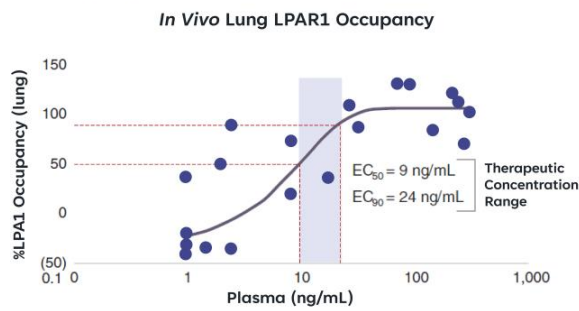
Two BMS Therapies Slowed the Rate of Decline in Forced Vital Capacity (FVC) in Phase 2 26-week Trials



Our Opportunity: Improve an already clinically validated drug mechanism

PIPE-791: A Potent, Selective, and “Sticky” LPAR1 Antagonist

PIPE-791 Demonstrated Dose-Dependent Lung LPAR1 Occupancy, Well Defined Therapeutic Concentration



Very Slow On/Off with Long Receptor Residence Time

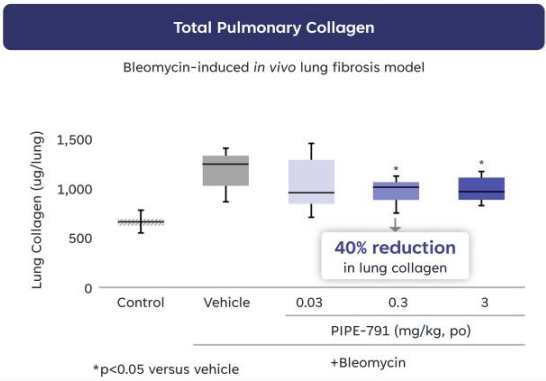
In Vitro Pharmacology

Properties	<i>In Vitro</i> Profile
Radioligand Binding K_i (nM)	0.752
K_{off} (min^{-1})	0.00133
LPA1 Ca^{2+} Mobilization (nM, 24h)	9.9

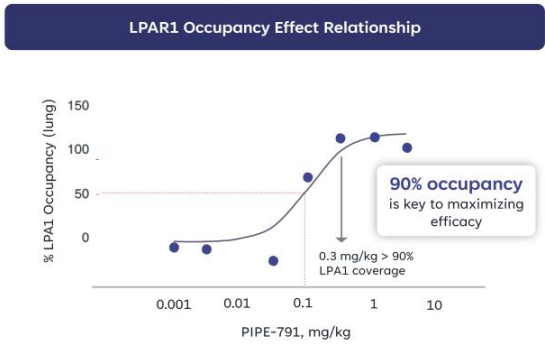
Clinically translatable model to establish **target-occupancy relationship** to de-risk dose selection

PIPE-791 Treatment Reduced Injury-Stimulated Lung Collagen

Maximal Effect Observed Using 0.3 mg/kg with Once Daily Dosing



0.3 mg/kg Achieves >90% Receptor Occupancy

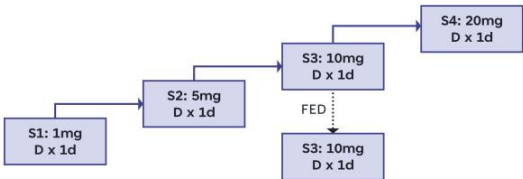


High receptor occupancy at trough drives maximal efficacy

Favorable Phase 1 Safety and Tolerability in Healthy Volunteers

TRIAL SCHEMA

Single-Ascending Dose Cohorts
(n=8 per cohort; 6 active, 2 placebo)



Multiple-Ascending Dose Cohorts
(n=8 per cohort; 6 active, 2 placebo)



17

ADVERSE EFFECTS

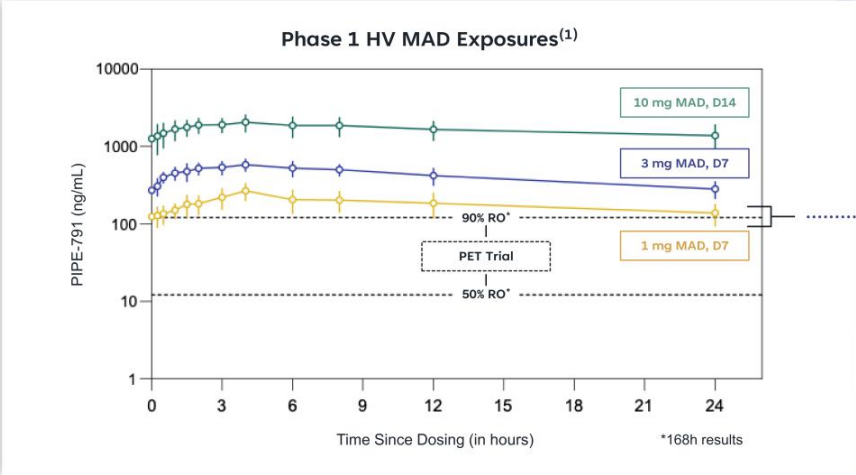
Treatment Emergent AEs Reported in ≥ 2 subjects

AE (# of Subjects)	Placebo	SAD 1	SAD 2	SAD 3	SAD 4	MAD 1	MAD 2	MAD 3
Abdominal pain		1	1					
Nasal congestion				1				1
URI			1					2
Rhinitis				1				1
Headache	1		1		3	1		
Back pain				1	2			

NO dose-limiting AEs or toxicity observed
NO notable changes in clinical laboratory observed
NO safety observations in vital signs, ECG or telemetry observed



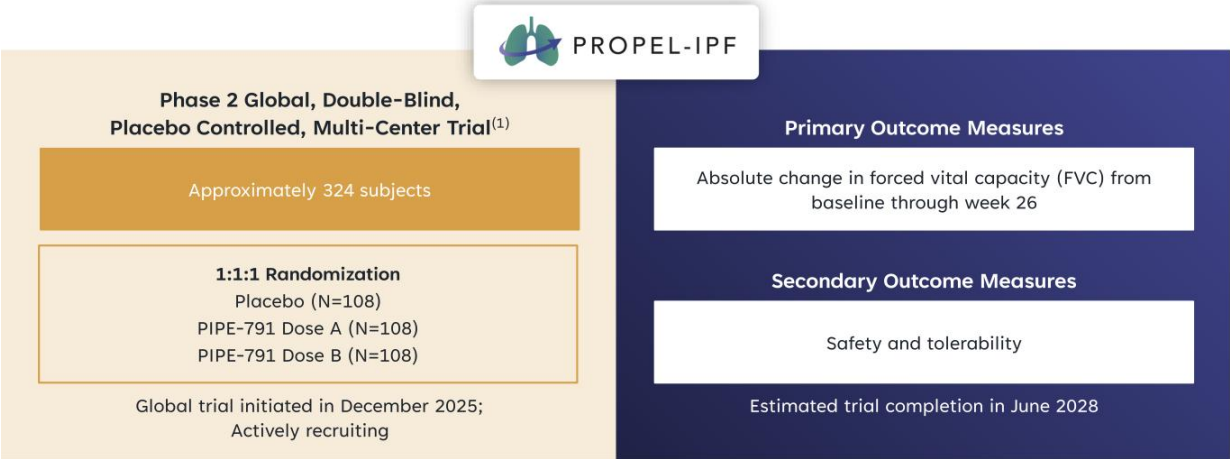
PIPE-791 Exhibits Strong Receptor Occupancy and Target Engagement



Powerful differentiation
1 mg dose achieves
>90% receptor occupancy with **1x daily dosing**

18 (1) Internal data and computations. Overlaid with occupancy data from PIPE-791 PET trial.

PIPE-791 Clinical Development Plans in IPF



A robust, well-controlled Phase 2 clinical trial is underway

19 (2) <https://clinicaltrials.gov/study/NCT07284459>

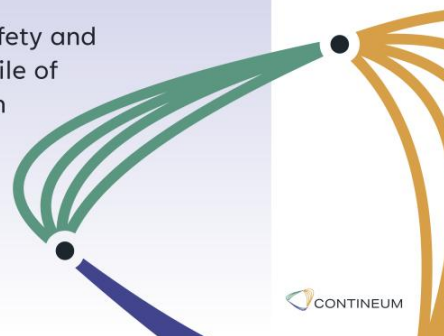
PIPE-791

Chronic Pain

Opportunity to address **PAIN AND QUALITY OF LIFE**

A potential **DIFFERENTIATED** non-opioid treatment for patients

DERISKS the safety and tolerability profile of the IPF program



CONTINEUM

LPA is an important factor in chronic pain...

...and the **only way** to get to it is with a brain penetrant molecule

PIPE-791

The **ONLY** Brain Penetrant LPAR1 Antagonist

✓
Non
opioid

✓
Non
sedating

✓
Addresses
peripheral
and central
sensitization



Novel Approaches
Are Needed to
Reduce Chronic Pain



OSTEOARTHRITIS (OA)

33M ⁽¹⁾
15% - 25% ⁽²⁾

Patients in the U.S.

% of Patients with Neuropathic Pain

LOW BACK PAIN (LBP)

45M ⁽³⁾
20% - 55% ⁽⁴⁾

- Current treatments considered suboptimal and are limited for patients with OA and LBP
- OA and LBP are both clinically linked to possible involvement of the LPAR1/LPA pathway
- LPA pathways have been specifically implicated in neuropathic preclinical pain models and clinical biomarker studies

(1) CDC - <https://www.cdc.gov/arthritis/osteoarthritis/index.html>
(2) NIH - [Prevalence and interference of neuropathic pain in the quality of life in patients with knee osteoarthritis - PMC](https://pubmed.ncbi.nlm.nih.gov/28858676/)
(3) NIH - <https://www.ncbi.nlm.nih.gov/books/NBK586768/>
(4) NIH - <https://pubmed.ncbi.nlm.nih.gov/articles/PMC5738313/>

PIPE-791

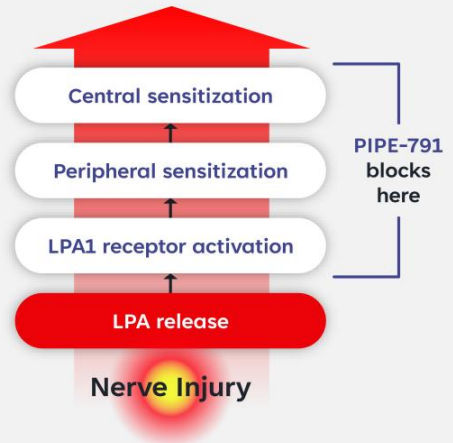
Potential to Modify
Maladaptive Changes
Associated with Pain

Central Action
Inflammatory microglia
within the spinal cord

Peripheral Action
Peripheral nociceptors
and Schwann cells



LPA Levels Increase Following Nerve Injury
(Correlates with pain intensity and disease severity)

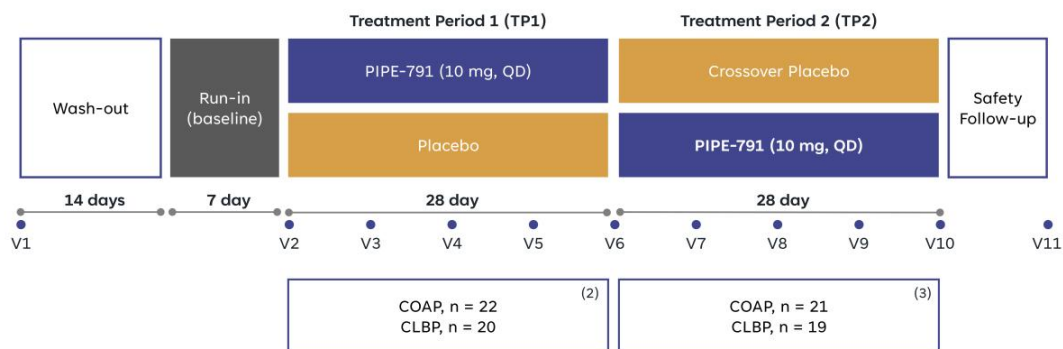


LPA drives sensitization of this pathway through
peripheral and central mechanisms
Mechanism – altered afferent excitability

PIPE-791 Phase 1B Chronic Pain Clinical Trial Schema⁽¹⁾

**Randomized, Double-Blind,
Placebo-Controlled,
4-week Crossover Trial**

- 43 patients - 23 with chronic osteoarthritis pain (COAP), 20 with chronic lower back pain (CLBP)
- Primary endpoint for safety & tolerability
- Multiple exploratory endpoints for pain assessment



24 (1) <https://clinicaltrials.gov/study/NCT06810245>

(2) A single participant with COAP (assigned to Placebo/PIPE 791) withdrew consent in TP1 and is not included in the TP1 full analysis set.

(3) Two participants (one with COAP and one with CLBP, both assigned to PIPE-791/Placebo) discontinued treatment in TP1, never received placebo in TP2 and are not included in the TP2 full analysis set.

Favorable Safety and Tolerability, Consistent Improvement Across Multiple Pain Measures

SAFETY & TOLERABILITY

- Favorable profile at the **1x daily 10mg oral dose** — the largest patient population and longest treatment duration studied to date at highest MAD dose
- Most treatment-emergent adverse events (**TEAEs**) were **mild to moderate**; no serious adverse events (SAEs) reported
- **No meaningful changes** in vital signs, blood pressure, or clinically-relevant orthostatic events

EFFICACY (EXPLORATORY)

- Encouraging trends across multiple exploratory endpoints for pain and functional patient-reported outcomes, particularly for **COAP**
- Patients showed numerical **improvements from baseline in weekly average of daily pain and worst pain** on the 11-point Pain-Intensity Numerical Rating Scale (PI-NRS).
- Consistently numerically **outperformed placebo in reducing COAP**

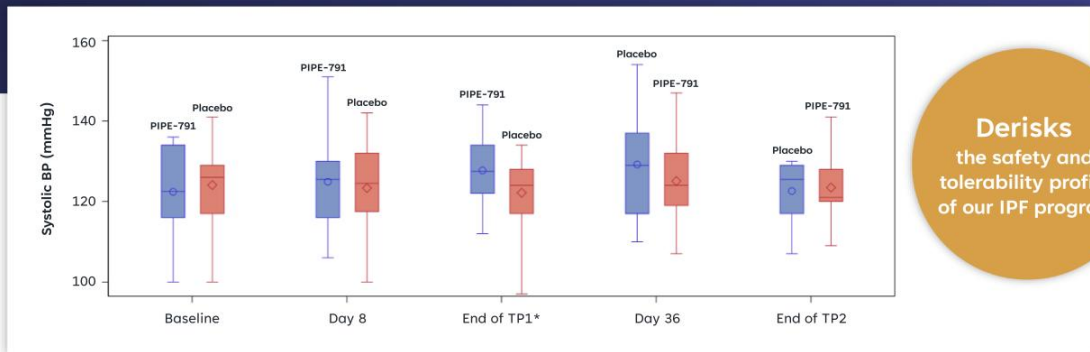
25

PIPE-791 Phase 1B Chronic Pain Trial

Data supports further evaluation of development of PIPE-791 for the potential treatment of chronic pain

PIPE-791 Demonstrated a Favorable Safety & Tolerability Profile in the Phase 1B Chronic Pain Trial

- Most common TEAEs were headache (n=3) and fatigue (n=2)
- NO clinically meaningful changes in laboratory values and ECG findings across treatment groups
- NO clinically meaningful changes in vital signs, including mean changes in BP or clinically-relevant orthostatic events



Derisks
the safety and
tolerability profile
of our IPF program

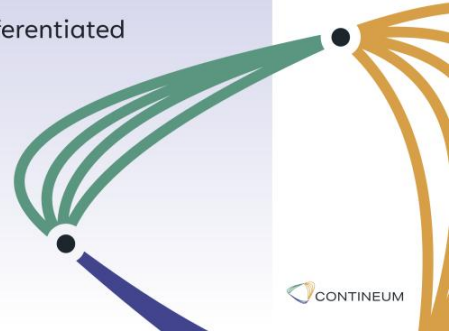
PIPE-791

Portfolio in a Pill

STRUCTURALLY DIFFERENTIATED
oral small molecule

THE ONLY brain penetrant LPA1
antagonist

UNLOCKS a differentiated
opportunity



 CONTINEUM

Admilparant (BMS-986278)

Multiple Potential Limitations

28

DESIGN	
CNS Penetrant	No (Peripheral only)

IPF	
Target Coverage	Suboptimal
Slow On/Off	No
Hypotension Risk	Yes
Dose Titration	Required in previous studies
Dosing	2x per day

CHRONIC PAIN	
Pain Indication Pursued	No
Pain Mechanism Coverage	Peripheral

PIPE-791

Highly
Differentiated

29

DESIGN

CNS Penetrant

Yes (Confirmed *in vivo*)

IPF

Target Coverage

High and sustained

Slow On/Off

Yes

Hypotension Risk

None observed

Dose Titration

No

Dosing

1x per day

CHRONIC PAIN

Pain Indication Pursued

Yes

Pain Mechanism Coverage

Peripheral and central

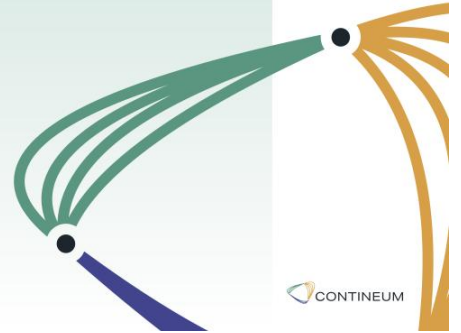
PIPE-307

Depression

A selective M1R antagonist with a clinically validated mechanism

\$1 billion partnering agreement

Johnson & Johnson



 CONTINEUM

PIPE-307 (JNJ-5120) Highlights

DEAL TERMS

\$50M Upfront cash	\$25M Equity investment	>\$1B Total milestones
Royalties Low-double digit → high-teens % of net sales (if approved)		
Contineum retains opt-in right to co-fund Phase 3 for increased royalty rates		

MARKET OPPORTUNITY

Johnson & Johnson	
280M⁽¹⁾ Patients globally	Existing therapies offer only partial response – significant unmet need remains

CLINICAL PROGRESS

Phase 2 Moonlight-1 Trial
107 adult participants; primary endpoint: MADRS score change from baseline to Day 5

⁽¹⁾ WHO – http://www.who.int/health-topics/depression#tab:tab_2
31

Phase 1 – Safety Profile
No dose-limiting AEs, no vital-sign changes, no ECG findings, no cognitive effects

Target Engagement Confirmed
PET imaging validated brain receptor uptake at pharmacologically active doses

Validated Mechanism
Selective M1R antagonist; scopolamine PoC demonstrated rapid, robust antidepressant effect





Focused Execution of PIPE-791 Lead Program

PORTFOLIO IN A PILL



32

✓
Highly differentiated

✓
Clinical validation

✓
Large TAMs

✓
Disciplined capital allocation

✓
Cash runway through mid-2029

