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): August 15, 2022

INHIBIKASE THERAPEUTICS, INC.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-39676**	**26-3407249**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

3350 Riverwood Parkway SE, Suite 1900 **Atlanta, Georgia** **(Address of Principal Executive Offices)**	**30339** **(Zip Code)**

Registrant's Telephone Number, Including Area Code: (678) 392-3419

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 (*see* General Instruction A.2. below):

☐ 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
Common Stock, $0.001 par value	**IKT**	**The Nasdaq Stock Market LLC**

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.

On August 15, 2022, Inhibikase Therapeutics, Inc. (the "Company"), made available on the Company's website at www.inhibikase.com a corporate presentation which may be used in presentations to investors and analysts from time to time in the future. A copy of the Company's corporate presentation is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

The information contained in this Current Report on Form 8-K speaks only as of the date hereof. While the Company may elect to update the information in this Current Report on Form 8-K in the future, the Company disclaims any obligation to do so except to the extent required by applicable law.

The information furnished in this Item 7.01 of this Current Report on Form 8-K and Exhibit 99.1 attached hereto shall not be deemed "filed" for the 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. The information in this Item 7.01 of this Current Report on Form 8-K is not incorporated by reference into any filings of the Company made under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date of this Current Report on Form 8-K, regardless of any general incorporation language in the filing unless specifically stated so therein.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Number	Description
99.1	Corporate Presentation of Inhibikase 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, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: August 15, 2022

INHIBIKASE THERAPEUTICS, INC.

By: /S/ MILTON H. WERNER
Milton H. Werner, Ph.D.
President and Chief Executive Officer

Exhibit 99.1

Inhibikase Therapeutics

3Q 2022 | BUSINESS PRESENTATION

Clinical Development of Disease-Modifying Therapeutics for Neurodegenerative Disease & Cancer

Inhibikase.com

Nasdaq : IKT

This presentation shall not constitute an offer to sell or a solicitation of an offer to buy any securities, nor shall there be any sale of such securities in any state or jurisdiction in which such offer, solicitation, or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

This presentation contains information that may constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act, and Section 21E of the Securities Exchange Act of 1934, as amended. Inhibikase Therapeutics, Inc. (the "Company" or "we") intends for the forward-looking statements to be covered by the safe harbor provisions for forward-looking statements in those sections. Generally, we have identified such forward-looking statements by using the words "believe," "expect," "intend," "estimate," "anticipate," "project," "target," "forecast," "aim," "should," "will," "may", "continue" and similar expressions. Such statements are subject to a number of assumptions, risks and uncertainties which may cause actual results, performance or achievements to be materially different from those anticipated in these forward-looking statements. You should read statements that contain these words carefully because they discuss future expectations and plans which contain projections of future clinical studies, regulatory approvals, product candidate development, results of operations or financial condition or state other forward-looking information. However, the absence of these words or similar expressions does not mean that a statement is not forward-looking. Forward-looking statements are not historical facts, but instead represent only the Company's beliefs regarding future events, many of which, by their nature, are inherently uncertain and outside of the Company's control. It is possible that the Company's actual results and financial condition may differ, possibly materially, from the anticipated results and financial condition indicated in these forward-looking statements. Management believes that these forward-looking statements are reasonable as of the time made. However, caution should be taken not to place undue reliance on any such forward-looking statements because such statements speak only as of the date when made. The Company undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law. In addition, forward-looking statements are subject to certain risks and uncertainties that could cause actual results to differ materially from the Company's historical experience and our present expectations or projections. Important factors that could cause actual results to differ materially from those in the forward-looking statements are set forth in the Company's filings with the Securities and Exchange Commission, including its annual report on Form 10-K and its quarterly Form 10-Q, including under the caption "Risk Factors".

We do not intend our use or display of other entities' names, trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, any other entity.

Developing innovative medicines across the therapeutic spectrum

- Focused on developing novel therapeutics across a wide therapeutic spectrum including neurodegeneration, oncology and infectious diseases.
- Aim to discover novel therapeutics by modeling human disease using the Company's **R**e-engineering **A**pproach with **M**etabolism **P**reserved (RAMP) medicinal chemistry platform
- **IkT-148009:** Lead Abelson Tyrosine Kinase (c-Abl) inhibitor program has the potential to be a disease-modifying treatment for Parkinson's disease (PD) and related disorders. **Phase 2a '201' study open for enrollment.**
- **IkT-001Pro:** First oncology product is a BCR-Abl inhibitor with a potentially improved safety profile to standard of care imatinib mesylate for leukemias and gastrointestinal cancers. **Submitted IND application for Chronic Myeloid Leukemia.**
- Robust patent portfolio with protection to 2033 (oncology) and 2036 (neurodegeneration).
- $20.8 million in grants and contracts from NIH, DoD, the Michael J. Fox Foundation and the Georgia Research Alliance, all peer-reviewed; $63 million gross proceeds in investor capital in 2021
- Highly experienced management team, consultants, Board of Directors and Scientific Advisory Board

Multi-Indication Pipeline in Neurodegeneration, Oncology and Infectious Disease

				CLINICAL DEVELOPMENT[1]				BIOMARKER[3]		
DRUG TARGET	DRUG CANDIDATE	MODALITY	DISEASE INDICATION	PRECLINICAL DEVELOPMENT	PHASE 1/1B	PHASE 2	PHASE 3	PRECLINICAL TARGET ENGAGEMENT	CLINICAL TARGET ENGAGEMENT	CAN BE USED FOR PATIENT SELECTION
Neurodegeneration										Yes
c-Abl	**IkT-148009**	Small molecule	Parkinson's Disease: Treatment Naive							
c-Abl	**IkT-148009**	Small molecule	Parkinson's Disease: Early Stage				4 Indications Pursued Through 2 INDs. Shares Same Phase 1 and 2[2]	Validated	Validating	Yes
c-Abl	**IkT-148009**	Small molecule	Neurogenic Constipation					Validated	Validating	Yes
c-Abl	**IkT-148009**	Small molecule	Dysphagia					Validated	Validating	Yes
c-Abl	**IkT-148009**	Small molecule	Multiple System Atrophy		IMPD/CTAs to be filed in EU, IND to be filed FDA,2022 and 2023. Shares Same Phase 1[2]			Validated	Validating	Yes
Oncology										
BCR-Abl	**IkT-001Pro**	Small molecule	Stable-phase CML (orphan indication)		505(b)(2) Path to Market			Validated	Validated	Yes
Research Phase										
c-Abl	**IkT-148x**	Small molecule	Dementia with Lewy Body					Validated	Validating	Unknown
c-Abl	**IkT-148x**	Small molecule	Multiple System Atrophy					Validated	Validating	Unknown
c-Abl	**IkT-1427**	Small molecule	Progressive multifocal leukoencephalopathy					Validated	Validating	Yes

(1). 'Clinical Development' progress bars represent the current state of the indicated programs. Blue arrows represent completed or in progress studies; white arrows represent planned approaches for future clinical studies.

(2). Four indications will be pursued for IkT-148009 in PD, which will be pursued through two INDs, one focused on treatment in the brain in treatment naïve or early-stage patients and the second focused on GI complications. MSA is a Parkinson's-like disease to enter clinical development at Phase 2 sharing the Phase 1 data for 148009 with PD. MSA moves forward in clinic ONLY if animal model study ongoing is positive.

(3). For biomarker status, 'Validated' refers to proof of target engagement in the target tissue which has been performed using rodent tissues and fluids. We are currently developing methods for using clinical samples for validating our ability to confirm target engagement in patients. 'Validating' in this context indicates ongoing efforts to prove target engagement using proprietary sources and methods under development from human tissues and fluids. Target engagement measures if and to what extent a compound occupies its target. 'Can be used for patient selection' refers to our ability to use one or more markers we are currently 'Validating' to screen patients for the presence of that marker as a means of defining the patients most likely to benefit from the proposed treatment.


IkT
Inhibikase
Therapeutics
Parkinson's Disease Market & Strategy

Inhibikase Therapeutics

Parkinson's Disease in the U.S.[1] Large Market, Opportunity For Disease Modification

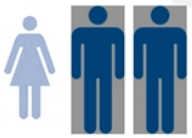
Chronic Disease for a Long Time
1/3 of a Patient's Lifespan = 25 years

60,000
New Cases / Year

38,000
Deaths / Year

930,000 – 1,200,000
U.S. Patients[1]

60
Average Age Of Onset



Men twice as likely as **women** to contract disease

Other illnesses complicate development

47%
Arthritis

36%
Heart/Circulatory

35%
Psychosis

30%
Dementia

By 2025, Parkinson's disease drug sales are expected to

DOUBLE

Pharma Insights, 2019

Sales estimates by 2025 are expected to exceed

$6.0 BILLION

Pharma Insights, 2019

The country with the highest diagnosed prevalence is

THE U.S.

DelveInsight, 2019

[1]Parkinson's Disease Foundation Decisions Resources 2016, Lewin Report in the Economic Burden and Future Impact of Parkinson's disease, 2019..

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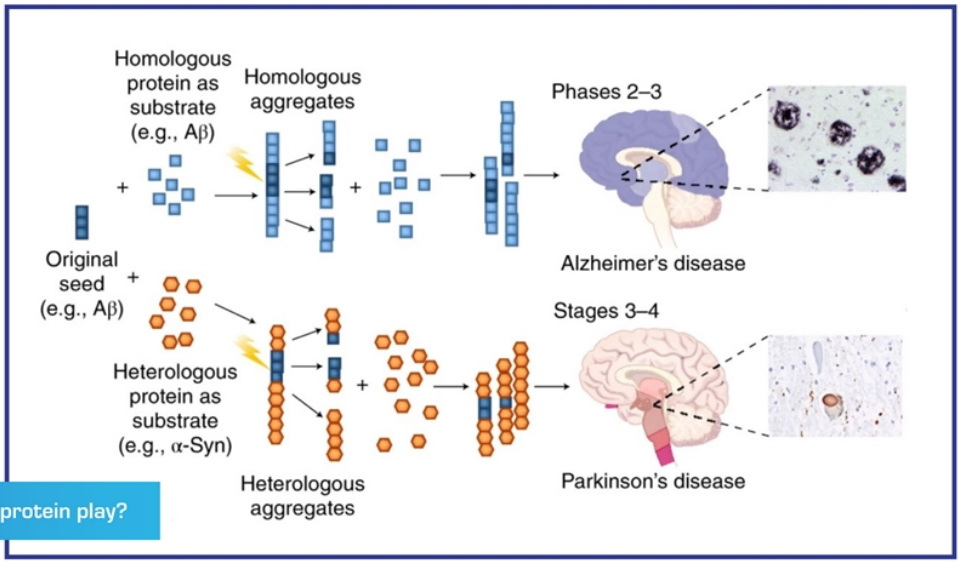
Causation in Parkinson's and Alzheimer's is closely related[1]



What role does the misfolded protein play?

[1]Nat. Neurosci. 21: 1332-1340 (2018)

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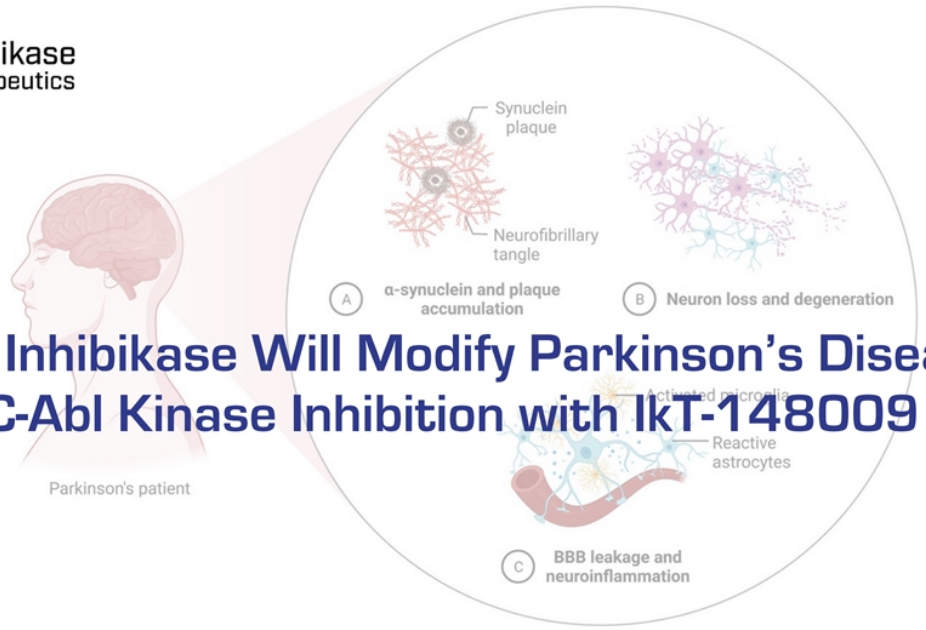
Evaluation of the Misfolded Protein 'Seed' in Parkinson's Reveals c-Abl as the Primary Culprit

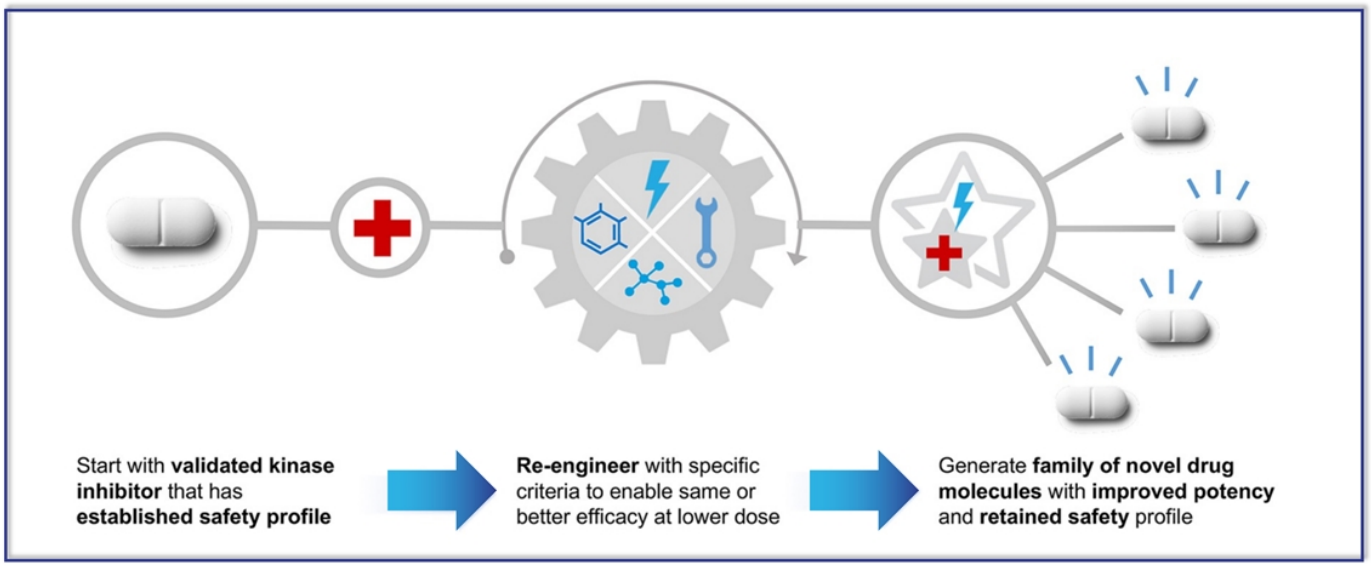
Play Video >

Inhibikase Therapeutics



How Inhibikase Will Modify Parkinson's Disease: C-Abl Kinase Inhibition with IkT-148009

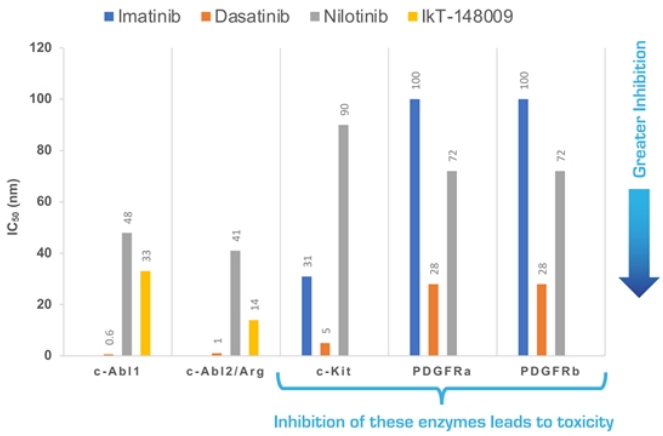
Discovery using a Re-engineering Approach with Metabolism Preserved (RAMP™)



IkT-148009 is Low Toxicity, Selective, Brain Penetrant c-Abl Inhibitor in Clinical Development

IkT-148009
Inhibikase Therapeutics

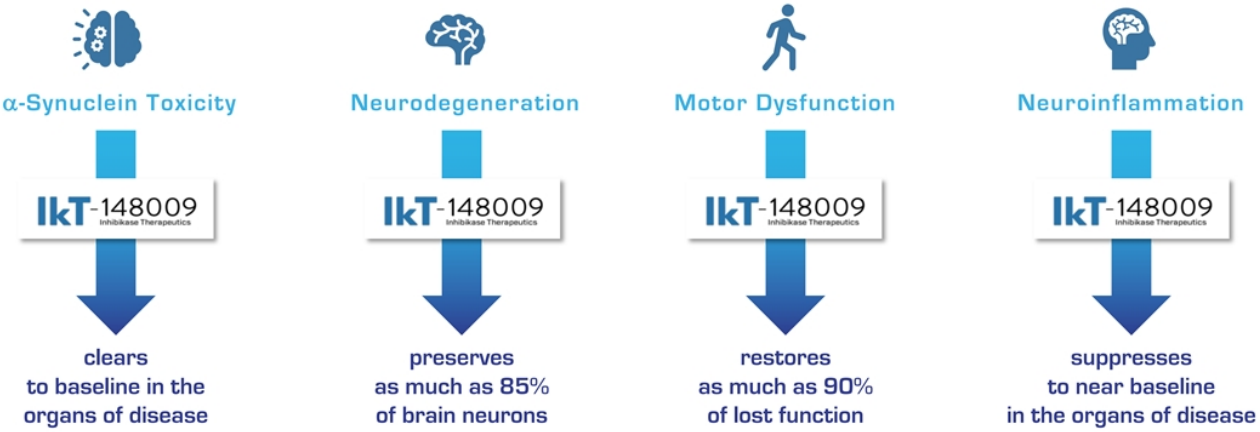
- Selective Inhibitor of c-Abl1 and Abl2/Arg
- Design suppressed toxicity of cancer drugs in this class
- Low or no apparent organ toxicity at current level of knowledge
- High brain penetrance



TOXICOLOGY IN RAT/MONKEY[1]	
Human equivalent dose of 1460 mg	
Cardiovascular	None
Renal	None
Liver	None
Bone marrow	None
Sternum	None
Blood	None
PBMCs	Slight increase in neutrophils within normal limits
Cytotoxicity	None in primary or mature cells
Sustained brain concentration	> 1 micromolar

[1]13 week and 39 week toxicology data shows IkT-148009 has a more favorable toxicity profile as dosing is extended

c-Abl inhibition by IkT-148009 blocks the four pillars of Parkinson's disease in Validated Animal Models[1]



[1]Werner and Olanow, Mov. Disord. (2021) 37:6-15.

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Clinical Development of IkT-148009

PHASE 1/1B:

Dose Proportional Clinical Pharmacokinetics & No Clinically Significant Adverse Events

Category	Demographic	Healthy Subjects Value (% of Total N=88)	Parkinson Patient Value (% of Total, N=13)
Gender	Female	34 (38.6)	6 (42.8)
	Male	54 (61.4)	7 (57.2)
Age	Average (SD)	57.9 (5.72)	62.5
	Median	58.0	62
	Range	45, 69	57, 70
Ethnicity	Hispanic or Latino	13 (14.8)	3 (23.1)
	Not Hispanic or Latino	75 (85.2)	10 (76.9)
Race	Black or African American	54 (61.4)	2 (15.4)
	White	33 (37.5)	11 (84.6)
	Other	1 (1.1)	0 (0)
Adverse events		7 (7.9), all clinically insignificant	5 (38.5)

IkT-148009 does not lead to typical c-Abl inhibitor adverse events:
No GI
No Cardiovascular
No Hematological

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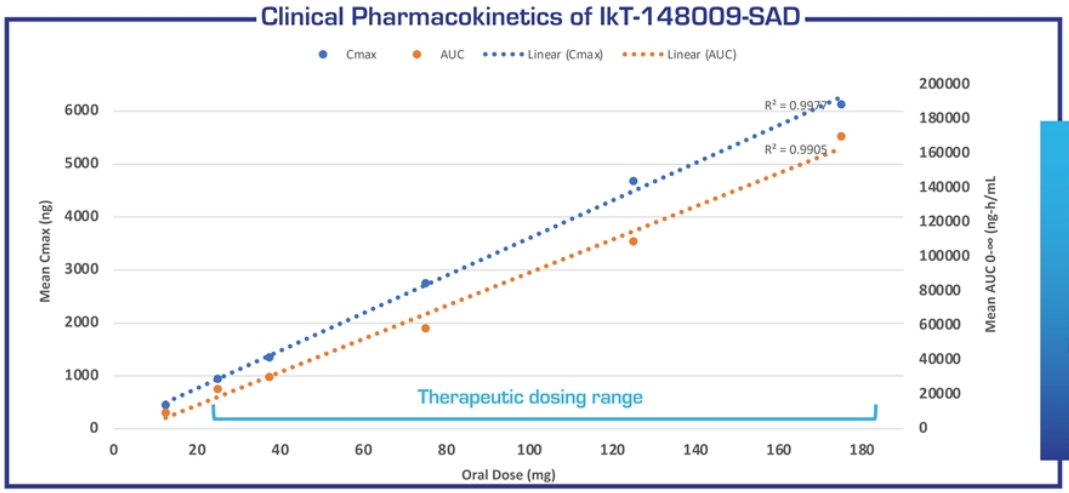
PHASE 1:
Dose Proportional Clinical Pharmacokinetics & No Clinically Significant Adverse Events



SIGNIFICANCE OF CLINICAL PHARMACOKINETICS

High exposures at low oral dose; linearly dose proportional up to 175 mg. Exposures at 75 mg IkT-148009 comparable to 500 mg imatinib[1]

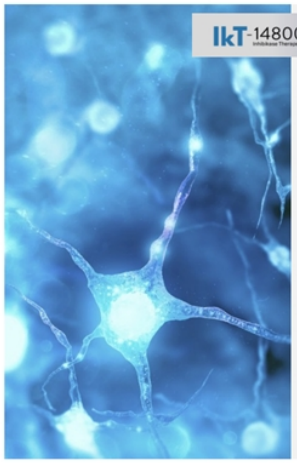
[1]FDA summary data for approval 21-335

PHASE 1B:

- Pharmacokinetics in patients similar to elderly healthy subjects with similar $T_{1/2}$ and exposures (both C_{max} and $AUC_{0\text{-}inf}$).
- PD assessments do not demonstrate a worsening of disease

CLINICAL PHASE 2: the '201' Trial

JUNE, 2022 ▶	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

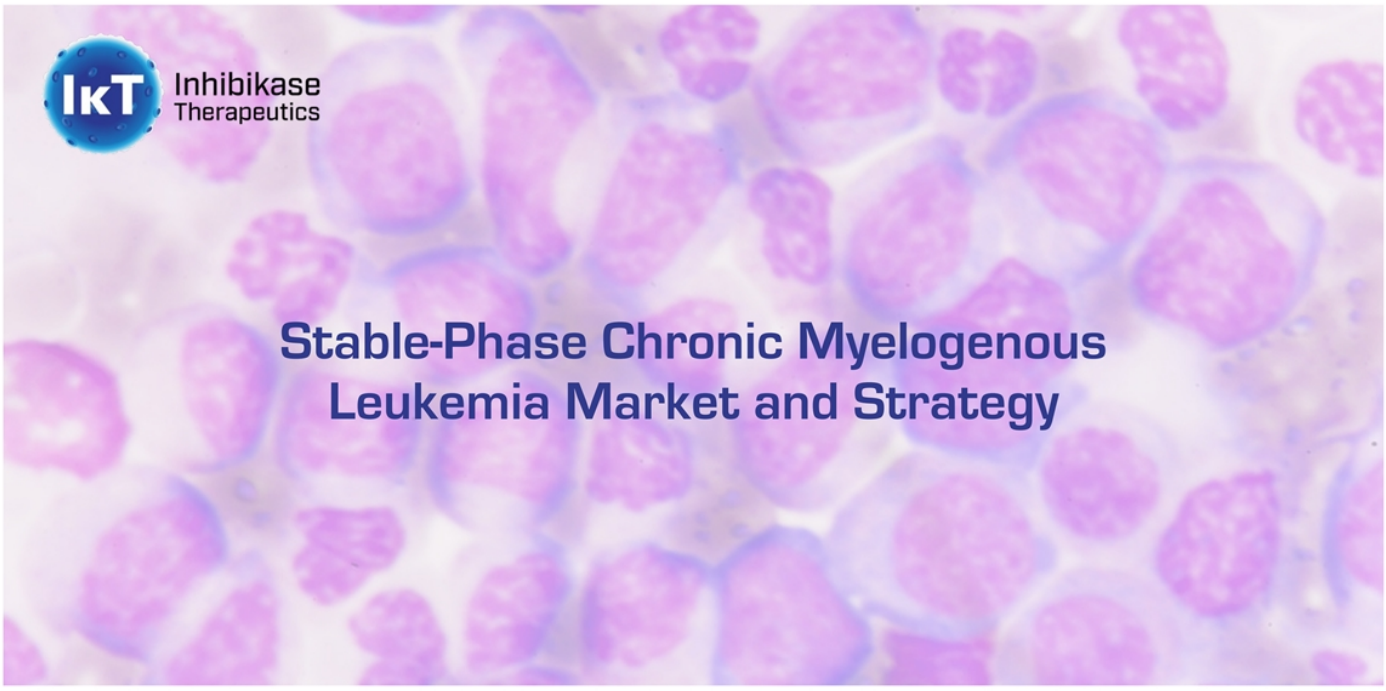


IkT-148009 PHASE 2a (Up to 12 months) ⟶

IkT-148009 PHASE 2A '201' TRIAL / 3 Months Dosing Across 3 Doses

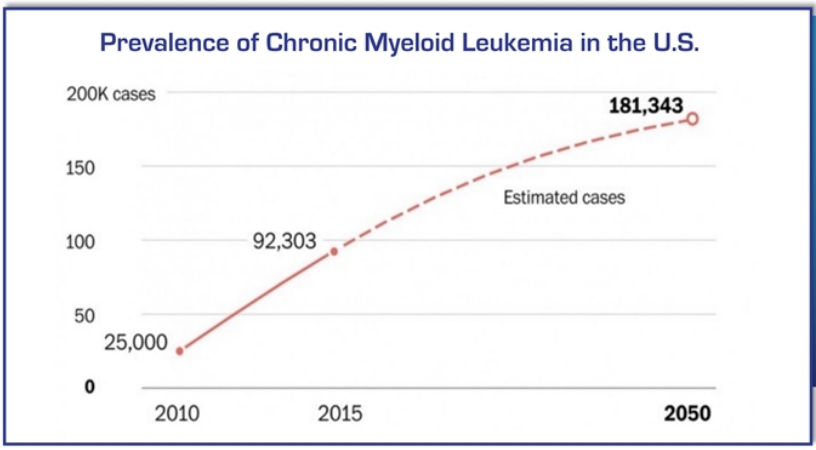
- 3 dosing cohorts, 1 placebo cohort
- 120 patients' total
- 30 patients/dose 1:1:1:1 randomized 12-week dosing 1x/day
- Treatment naïve/Early stage patients (Hoehn & Yahr ≤ 3.0)
- Primary endpoints: safety, tolerability
- Secondary endpoints UPDRS II, III, II+III, PGI-S, CGI-S, Epworth Sleepiness Scale, NMSS, PDQ-39, CSBM, PAGI-SYM, PAC-QOL, PAGI-SYM-QOL
- Exploratory endpoints: Phospho-alpha-synuclein in GI, Skin and CSF; Whole Gut Transit Time (SmartPill™)
- Descriptive statistics

Why just 3 months?:
Animal GI Recovery < 4 weeks
Animal Brain Recovery < 8 weeks


IKT
Inhibikase
Therapeutics
Stable-Phase Chronic Myelogenous
Leukemia Market and Strategy

Inhibikase Therapeutics

CML in the U.S.[1] Accessible Market Opportunity Despite Presence of Generic



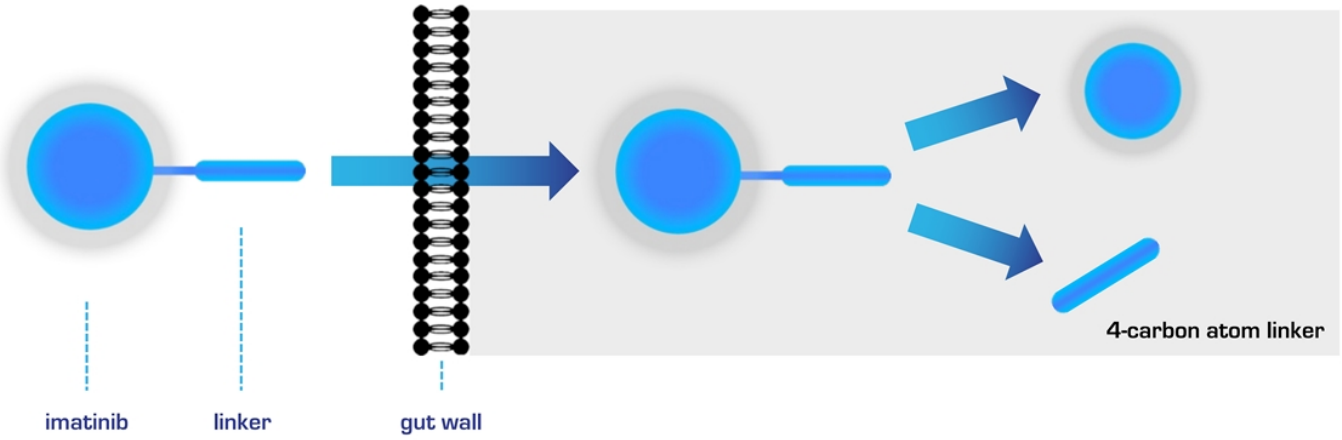
- Patients commonly switch due to intolerance or lack of response[3]
- Intolerance to Gleevec® occurs in 30% of patients, leading to lack of treatment compliance and relapse[4]
- Second generation treatments have severe adverse events (i.e. Sprycel® or Tasigna®)
- Best approach in our view: reduce Gleevec® side effects

[1]Jabbour E, Kantarjian H. Am. J. Hematol. 89:548–556
[2]IMS-Iqvia retail sales data 2016-2020
[3]Am J. Hematology (2019) 94:46-54
[4]Annals of Hematology (2018) 97:1357–1367

- $330.5 million in net U.S. Sales for branded and generic Gleevec®[2]
- > 57% market share Generic Gleevec®
- 50% of recipients experience Grade 2 GI adverse events

Inhibikase Therapeutics

IkT-001Pro releases the active ingredient imatinib only in blood



pH 2-6
(stomach, ileum, duodenum)

pH 7+ (blood)
Lifetime in blood < 10 min

Inhibikase Therapeutics

IkT-001Pro:
Lower GI Toxicity Alternative to Generic Gleevec®

Measurement of IkT-001Pro in Non-Human Primates

	No Adverse Event Level (mg/kg) **NOAEL**	Cmax (mean, ng/mL)	Tmax (mean, h)	AUC_{0-T} (mean, ng-h/mL)
Imatinib (Day 91)[1]	15	176/206 (M/F)	4/3 (M/F)	1540/1960 (M/F)
IkT-001Pro (Day 28)	75	400/318 (M/F)	5.3/3.7 (M/F)	5220/3890 (M/F)

[1]FDA summary data for approval 21-335

RESULTS SUGGEST THAT:

- ✓ Achieve dose flexibility, including use of higher dosing due to lower AEs
- ✓ Suppress GI and other adherence-related adverse events

NO ADVERSE EVENTS

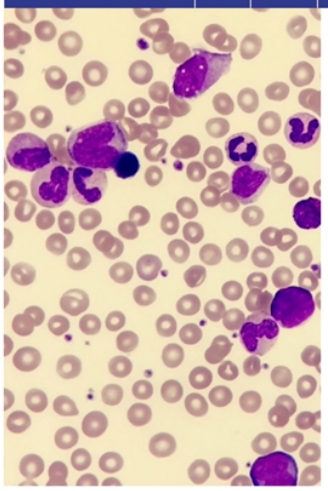
3x
higher dose of imatinib delivered as 001Pro

3x
increased exposure

Inhibikase Therapeutics

Clinical Development of IkT-001Pro

JUNE, 2022 ▶	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18



IkT- 001Pro Bioequivalence (Up to 3 months)

IkT- 001Pro
Bioequivalence '501' Trial

Single dose two-part trial to bioequivalence

- Part 1: 3 dosing cohorts, 10 subjects each to find dose equivalent to 400 mg imatinib mesylate measuring 96 hr pharmacokinetics
- Part 2: Confirmatory single dose measure in 32 subjects confirming 96 hr pharmacokinetics
- Will confer with FDA on NDA path under the 505(b)(2) statute following the 501 trial

IkT- 001Pro
Planned '502' Trial

Superiority to standard of care in CML

- Wait-list control crossover design comparing 001Pro to 400 mg imatinib over 6 months
- 98 patients dosed 1x/day
- Primary endpoints are patient-reported outcome measures of GI disturbance and frequency of diarrhea.
- Planned to conduct '502' trial coincident with pursuit of NDA under the 505(b)(2) statute

Selected Stock and Financial Data

Inhibikase Therapeutics

Selected Financial and Stock Data

Capitalization Table	June 30, 2022
Common Shares Outstanding	25,227,051
Options (WAEP: $2.25)	4,238,056
Warrants (WAEP: $5.21)	1,561,913
Fully Diluted Shares Outstanding	**30,622,020**

$20.8M non-dilutive grant revenue pre-IPO (NIH, DoD, State gov'ts)

Balance Sheet	June 30, 2022 (last reporting period)
Current Assets:	
Cash	$32,212,276
Grants Receivable	$6,552
Prepaid research and development	$919,053
Prepaid expenses and other current assets	$811,482
Total Current Assets	**$33,949,363**
Total Current Liabilities	$4,490,305
Working Capital	$29,459,058
Active grant funding available in accounts held by the U.S. treasury	$314,228
Total Working Capital	**$29,773,286**

Upcoming Milestones: 3Q 2022

- First randomized patient in IkT-148009 Phase 2a study in treatment naive Parkinson's patients
- Design PK bridging study to evaluate pill formulation for IkT-148009 and effect of food on PK in PD patients
- Complete first of two animal model validation studies of IkT-148009 in MSA
- File IND for IkT-148009 in the US for MSA; Seek orphan drug designation in the US
- Begin characterizing novel compounds as follow-ons to IkT-148009

- Commence bioequivalence clinical study following FDA review of the IND or receipt of Study May Proceed letter
- Design and develop superiority study for IkT-001Pro relative to standard-of-care in CML
- Begin business development efforts for commercial partnership

Inhibikase Therapeutics

Management Team with Deep Experience in Drug Development and Commercialization

Milton Werner, PhD
President & CEO

Previously, Dr. Werner served as Director of Research at Celtaxsys. From September 1996 until June 2007, Dr. Werner was a Head of the Laboratory of Molecular Biophysics at The Rockefeller University in New York City. Throughout his scientific career, Dr. Werner has been an innovator integrating chemistry, physics, and biology into a comprehensive approach to solving problems in medicine. Dr. Werner is the author or co-author of more than 70 research articles, reviews, and book chapters and has given lectures on his research work throughout the world.

Joseph Frattaroli, CPA
Chief Financial Officer

Mr. Frattaroli is a certified public accountant with more than 15 years of experience in public company filings and compliance for Nasdaq and OTC Markets companies. Previously, he provided chief financial officer and consulting services for several emerging biopharmaceutical and medical device companies, with responsibilities that included capital formation, deal structuring, and assisting private companies in their transition to becoming publicly traded SEC registrants.

C. Warren Olanow, MD,
Interim Chief Medical Officer and Chief Executive Officer of CLINTREX.

Dr. Olanow is the former Henry P. and Georgette Goldschmidt Professor and Chairman of the Department of Neurology at the Mount Sinai School of Medicine Prior to joining Mount Sinai, he served on the faculties of McGill University, Duke University, and the University of South Florida. He is the former President of the Movement Disorder Society, past President of the International Society of Motor Disturbances, and former Treasurer of the American Neurological Association. He has served on the executive committee of the Michael J. Fox Foundation Scientific Advisory Board, and he is the former Chairman of the Scientific Advisory Board of the Bachmann-Strauss Parkinson Foundation and of the Dystonia Foundation. Dr. Olanow is the former Co-Editor-in-Chief of the journal Movement Disorders. Dr. Olanow received his medical degree from the University of Toronto, performed his neurology training at the New York Neurological Institute at Columbia Presbyterian Medical Center at Columbia University, and undertook postgraduate studies in neuroanatomy at Columbia University and authored more than 600 articles in the field of neurodegeneration.

Mr. Dennis Berman

- Co-founder, board member, and/or seed investor in many private biotechnology and technology companies, five of which have gone public.
- Currently serves as the President of Molino Ventures, LLC a board advisory and venture capital firm and was co-founder and Executive Vice President of Corporate Development of Tocagen.
- Seed investor, co-founder, and/or board member of Intervu, Kintera, Inc., Gensia, Calabrian

Dr. Roy Freeman, MD

- Professor of Neurology at the Harvard Medical School and Director of the Center for Autonomic and Peripheral Nerve Disorders in the Department of Neurology at Beth Israel Deaconess Medical Center
- Former chairman of the World Federation of Neurology research group on the autonomic nervous system, former President of the American Autonomic Society, and former chairman of the Autonomic Section of the American Academy of Neurology.
- Editor-in-Chief of Autonomic Neuroscience: Basic and Clinical and on the editorial boards of The Clinical Journal of Pain, Pain: Clinical Updates, and Clinical Autonomic Research.
- Serial founder of several companies in pain and neurodegenerative disease and is on the scientific advisory boards of many large and small pharmaceutical and biotechnology companies.

Dr. Paul Grint, MD

- 20+ years experience in biologics and small-molecule research and development, including the successful approval and commercialization of products in the infectious diseases, immunology, and oncology therapeutic areas.
- Director of Amplyx Pharmaceuticals and Synedgen.
- Served in senior management roles at Cerexa, Forest Laboratories, Kalypsys, Pfizer, IDEC Pharmaceuticals, and Schering-Plough Corporation.
- Fellow of the Royal College of Pathologists and a medical degree from St. Bartholomew's Hospital College, University of London.

Ms. Elizabeth O'Farrell

- 25-year career with Eli Lilly and Company, lastly serving as Chief Procurement Officer and Leader, Global Head of Shared Services
- Served in senior management at Lilly including Senior Vice President, Policy and Finance; Senior Vice President, Finance; Chief Financial Officer, Lilly USA; Chief Financial Officer, Lilly Canada; and General Auditor. Before joining Eli Lilly, Ms.
- Director of PDL BioPharma, Geron Corporation and Lensar
- BS in accounting with honors and an MBA in management information systems from Indiana University.

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