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): March 22, 2023

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 March 22, 2023, Inhibikase Therapeutics, Inc. (the "Company") made presentations to investors at the Company's R&D Day. A copy of the 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	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: March 22, 2023

INHIBIKASE THERAPEUTICS, INC.

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

Exhibit 99.1


Inhibikase
Therapeutics
March 22, 2023| Inhibikase Neurodegeneration R&D Day
Transforming fundamental and clinical research
in neurodegenerative disease

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.

Inhibikase Therapeutics

Agenda for the 2023 Neurodegeneration R&D Day

- Why is c-Abl an important target in PD?
- How was IkT-148009 discovered?
- What is therapeutically possible with IkT-148009?
- Clinical Development: Phase 2 and beyond in PD
- Opening of MSA clinical development

Inhibikase Therapeutics

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					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					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

4 Indications Pursued Through 2 INDs. Shares Same Phase 1 and 2[2]

(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.

Inhibikase Therapeutics

Chronic Disease for a Long Time

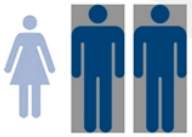
1/3 of a Patient's Lifespan = 25 years

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.

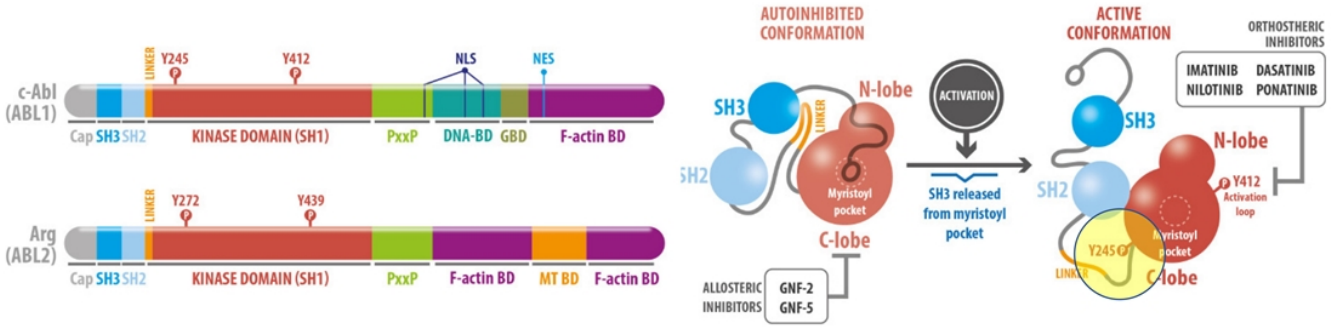
DelveInsight, 2019

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

Inhibikase Therapeutics

Discovery of c-Abl's Role in PD

c-Abl is an essential regulator of growth and differentiation[1]



➢ **Monitoring c-Abl activation by observation of Tyr^{245} phosphorylation (Y245p)**

[1]Neural Regen Res. 2022 Feb; 18(2): 237–243

Slowly progressive, α-synuclein dependent models were essential to thinking differently about PD[1,2]

Inherited dysfunctional α-synuclein:

A53T mutation

Sporadic dysfunctional α-synuclein:

Synthetic synuclein aggregates

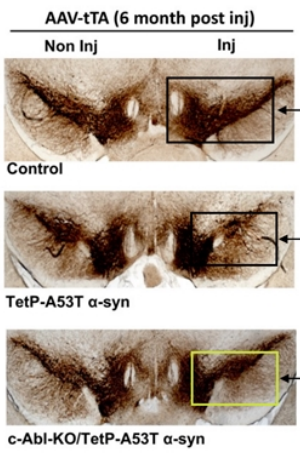
Targeted Expression/Injection in adult brain and/or gut

After 12 Months

Quantitative readout of neuronal function

[1]J Clin Invest. **126**, 2970-88 (2016); [2]Hum Mol Genet **19**, 1633-50 (2010)

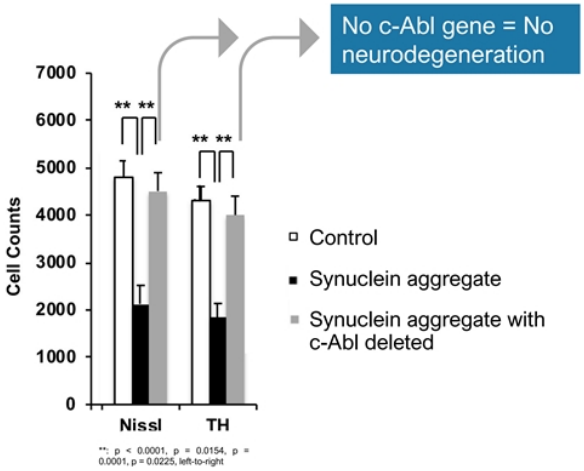
α-synuclein aggregates in the ABSENCE OF c-Abl DO NOT LEAD TO NEURODEGENERATION



Injection (Inj) of an expression vector for the A53T form of synuclein doesn't degrade neurons until the expression of A53T is turned on

Once turned on, A53T induces 50% neurodegeneration in 6 months. NOTE loss is visible in the dark patches of stained neurons on the right half. The left half was an internal control and is unaffected.

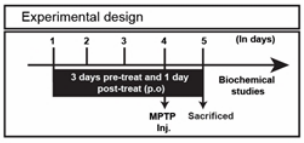
When the expression of A53T is turned on, but c-Abl is genetically deleted from the mouse brain, you don't get any neurodegeneration. Thus, even though the aggregates of α-syn are present in the right region of the brain, they don't cause disease until c-Abl acts on them



[1]Brain 142:2380ff (2019)

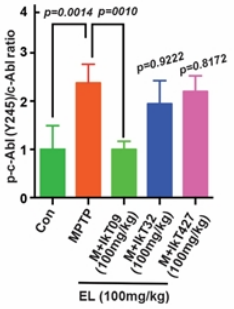
Inhibikase Therapeutics

Use acute neurotoxin MPTP as a functional screen for drug selection[1]

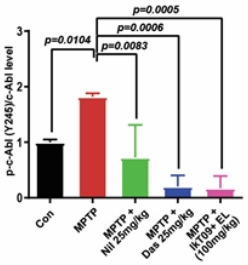


Dopamine neurons are selective

	IC_{50}
148009 (09):	33 nM
148032 (32):	53 nM
1427 (427) :	30 nM



Commercial inhibitors show varied activities



[1]Karuppagounder et al., Sci. Transl Med 1/18/2023

Pre-treatment with IkT-148009 blocks neurodegeneration in the MPTP acute toxicity model[1]

No IkT-148009

Mice treated with an acute neurotoxin MPTP results in substantial loss of dopamine neurons

- No stimulus response, hunched
- Little movement
- Anti-social

Pre-Treatment with IkT-148009

Mice pre-treated with IkT-148009 are protected from neurodegeneration

- Normal response to stimuli
- Run around the cage
- Socially engaged

[1]Karuppagounder et al., Sci. Transl Med 1/18/2023

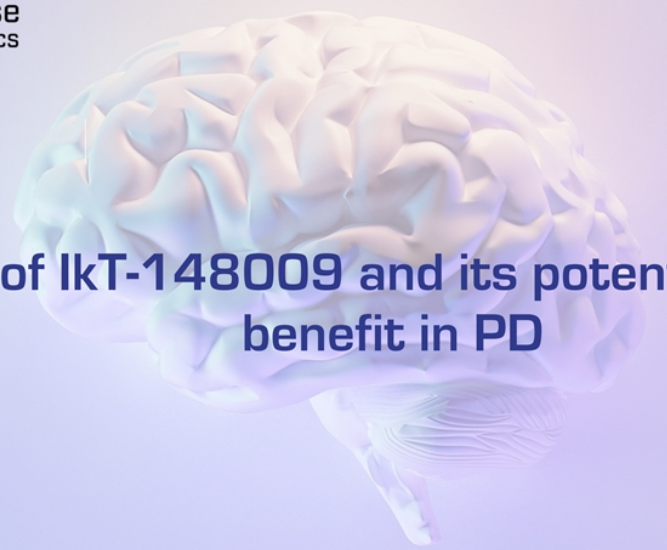
Inhibikase Therapeutics

What we concluded early on about c-Abl inhibition as a potential disease-modifying therapy for PD?[1]

- C-Abl is an essential determinant for PD initiation and progression: *If you delete the gene, you cannot induce neurodegeneration in animals*
- C-Abl inhibition can block induction of neurodegeneration by the acute neurotoxin MPTP

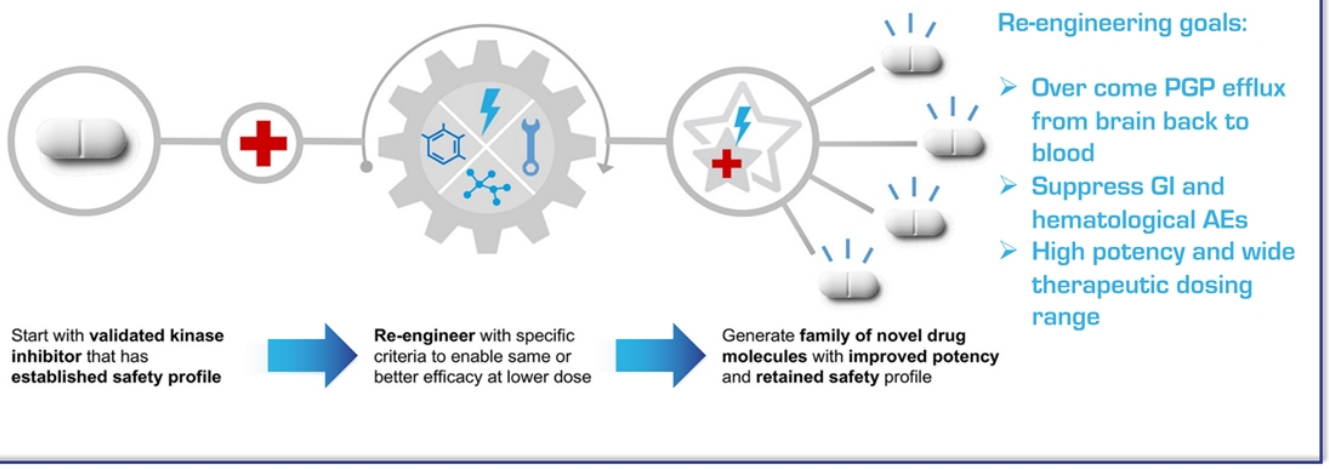
[1]Werner and Olanow, Mov. Disord. 2022 DOI: 10.1002/mds.28858

Inhibikase Therapeutics



Discovery of IkT-148009 and its potential therapeutic benefit in PD

RAMP as a discovery engine for PD[1]



Re-engineering goals:

- Over come PGP efflux from brain back to blood
- Suppress GI and hematological AEs
- High potency and wide therapeutic dosing range

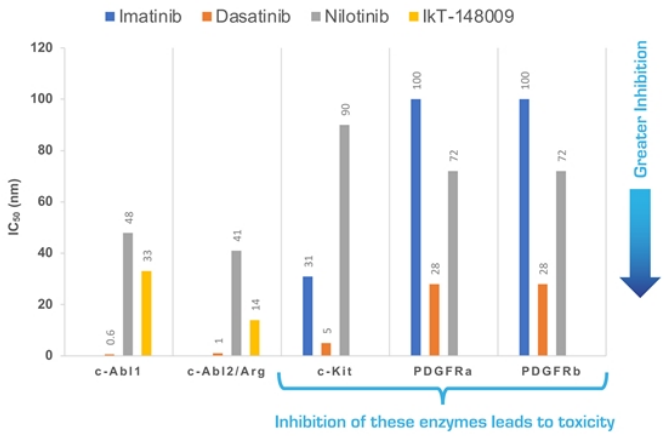
[1]Karuppagounder et al., Sci Transl. Med, Jan 18, 2023

Inhibikase Therapeutics

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, 26 and 39 week toxicology data shows IkT-148009 has a more favorable toxicity profile as dosing is extended

[1]Karuppagounder et al., Sci. Transl Med 1/18/2023

Inhibikase Therapeutics

Therapeutic dosing in a slowly progressive model of inherited disease leads to functional recovery[1]

Baseline Neuromuscular Coordination Behavioral Marker

Healthy Mice Run In Circles at the Average Rate of 25 Turns : 10 Min

Toxic Levels of Synuclein Are Introduced Into One Side of the Mouse Brain

Toxicity Nearly Eliminates Dopamine Levels Rendering the Mice Stationery and Trembling

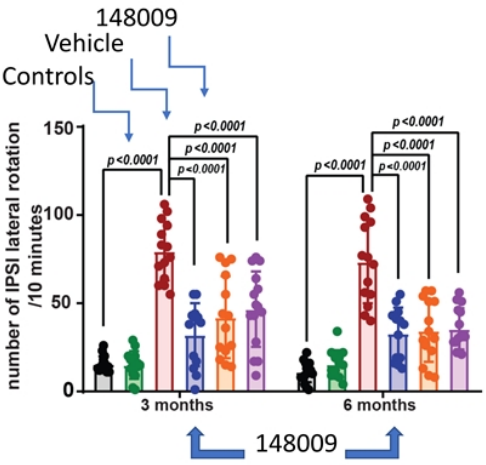
Near Normal Behavior Returned Following Treatment

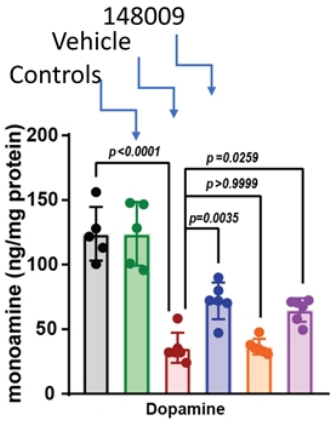
Mice completed 30 turns/10 min when treated a dose of 100 mg/kg dose

[1]Karuppagounder et al., Sci Transl Med Jan 18 2023

Inhibikase Therapeutics

Therapeutic dosing in a slowly progressive model of inherited disease leads to functional recovery[1]

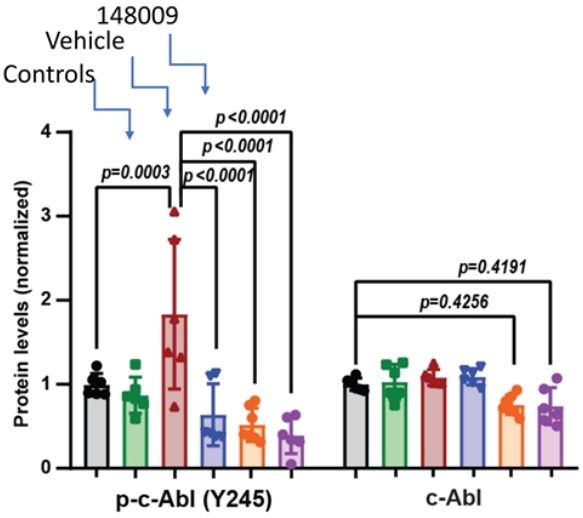




[1]Karuppagounder et al., Sci Transl Med Jan 18 2023

Inhibikase Therapeutics

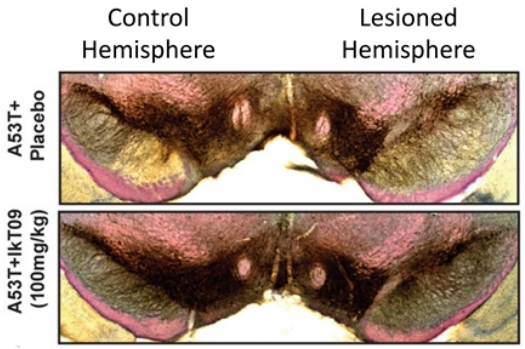
Therapeutic dosing in a slowly progressive model of inherited PD suppresses c-Abl activation[1]

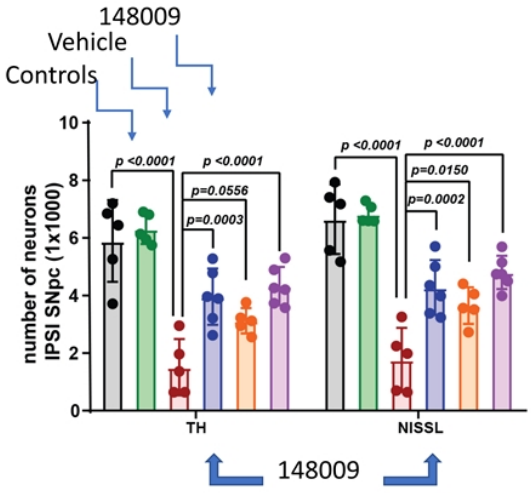


[1]Karuppagounder et al., Sci Transl Med Jan 18 2023

Inhibikase Therapeutics

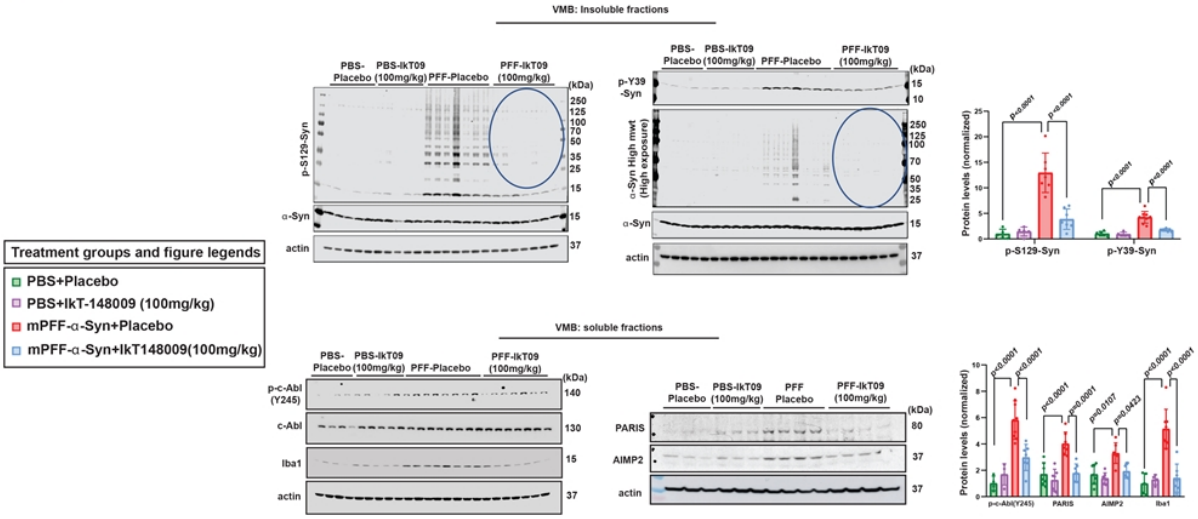
Therapeutic dosing in a slowly progressive model of inherited PD is neuroprotective[1]





[1]Karuppagounder et al., Sci Transl Med Jan 18 2023

Therapeutic dosing leads to reduction/clearance of α-synuclein aggregates at 6 months [1]

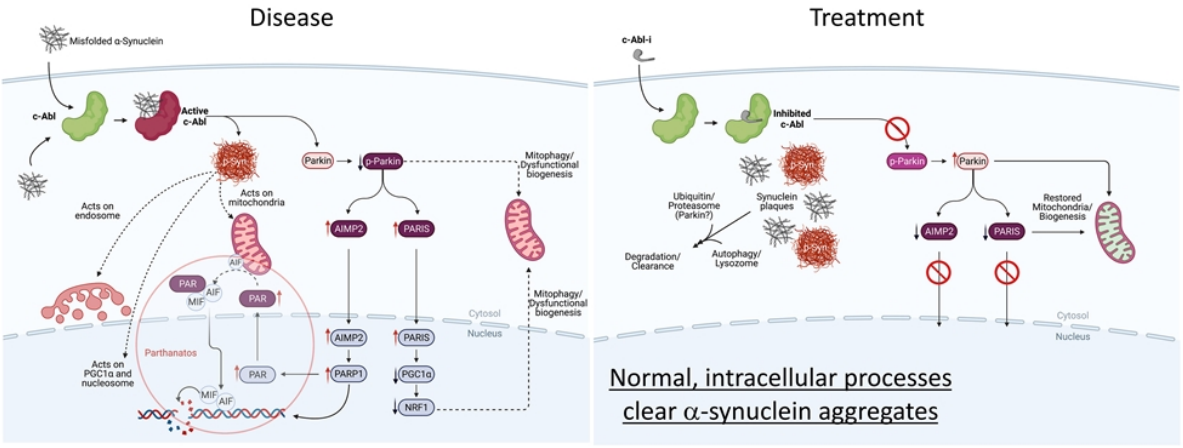


[1]Karuppagounder et al., Sci Transl Med Jan 18 2023

Modeling PD followed by therapeutic dosing revealed:

- C-Abl inhibition is neuroprotective in animal models of disease
- C-Abl inhibition blocks downstream effector pathways of neurodegeneration in animal models of disease
- C-Abl inhibition reduces α-synuclein pathology in the affected neurons in animal models of disease

Model of the biochemistry of disease initiation and its treatment response



[1]Werner and Olanow **37**, 6-15 (2022)

Inhibikase Therapeutics

Clinical Development of IkT-148009 for Treatment of Parkinson's disease

Demographics and Adverse Events Across 113 Healthy Subjects and Patients

Category	Demographic	Healthy Subjects Value (% of Total N=88)	Parkinson Patient Value (% of Total, N=25)
Gender	Female	34 (38.6)	9 (36)
	Male	54 (61.4)	15 (60)
Age	Average (SD)	57.9 (5.72)	61.9
	Median	58.0	63
	Range	45, 69	48, 71
Ethnicity	Hispanic or Latino	13 (14.8)	4 (16)
	Not Hispanic or Latino	75 (85.2)	20 (80)
Race	Black or African American	54 (61.4)	3 (12)
	White	33 (37.5)	20 (80)
	Other	1 (1.1)	0 (0)
Adverse events		6, none clinically significant, only 3 possibly drug related	12, none clinically significant, only 4 possibly drug related

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

Complete Listing of Possibly Drug-related Adverse Events:

No Clinically Significant Adverse Events in Healthy Subjects or Parkinson's Patients Regardless of Dose or Dose Duration Have Been Seen To Date

Category	Dose mg	Dose Duration	# Occurrences Healthy Subjects (N=88)	# Occurrences PD patients (N=25)	Severity
Cardiovascular	75 mg	Single Dose	1 Palpitations[1]		Mild
Gastrointestinal					
	325 mg	Single Dose	2 Diarrhea		Mild
	100 mg	7-day, 1x/day		1 Constipation[2]	Mild
	100 mg	4 wk, 1x/day		1 Elevated Amylase/Lipase[3]	Moderate
	Active, 50 mg	4 wk		1 Gastric pain[4]	Mild
	Active, 50 mg	4 wk		1 Nausea[4]	Mild
Dermatological					
	50 mg	7-day, 1x/day		1 Dermatitis	Mild

[1]Appeared 2 weeks post-dose, no clinical basis found even after following by 3-day Holter monitoring; [2]Appeared one day after last dosing day; [3]Amylase and Lipase abnormalities were asymptomatic. Patient reported regular consumption of alcohol prior to the baseline visit and while enrolled in the trial; [4]Single occurrence on first dose

Inhibikase Therapeutics

CLINICAL PHASE 2: the '201' Trial 3 doses

Double-blinded: 3 Months Dosing Across 3 Doses

Primary:	Safety/Tolerability
Secondary:	MDS-UPDRS II+III
	PGI-S
	CGI-S
	MDS-UPDRS II
	MDS-UPDRS III
	MDS-UPDRS I
	Non-motor Symptom Scale
	CSBM
	Epworth Sleepiness Scale
	GI Measures

12 month extension study

Primary:	Safety/Tolerability
Secondary: (measure every 3 months)	MDS-UPDRS II+III
	PGI-S
	CGI-S
	MDS-UPDRS II
	MDS-UPDRS III
	MDS-UPDRS I
	Non-motor Symptom Scale
	CSBM
	Epworth Sleepiness Scale
	GI Measures

Inhibikase Therapeutics

CLINICAL PHASE 2: the '201' Trial 3 doses

Double-blinded: 3 Months Dosing Across 3 Doses

Exploratory: Skin/possibly GI reduction α-synuclein aggregates

12 month extension study

Exploratory: Skin/possibly GI reduction α-synuclein aggregates
Time to initiation of PD symptomatic medication
Time before initiation of PD symptomatic medication

Inhibikase Therapeutics

CLINICAL PHASE 2: the '201' Trial 3 doses

Adding back 200 mg dose post-Clinical Hold:

- Required safety/PK profile study completed.
- Data to be submitted and dose added back early in 201 trial (after 5 patients each at 50 mg, 100 mg, placebo cohorts)

Vision Monitoring:

- Observed increase in minimal/mild changes in retina between 3 and 6 months in rat
- Implemented a standard program of vision monitoring until known whether this will occur in humans
- Program used for approved products: brigatinib, infigratinib,pemibratinib, futibatinib, trametinib, binimetinib, selumtinib, cobimetinib
- No vision pathology observed in 11 patients at all 3 doses for up to 11 weeks.

Inhibikase Therapeutics

Clinical Development of IkT-148009 for Treatment of Multiple System Atrophy (MSA)

Inhibikase Therapeutics

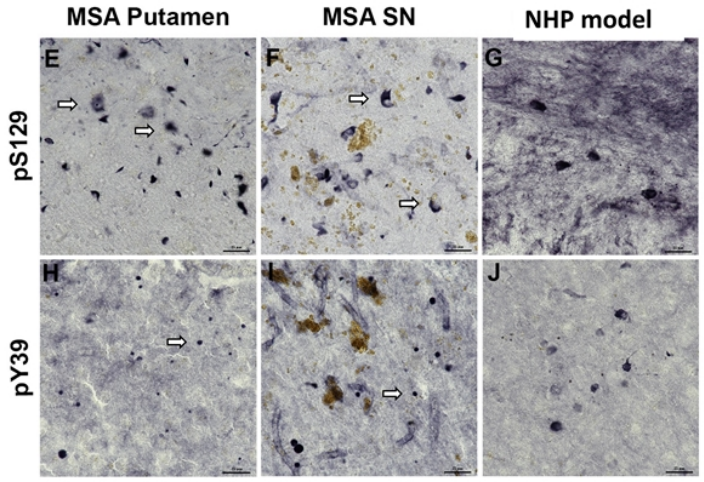
What distinguishes MSA from PD?

PD
- Slowly progressive, 25 years to death
- Highly variable interpatient variation in rate of progression and disease manifestation
- Multiple treatments to address symptoms
- Diagnosis easier
- Large disease (≈1M US cases)
- Synuclein aggregates found inside affected neurons

MSA
- Rapid progression, 8 years to death
- Similarity in disease manifestation and rate of progression
- No treatments that are very helpful
- Difficult to diagnose early
- Orphan disease (≈20K US cases)
- Synuclein aggregates found in glial cells, not neurons

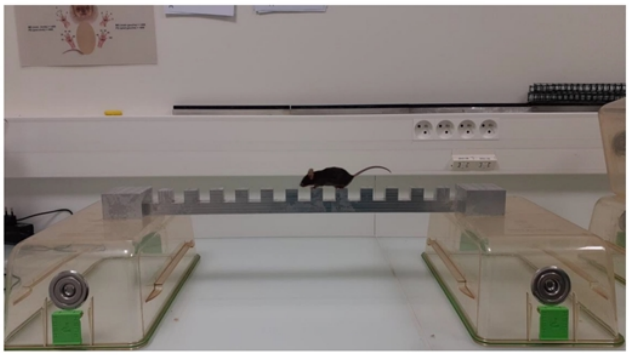
Inhibikase Therapeutics

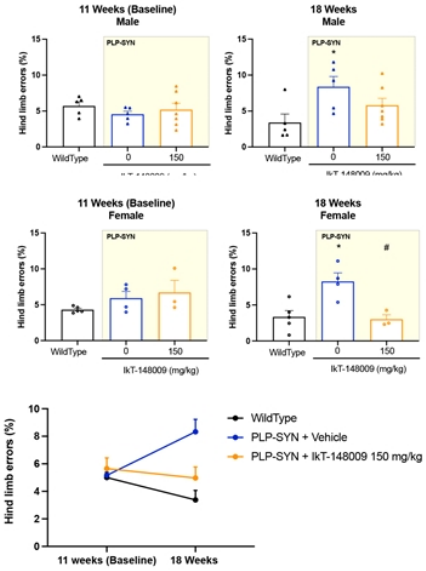
C-Abl activation occurs in glial cells in MSA and in models[1]



[1]Marmion, Werner, Kordower et al, (2021) Neurobiol Dis 148:105184

IkT-148009 inhibition protects against loss of function





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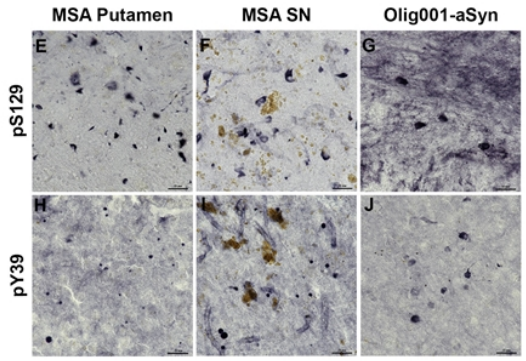
C-Abl Activation

MSA[1]



AD

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[1]Marmion, Werner, Kordower et al, (2021) Neurobiol Dis 148:105184

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CLINICAL PHASE 2: the '202' Trial 2 doses

Double-blinded: 6 Months Dosing Across 2 Doses

Primary: Safety/Tolerability

Secondary:
- Modified Total UMSARS
- Activities of daily life
- PGI-S
- CGI-S
- MSA QOL scores
- Orthostatic hypotension symptom score
- Neurofilament light chain blood/CSF
- Progression of cerebellar atrophy by MRI

Exploratory:
- α-synuclein aggregate level in skin/CSF

Inhibikase Therapeutics

2023 Guidance in Neurodegeneration

PD

- Fully enroll the 201 trial
- Initiate long-term extension study
- Prepare for Phase 3 program
- Declare a commercial formulation: 2 tablet forms to be tested
- Analyze food effect on IkT-148009

MSA

- Complete prophylactic and therapeutic animal model studies
- Initiate MSA Phase 2 in US and EU with positive model outcome and appropriate capital

Selected Stock and Financial Data

Selected Financial and Stock Data

Capitalization Table	January 30, 2023
Common Shares Outstanding	28,027,840
Options (WAEP: $2.41)	4,001,208
Warrants (WAEP: $0.77)	22,423,915
Fully Diluted Shares Outstanding	**54,452,963**

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

Balance Sheet	September 30, 2022 (last reporting period)
Current Assets:	
Cash, Cash Equivalents, Marketable Securities	$26,534,208
Grants Receivable	$13,842
Prepaid research and development	$932,419
Prepaid expenses and other current assets	$505,924
Total Current Assets	**$27,986,393**
Total Current Liabilities	$3,212,997
Working Capital	$24,773,396
Active grant funding available in accounts held by the U.S. treasury	$300,386
Total Working Capital + Available Grant Funds	**$25,073,782**


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