



MindMed

Corporate Overview

June 2022

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This Presentation contains, and our officers and representatives may from time to time make, "forward-looking statements" within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995 and other applicable securities laws. Forward-looking statements can often, but not always, be identified by words such as "plans", "expects", "is expected", "budget", "scheduled", "estimates", "forecasts", "intends", "anticipates", "will", "projects", or "believes" or variations (including negative variations) of such words and phrases, or statements that certain actions, events, results or conditions "may", "could", "would", "might" or "will" be taken, occur or be achieved, and similar references to future periods. Except for statements of historical fact, examples of forward-looking statements include, among others, statements pertaining to the development and commercialization of any medicine or treatment, or the efficacy of either of the foregoing, the success and timing of our development activities, the success and timing of our planned clinical trials, our ability to meet the milestones set forth herein; the likelihood of success of any clinical trials or of obtaining FDA or other regulatory approvals, the likelihood of obtaining patents or the efficacy of such patents once granted, and the potential for the markets that MindMed is anticipating to access.

Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions as of the date of this Presentation. While we consider these assumptions to be reasonable, the assumptions are inherently subject to significant business, social, economic, political, regulatory, competitive and other risks and uncertainties that are difficult to predict and many of which are outside of our control, and our actual results and financial condition may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause our actual results and financial condition to differ materially from those indicated in the forward-looking statements include, among others, the following: our ability to raise capital to complete its plans and fund its studies; the medical and commercial viability of the contemplated medicines and treatments being developed; our ability to raise additional capital in the future as we continue to develop our products; our history of negative cash flows; our limited operating history; incurrence of future losses; availability of additional capital; lack of revenue; compliance with laws and regulations; difficulty associated with research and development; risks associated with clinical trials or studies; heightened regulatory scrutiny; early stage product development; clinical trial risks; regulatory approval processes; novelty of the psychedelic inspired medicines industry; as well as those risk factors discussed or referred to throughout the "Risk Factors" sections of our most recently filed Annual Report on Form 10-K filed with the Securities and Exchange Commission (the "SEC") and in other filings we make in the future with the SEC and the securities regulatory authorities in all provinces and territories of Canada, available under the Company's profile on SEDAR at www.sedar.com.

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Cautionary Note Regarding Regulatory Matters

The United States federal government regulates drugs through the Controlled Substances Act. The Company works with a non-hallucinogenic synthetic derivative of the psychedelic substance ibogaine, known as "18-MC", which is a synthetic organic molecule designed around a common coronaridine chemical backbone. 18-MC is not a Schedule I substance in the United States and the Company does not foresee it becoming a Schedule I substance due to its non-hallucinogenic properties. While the Company is focused on programs using psychedelic inspired compounds and classic psychedelics, the Company does not have any direct or indirect involvement with the illegal selling, production or distribution of any substances in the jurisdictions in which it operates. The Company is a neuro-pharmaceutical drug development company and does not deal with psychedelic substances except within laboratory and clinical trial settings conducted within approved regulatory frameworks. The Company's products will not be commercialized prior to applicable regulatory approval, which will only be granted if clinical evidence of safety and efficacy for the intended uses is successfully developed.]

Market and Industry Data

This Presentation by includes market and industry data that has been obtained from third party sources, including industry publications. MindMed believes that the industry data is accurate and that the estimates and assumptions are reasonable, but there is no assurance as to the accuracy or completeness of this data. Third party sources generally state that the information contained therein has been obtained from sources believed to be reliable, but there is no assurance as to the accuracy or completeness of included information. Although the data is believed to be reliable, MindMed has not independently verified any of the data from third party sources referred to in this Presentation or ascertained the underlying economic assumptions relied upon by such sources. References in this Presentation to research reports or to articles and publications should be not construed as depicting the complete findings of the entire referenced report or article. MindMed does not make any representation as to the accuracy of such information.

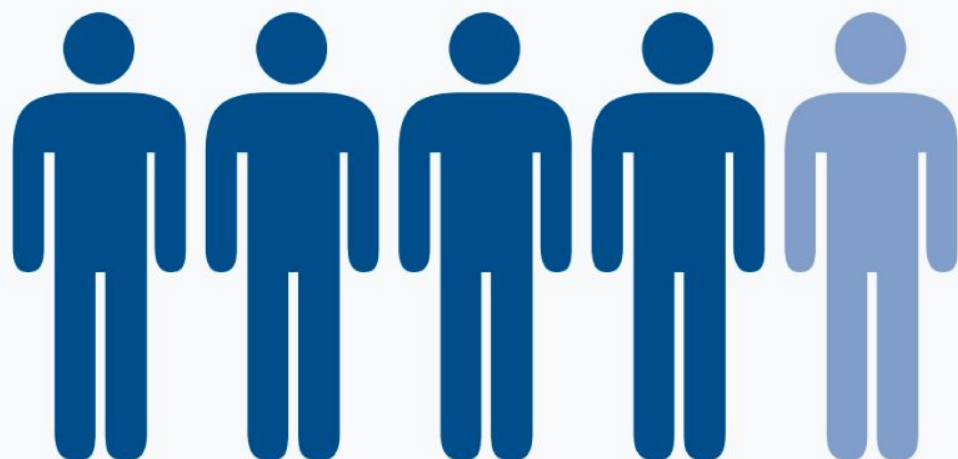
Business Highlights

Our mission is to deliver on the therapeutic potential of psychedelics and other novel targets to treat brain health disorders

- **Leader in developing psychedelic** product candidates to treat brain health disorders
- **Diversified pipeline** of clinical programs targeting significant unmet medical needs
- **IP and R&D strategies** to maximize market exclusivity and protection
- **Leveraging decades of research** on clinical and preclinical potential of product candidates
- **Industry-leading expertise** in drug and digital medicine development and commercialization
- **Fully funded** through key clinical readouts and into 2024

There is an Urgent Need for Better Treatments

Substantial opportunities exist to advance novel treatments for a wide range of brain health disorders



1 in 5 U.S. Adults is Diagnosed with a Mental Health Disorder¹

1. NIMH 2020; Mental Illness.

2. Bandelow 2015; Dialogues Clin. Neurosci; 17(3).

3. Zelaya 2019; NCHS Data Brief. 2020; (390).

4. NIDA 2022; Overdose Death Rates.

5. Leigh & Du 2015; J. Autism Dev. Disord.; 45(12).

ANXIETY

21%

1-year prevalence of anxiety disorders in the US

PAIN

50M

US adults live with chronic pain³

OUD

68,630

US deaths from opioid overdose in 2020⁴

ASD

\$461B

economic cost of ASD in the US predicted by 2025⁵

Advancing Multiple Generations of Drug Candidates

Our strategy is to deliver on well-characterized psychedelic candidates and next generation candidates with enhanced drug profiles

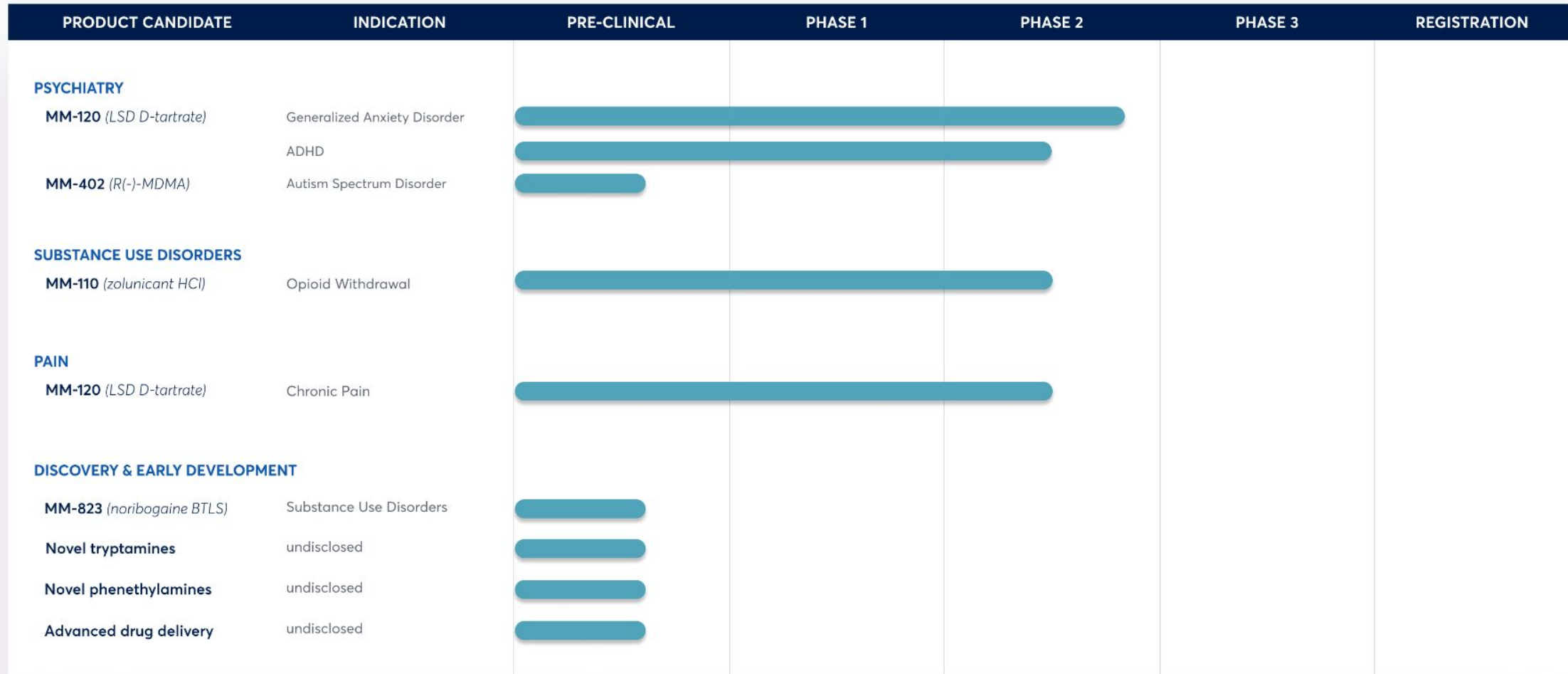
	CONCEPT	MINDMED PRODUCT CANDIDATES	PIPELINE EXPANSION OPPORTUNITIES
CLASSIC PSYCHEDELICS	- Clinical evidence of efficacy¹ - Well-characterized pharmacology - Accelerated development potential	MM-120 LSD D-tartrate	- Expanded clinical indications - Psychedelics with distinct PK/PD DMT Mescaline Universitätsspital Basel
2ND GENERATION / OPTIMIZED	- Enhanced pharmacology - Overcome safety liabilities - Increased IP potential	MM-402 R(-)-MDMA	- Advanced drug delivery - Novel treatment models - Novel treatment regimen
3RD GENERATION / NCES	- Analogues of classic psychedelics - Require full development program - Strongest IP potential	MM-110 zolnicant HCl	- Novel tryptamines - Novel phenethylamines - Non-hallucinogenic analogues

1. Gasser 2014; J. Nerv. Ment. Dis.; 202(7).

IP: intellectual property; DMT: N,N-dimethyltryptamine; MDMA: 3,4-methylenedioxymethamphetamine; NCE: new chemical entity; PD: pharmacodynamics; PK: pharmacokinetics

Research & Development Pipeline

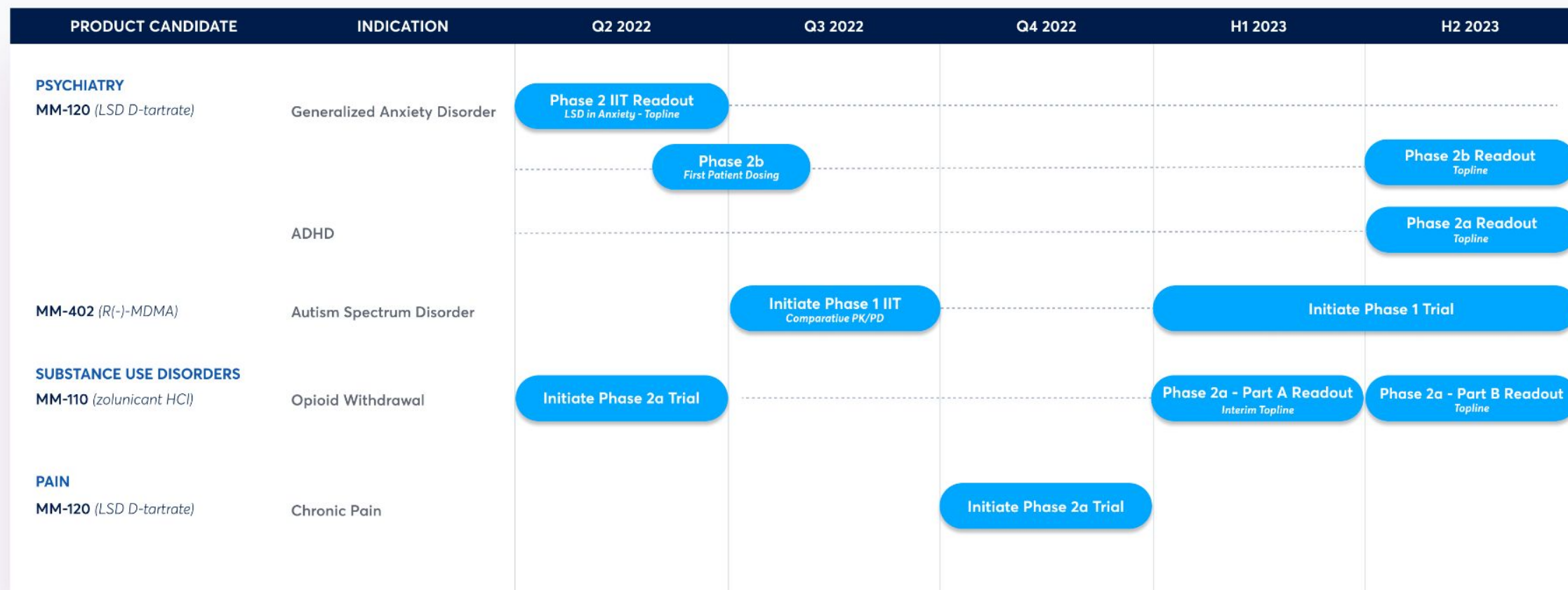
Our pipeline diversification offers potential opportunities across therapeutic areas and mechanisms of action



ADHD: Attention-Deficit/Hyperactivity Disorder; BTLS: brain-targeted liposome system; LSD: lysergic acid diethylamide; MDMA: 3,4-methylenedioxymethamphetamine

Upcoming Portfolio Milestones

MindMed's clinical research portfolio creates multiple near-term and intermediate catalysts



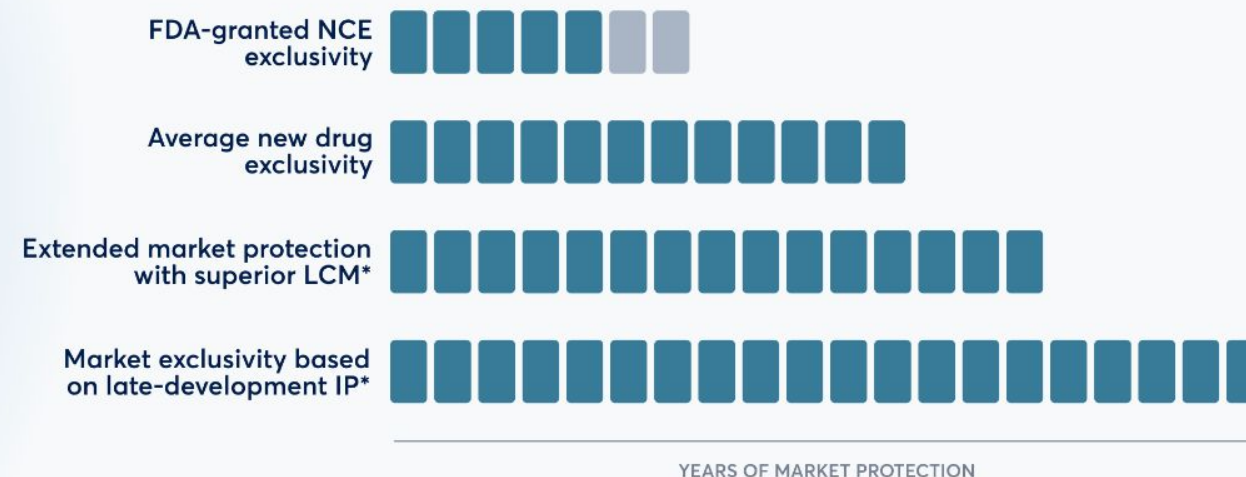
ADHD: Attention-Deficit/Hyperactivity Disorder; IIT: investigator-initiated trial; MDMA: 3,4-methylenedioxymethamphetamine; R&D: research & development; ESOE: early sign of efficacy

Advancing the Field with Strong IP & Strategic Competitive Moats

Our approach is to protecting innovation and market potential through intellectual property-oriented R&D strategies



Strategic Life Cycle Management & Late-Stage IP Development Can Significantly Extend Market Protection



*For illustrative purposes only

R&D: Research & Development; LCM: Life Cycle Management

MM-120

LSD D-tartrate

Key Milestones

GAD First Patient Dosing

Q2-Q3 2022 | Phase 2b

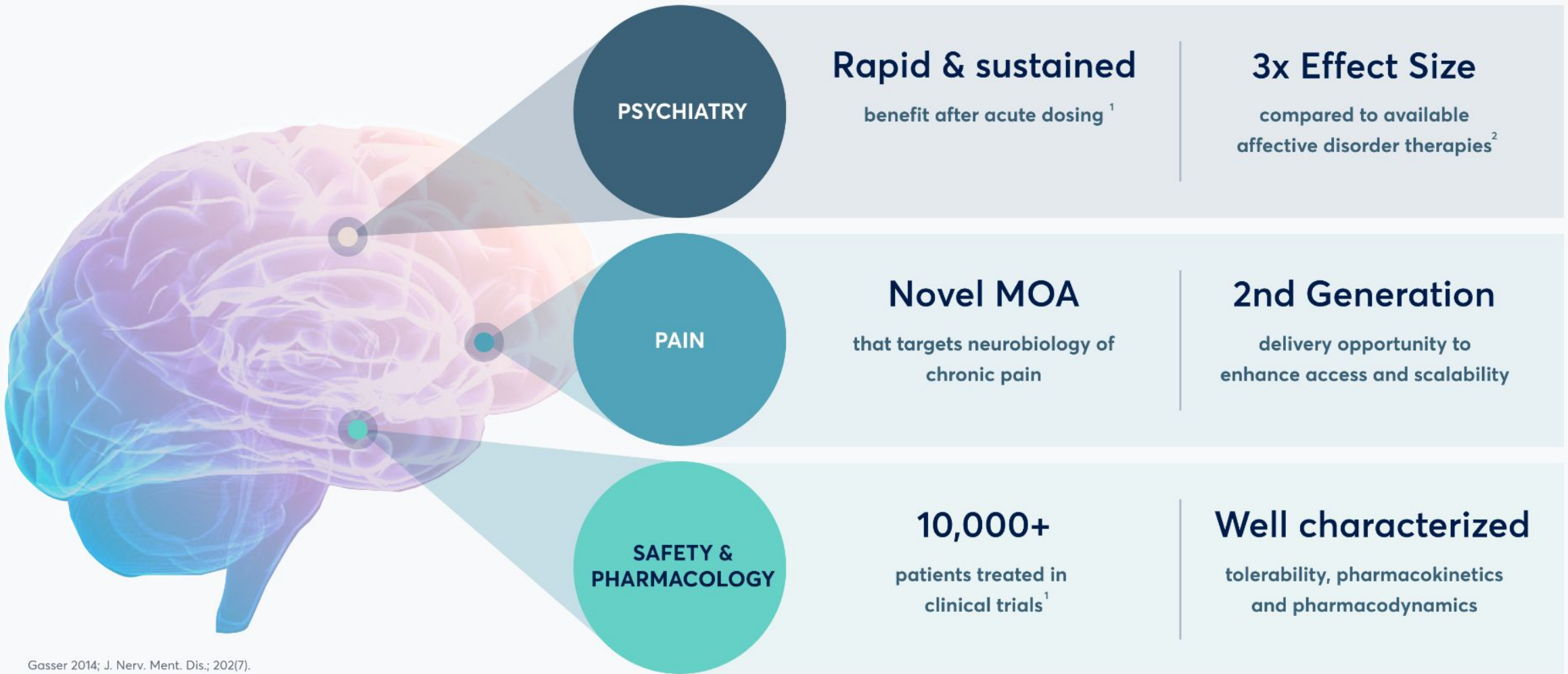
Chronic Pain Study Initiation

Q4 2022 | Phase 2 ESOE

ESOE: early sign of efficacy

MM-120 | Lead Candidate with Evidence Across Multiple Therapeutic Areas

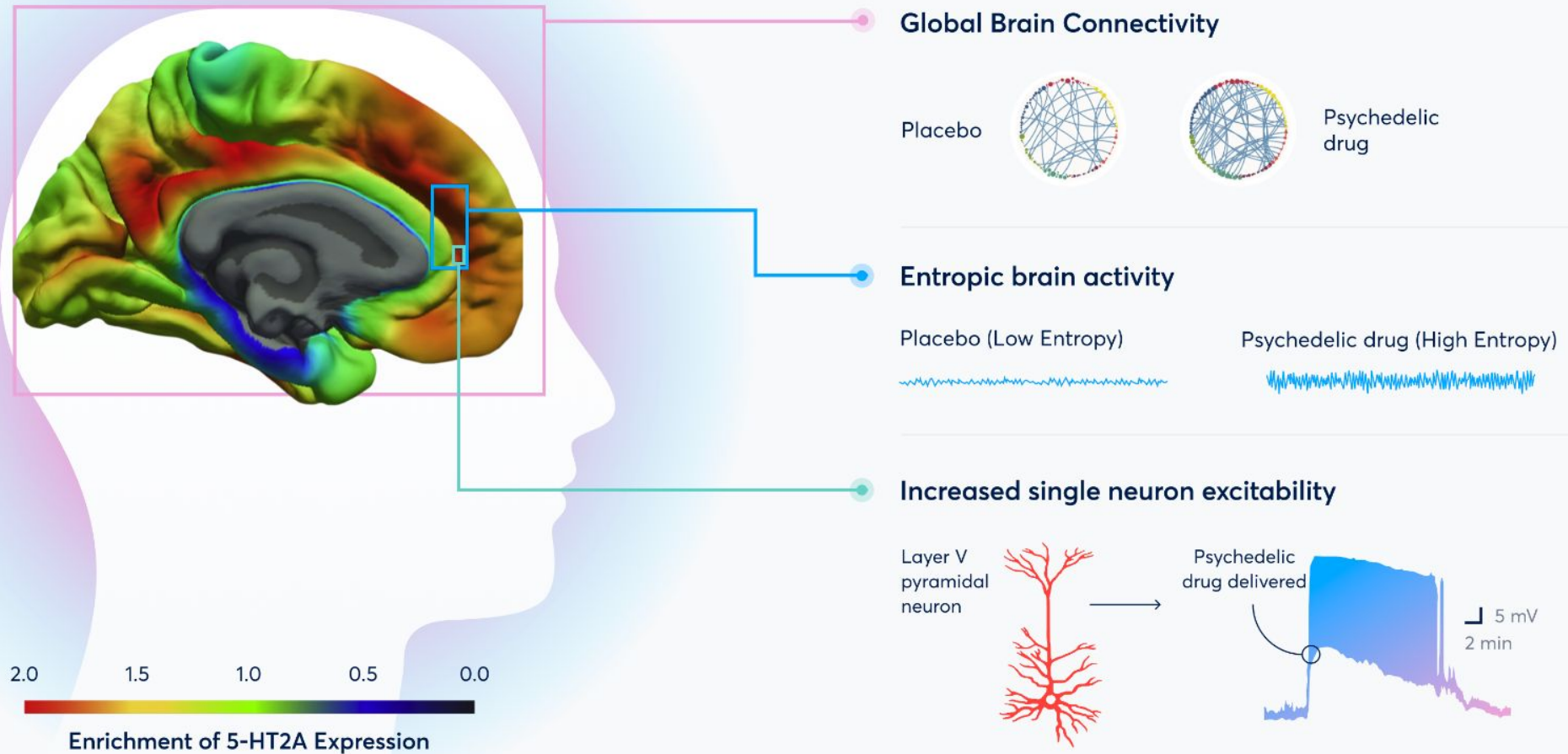
Extensive evidence of clinical benefit and mechanistic rationale in psychiatry, pain and substance use disorders ¹



Gasser 2014; J. Nerv. Ment. Dis.; 202(7).
Fuentes 2020; Front Psychiatry; 10:943.
MOA: mechanism of action

MM-120 | Emerging Treatment Paradigm for Brain Health Disorders

MM-120 is a potent serotonin agonist with potential applications to a broad range of brain health disorders



Source: Nutt 2020. Cell; 181(1).

MM-120 | Legacy of LSD Clinical Research in Psychiatric Disorders

Building on decades of clinical research on LSD in anxiety and depression

STUDIES	INDICATION(S)	SAMPLE SIZE	KEY FINDINGS
21 STUDIES PRIOR TO 1974 ¹	Anxiety, depression & 'neuroses'	512 patients	Up to 95% reduction in symptoms
GASSER 2014 ²	Anxiety in terminal illness	12 patients	Effect size of 1.1 with durable reduction in anxiety at 1 year
LSD-ASSIST ³	Anxiety	42 patients	Rapid and durable reduction in symptoms post-treatment. Clinical response in 65% of LSD patients vs. 9% in placebo

1. Rucker 2016. J. Psychopharmacol; 30(12).

2. Gasser 2014. J. Nerv. Ment. Dis.; 202(7).

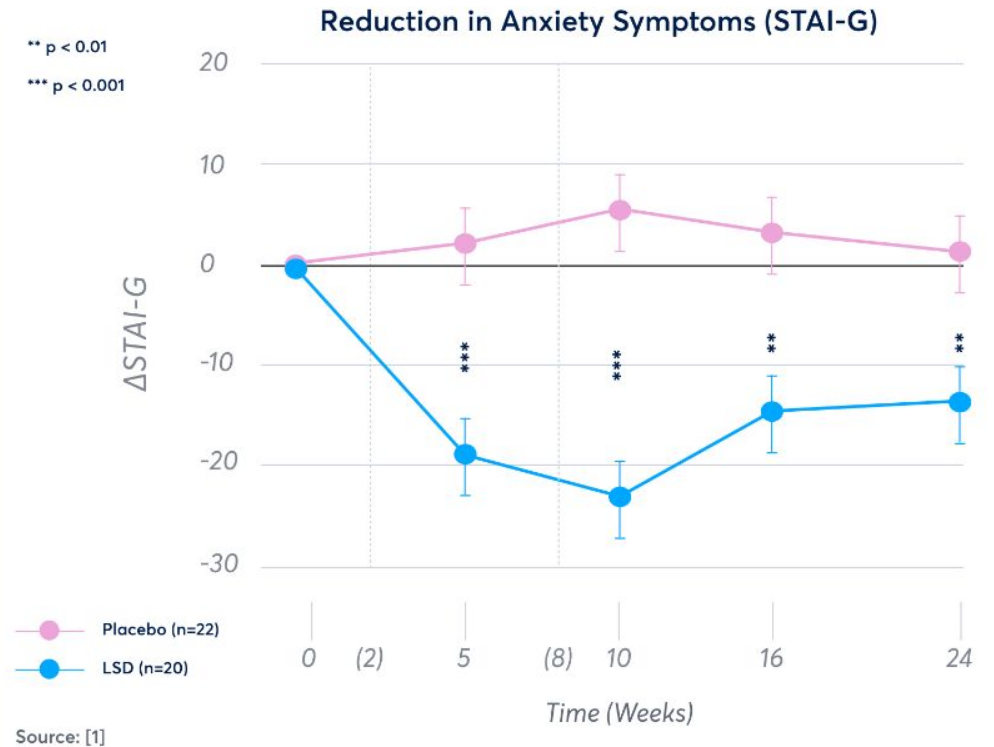
3. Liechti 2022. LSD-Assist

MM-120 | Evidence in Anxiety Disorders

Results from UHB's LSD-Assist study support MindMed's clinical development of MM-120 for GAD

Rapid, durable and significant anxiolytic effects

- Reduction in anxiety and depression symptoms; durable at 16 weeks post-treatment vs. placebo ($p < 0.007$)
- Clinical response ($\geq 30\%$ reduction) observed in 65% of LSD group vs 9% of placebo group ($p < 0.003$)
- Positive correlation between acute positive effects or mystical experiences and clinical outcomes
- Well-tolerated at 200 μg : no instances of suicidal ideation with intent, suicidal behavior or intentional self-injury
- 1 serious adverse event (acute transient anxiety and delusions) and no adverse events attributed to treatment



MM-120 | Phase 2b Generalized Anxiety Disorder (GAD)

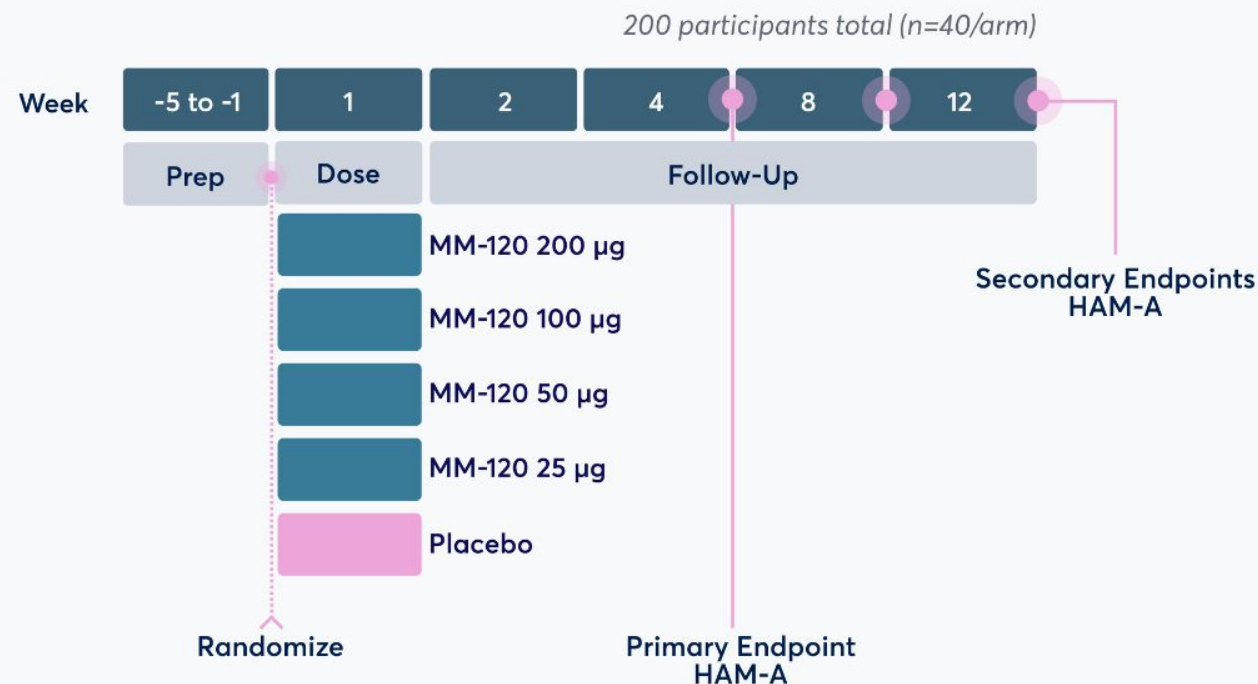
Study design seeks to demonstrate dose-responsive effects and identify optimal dose for pivotal clinical trials

PSYCHIATRY

MM-120 (LSD D-tartrate)

Indication: GAD

PHASE 2B



Study MMED008 | MM-120 for GAD

A Phase 2b Dose Optimization Study of a Single Dose of MM-120 in Generalized Anxiety Disorder

KEY ENTRY CRITERIA

- Men and Women
- Ages 18-74
- Diagnosis of GAD
- HAM-A $\geq$ 20

ADDITIONAL ENDPOINTS

- MADRS
- CGI-S / I
- PGI-S / C
- SDS
- EQ-5D-5L
- PSQI
- ASEX

Source: MindMed internal study documents

µg: microgram; HAM-A: Hamilton Anxiety Rating Scale; MADRS: Montgomery-Asberg Depression Rating Scale; CGI-S: Clinical Global Impression - Severity; PGI-S: Patient Global Impression - Severity; SDS: Sheehan Disability Scale; EQ-5D-5L: EuroQol-5 Dimension; PSQI: Pittsburgh Sleep Quality Index; ASEX: Arizona Sexual Experiences Scale

MM-120 | Phase 2a Attention Deficit Disorder (ADHD)

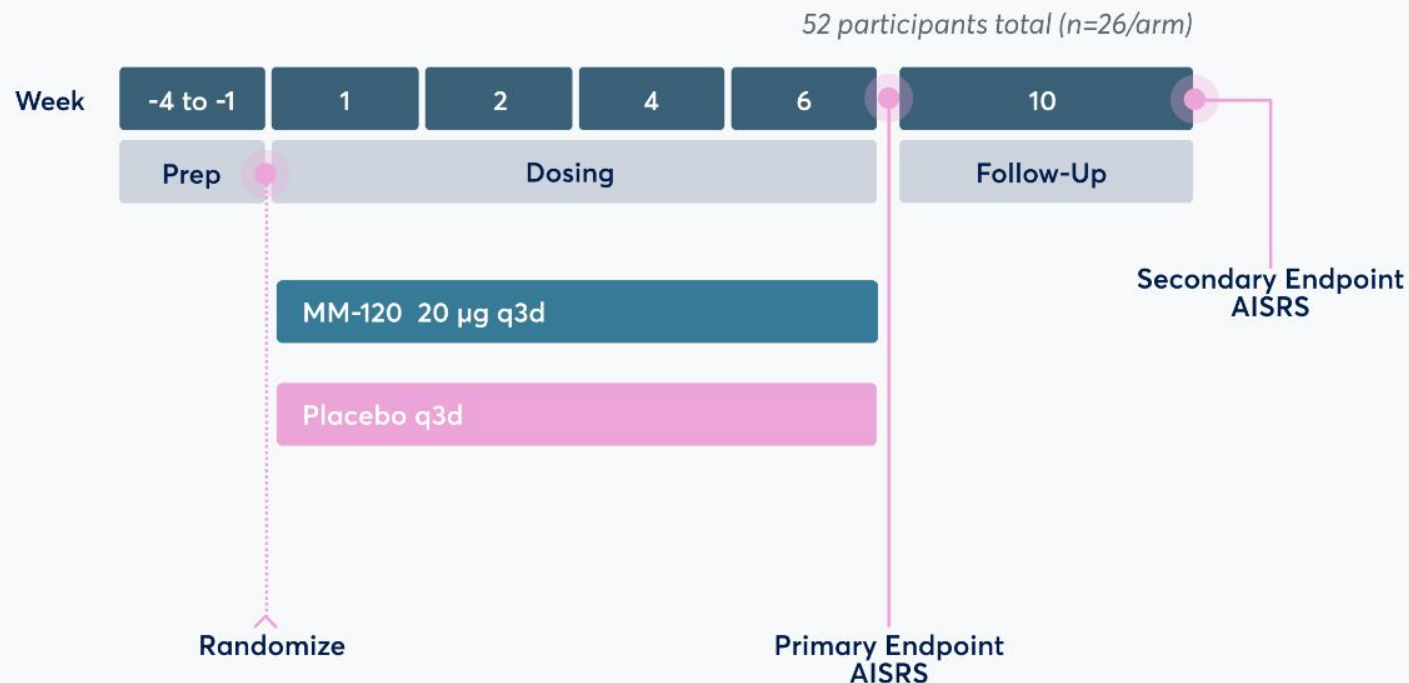
Proof of concept study design seeks to explore potential clinical response in ADHD

PSYCHIATRY

MM-120 (LSD D-tartrate)

Indication: ADHD

PHASE 2A



Study MMED007 | MM-120 for ADHD

A Phase 2a Proof of Concept Study of Repeated Low Doses of MM-120 for the Treatment of ADHD in Adults

KEY ENTRY CRITERIA

- Men and Women
- Ages 18-65
- Diagnosis of ADHD
- AISRS ≥ 26
- CGI-S ≥ 4

ADDITIONAL ENDPOINTS

- AISRS @ 1 week
- CGI-S
- ASRS
- CAARS
- Sleep Diary

Source: MindMed internal study documents

AISRS: Adult ADHD Investigator Symptom Rating Scale; ASRS: Adult ADHD Self-Report Scale; CAAR: Conners' Adult ADHD Rating Scales; CGI-S: Clinical Global Impression - Severity

MM-120 | Novel Applications in Chronic Pain

Preclinical and early clinical evidence provide support for unique mechanism of action and potential clinical activity

SELECT STUDIES	INDICATION(S)	SAMPLE SIZE	KEY FINDINGS
KAST 1967 ¹	Terminal cancer pain	128 patients	100 µg reduced cumulative pain scores for at least 12 hours post-treatment
FANCIULLACCI 1977 ²	Phantom limb pain	7 patients	50 µg (qd) reduced pain in 5 of 7 patients (full analgesia in 2 of 7)
RAMAEKERS 2021 ³	Experimental pain in healthy volunteers	24 patients	20 µg increased pain tolerance and reduced cold pressor test painfulness

Study MM-120C201 - Phase 2 ESOE in Chronic Pain

Study Design	To be announced
Dosing Regimen	Repeat administration
Indication	Chronic Pain
Primary Endpoint	Change in Daily Pain on 11-point Numerical Rating Scale

1. Kast 1967. Psych Quar 41, 646–657.

2. Fanciullacci 1977. The Journal of Head and Face Pain, 17: 118-119.

3. Ramaekers 2021. Journal of Psychopharmacology; 35(4).

MM-110

Zolunicant HCl

Key Milestones

Opioid W/D Study Initiation

Q2 2022 | Phase 2a

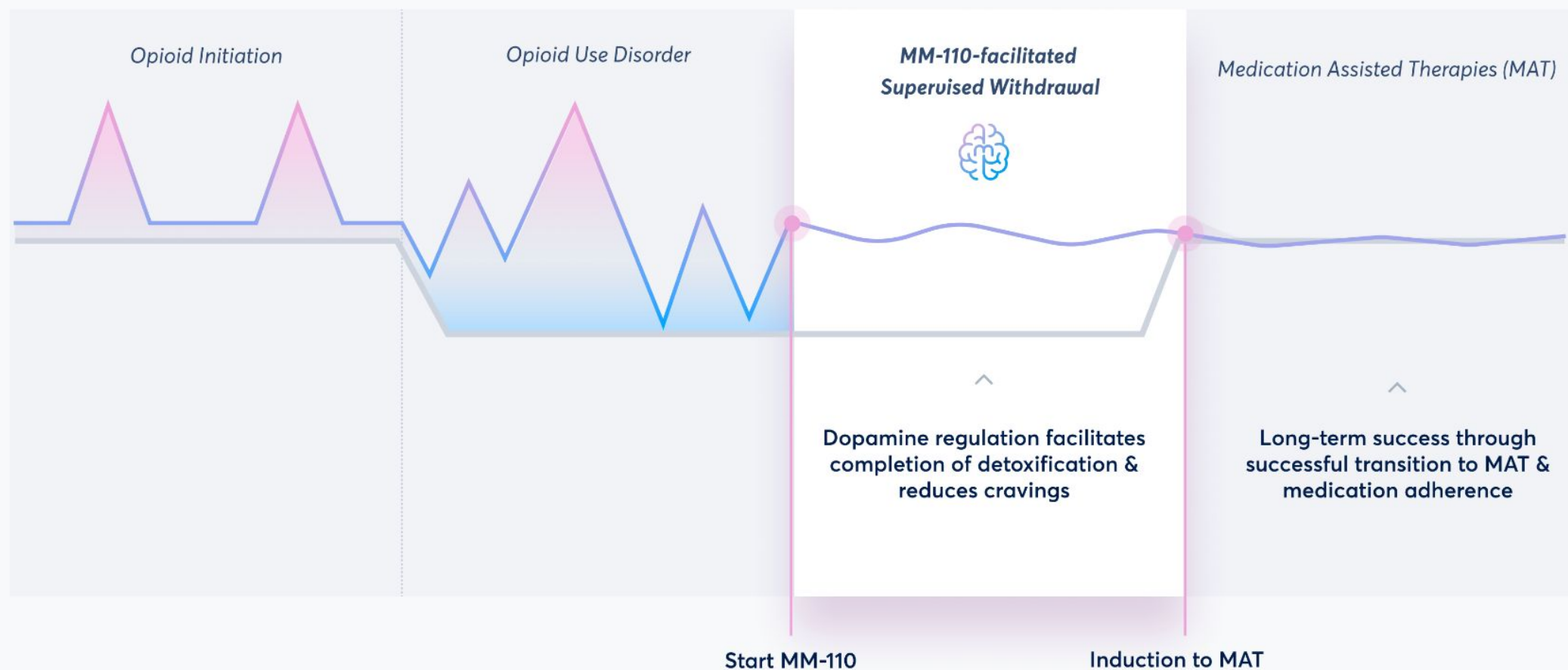
Opioid W/D ESOE Readout

Q1 2023 | Phase 2a (Part A)

ESOE: early sign of efficacy; W/D: withdrawal

MM-110 | Novel Mechanism to Address a Critical Gap in OUD Treatment

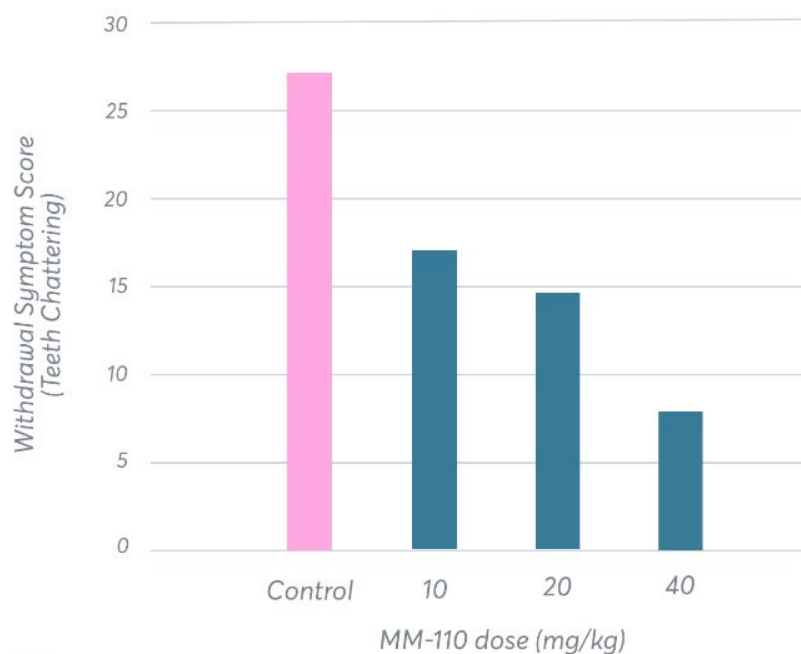
Mechanism of action and target product profile complement standard-of-care and address a critical gap in available treatment landscape



MM-110 | Strong Preclinical Efficacy on Key Translational Outcomes

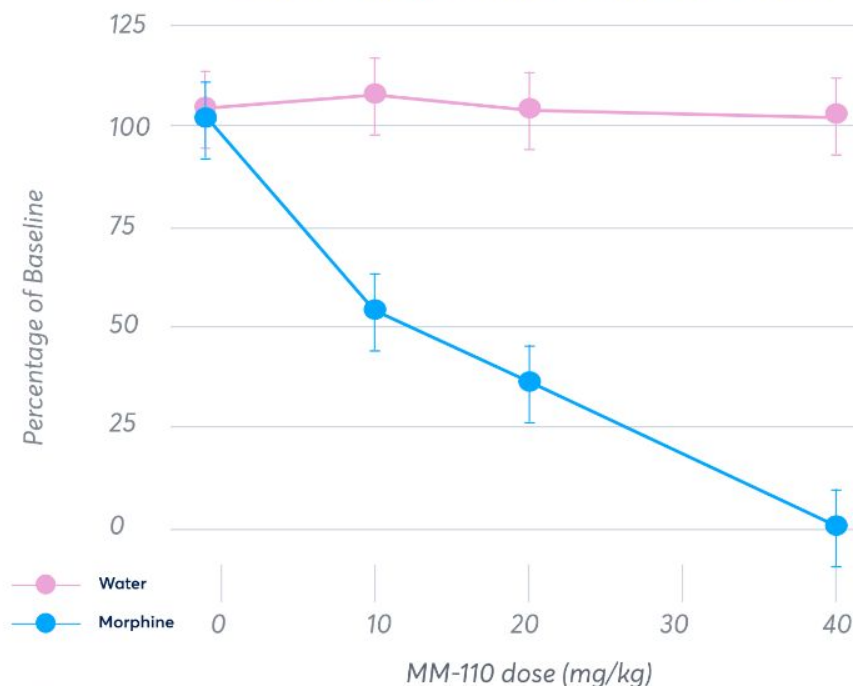
A single dose of MM-110 mitigates withdrawal symptoms and opioid self-administration in preclinical models^{1,2}

Reduction in Translational Markers of Opioid Withdrawal



Source: [1]

Reduction in Translational Markers of OUD



Source: [2]

1. Rho & Glick 1998; NeuroReport; 9.

2. Maisonneuve & Glick 2003; Pharmacol Biochem Behav; 75.

MM-110 | Phase 1 Study Results - Key Takeaways

Phase 1 study results support progression of MM-110 (zolunicant) into planned upcoming Phase 2 clinical program

- **Well-tolerated** up to 500 mg per day in Single Ascending Dose (SAD) and 60 mg per day in the Multiple Ascending Dose (MAD)
- **Linear PK** maintained across the tested doses and frequencies
- **Clinical effects** align with potent CNS engagement
- **QOD regimen** aligns with preclinical evidence & offers potential to be a more effective regimen in opioid withdrawal

MM-110 | Phase 2a Supervised Withdrawal in Opioid Use Disorder

Gated two-part study design provides opportunity for early signs of efficacy (ESOE) and informs randomized proof of concept design

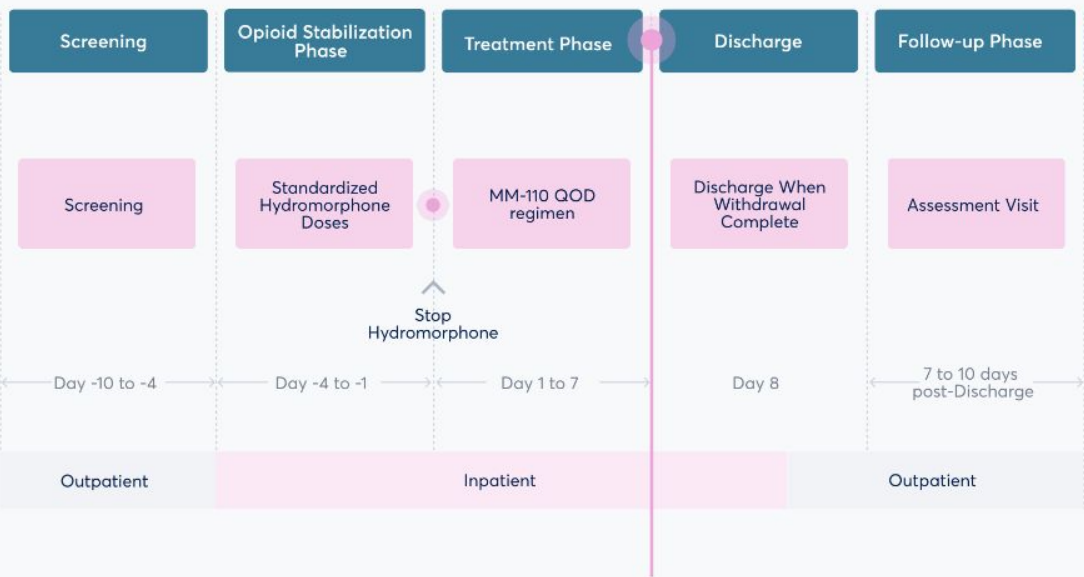
SUBSTANCE USE DISORDERS

MM-110 (zolunicant HCl; 18-MC)

Indication: Opioid Withdrawal

PHASE 2A

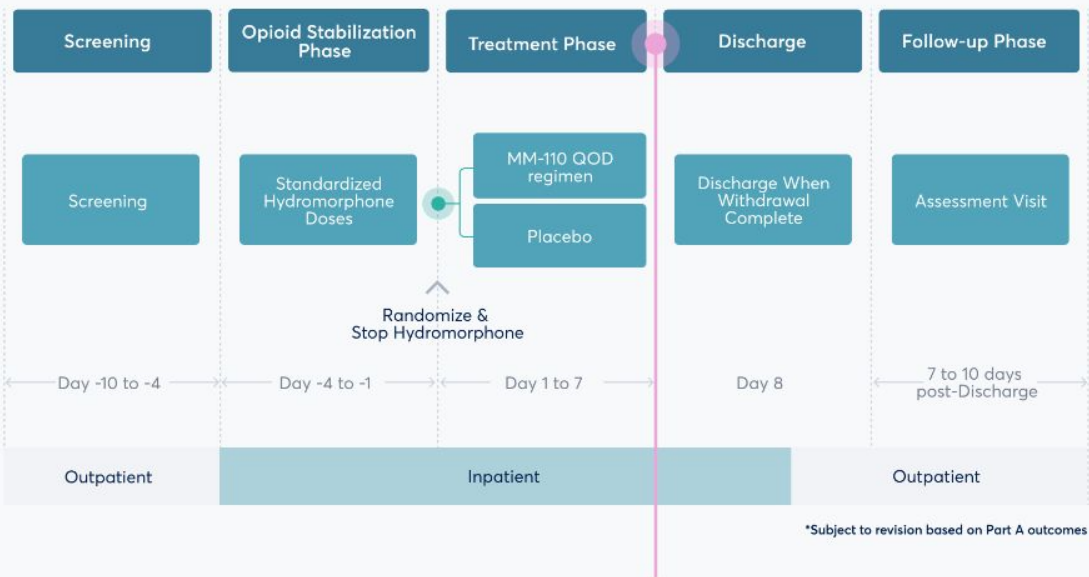
Part A | Open-Label Early Sign of Efficacy in Opioid Withdrawal (n=10)



Primary Endpoint
Mean SOWS-Gossop score over first 5 days of Treatment Phase

Interim Readout

Part B | Randomized Placebo-Controlled POC in Opioid Withdrawal (n=42/arm*)



Primary Endpoint
Mean SOWS-Gossop score over first 5 days of Treatment Phase

*Subject to revision based on Part A outcomes

Source: MindMed internal study documents

ESOE: early sign of efficacy; POC: proof of concept; QOD: Every Other Day (dosage timing); SOWS: Subjective Opiate Withdrawal Scale

MM-402

R(-)-MDMA

Key Milestones

PK/PD Study Initiation

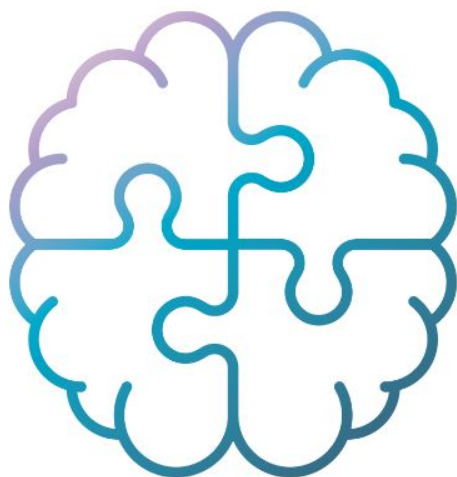
Q3 2022 | Phase 1 IIT

Phase 1 Study Initiation

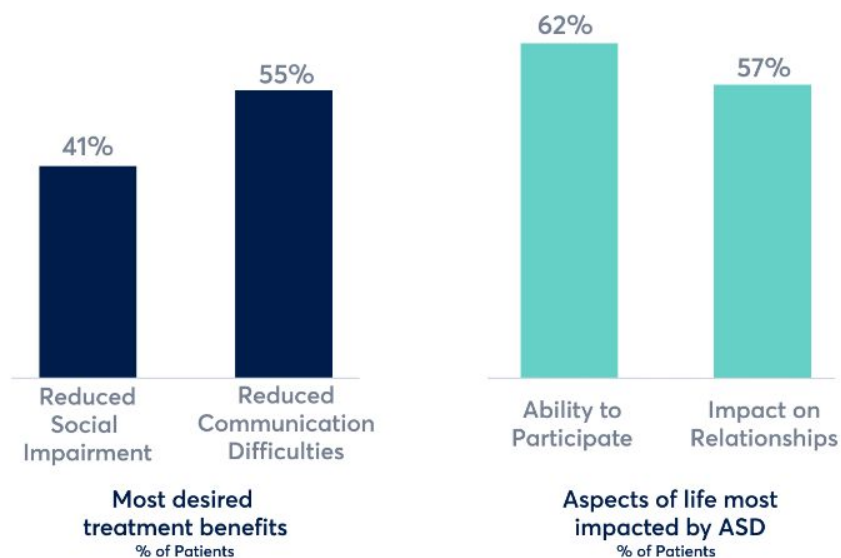
2023 | Phase 1

No Approved Drugs for Core Symptoms of Autism Spectrum Disorder (ASD)

Growing prevalence and impact of ASD yields an urgent need for novel therapies that target core symptoms and align with patient preferences



MM-402 Activity Aligns with Reported Needs and Desired Benefits for Individuals with ASD



Source: [1]

1. FDA Patient Focused Drug Development workshop on Autism Spectrum Disorder (2017)

MM-402 | Clinical Data Support Opportunity in ASD

Pilot clinical trial results of MDMA demonstrate acute and durable positive effects on social functioning in ASD population¹

MM-402 or R(-)-MDMA is a pharmacologically optimized enantiomer of MDMA

- Potential first in class therapy for core symptoms of ASD
- Pilot clinical data suggest MDMA could enhance social functioning
- Pharmacological profile aligns with patient-desired treatment benefits

MDMA Reduces Social Anxiety in ASD



Source: [1]

25

1. Danforth 2018; Psychopharmacology; 235.
MDMA: 3,4-methylenedioxymethamphetamine

MM-402 | Preclinical Data Indicate Potential Enhanced Benefit/Risk Profile

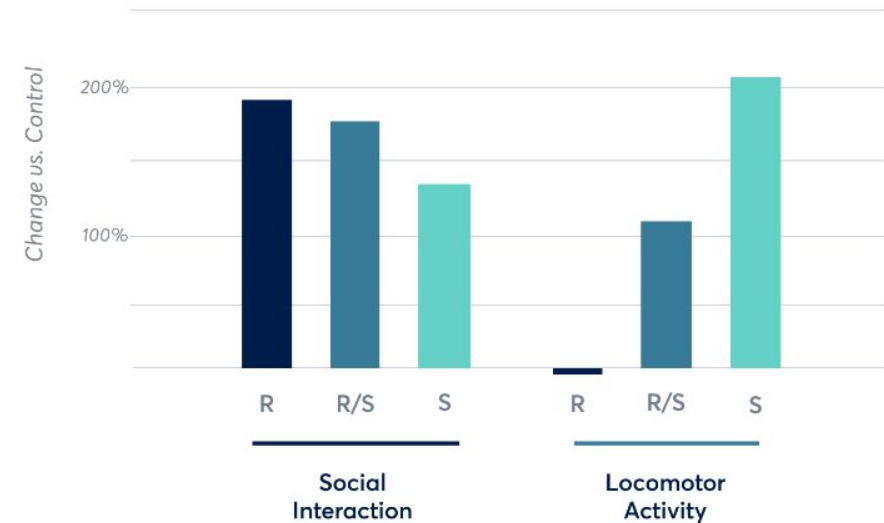
Preclinical data suggest the R-enantiomer of MDMA has enhanced prosocial effects with an improved safety profile

Translational preclinical data suggest that R(-)-MDMA may have:

- Strong prosocial effects
- Less stimulant activity compared to MDMA
- Superior safety and tolerability profile
- Potential to be administered in standard dosing regimen

Source: [1][2]

R(-)-MDMA Maintains Prosocial Effects with Reduced Stimulant Activity



Source: [2]

1. Pitts 2018; Psychopharmacology; 235.

2. Curry 2018; Neuropharmacology; 128.

Collaborations & Early R&D

External Collaborations Accelerate Discovery & Development

Leveraging key partnerships and collaborations to accelerate drug discovery and de-risk clinical development

NEW CHEMICAL ENTITY DISCOVERY ENGINE



DISCOVERY &
LEAD OPTIMIZATION

MindShift
Compounds

ADVANCED DRUG DELIVERY



BRAIN TARGETED LIPOSOMES
(BTLS)

nextage
CANNABIS INNOVATION CENTER

EFFICIENT CLINICAL PROVING GROUND

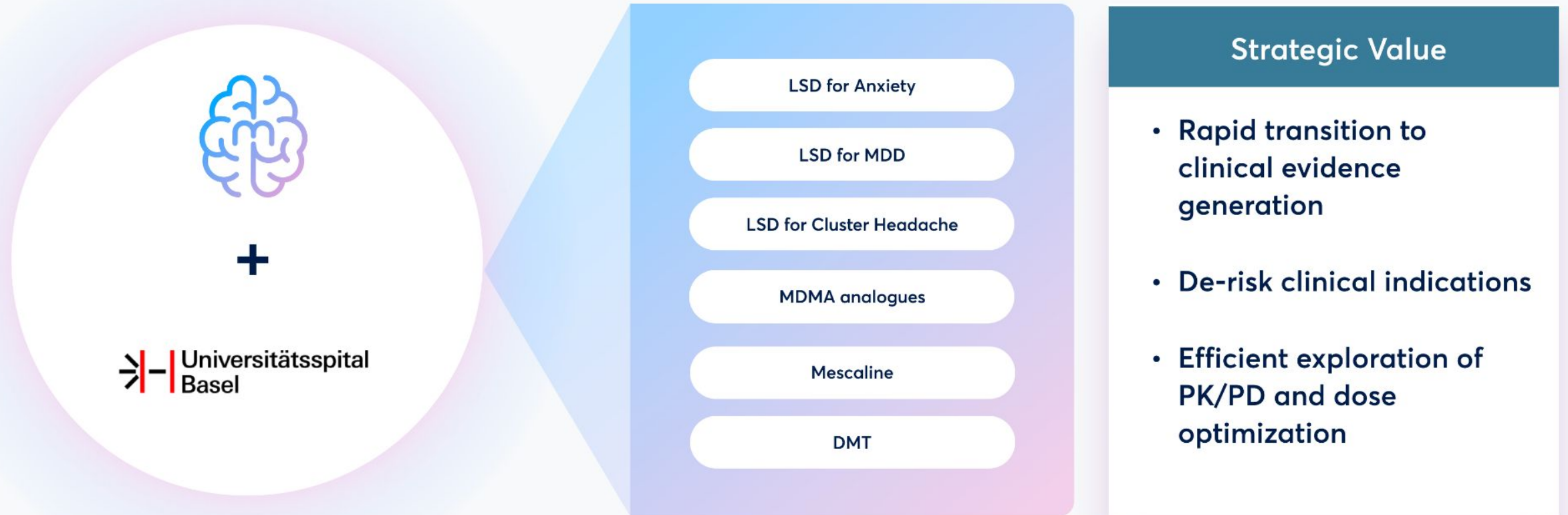


RAPID DATA GENERATION &
CLINICAL CONCEPT TESTING

Universitätsspital
Basel

Exclusive Collaboration with Leading Researchers

MindMed's exclusive collaboration with the Liechti Lab at UHB enables efficient evidence generation to support R&D strategy



Digital Medicine

Digital Unlocks Potential Opportunities Throughout the Product Lifecycle

Generating data, insights, models, and tools from early development through market management

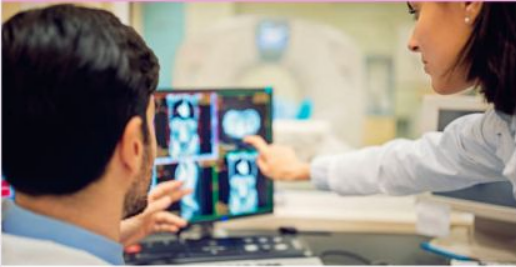
Preclinical Research

IND & Phases 1 - 3

Drug Launch

Enhancement and Lifecycle Management

Clinical Development Tools



- Deep Digital Diagnoses
- Decentralized Trials
- Advanced Analytics

Companion Products



- Decision Support
- Predictive Intervention
- Patient Engagement

Post Approval Research



- Surveillance & Registries
- Remote Management
- HEOR

Combination Products

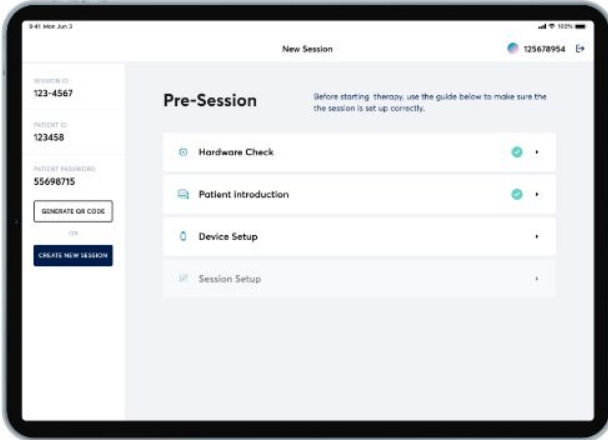
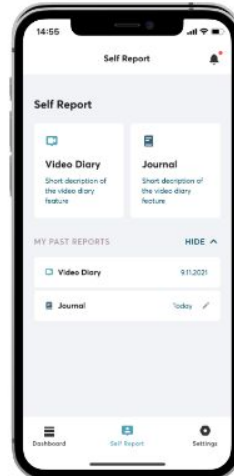


- Drug-Device Combinations
- Lifecycle Enhancement
- Efficient Phase 4 Research

HEOR: health economics and outcomes research

Digital Platform Will Add Value Through the Patient Journey

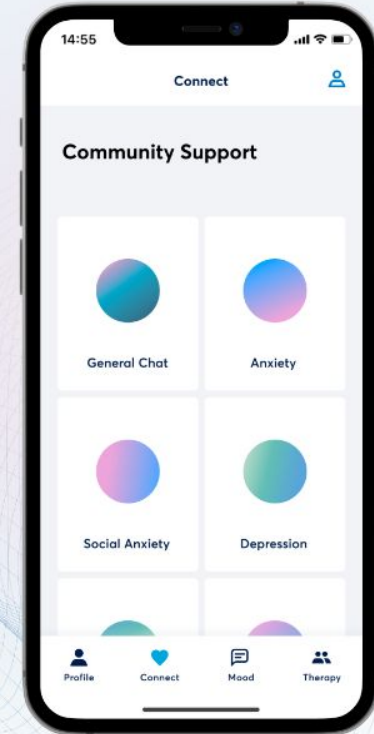
Developing a scalable delivery platform to enable adoption leveraging the existing treatment ecosystem

Pre-Treatment	During Treatment	Post-Treatment
• Patient education, engagement, preparation • Deep digital diagnosis • Support for treatment selection 	• In-session monitoring • Clinician decision support • Predictive models linking interventions and outcomes 	• Real world monitoring of trends • Engagement in health maintenance • AI models to inform psychotherapies 

Digital Enables Alignment of Incentives for Broad Market Access

Complementary digital medicine products and studies for improved brain health outcomes

- 1 Measure, diagnose & engage
- 2 Quality care & documentation
- 3 Clinical decision support
- 4 Patient trend prediction
- 5 Maximize reimbursement



Digital Pipeline Progression Aligns with Drug Development

Executing across product categories with strong technical development and clinical research

TECHNOLOGY CANDIDATE	Anxiety & Affective Disorders Intrasession SaMD Component #3 In Development — Concept candidate				
DISCOVERY & REAL-WORLD DATA	Anxiety & Affective Disorders Intrasession SaMD Component #2 In Development — Concept development	Transdiagnostic Decision Support Platform In Development — Concept development			
MINIMUM VIABLE PRODUCT & CLINICAL DATA COLLECTION	Anxiety Disorders ADDAPT In Beta Study Use — Large decentralized observational study				
STUDY USE, ALGORITHM DEVELOPMENT & PRODUCT ENHANCEMENT	Chronic Pain Measurement & Reporting System In Development — Next generation system	Acute and Chronic Pain Reporting System In Study Use — Clinical data collection	Anxiety & Affective Disorders MSMS - Platform & SaMD #1 In Study Use — Clinical data collection	Transdiagnostic QPEPS In Study Use — Clinical data collection	WINSANTOR 
VALIDATION & FDA CLEARANCE					
COMMERCIAL LAUNCH					• QPEPS: Quantifying the Processes and Events of Psychotherapy at Scale • ADDAPT: Anxiety Digital Diagnoses for Precision psychiatry • MSMS: MindMed Session Monitoring System

Corporate Information

NASDAQ: MNMD // NEO: MMED

First Publicly Listed Company Developing Psychedelic Product Candidates

SHARE OWNERSHIP AS OF MARCH 31, 2022

EXECUTIVE TEAM/DIRECTORS/INSIDERS	44,796,490	9.2%
NON-INSIDER SHARES	377,108,827	76.8%
EQUITY INCENTIVE PLAN (ISSUED)	46,269,703	9.4%
OUTSTANDING WARRANTS	22,539,931	4.6%
TOTAL (FULLY DILUTED)	490,714,951	100%



Market Capitalization: USD \$470 million | March 31, 2022 (\$1.11 per share)

Market Capitalization: C\$584 million | March 31, 2022 (C\$1.38 per share)

\$205 million

Raised since inception including warrants

\$120.5 million

Cash position as of March 31, 2022

Leadership: Leading Expertise in Innovative Drug & Digital Development



Robert Barrow

Chief Executive Officer & Board Director

Rob is an accomplished pharmaceutical executive and clinical pharmacologist with over a decade of experience leading drug development programs in a variety of disease areas. Mr. Barrow previously served as Director of Drug Development & Discovery at Usona Institute, where he oversaw preclinical, clinical and regulatory development efforts for all of Usona's development programs. Prior to joining Usona, he served as Chief Operating Officer of Olatec Therapeutics where he oversaw the execution of numerous early- and late-stage clinical trials in the fields of analgesics, rheumatology, immunology and cardiovascular disease. Rob holds a Master's degree in Pharmacology from The Ohio State University and a Bachelor of Science degree from Wake Forest University, where he graduated summa cum laude.



Miri Halperin Wernli, PhD

Executive President & Board Director

Miri co-founded Creso Pharma, a cannabis company, and listed the company on the Australian Stock exchange (ASX) in October 2016. Prior to founding Creso Pharma Dr. Halperin Wernli worked in clinical psychiatry in Swiss academic hospital settings and then held various global senior leadership positions in the pharma and biotech industries in Switzerland and in the US (Merck, Sharp and Dohme, Roche and Actelion pharmaceuticals) covering Product Development, R&D, and Strategic Marketing. Her extensive pharmaceutical industry and biomed research and development experience covers the full spectrum of areas and activities from Preclinical to Clinical Development and Strategy, to Drug Registration and Launch, across several Therapeutic Areas.



Cynthia Hu, JD

Chief Legal Officer & Corporate Secretary

Cynthia joined in December 2021 as Chief Legal Officer & Corporate Secretary. Previously, from 2009-2021, she served as COO, General Counsel & Secretary at CASI Pharmaceuticals, Inc. and, from 2006 to 2009, as VP, General Counsel, of its predecessor, EntreMed, Inc. Prior to that, she served as senior associate for the corporate and finance practice group at Powell Goldstein LLP in Washington, DC, where she advised clients on all corporate and financing matters, including complex public and private financings, mergers and acquisitions, SEC and regulatory compliance, and corporate governance and compliance. Before that, Ms. Hu was counsel for a NYSE-listed financial institution and prior to that was in private law practice at Klehr, Harrison, Harvey & Branzburg, LLP and Littman & Krooks, LLP focusing on corporate transactions and compliance with corporate and securities laws.



Daniel Karlin, MD, MA

Chief Medical Officer

Dan co-founded HealthMode in 2018 and served as its CEO until it was acquired by MindMed in 2021. Before that, he built and led Clinical, Informatics, and Regulatory Strategy for Pfizer Digital Medicine and Innovation Research Lab. He also served as a Global Clinical Lead for psychiatric clinical assets at Pfizer. Previously, he was the founder and Chief Medical Officer at Column Health, a leading technology-enabled psychiatry and addiction practice. He is a founding board member of the Digital Medicine Society, and a strategic advisor to multiple big pharma and digital therapeutics companies. Dan is board Certified in Psychiatry, Addiction Medicine, and Clinical Informatics. He is an Assistant Professor of Psychiatry at Tufts University School of Medicine. He graduated with degrees in Neuroscience and Behavior (BA), and Clinical Informatics (MA) from Columbia University; and Medicine (MD) from the University of Colorado School of Medicine.



Schond L. Greenway

Chief Financial Officer

Schond joined MindMed in May 2022 after serving as CFO of Avalo Therapeutics, a precision medicine clinical stage biopharmaceutical company. He previously served as VP of Investor Relations at Mesoblast, an allogeneic cellular medicines company. He served in a similar role at Halozyne Therapeutics, Inc. and in various roles at investment banking firms Morgan Stanley and Barclays Capital, predominantly focused on healthcare and technology. Mr. Greenway has assisted in securing significant cumulative growth capital through a variety of equity and debt instruments in the public and private markets, as well as through funding from significant collaboration arrangements with therapeutics companies. Mr. Greenway received an MBA from the Darden Graduate School of Business – University of Virginia and a BS from Florida A&M University.



Francois Lilienthal, MD, MBA

Chief Commercial Officer

François is a globally accomplished biopharmaceutical executive and a trained physician with extensive experience leading end-to-end development and commercialization of innovative medicines, driving significant growth across diversified portfolios through product launches, life cycle management and business development. Before joining MindMed, François was a Vice President at Merck's commercial division for 14 years. He built and led a new department focused on developing the commercial strategy for multiple products across several therapeutic areas, including neurology, psychiatry and pain. He previously drove double-digit growth of the Virology and Liver Diseases global business and oversaw global launches of innovative brands for the treatment of HIV and chronic hepatitis C.

Scientific Advisory Board



Robert Malenka, MD, PhD

Chairman of the Scientific Advisory Board, Nancy Friend Pritzker Professor in Psychiatry and Behavioral Sciences at Stanford University. Dr. Malenka is an elected member of the National Academy of Sciences and the National Academy of Medicine as well as an elected fellow of the American Academy of Arts and Sciences, the American Association for the Advancement of Science, and the American College of Neuropsychopharmacology. He has served on the National Advisory Council on Drug Abuse and as a Counselor for the Society for Neuroscience and the American College of Neuropsychopharmacology. He is known for his landmark contributions to understanding of brain plasticity mechanisms, and has extensive experience as an advisor to various pharmaceutical and biotechnology companies.



Maria A Oquendo, MD, PhD

Ruth Meltzer Professor and Chairman of Psychiatry at University of Pennsylvania, Psychiatrist-in-Chief at the Hospital of the University of Pennsylvania. Dr. Oquendo is a member of the National Academy of Medicine, one of the highest honors in medicine. She is Past President of the American Psychiatric Association (APA), the International Academy of Suicide Research and the American College of Neuropsychopharmacology (ACNP). She is President of the American Foundation for Suicide Prevention's Board of Directors, Vice President of the College of International Neuropsychopharmacology and has served on the National Institute of Mental Health's Advisory Council. Dr. Oquendo is a member of Tufts University's Board of Trustees, serves on its Executive Committee and chairs Tufts' Academic Affairs Committee.



Maurizio Fava, MD

Psychiatrist-in-Chief of the Massachusetts General Hospital (MGH), director, Division of Clinical Research of the MGH Research Institute, executive director of the Clinical Trials Network and Institute, (MGH), associate dean for clinical and translational research and the Slater Family Professor of Psychiatry at Harvard Medical School. Dr. Fava is a world leader in the field of depression. He has edited eight books and authored or co-authored more than 800 original articles published in medical journals with international circulation, articles which have been cited more than 80,000 times in the literature and with an h index of over 140. Dr. Fava is a world leader in the field of depression. He has edited eight books and authored or co-authored more than 800 original articles published in medical journals with international circulation, articles which have been cited more than 80,000 times in the literature and with an h index of over 140.



Robert H Dworkin, PhD

Professor of Anesthesiology and Perioperative Medicine, Neurology, and Psychiatry, and Professor in the Center for Health + Technology, at the University of Rochester School of Medicine and Dentistry. Dr. Dworkin has spent over 35 years conducting clinical research on pain. He is also Director of the Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) public-private partnership with the U.S. Food and Drug Administration (FDA). Dr. Dworkin received the American Pain Society's Wilbert E. Fordyce Clinical Investigator Award in 2005 and John and Emma Bonica Public Service Award in 2014, the American Academy of Neurology's Mitchell B. Max Award for Neuropathic Pain in 2015, and the International Association for the Study of Pain's John D. Loeser Award in 2020.



Peter Bergethon, MD

VP and Head of Quantitative & Clinical Technologies, Biogen, Inc., where he leads the effort to transform clinical trials and humanize drug discovery by encouraging the transition of clinical trial measures from a qualitative to a quantitative discipline. The Quantitative Medicine transformation has advanced Biogen's leadership in neuroscience therapeutics and personalized medicine. Dr. Bergethon came to Biogen in 2017 from Pfizer Worldwide Research and Development where he was Vice President and Head of the Pfizer Innovation Research Lab within the Early Clinical Development group. Before joining the biopharmaceutical industry in 2012, Dr. Bergethon spent 30 years in academic medicine as a Professor at Boston University and Tufts University in the Departments of Biochemistry, Neurology, Neurobiology & Anatomy, and Biomedical Engineering.

