PARATEK®

Corporate Presentation

April 2018

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Paratek Investment Highlights

Omadacycline: Potential Blockbuster Antibiotic in Both Hospital and Community Settings

Potential Blockbuster Antibiotic with Omadacycline	• If Approved, 1st New, Once-daily, Multi-indication, Oral Antibiotic in > 10Yrs • > $9 Billion Potential Addressable Market in U.S. alone*
Modernized Tetracycline: A Promising Antibiotic Profile	• Positive Ph3 Data in Skin Infections (IV/Oral + Oral only) • Positive Ph3 Data in Community Acquired Bacterial Pneumonia (IV/Oral) • Established Safety Profile in > 1,900 subjects
Clear Registration Path: U.S. FDA and EU EMA	• SPA + QIDP + Fast Track in the US • Under FDA review; Anticipated Approval October 2018 • Expect to File in the EU in H2 2018
Additional Pipeline Potential	• UTI Ph2 Study underway; Data Expected in 2019 • Biodefense opportunity: Tx & prophylaxis in plague and anthrax • Life-cycle opportunities: Lyme Disease, prostatitis, Rickettsial Disease
Capital Efficient Commercial Model	• Significant Value Proposition = Hospitalization Minimization • Hospital Promotion Without Branded Broad-spectrum IV + Oral Competitors
Non-dilutive Funding Options	• Omadacycline: Ex-U.S. Commercial Rights (except China) • Sarecycline: Milestones + U.S. Royalties (Allergan); Ex-U.S. Rights (PRTK)

(*) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue

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Experienced Management Team

Michael F. Bigham

Chairman & CEO

Abingworth (Life Science Investing) · Avila Therapeutics · Corixa · Gilead · Hambrecht & Quist

Evan Loh, MD

President, COO & CMO

Led Tygacil Development

Pfizer · Penn (University of Pennsylvania) · Harvard Medical School · Tygacil tigecycline IV · Wyeth

Doug Pagán

Chief Financial Officer

Acceleron · biogen · J.P.Morgan · J&J · Bristol-Myers Squibb

Adam Woodrow

Chief Commercial Officer

Led Tygacil Commercialization

Pfizer · Cipro · Bayer · Enbrel etanercept · Tygacil tigecycline IV

William Haskel

General Counsel &

Corporate Secretary

WilmerHale · Cambrex · Wyeth

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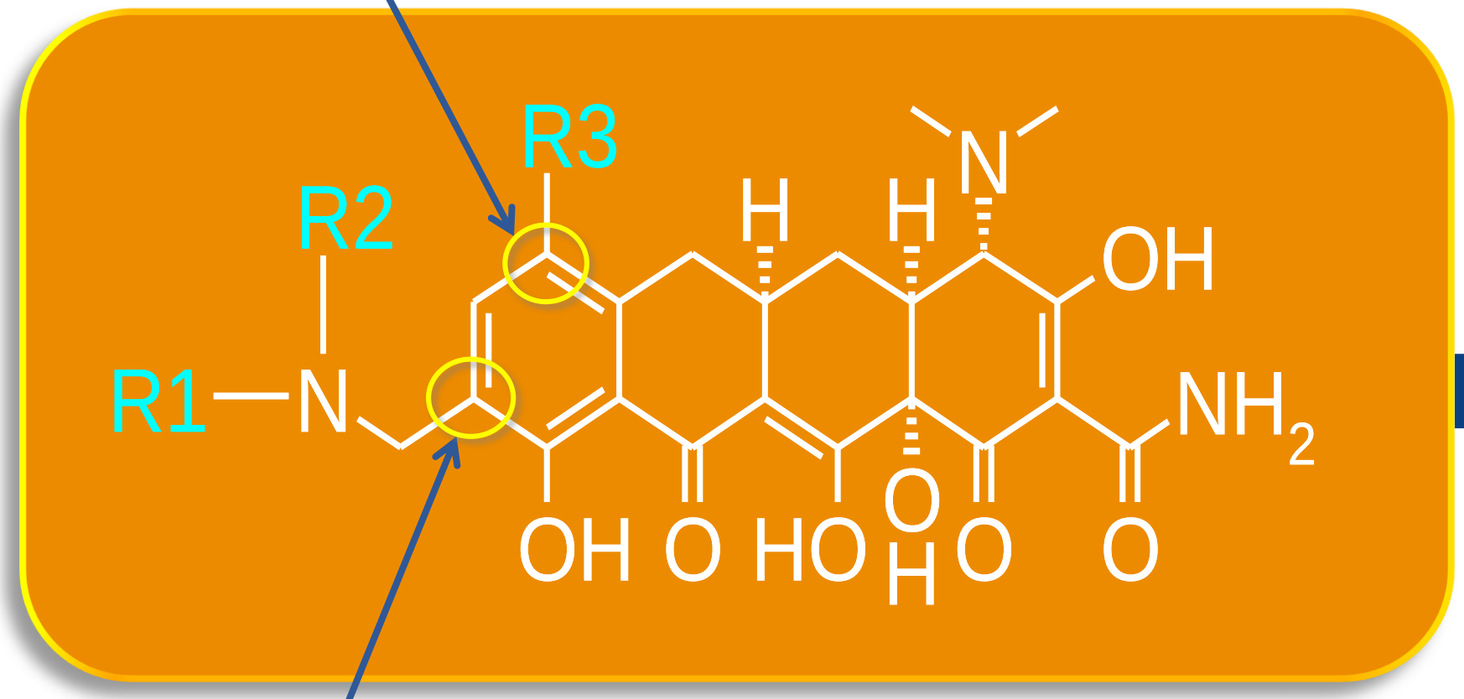
Omadacycline: A Modernized Tetracycline

First-in-Class Aminomethylcycline: RestoringTetracycline Efficacy by Overcoming Resistance

7-Position Modification:
Overcomes Efflux Pump



9-Position Modification:
Overcomes Ribosomal Protection

- **No** known metabolites
- **No** CYP interactions identified
- **No** anticipated monitoring
- **No** dosage modifications or monitoring anticipated in hepatic or renal impairment
- **No** hERG channel effects (TQTc[1] study completed at 3x therapeutic exposures)
- **No** known DDI effects identified
- **Low** propensity to induce *C. diff*[2]

[1] Thorough QTc study
[2] Wilcox ECCMID 2016

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Two NDA-Ready Assets

U.S. FDA NDA Approvals Projected in Q4 2018

	Research	Preclinical	Phase 1	Phase 2	Phase 3	Pre-Registration	NDA Filing	Commercial Rights
Omadacycline	ABSSSI (Oral & IV) – QIDP + SPA ✓						1Q '18	PARATEK® (Global*)
	CABP (Oral & IV) – QIDP + SPA ✓							
	ABSSSI (Oral only) – QIDP ✓							
	UTI (Oral & IV) – QIDP (cUTI / uUTI)							
	Biodefense Pathogens							
Sarecycline	Inflammatory Acne (Acne Vulgaris) ✓						4Q '17	Allergan (U.S.); PARATEK® (ex-U.S.)

✓ Positive Efficacy Studies or NDA Filed

* We have entered into a collaboration agreement with Zai Lab (Shanghai) Co., Ld., for greater China region

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Strong Track Record of Delivering on Key Milestones

Omadacycline Events	Timing	Results
ABSSSI Phase 3 data: IV and oral	Q2 2016 ✓	Positive Phase 3 data
UTI Phase 1b data: PK/PD	Q4 2016 ✓	Proof-of-principle
CABP Phase 3 data: IV and oral	Q2 2017 ✓	Positive Phase 3 data
ABSSSI Phase 3 data: Oral-only	Q3 2017 ✓	Positive Phase 3 data
UTI Phase 2 initiation	Q4 2017 ✓	Enrolling
NDA submission	Q1 2018 ✓	Accepted
Projected NDA approval	Q4 2018	TBD

Sarecycline Events[1]	Timing	Results
Phase 3 efficacy studies	Q1 2017 ✓	Positive Phase 3 data
NDA (Allergan) submission	Oct 2017 ✓	Accepted
Projected NDA Approval	2H 2018	TBD

1. Allergan licensed U.S. development & commercial rights

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Omadacycline Commercial Opportunity

Potential Blockbuster Antibiotic in Both Hospital and Community Settings

Omadacycline Possesses a Multitude of Differentiated Attributes

No Generic Broad Spectrum IV-Oral Hospital Competitors

Attribute	Omadacycline[4]	Quinolones[1,2,3]	Cephalosporins[1,2,3]	Oxazolidinones[1,2,3]	Glycopeptides[1,2,3]
S. pneumoniae	✓	✓	✓	✓	✓
MDR *E.Coli*[5]	✓	✗	✗	✗	✗
Legionella species	✓	✓	✗	✗	✗
S. aureus (MRSA, MSSA)	✓	✗	✗	✓	✓
Low *C. diff* Incidence	✓	✗	✗	✓	✓
Limited Drug-Drug Interactions	✓	✓	✓	✗	✓
No Major Safety Considerations	✓	**Tendon Rupture Neurotoxicity**	✓	**Serotonin syndrome Thrombocytopenia**	**Renal Toxicity Ototoxicity**
Once Daily IV/Oral Dosing	✓	✓	✗	✗	✗

Sources: 1. JMI surveillance 2010, data on file 2. JMI Surveillance 2015, data on file 3. Product Label 4. Anticipated attributes and or activity based on current data 5. In-vitro data, Paratek data on file.

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Key Factors Enabling Omadacycline Formulary Endorsement

Multiple Indications with a Bioequivalent(1) IV and Oral Formulation

	Omadacycline	Ceftaroline	Delafloxacin	Tedizolid	Dalbavancin	Oritavancin
Multiple Community Indications at Launch	✓	✓	✗	✗	✗	✗
Once-Daily IV	✓	✗	✗	✓	N/A	N/A
Once-Daily Oral	✓	✗	✗	✓	✗	✗
Broad-Spectrum Bacterial Coverage	✓	✓	✓	✗	✗	✗
No Renal or Hepatic Dosage Modifications	✓	✗	✗	✓	✗	✓
Low C. difficile propensity	✓	✗	✗	✓	✓	✓

Sources: Package Inserts, First Data Bank (1) IV and oral exposures are equivalent.

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Compelling Educational Opportunity Amplifies Unmet Need Awareness at Launch

Perception of Resistance to Oral Treatments is Low & Doesn't Match Reality

Resistance rates for generic oral broad-spectrum antibiotics used for CABP						
Common Pathogens (>80% of all infections[1])	**Penicillin**	**Amoxi-Clav**	**Azithromycin**	**Tetracycline**	**Trim-Sulfa**	**Levofloxacin**
S. pneumoniae	**66.9%**	**29.8%**	**36.2%**	**33.8%**	**43%**	**2.6%**

Resistance rates for generic oral broad-spectrum antibiotics used for ABSSSI					
Common Pathogens (>80% of all infections[1a])	**TMP/SMX[2]**	**Tetracycline[3]**	**Clindamycin[3]**	**Amoxicillin/ Clavulanic acid[3]**	**Levofloxacin[3]**
Staphylococcus aureus	**2.3%**	**3.6%**	**15.0%**	**42.3%**	**36.5%**
MRSA	**4.3%**	**4.7%**	**28.5%**	**100%**	**63.3%**
β-hemolytic streptococci	**NA[4]**	**43.6%**	**18.6%**	**0%**	**0.3%**

1a. Clinical and Laboratory Standards Institute (CLS) 2015 Criteria
Flamm RK, et al. Activity of omadacycline tested against Streptococcus pneumoniae from a global surveillance program (2014). Poster presented at Interscience Conference on Antimicrobial Agents and Chemnotherapy (ICAAC); September 17-21, 2015; San Diego, CA. Abstract C-554. Morrissey I et al. ECCMID 2014. Abstract P-1584

1. Corey GR, et al. *Clin Infect Dis;* 2010;51(6):641-650.
2. JMI Surveillance 2010. Data on file.
3. JMI Surveillance 2016. Data on file.
4. JMI Surveillance. 2010. Data on file. β-hemolytic streptococci are not tested with TMP/SMX and it is presumed to be at least 25% resistant. All other streptococci combined resistance is 35%.
5. Kaye KS, et al. *PLOS.* November 24, 2015. https://doi.org/10.1371/journal.pone.0143276.

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Omadacycline: Well Positioned for Blockbuster Potential

Antibiotic	Broad Spectrum	Big 3[1] Indications	Favorable Safety	Oral Frequency	2010 Sales[3,4]
Levofloxacin	✓	**3**	✗	**Once Daily**	$3.4B
Co-Amoxy clav	✓	**3**	✓	Twice Daily	$2.8B
Azithromycin[2]	✓	2	✓	**Once Daily**	$1.8B
Ciprofloxacin	✓	**3**	✗	Twice Daily	$1.4B
Clarithromycin[2]	✓	2	✓	Twice Daily	$1.4B
Omadacycline[5]	✓	**3**	✓	**Once Daily**	**N/A**

>65% of Revenue was Generated by the Oral Formulations

[1] Skin, Respiratory, UTI
[2] Both Azithromycin and Clarithromycin did not have UTI claim
[3] IMS global sales data in 2010
[4] Major patents had expired for all products by 2010 except Levofloxacin where 2010 was peak year sales
[5] Anticipated based on current development plan

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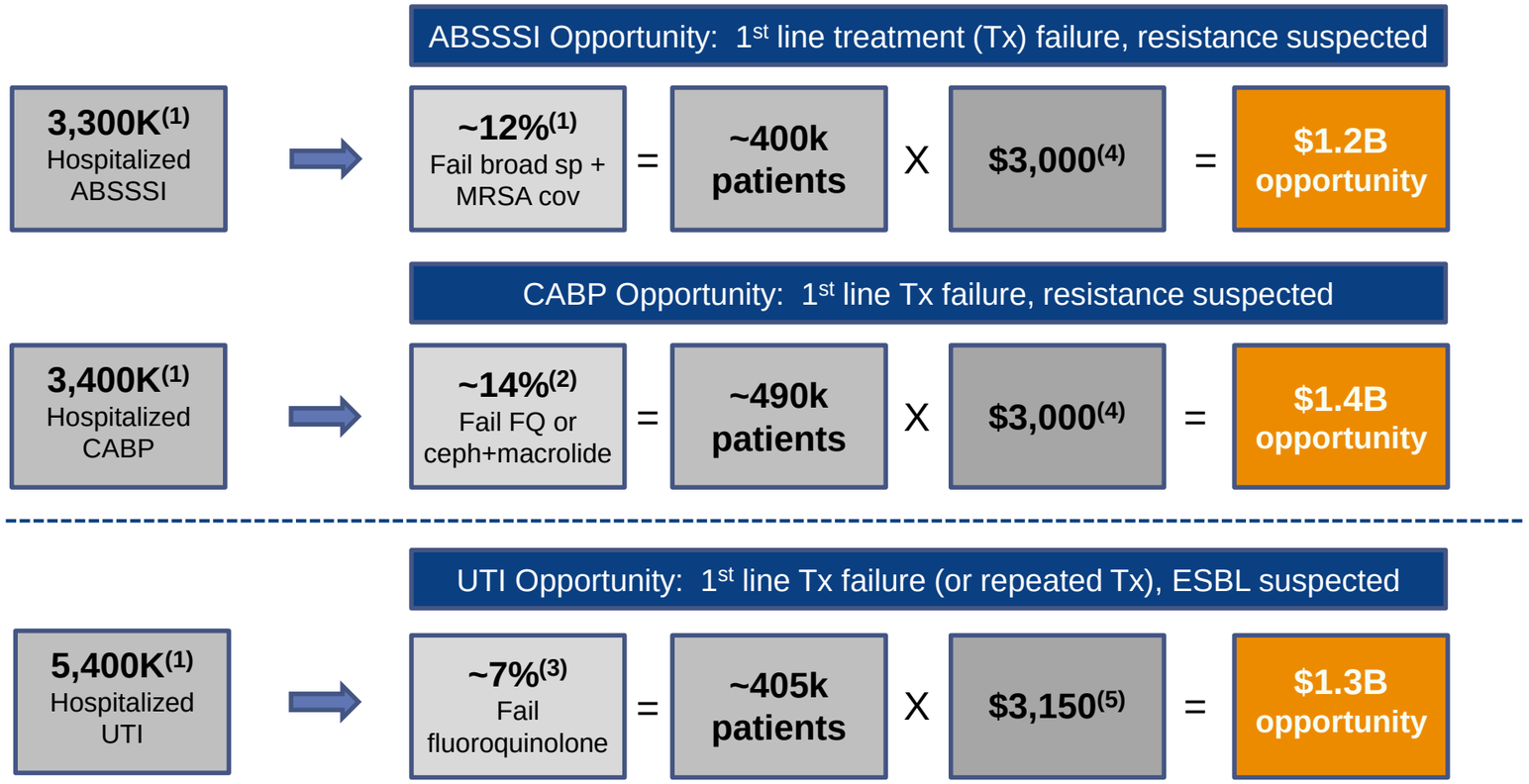
Potential $3.9 Billion Addressable U.S. Hospital Market by 2028



(1) AMR data (2015): Of patients never receiving confirmed pathogen and getting potential MRSA coverage, 30%+ switch therapies (i.e., to another empiric therapy)
(2) Primary market research (est 18% of hospitalized CABP patients & 16.5% of community CABP patients are "high-risk" and suspected/confirmed to have a resistant pathogen)
(3) DRG Current Treatment: Gram Negative Infections (ID's est ~20% failure rate for fluoroquinolones)
(4) Cost per course based on health outcome analysis, 10 day course of therapy and cost of branded Zyvox therapy as an analogue
(5) Cost per course based on mid point for levofloxacin course in UTI, a 450mg OMC daily dose, and 50% price premium to branded oral Zyvox as an analog
(6) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue

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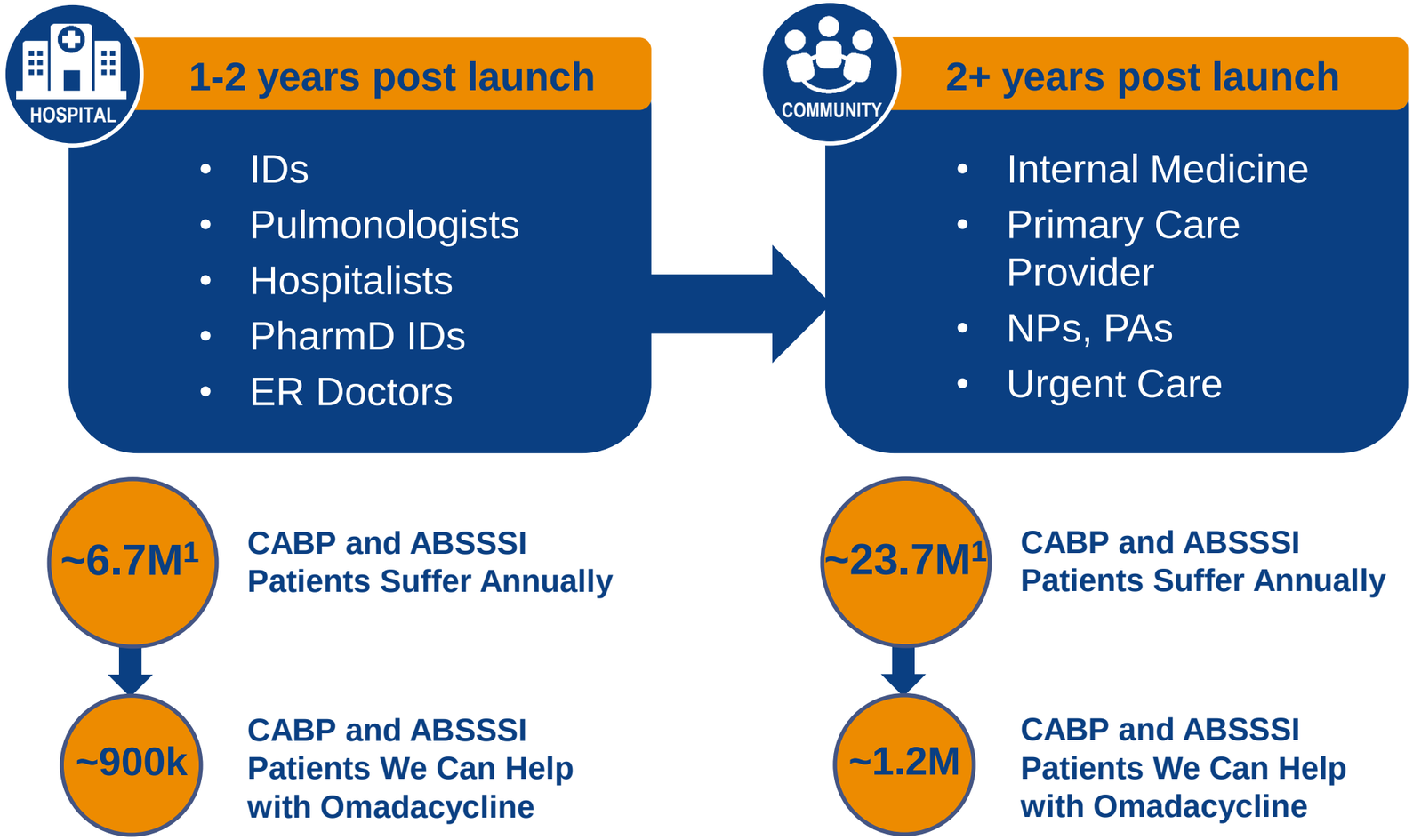
Hospital Launch for Omadacycline:

Success Begins with Specialists in Years 1-2 Post-Launch



Source 1. 20% est failures (based on hospital patterns) of first line MRSA treatment

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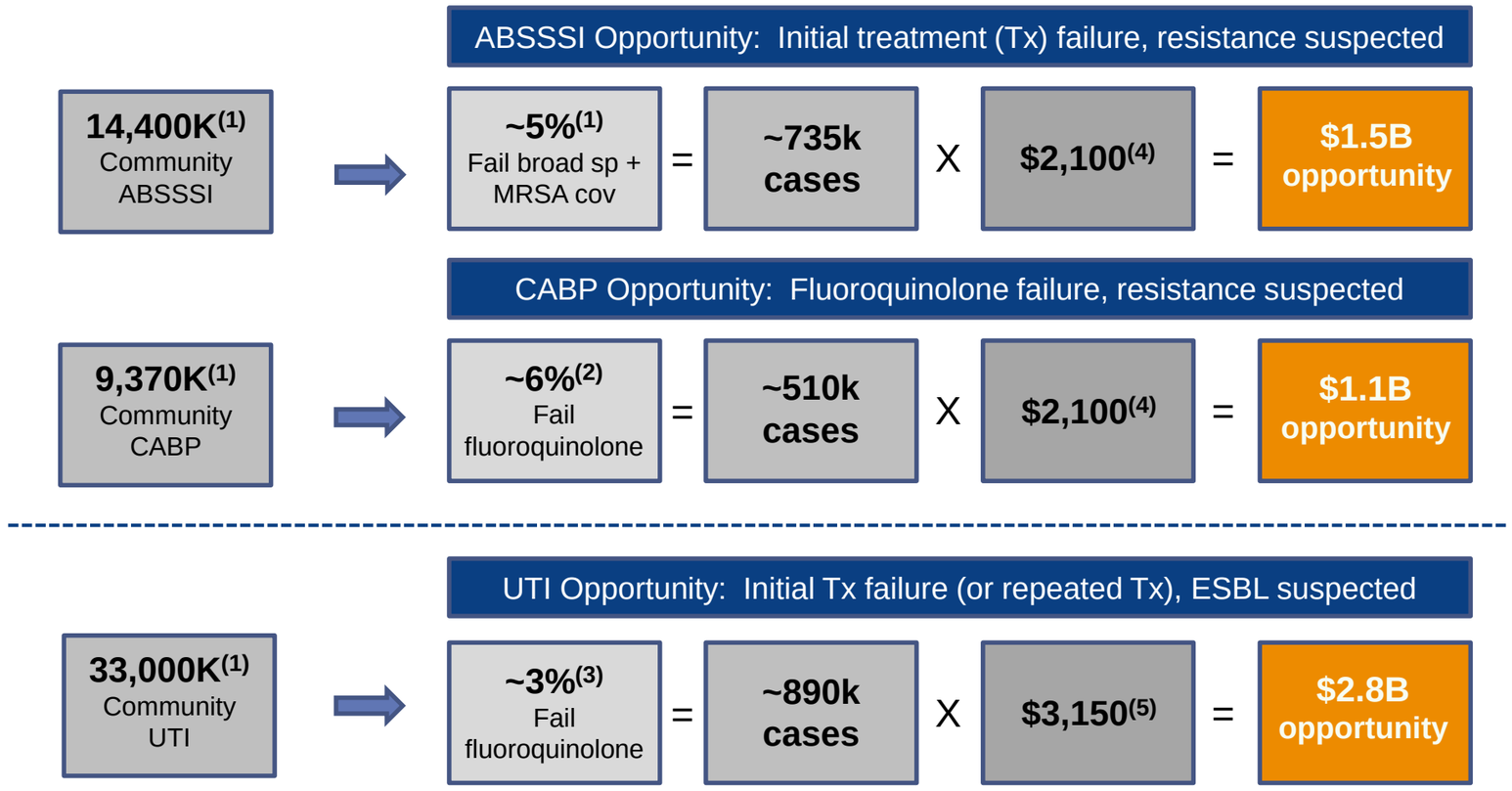
Potential $5.4 Billion Addressable U.S. Community Market by 2028



(1) 20% est failures (based on hospital patterns) of first line MRSA treatment
(2) Primary market research (est 18% of hospitalized CABP patients & 16.5% of community CABP patients are "high-risk" and suspected/confirmed to have a resistant pathogen)
(3) Primary market research (est 1-2% of community patients sent to ED/hospital due to resistant infection not treatable with current oral AB; estimated to grow to 2.7% by 2028
(4) Cost per course based on health outcome analysis, 7 day course of therapy and cost of branded Zyvox therapy as an analogue
(5) Cost per course based on mid point for levofloxacin course in UTI, a 450mg OMC daily dose, and 50% price premium to branded oral Zyvox as an analog
(6) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue

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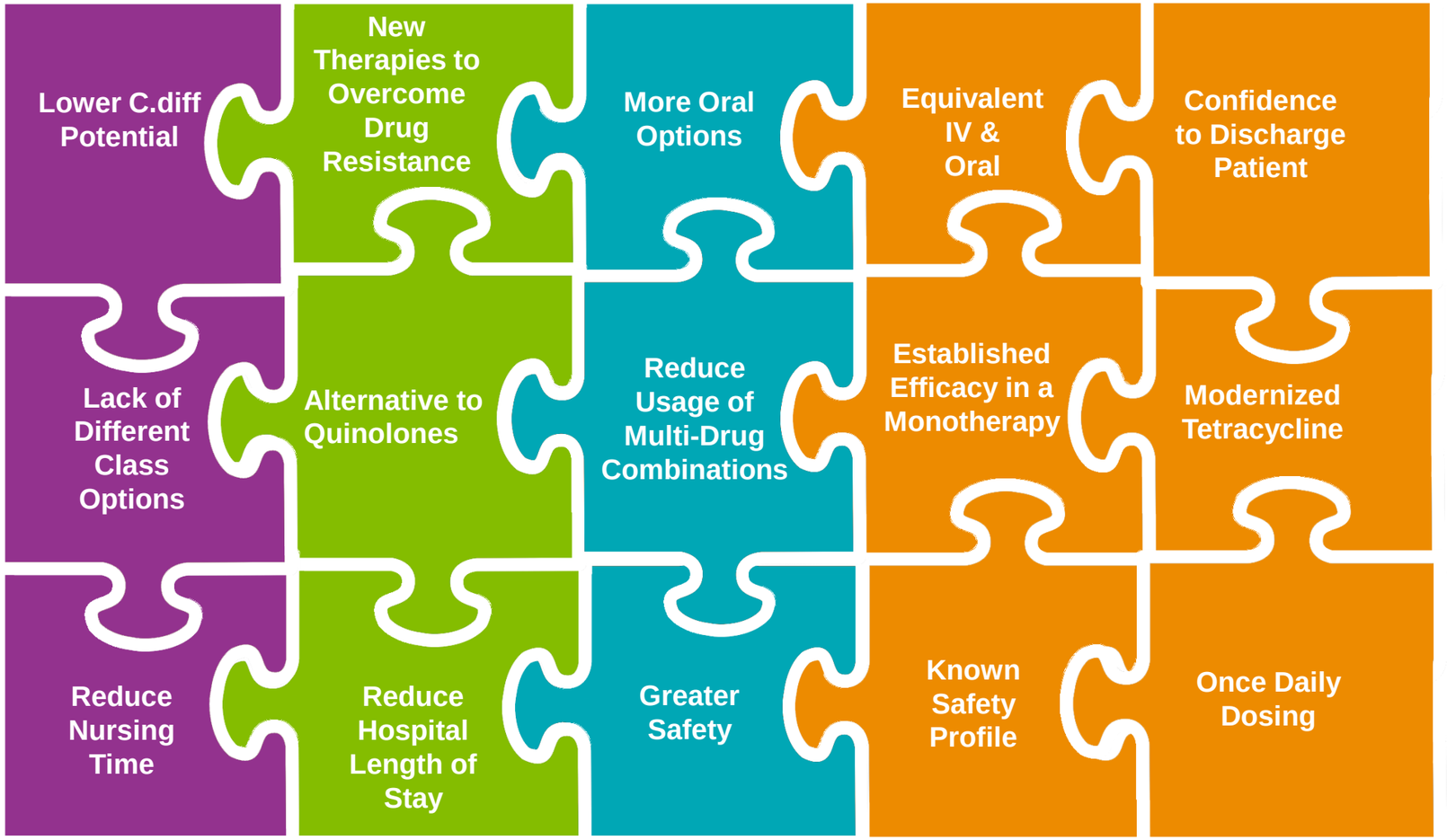
Physicians Confirm Unmet Medical Needs

Omadacycline Provides a Valuable Option

There are Unmet Needs that Omadacycline Will Address



Physicians Recognize the Positive Attributes of Omadacycline

Source: Paratek sponsored market research

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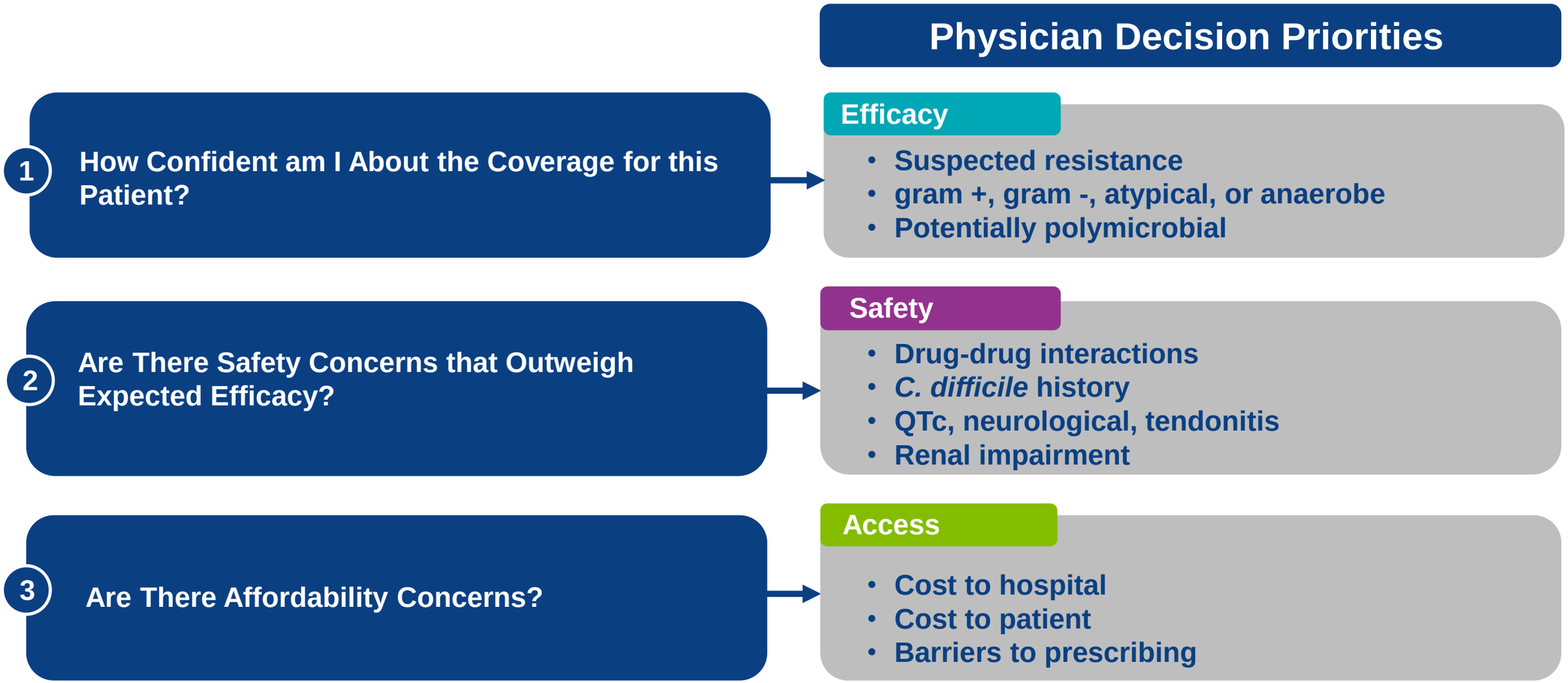
Physician Antibiotic Treatment Decision Priorities

Omadacycline Offers Simplified Solutions to a Complicated Treatment Decision



Source: Paratek sponsored market research

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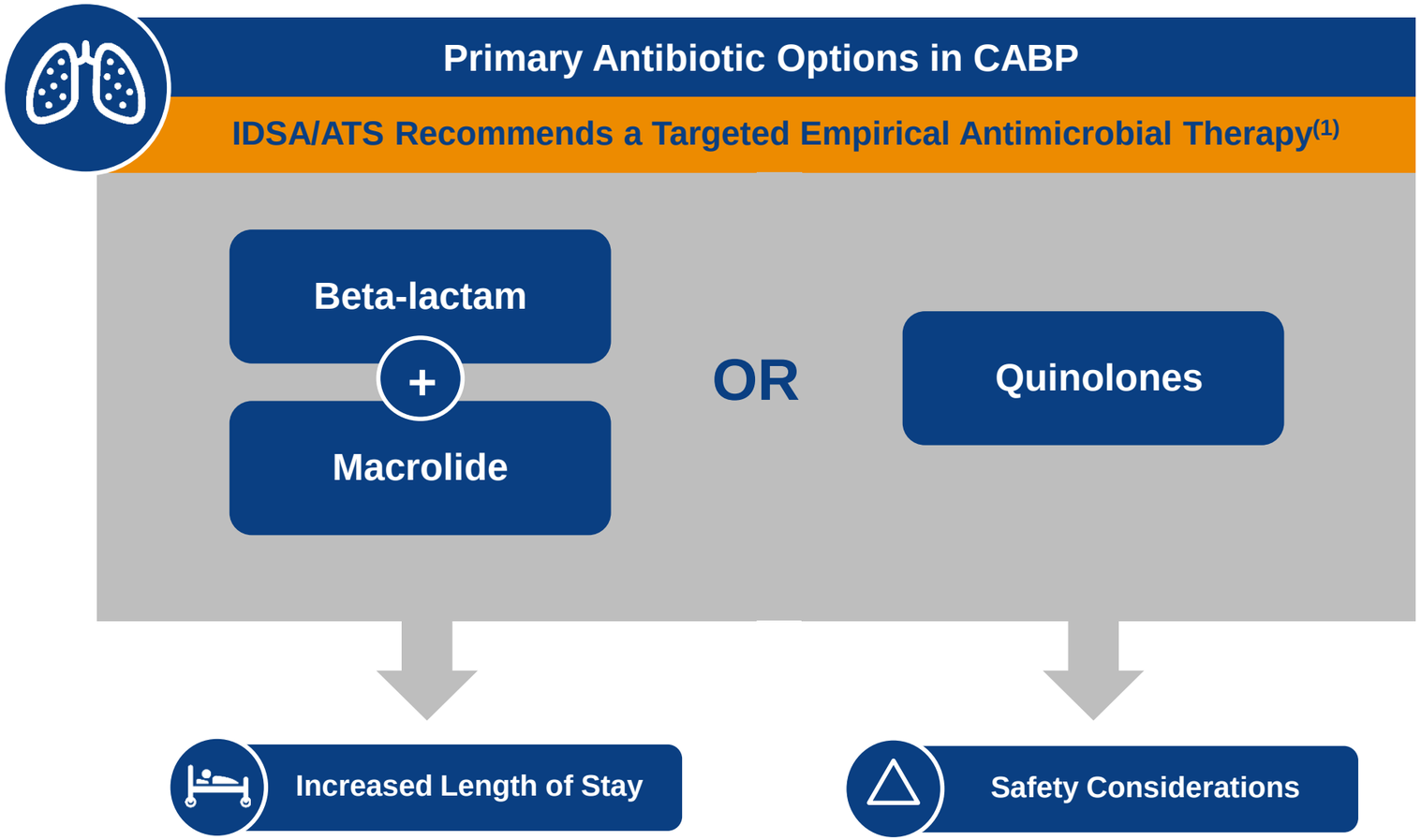
Antibiotic Use-Limiting IV-only Formulations & Safety Considerations in CABP

Omadacycline: A Convenient Monotherapy Once-Daily Oral-IV Alternative



HOSPITAL

The Omadacycline Patient:

- ***Elevated Resistance Risk***
- ***Polymicrobial Pathogen Risk:***
  - Diabetes, Elderly
- ***Contraindications to Generic Options***
  - ß-lactam allergy
  - Quinolone AE's (tendon rupture, confusion)
  - Recent history of *C.diff*

Sources: 1. Lionel A. Mandel, Richard Wunderink, Antonio Anzueto et al. *Clin Infect Dis* 2007; 44:S27-72

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Antibiotic Use-Limiting IV-only Formulations & Safety Considerations in ABSSSI

Omadacycline: A Convenient Monotherapy Once-Daily Oral-IV Alternative

HOSPITAL

Primary Antibiotic Options in ABSSSI

IDSA Recommends a Targeted MRSA Antimicrobial Therapy[1]

- Vancomycin OR Linezolid
- **OR**
- Vancomycin/Linezolid + Piperacillin Tazobactam

- Increased Length of Stay + Safety Considerations

The Omadacycline Patient:

- ***Elevated Resistance Risk***
- ***Polymicrobial Pathogen Risk:***
  - Diabetes, Elderly, IVDU
- ***Contraindications to Generic Options***
  - Renal insufficiency
  - SSRI/MAOI DDI
  - ß-lactam allergy

Sources: 1. Dennis L. Stevens, Alan Bisno, Henry F. Chambers et al. *Clin Infect Dis* First published online June 18, 2014, www.merckmanuals.com/professional/infectiousdisease/bacteria-and-antibacterial-drugs/fluoroquinolones; Retrieved 8/2017, www.merckmanuals.com/professional/infectiousdisease/bacteria-and-antibacterial-drugs/vancomycin. Retrieved 8/2017, Zyvok (linezolid) package insert. New York: Pfizer Inc; 2017.

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Omadacycline U.S. Timeline to Launch (Q1-2019)

MSL Education, Publications, HEOR & Payer Dialogue

Regulatory

OPDP Review of Marketing Materials

Complete Submission (NDA Filing) ✓

NDA Acceptance ✓

Anticipated NDA Action

2017 Dec | 2018 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec | 2019 Jan Feb Mar

Commercial Readiness Completed Actions:
- ✓ Commercial Team Hired
- ✓ Payer Mktg Team Hired
- ✓ Advisory Boards
- ✓ Market Research
- ✓ Disease State Education
- ✓ Initial Payer Research
- ✓ Campaign Development

Account Teams Hired

Sales Management Team Hired

KPI Dashboard

Sales Teams Hired and Trained

Launch

MSLs Hired

Product Supply

Payer Reimbursement and Trade Discussions

Finalize Pricing

Budget Impact Model and Health Economic Analysis and Publications

Scientific Exchange

Publications/News Flow Continues

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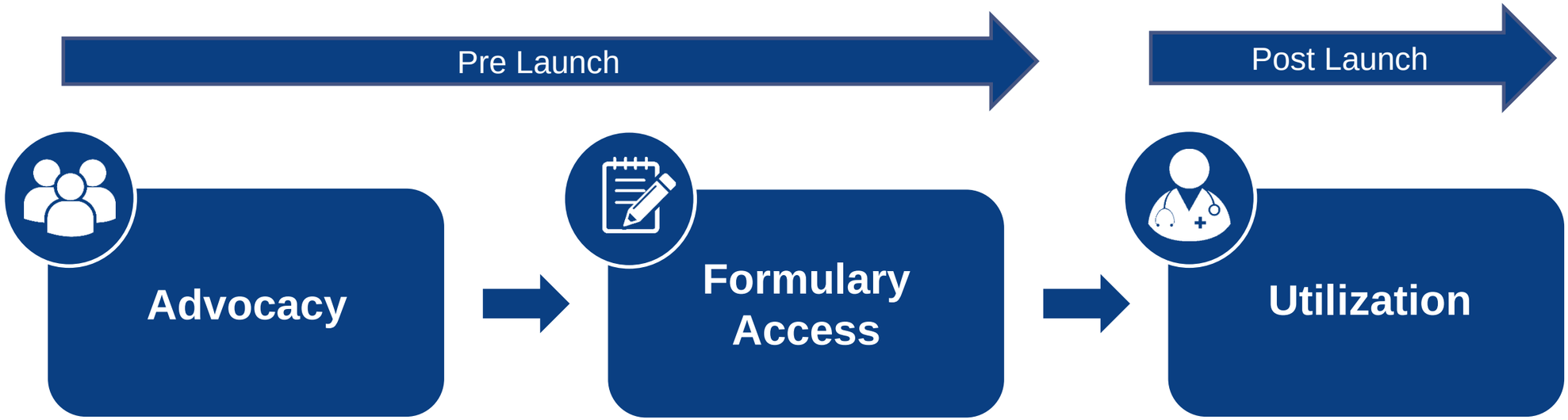
Focus of Launch Efforts

Awareness & Education Leading to Access & Use



Awareness & Education	+	*Access*	=	*Behavior Change*
• Scientific Exchange • Unbranded Disease State Education Programs • Publications		• HEOR Publications • Payer Discussions • Guidelines		• Trial • Usage • Adoption

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Pre-Launch and 1st Year Post-Launch Key Deliverables

Publications, Payer Reviews, Distributors & Patient Assistance Programs in Place

Pre Launch

- Publications:
  - All phase 3 **manuscripts** in press
  - OMC CID supplement in press
- Health value dossier:
  - **Budget Impact Model** in press
- Payers:
  - OMC reviewed by major **payers**
- Distributors:
  - All **distributors** for both IV and Oral under contract
- PRTK **patient assistance program**:
  - In place at launch

Post Launch

- 3 months Post-Launch:
  - 33% of **covered lives** under contract
- 12 months Post-Launch:
  - 66% of **covered lives** under contract
- 12 months Post-Launch:
  - 50% of target **hospital formularies**

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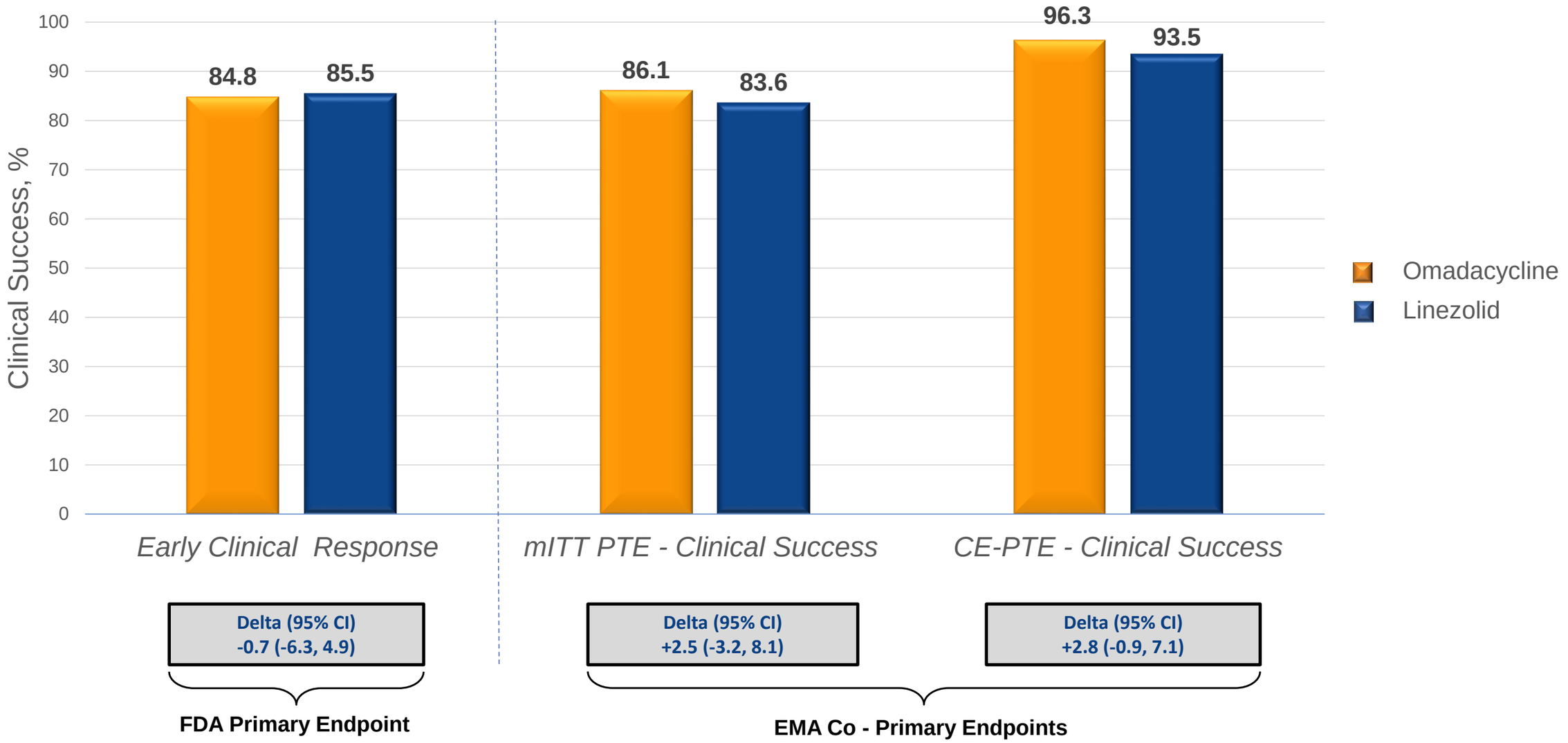
Omadacycline Efficacy and Safety in ABSSSI and CABP

Positive Benefit:Risk Profile Supports Regulatory Path to Approval

Omadacycline OASIS-1 Study Results

Achieved Primary Efficacy Endpoints for Both FDA and EMA



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Clinical Success at PTE by Baseline Pathogen (OASIS-1)

Highly Effective Across Key Gram (+) Skin Pathogens

	Omadacycline (N=228)		Linezolid (N=227)	
Baseline Pathogen	N1	Favorable Response n (%)	N1	Favorable Response n (%)
Staphylococcus aureus	156	130 (83.3)	151	126 (83.4)
MRSA	69	57 (82.6)	50	43 (86.0)
MSSA	88	74 (84.1)	102	84 (82.4)
Streptococcus anginosus group	47	36 (76.6)	37	26 (70.3)
Streptococcus pyogenes	11	8 (72.7)	18	16 (88.9)
Enterococcus faecalis (VSE)	10	9 (90.0)	13	12 (92.3)
*10 or More Isolates for Omadacycline				

[*] *S. anginosus* group consists of: *S. anginosus, S. intermedius,* and *S. constellatus.*

MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *Staphylococcus aureus*; VSE, vancomycin-susceptible enterococci.

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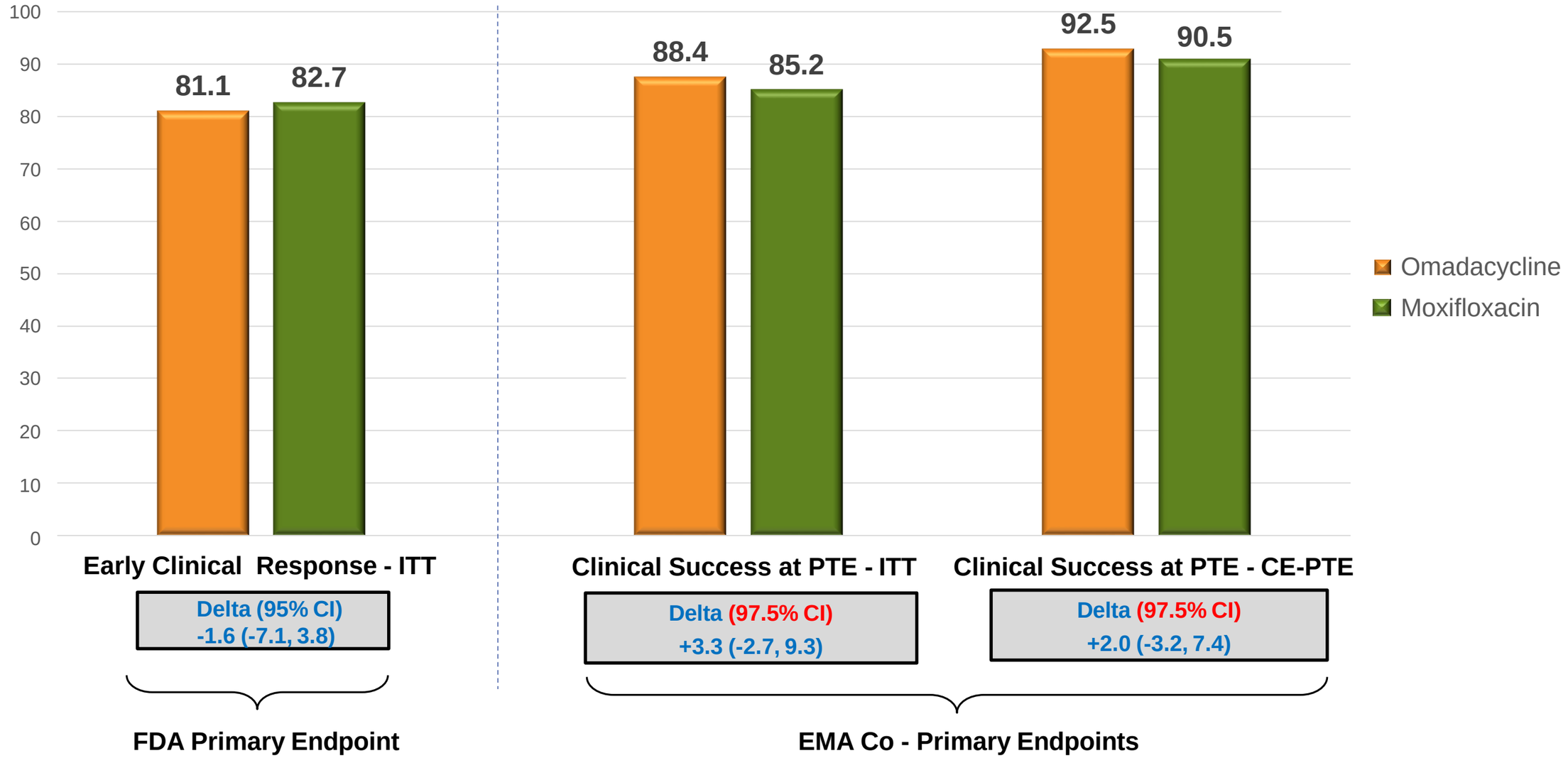
Omadacycline OPTIC Study Results

Achieved Primary Efficacy Endpoints for Both FDA and EMA



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Clinical Success at PTE by Baseline Pathogen* (OPTIC)

Highly Effective Across Key Gram (+), Gram (–) & Atypical CABP Pathogens

	Omadacycline (N=204)		Moxifloxacin (N=182)	
Baseline Pathogen	N	Clinical Success n (%)	N	Clinical Success n (%)
Atypical Pathogens	118	109 (92.4)	106	97 (91.5)
Mycoplasma *pneumoniae*	70	66 (94.3)	57	50 (87.7)
Chlamydophila pneumoniae	28	25 (89.3)	28	25 (89.3)
Legionella pneumophila	37	35 (94.6)	37	36 (97.3)
Gram-Negative Bacteria (aerobes)	79	67 (84.8)	68	55 (80.9)
Haemophilus influenzae	32	26 (81.3)	16	16 (100.0)
Haemophilus parainfluenzae	18	15 (83.3)	17	13 (76.5)
Klebsiella pneumoniae	13	10 (76.9)	13	11 (84.6)
Gram-Positive Bacteria (aerobes)	61	52 (85.2)	56	49 (87.5)
Streptococcus pneumoniae	43	37 (86.0)	34	31 (91.2)
PSSP	26	23 (88.5)	22	21 (95.5)
Macrolide Resistant	10	10 (100.0)	5	5 (100.0)
Staphylococcus aureus	11	8 (72.7)	11	9 (81.8)
*10 or More Isolates for Omadacycline				

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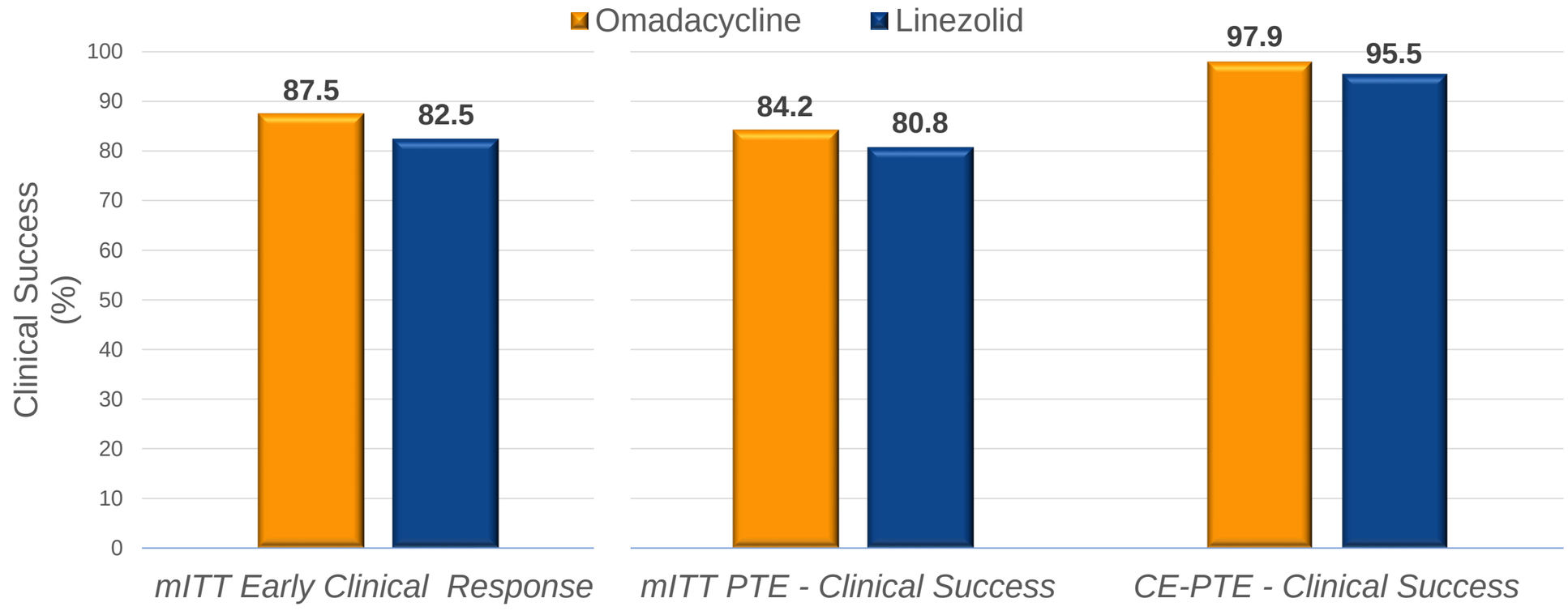
Omadacycline OASIS-2 Study Results

Achieved Primary Efficacy Endpoints for Both FDA and EMA



Delta (95% CI)
+5.0 (-0.2, 10.3)

Delta (95% CI)
+3.3 (-2.2, 9.0)

Delta (95% CI)
+2.3 (-0.5, 5.8)

FDA Primary Endpoint

EMA Co-Primary Endpoints

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Clinical Success at PTE Baseline Pathogen (OASIS-2)

Highly Effective Across Key Gram (+) Skin Pathogens

	Omadacycline (n=276)		Linezolid (n=287)	
Baseline Pathogen	N	Clinical Success n (%)	N	Clinical Success n (%)
Staphylococcus aureus	220	182 (82.7)	233	186 (79.8)
MRSA	104	89 (85.6)	107	85 (79.4)
MSSA	120	97 (80.8)	130	103 (79.2)
Staphylococcus lugdunensis	5	4 (80.0)	0	0
Streptococcus pyogenes	29	20 (69.0)	16	9 (56.3)
Streptococcus anginosus group	57	49 (86.0)	45	33 (73.3)
Streptococcus anginosus	27	24 (88.9)	20	16 (80.0)
Streptococcus intermedius	23	18 (78.3)	24	16 (66.7)
Streptococcus constellatus	9	8 (88.9)	7	5 (71.4)
Enterococcus faecalis	8	8 (100.0)	12	9 (75.0)
VRE	0	0	2	2 (100.0)
VSE	7	7 (100.0)	10	7 (70.0)

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Most Frequent TEAEs in the OASIS-1, OASIS-2 and OPTIC Studies

Omadacycline Safety and Tolerability Profile Established

Selected TEAS Occurring in ≥2% of Patients Receiving Omadacycline in the Pooled Phase 3 CABP and ABSSSI Clinical Trials			
	Omadacycline (N = 1073)	Linezolid (N = 689)	Moxifloxacin (N = 388)
Nausea[1]	14.9	8.7	5.4
Vomiting[1]	8.3	3.9	1.5
Diarrhea[2]	2.4	2.9	8.0
Transaminase Elevations Increased	4.3	4.4	5.2
Headache	2.9	3.0	1.3

Events of Nausea and Vomiting in Phase 3 CABP and ABSSSI Clinical Trials						
	CABP IV/Oral		ABSSSI IV/Oral		ABSSSI Oral-Only	
	IV	Oral	IV	Oral	Oral (D1 thru D2)	Oral (D3 thru EOT)
Nausea[1]	0.5	2.4	4.3	9.1	25.2	4.1
Vomiting	1.8	1.0	1.2	4.5	12.5	4.1

[1] Nearly all events of nausea and vomiting were mild or moderate in severity, resolved, and were not treatment limiting. Only 4 patients (0.4%) discontinued OMC treatment for nausea or vomiting.

[2] Diarrhea occurred in 2.4% of OMC patients and no cases of *C. difficile* infection were reported in OMC patients

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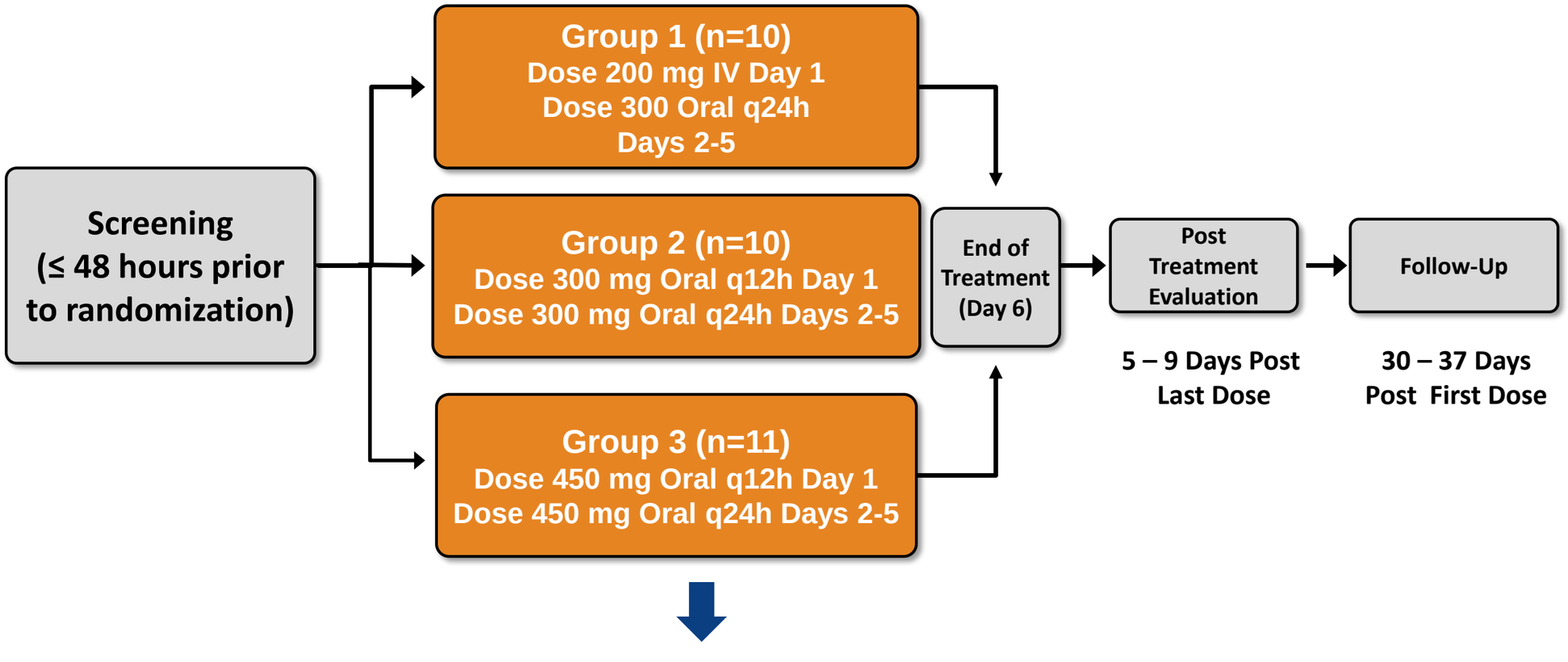
Completed Omadacycline Phase 1b UTI Study Design

Imminent Need to Replace Quinolones in Cystitis



Serial Blood and Urine Samples Collected for Pharmacokinetic (PK)

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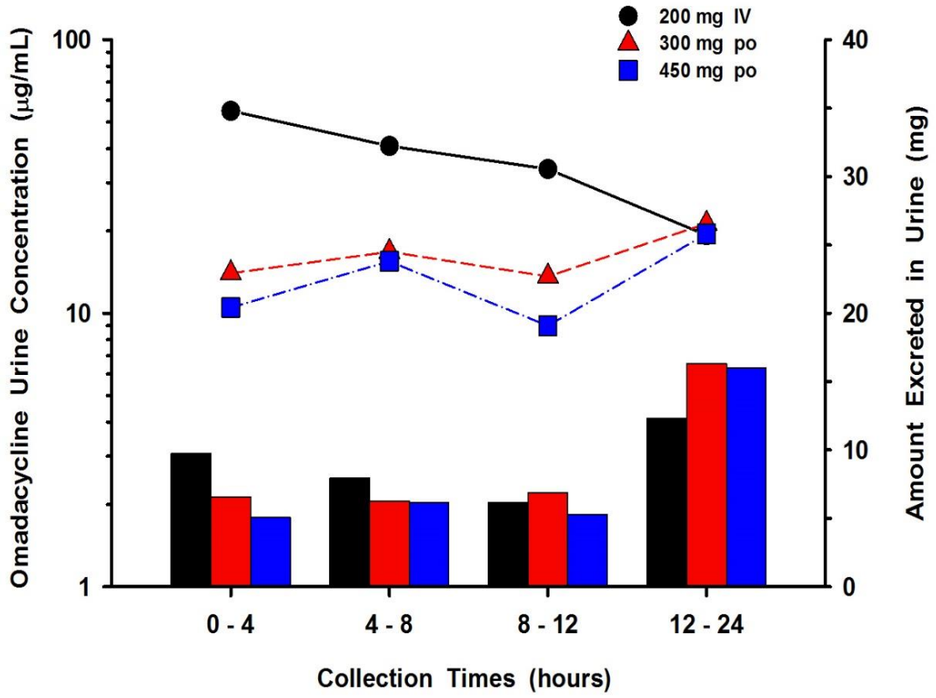
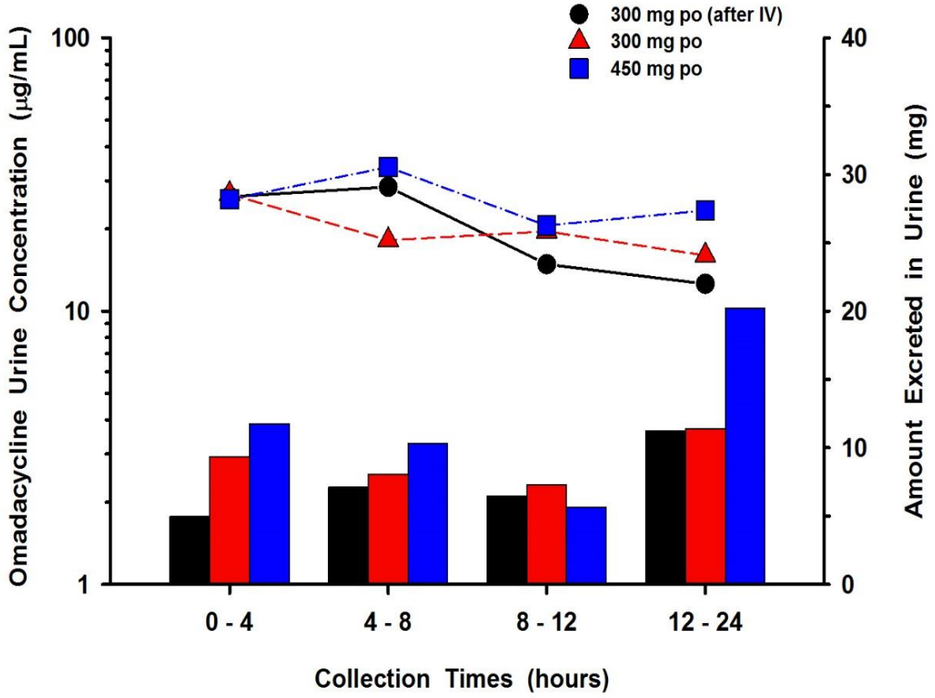
Oral Bioavailability Results in High Omadacycline Concentrations in Urine

Supports Development for a UTI Indication

Day 1



Day 5



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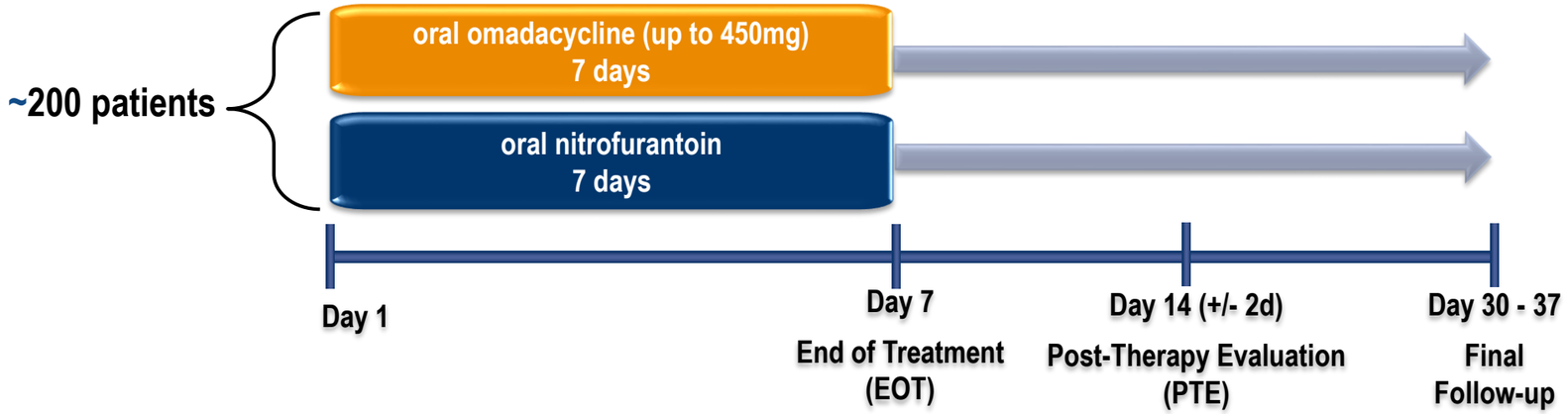
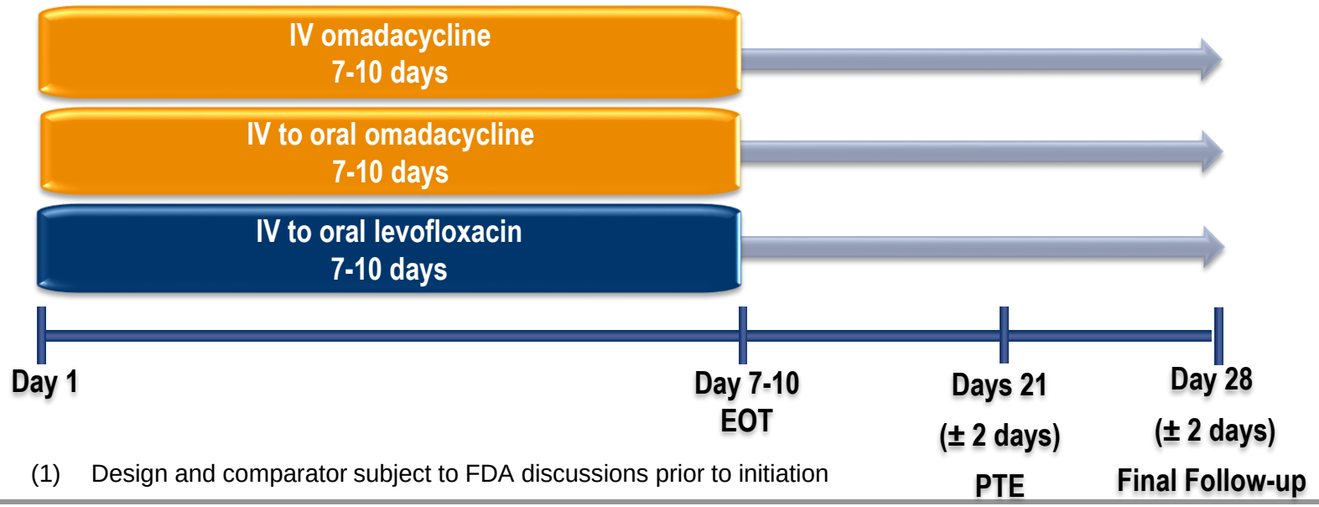
Phase 2 UTI Program Underway

Adaptive Dosing Designs Employed in Cystitis and Acute Pyelonephritis Studies

Cystitis



Acute Pyelonephritis (1)



(1) Design and comparator subject to FDA discussions prior to initiation

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Key Financial Information

Key Metrics (unaudited)	3/31/18 balance
Total Cash, Cash Equivalents, and Marketable Securities	$184.3 million
Gross Long-term Debt Obligation	$60.0 million
Basic Shares Outstanding	31,443,149
Stock Options, Restricted Stock Units, and Warrants Outstanding	5,945,736

Funding Projected through Q1 2021 (1)

(1) Includes $165 million gross proceeds from April 2018 convertible debt offering

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Equity Research Analyst Coverage

Firm	Analyst
Baird	Mike Ulz
BTIG Research	Robert (Bert) Hazlett
Cantor Fitzgerald	Louise Chen
Gabelli	Kevin Kedra
Guggenheim	Adnan Butt
HC Wainwright	Ed Arce
Ladenburg Thalmann	Kevin DeGeeter
Leerink Partners	Ami Fadia
Raymond James	Laura Chico
Wedbush	Robert Driscoll
LifeSci Advisors	David Sherman

Paratek Pharmaceuticals, Inc. is followed by the analysts listed above. Please note that any opinions, estimates or forecasts regarding Paratek Pharmaceuticals, Inc.'s performance made by these analysts are theirs alone and do not represent opinions, forecasts or predictions of Paratek Pharmaceuticals, Inc. or its management. Paratek Pharmaceuticals, Inc. does not by its reference above or distribution imply its endorsement of or concurrence with such information, conclusions or recommendations.

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Paratek Investment Highlights

Omadacycline: Potential Blockbuster Antibiotic in Both Hospital and Community Settings

Potential Blockbuster Antibiotic with Omadacycline	• If Approved, 1st New, Once-daily, Multi-indication, Oral Antibiotic in > 10Yrs • > $9 Billion Potential Addressable Market in U.S. alone*
Modernized Tetracycline: A Promising Antibiotic Profile	• Positive Ph3 Data in Skin Infections (IV/Oral + Oral only) • Positive Ph3 Data in Community Acquired Bacterial Pneumonia (IV/Oral) • Established Safety Profile in > 1,900 subjects
Clear Registration Path: U.S. FDA and EU EMA	• SPA + QIDP + Fast Track in the US • Under FDA review; Anticipated Approval October 2018 • Expect to File in the EU in H2 2018
Additional Pipeline Potential	• UTI Ph2 Study underway; Data Expected in 2019 • Biodefense opportunity: Tx & prophylaxis in plague and anthrax • Life-cycle opportunities: Lyme Disease, prostatitis, Rickettsial Disease
Capital Efficient Commercial Model	• Significant Value Proposition = Hospitalization Minimization • Hospital Promotion Without Branded Broad-spectrum IV + Oral Competitors
Non-dilutive Funding Options	• Omadacycline: Ex-U.S. Commercial Rights (except China) • Sarecycline: Milestones + U.S. Royalties (Allergan); Ex-U.S. Rights (PRTK)

(*) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue

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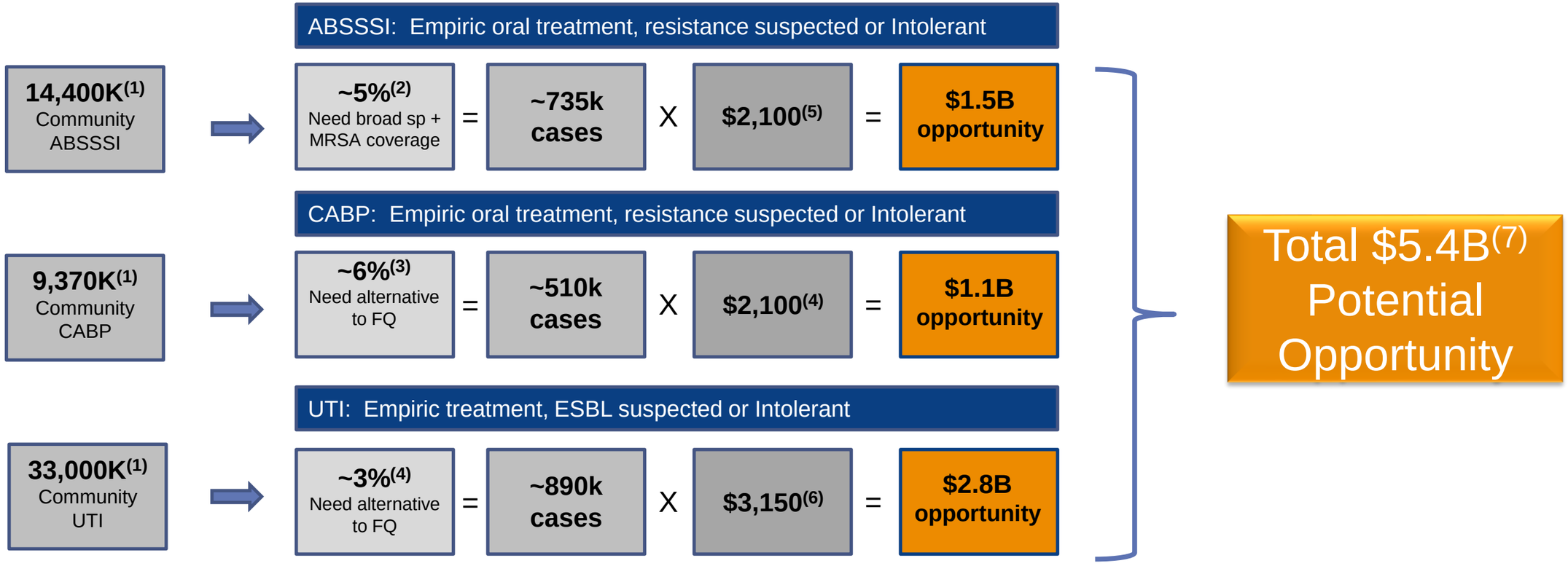
Back Up

Addressable U.S. Community Market: ~2.1M patients $5.4B Opportunity by 2028

Empiric Oral Monotherapy in Patients Who Fail to Respond or are Intolerant to Generic Option



(1) IMS-NDTI date (2014-2015): Projected to 2028
(2) Estimate based on current oral treatment failure rates
(3) Primary market research (est 18% of hospitalized CABP patients & 16.5% of community CABP patients are "high-risk" and suspected/confirmed to have a resistant pathogen)
(4) Estimate from 2016 Primary research with Urologists.
(5) Cost per course based on health outcome analysis, 7 day course of therapy and cost of branded Zyvox therapy as an analogue
(6) Cost per course based on mid point for levofloxacin course in UTI, a 450mg OMC daily dose, and 50% price premium to branded oral Zyvox as an analog
(7) Paratek estimates based on IMS-NDTI (2014-2015) projected to 2028 using current treatment failure rates and a Zyvox 2015 pricing analogue

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Omadacycline IP Protection and Market Exclusivity

GAIN Act Ensures 10 Years of Market Exclusivity

IP Protection:

Key Composition of Matter Patent (U.S. 7,553,828)
Expires June 2023

Anticipated Patent Term Extension

Possible 6 month pediatric exclusivity extension

- In Parallel -

Regulatory Protection:

U.S. Data Exclusivity: Hatch Waxman

GAIN Act Extension

5-years

5-years

Follow-On IP Protection:

Issued Patents and Pending Applications Covering Salts, Polymorphs, Formulations, Methods of Use, Methods of Manufacture, Modes of Administration, and Dosage Regimens

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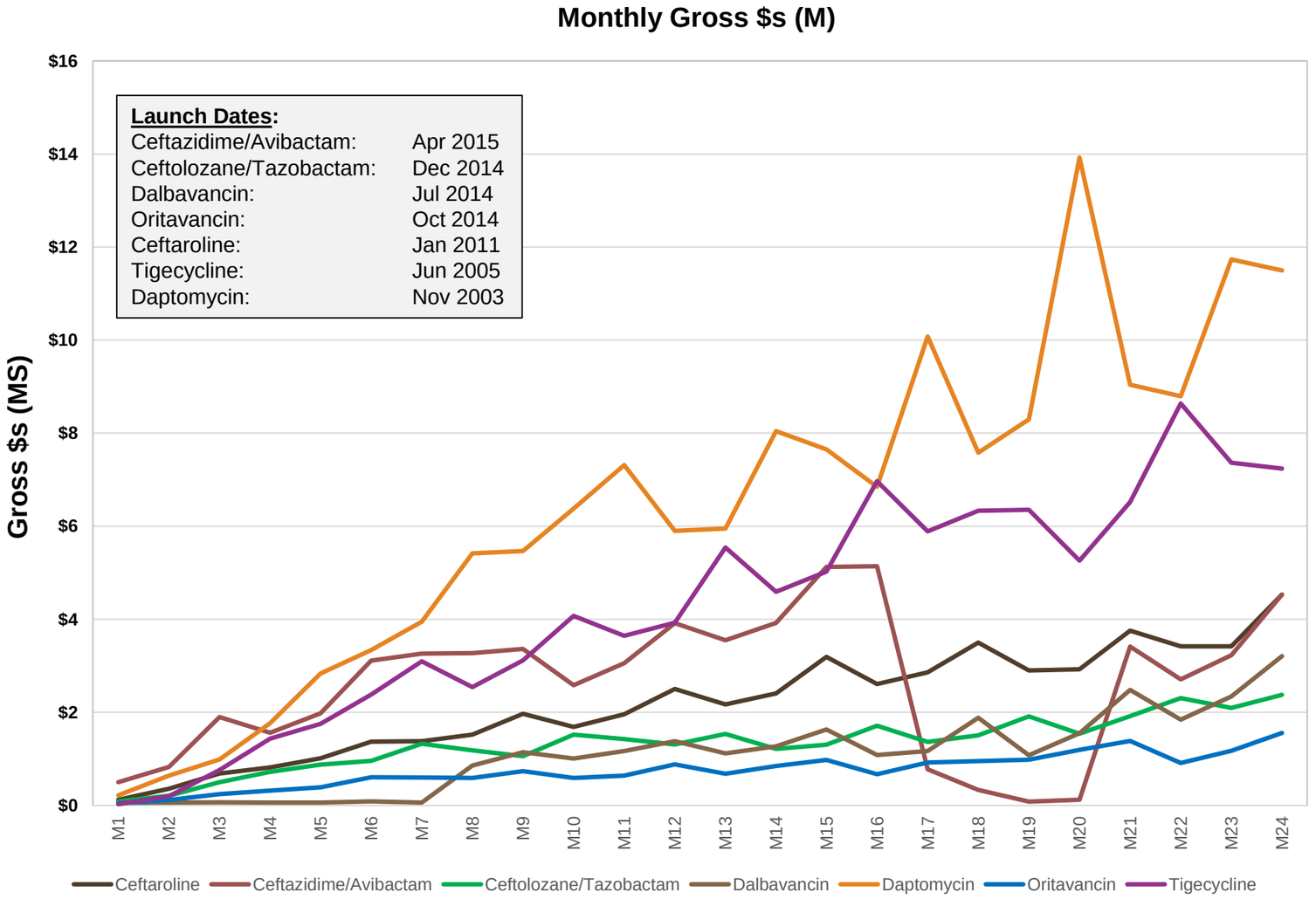
Hospital Launch: Narrow Spectrum or IV-Only Antibiotic Launches

Omadacycline Will Be Competitive with the Best of These Launches



Source: IMS NSP data

Key Omadacycline launch attributes

- 1st new monotherapy for CABP in over a decade
- 2 indications at launch
- Once daily dosing
- Both an IV and Oral formulation

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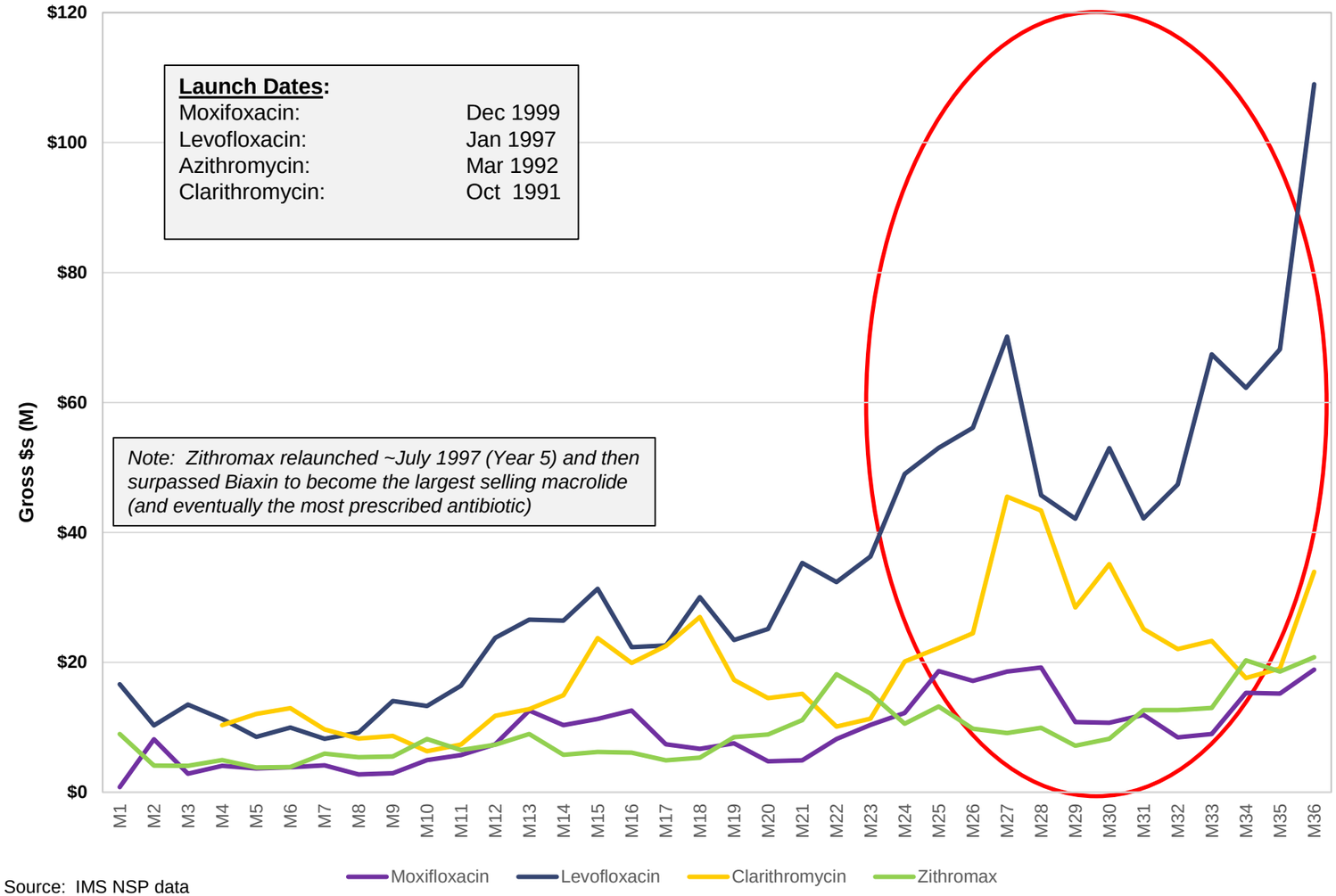
Community Promotion 2+ Years Post-Launch Expands The Market

Omadacycline Has the Potential to Realize This Opportunity

IV & Oral, Broad Spectrum Launch Comparison - Monthly Gross $s (M)



Source: IMS NSP data

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