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): November 09, 2026

PROKIDNEY CORP.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-40560**	**98-1586514**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

2000 Frontis Plaza Blvd. Suite 250 Winston-Salem, North Carolina	**27103**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: 336 999-7019

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

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

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Class A common stock, $0.0001 par value per share	PROK	The Nasdaq Stock Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

The Company's cash and cash equivalents and marketable securities as of September 30, 2026 was $141.9 million.

Item 7.01 Regulation FD Disclosure.

ProKidney Corp. (the "Company") has updated its investor presentation (the "Presentation"), which its senior management intends to use from time to time when interacting with investors and analysts, among others. The Presentation is available on the Company's website at https://investors.prokidney.com/news-events/events-and-presentations. The Presentation is also attached hereto as Exhibit 99.1.

The information in this Item 7.01, including Exhibit 99.1 attached hereto, is being furnished, not filed, pursuant to Regulation FD. Accordingly, the information in this Item 7.01 and Exhibit 99.1 of this report will not be incorporated by reference into any registration statement filed by the Company under the Securities Act of 1933, as amended, unless specifically identified therein as being incorporated therein by reference. The furnishing of the information in this Item 7.01 and Exhibit 99.1 is not intended to, and does not, constitute a determination or admission by the Company that the information in this report is material or complete, or that investors should consider this information before making an investment decision with respect to any security of the Company or any of its affiliates.

Item 8.01 Other Events.

The information in Item 2.02 above is incorporated by reference into this Item 8.01.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Investor Presentation
104	Cover Page Interactive Data File (embedded within 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.

PROKIDNEY CORP.

Date: November 9, 2026

By: /s/ James Coulston
Chief Financial Officer

Exhibit 99.1

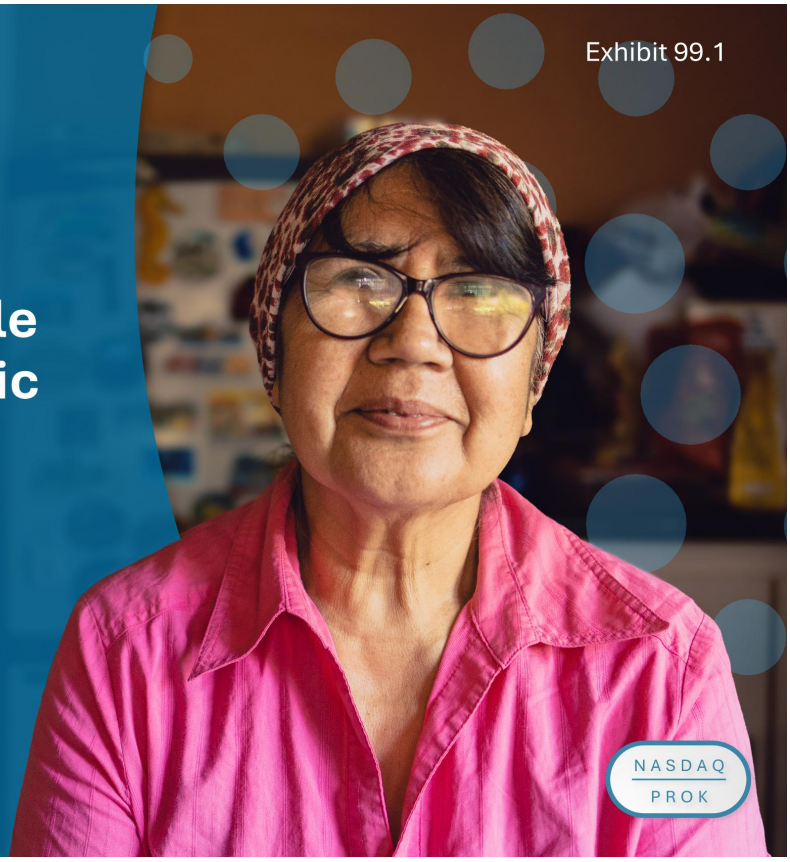
PROKIDNEY

Redefining What's Possible in the Treatment of Chronic Kidney Disease

Preserving Kidney Function in Patients at High Risk of Kidney Failure

Corporate Presentation

November 2026



NASDAQ
PROK

Copyright © 2026 ProKidney Corp. All rights reserved.

Forward-looking Statements

This presentation includes “forward-looking statements” within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995. ProKidney’s actual results may differ from its expectations, estimates and projections and consequently, you should not rely on these forward-looking statements as predictions of future events. Words such as “expect,” “estimate,” “project,” “budget,” “forecast,” “anticipate,” “intend,” “plan,” “may,” “will,” “could,” “should,” “believes,” “predicts,” “potential,” “continue,” and similar expressions (or the negative versions of such words or expressions) are intended to identify such forward-looking statements. These forward-looking statements include, without limitation, the achievement and timing of the topline data readout of the Company’s PROACT 1 trial and other milestones provided, the Company’s beliefs that its Phase 3 REGEN-006 (PROACT 1) trial could be sufficient to support a potential BLA submission and full regulatory approval, eGFR slope can be used as a surrogate endpoint on an accelerated approval pathway for rilparencel, expectations with respect to financial results and expected cash runway, including the Company’s expectation that current cash will support operating plans into mid-2027, future performance, development, manufacturing, and commercialization of products, if approved, the potential benefits and impact of the Company’s products, if approved, potential regulatory approvals, the size and potential growth of current or future markets for the Company’s products, if approved, the advancement of the Company’s development programs into and through the clinic and the expected timing for reporting data, the making of regulatory filings or achieving other milestones related to the Company’s product candidates, and the advancement and funding of the Company’s developmental programs, generally. These statements are based on current expectations and assumptions that involve a number of uncertainties and risks. Such uncertainties and risks include, but are not limited to, risks associated with: disruptions to our business or that may otherwise materially harm our results of operations or financial condition as a result of our recent domestication to the United States; the inability to maintain the listing of the Company’s Class A common stock on Nasdaq; the inability of the Company’s Class A common stock to remain included in various indices and the potential negative impact on the trading price of the Class A common stock if excluded from such indices; the inability to implement business plans, forecasts, and other expectations or identify and realize additional opportunities, which may be affected by, among other things, competition and the ability of the Company to grow and manage growth profitably and retain its key employees; the risk of downturns and a changing regulatory landscape in the highly competitive biotechnology industry; the risk that results of the Company’s clinical trials may not support approval; the risk that the FDA could require additional studies before approving the Company’s drug candidates; the Company’s need for additional financing and the inability of the Company to raise financing in the future; the inability of the Company to obtain and maintain regulatory clearance or approval for its products, and any related restrictions and limitations of any cleared or approved product; the inability of the Company to identify, in-license or acquire additional technology; the inability of Company to compete with other companies currently marketing or engaged in the biologics market and in the area of treatment of kidney diseases; the size and growth potential of the markets for the Company’s products, if approved, and its ability to serve those markets, either alone or in partnership with others; the Company’s estimates regarding expenses, future revenue, capital requirements and needs for additional financing; the Company’s financial performance; the Company’s intellectual property rights; uncertainties inherent in cell therapy research and development, including the actual time it takes to initiate and complete clinical studies and the timing and content of decisions made by regulatory authorities; the fact that interim results from our clinical programs may not be indicative of future results; the impact of geo-political conflict on the Company’s business; and other risks and uncertainties included under the heading “Risk Factors” in the Company’s most recent Annual Report on Form 10-K, subsequent Quarterly Reports on Form 10-Q and other filings with the Securities and Exchange Commission. The Company cautions readers that the foregoing list of factors is not exclusive and cautions readers not to place undue reliance upon any forward-looking statements, which speak only as of the date made. The Company does not undertake or accept any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements to reflect any change in its expectations or any change in events, conditions or circumstances on which any such statement is based.


Patients with Advanced CKD Want More...
Time before dialysis
Time for life's moments
Time and flexibility with the people who matter most
Time for Hope
ProKidney

Rilparencel: Potential to Offer Meaningful Time

- **NOVEL** autologous cell therapy made from a patient's own kidney cells
- **CLINICAL DATA** shows kidney function stabilization in multiple Phase 2 studies
- **WELL-TOLERATED** outpatient procedure; no preconditioning or immunosuppression
- **PHASE 3 STUDY** is ongoing with pivotal topline results expected in Q2 2027

For Patients

ProKidney

ProKidney

Transforming CKD Care Through Innovation and Execution

Rilparencel

Potential first-in-class autologous cell therapy designed to preserve kidney function in patients with advanced CKD

Pivotal Phase 3 Study Ongoing

- Phase 3 PROACT 1 trial in patients with Stage 3b/4 CKD and type 2 diabetes — ONGOING (Q2 2027 readout)
- Three Phase 2 trials in advanced CKD — ✓ COMPLETED

Large Untapped Market Opportunity

Over 1 million U.S. patients with Stage 3b/4 CKD and diabetes at high risk of progressing to kidney failure

Key Value Drivers

- ✓ Robust Clinical Data
- ✓ In-House Manufacturing
- ✓ RMAT Designation
- ✓ Cash Through Pivotal Data

Building a future where advanced CKD treatment means more options, time, and hope

RMAT = Regenerative Medicine Advanced Therapy

Advancing Kidney Care: Rilparencel Clinical Development at a Glance

	PRECLINICAL	IND	PHASE 1	PHASE 2	PHASE 3	STATUS
Phase 3 Program						
Diabetes Type II – Prevent/Delay ESKD in Stage 3b/4 CKD (20-35 mL/min/1.73m², n>500)			REGEN-006 (PROACT 1)			**Ongoing**
Long term follow-up study for patients previously treated with rilparencel			REGEN-008			**Ongoing**
Supportive Trials						
Diabetes Type II – Prevent/Delay ESKD in Stage 3/4 CKD (20-50 mL/min/1.73m², n=83)			RMCL-002			Trial Completed
Diabetes Type I & II – Prevent/Delay ESKD in Stage 3/4 CKD (20-50 mL/min/1.73m², n=53)			REGEN-007			Trial Completed
Other Completed Trials						
Diabetes Type II – Delay ESKD in Stage 4/5 CKD (14-20 mL/min/1.73m², n=10)			REGEN-003			Trial Completed
Congenital Anomalies – Prevent/Delay ESKD (14-50 mL/min/1.73m², n=5)			REGEN-004			Trial Completed

Frozen product · Unilateral injections · Bilateral injections · ESKD = End-Stage Kidney Disease

ProKidney

Anticipated Upcoming Milestones

Timing	Milestones
Q1 2027	Complete full enrollment for the Phase 3 PROACT 1 study. Anticipate enrolling **over 500 patients** (up from 470) driven by an acceleration in patient recruitment in mid-2026.
Q2 2027	**Topline readout** for the Phase 3 PROACT 1 surrogate endpoint (eGFR slope) for accelerated approval. The efficacy analysis set is expected to include ~320 patients.
Q1 2028	BLA submission of rilparencel for accelerated approval.
1H 2029	BLA accelerated approval and commercial launch of rilparencel.
2H 2029	Topline readout for the Phase 3 PROACT 1 confirmatory endpoint (composite time-to-event) to support full approval of rilparencel.

BLA = Biologics License Application eGFR = Estimated Glomerular Filtration Rate


ADVANCED CHRONIC KIDNEY DISEASE
Unmet Need and Limitations with Standard of Care
ProKidney

UNMET NEED

CKD Treatment Has Evolved In Recent Years: Four Pillars of Proven Therapeutic Options



ACE = angiotensin converting enzyme; ARB = angiotensin II receptor blockers; SGLT2i = sodium-glucose cotransporter-2 protein inhibitor; GLP-1 RA = glucagon-like peptide-1 receptor agonist
NsMRA = non-steroidal mineralocorticoid receptor antagonist; RAAS = renin-angiotensin-aldosterone system

UNMET NEED

Recent Landmark Trials Primarily Focused on Patients with Moderate CKD

Study	Active Product	Subjects with Stage 4 CKD
Canagliflozin and Renal Outcomes in Type 2 Diabetes and Nephropathy[1]	Canagliflozin (SGLT2 inhibitor)	0%
Dapagliflozin in Patients with CKD[2]	Dapagliflozin (SGLT2 inhibitor)	14%
Empagliflozin in Patients with CKD[3]	Empagliflozin (SGLT2 inhibitor)	34%
Effect of Finerenone on Cardiovascular and Kidney Outcomes in Patients with Type 2 Diabetes and CKD[4,5]	Finerenone (Selective MRA)	7%
Effects of Semaglutide on Chronic Kidney Disease in Patients with Type 2 Diabetes[6]	Semaglutide (GLP-1RA)	11%

1. Perkovic V et al. N Engl J Med 2019. 2. Heerspink H et al. N Engl J Med 2020. 3. Herrington et al. N Engl J Med 2023. 4. Agarwal R et al. Eur Heart J 2022. 5. Sarafidis. P et al. Clin J Am Soc Nephrol 2023. 6. Perkovic V et al. N Engl J Medicine 2024.

UNMET NEED

Despite Therapeutic Advances, the Decline of Kidney Function Persists

>130K[1]
Americans newly diagnosed with kidney failure annually

~45K[2]
Americans added to the kidney transplant waiting list annually

1

Therapies have advanced

CKD treatment options have improved: four pillars of established therapeutic options

2

Progression continues

Risk of disease progression remains despite today's therapies, compounded by tolerability and adherence challenges

3

Residual risk remains

While new therapies are a step forward, patients still lose kidney function and experience clinically significant events

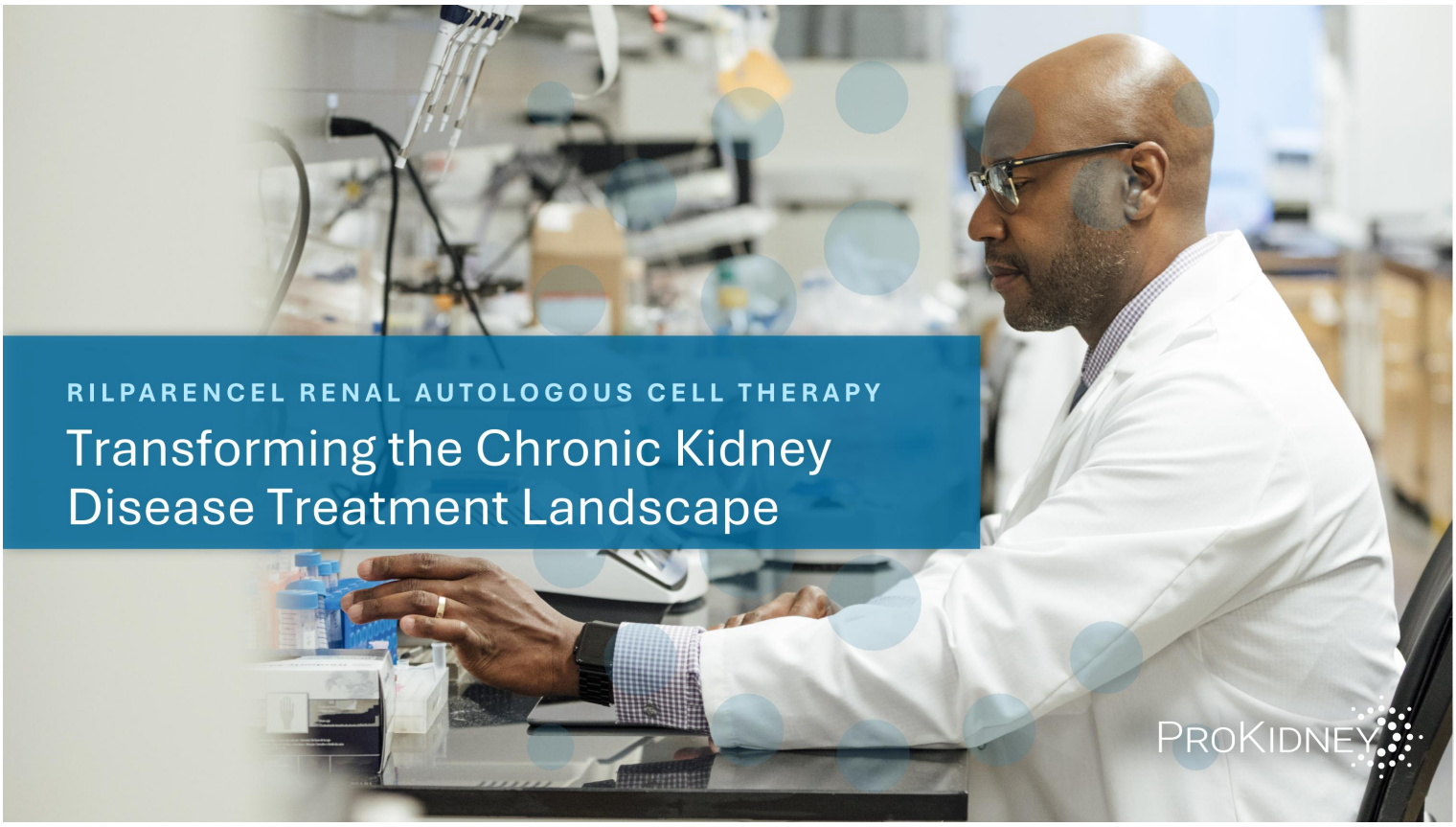
4

Kidney failure occurs

Annually, over 130K Americans are newly diagnosed with kidney failure and ~45K are added to the kidney transplant waiting list[1,2]

Rilparencel aims to stabilize kidney function and delay or prevent dialysis in patients with advanced CKD and T2D

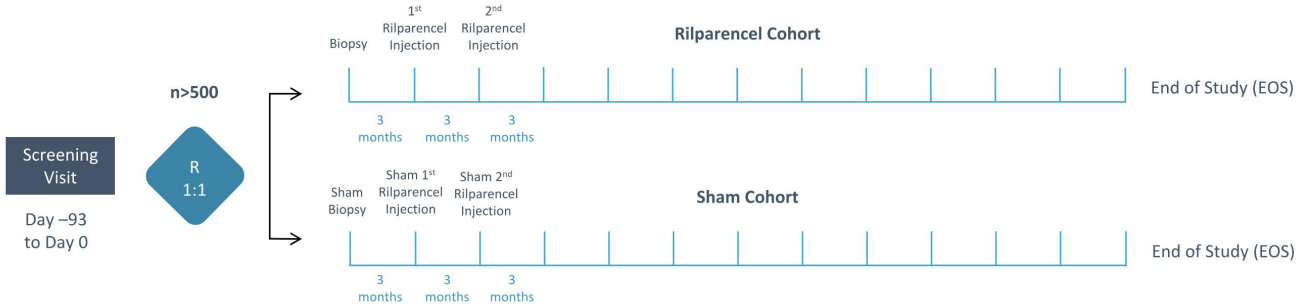
1. United States Renal Data System (USRDS), 2025 Annual Data Report, CKD, Ch. 1: CKD in the General Population
2. Cron D et al. JAMA Network Open 2025


RILPARENCEL RENAL AUTOLOGOUS CELL THERAPY
Transforming the Chronic Kidney Disease Treatment Landscape
ProKidney

PHASE 3 REGEN-006 (PROACT 1)

Rilparencel Phase 3 Registrational Study Design

Topline results for the eGFR slope surrogate endpoint anticipated in Q2 2027



Key Entry Criteria

- Type 2 diabetes and CKD
- 30-80 years of age
- eGFR ≥20 and ≤35 mL/min/1.73m^2
- UACR 300-5,000 mg/g for eGFR 30-35
- HbA1c <9.5%

Surrogate Endpoint (Accelerated Approval Pathway)

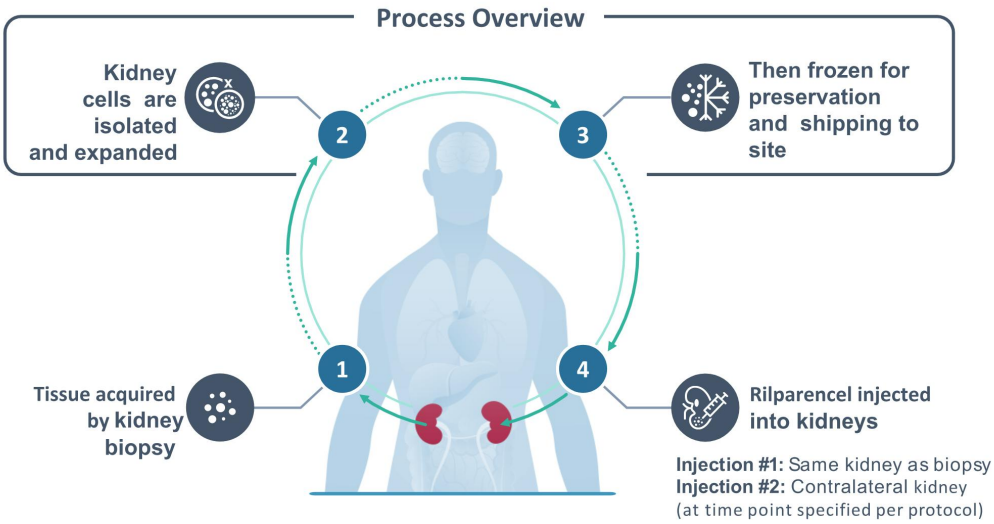
- Annualized eGFR slope is the surrogate endpoint
- Efficacy analysis set is expected to contain approximately 320 patients and will include all patients with *at least* 6 months of follow-up after first injection
- Expected to have 80% power to detect an effect size in annualized eGFR slope of 1.5 mL/min/1.73m^2

Confirmatory Composite Time-to-Event Endpoint

- At least 40% reduction in eGFR;
- eGFR <15mL/min/1.73m^2 sustained for 30 days and/or chronic dialysis, and/or renal transplant; or
- Death from renal or cardiovascular causes

(The confirmatory analysis will be triggered when 122 participants have at least one event)

Rilparencel Is Manufactured from a Patient's Own Kidney Cells Obtained Through a Standard Kidney Biopsy



Rilparencel Offers a Differentiated Approach to Cell Therapy with Practical Advantages



No viral vector or genetic modification

Rilparencel is manufactured through cell selection and expansion without viral vectors or genetic modification, avoiding the associated cost, constraints, and complexity.



No preconditioning or immunosuppression

Rilparencel does not require preconditioning or immunosuppression, reducing treatment burden for patients.

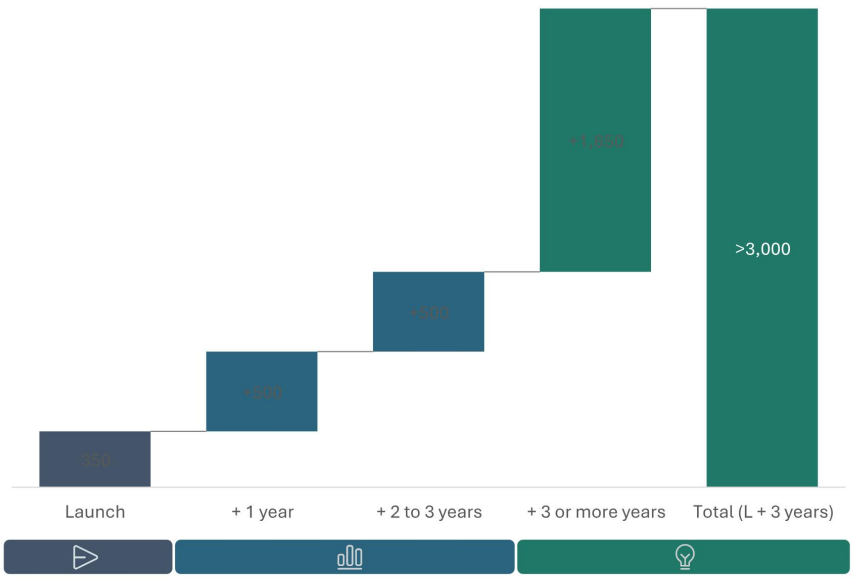


Outpatient, minimally invasive procedure

Kidney biopsy and rilparencel injections are performed using minimally invasive outpatient procedures. Rilparencel was generally well tolerated across multiple Phase 2 studies.

Phased In-House Manufacturing Buildout Supports Commercial Launch

Annualized Planned Manufacturing Capacity *(# of patients)*



Scaling Capacity to Support Growth

Commercial Launch

- Capacity comes from existing NC facility used to supply the Phase 3 PROACT 1 study

NC Facility Expansion

- First phase of existing facility expansion was substantially completed in 2H 2026; technology transfer is required
- Second phase of facility expansion construction is planned for 2027

Strategic Scale-Up Optionality

+ Further buildout of existing NC facilities
+ Geographic manufacturing expansion
+ CDMO supplier
+ Operational efficiency

NC = North Carolina

CDMO = Contract Development and Manufacturing Organization


ADVANCED CHRONIC KIDNEY DISEASE
Commercial Opportunity and Planning
ProKidney

Phased Commercial Rollout to Optimize Patient and Provider Experience

Launch Phase

10-20 treatment centers concentrated in high-density CKD markets

- Prioritize leading centers with rilparencel clinical experience
- Partner with community and hospital-based nephrologists to establish care pathways, referral networks, and reimbursement processes

Prove the model

Establish treatment center workflows and validate the commercial model

Build Momentum Phase

Expand treatment centers, building on momentum from early adopters

- Expand accessibility for patients in concert with manufacturing capacity by adding additional geographies
- Experienced centers support physician training and best-practice sharing

Replicate the model

Expand a proven treatment center and referral model

Scale-Up Phase

Scale treatment centers

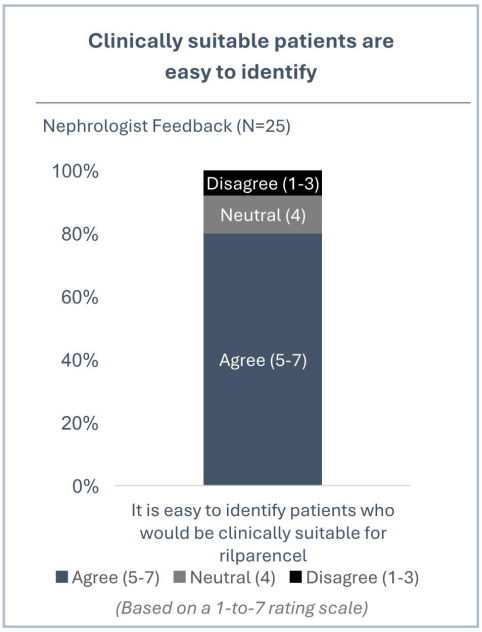
- Expand beyond early adopters as physician familiarity increases
- Broaden patient access as payer coverage expands
- Extend into additional outpatient settings such as ASCs and OBLs
- Leverage increased rilparencel manufacturing capacity to address a broader patient population

Scale the model

Scale broad reimbursement, clinical adoption, manufacturing capacity

ASC = Ambulatory Surgery Center OBL = Office-Based Lab

Nephrologists View Rilparencel as a Transformative Option Once Today's Therapies Are Exhausted



1. Once standard of care is exhausted and patients continue to decline, **nephrologists have no further options to slow progression**.
2. Delaying dialysis would be meaningful to nephrologists, not just an incremental gain. They see a potential therapy that delays kidney failure as **transformative and are excited and hopeful about it**.
3. Clinically suitable patients are **well defined, and the need is large**. Nephrologists consistently point to late-stage diabetic CKD as a major unmet need.
4. **Nephrologists see rilparencel as a new kind of option, not more of the same**. It offers something different from today's therapies.

"If you can show a 2- to 3-year delay in dialysis, to me as a nephrologist, **that's huge. That changes everything. It's a game-changer"**

ACADEMIC NEPHROLOGIST

"We give them the SGLT2, the RASi, Kerendia… and **they're still dropping**. At that point**, you're out of bullets. That's where something like this fits."**

PRIVATE PRACTICE NEPHROLOGIST

"If something like this were to come out… **it's like a game breaking type of treatment."**

ACADEMIC NEPHROLOGIST

"It **sounds like the future**. It's certainly exciting. I hope for it. This would be great because… **one of the greatest unmet needs is the 3b/4 diabetic CKD patient."**

PRIVATE PRACTICE NEPHROLOGIST

Source: Company data on file from nephrologist primary market research conducted in 2026

Advanced CKD Patients Have Strong Desire to Delay Dialysis; Procedures Not a Deterrent

ADVANCED CKD PATIENT INTERVIEWS (N=25) [1]

Interest in rilparencel

6.0

1 Not at all interested — *7 Extremely interested*

Average concern for dialysis

5.7

1 Not at all concerned — *7 Extremely concerned*

"If my nephrologist recommended a biopsy, I could go through with it"

6.2

1 Strongly disagree — *7 Strongly agree*

Likelihood to bring rilparencel up to their nephrologist

6.0

1 Not at all likely — *7 Extremely likely*

PATIENT QUOTES

"Anything that would help me put off conventional treatment for a **couple of years...I would be open to it**."

"Just watching that machine... pull the blood and stuff out...That scared me. **I was really scared**. And I saw how he was afterwards. That part right there. Really... broke my heart."

"I think [a biopsy] is **a small investment of time and effort to really make a difference.**"

"**I'd probably ask my doctor about it the next time I saw him.** I'd call him in advance and say I want to talk about this product."

"I would definitely bring it up. That's a given, because I would want to know if he had heard about this, and what he knows about it. If I'm a good candidate. I would definitely bring it up."

1. Source: Company data on file. Among 25 participants, 9 had Stage 3b CKD and 16 had Stage 4 CKD. Mean age was 62 years, 60% were female, and 72% had type 2 diabetes.

Significant U.S. Revenue Opportunity and Long-Term Value Creation

Large advanced CKD population seeking options to delay or prevent dialysis creates compelling market opportunity

ADVANCED CKD POPULATION

>1M

U.S. patients with Stage 3b/4 CKD and T2D who are at high risk of kidney failure

VALUE DRIVERS

Potential to preserve kidney function, delay dialysis, and reduce clinical events

- PRESERVE **Kidney function**
- DELAY OR PREVENT **Dialysis**
- REDUCE **Renal and CV events**

Dialysis costs can exceed $100K/year for Medicare and over $200K/year for commercial insurers[1]

REVENUE OPPORTUNITY

Illustrative annual revenue scenarios at scale[2]

0.25% penetration	2 to 3k patients	$1bn+ revenue
0.5% penetration	5k+ patients	$2bn+ revenue
1% penetration	10k+ patients	$4bn+ revenue

Key Takeaway: **Sub-1% market penetration supports a potential significant U.S. revenue opportunity**

1. Stewart et al., Journal of Medical Economics 2024
2. Based on total addressable population and illustrative pricing assumptions. Rilparencel price has not been determined and revenue opportunity scenarios are not company guidance.

T2D = type 2 diabetes | CV = cardiovascular



RILPARENCEL NONCLINICAL RESULTS

Mechanism of Action

NONCLINICAL

Translational Studies Suggest Multifactorial MoA for Rilparencel

Rilparencel

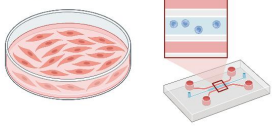


Transcriptomic analyses of REGEN-007 pre-formulation cell retains & patient biopsies, referencing the KPMP database (ASN poster SA-PO0014):

- **Cells of proximal & distal tubule origin with partial retention of native lineage identity**
- **Features of scattered tubular cells, a reparative epithelial cell state induced during normal recovery conditions after kidney injury**

In vitro

Primary kidney cells



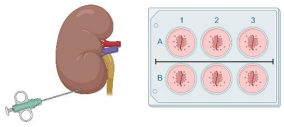
Kidney-on-chip

Human proximal tubule epithelial cell & glomerular vascular endothelial cell models of metabolic & inflammatory stress cultured with rilparencel showed (ASN poster TH-PO1128):

- **Lowered oxidative damage**
- **Improved redox balance & mitochondrial fitness**
- **Reduced pro-inflammatory signaling**
- **Improved barrier integrity**

Ex vivo

Kidney biopsy explant culture



Human CKD biopsy & rilparencel co-culture studies revealed (ASN poster TH-PO1129):

- **Treatment-based transcriptional changes in ferroptosis pathway** (also validated *in vitro*, see *ASN poster SA-PO0013*)

***In vivo* (rodent)**

Rodent models of CKD



Whole-kidney multi-omics following rilparencel injection show signatures of (ASN talk FR-OR044):

- **Preserved vascular integrity & ECM remodeling**
- **Improved lipid & glucose metabolic programs**
- **Reduced pro-inflammatory signaling**

How rilparencel may be able to preserve kidney function in patients with advanced CKD

MoA Hypothesis

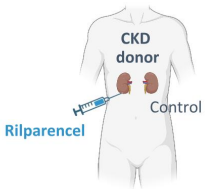
Rilparencel attenuates oxidative damage, metabolic dysregulation, & pro-inflammatory signaling to support cellular resilience, preserved vascular integrity & functional stabilization under chronic kidney disease-relevant conditions

PROKIDNEY Publications

MoA = Mechanism of Action

NONCLINICAL

Human Decedent Study in Preparation to Further Elucidate Rilparencel MoA



Neurologically deceased person with a beating heart

Day 0

Collect Biopsy

Manufacture rilparencel

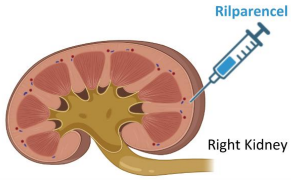
Day 22

Intraparenchymal injection of rilparencel (3e6 cells/g KW^{est}) into kidney cortex

Post-rilparencel study period

Days 21, 22, 23, 24, 25 then weekly
+ Biopsy left & right kidneys for spatial transcriptomics, proteomics, metabolomics, snRNA/ATAC-Seq, IHC

Daily
+ Urinalysis (from each kidney ureter)
+ Serology & hematology
+ Clinical observations



Day 61

Termination

Assays / Histology / Multi-Omics

Assays
+ Kidney spatial transcriptomics, snRNA/ATAC-Seq
+ Kidney spatial metabolomics & proteomics
+ Urine proteomics & metabolomics
+ Urine scRNA-Seq, cfDNA, cfmtDNA
+ Plasma biochemistry (urea, creatinine, cystatin C, etc.)
+ Plasma proteomics & lipidomics
+ Whole blood hematology assays & scRNA-Seq
+ Kidney histology (glomerulosclerosis, tubular injury, inflammation, fibrosis)

Donor Inclusion Criteria:
CKD Stage 3/4 Adults

Measurements
KW^{est}: Estimated kidney weight
ACR: Albumin-to-creatinine ratio
BG: Blood glucose
BW: Body weight
IHC: immunohistochemistry
BP: Blood pressure
MAP: Mean arterial pressure

MoA = Mechanism of Action

PROKIDNEY



RILPARENCEL CLINICAL DEVELOPMENT

Preserving eGFR in Patients with Advanced CKD and Diabetes

ProKidney

Clinical Progression: From Proof to Pivotal

2024

Phase 2 RMCL-002: Full results presented at ERA Stockholm 2024

- ✓ **SIGNAL** Potential to preserve kidney function for 18 months; benefit to kidney function was most notable in subjects who had the highest risk of kidney failure
- ✓ **SAFETY** Comparable to kidney biopsy, no unexpected risks

2025

Phase 2 REGEN-007: ASN Late-Breaker

- Group 1 showed **durable and statistically significant stabilization** (~18 months)
- **SAFETY** No rilparencel-related SAEs
- Supports pivotal Phase 3 design

Phase 3 REGEN-006 (PROACT 1)

- **FDA confirmed eGFR slope as surrogate endpoint** for accelerated approval
- Trial designed to support both **accelerated and confirmatory approval**

2026 and beyond

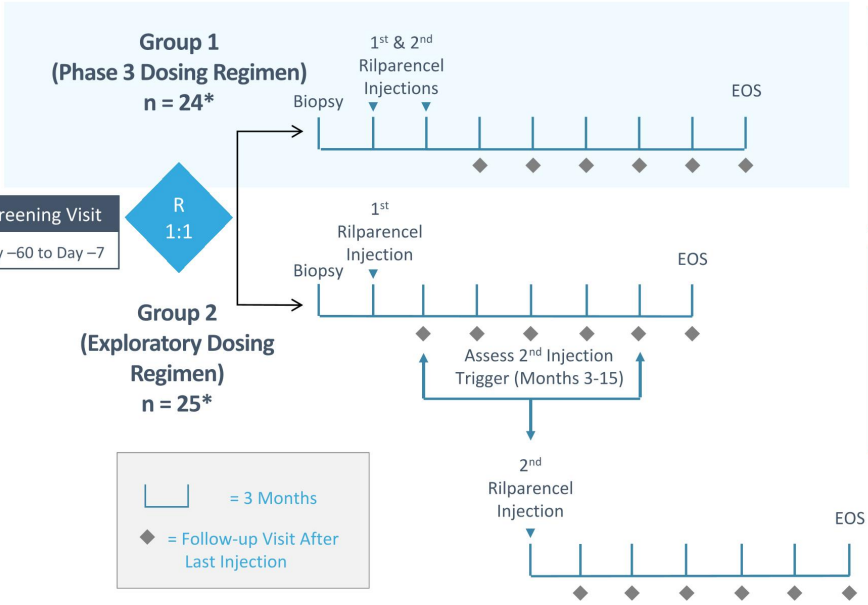
Phase 3 REGEN-006 (PROACT 1)

- **Topline readout anticipated in Q2 2027 for accelerated approval**
- Mechanism of action studies ongoing

Trial Design

ProKidney Publications

Group 1 Dosing Regimen and Use of Cryopreserved Product Mirrors Phase 3 Program



Pre-Injection Period

Includes all historical eGFR values collected up to 24 months before the Screening Visit as well as the on-study central laboratory eGFR results prior to first rilparencel injection.

Screening Visit

Day –60 to Day –7

Key Entry Criteria

Type 1 or type 2 diabetes and CKD

Subjects 30-80 years of age

eGFR ≥20 and ≤50 mL/min/1.73m^2

UACR 30-5000 mg/g

HbA1c <10%

Group 2 Re-Dosing Trigger

Sustained 30-Day:

- Decline in eGFR of ≥20% from baseline, and/or
- Increase of ≥30% and ≥30 mg/g in UACR from baseline

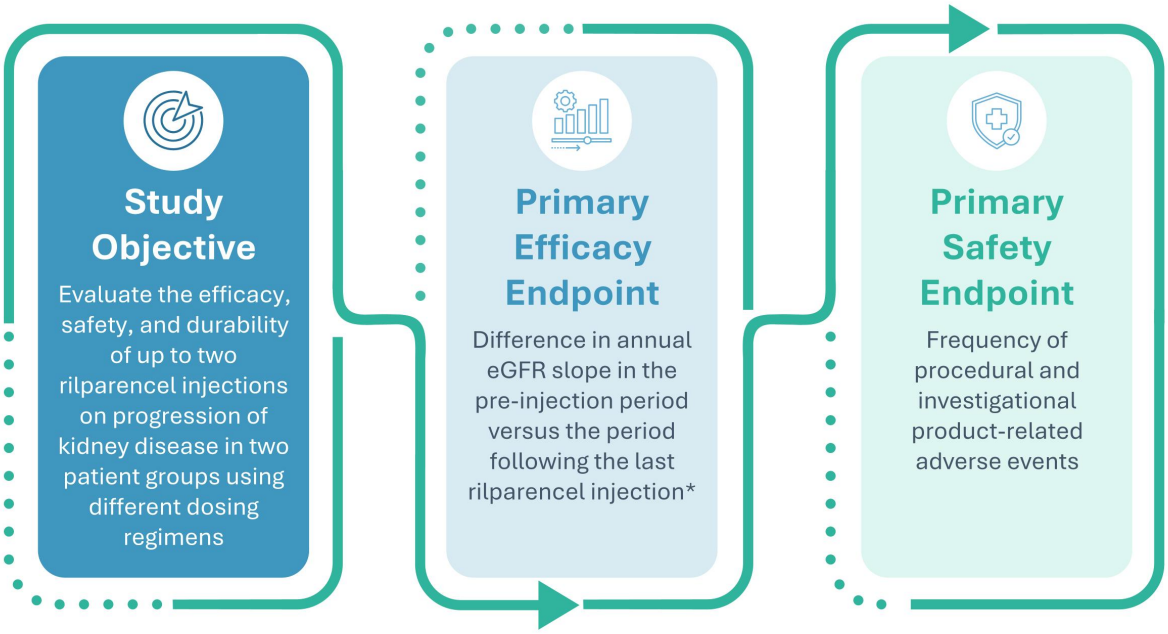
Source: Čižman B et al. Clin J Am Soc Nephrol 2026

*Modified intent-to-treat population (mITT) including all patients who received at least one rilparencel injection

eGFR = estimated glomerular filtration rate; UACR = urine albumin-to-creatinine ratio (a measure of albuminuria); EOS = end of study

REGEN-007

Objectives and Endpoints



Source: Čižman B et al. Clin J Am Soc Nephrol 2026

*Pre-injection period included all historical eGFR values collected up to 24 months before the screening visit as well as the on-study central laboratory eGFR results prior to first rilparencel injection. Period following the last injection included visits from the last rilparencel injection to the EOS visit. Annual eGFR slope calculated using a linear mixed effects model.

REGEN-007

Baseline Characteristics

REGEN-007 (n=49)	**Group 1** (n=24)	**Group 2** (n=25)
Age, years ***(mean +/- SD)***	62 +/- 11	58 +/- 11
Female : Male, %	33% : 67%	28% : 72%
Hispanic or Latino, %	0%	4%
Race, %		
Black or African American	8%	16%
White	92%	84%
Other	0%	0%
Type 1 Diabetes : Type 2 Diabetes, %	13% : 88%	32% : 68%
Blood pressure, mm HG ***(mean)***	137 / 76	132 / 77
eGFR, ml/min/1.73m^2 ***(mean +/- SD)***	31 +/- 8	34 +/- 12
UACR mg/g, ***(median (IQR))***	792 (71, 1955)	229 (77, 780)
HbA1c, % ***(mean (SD))***	7.2% (1.3)	7.8% (1.4)
ACE/ARB Use, %	75%	84%
SGLT2i Use, %	42%	32%
GLP-1 RA Use, %	33%	44%
MRA/NsMRA Use, %	17%	4%

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

HbA1c = hemoglobin A1c; ACE = angiotensin converting enzyme; ARB = angiotensin II receptor blockers; SGLT2i = sodium-glucose cotransporter-2 protein inhibitor; GLP-1 RA = glucagon-like peptide-1 receptor agonist
NsMRA = non-steroidal mineralocorticoid receptor antagonist

REGEN-007

Kidney Function Stabilized in Both Groups After Treatment with Rilparencel

Group 1 *(Phase 3 Dosing Regimen; n=24)*	Group 2 *(Exploratory Dosing Regimen; n=25)*
Annual decline in eGFR slope[1] improved by 78% from -5.84 in the pre-injection period to -1.27 in the period following the last rilparencel injection.	Annual decline in eGFR slope[1] improved by 50% from -3.40 in the pre-injection period to -1.71 in the period following the last rilparencel injection.
This 4.57 (1.95, 7.18)* mL/min/1.73m^2 per year difference was statistically significant (p<0.001) and clinically meaningful.	**This 1.70 (-0.24, 3.63)* mL/min/1.73m^2 per year difference was not statistically significant (p=0.085) but suggests evidence of a dose response.**
Median follow-up after the last injection was approximately 18 months.	Median follow-up after the last injection was approximately 18 months.

SAFETY *(n=49)*

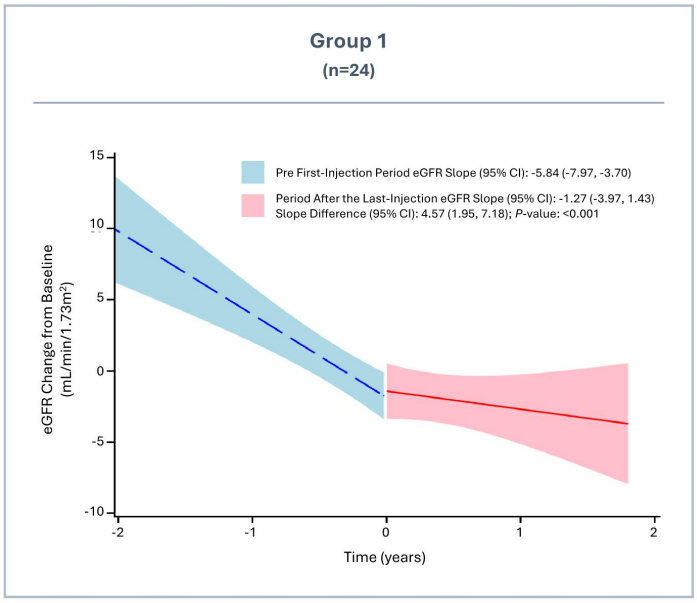
No rilparencel-related serious adverse events were observed across all patients in the study who received at least one rilparencel injection. The safety profile was consistent with previously reported study results and comparable to a kidney biopsy.

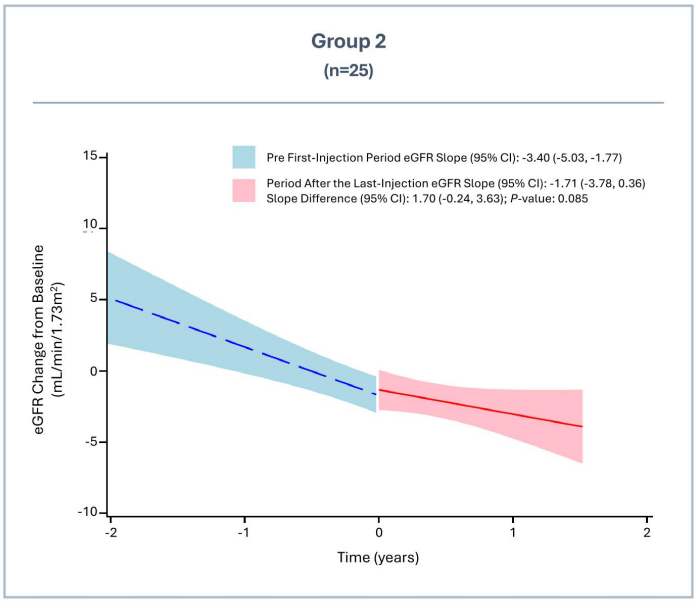
Source: Čižman B et al. Clin J Am Soc Nephrol 2026

1. Annual eGFR slope calculated in mL/min/1.73m^2 using a linear mixed effects model
*(95% CI)

REGEN-007

Kidney Function Stabilizes for 18 Months After Treatment with Rilparencel

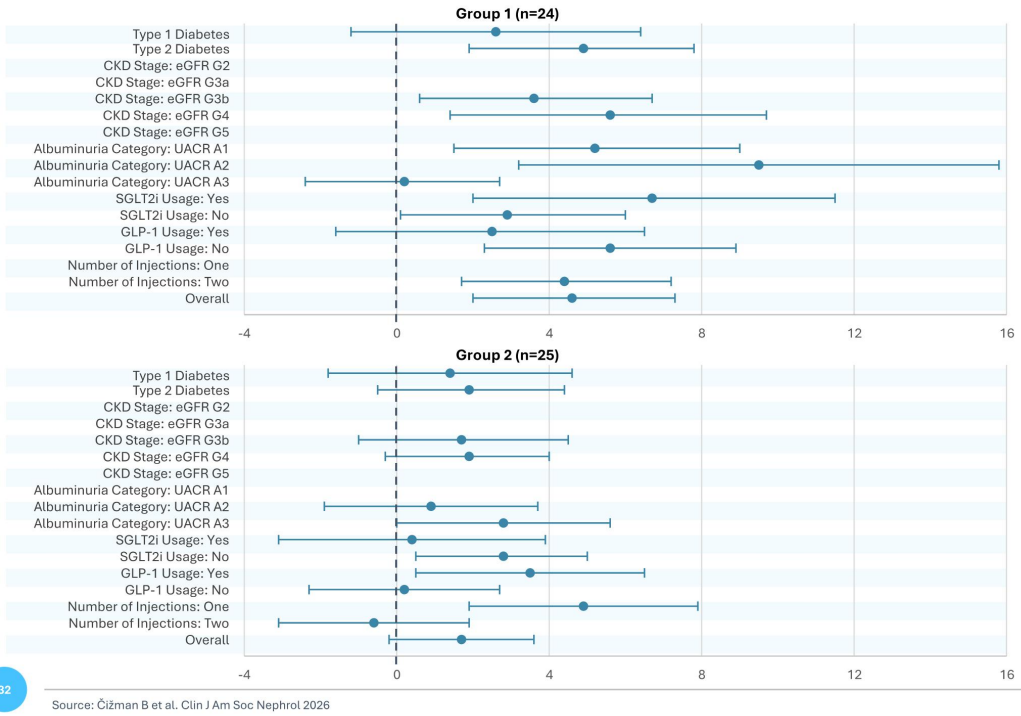




Source: Čižman B et al. Clin J Am Soc Nephrol 2026

REGEN-007

In Group 1, Meaningful Differences in eGFR Slope Were Observed Across Most Subgroups



Slope Difference (95% CI)	No. of Participants (%)
2.6 (-1.2, 6.4)	3 (13)
4.9 (2.0, 7.9)	21 (88)
Not evaluable	0
Not evaluable	2 (8)
3.6 (0.5, 6.6)	9 (38)
5.6 (1.5, 9.8)	13 (54)
Not evaluable	0
5.2 (1.4, 8.9)	3 (13)
9.5 (3.2, 15.8)	7 (29)
0.2 (-2.3, 2.8)	14 (58)
6.7 (1.9, 11.4)	10 (42)
2.9 (0.2, 5.7)	14 (58)
2.5 (-1.5, 6.6)	8 (33)
5.6 (2.3, 8.9)	16 (67)
Not evaluable	1 (4)
4.4 (1.6, 7.1)	23 (96)
4.6 (1.9, 7.2)	24 (100)

Slope Difference (95% CI)	No. of Participants (%)
1.4 (-1.8, 4.6)	8 (32)
1.9 (-0.6, 4.3)	17 (68)
Not evaluable	1 (4)
Not evaluable	2 (8)
1.7 (-1.1, 4.4)	15 (60)
1.9 (-0.2, 4.1)	6 (24)
Not evaluable	1 (4)
Not evaluable	1 (4)
0.9 (-1.9, 3.7)	12 (48)
2.8 (0.0, 5.6)	12 (48)
0.4 (-3.1, 3.9)	8 (32)
2.8 (0.6, 5.1)	17 (68)
3.5 (0.5, 6.5)	11 (44)
0.2 (-2.3, 2.7)	14 (56)
4.9 (1.9, 7.9)	10 (40)
-0.6 (-3.1, 1.9)	15 (60)
1.7 (-0.2, 3.6)	25 (100)

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

ProKidney

REGEN-007

Group 1 | SGLT2i Use Summary

- Ten patients (42%) were on SGLT2i at baseline; 3 of these 10 patients discontinued SGLT2i after receiving rilparencel
- An additional 8 patients (33%) initiated SGLT2i after receiving rilparencel
- In total, 18 patients (75%) received SGLT2i at some point during the study

Timing of SGLT2i initiation in patients on SGLT2i at baseline (Group 1 | n=10 of 24, or 42%)

Patient	Number of months prior to first rilparencel injection
1	5
2	6
3	7
4	8
5	8
6	11
7	14
8	16
9	21
10	21
Median	**10 months**
Mean	**12 months**

Timing of SGLT2i initiation in patients who initiated SGLT2i *after* receiving the first rilparencel injection (Group 1 | n=8 of 24, or 33%)

Patient	Number of months *after* first rilparencel injection
1	2
2	6
3	7
4	8
5	11
6	12
7	13
8	13
Median	**10 months**
Mean	**9 months**

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

SGLT2i = sodium-glucose cotransporter-2 protein inhibitor

REGEN-007

Baseline Characteristics: Patients Meeting Key Phase 3 PROACT 1 Inclusion Criteria

PROACT 1 Subgroup (n=22)	**Group 1** (n=15)	**Group 2** (n=7)
Age, years ***(mean +/- SD)***	65 +/- 9	60 +/- 7
Female : Male, %	40% : 60%	29% : 71%
Hispanic or Latino, %	0%	0%
Race, %		
Black or African American	13%	29%
White	87%	71%
Other	0%	0%
Type 1 Diabetes : Type 2 Diabetes, %	0% : 100%	0% : 100%
Blood pressure, mm HG ***(mean)***	136 / 75	130 / 77
eGFR, ml/min/1.73m^2 ***(mean +/- SD)***	26 +/- 4	27 +/- 8
UACR mg/g, ***(median (IQR))***	935 (54, 2033)	544 (47, 1982)
HbA1c, % ***(mean (SD))***	7.2% (1.4)	7.9% (2.2)
ACE/ARB Use, %	73%	100%
SGLT2i Use, %	40%	29%
GLP-1 RA Use, %	40%	71%
MRA/NsMRA Use, %	13%	0%

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

HbA1c = hemoglobin A1c; ACE = angiotensin converting enzyme; ARB = angiotensin II receptor blockers; SGLT2i = sodium-glucose cotransporter-2 protein inhibitor; GLP-1 RA = glucagon-like peptide-1 receptor agonist NsMRA = non-steroidal mineralocorticoid receptor antagonist

REGEN-007

Similar Efficacy Results Were Observed in Patients Meeting Key Phase 3 PROACT 1 Inclusion Criteria

GROUP 1 *(Phase 3 Dosing Regimen; n=15)*	GROUP 2 *(Exploratory Dosing Regimen; n=7)*
Annual decline in eGFR slope[1] improved by 85% from -6.46 in the pre-injection period to -0.95 in the period following the last rilparencel injection. **This 5.51 (1.69, 9.33)* mL/min/1.73m^2 per year difference was statistically significant (p=0.005) and clinically meaningful.** Median follow-up after the last injection was approximately 18 months.	Annual decline in eGFR slope[1] improved by 57% from -7.70 in the pre-injection period to -3.29 in the period following the last rilparencel injection. **This 4.41 (0.57, 8.25)* mL/min/1.73m^2 per year difference was statistically significant (p=0.025) and clinically meaningful.** Median follow-up after the last injection was approximately 18 months.

Analysis Inclusion Criteria	
	• Type 2 diabetes • Stage 4 CKD and UACR mg/g ≤ 5000, ***or*** • eGFR 30-35 mL/min/1.73m^2 and UACR 300-5000

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

1. Annual eGFR slope calculated in mL/min/1.73m^2 using a linear mixed effects model *(95% CI)

REGEN-007

No Rilparencel-Related Serious Adverse Events Were Observed

Adverse Event	Biopsy # of SAEs (n=51)	Rilparencel Injection # of SAEs (n=49)	Rilparencel # of SAEs (n=49)
Acute Kidney Injury	2	-	-
Death	-	-	-
Hematoma	2	1	-
Hematuria	1	-	-
Hydronephrosis	1	-	-

Source: Čižman B et al. Clin J Am Soc Nephrol 2026


EXECUTING WITH STRENGTH
Corporate Snapshot
PROKIDNEY

Clean Balance Sheet and Clear Path to Value Creation

CORPORATE HIGHLIGHTS

Shares Outstanding
302,381,712*

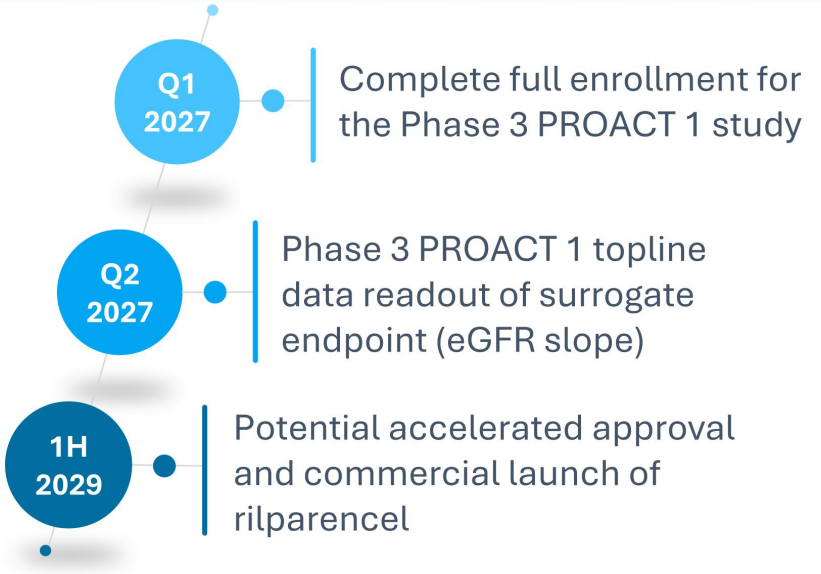
Cash Position
$142M**

Cash Runway
Expected to fund operations into mid-2027

Analyst Coverage
7 Firms

*Class A and Class B as of November 6, 2026
**Cash, cash equivalents and marketable securities as of September 30, 2026

KEY MILESTONES



Robust Intellectual Property Portfolio

450+

Patents and pending applications

23

Patent families

GEOGRAPHIC COVERAGE

Patents span North and South America, Australia, Asia, and the Middle East

SUBJECT MATTER COVERAGE

Composition of matter, Methods of improving kidney function and/or treating kidney disease, Quality control methods, and Formulations

PATENT EXPIRY

Patent coverage extends into 2045, absent of any adjustments or extensions

Patients Want More Time

We are building a future where advanced CKD treatment means more options and more hope



ProKidney