PROKIDNEY

Developing Solutions for Dialysis Prevention

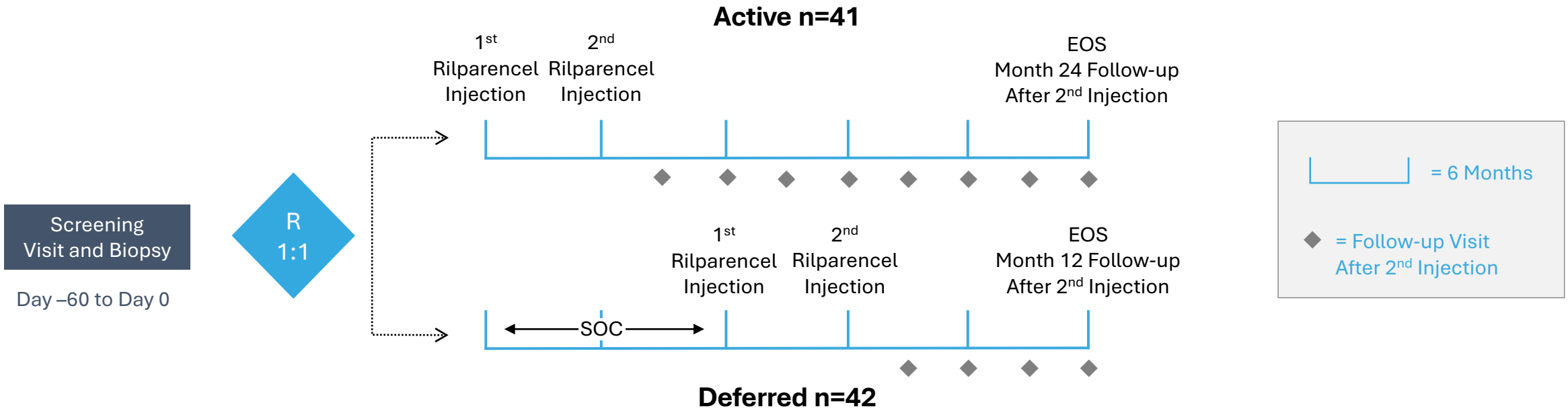
RMCL-002 Final Analysis

May 2024

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 Company’s expectations with respect to financial results, future performance, development and commercialization of products, if approved, the potential benefits and impact of the Company’s products, if approved, potential regulatory approvals, and the size and potential growth of current or future markets for the Company’s products, if approved. Most of these factors are outside of the Company’s control and are difficult to predict. Factors that may cause such differences include, but are not limited to: the inability to maintain the listing of the Company’s Class A ordinary shares on the Nasdaq; 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 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 impact of COVID-19 or geo-political conflict such as the war in Ukraine on the Company’s business; and other risks and uncertainties indicated from time to time in the Company’s 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.

RMCL-002: Trial Design



Key Entry Criteria

Type 2 Diabetes Mellitus (DKD)

Male or female 30-80 years of age

eGFR ≥20 and ≤50 mL/min/1.73m^2

Not on kidney dialysis, HbA1c <10%

Study Endpoints

Rilparencel and procedure related adverse events

Change in kidney function (assessed by eGFR)

Study Timeframe

First patient injected in 2017

RMAT granted for Phase 3 program in January 2022

RMAT = Regenerative Therapy Advanced Medicine; SOC = Standard of Care

RMCL-002: Study Objectives and Endpoints

Study Objectives

- To assess the safety and efficacy of up to two rilparencel injections given 6 months apart and delivered into the biopsied kidney using a percutaneous approach

Study Endpoints

- Procedural and investigational product-related adverse events
- Change in kidney function as measured by serial measurements of estimated glomerular filtration rate (eGFR)

RMCL-002 Baseline Subject Characteristics are Balanced and Represent a High-Risk CKD Population

	ACTIVE ARM (n=41)	DEFERRED ARM (n=42)
Age, years *(mean +/- SD)*	66.1 +/- 9.9	64.6 +/- 8.9
Female : Male, %	29% : 71%	36% : 64%
Hispanic or Latino, %	17%	10%
Race, %		
Black or African American	2.5%	14%
White	95%	74%
Other	2.5%	12%
Blood pressure, mm HG	133 / 72	135 / 73
eGFR, ml/min/1.73m^2 *(mean +/- SD)*	33.9 +/- 8.6	31.7 +/- 7.4
Stage 3A CKD, n (%)	5 (12%)	3 (7%)
Stage 3B CKD, n (%)	21 (51%)	18 (43%)
Stage 4 CKD, n (%)	15 (37%)	21 (50%)
UACR mg/g *(median +/- interquartile range)*	740 (68, 1597)	598 (58, 1985)
Geometric Mean of UACR mg/g	389	330
HbA1c, % *(mean +/- SD)*	7.2 +/- 1.0	7.1 +/- 1.0

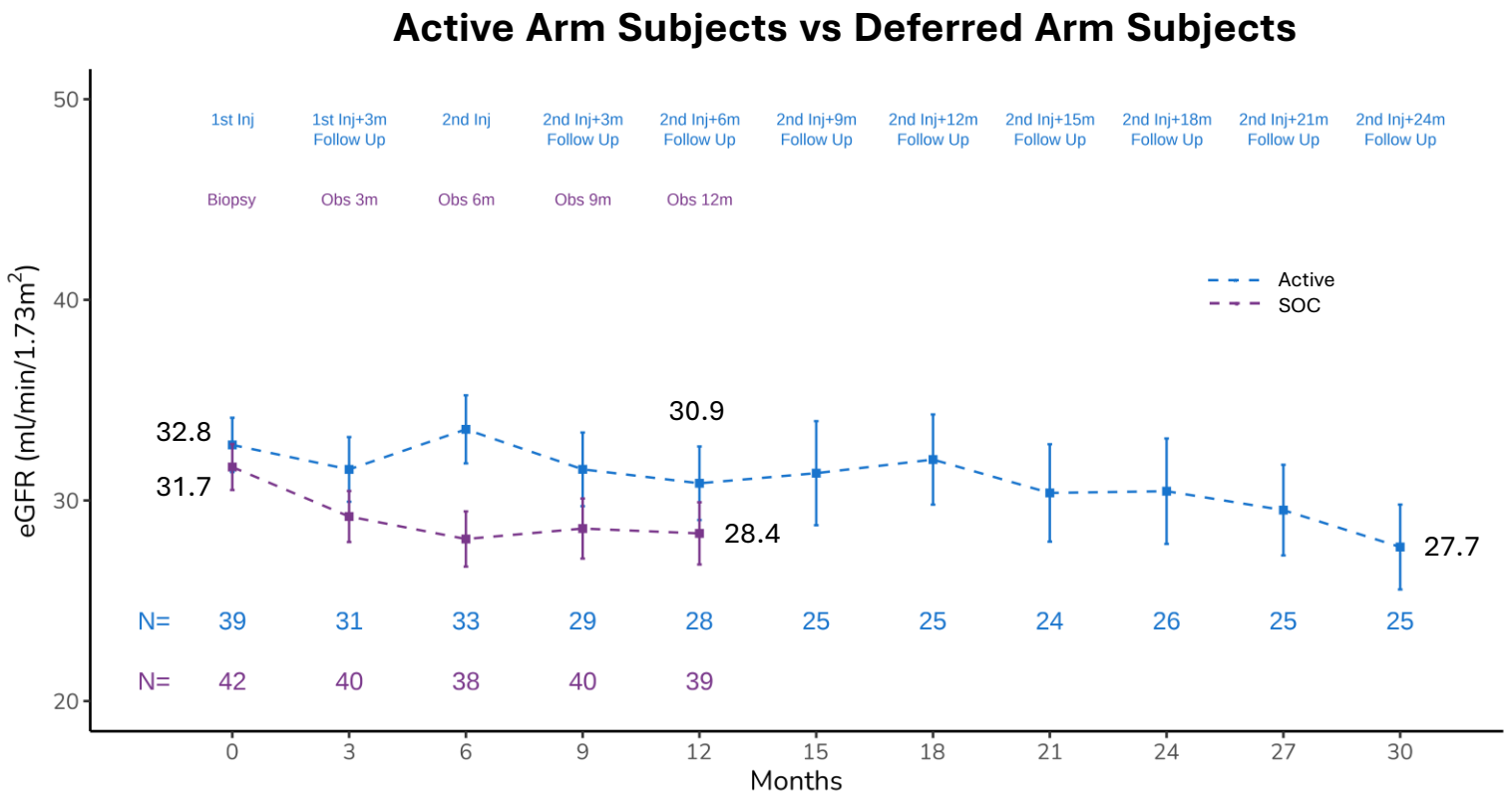
No Rilparencel-related SAEs Identified in RMCL-002

ADVERSE EVENT	BIOPSY # of events (n=83)*	RILPARENCEL INJECTION # of events (n=132)*
Hematoma (including Page Kidney during biopsy)	2	2
Pain	0	2
Acute Kidney Injury	1	1
CKD progression (eGFR progression)	0	1
Pyrexia	0	1
Anemia	0	1
Pneumonia	0	1
Creatinine increase	0	1

Other events with possible-relatedness include kidney fibrosis and indeterminate renal vessel occlusion or vasospasm

Data as of April 26, 2024; SAE = serious adverse events

Active Cohort Subjects Showed No Clinically Meaningful eGFR Decline Over 30 Months

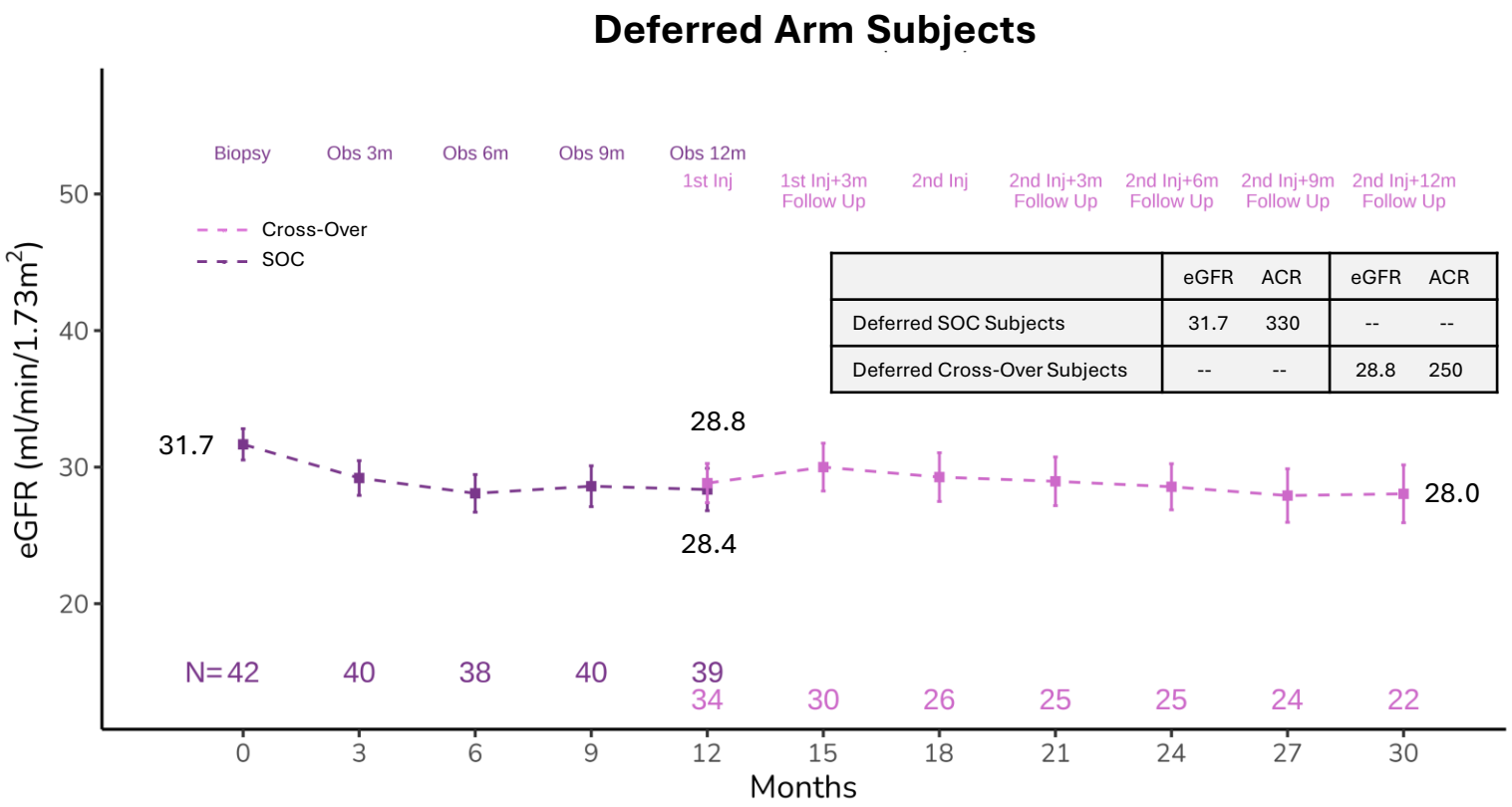


The Active Cohort showed a cumulative change in average eGFR of **-5.1 ml/min/1.73m² after 30 months**;

The Deferred Cohort, receiving standard of care, showed a cumulative change in average eGFR of **-3.3 ml/min/1.73m² after 12 months.**

Data points are mean +/- SEM ; Data as of April 26, 2024

Deferred to Cross-Over Subjects Showed Preservation of eGFR after Rilparencel Injection



	eGFR	ACR	eGFR	ACR
Deferred SOC Subjects	31.7	330	--	--
Deferred Cross-Over Subjects	--	--	28.8	250

Average eGFR of the Deferred cohort was 31.7 at baseline vs 28.4 at 12 months

[absolute difference of -3.3 ml/min/1.73m^2 over 12 months]

Average eGFR at 1st injection after cross-over was 28.8 vs 28.0 at 18 months

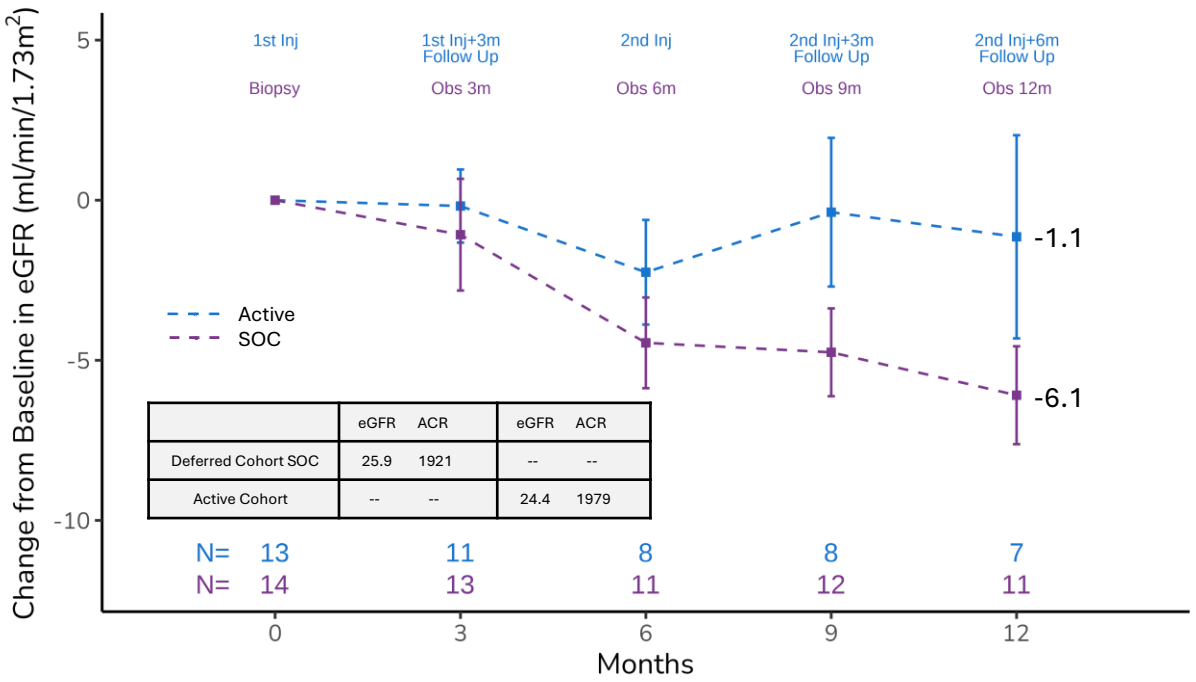
[absolute difference of -0.8 ml/min/1.73m^2 over 18 months]

Data points are mean +/- SEM ; Data as of April 26, 2024

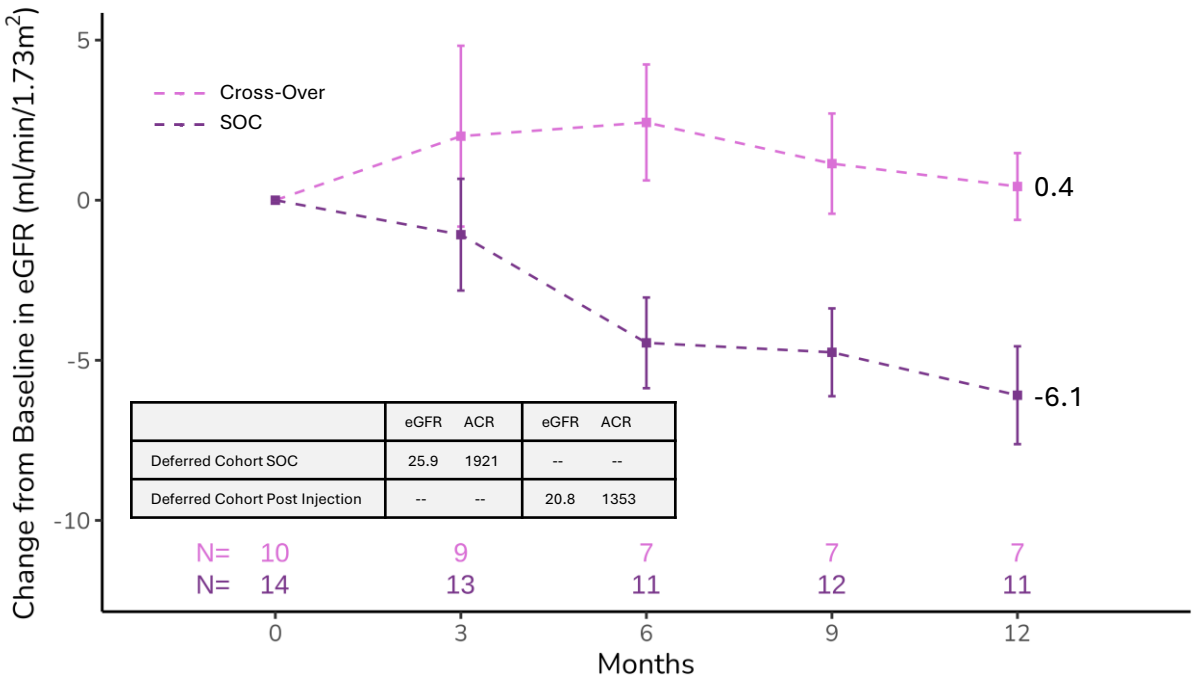
Subgroup Analysis of Diabetic Subjects with CKD Stage 4 and Class A3 Albuminuria*

Stabilization of Kidney Function in Active and Deferred Arm Subjects at 12 Months vs SOC

UACR Severe & CKD4 Subgroups in Active vs Deferred Arm



UACR Severe & CKD4 Subgroups in Deferred Arm



***Patients with Stage 4 CKD & Class A3 (Severe Albuminuria, >300 mg/g) are one of the fastest progressing CKD patient populations[1]**

Data points are mean +/- SEM ; Data as of April 26, 2024; 1. Oshima M, et al. Trajectories of kidney function in diabetes: a clinicopathological update. Nat Rev Nephrol. 2021;17(11):740-750. doi:10.1038/s41581-021-00462-y

ProKidney

RMCL-002 Summary

Key Findings

- Showed potential to **preserve kidney function** for up to 30 months in several patient groups
- Benefit to kidney function was most notable in subjects who had the **highest risk of kidney failure** (Stage 4 CKD with high UACR[1])
- Injections were **well tolerated** with a consistent safety profile comparable to kidney biopsy

1. UACR = urine albumin-to-creatinine ratio (a measure of albuminuria)