Submission Data File

General Information	
Form Type*	8-K
Subject-Company File Number	
Subject-Company CIK	
Subject-Company Name	
Subject-Company IRS Number	
Contact Name	Federal Filings
Contact Phone	512-450-5011
Filer File Number	
Filer CIK*	0001326205 (IGC Pharma, Inc.)
Filer CCC*	**********
Confirming Copy	No
Notify via Website only	No
Return Copy	No
Group Name	
Items*	8.01 Other Events 9.01 Financial Statements and Exhibits
SROS*	NYSE
Depositor CIK	
Depositor 33 File Number	
Fiscal Year	
Item Submission Type	
Period*	06-17-2025
ABS Asset Class Type	
ABS Sub Asset Class Type	
Sponsor CIK	
Emerging Growth Company	No
Elected not to use extended transition period	No
(End General Information)	

Document Information	
File Count*	56
Document Name 1*	igc8k061425.htm
Document Type 1*	8-K
Document Description 1	Form 8-K
Document Name 2*	igcex99-1.htm
Document Type 2*	EX-99.1
Document Description 2	Exhibit 99.1
Document Name 3*	image_001.jpg
Document Type 3*	GRAPHIC
Document Description 3	Graphic
Document Name 4*	ex99-1_001.jpg
Document Type 4*	GRAPHIC
Document Description 4	Graphic
Document Name 5*	ex99-1_002.jpg
Document Type 5*	GRAPHIC
Document Description 5	Graphic
Document Name 6*	ex99-1_003.jpg
Document Type 6*	GRAPHIC
Document Description 6	Graphic
Document Name 7*	ex99-1_004.jpg
Document Type 7*	GRAPHIC
Document Description 7	Graphic
Document Name 8*	ex99-1_005.jpg
Document Type 8*	GRAPHIC
Document Description 8	Graphic
Document Name 9*	ex99-1_006.jpg
Document Type 9*	GRAPHIC
Document Description 9	Graphic
Document Name 10*	ex99-1_007.jpg
Document Type 10*	GRAPHIC
Document Description 10	Graphic
Document Name 11*	ex99-1_008.jpg
Document Type 11*	GRAPHIC
Document Description 11	Graphic
Document Name 12*	ex99-1_009.jpg

Document Type 12*	GRAPHIC
Document Description 12	Graphic
Document Name 13*	ex99-1_010.jpg
Document Type 13*	GRAPHIC
Document Description 13	Graphic
Document Name 14*	ex99-1_011.jpg
Document Type 14*	GRAPHIC
Document Description 14	Graphic
Document Name 15*	ex99-1_012.jpg
Document Type 15*	GRAPHIC
Document Description 15	Graphic
Document Name 16*	ex99-1_013.jpg
Document Type 16*	GRAPHIC
Document Description 16	Graphic
Document Name 17*	ex99-1_014.jpg
Document Type 17*	GRAPHIC
Document Description 17	Graphic
Document Name 18*	ex99-1_015.jpg
Document Type 18*	GRAPHIC
Document Description 18	Graphic
Document Name 19*	ex99-1_016.jpg
Document Type 19*	GRAPHIC
Document Description 19	Graphic
Document Name 20*	ex99-1_017.jpg
Document Type 20*	GRAPHIC
Document Description 20	Graphic
Document Name 21*	ex99-1_018.jpg
Document Type 21*	GRAPHIC
Document Description 21	Graphic
Document Name 22*	ex99-1_019.jpg
Document Type 22*	GRAPHIC
Document Description 22	Graphic
Document Name 23*	ex99-1_020.jpg
Document Type 23*	GRAPHIC
Document Description 23	Graphic
Document Name 24*	ex99-1_021.jpg
Document Type 24*	GRAPHIC
Document Description 24	Graphic
Document Name 25*	ex99-1_022.jpg
Document Type 25*	GRAPHIC
Document Description 25	Graphic
Document Name 26*	ex99-1_023.jpg
Document Type 26*	GRAPHIC
Document Description 26	Graphic
Document Name 27*	ex99-1_024.jpg
Document Type 27*	GRAPHIC
Document Description 27	Graphic
Document Name 28*	ex99-1_025.jpg
Document Type 28*	GRAPHIC
Document Description 28	Graphic
Document Name 29*	ex99-1_026.jpg
Document Type 29*	GRAPHIC
Document Description 29	Graphic
Document Name 30*	ex99-1_027.jpg
Document Type 30*	GRAPHIC
Document Description 30	Graphic
Document Name 31*	ex99-1_028.jpg
Document Type 31*	GRAPHIC
Document Description 31	Graphic
Document Name 32*	ex99-1_029.jpg
Document Type 32*	GRAPHIC
Document Description 32	Graphic
Document Name 33*	ex99-1_030.jpg
Document Type 33*	GRAPHIC
Document Description 33	Graphic
Document Name 34*	ex99-1_031.jpg
Document Type 34*	GRAPHIC
Document Description 34	Graphic

Document Name 35*	ex99-1_032.jpg
Document Type 35*	GRAPHIC
Document Description 35	Graphic
Document Name 36*	ex99-1_033.jpg
Document Type 36*	GRAPHIC
Document Description 36	Graphic
Document Name 37*	ex99-1_034.jpg
Document Type 37*	GRAPHIC
Document Description 37	Graphic
Document Name 38*	ex99-1_035.jpg
Document Type 38*	GRAPHIC
Document Description 38	Graphic
Document Name 39*	ex99-1_036.jpg
Document Type 39*	GRAPHIC
Document Description 39	Graphic
Document Name 40*	ex99-1_037.jpg
Document Type 40*	GRAPHIC
Document Description 40	Graphic
Document Name 41*	ex99-1_038.jpg
Document Type 41*	GRAPHIC
Document Description 41	Graphic
Document Name 42*	ex99-1_039.jpg
Document Type 42*	GRAPHIC
Document Description 42	Graphic
Document Name 43*	ex99-1_040.jpg
Document Type 43*	GRAPHIC
Document Description 43	Graphic
Document Name 44*	ex99-1_041.jpg
Document Type 44*	GRAPHIC
Document Description 44	Graphic
Document Name 45*	ex99-1_042.jpg
Document Type 45*	GRAPHIC
Document Description 45	Graphic
Document Name 46*	ex99-1_043.jpg
Document Type 46*	GRAPHIC
Document Description 46	Graphic
Document Name 47*	ex99-1_044.jpg
Document Type 47*	GRAPHIC
Document Description 47	Graphic
Document Name 48*	ex99-1_045.jpg
Document Type 48*	GRAPHIC
Document Description 48	Graphic
Document Name 49*	ex99-1_046.jpg
Document Type 49*	GRAPHIC
Document Description 49	Graphic
Document Name 50*	ex99-1_047.jpg
Document Type 50*	GRAPHIC
Document Description 50	Graphic
Document Name 51*	ex99-1_048.jpg
Document Type 51*	GRAPHIC
Document Description 51	Graphic
Document Name 52*	ex99-1_049.jpg
Document Type 52*	GRAPHIC
Document Description 52	Graphic
Document Name 53*	ex99-1_050.jpg
Document Type 53*	GRAPHIC
Document Description 53	Graphic
Document Name 54*	igc-20250617_lab.xml
Document Type 54*	EX-101.LAB
Document Description 54	XBRL Label File
Document Name 55*	igc-20250617_pre.xml
Document Type 55*	EX-101.PRE
Document Description 55	XBRL Presentation File
Document Name 56*	igc-20250617.xsd
Document Type 56*	EX-101.SCH
Document Description 56	XBRL Schema File
(End Document Information)	

Notifications	
Notify via Website only	No
E-mail 1	production@federalfilings.com
(End Notifications)	

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): **June 17, 2025**

IGC PHARMA, INC.
(Exact name of registrant as specified in charter)

Maryland	**001-32830**	**20-2760393**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

10024 Falls Road, Potomac, Maryland 20859
(Address of principal executive offices) (Zip Code)

(301) 983-0998
(Registrant's telephone number, including area code)

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

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

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

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

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

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

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

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, $.0001 par value	IGC	NYSE American

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities 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 8.01 Other Events

On June 17, 2025, IGC Pharma, Inc. ("IGC" or the "Company") made available on its website an updated corporate presentation titled *Clinical Study Update*, dated June 17, 2025. The Company expects to use this presentation at upcoming conferences, business events, and in meetings with analysts, investors, and other stakeholders. A copy of the presentation is attached hereto as Exhibit 99.1 to this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Clinical Study Presentation dated June 17, 2025.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

The exhibits listed in the following Exhibit Index are filed as part of this current report.

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.

IGC PHARMA, INC.

Dated: June 17, 2025

By: /s/ Claudia Grimaldi
Name: Claudia Grimaldi
Title: Principal Financial Officer and Vice President

Exhibit 99.1

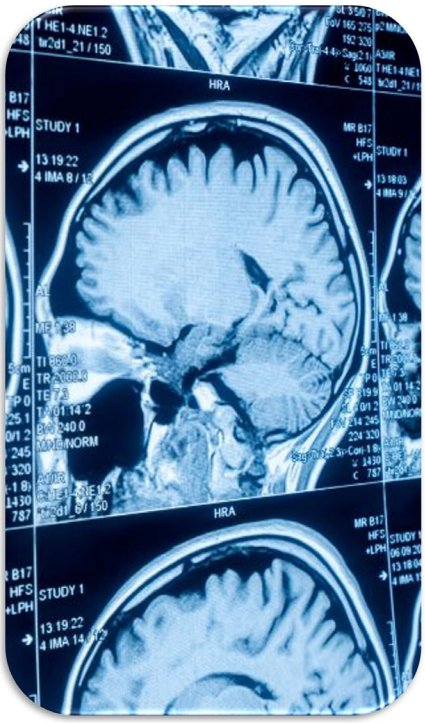

IGCPHARMA
NYSE AMERICAN: IGC
Date:
June 16, 2025
-Service to humanity-
NYSE American: IGC
1

Safe Harbor

IGCPHARMA

The information presented in these slides includes forward-looking statements regarding the business prospects of IGC Pharma, Inc. ("IGC" or the "Company"). These forward-looking statements are based on management's current expectations as of the date of this presentation and are subject to a number of risks and uncertainties, many of which are beyond our control. Forward-looking statements can often be identified by words such as "believes," "expects," "anticipates," "plans," "will," "goal," "may," "intends," "assumes," or similar expressions. These forward-looking statements involve risks and uncertainties that could cause actual results to differ materially from those projected or implied. These risks and uncertainties include, but are not limited to: clinical trial outcomes, patient recruitment timelines, clinical site performance, management's ability to recruit sites, patients, and monitor clinical trials, regulatory approvals, competition, funding availability, intellectual property protection.

The forward-looking statements are based on assumptions that the Company has made in light of its industry experience and its perceptions of historical trends, current conditions, expected future developments, and other factors believed to be appropriate under the circumstances. However, these assumptions are inherently subject to uncertainty and changes. IGC's actual results may differ materially from those anticipated in these forward-looking statements due to various factors. The forward-looking statements are not guarantees of future performance. Important factors that could cause actual results to differ materially from recent results or those projected in forward-looking statements are included in the Company's filings with the Securities and Exchange Commission (the "SEC"), including its most recent Annual Report on Form 10-K and subsequent filings on Form 10-Q, which are accessible on the SEC's website (www.sec.gov). The Company undertakes no obligation and expressly disclaims any obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, except as required by law. Potential investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this presentation.

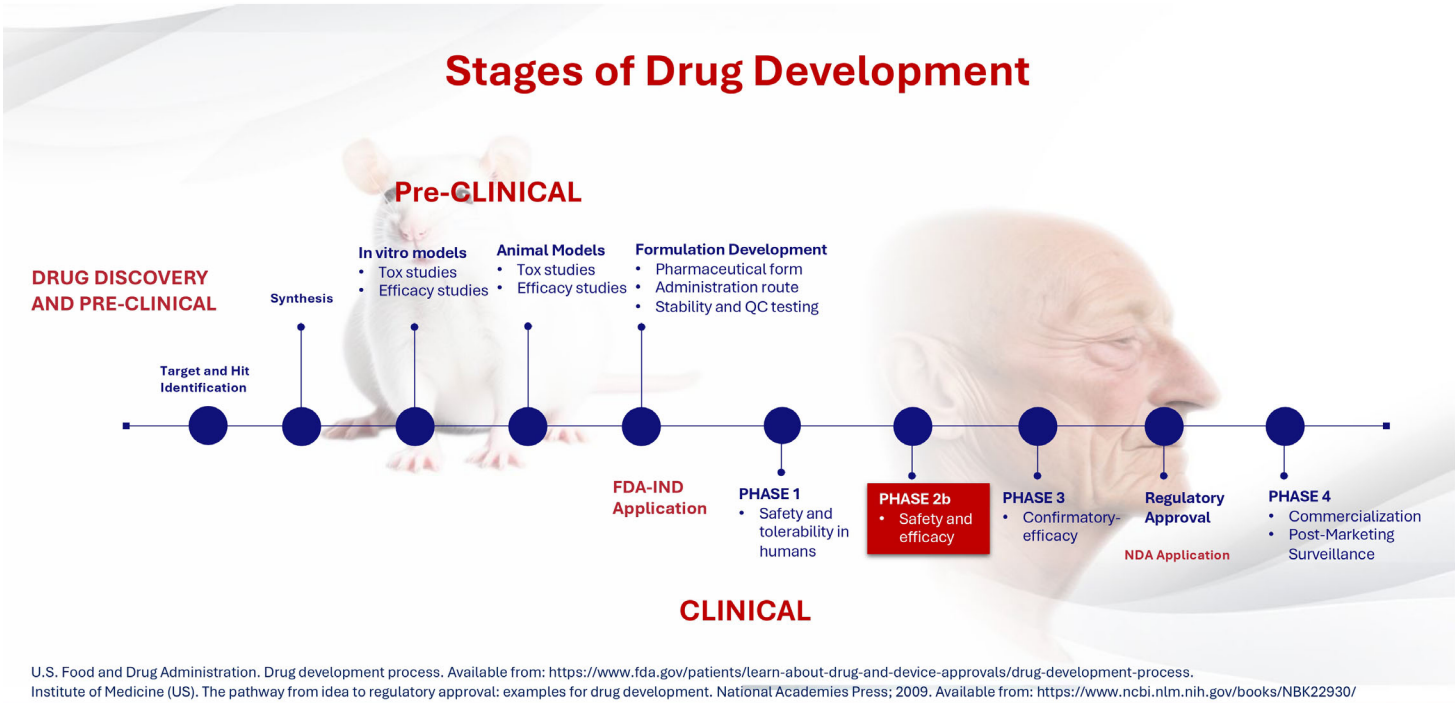


MoA Hypothesis:
Dual-Agent Liquid Therapy for Alzheimer's

- Preclinical work done by Dr. Chuanhai Cao and his team at USF.
- IGC-AD1's technology is licensed from USF and protected by Patents.

Stages of Drug Development

IGCPHARMA



U.S. Food and Drug Administration. Drug development process. Available from: https://www.fda.gov/patients/learn-about-drug-and-device-approvals/drug-development-process.
Institute of Medicine (US). The pathway from idea to regulatory approval: examples for drug development. National Academies Press; 2009. Available from: https://www.ncbi.nlm.nih.gov/books/NBK22930/

Main Brain Alterations in Alzheimer's Disease

IGCPHARMA

Hallmarks of Alzheimer's and possible IGC-AD1 Mechanisms of Action (MoA)

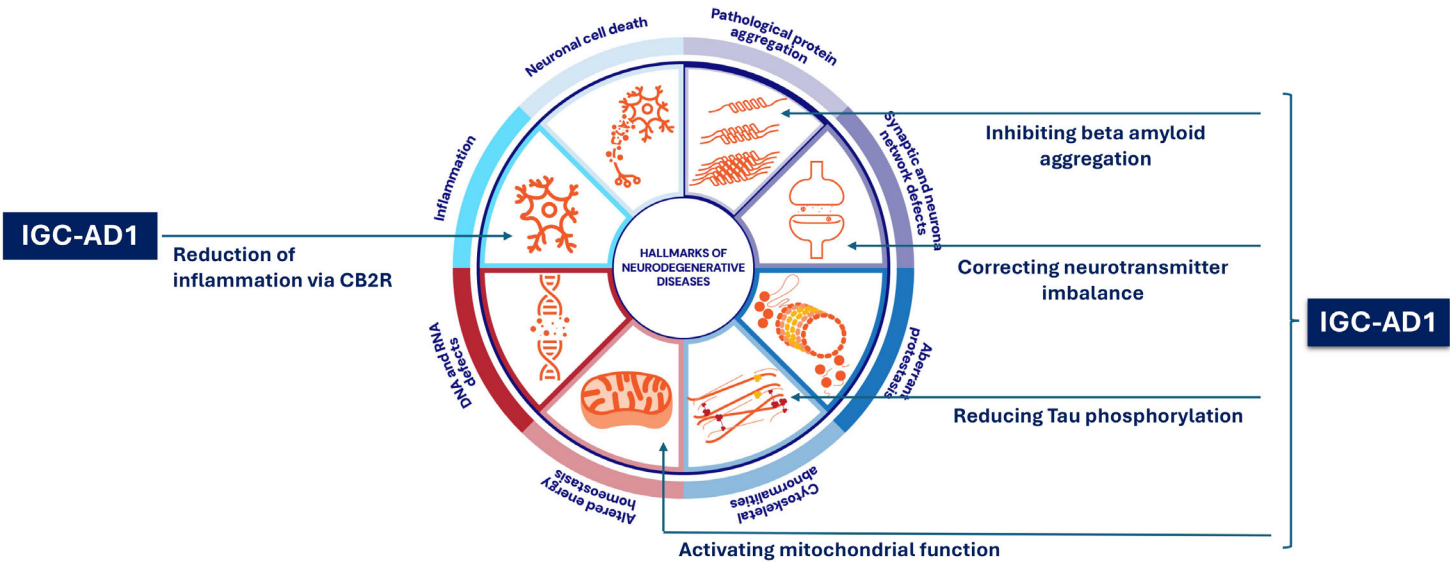
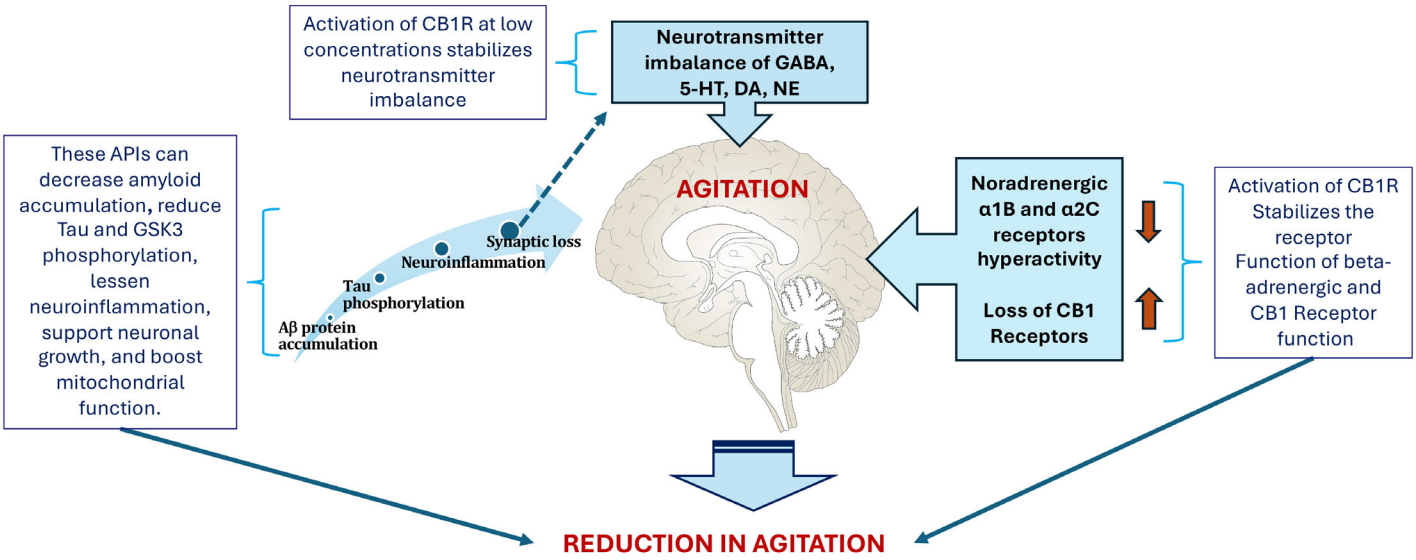


Chart: Wilson DM, Cookson MR, Van Den Bosch L, Zetterberg H, Holtzman DM, Dewachter I. Cell. 2023;186(4):693–714. doi:10.1016/j.cell.2022.12.032

Possible IGC-AD1 MoAs for Reducing Agitation in Alzheimer's

IGCPHARMA

Hallmarks of AD and possible IGC-AD1 MoA



Rao JS, Tangarife MA, Rodríguez-Soacha DA, Arbelaez MJ, Venegas MM, Delgado-Murillo L, et al. J Dement Alzheimer's Dis. 2025;2:15. doi:10.3390/jdad2020015.

IGC-AD1 Has Undergone Rigorous Preclinical and Regulatory Review and Is Approved for Clinical Investigation

IGC-AD1 meets all Mandatory Regulatory Requirements

Tested and Verified for Quality, Stability, and Consistency in Compliance with FDA Regulatory Standards

TEST CATEGORY	Test	Purpose	Regulatory
Microbial Enumeration	Total Aerobic Microbial Count (TAMC) - Total Yeast and Mold Count (TYMC)	Detect overall microbial burden	USP 60, USP 61,
Specified Microorganisms	Escherichia coli - Salmonella spp.	Ensure absence of objectionable pathogens	USP62
Preservative Efficacy	Antimicrobial Effectiveness Testing	Validate preservative system (if present)	USP51
Chemical Quality	- Assay of API - Impurities (related substances) - pH - Appearance	Ensure identity, strength, quality, purity	21 CFR Part 211 Subpart I
Stability Testing	- Microbial and chemical stability over time	Establish shelf-life	21 CFR 211.166 ICH Q1A (R2)
Container Closure	- Suitability (e.g., for light protection, leachables, microbial ingress, etc.)	Ensure protection from contamination and degradation	21 CFR 211.94
Heavy Metals	Arsenic, lead, cadmium, Mercury	Detect the toxicity of the heavy metals and should be accepted levels(0.4 PPM)	21 CFR Part 211 Subpart II
Residual solvents	Beneze, butane, ethanol, hepatanes, hexanes, toluene, xylenes, Propane	Detect the toxicity of the residual toxicity, and levels should be below 2 ppm	USP <467
Mycotoxins	B1, B2, G1, G2, Orchatoxin A	Detect the toxicity should not present	21 CFR Part 211 Subpart I
Pestcides	More than 25 pesticides	To detect pesticide-induced toxicity should be less than 2-5 ppm	21 CFR Part 211
Terpenes	More than 22	Prevent additional Interctions	21 CFR Part 211
Bottles & caps -Fda compliance	No leeching	To avoid contamination	21 CFR Part 211

The specification was developed by IGC Pharma in compliance with the applicable guidelines and pharmacopeias referenced in the regulatory column.

Specification Summary and Quality Characteristics of IGC-AD1

IGCPHARMA

IGC-AD1 Basic Quality Profile

Specification		
Test	**Technique/ Method**	**Acceptance criteria**
Appearance	Visual	Highly viscous solution, yellow to orange
pH	pH meter USP <2> and <791>	3.0 - 9.0
Specific Gravity	Gravimetric (Pycnometer) USP <841>	1.1 Acceptance range: 0.9 - 1.3
Potency		
Delta-9-THC	HPLC-DAD	2.5 mg/mL Acceptance range: 2.25-2.75 mg/mL
Melatonin		1.5 mg/mL Acceptance range:1.35-1.65 mg/mL

Specification		
Test	**Technique/ Method**	**Acceptance criteria**
Microbial		
Aerobic total plate count	Plate count	≤ 100 CFU/g
Yeast and molds		≤ 10 CFU/g
Escherichia coli	USP <61> and <62>	Absent
Elemental Impurities		
Arsenic	Ion-coupled plasma Mass Spectrophotometer (ICPMS) USP <231>	≤ 5.0 ppm
Cadmium		≤ 1.7 ppm
Lead		≤ 1.7 ppm
Mercury		≤ 10 ppm
Cobalt		≤ 17 ppm
Vanadium	USP <232>	≤ 33 ppm
Nickel		≤ 67 ppm
Residual Solvents		
Class I	Gas Chromatography USP <467>	Lower than required by USP <467>
Class II		
Class III (excluding ethanol)		≤ 5000 ppm

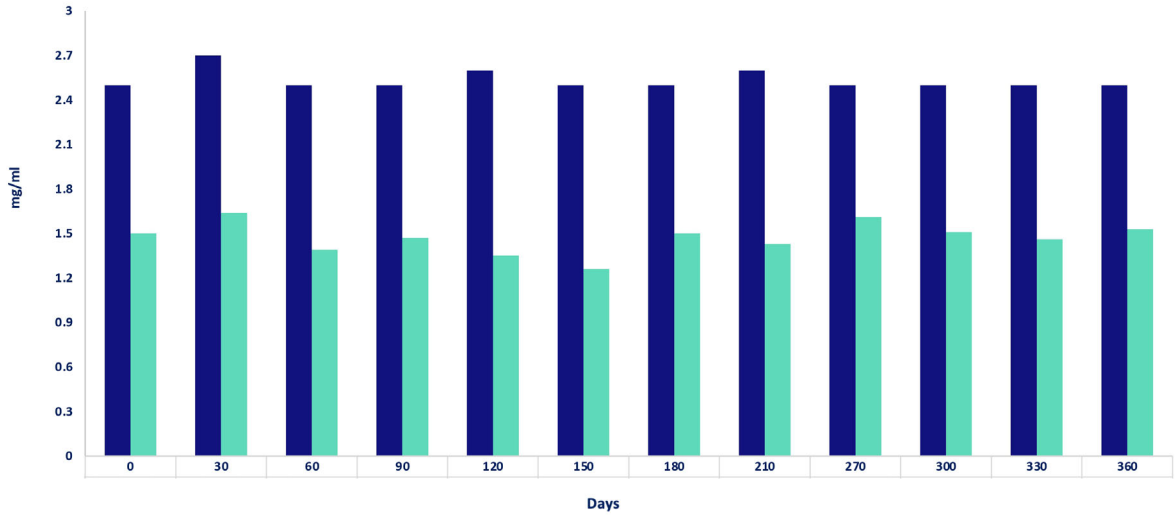
Tested and Verified for Quality, Stability, and Consistency in Compliance with FDA Regulatory Standards

Company-owned data

IGC-AD1 APIs Exhibit 12-Month Stability Under Controlled Conditions

IGCPHARMA

Stability of IGC-AD1 at 2-8 °C



IGC-AD1 (API 1)	2.5	2.7	2.5	2.5	2.6	2.5	2.5	2.6	2.5	2.5	2.5	2.5
IGC-AD1 (API 2)	1.5	1.64	1.39	1.47	1.35	1.26	1.5	1.43	1.61	1.51	1.46	1.53

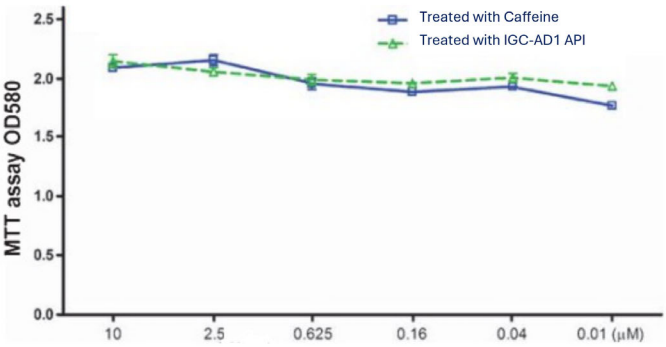
Company-owned data

Preclinical Toxicity Studies

In vitro studies

In vivo studies

In Vitro Studies Show IGC-AD1 API is Non-Toxic to AD Cells



N2a/AβPPswe Alzheimer's cell lines

Cytotoxicity Evaluation by MTT Assay

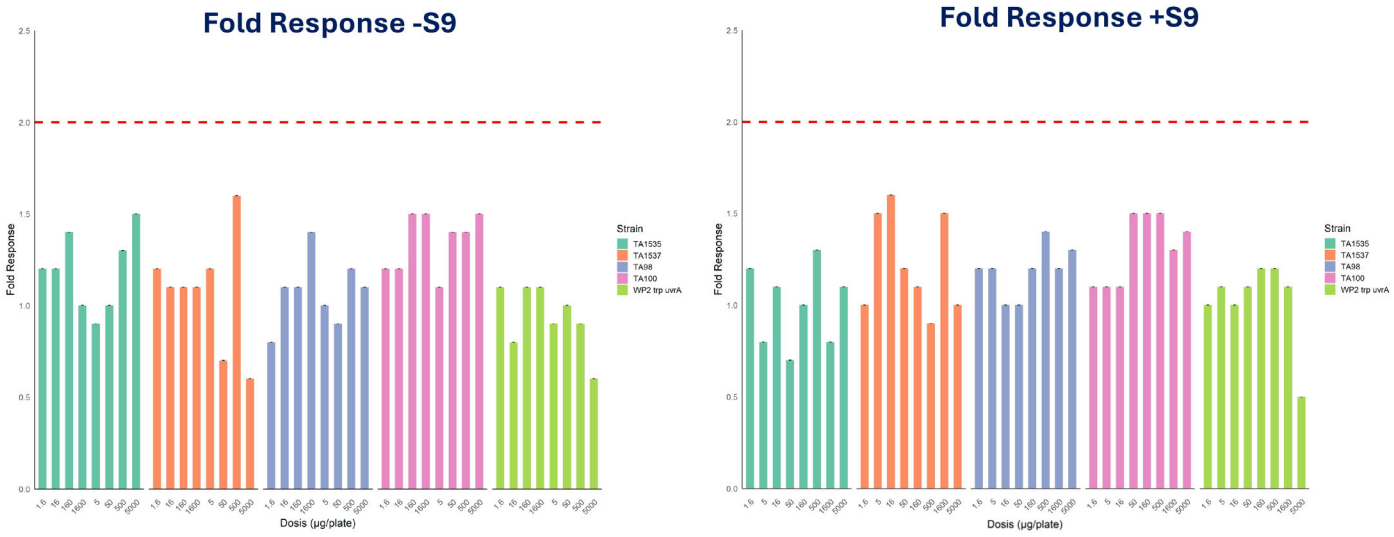
- IGC-AD1 API treatment exhibited no cytotoxicity at the tested concentrations
- No significant difference in toxicity was observed compared to the control at various concentrations, indicating a favorable safety profile of the compound.

Cao C, Li Y, Liu H, Bai G, Mayl J, Lin X, Sutherland K, Nabar N, Cai J. J Alzheimers Dis. 2014;42(3):973-84. doi: 10.3233/JAD-140093

Mutagenic Assays Confirm Safety of IGC-AD1 API

IGCPHARMA

AMES Test



IGC-AD1 API is Not Mutagenic in Regulatory-Compliant Testing

Delgado-Murillo L, Galindo LD, Rodríguez-Soacha D, Gutiérrez E, Rao J, et al. Presented at: The Annual Genetic Toxicology Association Meeting; 2025; Newark, DE. Poster No: 20.

Preclinical Efficacy Studies

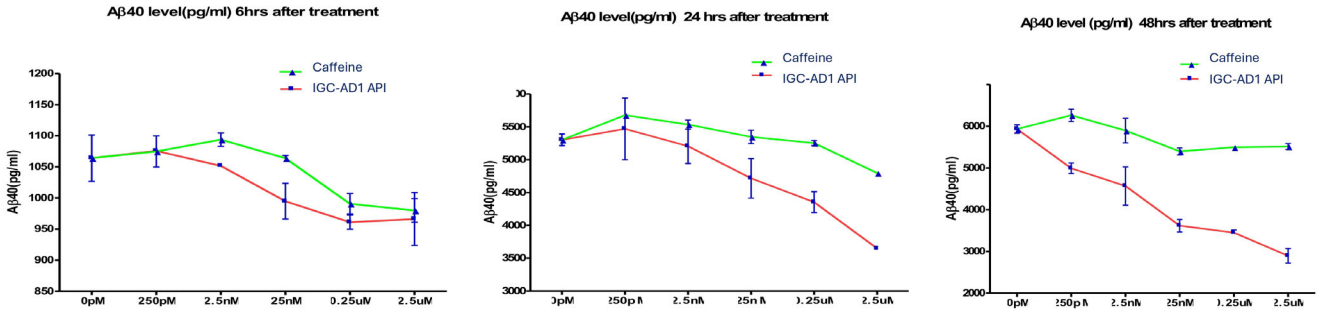
In vitro studies

In vivo studies

API Exhibits Time-and Dose-Dependent Reduction of Aβ40 production

IGCPHARMA

Quantification of Aβ40 by ELISA in N2a/APPswe cell models



6h **24h** **48h**

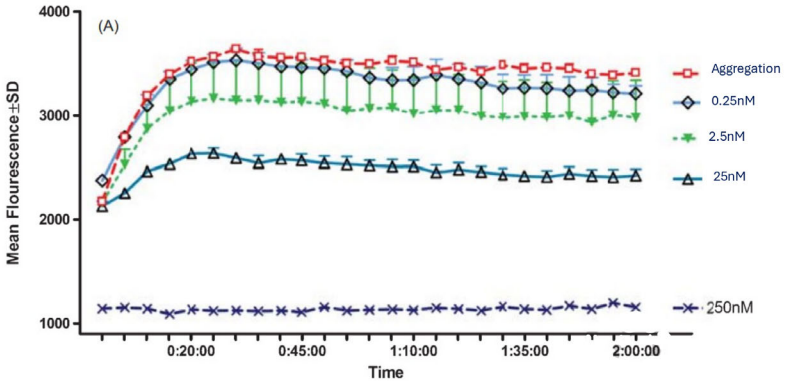
- While Aβ42 is more fibrillogenic, Aβ40 is highly abundant, influences plaque architecture, and contributes to vascular amyloid pathology. Reducing Aβ40 may lower total amyloid load, improve vascular health, and shift the Aβ42:Aβ40 ratio, making it a valuable therapeutic target alongside Aβ42.
- **Hypothesis:** These inherent anti- Aβ40 properties may contribute to delaying or halting Alzheimer's progression by inhibiting Aβ40 peptide production.

Cao C, Li Y, Liu H, Bai G, Mayl J, Lin X, Sutherland K, Nabar N, Cai J. J Alzheimers Dis. 2014;42(3):973-84. doi: 10.3233/JAD-140093

API inhibit Aβ40 peptide aggregation

IGCPHARMA

API Preserves Aβ40 Monomers and Inhibits Aggregation as Assessed by ThT Assay



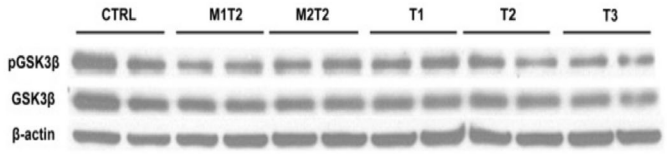
- **Hypothesis:** These findings support a potential direct interaction between the API and Aβ peptide, enabling the API to bind and inhibit Aβ aggregation, which may contribute to lowering amyloid burden in Alzheimer's disease.

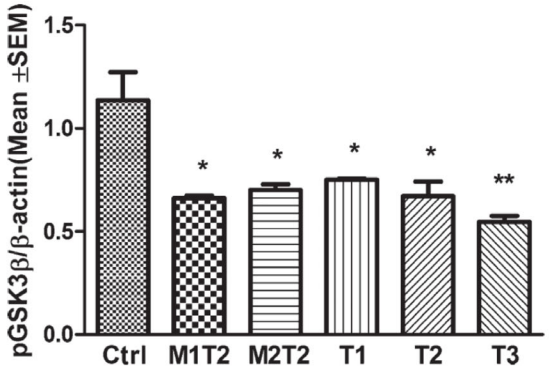
Cao C, Li Y, Liu H, Bai G, Mayl J, Lin X, Sutherland K, Nabar N, Cai J. J Alzheimers Dis. 2014;42(3):973-84. doi: 10.3233/JAD-140093

API Induces Dose-Dependent Decrease in GSK-3β and pGSK-3β

IGCPHARMA

Effect of IGC-AD1 API on GSK-3β and pGSK-3β by Western Blot





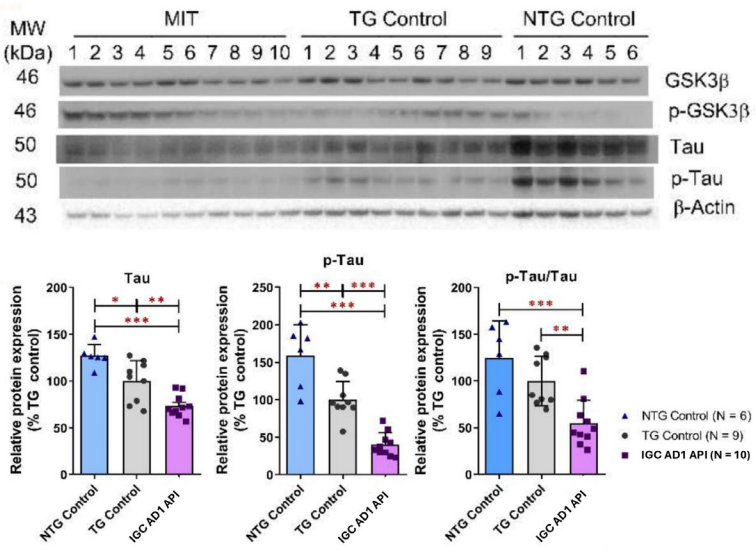
- **Hypothesis:** The API may exert neuroprotective effects by modulating GSK-3β and pGSK-3β activity, potentially reducing neuronal apoptosis through downregulation of this key kinase involved in Alzheimer's-related tau phosphorylation and cell death pathways.

Cao C, Li Y, Liu H, Bai G, Mayl J, Lin X, Sutherland K, Nabar N, Cai J. J Alzheimers Dis. 2014;42(3):973-84. doi: 10.3233/JAD-140093

API Regulates Tau and pTau Expression and Crosses the BBB

IGCPHARMA

Tau, pTau, and GSK3β Expression in APP/PS1 Mouse Brain Tissue



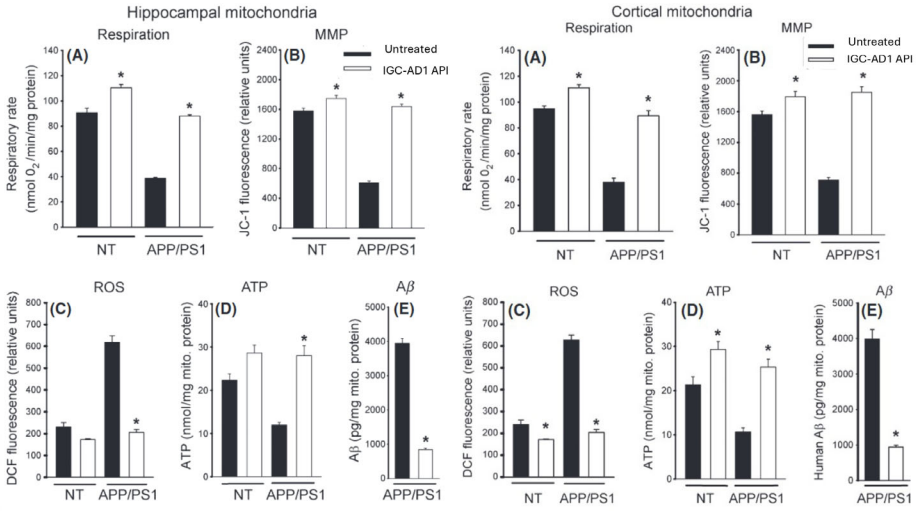
- In vivo studies comparing transgenic (TG) and non-transgenic (NTG) controls showed that treatment with IGC-AD1 API led to reductions in total Tau, phosphorylated Tau (pTau), and the pTau/total Tau ratio in the brains of TG mice. These results demonstrate that the API crosses the blood-brain barrier (BBB) and engages with central targets.
- **Hypothesis:** API may offer disease-modifying potential in AD by reducing pathological pTau and modulating Tau-related neurodegenerative processes.

Fihurka O, Wang Y, Hong Y, Lin X, Shen N, Yang H, et al. Biomolecules. 2023;13(2):232. doi:10.3390/biom13020232

API Enhances and Restores Mitochondrial Function in Relevant Brain Regions

IGCPHARMA

Mitochondrial Respiratory Activity in IGC-AD1 API-Treated APP/PS1 Mouse Model



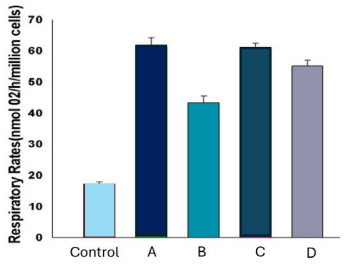
- Treatment with IGC-AD1 API led to improved and restored mitochondrial function in the hippocampus and cortex, two regions affected in AD
- **Hypothesis:** By improving mitochondrial performance, IGC-AD1 may enhance neuronal energy metabolism and reduce oxidative stress, potentially contributing to neuroprotection and slowing disease progression in Alzheimer's patients.

Dragicevic N, Copes N, O'Neal-Moffitt G, Jin J, Buzzeo R, Mamcarz M, et al. J Pineal Res. 2011;51(1):75–86. doi:10.1111/j.1600-079X.2011.00864.x.

APIs Restores Mitochondrial Function in AD Cell Model

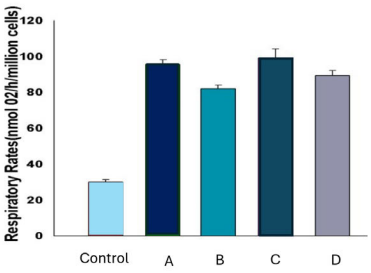
IGCPHARMA

State II(Basal) APP Cells Respiration rates



A: 10 μM API 1 + 2.5 nM API 2
B: 2.5 nM API 2
C: 10 μM API 1
D: 1 μM API 1 + 2.5 nM API 2

State V(FCCP) APP Cells Respiration rates



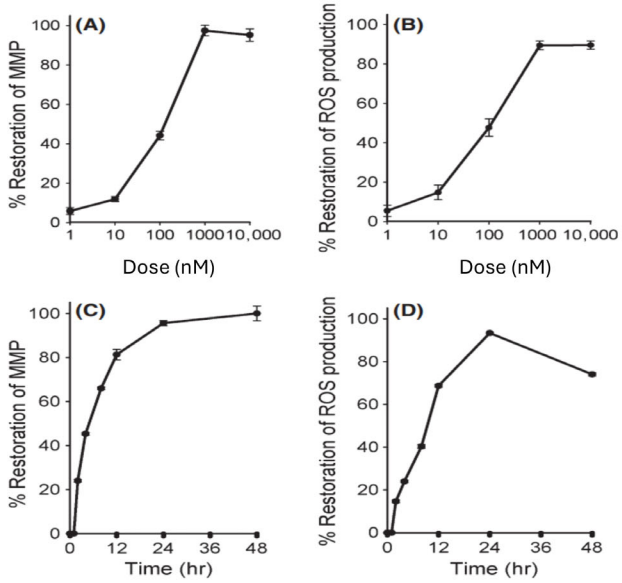
A: 10 μM API 1 + 2.5 nM API 2
B: 2.5 nM API 2
C: 10 μM API 1
D: 1 μM API 1 + 2.5 nM API 2

Study of Mitochondrial Respiratory Activity in IGC-AD1 API-Treated - APP/PS1 Mouse Model

- In N2a-APPswe AD cel model, IGC-AD1 APIs treatment restored basal respiration and fully restored maximal respiratory capacity. These results indicate a significant improvement in mitochondrial function, which is commonly impaired in Alzheimer's pathology.
- **Hypothesis:** IGC-AD1 may promote neuronal resilience and delay neurodegeneration in Alzheimer's disease by enhancing mitochondrial respiration and energy metabolism.

Cao C, Li Y, Liu H, Bai G, Mayl J, Lin X, Sutherland K, Nabar N, Cai J. J Alzheimers Dis. 2014;42(3):973-84. doi: 10.3233/JAD-140093

API Restores Mitochondrial Function in AD Cell Model



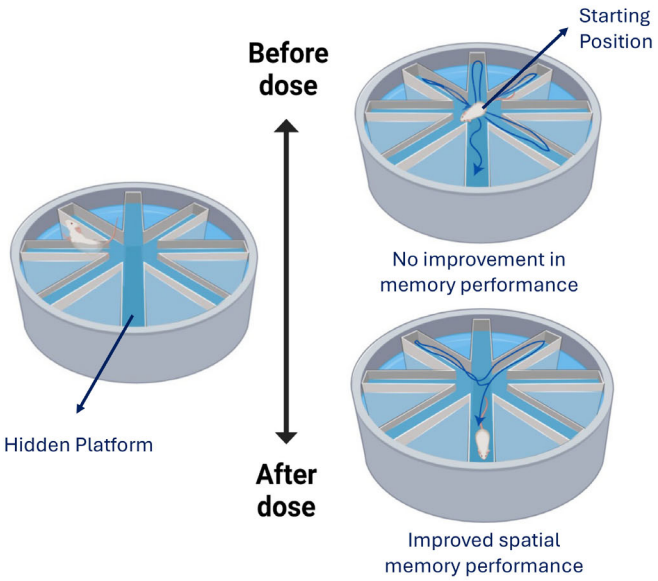
Study of Mitochondrial Respiratory Activity in IGC-AD1 API-Treated N2a-APPswe cells

- IGC-AD1 API improves mitochondrial function in a concentration-dependent manner, achieving full restoration of Mitochondrial Membrane Potential (MMP) and ROS production at 100 nM in N2a-APPswe AD cell model.
- Approximately 24 hours of IGC-AD1 API treatment were required to fully restore mitochondrial function in N2a-APPsw cells
- **Hypothesis:** IGC-AD1 may enhance neuronal resilience in Alzheimer's disease by stabilizing MMP and decreasing ROS production, supporting healthier energy metabolism

Dragicevic N, Copes N, O'Neal-Moffitt G, Jin J, Buzzeo R, Mamcarz M, et al. J Pineal Res. 2011;51(1):75–86. doi:10.1111/j.1600-079X.2011.00864.x.

IGC-AD1 API Enhances Spatial Memory in APP/PS1 AD Mouse Model

IGCPHARMA



Spatial Memory in APP/PS1 Transgenic Mice improved by 50%

- In the Radial Arm Water Maze (RAWM) test, IGC-AD1 API treatment resulted in over a 50% reduction ($p < 0.001$) in both latencies to escape and number of errors in APP/PS1 transgenic mice, compared to untreated controls.
- **Hypothesis:** These findings suggest that IGC-AD1 API may improve hippocampal-dependent spatial memory by modulating underlying synaptic, mitochondrial, and neuroinflammatory pathways, offering potential cognitive benefits in Alzheimer's disease

Wang Y, Hong Y, Yan J, Brown B, Lin X, Zhang X, et al. Int J Mol Sci. 2022;23(5):2757. doi:10.3390/ijms23052757

Summary: Preclinical Data

IGCPHARMA

IGC-AD1: Preclinical Evidence Supporting Disease-Modifying Potential in Humans

- Decreases $A\beta_{40}$ production and aggregation in cell models, implicates amyloid pathway modulation. [1]
- Reduces pTau and total Tau in transgenic mouse models.[2]
- Enhances mitochondrial function and restores respiratory capacity in AD models, supports neuronal survival and synaptic health.[1-3]
- Improves spatial memory in APP/PS1 mice, correlating with potential cognitive benefit in human AD patients.[4]
- Crosses the blood-brain barrier (BBB), enabling direct central nervous system activity. [2]
- Supports long-term neuroprotection through modulation of GSK-3β, a kinase involved in tau phosphorylation and apoptosis. [2]

These mechanistic effects provide a rationale for future clinical trials evaluating IGC-AD1 as a disease-modifying therapy with target clinical biomarker, for example, reduction in CSF pTau181 or pTau217, a validated surrogate of Alzheimer's progression

1. J. Alzheimer's disease 2014, 42, 973-984; 2.Biomolecules. 2023;13(2):232 3. J. Pineal. Res. 2011, 51, 75-86; 4. Int. J. Mol. Sci. 2022, 23, 2757;


CALMA
CLINICAL TRIAL: ALZ-AGITATION
Phase 1 Trial Results
Phase I Randomized Placebo Controlled MAD Study to Evaluate Safety and Tolerability of IGC-AD1 in Subjects With Dementia Due to Alzheimer's Disease
NYSE American: IGC - Service to humanity
24

Phase 1 · Objectives and End Points

IGCPHARMA

Primary:
Safety and tolerability of IGC-AD1, in a double-blind, multiple ascending dose (MAD) study, measured by solicited and non-solicited Adverse Events (AEs) in participants with mild to severe AD.

Secondary:
Compare (NPS) pre and post intervention neuropsychiatric symptoms measured by the neuropsychiatric inventory (NPI-12).

Exploratory:
Pharmacokinetics (PK) of IGC-AD1, and the impact of polymorphisms of CYP2C9 on PK.

Trial on www.clinicaltrials.gov

Phase 1 Trial Design

IGCPHARMA

- At home-participants with caregivers
- Mild to severe Alzheimer's disease, clinical diagnosis
- Multiple Ascending Dose (MAD)
- Three dose cohorts-14 days each cohort with a washout period
- Dosing: once a day (QD), twice a day (BID), and three times a day (TID)
- Randomized, Double Blind

General Design

PHASE 1: Demographics

IGCPHARMA

30.8%
Male

69.2%
Female

- Age: 80.47± 5.71 years old
- Weight (lb): 147.66± 31.62
- Height (ft): 5.28± 0.46
- BMI: 21.58 ± 1.02

Genotype and Phenotype for Participants

IGCPHARMA

Participant	CYP2C9 Genotype	CYP2C9 Phenotype	Sex
1001	*1/*2	Intermediate Metabolizer	Female
1002	*1/*2	Intermediate Metabolizer	Female
1003	*1/*3	Intermediate Metabolizer	Female
1004	*1/*3	Intermediate Metabolizer	Female
1005	*1/*2	Intermediate Metabolizer	Female
1006	*1/*3	Intermediate Metabolizer	Male
1007	*1/*1	Normal Metabolizer	Male
1008	*1/*1	Normal Metabolizer	Female
1009	*1/*1	Normal Metabolizer	Female
1010	*1/*1	Normal Metabolizer	Female
1011	*1/*2	Intermediate Metabolizer	Male
1012	*1/*11	Intermediate Metabolizer	Male
1013	*1/*1	Normal Metabolizer	Female
Sex	**69.2% Female, 30.8% Male**		
Polymorphisms	**61.5%**		

- In our study population eight participants out of 13 or about 62% of participants are carriers of at least one polymorphism CYP2C9.

Rao J, Gutierrez E, Grimaldi C, Julio W, Shahnawaz SS, Mukunda R. Presented at: AAIC 2023; Amsterdam, Netherlands. Poster No: P3-648.

Phase 1 Trial Safety Results

IGCPHARMA

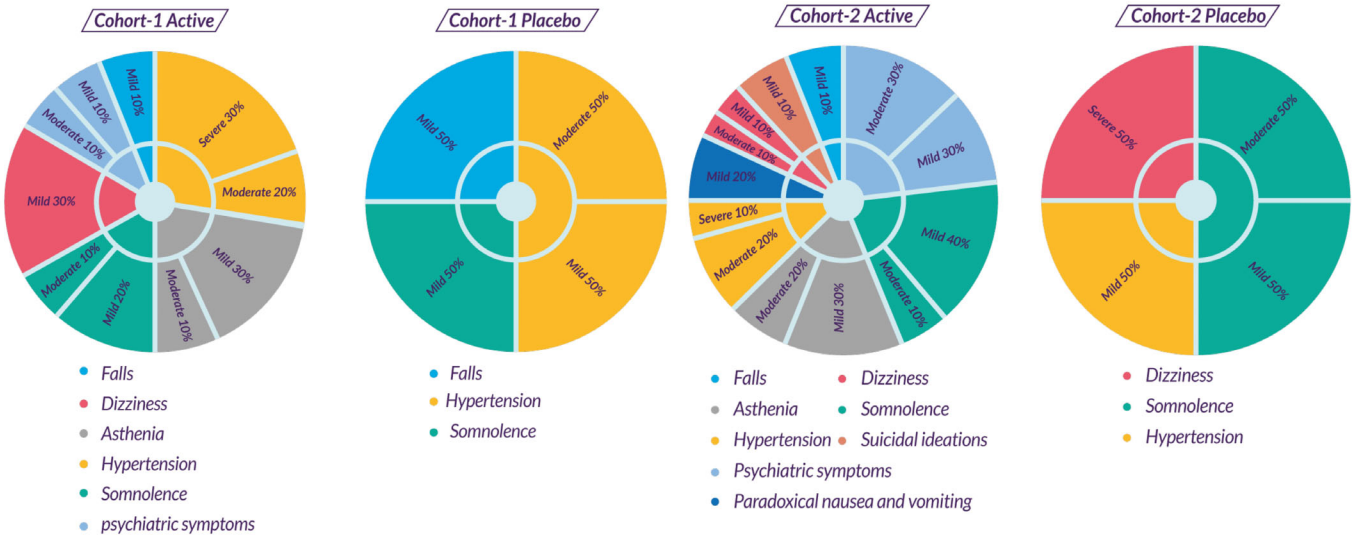
IGC- AD1 was well-tolerated at all three dose levels

There were no:

- Serious Adverse Events (SAEs)
- Life-threatening AEs
- Deaths reported

Phase 1: Primary Endpoint- Safety & Tolerability

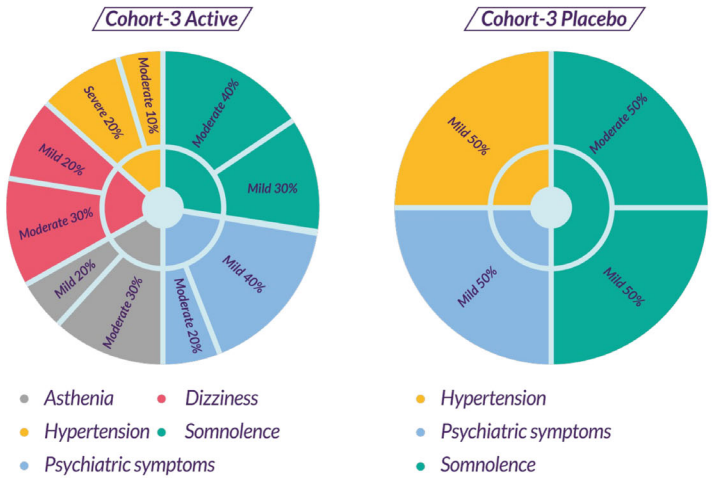
IGCPHARMA



Mukunda R, Rao J, Gutierrez E, Julio W, Ghazaryan V, Pujals KY, et al. Presented at: 3rd Latinos & Alzheimer's Symposium; 2022 ; Bonita Springs, FL. Poster No: 35

Phase 1: Primary Endpoint- Safety & Tolerability

IGCPHARMA

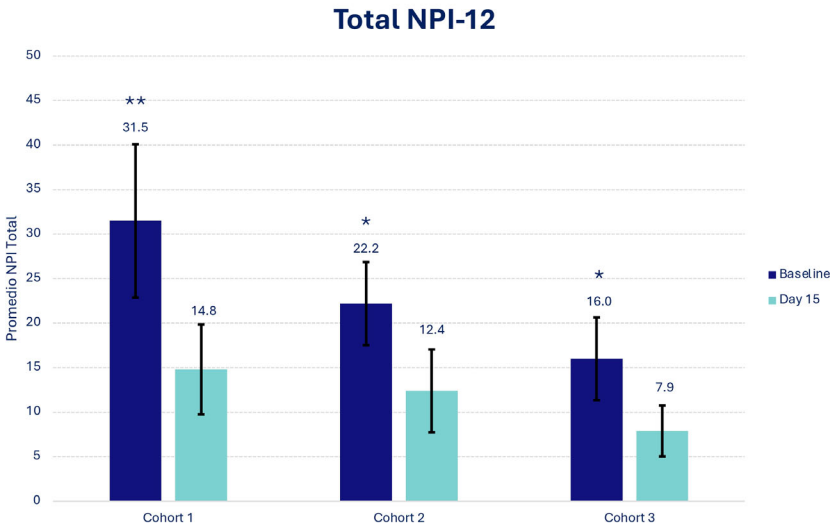


- **Two non-solicited AEs were reported:** in Cohort 1, one participant reported a Grade 2 ataxic gait, and in Cohort 2, one participant reported a Grade 2 UTI. One with Grade 3 Hypertension events was unrelated to the IP.

Mukunda R, Rao J, Gutierrez E, Julio W, Ghazaryan V, Pujals KY, et al. Presented at: 3rd Latinos & Alzheimer's Symposium; 2022 ; Bonita Springs, FL. Poster No: 35

Secondary Objective: NPS Measured by NPI-12

IGCPHARMA



	Cohort 1	Cohort 2	Cohort 3
% Change	53.02	44.14	50.625
p value	0.005	0.024	0.021

IGC-AD1 Demonstrated Improvement in Neuropsychiatric Symptoms in Phase 1 Trial

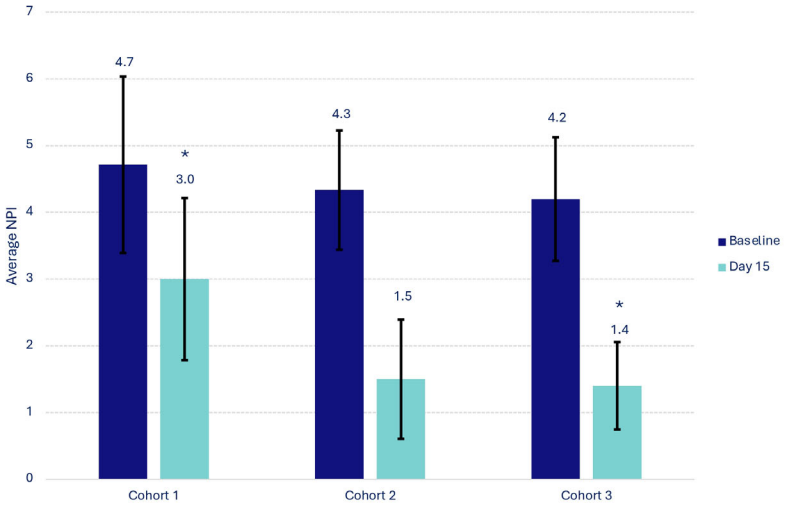
- Across all three dose levels, IGC-AD1 intervention led to an overall improvement in NPS as measured by the Neuropsychiatric Inventory-12 (NPI-12)
- Key Domains Showing Improvement:
  - Agitation,
  - Anxiety,
  - Depression, and
  - Caregiver Distress

Tangarife MA, Venegas M, Arbelaez MJ, Gutierrez E, Sanchez LT, Naranjo MP, et al. Presented at: AAIC 2023; Amsterdam, Netherlands. Poster No: P3-663.

Phase 1 Agitation Scores

IGCPHARMA

Agitation Domain of NPI-12



	Cohort 1	Cohort 2	Cohort 3
% Change	36.36	65.38	66.66

IGC-AD1 Significantly Reduced Agitation in Phase 1 Trial

- Agitation was assessed using the NPI domain score at baseline and at Day 15 (end of treatment) across three dose levels of IGC-AD1
- All three doses showed clinical and statistically significant reductions in agitation scores
- $p < 0.05$ for each dose group

Demonstrates consistent, early therapeutic signal for agitation reduction

Arbelaez MJ, Venegas M, Tangarife MA, Delgado-Murillo L, Gutierrez E, Sanchez LT, et al. Presented at: AAIC 2023; Amsterdam, Netherlands. Poster No: P3-660.

Phase 1 PK Data Shows PK Profile Varies by CYP2C9 Genotype

IGCPHARMA

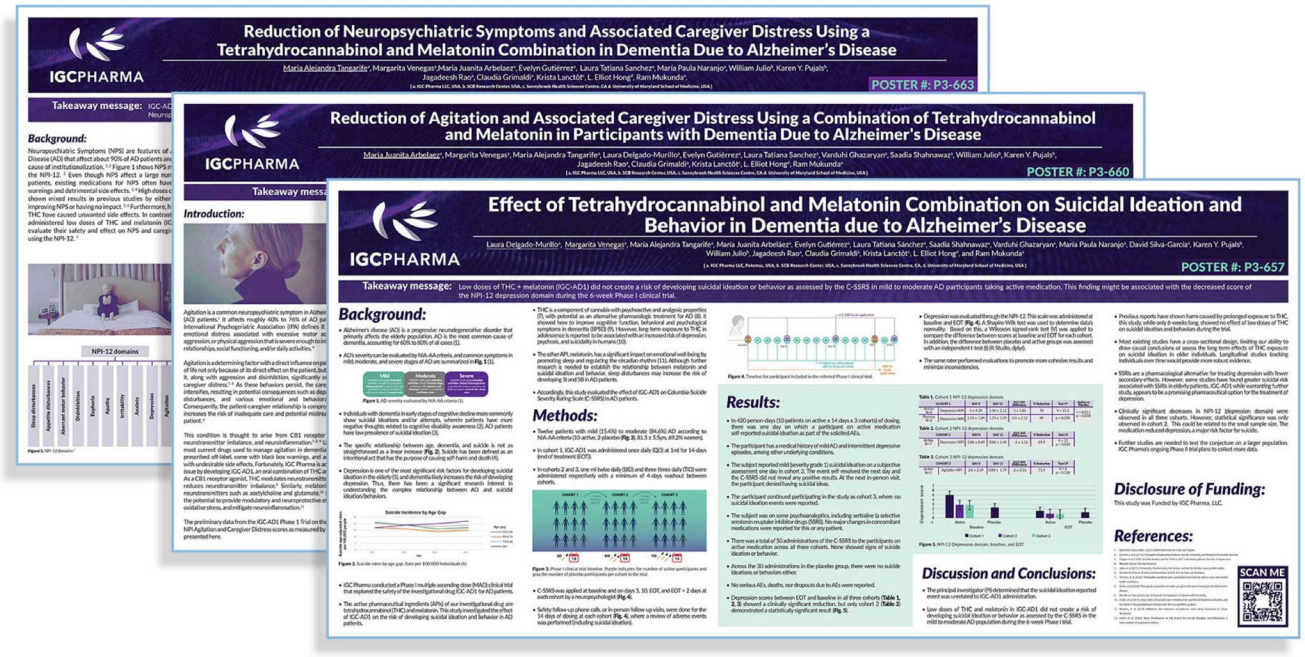
IGC-AD1 API	Mean over All	Mean over *1/*1	Mean over *1/*2	Mean over *1/*3
No. Patients	N=10	Normal (n=4)	Intermediate (n=4)	Intermediate (n=2)
$T_{1/2}$ (h)	3.60	1.73	3.75	7.10
T_{max} (h)	2.15	2.38	2.13	1.75
C_{max} (ng/ml)	2.01	2.60	1.46	1.93
AUC_{last} (h*ng/ml)	5.58	6.72	4.20	6.06
AUC_{inf} (h*ng/ml)	8.92	9.04	7.24	11.22

- PK data were collected across all participants and stratified based on CYP450 2C9 polymorphisms.
- As shown in the table IGC-AD1 API half-life increased significantly for intermediate metabolizers over normal metabolizers
- This genotype-dependent variation suggests the potential need for personalized dosing strategies in future trials to optimize safety and efficacy.

Rao J, Gutierrez E, Grimaldi C, Julio W, Shahnawaz SS, Mukunda R. Presented at: AAIC 2023; Amsterdam, Netherlands. Poster No: P3-648.

IGC Pharma Poster Presentations at the AAIC 2023 in Netherlands

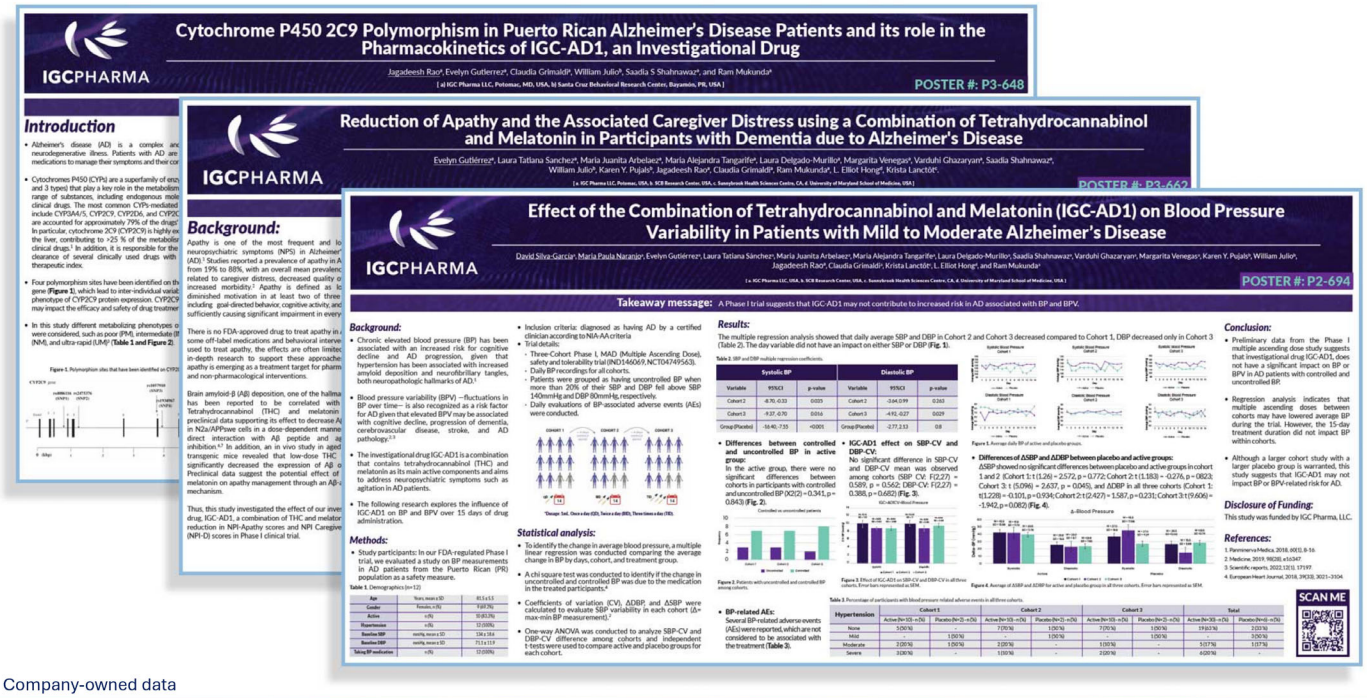
IGCPHARMA



Company-owned data

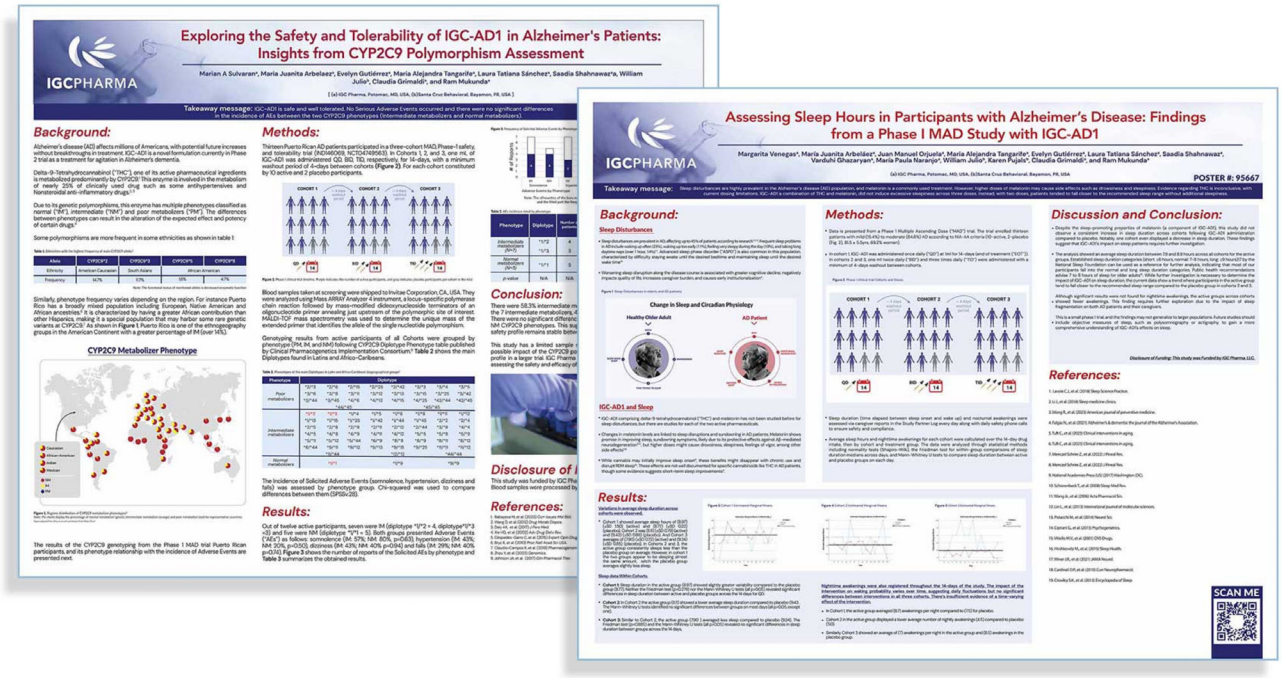
IGC Pharma Poster Presentations at the AAIC 2023 in Netherlands

IGCPHARMA



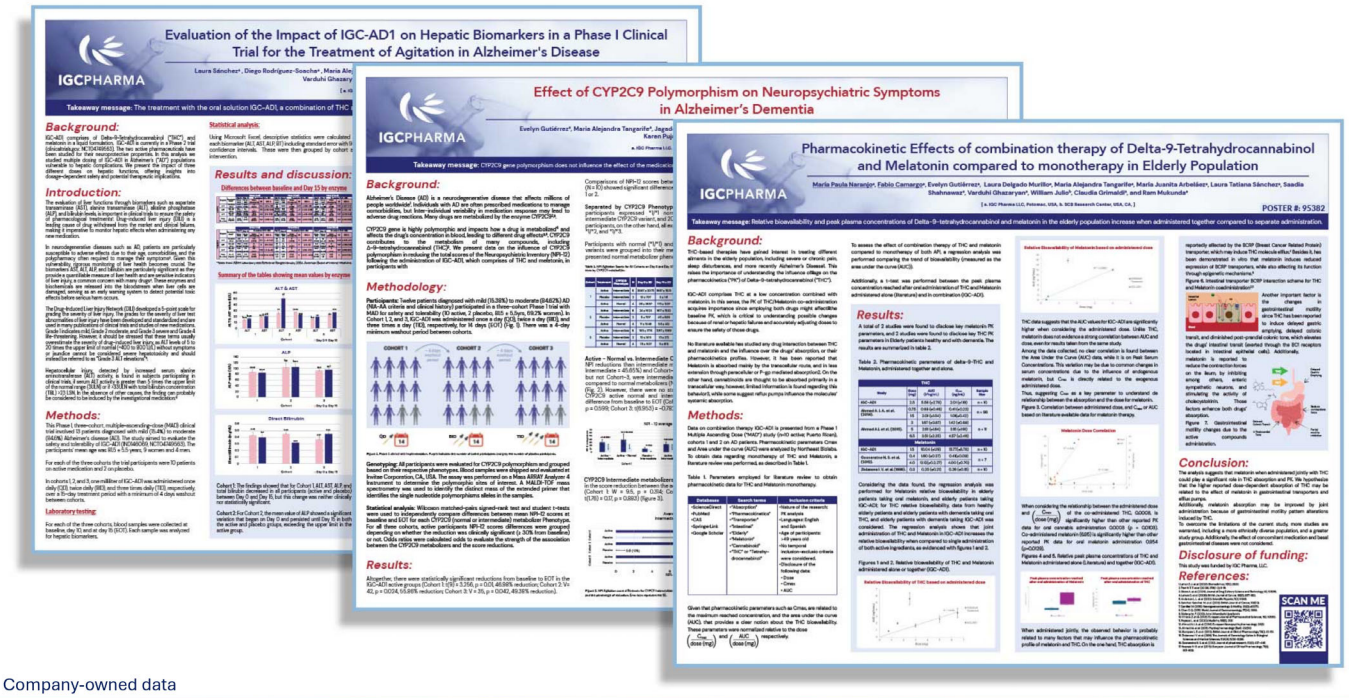
Company-owned data

IGC Pharma Poster Presentations at the AAIC 2024 in Philadelphia



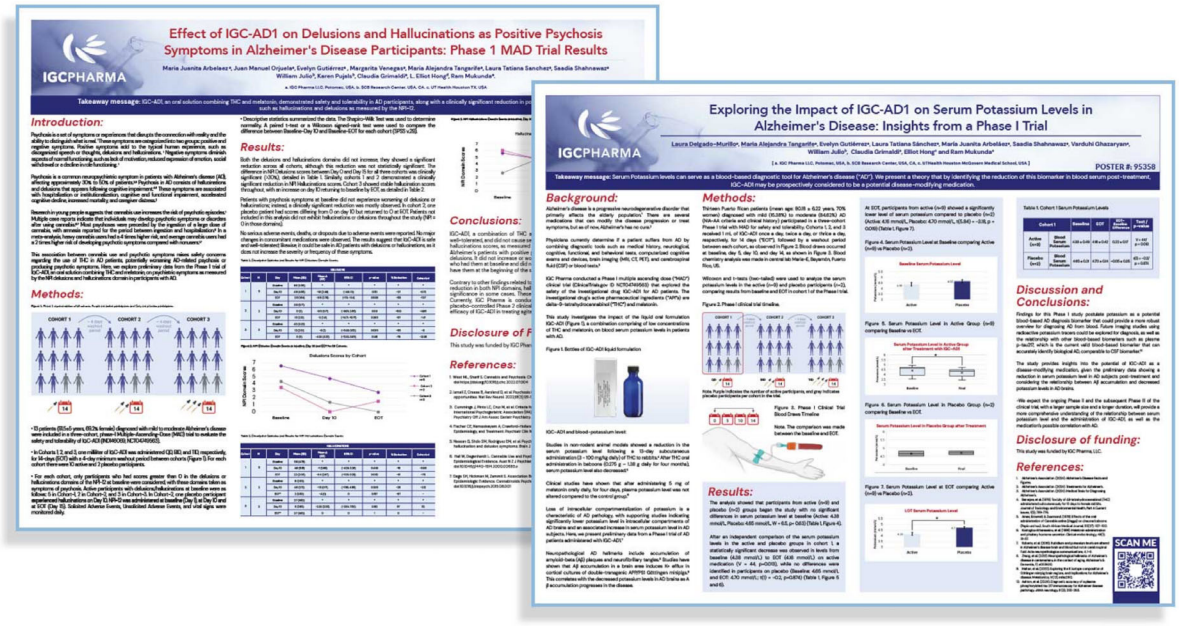
Company-owned data

IGC Pharma Poster Presentations at the AAIC 2024 in Philadelphia



Company-owned data

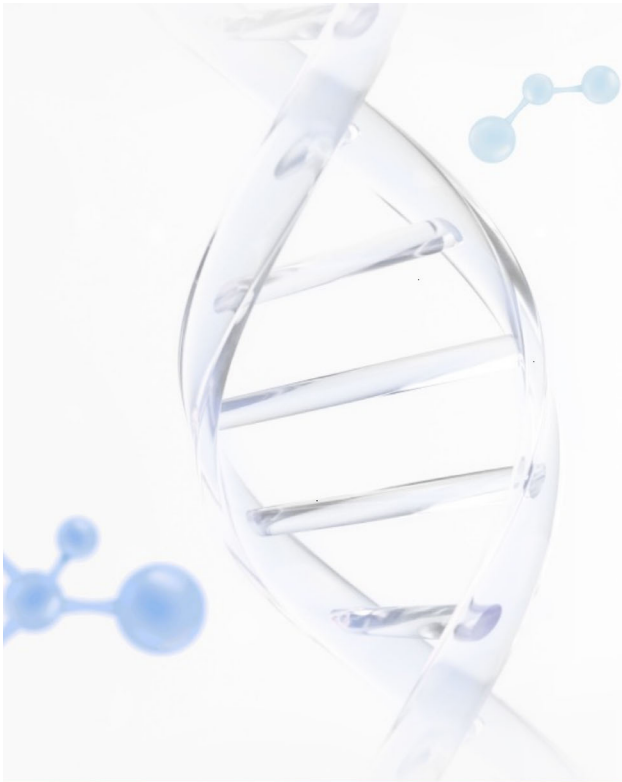
IGC Pharma Poster Presentations at the AAIC 2024 in Philadelphia



Company-owned data

IGC-AD1 Phase 2 Strategy: Agitation in AD

- Preclinical studies demonstrated disease modifying potential, including reduction in pTau, Aβ aggregation, and mitochondrial dysfunction.
- Phase 1 clinical data showed clinical and statistically significant improvements in results agitation symptoms in patients with AD
- Based on the strength of agitation signal and urgent unmet clinical need, IGC strategically prioritized a Phase 2 trial targeting Agitation in AD dementia.
- Disease modification remains a long-term objective



CALMA
CLINICAL TRIAL: ALZ-AGITATION

Phase 2 in Progress

Phase 2, Multi-Center, Double-Blind, Randomized, Placebo-Controlled, Trial of the Safety and Efficacy of IGC-AD1 on Agitation in Participants with Dementia due to Alzheimer's Disease.

What is Agitation in Dementia Due to Alzheimer's Disease?

IGCPHARMA

Agitation refers to a range of behaviors, excessive motor activity, verbal aggression, or physical aggression that is severe enough to impair personal relationships, social functioning, and/or daily activities (1).

Agitation has a significant impact on both the individuals with Alzheimer's and their caregivers.

- Agitated behavior is always socially inappropriate.
- It may be abusive or aggressive towards self or others.
- It may be appropriate behavior performed with inappropriate frequency, such as constantly asking questions.

References: (1) Cummings J et al., 2014 (2) Front Neurol, 2021, 12: 644317

Agitated Behaviors - Categorization based on CMAI* Scale

IGCPHARMA

* CMAI: Cohen Mansfield Agitation Inventory

Verbal / Vocal

Non- Aggressive — **Aggressive**

Physical

Verbally Non-Aggressive

- Complaining
- Negativism
- Repetitive sentences or questions
- Constant, unwarranted requests for attention or help

Verbally Aggressive

- Cursing and verbal aggression
- Making strange noises
- Verbal sexual advances
- Screaming

Physically Non-Aggressive

- Performing repetitious mannerisms
- Inappropriate robing and disrobing
- Eating inappropriate substances
- Handling things inappropriately
- Trying to get to a different place
- Pacing
- Intentional falling
- General restlessness
- Hoarding things
- Hiding things

Physically Aggressive

- Physical sexual advances
- Hurting self or others
- Throwing things
- Tearing things
- Scratching
- Grabbing
- Pushing
- Spitting
- Kicking
- Biting

Adapted from: Cohen-Mansfield J, Billig N. J Am Geriatr Soc. 1986;34(10):711-721. doi:10.1111/j.1532-5415.1986.tb04302.x ; Cohen-Mansfield J, Marx MS, Rosenthal AS. J Gerontol. 1989;44(3):M77-M84. doi:10.1093/geronj/44.3.m77

IGC-AD1 CALMA Phase 2 Trial: Ongoing

IGCPHARMA

The study targets completion by 146 participants

Multicenter, Double Blind, Randomized, Placebo-Controlled Trial

Objectives:

- Primary: evaluate the safety and efficacy of IGC-AD1 on agitation in AD at week 6 using the CMAI
- Secondary: Agitation at week 2 using the CMAI
- Exploratory: AD Blood biomarkers (p-tau217/Aβ42 ratio, p-tau217, NFL…) CGI, MMSC, ZBI, and other scales

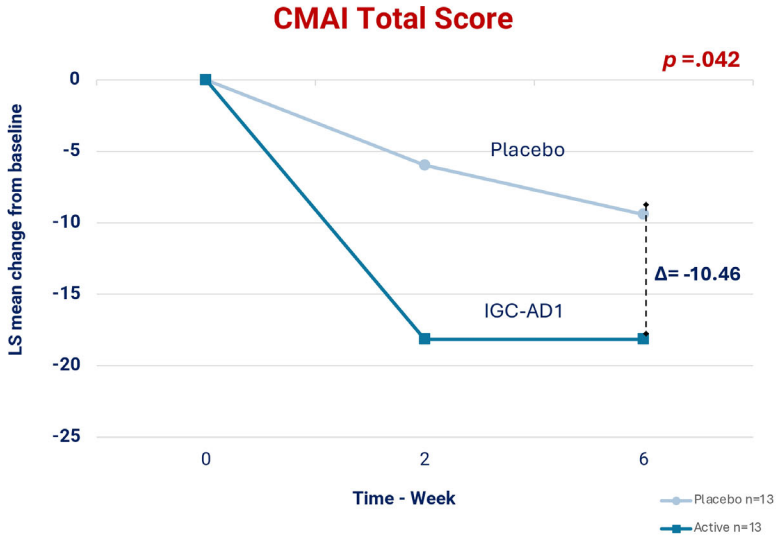
Key Inclusion Criteria:

- Diagnosis of probable AD using the NIA-AA criteria
- Clinically significant agitation using a score ≥4 in NPI agitation domain

CALMA Phase 2 Interim Results: Primary Objective - Week 6

IGCPHARMA

Clinical and statistically significant improvement in agitation at week-6 based on the CMAI

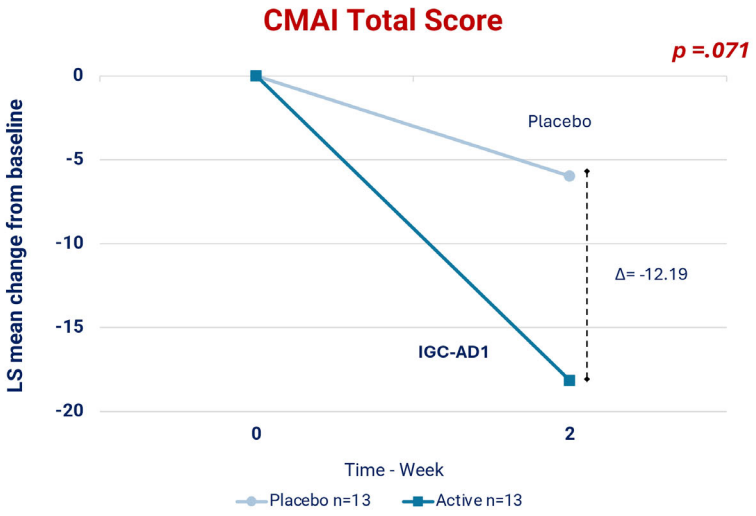


LS mean difference (95%CI)	p value	Cohen d
-10.46 (-20.53, -0.4)	0.042	0.79

	Active	Placebo
Baseline mean	68.58	72.27

Company-owned data

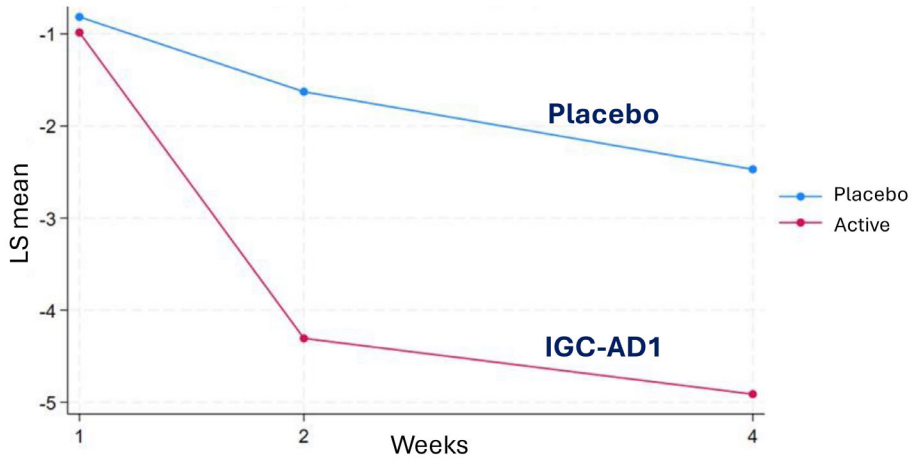
CALMA Phase 2 Interim Results: Secondary Objective- Week 2



LS mean difference (95%CI)	p value	Cohen d
-12.19 (-25.52, 1.14)	0.071	0.79

Company-owned data

CALMA Phase 2 Interim Results: Exploratory Objective: Sleep Disturbance



- **Week 2:** Reduced 71% (p=0.012)
- **Week 6:** Reduced 78% (p=0.02)

NPI-12 Sleep Subdomain Least Squared Mean change from baseline comparing placebo and active groups

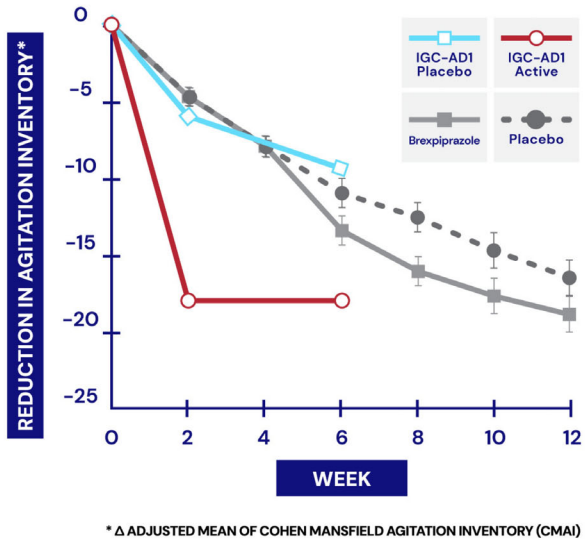
IGC-AD1 Improves Sleep Disturbance in AD Patients

- Treatment led to clinically and statistically significant improvements in sleep disturbance at both week 2 and week 6- NPI-12 sleep & nighttime behavior disorder subscale
- These findings suggest that IGC-AD1 may help improve sleep quality, providing early and sustained benefits for patients and caregivers

Company-owned data

CALMA Phase 2 Interim Results: IGC-AD1 Compared to Brexpiprazole Data

IGCPHARMA



- Compared to published results of Brexpiprazole, IGC-AD1 appears to be faster acting than Brexpiprazole.
- IGC-AD1 demonstrates a large effect size (Cohen's d = 0.79) and is more strongly distinguished from placebo at week 2 and 6 compared to Brexpiprazole

- Brexpiprazole has limited effect at week 2
- Brexpiprazole starts to show effect at week 6
- Brex Cohen's d = 0.4, (p=.001) at week 12

* CMAI Least Squared mean change from baseline at EOT comparing active and placebo groups A) IGC-AD1 1ml BID trial (NCT05543681) and Brexpiprazole trial 0.5 to 2 mg flexible doses trial (NCT01922258). * p<0.05, ** p<0.01, b p<0.001; Mixed Model of Repeated Measures. SE: Standard Error; CMAI: Cohen-Mansfield Agitation Inventory.
* This is a not a direct comparison

Grossberg GT, Kohegyi E, Mergel V, et al. Am J Geriatr Psychiatry. 2020;28(4):383-400. doi:10.1016/j.jagp.2019.09.009

CALMA Phase 2 Interim Results Adverse Events: IGC-AD1 vs. Brexpiprazole

IGCPHARMA

Brexpiprazole Trial

- ~6% participants had SAEs
- 5% participants had AEs leading to discontinuation
- 7 deaths reported, 6 in the active group and 1 in placebo

IGC-AD1 Trial to date

- No SAEs reported up to 6 weeks
- No AEs leading to discontinuation
- No deaths

1. Data obtained from: Otsuka Pharmaceutical Company. (2023, April). BREXPIPRAZOLE FOR THE TREATMENT OF AGITATION ASSOCIATED WITH ALZHEIMER'S DEMENTIA SPONSOR BRIEFING DOCUMENT. https://www.fda.gov/media/167068/download

Protected Intellectual Property

IGCPHARMA

Target	Description	Patent Applications	US Patents Granted	Foreign Patents Granted
(IGC-AD1)	Composition & Method for treating CNS Disorders.	1	2	
(IGC-AD1)	Composition & Method for treating CNS Disorders.	12		1
(TGR-63)	Naphthalene Monoimide Derivatives with ability to impact Aß protein build-up.	6		
(IGC-1C)	Naphthalene Monoimide Derivatives with ability to impact Tau aggregation and neurofibrillary tangle formation	5		
(IGC-M3)	Naphthalene Monoimide Derivatives with ability to impact Aß plaque buildup and neurofibrillary tangle formation	4		
Cancer (Naphthalene Dimdes)	Naphthalene diimide Derivatives with ability to self-assemble molecular interactions for biological and nonbiological systems		1	1
(IGC-LMP)	Composition, Synthesis & Medical use of Hybrid Molecule	1		
Epilepsy	Composition & Method for treating Seizures in humans & Cats/Dogs.		2	
Eating Disorders	Natural formulation with Cyproheptadine for treating Cachexia & Eating Disorders.		1	
Stuttering & Tourette Syndrome	Formulation for Treating Stuttering & Symptoms of Tourette Syndrome.	1		
Pain	Formulation containing Cobalamin and method for pain management.	1	2	2
		31	8	4

- In-house patents / applications
- Patents / applications acquired through exclusive license agreements

We have 31 patent applications in process, which are distributed among the US, Canada, Europe, Colombia, India, Brazil, Japan and Hong Kong and 12 granted Patents in US, Canada, Europe and Mexico.