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): January 9, 2023

Reneo Pharmaceuticals, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-40315**	**47-2309515**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

18575 Jamboree Road, Suite 275-S	
Irvine, California	**92612**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (858) 283-0280

N/A
(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**
Common stock, par value $0.0001 per share	RPHM	The Nasdaq Stock Market LLC

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 7.01 Regulation FD Disclosure.

On January 9, 2023, in connection with its participation in the J.P. Morgan Healthcare Conference, Reneo Pharmaceuticals, Inc. (the "Company") posted an updated corporate slide presentation in the "Investors" portion of its website at www.reneopharma.com. A copy of the presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

The information in this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed to be incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Slide Presentation dated January 2023
104	Cover Page Interactive Data File (embedded within the 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.

Reneo Pharmaceuticals, Inc.

Date: January 9, 2023

By: /s/ Gregory J. Flesher
Gregory J. Flesher
Chief Executive Officer

Focused on Improving the Lives of Patients with Rare Genetic Mitochondrial Diseases

Forward-Looking Statements

This presentation contains "forward-looking" statements that are based on our management's beliefs and assumptions and on information currently available to management. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our business strategy, objectives and opportunities. Forward-looking statements are subject to known and unknown risks, uncertainties, assumptions and other factors that may cause our actual results, performance or achievements to differ materially and adversely from those anticipated or implied by our forward-looking statements, including, but not limited to, those related to our dependence on third-party clinical research organizations, manufacturers, suppliers and distributors; our ability to obtain necessary additional capital; our ability to obtain necessary regulatory approvals for our products and, if and when approved, market acceptance of our products; the commercialization plans and expectations for commercializing mavodelpar (REN001) in the United States and rest of world, estimates of the number of patients impacted by PMM or LC-FAOD and who are appropriate for treatment with mavodelpar, the potential benefits of mavodelpar, the financial impact or revenues from any commercialization we undertake, the impact of competitive products and therapies; our ability to attract and retain key employees; the costs of our commercialization plans and development programs; the design, implementation and outcomes of our clinical trials; our ability to manage the growth and complexity of our organization; our ability to maintain, protect and enhance our intellectual property; and our ability to continue to stay in compliance with applicable laws and regulations. You should refer to the section entitled "Risk Factors" set forth in our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q and other filings we make with the Securities and Exchange Commission (SEC) from time to time for a discussion of important factors that may cause our actual results to differ materially from those expressed or implied by our forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. Neither we nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. We undertake no obligation to update any forward-looking statements after the date of this presentation except as may be required by law.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. These data involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Projections, assumptions and estimates of the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. The trademarks included herein are the property of the owners thereof and are used for reference purposes only.

Mavodelpar is an investigational drug product candidate that is under clinical investigation, and which has not yet been approved for marketing by the U.S. Food and Drug Administration, European Medicines Agency, or any other global regulatory agency. No representation is made as to the safety or effectiveness of this product candidate for the use for which it is being studied.

We use our website (https://www.reneopharma.com) and LinkedIn page (https://www.linkedin.com/company/reneo-pharmaceuticals) as channels of distribution of information about our company, product candidates, planned announcements, attendance at upcoming conferences and other matters. Such information may be deemed material information, and we may use these channels to comply with our disclosure obligations under Regulation Fair Disclosure. Therefore, investors should monitor our website and LinkedIn page in addition to following our SEC filings, press releases, public conference calls and webcasts.

Investment Highlights

Mavodelpar (REN001)

- Preliminary evidence of efficacy and tolerability from four clinical trials
- Favorable guidance from U.S. and European regulatory agencies

Mitochondrial Diseases

- Rare diseases with high unmet medical need
- Myopathy and reduced life expectancy common

R&D Milestones

- Pivotal trial in primary mitochondrial myopathy (PMM) with data 4Q23
- Expansion into two additional mitochondrial populations in 2023

Financial Overview

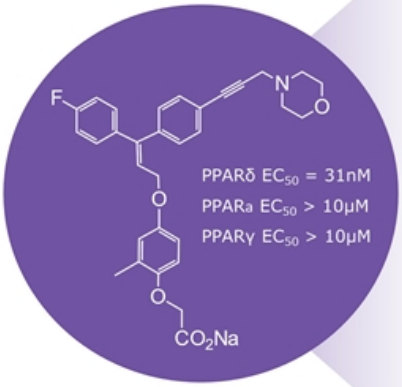
- $116 million cash, cash equivalents, and short-term investments as of Sept 30, 2022
- Fundamental investor base

Mavodelpar Overview

Mavodelpar Overview

Biology

- *Potent and selective agonist of peroxisome proliferator-activated receptor delta (PPARδ)*
- *Regulates generation of cellular energy*
- *Present in multiple tissue types including muscle, brain, kidney, and liver*
- *Activation in response to increased cellular energy needs*

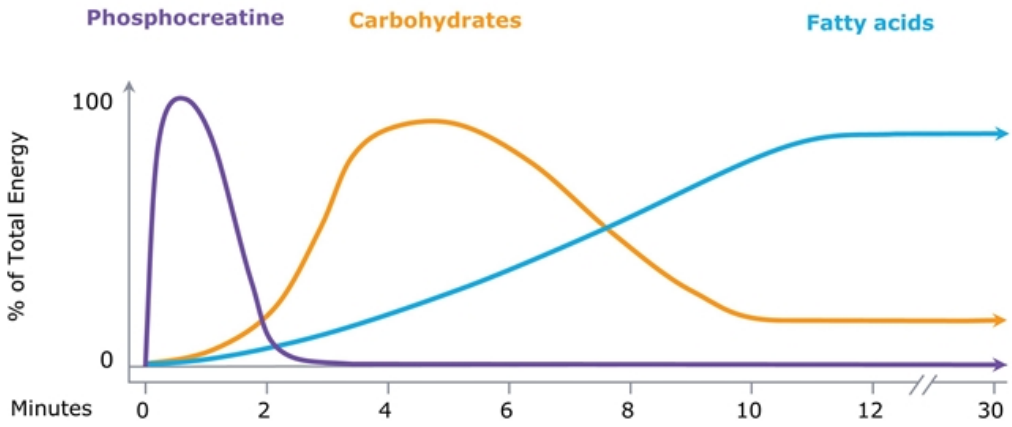


1. Increases transcription of genes central to mitochondrial function

2. Drives production of new mitochondria

3. Increases oxidation of fatty acids and cellular energy production

Nutrient Utilization by Mitochondria



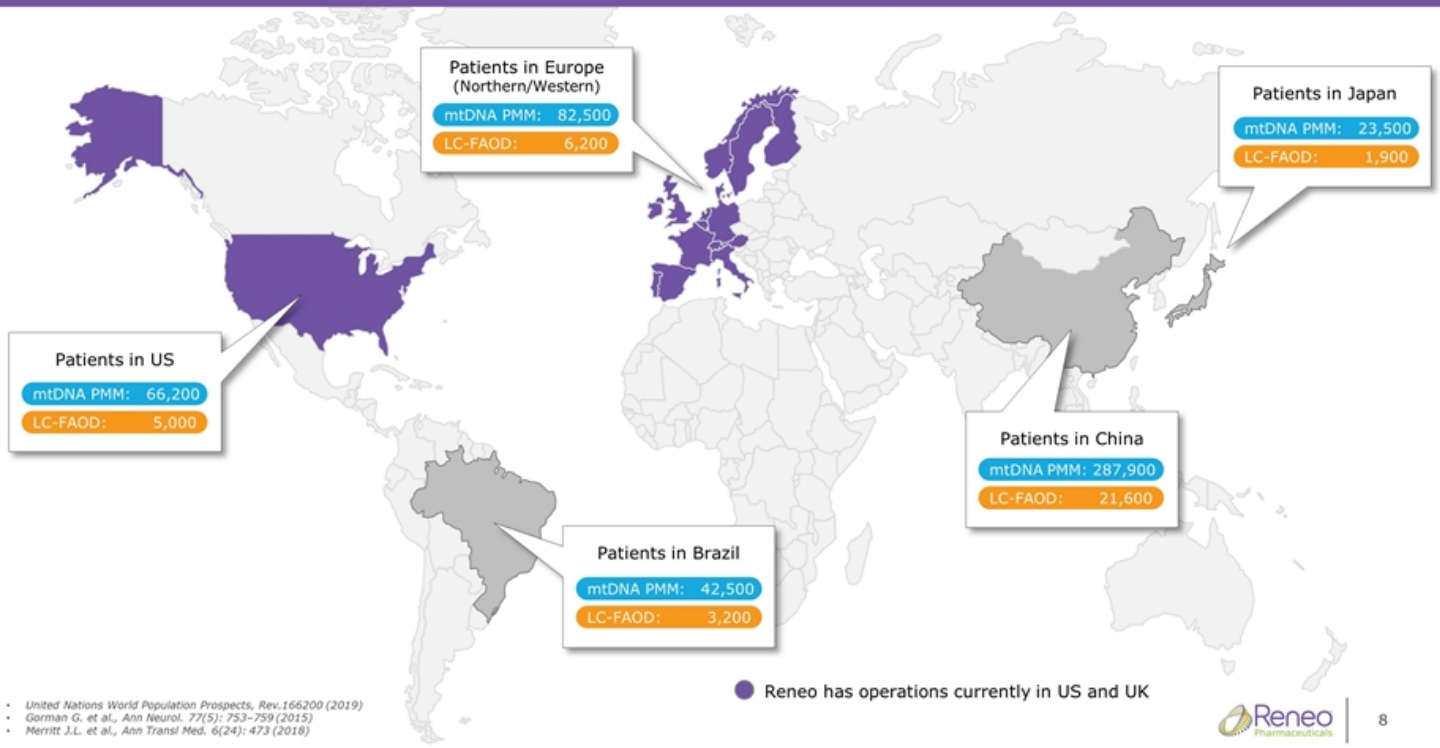
- Fatty acid oxidation becomes the predominant nutrient source for generation of cellular energy by the mitochondria during periods of increased energy demand
- Patients with PMM and LC-FAOD experience myopathy, weakness, fatigue, or deterioration in muscle due to impaired mitochondrial energy production

Reneo Pharmaceuticals Pipeline

Reneo is initially developing mavodelpar for patients with rare genetic mitochondrial diseases that typically present with myopathy and have a high unmet medical need

	Preclinical	Phase 1	Phase 2/3	Approved	2023 Anticipated Milestones
PPM primary mitochondrial myopathies	*mitochondrial DNA (mtDNA) mutations/deletions* *nuclear DNA (nDNA) mutations/deletions*				• Complete enrollment of pivotal trial in mtDNA PMM (1Q23) • nDNA PMM program update "STRIDE AHEAD" (1Q23) • Topline data from pivotal trial in mtDNA PMM (4Q23)
LC-FAOD long-chain fatty acid oxidation disorders	*nuclear DNA (nDNA) mutations/deletions*				• FDA guidance on LC-FAOD program (1Q23)

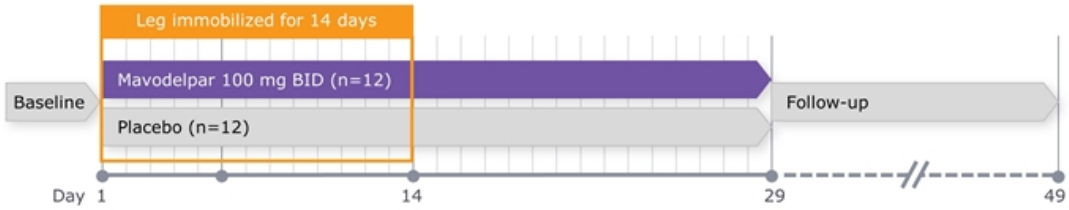
Prevalence in Key Rare Disease Markets



- *United Nations World Population Prospects, Rev.166200 (2019)*
- *Gorman G. et al., Ann Neurol. 77(5): 753–759 (2015)*
- *Merritt J.L. et al., Ann Transl Med. 6(24): 473 (2018)*

Leg Immobilization Study: Overview

Randomized, blinded, placebo-controlled clinical trial in adult subjects during and after leg immobilization



Primary Objective

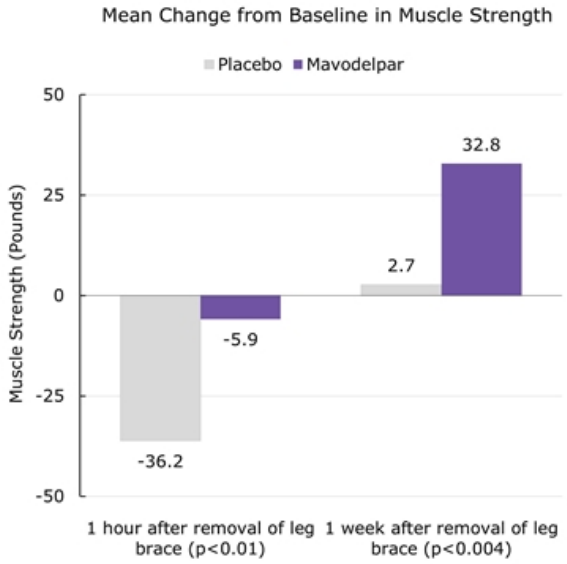
- Evaluate safety and tolerability of 28 days of mavodelpar in healthy volunteers

Secondary Objectives

- Changes in muscle strength and size
- Changes in expression of PPARδ regulated genes involved in mitochondrial function and biogenesis

- *Davies M. et al., J Clin Trials. 12:495 (2022)*

Leg Immobilization Study: Changes in Muscle Strength

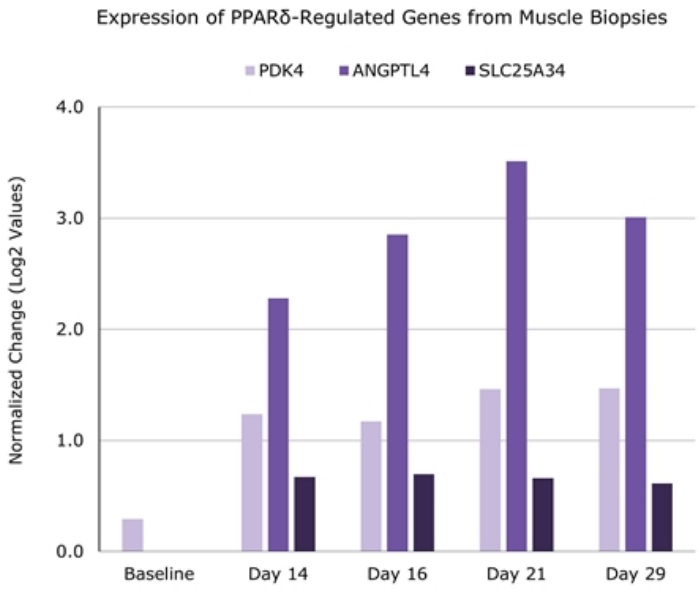


(p-value from a mixed model with baseline value as covariate)

- No serious adverse events (SAEs) related to mavodelpar treatment
- Treatment-emergent adverse events (TEAEs) were similar between subjects treated with mavodelpar or placebo
- Subjects treated with mavodelpar had substantially more leg strength compared placebo subjects
  - *Greater preservation of muscle strength following immobilization*
  - *Greater increase in muscle strength one week after immobilization*

- *Davies M. et al., J Clin Trials. 12:495 (2022)*

Leg Immobilization Study: Changes in Gene Expression



- Subjects treated with mavodelpar showed increases in expression of PPARδ-regulated genes of interest
  - *Pyruvate dehydrogenase lipoamide kinase isozyme 4 (**PDK4**) encodes for a protein that plays a key role in regulation of glucose and fatty acid metabolism*
  - *Angiopoietin-like 4 (**ANGPTL4**) encodes for a protein that is directly involved in regulating lipid metabolism*
  - *Solute carrier family 25 member 34 (**SLC25A34**) encodes for a protein that is known to transport molecules across the mitochondrial membrane*

- *Davies M. et al., J Clin Trials. 12:495 (2022)*

Primary Mitochondrial Myopathies (PMM)

Characteristics

- PMMs are rare disorders caused by mutations within mitochondrial DNA (mtDNA) or nuclear DNA (nDNA)
- Mutations hamper the ability of mitochondria to generate energy
- Most pronounced in tissues with high energy demand (muscle, brain, and heart)

Symptoms

- Debilitating fatigue
- Myopathy
- Exercise intolerance
- Muscle pain
- Severe lack of endurance
- Reduced life expectancy

Adult Prevalence*

- 9.6:100,000 (mtDNA)
- 2.9:100,000 (nDNA)

Current Treatments

- No approved therapies
- Over-the-counter vitamins and supplements commonly used

- *Gorman G. et al., Ann Neurol. 77(5): 753–759 (2015)*

PMM Phase 1b Study: Overview

Open-label clinical trial in adult PMM subjects with mtDNA defects and myopathy

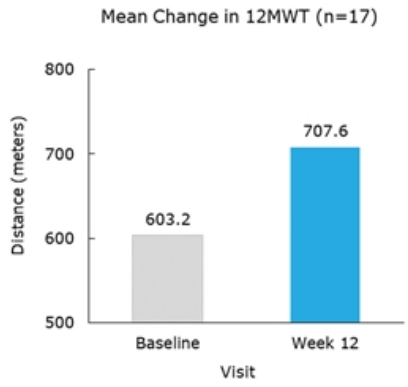
Primary Objective

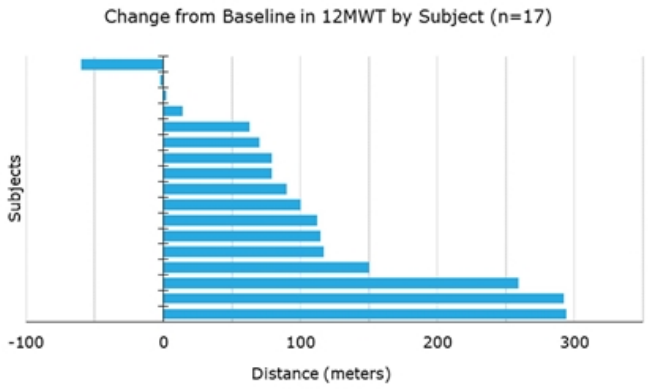
- Evaluate safety and tolerability of 12 weeks of treatment with mavodelpar in PMM patients

Secondary Objectives

- Evaluate safety and tolerability of 48 weeks of mavodelpar
- Explore changes in clinical outcome such as exercise tests, oxygen consumption, and symptoms

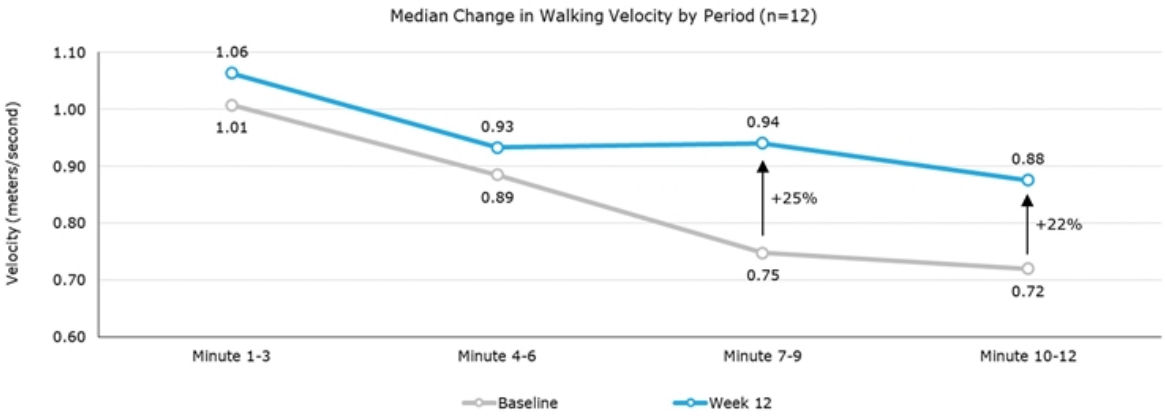
PMM Phase 1b Study: Changes in 12-Minute Walk Test (12MWT)





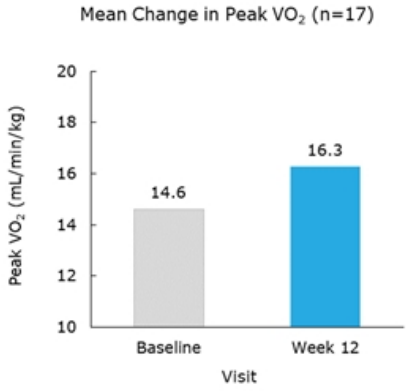
- Mean increase over baseline in 12MWT distance of 104.4 meters, 95% CI [53.1, 155.6]
- 13 patients (77%) had greater than a 50-meter increase 12MWT distance

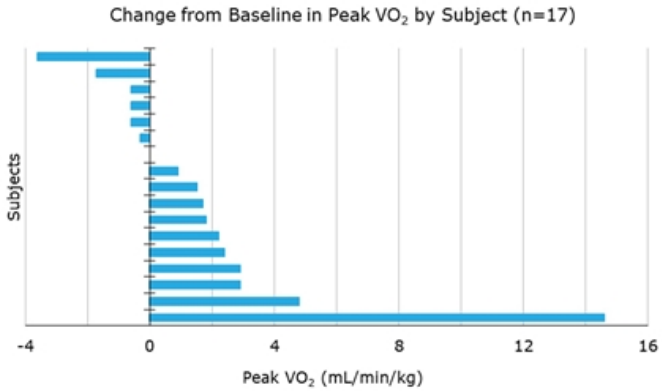
PMM Phase 1b Study: Changes in Walking Velocity



- Walking velocity of PMM patients decreased at each 3-minute period during the 12MWT
- Following 12-weeks of treatment with mavodelpar, walking velocity increased compared to baseline
- The greatest increase in walking velocity occurred during the second half of the 12MWT

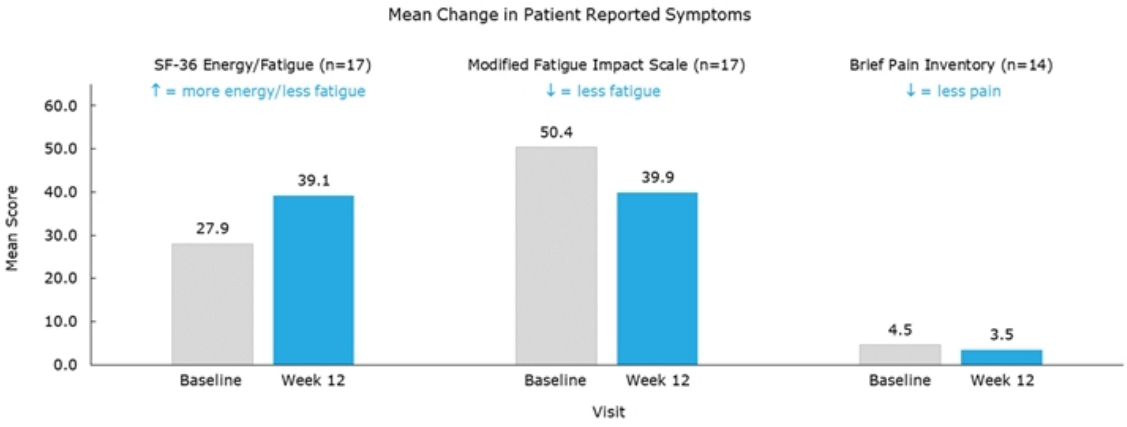
PMM Phase 1b Study: Changes in Peak Oxygen Consumption (VO_2)





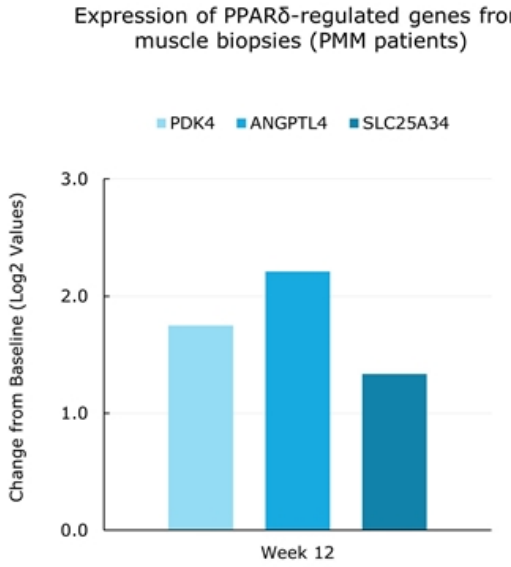
- Mean increase over baseline in peak VO_2 of 1.7 mL/min/kg, 95% CI [-0.3, 3.7]
- 10 patients (59%) had an increase in peak VO_2 of 0.9 mL/min/kg or greater

PMM Phase 1b Study: Changes in Symptoms



- Mean change in SF-36 energy/fatigue score of 11.2, 95% CI [1.2, 21.2]
- Mean change in Modified Fatigue Impact Scale of -10.5, 95% CI [-16.3, -4.6]
- Mean change in Brief Pain Inventory of -1.0, 95% CI [-0.2, -1.9]

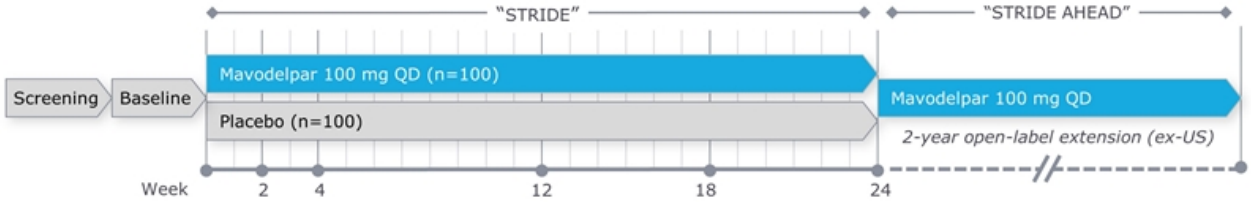
PMM Phase 1b Study: Changes in Gene Transcription



- Muscle biopsies were performed at baseline and after 12 weeks of treatment with mavodelpar
- Differential gene expression was performed on biopsies from seven (7) subjects that had sufficient sample quantity and quality for analysis at baseline and week 12
- A statistically significant increase over baseline was observed in the expression of **PDK4**, **ANGPTL4**, and **SLC25A34**
  - *Gene expression data is consistent with the findings from the leg immobilization study*

PMM Phase 2b Study: Overview

Randomized, double-blind, placebo-controlled clinical trial in adult subjects with mtDNA defects and myopathy



Primary Objective

- Change from baseline to week 24 in distance walked during 12MWT

Secondary Objectives

- Changes from baseline to week 24 in MFIS physical sub-scale and PGIC scores
- 30 second sit-to-stand test, step count, PGIS score, SF-36, MFIS total, cognitive and psychosocial sub-scale, BPI severity and pain interference, and WPAI:SHP

January 2023 Status

- STRIDE enrollment over 90%; majority of ex-US participants (84%) entered STRIDE AHEAD

Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)

Characteristics

- LC-FAOD are rare disorders caused by mutations within nuclear DNA (nDNA)
- Inherited genetic errors of metabolism resulting in the inability to use dietary long-chain fatty acids as energy sources
- Mutations in genes that code for enzymes that perform long-chain fatty acid oxidation

Symptoms

- Young children– lethargy, liver dysfunction, hypoglycemia, high risk for sudden death, cardiomyopathy
- Older patients – limited endurance, muscle aches, rhabdomyolysis

Prevalence*

- 1:120,000 to 1:42,500 (VLCAD deficiency)
- 1:150,000 to 1:110,000 (LCHAD deficiency)

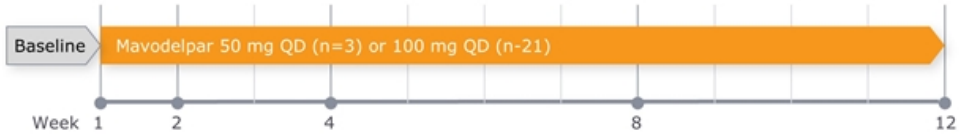
Current Treatments

- DOLJOVI®, a fatty acid supplement similar to medium chain triglyceride oil (MCT)
- Therapy includes a fat-restricted diet, supplementing with short or medium chain fatty acids

* *Merritt J.L. 2nd et al., Ann Transl Med 6(24):473 (2018)*

LC-FAOD Phase 1b Study: Overview

Open-label clinical trial in adult LC-FAOD subjects with mutations in LCHAD, CPTs, VLCAD, and TFP genes



Primary Objective

- Evaluate safety and tolerability of 12 weeks of treatment with mavodelpar in LC-FAOD patients

Secondary Objectives

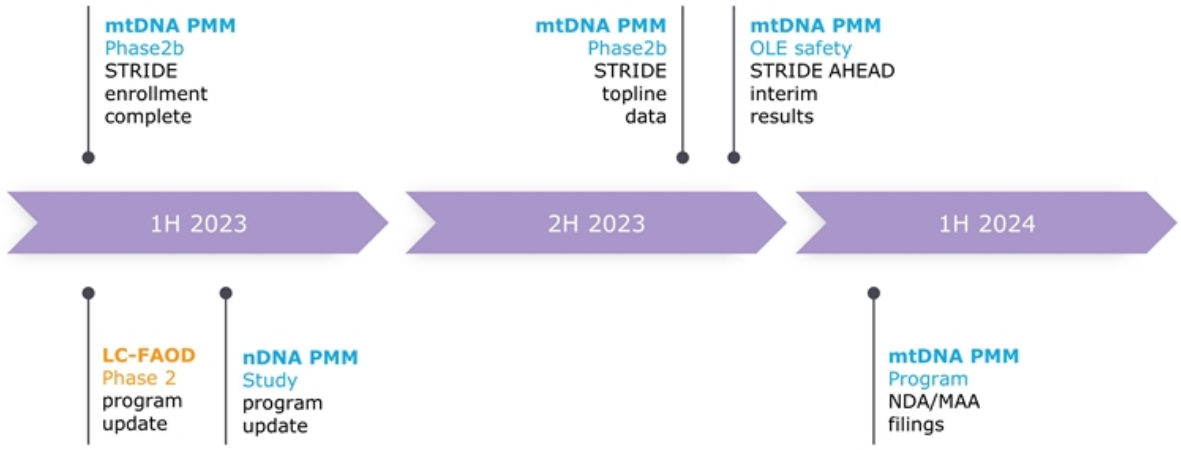
- Explore changes in clinical outcome such as exercise tests and symptoms after 12 weeks of treatment with mavodelpar

LC-FAOD Phase 1b Study: 12MWT, SF-36 Energy/Fatigue, and MFIS

Preclinical	12MWT [meters]			SF-36 Energy/Fatigue			MFIS Total		
Genotype	n	Baseline	Change	n	Baseline	Change	n	Baseline	Change
LCHAD	5	547.7 (133.4)	73.7 (18.0)	5	44.3 (10.4)	19.5 (11.7)	5	32.8 (6.5)	-9.8 (4.2)
CPT2	6	949.6 (119.1)	51.9 (49.4)	6	57.7 (3.2)	0.8 (4.9)	6	23.5 (6.7)	1.0 3.3)
VLCAD	5	864.3 (65.1)	-36.7 (42.1)	5	57.3 (9.3)	-17.8 (7.8)	5	17.8 (6.8)	15.6 (8.5)

- Mean increase over baseline in 12MWT distance over 50 meters in LCHAD and CPT2 genotypes
- LC-FAOD program to move forward; FDA feedback on Phase 2 trial design pending

Mavodelpar Roadmap



To learn more, please contact:

Danielle Spangler

Investor Relations

dspangler@reneopharma.com