

NASDAQ: LUNG

August 2022

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This presentation and certain statements made during this presentation contain forward-looking statements that involve risks and uncertainties. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy, and financial needs. All statements other than statements of historical facts contained in this presentation, including any statements regarding our ability to design, develop, manufacture and market innovative products to treat patients with challenging medical conditions, particularly those with chronic obstructive pulmonary disease (COPD) and emphysema; our expectations regarding the impact of the COVID-19 pandemic on our business; our expected future growth; our expected future growth of our company; the size and growth potential of the markets for our products, and our ability to serve those markets; any projections of financial information, market opportunities, profitability, or financial position; the rate and degree of market acceptance of our products; coverage and reimbursement for procedures performed using our products; our ability to obtain and maintain regulatory approval or clearance of our products on expected timelines; our plans to research, develop and commercialize our products and any other approved or cleared product; our ability to retain and hire our senior management and other highly qualified personnel; the development, regulatory approval, efficacy and commercialization of competing products; our future financial performance and capital requirements; information including the anticipated efficiencies and strategic and financial benefits related to Chartis; and our expectations regarding our ability to obtain and maintain intellectual property protection for our products are forward-looking statements. The words "may," "will," "should," "expect," "plan," "anticipate," "could," "would," "intend," "target," "project," "estimate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Factors that could cause actual results to differ materially from those contemplated in this presentation can be found in the Risk Factors section of Pulmonx's public filings with the Securities and Exchange Commission ("SEC"), including the Quarterly Report on Form 10-Q filed with the SEC on May 9, 2022, available at www.sec.gov. Because forward-looking statements are inherently subject to risks and uncertainties, you should not rely on these forward-looking statements as predictions of future events. All statements other than statements of historical fact are forward-looking statements. Except to the extent required by law, the Company undertakes no obligation to update or review any estimate, projection, or forward-looking statement. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in the Company's business.

Investment Highlights

Large Market

\$12B opportunity for severe emphysema

Precision Treatment

Proprietary patient selection technology & minimally invasive treatment

Consistent Clinical Results

Clinical benefits demonstrated across 4 RCTs
100+ scientific publications



Broadly Reimbursed

In global guidelines & reimbursed in US, Europe and Australia

Global Footprint

>25,000 patients treated in >25 countries

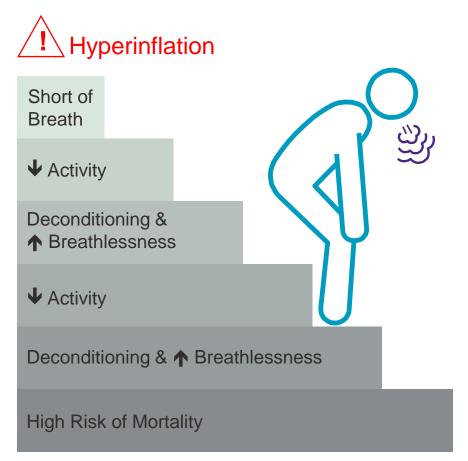
Strong Pipeline & Team

Additional technology to expand market, experience to deliver

COPD and Emphysema: A Prevalent Disease with High Unmet Medical Needs

- Emphysema: a form of Chronic Obstructive Pulmonary Disease (COPD) resulting in the progressive destruction of lung tissue
- Accounts for ~25% of all COPD patients¹
- Air-trapping increases lung volume and persistent breathlessness
- COPD among the leading causes of death worldwide

Emphysema Disease Progression



Spectrum of Treatment Options

Medical Management



Non-invasive

Limited effect in severe patients

Pulmonary Rehabilitation



Non-invasive

Difficult to sustain benefits

Zephyr® Valves



Designed to Provide
Benefits Similar to
Surgery with Broader
Eligibility

Minimally Invasive

Fully Removable

Lung Volume Reduction Surgery



Invasive
Effective
>5% risk of death

Not an option for most patients

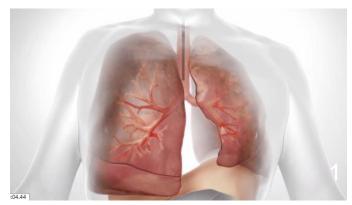
Lung Transplant



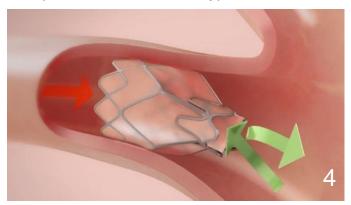
Invasive Effective 5-15% risk of death

Not an option for most patients

How Zephyr® Valves Work



Bronchoscope introduced into lungs of patient with diseased, hyperinflated lobe



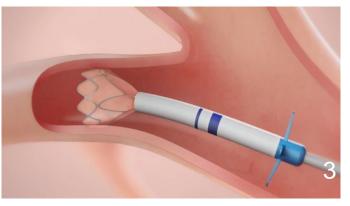
Zephyr® Valve allows trapped air to escape but not to re-enter



Delivery catheter advanced into target lobe through bronchoscope



An average of 4 **Zephyr® Valves** delivered to fully occlude diseased lobe



Valve size chosen in one step procedure and delivered to seal target airway



Hyperinflation in target lobe is reduced, improving lung function and breathlessness

The Zephyr Valve Patient Journey

Standard COPD Work Up

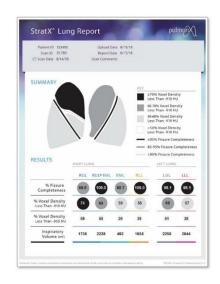
StratX[®] Report

Chartis[®]
Assessment

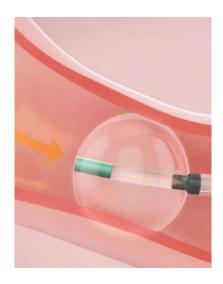
Zephyr® Valves Placed 3 Night Stay



Patient undergoes standard pulmonary work up, including pulmonary function testing and CT scan



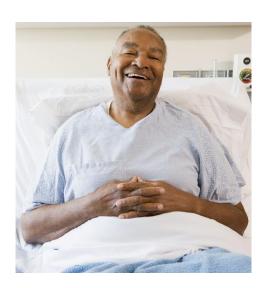
CT scan uploaded to cloud, generating report to help identify one or more eligible lobes for treatment



Patient sedated & Chartis® procedure simulates valve placement with a balloon catheter in target lobe(s) to test for collateral ventilation



Bronchoscopic placement of **Zephyr® Valves** in less than an hour procedure

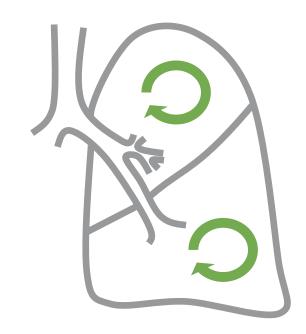


Patient remains in the hospital for monitoring for a minimum of 3 nights following the procedure

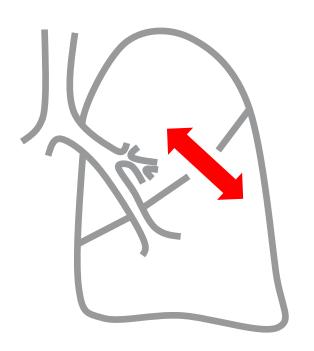
Collateral Ventilation: A Key Exclusion Criteria

No Collateral Ventilation (CV-)

- ✓ Complete lobar fissures
- ✓ Normal air passage
- ✓ Eligible for procedure



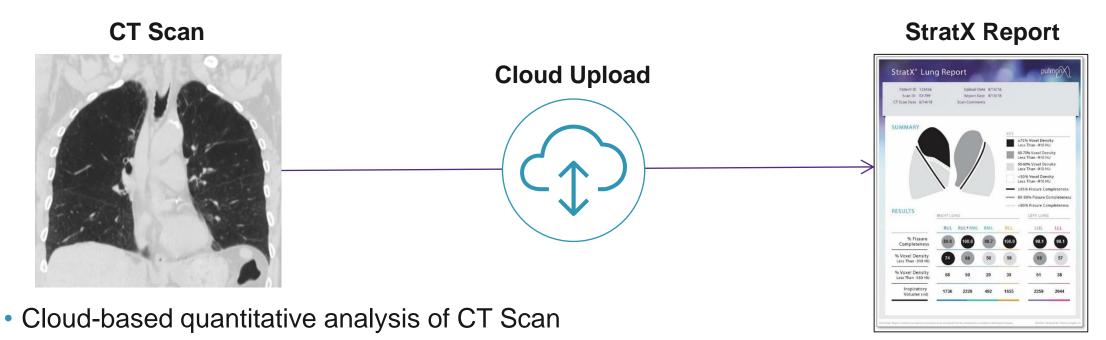
Collateral Ventilation (CV+)



- Incomplete lobar fissures
- Bypassing of normal airways
- ~50% of severe emphysema patients

Patient Screening is Critical for Optimal Patient Selection

StratX[®] Analysis Helps Determine Eligible Lobes



- First line evaluation for:
 - Volume
 - Tissue Destruction
 - Fissure completeness an indicator for collateral ventilation
- Identifies potential lobe(s) for Chartis® Evaluation and Zephyr® Valve treatment

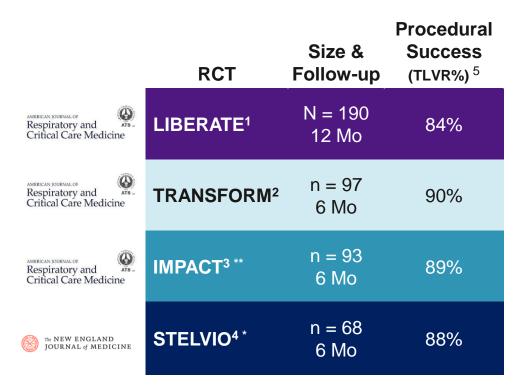
Chartis® System: Proprietary CV Testing for Patient Eligibility

Physiological Measure of Collateral Ventilation

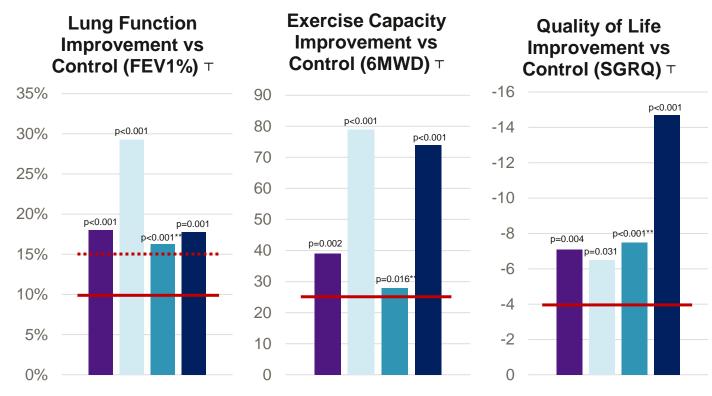
- Evaluates the presence or absence of collateral ventilation
- Measures changes in pressure and airflow
- Unique, patent protected technology



Consistent Outcomes Across Four Randomized Trials



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Minimal Clinically Important Difference

100+ scientific articles published on the clinical benefits of Zephyr Valves

T Difference between valve and control groups

¹ Criner G. et. al. AJRCCM, 2018.

² Kemp, S, et. al, AJRCCM, 2017.

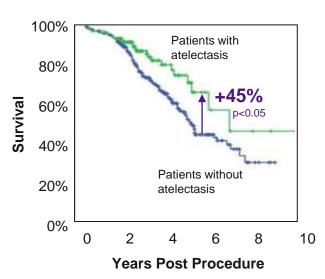
³ Valipour, A, et. al, AJRCCM, 2016, and Zephyr Instructions for Use.

⁴ Klooster K. et al. N Engl J Med. 2015. ⁵ Total Lung Volume Reduction of > 350mL

^{*}SGRQ Per protocol, all other values listed are ITT ** Data included in FDA-approved instructions for use

Data Suggesting Long-Term Benefits

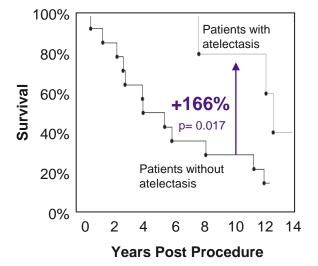
Retrospective Analysis of Long-Term Survival Following Successful Lung Volume Reduction (Atelectasis) 1,2



At 5 years following valve treatment, patients with atelectasis were ~45% more likely to survive than patients without (n=449)

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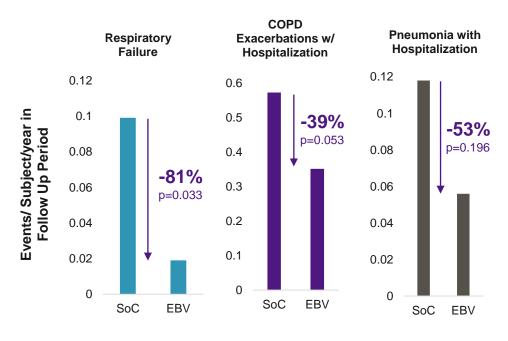
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At 10 years after treatment with endobronchial valves, patients with atelectasis were ~166% more likely to survive than patients without (n=19)

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Indications of Lower Long-Term Respiratory SAEs vs. Control³



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¹ Gompelmann et. al (2019): Survival after Endoscopic Valve Therapy in Patients with Severe Emphysema. Respiration; 97; 145-152.

² Garner et al (2016): Survival after Endobronchial Valve Placement for Emphysema: A 10-Year Follow-up Study. Amer J Respir Crit Care Med.194 (4): pp 519-521

³ Criner G et al, AJRCCM, 2018, Published on 22-May-2018 as 10.1164/rccm.201803-0590OC; (p. 1158, 1161)

Acceptance Driven by Strength of Clinical Data

Recent Inclusion in **COPD** Guidance

















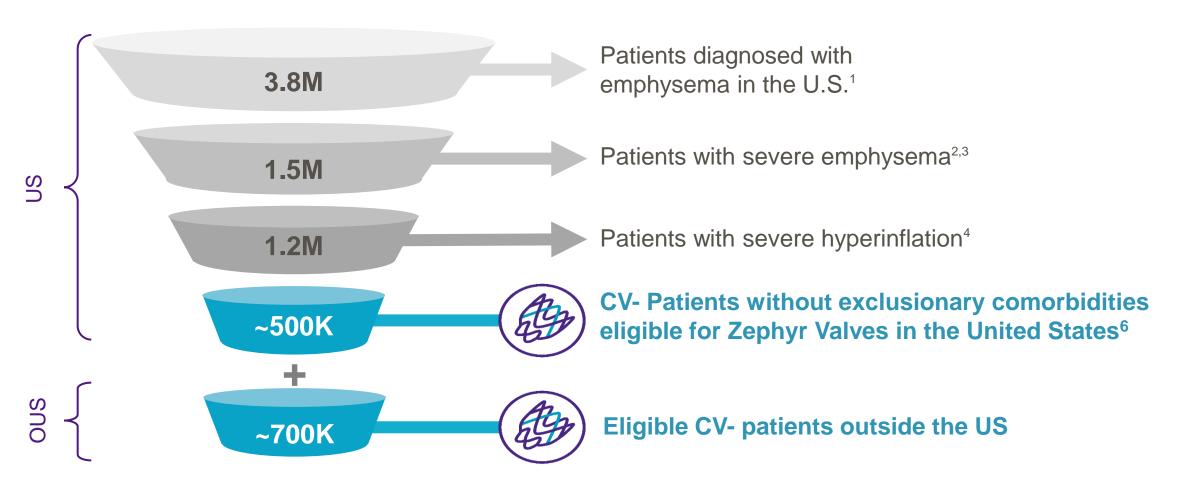






- **Expedited approval** with breakthrough designation
- **Established** reimbursement

\$12B Global Opportunity for Zephyr® Valves



Estimated 10% incidence per year⁵

⁶ Pulmonx LIBERATE TRANSFORM and IMPACT trial data.

¹ CDC 2018 http://www.cdc.gov/nchs/fastats/copd.htm.

² Soriano et al Lancet Respir Med 2015; 3: 443-50.

³ Wilson et al Association of Radiographic Emphysema and Airflow Obstruction with Lung Cancer Am J Respir Crit Care Med Vol 178. pp 738–744, 2008

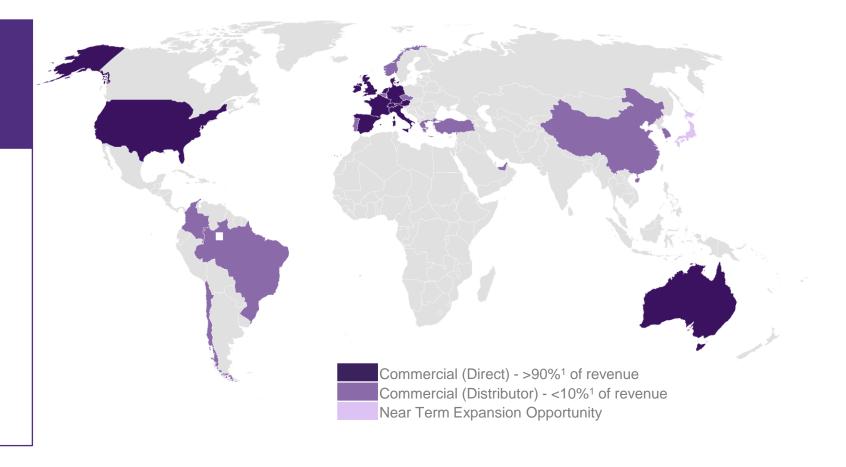
⁴ Deemsomchok Journal of Chronic Obstructive Pulmonary Disease. 7:428-437. Pulmonx analysis.

⁵ Decision Resources Group; Wilson et al. Am J Respir Crit Care Med Vol 178. pp 738 -744, 2008.

Established Global Footprint

Zephyr® Valves Available in >25 Countries¹

- Predominantly direct sales model with > 90% of sales direct¹
- 91 global sales territories¹
 - o 55 in US
 - o 36 OUS
- Significant market expansion opportunities



© 2022 Pulmonx Corporation Data as of 08/02/22.

Comprehensive Market Development Strategy

1. Increase centers of excellence capability & capacity



2. Increase referral network activity

U.S. Reimbursement in Place

Coding

- Category I CPT[®] codes physician billing
- ICD-10 procedure codes for hospital payment

Coverage / Payer Mix

~50% Traditional Medicare / Medicaid

~25% Managed Medicare / Medicaid

~25% Commercial

- Expanding Commercial coverage
- Preauthorization approvals from major payors (>95%)

Payment

- Established physician payment
- Appropriate hospital payments
 - MS-DRGs 163, 164, 165 (Major Chest Procedures) pay facilities \$12K-32K¹
 - APC 5155 for Chartis[®] procedure when valves not placed, pays facilities >\$5K²

Vision: Build a Leading Interventional COPD Company

Category Leadership

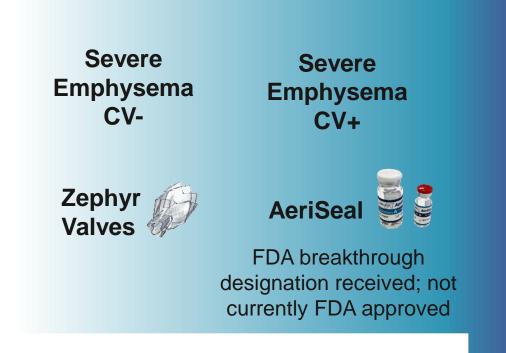
Patient selection tools

Minimally-invasive interventions

Global footprint

Experienced team

Severe COPD Interventions



Financial Summary

Revenue

• \$14.0 million in 2Q22

• US: \$8.6 million

OUS: \$5.3 million

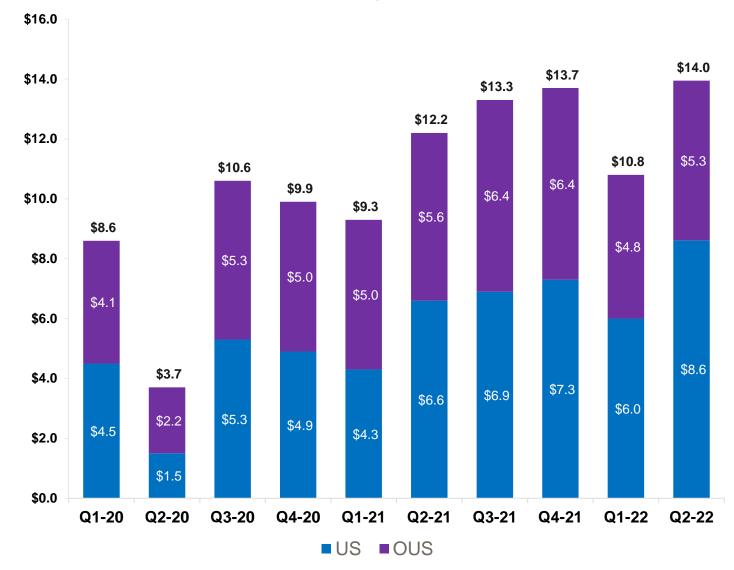
Gross Margin

• 75% in 2Q22

Cash Position

 \$166.8 million in cash, cash equivalents, and marketable securities as of 06/30/2022

Sales in \$ Millions





Thank you