femasys®

INNOVATIVE SOLUTIONS

Built to *disrupt* women's health

From fertility to permanent contraception, we are creating the future of accessible, office-based women's healthcare.



CORPORATE PRESENTATION

October 2026

Nasdaq: FEMY

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Forward Looking Statements

This Presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to our business, operations and financial conditions, including but not limited to current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, results of clinical trials and other future conditions. Words such as, but not limited to, "anticipate", "believe", "could", "estimate", "expect", "intend", "may", "plan", "potential", "predict", "project", "should", "will", "would" or the negative of those terms, and similar expressions that convey uncertainty of future events or outcomes, identify forward-looking statements. These forward-looking statements reflect management's beliefs and views with respect to future events and are based on estimates and assumptions as of the date of this Presentation and are subject to risks and uncertainties. Moreover, the Company operates in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for management to predict all risks, nor can the Company assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. Given these uncertainties, you should not place undue reliance on these forward-looking statements. The Company qualifies all of the forward-looking statements in this Presentation by these cautionary statements. Except as required by law, the Company undertakes no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise.

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Femasys Positioned for Next Phase

Commercial execution and regulatory progress create multiple near- and long-term value drivers

THE GAP

100+ yrs

Women's health left behind

- Record-low fertility rates
- No new permanent contraception

THE SOLUTION

200+ patents

Revolutionary OB/GYN solutions

- FemaSeed® fertility portfolio
- FemBloc® permanent birth control

THE SETTING

In-office

Care sooner and closer to home

- Market-first accessible solutions
- Economically attractive for OB/GYNs

THE CAPITAL

$30M raised

Funded to advance

- FemaSeed® U.S. commercialization
- FemBloc® trial for U.S. approval



Building a Scalable Women's Health Portfolio

Advancing differentiated, office-based solutions across large reproductive health markets



TRYING TO CONCEIVE

FemaSeed® + FemSperm® TREATMENT
Intratubal insemination and sperm prep

FemVue® + SpermVue® DIAGNOSTIC
In-office tubal and sperm assessment

Commercial status

- Direct in U.S.
- Partners outside U.S.
- One or more products are available in U.S., EU, U.K., Israel, Canada, Japan

FAMILY COMPLETE

FemBloc® TREATMENT
Non-surgical permanent birth control

FemChec® DIAGNOSTIC
In-office tubal assessment after treatment

Commercial status

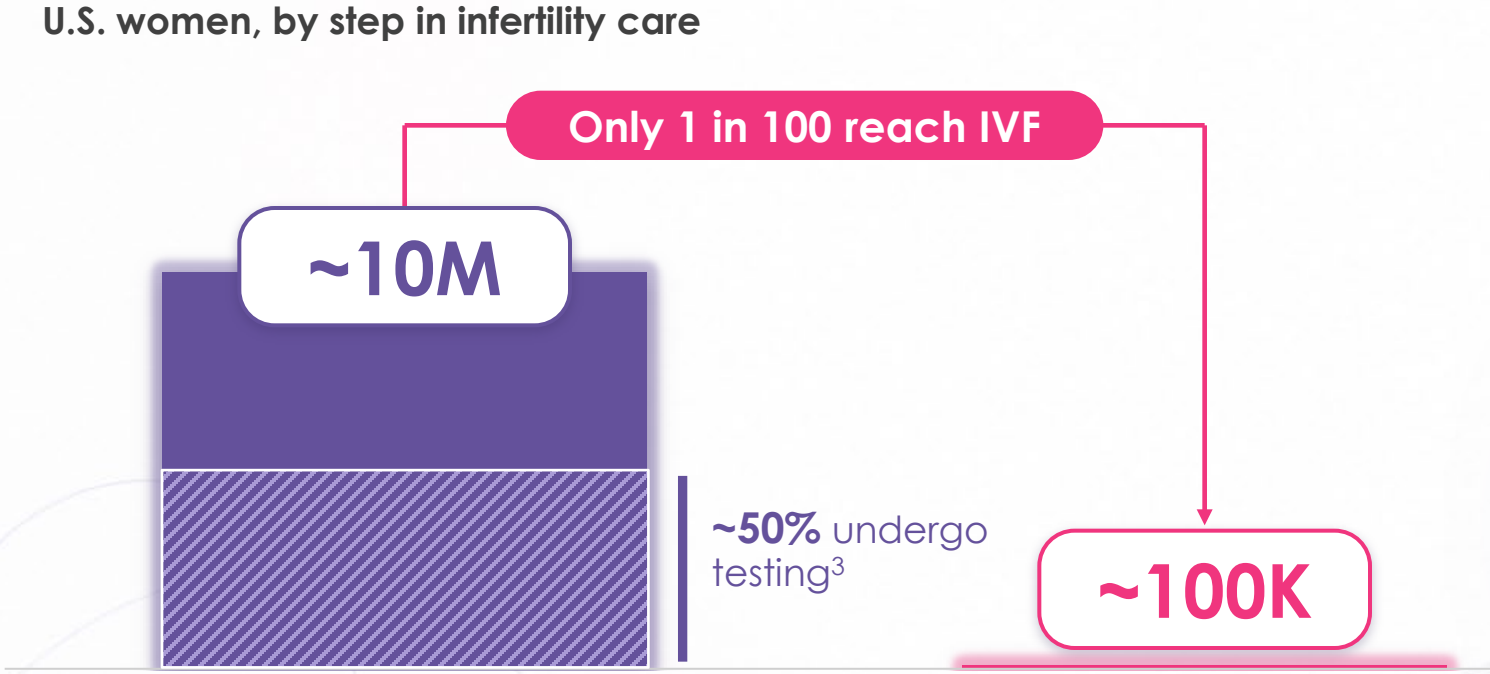
- U.S. pivotal trial underway (investigational)
- Partners outside U.S.
- Limited product availability in EU and other select countries outside U.S.

Same OB/GYN customer: **FemCerv®** cervical cancer diagnostic | **Available:** U.S. and select countries

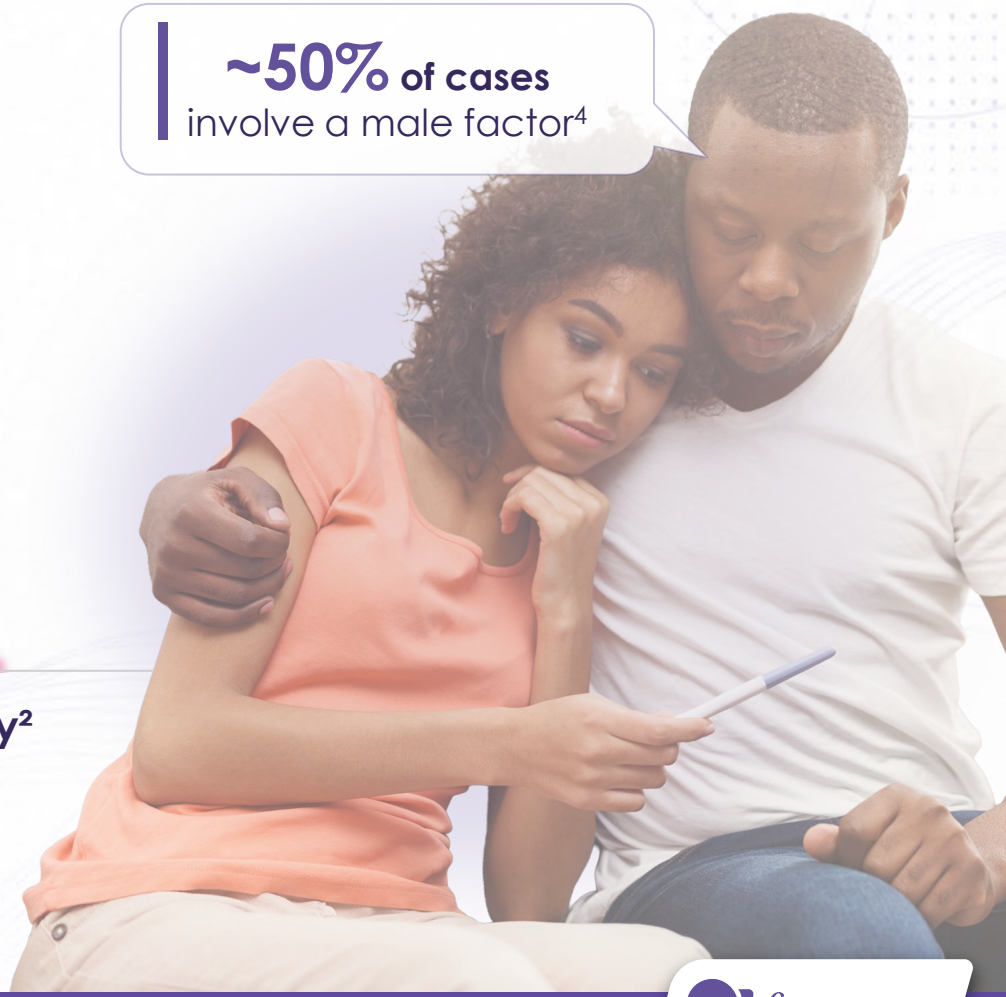
Fertility in Crisis – A Substantial Unmet Need

Centuries of little innovation in first-line treatment have limited access for millions

U.S. women, by step in infertility care



~50% of cases involve a male factor[4]



1. https://www.cdc.gov/nchs/nsfg/key_statistics/i-keystat.htm
2. Centers for Disease Control and Prevention. 2022 Assisted Reproductive Technology (ART) Fertility Clinic and National Summary Report. US Dept of Health and Human Services; 2024.
3. Nugent CN, Chandra A. Use of fertility services in women ages 20–49 in the United States: 2022–2023. NCHS Data Brief. 2025 Dec;(542):1–10. DOI: https://dx.doi.org/10.15620/cdc/174628.
4. Kumar N, et al. (2015). doi: 10.4103/0974-1208.170370.

IVF is Failing to Address the Crisis in Fertility

In 2025, U.S. fertility rates dropped to new record low[1]



TOO EXPENSIVE

High costs put IVF out of reach for most

LIMITED ACCESS TO CARE

Too few fertility centers and specialists

FEAR OF SURGERY AND DRUGS

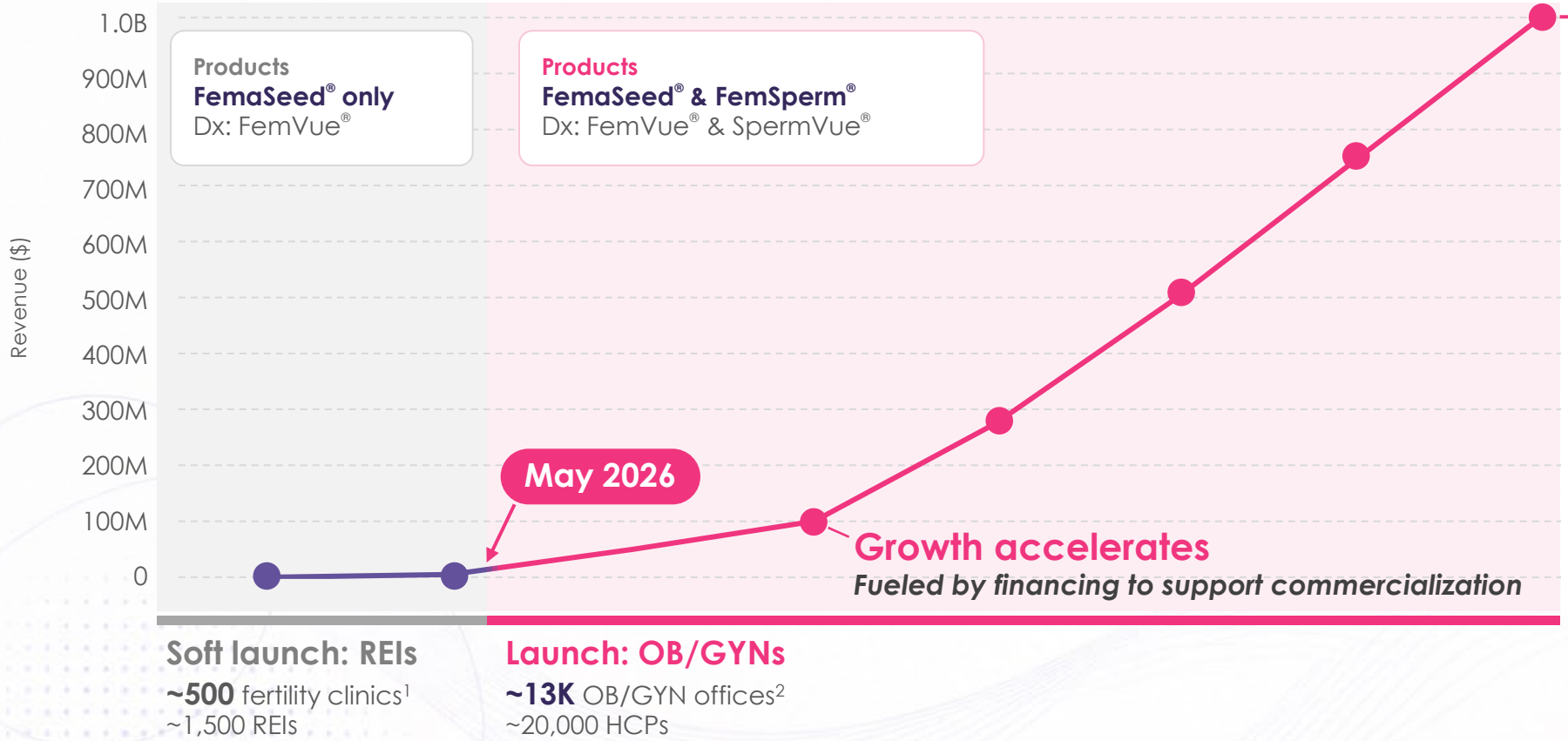
Emotional toll deters many from treatment

Women are looking for earlier, affordable options other than IVF

1. Hamilton BE, Osterman MJK, Gregory ECW. Births: Provisional data for 2025. Vital Statistics Rapid Release. 2026 Apr;(43):1–7. DOI: https://dx.doi. org/10.15620/cdc/252434.

Fertility Portfolio with Significant Revenue Potential

OB/GYN expansion is key to broadening access and driving scalable adoption



ESTIMATE

$1B

annual revenue potential

Assumes ~10% patient adoption

1. Sunderam S, et al. Assisted Reproductive Technology Surveillance - United States, 2018. MMWR Surveill Summ. 2022 Feb 18;71(4):1-19.
2. https://www.bls.gov/oes/2023/may/oes291218.htm

Transforming the Fertility Care Pathway

Unlocking patient access by bringing fertility care to her trusted OB/GYN

Trouble conceiving → **1 Diagnose her & him** → **2 Time procedure** → **3 Procedure day**



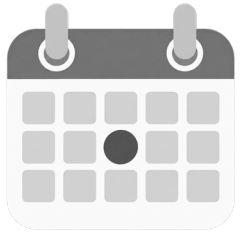
1 in 8
couples have trouble getting pregnant[1]



FemVue®
in-office tubal evaluation



SpermVue®
at-home / in-office sperm analysis



Ovulation timing



Fertility Medication
(optional)



FemaSeed® + FemSperm®
in-office intratubal insemination & sperm preparation

In-office with the OB/GYN

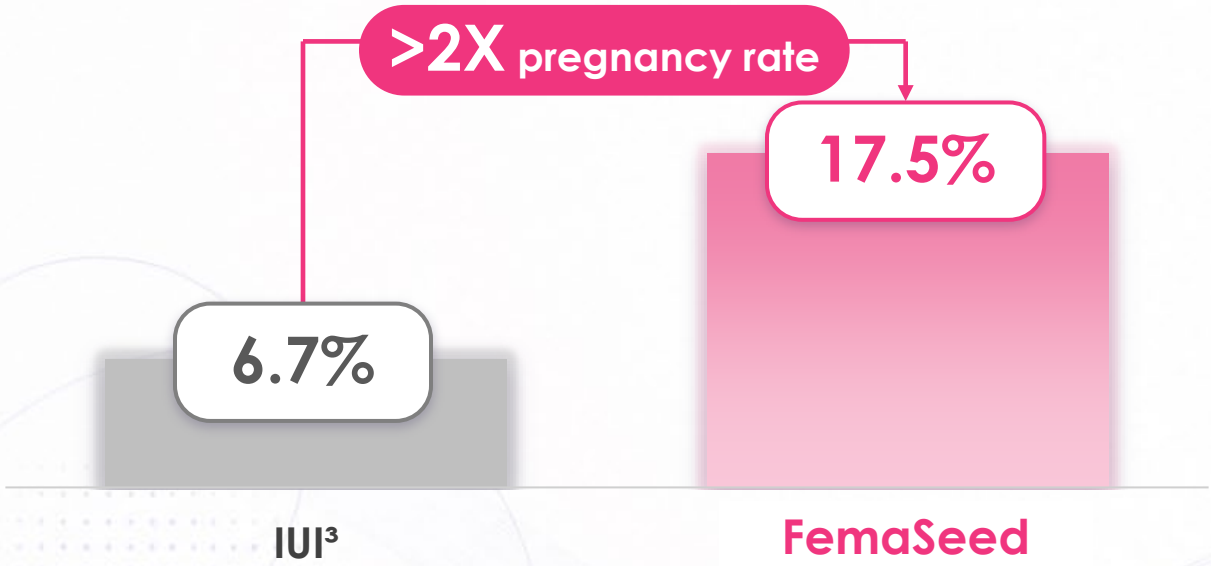
1. CDC, National Survey of Family Growth, 2006–2010 (via RESOLVE).

FemaSeed® Delivers Superior Clinical Performance

FemaSeed clinical study[1]
Couples with low male sperm count

PER PATIENT **~1 in 4 women became pregnant** (26.3%)

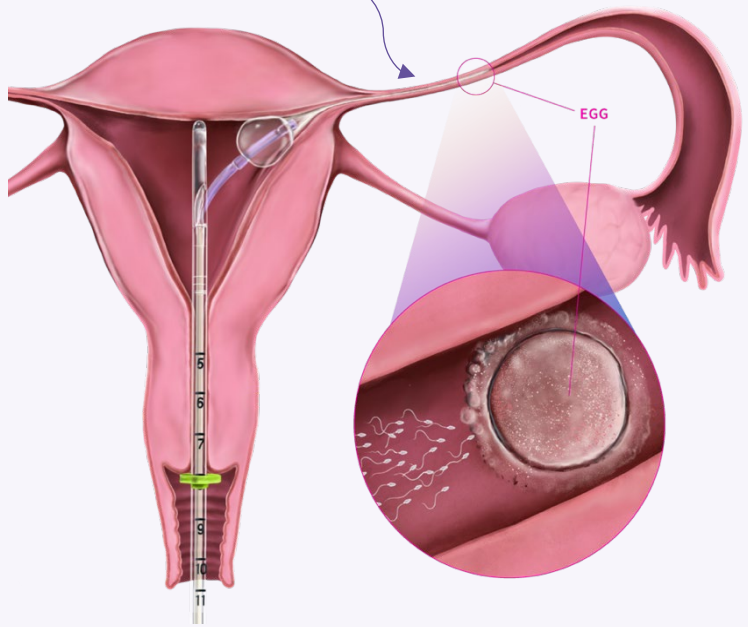
PER CYCLE **Pregnancy rate vs. IUI**



Low sperm count reduces IUI effectiveness, often requiring IVF/ICSI[2]

Why FemaSeed ITI?

Enhances Natural Fertilization



1. Liu et al. (2024). FemaSeed Directional Intratubal Artificial Insemination for Couples with Male-Factor or Unexplained Infertility Associated with Low Male Sperm Count. *J Gynecol Reprod Med*, 8(2), 01-12. doi: 10.33140/JGRM.08.02.08.
2. Brannigan RE, et al. Updates to male infertility: AUA/ASRM guideline (2024). J Urol. Published online August 15, 2024. doi:10.1097/JU.0000000000004180.
3. Duran et al. (2002). Intrauterine insemination: a systematic review on determinants of success. *Human Reproduction*, vol.8, no.4, pp.373-384.

FemaSeed® Offers Favorable Competitive Advantages

		Artificial Insemination		Assisted Reproductive Technology	
		FemaSeed (2024)	**IUI (1700s)**	**IVF (1978)**	**ICSI (1992)**
LESS INVASIVE	No surgery (risks/cost)	✓	✓	—	—
	No egg retrieval or storage	✓	✓	—	—
	No required injections	✓	—	—	—
LESS COSTLY	In OB/GYN office	✓ (with FemSperm®)	— (no sperm handling)	—	—
	First-step insemination	✓	✓	—	—
UNIQUE TO FEMASEED®	Low male sperm count efficacy	✓	**Rec for IVF/ICSI**	✓	✓
	Single fallopian tube solution	✓	—	**N/A**	**N/A**
OVERALL ADVANTAGES	Sperm to site of conception	✓	—	**N/A**	**N/A**
	Widespread accessibility	✓	✓	**Varies**	**Varies**

FemaSeed
~90% lower cost than IVF



1. https://bettercare.com/costs/ivf-cost#average-ivf-cost (does not include genetic testing, embryo freezing and storage)

FemaSeed® Offers a Clear Opportunity for Every Practice

Meeting patients where they are by delivering care in the office and creating practice value

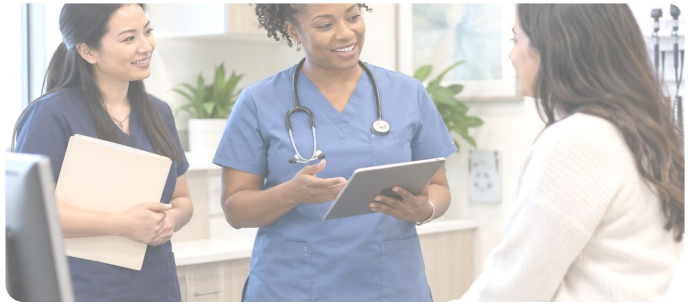


KEEP PATIENTS ENGAGED

Most patients don't reach a referral

>99%

of infertility patients are managed by OB/GYNs



NURSES CAN PERFORM

Leverage staff for seamless integration

- Uses existing staff and workflow
- Quick to train and implement



OB/GYNs + FERTILITY CENTERS

Supports entire fertility care ecosystem

OB/GYN PRACTICES

Treat in-office first

FERTILITY CENTERS

Faster path to IVF when needed

Compelling Economics for OB/GYN Practices

Femasys fertility portfolio enables a new, high-value in-office revenue stream

CASH-PAY MARKET

Most patients pay out of pocket

>70%

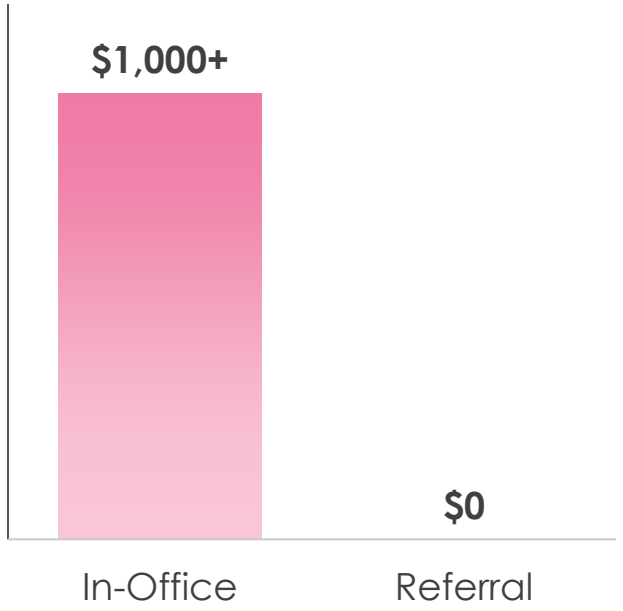
of states have limited to no fertility coverage[1]

STATES WITH SOME COVERAGE

CAT III approved *(effective Jan 2027)*

IN-OFFICE REVENUE

Cash pay opportunity per patient



>10X

office consult fee with FemaSeed®

1. Resolve.org/learn/financial-resources/insurance-coverage/insurance-coverage-by-state

Fertility Portfolio Enables Accelerated FemBloc® Adoption

Established fertility relationships provide a ready U.S. customer base for in-office FemBloc

FIRST

FERTILITY

Expand access to in-office fertility care

FemaSeed® + FemSperm® | FemVue® ·SpermVue®

NEXT

PERMANENT BIRTH CONTROL

Provide in-office permanent birth control

FemBloc®

Commercial synergies carry from fertility to FemBloc®

Same call point

Established OB/GYN customer base and foundational commercial team in place for FemBloc launch

Shared platform

FemaSeed delivery method and FemVue confirmation used for FemBloc

Permanent Contraception – Critical Gap

Centuries of limited innovation have created massive unmet need for millions of women

U.S. women, by contraceptive status

Only ~1 in 10 choose surgery

~13M

>90% remain on temporary birth control[2,3]

~1.2M

Done having children[1],[2]

Elect sterilization yearly[2],[4]

Post-Roe demand rising for permanent contraception[4]



1. Jones et. al, Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995. National health statistics reports; no 60. Hyattsville, MD: National Center for Health Statistics. 2012.
2. Daniels et. al, Current contraceptive status among women aged 15–49: United States, 2017–2019. NCHS Data Brief, no 388. Hyattsville, MD: National Center for Health Statistics. 2020.
3. National health statistics reports; no 60. Hyattsville, MD: National Center for Health Statistics. 2012.
4. Martinez GM. Receipt of family planning services in the United States: 2022–2023. NCHS Data Brief, no 520. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc/169629

Surgery is Only Option in Market with Growing Demand

Rising demand meets an over 100-year-old surgical procedure[1]



OPERATING ROOM ONLY

Requires OR, incisions and anesthesia

DAYS OF RECOVERY

Time off work deters many women

NO NEW OPTIONS FOR WOMEN

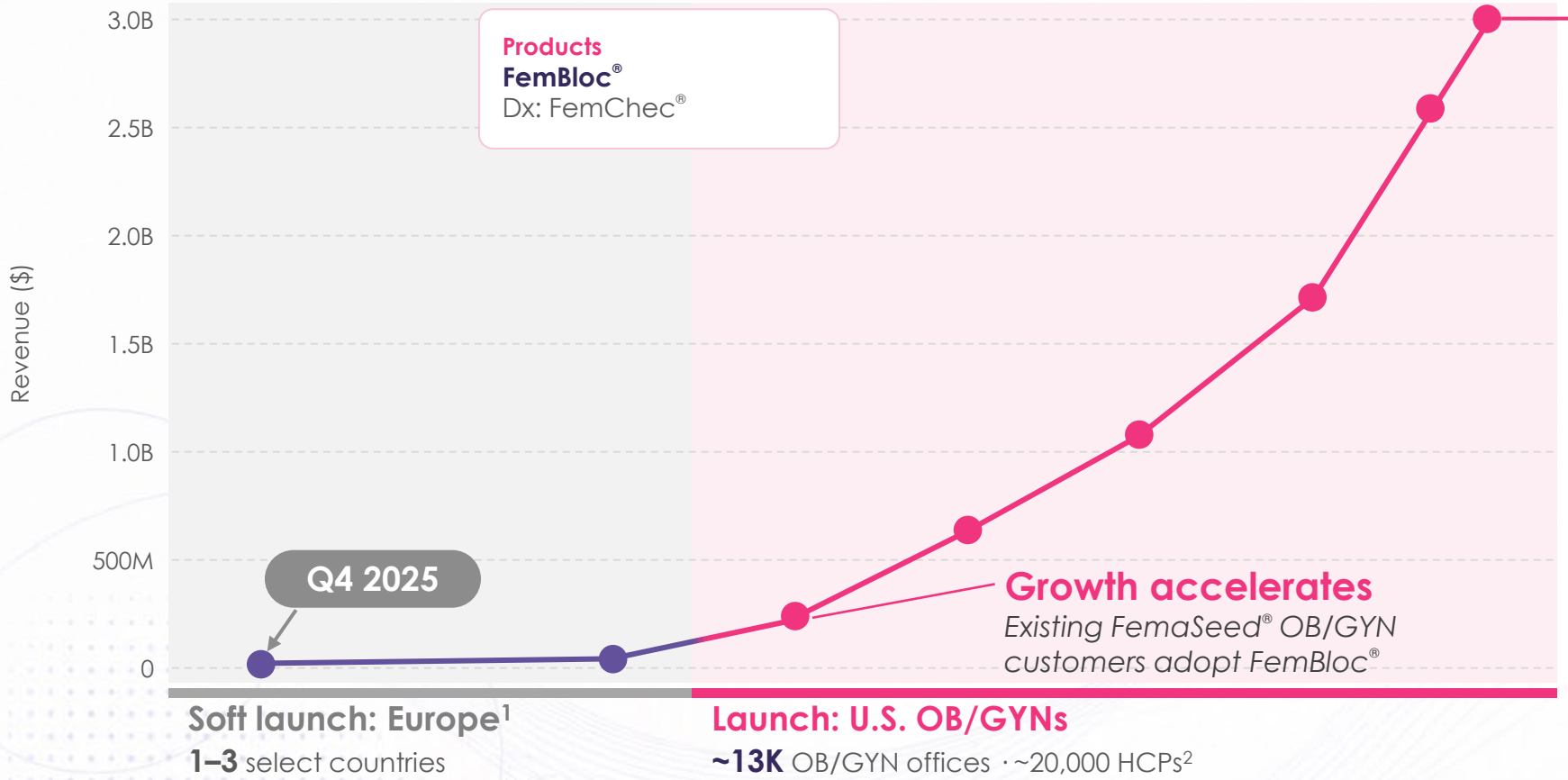
Tubal ligation dates back to the 1880s

An in-office option improves patient safety and practice economics

1. Martinez GM. (2024) doi: https://dx.doi.org/10.15620/cdc/169629

FemBloc® Potential for Exponential Revenue Expansion

Leveraging existing fertility portfolio and physician base to drive accelerated growth



ESTIMATE

$3B

annual revenue potential

Assumes ~30% surgical and ~5% temporary method conversion

1. Required European post-market study is underway.
2. https://www.bls.gov/oes/2023/may/oes291218.htm

FemBloc® Redefines Permanent Birth Control

Designed to provide women a less invasive, non-surgical option performed in-office by OB/GYNs

1 In-office procedure

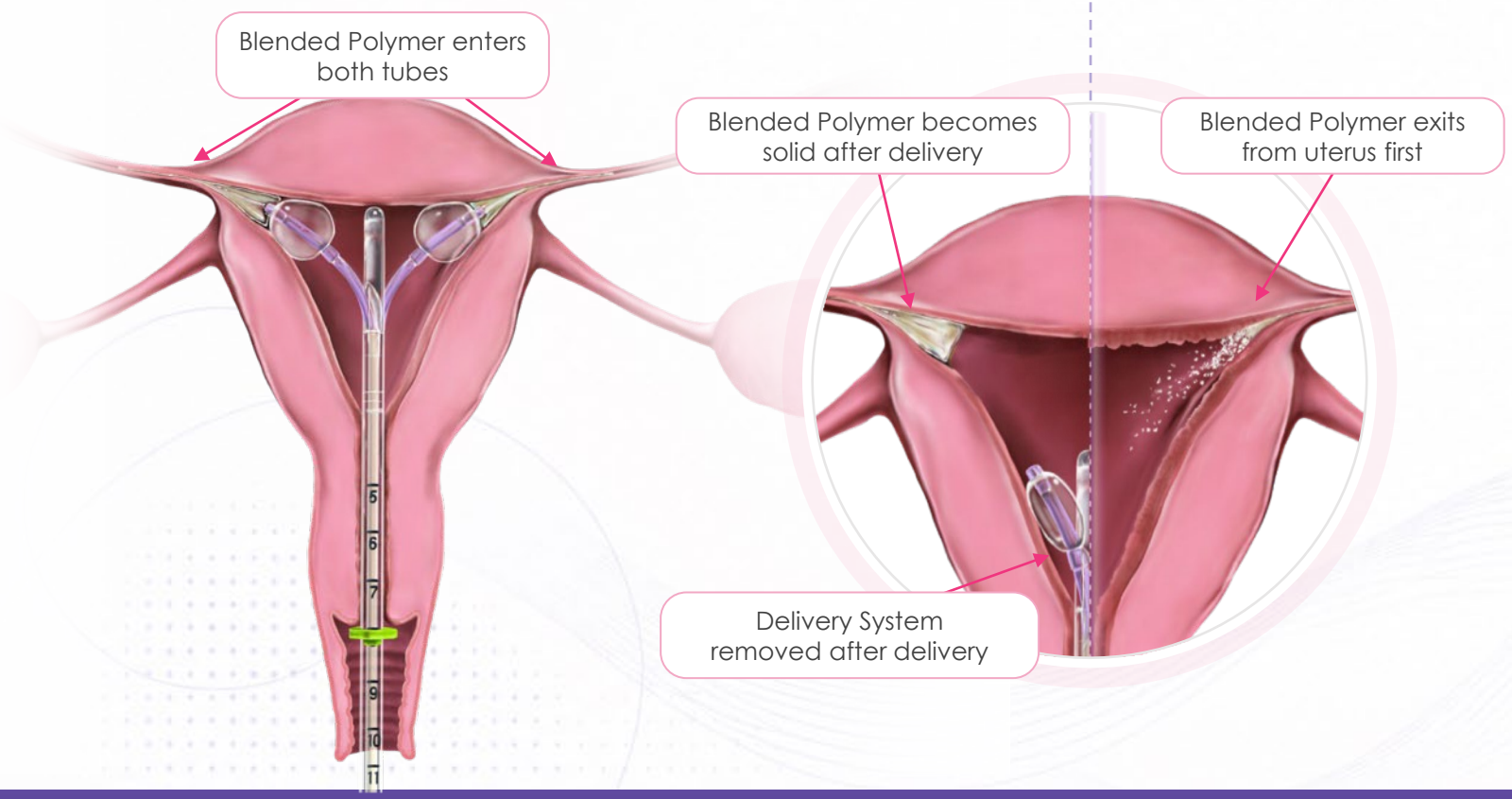
Delivered into both tubes after positioning

2 Over ~3 months

Degrades as scar tissue blocks tubes

3 Confirmation test

Ultrasound confirms occlusion



PATIENT-CENTERED DRIVERS

- Demand for natural, safe options
- Concern with hormone-based options
- Fear of implant safety risks

FemBloc® Offers Favorable Competitive Advantages

		Permanent Birth Control			Temporary
		FemBloc (non-surgical)	**Surgical Sterilization**	**Essure®** (off-market*)	**IUD** (primarily hormonal)
LESS INVASIVE	No surgery	✓	—	—	✓
	No anesthesia	✓	N/A	N/A	✓
	No incisions	✓	—	✓	✓
LESS RISK	No implant (coil/clip)	✓	—	—	—
	No hormones	✓	✓	✓	—
LESS COSTLY	In-office procedure	✓	—	Some	✓
	No special capital equipment	✓	—	—	✓
OVERALL ADVANTAGES	For surgery-ineligible women	✓	—	✓	✓
	Widespread applicability	✓	Varies	N/A	✓

*Essure was developed by Conceptus Inc., a single product company acquired by Bayer in 2013 for $1.1 billion

FemBloc® Redefining Birth Control

Comprehensive clinical evidence and successful regulatory approvals reinforce commercial potential

Earlier FemBloc clinical studies

Prospective, multi-center, unblinded (n=228 subjects)[1]

Safety and experience

SAFETY
Mild AEs only
Spotting/bleeding, cramping; no serious AEs

RECOVERY
Immediate
Return to normal activities

SATISFACTION
High
Physician and patient satisfaction

Effectiveness in cohort of interest*

Pregnancy rate, FemBloc[1] vs. surgical sterilization[2]



* n=51 subjects analyzed for effectiveness

EARLY SIGNAL IN A SMALL COHORT
U.S. FINALE pivotal trial (n=401) will confirm 1-year pregnancy rate

1. Liu et al. (2025). FemBloc Non-Surgical Permanent Contraception for Occlusion of the Fallopian Tubes. *J Gynecol Reprod Med*, 9(1), 01-12. doi: 10.33140/JGRM.09.01.05.
2. Gariepy et al. (2022). Comparative Effectiveness of Hysteroscopic and Laparoscopic Sterilization for Women: A Retrospective Cohort Study. *Fertility and Sterility*, 117(6):1322-1331. doi: 10.1016/j.fertnstert.2022.03.001.

FemBloc® U.S. Approval Pathway Well Underway

Prior FDA IDE experience and international approvals reduce U.S. regulatory risk

U.S. FINALE pivotal trial for FDA approval

(clinical trials.gov: NCT05977751)

PRIMARY ENDPOINT

n=401

1-year pregnancy rate relying on FemBloc®

STUDY DESIGN

Single-arm

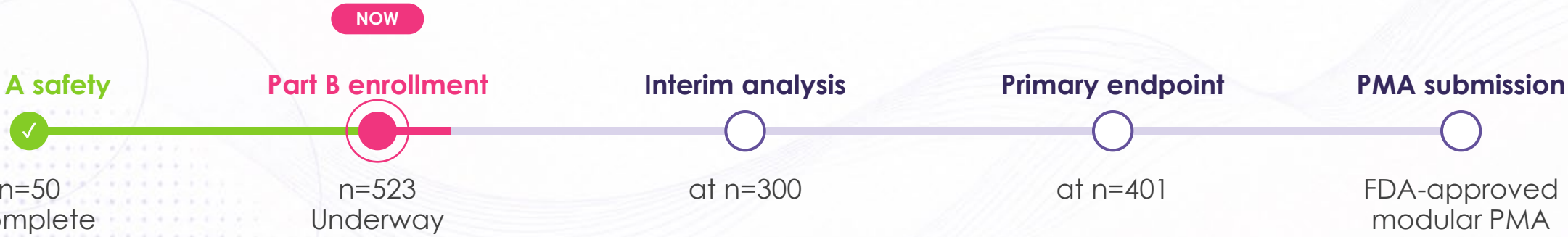
Prospective, multi-center, open-label vs. historical control

SAFETY

2–5 yrs

Post-market safety follow-up

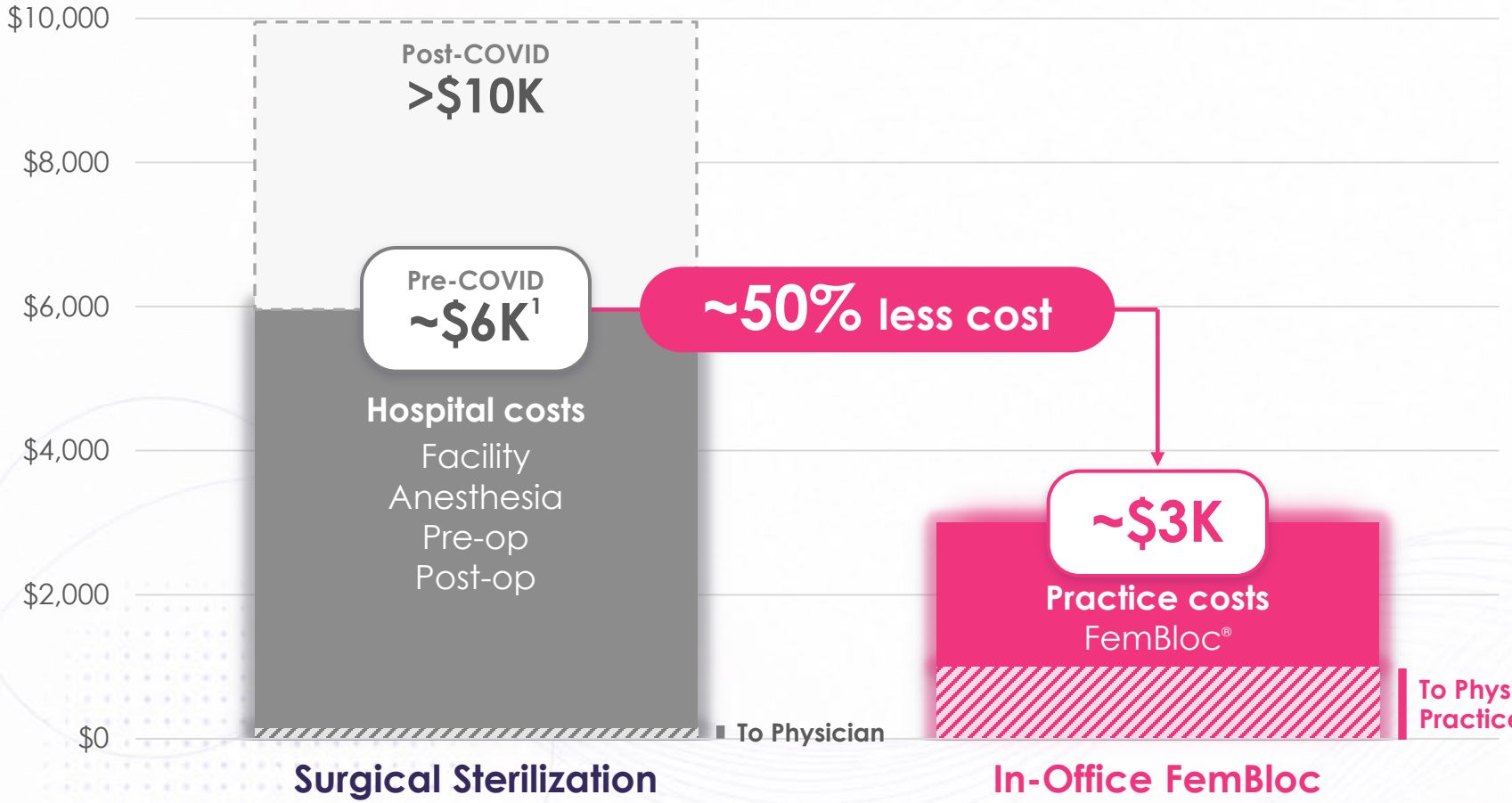
Limited options and strong interest support efficient enrollment



Expansion of In-Office Revenue Opportunities

Potential to reduce healthcare system costs while enhancing practice profitability

U.S. cost per procedure, surgical sterilization vs. FemBloc®



>10X profit potential
for in-office FemBloc procedure

Reimbursement expected
ACA coverage for patients



1. Planned parenthood (2019), https://www.plannedparenthood.org/learn/birth-control; Doximity 2019; U.S. Bureau of Labor Statistics.

Proven Infrastructure Reduces Execution Risk

Built to support commercialization today and future portfolio growth

THE TEAM

Expert leadership

Women's health pioneers

- Seasoned leaders in core functions
- Now scaling commercial team

MANUFACTURING

In-house U.S.

Built for scale

- Efficient production
- Attractive margins



REGULATORY

Global approvals

Proven track record

- Clinical validation with extensive data
- U.S. and global regulatory approvals

INTELLECTUAL PROPERTY

Protected IP

200+ patents

- Protects platform and portfolio
- Long-term differentiation

Major Value Inflection Points

Strategic execution across the portfolio expected to drive value creation

	Q1–Q3 2026 ✓ ACHIEVED	Q4 2026 MILESTONES
FEMASEED® Fertility	**Launched** to OB/GYNs (May) ✓ Cat III reimbursement code approved ✓ Began U.S. commercial team expansion ✓ Secured OB/GYN customer accounts ✓ Announced financing partnership for OB/GYNs	**Expand** commercial team ○ Grow OB/GYN and REI revenue ○ Secure strategic partnerships
FEMBLOC® Birth control	**FINALE** U.S. trial initiated (Mar) ✓ MDSAP approval ✓ Expanded number of U.S. trial sites ✓ Supported post-market study in EU ✓ FDA approved PMA modular approach	**Advance** FINALE enrollment ○ Add U.S. trial sites ○ Support EU post-market study

✓ **Financing closed August 2026** · Proceeds fund Q4 milestones

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