Zacks Small-Cap Research

December 13, 2017
Grant Zeng, CFA
312-265-9466
gzeng@zacks.com

scr.zacks.com
10 S. Riverside Plaza, Chicago, IL 60606

Arrowhead Pharm (ARWR-NASDAQ)

ARWR: Updated ARC-520 Phase II data reported, Strategic shift to subQ and extra-hepatic programs, Collaborations with Amgen announced; Balance sheet remains strong,

Current Price (12/12/17)	$3.55
Valuation	**$7.00**

OUTLOOK

After discontinuation of three DPCiv programs, Arrowhead shifted its focus on subcutaneous and extra-hepatic therapeutics.

The company is close to nominating new candidates and moving into IND enabling studies. Clinical trial will take place in 2017.

Cost cutting measures will extend its cash runway into 2019.

We remain optimistic about Arrowhead's prospect.

SUMMARY DATA

52-Week High	**$4.50**
52-Week Low	**$1.24**
One-Year Return (%)	**141.30**
Beta	**1.80**
Average Daily Volume (sh)	**823,958**
Shares Outstanding (mil)	**75**
Market Capitalization ($mil)	**$249**
Short Interest Ratio (days)	**N/A**
Institutional Ownership (%)	**N/A**
Insider Ownership (%)	**N/A**
Annual Cash Dividend	**$0.00**
Dividend Yield (%)	**0.00**
5-Yr. Historical Growth Rates	
Sales (%)	**N/A**
Earnings Per Share (%)	**N/A**
Dividend (%)	**N/A**
P/E using TTM EPS	**N/A**
P/E using 2013 Estimate	**N/A**
P/E using 2014 Estimate	**N/A**
Zacks Rank	**N/A**

Risk Level	**High,**
Type of Stock	**Small-Growth**
Industry	**Biotechnology**
Zacks Rank in Industry	**N/A**

ZACKS ESTIMATES

Revenue
(in millions of $)

	Q1 (Dec)	Q2 (Mar)	Q3 (Jun)	Q4 (Sep)	Year (Sep)
2015	0.17 A	0.04 A	0.12 A	0.04 A	0.38 A
2016	0.04 A	0.04 A	0.04 A	0.03 A	0.16 A
2017	4.37 A	8.99 A	9.34 A	8.71 A	31.4 A
2018					32.0 E

Earnings per Share
(EPS is operating earnings before non-recurring items)

	Q1 (Dec)	Q2 (Mar)	Q3 (Jun)	Q4 (Sep)	Year (Sep)
2015	-$0.37 A	-$0.50 A	-$0.27 A	-$0.51 A	-$1.64 A
2016	-$0.32 A	-$0.35 A	-$0.32 A	-$0.34 A	-$1.34 A
2017	-$0.21 A	-$0.08 A	-$0.08 A	-$0.14 A	-$0.50 A
2018					-$0.61 E

Zacks Projected EPS Growth Rate - Next 5 Years % **N/A**

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WHAT'S NEW

Update on Fiscal 2017 Financials

On December 12, Arrowhead reported its financial results for the fiscal year ended September 30, 2017.

Total revenue was $31.4 million for the fiscal year ended September 30, 2017, compared to a total revenue of $0.16 million for the fiscal year of 2016. Revenue in the current period was primarily related to the upfront payments received from Amgen that was recognized as performance completed for the ARO-LPA and ARO-AMG1 agreements.

R&D expenses for the fiscal year 2017 were $31.7 million, compared to $41.5 million for fiscal year 2016.

SG&A expenses for fiscal year 2017 were $24.1 million, versus $29.4 million for fiscal year 2016.

Other expenses for fiscal year 2017 were $12.6 million, versus $11.0 million for fiscal year 2016.

Adjusted net losses were $37.0 million ($0.50 per share) for fiscal year 2017, compared to a net loss of $81.7 million ($1.34 per share) for fiscal year 2016.

As of September 30, 2017, the Company had cash and investment of $66 million.

Current financial resources are sufficient to fund its operations through at least the next twelve months according to our financial model.

New HBV Clinical Data of ARC-520 Presented at HEP DART Meeting

The Updated Data

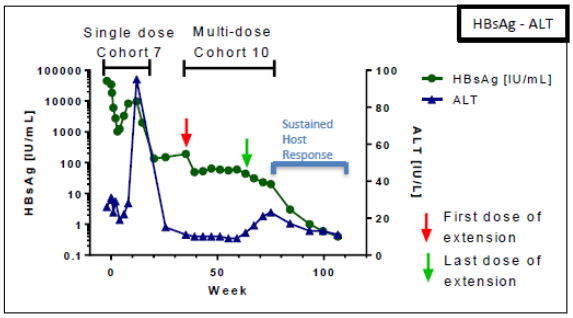
On December 6, Arrowhead presented new data of **ARC-520** from its **Phase II** clinical study in patients with chronic hepatitis B virus (HBV) infection at the 22nd biennial HEP DART meeting held in Kona, Hawaii, from Dec. 3-7. ARC-520 is the company's first-generation RNAi-based clinical candidate.

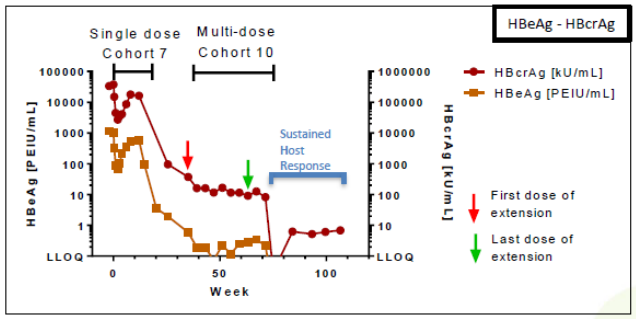
In the **ARC-520 2001 open** label extension study, 8 patients received between 4-9 monthly doses of 4 mg/kg ARC-520 in combination with entecavir.

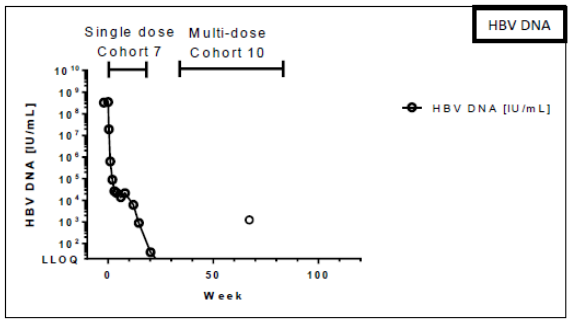
The new data demonstrated that 2 of 3 (66.7%) HBeAg positive patients and 2 of 5 (40%) HBeAg negative patients treated with ARC-520 had a sustained host response that persisted after therapy was removed. This host response was characterized by continued reduction of HBV biomarkers such as HBsAg, and was coincided with an uptick in liver enzyme alanine aminotransferase (ALT), which was indicative of host response.

In the **4 patients** that had a sustained host response, the company observed reductions in HBsAg of 5.0, 3.1, 2.4, and 0.6 log10 from baseline, respectively. Following charts show the detailed results for the 4 patients.

Patient 1: HBeAg Positive Patient at 0.36 IU/ml



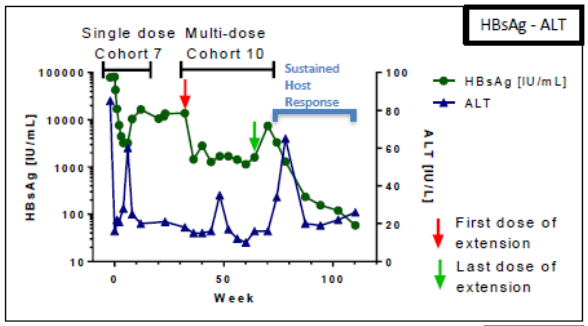


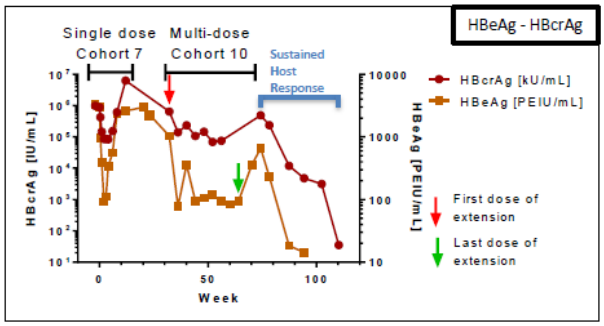


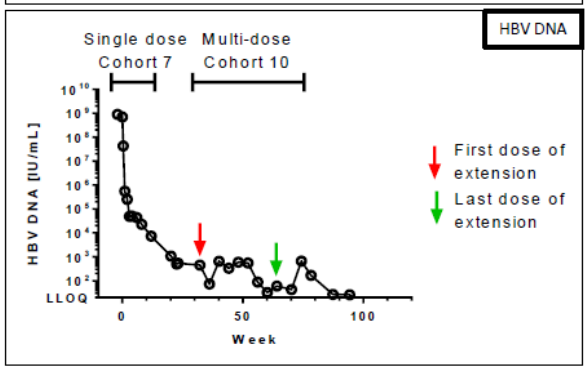
Patient 01-7985

- **5.0** Log10 HBsAg reduction from baseline
- 4.8 Log10 HBcrAg and >4.2 Log10 HBeAg reduction
- Rapid reduction of HBV DNA to BLOQ
- ALT elevation after initial antigen and DNA reductions and then after ARC-520 stopped
- Antigen decrease during ARC-520 treatment holiday consistent with increased host control of HBV virus

Patient 2: HBeAg Positive Patient Flared when ARC-520 Stopped



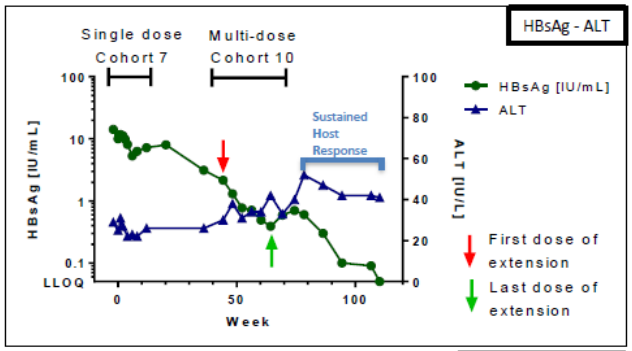


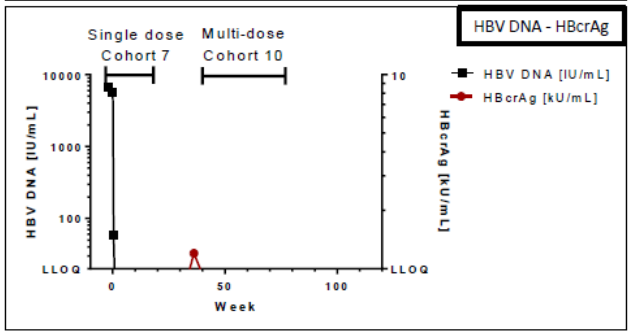


Patient 01-7982

- **3.1** Log10 HBsAg reduction from baseline
- 4.4 Log10 HBcrAg and 2.3 Log10 HBeAg reduction
- Biphasic reduction of HBV DNA by >7.5 Log10 to BLOQ
- Initial ALT elevations coinciding with antigen and DNA reductions
- HBsAg and HBeAg did not return to baseline after single dose ARC-520

Patient 3: HBeAg Negative Patient at 0.051 IU/ml

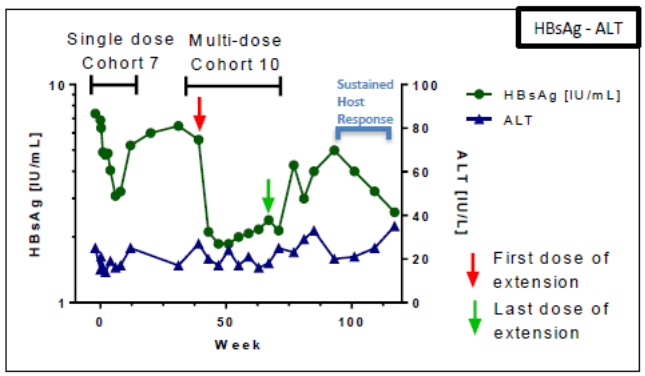


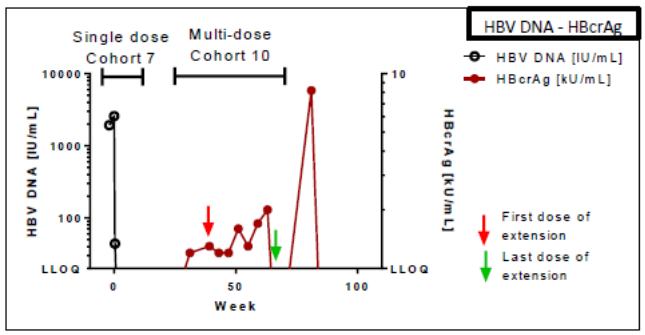


Patient 01-7983

- **2.4** Log10 HBsAg reduction from baseline to 0.051 IU/mL
- Delayed HBsAg response
- HBcrAg BLOQ throughout the study
- Rapid reduction of HBV DNA to undetectable levels with ARC-520 plus entecavir
- Antigen decrease during treatment holiday consistent with increased host response to virus

Patient 4: HBeAg Negative Patient Trending Toward HBsAg Seroclearance





Patient 01-7973

- **0.6** Log10 HBsAg reduction from baseline to NADIR, with rebound followed by additional reduction off-therapy
- Current HBsAg is 2.6 IU/ml
- HBcrAg floating around LLOQ throughout study, except one spike post ARC-520.
- Rapid reduction of HBV DNA to undetectable levels with ARC-520 plus entecavir

Further, these four patients achieved absolute levels of HBsAg of 58, 2.6, 0.36, and 0.051 IU/ml, respectively. The lowest absolute level of HBsAg was 0.051 IU/ml, below which is considered seroclearance. These patients also achieved reductions in HBV DNA to below the level of quantitation, and deep reductions in core-related antigen (HBcrAg), and HBeAg, with many at or below their respective lower limits of quantitation.

Our Immediate Takeaways

In this Phase II study of ARC-520, the company has observed in multiple patients continued reductions in key HBV markers long after ARC-520 treatment ceased. This is pretty encouraging in our view.

We can't say definitively that this is immune mediated, since we don't have biopsies or other direct evidence of that, but it's the first clinical evidence that indicates that an RNAi therapy initiated a favorable host response. This makes us more confident about the company's next generation RNAi-based candidate **ARO-HBV**, which may be even more active since it hits both transcripts from cccDNA and integrated DNA.

Preclinical Data on ARO-HBV

At the HEP DART meeting, Arrowhead also presented select **preclinical data** on **ARO-HBV**. Three doses of ARO-HBV in wild type pHBV mice led to reductions in HBV DNA of 3.44 log10 and both HBsAg and HBeAg dropped below the lower limit of quantitation (reductions of greater than 3.0 log10 and greater than 2.2 log10, respectively).

In addition, in a mutated pHBV mouse model that eliminates the HBx trigger site to simulate HBV patients with high levels of integrated HBV DNA relative to cccDNA, a single dose of ARO-HBV led to a reduction in HBsAg of 2.95 log10. The duration of effect was long, with a HBsAg reduction of approximately 2.0 log10 still observed 8 weeks after the dose.

Strategic Shift to Subcutaneous and Extra-Hepatic RNAi Programs

The Announcement

On November 29, 2016, Arrowhead announced a strategic redeployment of resources to support the development of RNAi programs that utilize the company's new proprietary subcutaneous **(subQ**) and **extra-hepatic** delivery systems.

As a result, Arrowhead will **discontinue** the ongoing development of clinical stage drug candidates ARC-520, ARC-521, and ARC-AAT, which utilize the **intravenous**-administered platform, called **DPCiv or EX1**.

As of this announcement all patient recruitment for ARC-520, ARC-521, and ARC-AAT has been halted and dosing discontinued. The company will work together with investigators and clinical sites to ensure a smooth transition of study closure and patient medical care.

Because of the discontinuation of the existing clinical programs, the company is reducing its workforce by approximately 30%, while maintaining full resourcing necessary to support current and potential future partner-based programs and Arrowhead's burgeoning pipeline. Management believes that this more streamlined structure should enable the company to continue to develop its programs rapidly, and is intended to extend its cash runway into 2019.

The Rationale for the Shift

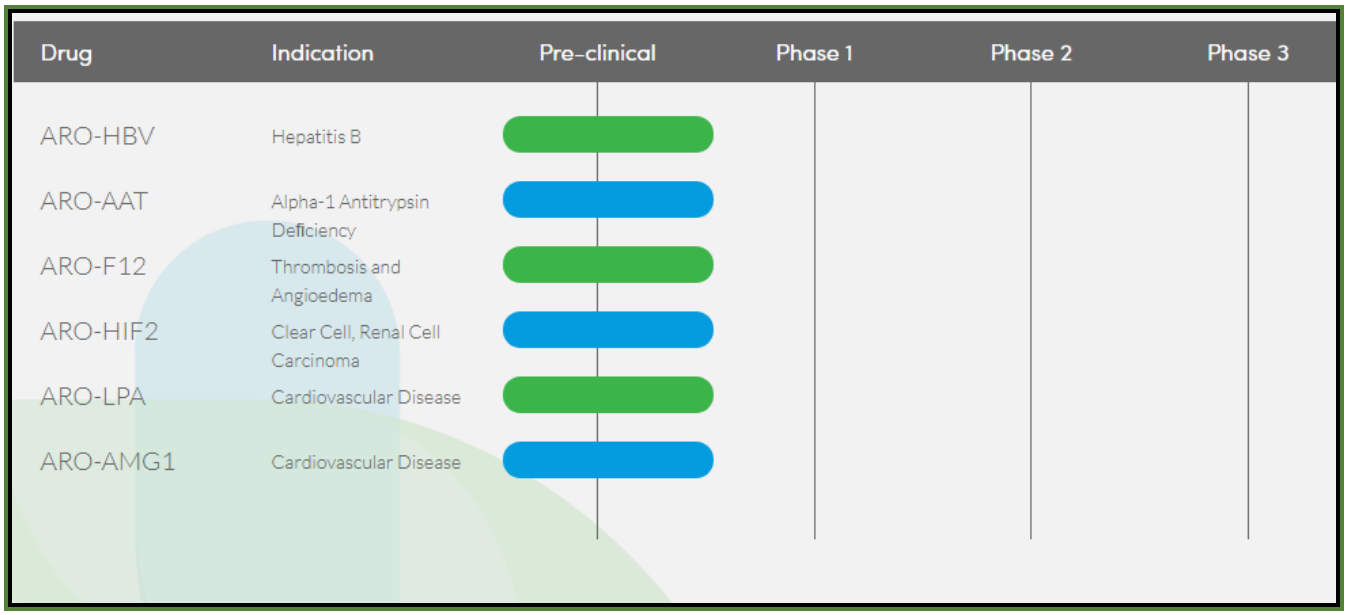
During the conference call, the company provided two reasons for the strategic shift.

- First, in early November, the FDA decided to place a **clinical hold** on **Heparc-2004**. During ongoing discussions with regulatory agencies and outside experts, it became apparent that there would be substantial delays in all clinical programs that utilize EX1, while the company further explored the cause of deaths in a non-clinical toxicology study in non-human primates.
- Second, Arrowhead has made substantial advances in RNA chemistry and targeting resulting in large potency gains for subQ administered and extra-hepatic RNAi-based development programs. In preclinical studies with the subQ platform, the company has obtained depth and duration of target gene knockdown approaching that of intravenously administered EX1-containing candidates, at lower doses and with good safety margins.

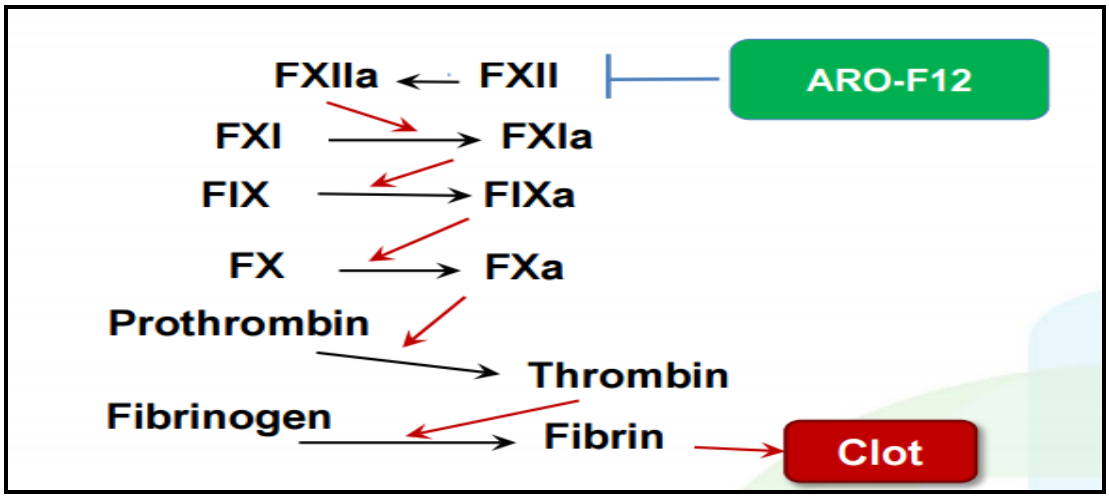
Therefore, the company believes it is prudent now to focus its development resources entirely on its subQ and extra-hepatic pipeline, which includes programs in HBV, AAT, Factor 12, HIF-2alpha, and other unannounced programs. In addition to its own pipeline, Arrowhead is also focused on providing full resources to support its partnership with Amgen and potential future partnerships for its subQ and extra-hepatic delivery systems.

Pipeline Update

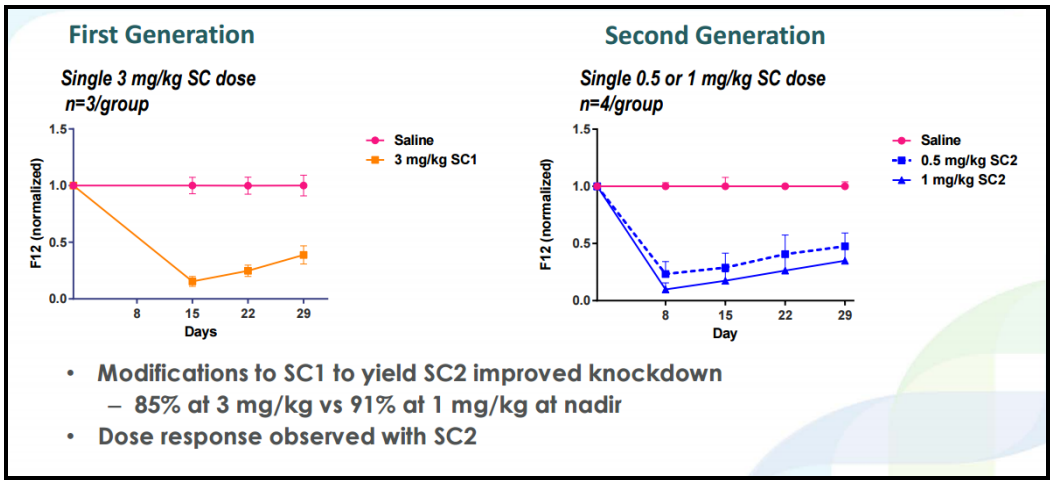
The company is advancing subQ programs against **Factor 12**, **HBV**, and **AAT**. The company plans to declare lead candidates and move toward IND enabling studies soon. Arrowhead is also active in extra-hepatic delivery program **ARO-Hif2**.



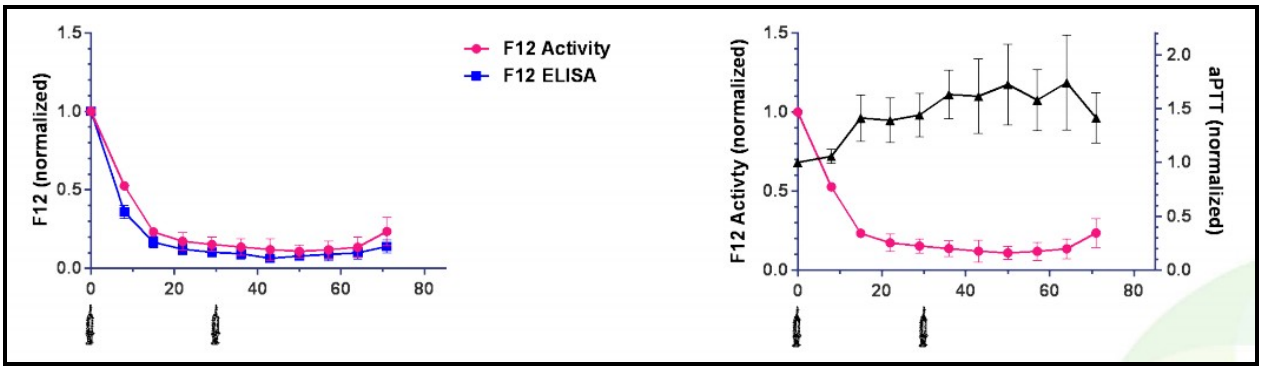
Arrowhead is developing **ARO-F12** RNAi-based therapeutic as a prophylactic anti-thrombotic therapy. **Factor XII (F12)** is a key component of contact activation pathway for platelet leading to blood clot. F12 inhibition is genetically validated to be effective in prevention of thrombosis.



Arrowhead has identified second generation ARO-F12 SC2 which has improved knockdown effect than first generation ARO-F12 SC in mice model.



In NHP model, ARO-F12 exhibited 90% knockdown of serum F12 levels with up to 5 weeks duration.



In Ferric chloride and arterio-venous shunt rodent models, ARO-F12 showed statistically significant reduction in thrombus formation with >95% knockdown of serum F12. No prolonged bleeding in treated mice with >99% knockdown of serum F12.

In a carrageenan-induced paw **edema** model in rats, treatment with ARO-F12 seven days prior to carrageenan challenge led to a significant reduction in edema ($p < 0.001$). The reduction in swelling in ARC-F12 treated rats is similar to that seen in rats treated with a kallikrein-targeted antibody. This supports Arrowhead's position that F12 inhibition could be an attractive target for the rare genetic disorder, hereditary angioedema (HAE).

Arrowhead plans to move ARO-F12 into clinic for the treatment of **thrombosis** and **angioedema**.

Collaborations with Amgen for Two Cardiovascular Programs

On Sept. 29, 2016, Arrowhead announced two license and collaboration agreements with Amgen to develop and commercialize two cardiovascular programs based on Arrowhead's RNAi platform.

These programs will utilize Arrowhead's proprietary **subcutaneous RNAi delivery technology**.

Pursuant to one agreement, Amgen receives a worldwide, exclusive license to Arrowhead's novel, RNAi **ARC-LPA program**, which is designed to reduce production of apolipoprotein A, a key component of lipoprotein(a), which has been genetically linked with increased risk of cardiovascular diseases, independent of cholesterol and LDL levels. ARC-LPA is Arrowhead's first drug candidate to use a subcutaneously administered delivery construct. Elevated lipoprotein(a), or Lp(a), is widely viewed as a key risk factor for cardiovascular diseases, including coronary artery disease, atherosclerosis, thrombosis and stroke.

Under the second agreement, Amgen receives an option to a worldwide, exclusive license for a RNAi therapy for an **undisclosed genetically validated cardiovascular target**.

In both agreements, Amgen will be wholly responsible for clinical development and commercialization.

In connection with the two collaborations, Arrowhead will receive $35 million in upfront payments; $21.5 million in the form of an equity investment by Amgen in Arrowhead common stock (about 3 million shares); and up to $617 million in option payments, and development, regulatory and sales milestone payments. Arrowhead is further eligible to receive single digit royalties for sales of products against the undisclosed target and up to low double digit royalties for sales of products under the ARC-LPA agreement.



Our Takeaways from the Deal

We welcome this deal and think it's positive to Arrowhead in the following aspects:

First, the collaborations immediately boost the company's balance sheet with the $56.5 million upfront payment. In the long run, milestone payment and royalty will further enhance the company's cash position in a non-dilutive way.

Second, the deal with Amgen further validates Arrowhead's RNAi technology and its clinical application.

Third, with a great partner Amgen, this deal could serve as a signal of renewed interest in RNAi technology and similar deal could be signed in the future for Arrowhead.

We will provide further updates on this deal for investors when they are available.

Update on ARO-HIF2 for Kidney Cancer

In September, 2015, Arrowhead nominated **ARO-HIF2** as its first therapeutic candidate delivered using a new Dynamic Polyconjugate™ (DPC™) designed to target tissues outside of the liver. Arrowhead believes that ARO-HIF2, which uses RNA interference to silence transcription factor hypoxia-inducible factor 2α (HIF-2α), is a promising new candidate for the treatment of clear cell renal cell carcinoma **(ccRCC).**

ARO-HIF2 is designed to inhibit the production of HIF-2α, which has been linked to tumor progression and metastasis in ccRCC. Using ARC-HIF2 in a preclinical ccRCC tumor model, mice treated with weekly injections led to greater than 80% knockdown of HIF-2α mRNA in tumors. Furthermore, tumors from treated mice exhibited statistically significant reductions in size and weight, extensive tumor cell death, reduction in the tumor-expressed VEGF-A biomarker, and destruction of the blood vessels feeding the tumors.

The company presented positive **preclinical data** at the European Cancer Congress 2015 (ECC2015) in Vienna on September 27, 2015 in a poster titled "HIF-2α targeting with a novel RNAi delivery platform as therapy for renal cell carcinoma," (abstract #353).

The company further presented positive preclinical data on ARO-HIF2 at AACR2016.

The poster presentation described data from various stages of development of ARO-HIF2, including RNAi trigger selection, HIF2-α target validation, delivery and targeting ligand validation, and multiple RCC tumor models. These data show that important advancements are being made in this program and for Arrowhead's Dynamic Polyconjugate™ (DPCTM) delivery platform generally, including the following key findings:

- Proof-of-concept ligand dependent, functional delivery was demonstrated using the DPC targeted delivery platform
- Silencing HIF2-α expression by RNA interference resulted in reduction of HIF-2α regulated genes
- In two different RCC tumor bearing mouse models, ARO-HIF2 inhibited tumor growth and promoted tumor cell death and structural degeneration

The company is in the process of manufacturing scale up to allow for initiation of IND-enabling studies. Timing for anticipated regulatory submission will be announced in the future.

Update on ARO-LPA for Cardiovascular Disease

Arrowhead's RNAi-based candidate ARO-LPA is in preclinical development as a potential treatment for cardiovascular diseases. ARO-LPA is designed to reduce production of apolipoprotein(a), a key component of lipoprotein(a), or Lp(a). Lp(a) levels in humans are genetically defined and higher levels correlate with increased risk of **cardiovascular diseases**, independent of cholesterol and LDL levels. ARO-LPA is Arrowhead's first drug candidate to use a subcutaneously administered delivery construct.

In May 2016, Arrowhead presented additional promising preclinical data on ARO-LPA at the Arteriosclerosis, Thrombosis and Vascular Biology | Peripheral Vascular Disease (ATVB|PVD) 2016 Scientific Sessions in Nashville.

The poster presentation described data from **in vitro** screening of RNAi triggers and multiple in vivo models, including transiently transgenic mice, transgenic mice (Tg), and non-human primates (NHPs). Key findings from these studies include the following:

- Screening of RNAi triggers in Tg mice identified those that exhibited substantial and sustained knockdown of serum apo(a) and Lp(a) levels
- RNAi trigger sequences were active in both intravenous and SQ platforms
- Structure activity relationship (SAR) studies looking at chemical modifications to the RNAi trigger identified a lead that demonstrated **greater than 98%** maximum knockdown after a single 3 mg/kg SQ dose in transgenic mice
- Duration of effect gains were also made with greater than 85% knockdown still seen at 6 weeks post dose
- In NHPs, 85-90% reduction of serum Lp(a) levels was observed after three weekly 3 mg/kg SQ doses
- Duration of effect in NHPs was long, with Lp(a) levels still reduced by 75% 6 weeks after the final dose

We Remain Optimistic about the Prospect of Arrowhead

We continue to be optimistic about the prospect of Arrowhead and maintain our valuation at $7 per share.

We believe management decision to focus on the subQ and extra-hepatic programs is prudent.

The discontinuation of the DPCiv programs is not based on the safety or efficacy of the three candidates. Instead, the safety profile of ARC-520, ARC-521, and ARC-AAT in human clinical trials appeared to be favorable, and supported advancing the programs, with a small minority (6%) of infusions being associated with infusion reactions. In addition, across the ARC-520, ARC-521, and ARC-AAT clinical programs, laboratory values have not been deemed indicative of drug induced organ toxicity.

In addition, each candidate was highly active against its respective target. For example, ARC-AAT achieved 90% knockdown of serum AAT, which is believed to be near full suppression of liver production of the protein, in a **Phase I** clinical study. For ARC-520, it was previously reported that reductions in surface antigen (HBsAg) of almost 99%, or 2 logs, were achieved after a single dose. In subsequent multiple dose studies, for which data have not yet been reported, reductions of almost 3 logs were observed, with several patients being tracked that appear poised to possibly seroclear HBsAg, representing potential function cures.

The major reason for discontinuing the DPCiv programs is that it may takes more than 18 months to obtain actionable results to lift the clinical hold on the DPCiv programs. Even after this long delay, the possibility remains that the study could be inconclusive or fall short of satisfying the regulators in some way.

Therefore, management decided to focus entirely on its SubQ and extra-hepatic programs. These include SubQ programs against HBV, AAT, Factor 12, ARCHif2, and several undisclosed subcutaneous and extra-hepatic programs. It also includes partnered programs with Amgen, ARC-LPA and ARCAMG1.

We believe it is a natural transition because the company's SubQ platform is capable of achieving similar results as the EX1 delivery vehicle, with the added benefit of a more convenient mode of administration and expected improved safety margins.

The company is in advanced subQ development in programs against **Factor 12**, **HBV**, and **AAT**. The company plans to declare lead candidates and move toward IND enabling studies soon. Arrowhead is also active in extra-hepatic delivery program **ARO-Hif2**.

The discontinuation of the three advanced DPCiv programs certainly negatively impacts Arrowhead valuation. But the sharp decline (60%) in share price (currently at about $1.6) is an overreaction in our view. We believe current market price does not reflect the intrinsic value of the company. We estimate Arrowhead will move at least one subQ candidate into clinic in 2017.

Our price target $7 per share values the company at $525 million in market capitalization, which we think is appropriate at this time. As long as management remains committed, value will be generated for shareholders in the future.

PROJECTED INCOME STATEMENT

	2016 (Sept)					2017 (Sept)					2018 (Sept)	2019 (Sept)
$ in millions except per share data	Q1	Q2	Q3	Q4	FY	Q1	Q2	Q3	Q4	FY	FYE	FYE
Revenue	$0.04	$0.04	$0.04	$0.03	$0.16	$4.37	$8.99	$9.34	$8.71	$31.41	$32.00	$35.00
YOY Growth	-	-	-	-	-	-	-	-	-	*19736.5%*	*1.9%*	*9.4%*
Total Revenues	**$0.04**	**$0.04**	**$0.04**	**$0.03**	**$0.16**	**$4.37**	**$8.99**	**$9.34**	**$8.71**	**$31.41**	**$32.00**	**$35.00**
YOY Growth	*-74.4%*	*0.0%*	*-68.0%*	*-28.6%*	*-58.6%*	*9878.3%*	*20439.3%*	*23502.3%*	*27784.1%*	*19736.5%*	*1.9%*	*9.4%*
Cost of Revenue	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Gross Income	**$0.0**	**$0.0**	**$0.0**	**$0.0**	**$0.2**	**$4.4**	**$9.0**	**$9.3**	**$8.7**	**$31.4**	**$32.0**	**$35.0**
Gross Margin	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*
R&D	$10.3	$10.0	$9.4	$11.7	$41.5	$9.5	$7.0	$6.9	$8.3	$31.7	$40.0	$50.0
% R&D	*23631.6%*	*22904.8%*	*23806.2%*	*37349.0%*	*26181.8%*	*218.2%*	*77.6%*	*73.9%*	*95.0%*	*100.9%*	*125.0%*	*142.9%*
Salary and G&A	$5.9	$8.1	$6.4	$9.1	$29.4	$6.1	$5.2	$5.3	$7.5	$24.1	$28.5	$35.0
% SG&A	*13420.6%*	*18438.9%*	*16140.5%*	*29039.9%*	*18570.0%*	*140.4%*	*57.9%*	*56.5%*	*86.3%*	*76.8%*	*89.1%*	*100.0%*
Other expenses	$3.2	$3.2	$3.6	$1.1	$11.0	$3.6	$2.9	$2.9	$3.2	$12.6	$12.0	$12.0
% Other	*7256.4%*	*7361.7%*	*9016.5%*	*3455.3%*	*6975.3%*	*82.7%*	*32.6%*	*30.8%*	*36.3%*	*40.1%*	*37.5%*	*34.3%*
Operating Income	**($19.3)**	**($21.3)**	**($19.3)**	**($21.8)**	**($81.7)**	**($14.9)**	**($6.1)**	**($5.7)**	**($10.3)**	**($37.0)**	**($48.5)**	**($62.0)**
Operating Margin	-	-	-	-	-	-	-	-	-	-	-	*-177.1%*
Other Income (Net)	$0.1	$0.4	($0.1)	($0.4)	$0.0	$2.8	$0.1	$0.2	($0.5)	$2.6	($0.5)	($0.5)
Pre-Tax Income	**($19.3)**	**($20.8)**	**($19.4)**	**($22.2)**	**($81.7)**	**($12.1)**	**($6.0)**	**($5.5)**	**($10.7)**	**($34.4)**	**($49.0)**	**($62.5)**
Net Taxes (benefit)	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Tax Rate	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
Reported Net Income	**($19.3)**	**($20.8)**	**($19.4)**	**($22.2)**	**($81.7)**	**($12.1)**	**($6.0)**	**($5.5)**	**($10.7)**	**($34.4)**	**($49.0)**	**($62.5)**
YOY Growth	-	-	-	-	-	-	-	-	-	-	-	-
Net Margin	-	-	-	-	-	-	-	-	-	-	-	-
Weighted avg. Shares Out	*59.5*	*59.8*	*60.0*	*64.9*	*61.1*	*71.4*	*74.6*	*74.8*	*74.7*	*73.9*	*80.0*	*85.0*
Reported EPS	**($0.32)**	**($0.35)**	**($0.32)**	**($0.34)**	**($1.34)**	**($0.17)**	**($0.08)**	**($0.07)**	**($0.14)**	**($0.47)**	**($0.61)**	**($0.74)**
YOY Growth	-	-	-	-	-	-	-	-	-	-	-	-
One-time charge	$0.00	$0.00	$0.00	$0.00	$0.00	($2.82)	($0.09)	($0.19)	$0.48	($2.62)	$0.00	$0.00
Non-GAAP Net Income	**($19.3)**	**($20.8)**	**($19.4)**	**($22.2)**	**($81.7)**	**($14.9)**	**($6.1)**	**($5.7)**	**($10.3)**	**($37.0)**	**($49.0)**	**($62.5)**
Non-GAAP EPS	**($0.32)**	**($0.35)**	**($0.32)**	**($0.34)**	**($1.34)**	**($0.21)**	**($0.08)**	**($0.08)**	**($0.14)**	**($0.50)**	**($0.61)**	**($0.74)**

Source: Company filing and Zacks estimates

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