Zacks Small-Cap Research

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# CASI Pharma (CASI-NASDAQ)

**CASI:** Phase II of ENMD-2076 for FLC began to dose patients, Zavalin launched in Hong Hong--Buy

| | |
|---|---|
| **Current Recommendation** | **Buy** |
| Prior Recommendation | N/A |
| Date of Last Change | 02/11/2015 |
| Current Price (11/13/15) | $1.24 |
| **Twelve-Month Target Price** | **$4.50** |

## OUTLOOK

CASI is a **commercial stage** biopharmaceutical company with a therapeutic focus on cancer and autoimmune diseases. Its lead oncology drug candidate ENMD-2076 is in multiple Phase II clinical trials in both North America and China. CASI is on track to initiate the import drug registration process for Zevalin™ and Marqibo™ in China and officially launched Zevalin in Hong Kong. CASI is also developing 2ME2 for autoimmune disorders.

CASI's unique dual development approach leverages its expertise and resources in both North America and greater China, which differentiates itself from local competitors in each of the territory.

We are optimistic about CASI's prospect and rating its shares Buy.

## SUMMARY DATA

| | |
|---|---|
| **52-Week High** | **$1.92** |
| **52-Week Low** | **$0.91** |
| **One-Year Return (%)** | **-20.51** |
| **Beta** | **1.37** |
| **Average Daily Volume (sh)** | **86,291** |
| **Shares Outstanding (mil)** | **32** |
| **Market Capitalization ($mil)** | **$40** |
| **Short Interest Ratio (days)** | **0.16** |
| **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 2015 Estimate** | **N/A** |
| **P/E using 2016 Estimate** | **N/A** |
| **Zacks Rank** | **N/A** |

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

## ZACKS ESTIMATES

**Revenue**
(in millions of $)

| | Q1 (Mar) | Q2 (Jun) | Q3 (Sep) | Q4 (Dec) | Year (Dec) |
|---|---|---|---|---|---|
| 2014 | 0.00 A | 0.00 A | 0.00 A | 0.00 A | 0.00 A |
| 2015 | 0.02 A | 0.02 A | 0.00 A | 0.03 E | 0.08 E |
| 2016 | | | | | 0.50 E |
| 2017 | | | | | 1.00 E |

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

| | Q1 (Mar) | Q2 (Jun) | Q3 (Sep) | Q4 (Dec) | Year (Dec) |
|---|---|---|---|---|---|
| 2014 | -$0.05 A | -$0.06 A | -$0.07 A | -$0.05 A | -$0.23 A |
| 2015 | -$0.06 A | -$0.06 A | -$0.05 A | -$0.07 E | -$0.24 E |
| 2016 | | | | | -$0.23 E |
| 2017 | | | | | -$0.23 E |

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

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## WHAT'S NEW

### *Update on Third Quarter Financials*

There was no revenue reported for the third quarter ended September 30, 2015.

R&D expenses for third quarter of 2015 were $0.9 million, as compared to 0.7 million for the third quarter of 2014. This increase was primarily related to costs associated with the company's food effect study of ENMD-2076 in healthy human subjects in advance of the initiation of the FLC trial clinical trial, along with increased costs associated with research and development activities in China in 2015.

G&A expenses for third quarter of 2015 were $0.67 million, as compared to $1.15 million for the third quarter of 2014. The decrease reflected lower non-cash stock-based compensation expense.

CASI reported a net loss for the third quarter of 2015 of $1.6 million ($0.05 per share), as compared to a net loss of $21.5 million ($0.77 per share) for the same period last year.

The 2014 net loss was primarily attributable to non-cash expense of $19.7 million associated with the September 2014 in-license agreements with Spectrum Pharmaceuticals. Excluding this non-cash expense, net loss for the third quarter of 2014 was $1.9 million ($0.07 per share).

The financial results for third quarter of 2015 were in line with our expectations. We see the financial report as a non-event for CASI. Investors should be focused on CASI's clinical development as well as the company's import drug business. In this regard, we think CASI has made great progress in the Third quarter of 2015.

### *New Financing Boosts CASI's Balance Sheet*

As of September 30, 2015, CASI had cash and cash equivalents of approximately $6.4 million.

On Sept. 21, 2015, CASI Pharmaceuticals (CASI) announced that it has entered into definitive agreements for a $25.1 million financing led by a China investment fund manager affiliated with the same management team of the company's current largest shareholder, **IDG-Accel** China Growth Fund III, L.P.

Pursuant to the agreement, CASI agreed to sell a total of 20,658,434 shares of common stock, at $1.190 per share, based on the closing bid price of the Company's common stock on the Nasdaq Capital Market on September 18, 2015, and a total of 4,131,686 warrants, representing a 20% warrant coverage, with a purchase price of $0.125 per whole warrant share. The warrants will become exercisable three months after issuance at $1.69 per share exercise price, and will expire three years from the date the warrants become exercisable.

The Company intends to use the net proceeds primarily to accelerate its clinical and regulatory activities, expand its product pipeline, and to support its marketing and commercial planning activities.

We welcome the new financing and believe it's necessary in order to accelerate the company's advancement of its pipeline.

We understand that investors are concerned about the dilution of the existing shareholder base. But we remind investors that not every financing is bad. In this case, we believe the financing is positive to the company.

First, this financing immediately boosts the company's balance sheet immediately. With proceeds from the new financing, the company's cash balance should be able to fund the company's operations into the

end of 2018 according to our financial model. Investors do not need to worry about a new dilutive financing in more than two years.

Second, the deal further validates CASI's business model and its clinical programs. CASI also received investments from IDG ACCEL and Kleiner Perkins Caufield & Byers China, two major venture capital firms in China. These firms tend to have long-term investment strategies, have representatives on the company's Board of Directors and are in line with the company's mission.

***Update on ENMD-2076 in FLC***

***The Orphan Drug designation (ODD) for ENMD-2706***

On October 14, 2015, CASI Pharmaceuticals announces that its lead oncology drug candidate, ENMD-2076, has received Orphan Drug designation (ODD) from the European Medicines Agency (EMA) for the treatment of hepatocellular carcinoma (HCC), including fibrolamellar carcinoma (FLC), a rare type of HCC.

The designation provides CASI with **10 years** of market exclusivity in EU if ENMD-2076 is approved there. ENMD was also granted ODD for the treatment of HCC by the US FDA in 2014, which provides CASI with a **7-year** market exclusivity in the US after its New Drug Application approval.

We welcome the announcement and believe it represents an important regulatory milestone in the course of development of ENMD-2076. The ODD from both the US and EU will enhance the commercial value of ENMD-2076 for global market.

***The Phase II Trial of ENMD-2076 for FLC in the US Initiated***

In previous Phase I trials of ENMD-2076, partial response and 6-month progression free survival (PFS) patients not only included TNBC, STS and ovarian cancer, but also included advanced fibrolamellar carcinoma **(FLC).** The following chart showed very promising result of ENMD-2076 for the treatment of FLC patient in the Phase I trial.

Scientifically there is a strong rationale that ENMD-2076 may provide clinical benefits to FLC patients due to the fact that VEGFR, FGFR and aurora kinase are generally over expressed in liver cancer patients.

In September 2014, CASI filed an investigational new drug application (IND) with the FDA to conduct a **Phase II** trial in advanced FLC and received allowance from the Agency soon after. In February 2015, CASI held a meeting with the FDA and received the Agency's guidance on clinical and regulatory development plan.

Based on the guidance from the FDA,

- CASI plans to conduct a **single arm trial** to evaluate the objective response rate (ORR) of ENMD-2076 in FLC patients as the primary endpoint.

- The trial will be conducted as a Simon **2-stage study** with interim futility analysis released after 16 patients reach a clinical event. Futility would be declared if none of the patients experience an objective response and would result in the termination of the study.

- If, however, one or more patients experience an objective response, the study would continue with additional patients. At that time, the company would expect to meet with the FDA to discuss what clinical efficacy endpoint would be considered reasonably likely to provide clinical benefit and support an accelerated approval based on the surrogate endpoint of tumor response.

- Assuming that the results of the proposed study show that ENMD-2076 improves objective tumor response, CASI would expect to propose a confirmatory clinical trial and, in parallel, submit an **NDA for accelerated approval** based on objective tumor response rates.

- CASI will submit to the FDA a request for **breakthrough therapy** designation whenever clinical data meets the appropriate criteria.

We think the feedback from the FDA is very encouraging, which provides ENMD-2076 a clear clinical and regulatory path going forward. We are especially encouraged that ENMD-2076 could potentially gain accelerated approval if the primary endpoint is met in the Phase II study.

**On Nov. 4, 2015**, CASI announced the dosing of the first patient in the above Phase II clinical trial at Memorial Sloan-Kettering Cancer Center. The trial will enroll up to 30 patients. The primary endpoint is to determine the 6-month progression free survival (PFS6) rate when patients with advanced fibrolamellar carcinoma (FLC) are treated with daily oral ENMD 2076. Secondary Objectives include the overall response rate using RECIST v 1.1 criteria, the median progression free survival (PFS), time to progression (TTP), and overall survival (OS).

Top line data will be available in late 2016.

FLC is a **rare form** of liver cancer that usually occurs in young adults who have no history of liver disease. FLC patients typically present with a palpable abdominal mass but no symptoms, although pain, weight loss and jaundice may occur. The typical treatment is surgical removal of the tumor. When the tumor cannot be removed surgically or when there is distant spread, systemic treatment is used. Currently, there is **no standard systemic therapy regimen** for FLC**.**

Studies have shown that FLC appears to have a **better prognosis** than typical HCC. The population-based relative survival of patients with FLC in the US is 73% at 1 year and 32% at 5 years. In contrast, HCC relative survival is 26% at 1 year and 7% at 5 years.

FLC comprises approximately 5% of all hepatocellular carcinomas (HCC). The total incidence of HCC is estimated to be 780,000 each year worldwide according to the World Health Organization. Therefore, each year, approximately 39,000 people are diagnosed with FLC worldwide.

Peak sales of ENMD-2076 for FLC alone could be in the neighborhood of $200 million worldwide if we assume a reasonable cost of $50,000 for each patient and about 10% market share of new incidence when ENMD-2076 is approved for FLC.

***Update on ENMD-2076 in Soft Tissue Sarcoma (STS)***

On Nov. 5, 2015, CASI presented data from its Phase II study of ENMD-2076 (NCT01719744) in soft tissue sarcoma (STS) at the 2015 Connective Tissue Oncology Society (CTOS) annual meeting in Salt Lake City (poster presentation).

The Phase II trial is conducted at University of Toronto, Canada.

The primary endpoint is 6-month progression free survival. Secondary endpoints include:

- number of and severity of adverse events per participant
- number of participants with an objective response, including duration of response
- number of certain biomarkers in participants compared to progression free survival.

Data presented at the CTOS meeting are based on total of **23 evaluable patients**.
ENMD-2076 is generally safe and well tolerated in patients. High grade toxicities include hypertension (56%), ALT increase (35%) and diarrhea (17%).

ENMD-2076 has shown clinical activity in patients with advanced STS, with clinical benefits and side effects profile typical of this class of agent. 2 patients had partial response, and 8 patients had stable disease. Clinical benefit rate (PR+SD>6 months) was 17% (4/23). Median overall survival has not reached and median progress free survival was 2.1 months.

**Clinical Efficacy**

| | | |
|---|---|---|
| Total number of evaluable pts | | 23 |
| Median number of cycles (range) | | 2 (1 – 10) |
| Best Response (n) | PR | 2 |
| | SD | 8 |
| | PD | 11 |
| | N/A | 2 |
| Clinical Benefit Rate | PR + SD > 6 mo | 17% |
| Median OS | | Not reached |
| Median PFS | | 2.1 mo (95%CI 1.7–4.3) |

All 4 patients who derived clinical benefit (2 PR and 2 SD > 6months) received ENMD-2076 in the first-line setting.

Genetic variations in CCL11 and FLNB (FilaminB) are potentially associated with benefit from ENMD-2076 while gene variations in EGFR, and CYP4B1 polymorphism could be associated with lack of benefit.

The findings from the Phase II clinical trial confirms the rationale that ENMD-2076 may provide clinical benefit to a subset of STS patients, which may lead to the development of personalized target therapy. The identification of potential clinical correlative biomarkers provides valuable information for the next step in the continued development of ENMD-2076 in STS. The company is on track to initiate the **Phase II** trial for STS **in China**, which will be conducted under the same protocol and will allow the company to investigate and further validate the drug's clinical activities and correlative biomarkers in an expanded patient population.

We believe the company will decide the next step in the development of ENMD-2706 after they gain more data from the China clinical trial.

***Update on ENMD-2076 in Triple Negative Breast Cancer (TNBC)***

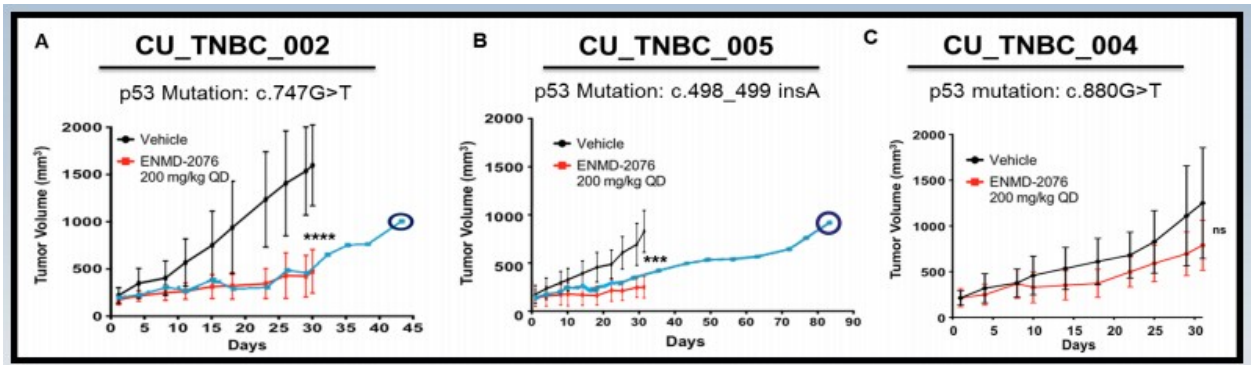
On November 8, 2015, CASI announced a poster presentation by investigators of the University of Colorado, on a study of ENMD-2076 in p53 mutated triple negative breast cancer (TNBC) **animal models** at the AACR-NCI-EORTC International Conference, November 5-9 in Boston, Massachusetts.

Three TNBC patient derived tumor xenografts (PDTX) models harboring different p53 mutations were used for ENMD-2076 treatment studies.

ENMD-2076 had robust anti-tumor activity against the CU_002 and CU_005 TNBC PDTX models. Tumor growth inhibition (TGI) compared to vehicle at day 30 for models CU_TNBC_002, CU_TNBC_005, and CU_TNBC_004 were 71.3%, 66.1% and 37.0%, respectively. The growth curves for individual tumors that developed acquired resistance to treatment are depicted in blue with the dark blue circle indicating the time of tumor collection. **** $p < 0.0001$, ***$p < 0.001$.

The CU_004 TNBC PDTX model was intrinsically resistant to ENMD-2076 treatment (TGI 37%, p value 0.07). In the two sensitive PDTX models, an increase in p53, p73, BAX and the apoptotic marker CC3 and a decrease in the anti-apoptotic protein BCL2 and Ki67 following treatment at Day 30 were observed.

Consistent with Aurora kinase A inhibition, a decrease in pAA and an increase in pHH3 expression in both sensitive and resistant PDTX models following treatment at Day 4 and Day 30 was detected. At the time of acquired resistance, defined by at least doubling of tumor volumes from the maximal response, the loss of p73, p53, and BAX expression and an increase in p16 staining and SA β-gal activity were observed. These findings were also observed in the intrinsically resistant CU_004 model.




The conclusion is that ENMD-2076 has pro-apoptotic anti-cancer activity in a subset of p53 mutated TNBC PDTX models. Sensitivity is associated with the induction of p73 which may mediate the response in the absence of functional p53. Intrinsic and acquired resistance to ENMD-2076 in TNBC PTDX models is associated with loss of p73 expression and an increase in markers associated with senescence including p16 expression and SA β-gal activity. These data support the role of senescence as a potential mechanism of resistance to Aurora kinase inhibitors in p53 mutated TNBC and support the continued development of combination therapies including with inhibitors of pathways

The TNBC **Phase II** trial in the U.S. has completed patient recruitment and study treatment. Efficacy activities were observed in a subset of patients while correlative biomarker analysis with clinical benefit is currently underway at the University of Colorado.

As part of the US Phase II trial and under the same protocol, the company has begun patient recruitment and treatment at multi-center sites in **China**, where the company is studying efficacy and safety as well as correlative biomarkers of ENMD-2076 in an expanded patient population.

CASI's goal is to reach a clinical inflection point with the identification of clinically correlative biomarker(s) prior to the end of next year in order to support a **Phase III** trial in a well-defined subset of a TNBC patient population.

***Update on Import Drug Business Development***

On July 20, CASI officially launched ZEVALIN® in Hong Kong for patients with indicated non-Hodgkin's lymphoma (NHL). The drug will be supplied by CASI and its local partner, Global Medical Solutions Hong Kong Limited.

As a reminder, CASI acquired exclusive rights **for greater China** to **Zevalin** ® (ibritumomab tiuxetan) from **Spectrum Pharmaceuticals, Inc.** in September 2014. Zevalin IV injection is a CD20-directed radiotherapeutic antibody. It is approved in the US for the treatment of relapsed or refractory, low-grade or follicular B-cell non-Hodgkin's lymphoma **(FNHL).** Zevalin is also indicated for the treatment of patients with previously untreated follicular non-Hodgkin's Lymphoma who achieve a partial or complete response to first-line chemotherapy.

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Lymphoma who achieve a partial or complete response to first-line chemotherapy. A Phase III trial in diffused large B cell lymphoma **(DLBCL)** is ongoing

Zevalin therapeutic regimen consists of two components: **rituximab**, and Yttrium-90 **(Y-90)** radiolabeled Zevalin for therapy. Zevalin builds on the combined effect of a targeted biologic monoclonal antibody augmented with the therapeutic effects of a beta-emitting radioisotope. Zevalin builds on the combined therapeutic effects of a targeted biologic monoclonal antibody augmented with a beta-emitting radioisotope.

We are pleased that CASI is launching Zevalin in Hong Kong on schedule.

Since Hong Kong is a relatively small market for oncology, we don't expect meaningful sales in Hong Kong. However, we think the launch of Zevalin in Hong Kong is strategically important to CASI in a few aspects. ***First*****,** since Hong Kong is close to mainland China, which has a much larger cancer patient population, launching Zevalin in Hong Kong will raise the drug's visibility in both Hong Kong and mainland China, which could help penetrate the China market when Zevalin gets final approval in China. ***Second***, CASI will also gain marketing experience from Zevalin launch in Hong Kong, which is important for the future products launch in China. ***Third****,* we believe it is the first step of the company's building up its commercialization capabilities, a record breaking in the company's history.

CASI is currently **registering Zevalin in China** and will file for marketing application in Taiwan later this year. Since Zevalin is already approved in the US, we believe that gaining approval from local regulatory authorities for commercialization in greater China will require a shorter timeframe compared to clinical-stage drugs. It usually takes about 3 to 4 years to get approval of an imported drug in China. We expect Zevalin to be approved by CFDA in 2019.

According to International Agency for Research on Cancer (IARC), annual incidence of NHL is estimated at 46,563 cases with a mortality of 29,201cases in China in 2015. The five-year prevalence is estimated at 69,200 cases, including 13% of cases in FNHL and 30% of cases in DLBCL.

The retail price of Zevalin per dose in the US is approximately $50,000 and the treatment cycle is one dose. The price tag in China for imported drugs is similar to its overseas price, but usually will be 100% out of pocket cost to patients. We assume 10% penetration of the NHL market by Zevalin, which means peak sales will be approximately **$150 million or more** in China.

***Attractive Valuation***

We maintain our **Buy** rating on CASI shares and reiterate our price target of **$4.50** per share.

CASI is a commercial stage biopharmaceutical company focusing on the development and commercialization of therapeutics for cancer and autoimmune disease and is competitively positioned with an integrated U.S./China drug development model. In addition to China as a strategic clinical location, CASI is also focused on the China commercial opportunity. China is projected to be the 2$^{nd}$ largest pharmaceutical market by 2016 and the largest oncology market by 2019.

CASI currently has three products in various stages of the import drug registration process with CFDA in China, with one product (Zevalin) officially launched in Hong Kong. Two of these three products are approved in the U.S. and marketed by its collaborator Spectrum Pharmaceuticals, Inc. and a NDA is filed for the third drug with the U.S. FDA in December 2014. Product revenue will be generated in 2015 for the first time in the company's history. When all three products are approved in China (we estimate the approval in 2019 or 2020), CASI will become a key player in China's oncology market and revenue could increase dramatically due to rapid market penetration.

In addition to imported drugs from the US, CASI is also developing its proprietary pipeline with two lead candidates ENMD-2076 for cancers and 2ME2 for autoimmune disease using its **unique dual drug**

**development strategy.** This dual drug development approach leverages the company's expertise and resources in both the U.S. and China**,** which has many advantages over traditional drug development approaches. These advantages include low cost, high productivity due to large talent pool in China, and large patient pool for clinical trials.

ENMD-2076 is already in multiple **Phase II** clinical trials targeting breast cancer, soft tissue sarcoma, and ovarian clear cell carcinoma. A new Phase II trial was just initiated in November 2015 to target fibrolamellar carcinoma (FLC). The company also plans to initiate human PK clinical trial of 2ME2 prior to the end of 2015.

CASI also has a strong balance sheet, which will last through the end of 2017, and an experienced management team, who, we believe, is able to lead the company to the next level.

When it comes to the valuation, we believe CASI's shares are undervalued at the current market price based on the company's strong fundamentals. Currently, shares of the company are trading at around $1.20 per share which values the company at $39 million in market cap based on approximately 32.5 million outstanding shares. We believe this undervalues the company based on what we have discussed above.

Based on our long term financial model, we expect CASI to become profitable in 2020 with an EPS of $0.01 based on total revenue of $25 million. EPS will grow to $0.58 while revenue will reach $65 million in fiscal 2021. If we use the average biotech P/E ratio of 30x, using 25% discount rate for six years, we come up with our price target of $4.50 per share. This price target values the company at $146 million in market cap, which is still conservative in our view.

However, there are some **risks** associated with our price target.

Our price target assumes the final approval of the three imported drugs in 2019 or 2020 in China and the final approval of ENMD-2076 and 2ME2. Although risks associated with imported drug registration are relatively low in China, we can't completely rule out the possibility of disapproval, or delay of the approval.

Further, ENMD-2076 and 2ME2 are still in the development stage. The risks associated with drug development are high, especially for early stage candidates. Both ENMD-2076 and 2ME2 have a high hurdle to overcome both clinically and regulatorily. Any delay or failure in clinical development or regulatory approval will cause the share price to decline dramatically.

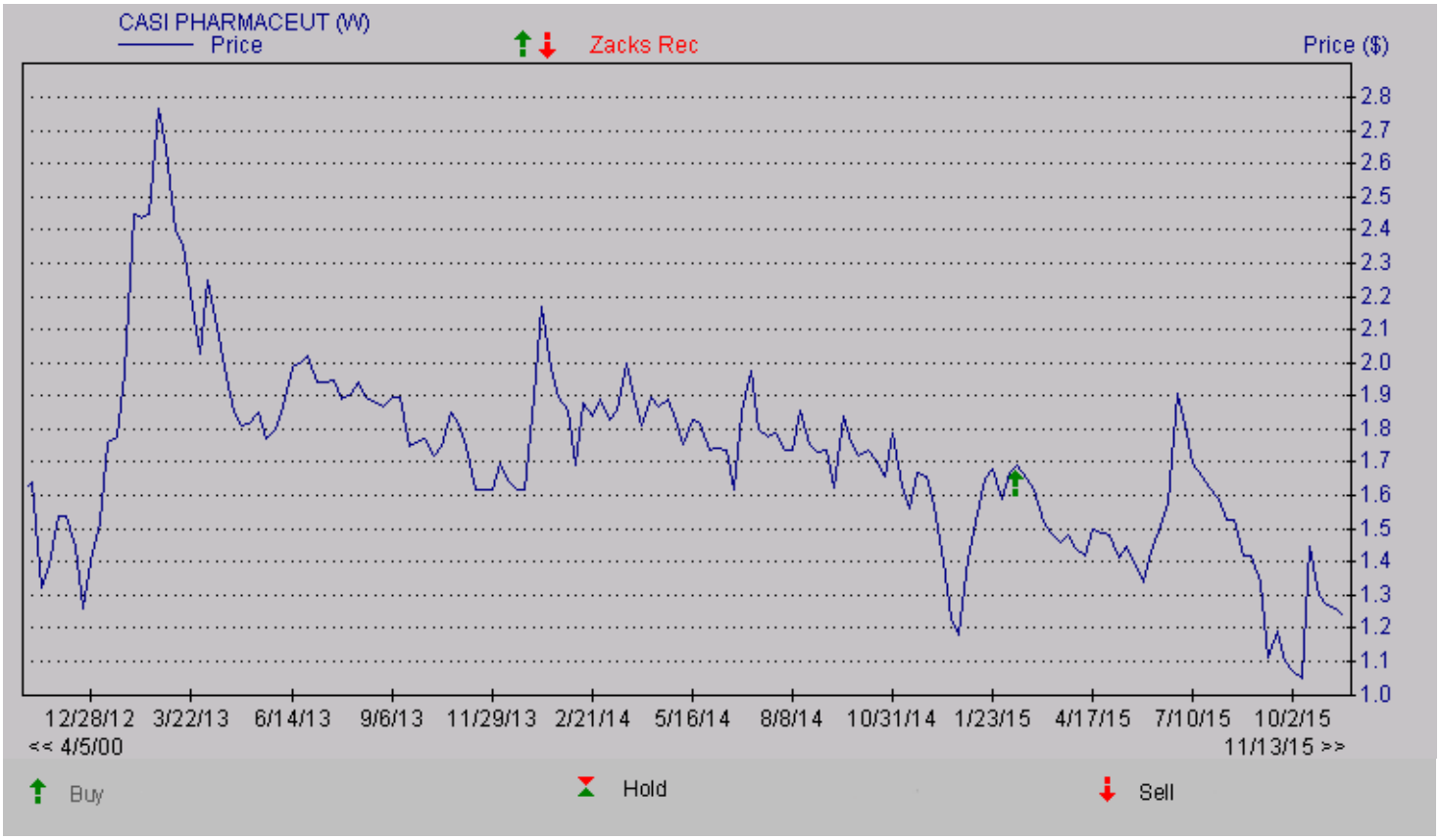
## PROJECTED INCOME STATEMENT

| | 2013 (Dec) | 2014 (Dec) | 2015 (Dec) | | | | | 2016 (Dec) | 2017 (Dec) | 2018 (Dec) | 2019 (Dec) | 2020 (Dec) | 2021 (Dec) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $ in million except per share data | FY | FY | Q1 | Q2 | Q3 | Q4 | FYE | FYE | FYE | FYE | FYE | FYE | FYE |
| Grant revenue | $0.00 | $0.02 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Royalties | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Product revenue | $0.00 | $0.00 | $0.02 | $0.02 | $0.00 | $0.03 | $0.08 | $0.50 | $1.00 | $2.00 | $10.00 | $25.00 | $65.00 |
| **Total Revenues** | **$0.00** | **$0.02** | **$0.02** | **$0.02** | **$0.00** | **$0.03** | **$0.08** | **$0.50** | **$1.00** | **$2.00** | **$10.00** | **$25.00** | **$65.00** |
| YOY Growth | - | - | - | - | - | - | - | - | - | - | - | - | - |
| *CoGS* | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.01 | 0.02 | 0.13 | 0.25 | 0.50 | 2.00 | 5.00 | 13.00 |
| **Gross Income** | **$0.00** | **$0.02** | **$0.02** | **$0.02** | **$0.00** | **$0.02** | **$0.06** | **$0.38** | **$0.75** | **$1.50** | **$8.00** | **$20.00** | **$52.00** |
| Gross Margin | - | - | 73.6% | 88.6% | - | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 80.0% | 80.0% | 80.0% |
| R&D | $2.75 | $2.77 | $0.87 | $1.22 | $0.94 | $1.00 | $4.03 | $4.00 | $4.50 | $6.00 | $7.50 | $9.00 | $10.50 |
| % R&D | - | - | - | - | - | - | - | - | - | - | - | - | - |
| SG&A | $2.99 | $3.76 | $0.92 | $0.86 | $0.67 | $1.40 | $3.86 | $5.50 | $6.50 | $8.00 | $9.50 | $10.50 | $12.50 |
| %SG&A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Expenses | $0.00 | $19.68 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Operating Income** | **($5.7)** | **($26.2)** | **($1.8)** | **($2.1)** | **($1.6)** | **($2.4)** | **($7.8)** | **($9.1)** | **($10.3)** | **($12.5)** | **($9.0)** | **$0.5** | **$29.0** |
| Operating Margin | - | - | - | - | - | - | - | - | - | - | - | - | 44.62% |
| Other Net | $0.0 | $0.0 | ($0.0) | $0.0 | $0.0 | $0.0 | $0.0 | $0.0 | $0.0 | $0.0 | ($0.1) | ($0.1) | ($0.1) |
| **Pre-Tax Income** | **($5.7)** | **($26.2)** | **($1.8)** | **($2.0)** | **($1.6)** | **($2.4)** | **($7.8)** | **($9.1)** | **($10.3)** | **($12.5)** | **($9.1)** | **$0.4** | **$28.9** |
| Income 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 | $0.0 |
| Tax Rate | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **Reported Net Income** | **($5.7)** | **($26.2)** | **($1.8)** | **($2.0)** | **($1.6)** | **($2.4)** | **($7.8)** | **($9.1)** | **($10.3)** | **($12.5)** | **($9.1)** | **$0.4** | **$28.9** |
| YOY Growth | - | - | - | - | - | - | - | - | - | - | - | - | |
| Net Margin | - | - | - | - | - | - | - | | | | | | |
| Diluted Shares Out | 26.1 | 28.6 | 32.4 | 32.4 | 32.4 | 35.0 | 33.1 | 40.0 | 45.0 | 38.0 | 45.0 | 48.0 | 50.0 |
| **Reported EPS** | **($0.22)** | **($0.92)** | **($0.06)** | **($0.06)** | **($0.05)** | **($0.07)** | **($0.24)** | **($0.23)** | **($0.23)** | **($0.33)** | **($0.20)** | **$0.01** | **$0.58** |
| *One time charge* | *$0.00* | *$19.68* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* | *$0.00* |
| **Non GAAP Net Income** | **($5.7)** | **($6.5)** | **($1.8)** | **($2.0)** | **($1.6)** | **($2.4)** | **($7.8)** | **($9.1)** | **($10.3)** | **($12.5)** | **($9.1)** | **$0.4** | **$28.9** |
| **Non GAAP EPS** | **($0.22)** | **($0.23)** | **($0.06)** | **($0.06)** | **($0.05)** | **($0.07)** | **($0.24)** | **($0.23)** | **($0.23)** | **($0.33)** | **($0.20)** | **$0.01** | **$0.58** |

*Source: Company filings and Zacks estimates*

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