Cassel Salpeter & Co.

INVESTMENT BANKING

# Healthcare Investment Banking
# Q4 2021 Update

Confidential

# OUR DEDICATED HEALTHCARE TEAM



**Deborah F. Aghib, Ph.D.**
Managing Director,
Healthcare

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305-438-7817

Dr. Aghib leverages 26 years of executive experience, broad scientific knowledge, and significant international expertise to develop long-term, cross-border and inter-industry strategies for business development, licensing, spinoffs, and mergers and acquisitions.

Previous Experience: Chief Business Officer, Stellar Biotechnologies; Vice President of Business Development and Strategy, Neuro-Zone; Chief Business Development and Strategy Officer, Dianax; Founder & Managing Director, DFA Advisors; Consultant, CRG, LP.

Board Involvement: Neuro-Zone, CellPly, ImmunGene, OpenWorm Foundation, Open Commons Consortium, SF Art and Film, Stellar Biotechnologies – Strategic Investment, M&A, Audit, and Corporate Governance Committees (Prior).

Ph.D., University of Milan; Ph.D., University of Pavia; B.S./M.S., University of Milan.

**Margery Fischbein**
Managing Director,
Healthcare

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305-438-7816

Ms. Fischbein has a long track record of successfully advising clients in the healthcare industry on M&A, licensing transactions, public and private equity, and debt financings, as well as providing strategic advisory services.

Previous Experience: Managing Director and Head of Healthcare Investment Banking, Seaport Global and FBR & Co.; Managing Director and Head of East Coast Biotechnology, JMP Securities; Vice President Business Development, Human Genome Sciences; Vice President Business Development, ImClone Systems; Managing Director Investment Banking, Citigroup and JP Morgan Chase; Senior Vice President, Lehman Brothers.

Board Involvement: Cytodel, EcoHealth Alliance (Prior), Inhibrix (Prior).

M.B.A, Harvard Business School; B.A. Harvard University.

**Ira Z. Leiderman**
Managing Director,
Healthcare

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305-438-7813

Mr. Leiderman has successfully led numerous transactions, as well as conducted strategic advisory work for companies in the healthcare and life science sectors.

Previous Experience: Founder & Managing Director, Long Trail Advisors, LLC; Co-Head – Healthcare Group, Ladenburg Thalmann & Co. Inc.; Head of Investment Banking, Punk Ziegal & Co.; Member, The Palladin Group; Senior Healthcare Banker, Gerard Klauer Mattison; Co-Founder & Founding CEO, Futuragene Ltd.

Board Involvement: Apthera – Executive Chairman, Collplant, MargineSurgical, Camp Ramah.

B.A., CUNY (Brooklyn).

# ABOUT OUR FIRM

- Cassel Salpeter & Co., LLC is a boutique investment banking firm focused on providing independent and objective advice to middle-market and emerging growth companies. We can help.

## Mergers & Acquisitions

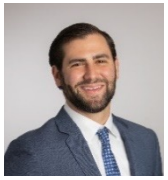
- Financial advisory
- Sales to strategic and private equity buyers
- Divestitures to strategic and private equity buyers
- Buy-side acquisition programs
- Leveraged & management buyouts
- Going private transactions

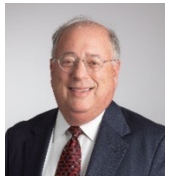
## Capital Raising

- Financial advisory
- Equity and debt private placements
- Growth capital
- PIPEs
- Recapitalizations

## Other Services

- Fairness opinions
- Solvency opinions
- Valuations
- Restructuring, refinancing, and distressed M&A transactions
  - Debtor and creditor representations
  - §363 sales & plans of reorganization

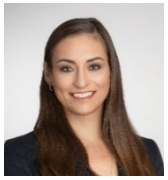

Philip Cassel
Managing Director

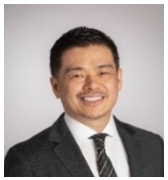

Ira Leiderman
Managing Director

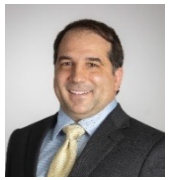

Deborah Aghib
Managing Director

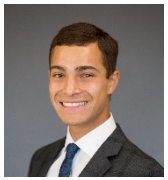

Margery Fischbein
Managing Director


Joseph Smith
Director


Laura Salpeter
Director


Marcus Wai
Vice President


Chris Mansueto
Vice President


Edward Kropf
Associate


Tahz Rashid
Associate


Aaron Schiff
Analyst


Francisco Belliard
Analyst

# TESTING, TESTING AND MORE TESTING …

When it comes to news on the continuing COVID-19 pandemic, the only thing we hear more about than the omicron variant is testing. What is it about testing? What are the differences between tests that are in use, and why are tests hard to find? And why is testing so important?

Let's tease apart this complex topic. Testing has been a hot button issue since the start of the pandemic. Once the nucleic acid sequence of SARS-CoV-2 was reported, laboratories around the world immediately went to work developing testing methodologies to detect the virus in individuals manifesting the myriad of symptoms that were observed in a rapidly growing population of patients. Initially, all testing in the United States was performed by the Centers for Disease Control (CDC) in Atlanta, Ga. With an ever-increasing number of patient specimens arriving in Atlanta, the CDC began distributing "test kits to state public health labs. None of these labs were prepared for the avalanche of samples, nor was the CDC equipped to be a test kit manufacturer.[1]

The initial testing was somewhat labor intensive and used a method known as PCR, a term that has become part of our lexicon. What is PCR? And why does it take so long to generate results when compared to the 15-minute "rapid tests"? What is the difference between the two tests? PCR, or polymerase chain reaction, is a Nobel Prize-winning laboratory technique that dates to the early 1980s. Originally a research technique, it was developed to expand small fragments of genetic material or nucleic acids so that they could be further analyzed. We should think of PCR as a copy machine for small strands of DNA or RNA. Utilizing PCR as a diagnostic tool came a bit later as molecular testing became standard for cancer and infectious disease detection. Though initially labor intensive and taking up to six hours to complete, the current state-of-the-art PCR tests can provide results in about one hour and is run on large automated systems. However, even with this level of automation, the actual turnaround time is much longer due to the logistical constraints of sample collection, specimen delivery to the lab, lab workflow, and reporting of the results. PCR is the gold standard for SARS-CoV-2 detection, but it is not without its clinical drawbacks, which we will discuss shortly.[2, 3, 4]

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[1] Science Insider. 28 February 2020
[2] Nature Reviews|Genetics. July 2021, 22:415
[3] Nature|Scientific Reports. 2021, 11:12676
[4] J Clin Microbiology. November 2020, 58:1695

# TESTING, TESTING AND MORE TESTING … (CONT.)

The other widely used and rapidly expanding test is the rapid antigen test which has been approved by the FDA for home use and is available online or at neighborhood retail outlets. These state-of-the-art antigen tests are relatively easy to use and can give accurate results in 15 minutes. What is the difference between these at-home tests and PCR? As mentioned, PCR tests look for small pieces of genetic material. In the case of COVID-19, it is analyzing snippets of RNA from the SARS-CoV-2 virus. Though it may detect the presence of virus one or two days earlier in the infection cycle than a rapid test, a drawback of using this technique is that it can also detect residual pieces of the virus long after a person has stopped being infectious.[5] The easy to use antigen tests detect larger pieces of the virus, i.e. the "antigen," usually when an infected person has a relatively large viral load and is shedding the virus, and is, in other words, infectious. These tests work by chemically capturing the antigen, and once captured, produce a color change which can be detected by the naked eye. It is suggested that if you may be infected, but obtain a negative result, that you retest 24-36 hours later. Therefore, most of the kits come with two tests.

Currently, the problem with the at-home tests is their availability. As reported, the omicron tsunami has led to massive demand for these kits. Large consumer demand is in addition to demand by schools and companies snapping up kits for their students and employees, respectively. Local and state health departments and the federal government are also buyers, so manufacturing enough kits to meet the growing demand is difficult. The manufacturers of some of the most widely used kits have stated in SEC filings that current supply chain issues are affecting their manufacturing capabilities.[6] In addition, their forecasts for future demand for test kits are flawed since the planners based their projections on the downturn of infections that we saw late in the spring of 2021. They planned as if demand peaked at that time and the worst of the pandemic was behind us. Abbott, the largest manufacturer of these kits, went so far as to destroy inventory, mothball plants, and lay off approximately 2,000 employees.[7]

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[5] Ibid.
[6] Kaiser Family Foundation. https://www.kff.org/report-section/rapid-home-tests-for-covid-19-issues-with-availability-and-access-in-the-u-s-executive-summary/
[7] New York Times. 20 August 2021

# TESTING, TESTING AND MORE TESTING … (CONT.)

Testing, long overlooked by the federal government, has finally come to the forefront of its attention. In September 2021, the Biden administration announced the use of the Defense Production Act (DPA) to spur the production of rapid test kits. On October 6, 2021, the White House committed an additional $1 billion to further expand production of rapid test kits.[8] In December 2021, President Biden announced that in January 2022, the federal government would distribute 500 million test kits to people in the United States.[9] It is not clear whether these 500 million kits are being purchased through funds already committed, or the presumptive orders for kits will be paid for by additional funding. In addition, the president requested that health insurers start reimbursing for kits. Coverage for kits will commence this month with reimbursement being for up to eight kits per insured per month. This coverage will not be retroactive for kits already purchased.

This is in contrast to the U.K. which distributes free kits to its citizens so that they may self-test two times per week. Now with insurance reimbursement in place, if the United States was to follow suit, the country would require more than 2.5 billion tests per month which far exceeds the estimated 300 million kits per month production rate that U.S. manufacturers are expected to meet in February 2022.[10] More must be done under the DPA to expand test kit production and PCR testing. This will involve expansion of every aspect of production, from reagents to nasal swabs that have been in short supply.

[8] Kaiser Family Foundation. https://www.kff.org/report-section/rapid-home-tests-for-covid-19-issues-with-availability-and-access-in-the-u-s-executive-summary/
[9] Vox News. 21 December 2021
[10] Kaiser Family Foundation. https://www.kff.org/report-section/rapid-home-tests-for-covid-19-issues-with-availability-and-access-in-the-u-s-executive-summary/

# SO WHERE DOES TESTING GET US? INFECTION CONTROL



Let's go back to herd immunity, something that we may never achieve in the United States. The goal of herd immunity is to lower the absolute number of people who potentially can get infected. In essence, this would shrink the pool of virus. So, can broad testing for SARS-CoV-2 help achieve this goal of shrinking the pool? The answer is yes! How so? Assuming that people who know that they are infected, in other words test positive, will self-isolate for the recommended period of time, this would limit the number of people that they may infect. Broad and ongoing testing, whether at home or in public testing centers, combined with contact tracing (i.e., through apps that would inform you that you may have been exposed to an infected person) are needed. Also, requiring people to show that they have been tested (in other words, applying mandates, that oft maligned and politicized word) would shrink the number of active infections down to a manageable number that would then not impact the economy and day-to-day life. All this would only work if people voluntarily and anonymously report their test results and infection status. Keep in mind that the number of infected people that you hear reported is only from data reported from labs. Data for people who test positive in the privacy of their homes goes unreported.

Recently, the FDA has granted Emergency Use Authorization for two oral antiviral agents that if used early in an infection should significantly reduce the amount of time someone is shedding virus or, to put it in the vernacular, infectious. However, before these drugs can be dispensed, the healthcare provider must be certain that the patient has COVID-19 and not influenza or just a "common cold." So rapid tests for COVID-19 will have to be readably available in the healthcare setting just as there are rapid tests for influenza.

# TESTING AND THE EPIDEMIOLOGY OF SARS-COV-2

To understand and control a pandemic, health authorities must understand the rate at which an infection is spreading through the population. There are several ways of determining the rate of infection and they are not mutually exclusive.

First, there can be massive screening of the population for the presence of anti-SARS-CoV-2 antibodies. As you may know, the first line of defense by your body against foreign organisms is the production of antibodies to capture and help destroy the "invaders." If someone has been exposed to the virus, antibodies will likely be present in their blood for at least several months following infection. Thus, the presence of antibodies will give the authorities important information as to how widespread is the virus. This type of broad population screening has not yet been undertaken. One attempt was the screening of blood donors, a highly selective subset of any given population. As you can likely guess, that when these data were analyzed, it was deemed not suitable to extrapolate to the population as a whole.[11] Mathematical models have been developed to estimate the percentage of the population that has been infected with SARS-CoV-2 but it has yet to be seen if these models survive the real life test of time.

[11] JAMA. 2 September 2021; 326(14):1400-1409

# TESTING AND THE EPIDEMIOLOGY OF SARS-COV-2 (CONT.)

Second, to determine active infection within the population, widespread screening with rapid tests would be necessary. Most of these tests will be negative, but with a large enough sample size, it would be possible to quantify the actual number of infected people in the population. Currently, this number is guesstimated from the total number of people tested and reported by the testing centers. This is not an accurate picture of the number of infections in the population for a few reasons. One, since many of those tested are already symptomatic, we are missing many asymptomatic (but infected) people who are not going for testing. Second, there is a lot of double counting since there are people who do go for repeat testing (either they are neurotic and go for repeat testing or they need to show a negative test following their illness to go back to work). Another factor adding to inaccuracy is the number of "worried well" who are also being tested but we do not know if they are just concerned or if they have had exposure to an infected person. As stated before, results from rapid, at-home testing are being missed since there is no requirement to report these results, nor is there any coherent voluntary system to anonymously report results.[12] In any case, there are large sampling errors which will manifest themselves in highly inaccurate data. It might be better than a guess, but not by much …

The third method of determining the prevalence of SARS-CoV-2 in the population is to screen wastewater. Yes, that is correct: looking for virus in raw sewage.[13] Highly accurate methods have been developed to screen what you flush. Since sewage treatment plants are regional, the data collected can be quantified to determine the prevalence of the virus and can be predictive of an oncoming wave of illness.[14]

[12] Stat News, 7 December 2021
[13] Centers for Disease Control & Prevention; National Wastewater Surveillance System (NWSS).
[14] BioBot Analytics, Inc. Cambridge, MA

# SO, IN CONCLUSION …



There is so much we still do not know about the COVID-19 pandemic. There is a lot of data being collected in a somewhat disorganized fashion: a waste of resources and time. What is needed is a plan, to be put into place now by the federal government for testing, infection control, and surveillance. This is critical if we wish to climb out from the current rut of wave after wave of infections and disinformation. In addition, this information is vital so that the country can be prepared for the next pandemic which will hit us; it is only a matter of time.

# A LOOK BACK AT PAST REPORTS …

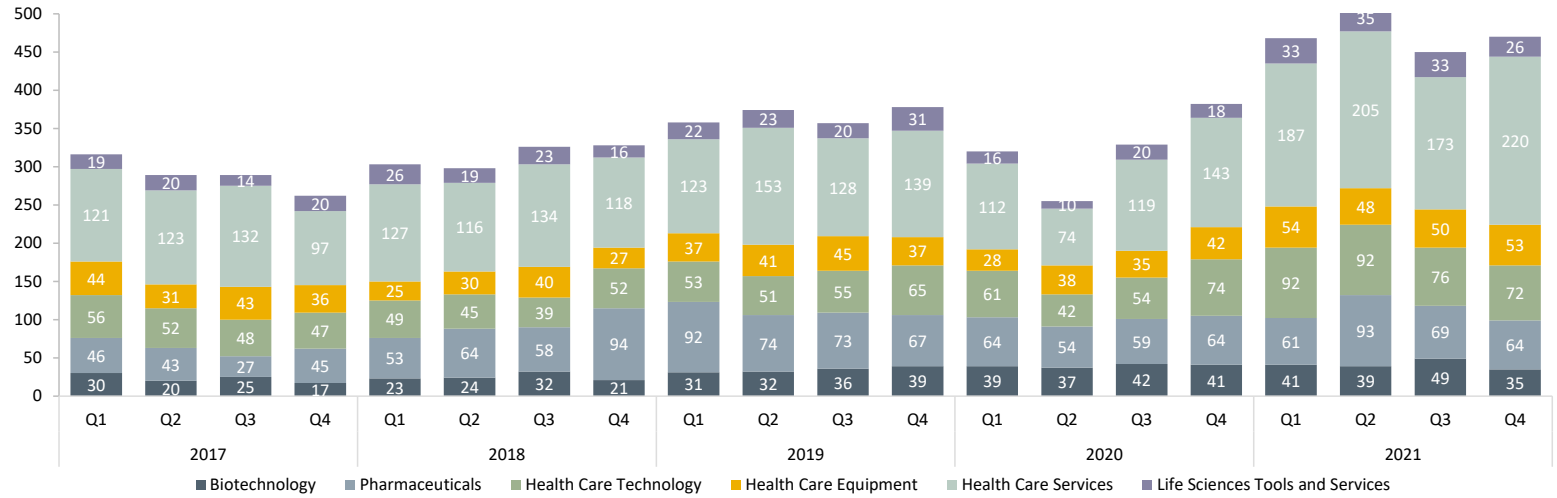


Over a year ago we wrote about "Underreported Stories of COVID-19 Therapies" and in that report, we discussed how not enough emphasis was given by the federal government to antiviral drugs akin to Tamiflu and Xofulza for influenza. Well, good news: in the latter half of December 2021, the FDA granted Emergency Use Authorizations (EUA) for two antiviral agents, Paxlovid (Pfizer) for mild to moderate COVID-19 in patients 12 years old and above, and Molnupiravir (Merck/Ridgeback) for certain patients 18 years old and above who may be at risk for developing more severe disease that may require hospitalization. Therapy with these drugs must be initiated within days of the onset of symptoms and patients must be shown to be virus positive. These drugs shorten the duration of viral shedding (infectious period) and ameliorate symptoms. Also, patients on the drugs are significantly less likely to need hospitalization. Combined with vaccinations, these novel agents could help to turn the corner on the pandemic.

# M&A OVERVIEW

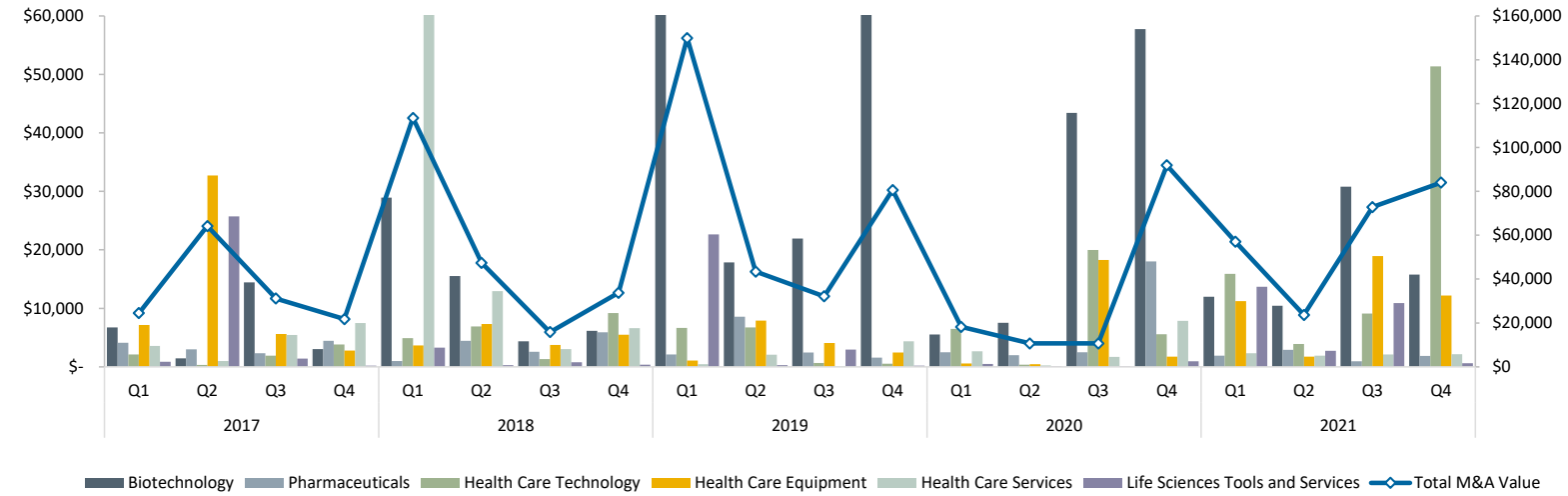
## U.S. Healthcare M&A by Sector

### Count of M&A Transactions




### Aggregate M&A Transaction Value

*($ in millions)*



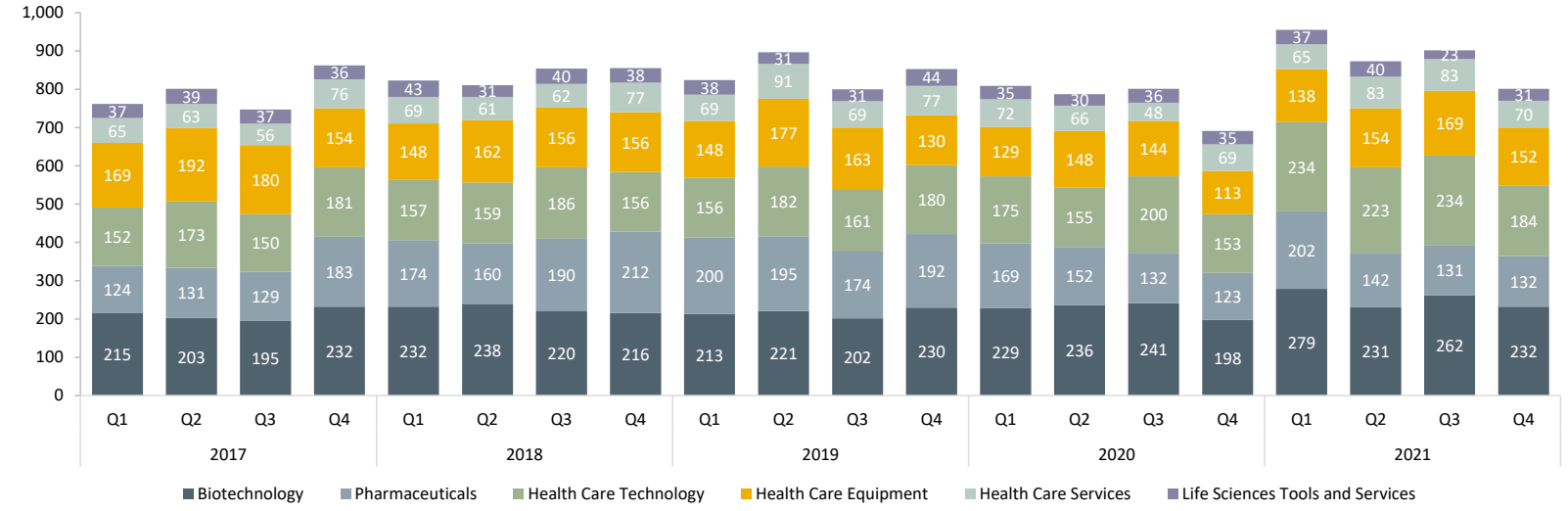

Note: Q1 2018 total transaction value for Health Care Services was $71,655 and Q1 2019 total transaction value for Biotechnology was $116,936.

Sources of information: S&P Capital IQ.

# PRIVATE PLACEMENT OVERVIEW

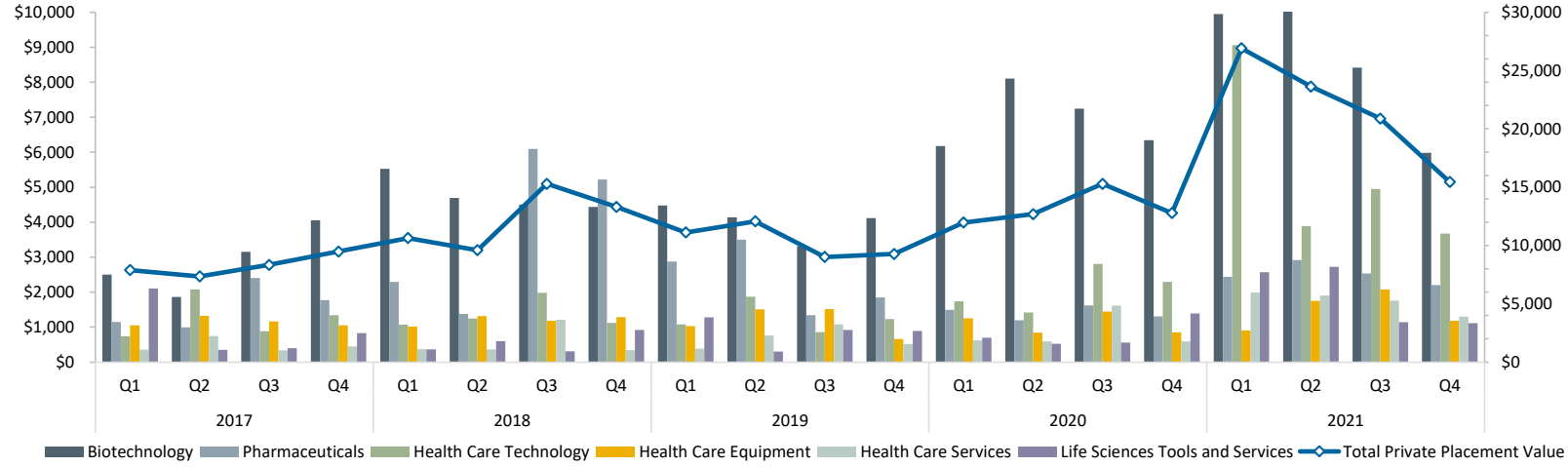
## U.S. Healthcare Private Placements by Sector

### Count of Private Placement Transactions




### Aggregate Private Placement Transaction Value

*($ in millions)*



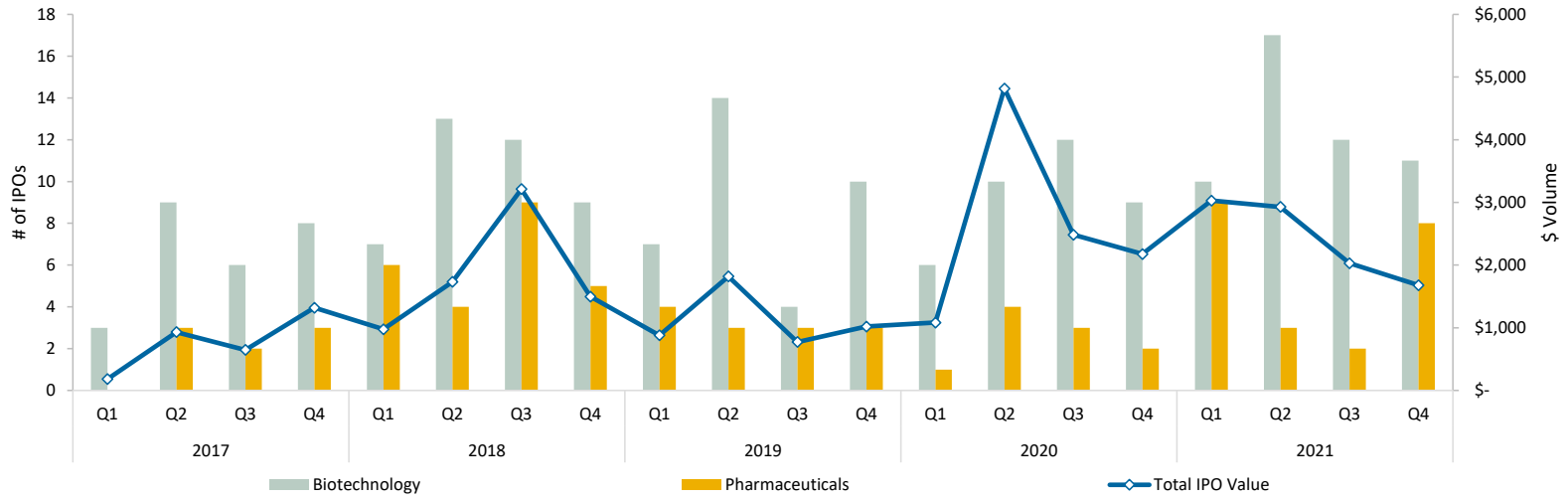

Sources of information: S&P Capital IQ.

# EQUITY OFFERINGS OVERVIEW BY SECTOR

## U.S. Healthcare IPO & Follow-On Equity Offerings by Sector

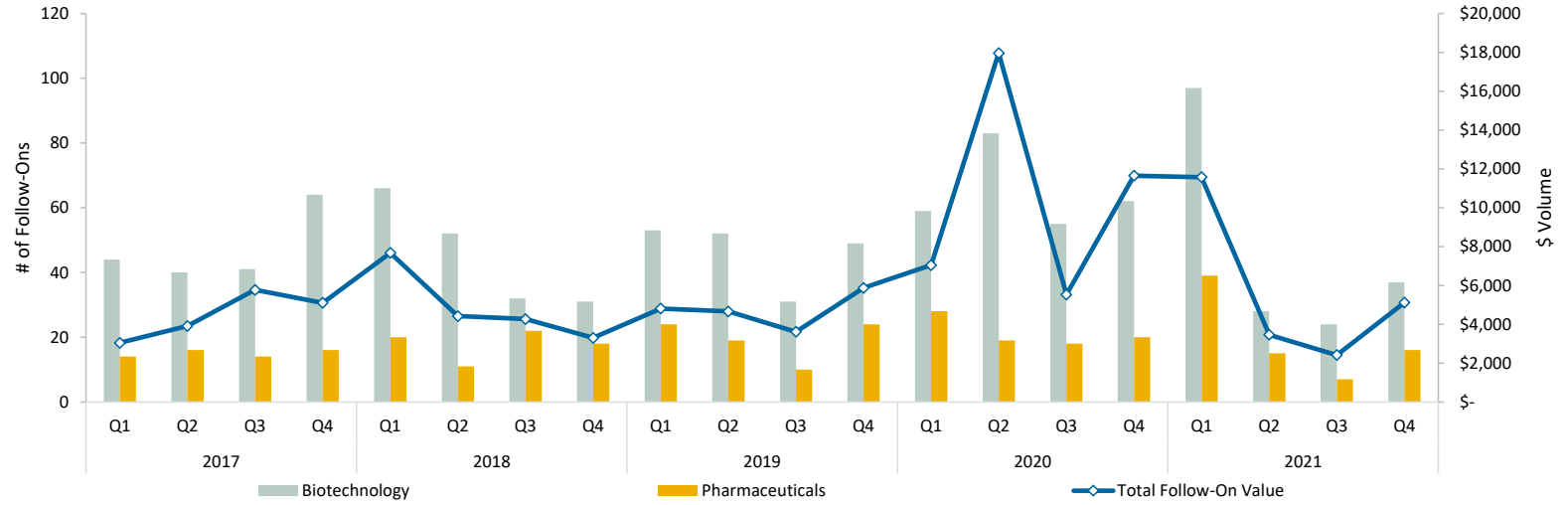
### Count of IPOs and Aggregate Equity Raised

*($ in millions)*




### Count of Follow-Ons and Aggregate Equity Raised

*($ in millions)*



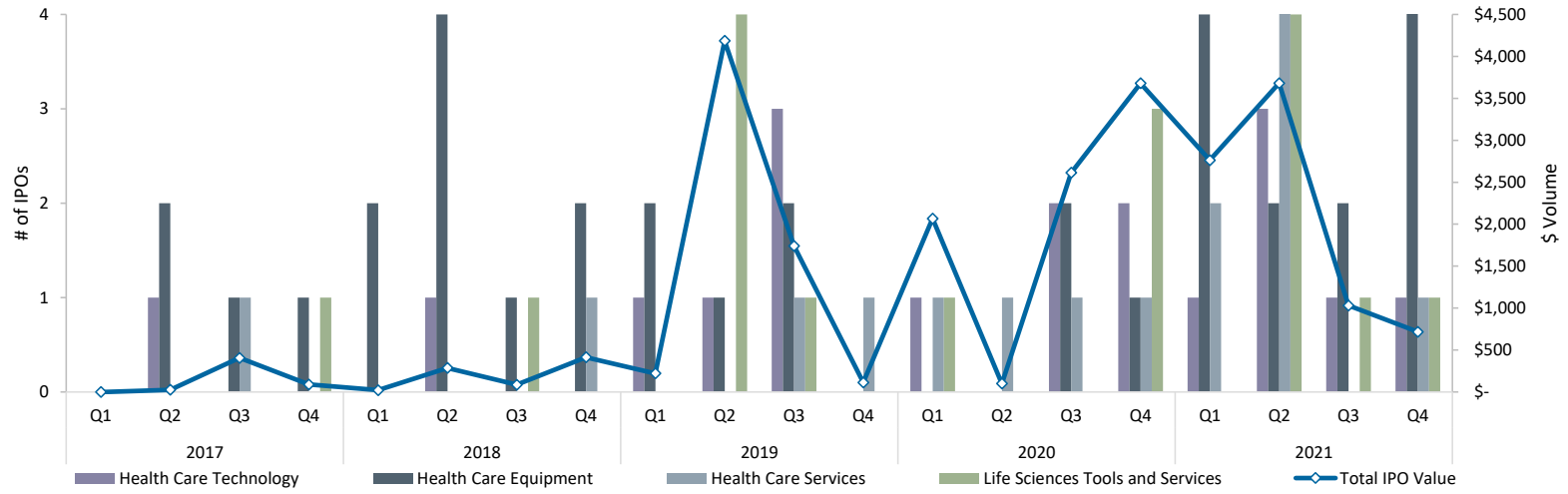

Sources of information: S&P Capital IQ.

# EQUITY OFFERINGS OVERVIEW BY SECTOR (CONT.)

## U.S. Healthcare IPO & Follow-On Equity Offerings by Sector

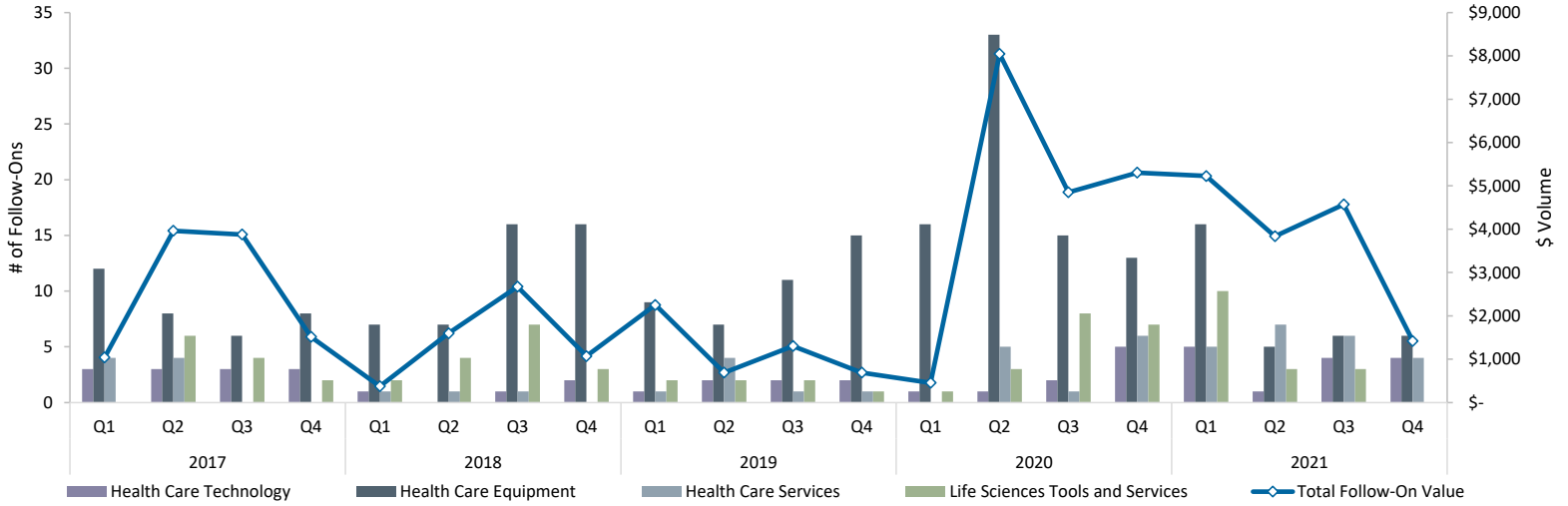
### Count of IPOs and Aggregate Equity Raised

*($ in millions)*




### Count of Follow-Ons and Aggregate Equity Raised

*($ in millions)*

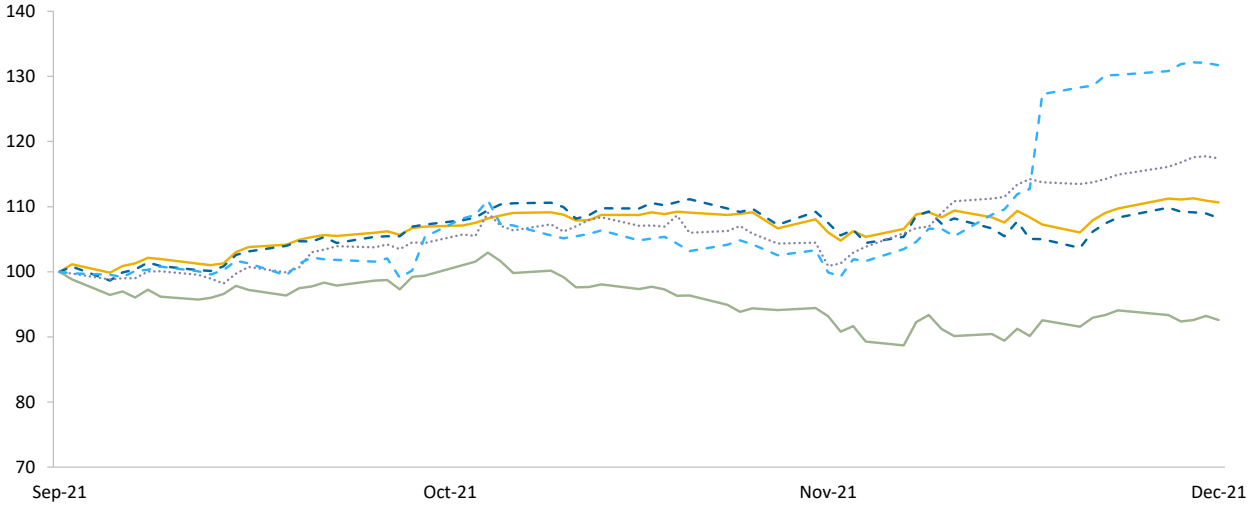



Sources of information: S&P Capital IQ.

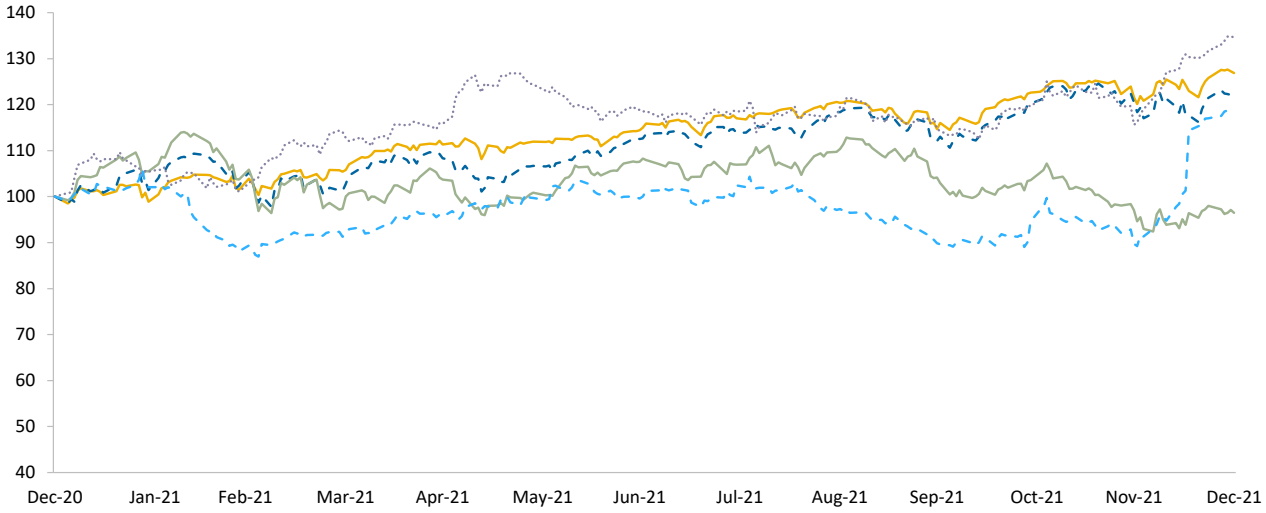
# SELECTED MARKET INDICES

## Relative Trading Performance

### Last Three Months - Sep 30, 2021 to Dec 31, 2021 (Chart 1)




### 1 Year - Dec 31, 2020 to Dec 31, 2021 (Chart 2)




### Indices

| | Chart 1 | Chart 2 |
|---|---|---|
| *S&P 500* | *10.6%* | *26.9%* |
| *NASDAQ Composite* | *8.3%* | *21.4%* |
| *Nasdaq HC* | *-7.4%* | *-3.5%* |
| *S&P 500 HC Services* | *17.4%* | *34.6%* |
| *S&P 500 HC Tech.* | *31.7%* | *18.3%* |

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – PHARMA

## Selected Companies Review

*($ in thousands, except per security)*

| | | Market Statistics | | | Metrics | | | | Valuation Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Closing Price | % of 52-week | Enterprise | Revenue | EBITDA | *EBITDA* | *EBITDA* | EV / Revenue | | EV / EBITDA | |
| Company | Ticker | 31-Dec-21 | High-Low | Value | LTM | LTM | *LTM Margin* | *2022 E Growth* | LTM | 2021 E | LTM | 2021 E |
| **Vaccines** | | | | | | | | | | | | |
| AstraZeneca PLC | LSE:AZN | $ 117.51 | 91.1% - 128.8% | $ 209,520.4 | $ 32,816.0 | $ 6,325.0 | *19.3%* | *42.1%* | 6.38x | 5.82x | 33.1x | 19.5x |
| Bavarian Nordic A/S | CPSE:BAVA | $ 41.11 | 72.8% - 144.0% | 2,637.0 | 246.6 | (41.3) | *-16.7%* | *242.4%* | 10.69x | 9.12x | na | nm |
| BioNTech SE | NasdaqGS:BNTX | $ 257.80 | 55.6% - 310.6% | 59,821.2 | 15,982.4 | 11,931.6 | *74.7%* | *-5.8%* | 3.74x | 3.02x | 5.0x | 3.8x |
| CSL Limited | ASX:CSL | $ 211.39 | 90.9% - 120.1% | 105,074.1 | 10,310.0 | 3,453.2 | *33.5%* | *16.3%* | 10.19x | 9.95x | 30.4x | 32.4x |
| CureVac N.V. | NasdaqGM:CVAC | $ 34.31 | 25.8% - 104.7% | 5,253.5 | 78.6 | (602.9) | *-767.2%* | *-112.8%* | nm | nm | na | na |
| Dynavax Technologies Corporation | NasdaqCM:DVAX | $ 14.07 | 65.8% - 322.7% | 1,535.9 | 262.7 | 51.7 | *19.7%* | *na* | 5.85x | 3.27x | 29.7x | na |
| GlaxoSmithKline plc | LSE:GSK | $ 21.75 | 98.6% - 134.9% | 147,418.1 | 44,995.6 | 13,812.2 | *30.7%* | *7.3%* | 3.28x | 3.22x | 10.7x | 11.0x |
| Heat Biologics, Inc. | NasdaqCM:HTBX | $ 3.04 | 17.9% - 101.0% | (30.7) | 2.1 | (27.9) | *-1325.9%* | *na* | -14.58x | -15.80x | na | na |
| Inovio Pharmaceuticals, Inc. | NasdaqGS:INO | $ 4.99 | 26.3% - 100.0% | 688.0 | 6.5 | (221.7) | *-3402.4%* | *-50.9%* | nm | nm | na | na |
| Johnson & Johnson | NYSE:JNJ | $ 171.07 | 95.1% - 112.9% | 455,253.4 | 91,446.0 | 31,525.0 | *34.5%* | *7.3%* | 4.98x | 4.83x | 14.4x | 13.7x |
| Merck & Co., Inc. | NYSE:MRK | $ 76.64 | 83.9% - 108.1% | 210,297.3 | 52,607.0 | 21,057.0 | *40.0%* | *22.6%* | 4.00x | 4.32x | 10.0x | 10.5x |
| Moderna, Inc. | NasdaqGS:MRNA | $ 253.98 | 51.1% - 246.0% | 98,716.6 | 11,831.4 | 7,772.1 | *65.7%* | *13.3%* | 8.34x | 5.64x | 12.7x | 8.1x |
| Novavax, Inc. | NasdaqGS:NVAX | $ 143.07 | 43.1% - 131.2% | 9,463.5 | 1,203.7 | (1,031.0) | *-85.6%* | *na* | 7.86x | 6.81x | na | na |
| Pfizer Inc. | NYSE:PFE | $ 59.05 | 95.7% - 177.0% | 344,121.2 | 69,337.0 | 27,306.0 | *39.4%* | *41.8%* | 4.96x | 4.20x | 12.6x | 11.7x |
| Sanofi | ENXTPA:SAN | $ 100.74 | 97.2% - 118.2% | 140,193.6 | 44,617.5 | 13,064.4 | *29.3%* | *11.7%* | 3.14x | 3.27x | 10.7x | 10.6x |
| | | *Mean* | *67.4% - 157.4%* | *$ 119,330.9* | *$ 25,049.5* | *$ 8,958.2* | *-347.4%* | *19.6%* | *4.53x* | *3.67x* | *16.9x* | *13.5x* |
| | | *Median* | *72.8% - 128.8%* | *$ 98,716.6* | *$ 11,831.4* | *$ 6,325.0* | *29.3%* | *12.5%* | *4.98x* | *4.32x* | *12.7x* | *11.0x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – PHARMA (CONT.)

## Selected Companies Review

*($ in thousands, except per security)*

| | | Market Statistics | | | Metrics | | | | Valuation Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Closing Price | % of 52-week | Enterprise | Revenue | EBITDA | *EBITDA* | *EBITDA* | EV / Revenue | | EV / EBITDA | |
| Company | Ticker | 31-Dec-21 | High-Low | Value | LTM | LTM | *LTM Margin* | *2022 E Growth* | LTM | 2021 E | LTM | 2021 E |
| **Neurology** | | | | | | | | | | | | |
| AbbVie Inc. | NYSE:ABBV | $ 135.40 | 99.0% - 133.0% | $ 308,699.7 | $ 55,169.0 | $ 28,855.0 | *52.3%* | *8.0%* | 5.60x | 5.49x | 10.7x | 10.6x |
| Biogen Inc. | NASDAQ:BIIB | $ 239.92 | 51.2% - 108.2% | 39,390.2 | 11,100.5 | 3,018.3 | *27.2%* | *-8.5%* | 3.55x | 3.62x | 13.1x | 9.1x |
| Biohaven Pharmaceutical Holding Company L | NYSE:BHVN | $ 137.81 | 91.0% - 220.2% | 9,993.8 | 307.6 | (684.8) | *-222.6%* | *-46.1%* | 32.49x | 20.97x | na | na |
| Eli Lilly and Company | NYSE:LLY | $ 276.22 | 97.3% - 170.7% | 262,417.9 | 27,758.5 | 9,657.0 | *34.8%* | *6.2%* | 9.45x | 9.40x | 27.2x | 27.6x |
| Johnson & Johnson | NYSE:JNJ | $ 171.07 | 95.1% - 112.9% | 455,253.4 | 91,446.0 | 31,525.0 | *34.5%* | *7.3%* | 4.98x | 4.83x | 14.4x | 13.7x |
| Pfizer Inc. | NYSE:PFE | $ 59.05 | 95.7% - 177.0% | 344,121.2 | 69,337.0 | 27,306.0 | *39.4%* | *41.8%* | 4.96x | 4.20x | 12.6x | 11.7x |
| Regeneron Pharmaceuticals, Inc. | NasdaqGS:REGN | $ 631.52 | 92.0% - 143.2% | 61,046.6 | 13,356.2 | 7,465.8 | *55.9%* | *-26.1%* | 4.57x | 3.95x | 8.2x | 6.5x |
| Roche Holding AG | SWX:ROG | $ 415.86 | 98.7% - 129.4% | 351,815.4 | 67,166.4 | 25,236.3 | *37.6%* | *1.4%* | 5.24x | 5.16x | 13.9x | 12.6x |
| Sanofi | ENXTPA:SAN | $ 100.74 | 97.2% - 118.2% | 140,193.6 | 44,617.5 | 13,064.4 | *29.3%* | *11.7%* | 3.14x | 3.27x | 10.7x | 10.6x |
| Takeda Pharmaceutical Company Limited | TSE:4502 | $ 27.25 | 71.9% - 104.8% | 73,911.6 | 30,494.5 | 9,550.1 | *31.3%* | *4.1%* | 2.42x | 2.50x | 7.7x | 7.7x |
| Tonix Pharmaceuticals Holding Corp. | NASDAQ:TNXP | $ 0.36 | 16.9% - 100.5% | (4.3) | na | (79.8) | *na* | *na* | na | na | na | na |
| | | *Mean* | *82.3% - 138.0%* | *$ 186,076.3* | *$ 41,075.3* | *$ 14,083.0* | *12.0%* | *0.0%* | *7.64x* | *6.34x* | *13.2x* | *12.2x* |
| | | *Median* | *95.1% - 129.4%* | *$ 140,193.6* | *$ 37,556.0* | *$ 9,657.0* | *34.6%* | *5.2%* | *4.97x* | *4.51x* | *12.6x* | *10.6x* |
| **Anti-Infectives** | | | | | | | | | | | | |
| Abbott Laboratories | NYSE:ABT | $ 140.74 | 98.7% - 133.6% | $ 252,302.5 | $ 42,308.0 | $ 12,366.0 | *29.2%* | *-7.1%* | 5.96x | 5.99x | 20.4x | 20.1x |
| Cipla Limited | NSEI:CIPLA | $ 12.67 | 93.9% - 127.9% | 9,961.4 | 2,799.1 | 605.0 | *21.6%* | *16.7%* | 3.56x | 3.53x | 16.5x | 16.3x |
| Hikma Pharmaceuticals PLC | LSE:HIK | $ 30.05 | 82.1% - 102.8% | 7,541.3 | 2,425.0 | 726.0 | *29.9%* | *11.1%* | 3.11x | 3.01x | 10.4x | 10.3x |
| Johnson & Johnson | NYSE:JNJ | $ 171.07 | 95.1% - 112.9% | 455,253.4 | 91,446.0 | 31,525.0 | *34.5%* | *7.3%* | 4.98x | 4.83x | 14.4x | 13.7x |
| Merck & Co., Inc. | NYSE:MRK | $ 76.64 | 83.9% - 108.1% | 210,297.3 | 52,607.0 | 21,057.0 | *40.0%* | *22.6%* | 4.00x | 4.32x | 10.0x | 10.5x |
| Viatris Inc. | NasdaqGS:VTRS | $ 13.53 | 72.1% - 113.1% | 39,263.6 | 17,168.2 | 6,664.8 | *38.8%* | *-0.5%* | 2.29x | 2.20x | 5.9x | 6.1x |
| Novartis AG | SWX:NOVN | $ 88.06 | 92.4% - 110.0% | 224,250.9 | 52,385.0 | 20,148.0 | *38.5%* | *5.7%* | 4.28x | 4.31x | 11.1x | 12.3x |
| Pfizer Inc. | NYSE:PFE | $ 59.05 | 95.7% - 177.0% | 344,121.2 | 69,337.0 | 27,306.0 | *39.4%* | *41.8%* | 4.96x | 4.20x | 12.6x | 11.7x |
| Sun Pharmaceutical Industries Limited | NSEI:SUNPHARMA | $ 11.35 | 99.4% - 153.7% | 26,449.7 | 4,948.5 | 1,310.3 | *26.5%* | *13.7%* | 5.34x | 5.27x | 20.2x | 20.0x |
| Teva Pharmaceutical Industries Limited | NYSE:TEVA | $ 8.01 | 60.2% - 103.6% | 31,945.1 | 16,231.0 | 4,296.0 | *26.5%* | *1.5%* | 1.97x | 1.97x | 7.4x | 6.6x |
| | | *Mean* | *87.3% - 124.3%* | *$ 160,138.6* | *$ 35,165.5* | *$ 12,600.4* | *32.5%* | *11.3%* | *4.05x* | *3.96x* | *12.9x* | *12.8x* |
| | | *Median* | *93.2% - 113.0%* | *$ 124,780.5* | *$ 29,738.1* | *$ 9,515.4* | *32.2%* | *9.2%* | *4.14x* | *4.26x* | *11.9x* | *12.0x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – PHARMA (CONT.)

## Selected Companies Review

*($ in thousands, except per security)*

| Company | Ticker | Market Statistics: Closing Price 31-Dec-21 | Market Statistics: % of 52-week High-Low | Market Statistics: Enterprise Value | Metrics: Revenue LTM | Metrics: EBITDA LTM | Metrics: *EBITDA LTM Margin* | Metrics: *EBITDA 2022 E Growth* | Valuation Benchmarks: EV / Revenue LTM | Valuation Benchmarks: EV / Revenue 2021 E | Valuation Benchmarks: EV / EBITDA LTM | Valuation Benchmarks: EV / EBITDA 2021 E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cancer Immunotherapy** | | | | | | | | | | | | |
| Amgen Inc. | NasdaqGS:AMGN | $ 224.97 | 81.3% - 113.3% | $ 151,487.2 | $ 25,767.0 | $ 12,276.0 | *47.6%* | *2.6%* | 5.88x | 5.82x | 12.3x | 9.5x |
| BioNTech SE | NasdaqGS:BNTX | $ 257.80 | 55.6% - 310.6% | 59,821.2 | 15,982.4 | 11,931.6 | *74.7%* | *-5.8%* | 3.74x | 3.02x | 5.0x | 3.8x |
| Bristol-Myers Squibb Company | NYSE:BMY | $ 61.81 | 88.6% - 116.1% | 169,255.8 | 45,468.0 | 19,712.0 | *43.4%* | *-5.2%* | 3.72x | 3.65x | 8.6x | 7.1x |
| bluebird bio, Inc. | NasdaqGS:BLUE | $ 9.99 | 18.6% - 123.0% | (88.8) | 53.7 | (836.2) | *-1558.6%* | *-49.0%* | -1.65x | -1.87x | na | na |
| Celldex Therapeutics, Inc. | NasdaqCM:CLDX | $ 38.64 | 67.6% - 251.4% | 1,383.1 | 8.1 | (55.8) | *-688.5%* | *na* | nm | nm | na | na |
| Cellectis S.A. | ENXTPA:ALCLS | $ 8.46 | 26.2% - 107.1% | 303.1 | 67.8 | (133.4) | *-196.8%* | *8.4%* | 4.47x | 4.86x | na | na |
| Gilead Sciences, Inc. | NasdaqGS:GILD | $ 72.61 | 98.0% - 125.3% | 111,103.4 | 27,482.0 | 14,927.0 | *54.3%* | *-13.5%* | 4.04x | 4.19x | 7.4x | 7.3x |
| Incyte Corporation | NasdaqGS:INCY | $ 73.40 | 72.3% - 118.6% | 14,002.0 | 2,912.9 | 713.3 | *24.5%* | *48.5%* | 4.81x | 4.78x | 19.6x | 18.4x |
| Merck & Co., Inc. | NYSE:MRK | $ 76.64 | 83.9% - 108.1% | 210,297.3 | 52,607.0 | 21,057.0 | *40.0%* | *22.6%* | 4.00x | 4.32x | 10.0x | 10.5x |
| Novartis AG | SWX:NOVN | $ 88.06 | 92.4% - 110.0% | 224,250.9 | 52,385.0 | 20,148.0 | *38.5%* | *5.7%* | 4.28x | 4.31x | 11.1x | 12.3x |
| Regeneron Pharmaceuticals, Inc. | NasdaqGS:REGN | $ 631.52 | 92.0% - 143.2% | 61,046.6 | 13,356.2 | 7,465.8 | *55.9%* | *-26.1%* | 4.57x | 3.95x | 8.2x | 6.5x |
| ZIOPHARM Oncology, Inc. | NasdaqGS:ZIOP | $ 1.09 | 18.3% - 101.8% | 171.9 | 0.4 | (85.7) | *-21522.6%* | *na* | nm | nm | na | na |
| | | *Mean* | *66.2% - 144.0%* | *$ 83,586.1* | *$ 19,674.2* | *$ 8,926.6* | *-1965.6%* | *-1.2%* | *3.79x* | *3.70x* | *10.3x* | *9.4x* |
| | | *Median* | *76.8% - 117.3%* | *$ 60,433.9* | *$ 14,669.3* | *$ 9,698.7* | *39.2%* | *-1.3%* | *4.16x* | *4.25x* | *9.3x* | *8.4x* |
| **Cardiovascular** | | | | | | | | | | | | |
| AstraZeneca PLC | LSE:AZN | $ 117.51 | 91.1% - 128.8% | $ 209,520.4 | $ 32,816.0 | $ 6,325.0 | *19.3%* | *42.1%* | 6.38x | 5.82x | 33.1x | 19.5x |
| Bayer Aktiengesellschaft | XTRA:BAYN | $ 53.45 | 81.4% - 107.0% | 90,857.4 | 49,789.1 | 22,688.9 | *45.6%* | *7.5%* | 1.82x | 1.86x | 4.0x | 7.2x |
| Bristol-Myers Squibb Company | NYSE:BMY | $ 61.81 | 88.6% - 116.1% | 169,255.8 | 45,468.0 | 19,712.0 | *43.4%* | *-5.2%* | 3.72x | 3.65x | 8.6x | 7.1x |
| Gilead Sciences, Inc. | NasdaqGS:GILD | $ 72.61 | 98.0% - 125.3% | 111,103.4 | 27,482.0 | 14,927.0 | *54.3%* | *-13.5%* | 4.04x | 4.19x | 7.4x | 7.3x |
| Johnson & Johnson | NYSE:JNJ | $ 171.07 | 95.1% - 112.9% | 455,253.4 | 91,446.0 | 31,525.0 | *34.5%* | *7.3%* | 4.98x | 4.83x | 14.4x | 13.7x |
| Novartis AG | SWX:NOVN | $ 88.06 | 92.4% - 110.0% | 224,250.9 | 52,385.0 | 20,148.0 | *38.5%* | *5.7%* | 4.28x | 4.31x | 11.1x | 12.3x |
| Pfizer Inc. | NYSE:PFE | $ 59.05 | 95.7% - 177.0% | 344,121.2 | 69,337.0 | 27,306.0 | *39.4%* | *41.8%* | 4.96x | 4.20x | 12.6x | 11.7x |
| Sanofi | ENXTPA:SAN | $ 100.74 | 97.2% - 118.2% | 140,193.6 | 44,617.5 | 13,064.4 | *29.3%* | *11.7%* | 3.14x | 3.27x | 10.7x | 10.6x |
| United Therapeutics Corporation | NasdaqGS:UTHR | $ 216.08 | 98.9% - 143.4% | 7,537.1 | 1,655.2 | 625.4 | *37.8%* | *34.6%* | 4.55x | 4.45x | 12.1x | 10.1x |
| | | *Mean* | *93.2% - 126.5%* | *$ 194,677.0* | *$ 46,110.6* | *$ 17,369.1* | *38.0%* | *14.7%* | *4.21x* | *4.06x* | *12.7x* | *11.1x* |
| | | *Median* | *95.1% - 118.2%* | *$ 169,255.8* | *$ 45,468.0* | *$ 19,712.0* | *38.5%* | *7.5%* | *4.28x* | *4.20x* | *11.1x* | *10.6x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – DEVICES

## Selected Companies Review

*($ in thousands, except per security)*

| | | Market Statistics | | | Metrics | | | | Valuation Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Closing Price | % of 52-week | Enterprise | Revenue | EBITDA | *EBITDA* | *EBITDA* | EV / Revenue | | EV / EBITDA | |
| Company | Ticker | 31-Dec-21 | High-Low | Value | LTM | LTM | *LTM Margin* | *2022 E Growth* | LTM | 2021 E | LTM | 2021 E |
| **Imaging** | | | | | | | | | | | | |
| FUJIFILM Holdings Corporation | TSE:4901 | $ 74.05 | 84.8% - 158.3% | $ 31,233.1 | $ 21,518.7 | $ 3,094.5 | *14.4%* | *11.7%* | 1.45x | 1.45x | 10.1x | 10.2x |
| General Electric Company | NYSE:GE | $ 94.47 | 81.3% - 113.5% | 150,283.2 | 78,622.0 | 7,228.0 | *9.2%* | *30.0%* | 1.91x | 2.00x | 20.8x | 19.3x |
| Hitachi, Ltd. | TSE:6501 | $ 54.11 | 83.5% - 157.1% | 78,562.4 | 87,874.7 | 7,765.1 | *8.8%* | *6.2%* | 0.89x | 0.91x | 10.1x | 7.6x |
| Hologic, Inc. | NasdaqGS:HOLX | $ 76.56 | 90.1% - 127.4% | 21,316.4 | 5,632.3 | 2,892.1 | *51.3%* | *-43.8%* | 3.78x | 4.15x | 7.4x | 8.9x |
| Intelligent Ultrasound Group plc | AIM:IUG | $ 0.21 | 74.0% - 116.0% | 49.0 | 8.7 | (5.7) | *-65.1%* | *na* | 5.61x | na | na | na |
| Koninklijke Philips N.V. | ENXTAM:PHIA | $ 37.26 | 64.3% - 109.9% | 39,833.9 | 22,796.7 | 2,729.2 | *12.0%* | *10.3%* | 1.75x | 2.00x | 14.6x | 10.8x |
| Shenzhen Mindray Bio-Medical Electronics Co | SZSE:300760 | $ 59.94 | 75.6% - 137.8% | 70,704.7 | 3,779.0 | 1,443.9 | *38.2%* | *20.4%* | 18.71x | 17.59x | 49.0x | 46.9x |
| Siemens Healthineers AG | XTRA:SHL | $ 74.86 | 97.3% - 155.6% | 98,675.4 | 20,858.8 | 3,820.1 | *18.3%* | *14.1%* | 4.73x | 4.55x | 25.8x | 23.2x |
| Toshiba Corporation | TSE:6502 | $ 41.08 | 90.2% - 165.9% | 20,437.1 | 28,951.9 | 2,083.1 | *7.2%* | *18.3%* | 0.71x | 0.72x | 9.8x | 9.2x |
| | | *Mean* | *82.3% - 138.0%* | *$ 56,788.4* | *$ 30,004.8* | *$ 3,450.0* | *10.5%* | *8.4%* | *4.39x* | *4.17x* | *18.4x* | *17.0x* |
| | | *Median* | *83.5% - 137.8%* | *$ 39,833.9* | *$ 21,518.7* | *$ 2,892.1* | *12.0%* | *12.9%* | *1.91x* | *2.00x* | *12.4x* | *10.5x* |
| **Robotic Surgery** | | | | | | | | | | | | |
| Accuray Incorporated | NasdaqGS:ARAY | $ 4.77 | 79.3% - 137.9% | $ 554.0 | $ 418.4 | $ 25.3 | *6.1%* | *41.3%* | 1.32x | 1.31x | 21.9x | 19.7x |
| Globus Medical, Inc. | NYSE:GMED | $ 72.20 | 85.7% - 121.6% | 6,495.7 | 941.5 | 299.2 | *31.8%* | *14.1%* | 6.90x | 6.83x | 21.7x | 19.8x |
| Intuitive Surgical, Inc. | NasdaqGS:ISRG | $ 359.30 | 97.2% - 158.0% | 126,784.9 | 5,488.5 | 2,088.5 | *38.1%* | *7.7%* | 23.10x | 22.30x | nm | 49.1x |
| Smith & Nephew plc | LSE:SN. | $ 17.51 | 76.9% - 108.0% | 17,526.2 | 5,124.0 | 1,150.0 | *22.4%* | *10.8%* | 3.42x | 3.33x | 15.2x | 12.9x |
| Stereotaxis, Inc. | NYSEAM:STXS | $ 6.20 | 60.2% - 143.9% | 435.2 | 33.6 | (10.6) | *-31.5%* | *0.3%* | 12.95x | 12.24x | na | na |
| Stryker Corporation | NYSE:SYK | $ 267.42 | 95.1% - 121.1% | 112,444.2 | 16,669.0 | 4,634.0 | *27.8%* | *9.8%* | 6.75x | 6.59x | 24.3x | 23.2x |
| Zimmer Biomet Holdings, Inc. | NYSE:ZBH | $ 127.04 | 70.4% - 109.0% | 33,237.4 | 7,883.6 | 2,380.1 | *30.2%* | *6.7%* | 4.22x | 4.22x | 14.0x | 13.2x |
| | | *Mean* | *80.7% - 128.5%* | *$ 42,496.8* | *$ 5,222.7* | *$ 1,509.5* | *17.8%* | *13.0%* | *8.38x* | *8.12x* | *19.4x* | *23.0x* |
| | | *Median* | *79.3% - 121.6%* | *$ 17,526.2* | *$ 5,124.0* | *$ 1,150.0* | *27.8%* | *9.8%* | *6.75x* | *6.59x* | *21.7x* | *19.8x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – DEVICES (CONT.)

## Selected Companies Review

*($ in thousands, except per security)*

| | | Market Statistics | | | Metrics | | | | Valuation Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Closing Price | % of 52-week | Enterprise | Revenue | EBITDA | *EBITDA* | *EBITDA* | EV / Revenue | | EV / EBITDA | |
| Company | Ticker | 31-Dec-21 | High-Low | Value | LTM | LTM | *LTM Margin* | *2022 E Growth* | LTM | 2021 E | LTM | 2021 E |
| **Orthopedics** | | | | | | | | | | | | |
| Colfax Corporation | NYSE:CFX | $ 45.97 | 84.1% - 125.6% | $ 8,801.0 | $ 3,659.2 | $ 579.3 | *15.8%* | *16.4%* | 2.41x | 2.29x | 15.2x | 14.4x |
| CONMED Corporation | NYSE:CNMD | $ 141.76 | 89.1% - 133.5% | 4,937.6 | 989.5 | 166.4 | *16.8%* | *15.4%* | 4.99x | 4.86x | 29.7x | 24.4x |
| Medtronic plc | NYSE:MDT | $ 103.45 | 76.1% - 105.2% | 154,602.8 | 31,798.0 | 9,597.0 | *30.2%* | *7.3%* | 4.86x | 4.83x | 16.1x | 15.7x |
| NuVasive, Inc. | NasdaqGS:NUVA | $ 52.48 | 72.3% - 115.5% | 3,489.0 | 1,128.7 | 203.0 | *18.0%* | *15.2%* | 3.09x | 3.07x | 17.2x | 13.3x |
| Orthofix Medical Inc. | NasdaqGS:OFIX | $ 31.09 | 64.1% - 108.5% | 557.5 | 457.0 | 37.0 | *8.1%* | *6.1%* | 1.22x | 1.21x | 15.1x | 9.5x |
| Smith & Nephew plc | LSE:SN. | $ 17.51 | 76.9% - 108.0% | 17,526.2 | 5,124.0 | 1,150.0 | *22.4%* | *10.8%* | 3.42x | 3.33x | 15.2x | 12.9x |
| Stryker Corporation | NYSE:SYK | $ 267.42 | 95.1% - 121.1% | 112,444.2 | 16,669.0 | 4,634.0 | *27.8%* | *9.8%* | 6.75x | 6.59x | 24.3x | 23.2x |
| Zimmer Biomet Holdings, Inc. | NYSE:ZBH | $ 127.04 | 70.4% - 109.0% | 33,237.4 | 7,883.6 | 2,380.1 | *30.2%* | *6.7%* | 4.22x | 4.22x | 14.0x | 13.2x |
| | | *Mean* | *78.5% - 115.8%* | *$ 41,949.4* | *$ 8,463.6* | *$ 2,343.3* | *21.2%* | *11.0%* | *3.87x* | *3.80x* | *18.3x* | *15.8x* |
| | | *Median* | *76.5% - 112.2%* | *$ 13,163.6* | *$ 4,391.6* | *$ 864.7* | *20.2%* | *10.3%* | *3.82x* | *3.78x* | *15.7x* | *13.9x* |
| **Cardiovascular** | | | | | | | | | | | | |
| Abbott Laboratories | NYSE:ABT | $ 140.74 | 98.7% - 133.6% | $ 252,302.5 | $ 42,308.0 | $ 12,366.0 | *29.2%* | *-7.1%* | 5.96x | 5.99x | 20.4x | 20.1x |
| Baxter International Inc. | NYSE:BAX | $ 85.84 | 97.2% - 117.4% | 46,710.5 | 12,451.0 | 2,841.0 | *22.8%* | *39.1%* | 3.75x | 3.71x | 16.4x | 15.4x |
| Becton, Dickinson and Company | NYSE:BDX | $ 251.48 | 94.1% - 107.0% | 87,895.3 | 20,248.0 | 5,642.0 | *27.9%* | *7.5%* | 4.34x | 4.47x | 15.6x | 16.8x |
| Boston Scientific Corporation | NYSE:BSX | $ 42.48 | 91.8% - 122.8% | 68,433.6 | 11,470.0 | 3,071.0 | *26.8%* | *12.5%* | 5.97x | 5.76x | 22.3x | 19.9x |
| Edwards Lifesciences Corporation | NYSE:EW | $ 129.55 | 98.3% - 165.2% | 80,695.6 | 5,094.5 | 1,718.6 | *33.7%* | *13.7%* | 15.84x | 15.35x | 47.0x | 45.7x |
| Medtronic plc | NYSE:MDT | $ 103.45 | 76.1% - 105.2% | 154,602.8 | 31,798.0 | 9,597.0 | *30.2%* | *7.3%* | 4.86x | 4.83x | 16.1x | 15.7x |
| | | *Mean* | *92.7% - 125.2%* | *$ 115,106.7* | *$ 20,561.6* | *$ 5,872.6* | *28.4%* | *12.2%* | *6.79x* | *6.69x* | *23.0x* | *22.3x* |
| | | *Median* | *95.6% - 120.1%* | *$ 84,295.5* | *$ 16,349.5* | *$ 4,356.5* | *28.5%* | *10.0%* | *5.41x* | *5.30x* | *18.4x* | *18.4x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – SERVICES

## Selected Companies Review

*($ in thousands, except per security)*

| | | Market Statistics | | | Metrics | | | | Valuation Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Closing Price | % of 52-week | Enterprise | Revenue | EBITDA | *EBITDA* | *EBITDA* | EV / Revenue | | EV / EBITDA | |
| Company | Ticker | 31-Dec-21 | High-Low | Value | LTM | LTM | *LTM Margin* | *2022 E Growth* | LTM | 2021 E | LTM | 2021 E |
| **Diagnostics/Lab Testing** | | | | | | | | | | | | |
| Enzo Biochem, Inc. | NYSE:ENZ | $ 3.21 | 66.2% - 126.4% | $ 141.7 | $ 115.6 | $ 1.1 | *0.9%* | *na* | 1.23x | na | nm | na |
| Exact Sciences Corporation | NASDAQ:EXAS | $ 77.83 | 48.8% - 108.4% | 14,691.5 | 1,759.6 | (712.9) | *-40.5%* | *-15.7%* | 8.35x | 8.46x | na | na |
| Laboratory Corporation of America Holdings | NYSE:LH | $ 314.21 | 99.1% - 156.6% | 34,427.3 | 16,554.6 | 4,630.9 | *28.0%* | *-32.9%* | 2.08x | 2.17x | 7.4x | 8.4x |
| Myriad Genetics, Inc. | NASDAQ:MYGN | $ 27.60 | 74.7% - 141.5% | 1,888.6 | 727.0 | (97.0) | *-13.3%* | *-4.5%* | 2.60x | 2.73x | na | 25.7x |
| NeoGenomics, Inc. | NASDAQ:NEO | $ 34.12 | 55.4% - 115.0% | 4,309.8 | 484.6 | (10.5) | *-2.2%* | *354.5%* | 8.89x | 8.89x | na | na |
| Quest Diagnostics Incorporated | NYSE:DGX | $ 173.01 | 99.3% - 152.6% | 25,354.2 | 11,046.0 | 3,134.0 | *28.4%* | *-35.9%* | 2.30x | 2.42x | 8.1x | 9.0x |
| | | *Mean* | *73.9% - 133.4%* | *$ 13,468.9* | *$ 5,114.6* | *$ 1,157.6* | *0.2%* | *53.1%* | *4.24x* | *4.93x* | *7.8x* | *14.4x* |
| | | *Median* | *70.4% - 134.0%* | *$ 9,500.7* | *$ 1,243.3* | *$ (4.7)* | *-0.6%* | *-15.7%* | *2.45x* | *2.73x* | *7.8x* | *9.0x* |
| **Telehealth** | | | | | | | | | | | | |
| 1Life Healthcare, Inc. | NasdaqGS:ONEM | $ 17.57 | 29.4% - 117.8% | $ 3,500.2 | $ 514.9 | $ (87.5) | *-17.0%* | *213.9%* | 6.80x | 5.72x | na | na |
| Allscripts Healthcare Solutions, Inc. | NasdaqGS:MDRX | $ 18.45 | 97.1% - 141.4% | 2,572.7 | 1,497.8 | 97.9 | *6.5%* | *6.2%* | 1.72x | 1.72x | 26.3x | 9.2x |
| CareCloud, Inc. | NasdaqGM:MTBC | $ 6.32 | 49.2% - 130.0% | 101.3 | 134.2 | 14.7 | *11.0%* | *37.6%* | 0.75x | 0.72x | 6.9x | 4.3x |
| Ontrak, Inc. | NasdaqGM:OTRK | $ 6.29 | 6.3% - 121.0% | 93.7 | 103.1 | (7.4) | *-7.2%* | *523.0%* | 0.91x | 1.10x | na | na |
| SHL Telemedicine Ltd. | SWX:SHLTN | $ 20.95 | 95.5% - 191.0% | 274.3 | 41.7 | 2.5 | *6.1%* | *na* | 6.58x | na | nm | na |
| Teladoc Health, Inc. | NYSE:TDOC | $ 91.82 | 29.8% - 105.2% | 15,398.8 | 1,861.8 | (410.9) | *-22.1%* | *38.5%* | 8.27x | 7.62x | na | nm |
| Welltower Inc. | NYSE:WELL | $ 85.77 | 95.5% - 144.4% | 52,580.1 | 4,554.9 | 1,727.4 | *37.9%* | *18.1%* | 11.54x | 11.38x | 30.4x | 29.0x |
| | | *Mean* | *57.5% - 135.8%* | *$ 10,645.9* | *$ 1,244.0* | *$ 191.0* | *2.2%* | *139.6%* | *5.22x* | *4.71x* | *21.2x* | *14.2x* |
| | | *Median* | *49.2% - 130.0%* | *$ 2,572.7* | *$ 514.9* | *$ 2.5* | *6.1%* | *38.1%* | *6.58x* | *3.72x* | *26.3x* | *9.2x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.

# SELECTED PUBLIC COMPANIES – SERVICES (CONT.)

## Selected Companies Review

*($ in thousands, except per security)*

| | | Market Statistics | | | Metrics | | | | Valuation Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Closing Price | % of 52-week | Enterprise | Revenue | EBITDA | *EBITDA* | *EBITDA* | EV / Revenue | | EV / EBITDA | |
| Company | Ticker | 31-Dec-21 | High-Low | Value | LTM | LTM | *LTM Margin* | *2022 E Growth* | LTM | 2021 E | LTM | 2021 E |
| **Facilities-Based & Practices** | | | | | | | | | | | | |
| Acadia Healthcare Company, Inc. | NasdaqGS:ACHC | $ 60.70 | 88.4% - 124.8% | $ 6,898.4 | $ 2,262.2 | $ 496.5 | *21.9%* | *7.8%* | 3.05x | 2.99x | 13.9x | 12.7x |
| Amedisys, Inc. | NasdaqGS:AMED | $ 161.88 | 49.8% - 121.1% | 5,751.7 | 2,205.5 | 296.6 | *13.4%* | *1.9%* | 2.61x | 2.61x | 19.4x | 19.4x |
| Brookdale Senior Living Inc. | NYSE:BKD | $ 5.16 | 57.7% - 124.3% | 5,608.7 | 2,643.3 | 190.4 | *7.2%* | *96.7%* | 2.12x | 2.03x | 29.5x | 39.8x |
| Community Health Systems, Inc. | NYSE:CYH | $ 13.31 | 78.1% - 189.9% | 13,670.1 | 12,254.0 | 1,601.0 | *13.1%* | *-2.4%* | 1.12x | 1.12x | 8.5x | 7.3x |
| DaVita Inc. | NYSE:DVA | $ 113.76 | 83.4% - 120.5% | 24,208.6 | 11,580.2 | 2,433.9 | *21.0%* | *-4.2%* | 2.09x | 2.09x | 9.9x | 9.8x |
| Encompass Health Corporation | NYSE:EHC | $ 65.26 | 72.8% - 115.9% | 10,315.9 | 5,017.3 | 1,072.3 | *21.4%* | *5.1%* | 2.06x | 2.02x | 9.6x | 10.0x |
| Fresenius Medical Care AG & Co. KGaA | XTRA:FME | $ 64.98 | 80.3% - 109.8% | 33,694.7 | 20,134.2 | 3,122.9 | *15.5%* | *9.1%* | 1.67x | 1.67x | 10.8x | 8.7x |
| Hanger, Inc. | NYSE:HNGR | $ 18.13 | 67.9% - 112.2% | 1,273.0 | 1,085.5 | 110.0 | *10.1%* | *9.8%* | 1.17x | 1.12x | 11.6x | 10.0x |
| HCA Healthcare, Inc. | NYSE:HCA | $ 256.92 | 97.3% - 164.2% | 115,349.0 | 57,981.0 | 12,469.0 | *21.5%* | *2.2%* | 1.99x | 1.95x | 9.3x | 9.1x |
| MEDNAX, Inc. | NYSE:MD | $ 27.21 | 76.3% - 134.2% | 2,928.5 | 1,829.3 | 223.9 | *12.2%* | *9.2%* | 1.60x | 1.54x | 13.1x | 11.9x |
| National HealthCare Corporation | NYSEAM:NHC | $ 67.94 | 85.2% - 108.6% | 973.4 | 988.9 | 61.6 | *6.2%* | *na* | 0.98x | na | 15.8x | na |
| Oak Street Health, Inc. | NYSE:OSH | $ 33.14 | 50.0% - 123.1% | 8,085.6 | 1,287.2 | (340.0) | *-26.4%* | *-18.2%* | 6.28x | 5.65x | na | na |
| RadNet, Inc. | NasdaqGM:RDNT | $ 30.11 | 77.5% - 170.3% | 2,964.1 | 1,296.7 | 200.3 | *15.4%* | *3.3%* | 2.29x | 2.23x | 14.8x | 13.9x |
| Select Medical Holdings Corporation | NYSE:SEM | $ 29.40 | 67.4% - 114.8% | 8,581.7 | 6,105.2 | 831.9 | *13.6%* | *-5.6%* | 1.41x | 1.41x | 10.3x | 8.6x |
| Sonida Senior Living, Inc. | NYSE:SNDA | $ 28.49 | 48.3% - 248.2% | 931.4 | 210.9 | 18.0 | *8.6%* | *na* | 4.42x | na | nm | na |
| Surgery Partners, Inc. | NasdaqGS:SGRY | $ 53.41 | 76.8% - 202.2% | 8,742.1 | 2,163.2 | 382.2 | *17.7%* | *13.2%* | 4.04x | 3.91x | 22.9x | 26.9x |
| Tenet Healthcare Corporation | NYSE:THC | $ 81.69 | 97.6% - 214.8% | 23,577.2 | 19,544.0 | 3,425.0 | *17.5%* | *1.2%* | 1.21x | 1.20x | 6.9x | 7.1x |
| The Ensign Group, Inc. | NasdaqGS:ENSG | $ 83.96 | 85.1% - 122.9% | 5,699.6 | 2,563.3 | 304.4 | *11.9%* | *9.3%* | 2.22x | 2.17x | 18.7x | 16.8x |
| Universal Health Services, Inc. | NYSE:UHS | $ 129.66 | 78.6% - 111.6% | 14,408.7 | 12,453.8 | 1,998.2 | *16.0%* | *0.4%* | 1.16x | 1.15x | 7.2x | 7.5x |
| | | *Mean* | *74.7% - 143.9%* | *$ 15,455.9* | *$ 8,610.8* | *$ 1,520.9* | *12.5%* | *8.2%* | *2.29x* | *2.17x* | *13.7x* | *13.7x* |
| | | *Median* | *77.5% - 123.1%* | *$ 8,085.6* | *$ 2,563.3* | *$ 382.2* | *13.6%* | *3.3%* | *2.06x* | *2.02x* | *11.6x* | *10.0x* |

Market value equals price per share times number of diluted shares outstanding. Enterprise value equals market value plus debt, preferred stock, and non controlling interests, less cash.

Sources of information: S&P Capital IQ.