MIMEDX

A TRANSFORMATIONAL PLACENTAL BIOLOGICS COMPANY

Investor Day

December 7, 2021

DISCLAIMER & CAUTIONARY STATEMENTS

This presentation includes forward-looking statements. Forward-looking statements are subject to risks and uncertainties, and the Company cautions investors against placing undue reliance on such statements. Actual results may differ materially from those set forth in the forward-looking statements. Such forward-looking statements include statements regarding:

- future sales or sales growth;
- the Company's expectations regarding its mdHACM product's potential use as a safe and effective treatment option, and that it may be an effective treatment for persons battling inflammatory conditions; the Company's plans for meetings with the U.S. Food & Drug Administration (FDA), and planned biologics license application (BLA) submissions to the FDA, and their timing; plans for future clinical trials, including the Company's decision to pursue or not pursue, and their timing;
- the effectiveness of amniotic tissue as a therapy for any particular indication or condition;
- estimates of potential market size for the Company's current and future products;
- plans for expansion outside of the U.S.;
- expected spending on clinical trials and research and development;
- the Company's long-term strategy for value creation, the status of its pipeline products, expectations for future products, and expectations for future growth;



DISCLAIMER & CAUTIONARY STATEMENTS

Additional forward-looking statements may be identified by words such as "believe," "expect," "may," "plan," "potential," "will," "preliminary," and similar expressions, and are based on management's current beliefs and expectations. Forward-looking statements are subject to risks and uncertainties, and the Company cautions investors against placing undue reliance on such statements. Actual results may differ materially from those set forth in the forward-looking statements. Factors that could cause actual results to differ from expectations include:

- future sales are uncertain and are affected by competition, access to customers, patient access to healthcare providers, and many other factors;
- the results of a clinical trial or trials may not demonstrate that the product is safe or effective, or may have little or no statistical value; the Company may change its plans due to unforeseen circumstances, and delay or alter the timeline for future trials, analyses, or public announcements; the timing of any meeting with the FDA depends on many factors and is outside of the Company's control, and the results from any meeting are uncertain; a BLA submission requires a number of prerequisites, including favorable study results and statistical support, and completion of a satisfactory FDA inspection of the Company's manufacturing facility or facilities; plans for future clinical trials depend on the results of pending clinical trials, discussion with the FDA, and other factors; and conducting clinical trials is a time-consuming, expensive, and uncertain process;
- the future market for the Company's products can depend on regulatory approval of such products, which might not occur at all or when expected, and is based in part on assumptions regarding the number of patients who elect less acute and more acute treatment than the Company's products, market acceptance of the Company's products, and adequate reimbursement for such therapies;
- the process of obtaining regulatory clearances or approvals to market a biological product or medical device from the FDA or similar regulatory authorities outside of the U.S. is costly and time consuming, and such clearances or approvals may not be granted on a timely basis, or at all, and the ability to obtain the rights to market additional, suitable products depends on negotiations with third parties which may not be forthcoming;
- the results of a clinical trial or trials may have little or no statistical value, or may fail to demonstrate that the product is safe or effective; and
- expected spending can depend in part on the results of pending clinical trials;

The Company describes additional risks and uncertainties in the Risk Factors section of its most recent annual report and quarterly reports filed with the Securities and Exchange Commission. Any forward-looking statements speak only as of the date of this press release and the Company assumes no obligation to update any forward-looking statement.



TIMOTHY R. WRIGHT CHIEF EXECUTIVE OFFICER



TRANSFORMING THE LIVES OF PATIENTS IS **WHY WE AREHERE**











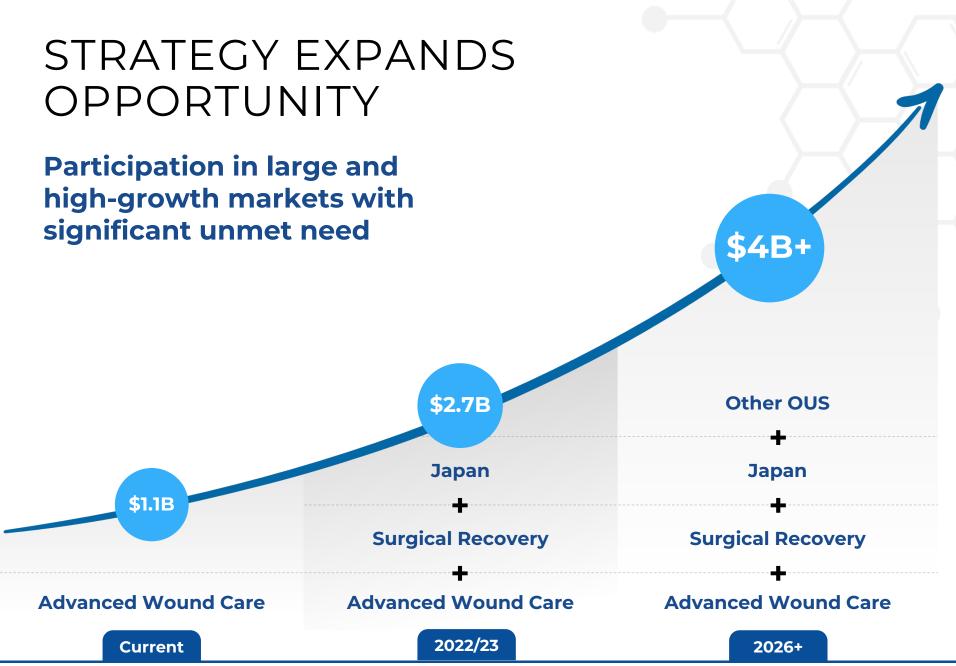






OUR PLACENTAL BIOLOGICS HAVE THE POTENTIAL TO TRANSFORM MEDICINE





BioMed GPS SmartTrak; Global Data Tissue Engineered-Skin Sub Data Model Wound Management Year 2020 – retrieved Sept 2021; Global Data Knee Reconstruction Data Model United States 2020; 3rd party proprietary assessment; Management estimates



STRATEGY EXPANDS OPPORTUNITY

Participation in large and high-growth markets with significant unmet need



BioMed GPS SmartTrak; Global Data Tissue Engineered-Skin Sub Data Model Wound Management Year 2020 – retrieved Sept 2021; Global Data Knee Reconstruction Data Model United States 2020; 3rd party proprietary assessment; Management estimates





Participation in large and high-growth markets with significant unmet need



DMO



BioMed GPS SmartTrak; Global Data Tissue Engineered-Skin Sub Data Model Wound Management Year 2020 – retrieved Sept 2021; Global Data Knee Reconstruction Data Model United States 2020; 3rd party proprietary assessment; Management estimates



CLEAR STRATEGY FOR LONG-TERM VALUE CREATION

R&D	 Accelerate KOA program Increase Product Vitality Index Advance portfolio of scientific evidence
OPERATIONS	 Implement CGMP throughout supply chain Leverage cost base Optimize quality, processes and scale
COMMERCIAL	 Achieve sustainable double-digit growth targets Realize opportunities beyond AWC into surgical recovery Expand international footprint

Strong capital position enables investment to sustain growth initiatives

KOA = Knee Osteoarthritis; CGMP = Current Good Manufacturing Practices; AWC = Advanced Wound Care



2021 INVESTOR DAY HIGHLIGHTS

Musculoskeletal Pipeline

Commercial

KOA Program:

- p-values < 0.01 at 6 months
- Root cause analysis reveals controllable factors
- Highly confident in proceeding with Phase 3 confirmatory studies

Timing Impact:

- 2022 initiation for Phase 3 trials
- BLA filing late-2025

Capital Investment:

• ~\$15 million per trial over three years

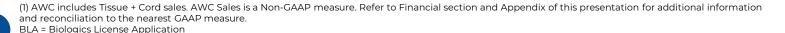
Solid Execution:

• Expectations for 2021 Net Sales reflect 13% to 15% growth in AWC

Growth Drivers:

- Market expansion
- Organic product development and pipeline innovation
- Sales execution

Sustainable Double-digit Growth





ROBERT B. STEIN M.D., Ph.D. EXECUTIVE VICE PRESIDENT RESEARCH & DEVELOPMENT

WE ARE CONFIDENT IN THE THERAPEUTIC POTENTIAL OF mdHACM

MdHACM works to reduce pain and increase function in mild-to-moderate KOA

> We have determined why our positive results were not sustained throughout the entire Phase 2B study

Potency of investigational product faded as it aged

We know how to fix this going forward

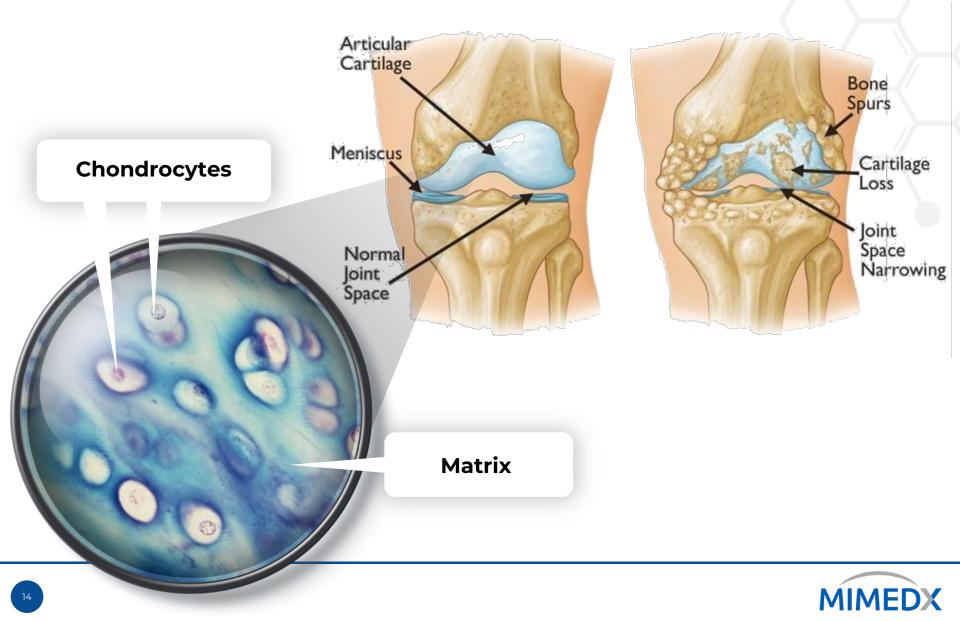
Plan to initiate two Phase 3 trials of mdHACM in KOA in 2022

, Anticipate BLA filing in late-2025 with greater probability of success



mdHACM = micronized dehydrated Human Amnion Chorion Membrane

KNEE OSTEOARTHRITIS IS TRIGGERED BY TRAUMA AND INFLAMMATION



WOMAC IS A WIDELY USED MEASURE FOR OSTEOARTHRITIS SEVERITY

WESTERN ONTARIO AND MCMASTER OSTEOARTHRITIS INDEX (WOMAC) Please circle the appropriate rating for each item.							
RATE YOUR PAIN WHEN	NONE	SLIGHT	MODERATE	SEVERE	EXTREME		
Walking	0	1	2	3	4		
Climbing stairs	0	1	2	3	4		
Sleeping at night	0	1	2	3	4		
Resting	0	1	2	3	4		
Standing	0	1	2	3	4		
RATE YOUR STIFFNESS IN THE	NONE	SLIGHT	MODERATE	SEVERE	EXTREME		
Morning	0	1	2	3	4		
Evening	0	1	2	3	4		
RATE YOUR DIFFICULTY WHEN	NONE	SLIGHT	MODERATE	SEVERE	EXTREME		
Descending stairs	0	1	2	3	4		
Ascending stairs	0	1	2	3	4		
Rising from sitting	0	1	2	3	4		
Standing	0	1	2	3	4		
Bending to floor	0	1	2	3	4		
Walking on even floor	0	1	2	3	4		
Getting in/out of car	0	1	2	3	4		
Going shopping	0	1	2	3	4		
Putting on socks	0	1	2	3	4		
Rising from bed	0	1	2	3	4		
Taking off socks	0	1	2	3	4		
Lying in bed	0	1	2	3	4		
Getting in/out of bath	0	1	2	3	4		
Sitting	0	1	2	3	4		
Getting on/off toilet	0	1	2	3	4		
Doing light domestic duties (cooking, dusting)	0	1	2	3	4		
Doing heavy domestic duties (moving furniture)	0	1	2	3	4		

Used to evaluate the condition of patients with osteoarthritis of the knee and hip

• 24 questions:

- 5 questions on pain
- 17 questions on function
- 2 questions on joint stiffness

• Scoring:

- 0 = no problem
- 4 = extreme problems

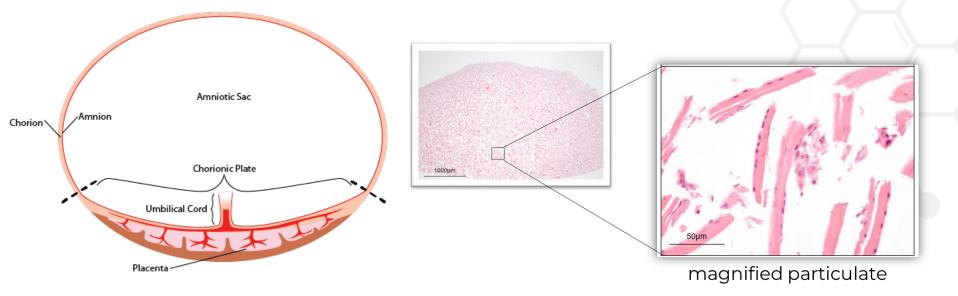
• WOMAC Subsets include:

- Total: 0 96
- WOMAC Pain 0 20
- WOMAC Function 0-68

HIGHER SCORES REPRESENT INCREASED PAIN, STIFFNESS AND FUNCTIONAL LIMITATION



mdHACM = **m**icronized **d**ehydrated **H**uman **A**mnion **C**horion **M**embrane



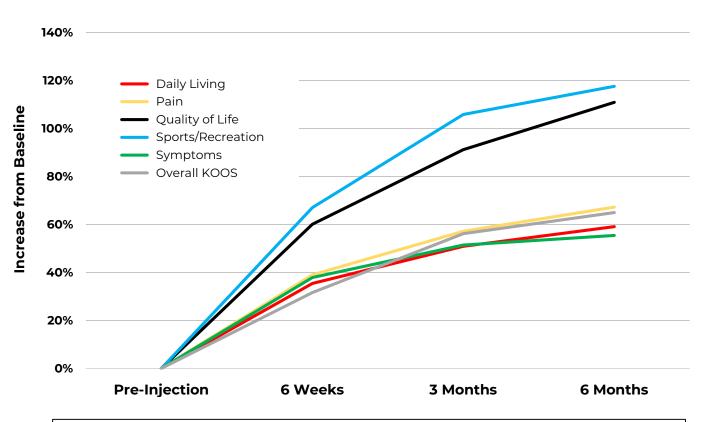
- Manufactured from PURION® processed
 placental amnion and chorion layers
- Micronized product is reconstituted with saline for injection
- Flowable through 18-25 gauge needle





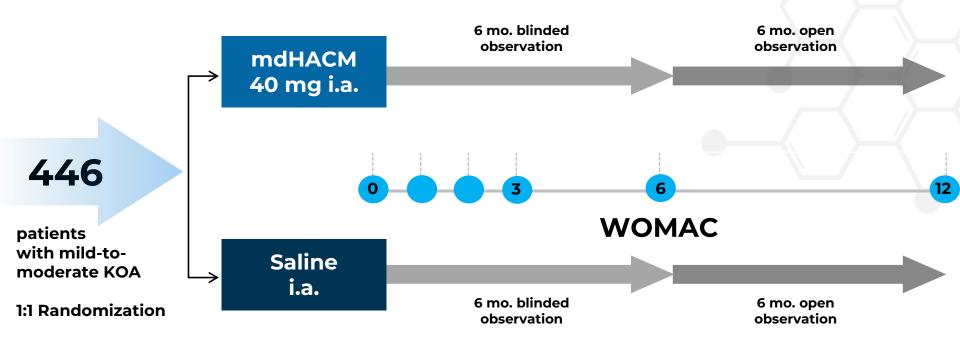
STRONG BENEFITS FROM mdHACM IN MODERATE-TO-SEVERE KOA

KOOS Subscales (Mean % Increase) over Time



Alden KJ, Harris S, Hubbs B, Kot K, Istwan NB, Mason D. Micronized Dehydrated Human Amnion Chorion Membrane Injection in the Treatment of Knee Osteoarthritis-A Large Retrospective Case Series. *J Knee Surg*. 2019;10.1055

PHASE 2B KOA RANDOMIZED CONTROLLED TRIAL



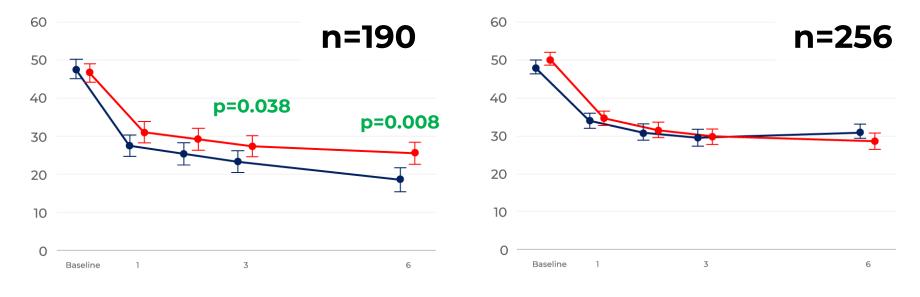
- FPI August 2018
- Interim Power Analysis August 2019 of 190 patients
- LPI October 2020
- LPO 12-month open-label extension October 2021
- 6-month blinded results presented September 2021

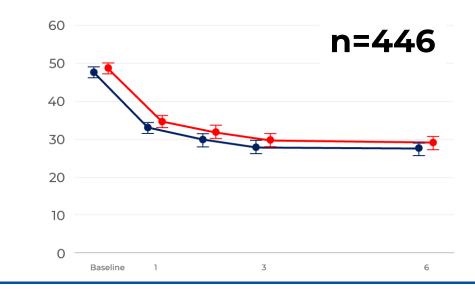


WOMAC TOTAL

Placebo

- mdHACM





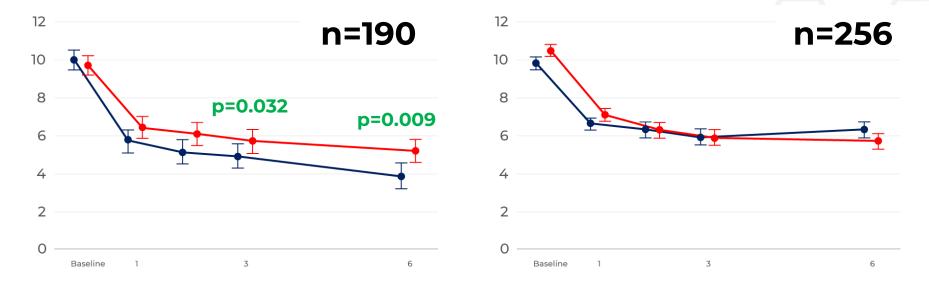


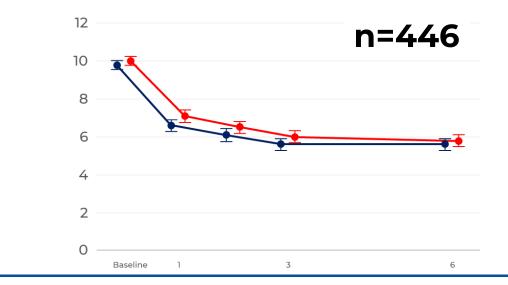
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WOMAC PAIN

Placebo

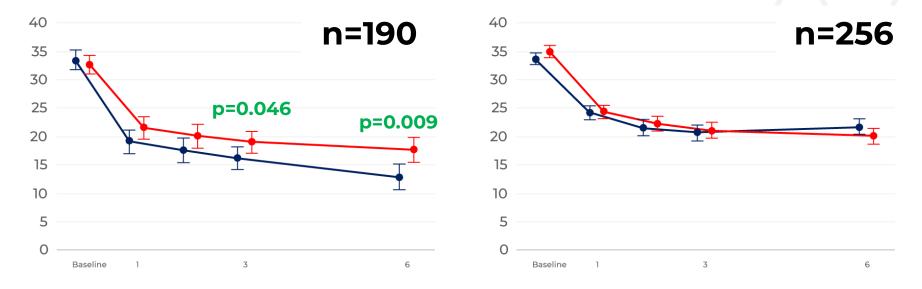
mdHACM



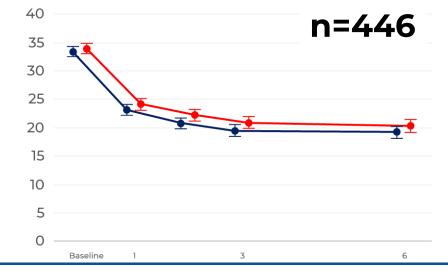




WOMAC FUNCTION









21

WHY DO THE POSITIVE RESULTS FOR THE 190 DIFFER FROM THE NEGATIVE RESULTS FOR THE 256?

INTENSIVE ANALYSIS CONDUCTED



COVID-19 Pandemic

Clinical Sites



Use of Ultrasound

Patient Demographics



Age



Gender



KOA Severity

Change in mdHACM



WHY DO THE POSITIVE RESULTS FOR THE 190 DIFFER FROM THE NEGATIVE RESULTS FOR THE 256?

INTENSIVE ANALYSIS CONDUCTED



COVID-19 Pandemic



Clinical Sites



Use of Ultrasou



Patient Demog



Age



Gender



KOA Severity

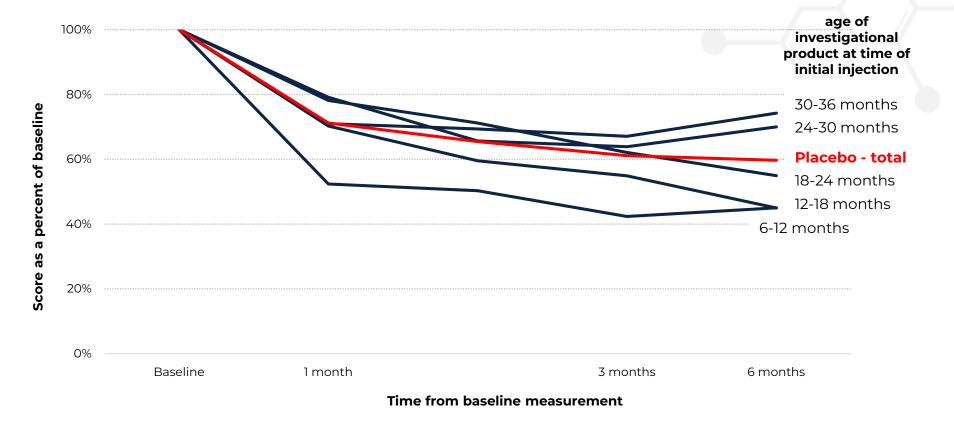
Change in mdHACM

Potency of investigational product faded as it aged



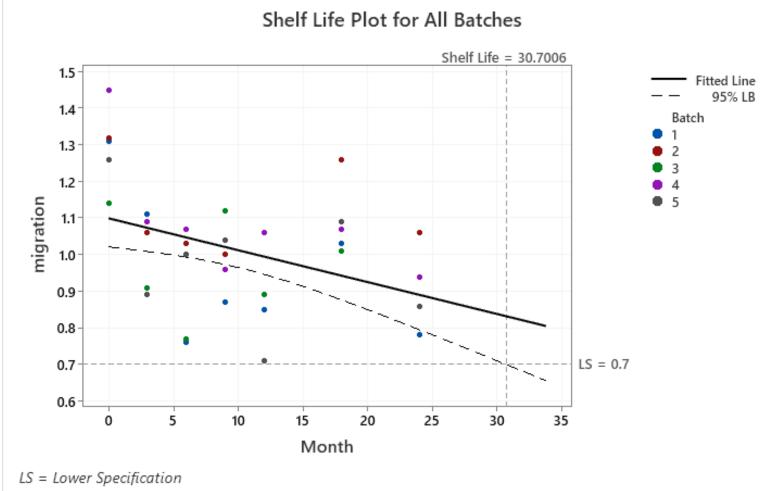
AGING – WOMAC TOTAL WITH PLACEBO

Impact of investigational product age as percentage compared to baseline





BIOLOGICAL TESTING ON INVESTIGATIONAL PRODUCT



Equation for fitted line: migration = 1.10 - 0.00871 Month



WHAT WE LEARNED ABOUT mdHACM & KOA?

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mdHACM works to reduce pain and improve function in KOA

- One injection of 40 mg produces benefits for at least 6 months
- mdHACM is very safe and well-tolerated
- Potency faded as investigational product aged
 - Our proprietary biochemical and biological tests can detect reduced potency

> This is fixable!



WHAT ELSE HAVE WE LEARNED?

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mdHACM modulates cell functions that are central to maintaining healthy cartilage:

- Wnt pathway signaling
- Nuclear Factor Kappa $\boldsymbol{\beta}$ signaling
- Transforming Growth Factor $\boldsymbol{\beta}$ signaling

mdHACM is a potential Disease Modifying Osteoarthritis Drug (DMOAD)

- An agent which slows down or reverses joint degeneration in OA
- Pre-clinical evidence & clinical observations raise this possibility



WHAT NEXT FOR mdHACM IN KOA?

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We will conduct two registrational Phase 3 trials of mdHACM in KOA

- 400 500 patients in each study
- Beginning in 2022
- BLA filing in late-2025
- WOMAC-Pain & WOMAC-Function as coprimary endpoints
- DMOAD assessment as secondary endpoint

The Phase 2B results and the lessons they have taught us increase our probability of success

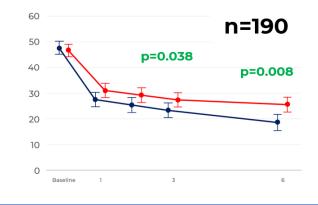


REASONS TO BELIEVE

Retrospective Evidence

KOOS Subscales (Mean % Increase) over Time 140% 120% Daily Living Pain Quality of Life elin 100% Sports/Recreation Ba Symptoms from 80% Overall KOOS 60% nc 40% 20% 0% Pre-Injection 6 Weeks 3 Months 6 Months

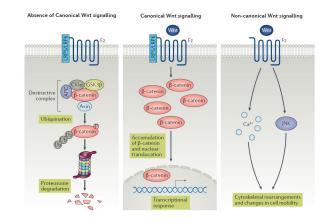
Positive Results from 190



Real-world Data



Mechanism of Action Research

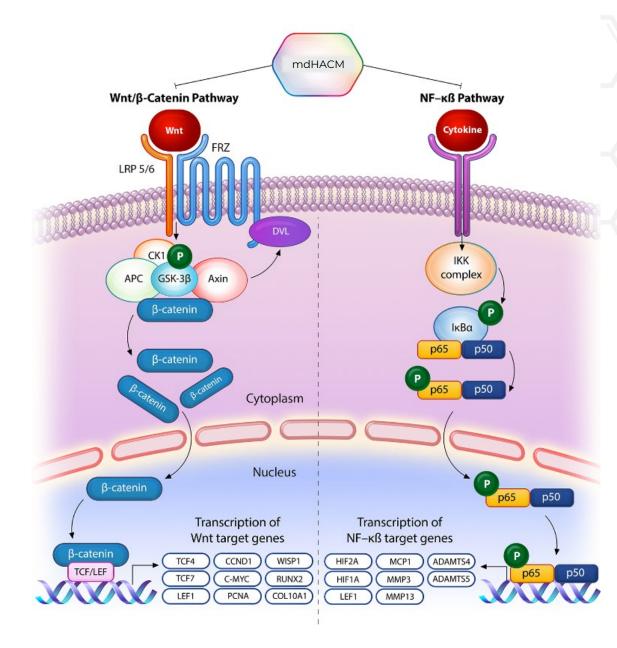




MICHELLE MASSEE

ASSOCIATE VICE PRESIDENT PRODUCT DEVELOPMENT

MdHACM REGULATES KEY PATHWAYS IMPLICATED IN OA DISEASE PROGRESSION





AMNIOTIC MEMBRANES

The intrinsic properties of amniotic membranes have been utilized for wound healing since at least 1910¹



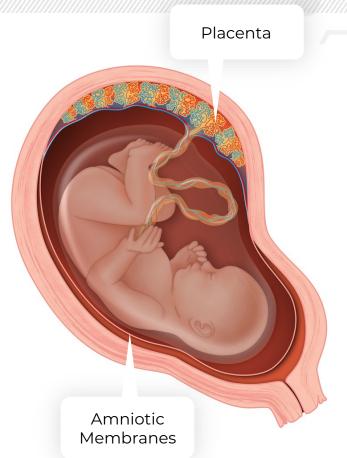
• Immunologically privileged tissue²

Biologically active tissue

• Nutrient-rich tissue

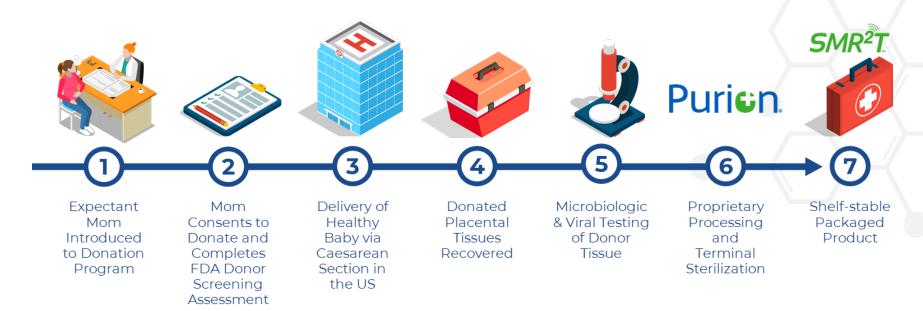
Availability of placental tissue

Post-partum recovery



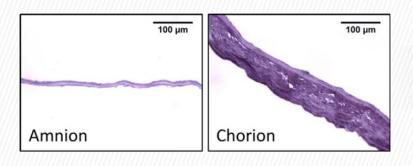
(1) Davis J. (1910). Skin transplantation with a review of 550 cases at the Johns Hopkins hospital. Johns Hopkins Med. J. 15, 15. (2) Hao Y, Ma DH, Hwang DG, et al. Identification of antiangiogenic and anti-inflammatory proteins in human amniotic membrane. Cornea. 2000 May;19(3):348-52.



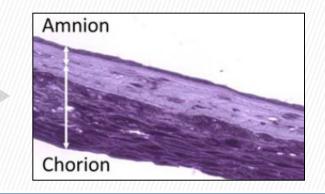


Chorion is 4-5x thicker than amnion

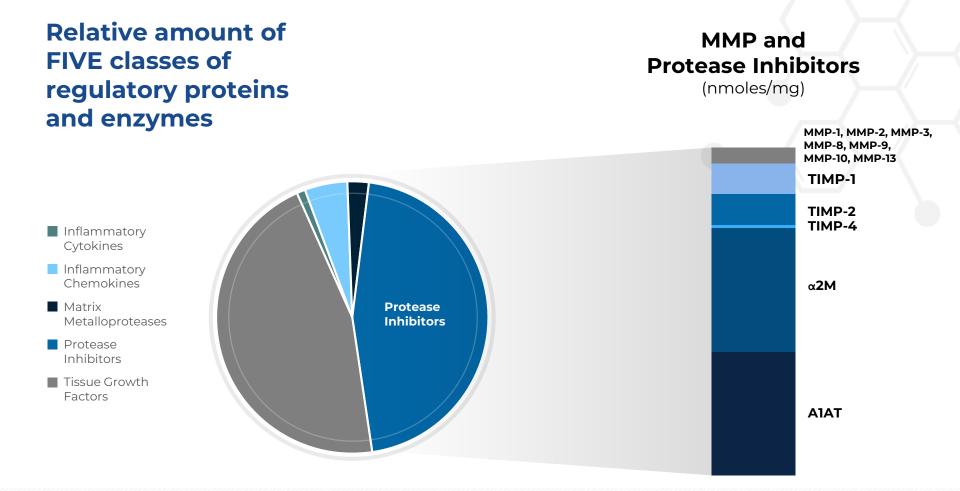
80% of growth factors derived from chorion



dHACM is an amnion and chorion bilayer



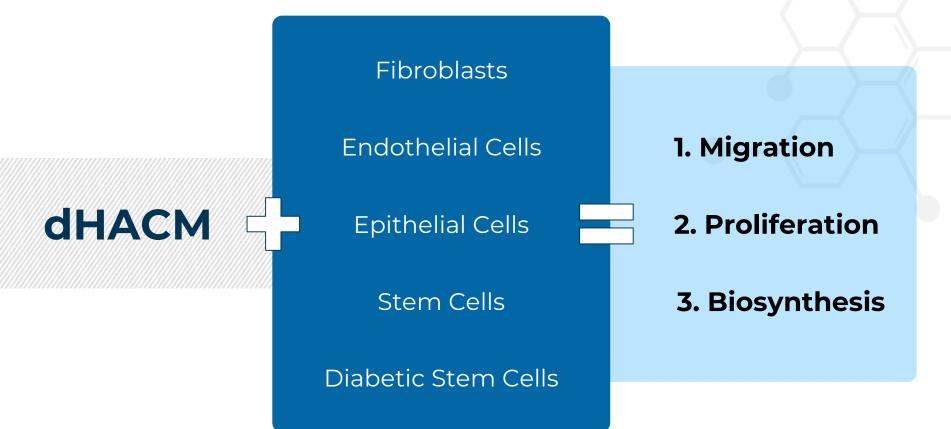




300+ Regulatory Proteins detected in DHACM

MMP = Matrix Metalloproteinases; TIMP = Tissue Inhibitors of Metalloproteinases; α 2M =alpha 2-macroglobulin; AIAT = Alpha-1 Antitrypsin

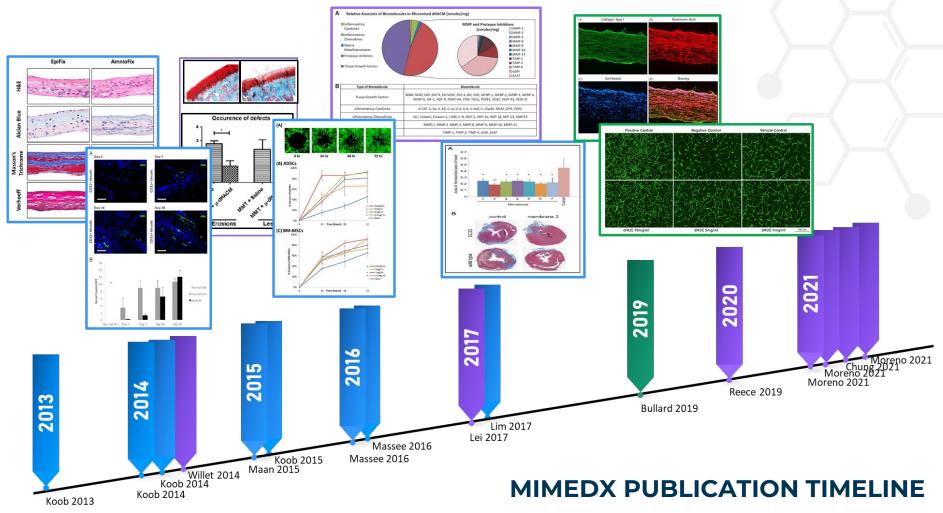




dHACM is biologically active

(I) Koob TJ, Rennert R, Zabek N, Massee M, Lim JJ, Temenoff JS, Li WW, Gurtner G, Biological properties of dehydrated human amino/chorion composite graft: implications for chronic wound healing. Int Wound J. 2013 Oct10(B):493-500. (2) Koob TJ, Lim JJ, Massee M, Zabek N, Pennert R, Guidvarter G, Li WW, Angiogenic properties of dehydrated human amino/chorion composite graft: implications for chronic wound healing. J BMan2 JN, Bennert RC, Koob TJ, Lim JJ, Massee M, Zabek N, Denozière G. Properties of dehydrated human amino/chorion composite graft: implications for chronic wound healing. J BMan2 JN, Bennert RC, Koob TJ, Lim JJ, Massee M, Zabek N, Denozière G. Properties of dehydrated human amino/chorion composite grafts: Implications for wound repair and soft tissue regeneration. J Biomed Mater Res B Appl Biomater. 2014 Aug J(50) (2) Koob TJ, Lim JJ, Zabek N, Massee M, Cytokines in single layer amnion allografts compared to multilayer annion/chorion angrafts for wound healing. J Biomed Mater Res B Appl Biomater. 2014 Aug J(50) (2) Koob TJ, Emot Massee M, Cytokines in single layer amnion allografts compared to multilayer annion/chorion membrane attrautes observatives attrautes and the allografts (2) Koob TJ. Emot Massee M, Cytokines in single layer amnion/chorion membrane attrautes observatives attrautes at



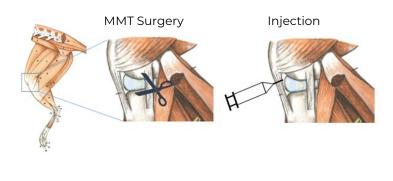


15+ Scientific Publications

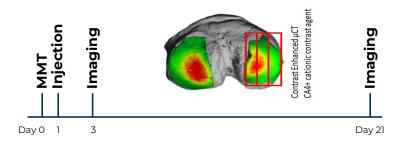


PURION-PROCESSED AMNIOTIC MEMBRANES

Medial Meniscal Transection Model to Induce OA

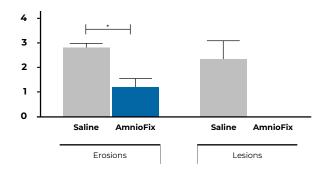


Treatments: Micronized dHACM vs. Saline



Week 3 Images Saline Control mdHACM

Occurrence of Defects

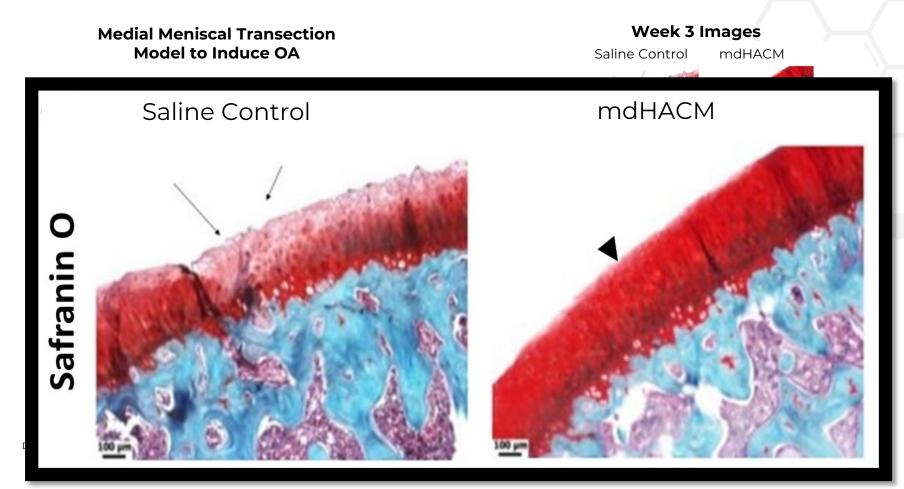


mdHACM injections significantly reduced erosions and prevented lesion formation at day 21 in an animal OA study mimicking meniscal injury

Willett NJ, Thote T, Lin ASP, Moran S, Raji Y, Sridaran S, Stevens HY, Guldberg RE. Intra-articular injection of micronized dehydrated human amnion/chorion membrane attenuates osteoarthritis development. Arthritis Research & Therapy. 2014;16(1):R47.



PURION-PROCESSED AMNIOTIC MEMBRANES

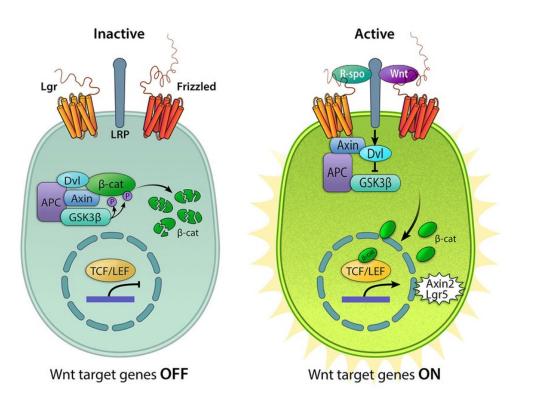


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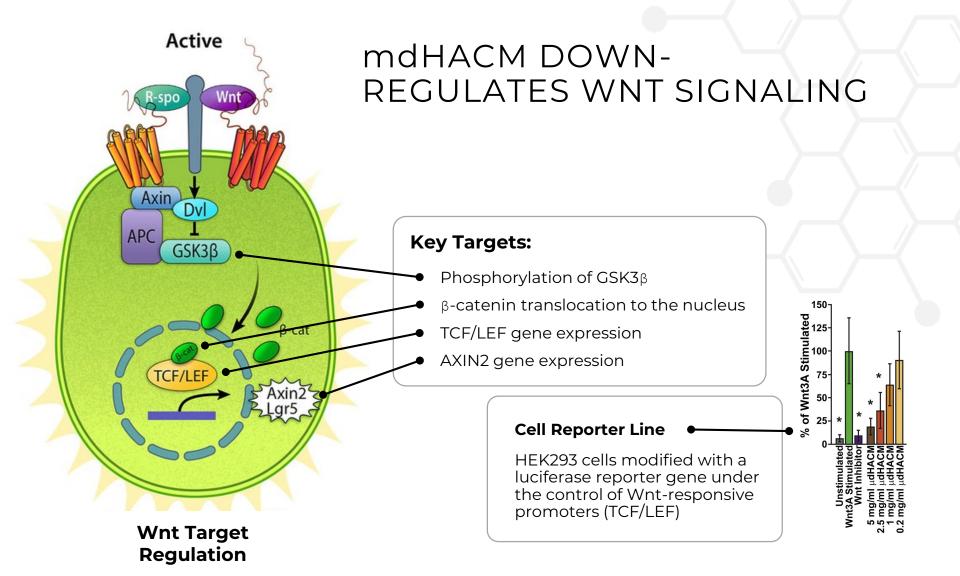
WNT SIGNALING



Implications:

- Critical pathway for maintaining tissue homeostasis in most ALL cells
- Hyperactivation (ON) is associated with disease progression ranging from osteoarthritis to cancer metastasis
- Small molecule Wnt inhibitor investigated for therapeutic applications: Samumed (SM04690)





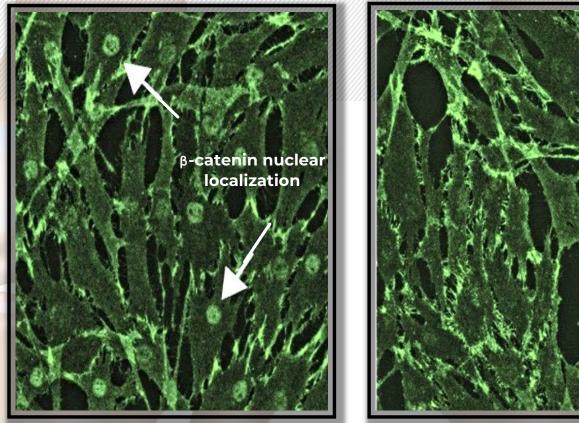
mdHACM regulates Wnt signal transduction and downstream gene expression



DISEASE MODIFICATION POTENTIAL

HYPERACTIVE WNT SIGNALLING

mdHACM TREATMENT



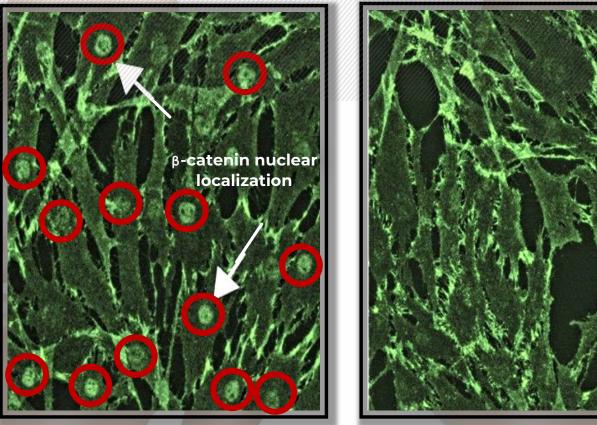
mdHACM regulates proliferative and hypertrophic changes in the synovium and cartilage



DISEASE MODIFICATION POTENTIAL

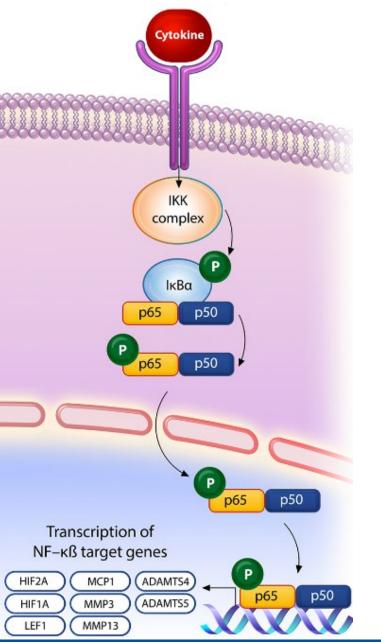
HYPERACTIVE WNT SIGNALLING

mdHACM TREATMENT



mdHACM regulates proliferative and hypertrophic changes in the synovium and cartilage





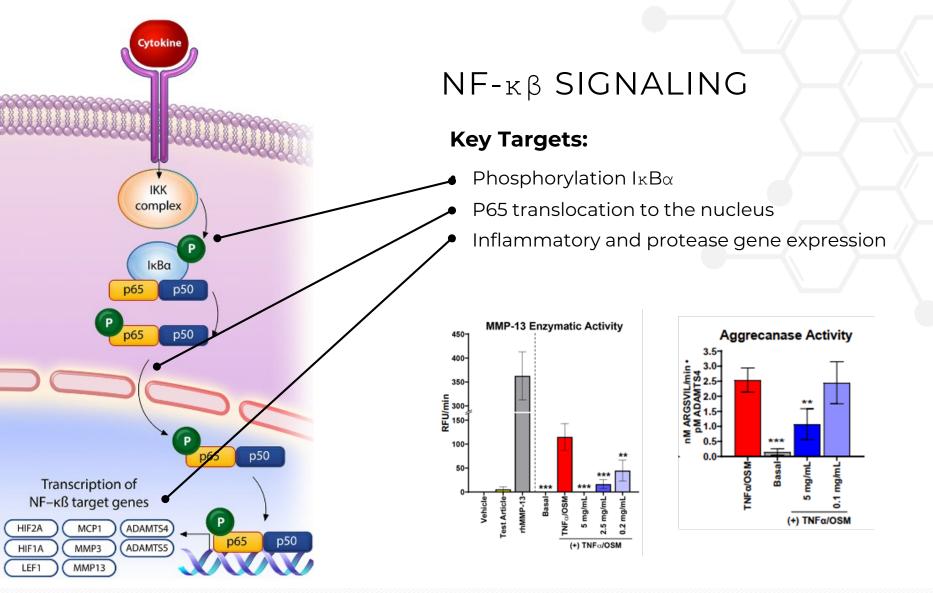
$\mathsf{NF}\text{-}\kappa\beta \text{ SIGNALING}$

Implications

- Critical pathway for maintaining tissue homeostasis in most ALL cells
- Dysregulation is associated with disease progression ranging from osteoarthritis to COPD

Liu, T., Zhang, L., Joo, D. et al. NF-xB signaling in inflammation. Sig Transduct Target Ther 2, 17023 (2017). <u>https://doi.org/10.1038/sigtrans.2017.23;</u> COPD = Chronic Obstructive Pulmonary Disease





mdHACM regulates NF- $\kappa\beta$ signal transduction and downstream gene expression

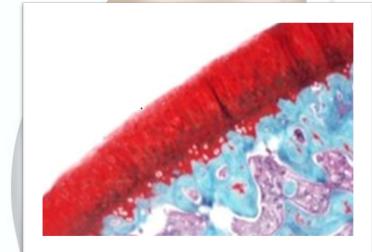


DISEASE MODIFICATION POTENTIAL

HYPERACTIVE NF-κβ SIGNALLING



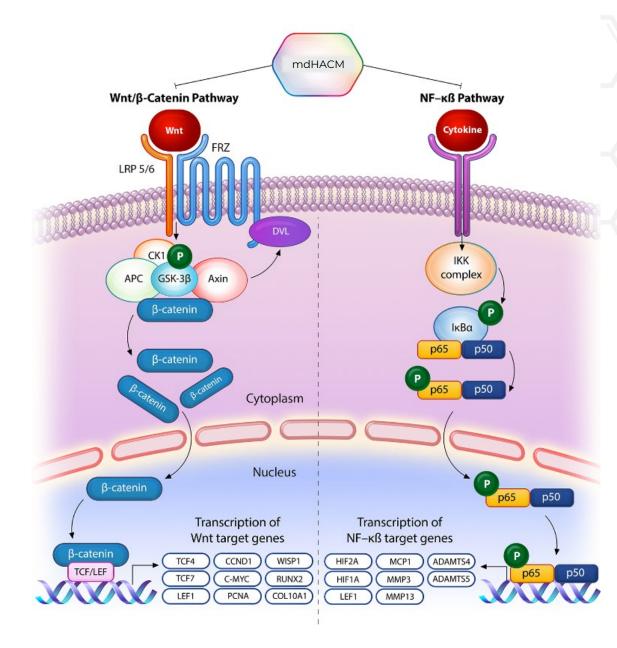
mdHACM TREATMENT



mdHACM regulates degradative changes in the chondrocytes, *in vitro*



MdHACM REGULATES KEY PATHWAYS IMPLICATED IN OA DISEASE PROGRESSION





VIBEKE STRAND, M.D.

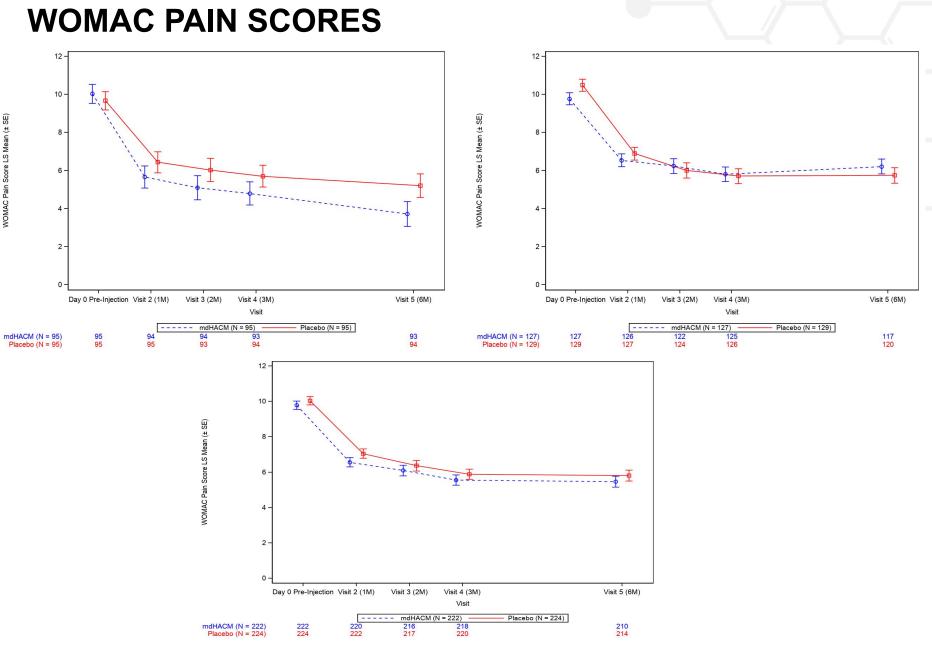
ADJUNCT CLINICAL PROFESSOR, DIVISION OF IMMUNOLOGY AND RHEUMATOLOGY STANFORD UNIVERSITY SCHOOL OF MEDICINE

EXECUTIVE SUMMARY – KNEE OA

- Last patients completed in October data prepared for analysis
- Phase 2B KOA trial top-line interim results demonstrated mixed efficacy signals between patient cohorts pre- [n=190] and post-interim analysis [n=256]
- Clear evidence of a positive efficacy signal in the 190 subject Pre-Interim Analysis Cohort
- Trial demonstrated excellent safety with no significant Adverse Events [AEs] or Serious Adverse Events
 [SAEs]

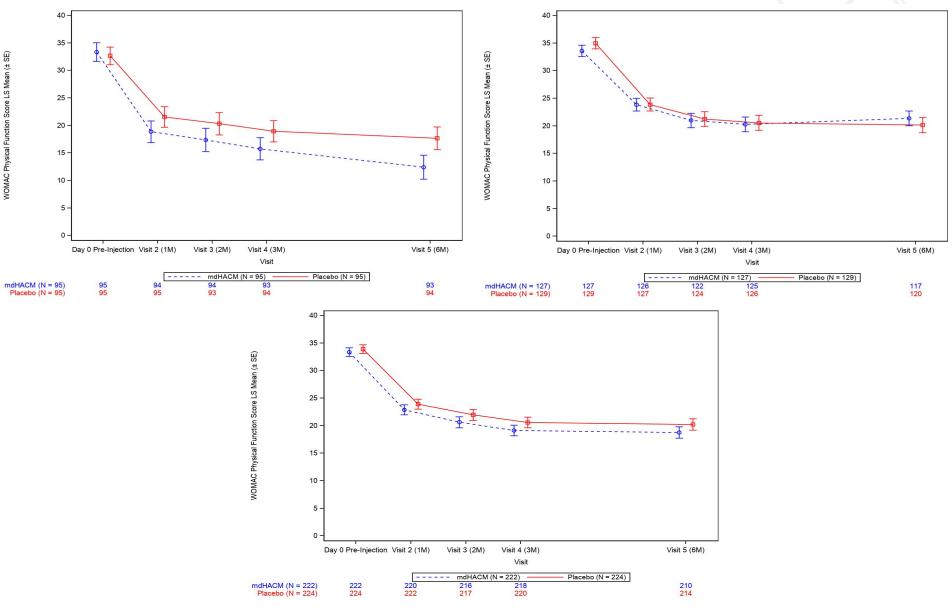
Assessment	Total trial (446 patients)	Pre-Interim Analysis (190 patients)	Post-Interim Analysis (256 patients)
WOMAC – Pain	Not significant	p=0.0092	Not significant
WOMAC – Function	Not significant	p=0.0093	Not significant





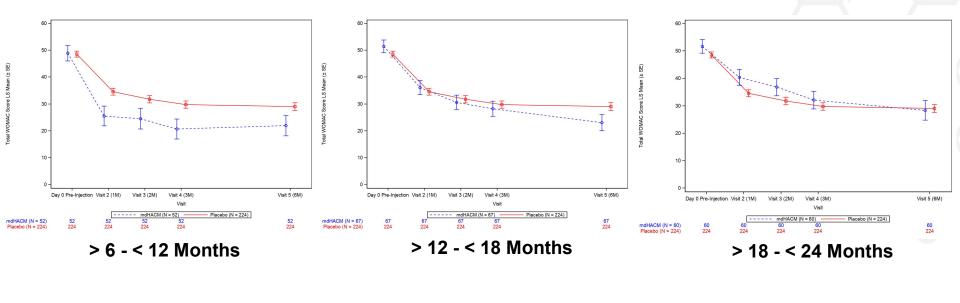


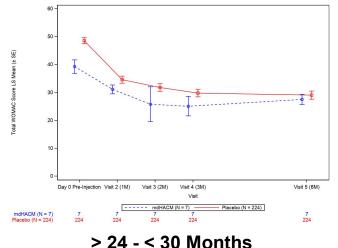
WOMAC PHYSICAL FUNCTION SCORES

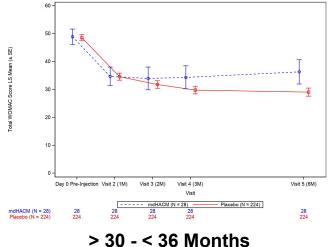




WOMAC TOTAL SCORES BY PRODUCT AGE









STUDY SUMMARY

- Although overall study did not demonstrate separation of mdHACM from placebo:
 - Efficacy signal in 190 patient Interim Analysis Cohort, consistent with previous published studies; encouraging
 - Learnings from research and manufacturing advancements are important
 - Clinical data will inform design of future trials
- The team has fully evaluated the results and have a good plan to move forward:
 - Two pivotal phase 3 randomized controlled trials
 - Best efficacy endpoints: WOMAC pain and WOMAC physical function
 - · Patient selection will be important
- MiMedx has learned much and will further refine the final product characterization





THOMAS M. MICK, M.D.

MIMEDX MEDICAL DIRECTOR

CLINICAL DEVELOPMENT

KRIS J. ALDEN, M.D., Ph.D.

O R T H O P A E D I C S U R G E O N

HIP, KNEE & SHOULDER RECONSTRUCTION

QUESTION & ANSWER SESSION

ROHIT KASHYAP, Ph.D. EXECUTIVE VICE PRESIDENT CHIEF COMMERCIAL OFFICER

JOHN R. HARPER, Ph.D.

SENIOR VICE PRESIDENT RESEARCH & PRODUCT DEVELOPMENT

CHIEF TECHNOLOGY OFFICER



KEY MESSAGES

Multiple Large Underpenetrated Opportunities

MIMEDX Value Proposition Executable Strategy for Growth

Advanced Wound Care Customer Focus Current Commercial +7-8%

Surgical Recovery Clinical Evidence Innovation & Market Development +2-3%

International Markets Scale, Reach & Relationships

Growth Expansion +2-3%



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ADVANCED WOUND CARE IS AN UNDERSERVED MARKET WITH GROWTH POTENTIAL

Total Addressable Market





EXPANSION INTO SURGICAL RECOVERY MARKET PROPELS GROWTH

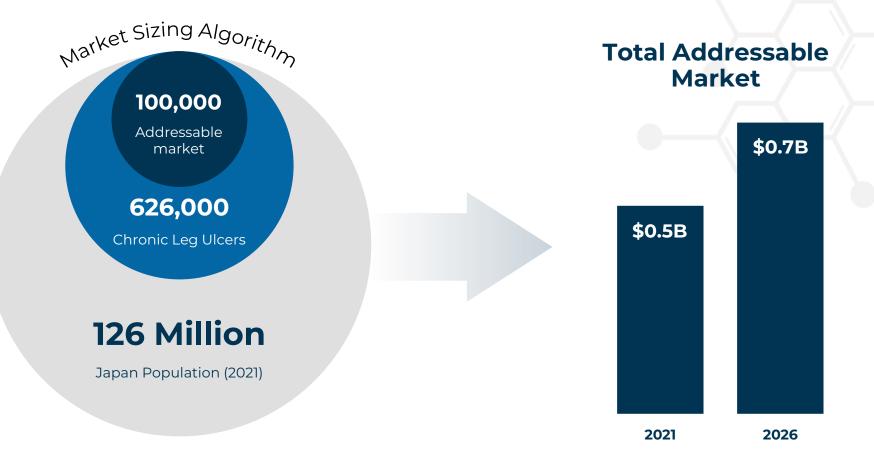






BioMed GPS SmartTrak; 3rd party proprietary assessment; Management estimates

LARGE POTENTIAL AS FIRST TO MARKET IN JAPAN WITH AMNIOTIC TISSUE FOR WOUND TREATMENT



Potential to expand beyond lower extremity wounds

Global Data Tissue Engineered-Skin Sub Data Model Wound Management Year 2020 - retrieved Sept 2021; Management estimates





HIROTO TERASHI, M.D., Ph.D.

President of the Japan Society for Surgical Wound Care Professor of the Department of Plastic Surgery, Kobe University Graduate School of Medicine

Hiroto Terashi M.D., Ph.D. is Chief Professor in the Department of Plastic and Reconstructive Surgery, Kobe University, Japan. He is specialized in plastic surgery, wound healing, diabetic foot therapy and regenerative medicine. Dr. Terashi is Chairman of the Japanese Society of Foot Care and Podiatric Medicine, and the Japan Society for Surgical Wound Care and Board Member of Japanese Society of Plastic and Reconstructive Surgery, Japanese Society of Pressure Ulcers, Japanese Society of Regenerative Medicine, Japanese Society for Wound Healing, Japanese Skin Cancer Society, more. He has published more than 610 papers in reputed journals.



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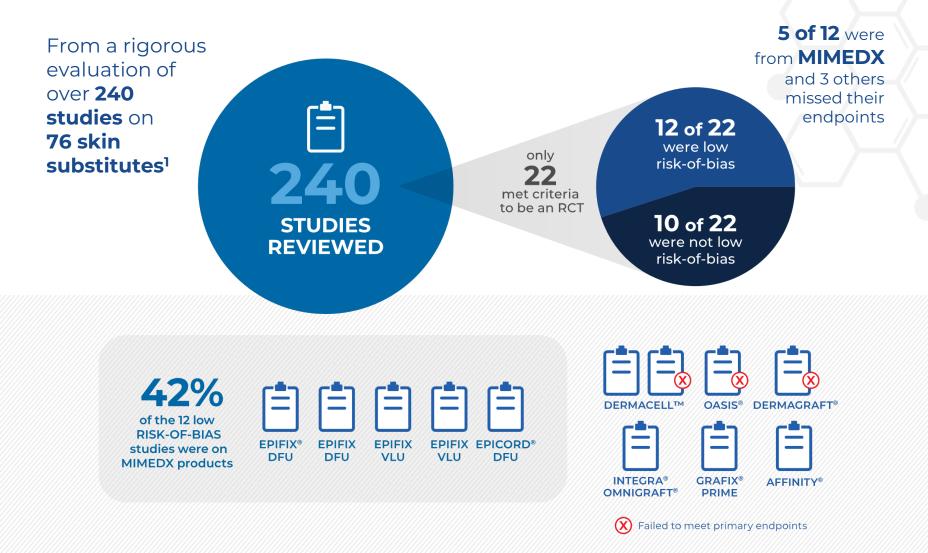


MIMEDX CUSTOMER-FOCUSED ECOSYSTEM PROVIDES COMPETITIVE ADVANTAGE





AHRQ PUBLICATION VALIDATED COMMITMENT TO QUALITY CLINICAL EVIDENCE



(1) Snyder DL, et al. Agency for Healthcare Research and Quality. https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id109TA.pdf. Published February 2020. Accessed October 13, 2021.

MIMEDX

REAL-WORLD EVIDENCE CONFIRMS CLINICAL AND ECONOMIC BENEFITS

Use of EPIFIX[®] early in the treatment algorithm with regular application intervals results in best observed outcomes + meaningful cost savings¹

Average cost/episode with EPIFIX was approximately

Average Cost/Episode

(Weekly/Biweekly Treatment)



71% reduction

versus other

\$3,000 less versus other advanced treatments

in minor amputations³ compared to other advanced treatments

> ZERO Major amputations⁴



(1) Medicare Database DFU episodes for Hospital Outpatient Department. 2015- 2018. Data on file. (2) Ancillary costs including ED visits, outpatient center visits, inpatient admissions, major and minor amputations; (3) Minor amputations are defined as amputation at the ankle joint level or below; (4) Major Amputations are defined as amputation above the ankle joint.

ACCESS, RELATIONSHIPS AND SCALE SUPPORT GROWTH STRATEGY





(1) As of November 30, 2021.

KEY MESSAGES

Multiple Large Underpenetrated Opportunities

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Advanced Wound Care Customer Focus Current Commercial +7-8%

Surgical Recovery

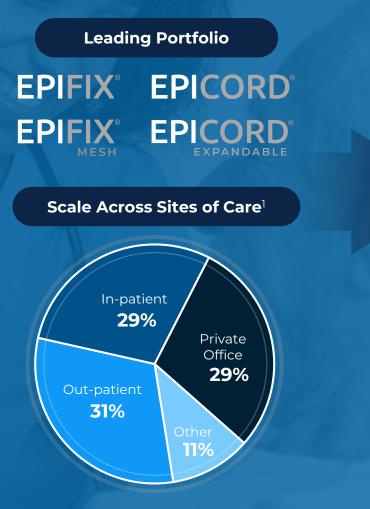
Clinical Evidence Innovation & Market Development +2-3%

International Markets Scale, Reach & Relationships

Growth Expansion +2-3%



WOUND CARE GROWTH DRIVEN BY EXPANDING ACCESS & COMMERCIAL EXCELLENCE



- Targeting Points of Aggregation
- Selling Value versus Features & Benefits
- Educate Build Market Awareness
- New Products & Services
- Expand Reimbursement Coverage



SURGICAL RECOVERY GROWTH DRIVEN BY MARKET DEVELOPMENT

Leveraging Portfolio

AMNIOFIX° AMNIOBURN° AMNIOCORD° AMNIOFIX°

Targeting Unmet Needs

Tissue Handling

Antimicrobial Platform

Functional Healing

- Expand Reach in O.R.
- Procedural Training
- KOL Development by Specialty
- New Product Launches
- Clinical & Economic Evidence

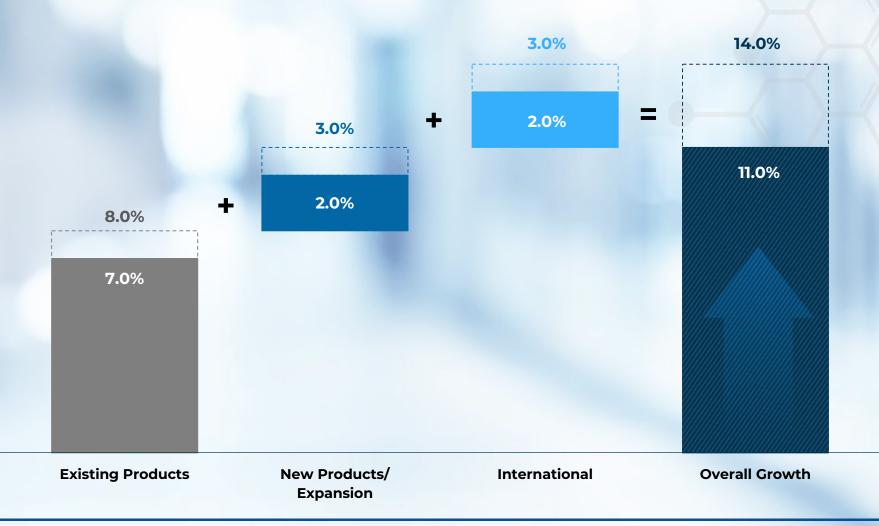


JAPAN COMMERCIAL STRATEGY

Dec '21 – Mid '22	Mid '22 – Late '23	2024+	
Stage 1	Stage 2	Stage 3	
Market Development	Establish Treatment	Achieve Scale	
	\$10M+	\$50M+	
 Secure reimbursement 	 Generate local evidence 	 Expand reimbursement 	
 Medical education 	 Leverage KOL / peer- 	 Leverage local evidence 	
 Initiate clinical 	to-peer education		
evaluations	 Broaden account utilization 	 Optimize structure and scale 	
 Operationalize go-to- market model 		 New product introductions 	



ABOVE-MARKET GROWTH DRIVEN BY MARKET EXPANSION AND PORTFOLIO INNOVATION





Management estimates of annual revenue growth rate.

UNMET NEEDS DRIVE OPPORTUNITY FOR DISCIPLINED PORTFOLIO EXPANSION

Complex Patients

Wound Care Continuum

Deep & Large Surface Area Soft Tissue Defects

Surgical Implantable **Placental Iterations**

Placental Tissue Matrix

Core Product Enablers

Antimicrobial Platforms



ROBUST NEAR-TERM PIPELINE

Care Setting

Unmet Need



AMNIOEFFECTTM

Inpatient / Outpatient

Deeper / Larger Wounds Surgical Implantable



Placental Collagen Matrix

Inpatient

Deep / Tunneling Soft Tissue Defects



Single Layer Amnion

Inpatient

Burns



2022 LAUNCHES EXPAND PLACENTAL PORTFOLIO



AMNIOEFFECT™

Wide range of sizes up to 9x20

Improved handling for minimally invasive procedures

Launch 1H2022

Placental Collagen Matrix

Particulate format fulfills key portfolio gap

Retains key extracellular matrix components

Launch 1H2022



OPPORTUNITIES TO EXTEND LEADERSHIP IN DIFFERENTIATED CLINICAL EVIDENCE

wer Extremity Ulcers in Patients with Diabetes:	management
is from an Analysis of the Medicare Database (2015-2018)	
which MIT, has the loss, MT. Tracker, MRA'	Observed impact of skin substitutes in
estebuce, may, pare the ping, mis., manu rakate, man	lower extremity diabetic ulcers: lessons
MMARY	
Advanced Treatments, also referred to as high cost group skin substituter", were superior to no Advanced Treatment in diabetic patients with lower extremity alcers in reducing major amputations	from the Medicare Database (2015–2018)
Among also substitutes in the Medicare database, EPHIX was used in approximately 1/361 of lower encounty dathetic alor patients, usaking it the most used data substitute product from 2015 to 2018	Objective: To ensure impaignmently-mobilities obtains a painteen and antimate (R2) with additional processing addressed teamate (R2) with addr
Following Parameters for Use (FPFU) had dramatic favorable impacts on outcomes and costs***	X7 (NZ) for the management of LEDUs. Method: The Medicare Limited Dataset (1 October 2015 through AZ 7PRU patients had leaver minor amputations (pub.200) than these
In these analyses, EPEFIX was superior to other high cost group skin substitutes with observed reductions in the following outcomes, especially when used according to parameters for use (FFU):	2 October 2018; some used is retemperivary analyse people reserves care to a LEOC insulate with 7 or 16/2 peoplematy matched Down 13. Advices Fulded in neural and rear analyseless care and more analyseless. ED use, and
- Major and minor amputations drop by more than 80%	energency department EDI visits and hospital readmissions. In addition, RT following parameters for use EPPUL was compared Clinics divuid implement RT in accordance with the highlighted
 Costs were more than \$3000 less per epinode of care to close a wound compared to competitors Average length of treatment was reduced by 5 days, though not statistically startificant 	with AF not FPFU propendly-instituted (sinup 2). A parent 1-text was used for comparisons of the text proces. For comparisons because due to improve outcomes and educe costs. Because due to improve outcomes and educe costs.
oduction	connection was performed when multiple comparisons JLD and TUT have stock in MINEDX Group, Inc. OGA, TUC, PMG, ware calculated. JHM, MINEDX Group, Inc. OGA, TUC, PMG, JHM, MINE, JMB, and JNV served on MINEDX Group. Inc. advisory
ever ensumity diabetic clasm (LE EG) are a mapse and frequent complication in patients with above. These slows affect quality of life for the patient and impose a barden on the patient, public, all private parest. Pertpleral vaccidant and international complications associated with lower extremity lown affect 1996 and 36th of patients, respectively. Modeare specific for the treatment of diabetic set devices are settimated in the 64.5113 Hilton associated by ¹ .	Revealer Twere sum 21/20:16 patients wirk dagenast skannten. Besch 1992, 1916 est 24/20:16 patients wirk dagenast skannten. Besch 1992, 1916 est 24/20:16 patients wirk skannten Goss 1 the Multistand Besch 1992, 1916 est 24/20 est 24/
Construct Mandelli Came (NOC) protocols for toxics of 41 CEA to hold the trans- tication of the second seco	The 1 the database 1 keep 1 ke
lysis of Medicare Usage of Advanced Treatments	56.2-18.7 billion annually in 2014.1 East G American, " 80, PUL DVA, MJ, Milan H Britshak, " 101, PUL TVA
ntrospective cohert study, data was obtained used is first identifypatients with diabetes (Intermittional Medicare: Tantiel Data Standard - Analyse: Cancel Categoriane Conference Nutrill Resonand Di Devision, et and O capatient files of dedentified patients: Classical Medifications Code). The Medicare Database, abdets: ICD-9 and ICD-10 diagenois ocdes were private to any propensity anaphing included (5x20).	More than 54 of (1913). Adverding inductions, which will make in a mixer sequence of the second second results of the protect for a field of adverding second secon
map data adventues are reported and e CPT codes 1511 denagli 1519 and the applicable data adventue 1619(3.0 code. In the document Visitor legit in adventues ¹⁴ include of ear adventues report 1919(3.	provided by cards handing DVU, and its postmateria (bins) encoded by cards handing DVU, and its postmateria (bins) encoded by a card handing by the second by the second by the second by the encoded by the second by the second by the second by the second by the decomposition of the decount of the handing transmits of the decounting effects on patients. Its additions to the decounting effects on patients, boxed constraints of the decounting effects on patients.

Julia Toman 🖾 Georgina M. Michael 🚫. Oliver J. Wass, John R. As	lams, and Brandon S. Hubbs
Published Online: 29-Oct 2021 [https://doi.org/10.1099/fpsam.	2021.0167
🗄 Sections 🚊 Vew article	J≉ Tools <
Abstract	
Importance: Reconstructing cosmetically sensitive defects in an surgeries (MMS) may be addressed with abematives to surgery	aging population undergoing multiple Mohs mi
Objective: Patients undergoing MMIS with defect reconstruction were compared with traditional autologous tissue-based proced	
Design, Setting, and Participants: This retrospective case-cord removal of a basal or squarrous cell carcinoma with same-day	
Main Outcomes and Measures: The primary endpoint was the in for developing medical or cosmetic sequelae was determined th	
Results: The study population consisted of 143 propensity score on the face, head, and reck. Compared with autologous tissue, p lower risk for infection (p + 0.004), poor scar cosmesis (p < 0.00	placental allograft cases were associated with si
Conclusions and Relevance: Postoperative complication rates fi demonstrated by autologous tissue counterparts, indicating this penaltive repairs.	
Key Points	
Question: Is the use of a placental allograft a feasible alternativ defects in select patient cases after Muhs surgery?	e to incisional methods of repair for cosmetically
Findings: Larger cutaneous Moto-related defects of the face, he placental allograft in a population of older adults.	ead, and hands were effectively reconstructed wi
Meaning: This study suggests that surgical reconstruction after	skin names removal from the face may be surit

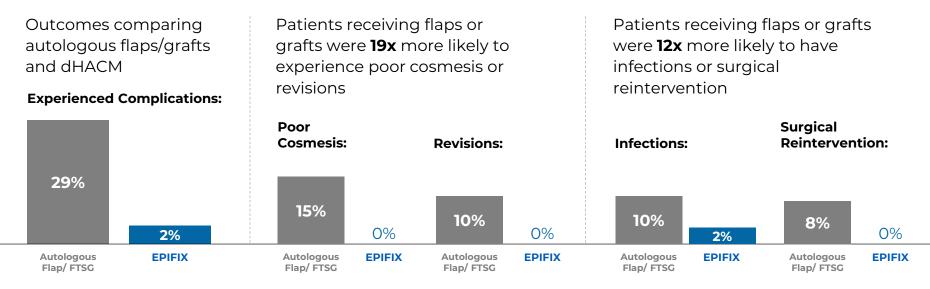
AREAS OF FOCUS

- Chronic wound clinical & health economic outcomes
- Treating challenging surgical wounds

MIMEDX

- Complex incision management
- Orthopaedic surgical recovery

Mohs Defect Repair with Dehydrated Human Amnion/Chorion Membrane¹



(1) Toman J, Michael GM, Wisco OJ, Adams JR, Hubbs BS. Mohs Defect Repair with Dehydrated Human Amnion/Chorion Membrane. Facial Plast Surg Aesthet Med. 2021 Oct 29. doi: 10.1089/fpsam.2021.0167. Epub ahead of print. PMID: 34714143. FTSG = Full Thickness Skin Grafts

WILLIAM H. TETTELBACH, M.D. MIMEDX PRINCIPAL MEDICAL OFFICER HEAD OF MEDICAL AFFAIRS



BIDHAN B. DAS, M.D.

COLON, RECTAL & GENERAL SURGEON

CAROLINE CLARKE, M.D.

PLASTIC, RECONSTRUCTIVE & COSMETIC SURGEON

JONATHAN LABOVITZ, D.P.M.

PODIATRIC FOOT & ANKLE SURGEON

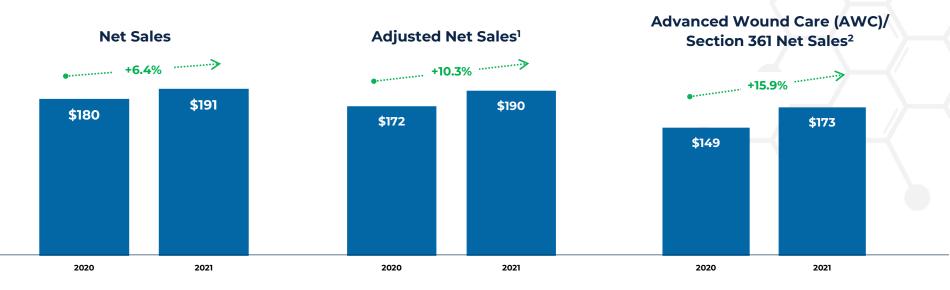
QUESTION & ANSWER SESSION

PETER M. CARLSON

EXECUTIVE VICE PRESIDENT CHIEF FINANCIAL OFFICER

ADVANCED WOUND CARE GROWING AT DOUBLE-DIGITS

Results for the nine-months ended September 30 (\$M)



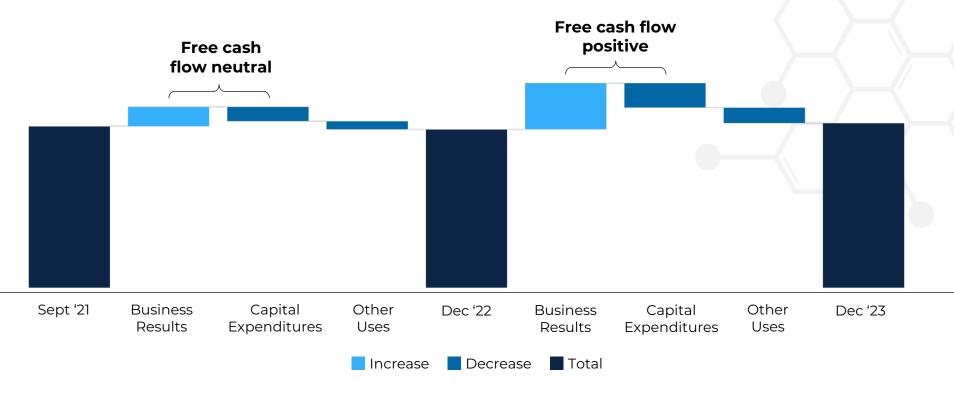
Updating 2021 expectations – represents 13% to 15% growth in continuing portfolio from 2020

(in millions)	2020	2021 Estimate
Advanced Wound Care / Section 361 ²	\$208.8	\$236 - \$240
Section 351 ²	\$31.7	\$17 – \$18
Adjusted Net Sales ¹	\$240.5	\$253 - \$258

(1) Adjusted net sales excludes revenue recognized from cash collections on remaining contracts. Adjusted net sales is a non-GAAP measurement. Refer to Appendix for more information and reconciliation to the nearest GAAP measure. (2) Section 361 includes Tissue + Cord sales. Section 351 includes Micronized + Particulate sales. Advanced Wound Care/Section 361 and Section 351 Sales are Non-GAAP metrics. These two metrics allow investors to better understand the trend in sales between the two different product groups.



EXISTING CASH LEVELS ARE SUFFICIENT TO SUPPORT NEAR-TERM R&D EFFORTS



Cash and cash equivalents at September 30, 2021 = \$91 million

Expect two clinical trials for Knee OA indication to cost less than \$30 million; incurred over three years

Over the next 12 – 15 months, we expect:

- Base business to be cash flow neutral
- Overall revenue to return to levels consistent with those prior to end of Enforcement Discretion

Business Results represents expected Adjusted EBITDA. Other Uses include debt service, and investigation, restatement and related expenses.



SUMMARY



Updated 2021 Adjusted Net Sales Range of \$253 – \$258 million

- Includes 13% to 15% expected growth in AWC Net Sales from 2020
- 2 Expect business to be free cash flow neutral over next 12-15 months
- Plan to provide further financial outlook at JPM Conference
 - Presentation Wednesday, January 12, 2022 at 5:15 pm PT

Existing cash levels are sufficient to support R&D clinical efforts



TIMOTHY R. WRIGHT CHIEF EXECUTIVE OFFICER

OUR PLACENTAL BIOLOGICS HAVE THE POTENTIAL TO TRANSFORM MEDICINE



DIFFERENTIATED VALUE PROPOSITION DELIVERS ATTRACTIVE NEAR- & LONG-TERM GROWTH

Sustainable above-market growth from commercial business in multiple underpenetrated markets

Native & multimodal therapeutic properties of placental tissue provide unlimited range of organic product innovation

KOA indication represents blockbuster biologic opportunity

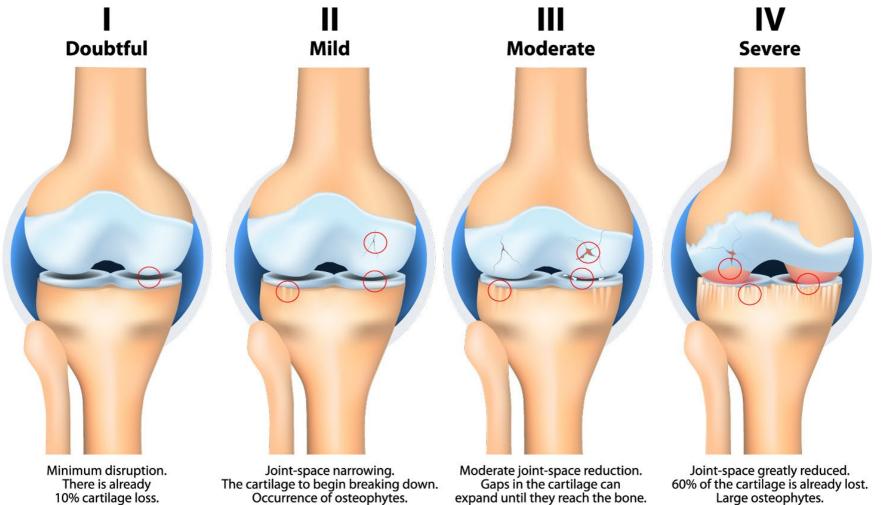
Underlying mechanism of action and proprietary tissue engineering offer new insights into disease modifying potential

Talented, skilled and seasoned leadership team in place



APPENDIX

KOA KELLGREN-LAWRENCE (KL) GRADES



Large osteophytes.



10% cartilage loss.

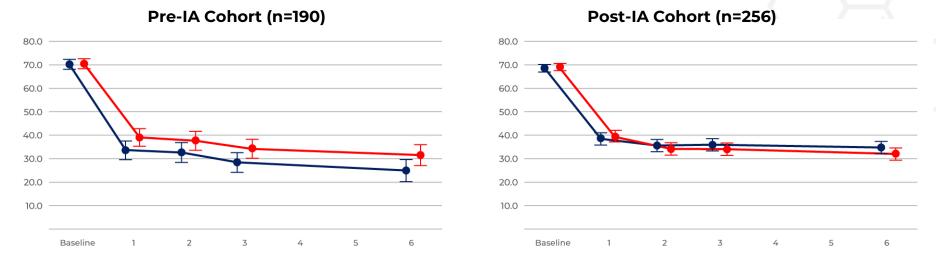
KOA PHASE 2B STUDY POPULATION

Parameter	mdHACM	Placebo	Total
Gender – Male/Female	54%/46%	63%/37%	58%/42%
Age – Mean/Median	57.9/58.5 years	58.5/60.0 years	58.2/59.0 years
Age Group – 18 to 64 / 65+	71%/29%	65%/35%	68%/32%
BMI Categories: < 18.5 18.5 to < 25.0 25.0 to < 30.0 30.0+	0% 20% 36% 44%	0% 22% 31% 47%	0% 21% 33% 46%

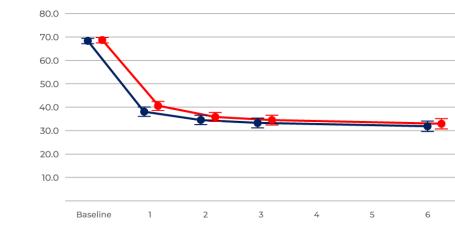
	KL 1	KL 2	KL 3
Total	43	167	236
mdHACM	24	80	118
Saline	19	87	118



KOA PHASE 2B STUDY VISUAL ANALOG SCORE (VAS)



Total Cohort (n=446)







REVENUE OUTLOOK RECONCILIATION

(in millions}	2020	2021 Estimate
Advanced Wound Care / Section 361 ¹	\$208.8	\$236 - \$240
Section 351 ¹	\$31.7	\$17 – \$18
Adjusted Net Cales?		1
Adjusted Net Sales ²	\$240.5	\$253 – \$258
Revenue Transition amounts	\$240.5 \$7.7	\$253 – \$258 \$1

(1) Section 361 includes Tissue + Cord sales. Section 351 includes Micronized + Particulate sales, Advanced Wound Care/Section 361 and Section 351 Sales are Non-GAAP metrics. These two metrics allow investors to better understand the trend in sales between the two different product groups. (2) Adjusted net sales excludes impact of Revenue Transition amounts. Adjusted net sales is a non-GAAP metrics. These two metrics allow investors to better specifically those reported prior to and after the Transition, led to situations where we included revenue recognized on the cash basis and "as-shipped" basis in the same period. Management uses Adjusted Net Sales to provide comparative assessments and understand the trend in the Company's sales across periods exclusive of effects related to the Company's transition to revenue recognizion at the point of shipment. (3) Impact of revenue transition includes cash collected related to the remaining contracts. For a discussion of the revenue transition and the defined terms, refer to Item 8, Notes to the Consolidated Financial Statements in the MiMedx Group, Inc. Form 10-k for the year ended December 31, 2020.



SUMMARY BALANCE SHEETS

(\$ millions)	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21
Assets								
Cash and Cash Equivalents	69.1	53.5	48.2	109.6	95.8	84.7	85.0	90.6
Accounts Receivable, net	32.3	31.9	30.1	33.0	35.4	35.4	37.2	36.5
Inventory, net	9.1	9.2	10.6	11.0	10.4	11.6	10.1	11.2
Other Current Assets	12.7	21.2	18.7	17.9	19.0	18.3	15.4	3.6
Total Current Assets	123.2	115.9	107.6	171.5	160.6	150.0	147.7	141.9
Property and Equipment	12.3	11.8	10.8	10.3	11.4	11.0	10.3	9.9
Other Assets	31.6	31.2	32.5	31.5	30.0	29.8	29.1	28.7
Total Assets	167.2	158.9	150.9	213.3	202.0	190.8	187.1	180.5
Liabilities and Stockholders' Equity (Deficit)								
Current Liabilities	67.3	63.7	63.7	57.3	59.2	55.4	50.6	41.7
Long Term Debt, net	61.9	61.6	61.5	47.6	47.7	47.8	47.9	48.0
Other Liabilities	3.5	3.2	2.9	4.4	3.7	3.6	3.3	4.1
Total Liabilities	132.8	128.6	128.1	109.3	110.6	106.8	101.8	93.8
Convertible Preferred Stock	0.0	0.0	0.0	91.1	91.6	92.0	92.5	92.5
Stockholders' Equity (Deficit)	34.4	30.3	22.9	12.9	(0.2)	(8.0)	(7.2)	(5.8)
Total Liabilities and Stockholders' Equity (Deficit)	167.2	158.9	150.9	213.3	202.0	190.8	187.1	180.5



SUMMARY INCOME STATEMENTS

(\$ millions)	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21
Net Sales	76.4	61.7	53.6	64.3	68.6	60.0	68.2	63.1
Cost of Sales	12.7	10.0	8.2	10.3	10.8	9.7	12.8	10.1
Gross Profit	63.7	51.7	45.4	54.0	57.8	50.3	55.4	53.0
Research & Development	2.7	2.7	2.3	3.4	3.4	4.3	4.1	4.3
Selling, General, and Administrative	45.4	46.9	37.3	48.0	48.8	45.4	53.6	46.3
Investigation, Restatement, and Related	20.1	15.6	11.4	12.0	20.4	7.2	(2.1)	3.2
Amortization of Intangible Assets	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.2
Impairment of Intangible Assets	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Operating Loss	(4.9)	(13.7)	(5.9)	(9.7)	(16.1)	(6.8)	(0.4)	(1.0)
Loss on Extinguishment of Debt	0.0	0.0	0.0	(8.2)	0.0	0.0	0.0	0.0
Interest Expense, net	(2.4)	(2.4)	(2.6)	(1.5)	(1.5)	(1.5)	(1.4)	(1.0)
Pretax Loss	(7.3)	(16.1)	(8.4)	(19.4)	(17.6)	(8.3)	(1.8)	(2.0)
Income Tax Provision (Expense) Benefit	(0.2)	11.3	0.0	0.0	1.0	(0.1)	0.0	(0.3)
Net Loss	(7.5)	(4.8)	(8.5)	(19.4)	(16.6)	(8.4)	(1.8)	(2.3)



SUMMARY CASH FLOW STATEMENTS

(\$ millions)	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21
Net Loss	(7.5)	(4.8)	(8.5)	(19.4)	(16.6)	(8.4)	(1.8)	(2.3)
Share-Based Compensation	2.9	3.3	4.4	3.7	3.9	3.2	4.1	3.8
Depreciation	1.6	1.5	1.4	1.5	1.3	1.2	1.3	0.9
Other Non-Cash Effects	1.2	1.2	1.3	9.5	1.7	1.1	0.9	0.6
Changes in Assets	(14.2)	(8.2)	2.9	(1.8)	(6.2)	0.1	1.9	11.0
Changes in Liabilities	(7.0)	(5.3)	(4.7)	1.9	5.5	(3.9)	(4.8)	(7.6)
Net Cash Flows (Used in) Provided By Operating Activities	(23.1)	(12.3)	(3.1)	(4.6)	(10.4)	(6.7)	1.6	6.4
Purchases of Property and Equipment	(0.7)	(1.0)	(0.4)	(0.7)	(2.2)	(1.9)	(0.4)	(0.6)
Patent Application Costs	(0.1)	(0.1)	(0.1)	0.0	(0.1)	(0.2)	(0.0)	(0.1)
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Net Cash Flows Used in Investing Activities	(0.8)	(1.1)	(0.5)	(0.7)	(2.3)	(2.1)	(0.4)	(0.6)
Preferred Stock Net Proceeds	0.0	0.0	0.0	93.4	(0.8)	0.0	0.0	0.0
Proceeds from Term Loan	0.0	0.0	10.0	49.5	0.0	0.0	0.0	0.0
Repayment of Term Loan	(0.9)	(0.9)	(10.9)	(72.0)	0.0	0.0	0.0	0.0
Prepayment Premium on Term Loan	0.0	0.0	0.0	(1.4)	0.0	0.0	0.0	0.0
Deferred Financing Cost	0.0	0.0	0.0	(2.8)	(0.3)	0.0	0.0	0.0
Stock Repurchased for Tax Withholdings on Vesting of Restricted Stock	(0.2)	(1.5)	(0.8)	(0.1)	0.0	(3.2)	(1.4)	(0.2)
Proceeds from Exercise of Stock Options	0.0	0.3	0.0	0.1	0.0	0.9	0.5	0.0
Net Cash Flows (Used in) Provided By Financing Activities	(1.1)	(2.2)	(1.8)	66.7	(1.1)	(2.3)	(0.9)	(0.2)
Beginning Cash Balance	94.1	69.1	53.5	48.2	109.6	95.8	84.7	85.0
Change in Cash	(25.1)	(15.5)	(5.3)	61.4	(13.8)	(11.1)	0.3	5.6
Ending Cash Balance	69.1	53.5	48.2	109.6	95.8	84.7	85.0	90.6



REVENUE DETAIL

				Quarter	Trailing 12 Month						Months		
(\$ millions)	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21		4Q20	1Q21	2Q21	3Q21
Advanced Wound Care / Section 361 ¹	56.2	48.5	45.8	55.1	59.4	51.5	59.3	62.3		208.8	211.8	225.3	232.5
Section 351 ¹	12.0	8.7	6.1	8.2	8.7	8.2	8.6	0.5		31.7	31.2	33.7	26.0
Adjusted Net Sales ²	68.2	57.2	51.9	63.3	68.1	59.7	67.9	62.8		240.5	243.0	259.0	258.5
Revenue Transition Impact ³	8.2	4.5	1.7	1.0	0.5	0.3	0.3	0.3		7.7	3.5	2.1	1.4
Net Sales	\$ 76.4	\$ 61.7	\$ 53.6	\$ 64.3	\$ 68.6	\$ 60.0	\$ 68.2	\$ 63.1		\$248.2	\$246.5	\$261.1	\$259.9

(1) Section 361 includes Tissue + Cord sales. Section 351 includes Micronized + Particulate sales, Advanced Wound Care/Section 361 and Section 351 Sales are Non-GAAP metrics. These two metrics allow investors to better understand the trend in sales between the two different product groups. (2) Adjusted net sales excludes impact of Revenue Transition amounts. Adjusted net sales is a non-GAAP metrics. These two metrics allow investors to better specifically those reported prior to and after the Transition, led to situations where we included revenue recognized on the cash basis and "as-shipped" basis in the same period. Management uses Adjusted Net Sales to provide comparative assessments and understand the trend in the Company's sales across periods exclusive of effects related to the Company's transition to revenue recognition at the point of shipment. (3) Impact of revenue transition includes cash collected related to the remaining contracts. For a discussion of the revenue transition and the defined terms, refer to Item 8, Notes to the Consolidated Financial Statements in the MiMedx Group, Inc. Form 10-K for the years ended December 31, 2019 and 2020, and the respective Form 10-Qs for the noted quarterly periods.



NON-GAAP METRICS RECONCILIATION

(\$ millions)	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21
Net Sales – Reported	76.4	61.7	53.6	64.3	68.6	60.0	68.2	63.1
Less: Revenue Transition Impact ¹	(8.2)	(4.5)	(1.7)	(1.0)	(0.5)	(0.3)	(0.3)	(0.3)
Adjusted Net Sales	68.2	57.2	51.9	63.3	68.1	59.7	67.9	62.8
Gross Profit	63.7	51.7	45.4	54.0	57.8	50.3	55.4	53.0
Less: Revenue Transition Impact ¹	(7.1)	(3.9)	(1.5)	(0.9)	(0.4)	(0.2)	(0.3)	(0.3)
Adjusted Gross Profit	56.6	47.8	44.0	53.1	57.4	50.1	55.1	52.7
Adjusted Gross Margin	83.0%	83.6%	84.8 %	83.9%	84.3%	83.9 %	81.3%	83.9%
Adjusted EBITDA	14.1	3.1	10.2	6.9	10.3	4.7	2.9	6.8
Less: Capital Expenditures	(0.7)	(1.0)	(0.4)	(0.7)	(2.2)	(1.9)	(0.4)	(0.6)
Less: Patent Application Costs	(O.1)	(0.1)	(0.1)	0.0	(0.1)	(0.2)	(0.0)	(0.1)
Adjusted Free Cash Flow	13.3	2.0	9.7	6.2	8.0	2.6	2.5	6.1

(1) Impact of revenue transition includes cash collected related to the remaining contracts. For a discussion of the revenue transition and the defined terms, refer to Item 8, Notes to the Consolidated Financial Statements in the MiMedx Group, Inc. Form 10-K for the years ended December 31, 2019 and 2020, and the respective Form 10-Qs for the noted quarterly periods.

ADJUSTED EBITDA RECONCILIATION

(\$ millions)	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21
Net Loss	(7.5)	(4.8)	(8.5)	(19.4)	(16.6)	(8.4)	(1.8)	(2.3)
Depreciation & Amortization	1.8	1.8	1.7	1.8	1.6	1.5	1.5	1.1
Interest Expense	2.4	2.4	2.6	1.5	1.5	1.5	1.4	1.0
Loss on Extinguishment of Debt	0.0	0.0	0.0	8.2	0.0	0.0	0.0	0.0
Income Tax	0.3	(11.3)	0.0	0.0	(1.0)	0.1	(0.0)	0.3
EBITDA	(3.0)	(12.0)	(4.2)	(7.9)	(14.5)	(5.5)	1.1	0.1
Investigation, Restatement & Related	20.1	15.6	11.4	12.0	20.4	7.2	(2.1)	3.2
Revenue Transition ¹	(5.9)	(3.9)	(1.5)	(0.9)	(0.4)	(0.2)	(0.3)	(0.3)
Impairment of Intangible Assets	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Share-Based Compensation	2.9	3.3	4.4	3.7	3.9	3.2	4.1	3.8
Adjusted EBITDA ²	14.1	3.1	10.2	6.9	10.4	4.7	2.8	6.8

Investigation, Restatement & Related:

- Audit Committee Investigation completed in 2Q19
- Restatement activities completed in 2Q20
- Going forward, remainder is legal costs for Company matters, resolution costs for Company matters, recoveries from insurance providers, and indemnification costs under agreements with former officers and directors

(1) Impact of revenue transition includes cash collected related to the remaining contracts. For a discussion of the revenue transition and the defined terms, refer to Item 8, Notes to the Consolidated Financial Statements in the MiMedx Group, Inc. Form 10-K for the years ended December 31, 2019 and 2020, and the respective Form 10-Qs for the noted quarterly periods. (2) Adjusted EBITDA consists of GAAP net loss excluding: (i) depreciation, (ii) amortization of intangibles, (iii) interest expense, (iv) loss on extinguishment of debt, (v) income tax provision, (vi) costs incurred in connection with Audit Committee Investigation, Restatement, and Related expenses; (vii) the effect of the change in revenue recognition on net loss, (viii) impairment of intangible assets, and (ix) share-based compensation.

