



Human and Robotic Intersection

May 2019



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Forward-looking statements may include projections regarding our future performance and, in some cases, can be identified by words like "anticipate," "assume," "believe," "could," "seek," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "future," "should," "will," "would" or similar expressions that convey uncertainty of future events or outcomes and the negatives of those terms. These forward-looking statements are based on our management's current expectations, which are subject to uncertainty, risks and changes in circumstances that are difficult to predict, and many of which are outside of our control. Important factors that could cause our actual results, levels of activity or performance to differ materially from those indicated in the forward-looking statements include, among others: ReWalk's ability to secure capital from equity and debt financings in light of limitations under its effective registration statement on Form S-3, the price range of its ordinary shares and conditions in the financial markets, and the risk that such financings may dilute its shareholders or restrict its business; ReWalk's ability to regain compliance with various continued listing requirements of the Nasdaq Capital Market, its related ability to raise the market price of its ordinary shares sufficiently through a reverse share split to cure one of several Nasdaq listing deficiencies, and the risk that its ordinary shares will be delisted if it regains compliance; the risk of decreased liquidity in the market for ReWalk's ordinary shares and a reduced market capitalization of the Company following the reverse share split, and the risk of dilution following the increase in authorized share capital; ReWalk's expectations regarding future growth, including its ability to increase sales in its existing geographic markets, and to expand to new markets and achieve its planned expense reductions; the conclusion of ReWalk's management and the previous opinion of ReWalk's auditors in that there are substantial doubts as to ReWalk's ability to continue as a going concern; ReWalk's ability to maintain and grow its reputation and the market acceptance of its products; ReWalk's ability to achieve reimbursement from third-party payors for its products; ReWalk's limited operating history and its ability to leverage its sales, marketing and training infrastructure; ReWalk's expectations as to its clinical research program and clinical results; ReWalk's ability to improve its products and develop new products; ReWalk's ability to repay its secured indebtedness; the outcome of ongoing shareholder class action litigation relating to ReWalk's initial public offering; ReWalk's compliance with medical device reporting regulations to report adverse events involving its products and the potential impact of such adverse events on ReWalk's ability to market and sell its products; ReWalk's ability to gain and maintain regulatory approvals; ReWalk's expectations as to the results of, and the Food and Drug Administration's potential regulatory developments with respect to, ReWalk's mandatory post-market 522 surveillance study; ReWalk's ability to maintain adequate protection of its intellectual property and to avoid violation of the intellectual property rights of others; the risk of a cybersecurity attack or breach of ReWalk's information technology systems significantly disrupting its business operations; ReWalk's ability to establish a pathway to commercialize its products in China; the risk of substantial dilution resulting from periodic issuances of its ordinary shares; ReWalk's ability to maintain relationships with existing customers and develop relationships with new customers; the impact of the market price of ReWalk's ordinary shares on the determination of whether ReWalk is a passive foreign investment company; and other factors discussed under the heading "Risk Factors" in ReWalk's Annual Report on Form 10-K for the year ended December 31, 2018 filed with the Securities and Exchange Commission (the "SEC") and other documents subsequently filed with or furnished to the SEC. Any forward-looking statement made in this presentation speaks only as of the date hereof. Factors or events that could cause our actual results to differ from the statements contained herein may emerge from time to time, and it is not possible for us to predict all of them. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations, whether as a result of new information, future developments or otherwise.

Our Mission

Fundamentally change the

Quality of Life for individuals with lower limb
disability through the creation and development of
market leading robotic technologies

Current Product Overview

ReWalk™ Rigid Exoskeleton

- Assists individuals with Spinal Cord Injury ("SCI") to stand and walk
- > FDA & CE mark clearance; 6th generation
- ➤ Reimbursement: VA, Germany, Italy, 2 major US insurances case by case
- First mover advantage with extensive IP portfolio

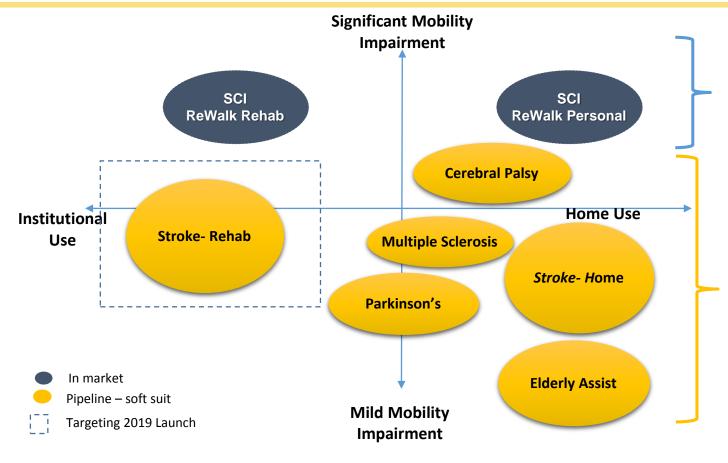
ReStore™ Soft Exo-suit

- Functional natural gait training for stroke
- ➤ Regulatory clearances under review; launch planned for Q2/Q3 2019 in the US and EU
- Reimbursement for stroke therapy and gait training established
- Light wearable highly versatile assistive design with extensive IP portfolio





Target Market Applications for Technologies



TODAY

- ➤ 291,000 people in the U.S. living with SCI¹
- > 17,730 new cases annually¹

FUTURE POTENTIAL

- 1,000+ US primary stroke centers², ~100,000 general rehab clinics³
- > 7,000-9,000 rehab hospitals in China⁴
- ➤ EU market similar to US
- ➤ 200,000+ Licensed Physical Therapists in US⁵
- ➤ 1 million MS diagnosis in US, 2.3 million worldwide⁶
 - 75% will experience clinically significant walking disturbance ⁷
- > Potential additional markets
 - 10M WW Parkinson's⁸
 - Cerebral Palsy
 - Elderly assistance

^{1. &}lt;a href="https://www.nscisc.uab.edu/Public/Facts%20and%20Figures%202019%20-%20Final.pdf">https://www.nscisc.uab.edu/Public/Facts%20and%20Figures%202019%20-%20Final.pdf

https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/@ml/documents/downloadable/ucm_455522.pdf

^{3.} https://www.ibisworld.com/industry-trends/market-research-reports/healthcare-social-assistance/ambulatory-health-care-services/physical-therapists.html

^{4.} Number represents anticipated figure for 2021. See http://www.chyxx.com/industry/201609/450634.html

http://www.apta.org/WorkforceData/ModelDescriptionFigures/

^{6. &}lt;a href="https://www.healthline.com/health/multiple-sclerosis/facts-statistics-infographic">https://www.healthline.com/health/multiple-sclerosis/facts-statistics-infographic

^{7.} Evaluating Walking in Patients with Multiple Sclerosis Which Assessment Tools Are Useful in Clinical Practice? Francois Bethoux, MD; Susan Bennett, PT, DPT, EdD, NCS, MSCS

^{8.} Parkinson's Disease Foundation

Spinal Cord Injury Impact: Need for Technical Solutions

Wheelchair confinement can cause severe physical and psychological deterioration resulting in significant costs to the healthcare system

Secondary Medical Consequences of Paralysis:

- Difficulty with bowel and urinary tract function
- Osteoporosis
- Loss of lean mass / gain in fat mass

- Insulin resistance
- Diabetes
- Heart disease

\$550K

Avg. Cost of Healthcare First Year of Injury for Paraplegia¹

\$73K

Avg. Annual Cost of Healthcare for Paraplegia¹

\$2.4M

Est. Lifetime Cost of Healthcare for Paraplegia Injury at age 25¹

\$1.6M

Est. Lifetime Cost of Healthcare for Paraplegia Injury at age 50¹

87% of spinal cord injury patients discharged to private, non-institutional residences²

Source: https://www.nscisc.uab.edu/Public/Facts%20and%20Figures%202019%20-%20Final.pd

^{2.} Source: https://www.nscisc.uab.edu/public/2016%20Annual%20Report%20-%20Complete%20Public%20Version.pc

ReWalk Personal 6.0 System

Patented tilt-sensor technology that provides more natural gait and functional walking speed

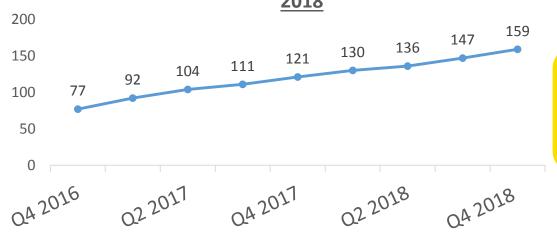


Reimbursement Advances for Exoskeletons

US Coverage Status

- Cigna revised its policy in 2019 and will now review submissions on a case-by-case basis to consider providing coverage based on medical criteria
- VA SOP updated in June 2018 with new Veterans Choice Program to optimize coverage

WW Cumulative Units Reimbursed as of Dec 31, 2018



Germany

- Secured near universal coverage in Germany with the inclusion of the ReWalk P6.0 in the Medical Aid list
- In discussion with different payers on frame contracts

As of March 31, 2019 42 different U.S payors and 35 different German payors have approved the ReWalk Personal 6.0 on a case-by-case basis

US - Strong Partnership With the VA



ReWalk is Reimbursed Under a National Coverage Policy

Scope	 First national coverage policy released on December 2015 and was updated on June
	2018 ⁽¹⁾
	 Covers evaluation, training and issuance of ReWalk exoskeletons for personal usage
Market	 ~44,000 Paralyzed Individuals are eligible for VA Benefits⁽²⁾
Process	Evaluation – Up to 24 potential SCI "Hub" Centers(3)
	 Training is available under the VA "Choice" program through -
	 Trained VA "Spoke" sites⁽⁴⁾
	 Up to 120 certified ReWalk training centers⁽⁵⁾

VA Research Study – Future Support for Coverage Decisions

Scope	 Large multi-center community based exoskeleton study⁽⁶⁾ Evaluating quality of life and health benefits of walking 	
Study size	160 SCI veterans	
	 Duration: 4 years (Started in August 2016) 	
ReWalk	Once completed the study can support future reimbursement coverage decision	
benefits	 Study participants can receive a unit for personal usage once they complete the study 	

⁽¹⁾ Link to the updated policy - https://www.sci.va.gov/docs/VA Exoskeleton Clincal Protocol 6-7-18.pdf

^{(2) &}lt;a href="http://imperial.networkofcare.org/veterans/library/article.aspx?id=1687">http://imperial.networkofcare.org/veterans/library/article.aspx?id=1687

⁽³⁾ https://www.sci.va.gov/VAs SCID System of Care.asp. Out of the 24 sites, 21 Hub centers are ReWalk certified as of Dec 31, 2018.

^{(4) 5} VA "spoke" sites were trained as of Dec 31, 2018

⁽⁵⁾ See further details on the Choice program eligibility criteria - https://www.va.gov/COMMUNITYCARE/providers/info VCP.asp

⁽⁶⁾ ExoskCSP #2003 exoskeleton Assisted-Walking in Persons With SCI: Impact on Quality of Life - https://ichgcp.net/clinical-trials-registry/NCT02658656

Germany - Medical Aid Code : **23.29.01.2001**

ReWalk Personal 6.0: first and only exoskeleton officially recognized as a medical aid throughout Germany.

German SCI market has 80,000¹ paralyzed individuals

Official publication in Federal Gazette on June 11, 2018

The listing enables <u>any</u> medically qualified individual to obtain reimbursement for ReWalk Personal 6.0 exoskeleton through German Statutory Health Insurance Funds (GKV)

Medical Aid Code confirms

- General product safety
- Safe use in home environment confirmed
- Individual supply requirements
- Trial/Rental period
- Companion training

Since medical aid confirmation –

7 more Statutory
Health Insurers
(SHI) have
approved ReWalk
Personal 6.0



- Contract the different payors with a formal training and supply agreement
- As of March 31, 2019 there are <u>127</u> claims in the pipeline that we are working to process

Exo-suit Creation and Development



License Agreement

- ReWalk has licensed all Soft-suit IP for all medical applications
- Exclusive and Worldwide
- Term for life of IP (> 20 years)
- Royalty payments to Harvard on all sales

Collaboration Agreement

- Directed collaboration for designated research between Wyss / Harvard and ReWalk
- ReWalk funds staff at Harvard
- 6 year initial term with renewals
- Parallel direct agreement withProf. Walsh as a ReWalk consultant

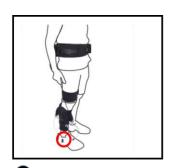
Exo-suits: ReStore — Shaping the Future of Stroke Therapy



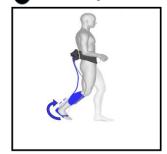
- Provides coordinated plantarflexion and dorsiflexion assistance to facilitate a natural gait
- > Rapid, automatic adaptation to patient's gait
- Versatile for "main street" clinics
- Data driven
- Published clinical data through Harvard / Wyss; FDA study 5 of top 10 US research centers
- CE mark submission at the beginning of Q4 2018; FDA submission in Q1 2019; commercialization in EU and US planned for Q2 / Q3 2019

ReStore: Function

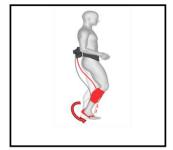




1 Sensors detect gait event



Rear cable contracts to provide PF assistance for **forward propulsion**

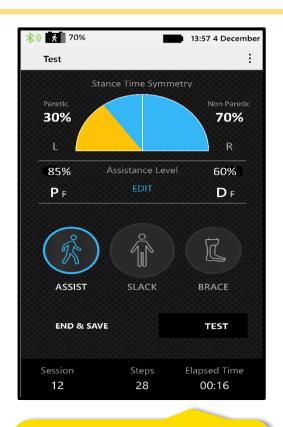


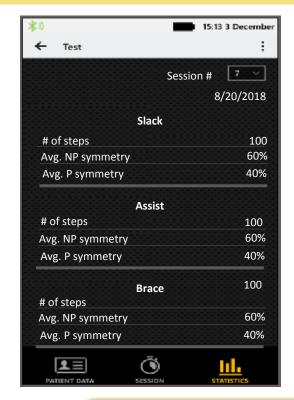
Front cable contracts to provide DF assistance for swing phase

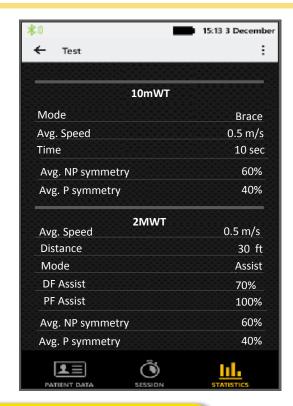
Key Differentiators

- Light, soft components and powered dorsi / plantar flexion facilitate natural gait pattern
- Provides therapist real-time analytics and enhanced session control for optimized results
- Multiple modes of function and rapid donning/ doffing and adjustment for efficient therapy sessions
- Session data capture with reporting and comparison across sessions

Restore: Real Time Analytics and Control







- Three modes of activation
- Real time adjusted assistance level
- Built in test sessions

- Variery of statistics to support patient progress -
 - Assistance level , Symmetry
 - Distance
 - Steps
 - Speed

Clinical Exo-Suit Data (Harvard Studies)



Highlighted Findings:

- Improved forward propulsion symmetry [1]
- Reduction in metabolic burden associated with post-stroke walking [1]
- Improved ankle dorsiflexion angle during swing phase [1]
- Reductions in compensatory behaviors including paretic hip hiking and circumduction [2]
- Reductions in atypical EMG activity during early stance for a subset of stroke participants [3]
- No evidence of reduction in muscle activity for DF or PF during swing and push-off with exosuit-assisted walking in stroke participants [3]
- [1] Awad, Louis N., et al. "A soft robotic exosuit improves walking in patients after stroke." Science translational medicine 9.400 (2017): eaai9084.
- [2] Awad, Louis N., et al. "Reducing Circumduction and Hip Hiking During Hemiparetic Walking Through Targeted Assistance of the Paretic Limb [3] Using a Soft Robotic Exosuit." American journal of physical medicine & rehabilitation 96.10 (2017): S157-S164.
- [3] Sloot, L., et al. "O 089-A soft robotic exosuit assisting the paretic ankle in patients post-stroke: Effect on muscle activation during overground walking." Gait & posture (2018).

ReStore: Multi-Center Clinical Trial

Objectives:

- Assess safety of ReStore device during gait training in post-stroke individuals
- Evaluate use of ReStore device during common assessments (e.g. 6 minute walking test (6MWT), 10 meter walking test (10MWT)

Design:

- 40 patients; 7 sessions
- 5 of top stroke research centers in the US

Results and Feedback:

- Study completed in December 2018
- Primary end point was safety
 - No device related serious adverse events
 - No falls or loss of balance noticed during device use
- Exploratory walking improvement findings encouraging, future research to investigate

Research Partners











ReStore: Market: Stroke

Eligible

population

adjusted by

physical qualifications

Prevalence = 27.6 M



7 million stroke survivors1 US:

EU: **9.6 million** stroke survivors²

China: 11 million stroke survivors8

Annual Incidence = 4.295 M



US: ~ 795K3

EU / Western Europe: ~ 1.1 million4 China: ~ 2.4 million8 Addressable Market - Prevalence = 9.8 M

US: 2.5 million^{5,6} potentially eligible for

ReStore system

3.4 million⁷ potentially eligible for EU:

ReStore system

3.9 million⁷ China:

Annual Addressable Market - Incidence = 1.970 M

US: ~370K^{5, 6} EU: ~500K⁷ China: ~1.1M⁷

PHASE I: Top **Tier Stroke Rehab Centers**

Penetration strategy -

US

EU

1,000 primary 1,000 clinics¹⁰

stroke centers9

China 7,000-9,000

clinics by 2021¹¹

PHASE II: Thousands of **Hospitals & Physical Therapy Clinics**

- 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250269/pdf/13311 2011 Article 53.pdf
- 2. Extrapolated from the incidence numbers based on the rate for US.
- American Heart Association 2017 Heart Disease and Stroke Statistics 2017
- 4. European Journal of Neurology 6JUN2016, Vol 13, Issue 6 "Stroke Incidence and Prevalence in Europe: a review of available data"; as of 2000.
- 5. Assumption, 60% lower limb disability rate after stroke- Source: Rehabilitation after Stroke Bruce H. Dobkin, M.D. N Engl J Med 2005; 352:1677-1684 April 21, 2005DOI: 10.1056/NEJMcp043511.
- 6. Assumptions: For the incidence pool, 60% have lower limb disability per (6; for prevalence pool, estimate 40% fall our rate of the 60% with lower limb disability
- 7. Assuming similar rates as the US market in 5 and 6 above.
- 8. Prevalence, Incidence, and Mortality of Stroke in China Results from a Nationwide Population-Based Survey of 480 687 Adults https://pdfs.semanticscholar.org/f59d/209fe597e6dabdf966628b99b4476227
- 9. US prevalence 2014, American Heart Association
- 10. Estimate similar to US
- 11. http://www.chvxx.com/industry/201609/450634.html

ReStore: Value Proposition for Clinics

Efficiency and Cost Effectiveness

 Reduce staffing or equipment needs, reduce strain on staff and increase patient scheduling flexibility

Improved Standard of Care

• Higher level and consistency of care at less specialized facilities and across PT capability levels

Enhanced Facility Marketing and Patient Retention

• Current technology in competitive marketplace, attract clients and staff, price point is accessible for satellite and regional clinics

Session Optimization

• Feedback and adjustment lead to better clinical outcomes; more progress in less time to maximize ROI in captive payment model

Recording of Results and Evidence for Additional Reimbursement

• Insurers want to see progress - and proof of it - in order to approve additional sessions

Value will Vary by Clinic Setting and Situation

ReStore: Position in Market

		ReStore	Rigid Exoskeleton	Manual Therapy	FES Foot Drop System	Treadmill Gait Trainer
Data-Driven Versatile Functional	Plantarflexion Training					
	Rapidly & automatically adapts to changes in patient gait	$\sqrt{}$			$\sqrt{}$	
	Natural Freedom of Movement	$\sqrt{}$			$\sqrt{}$	
	Rapid transitions between assisted & unassisted/unrestricted walking	$\sqrt{}$		$\sqrt{}$	$\sqrt{}$	
	Supplemental Support Aids Determined by Patient Needs	$\sqrt{}$		$\sqrt{}$	$\sqrt{}$	
	Compatible with a wide range of functional walking tasks in clinics.	$\sqrt{}$				
	Adjustable & Measurable Assistance	$\sqrt{}$	$\sqrt{}$		$\sqrt{}$	$\sqrt{}$
	Quantifiable gait metrics					$\sqrt{}$

Strategic Approach – China

Developing a platform for accelerated growth in largest single stroke market

- Large market opportunity in China
 - 11 million stroke survivors¹
 - 2.4 million people suffer a stroke each year¹
 - 62% of the Chinese stroke population can not walk independently after stroke²
 - China's medical rehabilitation industry is estimated to reach 100 billion yuan (\$14.4 billion) in annual sales by 2023³
 - Number of stroke rehabilitation centers in China expected to exceed those in the US and EU combined by 2021⁴
- Currently in discussion with several regional strategic partners with one at advanced stage

Prevalence, Incidence, and Mortality of Stroke in China - Results from a Nationwide Population-Based Survey of 480 687 Adults https://pdfs.semanticscholar.org/f59d/209fe597e6dabdf966628b99b44762273497.pdf

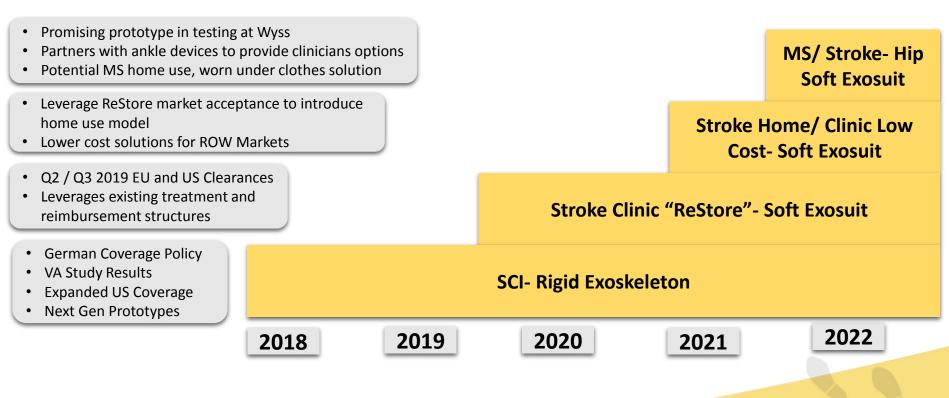
^{2.} https://www.omicsonline.org/open-access/stroke-rehabilitation-in-china-today-2329-9096-S3-005.php?aid=24035

^{3. &}lt;a href="http://global.chinadaily.com.cn/a/201811/26/WS5bfb4c20a310eff30328afaa.html">http://global.chinadaily.com.cn/a/201811/26/WS5bfb4c20a310eff30328afaa.html

^{4.} http://www.chyxx.com/industry/201609/450634.html

Planned Steps For Growth – Growing Current Business and Expanding to New Markets

ReWalk plans to grow the SCI, Rigid exoskeleton business through expanded coverage policies and develop new soft exo-suit technologies through the Wyss partnership to address other lower limb disabilities and create a broad portfolio of solutions



Key Financial Data

Profit and Loss (in Thousands of \$)	FY 2018 (Audited)	FY 2017 (Audited)	Q4 2018 (Unaudited)	Q4 2017 (Unaudited)
Revenue	6,545	7,753	1,579	1,515
Number of Units Placed	85	107	19	23
Gross Margin %	43%	40%	39%	40%
Operating expenses (-)	(22,039)	(25,093)	(4,587)	(6,221)
Operating Profit / (Loss)	(19,214)	(21,992)	(5,027)	(6,068)
Balance Sheet and Cash flow (in Thousand of \$)	Dec 31, 2018 (Audited)	Dec 31, 2017 (Audited)		
Cash and Cash Equivalent	9,546	14,567		
Long and Short Term Debt (-)	(8,687)	(15,352)		
Net Cash Used In Operating Activities	(14,774)	(22,462)		

2019 Priorities / Progress – Earnings Call

Priority	Status
1. ReStore FDA submission	✓ Complete – in review
2. EU launch post CE	 ✓ Production underway ✓ Sales force trained • CE review progressing
3. US launch post FDA	Production underwaySales force training May
4. Support demand from German Reimbursement	✓ Record Q4Training approvals YTD support growth
5. US VA support / engagement national payers	✓ VA on track✓ CIGNA change in policy
6. China partner	RealCan activeAlternatives active
7. Leverage organization with existing team - growth	ReStore launch and SCI growth with existing team
8. Lower burn / breakeven path	 Lower product development / clinical expenses ReWalk + ReStore + disposables revenue Improved financial results

Investment Highlights

- Market leading global exoskeleton developer with two breakthrough device platforms and various vectors to growth -
 - Rigid ReWalk exoskeleton for Spinal Cord Injury market -
 - **500+ systems placed**, with majority for home and community use; other systems used in rehab centers
 - German market growth potential shown in Q4 2018 with highest revenue in Europe since inception of \$1.24M
 - US Market gaining momentum on securing vast reimbursement coverage with VA multi-center study results expected in 2020 and recent Cigna policy change
 - ReStore soft-suit exoskeleton for stroke rehabilitation close to launch -
 - **High Value** device intended to become the **workhorse of a clinic** with a **recurring** revenue stream
 - CE submission completed Q4 2018; FDA submission completed in Q1 2019; EU and US launch anticipated in late Q2 / Q3 2019
 - China represents a major opportunity for ReStore
 - R&D **R**esearch performed in **Harvard** & **D**evelopment in **Israel**. This structure represents **best** knowledge and expertise in the medical field
 - Extensive IP owned and licensed on both product lines
 - Improved financial results Improved margins, reduced operating expenses and cash burn, reduced debt



