



Take the Next Step

## Human and Robotic Intersection

*Markets spring into being when economic actors shift resources  
to that firm's solution*

January 2020



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# Our Mission

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Fundamentally change the  
**Quality of Life** for individuals with disability through  
the creation and development of **market leading  
robotic technologies**



# 2020 Market and Company Thresholds

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- Completed and pending German contracts establish the implementation procedures for coverage for the majority of German Spinal Cord Injury population
- US Veterans Administration 160 patients randomized study<sup>2</sup> accrual complete; supports reimbursement and access to new veterans
- US CMS HCPCS code application being processed in H1 2020; affects >50% paralyzed population<sup>1</sup>
- ReStore stroke system expanding clinical experience impacts 2020 pipeline
- Addition of an external product offering Planned in H2 2020
- ReWalk sales and field team expanded by > 33% to start 2020; driver for YOY sales growth

<sup>1</sup> <https://www.nscisc.uab.edu/Public/2017%20Annual%20Report%20-%20Complete%20Public%20Version.pdf>

<sup>2</sup> ExoskCSP #2003 exoskeleton Assisted-Walking in Persons With SCI: Impact on Quality of Life - <https://ichgcp.net/clinical-trials-registry/NCT02658656>

# Current Product Overview

## ReWalk™ Rigid Exoskeleton

- Assists individuals with Spinal Cord Injury (“SCI”) to stand and walk
- FDA & CE mark clearance; 6<sup>th</sup> generation - ~572 systems placed to date; 5 years of use
- Reimbursement: VA, Germany, Italy, different payor on a case by case
- First mover advantage with extensive IP portfolio
- US CMS HCPCS code application in process

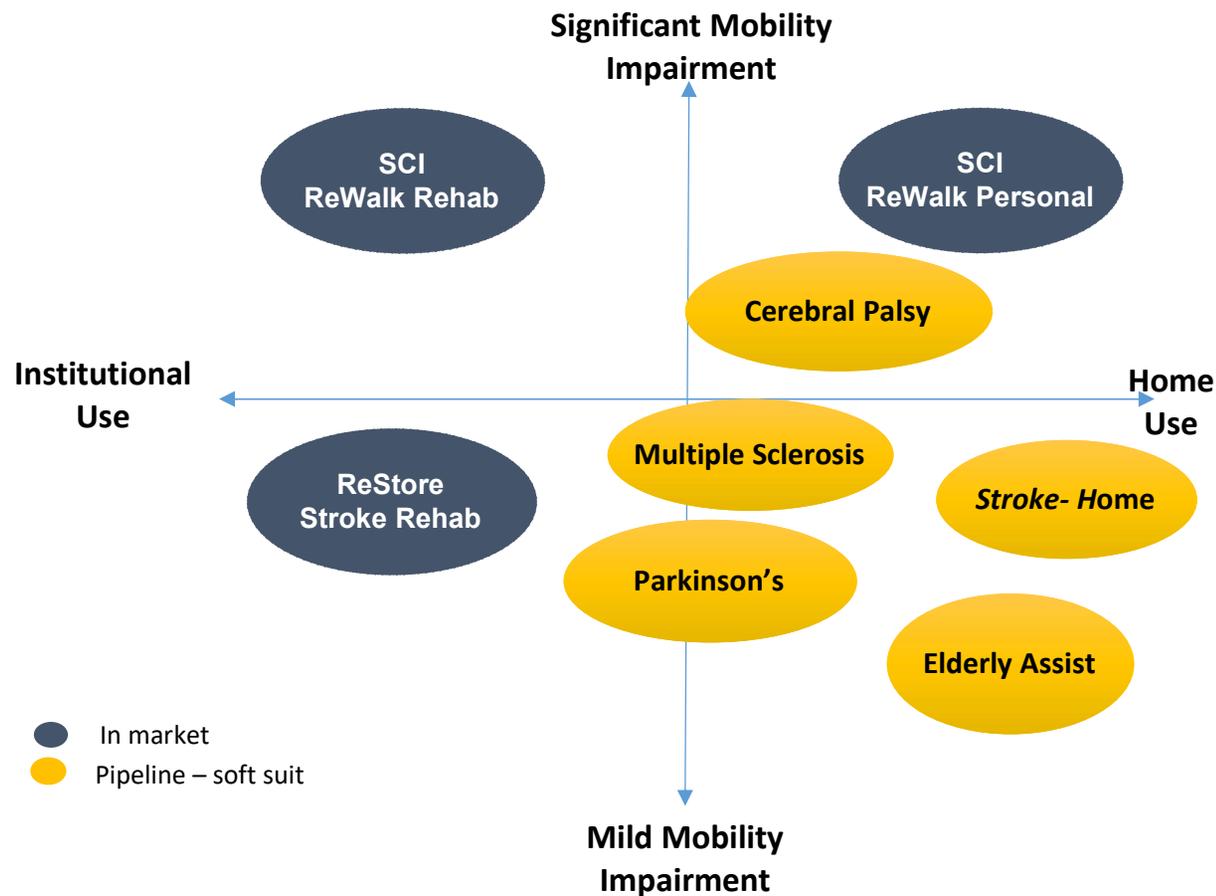


## ReStore™ Soft Exo-suit

- Provides Functional, intense and repetitive gait training for stroke
- Launched in June 2019 following FDA & CE mark clearance
- Established reimbursement codes for stroke therapy and gait training
- Light wearable highly versatile assistive design with extensive IP portfolio



# Target Market Applications for Technologies



## Spinal Cord Injury (“SCI”)

- U.S Prevalence 291,000 patients and 17,730 new cases added annually<sup>1</sup>

## Stroke

- ~16,900 rehab centers<sup>3</sup> with 1,000+ US primary stroke centers<sup>2</sup>
- US Personal ~500,000<sup>7</sup>

(E.U similar to U.S)

## Multiple Sclerosis

- 1 million MS diagnosis in U.S, 2.3 million worldwide<sup>4</sup>
  - 75% will experience significant walking disturbance<sup>5</sup>

## Parkinson

- 10 million WW Parkinson’s patients<sup>6</sup>

- <https://www.nscisc.uab.edu/PublicFacts%20and%20Figures%202019%20-%20Final.pdf>
- [https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/@ml/documents/downloadable/ucm\\_455522.pdf](https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/@ml/documents/downloadable/ucm_455522.pdf)
- Primary + Skilled Nursing facility figures - <https://www.kff.org/other/state-indicator/number-of-nursing-facilities/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
- <https://www.healthline.com/health/multiple-sclerosis/facts-statistics-infographic>
- [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](#)
- [Parkinson’s Disease Foundation](#)
- See Slide on ReStore Market : Stroke

# 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 Paraplegia<sup>1</sup>

**\$73K**

Avg. Annual Cost  
of Healthcare  
for Paraplegia<sup>1</sup>

**\$2.4M**

Est. Lifetime Cost  
of Healthcare  
for Paraplegia  
Injury at age 25<sup>1</sup>

**\$1.6M**

Est. Lifetime Cost  
of Healthcare  
for Paraplegia  
Injury at age 50<sup>1</sup>

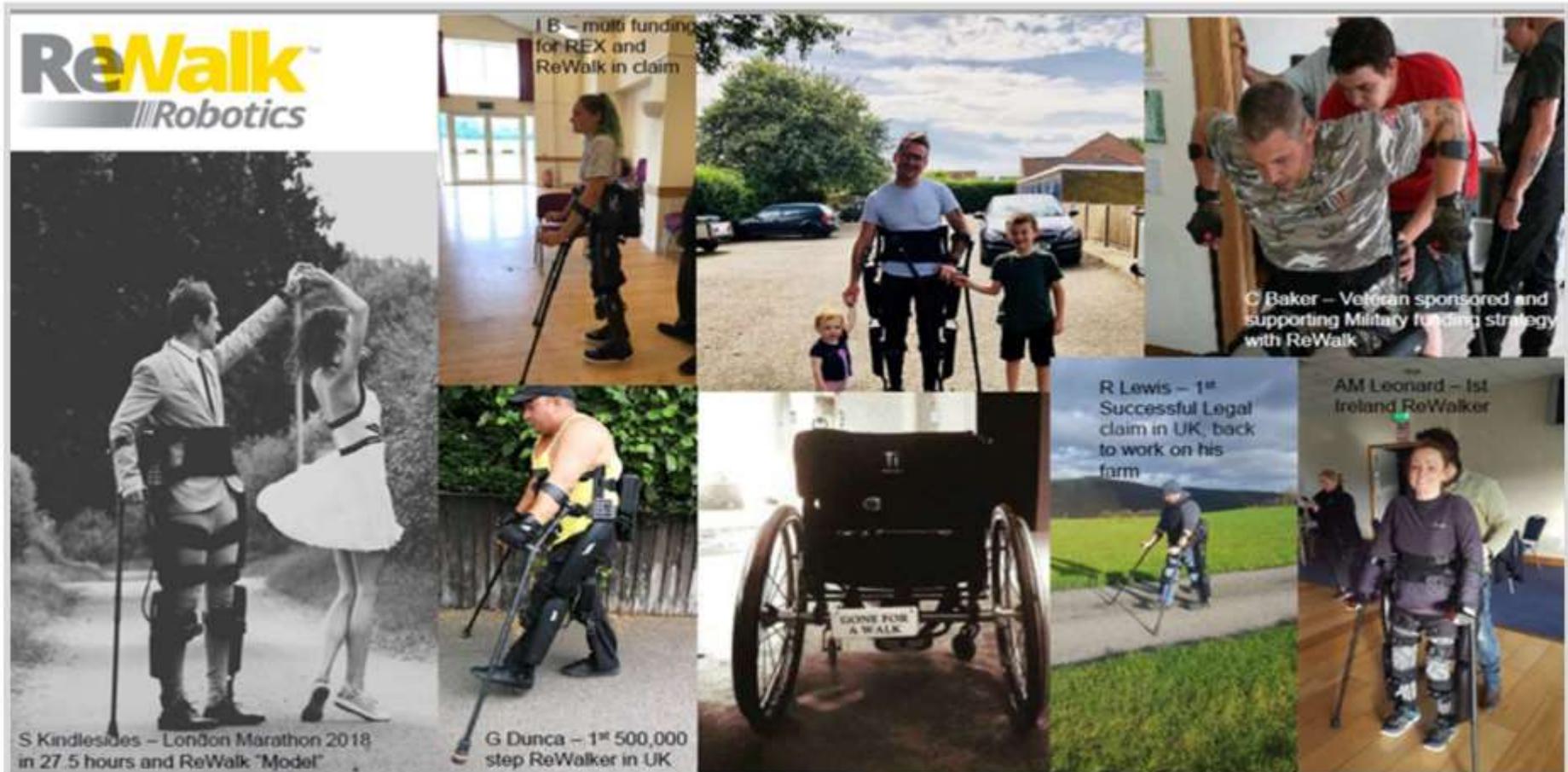
**87% of spinal cord injury patients discharged to private, non-institutional residences<sup>2</sup>**

1. Source: <https://www.nscisc.uab.edu/Public/Facts%20and%20Figures%202019%20-%20Final.pdf>

2. Source: <https://www.nscisc.uab.edu/public/2016%20Annual%20Report%20-%20Complete%20Public%20Version.pdf>

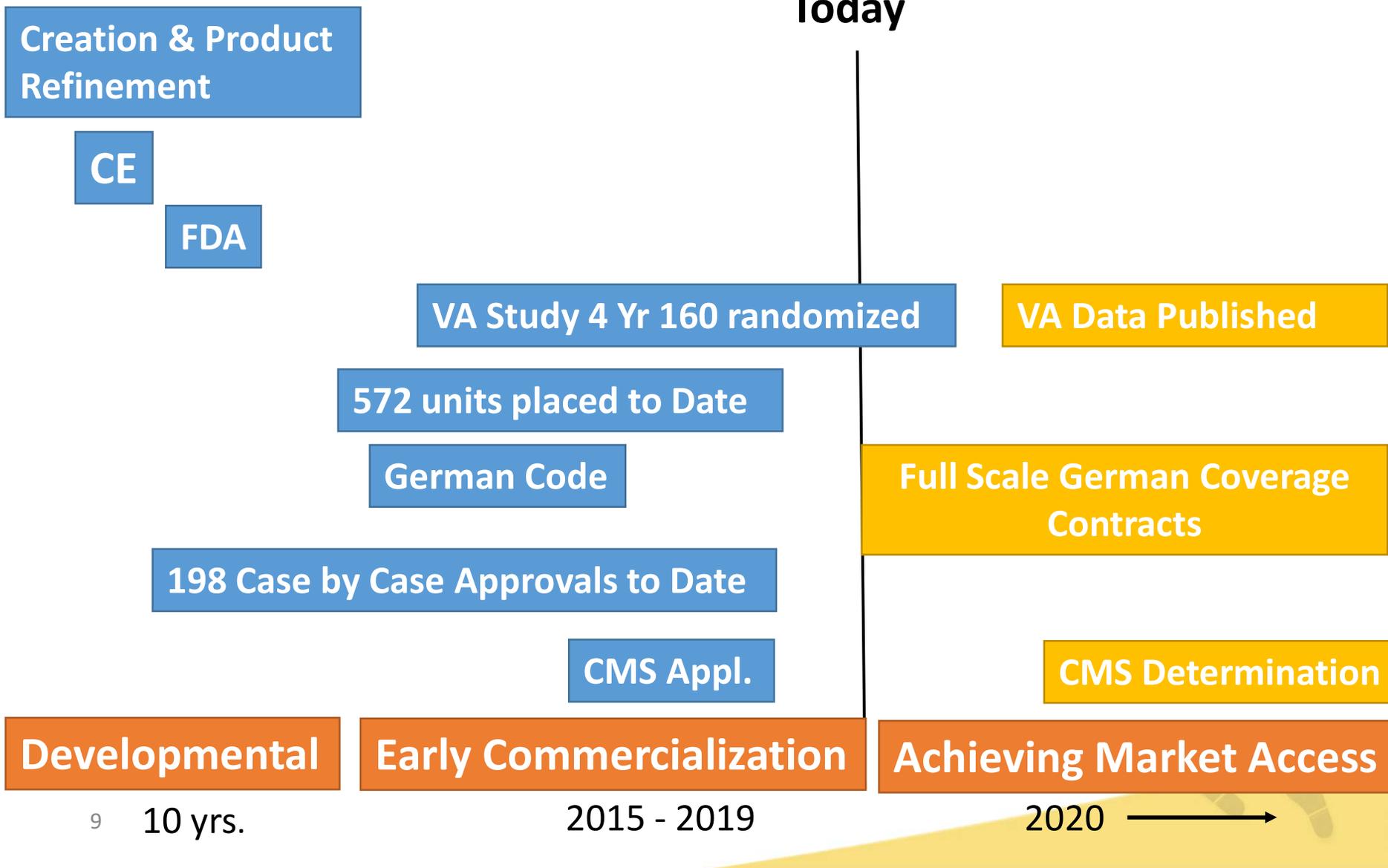
# ReWalk Personal 6.0 System – How it Works

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



# Spinal Cord Injury: ReWalk Market Creation Status

Today



9 10 yrs.

2015 - 2019

2020 →

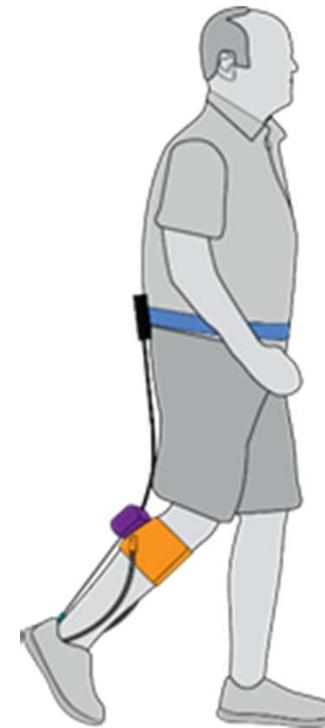
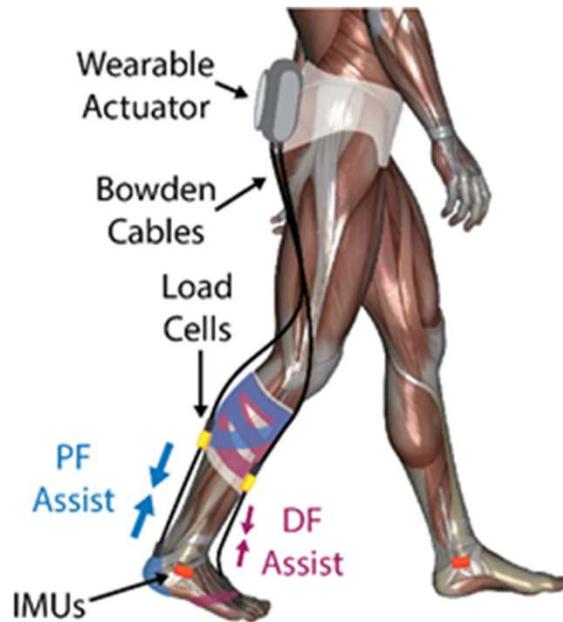
# Exo-Suit for Stroke, Multiple Sclerosis, Parkinson's

ReWalk™

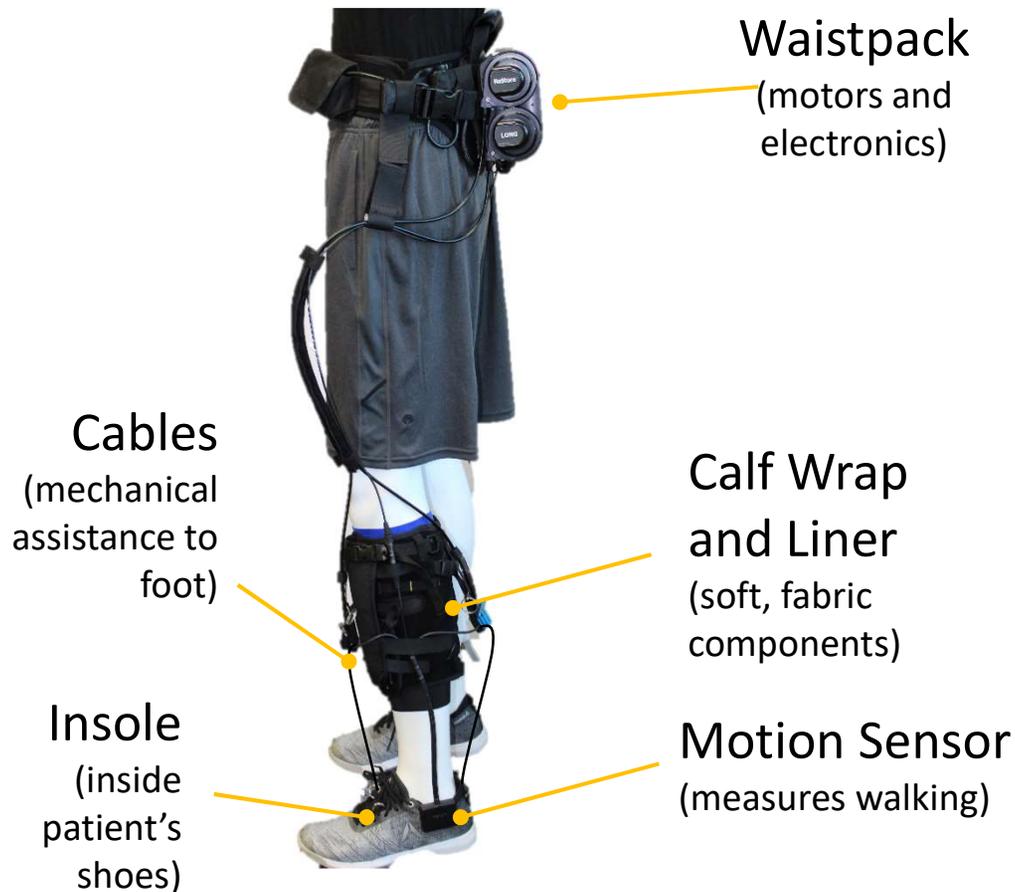
WYSS INSTITUTE



HARVARD  
School of Engineering and Applied Sciences



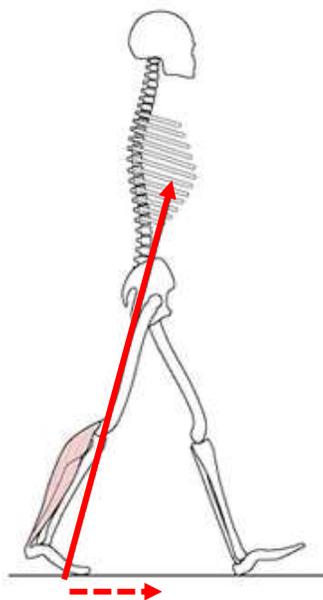
# Exo-suits: ReStore – Shaping the Future of Stroke Therapy



- 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
- Disposable elements provides recurring revenue stream
- Published clinical data through Harvard / Wyss; FDA study in 5 US research centers

# Game Changing: Paretic Propulsion

**Paretic Propulsion** = a measure of the contribution of the affected (paretic) limb to advance the body forward during walking, in comparison to the contributions of the unaffected (nonparetic) limb.



- The paretic limb's ability to generate propulsion during walking is a critical determinant of long-distance walking function after stroke<sup>1</sup>
- Rehabilitation techniques that target both plantarflexor function and leg extension may restore paretic limb function and improve gait asymmetries in individuals post stroke<sup>2</sup>

<sup>1</sup>Awad, Louis N et al. "Paretic Propulsion and Trailing Limb Angle Are Key Determinants of Long-Distance Walking Function After Stroke." *Neurorehabilitation and neural repair* vol. 29,6 (2015): 499-508. doi:10.1177/1545968314554625

<sup>2</sup>Roelker, Sarah A., et al. "Paretic propulsion as a measure of walking performance and functional motor recovery post-stroke: a review." *Gait & posture* 68 (2019): 6-14.

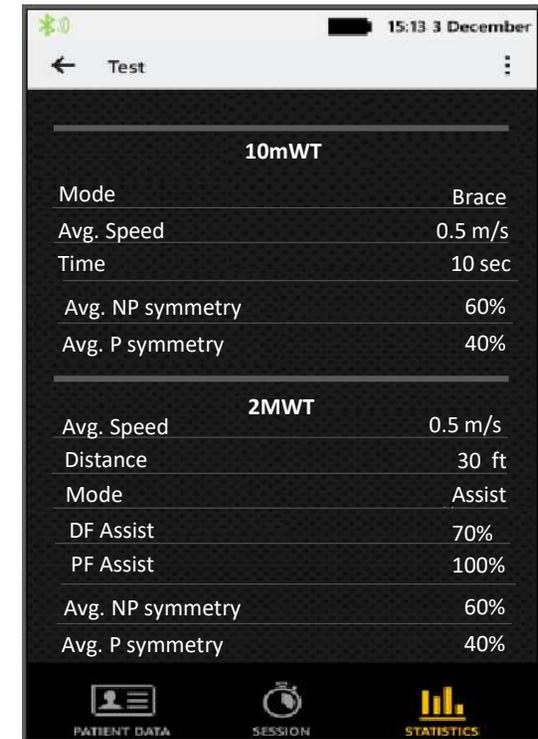
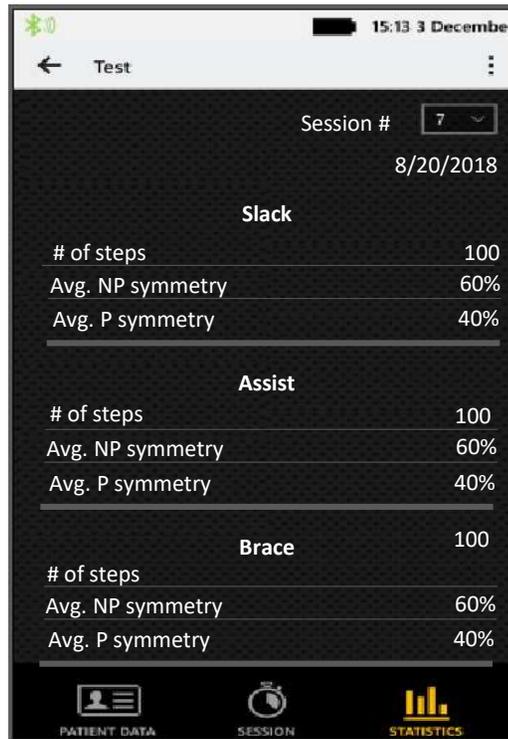
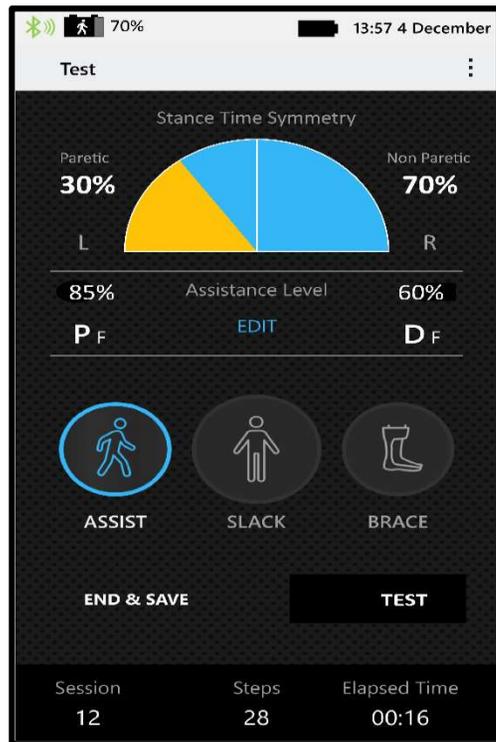
# ReStore: How It Works

The logo for ReStore, featuring the word "ReStore" in a bold, sans-serif font. The "Re" is in grey and the "Store" is in yellow. A small "TM" trademark symbol is located to the upper right of the "e" in "Store".The logo for ReWalk Robotics, featuring the word "ReWalk" in a bold, sans-serif font. The "Re" is in grey and "Walk" is in yellow. Below "ReWalk" is the word "Robotics" in a smaller, grey, sans-serif font. A stylized graphic of a foot or leg is positioned below "ReWalk".

## 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, rapid donning/ doffing and adjustment for efficient therapy sessions
- Session data capture with reporting and comparison across sessions

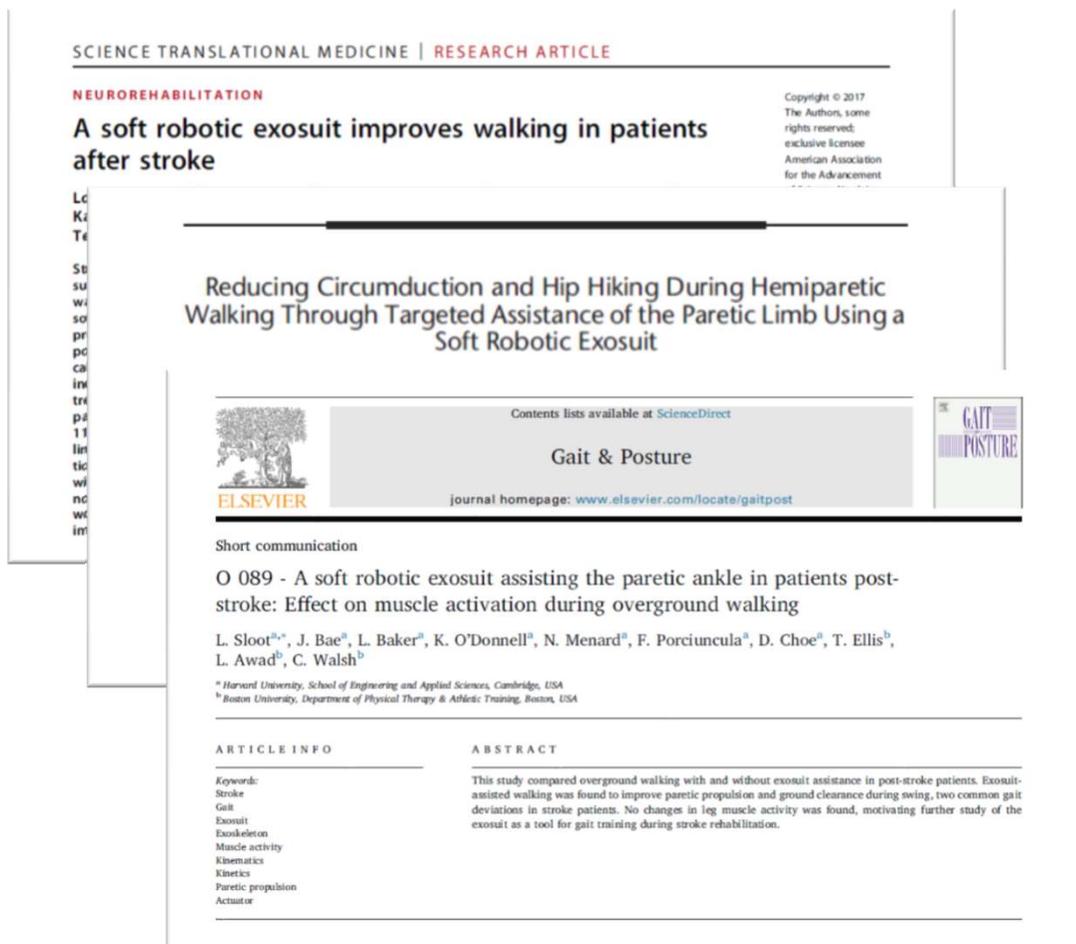
# Easy-to-use Therapist App



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

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

# Exo-suit Clinical Data



## 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).

# Exo-suit - Case Study

## TS2: Soft Robotic Exosuits for Targeted Gait Rehabilitation After Stroke: A Case Study

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<sup>1</sup>Paulson School of Engineering and Applied Sciences, and Wyss Institute for Biologically Inspired Engineering, Cambridge, MA, USA. <sup>2</sup>College of Health and Rehabilitation Sciences, Sargent College, Boston University, Boston, MA, USA. <sup>3</sup>Department of Physical Medicine and Rehabilitation, Harvard Medical School, Cambridge, MA, USA

### Introduction:

Reduced forward propulsion and foot clearance are pervasive deficits in post-stroke gait that limit post-stroke recovery. Our team has developed a soft robotic exosuit that provides assistive torques in parallel with the paretic ankle plantarflexor and dorsiflexor muscles, showing immediate augmentation of paretic propulsion and foot clearance, a reduced energy cost of walking<sup>1</sup>, and increased walking speed and distance<sup>2</sup>. We posit that these immediate benefits can be enhanced by gait training with the device and leveraged to produce gait improvements that persist beyond the use of the device. This preliminary study aimed to assess the rehabilitative effects of an exosuit-augmented gait training program on targeted clinical and biomechanical outcomes.

### Methods:

A 58-year old male with chronic (54 mo) left-sided hemiparesis was enrolled in this case study. Using a crossover design, we administered exosuit-augmented gait training followed by comparable gait training without the exosuit. Each intervention consisted of six sessions of training provided over a 2-week period, separated by a 7-week washout. For both interventions, a physical therapist administered progressive, task-specific, and high-intensity gait training directed at increasing walking speed. To assess the effect on clinical outcomes, the 10-Meter Walk Test and 6-Minute Walk Test were performed before and after each intervention. To assess the effect on biomechanical impairments, evaluations were conducted before and after each intervention on an instrumented treadmill at matched walking speeds. All evaluations were conducted without the exosuit. Examination of pre-to-post changes was based on 95% confidence intervals and paired t-tests, with alpha level at 0.05.

### Results:

As hypothesized, exosuit-augmented gait training produced meaningful changes<sup>3</sup> in fast walking speed (pre-post  $\Delta$ : +0.12 m/s) and walking distance (pre-post  $\Delta$ : +86 m). In comparison, training without the exosuit resulted in modest increases in fast walking speed (pre-post  $\Delta$ : +0.04 m/s) and walking distance (pre-post  $\Delta$ : +37 m). Similarly, exosuit-augmented gait training resulted in increased paretic ankle angle at push-off (+58.78%), stride length (+6.70%), paretic ankle plantarflexion moment (+8.33%), and paretic propulsion (+10.52%) ( $p$ 's < 0.05). In contrast, gait training without the exosuit failed to demonstrate changes in ankle angle at push-off, stride length, and ankle plantarflexion moment ( $p$  > 0.05). Instead, there was a reduction in forward propulsion (-9.18%) ( $p$  < 0.05). Taken together, these results demonstrate that exosuit-augmented gait training uniquely retrains a propulsion-based walking strategy not observed after gait training without an exosuit.

### Conclusion:

This case study provides early evidence that targeted gait training with a soft robotic exosuit may deliver improved walking outcomes compared to gait training without an exosuit. The results from this case study encourage further examination in larger samples.

A 58 year old male with chronic stroke participated in two 2-week training bouts separated by a 7-week washout period. One training period was conducted with the use of a soft exosuit. Both training periods focused on progressive, task-specific, high-intensity gait training.

Pre/Post gait changes with Exosuit-augmented training:

- .12 m/s increase in maximal walking speed
- 86 m increase in 6MWT distance
- 6.7% increase in stride length
- 10.52% increase in paretic propulsion

Pre/Post gait changes with usual care training:

- .04 m/s increase in maximal walking speed
- 37 m increase in 6MWT distance
- No change in stride length
- 9.18% decrease in paretic propulsion

Porcuincola et al. "Soft Robotic Exosuits for Targeted Gait Rehabilitation After Stroke: A Case Study" American Society of Neurorehabilitation conference 2019.



# ReStore: Market: Stroke



## Prevalence = 27.6 M

**US:** 7 million stroke survivors<sup>1</sup>  
**EU:** 9.6 million stroke survivors<sup>2</sup>  
**China:** 11 million stroke survivors<sup>8</sup>

## Annual Incidence = 4.295 M



**US:** ~ 795K<sup>3</sup>  
**EU / Western Europe:** ~ 1.1 million<sup>4</sup>  
**China:** ~ 2.4 million<sup>8</sup>

Eligible population adjusted by physical qualifications

## Addressable Market – Prevalence = 13.2 M

**US:** 3.3 million<sup>5,6</sup> potentially eligible for ReStore system  
**EU:** 4.6 million<sup>7</sup> potentially eligible for ReStore system  
**China:** 5.3 million<sup>7</sup>

## Annual Addressable Market – Incidence = 2.4 M

**US:** ~500K<sup>5, 6</sup>  
**EU:** ~700K<sup>7</sup>  
**China:** ~1.5M<sup>7</sup>

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

**US**  
**1,000 primary stroke centers<sup>9</sup>**

### Penetration strategy -

**EU**  
**1,000 clinics<sup>10</sup>**

**China**  
**7,000-9,000 clinics by 2021<sup>11</sup>**

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

1. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250269/pdf/13311\\_2011\\_Article\\_53.pdf](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.

3. 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, 80% lower limb disability rate after stroke- Source: A Review of Robot-Assisted Gait Training in Stroke Patients Ha Yeon Kim Joshua Sung Hyun You

6. Assumptions: for prevalence pool, estimate 40% fall our rate of the 80% with lower limb disability, for the incidence pool assume 80% survival rate – see Long-Term Survival and Function After Stroke by Stefan Sennfalt

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/209fe597e6dabdf966628b99b44762273497.pdf>

9. US prevalence 2014, American Heart Association

10. Estimate similar to US

11. <http://www.chyxx.com/industry/201609/450634.html>

# ReStore: Position in Market

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



# ReStore: Impact On Stroke Patient

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**ReStore**<sup>TM</sup>

**ReWalk**<sup>®</sup>  
Robotics



# ReStore Around the World

**MOTIONrehab**  
604 followers  
1mo • 🌐

+ Follow ...

This is Suzanne. She had a traumatic brain injury following a road traffic accident 30 years ago. Normally Suzanne wears an AFO on her left foot due to weakness on that side.

Using the Rewalk Restore we were able to increase her walking speed from 0.32 m/s to 0.43m/s. Suzanne gained more symmetry in gait and said her walking effort was reduced. Following the session Suzanne said her leg felt more floaty and her walking felt more normal.

ReStore is available at MOTIONrehab York and Hull clinics as part of your rehabilitation programme.

[#restore](#) [#rewalk](#) [#strokerecovery](#)  
[#motionrehab](#)



United Kingdom



Helsinki



California



Germany

# Path to Profitability: Multiple Products and Leveraged Distribution System

**ReWalk plans to grow the SCI, Rigid exoskeleton business through coverage and contracts; develop new soft exo-suit technologies through the Wyss partnership to address other lower limb disabilities; and add other stroke related products**

Prototypes of new products completed; moving to project selection with clinical and regulatory planning

- Promising prototype in testing at Wyss
- Partners with ankle devices to provide clinicians options
- Potential MS home use, worn under clothes solution

- Leverage ReStore market acceptance to introduce home use model
- Adding another external rehab product

- Leverages existing treatment and reimbursement structures
- VA Study / Ability-BU Study
- Grow Revenue with device and disposables

- German Contracts
- VA Study Results
- Expanded US Coverage
- Next Gen Prototypes

**MS/ Stroke-Hip Exo-suit**

**External Rehab Product**

**Stroke Home / Clinic Low Cost Exo-suit**

**Stroke Clinic "ReStore"- Soft Exosuit**

**SCI- Rigid Exoskeleton**

2018

2019

2020

2021

2022

Today

- In market
- Pipeline – external and soft suit

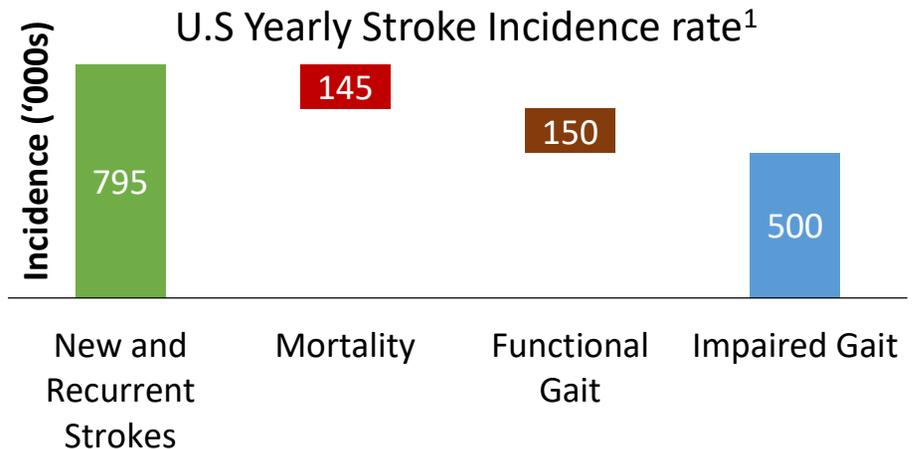
# Exo-Suit Home Use Device - Market Potential

- ~500K patients are discharged home with impaired gait following stroke annually – although approx. 80% of stroke survivors learn to walk independently by 6 months post stroke, gait abnormalities persist through the chronic stages of the condition

MS Prevalence in the U.S ~ 1M

Stroke Patient Prevalence in the U.S ~ 7M

“Obtaining CMS coverage for use by patients suffering from stroke to provide therapeutic and functional benefit to patients in comparison to AFOs would be a significant revenue stream”<sup>2</sup>



**Soft Suit** uniquely provides mechanical ankle assistance in both dorsiflexion AND plantarflexion

Develop Home Use Device

Clinical trial to show better results than AFO and competition

Show Meaningful clinical benefit

Apply for CMS code

Gain Reimbursement

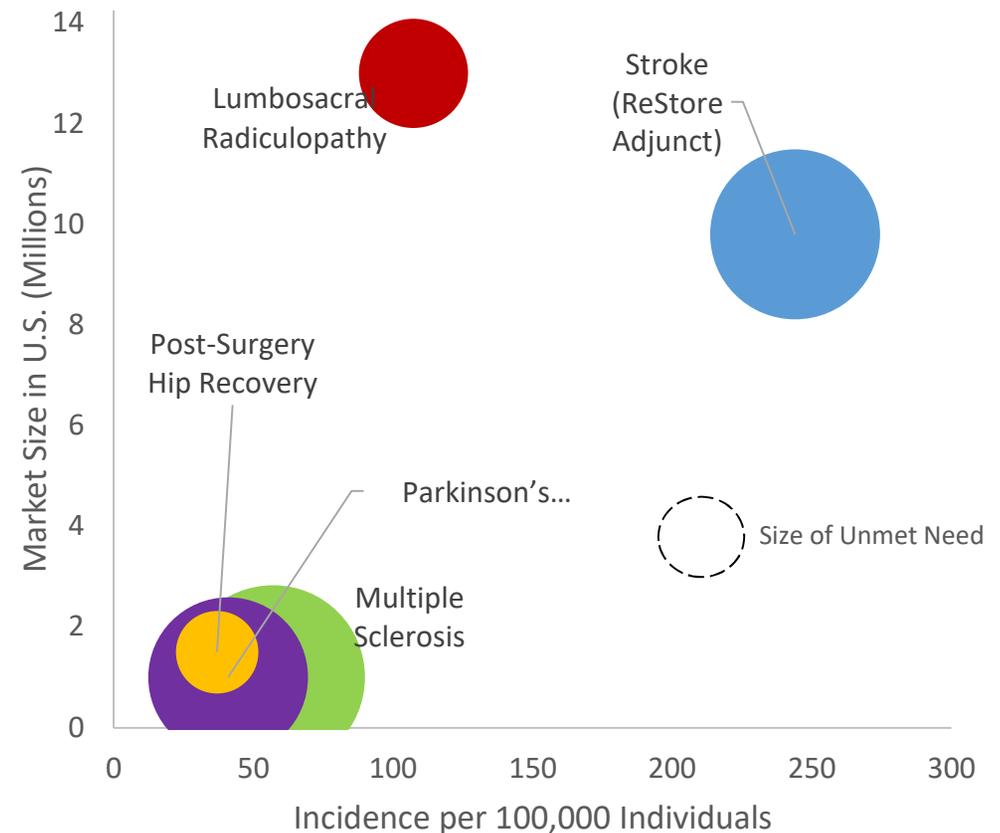
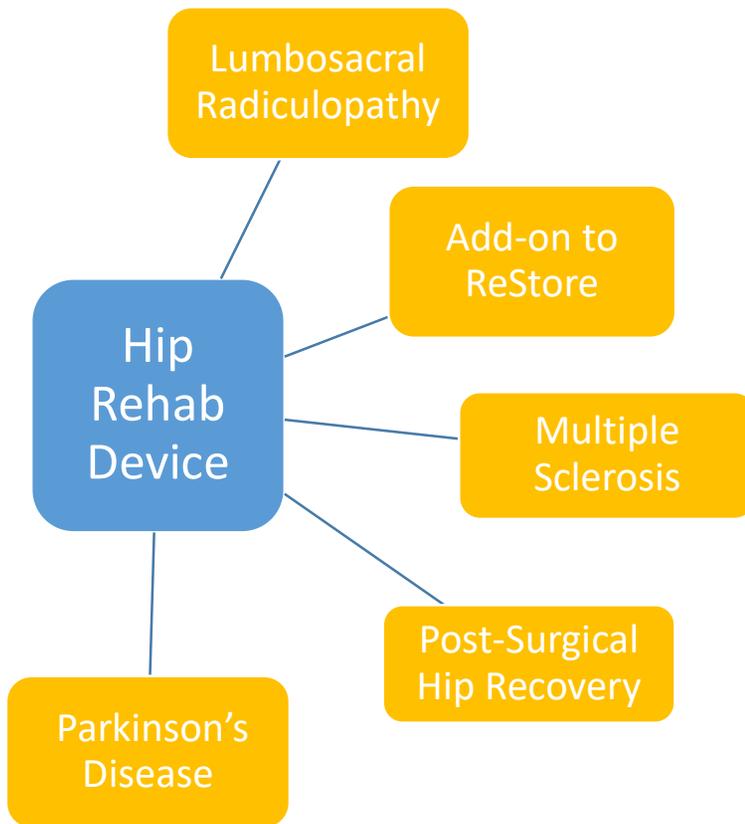
Unlock potential significant revenue stream

<sup>1</sup> see ReStore Market sheet above

<sup>2</sup> Jefferies- Initiation Coverage report on Hangar 2014

# Exo-Suit Hip Rehab Device - Market Potential

- Hip Device functionality will potentially allow it to be a novel treatment for a variety of indications



Source: Pubmed , see "Target Market Applications for Technologies slide" above

# Investment Highlights

- Market leading global exoskeleton developer with breakthrough device platforms and various vectors
  - Sales team expanded with experienced capital equipment sales personnel as of YE 2019
  - Rigid ReWalk exoskeleton for **Spinal Cord Injury** market -
    - German insurance contracts expected to increase market coverage for paralyzed patients
    - VA study nearing publication / presentation in 2020
    - US CMS code hearing in H1 2020
  - ReStore soft-suit exoskeleton for **stroke** rehabilitation launched
    - Penetration developing / acceptance increasing
    - Publications from clinical studies
    - New studies underway with the VA; Abilities, BU, others
    - Contract discussions in process with key national rehab centers
  - Home Use device / Hip device/ Clinic Low cost
    - Prototypes of new products completed; moving to project selection with clinical and regulatory planning
  - Additional external rehab products expected for 2020
  - Improved financial results – Strengthened cash position, improved margins, reduced operating expenses

# Key Financial and Operational Data

<b>Profit and Loss</b> <b>(in Thousands of \$, except</b> <b>for units placed data)</b>	<b>YTD Sep</b> <b>2019</b> <b>(Unaudited)</b>	<b>YTD Sep</b> <b>2018</b> <b>(Unaudited)</b>	<b>FY 2018</b> <b>(Audited)</b>
Revenue	3,692	4,966	6,545
SCI - Units Placed	39	64	85
ReStore – Units Placed	6	-	-
Gross Margin %	54%	45%	43%
Operating expenses (-)	(12,851)	(17,452)	(22,039)
Operating (Loss)	(10,841)	(15,241)	(19,214)
<b>Balance Sheet and Cash flow</b> <b>(in Thousand of \$)</b>	<b>Sep 30,</b> <b>2019</b> <b>(Unaudited)</b>	<b>Dec 31,</b> <b>2018</b> <b>(Audited)</b>	
Cash and Cash Equivalent	20,410	9,546	
Long term debt including current maturities (-)	(7,426)	(8,687)	
Net Cash Used In Operating Activities	(11,225)*	(14,774)	

\* For a period of 9 months

# ReWalk™

Take the Next Step



Thank You!



# Forward Looking Statements

In addition to historical information, this presentation of ReWalk Robotics Ltd. (“ReWalk, the “Company,” “we” or “us”) contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, Section 21E of the Securities Exchange Act of 1934, as amended, and the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995, that are based on our management’s beliefs and assumptions and on information currently available to our management. Forward-looking statements include information concerning our possible or assumed future results of operations, business strategies, financing plans, competitive position, industry environment, potential growth opportunities, potential market opportunities and the effects of competition. Forward-looking statements may include projections regarding our future performance and, in some cases, can be identified by words like “anticipate,” “assume,” “believe,” “continue,” “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 management’s conclusion, and its independent registered public accounting firm’s statement in its opinion relating to its consolidated financial statements for the fiscal year ended December 31, 2018, that there is a substantial doubt as to the Company’s ability to continue as a going concern; ReWalk’s ability to have sufficient funds to meet certain future capital requirements, which could impair the Company’s efforts to develop and commercialize existing and new products; ReWalk’s ability to maintain compliance with the continued listing requirements of the Nasdaq Capital Market and the risk that its ordinary shares will be delisted if it cannot do so; ReWalk’s ability to establish a pathway to commercialize its products in China; 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 expectations regarding future growth, including its ability to increase sales in its existing geographic markets and expand to new markets; ReWalk’s ability to obtain certain components of its products from third-party suppliers and its continued access to its product manufacturers; ReWalk’s ability to repay its secured indebtedness; ReWalk’s ability to improve its products and develop new products; 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, which could result in voluntary corrective actions or enforcement actions such as mandatory recalls, 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 522 post-market 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; the impact of substantial sales of the Company’s shares by certain shareholders on the market price of the Company’s ordinary shares; ReWalk’s ability to use effectively the proceeds of its offerings of securities; the risk of substantial dilution resulting from periodic issuances of its ordinary shares; 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 Registration Statement on Form (333-235932), each as 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.