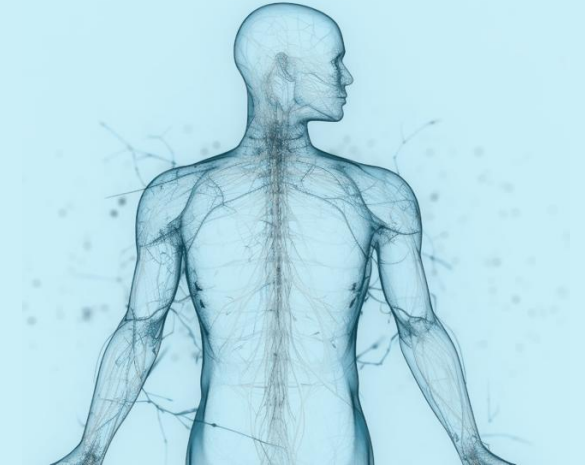




Pulse Biosciences®



Corporate Overview

May 2026

Forward Looking Statements

All statements in this presentation that are not historical are forward-looking statements, including, among other things, statements relating to the effectiveness of the Company's Nanosecond Pulsed Field Ablation (nsPFA) technology and nPulse™ System to non-thermally clear cells while sparing adjacent non-cellular tissue, statements concerning the Company's expected product development efforts and future clinical studies and regulatory submissions, whether with the U.S. FDA or otherwise, statements concerning whether any clinical study will show that the Company's novel nsPFA mechanism of action will deliver fast and precise ablations in cardiac tissue, statements concerning market opportunities, customer adoption and future use of any nsPFA technologies to address a range of conditions such as atrial fibrillation, statements concerning early clinical successes and whether they are predictive of the safety and efficacy of any medical device such as the nsPFA Cardiac Surgery System or the nsPFA Percutaneous Electrode System, Pulse Biosciences' expectations, whether stated or implied, regarding whether the Company's nsPFA technology will become a disruptive, superior and durable treatment option for treating benign thyroid nodules, atrial fibrillation or any other medical condition, and other future events. These statements are not historical facts but rather are based on Pulse Biosciences' current expectations, estimates, and projections regarding Pulse Biosciences' business, operations and other similar or related factors. Words such as "may," "will," "could," "would," "should," "anticipate," "predict," "potential," "continue," "expects," "intends," "plans," "projects," "believes," "estimates," and other similar or related expressions are used to identify these forward-looking statements, although not all forward-looking statements contain these words. You should not place undue reliance on forward-looking statements because they involve known and unknown risks, uncertainties, and assumptions that are difficult or impossible to predict and, in some cases, beyond Pulse Biosciences' control. Actual results may differ materially from those in the forward-looking statements as a result of a number of factors, including those described in Pulse Biosciences' filings with the U.S. Securities and Exchange Commission. Pulse Biosciences undertakes no obligation to revise or update information in this presentation to reflect events or circumstances in the future, even if new information becomes available.

This presentation and any documents incorporated by reference may contain market data that we obtain from industry sources. These sources do not guarantee the accuracy or completeness of the information. Although we believe that our industry sources are reliable, we do not independently verify the information. The market data may also include projections that are based on other projections. While we believe these assumptions and projections are reasonable and sound, as of the date hereof, actual results may differ from these projections.

Our Mission

To build a viable Company that designs, produces, and commercializes **next generation therapeutic solutions** to improve and extend patients' lives. We do this with **nsPFA** and its novel mechanism, **regulated cell death**.

To solve the needs of patients, physicians, and healthcare providers by building, whenever possible, first-in-class and best-in-class technologies with high quality and high reliability products and services, developed in accordance with rigorous scientific, engineering, and clinical standards.

We exist to make a positive difference in the lives of patients, physicians, healthcare providers, shareholders, and our Pulse Biosciences team members.

Experienced Technologists, Operators and Clinicians Form Proven Leadership Team



Paul LaViolette
Chief Executive Officer
Co-Chairman of the Board



Darrin Uecker
Chief Technology Officer
Director



Jon Skinner
Chief Financial Officer



Liane Teplitsky
Chief Operating Officer



Established Board of Directors



Robert (Bob) W. Duggan
Co-Chairman of the
Board of Directors

Renowned Scientific Expertise



Dr. David Kenigsberg
Chief Medical Officer,
Electrophysiology



**Dr. Mahkam
Zanganeh**



**Manmeet
S. Soni**



**Richard
van den Broek**



**Maria
Sainz**



Dr. Niv Ad
Chief Science Officer,
Cardiac Surgery



Dr. Gan Dunnington
Chief Medical Officer,
Cardiac Surgery



Dr. Ralph Tufano
Scientific Advisor,
Head and Neck



Financial & Strategic Snapshot

Balance sheet as of 3/31/2026

- Cash and cash equivalents balance of \$68.3mm
- No debt
- Cash burn increasing: Strategic Capital to support significant clinical opportunities (\$14.6mm of cash used in operating activities in 1Q26)
- 1Q26 revenue totaled \$401k
- Announced \$13.3mm insider investment in May 2026 through ATM

Strategy

- Strengthen focus on EP ablation catheter and clinical development – accelerating pivotal trial enrollment timeline, following unprecedented best-in-class clinical outcomes data
- As stated in the past, the company remains committed to evaluating EP partnership strategy

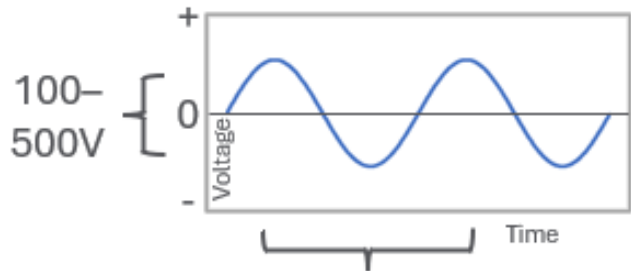


**~75%
Insider
Ownership**

The Nanosecond PFA Advantage – Novel Mechanism, Deeper Ablation

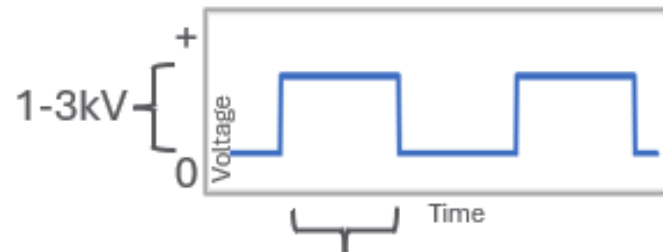
A more energy-efficient ablation mechanism, enabling larger, deeper, faster, and safer ablations

Thermal



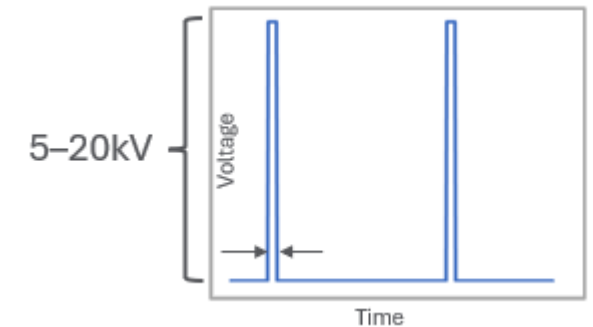
- High Thermal Energy
- Point-to-point ablation
- Destroys all tissues
- Thermal spread risk

First Gen Microsecond PFA



- Long-duration weak pulses physically destroy cell membranes
- Thermal risk mitigated with small electrodes, irrigation
- Thermal risk produces shallow lesions, requires tissue cooling, lesion stacking and catheter rotations.
- First-Gen; clear limitations

nsPFA



- nsPFA pulses are dramatically shorter than microsecond PFA
- Voltage is significantly more powerful, creating circumferential, deep ablations
- Overall energy delivery is lower, reducing thermal risk and eliminating stacking
- New era in PFA

EP Market Opportunity

AF Ablation #1 Strategic Priority

Drivers of the EP AF Ablation Market

- Drop-in workflow replacement
- Speed + efficiency over all prior PFA devices
- Enhanced lesion quality
- Elevated safety
- Exceptional scale with sustained rapid growth



nPulse™ technology upends the EP market with a differentiated energy and novel design with significant patent protection beyond 2040

+\$3.0B

U.S. Addressable Annual Market ¹

Market growing at

**10–15%
CAGR¹**



Global Atrial Fibrillation (AF) Disease State:

>\$8B

Electrophysiology Market ²

Front line clearance and adoption would add significantly

~1.9M

U.S. patients diagnosed with AF annually ³

nsPFA Unlocks New Potential in EP



LESION QUALITY

- Single circumferential lesion – no rotation
- Lesion depth
- Transmurality
- True non-thermal MOA



SPEED

- Fewer, faster applications
- Total PVI speed unmatched
- Total procedure time reduced
- No ablation stacking required



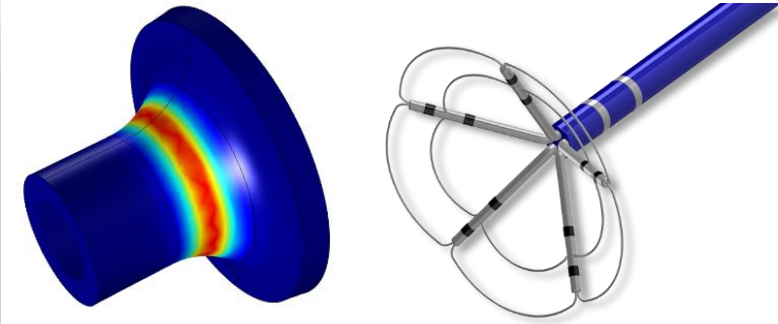
WORKFLOW

- Map and ablate – single catheter
- Conscious sedation potential; de minimis muscle stimulation
- ASC site-of-care



EFFICACY

- Durability**
- 6-month
 - 12-month
 - more



Ostial PF Application



Antral PF Application



Expect to fully enroll IDE in **Early Q4 2026**

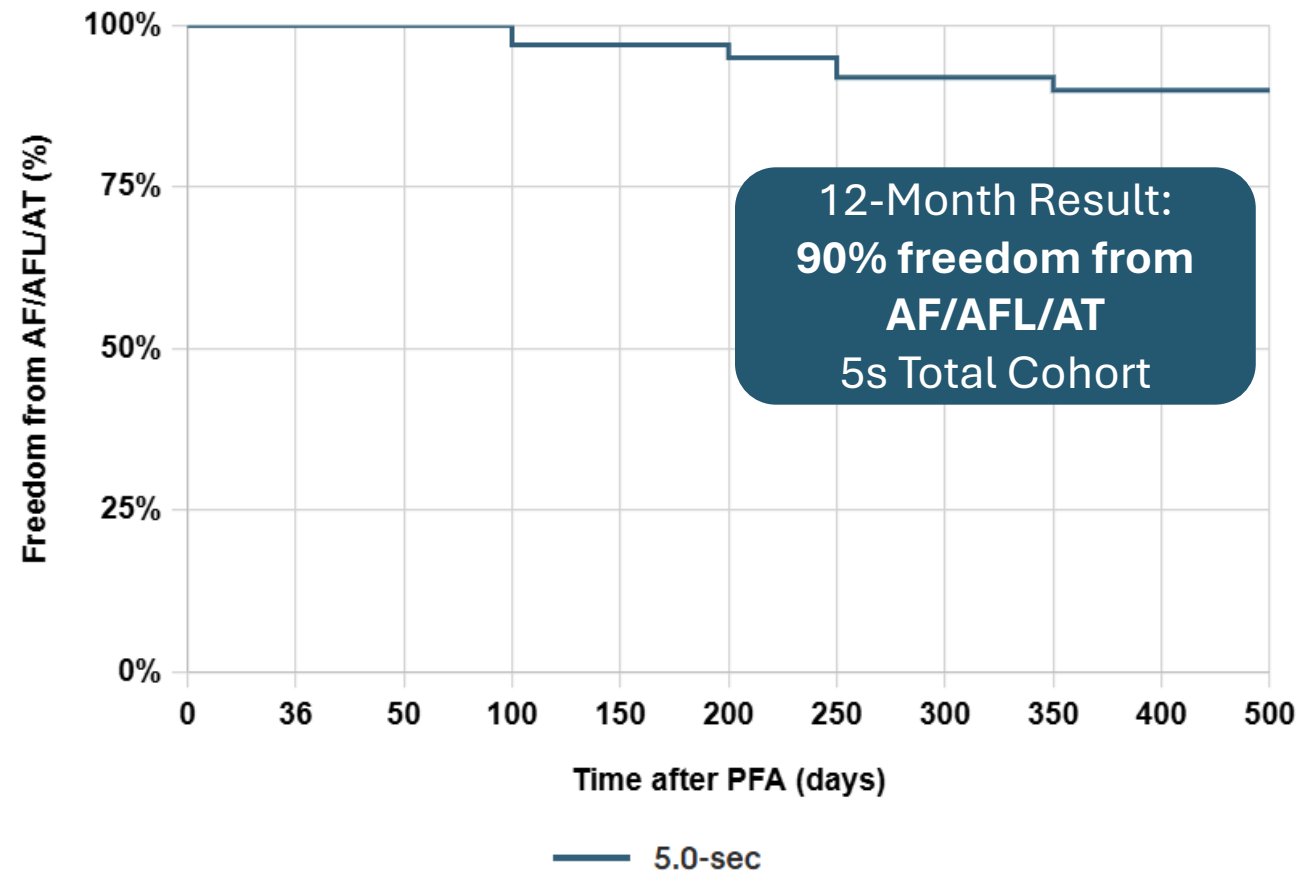
nsPFA FIH Trial: Procedure Time and Freedom AF/AFL/AT Success Rate

HRS late-breaking data

Parameter	April 2026
PATIENT & PROCEDURE OVERVIEW	5S COHORT
# of Subjects	141
Procedure Time (mins)	60.2 ± 27.7
LA Dwell Time (mins)	18.6 ± 13.0
Fluoroscopy Time (mins)	9.4 ± 5.9
Avg # Applications	12.3 ± 2.6*
6M & 12M HOLTER MONITORING	
6M Procedure Success by Holter, %	100% (95/95)
12M Procedure Success by Holter, %	96.2% (51/53)
12M Freedom from AF / AFL / AT	90%

* PV ablations only | EAM = Electroanatomic Mapping | PVI = Pulmonary Vein Isolation | PWI = Posterior Wall Isolation
AF = Atrial Fibrillation | AFL = Atrial Flutter | AT = Atrial Tachycardia

Freedom from Atrial Arrhythmias



Follow-up: TTMs (weekly) & 24hr-Holters at 6M & 12M

NANOPULSE-AF IDE Pivotal Study

Study Overview

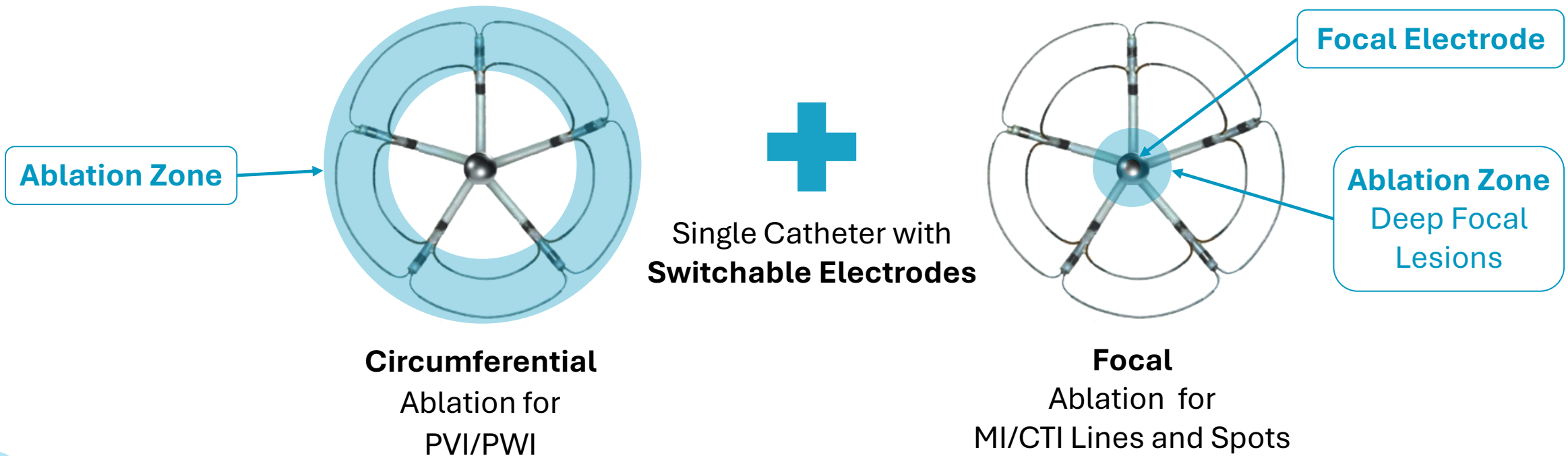
Target evaluable enrollment (*including roll-ins)	145-155 patients (*215)
Clinical sites	Up to 30
First patients enrolled	2Q26
Enrollment target	Early Q4 2026
Primary endpoints	6- and 12-months post-ablation procedural success and safety outcomes



- Multiple sites activated and enrolling
- Enrollment timeline accelerated to Early Q4 2026
- Strong physician enthusiasm driving momentum

Next Gen nPulse Cardiac Catheter – Development Stage

- Enables Single Catheter Workflow: building on the platform to enable Pulmonary Vein Isolation / Posterior Wall Isolation and Mitral Isthmus / Cavotricuspid Isthmus lines with switchable electrodes
- Pre-clinical focal data presented in poster at HRS '26



Pulse Biosciences' nPulse™ Platform

Multiple High Impact Opportunities Beyond EP



Cardiac Surgery

Thyroid Application in Soft Tissue Ablation

Interventional Oncology & MIS Multiple pipeline applications

Status

- Clinical Validation
- NANOCLAMP-AF Pivotal Study Enrolling

- Focused Market Development
- PRECISE-BTN Study Enrolling

- MD Anderson Thyroid Cancer Studies

U.S. Procedure Potential

24,000

Open Heart Pre-Op AF Treated with RF Ablation ^{4,5}

80,000

Total Open Heart Pre-Op AF ^{4,5}

Prophylactic AF

Additional Market Expansion

150,000

Thyroidectomies for BTN Diagnosis ^{6,7,8,9,10}

100,000

BTN Diagnosis Entering "Watchful Waiting" ^{6,7,8,9,10}

To Be Determined

Summary and 2026 Priorities



Novel nPulse™ Energy

- Unique Mechanism of Action
- Patent protected
- Nonthermal



IP 250 and growing Owned or Licensed Patents

- We believe Pulse effectively owns the Nanosecond PFA Space



Clinical evidence

- Mounting and superior
- Paradigm shifting care



EP Durability Data

- 96% procedure success - 12 months
- 90% freedom from atrial arrhythmias - 12 months



Target Market Values

- +\$3B U.S. annual addressable market in EP, doubled by 2035
- Additional opportunities with +\$1B markets
- Persistent + Paroxysmal



Portfolio of future indications

- Cardiac Surgery, Soft Tissue Ablation, MIS and Int. Oncology



U.S. clinical studies

- 2 pivotal IDE studies underway
- Measurable milestones



Balance sheet

- Cash balance of \$68.3mm as of 3/31/2026
- \$13.3mm investment through ATM in May

Citations

- 1) Clarivate – US EP Market Report. Data on File.
- 2) Company filings, BofA Global Research. Revenue is BofA estimate from BofA Global Research Market Report. Data on File.
- 3) Joglar et al J.A.C.C. V O L . 8 3 , N O . 1 , 2 0 2 4 2023 Guideline for the Diagnosis and Management of Atrial Fibrillation J A N U A R Y 2 / 9 , 2 0 2 4 : 1 0 9 – 2 7 9 1 1 6 (Linear Interpolation)
- 4) Global Cardiac Surgical Volume and Gaps: Trends, Targets, and Way Forward. Annals of Thoracic Surgery. 2023, ISSN 2772-9931, <https://doi.org/10.1016/j.atssr.2023.11.019>.
- 5) Cardiac Surgery at Mayo Clinic—A 70th Anniversary Celebration - [https://www.mayoclinicproceedings.org/article/S0025-6196\(25\)00560-9/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(25)00560-9/fulltext)
- 6) Data on file. Thyroidectomy WW Procedure Data provided by iData
- 7) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8215427/>
- 8) Fine-Needle Aspiration of the Thyroid Gland <https://www.ncbi.nlm.nih.gov/books/NBK285544/>
- 9) CMS - <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38968&ver=4>
- 10) CDC - <https://seer.cancer.gov/statfacts/html/thyro.html>