

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 8-K

**CURRENT REPORT**  
**Pursuant to Section 13 or 15(d) of the**  
**Securities Exchange Act of 1934**

**Date of Report (Date of earliest event reported): July 15, 2025**

**CNS Pharmaceuticals, Inc.**  
(Exact name of registrant as specified in its charter)

**Nevada**  
(State or other jurisdiction of  
incorporation or organization)

**001-39126**  
(Commission File Number)

**82-2318545**  
(I.R.S. Employer Identification No.)

**2100 West Loop South, Suite 900**  
**Houston, Texas 77027**  
(Address of principal executive offices) (Zip Code)

**Registrant's telephone number, including area code: (800) 946-9185**

**Not Applicable**  
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class                       | Trading Symbols(s) | Name of each exchange on which registered |
|---|--------------------|---|
| Common stock, par value \$0.001 per share | CNSP               | The NASDAQ Stock Market LLC               |

**Item 7.01. Regulation FD Disclosure.**

On July 15, 2025, CNS Pharmaceuticals, Inc. (the “Company”) posted the investor presentation set forth in Exhibit 99.1 on its website.

The information contained in Item 7.01 of this Current Report on Form 8-K is being furnished and shall not be “filed” for the purpose of the Securities Exchange Act of 1934, as amended (“Exchange Act”), nor shall it be incorporated by reference in any filing under the Exchange Act or the Securities Act of 1933, as amended (“Securities Act”), unless specifically identified therein as being incorporated by reference.

**Item 9.01. Financial Statements and Exhibits.**

| <b>No.</b> | <b>Description</b>  |
|------------|---|
| 99.1       | <a href="#">Presentation dated July 2025</a>                                |
| 104        | Cover Page Interactive Data File (embedded within the Inline XBRL document) |

**Signature**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CNS Pharmaceuticals, Inc.

By: /s/ Chris Downs  
Chris Downs  
Chief Financial Officer

Dated: July 15, 2025



## Forward Looking Statements

This presentation incorporates information from materials filed with the SEC and contains forward-looking statements. All statements contained herein other than statements of historical fact, including statements regarding our future results of operations and financial position, our business strategy and plans, and our objectives for future operations, are forward-looking statements. The words “believe,” “may,” “will,” “estimate,” “continue,” “anticipate,” “intend,” “expect,” and similar expressions are intended to identify forward looking statements. We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our financial condition, results of operations, business strategy, short-term and long-term business operations and objectives, and financial needs.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described in the “Risk Factors” section of most recent Form 10-K as updated by any subsequent Form 10-Q filings. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the future events and trends discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward looking statements.



# Overview

Developing Anti-Cancer Drug Candidates for the Treatment of Primary and Metastatic Brain Cancers

Strong Financial Position

Proven Clinical Development "Engine" with Global Trial Site Network in Place to Accelerate Complex CNS Focused Trials

Advancing Lead Product Candidate, TPI 287 for treatment of Glioblastoma Multiforme (GBM)

- Late-stage, novel, blood brain-barrier permeable taxane-derivative (abeotaxane)
- Studies in over 350 patients to date, include clinical trials as monotherapy and combination with bevacizumab

Reported Primary Analysis of Berubicin Monotherapy in 2<sup>nd</sup> line GBM

- Ongoing analysis of outcomes ongoing to determine next steps



1. Did not a statistically significant difference in overall survival, the primary endpoint



## A Focused and Targeted CNS Oncology Pipeline

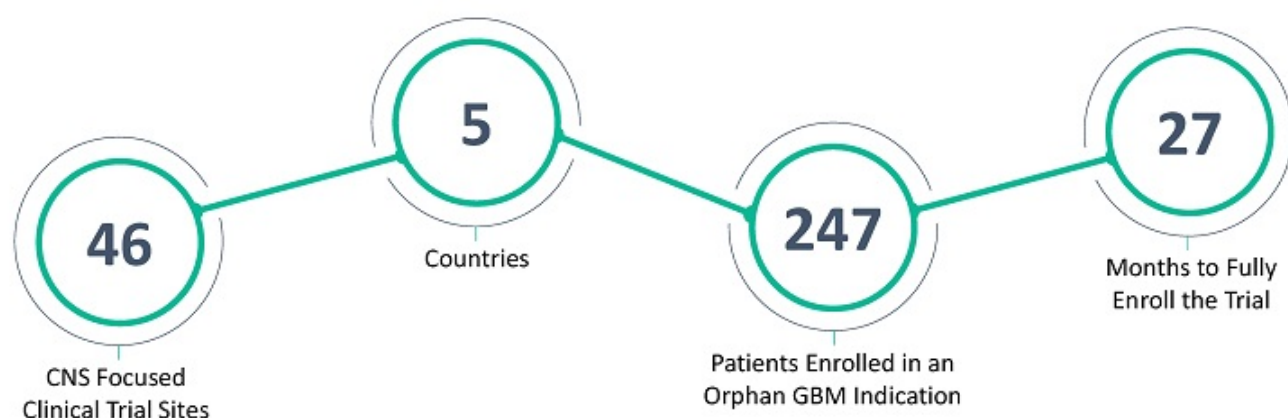
| Program | Indication                    | Preclinical | Phase 1 | Phase 2 | Phase 3 | Highlights  |
|---------|-------------------------------|-------------|---------|---------|---------|---|
| TPI 287 | Glioblastoma Multiforme (GBM) |             |         |         |         | <ul style="list-style-type: none"> <li>Studied in over 350 patients to date</li> <li>Plan to engage with regulators to design potential registration study in 2025</li> </ul> |

## A Much Bigger Story Beyond GBM

| Potential Future Indications                      |  |  |  |
|---|--|--|--|
| Primary Brain Tumors<br><b>15,000</b><br>Patients | High Grade Gliomas in Pediatrics<br><b>6,000</b><br>Patients | Brain Metastases - Combo with Radiation Therapy<br><b>45,000</b><br>Patients | Primary CNS Lymphoma (PCSNL)<br><b>1,200</b><br>Patients |

# Established "Engine" to Execute Global CNS Clinical Trials

Key Learnings and Established Network From Berubicin Monotherapy Potentially Pivotal Trial



**Successfully Built CNS Trial Network and Enrolled Patients in Record Time, All During a Global Pandemic**





# Proven Clinical Development Infrastructure Optimized for Brain Cancer Drug Development

## Relationships

- Deliberate establishment of a global, CNS focused network
- Commitment to work in this disease
- Deep understanding of the landscape of clinical trials in GBM

## Program Development Infrastructure & Efficiencies

- Seamless transition to our next asset
- Built to last
- Set up for success

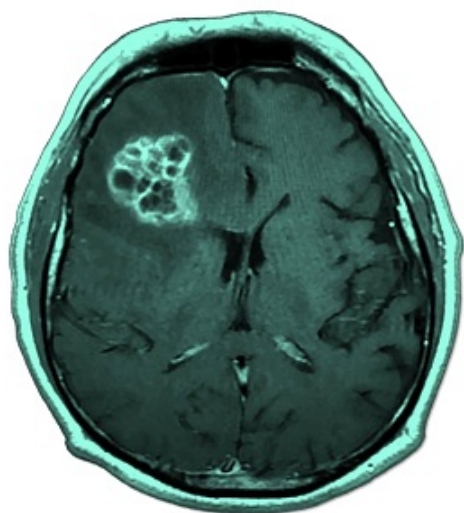


# Glioblastoma Multiforme (GBM)

One of the most aggressive, deadly and treatment-resistant cancers that forms in the brain

Current standard of care ineffective in ~60% of patients

Can affect cognition, mood, behavior and organ function



**12 – 18 MONTHS**

Average Life Expectancy<sup>1</sup>

**>50,000**

New Cases in the 8 Major Markets<sup>2</sup> Each Year<sup>3</sup>

**>151,000**

Forecast of Annual New Cases in the 8 Major Markets<sup>2</sup> by 2027<sup>3</sup>

**~48%**

Of All Primary Malignant Brain Tumors<sup>1</sup>



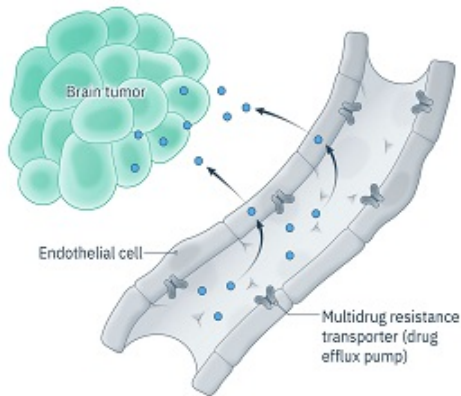
1: <https://braintumor.org/take-action/about-gbm/>

2: 8 Major Markets includes USA, France, Germany, Italy, Spain, UK, Japan and urban China

3: Global Data, "Glioblastoma Multiforme (GBM): Opportunity Analysis and Forecasts to 2027" (2017)

# The Blood Brain Barrier (BBB)

**Highly Selective, Semi-Permeable Barrier that Separates the Circulating Blood from the Brain**



## Key Functions

- **Protection:**
  - Blocks toxins, pathogens and potentially harmful molecules from entering the brain by transporters that bind to these substances and deliver them back to the bloodstream
- **Selective Permeability:**
  - Allows essential nutrients like glucose and amino acids to pass through while restricting larger or harmful molecules
- **Maintaining Homeostasis:**
  - Ensures a controlled environment for proper neuronal function

**Drug Delivery to the Brain is Challenging Due to the BBB's Selective Nature, Limiting the Access and Effectiveness of Cancer Therapies in the Brain**



# TPI 287

Late Stage, Novel Blood Brain Barrier Permeable  
Abeotaxane for Treatment of Brain Malignancies

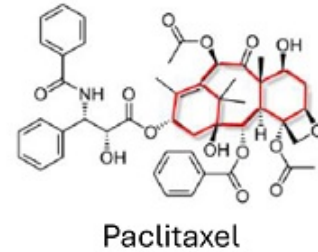
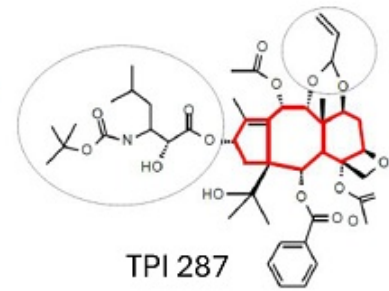
# TPI 287: A Novel Taxane Derivative

- **Taxanes**

- A class of chemotherapy that binds to microtubules and prevents them from functioning normally, which stops cancer cells from dividing
- A substrate for P-glycoprotein (Pgp), which is upregulated in cells that become taxane-resistant, and is part of the BBB

- **TPI 287**

- A derivative of taxane (abeotaxane) that is not a substrate for Pgp
- Effective in taxane-resistance and able to cross the BBB



# Readily Penetrates the Blood Brain Barrier in Animal Models

|               | COMPOUND   | Blood ug*hr/ml | Brain ug*hr/g | Brain:Blood |
|---------------|------------|----------------|---------------|-------------|
| Wild-type     | paclitaxel | 3.2            | 1.6           | 0.5         |
|               | docetaxel  | 8.7            | 2.5           | 0.3         |
|               | TPI 287    | 16.8           | 65.9          | 3.9         |
| Pgp knock-out | paclitaxel | 4.7            | 18.6          | 4.0         |
|               | docetaxel  | 9.0            | 15.4          | 1.7         |
|               | TPI 287    | N/A            | N/A           |             |

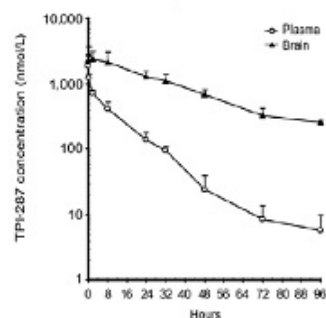
Single-dose IV bolus:

paclitaxel dosed 10 mg/kg AUC cal. 0-8 hr blood, 0-12 hr. brain (Clin Can Research. 9:2849. 2003).

docetaxel dosed 33 mg/kg AUC cal. 0-8 hr blood, 0-12 hr. brain (Eur J Can. 40:1269. 2004).

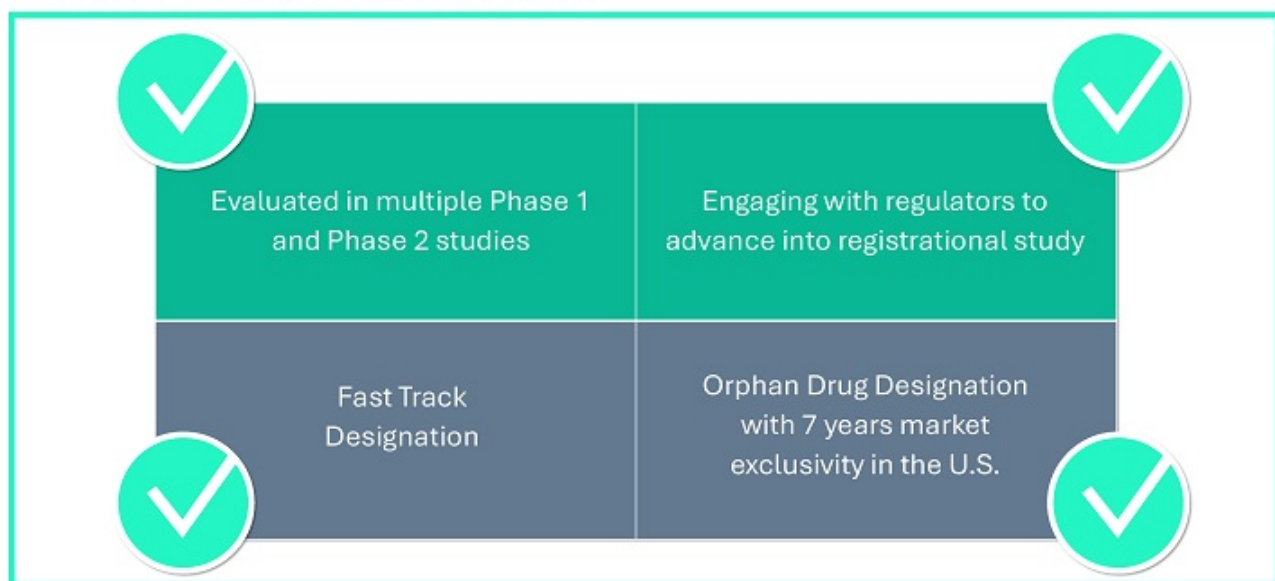
TPI 287 dosed 20 mg/kg AUC cal. 0-96 hr blood and brain (Mol Can Ther. 11:1959. 2012).

~ 64x greater concentration in brain vs plasma 4 days after single dose in mouse.

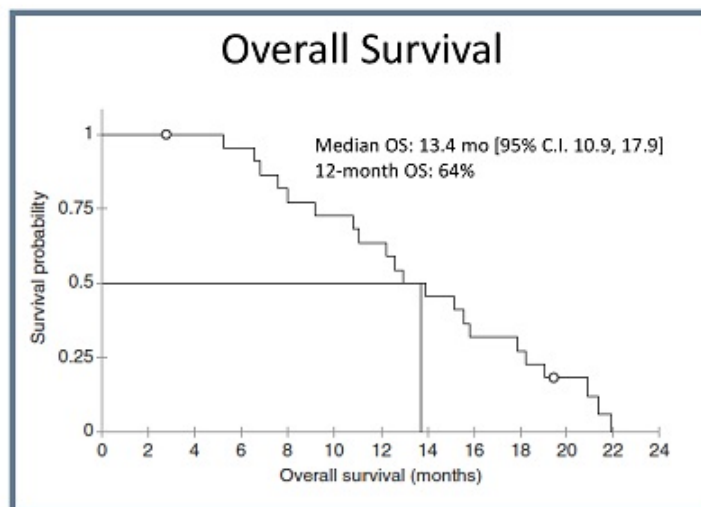
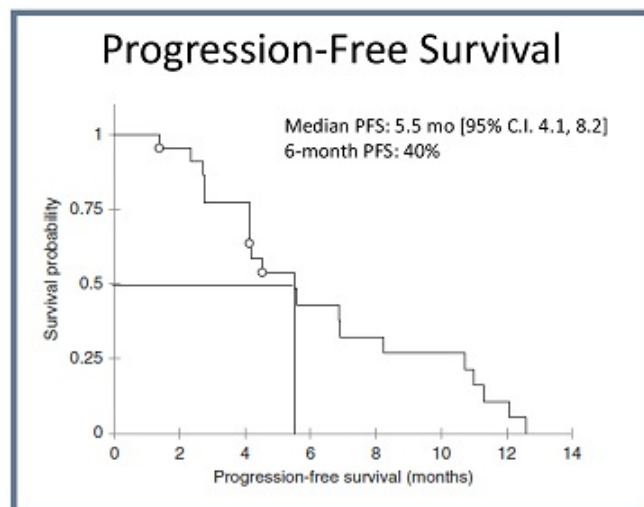




## Clinical Trials with TPI 287

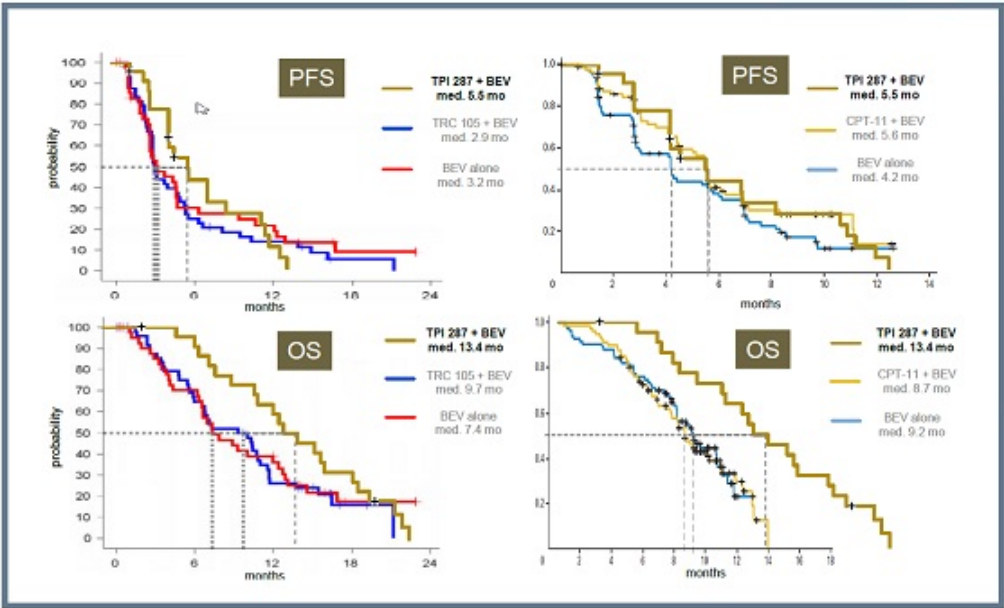


## TPI 287 in Combination with Bevacizumab for the Treatment of Recurrent Glioblastoma





# Improved GBM Survival in Combination with Bevacizumab



\* Graphs represent aggregate data from multiple studies



# Berubicin

Evaluation of Strategic Options  
May Provide Potential for Upside

## Berubicin

### Reported Primary Analysis of Berubicin in 2<sup>nd</sup> line GBM

Ongoing analysis of outcomes ongoing to determine next steps



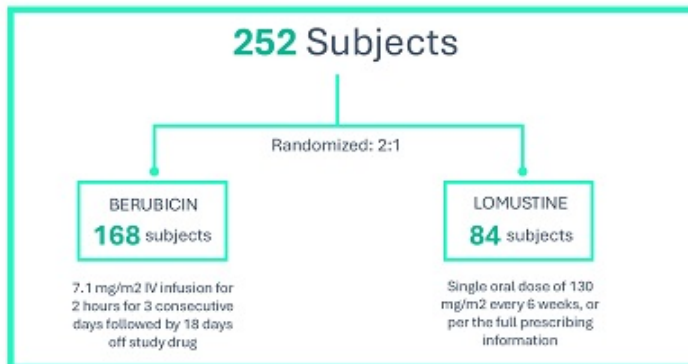
1. Did not show a statistically significant difference in overall survival, the primary endpoint

## Summary of Primary Analysis

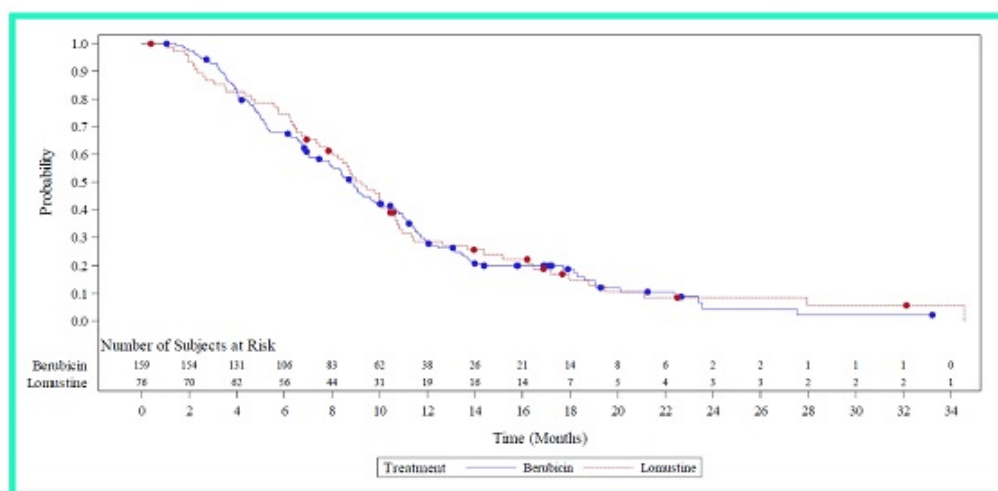
Showed clinically relevant outcomes comparable to Lomustine across multiple endpoints<sup>1</sup>

Safety profile continues to be favorable, including the absence of anthracycline related cardiotoxicity

Analysis of outcomes are ongoing, including advanced imaging review, PK, and clinical endpoints



## Berubicin Demonstrated Comparable Overall Survival Compared to Standard of Care, Lomustine



# Financial Snapshot

## NASDAQ: CNSP

### Cash Expected to Fund Operations Into the Second Half of 2026

**\$17.5 Million**

**Cash\***

As of March 31, 2025

**~1.7M**

**Volume**

Average 3 months

**~\$4.4 Million**

**Market Cap**

As of July 1, 2025

**~\$4.5 Million**

*\*Cash Position Includes Net Proceeds from Raise - \$13.0 Million with \$4.5 Million Raised After Quarter-End*



The number of shares of the registrant's common stock outstanding as of March 31, 2025 was 5,461,951

# Management Team



**John M. Climaco, Esq.** PRESIDENT & CHIEF EXECUTIVE OFFICER

Twenty-one years experience managing the operations, strategies and finances of public and private lifescience companies.



**Christopher S. Downs, CPA** CHIEF FINANCIAL OFFICER

Nearly 20 years of finance and investment banking experience primarily in the healthcare industry



**Sandra L. Silberman, MD, PhD** CHIEF MEDICAL OFFICER

Board certified hematologist/medical oncologist with extensive experience in clinical development of novel therapies for the treatment of cancer. Firm Head Global Clinical Development at Novartis.



**Donald Picker, PhD** CHIEF SCIENTIFIC OFFICER

Over 35 years of drug development experience and responsible for the development of Carboplatin, one of the world's leading cancer drugs, acquired by Bristol-Myers Squibb and with annual sales of over \$500 million.





**CNS**  
Pharmaceuticals

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