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

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER PURSUANT TO RULE 13a-16
OR 15d-16 UNDER THE SECURITIES EXCHANGE ACT OF 1934

For the month of October 2019

Commission File Number: 001-36582

Auris Medical Holding Ltd.

(Exact name of registrant as specified in its charter)

Clarendon House, 2 Church Street
Hamilton HM 11, Bermuda
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1):

Yes ☐ No ☒

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7):

Yes ☐ No ☒

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, thereunto duly authorized.

Auris Medical Holding Ltd.

Date: October 23, 2019

By: /s/ Thomas Meyer
Name: Thomas Meyer
Title: Chief Executive Officer

Exhibit Index

Exhibit Number	Description
99.1	Company Presentation

Auris Medical
Cochlear therapies

Innovative Treatments in Neurotology and CNS Disorders

Corporate Presentation

October 2019
NASDAQ: EARS
Contact: investors@aurismedical.com

Forward-looking Statements

This presentation and the accompanying oral commentary may contain statements may contain statements that constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements are statements other than historical facts and may include statements that address future operating, financial or business performance or Auris Medical's strategies or expectations. In some cases, you can identify these statements by forward-looking words such as "may," "might," "will," "should," "expects," "plans," "anticipates," "believes," "estimates," "predicts," "projects," "potential," "outlook" or "continue," or the negative of these terms and other comparable terminology. Forward-looking statements are based on management's current expectations and beliefs and involve significant risks and uncertainties that could cause actual results, developments and business decisions to differ materially from those contemplated by these statements. These risks and uncertainties include, but are not limited to, Auris Medical's need for and ability to raise substantial additional funding to continue the development of its product candidates, the timing and conduct of clinical trials of Auris Medical's product candidates and that such trials will not meet their endpoints, the clinical utility of Auris Medical's product candidates, the timing or likelihood of regulatory filings and approvals, Auris Medical's intellectual property position and Auris Medical's financial position, including the impact of any future acquisitions, dispositions, partnerships, license transactions or changes to Auris Medical's capital structure, including future securities offerings. These risks and uncertainties also include, but are not limited to, those described under the caption "Risk Factors" in Auris Medical's Annual Report on Form 20-F for the year ended December 31, 2018 and future filings with the Securities and Exchange Commission. Forward-looking statements speak only as of the date they are made, and Auris Medical does not undertake any obligation to update them in light of new information, future developments or otherwise, except as may be required under applicable law. All forward-looking statements are qualified in their entirety by this cautionary statement.

Dedicated to Targeted Drug Delivery

Auris Medical develops novel pharmaceutical products for unmet medical needs in neurotology and central nervous system disorders

The Company

- Founded in 2003
- Targeted drug delivery
- Pioneer role in neurotology: vertigo, hearing loss, tinnitus
- Expanding into CNS
- Headquartered in Basel, Switzerland
- IPO in August 2014 on Nasdaq (EARS)

Key Development Programs

- Lead program = reformulated and repositioned betahistine
  - Oral betahistine = Standard of care for treating vertigo outside of the U.S.
  - Intranasal delivery provides 5-29 x higher plasma exposure than oral betahistine
  - Global market potential >$1bn in vertigo
  - Potential to leverage into additional indications
- Tinnitus and hearing loss programs for first-in-class treatments
  - Advancing additional clinical trials through partnering / non-dilutive funding

Our Core Team

Thomas Meyer, PhD

Founder, Chairman and CEO

- CEO and BoD member Disetronic
- Instrumental in Disetronic's IPO and managing >20% sales CAGR over many years

Elmar Schärli, CPA

Chief Financial Officer

- ~ 30 years private and public company finance and accounting experience in biotech and medtech
- Founder and CEO of ante treuhand (fiduciary firm)

Andrea Vondraskova, MD

Medical Director

- Medical Director at Chiltern International
- Medical Director at PharmaNet

Ilja Hohenfeld, PhD

Director, Translational Medicine

- Global Trial Leader at Actelion
- Clinical Project Manager at ICON

Fabio Fais, MSc

Director, CMC Projects

- DP Project Leader (Fellow) at Novartis Pharma
- Team Leader Formulation Dev., Crucell

Raoul Dias, PhD

General Counsel

- Senior Corporate Counsel at Amcor
- Senior Counsel & Corp. Secretary at Transocean

ACTELION

DISETRONIC

NOVARTIS

CHILTERN. A COVANCE COMPANY

ICON

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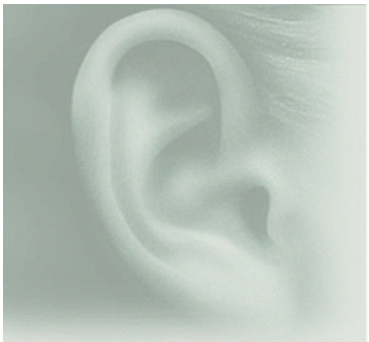
Project Pipeline

Product	Indication	Preclin.	Phase 1	Phase 2	Phase 3	Next Key Milestones
AM-125 Betahistine	Vertigo					Phase 2 POC trial interim analysis (Q1 2020)
AM-201 Betahistine	Antipsychotic-induced weight gain					Phase 1b complete data (Q1 2020)
Sonsuvi® (AM-111) Brimapitide	ASNHL (sudden deafness)					Partnering
Keyzilen® (AM-101) Esketamine	Acute inner ear tinnitus					Preparing for Phase 2/3 study Partnering / non-dilutive funding
AM-102 Undisclosed	Tinnitus					Select lead compound

*Dates of key milestones are indicative and subject to change



Intranasal Betahistine

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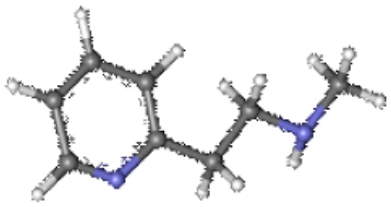
Betahistine Targets the Histaminergic System

Histamine acts as a neurotransmitter in the nervous system

Key role in regulation of wide range of behavioral and physiological functions, including appetite, drinking, sleep, wakefulness, learning, attention and memory.

Betahistine is a structural analog of histamine and acts as:

- H_1 receptor agonist
- H_3 receptor antagonist (inverse agonist)



Unlike histamine, betahistine…

- Crosses the blood-brain barrier
- Is orally active
- Does not have any meaningful activity at H_2 receptor

Betahistine has the following effects:

- Increased inner ear and cerebral blood flow
- Increased histamine turnover and enhanced histamine release in CNS
- Enhanced release of acetylcholine, dopamine and norepinephrine in CNS
- General brain arousal

How Betahistine is Used Today

- Widely used around the world for the treatment of vestibular disorders (Meniere's disease, vertigo)
- Oral intake, approved daily dose = 48 mg
- Recognized as a safe drug and approved in 115 countries (U.S. being notable exception)

Evidence for efficacy is mixed, however…

- "Pooled data showed that the proportion of patients reporting an overall reduction in their vertigo symptoms was higher in the group treated with betahistine than [placebo]."[1]
- "Most trials suggested a reduction of vertigo with betahistine [in Meniere's disease…], but all these effects may have been caused by bias in the methods"[2]

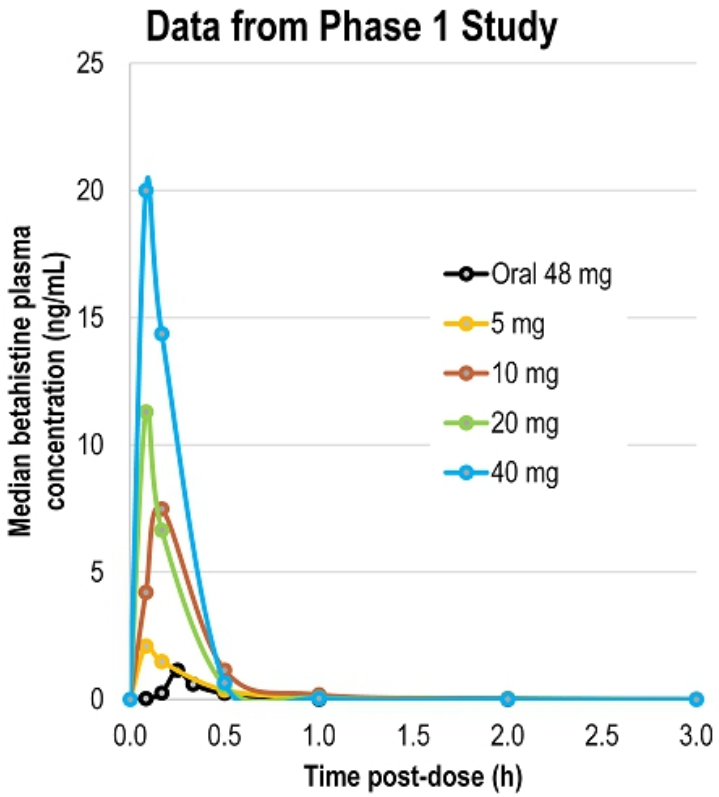
Betahistine's weak point = poor oral bioavailability: ~1%

- Orally administered betahistine is rapidly and almost completely metabolized through monoamine oxidase (MAO) into 2-pyridylacetic acid
- Metabolite with no known pharmacological activity

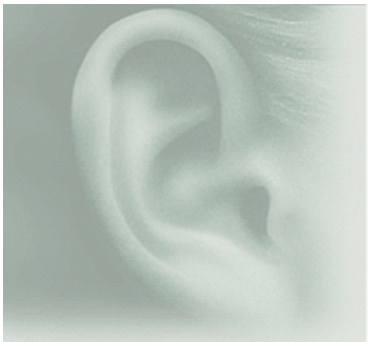
[1] *Murdin et al. (2016), Betahistine for symptoms of vertigo. Cochrane Database Syst Rev. (6):CD010696.*
[2] *James & Burton (2011), Betahistine for Ménière's disease or syndrome. Cochrane Database of Syst Rev 1:CD001873.*

Superior Bioavailability of Intranasal Dosing

- Relative bioavailability of intranasal betahistine vs. oral betahistine (daily dose) = **5 to 29 x (not adjusted for dose)**
- Intranasal drug delivery allows for avoidance of high intestinal and hepatic first pass extraction following oral administration
- Scant evidence for the presence of monoamine oxidase in nasal mucosal tissues[1]
- **Suggests only low levels of pre-systemic MAO mediated metabolism following intranasal delivery of betahistine**



[1] *Chemuturi & Donovan (2006), Metabolism of dopamine by the nasal mucosa, J Pharm Sci. 95(11):2507-15.*



AM-125 for Vertigo Treatment

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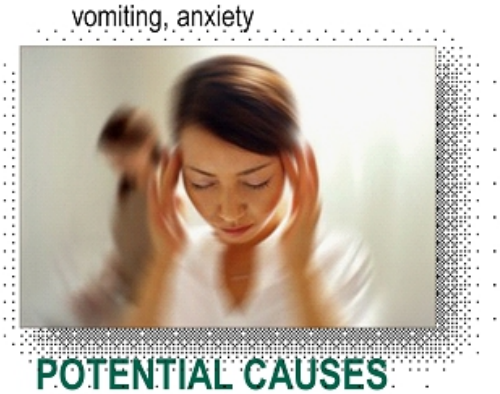
Overview on Vertigo

THE PROBLEM

- Spinning or wheeling sensation
- Disorientation, imbalance, falls, nausea, vomiting, anxiety

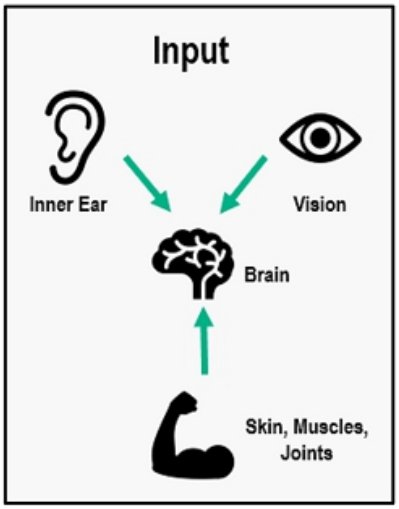


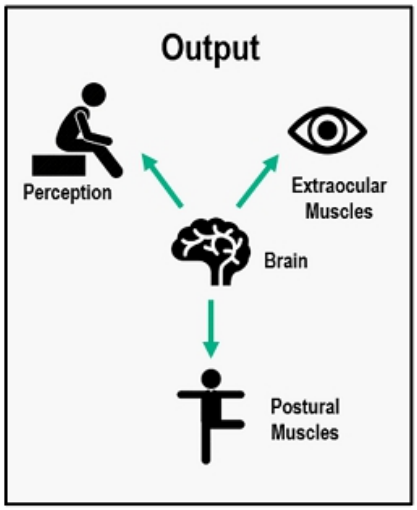
POTENTIAL CAUSES

- **Functional:** Meniere's disease, labyrinthitis
- **Neurosensory:** vestibular neuritis
- **Mechanical:** benign paroxysmal positional vertigo
- **Tumor surgery:** vestibular schwannoma resection

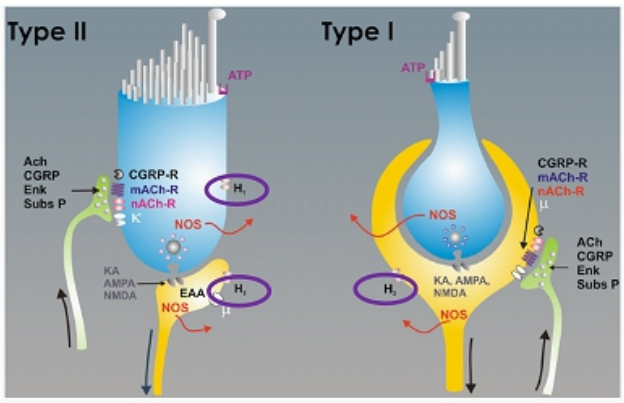
PATHOPHYSIOLOGY

- Normally, left and right vestibular organs transmit consistent position and acceleration information to the brain
- When a pathology disrupts signaling unilaterally, imbalance in vestibular tone can lead to illusory perception of movement

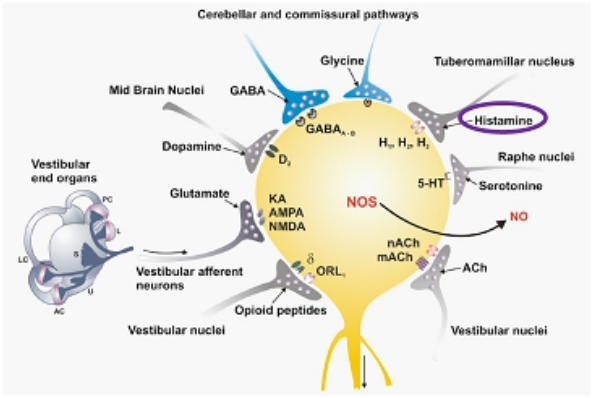




Positioning of Betahistine



Peripheral level – inner ear hair cells



Central level – vestibular nucleus neurons

- Vestibular stimulations enhance histamine release in the hypothalamus and brainstem
- Antihistaminergic drugs: diphenhydramine/dimenhydrinate, meclizine…
- Anticholinergic drugs: e.g. scopolamine (U.S.)
- GABA agonist drugs: benzodiazepines (e.g. diazepam)

} Sedating, Delaying vestibular compensation

- Histaminergic drug: betahistine Non-sedating, supporting vestibular compensation

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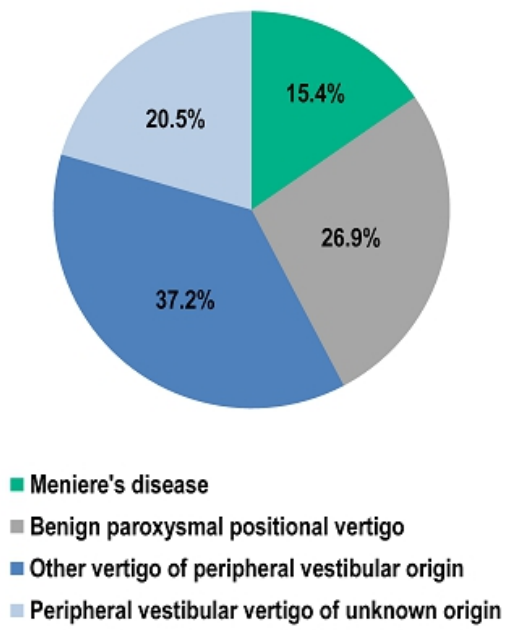
Soto & Vego (2010), Neuropharmacology of vestibular system disorders, Curr Neuropharmacol 8:26-40.

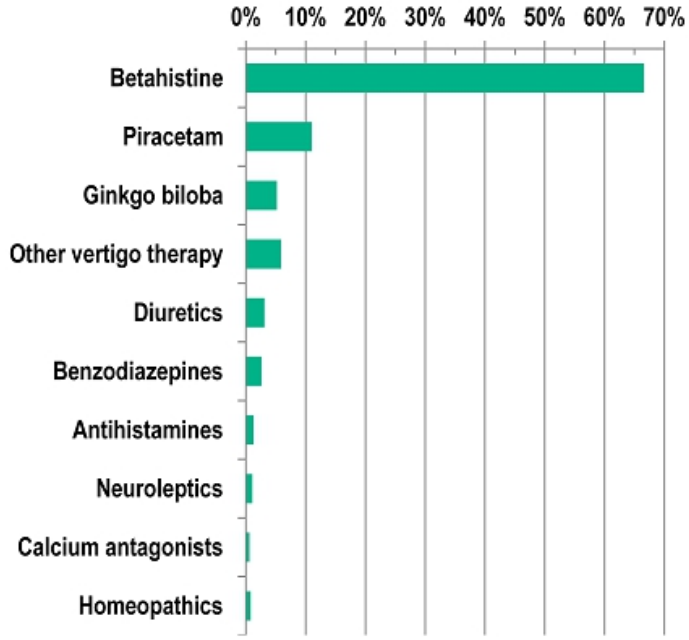
Role of Betahistine in Vertigo Treatment

4,294 vertigo patients enrolled in REVERT registry at 618 international centers across 13 countries over 28 months.[1]

Vertigo Diagnosis



Treatment Started



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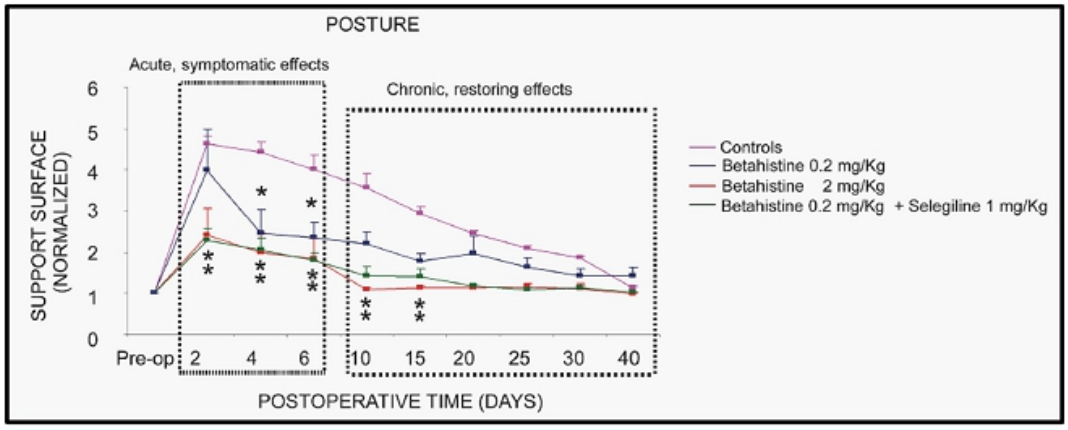
[1] *Agus et al. (2013), Clinical and Demographic Features of Vertigo: Findings from the REVERT Registry, Front Neurol. 4:48.*

Higher Bioavailability Translates Into Better Efficacy

Cats undergoing unilateral section of vestibular nerve → surgery-induced acute vertigo



When treated with **high dose betahistine**, cats experienced:

- Faster improvement of acute symptoms than lower dosages
- Accelerated vestibular compensation
- Significant increase of histaminergic activity in hypothalamus
- Substantially higher bioavailability
- Similar effect with low dose betahistine + MAO inhibitor selegiline

Tighilet et al. (2018). Betahistine treatment in a cat model of vestibular pathology: pharmacokinetic and pharmacodynamic approaches. Front Neurol. 11(9):431.

AM-125 Intranasal Betahistine for Acute Vertigo

Target Indication: treatment of acute vertigo

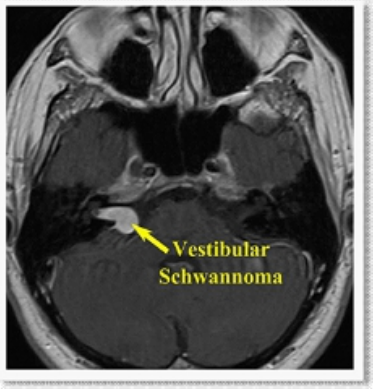
- 3 times daily, metered dose spray

Objective: achieve efficacy superior to oral betahistine based on improved bioavailability

Clinical Milestones

- **First Phase 1 trial** in 40 healthy volunteers completed
  - Single dose well tolerated up to 40 mg, PK data
- **Second Phase 1 trial** in 72 healthy volunteers completed Oct. 2018
  - Significantly higher bioavailability with intranasal vs. oral delivery
  - Safe and well tolerated, maximum tolerated dose 40 mg t.i.d.
  - Additional PK data
- **Phase 2 trial** in 138 acute vertigo patients initiated in 2019 (EU + Canada)

Phase 2 TRAVERS Trial



Dillon NP et al. (2017), Otol Neurotol. 38(3): 441-7.

- Acute vertigo after vestibular schwannoma resection
  - "Clean" one-sided loss of peripheral vestibular input
  - Patients unable to stand or walk post-surgery
- Objective primary efficacy outcomes
  - Time standing on foam
  - Tandem Romberg test
- 138 patients
  - Part A: dose escalation in 5 steps (n=50)
  - Part B: two doses vs. placebo (n=72)
  - Oral betahistine for reference (n=16)
- Milestones:
  - First patient in Jul 2019
  - Interim analysis in Q1 2020 (Part A)
  - Full read-out in Q4 2020

Attractive Market Potential in Vertigo

- Current worldwide annual sales of oral betahistine: ~$450 million (IMS, manufacturer prices)
  - Branded generics (Serc, Betaserc) and full generics
  - Does not include U.S. sales – compounding pharmacies on small scale
- With **AM-125**, we aim to:
  - Gain share of current oral market in vertigo
  - Reintroduce betahistine to the U.S.
    - Will expand market potential to >$1bn
- Conservative assumptions regarding price premium over oral betahistine

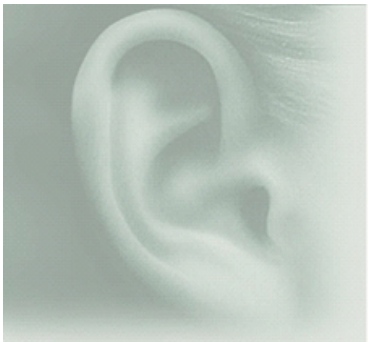
AM-125 Advisory Board

Elias Michaelides, MD
Associate Professor of Surgery, Otolaryngology Director of the Hearing and Balance Program Yale School of Medicine

Hinrich Staecker, MD, PhD
David and Mary Zamierowsky Professor Director Division Otology/Neurotology Departments of Otolaryngology, Head and Neck Surgery and Speech and Hearing University of Kansas

Michael Strupp, MD, FANA, FEAN
Professor of Neurology Department of Neurology and German Center for Vertigo and Balance Disorders Ludwig-Maximilians University Hospital, Munich

Paul Van de Heyning, MD, PhD
Professor and Chairman Department of Otorhinolaryngology, Head and Neck Surgery Antwerp University Hospital – University of Antwerp, Belgium



AM-201 for Mental Health Supportive Care

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Significant Need in Mental Health Supportive Care

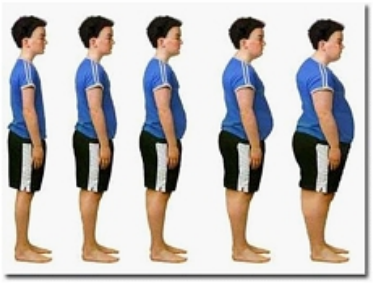
Drugs for schizophrenia and bipolar disorder have major side effects associated with weight gain, metabolic problems and drowsiness

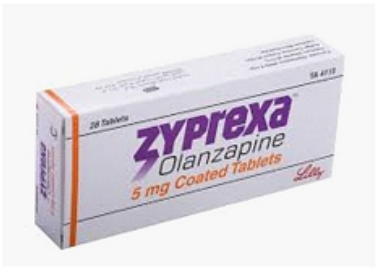
Most Effective Antipsychotics on Market

- Olanzapine and Clozapine
  - Potent H_1 histamine receptor antagonists
  - H_1 plays key role in brain's regulation of food intake
  - No longer recommended for first line treatment due to significant weight gain and other metabolic issues

Potential Major Side Effects Include

- Impaired glucose tolerance
- New-onset diabetes
- Hyperlipidemia
- Cardiovascular disease





The Magnitude of the Problem

All antipsychotics are associated with notable weight gain in antipsychotic-naïve and first-episode patients[1,2]

- 64%, 32%, and 12% of schizophrenia and bipolar disorder patients gained ≥7%, ≥15%, and ≥25%, of their baseline body weight after ≥48 weeks on olanzapine[3]
- Incidence of clinically relevant weight gain over 3 years in patients with a first psychotic episode[4]
  - 23% for ziprasidone
  - 32% for quetiapine
  - 45% for aripiprazole

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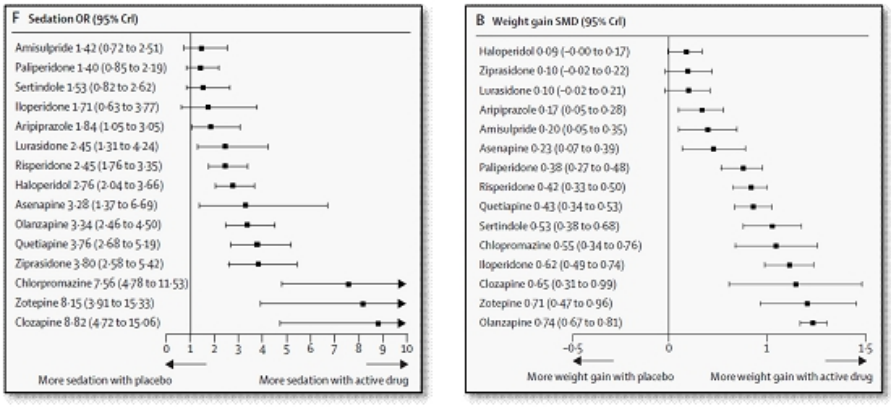
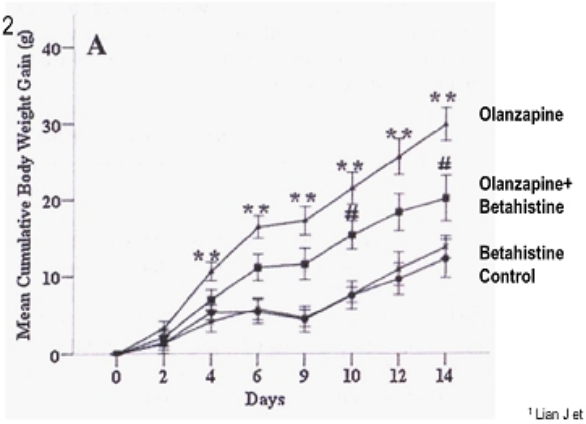


[1] Manu P et al. (2015).Weight gain and obesity in schizophrenia: epidemiology, pathobiology, and Management. Acta Psychiatr Scand: 1-12.
[2] Leucht S et al. (2013). Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: a multiple-treatments meta-analysis. Lancet 382(9896):951-62.
[3] Citrome L et al. VP (2011). Weight gain and changes in metabolic variables following olanzapine treatment in schizophrenia and bipolar disorder. Clin Drug Investig 31:455-82.
[4] Perez-Iglesias R et al. (2014). Comparison of metabolic effects of aripiprazole, quetiapine and ziprasidone after 12 weeks of treatment in first treated episode of psychosis. Schizophr Res 159:90–94.

Preclinical and Clinical Evidence of Efficacy

Animal Data

- Betahistine attenuates olanzapine induced weight gain by counteracting increased expression of H_1 receptor, pAMPK, orexigenic neuropeptide Y and decreased expression of anorexigenic neuropeptide pro-opiomelanocortin[1]
- No interference with olanzapine's activity



Clinical Data with Oral Betahistine

- RCT with approved dose (**48 mg/day**) for 16 weeks in schizophrenia patients[3]
  - No interference with olanzapine's antipsychotic effect
  - Trend for reduction in weight gain
- RCT PK/PD study with **144 mg/day** for three weeks in healthy volunteers[4]
  - Significant reduction in weight gain and somnolence
- RCT with betahistine **144 mg/day** + reboxetine 8 mg for 6 weeks in schizophrenia patients[5]
  - Significant reduction in weight gain and BMI increase

[1] Lian J et al. (2014). Preventing olanzapine-induced weight gain using betahistine: a study in a rat model with chronic olanzapine treatment. PLoS One 9(8):e104160.
[2] Deng C et al. (2012). Reducing olanzapine-induced weight gain side effect by using betahistine: a study in the rat model. J Psychopharmacol. 26(9):1271-9.
[3] Barak N et al. (2016). Betahistine decreases olanzapine-induced weight gain and somnolence in humans. J Clin Psychopharmacol 30(3): 237-41.
[4] Barak N et al. (2016). A randomized, double-blind, placebo-controlled pilot study of betahistine to counteract olanzapine-associated weight gain. J Clin Psychopharmacol. 36(3):253-6.
[5] Poyurovsky M et al. (2013). Reducing antipsychotic-induced weight gain in schizophrenia: a double-blind placebo-controlled study of reboxetine-betahistine combination. Psychopharmacol (Berl). 226(3):615-22.

AM-201 Intranasal Betahistine for Mental Health Supportive Care

Target Indication: prevention of olanzapine-induced weight gain

- Secondary: drowsiness, metabolic side effects
- Same product as AM-125, potential difference in dose – important development synergies

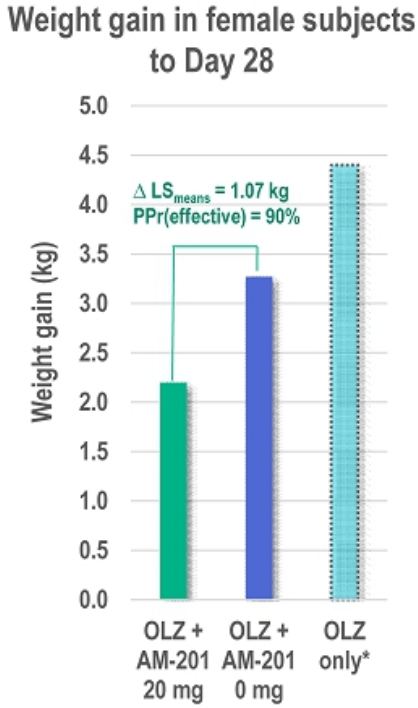
Objective: get olanzapine's superior efficacy without its major side effects

Clinical Milestones

- **Phase 1b study** in healthy volunteers in Europe initiated Q1 2019
  - Concomitant treatment with olanzapine for 4 weeks
  - Intranasal betahistine or placebo t.i.d. (1→ 2.5 → 5 →10 → 20 mg)
  - Primary efficacy: reduction in weight gain
  - Secondary efficacy: reduction in somnolence
- **Phase 2 trial** in patients with schizophrenia or bipolar 1 disorder
  - 3-month treatment period (OLZ + intranasal betahistine / placebo), 1 month observation
  - Start after IND in 2020

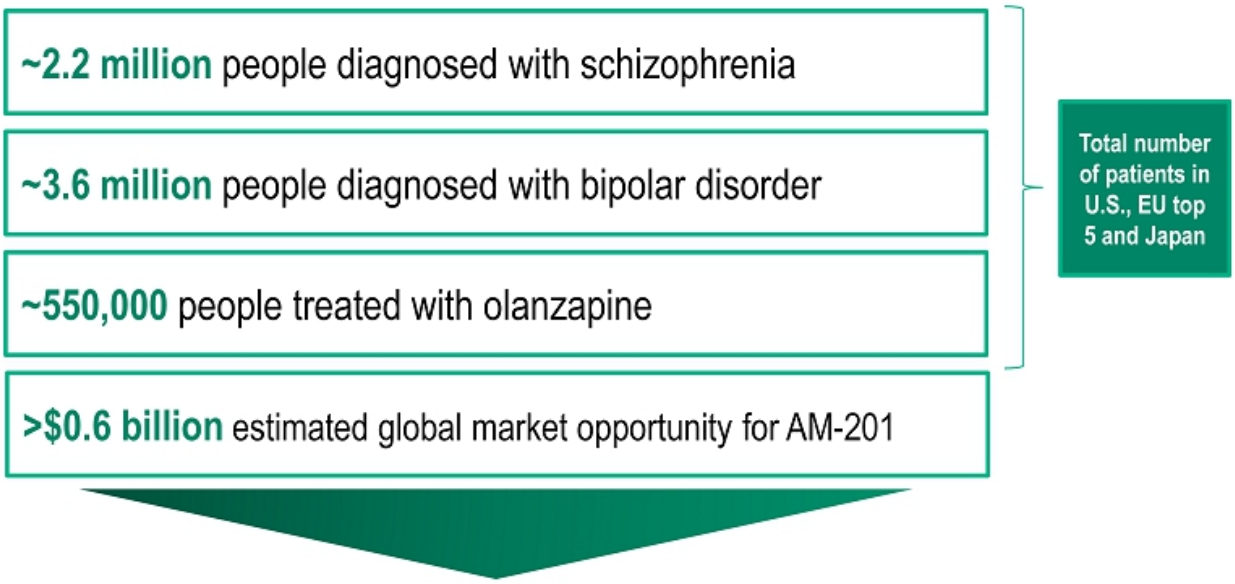
AM-201 Phase 1b Interim Data

- Interim analysis with 50 healthy volunteers
  - ➢ 10 subjects per dose (5M + 5F): 8 on active, 2 on placebo
- Treatment well tolerated
  - ➢ Suited for longer term use
- First efficacy signals – reduction in weight gain and daytime sleepiness
  - ➢ More pronounced changes in female subjects than male participants
- Study proceeding now to 30 mg / 30 subjects
  - ➢ Pooled placebo will be 10M + 10F
  - ➢ Read-out expected for late Q1 2020



* Extrapolated from Hoffmann VP et al., Schizophr Res. 2009;115(2-3):370-1 (n=12).

Attractive Market Opportunity in Mental Disorder Supportive Care



Plan to launch AM-201 first in U.S., then in Europe

AM-201 Advisory Board

Christoph U. Correll, MD

- Professor of Psychiatry and Molecular Medicine at The Donald and Barbara Zucker School of Medicine at Hofstra/Northwell in NY
- Professor of Child and Adolescent Psychiatry, Charité Universitätsmedizin, Berlin, Germany

John Kane, MD

- Senior Vice President for Behavioral Health Services at Northwell Health in New Hyde Park, NY
- Professor and Chairman of Psychiatry at The Donald and Barbara Zucker School of Medicine at Hofstra/Northwell in NY
- Chairman of Psychiatry at The Zucker Hillside Hospital in Glen Oaks NY

Nir Barak, MD

- Board certified in Internal Medicine and Clinical Nutrition
- Founder and former CSO of Obecure Ltd.

John W. Newcomer, MD

- Professor of Integrated Medical Science at Charles E. Schmidt College of Medicine, Florida Atlantic University
- Adjunct Professor of Psychiatry at Washington University School of Medicine in St. Louis

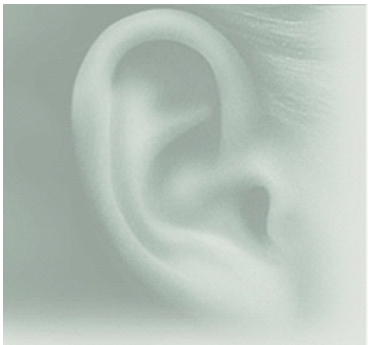
Other Betahistine Opportunities

Indication	Background
Prader-Willi Syndrome (PWS)	Acquired U.S. Orphan Drug Designation for treatment of obesity associated with PWS. Rare genetic disorder characterized by progressive obesity, behavioral issues, delayed cognition and sleep disturbances. Emerging research suggests positive effects of H_3 receptor inhibition on cognitive disability and excessive daytime sleepiness; betahistine acts not only on H_3 but, uniquely, also as H_1 agonist, which plays crucial role in regulation of food intake.
ADHD	In a study with 16 adult patients, treatment with oral betahistine up to 200 mg resulted in better improvement in surrogate markers for cognitive outcomes, attentional sensitivity in the Continuous Performance Task and inhibition in the Go/No-Go task, compared to placebo ($p=0.02$ and 0.004).[1]
Atypical depression	Subtype of major depression, characterized by mood reactivity, fatigue, excessive somnolence, increased appetite or weight gain and cognitive deficits.
Retrieval of forgotten memories	In a study with 38 healthy adult volunteers treatment with high-dose betahistine overall improved the percentage of correct memories ($p<0.05$), enhanced the retrieval of more difficult items and benefited participants with poor performance under placebo treatment ($p<0.01$).[2]
Cognitive function in dementia	In a study with 53 patients with cerberovascular disease receiving betahistine 24 mg daily or placebo for 8 weeks, active treatment resulted in significantly better associative learning, digit retention, general knowledge, orientation, sentence learning and simple arithmetic at week 8.[3]

[1] *Moorthy et al. (2015), Safety, tolerability and pharmacokinetics of 2-pyridylacetic acid, a major metabolite of betahistine, in a phase 1 dose escalation study in subjects with ADHD. Biopharm. Drug Dispos. 36:429-39.*

[2] *Nomura H et al. (2019), Central histamine boosts perirhinal cortex activity and restores forgotten object memories. Biol Psychiatry. In press.*

3 Pathy J et al. (1977), Betahistine dihydrochloride (Serc) in cerebrovascular disease: a placebo-controlled study, Age Ageing 6:179-84.



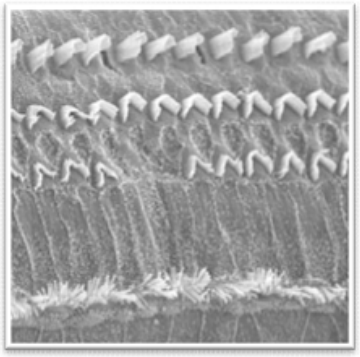
Hearing Loss and Tinnitus Programs

Auris Medical
Cochlear therapies

Sonsuvi® (AM-111) for Acute Inner Ear Hearing Loss

AM-111 prevents or attenuates hearing loss by protecting hair cell functionality

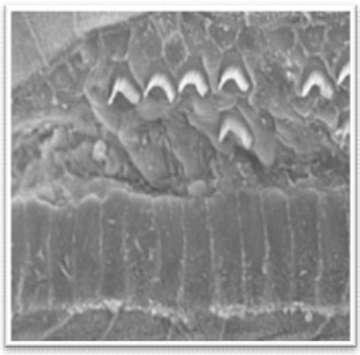
- Potent cell-penetrating JNK inhibitor peptide protecting against apoptosis and inflammation
- C-jun N-terminal Kinase (JNK) involved in various cochlear insults
- Stress conditions and pro-inflammatory cytokines activate JNK
- Otoprotection demonstrated in various acute cochlear injury models, e.g. noise trauma, ischemia, infection, inflammation, surgery trauma
- Single dose intratympanic administration
- Orphan Drug designation (FDA and EMA)
- Granted Fast Track designation (FDA)



Treated with AM-111 four hours post trauma

OUTER HAIR CELLS

INNER HAIR CELLS



Treated with placebo four hours post trauma

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Ph 3 Results Demonstrate Potential of Sonsuvi® in Subpopulation with Profound Acute Hearing Loss

HEALOS Phase 3 trial assessing AM-111 in acute inner ear hearing loss did not meet primary efficacy endpoint in overall population (Nov. 2017)

Clinically meaningful and nominally significant hearing recovery in profound hearing loss at baseline → severity-dependent JNK activation

EMA endorsed proposed design for single pivotal study with AM-111 and FDA agreed with endpoints, sample size and statistics

Program to be developed through partnering (Process ongoing)

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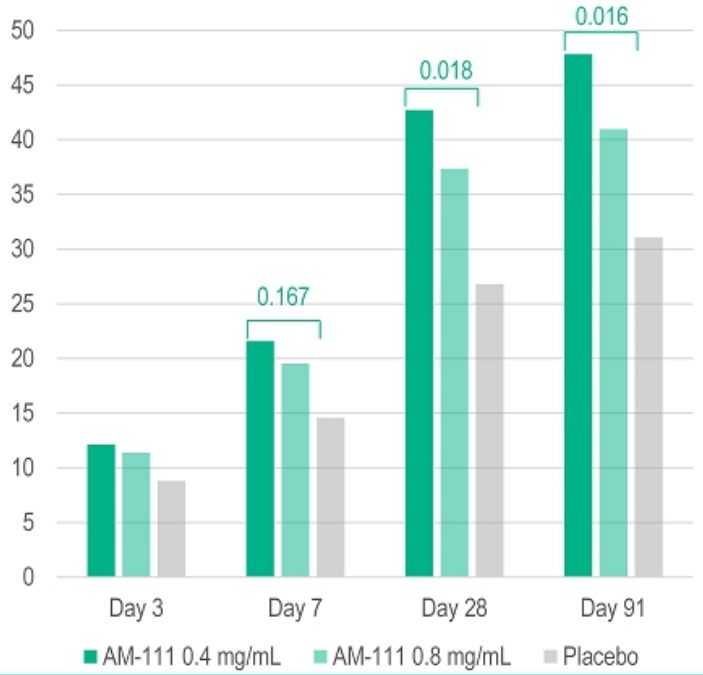
Cochlear therapies

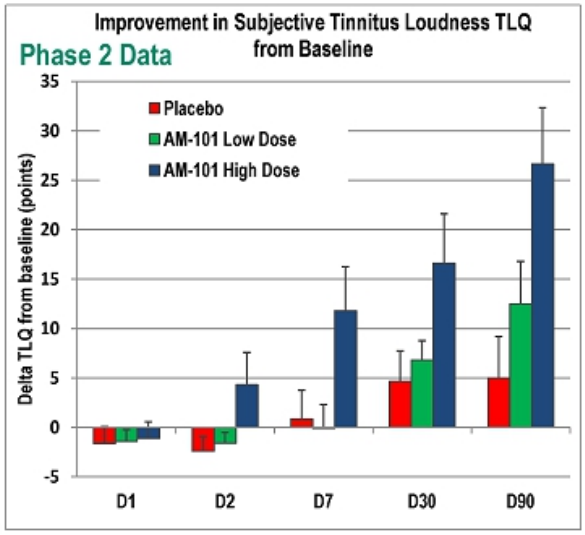
Profound Acute Hearing Loss (≥ 90 dB) at Baseline



Improvement of hearing threshold at the average of the three worst affected contiguous test frequencies from baseline; post-hoc repeated measures ANCOVA (mITT; n=98).

Keyzilen® (AM-101) for Acute Inner Ear Tinnitus

- Keyzilen® contains Esketamine hydrochloride, a potent N-Methyl-D-Aspartate (NMDA) receptor antagonist, formulated in a biodegradable gel
  - Targets aberrant excitation of the auditory nerve which is at the origin of certain types of tinnitus
  - Does not interfere with normal hearing
- Administered three times over 3-5 days by intratympanic administration
- Demonstrated tinnitus reduction in several animal models and two Phase 2 trials
- Granted fast track designation by FDA



Mean absolute improvement of subjective tinnitus loudness in patients with unilateral tinnitus following acute acoustic trauma or otitis media (n = 84). TLQ was rated on a scale from 0 (no tinnitus heard) to 100 (extremely loud).

Van de Heyning et al., 2014.

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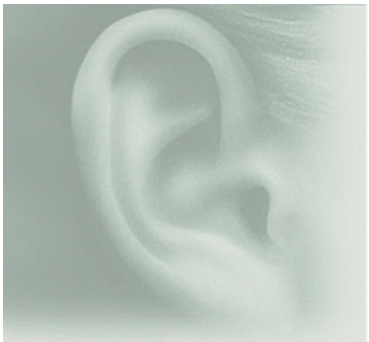
Advancing Keyzilen® through Strategic Partnerships

- Phase 3 trials TACTT2 and TACTT3 trials did not meet primary efficacy endpoints
- Issues with study design…
  - Switch from visit-based to daily ratings of tinnitus loudness as part of Special Protocol Assessment with FDA
  - Increased patient focus on tinnitus and rating fatigue over
- … and with patient selection
  - Intense discussion and attention on social media
  - Lack of objective tools for complete eligibility verification
- Next Steps:
  - Validate design of Phase 2/3 trial with FDA and EMA, incorporating learnings from TACTT and AMPACT trials and including novel objective diagnostic and measures
  - Partnering or other types of external funding

"I know the TACTT3 trials have failed, but hope to get my hands on AM-101, so my doctor can inject it." – Anonymous Patient

"I had great success with your drug. It reduced the loudness of my tinnitus about 50%. Your wonderful drug gave me my life back. I barely notice the tinnitus anymore, and when I do (late at night, when it's really quiet), it's no big deal."
– Anonymous Patient



IP, Financials and Outlook

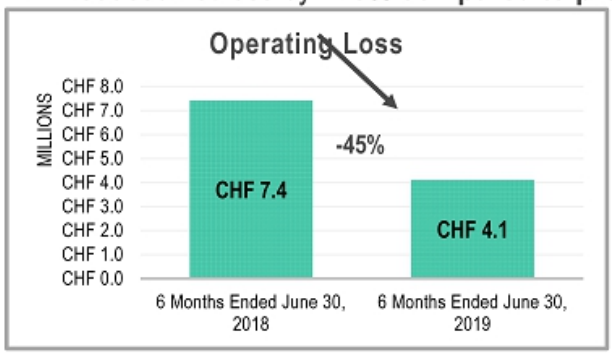
Auris Medical
Cochlear therapies

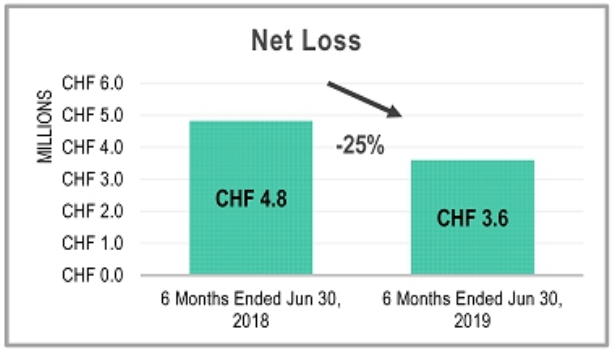
Intellectual Property

AM-125 / AM-201	• Composition of matter and methods of use for formulations of betahistine dihydrochloride for intranasal delivery (to 2038) • Up to 10 years of data protection in Europe • Acquired two US patents relevant to antipsychotic induced weight gain (to 2024) • Acquired rights to two US patents covering use in ADHD and depression (to 2025/27)
AM-111	• Substance matter patents (to 2027+) • Use patent (to 2023) • Orphan drug designation
AM-101	• Use patents (to 2025/2027) • Formulation patent (to 2025)

First Half 2019 Financials

- Improved Balance Sheet
- Made final payment to Hercules under the loan facility, **12 months ahead of schedule**
- Reduced net loss by **~25% compared to previous year**





Key figures in the Statement of Financial Position	2019 (Ended June 30) (CHF 1,000)	2018 (Ended Dec. 31) (CHF 1,000)
Cash Balance	5,792	5,393
Shareholders' Equity	8,952	3,650
Loan Facility	-	1,435

Other key figures	2019 (Ended June. 30) (CHF 1,000)	2018 (Ended June 30) (CHF 1,000)
Net Income (Loss)	(3,604)	(4,825)
Net Loss per Share	(1.66)	(16.36)
Shares Outstanding	3,267,228	305,870

Upcoming Value-Creating Milestones

Q1 2020	Interim data AM-125 Phase 2 trial (Part A)
Q1 2020	Data from Cohort 6 in AM-201 Phase 1b trial
Q2 2020	Start Part B of AM-125 Phase 2 trial
Q2 2020	IND

Key Takeaways

- Large U.S. and global market opportunity
- No FDA approved products, great unmet medical need
- Low risk reformulation project with intranasal betahistine
- Existing market in vertigo
- Leveraging data for other indications
- Partnering potential with late-stage pipeline
- Several value creating milestones in 2019 / 2020