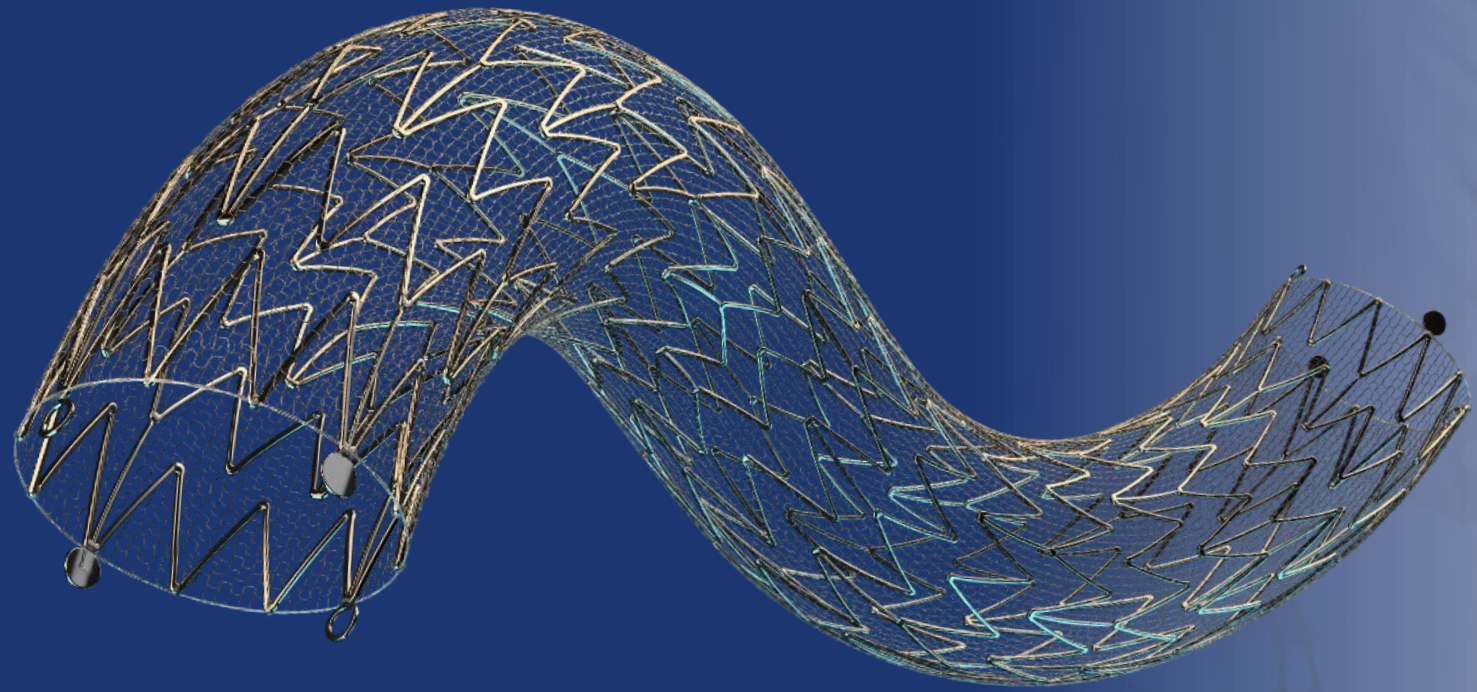


Poised to Revolutionize the Carotid Intervention Market

INSPIRE MD

October 2026

Disclaimers

Forward-looking statements

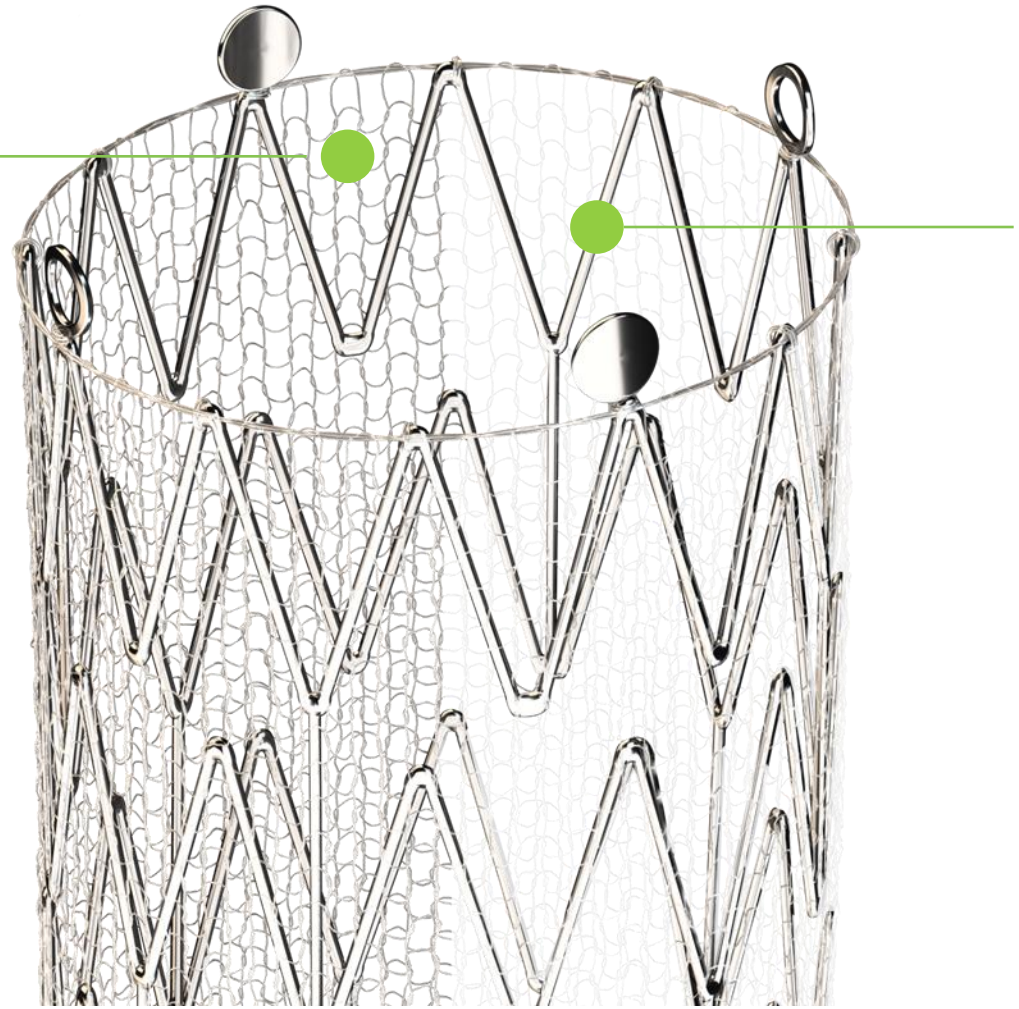
This presentation contains “forward-looking statements.” Forward-looking statements include, but are not limited to, statements regarding InspireMD or its management team’s expectations, hopes, beliefs, intentions or strategies regarding future events, future financial performance, strategies, expectations, competitive environment and regulation. Such statements may be preceded by the words “intends,” “may,” “will,” “plans,” “expects,” “anticipates,” “projects,” “predicts,” “estimates,” “aims,” “believes,” “hopes,” “potential”, “scheduled” or similar words. Forward-looking statements are not guarantees of future performance, are based on certain assumptions and are subject to various known and unknown risks and uncertainties, many of which are beyond the Company’s control, and cannot be predicted or quantified and consequently, actual results may differ materially from those expressed or implied by such forward-looking statements. Such risks and uncertainties include, without limitation, risks and uncertainties associated with the Company’s history of recurring losses and negative cash flows from operating activities, significant future commitments and the uncertainty regarding the adequacy of its liquidity to pursue its complete business objectives, and substantial doubt regarding its ability to continue as a going concern; the Company’s need to raise additional capital to meet its business requirements in the future and such capital raising may be costly or difficult to obtain and could dilute out stockholders’ ownership interests; the clinical development, commercialization and market acceptance of the Company’s products; whether the clinical trial results for the Company’s products will be predictive of real-world results; an inability to secure and maintain regulatory approvals for the sale of the Company’s products; negative clinical trial results or lengthy product delays in key markets; the Company’s ability to maintain compliance with the Nasdaq listing standards; the Company’s ability to generate significant revenues from its products; estimates of the Company’s expenses, future revenues, capital requirements and its needs for and ability to access sufficient additional financing, including any unexpected costs or delays in the ongoing commercial launch of its products; the Company’s dependence on a single manufacturing facility and its ability to comply with stringent manufacturing quality standards and to increase production as necessary; the risk that the data collected from the Company’s current and planned clinical trials may not be sufficient to demonstrate that its technology is an attractive alternative to other procedures and products; intense competition in the Company’s industry, with competitors having substantially greater financial, technological, research and development, regulatory and clinical, manufacturing, marketing and sales, distribution and personnel resources than it does; entry of new competitors and products and potential technological obsolescence of the Company’s products; inability to carry out research, development and commercialization plans; loss of a key customer or supplier; technical problems with the Company’s research and products and potential product liability claims; product malfunctions; price increases for supplies and components; whether access to the Company’s products is achieved in a commercially viable manner and whether its products receive adequate reimbursement by governmental and other third-party payers; the Company’s efforts to successfully obtain and maintain intellectual property protection covering its products, which may not be successful; adverse federal, state and local government regulation, in the United States, Europe or Israel and other foreign jurisdictions; the fact that the Company conducts business in multiple foreign jurisdictions, exposing it to foreign currency exchange rate fluctuations, logistical and communications challenges, burdens and costs of compliance with foreign laws and political and economic instability in each jurisdiction; security, political and economic instability in the Middle East that could harm the Company’s business, including due to the current security situation in Israel; current or future unfavorable economic and market conditions and adverse developments with respect to financial institutions and associated liquidity risk; and changes in tariffs, trade barriers, price and exchange controls and other regulatory requirements and the impact of such policies on the Company, its customers and suppliers, and the global economic environment. More detailed information about the Company and the risk factors that may affect the realization of forward-looking statements is set forth in the Company’s filings with the Securities and Exchange Commission (SEC), including the Company’s Annual Report on Form 10-K and its Quarterly Reports on Form 10-Q. Investors and security holders are urged to read these documents free of charge on the SEC’s web site at http://www.sec.gov. The Company assumes no obligation to publicly update or revise its forward-looking statements as a result of new information, future events or otherwise.

This presentation shall not constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of these securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or other jurisdiction.

Developer of CGuard® Prime Carotid Stent Platform

Dedicated to advancing the prevention of stroke and treatment of carotid artery disease

MicroNet™ Mesh-Covered Protection



SmartFit™ Technology

Size Matrix

Reference Vessel Diameter (mm)	Length (mm)		
	Diameter (mm)	30	40
6.4 – 7.3	8.0	0830	0840
7.2 – 8.1	9.0	0930	0940
8.0 – 9.0	10.0	1030	1040

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Portfolio Approaches

CAS (Transfemoral/Transradial) FDA Approved (Voluntary Recall)



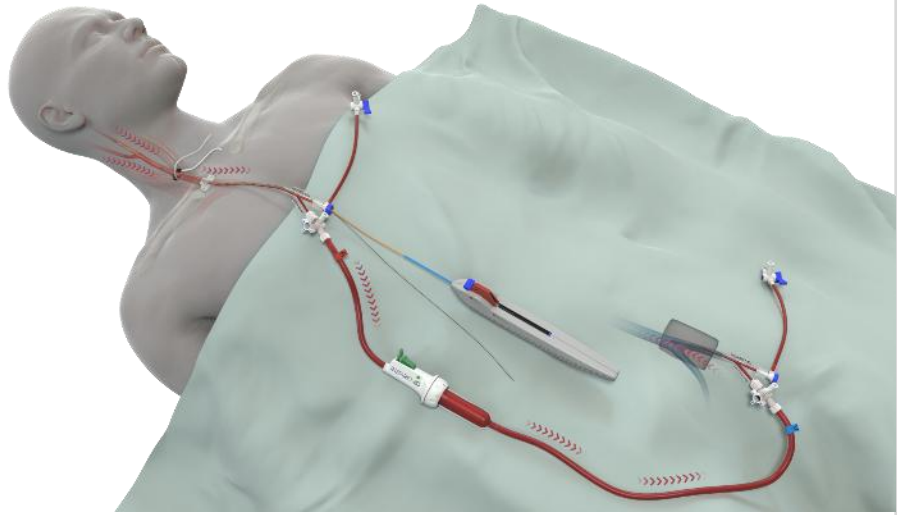
CGUARD® PRIME
Carotid Stent System

TCAR (TransCarotid) Pending FDA Approval



CGUARD® PRIME
TransCarotid Stent System

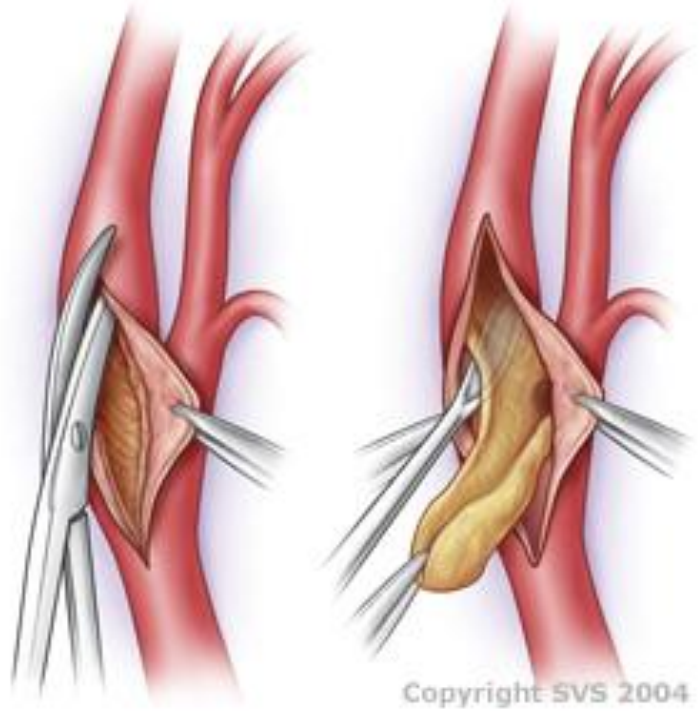
TCAR Procedure (Neuro Protection System) Enrolling in 510K Trial



SWITCH GUARD NPS
Transcarotid Neuroprotection System

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A Picture is Worth a Thousand Words…

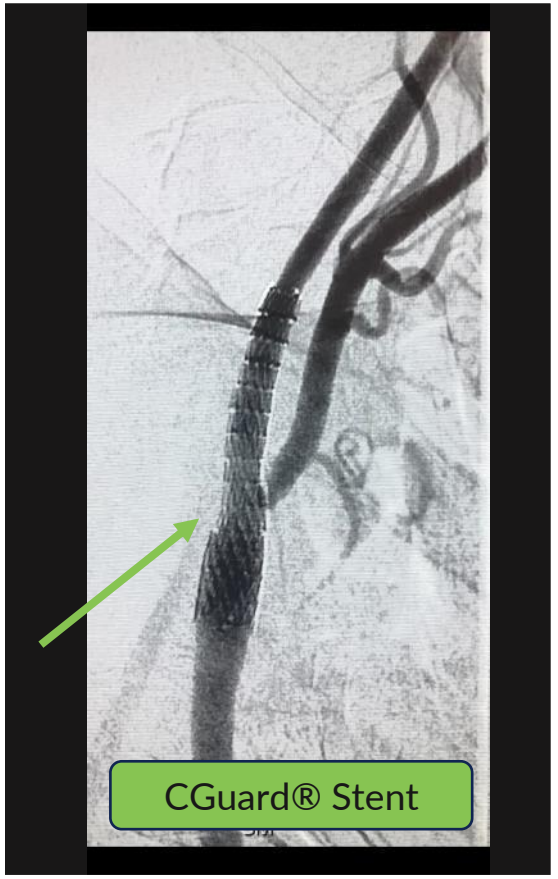


Surgical Endarterectomy

VS



90% occlusion



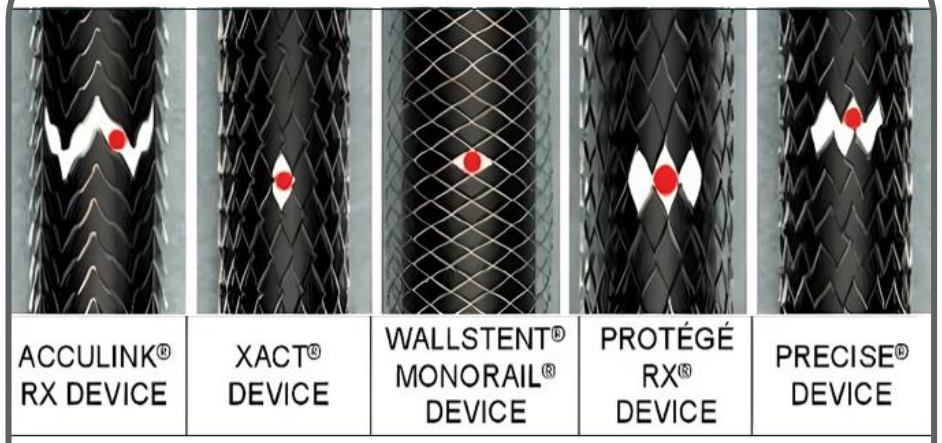
CGuard® Stent

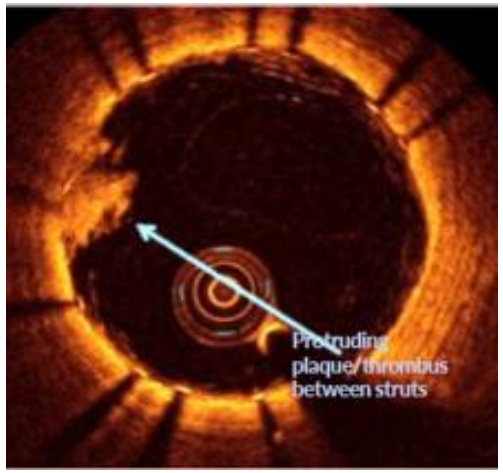
Stenting

Stent Design Comparison

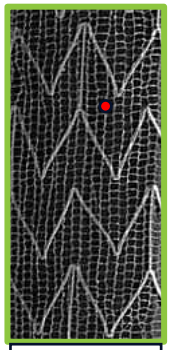
Conventional carotid stents vs CGuard® Prime dual layer design

Conventional Carotid Stent



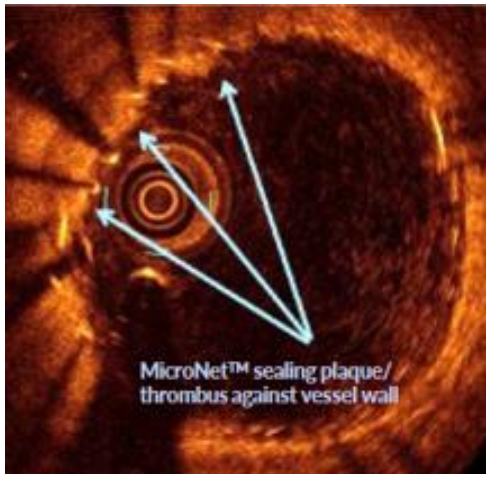


CGuard Prime Dual Layer Design



CGuard

- CGuard Prime is designed to prevent embolization by securing carotid plaque behind its MicroNet™ mesh, preventing prolapse through the stent struts while maintaining blood flow to the external carotid artery.
- CGuard Prime has the smallest pore size of any approved carotid stent (150–180 µm)*

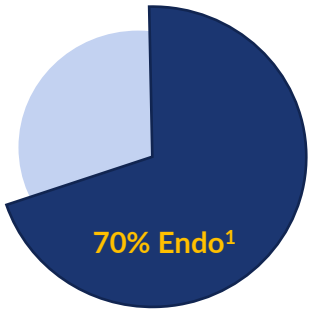


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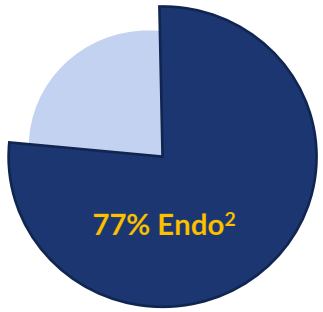
Carotid Stenting Revolution Has Arrived

MicroNet™ covered CGuard® stent platform could become the new gold standard

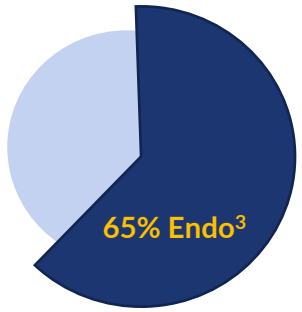
CEREBRAL ANEURYSMS



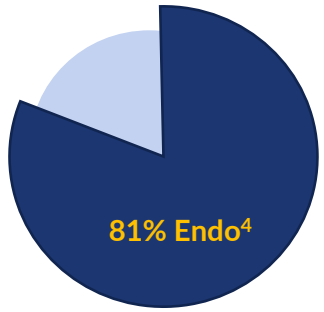
CORONARY ARTERY DISEASE



THORACIC/ABDOMINAL AORTIC ANEURYSMS

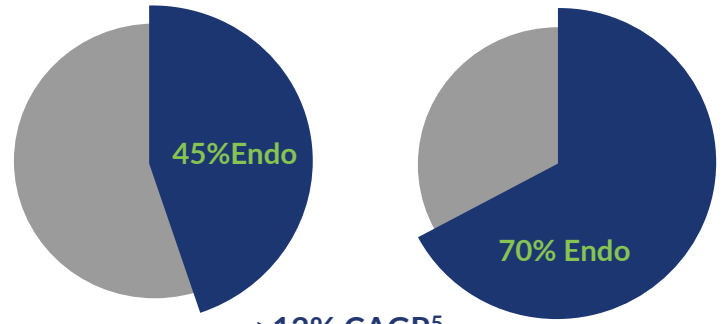


PERIPHERAL ARTERIAL DISEASE



Already have been converted to endovascular-first procedures

CAROTID ARTERY DISEASE



>12% CAGR[5]

2025 2030

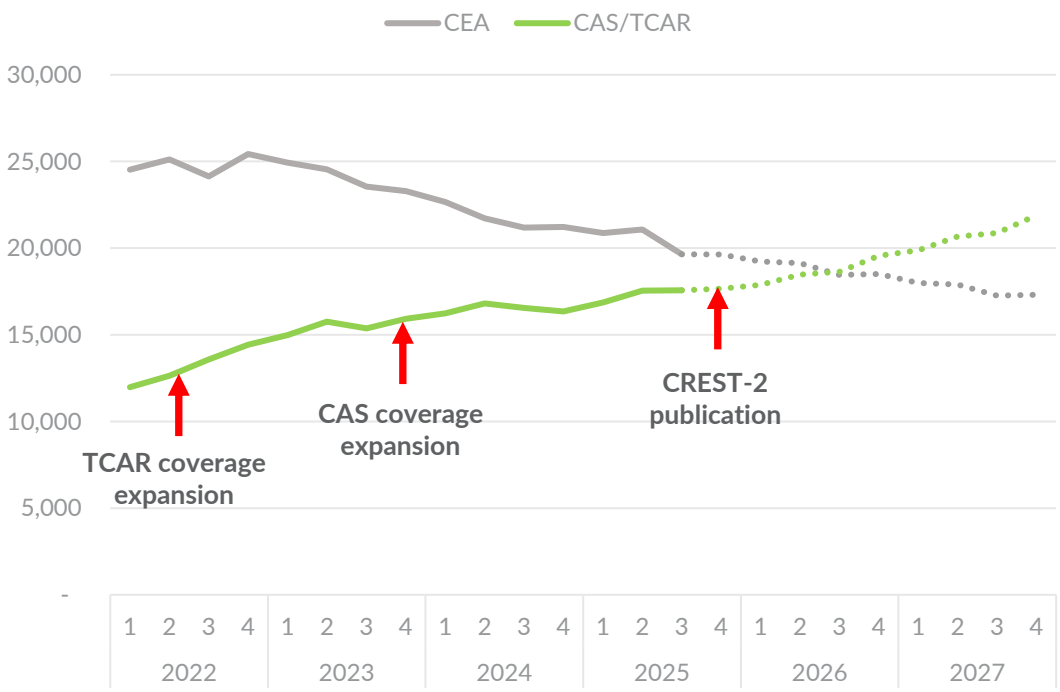
Converting to endo

[1] Bekelis K, Gottlieb DJ, Su Y, et al. Comparison of clipping and coiling in elderly patients with unruptured cerebral aneurysms. J Neurosurg. 2017;126(3):811–818
[2] Culler SD, Kugelmass AD, Brown PP, , et al. Trends in Coronary Revascularization Procedures Among Medicare Beneficiaries Between 2008 and 2012. Circulation. 2015;131(4):362-70
[3] Beck AW, Sedrakyan A, Mao J, et al. Variations in Abdominal Aortic Aneurysm Care: A Report From the International Consortium of Vascular Registries. Circulation. 2016;134(24):1948-1958
[4] Guez, D., Hansberry, D. R., Gonsalves, C. F., Eschelman, D. J., Parker, L., Rao, V. M., & Levin, D. C. Recent Trends in Endovascular and Surgical Treatment of Peripheral Arterial Disease in the Medicare Population. AJR Am J Roentgenol. 2020 May;214(5):962-966.
[5]. Based on claims data, AcuityMD

INSPIREMD

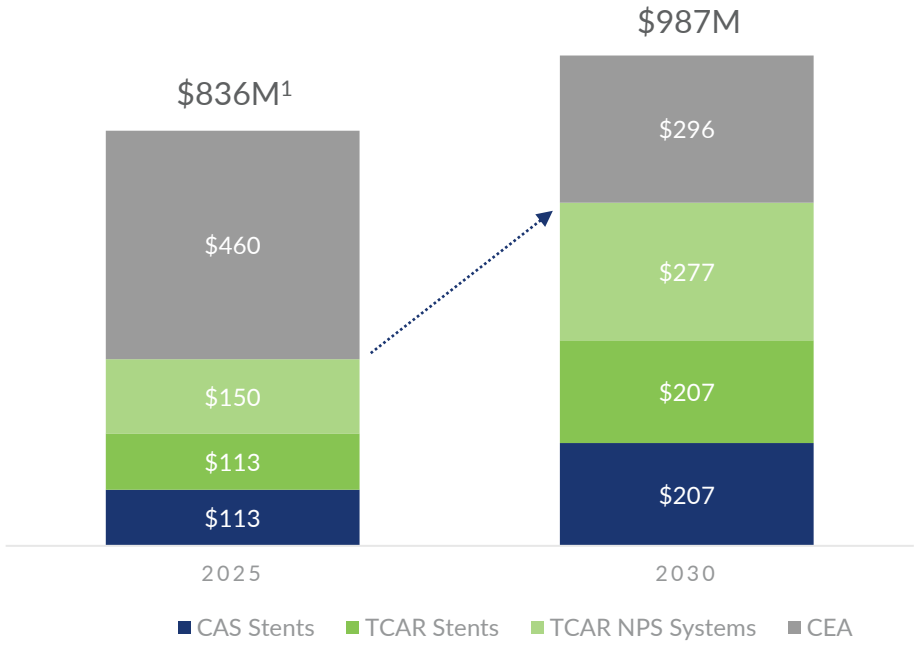
~$1B U.S. Market Potential

CAS/TCAR continues to gain over CEA



- DRG/CPT data by Facility and HCP
- ~151K annual carotid intervention claims
  - Accounts for ~90% of procedures (does not include Kaiser, Gov't/DoD)
  - **12% stent (CAS + TCAR) CAGR over prior three years, modeled to increase to 13% post CREST-2**

US Market Size



- Stenting Procedure Mix: 50% CAS / 50% TCAR

1. Based on claims data, AcuityMD

Carotid Stenting Procedure Volume is Underpenetrated

Only ~10-15% of diagnosed patients treated annually



Expanding Treatment Population

- CMS coverage expansion broadens eligible treatment population

Growth of Carotid Stenting

- CREST-2 validates revascularization benefits
- Access to next generation solutions – CGuard Prime

INSPIREMD

1. de Weerd M. et al. Prevalence of asymptomatic carotid artery stenosis in the general population. Stroke. 2010;41:1294-1297.
2. Rockman CB. et al. Carotid artery disease: epidemiology and screening. Journal of Vascular Surgery. 2010.
3. Naylor AR. Management of asymptomatic carotid stenosis. Lancet Neurology. 2022;21:355-366.
4. Based on claims data, AcuityMD

Carotid Revascularization at an Inflection Point

Momentum. Expansion. Acceleration.

2026

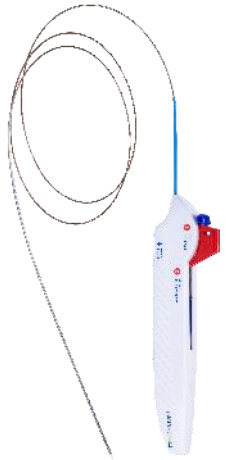
Q2 2026 – CGUARDIANS III Trial
Enrollment Initiated

H2 2026 – CGuard® Prime 80 for TCAR
Doubles addressable U.S. market
CAS + TCAR stenting

Q4 2026 – Original CGuard® for CAS
Restores CAS U.S. commercial availability

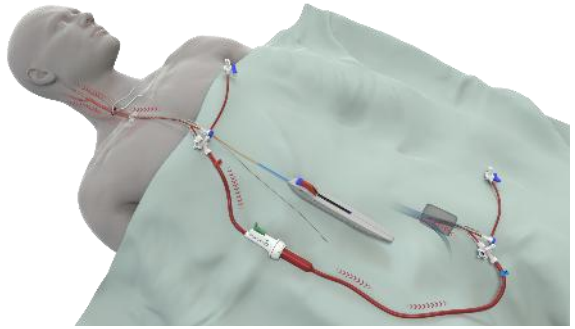
H1 2027

Enhanced CGuard® Prime 135
A delivery system designed to match the performance of the CGuard stent



H2 2027

SwitchGuard NPS for TCAR
Expands value capture across **the full TCAR procedure**



TAILWINDS

CMS Coverage Expanded
Standard Risk and Asymptomatic Reimbursement
Enables stent-first approach to carotid revascularization

Landmark Clinical Evidence
CREST-2 Validates Revascularization Benefit
Reinforces role of carotid stenting in the market

Unmatched Clinical Evidence
Short and Long-Term Results
Ten clinical trials completed with >**2,000** patients presented or published including two pivotal trials reinforced by recent CGUARDIANS II results

Our future opportunity is significantly larger than our market position today

Unmatched Foundational Data and Evidence

The CGUARDIANS Family of Carotid Trials (InspireMD)

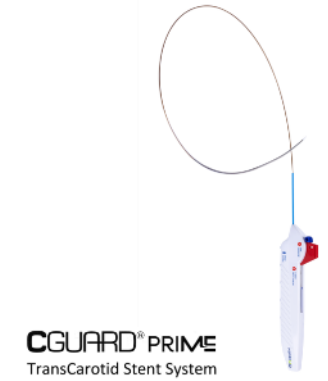
C-GUARDIANS



- CGuard® Prime 135cm w/commercially available EPDs (NAV6 and MOMA)
- 1-year primary endpoint results published (1.93% MAE rate)
- PMA Approved June 2025

Completed

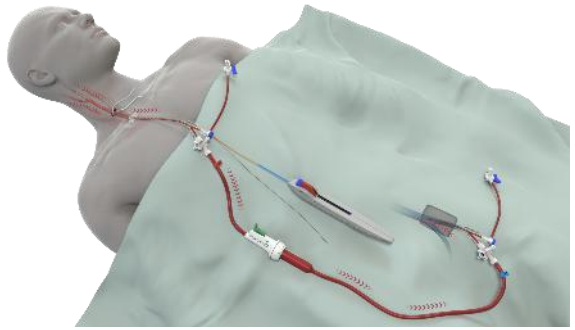
CGUARDIANS II



- CGuard Prime 80cm w/ commercially available NPS (Enroute) for TCAR
- 50 patient target enrollment complete

Completed

CGUARDIANS III



- CGuard Prime 80cm w/ proprietary SwitchGuard™ NPS for TCAR
- IDE Approved, 103 patient target enrollment

Enrollment Began Q2 2026

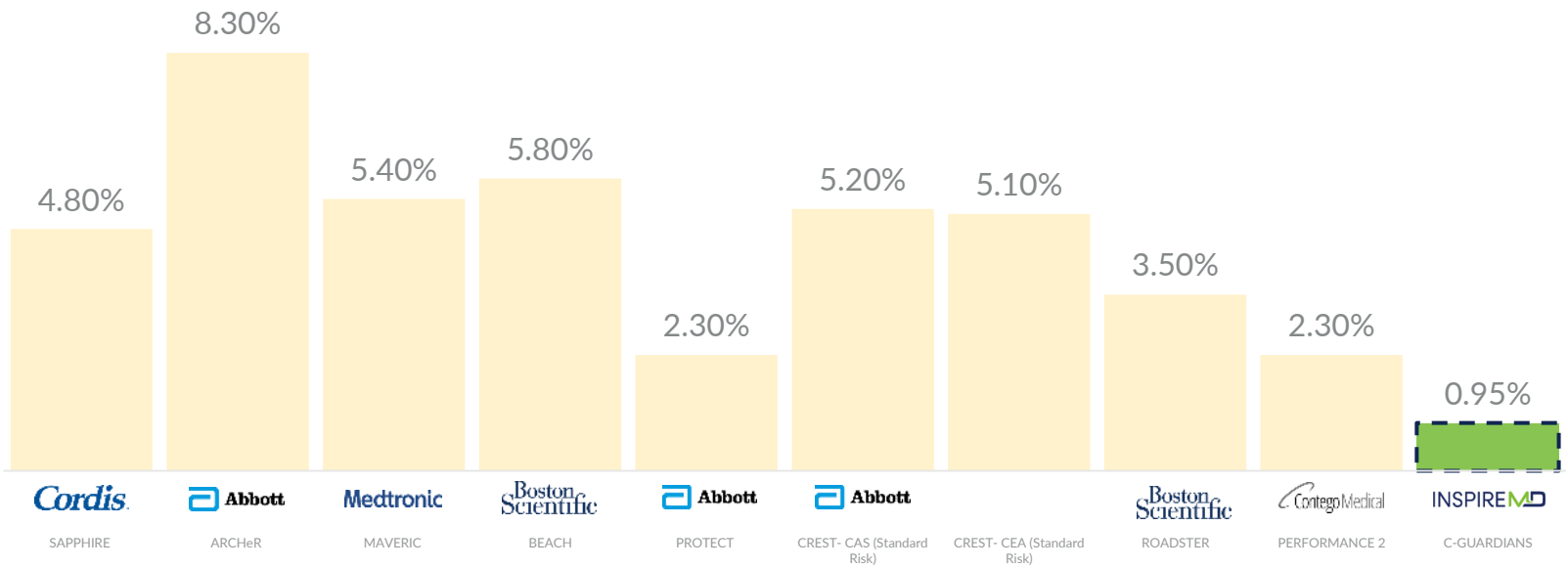
C-GUARDIANS: 30-Day Safety Outcomes

30-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials

CGUARDIANS 30-day outcomes

	Intention to Treat	Per Protocol[1,2]
30-day DSMI	0.95% (3)	0.63% (2)
Death	0.32% (1)	0.0% (0)
Stroke	0.95% (3)	0.63% (2)
MI	0.00% (0)	0.0% (0)

30-day DSMI (multiple FDA trials)



- Demonstrates the lowest 30-day DSMI rates of any FDA approval/clearance trial for carotid intervention (CAS or TCAR)
- Trial includes independent event adjudication
- 0.95% event rate consistent with 1.03% 30-day event rate from >1350 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization

INSPIREMD

1. Kaplan-Meier estimate for all 1-year endpoints
2. Per Protocol Analysis excludes 15 patients with Major Protocol Deviations

Yadav JS, et al, N Engl J Med 2004;351:1493-501. Gray WA, et al, J Vasc Surg. 2006 Aug;44(2):258-68. Higashida RT, et al, Stroke. 2010 Feb;41(2):e102-9. White CJ, et al, CCI 2006 Apr;67(4):503-12. Iyer SS, et al, J Am Coll Cardiol. 2008 Jan 29;51(4):427-34. Matsumura JS, et al, J Vasc Surg. 2012 Apr;55(4):968-976.e5. SSED Premarket Approval Application (PMA) Number: P040012/SO34. Kwolek CJ, et al, J Vasc Surg. 2015 Nov;62(5):1227-34. W. Gray VIVA 2023

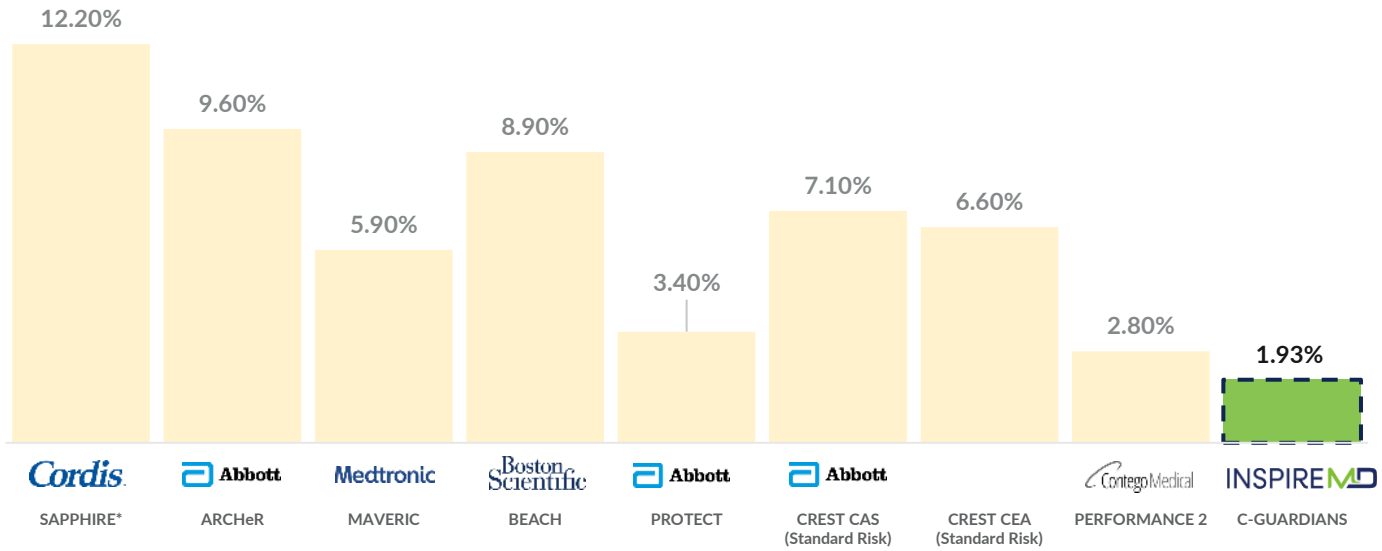
C-GUARDIANS: 1 Year Outcomes

365-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials

CGUARDIANS 365-day

	Intention to Treat	Per Protocol[1,2]
Primary Endpoint: 30-day Death, Stroke, or MI + Ipsilateral Stroke between 31 and 365 days	1.93% (6)	1.70% (5)
Target Lesion Revascularization (TLR) through 365 days.	0.98% (3)	1.01% (3)

365-day (multiple FDA trials)



- Demonstrates the lowest primary endpoint event rates of any FDA approval/clearance trial for CAS
- Trial includes independent event adjudication
- 1.93% event rate consistent with 1.99% 1-year event rate from >1100 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization

INSPIREMD

1. Kaplan-Meier estimate for all 1-year endpoints
2. Per Protocol Analysis excludes 15 patients with Major Protocol Deviations
3. SAPPHIRE one-year primary endpoint also included Death/MI from 31-365 days

Yadav JS, et al, N Engl J Med 2004;351:1493-501. Gray WA, et al, J Vasc Surg. 2006 Aug;44(2):258-68. Higashida RT, et al, Stroke. 2010 Feb;41(2):e102-9. White CJ, et al, CCI 2006 Apr;67(4):503-12. Iyer SS, et al, J Am Coll Cardiol. 2008 Jan 29;51(4):427-34. Matsumura JS, et al, J Vasc Surg. 2012 Apr;55(4):968-976.e5. SSED Premarket Approval Application (PMA) Number: P040012/SO34. Kwolek CJ, et al, J Vasc Surg. 2015 Nov;62(5):1227-34. Langhof, LINC 2024

CGUARDIANS II: Zero Major Adverse Events at 30 Days

Preliminary results from first 36 TCAR patients | presented at Charing Cross Symposium 2026

Study Overview

- Multicenter, single-arm pivotal U.S. trial evaluating CGuard® Prime (80cm) with TCAR using ENROUTE Transcarotid Neuroprotection System
- 50 patients enrolled (target complete)
- High surgical risk population (≥50% symptomatic / ≥80% asymptomatic stenosis)

Principal Investigators & Study Leadership

- Patrick Muck, MD – Co-National Principal Investigator
- Patrick Geraghty, MD – Co-National Principal Investigator
- 11 U.S. investigational sites

Preliminary Data (First 36 Patients)

- 100% Acute Device Success
- 97% Technical Success
- Strong performance across complex lesion types

30-DAY CLINICAL OUTCOMES (SECONDARY ENDPOINTS)

0%	0%	0%	0%	0%
DEATH	STROKE	MYOCARDIAL INFARCTION	STENT THROMBOSIS	DEVICE-RELATED SAE's



Zero major adverse events at 30 days in the first 36 TCAR patients treated with CGuard Prime (80cm) and the ENROUTE Neuroprotection System

INSPIRE MD

OUS Clinical Data Supporting CGuard® Periprocedural Safety

CGuard commercially available in Europe since 2015 (CE Mark)

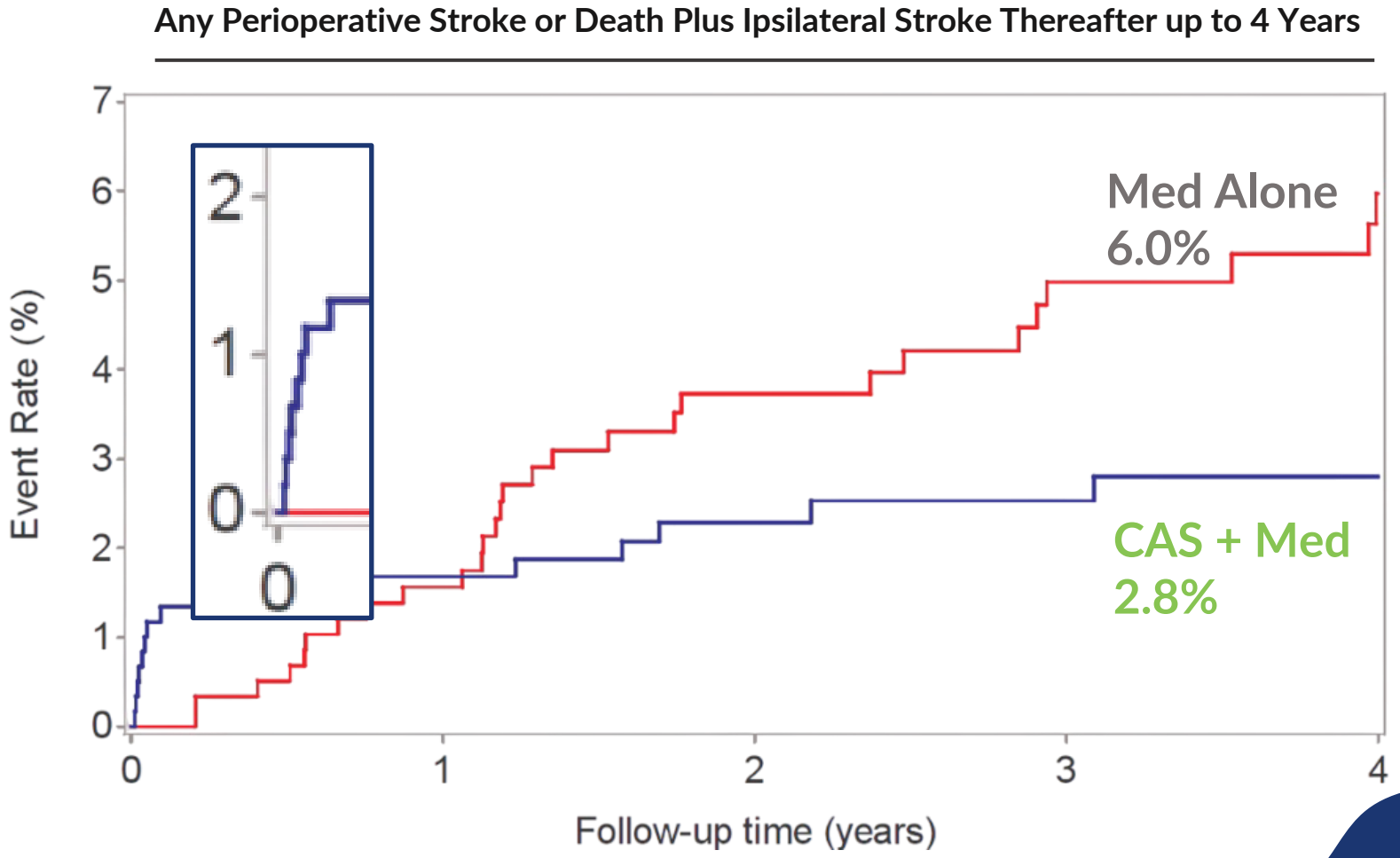
Study	Year	N	DS 30-Day % (n)	DSMI 30-Day % (n)
CARENET	2015	30	0.0%(0)	0.0%(0)
PARADIGM	2016	101	0.0%(0)	0.0%(0)
CASANA	2017	82	1.22%(1)	1.22%(1)
WISSGOTT I	2017	30	0.0%(0)	0.0%(0)
IRONGUARD I	2018	200	2.50%(5)	2.50%(5)
WISSGOTT II	2019	30	0.0%(0)	0.0%(0)
IRONGUARD 2	2020	733	0.5%(4)	1.09%(8)
GREEK Study	2021	103	0.0%(0)	0.0%(0)
SIBERIA	2021	50	0.0%(0)	0.0%(0)
Total		**1,359**	**0.80%(11)**	**1.03%(14)**

1. Schofer, J. et al. JACC Cardiovasc. Interv. 2015; 2) Casana, R. et al. Eur. J. Vasc. Endovasc. 2017; 3) Musialek, P. et al. Interv. Cardiol. 2016
4. Wissgott, C. et al. Int. Soc. Endovasc. Spec. 2017; 5) Speziale, F. et al. EuroIntervention 2018; 6) Wissgott, C. et al. J Endovasc Ther. 2019
7. Sirignano, P et al. Cardiovascular Interventions 2020;8) Tigkiropoulos, K. et al. Journal of EndoTherapy 2021; 9) Karpenko, A. et al JACC Cardiovasc. Interv. 2021

CREST-2 Outcomes Highlight CAS

- Stroke and death (S/D) out to 4-years was 6.0% for medical therapy and 2.8% when CAS was added
  - **Absolute difference of 3.2% favoring CAS was significant**
  - Only 31 people with high-grade asymptomatic carotid stenosis needed to be treated to prevent a primary event at 4 years
  - **Note- No primary events happened on the day of the procedure- what is left behind matters!**

- S/D out to 4-years was 5.3% for medical therapy and 3.7% when CEA was added
  - **Absolute difference of 1.6% favoring CEA was not significant**

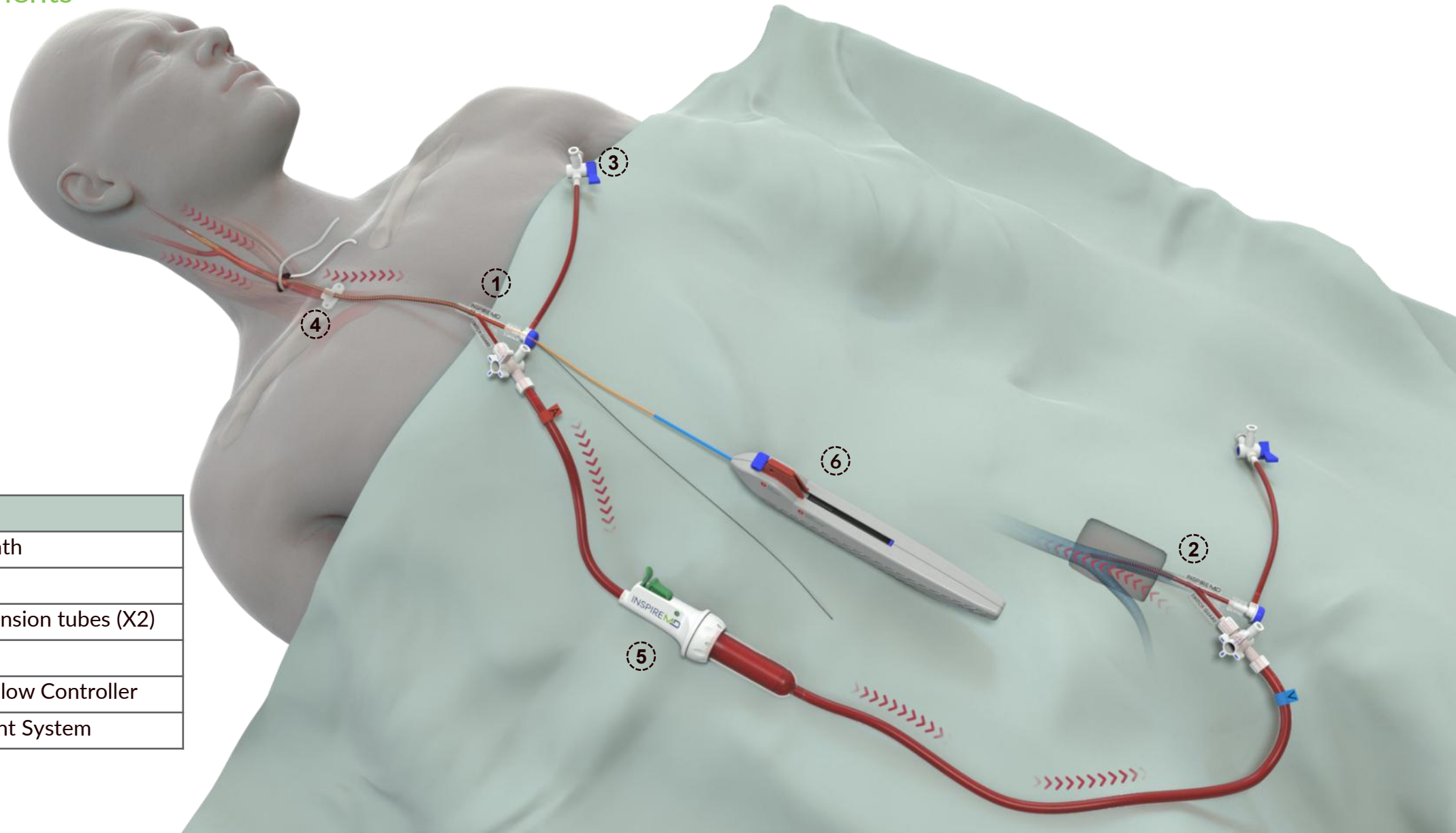


1. Clinical Outcomes of Second- versus First-Generation Carotid Stents: A Systematic Review and Meta-Analysis, J. Clin. Med. 2022, 11

TCAR

SwitchGuard NPS (TransCarotid Neuro Protection System)

System Components



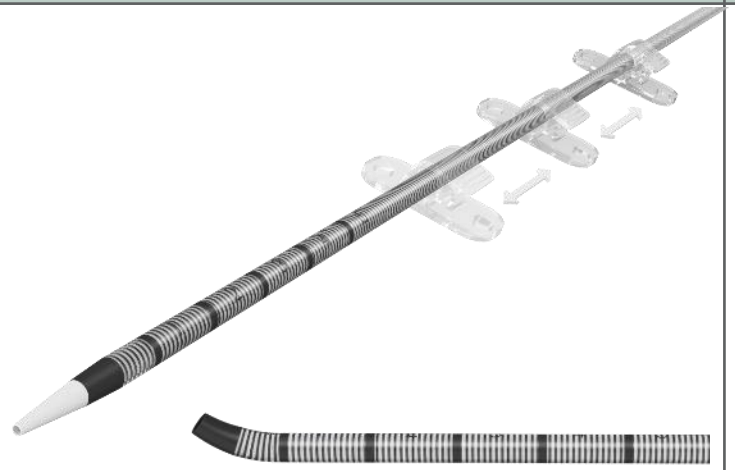
#	Component
1	Transcarotid Arterial sheath
2	Venous Sheath
3	8F Hemostasis valve extension tubes (X2)
4	Fixture clips
5	SwitchGuard Filter with Flow Controller
6	CGuard TransCarotid Stent System

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SwitchGuard NPS (TransCarotid Neuro Protection System)

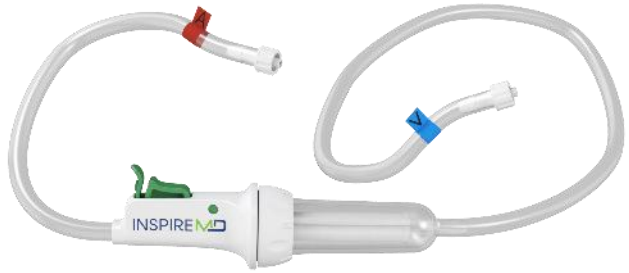
Specification Details

Arterial sheath Pre-shaped tip/ Fixture clips



- Pre-shaped angled tip (17˚): for sheath-safe insertion.
- Radiopaque tip.
- Five (5) radiopaque ring markers.
- Five (5) Numerical centimeter markers.
- Movable suture clips with suture eyelets: Provided for securing and affixing the arterial sheath

SwitchGuard Filter

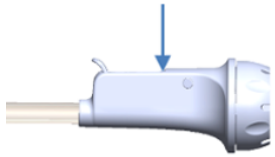




High Flow Rate (100%)
Trigger fully open



Low Flow Rate (60%)
Trigger at intermediate position



Momentary OFF (0%)
Trigger continuously pressed for temporary flow cessation

Venous Sheath

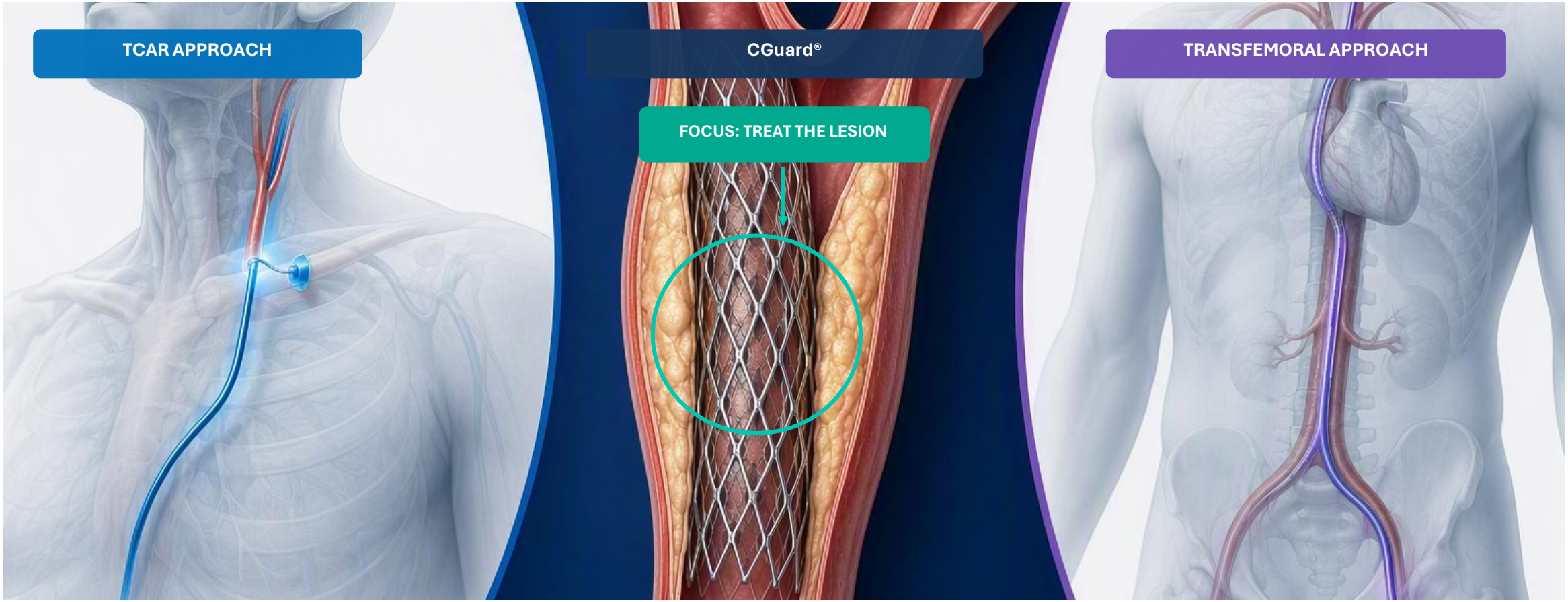


- A radiopaque tip.
- A hemostasis valve located at the proximal end of the sheath to maintain hemostasis after the dilator is removed.
- Movable suture clips with suture eyelets.

Commercial

Treat the Lesion. Choose the Approach.

CGuard stent targeted to be at the center of carotid revascularization

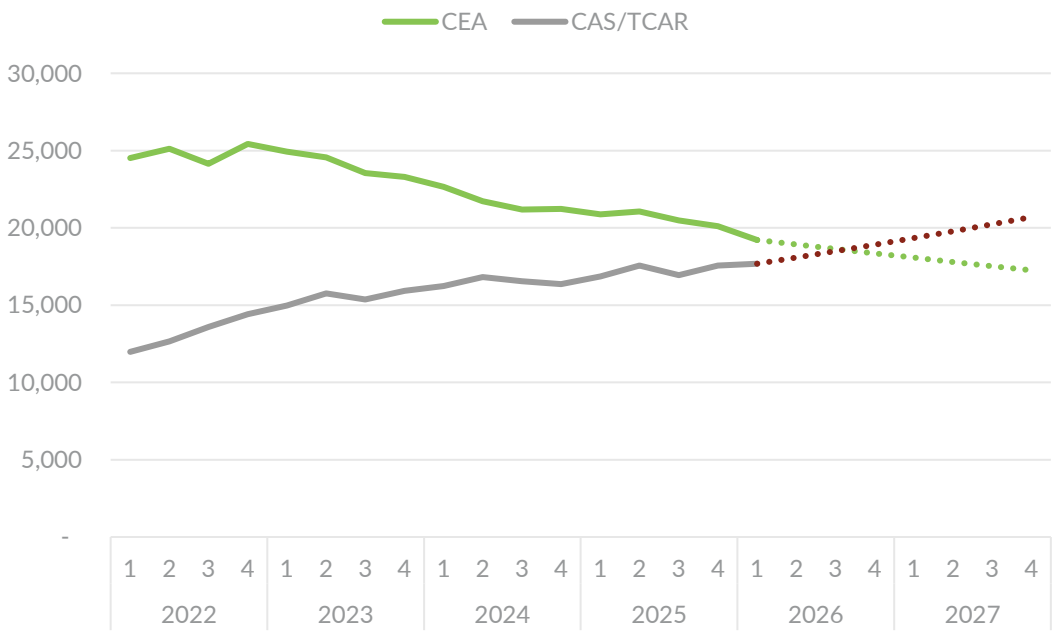


Different access pathways. One treatment objective: provide added layer of protection

INSPIREMD

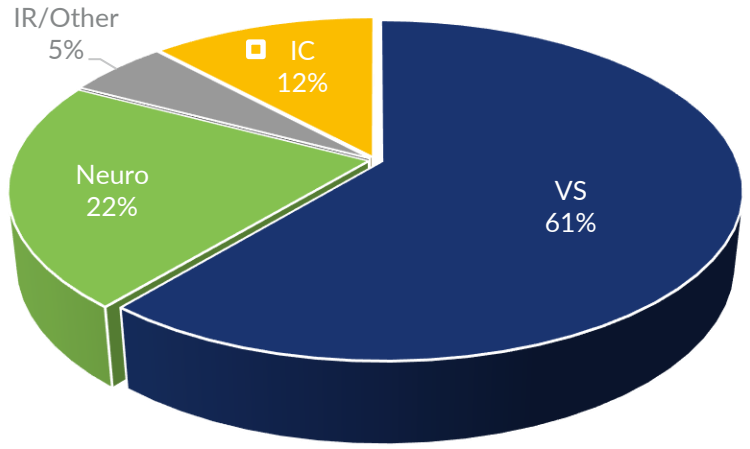
CGP80 Market Opportunity - Overall Stenting on Track to Overtake CEA

Readying for CGP 80



Source: AcuityMD

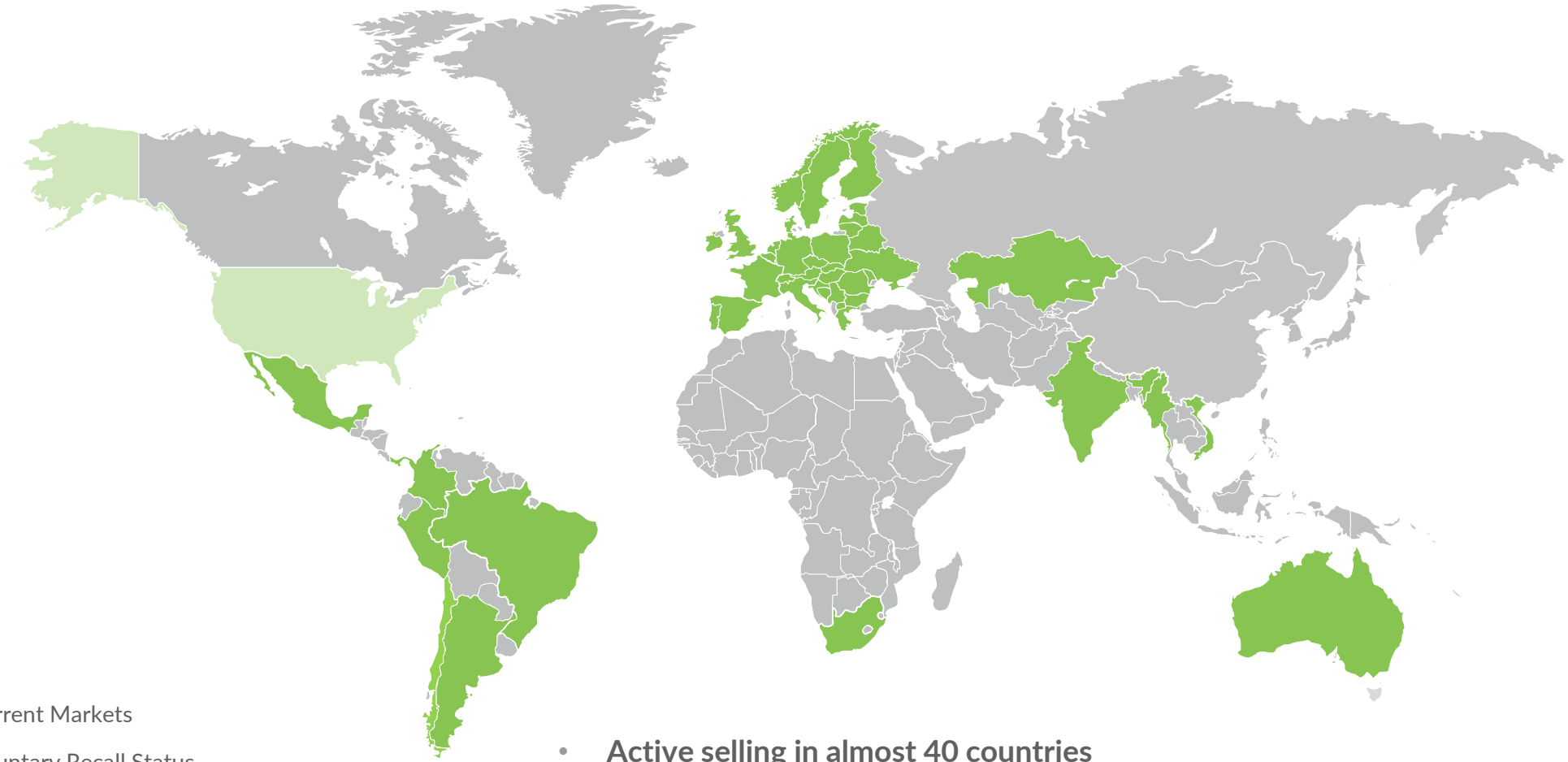
Vascular Surgeons perform the majority of procedures and tend to be high volume operators.



# Physician's Procedure Volume					
Volume	VS	IC/IR	Neuro	Other	**Total**
> 30	343	72	89	-	**504**
15-30	712	197	244	5	**1,158**
< 15	886	424	450	802	**2,562**
Total	**1,941**	**693**	**783**	**807**	**4,224**

INSPIREMD

Global Commercial Footprint



Current Markets

Voluntary Recall Status

- Active selling in almost 40 countries
- Over 75,000 systems sold
- Average CAS market share of approximately 25% OUS

INSPIREMD

Corporate

Robust Intellectual Property Portfolio

Proprietary platform technology supported by IP

Patent Rights	Issued	Pending
USA	20	7
Rest of World	54	21

InspireMD will continue to strengthen and broaden its patent protection globally to enable future pipeline products

IP Counsel: Kligler and Associates, P.A.

Transformational July 2025 PIPE and May 2023 Financing Up To $153.7 Million

To advance the company towards successful U.S. commercialization and path to profitability

July 2025 PIPE Financing of $40.1 million

May 2023 Financing of up to $113.6 million

- **$42.2 million** upfront funding
- **$71.4 million** tied to the achievement of four milestones (**$17.9 million** each) each expiring upon the earlier of 5 years or 20 trading days following the achievement of the following milestones:

1. **Complete, July 2024:** Release of primary and secondary end points related to one year follow up study results from the C-Guardians pivotal trial;
2. **Complete, July 2025:** Receipt of Premarket Approval (PMA) from the FDA for the CGuard® Prime Carotid Stent System (135 cm);
3. Receipt of FDA approval for the SwitchGuard trans carotid system and CGuard Prime 80 cm; and
4. Completion of four quarters of commercial sales of the CGuard in the U.S.

Strong validation from leading fundamental healthcare investors, with additional participation by select NSPR Board members.

ROSALIND

SOLEUS CAPITAL

NANTAHALA CAPITAL MANAGEMENT, LLC

VELAN CAPITAL

MARSHALL WACE

OrbiMed Healthcare Fund Management

PARKMAN HEALTHCARE PARTNERS

Ghisallo

TEKLA Capital Management LLC

INSPIRE MD

CMS Final National Coverage Determination, October 11, 2023

The final decision memorandum, which affects NCD 20.7 sections B4 and D, revises Medicare coverage for Percutaneous Transluminal Angioplasty (PTA) of the carotid arteries concurrent with stenting by:

1. **Expanding coverage** to individuals previously only eligible for coverage in clinical trials;
2. Expanding coverage to **standard surgical risk** individuals by removing the limitation of coverage to only high surgical risk individuals;
3. Adding **formal shared decision-making** with the individual prior to furnishing CAS; and
4. Allowing **MAC discretion** for all other coverage of PTA of the carotid artery concurrent with stenting not otherwise addressed in NCD 20.7.

Scientific Advisory Board (Multidisciplinary KOLs)



Sean Lyden, M.D.
Vascular Surgeon

Cleveland Clinic



Chris Metzger, M.D.
Medical Director
Cardiologist

BalladHealth



Kenneth Rosenfield, M.D.
Interventional Cardiologist

Mass General Brigham



Adnan H. Siddiqui, M.D., Ph.D.
Professor, Vice Chairman of the Department of Neurosurgery

UBNS Neurosurgery
UNIVERSITY AT BUFFALO

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