

**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): May 1, 2023

Acrivon Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

001-41551
(Commission
File Number)

82-5125532
(IRS Employer
Identification No.)

480 Arsenal Way, Suite 100
Watertown, Massachusetts
(Address of Principal Executive Offices)

02472
(Zip Code)

(617) 207-8979
(Registrant's Telephone Number, Including Area Code)

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:

- 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))

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

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$0.001 par value	ACRV	The Nasdaq Stock Market LLC

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.

Item 7.01 Regulation FD Disclosure

Acrivon Therapeutics, Inc. (the “Company”) will host an investor event taking place virtually on May 1, 2023 beginning at 11:00 a.m. EST. The Company has updated its corporate presentation to be used in connection with its discussion with investors during the event. The presentation includes, among other things, an update regarding the Company’s pipeline and AP3 platform, disclosure regarding the Company’s cash and marketable securities as of March 31, 2023 and confirmation of its projected cash runway into at least the fourth quarter of 2024.

A copy of the Company’s corporate presentation is attached hereto as Exhibit 99.1 and is hereby incorporated by reference herein.

The information furnished under Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, is being furnished and shall not be deemed to be “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.**(d) Exhibits:**

Exhibit Number	Exhibit Description
99.1	Acrivon Therapeutics, Inc. Presentation
104	Cover Page Interactive Data File (formatted as Inline XBRL).

SIGNATURES

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.

Acrivon Therapeutics, Inc.

Dated: May 1, 2023

By: /s/ Peter Blume-Jensen
Name: Peter Blume-Jensen, M.D., Ph.D.
Title: Chief Executive Officer and President



*ACRIVON PREDICTIVE PRECISION PROTEOMICS (AP3):
DRUG-TAILORED PATIENT SELECTION FOR CLINICAL SUCCESS*

INVESTOR EVENT

MAY 01, 2023

FORWARD-LOOKING STATEMENTS

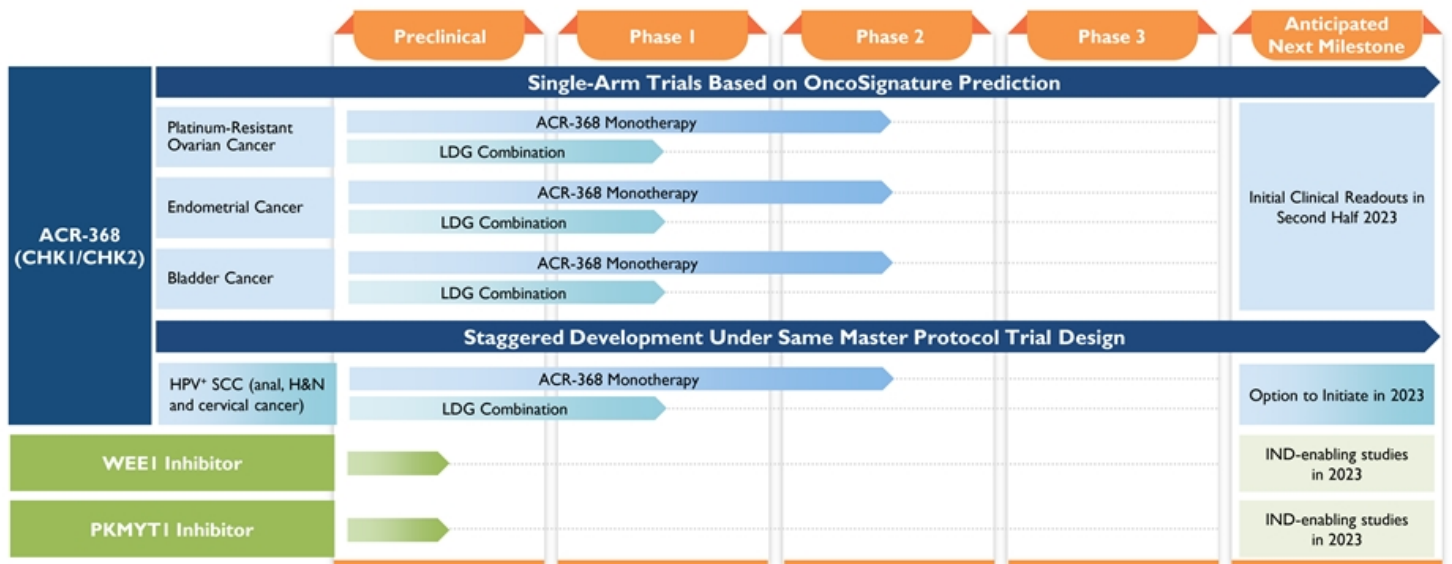
Certain information contained in this presentation includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 regarding our future results of operations or financial condition, business strategy and plans and objectives of management for future operations. In some cases, you can identify forward-looking statements because they contain words such as “anticipate,” “believe,” “contemplate,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” or “would” or the negative of these words or other similar terms or expressions. Our forward-looking statements are based primarily on our current expectations and projections about future events and trends that we believe may affect our business, financial condition and results of operations. The outcome of the events described in the forward-looking statements is subject to risks and uncertainties, including the factors described in our filings with the U.S. Securities and Exchange Commission. New risks and uncertainties emerge from time to time, and it is not possible for us to predict all risks and uncertainties that could have an impact on the forward-looking statements contained in this presentation. The results, events, and circumstances reflected in the forward-looking statements may not be achieved or occur, and actual results, events, or circumstances could differ materially from those described in the forward-looking statements.

You are cautioned not to place undue reliance on these forward-looking statements, which are made only as of the date of this presentation. We undertake no obligation to update any forward-looking statements or to reflect new information or the occurrence of unanticipated events, except as required by law.

OUTLINE

- Company overview
- Acrivon Predictive Precision Proteomics (AP3) platform update
- Preclinical pipeline update
- Clinical trial enrollment progress
- Corporate updates
- Q & A

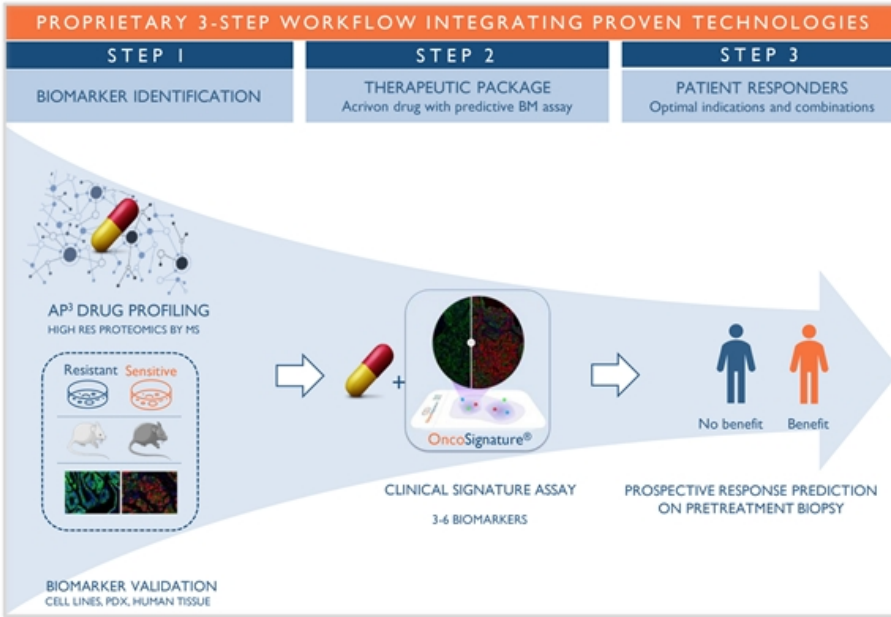
ACRIVON PIPELINE



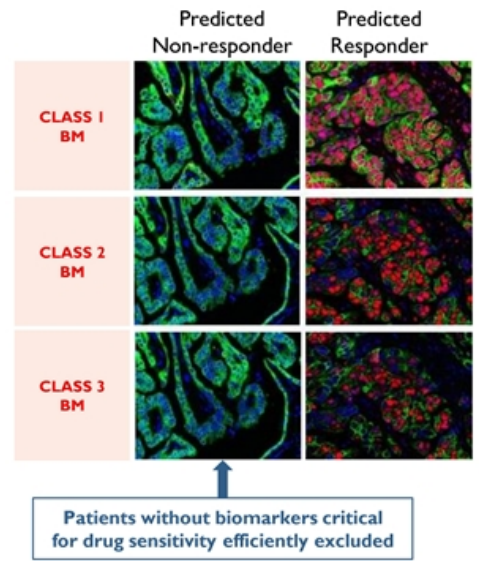
Notes

- ACR-368 Monotherapy → Registrational intent Phase 2 single arm trials based on predicted sensitivity to ACR-368 monotherapy in OncoSignature-positive patients
- LDG Combination → Exploratory Phase Ib/2 single arm trials of ACR-368 in combination with low dose gemcitabine, or LDG, in OncoSignature-negative patients

AP3 PLATFORM: DRUG RESPONSE PREDICTION IN INDIVIDUAL PATIENTS

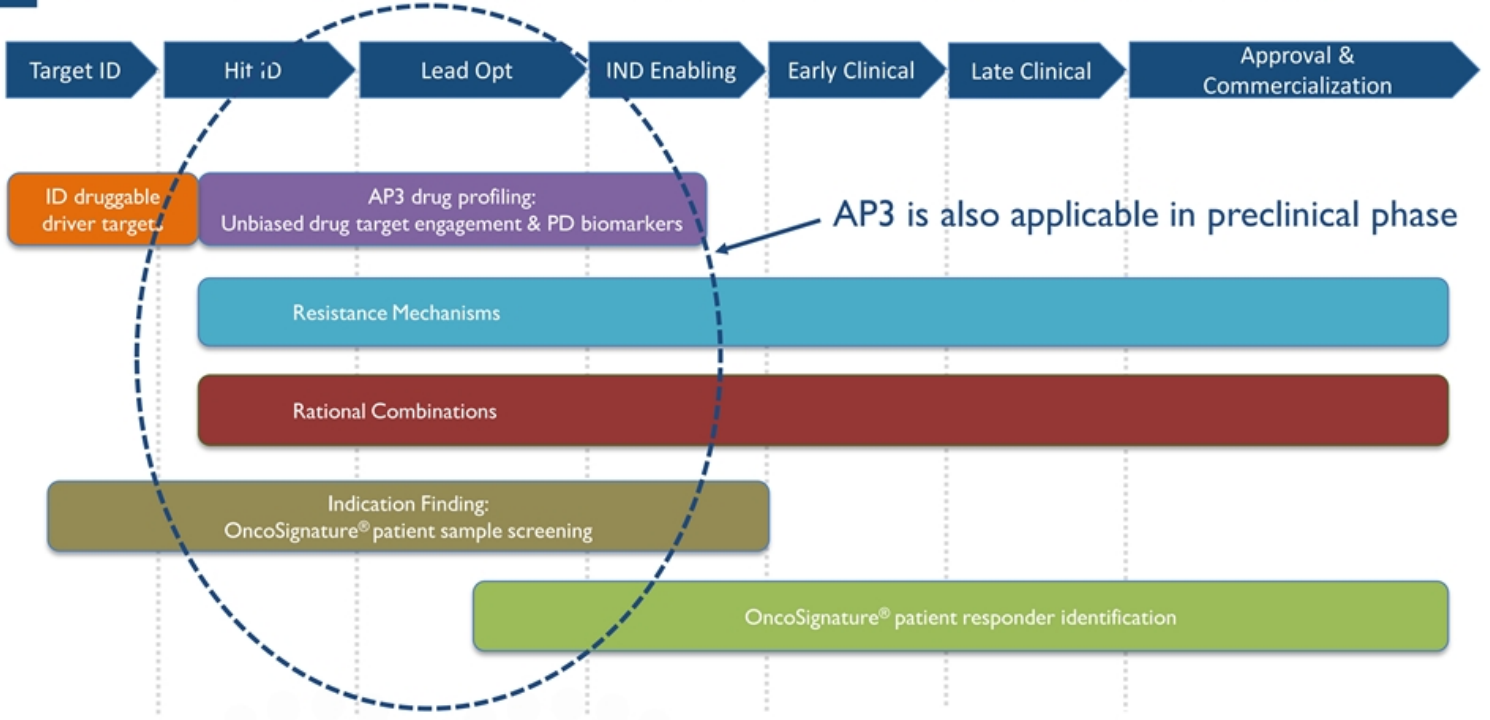


Drug OncoSignature®



"Disease Pathway-Based Method to Generate Biomarker Panels Tailored to Specific Therapeutics for Individualized Treatments"; EP 2 229 589, issued June 10, 2015; US2017/0067877A9, pending. OncoSignature® is a Registered Trademark; US Reg. No. 5,718,472; Int. Cl. 5, 42; Intl. Reg. 1382289

AP3 IS APPLICABLE ACROSS DRUG DEVELOPMENT STAGES

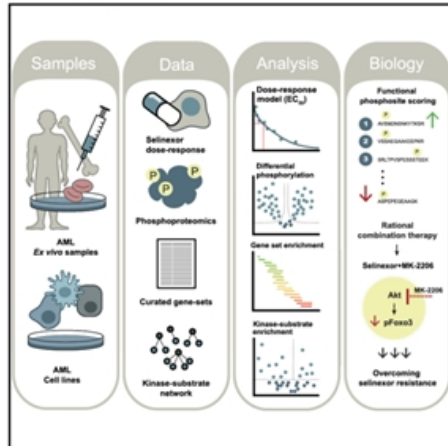


Cell Reports

Article

Phosphoproteomics of primary AML patient samples reveals rationale for AKT combination therapy and p53 context to overcome selinexor resistance

Graphical abstract



Authors

Kristina B. Emdal, Nicolás Palacio-Escat, Caroline Wigerup, ..., Kristina Masson, Peter Blume-Jensen, Jesper V. Olsen

Correspondence

pub.saez@uni-heidelberg.de (J.S.-R.), kmasson@acrivon.com (K.M.), pblumejensen@acrivon.com (P.B.-J.), jesper.olsen@cpr.ku.dk (J.V.O.)

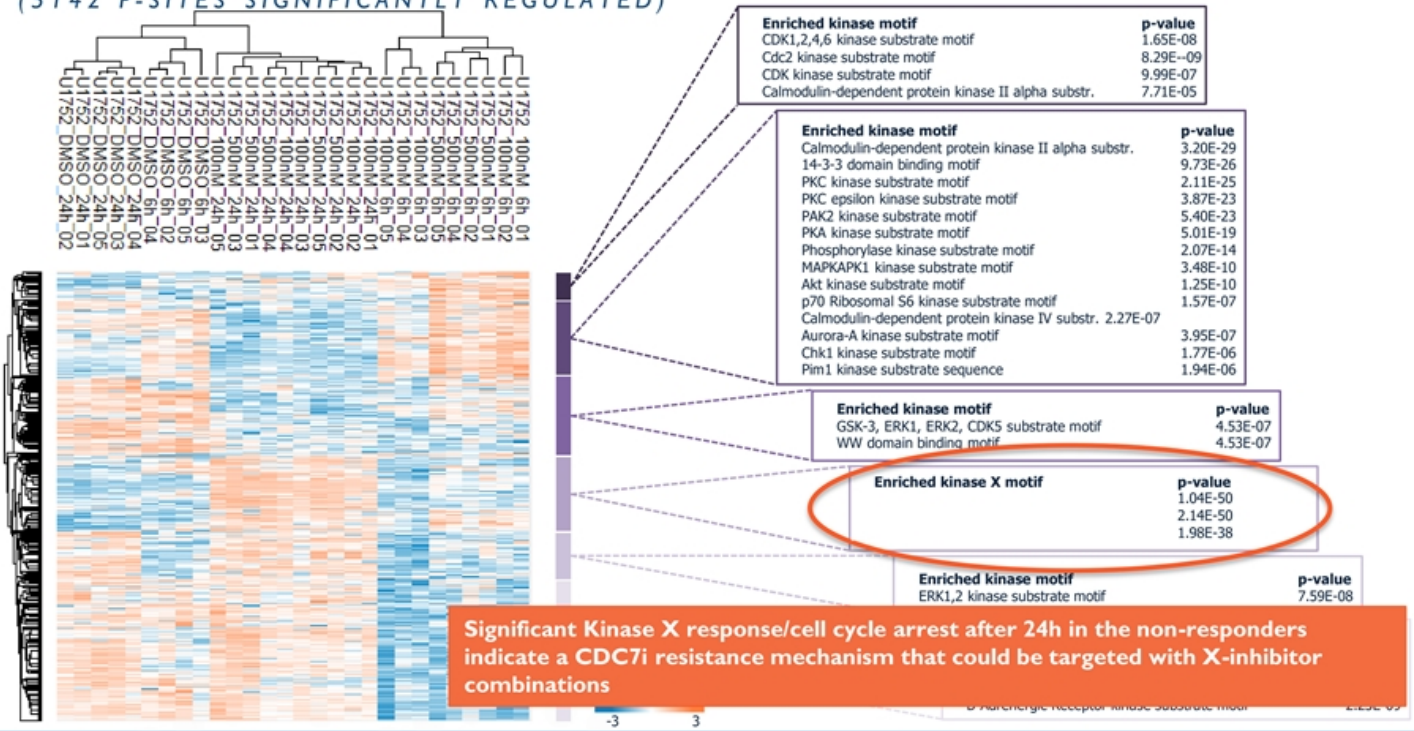
In brief

Emdal et al. combine phosphoproteomics of samples from patients with AML and functional phosphosite scoring to uncover clinically actionable molecular context for selinexor efficacy. Sensitivity to selinexor correlates with functional p53 and is enhanced with nutlin-3a, while resistance is associated with dysregulated AKT-FOXO3 signaling and overcome by combining with MK-2206.

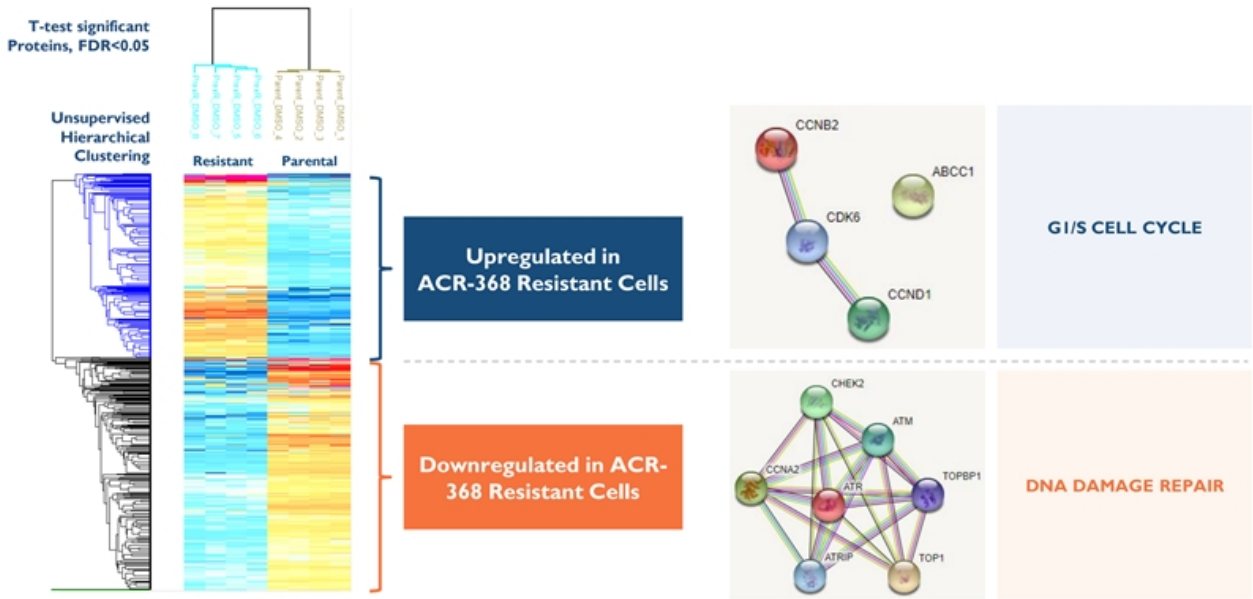
Using spatial phosphoproteomics (*Nat. Commun.*, 2021) Acrivon's AP3 platform can uncover single agent sensitivity and rational drug combinations for targets with complicated mechanism of action

Cell Reports, August 9, 2022

EXAMPLE: DRUGGABLE CDC7 INHIBITOR RESISTANCE MECHANISM (5142 P-SITES SIGNIFICANTLY REGULATED)

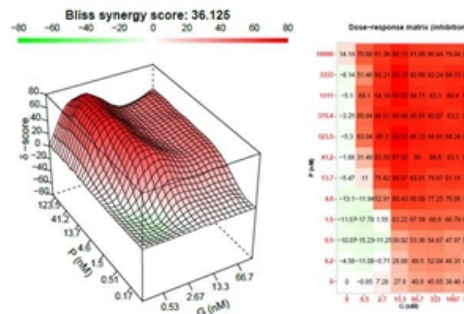
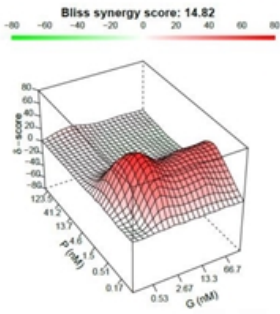
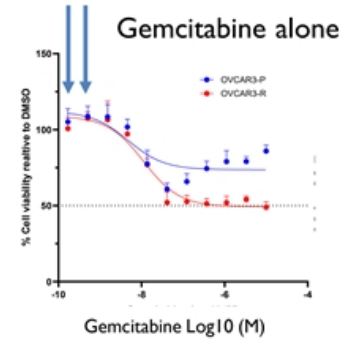
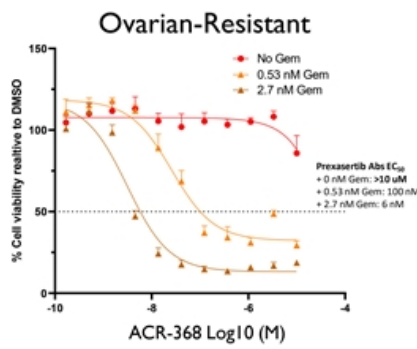
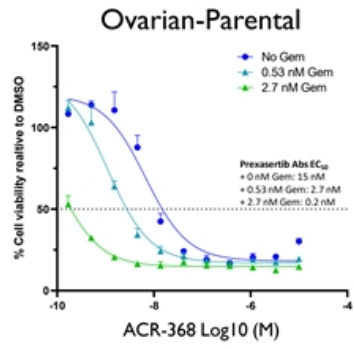


AP3 UNCOVERS ACTIONABLE ACR-368 RESISTANCE MECHANISMS UNBIASED AND INDEPENDENT OF GENETIC INFORMATION



Data suggest that gemcitabine might be a rational combination to overcome DDR suppression

ULTRA-LOW DOSE GEMCITABINE SENSITIZES OVARIAN CANCER CELL LINES TO ACR-368



Bliss Synergy score:

- <-10: Drug interaction is likely antagonistic
- -10 to 10: Drug interaction is likely additive
- >10: Drug interaction is likely synergistic

INTERNAL PIPELINE: WEE1 AND PKMYT1 - LEVERAGING AP3

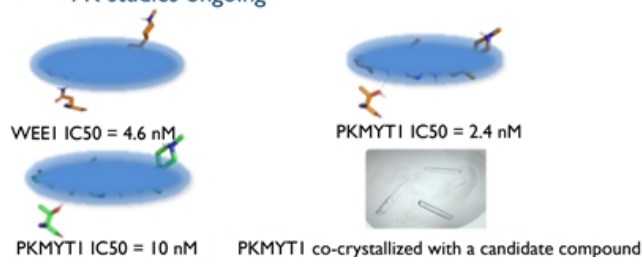
Rationale

- Complement to in-licensing, leveraging our AP3 patient selection platform for high clinical POS
- Potential within DDR drug target class to pursue combinations (ACR-368, WEE1, and PKMYT1 inhibitors)

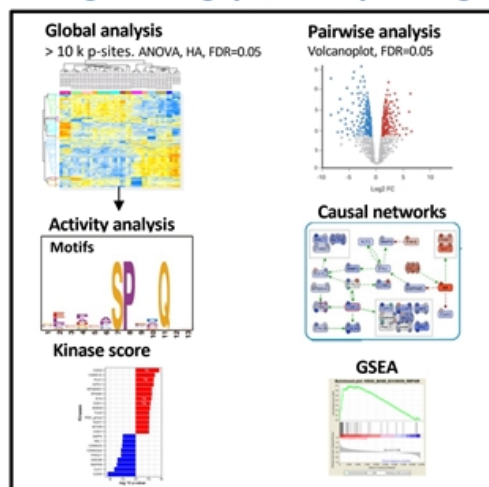
WEE1 and PKMYT1 programs

Lead optimization ongoing in several prioritized series based on high resolution co-crystals (WEE1: 1.5-2.6 Å; PKMYT1: 1.65-2.1 Å)

- Potent target inhibition ($IC_{50} < 10$ nM)
- Confirmed target engagement in cells
- Multiple novel structural series
- Kinase selectivity (IVKA and AP3 profiling)
- PK studies ongoing



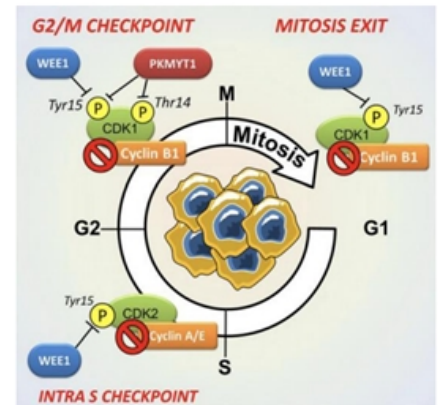
High throughput AP3 profiling



AP3 used for biologically relevant selectivity profiling

WEE1 AND PKMYT1 PROGRAMS: IDEAL FOR AP3 APPROACH

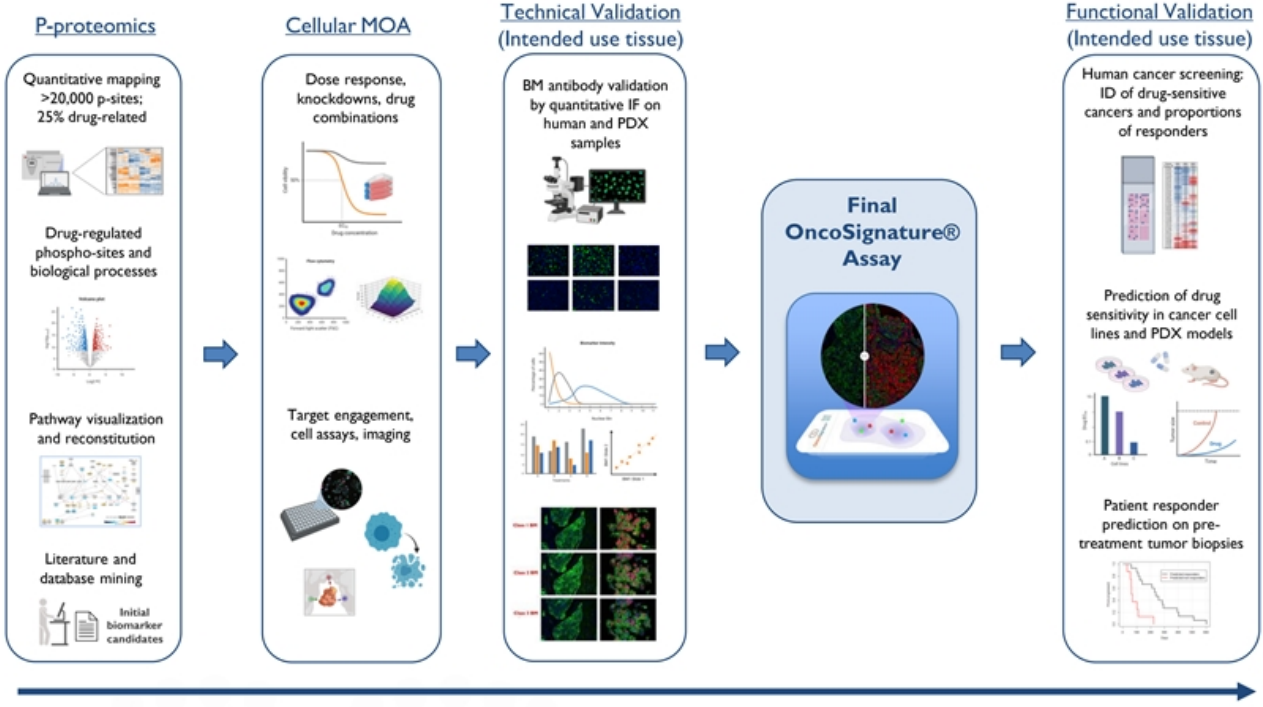
- WEE1 and PKMYT1 regulate S and G2-M cell cycle checkpoints to ensure proper DNA replication and mitotic completion through phosphorylation and inhibition of CDK2 and CDK1 and CDK1, respectively
- WEE1 inhibition propagates genomic instability by premature DNA replication and cell cycle progression, resulting in mitotic catastrophe
- PKMYT1 inhibition results in premature mitotic entry and cell death
- Strong preclinical data and emerging clinical data:
 - AZD1775/MKI775/adavosertib (AstraZeneca)
 - Debio0123 (Debiopharm)
 - ZN-c3 (Zentalis Pharmaceuticals)
 - SGR-XXX (preclinical, Schrödinger)
 - RP-6306 (Repare Therapeutics)



Ghelli Luserna di Rorà et al. J. Hematol Oncol, 2020

- ✓ Clinical activity (WEE1 single agent)
- ✓ Correlation with genetic alterations challenging, CCNE1 association being explored
- ✓ Acrivon intends to leverage OncoSignature® for optimal patient selection

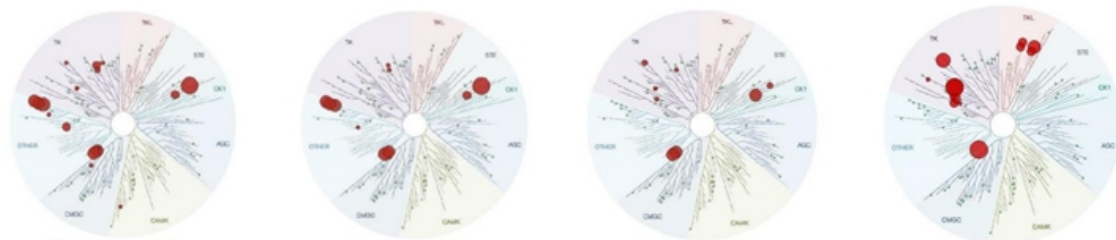
DEVELOPMENT OF AP3-BASED PATIENT SELECTION ONCOSIGNATURE® TESTS



PROFILES OF BENCHMARK WEE1 AND PKMYT1 INHIBITORS

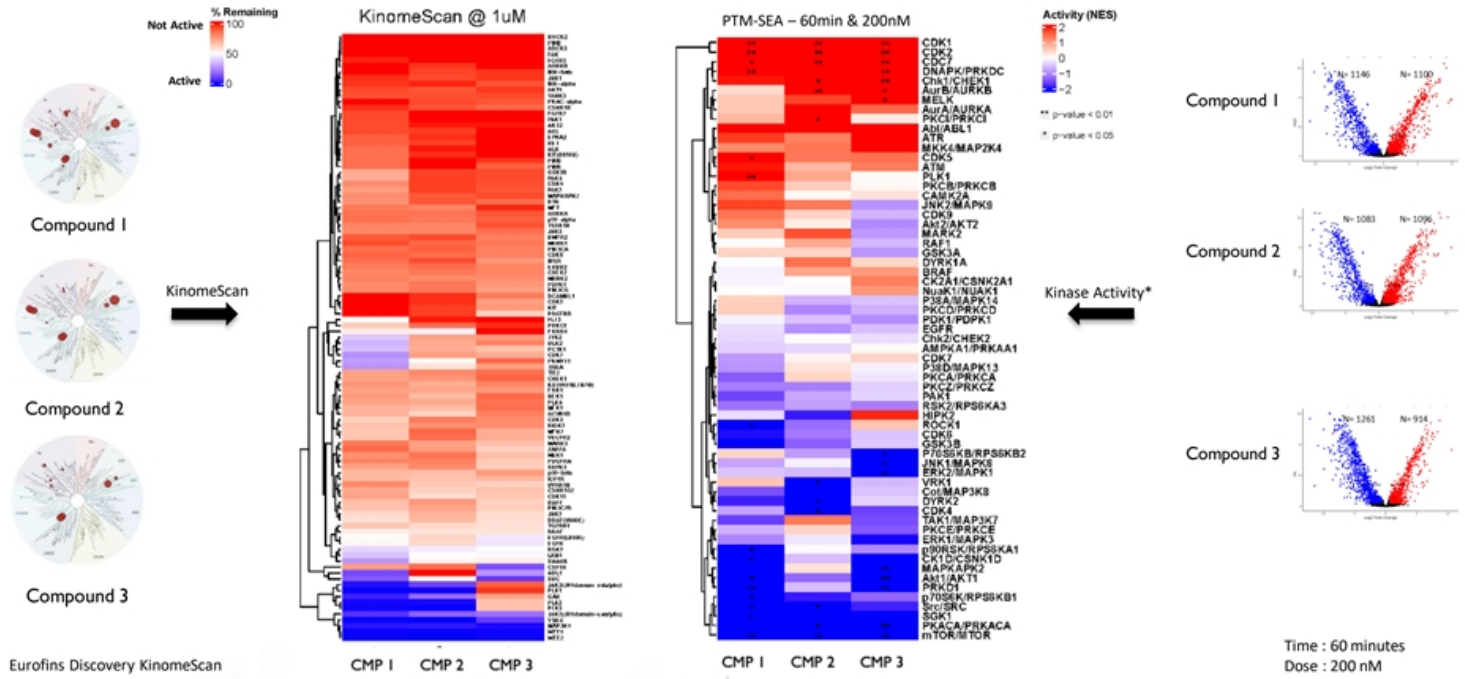
Assays	WEE1 inhibitor A	WEE1 inhibitor B	WEE1 inhibitor C	PKMYT1 inhibitor
Target IC50	1.2 nM	2.0 nM	1.0 nM	9.8 nM
Target Engagement IC50	18.6 nM	15.9 nM	109.0 nM	10 nM
Cell Viability IC50	31.9 nM	49.2 nM	318.0 nM	87 nM
Kinome Selectivity Score @ 1uM	0.172	0.101	0.082	0.121

Eurofins Discovery panel
(106 kinases)



Traditional drug discovery profiling methods yield limited information

IN VITRO KINASE PROFILING DOES NOT NOT PREDICT DRUG-REGULATED KINASE ACTIVITY IN INTACT CELLS



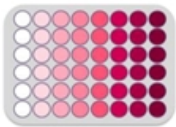
PROPRIETARY PIPE FOR AUTOMATED AP3 DATA ANALYSES

Proprietary machine learning algorithms applied to state-of-the-art AP3 MS-based phosphoproteomics for all compound projects

High throughput MS

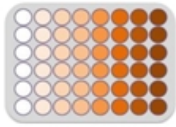
- deep, multi-parameter analyses (time, dose, cell type)

Plate 1 – Compound 1



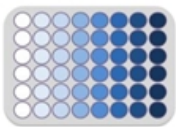
0 0.32 1.6 8 40 200 1000 5000 nM

Plate 2 – Compound 2



0 0.32 1.6 8 40 200 1000 5000 nM

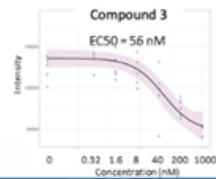
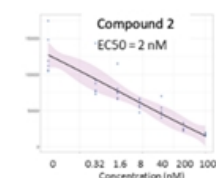
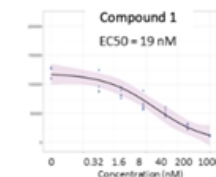
Plate 3 – Compound 3



0 0.32 1.6 8 40 200 1000 5000 nM

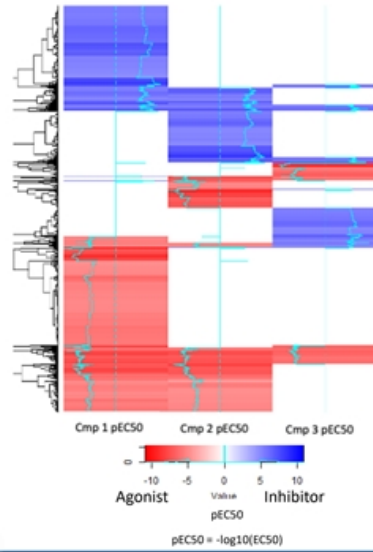
Dose-response of target engagement

- Ex: Phosphorylation of CDKI Y15



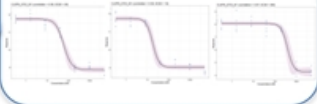
AP3 profiles of WEE1 inhibitors

- WEE1 inhibitors are very differentiated



Unbiased PD marker identification

- Automated quantitation of EC50s for 5-6,000 PD markers in each MS run



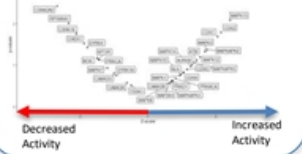
Pathway mapping

- Unbiased compound-specific effects on disease-driving signaling pathways



Mechanism of action

- Pathway activity modulation by WEE1 inhibitors



TIGHT, HIGH-RESOLUTION DATA WITH DEEP COVERAGE

25,800 p-sites

16,456 p-sites

QC MS Data

Data Clean Up

QC Processed Data

Volcano Plots

Hierarchical Clustering

Consensus Sequence Motif

Kinase Inference

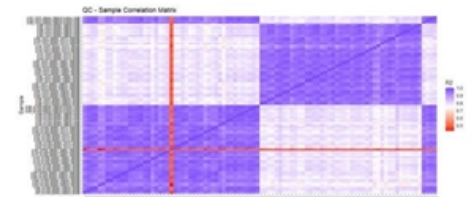
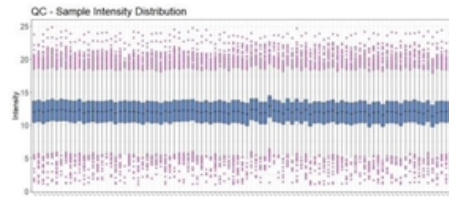
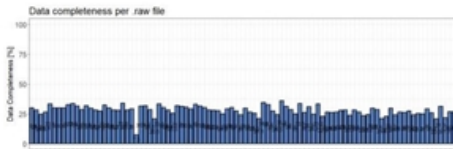
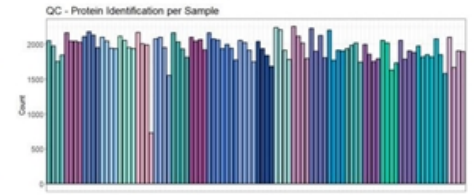
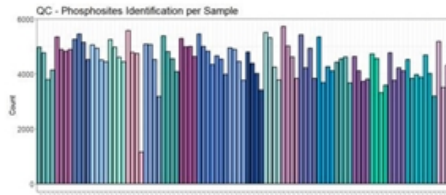
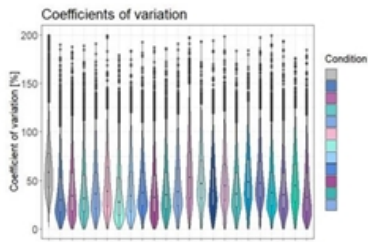
Pathway Enrichment

Functional Annotation

Network Mapping

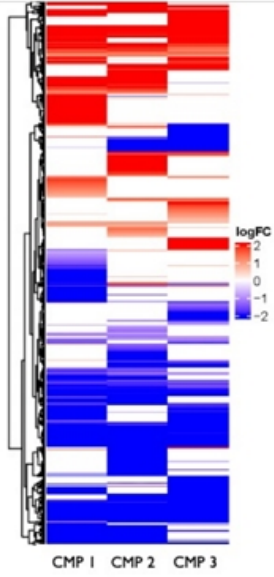
Biomarkers

- Filter >60% in at least on condition
- Normalization: LOESS
- Imputation: SLISA

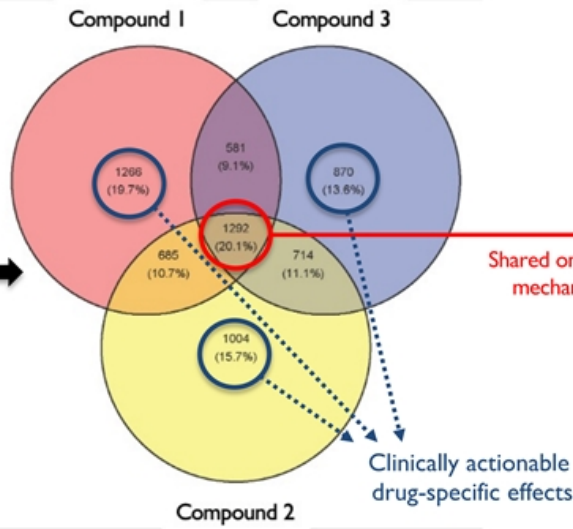


WEEI INHIBITORS ARE MORE DIFFERENT THAN SIMILAR

Drug-regulated phosphorylation sites
(unsupervised hierarchical cluster)

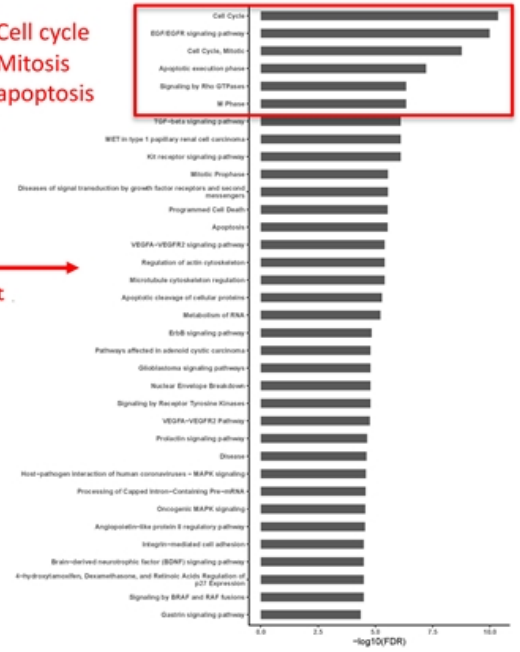


Unique and shared drug-regulated sites



Pathway enrichment analysis

Cell cycle
Mitosis
apoptosis

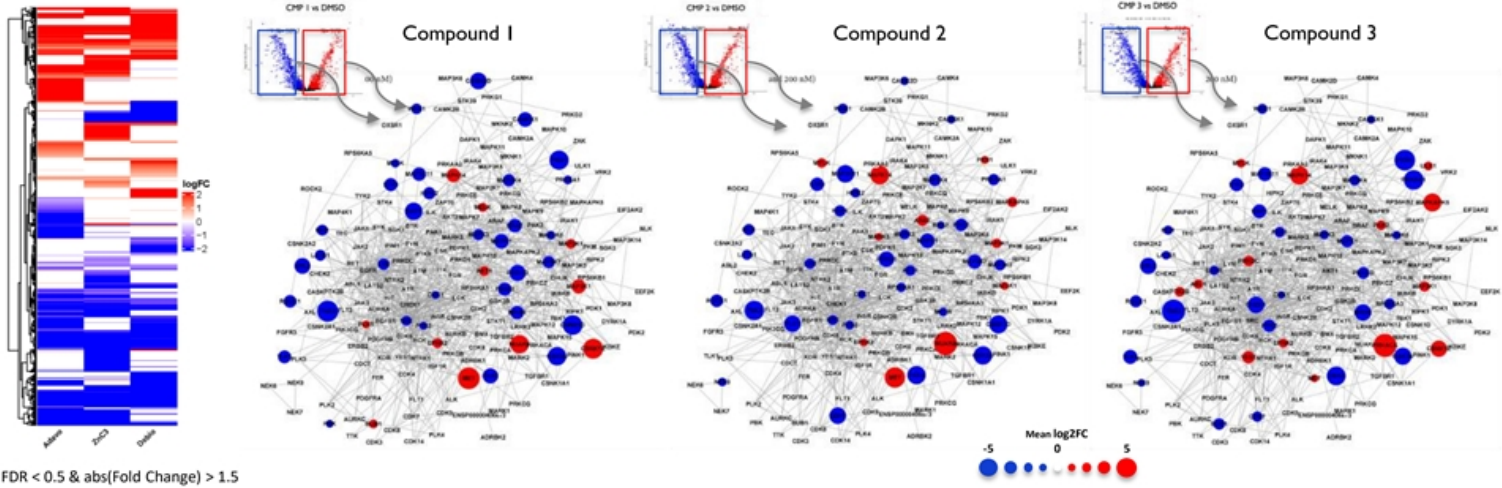


FDR < 0.5 & abs(Fold Change) > 1.5; Time : 60 minutes; Dose : 200 nM

Pathway over-representation analysis: Wikipathway and Reactome; FDR < 0.00005; Significance = -log₁₀(FDR)

WEE1 INHIBITOR-REGULATED GLOBAL PHOSPHOPROTEOME REVEAL HIGHLY DIFFERENTIATED EFFECTS

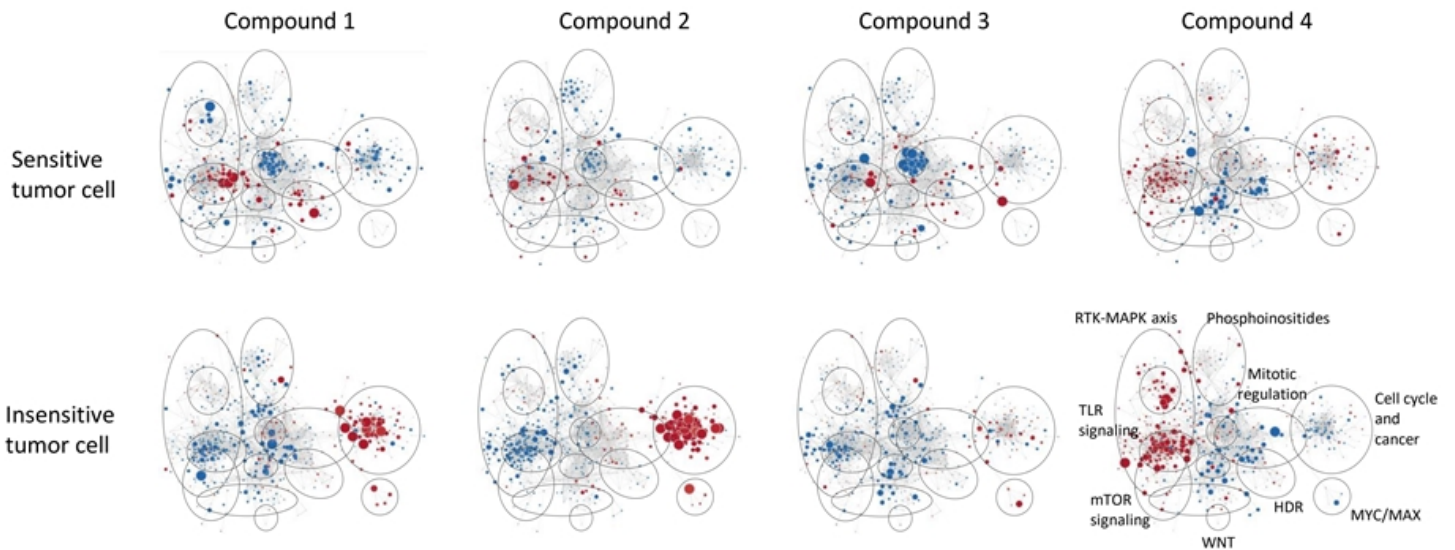
Drug-regulated phosphosites



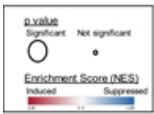
Differentiated WEE1 inhibitor-specific effects provide opportunity for tailored patient responder identification

Time : 60 minutes; Dose : 200 nM

FUNCTIONAL PATHWAY NETWORK EFFECTS BY WEE1 AND PKMYTI INHIBITORS ARE HIGHLY DISTINCT



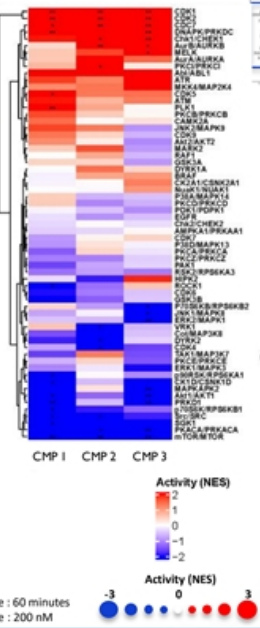
Compounds 1 and 4 demonstrate opposite effects on HDR in sensitive cells



DIFFERENTIAL WEE1 INHIBITOR-REGULATED PATHWAY ACTIVITY

Shared on target CDK1/2 activation and compensatory activation of CHK1 and ATR

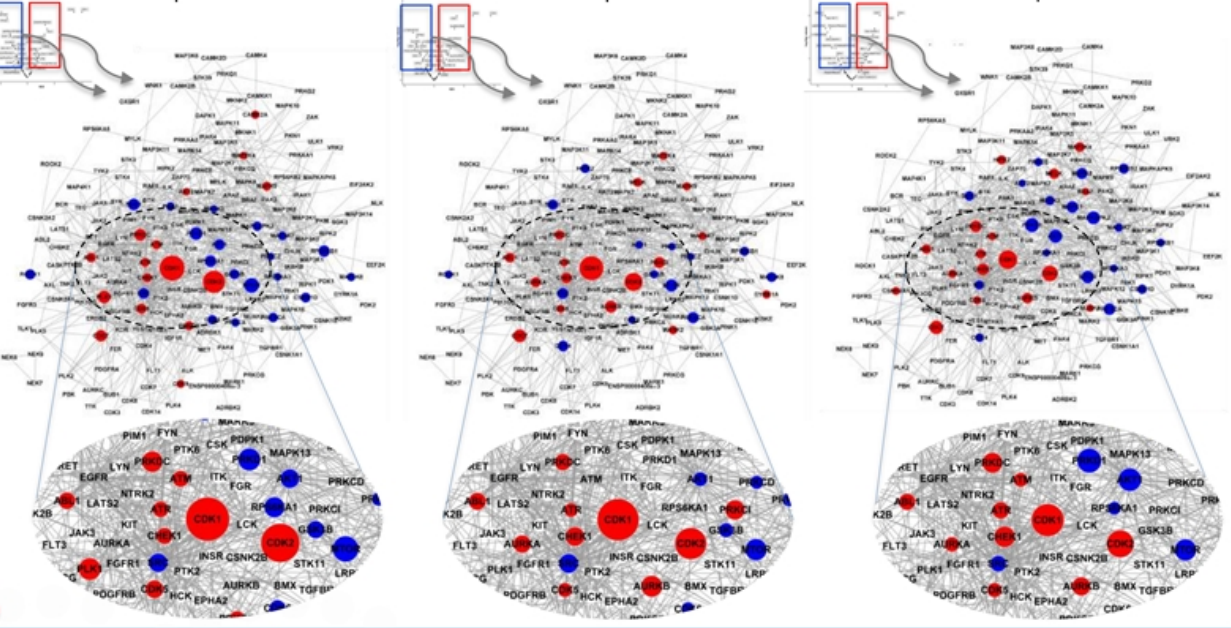
Substrate motif-inferred kinase activities



Compound 1

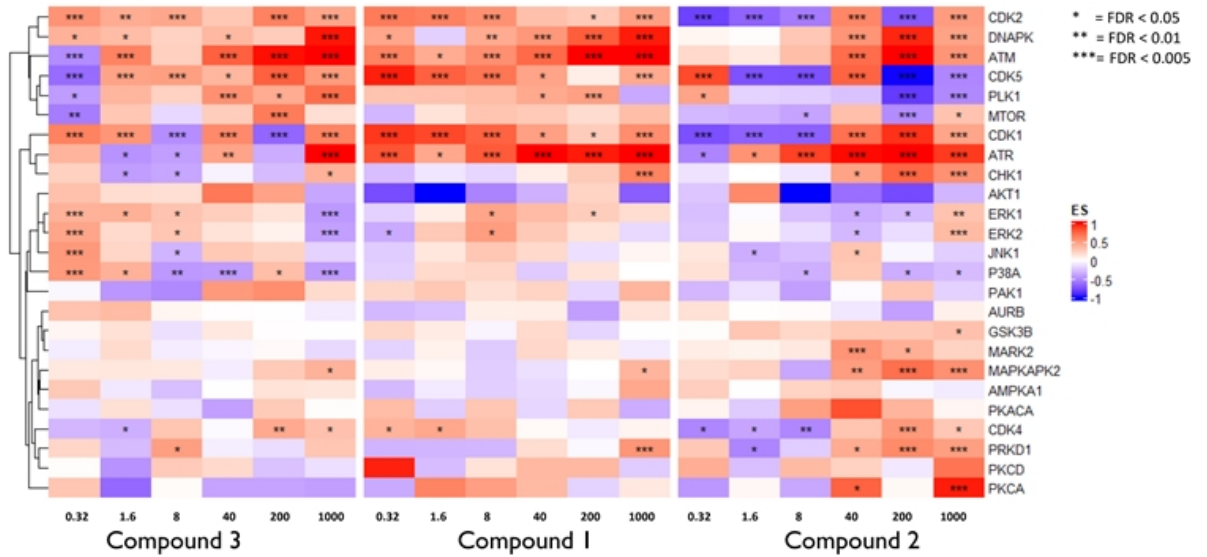
Compound 2

Compound 3



WEE1 INHIBITOR REGULATION OF PATHWAY ACTIVITY (4H)

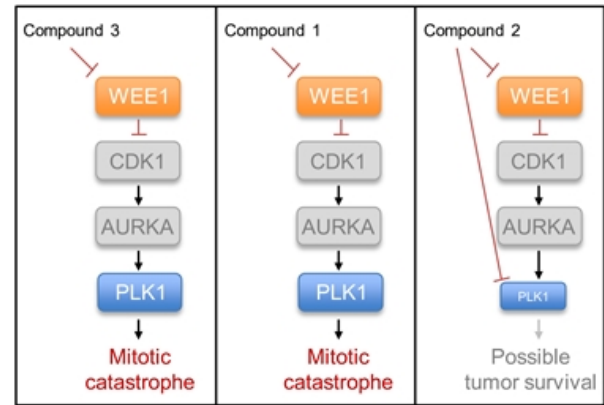
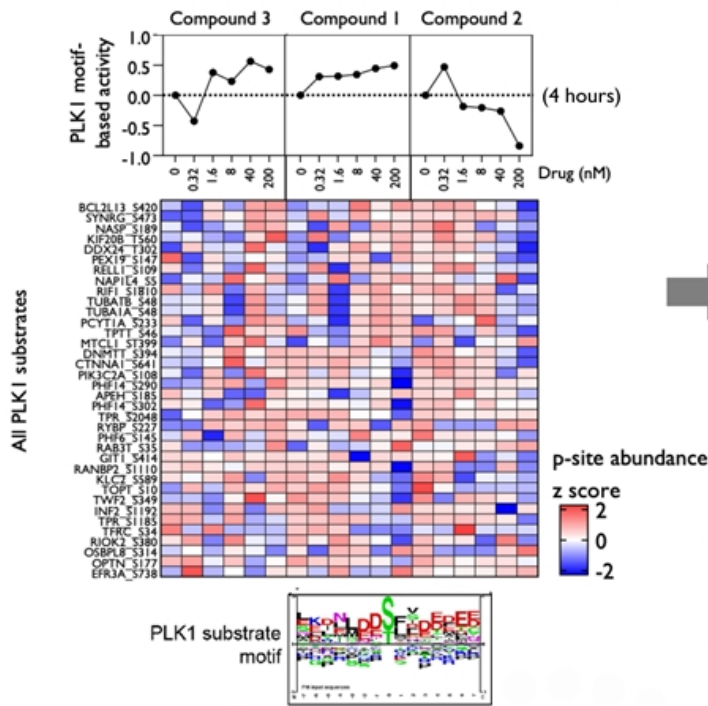
Drug-regulated kinase activities calculated based on consensus motif enrichment analysis



Compound 2 shows possible PLK1 inhibition and less pronounced CDK activation: Could counteract mitotic catastrophe
 Compound 3 shows upregulation of MAPK and PI3K: Could be single agent resistance mechanisms

Upregulated kinase activities are color-coded in red with the corresponding false discovery rate (FDR) denoted with "**"

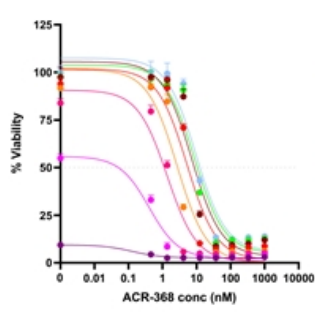
DIFFERENTIAL REGULATION OF PLK1 ACTIVITY – POTENTIAL IMPACT ON PATIENT TREATMENT OUTCOME



PLK1 inhibition might counteract mitotic catastrophe and has been associated with adverse events

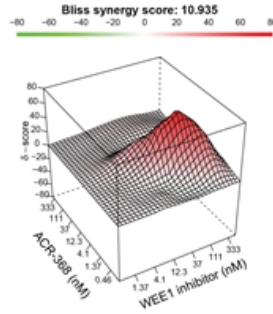
ACR-368 IS SYNERGISTIC WITH AND OVERCOMES RESISTANCE TO WEE1 INHIBITOR

Human endometrial tumor cell line

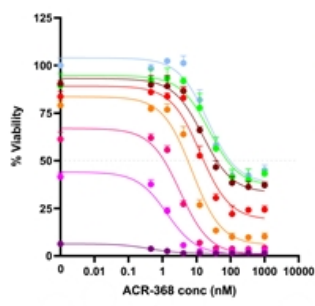


WEE1 inhibitor

- 1000 nM
- 333 nM
- 111 nM
- 37 nM
- 12.3 nM
- 4.12 nM
- 1.37 nM
- 0 nM

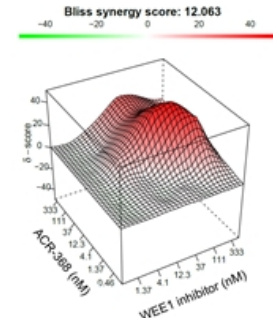


Human ovarian tumor cell line

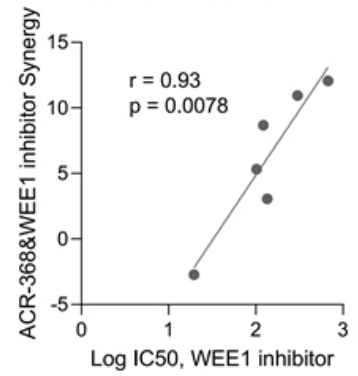


WEE1 inhibitor

- 1000 nM
- 333 nM
- 111 nM
- 37 nM
- 12.3 nM
- 4.12 nM
- 1.37 nM
- 0 nM



Combo synergy correlates to WEE1 inhibitor resistance

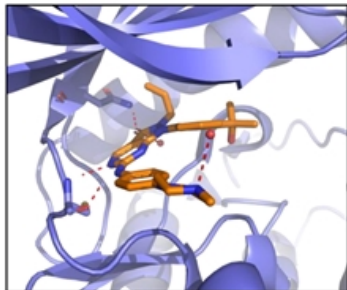


ACTIONABLE FINDINGS AND CONCLUSIONS

- AP3 enables unbiased measurement of compound-specific on- and off-target effects
- WEE1 inhibitors all demonstrate activation of CDK1/2 and cell cycle machinery
- Benchmark WEE1 inhibitor AP3 profiles can be leveraged for rational drug design and SAR ('dialing' in and out wanted and unwanted pathway effects)
- Differential actionable resistance mechanisms, e.g. WEE1 and CHK combination
- WEE1 inhibitor-treated patients predicted to still be sensitive to ACR-368

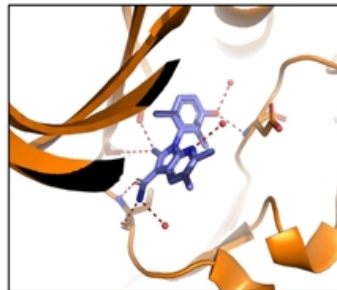
WEE1 AND PKMYT PROGRAM STATUS

- Hundreds of compounds designed and synthesized across multiple lead series
- High resolution co-crystal structures generated for >30 compounds in complex with Wee1 or PKMYT1 (resolution from about 1.5Å to <3Å)



Crystal structure of adavosertib:Wee1

Zhu et al, J. Med. Chem. 2017 60:7863–7875 (PDP: 5V5Y)



Crystal structure of RP-6306:PKMYT1

Szychowski et al, J. Med. Chem. 2022; 65:10251–10284 (PDP 8D6E)

EXEMPLARY PKMYTI AND WEE1 AND DUAL-SELECTIVE LEAD COMPOUND PROFILES

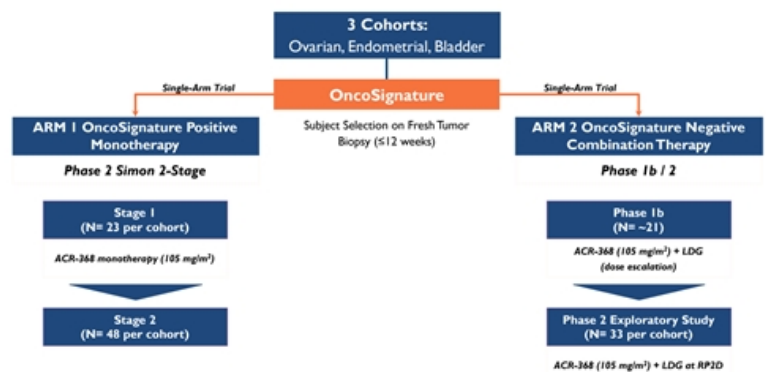
Compound	CMPD-2655	CMPD-2714	CMPD-2707	CMPD-2743 (A)
Wee1 IC ₅₀	451 nM	251 nM	410 nM	1.3 nM
PKMYT1 IC ₅₀	6.5 nM	2.9 nM	1.8 nM	20.6 nM
TE EC ₅₀	118 nM (PKMYT1)	47.1 nM (PKMYT1)	56 nM (PKMYT11)	17 nM (Wee1) 233 nM (PKMYT1)
hERG IC ₅₀ (in vitro)	TBD	>100 μM	760 μM	1.4 μM
Hu microsomal Clint (μl/min/mg)	17	13	<10	102
Rat microsomal Clint (μl/min/mg)	17	16	<10	TBD
Mu t _{1/2} (IV); Vdss (L/kg); %F	0.9 hr; 2.71; 50%	1.8 hr; 3.19; 75%	0.9; 1.43; 64%	1.5 hr; 4.4; 25.3%

Compound	CMPD-2743	CMPD-2736	CMPD-2804	CMPD-2858
Wee1 IC ₅₀	1.3 nM	1.25 nM	2.5 nM	2.1 nM
PKMYT1 IC ₅₀	20.6 nM	45.8 nM	91% @ 10 μM	84% @ 10 μM
TE EC ₅₀	17 nM (Wee1)	15 nM (Wee1)	9.9 nM (Wee1)	47.9 (Wee1)
Cell viability IC ₅₀	25 nM	33 nM	N.D.	N.D.
hERG IC ₅₀ (in vitro)	1.4 μM	>100 μM	3.0 μM	4.0 μM
Rat microsomal Clint (μl/min/mg)	TBD	<10	-	TBD
Rat PO AUC/dose (h/L*kg)	0.185	0.05	0.09	0.21
Mu t _{1/2} (IV); Vdss (L/kg); %F	1.5 hr; 4.4; 25.3	N.D.	N.D.	N.D.

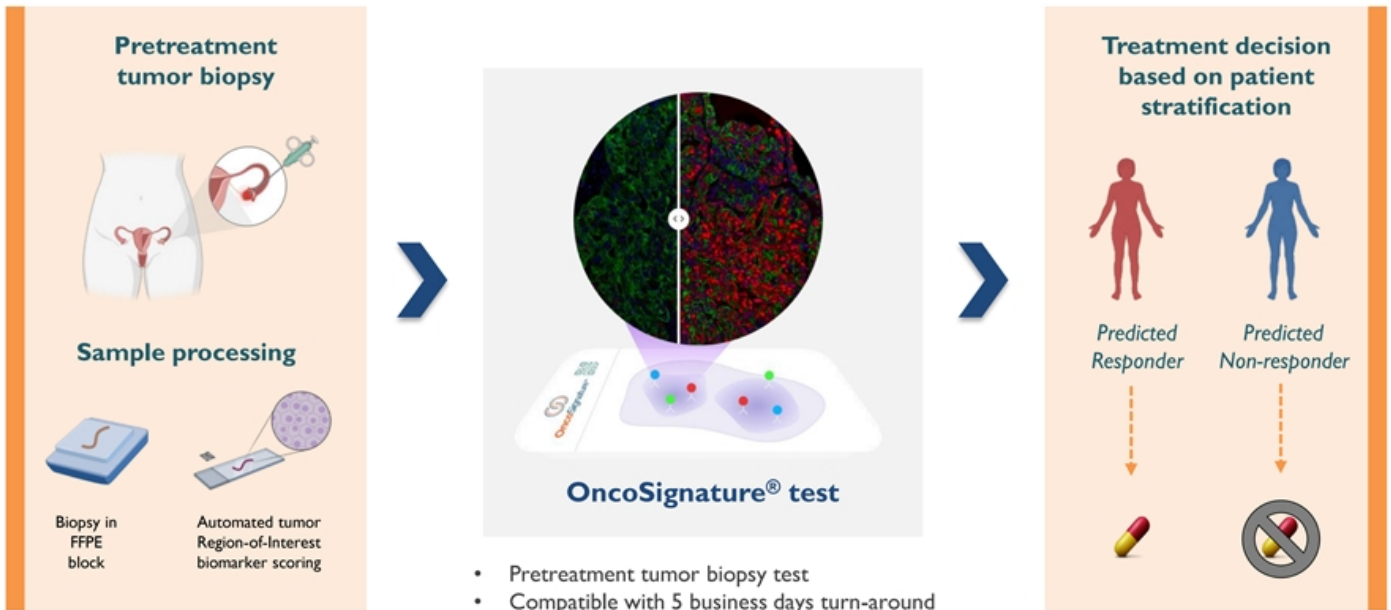
ACR-368 CLINICAL TRIAL

- We reconfirm our guidance and timeline of initial clinical readouts of our Phase 2 and Phase 1b/2 clinical trial in H2 2023
- Enrolling and dosing patients at the RP2D of ACR-368 based on predicted sensitivity using our ACR-368 OncoSignature Assay run by our CDx partner
- 19 sites currently activated¹
- Key opinion leaders with extensive experience using ACR-368 from previous trials are actively participating

¹<https://clinicaltrials.gov/ct2/show/NCT05548296>



ONCOSIGNATURE® TESTS: USAGE IN THE CLINIC



FINANCIAL HIGHLIGHTS

Cash and marketable securities

\$159.5M

Balance sheet
31-March-2023

Projected runway at least into

Q4'24

Current operating plan assuming no
additional financing

Fully Diluted Shares Outstanding

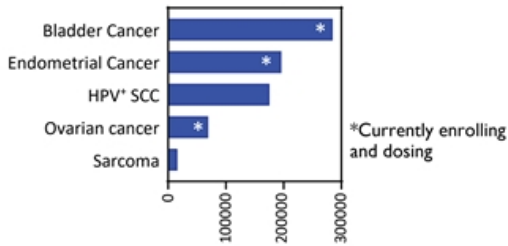
27.0M

Shares and equity grants
outstanding 31-March-2023

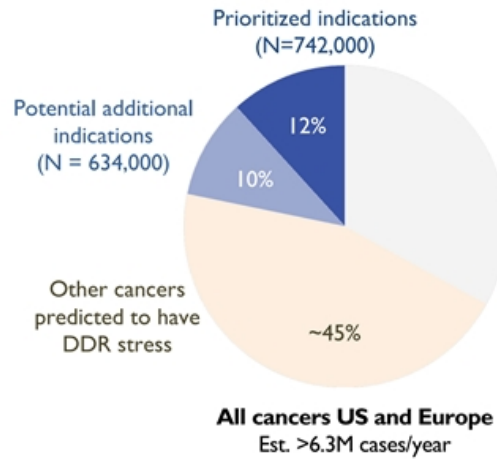
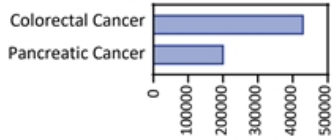
Unaudited.

ACRIVON ADDRESSABLE MARKETS (US & EU INCIDENCE)

Prioritized indications for single agent ACR-368



Potential additional indications for single agent ACR-368

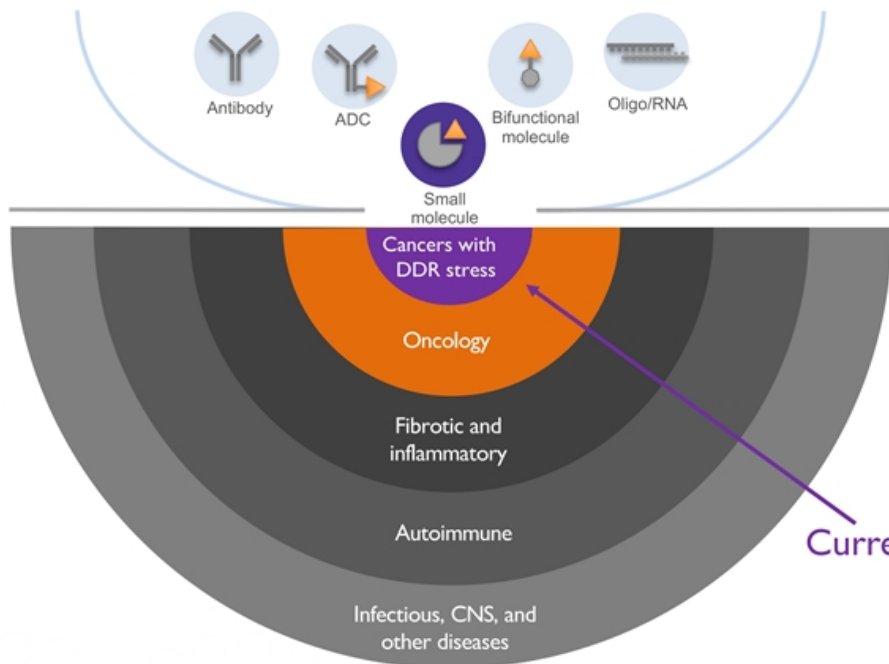


- ~30% (N = 223,000) of prioritized indications predicted sensitive to single agent ACR-368
- WEEI and/or PKMYTI inhibitor combinations with ACR-368 might further expand addressable fraction within sensitive tumor types

US cancer stats are based on ACS 2022 publication and subtype estimation from literature; EU cancer stats are based on IARC 2020 publication and subtype estimation from literature. Cancers with DDR stress are estimated to be 67% which is calculated from MSK-IMPACT patient samples with DDR relevant mutations and CNVs, such as TP53, KRAS, CCNE1, etc.

THE AP3 APPROACH IS MODALITY AND DISEASE AGNOSTIC

Therapeutic modalities



Therapeutic areas