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): January 9, 2020

RAPT Therapeutics, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-38997**	**47-3313701**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

561 Eccles Avenue **South San Francisco, CA** **(Address of Principal Executive Offices)**	**94080** **(Zip Code)**

(650) 489-9000
(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 (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

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, $0.0001 par value per share	**RAPT**	**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

RAPT Therapeutics, Inc. (the "Company") is filing the investor presentation slides (the "Corporate Presentation") attached hereto as Exhibit 99.1 to this Current Report on Form 8-K, which the Company may use from time to time in conversations with investors and analysts.

The information furnished under this Item 7.01, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or subject to the liabilities of that section. The information shall not be deemed incorporated by reference into any other filing with the Securities and Exchange Commission made by the Company, regardless of any general incorporation language in such filing.

ITEM 9.01 FINANCIAL STATEMENTS AND EXHIBITS

(d) Exhibits

Exhibit Number	Exhibit Description
99.1	Corporate Presentation

SIGNATURES

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

RAPT Therapeutics, Inc.

Dated: January 9, 2020

By: /s/ Rodney Young
Rodney Young
Chief Financial Officer

Exhibit 99.1

RAPT THERAPEUTICS

Transforming the Treatment of Cancer and Inflammation

January 2020
Corporate Presentation

Legal Disclaimers

Statements in this presentation (the “Presentation”) for RAPT Therapeutics, Inc. (the “Company,” “we,” or “our”) that are not statements of historical fact are forward-looking statements. Such forward-looking statements include, without limitation, statements regarding our research and clinical development plans; current and future drug candidates; business strategy and plans; regulatory pathways; and our ability to complete certain milestones. Words such as "believe," "anticipate," "plan," "expect," "will," "may," "upcoming," "milestone," "potential," "target" or the negative of these terms or similar expressions are intended to identify forward-looking statements, though not all forward-looking statements necessarily contain these identifying words. These forward-looking statements are based on the current beliefs of the Company's management with respect to future events and trends and are subject to known and unknown risks and uncertainties, including those described in the “Risk Factors” section of our Form 10-Q filed with the Securities and Exchange Commission on December 11, 2019, that may cause our actual performance or achievements to be materially different from any future performance or achievements expressed or implied by the forward-looking statements in this Presentation. These forward-looking statements should not be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that any assumptions on which such forward-looking statements have been made are correct or exhaustive or, in the case of such assumptions, fully stated in the Presentation. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date this Presentation is given. Although we believe that the beliefs and assumptions reflected in the forward-looking statements are reasonable, we cannot guarantee future performance or achievements. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this Presentation.

Focused on Oral Drugs Targeting Critical Immune Drivers of Disease

- **Diversified pipeline**
- **Large market opportunities**
- **Significant inflection points in 2020**
- **Strategic collaborations**
- **Proprietary discovery engine**

CLINICAL

FLX475 (Oncology):
- Selectively targets immunosuppressive tumor T_{reg}
- Encouraging clinical activity in Phase 1 study
- **Phase 2 PoC readout Q2 2020**

RPT193 (Allergic Disease):
- Oral agent targets inflammatory Th2 cells
- Robust PK/PD with favorable safety in Ph1 study
- **PoC readout Q3 2020**

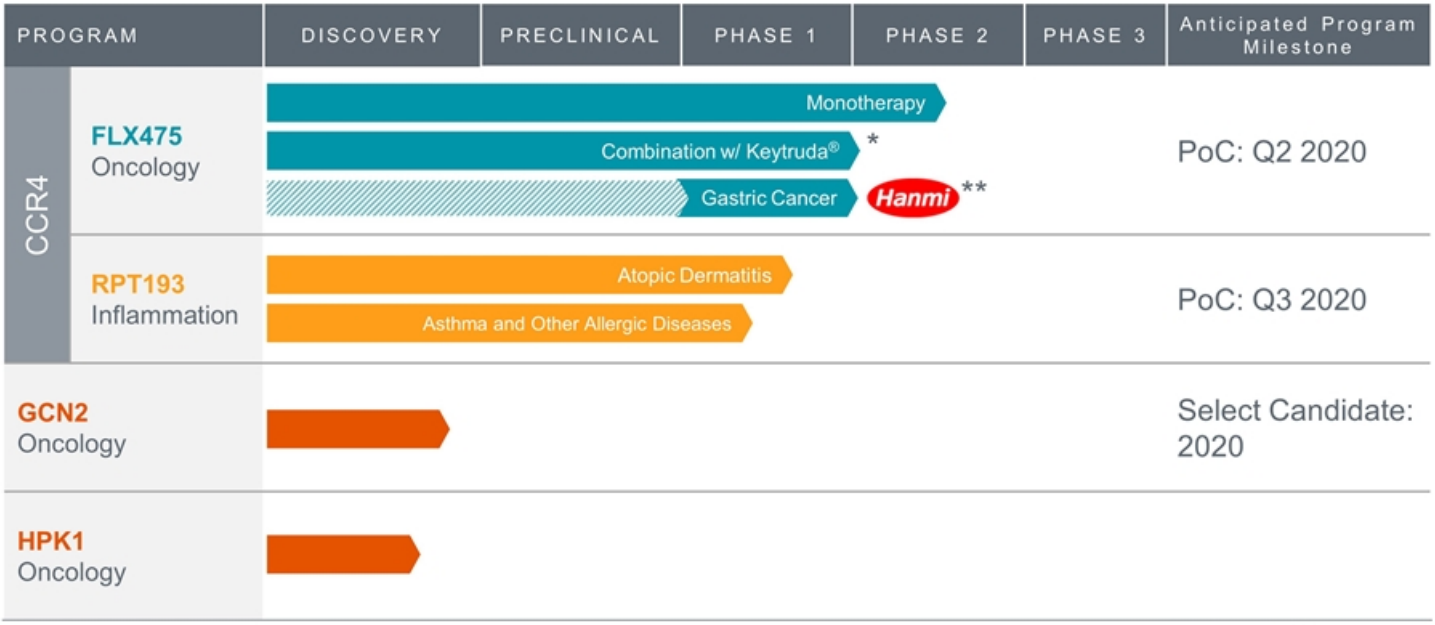
DISCOVERY

GCN2 (Oncology):
- Turns on an antitumor metabolic switch in TME

HPK1 (Oncology):
- Unlocks T cell activation to tumor antigens

RAPT THERAPEUTICS

Diversified Pipeline with Significant Inflection Points in 2020



PoC: Proof of Concept

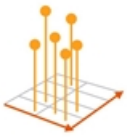
* Clinical collaboration with Merck

** Regional collaboration and license with Hanmi in Korea and China – Ph2 gastric cancer trial to be initiated after combination RP2D selected

Proprietary Drug Discovery and Development Engine

R **Rapid**
- Drug discovery
- Clinical development to POC

A **Analytics**
- Interrogating clinically-relevant big datasets to identify targets and biomarkers



P **Patient selection**
- Driven by data to improve chances of clinical success

T **Targeting**
- Critical immune drivers of cancer and inflammation

RAPT THERAPEUTICS

Experienced Leadership Team and Scientific Advisory Board

Leadership

Brian Wong, MD, PhD
Chief Executive Officer

Dirk Brockstedt, PhD
Chief Scientific Officer

William Ho, MD, PhD
Chief Medical Officer

Paul Kassner, PhD
Vice President, Quantitative and Computational Biology

David Wustrow, PhD
Senior Vice President, Drug Discovery and Preclinical Development

Sylvia Wheeler
Wheelhouse Life Sciences Advisors, Investor Relations and Corporate Affairs

Rodney Young
Chief Financial Officer

Board of Directors

David V. Goeddel, PhD
Managing Partner, The Column Group

Michael F. Giordano, MD
Former SVP and Head of Development, Oncology & Immuno-Oncology, Bristol-Myers Squibb

Mary Ann Gray, PhD
President, Gray Strategic Advisors, LLC

Linda Kozick
Former VP and Head of Immuno-Oncology/Oncology Product & Portfolio Strategy, Bristol-Myers Squibb

William Rieflin, JD
Executive Chairman, NGM Biopharmaceuticals Inc.

Wendye Robbins, MD
President and CEO, Blade Therapeutics Inc.

Brian Wong, MD, PhD
CEO, RAPT Therapeutics

Scientific and Clinical Advisors

Oncology

Alexander Rudensky, PhD
Chairman, RAPT Scientific Advisory Board, Chairman, Immunology Program, Sloan-Kettering Institute

Antoni Ribas, MD, PhD
Professor, Medicine, Hematology/Oncology & Director, UCLA

Scott J. Antonia, MD, PhD
Instructor in the Department of Medicine, Duke University School of Medicine

Drew Pardoll, MD, PhD
Professor, Johns Hopkins University

Philip Greenberg, MD
Professor, Medicine (Oncology) & Immunology, University of Washington

Robert Zamboni, PhD
Adjunct Professor of Chemistry, McGill University

David V. Goeddel, PhD
Founder & CEO Tularik; Founder & Partner The Column Group

Allergy / Immunology

Emma Guttman-Yassky, MD, PhD
Professor and Vice Chair for Research at the Department of Dermatology, Director of the Center for Excellence in Eczema, and Director of the Laboratory of Inflammatory Skin Diseases at the Icahn School of Medicine at Mount Sinai Medical Center

Jasmina Jankicevic, MD
Consulting Dermatologist, Premier Research

Thomas Bieber, MD
Professor of Dermatology and Allergy, University of Bonn, Germany

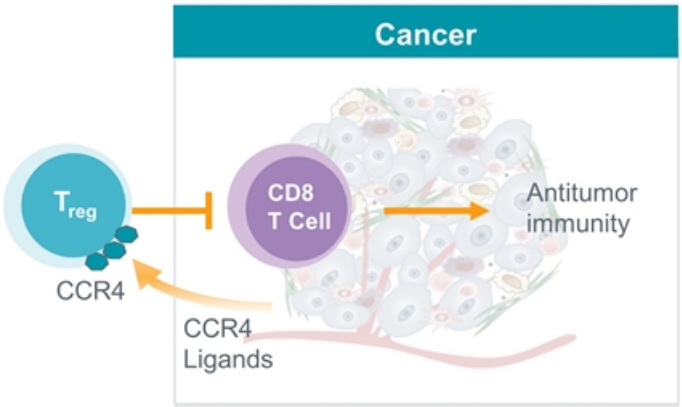
Andrew Blauvelt, MD, MBA
Dermatologist and President of Oregon Medical Research Center

Investors

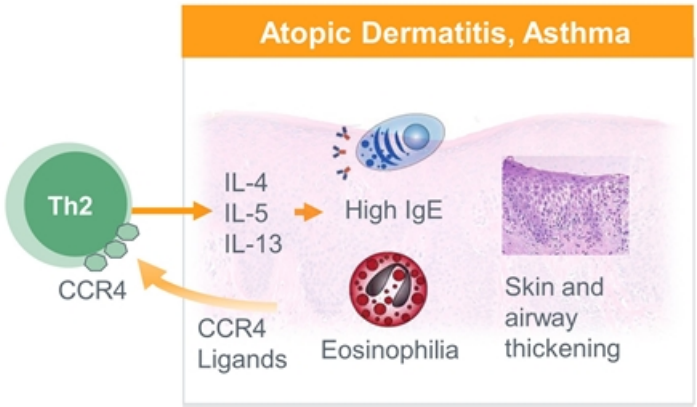
THE COLUMN GROUP · T.RowePrice · Hartford HealthCare · KPCB KLEINER PERKINS CAUFIELD BYERS · tOpspin · GV · Celgene · RAPT THERAPEUTICS


Our CCR4 Program

CCR4 Drives Tumor Progression and Allergic Inflammation



Regulatory T cells (T_{reg}) are recruited into the tumor via CCR4 and **block** antitumor immunity

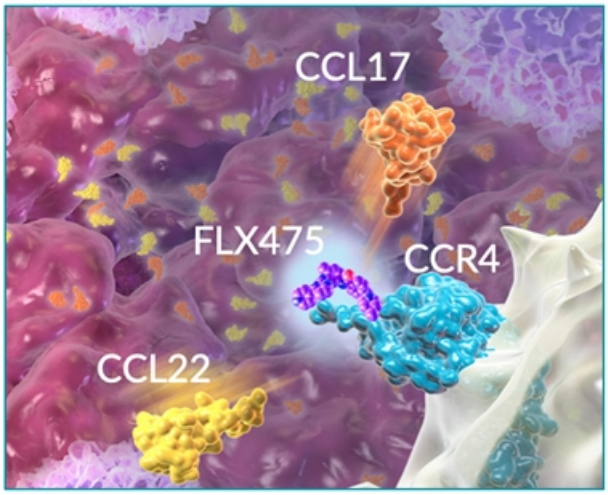


Th2 cells are recruited via CCR4 into tissues and **drive** allergic inflammation


FLX475: CCR4 Antagonist
for Oncology

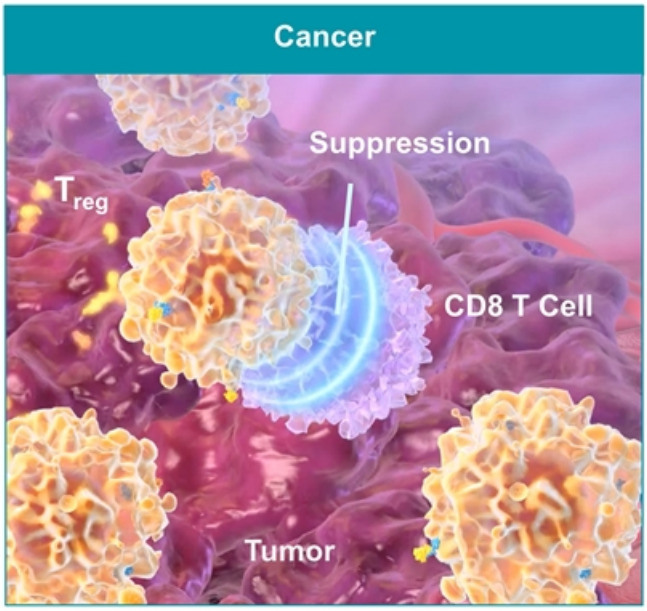
FLX475: Oral CCR4 Antagonist with Phase 2 PoC Anticipated in Q2 2020

- Designed to selectively block tumor T_{reg} while sparing normal tissues and beneficial immune cells
- Phase 1/2 study ongoing with PoC readout anticipated in Q2 2020
- Demonstrated preliminary evidence of clinical activity
- Collaborations with Merck and Hanmi to enable global development program
- Issued U.S. composition of matter patent with coverage at least through 2037



Blocks interaction with CCR4 ligands CCL22 and CCL17 on T_{reg}

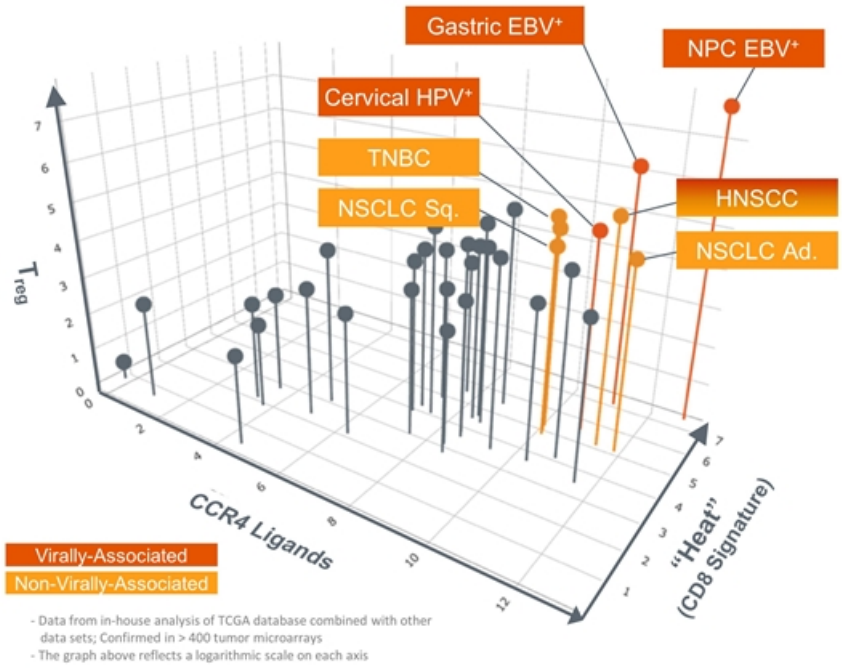
T_{reg} Allows Tumors to Evade the Immune System



- T_{reg} are a major barrier to effective antitumor immunity
  - T_{reg} numbers correlate with poor clinical outcome across most tumor types
- Act as powerful suppressors of the immune response
  - Patients with genetic defects in T_{reg} exhibit severe autoimmunity
- The CCR4 pathway specifically drives T_{reg} accumulation in the tumor but not in healthy tissues

RAPT THERAPEUTICS

Identification and Characterization of “Charged” Tumors



- Data from in-house analysis of TCGA database combined with other data sets; Confirmed in > 400 tumor microarrays
- The graph above reflects a logarithmic scale on each axis

- “Charged” tumors: Tumors expressing high levels of CCR4 ligands and T_{reg}
  - Non-Small Cell Lung Cancer
  - Triple Negative Breast Cancer
  - Head and Neck Cancer
  - Virally-Associated Cancers
- “Charged” tumors tend to be “hot” with high levels of T_{reg} likely holding back the antitumor immune response
- Potential for tissue-agnostic accelerated approval in virally-associated tumors

RAPT THERAPEUTICS

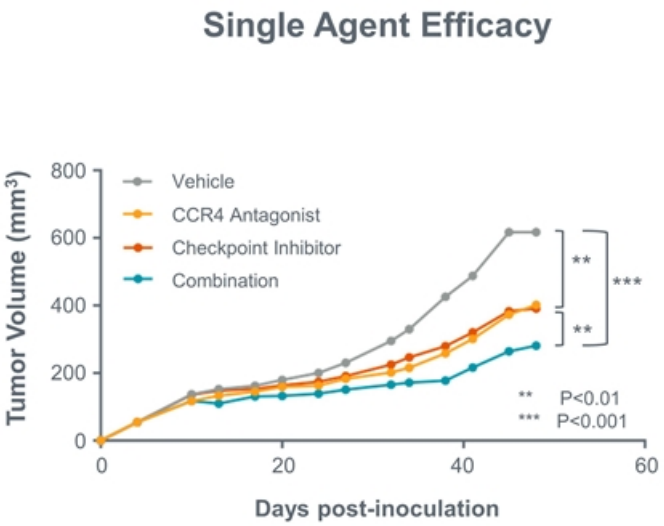
A Large Proportion of Multiple Tumor Types are "Charged"

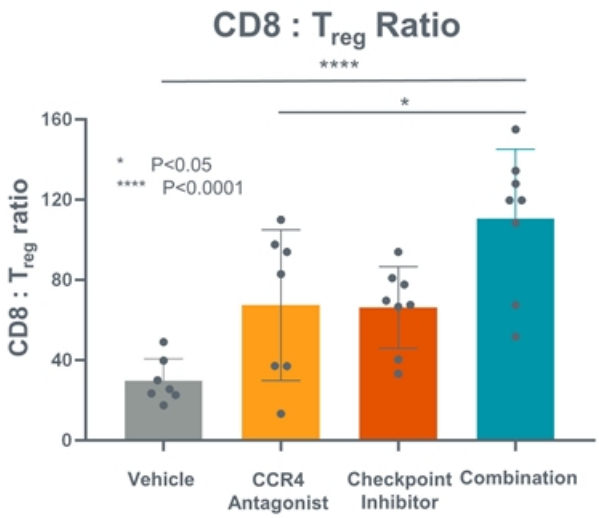
Tumor Type	Prevalence* (U.S.)	Virally Associated	Percent Viral	Estimated Percent "Charged"**
Non-Small Cell Lung Cancer	268,600	N/A	N/A	60-80%
Triple Negative Breast Cancer	145,500	N/A	N/A	
Head and Neck Squamous Cell Carcinoma	143,000	✓	25%-60%	
Nasopharyngeal Cancer	105,000***	✓	>95%	>90% of virally associated tumors
Hodgkin Lymphoma	28,500	✓	30%-50%	
Cervical Cancer	46,800	✓	>95%	
Non-Hodgkin Lymphoma	225,000****	✓	Widely variable among subtypes	

* Based on 2012 Globocan registries 5-year prevalence (2008-2012 estimates)
** Data from in-house analysis
*** World-wide prevalence
**** Based on 2018 Globocan registries 5-year prevalence (2013-2018 estimates)

RAPT THERAPEUTICS

CCR4 Antagonist: Single Agent Activity in a Mouse Model of a “Charged” Tumor

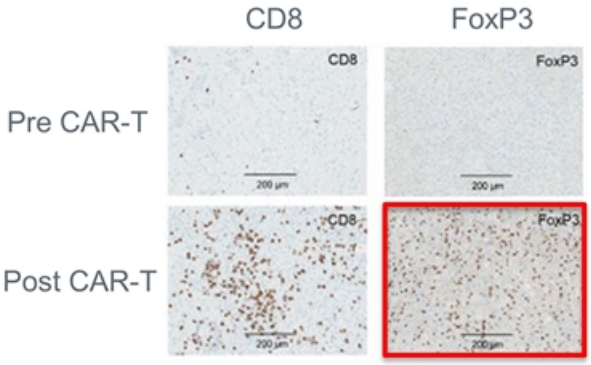




Pan02 “Charged” Tumor

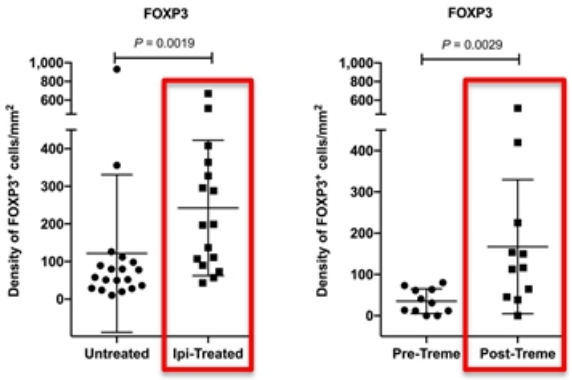
Accumulation of T_{reg} in the TME is a General Adaptive Immune Resistance Mechanism to Treatment

CAR-T Cell Therapy



O'Rourke et al. *Science Trans. Med.* (2017)

Anti-CTLA-4 Therapy

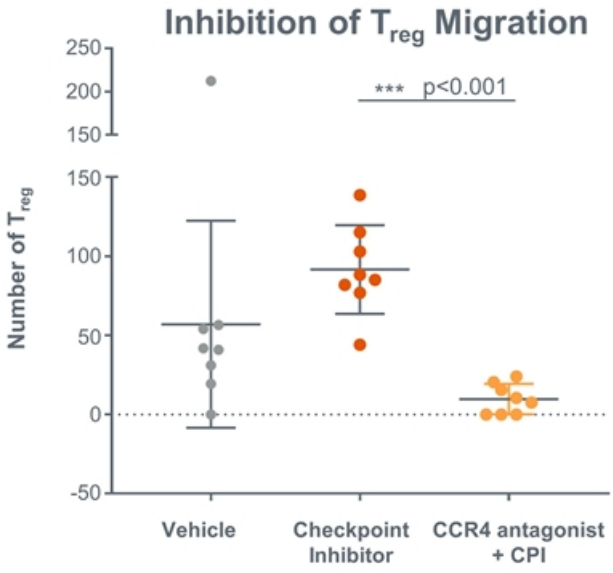


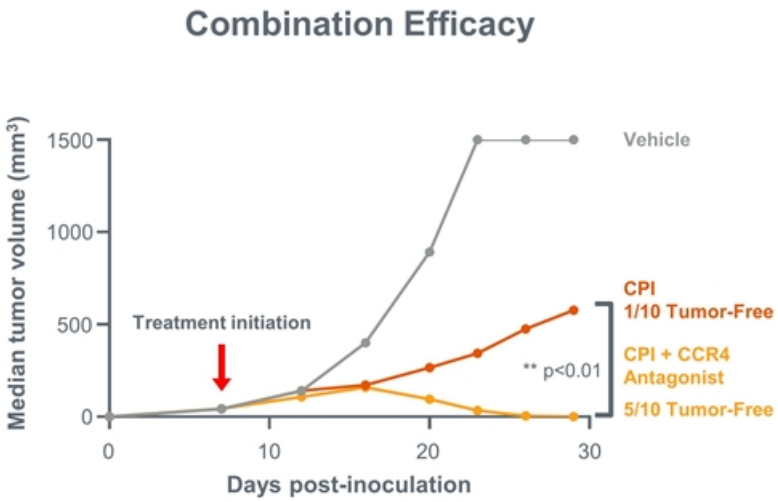
Sharma et al. *Clinical Cancer Research* (2019)

- Accumulation of T_{reg} has also been observed in both post anti-PD-1 and after conventional therapies such as radiation or chemotherapy

RAPT THERAPEUTICS

CCR4 Antagonist Synergizes with Checkpoint Inhibitors

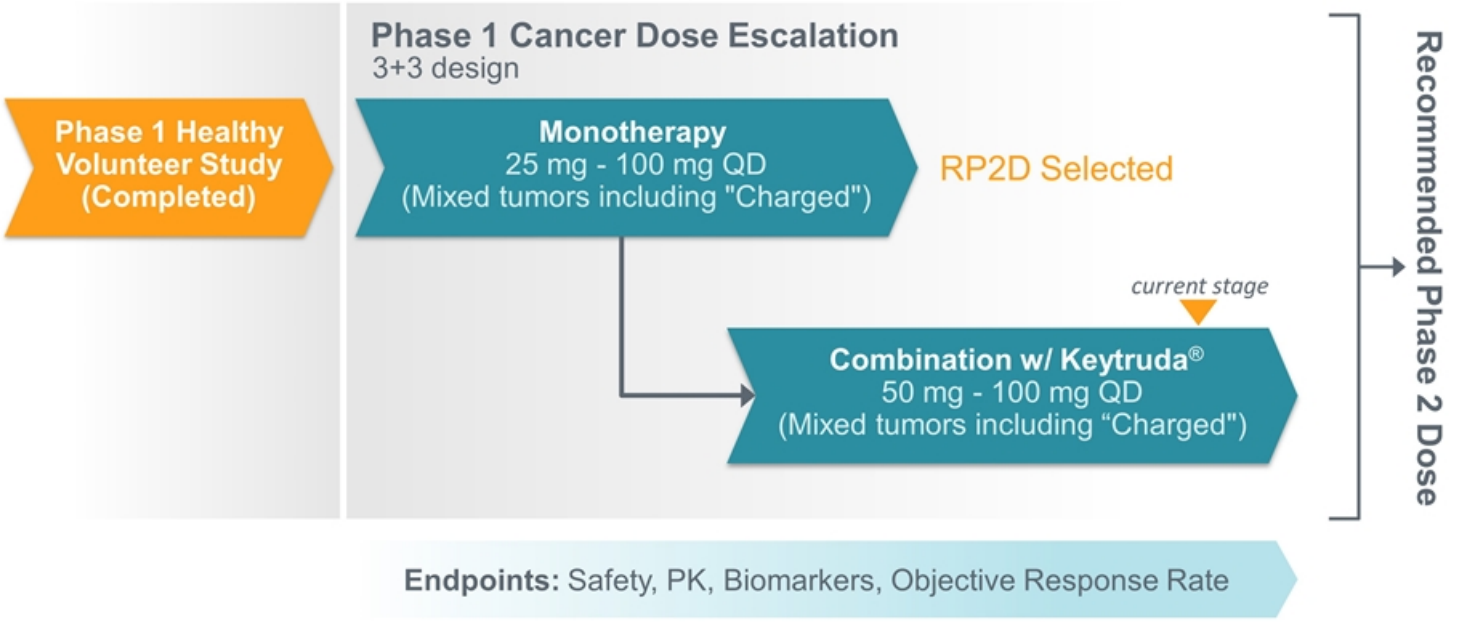




CT26 tumor model

RAPT THERAPEUTICS

FLX475 Clinical Development Status



Phase 1 Summary

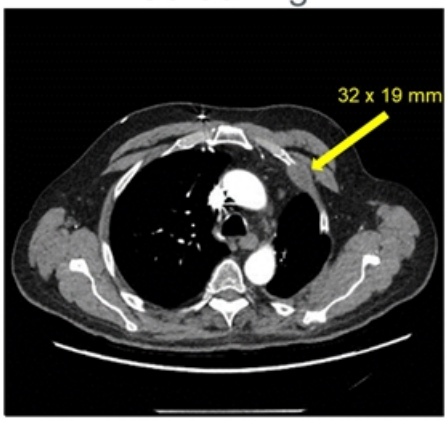
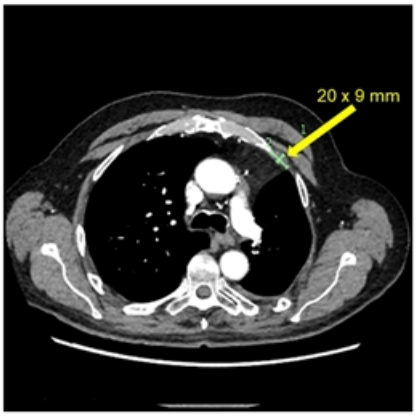
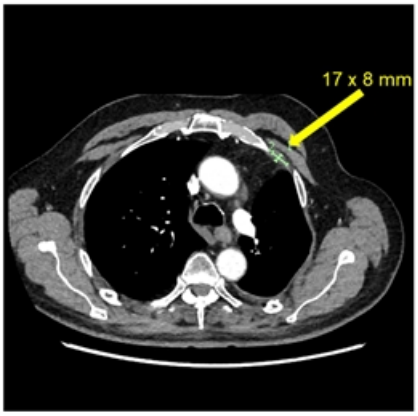
- Healthy Volunteer Study
  - 104 healthy human volunteers
  - Target engagement achieved in majority of subjects at 75 mg
  - Excellent safety and tolerability at targeted exposures

- Oncology Dose Escalation
  - Recommended Phase 2 Dose (Monotherapy): 100 mg
  - Dose escalation for combination cohorts ongoing
  - No new safety findings
  - Encouraging evidence of clinical activity

RAPT THERAPEUTICS

Confirmed Partial Response in a Checkpoint Inhibitor-Refractory NSCLC Patient Treated with 50 mg FLX475+Keytruda*

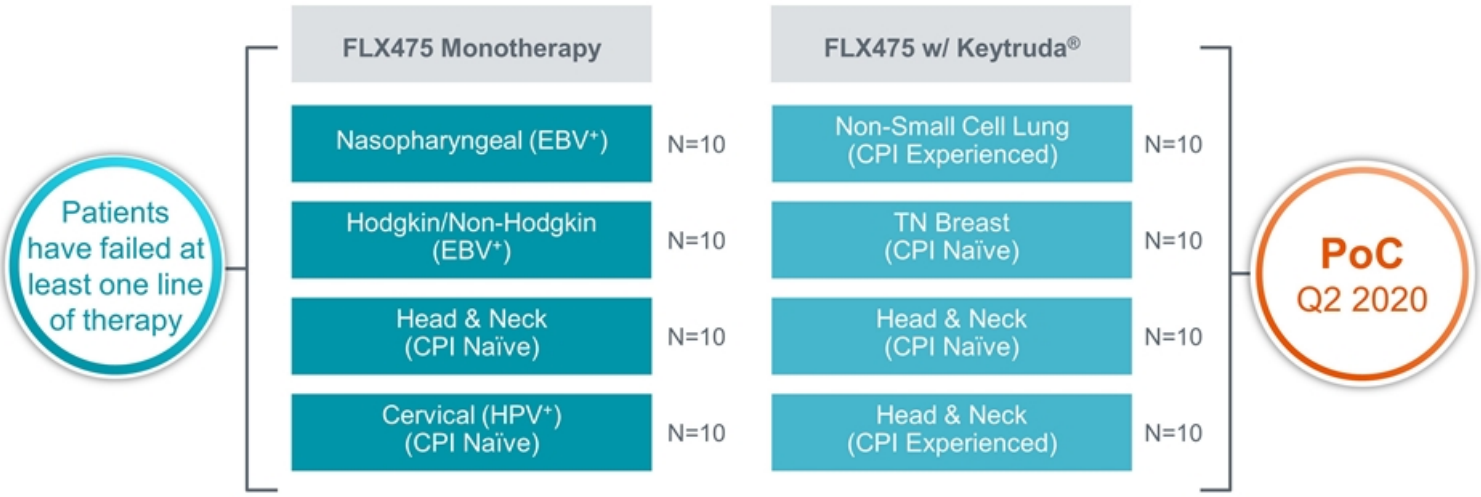
- 4L NSCLC patient that progressed on prior atezolizumab therapy
- Confirmed partial response (PR) by RECIST 1.1 criteria. Patient remains on study.

Screening	Week 8	Week 14
		
Baseline	-37.5% (PR)	-47% (PR)

*Based on radiological analysis conducted at the clinical investigator site

RAPT THERAPEUTICS

FLX475 Phase 2 Trial: PoC Expected in Q2 2020

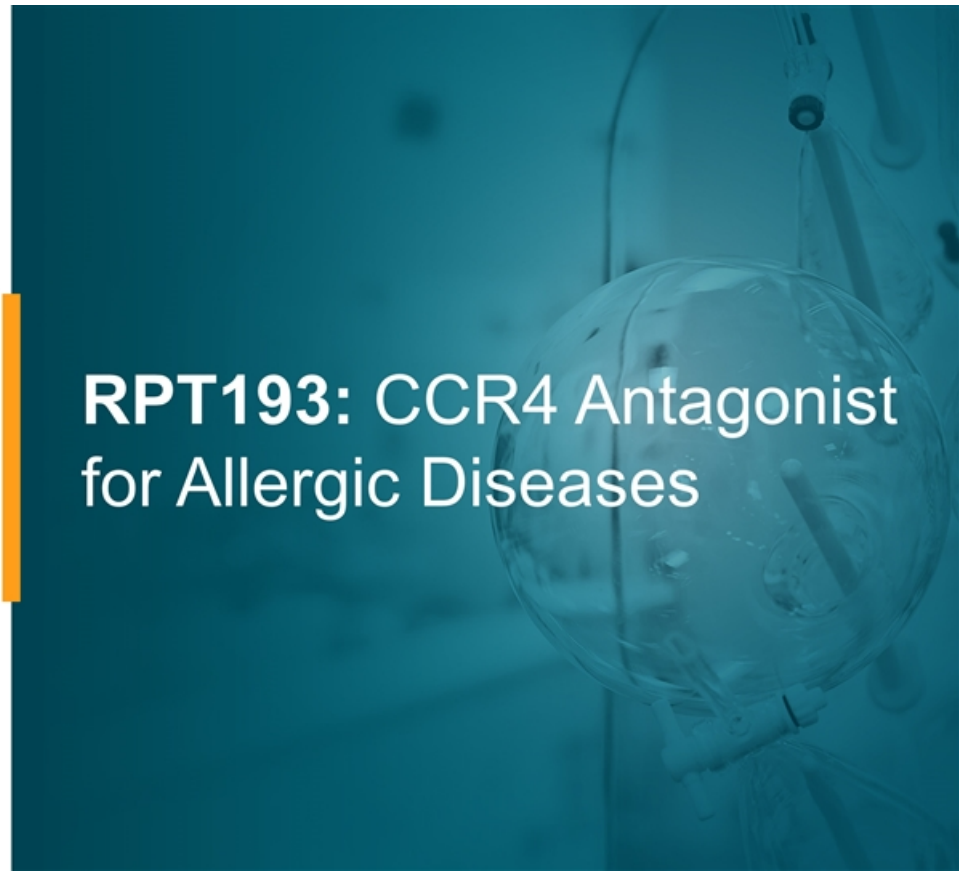


Endpoints: Safety, PK, Biomarkers, Objective Response Rate

- Gated 2-stage design: if positive ORR in a cohort, enroll additional 19 patients

CPI = Checkpoint Inhibitor

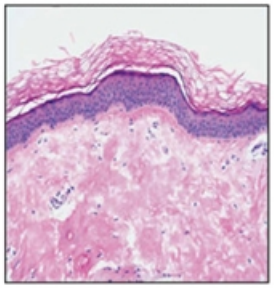
RAPT THERAPEUTICS


RPT193: CCR4 Antagonist
for Allergic Diseases

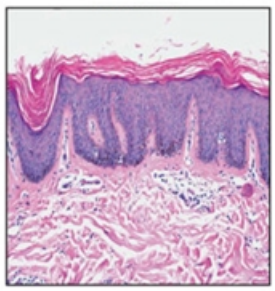
RPT193: Oral CCR4 Antagonist for Allergic Diseases with PoC Anticipated in Q3 2020

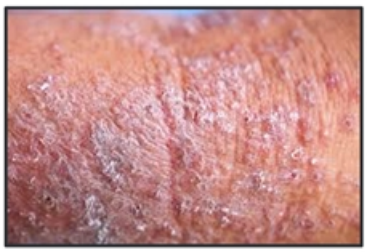
- Targeting atopic dermatitis, asthma, others
- Oral convenience could provide substantial competitive advantage to injectables and topical agents
- Completed IND-enabling studies and healthy volunteer data suggest a favorable safety profile
- Phase 1 trial ongoing with PoC in atopic dermatitis anticipated in Q3 2020

Normal Human Skin



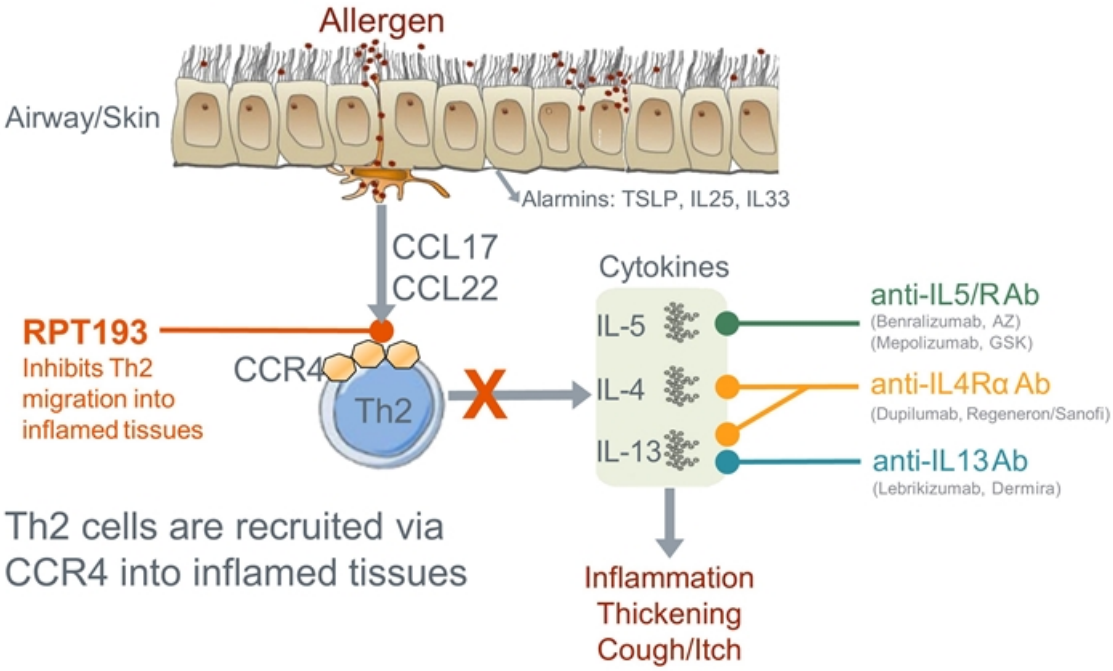
AD Lesional Skin





RAPT THERAPEUTICS

RPT193 Acts on a Well Validated Pathway in Asthma and Atopic Dermatitis (AD)



RPT193 Potential Advantages

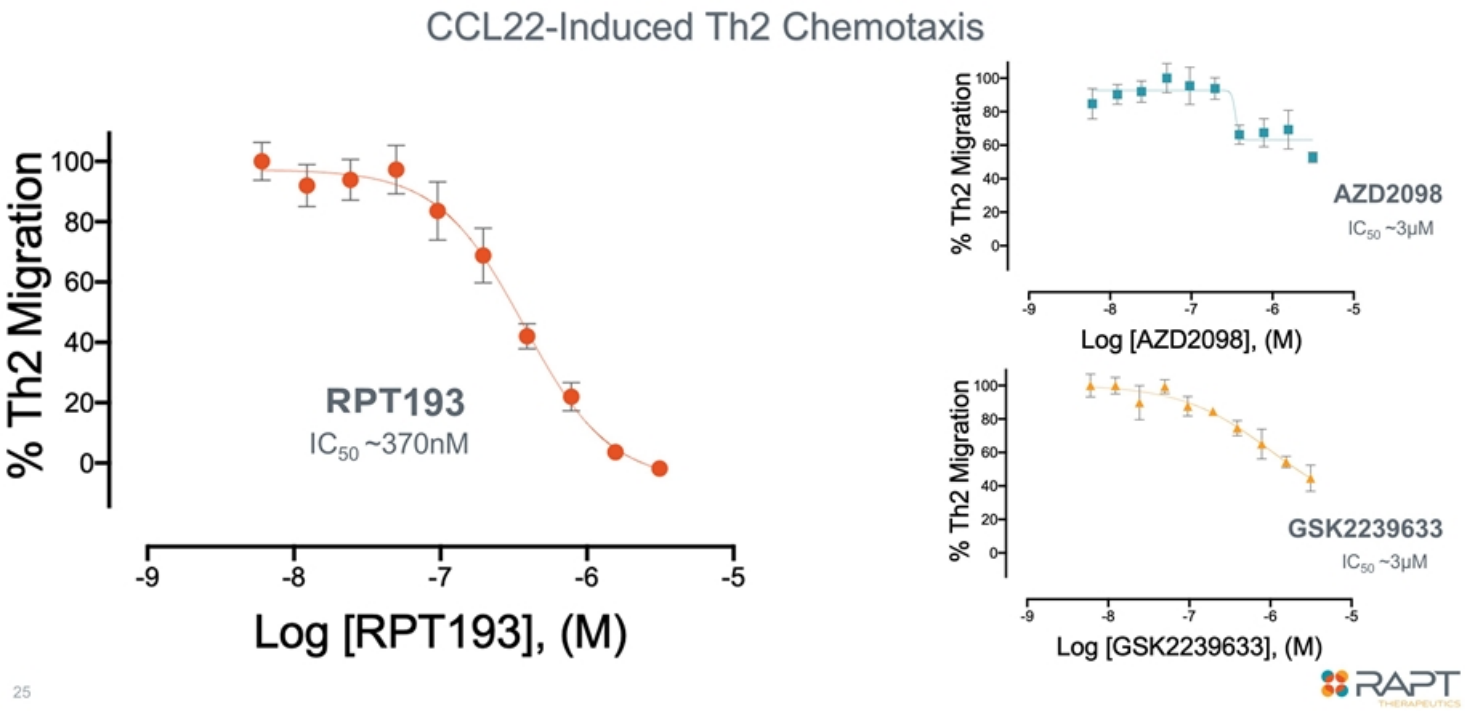
	RPT193	Dupilumab*	JAK inhibitors
Safety	● Preclinical and healthy volunteer data suggest a favorable safety profile	● Generally safe and well tolerated ● Conjunctivitis	● Immunosuppressive ● Potential black box warning for infections, malignancies and thromboembolic events
Route of Administration	● Oral, daily dosing	● Injectable	● Oral
Efficacy	● Preclinical data suggest efficacy similar to dupilumab*	● Durable clinical efficacy ● Activity in AD and asthma	● Similar to dupilumab*

* DUPIXENT®

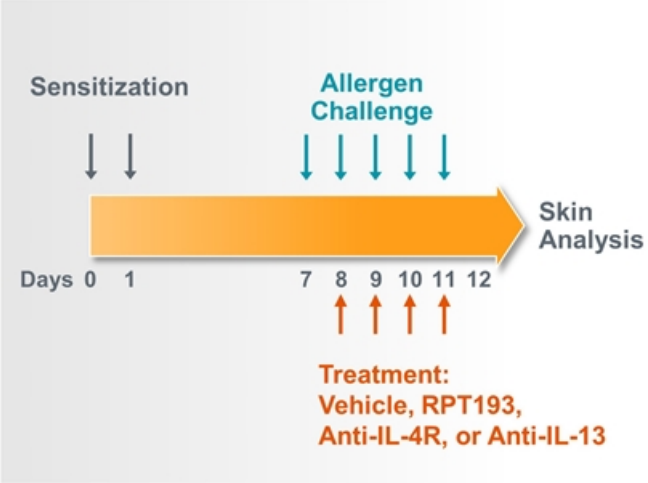
● Favorable Characteristic
● Unfavorable Characteristic

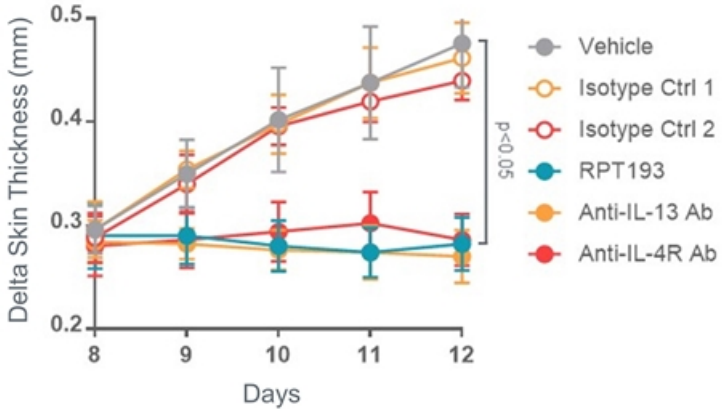
RAPT THERAPEUTICS

Potency of CCR4 Inhibitors in an In Vitro Th2 Chemotaxis Assay

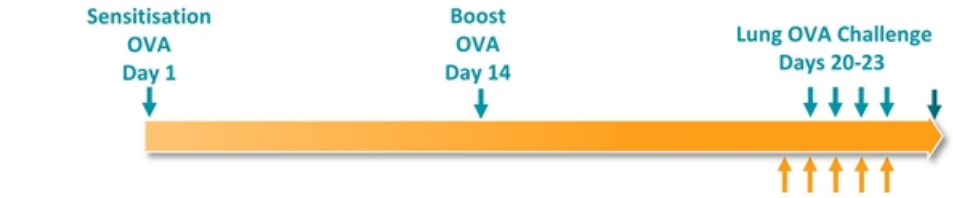


RPT193 Demonstrates Similar Efficacy to Biologics in Atopic Dermatitis Model



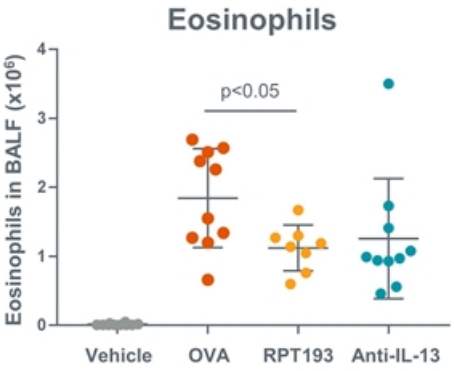


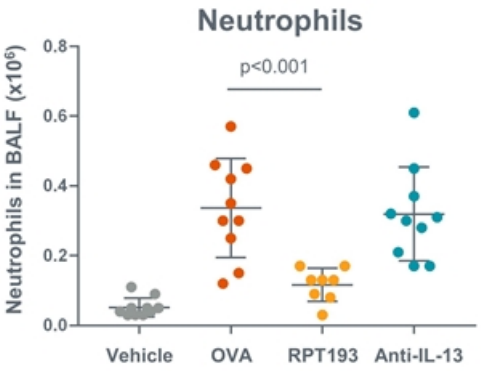
RPT193 Demonstrates Broader Activity than Anti-IL-13 in an Allergic Asthma Model

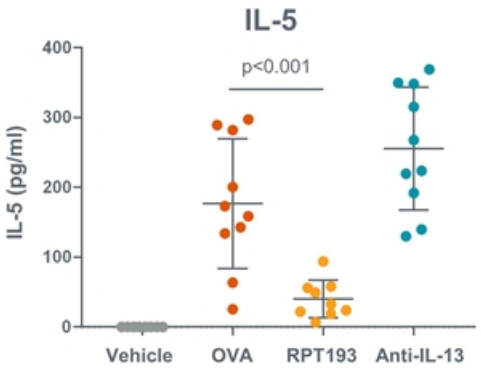


24 hrs after day 23 challenge
BALF collection and cell count

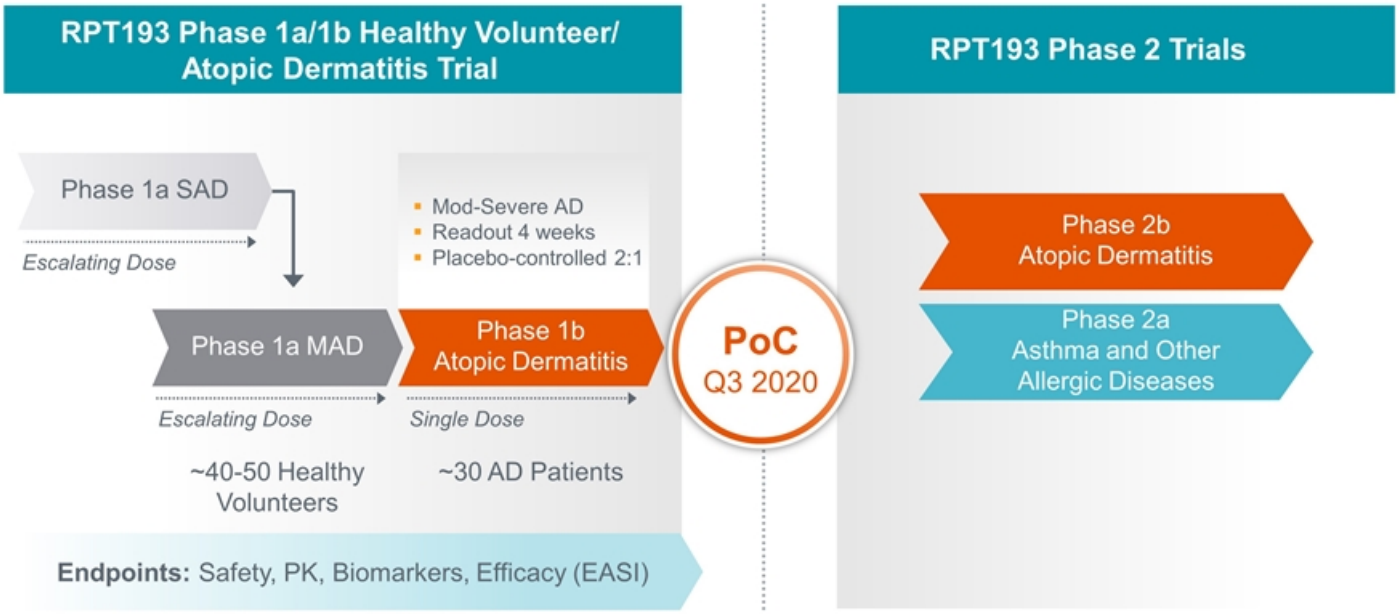
Oral RPT193 on Days 19 – 23
Anti-IL-13 on Day 19





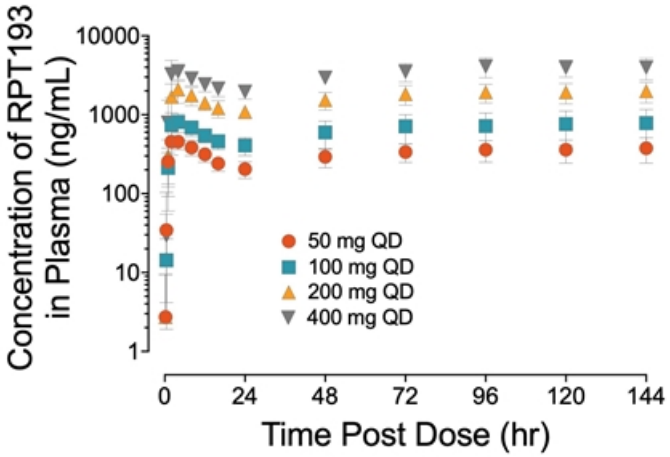


RPT193: Seamless Clinical Trial Design to PoC and Beyond

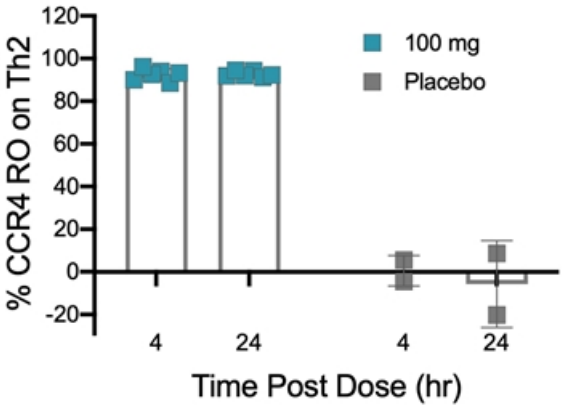


Phase 1a HV Data Supports Once-Daily Dose

Dose-Proportional Oral PK with ~24 Hr. Half-Life

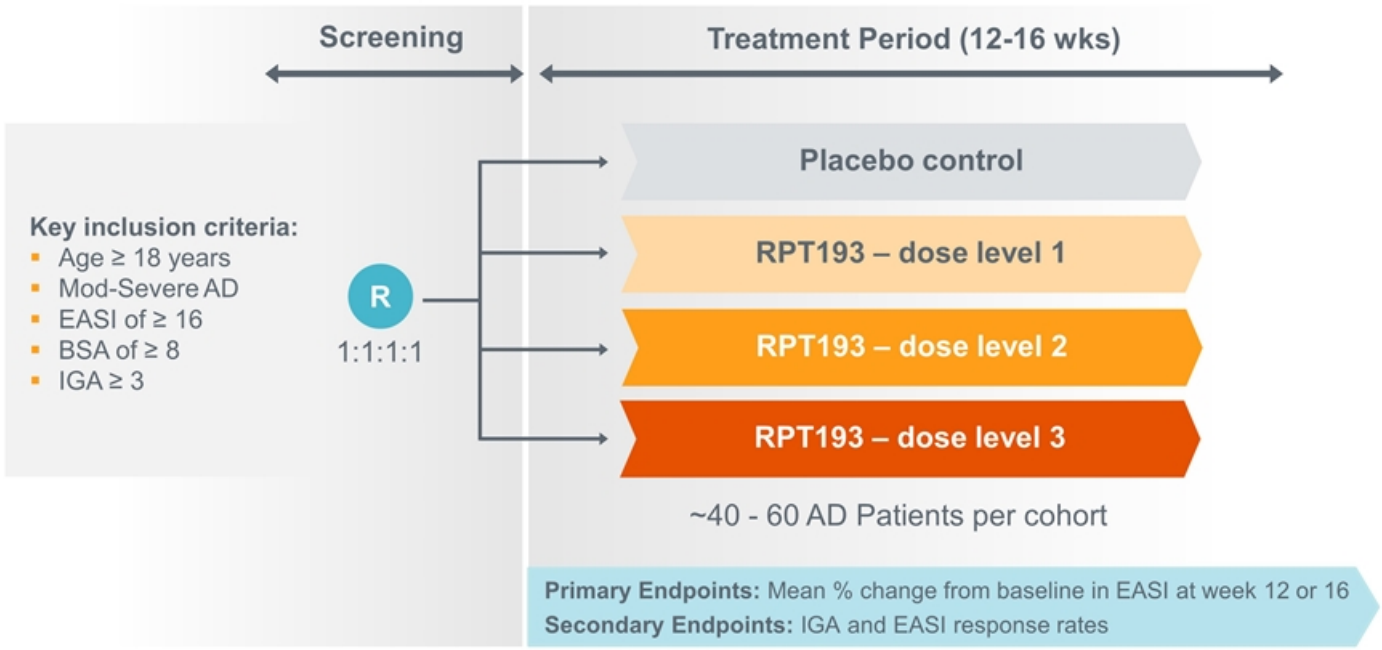


Target Receptor Occupancy Exceeded at 100 mg

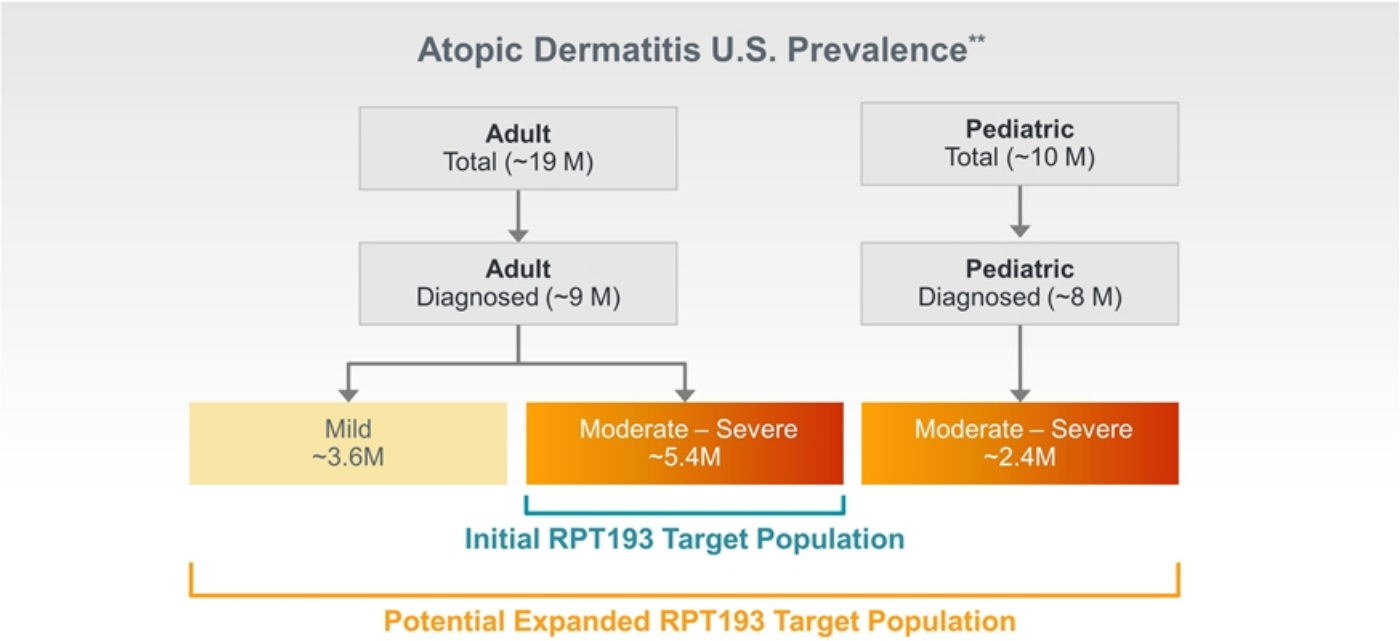


- 100 mg once-daily dose exceeds target exposures and receptor occupancy
- Favorable safety profile to date (n=56)

Proposed Phase 2b Double Blind, Placebo-Controlled Trial

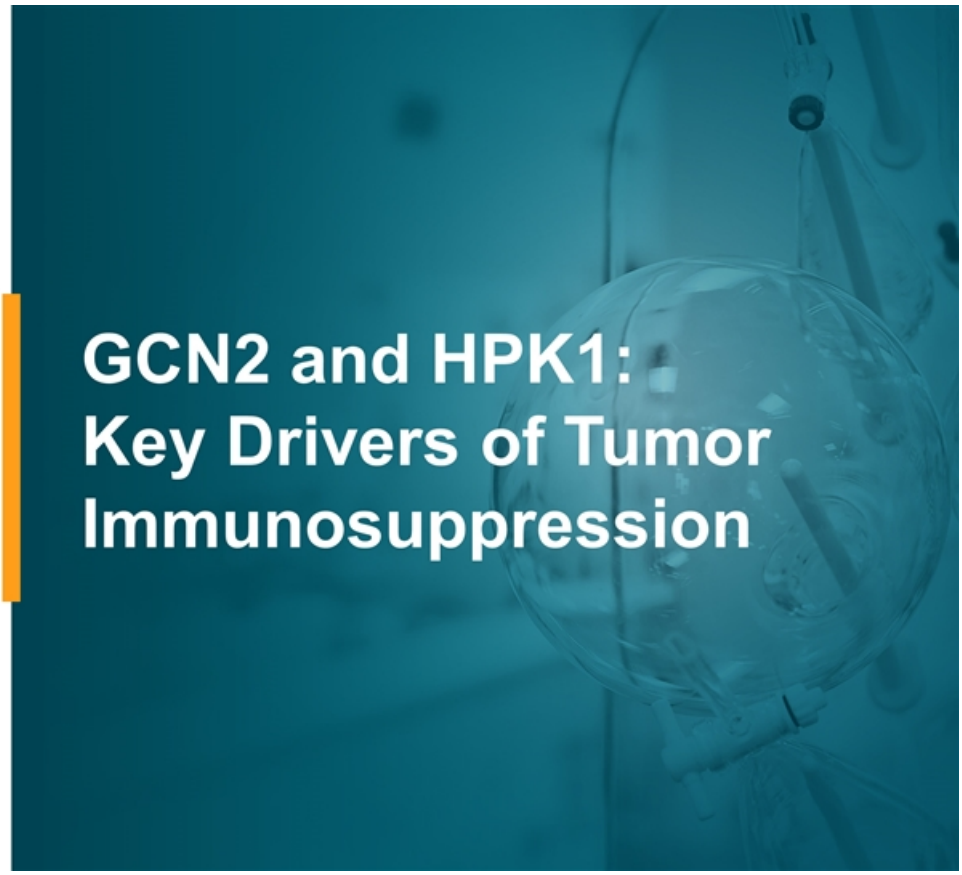


RPT193: Potentially Disruptive Convenience and Safety Profile

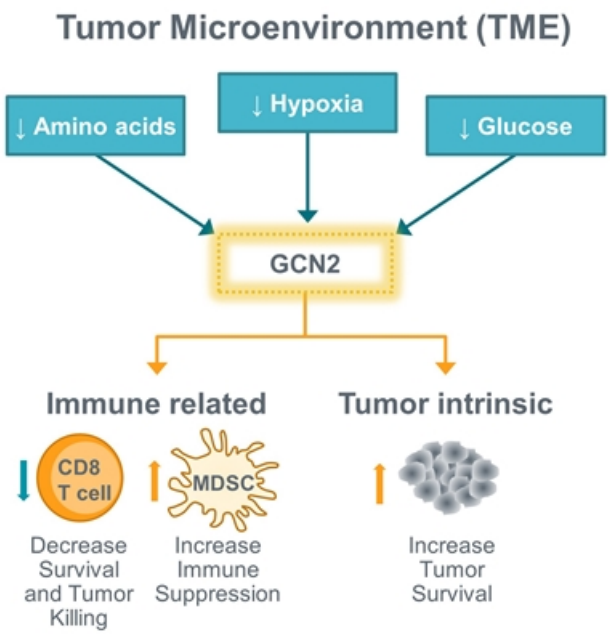


**2018 Data, Decision Resources, nationaleczema.org, Shaw et al., 2011

RAPT THERAPEUTICS


GCN2 and HPK1:
Key Drivers of Tumor
Immunosuppression

GCN2 Program: Reversing Tumor Progression Caused by Metabolic Stress



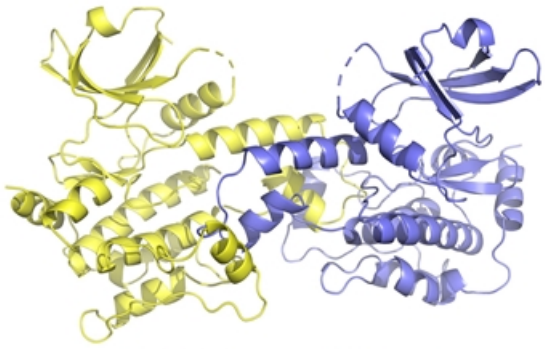
- TME harbors significant metabolic stress
- GCN2 inhibitors have potential to:
  - Reactivate the immune response
  - Increase tumor cell death
  - Act specifically in the TME resulting in better therapeutic index
- RAPT GCN2 inhibitor demonstrated enhanced immune function in vitro and single agent antitumor activity in vivo
- Plan to select a candidate in 2020

Mellor and Munn, 2008; Ye et al, 2010; Wang et al, 2013

RAPT THERAPEUTICS

HPK1 Program: Unlocking Antitumor T Cells

- HPK1 is a negative regulator of T cell receptor activation
- Identified from a RAPT computational screen along with PD-1 and CCR4
- High resolution crystal structures and docking models have enabled the discovery of potent and selective HPK1 inhibitors with good PK
- HPK1 inhibition increases tumor-specific T cell activation leading to compelling efficacy in tumor models
- Program in Lead Optimization



RAPT HPK1 Crystal Structure

RAPT THERAPEUTICS

Significant Inflection Points in 2020

Timing		Milestones		
		FLX475	RPT193	GCN2 Program
2020	1H	Phase 2 clinical PoC	Phase 1b enrollment completed	
	2H	Expansion cohorts and potential registrational studies	Phase 1b clinical PoC	Select Candidate

Focused on Oral Drugs Targeting Critical Immune Drivers of Disease

- **Diversified pipeline**
- **Large market opportunities**
- **Significant inflection points in 2020**
- **Strategic collaborations**
- **Proprietary discovery engine**

CLINICAL

FLX475 (Oncology):
- Selectively targets immunosuppressive tumor T_{reg}
- Encouraging clinical activity in Phase 1 study
- **Phase 2 PoC readout Q2 2020**

RPT193 (Allergic Disease):
- Oral agent targets inflammatory Th2 cells
- Robust PK/PD with excellent safety in Ph1 study
- **PoC readout Q3 2020**

DISCOVERY

GCN2 (Oncology):
- Flips a key metabolic switch in TME

HPK1 (Oncology):
- Unlocks T cell activation to tumor antigens

RAPT THERAPEUTICS


Thank You