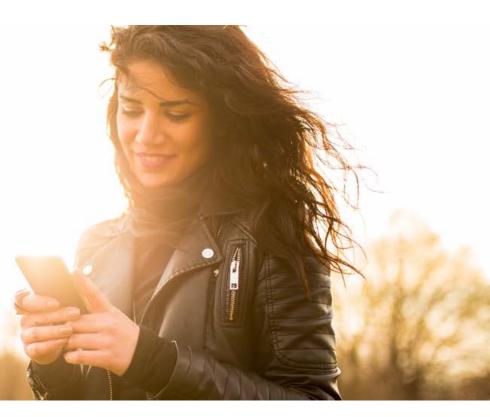


Neuronetics, Inc.

NASDAQ: STIM

Company Presentation

March 2020



Disclaimers

This presentation contains estimates and other statistical data prepared by independent parties and by Neuronetics, Inc. (the "Company") relating to market size and growth and other data about the industry in which the Company operates. These estimates and data involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates and data.

Certain statements in this presentation and the accompanying oral commentary are forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements, including statements relating to the Company's business strategy and financial metrics as well as revenue, operating expense and earnings guidance and projections for future periods, relate to future events or the future financial performance of the Company and involve known and unknown risks, uncertainties and other factors that may cause the actual results, levels of activity, performance or achievements of the Company or its industry to be materially different from those expressed or implied by any forward-looking statements. In some cases, forward-looking statements can be identified by terminology such as "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "potential" or other comparable terminology, as well as the negative of such statements. All statements other than statements of historical fact may be deemed to be forward-looking statements, including those concerning any expectations regarding investment returns; any projections of financial information; any statements about historical results that may suggest trends for our business; any statements of the plans, strategies, and objectives of management for future operations; any statements of expectation or belief regarding future events, potential markets or market size, additional indications or technology developments; developments in clinical trials or regulatory review of NeuroStar Advanced Therapy System for additional indications; and any statements of assumptions underlying any of the items mentioned. The Company has based these forward-looking statements on its current expectations, assumptions, estimates and projections. While the Company believes these expectations, assumptions, estimates and projections are reasonable, such forward-looking statements are only predictions and involve known and unknown risks and uncertainties, many of which are beyond the Company's control. These and other important factors may cause actual results, performance or achievements to differ materially from those expressed or implied by such forward-looking statements. The forward-looking statements in this presentation are made only as of the date hereof. Except as required by law, the Company assumes no obligation and does not intend to update these forward-looking statements or to conform these statements to actual results or to changes in the Company's expectations, assumptions, estimates and projections.

Presenters



Interim Co-Presidents



Steve Furlong

Vice President & Chief Financial Officer

32 years of experience:



Andrew Macan

Senior Vice President, General Counsel, Chief Compliance Officer and Corporate Secretary

22 years of experience:









Dechert

Neuronetics Snapshot

NeuroStar Advanced Therapy —
 Transcranial Magnetic Stimulation (TMS)

Focused on psychiatric indications

Initial Indication:
 Adult Major Depressive Disorder (MDD)

- Safe, effective and non-invasive office-based treatment
- FDA cleared 2008
- CE mark and approved in Japan in September 2017. Reimbursement acquired in June 2019



Investment Highlights



Major Depressive Disorder



Disease Overview

- Characterized by depressed mood or loss of interest in pleasure for at least two weeks
- Periods of remission and relapse over a lifetime
- 300 million people worldwide living with depression
 - 13 million adults with MDD in the US
 - 3.0% incidence rate

Disease Burden

Economic burden in US of \$210 billion annually

Medical Management

- First line treatment is antidepressants with or without psychotherapy
 - Care by PCP, followed by referral to psychiatrist after failed treatment attempt

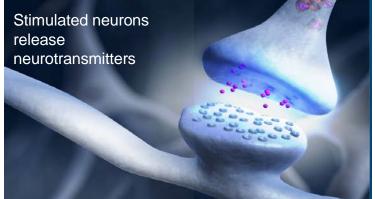
MDD is a leading cause of disability and a major contributor to suicide worldwide *

*Source: https://www.who.int/news-room/fact-sheets/detail/depression

Transcranial Magnetic Stimulation

- TMS uses pulsed, MRI-strength magnetic field
- Induces electrical currents to stimulate specific areas of brain associated with mood
- Stimulation triggers a cascading electro-chemical effect
- Changes connections in brain structures to improve neuronal circuit activity and mood



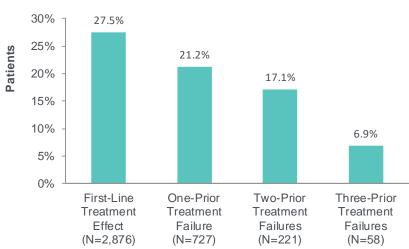


Effectiveness of TMS therapy depends on precise and targeted stimulation that is consistent and repeatable over treatment sessions

Limitations of Antidepressant Medications

Limited Effectiveness

STAR*D Study¹ Achieving Remission (HAMD 17)

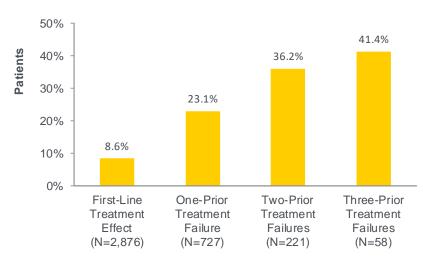


Approximately 28% and 21% of patients achieved remission in their first and second medication attempts, respectively

 Likelihood of remission was limited and declined with each new medication attempt

Treatment-Emergent Side Effects

STAR*D Study¹ Discontinuation Due to Side Effects

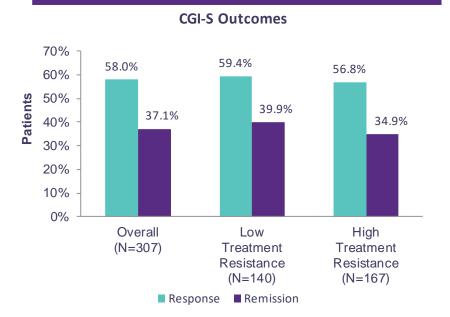


- Likelihood of discontinuing treatment increased with each new medication attempt
- In the fourth treatment attempt, likelihood of dropping out of treatment had more than quadrupled
- Adverse events discontinuation rate in monotherapy 9% to 41%



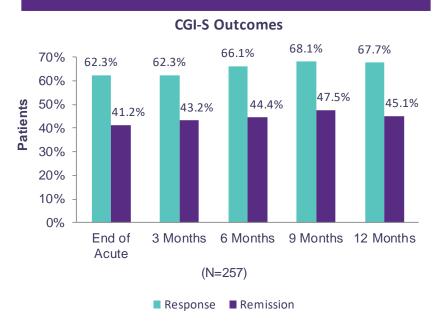
Clinically Proven Solution

Acute Phase in Real-World Clinical Settings Study¹



- 1 in 2 patients respond
- 1 in 3 patients achieve remission

Long-term Durability in Real-World Clinical Settings Study²



 Long-term durability has been demonstrated with response and remission rates among users

Outcomes Registry

- World's largest registry of treatment resistant depression, >4,300 patients across >100 treatment facilities
- Remission rate of 34% and response rate of 63% for over 4,300 self-evaluating patients
- Remission rate of 53% and response rate of 75% for 1,300+ patients evaluated by clinician rating scale



9

- . Carpenter L.L, et al. (2012) Depression and Anxiety, 29(7):587-596
- 2. Dunner, D.L., et al. (2014) The Journal of Clinical Psychiatry, 75(12):1394–1401

Clinically Proven Solution

Two Randomized Controlled Trials

- Sponsored largest RCT, sham-controlled TMS trial ever conducted
 - Enrolled 325 adult patients with treatment resistant MDD
 - Primary Efficacy Endpoint: MADRS at 4 weeks (P=0.057); not achieved but clinically meaningful improvement demonstrated
 - Secondary Efficacy Endpoints Included: HAMD 17 at 4 and 6 weeks (P=0.006 and P=0.005, respectively); HAMD 24 at 4 and 6 weeks (P=0.012 and P=0.015, respectively)
 - Basis of initial 510(k) clearance in 2008 failed one prior antidepressant medication¹
 - All patients who failed one prior researchgrade Rx (N=164; MADRS, P=0.0006)
- Second, industry-independent RCT, sham-controlled trial funded by the NIMH
 - Enrolled 199 adult patients with treatment resistant MDD
 - Primary Efficacy Endpoint: Remission measured using HAMD 24 at up to 6 weeks (P=0.02)
 - Basis of expanded labeling in 2014 failed one or more prior antidepressants²

Unmatched Body of TMS Clinical Data



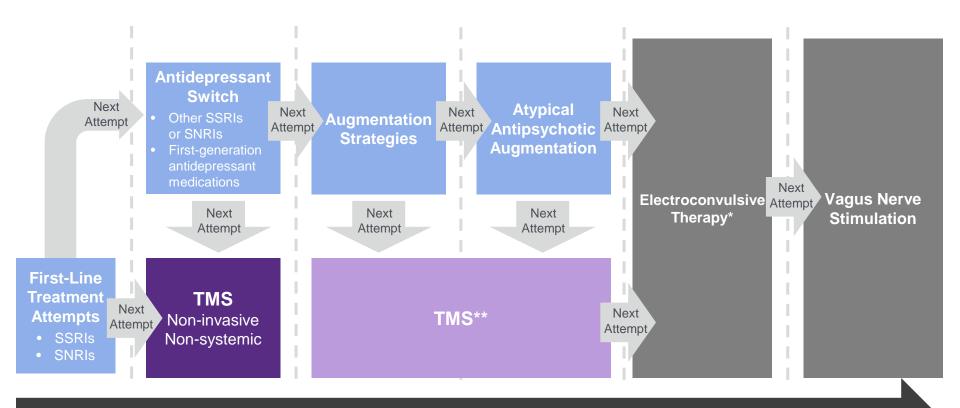
Safety Record

- > 2.9 million treatment sessions delivered globally
- > 81,000 patients treated
- Adverse events discontinuation rate ~5%³



^{2.} George, M.S., et al. (2010) Archives of General Psychiatry, now published as JAMA Psychiatry, 67(5):507-516

MDD Patient Continuum of Care



Psychotherapy

NeuroStar Advanced Therapy is indicated for treatment of MDD in adult patients who have failed to achieve satisfactory improvement from prior antidepressant medication in the current episode

^{*} ECT may be used earlier in the patient continuum of care in patients experiencing catatonia, acute suicidal behaviors or psychotic symptoms

^{**} TMS may be used at any point along the continuum of care following one or more failed treatment attempts

Our Solution: NeuroStar Advanced Therapy

NeuroStar Advanced Therapy System



Therapy

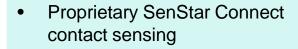
- Psychiatrist establishes treatment dose and positioning in first session
- Five days a week for up to six weeks
- Trained member of office staff may administer subsequent treatment sessions under psychiatrist supervision

Efficient



- Non-invasive and no anesthesia
- MT Assist
- Treatment time as low as 19 minutes
- TrakStar stores patient's treatment data

Precise





- SenStar magnetic field detector
- Proprietary, laser-aligned, six-point coordinate system

Efficient, Specialty-Focused Commercialization Model

\$6.0B US Addressable Market Opportunity*

		# of Psychiatrists	# of Sites	# of Patients Treated
	Total	56,100	37,700	~7.6M Patients
	Acute Care Community + Behavioral Health Hospitals + Other Sites	6,800	11,400	~2.2M Patients
	Solo and Group Practice Sites	49,300	26,300	~5.4M Patients
F				
repres	(000/	stimated 1.6M eatable patients		rrent DM

Remaining **78%** of practices represent **40%** of the patients volume or ~**2.1M** patients

or ~3.3M patients

Estimated 1.0M treatable patients \$2.3B*

"TMS-Only" Providers

Call Points

\$3.7B*



^{*}Represents potential revenues from treatment sessions annually, based on expected revenues for a standard course of treatment

Payors and Reimbursement

Payor Coverage

- Estimated to cover 95% of total private payor covered lives in the US
- 95+ major US private insurers provide coverage policies
 - Our top 25 US private insurers, including United/OPTUM, Anthem, Aetna, Cigna, HCSC, TRICARE and Humana, represent 205 million covered lives² in excess of 200 million¹
- 100% Medicare Coverage
 - 59.7 million covered lives¹

Reimbursement

Covers MT assist and treatment sessions

CPT Code	Reimbursement
90867	MT Assist and Treatment Session
90868	Treatment Session
90869	Subsequent MT Assist and Treatment Session

- 1. As of April 1, 2019
- 2. As of March 15, 2018



Physician Practice Economics



Proven return on investment for psychiatrists





Potential to provide meaningful incremental income to psychiatrist practice



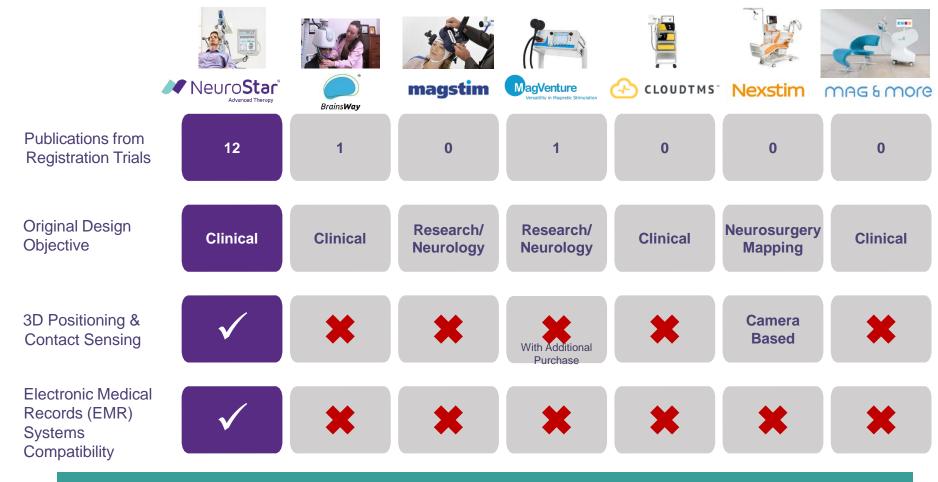
Psychiatrist can generate ~\$7,500 to \$10,000 of revenue per patient per course of treatment on average



Can recoup capital investment by treating ~12 patients

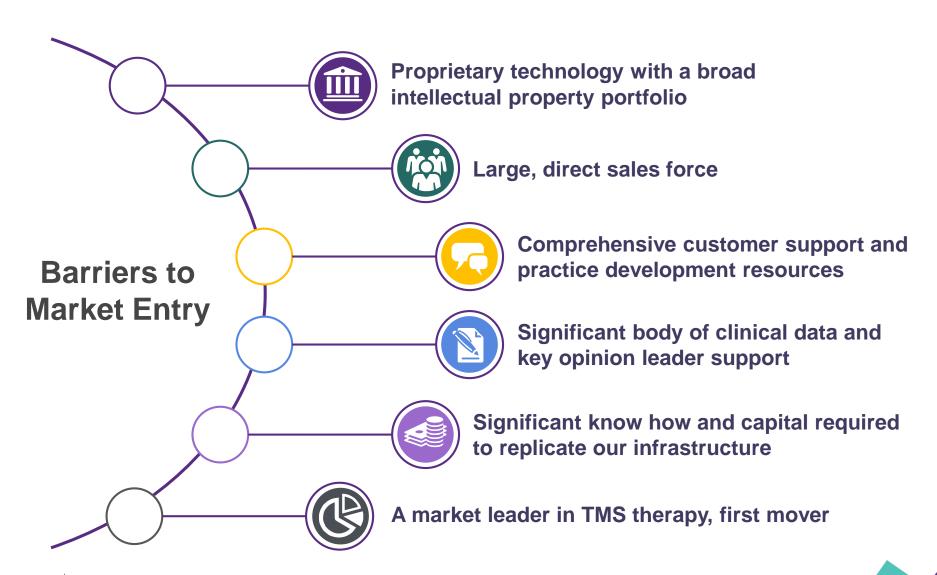
NeuroStar Advanced Therapy has potential to enhance psychiatrist practice economics

Competitive Positioning



We believe the NeuroStar Advanced Therapy System is the most attractive TMS system alternative on the market

Barriers to Entry



Growth Strategy

Current

- US field based sales force expansion
- Target high-volume psychiatrist practices
- DTC (Direct-to-Consumer) marketing campaigns
- Japan commercialization
- New indication: Bipolar

Mid-Term

Next Generation Platform

Long-Term

- Geographic market expansion
- Develop other new indications that may include PTSD













Leading Commercial Team in the Industry

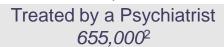
Optimized Team			Territories/Positions					
			2016	2017	2018	2019	2020 Forecast	
	Business Development Mangers	High Value Target Acquisition	14	29	44	59	55	
	Internal Sales Representatives	Prospect Accounts for BDMs	4	5	7	7	0	
	NeuroStar Practice Consultants	Practice Support	25	28	28	33	40	
	Clinical Training Consultants	Clinical Proficiency		÷	9	15	17	
$\overline{\Diamond}$	Reimbursement Managers	Payor Access	5	7	9	10	9	
X	Field Service Engineers / Tech Support	Business Continuity and Support	12	15	17	20	20	
	Marketing	Physician and Patient Awareness	5	6	6	9	6	
- <u>`</u>	Management	Leadership, Mgmt., and Execution	11	15	18	21	22	
		TOTAL	76	105	138	174	169	

Japan Growth Opportunity

- Primary international focus is on Japan
- Third largest healthcare spend globally
- Single payor healthcare system
- Shonin Approval: September 2017
- Exclusive distribution agreement with Teijin Pharma signed October 2017
 - Teijin to promote sales of systems and treatment sessions
 - Minimum purchase requirements
 - Milestones received to date of \$2.8 million
- Reimbursement listing effective June 2019
 - 2nd Milestone payment estimated \$0.7 million
 - 158 hospitals qualified
 - Approved reimbursement amount is ¥12,000



Adults Suffering from MDD 2.4 million²



Failed to achieve remission 475,000³

~\$600 Million Addressable Market

Japan represents a large market opportunity



Source: National Center for Biotechnology and Information

Estimate based on Star*D data and all of whom covered by Japan's single payor healthcare system

Pipeline Indications

Bipolar Depression

- Mania and depressed phases
- Depressed phase considered most difficult to treat phase of Bipolar Disorder
- Few treatment options available; suboptimal outcomes
- Received Breakthrough Device Designation
- Currently in discussions with FDA on clinical protocol

Post Traumatic Stress Disorder (PTSD)

- Treatment options limited
- NeuroStar Advanced Therapy may represent potential new treatment for patients with PTSD



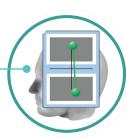
Intellectual Property

Patent Portfolio

- Largest of any TMS system provider
- Issued or allowed patents:37 US / 51 OUS
- Pending patent applications:7 US / 10 OUS

Key Portfolio Coverage Areas

- Contact Sensing
 - Multiple, US patent expires 2024-2027



- MT Assist
 - US patent expires 2024



- Iron Core Magnet
 - Multiple, US patents expire 2025–2027



The largest and most comprehensive IP portfolio of all TMS competitors.

Management and Board of Directors

Management						
Steve Furlong	VP, CFO Interim Co-President					
Daniel Guthrie	VP, CCO					
Greg Harper	VP, R&D, Operations and Product Development					
Andrew Macan	SVP, General Counsel, Chief Compliance Officer, and Corporate Secretary Interim Co-President					
Anthony Pui	VP, International Commercial Development					
Yelena Tropsha	VP, Commercial Access					

Board of Directors					
Cheryl Blanchard, Ph.D.	Former CEO, Keratin Biosciences, and Interim CEO Anika Therapeutics				
Stephen Campe	Patricia Industries (Investor AB)				
Sheryl L. Conley	Former Global President and Chief Marketing Officer, Zimmer Holdings				
Brian Farley	Chairman; Former CEO and Chairman, Entellus Medical				
Wilfred Jaeger	Three Arch Partners				
Glenn Muir	Former CFO, Hologic				



NeuroStar Revenue: 2018 and 2019

NeuroStar Revenue

Total U.S. NeuroStar Revenue (\$000s)

YoY ∆

U.S. NeuroStar Capital Revenue (\$000s) (4)

YoY ∆

U.S. NeuroStar Operating Lease Revenue (\$000s) (5)

YoY △

U.S. NeuroStar Other (\$000s) (6)

YoY △

2018					20)19	
Q1-18	Q2-18	Q3-18	Q4-18	Q1-19	Q2-19	Q3-19	Q4-19
\$2,373	\$3,568	\$3,908	\$4,754	\$3,350	\$4,628	\$4,616	\$5,413
80%	42%	38%	37%	41%	30%	18%	14%
\$1,909	\$3,268	\$3,428	\$4,338	\$2,939	\$4,034	\$4,264	\$4,959
76%	65%	54%	47%	54%	23%	24%	14%
\$258	\$181	\$269	\$231	\$182	\$187	\$184	\$177
13%	-38%	-7%	-2%	-29%	3%	-31%	-24%
\$206	\$120	\$211	\$185	\$229	\$407	\$167	\$278
NM	-50%	-34%	-35%	11%	239%	-21%	50%

- (4) = Revenue includes NeuroStar System Capital Sales and Sales Type Leases
- (5) = Revenue derived from Operating Lease revenue amortization during the period
- (6) = Revenue derived from Treatment Coils in U.S.

NeuroStar Unit Sales: 2018 and 2019

Unit Sales

Total NeuroStar Units (Capital Sales, Sales Type Leases, Operating Leases) (1) $_{YOY\ \varDelta}$

Beginning Active Installed Base Ending Active Installed Base $YOY \Delta$

Net Active Installed Base Change

YoY Δ

Inactive Systems (Calculation) (2)

Inactive System Churn % (Calculation) (3)

2018					20	19	
Q1-18	Q2-18	Q3-18	Q4-18	Q1-19	Q2-19	Q3-19	Q4-19
30	47	48	65	43	61	68	78
50%	62%	50%	55%	43%	30%	42%	20%
752	781	816	858	907	931	976	1,032
781	816	858	907	931	976	1,032	1,135
16%	18%	18%	21%	19%	20%	20%	25%
29	35	42	49	24	45	56	53
21%	84%	20%	81%	-17%	29%	33%	8%
-1	-12	-6	-16	-19	-16	-12	-25
-0.1%	-1.5%	-0.7%	-1.9%	-2.1%	-1.7%	-1.2%	-2.4%

- (1) = Includes all active systems placed during the period. In 2018, this included 15 operating leases: Q1-6, Q2-4, Q3-1, Q4-4.
- (2) = Calculation: (Ending Installed Base Beginning Installed Base) Total NeuroStar Units
- (3) = Calculation: Inactive Systems / Ending of Prior Period Installed Base



NeuroStar Treatment Session: 2018 and 2019

Treatment Session Sales

Total Treatment Session Revenues (\$000s)

YoY Δ

Active Installed Base (Ending of Prior Quarter)

Avg. Revenue per Active System (\$000s) (8) YoY \varDelta

	2018				20	19	
Q1-18	Q2-18	Q3-18	Q4-18	Q1-19	Q2-19	Q3-19	Q4-19
\$7,240	\$8,920	\$9,218	\$9,909	\$8,778	\$10,847	\$10,252	\$11,243
26%	21%	28%	23%	21%	22%	11%	13%
752	781	816	858	907	931	976	1,032
\$9.6	\$11.4	\$11.3	\$11.5	\$9.7	\$11.7	\$10.5	\$10.9
8%	4%	8%	4%	1%	2%	-7%	-6%

(8) = Total Treatment Session Revenue / Active Installed Base (Ending of Prior Quarter)

Annual Revenue

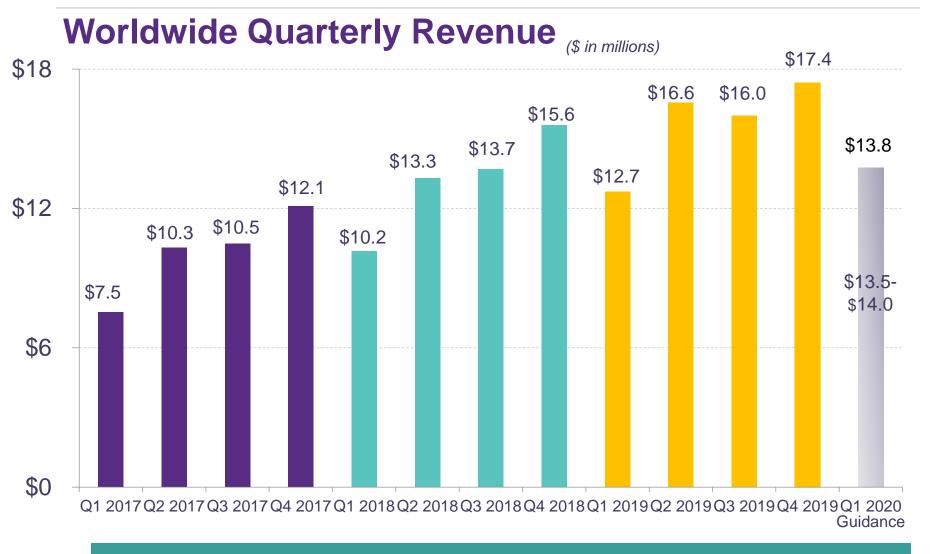
(\$ in millions)



Annual Product Revenue (US)



■ NeuroStar Systems ■ Treatment Sessions ■ Other



Worldwide Q4 2019 revenues increased 11% versus Q4 2018. Q1 2020 Guidance, \$13.5M-\$14.0M represents 6% - 10% growth over Q1 2019. Full Year 2020 Guidance, \$69.0M - \$71.0M represents 10% - 13% versus 2019.

Results of Operations

		Year Ended December 31,	
(\$ in thousands)	2017	2018	2019
Revenues	\$40,433	\$52,776	\$62,656
YOY Growth		31%	19%
Gross Profit	30,801	40,329	47,267
Gross Margin	76%	76%	75%
Operating Expenses:			
Sales and Marketing % of Revenues	27,900 <i>6</i> 9%	38,264 73%	42,993 69%
General and Administrative % of Revenues	8,572 21%	13,667 <i>26%</i>	17,457 28%
Research and Development % of Revenues	7,937 20%	8,232 16%	13,747 22%
Total Operating Expenses	44,409	60,163	74,197
Loss from Operations	(\$13,608)	(\$19,834)	(\$26,930)
% of Revenues	(34%)	(38%)	(43%)

Financial Position

(\$ in thousands)	As of December 31, 2019
Cash and Cash Equivalents	\$75,708
Other Assets	\$24,460
Total Assets	\$100,168
Long-Term Debt, net	\$19,898
Convertible Preferred Stock Warrant Liability	\$0
Convertible Preferred Stock	\$0
Accumulated Deficit	(\$250,087)
Total Stockholders' Equity	\$47,852

Neuronetics



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