

cureCADASIL DISCLOSURE FORM

Date: 06/02/2025

Your Name: Chris Hopkins

Your Role in cureCADASIL: Chair of SAB

We ask you to disclose any and all relationships, activities, and interests listed below; This includes any relation with for-profit or not-for-profit third parties whose interests may be affected by your work with cureCADASIL and vice versa. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship, activity, or interest, it is preferable to do so. For all items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your company or institution)						
Time frame: past 36 months								
1	Salary, grants or contracts from any entity. ☐ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Glafabra Therapeutic, Inc</td> <td>Founder and owner</td> </tr> <tr> <td>Devinebio, LLC</td> <td>Founder and owner</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Glafabra Therapeutic, Inc	Founder and owner	Devinebio, LLC	Founder and owner			
Glafabra Therapeutic, Inc	Founder and owner							
Devinebio, LLC	Founder and owner							
2	Royalties or licenses ☒ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
3	Consulting fees ☒ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
4	Payment or honoraria for lectures, presentations, or educational events ☒ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your company or institution)						
5	Patents planned, issued or pending	☐ None <table border="1"> <tr> <td>Glafabra Therapeutics, Inc</td> <td>On cell therapy technologies</td> </tr> <tr> <td>Devinebio, LLC</td> <td>On Rare disease targets</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Glafabra Therapeutics, Inc	On cell therapy technologies	Devinebio, LLC	On Rare disease targets		
Glafabra Therapeutics, Inc	On cell therapy technologies								
Devinebio, LLC	On Rare disease targets								
6	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None <table border="1"> <tr> <td>CureCADASIL</td> <td>Chair of SAB</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		CureCADASIL	Chair of SAB				
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7	Stock or stock options	☐ None <table border="1"> <tr> <td>Glafabra Therapeutics, Inc</td> <td>shares and options</td> </tr> <tr> <td>Devinebio, LLC</td> <td>shares</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Glafabra Therapeutics, Inc	shares and options	Devinebio, LLC	shares		
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8	Other financial or non-financial interests*	☒ None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

*Non-financial interests may result from activities such as planning and participating in research studies, public advocacy, or expression of opinions, or beliefs (religious, political, and philosophical).

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

This form was adapted from the International Committee of Medical Journal Editors ([ICMJE | Disclosure of Interest](#)).