

Emotra AB (publ)

Interim report

January 1 – June 30, 2016

The Board of Directors and the Chief Executive Officer of Emotra AB (publ) hereby present the interim report for the first six months 2016.

Summary of the period January – June, 2016

- **Net sales were 273 kSEK (0)**
- **Operating loss was -3,188 kSEK (-2,574)**
- **Loss per share after dilution was -0.33 SEK (-0.56)**
- **At the end of the period, liquid assets amounted to 7,535 kSEK (2,040)**
- **Phase 1 of our clinical multi-centre study completed – 1573 patients included in the study**
- **The baseline material shows high conformance with earlier observations**
- **Our report for Emotra's "EU Horizon 2020 Feasibility Study" has been submitted**
- **EDOR[®], registered trademark throughout the EU**

Summary of the period April – June, 2016

- **Net sales were 0 kSEK (0)**
- **Operating loss was -1,760 kSEK (-1,322)**
- **Loss per share after dilution was -0.18 SEK (-0.25)**

Net sales

No sales activities have been carried out during the period. Our revenue has been entirely comprised of contributions.

A word from our CEO: Operations according to plan

Emotra's operations have proceeded according to plan since our multi-centre study, EUDOR-A, got airborne in the spring of 2015. During the spring of 2016, the Company reported that the first phase of this study, which encompasses 1,573 tested patients, has been completed and that our data analysis of the clinical study's first phase would lead to a "Baseline publication".

On July 27, Emotra published a press release stating that our analysis of the baseline material showed good conformance with earlier observations. In the same release, we disclosed that there is no reliable method for determining which of the nearly 600 reported acts of self-injury were seriously intended suicide attempts. For this reason, we should not expect any connection between hyporeactivity and self-injury behaviour in our baseline material, in line with earlier research findings.

Hyporeactivity demonstrates a biological deficiency which implies that the patient is ready and capable of killing him/herself. A hyporeactive person who finds him/herself in social circumstances or with a medical condition that implies great suffering quite simply lacks the necessary barriers against taking their own life.

On August 4, the Company published a memorandum to clarify the difference between self-injury behaviour and seriously intended suicide attempts. In this memorandum, we explained that the most important conclusion from our baseline analysis was precisely the high conformance with earlier observations on the prevalence of hyporeactivity in different patient groups. We also clarified the fact that, upon follow-up of all our patients, nothing in the baseline material suggests that it will be more difficult to determine a connection between hyporeactivity and suicide risk. On the contrary, our analysis of the baseline material indicates that chances are good that our study results will live up to everyone's high expectations.

On January 21, Emotra announced that the Company had been granted Horizon 2020 funding by the European Commission (EC) for a feasibility study. The Grant Agreement was signed on March 3, and on March 7 the study participants from Emotra, Inspiralia in Madrid, the Karolinska Institute in Stockholm and Molise in Italy met in Munich to kick off this project. The goal was to carry out this feasibility study during the spring and an application for an additional 2.5 MEUR funding for Phase 2 will be submitted to the EC in October, 2016. Our feasibility study was carried out as planned, and at the end of June we submitted our report of this work to the EC. We are now planning to apply for funding of a multi-centre study on children and young people up to 20 years of age, EUDOR-Y. Emotra also intends to apply for EC funds to finance the development of a global communications platform as well as for certain further development of our product. At present, 22 clinics have confirmed their willingness to participate in this study. We will be holding a meeting with these clinics in connection with an international conference in Oviedo, Spain, in September.

EUDOR-A, baseline material analysed

The submission of tests in our multi-centre study, EUDOR-A, has progressed at a high rate, with 1573 patients being included for EDOR[®] since the study was launched in the autumn of 2014.

Research centres and clinics in a large number of European countries have participated in the first stage of our EUDOR-A study by regularly submitting test data to Emotra for analysis. All of this clinical patient data has now been compiled in Rome into a *clinical database*. At the same time, and without knowledge of the data in the clinical database, all of the test results were compiled in an *EDOR[®] Test database* in Linköping. These two databases were then merged into a single, large *BASELINE DATABASE*. This work enabled an in-depth study of the occurrence of hyporeactivity in different patient categories as well as the connection between hyporeactivity and previous suicide attempts. The data analysis from the first stage of our study will result in a "Baseline publication".

The results showed, in line with previous results, that the occurrence of hyporeactivity was completely independent of such factors as age, gender, severity of depression and individual symptoms, as well as the fact that hyporeactivity was most common in patients diagnosed with bipolar disorders, and that hyporeactivity was more common among in-patients than out-patients. All of these results confirm earlier observations and show that EDOR[®] is a unique method for diagnosing a specific condition that is removed from depression illnesses, which strengthens the hopes of all those involved of the results proving to be useful and reliable after our study follow-up.

This stage of our study will be finalised by March 10, 2017. After that we will move on to analysing the test results. We will be comparing the frequency of failed and successful suicide attempts among those patients we identified as hyporeactive and those who showed normal reactivity. After that, the material will be processed statistically. We have already secured the services of statistics experts and they have been continuously monitoring the progress of our study. They should therefore be able to begin their calculations with a minimum of delay. After this, we will gather all of the participating research groups to a consensus meeting to evaluate the results and compose a joint statement that everyone approves.

European Commission Horizon 2020, feasibility study report submitted

On January 21 this year, Emotra AB announced that the Company had been granted financial support from the European Commission Horizon 2020 programme. In a first step, the Company was granted 50 kEUR to carry out a feasibility study to investigate the possibility of widening the indication spectrum for EDOR[®] to also encompass children and young people up to 20 years of age. Our plan is to carry out a clinical multi-centre study, EUDOR-Y, exclusively on young people up to 20 years of age. The feasibility study was also to include a review of the conditions to further develop the hardware and software, and to develop "EDOR[®] Interconnect", a global communication platform that will facilitate Emotra's communication with clinical departments and serve them in different parts of the world. Broadening the indication range for EDOR[®] to younger people and developing EDOR[®] Interconnect have long-term strategic importance for Emotra. The goal of this first task is to significantly increase the future market for EDOR[®], but most importantly to find a remedy for a growing problem among European youth. More and more young Europeans are committing suicide, with catastrophic consequences for their families and loved ones. The latter task should lead to a significant strengthening of the relationship with our future customers.

We were given six months to carry out our feasibility study and in June, after only 4 months, Emotra submitted the feasibility study report. Our report showed promising conditions for the Company's ability to continue and carry out the intended project. This autumn, we will be compiling an application for approximately 3 MEUR to finance EUDOR-Y, the development of EDOR[®] Interconnect and further develop our hardware and software. We will be submitting this application to the EC no later than October 26, 2016.

Growing international interest – Lars-Håkan Thorell, member of ECNP

The strong support that leading European psychiatric researchers have shown for Emotra and EDOR[®] has led to the invitation of Lars-Håkan Thorell, the inventor of EDOR[®] and Emotra's Research Manager, to become a member of the ECNP's (European College of Neuropsychopharmacology) suicide research section. Receiving such an invitation from an exclusive research group of 12 members is a great honour and Lars-Håkan Thorell has accepted this membership. Judging by the contacts the Company has had with the ECNP, this membership is the first step in Emotra's future collaboration with this European research organisation. Emotra already enjoys an in-depth collaboration with the other important scientific organisation in this area, EPA-SS, the European Psychiatric Association's Suicide Section.

In October 2016, Lars-Håkan Thorell will be presenting his research at a large international conference on bipolar disorders in Chicago, USA. Thorell has been invited as one of the keynote speakers at this event. The conference in Chicago is an important forum as earlier studies have shown that the suicide risk is especially high among patients who have been diagnosed with bipolar disorders. With that in mind, the fact that the prevalence of hyporeactivity in our baseline material was highest among patients diagnosed with bipolar disorders is an important observation.

Thorell, Emotra's scientific adviser Professor Sarchiapone, and Emotra's CEO, Claes Holmberg, will be holding presentations at a number of national and international conferences throughout the autumn of 2016. EDOR® will be the subject of a number of presentations at the international suicide conference being held in Oviedo, Spain, on September 8-11. Professor Sarchiapone will be presenting our baseline analysis in his first speech. On top of that, we will be arranging a number of special workshops and seminars about electrodermal measurement, together with discussions about various clinics' experiences from our ongoing multi-centre study on EDOR®.

Later in September, our CEO will be presenting the Company and its operations at an important investor conference in London. A growing number of researchers are presenting their clinical experiences of working with EDOR®, as well as their study results, which is completely in line with the Company's plans for how we want to spread the knowledge about our method.

The number of EDOR® presentations, seminars and workshops is steadily increasing and in 2017, once the results of our multi-centre study have been published, we should witness further EDOR® presentations at most scientific conferences in this area.

Patent approved by PRV, patent applications and trademark protection

PRV, the Swedish Patent and Registration Office, has notified Emotra of their approval of Emotra's patent application, No. 1300614-3, "Apparatur för användning vid bedömning av självmordsrisk" (Apparatus for use in evaluation of suicide risk). In 2016, we have submitted patent applications in the EU, USA, Canada, and Japan.

EUIPO (the EU trademark authority) has granted Emotra EU-wide trademark protection for EDOR®. Naturally, a protected trademark provides a considerable advantage for our coming EDOR® launch. It also further reinforces Emotra's position vis-à-vis future competitors to have protected the obvious acronym for "**Electro Dermal Orienting Reactivity**".

Emotra's financial status

The Company's successful new share issue last autumn has given Emotra the financial resilience needed to complete the ongoing clinical multi-centre study. Our liquidity situation is made significantly easier by the fact that the Company's costs, aside from the costs associated with clinical studies and continued development of our EDOR® software, are kept at a low level. However, it is the Board's opinion that the Company does not have sufficient funds to finance an international launch of EDOR®. The Board will continue to discuss solutions for securing the further funds needed to finance a broad, international market launch of EDOR®.

Researchers in training

Our two newly employed researchers, who have both defended theses on electrodermal reactivity and autonomous functions in the nervous system, are completing their training with us. Their training is mainly comprised of analysing submitted test results and comparing their respective analyses with those made by Lars-Håkan Thorell, the inventor of EDOR®.

Our goal with these new analysts is to increase our analytical capacity once the product has been launched commercially.

The Problem of Suicide

Suicide is the most common cause of death for people aged 15–44. The number of suicides worldwide is almost 1 million per year, and 1,500 in Sweden. The vast majority of people that try to commit suicide often suffer from depression and have been in contact with a health care provider, in many cases shortly before the suicide attempt. The average direct treatment cost for the health care system of each suicide attempt is 0.9 MSEK in Sweden (Source: Räddningsverket, 2004). The proportion of the general population that suffers from depression is relatively the same throughout

the industrialised world. Each year, about 150,000 Swedes and between 5 and 10 million people in Europe and the USA respectively, are treated for depression.

Clinical Studies

Previous studies have shown that 97 percent of those who later took their own lives were hyporeactive, while only 2 percent of patients who showed normal reactivity committed suicide. These results show a high reliability in testing for hyporeactivity in order to discover depressed patients who are at risk of committing suicide.

More recent results of trials on 783 German patients, published in September 2013 in the Journal of Psychiatric Research, confirm our previously achieved good results.

EDOR® – Emotra’s Testing

Method

The electrodermal measurements that are made using the Emotra method, EDOR®, examine the skin’s (derma) variable, sweat-dependent conductivity of low-voltage current. The more a person reacts to a signal, the higher the conductivity. By emitting carefully selected sound stimuli at well-tested intervals and in a well-defined test situation, key survival reactions in the brain can be measured as a short and unnoticeable increase in perspiration of the fingers. By

testing patients’ reactions to these signals, we can determine which patients are so-called electrodermally hyporeactive. Hyporeactive people lack the capacity to generate a certain type of reaction to these signals. Once we have determined that a patient is hyporeactive, we can assume this condition will last for at least 1–2 years and sometimes be very long-term. Hyporeactivity, in combination with serious depression, implies a significantly higher risk of suicide.

The test itself takes 15 minutes, while the entire examination, including preparation and closing, takes less than 30 minutes to carry out. Together with the rest of the risk evaluation, these objectively measured values provide valuable information about the extent to which a tested person will need special suicide-prevention measures.

Products

EDOR® is the name of Emotra’s testing method, but also the name of our product system. The product has not yet been launched, although a prototype has been sold to and used by researchers at the Karolinska Institute in Stockholm, Sweden. The EDOR® product is comprised of both hardware and software that together make up a complete measuring system. The measurement system itself is an instrument that the Company has developed, the “EDOR® Box”, which is comprised of a pair of headphones, a specially-equipped laptop computer, software, as well as training packages and expert services via the Internet.

Advantages of EDOR®

- The test enables the high-precision identification of patients who are at risk of attempting suicide
- Suicide prevention measures are directed at those who are at risk
- Objective and quantitative measurement results
- Many lives can be saved
- Reduced health care costs
- Leading researchers behind the method
- Quick and easy test
- Published clinical results

The EDOR® Box is the size of an eyeglass case. It is placed on the table in front of the person being tested. The top of the box has sensors for measuring electrodermal activity and blood flow in the fingers. The product system's design is based on many years' research and experience in the field.

Risks and Uncertainties

Emotra's operations are subject to both operational and financial risks. Identifying potential risks and evaluating how to manage them is a continuous process within the Company. The markets for Emotra's products are characterised by lengthy sales processes. The Company is active on markets with great potential, but with erratic sales growth.

The section "Riskfaktor" (Risk Factors) in our 2015 Memorandum, which can be found on the Company's web site and also obtained from the Company, contains a complete description of the risks the Company has identified and how we have chosen to manage them.

Number of Shares Outstanding

The share capital of 1,760,804.10 SEK is comprised of 9,517,860 shares. Each share's quota value is 0.185 SEK.

The Company is listed on AktieTorget (www.aktietorget.se) with the share code EMOT.

Significant Events After Closing of Books

No significant events have occurred after the reporting period.

Transactions with persons close to the Company

Emotra has an agreement with Jonebrant Ekonomikonsult AB for managing the Company's accounting and financial functions. Jonebrant Ekonomikonsult AB is partially owned by the Board member Roy Jonebrant.

Accounting principles

The same accounting principles and methods of valuation as were used in our last annual report have been applied in this interim report. The interim report, in line with previous financial reports, has been compiled on the principle of a going concern. The Company follows the accounting rules and principles laid out in the Annual Accounts Act as well as the General Recommendations issued by the Swedish Accounting Standards Board.

Audit

This interim report has not been subject to audit by the Company's auditor.

Future Reports

Interim report for January – September, 2016

October 26, 2016

Full-year report for 2016

February 15, 2017

The Annual General Meeting was held in Göteborg at 4 p.m. on April 26, 2016. The Annual Report for 2015 is available at the Company's web site www.emotra.se and can also be ordered from the company by e-mail addressed to claes@emotra.se.

Certification

The Board of Directors and the Chief Executive Officer do hereby certify that this interim report contains a fair representation of the Company's operations, financial position and results, as well as describes any significant risks and uncertainties the Company faces. All statements of a forecasting nature in this report are based on the Company's best assessments on the report's publishing date. As with all forecasts, such statements contain risks and uncertainties and the actual results can differ.

Göteborg, August 24, 2016
Emotra AB (publ)

The Board of Directors and CEO

For more information, please contact Claes Holmberg, CEO, Emotra AB, at +46 708 25 45 47 or claes@emotra.se

This information is the type of information that Emotra AB is legally obliged to publish in accordance with the EU market abuse regulation and the Securities Market Act. This information was submitted for publication on August 24, 2016 under the above contact's supervision.

Income statement

kSEK	April–June		Jan. – June	
	2016	2015	2016	2015
Net sales	0	0	273	0
Operating costs	-1,760	-1,322	-3,461	-2,574
Operating loss	-1,760	-1,322	-3,188	-2,574
Net financial items	-1	-2	-3	-3
Loss before taxes	-1,761	-1,324	-3,191	-2,577
Taxes	40	40	79	79
Net loss of the period	-1,721	-1,284	-3,112	-2,498
Earnings per share, SEK	-0.18	-0.25	-0.33	-0.56
Earnings per share after dilution, SEK	-0.18	-0.25	-0.33	-0.56
Average number of shares*)	9,517,860	5,191,560	9,517,860	4,480,811

*) Split registered on February 18, 2015; two new shares for one old share; the comparison periods have not been recalculated.

Balance sheet

kSEK	<i>June 30, 2016</i>	<i>June 30, 2015</i>	<i>Dec. 31, 2015</i>
Intangible assets	2,036	2,813	2,425
Tangible assets	39	53	46
Other current assets	628	782	585
Liquid assets	7,535	2,040	10,177
Total assets	10,238	5,688	13,233
Shareholders' equity	8,158	3,983	11,275
Provisions	434	592	513
Non-current liabilities	140	245	210
Current liabilities	1,506	868	1,235
Total shareholders' equity and liabilities	10,238	5,688	13,233

Cash-flow analysis, an overview

kSEK	<i>Jan. – June 2016</i>	<i>Jan. – June 2015</i>	<i>Jan. – Dec. 2015</i>
Cash flow from operating activities	-2,601	-2,230	-5,005
Cash flow from investing activities	-	-	-
Cash flow from financing activities	-40	-61	10,850
Period's cash flow	-2,641	-2,291	5,845
Liquid assets at beginning of period	10,176	4,331	4,331
Liquid assets at end of period	7,535	2,040	10,176

Changes in shareholders' equity

kSEK	Share capital	Revaluation reserve	Share premium reserve	Accumulated loss brought forward	Total shareholders' equity
Shareholders' equity on Dec. 31, 2014	960	2,072	9,081	-5,606	6,507
Issue expenses			-26		-26
Dissolution of write-up		-244		244	0
Net loss of the period				-2,498	-2,498

Shareholders' equity on June 30, 2015	960	1,828	9,055	-7,860	3,983
New share issue	801		11,529		12,330
Issue expenses			-1,384		-1,384
Earnings appropri. acc. to shareholder resolution			-9,081	9,081	0
Dissolution of write-up		-244		244	0
Net loss of the period				-3,654	-3,654
Shareholders' equity on Dec. 31, 2015	1,761	1,584	10,119	-2,189	11,275
Earnings appropri. acc. to shareholder resolution			-10,119	10,119	0
Issue expenses			-5		-5
Dissolution of write-up		-244		244	0
Net loss of the period				-3,112	-3,112
Shareholders' equity on June 30, 2016	1,761	1,340	-5	5,062	8,158

Key ratios

	Jan. – June 2016	Jan.–June 2015	Jan.–Dec. 2015
Net sales, kSEK	273	0	0
Operating loss, kSEK	-3,188	-2,574	-6,305
Result of the period, kSEK	-3,112	-2,498	-6,152
Earnings per share, SEK	-0.33	-0.56	-1.10
Shareholders' equity per share, SEK	0.86	0.77	0.77
Return on equity, %	Neg.	Neg.	Neg.
Equity ratio in %	79.7	70.0	70.0
Average number of employees	3	3	3
Average number of shares*)	9,517,860	4,480,811	5,592,125
Number of shares at end of period	9,517,860	5,191,580	9,517,860

*) Split registered on February 18, 2015; two new shares for one old share; the comparison periods have not been recalculated.

Emotra AB (publ) is a medical technology company that carries out research, development, clinical studies and marketing in the area of suicide prevention. The Company's method, EDOR®, is a proprietary, objective and quantitative diagnostic, psychophysiological test for detecting hyporeactivity in patients suffering from depression. During the test, the patient listens to a series of audio signals. The patient's response, in the form of very small changes in dermal electric



Press release, August 24, 2016

Emotra AB (publ)

Corporate identity number: 556612-1579

conductivity, is measured and analysed. This extremely sensitive and specific test of suicidal risk has been developed as the result of research.

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