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): **September 18, 2017**

Verastem, Inc.
(Exact Name of Registrant as Specified in Charter)

Delaware	**001-35403**	**27-3269467**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

117 Kendrick Street, Suite 500, Needham, MA	**02494**
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: **(781) 292-4200**

(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 Instruction A.2. below):

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

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

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

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

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 x

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. o

Item 7.01 Regulation FD Disclosure.

From time to time, Verastem, Inc. (the "Company") conducts meetings with third parties in which the Company utilizes a corporate slide presentation. A copy of the Company's current corporate slide presentation is attached as Exhibit 99.1 to this Current Report on Form 8-K. The presentation includes clinical, development, collaboration and financial updates. The Company may amend or update this information at any time and from time to time through another Current Report on Form 8-K, a later company filing, or other means, although the Company undertakes no obligation to update, supplement or amend these materials.

The information in this Item 7.01 and Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 8.01. Other Events.

On March 30, 2017, the Company entered into a Controlled Equity Offering Sales Agreement with Cantor Fitzgerald & Co., as sales agent, which the Company amended on August 28, 2017. Under the sales agreement, as amended, the Company is permitted, from time to time, to issue and sell shares of the Company's common stock, $0.0001 par value per share, having up to an aggregate offering price of $75.0 million through an "at-the-market offering" program. Since June 30, 2017, the Company has sold 2,562,449 shares of the Company's common stock pursuant to this program and has received proceeds of approximately $12.8 million, net of commissions paid.

Item 9.01 Financial Statements and Exhibits.

See Exhibit Index attached hereto.

EXHIBIT INDEX

Exhibit No.	Description
99.1	Verastem, Inc. Investor Presentation, dated September 18, 2017

SIGNATURE

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.

VERASTEM, INC.

Date: September 18, 2017

By: /s/ Julie B. Feder
Julie B. Feder
Chief Financial Officer

CORPORATE OVERVIEW

NASDAQ: VSTM

SEPTEMBER 18, 2017

FORWARD-LOOKING STATEMENTS

This presentation and other matters discussed today, or answers that may be given today, include forward-looking statements about Verastem's strategy, future plans and prospects, including statements regarding the development and activity of Verastem's investigational product candidates, including duvelisib and defactinib, and Verastem's PI3K and FAK programs generally, the structure of our planned and pending clinical trials and the timeline and indications for clinical development. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Each forward-looking statement is subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such statement. Applicable risks and uncertainties include the risks that the full data from the DUO study will not be consistent with the top-line results of the study; that the preclinical testing of Verastem's product candidates and preliminary or interim data from clinical trials may not be predictive of the results or success of ongoing or later clinical trials; that even if data from clinical trials is positive, regulatory authorities may require additional studies for approval and the product may not prove to be safe and effective; that the degree of market acceptance of product candidates, if approved, may be lower than expected; that the timing, scope, and rate of reimbursement for our product candidates is uncertain; that there may be competitive developments affecting our product candidates; that data may not be available when we expect it to be; that enrollment of clinical trials may take longer than expected; that our product candidates will cause unexpected safety events or result in an unmanageable safety profile as compared to their level of efficacy; that duvelisib will be ineffective at treating patients with lymphoid malignancies; that Verastem will be unable to successfully initiate or complete the clinical development of its product candidates; that the development of Verastem's product candidates will take longer or cost more than planned; that Verastem may not have sufficient cash to fund its contemplated operations; that Verastem or Infinity Pharmaceuticals, Inc. (Infinity) will fail to fully perform under the duvelisib license agreement; that Verastem will not pursue or submit regulatory filings for its product candidates; and that Verastem's product candidates will not receive regulatory approval, become commercially successful products, or result in new treatment options being offered to patients. Other risks and uncertainties include those identified under the heading "Risk Factors" in Verastem's Annual Report on Form 10-K for the year ended December 31, 2016, and in any subsequent filings with the U.S. Securities and Exchange Commission. The forward-looking statements contained in this presentation reflect Verastem's views as of the date of this presentation, and Verastem does not undertake and specifically disclaims any obligation to update any forward-looking statements.

VERASTEM AT A GLANCE

SCIENTIFIC FOUNDATION

Novel drugs targeting malignant cells both directly and through modulation of the tumor microenvironment

Whitehead Institute

BROAD INSTITUTE

VALUE DRIVERS

Presentation of full DUO data

Duvelisib NDA filing targeted 1H 2018

Clinical POC of FAK/I-O combinations in 2018

Verastem

NASDAQ: VSTM

DUVELISIB

PI3K-δ,γ inhibitor

Positive Phase 3 readout in R/R CLL/SLL

Positive Phase 2 data in iNHL

Potential applicability in other lymphoid malignancies

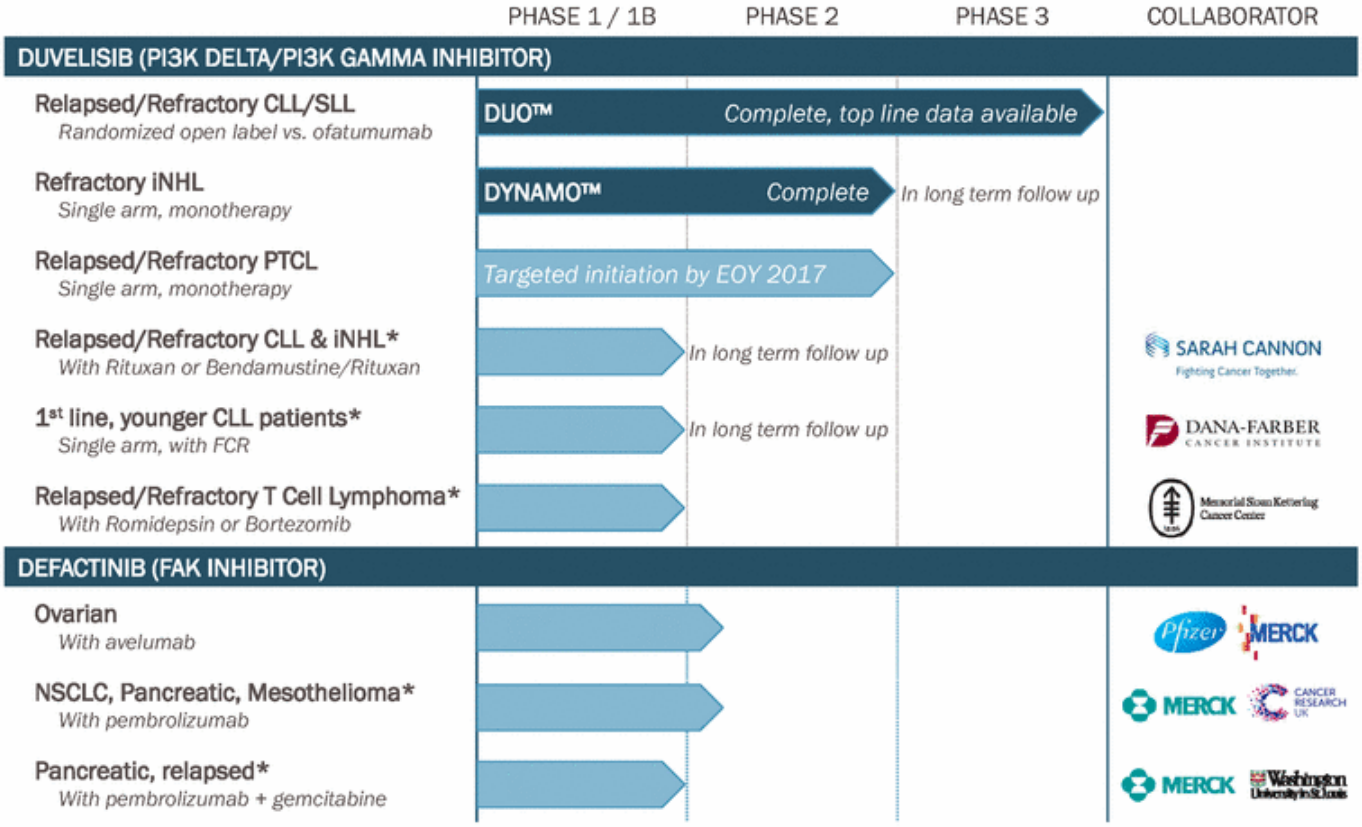
DEFACTINIB

FAK inhibitor

Key collaborations exploring combination with leading immuno-oncology agents

Pfizer MERCK MERCK Washington University in St. Louis CANCER RESEARCH UK

ADVANCING PORTFOLIO OF CANCER PROGRAMS



* - Investigator Sponsored Trial (IST)

Duvelisib and defactinib are investigational agents available for clinical trial use only. Safety and efficacy have not been established.

DUVELISIB

AN INVESTIGATIONAL NEW TREATMENT OPTION WITH BROAD POTENTIAL ACROSS B CELL & T CELL MALIGNANCIES

- First-in-class dual PI3K-δ,γ inhibitor
- Met primary PFS endpoint in Phase 3 trial of relapsed/refractory CLL/SLL patients
- Oral monotherapy with low pill burden and no observed food effect
- Administered without required hospitalization or infusion center
- Manageable safety profile observed to date, well-characterized in >500 patients
- Clinical activity observed across B cell and T cell malignancies

IP: COM 2030 before extensions; **Orphan Designation:** CLL, FL, and SLL in the US and EU
FDA Fast Track Designation: Patients with CLL who have received at least 1 prior therapy; Patients with FL who have received at least 2 prior therapies; Patients with PTCL who have received at least one prior therapy.

DUO™: A POSITIVE PHASE 3 STUDY OF DUVELISIB IN RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA

POSITIVE PHASE 3 STUDY,
TOP LINE DATA ANNOUNCED SEPTEMBER 2017

DUO™

Relapsed or Refractory CLL/SLL patients
(N = 319)
(Randomized 1:1)

Treatment arm 1
Duvelisib 25 mg BID

Treatment arm 2
Ofatumumab
Dosage and administration consistent with approved prescribing information*

Study end points
- **Primary:**
  - Progression-free survival (PFS)
- **Secondary:**
  - Overall response rate (ORR)
  - Overall survival (OS)
  - Duration of response (DOR)
  - Safety

✓ First Phase 3 trial showing PI3K inhibitor monotherapy efficacy in CLL/SLL

* 8 weekly infusions, starting with an initial IV dose of 300 mg ofatumumab on Day 1 followed by 7 weekly doses of 2,000 mg. Thereafter, 2,000 mg ofatumumab monthly for 4 months.

DUO™ MET ITS PRIMARY ENDPOINT OF PFS BY IRC IN BOTH THE ITT AND DEL(17P) SUBPOPULATION

DUO™ TOP LINE DATA

	Duvelisib	Ofatumumab
PRIMARY ENDPOINT: PROGRESSION-FREE SURVIVAL (PFS) BY IRC		
ITT population, median	13.3 months	9.9 months
	HR = 0.52; p < 0.0001	
del(17p) subset, median	12.7 months	9.0 months
	HR = 0.41; p = 0.0011	

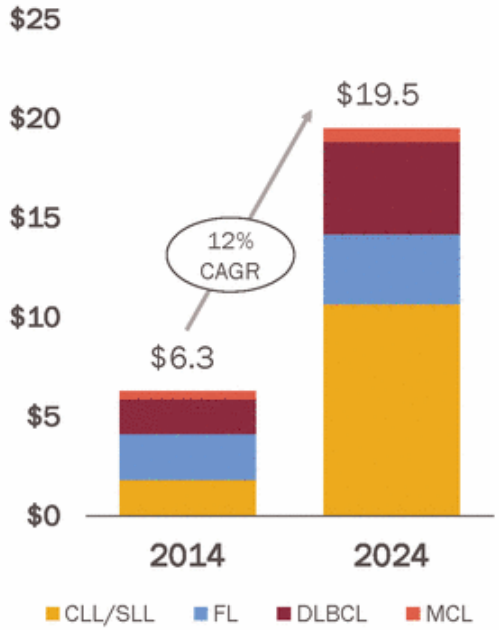
Duvelisib monotherapy had a manageable safety profile, with results from this study consistent with the well-characterized safety profile of duvelisib monotherapy observed to date in patients with advanced hematologic malignancies.

Detailed results to be submitted for peer-reviewed publication and for presentation at an upcoming scientific meeting

IRC: Independent Review Committee; ITT: Intent-to-Treat
Duvelisib is an investigational agent available for clinical trial use only. Safety and efficacy have not been established.

DUO™ MAY OPEN AN INITIAL COMMERCIAL OPPORTUNITY FOR DUVELISIB IN A GROWING LYMPHOID MALIGNANCY MARKET

MAJOR MARKET TOTAL SALES ($B)[1]

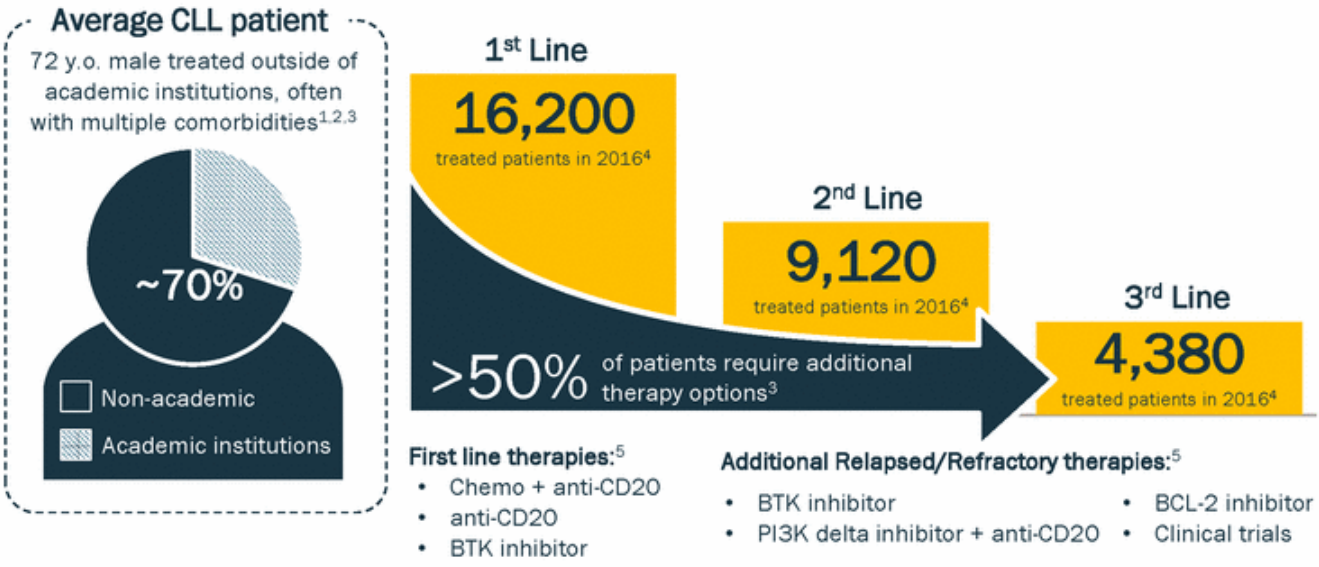


CLL MARKET OPPORTUNITY

- CLL is the fastest growing subtype of NHL (18% CAGR), as multiple new kinase inhibitors transform treatment away from chemotherapy[1]
- Average lines of therapy per patient may be increasing, as emerging real world studies suggest patient benefit from sequencing of kinase inhibitors or other targeted therapies[2]

1. Decision Resources; Major Markets: US, EU5, and Japan
2. Mato AR et al. **Outcomes of CLL patients treated with sequential therapy: a real world experience**. Blood 2016

UNMET NEED REMAINS FOR PATIENTS WITH CLL, THE MAJORITY OF WHICH PROGRESS FOLLOWING 1L THERAPY



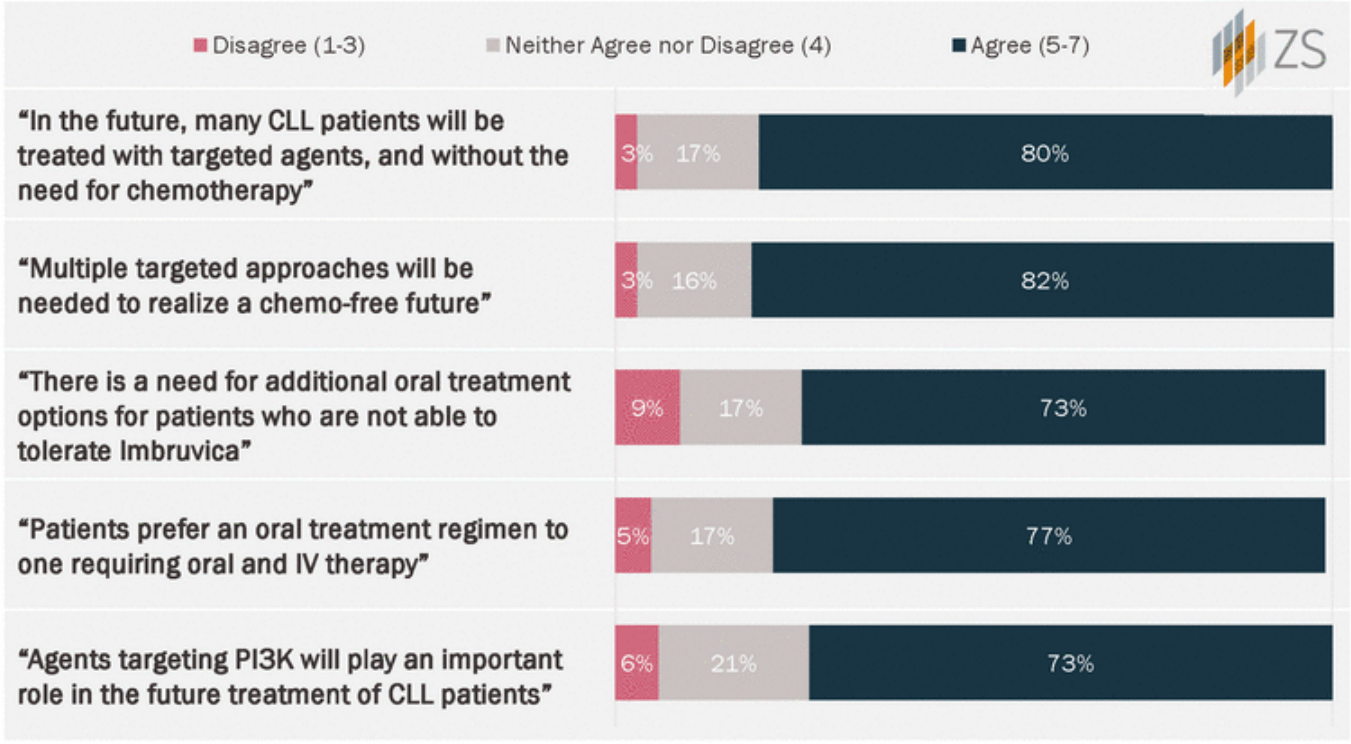
Duvelisib is a **simple, oral monotherapy** with a **well-characterized, consistent safety profile** that may allow maintenance of relapsed CLL patient care in the community setting

Duvelisib is an investigational agent available for clinical trial use only. Safety and efficacy have not been established.

1. ACS Cancer Statistics Center – CLL; Accessed September 2017; 2. ZS Associates, 2017; 3. Stauder R et al. *Annals of Oncology* (2017); 4. Decision Resources, 2016 – US Annual Incident Drug Treated CLL by Line of Therapy; 5. NCCN Guidelines: CLL, v. 1.201

PHYSICIANS ENVISION A CHEMO-FREE FUTURE FOR CLL PATIENTS DRIVEN BY ADDITIONAL TARGETED ORAL MONOTHERAPY OPTIONS

US oncologist opinion, academic (n = 16) and non-academic (n = 61-63):



Source: ZS ATU & Chart Audit (W5 - Q1 2017)

AN INCREASE IN THERAPY OPTIONS OFFERS CLL PATIENTS OPPORTUNITY FOR MORE PERSONALIZED TREATMENT PLANS

Imbruvica® (ibrutinib)

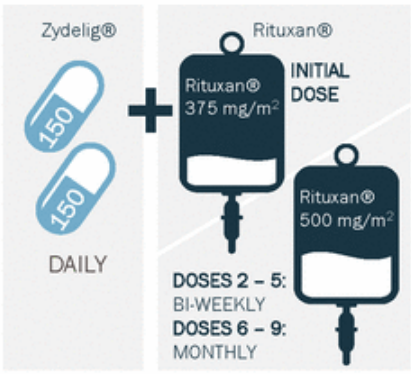
WARNINGS & PRECAUTIONS

"IMBRUVICA may increase the risk of hemorrhage in patients receiving antiplatelet or anticoagulant therapies and patients should be monitored for signs of bleeding."

"Atrial fibrillation and atrial flutter (range, 6 to 9%) have occurred in patients treated with IMBRUVICA, particularly in patients with cardiac risk factors, hypertension, acute infections, and a previous history of atrial fibrillation."

A subset of patients are not eligible for or intolerant to BTK inhibitors due to co-morbidities or risk factors.

Zydelig® (idelalisib) + Rituxan (rituximab)

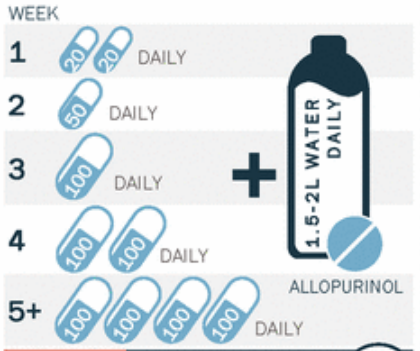


INDICATION

"Relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab, in patients for whom rituximab alone would be considered appropriate therapy due to other co-morbidities."

Zydelig® is approved only in combination with IV rituximab, increasing the cost and complexity of treatment for patients.

Venclexta™ (venetoclax)



32% High Tumor Burden

Hospitalization required for IV hydration & blood chemistry monitoring

36% Medium Tumor Burden

Consider inpatient blood chemistry monitoring during ramp up for patients with reduced renal function and comorbidities; Otherwise, outpatient monitoring required

26% Low Tumor Burden

Outpatient monitoring required during ramp up

Venclexta® induction requires hydration, dose titration, and careful monitoring for TLS, with hospitalization required for the ~1/3 of R/R CLL patients with high tumor burden.

Sources: Ibrutinib product insert; Venclexta dosing and administration guide; ZS ATU & Chart Audit (W5 - Q1 2017); Zydelig product insert

DUVELISIB IS WELL-POSITIONED TO BE A DIFFERENTIATED TARGETED THERAPY OPTION FOR R/R CLL PATIENTS

DUVELISIB

Novel, dual kinase inhibitor with an alternative safety profile to currently approved oral monotherapies

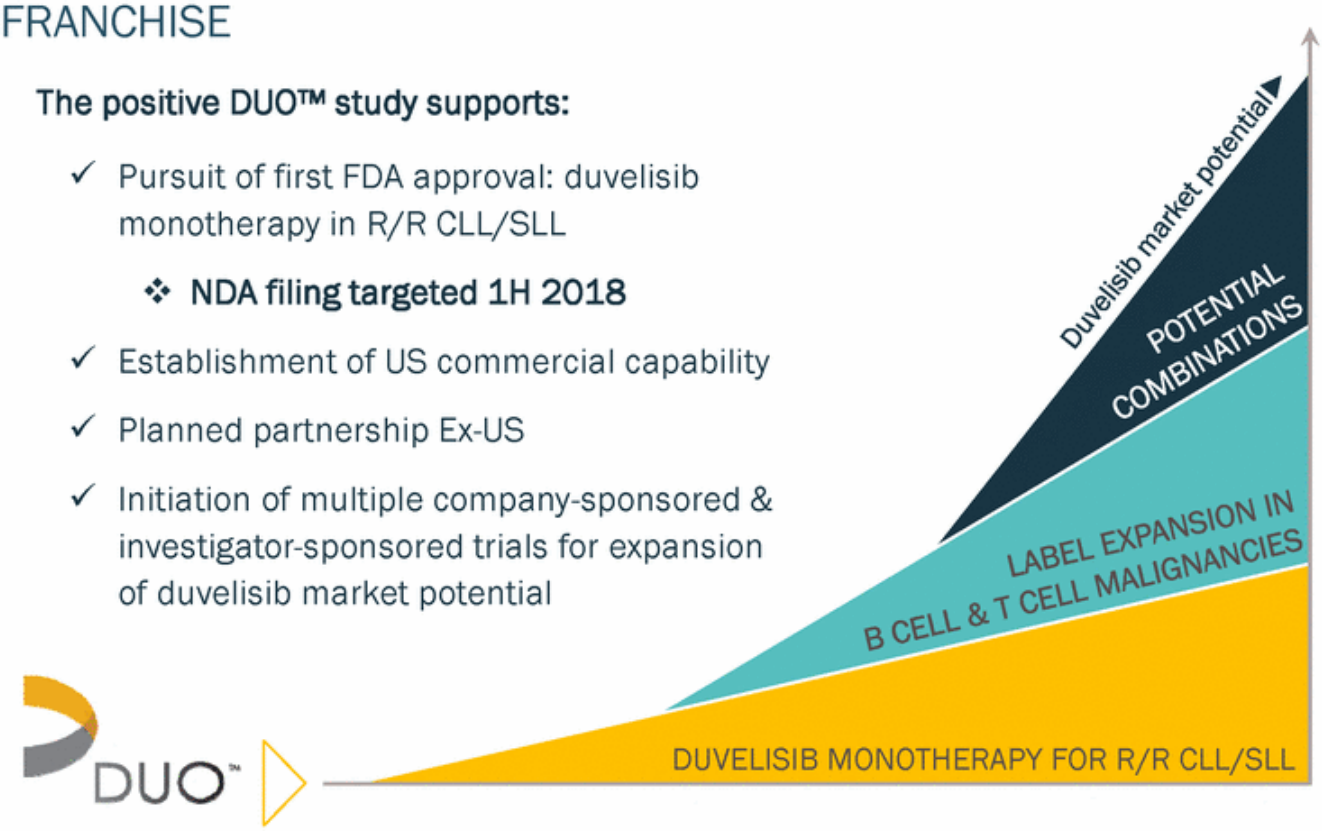
Simple, at home, oral monotherapy dosing enables convenient treatment in the community setting

May be appropriate for R/R CLL patients regardless of tumor burden or del(17p) status

POSITIVE TOP-LINE RESULTS FROM THE PHASE 3 DUO™ STUDY ESTABLISH THE FOUNDATION FOR A POTENTIAL HEMATOLOGICAL FRANCHISE

The positive DUO™ study supports:

- ✓ Pursuit of first FDA approval: duvelisib monotherapy in R/R CLL/SLL
  - ❖ **NDA filing targeted 1H 2018**
- ✓ Establishment of US commercial capability
- ✓ Planned partnership Ex-US
- ✓ Initiation of multiple company-sponsored & investigator-sponsored trials for expansion of duvelisib market potential



DYNAMO™: A PHASE 2 STUDY OF DUVELISIB MONOTHERAPY IN DOUBLE REFRACTORY iNHL POPULATIONS

PHASE 2 STUDY, FINAL ANALYSIS COMPLETED

DYNAMO™

Double refractory* iNHL patients
(N = 129)

→

Duvelisib 25 mg BID

→

Study end points

- **Primary:** Overall response rate (ORR) by Independent Review Committee (IRC)
- **Key secondary:**
  - Safety
  - Duration of response (DOR)
  - Progression-free survival (PFS)
  - Overall survival (OS)

*** Heavily pretreated patient population:**

- Median number of prior treatments = 3
- Inclusion criteria: Refractory to both rituximab (R) and a chemotherapy regimen or radioimmunotherapy (RIT)

- ✓ Accrual complete November 2015
- ✓ Final analysis (April 2016) presented at ASH 2016
- ✓ Mature follow up (March 2017) presented at ICML 2017

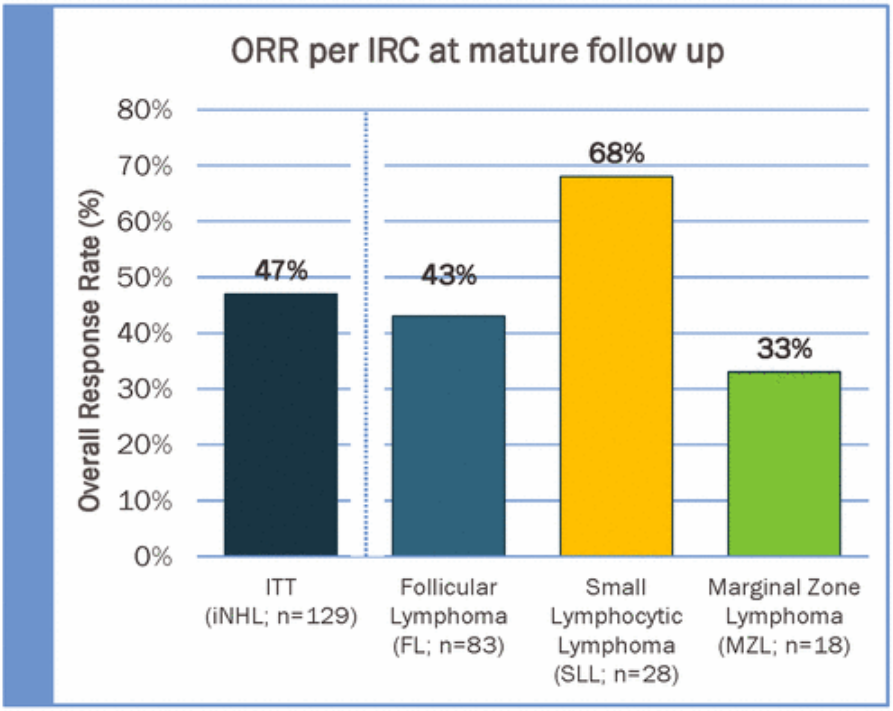
DYNAMO™ MET ITS PRIMARY ENDPOINT OF ORR BY IRC IN DOUBLE REFRACTORY iNHL PATIENTS AT FINAL ANALYSIS

Primary endpoint:

- ORR by IRC at per-protocol final analysis: **(p=0.0001)**

Secondary endpoints, at mature follow-up by IRC:

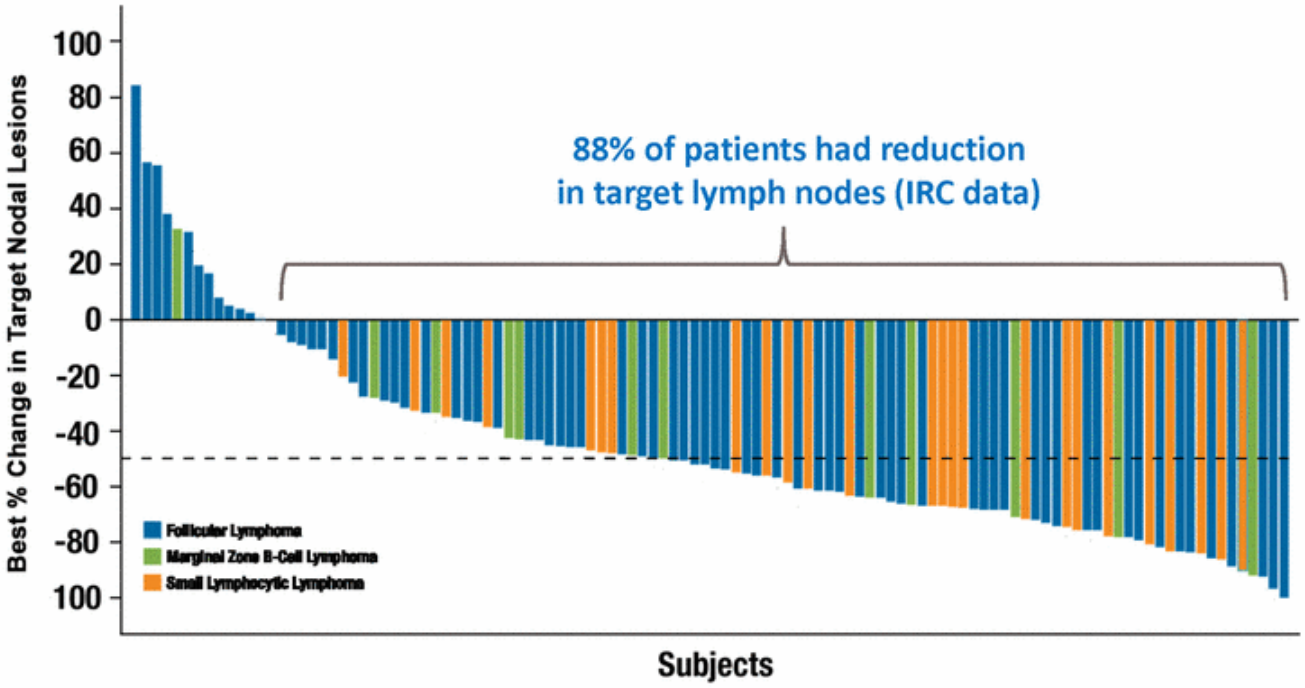
- Median PFS on duvelisib: **9.0 months**
- Median DOR: **10 months**



DYNAMO™ Zinzani et al., ICML 2017

Duvelisib is an investigational agent available for clinical trial use only. Safety and efficacy have not been established.

AT MATURE FOLLOW UP, 88% OF PATIENTS ON DYNAMO™ HAD REDUCTION IN TARGET LYMPH NODES BY IRC

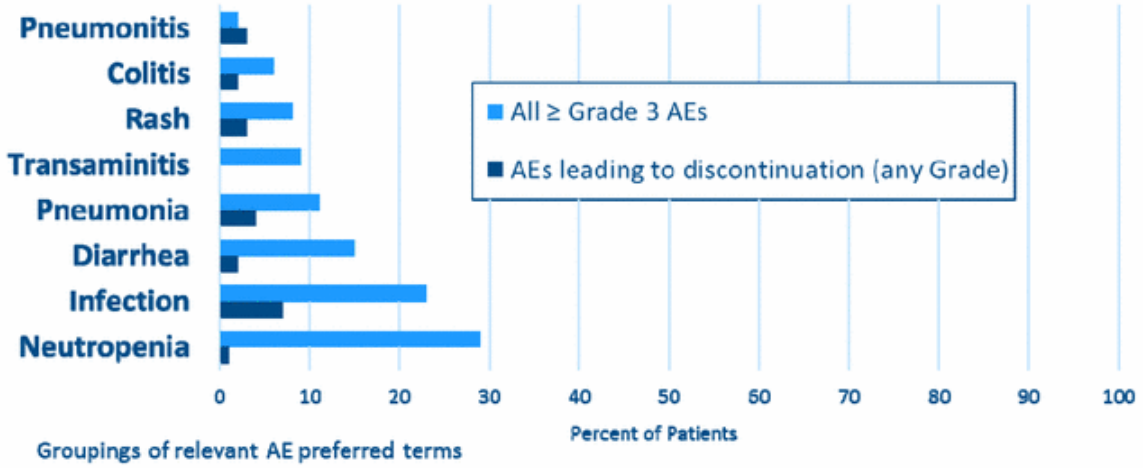


DYNAMO™ Zinzani et al., ICML 2017

Duvelisib is an investigational agent available for clinical trial use only. Safety and efficacy have not been established.

DUVELISIB HAS SHOWN A GENERALLY WELL TOLERATED, MANAGEABLE SAFETY PROFILE WITH APPROPRIATE RISK MITIGATION

ADVERSE EVENTS OF INTEREST, IRC data on mature follow up



- **Few discontinuations due to severe AEs of interest**
- **Serious opportunistic infections < 4%:** PCP *(unconfirmed)* (n=1); CMV (n=2); fungal pneumonia (n=2)
- **Deaths attributed to treatment (n=6)***

*colitis (n=1); toxic epidermal necrolysis/sepsis syndrome (n=1); drug reaction/eosinophilia/systemic symptoms (n=1); pneumonitis/pneumonia (n=1); viral infection (n=1); septic shock (n=1)

DYNAMO™ Zinzani et al., ICML 2017

Duvelisib is an investigational agent available for clinical trial use only. Safety and efficacy have not been established.

DUVELISIB EXPANSION IS PLANNED IN R/R PTCL, WHERE STANDARD OF CARE REMAINS TO BE ESTABLISHED

RELAPSED/REFRACTORY PTCL (mOS < 6 months[1])

- Recently approved 2nd+ line treatment options have low response rates with limited durability
- NCCN guidelines still recommend clinical trials for relapsed patients[4]
- KOLs are unsatisfied with the available treatment options

Drug / Trial[2,3]	ORR	CR	FDA decision
Folotyn (pralatrexate IV) Single arm, n = 109	27%	8%	AA 2009
Istodax (romidepsin IV) Single arm, n = 130	25.4%	14.6%	AA 2011
Beleodaq (belinostat IV) Single arm, n = 120	25.8%	10.8%	AA 2014

AA: Accelerated Approval

Duvelisib shows potential for further clinical investigation as an **additional targeted therapy** option for relapsed PTCL patients

- FDA Fast Track Designation (FTD) granted for treatment of patients with PTCL who have received at least one prior therapy
  - ✓ FTD supported by 50% ORR (19% CR) seen with duvelisib monotherapy in the Phase 1 R/R PTCL subpopulation (n = 16)
- Initiation of open-label, multicenter Phase 2 trial of duvelisib monotherapy in R/R PTCL expected by end of year 2017

1 Mak et al., Blood 2011 – mOS for relapsed patients ineligible for HDC/SCT; 2. Package inserts; 3. Verastem data on file; 4. NCCN Guidelines, T-cell Lymphoma Version 2.2017

DUVELISIB: Value proposition

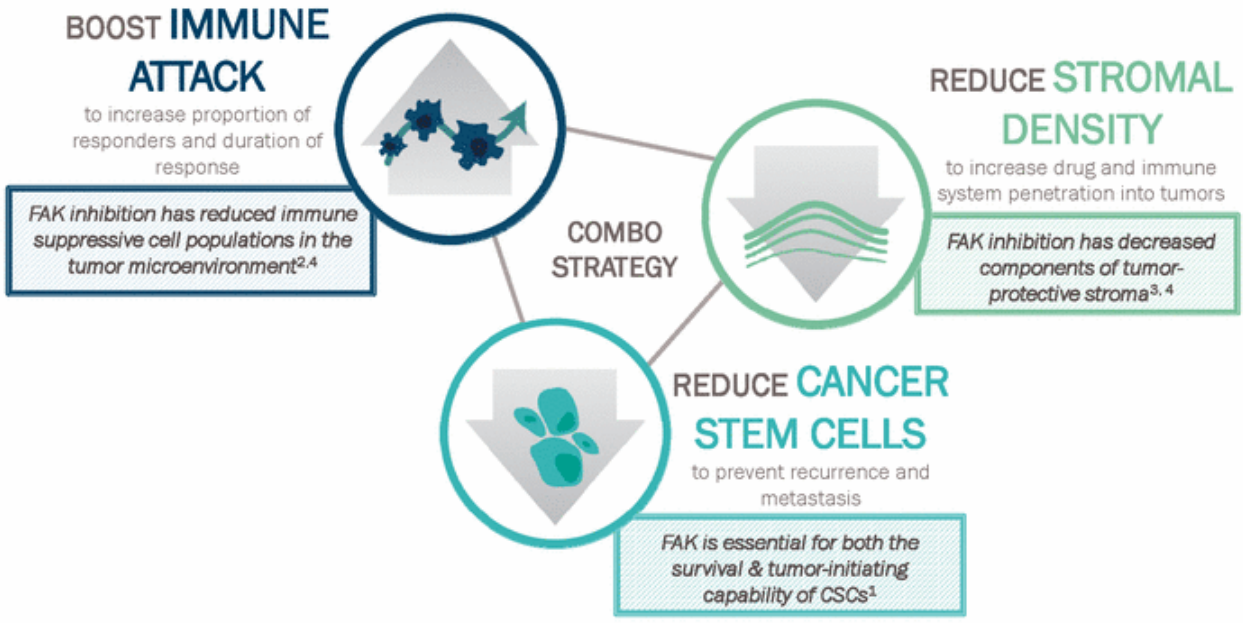
VISION		A chemo-free future is envisioned for CLL patients
NEED		Additional oral targeted treatment options are desired for CLL patients to enable this vision
VALUE		Duvelisib, if approved, may offer a simple oral monotherapy option to maintain treatment in the community
SUPPORT		The positive Phase 3 DUO™ study supports a H1 2018 NDA filing opportunity for duvelisib as a potentially first-in-class dual PI3K delta/gamma inhibitor for R/R CLL/SLL
GROWTH		Duvelisib's long patent life and broad clinical activity supports additional market potential

DEFACTINIB

Clinical stage FAK inhibitor

COMBINATION STRATEGY TO ENHANCE CHECKPOINT INHIBITOR EFFICACY

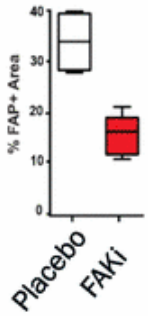
IP: COM 2028 before extensions; **Orphan Designation:** Ovarian & mesothelioma in the US & EU



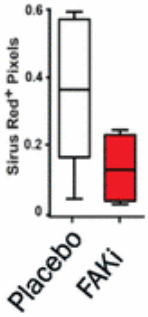
1. Kolev VN et al. **FAK inhibition targets cancer stem cells.** EORTC 2015
2. Serrels et al. **Nuclear FAK controls chemokine transcription, Tregs, and evasion of anti-tumor immunity**. Cell. 2015
3. Stokes JB et al. **Inhibition of Focal adhesion Kinase by PF-562,271 inhibits the growth and metastasis of pancreatic cancer concomitant with altering the tumor microenvironment.** Mol Cancer Ther. 2011
4. Jiang et al. **Targeting focal adhesion kinase renders pancreatic cancers responsive to checkpoint immunotherapy.** Nature Medicine. 2016

FAK INHIBITION REDUCES STROMAL DENSITY & BOOSTS T CELL ENTRY INTO TUMORS, LEADING TO LONGER SURVIVAL IN PRECLINICAL MODELS

Fibroblasts

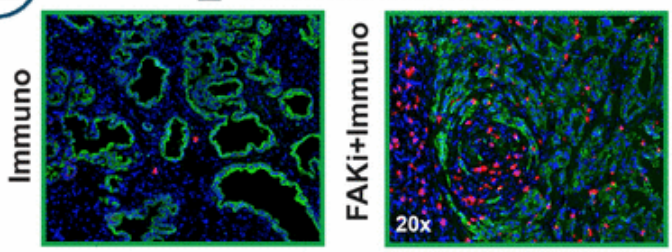


Extracellular Matrix



FAP+ Fibroblasts, Fibroblast proliferation: PDAC transgenic pancreatic model

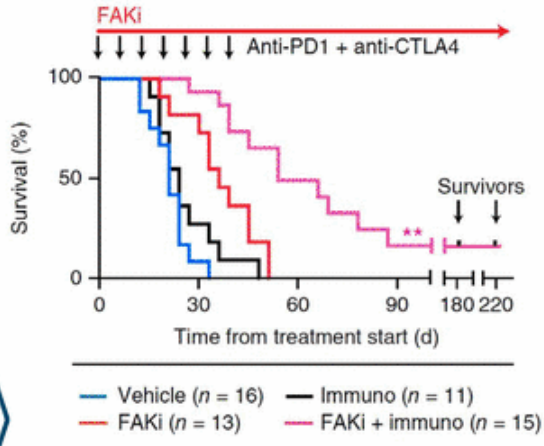
CD8+ T cell infiltration



CD8+ T cells: Kras/p53 pancreatic tumors
"Immuno" = Gem +/- anti-PD-1 +/- anti-CTLA-4

Survival

Improved long term survival corresponds with increased entry of CD8+ cytotoxic T cells into tumor:



Jiang et al. Targeting focal adhesion kinase renders pancreatic cancers responsive to checkpoint immunotherapy. Nature Medicine. 2016

"Immuno" = Gem +/- anti-PD-1 +/- anti-CTLA-4

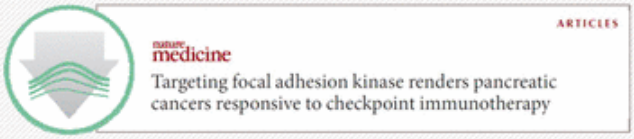
PRECLINICAL INSIGHTS HAVE TRANSLATED DIRECTLY INTO MULTIPLE CLINICAL I-O COMBINATION TRIALS

In preclinical studies, FAK inhibition has been observed to...

...boost immune attack, supporting combination with immunotherapies

Serrels et al. (2015) Cell 163: 160-173

...reduce stromal density, enabling therapies & immune cells to penetrate tumors



Jiang et al. (2016) Nature Medicine 163: 851-860

Pfizer + MERCK

Ongoing combination trial with avelumab (Ovarian)

MERCK

2 combination trials with pembrolizumab (NSCLC, pancreatic, mesothelioma)

CANCER RESEARCH UK

First cross-company deal as part of Experimental Cancer Medicine Centre (ECMC) Combinations Alliance

Washington University in St. Louis

Active pre-clinical to clinical translation of I-O combinations

EXECUTIVE MANAGEMENT

Robert Forrester
President/CEO, BOD

CEO/CFO - CombinatoRx, COLY
MeesPierson, Barclays, UBS

Daniel Paterson
Chief Operating Officer

CEO - The DNA Repair Co. (now On-Q-ity)
PharMetrics (now IMS), Axion

Julie Feder
Chief Financial Officer

CFO, Clinton Health Access Initiative
VP, Finance, Genzyme

Steven Bloom
Senior Vice President, Corporate Development

SVP Commercial Strategy and Business Development - Ziopharm
PharMetrics (now IMS) , Eli Lilly and Company

Jonathan Pachter, Ph.D.
Chief Scientific Officer

Head of Cancer Biology - OSI (now Astellas)
Schering-Plough (now Merck)

Hagop Youssoufian, M.Sc., M.D.
Head of Hematology and Oncology Development

CMO - BIND Therapeutics
Progenics, Ziopharm, ImClone
Sprycel®, Taxotere® and Erbitux®

Cathy Carew
Vice President, Human Resources

Principal - HR Collaborative
Ironwood, ActiveBiotics, Dynogen, Tufts Health Plan

BOARD OF DIRECTORS

Michael Kauffman, M.D., Ph.D.
Lead Director
CEO Karyopharm (KPTI), former CMO Onyx

Robert Forrester
President/CEO Verastem (VSTM)

Timothy Barberich
Former CEO/Chair Sepracor (SEPR)

Alison Lawton
COO, Aura Biosciences, former Genzyme (now Sanofi)

Louise Phanstiel
BOD: Cedars Sinai, MYGN

Eric Rowinsky, M.D.
Former CMO ImClone Erbitux®, Taxotere®, Tarceva®

Brian Stuglik, R.Ph.
Former VP and Chief Marketing Officer – Oncology Global Marketing, Eli Lilly & Co.

Bruce Wendel
CSO Hepalink USA, former CEO Abraxis BioScience

CLINICAL AND SCIENTIFIC ADVISORY BOARD

Robert Weinberg, Ph.D.
Co-founder & Chairman of CSAB
Whitehead Institute/MIT

Lori Kunkel, M.D.
BOD – Loxo Oncology
Former Executive/CMO – Pharmacyclics, Proteolix, Xencor

Greg I. Berk, M.D.
Former Executive/CMO – Verastem, Sideris, BIND Intellikine, Abraxis Biosciences

Edmund J. Pezalla, M.D., Ph.D.
Former VP – Pharmaceutical Policy and Strategy at Aetna
Scholar in Residence – Duke-Margolis Health Policy Center

Cheryl Cohen
BOD – Tokai, Protein Sciences, Vital
Former CCO – Medivation (Xtandi®)

Steve Sherwin, M.D.
UCSF, San Francisco General Hospital
Director – Biogen Idec, Neurocrine Biosciences, Rigel

Paul Friedman, M.D.
CEO Madrigal (SNTA), Former President/CEO Incyte (INCY)

Max Wicha, M.D.
Director – University of Michigan Comprehensive Cancer Center

KEY FINANCIAL STATS

DUVELISIB TERMS

Exclusive worldwide license to develop and commercialize duvelisib in oncology

- No up front payment
- Verastem will pay to Infinity up to $28 million in milestones
  - First milestone of $6 million payable upon positive data from the DUO study
  - $22 million milestone payable upon the first regulatory approval in any territory
- Milestones are payable in cash or equity at Verastem's option
- Verastem to pay tiered high single to low double digit royalties on net sales

Shares outstanding as of 9/15/2017	39.6M
Fully diluted as of 9/15/2017	48.0M
Pro forma cash as of 9/15/2017*	$70.7M
Hercules facility undrawn	$22.5M
H1 2017 net loss	$26.4M (including non-cash stock-based expense)
H1 2017 cash used in operating activities	$25.1M
Employees	36
Insider ownership (outstanding/vested) as of 9/15/2017	18.6%/10.5%

**Pro forma cash equals cash on hand at 6/30/2017 of $57.9m plus ATM sales as of 9/15/2017 of $12.8m*

DUVELISIB KEY MILESTONES

2017	FDA Pre-NDA Meeting
	Initiate PTCL study
2018	File NDA (H1)
	Acceptance of NDA filing
	File MAA
	BD deal for ex-US
2019	Duvelisib approval (H1)

Potential Publications & Presentations:
Present DUO results/DUO extension study
Publish Duvelisib Phase 1 data
Present PTCL combo study
Publish Phase 1 CLL, TCL, DYNAMO and CONTEMPO

VERASTEM AT A GLANCE

SCIENTIFIC FOUNDATION

Novel drugs targeting malignant cells both directly and through modulation of the tumor microenvironment

Whitehead Institute | BROAD INSTITUTE

VALUE DRIVERS

Presentation of full DUO data

Duvelisib NDA filing targeted 1H 2018

Clinical POC of FAK/I-O combinations in 2018

Verastem

NASDAQ: VSTM

DUVELISIB

PI3K-δ,γ inhibitor

Positive Phase 3 readout in R/R CLL/SLL

Positive Phase 2 data in iNHL

Potential applicability in other lymphoid malignancies

DEFACTINIB

FAK inhibitor

Key collaborations exploring combination with leading immuno-oncology agents

Pfizer | MERCK | MERCK | Washington University in St. Louis | CANCER RESEARCH UK