UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

VIRGIL BROADWATER, Individually and on Behalf of All Others Similarly Situated, Plaintiff, v. ARDELYX, INC., MICHAEL RAAB, JUSTIN RENZ, SUSAN HOHENLEITNER, and ERIC FOSTER, Defendants.	Case No. 1:26-cv-14270 **COMPLAINT FOR VIOLATIONS OF THE FEDERAL SECURITIES LAWS** **CLASS ACTION** Demand for Jury Trial

Plaintiff Virgil Broadwater ("Plaintiff"), individually and on behalf of all other persons similarly situated, by his undersigned attorneys, alleges in this Complaint for violations of the federal securities laws (the "Complaint") the following based upon knowledge with respect to her own acts, and upon facts obtained through an investigation conducted by his counsel, which included, *inter alia*: (a) review and analysis of relevant filings made by Ardelyx, Inc. ("Ardelyx" or the "Company") with the United States Securities and Exchange Commission (the "SEC"); (b) review and analysis of Ardelyx's public documents, conference calls, press releases, and stock chart; (c) review and analysis of securities analysts' reports and advisories concerning the Company; and (d) information readily obtainable on the internet.

Plaintiff believes that further substantial evidentiary support will exist for the allegations set forth herein after a reasonable opportunity for discovery. Most of the facts supporting the allegations contained herein are known only to the defendants or are exclusively within their control.

NATURE OF THE ACTION

1. This is a federal securities class action on behalf of all investors who purchased or otherwise acquired Ardelyx common stock between January 13, 2025, and August 6, 2026, inclusive (the "Class Period"), seeking to recover damages caused by Defendants' violations of the federal securities laws (the "Class").

2. Defendants provided investors with material information concerning Ardelyx's fiscal year 2026 revenue outlook for its two core drug products, XPHOZAH and IBSRELA, as well as their anticipated long-term growth. Defendants' statements included, among other things, confidence in the Company's continued commercial growth and ability to execute its commercial strategy to overcome payer and patient-access barriers, and its ability to achieve its projected revenue guidance and long-term growth targets.

3. Defendants provided these overwhelmingly positive statements to investors while, at the same time, disseminating materially false and misleading statements and/or concealing material adverse facts concerning the true state of Ardelyx's commercial performance and growth prospects for XPHOZAH and IBSRELA, and in particular the increasing payer-related access and reimbursement barriers affecting patient access, more stringent prior authorization requirements and step edit requirements that slowed new-patient starts and delayed prescription fulfillment. Such statements absent these material facts caused Plaintiff and other shareholders to purchase Ardelyx's securities at artificially inflated prices.

4. The truth emerged after the market closed on August 6, 2026 when Ardelyx issued a press release a reduction in its full-year 2026 IBSRELA revenue guidance and withdrawal of its long-term XPHOZAH revenue guidance. Management attributed the reduction on significantly increased payer utilization-management processes that restricted patient access to IBSRELA and

slowed new-patient starts. Further, Defendants withdrew their long-term XPHOZAH revenue guidance due to "evolving market dynamics" and uncertainty regarding future growth projections.

5. Investors and analysts reacted immediately to Ardelyx's revelation. The price of Ardelyx's common stock declined dramatically. From a closing market price of $4.87 per share on August 6, 2026, Ardelyx's stock price fell to $4.00 per share on August 7, 2026, a decline of about 18% in the span of just a single day.

JURISDICTION AND VENUE

6. Plaintiff brings this action, on behalf of himself and other similarly situated investors, to recover losses sustained in connection with Defendants' fraud.

7. The claims asserted herein arise under and pursuant to §§10(b) and 20(a) of the Exchange Act (15 U.S.C. §§ 78j(b) and 78t(a)) and Rule 10b-5 promulgated thereunder by the SEC (17 C.F.R. §240.10b-5).

8. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §§1331 and 1337, and Section 27 of the Exchange Act, 15 U.S.C. §78aa.

9. Venue is proper in this District pursuant to §27 of the Exchange Act and 28 U.S.C. §1391(b), as Defendant Ardelyx is headquartered in this District and a significant portion of its business, actions, and the subsequent damages to Plaintiff and the Class, took place within this District.

10. In connection with the acts, conduct and other wrongs alleged in this Complaint, Defendants, directly or indirectly, used the means and instrumentalities of interstate commerce, including but not limited to, the United States mail, interstate telephone communications and the facilities of the national securities exchange.

THE PARTIES

11. Plaintiff purchased Ardelyx common stock at artificially inflated prices during the Class Period and was damaged upon the revelation of the Defendants' fraud. Plaintiff's certification evidencing his transaction(s) in Ardelyx is attached hereto.

12. Ardelyx, Inc. is a Delaware corporation with its principal executive offices located at 400 Fifth Avenue, Suite 210, Waltham, MA 02451. During the Class Period, the Company's common stock traded on the NASDAQ Stock Market (the "NASDAQ") under the symbol "ARDX."

13. Defendant Michael Raab ("Raab") was, at all relevant times, the President, Chief Executive Officer and Director of Ardelyx.

14. Defendant Justin Renz ("Renz") was, at all relevant times, the Chief Financial Officer of Ardelyx until November 4, 2025.

15. Defendant Susan Hohenleitner ("Hohenleitner") was appointed the Chief Financial Officer of Ardelyx effective November 4, 2025, succeeding Defendant Renz, and continues to serve in that role.

16. Defendant Eric Foster ("Foster") was, at all relevant times, the Chief Commercial Officer of Ardelyx.

17. Defendants Raab, Renz, Hohenleitner and Foster are sometimes referred to herein as the "Individual Defendants." Ardelyx together with the Individual Defendants are referred to herein as the "Defendants."

18. The Individual Defendants, because of their positions with the Company, possessed the power and authority to control the contents of Ardelyx's reports to the SEC, press releases, and presentations to securities analysts, money and portfolio managers, and institutional investors, *i.e.*,

the market. Each Individual Defendant was provided with copies of the Company's reports and press releases alleged herein to be misleading prior to, or shortly after, their issuance and had the ability and opportunity to prevent their issuance or cause them to be corrected. Because of their positions and access to material non-public information available to them, each of these Individual Defendants knew that the adverse facts specified herein had not been disclosed to, and were being concealed from, the public, and that the positive representations which were being made were then materially false and/or misleading. The Individual Defendants are liable for the false statements pleaded herein, as those statements were each "group-published" information, the result of the collective actions of the Individual Defendants.

19. Ardelyx is liable for the acts of the Individual Defendants, and its employees under the doctrine of respondeat superior and common law principles of agency as all the wrongful acts complained of herein were carried out within the scope of their employment with authorization.

20. The scienter of the Individual Defendants, and other employees and agents of the Company are similarly imputed to Ardelyx under respondeat superior and agency principles.

SUBSTANTIVE ALLEGATIONS

Company Background

21. Ardelyx, Inc. develops and commercializes medicines, including ISBRELA for the treatment of irritable bowel syndrome with constipation and XPHOZAH for reducing serum phosphorus in adults with chronic kidney disease on dialysis.

The Defendants Materially Misled Investors Concerning the Commercial Performance, Patient Access and Growth Prospects of XPHOZAH and IBSRELA

January 13, 2025

22. On January 13, 2025, Defendants issued a press release announcing "significant commercial progress in 2024" and approximately $319 million in U.S. net product sales. In

pertinent part, Defendants announced expected peak U.S. annual sales of $750 million for XPHOZAH and reaffirmed U.S. annual sales of more than $1 billion for IBSRELA.

23. As part of the same press release, Defendant Raab, CEO of Ardelyx, touted strong growth and the significant peak-sales potential for ISBRELA and XPHOZAH, stating, in relevant part:

> As you saw in the performance during the fourth quarter, the team is delivering on the promise of IBSRELA. ***This performance reaffirms our expectation that IBSRELA can achieve greater than $1 billion in annual sales at peak.*** In 2024, XPHOZAH's performance demonstrated its critical role in the treatment of hyperphosphatemia where there continues to be a high unmet need among patients. ***It is evident that there is a significant opportunity for XPHOZAH and we expect this product will achieve $750 million in annual sales at peak. In 2025, we will be focused on our strategic priorities: Maintaining our growth momentum, building a pipeline and delivering a strong financial performance. We remain steadfast in our commitment to operational excellence and to making decisions in the best interest of patients and our shareholders.***

(Emphasis added).

January 15, 2025

24. On January 15, 2025, Defendants presented at the 43rd Annual J.P. Morgan Healthcare Conference. Defendant Raab reiterated the Company's strong 2024 performance and highlighted investments made in its patient-services infrastructure to facilitate the prior authorization process for patients, stating, in pertinent part:

> We have an extremely strong financial foundation with $250 million on the balance sheet. ***And we're in the process of beginning business development opportunities as we begin to look to build a pipeline and build sustainable enterprise.*** That is our objective and maintain the commercial momentum that we have created for the company.
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> * * *
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> ***And we'll continue investing, which is a critical component of what we do at Ardelyx is our patient services group, ArdelyxAssist, where -- what is so critical about that and I think often underlooked, is our sales organization, our ABDs, drive the top of the funnel and demand. And pulling those prescriptions through that and then ultimately ensuring that they are fulfilled for the patient is***

something you take for granted, but it's a critically important thing in today's world, particularly with a drug like IBSRELA, where we do go through a prior authorization. We're not a first-line therapy intentionally because the strategy was to take advantage of this incredible mechanism and help those patients that are not well served with the current therapies.

So from that enthusiasm that we see, the benefit that we saw in the revenue in last year, we reaffirmed our guidance that we see this easily being $1 billion product or more before patent expiry. So that's an exciting thing for us. And that's only a 10% penetration in that market that I showed early on of over 6.3 million prescriptions, penetrating 10% of that market with the benefit that we demonstrate is certainly achievable.

So this is what we look at, right, $240 million to $250 million was also the guidance that we provided for IBSRELA in the coming -- in this year. That's 52% annual growth over 2024. So again, if you look at where we were with $158 million going to $250 million, we're on a trajectory that you can clearly see that achieves that $1 billion opportunity in revenue for Ardelyx and our shareholders.

* * *

XPHOZAH is demonstrating, in this first year, the ability for patients even to be able to eat better. We have patients that anecdotally are now able to get transplants that previously were unable to. ***So there's something important that's happening with XPHOZAH, and that's why we have such enthusiasm about where we are.***

* * *

What I really want everyone to do going forward is that has happened, and what we focus on is the patients that are available not within the Medicare system, so it's non-Medicare patients, it's about 220,000 patients.

As you focus on that, those 220,000 patients, as we came out in our guidance, is going to generate up to $750 million.

(Emphasis added).

25. During the question-and-answer segment of the Conference, Defendants addressed multiple questions surrounding the Company's sales force expansion and patient access to its prescriptions in the following pertinent exchanges:

<Q: Ben Davis– J.P. Morgan– Associate> In the fourth quarter, IBSRELA grew 30% compared to the third quarter. What was driving this growth?

<A: Eric Duane Foster > Fourth quarter was a great quarter, more than 30% growth quarter-over-quarter from Q3. ***We completed our sales force expansion at the end***

of Q3, and they were trained and in the field for all of Q4. So we certainly saw an inflection point there.

We're excited about the exit trajectory coming into 2025. It's not just about driving the top of the funnel, but you also have to pull those patients through. ***We've got a great hub and patient services program with ArdelyxAssist, and it performed phenomenally in the fourth quarter. So driving patients at the top of the funnel, pulling those patients through to the bottom of the funnel so more patients can have access to IBSRELA.***

<Q: Ben Davis– J.P. Morgan– Associate> You provided IBSRELA guidance for 2025 of $240 million to $250 million and reiterated the peak sales of $1 billion. What do you see as some of the next steps required to reach those numbers?

<A: Eric Duane Foster > Yes. So the sales force is focused on driving clinical conviction and patient identification. So in 2025, we're expanding our field access manager team***. So this is a field-based team, part of our ArdelyxAssist that's really focused on the pull-through. So when you think about the drivers that we have moving forward, not only do we have an increased number of sales reps, and that's important because we've been able to expand the reach and the total number of targets that we're focused on.*** So not only are we focused on high-writing GIs, but we've been able to expand the number of APPs, advanced practice providers, nurse practitioners and PAs, as well as expand the number of high-writing non-GIs that the sales team can focus on. And that's really where we saw that growth in terms of new writers in Q4.

But expanding the field team that's going to be able to focus on pulling through those patients is equally as critical as driving at the top of the funnel. So this team will work with physicians' offices on pulling through the prior authorizations and making sure that the patients can have access to the product.

<Q: Ben Davis– J.P. Morgan– Associate> So another question now thinking about XPHOZAH a bit more. You talked through a bit of the numbers behind the launch. I was wondering if you could talk about what were some of the drivers behind it?

<A: Michael Raab > So for us, that is what drives us is that, that incredible need. ***The fact that we then also have its prior authorization, so what Eric described in terms of ArdelyxAssist and how we facilitate the prior authorization program so that you, Ben, if you were the physician, you write a script now last year or now within the bundled payment system that's affecting so many patients, we don't want you to worry about whether I or any other patient actually gets the script.***

We have, within our patient services program, that we tell you the physician who writes the script, we will adjudicate. We'll figure out whether or not it's Medicare or not. And if it's not, the likelihood of getting coverage is high. If it's not -- if it's

> Medicare, then you will be put into the patient assistance program. If you qualify, you will get the drug for free. And most people will qualify.
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> ***So it's a really critical part of what it is that we're doing.*** We don't want the physician to be concerned because of what we've talked about the need and how imperative it is the patients get their phosphorus managed. We don't want that to be a concern. ***So we'll take care of that on the back end. So you, the physician, never hears whether or not a patient has actually access the drug that you prescribed.***

(Emphasis added).

February 20, 2025

26. On February 20, 2025, Defendants issued a press release announcing financial results for the fourth quarter and full year 2024. Notably, the press release reaffirmed "combined peak sales of IBSRELA and XPHOZAH of $1.75 Billion," stating, in relevant part:

> **IBSRELA® (tenapanor) finishes 2024 with $158.3 million in net product sales revenue**
> U.S. net product sales revenue for IBSRELA in 2024 was $158.3 million, including $53.8 million in net product sales revenue in the fourth quarter, approximately 32% growth compared to the third quarter of 2024. Ardelyx currently expects full year 2025 U.S. net product sales revenue for IBSRELA to be between $240 and $250 million. Ardelyx continues to expect IBSRELA to achieve greater than ten percent market share at peak and generate more than $1 billion in annual U.S. net product sales revenue before patent term expiration.
>
> **XPHOZAH® (tenapanor) records $160.9 million net product sales revenue in first full year of commercialization**
> U.S. net product sales revenue for the first full calendar year of commercialization of XPHOZAH was $160.9 million, including $57.2 million in net product sales revenue during the fourth quarter of 2024. At peak, Ardelyx currently expects XPHOZAH to achieve $750 million in annual U.S. net product sales revenue before patent term expiration.

27. As part of the same press release, Defendant Raab highlighted Ardelyx's "position of strength" in 2025, nothing IBSRELA's significant revenue growth in 2024, XPHOZAH's successful first year of sales, and the Company's "strong cash position to support future growth opportunities."

28. During the corresponding earnings call, Defendant Raab reiterated confidence in the growth and commercial potential of IBSRELA and XPHOZAH while "confidently" tackling the "challenging reimbursement environment," stating, in pertinent part:

> ***IBSRELA's growth continued throughout 2024 with an acceleration in the fourth quarter as we began to see the positive impact of our expanded sales team.*** It is evident that patients are benefiting from IBSRELA as this important medication provides rapid and lasting relief from the symptoms of IBS-C, which can significantly disrupt patients' lives.
>
> ***For XPHOZAH, our team successfully executed one of the best product launches in recent years.*** In the first year of sales, we demonstrated that XPHOZAH is a crucial medication for dialysis patients, enabling them to achieve and maintain target phosphorus levels.
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> ***In the midst of this outstanding performance, we confidently tackled the challenging reimbursement environment. Our commitment to prioritizing patient needs has never wavered. We've taken strong decisive actions and we're dedicated to ensuring that patients continue to have access to XPHOZAH as they always have regardless of the coverage changes made by CMS.***
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> Our commitment to protecting patient access guarantees that at a minimum, we will continue to serve dialysis patients as we aim to grow the XPHOZAH business to at least $750 million before patent expiry.

(Emphasis added).

29. On the same call, Defendant Foster emphasized the investments made in ArdelyxAssist to help with prior-authorization barriers and reiterated management's confidence in XPHOZAH's continued growth towards its $750 million peak sales target despite changes to Medicare coverage, stating, in relevant part:

> Today, XPHOZAH is available, as it always has been, as a prescription written by a health care provider. The only thing that has changed is that XPHOZAH is no longer covered by Medicare Part D.
>
> Second, our commercial approach is unchanged from last year. ***As with IBSRELA, our XPHOZAH team is focused on driving clinical conviction and patient identification and pulling prescriptions through to the patient.***

> ***At the same time, they're helping the nephrology community and care teams to understand that their ability to prescribe XPHOZAH remains unchanged and that for the best experience, prescriptions should be sent to the ArdelyxAssist specialty pharmacy.***
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> Most importantly, we do not want physicians to change their prescribing habits based on patient coverage. Our message is to prescribe as you always have, based on the patient need and we will adjudicate patient access and affordability on our end. That directive will ultimately support our long-term growth expectations.
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> For us, ensuring patients have access to therapies is both a moral obligation and a strategic opportunity. ***We have seen the benefit that XPHOZAH offers and we are fortunate that the business we've structured and the approach that we have taken XPHOZAH will achieve $750 million in annual net sales revenue prior to patent expiry.*** As I think we have demonstrated in the past, ***we provide guidance that is thoughtful and reflects our expectations of the business.allows us to ensure access to our medicines regardless of payer. With this approach, we are confident that we can deliver significant growth on our path to $750 million at peak.***

(Emphasis added).

30. Further, on the same call, Ardelyx's Chief Financial and Operations Officer at the time, Defendant Justin Renz, noted that the Company expected "that XPHOZAH will achieve $750 million in annual net sales revenue prior to patent expiry. As I think we have demonstrated in the past, we provide guidance that is thoughtful and reflects our expectations of the business."

31. During the question-and-answer segment of the earnings call, Defendants reassured investors that patient access to XPHOZAH remained intact and its access strategy was working in the following pertinent exchanges:

> <Q: Yuchen Ding – Jefferies LLC – Equity Analyst> We have one on XPHOZAH and another follow-up on IBSRELA. So for XPHOZAH, thanks for your comments in the prepared remarks. It's very encouraging to hear. So we're seeing scripts potentially bottoming out, but curious what you're seeing real-time in the field now that we're towards the end of February and if doctors are broadly prescribing XPHOZAH in the same way as they did in 2024. I guess the key question is from a volume perspective, do you think we are at the bottom?
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> <A: Eric Foster> I mean, I think it is too early to say whether or not we've been at the bottom. What I can say is our message has certainly been well received with regards to access continuing for XPHOZAH for these patients.

And again, it was really important that we make sure that we were confident that the plan that we have and those 4 patient groups and pathways that they were being able to kind of flow through and receive access. And very early on, we saw that those 4 patient paths, they were successful and that patients were able to have access.

So we're continuing to see that as we saw from the beginning part of this quarter. And we just continue to be encouraged that we're continuing to see that flow through. As Mike said, there is a lot of activity right now with regards to the binders being in the bundles and the DOs having to work through that.

So we're certainly empathetic to the challenges that they're going through and we just continue to remain focused on ourselves and making sure that physicians are confident that there continues to be access for XPHOZAH and those patients out there in need can have access to it. So we're encouraged by seeing that and we're just going to continue to push forward from there.

. . .

<Q: Roanna Clarissa H. Ruiz – Leerink Partners LLC – Senior Research Analyst >
So quick one on XPHOZAH. Given the new reimbursement dynamic, I was curious what factors could allow you to meet or even exceed the $750 million peak sales guide for this product? And also I wanted to know if you could elaborate a bit more on some of the strategies and resources you're using to make sure Medicare patients continue to stay on XPHOZAH therapy if they qualify.

<A: Eric Foster> Yes. So we -- ***as we think about for the patient's journey, we're very proud of our ArdelyxAssist team and the service that they're able to provide for physicians and for patients out there.***

And that's one of the reasons why we've decided to expand that to be more of a field-facing team in 2025. So we think about the levers for us, again, it's very simple messaging that we continue to have access regardless of payer coverage or patients continue to have access regardless of payer coverage.

We continue to make sure that we've got a solid marketing plan. We're out there with physicians. We're in the community, peer-to-peer programming, meeting them at conferences where we know that they like to receive information and they like to engage with the teams.

And then again, the ArdelyxAssist to be able to work with the offices to help triage those patients as they work through their journey to be able to have access. And we're confident that, that works and we're seeing a lot of traction there and access is flowing through in 2025.

> ***So that's what's really giving us the confidence that we'll be able to achieve that***, whether it's having access in the non-Medicare segments and then also patients being able to qualify for a patient assistance program if they're Medicare patients.
> . . .
> <Q: Julian Reed Harrison – BTIG, LLC – Analyst > On XPHOZAH…curious if private payer access is where you want it to be for 2025? Or maybe there's some near-term opportunities to grow the coverage on that side?
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> <A: Michael Raab> So that -- those are the 5 pillars of non-Medicare. ***In terms of expanding access on the commercial side, remember, Julian, that we don't have rebates, we don't have discounts and that's why we've embraced the prior auth process.*** So any specificity around expanding that is certainly something that we would always consider, but don't see that as a strategy in the short term. Eric, anything you'd add to that?
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> <A: Eric Foster> I would just say, ***I mean, to your point, following on from a prior authorization standpoint, the PA approval rate is very high. And I think you can see that with the uptake that we had in 2024 and certainly reflects the innovation and really the real value that it provides to patients.***

(Emphasis added).

March 13, 2025

32. On March 13, 2025, Defendants presented at the Barclays 27th Annual Global Healthcare Conference emphasized that its patient-access strategy was working and maintained confidence in XPHOZAH's long-term $750 million sales target, stating:

> <Q: Balaji V. Prasad – Barclays Bank PLC – Director> So what kind of time duration should we think about when you speak about $1 billion or a 10% market share in this segment? And what kind of field force setup would be needed maybe at the time you reach peak sales, what kind of what do we need?
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> <A: Justin Renz> ***With our increased sales force, we're now targeting approximately 14,000 writers and those writers include an incremental approximately 5,000 APPs, so advanced practice providers, because that we've found in our work in the first couple of years that there were others within the office dynamics that we're writers.***
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> So we are trying to drive breadth and depth of those groups. That's our target audience. And we want each of those targets to ask their patients would you like to try something new again, same idea really messaging that over and over again. The composition of matter patent is August of 2033 and so our goal is to drive to that $1 billion target, of course, prior to that date in patent expiry.

We're, of course, doing everything we can to accelerate that growth, and we'll be thoughtful in how we add to the sales force and our team. One of the changes our recent new Chief Commercial Officer, Eric Foster made, is we've added some folks that are actually in the field, we call them field access managers, and they're actually out deployed to try to help the pull-through of the scripts. Again, in this marketplace, there prior auths required. We really want to help the office make this as seamless as possible and get the drug to as many patients as possible.

<Q: Balaji V. Prasad – Barclays Bank PLC – Director> And do you have a long-term guidance of $750 million before peak. Remind us of when the IP expires and what's the trajectory to the $750 million in terms of duration?

<A: Justin Renz> And looking at the total addressable population, again, there's approximately 550,000 end-stage renal disease patients on dialysis. 40% of them approximately are non-Medicare. So our total addressable market is approximately 220,000 patients. And it's our belief over time that all of these patients at some point are going to need pharmaceutical intervention for their phosphate lowering therapies. ***So we believe we can get a meaningful share of those 220,000 patients.***

So in our survey work prior to approval in our first year of launch and even now, we believe that we can achieve at least a 30% market share at least the project community believes that's kind of on average, what they think that they would prescribe to their patients. ***And so if we can make that type of penetration at our price point, we can get to that $750 million of net sales prior to patent expiry.***

<Q: Balaji V. Prasad – Barclays Bank PLC – Director> So I got you right, that the 60% Medicare patients are no longer accessible because of the changes in the reimbursement power.

<A: Justin Renz> ***They are no longer revenue-generating patients, but we built it as the right thing to do to make our drug available to everyone.*** And so our message hasn't changed from March 12 of last year to March 12 of this year, which is -- have the prescription writers, the nephrologist or the nephrologist office to send the script to our ArdelyxAssist, we will evaluate the patient's coverage.

And should they be a commercial payer and that is a revenue-generating script, excellent. If they happen to be a low-income patient, and this was true last year as well. ***And they qualify, we will make sure the program is available through our patient assistance program to get them the drug as well as the mail order.***

. . .

And so one of our tests that we've evaluated and Eric Foster, our Chief Commercial Officer, has really carefully analyzed is, okay, if you were a commercial patient in 2024 and you're a commercial patient in 2025, are you still getting the drug? And the answer is yes. Are you a new commercial patient in 2025? And are you getting the drug? And the answer is yes. If you are a Medicare patient in 2024, are you

getting the drug? And are you getting it still in 2025? And the answer is yes. If you're a new Medicare patient in 2025, are you getting the drug? And the answer is yes.

So we're very pleased with that our strategy is working.

<Q: Balaji V. Prasad – Barclays Bank PLC – Director> So you're definitely addressing one part of the equation, which is to ensure that patients don't lose access to the drug. The other part of the equation is on the company itself on mitigating the revenue impact. So how could you counter that? And what could you do to minimize revenue impact?

<A: Justin Renz> So we will, of course, a setback in 2025 with this reduction from Q4 of '24. But our goal, again, as I just mentioned, is to make it available to everyone and have the nephrologist keep writing. ***So it is a very large addressable market. We're only 1.5 years since approval. And so we need to just continue to have a nephrologist write the script. There's enough of a total addressable market that we believe over time, we will make it -- the revenue guidance long term.***

<Q: Balaji V. Prasad – Barclays Bank PLC – Director> And so to help investors understand this, is there any way you could share metrics] around this retention of patients on XPHOZAH in 2024, with Medicare in 2025. So how can we kind of gauge this or understand this?

<A: Justin Renz> Sure. I mean, it's a little too early to tell specifically in 2025, we're only about 11 weeks into the year. The overall dialysis particularly around phosphate lowering therapies has been oral tumultuous because of the change that affects all patients, not just related to Ardelyx.

And so we want to keep the nephrologist at the center of the decision-making and encourage the dialysis organization to let them know that our Ardelyx's drug XPHOZAH available through our Ardelyx program and to not worry about the other items. But in general, the space is having some challenges in getting their medicine because it's a new government decision where Medicare no longer includes the oral-only outside as a Part D benefit it has moved into a Part B benefit. And so that is a change for all of us that we have to navigate. And it's too early to tell on a specific basis.

(Emphasis added).

May 1, 2025

33. On May 1, 2025, Defendants issued a press release announcing earning results for the first quarter of fiscal 2025. The press release reported continued strong commercial growth in

the first quarter, with IBSRELA sales up 57% year-over-year and XPHOZAH sales increased 30% excluding a returns adjustment, while reaffirming its $240-$250 million full-year 2025 ISBRELA sales guidance.

34. During the accompanying earnings call, Defendant Raab highlighted the continued commercial execution for IBSRELA while navigating the XPHOZAH "access complexities," stating, in pertinent part, as follows:

> IBSRELA's exciting growth trajectory continues. We delivered one of the highest prescription demand quarters to date during the first quarter, reinforcing our confidence in IBSRELA as a differentiated, important and valuable treatment for patients. IBSRELA's significant long-term potential is supported by a large and growing market and continued unmet need among patients who remain inadequately served by secretagogues. ***Our commercial team is effectively driving prescriber adoption by building clinical conviction among high-value targets, while our expanded field access management team is enhancing patient access and pull-through. Together, these efforts are positioning IBSRELA for sustained growth and deeper market penetration. We are on track to meet our 2025 guidance of $240 million to $250 million in net sales, and we have a clear path to achieving peak annual net sales revenue of over $1 billion.***
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> ***Our decisions around XPHOZAH remain firmly grounded in a commitment to patient care. Amid this uncertainty, we're encouraged by early signals. Patients across both Medicare and non-Medicare segments are successfully accessing the therapy, and real-time feedback from the field reinforces XPHOZAH's clinical value.*** As the environment remains fluid, we are not yet providing formal revenue guidance at this time. Instead, we are closely monitoring uptake and market dynamics, and we will provide further updates as the landscape continues to evolve.
>
> Across the board, Ardelyx continues to execute with resolve, discipline and agility, and we're making progress on our strategic priorities: driving strong commercial execution for IBSRELA; navigating the access complexities and generating important commercial momentum with XPHOZAH; ***building a pipeline to unlock long-term growth; and continually delivering on strong financial performance.***

(Emphasis added).

35. On the same earnings call, Defendant Foster added that more stringent prior authorizations and "step edits" were slowing new-patient starts, stating, in relevant part:

> Our decisions around XPHOZAH remain firmly grounded in a commitment to patient care. ***Amid this uncertainty, we're encouraged by early signals. Patients across both Medicare and non-Medicare segments are successfully accessing the therapy, and real-time feedback from the field reinforces XPHOZAH's clinical value.*** As the environment remains fluid, we are not yet providing formal revenue guidance at this time. Instead, we are closely monitoring uptake and market dynamics, and we will provide further updates as the landscape continues to evolve.
>
> ***Across the board, Ardelyx continues to execute with resolve, discipline and agility, and we're making progress on our strategic priorities: driving strong commercial execution for IBSRELA; navigating the access complexities and generating important commercial momentum with XPHOZAH;*** building a pipeline to unlock long-term growth; and continually delivering on strong financial performance.

(Emphasis added).

36. Defendant Renz emphasized that Ardelyx was "on track" to achieving peak sales, stating, in pertinent part:

> The first quarter demonstrated strong demand for IBSRELA and clear evidence that the XPHOZAH strategy is working. We remain confident that there is a significant opportunity for both of our medicines and that ***we are on track to achieving our peak sales expectations, more than $1 billion for IBSRELA and $750 million for XPHOZAH.*** We are building a great company and focused on delivering shareholder value.

(Emphasis added).

37. During the question-and-answer segment of the call, Defendants emphasized that XPHOZAH patient access was improving and remained confident in its $750 million long-term target in the following pertinent exchanges:

> <Q: Roanna Clarissa H. Ruiz – Leerink Partners LLC – Senior Research Analyst> A follow-up about XPHOZAH. I was curious, do you have any updates on the -- how the patient assistance program is operating right now and some of your plans to keep going forward into 2Q and 3Q? And the second part of it is, I was also curious, off the last question, thinking about commercial and non-Medicare, how are those trends possibly tracking into exiting 1Q and thinking about 2Q and 3Q?
>
> <A: Eric Foster> So with regards to PAP or the patient assistance program, we're very pleased with how the ArdelyxAssist is being able to help patients in need, particularly those Medicare patients. ***We saw patients that were on XPHOZAH for***

Medicare Part D in Q4, they were able to continue accessing XPHOZAH in Q1 through our patient assistance program. So I would say, we were very pleased with being able to help those patients out and certainly new patients as they come on in first quarter. We are in this for the long term. For us, it's paramount that we are able to provide access for those patients in need. And so, we're not looking at it on a quarterly basis. It's not a Q2, Q3, Q4 decision for us. We're continuing to move forward so that all patients, regardless of Medicare and non-Medicare, have coverage for XPHOZAH.

<A: Michael Raab> the confidence that we have coming from January, where everything -- everyone was wondering how this was going to work. And then, as it progressed through to March, the strategy is working…***I'm very pleased the way that the team has actually helped them navigate through it, and the strength of the ArdelyxAssist team and the program there, in particular, is paying dividends.***
. . .

<Q: Aydin Huseynov – Ladenburg Thalmann & Co. – Director> So I appreciate XPHOZAH's long-term guidance confirmation of $750 million. So could you provide some dynamic of sort of how you plan to get there sort of ramp-up curve? And if possible, any 2025 sort of soft guidance kind of hints? And does the long-term guidance not include Medicare? And in case you'll be able to sort of include Medicare further on, how would that actually affect the upside for XPHOZAH sales, peak sales?

<A: Michael Raab> Let me address that for you is, we assume Medicare is not part of the mix in terms of paying for XPHOZAH for those patients. That's roughly 60% of the dialysis population is Medicare. Non-Medicare is primarily Medicaid and commercial. ***And the comments from both Eric and I that what we see already in the first quarter makes us feel confident that, that is going to be what we are able to confidently get to $750 million.*** As we've said last year, as we were entering this year and reaffirmed in my opening comments, it's too early for us to be giving you guidance as to what 2025 is going to look like.

<Q: Aydin Huseynov – Ladenburg Thalmann & Co. – Director> It's -- how much of the decision-making by nephrologists may affect the insurance coverage? And have you seen any pushback from payers so far for XPHOZAH, given your sort of ongoing negotiations with CMS?

<A: Eric Foster> ***Yes. I would just say, right now, we're really not seeing any pushback on the commercial side.*** And it's good to see that the nephrologist still has the ownership and really is at the decision -- the center of the decision-making. And for those patients that need it, if they have commercial coverage, then certainly the physician can write for it, and we've got confidence that the patient can get it on the commercial side.

(Emphasis added).

June 4, 2025

38. On June 4, 2025, Defendants presented at the Jefferies Global Healthcare Conference and maintained that IBSRELA remained on track to meet its guidance, and reiterated confidence in XPHOZAH's $750 million peak-sales target, stating, in relevant part:

> <Q: Yuchen Ding – Jefferies LLC – Equity Analyst> And then as you think about Q2, and we're already in June, right? So 2 out of 3 months have already been behind us. So how -- like how have demand -- how has demand looked in Q2? And how do you think about that trajectory moving forward?
>
> <A: Michael Raab> Well, I think if you look at the demand in Q2, ***what I just reaffirmed is the $240 million to $250 million for what we provided as guidance for the year, that's something that we're confident that we're going to hit.*** So pretty straightforward. If you look at what that shortfall was in consensus, add that back in, you can see what the trajectory would be to get to those numbers.
>
> <Q: Yuchen Ding – Jefferies LLC – Equity Analyst> Why don't we shift over to XPHOZAH. Tell us a little bit about Q1, the $25 million and just what you have seen on the ground and like what contributed to that number as well as just some of the underlying demand trends that you guys are seeing.
>
> <A: Michael Raab> So that's 330,000 patients, the 550,000 are now Medicare patients and XPHOZAH is not available to them because binders moved into the bundle and Medicare Part B is employed. So what we have encouraged nephrologists and health care practitioners is to continue doing what they've been doing in the past, meaning sending their prescription to our hub and that we can adjudicate whether it's a Medicare, Medicaid, commercial, TRICARE VA. And then either for a Medicare patient, if they qualify, we get free drug, non-revenue product. And if you qualify, you then go through the normal processes of getting coverage approved through your insurance.
>
> * * *
>
> ***So from a launch perspective, if you want to think of it that way, we're doing extremely well in terms of where XPHOZAH is.*** Is it flat? Is it growing at the rate we want? Of course, not, because that turmoil, that chaos has really been a problem for the treating health care practitioners and most importantly, for the patients. But we are seeing the pull-through happening. And the field force out there is focused on those physicians who have written successfully in 2025 because the number of patients that they have allow you to go deep in those patients in order to get them pulled through. So that's a big part of our focus in the near term. Depth absolutely first and foremost, and beginning to expand into breadth.
>
> ***I'm confident that we're going to end up in the place that we need to. Remember, what we guided everyone to is $750 million of peak sales for XPHOZAH.*** What

> does that look like, right? How, in fact, do I believe that to be possible? Well, if you look at our WACC, and modest price increases over time. You assume 5 prescriptions per year, which is what you see for binders, maybe we can do better with a small molecule tiny pill. That's about $12,500 per annum per patient. You divide that $750 million by 12,500, 60,000 patients. That's it. Of 220,000 patients, you need to penetrate 30% of those. Knowing what we did in 2024, the benefit that we provide to those patients, it's hard to imagine that we can't accomplish what I just described.

(Emphasis added).

August 4, 2025

39. On August 4, 2025, Defendants published their second quarter 2025 results. The press release reported "record $97.7 million in total revenue, reflecting 33% growth year-over-year." Notably, Defendant Raab announced that "our confidence in IBSRELA continues to grow, and we are raising our 2025 revenue expectations to $250-$260 million. XPHOZAH also delivered a very encouraging quarter with significant prescription growth compared to the first quarter of 2025." The Defendants also filed a Form 8-K with the SEC announcing that Defendant Renz would "transition out of the role" as Chief Financial and Operations Officer and that a new CFO would assume the position.

40. During the accompanying earnings call, Defendant Foster highlighted record IBSRELA demand and improving prescription pull-through, as well as continued XPHOZAH demand and patient access through ArdelyxAssist, stating, in pertinent part:

> IBSRELA recorded an impressive $65 million in net sales revenue for Q2, demonstrating 84% year-over-year growth and 46% quarter-over-quarter growth. we saw a clear acceleration in demand, delivering our strongest quarter since launch, supported by growth across all key demand indicators compared to the first quarter of this year. ***This performance was driven by focused commercial execution, which generated growth in both breadth and depth of prescribing and an improvement in prescription pull-through.***
>
> During the quarter, the team drove significant increases in new and total prescriptions through increased field activities to targeted HCPs. ***We also deployed highly effective marketing activities, including peer-to-peer HCP education***

programs and digital HCP and consumer engagement. By focusing on increasing the breadth of writers, we generated growth in new writers, new prescriptions and new patient starts. In addition, existing writers expanded their view of patients they consider candidates for IBSRELA and in turn, increased their depth of prescribing. We were also pleased to see that refills made up a greater proportion of prescriptions in Q2, which means new prescriptions are spinning off more refills. Both new and refill prescriptions reached all-time highs.

We also saw early evidence that the investment in the field access manager team is having a positive impact on our prescription pull-through. The team focused on educating offices to ensure that providers can navigate the access landscape, if needed. We are seeing early indicators that approval rates and resubmission rates are improving.

* * *

As we look to the second half of the year, we remain focused on executing at a high level and expect our strong momentum to continue. We are raising our guidance for this year. ***We are confident in our ability to deliver peak sales of more than $1 billion.***

Now on to XPHOZAH. We are very pleased with the performance that XPHOZAH delivered in the second quarter, delivering $25 million in net product sales revenue a 27% increase over the first quarter of this year when the onetime Q1 reserve release is excluded, driven by meaningful demand growth.

* * *

Core to our strategy is driving prescriptions to ArdelyxAssist in order to support patients and providers as they navigate the access landscape in this new environment. During the second quarter, we saw growth in the percentage of prescriptions growing through ArdelyxAssist and the number of target HCPs who have had a patient successfully access XPHOZAH through ArdelyxAssist. Both are strong indicators that we are gaining momentum in this new environment.

We have grown the total number of paid prescriptions month-over-month since March, and we are focused on continuing that steady and consistent growth for the remainder of the year by generating greater depth and breadth in prescribing among XPHOZAH writers. ***To support patient access, we will continue to engage and partner with leadership teams and dialysis providers on ways to educate and support access to XPHOZAH.***

Finally, on patient pull-through, we will continue to support HCPs and patients in their prior authorization and pull-through needs. ArdelyxAssist plays an integral role regardless of payer, and we remain committed to patient access for the long term. As you can see, the XPHOZAH team is focused on the right areas, and we are delivering strong results. We know there continues to be a significant unmet need among patients with elevated phosphorus despite treatment with

> binders, and we seek to deliver on that opportunity. ***As such, we remain confident in our ability to achieve peak sales of $750 million.***

(Emphasis added).

41. On the same earnings call, Defendant Renz touted continued patient demand for IBSRELA and XPHOZAH, and highlighted XPHOZAH's sequential revenue growth despite the loss of Medicare as its largest payer, stating, in pertinent part:

> During the second quarter of 2025, we recorded IBSRELA net product sales revenue of $65 million, an increase of 84% over the same period last year. ***IBSRELA has demonstrated consistent growth since launch, and our strong performance in the second quarter was a reflection of the continued patient demand.***
>
> * * *
>
> ***We expect IBSRELA to continue its strong performance for the remainder of 2025. And as such, we are raising our guidance and currently expect to finish the year with between $250 million and $260 million in net product sales revenue.*** We expect this growth to be driven by patient demand and improved prescription pull-through as well as modest improvements in our gross to net deduction.
>
> XPHOZAH also had a very encouraging performance, recording $25 million in sales during the second quarter of 2025, which we delivered despite the loss of our largest payer, Medicare, compared to $37.1 million we recorded during the second quarter of last year. ***The $25 million for XPHOZAH we reported for Q2 reflects a 7% increase in net sales revenue from Q1 of 2025, driven by patient demand.*** As a reminder, our first quarter XPHOZAH net sales revenue included a $3.8 million returns reserve release. Excluding the reserve release, we delivered a 27% increase in net sales revenue compared to Q1 of 2025.

(Emphasis added).

42. During the question-and-answer segment of the call, Defendants reaffirmed confidence in ISBRELA's growth prospects and highlighted improving XPHOZAH trends in the following pertinent exchanges:

> <Q: Yuchen Ding – Jefferies LLC – Equity Analyst> One is on IBSRELA. So talk about the new guidance and what's factored into that. It seems a little bit conservative given the demand and scripts that we're seeing and also the fact that $8 million of that $10 million raise came from the Q2 beat. So I'm wondering if there's anything that we are not thinking about, but you are seeing on the ground?

And then my second question is on XPHOZAH. Can you remind us what the gross to net was in Q2? I think you may have said 29%, which is surprising given that's better than Q1 but you are booking only commercial and Medicaid revenue in Q2, which have worse gross to net than Medicare.

<A: Michael Raab> ***With the first, you should know us well enough by now that when we give numbers, we are thoughtful and deliberate about what we say. Nothing to read into this, except that, that $10 million increase in our guidance is a meaningful step in the right direction of what this opportunity is.*** And I think should put little doubt in people's minds about our long-term projections, the opportunity for this business. So I would focus on that. And with opportunity to give you more perspective on how we believe this year will play out, we certainly will provide that.

<A: Justin Renz> So you're correct. In Q1, when one excludes that onetime returns reserve release we did, our gross to net would have been approximately 31%. And for Q2, it was approximately 29%. It does pertain to product mix, right, patient mix and who the payer is. So those are pretty close to each other. There's really mild differences. ***We did have an improvement in commercial co-pay. That was the primary driver. Again, co-pay for both of our products typically improves over the course of the year.*** Many of our patients are on what I'll call calendar year health care plans. So if they're commercial patients, they may have a higher deduct in the beginning part of the year, and it improves for them as a patient over time.

So the primary difference between Q1 and Q2 is on the amount of commercial co-pay that we need to, again, help the patient and patient assistance. I would look for it to be in that 30% range in general for the rest of this year. Again, 29% to 31% is a reasonable range. And we're still learning in the new environment, there might be minor changes here and there, but I expect it to be in that general range.

. . .

<Q: Ryan Phillip Deschner – Raymond James & Associates – Senior Research Associate> I'm curious how much of this quarter's IBSRELA sales growth be attributed to expanded sales team now that it's firing on all cylinders and you've got 3 full quarters in. Do you expect continued meaningful script pull-through acceleration into 2026 due to this expanded field team? Or will that start to taper off around that time?

<A: Eric Foster> As I said in my earlier comments, we're 3 full quarters post completion of the expansion. ***So obviously, with increased call activity, we're seeing significant increase in terms of number of writers leading to increase in new and refill prescriptions. We expect that to continue. Just to remind you, I mean, there's significant opportunity in this market.*** Only 1/4 of patients we know are satisfied in this large market with being on therapy with the secretagogue. So we feel very confident in the opportunity that's in front of us. With this increased activity, we certainly expect it to continue for the remainder of the year.

. . .

<Q: Laura Kathryn Chico – Wedbush Securities, Inc. – Senior VP of Equity Research> Mike, if you can kind of recalibrate for us and just tell us what gives you confidence in the new peak estimate for XPHOZAH that you're seeing now in this reimbursement environment? And when might you be in a position to restore guidance for XPHOZAH?

<A: Michael Raab> In terms of guidance for XPHOZAH, we will provide it. As we said in our comments, we saw month-over-month growth since March. And I would like a little bit more consistency before we get out there with numbers for you. As you can imagine, we continue to be thoughtful about what we say and when we say it. ***For me, that question that you asked at the beginning in terms of what gives me confidence is with a total available market of 220,000 patients, which is basically what we are now, given that's the non-Medicare segment. The math is pretty straightforward.***

As you look at our guidance of $750 million with a number of scripts, if you use binder script refills, you use our WACC with modest price increases over time, it's substantively less than 100,000 patients that gets you to that $750 million. ***So I've got great confidence in this trajectory and the performance that we're seeing here and our commitment to the patients. I have great faith in the XPHOZAH team and Eric, the pull-through work that the fans are doing across the board, the marketing efforts, the entire XPHOZAH team is focused on what's doing right for these patients.*** And as a result, we writ large, have great confidence in that number that we provided.

. . .

<Q: Prakhar Agrawal – Cantor Fitzgerald & Co. – Senior Biotech Analyst> So maybe just comment on how do you see IBSRELA trends for the rest of the year and just the market overall.

<A: Michael Raab> As I said at the start with the first question I got was what do we think about this $250 million to $260 million compared to performance and exactly what you just described. ***With an opportunity to provide you more perspective as we go through the rest of the year, we certainly will do that. This is a meaningful step for us to give a $10 million increase in our guidance.*** We haven't done that before in this way. So we are going to take mindful and thoughtful steps as we see the performance show itself.

<Q: Prakhar Agrawal – Cantor Fitzgerald & Co. – Senior Biotech Analyst> And I realize -- on XPHOZAH, I realize you're not providing the guidance, but consensus is sitting at $99 million for the full year. So maybe if you could comment on your comfort on where the Street estimates are for XPHOZAH for the full year? And would you expect sequential quarterly growth for XPHOZAH for the rest of the year?

<A: Michael Raab> Yes. Nice question because you're going to -- you corner me into giving you guidance. But I won't bite on all of it. ***What I will bite on is we just***

> ***scored a $25 million quarter that we've said is based upon true real demand on the non-Medicare population.*** And do the math if it was flat and not much gets us to exactly the kind of modest growth that you would need. ***So I feel very good about the trajectory that we're on. And I feel confident that we will, in the not-too-distant future, be able to provide you some guidance.***

(Emphasis added).

September 3, 2025

43. On September 3, 2025, Defendants presented at the Citi's Biopharma Back to School Conference. Defendants touted continued IBSRELA growth and highlighted improving XPHOZAH demand and patient access, stating:

> <Q: Yigal Dov Nochomovitz – Citigroup Inc. – Biotech Analyst> So I guess maybe to start out, Mike, if you want to just kind of summarize where you are with the business, 2 products that are gaining momentum.
>
> <A: Michael Raab> So the growth is there. Is it growing as fast as we would like? Not yet. But I think the turmoil that the dialysis community is experiencing really speaks to why that is happening. But you do see the conviction of physicians to get their patients on XPHOZAH. So very excited about that. ***I think with what you're seeing with IBSRELA, the growth that we saw in Q2 only continues. And our enthusiasm for having IBSRELA be a $1 billion drug clearly is there, if you look at the growth rate and how that continues. So $1 billion is certainly on the horizon for us and with IBSRELA and excited about the $750 million that we're confident we will meet with XPHOZAH.***
>
> <Q: Yigal Dov Nochomovitz – Citigroup Inc. – Biotech Analyst> And how do you identify those patients? Because you can have people that are not satisfied with the drug, but then they may not know what else is out there, right? So how do you get to that?
>
> <A: Eric Foster> So we certainly -- we have our sales force, which, as you know, completed its sales force expansion at the end of Q3 last year. ***So we've got 3, full quarters under our belt and really feel like they're hitting their stride.*** We also have great omnichannel marketing that's out there that's bringing awareness, greater awareness of IBSRELA out there, not just to patients, but also to physicians.
>
> <Q: Yigal Dov Nochomovitz – Citigroup Inc. – Biotech Analyst> And remind us what the guidance -- just -- you raised it a little bit, right? Just remind everyone what it was and what it is now. And did you give it for each product.

<A: Michael Raab> So no, we gave guidance for IBSRELA from $260 million to $250 to -- $250 million to $260 million to $255 million to $265 million. XPHOZAH we're not yet giving guidance. Just given the turmoil that the market has, what we have done is our confident -- spoken about our confidence that XPHOZAH will be $0.75 billion.

<Q: Yigal Dov Nochomovitz – Citigroup Inc. – Biotech Analyst> So let's talk a bit about XPHOZAH. So you've characterized it as kind of like a relaunch, which essentially is what it is, although it's going well. Is it simpler now with this situation?

<A: Eric Foster> Yes, I'm not sure that it's easy, but I'm really proud of the team and what they've been out there doing. I think just the continuous contact and messaging around access, regardless of who the payer is, patients have access to XPHOZAH. We started that messaging in late last year, been very persistent in Q1 and Q2. For me, Q1 was really about understanding is the strategy working. And I think we got really good strong signals of that in Q1.

And in Q2, it was can we start to grow the market? And can we start to grow the non-Medicare payer segments. ***And as you heard me say in our earnings call, we have seen very positive signs, more new writers, so growth in new writers Q2 versus Q1, new and refill prescriptions growth Q2 versus Q1 and more patients as a percent going on product, whether they're through our patient assistance program or the non-Medicare payer segments are going on product in Q2 versus Q1.***

<Q: Yigal Dov Nochomovitz – Citigroup Inc. – Biotech Analyst> And now this -- what's going on behind the scenes with some of the legal maneuvering, you've characterized that as kind of just pure upside, don't expect it, but if it happens...

<A: Michael Raab> I mean if you look at our TAM, which before the TDAPA period was 550,000 patients, get rid of 330,000 or 60% of those patients, which are Medicare, our new TAM is 220,000 patients. And the vast majority of patients are underserved with binders, but self-reported by physicians, they think 30% of their patients are in need of an additional product for managing hyperphosphatemia.

So if you look at that TAM, those reports from physicians need 60,000 patients to get to $750 million. So we have plenty of room within the 220,000 patients to generate the revenue that we guided to and continue to be able to afford giving patient assistance to those patients that are on Medicare.

(Emphasis added).

September 8, 2025

44. On September 8, 2025, Defendants presented at the 23rd Annual Morgan Stanley Global Healthcare Conference. Defendants attributed IBSRELA's growth to expanded sales and access teams and reaffirmed the $1 billion peak-sales target, while maintaining that XPHOZAH could achieve $750 million despite losing 60% of its addressable market, stating:

> <Q: Bob Klingenberger – Morgan Stanley – Executive Director> And you mentioned the increased guidance for the year, maybe just beginning with IBSRELA, could you give us some kind of color on what's driving that from a -- in kind of the commercial strategies that you've all been implementing?
>
> <A: Eric Foster> Yes, very confident going into Q2. ***When we think about the drivers for the sales team, for IBSRELA, the second quarter was our third full quarter post expansion of the sales force.*** Typically, it takes 2 to 3 quarters to get up to speed. The area business directors, they're building relationships, the reach and frequency into the offices. ***And what we saw in Q2 was significant increased activity, which led to more new writers, more total writers and, ultimately, led to more new and refill prescriptions.***
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> * * *
>
> I think it is important to mention that we do have an indication where we can be used first line, and we have seen some of that utilization first line. And really, what we feel there is physician confidence.
>
> So as physicians continue to write for the product, they're seeing the efficacy, the benefit to the patient, giving them greater confidence and they're able to go to it earlier. But we feel like we've got a really winnable position for the long term. ***We are very pleased with the success that we saw in Q2, giving us the confidence to raise guidance to that $250 million to $260 million for the rest of 2025.***
>
> <Q: Bob Klingenberger – Morgan Stanley – Executive Director> And longer term, right, the $1 billion peak sales guidance for IBSRELA, I think that roughly translates to 10% of the market.
>
> <A: Michael Raab> ***So I think one of the strategies, Eric, if you could talk about it is we have field access managers that really function pulling through the prescriptions that the [AVDs] have generated on the top of the funnel. I think it's a really critical part of what we're accomplishing for that growth.***
>
> <A: Eric Foster> And we saw that early success in Q2. So as Mike mentioned, we expanded our field access manager team. And these are individuals that are in the field, working with physicians' offices, working with patients to help be able to pull through that prescription. The last thing we want is for a physician to identify a

patient, write a prescription and that patient not be able to have access. ***So we know with the additional help of the field access manager team, we saw an increase in resubmission rates and approval rates early on in Q2.***

So as Mike mentioned, it's really a combination of driving to the top of the funnel, but then ***improving the efficiency of how patients can have access to the product and the physicians so that they can have greater confidence that they know when they write that prescription that the patient will actually receive it.*** And we saw really good indicators of that in Q2. ***And again, all of that together is what's given us that confidence for the remainder of the year and to be able to reach that $1 billion.***

<Q: Bob Klingenberger – Morgan Stanley – Executive Director> Maybe just moving on to the XPHOZAH side. Obviously, this year has been a bit of a kind of a relaunch in terms of strategy.

<A: Michael Raab> So we gave up 60% of our TAM, right? So 330,000 patients no longer can pay for the drug. But that doesn't prevent us from providing it through our patient assistance program. And the way I look at it is our TAM shrank from 550,000 to 220,000 patients.

So what does that mean in terms of for us to get to the $750 million peak that we described, you only need 60,000 of those 220,000. It's 1/3 of that TAM. And given the clear need that's needed for XPHOZAH what's doing for patients, that certainly seems very doable in our mind. What we do know is if you look at precedent out there of other therapeutics that have gone into the bundle that are innovative, they have some penetration that's better than when it started during the TDAPA period. After that period, it goes away.

(Emphasis added).

October 30, 2025

45. On October 30, 2025, Defendants published positive third quarter 2025 financial results. The press release announced $105.5 million in total product revenue, reflecting 15% year-over-year growth. Notably, Defendant Raab touted that "IBSRELA continues to perform," with third quarter revenue of $78.2, representing 92% year-over-year growth, and the Company raised its 2025 IBSRELA revenue guidance to $270-$275 million. With respect to XPHOZAH, Ardelyx reported $27.4 million in third quarter revenue, representing 9% growth compared to the second quarter 2025, and stated that it expected "continued growth in the fourth quarter of 2025."

46. On the accompanying earnings call, Defendant Foster touted record IBSRELA demand and revenue, improved prescription pull-through, and emphasized that Ardelyx's commercial and access strategies were working, stating, in relevant part:

> I'm excited to share with you today how this focus drove our performance during the third quarter, starting with IBSRELA. The strong demand for IBSRELA continued during Q3, leading to our highest demand quarter since launch. Additionally, we delivered record highs in the following areas. ***Revenue was $78.2 million, posting 92% growth year-over-year. We continue to see the strength of our field sales force and the impact of our marketing initiatives, which drove us to new highs in new writers and total writers, reflecting growth in both depth and breadth of writing.***
>
> This increase in writers also led to growth in new refill and total prescriptions. Once again, the increased and focused activity from our field access manager team resulted in improved pull-through rates. ***These results clearly indicate that our strategies are working and our strong momentum continues.*** We remain focused on the patient, the prescriber and improving prescription pull-through so more patients can benefit from IBSRELA.
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> * * *
>
> Finally, prescription pull-through. The investments we are making in this area are delivering improvements across the patient journey. ***Our field access manager team increased their call activity during Q3, translating into increased rates of prior authorization approvals and resubmission approvals.*** We continue to look for ways to improve the patient experience, lessen the burden on HCPs and help ensure that every patient who has prescribed IBSRELA gets on treatment. We are focused on addressing critical aspects of the patient and physician journey and maintaining and building momentum as we enter the fourth quarter.
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> * * *
>
> ***Now turning to XPHOZAH. The team continues to execute and drive demand. In Q3, the team delivered $27.4 million in revenue, a solid 9% revenue growth compared to Q2.*** This demand-driven growth demonstrates a clear need among patients for XPHOZAH. Our strategy is anchored in access to XPHOZAH for all patients who receive a prescription regardless of payer. ***We are pleased that this strategy is working, and we remain confident in our long-term growth expectations.***

(Emphasis added).

47. During the question-and-answer segment of the call, Defendants projected continued IBSRELA growth and maintained XPHOZAH's $750 million target as achievable, and

emphasized the strength of the Company's long-term commercial opportunity in the following pertinent exchanges:

> <Q: Roanna Clarissa H. Ruiz – Leerink Partners LLC – Senior Research Analyst > One for thinking about IBSRELA. What pushes and pulls could impact your ability to reach the high versus low end of your new guidance? It did sound like you're making great strides with new and repeat prescribers as well. Could you give us a little bit more color like what's resonating there?
>
> <A: Michael Raab> Yes. ***I mean I think the guidance reflects our confidence in what we are doing with all the questions you've heard previously. I think that increased guidance in the range that we've provided is to show you our confidence in what we're going to deliver this year.*** I think Eric can go into some more of the specifics around it, but that should speak for itself. I think, Roanna, you've noticed over the years that we've taken a pretty conservative approach in the way that we provide these numbers. What we do is give you numbers that we are confident that we're going to meet. That's been consistently the way we've approached it over the years.
>
> <A: Eric Foster> Yes. ***Like I said earlier, I mean, we're very confident in the strategy we have. If you think a little bit about what I mentioned earlier, we know that there are millions of patients out there that are -- have been on or are on secretagogue.*** Again, more than 75% of those patients continue to experience symptoms of IBS-C. What they need is something different. We know that this is a multifactorial disease. They need something that potentially offers a different mechanism with a proven safety and efficacy profile.
>
> . . .
>
> <Q: Yuchen Ding – Jefferies LLC – Equity Analyst> [O]n XPHOZAH, congrats on the progress there, but there's still quite a large gap between where XPHOZAH is now and the $750 million you guys are guiding. What are things that are within your control to really accelerate that?
>
> <A: Michael Raab> ***We have great confidence in our ability to get to $750 million. I will leave it at that because we've spoken about the specifics numerous times of it's 1/3 of the TAM that we now have of 220,000 patients is what is required to $750 million.*** If the need is as extensive and significant as we believe it is and demonstrated both by the paying and the patient assistance program patients, the turmoil of the TDAPA period is turmoil. Once you get past that, likely that's going to change.
>
> . . .
>
> <Q: Julian Reed Harrison – BTIG, LLC – Analyst> It's great to see another beat and raise for IBSRELA. You're at more than 70% year-over-year growth at the lower end of the new range for 2025. I guess looking to next year and beyond, I'm curious to what extent you think this cadence of growth can persist?

<A: Michael Raab> It is exactly what we are doing and should be doing to protect the franchise that we're building. Yes, of course, those things are all the things that we will contemplate and talk about when we can. I think what's important about your question is the growth that you see as you described for IBSRELA, the potential is spectacular, right? If you look at the number of scripts that we have compared to the market that's out there and the growth that is being driven by the need that's out there for the patients by Linzess and others, that is to our benefit over time.

Our belief is that reaching that $1 billion is something that's well within our control or we wouldn't have said that we expect it to be there. I think as we gain and continue to gain more perspectives and guidance, we can provide more guidance on when and how that is achieved. We're excited about the future for IBSRELA and what we're doing now, certainly with IBS-C and hyperphosphatemia with XPHOZAH. This mechanism, these drugs are making a huge difference. It's the work that Eric and his team are doing to show that conviction in physicians and getting those prescriptions pulled through.

. . .

<Q: Aydin Huseynov – Ladenburg Thalmann & Co. – Analyst> You're making almost $400 million in annualized sales. You've got the -- you give about $75 billion long-term guidance and yet you're trading on $1.2 billion market cap. What do you think the market is underestimating, the long-term guidance itself or the future after 2033?

<A: Michael Raab> I think there's an over-index on XPHOZAH, not giving this engine that we have at IBSRELA that do that it's -- the attention that it's due. What you see in terms of the growth and the benefit that it provides us in profit and operating cash for us to reinvest in the business, whether it is to expand our capacity capabilities on the commercial side, we will be thoughtful and measured in that.

* * *

I think we've shown everyone again and again and again a meet and beat and that this is a substantive, big and important market, certainly for IBSRELA. As I said in my opening remarks, XPHOZAH is a contributor to that portfolio and will only continue to provide better contribution over time.

(Emphasis added).

February 19, 2026

48. On February 19, 2026, Defendants published strong fourth quarter and full year 2025 financial results. The press release announced that "IBSRELA revenue grew 73% in 2025" and "expects growth in 2026 to be driven by increased clinical conviction and writing among target healthcare prescribers." Notably, the Defendants issued guidance for 2026, anticipating "full-year

2026 revenue for IBSRELA to be between $410 and $430 million representing at least 50% growth compared to 2025." Further, Defendants expected "full-year 2026 XPHOZAH revenue to be between $110 and $120 million."

49. During the accompanying earnings call, Defendant Raab touted improving XPHOZAH patient access and IBSRELA's blockbuster growth potential, including its projected $1 billion in revenue by 2029, stating, in pertinent part:

> Today, I can tell you that our patient-first strategy is working. ***More patients now have access to XPHOZAH than ever before, and we're confident in our growth expectations.***
>
> * * *
>
> In 2026, we will elevate our organization to even higher levels. Our priorities haven't changed, but our expectations for them have. We're delivering on our vision for what the future of Ardelyx is becoming a consequential patient-centric enterprise built on a broad, thoughtful portfolio of best-in-class medicines.
>
> We are focused on significantly growing IBSRELA and maintaining XPHOZAH's momentum. ***With the guidance we shared in January, IBSRELA is clearly demonstrating its blockbuster potential and is on track to deliver $1 billion in revenue in 2029 with significant growth thereafter.***

(Emphasis added).

50. Defendant Foster further highlighted strong IBSRELA growth and record results across key commercial measures, improved XPHOZAH patient access and dispenses, and confidence in continued growth in 2026, stating, in pertinent part:

> We grew IBSRELA by more than 70% versus the prior year with record highs across all key performance metrics.
>
> For XPHOZAH, we ensured patient access continued, and we increased total dispenses year-over-year. Our teams drove clinical conviction among HCPs, created greater brand awareness for patients and ensured the prescriptions that were written were filled.
>
> ***We thoughtfully invested across the commercial organization to improve the patient and HCP journey and accelerate access to our medicines. Those investments turned into consistent quarter-over-quarter growth for both IBSRELA and XPHOZAH and set the stage for what will be an important growth year in 2026.***

* * *

Our strategy, increasing depth and breadth of writing, strengthening our engagement with patients and supporting prescription pull-through drove notable increases in new and total writers as well as new and refill prescriptions. In the fourth quarter, we finished the year with a record high number of total writers and new and refill prescriptions.

We are confident we have the right levers to drive significant demand. To allow us to capture more of the IBS-C market in 2026 and well into the future, we are investing in 3 key areas.

First, the prescriber continues to be a key focus. We continually optimize our field sales team to drive greater reach and frequency with our target, high-writing health care providers who represent approximately 50% of the IBS-C total prescription market.

* * *

This year, we are increasing our opportunities to engage directly with patients. Our plans are to educate, empower and mobilize patients to take control of their IBS-C by seeking new information and talking to their doctor about the symptoms and the treatment options that are available.

We continue to drive significant volume at a rapid pace by activating patients, deepening and broadening, writing among target health care prescribers and continually improving our prescription pull-through.

* * *

Moving on to XPHOZAH. In 2025, we had consistent growth quarter-over-quarter through the year. I'm proud of our team's ability to navigate the market while also improving patient access to its highest point since launch and increasing total dispenses by 9% and paid dispenses by 41% when excluding Medicare compared to 2024.

We are pleased with the performance in 2025 and confident in achieving the growth we expect in 2026. XPHOZAH will continue to be a contributor for Ardelyx, and our primary focus remains on supporting and ensuring access for all patients regardless of insurance coverage.

We will continue to drive clinical conviction among health care providers for earlier utilization while also growing the prescriber base and expanding depth of prescribing.

(Emphasis added).

51. Newly appointed CFO Defendant Hohenleitner then closed out the Defendants' prepared remarks on the call by reiterating the Company's full year 2026 guidance, in pertinent part:

> We now have had 2 consecutive quarters that we generated positive cash flow due to growing revenue. Now turning to guidance for 2026. First, looking at our revenue projections for IBSRELA, ***we continue to anticipate 2026 revenues for IBSRELA to be between $410 million and $430 million.*** That represents at least 50% year-over-year growth at the low end of the guidance range. Similar to 2025, we expect growth to be driven by quarter-over-quarter increases in demand, along with improved prescription pull-through.
>
> As for the phasing of revenue, we expect the overall market dynamics in 2026 to be similar to those we saw last year.
>
> * * *
>
> IBSRELA will have the same winnable position, and we anticipate volume growth to continue until we face generic competition. Now turning to XPHOZAH. We expect revenues to be between $110 million and $120 million in 2026. ***We're focusing on driving depth and breadth of XPHOZAH prescribing and investing at an appropriate level to ensure that XPHOZAH remains a financial contributor for Ardelyx.***
>
> We expect that XPHOZAH will experience similar market dynamics in the first quarter as IBSRELA. ***We are reaffirming our expectations of $750 million before the expiration of the XPHOZAH method of use patent in 2034.*** And as is the case with IBSRELA, XPHOZAH growth is expected to continue until we face generic competition.

(Emphasis added).

52. During the question-and-answer segment of the call, Defendants expressed confidence in achieving IBSRELA's 2026 guidance, noting continued sales-force optimization, and expanded reimbursement support in the following pertinent exchanges:

> <Q: Anthea Theresa Li – Jefferies LLC – Equity Associate> Could you talk about your level of confidence on the underlying volume growth for IBSRELA to get to your $410 million to $430 million IBSRELA guidance? What's really driving that outside of big TAM? And how much of that guidance assumes improvements on the pull-through and the shift to specialty pharmacies?

<A: Michael Raab> First, I mean let me address that from a top line, we wouldn't give you the guidance. We have great confidence in reaching that number. As we've talked over the years, Anthea and with Dennis, is if you look at the size of this market, and ***the number of patients that are needing a new alternative versus what they have with secretagogue, there's a vast patient population out there to access this. So our confidence is significant and hasn't wavered, honestly.***

<A: Eric Foster> As Mike said, we've got tremendous confidence in the guidance that we've given for 2026. ***In order to drive volume, we're continuing to optimize our sales force. Last year, the team did an excellent job in execution was able to drive the 73% growth. And we'll continue to optimize that so they can drive top of the funnel.***

As Mike said, 77% of the patients out there on secretagogue are currently continuing to experience symptoms. ***So we know that the market is there. As it relates to pull-through, we are going to double our field reimbursement manager team.***

We know that they provided significant value to us last year and relates to increase in approvals and resubmission rates. So we know that we can continue to improve there, and we've got a team that's going to expand and refocus there.

* * *

So when you think about all those 3 things together, we feel really good about 2026 and what we're going to be able to deliver.

. . .

<Q: Jennifer M. Kim – Cantor Fitzgerald & Co. – Analyst> So with the IBSRELA drug on IBS-C, I wanted to understand where is the greatest opportunity? And what is driving the market growth of double digit? And how sustainable do you think it's going to be?

<A: Michael Raab> I think in the previous question that I answered with 50,000 patients coming in every month from the GCC agonist already, there is a -- and 7 million patients already on therapy. ***There's a very small percentage of that, that ultimately we need to get to $1 billion. So confidence in there is high, particularly given our clinical differentiation.***

And with the XPHOZAH very much the same kind of dynamic, right? I mean if you look at the Medicare population that we lost, the original numbers I've gone to before is 550,000 patients on dialysis 60% of those are Medicare. You lose those 330 -- 220,000 patients that are Medicaid and Medicare. Those are revenue-generating patients for us. ***It's less than 100,000 patients closer to 50,000 that you require in order to get to the guidance that we gave.***

(Emphasis added).

April 30, 2026

53. On April 30, 2026, Defendants published positive first quarter 2026 financial results. The press release announced "total product revenue of $93.4 million, reflecting 38% growth year-over-year." Significantly, Defendants reported that IBSRELA revenue increased approximately 58%, and reaffirmed its full-year 2026 revenue guidance, including IBSRELA revenue between $410 and $430 million and XPHOZAH revenue between $110 and $120 million.

54. During the corresponding earnings call, Defendant Raab touted Ardelyx's "significant year of growth" and continued IBSRELA growth and XPHOZAH momentum, and reaffirmed the Company's full-year 2026 revenue guidance for both products pertinently as follows:

> ***2026 is poised to be another significant year of growth for our company, and we're already off to a great start. At Ardelyx, we're building an innovative pipeline of medicines for patients with unmet medical needs.*** Our first quarter's performance reinforces our confidence in the strategy we've laid out and in our ability to capture the opportunities ahead to create long-term value. As we build on this momentum, our focus is on executing on our 4 key priorities: ***accelerating the growth of IBSRELA, maintaining the XPHOZAH momentum, building and expanding our pipeline and delivering strong financial results.***
>
> * * *
>
> ***Finally, we remain in a position of financial strength. Our Q1 revenue performance positions us to reiterate our previously communicated full year 2026 revenue guidance for IBSRELA and XPHOZAH.*** We have the flexibility to allocate capital to both near-term commercial execution and investments that will expand our pipeline to drive long-term growth value for the company, our patients and our shareholders. ***I am confident in our strategy and our team's ability to deliver on our key priorities.*** Together, we are advancing a growing, differentiated, innovative pipeline of medicines that address unmet patient needs.

(Emphasis added).

55. Defendant Hohenleitner reaffirmed Ardelyx's 2026 revenue guidance for IBSRELA and XPHOZAH, emphasizing improved prescription pull-through, and underlying growth in XPHOZAH, pertinently providing the following details:

> The Q1 2026 demand for IBSRELA increased despite the expected Q1 seasonal dynamics that were further exacerbated by the winter storm. ***We continue to expect IBSRELA revenues to grow quarter-over-quarter for the remainder of the year.***
>
> Revenue for XPHOZAH during the first quarter of 2026 was $23.3 million and on an as-reported basis, remained consistent with the prior year revenue. However, it's important to understand the underlying business results we're seeing. As you may recall, in Q1 2025, we recorded a $3.8 million favorable adjustment related to product returns. Taking that adjustment into account, our paid prescriptions of XPHOZAH revenue actually grew 19% year-over-year.
>
> * * *
>
> ***Now turning to guidance for 2026. We are reiterating our 2026 revenue guidance for IBSRELA between $410 million and $430 million. That represents a 50% to 57% year-over-year growth. We expect the growth to be driven by quarter-over-quarter increases in demand, along with improved prescription pull-through. Our long-term growth expectation for IBSRELA remains to reach at least $1 billion in 2029, representing a 38% CAGR.***
>
> ***Now turning to XPHOZAH. We are reiterating our revenue guidance between $110 million and $120 million in 2026.*** We continue to invest at an appropriate level to ensure that XPHOZAH remains a contributor of financial growth for Ardelyx. Our full year product revenues are expected to grow between 38% and 46%, outpacing our operational expenses, which will grow by approximately 25%, consistent with prior guidance. We are at a stage in our development where it's necessary for us to prudently invest in our growth accelerators, our commercial operations and our pipeline, all of which require high-impact investments in R&D and SG&A.

(Emphasis added).

56. During the question-and-answer segment of the earnings call, Defendants touted continued improvements in prescription pull-through and fulfillment, as well as increased prescribing in the following pertinent exchanges:

> <Q: Laura Kathryn Chico – Wedbush Securities Inc. – Analyst> First, I thought I heard Eric mention an expansion of the field manager level. And I'm just trying to understand if that's more impactful on the depth of prescribing or the breadth of prescribing? And which of those 2 levers impacts hitting the upper range of guidance or kind of impacts the guidance swing there?
>
> <A: Eric Foster> It's very hard getting the physician to write that first prescription. And so we want to make sure when they write the prescription that they have confidence that it will be filled. And that's what the field reimbursement manager

> does. They work with the physician's office to ensure as they navigate the payer dynamics that they're able to pull through and get that prescription filled.
>
> ***With regards to physicians as they continue to increase their depth of prescribing, that same confidence is important that not just the first one goes through, but subsequent ones. So that team is really focused on helping the prescriptions get pulled through, whether it's the first prescription or subsequent ones.***
> . . .
> <Q: Andrew Kassin – BTIG, LLC – Analyst> On IBSRELA, which are the growth drivers would you say do you believe still has the most room to grow writers, new prescriptions, refill or pull-through?
>
> <A: Eric Foster> ***We feel very confident in the position that we have, a winning position sustainable over time that we've had for the past 3 years. And we continue to see an increase in writers, total writers, new writers as well as depth of prescribing, and that's really important.***
>
> So what that tells you is physicians continue to have confidence in IBSRELA and look at it as a viable option for their patients that are in need.
> * * *
> ***When you think about the IBSRELA Pharmacy Network and being able to improve the fulfillment rate as well as the number of refills for patients, it really is -- really leads to success across the business in those important drivers of the business.*** And that's really what gives us that confidence to that $1 billion in 2029 and beyond.

(Emphasis added).

57. The above statements in Paragraphs 22 to 56 were false and/or materially misleading. Defendants created the false impression that they possessed reliable information pertaining to the Company's growth prospects and ability to achieve its revenue guidance for IBSRELA and XPHOZAH based on its commercial initiatives that were addressing payer and patient-access challenges, including the IBSRELA Pharmacy Network, field reimbursement managers, sales-force expansion and optimization, prescription pull-through initiatives, ArdelyxAssist program and other patient-access initiatives. In truth, the Company was seeing increasing restrictive payer requirements and other market-access challenges which were slowing new-patient starts for IBSRELA and undermining XPHOZAH's long-term growth prospects.

The Truth Emerges

August 6, 2026

58. On August 6, 2026, Defendants published a press release announcing their second quarter 2026 financial results. In pertinent part, the press release revealed that IBSRELA's revenue was below expectations due to "significantly increased utilization management processes from payors." Further, Defendants cut full-year 2026 IBSRELA guidance from $410-$430 million to $350-$370 million and withdrew their long-term XPHOZAH revenue guidance, while reiterating XPHOZAH's 2026 revenue guidance.

59. The press release further detailed Ardelyx's revised 2026 financial outlook as follows:

> **Updated Financial Guidance and Outlook**
> - Full-year 2026 revenue guidance for IBSRELA revised to be between $350 and $370 million.
> - Full-year 2026 revenue guidance for XPHOZAH reiterated to be between $110 and $120 million.
> - OPEX guidance revised to be below $500 million.
> - IBSRELA long-term guidance of achieving $1B in revenue remains, and the Company is evaluating the evolving market dynamics and their impact on the timing of this achievement.
> - XPHOZAH long-term guidance is being pulled as the Company assesses evolving market dynamics and growth rates, which have the potential to reshape the long-term market opportunity.

60. During the accompanying earnings call, Defendant Foster acknowledged Ardelyx's "significant payer hurdles" affecting IBSRELA patient access and slowing new-patient starts in relevant part:

> ***[W]e experienced significant payer hurdles that had a direct impact on access to IBSRELA.*** While new patient starts have been slowed by these hurdles, we continue to see strong growth in refills and total prescriptions, reaching our highest demand quarter to date. We understand the ongoing market dynamics IBSRELA is facing and are confident that the following 4 actions will position IBSRELA for future growth by addressing increasing payer hurdles and accelerating IBSRELA demand.

* * *

> While we are encouraged by XPHOZAH performance, we continue to recognize and assess the challenges ahead of us. ***Our focus remains on enhancing the effectiveness of our commercial approach by refining sales force deployment and strengthening engagement with healthcare providers and dialysis organizations.*** These initiatives are designed to ensure we're reaching the physicians treating the patients most likely to benefit from XPHOZAH while continuing to build awareness across the nephrology community.

(Emphasis added).

61. On the same call, Defendant Hohenleitner lowered 2026 IBSRELA guidance and withdrew the $650 million long-term XPHOZAH target, stating, in relevant part:

> ***Starting with 2026, for IBSRELA, taking into consideration the current environment and our proactive initiatives to increase access and fulfillment, we have made the prudent decision to lower our full-year 2026 guidance for IBSRELA to a range of $350 million to $370 million.*** This revised guidance represents annual growth of more than 30% at the midpoint. This would suggest back-half sales would be roughly 60% of the full year, acknowledging increased sequential revenue growth in the upcoming quarters and in line with prior year's growth patterns.
>
> Now turning to XPHOZAH. We are reiterating our full-year 2026 revenue guidance to be between $110 million and $120 million. Now moving on to OPEX. With the decision to modify our guidance for IBSRELA revenue, we have proactively taken additional efforts to manage spending and are revising our 2026 OPEX guidance to be below $500 million. We are managing the business with discipline as evidenced by these actions.
>
> Moving on to our longer-term guidance. A few things first. Let me be clear. We are still on a path to achieve $1 billion in revenue for IBSRELA. ***However, with the 2026 revenue revision, we are evaluating the evolving market dynamics and the impact on the timing of this achievement. For XPHOZAH, we have been assessing market dynamics as well as future growth projections in a period of uncertainty. Therefore, it is prudent to revisit our internal assumptions and pull our $750 million revenue guidance.***

(Emphasis added).

62. During the question-and-answer segment of the earnings call, Defendants maintained that underlying IBSRELA demand remained strong, while acknowledging that more

restrictive payer requirements were making patient access more difficult and slowing new-patient starts in the following pertinent exchanges:

> <Q: Yuchen Ding – Jefferies LLC – Equity Analyst> So #1, it sounds like demand is fine, but access is getting more difficult. I think that's really the new piece of info for me. Can you give more color on what those hurdles are? Are these scripts still getting filled, but it's taking longer? Are they just getting completely blocked or they're more step edits or what's going on there exactly?
>
> And then #2, you guys have called out many times the favorable impact from these specialty pharmacies. It's been around 9 months since that got implemented and you guys have sounded confident the last few months. So is it possible to share a few quantitative metrics on things like how often are scripts being written as a sign of underlying demand but then actually how many of them are actually getting filled over the last few quarters and I'm assuming that portion or that percentage is getting better over time?
>
> <A: Michael Raab > One comment though is, I think what was important as we talked about is starting the IPN back at the end of last year. As Eric has mentioned on every call that we do see better fulfillment rates and on average 1 additional prescription that goes through the IPN and the special network that we've established, and incredibly fortunate that we started it then.
>
> ***I think as I said in my comments and Eric reiterated, it is the extent of the step edits that have been put in place was not something that one would anticipate with this product. We're clearly getting attention given its growth and success, but you hit the nail on the head. The demand is still there. It is just harder for patients to get through, and that's with the work that Eric and the team are doing with the FRMs and IPN.***
>
> <A: Eric Foster> ***So 2 things that we were seeing, so 1, we're seeing more step edits and 2, more stringent prior authorizations. So you're exactly right, what we're seeing is more of a slowing of the new patient starts, so not blocking but a slowing due to those 2 things.***
>
> So we feel confident around those 4 actions that we've put in place that we'll be able to accelerate demand as well as improve pull-through as we go through the back half of this year.
> . . .
> <Q: Matthew Coleman Caufield – H.C. Wainwright & Co. – Analyst> Just focusing on the discussed access challenges for IBSRELA, appreciated the color in the comments there so far. But are these factors something that's gotten worse over the past couple quarters? Or in other words, what, if anything, has changed for the access challenges over the past 12 months, for example?

<A: Michael Raab > The thing, if you recall, when we talked about how we approach market access is we have taken a position that we wouldn't rebate, negotiate, and discount until there was a need to. ***And I think what we're seeing here in terms of the step edits and the hurdles that patients are being forced to go through, which is frustrating for everyone, merits the kind of discussions that we're going to begin having and having already with the payer community.***

This is their business. That's what they do. They put step edits and hurdles in place for patients, and ultimately you look to the manufacturer to offset those things. It's a tough business, but ultimately what we have put in place with the FRMs, IPN, and the team that Eric has built gets us through those hurdles that exist. That's why we structure it and do it the way we do.

<A: Eric Foster> Yes, I would just add that when you have the success that we've had really over the past couple of years, one of the things I think that there's a key takeaway here is that payers certainly are paying attention to that. ***And the speed and the extent to which these more stringent PAs and step edits were put in place and the impact of those, you know, we're not really anticipating that it would be as quickly as it was.***

But with that, we feel confident about the things that we started to put in motion late last year and early this year, and are pleased right now that we've got the additional field reimbursement managers in the field to be able to work with physicians and patients to navigate those hurdles.

. . .

<Q: Yigal Dov Nochomovitz – Citigroup Inc. – Analyst> I'm just wondering, are you seeing this payer pushback dynamic broadly across the IBS-C categories, so with some of the competitive products as well? And also, is it restricted to just certain plans, you know, like an Aetna or Blue Cross or CVS? Or are you seeing it kind of broadly across all of the payers? And then on XPHOZAH, could you just elaborate a little bit as to why you decided to, just withdraw the $750 million as opposed to revise it down to something that you are more comfortable with?

<A: Eric Foster> Yes, and then with regards to are we seeing this across the IBS-C category? So, just remembering that our strategy is a bit different from the others. ***And so, just focusing on us, you know, what we've seen is just more stringent prior authorization criteria and ensuring that HCPs are adherent to that criteria. We've seen a bit of a shift there, as well as the step edits.***

And then in terms of how many payers we're seeing this across, it certainly is a meaningful amount to be able to influence the commercial landscape. And so for us, it was really important to dig into that to see what is the real impact to the business, do we understand it, and what are the actions we can put in place to be able to move forward and feel really good about what the team has been able to put together there and certainly leading to the revised guidance and our plan for the back half of this year.

(Emphasis added).

63. The aforementioned press releases and statements made by the Individual Defendants are in direct contrast to statements they made during the Class Period. In those statements, Defendants continually touted commercial growth and sustained product demand for IBSRELA and XPHOZAH, while continually minimizing the increasing payer and access hurdles affecting IBSRELA and the uncertainty surrounding XPHOZAH's ability to achieve its long-term growth targets, including the loss of Medicare reimbursement.

64. Investors and analysts reacted immediately to Ardelyx's revelation. The price of Ardelyx's common stock declined dramatically. From a closing market price of $4.87 per share on August 6, 2026, Ardelyx's stock price fell to $4.00 per share on August 7, 2026, a decline of about 18% in the span of just a single day.

65. A number of well-known analysts who had been following Ardelyx lowered their price targets in response to the Company's disclosures. For example, Wedbush analysts slashed their price target a considerable 53% while noting "while the commercial headwinds are not trivial, they appear to have been building and management has already taken steps to expand the teams to incorporate field reimbursement managers (FMRs) and expand the field force."

66. Similarly, Citigroup, while dropping its price target 21% to $11, highlighted "the issue is that increasingly burdensome payer requirements, including prior authorizations and step edits, emerged more quickly than anticipated and slowed new-patient conversion."

67. Leerink Partners analysts also dropped their price target 19% while noting "the primary headwind was a rapid increase in payer restrictions, including more string prior authorizations and expanded step-edit requirements, which slowed new patient starts and delayed prescription fulfillment rather than permanently blocking access. Mgmt. acknowledged that the

magnitude and speed of these payers actions exceeded expectations as Ibsrela's commercial success attracted greater payer scrutiny."

68. The fact that these analysts, and others, discussed Ardelyx's commercial access issues and increasing payer restrictions, including prior authorizations and step edits which led to slowing new-patient starts and delayed prescription fulfillment suggests the public placed significant weight on Ardelyx's prior growth prospects and revenue guidance for its two core products, IBSRELA and XPHOZAH. The frequent, in-depth discussion of Ardelyx's revenue guidance confirms that Defendants' statements during the Class Period were material.

Additional Scienter Allegations

69. During the Class Period, Defendants acted with scienter in that they knew, should have known, or otherwise were deliberately reckless in not knowing that the public statements disseminated on behalf of Ardelyx were materially false and misleading at the time they were made. Defendants had actual knowledge of, or access to, non-public information concerning the increasingly restrictive payer requirements and market-access hurdles including more stringent prior authorization requirements and step edits affecting new-patient starts and delaying prescription fulfillment.

70. Notwithstanding such, Defendants repeatedly and affirmatively represented to investors that Ardelyx was well positioned to continue to achieve continued growth in IBSRELA and XPHOZAH despite the Company's ongoing efforts through its commercial initiatives and efforts to address patient-access and prescription pull through challenges.

71. Yet, despite that headwinds were developing, Defendants remained confident, consistently praising the demand for IBSRELA and the effectiveness of their commercial initiatives, including the IBSRELA Pharmacy Network, field reimbursement managers, sales-

force expansion and optimization, prescription pull-through efforts, ArdelyxAssist, and other patient-access initiatives, while emphasizing XPHOZAH's improving patient access and prescription fulfillment, growing demand and continued growth prospects.

72. Defendants' scienter was further evidenced by their reiteration of both IBSRELA and XPHOZAH's full-year 2026 revenue guidance on April 30, 2026. Notably, Defendants reaffirmed revenue guidance just three months before the August guidance cut, and continued to report improving prescription pull-through, while continuing to represent that XPHOZAH was position for continued growth.

Loss Causation and Economic Loss

73. During the Class Period, as detailed herein, Defendants made materially false and misleading statements and engaged in a scheme to deceive the market and a course of conduct that artificially inflated the price of Ardelyx's common stock and operated as a fraud or deceit on Class Period purchasers of Ardelyx's common stock by materially misleading the investing public. Later, Defendants' prior misrepresentations and fraudulent conduct became apparent to the market, the price of Ardelyx's common stock materially declined, as the prior artificial inflation came out of the price over time. As a result of their purchases of Ardelyx's common stock during the Class Period, Plaintiff and other members of the Class suffered economic loss, *i.e.*, damages under federal securities laws.

74. Ardelyx's stock price fell in response to the corrective event on August 6, 2026, as alleged *supra*. On August 6, 2026, Defendants disclosed information that was directly related to their prior misrepresentations and material omissions concerning the Company's growth prospects, patient access, payer and reimbursement hurdles, and ability to achieve its revenue guidance for IBSRELA and XPHOZAH.

75. In particular, on August 6, 2026, Ardelyx announced increasing payer and market-access challenges leading to slowing new-patient access starts alongside a downward revision to its previously reiterated full year 2026 revenue guidance and a full recission of its long-term targets.

Presumption of Reliance; Fraud-On-The-Market

76. At all relevant times, the market for Ardelyx's common stock was an efficient market for the following reasons, among others:

(a) Ardelyx's common stock met the requirements for listing and was listed and actively traded on the NASDAQ during the Class Period, a highly efficient and automated market;

(b) Ardelyx communicated with public investors via established market communication mechanisms, including disseminations of press releases on the national circuits of major newswire services and other wide-ranging public disclosures, such as communications with the financial press and other similar reporting services;

(c) Ardelyx was followed by several securities analysts employed by major brokerage firms who wrote reports that were distributed to the sales force and certain customers of their respective brokerage firms during the Class Period. Each of these reports was publicly available and entered the public marketplace; and

(d) Unexpected material news about Ardelyx was reflected in and incorporated into the Company's stock price during the Class Period.

77. As a result of the foregoing, the market for Ardelyx's common stock promptly digested current information regarding the Company from all publicly available sources and reflected such information in Ardelyx's stock price. Under these circumstances, all purchasers of Ardelyx's common stock during the Class Period suffered similar injury through their purchase of Ardelyx's common stock at artificially inflated prices, and a presumption of reliance applies.

78. Alternatively, reliance need not be proven in this action because the action involves omissions and deficient disclosures. Positive proof of reliance is not a prerequisite to recovery pursuant to ruling of the United States Supreme Court in *Affiliated Ute Citizens of Utah v. United States*, 406 U.S. 128 (1972). All that is necessary is that the facts withheld be material in the sense that a reasonable investor might have considered the omitted information important in deciding whether to buy or sell the subject security.

No Safe Harbor; Inapplicability of Bespeaks Caution Doctrine

79. The statutory safe harbor provided for forward-looking statements under certain circumstances does not apply to any of the material misrepresentations and omissions alleged in this Complaint. As alleged above, Defendants' liability stems from the fact that they provided investors with revenue guidance and long-term targets while at the same time concealing material adverse facts concerning the true state of Ardelyx's commercial performance and growth prospects for XPHOZAH and IBSRELA, and in particular the increasing payer-related access and reimbursement barriers affecting patient access, more stringent prior authorization requirements that slowed new-patient starts.

80. To the extent certain of the statements alleged to be misleading or inaccurate may be characterized as forward looking, they were not identified as "forward-looking statements" when made and there were no meaningful cautionary statements identifying important factors that could cause actual results to differ materially from those in the purportedly forward-looking statements.

81. Defendants are also liable for any false or misleading "forward-looking statements" pleaded because, at the time each "forward-looking statement" was made, the speaker knew the "forward-looking statement" was false or misleading and the "forward-looking statement" was

authorized and/or approved by an executive officer of Ardelyx who knew that the "forward-looking statement" was false. Alternatively, none of the historic or present-tense statements made by Defendants were assumptions underlying or relating to any plan, projection, or statement of future economic performance, as they were not stated to be such assumptions underlying or relating to any projection or statement of future economic performance when made, nor were any of the projections or forecasts made by the defendants expressly related to or stated to be dependent on those historic or present-tense statements when made.

CLASS ACTION ALLEGATIONS

82. Plaintiff brings this action as a class action pursuant to Federal Rule of Civil Procedure 23(a) and (b)(3) on behalf of a Class, consisting of all those who purchased or otherwise acquired Ardelyx's common stock during the Class Period (the "Class"); and were damaged upon the revelation of the alleged corrective disclosure. Excluded from the Class are defendants herein, the officers and directors of the Company, at all relevant times, members of their immediate families and their legal representatives, heirs, successors or assigns and any entity in which defendants have or had a controlling interest.

83. The members of the Class are so numerous that joinder of all members is impracticable. Throughout the Class Period, Ardelyx's common stock were actively traded on the NASDAQ. While the exact number of Class members is unknown to Plaintiff at this time and can be ascertained only through appropriate discovery, Plaintiff believes that there are hundreds or thousands of members in the proposed Class. Record owners and other members of the Class may be identified from records maintained by Ardelyx or its transfer agent and may be notified of the pendency of this action by mail, using the form of notice similar to that customarily used in securities class actions. As of July 30, 2026, there were 249.1 million shares of the Company's

common stock outstanding. Upon information and belief, these shares are held by thousands, if not millions, of individuals located throughout the country and possibly the world. Joinder would be highly impracticable.

84. Plaintiff's claims are typical of the claims of the members of the Class as all members of the Class are similarly affected by Defendants' wrongful conduct in violation of federal law that is complained of herein.

85. Plaintiff will fairly and adequately protect the interests of the members of the Class and has retained counsel competent and experienced in class and securities litigation. Plaintiff has no interests antagonistic to or in conflict with those of the Class.

86. Common questions of law and fact exist as to all members of the Class and predominate over any questions solely affecting individual members of the Class. Among the questions of law and fact common to the Class are:

(a) whether the federal securities laws were violated by Defendants' acts as alleged herein;

(b) whether statements made by Defendants to the investing public during the Class Period misrepresented material facts about the business, operations and management of Planet Fitness;

(c) whether the Individual Defendants caused Ardelyx to issue false and misleading financial statements during the Class Period;

(d) whether Defendants acted knowingly or recklessly in issuing false and misleading financial statements;

(e) whether the prices of Ardelyx's common stock during the Class Period were artificially inflated because of the Defendants' conduct complained of herein; and

(f) whether the members of the Class have sustained damages and, if so, what is the proper measure of damages.

87. A class action is superior to all other available methods for the fair and efficient adjudication of this controversy since joinder of all members is impracticable. Furthermore, as the damages suffered by individual Class members may be relatively small, the expense and burden of individual litigation make it impossible for members of the Class to individually redress the wrongs done to them. There will be no difficulty in the management of this action as a class action.

COUNT I

Against All Defendants for Violations of Section 10(b) and Rule 10b-5 Promulgated Thereunder

88. Plaintiff repeats and realleges each and every allegation contained above as if fully set forth herein.

89. This Count is asserted against defendants and is based upon Section 10(b) of the Exchange Act, 15 U.S.C. § 78j(b), and Rule 10b-5 promulgated thereunder by the SEC.

90. During the Class Period, Defendants engaged in a plan, scheme, conspiracy and course of conduct, pursuant to which they knowingly or recklessly engaged in acts, transactions, practices and courses of business which operated as a fraud and deceit upon Plaintiff and the other members of the Class; made various untrue statements of material facts and omitted to state material facts necessary in order to make the statements made, in light of the circumstances under which they were made, not misleading; and employed devices, schemes and artifices to defraud in connection with the purchase and sale of securities. Such scheme was intended to, and, throughout the Class Period, did: (i) deceive the investing public, including Plaintiff and other Class members, as alleged herein; (ii) artificially inflate and maintain the market price of Ardelyx's common stock; and (iii) cause Plaintiff and other members of the Class to purchase or otherwise acquire Ardelyx's

securities at artificially inflated prices. In furtherance of this unlawful scheme, plan and course of conduct, Defendants, and each of them, took the actions set forth herein.

91. Pursuant to the above plan, scheme, conspiracy and course of conduct, each of the defendants participated directly or indirectly in the preparation and/or issuance of the quarterly and annual reports, SEC filings, press releases and other statements and documents described above, including statements made to securities analysts and the media that were designed to influence the market for Ardelyx's securities. Such reports, filings, releases and statements were materially false and misleading in that they failed to disclose material adverse information and misrepresented the truth about the Company.

92. By virtue of their positions at the Company, Defendants had actual knowledge of the materially false and misleading statements and material omissions alleged herein and intended thereby to deceive Plaintiff and the other members of the Class, or, in the alternative, Defendants acted with reckless disregard for the truth in that they failed or refused to ascertain and disclose such facts as would reveal the materially false and misleading nature of the statements made, although such facts were readily available to Defendants. Said acts and omissions of defendants were committed willfully or with reckless disregard for the truth. In addition, each defendant knew or recklessly disregarded that material facts were being misrepresented or omitted as described above.

93. Information showing that Defendants acted knowingly or with reckless disregard for the truth is peculiarly within defendants' knowledge and control. As the senior managers and/or directors of the Company, the Individual Defendants had knowledge of the details of Ardelyx's internal affairs.

94. The Individual Defendants are liable both directly and indirectly for the wrongs complained of herein. Because of their positions of control and authority, the Individual Defendants were able to and did, directly or indirectly, control the content of the statements of the Company. As officers and/or directors of a publicly-held company, the Individual Defendants had a duty to disseminate timely, accurate, and truthful information with respect to Ardelyx's businesses, operations, future financial condition and future prospects. As a result of the dissemination of the aforementioned false and misleading reports, releases and public statements, the market price of Ardelyx's common stock was artificially inflated throughout the Class Period. In ignorance of the adverse facts concerning the Company which were concealed by Defendants, Plaintiff and the other members of the Class purchased or otherwise acquired Ardelyx's common stock at artificially inflated prices and relied upon the price of the common stock, the integrity of the market for the common stock and/or upon statements disseminated by Defendants, and were damaged thereby.

95. During the Class Period, Ardelyx's common stock was traded on an active and efficient market. Plaintiff and the other members of the Class, relying on the materially false and misleading statements described herein, which the defendants made, issued or caused to be disseminated, or relying upon the integrity of the market, purchased or otherwise acquired shares of Ardelyx's common stock at prices artificially inflated by defendants' wrongful conduct. Had Plaintiff and the other members of the Class known the truth, they would not have purchased or otherwise acquired said common stock, or would not have purchased or otherwise acquired them at the inflated prices that were paid. At the time of the purchases and/or acquisitions by Plaintiff and the Class, the true value of Ardelyx's common stock was substantially lower than the prices paid by Plaintiff and the other members of the Class. The market price of Ardelyx's common stock

declined sharply upon public disclosure of the facts alleged herein to the injury of Plaintiff and Class members.

96. By reason of the conduct alleged herein, Defendants knowingly or recklessly, directly or indirectly, have violated Section 10(b) of the Exchange Act and Rule 10b-5 promulgated thereunder.

97. As a direct and proximate result of defendants' wrongful conduct, Plaintiff and the other members of the Class suffered damages in connection with their respective purchases, acquisitions and sales of the Company's common stock during the Class Period, upon the disclosure that the Company had been disseminating misrepresented financial statements to the investing public.

COUNT II

Against the Individual Defendants
for Violations of Section 20(a) of the Exchange Act

98. Plaintiff repeats and realleges each and every allegation contained in the foregoing paragraphs as if fully set forth herein.

99. During the Class Period, the Individual Defendants participated in the operation and management of the Company, and conducted and participated, directly and indirectly, in the conduct of the Company's business affairs. Because of their senior positions, they knew the adverse non-public information about Ardelyx's misstatements.

100. As officers and/or directors of a publicly owned company, the Individual Defendants had a duty to disseminate accurate and truthful information, and to correct promptly any public statements issued by Ardelyx which had become materially false or misleading.

101. Because of their positions of control and authority as senior officers, the Individual Defendants were able to, and did, control the contents of the various reports, press releases and

public filings which Ardelyx disseminated in the marketplace during the Class Period concerning the misrepresentations. Throughout the Class Period, the Individual Defendants exercised their power and authority to cause Ardelyx to engage in the wrongful acts complained of herein. The Individual Defendants therefore, were "controlling persons" of the Company within the meaning of Section 20(a) of the Exchange Act. In this capacity, they participated in the unlawful conduct alleged which artificially inflated the market price of Ardelyx's common stock.

102. Each of the Individual Defendants, therefore, acted as a controlling person of the Company. By reason of their senior management positions and/or being directors of the Company, each of the Individual Defendants had the power to direct the actions of, and exercised the same to cause Ardelyx to engage in the unlawful acts and conduct complained of herein. Each of the Individual Defendants exercised control over the general operations of the Company and possessed the power to control the specific activities which comprise the primary violations about which Plaintiff and the other members of the Class complain.

103. By reason of the above conduct, the Individual Defendants and/or Ardelyx are liable pursuant to Section 20(a) of the Exchange Act for the violations committed by the Company.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff demand judgment against defendants as follows:

A. Determining that the instant action may be maintained as a class action under Rule 23 of the Federal Rules of Civil Procedure, and certifying Plaintiff as the Class representatives;

B. Requiring Defendants to pay damages sustained by Plaintiff and the Class by reason of the acts and transactions alleged herein;

C. Awarding Plaintiff and the other members of the Class pre-judgment and post-judgment interest, as well as their reasonable attorneys' fees, expert fees and other costs; and

D. Awarding such other and further relief as this Court may deem just and proper.

DEMAND FOR TRIAL BY JURY

Plaintiff hereby demands a trial by jury.

Dated: September 17, 2026

Respectfully submitted,

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