Item 7.01 Regulation FD Disclosure.

On December 3, 2013, representatives of Conatus Pharmaceuticals Inc. (“Conatus”) will be attending meetings with investors, analysts and others in connection with the Piper Jaffray 25th Annual Healthcare Conference in New York, New York. During these meetings, Conatus will present the slides attached as Exhibit 99.1 to this Current Report on Form 8-K, which are incorporated herein by reference.

In accordance with General Instruction B.2. of Form 8-K, the information in this Item 7.01, including Exhibit 99.1, shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

* * *

By filing this Current Report on Form 8-K and furnishing this information, Conatus makes no admission as to the materiality of any information in this report. The information contained in this Current Report on Form 8-K is intended to be considered in the context of Conatus’ filings with the SEC and other public announcements that Conatus makes, by press release or otherwise, from time to time. Conatus undertakes no duty or obligation to publicly update or revise the information contained in this report, although it may do so from time to time as its management believes is appropriate. Any such updating may be made through the filing of other reports or documents with the SEC, through press releases or through other public disclosure.

This Current Report on Form 8-K and the attached exhibit contain forward-looking statements within the meaning of Section 21E of the Exchange Act. All statements other than statements of historical facts contained in this Current Report on Form 8-K and the attached exhibit, including statements regarding unmet medical need in liver disease populations, market potential for emricasan, planned filings in the United States and European Union for emricasan, potential partnerships with respect to emricasan outside the United States and European Union, emricasan’s potential in larger disease populations, Conatus’ planned use of its initial public offering proceeds, Conatus’ future financial position, research and development costs, timing and likelihood of success and clinical development plans for emricasan in ACLF, CLF, HCV-POLT, NASH, NAFLD and severe renal impairment, are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplates,” “believes,” “estimates,” “predicts,” “potential” or “continue” or the negative of these terms or other similar expressions. These forward-looking statements speak only as of the date of this Current Report on Form 8-K and are subject to a number of risks, uncertainties and assumptions, including: the potential development of curative therapies for the indications for which Conatus intends to develop and commercialize emricasan, if approved; changes in the planned use of proceeds from Conatus’ initial public offering; Conatus’ ability to maintain sufficient capital to advance the clinical development of emricasan and fund Conatus’ operations; Conatus’ dependence on its ability to obtain regulatory approval for, and then successfully commercialize emricasan, which is Conatus’ only drug candidate; Conatus’ reliance on third parties to conduct its clinical trials, manufacture its preclinical and clinical drug supplies and manufacture commercial supplies of emricasan, if approved; potential adverse side effects or other safety risks associated with emricasan that could delay or preclude its approval; Conatus’ ability to obtain orphan drug exclusivity for emricasan for any indication; results of future clinical trials of emricasan; the potential for competing products to limit the clinical trial enrollment opportunities for emricasan in certain indications; the uncertainty of the FDA approval process and other regulatory requirements; Conatus’ ability to fully comply with numerous federal, state and local laws and regulatory requirements applicable to it; Conatus’ limited operating history and its ability to operate successfully as a public company; Conatus’ ability to obtain additional financing in order to complete the development and commercialization of emricasan; and those described in Conatus’ periodic reports it files with the SEC. The events and circumstances reflected in Conatus’ forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, Conatus does not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.
Financial Statements and Exhibits.

(d) Exhibits

<table>
<thead>
<tr>
<th>Exhibit No.</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>99.1</td>
<td>Slide presentation dated December 3, 2013</td>
</tr>
</tbody>
</table>
Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: December 3, 2013

CONATUS PHARMACEUTICALS INC.

By:  /s/ Charles J. Cashion
Name:  Charles J. Cashion
Title:  Senior Vice President, Finance,
       Chief Financial Officer and Secretary
<table>
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This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, prospective products, product approvals, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, and future results of current and anticipated products are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These known risks and uncertainties are described in detail in our filings made with the Securities and Exchange Commission from time to time. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements.

All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and we undertake no obligation to revise or update this presentation to reflect events or circumstances after the date hereof.
- Focused on extending and improving the lives of patients with liver disease
- Lead compound: Emricasan
  - First-in-class, orally active pan-caspase protease inhibitor
  - Dual mechanism of action applies to entire spectrum of liver disease
- In Phase 2b development for rare, catastrophic liver failure
  - High unmet medical need; attractive market potential
  - Filings planned for US and EU; ROW likely to be partnered
- Potential to pursue larger disease populations
- Extensive expertise in caspase inhibition and strong IP position
- Well-funded to key inflection points
Unmet Need in Liver Disease

- Acute-on-Chronic Liver Failure (ACLF)
- Chronic Liver Failure (CLF)
- HCV-Post Orthotopic Liver Transplant (HCV-POLT)
- HCV-Treatment Failure (HCV-TF)
- Nonalcoholic Steatohepatitis (NASH)
- Acute Liver Disease (ALD)
- Non-Alcoholic Fatty Liver Disease (NAFLD)
- Viral Hepatitis
- Other Chronic Liver Diseases (CLD)

~200,000 PATIENTS
~ 35 MILLION PATIENTS
~ 160 MILLION PATIENTS

- 16,000 Americans on waiting list for liver transplant
- More than 1,700 die waiting for liver transplant every year
- Overall, chronic liver disease and cirrhosis cause ~32,000 deaths per year in the US and ~170,000 deaths per year in the EU


December 3, 2013  Piper Jaffray Healthcare Conference
Emricasan is a Pan-Caspase Inhibitor

<table>
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<tr>
<th>Caspase</th>
<th>IC&lt;sub&gt;50&lt;/sub&gt; (nM)</th>
<th>Activation Mechanism</th>
<th>Functions</th>
<th>Clinical Biomarker Readout</th>
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<tr>
<td>INITIATORS</td>
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<tr>
<td>Caspase-2</td>
<td>20.0</td>
<td>ER stress</td>
<td>Activate executioner caspases</td>
<td>Caspase 3/7</td>
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<td>Caspase-8</td>
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<td>Receptor mediated</td>
<td>Death receptor signaling, cell proliferation and non-enzymatic functions</td>
<td>Caspase 3/7</td>
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<td>Caspase-10</td>
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<td>Death receptor signaling</td>
<td>Caspase 3/7</td>
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<tr>
<td>Caspase-9</td>
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<td>Cytochrome c / apoptosome</td>
<td>Caspase 3/7 activation – post-mitochondrial stress</td>
<td>cCK18 and Caspase 3/7</td>
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EXECUTIONERS

<table>
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<tr>
<th>Caspase</th>
<th>IC&lt;sub&gt;50&lt;/sub&gt; (nM)</th>
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<td>Caspase-3</td>
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<td>Caspase-8 and 9</td>
<td>Cleavage of cellular substrates</td>
<td>cCK18</td>
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<tr>
<td>Caspase-6</td>
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<td>cCK18</td>
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<td>Caspase-7</td>
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<td>Caspase-8 and 9</td>
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<td>cCK18</td>
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ACTIVATORS

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<tr>
<th>Caspase</th>
<th>IC&lt;sub&gt;50&lt;/sub&gt; (nM)</th>
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<tr>
<td>Caspase-1</td>
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<td>Inflammasome complex</td>
<td>IL-1β and IL-18 maturation</td>
<td>ALT and IL-18</td>
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<tr>
<td>Caspase-5</td>
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<td>IL-1β and IL-18 maturation</td>
<td>ALT and IL-18</td>
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</table>
Two Key Biomarkers of Liver Disease

- Alanine aminotransferase (ALT) and cleaved Cytokeratin 18 (cCK18) implicated in liver disease severity and progression

- **ALT**: Clinically important and validated biomarker
  - Liver disease causes ALT release into blood, resulting in elevated levels
  - Routinely used as a marker of generalized liver damage and inflammation

- **cCK18**: Mechanism-specific biomarker of apoptosis and caspase activity
  - Apoptosis results in release of cCK18 into the blood stream
  - Independent studies have demonstrated clinical utility of cCK18 as a marker in ACLF, CLF, HCV-POLT and other indications
Liver Disease Pathogenesis

APOPTOTIC CASPASE ACTIVATION

ACTIVATED CASPASES
2 | 3 | 6 | 7 | 8 | 9 | 10

Measured as serum cCK18

INFLAMMATORY CASPASE ACTIVATION

ACTIVATED CASPASES
1 | 4 | 5

Measured as serum ALT

Excessive Apoptosis Plus Excessive Inflammation

Liver Fibrosis
Cirrhosis/ Decompensation

December 3, 2013
Piper Jaffray Healthcare Conference
Caspases are the Key

APOPTOTIC CASPASE ACTIVATION
ACTIVATED CASPASES
2 | 3 | 6 | 7 | 8 | 9 | 10

Measured as serum cCK18

Excessive Apoptosis
Plus Excessive Inflammation

Liver Fibrosis
Cirrhosis/Decompensation

INSULT

INFLAMMATORY CASPASE ACTIVATION
ACTIVATED CASPASES
1 | 4 | 5

Measured as serum ALT

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Excessive Apoptosis and Inflammation Reduced

APOPTOTIC CASPASE ACTIVATION
ACTIVATED CASPASES
2 | 3 | 6 | 7 | 8 | 9 | 10

INSULT

EMRICASAN

RAPID AND SUSTAINED REDUCTIONS IN ELEVATED BIOMARKERS OF APOPTOSIS AND INFLAMMATION

INFLAMMATORY CASPASE ACTIVATION
ACTIVATED CASPASES
1 | 4 | 5

Measured as serum cCK18

Measured as serum ALT
Oral Emricasan Reduces Caspase Activity

- Emricasan demonstrates high selectivity for caspases with potent inhibition of apoptosis and inflammation following oral dosing.

<table>
<thead>
<tr>
<th>Reduces ALT</th>
<th>Reduces Caspase Activity</th>
<th>Orally Effective</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Graph showing ALT reduction" /></td>
<td><img src="image2.png" alt="Graph showing caspase activity reduction" /></td>
<td><img src="image3.png" alt="Graph showing orally effective activity" /></td>
</tr>
</tbody>
</table>

Emricasan Reduces Liver Fibrosis

Emricasan Caspase Inhibition Reduces Hepatic Injury and Fibrosis

BDL Sham (10 days)

Saline

IDN-6556

Reduces Fibrosis

% 50

area, 40 * p<0.001

positive 30

20

10

Sirius 0

Sham BDL Sham BDL

Saline IDN-6556

Reduces Fibrosis

Emricasan Clinical Experience to Date

Studied 500+ patients

- Six Phase 1 trials conducted in the US, EU and Asia
  - Predominately healthy volunteers

- Four randomized, placebo-controlled Phase 2 trials conducted in the US and EU
  - Included patients with liver diseases due to a variety of causes
    - Emphasis on HCV infection

- Clinically relevant results
  - Reproducible reductions in elevated biomarkers of inflammation and apoptosis
Emricasan Reduces Key Biomarkers

Phase 2b Studies

- Statistically significant, consistent, rapid and sustained reductions in elevated levels of ALT and cCK18

- Use of ALT in clinical trials:
  - Elevation at baseline: identifies patients with liver disease
  - Reduction in elevated levels: primary endpoint in completed Phase 2 trials

- Use of cCK18 levels in clinical trials:
  - Reduction in elevated levels: key biomarker in Phase 2b and planned trials
Acute-on-Chronic Liver Failure (ACLF)

Rapid Deterioration of Liver Function

- Follows acute event in patients with underlying cirrhosis
  - ~45% likely to die, progress to next organ failure, or require transplant within 28 days

- Current intervention involves treatment of underlying cause of acute event and support for failing organs
  - Liver transplantation may be required to improve survival and QOL

- ~150,000 patients in US and EU

**NEED:** Prevent catastrophic organ failure
ACLF

Emricasan Phase 2b

- 60-patient, 28-day PK study

**Objectives:**
- Confirm safe dose
- Changes in organ function (creatinine, bilirubin, INR)
- Changes in biomarkers (ALT, cCK18, Caspase 3/7, IL-18)
- Time to clinical worsening (TTCW)

Trial initiated September 2013

December 3, 2013

Piper Jaffray Healthcare Conference
ACLF Phase 2b: Goals

- Identify a safe dose for Phase 3 studies
  - Understand the PK and PD in this population
  - Support for End of Phase Two/Scientific Advice regulatory meetings

- Provide exploratory information on efficacy
  - Relationship between reductions in biomarkers and improvement in functional parameters and time to clinical worsening
  - Data to support dosing in patients with mild to severe hepatic impairment

- Understand the complexities of the patient population to inform Phase 3
  - Clinical event rate
  - Regional variation in co-morbidities and concomitant medications
  - Challenges of conducting studies in the population
  - Heterogeneity of population based on disease etiology
**Rationale**

- Renal impairment is a frequent complication in both ACLF and CLF
  - Kidney usually next organ to fail after liver (Hepatorenal syndrome)

- ACLF Phase 2b study expected to provide data in mild to moderate renal impairment, but not severe

- Data in severe renal failure needed

**NEED:** Broaden ACLF and CLF treatment populations
Severe Renal Impairment

Emricasan Phase 1b Study

Goals
- Evaluate PK in this population
- Evaluate safety and tolerability
- Generate data to address:
  - Potential to broaden eligibility in future studies
  - Any need for dose adjustment in this patient population

Logistics
- 2 Phase 1 units in US
- 8 patients per group with 8 matching controls (N=16)
  - Open label study
- Single 50 mg dose
Chronic Liver Failure (CLF)

Late-stage Liver Disease

- Rationale for Chronic Liver Failure/Chronic cirrhosis study
  - Include patients with late-stage liver failure
    - Different etiologies
    - Both listed and not suitable for listing for transplant
      - Ideal would be 1 study with both populations
    - Number of subjects ~100
  - Severe renal failure data can allow sicker patients into the study
  - Could potentially use the study to support ACLF MAA/NDA

- ~10,000 patients in US and EU

**NEED:** Provide more time to obtain liver transplant
CLF – A Separate and Distinct Indication

- CLF patients may be compensated or decompensated with different prognosis
  - At risk of developing ACLF
  - Not as critically ill as the ACLF population

- Different study endpoints may be applicable
  - Example: transplant is a good outcome for emricasan in CLF, but not in ACLF

- May require different dosing durations
  - ACLF – get patient through the acute crisis period
  - CLF – keep patients as healthy as possible prior to liver transplantation
Study Dependencies Between ACLF, CLF and Severe Renal Impairment

1Q14

ACLF Phase 2b

Early ACLF Data Pull for Regulatory Filings

Severe Renal Impairment at 50 mg

If PK Concerns

Repeat Severe Renal at Lower Dose

If No PK Concerns

If No PK Concerns

Proceed to CLF Phase 2b

Proceed to CLF Phase 2b
HCV-Post Orthotopic Liver Transplant (HCV-POLT)

Rapid Progression of Fibrosis

- Significant risk of accelerated fibrosis in transplanted livers of patients with HCV
  - Residual HCV immediately infects new liver
  - ~55% likely to progress at least 1 stage on Ishak Fibrosis Score within 2 years
- Current treatments focus on underlying HCV infection
  - Even with newer HCV antivirals, number of transplants needed is likely to significantly exceed available organs
- ~50,000 patients in US and EU
- STATUS
  - Delayed Phase 2b/3 trial: Data suggesting potential curative therapy with new HCV antivirals pose recruitment challenges
  - Will continually evaluate future clinical trial options
Larger Market Opportunity

Conatus Pharmaceuticals

Larger Market Opportunity
Preclinical studies suggest a therapeutic opportunity for emricasan in NASH
- Compelling preclinical data in models of NASH and NAFLD

NASH study in patients with fibrosis is a challenge:
- Fibrosis progression rate not characterized
- Unlike HCV-POLT, longitudinal data patient databases are not yet available
- Some insight may come from ongoing studies (i.e. Gilead Phase 2 studies)

Potential for emricasan as fast follower to more advanced programs
In experimental models of NASH, emricasan inhibited apoptosis, fibrosis and inflammation.

Reduced fibrosis in the Choline Deficient Amino Acid Defined Diet (CDAA) Model of NASH

* CSAA: Choline Supplemented Amino Acid Defined Diet (Control Group)
In a High Fat Diet (HFD) model of NAFLD, emricasan resolved hepatic steatosis, improved metabolic parameters manifested by reductions in insulin levels and fasting glucose, and reduced inflammation in adipose tissue.

Resolution of Hepatic Steatosis

- HFD Placebo
- HFD Treated

Reduced Insulin Levels and Insulin Resistance

- HFD Placebo
- HFD Treated
- NC

*p<0.05

The homeostasis model assessment (HOMA), based on plasma levels of fasting glucose and insulin, has been widely validated and applied for quantifying insulin resistance and β-cell function.
NASH Program

- Characterize the effect of emricasan on cCK18 and ALT in patients with fatty liver disease
  - cCK18 becoming an accepted clinical biomarker in NAFLD and NASH
  - 28 days of dosing in approximately 40 patients with carefully defined inclusion criteria
  - Study initiation targeted for 1H14

- Use data to explore whether activity is similar to that seen in HCV population
  - If so, use the dose response rationale for HCV for NASH program
While ACLF and CLF represent large unmet and important medical needs...

Emricasan may have much broader therapeutic potential in liver disease.

ACLFR, CLFR, & HCV-POLT
~200,000 patients

HCV-TF, NASH, ALD
~35 million patients

NAFLD, Viral Hepatitis, Other Chronic Liver Diseases
~160 million patients
## Emricasan Development

<table>
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<tr>
<th>Indication</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Next Milestone</th>
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<td>Acute-on-Chronic Liver Failure (ACLF)</td>
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<tr>
<td>Severe Renal Impairment</td>
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<td>Phase 1b trial to initiate 1H14</td>
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<tr>
<td>Chronic Liver Failure (CLF)</td>
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<td></td>
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<td>Phase 2b trial to initiate 2H14</td>
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<tr>
<td>NASH/NAFLD</td>
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<tr>
<td>HCV-POLT</td>
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<td></td>
<td></td>
<td>Exploring clinical trial options</td>
</tr>
</tbody>
</table>

- Also supporting a pilot clinical study funded by National Institute on Alcohol Abuse and Alcoholism (NIAAA) in patients with alcoholic hepatitis
Balance Sheet as of September 30, 2013

| Cash, cash equivalents and short-term investments | $59,591,948 |
| Note payable | $1,000,000 |
| Accounts payable & accrued compensation | $1,155,610 |
| Stockholders’ equity | $58,086,150 |

- Common shares outstanding at October 31, 2013: 15,619,879

- Planned use of IPO Proceeds
  - $4.7M - ACLF Phase 2b study
  - $4.5M - CLF Phase 2b study
  - Remainder to fund the further clinical development of emricasan and for working capital and general corporate purposes
Executive Management Team

Steven J. Mento, PhD
Co-founder, President & Chief Executive Officer

Charles J. Cashion
Co-founder, SVP Finance & Chief Financial Officer

Alfred P. Spada, PhD
Co-founder, SVP R&D & Chief Scientific Officer

Gary C. Burgess, MD
SVP Clinical Research & Chief Medical Officer

December 3, 2013
Piper Jaffray Healthcare Conference
Value Proposition

- Emricasan is first-in-class, oral pan-caspase protease inhibitor
  - Caspases play central role in underlying mechanism of disease in liver
  - Key biomarkers demonstrate clinical effect

- Clinical programs in areas of high unmet medical need, attractive market potential
  - Near-term milestones; US and EU filings planned

- Potential to treat across entire spectrum of liver disease

- Conatus has extensive experience in caspase inhibition and strong IP position

- Successful IPO; well-funded to near-term milestones
THANK YOU!

Conatus Pharmaceuticals

www.conatuspharma.com