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# Q3 2021 Financial Results

CHAS MCKHANN, PRESIDENT & CEO | JEFF BLACK, CFO

NOVEMBER 1, 2021

# Forward Looking Statements & Regulatory Advisory

**Forward Looking Statements:** Certain statements in this presentation are forward-looking statements that are subject to risks and uncertainties that could cause results to be materially different than expectations. In addition, there is uncertainty about the spread of the COVID-19 virus and the impact it may have on the Company's operations, the Company's financial outlook for future periods, the demand for the Company's products, the Company's liquidity position, global supply chains and economic activity in general. Important factors that could cause actual results to differ materially include: reports of adverse events related to our products, outcomes of clinical studies related to our products, development of competitive medical products by competitors, regulatory approvals and extensive regulatory oversight by the FDA or other regulatory authorities, unfavorable media coverage related to our products or related procedures, coverage and reimbursement decisions by private or government payors, Apollo's ability to support the adoption of its products and broaden its product portfolio; the potential size of Apollo's addressable markets; the execution of our gross margin improvement projects; the ability to collect future payments from ReShape; and the availability of cash for Apollo's future operations as well as other factors detailed in Apollo's periodic reports filed with the Securities and Exchange Commission, or SEC, including its Form 10-K for the year ended December 31, 2020 and its Form 10-Q for the period ended September 30, 2021. Copies of reports filed with the SEC are posted on Apollo's website and are available from Apollo without charge. These forward-looking statements are not guarantees of future performance and speak only as of the date hereof, and, except as required by law, Apollo disclaims any obligation to update these forward-looking statements to reflect future events or circumstances.

**Non-GAAP Financial Measures:** To supplement the Company's financial statements presented in accordance with U.S. generally accepted accounting principles (GAAP), the Company reports certain non-GAAP financial measures, including non-GAAP operating expenses, which exclude stock-based compensation. These supplemental measures of our performance are not required by, and are not determined in accordance with GAAP. The Company believes that these non-GAAP financial measures provide investors with an additional tool for evaluating the Company's core performance, which management uses in its own evaluation of continuing operating performance, and a baseline for assessing the future earnings potential of the Company. The Company's non-GAAP financial measures may not provide information that is directly comparable to that provided by other companies in the Company's industry, as other companies in the industry may calculate non-GAAP financial results differently. Non-GAAP financial results should be considered in addition to, and not as a substitute for, or superior to, financial measures calculated in accordance with GAAP.

**Product Regulatory Advisory:** This presentation is intended for the investment and financial community and not for the promotion of Apollo products or related procedures. The X-Tack is cleared for approximation of soft tissue in minimally invasive gastroenterology procedures (e.g. closure and healing of ESD/EMR sites, and closing of fistula, perforation or leaks). The Apollo IntraGastric Balloon products are approved in the US as a weight loss aid for adults suffering from obesity, with a body mass index (BMI)  $\geq 30$  and  $\leq 40$  kg/m<sup>2</sup>, who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off. In addition, the Apollo IntraGastric balloon has received a Breakthrough Device Designation from the U.S. Food and Drug Administration for use in treating patients with a BMI between 30-40 kg/m<sup>2</sup> with noncirrhotic nonalcoholic steatohepatitis (NASH) with liver fibrosis. Outside of the US the indications for Apollo IntraGastric Balloon products vary based on product version and local regulatory clearance. The Overstitch is cleared for the endoscopic placement of sutures and the approximation of soft tissue in the GI tract. The Overstitch clearance does not include procedure-specific indications for use. Although Apollo has and continues to obtain clinical data on additional uses for its products, the safety and effectiveness of these uses has not been specifically cleared or approved for commercial purposes by the U.S. Food and Drug Administration.



## new team

New CEO building a motivated, experienced team

## large, expanding market opportunities

Creating & expanding addressable opportunities

## new strategy

Transforming growth trajectory by prioritizing **key initiatives**:

### energize

Expand penetration by advancing commercial traction & awareness

### accelerate

Build clinical support for new indications that open door to new, large markets

### lead

Execute to become the standard of care

# Score Card: Significant Traction

Initiatives to Energize the  
Business Well-Underway  
In First 9 Months



1

## STRENGTHEN & REVITALIZE TEAM

- Leadership team additions – CFO, VP Sales, VP Marketing
- Expanding US Sales Team: 16 reps to ~30 by end of 2021
- Engaging customers in new vision for Apollo
- Targeted additions to other functions to scale

2

## DELIVER NEAR-TERM GROWTH

- 60% YTD growth equally split between ESS & IGB
  - US 66%; OUS 55%
- X-Tack launch

3

## BUILD FOUNDATION FOR BIG FUTURE OPPORTUNITIES

- Positive MERIT results presented; positive X-tack study published
- De Novo 510(k) submissions: Apollo ESG™ & Apollo Revise™
- Breakthrough designation: Orbera for NASH
- Australia X-Tack™ approval – more OUS to come
- Raised \$75M to support growth investments

# Energizing to Transform Growth

Continued traction in 2021 speaks to strong momentum

60%

**YoY revenue growth YTD**  
33% growth YTD vs. 2019 YTD<sup>1</sup>

63%

**ESS & IGB revenue growth YTD**  
41% & 32%, respectively, YTD vs. 2019

100%

**Growth in Top 10 Direct Accts**  
YTD revenue 2021 vs 2020

72%

**X-Tack revenue from re-orders**  
% of Q3 revenue from 1H2021 accounts



## X-Tack Clinical Publication

Multicenter study demonstrated high success rates, ease of use & economic value in treatment of GI defects



## MERIT-Trial: Endpoints Met

De Novo 510K Classification Request – paves path for Apollo ESG™ & Apollo REVISE™ for weight loss & bariatric revisions

# MERIT Study

## design

- Multi-center, prospective, randomized clinical trial
- Enrolled 208 subjects with BMI  $\geq 30$  and  $\leq 40$  kg/m<sup>2</sup>
- Evaluated safety and effectiveness of ESG procedure compared to a medically monitored regimen of diet and healthy lifestyle
- Direct response to collaborative surgical and GI society position statement

## primary endpoints

- **EFFICACY:** At least 25% excess body weight loss (%EBWL) at 12 months and at least 15% EBWL vs. control at 12 months
- **SAFETY:** SAE rate of less than 5%

## principal investigators

Dr. Barham Abu Dayyeh, Mayo Clinic

Dr. Erik Wilson, University of Texas at Houston

## secondary endpoints

Patients also evaluated for improvement in hypertension and type 2 diabetes at 24 months

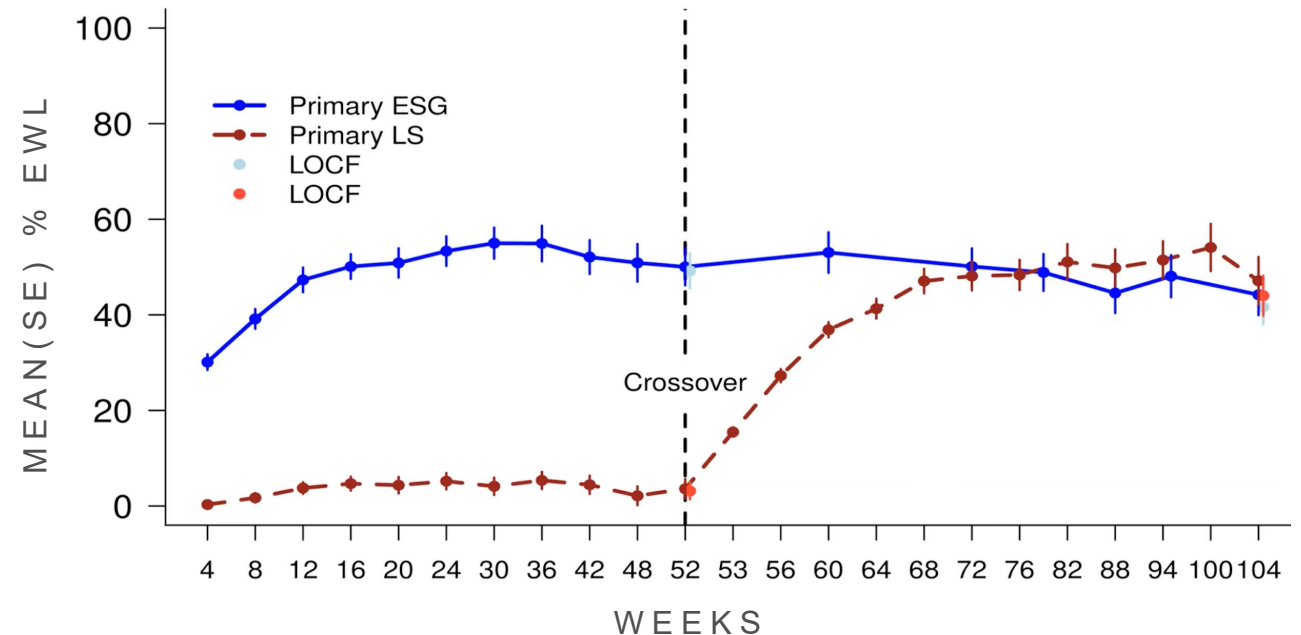
# MERIT Study (OverStitch for ESG) Met Primary Efficacy & Safety End Points

**49%** EBWL demonstrated by ESG patients at 12 months; target 25%

**45%** Difference % EWL compared to LS patients; target minimum of 15% EWL

**77%** Of subjects undergoing ESG achieved at least 25% EBWL

**2%** SAE rate among all ESG completers (n=150); all recovered



“As seen in the MERIT results, **ESG offers a safe, effective, organ sparing weight loss therapy** that can be performed in an outpatient facility by either a gastroenterologist or a bariatric surgeon. The procedure can be combined with other therapeutic options and offers a scalable solution to address the global obesity problem.”

DR. ABU DAYYEH | CO-PRINCIPAL INVESTIGATOR



# MERIT Study: Co-Morbidities

Compared to standard of care, ESG patients demonstrated **reductions in co-morbidities & improved quality of life**

↓ metabolic syndrome

**ESG:** 82.8% improvement  
**SoC:** 35.4% improvement  
P<0.001

↓ diabetes type II

**ESG:** 35% improvement, 35% partial or complete remission  
**SoC:** 40% worsening, 20% improvement, 6.6% partial / complete remission  
P=0.002

↓ hyper-tension

**ESG:** 45% improvement, 17% partial remission  
**SoC:** 34% worsening, 1.7% partial remission  
P=0.007

↓ gerd symptoms

Reduction in GERD symptoms  
No new or worsening GERD

↑ quality of life

Significantly improved compared to SoC  
IWQoL +SF36  
p<0.001





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Vision for the Future

# Less-Invasive Portfolio Treats Unmet Needs

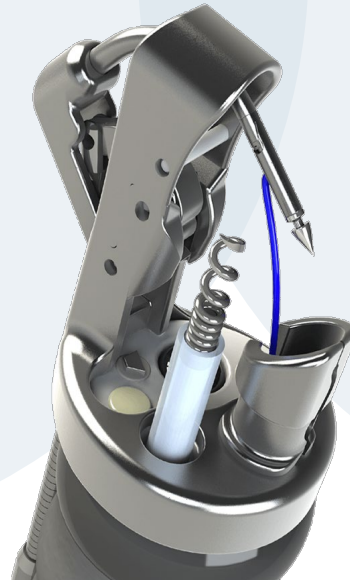
## ADVANCED GI

- ESD or EMR site closure
- POEM
- Stent fixation
- Fistula, perforation, other GI tissue closure
- Colonoscopy defect closure
- Reflux (in development)

**X-Tack™**  
endoscopic helix tacking system



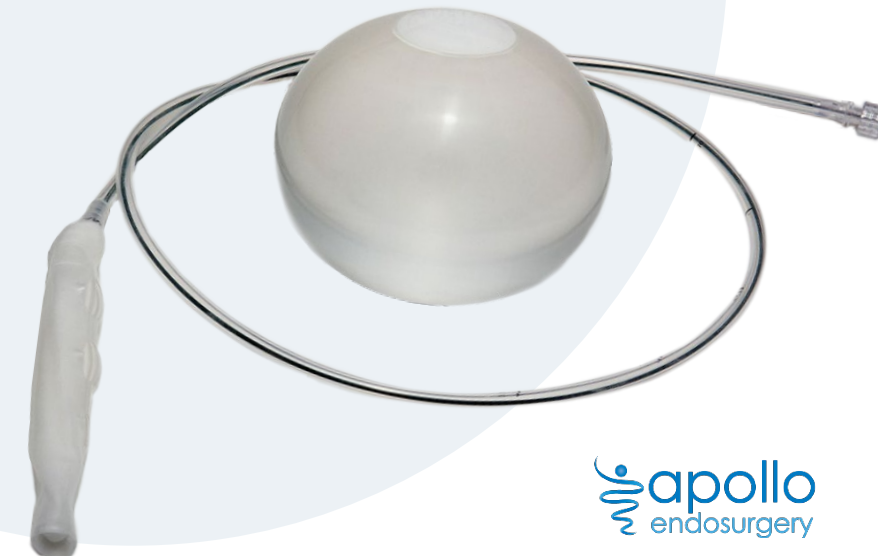
**OverStitch™**  
endoscopic suturing system



## ENDOBIARIATRIC

- Intra-gastric balloon
- Endoscopic revisions of prior bariatric surgery (e.g., gastric bypass)
- Endoscopic sleeve gastropasty (ESG) (De Novo 510K filed Q3 2021)

**Orbera®**  
managed weight loss system



# Line of sight to near- and long-term value creation



**ENERGIZE**



**ACCELERATE**



**LEAD**

**OverStitch™**  
endoscopic suturing system

Increase number of users & range of applications; build foundation for endoscopic weight loss

Launch Apollo ESG™ for weight loss and Apollo REVISE™ for bariatric surgery revisions

Establish ESG as a market leading procedure and endoscopic revisions as the standard of care

**X-Tack™**  
endoscopic helix tacking system

Build utilization of X-Tack as a valuable new tool for defect closure in upper & lower GI

Extend recent launch to OUS & drive adoption

Create a leadership position in defect closure

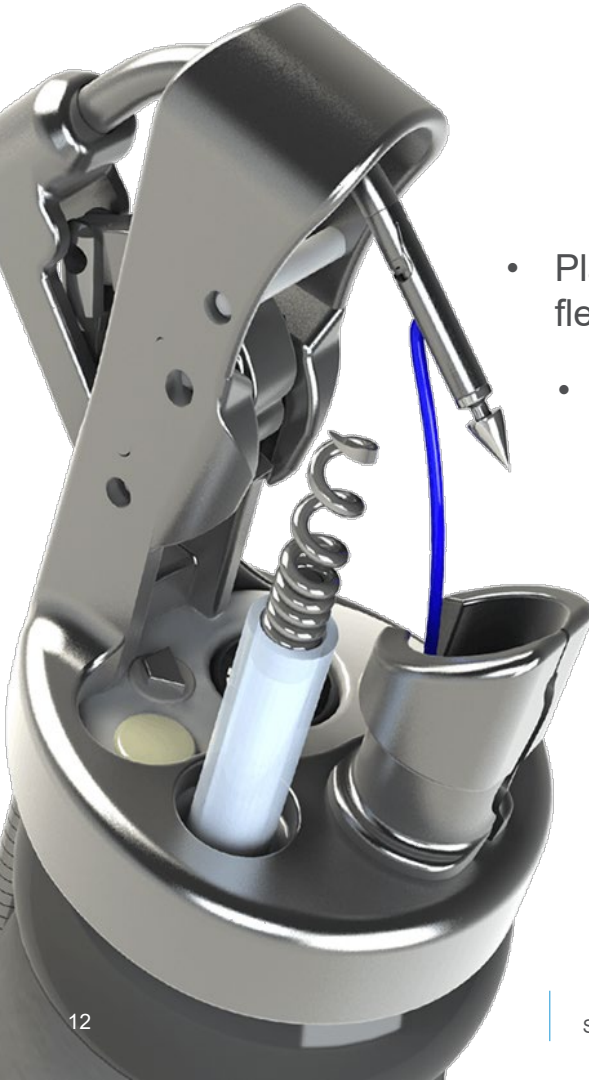
**Orbera®**  
managed weight loss system

Improving market conditions globally + new AGA clinical practice guidelines

Key component of integrated endobariatric weight loss practices

Achieve a new indication for treatment of NASH and pathway to reimbursement

# OverStitch Endoscopic Suturing System (ESS)



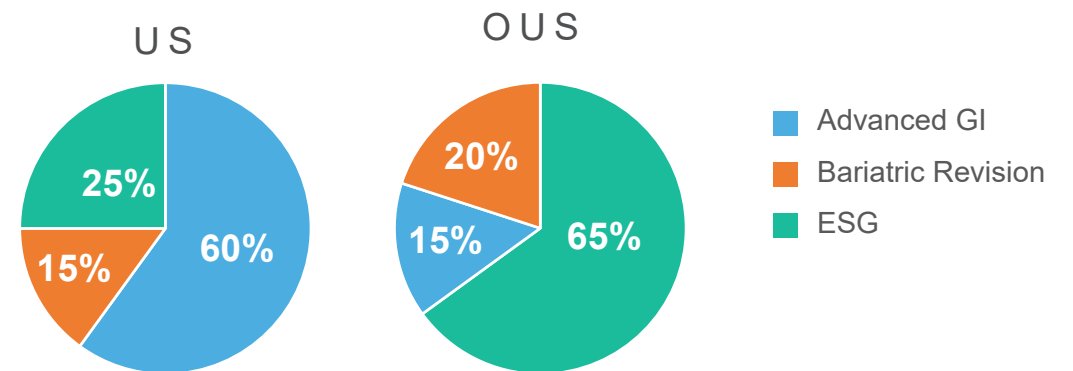
## LESS-INVASIVE ENDOSCOPIC THERAPY

- Places full-thickness sutures through a flexible endoscope
- Supports primarily upper GI procedures that depend on closure, apposition, or hemostasis of soft tissue

## GROWTH DRIVERS

- ✓ Enhancing medical education for new & advancing users
- ✓ Developing procedure & clinical data
- ✓ Progressing toward ESG indication, which dominates international mix (OUS)

## PROCEDURE MIX\*



# X-Tack Endoscopic Helix Tacking System

## THE NEXT EVOLUTION IN DEFECT CLOSURE

- Enabling technology addresses defects created during resection or dissections **in upper & lower GI**
  - Colonoscope & gastroscope compatible
  - Readily available, delivered through-the-scope



## MARKET POSITION

Small Defects	Medium Defects Requiring $\geq 3$ TTS Clips	Large Defects and Therapeutics
TTS Clips	X-Tack HeliX	OverStitch & Sx

## GROWTH DRIVERS

- ✓ Targeting high volume accounts
- ✓ Establishing utilization with multiple customers / account
- ✓ Anticipated OUS launch in 2022



# Building Access to Large Untapped Markets

## OBESITY

**>\$2.9B** Estimated Global Addressable Market<sup>1</sup>



## REVISIONS

**\$1.0B** Estimated Global Addressable Market<sup>6</sup>

“ The morbidity caused by obesity makes it our **greatest current health challenge.**<sup>2</sup> ”

**UNPENETRATED**  
global obese patient opportunity

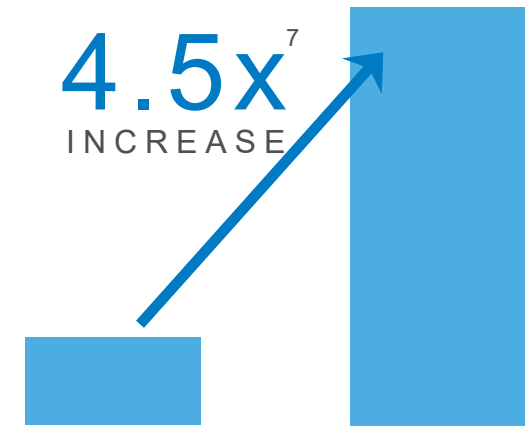
**<0.2%** Treated surgically<sup>2</sup>

**650M** Adults globally are obese<sup>3</sup>

**42%** of U.S. Adults are obese<sup>4</sup>

**33%** Increase in prevalence expected next 2 decades<sup>5</sup>

**4.5x<sup>7</sup>**  
INCREASE



2011 2019  
U.S. endoscopic bariatric revisions

# Extending Application of OverStitch to Endoscopic Revisions of Bariatric Surgeries

**What are Revisions?**

Anatomically-driven weight regain following weight loss surgery can be addressed with endoscopic surgical revision.

**1.4M** U.S. laparoscopic sleeve & gastric bypasses 2011 to '19<sup>1</sup>

**30-50%** of those will be revision candidates<sup>1</sup>

**43K** U.S. revision procedures in 2019<sup>1</sup>

**>70%** of top 100 U.S. Overstitch accounts perform revisions<sup>2</sup>

## ENDOSCOPIC V. SURGICAL REVISION

In a peer-reviewed study<sup>3</sup> that compared results at five years, endoscopic revision demonstrated:

- **Equivalent efficacy**
- **Improved safety profile**

	ENDO	SURGICAL	p
Efficacy at 5 years	<b>11.5%</b> TBWL	<b>13.1%</b> TBWL	0.67
Adverse events	<b>6.5%</b>	<b>29.0%</b>	0.04
Safety profile	<b>0</b> SAE rate	<b>19.4%</b> SAE rate	0.024

# OverStitch for ESG Could Shift the Weight Loss Paradigm



## What is ESG?

Endoscopic Sleeve Gastroplasty is intended to be a minimally invasive, endoscopic weight loss procedure, utilizing OverStitch™ to reduce stomach volume

**>6,500** Participants studied in ESG clinical trials<sup>1</sup>

**>200** Publications have shown consistent results<sup>1</sup>

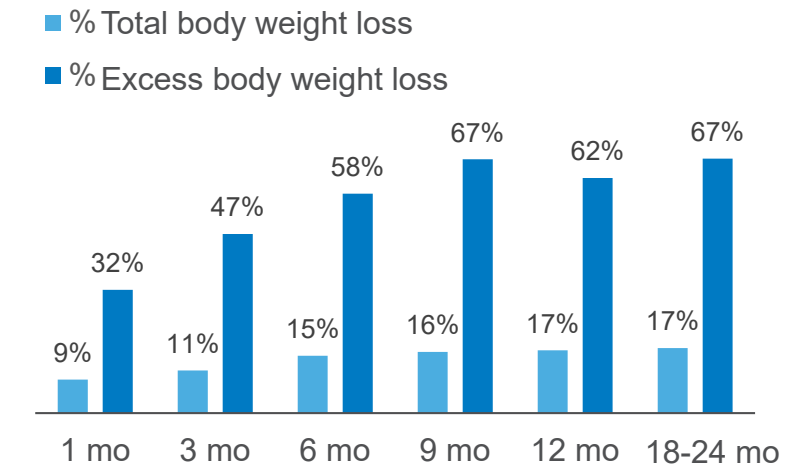
**safe** Less than 2% significant adverse event (SAE) rate<sup>2</sup>

**reversible** Anatomy sparing  
No scarring

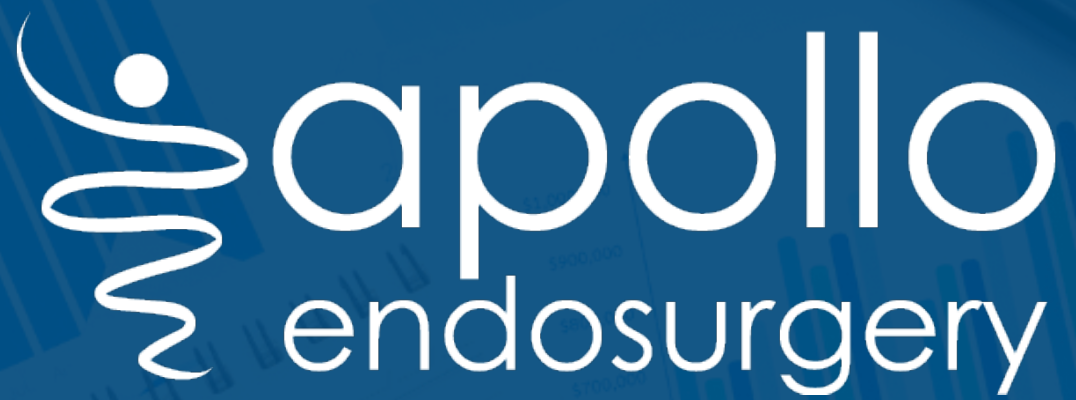
**convenient** Outpatient – return to normal activities 3-5 days

**50%+** Clinically significant excess body weight loss<sup>3</sup>

### POOLED % WGT LOSS OVER TIME<sup>3</sup>







# Financials

# Revenue

	Q3 2020	Q3 2021	YoY	YTD Q1-Q3 2020	YTD Q1-Q3 2021	YoY
ESS	\$ 7.6M	\$10.2M	+34%	\$18.1M	\$29.5M	+63%
IGB	\$ 4.9M	\$ 5.9M	+21%	\$10.2M	\$16.6M	+63%
Other	\$ 0.3M	\$ 0.2M	(21%)	0.9M	\$0.7M	(21%)
<b>TOTAL</b>	<b>\$12.8M</b>	<b>\$16.4M</b>	<b>+28%</b>	<b>\$29.2M</b>	<b>\$46.8M</b>	<b>+60%</b>

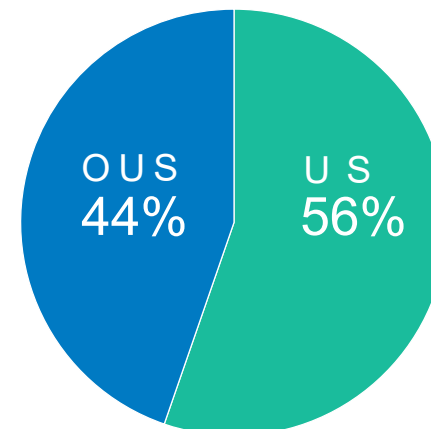
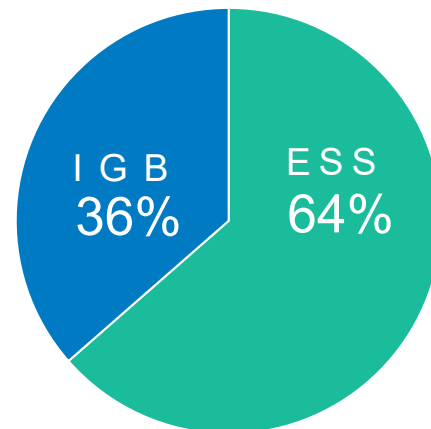
**\$63M - \$64M**

**Full-year revenue outlook**  
vs prior range \$61-\$63 million

**~50%** Growth vs FY 20

## REVENUE MIX

YTD Through 9/30/21



# Gross Margin

	Q3 2020	Q3 2021	YoY	YTD Q1-Q3 2020	YTD Q1-Q3 2021*	YoY
Gross Margin \$	\$7.0M	\$9.2M	+32%	\$15.1M	\$25.9M	+72%
Gross Margin %	54.5%	56.4%	+190 bps	51.6%	55.2%	+360 bps

YoY GM% increase attributed to product mix & improved overhead absorption on higher revenue base



**TODAY**

**3-5 YEAR OUTLOOK**

~55%+

- Early product ramp
- Manufacturing scale-up

mid-60%s

Expected expansion driven by:

- Sales growth
- Product mix
- Overhead absorption efficiencies
- Cost reduction projects for OverStitch

# Non-GAAP Operating Expenses

Poised for thoughtful investment in R&D & sales channel to support growth initiatives

	Q3 2020	% of Revenue	Q3 2021	% of Revenue	Q1-Q3 YTD 2020	% of Revenue	Q1-Q3 YTD 2021	% of Revenue
<b>R&amp;D</b>	\$1.3M	10%	\$2.4M	15%	\$ 5.0M	17%	\$ 6.6M	14%
<b>S&amp;M</b>	\$4.0M	31%	\$5.9M	36%	\$12.4M	42%	\$16.3M	35%
<b>G&amp;A</b>	\$2.1M	16%	\$3.4M	21%	\$ 7.3M	25%	\$10.2M	22%
<b>Total</b>	<b>\$7.4M</b>	<b>58%</b>	<b>\$11.7M</b>	<b>72%</b>	<b>\$24.7M</b>	<b>84%</b>	<b>\$33.1M</b>	<b>71%</b>

- Investing in sales channel to drive continued adoption, market penetration and geographic expansion
- Investing in R&D to advance clinical and regulatory initiatives, COGS improvement and product line extension / expansion



# Cash Usage & Financing Highlights

Follow-on offering secured cash runway to execute growth strategy

## YTD CASH USAGE<sup>1</sup> (THROUGH SEPTEMBER 30, 2021)

Operating Cash Usage	\$ 7.7M
Investing / Capex	\$ 1.0M
Debt Service	\$ 2.4M
<b>Gross Cash Usage</b>	<b>\$11.1M</b>
<i>Average Quarterly Gross Cash Usage</i>	<i>\$3.7M</i>
Proceeds from options and warrants	\$(2.4M)
<b>Net Cash Usage</b>	<b>\$8.7M</b>
<i>Average Quarterly Net Cash Usage</i>	<i>\$2.9M</i>

**\$75M** capital raise October 2021 to strengthen balance sheet  
**\$98M** pro forma cash at 9/30/2021<sup>2</sup>

## proceeds to fund growth

- Expanding sales and marketing programs
- Expanding product indications
- Working capital
- General corporate purposes
- Potentially refinance or partially pay down debt

# Capitalization

**\$510M** Market cap + pre-funded warrants<sup>1</sup>

Share Price (as of 10/29/2021)	\$9.55
Average Daily Volume	194,000
52-Week Range	\$1.74 / \$10.04
Market Capitalization <sup>2</sup>	\$377 million
+ Pre-Funded Warrants <sup>1</sup>	\$510 million

**\$467M** Enterprise value + pre-funded warrants<sup>1</sup>

Long-Term Debt <sup>3</sup> (as of 9/30/2021)	\$36 million
Convertible Debt <sup>4</sup> (as of 9/30/2021)	\$19 million
Pro Forma Cash (as of 9/30/2021) <sup>5</sup>	\$98 million
Enterprise Value <sup>2</sup>	\$334 million
+ Pre-Funded Warrants <sup>1</sup>	\$467 million



1. Market Capitalization and Enterprise Value with Pre-Funded Warrants are non-GAAP items. Pre-funded warrants outstanding at September 30, 2021 were 13,948,875. 2. Market capitalization and Enterprise Value includes common shares outstanding at September 30, 2021 of 29,829,697 plus 9,660,000 shares issued in the Company's follow-on offering that closed on October 15, 2021. | 3. Long-Term Debt – Matures March 2025, Senior secured, Interest at LIBOR plus 7.5%, interest only through September 2022 | 4. Convertible Debt – Matures August 2026, Interest at 6%, payable in stock, Conversion price of \$3.25 (or 6,290,932 common shares) 5. Pro forma cash at 9/30/2021 includes \$69.9 million of net proceeds from the Company's October 2021 follow-on offering



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Closing

# Significant Catalysts Ahead



**OverStitch™**  
endoscopic suturing system

2021

- De Novo 510(k) Classification Request for Apollo ESG & Apollo REVISE for weight loss & bariatric revisions

2022E

- Anticipated launch of Apollo ESG and Apollo REVISE (pending FDA review)

2023E

- Growth of endoscopic weight loss practices and procedures

2024E

- Expand ESG reimbursement pathways



**X-Tack™**  
endoscopic helix tacking system

- U.S. launch

- Anticipated O.U.S. launch

- Product line extension

----- Expanding clinical experience = potential incremental applications -----



**Orbera®**  
managed weight loss system

- Initiate NASH trial

- New weight loss balloon CPT code

- Growth of weight loss practices



# Growth Outlook



**energize**

## INVEST TO PENETRATE

- Accelerate top line with robust, balanced growth across products & geographies
- Revitalize Apollo team & customer base
- Advance commercial organization
- Enhance advanced GI position with X-Tack
- Support R&D pipeline
- Fortify balance sheet to support growth

**accelerate**

## LEVERAGE CLINICAL SUPPORT

- Build clinical evidence to support adoption and expand indications
- Create foundation for large market opportunities in endoscopic weight loss
- Broaden reimbursement

**lead**

## STANDARD OF CARE

- Broader awareness
- Additional indications
- Expanded geographies



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# Thank You!

## UPCOMING I.R. ACTIVITY

November 15 - Stifel Healthcare Conference

November 16- Craig-Hallum Alpha Select Conference

November 30 – Piper Sandler Conference

December 3 – Stephens Investment Conference



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# Appendix

# Appendix: Selected Financial Results

In 000s except %s	1Q 2019	2Q 2019	3Q 2019	4Q 2019	FY 2019	1Q 2020	2Q 2020	3Q 2020	4Q 2020	FY 2020	1Q 2021	2Q 2021	3Q 2021	YTD Q1-Q3 2021
Revenue	\$13,211	\$14,254	\$11,259	\$11,989	\$50,713	\$10,718	\$5,644	\$12,826	\$12,860	\$42,048	\$13,857	\$16,610	\$16,351	\$46,818
Gross Margin	54.8%	50.3%	48.3%	48.7%	50.6%	52.6%	43.0%	54.5%	55.9%	52.9%	54.2%	54.9%	56.4%	55.2%
Endoscopy Revenue	\$10,820	\$12,193	\$10,381	\$11,755	\$45,149	\$10,358	\$5,389	\$12,536	\$12,230	\$40,513	\$13,602	\$16,377	\$16,351	\$46,818
Endoscopy GM	50.7%	50.1%	48.4%	48.6%	49.5%	51.9%	50.7%	54.0%	54.3%	53.1%	54.2%	54.9%	56.4%	55.2%
S&M	\$7,697	\$7,803	\$6,495	\$6,735	\$28,730	\$6,330	\$2,265	\$4,178	\$4,582	\$17,355	\$4,790	\$6,005	\$6,123	\$16,918
G&A	\$3,717	\$3,343	\$3,159	\$3,369	\$13,588	\$3,339	\$2,157	\$2,374	\$3,192	\$11,062	\$4,069	\$5,338	\$4,574	\$13,981
R&D	\$3,428	\$2,689	\$2,128	\$2,139	\$10,384	\$2,147	\$1,815	\$1,522	\$2,186	\$7,670	\$1,928	\$2,550	\$2,567	\$7,045
Amortization	\$553	\$528	\$510	\$504	\$2,095	\$496	\$490	\$486	\$477	\$1,949	\$474	\$471	\$467	\$1,412
<b>Total operating expenses</b>	<b>\$9,786<sup>1</sup></b>	<b>\$14,363</b>	<b>\$12,292</b>	<b>\$12,747</b>	<b>\$49,188</b>	<b>\$12,312</b>	<b>\$6,727</b>	<b>\$8,560</b>	<b>\$10,437</b>	<b>\$38,036</b>	<b>\$11,261</b>	<b>\$14,364</b>	<b>\$13,371</b>	<b>\$39,356</b>
Loss from operations	(\$2,545)	(\$7,197)	(\$6,859)	(\$6,912)	(\$23,513)	(\$6,675)	(\$4,298)	(\$1,574)	(\$3,247)	(\$15,794)	(\$3,754)	(\$5,241)	(\$6,567)	(\$14,057)
Net Loss	(\$2,804)	(\$8,774)	(\$8,658)	(\$7,196)	(\$27,432)	(\$10,256)	(\$6,253)	(\$2,597)	(\$3,505)	(\$22,611)	(\$4,601)	(\$3,019) <sup>2</sup>	(\$6,657)	(\$14,277)
Net Loss per Share	(\$0.13)	(\$0.40)	(\$0.40)	(\$0.34)	(\$1.27)	(\$0.49)	(\$0.30)	(\$0.11)	(\$0.14)	(\$0.99)	(\$0.17)	(\$0.11)	(\$0.23)	(\$0.52)
Shares used in Net Loss per Share	21,907	21,927	21,401	20,946	21,542	21,117	21,153	23,111	25,609	22,756	26,306	27,270	29,020	27,542

# Non-GAAP Reconciliation

## Operating Expenses

In 000s	Q3 2020	Q3 2021	Q1-Q3 YTD 2020	Q1-Q3 YTD 2021
<b>R&amp;D</b>	<b>\$1,522</b>	<b>\$2,567</b>	<b>\$5,484</b>	<b>\$7,045</b>
Less: Stock-Based Comp in R&D	\$ 194	\$ 150	\$ 492	\$ 425
<b>Non-GAAP R&amp;D</b>	<b>\$1,328</b>	<b>\$2,417</b>	<b>\$4,992</b>	<b>\$6,620</b>
<b>S&amp;M</b>	<b>\$4,178</b>	<b>\$6,123</b>	<b>\$12,773</b>	<b>\$16,918</b>
Less: Stock-Based Comp in S&M	\$ 143	\$ 220	\$ 404	\$ 580
<b>Non-GAAP S&amp;M</b>	<b>\$4,035</b>	<b>\$5,903</b>	<b>\$12,369</b>	<b>\$16,338</b>
<b>G&amp;A</b>	<b>\$2,374</b>	<b>\$4,574</b>	<b>\$7,870</b>	<b>\$13,981</b>
Less: Stock-Based Comp in G&A	\$ 242	\$ 1,160	\$ 610	\$ 3,733
<b>Non-GAAP G&amp;A</b>	<b>\$2,132</b>	<b>\$3,414</b>	<b>\$7,260</b>	<b>\$10,248</b>