UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **September 15, 2025**

MONOPAR THERAPEUTICS INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-39070**	**32-0463781**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

1000 Skokie Blvd., Suite 350, Wilmette, IL	**60091**
(Address of principal executive offices)	(Zip Code)

(847) 388-0349
Registrant's telephone number, including area code

N/A
(Former name or former address, if changed since last report)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, $0.001 par value	**MNPR**	**The Nasdaq Stock Market LLC (Nasdaq Capital Market)**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

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

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

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

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

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On September 14, 2025, Monopar Therapeutics Inc. ("Monopar") issued a press release announcing the presentation of new data on the long-term neurological efficacy and safety of its investigational therapy ALXN1840 (tiomolybdate choline) for Wilson disease at the 150th American Neurological Association (ANA) Annual Meeting on September 14-15, 2025.

The press release, poster presentation and oral presentation are furnished as Exhibit 99.1, 99.2 and 99.3, respectively, and incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits

Exhibit No.	Description
99.1	Press Release Dated September 14, 2025
99.2	Poster Presentation on the Long-Term Neurological Efficacy and Safety Data for ALXN1840 in Wilson Disease
99.3	Oral Presentation on the Long-Term Neurological Efficacy and Safety Data for ALXN1840 in Wilson Disease
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Monopar Therapeutics Inc.

Date: September 15, 2025

By: /s/ Quan Vu
Name: Quan Vu
Title: Chief Financial Officer

Monopar to Present New Long-Term Neurological Efficacy and Safety Data for ALXN1840 in Wilson Disease at the 150th American Neurological Association Annual Meeting

Wilmette, Ill., September 14, 2025 – Monopar Therapeutics Inc. ("Monopar" or the "Company") (Nasdaq: MNPR), a clinical-stage biopharmaceutical company developing innovative treatments for patients with unmet medical needs, today announced that new data on the long-term neurological efficacy and safety of its investigational therapy ALXN1840 (tiomolybdate choline) for Wilson disease will be presented at the 150th American Neurological Association (ANA) Annual Meeting on September 14-15, 2025. The poster and oral presentations will be delivered by Matthew Lorincz, M.D., Ph.D., Professor of Neurology and Co-Director of the Wilson Disease Center of Excellence at the University of Michigan. Monopar's poster presentation is available at the following link: https://www.monopartx.com/ALXN1840-ANA-2025-Poster-14-Sep-2025. The oral presentation will be made available online at www.monopartx.com concurrently with Dr. Lorincz's presentation on September 15, 2025.

The analysis pooled efficacy outcomes from three independent clinical trials (n=255), while safety data included a fourth independent clinical trial (n=266). Median treatment duration with ALXN1840 was approximately 2.6 years for both the efficacy and safety analyses.

The new data presented at ANA highlight the long-term neurological benefit of ALXN1840, and follow the recent presentation of long-term hepatic and systemic efficacy and safety data at the European Association for the Study of the Liver (EASL) International Liver Congress 2025. Together, these findings underscore the potential of ALXN1840 for both the neurological and hepatic manifestations of Wilson disease.

Key findings to be presented at ANA include:

- **Sustained Neurological Improvement:** Statistically significant neurologic improvement from baseline on the Unified Wilson Disease Rating Scale ("UWDRS") Part II (patient-reported symptoms) and Part III (clinician-reported symptoms) was sustained over 6 years.
- **Crossover Benefit:** Patients who crossed over from standard of care ("SoC") to ALXN1840 showed additional neurological improvement, including a majority of patients who had worsened on SoC demonstrating a reversal on ALXN1840.
- **Psychiatric Outcomes:** Statistically significant psychiatric improvement from baseline was sustained over multiple years, as measured by the Brief Psychiatric Rating Scale ("BPRS").
- **Consistency Across Trials:** Neurological benefit was observed consistently across multiple independent studies.
- **Favorable Safety Profile:** Across more than 645 patient-years on ALXN1840, less than 1% of patients experienced a drug-related neurological serious adverse event ("SAE").

"These results are very encouraging for Wilson disease patients, including for those already on standard of care treatment," said Dr. Matthew Lorincz.

About Monopar Therapeutics Inc.

Monopar Therapeutics is a clinical-stage biopharmaceutical company with late-stage ALXN1840 for Wilson disease, and radiopharmaceutical programs including Phase 1-stage MNPR-101-Zr for imaging advanced cancers, and Phase 1a-stage MNPR-101-Lu and late preclinical-stage MNPR-101-Ac225 for the treatment of advanced cancers. For more information, visit: www.monopartx.com.

Forward-Looking Statements

Statements contained in this press release regarding matters that are not historical facts are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. The words "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "project," "potential," "continue," "target" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Examples of these forward-looking statements include statements concerning: that these findings underscore the potential of ALXN1840 for both the neurological and hepatic manifestations of Wilson disease; and that these results are very encouraging for Wilson disease patients, including for those already on standard of care treatment. The forward-looking statements involve risks and uncertainties including, but not limited to: uncertainties related to the regulatory process that Monopar intends to initiate related to ALXN1840 and the outcome thereof; the rate of market acceptance and competitiveness in terms of pricing, efficacy and safety, of any products for which Monopar receives marketing approval, and Monopar's ability to competitively market any such products as compared to larger pharmaceutical firms; Monopar's ability to raise sufficient funds in order for the Company to support continued preclinical, clinical, regulatory, precommercial and commercial development of its programs and to make contractual milestone payments, as well as its ability to further raise additional funds in the future to support any existing or future product candidate programs through completion of clinical trials, the approval processes and, if applicable, commercialization; and the significant general risks and uncertainties surrounding the research, development, regulatory approval, and commercialization of imaging agents and therapeutics. Actual results may differ materially from those expressed or implied by such forward-looking statements. Risks are described more fully in Monopar's filings with the Securities and Exchange Commission. All forward-looking statements contained in this press release speak only as of the date on which they were made. Monopar undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made. Any forward-looking statements contained in this press release represent Monopar's views only as of the date hereof and should not be relied upon as representing its views as of any subsequent date.

Contact:

Monopar Therapeutics Inc.
Investor Relations
Quan Vu
Chief Financial Officer
vu@monopartx.com

Follow Monopar on social media for updates:
X: @MonoparTx LinkedIn: Monopar Therapeutics

Long-term sustained improvement of neurological symptoms in Wilson disease patients on tiomolybdate choline

Contact: lorincz@umich.edu

M. Lorincz[1], A. Poujois[2], C. Robinson[3], D. Tuffy[3], A. Kelly[3], T. Litwin[4], A. Członkowska[4]

[1]University of Michigan Health System, Ann Arbor, United States; [2]Department of Neurology, Rothschild Foundation Hospital, Paris, France; [3]Monopar Therapeutics, Wilmette, United States; [4]2nd Department of Neurology, Institute of Psychiatry and Neurology, Warsaw, Poland.

Disclosures:
M. Lorincz: Travel expenses paid for by Monopar Therapeutics
A. Poujois, T. Litwin, A. Członkowska: Nothing to disclose
C. Robinson, D. Tuffy, A. Kelly: Employee and stockholder (Monopar Therapeutics)

Monopar Therapeutics

Introduction

Wilson disease (WD) is a rare disorder of copper disposition. ALXN1840 (tiomolybdate choline, TMC) is a novel copper binding agent under investigation for the treatment of WD. ALXN1840 rapidly forms inert tripartite complexes with copper and albumin to prevent toxicities associated with excessive free Cu. Monopar Therapeutics is advancing ALXN1840 toward an NDA filing.

Methods

For efficacy, data from the Ph2 WTX101-201, Ph2 ALXN1840-WD-205, and Ph3 WTX101-301 trials were pooled and analyzed (**n=255**). For safety, data from the Ph2 ALXN1840-WD-204 trial was also included (**n=266**). Median duration on ALXN1840 treatment was **961 days** (2.63 years) and **943.5 days** (2.58 years) for the efficacy and safety datasets, respectively. The minimum clinically important difference (MCID) was determined for UWDRS Part II and Part III by calculating the standard error of measurement (SEM) of the baseline value in the efficacy dataset (n=255) using Cronbach's α = 0.94.[1]

Results

ALXN1840 neurological benefit is sustained over 6 years

Fig 1: UWDRS Part II (Patient-reported)
Least squares mean (LSM) ± standard error – Ph2 & Ph3

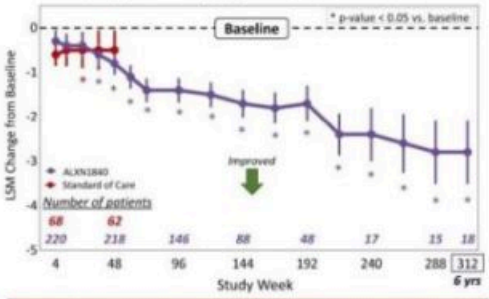
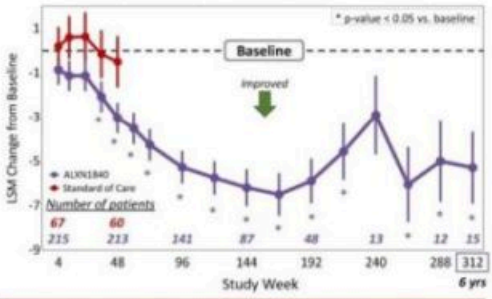


Fig 2: UWDRS Part III (Physician-assessed)
Least squares mean (LSM) ± standard error – Ph2 & Ph3



Neurologic benefit reproduced across independent trials

UWDRS Minimum Clinically Important Difference (**MCID**)
- Previous studies have reported a Part III MCID of **4 - 6.9 pts**[2-4]
- Calculated UWDRS Part III MCID from Ph2 & Ph3 (n=255): **4.69 pts**

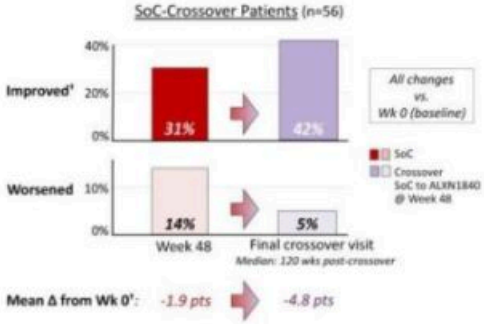
Table 1: UWDRS Part III (Physician-assessed)
MCID responder rate (change from baseline to Week 48) – Ph2 & Ph3

	ALXN1840				SoC
Study ID *(n enrolled)*	201 (n=29)	205 (n=31)	301‡ (n=137)	ISE (n=255)	301‡ (n=70)
Improved† *(%)*	94	57	45	50	32
Worsened *(%)*	5	4	8	7	13

† *Calculated from patients eligible to improve (baseline score ≥ MCID)*
‡ *Physician rater-blinded*

Patients who switch from SoC to ALXN1840 further improve

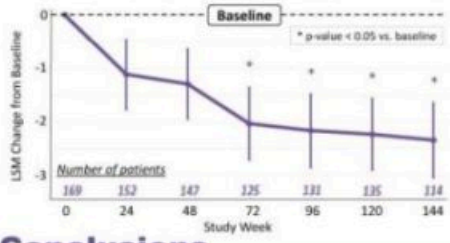
Fig 3: UWDRS Part III (Physician-assessed)
MCID responder rate – Ph3



† *Calculated from patients eligible to improve (baseline score ≥ MCID)*

Sustained psychiatric benefit

Fig 4: Brief Psychiatric Rating Scale (Clinician-assessed)
Least squares mean (LSM) ± standard error – Ph3



Favorable safety profile

Table 2: Adverse Events
Data through 01-Sep-2022 – Ph2 & Ph3

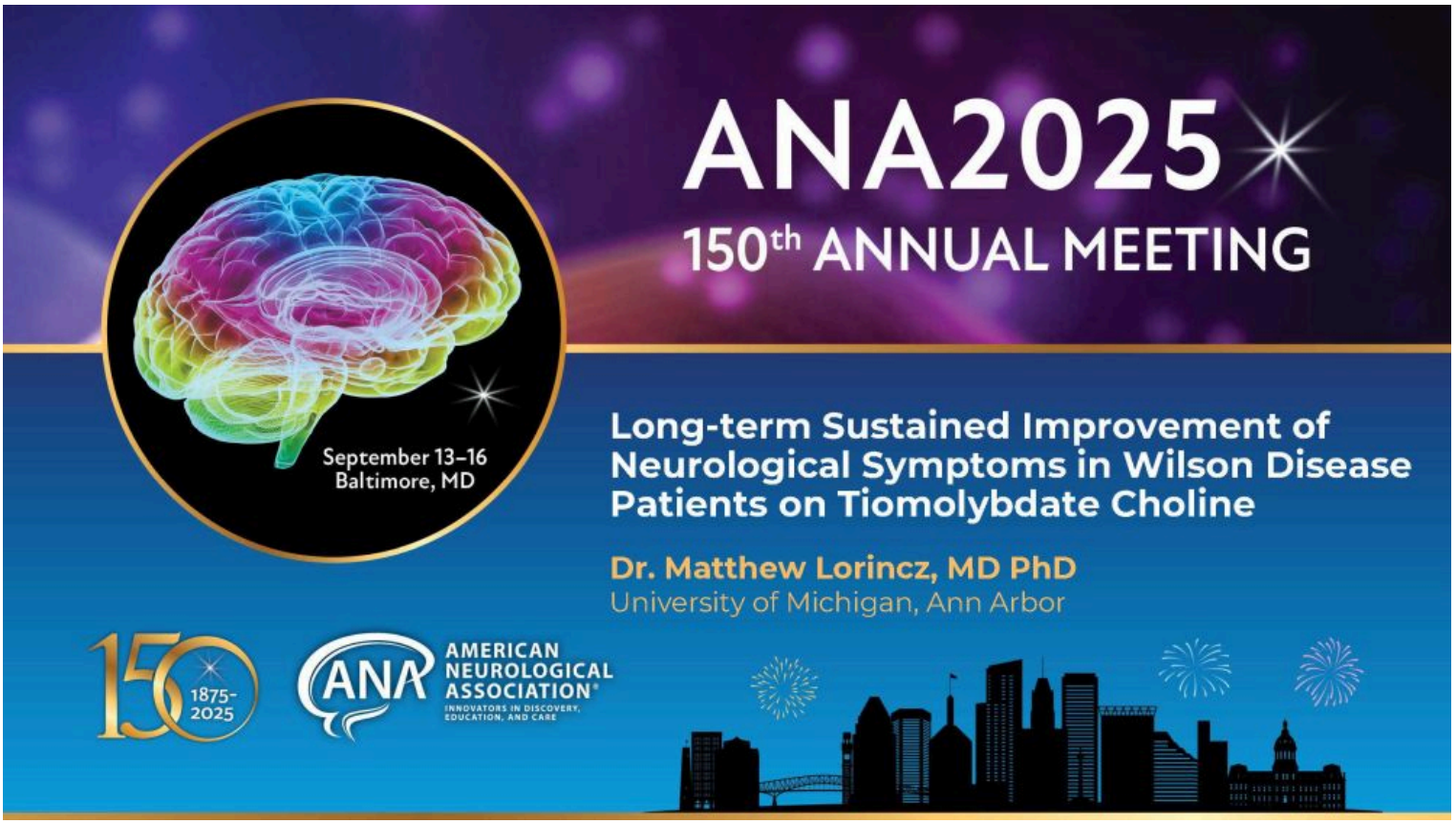
Drug-related Serious Adverse Events (SAEs)	
Number of patients	266
Total **patient-years** (PYs)	645.6
Patients with **any drug-related SAEs**	13 (4.9%)
Patients with **drug-related neurological SAEs**	2 (0.8%)
Patients with **drug-related psychiatric SAEs**	1 (0.4%)

Conclusions

Clinical data from 255 WD patients on ALXN1840 show sustained improvement over 6 years. Combined with long-term safety, this analysis supports the potential use of ALXN1840 as a treatment for Wilson disease.

References & Acknowledgments

The authors would like to thank the patients and their families for their participation in the studies, as well as all participating sites.


ANA2025
150th ANNUAL MEETING
September 13–16
Baltimore, MD
Long-term Sustained Improvement of Neurological Symptoms in Wilson Disease Patients on Tiomolybdate Choline
Dr. Matthew Lorincz, MD PhD
University of Michigan, Ann Arbor
150
1875-2025
ANA
AMERICAN NEUROLOGICAL ASSOCIATION
INNOVATORS IN DISCOVERY, EDUCATION, AND CARE

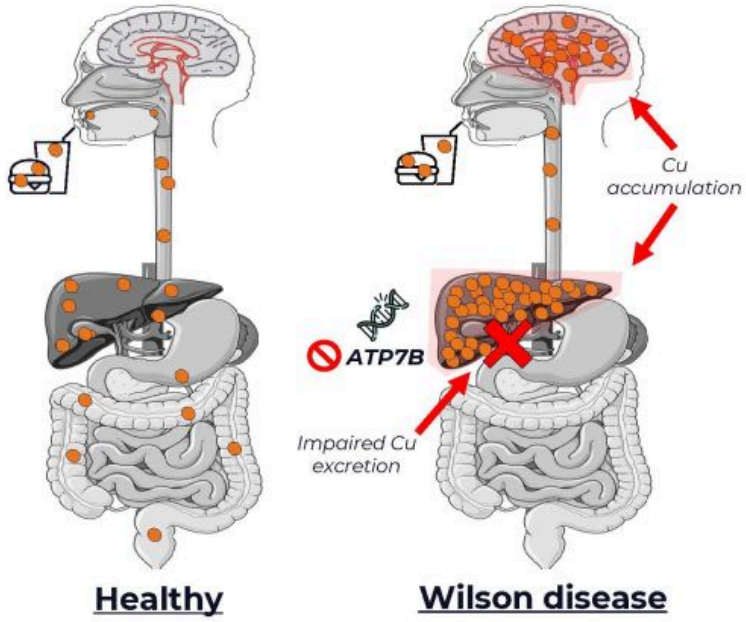
Disclosures

- Travel expenses to attend and present at ANA 2025 were paid for by Monopar Therapeutics
- No additional conflicts of interest to disclose

Wilson Disease

Wilson disease (WD) is a genetic disorder of impaired copper (Cu) transport

Cu accumulates in the **liver** and **brain**, causing hepatic damage and Parkinson-like symptoms



Unmet Need

Current standard of care (SoC) therapies have numerous limitations:

- May cause **paradoxical neurological worsening** (up to 30%)[1]

- Complex, multiple-per-day dosing results in **poor adherence** (up to 50%)[2]

- Risk of **severe side effects** (up to 31%)[3]

- **Slow onset of action**[4]

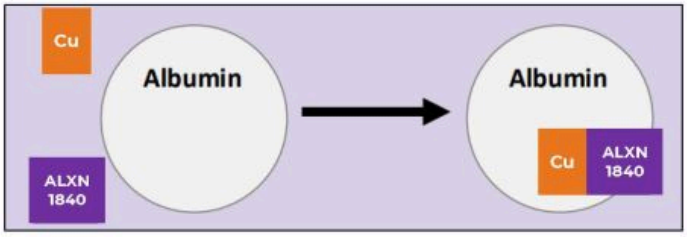
1. Ala A *et al. Lancet.* 2007;369(9559):397-408. 2. Maselbas W *et al. Neurol Neurochir Pol.* 2010;44(3):260-263; 3. Merle U *et al. Gut.* 2007;56(1):115-120; 4. Di Dato F *et al. EMJ.* 2024;9(2):84-95.

Tiomolybdate Choline (ALXN1840)

ALXN1840 is an investigational, once-daily, oral small molecule that binds Cu with high affinity[1]

ALXN1840 forms a tripartite complex with Cu and albumin, **mobilizing and sequestering** toxic Cu[2,3]

Tripartite Complex

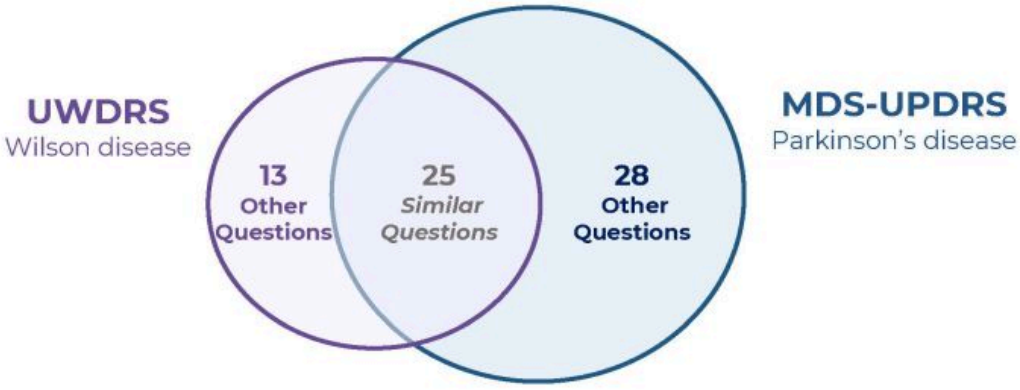


1. Smirnova J *et al. Sci Rep.* 2018;8(1):1463; 2. Zhang L *et al. Biochemistry.* 2009;48(5):891-897; 3. Kim P *et al. Biomedicines.* 2021;9(12):1861.

Unified Wilson Disease Rating Scale (UWDRS)

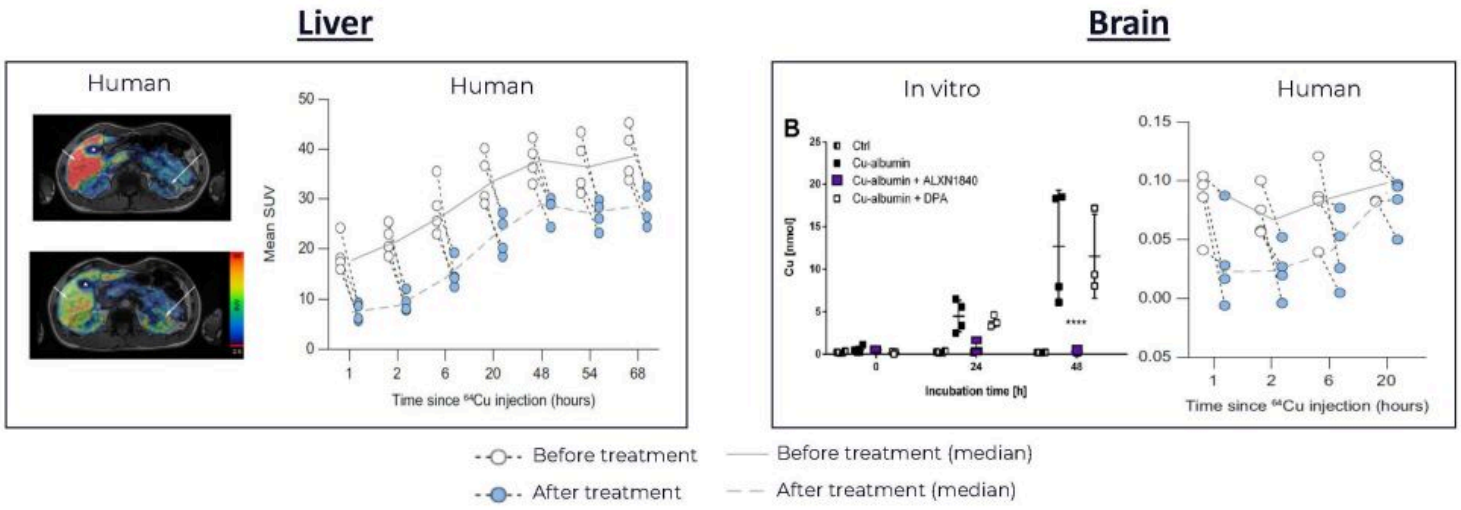
UWDRS is a validated tool for assessment of neurological symptoms in WD patients[1-3]

Significant overlap with the Unified Parkinson's Disease Rating Scale (MDS-UPDRS)



1. Członkowska A *et al. Neurol Neurochir Pol.* 2007;41(1):1-12; 2. Leinweber B *et al. Mov Disord.* 2008;23(1):54–62; 3. Karantzoulis S *et al. Adv Ther.* 2024;41(5):2070-2082.

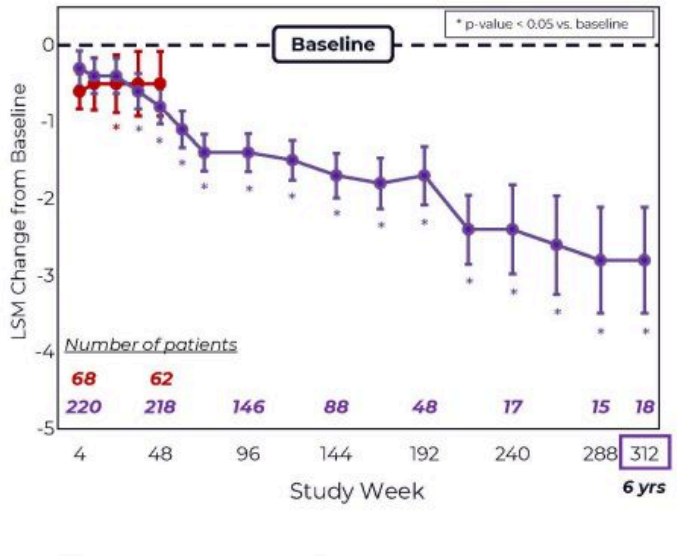
ALXN1840 Prevents Toxic Copper Build-up in the Liver and Brain



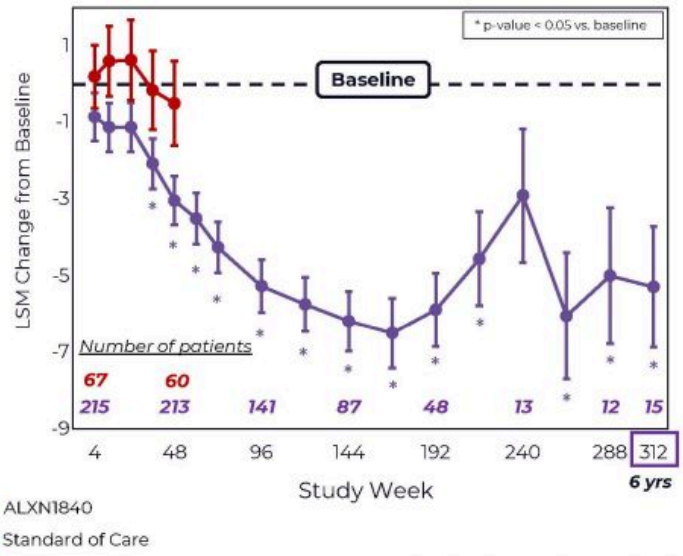
Figures adapted from Kirk FT *et al. J Hepatol.* 2024;80(4):586-595; Borchard S *et al. Life Sci Alliance.* 2021 Dec 2;5(3):e202101164.

Sustained Neurologic Improvement Over 6 Years

UWDRS Part II (Patient-reported)
Least squares mean (LSM) ± standard error – Ph2 & Ph3



UWDRS Part III (Physician-assessed)
Least squares mean (LSM) ± standard error – Ph2 & Ph3



ALXN1840
Standard of Care

Neurological Benefit Reproduced Across Independent Studies

UWDRS Minimum Clinically Important Difference (**MCID**)

- Previous studies have reported a Part II MCID of **1 pt**[1,2] and a Part III MCID of **4 - 6.9 pts**[1,3]
- Calculated UWDRS Part III MCID from Ph2 & Ph3 (n=255) – Part II: **1.84 pts**; Part III: **4.69 pts**

UWDRS Part III (Physician-assessed)

MCID responder rate (Change from baseline to Week 48) – Ph2 & Ph3

	ALXN1840			SoC	
Study ID *(n enrolled)*	**201** (n=29)	**205** (n=31)	**301‡** (n=137)	**ISE** (n=255)	**301‡** (n=70)
Improved† *(%)*	**94**	**57**	**45**	**50**	**32**
Worsened *(%)*	**5**	**4**	**8**	**7**	**13**

More improvement and ***less worsening*** on **ALXN1840** vs **SoC**

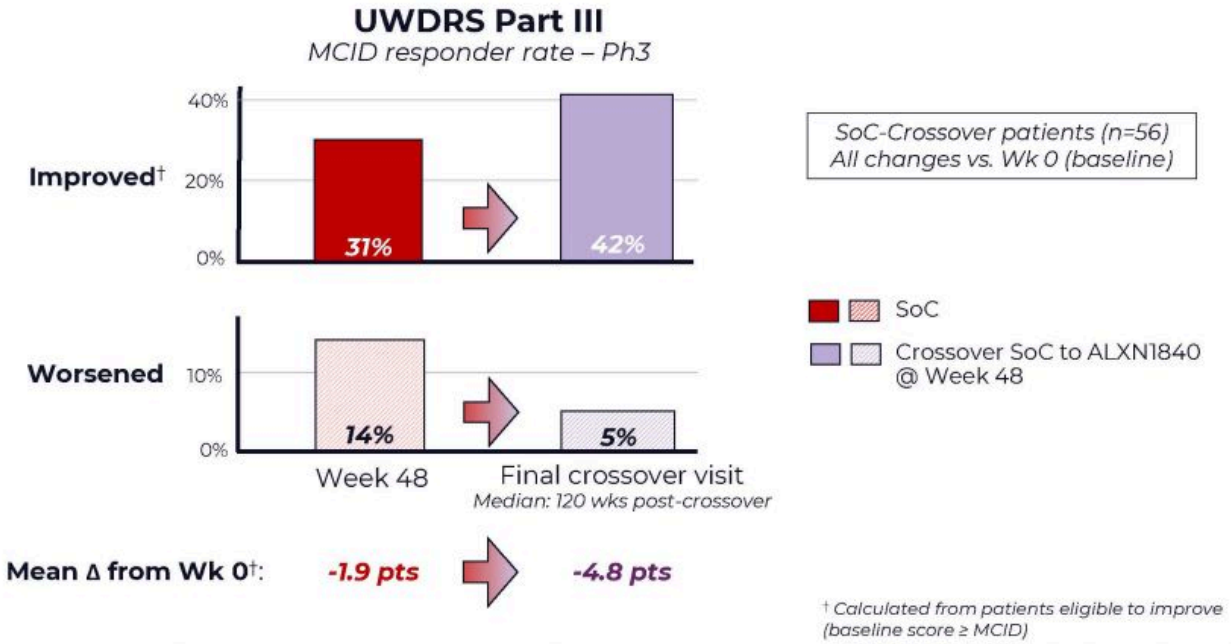
Abbreviations: ISE, integrated summary of efficacy; SoC, standard of care

† *Calculated from patients eligible to improve (baseline score ≥ MCID)*

‡ *Physician rater-blinded*

1. Litwin T *et al. J Neurol Sci.* 2015;355(1-2):162-167; 2. Litwin T *et al. Mov Disord.* 2023; 38 (suppl 1); 3. Czionkowska A *et al. BMC Neurol.* 2018;18:34.

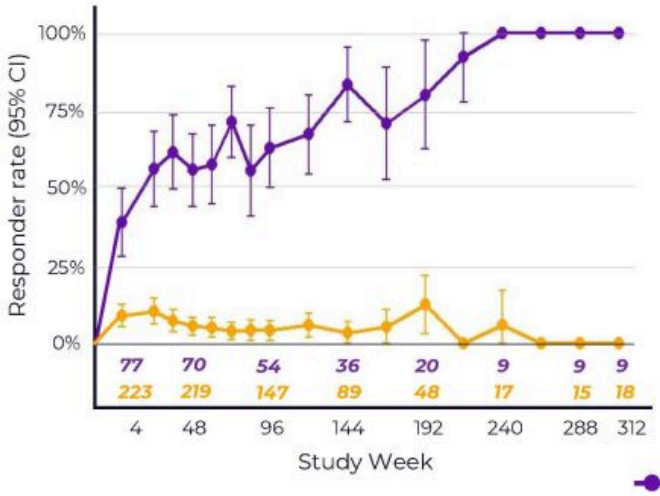
Patients Further Improve After Crossover from SoC to ALXN1840



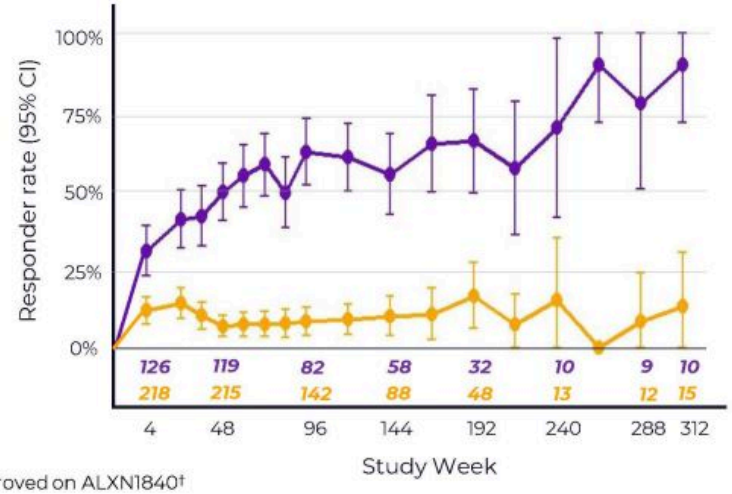
† *Calculated from patients eligible to improve (baseline score ≥ MCID)*

Neurologic Benefit Increases Over Time

UWDRS Part II (Patient-reported)
MCID responder rate (1.84 pts) – Ph2 & Ph3



UWDRS Part III (Physician-assessed)
MCID responder rate (4.69 pts) – Ph2 & Ph3

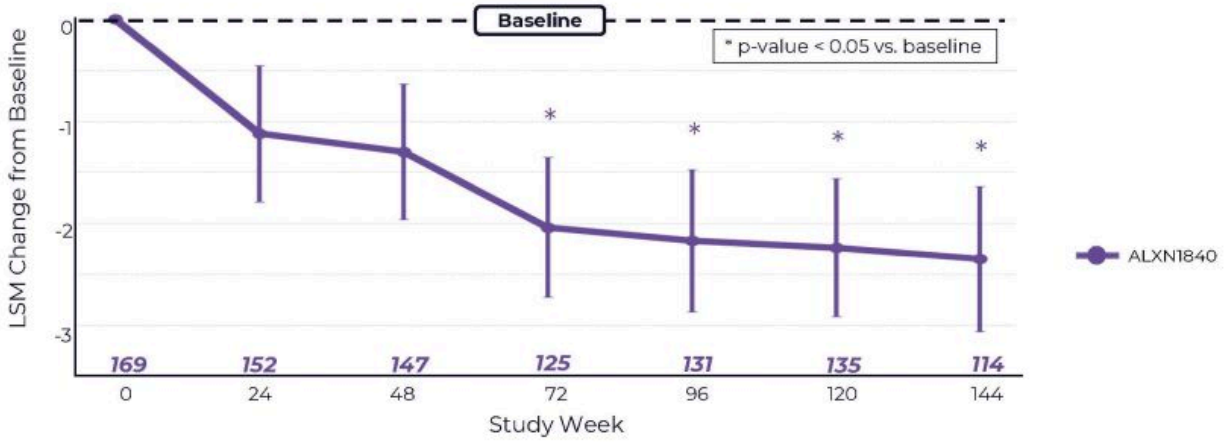


Improved on ALXN1840†
Worsened on ALXN1840

† *Calculated from patients eligible to improve (baseline score ≥ MCID)*

Sustained Improvement in Psychiatric Symptoms

Brief Psychiatric Rating Scale (BPRS) (Clinician-assessed)
Least squares mean (LSM) ± standard error – Ph3



ALXN1840 Has a Favorable Safety Profile

Long-term Safety

Serious Adverse Events (SAEs) on ALXN1840	
Number of patients	266
Median time on treatment (years)	2.58
Total **patient-years** (PYs)	645.6
Patients with **any drug-related SAE**	13 (4.9%)
Neurologic	2 (0.8%)
Psychiatric	1 (0.4%)

No deaths occurred that were deemed related to ALXN1840.


Questions?