## UNITED STATES <br> SECURITIES AND EXCHANGE COMMISSION <br> Washington, D.C. 20549

## FORM 6-K

Report of Foreign Private Issuer Pursuant to Rule 13a-16 or 15d-16
Under the Securities Exchange Act of 1934
For the Month of September 2015
001-36203
(Commission File Number)

## CAN-FITE BIOPHARMA LTD.

(Exact name of Registrant as specified in its charter)

## 10 Bareket Street

Kiryat Matalon, P.O. Box 7537
Petach-Tikva 4951778, Israel
(Address of principal executive offices)
Indicate by check mark whether the registrant files or will file annual reports under cover
Form 20-F or Form 40-F.
Form 20-F $\boxtimes \quad$ Form 40-F $\square$
Indicate by check mark if the registrant is submitting the Form $6-\mathrm{K}$ in paper as permitted by
Regulation S-T Rule 101(b)(1): $\qquad$
Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by
Regulation S-T Rule 101(b)(7): $\qquad$

This Report on Form 6-K (including exhibits thereto) is hereby incorporated by reference into the registrant's Registration Statements on Form F-3 (File Nos. 333-195124, 333-199033 and 333-204795), to be a part thereof from the date on which this report is submitted, to the extent not superseded by documents or reports subsequently filed or furnished.

On September 9, 2015, Can-Fite BioPharma Ltd. (the "Company") made available an updated investor presentation on its website. A copy of the investor presentation is attached hereto as Exhibit 99.1 and may be viewed in the Investor Information section of the Company's website at www.canfite.com.

## Exhibit Index

## Exhibit No.

Description
99.1 Investor Presentation - September 2015

## SIGNATURES

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, thereunto duly authorized.

## Can-Fite BioPharma Ltd.

Date September 9, 2015
By: /s/ Pnina Fishman
Pnina Fishman
Chief Executive Officer


Small Molecules For Big Clinical Needs ${ }^{T M}$

## Forward Looking Statement

This presentation contains forward-looking statements, about Can-Fite's expectations, beliefs or intentions regarding, among other things, its product development efforts, business, financial condition, results of operations, strategies or prospects. In addition, from time to time, Can-Fite or its representatives have made or may make forward-looking statements, orally or in writing. Forward-looking statements can be identified by the use of forward-looking words such as "believe," "expect," "intend," "plan," "may," "should" or "anticipate" or their negatives or other variations of these words or other comparable words or by the fact that these statements do not relate strictly to historical or current matters. These forward-looking statements may be included in, but are not limited to, various filings made by Can-Fite with the U.S. Securities and Exchange Commission (the "SEC"), press releases or oral statements made by or with the approval of one of Can-Fite's authorized executive officers. Forward-looking statements relate to anticipated or expected events, activities, trends or results as of the date they are made. Because forward-looking statements relate to matters that have not yet occurred, these statements are inherently subject to risks and uncertainties that could cause Can-Fite's actual results to differ materially from any future results expressed or implied by the forward-looking statements. Many factors could cause Can-Fite's actual activities or results to differ materially from the activities and results anticipated in such forward-looking statements, including, but not limited to, the factors summarized in Can-Fite's filings with the SEC and in its periodic filings with the Tel-Aviv Stock Exchange.

## Company Profile

## - Advanced clinical stage drug development company

- Phase II and Phase II/III clinical studies
- Small molecule drugs
- Autoimmune Inflammatory diseases
- Cancer
- Sexual Dysfunction
- Company Operations
- Headquarters and Discovery Labs - Petach-Tikva, Israel
- Drug Development \& Clinical Operations - Boston, USA
- Regional out-licensing deals; ~ \$10M received
- Canada: for rheumatoid arthritis and psoriasis
- Korea: for rheumatoid arthritis


## From Concept to Technology



## Platform Technology

- Therapeutic Target
- $\mathrm{A}_{3}$ adenosine receptor (A3AR)
- Highly expressed in inflammatory and cancer cells
- Drug product
- Small molecules

Inflammatory / Tumor Cells


Normal Cells


Tmim) A3 Adenosine Receptor (A3AR)

Targeted therapy, specifically aimed at diseased cells

## Drug Development Pipeline



## Corporate Partnerships

## Regional out-licensing deals - $\sim \$ 10$ million received to date

## KWANG DONG

[Traded on South Korean Stock Exchange (Ticker: A009290)]

- Exclusive regional license to develop and commercialize CF101 for the treatment of rheumatoid arthritis in Korea
- Up to $\$ 1.5 \mathrm{M}$ in upfront and milestone payments ( $\$ 0.5 \mathrm{M}$ received to date)
- $7 \%$ royalties. Such payments are subject to development and marketing milestones


## cipher

[Traded on Nasdaq (Ticker: CPHR); TSX: (Ticker: CPH]

- Exclusive regional license to distribute CF101 for the treatment of rheumatoid arthritis and moderate to severe psoriasis in Canada
- Up to CDN\$3.65M in upfront and milestone payments (CDN\$1.65M received to date)
- 16.5\% royalties.


## CF101 - Anti-Inflammatory Effect

## Properties

- Highly Selective A3AR Agonist
- Nucleoside derivative
- Molecular weight - 510.29
- Water insoluble
- Orally bioavailable
- Half life time in blood -8-9 hours
- Is not metabolized in the body
(secreted unchanged)


Fishmanet al. Drug Discovery Today 17:359-366. 2011.

## Anti-Inflammatory Effect

Proof of concept in pre-clinical
pharmacology studies:

- Rheumatoid Arthritis
- Osteoarthritis
- Inflammatory Bowel Disease
- Uveitis

Mechanism of Action


Tmimi) As Adenosine Receptor (AJAR)

## Rheumatoid Arthritis - Positive Data from Phase II Study

Phase IIb study, Placebo controlled; 79 patients; enrolled based on the A3 Adenosine receptor biomarker

All Patients


Patients with No Prior Systemic Therapy *


A Phase III study design has been completed

## CF101 - Psoriasis

## Phase II/III - Study Protocol

- Double-blind, placebo-controlled study to test efficacy of CF101 in 320 patients with moderate-to-severe plaque psoriasis
- 3 arms: $1 \mathrm{mg}, 2 \mathrm{mg}$ and of CF101 and placebo
- All patients receiving placebo were switched to either
1 mg or 2 mg CF101 after 12 weeks

- Study duration initially 24 weeks, subsequently extended to 32 weeks
- Interim analysis after 103 patients


## Primary End Point

- PASI 75 after 12 weeks
- Safety parameters



## Psoriasis - Data from Phase II/III Study

The study did not achieve the primary endpoint of PASI 75 at 12 weeks; Excellent safety profile in all tested dosages; Positive linear data on Weeks 12 to 32

Significant Linear Effect of CF101 on PASI Scores through 32 Weeks of Treatment


## PASI 90 Response in Treatment-Naïve Patients*

## Statistically Significant Linear PASI 90 Response



12

## Psoriasis - Positive Linear Data on Weeks 12 to 32

PASI 75-35.3\% by 32 weeks of treatment; linear response
PASI mean percent improvement - $57 \%$ ( $p<0.001$ ); linear from 16 to 32 weeks.

PASI 90 and PASI 100-24.7\% and 10.6\%, respectively by 32 weeks of treatment; linear increase.

Historical placebo responses - very rare at PASI 90 and PASI 100.
Systemic treatment-naive patients - efficacy appears particularly high with PASI 90 scores achieved in $26.9 \%$ of patients previously untreated with systemic therapy vs. patients previously treated with systemic therapy ( $\mathrm{p}<0.026$ ).

## CF101 Compares Favorably To Celgene's Otezla®



## CF101 Compares Favorably To Celgene's Otezla

|  | PASI Improvement from Baseline | PASI 90 | PASI 100 |
| :---: | :---: | :---: | :---: |
| CF101, Can-Fite | $\begin{gathered} 57.1 \% \\ \text { at week } 32 \\ \text { no plateau at week } 32 \end{gathered}$ | $24.7 \%$ <br> at week 32 no plateau at week 32 | 10.6\% <br> at week 32 no plateau at week 32 |
| Otezla, Celgene | ```~57% at week 24 start to plateau at week 20``` |  | Not analyzed <br> as there were too few participants at week 16 |
| Placebo (historical) | Unknown | 0.0\% | 0.0\% |

## Phase II/III Safety Data- Comparable to Placebo

|  | CF101 2 mg BID | Placebo BID |
| :--- | :---: | :---: |
| Vital Signs | No significant change | No significant change |
| ECG | No significant change | No significant change |
| Clinical Laboratory | No significant change | No significant change |
| Any Adverse Event (AE) | $25.5 \%$ | $19.6 \%$ |
| Infection AE | $6.9 \%$ | $8.8 \%$ |
| "Related" AE | $6.9 \%$ | $4.1 \%$ |
| Moderate-Severe AE | $7.6 \%$ | $5.4 \%$ |
| Withdrawal due to AE | $0.0 \%$ | $0.7 \%$ |

## CF101 Continues to Show an Excellent Safety Profile

## CF102 - Anti-Cancer

## Properties

- Highly Selective A3AR Agonist
- Nucleoside derivative
- Molecular weight - 544.73
- Water insoluble
- Orally bioavailable
- Half life time in blood - 12 hours



## Anti-Cancer Effect

Proof of concept in pre-clinical
pharmacology studies:

- Hepatocellular Carcinoma
- Colon Carcinoma
- Prostate Cancer
- Melanoma

Mechanism of Action


Tmimin As Adenosine Receptor (AJAR)
We are in discussions with potential partners for regions outside the U.S./EU

## Liver Cancer - Phase II Global Study Ongoing

## Phase II - Ongoing

Patient enrolment for a global Phase II study has been initiated and designed as follows:

- Second-Line Treatment
- Advanced Hepatocellular Carcinoma; Child-Pugh B
- 78 patients;
- US, Europe and Israel
- Primary end point: overall survival


## Phase I/II Positive Results

- Very favorable safety profile and lack of hepatotoxicity
- Prolongation of survival time
- Regression of skin tumor metastases
- Stable disease (22\%)
- Proof of concept for A3AR utilization as a biomarker

- U.S. FDA Orphan Drug Approval (Feb 2012)


# CF602 - Sexual Dysfunction - A Safe Drug 

## Chemical Structure



1H-Imidazo[4,5-c]quinolin-4-amine Derivatives

## Properties

- $A_{3} A R$ allosteric modulator
- Molecular weight - 411.34
- Water insoluble
- Orally bioavailable
- Belong to the family of imidazoquinoline derivatives


## Current status

- Manufacturing of CF602 to be used in pre-clinical studies has been completed
- Pre-clinical studies - ongoing

Cohen et al. Mediators of inflammation. 2015

## CF602 - Improvement of Erectile Dysfunction

## Diabetic Rat Model




Histological evaluation using a Masson Trichrome stain for smooth muscle detection in Corpus Cavernous blood vessels in an erectile dysfunction model in diabetic rats

## Equity Profile

Ticker on NYSE: CANF
Ticker on Israeli TASE: CFBI
Price of ADR: \$1.77 (1 ADR = 2 Ordinary Shares)
52 Week Range: \$1.46-\$5.83
Shares Out: 21.3M Ordinary Shares
Market Capitalization: ~\$20M
Avg. Trading Volume (30 day): 103,763 ADRs
Cash as of June 30: $\$ 7,747,000$
As of September 1, 2015

## Spotlight on 12 Month Milestones

| CF101 - Psoriasis ( $\sim$ \$9B Opportunity) |  |
| :---: | :---: |
| Reported Favorable Follow-Up Data from Phase II/III Study in Patients with Psoriasis | $\bigcirc$ |
| Preparing Clinical Protocol For Phase III Study | H2-2015 |
| CF101 - Rheumatoid Arthritis ( $\sim$ S38B Opportunity) |  |
| Reported Positive Data From Phase IIb Trial in Treatment-Naïve Patients with RA and High Levels of $A_{3}$ AR Expression | () |
| Submission of Phase III RA Clinical Protocol To IRB (U.S. \& EU) | Q4-2015 |
| CF102 - Liver Cancer ( $\sim$ \$2B Opportunity) |  |
| Complete Patient Enrollment in Phase II Study | H1-2016 |
| CF602 - Sexual Dysfunction ( $\sim$ 2.6B Opportunity) |  |
| Presented Preclinical Data Showing Proof-of-Concept In Animal Model of Erectile Dysfunction | $\bigcirc$ |
| File U.S. IND / Initial Phase I Study | H1-2016 |
| Ophthalix ( $\sim$ \$3B Opportunity) |  |
| Entered Into Acquisition Agreement With Medical Device Company - Improved Vision Systems, LTD (IVS) | $\bigcirc$ |
| Report Data From Phase II Study In Glaucoma With CF101 | H1-2016 |

-Sources: Visiongain estimaves glabal pscriasis drug marker wilbe $\$ 9 \mathrm{~b}$ by 2018 and the global rheumatcid arthrit's drug marlet will be 538 b by 2017 ; Giobal in 2 Analysts estimates the global liver cancer diug market at 52 b in 2015; GlobalDataestimates the glabal erectile dysfunction divg market at $\$ 26$ b by 2018 and the glabal glaucoma market to grow to 33 bilion by 2023

