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): January 15, 2025

ENTRADA THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-40969**	**81-3983399**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

One Design Center Place	
Suite 17-500	
Boston, MA	**02210**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (857) 520-9158

Not Applicable
(Former name or former address, if changed since last report)

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))

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, $0.0001 par value per share	**TRDA**	**The Nasdaq Global Market**

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 2.02 Results of Operations and Financial Condition.

On January 15, 2025, Entrada Therapeutics, Inc. (the "Company") presented at the 43rd Annual J.P. Morgan Healthcare Conference, which presentation included certain preliminary financial results as of and for the fiscal year ended December 31, 2024. Specifically, the Company announced that its cash resources, which consist of cash, cash equivalents and marketable securities, were approximately $420.0 million as of December 31, 2024 and that it expects such cash resources to fund operations and capital expenditure requirements into the second quarter of 2027.

The information in this Item 2.02 is unaudited and preliminary, and it does not present all information necessary for an understanding of the Company's results of operations for the fiscal year ended December 31, 2024, or financial condition as of December 31, 2024. The audit of the Company's financial statements for the year ended December 31, 2024 is ongoing and could result in changes to the information in this Item 2.02.

The information in Item 2.02 of this Current Report on Form 8-K is intended to be furnished and 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.

Item 8.01 Other Events.

A copy of the Company's presentation for use by management in meetings with investors, analysts and others during the 43rd Annual J.P. Morgan Healthcare Conference is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Forward Looking Statements

This Current Report on Form 8-K includes express and implied "forward-looking statements." Forward looking statements include all statements that are not historical facts, and in some cases, can be identified by terms such as "may," "might," "will," "could," "would," "should," "expect," "intend," "plan," "objective," "anticipate," "believe," "estimate," "predict," "potential," "continue," "ongoing," or the negative of these terms, or other comparable terminology intended to identify statements about the future. Forward-looking statements contained in this Current Report on Form 8-K include, but are not limited to, statements about the Company's preliminary and unaudited estimate of cash resources and the sufficiency of its cash resources through the second quarter of 2027. By their nature, these statements are subject to numerous risks and uncertainties, including factors beyond the Company's control, that could cause actual results, performance or achievement to differ materially and adversely from those anticipated or implied in the statements. For further information regarding the risks, uncertainties and other factors that may cause differences between the Company's expectations and actual results, you should review the "Risk Factors" in Item 1A of Part II of the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2024, as well as discussions of potential risks, uncertainties and other important factors in the Company's subsequent filings. You should not rely upon forward-looking statements as predictions of future events. Although the Company's management believes that the expectations reflected in the Company's statements are reasonable, the Company cannot guarantee that the future results, performance or events and circumstances described in the forward-looking statements will be achieved or occur. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date such statements are made and should not be construed as statements of fact.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

99.1	Corporate Presentation of Entrada Therapeutics, Inc. as of January 15, 2025.
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.

Entrada Therapeutics, Inc.

Date: January 15, 2025

By: /s/ Dipal Doshi
Dipal Doshi
Chief Executive Officer

Exhibit 99.1

Disclaimer

This presentation has been prepared by Entrada Therapeutics, Inc. (the "Company") and shall not constitute an offer to sell or a solicitation of an offer to buy securit or inducement to engage in investment activity nor shall there be any sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful p or qualification of such securities under the securities law of any such jurisdiction. The Company has filed a shelf registration statement (including a prospectus) wit Exchange Commission (the "SEC") for the offering to which this presentation relates. Before you invest in any securities of the Company, you should read the prosp registration statement and any other documents the Company has filed with the SEC for more complete information about the Company and the offering. You may documents for free by visiting EDGAR on the SEC website at www.sec.gov.

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, conta presentation, including statements regarding the Company's strategy, future operations, prospects and plans, objectives of management, the validation and differen approach and EEV platform and its ability to provide a potential treatment for patients, expectations regarding significant accumulation of exon skipping and dystrop patients, expectations regarding the importance of endosomal escape to therapeutic index optimization, the translatability of the data from the Phase 1 clinical study to future clinical studies for ENTR-601-44, expectations regarding the ability of the Company's preclinical studies and clinical studies to demonstrate safety and effic therapeutic candidates, and other positive results, expectations regarding the approvals and specific protocols for the Company's planned Phase 1/2 clinical studies and ENTR-601-45, the timing of regulatory filings for the planned Phase 1/2 clinical studies for ENTR-601-50 in 2025 and ENTR-601-51 in 2026, the ability to recru a global Phase 1/2 study for ENTR-601-44, ENTR-601-45, ENTR-601-50 and ENTR-601-51, the potential of its EEV product candidates and EEV platform, includin ENTR-601-44 to be a transformative treatment option, the continued development and advancement of ENTR-601-44, ENTR-601-45, ENTR-601-50 and ENTR-60 treatment of Duchenne and the partnered product VX-670 for the treatment of myotonic dystrophy type 1, and the sufficiency of the Company's cash resources exte constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. The words "anticipate," "believe," "continue," "coul "expect," "intend," "may," "might," "objective," "ongoing," "plan," "predict," "project," "potential," "should," or "would," or the negative of these terms, or other comparab intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. The Company may not actually achieve intentions or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual resu differ materially from the plans, intentions and expectations disclosed in these forward-looking statements as a result of various important factors, including: uncerta the identification and development of product candidates, including the conduct of research activities and the initiation and completion of preclinical studies and clini uncertainties as to the availability and timing of results from preclinical and clinical studies; timing of and expectations regarding the Company's ability to submit and clearance and initiate clinical studies; whether results from preclinical studies will be predictive of the results of later preclinical studies and clinical studies; whether will be predictive of later clinical data; our ability to establish and maintain collaborations or strategic relationships; whether the Company's cash resources will be su Company's foreseeable and unforeseeable operating expenses and capital expenditure requirements; as well as the risks and uncertainties identified in the Compa SEC, including the Company's most recent Form 10-K and in subsequent filings the Company may make with the SEC. In addition, the forward-looking statements presentation represent the Company's views as of the date of this presentation. The Company anticipates that subsequent events and developments will cause its However, while the Company may elect to update these forward-looking statements at some point in the future, it specifically disclaims any obligation to do so. The statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

January 2025

Entrada enters 2025 with significant momentum

Entrada expects to have four Phase 1/2 MAD patient studies in DMD and DM1 by the

Rapidly expanding DMD franchise

Actively planning the initiation of two global Phase 1/2 MAD studies in H1 2025 and one in H2 2025

Ex-US clinical strategy designed to efficiently advance franchise

Vertex accelerating DM1 program

Initiated MAD portion of VX-670 global Phase 1/2 to evaluate safety and efficacy

Partnership terms include milestone payments, plus royalties

Advancing preclinical pipeline

Generating preclinical data from programs outside of neuromuscular

Includes new moieties

Bolstere financia

Ended 202 cash balan

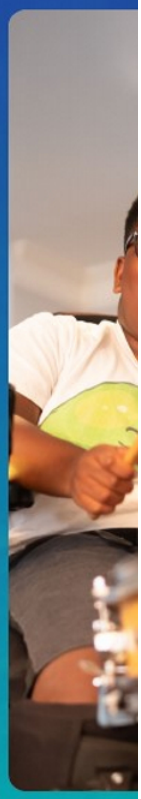
Cash runw into Q2 20

January 2025

*All references in this presentation regarding planned regulatory filings and clinical study designs are subject to ongoing discussion with US and international regulatory
**Based on current operating plans and ~$420M in preliminary unaudited cash, cash equivalents and marketable securities as of December 31, 2024; MAD: Multiple as
DMD: Duchenne muscular dystrophy; DM1: myotonic dystrophy type 1.

OUR MISSION:

To Treat Devastating Diseases With Intracellular Therapeutics



January 2025

Breakthrough approach to intracellular therapeutics

75% of disease-causing targets are located inside cells[1]

These targets are largely considered to be inaccessible and undruggable as only 2% of biological material will escape the endosome to reach an intracellular target[2]

Increasing cellular uptake and improving endosomal escape

We are leveraging our Endosomal Escape Vehicles (EEV™) and other technologies to optimize intracellular target engagement and therapeutic benefit

Potential fo best-in-clas therapeutic

Initial focus on DM1, where w working to dev and effective t that meet the needs of patie

[1]Verdine GL, Walensky LD. The challenge of drugging undruggable targets in cancer: lessons learned from targeting BCL-2 family members. Clin Cancer Res. 2007;13
[2]Kilchrist KV, et al. Gal8 visualization of endosome disruption predicts carrier-mediated biologic drug intracellular bioavailability. ACS Nano. 2019;13(2):1136-52.

Endosomal Escape Vehicle (EEV™)-based therapies

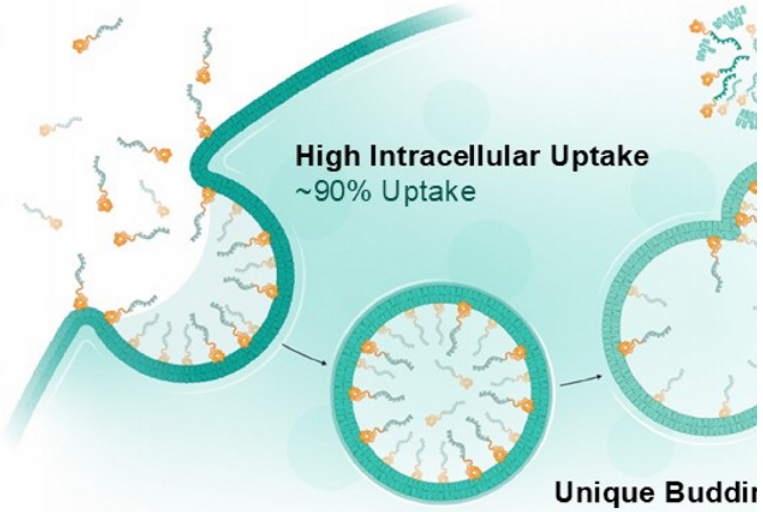
Unique chemistry
Improved uptake and endosomal escape

Cyclic structure
Extended half-life and increased stability

Phospholipid binding
Broad biodistribution to all cells

Consistent and predictable pharmacokinetics
Same EEV used across initial programs

Efficient Endoson
~50% Escape vs. ~



Unique Buddi
Conserves End

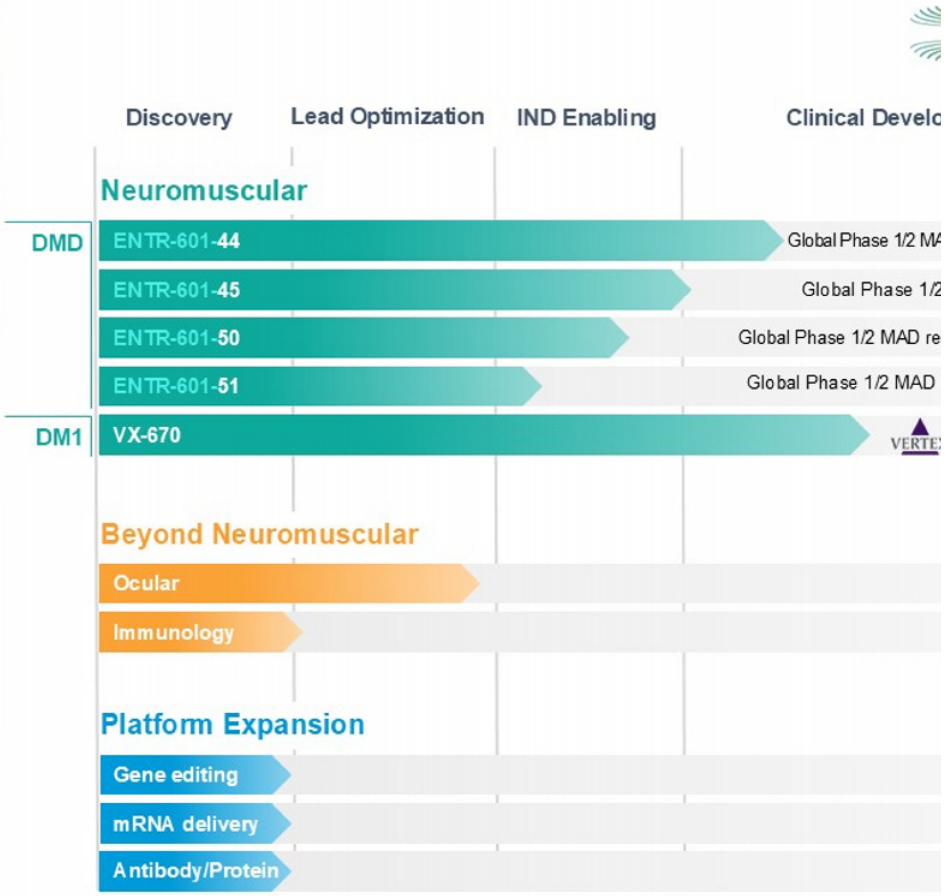
Qian, Z. et al. ACS Chem. Biol. 2013; Qian, Z. et al. Biochemistry 2014; Qian, Z. et al. Biochemistry 2016; Sahni, A. et al. ACS Chem. Biol. 2020; Pei, D. Acc. Chem. R

An Expanding Pipeline of Intracellular Therapeutics

Entrada's pipeline includes a diverse array of high potential and high value assets

Each target disease has a substantial patient population with a significant unmet medical need

January 2025



EEV therapies have the potential for a best-in-class approach in neuromuscular diseases

Entrada expects to have four Phase 1/2 MAD patient studies in DMD and DM1 by th

Delivered positive Phase 1 data in DMD (ENTR-601-44)

- Robust clinical validation in healthy volunteers
- No treatment-related AEs
- Potential best-in-class target exposure and target engagement
- Potential for minimum of 6-week dosing intervals

Strong, translational DMD data support franchise expansion

- Leverages ENTR-601-44's positive Phase 1 results
- Best-in-class potential for ENTR-601-45, ENTR-601-50 and ENTR-601-51
- Pursuing efficient, direct-to-patient clinical strategy

Vertex partn further valid potential (V

- Vertex completed of VX-670 global clinical study
- Vertex initiated M VX-670 global P evaluate safety a patients with DM

Positive ENTR-601-44 Phase 1 data support the initiation of a Phase 1/2 MAD clinical study in patients

ENTR-601-44-101: Placebo-controlled single ascending dose (SAD) study in health

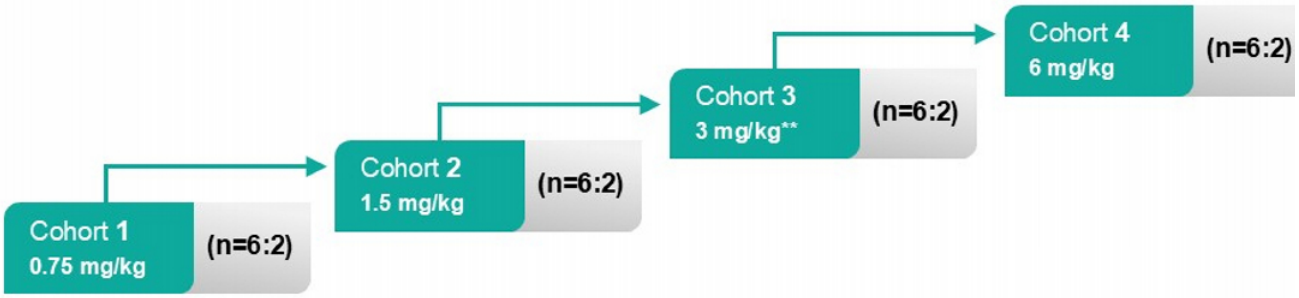
32 Adult Subjects

6:2 randomization
Single IV dose

Total Active: Placebo = 24:8

Outcome Measures

- Safety and tolerability
- Evaluation of PK and PD
- Target engagement as measu



Key findings: Strong clinical safety up to 6 mg/kg, with the potential for best-in-class pharmacokinetics and pharmacodynamics in patients

January 2025

*Data presented at 2024 World Muscle Society conference; **One participant enrolled and randomized into Cohort 3 was removed prior to dosing.

ENTR-601-44-101: Safety

ENTR-601-44-101: No treatment-related adverse events were reported in the EN 101 study up to the highest dose of 6 mg/kg

- No AEs related to study drug
- Most common AE was headache (n=7; 5 mild and 2 moderate)
- No clinically significant findings with lab values, ECG or vital signs
- No adverse findings or clinically relevant changes to biomarkers of renal toxicity at highest dose of 6 mg/kg

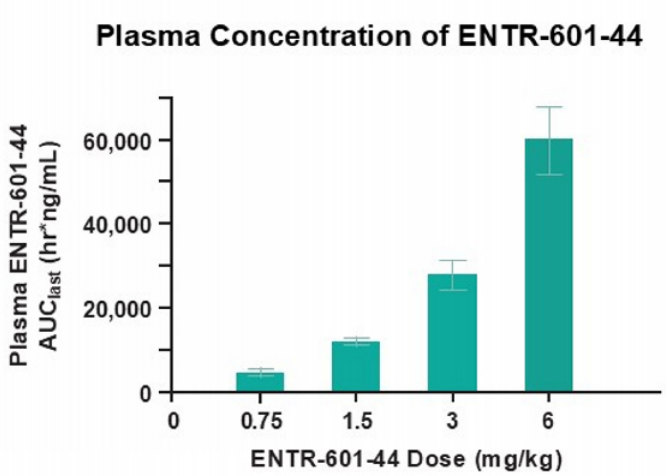
n (%)	Pooled placebo (N=8)	ENTR-601-44 0.75 mg/kg (n=6)	1.5 mg/kg (n=6)	3.0 mg/kg (n=7)	6.0 (r
Dosed	8	6	6	6	
Completed Study	8	6	6	6	
Any TEAE	1	5	2	3	
Treatment-related TEAE	**0**	**0**	**0**	**0**	

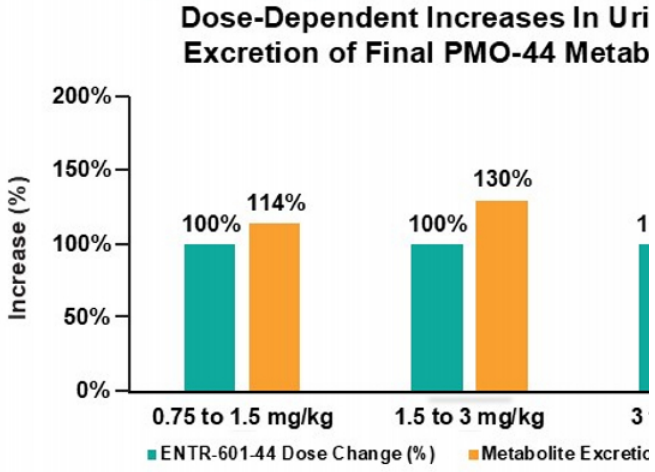
January 2025

Safety and tolerability were assessed at each study visit following a single IV dose of ENTR-601-44 or placebo. One participant enrolled and randomized into Cohort 3 v prior to dosing. Renal biomarkers assessed using FNIH and the C-Path. Kidney Safety CM Biomarker User's Guide v1.1, 2019; AE: adverse event; SAE: serious adver TEAE: treatment-emergent adverse event.

ENTR-601-44-101: Pharmacokinetics

ENTR-601-44-101: Potential best-in-class dose-dependent pharmacokinetics





High drug concentration supports potential for efficacy at relatively low doses

For every doubling of dose, there is a more metabolite excretion, implying the potential efficacy without a proportional risk of increa

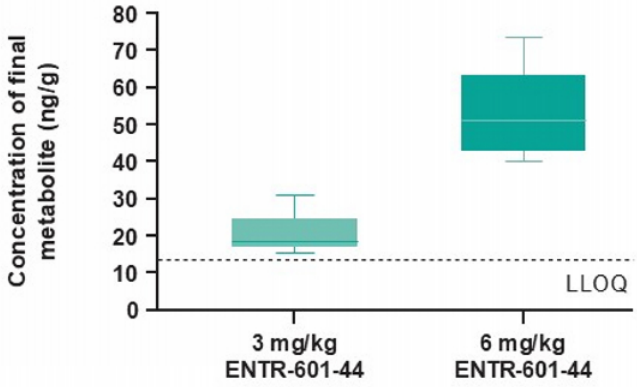
January 2025

(Left) Blood samples for PK assessment were collected at 2 hours pre-dose and post-end of infusion: 5 minutes, 1 hour, 4 hours, 8 hours, 16 hours, 24 hours, and every 24 hours after. A were taken at follow-up study visits; (Right) 24-hour urine samples for PK assessment were collected the day prior to dosing and every 24 hours after. Additional samples were taken at fo visits. Data shown as mean ± standard deviation; AUC_{last}: area under the plasma concentration-time curve to the last measurable plasma concentration; PMO: phosphorodiamidate morp

ENTR-601-44-101: Target Exposure and Engagement

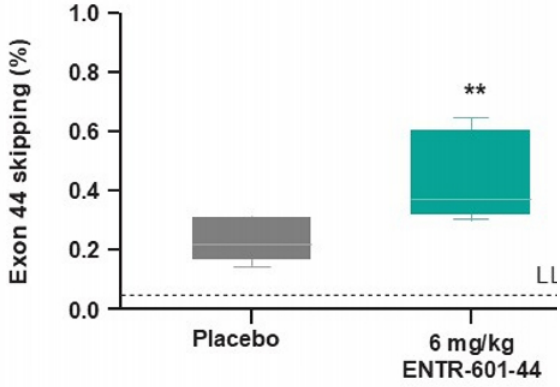
ENTR-601-44-101: Favorable target exposure and engagement at 6 mg/kg

Skeletal Muscle Concentration



Dose-dependent skeletal muscle concentration was observed

***DMD* Exon 44 Skipping**



Robust target engagement with statistically significant exon skipp observed versus placebo

January 2025

Muscle concentrations and exon skipping were assessed using a needle muscle biopsy taken from biceps brachii 72 hours (±4 hours) post-dose of ENTR-601-44. Box plot illustration: the boxes represent the IQR and median. Whiskers show the smallest and largest values within 1.5 times the IQR; **p<0.005 vs. placebo using Mann-W IQR: interquartile range; LLOQ: lower level of quantification.

Rapidly expanding DMD clinical programs

ENTR-601-44's Phase 1 results unlock DMD portfolio investment across multiple p

Regulatory Filings Under Review

ENTR-601-44

- Discussions underway with several regulatory agencies
- Global Phase 1/2 MAD preparedness ongoing

ENTR-601-45

Ex-US clinical strategy designed to efficiently advance franchise

- Regulatory filings in additional geographies underway
- Global Phase 1/2 MAD preparedness ongoing

Accelerated Program Timelines

ENTR-601-50
IND Enabling

- On track to submit regulatory filings in H2 2025
- Global Phase 1/2 MAD initiation expected in Q4 2025

ENTR-601-51
IND Enabling

- Candidate selected in December 2024
- Global Phase 1/2 MAD regulatory filings expected 2026

ENTR-601

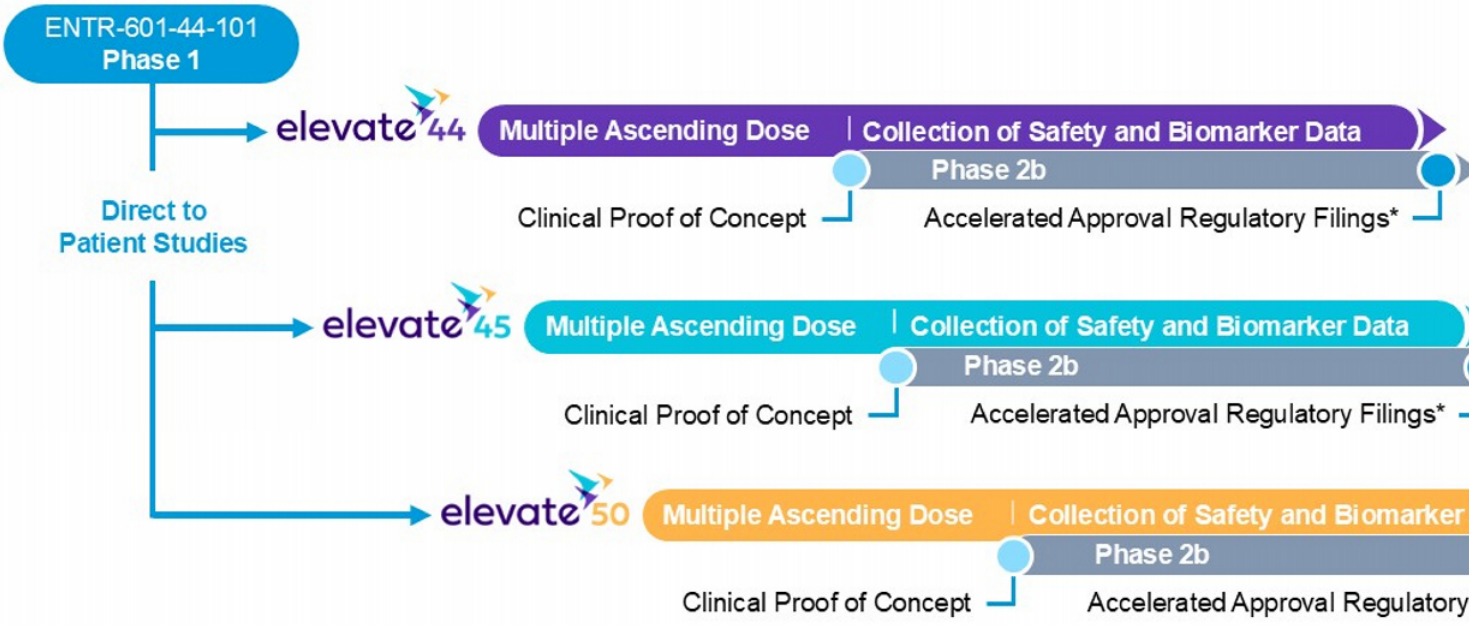
~41,000
people in the **US**[1] **and Europe**[2] have Duchenne

January 2025

[1]Parent Project Muscular Dystrophy; [2]European Medicines Agency: orphan designation for treatment of Duchenne muscular dystrophy (EU/3/20/2375).

Clinical strategy is designed for efficient regulatory path

All ENTR-601-series programs will follow a similar clinical and regulatory appr



January 2025

Protocols pending regulatory feedback; *Accelerated Approval in the US, followed by confirmatory Phase 3 studies to obtain Full Approval in the US and ex-US countrie

Robust preclinical data support global direct-to-patient Phase 1/2 MAD clinical studies across DMD franchise

ENTR-601-45

- Robust dystrophin restoration in del44hDMD.*mdx* mouse model after just 3 doses, 6 weeks apart
- Complete functional correction and maintenance of correction 6 weeks post-washout

Global Phase 1/2 MAD Study

Regulatory filings ongoing

ENTR-601-50

- Robust dose-dependent response and saturation of exon 50 skipping in hDMD mouse model after just 3 doses, 6 weeks apart
- Preclinical data support potential for high and persistent dystrophin restoration in patients

Global Phase 1/2 MAD Study

Regulatory filings expected H2 2025

ENTR-601

- Robust dose-d
  exon 51 pharm
  in both del52h
  hDMD mouse
- Preclinical data
  potential for hi
  persistent dyst
  restoration in p

Global Phas

Regulatory fi

January 2025

Ongoing exploration of pipeline expansion opportunities

Entrada's flexible approach to intracellular therapeutics enables pipeline expa leveraging new moieties and by targeting additional therapeutic areas

TARGET	DNA	RNA				PROTEINS	
APPROACH	**Gene** Editing	**RNA** Editing	**RNA** Splicing	**RNA** Blocking	**RNA** Silencing	**Protein** Replacement	**Protein** Inhibition
GOAL	Deliver CRISPR enzyme and repair gene function with guide RNA	Deliver oligonucleotide therapeutics for RNA editing	Modify RNA via exon/intron splicing to activate protein expression	Block trinucleotide repeats in RNA to inhibit adverse binding	Silence or knockdown RNA to prevent protein expression	Replace proteins and enzymes	Inhibit protein signaling pathways

January 2025

Multiple near and long-term value drivers

Four clinical programs expected in 2025

- **ENTR-601-44:** Discussions underway with several regulatory agencies
- **ENTR-601-45:** Global Phase 1/2 MAD regulatory filings ongoing
- **ENTR-601-50:** Global Phase 1/2 MAD regulatory filings expected in H2 2025
- **ENTR-601-51:** IND enabling studies ongoing
- **VX-670:** MAD portion of global Phase 1/2 ongoing

Moving beyond neuromuscular

- EEV platform is broadly applicable
  targets and a wide range of diseas
- Efficient development framework i
  for advancing new therapeutic can
- Preclinical data support potential f
  therapeutic index across multiple r
- Initial focus on ocular and metabol

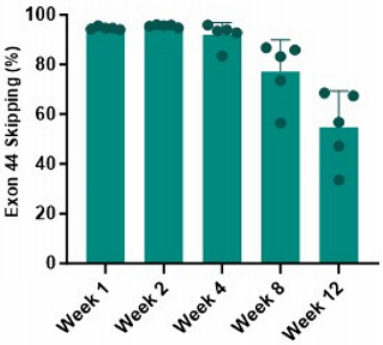
Cash runway extended into Q2 2027


Q&A

Consistent and durable efficacy across species

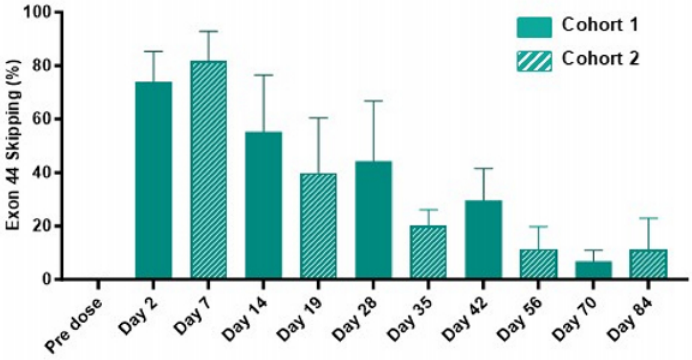
Significant potential for patient benefit is supported by ENTR-601-44 data in the mouse a
at clinically relevant levels; *in vitro* data suggest much higher target engagement in patie

Exon 44 Skipping in hDMD Mouse



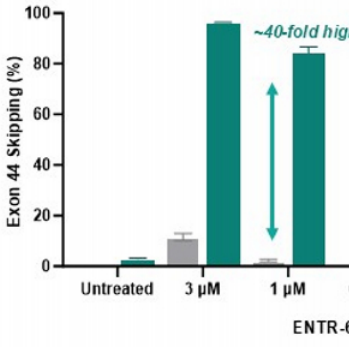
- Single 60 mg/kg (PMO equivalent) dose
- Tibialis anterior

Exon 44 Skipping in NHP



- Post-IV infusion of single 35 mg/kg (PMO equivalent) dose, robust exon 44 skipping observed in biceps in the ENTR-601-44 treated NHPs (n=3 per cohort) for at least 12 weeks

Exon 44 Skipping in Patient Myol



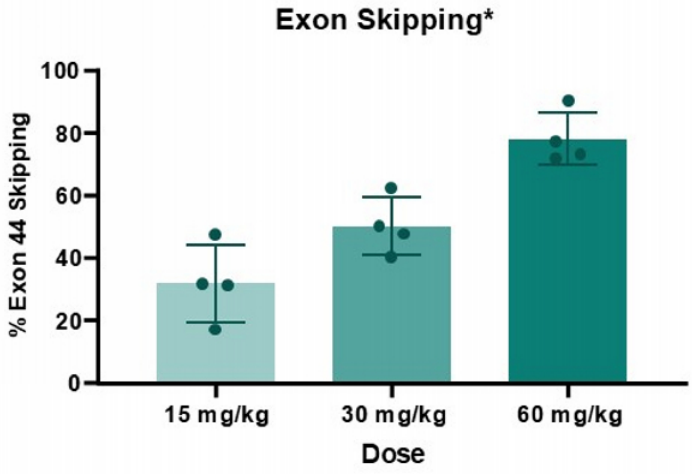
- Patient Cells (DM
- Healthy Cells; n=

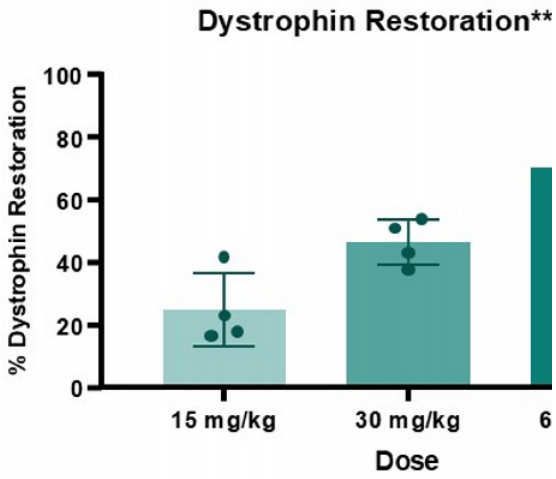
January 2025

Data presented at the 2022 MDA Clinical and Scientific Conference, TIDES 2022 and OPT 2024.

Dose-dependent exon skipping and dystrophin

Dose-dependent response at a minimally effective dose of 15 mg/kg is observed, with ne at a clinically relevant dose of 60 mg/kg implying a wide therapeutic index



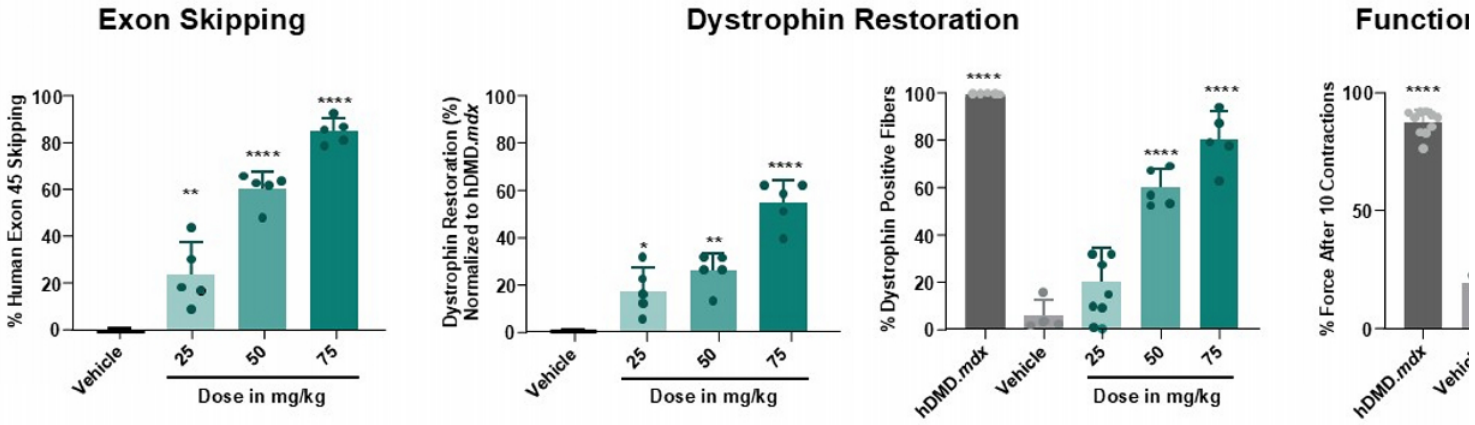


- Del45hDMD.mdx mice dosed with EEV-PMO-44***
- n=4, gastrocnemius sample collection 2 weeks post-injection

*ddPCR: double drop PCR; **JESS: automated western blot system; ***EEV conjugated to an exon 44 skipping PMO; Data on file.

Preclinical data support potential for best-in-class clinical profile

Dose-dependent increase in exon skipping and dystrophin expression correlates to funct correction to wild type



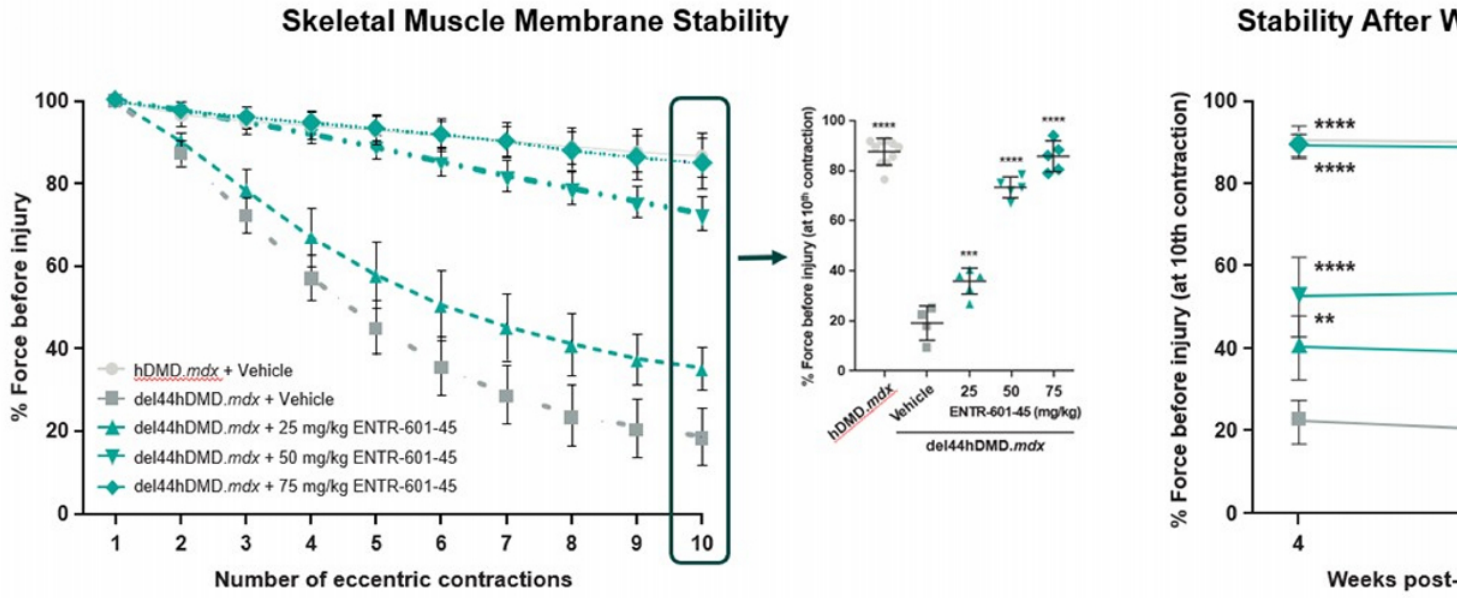
- Active and vehicle del44hDMD.*mdx* mice, n=5 per cohort, EEV-PMO-45 (Q6W x 3 doses); Control saline treated hDMD.*mdx* mice, n=1
- Skipping (ddPCR) and dystrophin production (JESS) is significantly increased 6 weeks after the third dose of ENTR-601-45 (gastrocnem

January 2025

Data are shown as mean ± SD; *p ≤ 0.05, **p ≤ 0.01, ***p ≤ 0.001, ****p ≤ 0.0001; 25 mg/kg correlates to ~5 mg/kg human equivalent dose (HED), 50 mg/kg correlate HED, 75 mg/kg correlates to ~15 mg/kg HED; JESS: automated western blot system; ddPCR: droplet digital PCR; Data presented at the 2024 World Muscle Society co

Dose-dependent and durable improvements in muscle function observed in del44hDMD.*mdx* mice

Dose-dependent increase in resistance to membrane damage was observed following the contraction, which was maintained until at least 8 weeks after the third Q6W dose of ENTR

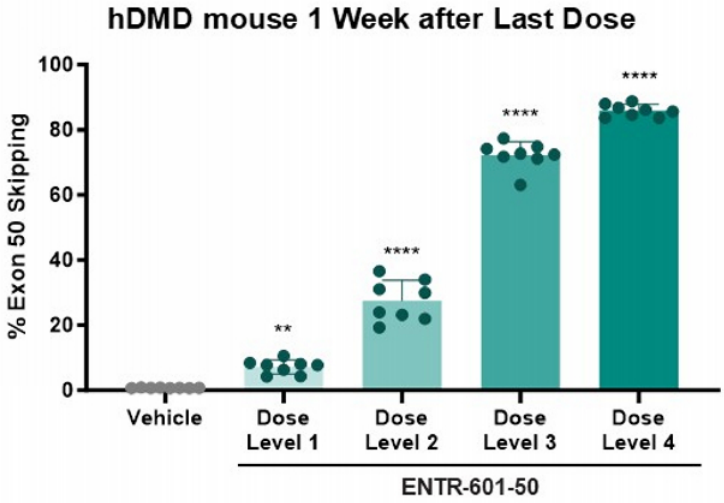


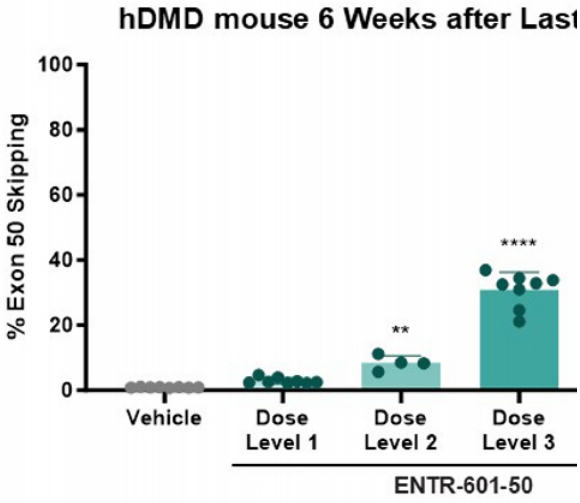
January 2025

del44hDMD.*mdx* mice were treated with three Q6W IV injections of ENTR-601-45 or vehicle. ECC-induced muscle force loss generated by repeated eccentric force (ECC) contraction of the gastrocnemius muscle wa (left/center) or 4 and 8 weeks (right) after the third dose. Data (mean ± standard deviation) shown across 10 ECC contractions normalized into a percentage of the initial force before any ECC contractions and as the retained after the 10th contraction. Vehicle-treated hDMD.*mdx* mice were used as a control group for normal muscle function. One-way ANOVA was used for statistical comparison to vehicle-treated del44hDMD.*mdx* weeks. **p < 0.01, ***p < 0.001, ****p < 0.0001 vs. vehicle; Data presented at the 2024 World Muscle Society conference.

ENTR-601-50 in hDMD show high levels of durable exon skipping

Repeated doses of ENTR-601-50 in hDMD mice leads to robust dose-responsive levels skipping that largely persists to 6 weeks, supporting the potential for persistent dystrophi





- Repeated doses administered via IV injection (Q6W x 3 doses) with 1 or 6-week washout; Exon skipping assessed by ddPCR anterior muscle shown)

Data are shown as mean ± SD; **p ≤ 0.01, ****p ≤ 0.0001 vs vehicle. ddPCR, droplet digital PCR; Data on file.