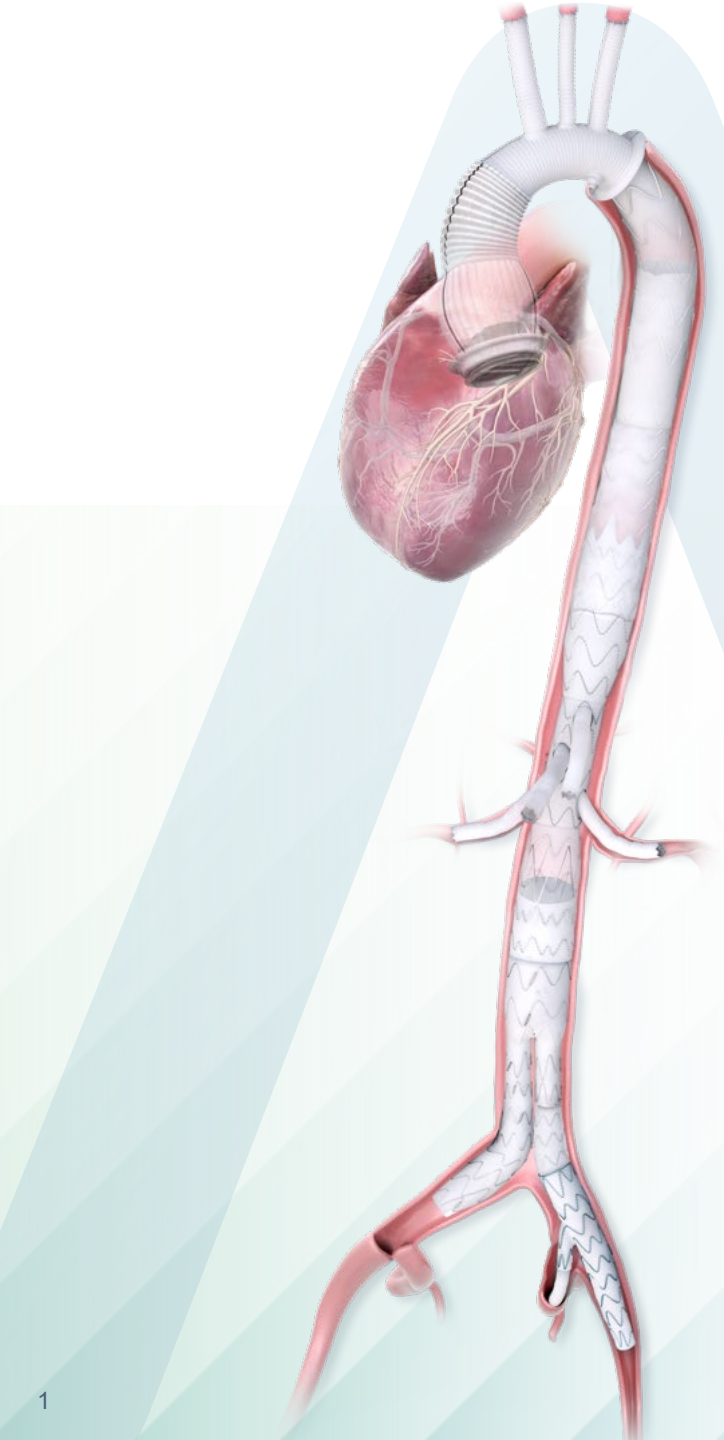


ARTIVION™

Aorta + Innovation + Vision

Corporate Overview

May 2026

FORWARD-LOOKING STATEMENT

Statements made in this presentation that look forward in time or that express management's beliefs, expectations, or forecasts are forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements reflect the views of management at the time such statements are made. These statements include our belief that we can continue to drive sustained double digit revenue growth and EBIDTA growth at twice the rate of revenue growth, as a result of our base business, our high growth On-X and stent graft businesses and our leverageable global infrastructure; our estimates of the size of the total addressable markets and growth profiles for our preservation services (human tissue), mechanical heart valves, stents and surgical sealants; our estimates of the size of the total addressable markets and growth rates for E-vita OPEN NEO, AMDS, NEXUS, E-nside, Artivex and E-tegra; our estimates relating the conduct of and timelines for enrollment of our ongoing and planned clinical trials and regulatory approvals, including PERSEVERE, ARTIZEN, Endospan's TRIOMPHE, and for ARCEVO and TAAA Systems; our beliefs that our products will result in improved patient outcomes; our expectations regarding future constant currency revenue growth in 2026 compared to 2025; our estimates and related expectations regarding increased incremental cash flow by revenue growth and gross margin and adjusted EBITDA margin expansion; our expectation that we will be free cash flow positive and the timing thereof; our expectation that we will continue to decrease net debt leverage by year end 2026; and our belief and expectations about our future revenue, year over year growth and growth drivers, earnings, adjusted EBITDA and other financial measures and related information.

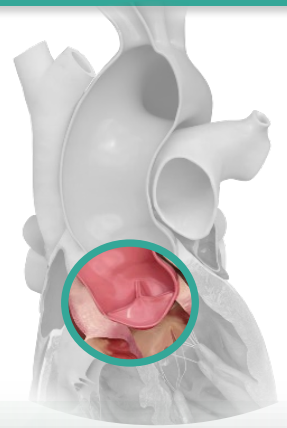
These forward-looking statements are subject to a number of risks, uncertainties, estimates and assumptions that may cause actual results to differ materially from current expectations, including but not limited to the risks and uncertainties relating to our international operations; regulatory developments; clinical trials and regulatory approvals; anticipated benefits of our credit facility and other agreements; and market opportunities and commercialization. These risks and uncertainties include the risk factors detailed in documents that we file with or furnish to the Securities and Exchange Commission, including our Form 10-K for the year ended December 31, 2025 and our Form 10-Q for the quarter ended March 31,2026, as well at ourearnings press release filed May 7, 2026. Artivion does not undertake to update its forward-looking statements, whether as a result of new information, future events, or otherwise.

AN AORTIC DISEASE-FOCUSED COMPANY

~$444 MILLION FY25 REVENUE; ~$90 MILLION FY25 EBITDA

ARTIVION

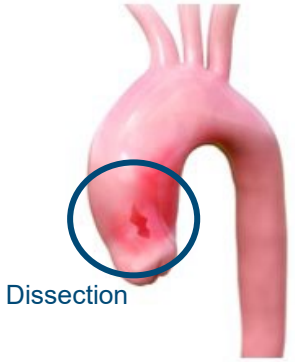
AORTIC VALVE STENOSIS <65 YRS

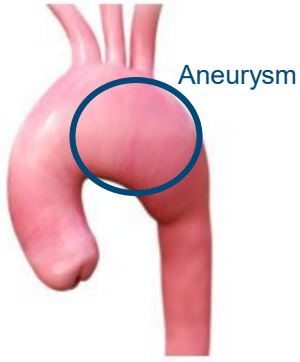


ALLOGRAFT VALVES

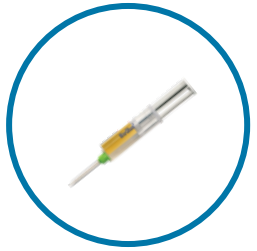
MECHANICAL VALVES

AORTIC DISSECTION & ANEURYSMS





STENT GRAFTS



SURGICAL SEALANT

EXPERIENCED LEADERS

ARTIVION

Decades of combined experience and leadership in the medical device industry.

Pat Mackin
Chairman, President & CEO

Previously with
Medtronic

Lance Berry
EVP, COO & CFO

WRIGHT

John Davis
Chief Commercial Officer

CorMatrix Abbott
Medtronic

Jean Holloway
SVP, GC, CCO & CS

BD BARD Boston Scientific
Medtronic

Simona Zannetti
SVP, Clinical Research & Chief Medical Officer

Medtronic

Drew Green
SVP, Regulatory Affairs and Quality

CorMatrix FDA

Jason Asper
SVP & Chief Strategy and Digital Officer

BAIN & COMPANY
WRIGHT

Robert Thomson
VP, Research & Development

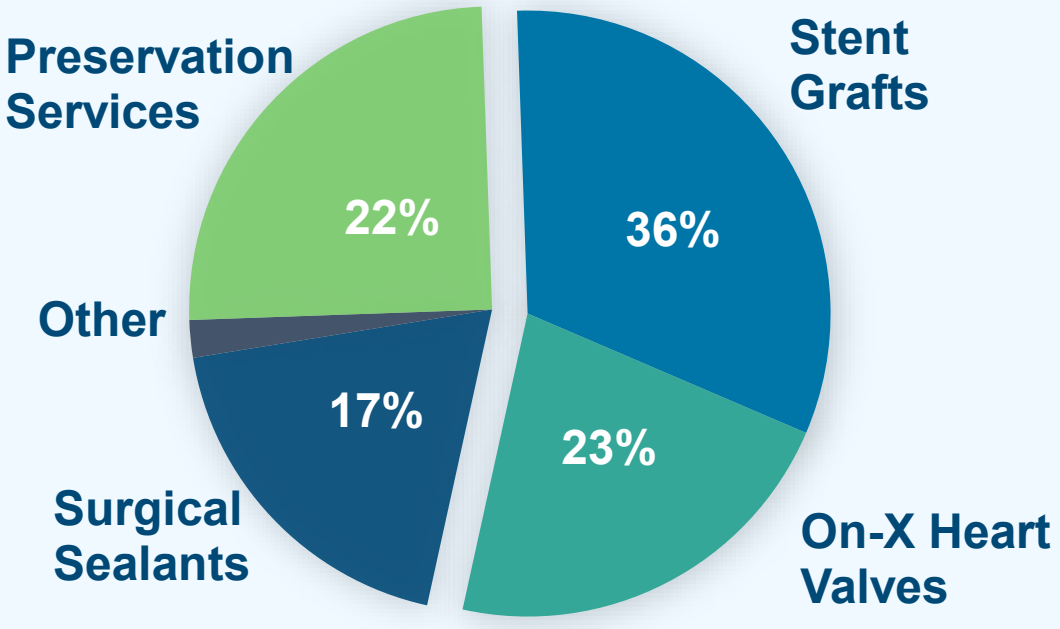
GORE

DRIVING SUSTAINED DOUBLE-DIGIT REVENUE GROWTH & 2x+ EBITDA GROWTH

ARTIVION

Highly Differentiated, Highly Defendable Base Business + **High Growth, High Margin Businesses** + **Gross Margin Expansion + SG&A Leverage** = **Double Digit Revenue Growth**

2x+ EBITDA Growth



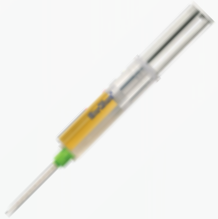
Data for Full Year Ended December 31, 2025

- ✓ Gross margin expansion through mix
- ✓ ~200 direct sales employees globally
- ✓ Global G&A Infrastructure

HIGHLY DIFFERENTIATED, HIGHLY DEFENDABLE BASE BUSINESS

ARTIVION

Strong Positions in Segments with Limited Competition and No Anticipated New Entrants

		Differentiation	2025 Revenue	Global TAM	Market Position/ Share	# Major Competitors	Growth Profile
	**Preservation Services** (CryoValve® SG)	**Only** Decellularized Pulmonary Valve	**$96M**	**$150M**	**#1 / 65%**	**2***	**Mid Single Digit**
	**Surgical Sealant** (BioGlue)	**Only** Cardiac Sealant with Acute Type A Dissection Indication	**$77M**	**$260M**	**#2 / 28%**	**3**	**Mid Single Digit**

*Human Tissue

ON-X AORTIC HEART VALVE POST APPROVAL STUDY (PAS) VS. PROACT IDE

ARTIVION

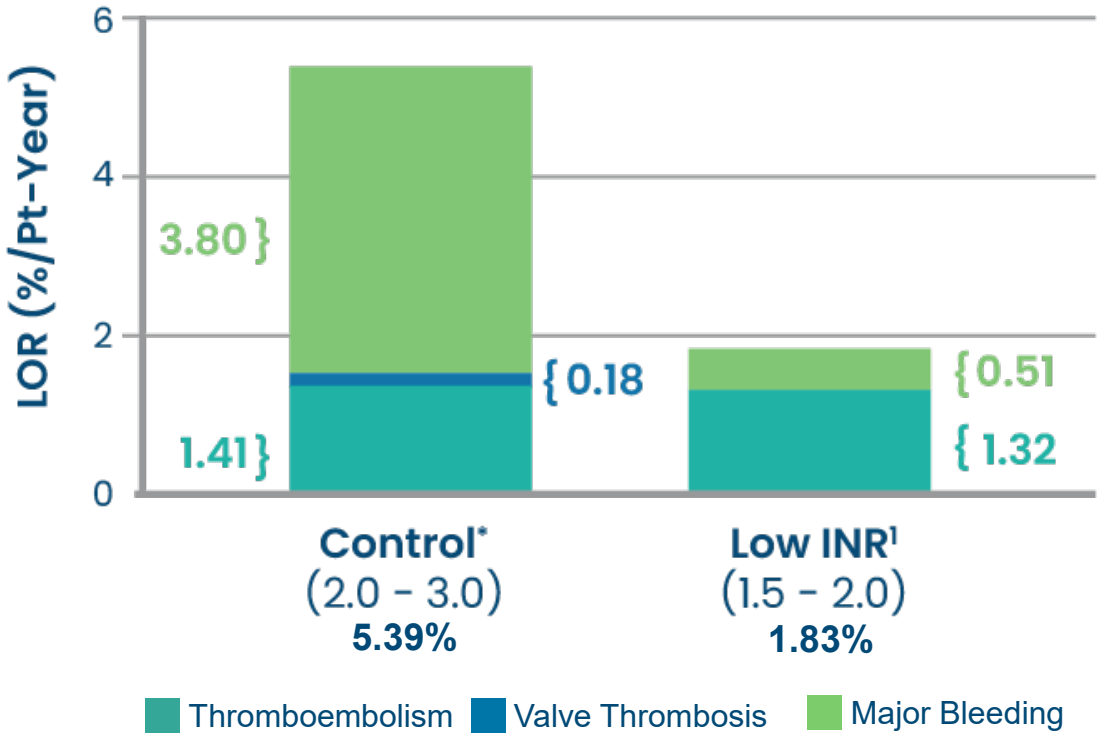
5-year real-world results demonstrate even better patient outcomes than predicted by the On-X aortic heart valve PROACT IDE study

Only Mechanical Heart Valve Maintained at a Low INR of 1.5 to 2.0

	Post Approval Study (5 Years)[1]	PROACT IDE Study[2]
Reduction in Major Events**	66%	23%
Reduction in Major Bleeding	87%	60%
INR Monitoring Method (% Clinic / % Home)	84% / 16%	0% / 100%

COMPOSITE PRIMARY ENDPOINT

5.39% vs 1.83%, p<0.0001; N=229



**Composite of Thromboembolism, Valve Thrombosis, and Major Bleeding

1. Gerdisch, et al. for the On-X Aortic Post-Approval Study Investigators. (2024, April 27-30) Low-Dose Warfarin with a Novel Mechanical Aortic Valve: Interim Registry Results at 5-Year Follow-up. [Presentation]. AATS. Toronto, Canada. 2. Puskas J, et. al. (2014). Reduced anticoagulation after mechanical aortic valve replacement: Interim results from the Prospective Randomized On-X® Valve Anticoagulation Clinical Trial randomized Food and Drug Administration investigational device exemption trial. J Thorac Cardiovasc Surg, 147(4), 1201-11. *Artivion data on file, weighted average of control groups from FDA Premarket Approval P000037 S030 and IDE trial G050208.

On-X: High Growth, High Margin, with Market Upside

ARTIVION

New Recently Published Data Across Three Leading Journals to Drive Potential $100 million Upside to Addressable U.S. Mechanical Heart Valve Market

5-year PAS Data Presented in April 2024[1]

- ✓ Demonstrated 87% Reduction in Major Bleeding
- ✓ Validated On-X as Only Mechanical Heart Valve Safely Maintained at a Low INR of 1.5 to 2.0

October 2025 Article in *The Annals of Thoracic Surgery*[2]

Independent study of over 100K patients showed:

- ✓ Higher 10-year freedom from mortality or reoperation in patients ≤65 years with mechanical AVR (87%) vs with bioprosthetic AVR (69%)

January 2025 Article in *JACC: Journal of The American College ofCardiology*[3]

Independent study of over 100K patients showed:

- ✓ Statistically significant mortality benefit of mechanical vs bioprosthetic AVR at 10yrs in patients ≤60 years

1. Gerdisch MW, et al. Low-Dose Warfarin with a Novel Mechanical Aortic Valve: Interim Registry Results at 5-Year Follow-Up, J Thorac Cardiovasc Surg (2024), doi: https://doi.org/10.1016/j.jtcvs.2024.04.017. 2. Artivion data on file, weighted average of control groups from FDA Premarket Approval P000037 S030 and IDE trial G050208.

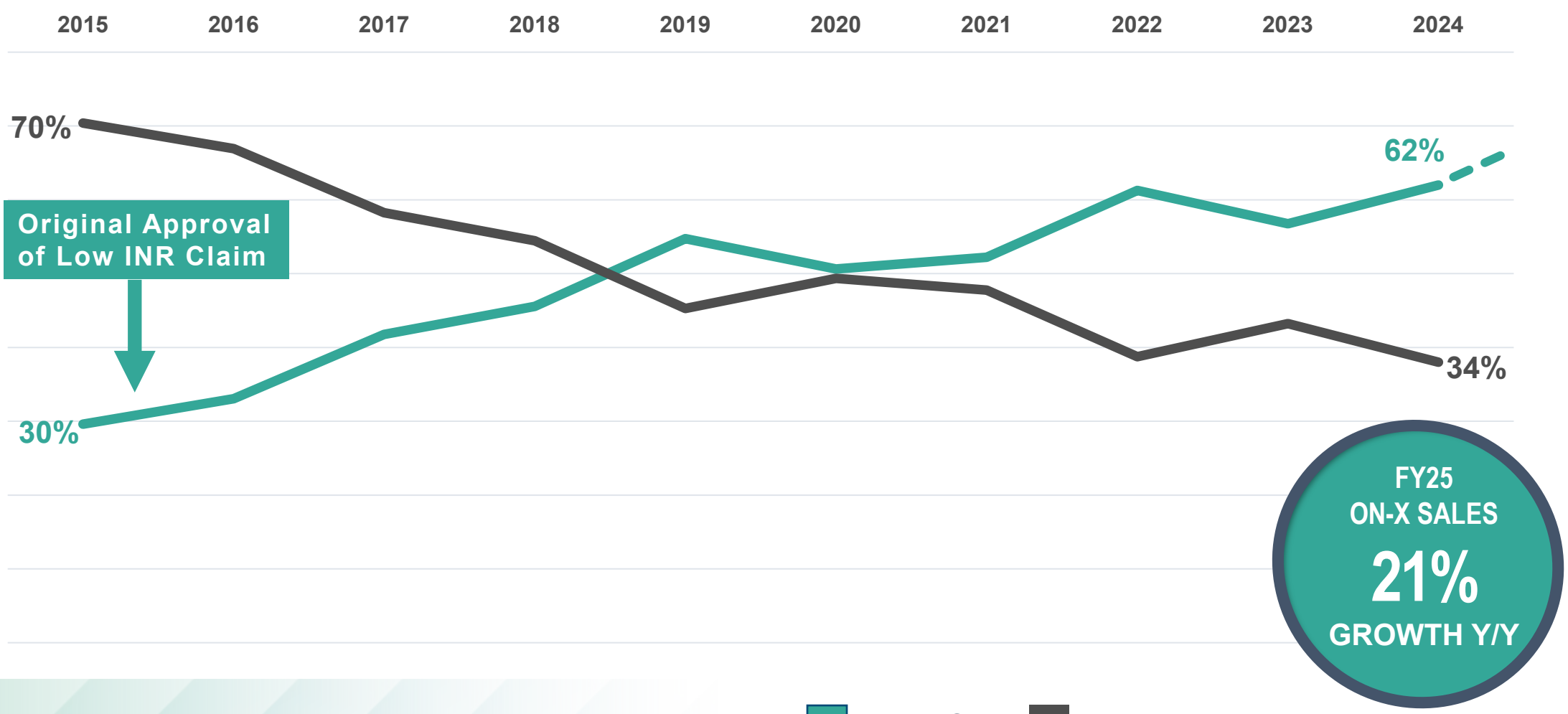
2. Kaneko T, et al. Reoperation in Bioprosthetic vs Mechanical Aortic Valve Replacement in The Society of Thoracic Surgeons Database. The Annals of Thoracic Surgery (2025) doi: https://doi.org/10.1016/j.athoracsur.2025.09.047.

3. Bowdish ME, Mehaffey JH, Chang S-C, O'Gara P, Mack MJ, Goldstone A, Chikwe J, Gillinov AM, Wu C, Fontana G, Bavaria J, Malaisrie C, Kaneko T, Sultan I, von Ballmoos MW, Harrington K, Jacobs J, Thourani V, Szeto W, Sabik J, Habib R, Badhwar V, Bioprosthetic vs. Mechanical Aortic Valve Replacement in Patients 40-75 Years. *Journal of American College of Cardiology (2025) doi: https://doi.org/10.1016/j.jacc.2025.01.013.*

ON-X LOW INR INDICATION DRIVING DURABLE DOUBLE-DIGIT GROWTH & SHARE GAINS*

ARTIVION

Growth Accelerated by New Clinical Data Unlocking New Incremental $100M U.S. Market



*Market share estimates derived from 2024 IQVIA Medical device supply audit and historical sales reports.
Excludes MDT and CORCYM which combined are estimated to be <4% of total market share in 2024.
FY25 On-X Sales Growth as of December 31, 2025 and future On-X market share expectations are not to scale

HIGH GROWTH STENT GRAFT BUSINESS

ARTIVION

- ✓ **Focused on More Complex, Less Competitive Segments**
- ✓ **Artivion Stent Graft Growth: 18% 3-year CAGR**

Advanced Stent Graft Segment

MARKET GROWTH RATE: MID-TEENS

Frozen Elephant Trunk (E-vita™ Open Neo)
$250M Global TAM

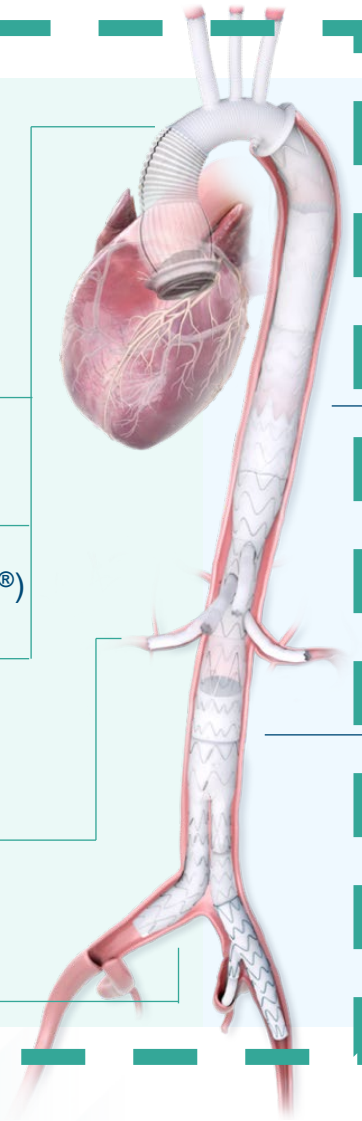
Acute Type A Dissection (AMDS™)
$540M Global TAM

Endovascular Arch Branched System (NEXUS®)
$600M Global TAM

Thoracoabdominal (E-nside™ / Extra Design)
$480M Global TAM

$2B TAM

Iliac (E-liac™)
$140M Global TAM



Mature Stent Graft Segment

MARKET GROWTH RATE: MID-SINGLE DIGITS

Thoracic (Artivex™)
$700M Global TAM

Abdominal (E-tegra)
$1.3B Global TAM

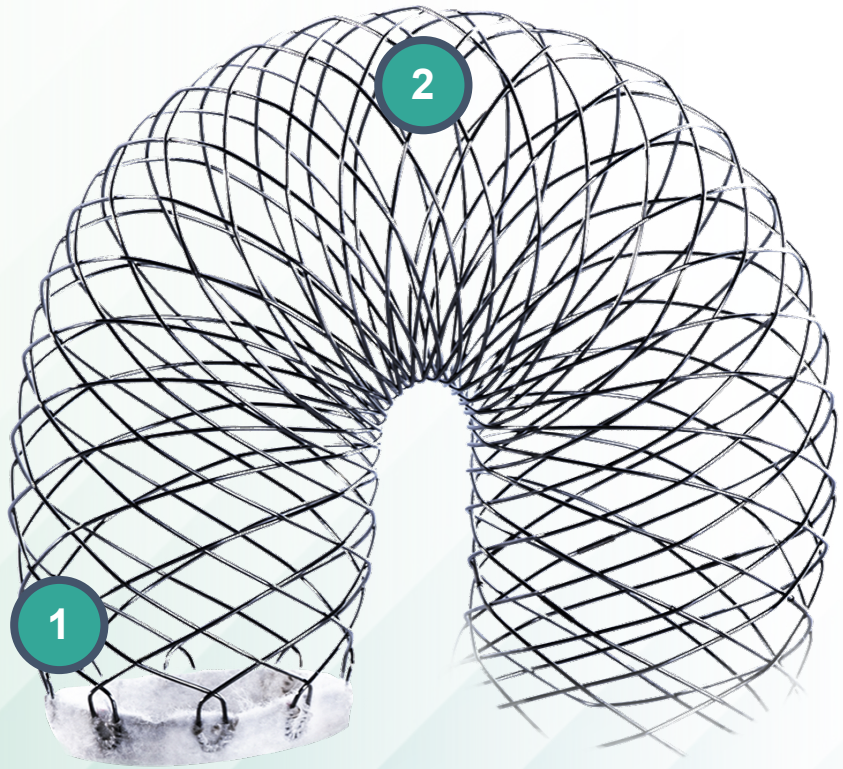
Crowded Competitive Market

$2B TAM

Note: Market sizes are approximate

HUMANITARIAN DEVICE EXEMPTION ENABLES EARLY U.S. LAUNCH OF AMDS™

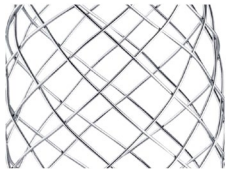
- ✓ High Growth, High Margin Business with Limited Competitive Alternatives
- ✓ Strong Early Market Traction with Unparalleled Clinical Benefits Supported by Growing Body of Evidence
- ✓ New MS-DRG Code 209, effective October 1, 2025
- ✓ PMA Approval Expected Mid-2026



$150 Million Addressable Market Opportunity

1 

PTFE felt cuff: strengthens the aortic tissue in preparation to perform the conventional polyester graft to aorta anastomosis.

2 

Uncovered nitinol wire braided stent: stabilizes aortic wall and promotes remodeling

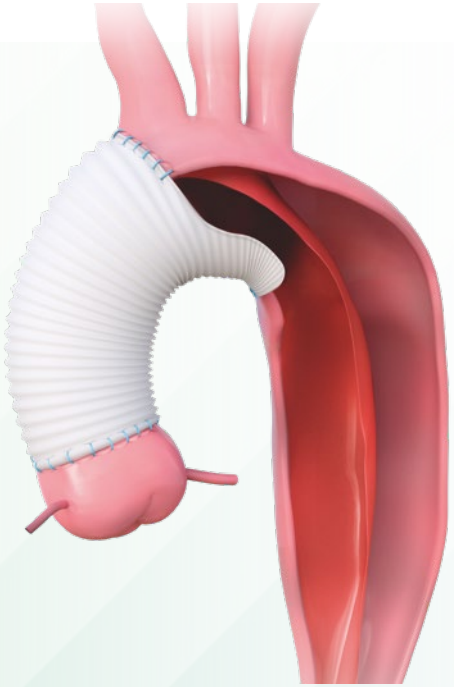
1.Adjudicated data as presented at the 61st STS Annual Meeting by Dr. S. Fukuhara on behalf of corresponding authors, One-Year Results of a Novel Aortic Arch Hybrid Prosthesis for Open Repair of Acute DeBakey Type I Dissection with Malperfusion in the PERSEVERE Study / Friday, January 24, 2025 / 10:00 am – 10:15 am.
2.Bozso SJ, N. J., Chu MWA, Kiaii B, El-Hamamsy I, Ouzounian M, Forcillo J, Kempfert J, Stark C, Moon MC. (2022). 3-Year Outcomes of the Dissected Aorta Repair Through Stent Implantation Trial. J Thorac Cardiovasc Surg.

AMDS™ PERSEVERE US IDE Study Primary Endpoints

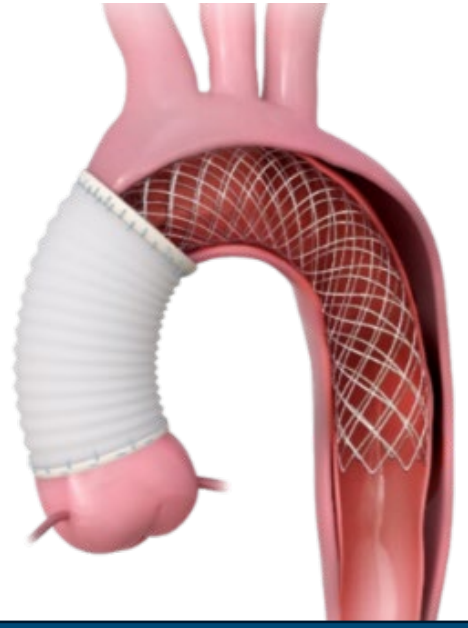
ARTIVION

Full IDE data demonstrates AMDS use significantly lowers 30-day Major Adverse Events (MAEs) compared to hemiarch control

ACUTE DEBAKEY TYPE I (ADTI) WITH MALPERFUSION



Through Hospital Discharge Data: Hemiarch Reference Cohort Avg.[1] (n=790)		Full 30-Day Data: PERSEVERE[2] (n=93)
58.0%	>=1 MAE	26.9%
34.6%	All-Cause Mortality	9.7%
20.9%	New Disabling Stroke	10.8%
24.1%	Renal Failure Requiring Dialysis	19.4%
10.5%	Myocardial Infarction	0.0%
45.0%	Distal Anastomotic New Entry	0.0%



Total patients with ≧ 1MAE
PERSEVERE: 27%
Goal: < 40%

30-day data demonstrate AMDS induced positive aortic remodeling in over 80% of patients[3]

1. Zindovic I, 2019. Pacini D, 2013. Girdauskas E, 2009. Geirsson A, 2007. and Bossone E, 2002.
2. *Szeto WY, Fukuhara S, Fleischman F, Sultan I, Brinkman W, Arnaoutakis G, Takayama H, Eudailey K, Brinster D, Jassar A, DeRose J, Brown C, Farrington W, Moon MC. A novel hybrid prosthesis for open repair of acute DeBakey type I dissection with malperfusion: Early results from the PERSEVERE trial. J Thorac Cardiovasc Surg. 2024 Aug 6:S0022-5223(24)00677-9.*
3. *Adjudicated data as* presented at AATS April 2024, manuscript pending publication

R&D PIPELINE

ARTIVION

	Regulatory Path	Addressable Market	2026	2027	2028	2029
Hybrid Acute Type A Dissection (ATAD) Prosthesis	US PMA*	$150M				
AMDS	Japan	$75M				
Endovascular Arch Branch System	US PMA	$150M				
Endospan's NEXUS	Japan	$100M				
Hybrid Frozen Elephant Trunk	US PMA	$80M				
Arcevo LSA	Japan	$50M				> 2029
Endovascular Thoracoabdominal System	US PMA	$325M				> 2029
	EU	$50M				> 2029

TOTAL OPPORTUNITY **~$1 B**

*AMDS is commercially available in the U.S. following receipt of Humanitarian Device Exemption

Endospan NEXUS® TRIOMPHE US IDE Trial

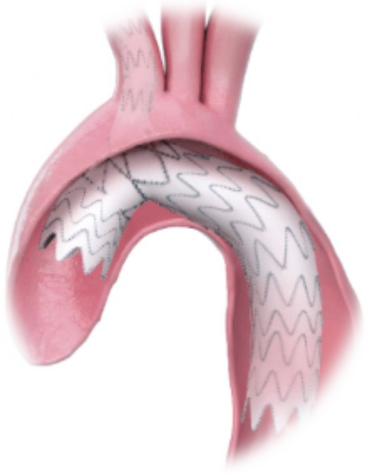
ARTIVION

30-day data demonstrate 63% reduction in major adverse event (MAE) rate compared to the reference performance goal

Presented at AATS 2026

TRIOMPHE STUDY

30-DAY DATA[1]	TRIOMPHE (n=54)	Performance Goal	p Value
MAEs[2] >=1	13.0%	35.0%	p<0.001
Technical Failure	1.9%	30.0%	p<0.001



30-DAY KEY TAKEAWAYS

- FDA investigational device exemption (IDE) trial for endovascular treatment of chronic dissections in the aortic arch; focused on patients at high risk for open surgery
- 30-day data demonstrates statistically significant improvement in clinical outcomes and device technical performance compared with performance goals set forth in the FDA-approved IDE
- Stroke and renal failure rates particularly favorable compared to published data for alternative endovascular treatments

1-year data demonstrate high patient survival with low morbidity [STS 2026]

- 93% patient survival from lesion-related death
- 90% free from disabling stroke
- 95% of patients free from reinterventions due to endoleaks

PROJECT STATUS ☑

Enrollment	4Q24
Follow Up	4Q25
Approval	April 2026

Source: Endospan Ld

1. References for PG: Bashir et al. *Aorta* 2014; Brat et al. *JCTS*, 2015; Chakos et al. *Ann Cardiothorac Surg* 2018; DeRango et al. *J Vasc Surg 2015;* Hiraoka et al. *JTCVS*, 2017; Iba et al. *JTCVS* 2013; Joo et al. *JTCVS* 2018; Thomas et al. *JTCVS*, 2012
2. MAE includes: Early Mortality, Disabling Stroke, Permanent Paralysis/Paraplegia, Renal Failure (Permanent Dialysis), Aortic Rupture

ARTIZEN PIVOTAL IDE STUDY

ARTIVION

Prospective, Non-randomized, Non-blinded, Double-arm, Multicenter (US & EU ≈ 30 Sites)

PRIMARY PATIENT GROUP

117 patients: Chronic dissection or Aneurysm

Primary endpoint: Freedom from major adverse events (MAEs) within 1-year post-index procedure: all-cause mortality, new permanent disabling stroke, new permanent paraplegia and/or paraparesis, unanticipated aortic reoperation in the treated segment, LSA occlusion

SECONDARY PATIENT GROUP

15 patients: Acute or subacute dissection

Descriptive statistics: No pre-defined endpoint

REFERENCE COHORT

Historical controls freedom from MAE rate of 59%.

Positive outcome is freedom from MAE composite ≥74%

STUDY STATUS

1ST Enrollment	Nov 2025
Enrollment	~ 2025-2027
Follow Up	~ 2027-2028
Approval	~ 2029

DIFFERENTIATED BUSINESS MODEL WITH HIGHLY LEVERAGEABLE GLOBAL INFRASTRUCTURE

Significant EBITDA Margin Expansion Opportunity

Gross Margin Expansion

- Highly Accretive Product Pipeline
- Increased U.S. Mix Benefit from AMDS HDE Approval and On-X Market Expansion
- Expected Revenue Growth

Scalable Global Sales Force

- ~200 Global Direct Sales Employees
- Focused on Cardiac/Vascular Surgeons Treating Aortic Disease
- Minimal Case Support Required
- **Demonstrated Leverage:** **12%** 3-year CC Revenue CAGR vs **5%** Direct Sales Employee Headcount CAGR as of 4Q25

Reinvesting in R&D

- Consistent investment of ~7-8% of sales
- Strong Balance Sheet Enables Self-Funding of Best-in-Class Pipeline to Unlock Incremental Market Opportunities

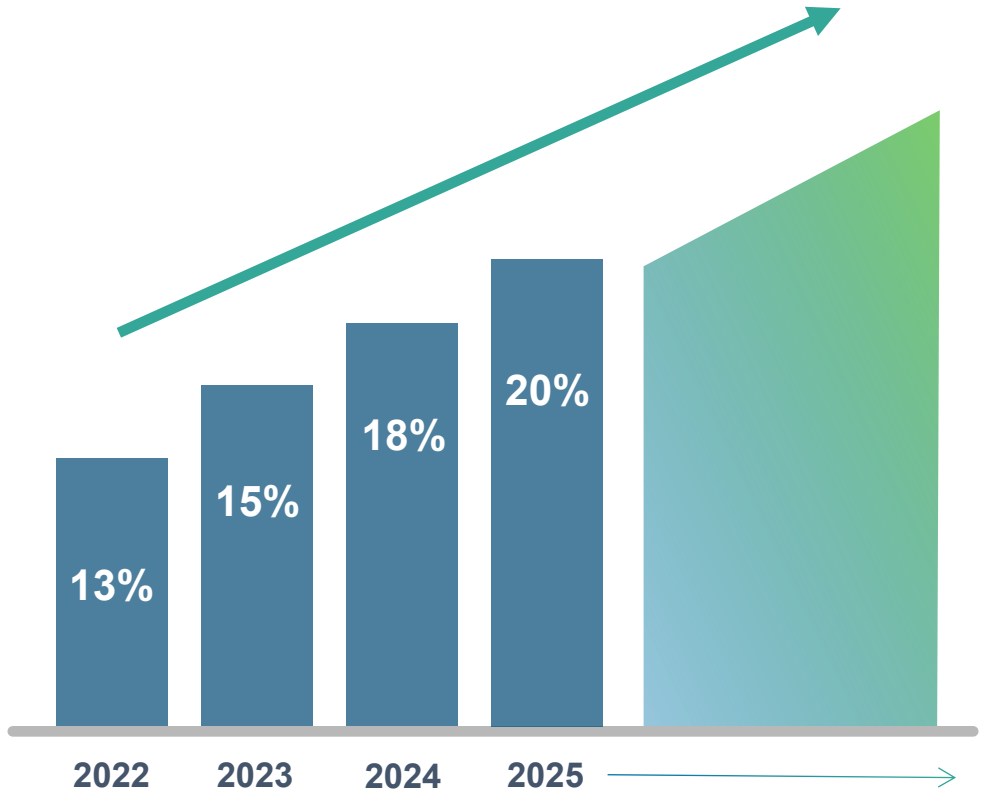
Leverageable Global G&A Infrastructure

- Public Company Since 1993
- No Major Location Additions Since 2017
- ~1,800 Employees Worldwide

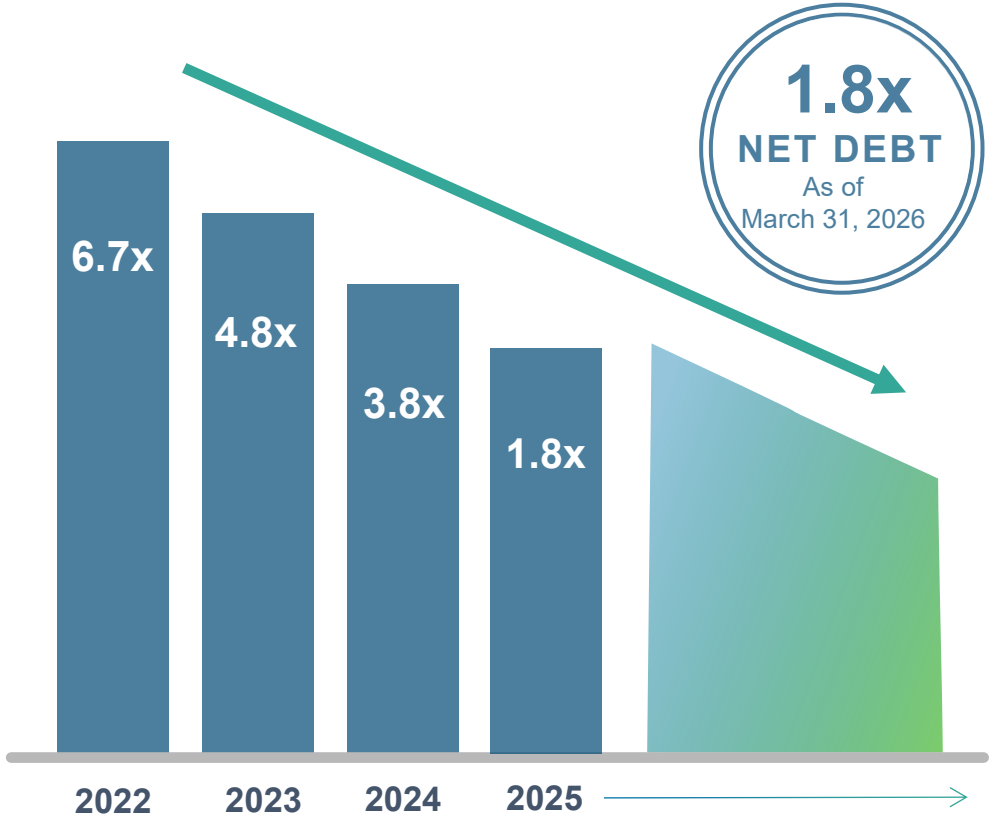
EBITDA MARGIN EXPANSION & DELEVERAGING

Supported by Strong Balance Sheet & Prudent Capital Management

ADJUSTED EBITDA MARGIN



NET DEBT LEVERAGE



*Graphs are not to scale
**As of March 31, 2025

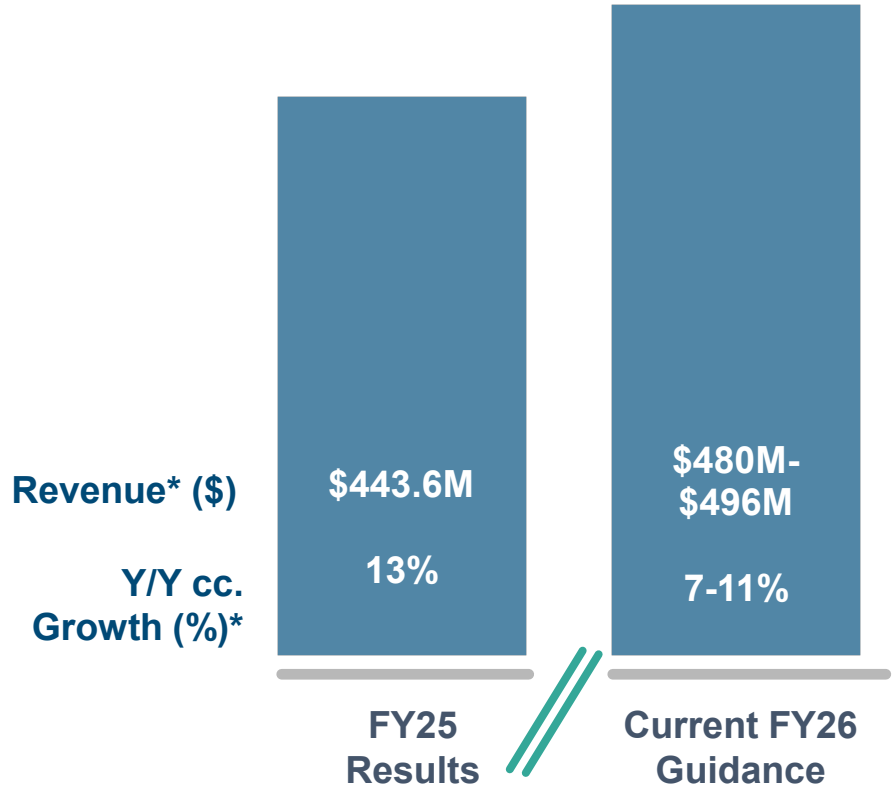
FULL YEAR 2026 REVENUE GUIDANCE

GROWTH DRIVERS

+ **Continued strength in existing products** On-X and aortic stents

+ **Positive new data** supporting the benefits of AMDS and On-X aortic valves

+ **Continued adoption of AMDS** following receipt of Humanitarian Device Exemption by the FDA



*FY25 revenue adjusted for the impact of estimated Italian payback obligations recorded in the fourth quarter of 2025 for fiscal years 2019 through 2025

REVENUE GROWTH AND OPERATING LEVERAGE TO DRIVE ADJUSTED EBITDA EXPANSION

FULL YEAR 2026 ADJUSTED EBITDA EXPECTATIONS*

DRIVERS

Expect continued operating leverage to be driven by gross margin expansion, global sales force and G&A infrastructure

*Excludes approximately $8 million of Endospan-related expenses expected to be incurred through FY26, contingent on closing