



**(Registrant’s telephone number, including area code)**

**(Former name, former address and former fiscal year, if changed since last report)**

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Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes No

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files).  
Yes No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of “large accelerated filer,” “accelerated filer,” “smaller reporting company,” and “emerging growth company” in Rule 12b-2 of the Exchange Act.

Large accelerated filer	Accelerated filer
Non-accelerated filer	Smaller reporting company
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.

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12-b-2 of the Act.) Yes No

Indicate the number of shares outstanding of each of the issuer’s classes of common stock, as of the latest practicable date: 162,959,731 shares of common stock, par value \$.001 per share (as of the close of business on May 1, 2018).

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**NAVIDEA BIOPHARMACEUTICALS, INC. AND SUBSIDIARIES**

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**PART I – FINANCIAL INFORMATION****Item 1. Financial Statements****Navidea Biopharmaceuticals, Inc. and Subsidiaries****Consolidated Balance Sheets**

	<b>March 31,</b>	<b>December 31,</b>
	<b>2018</b>	<b>2017</b>
	<b>(unaudited)</b>	
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$817,016	\$2,795,006
Available-for-sale securities	1,397,428	1,797,604
Accounts and other receivables	12,954,997	8,137,872
Prepaid expenses and other	1,058,069	1,101,923
Total current assets	16,227,510	13,832,405
Property and equipment	1,206,058	1,206,058
Less accumulated depreciation and amortization	999,928	969,357
Property and equipment, net	206,130	236,701
Patents, trademarks and license agreements	480,404	480,404
Less accumulated amortization	29,664	22,248
Patents, trademarks and license agreements, net	450,740	458,156
Guaranteed earnout receivable	—	4,809,376
Other assets	1,437,847	1,444,798
Total assets	\$18,322,227	\$20,781,436
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>		
Current liabilities:		
Accounts payable	\$700,232	\$855,043
Accrued liabilities and other	1,793,965	1,857,848
Notes payable	2,276,926	2,353,639
Terminated lease liability, current	110,784	107,215
Accrued loss for CRG litigation	7,153,000	2,887,566
Liabilities associated with discontinued operations, current	—	7,092
Total current liabilities	12,034,907	8,068,403
Terminated lease liability	572,614	588,092

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Deferred revenue	700,000	11,024
Other liabilities	65,349	65,587
Total liabilities	13,372,870	8,733,106
Commitments and contingencies (Note 11)		
Stockholders' equity:		
Preferred stock; \$.001 par value; 5,000,000 shares authorized; no shares issued or outstanding at March 31, 2018 and December 31, 2017	—	—
Common stock; \$.001 par value; 300,000,000 shares authorized; 162,959,731 and 162,206,646 shares issued and outstanding at March 31, 2018 and December 31, 2017, respectively	162,960	162,207
Additional paid-in capital	331,467,199	331,128,787
Accumulated deficit	(327,346,921)	(319,908,968)
Accumulated other comprehensive loss	(2,572 )	(2,396 )
Total Navidea stockholders' equity	4,280,666	11,379,630
Noncontrolling interest	668,691	668,700
Total stockholders' equity	4,949,357	12,048,330
Total liabilities and stockholders' equity	\$18,322,227	\$20,781,436

See accompanying notes to consolidated financial statements.

## Navidea Biopharmaceuticals, Inc. and Subsidiaries

## Consolidated Statements of Operations

(unaudited)

## Three Months Ended

	March 31, 2018	2017
Revenue:		
Tc99m tilmanocept royalty revenue	\$795	\$—
Grant and other revenue	275,650	580,030
Total revenue	276,445	580,030
Cost of goods sold	318	—
Gross profit	276,127	580,030
Operating expenses:		
Research and development	998,956	705,274
Selling, general and administrative	1,776,372	3,022,434
Total operating expenses	2,775,328	3,727,708
Loss from operations	(2,499,201 )	(3,147,678 )
Other income (expense):		
Interest income, net	31,387	24,112
Change in fair value of financial instruments	—	140,485
Loss on extinguishment of debt	(4,265,434 )	(1,314,102 )
Other, net	(4,714 )	(21,604 )
Total other expense, net	(4,238,761 )	(1,171,109 )
Loss before income taxes	(6,737,962 )	(4,318,787 )
Benefit from income taxes	—	1,454,172
Loss from continuing operations	(6,737,962 )	(2,864,615 )
Discontinued operations, net of tax effect:		
Loss from discontinued operations	—	(255,861 )
Gain on sale	—	88,701,501
Net (loss) income	(6,737,962 )	85,581,025
Less loss attributable to noncontrolling interest	(9 )	(202 )
Net (loss) income attributable to common stockholders	\$(6,737,953 )	\$85,581,227
(Loss) income per common share (basic):		
Continuing operations	\$(0.04 )	\$(0.02 )
Discontinued operations	\$—	\$0.55
Attributable to common stockholders	\$(0.04 )	\$0.53
Weighted average shares outstanding (basic)	162,269,012	160,376,476
(Loss) income per common share (diluted):		
Continuing operations	\$(0.04 )	\$(0.02 )
Discontinued operations	\$—	\$0.54
Attributable to common stockholders	\$(0.04 )	\$0.52

Weighted average shares outstanding (diluted)	162,269,012	164,871,955
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See accompanying notes to consolidated financial statements.

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**Navidea Biopharmaceuticals, Inc. and Subsidiaries**

**Consolidated Statements of Comprehensive (Loss) Income**

**(unaudited)**

**Three Months Ended**

**March 31,**

**2018                      2017**

Net (loss) income	\$ (6,737,962)	\$ 85,581,025
Unrealized loss on available-for-sale securities	(176 )	—
Comprehensive (loss) income	\$ (6,738,138)	\$ 85,581,025

See accompanying notes to consolidated financial statements.

## Navidea Biopharmaceuticals, Inc. and Subsidiaries

## Consolidated Statement of Stockholders' Equity

(unaudited)

	Common Stock		Additional	Accumulated	Accumulated	Non-	Total
	Shares	Amount	Paid-In	Deficit	Other	controlling	Stockholders'
			Capital		Loss	Interest	Equity
Balance, January 1, 2018	162,206,646	\$ 162,207	\$ 331,128,787	\$ (319,908,968)	\$ (2,396 )	\$ 668,700	\$ 12,048,330
Impact of adoption of ASC Topic 606	—	—	—	(700,000 )	—	—	(700,000 )
Issued stock in payment of employee bonuses	458,401	458	164,563	—	—	—	165,021
Issued restricted stock	200,000	200	—	—	—	—	200
Issued stock to 401(k) plan	94,684	95	35,885	—	—	—	35,980
Stock compensation expense	—	—	137,964	—	—	—	137,964
Comprehensive loss:							
Net loss	—	—	—	(6,737,953 )	—	(9 )	(6,737,962 )
Unrealized loss on available-for-sale securities	—	—	—	—	(176 )	—	(176 )
Total comprehensive loss	—	—	—	—	—	—	(6,738,138 )
Balance, March 31, 2018	162,959,731	\$ 162,960	\$ 331,467,199	\$ (327,346,921)	\$ (2,572 )	\$ 668,691	\$ 4,949,357

See accompanying notes to consolidated financial statements.

## Navidea Biopharmaceuticals, Inc. and Subsidiaries

## Consolidated Statements of Cash Flows

(unaudited)

	<b>Three Months Ended</b>	
	<b>March 31,</b>	
	<b>2018</b>	<b>2017</b>
Cash flows from operating activities:		
Net (loss) income	\$(6,737,962)	\$85,581,025
Adjustments to reconcile net (loss) income to net cash (used in) provided by operating activities:		
Depreciation and amortization	37,987	86,535
Loss on disposal and abandonment of assets	—	100,270
Compounded interest on long term debt	41,624	143,114
Stock compensation expense	137,964	147,165
Change in fair value of financial instruments	—	(140,485 )
Loss on extinguishment of debt	4,265,434	1,314,102
Issued warrants in connection with Asset Sale	—	3,337,187
Value of stock issued to directors	—	10,500
Value of stock issued to employees	165,021	367,812
Value of stock issued to 401(k) plan for employer matching contributions	35,980	—
Changes in operating assets and liabilities:		
Accounts and other receivables	(7,749 )	(14,821,403)
Inventory	—	1,470,078
Prepaid expenses and other assets	50,805	(65,632 )
Accounts payable	(154,811 )	(3,837,463 )
Accrued and other liabilities	(79,109 )	(3,719,024 )
Deferred revenue	(15,037 )	(2,315,037 )
Net cash (used in) provided by operating activities	(2,259,853)	67,658,744
Cash flows from investing activities:		
Maturities of available-for-sale securities	400,000	—
Net cash provided by investing activities	400,000	—
Cash flows from financing activities:		
Proceeds from issuance of common stock	200	54,119
Payment of debt-related costs	—	(1,314,102 )
Principal payments on notes payable	(118,337 )	(59,498,721)
Net cash used in financing activities	(118,137 )	(60,758,704)
Net (decrease) increase in cash, cash equivalents and restricted cash	(1,977,990)	6,900,040
Cash, cash equivalents and restricted cash, beginning of period	2,795,006	6,540,578
Cash, cash equivalents and restricted cash, end of period	\$817,016	\$13,440,618

See accompanying notes to consolidated financial statements.

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## Notes to the Consolidated Financial Statements (unaudited)

### 1. Summary of Significant Accounting Policies

**Basis of Presentation:** The information presented as of March 31, 2018 and for the three-month periods ended March 31, 2018 and 2017 is unaudited, but includes all adjustments (which consist only of normal recurring adjustments) that the management of Navidea Biopharmaceuticals, Inc. (“Navidea”, the “Company,” or “we”) believes to be necessary for the fair presentation of results for the periods presented. Certain information and footnote disclosures normally included in financial statements prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”) have been condensed or omitted pursuant to the rules and regulations of the U.S. Securities and Exchange Commission. The balances as of March 31, 2018 and the results for the interim periods are not necessarily indicative of results to be expected for the year. The consolidated financial statements should be read in conjunction with Navidea’s audited consolidated financial statements for the year ended December 31, 2017, which were included as part of our Annual Report on Form 10-K.

Our consolidated financial statements include the accounts of Navidea and our wholly owned subsidiaries, Navidea Biopharmaceuticals Limited and Cardiosonix Ltd, as well as those of our majority-owned subsidiary, Macrophage Therapeutics, Inc. (“MT”). All significant inter-company accounts were eliminated in consolidation. Cardiosonix was legally dissolved in September 2017.

On March 3, 2017, pursuant to an Asset Purchase Agreement dated November 23, 2016 (the “Purchase Agreement”), the Company completed its previously announced sale to Cardinal Health 414, LLC (“Cardinal Health 414”) of its assets used, held for use, or intended to be used in operating its business of developing, manufacturing and commercializing a product used for lymphatic mapping, lymph node biopsy, and the diagnosis of metastatic spread to lymph nodes for staging of cancer (the “Business”), including the Company’s radioactive diagnostic agent marketed under the Lymphoseek® trademark for current approved indications by the U.S. Food and Drug Administration (“FDA”) and similar indications approved by the FDA in the future (the “Product”), in Canada, Mexico and the United States (the “Territory”) (giving effect to a License-Back Agreement and excluding certain assets specifically retained by the Company) (the “Asset Sale”). Such assets sold in the Asset Sale consist primarily of, without limitation, (i) intellectual property used in or reasonably necessary for the conduct of the Business, (ii) inventory of, and customer, distribution, and product manufacturing agreements related to, the Business, (iii) all product registrations related to the Product, including the new drug application approved by the FDA for the Product and all regulatory submissions in the United States that have been made with respect to the Product and all Health Canada regulatory submissions and, in each case, all files and records related thereto, (iv) all related clinical trials and clinical trial authorizations and all files and records related thereto, and (v) all rights, title and interest in and to the Product, as specified in the Purchase Agreement (the “Acquired Assets”).

Upon closing of the Asset Sale, the Supply and Distribution Agreement dated November 15, 2007, as amended, between Cardinal Health 414 and the Company was terminated and, as a result, the provisions thereof are of no further force or effect (other than any indemnification, payment, notification or data sharing obligations which survive the termination).

Our consolidated balance sheets and statements of operations have been reclassified, as required, for all periods presented to reflect the Business as a discontinued operation. Cash flows associated with the operation of the Business have been combined with operating, investing and financing cash flows, as appropriate, in our consolidated statements of cash flows. See Note 3.

Certain prior period amounts also have been reclassified to conform with the current year's presentation, including the adoption of Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers* and cash flows related to loss on extinguishment of debt.

**Financial Instruments and Fair Value:** In accordance with current accounting standards, the fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

*Level 1* – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* – Quoted prices in markets that are not active or financial instruments for which all significant inputs are observable, either directly or indirectly; and

*Level 3* – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. In determining the appropriate levels, we perform a detailed analysis of the assets and liabilities whose fair value is measured on a recurring basis. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs or instruments which trade infrequently and therefore have little or no price transparency are classified as Level 3. See Note 5.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

(1) *Cash, available-for-sale securities, accounts and other receivables, and accounts payable:* The carrying amounts approximate fair value because of the short maturity of these instruments. At March 31, 2018 and December 31, 2017, approximately \$96,000 of accounts payable was being disputed by the Company related to unauthorized expenditures by a former executive during 2016.

*Notes payable:* The carrying value of our debt at March 31, 2018 and December 31, 2017 primarily consisted of the face amount of the notes less unamortized discounts. At March 31, 2018 and December 31, 2017, the conversion option of certain notes payable was required to be recorded at fair value. The estimated fair value of the conversion option was calculated using a Monte Carlo simulation. This valuation method includes Level 3 inputs such as the estimated current market interest rate for similar instruments with similar creditworthiness. (2) Unrealized gains and losses on the fair value of the conversion option are classified in other expenses as a change in the fair value of financial instruments in the consolidated statements of operations. At March 31, 2018 and December 31, 2017, the fair value of the conversion option was approximately zero. At March 31, 2018, the fair value of our notes payable was approximately \$2.3 million, equal to the carrying value of \$2.3 million. At December 31, 2017, the fair value of our notes payable was approximately \$2.4 million, equal to the carrying value of \$2.4 million. See Note 9.

*Derivative liabilities:* Derivative liabilities are related to certain outstanding warrants which are recorded at fair value. Derivative liabilities totaling \$63,000 as of March 31, 2018 and December 31, 2017 are included in other liabilities on the consolidated balance sheets. The assumptions used to calculate fair value as of March 31, 2018 (3) and December 31, 2017 included volatility, a risk-free rate and expected dividends. In addition, we considered non-performance risk and determined that such risk is minimal. Unrealized gains and losses on the derivatives are classified in other expenses as a change in the fair value of financial instruments in the statements of operations. See Note 5.

*Warrants:* In March 2017, in connection with the Asset Sale, the Company granted to each of Cardinal Health 414 and the University of California, San Diego, (“UCSD”), a five-year warrant to purchase up to 10 million shares and 1 million shares, respectively, of the Company’s common stock at an exercise price of \$1.50 per share, each of which warrant is subject to anti-dilution and other customary terms and conditions (the “Series NN warrants”). The (4) assumptions used to calculate fair value at the date of issuance included volatility, a risk-free rate and expected dividends. The Series NN warrants granted to Cardinal Health 414 had an estimated fair value of \$3.3 million, which was recorded as a reduction of the gain on sale in the consolidated statement of operations for the three-month period ended March 31, 2017. The Series NN warrants granted to UCSD had an estimated fair value of \$334,000, which was recorded as an intangible asset related to the UCSD license in the consolidated balance sheet at the time of issuance. See Note 13.

**Revenue Recognition:** We currently generate revenue primarily from grants to support various product c. development initiatives. We generally recognize grant revenue when expenses reimbursable under the grants have been paid and payments under the grants become contractually due.

We also earn revenues related to our licensing and distribution agreements. The consideration we are eligible to receive under our licensing and distribution agreements typically includes upfront payments, reimbursement for research and development costs, milestone payments, and royalties. Each licensing and distribution agreement is unique and requires separate assessment in accordance with current accounting standards. See Note 4.

**Recently Adopted Accounting Standards:** In May 2014, the Financial Accounting Standards Board (“FASB”) issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which supersedes existing revenue recognition guidance under U.S. GAAP. The core principle of ASU 2014-09 is that a company should recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods or services. ASU 2014-09 defines a five-step process that requires companies to exercise more judgment and make more estimates than under the current guidance. These may include identifying performance obligations in the contract, estimating the amount of variable consideration to include in the transaction price, and allocating the transaction price to each separate performance obligation. Since the issuance of ASU 2014-09, several additional ASUs have been issued and incorporated within Topic 606 to clarify various elements of the guidance. ASU 2014-09 allows a choice of transition methods: (a) a full retrospective adoption in which the standard is applied to all of the periods presented, or (b) a modified retrospective adoption in which the standard is applied only to the most current period presented in the financial statements with a cumulative-effect adjustment reflected in retained earnings. ASU 2014-09 also requires significantly expanded disclosures regarding the qualitative and quantitative information of an entity’s nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. ASU 2014-09 is effective for annual reporting periods beginning after December 15, 2017, including interim periods within those periods.



In March 2016, the FASB issued ASU No. 2016-08, *Revenue from Contracts with Customers – Principal versus Agent Considerations (Reporting Revenue Gross versus Net)*. ASU 2016-08 does not change the core principle of the guidance, rather it clarifies the implementation guidance on principal versus agent considerations. ASU 2016-08 clarifies the guidance in ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is not yet effective. The effective date and transition requirements for ASU 2016-08 are the same as for ASU 2014-09, which was deferred by one year by ASU No. 2015-14, *Revenue from Contracts with Customers – Deferral of the Effective Date*. Public business entities should adopt the new revenue recognition standard for annual reporting periods beginning after December 15, 2017, including interim periods within that year. Early adoption is permitted only as of annual reporting periods beginning after December 15, 2016, including interim periods within that year.

In April 2016, the FASB issued ASU No. 2016-10, *Revenue from Contracts with Customers – Identifying Performance Obligations and Licensing*. ASU 2016-10 does not change the core principle of the guidance, rather it clarifies the identification of performance obligations and the licensing implementation guidance, while retaining the related principles for those areas. ASU 2016-10 clarifies the guidance in ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is not yet effective. The effective date and transition requirements for ASU 2016-10 are the same as for ASU 2014-09, which was deferred by one year by ASU No. 2015-14, *Revenue from Contracts with Customers – Deferral of the Effective Date*. Public business entities should adopt the new revenue recognition standard for annual reporting periods beginning after December 15, 2017, including interim periods within that year. Early adoption is permitted only as of annual reporting periods beginning after December 15, 2016, including interim periods within that year.

In May 2016, the FASB issued ASU No. 2016-12, *Revenue from Contracts with Customers – Narrow-Scope Improvements and Practical Expedients*. ASU 2016-12 does not change the core principle of the guidance, rather it affects only certain narrow aspects of Topic 606, including assessing collectability, presentation of sales taxes, noncash consideration, and completed contracts and contract modifications at transition. ASU 2016-12 affects the guidance in ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is not yet effective. The effective date and transition requirements for ASU 2016-12 are the same as for ASU 2014-09, which was deferred by one year by ASU No. 2015-14, *Revenue from Contracts with Customers – Deferral of the Effective Date*. Public business entities should adopt the new revenue recognition standard for annual reporting periods beginning after December 15, 2017, including interim periods within that year. Early adoption is permitted only as of annual reporting periods beginning after December 15, 2016, including interim periods within that year.

In December 2016, the FASB issued ASU No. 2016-20, *Technical Corrections and Improvements to Topic 606, Revenue from Contracts with Customers*. ASU 2016-20 does not change the core principle of the guidance, rather it affects only certain narrow aspects of Topic 606, including loan guarantee fees, contract cost impairment testing, provisions for losses on construction- and production-type contracts, clarification of the scope of Topic 606, disclosure of remaining and prior-period performance obligations, contract modification, contract asset presentation, refund liability, advertising costs, fixed-odds wagering contracts in the casino industry, and cost capitalization for advisors to private and public funds. ASU 2016-20 affects the guidance in ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is not yet effective. The effective date and transition requirements for ASU 2016-12 are the same as for ASU 2014-09, which was deferred by one year by ASU No. 2015-14, *Revenue from Contracts with Customers – Deferral of the Effective Date*. Public business entities should adopt the new revenue

recognition standard for annual reporting periods beginning after December 15, 2017, including interim periods within that year. Early adoption is permitted only as of annual reporting periods beginning after December 15, 2016, including interim periods within that year.

We adopted ASU 2014-09, along with additional related ASUs 2016-08, 2016-10, 2016-12 and 2016-20, effective January 1, 2018 using the modified retrospective method of adoption. The adoption of ASU 2014-09 and related ASUs resulted in increases in deferred revenue and accumulated deficit of \$700,000. See Note 4.

In November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows – Restricted Cash*. ASU 2016-18 requires that the statement of cash flows explain the change during the period in the total of cash, cash equivalents, and restricted cash or equivalents. Therefore, restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. ASU 2016-18 is effective for public business entities for fiscal years beginning after December 15, 2017, and interim periods within those fiscal years. Early adoption is permitted, including adoption in an interim period. If an entity early adopts ASU 2016-18 in an interim period, any adjustments should be reflected as of the beginning of the fiscal year that includes the interim period. We adopted ASU 2016-18 effective January 1, 2018. The adoption of ASU 2016-18 resulted in reclassification of \$5.0 million of restricted cash in the consolidated statement of cash flows for the three-month period ended March 31, 2017.

In March 2018, the FASB issued ASU No. 2018-05, *Income Taxes (Topic 740) – Amendments to SEC Paragraphs Pursuant to SEC Staff Accounting Bulletin No. 118*. ASU 2018-05 amends Accounting Standards Codification (“ASC”) Topic 740 to provide guidance on accounting for the tax effects of the Tax Cuts and Jobs Act (the “Tax Act”) pursuant to Staff Accounting Bulletin No. 118. ASU 2018-05 addresses situations where the accounting under ASC Topic 740 is incomplete for certain income tax effects of the Tax Act upon issuance of the entity’s financial statements for the reporting period in which the Tax Act was enacted. The adoption of ASU 2018-05 in March 2018 did not have a material effect on our consolidated financial statements.

## 2. Liquidity

As disclosed in the Company's Annual Report on Form 10-K and other filings, the Company has been engaged in ongoing litigation with Capital Royalty Partners II L.P. ("CRG") in its capacity as a lender and as control agent for other affiliated lenders party to the CRG Loan Agreement, in the District Court of Harris County, Texas (the "Texas Court") relating to CRG's claims of default under the terms the CRG Loan Agreement. Following a trial in December 2017, the Texas Court ruled that the Company's total obligation to CRG is in excess of \$66.0 million, limited to \$66.0 million under the parties' Global Settlement Agreement reached in 2017. The Texas Court acknowledged only the \$59.0 million payment made in March 2017, concluding that the Company owed CRG another \$7.0 million, however the Texas Court did not expressly take the Company's June 2016 payment of \$4.1 million into account and awarded, as part of the \$66.0 million, amounts that had already been paid as part of the \$4.1 million. The Company believes that this \$4.1 million should be credited against the \$7.0 million; CRG disagrees.

On January 16, 2018, the Company filed an emergency motion to set supersedeas bond and to modify judgment, describing the double recovery created by the \$66.0 million award without taking into account the \$4.1 million payment in June 2016, requesting that the judgment be modified to set the supersedeas amount at \$2.9 million so that the Company could stay enforcement of the judgment pending appeal. The Texas Court refused to rule on this motion, and the court of appeals entered an order compelling the Texas Court to set a supersedeas amount. On March 26, 2018, the Texas Court ordered the Company to put up a supersedeas bond in the amount of \$7.7 million. The Company filed for an emergency stay of the order in the appellate court in Harris County. On April 2, 2018, the appellate court denied the Company's emergency stay motion. The Company continues to believe that the \$4.1 million paid to CRG in June 2016 should be credited as payment toward the \$66.0 million total, and the Company intends to further contest the matter through the appellate court in Texas.

On April 2, 2018, the Company entered into an Amendment to the Asset Purchase Agreement (the "Amendment"). Pursuant to the Amendment, Cardinal Health 414 paid the Company approximately \$6.0 million and agreed to pay the Company an amount equal to the unused portion of the letter of credit (not to exceed approximately \$7.1 million) promptly after the earlier of (i) the expiration of the letter of credit and (ii) the receipt by Cardinal Health 414 of evidence of the return and cancellation of the letter of credit. In exchange, the obligation of Cardinal Health 414 to make any further contingent payments has been eliminated. Cardinal Health 414 is still obligated to make the milestone payments in accordance with the terms of the earnout provisions of the Purchase Agreement. On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit. This was in addition to the \$4.1 million and the \$59.0 million that Navidea had previously paid to CRG.

On April 12, 2018 Navidea filed suit in the Court of Common Pleas for Franklin County, Ohio (the "Ohio Court") against CRG and certain of its affiliates (collectively, the "Lenders"). The suit asserts that the Lenders fraudulently induced Navidea to enter into a settlement agreement and breached the terms of the same through certain actions taken by the Lenders in connection with the Global Settlement Agreement reached in 2017, pursuant to which Navidea agreed to pay up to \$66.0 million to Lenders, as well as through actions and misrepresentations by CRG after the Global Settlement Agreement was executed. The suit also asserts claims for conversion and unjust enrichment against

the Lenders for their collection of more than \$66.0 million, the maximum permitted under the Global Settlement Agreement, and their double recovery of amounts paid as part of the \$4.1 million paid in June 2016 and recovered again as part of the \$66.0 million. CRG's double recovery and recovery of more than \$66.0 million are due to CRG drawing the entire \$7.1 million on the Cardinal Health 414 letter of credit. To date, no answer or other response or motion has been filed by the Lenders to Navidea's complaint.

In a related proceeding before the Ohio Court, initially filed in 2016, and under which the Global Settlement Agreement was reached in 2017, the Ohio Court has issued preliminary findings that the settlement gave rise to a \$66.0 million cap on amounts owed to Lenders by Navidea and that Navidea might not have been properly credited for certain funds in excess of \$4.1 million previously swept by Lenders from a bank account owned by Navidea. The Ohio Court also made a preliminary ruling that it possessed jurisdiction to interpret the settlement agreement at issue. The Company intends to pursue recovery of the \$4.1 million, and other damages, in the Ohio Court.

On April 11, 2018, CRG filed a new suit against the Company in the Texas Court. This new suit seeks a declaratory judgment that CRG did not breach the Global Settlement Agreement by drawing approximately \$7.1 million on the Cardinal Health 414 letter of credit. On April 16, 2018, CRG moved the Texas Court to issue an anti-suit injunction barring the Company from litigating in the Ohio Court. The Texas Court denied that motion on April 27, 2018. CRG served the Company with the new Texas suit on May 2, 2018, and the Company's answer is due on May 21, 2018. The Company intends to contest this issue in the Ohio Court, the Texas Court, and on appeal in Texas.

In addition, the Company previously was a party to a Loan Agreement with Platinum-Montaur Life Sciences LLC ("Platinum-Montaur"), an affiliate of Platinum Management (NY) LLC, Platinum Partners Value Arbitrage Fund L.P. ("PPVA"), Platinum Partners Liquid Opportunity Master Fund L.P., Platinum Liquid Opportunity Management (NY) LLC, and Montsant Partners LLC (collectively, "Platinum") (the "Platinum Loan Agreement") and a Third Amended and Restated Promissory Note ("Platinum Note") given by Navidea in favor of Platinum-Montaur.

In connection with the closing of the Asset Sale to Cardinal Health 414, the Company repaid to Platinum Partners Capital Opportunity Fund L.P. (“PPCO”) an aggregate of approximately \$7.7 million in partial satisfaction of the Company’s liabilities, obligations and indebtedness under the Platinum Loan Agreement between the Company and Platinum-Montaur, which were transferred by Platinum-Montaur to PPCO. The Company was informed by PPVA that it was the owner of additional amounts owed on the Platinum-Montaur loan. PPVA claims a balance of approximately \$1.9 million was due upon closing of the Asset Sale. That amount is also subject to competing claims of ownership by Dr. Michael Goldberg, the Company’s President and Chief Executive Officer. The Company has not yet paid any amounts to PPVA or Dr. Goldberg given the pending dispute.

On November 2, 2017, Platinum-Montaur commenced an action against the Company in the Supreme Court of the State of New York, County of New York, seeking damages of approximately \$1.9 million purportedly due as of March 3, 2017, plus interest accruing thereafter. The claims asserted are for breach of contract and unjust enrichment in connection with funds received by the Company under the Platinum Loan Agreement. Said action was removed to the United States District of New York on December 6, 2017. An initial pretrial conference was held on January 26, 2018. At the conference the Court stayed the deadline for the Company to answer or otherwise respond to the complaint. The Court also directed the parties to engage in informal jurisdictional discovery and a follow up status conference was held on March 9, 2018, during which the Court set a briefing schedule and determined that Navidea’s motion to dismiss was due on April 6, 2018. The Company filed its motion to dismiss in advance of the filing deadline. A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to defend itself in the action.

The Company has experienced recurring net losses and recent unfavorable court rulings, and has used significant cash to fund its operations, all of which are factors that raise substantial doubt about our ability to continue as a going concern. Following the completion of the Amendment, including receipt of approximately \$6.0 million from Cardinal Health 414 and the payment of all remaining amounts due to CRG through their draw on the Cardinal Health 414 letter of credit, we believe that substantial doubt about the Company’s financial position and ability to continue as a going concern has been mitigated. Our projected cash burn factors in certain cost cutting initiatives that have been approved by the board of directors and implemented, including reductions in the workforce and a reduction in facilities expenses. Additionally, we have considerable discretion over the extent of development project expenditures and have the ability to curtail the related cash flows as needed. The Company also has funds remaining under outstanding grant awards, and continues working to establish new sources of non-dilutive funding, including collaborations and additional grant funding that can augment the balance sheet as the Company works to reduce spending to levels that can be supported by our revenues. Based on our current working capital and our projected cash burn, management believes that the Company will be able to continue as a going concern for at least twelve months following the issuance of this Quarterly Report on Form 10-Q.

### 3. Discontinued Operations

On March 3, 2017, the Company completed the sale to Cardinal Health 414 of its assets used, held for use, or intended to be used in operating its business of developing, manufacturing and commercializing a product used for lymphatic mapping, lymph node biopsy, and the diagnosis of metastatic spread to lymph nodes for staging of cancer, including the Company's radioactive diagnostic agent marketed under the Lymphoseek® trademark for current approved indications by the FDA and similar indications approved by the FDA in the future, in Canada, Mexico and the United States. In exchange for the Acquired Assets, Cardinal Health 414 (i) made a cash payment to the Company at closing of approximately \$80.6 million after adjustments based on inventory being transferred and an advance of \$3.0 million of guaranteed earnout payments as part of the CRG settlement, (ii) assumed certain liabilities of the Company associated with the Product as specified in the Purchase Agreement, and (iii) agreed to make periodic earnout payments (to consist of contingent payments and milestone payments which, if paid, will be treated as additional purchase price) to the Company based on net sales derived from the purchased Product. On April 2, 2018, the Company entered into an Amendment to the Asset Purchase Agreement. Pursuant to the Amendment, Cardinal Health 414 paid the Company approximately \$6.0 million and agreed to pay the Company an amount equal to the unused portion of the letter of credit (not to exceed approximately \$7.1 million) promptly after the earlier of (i) the expiration of the letter of credit and (ii) the receipt by Cardinal Health 414 of evidence of the return and cancellation of the letter of credit. In exchange, the obligation of Cardinal Health 414 to make any further contingent payments has been eliminated. Cardinal Health 414 is still obligated to make the milestone payments in accordance with the terms of the earnout provisions of the Purchase Agreement.

We recorded a net gain on the sale of the Business of \$88.7 million for the three months ended March 31, 2017, including \$16.5 million in guaranteed consideration, which was discounted to the present value of future cash flows. The proceeds were offset by \$3.3 million in estimated fair value of warrants issued to Cardinal Health 414, \$2.0 million in legal and other fees related to the sale, \$800,000 in net balance sheet dispositions and write-offs, and \$4.6 million in estimated taxes.

As a result of the Asset Sale, we reclassified certain assets and liabilities as assets and liabilities associated with discontinued operations. The following liabilities have been segregated and included in liabilities associated with discontinued operations, as appropriate, in the consolidated balance sheets:

	<b>March</b>	<b>December</b>
	<b>31,</b>	<b>31,</b>
	<b>2018</b>	<b>2017</b>
Accrued liabilities	\$	—\$ 7,092
Liabilities associated with discontinued operations, current	\$	—\$ 7,092

In addition, we reclassified certain revenues and expenses related to the Business to discontinued operations for all periods presented, including interest expense related to the CRG and Platinum debt obligations as required by current accounting guidance. The following amounts have been segregated from continuing operations and included in discontinued operations in the consolidated statements of operations:

	<b>Three Months</b>
	<b>Ended March</b>
	<b>31,</b>
	<b>2018</b>
	<b>2017</b>
Lymphoseek sales revenue	\$—\$2,917,213
Cost of goods sold	— 364,192
Gross profit	— 2,553,021
Operating expenses:	
Research and development	— 283,533
Selling, general and administrative	— 820,203
Total operating expenses	— 1,103,736
Income from discontinued operations	— 1,449,285
Interest expense	— (1,718,506)
Loss before income taxes	— (269,221 )
Benefit from income taxes	— 13,360
Loss from discontinued operations	\$—\$(255,861 )

#### 4. Revenue from Contracts with Customers

The Company adopted ASU 2014-09, along with all subsequent related ASUs impacting revenue from contracts with customers (collectively, “the new revenue recognition standard”), effective January 1, 2018, using the modified retrospective method of adoption. The Company has applied the new revenue recognition standard for the three-month period ended March 31, 2018 with the cumulative effect of initially applying the new accounting recognized on January 1, 2018 as an adjustment to opening accumulated deficit. This adjustment reflects only contracts that were not

completed as of January 1, 2018.

We earn revenues related to our licensing and distribution agreements. The terms of these agreements may include payment to us of non-refundable up-front license fees, funding or reimbursement of research and development efforts, milestone payments if specified objectives are achieved, and/or royalties on product sales. The new revenue recognition standard generally results in the delay of revenue recognition for the Company, as compared to the previous guidance. Previously, the Company recognized revenue related to non-refundable up-front license fees either immediately upon contract execution, or over the estimated period required to fulfill the related obligations. Under the new revenue recognition standard, the Company will generally be required to defer any up-front license fees and pre-market milestones, and recognize the revenue over the period beginning with initial product sale through the end of the initial term of the agreement.

The cumulative effect of the change on accumulated deficit as of January 1, 2018 is an increase of \$700,000, consisting of \$100,000 related to an up-front payment received upon execution of an exclusive license and distribution agreement with Sayre Pharmaceuticals (“Sayre”) for the development and commercialization of Tc99m tilmanocept in India in June 2017, and \$600,000 related to up-front and milestone payments received pursuant to an exclusive licensing and distribution agreement with Beijing Sinotau Medical Research Co., Ltd. (“Sinotau”) for the marketing and distribution of Tc99m tilmanocept in China executed in August 2014. The following table compares deferred revenue as if the new revenue recognition standard had not been adopted to the amounts in the consolidated financial statements reflecting the adoption. Deferred revenue, the current portion of which is included in accrued liabilities and other in the consolidated balance sheets, and accumulated deficit are the only financial statement line items that were affected by the adoption of the new revenue recognition standard.

	<b>Pre- Adoption</b>	<b>Post- Adoption</b>	<b>Change</b>
Deferred revenue	\$26,061	\$726,061	\$700,000
Accumulated deficit	(319,908,968)	(320,608,968)	(700,000)



During the three-month period ended March 31, 2018, the Company recognized revenue from contracts with customers of approximately \$16,000. The Company did not recognize any related impairment losses during that period.

Navidea is focused on the development and commercialization of precision immunodiagnostic agents and immunotherapeutics. We manage our business based on two primary types of drug products: (i) diagnostic substances, including Tc99m tilmanocept and other diagnostic applications of our Manocept platform, and (ii) therapeutic development programs, including therapeutic applications of our Manocept platform and all development programs undertaken by MT. Tc99m tilmanocept, which the Company has a license to distribute outside of Canada, Mexico and the United States, is the only one of the Company's drug product candidates that has been approved for sale in any market. The Company has license and distribution agreements in place in Europe, India and China, however Tc99m tilmanocept has only been approved for sale in Europe. The following table disaggregates the Company's revenue from contracts with customers for the three-month period ended March 31, 2018.

<b>Three Months Ended March 31, 2018</b>	<b>Diagnostics</b>	<b>Therapeutics</b>	<b>Total</b>
Tc99m tilmanocept royalty revenue:			
Europe	\$ 795	\$ —	\$ 795
India	—	—	—
China	—	—	—
Total	\$ 795	\$ —	\$ 795
Other revenue:			
Additional stability studies	\$ 15,037	\$ —	\$ 15,037

The following economic factors affect the nature, amount, timing and uncertainty of the Company's revenue and cash flows as indicated:

*Geographical Location of Customers:* Drug pricing models vary among different markets, which in turn may affect the royalty rates and milestones we are able to negotiate with our distributors in those markets. Royalty rates and milestone payments vary by contract but may be based in part on the potential market size in each territory. Royalty rates for Europe are lower than rates in India but higher than in China.

*Status of Regulatory Approval:* The majority of revenue from contracts with customers will generally be recognized after the product is approved for sale in each market. Each customer operates in its own distinct regulatory environment, and the laws and pathways to drug product approval vary by market. Tc99m tilmanocept has been approved for sale in Europe, thus the Company has begun to recognize royalties from sales in Europe. Tc99m tilmanocept has not yet been approved for sale in India or China, and may never achieve approval in those markets. The regulatory pathways and timelines in those markets will impact whether and when the Company recognizes the related royalties and milestones.

The following table summarizes the changes in contract liabilities, the current portion of which is included in accrued liabilities and other in the consolidated balance sheets, during the three-month periods ended March 31, 2018 and 2017:

	<b>Three Months Ended March 31,</b>	
	<b>2018</b>	<b>2017</b>
Total deferred revenue, beginning of period	\$26,061	\$41,098
Impact of adoption of ASU 2014-09 and related standards	700,000	—
Revenue recognized from satisfaction of performance obligations	(15,037)	(15,037)
Total deferred revenue, end of period	\$711,024	\$26,061

Currently, the Company recognizes revenue from up-front license fees and pre-market milestones after the cash has been received from its customers and the performance obligations have been met. Payments for sales-based royalties and milestones are generally received after the related revenue has been recognized and invoiced. Normal payment terms generally range from 15 to 90 days following milestone achievement or royalty invoice, in accordance with each contract. The Company did not have any trade receivables or contract assets outstanding during the three-month period ended March 31, 2018.

During the three-month period ended March 31, 2018, the Company did not recognize any revenue from performance obligations associated with long-term contracts that were satisfied (or partially satisfied) in previous periods.

Up-front and milestone payments received related to our license and distribution agreements in India and China are deferred until Tc99m tilmanocept has been approved by the regulatory authorities in each of those countries. It is not possible to determine with any degree of certainty whether or when regulatory approval for this product will be achieved in India or China, if at all. In addition, since sales of Tc99m tilmanocept have not yet begun in India or China, there is no basis for estimating whether, to what degree, or the rate at which the product will be accepted and utilized in these markets. Therefore, it is not possible to determine with any degree of certainty the expected sales in future periods in those countries. As such, the Company intends to recognize revenue from up-front and milestone payments on a straight-line basis beginning at the time of regulatory approval in each country through the end of the initial term of each agreement. The initial term of each agreement is eight years in India and 10 years in China.

The transaction price of a contract is the amount of consideration to which the Company expects to be entitled in exchange for transferring promised goods or services to a customer. Transaction prices do not include amounts collected on behalf of third parties (e.g., sales taxes). To determine the transaction price of a contract, the Company considers the terms of the contract. For the purpose of determining transaction prices, the Company assumes that the goods or services will be transferred to the customer as promised in accordance with existing contracts and that the contracts will not be cancelled, renewed, or modified.

When estimating a contract's transaction price, the Company considers all the information (historical, current, and forecasted) that is reasonably available to it and identifies possible consideration amounts. Most of the Company's contracts with customers include both fixed and variable components of the transaction price. Under those contracts, some or all of the consideration for satisfied performance obligations is contingent on events over which the Company has no direct influence. For example, regulatory approval or product sales volume milestones are contingent upon the achievement of those milestones by the distributor. Additionally, the prices charged to end users of Tc99m tilmanocept, upon which royalty payments are based in Europe, India and China, are set by the distributor in each of those countries.

The milestone payments have a binary outcome (that is, the Company will either receive all or none of each milestone payment) and can be estimated using the most-likely-amount method. Taking into account the constraint on variable consideration, the Company has assessed the likelihood of achieving the non-sales-based milestone payments in our contracts and has determined that it is probable the milestones will be achieved and the Company will receive the consideration. Accordingly, it is probable that including those payments in the transaction price will not result in a significant revenue reversal when the contingency is resolved. Therefore, the amount of the non-sales-based milestone payments is included in the transaction price.

Royalties are estimated based on the expected value method because they are based on a variable amount of sales representing a range of possible outcomes. However, when taking into account the constraint on variable consideration, the estimate of future royalties included in the transaction price is generally \$0. This conclusion is based on the fact that Tc99m tilmanocept is early in the commercial launch process in Europe and sales have not yet begun in India or China, therefore there is currently no basis for estimating whether, to what degree, or the rate at which the product will be accepted and utilized in these markets. Similarly, we currently have no basis for estimating

whether sales-based milestones will ever be achieved. Accordingly, the Company recognizes revenue from royalties when the related sales occur and from sales-based milestones when they are achieved.

Up-front fees, milestones and royalties are generally non-refundable. Therefore, the Company does not estimate expected refunds nor do we adjust revenue downward. The Company will evaluate and update the estimated transaction prices of its contracts with customers at the end of each reporting period.

Through March 31, 2018, the Company has not capitalized any contract-related costs as contract assets.

## **5. Fair Value**

MT issued warrants to purchase MT Common Stock with certain characteristics including a net settlement provision that require the warrants to be accounted for as a derivative liability at fair value on the consolidated balance sheets. The estimated fair value of the MT warrants is \$63,000 at both March 31, 2018 and December 31, 2017, is included in other liabilities on the accompanying consolidated balance sheets, and will continue to be measured on a recurring basis. See Note 1(b).

The following tables set forth, by level, financial liabilities measured at fair value on a recurring basis:

**Liabilities Measured at Fair Value on a Recurring Basis as of March 31, 2018 and December 31, 2017**

Description	Quoted Prices in Active Markets for Identical Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Liability related to MT warrants	\$ —	\$ —	\$ 63,000	\$ 63,000

- a. Valuation Processes-Level 3 Measurements:** The Company utilizes third-party valuation services that use complex models such as Monte Carlo simulation to estimate the value of our financial liabilities.

- b. Sensitivity Analysis-Level 3 Measurements:** Changes in the valuation of MT as a whole may cause material changes in the fair value of the MT warrants. Significant increases (decreases) in the valuation of MT, such as may be the result of additional financing, could result in a higher (lower) fair value measurement. A change in the valuation of MT would not necessarily result in a directionally similar change in the value of the MT warrants.

There were no Level 1 or Level 2 liabilities outstanding at any time during the three-month periods ended March 31, 2018 and 2017. There were no transfers in or out of our Level 1 or Level 2 liabilities during the three-month periods ended March 31, 2018 or 2017. Changes in the estimated fair value of our Level 3 liabilities relating to unrealized gains (losses), if any, are recorded as changes in fair value of financial instruments in the consolidated statements of operations. The change in the estimated fair value of our Level 3 liabilities during the three-month periods ended March 31, 2018 and 2017 was \$0 and a decrease of \$140,000, respectively.

## 6. Stock-Based Compensation

For the three-month periods ended March 31, 2018 and 2017, our total stock-based compensation expense, which includes reversals of expense for certain forfeited or cancelled awards, was approximately \$138,000 and \$147,000, respectively. We have not recorded any income tax benefit related to stock-based compensation in either of the three-month periods ended March 31, 2018 and 2017.

In connection with Dr. Goldberg’s appointment as Chief Executive Officer of the Company in September 2016, the Board of Directors awarded options to purchase 5,000,000 shares of our common stock to Dr. Goldberg. These stock options will vest 100% when the average closing price of the Company’s common stock over a period of five consecutive trading days equals or exceeds \$2.50 per share, and expire on the tenth anniversary of the date of grant. These options have not yet been issued as there are insufficient awards available under the 2014 Amended and Restated Stock Incentive Plan (the “2014 Plan”). In March 2018, the Board of Directors authorized an amendment to add 10 million shares to the 2014 Plan, for a total 15 million shares available under the 2014 Plan, which remains subject to approval by Navidea’s stockholders.

A summary of the status of our stock options as of March 31, 2018, and changes during the three-month period then ended, is presented below:

	<b>Three Months Ended March 31, 2018</b>			
	<b>Number of Options</b>	<b>Weighted Average Exercise Price</b>	<b>Weighted Average Remaining Contractual Life (years)</b>	<b>Aggregate Intrinsic Value</b>
Outstanding at beginning of period	3,687,679	\$ 1.50		
Granted	470,000	0.53		
Exercised	—	—		
Canceled and Forfeited	(5,000 )	0.51		
Expired	—	—		
Outstanding at end of period	4,152,679	\$ 1.39	6.8	\$ —
Exercisable at end of period	2,159,746	\$ 2.06	4.5	\$ —

A summary of the status of our unvested restricted stock as of March 31, 2018, and changes during the three-month period then ended, is presented below:

	<b>Three Months Ended</b>	
	<b>March 31, 2018</b>	
	<b>Number</b>	<b>Weighted</b>
	<b>of</b>	<b>Average</b>
	<b>Shares</b>	<b>Grant-Date</b>
		<b>Fair Value</b>
Unvested at beginning of period	150,000	\$ 0.51
Granted	200,000	0.37
Vested	(100,000)	0.43
Forfeited	—	—
Unvested at end of period	250,000	\$ 0.42

As of March 31, 2018, there was approximately \$195,000 of total unrecognized compensation expense related to unvested stock-based awards, which we expect to recognize over the remaining weighted average vesting term of 1.3 years.

## **7. (Loss) Earnings Per Share**

Basic (loss) earnings per share is calculated by dividing net (loss) income attributable to common stockholders by the weighted-average number of common shares and, except for periods with a loss from operations, participating securities outstanding during the period. Diluted (loss) earnings per share reflects additional common shares that would have been outstanding if dilutive potential common shares had been issued. Potential common shares that may be issued by the Company include convertible debt, convertible preferred stock, options and warrants.

The following table sets forth the reconciliation of the weighted average number of common shares outstanding used to compute basic and diluted (loss) earnings per share for the three-month periods ended March 31, 2017 and 2016:

### **Three Months Ended**

**March 31,**

	<b>2018</b>	<b>2017</b>
Weighted average shares outstanding, basic	162,269,012	160,376,476
Dilutive shares related to warrants	—	4,288,479
Unvested restricted stock	—	207,000
Weighted average shares outstanding, diluted	162,269,012	164,871,955

Diluted (loss) earnings per common share for the three-month periods ended March 31, 2018 and 2017 excludes the effects of 15.0 million and 15.9 million common share equivalents, respectively, since such inclusion would be anti-dilutive. The excluded shares consist of common shares issuable upon exercise of outstanding stock options and warrants, and upon the conversion of convertible debt and convertible preferred stock.

The Company's unvested restricted stock awards contain nonforfeitable rights to dividends or dividend equivalents, whether paid or unpaid (referred to as "participating securities"). Therefore, the unvested restricted stock awards are required to be included in the number of shares outstanding for both basic and diluted earnings per share calculations. However, due to our loss from continuing operations, 250,000 and 207,000 shares of unvested restricted stock for the three-month periods ended March 31, 2018 and 2017, respectively, were excluded in determining basic and diluted loss per share from continuing operations because such inclusion would be anti-dilutive.

## **8. Accounts Payable, Accrued Liabilities and Other**

At March 31, 2018, approximately \$96,000 of accounts payable is being disputed by the Company related to unauthorized expenditures by a former executive during 2016.

Accrued liabilities and other at March 31, 2018 and December 31, 2017 includes an aggregate of \$956,000 and \$975,000, respectively, due to related parties for accrued bonuses and director fees.



## 9. Notes Payable

### *Platinum*

In July 2012, we entered into an agreement with Platinum-Montaur to provide us with a credit facility of up to \$50 million. In connection with the closing of the Asset Sale to Cardinal Health 414, the Company repaid to PPCO an aggregate of approximately \$7.7 million in partial satisfaction of the Company's liabilities, obligations and indebtedness under the Platinum Loan Agreement between the Company and Platinum-Montaur, which were transferred by Platinum-Montaur to PPCO. The Company was informed by PPVA that it was the owner of additional amounts owed on the Platinum-Montaur loan. PPVA claims a balance of approximately \$1.9 million was due upon closing of the Asset Sale. That amount is also subject to competing claims of ownership by Dr. Michael Goldberg, the Company's President and Chief Executive Officer. The Company has not yet paid any amounts to PPVA or Dr. Goldberg given the pending dispute.

On November 2, 2017, Platinum-Montaur commenced an action against the Company in the Supreme Court of the State of New York, County of New York, seeking damages of approximately \$1.9 million purportedly due as of March 3, 2017, plus interest accruing thereafter. The claims asserted are for breach of contract and unjust enrichment in connection with funds received by the Company under the Platinum Loan Agreement. Said action was removed to the United States District of New York on December 6, 2017. An initial pretrial conference was held on January 26, 2018. At the conference the Court stayed the deadline for the Company to answer or otherwise respond to the complaint. The Court also directed the parties to engage in informal jurisdictional discovery and a follow up status conference was held on March 9, 2018, during which the Court set a briefing schedule and determined that Navidea's motion to dismiss was due on April 6, 2018. The Company filed its motion to dismiss in advance of the filing deadline. A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to defend itself in the action.

During the three-month periods ended March 31, 2018 and 2017, \$42,000 and \$143,000 of interest was compounded and added to the balance of the Platinum Note, respectively. As of March 31, 2018, the remaining outstanding principal balance of the Platinum Note was approximately \$2.1 million.

The Platinum Note is reflected on the consolidated balance sheets at its estimated fair value, which includes the estimated fair value of the embedded conversion option of \$0 at March 31, 2018 and December 31, 2017. Changes in the estimated fair value of the Platinum Note were decreases of \$0 and \$140,000, respectively, and were recorded as

non-cash changes in fair value of the conversion option during the three-month periods ended March 31, 2018 and 2017. The estimated fair value of the Platinum Note was \$2.1 million and \$2.0 million as of March 31, 2018 and December 31, 2017, respectively.

*Capital Royalty Partners II, L.P.*

As disclosed in the Company's Annual Report on Form 10-K and other filings, the Company has been engaged in ongoing litigation with CRG, in its capacity as a lender and as control agent for other affiliated lenders party to the CRG Loan Agreement, in the Texas Court relating to CRG's claims of default under the terms the CRG Loan Agreement. Following a trial in December 2017, the Texas Court ruled that the Company's total obligation to CRG is in excess of \$66.0 million, limited to \$66.0 million under the parties' Global Settlement Agreement reached in 2017. The Texas Court acknowledged only the \$59.0 million payment made in March 2017, concluding that the Company owed CRG another \$7.0 million, however the Texas Court did not expressly take the Company's June 2016 payment of \$4.1 million into account and awarded, as part of the \$66.0 million, amounts that had already been paid as part of the \$4.1 million. The Company believes that this \$4.1 million should be credited against the \$7.0 million; CRG disagrees.

On January 16, 2018, the Company filed an emergency motion to set supersedeas bond and to modify judgment, describing the double recovery created by the \$66.0 million award without taking into account the \$4.1 million payment in June 2016, requesting that the judgment be modified to set the supersedeas amount at \$2.9 million so that the Company could stay enforcement of the judgment pending appeal. The Texas Court refused to rule on this motion, and the court of appeals entered an order compelling the Texas Court to set a supersedeas amount. On March 26, 2018, the Texas Court ordered the Company to put up a supersedeas bond in the amount of \$7.7 million. The Company filed for an emergency stay of the order in the appellate court in Harris County. On April 2, 2018, the appellate court denied the Company's emergency stay motion. The Company continues to believe that the \$4.1 million paid to CRG in June 2016 should be credited as payment toward the \$66.0 million total, and the Company intends to further contest the matter through the appellate court in Texas.

On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit. This was in addition to the \$4.1 million and the \$59.0 million that Navidea had previously paid to CRG.

On April 12, 2018 Navidea filed suit in the Ohio Court against the Lenders. The suit asserts that the Lenders fraudulently induced Navidea to enter into a settlement agreement and breached the terms of the same through certain actions taken by the Lenders in connection with the Global Settlement Agreement reached in 2017, pursuant to which Navidea agreed to pay up to \$66.0 million to Lenders, as well as through actions and misrepresentations by CRG after the Global Settlement Agreement was executed. The suit also asserts claims for conversion and unjust enrichment against the Lenders for their collection of more than \$66.0 million, the maximum permitted under the Global Settlement Agreement, and their double recovery of amounts paid as part of the \$4.1 million paid in June 2016 and recovered again as part of the \$66.0 million. CRG's double recovery and recovery of more than \$66.0 million are due to CRG drawing the entire \$7.1 million on the Cardinal Health 414 letter of credit. To date, no answer or other response or motion has been filed by the Lenders to Navidea's complaint.

In a related proceeding before the Ohio Court, initially filed in 2016, and under which the Global Settlement Agreement was reached in 2017, the Ohio Court has issued preliminary findings that the settlement gave rise to a \$66.0 million cap on amounts owed to Lenders by Navidea and that Navidea might not have been properly credited for certain funds in excess of \$4.1 million previously swept by Lenders from a bank account owned by Navidea. The Ohio Court also made a preliminary ruling that it possessed jurisdiction to interpret the settlement agreement at issue. The Company intends to pursue recovery of the \$4.1 million, and other damages, in the Ohio Court.

On April 11, 2018, CRG filed a new suit against the Company in the Texas Court. This new suit seeks a declaratory judgment that CRG did not breach the Global Settlement Agreement by drawing approximately \$7.1 million on the Cardinal Health 414 letter of credit. On April 16, 2018, CRG moved the Texas Court to issue an anti-suit injunction barring the Company from litigating in the Ohio Court. The Texas Court denied that motion on April 27, 2018. CRG served the Company with the new Texas suit on May 2, 2018, and the Company's answer is due on May 21, 2018. The Company intends to contest this issue in the Ohio Court, the Texas Court, and on appeal in Texas. See Notes 2, 11 and 17(b).

#### *IPFS Corporation*

In December 2016, we prepaid \$348,000 of insurance premiums through the issuance of a note payable to IPFS Corporation ("IPFS") with an interest rate of 8.99%. The note was payable in eight monthly installments of \$45,000, with the final payment due in July 2017.

In November 2017, we prepaid \$396,000 of insurance premiums through the issuance of a note payable to IPFS with an interest rate of 4.0%. The note is payable in ten monthly installments of \$40,000, with the final payment due in August 2018. The balance of the note is approximately \$200,000 and \$318,000 as of March 31, 2018 and December 31, 2017, respectively, and is included in notes payable, current in the consolidated balance sheets.

*Summary*

During the three-month periods ended March 31, 2018 and 2017, we recorded interest expense of \$44,000 and \$1.7 million, respectively, related to our notes payable. Of these amounts, \$42,000 and \$143,000 was compounded and added to the balance of our notes payable during the three-month periods ended March 31, 2018 and 2017, respectively.

**10. Terminated Lease Liability**

Effective June 1, 2017, Navidea relocated its Dublin, Ohio headquarters from 5600 Blazer Parkway (“Blazer”) to a smaller space at 4995 Bradenton Avenue. The Company concurrently executed a sublease arrangement for the Blazer space (the “Sublease”) because there is no early termination provision in the Blazer lease. The Blazer lease and the Sublease end simultaneously in October 2022.

In accordance with current accounting guidance, the Company initially recorded a total liability of \$1.0 million, which was equal to the fair value of the remaining payments due under the Blazer Lease, net of the fair value of the payments to be received by the Company under the Sublease, and including a finder’s fee. The Company also recorded a loss on contract termination of \$399,000 and a loss on disposal of assets, primarily leasehold improvements and furniture and fixtures, related to the Blazer space of \$706,000. Both losses were included in selling, general and administrative expenses for the year ended December 31, 2017.

A summary of the changes in our terminated lease liability during the three-month period ended March 31, 2018 is presented below:

	<b>Terminated Lease Liability</b>
Total liability, January 1, 2018	\$ 695,307
Changes in estimated future payments	(44,755 )
Payments under Blazer lease	(93,217 )
Receipts from subtenant	117,373
Accretion of liability	8,690
Total liability, March 31, 2018	\$ 683,398

## 11. Commitments and Contingencies

We are subject to legal proceedings and claims that arise in the ordinary course of business.

### *Sinotau Litigation – NAV4694*

On August 31, 2015, Sinotau filed a suit for damages, specific performance, and injunctive relief against the Company in the U.S. District Court for the District of Massachusetts alleging breach of a letter of intent for licensing to Sinotau of the Company’s NAV4694 product candidate and technology. In September 2016, the Court denied the Company’s motion to dismiss. The Company filed its answer to the complaint and the parties have filed multiple joint motions to stay the case pending settlement discussion, which to date have been granted.

In October 2017, the Company executed a letter of intent with Sinotau and Cerveau Technologies, Inc. (“Cerveau”), outlining a plan to sublicense to Cerveau the worldwide rights to conduct research using NAV4694, as well as grant to Cerveau an exclusive license for the development, marketing and commercialization of NAV4694 in Australia, Canada, China and Singapore. The letter of intent included a provision stating that Sinotau will release all claims in the Sinotau Litigation upon the parties’ execution of a definitive agreement; the commercial rights agreement contemplated by the letter of intent would also include a release of such claims and a covenant not to sue on such

claims.

In April 2018, the Company executed an agreement to provide Meilleur Technologies, Inc., (“Meilleur”), a wholly-owned subsidiary of Cerveau, worldwide rights to conduct research using NAV4694, as well as an exclusive license for the development and commercialization of NAV4694 in Australia, Canada, China, and Singapore. Meilleur also has an option to commercialize worldwide. As a result of the agreement, Navidea expects that the litigation initiated by Sinotau will be dismissed.

### *CRG Litigation*

As disclosed in the Company’s Annual Report on Form 10-K and other filings, the Company has been engaged in ongoing litigation with CRG, in its capacity as a lender and as control agent for other affiliated lenders party to the CRG Loan Agreement, in the Texas Court relating to CRG’s claims of default under the terms the CRG Loan Agreement. Following a trial in December 2017, the Texas Court ruled that the Company’s total obligation to CRG is in excess of \$66.0 million, limited to \$66.0 million under the parties’ Global Settlement Agreement reached in 2017. The Texas Court acknowledged only the \$59.0 million payment made in March 2017, concluding that the Company owed CRG another \$7.0 million, however the Texas Court did not expressly take the Company’s June 2016 payment of \$4.1 million into account and awarded, as part of the \$66.0 million, amounts that had already been paid as part of the \$4.1 million. The Company believes that this \$4.1 million should be credited against the \$7.0 million; CRG disagrees.

On January 16, 2018, the Company filed an emergency motion to set supersedeas bond and to modify judgment, describing the double recovery created by the \$66.0 million award without taking into account the \$4.1 million payment in June 2016, requesting that the judgment be modified to set the supersedeas amount at \$2.9 million so that the Company could stay enforcement of the judgment pending appeal. The Texas Court refused to rule on this motion, and the court of appeals entered an order compelling the Texas Court to set a supersedeas amount. On March 26, 2018, the Texas Court ordered the Company to put up a supersedeas bond in the amount of \$7.7 million. The Company filed for an emergency stay of the order in the appellate court in Harris County. On April 2, 2018, the appellate court denied the Company’s emergency stay motion. The Company continues to believe that the \$4.1 million paid to CRG in June 2016 should be credited as payment toward the \$66.0 million total, and the Company intends to further contest the matter through the appellate court in Texas.

On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit. This was in addition to the \$4.1 million and the \$59.0 million that Navidea had previously paid to CRG.

On April 12, 2018 Navidea filed suit in the Ohio Court against the Lenders. The suit asserts that the Lenders fraudulently induced Navidea to enter into a settlement agreement and breached the terms of the same through certain actions taken by the Lenders in connection with the Global Settlement Agreement reached in 2017, pursuant to which Navidea agreed to pay up to \$66.0 million to Lenders, as well as through actions and misrepresentations by CRG after the Global Settlement Agreement was executed. The suit also asserts claims for conversion and unjust enrichment against the Lenders for their collection of more than \$66.0 million, the maximum permitted under the Global Settlement Agreement, and their double recovery of amounts paid as part of the \$4.1 million paid in June 2016 and recovered again as part of the \$66.0 million. CRG's double recovery and recovery of more than \$66.0 million are due to CRG drawing the entire \$7.1 million on the Cardinal Health 414 letter of credit. To date, no answer or other response or motion has been filed by the Lenders to Navidea's complaint.

In a related proceeding before the Ohio Court, initially filed in 2016, and under which the Global Settlement Agreement was reached in 2017, the Ohio Court has issued preliminary findings that the settlement gave rise to a \$66.0 million cap on amounts owed to Lenders by Navidea and that Navidea might not have been properly credited for certain funds in excess of \$4.1 million previously swept by Lenders from a bank account owned by Navidea. The Ohio Court also made a preliminary ruling that it possessed jurisdiction to interpret the settlement agreement at issue. The Company intends to pursue recovery of the \$4.1 million, and other damages, in the Ohio Court.

On April 11, 2018, CRG filed a new suit against the Company in the Texas Court. This new suit seeks a declaratory judgment that CRG did not breach the Global Settlement Agreement by drawing approximately \$7.1 million on the Cardinal Health 414 letter of credit. On April 16, 2018, CRG moved the Texas Court to issue an anti-suit injunction barring the Company from litigating in the Ohio Court. The Texas Court denied that motion on April 27, 2018. CRG served the Company with the new Texas suit on May 2, 2018, and the Company's answer is due on May 21, 2018. The Company intends to contest this issue in the Ohio Court, the Texas Court, and on appeal in Texas. See Notes 2, 9 and 17(b).

#### *Sinotau Litigation – Tc99m Tilmanocept*

On February 1, 2017, Navidea filed suit against Sinotau in the U.S. District Court for the Southern District of Ohio. The Company's complaint included claims seeking a declaration of the rights and obligations of the parties to an agreement regarding rights for the Tc99m tilmanocept product in China and other claims. The complaint sought a temporary restraining order ("TRO") and preliminary injunction to prevent Sinotau from interfering with the Company's Asset Sale to Cardinal Health 414. On February 3, 2017, the Court granted the TRO and extended it until March 6, 2017. The Asset Sale closed on March 3, 2017. On March 6, the Court dissolved the TRO as moot. Sinotau also filed a suit against the Company and Cardinal Health 414 in the U.S. District Court for the District of Delaware on February 2, 2017. On July 12, 2017, the District of Delaware case was transferred to the Southern District of Ohio. On July 27, 2017 the Ohio Court determined that both cases in the Southern District of Ohio are related and the case was stayed for 60 days pending settlement discussions. On February 8, 2018, Navidea and Sinotau executed an amendment to the agreement, modifying certain terms of the agreement and effectively resolving the legal dispute. On February 17, 2018, Navidea and Sinotau executed a Settlement Agreement and Mutual Release, and on February 20, 2018,

Navidea and Sinotau voluntarily dismissed their legal cases.

*Platinum-Montaur Life Sciences LLC*

On November 2, 2017, Platinum-Montaur commenced an action against the Company in the Supreme Court of the State of New York, County of New York, seeking damages of approximately \$1.9 million purportedly due as of March 3, 2017, plus interest accruing thereafter. The claims asserted are for breach of contract and unjust enrichment in connection with funds received by the Company under the Platinum Loan Agreement. Said action was removed to the United States District of New York on December 6, 2017. An initial pretrial conference was held on January 26, 2018. At the conference the Court stayed the deadline for the Company to answer or otherwise respond to the complaint. The Court also directed the parties to engage in informal jurisdictional discovery and a follow up status conference was held on March 9, 2018, during which the Court set a briefing schedule and determined that Navidea's motion to dismiss was due on April 6, 2018. The Company filed its motion to dismiss in advance of the filing deadline. A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to defend itself in the action.

In accordance with ASC Topic 450, *Contingencies*, we make a provision for a liability when it is both probable that a liability has been incurred and the amount of the loss can be reasonably estimated. Although the outcome of any litigation is uncertain, in our opinion, the amount of ultimate liability, if any, with respect to these actions, other than the CRG litigation for which we have accrued a contingent liability, will not materially affect our financial position.



## 12. Equity Instruments

During the three-month periods ended March 31, 2018 and 2017, we issued 458,401 and 707,353 shares of our common stock valued at \$165,000 and \$368,000, respectively, to our employees as partial payment in lieu of cash for their 2017, 2016 and 2015 bonuses.

During the three-month period ended March 31, 2018, we issued 94,684 shares of our common stock as matching contributions to our 401(k) Plan which were valued at \$36,000.

During the three-month period ended March 31, 2017, we issued 16,406 shares of our common stock valued at \$10,500 to certain members of our Board of Directors as payment in lieu of cash for their retainer fees. We did not make any such stock payments to our directors during the three-month period ended March 31, 2018.

## 13. Stock Warrants

In January 2017, Dr. Michael Goldberg, the Company's President and CEO, exercised 5,411,850 of his Series LL warrants in exchange for 5,411,850 shares of our common stock, resulting in proceeds to the Company of \$54,119.

In March 2017, in connection with the Asset Sale, the Company granted to each of Cardinal Health 414 and UCSD, a five-year Series NN warrant to purchase up to 10 million shares and 1 million shares, respectively, of the Company's common stock at an exercise price of \$1.50 per share, each of which warrant is subject to anti-dilution and other customary terms and conditions. The fair value of the Series NN warrants was calculated using the Black-Scholes model using our five-year historical weekly volatility of 77% and a risk-free rate equal to the five-year treasury constant maturity rate of 2%. The Series NN warrants granted to Cardinal Health 414 had an estimated fair value of \$3.3 million, which was recorded as a reduction of the gain on sale in the consolidated statement of operations for the three-month period ended March 31, 2017. The Series NN warrants granted to UCSD had an estimated fair value of \$334,000, which was recorded as an intangible asset related to the UCSD license in the consolidated balance sheet during the three-month period ended March 31, 2017.

At March 31, 2018, there are 16.9 million warrants outstanding to purchase Navidea's common stock. The warrants are exercisable at prices ranging from \$0.01 to \$3.04 per share with a weighted average exercise price of \$1.19 per share. The warrants have remaining outstanding terms ranging from three months to 17 years.

In addition, at March 31, 2018, there are 300 warrants outstanding to purchase MT Common Stock. The warrants are exercisable at \$2,000 per share.

#### 14. Income Taxes

Income taxes are accounted for under the asset and liability method. Deferred tax assets (“DTAs”) and deferred tax liabilities (“DTLs”) are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases, and operating loss and tax credit carryforwards. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on DTAs and DTLs of a change in tax rates is recognized in income in the period that includes the enactment date.

Current accounting standards require a valuation allowance against DTAs if, based on the weight of available evidence, it is more likely than not that some or all of the DTAs may not be realized. Due to the uncertainty surrounding the realization of these DTAs in future tax returns, all of the DTAs have been fully offset by a valuation allowance at March 31, 2018 and December 31, 2017, except the alternative minimum tax (“AMT”) credit carryforward amount described below.

In assessing the realizability of DTAs, management considers whether it is more likely than not that some portion or all of the DTAs will not be realized. The ultimate realization of DTAs is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers the scheduled reversal of deferred tax liabilities (including the impact of available carryback and carryforward periods), projected future taxable income, and tax-planning strategies in making this assessment. Based upon the level of historical taxable income and projections for future taxable income over the periods in which the DTAs are deductible, management believes it is more likely than not that the Company will not realize the benefits of these deductible differences or tax carryforwards as of March 31, 2018 except for the AMT credit carryforward.

The Tax Cuts and Jobs Act was signed into law on December 22, 2017. The Tax Act reduced the U.S. federal corporate tax rate from 35% to 21%, effective January 1, 2018. The Tax Act repeals the AMT for corporations, and permits any existing AMT credit carryforwards to be used to reduce the regular tax obligation in 2018, 2019 and 2020. Companies may continue using AMT credits to offset any regular income tax liability in years 2018 through 2020, with 50 percent of remaining AMT credits refunded in each of the 2018, 2019 and 2020 tax years, and all remaining credits refunded in tax year 2021. This results in full realization of an existing AMT credit carryforward irrespective of future taxable income. Accordingly, the Company recorded AMT credit carryforwards of \$1.2 million in other noncurrent assets in the consolidated balance sheets as of March 31, 2018 and December 31, 2017. The impact of many provisions of the Tax Act lack clarity and is subject to interpretation until additional IRS guidance is issued. The ultimate impact of the Tax Act may differ from the Company’s estimates due to changes in the interpretations and assumptions made as well as any forthcoming regulatory guidance.



Current accounting standards include guidance on the accounting for uncertainty in income taxes recognized in the financial statements. Such standards also prescribe a recognition threshold and measurement model for the financial statement recognition of a tax position taken, or expected to be taken, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. The Company believes that the ultimate deductibility of all tax positions is highly certain, although there is uncertainty about the timing of such deductibility. As a result, no liability for uncertain tax positions was recorded as of March 31, 2018 or December 31, 2017 and we do not expect any significant changes in the next twelve months. Should we need to accrue interest or penalties on uncertain tax positions, we would recognize the interest as interest expense and the penalties as a selling, general and administrative expense. As of March 31, 2018, tax years 2014-2017 remained subject to examination by federal and state tax authorities.

Benefit from income taxes was \$0 for the three-month period ended March 31, 2018, representing an effective tax rate of 0%, as compared to a benefit from income taxes of \$1.5 million for the three-month period ended March 31, 2017, representing an effective tax rate of 33.7%. The decrease in the effective rate for the three-month period ended March 31, 2018 compared with the same period in 2017 is primarily due to the gain on sale of our Lymphoseek product in 2017.

As of March 31, 2018, we had approximately \$131.8 million of federal and \$20.4 million of state net operating loss carryforwards, as well as approximately \$9.7 million of federal R&D credit carryforwards.

## 15. Segments

We report information about our operating segments using the “management approach” in accordance with current accounting standards. This information is based on the way management organizes and reports the segments within the enterprise for making operating decisions and assessing performance. Our reportable segments are identified based on differences in products, services and markets served. There were no inter-segment sales. We manage our business based on two primary types of drug products: (i) diagnostic substances, including Tc 99m tilmanocept and other diagnostic applications of our Manocept platform, and NAV4694, and (ii) therapeutic development programs, including therapeutic applications of our Manocept platform and all development programs undertaken by MT.

The information in the following tables is derived directly from each reportable segment’s financial reporting.

<b>Three Months Ended March 31, 2018</b>	<b>Diagnostics</b>	<b>Therapeutics</b>	<b>Corporate</b>	<b>Total</b>
Tc99m tilmanocept royalty revenue	\$795	\$ —	\$—	\$795
Grant and other revenue	232,436	43,214	—	275,650
Total revenue	233,231	43,214	—	276,445

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Cost of goods sold	318	—	—	318
Research and development expenses	785,011	213,945	—	998,956
Selling, general and administrative expenses, excluding depreciation and amortization <sup>(1)</sup>	—	8,607	1,729,778	1,738,385
Depreciation and amortization <sup>(2)</sup>	—	—	37,987	37,987
Loss from operations <sup>(3)</sup>	(552,098 )	(179,338 )	(1,767,765)	(2,499,201 )
Other expense <sup>(4)</sup>	—	—	(4,238,761)	(4,238,761 )
Net loss	(552,098 )	(179,338 )	(6,006,526)	(6,737,962 )
Total assets, net of depreciation and amortization:				
United States	\$13,077,979	\$ 27,228	\$5,189,637	\$18,294,844
International	26,055	—	1,328	27,383
Capital expenditures	—	—	—	—

<b>Three Months Ended March 31, 2017</b>	<b>Diagnostics</b>	<b>Therapeutics</b>	<b>Corporate</b>	<b>Total</b>
Grant and other revenue	\$571,362	\$ 8,668	\$—	\$580,030
Research and development expenses	413,202	292,072	—	705,274
Selling, general and administrative expenses, excluding depreciation and amortization <sup>(1)</sup>	—	2,521	2,943,123	2,945,644
Depreciation and amortization <sup>(2)</sup>	—	—	76,790	76,790
Income (loss) from operations <sup>(3)</sup>	158,160	(285,925 )	(3,019,913 )	(3,147,678 )
Other expense	—	—	(1,171,109 )	(1,171,109 )
Income tax (expense) benefit	(53,254 )	96,273	1,411,153	1,454,172
Net income (loss) from continuing operations	104,906	(189,652 )	(2,779,869 )	(2,864,615 )
Loss from discontinued operations, net of tax	(255,861 )	—	—	(255,861 )
Gain on sale of discontinued operations, net of tax	88,701,501	—	—	88,701,501
Net income (loss)	88,550,546	(189,652 )	(2,779,869 )	85,581,025
Total assets, net of depreciation and amortization:				
United States	\$9,692,007	\$ 897	\$23,116,511	\$32,809,415
International	115,279	—	893	116,172
Capital expenditures	—	—	—	—

General and administrative expenses, excluding depreciation and amortization, represent costs that relate to the (1) general administration of the Company and as such are not currently allocated to our individual reportable segments, other than those expenses directly incurred by MT.

Depreciation and amortization is reflected in selling, general and administrative expenses (\$37,987 and \$76,790 (2) for the three-month periods ended March 31, 2018 and 2017, and \$9,745 was included in discontinued operations for the three-month period ended March 31, 2017).

Loss from operations does not reflect the allocation of certain selling, general and administrative expenses, (3) excluding depreciation and amortization, to our individual reportable segments, other than those expenses directly incurred by MT.

(4) Amounts consist primarily of losses on debt extinguishment and changes in fair value of financial instruments, which are not currently allocated to our individual reportable segments.

## 16. Supplemental Disclosure for Statements of Cash Flows

During the three-month periods ended March 31, 2018 and 2017, we paid interest aggregating \$3,000 and \$7.3 million, respectively. During the three-month period ended March 31, 2018, we issued 94,684 shares of our common stock as a matching contribution to our 401(k) Plan which were valued at \$36,000. During the three-month period ended March 31, 2017, we issued 1.0 million Series NN warrants to UCSD with an estimated fair value of \$334,000.

## 17. Subsequent Events

The Company has evaluated events and transactions subsequent to March 31, 2018 and through the date these consolidated financial statements were included in this Form 10-Q and filed with the SEC.

**Amendment to Asset Purchase Agreement:** On April 2, 2018, the Company entered into an Amendment to the Asset Purchase Agreement. Pursuant to the Amendment, Cardinal Health 414 paid the Company approximately \$6.0 million and agreed to pay the Company an amount equal to the unused portion of the letter of credit (not to exceed approximately \$7.1 million) promptly after the earlier of (i) the expiration of the letter of credit and (ii) the receipt by Cardinal Health 414 of evidence of the return and cancellation of the letter of credit. In exchange, the obligation of Cardinal Health 414 to make any further contingent payments has been eliminated. Cardinal Health 414 is still obligated to make the milestone payments in accordance with the terms of the earnout provisions of the Purchase Agreement.

**CRG Litigation:** On January 16, 2018, the Company filed an emergency motion to set supersedeas bond and to modify judgment, describing the double recovery created by the \$66.0 million award without taking into account the \$4.1 million payment in June 2016, requesting that the judgment be modified to set the supersedeas amount at \$2.9 million so that the Company could stay enforcement of the judgment pending appeal. The Texas Court refused to rule on this motion, and the court of appeals entered an order compelling the Texas Court to set a supersedeas amount. On March 26, 2018, the Texas Court ordered the Company to put up a supersedeas bond in the amount of \$7.7 million. The Company filed for an emergency stay of the order in the appellate court in Harris County. On April 2, 2018, the appellate court denied the Company's emergency stay motion. The Company continues to believe that the \$4.1 million paid to CRG in June 2016 should be credited as payment toward the \$66.0 million total, and the Company intends to further contest the matter through the appellate court in Texas.

On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit. This was in addition to the \$4.1 million and the \$59.0 million that Navidea had previously paid to CRG.

On April 12, 2018 Navidea filed suit in the Ohio Court against the Lenders. The suit asserts that the Lenders fraudulently induced Navidea to enter into a settlement agreement and breached the terms of the same through certain actions taken by the Lenders in connection with the Global Settlement Agreement reached in 2017, pursuant to which Navidea agreed to pay up to \$66.0 million to Lenders, as well as through actions and misrepresentations by CRG after the Global Settlement Agreement was executed. The suit also asserts claims for conversion and unjust enrichment against the Lenders for their collection of more than \$66.0 million, the maximum permitted under the Global Settlement Agreement, and their double recovery of amounts paid as part of the \$4.1 million paid in June 2016 and recovered again as part of the \$66.0 million. CRG's double recovery and recovery of more than \$66.0 million are due to CRG drawing the entire \$7.1 million on the Cardinal Health 414 letter of credit. To date, no answer or other response or motion has been filed by the Lenders to Navidea's complaint.

In a related proceeding before the Ohio Court, initially filed in 2016, and under which the Global Settlement Agreement was reached in 2017, the Ohio Court has issued preliminary findings that the settlement gave rise to a \$66.0 million cap on amounts owed to Lenders by Navidea and that Navidea might not have been properly credited for certain funds in excess of \$4.1 million previously swept by Lenders from a bank account owned by Navidea. The Ohio Court also made a preliminary ruling that it possessed jurisdiction to interpret the settlement agreement at issue. The Company intends to pursue recovery of the \$4.1 million, and other damages, in the Ohio Court.

On April 11, 2018, CRG filed a new suit against the Company in the Texas Court. This new suit seeks a declaratory judgment that CRG did not breach the Global Settlement Agreement by drawing approximately \$7.1 million on the Cardinal Health 414 letter of credit. On April 16, 2018, CRG moved the Texas Court to issue an anti-suit injunction barring the Company from litigating in the Ohio Court. The Texas Court denied that motion on April 27, 2018. CRG served the Company with the new Texas suit on May 2, 2018, and the Company's answer is due on May 21, 2018. The Company intends to contest this issue in the Ohio Court, the Texas Court, and on appeal in Texas.

**Platinum Litigation:** A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to defend itself in the action.



## **Item 2. Management’s Discussion and Analysis of Financial Condition and Results of Operations**

### **Forward-Looking Statements**

This report contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended (the “Exchange Act”). We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends affecting the financial condition of our business. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, among other things:

our history of operating losses and uncertainty of future profitability;

our ability to successfully complete research and further development of our drug candidates;

the timing, cost and uncertainty of obtaining regulatory approvals of our drug candidates;

our ability to successfully commercialize our drug candidates;

our expectations and estimates concerning future financial performance, financing plans and the impact of competition;

our ability to raise capital sufficient to fund our development programs;

our dependence on royalties and grant revenue;

our limited product line and distribution channels;

advances in technologies and development of new competitive products;

our ability maintain effective control over financial reporting; and

other risk factors set forth in this report and detailed in our most recent Annual Report on Form 10-K and other SEC filings.

In addition, in this report, we use words such as “anticipate,” “believe,” “plan,” “expect,” “future,” “intend,” “estimate,” “project,” and similar expressions to identify forward-looking statements.

We undertake no obligation to update publicly or revise any forward-looking statements, whether as a result of new information, future events or otherwise after the date of this report. In light of these risks and uncertainties, the forward-looking events and circumstances discussed in this report may not occur and actual results could differ materially from those anticipated or implied in the forward-looking statements.

## **The Company**

Navidea Biopharmaceuticals, Inc., a Delaware corporation (NYSE American: NAVB), is a biopharmaceutical company focused on the development and commercialization of precision immunodiagnostic agents and immunotherapeutics. Navidea is developing multiple precision-targeted products based on our Manocept™ platform to enhance patient care by identifying the sites and pathways of undetected disease and enable better diagnostic accuracy, clinical decision-making and targeted treatment.

Navidea’s Manocept platform is predicated on the ability to specifically target the CD206 mannose receptor expressed on activated macrophages. The Manocept platform serves as the molecular backbone of Tc99m tilmanocept, the first product developed and commercialized by Navidea based on the platform.

On March 3, 2017, pursuant to an Asset Purchase Agreement dated November 23, 2016, the Company completed its previously announced sale to Cardinal Health 414 of its assets used, held for use, or intended to be used in operating its business of developing, manufacturing and commercializing a product used for lymphatic mapping, lymph node biopsy, and the diagnosis of metastatic spread to lymph nodes for staging of cancer, including the Company’s radioactive diagnostic agent marketed under the Lymphoseek® trademark for current approved indications by the FDA and similar indications approved by the FDA in the future, in Canada, Mexico and the United States (giving effect to the License-Back described below and excluding certain assets specifically retained by the Company). Such assets sold in the Asset Sale consist primarily of, without limitation, (i) intellectual property used in or reasonably necessary for the conduct of the Business, (ii) inventory of, and customer, distribution, and product manufacturing agreements related to, the Business, (iii) all product registrations related to the Product, including the new drug application approved by the FDA for the Product and all regulatory submissions in the United States that have been made with respect to the Product and all Health Canada regulatory submissions and, in each case, all files and records related thereto, (iv) all related clinical trials and clinical trial authorizations and all files and records related thereto, and (v) all rights, title and interest in and to the Product, as specified in the Purchase Agreement.



In connection with the closing of the Asset Sale, the Company entered into a License-Back Agreement (the “License-Back”) with Cardinal Health 414. Pursuant to the License-Back, Cardinal Health 414 granted to the Company a sublicensable (subject to conditions) and royalty-free license to use certain intellectual property rights included in the Acquired Assets and owned by Cardinal Health 414 as of the closing of the Asset Sale to the extent necessary for the Company to (i) on an exclusive basis, subject to certain conditions, develop, manufacture, market, sell and distribute new pharmaceutical and other products that are not Competing Products (as defined in the License-Back), and (ii) on a non-exclusive basis, develop, manufacture, market, sell and distribute the Product throughout the world other than in the Territory. Subject to the Company’s compliance with certain restrictions in the License-Back, the License-Back also restricts Cardinal Health 414 from using the intellectual property rights included in the Acquired Assets to develop, manufacture, market, sell, or distribute any product other than the Product or other product that (a) accumulates in lymphatic tissue or tumor-draining lymph nodes for the purpose of (1) lymphatic mapping or (2) identifying the existence, location or staging of cancer in a body, or (b) provides for or facilitates any test or procedure that is reasonably substitutable for any test or procedure provided for or facilitated by the Product. Pursuant to the License-Back and subject to rights under existing agreements, Cardinal Health 414 was given a right of first offer to market, sell and/or market any new products developed from the intellectual property rights licensed by Cardinal Health 414 to the Company by the License-Back.

As part of the Asset Sale, the Company and Cardinal Health 414 also entered into ancillary agreements providing for transitional services and other arrangements. The Company amended and restated its license agreement with UCSD pursuant to which UCSD granted a license to the Company to exploit certain intellectual property rights owned by UCSD and, separately, Cardinal Health 414 entered into a license agreement with UCSD pursuant to which UCSD granted a license to Cardinal Health 414 to exploit certain intellectual property rights owned by UCSD for Cardinal Health 414 to sell the Product in the Territory.

In exchange for the Acquired Assets, Cardinal Health 414 (i) made a cash payment to the Company at closing of approximately \$80.6 million after adjustments based on inventory being transferred and an advance of \$3.0 million of guaranteed earnout payments as part of the settlement with CRG (described below in Part II, Item 1 – Legal Proceedings), (ii) assumed certain liabilities of the Company associated with the Product as specified in the Purchase Agreement, and (iii) agreed to make periodic earnout payments (to consist of contingent payments and milestone payments which, if paid, will be treated as additional purchase price) to the Company based on net sales derived from the purchased Product subject, in each case, to Cardinal Health 414’s right to off-set. In no event will the sum of all earnout payments, as further described in the Purchase Agreement, exceed \$230 million over a period of ten years, of which \$20.1 million are guaranteed payments for the three years immediately after closing of the Asset Sale. At the closing of the Asset Sale, \$3 million of such earnout payments were advanced by Cardinal Health 414 to the Company, and paid to CRG as part of the Deposit Amount paid to CRG.

Upon closing of the Asset Sale, the Supply and Distribution Agreement dated November 15, 2007, as amended, between Cardinal Health 414 and the Company was terminated and, as a result, the provisions thereof are of no further force or effect (other than any indemnification, payment, notification or data sharing obligations which survive the termination). At the closing of the Asset Sale, Cardinal Health 414 paid to the Company \$1.2 million, as an estimate of the accrued revenue sharing payments owed to the Company as of the closing date, net of prior payments.

The Asset Sale to Cardinal Health 414 in March 2017 significantly improved our financial condition and our ability to continue as a going concern. The Company also continues working to establish new sources of non-dilutive funding, including collaborations and grant funding that can augment the balance sheet as the Company works to reduce spending to levels that can be supported by our revenues.

Other than Tc99m tilmanocept, which the Company has a license to distribute outside of Canada, Mexico and the United States, none of the Company's drug product candidates have been approved for sale in any market.

We manage our business based on two primary types of drug products: (i) diagnostic substances, including Tc99m tilmanocept and other diagnostic applications of our Manocept platform and NAV4694, and (ii) therapeutic development programs, including therapeutic applications of our Manocept platform and all development programs undertaken by Macrophage Therapeutics, Inc. ("MT"). See Note 15 to the consolidated financial statements for more information about our business segments.

### **Product Line Overview**

Our primary development efforts over the last several years were focused on diagnostic products, including Lymphoseek which was sold to Cardinal Health 414 in March 2017. Our more recent initiatives have been focused exclusively on diagnostic and therapeutic line extensions based on our Manocept platform.

*Manocept Platform - Diagnostics and Therapeutics Background*

Navidea's Manocept platform is predicated on the ability to specifically target the CD206 mannose receptor expressed on activated macrophages. This flexible and versatile platform serves as a molecular engine for purpose-built targeted imaging molecules that may significantly impact patient care by providing enhanced diagnostic accuracy, clinical decision-making, and target-specific treatment. This disease-targeted drug platform is applicable to a range of diagnostic modalities, including single photon emission computed tomography ("SPECT"), positron emission tomography ("PET"), gamma-scanning (both imaging and topical) and intra-operative and/or optical-fluorescence detection, as well as delivery of therapeutic compounds that target macrophages, and their role in a variety of immune- and inflammation-based disorders. The FDA-approved sentinel node/lymphatic mapping agent, Tc99m tilmanocept, is representative of the ability to successfully exploit this mechanism to develop powerful new products and to expand this technology into additional diagnostic and therapeutic applications.

Activated macrophages play important roles in many disease states and are an emerging target in many diseases where diagnostic uncertainty exists. Impairment of the macrophage-driven disease mechanisms is an area of increasing and proven focus in medicine. The number of people affected by all the inflammatory diseases combined is estimated at more than 40 million in the United States and perhaps 700 million worldwide, making macrophage-mediated diseases an area of remarkable clinical importance. There are many recognized disorders having macrophage involvement, including RA, atherosclerosis/vulnerable plaque, NASH, inflammatory bowel disease, systemic lupus erythematosus, KS, and others that span clinical areas in oncology, autoimmunity, infectious diseases, cardiology, CNS diseases, and inflammation. For the near term, we have selected target diseases that would benefit from this remarkable technology, most deriving improved clinical potential both diagnostically and therapeutically.

*Manocept Platform – Immuno-Diagnostics Clinical Data*

*Rheumatoid Arthritis ("RA")*

Two Tc99m tilmanocept dose escalation studies in RA have been initiated. The first study was completed and included 18 subjects (nine with active disease and nine healthy subjects) dosed subcutaneously with 50 and 200 µg/2mCi Tc99m tilmanocept (ClinicalTrials.gov NCT02683421). The results of this study were presented at three international meetings, including Biotechnology Innovation Organization ("BIO"), Society of Nuclear Medicine and Molecular Imaging ("SNMMI"), and The American College of Rheumatology ("ACR"), 2017. This study is submitted for peer review publication. In addition, based on completion of extensive preclinical dosing studies pursuant to our dialog with the FDA, we have completed a study involving intravenous ("IV") dosing of Tc99m tilmanocept (ClinicalTrials.gov NCT02865434). In conjunction with this study, we have completed pharmacokinetic, pharmacodynamics and radiation dosimetry phases in human subjects as well. The majority of these studies have been supported through a Small Business Innovation Research ("SBIR") grant (NIH/NIAMSD Grant 1 R44 AR067583-01A1). We anticipate a presentation of the results at the June 2018 SNMMI meeting. A preliminary

assessment of the data from this study have been submitted for publication and full published results will follow.

#### *Cardiovascular Disease (“CV”)*

Results of our studies to date provide strong evidence of the potential of Tc99m tilmanocept to accumulate in high-risk morphology plaques, the ability to make preliminary comparisons of aortic Tc99m tilmanocept uptake by SPECT/CT in clinically symptomatic patients vs. healthy age-matched subjects, and to evaluate the ability of Tc99m tilmanocept to identify the same aortic atherosclerotic plaques that are identified by contrast enhanced coronary computed tomography angiography and/or PET/CT. A nine-subject study to evaluate diagnostic imaging of emerging atherosclerosis plaque with the Tc99m tilmanocept product dosed subcutaneously is complete (ClinicalTrials.gov NCT02542371). The results of this study were presented at two major international meetings (Conference on Retroviruses and Opportunistic Infections (“CROI”) and SNMMI, 2017) and published in early release in the *Journal of Infectious Diseases* in January 2017 (published in the circulated version, *Journal of Infectious Diseases* (2017) **215** (8): 1264-1269), confirming that the Tc99m tilmanocept product can both quantitatively and qualitatively target non-calcified plaque in the aortic arch of Acquired Immunodeficiency Syndrome (“AIDS”) patients (supported by NIH/NHLBI Grant 1 R43 HL127846-01).

We have also begun a second Phase 1/2 study in cooperation with Massachusetts General Hospital in subjects with Human Immunodeficiency Virus (“HIV”) that expands the original study in both the scope of the drug administration as well as the diagnostic assessment of the subjects. This study will enroll up to 24 AIDS subjects and healthy controls in imaging soft plaque using IV-administered Tc99m tilmanocept, and expand the initial investigation to the assessment of aortic plaque as well as carotid and coronary arteries. We anticipate results by the end of the third quarter of 2018. In addition, we have applied for follow-on NIH/NHLBI support to fund additional clinical studies that are currently under development and design for Phase 2 trials.

#### *Kaposi’s Sarcoma (“KS”)*

KS is a serious and potentially life threatening illness in persons infected with HIV and the third leading cause of death in this population worldwide. The prognosis for patients with KS is poor with high probabilities for mortality and greatly diminished quality of life. We initiated and completed a study of KS in 2015 (ClinicalTrials.gov NCT022201420), and received additional funding from the National Institutes of Health (“NIH”) in 2016 to continue diagnostic studies in this disease. The new support not only continues the imaging of the cutaneous form of this disease but expands this to imaging of visceral disease via IV administration of Tc99m tilmanocept (NIH/NCI 1 R44 CA192859-01A1; ClinicalTrials.gov NCT03157167). This study now includes a pathology/biopsy component as well as an imaging component to determine pathology concordance with image assessment. A manuscript with initial results has been submitted for peer review and publication, including both imaging and biological evaluation of KS correlates. We received Institutional Review Board approval of the clinical protocol, and we initiated a Phase 1/2 clinical study in KS in 2017.





*Colorectal Cancer (“CRC”) and Synchronous Liver Metastases*

During the first quarter of 2017, we initiated an imaging study in subjects with CRC and liver metastases via IV administration of Tc99m tilmanocept. This study is supported through a SBIR grant (NIH/NCI 1 R44 CA1962783-01A1; ClinicalTrials.gov NCT03029988) and continues to enroll subjects (up to 12 subjects with dose modification; this study may also be expanded depending on NIH/NCI funding). An initial presentation is scheduled at SNMMI in June of 2018 and early results have been submitted for peer review publication.

*Nonalcoholic Steatohepatitis (“NASH”)*

We have initiated a clinical study (ClinicalTrials.gov NCT03332940) that is designed to enroll 12 subjects with IV administration of Tc99m tilmanocept and an imaging comparator to identify and quantify the extent of NASH lesions in human patients. This study is ongoing and includes dose escalation modification for Tc99m tilmanocept. Initial results were presented at the NASH Summit in Boston, April 23-25, 2018, and the results are available on Navidea’s website.

Based on performance in these very large market opportunities, the Company anticipates continued investment in these programs, including initiating studies designed to obtain new approvals for the Tc99m tilmanocept product.

*Biomarker Application and Qualification*

In November 2017, the Company commenced the qualification of the biomarker CD206 with the FDA Biomarker Section of The Center for Drug Evaluation and Research (“CDER”). As per FDA protocol, Navidea submitted a draft letter of intent (“LOI”) to CDER prior to the November meeting. According to the CDER directive, “the Biomarker Qualification Program was established to support the CDER’s work with external stakeholders to develop biomarkers that aid in the drug development process. Through the FDA’s Biomarker Qualification Program, an entity may request regulatory qualification of a biomarker for a particular context of use (“COU”) in drug development.” Post-meeting with the FDA and because of Navidea’s data sets and the general external publication database, Navidea, in conjunction with FDA, is now reviewing the LOI with the FDA’s recommended consultants. Navidea is revising the LOI draft strategy in order to expedite the application process. On March 1, 2018, Navidea had a follow-up meeting with the FDA’s assigned strategist and further narrowing of the LOI elements were reviewed. Navidea is continuing the process of finalizing the COU LOI and providing the background data sets for qualification review with the FDA/CDER. Additional meetings have taken place and the pursuit of this qualification is progressing well.



Macrophage Therapeutics Background

In December 2014, the Company formed a new business unit to further explore therapeutic applications for the Manocept platform. In January 2015, Navidea incorporated the business unit as MT, a majority-owned subsidiary of Navidea. Navidea also granted MT an exclusive license for certain therapeutic applications of the Manocept technology.

MT has developed processes for producing the first two therapeutic Manocept immuno-constructs, MT-1002, designed to specifically target and kill activated CD206+ macrophages by delivering doxorubicin, and MT-2002, designed to inhibit the inflammatory activity of activated CD206+ macrophages by delivering a potent anti-inflammatory agent. MT has contracted with independent facilities to produce sufficient quantities of the MT-1002 and MT-2002 agents along with the concomitant analytical standards, to provide material for planned preclinical animal studies and future clinical trials.

Manocept Platform – In-Vitro and Pre-Clinical Immunotherapeutics Data

MT has been set up to pursue the therapeutic drug delivery model. This model enables the Company to leverage its technology over many potential disease applications and with multiple partners simultaneously without significant capital outlays. To date, the Company has developed two lead families of therapeutic products. The MT-1000 class is designed to deplete activated macrophages via apoptosis. The MT-2000 class is designed to modulate activated macrophages from a classically activated phenotype to the alternatively activated phenotype. Both families have been tested in a number of disease models in rodents.

We have already reported on the peripheral infectious disease aspects of KS, including HIV and HHV8 (CROI, Boston 2016, and KS HHV8 Summit Miami 2015). As noted, we continue this work funded by the NIH/NIAID and NCI. The Company has completed preclinical studies employing both MT 1000-class and 2000-class therapeutic conjugates of Manocept. The positive results from these studies are indicative of Manocept's specific targeting supported by its strong binding affinity to CD206 receptors. This high degree of specificity is a foundation of the potential for this technology to be useful in treating diseases linked to the over-activation of macrophages. This includes various cancers as well as autoimmune, infectious, CV, and central nervous system ("CNS") diseases. We expect to publish results of these preclinical efforts later this year.

*Kaposi's Sarcoma*

The novel MT-1002 construct is designed to specifically deliver doxorubicin, a chemotoxin, which can kill KS tumor

cells and their tumor-associated macrophages potentially altering the course of cancer. We have received additional funding to continue therapeutic studies in this disease with the goal of completing an IND submission for a Manocept construct (MT-1000 class of compounds) consisting of tilmanocept linked to doxorubicin for the treatment of KS. The first part of the grant, now complete, supported analyses including *in vitro* and cell culture studies, to be followed by Parts 2 and 3 FDA-required preclinical animal testing studies. The information from these studies will be combined with other information in an IND application that will be submitted to the FDA requesting permission to begin testing the compound in selected KS subjects (supported by NIH/NCI 1 R44 CA206788-01).

*Nonalcoholic Fatty Liver Disease (“NAFLD”)*

NAFLD is a spectrum of liver disorders and is defined by the presence of steatosis in more than 5% of hepatocytes with little or no alcohol consumption. NASH is the most extreme form of NAFLD. A major characteristic of NASH involves cells undergoing lipotoxicity, releasing endogenous signals prompting the accumulation of various macrophages to assess the damage. Studies have shown that levels of endogenous molecular inflammatory signals positively correlate with inflammation, hepatocyte ballooning, and other NAFLD symptoms. We have developed a molecular delivery technology capable of targeting only the disease-causing macrophages by selectively binding to the CD206 receptor. Selective binding and efficient delivery of this agent mitigates the potential of affecting the neighboring cells or interfering more broadly with the normal function of the immune system.

We have completed five *in vivo* studies employing our MT-1002 and MT-2002 Manocept conjugates in a well-established mouse model of NAFLD/NASH and liver fibrosis. The NAFLD scores, which correlate to the agents' effectiveness, were significantly reduced, with all the activity related to inflammation and “ballooning” scores. Fibrosis decreased significantly when compared to the control in the later dosing arm of the study. Liver weights did not differ during any phase of the study between control and agent-treated groups, nor was there any evidence of damage to the roughly 30% of the liver made up of un-activated macrophages called Kupffer cells. MT-1002 and MT-2002 both significantly reduced key disease assessment parameters in the *in vivo* STAM™ NASH model. We believe these agents present themselves as potential clinically effective candidates for further evaluation. We continue to use this model to further assess the activity of our agents.

### *Other Immunotherapeutic Applications*

We have completed an expanded series of predictive *in vitro* screening tests of the MT-1002 and MT-2002 therapeutic conjugates against the Zika and Dengue viruses, which included infectivity and viral replication inhibition effectiveness as well as dose finding studies and mechanisms of action, the latter based on conjugate structures. We have also completed a series of predictive *in vivo* screening tests of the MT-1002 and MT-2002 therapeutic conjugates against Leishmaniosis, which included host cell targeting and killing effectiveness as well as dose finding studies and mechanisms of action. A portion of the results from the *in vivo* Leishmaniosis study, completed in conjunction with the National Institute of Allergy and Infectious Diseases/NIH, was recently published in the *Journal of Experimental Medicine* (published in the circulated version *Journal of Experimental Medicine* 2018 Jan 2;215(1):357-375). The results from all evaluations were positive and have provided a basis for moving forward with additional *in vivo* testing of the selected conjugates. We have selected collaborators for these *in vivo* studies, which we expect will take place over the next four to six months. We will provide updates as information becomes available on future testing.

Navidea and MT continue to evaluate emerging data in other disease states to define areas of focus, development pathways and partnering options to capitalize on the Manocept platform, including ongoing studies in KS, RA and infectious diseases. The immuno-inflammatory process is remarkably complex and tightly regulated with indicators that initiate, maintain and shut down the process. Macrophages are immune cells that play a critical role in the initiation, maintenance, and resolution of inflammation. They are activated and deactivated in the inflammatory process. Because macrophages may promote dysregulation that accelerates or enhances disease progression, diagnostic and therapeutic interventions that target macrophages may open new avenues for controlling inflammatory diseases. There can be no assurance that further evaluation or development will be successful, that any Manocept platform product candidate will ultimately achieve regulatory approval, or if approved, the extent to which it will achieve market acceptance.

### *NAV4694 (Candidate for Divestiture)*

NAV4694 is a fluorine-18 (“F-18”) labeled PET imaging agent being developed as an aid in the imaging and evaluation of patients with signs or symptoms of Alzheimer’s disease (“AD”) and mild cognitive impairment (“MCI”). NAV4694 binds to beta-amyloid deposits in the brain that can then be imaged in PET scans. Amyloid plaque pathology is a required feature of AD and the presence of amyloid pathology is a supportive feature for diagnosis of probable AD. Patients who are negative for amyloid pathology do not have AD. NAV4694 has been studied in rigorous pre-clinical studies and clinical trials in humans. Clinical studies through Phase 3 have included subjects with MCI, suspected AD patients, and healthy volunteers. Results suggest that NAV4694 has the potential ability to image patients quickly and safely with high sensitivity and specificity.

In May 2014, the Board of Directors made the decision to refocus the Company's resources to better align the funding of our pipeline programs with the expected growth in Tc99m tilmanocept revenue. This realignment primarily

involved reducing our near-term support for our neurological product candidates, including NAV4694, as we sought a development partner or partners for these programs. Discussions related to the potential partnering or divestiture of NAV4694 were delayed due in large part to litigation brought by Sinotau, one of the potential partners. In August 2015, Sinotau filed a suit for damages, specific performance, and injunctive relief against the Company in the U.S. District Court for the District of Massachusetts alleging breach of a letter of intent for licensing to Sinotau of the Company's NAV4694 product candidate and technology. In September 2016, the Court denied the Company's motion to dismiss. The Company filed its answer to the complaint and the parties have filed multiple joint motions to stay the case pending settlement discussion, which to date have been granted.

In October 2017, the Company executed a letter of intent with Sinotau and Cerveau, outlining a plan to sublicense to Cerveau the worldwide rights to conduct research using NAV4694, as well as grant to Cerveau an exclusive license for the development, marketing and commercialization of NAV4694 in Australia, Canada, China and Singapore. The letter of intent included a provision stating that Sinotau will release all claims in the Sinotau Litigation upon the parties' execution of a definitive agreement; the commercial rights agreement contemplated by the letter of intent would also include a release of such claims and a covenant not to sue on such claims. In April 2018, the Company executed an agreement to provide Meilleur, a wholly-owned subsidiary of Cerveau, worldwide rights to conduct research using NAV4694, as well as an exclusive license for the development and commercialization of NAV4694 in Australia, Canada, China, and Singapore. Meilleur also has an option to commercialize worldwide. As a result of the agreement, Navidea expects that the litigation initiated by Sinotau will be dismissed. See Part II, Item 1 – Legal Proceedings.

## Outlook

Our operating expenses in recent years have been focused primarily on support of Tc99m tilmanocept, our Manocept platform, and NAV4694 product development. We incurred approximately \$999,000 and \$705,000 in total on research and development activities during the three-month periods ended March 31, 2018 and 2017, respectively. Of the total amounts we spent on research and development during those periods, excluding costs related to our internal research and development headcount and our general and administrative staff which we do not currently allocate among the various development programs that we have underway, we incurred out-of-pocket charges by program as follows:

Development Program <sup>(a)</sup>	Three Months Ended	
	March 31, 2018	2017
Tc99m Tilmanocept <sup>(b)</sup>	\$ 115,122	\$ 241,687
Manocept Platform	259,528	318,688
Macrophage Therapeutics	208,500	252,073
NAV4694 <sup>(c)</sup>	9,615	(553,743)

(a)

Certain development program expenditures were offset by grant reimbursement revenues totaling \$233,000 and \$556,000 during the three-month periods ended March 31, 2018 and 2017, respectively.

- (b) Amounts in 2017 reflect projects included in discontinued operations in the consolidated statements of operations.
- (c) Changes in cost estimates resulted in the reversal of certain previously accrued expenses related to the NAV4694 development program during the three-month period ended March 31, 2017.

We expect to continue the advancement of our efforts with our Manocept platform during 2018. We expect our total research and development expenses, including both out-of-pocket charges as well as internal headcount and support costs, to be higher in 2018 than in 2017. The suspension of active patient accrual in our NAV4694 trials have decreased our development costs related to that program over the past year, however, we may continue to incur minimal costs while we complete our divestiture activities.

Tc99m tilmanocept is approved by the EMA for use in imaging and intraoperative detection of sentinel lymph nodes draining a primary tumor in adult patients with breast cancer, melanoma, or localized squamous cell carcinoma of the oral cavity in the EU. Following the January 2017 transfer of the Tc99m tilmanocept Marketing Authorization to SpePharm, we transferred responsibility for manufacturing the reduced-mass vial for the EU market to SpePharm. During the second quarter of 2017, SpePharm launched Tc99m tilmanocept in select EU markets, providing a number of early adopters with sample doses to provide exposure to the product. EU sales commenced during the third quarter of 2017. We anticipate that we will incur costs related to supporting our product, regulatory, manufacturing and commercial activities related to the potential marketing registration and sale of Tc99m tilmanocept in markets other than the EU. There can be no assurance that Tc99m tilmanocept will achieve regulatory approval in any market other than the EU, or if approved in those markets, that it will achieve market acceptance in the EU or any other market.

We continue to evaluate existing and emerging data on the potential use of Manocept-related agents in the diagnosis and disease-staging of disorders in which macrophages are involved, such as KS, RA, vulnerable plaque/atherosclerosis, TB and other disease states, to define areas of focus, development pathways and partnering options to capitalize on the Manocept platform. We will also be evaluating potential funding and other resources required for continued development, regulatory approval and commercialization of any Manocept platform product candidates that we identify for further development, and potential options for advancing development. There can be no assurance of obtaining funding or other resources on terms acceptable to us, if at all, that further evaluation or development will be successful, that any Manocept platform product candidate will ultimately achieve regulatory approval, or if approved, the extent to which it will achieve market acceptance.

## **Discontinued Operations**

In March 2017, Navidea completed the Asset Sale to Cardinal Health 414, as discussed previously under “The Company.” In exchange for the Acquired Assets, Cardinal Health 414 (i) made a cash payment to the Company at closing of approximately \$80.6 million after adjustments based on inventory being transferred and an advance of \$3 million of guaranteed earnout payments as part of the CRG settlement, (ii) assumed certain liabilities of the Company associated with the Product as specified in the Purchase Agreement, and (iii) agreed to make periodic earnout payments (to consist of contingent payments and milestone payments which, if paid, will be treated as additional purchase price) to the Company based on net sales derived from the purchased Product subject, in each case, to Cardinal Health 414’s right to off-set. In no event will the sum of all earnout payments, as further described in the Purchase Agreement, exceed \$230 million over a period of ten years, of which \$20.1 million are guaranteed payments for the three years immediately after closing of the Asset Sale. At the closing of the Asset Sale, \$3 million of such earnout payments were advanced by Cardinal Health 414 to the Company, and paid to CRG as part of the Deposit



Amount paid to CRG.

We recorded a net gain on the sale of the Business of \$88.7 million for the three months ended March 31, 2017, including \$16.5 million in guaranteed consideration, which was discounted to the present value of future cash flows. The proceeds were offset by \$3.3 million in estimated fair value of warrants issued to Cardinal Health 414, \$2.0 million in legal and other fees related to the sale, \$800,000 in net balance sheet dispositions and write-offs, and \$4.6 million in estimated taxes. Our consolidated balance sheets and statements of operations have been reclassified, as required, for all periods presented to reflect the Business as a discontinued operation. Cash flows associated with the operation of the Business have been combined with operating, investing and financing cash flows, as appropriate, in our consolidated statements of cash flows.

## Results of Operations

This discussion of our Results of Operations focuses on describing results of our operations as if we had not operated the discontinued operations discussed above during the periods being disclosed. In addition, since our remaining pharmaceutical product candidates are not yet generating commercial revenue, the discussion of our revenue focuses on the grant and other revenue and our operating variances focus on our remaining product development programs and the supporting general and administrative expenses.

### *Three Months Ended March 31, 2018 and 2017*

*Grant and Other Revenue.* During the first quarter of 2018, we recognized \$276,000 of grant and other revenue as compared to \$580,000 in the first quarter of 2017. Grant revenue during the first quarter of 2018 was primarily related to SBIR grants from the NIH supporting Manocept development. Grant revenue during the first quarter of 2017 was primarily related to SBIR grants from the NIH supporting Manocept and Tc99m tilmanocept development.

*Research and Development Expenses.* Research and development expenses increased \$294,000, or 42%, to \$999,000 during the first quarter of 2018 from \$705,000 during the same period in 2017. The increase was primarily due to net increases in drug project expenses related to (i) increased NAV4694 development costs of \$563,000 due to reversal of certain previously accrued expenses during the first quarter of 2017; offset by (ii) decreased Tc99m tilmanocept development costs of \$100,000 including decreased regulatory costs, manufacturing-related activities, clinical testing and license fees; (iii) decreased Manocept development costs of \$59,000 including decreased clinical trial costs; and (iv) decreased therapeutics development costs of \$44,000 including decreased manufacturing-related activities and research consulting costs, offset by increased regulatory consulting costs. The net increase in research and development expenses also included decreased compensation including incentive-based awards of \$100,000 related to net decreased headcount.

*Selling, General and Administrative Expenses.* Selling, general and administrative expenses decreased \$1.2 million, or 41%, to \$1.8 million during the first quarter of 2018 from \$3.0 million during the same period in 2017. The net decrease was primarily due to decreased legal and professional services of \$1.1 million, decreased general office expenses such as insurance, depreciation, rent, and travel of \$80,000, and decreased costs for investor relations services of \$26,000.

*Other Income (Expense).* Other expense, net, was \$4.2 million during the first quarter of 2018 as compared to other expense, net of \$1.2 million during the same period in 2017. We recorded losses on extinguishment of the CRG debt of \$4.3 million and \$1.3 million during the first quarters of 2018 and 2017, respectively. Also during the first quarters of 2018 and 2017, we recognized interest income of \$76,000 and \$30,000, respectively, primarily related to the guaranteed consideration due from Cardinal Health 414, which was discounted to present value at the closing date of the Asset Sale. For the first quarter of 2018, we recorded non-cash interest expense of \$42,000 related to interest that was compounded and added to the principal balance of the Platinum debt. For the first quarter of 2017, we recorded non-cash income of \$140,000 related to changes in the estimated fair value of financial instruments.

*Gain on Discontinued Operations.* We recorded a net gain on the sale of the Business to Cardinal Health 414 of \$88.7 million for the three months ended March 31, 2017, including \$16.5 million in guaranteed consideration, which was discounted to the present value of future cash flows. The proceeds were offset by \$3.3 million in estimated fair value of warrants issued to Cardinal Health 414, \$2.0 million in legal and other fees related to the sale, \$800,000 in net balance sheet dispositions and write-offs, and \$4.6 million in estimated taxes. Operating losses from discontinued operations related to the sale of the Business to Cardinal Health 414 were \$256,000 for the first quarter of 2017.

## **Liquidity and Capital Resources**

Cash balances decreased to \$817,000 at March 31, 2018 from \$2.8 million at December 31, 2017. The net decrease was primarily due to cash used to fund our operations of \$2.3 million and payments on notes payable of \$118,000, offset by maturities of available-for-sale securities of \$400,000.

In connection with the closing of the Asset Sale to Cardinal Health 414, the Company repaid to PPCO an aggregate of approximately \$7.7 million in partial satisfaction of the Company's liabilities, obligations and indebtedness under the Platinum Loan Agreement between the Company and Platinum-Montaur, which were transferred by Platinum-Montaur to PPCO. The Company was informed by PPVA that it was the owner of additional amounts owed on the Platinum-Montaur loan. PPVA claims a balance of approximately \$1.9 million was due upon closing of the Asset Sale. That amount is also subject to competing claims of ownership by Dr. Michael Goldberg, the Company's President and Chief Executive Officer. The Company has not yet paid any amounts to PPVA or Dr. Goldberg given the pending dispute.

On November 2, 2017, Platinum-Montaur commenced an action against the Company in the Supreme Court of the State of New York, County of New York, seeking damages of approximately \$1.9 million purportedly due as of March 3, 2017, plus interest accruing thereafter. The claims asserted are for breach of contract and unjust enrichment in connection with funds received by the Company under the Platinum Loan Agreement. Said action was removed to the United States District of New York on December 6, 2017. An initial pretrial conference was held on January 26, 2018. At the conference the Court stayed the deadline for the Company to answer or otherwise respond to the complaint. The Court also directed the parties to engage in informal jurisdictional discovery and a follow up status conference was held on March 9, 2018, during which the Court set a briefing schedule and determined that Navidea's motion to dismiss was due on April 6, 2018. The Company filed its motion to dismiss in advance of the filing deadline. A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to defend itself in the action.

The Company has continued to accrue interest on the Platinum debt pending the outcome of the litigation, and the balance of the debt was approximately \$2.1 million as of March 31, 2018.

On April 2, 2018, the Company entered into an Amendment to the Asset Purchase Agreement. Pursuant to the Amendment, Cardinal Health 414 paid the Company approximately \$6.0 million and agreed to pay the Company an amount equal to the unused portion of the letter of credit (not to exceed approximately \$7.1 million) promptly after the earlier of (i) the expiration of the letter of credit and (ii) the receipt by Cardinal Health 414 of evidence of the return and cancellation of the letter of credit. In exchange, the obligation of Cardinal Health 414 to make any further contingent payments has been eliminated. Cardinal Health 414 is still obligated to make the milestone payments in accordance with the terms of the earnout provisions of the Purchase Agreement. On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit.

The Company has experienced recurring net losses and recent unfavorable court rulings, and has used significant cash to fund its operations, all of which are factors that raise substantial doubt about our ability to continue as a going concern. Following the completion of the Amendment, including receipt of approximately \$6.0 million from Cardinal Health 414 and the payment of all remaining amounts due to CRG through their draw on the Cardinal Health 414 letter of credit, we believe that substantial doubt about the Company's financial position and ability to continue as a going concern has been mitigated. Our projected cash burn factors in certain cost cutting initiatives that have been approved by the board of directors and implemented, including reductions in the workforce and a reduction in facilities expenses. Additionally, we have considerable discretion over the extent of development project expenditures and have the ability to curtail the related cash flows as needed. The Company also has funds remaining under outstanding grant awards, and continues working to establish new sources of non-dilutive funding, including collaborations and additional grant funding that can augment the balance sheet as the Company works to reduce spending to levels that can be supported by our revenues. Based on our current working capital and our projected cash burn, management believes that the Company will be able to continue as a going concern for at least twelve months following the issuance of this Quarterly Report on Form 10-Q.

*Operating Activities.* Cash used in operations was \$2.3 million during the first quarter of 2018 compared to \$67.7 million provided by operations during the same period in 2017.

Accounts and other receivables increased to \$13.0 million at March 31, 2018 from \$8.1 million at December 31, 2017, primarily related to classification of the entire balance of the guaranteed earnout due from Cardinal Health 414 as current, based on the Amendment executed on April 2, 2018.

Prepaid expenses and other current assets remained steady at \$1.1 million at March 31, 2018 and December 31, 2017. Increased interest receivable related to the guaranteed earnout due from Cardinal Health 414 coupled with increased prepaid investor relations services and legal retainers were offset by normal amortization of prepaid insurance.

Accounts payable decreased to \$700,000 at March 31, 2018 from \$855,000 at December 31, 2017, primarily driven by net decreased payables due to process and product development, operations and regulatory vendors. Accrued liabilities and other current liabilities remained steady at \$1.8 million at March 31, 2018 and December 31, 2017. Decreased accruals for compensation and Manoecept development costs were offset by increased accruals for process development costs. Our payable and accrual balances will continue to fluctuate but will likely decrease overall as we continue to complete the divestiture of NAV4694, offset by planned increases in development activity related to the Manoecept platform.

*Investing Activities.* Investing activities provided \$400,000 during the first quarter of 2018 compared to \$0 during the same period in 2017. Maturities of available-for-sale securities provided \$400,000 during the first quarter of 2018.

*Financing Activities.* Financing activities used \$118,000 during the first quarter of 2018 compared to \$60.8 million during the same period in 2017. The \$118,000 used by financing activities in the first quarter of 2018 consisted primarily of principal payments on financed insurance premiums. The \$60.8 million used by financing activities in the first quarter of 2017 consisted primarily of principal payments on the CRG and Platinum notes payable of \$59.5 million and payments of debt-related costs of \$1.3 million, offset by proceeds from issuance of common stock of \$54,000.

*Cardinal Health 414 Asset Sale*

On April 2, 2018, the Company entered into an Amendment to the Asset Purchase Agreement. Pursuant to the Amendment, Cardinal Health 414 paid the Company approximately \$6.0 million and agreed to pay the Company an amount equal to the unused portion of the letter of credit (not to exceed approximately \$7.1 million) promptly after the earlier of (i) the expiration of the letter of credit and (ii) the receipt by Cardinal Health 414 of evidence of the return and cancellation of the letter of credit. In exchange, the obligation of Cardinal Health 414 to make any further contingent payments has been eliminated. Cardinal Health 414 is still obligated to make the milestone payments in accordance with the terms of the earnout provisions of the Purchase Agreement.

*Capital Royalty Group Debt*

As disclosed in the Company's Annual Report on Form 10-K and other filings, the Company has been engaged in ongoing litigation with CRG, in its capacity as a lender and as control agent for other affiliated lenders party to the CRG Loan Agreement, in the Texas Court relating to CRG's claims of default under the terms the CRG Loan Agreement. Following a trial in December 2017, the Texas Court ruled that the Company's total obligation to CRG is in excess of \$66.0 million, limited to \$66.0 million under the parties' Global Settlement Agreement reached in 2017. The Texas Court acknowledged only the \$59.0 million payment made in March 2017, concluding that the Company owed CRG another \$7.0 million, however the Texas Court did not expressly take the Company's June 2016 payment of \$4.1 million into account and awarded, as part of the \$66.0 million, amounts that had already been paid as part of the \$4.1 million. The Company believes that this \$4.1 million should be credited against the \$7.0 million; CRG disagrees.

On January 16, 2018, the Company filed an emergency motion to set supersedeas bond and to modify judgment, describing the double recovery created by the \$66.0 million award without taking into account the \$4.1 million payment in June 2016, requesting that the judgment be modified to set the supersedeas amount at \$2.9 million so that the Company could stay enforcement of the judgment pending appeal. The Texas Court refused to rule on this motion, and the court of appeals entered an order compelling the Texas Court to set a supersedeas amount. On March 26, 2018, the Texas Court ordered the Company to put up a supersedeas bond in the amount of \$7.7 million. The Company filed for an emergency stay of the order in the appellate court in Harris County. On April 2, 2018, the appellate court denied the Company's emergency stay motion. The Company continues to believe that the \$4.1 million paid to CRG in June 2016 should be credited as payment toward the \$66.0 million total, and the Company intends to further contest the matter through the appellate court in Texas.

On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit. This was in addition to the \$4.1 million and the \$59.0 million that Navidea had previously paid to CRG.

On April 12, 2018 Navidea filed suit in the Ohio Court against the Lenders. The suit asserts that the Lenders fraudulently induced Navidea to enter into a settlement agreement and breached the terms of the same through certain actions taken by the Lenders in connection with the Global Settlement Agreement reached in 2017, pursuant to which Navidea agreed to pay up to \$66.0 million to Lenders, as well as through actions and misrepresentations by CRG after the Global Settlement Agreement was executed. The suit also asserts claims for conversion and unjust enrichment against the Lenders for their collection of more than \$66.0 million, the maximum permitted under the Global Settlement Agreement, and their double recovery of amounts paid as part of the \$4.1 million paid in June 2016 and recovered again as part of the \$66.0 million. CRG's double recovery and recovery of more than \$66.0 million are due to CRG drawing the entire \$7.1 million on the Cardinal Health 414 letter of credit. To date, no answer or other response or motion has been filed by the Lenders to Navidea's complaint.

In a related proceeding before the Ohio Court, initially filed in 2016, and under which the Global Settlement Agreement was reached in 2017, the Ohio Court has issued preliminary findings that the settlement gave rise to a \$66.0 million cap on amounts owed to Lenders by Navidea and that Navidea might not have been properly credited for certain funds in excess of \$4.1 million previously swept by Lenders from a bank account owned by Navidea. The Ohio Court also made a preliminary ruling that it possessed jurisdiction to interpret the settlement agreement at issue. The Company intends to pursue recovery of the \$4.1 million, and other damages, in the Ohio Court.

On April 11, 2018, CRG filed a new suit against the Company in the Texas Court. This new suit seeks a declaratory judgment that CRG did not breach the Global Settlement Agreement by drawing approximately \$7.1 million on the Cardinal Health 414 letter of credit. On April 16, 2018, CRG moved the Texas Court to issue an anti-suit injunction barring the Company from litigating in the Ohio Court. The Texas Court denied that motion on April 27, 2018. CRG served the Company with the new Texas suit on May 2, 2018, and the Company's answer is due on May 21, 2018. The Company intends to contest this issue in the Ohio Court, the Texas Court, and on appeal in Texas.

*Platinum Credit Facility*

In connection with the closing of the Asset Sale to Cardinal Health 414, the Company repaid to PPCO an aggregate of approximately \$7.7 million in partial satisfaction of the Company's liabilities, obligations and indebtedness under the Platinum Loan Agreement between the Company and Platinum-Montaur, which were transferred by Platinum-Montaur to PPCO. The Company was informed by PPVA that it was the owner of additional amounts owed on the Platinum-Montaur loan. PPVA claims a balance of approximately \$1.9 million was due upon closing of the Asset Sale. That amount is also subject to competing claims of ownership by Dr. Michael Goldberg, the Company's President and Chief Executive Officer. The Company has not yet paid any amounts to PPVA or Dr. Goldberg given the pending dispute.

On November 2, 2017, Platinum-Montaur commenced an action against the Company in the Supreme Court of the State of New York, County of New York, seeking damages of approximately \$1.9 million purportedly due as of March 3, 2017, plus interest accruing thereafter. The claims asserted are for breach of contract and unjust enrichment in connection with funds received by the Company under the Platinum Loan Agreement. Said action was removed to the United States District of New York on December 6, 2017. An initial pretrial conference was held on January 26, 2018. At the conference the Court stayed the deadline for the Company to answer or otherwise respond to the complaint. The Court also directed the parties to engage in informal jurisdictional discovery and a follow up status conference was held on March 9, 2018, during which the Court set a briefing schedule and determined that Navidea's motion to dismiss was due on April 6, 2018. The Company filed its motion to dismiss in advance of the filing deadline. A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to defend itself in the action.

The Company has continued to accrue interest on the Platinum debt pending the outcome of the litigation, and the balance of the debt was approximately \$2.1 million as of March 31, 2018.

*Summary*

Our future liquidity and capital requirements will depend on a number of factors, including the ability of our distribution partners to achieve market acceptance of our products, our ability to complete the development and commercialization of new products, our ability to monetize our investment in non-core technologies, our ability to obtain milestone or development funds from potential development and distribution partners, regulatory actions by the FDA and international regulatory bodies, the ability to procure required financial resources, and intellectual property protection.

We plan to focus our resources for 2018 primarily on development of products based on the Manocept platform. Although management believes that it will be able to achieve these objectives, they are subject to a number of variables beyond our control, including the nature and timing of any partnering opportunities, the ability to modify contractual commitments made in connection with these programs, and the timing and expense associated with suspension or alteration of clinical trials, and consequently there can be no assurance that we will be able to achieve our objective of bringing our expenses in line with our revenues, and we may need to seek additional financing if we cannot achieve that objective in a timely manner.

The Company has experienced recurring net losses and recent unfavorable court rulings, and has used significant cash to fund its operations, all of which are factors that raise substantial doubt about our ability to continue as a going concern. Following the completion of the Amendment, including receipt of approximately \$6.0 million from Cardinal Health 414 and the payment of all remaining amounts due to CRG through their draw on the Cardinal Health 414 letter of credit, we believe that substantial doubt about the Company's financial position and ability to continue as a going concern has been mitigated. Our projected cash burn factors in certain cost cutting initiatives that have been approved by the board of directors and implemented, including reductions in the workforce and a reduction in facilities expenses. Additionally, we have considerable discretion over the extent of development project expenditures and have the ability to curtail the related cash flows as needed. The Company also has funds remaining under outstanding grant awards, and continues working to establish new sources of non-dilutive funding, including collaborations and additional grant funding that can augment the balance sheet as the Company works to reduce spending to levels that can be supported by our revenues. Based on our current working capital and our projected cash burn, management believes that the Company will be able to continue as a going concern for at least twelve months following the issuance of this Quarterly Report on Form 10-Q.

We will continue to evaluate our time lines, strategic needs, and balance sheet requirements. If we attempt to raise additional capital through debt, royalty, equity or otherwise, we may not be successful in doing so on terms acceptable to the Company, if at all. Further, we may not be able to gain access and/or be able to execute on securing new sources of funding, new development opportunities, successfully obtain regulatory approval for and commercialize new products, achieve significant product revenues from our products, or achieve or sustain profitability in the future.



## Off-Balance Sheet Arrangements

As of March 31, 2018, we had no off-balance sheet arrangements.

## Recent Accounting Standards

See Note 1(d) to the accompanying consolidated financial statements for a summary of all recent accounting standards.

## Critical Accounting Policies

*We base our management's discussion and analysis of financial condition and results of operations, as well as disclosures included elsewhere in this Quarterly Report on Form 10-Q, upon our consolidated financial statements, which we have prepared in accordance with U.S. generally accepted accounting principles. We describe our significant accounting policies in the notes to the audited consolidated financial statements contained in our Annual Report on Form 10-K. We include within these policies our "critical accounting policies." Critical accounting policies are those policies that are most important to the preparation of our consolidated financial statements and require management's most subjective and complex judgment due to the need to make estimates about matters that are inherently uncertain. Changes in estimates and assumptions based upon actual results may have a material impact on our results of operations and/or financial condition.*

*Revenue Recognition.* We currently generate revenue primarily from grants to support various product development initiatives. We generally recognize grant revenue when expenses reimbursable under the grants have been paid and payments under the grants become contractually due.

We also earn revenues related to our licensing and distribution agreements. The consideration we are eligible to receive under our licensing and distribution agreements typically includes upfront payments, reimbursement for research and development costs, milestone payments, and royalties. Each licensing and distribution agreement is unique and requires separate assessment in accordance with current accounting standards.

*Research and Development.* R&D expenses include both internal R&D activities and external contracted services. Internal R&D activity expenses include salaries, benefits, and stock-based compensation, as well as travel, supplies, and other costs to support our R&D staff. External contracted services include clinical trial activities, chemistry, manufacturing and control-related activities, and regulatory costs. R&D expenses are charged to operations as incurred. We review and accrue R&D expenses based on services performed and rely upon estimates of those costs applicable to the stage of completion of each project.

*Use of Estimates.* The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. We base these estimates and assumptions upon historical experience and existing, known circumstances. Actual results could differ from those estimates. Specifically, management may make significant estimates in the following areas:

*Stock-Based Compensation.* Stock-based payments to employees and directors, including grants of stock options and restricted stock, are recognized in the statements of operations based on their estimated fair values on the date of grant, subject to an estimated forfeiture rate. The fair value of each option award with time-based vesting provisions is estimated on the date of grant using the Black-Scholes option pricing model to value such stock-based payments and the portion that is ultimately expected to vest is recognized as compensation expense over either (1) the requisite service period or (2) the estimated performance period. The determination of fair value using the Black-Scholes option pricing model is affected by our stock price as well as assumptions regarding a number of complex and subjective variables, including expected stock price volatility, risk-free interest rate, expected dividends and projected employee stock option behaviors. The fair value of each option award with market-based vesting provisions is estimated on the date of grant using a Monte Carlo simulation to value such stock-based payments and the portion that is ultimately expected to vest is recognized as compensation expense over either (1) the requisite service period or (2) the estimated performance period. The determination of fair value using a Monte Carlo simulation is affected by our stock price as well as assumptions regarding a number of complex and subjective variables, including expected stock price volatility, risk-free interest rate, expected dividends and projected employee stock option behaviors.

We estimate the expected term based on the contractual term of the awards and employees' exercise and expected post-vesting termination behavior. Restricted stock awards are valued based on the closing stock price on the date of grant and amortized ratably over the estimated life of the award.

Since stock-based compensation is recognized only for those awards that are ultimately expected to vest, we have applied an estimated forfeiture rate to unvested awards for the purpose of calculating compensation cost. These estimates will be revised, if necessary, in future periods if actual forfeitures differ from estimates. Changes in forfeiture estimates impact compensation cost in the period in which the change in estimate occurs.

*Fair Value of Financial Instruments.* Certain of our notes payable included an embedded conversion option which was required to be recorded at fair value. The estimated fair value of the embedded conversion option was calculated using a probability-weighted Monte Carlo simulation. This valuation method includes Level 3 inputs such as the estimated current market interest rate for similar instruments with similar creditworthiness. Unrealized gains and losses on the fair value of the embedded conversion option are classified in other expenses as a change in the fair value of financial instruments in the consolidated statements of operations.

*Fair Value of Warrants.* We estimate the fair value of warrants using the Black-Scholes model, which is affected by our stock price and warrant exercise price, as well as assumptions regarding a number of complex and subjective variables, including expected stock price volatility and risk-free interest rate.

### **Item 3. Quantitative and Qualitative Disclosures About Market Risk**

*Interest Rate Risk.* As of March 31, 2018, our \$817,000 in cash was primarily invested in interest-bearing money market accounts. Due to the low interest rates being realized on these accounts, we believe that a hypothetical 10% increase or decrease in market interest rates would not have a material impact on our consolidated financial position, results of operations or cash flows.

We also have exposure to changes in interest rates on our variable-rate debt obligations. As of March 31, 2018, the interest rate on certain of our debt obligations was the greater of: (a) the U.S. prime rate as reported in The Wall Street Journal plus 6.75%, and (b) 10.0%; both of the above rates reduced by 600 basis points (effective interest rate as of March 31, 2018 was 8.125%). Based on the amount of our variable-rate borrowings at March 31, 2018, which totaled approximately \$2.1 million, an immediate one percentage point increase (decrease) in the U.S. prime rate would increase (decrease) our annual interest expense by approximately \$21,000. This estimate assumes that the amount of variable rate borrowings remains constant for an annual period and that the interest rate change occurs at the beginning of the period.

*Foreign Currency Exchange Rate Risk.* We do not currently have material foreign currency exposure related to our assets as the majority are denominated in U.S. currency and our foreign-currency based transaction exchange risk is not material. For the three-month periods ended March 31, 2018 and 2017, we recorded foreign currency transaction losses of approximately \$1,000 and \$19,000, respectively.

*Equity Price Risk.* We do not use derivative instruments for hedging of market risks or for trading or speculative purposes. Derivative instruments embedded in contracts, to the extent not already a free-standing contract, are bifurcated and accounted for separately. All derivatives are recorded on the consolidated balance sheet at fair value in accordance with current accounting guidelines for such complex financial instruments. The fair value of our warrant liabilities is determined using various inputs and assumptions, several of which are based on a survey of peer group companies since the warrants are exercisable for common stock of a non-public subsidiary company. As of March 31, 2018, we had approximately \$63,000 of derivative liabilities recorded on our balance sheet related to outstanding MT warrants. Due to the relatively low valuation of the MT warrants, a hypothetical 50% change in our stock price would not have a material effect on the consolidated financial statements.

#### **Item 4. Controls and Procedures**

##### **Disclosure Controls and Procedures**

We maintain disclosure controls and procedures designed to ensure that information required to be disclosed in reports filed under the Exchange Act is recorded, processed, summarized, and reported within the specified time periods. As a part of these controls, our management is responsible for establishing and maintaining adequate internal control over financial reporting, as such term is defined in Rule 13a-15(f) under the Exchange Act.

Under the supervision and with the participation of our management, including our Chief Executive Officer and our Chief Operating Officer and Chief Financial Officer, we evaluated the effectiveness of the design and operation of our disclosure controls and procedures (as defined in Rule 13a-15(e) under the Exchange Act) as of March 31, 2018, and concluded that our disclosure controls and procedures were effective as of the end of the period covered by this report to ensure that information required to be disclosed by us in the reports that we file or submit is recorded, processed, summarized and reported within the time periods specified in the SEC's rules and forms. Disclosure controls and procedures include, without limitation, controls and procedures designed to ensure that information required to be disclosed by us in the reports that we file or submit under the Exchange Act is accumulated and communicated to our management, including our principal executive and principal financial officers, as appropriate, to allow timely decisions regarding required disclosure.

Our management, including our Chief Executive Officer and Chief Operating Officer and Chief Financial Officer, understands that our disclosure controls and procedures do not guarantee that all errors and all improper conduct will be prevented. A control system, no matter how well conceived and operated, can provide only reasonable, not absolute, assurance that the objectives of the control system are met. Further, a design of a control system must reflect the fact that there are resource constraints, and the benefit of controls must be considered relative to their costs. Because of the inherent limitations in all control systems, no evaluation of controls can provide absolute assurance that all control issues and instances of improper conduct, if any, have been detected. These inherent limitations include the realities that judgments and decision-making can be faulty, and that breakdowns can occur because of a simple error or mistake. Additionally, controls can be circumvented by the individual acts of some persons, by collusion of two or more persons, or by management override of the control. Further, the design of any system of controls is also based in part upon assumptions about the likelihood of future events, and there can be no assurance that any design will succeed in achieving its stated goals under all potential future conditions. Over time, controls may become inadequate because of changes in conditions, or the degree of compliance with the policies or procedures may deteriorate. Because of the inherent limitations of a cost-effective control system, misstatements due to error or fraud may occur and may not be detected.

Our internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles, and includes those policies and procedures that:

pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company;

provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. GAAP and that receipts and expenditures of the company are being made only in accordance with authorization of management and directors of the Company; and

provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use or disposition of the Company's assets that could have a material effect on the financial statements.

### **Changes in Control Over Financial Reporting**

During the quarter ended March 31, 2018, there were no changes in our internal control over financial reporting that materially affected, or are reasonably likely to materially affect, our internal control over financial reporting.

## **PART II - OTHER INFORMATION**

### **Item 1. Legal Proceedings**

#### *Sinotau Litigation – NAV4694*

On August 31, 2015, Sinotau filed a suit for damages, specific performance, and injunctive relief against the Company in the U.S. District Court for the District of Massachusetts alleging breach of a letter of intent for licensing to Sinotau of the Company's NAV4694 product candidate and technology. In September 2016, the Court denied the Company's motion to dismiss. The Company filed its answer to the complaint and the parties have filed multiple joint motions to stay the case pending settlement discussion, which to date have been granted.

In October 2017, the Company executed a letter of intent with Sinotau and Cerveau, outlining a plan to sublicense to Cerveau the worldwide rights to conduct research using NAV4694, as well as grant to Cerveau an exclusive license for the development, marketing and commercialization of NAV4694 in Australia, Canada, China and Singapore. The letter of intent included a provision stating that Sinotau will release all claims in the Sinotau Litigation upon the parties' execution of a definitive agreement; the commercial rights agreement contemplated by the letter of intent would also include a release of such claims and a covenant not to sue on such claims.

In April 2018, the Company executed an agreement to provide Meilleur, a wholly-owned subsidiary of Cerveau, worldwide rights to conduct research using NAV4694, as well as an exclusive license for the development and commercialization of NAV4694 in Australia, Canada, China, and Singapore. Meilleur also has an option to commercialize worldwide. As a result of the agreement, Navidea expects that the litigation initiated by Sinotau will be dismissed.

#### *CRG Litigation*

As disclosed in the Company's Annual Report on Form 10-K and other filings, the Company has been engaged in ongoing litigation with CRG, in its capacity as a lender and as control agent for other affiliated lenders party to the CRG Loan Agreement, in the Texas Court relating to CRG's claims of default under the terms the CRG Loan Agreement. Following a trial in December 2017, the Texas Court ruled that the Company's total obligation to CRG is in excess of \$66.0 million, limited to \$66.0 million under the parties' Global Settlement Agreement reached in 2017.

The Texas Court acknowledged only the \$59.0 million payment made in March 2017, concluding that the Company owed CRG another \$7.0 million, however the Texas Court did not expressly take the Company's June 2016 payment of \$4.1 million into account and awarded, as part of the \$66.0 million, amounts that had already been paid as part of the \$4.1 million. The Company believes that this \$4.1 million should be credited against the \$7.0 million; CRG disagrees.

On January 16, 2018, the Company filed an emergency motion to set supersedeas bond and to modify judgment, describing the double recovery created by the \$66.0 million award without taking into account the \$4.1 million payment in June 2016, requesting that the judgment be modified to set the supersedeas amount at \$2.9 million so that the Company could stay enforcement of the judgment pending appeal. The Texas Court refused to rule on this motion, and the court of appeals entered an order compelling the Texas Court to set a supersedeas amount. On March 26, 2018, the Texas Court ordered the Company to put up a supersedeas bond in the amount of \$7.7 million. The Company filed for an emergency stay of the order in the appellate court in Harris County. On April 2, 2018, the appellate court denied the Company's emergency stay motion. The Company continues to believe that the \$4.1 million paid to CRG in June 2016 should be credited as payment toward the \$66.0 million total, and the Company intends to further contest the matter through the appellate court in Texas.

On April 9, 2018, CRG drew approximately \$7.1 million on the letter of credit. This was in addition to the \$4.1 million and the \$59.0 million that Navidea had previously paid to CRG.

On April 12, 2018 Navidea filed suit in the Ohio Court against the Lenders. The suit asserts that the Lenders fraudulently induced Navidea to enter into a settlement agreement and breached the terms of the same through certain actions taken by the Lenders in connection with the Global Settlement Agreement reached in 2017, pursuant to which Navidea agreed to pay up to \$66.0 million to Lenders, as well as through actions and misrepresentations by CRG after the Global Settlement Agreement was executed. The suit also asserts claims for conversion and unjust enrichment against the Lenders for their collection of more than \$66.0 million, the maximum permitted under the Global Settlement Agreement, and their double recovery of amounts paid as part of the \$4.1 million paid in June 2016 and recovered again as part of the \$66.0 million. CRG's double recovery and recovery of more than \$66.0 million are due to CRG drawing the entire \$7.1 million on the Cardinal Health 414 letter of credit. To date, no answer or other response or motion has been filed by the Lenders to Navidea's complaint.

In a related proceeding before the Ohio Court, initially filed in 2016, and under which the Global Settlement Agreement was reached in 2017, the Ohio Court has issued preliminary findings that the settlement gave rise to a \$66.0 million cap on amounts owed to Lenders by Navidea and that Navidea might not have been properly credited for certain funds in excess of \$4.1 million previously swept by Lenders from a bank account owned by Navidea. The Ohio Court also made a preliminary ruling that it possessed jurisdiction to interpret the settlement agreement at issue. The Company intends to pursue recovery of the \$4.1 million, and other damages, in the Ohio Court.

On April 11, 2018, CRG filed a new suit against the Company in the Texas Court. This new suit seeks a declaratory judgment that CRG did not breach the Global Settlement Agreement by drawing approximately \$7.1 million on the Cardinal Health 414 letter of credit. On April 16, 2018, CRG moved the Texas Court to issue an anti-suit injunction barring the Company from litigating in the Ohio Court. The Texas Court denied that motion on April 27, 2018. CRG served the Company with the new Texas suit on May 2, 2018, and the Company's answer is due on May 21, 2018. The Company intends to contest this issue in the Ohio Court, the Texas Court, and on appeal in Texas.

*Sinotau Litigation – Tc99m Tilmanocept*

On February 1, 2017, Navidea filed suit against Sinotau in the U.S. District Court for the Southern District of Ohio. The Company's complaint included claims seeking a declaration of the rights and obligations of the parties to an agreement regarding rights for the Tc99m tilmanocept product in China and other claims. The complaint sought a temporary restraining order ("TRO") and preliminary injunction to prevent Sinotau from interfering with the Company's Asset Sale to Cardinal Health 414. On February 3, 2017, the Court granted the TRO and extended it until March 6, 2017. The Asset Sale closed on March 3, 2017. On March 6, the Court dissolved the TRO as moot. Sinotau also filed a suit against the Company and Cardinal Health 414 in the U.S. District Court for the District of Delaware on February 2, 2017. On July 12, 2017, the District of Delaware case was transferred to the Southern District of Ohio. On July 27, 2017 the Ohio Court determined that both cases in the Southern District of Ohio are related and the case was stayed for 60 days pending settlement discussions. On February 8, 2018, Navidea and Sinotau executed an amendment to the agreement, modifying certain terms of the agreement and effectively resolving the legal dispute. On February 17, 2018, Navidea and Sinotau executed a Settlement Agreement and Mutual Release, and on February 20, 2018, Navidea and Sinotau voluntarily dismissed their legal cases.

*Platinum-Montaur Life Sciences LLC*

On November 2, 2017, Platinum-Montaur commenced an action against the Company in the Supreme Court of the State of New York, County of New York, seeking damages of approximately \$1.9 million purportedly due as of March 3, 2017, plus interest accruing thereafter. The claims asserted are for breach of contract and unjust enrichment in connection with funds received by the Company under the Platinum Loan Agreement. Said action was removed to the United States District of New York on December 6, 2017. An initial pretrial conference was held on January 26, 2018. At the conference the Court stayed the deadline for the Company to answer or otherwise respond to the complaint. The Court also directed the parties to engage in informal jurisdictional discovery and a follow up status conference was held on March 9, 2018, during which the Court set a briefing schedule and determined that Navidea's motion to dismiss was due on April 6, 2018. The Company filed its motion to dismiss in advance of the filing deadline. A settlement conference was held on April 30, 2018 and attended by a representative of Navidea and counsel, Dr. Goldberg and counsel, and counsel for PPVA and PPCO. PPCO requested participation in the conference due to certain recent issues that have arisen concerning potential liability of PPCO to Navidea under the release and indemnification provisions of the payoff letter issued by PPCO in connection with the payment PPCO has received under the Platinum Loan Agreement. The settlement conference resulted in no agreement. Because the funds sought by Platinum-Montaur are subject to claims of competing ownership, the Company intends to continue to



defend itself in the action.

**Item 1A. Risk Factors**

There have been no material changes to the Company's risk factors as previously reported in the Company's Annual Report on Form 10-K for the year ended December 31, 2017, filed with the SEC on March 15, 2018.

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**Item 6. Exhibits**

- 10.1 Amendment to Asset Purchase Agreement dated April 2, 2018 between Navidea Biopharmaceuticals, Inc. and Cardinal Health 414, LLC.\*
- 31.1 Certification of Chief Executive Officer pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.\*
- 31.2 Certification of Chief Operating Officer and Chief Financial Officer pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.\*
- 32.1 Certification of Chief Executive Officer of Periodic Financial Reports pursuant to Section 906 of the Sarbanes-Oxley Act of 2002, 18 U.S.C. Section 1350.\*\*
- 32.2 Certification of Chief Operating Officer and Chief Financial Officer of Periodic Financial Reports pursuant to Section 906 of the Sarbanes-Oxley Act of 2002, 18 U.S.C. Section 1350.\*\*
- 101.INS XBRL Instance Document\*
- 101.SCH XBRL Taxonomy Extension Schema Document\*
- 101.CAL XBRL Taxonomy Extension Calculation Linkbase Document\*
- 101.DEF XBRL Taxonomy Extension Definition Linkbase Document\*
- 101.LAB XBRL Taxonomy Extension Label Linkbase Document\*
- 101.PRE XBRL Taxonomy Extension Presentation Linkbase Document\*

\* Filed herewith.

\*\*Furnished herewith.

*Items 2, 3, 4 and 5 are not applicable and have been omitted.*

## 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.

NAVIDEA  
BIOPHARMACEUTICALS,  
INC.  
(the Company)  
May 9, 2018

By: /s/ Jed A. Latkin

Jed A. Latkin  
Chief Operating Officer and  
Chief Financial Officer  
(authorized officer; financial  
and accounting officer)

**INDEX TO EXHIBITS**

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