

AUTOIMMUNE INC.

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ANNUAL REPORT

To Our Shareholders:

AutoImmune Inc. made progress on a number of fronts this past year and hopes to see increasing shareholder value during 2007.

With the assistance of Business Development Resources, Inc., we completed execution on a consumer oriented marketing plan for the dietary supplement manufactured and distributed by our joint venture with Deseret Laboratories, Inc. The immediate result of that effort was the signing of an agreement with Futurebiotics, LLC, which has begun marketing the joint venture's product under the Vital 3™ label in GNC retail stores throughout the United States. Revenue from sales of the dietary supplement for the year 2006 increased more than six-fold over 2005, and we are optimistic it will continue to grow this next year.

As long term shareholders well know, AutoImmune has licensed two applications of its intellectual property to capable partners who are responsible for all aspects of product development. The first of these is with BioMS Medical Corporation, which is conducting a multinational, pivotal Phase II/III trial of its MBP8298 product for the treatment of secondary progressive multiple sclerosis. This study recently received its sixth positive review from the Data Safety Monitoring Board, and BioMS expects interim results on the first 200 patients to be available at the end of the second quarter 2008. BioMS has also announced that it will initiate a second Phase III trial of MBP8298 for this same indication in the United States during 2007 and that it has already begun a multi-center, placebo controlled, Phase II trial of MBP8298 for relapsing remitting multiple sclerosis. We are clearly pleased with BioMS' progress and look forward to the results of their clinical studies. The second license is with Teva Pharmaceutical Industries, Ltd., for oral formulations of Copaxone® (glatiramer acetate), its injectable product for the treatment of relapsing-remitting multiple sclerosis. In March 2006, Teva halted development of an enteric-coated formulation, but continued preclinical development on new and potentially improved oral formulations of Copaxone. It is unclear at this point in time whether any such development will involve intellectual property licensed by us to Teva.

The long awaited confirmatory study on the efficacy of tolerization with oral insulin finally began during February 2007, when the NIH began enrolling patients in a multi-center Phase III clinical trial on whether treatment with our product, AI 401, can delay or prevent Type 1 diabetes. We hope this might lead to an additional licensing opportunity for the company.

The success of our licensing efforts is dependent on expanding and defending AutoImmune's intellectual property. At year-end, we had 198 issued US and foreign patents, and have pending one continuation US patent application and five foreign applications. The majority of these relate to methods and products that induce immunological tolerance for the treatment of disease. We hope to see more patents issued in the future.

With adequate financial reserves to wait for results from clinical trials of products based on our intellectual property, we believe we are well positioned for the future and that our technology will be proven of significant therapeutic value.

Your interest in AutoImmune is greatly appreciated.

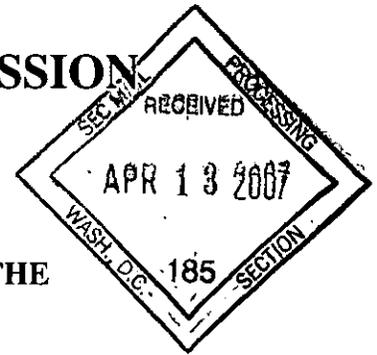
Sincerely,



Robert C. Bishop
Chairman of the Board
March 22, 2007

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, DC 20549

FORM 10-KSB



(Mark One)

**ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2006

OR

**TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number 0-20948

AUTOIMMUNE INC.

(Exact name of small business issuer as specified in its charter)

Delaware

13-348-9062

(State or Other Jurisdiction of
Incorporation or Organization)

(I.R.S. Employer
Identification Number)

1199 Madia Street, Pasadena, CA
(Address of principal executive offices)

91103
(Zip Code)

(626) 792-1235

(Small business issuer's telephone number, including area code)

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

Title of each Class

Name of each exchange
on which registered.

None

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

Common Stock, \$.01 par value

(Title of Class)

Check whether the issuer: (1) filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during the past 12 months (or for such shorter period that the small business issuer was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes No

Check if there is no disclosure of delinquent filers in response to Item 405 of Regulation S-B contained in this form, and no disclosure will be contained, to the best of small business issuer's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-KSB or any amendment to this Form 10-KSB.

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

The issuer's revenues for the year ended December 31, 2006 were \$401,000.

The aggregate market value of the issuer's common stock held by non-affiliates of the issuer as of June 30, 2006 was approximately \$16,379,375 (1). There were 16,979,623 shares of the issuer's Common Stock, \$0.01 par value per share, outstanding as of March 16, 2007.

(1) Non-affiliates of the small business issuer include all shareholders other than directors, executive officers and holders of 10% or more of the small business issuer's Common Stock.

Documents Incorporated by Reference

Portions of the Company's definitive proxy statement for its annual meeting of shareholders to be held on May 17, 2007 which the Company intends to file within 120 days after the end of the Company's fiscal year ended December 31, 2006 are incorporated by reference into Part III hereof.

Indicate by check mark whether Transitional Small Business Disclosure Format: Yes No

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PART I

Item 1. Description of Business.

Overview

We are a healthcare company that owns or has rights to technology that we believe could lead to the development of a new class of products for the treatment of autoimmune and other cell-mediated inflammatory diseases and conditions. We believe, based on preclinical and clinical data, that our proprietary approach to therapy can induce tissue-specific immunosuppression without toxicity or significant side effects. Additional clinical and commercial advantages of this approach include the possibility of administering products orally (the preferred method of treating chronic diseases) and the potential for application to a variety of inflammatory diseases and conditions.

Most of our products are based upon the principles of mucosal tolerance. When proteins are administered by a mucosal route (e.g., oral, nasal, or by aerosol to the lungs) the body's natural immune system mechanisms suppress the response that would otherwise arise against a foreign substance. This immune suppression can be directed toward a specific tissue through appropriate selection and dosing of the protein in a mucosally delivered product.

We believe AutoImmune is the leading company for the development of products based upon the concepts of mucosal tolerance. The status of each of our principal products is as follows:

Colloral[®]—Between 1991 and 1999, we completed ten human clinical trials involving over 1,900 patients to investigate the use of Colloral as a pharmaceutical for treating the signs and symptoms of rheumatoid arthritis. The data from these trials showed that Colloral is very safe and that patients treated with Colloral often show substantial improvements from baseline in a wide variety of clinical efficacy measures, but not with the consistency needed to justify development of Colloral as a pharmaceutical product. As a result, we began exploring the possibility of repositioning Colloral as a nutritional supplement for the relief of joint discomfort. In 2000, we completed a market analysis of Colloral as a nutritional supplement and subsequently filed a "Notice of New Dietary Ingredient" with the Food and Drug Administration (the "FDA") that was accepted by the FDA without comment.

In August 2002, we entered into a joint venture with Deseret Laboratories, Inc. (a private company headquartered in St. George, Utah) by forming an entity called Colloral LLC to manufacture, market and sell Colloral[®] as a dietary supplement. The joint venture began marketing Colloral in February 2003 and began marketing the product as The Collagen Solution in October 2005. In December 2006, Futurebiotics LLC began marketing the product under the trade name Vital 3.

On February 18, 2005, we received a letter from the FDA stating that the FDA had concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as a dietary supplement, and that the product will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC. See the section "Part I, Item 1A, Risk Factors" below.

Products for Multiple Sclerosis—In February 1999, we entered into an exclusive agreement with Teva Pharmaceutical Industries, Ltd. covering the development by Teva of an oral formulation of Copaxone[®] (glatiramer acetate), Teva's currently available, injectable drug for multiple sclerosis. This oral formulation, called Coral[®], uses our proprietary technology for oral tolerance. After an unsuccessful efficacy trial, Teva

conducted additional immunologic and pharmacological studies on oral formulations. During the second half of 2004, Teva re-initiated human clinical trials on Coral® with a Phase II study in Europe. On March 20, 2006, Teva disclosed in a 20-F filing that it would not continue development of the enteric coated oral formulation of Copaxone and was considering future development of non-parenteral formulations of the product. As of December 31, 2006, Teva's website disclosed that new and potentially improved formulations of oral Copaxone® are in preclinical development. It is unclear whether these new formulations involve intellectual property licensed by us to Teva.

In August 2000, we entered into an agreement with BioMS Medical Corporation (formerly known as Rycor Technology Investments Corp.), under which we granted BioMS an exclusive license to our patents pertaining to an injectable therapy for the treatment of multiple sclerosis. During December 2004, BioMS began enrolling patients in a Phase III clinical trial (MAESTRO-01) of its MBP8298 treatment for secondary progressive multiple sclerosis. This study, which is being conducted at 48 sites across Canada and Europe, recently completed patient enrollment and received a sixth positive review by the Data Safety Monitoring Board. Interim results on the first 200 patients enrolled in MAESTRO-01 are forecasted to be available during the first half of 2008, when the participants have completed 24 months of treatment. In November 2006, BioMS commenced enrollment in a Phase II clinical trial (MINDSET-01) of its MBP8298 for treatment of relapsing remitting multiple sclerosis. In January 2007, BioMS announced it had received FDA approval to initiate a second pivotal trial in secondary progressive multiple sclerosis (MAESTRO-3). If the trials are successful and regulatory approval for commercial sale of the product is received, we will receive an escalating royalty on cumulative sales of all products covered by the BioMS agreement. Results from long-term follow-up treatment of MS patients with MBP 8298 were published in the August 2006 issue of *European Journal of Neurology*. The data showed an impressive five-year delay in disease progression in an HLA-defined subgroup of MS patients (up to 75% of MS patients) treated with the drug.

Diabetes—Under a license and collaborative agreement signed in 1994, Eli Lilly and Company initiated three different Phase II clinical trials in an effort to demonstrate human proof of principle for oral administration of our product AI 401 in patients newly diagnosed with Type 1 diabetes. This agreement was restructured in 1999 to a non-exclusive license for research purposes only under which Eli Lilly completed the trials then underway. Two of the Eli Lilly studies, both of which looked at younger patients, reported negative results. The final study found that, in patients greater than 20 years of age, there was a statistically significant benefit from treatment with AI-401. Eli Lilly also provided AI 401 for the Diabetes Prevention Trial (“DPT-1”) conducted by the National Institutes of Health (“NIH”). The oral arm of this trial was designed to determine whether AI 401 can delay or prevent the clinical onset of Type 1 diabetes. Final analysis of the DPT-1 data showed that for patients enrolled under the original entry criteria, there was a statistically significant benefit from treatment with AI 401. These results were published in the May 2005 issue of *Diabetes Care*. In February 2007, the NIH initiated a multicenter Phase III clinical trial on whether treatment with AI 401 can delay or prevent Type 1 diabetes.

Our intellectual property also is being used in the Diabetes Prediction and Prevention project, which is a Phase II clinical trial in Finland on the use of intranasal insulin to delay or prevent the clinical onset of Type I diabetes.

Autoimmune diseases represent a major worldwide health care problem in terms of the number of people affected. We believe that each of these products under development offers the potential for a therapeutic breakthrough.

We were incorporated in Delaware in September 1988 as AutoImmune Technologies, Inc. We changed our name to AutoImmune Inc. in July 1991. Our principal executive address is 1199 Madia Street, Pasadena, CA 91103, our telephone number is (626) 792-1235, and our web site address is www.autoimmuneinc.com. We include our web site address in this Annual Report on Form 10-KSB only as an inactive textual reference and do not intend it to be an active link to our web site.

Strategy

Our objective is to become a leading provider of therapeutic technology and products to treat immune system disorders. The key elements of our strategy include the following:

Leveraging Our Technology Platform. We believe our technology is applicable to a variety of autoimmune and other cell-mediated diseases and conditions. We have entered into, and plan to continue to seek opportunities for, licensing arrangements, joint ventures or other collaborative arrangements to assist in financing the development and commercialization of our products. This strategy has resulted in our collaboration with Eli Lilly and Company for clinical testing of our product to treat autoimmune-mediated diabetes, our agreement with Teva relating to the development of an oral formulation of Copaxone, our license agreement with BioMS relating to our patents pertaining to an injectable therapy for the treatment of multiple sclerosis, and our joint venture with Deseret Laboratories, Inc. to manufacture, market and sell Colloral and the Collagen Solution as dietary supplements.

Our strategy also resulted in an agreement with OraGen Corporation, under which we received an equity position in OraGen in consideration of consulting services related to the development of products using mucosal tolerance for the treatment of certain conditions resulting from infectious diseases. In February 2004, Enzo Biochem, Inc. acquired the assets of OraGen, including its technology related to mucosal tolerance. We received the first of two scheduled payments for the acquisition in August 2005. The second payment is scheduled in early 2007.

We have developed the technology underlying mucosal tolerance therapy through research conducted primarily at The Brigham and Women's Hospital, a teaching hospital affiliated with Harvard Medical School. This research was designed to further our understanding of the mechanisms of mucosal tolerance with the goal of increasing the effectiveness of our products and exploring new therapeutic applications for this technology. We currently have no internal research and development activities or capabilities.

In March 2000, we entered into an agreement under which a subsidiary of Elan Plc purchased all of our rights to certain patent applications involving the treatment of Alzheimer's Disease. Under the terms of the agreement, we received \$7.0 million in cash paid in three installments the last of which was received in March 2003, and Elan Plc received warrants to purchase 375,000 shares of our Common Stock at \$3.13 per share and 375,000 shares of our Common Stock at \$0.7275 per share. Elan Plc's warrants to purchase 375,000 shares of our Common Stock at \$3.13 per share expired effective September 16, 2006.

Protecting Our Proprietary Technology. From our inception, we have sought to establish a strong proprietary position. As of December 31, 2006, we had pending one continuation United States patent applications and five foreign applications. We have received or have exclusive rights to 198 U.S. and foreign patents, including eight U.S. patents covering the use of oral Type I, II, or III collagen (or fragments of collagen) to treat rheumatoid arthritis in humans; five U.S. patents covering the treatment of cell-mediated autoimmune disease by nasal or by inhalation administration of autoantigens, and in particular covering treatment of multiple sclerosis or rheumatoid arthritis by nasal or inhalation administration of compositions containing myelin basic protein or collagen, respectively, or active fragments thereof; two U.S. patents covering suppression of allograft rejection by oral administration of a major histocompatibility complex Class II antigen or an active fragment thereof; five U.S. patents covering the treatment, or prevention of the onset of, Type 1 diabetes by oral or nasal administration of a composition containing insulin or a fragment of insulin; three U.S. patents covering treatment of multiple sclerosis by oral administration of MBP or bovine myelin; one U.S. patent covering the treatment of uveoretinitis using oral S-antigen; one U.S. patent covering the combination of oral tolerance and methotrexate in the treatment of multiple sclerosis; four U.S. patents directed to peptide fragments of myelin basic protein and the use of such fragments in suppressing proliferation of T cells activated in multiple sclerosis patents; one U.S. patent covering a method for preparing Type II collagen; and one U.S. patent covering suppression of vascular disorders by mucosal administration of heat shock protein. The U.S. Patent Office has also issued a patent covering bystander suppression of Type 1 diabetes by oral administration of glucagon. The European and

Japanese Patent Offices have each granted a patent to us covering the use of compositions containing autoantigens to treat a group of human autoimmune diseases. The European Patent Office and the Japanese Patent Office have each granted one patent to AutoImmune covering use of myelin basic protein in the treatment of multiple sclerosis. The European Patent Office has also granted one patent to AutoImmune covering bystander suppression of autoimmune disease.

Minimizing Costly Infrastructure and Capital Investment. From our inception, we have sought to conserve our financial capital. We have historically made extensive use of external resources, such as clinical research organizations and consultants. Currently, we anticipate minimizing investments in infrastructure and personnel until positive cash flow from the distributions from our joint venture Colloral LLC and/or royalties from our licensing agreements, if any, creates a solid base from which we might re-expand operations.

Autoimmune Diseases

The human immune system is the major biological defense mechanism responsible for recognizing and fighting disease. The immune system distinguishes foreign substances (antigens) from the body's tissue and rids the body of a wide variety of disease-causing antigens such as bacteria and viruses. T cells, which circulate in the blood, are a major component of this system. There are several types of T cells which play a critical role in recognizing antigens, carrying out the immune response, and regulating the resulting chain of events. These include "helper" T cells, which release factors to amplify the immune response, "killer" T cells, which attack and destroy other cells displaying the targeted antigen, and "regulatory" T cells, which release factors to down-regulate or suppress the immune response and keep it in control.

Autoimmune diseases are generally believed to be a result of an inappropriate response of the immune system. In many autoimmune diseases, the helper and killer T cells go awry and attack the body's healthy tissues. T cells which act in this manner are called autoreactive T cells. These T cells appear to target the antigenic substances present in specific tissues (autoantigens). The antigenic substances differ depending upon the disease and may change over the course of a disease. In some diseases, the antigenic substances have not been characterized. In others, a number of substances have been found, but the particular role of each has not been identified.

Autoimmune diseases, which may be crippling or fatal, can strike virtually any tissue or organ. The particular disease that occurs depends upon which healthy tissue is attacked. For example, if the tissue attacked is the brain, multiple sclerosis results; if synovial tissue in joints is the target, rheumatoid arthritis results. Type 1 diabetes occurs when certain pancreatic cells are attacked and uveitis occurs when cells of the uvea, the middle, vascular layer in the eye, are attacked.

There is currently no known method for curing autoimmune diseases. These diseases are chronic and require lifelong treatment. Treatments tend to fall into two major categories. The first category involves compounds for palliative treatment, such as anti-inflammatory agents and pain killers for rheumatoid arthritis or insulin for diabetes. In some forms of the diseases, there is no acceptable method of treating even the symptoms. The second category involves the administration of immunosuppressants, which shut down single or multiple parts of the immune system. These immunosuppressants often have serious toxicity and side effect problems with long-term use.

While there are numerous cell-mediated autoimmune diseases, we are presently focused on products for three of these diseases: rheumatoid arthritis, multiple sclerosis and Type 1 diabetes. Rheumatoid arthritis is a chronic disease in which the body's immune system attacks synovial tissue in joints, resulting in a progressive, painful inflammation of the joints, along with crippling deformation of the hands, feet, hips, knees and shoulders. In advanced phases of the disease, symptoms include severe pain, body disfiguration and loss of mobility. Multiple sclerosis is a neurologic disease which in its most severe form is relentlessly progressive and can result in complete disability within ten years. The autoimmune form of diabetes (Type 1, also known as juvenile or

insulin-dependent diabetes) occurs as a result of the body's immune system destroying the insulin-producing islet cells in the pancreas. Although the administration of insulin controls the metabolic abnormalities of the disease, it does not always prevent major debilitating effects, which can include neural degeneration, chronic pain, arteriosclerosis, loss of limbs due to peripheral vascular disease, blindness and kidney failure. In its most severe form, diabetes can result in death.

We have directed our efforts in these areas because each of these diseases and conditions is mediated by the T cells in the immune system, and thus is well suited to our mucosal tolerance approach. No completely satisfactory treatment currently exists for any of these conditions.

Our Technology

Most of our products are based upon the principles of mucosal tolerance. Mucosal tolerance utilizes the natural immune system mechanisms associated with the gut (the small intestine), nasal passages, lungs and other mucosally lined tissues. These mechanisms allow the body to accept, or "tolerate", proteins (antigens) absorbed through the mucosal tissue without stimulating an immune response that would otherwise arise against a foreign substance. In a series of extensive research studies directed by Dr. Howard Weiner, who is one of our principal scientific advisors, it was shown that, when properly activated, these mechanisms can be used to treat autoimmune disorders by selectively suppressing the immune system. This discovery forms the basis of our products and patent claims. See the section "Patents and Proprietary Rights" below.

Our technology uses therapeutic substances—antigenic proteins (or derivatives and analogs thereof) found in organs attacked by each disease—which, for example, if delivered orally are disassembled in the gut by the normal digestive processes. Specific fragments of these substances (peptides) attach to antigen-presenting cells on the surface of the gut. The cells involved are those associated with Peyer's Patches, which are groupings of immune system cells surrounding the gut that have been reported to induce immune tolerance. This triggers the immune system to initiate a chain of events that results in the creation of regulatory T cells which migrate through the blood and lymph system to suppress or down-regulate the immune response at the targeted organ, thereby mitigating the disease. This suppression can be directed toward the tissue under attack in an autoimmune disease by appropriate selection and dosing of the protein in a mucosally-delivered product.

We have completed a wide range of human, animal and in vitro tests relating to the mucosal administration of our products in a variety of disease indications. We believe these experiments have demonstrated that selective immune system tolerance can be induced by mucosal administration of antigens, suppressing undesirable immune system attacks against healthy tissue without suppressing the entire immune system.

Our research has indicated that identification of the precise autoantigen for a disease may not be necessary to develop an effective treatment based on oral tolerance. Research has shown that mucosal tolerance induced by one organ-specific protein is capable of suppressing autoreactive T cells that are attacking a different protein in the same organ. We refer to this phenomenon as "bystander suppression," and have filed patent applications and have patents to protect our rights to this discovery. In particular, bystander suppression allows a mucosal tolerance treatment to be effective even if the autoantigen is not precisely identified or changes during the course of a disease, an effect known as "determinant spreading".

In contrast to existing treatments, which are limited to treating only the symptoms of autoimmune disease or which run the risks and side effects of shutting down the entire immune system, our products are intended to interrupt the disease process and be specific to each disease. Moreover, because of the apparent freedom from significant side effects enjoyed by our products, we believe they may be prescribed earlier in the disease process than is now customary, and thus may allow patients to avoid most or all of the debilitating effects of autoimmune diseases. We believe our approach of inducing the activation of regulatory T cells in order to suppress disease distinguishes us from most others currently conducting autoimmune disease research.

Our approach offers a number of important clinical and commercial advantages:

Adverse Reactions Unlikely. We believe that, because the therapeutic substances used in the products under development employing our technology are protein-based products taken in small quantities and stimulate natural functions, they are unlikely to cause adverse reactions. Our human studies to date have shown a lack of both toxicity and significant side effects, which we believe may expedite the regulatory process.

Tissue-Specific Immunosuppression. Our mucosal tolerance technique utilizes the immune system itself to generate natural immunosuppression in the specific tissue(s) attacked by a disease. It does not down-regulate the entire immune system.

Oral Delivery. Colloral®, The Collagen Solution and Coral (the product that Teva was developing using our licensed technology) are administered orally, the preferred method of treating chronic diseases. Other forms of immunotherapy that are being marketed sometimes require, and those that we know are in development by competitors for the most part require, chronic intravenous, sub-cutaneous or intra-muscular administration.

Broad Application. We believe that, in addition to the diseases and conditions on which we have been working to date, our mucosal tolerance approach potentially could be applied to the treatment of a variety of other inflammatory diseases and other clinical conditions, including psoriasis and atherosclerosis.

Products

Products on the Market. We have one product on the market as a dietary supplement and it is being sold by Colloral LLC, our joint venture with Deseret Laboratories, Inc., under the brand names, Colloral® and The Collagen Solution, and by Futurebiotics LLC under the brand name Vital 3. The chart set forth below describes the status of this product.

PRODUCTS ON THE MARKET

<u>Product</u>	<u>Status</u>
Colloral®	Market launched by Colloral LLC in February 2003.
The Collagen Solution	Market launched by Colloral LLC in October 2005.
Vital 3	Market launched by Futurebiotics in December 2006.

Colloral® Between 1991 and 1999, we completed ten human clinical trials involving over 1,900 patients to investigate the use of Colloral as a pharmaceutical for treating the signs and symptoms of rheumatoid arthritis. The data from these trials showed that Colloral is very safe and that patients treated with Colloral often show substantial improvements from baseline in a wide variety of clinical efficacy measures, but not with the level of consistency needed to justify development of Colloral as a pharmaceutical product. As a result, we began exploring the possibility of repositioning Colloral as a nutritional supplement for the relief of joint discomfort. In 2000, we completed a market analysis of Colloral as a nutritional supplement and subsequently filed a "Notice of New Dietary Ingredient" with the Food and Drug Administration (the "FDA") that was accepted by the FDA without comment.

In August 2002, we entered into a joint venture with Deseret Laboratories, Inc. (a private company headquartered in St. George, Utah) by forming an entity called Colloral LLC to manufacture, market and sell Colloral as a dietary supplement. We contributed equipment used to manufacture bulk product and a license to certain Colloral-related intellectual property to the joint venture. Deseret contributed cash and was committed to providing additional amounts. The joint venture began marketing Colloral in February 2003. In 2003, 2004, 2005 and 2006, AutoImmune made additional capital contributions of \$25,000, \$100,000, \$407,000 and \$488,000, respectively, to Colloral LLC to support sales and marketing initiatives.

In August 2005, we amended the Colloral LLC operating agreement to increase our share of fund distributions and allocations of profits and losses in return for our commitment to fund 100% of the costs associated with the implementation of a marketing program for The Collagen Solution. Colloral LLC subsequently executed a sales and marketing agreement with Business Development Resources, Inc., under which we were committed to funding a minimum of \$550,000. As of December 31, 2006, we have satisfied the funding commitment, and Colloral LLC has terminated the sales and marketing agreement. However, we may make additional capital contributions to Colloral LLC. As a result of the amendments to the operating agreement, we are required to consolidate Colloral LLC for financial reporting purposes, starting in the third quarter of 2005.

Colloral LLC signed an agreement with Futurebiotics granting it an option to undertake retail distribution of the dietary supplement supplied by Colloral LLC. Futurebiotics has exercised its option and a definitive agreement was signed effective January 10, 2007. We began shipment of product in November 2006 pursuant to the option agreement and anticipate increasing revenues during 2007.

On February 18, 2005, we received a letter from the FDA stating that the FDA had concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as a dietary supplement, and that the product will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC. See "Part I, Item 1A, Risk Factors" below.

It is estimated that 1% of the worldwide population suffers from rheumatoid arthritis. In the United States, there are 2.1 million patients with rheumatoid arthritis, including more than 70,000 patients with juvenile rheumatoid arthritis. There is no known cure, but several approaches are used in an attempt to alleviate two major symptoms of the disorder, pain and inflammation. A number of pain relievers are widely used, but most have undesirable side effects. Similarly, a wide variety of anti-inflammatory agents, ranging from aspirin to non-steroidal anti-inflammatory drugs ("NSAIDs"), are used with varying degrees of success. The NSAIDs used to alleviate pain and inflammation have undesirable gastrointestinal side effects that limit their use. None of the available NSAIDs work with consistent efficacy on all types of patients. Several companies have introduced a new class of NSAIDs described as COX-2 inhibitors. These products, which began to enter the market in 1999, alleviate some of the gastrointestinal side effects currently seen with traditional NSAIDs, but have other side effect issues. Broad immunosuppressants are also used to treat rheumatoid arthritis but toxicity limits their use. Additionally, there are several biologic products which have been approved by the FDA for the treatment of rheumatoid arthritis. Many of these biologic products, which are injectables, are TNF (tumor necrosis factor) inhibitors. Several different types of non-pharmaceutical preparations are also used by patients with rheumatoid arthritis, including a number of nutritional support products.

Principal Products in Development. We have products in development, through our licensees, for the treatment of multiple sclerosis and Type 1 diabetes. The chart set forth below describes the stage of development of each of the principal products being developed.

PRINCIPAL PRODUCTS IN DEVELOPMENT

<u>Product</u>	<u>Disease/Condition</u>	<u>Development Status</u>
MBP8298	Multiple sclerosis	Currently in Phase III trials for secondary progressive MS and in Phase II trials for relapsing-remitting MS (conducted by the Company's licensee, BioMS Medical Corporation).
Oral Copaxone	Multiple sclerosis	Preclinical.
AI 401	Type 1 diabetes	In Phase III trials sponsored by the National Institutes of Health (NIH).

Multiple Sclerosis. In the second quarter of 1997, we ceased independent efforts to develop a product for the treatment of multiple sclerosis and began evaluating opportunities to collaborate with third parties in the development of such a product. In this regard, we entered into an exclusive agreement with Teva Pharmaceutical Industries, Ltd. The agreement covers the development by Teva of an oral formulation of Copaxone® (glatiramer acetate), Teva's currently available, injectable drug for multiple sclerosis. This oral formulation, called Coral®, uses our proprietary technology for oral tolerance. After an unsuccessful efficacy trial, Teva conducted additional immunologic and pharmacologic studies on oral formulations. During the second half of 2004, Teva re-initiated human clinical trials on Coral® with a Phase II study in Europe. On March 20, 2006, Teva disclosed in a 20-F filing that it would not continue development of enteric coated oral formulation of Copaxone and was considering future development of non-parenteral formulations of the product. As of December 31, 2006, Teva's website disclosed that new and potentially improved formulations of oral Copaxone are in preclinical development. It is unclear whether these new formulations involve intellectual property licensed by us to Teva. If Teva develops a product using intellectual property licensed by us and receive product approval from the FDA, we will receive a \$10 million milestone payment and escalating royalties on cumulative sales of such product. There can be no assurance, however, that Teva will develop a product using technology licensed to it by us or that, if it does so, such product will be approved by the FDA and brought to market.

In August 2000, we entered into an agreement with BioMS Medical Corporation under which we granted BioMS an exclusive license to our patents pertaining to an injectable therapy for the treatment of multiple sclerosis. During December 2004, BioMS began enrolling patients in a Phase III clinical trial (MAESTRO-01) of its MBP8298 treatment for secondary progressive multiple sclerosis. This study, which is being conducted at 48 sites across Canada and Europe, recently completed patient enrollment and received a sixth positive review by the Data Safety Monitoring Board. Interim results on the first 200 patients enrolled in MAESTRO-01 are forecasted to be available during the first half of 2008, when the participants have completed 24 months of treatment. In November 2006, BioMS commenced enrollment in a Phase II trial (MINDSET-01) of its MBP8298 for treatment of relapsing remitting multiple sclerosis. In January 2007, BioMS announced it had received FDA approval to initiate a second pivotal trial in secondary progressive multiple sclerosis (MAESTRO-3). If the trials are successful and regulatory approval for commercial sale of the product is received, we will receive an escalating royalty on cumulative sales of all products covered by the BioMS agreement. Results from long-term follow-up treatment of MS patients with MBP 8298 were published in the August 2006 issue of *European Journal of Neurology*. The data showed an impressive five-year delay in disease progression in an HLA-defined subgroup of MS patients (up to 75% of MS patients) treated with the drug.

Approximately 350,000 persons in the United States suffer from multiple sclerosis. Approximately one-third of individuals with multiple sclerosis stabilize and never reach a severe stage; others have multiple acute attacks

as frequently as two to three times a year. In its most severe form, the disease is relentlessly progressive and can result in complete disability within ten years. Since the early 1980s, non-specific immunosuppressants, such as cyclophosphamide and azathioprine, have been used with occasional success to slow the progression of this disease in some patients. None of these treatments is capable of stopping multiple sclerosis attacks or halting the progression of the disease without exposing patients to potentially serious side effects. Since 1993, several products have been approved by the FDA for the treatment of relapsing/remitting multiple sclerosis. All four are indicated for reduction of the frequency of multiple sclerosis exacerbations (one is also approved for slowing the progression of disability associated with sclerosis). Each of these drugs is administered by injection and each has side effects, which include injection site reactions, flu-like symptoms and shortness of breath.

Type 1 Diabetes. In December 1994, we entered into a license and collaborative agreement with Eli Lilly and Company under which Eli Lilly initiated support for clinical testing of our orally administered autoimmune-mediated (Type 1) diabetes product, AI 401. This agreement was restructured in the first quarter of 1999 into a non-exclusive license for research purposes only as a result of Eli Lilly's failure to make a required milestone payment. Eli Lilly completed the trials then underway and remains obligated to provide us with full access to the data therefrom, including the right to use such data for any purpose. Investigators sponsored by Eli Lilly completed three different Phase II clinical trials in an effort to demonstrate human proof of principle for AI 401. The U.S. study was a one-year, double-blind, placebo-controlled trial with more than 200 patients, designed to measure immunological changes, preservation of pancreatic function and time to insulin dependence. Published results of that study showed AI 401 to benefit adult patients who were diagnosed with Type 1 diabetes at age 20 and older. A second Phase II trial, involving approximately 150 patients, was conducted in France. The third trial was conducted in Italy with approximately 80 patients. The results of these latter two trials have been published and show no therapeutic effect in younger patient populations. In addition, Eli Lilly provided AI 401 for the Diabetes Prevention Trial (DPT-1) conducted by the National Institutes of Health. The oral arm of this trial, which began in September 1996, was designed to determine whether AI 401 can delay or prevent the clinical onset of Type 1 diabetes. Final analysis of the DPT-1 data showed that for patients enrolled under the original entry criteria, there was a statistically significant benefit from treatment with AI 401. These results were published in the May 2005 issue of *Diabetes Care*. In February 2007, the NIH initiated a multicenter Phase III clinical trial on AI 401 to delay or prevent Type 1 diabetes. Currently in Finland, a clinical trial of intranasal insulin to delay or prevent the clinical onset of Type 1 diabetes, called the Diabetes Prediction and Prevention Project, is being conducted. We believe, but do not have confirmation, that this clinical trial is using our intellectual property.

Approximately 1,000,000 people in the United States suffer from Type 1 diabetes. It is estimated that worldwide there are 180,000 new patients diagnosed with this disease each year. There is no known cure for Type 1 diabetes; at best it can be controlled. In addition, because insulin is a large protein that is not appreciably absorbed through the gut, it must be administered intravenously or intra-muscularly, rather than orally. The limitations of the treatment delivery system and the inconsistency of the therapeutic results have led to major efforts to discover effective new methods of treatment. We believe that the preferred therapeutic approach would be an oral treatment, which could prevent the onset of the disease (and the related destruction of the insulin-producing cells) in susceptible populations. Methods to pre-screen persons who are genetically susceptible to Type 1 diabetes are being developed by others. We expect that individuals who have been diagnosed in the early stages of Type 1 diabetes, as well as those who may be identified through such pre-screening, would constitute the primary market for our diabetes product.

Collaborative Research Agreements

During the early stages of our development, we chose to operate through a variety of agreements with medical research institutions. Our agreements with The Brigham and Women's Hospital ("BWH") and other leading medical research institutions, together with the advantages of the mucosal tolerance mechanism, allowed us to conduct pilot human studies and demonstrate the potential utility of its technique in a number of diseases at a early stage of our development.

The Brigham and Women's Hospital. BWH, a teaching hospital affiliated with Harvard Medical School, has been performing sponsored research for us since 1988. Since June 30, 2004, there has been no funding provided to BWH. It is currently anticipated that research funding will be reinitiated in 2007 to evaluate new methods that may facilitate the clinical development of products based upon mucosal tolerance. The terms under which this clinical research might be done are currently under negotiation.

The research at BWH constitutes our only sponsored research activity. Other medical research institutions and firms are conducting research in this area and the question of whether they may require a license from us to commercialize their efforts cannot be determined at this time.

Manufacturing and Raw Materials

Currently, we are not producing any products for clinical or commercial use on our own and have no plans to manufacture products.

Colloral LLC (our consolidated joint venture with Deseret Laboratories, Inc.) is producing Colloral, The Collagen Solution and Vital 3 for use by consumers. As part of our capital contribution to Colloral LLC, we contributed all of the equipment and procedures previously used by us to manufacture Colloral to the joint venture. Colloral LLC has contracted with Deseret for the manufacture of Colloral, The Collagen Solution and Vital 3 using this equipment and these procedures in accordance with current FDA Good Manufacturing Practices. All of the raw materials used in the manufacture of Colloral, The Collagen Solution and Vital 3 are, at the present time, widely available in the marketplace.

Marketing and Sales

In order to market any of our products directly, we would need to develop a marketing and sales organization. We have no plans to develop our own marketing and sales organization, but rather plan to market and sell our products by entering into agreements or joint ventures with other companies. Such arrangements may be exclusive or non-exclusive and may provide for marketing rights worldwide or in specific markets.

Colloral LLC (our consolidated joint venture with Deseret Laboratories, Inc.) began marketing Colloral in February 2003 through direct mail solicitation of individuals who had previously expressed interest in obtaining the product. In the third quarter of 2003, Colloral LLC began market testing several approaches to increase the sales of Colloral in geographically limited areas, and in the fourth quarter of 2004, Colloral LLC contracted with Business Development Resources, Inc. for the development of a consumer oriented marketing plan. Colloral LLC implemented this plan through a sales and marketing agreement with BDR, and in October 2005 market launched The Collagen Solution. As of December 31, 2006, Colloral LLC has terminated the sales and marketing agreement. Vital 3 is sold as a private label product by Futurebiotics LLC through the GNC chain of retail stores.

Patents and Proprietary Rights

The establishment of a strong proprietary position is an important element of our strategy. As of December 31, 2006, we had pending one continuation United States patent applications and five foreign applications. We have received or have exclusive rights to 198 U.S. and foreign patents, including eight U.S. patents covering the use of oral Type I, II, or III collagen (or fragments of collagen) to treat rheumatoid arthritis in humans; five U.S. patents covering the treatment of cell-mediated autoimmune disease by nasal or by inhalation administration of autoantigens, and in particular covering treatment of multiple sclerosis or rheumatoid arthritis using nasal or by inhalation administration of compositions containing myelin basic protein or collagen, respectively, or active fragments thereof; two U.S. patents covering suppression of allograft rejection by oral administration of a major histocompatibility complex Class II antigen or an active fragment thereof; five U.S. patents covering the treatment, or prevention of the onset of, Type 1 diabetes by oral or nasal administration of a composition containing insulin or a fragment of insulin; three U.S. patents covering treatment of multiple

sclerosis by oral administration of MBP or bovine myelin; one U.S. patent covering the treatment of uveoretinitis using oral S-antigen; one U.S. patent covering the combination of oral tolerance and methotrexate in the treatment of multiple sclerosis; four U.S. patents directed to peptide fragments of myelin basic protein and the use of such fragments in suppressing proliferation of T cells activated in multiple sclerosis patents; one U.S. patent covering a method for preparing Type II collagen; and one U.S. patent covering suppression of vascular disorders by mucosal administration of heat shock protein. The U.S. Patent Office has also issued a patent covering bystander suppression of Type 1 diabetes by oral administration of glucagon.

The European and Japanese Patent Offices have each granted a patent to us covering the use of compositions containing autoantigens to treat a group of human autoimmune diseases. Oppositions (proceedings challenging their validity) were filed against these patents by a third party, but both have now been successfully concluded. Although the Japanese Patent Office initially issued a decision adverse to the patent, we eventually prevailed, and the Japanese patent has been reinstated with narrower claims. We prevailed in the opposition to its European patent and that patent remains in force essentially as issued. The European Patent Office and the Japanese Patent Office have each granted one patent to AutoImmune covering use of myelin basic protein in the treatment of multiple sclerosis. The European Patent Office has also granted one patent to AutoImmune covering bystander suppression of autoimmune disease.

We own a patent application originally filed by The Brigham and Women's Hospital for the treatment of autoimmune diseases by oral administration of autoantigens, which includes a number of specific claims directed to the treatment of multiple sclerosis. The disclosure contained in this initial patent application has been significantly expanded in a chain of successor applications. We have applied for patents, or acquired rights to patent applications, covering oral or more broadly mucosal tolerance methods of treating or preventing other specific autoimmune diseases and related conditions, including uveitis, Type 1 diabetes, transplant rejection, and Alzheimer's disease. We have filed applications that claim tolerization treatment of autoimmune diseases by inhalation of autoantigens, specific peptides thought to be involved in multiple sclerosis, and bystander suppression, by which tolerance can be induced without identifying the specific antigen causing an autoimmune disease.

There can be no assurance that patent applications owned by us, or licensed to us, will issue as patents or that, if issued, our patents will be valid or that they will provide us with meaningful protection against competitors or with a competitive advantage. There can be no assurance that we will not need to acquire licenses under patents belonging to others for technology potentially useful or necessary to us and there can be no assurance that such licenses will be available to us, if at all, on terms acceptable to us. Moreover, there can be no assurance that any patent issued to or licensed by us will not be infringed or circumvented by others. In particular, if we are unable to obtain issuance of a patent with broad claims with respect to oral tolerance treatment of autoimmune diseases or if we are unable to prevail in oppositions against our foreign patents with similar claim scope, a competitor may be able to design around our patent rights by employing a treatment that is not covered by our subsisting patents.

Much of our know-how and technology may not be patentable. To protect our rights, we require employees, consultants, advisors and collaborators to enter into confidentiality agreements. There can be no assurance, however, that these agreements will provide meaningful protection for our trade secrets, know-how or other proprietary information in the event of any unauthorized use or disclosure. In addition, our business may be adversely affected by competitors who independently develop competing technologies, especially if we obtain no, or only narrow, patent protection.

Lastly, there can be no assurance that third-parties will not bring suit against us for patent infringement by us or a licensee of ours or to have our patents declared invalid.

Competition

The pharmaceutical and dietary supplement industries are highly competitive; and research on the causes of and possible treatments for autoimmune and other cell-mediated inflammatory diseases is progressing rapidly.

We compete with a number of pharmaceutical and biotechnology companies that have financial, technical and marketing resources significantly greater than ours. Companies with established positions in the pharmaceutical and dietary supplement industries are better equipped than we are to develop and market products based on the application of new technologies. A significant amount of research in the field is also being conducted at universities and other not-for-profit research organizations. These institutions are becoming increasingly aware of the commercial value of their findings and are more actively seeking patent protection and licensing arrangements to collect royalties for use of technologies they have developed. These institutions also may market competitive commercial products on their own or through joint ventures.

Our competitors may succeed in developing products that are just as safe and more effective than our products. Rapid technological change or developments by others may result in our products and potential products becoming obsolete or non-competitive.

For additional information concerning products developed and under development by our competitors to treat rheumatoid arthritis, see the section "Products" above.

Government Regulation

The manufacturing and marketing of our products and certain areas of our research are subject to regulation for safety and efficacy by numerous government authorities in the United States and other countries. Domestically, the Federal Food, Drug and Cosmetic Act, the Public Health Service Act and other federal and state statutes and regulations govern the testing, manufacture, safety, efficacy, labeling, storage, record keeping, approval, advertising and promotion of our products. There can be no assurance that we or our licensees will ever obtain the government approvals necessary to make commercial sales of any products.

We believe that some of the pharmaceutical products under development by us or our licensees will be classified by the FDA as "biologic products," while others may be classified as "drug products." While both biologics and drugs can qualify for Orphan Drug status, biologics, once approved, have no current provision for subsequent competitors to market generic versions. Each biologic, even if it has the same composition and is for the same indication as a regulatory approved biologic, must undergo the entire development process in order for a competitive firm to obtain FDA approval for it.

New drug or biologic products require several steps in order to receive regulatory approval, including (i) preclinical laboratory and animal tests; (ii) submission to the FDA of an application for an Investigational New Drug Application ("IND"), or submission to an Institutional Review Board of a research institution for approval of intrastate trials, one of which must become effective before human clinical trials may start; (iii) the performance of well-controlled clinical trials; and (iv) the submission of a New Drug Application ("NDA") or Biologics License Application ("BLA") containing the results of clinical trials and methods of manufacture of the product prior to commercial sale or shipment of the product. During the approval process, the FDA must confirm that good laboratory and clinical practices were maintained during product testing and that Good Manufacturing Practices were employed in product manufacture.

Preclinical tests include laboratory evaluation of product chemistry and animal studies to assess potential product safety and efficacy. The results of the preclinical tests are submitted to the FDA as part of an IND, and, unless the FDA objects, the IND becomes effective and clinical trials may begin 30 days after the FDA receives the filing.

The initial clinical evaluations, Phase I trials, generally involve administration of a product to a small number of persons. The product is tested for safety, dosage tolerance, metabolism, and pharmacokinetic properties. Phase II trials generally involve administration of a product to a limited number of patients with a particular disease to determine dose level, efficacy and safety. Phase III trials generally examine the clinical efficacy and safety in an expanded patient population at multiple clinical sites. The FDA reviews the clinical

plans and the results of trials and can discontinue the trials at any time if there are significant safety issues or if there is convincing evidence that a drug is not effective for the purpose for which it is being investigated. Any clinical trials we conduct will be conducted with the approval of an Institutional Review Board at the institution where the trial will be conducted. The Institutional Review Board considers, among other things, ethical factors, the safety of human subjects and the possible liability of the institution. Pivotal Phase III trials are designed to demonstrate definitive efficacy. More than one trial is usually required for FDA approval to market a drug. The results of the preclinical and clinical trials are submitted after completion of the pivotal Phase III trials in the form of a BLA or NDA for approval to commence commercial sales. The approval process is affected by several factors, including the severity of the disease, the availability of alternative treatments and the risks and benefits demonstrated in clinical trials. The FDA also may require post-marketing surveillance to monitor potential adverse effects of the product. The regulatory process can be modified by Congress or the FDA in specific situations.

The length of the regulatory review process cannot be predicted with certainty for new individual products. The Drug Price Competition and Patent Term Restoration Act, however, defines the original period of enforceability for a product or use patent to be 17 years from issuance or 20 years from filing. Under certain circumstances, to compensate the patent holder for the time required for FDA regulatory review, this period may be extended for up to 5 years. This Act also establishes a period following FDA approval of a product during which the FDA may not accept or approve short-form applications for generic versions of the drug from other sponsors.

In November 2000, we notified the FDA that we would begin marketing Colloral as a dietary supplement. Dietary supplements are subject to regulation under the Dietary Supplement Health and Education Act of 1994. On February 18, 2005, we received a letter from the FDA stating that the FDA had concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as a dietary supplement, and that the product will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC. See "Part I, Item 1A, Risk Factors" below.

If and when we begin producing a product for sale ourselves, we will be subject to government regulations enforced under the Occupational Safety and Health Act, the Environmental Protection Act, the United States Atomic Energy Act, the Clean Air Act, the Clean Water Act, the National Environmental Policy Act, the Toxic Substances Control Act, the Resource Conservation and Recovery Act and other national, state or local restrictions.

In addition, the ability to successfully commercialize our human therapeutic products may depend in part on the extent to which reimbursement for the cost of such products and related treatment will be available from government health administration authorities, private health coverage insurers and other organizations. Significant uncertainty exists as to the reimbursement status of newly approved health care products, and there can be no assurance that adequate third-party coverage will be available for us to maintain price levels sufficient for realization of an appropriate return on its investment in product development.

Employees

As of March 15, 2007, we have no full-time employees. The President and the Director of Finance are currently working for AutoImmune as employees on a part-time basis pursuant to agreements that we have entered into with them.

Item 1A. Risk Factors

Forward-Looking and Cautionary Statements. This Annual Report contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934 which involve risks and uncertainties. Our actual results may differ significantly from results discussed in the forward-looking statements due to a number of important factors, including, but not limited to our extremely limited operations, the uncertainties of clinical trial results and product development, our dependence on third parties for licensing and other revenue, our dependence on determinations of regulatory authorities, and the risks of technological change and competition. Set forth below is a discussion of certain factors that could cause our actual results to differ materially from the results projected in such forward looking statements.

Limited Operations. Since January 2000, we have operated with minimal staff and infrastructure. We have no full-time employees and our activities, conducted through our part-time President and Director of Finance, are primarily directed toward managing our investment in the Colloral LLC joint venture, supporting our current licensees and exploring additional opportunities to license our technology to additional companies that desire to develop, manufacture and sell products based upon our technology.

Developmental Stage of AutoImmune's and its Licensees' Products. We have not completed the development of any product except Colloral®, The Collagen Solution and Vital 3, all of which are nutritional supplements. The pharmaceutical products being developed by us and our licensees require significant additional clinical testing and/or investment prior to commercialization. Products for therapeutic use in human health care must be evaluated in extensive human clinical trials to determine their safety and efficacy as part of a lengthy process to obtain government approval. Positive results for a product in a clinical trial do not necessarily assure that future clinical trials will yield positive results or that the government will approve the commercialization of the product. Clinical trials may be terminated at any time for many reasons, including toxicity or a lack of efficacy based upon mid-trial examinations of clinical trial data or adverse event reporting. There can be no assurance that either we or our licensees will successfully develop additional products or that our products will prove to be safe and efficacious in clinical trials, meet applicable regulatory standards, receive required regulatory approvals, be capable of being produced in commercial quantities at reasonable costs or be successfully marketed.

Lack of Profitability. From our inception in 1988 through December 31, 2006, we have accumulated net losses of \$109,639,000. We expect to incur additional losses as we continue to sponsor research and to pursue opportunities to license and otherwise exploit our technology. Our ability to achieve profitable operations depends in part on successful completion of the development by us and others of products utilizing our technology, the ability to obtain any required regulatory approvals and the ability to manufacture and market these products and increase sales of our nutritional supplement by Colloral LLC. There can be no assurance that we will achieve profitable operations at any time.

Most of our revenues to date have been earned in connection with collaborative/licensing agreements and the granting of short term rights (see "Dependence on Collaborative Agreements" below). Payments to us under these arrangements generally depend upon royalties based upon sales of products, the achievement of certain milestones or the satisfaction of other conditions. For example, we granted certain patent rights to Teva Pharmaceutical Industries, Ltd. in return for future payments based upon the achievement of certain milestones and royalties based on sales, if any, and we entered into an agreement with BioMS Medical Corporation which provides for the payment of royalties based on sales of a product, if any. To date, there have been no sales under either of these arrangements, and on March 20, 2006, Teva disclosed in its 20-F filing that it will not continue development of the enteric coated oral Copaxone product it had been developing using our intellectual property. While the filing states Teva is considering future development of non-parenteral formulations of oral Copaxone, it is unclear whether any such future development would involve intellectual property licensed by us to Teva. Because revenues under these agreements are contingent upon the achievement of certain conditions, there can be no assurance that we will derive any additional revenues from these agreements.

In August 2002, we entered into a joint venture with Deseret Laboratories, Inc. by forming an entity called Colloral LLC to manufacture, market and sell Colloral® as a dietary supplement. Our interest in Colloral LLC is greater than 50% and we actively participate in its management, but we do not have voting control of Colloral LLC. Therefore, the investment had historically been accounted for using the equity method. In August 2005, we amended the Colloral LLC operating agreement to increase our share of fund distributions and allocations of profits and losses in return for our commitment to fund 100% of the costs associated with the implementation of a marketing program for The Collagen Solution. As a result of the amendments to the operating agreement, we are required to consolidate Colloral LLC in accordance with FIN 46, "Consolidation of Variable Interest Entities" effective in the third quarter of 2005. Colloral LLC is considered a variable interest entity ("VIE") under FIN 46, of which we are the primary beneficiary. In accordance with FIN 46, we re-evaluate the provisions of FIN 46 when triggering events arise and to date, no events have transpired which would require deconsolidation. Certain events may arise in the future, including additional modifications to the operating agreements, which may require us to re-evaluate the joint venture under FIN 46. Such re-evaluation may result in a conclusion that the joint venture is no longer a VIE requiring consolidation.

In the fourth quarter of 2004, Colloral LLC contracted with Business Development Resources, Inc. for the development of a consumer oriented marketing plan. Colloral LLC implemented this plan, including a sales and marketing agreement with Business Development Resources, Inc., which, by virtue of an amendment to the Colloral LLC operating agreement, AutoImmune committed to funding. As of December 31, 2006, we have satisfied our funding commitment and Colloral LLC has terminated the sales and marketing agreement. However, we may make additional capital contributions to Colloral LLC. Despite any additional investment, there can be no assurance that these efforts will be successful. Accordingly, we may continue to incur substantial losses. In 2003, 2004, 2005 and 2006, AutoImmune made additional capital contributions of \$25,000, \$100,000, \$407,000 and \$488,000, respectively, to Colloral LLC to support sales and marketing initiatives. Our financial statements reflect transactions with Colloral LLC on a consolidated basis beginning in the third quarter of 2005.

Colloral May Be Classified as a Drug Rather Than a Nutritional Supplement. In 2000, we completed a market analysis of Colloral as a nutritional supplement and subsequently filed a "Notice of New Dietary Ingredient" with the FDA that was accepted without comment. On February 18, 2005, we received a letter from the FDA stating that the FDA had concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as dietary supplements, and that the product will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC.

Additional Financing Requirements and Access to Capital. Since inception, we have raised net proceeds of approximately \$116 million from the sale of equity securities in private placements and public stock offerings. We do not believe we currently have the ability to raise significant additional funds. Based upon our budget for calendar year 2007, we believe that current cash and marketable securities and the interest earned from the investment thereof will be sufficient to meet our operating expenses and capital requirements for at least five years. Thereafter, or if our operations change substantially, we will need to raise substantial additional capital to fund our operations, including clinical trials and commercialization efforts. There can be no assurance that such capital will be available on acceptable terms; if at all.

Dependence on Collaborative Agreements. Currently, we are wholly dependent upon collaborative agreements or arrangements with others. We have granted Teva Pharmaceutical Industries, Ltd. exclusive worldwide rights to certain of our patents covering the multiple sclerosis and myasthenia gravis applications of our technology. These rights were granted in return for payments based upon the achievement of certain milestones and royalties based on sales, if any. On March 20, 2006, Teva disclosed in its 20-F filing that it will

not continue development of the enteric coated oral Copaxone product it had been developing using our intellectual property, but is considering future development of non-parenteral formulations of oral Copaxone. It is unclear whether any such future development would involve intellectual property licensed by us to Teva. We also have granted BioMS Medical Corporation exclusive worldwide rights to certain patents covering a product to treat multiple sclerosis. The agreement with BioMS provides for monthly diligence payments and royalties based on sales, if any. Obligations to make diligence payments will cease if BioMS terminates the agreement. We entered into a joint venture with Deseret Laboratories, Inc. by forming Colloral LLC to manufacture, market and sell Colloral as a nutraceutical. There can be no assurance that we will be able to negotiate other acceptable arrangements in the future or that any of our current or future collaborative agreements or arrangements will be successful.

The majority of our basic research to date has been done through agreements with The Brigham and Women's Hospital and other medical research institutions. Between 1993 and 1999, we conducted some of our research and most of our development activities internally. Currently, we have no employees engaged in research and product development. Therefore, we expect to continue to be dependent upon research performed under contract with The Brigham and Women's Hospital. If we are unable to maintain this relationship, we would be adversely affected and our ability to commercialize future products may be delayed or eliminated.

Patents and Proprietary Rights. Our success will depend, in part, on our ability to obtain patents, maintain trade secret protection and operate or enable others to operate without infringing on the proprietary rights of third parties or having third parties circumvent our rights. We have received or have exclusive rights to 198 U.S. and foreign patents. We have filed and are actively pursuing numerous applications for additional U.S. and foreign patents, and are an assignee or licensee of the rights to other patent applications. The patent positions of biotechnology and pharmaceutical companies can be highly uncertain and involve complex legal and factual questions. For example, the emerging policy of the United States Patent Office and the federal courts appears to favor narrowing claims in biotechnology patents. Thus, there can be no assurance that any patents issued to us will provide us with any competitive advantages or will not be challenged by any third parties, that the patents of others will not impede our ability to do business or that third parties will not be able to circumvent our patents, that our licensees will not terminate their licenses or that they will be successful in producing and marketing products that trigger the payment of royalties to us, or that any of our patent applications will result in the issuance of patents. Furthermore, there can be no assurance that others will not develop independently similar products, duplicate any of our products, or those of our licensees, or, if patents are issued to us, design around the patented products developed by us.

Both we and our licensees may be required or may desire to obtain licenses from third parties to avoid infringing patents or other proprietary rights owned by third parties or to avoid third party patents blocking the activities of our licensees. No assurance can be given that any license required or desired under any such patents or proprietary rights would be available, if at all, on terms acceptable to us or to our licensees. If we or our licensees do not obtain such licenses, we or our licensees could encounter delays in product introductions, or could find that the development, manufacture or sale of products requiring such licenses could be prohibited. In addition, we could incur substantial costs in defending our self in suits for patent infringement brought against us or a licensee of ours or in filing suits against others to have their patents declared invalid.

Much of our know-how and technology may not be patentable. To protect our rights, we require employees, consultants, advisors and collaborators to enter into confidentiality agreements. There can be no assurance, however, that these agreements will provide meaningful protection for our trade secrets, know-how or other proprietary information in the event of any unauthorized use or disclosure. Furthermore, our business and that of our licensees may be adversely affected by competitors who independently develop competing technologies, especially if we obtain no, or only narrow, patent protection.

Technological Change and Competition. The biotechnology, pharmaceutical and dietary supplement industries are subject to rapid and significant technological change. Our competitors are numerous and include,

among others, major pharmaceutical companies, biotechnology firms, dietary supplement firms, universities and other research institutions in the United States and abroad. There can be no assurance that our competitors will not develop technologies and products that would render our technology and products obsolete or noncompetitive. Most of our competitors have substantially greater financial and technical resources and production and marketing capabilities than we have. In addition, most of our competitors have significantly greater experience than we do in conducting preclinical testing and clinical trials of pharmaceutical products and obtaining FDA and other regulatory approvals of products for use in health care. Accordingly, our competitors may obtain FDA approval for products more rapidly than we do.

We currently have no internal research and development activities or capabilities. We rely upon sponsored research with The Brigham and Women's Hospital for our research and development activities. Since June 30, 2004 there has been no funding provided to BWH under our agreement for sponsored research. It is currently anticipated that research funding will be reinitiated in 2007.

Government Regulation. Prior to marketing, any pharmaceutical product utilizing our technology must undergo rigorous preclinical testing and clinical trials, as well as an extensive regulatory approval process mandated by the FDA and foreign regulatory agencies. These processes can take many years and require the expenditure of substantial resources. Delays in obtaining regulatory approvals would adversely affect the marketing of our products and our ability to receive product royalties. There can be no assurance that the clearances and approvals necessary for the clinical testing or manufacturing and marketing of these products can be obtained. Existing or additional government regulation could prevent or delay regulatory approval of these products or affect the pricing or marketing of these products.

Item 2. Description of Property.

We are currently operating with minimal employees and activities utilizing the personal office spaces of the President and the Director of Finance and, therefore, have no leases. Our consolidated joint venture, Colloral LLC, outsources all of its operations and also has no lease obligations. Our principal executive office is located at the President's personal office in Pasadena, California.

It is our policy not to invest in (a) real estate or interests in real estate; (b) real estate mortgages; and, (c) securities or interests in persons primarily engaged in real estate activities.

Item 3. Legal Proceedings.

We are not a party to any litigation or legal proceedings, or proceedings contemplated by a government authority of which we are aware.

Item 4. Submission of Matters to a Vote of Security Holders.

No matters were submitted to a vote of AutoImmune's shareholders during the fourth quarter of fiscal year 2006.

Item 4A. Executive Officers of the Small business issuer.

The executive officers of AutoImmune are as follows:

Robert C. Bishop, Ph.D., age 64, is AutoImmune's President, Chief Executive Officer and Chairman of the Board. Dr. Bishop was elected President and Chief Executive Officer and to the Board of Directors in May 1992. In May 1999, Dr. Bishop was elected Chairman of the Board. Effective December 31, 1999, Dr. Bishop ceased being a full-time employee of AutoImmune and began working in the same capacity on a part-time basis. For

more than five years prior to joining AutoImmune, Dr. Bishop held senior management positions at Allergan, Inc., an eye and skin care company, including President of Allergan Medical Optics from 1986 to 1988, Senior Vice President of Corporate Development of Allergan, Inc. from 1988 to 1989, President of Allergan Pharmaceuticals, Inc. from 1989 to 1991 and Group President of Allergan Therapeutics Group from February 1991 to May 1992. From 1976 through 1986, Dr. Bishop served as an executive of American Hospital Supply Corporation. Dr. Bishop received his B.A. degree in psychology and a Ph.D. in biochemistry from the University of Southern California and his M.B.A. from the University of Miami. Dr. Bishop is a director of Millipore Corporation, a purification technologies/systems company serving the biopharmaceutical and analytical laboratories markets, a director of Caliper Life Sciences Corporation, a microfluidics company developing lab-on-a-chip instrument systems; and a director of Optobionics Corporation, a privately held developer of ophthalmic device products. Dr. Bishop is also a Manager/Trustee of MFS/Compass Funds Complex (a series of portfolios advised by MFS Investment Management) and serves on the Advisory Board for Waterstreet Capital, a leveraged buyout firm focused on opportunities in health care.

Diane M. McClintock, CPA, age 39, joined the Company in June 2005 and was appointed the Company's Treasurer and Director of Finance on August 18, 2005. From 1998 through 2005, Ms. McClintock was a Director in the Transaction Services practice at PricewaterhouseCoopers LLP where she provided financial advice and assistance to clients regarding potential transactions. From 1995 through 1998, Ms. McClintock was employed by Ernst & Young LLP where she was an Audit Manager. Ms. McClintock received her B.S. degree in Business Administration with a Concentration in Accounting from the University of New Hampshire.

PART II

Item 5. Market for Small Business Issuer's Common Equity and Related Stockholder Matters.

Since May 26, 2004, our common stock has been listed on the OTC Bulletin Board under the symbol AIMM. The following table shows the quarterly high and low sales price on the OTC Bulletin Board for a share of our common stock (based on intra-day trading) for the fiscal years ended December 31, 2005 and 2006. The high and low bid information was obtained from NASDAQ.com. The market quotations reflect inter-dealer prices, without retail mark-up, mark-down or commissions and may not represent actual transactions.

	Price range of common stock	
	High	Low
Fiscal year ending December 31, 2005		
First quarter	\$1.45	\$0.87
Second quarter	\$1.14	\$0.83
Third quarter	\$1.20	\$0.87
Fourth quarter	\$1.00	\$0.91
Fiscal year ending December 31, 2006		
First quarter	\$1.59	\$0.88
Second quarter	\$1.70	\$1.16
Third quarter	\$1.24	\$1.03
Fourth quarter	\$1.26	\$1.05

As of March 16, 2007, there were 192 record holders and approximately 2,700 total shareholders of our common stock.

We have never declared or paid any cash dividends on our capital stock. We currently intend to retain our earnings, if any, and therefore, do not anticipate paying any cash dividends on our capital stock in the foreseeable future.

Information with respect to shares of the Company's common stock that may be issued under its equity compensation plans is set forth in our Consolidated Financial Statements in a separate section of this Report commencing on Page F-1.

Item 6. Management's Discussion and Analysis of Financial Condition and Results of Operations.

Results of Operations

Overview

The sections of "Management's Discussion and Analysis of Financial Condition and Results of Operations" contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934 which involve risks and uncertainties. Our actual results may differ significantly from results discussed in the forward-looking statements due to a number of important factors, including, but not limited to our extremely limited operations, the uncertainties of clinical trial results and product development, our dependence on third parties for licensing and other revenue, our dependence on determinations of regulatory authorities, and the risks of technological change and competition.

From our inception through December 31, 2006, we have incurred ongoing losses from operations and have cumulative losses as of December 31, 2006 totaling \$109,639,000. To date, our only revenue from the sale of products has been earned through our joint venture, Colloral LLC. The majority of revenues recorded from inception through December 31, 2006, were earned in connection with license rights, contract research and the granting of certain short-term rights. As a result, inflation has not materially affected our revenues and income from continuing operations.

In August 2002, we entered into a joint venture with Deseret Laboratories, Inc. by forming an entity called Colloral LLC to manufacture, market and sell Colloral® as a dietary supplement. Our interest in Colloral LLC is greater than 50% and we actively participate in its management, but we do not have voting control of Colloral LLC. Therefore, the investment had historically been accounted for using the equity method. In August 2005, we amended the Colloral LLC operating agreement to increase our share of fund distributions and allocations of profits and losses in return for our commitment to fund 100% of the costs associated with the implementation of a marketing program for The-Collagen Solution. As a result of the amendments to the operating agreement in August 2005, we are now required to consolidate Colloral LLC in accordance with FIN 46 "Consolidation of Variable Interest Entities" effective in the third quarter of 2005. Colloral LLC is now considered a variable interest entity ("VIE") under FIN 46, of which we are the primary beneficiary. In accordance with FIN 46, we re-evaluate the provisions of FIN 46 when triggering events arise and to date, no events have transpired which would require deconsolidation. Certain events may arise in the future, including additional modifications to the operating agreements, which may require us to re-evaluate the joint venture under FIN 46. Such re-evaluation may result in a conclusion that the joint venture is no longer a VIE requiring consolidation.

In the fourth quarter of 2004, Colloral LLC contracted with Business Development Resources, Inc. for the development of a consumer oriented marketing plan. Colloral LLC implemented this plan, including a sales and marketing agreement with Business Development Resources, Inc., which, by virtue of an amendment to the Colloral LLC operating agreement, AutoImmune committed to funding. As of December 31, 2006, we have satisfied our funding commitment and Colloral LLC has terminated the sales and marketing agreement. However, we may make additional capital contributions to Colloral LLC. Despite any additional investment, there can be no assurance that these efforts will be successful. Accordingly, we may continue to incur substantial losses. In 2003, 2004, 2005 and 2006, AutoImmune made additional capital contributions of \$25,000, \$100,000, \$407,000 and \$488,000, respectively, to Colloral LLC to support sales and marketing initiatives. Our financial statements reflect transactions with Colloral LLC on a consolidated basis beginning in the third quarter of 2005.

The following table contains selected financial data for Colloral LLC. Shipping and handling costs have been classified as selling expenses. The balance sheet amounts as of December 31, 2005 and 2006 and Colloral LLC's operating results for the six months ended December 31, 2005 and the year ended December 31, 2006 have been consolidated into our financial statements:

	For the year ended December 31,	
	2005	2006
Statement of Operations Data:		
Revenue	\$ 34,000	\$ 221,000
Cost of goods sold	3,000	46,000
Selling, general and administrative expense	581,000	502,000
Net loss	\$(550,000)	\$(327,000)
		Six months ended December 31, 2005
Statement of Operations Data:		
Revenue		\$ 19,000
Cost of goods sold		4,000
Selling, general and administrative expense		308,000
Net loss		(293,000)
	December 31, 2005	December 31, 2006
Balance Sheet Data:		
Current assets	\$ 40,000	\$ 179,000
Long term assets	—	—
Current liabilities	54,000	21,000
Long term liabilities	—	—

On February 18, 2005, we received a letter from the FDA stating that the FDA had concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as a dietary supplement, and that the product will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC.

Years Ended December 31, 2005 and 2006

Revenue was \$179,000 and \$401,000 for the years ended December 31, 2005 and 2006, respectively. The revenue in 2005 and 2006 was comprised of monthly license payments from BioMS for their use of our patents pertaining to an injectable therapy for the treatment of multiple sclerosis and product revenues generated through our joint venture, Colloral LLC, whose results are consolidated with ours for the third and fourth quarters of 2005 and for the year ended December 31, 2006. In 2006, Colloral LLC executed an option agreement with Futurebiotics, whereby Futurebiotics began marketing Vital 3 through the GNC chain of retail stores. Product shipped under this agreement generated revenue of \$70,000.

Cost of goods sold was \$4,000 and \$46,000 for the years ended December 31, 2005 and 2006, respectively. The increase is a result of the increase in product shipped in 2006 due to the implementation of the marketing program for The Collagen Solution undertaken in the third quarter of 2005.

Research and development expenses were \$154,000 and \$217,000 for the years ended December 31, 2005 and 2006, respectively. The increase is due to the timing of patent related legal costs and an increase in fees associated with patent negotiations.

Selling, general and administrative expenses were \$886,000 and \$1,047,000 for the years ended December 31, 2005 and 2006, respectively. The increase is primarily a result of Colloral LLC selling, general and administrative costs of \$501,000 for the year ended December 31, 2006 compared to \$312,000 for the year ended December 31, 2005, which have been consolidated into our operating results commencing with the third quarter of 2005. In addition, noncash stock compensation of \$40,000 was recorded during the year ended December 31, 2006 in connection with the implementation of SFAS No. 123R. The increases are offset partially by a decrease in our insurance premiums of \$50,000.

Interest income was \$304,000 and \$428,000 for the years ended December 31, 2005 and 2006, respectively. The increase is primarily due to improvements in market interest rates and returns on investment for U.S. Treasury obligations and other short term instruments.

Equity in net loss of unconsolidated affiliate was \$130,000 for the year ended December 31, 2005, which reflects our equity in accumulated net losses of Colloral LLC through June 30, 2005. The operating results of Colloral LLC are consolidated in our operating results commencing in the quarter ended September 30, 2005.

Other income was \$25,000 for the year ended December 31, 2005. In February 2004, Enzo Biochem, Inc. acquired the assets of OraGen. On August 26, 2005, we received the first of two planned distributions of the proceeds in the amount of \$25,000 which we have recorded as other income. The final distribution is scheduled in early 2007. However, due to the uncertainty of collection surrounding the final payment, we will not recognize the additional gain until the final distribution is paid to us.

Liquidity and Capital Resources

Our needs for funds have historically fluctuated from period to period as we have increased or decreased the scope of our research and development activities. Since inception, we have funded these needs almost entirely through sales of our equity securities. Our current needs have been significantly reduced as a result of the termination of our direct research and development activities, all full-time employees and other operating expenses in 1999.

We hold an interest in an entity called Colloral LLC, which is manufacturing, marketing and selling Colloral and The Collagen Solution as dietary supplements, and manufacturing Vital 3 for retail sale by Futurebiotics LLC. In the fourth quarter of 2004, Colloral LLC contracted with Business Development Resources, Inc. for the development of a consumer oriented marketing plan. Colloral LLC implemented this plan, including a sales and marketing agreement with Business Development Resources, Inc., which, by virtue of an amendment to the Colloral LLC operating agreement, AutoImmune committed to funding. As of December 31, 2006, we have satisfied our funding commitment and Colloral LLC has terminated the sales and marketing agreement. However, we may make additional capital contributions to Colloral LLC. Despite any additional investment, there can be no assurance that these efforts will be successful. Accordingly, we may continue to incur substantial losses.

Our working capital and capital requirements will depend on numerous factors, including the strategic direction that we and our shareholders choose, the level of resources that we devote to the development of our patented products, the extent to which we proceed by means of collaborative relationships with pharmaceutical or nutraceutical companies and our competitive environment. During 2006, we used \$522,000 of cash for operations. We expect to continue to use our current cash and marketable investments on hand to fund our future operations and development efforts. Based upon our budget for the calendar year 2007 and current expectations for future years, we believe that current cash and marketable securities and the interest earned from the

investment thereof will be sufficient to meet our operating expenses and capital requirements for at least five years. At the appropriate time, we may seek additional funding through public or private equity or debt financings, collaborative arrangements with pharmaceutical companies or from other sources. If additional funds are necessary but not available, we will have to reduce or not pursue certain activities, which could include areas of research, product development, marketing activity, or otherwise modify our business strategy. Such a reduction would have a material adverse effect on us.

In order to preserve principal and maintain liquidity, our funds are invested in U.S. Treasury obligations, high-grade corporate obligations and money market instruments. As of December 31, 2006, our cash and cash equivalents and marketable securities totaled \$8,763,000. Current liabilities at December 31, 2006 were \$128,000.

Off-Balance Sheet Arrangements

We have not created, and are not party to, any special-purpose or off-balance sheet entities for the purpose of raising capital, incurring debt or operating parts of our business that are not consolidated into our financial statements. Effective for the third quarter of 2005, we are required to consolidate Colloral LLC, a joint venture for the development and marketing of dietary supplements.

Critical Accounting Policies and Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and judgments that affect the reported amount of assets, liabilities, revenues and expenses, and related disclosure of contingent assets and liabilities. Management bases its estimates on historical experience and on various other assumptions that are believed to be reasonable under the circumstances, the results of which form the basis for making judgments about the carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates under different assumptions or conditions.

We believe the following critical accounting policies affect certain judgments and estimates used in the preparation of our financial statements:

Revenue Recognition

Revenue is recognized in accordance with the Securities and Exchange Commission's Staff Accounting Bulletin No. 104 "Revenue Recognition." Revenue is recognized when the following criteria have been met: persuasive evidence of an arrangement exists; delivery has occurred and risk of loss has passed; the seller's price to the buyer is fixed or determinable, and collectibility is reasonably assured.

Contract and license fee revenue is primarily generated through collaborative license and development agreements with strategic partners for the development and commercialization of our product candidates. The terms of the agreements typically include non-refundable license fees, payments based upon achievement of certain milestones, or royalties on net product sales. We evaluate revenue from agreements entered into or modified after June 15, 2003 that have multiple elements to determine whether the components of the arrangement represent separate units of accounting as defined in Emerging Issues Task Force ("EITF") Issue No. 00-21 "Revenue Arrangements with Multiple Deliverables." To account for multiple deliverables separately, EITF 00-21 requires that the delivered items have value to the customer on a standalone basis, there is objective and reliable evidence of fair value of the undelivered items, and delivery or performance of the undelivered item is probable and within our control. If the components of the arrangement qualify as separate units of accounting under EITF 00-21, we defer the greater of the fair value of any undelivered elements of the contract or the portion of the contract which is not payable until the undelivered elements are delivered.

Where we have continuing performance obligations under the terms of a collaborative arrangement or associated with non-refundable license fees, revenue is recognized over the period we complete our performance obligations. Under the terms of our agreement with a subsidiary of Elan Plc, AutoImmune and The Brigham & Women's Hospital have indemnified the subsidiary against any claim, demand, or action arising from any misrepresentation made by us to the subsidiary of Elan Plc about patent rights and breach of warranties, up to the amounts previously received by us under the agreement. We do not consider this a performance obligation that would preclude or defer revenue recognition.

Revenues from milestone payments related to arrangements under which we have no continuing performance obligations are recognized upon achievement of the related milestone. Revenues from milestone payments related to arrangements under which we have continuing performance obligations are recognized as revenue upon achievement of the milestone only if all of the following conditions are met: the milestone payments are non-refundable; substantive effort is involved in achieving the milestone; and the amount of the milestone is reasonable in relation to the effort expended or the risk associated with achievement of the milestone. If any of these conditions are not met, the milestone payments are deferred and recognized as revenue over the term of the arrangement as we complete our performance obligations.

We recognize revenue from product sales when persuasive evidence of an arrangement exists, the product has been shipped, title and risk of loss have passed to the customer and collection from the customer is reasonably assured.

Revenue from service contracts is recognized as the related services are performed.

Asset Impairments

Marketable securities are considered to be impaired when a decline in fair value below cost basis is determined to be other than temporary. In evaluating whether a decline in fair value below cost basis is other than temporary, we evaluate, among other factors: the duration of the period that, and extent to which, the fair value is less than the cost basis; the financial health of and business outlook for the issuer of the securities, including industry and sector performance, changes in technology and operational and financing cash flow factors; overall market conditions and trends; and our intent and ability to hold the investment to recovery. Once a decline in fair value is determined to be other than temporary, a write-down is recorded and a new cost basis in the security is established.

Variable Interest Entities

In January 2003, the FASB issued FIN No. 46, "Consolidation of Variable Interest Entities" and, in December 2003, the FASB issued FIN No. 46R. FIN No. 46R replaces FIN No. 46 and addresses consolidation by business enterprises of variable interest entities that possess certain characteristics. A variable interest entity ("VIE") is an entity that does not have sufficient equity investment to permit it to finance its activities without additional financial support from a third party, or whose equity investors lack the characteristics of a controlling financial interest. FIN No. 46R establishes standards for determining under what circumstances VIEs should be consolidated with their primary beneficiary. We adopted FIN No. 46R in the first quarter of 2004 for non-special purpose entities created prior to February 1, 2003, which included our interest in Colloral LLC. The adoption of FIN No. 46R did not have an initial material effect on our financial condition or results of operations. Our interest in Colloral LLC did not qualify as a VIE and therefore we continued to account for our investment in Colloral LLC under the equity method of accounting until August 2005.

In August 2005, we amended the Colloral LLC operating agreement to increase our share of fund distributions and allocations of profits and losses in return for our commitment to fund 100% of the costs associated with the implementation of a marketing program for The Collagen Solution undertaken by Colloral LLC. As a result of the amendments to the operating agreement, Colloral LLC is now considered a VIE, of which

we are the primary beneficiary. We are now required to consolidate Colloral LLC for financial reporting purposes, effective in the third quarter of 2005. In accordance with FIN 46, we re-evaluate the provisions of FIN 46 when triggering events arise and to date, no events have transpired which would require deconsolidation. Certain events may arise in the future, including additional modifications to the operating agreements, which may require us to re-evaluate the joint venture under FIN 46. Such re-evaluation may result in a conclusion that the joint venture is no longer a VIE requiring consolidation.

Recent Accounting Pronouncements

In June 2005, the FASB issued SFAS No. 154, "Accounting Changes and Error Corrections, a replacement of APB Opinion No. 20 and FASB Statement No. 3." SFAS No. 154 became effective January 1, 2006. Our adoption of SFAS No. 154 did not have an impact on our financial position or results of operations.

In September 2006, the SEC staff issued SAB 108, "Considering the Effects of Prior Year Misstatements when Quantifying Misstatements in Current Year Financial Statements," to address the diversity in practice regarding the quantification of financial statement misstatement. Prior to SAB 108, companies might evaluate the materiality of financial statement misstatements using either the income statement approach which focuses on new misstatements added in the current year, or the balance sheet approach which focuses on the cumulative amount of misstatement present in a company's balance sheet. The SEC staff believes that reliance on only one of these methods, to the exclusion of the other, does not appropriately quantify all misstatements that could be material to financial statement users. As a result, SAB 108 now requires that companies utilize a dual approach to assessing the quantitative effects of financial misstatements, which includes both an income statement focused assessment and a balance sheet focused assessment. The guidance in SAB 108 is effective for our current fiscal year ending December, 31, 2006. The adoption of SAB 108 did not impact our financial position or results of operations.

Quantitative and Qualitative Disclosures about Market Risk.

We have invested all of our cash in U.S. Treasury obligations, high-grade corporate obligations and money market instruments. These investments are denominated in U.S. dollars. Due to the conservative nature of these instruments, we do not have material exposure to interest rate or market risk.

Item 7. Financial Statements

Information with respect to our financial statements and financial statement schedules filed with this report is set forth in a separate section of this Report commencing on Page F-1.

Item 8. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.

Not Applicable.

Item 8A. Controls and Procedures.

Our Chief Executive Officer and Director of Finance and Treasurer evaluated the effectiveness of our disclosure controls and procedures (as defined in Rule 13a-15(e) and 15d-15(e) under the Securities Exchange Act of 1934) as of December 31, 2006. Based upon that evaluation, our Chief Executive Officer and Director of Finance and Treasurer have concluded that, as of December 31, 2006, our disclosure controls and procedures operated effectively to ensure that the information that we are required to disclose in this report has been accumulated and communicated to our management to allow timely decisions regarding such required disclosures.

There was no change in our internal control over financial reporting (as defined in Rule 13a-15(f) or Rule 15d-15(f) under the Securities Exchange Act of 1934) during our last fiscal quarter that materially affected, or is reasonably likely to materially affect, our internal control over financial reporting.

Item 8B. Other Information.

Not Applicable.

PART III

Item 9. Directors, Executive Officers, Promoters, Control Persons and Corporate Governance; Compliance with Section 16(a) of the Exchange Act.

The information called for by this Item and not provided above in Item 4A is incorporated by reference to our proxy statement which we intend to file with the Securities and Exchange Commission and mail to shareholders within 120 days of our fiscal year ended December 31, 2006.

Item 10. Executive Compensation.

The information required by this Item is incorporated by reference to our proxy statement which we intend to file with the Securities and Exchange Commission and mail to shareholders within 120 days of our fiscal year ended December 31, 2006.

Item 11. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.

The information required by this Item is incorporated by reference to our proxy statement which we intend to file with the Securities and Exchange Commission and mail to shareholders within 120 days of our fiscal year ended December 31, 2006.

Item 12. Certain Relationships and Related Transactions, and Director Independence.

The information required by this Item is incorporated by reference to our proxy statement which we intend to file with the Securities and Exchange Commission and mail to shareholders within 120 days of our fiscal year ended December 31, 2006.

Item 13. Exhibits and Financial Statement Schedules.

(a)(1) Financial Statements

Our consolidated financial statements and notes to our consolidated financial statements filed with this report are set forth as follows:

	<u>Page</u>
Report of Independent Registered Public Accounting Firm	F-2
Consolidated Balance Sheets at December 31, 2005 and 2006	F-3
Consolidated Statements of Operations for the years ended December 31, 2005 and 2006 and for the period from September 9, 1988 (date of inception) to December 31, 2006	F-4
Consolidated Statements of Changes in Stockholders' Equity for the period from September 9, 1988 (date of inception) to December 31, 2006	F-5
Consolidated Statements of Cash Flows for the years ended December 31, 2005 and 2006 and for the period from September 9, 1988 (date of inception) to December 31, 2006	F-6
Notes to the Consolidated Financial Statements	F-7

(a)(2) Financial Statement Schedules

All schedules are omitted because they are not required or are inapplicable or the required information is shown in the financial statements or notes thereto.

(a)(3) Exhibits

<u>Exhibit Number</u>	<u>Exhibit Description</u>
3.1	—Restated Certificate of Incorporation(1)
3.2	—By-Laws(2)
4.1	—Specimen Common Stock Certificate(2)
4.2	—Rights Agreement dated as of May 19, 1995(3)
10.1	—Amended and Restated 1988 Stock Option Plan effective December 14, 1992(1)*
10.2	—Agreement, dated March 18, 1992, between AutoImmune Inc. and Schering Corporation(2)+
10.3	—Amended and Restated Research and Development Agreement, dated July 1, 1992, between AutoImmune Inc. and The Brigham and Women's Hospital, Inc.(2)
10.4	—Research Agreement, dated October 21, 1992, and Royalty Agreement, dated 1992, between AutoImmune Inc. and Joslin Diabetes Center(2)
10.5	—Research Agreement, dated July 1, 1992, Royalty Agreement, dated June 6, 1990, and Research Agreement, dated July 1990, between AutoImmune Inc. and the Beth Israel Hospital(2)
10.6	—Cooperative Research and Development Agreement, effective July 1, 1990, among the National Eye Institute of the National Institutes of Health, The Brigham and Women's Hospital and AutoImmune Inc.(2)
10.7	—Amended Consulting Agreement, dated July 1992, and Amended and Restated Consulting Agreement, dated November 1988, between AutoImmune Inc. and Howard L. Weiner, M.D.(2)

<u>Exhibit Number</u>	<u>Exhibit Description</u>
10.8	—Amended Consulting Agreement, dated July 1992, and Amended and Restated Consulting Agreement, dated November 1988, between AutoImmune Inc. and David A. Hafler, M.D.(2)
10.9	—Consulting Agreement, dated February 1, 1989, between AutoImmune Inc. and James P. Tam, Ph.D.(2)
10.10	—Scientific Advisory Board Agreement, dated August 5, 1992, and Consulting Service Agreement, dated August 5, 1992, between AutoImmune Inc. and Jack L. Strominger, M.D.(2)
10.11	—Scientific Advisory Board Agreement, dated August 11, 1992; between AutoImmune Inc. and Herman N. Eisen, M.D.(2)
10.12	—Scientific Consultant Agreement, dated July 16, 1992, between AutoImmune Inc. and Henry Oettinger, Ph.D.(2)
10.13	—Stock Option Plan for Nonemployee Directors (4)*
10.14	—1998 Stock Option Plan(9)*
10.15	—Development and License Agreement dated as of December 4, 1998 between AutoImmune Inc. and Teva Pharmaceutical Industries Ltd.(10)+
10.16	—Consulting Agreement dated January 3, 2000 between AutoImmune Inc. and Robert C. Bishop, Ph.D.(11)*
10.17	—Consulting Agreement dated November 20, 1999 between AutoImmune Inc. and Heather A. Ellerkamp(11)*
10.18	—Consulting Agreement dated September 20, 1999 between AutoImmune Inc. and Fletcher Spaght, Inc.(11)
10.19	—Letter Agreement dated January 31, 2000 between AutoImmune Inc. and Fletcher Spaght, Inc.(12)+
10.20	—Agreement for Assignment of Patent Rights, dated effective as of January 29, 2000 among The Brigham and Women's Hospital, Inc., AutoImmune Inc. and Neuralab Limited(12)+
10.21	—Letter Agreement dated March 16, 2000 between AutoImmune Inc. and Brigham and Women's Hospital Inc.(12)+
10.22	—Agreement dated August 1, 2000 between AutoImmune Inc. and Rycor Technology Instruments Corp. (now known as BioMS Medical Corporation)(13)+
10.23	—Limited Liability Company Operating Agreement of Colloral LLC, dated August 19, 2002 (14)+
10.24	—License Agreement, dated August 19, 2002 between AutoImmune Inc. and Colloral LLC (14)
10.25	—Trademark License Agreement, dated August 19, 2002, between AutoImmune Inc. and Colloral LLC (14)
10.26	—Amendment to Research and Development Agreement, dated effective July 1, 2003, between The Brigham and Women's Hospital and AutoImmune Inc.(15)
10.27	—Summary of Nonemployee Director Fees*
10.28	—Letter Agreement, dated August 18, 2005, between AutoImmune Inc. and Diane M. McClintock (16)*
10.29	—First Amendment to Limited Liability Company Operating Agreement of Colloral LLC, dated August 29, 2005, by and between AutoImmune Inc. and Deseret Laboratories, Inc. (17)
23.1	—Consent of Independent Registered Public Accounting Firm
31.1	—Certification of Chief Executive Officer pursuant to Exchange Act Rules 13a-14(a)/15d-14(a)
31.2	—Certification of Director of Finance pursuant to Exchange Act Rules 13a-14(a)/15d-14(a)
32.1	—Certification of the Chief Executive Officer and Director of Finance pursuant to 18 U.S.C. Section 1350

- (1) Incorporated by reference to AutoImmune's Annual Report on Form 10-K for the year ended December 31, 1992 (File No. 0-20948).
 - (2) Incorporated by reference to AutoImmune's Registration Statement on Form S-1 (File No. 33-55430).
 - (3) Incorporated by reference to AutoImmune's Current Report in Form 8-K filed with the Securities and Exchange Commission on May 26, 1995 (File No. 0-20948).
 - (4) Incorporated by reference to Appendix A to AutoImmune's definitive Proxy Statement dated April 6, 1994 for the Annual Meeting of Shareholders held on May 18, 1994 filed pursuant to Section 14 of the Exchange Act.
 - (5) Incorporated by reference to AutoImmune's Registration Statement on Form S-8 filed with the Securities and Exchange Commission on August 17, 1994 (Registration No. 33-82972).
 - (6) Incorporated by reference to AutoImmune's Annual Report on Form 10-K for the year ended December 31, 1994, as amended.
 - (7) Incorporated by reference to AutoImmune's Annual Report on Form 10-K for the year ended December 31, 1995.
 - (8) Incorporated by reference to AutoImmune's Annual Report on Form 10-K for the year ended December 31, 1997.
 - (9) Incorporated by reference to AutoImmune's Registration Statement on Form S-8 filed with the Securities and Exchange Commission on December 3, 1998 (Registration No. 333-68309).
 - (10) Incorporated by reference to AutoImmune's Annual Report on Form 10-K for the year ended December 31, 1998.
 - (11) Incorporated by reference to AutoImmune's Annual Report on Form 10-K for the year ended December 31, 1999.
 - (12) Incorporated by reference to AutoImmune's Quarterly Report on Form 10-Q for the quarter ended March 31, 2000.
 - (13) Incorporated by reference into AutoImmune's Annual Report on Form 10-K for the year ended December 31, 2000, as amended.
 - (14) Incorporated by reference to AutoImmune's Quarterly Report on Form 10-Q for the quarter ended September 30, 2002.
 - (15) Incorporated by reference to AutoImmune's Quarterly Report on Form 10-Q for the quarter ended September 30, 2003.
 - (16) Incorporated by reference to AutoImmune's Current Report in Form 8-K filed with the Securities and Exchange Commission on August 24, 2005.
 - (17) Incorporated by reference to AutoImmune's Current Report on Form 8-K filed with the Securities and Exchange Commission on August 31, 2005.
- + We have been granted confidential treatment of the redacted portions of this exhibit pursuant to Rule 24b-2 under the Securities Exchange Act of 1934, as amended, and have separately filed a complete copy of this exhibit with the Securities and Exchange Commission.
- * Management contract or compensatory plan or arrangement.

Item 14. Principal Accounting Fees and Services.

The information required by this item is incorporated by reference to our proxy statement which we intend to file with the Security and Exchange Commission and mail to shareholders within 120 days of our fiscal year ended December 31, 2006.

SIGNATURES

In accordance with Section 13 or 15(d) of the Securities Exchange Act of 1934, the small business issuer has caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

AUTOIMMUNE INC.

By: /s/ ROBERT C. BISHOP

Robert C. Bishop,
Chairman, President and Chief Executive Officer

Date:

In accordance with the Exchange Act, this report has been signed below by the following persons on behalf of the small business issuer and in the capacities and on the dates indicated.

<u>/s/ ROBERT C. BISHOP</u> Robert C. Bishop Principal Executive Officer	Director, Chairman, President and Chief Executive Officer	March 23, 2007
<u>/s/ DIANE M. MCCLINTOCK</u> Diane M. McClintock Principal Financial and Accounting Officer	Director of Finance and Treasurer	March 23, 2007
<u>/s/ HUGH A. D'ANDRADE</u> Hugh A. D'Andrade	Director	March 23, 2007
<u>/s/ ALLAN R. FERGUSON</u> Allan R. Ferguson	Director	March 23, 2007
<u>/s/ R. JOHN FLETCHER</u> R. John Fletcher	Director	March 23, 2007

AutoImmune Inc.
(a development stage company)

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Report of Independent Registered Public Accounting Firm

To the Board of Directors and Stockholders of
AutoImmune Inc.:

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, of changes in stockholders' equity and of cash flows present fairly, in all material respects, the financial position of AutoImmune Inc. and its subsidiary (a development stage company) at December 31, 2005 and 2006, and the results of their operations and their cash flows for the years then ended and, cumulatively, for the period from September 9, 1988 (date of inception) to December 31, 2006, in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 2 to the consolidated financial statements, in 2006 the Company changed its method of accounting for stock-based compensation in accordance with Statement of Financial Accounting Standards No. 123R, "Share-Based Payment".

/s/ PRICEWATERHOUSECOOPERS LLP

Boston, Massachusetts
March 23, 2007

AutoImmune Inc.
(a development stage company)

Consolidated Balance Sheets

	December 31,	
	2005	2006
Assets		
Current assets:		
Cash and cash equivalents	\$ 9,285,000	\$ 8,763,000
Accounts receivable	—	60,000
Prepaid expenses, inventories and other current assets	136,000	128,000
Total current assets	<u>9,421,000</u>	<u>8,951,000</u>
Other assets	—	—
Total assets	<u>\$ 9,421,000</u>	<u>\$ 8,951,000</u>
Liabilities and Stockholders' Equity		
Current liabilities:		
Accounts payable	\$ 57,000	\$ 10,000
Accrued professional fees	85,000	88,000
Deferred revenue	15,000	30,000
Total current liabilities	<u>157,000</u>	<u>128,000</u>
Commitments and contingencies (Notes 5 and 10)		
Stockholders' equity:		
Preferred stock, \$0.01 par value: 5,000,000 shares authorized; no shares issued and outstanding at December 31, 2005 and 2006	—	—
Common stock, \$0.01 par value: 25,000,000 shares authorized; 16,919,623 shares issued and outstanding at December 31, 2005 and 2006	169,000	169,000
Additional paid-in capital	118,257,000	118,297,000
Deficit accumulated during the development stage	(109,162,000)	(109,643,000)
Total stockholders' equity	<u>9,264,000</u>	<u>8,823,000</u>
Total liabilities and stockholders' equity	<u>\$ 9,421,000</u>	<u>\$ 8,951,000</u>

The accompanying notes are an integral part of these consolidated financial statements.

AutoImmune Inc.
(a development stage company)

Consolidated Statements of Operations

	For the year ended December 31,		Period from September 9, 1988 (date of inception) to December 31, 2006
	2005	2006	
Revenue:			
License rights	\$ 160,000	\$ 180,000	\$ 7,343,000
Option fees	—	—	2,200,000
Research and development revenue under collaborative agreements	—	—	955,000
Product revenue	19,000	221,000	240,000
Total revenue	<u>179,000</u>	<u>401,000</u>	<u>10,738,000</u>
Costs and expenses:			
Cost of product revenue	4,000	46,000	50,000
Research and development:			
Related party	12,000	12,000	19,983,000
All other	142,000	205,000	92,657,000
Selling, general and administrative	886,000	1,047,000	20,730,000
Total costs and expenses	<u>1,044,000</u>	<u>1,310,000</u>	<u>133,420,000</u>
Income (loss) from operations	<u>(865,000)</u>	<u>(909,000)</u>	<u>(122,682,000)</u>
Interest income	304,000	428,000	13,671,000
Interest expense	—	—	(303,000)
Equity in net loss of unconsolidated affiliate	(130,000)	—	(250,000)
Other income (expense)	25,000	—	(75,000)
	<u>199,000</u>	<u>428,000</u>	<u>13,043,000</u>
Net income (loss)	<u>\$ (666,000)</u>	<u>\$ (481,000)</u>	<u>\$ (109,639,000)</u>
Net income (loss) per share—basic	<u>\$ (0.04)</u>	<u>\$ (0.03)</u>	
Net income (loss) per share—diluted	<u>\$ (0.04)</u>	<u>\$ (0.03)</u>	
Weighted average shares outstanding—basic	<u>16,919,623</u>	<u>16,919,623</u>	
Weighted average shares outstanding—diluted	<u>16,919,623</u>	<u>16,919,623</u>	

The accompanying notes are an integral part of these consolidated financial statements.

AutoImmune Inc.
(a development stage company)

Consolidated Statements of Changes In Stockholders' Equity
For the period from September 9, 1988 (date of
inception) to December 31, 2006

	Common Stock Number of shares	Par value	Additional paid-in capital	Comprehensive income (loss)	Deficit accumulated during the development stage	Accumulated other comprehensive income	Total stockholders' equity
Issuance of common stock during 1988	168,750	\$ 2,000	\$ —		\$ (1,000)	\$—	\$ 1,000
Conversion of junior convertible preferred stock to common stock during 1991	506,250	5,000			(3,000)		2,000
Issuance of common stock during 1992	91,116	1,000	100,000				101,000
Conversion of mandatorily redeemable convertible preferred stock to common stock during 1993	6,353,568	63,000	12,496,000				12,559,000
Issuance of common stock, net of issuance costs during 1993	3,022,000	30,000	35,669,000				35,699,000
Issuance of common stock during 1994	67,500	1,000	2,000				3,000
Issuance of common stock, net of issuance costs during 1995	6,072,883	61,000	68,530,000				68,591,000
Issuance of common stock during 1996	75,978	1,000	441,000				442,000
Issuance of common stock during 1997	34,851	—	92,000				92,000
Issuance of common stock during 1998	156,099	2,000	221,000				223,000
Issuance of common stock during 1999	108,877	1,000	163,000				164,000
Issuance of common stock during 2000	101,751	1,000	193,000				194,000
Issuance of common stock during 2001	160,000	1,000	3,000				4,000
Valuation of warrants issued during 2001			192,000				192,000
Valuation of warrants issued during 2003			155,000				155,000
Net loss for the period from September 9, 1988 (date of inception) through December 31, 2004				\$(108,359,000)	(108,496,000)		(108,359,000)
Comprehensive loss				(108,359,000)			
Balance at December 31, 2004	16,919,623	169,000	118,257,000		(108,496,000)	\$—	9,930,000
Comprehensive loss:							
Net loss				(666,000)	(666,000)		(666,000)
Comprehensive loss				(666,000)			
Balance at December 31, 2005	16,919,623	169,000	118,257,000		(109,162,000)	\$—	9,264,000
Comprehensive loss:							
Net loss				(481,000)	(481,000)		(481,000)
Comprehensive loss				(481,000)			
Stock option expense			40,000				40,000
Balance at December 31, 2006	16,919,623	\$169,000	\$118,297,000		\$(109,643,000)	\$—	\$ 8,823,000

The accompanying notes are an integral part of these consolidated financial statements.

AutoImmune Inc.
(a development stage company)

Consolidated Statements of Cash Flows

	For the year ended December 31,		Period from September 9, 1988 (date of inception) to December 31,
	2005	2006	2006
Cash flows from operating activities:			
Net loss	\$ (666,000)	\$ (481,000)	\$ (109,639,000)
Adjustments to reconcile net loss to net cash used by operating activities:			
Interest expense related to demand notes converted into mandatorily redeemable convertible preferred stock	—	—	48,000
Patent costs paid with junior convertible preferred and common stock	—	—	3,000
Valuation of warrants issued in conjunction with license revenue	—	—	347,000
Noncash stock compensation	—	40,000	40,000
Depreciation and amortization	—	—	4,464,000
Loss on sale/disposal of fixed assets	—	—	642,000
Decrease in patent costs	—	—	563,000
Impairment of investment in OraGen	—	—	100,000
Equity in net loss of unconsolidated affiliate	130,000	—	250,000
(Increase) in accounts receivable	—	(60,000)	(60,000)
(Increase) decrease in prepaid expenses and other current assets	(99,000)	8,000	(128,000)
Increase (decrease) in accounts payable	47,000	(47,000)	10,000
Increase (decrease) in accrued expenses	(20,000)	3,000	68,000
Increase in deferred revenue	2,000	15,000	30,000
Net cash used by operating activities	<u>(606,000)</u>	<u>(522,000)</u>	<u>(103,262,000)</u>
Cash flows from investing activities:			
Purchase of available-for-sale marketable securities	—	—	(318,648,000)
Proceeds from sale/maturity of available-for-sale marketable securities	—	—	307,637,000
Proceeds from maturity of held-to-maturity marketable securities	—	—	11,011,000
Proceeds from sale of equipment	—	—	306,000
Investment in OraGen	—	—	(100,000)
Investment in Colloral LLC	(105,000)	—	(230,000)
Purchases of fixed assets	—	—	(5,288,000)
Increase in patent costs	—	—	(563,000)
Increase in other assets	—	—	(125,000)
Net cash used by investing activities	<u>(105,000)</u>	<u>—</u>	<u>(6,000,000)</u>
Cash flows from financing activities:			
Proceeds from sale-leaseback of fixed assets	—	—	2,872,000
Payments on obligations under capital leases	—	—	(2,872,000)
Net proceeds from issuance of mandatorily redeemable convertible preferred stock	—	—	10,011,000
Proceeds from bridge notes	—	—	300,000
Proceeds from issuance of common stock	—	—	105,514,000
Proceeds from issuance of convertible notes payable	—	—	2,200,000
Net cash provided by financing activities	<u>—</u>	<u>—</u>	<u>118,025,000</u>
Net increase (decrease) in cash and cash equivalents	(711,000)	(522,000)	8,763,000
Cash and cash equivalents at beginning of period	9,996,000	9,285,000	—
Cash and cash equivalents at end of period	<u>\$9,285,000</u>	<u>\$8,763,000</u>	<u>\$ 8,763,000</u>

See Note 2 for supplemental disclosure of non-cash financing activities.

The accompanying notes are an integral part of these consolidated financial statements.

AutoImmune Inc.
(a development stage company)

Notes to the Consolidated Financial Statements

1. Formation and Operations of AutoImmune

AutoImmune was incorporated in Delaware on September 9, 1988. We are dedicated to the development of innovative therapeutics to treat people who suffer from immune systems disorders. Our therapeutic approach is based upon "mucosal tolerance," a method designed to control disease by using the body's natural immunosuppressive mechanisms. We are considered a development stage company as defined in Statement of Financial Accounting Standards ("SFAS") No. 7, *Accounting and Reporting by Development Stage Enterprises*.

We have not yet completed the development of any product, except Colloral®, The Collagen Solution and Vital 3, all of which are nutritional supplements. We contributed all of the equipment used to manufacture these products and certain Colloral-related intellectual property to Colloral LLC, a joint venture between AutoImmune and Deseret Laboratories, Inc. formed in August 2002. Colloral LLC is currently the exclusive manufacturer, marketer and seller of Colloral and The Collagen Solution. Our other products will require significant additional clinical testing and investment prior to commercialization. To date, we have been dependent on collaborative agreements for the majority of our basic research and have primarily used contract manufacturers to produce our products for clinical trials.

In addition, we face risks and uncertainties similar to other life science companies in the development stage. These risks and uncertainties include, but are not limited to, our extremely limited operations, the uncertainties of clinical trial results and product development, our dependence on third parties for licensing and other revenue, our dependence on determinations of regulatory authorities and the risks of technological changes and competition.

In 2000, we completed a market analysis of Colloral as a nutritional supplement and subsequently filed a "Notice of New Dietary Ingredient" with the FDA that was accepted without comment. On February 18, 2005, we received a letter from the FDA stating that the FDA reconsidered the information contained in our Notice of New Dietary Ingredient and concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. We cannot predict what the effect of the FDA's letter will be. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as a dietary supplement and that the product will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC.

Since January 2000, we have operated with minimal staff and infrastructure. We have no full-time employees and our activities are primarily directed toward managing our investment in Colloral LLC, our joint venture with Deseret Laboratories, Inc., supporting our current licensees and finding additional companies that will license our technology to develop, manufacture and sell products based upon our technology. We anticipate continuing our minimal investments in infrastructure and personnel until positive cash flow from the distributions from our joint venture Colloral LLC and/or royalties from our licensing agreements, if any, create a solid base from which to re-expand our operations.

2. Summary of Significant Accounting Policies

Basis of Presentation and Principles of Consolidation

Our consolidated financial statements include the accounts of AutoImmune, Inc and our joint venture with Deseret Laboratories, Inc. ("Deseret"), Colloral LLC. Pursuant to FIN 46, "Consolidation of Variable

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Notes to the Consolidated Financial Statements

Interest Entities," we began to consolidate Colloral LLC in the third quarter of 2005 when it qualified as a variable interest entity of which we are the primary beneficiary. All significant intercompany accounts and transactions have been eliminated in consolidation.

Cash Equivalents and Marketable Securities

We consider all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents. We invest primarily in money market securities and U.S. Government debt securities of short maturity. These investments are subject to minimal credit and market risks. We specifically identify securities for purposes of determining gains and losses on the sale of cash equivalents and marketable securities.

Marketable securities are considered to be impaired when a decline in fair value below cost basis is determined to be other than temporary. In evaluating whether a decline in fair value below cost basis is other than temporary, we evaluate, among other factors: the duration of the period that, and extent to which, the fair value is less than the cost basis; the financial health of and business outlook for the issuer of the securities, including industry and sector performance, changes in technology and operational and financing cash flow factors; overall market conditions and trends; and our intent and ability to hold the investment to recovery. Once a decline in fair value is determined to be other than temporary, a write-down is recorded and a new cost basis in the security is established. Assessing the above factors involves inherent uncertainty. Accordingly, write-downs, if recorded, could be materially different from the actual market performance of marketable securities in our portfolio, if, among other things, relevant information related to the marketable securities was not publicly available or if other factors not considered would have been relevant to the determination of impairment.

Fair Value of Financial Instruments

At December 31, 2006, our financial instruments primarily consisted of cash equivalents, accounts receivable, prepaid expenses and other current assets, accounts payable and accrued expenses. The carrying amounts of these instruments approximate their fair values.

Stock Purchase Warrants

The value of contingent stock purchase warrants issued by us in connection with clinical research agreements is determined on the date that we estimate that it is probable that such contingencies will be met. The fair value of the warrants on the measurement date is recorded as an offset to revenue.

Revenue Recognition

Revenue is recognized in accordance with Securities and Exchange Commission's Staff Accounting Bulletin No. 104 "Revenue Recognition". Revenue is recognized when the following criteria have been met: persuasive evidence of an arrangement exists; delivery has occurred and risk of loss has passed; the seller's price to the buyer is fixed or determinable and collectibility is reasonably assured.

Contract and license fee revenue is primarily generated through collaborative license and development agreements with strategic partners for the development and commercialization of our product candidates and products using our technology. The terms of the agreements typically include non-refundable license fees, payments based upon achievement of certain milestones, or royalties on net product sales. We evaluate revenue from agreements entered into on or after June 15, 2003 that have multiple elements to determine whether the components of the arrangement represent separate units of accounting as defined in Emerging Issues Task Force ("EITF") Issue No. 00-21 "Revenue Arrangements with Multiple Deliverables." To account for multiple deliverables separately, EITF 00-21 requires that the delivered items have value to the

AutoImmune Inc.
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Notes to the Consolidated Financial Statements

customer on a standalone basis, there is objective and reliable evidence of fair value of the undelivered items, and delivery or performance of the undelivered item is probable and within our control. If the components of the arrangement qualify as separate units of accounting under EITF 00-21, we defer the greater of the fair value of any undelivered elements of the contract or the portion of the contract which is not payable until the undelivered elements are delivered.

Where we have continuing performance obligations under the terms of a collaborative arrangement or associated with non-refundable license fees, revenue is recognized over the period we complete our performance obligations. Under the terms of one agreement, AutoImmune and The Brigham and Women's Hospital have indemnified a subsidiary of Elan Plc against any claim, demand or action arising from any misrepresentation made to the subsidiary of Elan about patent rights and breach of warranties, up to the amounts previously received by us under the agreement. We do not consider this a performance obligation that would preclude or defer revenue recognition.

Revenues from milestone payments related to arrangements under which we have no continuing performance obligations are recognized upon achievement of the related milestone. Revenues from milestone payments related to arrangements under which we have continuing performance obligations are recognized as revenue upon achievement of the milestone only if all of the following conditions are met: the milestone payments are non-refundable; substantive effort is involved in achieving the milestone; and the amount of the milestone is reasonable in relation to the effort expended or the risk associated with achievement of the milestone. If any of these conditions are not met, the milestone payments are deferred and recognized as revenue over the term of the arrangement as we complete our performance obligations.

Revenue from service contracts is recognized as the related services are performed.

License revenue generated in 2005 and 2006 was derived from an agreement with BioMS Medical Corporation (formerly known as Rycor Technology Investments Corp.) (see Note 10).

Product revenues generated in 2005 and 2006 were earned through our consolidated joint venture, Colloral LLC. We recognize revenue from product sales when persuasive evidence of an arrangement exists, the product has been shipped, title and risk of loss have passed to the customer and collection from the customer is reasonably assured.

Stock Compensation

On January 1, 2006, we adopted Statement of Financial Accounting Standards ("SFAS") No. 123R "Accounting for Stock-Based Compensation" using the modified prospective method, which results in the provisions of SFAS No. 123R only being applied to the consolidated financial statements on a going-forward basis (that is, the prior period results have not been restated). Under the fair value recognition provisions of SFAS No. 123R, stock-based compensation cost is measured at the grant date based on the value of the award and is recognized as expense over the requisite service period using the graded vesting method. Stock-based employee compensation expense was \$40,000 for the year ended December 31, 2006. We recorded these noncash expenses to general and administrative expense. Previously, we had followed Accounting Principles Board Opinion No. 25, "Accounting for Stock Issued to Employees," and related interpretations, which resulted in the accounting for employee share options at their intrinsic value in the consolidated financial statements.

We had previously adopted the provisions of SFAS No. 123, "Accounting for Stock-Based Compensation," as amended by SFAS No. 148, "Accounting for Stock-Based Compensation—Transition and Disclosure,"

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Notes to the Consolidated Financial Statements

through disclosure only. The following table illustrates the effect on net income and earnings per share for the year ended December 31, 2005 as if the Company had applied the fair value recognition provisions of SFAS.No. 123 to stock-based employee awards..

	Year ended December 31, 2005
Net loss as reported	\$(666,000)
Deduct: total stock-based employee compensation expense determined under the fair-value-based method for all awards	<u>(42,000)</u>
Pro forma net loss	<u>\$(708,000)</u>
Net loss per share:	
Basic and diluted—as reported	\$ (0.04)
Basic and diluted—pro forma	\$ (0.04)

The fair value of each option grant is estimated on the date of grant using the Black-Scholes option pricing model with the following weighted average assumptions used for grants in 2005 and 2006: no dividend yield, expected volatility of 75% based on analysis of historical volatility, risk free interest rates ranging from 3.73% to 5.03% and a weighted average expected option term ranging from 3 to 6 years. Estimates of fair value are not intended to predict actual future events or the value ultimately realized by persons who receive equity awards.

As of December 31, 2006, there remained approximately \$45,000 of compensation costs related to non-vested stock options to be recognized as expense over a weighted-average period of approximately 1.8 years. The aggregate intrinsic value of all stock options outstanding at December 31, 2006 was negative. No options were exercised during the years ended December 31, 2005 or 2006. The total fair value of stock options that vested during the years ended December 31, 2005 and 2006 was insignificant.

Net Income (Loss) Per Share—Basic and Diluted

Basic earnings (loss) per share is calculated based on the weighted average number of common shares outstanding during the period. Diluted earnings per share is calculated based on the weighted average number of common shares and dilutive common equivalent shares assumed outstanding during the period. For the years ended December 31, 2005 and 2006, shares used to compute diluted earnings per share excluded 2,012,600 and 1,648,500 stock options and warrants, respectively, as their inclusion would have been anti-dilutive due to the net losses incurred in these years.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Accounting For Our Interest in Colloral LLC

In January 2003, the FASB issued FIN No. 46, "Consolidation of Variable Interest Entities" and, in December 2003, the FASB issued FIN No. 46R. FIN No. 46R replaces FIN No. 46 and addresses consolidation by business enterprises of variable interest entities that possess certain characteristics. A variable interest entity ("VIE") is an entity that does not have sufficient equity investment to permit it to finance its activities without additional financial support from a third party, or whose equity investors lack

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Notes to the Consolidated Financial Statements

the characteristics of a controlling financial interest. FIN No. 46R establishes standards for determining under what circumstances VIEs should be consolidated with their primary beneficiary. We adopted FIN No. 46R in the first quarter of 2004 for non-special purpose entities created prior to February 1, 2003, which included our interest in Colloral LLC. The adoption of FIN No. 46R did not have an initial material effect on our financial condition or results of operations. Our interest in Colloral LLC did not qualify as a VIE and therefore we continued to account for our investment in Colloral LLC under the equity method of accounting until August 2005.

In August 2005, we amended the Colloral LLC operating agreement to increase our share of fund distributions and allocations of profits and losses in return for our commitment to fund 100% of the costs associated with the implementation of a marketing program for The Collagen Solution undertaken by Colloral LLC. As a result of the amendments to the operating agreement, Colloral LLC is now considered a VIE, of which we are the primary beneficiary. We are now required to consolidate Colloral LLC for financial reporting purposes, effective in the third quarter of 2005. In accordance with FIN 46, we re-evaluate the provisions of FIN 46 when triggering events arise and, to date, no events have transpired which would require deconsolidation. Certain events may arise in the future, including additional modifications to the operating agreements, which may require us to re-evaluate the joint venture under FIN 46. Such re-evaluation may result in a conclusion that the joint venture is no longer a VIE requiring consolidation.

Due to the fact that the minority shareholder's portion of the accumulated losses exceeds its contributed capital and it is not required to fund the losses, we are required to consolidate 100% of Colloral LLC's losses until such time as the minority shareholder's capital contributions exceed accumulated losses.

Recent Accounting Pronouncements

In June 2005, the FASB issued SFAS No. 154, "Accounting Changes and Error Corrections, a replacement of APB Opinion No. 20 and FASB Statement No. 3." SFAS No. 154 became effective January 1, 2006. Our adoption of SFAS No. 154 did not have an impact on our financial position or results of operations.

In September 2006, the SEC staff issued SAB 108, "Considering the Effects of Prior Year Misstatements when Quantifying Misstatements in Current Year Financial Statements," to address the diversity in practice regarding the quantification of financial statement misstatement. Prior to SAB 108, companies evaluated the materiality of financial statement misstatements using either the income statement approach which focuses on new misstatements added in the current year, or the balance sheet approach which focuses on the cumulative amount of misstatement present in a company's balance sheet. The SEC staff believed that reliance on only one of these methods, to the exclusion of the other, did not appropriately quantify all misstatements that could be material to financial statement users. As a result, SAB 108 now requires that companies utilize a dual approach to assessing the quantitative effects of financial misstatements, which includes both an income statement focused assessment and a balance sheet focused assessment. The guidance in SAB 108 is effective for our current fiscal year ending December, 31, 2006. The adoption of SAB 108 did not have an impact on our financial position or results of operations.

Disclosure of Non-Cash Investing and Financing Activities

In 1988, 168,750 shares of common stock and 168,750 shares of junior convertible preferred stock were issued to The Brigham and Women's Hospital in exchange for patent rights and technology contributed or licensed in connection with the formation of AutoImmune.

Notes payable to stockholders totaling \$2,200,000 and related interest of \$48,000 were converted into Series A mandatorily redeemable convertible preferred stock in 1991.

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Notes to the Consolidated Financial Statements

Bridge notes of \$300,000 were converted into Series C mandatorily redeemable convertible preferred stock in 1991.

In 1991, 168,750 shares of junior convertible preferred stock were converted into 506,250 shares of common stock.

In 1993, 2,117,856 shares of mandatorily redeemable convertible preferred stock were converted into 6,353,568 shares of common stock in connection with AutoImmune's initial public offering of common stock.

Supplemental Disclosure of Cash Flow Information

We have paid interest of \$255,000 since inception. In 2005 and 2006, we did not pay any interest. We paid income taxes of \$11,000 in 1996, which are the only income taxes we have paid.

3. Cash Equivalents and Marketable Securities

Cash equivalents are carried at amortized cost, which approximated fair market value at December 31, 2006. As of December 31, 2005 and 2006, all investments have original maturities of 90 days or less and, therefore, are classified as cash equivalents.

Marketable securities that were purchased and sold in periods prior to adoption of SFAS No. 115 on January 1, 1994, other than held-to-maturity marketable securities, are included in the category available-for-sale marketable securities in the "period from inception" column of the statement of cash flows.

4. Other Assets

At December 31, 2005 and 2006, we had two investments, one in OraGen Corporation and one in Colloral LLC.

OraGen Corporation ("OraGen") is a private company in which our interest is less than 20% of its common stock and is accounted for under the cost method. In 2002, we determined that the entire value of our investment in OraGen should be reduced to zero to reflect OraGen's continued difficulty in obtaining funding for its operations. In February 2004, Enzo Biochem, Inc. acquired the assets of OraGen. On August 26, 2005, we received the first of two planned distributions of the proceeds in the amount of \$25,000 which we recorded as other income. The final distribution is scheduled for early 2007; however, due to the uncertainty of collection surrounding the final payment, we will not recognize the additional gain until the final distribution is paid to us.

Colloral LLC is a joint venture formed in August 2002 between AutoImmune and Deseret Laboratories Inc., (a private company headquartered in St. George, Utah) to manufacture, market and sell Colloral® as a dietary supplement. In 2002, AutoImmune contributed the equipment used to manufacture bulk product and a license to certain Colloral-related intellectual property to Colloral LLC. These assets had a net book value of \$0. Deseret contributed cash and was committed to providing additional amounts. In 2003, 2004, 2005 and 2006, AutoImmune made additional capital contributions of \$25,000, \$100,000, \$407,000 and \$488,000, respectively, to Colloral LLC to support sales and marketing initiatives.

In August 2005, we amended the Colloral LLC operating agreement to increase our share of fund distributions and allocations of profits and losses in return for our commitment to fund 100% of the costs associated with the implementation of a marketing program for The Collagen Solution. Colloral LLC

AutoImmune Inc.
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Notes to the Consolidated Financial Statements

implemented this plan, including a sales and marketing agreement with Business Development Resources, Inc. As of December 31, 2006, we have satisfied our funding commitment and Colloral LLC has terminated the sales and marketing agreement. However, we may make additional capital contributions to Colloral LLC.

Our interest in Colloral LLC is greater than 50%, but AutoImmune does not have voting control of Colloral LLC. Therefore, the investment had historically been accounted for using the equity method. We initially recorded the investment in Colloral at a cost of \$0 and have increased it to reflect the cash contributions paid and reduced it to reflect our share of the losses. Profits and losses are allocated in accordance with the amended operating agreement. As a result of the amendments to the operating agreement, we are now required to consolidate Colloral LLC for financial reporting purposes in accordance with FIN 46 effective in the third quarter of 2005. Colloral LLC is now considered a variable interest entity ("VIE") under FIN 46, of which we are the primary beneficiary. In accordance with FIN 46, we re-evaluate the provisions of FIN 46 when triggering events arise and, to date, no events have transpired which would require deconsolidation. Certain events may arise in the future, including additional modifications to the operating agreements, which may require us to re-evaluate the joint venture under FIN 46. Such re-evaluation may result in a conclusion that the joint venture is no longer a VIE requiring consolidation.

Due to the fact that the minority shareholder's portion of the accumulated losses exceeds its contributed capital and it is not required to fund the losses, we are required to consolidate 100% of Colloral LLC's losses until such time as the minority shareholder's capital contributions exceed accumulated losses.

The following table contains selected financial data for Colloral LLC. Shipping and handling costs have been classified as selling expenses. The balance sheet amounts as of December 31, 2005 and 2006 and Colloral LLC's operating results for the six months ended December 31, 2005 and the year ended December 31, 2006 have been consolidated into our financial statements:

	For the year ended December 31,	
	2005	2006
Statement of Operations Data:		
Revenue	\$ 34,000	\$ 221,000
Cost of goods sold	3,000	46,000
Selling, general and administrative expense	581,000	502,000
Net loss	\$(550,000)	\$(327,000)
		Six months ended December 31, 2005
Statement of Operations Data:		
Revenue		\$ 19,000
Cost of goods sold		4,000
Selling, general and administrative expense		308,000
Net loss		(293,000)

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Notes to the Consolidated Financial Statements

	December 31, 2005	December 31, 2006
Balance Sheet Data:		
Current assets	\$40,000	\$179,000
Long term assets	—	—
Current liabilities	54,000	21,000
Long term liabilities	—	—

In 2000, we completed a market analysis of Colloral as a nutritional supplement and subsequently filed a "Notice of New Dietary Ingredient" with the FDA that was accepted without comment. On February 18, 2005, we received a letter from the FDA stating that the FDA reconsidered the information contained in our Notice of New Dietary Ingredient and concluded that Colloral is not a dietary supplement but appears to be a drug under the Federal Food, Drug, and Cosmetic Act, and thus subject to the regulatory requirements for drugs. On April 15, 2005, we submitted a response to the FDA's letter and hope to have demonstrated that the product meets the statutory definition of a dietary supplement. We cannot predict what the effect of the FDA's letter will be. It is possible that Colloral LLC and Futurebiotics will be unable to market the product as a dietary supplement and that the products will be subject to the regulatory requirements for drugs. If the FDA makes a final determination that requires us to comply with the regulatory requirements for drugs, Colloral, The Collagen Solution and Vital 3 will be withdrawn from the market, which would eliminate the possibility of future distributions to us from Colloral LLC.

5. Related Party Transactions

In connection with the formation of AutoImmune and the issuance of 168,750 shares of common stock and 168,750 shares of junior convertible preferred stock to The Brigham and Women's Hospital ("BWH"), we entered into related technology transfer and research and development agreements with BWH. The technology transfer agreement provides us with all rights and interests in certain BWH patented technology in exchange for the issuance of the aforementioned stock and the payment of royalties under certain conditions. The research and development agreement provides for the performance of certain research activities by BWH on our behalf.

Our agreement with BWH expired on June 30, 2006. Since June 30, 2004 there has been no funding provided to BWH under this agreement. It is currently anticipated that research funding will be reinitiated in 2007 to evaluate new methods that may facilitate the clinical development of products based upon mucosal tolerance. The terms under which this clinical research might be done are currently under negotiation.

The majority of our consolidated joint venture's (Colloral LLC) manufacturing and operating expenses, including internal operating costs and third-party obligations, are incurred by the joint venture partners on behalf of the joint venture and are then charged back to Colloral LLC. The determination of the amount of internal operating costs incurred by each joint venture partner on behalf of Colloral LLC requires judgement. As a result, the financial results of Colloral LLC may not be indicative of the results that would have occurred had the joint venture obtained all of its manufacturing and commercialization from third party entities. During the years ended December 31, 2005 and 2006, the joint venture incurred costs of \$16,000 and \$40,000, respectively for the purchase of inventory from Deseret and costs of \$10,000 each year for labor and overhead incurred by Deseret on behalf of the joint venture.

Mr. Fletcher, a director of AutoImmune, is the founder and Chief Executive Officer of Fletcher Spaght, Inc., a management consulting firm. In January 2000, AutoImmune entered into an agreement with Fletcher Spaght under which Fletcher Spaght agreed to assist AutoImmune with the potential launch of Colloral as a

AutoImmune Inc.
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Notes to the Consolidated Financial Statements

dietary supplement. Under the agreement, as amended, Fletcher Spaght is entitled to receive a payment of (i) 2.5% of the amount, if any, that AutoImmune receives for any U.S. rights to Colloral as a nutritional product in a transaction consummated on or before December 31, 2002 less (ii) \$50,000 of retainer fees received by Fletcher Spaght under the agreement. In August 2002 AutoImmune entered into a joint-venture with Deseret Laboratories, Inc. to manufacture, market and sell Colloral as a nutritional product. As of December 31, 2006, Fletcher Spaght had received no payment under its agreements with AutoImmune, other than \$50,000 of retainer fees.

6. Income Taxes

No significant federal or state taxes were payable in any years as a result of losses incurred and utilization of net operating losses and credits.

The components of deferred income tax benefit (expense) are as follows:

	Year ended December 31,	
	2005	2006
Income tax benefit (expense):		
Federal	\$(26,000)	\$ 127,000
State	(48,000)	33,000
	(74,000)	160,000
(Increase) decrease in deferred tax asset valuation allowance	74,000	(160,000)
	<u>\$ —</u>	<u>\$ —</u>

The reconciliation between the amounts of reported income tax (expense) benefit and the amount determined by applying the U.S. federal statutory rate of 35% for 2005 and 2006 to pre-tax loss is as follows:

	Year ended December 31;	
	2005	2006
(Provision) benefit at statutory rate	\$ 233,000	\$ 168,000
Permanent items	(142,000)	124,000
Expiration of federal and state research and development, orphan drug and investment tax credits and federal and state net operating loss carryforwards	(192,000)	(162,000)
State tax benefit (provision), net of federal tax liability	27,000	30,000
	(74,000)	160,000
(Increase) decrease in valuation allowance	74,000	(160,000)
	<u>\$ —</u>	<u>\$ —</u>

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Notes to the Consolidated Financial Statements

Deferred tax assets are comprised of the following:

	December 31,	
	2005	2006
Research costs capitalized for tax purposes	\$ 25,517,000	\$ 25,604,000
Research and development, orphan drug and investment tax credits	10,932,000	10,761,000
Loss carryforwards	12,983,000	13,260,000
Other temporary differences	178,000	145,000
Gross deferred tax assets	49,610,000	49,770,000
Deferred tax asset valuation allowance	(49,610,000)	(49,770,000)
	<u>\$ —</u>	<u>\$ —</u>

We have provided a full valuation allowance for net deferred tax assets since the realization of these future benefits is not sufficiently assured as of the end of each related year. If we achieve profitability, these deferred tax assets, portions of which are subject to annual limitations, may be available to offset future income tax liabilities and expenses. Of the \$49,770,000 valuation allowance at December 31, 2006, \$965,000 relating to deductions for stock option compensation will be credited to additional paid-in capital upon realization.

At December 31, 2006, AutoImmune has federal and state net operating loss carryforwards of \$37,639,000 and \$1,727,000 respectively, which began to expire in 2003. AutoImmune also has federal and state credit carryforwards of \$10,034,000 and \$1,118,000 respectively, which began to expire in 2003.

Ownership changes, as defined in the Internal Revenue Code, resulting from our initial public offering of stock in January 1993 and subsequent follow-on offerings in 1995, had no impact on the amount of net operating loss and tax credit carryforwards that can be utilized annually to offset future taxable income or tax liabilities. Subsequent significant ownership changes could, however, limit the utilization of these carryforwards in future years.

7. Preferred Stock

Upon the closing of our initial public offering on January 27, 1993, each share of Series A, Series B and Series C convertible preferred stock automatically converted into three shares of common stock. No dividends had been paid to the preferred stockholders.

At December 31, 2006, we had 5,000,000 authorized shares of \$.01 par value preferred stock. Preferred stock may be issued at the discretion of our Board of Directors (without stockholder approval) with such designations, rights and preferences as the Board of Directors may determine from time to time. The preferred stock may have dividend, liquidation, redemption, conversion, voting or other rights which may be more expansive than the rights accorded to the common stock.

8. Stockholders' Equity and Common Stock

In December 1992, we effected a three-for-one stock split of our common stock in the form of a stock dividend. All common shares and per share amounts have been adjusted to give retroactive effect to the common stock split for all years presented.

AutoImmune Inc.
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Notes to the Consolidated Financial Statements

In January 1993, we completed an initial public offering of 3,000,000 shares of common stock. Proceeds to AutoImmune, net of issuance costs, amounted to \$35,690,000.

In January 1995, we completed a private placement of 2,039,547 shares of common stock. Proceeds to AutoImmune, net of issuance costs, amounted to \$9,136,000.

In August and September 1995, we completed our second public offering of 3,925,000 shares of common stock. Proceeds to AutoImmune, net of issuance costs, amounted to \$58,878,000.

As of December 31, 2006, we have reserved 2,026,910 shares of common stock for use in our stock option plans and employee stock purchase plan.

9. Stock Option and Employee Stock Purchase Plans

1988 Stock Option Plan

Our 1988 Stock Option Plan (the "1988 Stock Option Plan"), as amended effective May 15, 1996, provided for the granting of incentive stock options and non-qualified stock options to employees and other individuals performing services on our behalf. The Compensation Committee, appointed by the Board of Directors, is responsible for the administration of the 1988 Stock Option Plan. The Compensation Committee determined the term of each option, option price, number of shares for which each option was granted, whether restrictions were imposed on the shares subject to options and the rate at which each option becomes exercisable. The maximum number of shares of common stock of AutoImmune reserved for issuance in accordance with the terms of the 1988 Stock Option Plan was 3,700,000.

The 1988 Stock Option Plan expired on September 19, 1998.

1998 Stock Option Plan

Our 1998 Stock Option Plan (the "1998 Stock Option Plan"), adopted by our shareholders on May 28, 1998, provides for the granting of incentive stock options and non-qualified stock options to employees, directors and other individuals performing services on our behalf. The Compensation Committee is responsible for the administration of the 1998 Stock Option Plan. The Compensation Committee determines the term of each option, option price, number of shares for which each option is granted, whether restrictions will be imposed on the shares subject to options and the rate at which each option is exercisable. The exercise price for stock options granted may not be less than 100% of the fair market value per share of the underlying common stock on the date granted (110% for options granted to holders of more than 10% of the voting stock of AutoImmune). The term of options granted under the 1998 Stock Option Plan cannot exceed ten years (five years for options granted to holders of more than 10% of the voting stock of AutoImmune). The maximum number of shares of our common stock reserved for issuance in accordance with the terms of the 1998 Stock Option Plan is 1,300,000, of which 507,250 were available for grant at December 31, 2006.

Director Stock Option Plan

In 1993, our Board of Directors approved a stock option plan for non-employee directors (the "Director Option Plan"). This plan was approved by our shareholders in 1994 and an amendment to the plan was approved by the shareholders on May 15, 1996. Under the original Director Option Plan, each director who was eligible to participate in the plan on May 19, 1993 received, at fair market value on the date of grant, options to purchase 4,000 shares of common stock. Under the amended Director Option Plan, upon the first election of a non-employee to the Board of Directors, the director receives an option to purchase 25,000

AutoImmune Inc.
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Notes to the Consolidated Financial Statements

shares of common stock. In each year thereafter, if the individual is still a member of the Board of Directors, the director receives options to purchase an additional 6,500 shares of common stock. In addition, an option to purchase 1,000 shares of common stock was granted to each director who was a member of a standing committee of the Board of Directors on May 19, 1993, and the amended Director Option Plan provides that an option for 1,000 shares will be granted automatically to each member of a standing committee following his first election to each such committee, and options to purchase 1,000 additional shares will automatically be granted every four years thereafter for each standing committee of which the individual remains a member. Options to purchase 333,000 shares of common stock have been granted under the Director Option Plan. Options to purchase 121,000 shares of common stock have been cancelled. At December 31, 2006, options to purchase 212,000 shares of common stock were outstanding. A maximum of 300,000 shares of our common stock is reserved for issuance in accordance with the terms of the amended Director Option Plan.

The following table summarizes information about stock options outstanding at December 31, 2005 and 2006:

	Year Ended			
	December 31, 2005		December 31, 2006	
	Shares	Weighted average exercise price	Shares	Weighted average exercise price
Outstanding at beginning of period	1,180,100	\$1.37	1,262,600	\$1.32
Granted	88,600	\$0.87	51,250	\$1.21
Exercised	—	\$ —	—	\$ —
Cancelled	(6,100)	\$5.61	(40,350)	\$5.83
Outstanding at end of period	<u>1,262,600</u>	\$1.32	<u>1,273,500</u>	\$1.17
Options exercisable at end of period	1,113,625	\$1.38	1,119,500	\$1.19
Weighted average grant date fair value of options granted		\$0.53		\$0.74

At December 31, 2006, stock options were outstanding and exercisable as follows:

Range of Exercise Price	Outstanding			Exercisable	
	Number	Weighted average remaining contractual life	Weighted average exercise price	Number	Weighted average exercise price
\$0.52	500,000	5.5 years	\$0.52	500,000	\$0.52
\$0.53—\$1.81	551,750	4.4 years	\$1.21	397,750	\$1.19
\$2.00—\$ 2.87	179,750	1.3 years	\$2.35	179,750	\$2.35
\$3.00—\$3.60	42,000	3.0 years	\$3.28	42,000	\$3.28
	<u>1,273,500</u>	4.4 years		<u>1,119,500</u>	

Weighted average remaining contractual life of exercisable options 3.8 years

Employee Stock Purchase Plan

On July 20, 1994, our Board of Directors approved the 1994 Employee Stock Purchase Plan (the "Purchase Plan"). This plan enables eligible employees to purchase our common stock at 85% of the fair market value of the stock on the date an offering commences or on the date an offering terminates, whichever is lower. The Purchase Plan is available to substantially all employees, subject to certain limitations. An eligible

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Notes to the Consolidated Financial Statements

employee may elect to have up to 12% of his or her base pay withheld and applied toward the purchase of shares in such an offering (not to exceed \$25,000 in any year). At December 31, 2006, 158,160 shares of common stock were reserved for purchases under the Purchase Plan. During 2005 and 2006, no shares were purchased under the Purchase Plan.

10. Commitments and Contingencies

License Agreements

In December 1994, we entered into a license and collaborative agreement with Eli Lilly and Company. Under the agreement, Eli Lilly provided support for clinical testing of our autoimmune mediated (Type 1) diabetes product in exchange for certain worldwide license rights for the manufacture, distribution and sale of the related products. This agreement was restructured in the first quarter of 1999 as a result of Eli Lilly's failure to make a required milestone payment. Eli Lilly is obligated to provide us with full access to the data from the clinical trials it supported, including the right to use the data for any purpose. We have regained all rights to the product.

In November 1999, we entered an agreement with Teva Pharmaceutical Industries Ltd. The agreement covers the development by Teva of an oral formulation of Copaxone® (glatiramer acetate), Teva's currently available injectable drug for multiple sclerosis. Under the agreement, we are responsible for filing, prosecuting and maintaining the intellectual property rights licensed to Teva in our name. On March 20, 2006, Teva disclosed in a 20-F filing that it would not continue development of the enteric coated oral formulation of Copaxone and was considering future development of non-parenteral formulations of the product. As of December 31, 2006, Teva's website disclosed that new and potentially improved formulations of oral Copaxone® are in preclinical development. It is unclear whether these new formulations involve intellectual property licensed by us to Teva. If Teva were to develop a product using intellectual property licensed by AutoImmune and the product is approved for sale, we would receive a milestone payment and an escalating royalty based on cumulative sales of all products covered by the Teva agreement.

In March 2000, we entered an agreement under which a subsidiary of Elan Plc purchased all of our rights to certain patent applications involving the treatment of Alzheimer's Disease. Under the terms of the agreement, we received a \$4 million cash payment in March 2000, a \$1.5 million cash payment in September 2001 and a \$1.5 million cash payment in March 2003. In addition, Elan Plc received a warrant to purchase 375,000 shares of AutoImmune common stock at \$3.13 per share in September 2001 and a warrant to purchase 375,000 shares of AutoImmune common stock at \$0.7275 per share in March 2003. The valuation of the warrants issued in September 2001 and March 2003, as determined by using a Black-Scholes model, of \$192,000 and \$155,000, respectively, was recorded as an offset to revenue. The warrant to purchase 375,000 shares of our Common Stock at \$3.13 per share expired effective September 16, 2006. Furthermore, under the terms of this agreement, AutoImmune and The Brigham and Women's Hospital have indemnified the subsidiary of Elan Plc against any claim, demand or action, arising from any misrepresentation made to the subsidiary of Elan Plc about patent rights and breach of warranties, up to the amount of monies received by us under the agreement.

In August 2000, we entered an agreement with BioMS Medical Corporation (formerly known as Rycor Technology Investments Corp). Under the terms of the agreement, we granted BioMS an exclusive license to certain of our patents to develop an injectable therapy for multiple sclerosis. Under the agreement, AutoImmune is responsible for filing; prosecuting and maintaining the patent rights licensed to BioMS thereunder. So long as the agreement remains in effect and until BioMS markets such therapy, BioMS is required to make monthly diligence payments to us. These payments totaled \$30,000 in the first year of the

AutoImmune Inc.
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Notes to the Consolidated Financial Statements

agreement and increased by \$30,000 each year until they reached a maximum of \$180,000 per year. In addition, we are entitled to receive an escalating royalty based on cumulative sales of all products covered by the BioMS agreement.

In August 2002, we entered into a License Agreement with Colloral LLC. Under the agreement, we granted Colloral LLC an exclusive, worldwide license in certain patents related to the production of Colloral as a nutraceutical and a non-exclusive license in certain of our information, data and knowledge needed to manufacture and sell Colloral as a nutraceutical. In return for these license grants, Colloral LLC agreed to use diligent efforts to market and obtain maximum sales of Colloral. Pursuant to the operating agreement of Colloral LLC, we are entitled to a percentage of the distributions of Colloral LLC on a quarterly basis. Commencing in the third quarter of 2005, we began consolidating Colloral LLC under FIN 46.

Indemnification

We enter into standard indemnification agreements in the ordinary course of business. Pursuant to these agreements, we indemnify, hold harmless, and agree to reimburse the indemnified party for losses suffered or incurred by the indemnified party, generally our business partners, in connection with any U.S. patent, or any copyright or other intellectual property infringement claim by any third party with respect to our products. The term of these indemnification agreements is generally perpetual. The maximum potential amount of future payments that could be required under these indemnification agreements is unlimited. We have never incurred costs to defend lawsuits or settle claims related to these indemnification agreements. As a result, the estimated fair value of these agreements is minimal.

Leases

We have limited operations utilizing the personal office spaces of the President and the Director of Finance and our consolidated joint venture, Colloral LLC, outsources all of its operations, therefore, we have no leases. As a result, at December 31, 2006 we had no lease obligations and no future minimum lease commitments.

11. Quarterly Results (Unaudited)

The following table sets forth unaudited selected financial information for the periods indicated. This information has been derived from unaudited financial statements, which, in the opinion of management, include all adjustments (consisting only of normal recurring adjustments) necessary for a fair presentation of such information. The results of operations for any quarter are not necessarily indicative of the results to be expected for any future period.

	<u>First Quarter</u>	<u>Second Quarter</u>	<u>Third Quarter</u>	<u>Fourth Quarter</u>
2005				
Total revenue	\$ 38,000	\$ 37,000	\$ 44,000	\$ 60,000
Total expenses	242,000	203,000	348,000	251,000
Net income (loss)	(173,000)	(194,000)	(200,000)	(99,000)
Income (loss) per share—basic and diluted	\$ (0.01)	\$ (0.01)	\$ (0.01)	\$ (0.01)
2006				
Total revenue	\$ 97,000	\$ 87,000	\$ 80,000	\$137,000
Total expenses	492,000	375,000	229,000	214,000
Net income (loss)	(298,000)	(183,000)	(36,000)	36,000
Income (loss) per share—basic and diluted	\$ (0.02)	\$ (0.01)	\$ (0.00)	\$ 0.00

Since May 26, 2004, our common stock has been listed on the OTC Bulletin Board under the symbol AIMM. The following table shows the quarterly high and low sales price on the OTC Bulletin Board for a share of our common stock (based on intra-day trading) for the fiscal years ended December 31, 2005 and 2006. The high and low bid information was obtained from NASDAQ.com. The market quotations reflect inter-dealer prices, without retail mark-up, mark-down or commissions and may not represent actual transactions.

	Price range of Common Stock	
	High	Low
Fiscal year ending December 31, 2005		
First quarter	\$1.45	\$0.87
Second quarter	1.14	0.83
Third quarter	1.20	0.87
Fourth quarter	1.00	0.91
Fiscal year ending December 31, 2006		
First quarter	\$1.59	\$0.88
Second quarter	1.70	1.16
Third quarter	1.24	1.03
Fourth quarter	1.26	1.05

As of March 16, 2007, there were 192 record holders and approximately 2,700 total shareholders of the Company's Common Stock.

AutoImmune has never declared or paid any cash dividends on its capital stock. The Company currently intends to retain its earnings, if any, and therefore does not anticipate paying any cash dividends on its capital stock in the foreseeable future.

Transfer Agent

Computershare Trust Company, Inc.
350 Indiana Street, Suite 800
Golden, Colorado 80401

Independent Accountants

PricewaterhouseCoopers LLP
Boston, Massachusetts

General Counsel

Nutter, McClennen & Fish, LLP
Boston, Massachusetts

Stock Exchange

OTC Bulletin Board
Symbol: AIMM

Investor Information

Additional copies of the 2006 Annual Report as filed with the Securities and Exchange Commission on Form 10-KSB may be obtained free of charge by writing to:

AutoImmune Inc.
1199 Madia Street
Pasadena, California 91103

Annual Meeting

The Annual Meeting of Shareholders will be held on Thursday, May 17, 2007 at 11:00 a.m. at the Louis D. Brandeis Conference Center, 5th Floor, Nutter, McClennen & Fish, LLP, World Trade Center West, 155 Seaport Boulevard, Boston, Massachusetts.

Corporate Mailing Address

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1199 Madia Street
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Executive Officers

Robert C. Bishop, Ph.D.
Chairman, President and
Chief Executive Officer

Diane M. McClintock
Director of Finance
and Treasurer

Board of Directors

Robert C. Bishop, Ph.D.
Chairman of the Board,
President and
Chief Executive Officer
AutoImmune Inc.

Hugh A. D'Andrade
Retired

Allan R. Ferguson
Retired

R. John Fletcher
Chief Executive Officer
Fletcher Spaght, Inc.

Secretary

Suzanne L. Glassburn, Esq.
Partner
Nutter, McClennen & Fish, LLP

*Colloral® is a registered trademark
of AutoImmune Inc.*

This Annual Report contains forward-looking statements which involve risks and uncertainties. The Company's actual results may differ significantly from results discussed in the forward-looking statements due to a number of factors, including, but not limited to, the Company's extremely limited operations, the uncertainties of clinical trial results and product development, the Company's dependence on third parties for licensing and other revenue, the company's dependence on determinations of regulatory authorities and the risks of technological change and competition. These factors are more fully discussed in the Company's most recent Annual Report on Form 10-KSB included herein.



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