UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): November 23, 2026

REIN THERAPEUTICS, INC.
(Exact Name of Registrant as Specified in Its Charter)

Delaware	001-38130	13-4196017
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification Number)

12407 N. Mopac Expy., Suite 250, #390
Austin, Texas 78758
(Address of principal executive offices)

(737) 802-1989
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligations of the registrant under any of the following provisions.

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14d-2(b)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b)

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c)

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

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock: Par value $.001	RNTX	Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On November 23, 2026, Rein Therapeutics, Inc. ("Company") published a presentation concerning preliminary blinded data from its ongoing Phase 2 Renew clinical trial on its website at https://ir.reintx.com/events-presentations. A copy of the presentation is attached as Exhibit 99.1 hereto.

The information in this Item 7.01, including the presentation attached as Exhibit 99.1, are furnished pursuant to Item 7.01 but shall not be deemed "filed" for any purpose, including for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall either be deemed to be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits		**Method Filing**
The following exhibit is furnished with this report:		
Exhibit 99.1	The Company's presentation materials	Filed Electronically herewith
Exhibit 104	Cover Page Interactive Data File (embedded within the Inline XBRL document)	

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

REIN THERAPEUTICS, INC.

Dated: November 23, 2026

/s/ Brian Windsor
Brian Windsor, Ph.D.,
President and Chief Executive Officer

Exhibit 99.1



REIN Therapeutics

Harnessing fibrosis, unleashing life

Webcast Presentation | November 23, 2026

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Disclaimer

This presentation and various remarks we make during this presentation contain forward-looking statements of Rein Therapeutics, Inc. (“Rein”, the “Company”, “we”, “our” or “us”) within the meaning of the Private Securities Litigation Reform Act of 1995, including statements with respect to: the expected benefits of using Caveolin Scaffolding Domain Peptides (CSDs) for fibrotic indications and our plans to develop and commercialize LTI-03, including the potential benefits thereof. We use words such as “anticipate,” “believe,” “estimate,” “expect,” “hope,” “intend,” “may,” “plan,” “predict,” “project,” “target,” “potential,” “would,” “can,” “could,” “should,” “continue,” and other words and terms of similar meaning to help identify forward-looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including (i) the risk that the Company may not be able to successfully continue its Phase 2 clinical trials of LTI-03; (ii) the risk that the summary data reported by the Company from its Phase 2 trial in the second half of 2026 may not support or validate our expectations concerning the potential benefits of LTI-03; (iii) success in early phases of pre-clinical and clinical trials do not ensure later clinical trials will be successful; (iv) the risk that the Company’s present cash and cash equivalents may not be sufficient to fund the Company’s operations into the first quarter of 2028 and (v) the risks and uncertainties discussed in the “Risk Factors” section of the Company’s Annual Report on Form 10-K for the year ended December 31, 2025 filed with the Securities and Exchange Commission (the “SEC”) on March 26, 2026 and in the subsequent filings that the Company files with the SEC. These forward-looking statements should not be relied upon as representing the Company's view as of any date subsequent to the date of this presentation, and we expressly disclaim any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.


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Phase 2 Summary Data to Date
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RENEW study status and blinded safety summary[1]

- 92% of enrolled participants remain on study treatment or have completed it.
- The blinded safety and tolerability experience observed by the sponsor to date has been characterized predominantly by mild or moderate adverse events, with cough among the most frequently reported events and generally mild in severity.
- No serious adverse events considered related to study treatment have been reported to date.
- RENEW continues to enroll and follow participants according to the protocol, with ongoing safety monitoring.

[1] Safety statements describe blinded, pooled sponsor data as of 7 October 2026; the sponsor remains blinded to treatment assignment.

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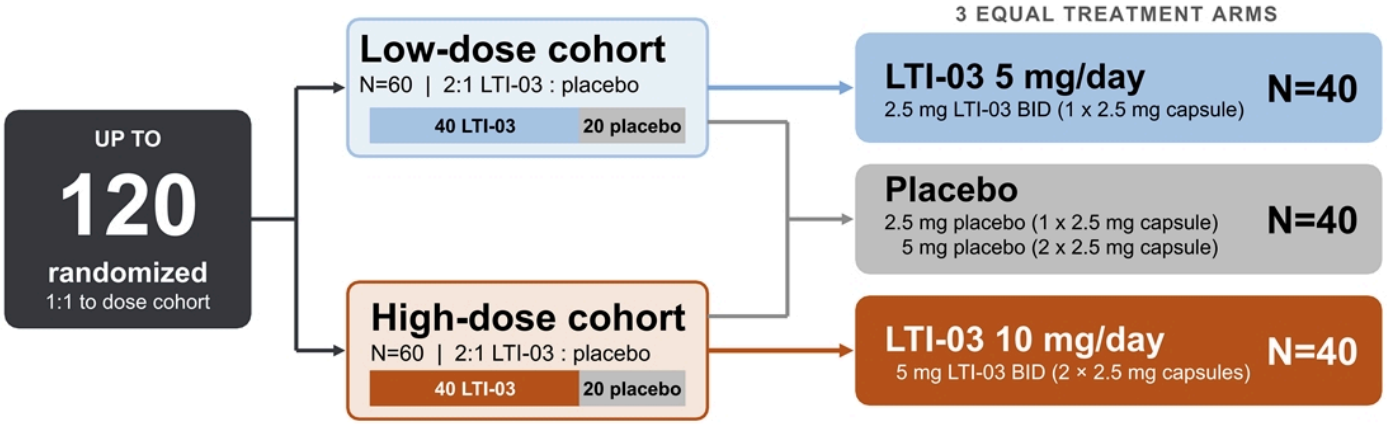
RENEW Phase 2 Randomization

Up to 120 participants | three equal arms (1:1:1 overall) | about 1 in 3 receives placebo



Randomization to study drug occurs in two steps, with stratification based on current use of SOC antifibrotic therapy (pirfenidone, nintedanib, or nerandomilast) occurring at both steps. Participants are first randomized 1:1 to the blinded low dose (5 mg/day) or blinded high dose (10 mg/day) treatment arm. Participants are then randomized 2:1 within each treatment arm to LTI-03 or placebo. In total, approximately 120 participants will be assigned to 5 mg/day LTI-03 (N=40), 10 mg/day LTI-03 (N=40), or placebo (N=40).

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TRIAL DESIGN

RENEW: key inclusion criteria

1 **IPF diagnosis is confirmed by centrally read HRCT**
Diagnosis confirmed per the ATS/ERS/JRS/ALAT guideline

2 **At least 10% of the lung must show fibrosis on HRCT [1,2]**
Measured by central read during screening

3 **Fibrosis findings on HRCT must exceed emphysema findings**
Fibrosis on HRCT must be greater than emphysema involvement of the lung

Selected criteria. Full list: ClinicalTrials.gov, NCT06968845.

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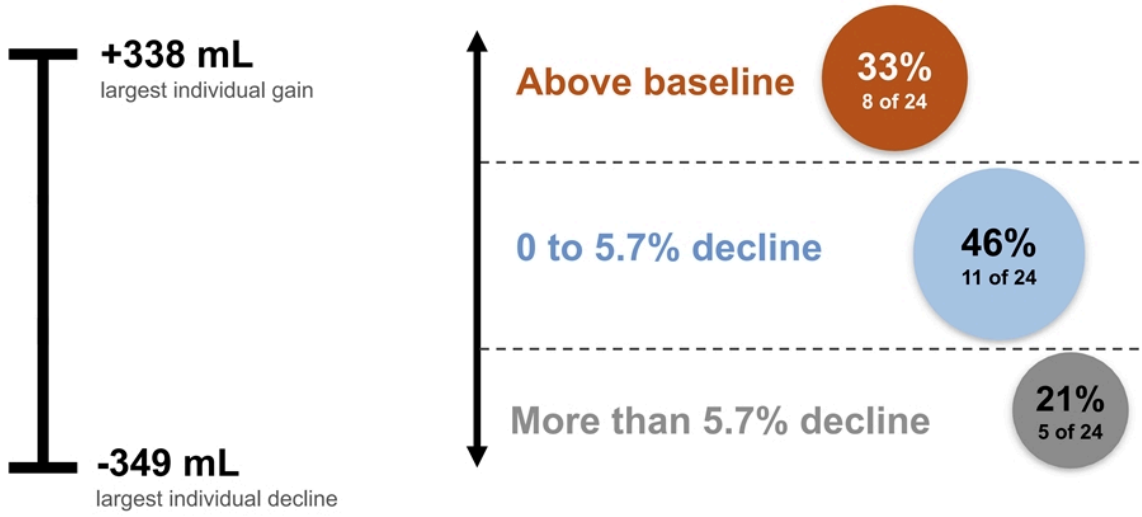
[1] Humphries, Respirology 2022;27:1045 [2] Raghu, JAMA 2024;332:380 (ZEPHYRUS-1)

Blinded, pooled change in FVC from baseline at Week 12 (LTI-03 and placebo combined; N=24)



Blinded, pooled sponsor data (LTI-03 and placebo participants combined). N=24: participants with a Week 12 FVC result. Change in FVC from baseline to Week 12 calculated as a percentage of each participant's own baseline. Baseline was calculated as the mean of the qualifying Screening and Day 1 pre-dose values. Groupings are descriptive and were not pre-specified. The sponsor remains blinded to treatment assignment.

These thresholds were used to describe the distribution of blinded, pooled data; they do not predict outcomes for RENEW participants and cannot show a treatment effect. The 5.7% threshold is drawn from an individual participant data meta-analysis of the placebo arms of 12 IPF trial cohorts, in which a relative decline in FVC of more than 5.7% over 3 months was the threshold that best distinguished higher mortality risk (adjusted hazard ratio 2.6; Khan et al., Am J Respir Crit Care Med 2022). At a stricter 5% line, 75% (18 of 24) improved or declined less than 5%. At the 3% line Khan et al. identified for disease progression, 58% (14 of 24) improved or declined less than 3%. Criteria defined at 12 months were not applied to this 12-week summary: a 10% or greater decline in FVC over 12 months, and the 2022 ATS/ERS/JRS/ALAT progressive pulmonary fibrosis criterion of a 5% or greater absolute decline in FVC % predicted within 1 year.

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Questions
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