

Neuronetics Closes \$34 Million in Series F Financing with GE Ventures and Current Investors

Additional investment will help fund the company's growing commercial development and plans to initiate a new clinical study of NeuroStar TMS Therapy in adolescent patients with Major Depressive Disorder (MDD)

MALVERN, PA, United States, April 27, 2015 – Neuronetics, Inc., the established market leader in transcranial magnetic stimulation (TMS) technology, announced today the completion of its Series F Financing Round, which included investment from GE Ventures, as well as its original investor base totaling \$34.3 million.

Neuronetics plans to use the proceeds from this latest financing round to broaden treatment accessibility for existing patient populations in need of a non-drug therapy option. The investment will accelerate the expansion of the company's commercial resources in light of the rapidly expanding insurance coverage for patients. It will also be used to fund a new registration study that will investigate the use of NeuroStar TMS Therapy® for the treatment of MDD among adolescents between the ages of 12 and 21 years.

“As the pioneer of the TMS therapeutic space and as a leader in clinical research for MDD and commercial execution, Neuronetics is very excited about the outcome of the recent funding and the possibilities for expanded access to NeuroStar TMS for patients,” said Christopher Thatcher, President and CEO of Neuronetics. “We are firmly committed to expanding treatment with TMS to all 4 million treatment resistant adults living with depression, who cannot benefit from their current antidepressant treatment plan. This additional funding will also allow us to work towards fulfilling a significant unmet medical need among the 2 million adolescents suffering with the condition.”

As a result of Neuronetics efforts, insurance coverage for patients has increased from 100 million to over 200 million covered lives, in both government and commercial insurance plans. More patients now have access to NeuroStar TMS Therapy than ever before in the United States. Neuronetics credits the increase in insurance coverage in part to the recent publication of patient outcomes in the *Journal of Clinical Psychiatry*¹. This study demonstrated the long-term effectiveness and durability of NeuroStar TMS Therapy in adult patients for the treatment of MDD, over a period of one year.

“This is an exciting time for Neuronetics. The company is well positioned for expansion and GE Ventures is proud to support their growth as a new investor,” said Leslie Bottorff, Managing Director, GE Ventures, Healthcare. “We anticipate a bright future for Neuronetics as they work to use their transcranial magnetic stimulation technology to help improve the lives of millions.”

About NeuroStar TMS Therapy®

¹ Dunner, D.L., et al. (2014). A Multisite, Naturalistic, Observational Study of Transcranial Magnetic Stimulation (TMS) for Patients with Pharmacoresistant Major Depression: Durability of Benefit Over a One-Year Follow-Up Period. *J Clin Psych*; 75(12):1394-1401

The NeuroStar TMS Therapy System® is indicated for the treatment of Major Depressive Disorder in adult patients who have failed to receive satisfactory improvement from prior antidepressant medication in the current episode. NeuroStar TMS Therapy is a non-systemic (does not circulate in the bloodstream throughout the body) and non-invasive (does not involve surgery) form of neuromodulation. It stimulates nerve cells in the brain by delivering highly focused MRI-strength magnetic field pulses which lead to activation of cortical and deep brain structures known to be involved in mood regulation. The treatment is available by prescription and typically administered daily for 4-6 weeks.

The NeuroStar TMS Therapy System was FDA-cleared in 2008 on the basis of the largest randomized controlled trial evaluating TMS in depression². In an independent NIMH-sponsored randomized controlled trial, patients treated with TMS using a clinical trial version of the NeuroStar TMS System were four times more likely to achieve remission compared to patients receiving sham treatment (P=0.0173, odds ratio=4.05)³. The most common side effect of NeuroStar TMS Therapy is pain or discomfort at or near the treatment site. It is contraindicated in patients with non-removable conductive metal in or near the head.

More than 210 million people in the U.S. have access to insurance covering NeuroStar TMS therapy.

For full safety and prescribing information, visit www.NeuroStar.com.

About Depression

Major depressive disorder is one of the most common mental disorders in the United States. It affects about 25 million Americans, and it's estimated that about four million patients do not benefit from standard treatments for depression, even after repeated treatment attempts. People with depression may experience a range of physically and emotionally debilitating symptoms, including anxiousness, sadness, irritability, fatigue, changes in sleep patterns, loss of interest in previously enjoyable activities and digestive problems.

About Neuronetics, Inc.

Neuronetics, Inc., is a privately held medical device company focused on developing non-invasive therapies for psychiatric and neurological disorders using MRI-strength magnetic field pulses. Based in Malvern, PA, Neuronetics is the leader in the development of TMS Therapy®, a non-invasive form of neuromodulation. For more information, please visit www.neuronetics.com or www.neurostar.com.

NeuroStar®, NeuroStar TMS Therapy® and TMS Therapy® are registered trademarks of Neuronetics, Inc.

About GE Ventures

GE Ventures is committed to identifying, scaling and accelerating ideas that will make the world

² O'Reardon JP, et al. (2007). Efficacy and Safety of Transcranial Magnetic Stimulation in the Acute Treatment of Major Depression: A Multisite Randomized Controlled Trial. *Biol Psychiatry*, 62(11):1208-1216

³ George MS, et al. (2010). Daily Left Prefrontal Transcranial Magnetic Stimulation Therapy for Major Depressive Disorder: A Sham-Controlled Randomized Trial. *Arch Gen Psychiatry*, 67(5):507-516.

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