### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM 6-K

Report of Foreign Private Issuer Pursuant to Rule 13a-16 or 15d-16 Under the Securities Exchange Act of 1934

For the month of September 2020

Commission File Number 001-38367

### SOL-GEL TECHNOLOGIES LTD.

(Translation of registrant's name into English)

7 Golda Meir Street

Ness Ziona 7403650, Israel (Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.

Form 20-F ⊠ Form 40-F □

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1):

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7):

### INFORMATION CONTAINED IN THIS REPORT ON FORM 6-K

Sol-Gel Technologies Ltd. (the "Company") is posting on its website a corporate presentation.

Attached hereto and incorporated by reference in this Report on Form 6-K is the following exhibit:

Exhibit 99.1: Corporate Presentation.

### SIGNATURES

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

### SOL-GEL TECHNOLOGIES LTD.

By: /s/ Gilad Mamlok Gilad Mamlok

Chief Financial Officer

Date: September 14, 2020

<u>Exhibit 99.1</u>





This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "future," "outlook," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential," continue," or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. The forward-looking statements in this presentation relate to, among other things, statements regarding the timing of the anticipated submission of an NDA for TWYNEO and the approval and commercial launch of EPSOLAY and TWYNEO, anticipated timing of results of the ongoing Phase 1 clinical trial of SGT-210, the expectation to launch a new generic drug starting in the second quarter of 2021, our expectations regarding our liquidity and ability to fund operational and capital expenditure requirements, and estimated sales of our product candidates. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statement, including but not limited to the following: risks relating to the timing of the submission of an NDA for TWYNEO and risks relating to the PDFUA action date for EPSOLAY; the fact that we have and expect to continue to incur significant losses; our need for additional funding, which may not be available; our ability to complete the development of, and obtain marketing approval for, our product candidates; our ability to obtain and maintain regulatory approvals for our product candidates in our target markets and the possibility of adverse regulatory or legal actions relating to our product candidates even if regulatory approval is obtained; our ability to commercialize and launch our product candidates; our ability to obtain and maintain adequate protection of our intellectual property; our ability to manufacture our product candidates in commercial quantities, at an adequate quality or at an acceptable cost; our ability to establish adequate sales, marketing, and distribution channels; acceptance of our product candidates by healthcare professionals and patients; the possibility that we may face third-party claims of intellectual property infringement; the timing and results of clinical trials that we may conduct or that our competitors and others may conduct relating to our or their products; intense competition in our industry; potential product liability claims; potential adverse federal, state, and local government regulation in the United States, Europe, or Israel; the impact of pandemics, such as COVID-19 (coronavirus); and loss or retirement of key executives and research scientists. These and other important factors discussed in the Company's Annual Report on Form 20-F filed with the Securities and Exchange Commission (SEC") on March 24, 2020, and our other reports filed with the SEC could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While we may elect to update such forward-looking statements at some point in the future, unless required by applicable law, we disclaim any obligation to do so, even if subsequent events cause our views to change. Thus, one should not assume that our silence over time means that actual events are bearing out as expressed or implied in such forward-looking statements.

These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this presentation. This presentation contains trademarks, trade names, and service marks of other companies, which are the property of their respective owners. We do not intend our use or display of other parties' trademarks, trade names, or service marks to imply, and such use or display should not be construed to imply, a relationship with, or endorsement or sponsorship of us by, these other parties.



### TECHNOLOGY

 Proprietary silica-based microencapsulation technology

#### **EPSOLAY**®

 PDUFA goal date set for April 26, 2021
 Potential to be the first single-active BPO approved by the FDA as a prescription drug product

### **TWYNEO<sup>®</sup>**

- · Positive Phase III results in acne vulgaris
- NDA submission expected in 2H/20
- Potential to be first FDA-approved acne treatment that contains fixed-dose combination of BPO and tretinoin

### SGT-210

- Ongoing Phase I proof-of-concept study for erlotinib gel in palmoplantar keratoderma
- · Results expected next year

### EARLY STAGE

 Pending patent applications for tapinarof and roflumilast in various skin conditions

### GENERICS

- Ten 50/50 gross profit-sharing collaborations with Perrigo
- \$22.8 million in net revenues last year
- \$4.5 million in net revenues in 1H/20

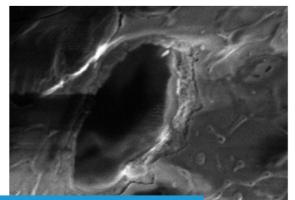
### THE SCIENCE BEHIND OUR PROPRIETARY TECHNOLOGY

Aiming to provide effective and tolerable topical therapies to achieve local action



800 nm

CRYO-SEM PICTURE

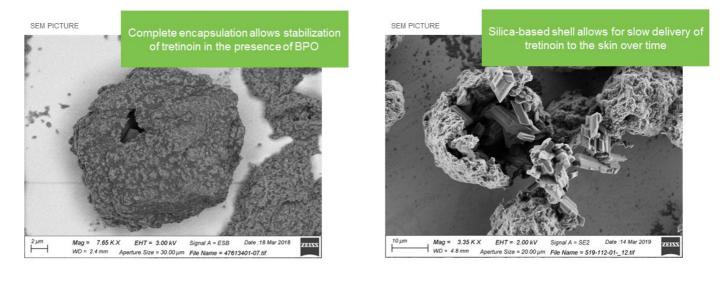


Silica-based shell wraps the BPO crystal and is intended to serve as a barrier between the BPO crystals and the skin

ENERGY-DISPERSIVE X-RAY SPECTROSCOPY MAPPING









THE CHALLENGE **CHRONIC** CONDITION WITH POOR ADHERENCE TO CURRENT TREATMENTS

### **UNMET NEED IN** PAPULOPUSTULAR ROSACEA

### Papulopustular Rosacea

Chronic, inflammatory condition that primarily affects the face and is often characterized by flushing, redness, inflamed bumps, and pustules

### How is it Treated?

- (metronidazole, clindamycin)Topical anti-mite (ivermectin)Systemic antibiotics (minocycline,

#### **Current Treatment Shortfalls**

- · Insufficient efficacy resulting in poor adherence
- Contributing to antibiotic resistance

### SOL-GEL SOLUTION\*

EPSOLAY<sup>®</sup> Encapsulated Benzoyl Peroxide Cream, 5%

- Encapsulation was designed to allow the BPO to slowly migrate from the microcapsules to help reduce irritation
- PDUFA goal date was set by the FDA for April 26, 2021
- Potential to be the first single-active BPO approved by the FDA as a prescription drug product

\* EPSOLAY is investigational. Safety and efficacy have not been established

### EPSOLAY<sup>®</sup> PHASE III STUDIES

Two Parallel, Multicenter, Double-Blinded, Randomized, Vehicle-Controlled Studies, 2:1 Ratio, QD

## TWO CO-PRIMARY EFFICACY ENDPOINTS AT WEEK 12

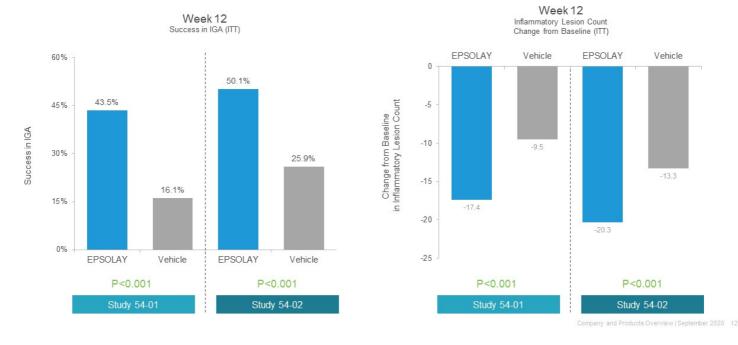
Inclusion Criteria	≥18 years old; "Moderate" or "Severe" acne; ≥15 to ≤70 inflammatory lesions; ≤2 nodules
How is it Treated?	Weeks 2, 4, 8, 12 (end of study)
Investigator Global Assessment (IGA) Definition	<ul> <li>"Clear": Skin clear of inflammatory papules or pustules</li> <li>"Almost Clear": Very few small papules or pustules and very mild dull erythema is present</li> <li>"Mild": Few small papules or pustules and mild dull or light pink erythema is present</li> <li>"Moderate": Several to many small or larger papules or pustules and moderate light to bright red erythema is present</li> <li>"Severe": Numerous small and/or larger papules or pustules and severe erythema that is bright red to deep red is present</li> </ul>
Primary Endpoints	<ul> <li>Proportion of patients with IGA "Clear" or "Almost Clear" relative to baseline at Week 12</li> <li>Absolute mean change in inflammatory lesion counts from baseline to Week 12</li> </ul>

## WELL-BALANCED CLINICAL STUDIES

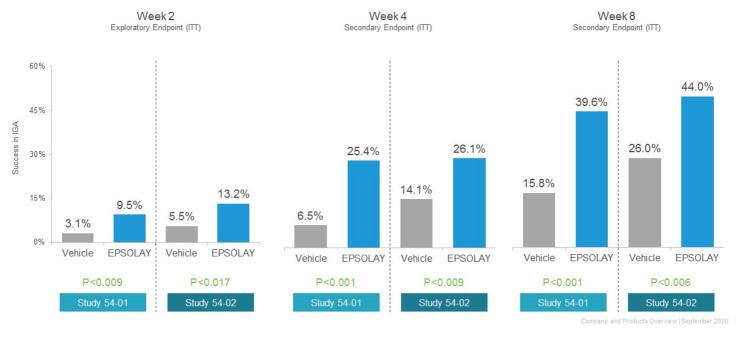
Baseline, Discontinuation & Completion		Study 54-01		Study 54-02	
		EPSOLAY	Vehicle	EPSOLAY	V ehicle
	IGA "Moderate" Subjects	210 (86.4%)	104 (88.1%)	227 (90.8%)	112 (91.8%)
Baseline	IGA "Severe" Subjects	33 (13.6%)	14 (11.9%)	23 (9.2%)	10 (8.2%)
Base	Mean Inflammatory Lesion Count (SD)	25.7 (11.07)	26.3 (12.45)	29.8 (14.00)	27.5 (13.04)
	Median Inflammatory Lesion Count (range)	22.0 (15-69)	21.0 (15-70)	25.0 (15-70)	22.5 (15-70)
p	Withdrawal by Subject	9	3	9	4
Discontinued Subjects	Adverse Events	5	1	4	0
scon Subj	Lost to Follow-Up	6	6	1	4
D	Pregnancy/Protocol Violation/Other	1	1	1	1
	Intention-to-Treat (ITT)	243	118	250	122

SD = Standard Deviation













### Subject 116-009 || 41 years old | Female | White | Not Hispanic or Latino\* ONSET OF ACTION AS OF WEEK 2

BASELINE



"Severe"; 31 inflamed lesions

WEEK 2



ear"; No inflamed lesions





Clear"; No inflamed lesions

WEEK 8



"Clear"; No inflamed lesion

WEEK 12



"Almost Clear"; 1 inflamed lesion

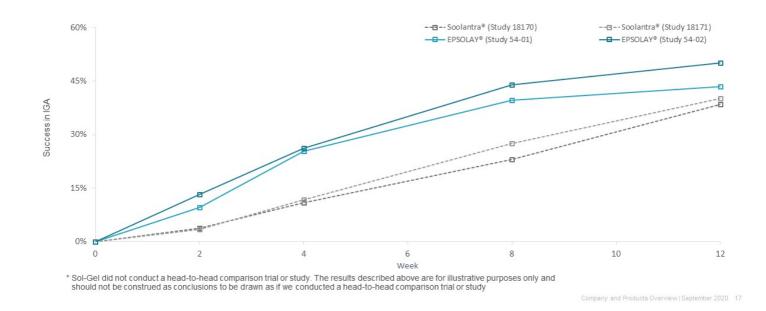
\* Individual results vary



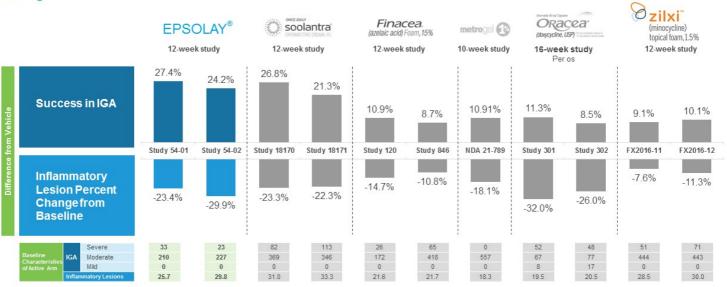


\* This study was not designed for efficacy; however, efficacy was evaluated. Interpret results with caution









\* Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study.



## PRIMARILY MILD-TO-MODERATE TREATMENT-EMERGENT ADVERSE EVENTS

Subjects with	Study 54-01		Study 54-02		
Treatment-Emergent Adverse Events (TEAEs)	EPSOLAY (n=239)	Vehicle (n=113)	EPSOLAY (n=249)	Vehicle (n=120)	
Treatment-Related Mild & Moderate TEAEs	12 (5%)^	3 (2.7%)	8 (3.2%)^	0	
Treatment-Related Severe TEAEs	2 (0.8%) <sup>¥</sup>	0	1 (0.4%)*	0	
Not-Related TEAEs	35 (14.6%)	14 (12.4%)	41 (16.5%)	22 (18.2%)	
Not-Related Serious TEAEs	0	1 (0.9%) <sup>†</sup>	1 (0.4%)‡	0	

<sup>^</sup> Most frequently reported adverse events being application site erythema, pain and pruritus

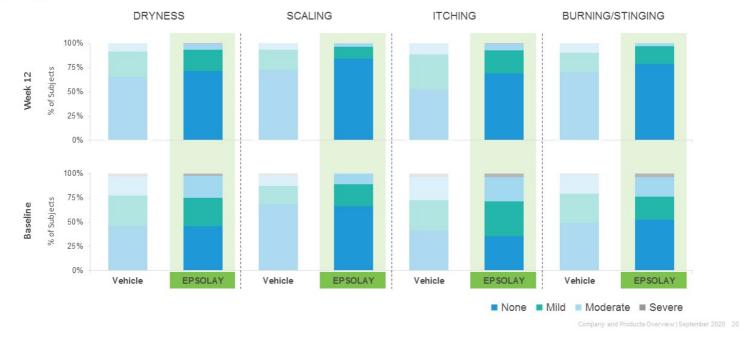
 $^{\rm 4}$  One subject with application site erythema and another with application site pruritus and pain

\* One subject with application site erythema

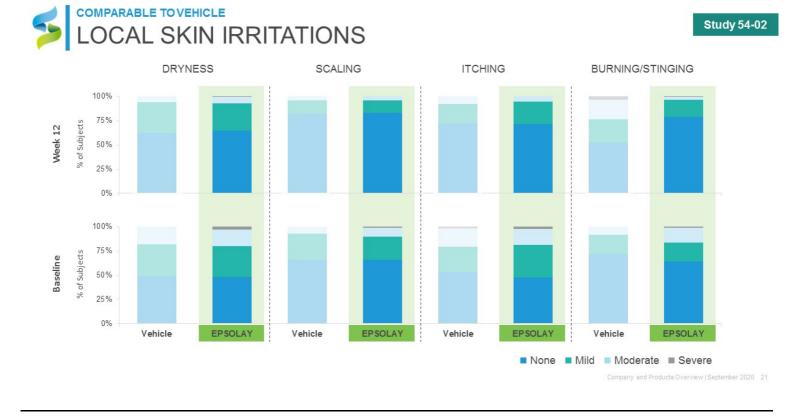
<sup>†</sup> One subject with femur fracture

 $^{\ddagger}$  One subject with spinal compression fracture





Study 54-01





### THE CHALLENGE **MULTIFACTORIAL** DISEASE REQUIRING POWERFUL COMBINATION **TREATMENTS**

### **UNMET NEED IN ACNE VULGARIS**



#### Acne Vulgaris

A multifactorial disease of the pilosebaceous unit, involving abnormalities in sebum production, follicular epithelial desquamation, bacterial proliferation, and inflammation

#### How is it Treated?

- Topical BPO, retinoids (such as tretinoin, adapalene), antibiotics, and their combinations
- Oral Isotretinoin and antibiotics

#### **Current Treatment Shortfalls**

- Insufficient efficacy negatively affects self-esteem
- Systemic side effectsContributes to antibiotic resistance

SOL-GEL SOLUTION\*

## TWYNEO®

Encapsulated Benzoyl Peroxide 3% & Encapsulated Tretinoin 0.1%, Cream

- Encapsulation was designed to stabilize tretinoin and to enable both tretinoin and BPO to slowly migrate from their microcapsules to help reduce irritation
- NDA submission expected in 2H/20
- Potential to be first FDA-approved acne treatment that contains fixed-dose combination of BPO and tretinoin

\*TWYNEO is investigational. Safety and efficacy have not been established

### TWYNEO<sup>®</sup> PHASE III STUDIES

Two Parallel, Multicenter, Double-Blinded, Randomized, Vehicle-Controlled Studies, 2:1 Ratio, QD

# THREE CO-PRIMARY EFFICACY ENDPOINTS AT WEEK 12

Inclusion Criteria	≥9 tears old; "Moderate" or "Severe" acne; ≥20 to ≤100 inflammatory lesions; ≥30 to ≤150 non-inflammatory lesions; ≤2 cysts/nodules
Visits	Weeks 2, 4, 8, 12 (end of study)
Investigator Global Assessment (IGA) Definition	<ul> <li>"Clear": Normal, clear skin with no evidence of acne vulgaris</li> <li>"Almost Clear": Rare non-inflammatory lesions present, with rare non-inflamed papules (papules must be resolving and may be hyperpigmented, though not pink-red)</li> <li>"Mild": Some non-inflammatory lesions are present, with few inflammatory lesions (papules/pustules only; no nodulo-cystic lesions)</li> <li>"Moderate": Multiple Non-inflammatory lesions and, inflammatory lesions are evident (several to many comedones and papules/pustules, and there may or may not be one small nodulo-cystic lesion)</li> <li>"Severe": Inflammatory lesions are more apparent, many comedones and papules/pustules, there may or may not be a few nodulo-cystic lesions</li> </ul>
Primary Endpoints	<ul> <li>Proportion of subjects with an assessment of "Clear" or "Almost Clear" and with at least a 2-grade improvement in IGA from baseline at Week 12</li> <li>Absolute change in inflammatory lesion counts from baseline at Week 12</li> <li>Absolute change in non-inflammatory lesion counts from baseline at Week 12</li> </ul>
	Company and Products Overview   September 2020 25

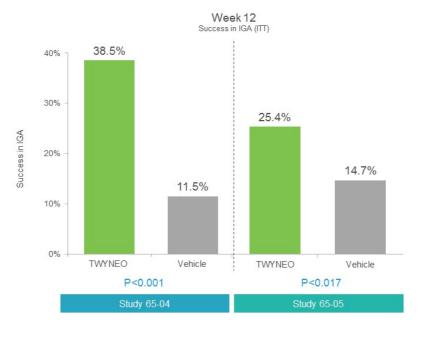


## WELL-BALANCED CLINICAL STUDIES

Baseline, Discontinuation & Completion		Study 65-04		Study 65-05	
		TWYNEO	Vehicle	TWYNEO	Vehicle
	IGA "Moderate" Subjects	251 (89.3%)	132 (92.3%)	262 (90.3%)	133 (93.0%)
	IGA "Severe" Subjects	30 (10.7%)	11 (7.7%)	28 (9.7%)	10 (7.0%)
Baseline	Mean Inflammatory Lesion Count (SD)	33.5 (14.62)	33.5 (14.69)	28.2 (8.70)	27.5 (8.52)
Base	Median InflammatoryLesion Count (range)	28.0 (20-92)	28.0 (20-90)	25.0 (20-62)	25 (20-75)
	Mean Non-InflammatoryLesion Count (SD)	48.6 (20.24)	47.1 (19.97)	44.6 (18.03)	44.9 (18.82)
	Median Non-Inflammatory Lesion Count (range)	42.0 (30-148)	41.0 (30-140)	39.0 (23-149)	38.0 (30-123)
p	Withdrawal by Subject/Parent/Guardien	13	5	18	5
Discontinued Subjects	Adverse Events	4	0	12	0
Scor	Lost to Follow-Up	10	7	15	7
	Pregnancy/Protocol Violation/Physician Decision/Other	5	0	3	0
	Intention-to-Treat (ITT)	281	143	290	144

SD = Standard Deviation











## Subject 507-003 || 18 years old | Female | White | Not Hispanic or Latino\*

### BASELINE

WEEK 12



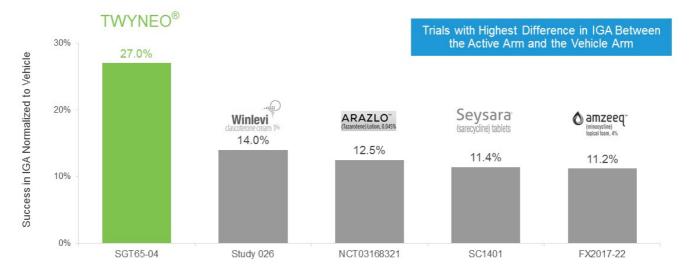
"Severe"; 29 inflamed lesions 31 non-inflamed lesions; 1 nodule

\* Individual results vary



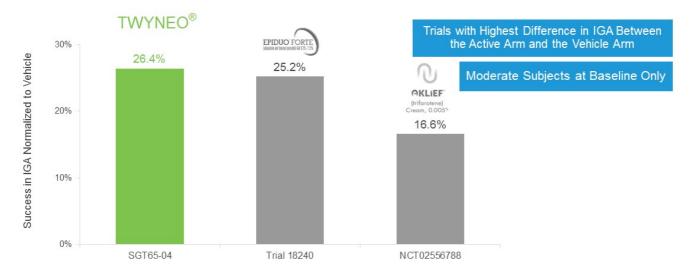
"Moderate"; 9 inflamed lesions 5 non-inflamed lesions; No nodules





\*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study





\*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study



Coldinate with	Study 65-04		Study 65-05	
Subjects with Treatment-Emergent Adverse Events (TEAEs)	<b>TWYNEO</b> (n=274)	Vehicle (n=139)	<b>TWYNEO</b> (n=281)	Vehicle (n=138)
Treatment-Related Mild & Moderate TEAEs	46 (16.8%)^	2 (1.4%)^	39 (13.8%)^	3 (2.2%)
Treatment-Related Severe TEAEs	4 (1.5%) <sup>¥</sup>	0	1(0.4%)*	0
Not-Related TEAEs	19 (6.9%)	13 (9.4%)	27 (9.6%)	15 (10.9%)
Missing Subjects	0	0	1 (0.4%)	0
Not-Related Serious TEAEs	0	0	1 (0.4%) <sup>†</sup>	1(0.7%)*

<sup>^</sup>Most frequently reported adverse events being application site pain, dryness, erythema and exfoliation

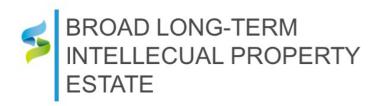
<sup>4</sup>Two subjects with application site pain, a third subject with application site pain and exfoliation, and fourth subject with application site pruritus \*One subject with application site pain, dryness and pruritus

<sup>†</sup>One subject with depression

<sup>\*</sup>One subject with depression, bipolar II disorder and conduct disorder









- EPSOLAY is protected until 2032 by granted patents and until 2040 by pending patent
- TWYNEO is protected until 2038 by granted patents and until 2040 by pending patent
- 22 pending patent applications for erlotinib, tapinarof and roflumilast in various skin conditions (as of July 30, 2020)

COMMERCIALIZATION & FINANCIALS



Branded Topicals are Important Segment



Source: IQVIA; Year 2019



#### Branded Topical Combinations are Important Segment Tretinoin is the Most Prescribed Topical Retinoid



# EPSOLAY & TWYNEO ARE COMPELLING ENOUGH TO DRIVE PAYOR COVERAGE



- "All respondents recognized the product as a unique molecule for rosacea"
- "Near unanimous recognition as additional option for rosacea"
- "If priced and rebated similarly to the covered products, coverage seems likely"



- "Unique MOA will qualify it for formulary addition, price will determine its position"
- "If you price it like Epiduo, it will be managed like Epiduo"
- "If similarly priced with better tolerability, it would become preferred brand"

Sources:NaviSync LLC (Morristown, NJ), Sol-Gel Managed Market Access for Acne and Rosacea, July 2019 NaviSync LLC (Morristown, NJ), Twyneo Payer Market Research Topline Summary, February 2020



### Efficiently Reaching 80% Dermatology TRx in Acne and Papulopustular Rosacea

Source: Syneos Health (Morrisville, NC), Sol-Gel Market Analysis, June 2019

B0%<br/>Detential Market ValueMarket ValueMa



- · Ten collaborations with Perrigo with 50/50 gross profit sharing
- In March 2017, Perrigo filed a Paragraph IV Certification for Soolantra®
- In February 2019, Perrigo launched acyclovir cream, 5%, developed in collaboration with Sol-Gel. As of today this is the only generic product on the market other than an authorized generic. This product generated \$22.8 million in net revenues in 2019 and \$4.5 million in net revenues in 1H/20
- In January 2020, Perrigo filed a Paragraph IV Certification for Bryhali<sup>®</sup>
- In June 2020, Perrigo was first-to-file a Paragraph IV Certification for Duobrii®
- The launch of a partnered generic drug is expected in 2Q/21. In 2019, sales of the brand name product exceeded \$180 million in the US





- Gross proceeds of \$86.3 million raised in IPO on February 5, 2018
- Gross proceeds of \$11.5 and \$23 million raised in public follow-on offerings on August 12, 2019 and February 13, 2020, respectively
- Additional \$5 million investment by controlling shareholder in April 2020
- 22,996,948 Ordinary Shares as of June 30, 2020
- \$4.5 million net revenues from generic products in 1H/2020
- \$66.0 million in cash and investments as of June 30, 2020
- Cash resources will enable funding of operational and capital expenditure requirements into the third quarter of 2021

# LOOKING FORWARD





## PALMOPLANTAR KERATODERMA

Palmoplantar keratoderma (PPK) is a group of skin conditions characterized by thickening of the skin on the palms of the hands and soles of the feet

Phase I proof-of-concept study for erlotinib gel in PPK is ongoing



