Figure S1. Knockdown of GSK-3α attenuates high-fat diet (HFD)-induced lipotoxic cardiomyopathy, Related to Figure 1.

Figure S1. Knockdown of GSK-3α attenuates high-fat diet (HFD)-induced lipotoxic cardiomyopathy, Related to Figure 1. (**A**) Immunoblots examining insulin resistance in the hearts of mice fed a HFD or normal chow (NC) for the indicated periods, as shown by insulinstimulated phosphorylation of Akt (Ser473) (0.75 U/kg body weight, i.p.) (left). Quantification of insulin-induced pAkt normalized by Akt $(n = 4)$ (right). **(B)** Immunoblots examining activities of GSK-3α/β in the hearts of *ob*/+ and *ob/ob* mice (left). Histograms show the ratios of phoshorylated versus total GSK-3 α/β (n = 6) (right). (C) Immunoblots showing the expression of GSK- $3\alpha/\beta$ in cardiomyocytes (CMs) and non-myocytes (non-CMs) isolated from the hearts of GSK-3α cardiac-specific homozygous knockout (cKO) or control homozygous floxed (Con) mice. (**D** to **M**) GSK-3α cardiac-specific heterozygous knockout (cHKO) mice and heterozygous floxed (control) mice were fed a HFD or NC for 14 weeks. (D) Body weight growth curves ($n =$ 5-7). (E) Food intake in mice fed a HFD $(n = 10-12)$. (F) Intraperitoneal glucose tolerance test in HFD-fed control and GSK-3 α cHKO mice (left) and area under curve (n = 6) (right). (G) Wheat germ agglutinin staining of left ventricular (LV) cardiomyocyte cross sections. Scale bar, 100 μm. Histograms show relative cardiomyocyte size, a marker of individual cardiomyocyte hypertrophy ($n = 8$) (right). (H) Echocardiographic analyses showing LV ejection fraction (EF, $\%$) (n = 8 -15). (I) Representative images of transmitral flow obtained by Doppler echocardiography. Deceleration time (DT) is indicated by red bars. Transverse scale bar, 100 cm/s. Vertical scale bar, 100 ms. (J) Representative pressure-volume (PV) loop plots. Exponential curves show end-diastolic PV relation (EDPVR). (K to L) Tau, a marker of diastolic dysfunction (K), LV maximum pressure (L), and Stroke work (M), obtained by PV loop analysis $(n = 5$ for NC and $n = 9$ for HFD). Error bars indicate s.e.m. $* p \le 0.05$, $** p \le 0.001$.

Figure S2. Knockdown of GSK-3β exacerbates high-fat diet (HFD)-induced lipotoxic cardiomyopathy, Related to Figure 1.

Figure S2. Knockdown of GSK-3β exacerbates high-fat diet (HFD)-induced lipotoxic cardiomyopathy, Related to Figure 1. (**A** to **D**) Representative absolute and relative oxygen consumption rate (OCR) in CMs isolated from the hearts of $GSK-3\alpha$ cHKO and control mice fed a HFD or normal chow (NC), measured by a Seahorse analyzer in the presence of 500 μM of BSA-fatty acid cocktail ($n = 3-4$, A and C). Fatty acid oxidation (FAO) rate was evaluated by etomoxir (ETO)-inhibitable OCR. Histograms show FAO rate (the ratio of FAO versus OCR) (n = 4 (B, NC) and n = 8 (D, HFD)). (**E** and **F**) Representative Periodic acid-Schiff staining (E) and quantification of relative glycogen accumulation in the hearts of GSK-3α cHKO and control mice fed a HFD or NC (n = 6) (F). Scale bar, 50 μm. (**G** to **K**) GSK-3β cardiac-specific heterozygous knockout (GSK-3β cHKO) mice and heterozygous floxed (control) mice were fed a HFD or NC for 14 weeks. (G) Body weight after 14 weeks of the indicated diet ($n = 5-6$). (H) Left ventricular (LV) weight normalized by tibia length (TL), a marker of cardiac hypertrophy (n = 5-6). (I) Ejection fraction (EF), a marker of systolic function, obtained by M-mode echocardiography ($n = 5-6$). (J) Deceleration time, a marker of diastolic function, obtained by transmitral flow Doppler echocardiography ($n = 5-6$). (K) Representative Oil Red O staining of the indicated mouse heart sections (left), a marker of lipid accumulation. Scale bar, 25 µm. Quantification of relative myocardial lipid accumulation (n = 5-6) (right). (**L**) Custom gene-set analysis representing enrichment of cardiac fatty acid metabolism in GSK-3β Ser9Ala homozygous knock-in (KI) mouse hearts compared to wild-type (WT) mice at 3 months of age. (**M** to **O**) Fatty acid uptake and lipid accumulation were examined in the hearts of GSK-3α S21A homozygous knockin (KI) and control wild-type (WT) mice fed NC (3 months of age). Relative *CD36* mRNA expression in the hearts ($n = 6$) (M), BSA-conjugated ³H-palmitate uptake into the hearts ($n = 6$) (N), and representative Oil Red O staining of the heart sections (left) and quantification of myocardial lipid accumulation ($n = 6$) (right). Scale bar, 50 μ m (O). Error bars indicate s.e.m. * *p*<0.05, ** *p*<0.001.

Figure S3. GSK-3α, but not GSK-3β, physically interacts with PPARα, Related to Figure 2.

Figure S3. GSK-3α, but not GSK-3β, physically interacts with PPARα, Related to Figure 2. (**A**) Immunoprecipitation assays examining the interaction between endogenous GSK-3β and YFP-tagged PPARα in cardiomyocytes (CMs). Forty-eight hours after transduction with Ad-YFP-PPARα, lysates were extracted for immunoprecipitation with anti-GFP-YFP antibodyconjugated or control beads, followed by immunoblotting with anti-GSK-3β antibody. (**B**) *In vitro* binding assays examining direct interaction between recombinant (r) GSK-3β and rGST-PPARα. (**C**) *In vitro* kinase assays to test the ability of rGSK-3α to phosphorylate rGST-PPARα or rGST alone as a control (left). *In vitro* kinase assays to test the ability of rGSK-3α to phosphorylate commercially available truncated rPPARα protein, including the ligand binding domain (amino acids 170-430) (right). (**D**) Conservation of the PPARα Ser280 phosphorylation site across species. (**E**) Coomassie Brilliant Blue staining of the rGST-PPARα-wild type (WT) protein and phospho-resistant rPPARα mutant protein with an alanine mutation of the Ser280 residue (rGST-PPARα-S280A). (**F**) Immunoblots testing the sensitivity and specificity of the antibody against Ser280-phosphorylated PPARα. An *in vitro* kinase assay was performed with active rGSK-3α and rGST-PPARα-WT or rGST-PPARα-S280A mutant protein, followed by probing with the antibody against PPARα-Ser280 phosphorylation. (**G**) Immunoblots showing Ser280 phosphorylation of PPARα in CMs transduced with PPARα-S280A, -WT, or -S280D or YFP alone as a control in the presence of adenovirus-mediated GSK-3α overexpression (OE) or knockdown (KD) with palmitic acid treatment. (**H**) Histogram showing the ratio of Ser280 phosphorylated PPAR α versus α -actinin (n = 6). (I) Histogram showing relative expression of Ser280-phosphorylated PPARα versus Histone H3 (n = 4). Error bars indicate s.e.m. * *p*<0.05.

Figure S4. GSK-3α-mediated Ser280 phosphorylation enhances PPARα activity, Related to Figure 3.

Figure S4. GSK-3α-mediated Ser280 phosphorylation enhances PPARα activity, Related to Figure 3. (**A**) Immunofluorescence staining for GSK-3α (green, upper) or GSK-3β (green, lower) and DAPI (blue) in primary cultured rat neonatal cardiomyocytes (CMs) treated with 500 μM of BSA-conjugated palmitic acid (PA) or BSA control for 1 hour. Images are representative of three independent experiments. Scale bar, 50 μm. (**B**) Immune complex *in vitro* kinase assays to examine nuclear GSK-3α activity in CMs treated with PA. GSK-3α was immunoprecipitated from the nuclear fraction of cultured CMs, followed by *in vitro* kinase assays with recombinant GST-βcatenin. Positive and negative control experiments were performed in the presence and absence of recombinant active GSK-3α instead of CM lysate, respectively. (**C**) Immunoblots testing the efficiency of knockdown of GSK-3α with adenovirus harboring shRNA-GSK-3α or shRNAscramble as a control, using anti-GSK-3α/β antibody. (**D** and **E**) Immunoblots showing the expression of pPPARα (Ser280) in the nucleus of CMs treated with BSA-linoleic acid (left) or BSA-oleic acid for 9 hours (right) and quantification analyses $(n = 4)$ (D). Histogram showing the ratio of Ser280-phosphorylated PPAR α versus total PPAR α in the nucleus of CMs treated with BSA-fatty acid cocktail (n = 4) (E). (**F**) Immunofluorescence staining for GSK-3α (green) and DAPI (blue) in CMs treated with 500 μM of indicated BSA-conjugated fatty acid or BSA control for 1 hour. Images are representative of three independent experiments. Scale bar, 25 μm. (**G**) The effect of GSK-3 α on the PA-induced increase in PPRE-luciferase reporter activity in CMs in the presence or absence of GSK-3α knockdown (n = 8). # p <0.05 and ## p <0.001 compared to control (PA 0 μM). (**H**) The effect of BSA-PA on PPRE-luciferase reporter activity in H9C2 cells transduced with PPARα-WT, PPARα-S280D or PPARα-S280A mutant allele. YFP alone was used for background extraction (n = 4). * $p<0.05$, ** $p<0.001$ compared to PPAR α -WT. # $p<0.05$, ## p <0.001 compared to 0 μ M of PA in H9C2 cells with PPAR α -WT. One-way ANOVA Newman-Keuls post-hoc analysis. (**I** and **J**) Immunoblots showing the effect of PA (I) and GSK-3α activity (J) on the phosphorylation of PPARγ at Ser273 in CMs. (**K**) Ingenuity pathway analysis showing top 5 molecular and cellular functions in the PPARα-SD versus the PPARα-SA mutant. Gene expression was determined by RNA-seq data. (**L**) FAO rate in CMs treated with 500 μM of BSA-linoleic acid (left) or BSA-oleic acid (right), measured by 96-well Seahorse analyzer (n = 7-8). (**M**) Relative lipid accumulation in CMs treated with 500 μM of BSA-linoleic acid (left) or BSA-oleic acid (right) ($n = 6$). Error bars indicate s.e.m. $* p<0.05$, $** p<0.001$.

Figure S5. PPARα activity is increased by GSK-3α-mediated Ser280-phosphorylation, Related to Figure 4.

PDK4

Figure S5. PPARα activity is increased by GSK-3α-mediated Ser280-phosphorylation,

Related to Figure 4. (**A**) Immunofluorescence staining in cardiomyocytes (CMs) transduced with Ad-YFP-PPARα-WT, -S280A or -S280D mutant for DAPI (blue) and α-sarcomeric actinin (red). Scale bar, 20 μm. (**B**) Immunoprecipitation assays examining the interaction between Sirt1 and YFP-PPARα-WT, -S280D, -S280A or YFP alone as a control in CMs. The data shown are representative of three independent experiments. (**C**) The surface of the PPARα ligand binding domain (PDB: 1kkq), excluding residues 457-568. Red represents a negative charge and blue represents a positive charge. (**D**) A ribbon drawing of PPARα helices 3, 11 and 12 (AF-2) (PDB: 1kkq and 1i7g). (**E**) PPRE-luciferase reporter activity in H9C2 cells transduced with PPARα-WT, PPARα-H440Q/K448N/K449N, PPARα-S280E or PPARα-S280D-H440Q/K448N/K449N mutant. YFP alone was used for background extraction ($n = 12$). ## $p \le 0.001$ compared to PPARα-S280E. (**F**) Quantification analyses of the ChIP assay normalized by the input level (n = 4). * *p*<0.05, ** *p*<0.001. (**G**) PPRE/DR1 (PPARα-RXRα complex) sequence logos generated by the canonical PPRE/DR1 sequences enriched in the promoters of the genes related to fatty acid uptake or oxidation or the genes upregulated in PPARα-S280D or PPARα-S280A. (**H**) Schematic representation. S280-phosphorylated PPARα preferentially binds to the promoters of genes for fatty acid uptake and *PDK4*, but not mitochondrial β-oxidation, thereby stimulating fatty acid uptake/storage. Error bars indicate s.e.m.

Figure S6. The development of lipotoxic cardiomyopathy is mediated by PPARα-Ser280 phosphorylation, Related to Figure 5.

Figure S6. The development of lipotoxic cardiomyopathy is mediated by PPARα-Ser280 phosphorylation, Related to Figure 5. (**A**) Schematic diagram of PPARα-Ser280Ala knock-in (KI) gene targeting. The PPAR α genomic region of interest, the targeting construct, and the mutated Ser280Ala locus after homologous recombination are shown. P, PL and PR denote a primer, left primer, and right primer, used in (B) and (D). (**B**) DNA isolated from Neo-resistant ES clones was assessed by long range (LA) PCR for wild-type (WT) and heterozygous (het) alleles with the primers shown in (A). Positive ES clones identified by 5' LA-PCR were then verified by 3' LA-PCR. (**C**) Incorporation of Ser280Ala mutation into KI mice was verified by PCR and sequencing analyses using tail DNA. (**D**) PCR using tail DNA isolated from WT and heterozygous KI mice. Locations of the primers are shown in (A). (**E** to **J**) WT and S280A het KI mice were fed a high-fat diet (HFD) or normal chow (NC) for up to 8 weeks. (E) Immunoblots examining PPARα-Ser280 phosphorylation in the heart (left). NC data was obtained from heart samples isolated from mice fed NC for 8 weeks. Quantification analyses of pPPAR α (Ser280) normalized by total PPAR α (n = 4) (right). (F) Echocardiographic analyses showing left ventricular (LV) ejection fraction (EF, %) (n = 6-7). (G) Representative images of transmitral flow obtained by Doppler echocardiography. Deceleration time is indicated by a red bar. Transverse scale bar, 100 cm/s. Vertical scale bar, 100 ms. (H) Deceleration time, evaluated by transmitral flow Doppler echocardiography ($n = 6-7$). (I) Representative pressure-volume (PV) loop plot for the indicated mice fed a HFD. Exponential curves show end-diastolic PV relation (EDPVR). (J) Tau, a marker of diastolic function, obtained by PV loop analysis ($n = 5$ -8). (**K** to **O**) Either PPARα-WT or PPARα-S280D mutant was expressed in WT mouse hearts (C57BL/6J background) by adeno-associated virus (AAV)-mediated gene delivery and the mice were fed NC for 8 weeks. AAV-empty injection (Empty) was performed as a control. (K) Body weight (BW) (g) 8 weeks after AAV injections (left). Lung weight normalized by BW, a marker of congestive heart failure ($n = 5-7$) (right). (L) Wheat germ agglutinin staining of LV cardiomyocyte cross sections (left). Scale bar, 50 μm. Histograms show relative cardiomyocyte size, a marker of individual cardiomyocyte hypertrophy ($n = 4-6$) (right). (M) LV ejection fraction (EF, %), evaluated by echocardiography ($n = 5-6$). (N) Representative images of Mmode echocardiogram (upper) and transmitral flow obtained by Doppler echocardiography (lower). Deceleration time is indicated by a red bar. (M-mode) Transverse scale bar, 100 ms. Vertical scale bar, 5 mm. (Doppler) Transverse scale bar, 100 cm/s. Vertical scale bar, 100 ms. (O) Representative absolute and relative oxygen consumption rate (OCR) of adult cardiomyocytes isolated from the hearts of mice transduced with the indicated AAV, measured by a 96-well Seahorse analyzer in the presence of 500 μM of BSA-conjugated fatty acid cocktail $(n = 3-4)$. Error bars indicate s.e.m. * $p < 0.05$, ** $p < 0.001$.

Figure S7. PPARα ligands inhibit GSK-3α-mediated PPARα phosphorylation and ameliorate high-fat diet (HFD)-induced cardiac dysfunction, Related to Figure 6.

Figure S7. PPARα ligands inhibit GSK-3α-mediated PPARα phosphorylation and ameliorate high-fat diet (HFD)-induced cardiac dysfunction, Related to Figure 6. (**A** and **B**) Immunoblots examining the effect of fenofibrate, a PPARα ligand, on PPARα-Ser280 phosphorylation in the nucleus of cardiomyocytes (CMs) in the presence of 500 μM of BSAfatty acid cocktail (A) and quantification analyses (n = 4) (B). (**C**) *In vitro* kinase assay using recombinant (r) GSK-3 α and rGST-PPAR α in the presence or absence of WY-14643 (1 μ M), a PPARα ligand, followed by probing for Ser280-phosphorylated PPARα. (**D**) The effect of WY-14643 on PPAR α -Ser280 phosphorylation in CMs. CMs were transduced with Ad-YFP-PPAR α and cultured with the indicated concentration of WY-14643, followed by immmunoprecipitation with an anti-GFP-YFP antibody and probing for pPPARα (Ser280). (**E** to **L**) Wild-type (WT) mice were fed a HFD in the presence or absence of fenofibrate for the indicated periods. (E) Schematic representation of HFD experiments with or without fenofibrate (Feno) for the indicated periods. (F) Quantification of the effect of fenofibrate on Ser280 phosphorylation of PPAR α shown in Figure 6B (n = 3). (G and H) Echocardiographic analyses of cardiac morphology and function. Ejection fraction (G, EF, %) and interventricular septal thickness at diastole (H, IVSd, mm) $(n = 8-12)$. (I) Deceleration time, a marker of diastolic function, evaluated by transmitral flow Doppler echocardiography ($n = 8-12$). (J) Pressure-volume (PV) loop analyses to test diastolic function, as indicated by tau $(n = 8-12)$. (K) Representative images showing PV loop. Exponential curves show end-diastolic PV relation (EDPVR). (L) Palmitate oxidation in the hearts ($n = 16$). (M) The effect of fenofibrate on PPRE-luciferase reporter activity in primary cultured rat neonatal CMs, depending on the concentration of BSA-palmitic acid (PA) $(n = 8)$. # $p \le 0.05$, ## $p \le 0.001$ compared to 0 μ M of PA. (N) Schematic representation of fibrate- or lipid-induced PPARα stimulation through activation of GSK-3α and PPARα-Ser280 phosphorylation in CMs. Fibrates inhibit GSK-3α-mediated PPARα phosphorylation by interfering with the interaction between GSK-3α and PPARα, thereby antagonizing lipid-induced activation of PPARα and ameliorating cardiac lipotoxicity in obesity. (**O**) Histogram showing the ratio of phoshorylated versus total GSK-3 α (n = 7 with diabetes and n = 14 without diabetes). (**P**) Immunoblots showing the effect of fenofibrate on PPARγ-Ser273 phosphorylation in CMs. Error bars indicate s.e.m. * *p*<0.05, ** *p*<0.001.

Table S1. Top 10 upregulated KEGG gene sets in wild-type (vs GSK-3α knock-in) mouse heart, Related to Figure 1

Table S2. Upregulated KEGG gene sets in PPARα-S280D vs in PPARα-WT (FDR q<0.25), Related to Figure 3

Decreased metabolite (p<0.05)

Table S4. Information on human heart samples, Related to Figure 6.

	Diabetes (-)	Diabetes $(+)$	P value
	$(n = 14)$	$(n = 7)$	
Age (year)	52.0 ± 11.8	50.4 ± 11.6	0.776
Male (n)	13 (92.9%)	6(85.7%)	1.000
Hypertension (n)	5(35.7%)	$4(57.1\%)$	0.397
Body weight (kg)	68.4 ± 2.4	71.4 ± 4.8	0.540
Height (cm)	168.2 ± 2.1	165.2 ± 2.6	0.409
Body mass index (kg/m^2)	24.3 ± 0.9	26.0 ± 1.2	0.259

Table S5. Oligonucleotide used in this paper, Related to STAR Methods

