Investor presentation

Ausbiotech Invest 24th October 2017

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Company strategy
Dimerix Limited (ASX:DXB)

1. Using proprietary “Receptor HIT” drug discovery platform to identify multiple development programs
2. Lead program is DMX-200 in Phase 2 human trials for Chronic Kidney Disease (CKD)
   - Uses compounds that are already known
3. **Positive Phase 2a results**
4. Orphan Drug development path for DMX-200, targeting Focal Segmental Glomerulosclerosis (FSGS), a sub-group of CKD, enables a faster path to market
5. Focussed on moving DMX-200 through the clinic, Phase 2b recruitment expected to commence during Q1 calendar 2018.

Corporate overview

Corporate Snapshot – in consolidation

ASX Code	DXB (DXBDC)
Share Price (20 Oct 17)	$0.01 ($0.20)
Market cap	$18.3m
Cash (30 Jun 2017)	$2.2m

(R&D tax incentive, $545,771 received 17th October 2017)

Shares on issue*	91.9m

Major Shareholders (%)

Mr Peter Meurs	17.33
Yodambao Pty Ltd	5.11
Mrs Wishney Sritharan Krishnarajah	2.47
White Family	2.21
SRV Custodians Pty Ltd	2.07
Pfleger Family	1.70
Jampaso Pty Ltd (Williams Family)	1.51

Share price history

Unlisted Performance Shares: 3.75.m; Options (expire 31 Dec 2017): 0.895m; Options (ESOP): 3.38m

Experienced board and management

Dr James Williams – Chairman

- Co-founder of Dimerix and iCeutica (acquired in 2011 and now with 3 FDA drug approvals)
- Co-founder and Investment Director of Yuuwa Capital ($40M venture fund)

Kathy Harrison – Chief Executive Officer

- 20 years operational and strategic experience in drug development including at AMRAD, Cytopia Research Pty Ltd, Phosphagenics Ltd
- Registered Patent Attorney

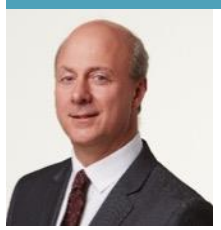
Dr Robert Shepherd – Head of Drug Development

- Drug developer with experience in a wide range of projects / therapeutic areas
- PhD in biomedical research, and background in finance and project management

Hugh Alsop – Director

- Accomplished and commercially-focused pharmaceutical and biotechnology executive
- Responsible for successful global commercialisation programs and NDA registrations

David Franklyn – Director



- Experienced Director of ASX-listed companies in a variety of sectors
- Extensive experience in financial analysis, corporate advice, business management and IR

Dr Sonia Poli – Director

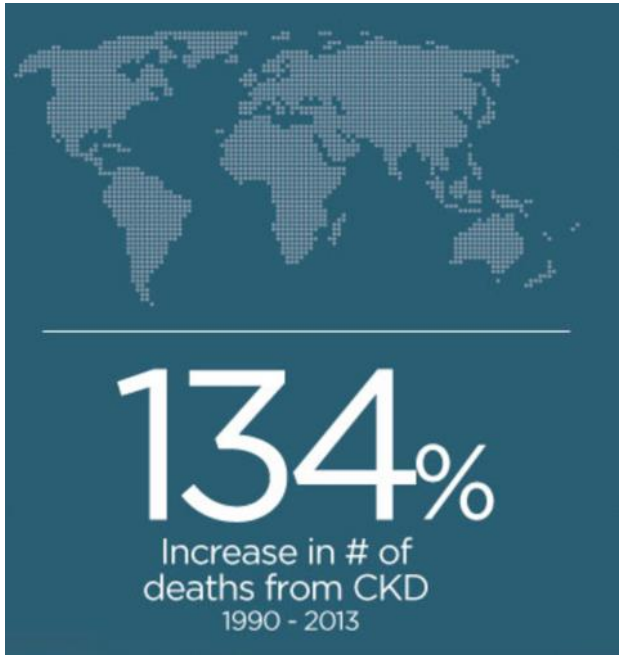
- Former Senior Management at Hoffman la Roche and Executive at Addex Therapeutics
- 20 years international experience in small molecule drug development

Chronic kidney disease (CKD) - market opportunity

- CKD is a global health problem affecting over 10% of the population with 26 million patients in the US alone
- Growing in incidence due to large number of people living with obesity and diabetes
- CKD gets progressively worse, with patients whose kidneys fail requiring dialysis or kidney transplant
- Hemodialysis treatment costs an average **of $89,000 per patient** annually in the United States

Source: U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of End-Stage Renal Disease in the United States, NIH, NIDDK

- **Independent analysts estimate FSGS* drug sales to be worth USD $1 billion per annum in the US alone**



Source: Global Burden of Disease Study 2013

* Focal Segmental Glomerulosclerosis

DMX-200 – Dimerix lead program for CKD

- DMX-200 is a tablet which is taken in conjunction with existing medications.
- DMX-200 is being developed as an ‘adjunct’ therapy, avoiding complications of combination therapy development.
- Patients continue taking their standard of care medication (irbesartan) and add a second drug to this (propagermanium), a CCR2 antagonist.
- Both drugs have been in use for many years, and their safety profile is well understood.

Trial design

- 27 patients in open label dose escalation study across 4 sites in Australia
- Patients were on stable irbesartan prior to and throughout the study.
- Patients additionally received an oral dose of propagermanium
- Propagermanium dose escalated at four week intervals, unless proteinuria was within normal limits.

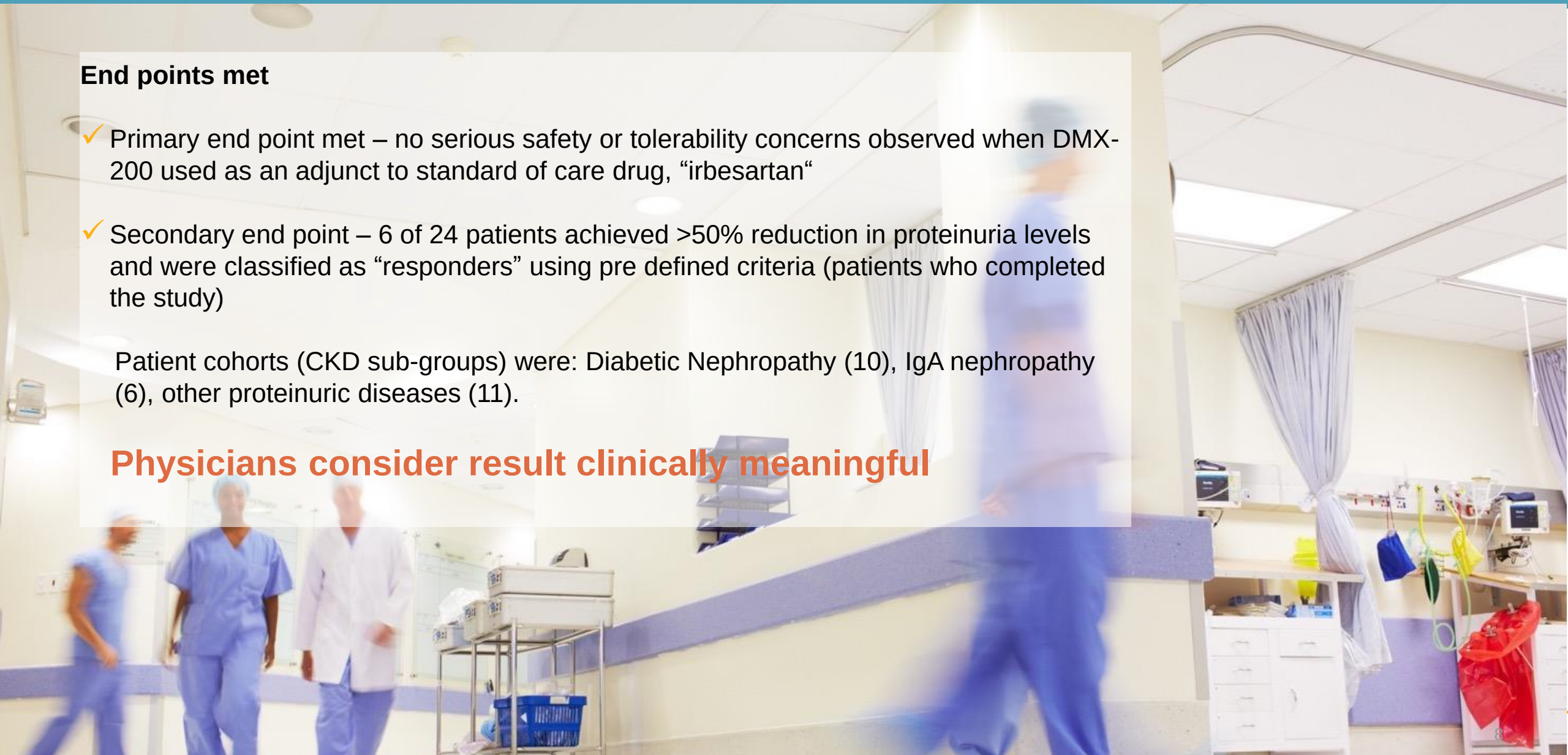
DMX-200 phase 2a trial outcomes

End points met

- ✓ Primary end point met – no serious safety or tolerability concerns observed when DMX-200 used as an adjunct to standard of care drug, “irbesartan“
- ✓ Secondary end point – 6 of 24 patients achieved >50% reduction in proteinuria levels and were classified as “responders” using pre defined criteria (patients who completed the study)

Patient cohorts (CKD sub-groups) were: Diabetic Nephropathy (10), IgA nephropathy (6), other proteinuric diseases (11).

Physicians consider result clinically meaningful



Medical advisory board

David Packham – Chair

- Director of the Melbourne Renal Research Group.
- More than 30-years experience participating in over 40 international clinical trials in a variety of chronic kidney conditions, and serves on advisory boards for Astra Zeneca, Otsuka and Vifor.

Daniel Cattran

- Professor of Medicine at the University of Toronto and Senior Scientist at the Toronto General Research Institute.
- Chair of the Toronto Glomerulonephritis Registry, which currently includes over 12,000 cases of biopsy proven GN.

Jonathan Hogan

- Assistant Professor of Medicine and Clinical Director of the Glomerular Disease Centre at the University of Pennsylvania.
- Dr Hogan is a nationally-recognized expert in glomerular diseases and onconephrology, and has published more than 25 papers in peer reviewed medical journals

David Power

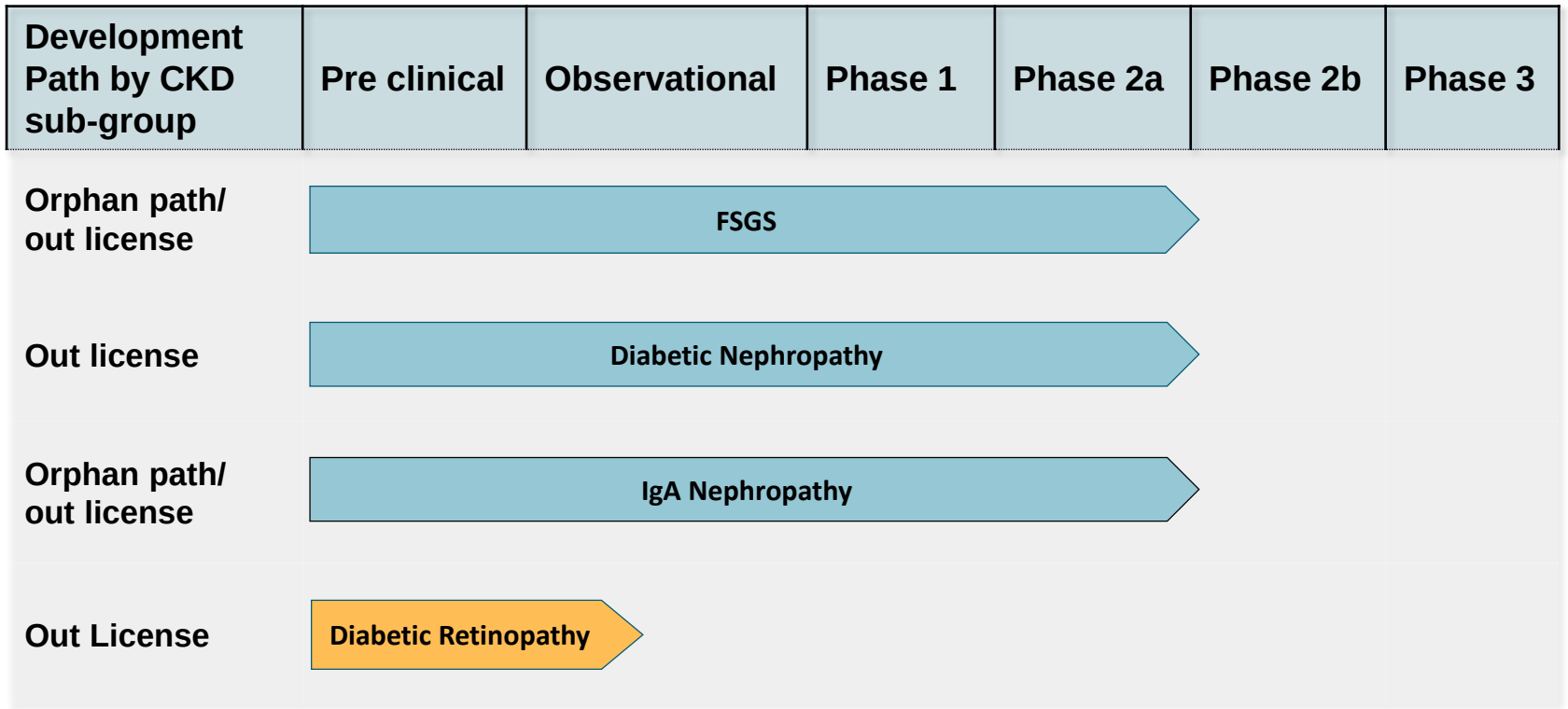
- Director of Nephrology at Austin Health and Professorial Associate at the University of Melbourne.
- Recipient of multiple competitive research grants from the MRC (UK) and the NH&MRC (Australia) and author of over 150 peer-reviewed scientific publications

Alessia Fornoni

- Chief of Nephrology and Hypertension at the University of Miami Miller School of Medicine and Chair of the Peggy and Harold Katz Drug Discovery Centre.
- Vice President & Chief Scientific Officer of L&F Health LLC, a small start-up company focused on finding a cure for patients with kidney disease.

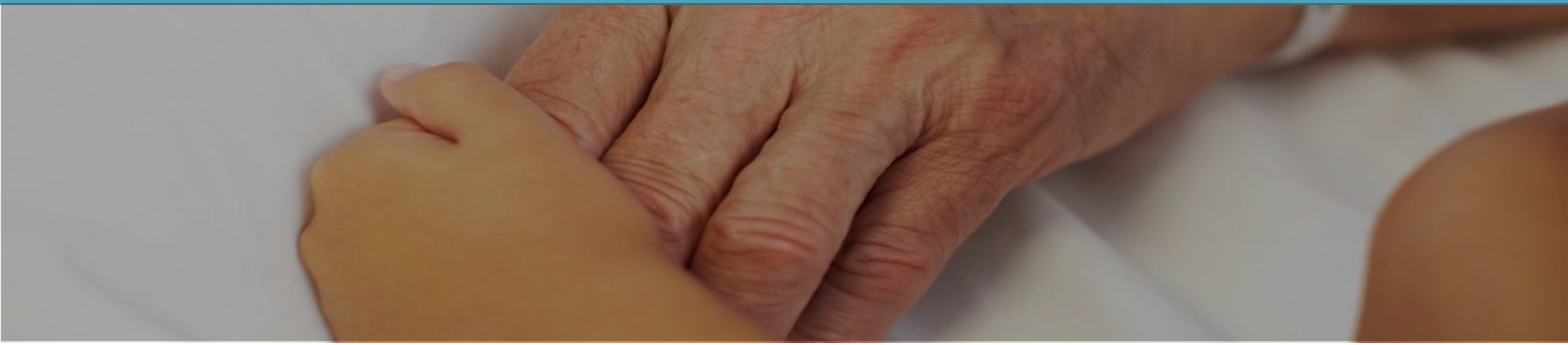
DMX-200 – Phase 2b Design and Pipeline

- Double blind placebo controlled
- Dosing period 6 months (3 months run in and 3 months follow up to mitigate individual patient variability)
- Primary end point % reduction in albumin creatinine (ACR) in the diabetic nephropathy cohort
- Secondary endpoints include %reduction in other IgA and FSGS groups, responder analysis in each group, other biomarker changes
- Total patient numbers to be determined subject to further clinician and statistician consultations.



Significant next steps

- ✓ Human pharmacokinetics (PK) study to optimise dose of DMX-200 for extended release formulation on track to complete 2H CY2017 (3 tablets daily reduced down to 2 tablets daily)
- ✓ NEW detailed Phase 2a data to be released on 2nd November 2017 in the Annual meeting of the American Society of Nephrology (ASN)
- ✓ Presentation of Phase 2a data by CEO Kathy Harrison at BioEurope on 7th November 2017, a major industry partnering and investment forum
- ✓ Commencement of Phase 2b trial – to explore efficacy in refined patient population using optimal doses identified in Phase 2a study, compared with placebo (recruiting Q1 calendar 2018)
- ✓ Phase 2a data analysis and Phase 2b study design discussions with big pharma and medical advisory board (ongoing)
- ✓ Filing Orphan Drug designation in Europe, 2018 (US already attained)
- ✓ Meetings with European Regulatory Advisors (2018).



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