Annual General Meeting Presentation

San Diego, California and Sydney, Australia (Thursday, 17 May 2018 - AEST) – REVA Medical, Inc. (ASX: RVA) ("REVA" or the "Company") is pleased to provide the attached presentation that will be made at the Company's 2018 Annual General Meeting of Stockholders (the "AGM"). The presentation is also available on our website.

The AGM is being held today, Wednesday, May 16, 2018 at 4:00 p.m. US PDT (which is Thursday, 17 May 2018 at 9:00 a.m. AEST). The meeting will be held at the offices of DLA Piper LLP (US), 4365 Executive Drive, Suite 1100, San Diego, California 92121.

The AGM will be audiocast and may be accessed within Australia by dialing 1800 005 989 five minutes prior to the scheduled start time. Callers in the United States and Canada may access the call by dialing 1-877-312-5413. The conference ID is 7558037 for all locations.

If you reside outside of Australia, the United States, or Canada, or if you prefer to access the call through our website, please visit "Events & Presentations" under the "Investors" section of our website at www.revamedical.com, and click on the "listen to webcast" link. A live webcast and transcript of the call will also be available on our website.

About REVA Medical

REVA Medical is a medical device company focused on the development and commercialization of bioresorbable polymer technologies for vascular applications. The Company's lead products are the Fantom and Fantom Encore bioresorbable vascular scaffolds for the treatment of coronary artery disease. REVA is located in San Diego, California, USA and employs over 50 people in the U.S. and Europe.

Fantom, Fantom Encore, and Tyrocore are trademarks of REVA Medical, Inc.

Forward-Looking Statements

This announcement contains or may contain forward-looking statements that are based on management's beliefs, assumptions, and expectations and on information currently available to management. All statements that are not statements of historical fact, including those statements that address future operating plans or performance and events or developments that may occur in the future, are forward-looking statements, such as those statements regarding the projections and timing surrounding commercial operations and sales, clinical trials, pipeline product development, and future financings. No undue reliance should be placed on forward-looking statements. Although management believes forward-looking statements are reasonable as and when made, forward-looking statements are subject to a number of risks and uncertainties that may cause actual results to vary materially from those expressed in forward-looking statements, including the risks and uncertainties that are described in the "Risk Factors" section of our Annual Report on Form 10-K filed with the US Securities and Exchange Commission (the "SEC") on March 7, 2018, and as updated in our periodic reports thereafter. Any forward-looking statements in this announcement speak only as of the date when made. REVA does not assume any obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

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REVA Medical

Corporate Presentation
May 2018

Important Notice

Not an Offer for Securities

This presentation does not constitute an offer, invitation, solicitation or recommendation with respect to the purchase or sale of any security in the Company nor does it constitute financial product advice nor take into account your investment objectives, taxation situation, financial situation or needs. An investor must not act on the basis of any matter contained in this presentation but must make its own assessment of the Company and conduct its own investigations and analysis.

Information is a Synopsis Only

This presentation only contains a synopsis of information on the Company and, accordingly, no reliance may be placed for any purpose whatsoever on the sufficiency or completeness of such information. Information presented in this presentation is subject to change without notice and REVA does not have any responsibility or obligation to inform you of any matter arising or coming to their notice after the date of this presentation, which may affect any matter in the presentation.

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Disclaimer

This presentation and any supplemental materials have been prepared by the Company based on available information. The information contained in this presentation is an overview and does not contain all information necessary to make an investment decision. Although reasonable care has been taken to ensure the facts stated in this presentation are accurate and that the opinions expressed are fair and reasonable, no representation or warranty, express or implied, is made as to the fairness, accuracy, completeness, or correctness of such information and opinions and no reliance should be placed on such information or opinions. To the maximum extent permitted by law, none of the Company, or any of its members, directors, officers, employees, or agents or advisers, nor any other person accepts any liability whatsoever for any loss, however arising, from the use of the presentation or its contents or otherwise arising in connection with it, including, without limitation, any liability arising from fault or negligence on the part of the Company or any of its directors, officers, employees, or agents.

REVA Medical is a leader in bioresorbable polymer technologies for vascular applications

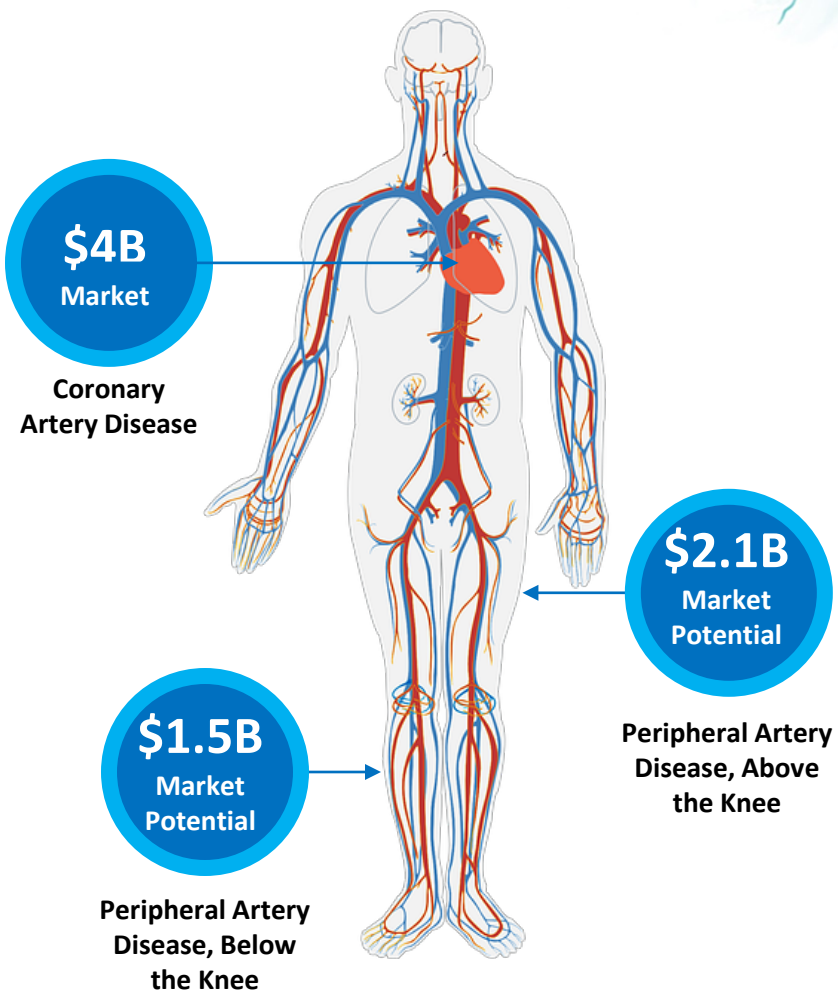
Commercializing a proprietary product for Coronary Artery Disease and pursuing Peripheral Artery Disease therapies

REVA's Disruptive Technology

Tyrocore™

- Proprietary bioresorbable polymer
- Uniquely designed for vascular scaffold applications
- Derived from naturally occurring tyrosine amino acid
- Covalently bound iodine for radiopacity
- Patent protection for 19 biomaterial polymer families
- Polymer properties are tailorable to meet a clinical application by modifying:
  - Strength
  - Flexibility
  - Degradation time
  - Drug delivery profile

Vascular Applications

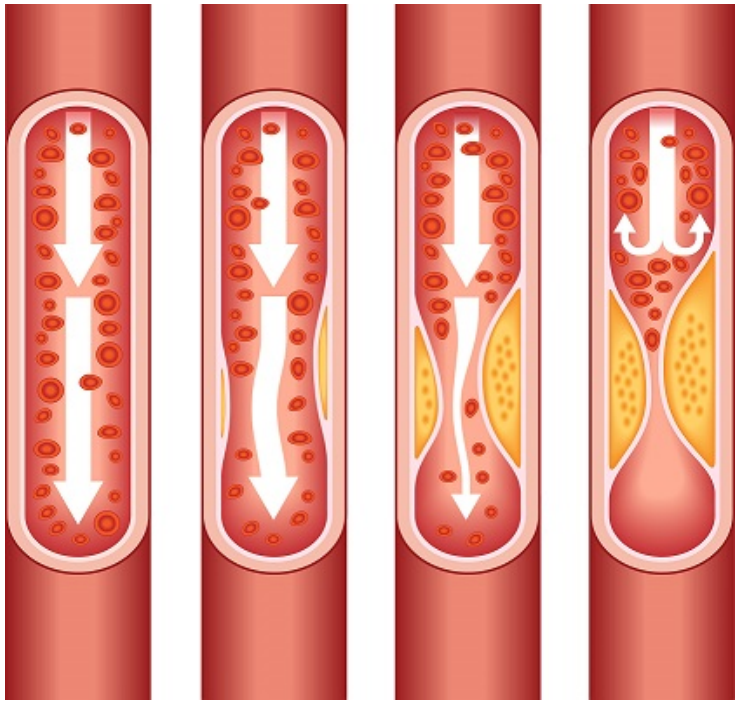


Sources: CAD Market: JP Morgan Equity Research Interventional Cardiology Market Model Dec. 2016; PAD Markets: BTK: Nehler M, et al. Epidemiology of peripheral arterial disease and critical limb ischemia in an insured national population. JVS 2014.; ATK: Murabito J, et al. Temporal trends in the incidence of intermittent claudication from 1950-99. AJE 2005.; Population data from United Nations online database.

The Problem: Coronary Artery Disease

Cardiovascular Disease is the leading cause of death globally[1]

- Coronary Artery Disease (CAD) is the most common type of heart disease
- CAD occurs when a build-up of plaque in a coronary artery blocks the flow of blood to the heart muscle
- Treatments for CAD aim to restore blood flow through the blocked artery



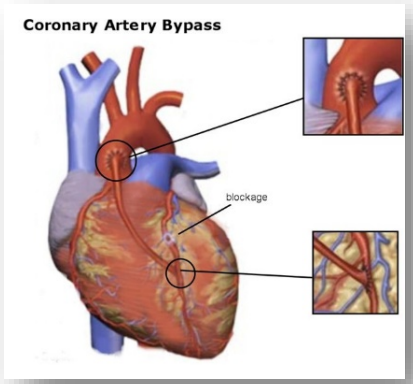
https://www.cdc.gov/heartdisease/facts.htm

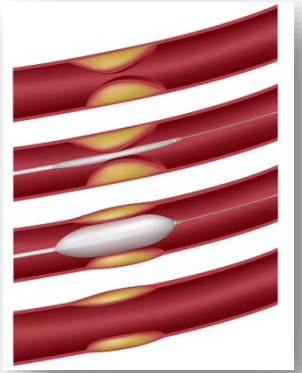
1. Source: World Health Organization Factsheet, May 2017. http://www.who.int/mediacentre/factsheets/fs317/en/

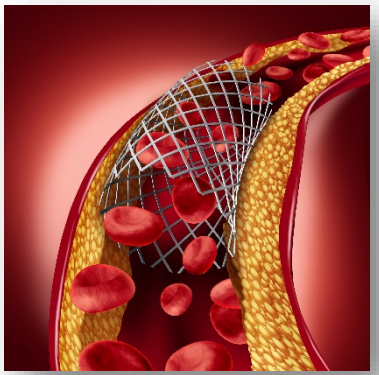
Evolution of Treatments for CAD

History of rapid innovation

1960s	1970s	1990s	2002
Open Heart Surgery CABG	Balloon Angioplasty	Bare Stents	Drug-Eluting Stents (DES)

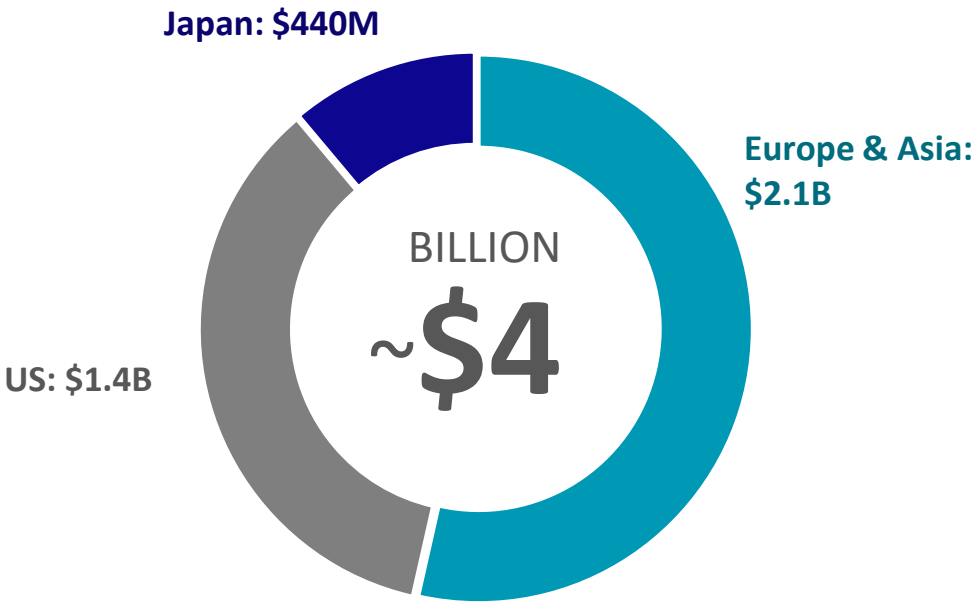






Global Coronary Stent Market

Large and Profitable



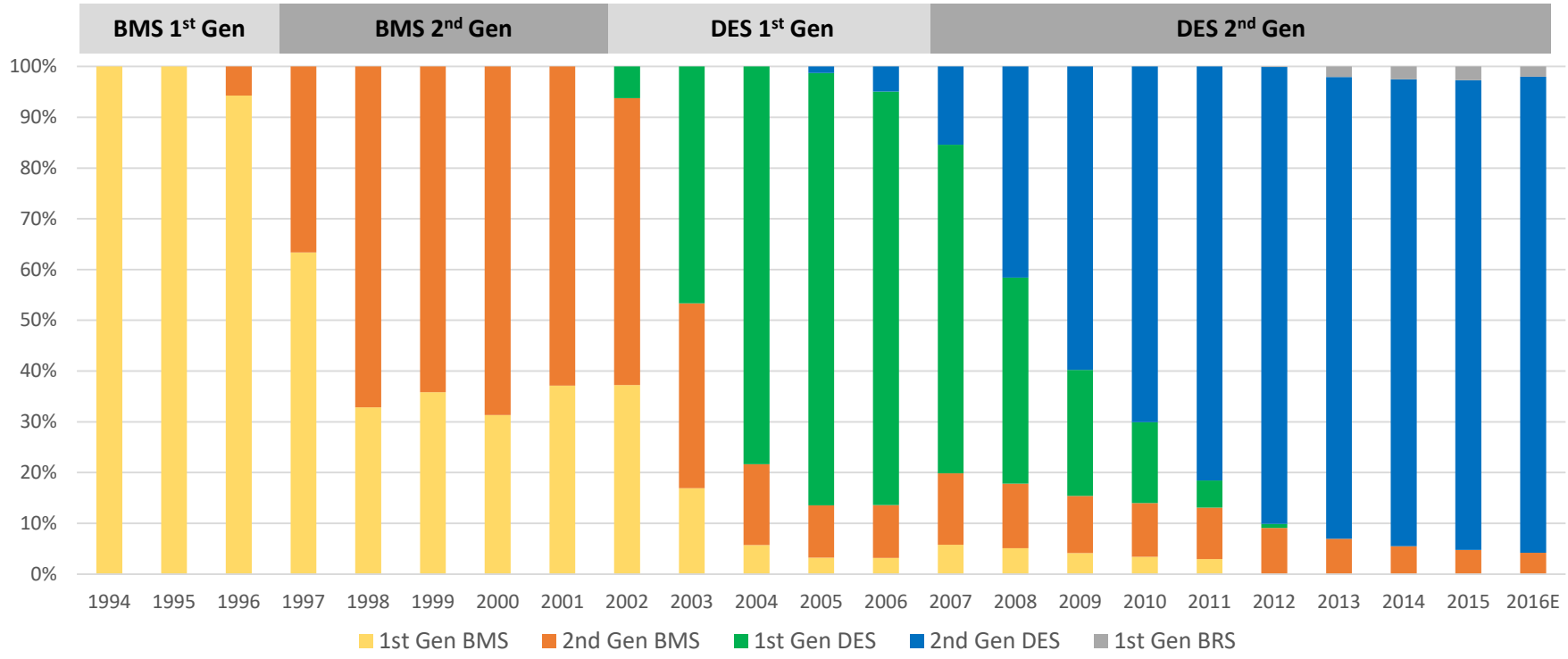
WW Market Share	
Abbott (Xience Sierra)	32%
Boston Scientific (Synergy)	33%
Medtronic (Resolute Oynx)	28%
Other	7%

"The good news about those [CRM and stent] businesses is, they are **extremely profitable and they generate high cash flows**." Miles White, CEO Abbott, Q2 2017 Earnings Call

Market data source: Year 2017, JP Morgan Equity Research Interventional Cardiology Market Model Feb. 2018.

Large and Rapid Market Share Disruptions with New Technology Introductions

Innovation Matters:
Current players not focused on R&D creating opening for companies with a disruptive innovation



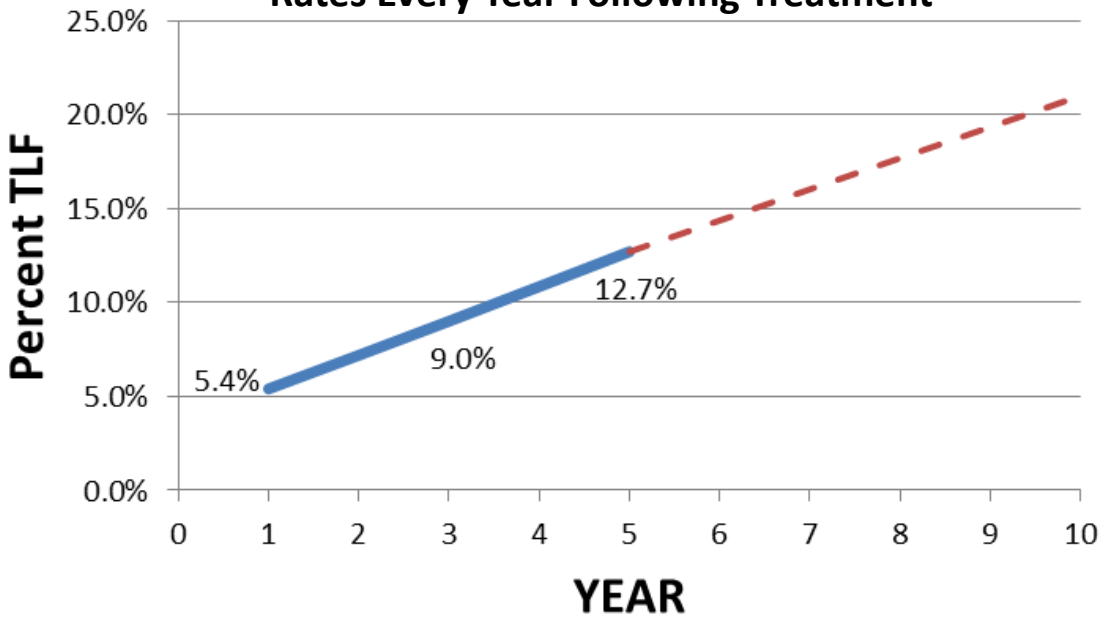
Source: JP Morgan Equity Research Interventional Cardiology Market Model Dec. 2016.

Next Innovation: Bioresorbable Scaffolds

Driven by limitations of current standard of care

- DES are associated with long term complications
- DES can limit future treatment options including coronary artery bypass, CT's, and MRI's

~2% Increase in Target Lesion Failure Rates Every Year Following Treatment[1]

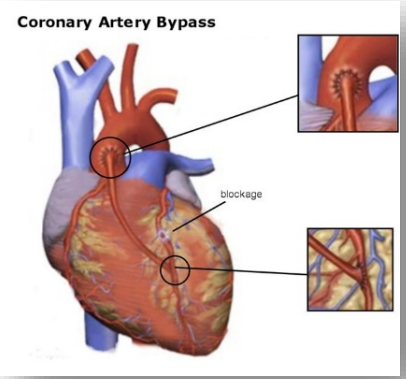


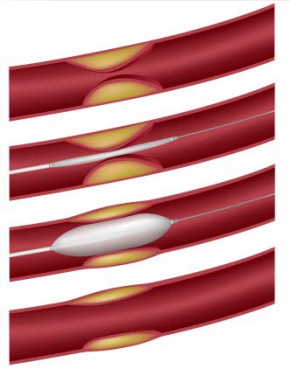
TLF = cardiac death, target vessel MI, ischemic-driven TLR

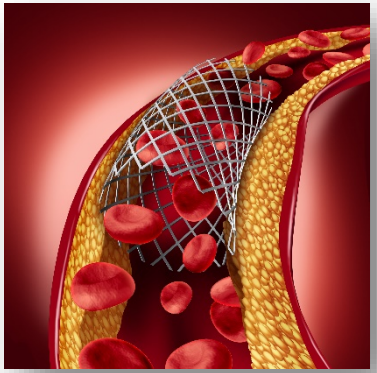
1. Gada H, et. Al. 5-year results of a randomized comparison of Xience V everolimus-eluting and Taxus paclitaxel-eluting stents. *J Am Coll Cardiol Intv* 2013;6:1263-6; Data from year 5 to 10 extrapolated from 5-year data

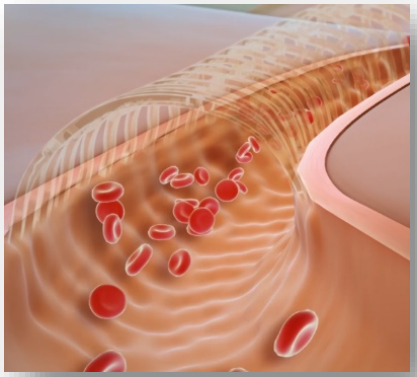
Next Evolution in Treatment: BRS

1960s	1970s	1990s	2002	2013 and beyond
Open Heart Surgery CABG	Balloon Angioplasty	Bare Stents	Drug-Eluting Stents (DES)	**Bioresorbable Drug-Eluting Scaffolds**





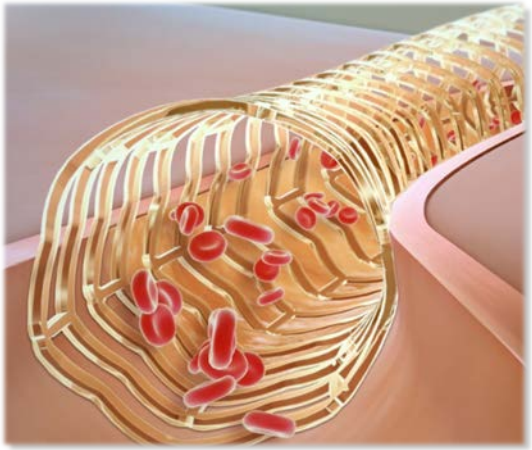




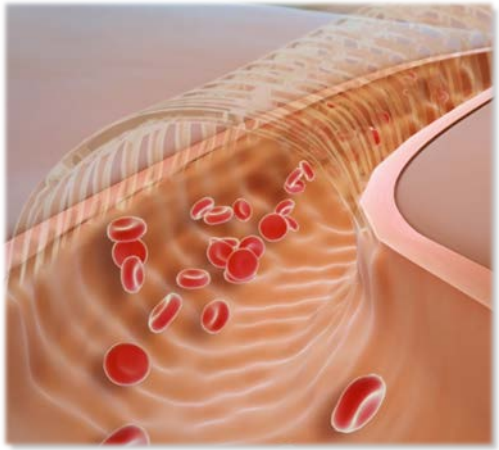
What is a Bioresorbable Scaffold?

- Temporary implantable device restores blood flow to diseased arteries
- Provides radial support to artery during healing process
- Elutes drug to limit excess tissue formation
- Encapsulates within vessel wall
- Dissolves from the body over time and restores natural vessel motion

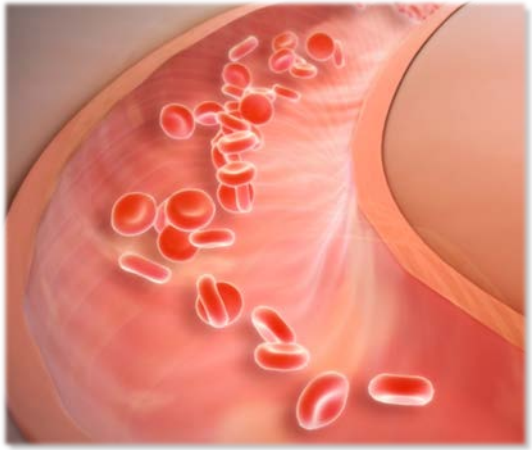
Restores Blood Flow



Supports Vessel Healing



Dissolves and Restores Motion



The Appeal of a Bioresorbable Scaffold

Value to Physician and Patient

- Preserves maximum flexibility for future treatment options (bypass grafting, MRI, CT)
- Allows artery to return to its natural state to restore freedom of movement
- May reduce the rate of future clinical events

"The ideal of a stent that does its job and disappears is a valuable long-term goal, especially in young patients with long life-expectancy."

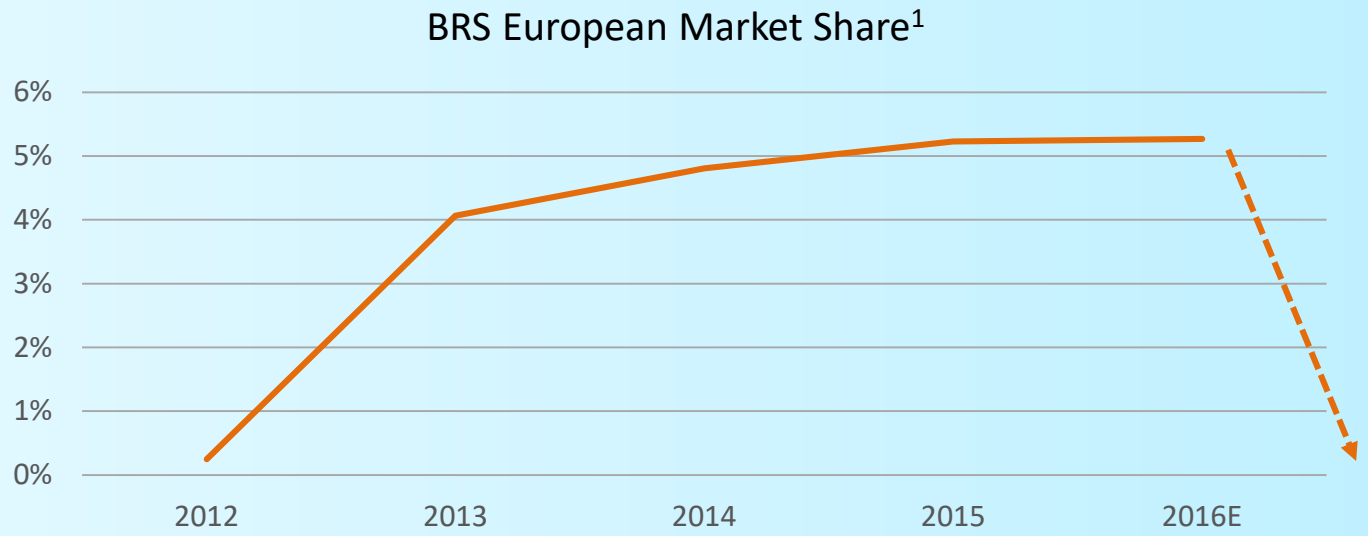
EuroPCR 2017 course director Dr. William Wijns

"I think it's not at all inconceivable to think that a better device… …will allow what will hopefully be shown to be long-term advantages of no longer having the permanent metal frame in the vessel…"

Gregg Stone, MD, New-York Presbyterian/Columbia University quoted in *tctmd.com*[1]

1. Wood, S. New Absorb BVS meta-analysis begs the question: when to stop studying a first-gen device. *tctmd.com* July 2017.

First Generation BRS Associated with Scaffold Thrombosis Risk



2011
CE Mark[2]

2012
European commercial launch[3]

2013
Emerging reports of acute scaffold thrombosis in ACS[4]

2014
Higher than expected early/mid-term scaffold thrombosis in GHOST-EU study[5]

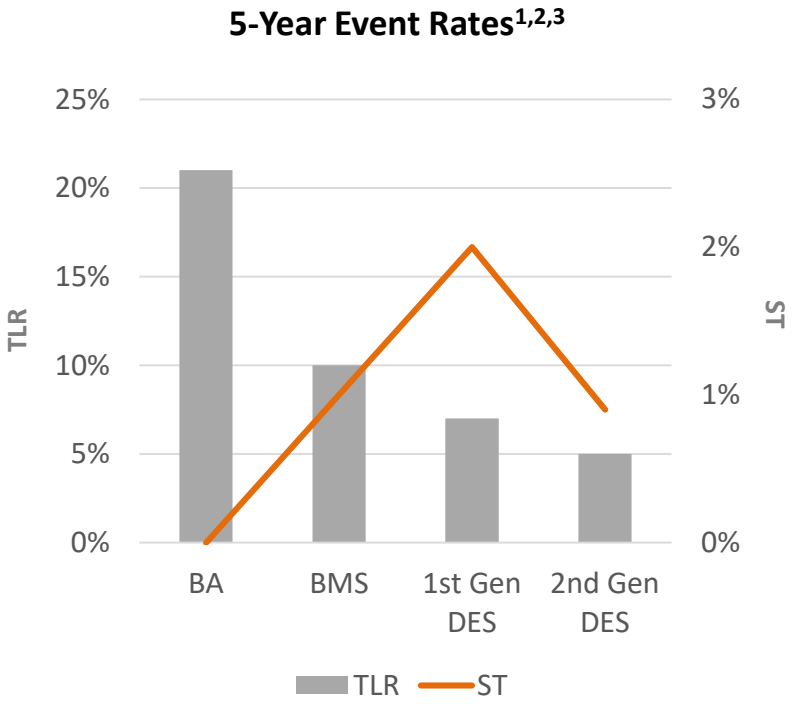
2015
ABSORB III 1-year results show trend towards higher scaffold thrombosis compared to DES[6]

2016
ABSORB II 3-year results reveal very late thrombosis events[7]

1) Calculated as Absorb Sales / DES Sales from JP Morgan Equity Research Interventional Cardiology Market Model Dec. 2016. 2) Abbott press release, Jan. 2011. 3) Abbott press release, Sept. 2012. 4) Jaguszewski M, et al. Acute thrombosis of bioabsorbable scaffold in a patient with acute coronary syndrome. *EHJ* 2013 doi:10.1093/eurheartj/eht060. 5) Capodanno D, et al. Percutaneous coronary intervention with everolimus-eluting bioresorbable vascular scaffolds in routine clinical practice: early and midterm outcomes from the European multicenter GHOST-EU registry. *EI* 2015;10:1144-1153. 6) Ellis S, et al. Everolimus-eluting bioresorbable scaffolds for coronary artery disease. *NEJM* 2015;373:1905-15. 7) Serruys P, et al. ABSORB II: Three year clinical outcomes from a prospective, randomized trial of an everolimus-eluting bioresorbable vascular scaffold vs an everolimus-eluting metallic stent in patients with coronary artery disease. Presented TCT 2016. 8) Cox, C. No more Absorb BVS: Abbott puts a stop to sales. *tctmd.com* 2017.

History Repeats: Late Stent Thrombosis Nearly Stops 1st Generation DES

Without Continued Innovation, We Might Not Have Achieved 2nd Generation DES



- DES designed to reduce restenosis (TLR) rates
- But, stent thrombosis emerged as a large concern
- FDA Advisory Panel convened 12/2006 to evaluate DES and stent thrombosis risks
- DES lost nearly 30% market share to BMS as physicians returned to using BMS over these safety concerns[4]
- 2nd generation DES technical advancements resulted in improved outcomes and are now the standard of care

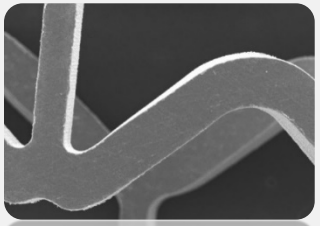
1) BA & BMS TLR: Kiemeneji F, et al. Continued Benefit of Coronary Stenting Versus Balloon Angioplasty: Five-Year Clinical Follow-Up of Benestent-I Trial. *JACC* 2001;37:1598-603. 2) BMS ST: Ellis S, et al. Long-term safety and efficacy with paclitaxel-eluting stents. *JACC* 2009;2:1248–59. 3) DES: Jensen LO, et al. Safety and efficacy of everolimus versus sirolimus eluting stents 5 year results from SORT-OUT IV. JACC 2016;67:751-62. 4) Wells Fargo Securities Yearly Drug-Eluting Stent Sales Estimates: 2010A to 2018E, Feb 2018.

Fantom Bioresorbable Scaffold

Combines Novel Polymer with Established Drug and Design

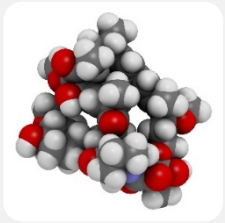
Tyrocore™

- Radiopaque
- Provides strength during critical vessel healing period
- Restores natural vessel motion in one year
- Complete resorption with benign degradants
- Proprietary to REVA



Sirolimus

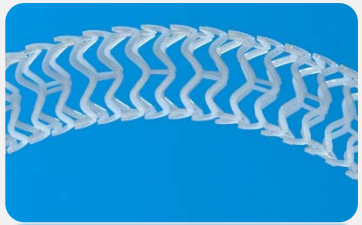
- First anti-proliferative agent used in drug eluting stents
- Highly lipophilic with broad therapeutic window
- Demonstrated across multiple clinical studies and drug eluting stents



(c) molekuul www.fotosearch.com

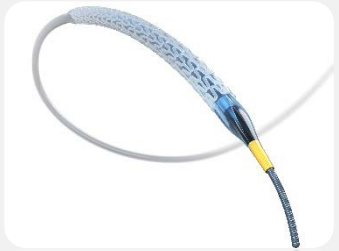
Scaffold Design

- Balloon expandable ring-and-link structure
- Unique design for each diameter (2.5, 3.0, and 3.5 mm)
- Large expansion range



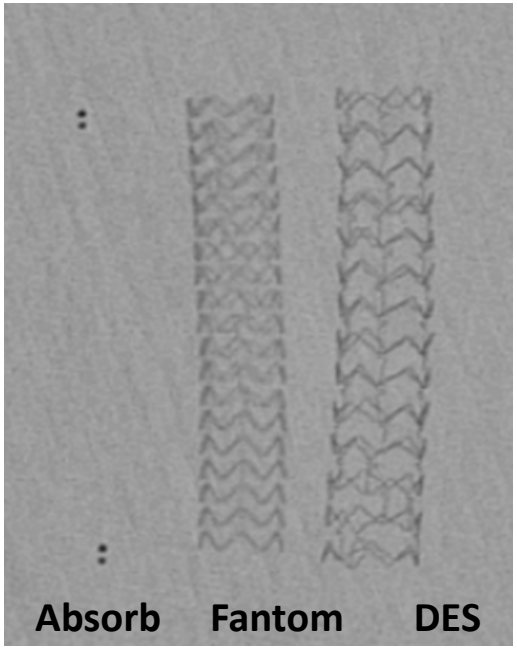
Delivery System

- Semi-compliant nylon balloon
- High 18 atm rated burst pressure
- Rapid exchange



Fantom Offers Substantial Improvement Over 1st Generation BRS

	Fantom	Absorb
Material	Tyrocore™	PLLA
Strut thickness[1]	125 µm	157 µm
Strength[2]	0.22 N/mm	0.14 N/mm
Radiopacity	Yes	No



- Competitors have struggled to show improved long term safety
- Physicians are seeking improvements in 2nd generation devices
  - Thinner, more deliverable, easier to use; no compromise on strength
  - Improved safety

1) Includes coating. 1st Gen source: Foin, N. Biomechanical Assessment of Bioresorbable Devices. CRT 2017. Fantom source: Holm, N. REVA Fantom II performance and healing patterns by OCT. REVA Symposium EuroPCR 2017. 2) Strength at 15% compression. Tests performed by and data on file at Reva Medical.

Fantom Clinical Performance

Excellent Clinical Performance through 24 Months

		12 Months	24 Months
FANTOM (n=240)	FANTOM II[1] ***Major Adverse Cardiac Events/"MACE"***	**4.2%**	**5.6%** (preliminary results for 125 patients)
ABSORB (n=1,322)	ABSORB III ***Target Lesion Failure/"TLF"***	7.8%[2]	11.0%[3]
XIENCE (n=686)	ABSORB III ***Target Lesion Failure/"TLF"***	6.1%[2]	7.9%[3]

1) Hermiller, J. Fantom: A Radio-Opaque "Stent-Like" BRS with Improved Expansion Characteristics. Presented TCT 2017. 2) Ellis S, et al. Everolimus-eluting bioresorbable scaffolds for coronary artery disease. *NEJM* 2015;373:1905-15. 3) Ellis S, Kereiakes, D. A bioresorbable everolimus-eluting scaffold versus a metallic everolimus-eluting stent: ABSORB III. Presented ACC 2017.

Demonstrated Low Scaffold Thrombosis

Strong Performance through 24 Months

	Fantom (n=240)	Absorb (n=1,322)	Xience DES (n=686)
Study	FANTOM II[1]	ABSORB III	ABSORB III
Scaffold Thrombosis			
Acute (0 to 1 day)	0%	0.15%[2]	0.58%[2]
Subacute (2 to 30 days)	0.4%	0.91%[2]	0.15%[2]
Late (31 to 365 days)	0%	0.46%[2]	0%[2]
Very Late (>365 days)	1 event (preliminary results for 125 patients)	0.3%[3]	0%[3]

All 240 patients beyond 18 months - 125 patients beyond 24 months of follow-up

1) Hermiller, J. Fantom: A Radio-Opaque "Stent-Like" BRS with Improved Expansion Characteristics. Presented TCT 2017. 2) Ellis S, et al. Everolimus-eluting bioresorbable scaffolds for coronary artery disease. *NEJM* 2015;373:1905-15. 3) Ellis S, Kereiakes, D. A bioresorbable everolimus-eluting scaffold versus a metallic everolimus-eluting stent: ABSORB III. Presented ACC 2017.

Pipeline Development: Fantom Global Clinical Program

Enrollment Complete – In Follow Up

FANTOM I	**First-in-human safety study (n=7)**	**Year 3**
FANTOM II Cohorts A&B	**Multi-center safety and performance study (n=240)**	**Year 2**

Enrolling

FANTOM II Cohort C	**Long lesion and multiple vessel study (n=30-50)**	**enrolling**
FANTOM STEMI	**Single center pilot study in STEMI (n=20)**	**enrolling**
FANTOM Post Market Trial	**European post-market trial (n=1,500)**	**enrolling**

Planning

FANTOM III (US pivotal trial)	**Multi-center RCT vs. metallic DES (n=1,800-2,200)**	**planning**
FANTOM Asia	**Multi-center RCT vs. metallic DES (n=350-400)**	**planning**

Targeted Launch Underway in Europe

2.2 MILLION

EUROPEAN MARKET

Stents available: 2.2M

700 THOUSAND

PHASE 1

Stents available: 700k

- Established markets: Germany, Switzerland, Austria, Benelux, Denmark
- Favorable BRS reimbursement
- Demonstrated interest in new technologies

180 THOUSAND

150 TARGET ACCOUNTS

Stents available: 180k

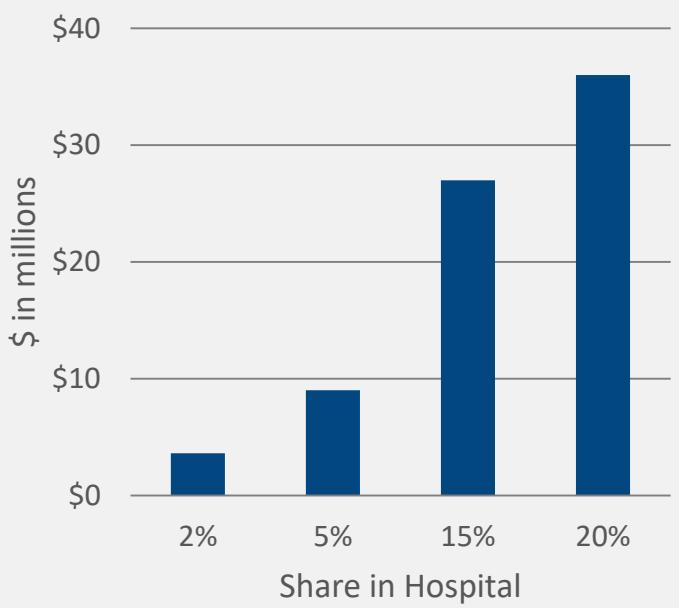
- Large hospitals
- ~1,000 procedures annually
- Prior experience with BRS

European stent market data source: DRG MedTech 360 Market Report IC Devices Europe, June 2015.

Making Commercial Progress Despite Headwinds

	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Sales & Distributors	Sales VP	2 Sales Managers	3 Sales Managers	Turkish Distributor
Customers		125% increase	78% increase	tba
1st Commercial Implants	Germany	Switzerland	Fantom Encore	Turkey
Revenue	$17,000	$28,000 65% growth	$53,000 89% growth	tba
Shipments	$105,000	$98,000	$128,000	tba
Milestones	1st Commercial Shipments	FANTOM II interim 2-year clinical data release	Fantom Encore 2.5 mm CE Mark BTK CE Mark Submission	FANTOM II 2-year clinical & OCT imaging results release

Attractive Market Opportunity with Manageable Investment



SHARE GROWTH DRIVERS

- Clinical experience
- New product launch
- Indication expansion: long lesion, multi-vessel, AMI

150 Target Accounts

PHASE 1

- **$36 million** revenue potential with 20% share
- Direct sales with **6** reps

PHASE 2

- Potential to double Phase 1 gross revenue
- Areas of interest:
  - Turkey, Italy, Spain, Brazil, Middle East, Eastern Europe
- Sales through distributors

1) Calculations based on estimated annual procedures at targeted hospitals and an illustrative ASP of $1,000

Fantom® Encore 2.5 mm

REVA Recently Secured CE Mark for the Thinnest Strut Profile Bioresorbable Scaffold on the Market

- Thinner strut profiles are associated with improved ease-of-use and vessel healing
- Thinner strut profiles achieved without compromising other performance features such as strength and x-ray visibility
- Currently launching in select accounts while we pursue CE Mark of additional diameter sizes
- Plan to launch full product line later this year

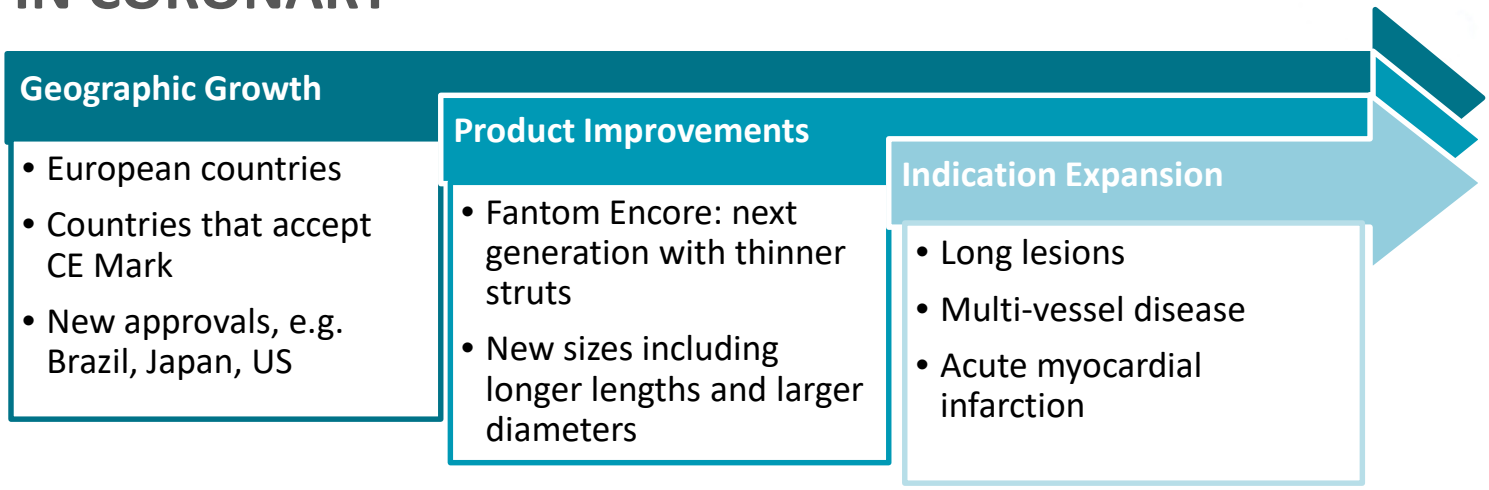
Strut Profiles of 2.5 mm BRS with CE Mark

Absorb[1]	DESolve Nx[1]	Magmaris[2]	Fantom[3]	Fantom Encore
		**2.5 mm not available**		
157 µm	**156 µm**	**n/a**	**125 µm**	**95 µm**

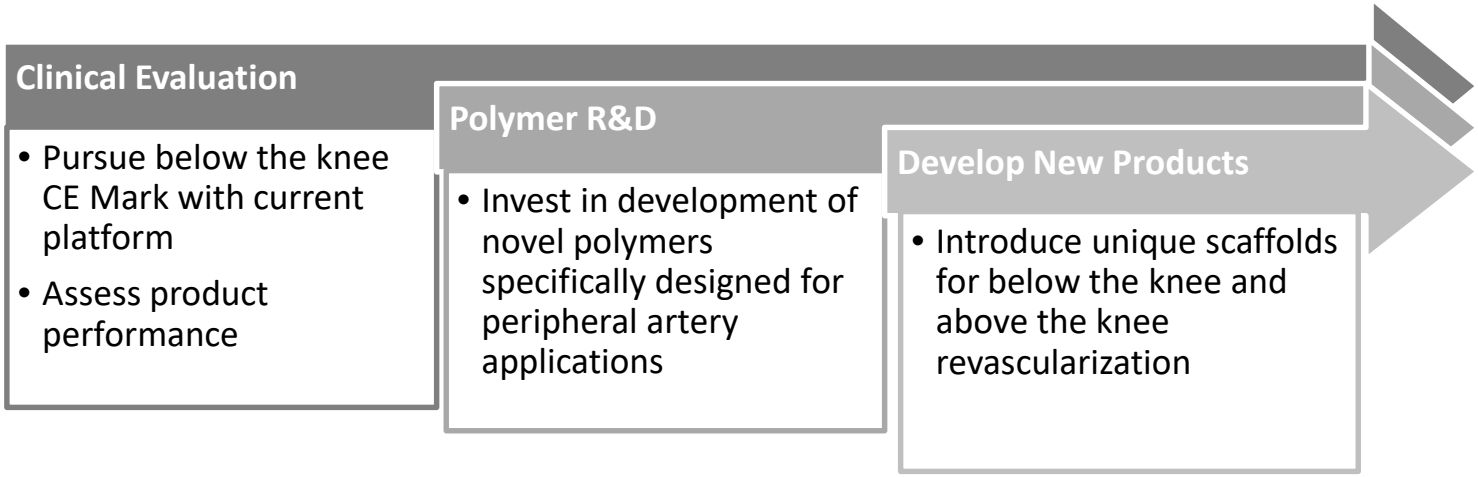
1. Values include coating. Absorb and DESolve source: Foin, N. Biomechanical Assessment of Bioresorbable Devices. CRT 2017. 2. www.magmaris.com.
3. Fantom source: Holm, N. REVA Fantom II performance and healing patterns by OCT. REVA Symposium EuroPCR 2017.

Long Term Growth Strategy

WIN IN CORONARY

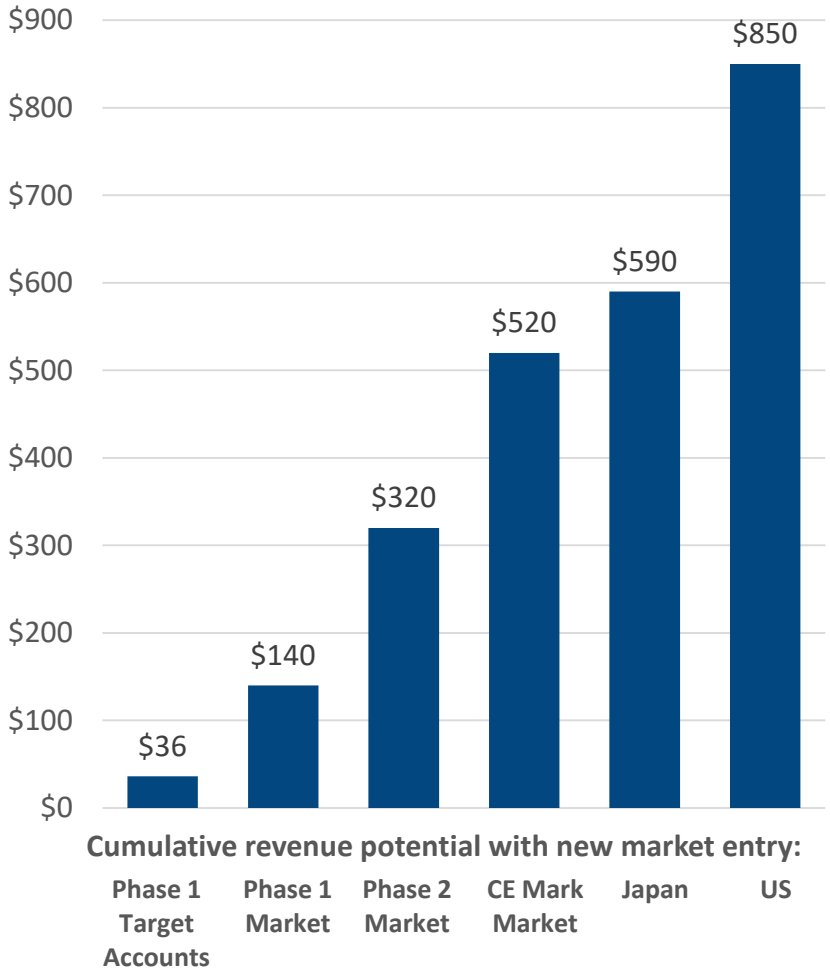


INVEST IN PERIPHERAL



Innovating to Build a $1+ Billion Company

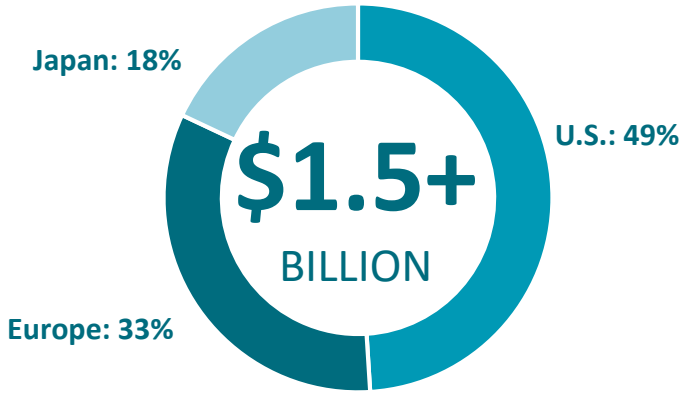
Coronary Revenue Potential



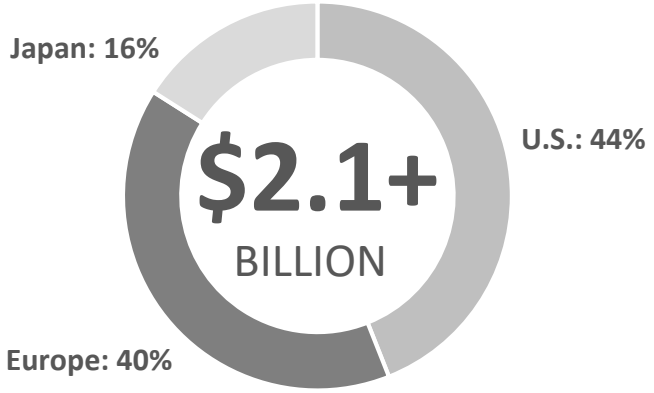
Revenue calculation assumes 20% market share and $1,000 ASP

Peripheral Market Opportunity

BELOW THE KNEE



ABOVE THE KNEE



Sources: Coronary Market Potential estimate calculations: DRG MedTech 360 Market Report IC Devices Europe, June 2015; Peripheral Market Opportunity estimate calculations: BTK: Nehler M, et al. Epidemiology of peripheral arterial disease and critical limb ischemia in an insured national population. JVS 2014.; ATK: Murabito J, et al. Temporal trends in the incidence of intermittent claudication from 1950-99. AJE 2005.; Population data from United Nations online database.

Experienced Management Team

Reggie Groves
CHIEF EXECUTIVE OFFICER

Brandi Roberts
CHIEF FINANCIAL OFFICER

Jeffrey Anderson
SVP, CLINICAL AND REGULATORY AFFAIRS

Richard Kimes
SVP, OPERATIONS

Carmelo Mastrandrea
VP, EUROPE

Joann Yao
SR. DIR., GLOBAL MARKETING

Board of Directors

Ray Larkin, Chairman (2017--)
Eunoe Inc, Bentley Labs, Nellcor Puritan Bennett

Reggie Groves, CEO (2017--)
Medtronic, McKinsey

Bob Stockman, Co-Founder (1999 –)
Ioptex, "A" Company, Critikon

Brian Dovey (2001 –)
Domain Associates, Rorer Group

Robert Thomas (2010 –)
Citigroup Australia, multiple boards

Ross Breckenridge, MA FRCP PhD (2015--)
Silver Creek Pharmaceuticals, University College London Hospital

Steve Oesterle (2018--)
Medtronic, NEA, Temasek, Harvard & Stanford



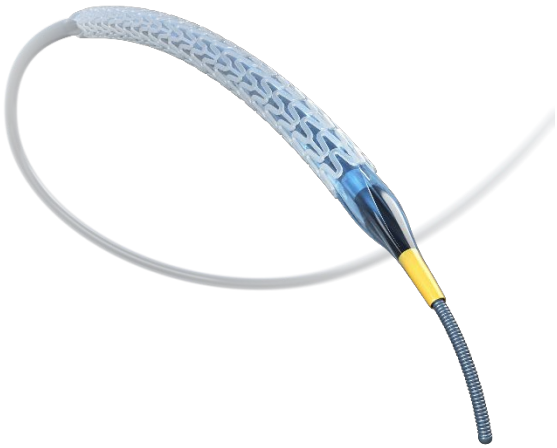




Corporate Priorities & Milestones

CORPORATE PRIORITIES

1. Ensuring Fantom's commercial success
2. Expanding our business
3. Managing our cash position



UPCOMING MILESTONES

- FANTOM II 24-month data release, May 2018
- Launch Fantom Encore broader matrix, 2018
- Geographic expansion to Brazil and additional European countries, 2018
- CE Mark for Fantom in below-the-knee application, 2018
- US conditional IDE study protocol approval, anticipated 2018

REVA Investment Highlights

DISRUPTIVE TECHNOLOGY

- Proprietary bioresorbable polymer technologies for vascular applications
- Strong IP Patent protection extending 2029-2034

LARGE, PROFITABLE MARKET

- FIRST & ONLY proprietary polymer bioresorbable scaffold for coronary artery disease: Fantom® made with Tyrocore™
- ~$4 billion coronary stent market ripe for innovation

COMMERCIALIZING FANTOM®

- European launch Q3 2017
  - Phase 1: Germany, Switzerland, Austria, Benelux, Denmark
  - Phase 2: Geographic expansion anticipated early 2018
- CE Mark Fantom Encore anticipated 2018

INNOVATIVE PIPELINE

Multiple opportunities for growth:

- Product line expansion, geographic growth, and extended indications
- Peripheral product development below and above the knee

SOLID FINANCIAL POSITION

- Listed on Australian stock exchange in 2010 (ASX: RVA.AX)
- Cash: $14.9 million[1]
- Mkt Cap: $90 million[2]
- Potential US stock market listing 2018; SEC registered

1. Includes cash, cash equivalents, and investment securities as of March 31, 2018.
2. US dollars as of close May 14, 2018.

Fantom has CE Mark only. Fantom is available in select countries that accept CE Mark. Fantom is not available in the U.S. or countries that do not accept CE Mark.