ASX Release

Oventus presentation for virtual investor conference

Brisbane, Australia 27 March 2020: Obstructive Sleep Apnoea (OSA) treatment innovator, Oventus Medical Ltd (ASX: OVN) releases an investor presentation that will be delivered this morning at the NWR Virtual Small Cap Investor conference.

Conference details:

Presentation time:	CEO and Managing Director, Dr Chris Hart will present this morning at **10:10am AEDT**
Attend online:	Investors are invited to attend the conference via the following link: https://organizer.runtheworld.today/invitation/670.

—ENDS—

For further information, please visit our website at www.o2vent.com or contact the individuals outlined below.

Dr Chris Hart, Managing Director and CEO: M: +61 409 647 496 or investors@oventus.com.au

Jane Lowe, IR Department: M: +61 411 117 774 or jane.lowe@irdepartment.com.au

About Oventus – see more at www.o2vent.com

Oventus is a Brisbane-based medical device company that is commercialising a unique treatment platform for sleep apnoea and snoring. The Company has a collaborative Sleep Physician/ Dental strategy that streamlines patients' access to treatment. The Oventus lab model incorporates digital technology via intra oral scanning to achieve operational efficiencies, accuracy and ultimately patient outcomes.

Unlike other oral appliances, Oventus O_2Vent devices manage the entire upper airway via a unique and patented built-in airway. O_2Vent devices allow for airflow to the back of the mouth while maintaining an oral seal and stable jaw position, bypassing multiple obstructions from the nose, soft palate and tongue. The devices reduce airway collapsibility and manage mouth breathing while keeping the airway stable.

O2Vent devices are designed for any patient that is deemed appropriate for oral appliance therapy, but especially beneficial for the many people that suffer with nasal congestion, obstruction and mouth breathing.

O2Vent®

OVENTUS®

The O2Vent allows nasal breathing when the nose is unobstructed, but when obstruction is present, breathing is supplemented via the airway integrated in the appliance.

The ExVent™ is a valve accessory that fits into the open airway of the O_2Vent Optima device, to augment traditional oral appliance therapy by stabilizing the airway. The ExVent valve contains air vents that open fully on inhalation for unobstructed airflow. The valve closes on exhalation, directing the air through the vents, creating the mild resistance or airway support required to keep the airway stable (known as PEEP, positive end expiratory pressure)

According to a report published by the Sleep Health Foundation Australia, an estimated 1.5 million Australians suffer with sleep disorders and more than half of these suffer with obstructive sleep apnoea[1].

Continuous positive airway pressure (CPAP) is the most definitive medical therapy for obstructive sleep apnea, however many patients have difficulty tolerating CPAP[2]. Oral appliances have emerged as an alternative to CPAP for obstructive sleep apnea treatment[3]. The O2Vent Optima and ExVent provide a discreet and comfortable alternative to CPAP for the treatment of OSA.

[1] Deloitte Access Economics. Reawakening Australia: the economic cost of sleep disorders in Australia, 2010. Canberra, Australia.
[2] Beecroft, et al. Oral continuous positive airway pressure for sleep apnea; effectiveness, patient preference, and adherence. Chest 124:2200–2208, 2003
[3] Sutherland et al. Oral appliance treatment for obstructive sleep apnea: An updated Journal of Clinical Sleep Medicine. February 2014.

OVENTUS

INVESTOR UPDATE

OVENTUS MEDICAL LIMITED

MARCH 2020

DISCLAIMER

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Any opinions expressed reflect the Company's position at the date of this presentation and are subject to change.

Agenda

Obstructive Sleep Apnoea overview

Market opportunity

Driving adoption through lab in lab business model

Strategic response to COVID-19

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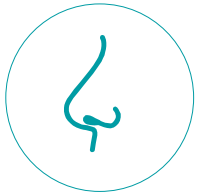
OBSTRUCTIVE SLEEP APNOEA OVERVIEW

Obstructive sleep apnoea (OSA) is the most common type of ‘sleep apnoea’

Compromises daytime functions leading to excessive sleepiness, memory impairment and depression

Co-morbidities include hypertension, heart disease, atrial fibrillation, stroke and diabetes



Occurs when there is obstruction or collapse of the nose, soft palate, tongue and lateral walls of the airway

Risk factor for chronic disease

Cost burden US$149.6B, US$6,033[1] per person per year undiagnosed

Source: American Academy of Sleep Medicine, August 2016: Source: [1]Primary research with experts, secondary clinical research, U.S. Census (2014), Peppard "Increased Prevalence of Sleep-disordered Breathing in Adults." American Journal of Epidemiology (2013), Frost & Sullivan Patient Survey

THE TROUBLE WITH CPAP

CPAP, the 'standard of care' works, but for many:

Masks and straps are uncomfortable, leading to facial abrasion, strap marks, claustrophobia and limited ability to move in bed

Air pressures are hard to tolerate and CPAP can be noisy

Technology has an image problem

Cleaning and maintenance required, masks and hoses must be regularly resupplied

50%-60%[1] of patients quit CPAP within first year.

Large US study[2] showed only 54% compliance long term

Sources: [1.] Ballard RD, Gay PC, Strollo PJ. Interventions to improve compliance in sleep apnoea patients previously non-compliant with continuous positive airway pressure (CPAP), JCSM 2007, Vol 3, No7, 706-12
[2.] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2679572/

MANY PEOPLE HAVE NASAL CONGESTION AND CANNOT TOLERATE CPAP

The increase in nasal airway resistance can lead to mouth breathing.[1] Mouth breathing leads to CPAP intolerance.

What drives nasal congestion?

Allergies
Congestion
Deviated septum
Anatomical features
Other issues

"The importance of the nose to successful use of CPAP cannot be overstated."

Dr. Jerrold A. Kram, MD, FCCP, FAASM

[1] McNicholas WT. The nose and OSA: variable nasal obstruction may be more important in pathophysiology than fixed obstruction. *Eur Respir J*. 2008 Jul;32(1):3-8..

THE ALTERNATIVE TO CPAP

Oventus O2Vent® Optima provides a patent airway which works, independently of nasal congestion

Oventus O2Vent technology helps customers sleep at night

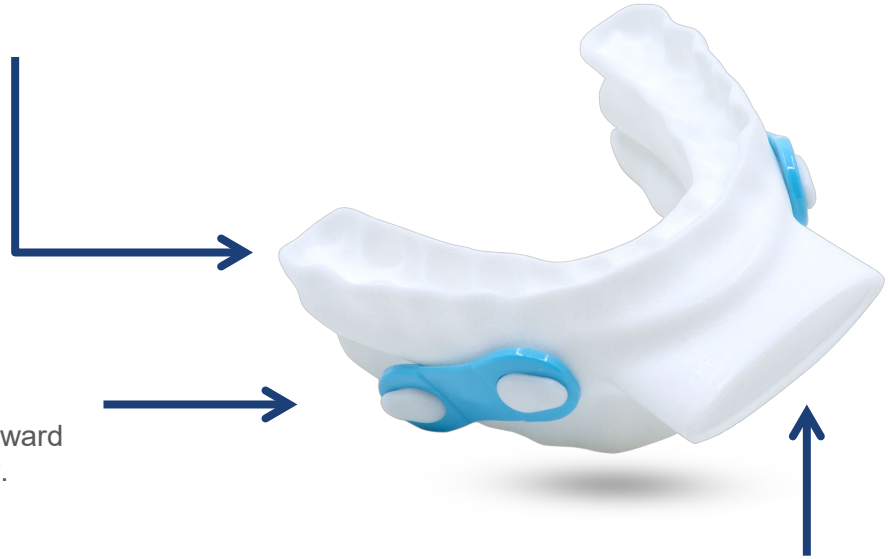
It is comfortable and efficacious

It’s the biggest innovation in sleep apnoea treatment for decades

O2Vent is life changing.

O2VENT® OPTIMA: HOW IT WORKS

Air travels through the channel and is delivered to the back of the throat.



Air goes in through the duckbill on inhalation and out on exhalation.

The device is adjustable, bringing the lower jaw forward and stabilising the airway.

The duckbill acts as a “second nose”. An open mouth is undesirable when sleeping, as an open jaw can cause breathing obstruction in the throat.

OUTSTANDING CLINICAL SUCCESS REPORTED ACROSS RANGE

Traditional lower jaw advancement	O2Vent® / O2Vent® Optima	O2Vent® + ExVent™ PEEP valve technology
56%[1] of patients treated successfully	**63%**[2] of patients treated successfully	**80%**[3] of patients treated successfully
		
Mandibular Advancement Devices		

CUMULATIVE SUCCESS RATES WITH OVENTUS AIRWAY TECHNOLOGY*

***AHI Reduction to less than 10 events per hour**

1 McCloy K, Lavery D, Moldavtsev J, Airway open-airway closed: The effect of mandibular advancement therapy for obstructive sleep apnoea with and without a novel in-built airway. Abstract Submitted ASA Brisbane 2018. 2 Lai V, Tong B, Tran C, Ricciardiello A, Donegan M, Murray N, Carberry J and Eckert D, Combination therapy with mandibular advancement and expiratory positive airway pressure valves reduces OSA severity. Abstract Submitted ASA Brisbane 2018. 3 Tong B, Tran C, Ricciardiello A, Donegan M, Murray N, Chiang A, Szollosi I, Amatoury A and Eckert D. Combination therapy with CPAP plus MAS reduces CPAP therapeutic requirements in incomplete MAS responders. Abstract submitted ASA Brisbane 2018.

OVENTUS O2VENT ADDRESSES >80% OF ALL OSA PATIENTS

$2B | Market Opportunity in the US

OSA Patients in Need of Alternative | **12%**
6m US adult patients prescribed CPAP
50% - 60% of CPAP patients quit within one year

3M | US Adults Suffer from OSA
US represents 55% of the total global market

OVENTUS DRIVES DISRUPTION IN THE SLEEP INDUSTRY

Why do oral appliances only represent 10% of the therapeutic market?

- Variable efficacy of oral appliances
- Complex patient journey
- Competing economic imperatives between the sleep and dental channels

Oventus is addressing these issues with new technology and a novel approach to care

- Clinically validated to be the most effective oral appliance with success rates comparable to CPAP
- Digital workflow and virtual patient journey mean that Oventus' unique treatment modality can be delivered in both the sleep and dental channel
- 'Lab in lab' program increases revenue and profit for both the sleep and dental channel

‘LAB IN LAB’ MODEL BRINGS MORE PATIENTS INTO CARE

By enabling dentists to take oral scans of patients mouths within the sleep facility (under a low capex model), the patient is able to complete their whole care cycle at the one location.

Sleep doc consults/ diagnoses/ prescribes

Dentist within sleep centre* scans patient for O2Vent, delivers device, handles reimbursement

Patient returns to sleep doc for follow up consultations

Reimbursed under existing CPT codes for both commercial payers and government funded Medicare patients

* Traditional model sees patient visit dentist multiple times.

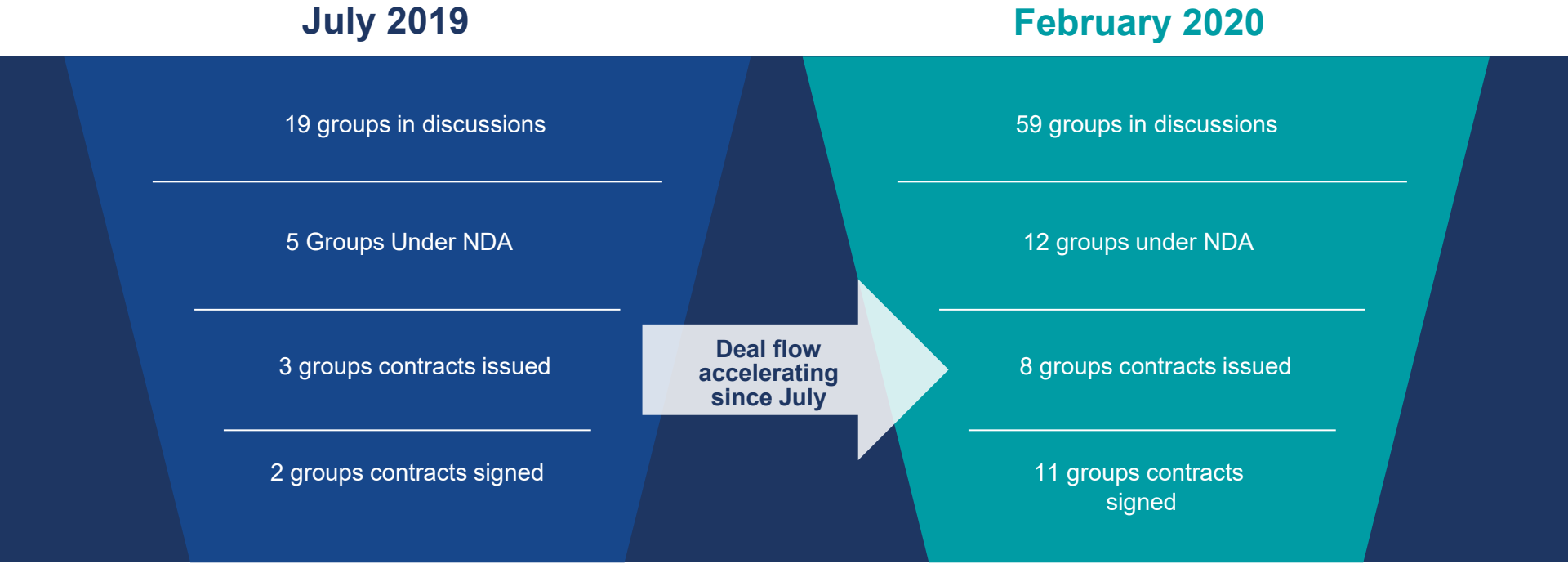
WHAT IS DRIVING ADOPTION OF ‘LAB IN LAB’ MODEL?

Model adoption driven by acceptance of O2Vent Optima as a true CPAP alternative by sleep community and simple delivery approach

The ‘lab in lab’ model increases revenue and profit for both the dentist and sleep groups while improving clinical outcomes for patients

It is a collaborative framework in which all stakeholders benefit

AS AT FEBRUARY 2020 ‘LAB IN LAB’ DEAL FUNNEL WORTH >$40M ANNUALISED* AND GROWING RAPIDLY

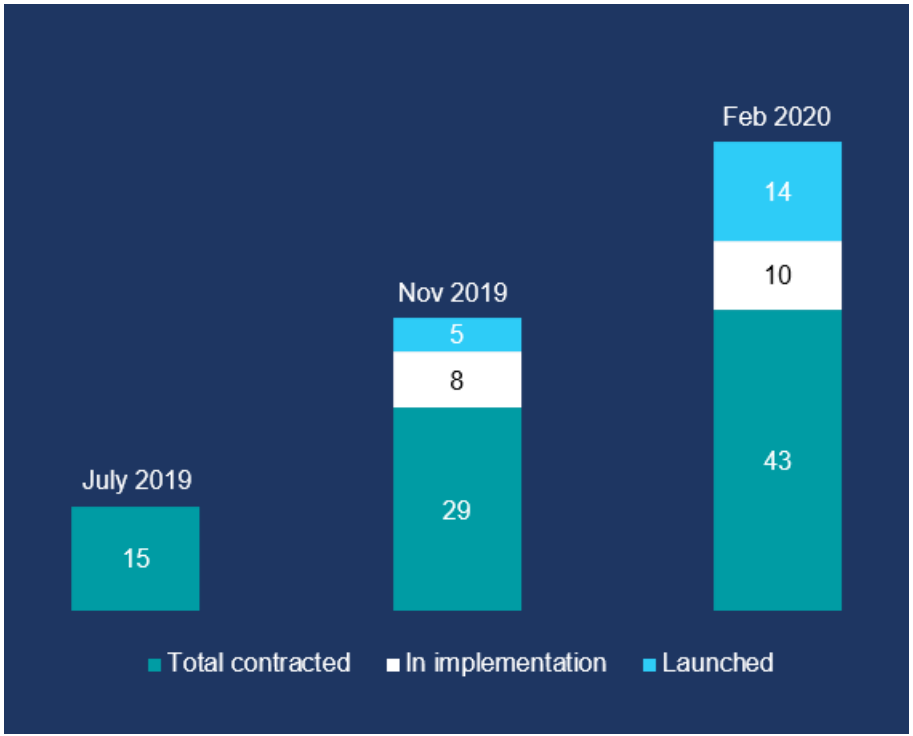


*Based on value to Oventus of minimum quota device orders, per site in the deal pipeline

STRATEGIC RESPONSE TO COVID-19

OVENTUS®

CONTRACT NEGOTIATIONS AND LAUNCHES CONTINUE THROUGH COVID-19



43 contracted sites in North America with minimum orders of 20 devices per month per site

Significant “funnel” of sleep facilities in negotiation across North America for lab in lab with 14 sites launched, a further 10 sites in the implementation phase and a robust pipeline of launches scheduled for calendar 2020 month

Site launches continue with online training and patient identification, scheduling and insurance verification being managed remotely ahead of live launches scheduled for Q4FY2020

Remote pre-launch training and patient management is expected to reduce lead times to revenue

PATIENT SCHEDULING CONTINUES THROUGH COVID-19

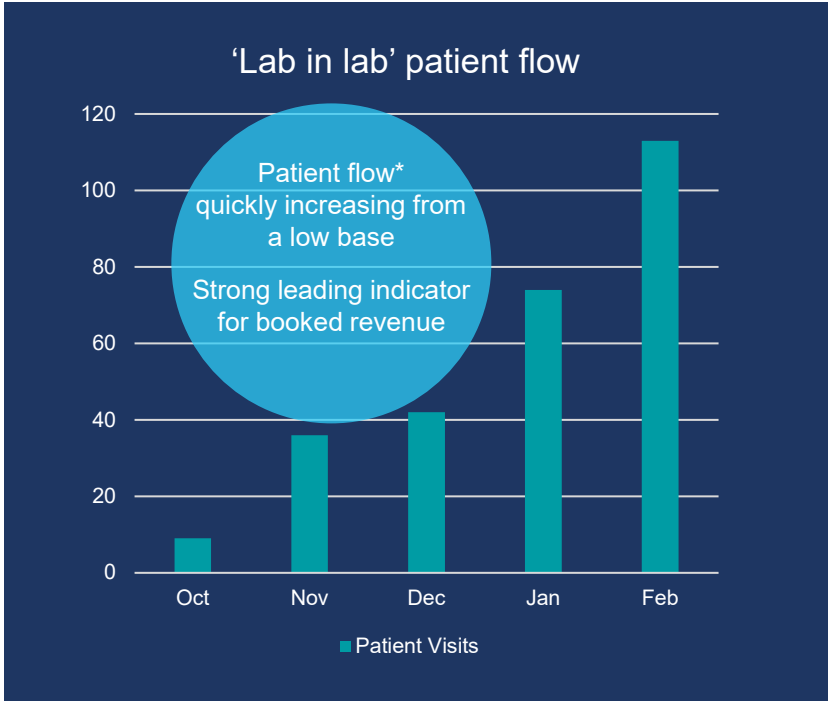
Launched sites capable of generating over $3m annualized revenue at minimum quotas

Contracted sites capable of generating over $10m annualized revenue at minimum quotas

Patient flow was building quickly in March before being truncated by COVID-19 however there has still been a solid uplift in booked revenue for Q3FY2020

Existing patients and additional new patients are being scheduled for active treatment Q4FY2020

Initial consultations being done via telehealth, patient intake and insurance verification being done remotely to reduce lead time to revenue



*Patients identified and scheduled for treatment

RECENT DEVELOPMENTS: U.S. COVID-19 OPERATING ENVIRONMENT

- Last week the American Dental Association and some state dental associations recommended dentists postpone elective procedures for the next three weeks to mitigate the spread of COVID-19

- The US Centres for Medicare and Medicaid Services announced expanded telemedicine coverage so that those patients at higher risk of COVID-19 infection could be consulted by physicians from within their homes[1]

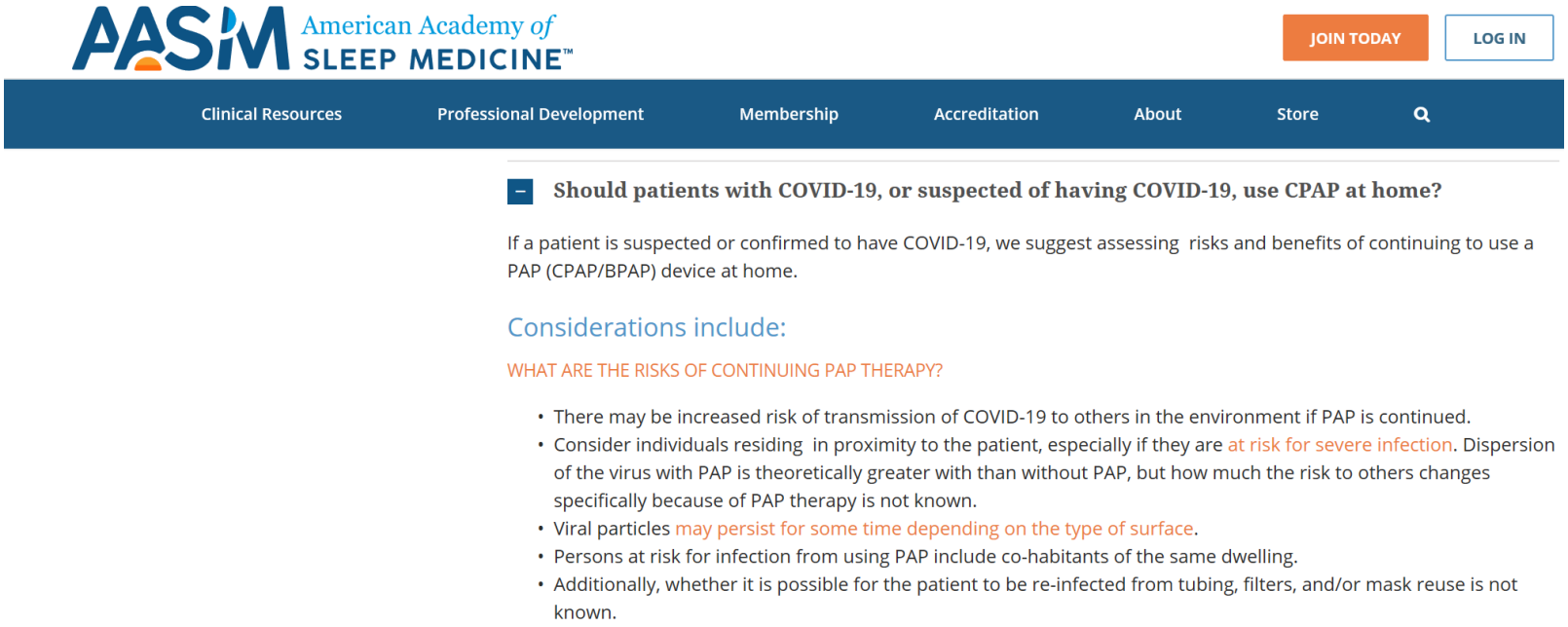
- The American Academy of Sleep Medicine noted that while published data was limited, there was some evidence that CPAP technology may have the potential[2] to increase spread of the COVID-19 virus within shared dwellings

- The American Academy of Dental Sleep Medicine Advises that decisions to provide oral appliance therapy when CPAP cannot be used must be made on a case by case basis

1. Source: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
2. Source: https://aasm.org/covid-19-resources/covid-19-faq

COULD USING CPAP INCREASE VIRUS SPREAD RISK?

Excerpt from the AASM COVID-19 FAQs page (as at 25 March 2020):



American Academy of SLEEP MEDICINE

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Should patients with COVID-19, or suspected of having COVID-19, use CPAP at home?

If a patient is suspected or confirmed to have COVID-19, we suggest assessing risks and benefits of continuing to use a PAP (CPAP/BPAP) device at home.

Considerations include:

WHAT ARE THE RISKS OF CONTINUING PAP THERAPY?

- There may be increased risk of transmission of COVID-19 to others in the environment if PAP is continued.
- Consider individuals residing in proximity to the patient, especially if they are at risk for severe infection. Dispersion of the virus with PAP is theoretically greater with than without PAP, but how much the risk to others changes specifically because of PAP therapy is not known.
- Viral particles may persist for some time depending on the type of surface.
- Persons at risk for infection from using PAP include co-habitants of the same dwelling.
- Additionally, whether it is possible for the patient to be re-infected from tubing, filters, and/or mask reuse is not known.

1. Source: https://aasm.org/covid-19-resources/covid-19-faq

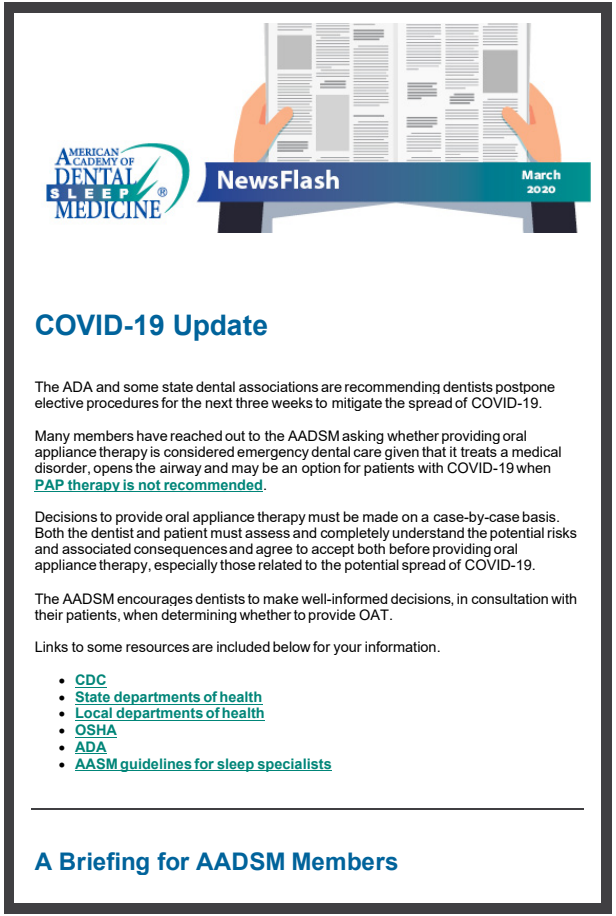
CAN WE DELIVER ORAL APPLIANCES IN THE CURRENT SITUATION?

Excerpt from COVID-19 Update from the American Academy of Dental Sleep Medicine (As at March 18th 2020)

Many members have reached out to the AADSM asking whether providing oral appliance therapy is considered emergency dental care given that it treats a medical disorder, opens the airway and may be an option for patients with COVID-19 when PAP therapy is not recommended.

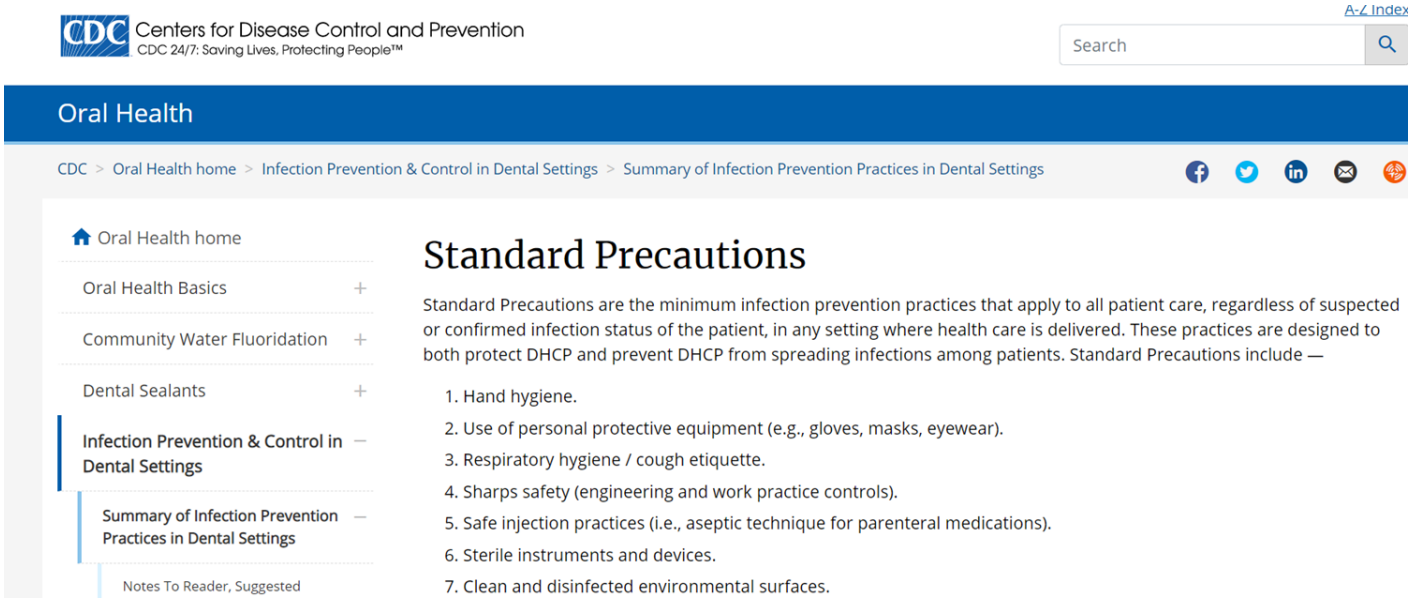
Decisions to provide oral appliance therapy must be made on a case-by-case basis. Both the dentist and patient must assess and completely understand the potential risks and associated consequences and agree to accept both before providing oral appliance therapy, especially those related to the potential spread of COVID-19.

The AADSM encourages dentists to make well-informed decisions, in consultation with their patients, when determining whether to provide OAT.



CAN WE DELIVER ORAL APPLIANCES IN THE CURRENT SITUATION?

Standard precautions are the standard of care in oral health and are designed to protect against all pathogens not just COVID-19

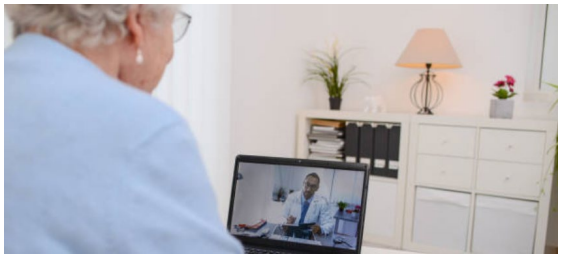


WORKING WITH ‘LAB IN LAB’ PARTNERS IN COVID-19 OPERATING ENVIRONMENT

- Sleep groups and other providers of medical care have rapidly switched to telehealth as their main platform to engage with patients.
- COVID-19 has provided a cultural shift that has made telehealth more acceptable to patients and is supported by stakeholders including regulators and payers
- Sleep groups continue to identify and schedule patients via telehealth and Oventus is providing online and remote assistance to the sleep facilities in managing the patient journey with additional telehealth consultations, online patient intake, insurance verification and scheduling for a scan for the fitting of an O2Vent Optima
- New and existing patients are currently being scheduled in Q4FY2020 for in lab scanning
- If home sheltering and social distancing make attending the facility a challenge Oventus is fast tracking their home care model which was already in late stage development and will be available Q4FY2020 if needed

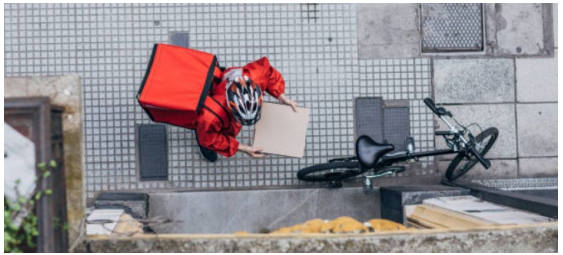
COVID-19: STRATEGIC RESPONSE, HOME CARE

While many U.S. state governments require resident lock down or restriction of services, Oventus is finalising development of a home care model in collaboration with sleep group partners to enable treatment delivery to patients in their homes



If a prescription is required, patient is diagnosed at home via telehealth / home sleep testing

Once an O2Vent Optima is prescribed, a mobile dentist can attend the home of the patient to scan their mouth



After it's 3D printed from oral scan data, O2Vent Optima can be delivered to patients at home and instructions for use and follow up can be delivered via telehealth

* Announced 24 February 2020.

U.S. MEDICARE REIMBURSEMENT PROVIDES ACCESS TO O2VENT OPTIMA FOR THOSE MOST VULNERABLE TO COVID-19

Notification was received on February 14 that O2Vent Optima is reimbursable for those patients covered by United States Centres for Medicare & Medicaid (CMS, funded by the US federal government)

15% of the US population, or 64 million[1] beneficiaries are currently enrolled in the US Medicare program

Dentists can now bill and be reimbursed not only by Medicare, but other commercial payers that follow CMS policy

THIS SIGNIFICANT MILESTONE OPENS UP A WHOLE MARKET THAT MAY NOT HAVE PREVIOUSLY BEEN ABLE TO ACCESS OVENTUS TREATMENT

1. https://www.kff.org/medicare/fact-sheet/medicare-advantage/

AEROFLOW AN EXCEPTIONAL GROWTH PARTNER THROUGH COVID-19 AND BEYOND

- Aeroflow a recently signed, fast growing sleep group, has identified seven of its own sites, after which they intend to launch across the US nationally, as it execute upon an aggressive growth plan
- In addition, Aeroflow has signed a master agreement with Oventus which will see it offer Oventus technology under subcontracts with regional sleep groups nationwide
- Aeroflow has a large existing patient population across the US with sophisticated marketing systems for promotion of Oventus' technology and remote patient management via telehealth
- In line with other agreements there are minimum quotas of 20 patients to be treated with Oventus' O2Vent Optima per site, per month once fully operational.

COVID-19: OVENTUS' STRATEGIC RESPONSE

Significant cost saving measures implemented – preserving capital for expected rebound in patient flow. Forecast net spend for March quarter revised down by one third

Strong systems leveraged to care for our own people and provide business continuity despite fast-moving environment

Strong demand for lab in lab continues to build despite macro environment. Existing and potential partners see Oventus technology and the lab in lab program as an opportunity to regain lost ground

Scheduled launches progressing for scheduled lab in lab sites, supported by virtual training and implementation

Virtual / phone consultations in place to continue to drive patient flow. This new workflow is more efficient with potentially higher conversion rates to treatment and will become a permanent workflow change

Appointments forward scheduled currently scheduling existing and new patients for Q4FY2020 Verification of insurance benefit work being done up front to qualify patients and reduce lead time to revenue

Near term slow down in revenue growth expected, but many customers see 'lab in lab' model can help them recover lost revenues from current macro situation.

OVENTUS MEDICAL BOARD OF DIRECTORS

Experience in the health & medical industries and early stage companies

DR MEL BRIDGES
Chairman and
Non-Executive Director

Over 35 years' experience founding and building international life science, diagnostic and medical device companies and commercialising a wide range of Australian technology.

SUE MACLEMAN
Non-Executive Director

Sue has more than 30 years' experience as a pharmaceutical, biotechnology and medical technology executive having held senior roles in corporate, medical, commercial and business development.

PAUL MOLLOY
Non-Executive Director

Based in Southern California, Paul has considerable global and US medical device industry expertise, with twenty-five years' experience leading a range of public, private and venture capital funded healthcare companies. He is currently President and CEO of ClearFlow Inc., a US-based medical device company.

DR CHRIS HART
Founder and CEO

As the inventor of the O2Vent technology, Chris is overseeing the launch of the O2Vent to patients and through clinicians via dentists and the 'lab in lab' model. Chris has relocated to the US to assist with roll-out of the Oventus Sleep Treatment Platform.

SHARAD JOSHI
Non-Executive Director

Based in Boston, Sharad has worked in the medical technology industry for over 30 years. He has held senior positions including as a global entrepreneurial medical devices CEO, with experience in launching medical devices and a strong track record of driving rapid global growth.

JAKE NUNN
Non-Executive Director

California based, Jake has more than 25 years' experience in the life science industry as an investor, independent director, research analyst and investment banker. Jake is currently a venture advisor at New Enterprise Associates (NEA).

US OVENTUS TEAM

ROBIN RANDOLPH

Sr VP Sales, Marketing & Operations

Marketing & Sales executive 30+ years Sleep Industry. In-depth North America medical device commercialization experience. Former Dir. Sleep Initiatives and National Accounts- ResMed, Manager– Fisher & Paykel Healthcare NA Marketing.

MASOUD VAHIDI

VP Operations, North America

15+ years leadership experience in upstream and downstream marketing of medical devices in sleep apnoea, COPD, and dental Restoratives products. Former Sr. Marketing Manager – KaVo Kerr

ROBYN WOIDTKE, MSN-ED, RN, BSHS, RPSGT

VP Regulatory, Clinical & Quality

With a sleep medicine career spanning 30 years and extensive experience in the medical device industry. Former Director of Clinical Affairs - ResMed

PEGGY POWERS

Sr. Manager, Clinical Education

20+ years clinical educator and authority in the sleep & respiratory industry. Registered Respiratory Therapist. Former Manager Clinical Education – ResMed, former Clinical Educator – Fisher & Paykel Healthcare

BRIAN UEDA

Marketing Operations Manager

10+ years marketing career with extensive marketing operations and digital marketing experience in the medical device industry. Former Digital Marketing Manger – Fisher & Paykel Healthcare

US MEDICAL TECHNOLOGY ADVISORY BOARD

Key opinion leaders, clinicians and corporate experts in sleep medicine

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Associate Clinical Professor at the University of South Carolina School of Medicine in Columbia, SC and Medical University of SC in Charleston, SC

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Owner-- Dental Sleep Services, LLC

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Medical Director, Idaho Sleep Health

JERROLD A. KRAM, MD, FCCP, FAASM

Medical Director of the California Center for Sleep Disorders

DR. MARK HICKEY, MD, FAASM

Founder, Colorado Sleep Institute

DANIEL B. BROWN, ESQ.

Partner, Healthcare and Corporate Practice Groups, Taylor English Duma LLP Atlanta, Georgia

MYRA G. BROWN

President, MbrownGroup LLC

FINANCES: CORPORATE OVERVIEW, ASX: OVN

Overview

Cash on hand 31 Dec 2019	$6,173,000
Revenue H1FY2020 (ending 31 Dec 2019)	$188,000
Receipts from customers (Qtr end 31 Dec 2019)	$112,000

Shareholders

Dr Chris Hart	20%
Other founders	7.4%
Other top 20 shareholders	30.8%
Remaining shareholders	41.8%

Capital structure

Shares on issue	130.53m
Options	6.00m
Share price (26 March 2020)	$0.20
Market Cap (26 March 2020)	$26.11m

ASX: OVN | share price history

WHY INVEST IN OVENTUS NOW?

- Technology is clinically validated as the most effective oral appliance for sleep apnoea with treatment outcomes comparable to CPAP. Market disrupter
- Huge unmet medical need with sleep apnoea treatment market worth >$US3 billion[1] and forecast to grow substantially
- Commercial stage company, with limited clinical and regulatory risk. Company is at a key critical commercialisation point in core markets of the US, Canada and Australia
- Demonstrating adoption: lab in lab contracts with minimum quotas signed / announced from June 2019 onward, now 43 sites engaged with 14 deployed and 10 in implementation phase
- Cash burn and agile response initiatives put in place in response to COVID-19 crisis. Home care represents new market opportunity. Medicare funding in place. Barriers to trade in U.S. removed

Shifting macro environment an opportunity for Oventus to act nimbly and implement initiatives to drive post-pandemic growth

1. Sleep Apnea Diagnostic & Therapeutic Devices Market, Markets and Markets, Table 98. China data – Anti-snoring Devices and Snoring Surgery Market: 2016-2024 | https://www.marketsandmarkets.com/Market-Reports/sleep-apnea-devices-market-719.html

OVENTUS AIRWAY TECHNOLOGY

“I wanted a treatment approach conducive to my lifestyle, as I travel frequently. CPAP and other oral appliances seemed too cumbersome to me.

The O2Vent Optima is comfortable and easy to use, which makes it easy to stick with it as a treatment. After only a few weeks of use, I’ve noticed my daytime alertness and energy have increased and my snoring, much to the relief of my wife, has decreased.”

Ervin Magic

Dr Chris Hart

Founder & CEO
chris@oventus.com.au
+1 949 599 8948

Addendum

INTELLECTUAL PROPERTY: EXPIRY DATES BETWEEN 2032-2039

Airway design	3D printing technology	For people with jaw pain	Jaw positioning adjustment	CPAP connector	Compliance and airflow sensors	Valve Arrangement	Integrated airway and bite
Airway Platform	Design and additive manufacturing	Breathing assist device with Tongue Retaining Device	Titratable design with an airway – allows lower jaw adjustment by the patient	PAP connectors to the Oventus airway	Compliance and airflow sensors	Valve arrangements for airflow control	Integrated device
AU2012255625 **EP2709572 (DK, FI, FR, DE, NL, NO, SE, GB)** **US10,010,444** US16/003,558	**AU2015240431** **AU2017228641** CA2944525 **CN201580026949.1** EP15773894.9 JP2016-560790 KR10-2016-7028505 US15/300,865 MO J/4021	AU2016303791 CA2994175 CN2016800575152 EP16831973.9 HK18108763.8 JP2018-505470 NZ739363 US15/750,023	AU2017243874 CA3016209 CN201780022113.3 **CN201621125219.5** CN201721839219.6 EP17772876.3 HK19127755.7 JP2018-545631 KR10-2018-7026715 NZ745767 US16/089,084	AU2017343672 CA3039830 CN201780076017.7 EP17860264.5 JP2019-518265 KR10-2019-7012830 NZ752624 US16/340,519	AU2017369738 CA344314 CN201780084588.5 EP17876938.6 JP2019-525808 NZ752621 KR10-2019-7017495 US16/465,023	PCT/AU2019/050223	PCT/AU2019/050402P CT/AU2018/051132 As at 2 March, 2020

Multiple domain names registered

Trademarks advancing according to Madrid protocol

APPLIANCE VALIDATION - O2VENT

(OVENTUS AIRWAY TECHNOLOGY)

Name	Study/ Investigation	Patients completed (per Nov 2018)	Results - reduction in AHI (sleep events per hour)*	Commentary	Events
Sydney study (NeuRa) OVEN-005 **CRC-P funded ($2.95m)** **3 stages over 3 years** **180 Patients in Total**	Pilot study	4	37 reduced to 8 = 78% reduction Airway Technology increased efficacy by 50% cf Traditional oral appliance	In addition to AHI reduction, 66% reduction in CPAP pressure required when using Oventus CPAP connector	Presented at AADSM/AASM Sleep 2017 in Boston
	Nasal Resistance Study	7 39	34.4 reduced to 7.0 = 80% reduction 29 reduced down to 14.5 = 50% reduction	Increased nasal resistance did not impact treatment outcomes	Interim results presented at Prague, World Sleep Congress (abstract) 9-12 October 2017. Expanded results presented at European Respiratory Society in Paris September 2018
	PEEP Valve Study	22	21.6 reduced to 7.2 67% reduction In previous treatment failures	Success rates increased by 59% enabling over 75% of patients to be treated successfully without CPAP	Final results being presented at the ASA Sleep DownUnder Oct 2018. Published in *SLEEP* June 2019
	MAS Combo Study	16	CPAP Pressure requirements reduced by 35-40%	Patients able to breathe through the device while using nCPAP eliminating the need for full face masks	Interim results presented at European Respiratory Society in Paris September 2018. Expanded results presented at ASA Sleep DownUnder Oct 2018

* Apnoea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnoea (OSA)

APPLIANCE VALIDATION

O2Vent (Oventus Airway Technology)

Name	Study/ Investigation	Patients completed (per Nov 2018)	Results - reduction in AHI (sleep events per hour)*	Commentary	Peer Review
Perth study OVEN-004	Airway Open/Airway Closed	10	69.6 reduced to 19.4 = 72% reduction	Airway Technology increased efficacy by 30 %	Interim results: Auckland Sleep DownUnder, ASA Conference (abstract) 25 October 2017
Effect of Oventus Airway on Upper airway Physiology	Predictors of response to Oventus Airway	22**	53.6 reduced to 29.4 = 45% reduction	Physiologic Study showing females exhibited greater response to Oventus Airway Technology	Final results presented at the ASA Sleep DownUnder Oct 2018
Brisbane study OVEN-003	Effect of Oventus Airway on Efficacy & Compliance	32	24 reduced to 10 = 58% reduction	Airway Technology increased response rate by 40% and success rate by 20% Increased efficacy in nasal obstructers and previous treatment failures	Final results presented at the ASA Sleep DownUnder Oct 2018
Brisbane study OVEN-001	Efficacy of Oventus O2Vent	29	42 reduced to 16 = 62.5% reduction	Same response rate and efficacy with and without self reported nasal congestion	Journal of Dental Sleep Medicine, Vol 4, No. 3

* Apnoea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnoea (OSA)
** 10 patients data on this study were presented previously in Auckland Sleep DownUnder ASA Conference

ABOUT OVENTUS

Oventus is an Australian medical device company with a proprietary technology for the treatment of *obstructive sleep apnoea (OSA).* Our focus is on treating those patients that are not being, or cannot be treated effectively with existing treatment modalities.

There is a huge unmet need many times the size of the existing market due to the abandonment of existing treatments by the majority of patients

Oventus has a clinically proven ability to deliver superior outcomes for more than 80% of these patients with the first products in its treatment platform currently launching in the US with FDA clearance and existing reimbursement codes

Platform technology developed and company founded in 2013 by CEO, Dr Chris Hart B.Sc. B.D.Sc (Hons) M.Phil (Cantab), Oventus is listed on the Australian Securities Exchange (ASX:OVN)

OSA IS A MASSIVE, MULTIBILLION DOLLAR AND FAST-GROWING MARKET