BRINGING THE PROMISE OF CELL THERAPY TO LIFE

CHIMERIC THERAPEUTICS

Entitlement Offer Presentation
October 23

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CHIMERIC THERAPEUTICS

Bringing the Promise of Cell Therapy to Life

2 CLINICAL TRIALS WITH POSITIVE PHASE 1 RESULTS

- Positive CHM 1101 Phase 1A data in recurrent brain cancer
- Positive CHM 0201 Phase 1A data in Acute Myeloid Leukemia and Advanced Colorectal Cancer
- Areas of high unmet medical need

ADVANCING CLINICAL DEVELOPMENT

- Innovative cell therapy portfolio with 3 novel technology platforms
- 4 ongoing clinical trials in solid tumours and blood cancers
- Multiple clinical catalysts in the next 12-18 months

EXPERIENCE AND EXPERTISE

- Team of experienced cell therapy experts
- Proven development and commercialization expertise

CAPITAL RAISE AND BALANCE SHEET

- Up to A$10m Entitlement Offer
- Up to A$14.6 m pro-forma cash balance post raise*
- To fund key programs to October 2024

*Based on unaudited 30 Sept closing cash"

CAPITAL RAISING OVERVIEW

CHIMERIC IS RAISING UP TO A$10M VIA A NON-RENOUNCEABLE ENTITLEMENT OFFER

Offer Structure

- A 2 for 3 non-renounceable entitlement offer of new shares to existing shareholders to raise up to A$10m
- Record date to identify shareholders entitlement: 7pm (Sydney time), 30 October 2023

Offer Pricing

- Offer Price of A$0.028 per share, which represents:
  - A discount of 31.7% to the last close of A$0.041 per share on 24 October 2023
  - A discount of 27.7% to the 5-day VWAP of A$0.039 per share to 24 October 2023

Ranking

- New shares under the entitlement offer will rank pari passu with existing ordinary shares in CHM

USE OF FUNDS

Use of Funds

Rights Issue	$10M
CLTX CAR T • Chimeric Phase 1B Clinical Trial in Glioblastoma	$6.2M
CDH17 CAR T • Chimeric Phase 1A Clinical Trial in Gastrointestinal Tumours	$3.2M
NK Program • Case Western Phase 1B Clinical Trial in Colorectal Cancer and Acute Myeloid Leukemia* • MD Anderson Cancer Center Phase 1B Clinical Trial in Acute Myeloid Leukemia*	$0.6M
Total	$10.0M

* Investigator Initiated Trials with non-Chimeric primary funding sources.

Anticipated Clinical Deliverables to October 2024

CLTX CAR T • **Complete** Phase 1B Dose Confirmation • Initiate Phase 1B Dose Expansion
CDH17 CAR T • **Complete** Phase 1B First Dose Cohort
NK Program • **Complete** Case Western Phase 1B Clinical Trial • **Complete** MD Anderson Cancer Center Phase 1B

OFFER TIMETABLE

Indicative capital raising timetable[1]	Date
Announcement of non-renounceable entitlement offer	Wednesday, 25 October 2023
Record date for Entitlement Offer	Monday, 30 October 2023
Entitlement Offer Opens	Thursday, 2 November 2023
Entitlement Offer Closes	Monday, 20 November 2023
Issue of New Shares under Entitlement Offer	Monday, 27 November 2023
Normal trading for New Shares under Entitlement Offer	Tuesday, 28 November 2023

1. The timetable is indicative only and subject to change by the Company, subject to the Corporations Act and other applicable laws

CHIMERIC THERAPEUTICS (ASX: CHM)

CORPORATE PROFILE

Market Information

Share Price (AUD) (Oct. 24, 2023)	$0.041
52 Week Range (AUD)	$0.025- 0.95
Shares on Issue	534 M
Market Cap (AUD) (Oct. 24, 2023)	~$21.9M

Top 5 Shareholders

(Oct. 16, 2023)

Paul Hopper	95,275,994
Lind Global Fund	18,664, 047
Christine Brown	11,696,565
Michael Barish	11,522,634
Zerrin Investments	9,600,001

CHM Market Information

(3-month share price as of Oct. 24, 2023)

CHIMERICTHERAPEUTICS

VALUE PROPOSITION FOR INVESTORS

1.

ADVANCED, UNDERVALUED PORTFOLIO

Chimeric's pipeline and portfolio are highly undervalued in relation to other cell therapy companies

2.

ADVANCING DEVELOPMENT TO VALUE REALISATION

Chimeric's assets are entering Phase 1B, where big pharma M&A is now focused

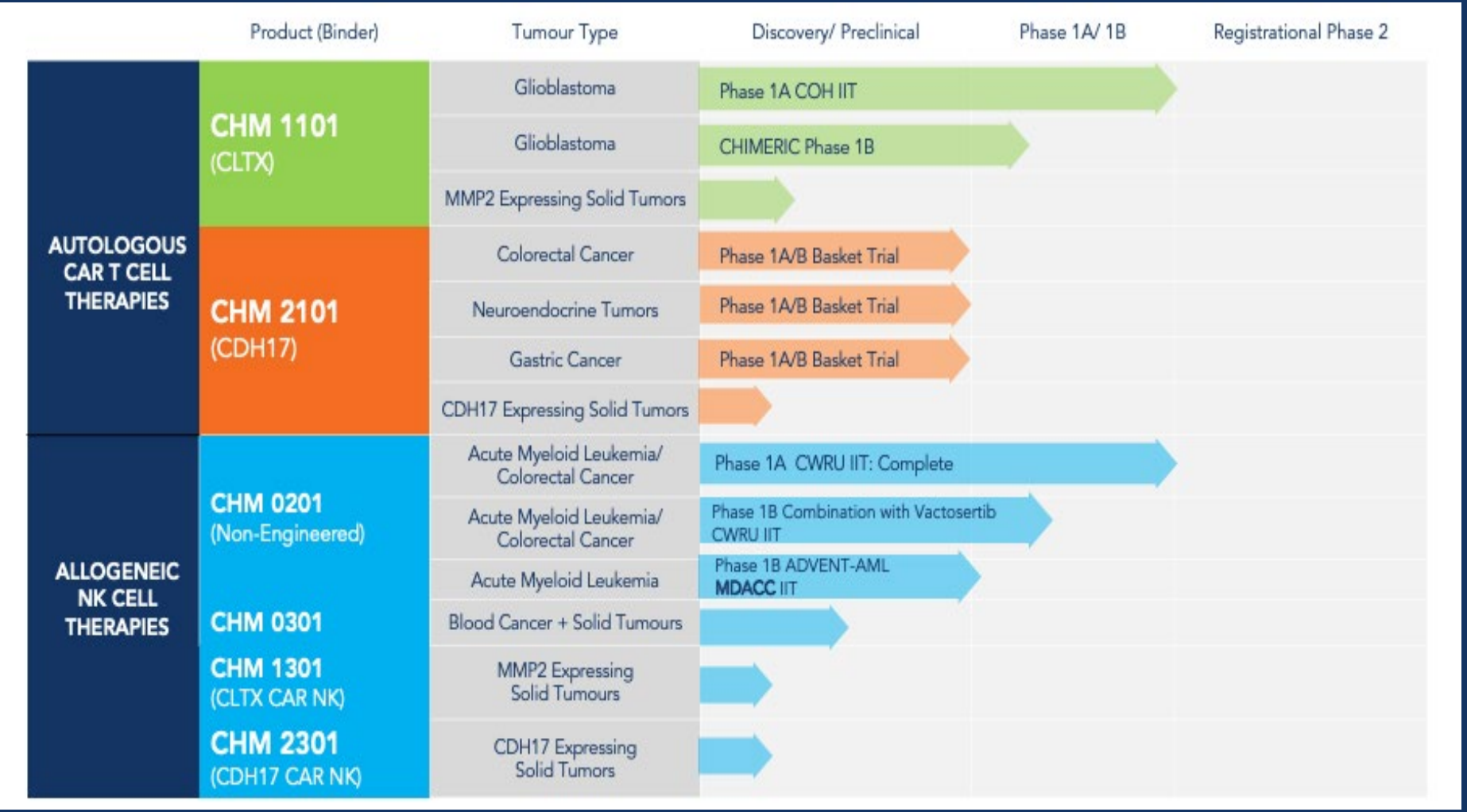
3.

NAVIGATING THE CHALLENGES

Chimeric is responding to today's biotech environment with program prioritization, cash preservation and business development

1. ADVANCED, UNDERVALUED PORTFOLIO

Chimeric has an industry leading cell therapy portfolio with novel technology platforms in clinical stage development



3

Novel technology platforms

2

Assets with positive clinical data

4

Ongoing clinical trials

MDACC: MD Anderson Cancer Centre/ COH: City of Hope / CWRU: Case Western Reserve University

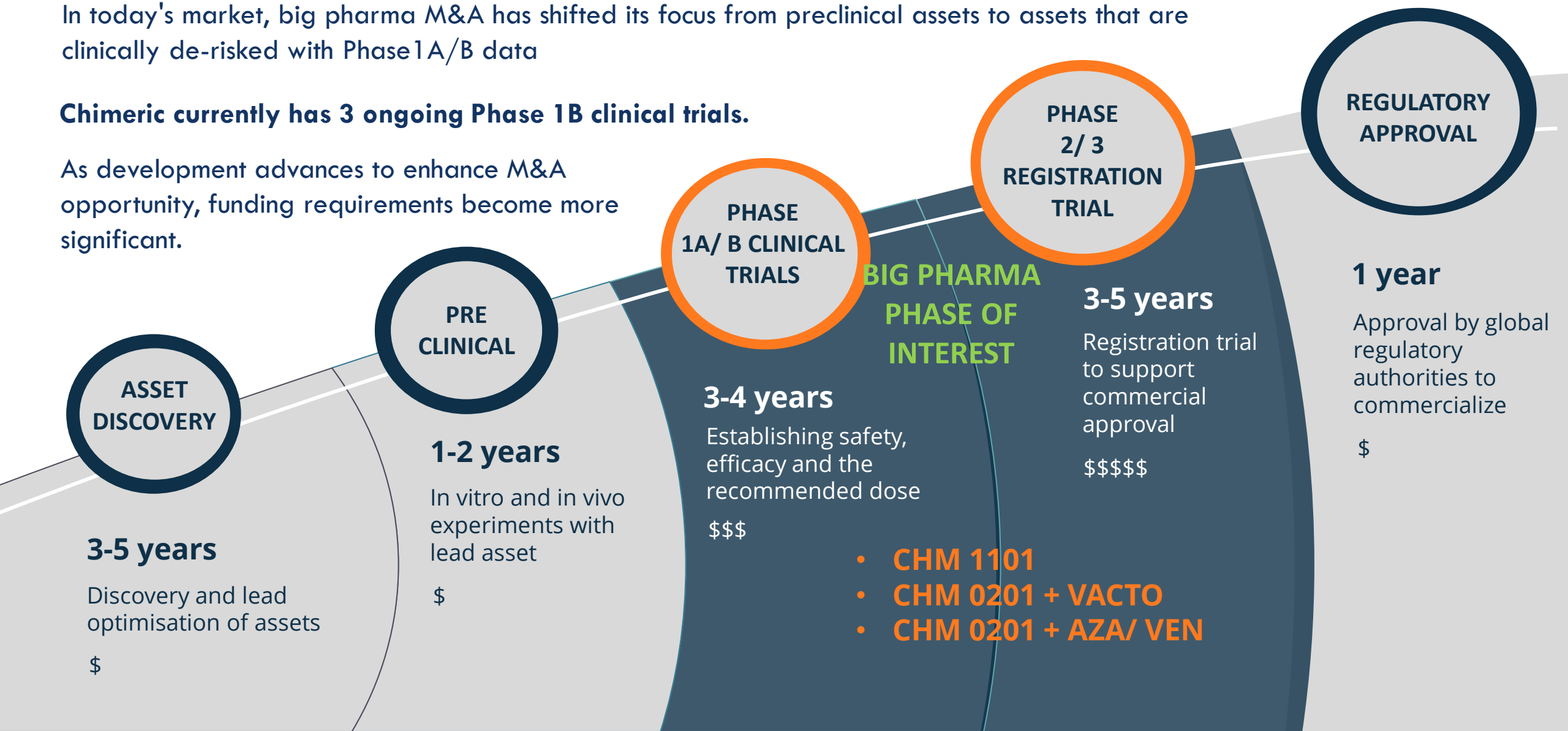
VALUE REALIZATION OPPORTUNITY FOCUSES ON PHASE 1B/ 2

CHIMERIC IS ADVANCING DEVELOPMENT TO BIG PHARMA'S FOCUS

In today's market, big pharma M&A has shifted its focus from preclinical assets to assets that are clinically de-risked with Phase1A/B data

Chimeric currently has 3 ongoing Phase 1B clinical trials.

As development advances to enhance M&A opportunity, funding requirements become more significant.



3. NAVIGATING THE CHALLENGES

To enable clinical advancement, Chimeric has responded to the challenges of todays market with program prioritization and cash preservation while creating value through business development

3. NAVIGATING THE CHALLENGES

FOCUS ON PROGRAM PRIORTIZATION AND CASH PRESERRVATION

PROGRAM PRIORITIZATION

- Focus on advancing clinical programs
- De-prioritized discovery programs

CASH PRESERVATION

- End to end cash management
- Significant headcount reductions

RESPONDING TO THE CHALLENGES OF TODAYS MARKET WITH BUSINESS DEVELOPMENT

ACCELERATING THROUGH COLLABORATION

Institutional collaborations have enabled Chimeric to accelerate clinical development with minimal financial investment

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

CHM 0201 + AZA/ VEN
Ph.1B Clinical Trial

CASE WESTERN RESERVE UNIVERSITY EST. 1826

CHM 0201 + VACTO
Ph.1B Clinical Trial

LEVERAGING CHIMERIC'S KNOW-HOW

Utilizing Chimeric's expertise and experience in cell therapy has resulted in non-dilutive funding sources

50%

of funding raised in 2023 derived from nondilutive sources

PRECISION BIOSCIENCES

IMUGENE
Developing Cancer Immunotherapies

$3.0M USD Finders Fee

ADVANCING EARLY OUT-LICENSING

Advancing opportunities for early geographic out-licensing of Chimeric assets

Ongoing discussions for early out-licensing in China, South Korea, Singapore and Taiwan

CHIMERIC: 3 NOVEL PLATFORM TECHNOLOGIES

CHM 1101
(CLTX CAR T)

2020

First in class CLTX CAR T for brain cancer and other solid tumours

Positive Phase 1A Clinical Trial in Recurrent Glioblastoma

Ongoing Phase 1B Clinical Trial in Recurrent Glioblastoma

City of Hope®

CHM 2101
(CDH17 CAR T)

2021

First in class CDH17 CAR T for gastrointestinal cancers

FDA IND filing in 2023

Phase 1A Clinical Trial in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumours

Penn
University of Pennsylvania

CHM 0201
(CORE NK)

2022

Potentially best in class NK cell platform for blood cancers and solid tumours

Positive Phase 1A Clinical Trial in Colorectal Cancer and AML

Ongoing Phase 1B Clinical Trial at MDACC in AML

Ongoing Phase 1B Clinical Trial at CWRU in AML/ Colorectal Cancer

Case Western Reserve University
EST. 1826

POSITIVE PHASE 1A CLINICAL DATA IN RECURRENT, LATE-STAGE BRAIN CANCER

DISEASE CONTROL RATE

55%

Disease Control Rate (DCR) in heavily pretreated patients

Exceeding historical disease control rates of 20-37%[1]

SURVIVAL

~10 months

Median survival in patients that achieved disease control

14+ months

Survival in two patients that achieved disease control

~7 month survival expectation after first recurrence[2]

SAFETY

Generally, well tolerated

- No Dose Limiting Toxicities
- No Cytokine Release Syndrome
- No Tumour Lysis Syndrome

1. *1. Temozolomide DCR: = 37% Ref: DOI:10.1200/JCO.2009.26.5520 Journal of Clinical Oncology 28, no. 12 (April 20, 2010) 2051-2057; Lomustine DCR: 20% The Lancet Oncology: Volume 20, Issue 1, 1-164, 65*
2. *2. Gallego O. Nonsurgical treatment of recurrent glioblastoma. Curr Oncol. 2015 Aug;22(4):e273-81.*

HOW IS GLIOBLASTOMA (GBM) TREATED TODAY?

TREATMENT BECOMES MORE CHALLENGING AS THE DISEASE PROGRESSES

Treatment in front line is the standard of care combination of surgery, radiation and temozolomide.

Patients are generally expected to progress or recur after 7-8 months[1]

PROGRESSION OR DISEASE RECURRENCE

Treatment in subsequent lines of therapy becomes progressively more difficult with reduced survival expectations.

On initiation of 2nd line therapy, expected survival is approximately 7 months[2]

DIAGNOSIS

1st LINE THERAPY

STANDARD OF CARE

Surgery + Radiation + Temozolomide

2nd Line Therapy | **3rd Line Therapy** | **4th Line Therapy** | **5th Line Therapy**

NO STANDARD OF CARE

Glioblastoma Survival Expectation= ~ 15 Months

1. Jeffree R (2020) Australian Journal of General Practice. Volume 49, Issue 4, April 2020. 2. *Gallego O. Nonsurgical treatment of recurrent glioblastoma. Curr Oncol. 2015 Aug;22(4):e273-81*

CHM 1101 PHASE 1A PATIENT DEMOGRAPHICS

TREATING 4TH LINE PATIENTS

46%

of patients received CHM 1101 as 4th line therapy

CHM 1101 Patients

2nd Line Therapy	3rd Line Therapy	4th Line Therapy	5th Line Therapy
0%	36%	46%	18%

Approved therapies in recurrent Glioblastoma treated 2nd line patients

Age	Median Range	57 years 37-73 years
Sex	Male Female	55% 45%
Race	Caucasian Black Asian Hispanic	73% 9% 9% 9%
# of Prior Surgeries	0 1 2 3	18% 36% 36% 9%
Pathology	Grade 4 Glioblastoma Grade 4 Astrocytoma	91% 9%
IDH	Wild type Mutant	91% 9%

CHM 1101 RESULTS IN CONTEXT

55% DISEASE CONTROL IN LATE LINE PATIENTS

Gleostine® (lomustine) Capsules	CHIMERIC THERAPEUTICS — CHM 1101	Temodal® temozolomide
2nd Line Treatment[1]	4th Line Treatment	2nd Line Treatment[2]
20% Disease Control[1]	55% Disease Control	37% Disease Control[2]

CHM 1101 was studied in median 4th line patients and demonstrated a Disease Control Rate (DCR) higher than NCCN approved and recommended therapies studied in 2nd line

1. The Lancet Oncology: Volume 20, Issue 1, 1-164, e1-e65
2. *Journal of Clinical Oncology 28, no. 12 (April 20, 2010) 2051-2057*

SURVIVAL EXPECTATIONS FOR PATIENTS WITH RECURRENT GBM

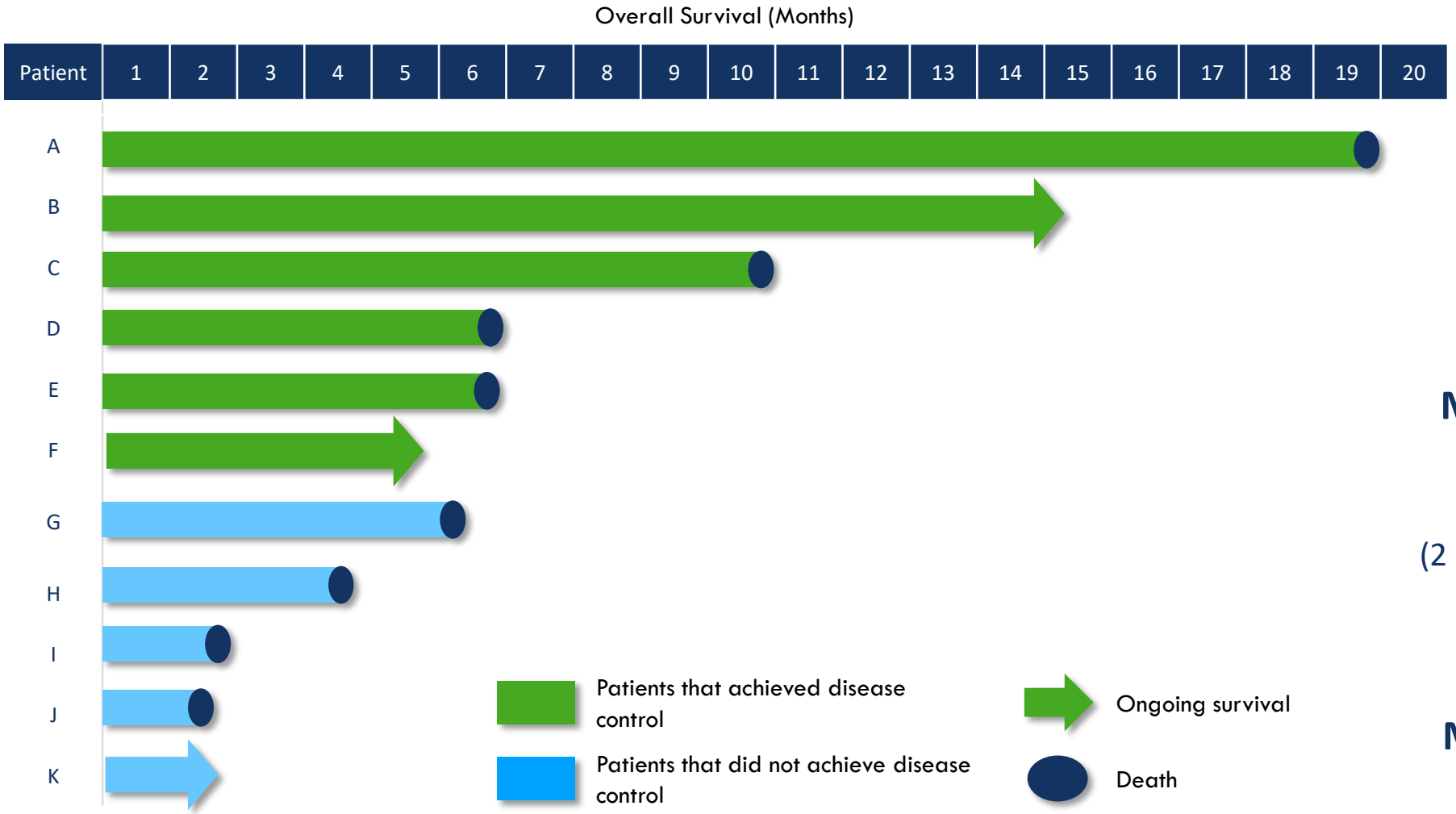
	Therapy	Line of Therapy	Overall Survival
APPROVED THERAPIES	SURGERY	2nd Line[1]	5.75 months[1]
	TUMOUR TREATING FIELDS	3rd Line[2]	6.6 months[2]
	BEVACIZUMAB	2nd Line[3]	7.75 months[3]
	TEMOZOLOMIDE	2nd Line[4]	3.7 months[4]
INVESTIGATIONAL THERAPIES	REGORAFENIB	2nd Line[5]	6.5 months[5]
	GALUNISERTIB + LOMUSTINE	2nd Line[6]	6.7 months[6]

~7 months survival demonstrated from first recurrence with approved and investigational therapies

1. Curr Oncol. 2015 Aug;22(4):e273-81
2. Eur J Cancer. 2012 Sep;48(14):2192-202.
3. Journal of Clinical Oncology, 2009. 27(5): p. 740-5
4. Curr Oncol. 2015 Aug;22(4):e273-81
5. *Lancet Oncol.* 2019, 20, 110–119
6. *Neuro-Oncology*, Volume 18, Issue 8, August 2016, Pages 1146–1156

CHM 1101 PHASE 1A SURVIVAL

~10 MONTH SURVIVAL IN PATIENTS WHO ACHIEVED DISEASE CONTROL



14+ months

In two patients who achieved disease control

9.9 months

Median overall survival in patients who achieved disease control

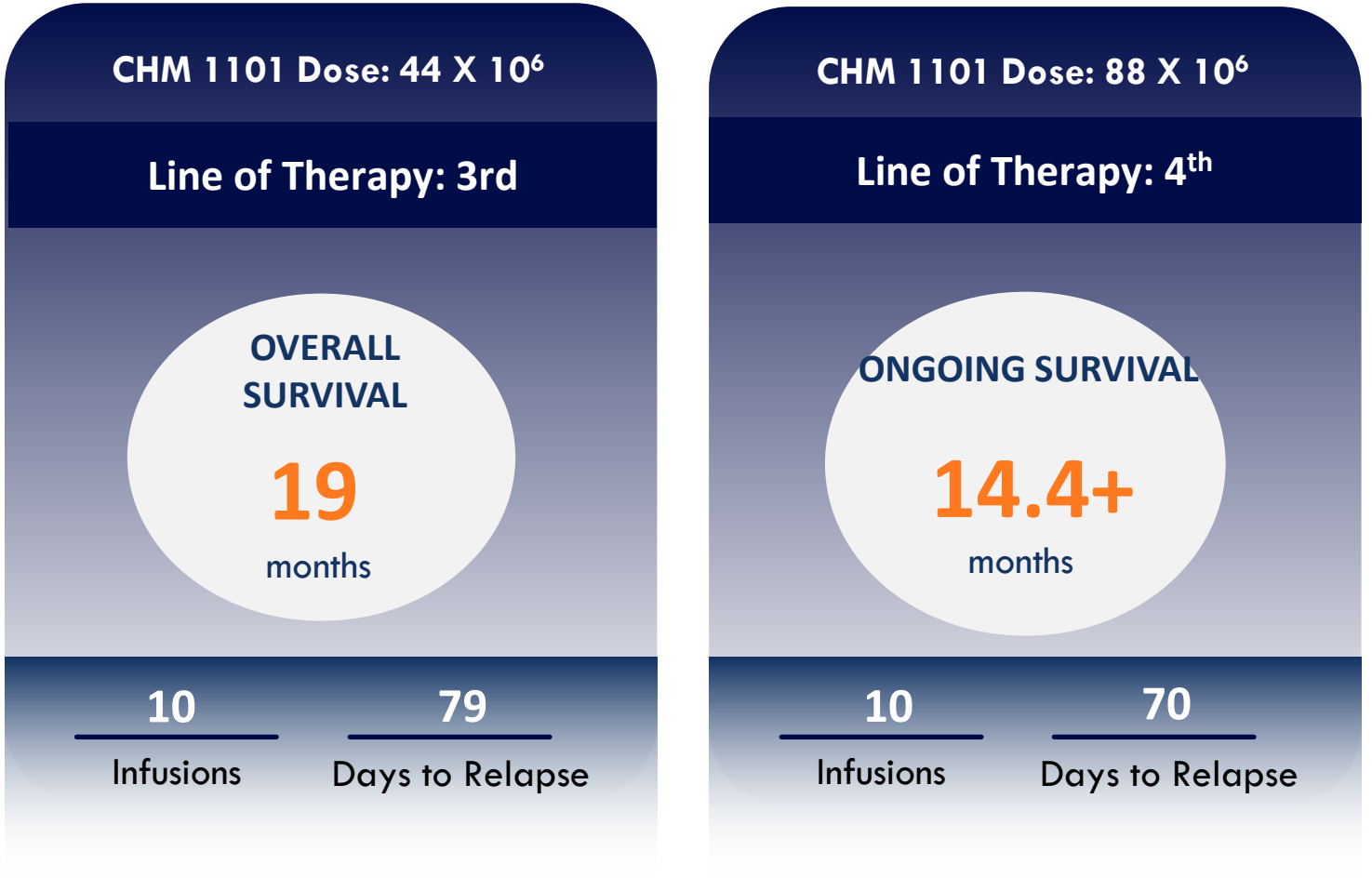
(2 patients alive and in ongoing follow up)

2.6 months

Median survival in patients that did not respond

CHM 1101 PHASE 1A

PATIENTS WITH LONG TERM (14+ MONTHS) SURVIVAL



CHM 1101 PHASE 1A SAFETY

A MANAGEABLE SAFETY PROFILE AT ALL DOSE LEVELS

Grade 3 (serious) non-hematological events were not considered treatment related:

- Cerebral Edema X3*
- Adrenal Insufficiency*
- Headache*
- Confusion*
- Syncope
- Fatigue
- Ataxia

*associated with GBM disease progression

CHM 1101 NEXT STEPS

ADVANCING IN PHASE 1B CLINICAL DEVELOPMENT

City of Hope

2021

PHASE 1A CLINICAL TRIAL IN RECURRENT GLIOBLASTOMA

✓

City of Hope

AUG 23

PHASE 1A COMPLETION OF DOSE ESCALATION

✓

City of Hope

NOV 23

PHASE 1A PRELIMINARY DOSE ESCALATION DATA

✓

CHIMERIC THERAPEUTICS

JUN 23

PHASE 1B DOSE CONFIRMATION CLINICAL TRIAL IN RECURRENT GLIOBLASTOMA

✓

CHIMERIC THERAPEUTICS

2024

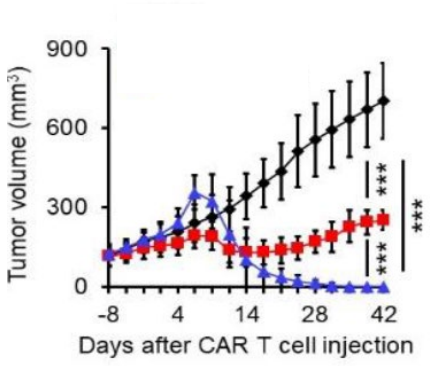
PHASE 1B DOSE EXPANSION CLINICAL TRIAL IN RECURRENT GLIOBLASTOMA

CHM 2101 (CDH17 CAR T)

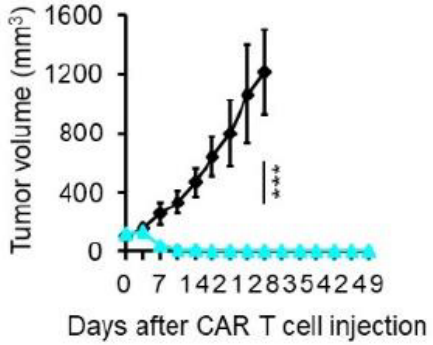
POTENT IN VIVO EFFICACY

CHM 1101 induced complete eradication of tumours with no relapse in seven mouse xenograft tumour models

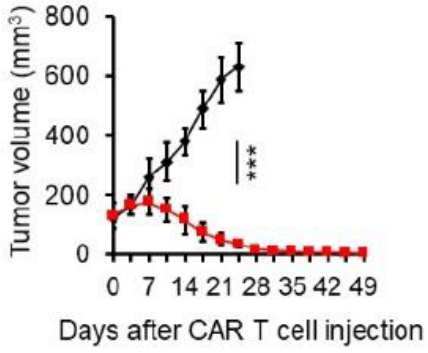
Neuroendocrine Tumours



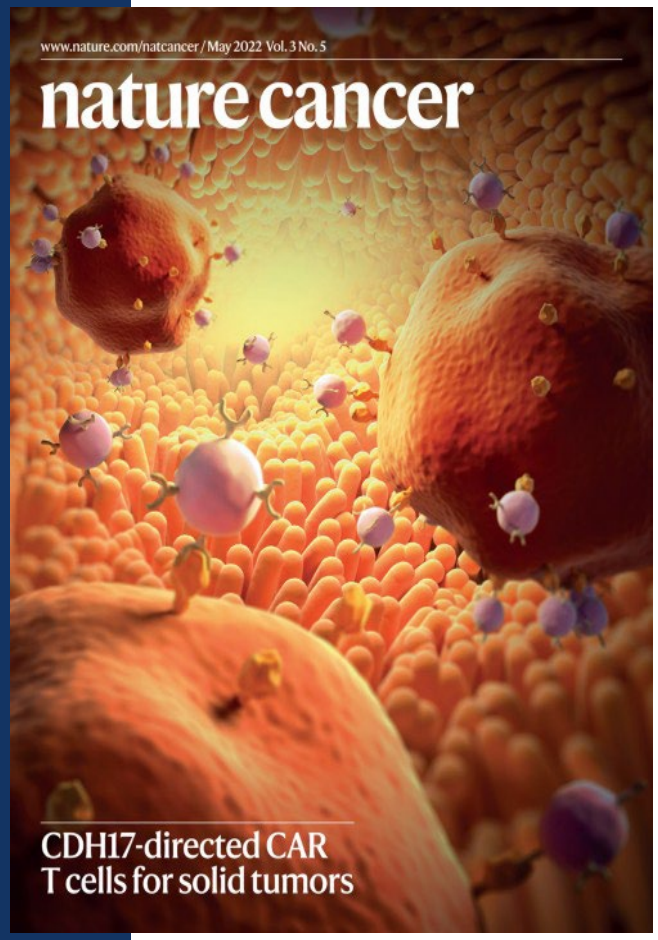
Gastric Cancer



Pancreatic Cancer



Source: Feng et al., Nature Cancer, 2022



Penn
University of Pennsylvania

CHM 2101 for GASTROINTESTINAL CANCERS

ADVANCING TOWARDS CLINIC

PRECLINICAL IN VITRO STUDIES

COMPLETE

PRECLINICAL IN VIVO STUDIES

COMPLETE

VECTOR MANUFACTURING & RELEASE

COMPLETE

FDA PRE IND MEETING

COMPLETE

TECHNICAL OPERATIONS READINESS

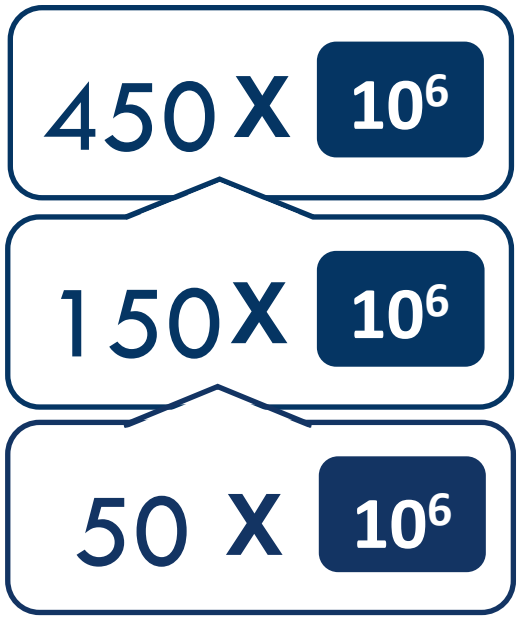
FDA IND CLEARANCE

CHM 2101 (CDH17 CAR T)

PHASE 1A CLINICAL TRIAL IN RELAPSE / REFRACTORY GI CANCERS

Accelerated development through a Phase 1A basket trial design with patient eligibility in 3 tumour types

- Colorectal Cancer
- Neuroendocrine Tumours
- Gastric Cancer



DOSE ESCALATION

Upon signal confirmation, dose confirmation and expansion in tumour specific cohorts

Tumour Specific Dose Confirmation → Tumour Specific Dose Expansion

CHM 0201

POTENTIALLLY BEST-IN-CLASS NK CELL FOUNDATION

A **platform technology** that can be leveraged to develop multiple new therapies

Broad applicability across **10+ disease areas** including blood cancers and solid tumours

Encouraging Phase 1A Clinical Trial Results across multiple key endpoints in Acute Myeloid Leukemia and Colorectal Cancer

CHM 0201 for BLOOD CANCERS AND SOLID TUMOURS

ADVANCING NOVEL PHASE 1B CLINICAL COMBINATIONS

CHM 0201 Phase 1A

COMPLETE

Established Safety

100% Disease Control in Acute Myeloid Leukemia

24+ month ongoing Complete Response

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CHM 0201 + VACTO Phase 1B

ONGOING ENROLLMENT

Initiated January 2023

Acute Myeloid Leukemia and Colorectal Cancer

First Study to Investigate NK Cells + Vactosertib

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CHM 0201 + AZA/VEN Phase 1B

ENROLLMENT LATE 2023

FDA IND Clearance

Acute Myeloid Leukemia

First NK Combination Study in Front Line AML

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

Making Cancer History®

CHIMERIC MANAGEMENT TEAM

EXPERTS IN CELL THERAPY DEVELOPMENT & COMMERCIALISATION

EXPERIENCE

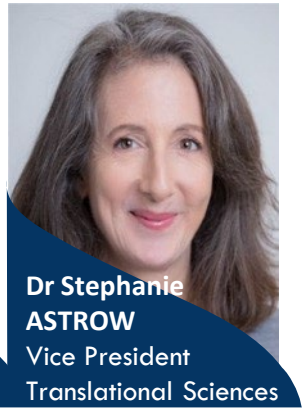
75+ Years of Cell Therapy Experience

EXPERTISE

50+ Development Programs

PROVEN

4/6 Of the FDA-Approved CAR T Cell Therapies



CHIMERIC THERAPEUTICS

POSITIVE CLINICAL DATA in GBM and AML

Two assets with positive Phase 1A clinical data

ADVANCING CLINICAL DEVELOPMENT

Four ongoing clinical trials in solid tumours and blood cancers

NEAR TERM MILESTONES

Multiple clinical catalysts in next 12-18 months

IMPACTFUL BUSINESS DEVELOPMENT

Two collaborative clinical trials with limited CHM funding with success in securing non-dilutive funding

INDUSTRY LEADING TEAM

Experienced team with significant cell therapy development and commercialisation expertise

KEY RISKS

KEY SPECIFIC RISKS ASSOCIATED WITH CHIMERIC'S BUSINESS

Dependence upon Licence Agreements	Chimeric is reliant on the continuing operation of its key license agreements. A failure of licensors to comply with the terms of any applicable license agreements could have a material adverse effect on Chimeric's business, financial condition, operations or prospects.
Pipeline product in development and not approved for commercial sale	Chimeric's prospects of success is dependent on the success of clinical trials to obtain the regulatory approval for the CAR T technology, to be commercialised. Chimeric currently does not have a revenue stream from its product sales and does not expect to generate any such revenue in the short to medium term.
Clinical trial risk	Chimeric may be unable to secure the necessary approvals to conduct future clinical trials. There is also no assurance that products developed using the CAR T technology will be a success and not expose the company to product liability claims with unforeseen effects on clinical subjects. Unsuccessful clinical trial results could have a significant impact on the value of the Company's securities and the future commercial development of its technology.
Regulatory and reimbursement approvals	The research, development, manufacture, marketing and sale of products using the Company's technology are subject to varying degrees of regulation by a number of government authorities in the US, Australia and other countries. Products may also be submitted for reimbursement approval. The availability and timing of that approval may have an impact upon the uptake and profitability of products in some jurisdictions.
Commercialisation of products and potential market failure	Chimeric has not yet commercialised its technology and has no material revenue stream. The Company is also dependent on commercially attractive markets remaining available to it during the commercialisation phase and once developed to fund sufficient revenues for continued operation.
Dependence upon key personnel	Chimeric's key personnel is its primary asset and if any key personnel leave it may be difficult to replace them and may have a negative impact on the Company.

KEY RISKS

Key specific risks associated with Chimeric's business

Arrangements with third-party collaborators	The Company may collaborate with pharmaceutical and life science companies, academic institutions or other partners to complete the development and commercialisation of its products. If Chimeric is unable to collaborate with a third-party they would be required to develop and commercialise the CAR T technology at its own expense.
Risk of delay and continuity of operations	Chimeric may experience a delay in achieving critical milestones. Any material delays may impact adversely upon the Company, including the timing of any revenues under milestone or sales payments.
Competition	Companies in the US and other countries may already be pursuing the development of products that target the same markets that Chimeric is targeting and put them in direct competition with parties who have substantially greater resources than the Company.
Requirement to raise additional funds	The Company may be required to raise additional equity or debt capital in the future. As there is no assurance a raise will be successful when required, the Company may need to delay or scale down its operations.
Growth	The Company may be unable to manage its future growth successfully and continue to hire and retain the skilled personnel it requires.
Intellectual property	The Company's ability to leverage its innovation and expertise depends on its ability to continue to protect its intellectual property.

Chimeric's business is also subject to general risk factors.