



Immediate Release

LAPSE OF OPTIONS

MELBOURNE, Australia, 17 March 2021: Dimerix Limited (ASX: DXB) advises 250,000 unlisted options issued under the Employee Share Option Plan, as announced 15 March 2019, have lapsed. Details of the options are below:

Number of Options	Exercise Price	Expiry Date
250,000 unlisted options	\$0.27	31 January 2024

The capital structure of the Company following the lapse of these options is:

Quoted Securities:

197,999,297 fully paid ordinary shares

Unquoted Securities:

2,117,325 options exercisable at \$0.18 expiring 30 October 2023

2,117,325 options exercisable at \$0.27 expiring 30 October 2023

2,117,325 options exercisable at \$0.36 expiring 30 October 2023

375,000 options exercisable at \$0.18 expiring 31 January 2024

375,000 options exercisable at \$0.27 expiring 31 January 2024

1,750,000 options exercisable at \$0.18 expiring 09 August 2022

425,000 options exercisable at \$0.40 expiring 20 April 2021

For further information, please visit our website at www.dimerix.com or contact:

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Authorised for lodgement by the Board of the Company

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Dimerix is a biopharmaceutical company developing innovative new therapies in areas with unmet medical needs.

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About Dimerix

Dimerix (ASX: DXB) is a clinical-stage biopharmaceutical company developing innovative new therapies in areas with unmet medical needs for global markets. Dimerix is currently developing its proprietary product DMX-200 for Diabetic Kidney Disease, Focal Segmental Glomerulosclerosis (FSGS) and Acute Respiratory Distress Syndrome (ARDS), as well as DMX-700 for Chronic Obstructive Pulmonary Disease (COPD). DMX-200 and DMX-700 were both identified using Dimerix' proprietary assay, Receptor Heteromer Investigation Technology (Receptor-HIT), which is a scalable and globally applicable technology platform enabling the understanding of receptor interactions to rapidly screen and identify new drug opportunities. Receptor-HIT is licensed non-exclusively to Excellerate Bioscience, a UK-based pharmacological assay service provider with a worldwide reputation for excellence in the field of molecular and cellular pharmacology.

About DMX-200

DMX-200 is the adjunct therapy of a chemokine receptor (CCR2) antagonist administered to patients already receiving irbesartan, an angiotensin II type I (AT1) receptor blocker and the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032.

In 2017, Dimerix completed its first Phase 2a study in patients with a range of chronic kidney diseases. No significant adverse safety events were reported, and all study endpoints were achieved. The compelling results from this study prompted the decision to initiate two different clinical studies in 2018: one for patients with Diabetic Kidney Disease; and the second for patients with another form of kidney disease, Focal Segmental Glomerulosclerosis (FSGS). DMX-200 is also under investigation as a potential treatment for acute respiratory distress syndrome (ARDS) in patients with COVID-19.

About DMX-700

COPD is a progressive and life-threatening lung disease. The most common cause of COPD is exposure to tobacco smoke (either active smoking or secondary smoke), however it is also caused by exposure to indoor and outdoor air pollution, occupational dusts and fumes and long-term asthma. COPD is the fourth-leading cause of death in the world and although treatments exist to improve the symptoms of COPD, there is currently no way to slow progression of the condition or cure it. Moreover, among the top five causes of death globally, this disease is the only one with increasing mortality rates. The global COPD treatment market was valued at US\$14 billion in 2017 and is projected to increase at a compound annual growth rate of 4.9% to 2026.

Initial studies have been completed, and Dimerix has completed a key step in securing ownership over what it believes is an important new drug discovery by lodging a PCT patent application for DMX-700. Dimerix DMX-700 development plan continues to progress towards the clinical phase, with some further in vivo assessment in an appropriate COPD model to confirm target engagement, pharmacokinetics and pharmacodynamics in support of a robust product development pathway and patent position.

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