NWR Virtual Investor Conference

Marjan Mikel, CEO

Date 3/8/2021

wheezo® RESPIRI

Company Snapshot

RESPIRI

Company	
Target Indication	**Asthma Management**
Commercial Stage Device	**wheezo®**
Revenue Model	**Device + Subscription (SaaS)**
Channel Strategy	**Pharmacy + Online**
Regulatory Clearances	**FDA, CE Mark, TGA**
Commercial Model	**Australia; then UK, USA**

Capital	
Shares on Issue	**722.3 million**
Unlisted Options (Inc. Director/Management Incentive Options). Average options exercise price of $0.22.	**259.0 million**
Last Quarter Cash Burn (12 mth trailing)	**$1.7 million**
Cash (30 June 2021)	**$9.86 million**
Market Capitalisation (3 August 2021 @ $0.064)	**$46.2 million**

Board of Directors	
Mr Nicholas Smedley	Executive Chairman
Marjan Mikel	CEO & Managing Director
Dr Tom Duthy	Non-Executive Director

Major Shareholders	
Directors / Management	2.53%
Investment Holdings Pty Ltd<Investment Holdings Unit A/C>	9.20%
Netwealth Investments Limited<Wrap Services A/C>	1.99%
Peter Braun	1.94%
Top 20 Shareholders	**29.14%**

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COMMERCIAL SUMMARY

RESPIRI

OTC CLASS II FDA APPROVAL

Agnostic indication allowing both prescription reimbursement and non-prescription sales

1,700+ PHARMACIES READY TO STOCK WHEEZO WITH THE AID OF CIPLA GLOBAL AGREEMENT

Wholesalers, Banner Groups, Pharmacies and Pharmacists are now primed to sell wheezo

TGA & CE

wheezo is TGA Class I Medical device and is registered in the ARTG, 327306 with CE Mark

APA PARTNERSHIP

Targeted online program to be launched in Q3, 2021

PATENT APPLICATION FILED FOR THE NEXT GENERATION WHEEZO

Additional patent application filed for improvements made to the wheezo algorithm by the Company's in-house scientific team

SALES

Aus in 2021 in pharmacy & with patient association endorsement online

MANUFACTURING COSTS REDUCED

85% reduction in wheezo COGS 4.0 Target AUD50 achieved in 22

ORG STRATEGY & OPERATIONS RE-ENGINEERED

Now a business model with device & SaaS sales and PaaS reimbursement model in the US

RESPIRATORY PHYSICIAN PROGRAM

Dr Kevin Chan now involved in piloting a new telehealth/ remoting patient monitoring model of care with wheezo for scaling & Corporate health Australia and as the model for the US reimbursement market

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ASTHMA IS SUB-OPTIMALLY MANAGED

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For patients and physicians, there are limited options that allow for digitised, objective and holistic monitoring of asthma management once a patient leaves the care of health care practitioners

ASTHMA IN AUSTRALIA

2.7M (11.2%) affected[1]

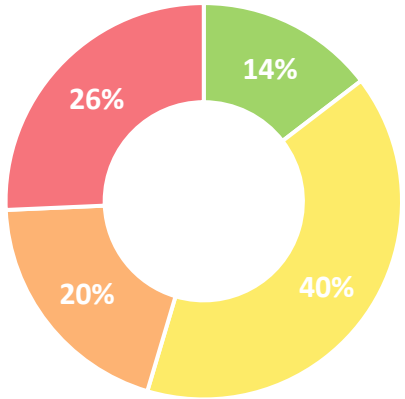
28.6% recently had an emergency visit to the hospital or GP[2]

400+ deaths p.a.[1]

$24.7B cost AUS[3]

1 in 7 children have asthma[4]

ASTHMA MANAGEMENT CHALLENGES



- well controlled, good self-reported preventer adherence
- well controlled, poor preventer adherence
- poorly controlled, good self-reported preventer adherence
- poorly controlled, poor preventer adherence

46% have uncontrolled asthma[2]

Asthma Control Awareness

In one study, 60.4% of 4,274 patients in Australia believe that their asthma is 'well controlled' when only 30.3% are controlled[5]

Real World Measurement

Effective asthma control in children remains difficult in the community settings[6]

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1. ABS National Health Survey, 2018. https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Asthma~35 2. Reddel HR, et al. Asthma control in Australia: a cross-sectional web-based survey in a nationally representative population. MJA 2015; 202(9):492-497. 3. Deloitte Access Economics, November 2013 https://www2.deloitte.com/au/en/pages/economics/articles/hidden-cost-asthma.html
4. Soriano et al., (2020) Prevalence and attributable health burden of chronic respiratory diseases, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. https://doi.org/10.1016/S2213-2600(20)30105-3 . 5. Kritikos et al (2019) A multinational observational study identifying primary care patients at risk of overestimation of asthma control 6. National Asthma Council Australia, 2013. Asthma and older adults https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/brochures/asthma-older-adults
https://www2.deloitte.com/au/en/pages/economics/articles/hidden-cost-asthma.html

CURRENT DISEASE MANAGEMENT IS INADEQUATE

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Subjective
Subjectivity in determining symptomology that is used to classify asthma severity

Memory reliant
Reliant upon patient or carer memory when discussing asthma history

Symptom monitoring
No monitoring device available now for patients to better self-assess and manage their asthma

DAY 1

Patient presents to their GP with Asthma symptoms

Patient History
Clinical Examination
Patient Feedback
Spirometry

PATIENTS OUT OF THE CLINIC AND IN THE HOME SETTING

Limited ongoing monitoring of:
- Asthma severity
- Flare-up occurrence
- Asthma intensity
- Asthma triggers

26.2% of adult patients with asthma had **NOT** seen a GP in the last 12 months[1]

3/6/9/12 MONTHS

Scheduled Asthma appointments

Clinical Examination
Patient Feedback
Spirometry

1. Reddel HR, et al. Asthma control in Australia: a cross-sectional web-based survey in a nationally representative population. MJA 2015; 202(9):492-497.

GINA GUIDELINES DRIVING RESPIRI FOCUS

Global **In**itiative for **A**sthma. – Peak Opinion Leading body

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Wheezo Alignment

1. Weather, Pollen, air quality
    1. Disease information & Education in development
2. Connect Care coaching, online videos.
3. Self-reporting
    1. Boarder platform incorporating other smart inhaler tech. in development
4. Digitised Asthma action plan
5. Wheezo recordings, Asthma Control Test (ACT), self reporting symptoms
6. HCP Dashboard for real time objective medical review

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Patient Self-Management Principles

1. Asthma Information
2. Inhaler Skills
3. Adherence
4. Written Action Plan
5. Self-monitoring &/or Peak Flow
6. Regular Medical Review

meet wheezo

Developed in Australia, wheezo is designed to assist with asthma management.

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The wheezo device

- The small handheld device is easy to use, portable, non-invasive and child-friendly
- wheezo includes a device and app that records and analyses 30 seconds of breath sounds for the presence of wheeze

meet wheezo

Developed in Australia, wheezo is designed to assist with asthma management.

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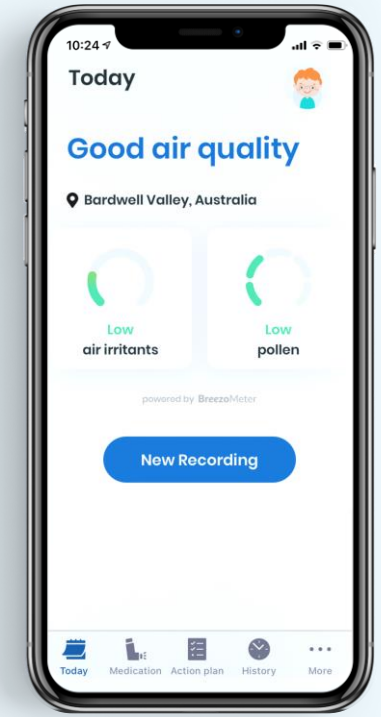
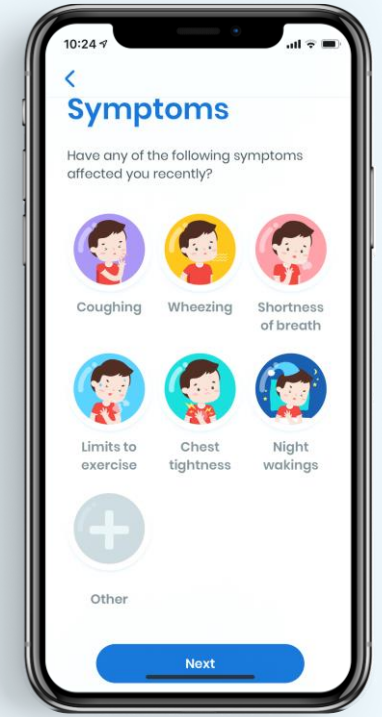
The eHealth App

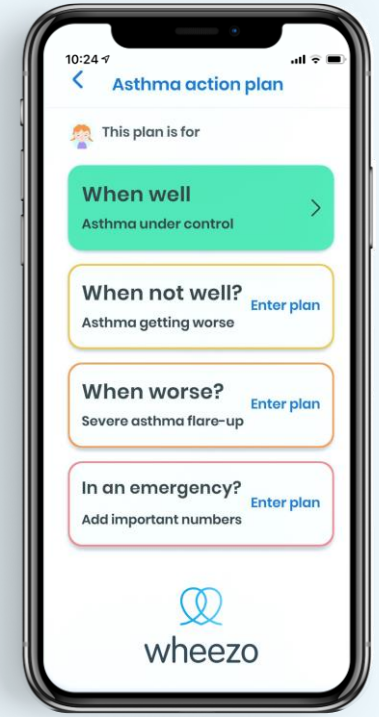
Analyses breath sounds for the presence of wheeze



Provides local weather information, including pollen and air pollution levels

Records triggers*, symptoms* and medication use*





Digitises an **Asthma Action Plan** and allows users to share their data* with health professionals

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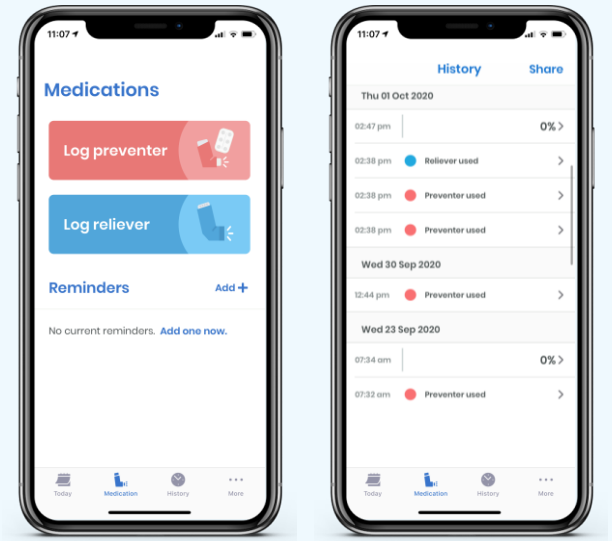
*self-reported

meet wheezo

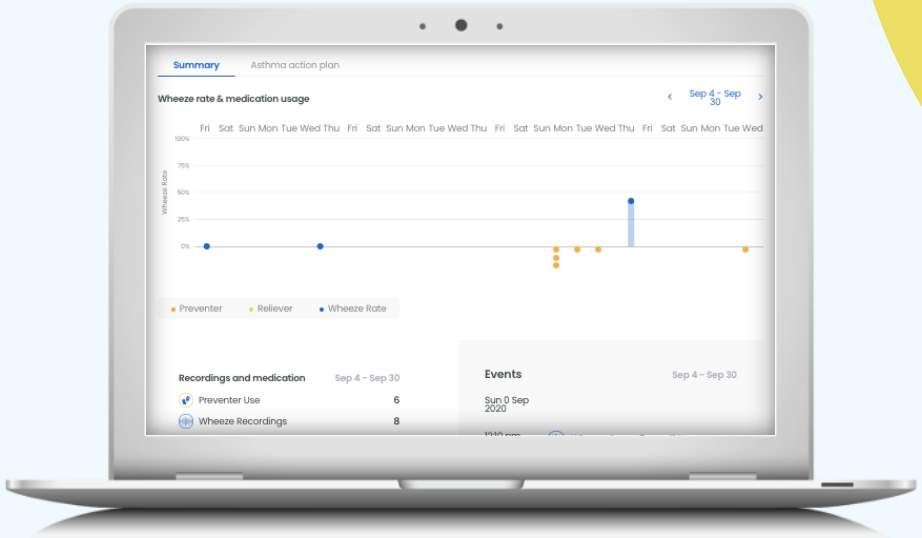
Developed in Australia, wheezo is designed to assist with asthma management.

RESPIRI



Allows users to set reminders and track medication compliance

The HCP portal



View their asthma summary and history for a clearer picture of their asthma

Health Care Professional's (HCPs) can use the data collected with wheezo to better engage in their patient's asthma management*.

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*provided that their customers give access to their history and summary portal

HOW WHEEZO WORKS

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Breath sound recording

wheezo® is constructed like a stethoscope and records breathing sounds for analysis and future review.

Second microphone

wheezo® contains a second microphone for simultaneously recording ambient sound to distinguish between true wheeze and extraneous interference.

Clear identification of wheeze

wheezo® allows for the clear identification of wheeze through playback of the breath recording and the simultaneous viewing of the spectrogram

Methodology set to standardize wheeze severity classification

Condition 1st, objective measure eliminate subjectivity and point in time measure.

Example recordings shown below

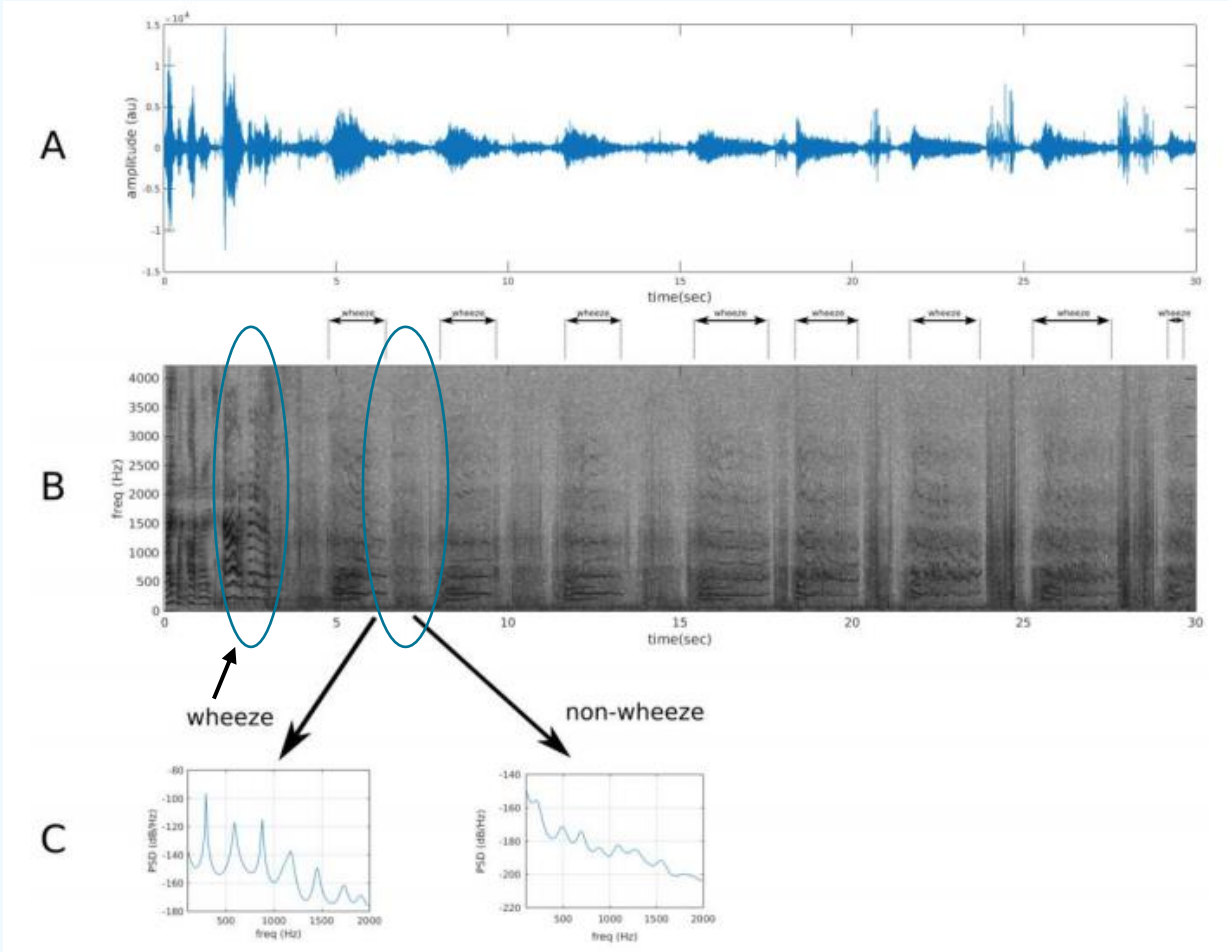

Figure A

shows the amplitude of the recording and eight breath cycles can be seen as the waxing and waning of the sound amplitude.

Figure B

shows the spectrogram of the recording. This recording contains significant wheeze shown by the equally spaced lines. By listening to the recording and viewing the spectrogram, portions containing wheeze were identified.

Figure C

shows power spectrum estimates of very short segments of the sound recording, showing the difference between wheeze and non wheeze.

OTC CLASS II FDA APPROVAL FOR wheezo March 2021

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This allows Respiri more channel options to explore in the USA including

- Class II Medical Device opening up reimbursement possibilities
- CPT Reimbursement Codes for Remote Patient Monitoring (RPM) physician prescription
- Pharmacy/Retail channels without prescription
- Online/Amazon without prescription
- Indication agnostic but focus remains asthma
- For children older than 2 years and all other adult populations

Example wheezo US sales channels:

HMOs via Physician prescription	Online retail without prescription	Pharmacy without prescription
KAISER PERMANENTE	amazon	

REIMBURSEMENT OPPORTUNITY – IN DISCUSSIONS WITH RPM PROVIDERS

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2021 Payment Rates

CPT Code	Descriptor	Value US$ (non-facility)
99453	Patient set up (once per episode of care)	$18.77
99454	Device delivery/supply (every 30 days, min.16 days of data collection)	$62.44
99457	Patient Monitoring & interactive communication First 20 mins (every 30 days)	$51.61
99458	Patient Monitoring & Communication. Each additional 20 mins (every 30 days)	$42.22
99091	Collection & Review of Physiological Data (every 30 days)	$59.19

A US patient generates up to 5 x the annual revenue of an Australian patient, with little or no out of pocket expense, unlike Australia.

1 Provider sets patient up on a remote monitoring platform/system

Provider bills once

2 Physiological data is captured/recorded over at least 16 days

Provider bills monthly

3 Data sent in real time & clinical staff review RPM data & interact with the patient

Provider bills monthly

- Physician's billable amount per patient per year ***USD1,350+***
- Respiri Product as a Service (PaaS)billed to physician ***USD360 -USD480***

UPCOMING RESEARCH & PROGRAMS

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CLINICAL VALIDATION

1. Comparison of the wheeze rate algorithm with expert analysis*. Submitted to European Respiratory Society (ERS).

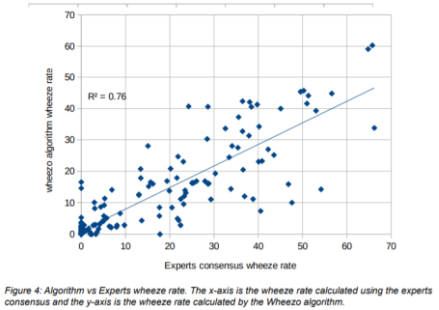

Figure 4: Algorithm vs Experts wheeze rate. The x-axis is the wheeze rate calculated using the experts consensus and the y-axis is the wheeze rate calculated by the Wheezo algorithm.

Accuracy	91%
Sensitivity	87%
Specificity	93%
Cohen's Kappa Coefficient	0.81

2. Comparison of the wheeze rate algorithm to spirometry.

3. A pilot program underway to allow respiratory specialists to use wheezo to monitor patients remotely.

*official report not yet released. This report was prepared for the FDA submission and is currently being reviewed by the European Respiratory Society (ERS) International Congress.

ASTHMA DATABASE

Respiri is looking to increase the asthma-related data points tracked by integrating:

Asthma Control Test (ACT)

Smart Inhalers

Peak Flow Meters

Deidentified user data will be analysed to measure the impact of using wheezo on clinical outcomes.

Plans are also underway to provide more metrics such as inspiration/expiration rates.

1,700 PHARMACIES ONBOARDED & MORE SCHEDULED

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PHARMACIES STOCKING WHEEZO

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WHEEZO PHARMACY SALES CYCLE

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Key Activities Update – PHARMACY PLATFORM

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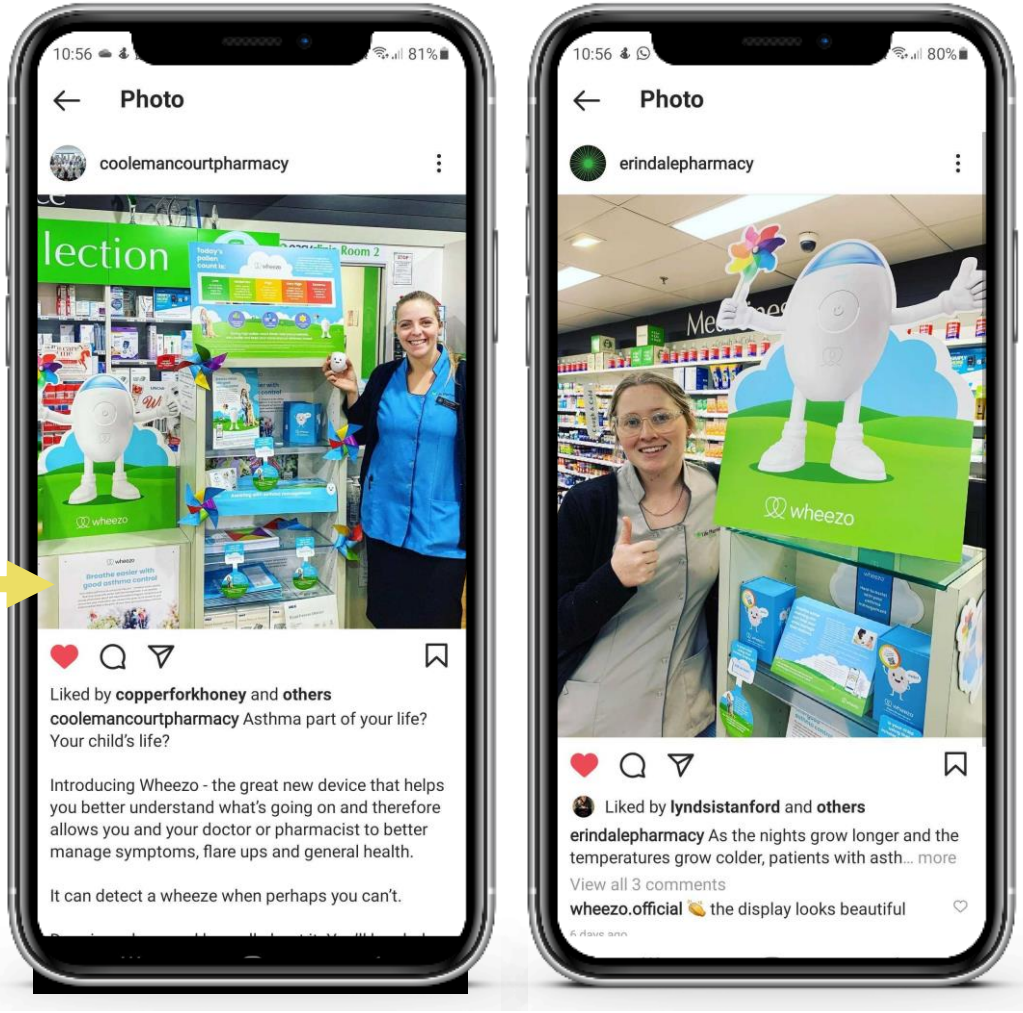
Pharmacy Platform Professional Services program begins roll-out in Catalyst stores

Professional Services program rolled out to:

- **Catalyst Stores (24/5/21)**
- **Chemist Discount Centres (8/6/21)**
- **Advantage Pharmacies (8/6/21)**
- **Roll out to TerryWhite Chemmart August 1**

Pharmacists taking to social media to share their excitement



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PHARMACY & PHYSICIAN ENGAGEMENT PROGRAMS

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Connected Care Activities

- A total of 250 contacts have been made to pharmacies in June/July, Total now more than 500 pharmacies staff trained
- Therefore, CC are again reverting to the proactive call approach, cold calling stores from the most recent TO report and emails from nurse@respiri.co / email requests.
- More than 700 pharmacy staff trained Up until July.
- **RAMP** (**R**emote **A**sthma **M**onitoring **P**rogram) with Dr Kevin Chan went live 18th June, already 22 patients enrolled.
- Training with Hahn (contract sales force and nursing team) in place and contacting pharmacy now.
- Training with Feras is to took place June *(Pharmacy 4 Less TV spot recording. Est on air date August 2021)*

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Program very well received by PHARMACY

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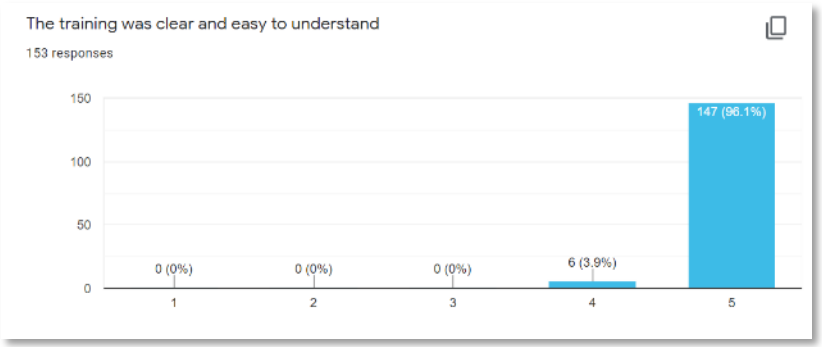
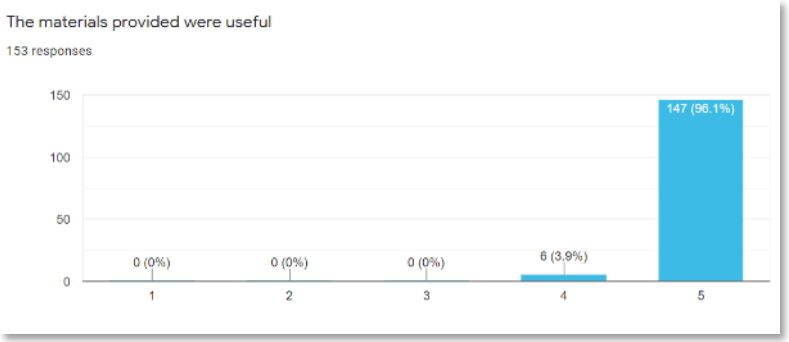
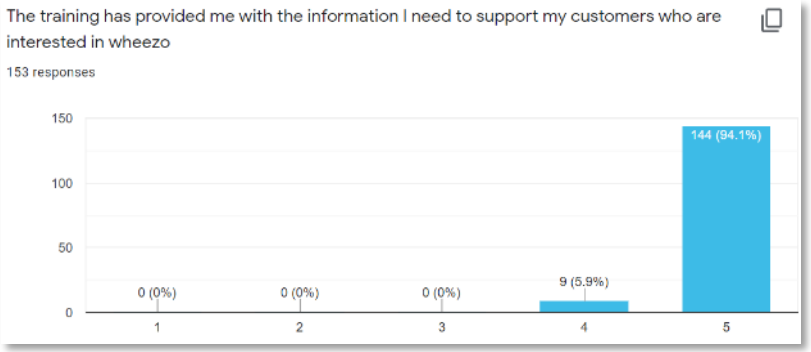
Feedback from CC Training:

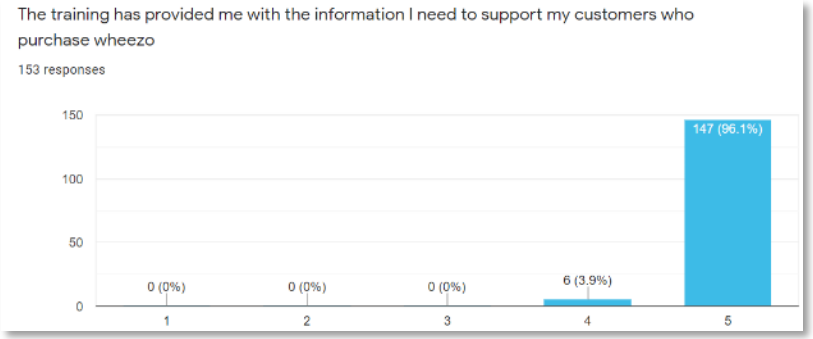
- As part of the CC measure of effectiveness, feedback is sought from participants of the training sessions provided

- To date there have been 153 responses
  (since launch of feedback process)

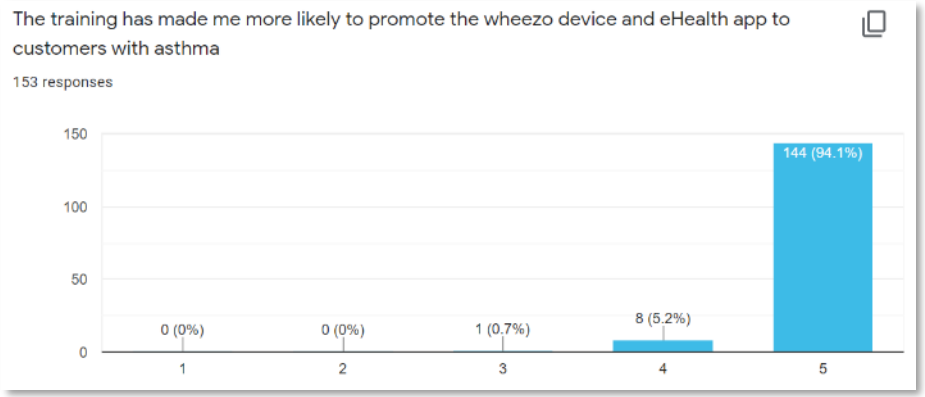








Key highlight - CC training is crucial and provided pharmacy staff the confidence to promote the device and app to customers



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Key Activities Update APP Conference 2021 (20-23 May)

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Ruth trained over 100 attendees at the Cipla stand:
- Recorded 12 new leads for independents
- This has resulted in 5 new stockists come July 1

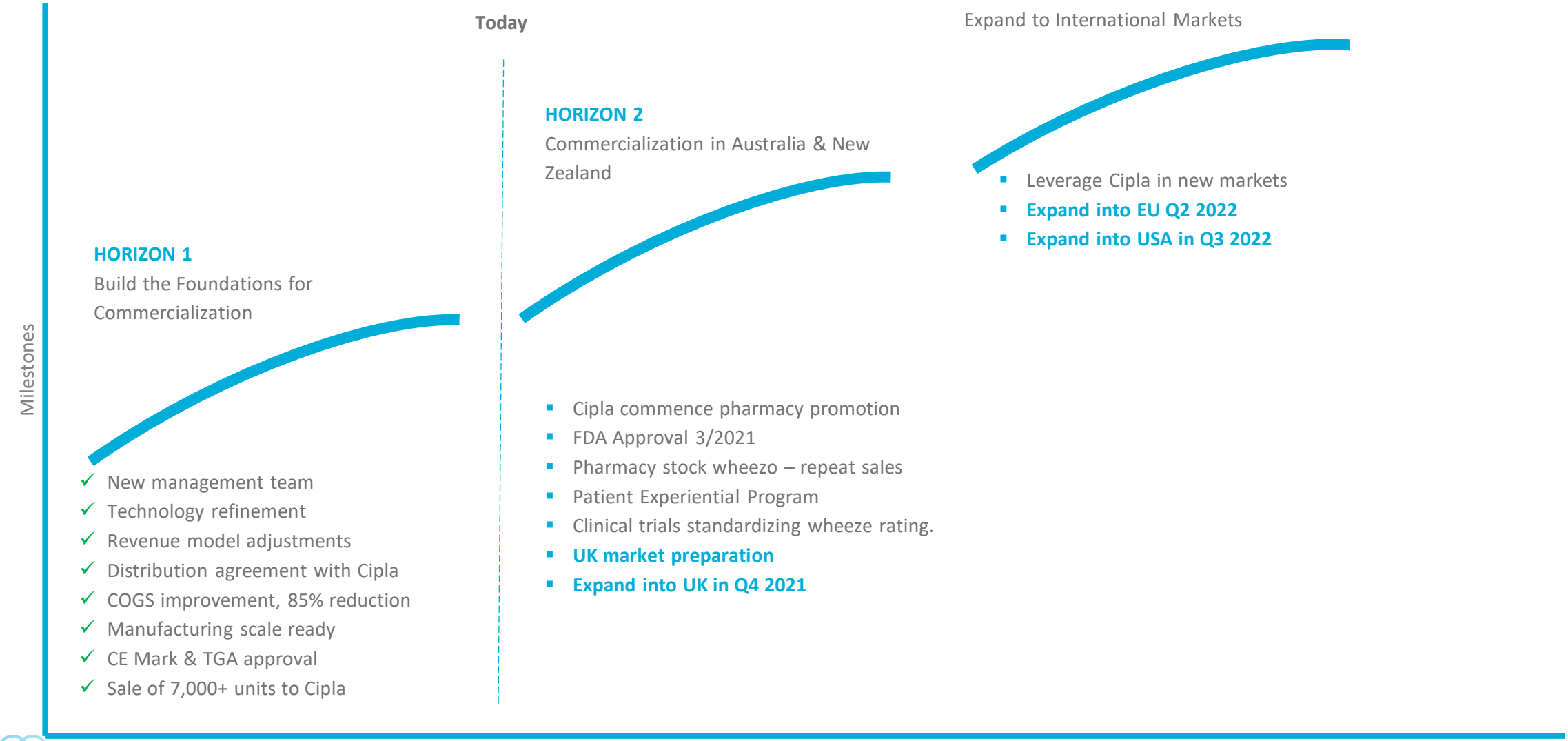
Talking about life and managing his daughter's asthma in the main auditorium

Drawing crowds at the Pharmacy Platform and Cipla stands

wheezo presents Michael Clarke at APP

- Guest speaker in the main auditorium
- Photo opportunities for fans and PR at both the Pharmacy Platform and Cipla stands
- Autographed cricket bat giveaway for pharmacies that register their interest in wheezo

FUTURE HORIZONS OF GROWTH



QUESTIONS

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THANK YOU

MARJAN MIKEL, CEO
MARJAN@RESPIRI.CO
+61 408 462 873

FORWARD LOOKING STATEMENTS

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Certain statements made in this announcement are forward-looking statements. These forward looking statements are not historical facts but rather are based on Respiri's current expectations, estimates and projections about the industry in which Respiri operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates," "guidance" and similar expressions are intended to identify forward-looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of Respiri, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward-looking statements. Respiri cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Respiri only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. Respiri will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.

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22

RESPIRI LIMITED (THE COMPANY) RISK FACTORS

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This report identifies some of the major risks associated with an investment in the Company. The risk factors below ought not to be taken as exhaustive of the risks faced by the Company or by investors in the Company.

Speculative nature of investment
An investment in Shares of the Company should be considered very speculative. No assurance as to future profitability or dividends can be given as they are dependent on successful product development, future earnings and the working capital requirements of the Company. The Board does not envisage in the immediate future that the Company will generate sufficient revenue to be profitable or be in a position to declare any dividends. The financial prospects of the Company are dependent on a number of factors, including successfully completing further product development, gaining regulatory approvals, the degree of market acceptance or take-up of its products and the amount of competition encountered from competitive or alternative products developed by third parties. There is no guarantee that the Company's development work will result in commercial sales or that the Company will achieve material market penetration.

Competition: The medical device and digital health industries are highly competitive and include companies with significantly greater financial, technical, human, research and development, and marketing resources than the Company. There are companies that compete with the Company's efforts to develop, and commercialise its products.

Reliance on Key Personnel & Service Providers: The Company currently employs a small number of key personnel, and the Company's future depends on retaining and attracting suitably qualified personnel. There is no guarantee that the Company will be able to attract and retain suitably qualified personnel, and a failure to do so could materially and adversely affect the business, operating results and financial prospects. The Company operates a significant amount of its key activities through a series of contractual relationships with independent contractors and suppliers. All of the Company's contracts carry a risk that the third parties do not adequately or fully comply with its or their respective contractual rights and obligations. Such failure can lead to termination and/or significant damage to the Company's product development efforts.

Sufficiency of Funding: The Company has limited financial resources and will need to raise additional funds from time to time to finance the complete development and commercialisation of its products. The Company's ability to raise additional funds will be subject to, among other things, factors beyond the control of the Company and its Directors, including cyclical factors affecting the economy and share markets generally. The Directors can give no assurance that future funds can be raised by the Company on favourable terms, if at all.

Technological Development: Medical device research and product development involve scientific, software and engineering uncertainty and long lead times. There is no certainty as to whether any particular event or project will occur within a set period or by a certain date.

Regulatory Risk: Medical device products are regulated by government agencies and must be approved prior to commercial sales. Complex government health regulations increase uncertainty and are subject to change at any time. As such the risk exists that the Company's new products may not satisfy the stringent requirements for approval and/or the approval process may take longer than expected. This may adversely affect the Company's competitive position and the financial value of the medical devices to the Company.

Product Liability & Manufacturing Risks: As with all new products, even after the granting of regulatory approval, there is no assurance that unforeseen adverse events or manufacturing defects will not arise. Adverse events could expose the Company to product liability claims or litigation, resulting in the removal of the regulatory approval for the relevant products and/or monetary damages being awarded against the Company. In such event, the Company's liability may exceed the Company's insurance coverage. If any products do not meet suitability or quality assurance standards, this may result in increased costs and may delay sales.

Trade Secrets & Patents: The Company relies on its trade secrets and patent rights. It cannot be certain that others will not independently develop the same or similar technologies on their own or gain access to trade secrets or disclose such technology, or that the Company will be able to meaningfully protect its trade secrets and unpatented know-how and keep them secret. The Company's existing intellectual property rights include its copyright in source code used in its digital health technologies, its know-how in the development of digital health products and data arising from the use of its digital health products. There is
no guarantee that the Company's intellectual property comprises all of the rights that the Company may require to freely commercialise its product candidates. The granting of a patent in one country does not mean the patent application will be granted in other countries and competitors may at any time challenge granted patents and a court may find that the granted patent is invalid or unenforceable or revoked.

Stock Market Volatility & Currency Risk
The performance of the share market may affect the Company and the price at which its shares trade on a share market. The share market has in the past and may in the future be affected by a number of matters. Revenue and expenditures will be received in overseas jurisdictions and will be subject to the risk of fluctuations in foreign exchange.

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23