For Immediate Release

DIMERIX TO PRESENT AT BIO INTERNATIONAL CONVENTION

MELBOURNE, Australia, 6 June 2022: Dimerix Limited (ASX: DXB), a biopharmaceutical company with Phase 3 clinical studies in inflammatory diseases, is pleased to advise that CEO & Managing Director, Dr Nina Webster, will be presenting the Dimerix opportunity to potential partners at the BIO International Convention in San Diego, California during the week commencing Monday 13 June 2022, US time. The one-on-one meetings are being scheduled via the BIO partnering system. Furthermore, Dimerix will provide US investor briefings across the US during the week commencing Monday 6 June 2022.

The presentation highlights the clear unmet need in kidney disease, the late-stage competitive pipeline and how Dimerix is overcoming the global challenges with its ACTION3 Phase 3 FSGS kidney study, currently being activated across 75 sites in 12 different countries globally.

BIO is the world's largest advocacy association representing member companies, state biotechnology groups, academic and research institutions, and related organizations across the United States and in 30+ countries. The BIO International Convention is the world's largest gathering of the biotechnology industry. It attracts more than 15,000 biotechnology and pharma leaders for one week of intensive networking to discover new opportunities and promising partnerships.

A copy of the presentation is attached.

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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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 Focal Segmental Glomerulosclerosis (FSGS), respiratory complications associated with COVID-19 and Diabetic Kidney Disease, and is developing 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 an angiotensin II type I receptor (AT1R) blocker - the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2042.

In 2020, Dimerix completed two Phase 2 studies: one in FSGS and one in diabetic kidney disease, following a successful Phase 2a trial in patients with a range of chronic kidney diseases in 2017. No significant adverse safety events were reported in any trial, and all studies resulted in encouraging data that could provide meaningful clinical outcomes for patients with kidney disease. DMX-200 is also under investigation as a potential treatment for acute respiratory distress syndrome (ARDS) in patients with COVID-19.

FSGS

FSGS is a rare disease that attacks the kidney's filtering units, where blood is cleaned (called the 'glomeruli'), causing irreversible scarring. This leads to permanent kidney damage and eventual end-stage failure of the organ, requiring dialysis or transplantation. For those diagnosed with FSGS the prognosis is not good. The average time from a diagnosis of FSGS to the onset of complete kidney failure is only five years and it affects both adults and children as young as two years old.[1] For those who are fortunate enough to receive a kidney transplant, approximately 40% will get re-occurring FSGS in the transplanted kidney.[2] At this time, there are no drugs specifically approved for FSGS anywhere in the world, so the treatment options and prognosis are poor.

FSGS is a billion-dollar plus market: the number of people with FSGS in the US alone is just over 80,000,[3] and worldwide about 210,000. The illness has a global compound annual growth rate of 8%, with over 5,400 new cases diagnosed in the US alone each year[3]. Because there is no effective treatment, Dimerix has received Orphan Drug Designation for DMX-200 in both the US and Europe for FSGS. Orphan Drug Designation is granted to support the development of products for rare diseases and qualifies Dimerix for various development incentives including: seven years (FDA) and ten years (EMA) of market exclusivity if regulatory approval is received, exemption from certain application fees, and a fast-tracked regulatory pathway to approval. Dimerix reported positive Phase 2a data in FSGS patients in July 2020.

References

1 *Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/*

2 *DelveInsight Market Research Report (2020); Focal Segmental Glomerulosclerosis (FSGS)- Market Insight, Epidemiology and Market Forecast -2030*

3 *Nephcure Kidney International (2020); Focal Segmental Glomerulosclerosis, online https://nephcure.org/livingwithkidneydisease/understanding-glomerular-disease/understanding-fsgs/*

Dimerix
(ASX:DXB)

Partnering and Investor Presentation

June 2022

Authorised for lodgment by the Board of the Company

Forward looking statements

This presentation includes forward-looking statements that are subject to risks and uncertainties. Such statements involve known and unknown risks and important factors that may cause the actual results, performance or achievements of Dimerix to be materially different from the statements in this presentation.

Actual results could differ materially depending on factors such as the availability of resources, the results of clinical studies, the timing and effects of regulatory actions, the strength of competition, the outcome of legal proceedings and the effectiveness of patent protection.

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About Dimerix

Dimerix is a biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on developing new therapies to treat inflammatory causes of kidney and respiratory disease

FSGS Phase 3 clinical study opening across 12 countries globally[1]

ClinicalTrials.gov (Study Identifier: NCT05183646) or Australian New Zealand Clinical Trials Registry (ANZCTR) (Study Identifier ACTRN12622000066785)

Demonstrated **clinical efficacy**[2]; drug well understood, with **strong safety profile**[2]

Patent protected products with **commercial manufacturing** established

Strong outlook with potential for **significant value**[2] upside

Dimerix

1 *ASX releases: 28Jan22, 01Feb22*
2 *ASX releases: 12Jul17, 18Oct17, 27Mar18, 29Jul20, 14Sep20, 27Oct20, 28Jan21, 24Mar21, 03Jun21, 07Jun21, 19Jul21*
3 *See slides 12 and 19 for market potential*

Corporate overview

Ticker Symbol	Cash Balance (31Mar21)	Market Capitalisation	Share price	Total ordinary shares on issue	Average volume	Top 20 Shareholders own
ASX:DXB	A$16.8 million	~A$55 million	~A$0.17	320,873,666	512,341	38%

Share price

Top shareholders

Position	Holder Name	Holding	% IC
1	Mr Peter Meurs	44,179,309	13.8%
2	Merchant Group & Nominees	17,925,000	5.6%
3	Mr Andrew Coates & Mrs Melinda Coates	9,500,000	3.0%
4	Bavaria Bay Pty Ltd	7,316,992	2.3%
5	Yodambao Pty Ltd	6,362,603	2.0%
6	Solequest Pty Ltd and Nominees	3,687,302	1.1%
7	Pfleger Family A/C and Nominees	3,137,874	1.0%
8	Tamer Yigit Property Group Pty Ltd	3,000,000	0.9%
9	Mr James Victor Camilleri	2,866,873	0.9%
10	Rubi Holdings Pty Ltd	2,500,000	0.8%
10	Mr Taylor Nicholas Green	2,500,000	0.8%
TOTAL (TOP 10)		102,975,953	32.2%

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Development pipeline

Program	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Key milestones
DMX-200	Focal Segmental Glomerular Sclerosis (FSGS)					Phase 2a demonstrated encouraging efficacy & safety[1]; Phase 3 underway across 75 sites in 12 different countries[2], 1st interim data anticipated H1 23[3]
	Diabetic Kidney Disease					Phase 2 demonstrated promising efficacy and safety[1], planning of next study design anticipated mid-2022 following FSGS start up activities
	Late COVID pneumonia – REMAP-CAP					Study recruitment across Europe[4], recruitment paused pending analysis[5], data analysis underway by REMAP-CAP, will update market upon receipt
	Early COVID respiratory – CLARITY 2.0					Recruitment underway across India[6], ethics approval in Australia[7], data from CLARITY 1.0 study (use of angiotensin receptor blockers in COVID patients) anticipated imminently[8], interim data from India now anticipated Q2 22[3]
DMX-700	Chronic Obstructive Pulmonary Disease (COPD)					Pre-clinical studies underway to support entry into clinical studies; data anticipated Q2 22
DMX-xxx	Undisclosed (multiple)					Additional target opportunities identified using Receptor-HIT; preliminary exploratory work underway

1. *ASX releases: 12Jul17, 18Oct17, 27Mar18, 29Jul20, 14Sep20, 27Oct20, 28Jan21, 24Mar21, 03Jun21, 07Jun21, 19Jul21*
2. *ASX releases: 21Oct21, 01Feb22 (Australia, Denmark); + further countries subsequently approved*
3. *Subject to recruitment*
4. *ASX release: 23Apr21, 16Dec21*
5. *ASX release 28Feb22*
6. *ASX release: 11Jan22*
7. *ASX release: 23Dec21*
8. *CLARITY 1.0 data outcomes may influence study design of CLARITY 2.0 study*

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DMX-200 – working on inflammatory signalling pathway

A CCR2 inhibitor working synergistically alongside the current standard of care (AT1R blocker): G protein-coupled receptor (GPCR)

Small molecule

New Chemical Entity status with granted patents and applications across key countries

Clear Development Path

FDA/EMA recognising surrogate markers, such as proteinuria and eGFR as registration endpoints[1,2]

Easy and convenient dosing

2 x 120mg capsule daily

Extensive regulatory engagement

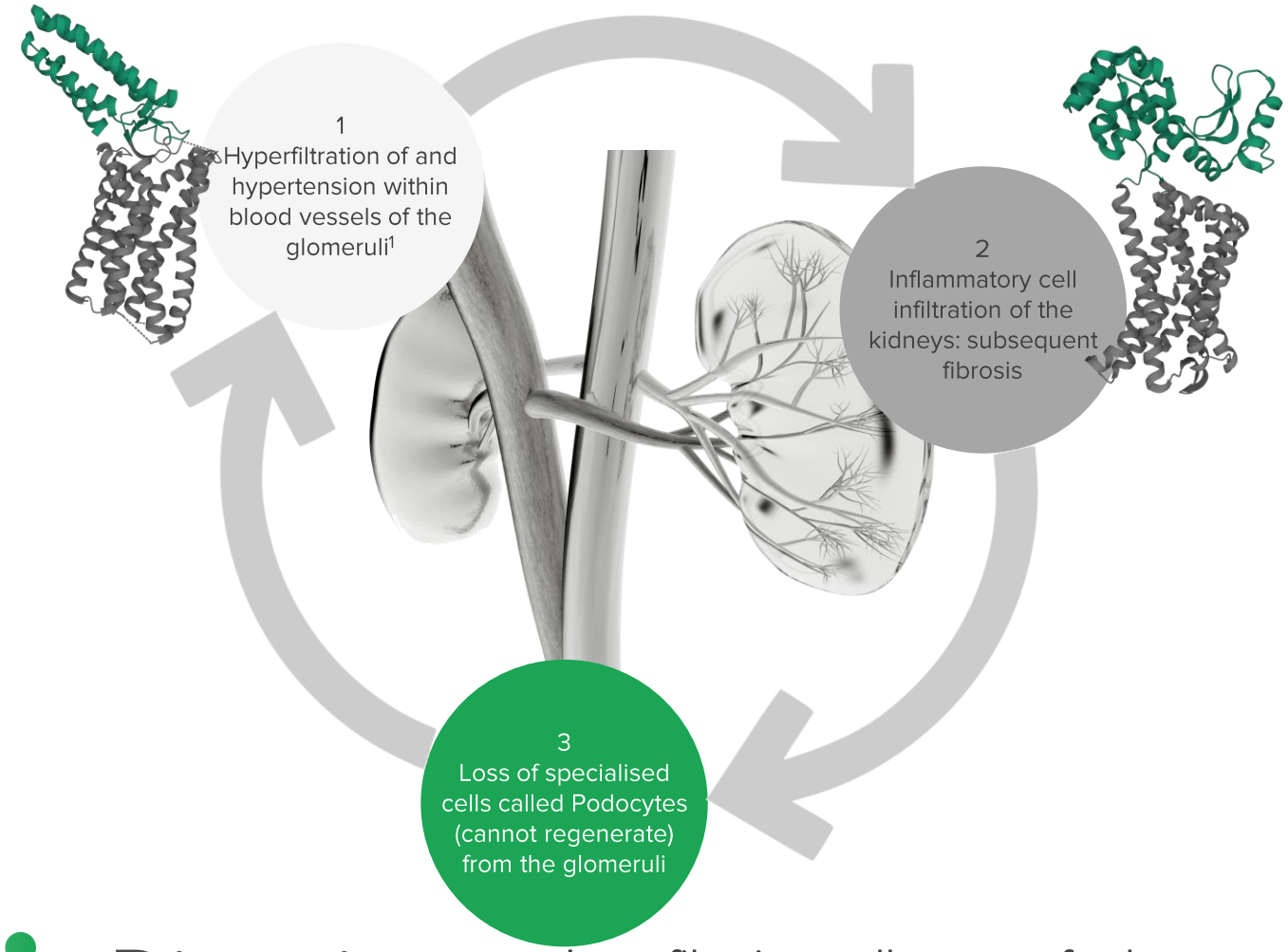
US IND open;[3]
orphan drug designation secured in US, EU and UK[4]

Dimerix

1. *Thompson et al., (2019) CJASN, 14 (3) 469-481; https://doi.org/10.2215/CJN.08600718*
2. *FDA pulication, (2021); FDA approves first drug to decrease urine protein in IgA nephropathy, a rare kidney disease https://www.fda.gov/drugs/fda-approves-first-drug-decrease-urine-protein-iga-nephropathy-rare-kidney-disease*
3. *ASX release: 09May2022*
4. *ASX releases: 14Dec15, 21Nov18, 07Jun21*

3 key mechanisms that cause sclerotic kidney disease

AT1R – blocked by angiotensin receptor blocker (ARB)



CCR2 –CCR2 is the receptor for MCP-1; DMX-200 inhibits CCR2 to block attraction of inflammatory cells into the kidneys[3]

GPCR signalling

Dimerix' proprietary discovery tool determined a functional interaction between AT1R and CCR2[2]

Certain kidney cells express both receptors, thus using only 1 compound does not block activation and results in only a partial response[2,3]

DMX-200 unique proposition:
total benefit is greater than the sum of the two individual effects[2,3]

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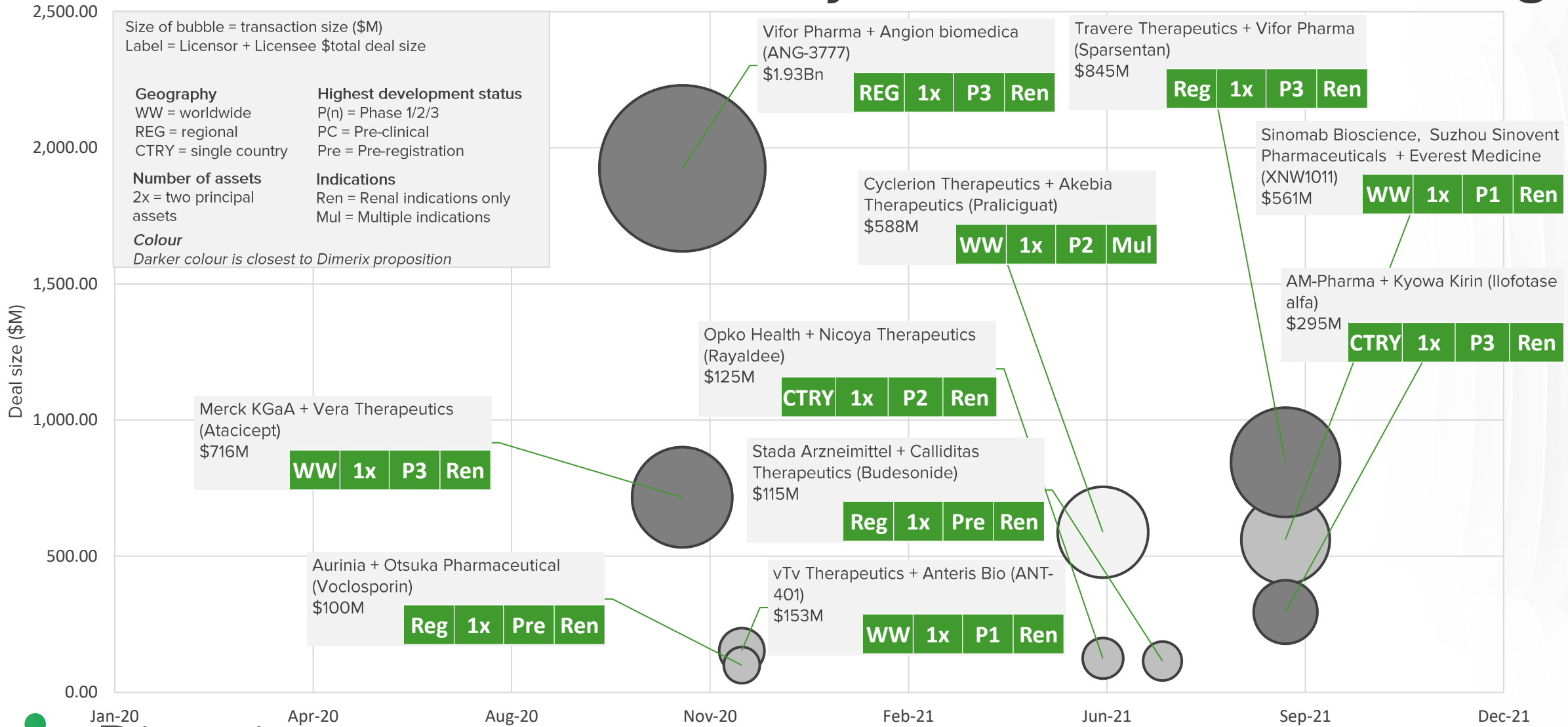
Less filtering cells cause further hyperfiltration and inflammation

1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860; 2. ASX releases 09Feb2016 through to 29Feb2022; 3. Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803

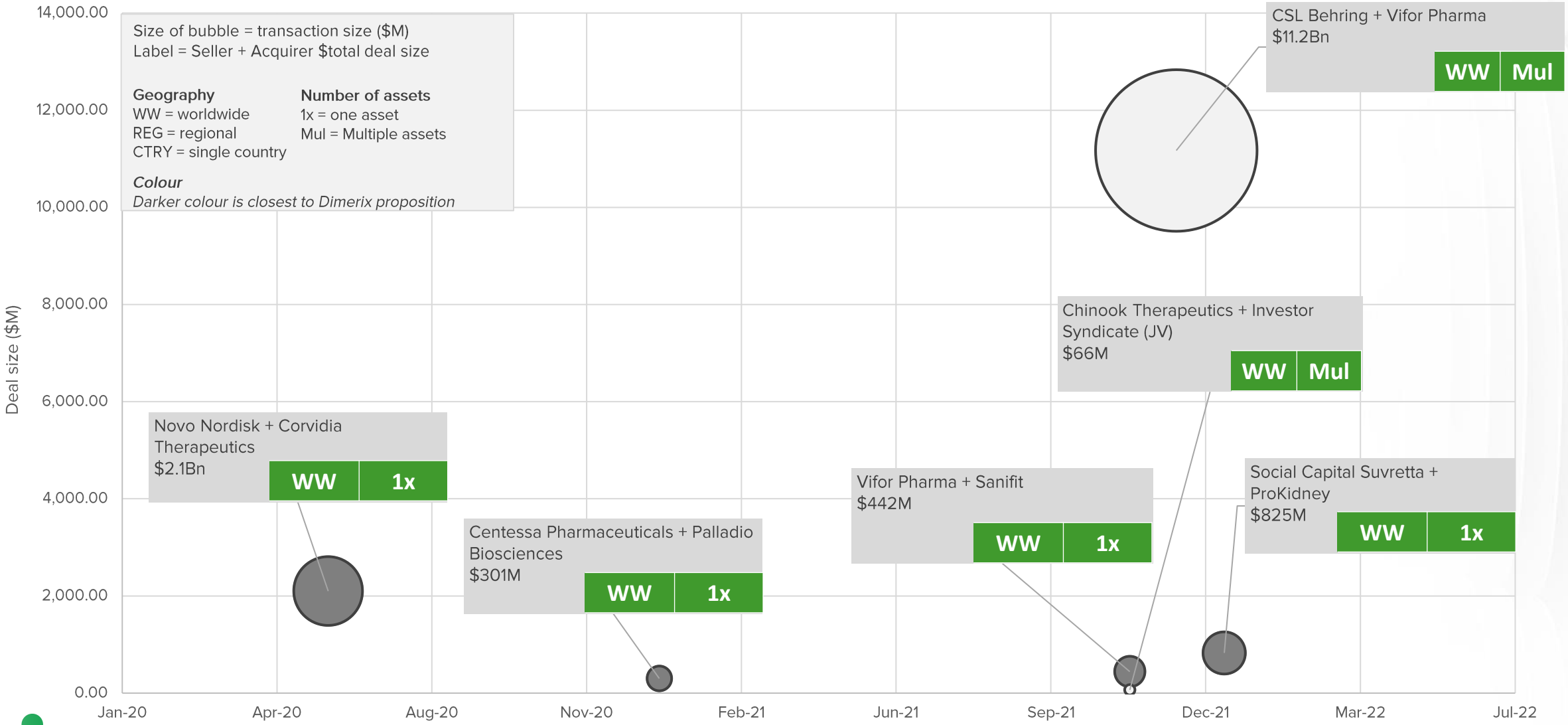
Increased interest in kidney transactions: licensing



Dimerix

Sources: Clarivate, BiosciDB, Press, Company Documents, Statutory and Regulatory Filings.
Only deals with disclosed financials are included. Prepared by Pharmaventures UK for Dimerix May 2022

Increased interest in kidney transactions: M&A



Dimerix

Sources: Clarivate, BiosciDB, Press, Company Documents, Statutory and Regulatory Filings.
Only deals with disclosed financials are included. Prepared by Pharmaventures UK for Dimerix May 2022

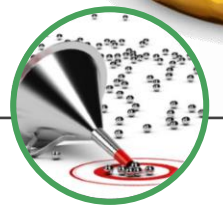
Renal disease landscape

"*A squeaky wheel waiting for grease: 50 years of kidney disease management in the US*"[1]

Historical lack of incentives and public policy have contributed to high costs and poor health outcomes for renal patients[1]

2018: workshops and regulatory acceptance of surrogate end points in trials of kidney diseases [2]

2019 changes in US federal policy and rapid adoption of treatment guidelines have contributed to a sea change in the management of renal disease [3]



Public health policy, legislation and product innovation have converged to accelerate change in renal space today

"*More change in the past 24 months than the past 24 years: The rapid evolution of [kidney disease] management*"[1]

Dimerix

1. Garibaldi A, et al (2021) The Evolution of Kidney Health Management and the Next Frontier; https://www.lek.com/insights/ei/evolution-kidney-health-management-and-next-frontier; 2. FDA, EMA, National Kidney Foundation Workshop Summary: https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease; 3. Thompson, A et al (2019) Change in Estimated GFR and Albuminuria as End Points in Clinical Trials: A Viewpoint From the FDA DOI: 10.1053/j.ajkd.2019.08.007

Policy change: renal disease healthcare economic burden

~40 million
adults have kidney disease (~15% of the adult population) in the US in 2021 [1]

US$88 billion
estimated total US Medicare expenses costs/year for renal patients in 2021 [1,3]

2019
White House executive order issued: incentives for providers to delay patient progression to renal failure [2]

Economic cost of kidney failure in the US

Total Medicare expenses per year costs for kidney failure patients (2009-2021E) [3]

Dimerix

1. Garibaldi A, et al (2021) The Evolution of Kidney Health Management and the Next Frontier; https://www.lek.com/insights/ei/evolution-kidney-health-management-and-next-frontier
2. https://www.federalregister.gov/documents/2019/07/15/2019-15159/advancing-american-kidney-health;
3. The United States Renal Data System (USRDS) Annual Report 2021; (2020 & 2021 estimates based on CAGR 2014-2019)

Clinical study change: use of surrogate endpoints

A surrogate endpoint is an intermediate outcome which substitutes the clinically meaningful endpoint

ACTION3
FSGS CLINICAL STUDY

Pre-2018
"Hard" endpoints for kidney disease (kidney failure) may not be reached for decades [1]

2018
US FDA, European EMA, and US National Kidney Foundation hold scientific workshop on proteinuria & glomerular filtration rate (GFR) as endpoints for clinical studies in kidney disease [2]

2019
FDA publish willingness to consider fixed glomerular filtration rate (GFR) and proteinuria decline as surrogate end points for kidney failure in certain conditions [3]

2020
Publications demonstrate relationship between proteinuria as a continuous variable and kidney survival in FSGS patients [4]

2021
FDA grants first accelerated approval drug based on proteinuria endpoint in a rare kidney disease, IgA nephropathy [5]

2022
Dimerix starts recruiting patients for global Phase 3 study in FSGS patients using approvable surrogate endpoints [6]

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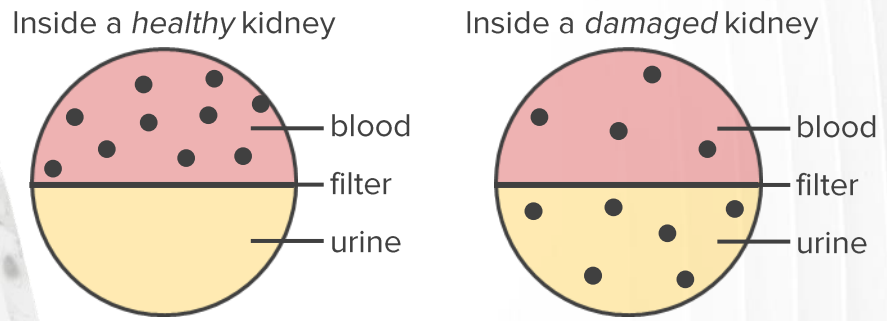
1. Hartung E, (2015), Pediatric Nephrology volume 31, pages381–391 DOI: 10.1007/s00467-015-3104-8; 2. FDA, EMA, National Kidney Foundation Workshop Summary: https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease; 3. Thompson A et al, (2019) Am J Kidney Dis.; 75(1):4-5: doi.org/10.1053/j.ajkd.2019.08.007; 4. Troost JP et al, (2020) Am J Kidney Dis.; 77(2):216-225: doi.org/10.1053/j.ajkd.2020.04.014; 5. FDA Drug Approvals: https://www.fda.gov/drugs/fda-approves-first-drug-decrease-urine-protein-iga-nephropathy-rare-kidney-disease; 6. ASX release 23Dec2021

Focal Segmental Glomerulosclerosis

Focal	= some
Segmental	= sections
Glomerulo	= of the kidney filtering units
Sclerosis	= are scarred

A healthy kidney has little to no protein in the urine



● = *Protein*
Protein in the urine = proteinuria)

- A rare disease that attacks part of the kidney, causing inflammation and irreversible scarring[1];
- Leads to permanent kidney damage and eventual end-stage kidney failure, requiring dialysis or transplantation

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1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/

FSGS: unmet need and market potential

No therapies yet approved for FSGS

~40,000
people in the US are diagnosed with **FSGS**[1]

50%
of patients with FSGS will progress to kidney failure[2]

~1000
FSGS patients in US receive a kidney transplant each year[2]

>US$7,000
cost of average orphan drug per month in US[5] (US$84,000/yr)

20,000
FSGS patients in US have kidney failure[2]

2x
more common in males[4]

>5,400
patients in the US are diagnosed with FSGS each year[1]

20%
of child nephrotic syndrome cases caused by FSGS[2]

60%
patients have reoccurring FSGS after first kidney transplant[3]

Dimerix

1. *Nephcure Understanding FSGS 2022: https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/*
2. *Nephcure FSGS factsheet 2022: https://2eu46v1q93c11mayx1nfvwg6-wpengine.netdna-ssl.com/wp-content/uploads/2021/02/nc.factSheet.FSGS_210106.pdf*
3. *Front. Immunol., 17 July 2019 | https://doi.org/10.3389/fimmu.2019.01669*
4. *Nephron 2020;144:413-427, https://doi.org/10.1159/000508099*
5. *2018, IQVIA , Orphan Drugs in the United States: Growth Trends in Rare Disease Treatments*

Phase 3 studies investigating FSGS treatments

No therapies yet approved specifically for FSGS

Study	Drug candidate	Mode of action	Comparator	Primary interim (accelerated approval) endpoint
ACTION3[1]	DMX-200	CCR2 inhibitor	Placebo	Percent change in uPCR and eGFR relationship at week 35
DUPLEX[2]	Sparsentan	Dual angiotensin/endothelin A receptor antagonist	Irbesartan	Proportion of patients achieving uPCR ≤ 1.5g/g and >40% reduction from baseline uPCR at week 36

- DMX-200 given to patients already taking an angiotensin receptor blocker, such as irbesartan (current standard of care)
- Data suggests DMX-200 may be complementary to other development compounds, such as sparsentan[3]

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ET_AR: endothelin type A receptor; AT_1R: angiotensin receptor 1; uPCR: urinary protein to creatinine ratio

1. ACTION3 ClinicalTrials.gov study identifier: NCT05183646
2. DUPLEX ClinicalTrials.gov study identifier: NCT03493685
3. ASX release 24Mar21

Kidney Disease Development Overview

DMX-200 clinical experience

Phase 1 study (DMX-200-101)
- Healthy volunteers
  - ➢ Pharmacokinetic, metabolism & safety clinical study

Phase 2a study (DMX-200-201)
- Chronic Kidney Disease
  - ➢ Safety and tolerability study, with efficacy endpoints included

Phase 2a study (DMX-200-202)
- Focal Segmental Glomerulosclerosis
  - ➢ Safety and efficacy endpoints

Phase 2 study (DMX-200-203)
- Diabetic kidney disease
  - ➢ Efficacy and safety endpoints

- Positive efficacy signals across studies
- 240mg oral delivery daily - 120mg capsule administered twice daily
- Consistently safe and well tolerated in both healthy volunteers and renal patients (total of 95 patients dosed)
- DMX-200 safety profile and efficacy outcomes compares favourably to compounds currently in development
- Consistent data collectively leading to DMX-200 future development

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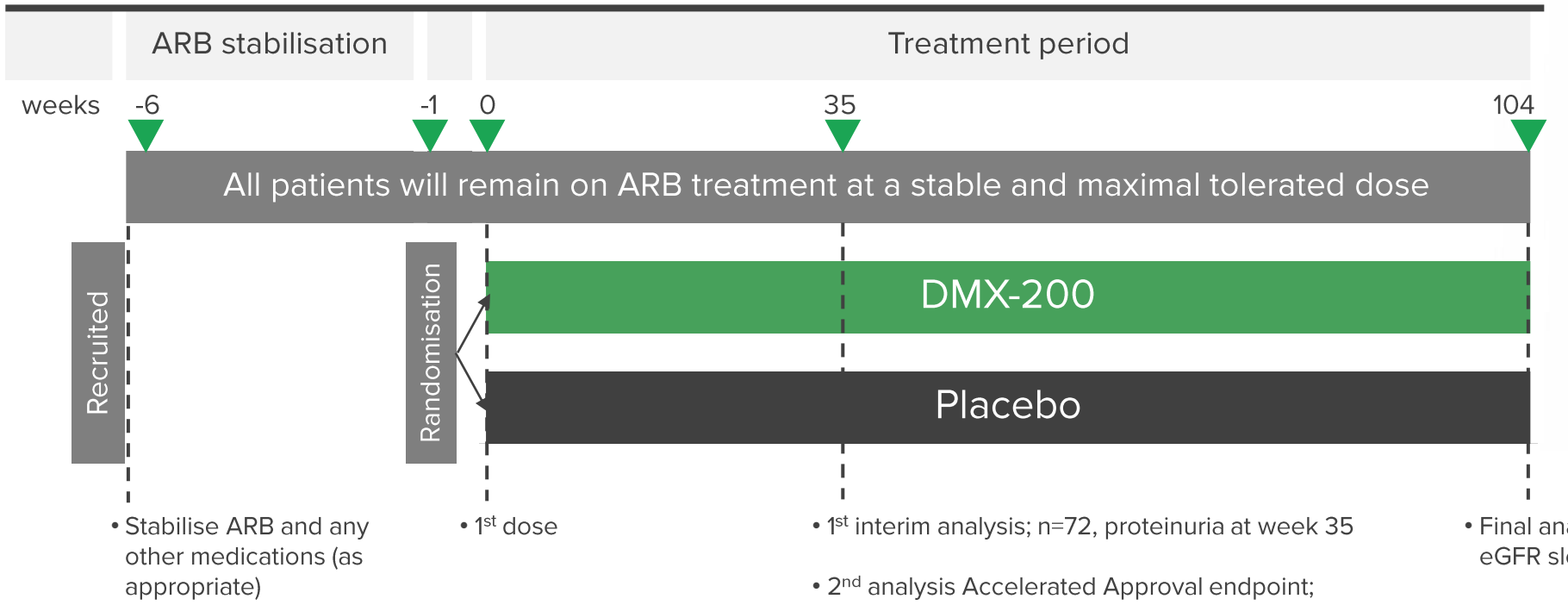
FSGS phase 3 study design

ACTION3
FSGS CLINICAL STUDY

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with primary FSGS receiving an ARB



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ARB: Angiotensin Receptor Blocker
**Subject to recruitment rate and conditional power*
Accelerated endpoint: Marketing approval for serious conditions that fill an unmet medical need based on a surrogate or an intermediate clinical endpoint

FSGS phase 3 study locations

ACTION3

FSGS CLINICAL STUDY

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with primary FSGS receiving an ARB

Global study with ~70 sites in 12 countries:

Country	Regulatory and/or ethics approval
Australia	✓
Argentina	✓
Brazil	✓
Denmark	✓
France	✓
Hong Kong	✓
New Zealand	✓
South Korea	✓
Spain	✓
Taiwan	✓
UK	✓
USA	✓

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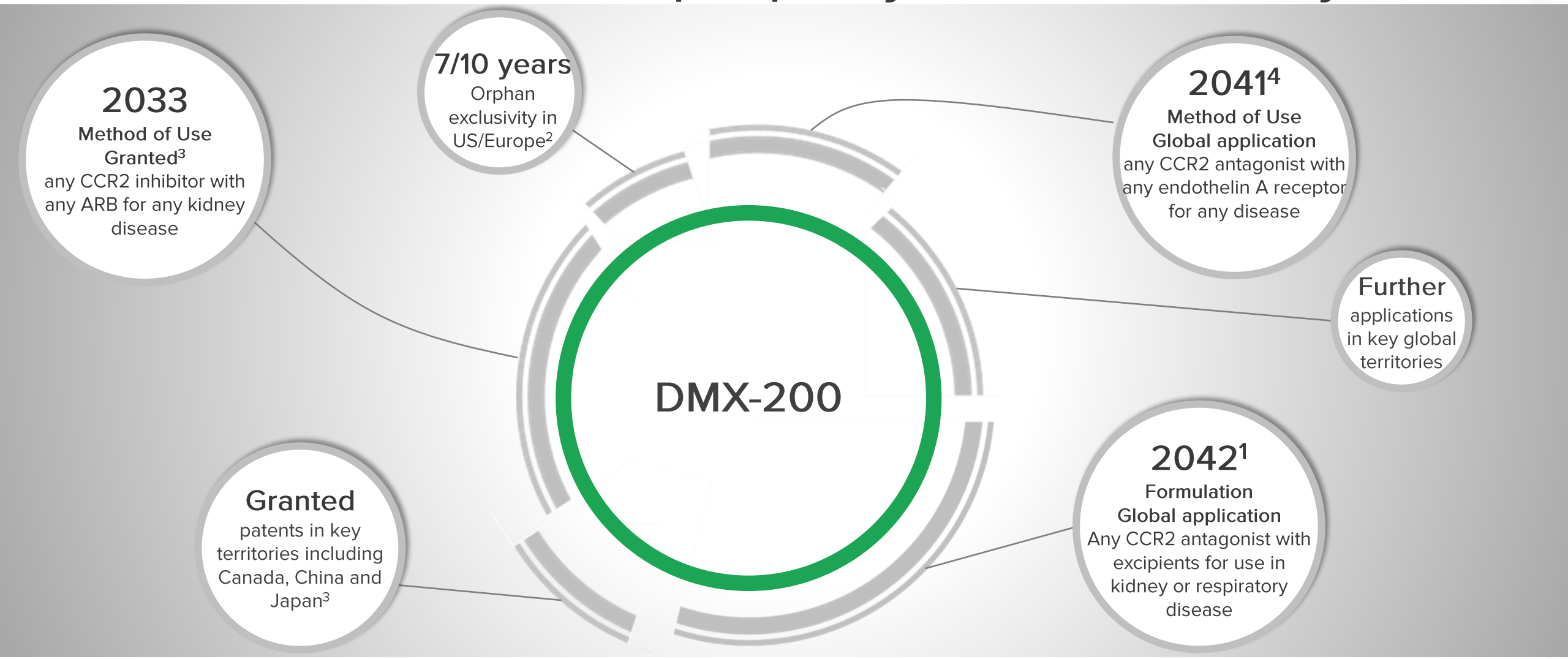
DMX-200 Intellectual property and exclusivity



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1. *If patent applications are granted: PCT/AU2022/050013;*
2. *DMX-200 is a New Chemical Entity (NCE): an active moiety not approved before which can attract exclusivity periods in various territories*
3. *Granted patents US9,314,450; US10,058,555; US10,525,038; CN2012800046165; CA2,821,985; EP12734251.7; HK 4104477.8; IL227414; JP2013-547780; SA203/5897; AU2012206945*
4. *If patent applications are granted: PCT/AU2022/50249*

ARB: angiotensin receptor blocker; CCR2: chemokine receptor 2 inhibitor

Infection Related Pneumonia

Pneumonia (including COVID-19) market potential

3 million
deaths annually caused by lower respiratory tract infections pre-COVID[1]

US$17 billion
pre-COVID: Pneumonia responsible for US$17 billion in healthcare costs each year in the US[1]

US$18.5 billion
market forecast expected by 2029, growing at 10%/year[3]

4.5 million:
COVID-19: caused 476 million cases globally to date, resulting in >6.1 million deaths *and counting*[2]

20-30%
of all patients with pneumonia require admission to Intensive Care Units[1]

$ 2,300-4,600
The cost of treatment with Tocilizumab (IL-6 receptor antagonist used for COVID-19): IV single dose[4]

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1. *REMAP-CAP background: https://www.remapcap.org/background*
2. *WHO COVID dashboard: https://covid19.who.int/*
3. *Data Bridge Market Research 2022, https://www.databridgemarketresearch.com/reports/global-acute-respiratory-distress-syndrome-ards-market*
4. *Dose and therefore cost varies with patient weight; PharmacoEconomics & Outcomes News 2021; volume 879, p.28*

Potential benefits of DMX-200

Antiviral medications:

Typically effective at preventing damage caused by a virus when administered

within 3-5 days of infection[1]

when many are asymptomatic

DMX-200:

Does not rely on early inhibition of viral replication

–

DMX-200 aims to prevent damaging immune response regardless of vaccination or antiviral treatment

DMX-200:

May be beneficial for patients with a wide range of respiratory diseases in addition to COVID[2]

Antivirals are usually very specific for a virus and sometimes even the particular strain of the virus[1]

Dimerix

1. *Brown L et al (2021) Early antiviral treatment in outpatients with COVID-19 (FLARE): a structured summary of a study protocol for a randomised controlled trial: DOI: 10.1186/s13063-021-05139-2*
2. *Based on Szabo, et al., 2020; Merad, et al., 2020; Xiong, et al, 2020; Wu, et al., 2021; Chen, et al., 2009; Yong, et al., 2016*

Two investigator-led phase 3 studies in COVID-19 patients

- **REMAP-CAP analysis underway and will be reported as soon as received by Dimerix;**
- **Further recruitment paused pending interim data analysis[1]**

REMAP-CAP

Population: COVID-19 pneumonia in ICU
- ~779 patients recruited to the study domain
- WHO endorsed study
- Primary endpoint = 21 day mortality

Patients were randomised patients to receive one of:

1. Angiotensin receptor blocker (ARB) alone
2. Angiotensin converting enzyme (ACE) inhibitor alone
3. **ARB simultaneously with DMX-200**
4. No RAS inhibitor (no placebo)

- **CLARITY 1.0 analysis to be published imminently;**
- **CLARITY 2.0 analysis to report after initial ~80 patients – now anticipated Q2 22**

CLARITY

Population: COVID-19 respiratory complications
- Recruiting >600 patients in India and Australia
- Primary endpoint = 14 day WHO Clinical Health Score
- Interim analysis once first 80 patients recruited

Patients randomised patients to receive one of:

1. Angiotensin receptor blocker (ARB) + Placebo
2. **ARB simultaneously with DMX-200**
3. Placebo + Placebo

Secondary endpoints: recovery and quality of life post hospitalisation (long-COVID assessment)

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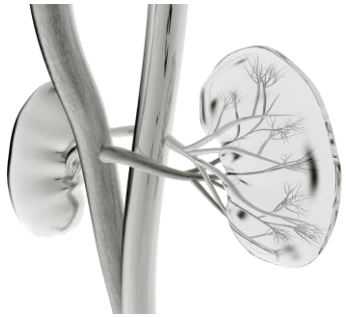
1. ASX release 28Feb22

Additional longer term propositions

Additional asset value propositions

Longer term opportunities



DMX-200

Diabetic Kidney Disease

Addressable market

US$1.1 billion*

Key driver is the rise in diabetes global incidence

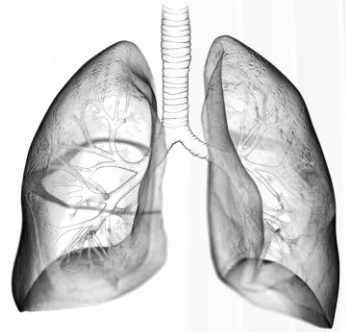
Diversifying risk and potential sources of revenue

DMX-700

Chronic Obstructive Pulmonary Disease

Global COPD treatment market (2017)

US$14 billion**



Dimerix

* *2017 IQVIA ARB prescription and pricing data;*

** *https://www.marketwatch.com/press-release/chronic-obstructive-pulmonary-disease-copd-therapeutics-market-global-industry-analysis-trends-market-size-and-forecasts-up-to-2030-2021-11-10?tesla=y*

Corporate Outlook

Potential value driving events

2021

- ✓ DMX-200 demonstrated **encouraging clinical efficacy** and **strong safety profile** across multiple Phase 2 renal clinical studies
- ✓ Consistent advice received from **FDA, EMA and UK MHRA** on FSGS Phase 3 study design
- ✓ Orphan Drug Designation/**accelerated approval pathway** granted by US FDA, EU EMA and UK MHRA for FSGS
- ✓ Two independent Phase 3 clinical studies underway in patients with **COVID-19 respiratory complications**
- ✓ DMX-200 **manufacturing process optimised** to improve commercial scalability and global logistics
- ✓ DMX-700 in COPD progressed further towards **clinical development**
- ✓ Expansion of **IP portfolio**
- ✓ Strong **financial position**

2022

- ✓ FSGS **ethics approval** and clinical **site initiations**
- ✓ FSGS Phase 3 study **recruitment** and first patient **first dose**
- ❑ REMAP-CAP Phase 3 COVID-19 study recruitment and **top line data**
- ❑ CLARITY 2.0 Phase 3 COVID-19 study recruitment and **top line data**
- ❑ DMX-700 for Chronic Obstructive Pulmonary Disease progression towards **clinical study**
- ❑ Diabetic kidney disease **clinical study** design and next steps
- ✓ Further expansion of **IP portfolio**
- ❑ FSGS **Phase 3 study Part 1 analysis** and progression to Part 2

Dimerix

Dimerix

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on inflammatory disease treatments such as kidney and respiratory diseases.

Advancing three Phase 3 opportunities

Well positioned to deliver against strategic plan

Dimerix HQ
425 Smith St, Fitzroy 3065
Victoria, Australia
T. 1300 813 321
E. investor@dimerix.com

ESG Statement
Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

Appendix

Dimerix

Dimerix board

James Williams
PhD, MBA
Non-Executive Chairman

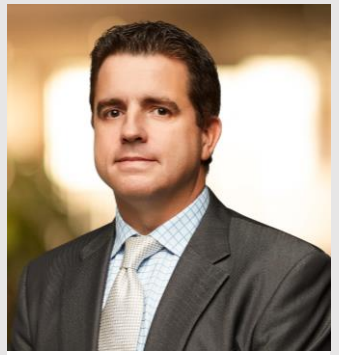
iCeutica, Yuuwa, AdAlta (alternate), Polyactiva
Experienced Director of ASX-listed companies
- Co-founded Dimerix, iCeutica
- Co-founded Yuuwa Capital ($40M venture fund)

✓BSc (Hons) - Biochemistry
✓PhD - Medicine
✓MBA - Business

Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Wyeth (Pfizer), Acrux, Immuron
- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products globally

✓BSc (Hons) - Pharmacology
✓PhD - Pharmaceutics
✓MBA - Business
✓M.IP.Law - Intellectual Property Law



Hugh Alsop
BSc (Hons), MBA
Non-Executive Director

Mayne Pharma, Acrux, Hatchtech, Kinoxis
- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialisation programs & NDA registrations

✓BSc (Hons) - Chemistry
✓MBA - Business

Sonia Poli
PhD
Non-Executive Director

Hoffman la Roche, Addex, AC Immune, Minoryx
- Experienced executive in pharmaceutical operations
- Background in small molecules development and analytical development

✓BSc (Hons) - Chemistry
✓PhD – Industrial Chemistry

Dimerix

Dimerix management

Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Wyeth (Pfizer), Acrux, Immuron
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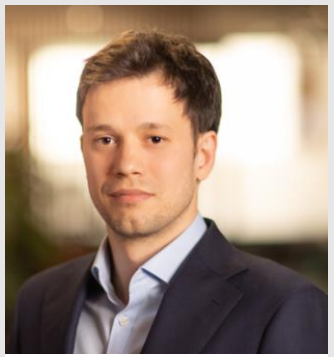

Hamish George
BCom, CA, GIA(Cert)
CFO & Company Secretary

Bio101, Pitcher Partners
- Experienced CFO & Co.Sec.
- Expertise in Corporate Governance, financial reporting, cash flow management, taxation (including R&D Tax Incentive) & budgeting/forecasting

✓Bcomm – Commerce
✓G.Dip. - Financial Planning
✓M.Acc. – Accounting
✓GIA(Cert)
✓Chartered Accountant

Ash Soman
MBBS MRCP(UK) MBA
Chief Medical Officer

Iqvia, AstraZeneca, Sanofi, Oncosil
- Experienced clinician spanning hospital clinical practice, clinical study design, medical affairs, compliance, patient safety & corporate strategy
- Clinical training in general and respiratory medicine

✓Bachelor of Medicine and Surgery
✓Member of the Royal College of Physicians
✓MBA - Business

Robert Shepherd
PhD
R & D Director

Medicines Development, Avecheo
- Experienced pharmaceutical executive in project management, clinical development and research programs
- Led multidisciplinary R&D teams for over 14 years

✓BSc (Hons) – Genetics
✓PhD – Molecular Immunology
✓MBA - Business

Bronwyn Pollock
BSc (Hons), MBA
Product Development Director

Neuren, Prota, Acrux, Hospira, CSL
- Experienced pharmaceutical executive in Manufacturing (CMC)
- Successfully developed and submitted multiple dossiers to FDA, EMA, TGA
- Background in project management, technical transfer and product launch

✓BSc (Hons) – Applied Biology
✓MBA - Business

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Medical Advisory Board

Professor Hiddo Heerspink
PhD
Chairman

Professor of Clinical Trials and Personalized Medicine: University Medical Center Groningen, the Netherlands. He specialises in the research of novel treatment approaches to slow the onset of diabetic cardiovascular and renal disease. Hiddo has been instrumental in interactions between industry, researchers and regulatory agencies in the validation of surrogate endpoints for renal trials.

Professor Alessia Fornoni
MD, PhD, FASN
Member

Professor of Medicine & Molecular & Cellular Pharmacology: University of Miami. Chief of the Katz Family Division of Nephrology and Hypertension. She has an extensive history of translational excellence for patients with renal disease and has uncovered novel pathogenetic mechanisms and therapeutic approaches for glomerular disorders.

Professor Jonathan Barratt
MD, PhD, FRCP
Member

Mayer Professor of Renal Medicine: Department of Cardiovascular Sciences; University of Leicester and Nephrologist. Jonathan is the IgA nephropathy Rare Disease Group lead for the UK National Registry of Rare Kidney Diseases (RaDaR) and a member of the steering committee for the International IgA Nephropathy Network.

Associate Professor Lesley Inker
MD, MS, FRCPC
Member

An attending physician and Director of the Kidney and Blood Pressure Center in the Division of Nephrology at Tufts Medical Center. Lesley's major research interest is in the estimation and measurement of glomerular filtration rate (GFR) and in defining alternative endpoints for CKD progression trials based on GFR decline and changes in albuminuria.

Dr Muh Geot Wong
MBBS, PhD, FRCP
Member

Renal Physician and Head of the Renal Clinical trials at the Royal North Shore hospital, Sydney, Australia. Muh Geot's main areas of research are in understanding the mechanisms of kidney fibrosis, biomarkers research, and identifying strategies in delaying progressive kidney disease including glomerular diseases.

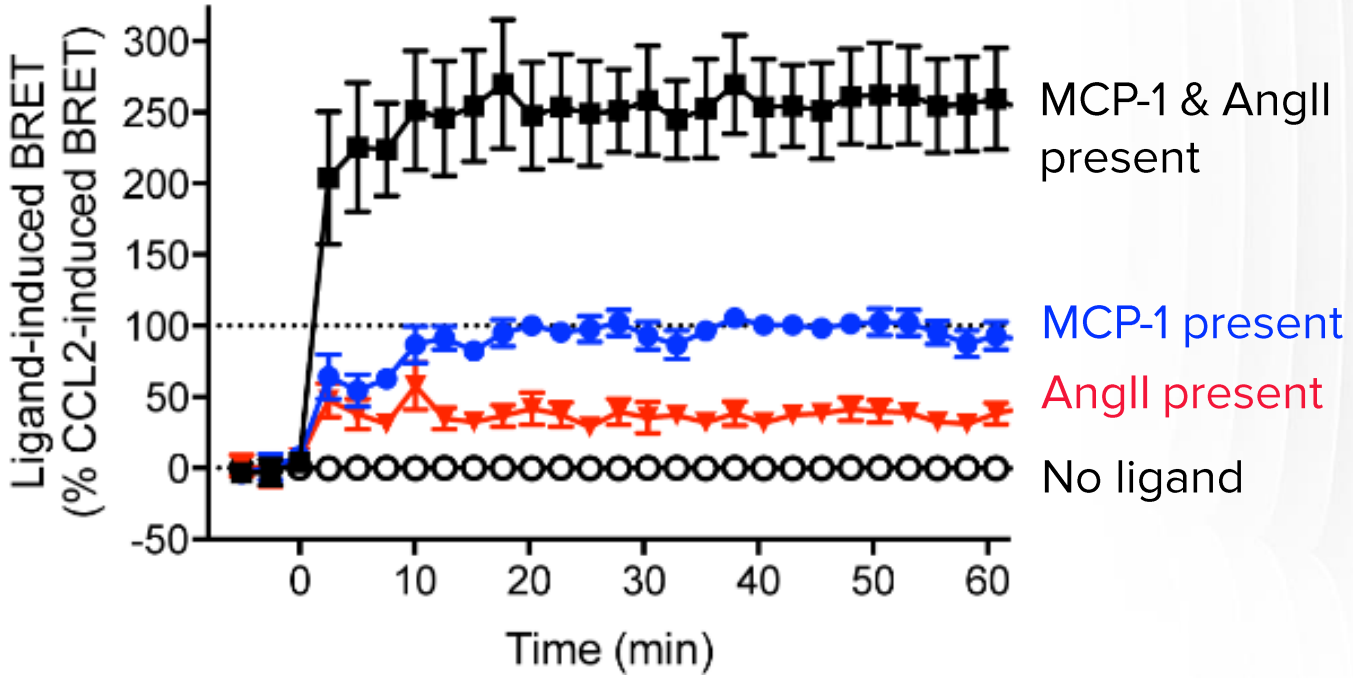
Dimerix

AT1R and CCR2 form functional heteromers

Proprietary discovery platform (Receptor-HIT) identified:

- Formation of AT1R and CCR2 heteromers;
- Novel pharmacology (potentiation of signaling)
- Dual antagonism required for completed inhibition

Unique pharmacology of AT1R/CCR2 heteromer

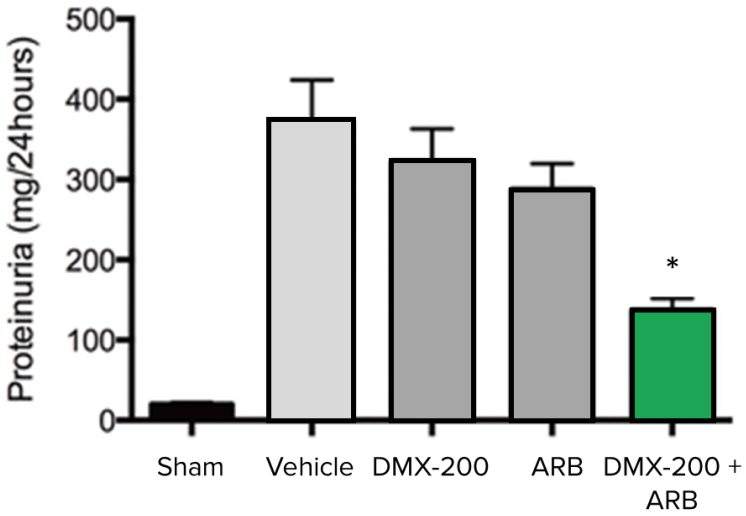


Dimerix

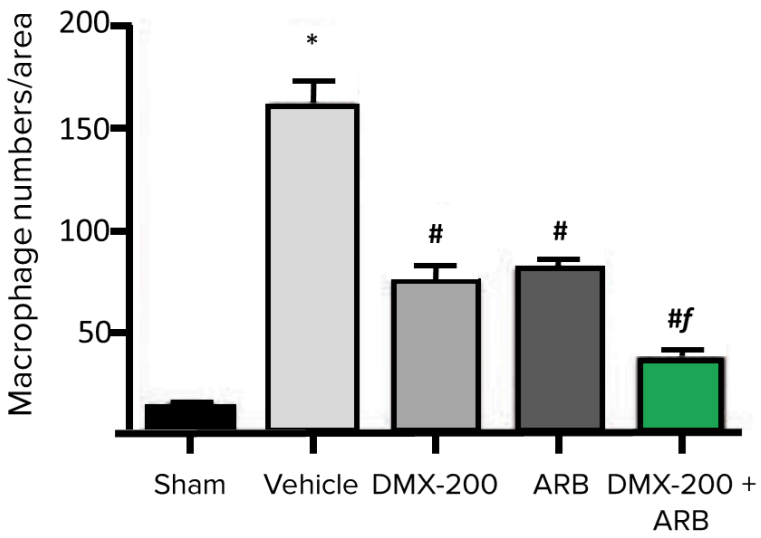
Reduction in proteinuria in STNx rats

- The STNx model is broadly recognised as the gold standard model for FSGS

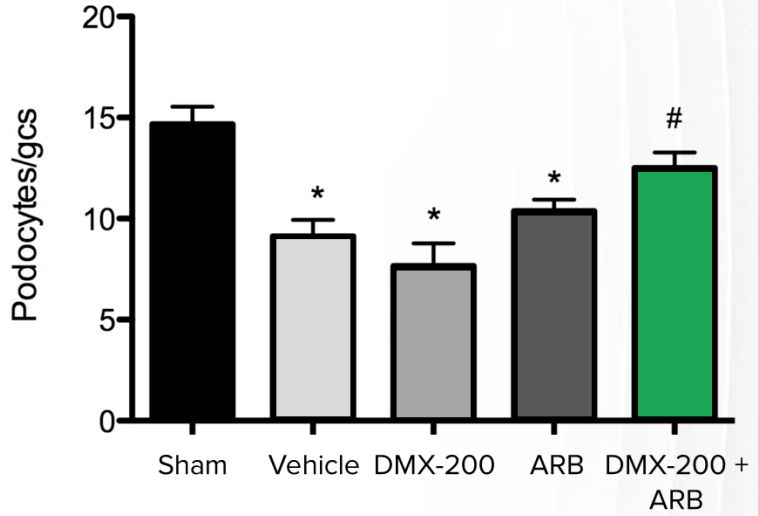
↓ Proteinuria



↓ Macrophage infiltration



↑ Preservation of podocyte numbers



Proposed non-clinical package suitability for NDA confirmed with FDA

ARB: Angiotensin Receptor Blocker
* P<0.05 vs sham
# P<0.05 vs un-treated STNx
ƒ P<0.05 vs STNx+Irb

Dimerix

Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803. doi: 10.1371/journal.pone.0119803

Non-clinical and CMC

- Non-clinical studies complete
- Non-clinical NDA package suitability confirmed with FDA – November 2019 and July 2021
- **IND opened for Phase 3 study May 2022**

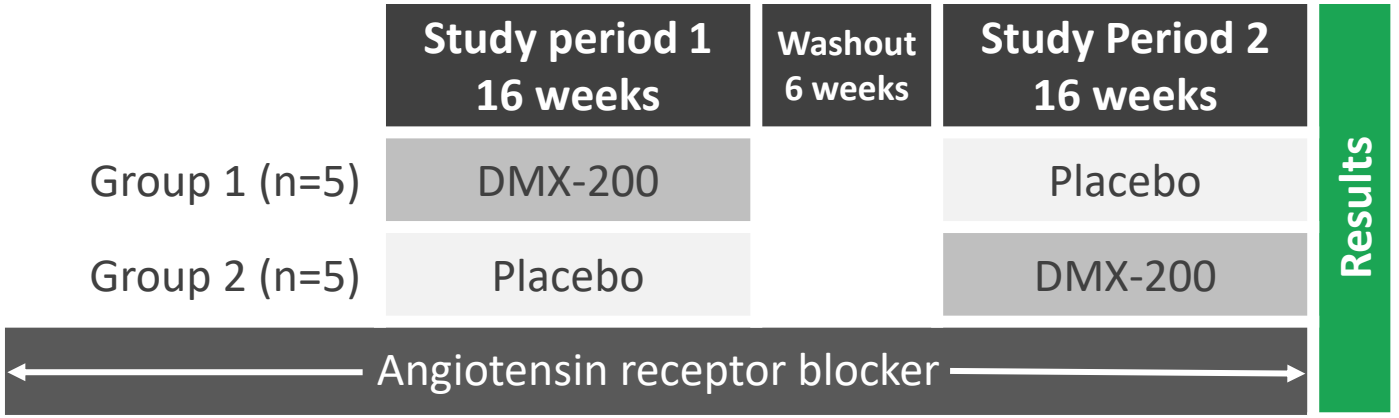
- US based contract manufacturer appointed for commercial supply
- Analytical methods validated
- Manufacturing methodology owned exclusively by Dimerix
- CMC NDA package suitability confirmed with FDA - November 2019 and July 2021

Dimerix

Phase 2a trial in FSGS completed

Phase 2a DMX-200-202 (ACTION for FSGS): Phase 2a, Double-blind, Randomised, Placebo-Controlled, **Crossover** Study Evaluating the Safety and Efficacy of DMX-200 in Patients with Primary Focal Segmental Glomerulosclerosis who are Receiving Irbesartan

- *Primary endpoint: safety. Secondary endpoint: proteinuria and biomarker analysis.*
- *Patient population: Patients with primary FSGS who are receiving irbesartan*



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10 patients enrolled, 7 patients qualified for the evaluable population and final analysis

Phase 2a trial safety

Patients with treatment emergent adverse event during study period		
	DMX-200	Placebo
Any	7	6
Drug-related	0	0
Serious	1^	0
Leading to dose interruption	0	0
Leading to study withdrawal	0	0
Death	0	0

^tendonitis

- Consistently safe and well tolerated in both healthy volunteers and renal patients across all studies to date (total of 95 patients dosed)

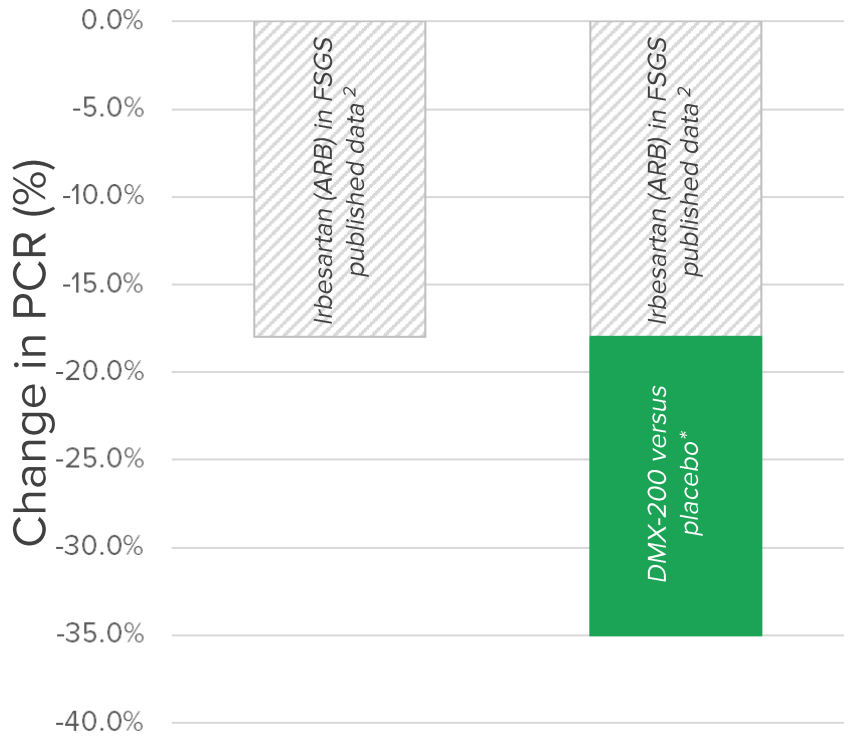
No safety concerns – reduced development risk
DMX-200 compares favourably to compounds currently in development[1,2]

Dimerix

1. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 2. Based on: a) https://lupkynispro.com/safety/; b) https://www.reatapharma.com/investors/news/news-details/2021/Reata-Pharmaceuticals-Announces-Outcome-of-FDA-Advisory-Committee-Meeting-of-Bardoxolone-for-the-Treatment-of-Patients-with-Chronic-Kidney-Disease-Caused-by-Alport-Syndrome/default.aspx; c) https://pubmed.ncbi.nlm.nih.gov/31343124/; d) https://www.goldfinchbio.com/news-features/goldfinch-bio-presents-clinical-data-from-phase-1-trial-supporting-advancement-of-gfb-887-as-a-precision-medicine-for-patients-with-kidney-diseases/

DMX-200 treatment group met primary and secondary endpoints

Average reduction in proteinuria after 16 weeks treatment on DMX-200 versus placebo compared to standard of care alone in FSGS patients[1]



- DMX-200 demonstrated clear benefit to patients with FSGS
  - 86% of patients demonstrated reduced proteinuria on DMX-200 versus placebo
  - 29% of patients demonstrated >40% reduction in proteinuria
  - 17% reduction of uPCR: mixed model, repeat measures statistical test; (grouped analysis model shows a 25% drop in uPCR)
  - Results comparable to other compounds in development[2]
- DMX-200 may be complementary to other development compounds, such as sparsentan[3]

No safety concerns – reduced development risk

DMX-200 compares favourably to compounds currently in development[2,4]

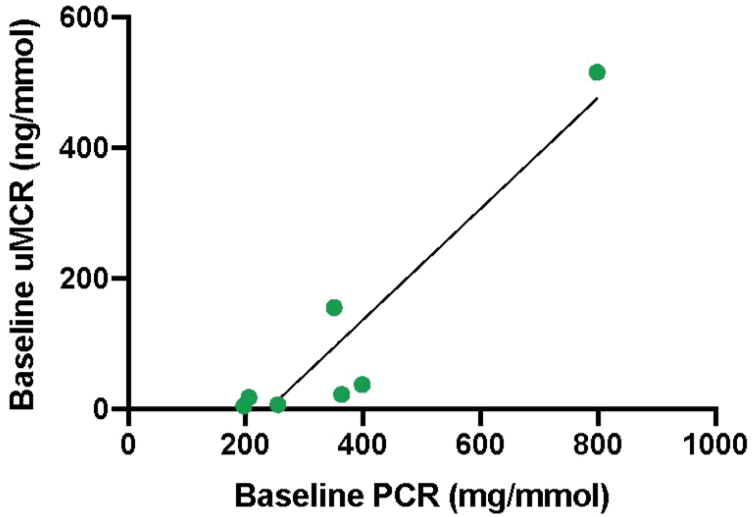
Dimerix

PCR = protein creatinine ratio; ARB = angiotensin receptor blocker

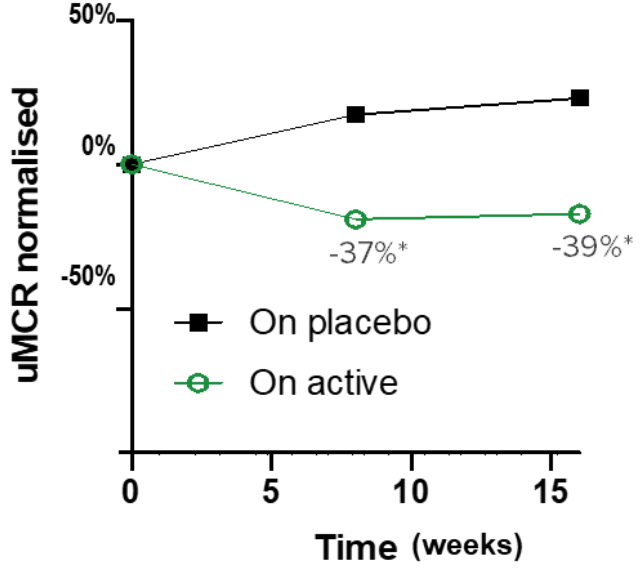
1. Repeated measures mixed model analysis; top line data was reported as grouped analysis; 2. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 3. ASX release 24Mar21; 4. Based on: a) https://lupkynispro.com/safety/; b) https://www.reatapharma.com/investors/news/news-details/2021/Reata-Pharmaceuticals-Announces-Outcome-of-FDA-Advisory-Committee-Meeting-of-Bardoxolone-for-the-Treatment-of-Patients-with-Chronic-Kidney-Disease-Caused-by-Alport-Syndrome/default.aspx; c) https://pubmed.ncbi.nlm.nih.gov/31343124/; d) https://www.goldfinchbio.com/news-features/goldfinch-bio-presents-clinical-data-from-phase-1-trial-supporting-advancement-of-gfb-887-as-a-precision-medicine-for-patients-with-kidney-diseases/

DMX-200 inflammatory biomarker

Average baseline MCP-1 versus average baseline proteinuria



Change in MCP-1 over time on DMX-200 versus placebo



16 weeks treatment with DMX-200 vs placebo:

- DMX-200 Phase 2 study **confirmed high MCP-1 correlates to high proteinuria in FSGS patients**
- **39% reduction inflammatory biomarker MCP-1**:
  - DMX-200 blocks receptor responsible for inflammation
  - translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney

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uMCR = Urinary MCP-1 creatine ratio
PCR = protein creatinine ratio

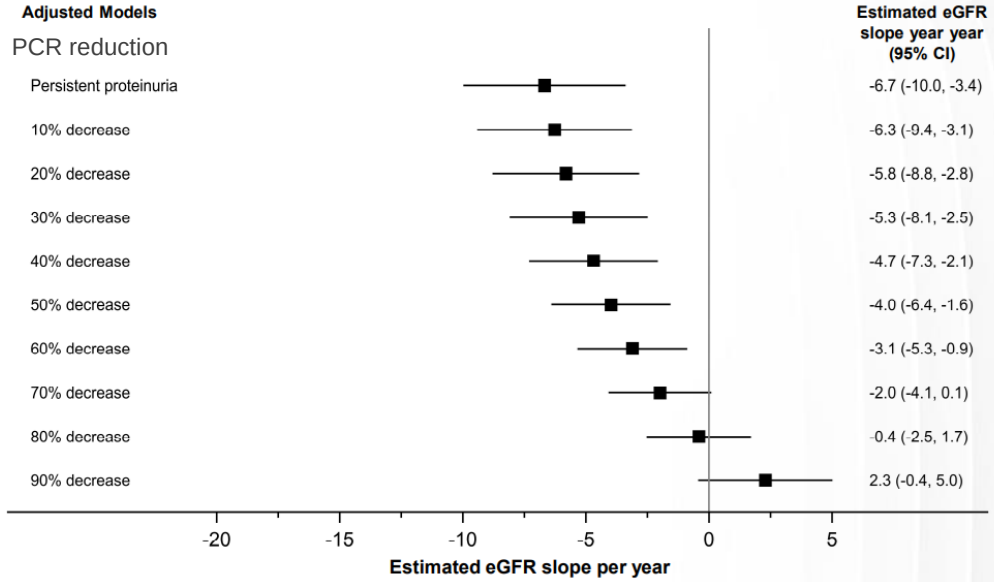
DMX-200 data is clinically meaningful

"Any reduction in proteinuria could yield years of preserved native kidney function and delay the onset of kidney failure and its attendant morbidity and mortality"

Kidney survival study - Troost et al, August 2020 [1]

"Kidney survival study (2020)[1]*: incremental proteinuria reductions are also important":*

- *"reductions ~20% in proteinuria translated to clinically meaningful differences in eGFR slope >1 to 2 mL/min/ 1.73 m2 per year"*



DMX-200 treatment resulted in clinically meaningful improvements in kidney function of FSGS patients

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1. Troost JP et al (August 2020); Proteinuria Reduction and Kidney Survival in Focal Segmental Glomerulosclerosis, American Journal of Kidney Disease; https://doi.org/10.1053/j.ajkd.2020.04.014

eGFR: estimated Glomerular Filtration Rate – measure of kidney function