Dimerix
(ASX:DXB)

Partnering and Investor Presentation

September 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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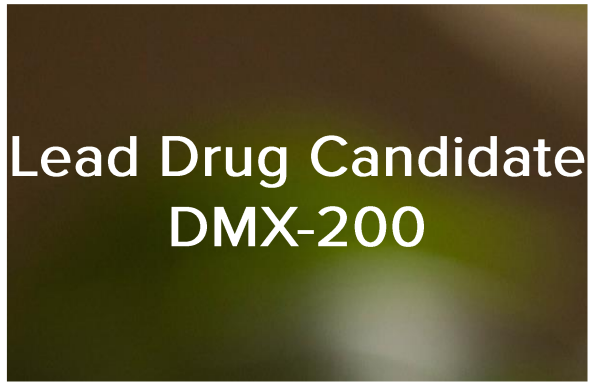
About Dimerix

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 recruiting across ~70 sites globally[1]

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

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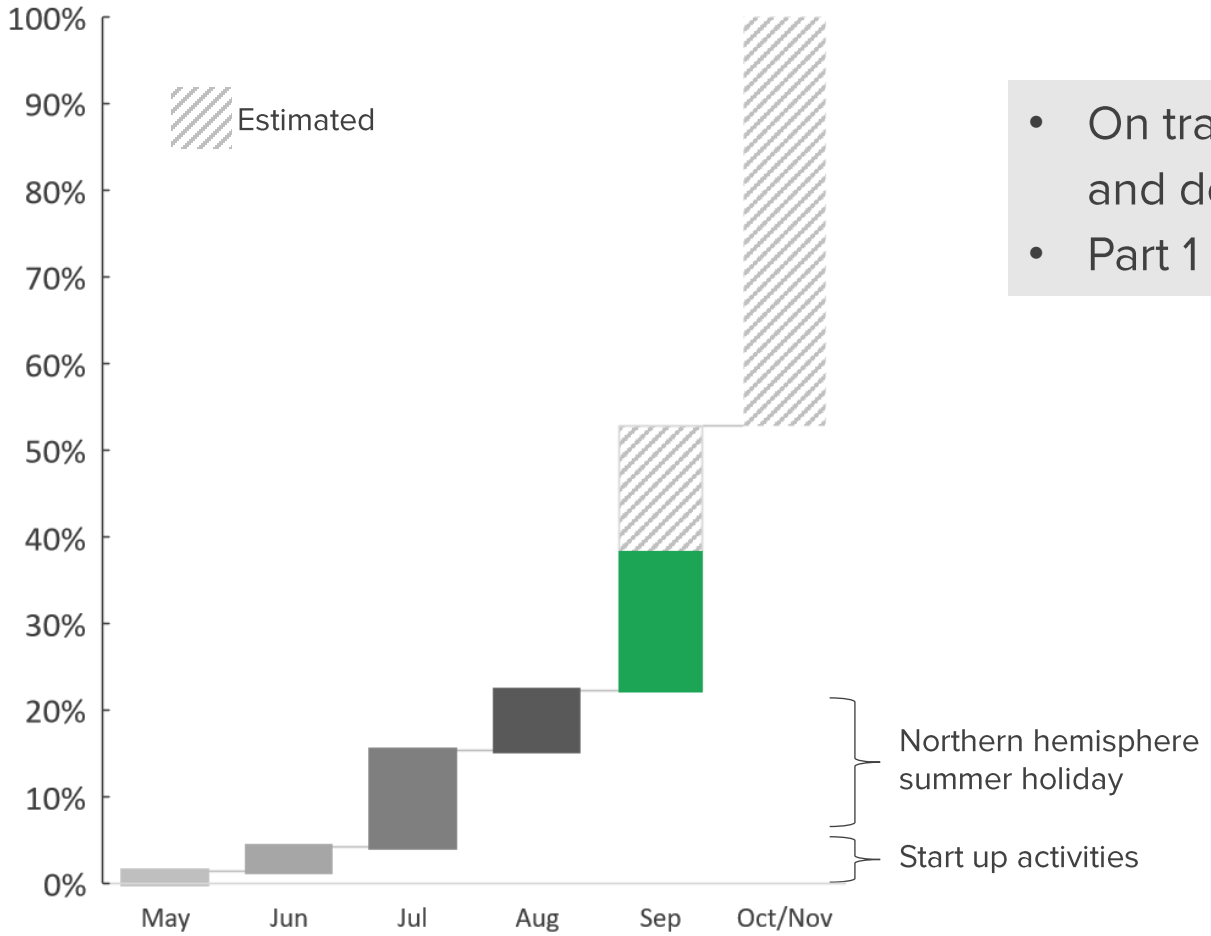
1 *ASX release: 01Feb22*
2 *ASX release: 29Jul20*
3 *See slide 8 for market potential*

ACTION3 - Study part 1 recruitment status

FSGS CLINICAL STUDY

Patients recruited*:



*Actual and estimated as at 14Sep2022

- On track to complete Part 1 recruitment and dosing Q4 2022
- Part 1 data outcome anticipated mid-2023

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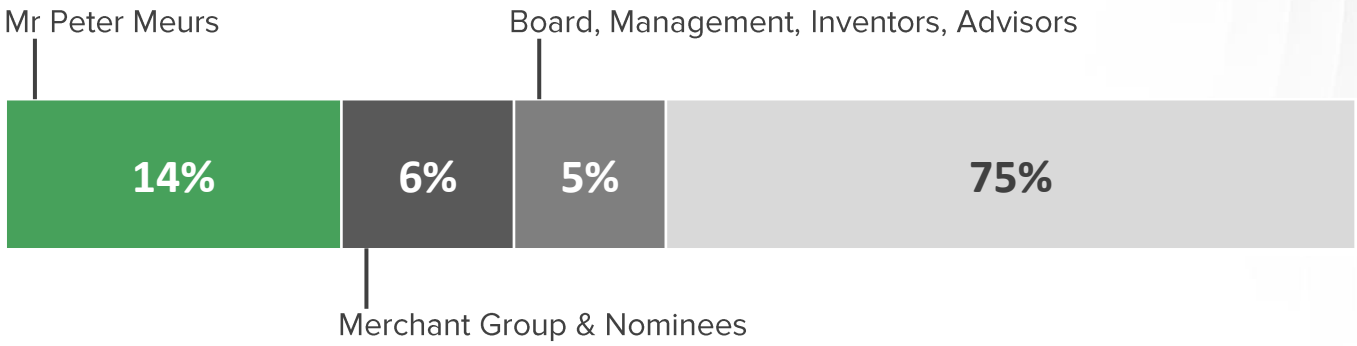
Corporate overview

ASX	Ticker Symbol	ASX:DXB
	Cash Balance (30Jun22)	A$9.6 million
	Market Capitalisation	~A$45 million
	Share price	~A$0.14
	Total ordinary shares on issue	320,873,666

Share price

Shareholders[1]



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[1] *Percentages are rounded up and subject to slight variation*

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 ~70 sites globally[2], Part 1 completion anticipated mid-23[3]
	Diabetic Kidney Disease					Phase 2 demonstrated promising efficacy and safety[1], next study planned with support form Australian Centre for Diabetes Innovation; anticipated H123[4]
	Late COVID pneumonia – REMAP-CAP					Study recruitment across Europe, recruitment closed pending analysis by REMAP-CAP, will update market upon receipt[5]
	Early COVID respiratory – CLARITY 2.0					Study recruitment across India, recruitment closed pending analysis by CLARITY, will update market upon receipt[6]
DMX-700	Chronic Obstructive Pulmonary Disease (COPD)					Pre-clinical studies reported 80% decrease in lung injury; clinical study design underway with study start anticipated H1 23[7]
DMX-xxx	Undisclosed (multiple)					Additional target opportunities identified using Receptor-HIT; preliminary exploratory work underway

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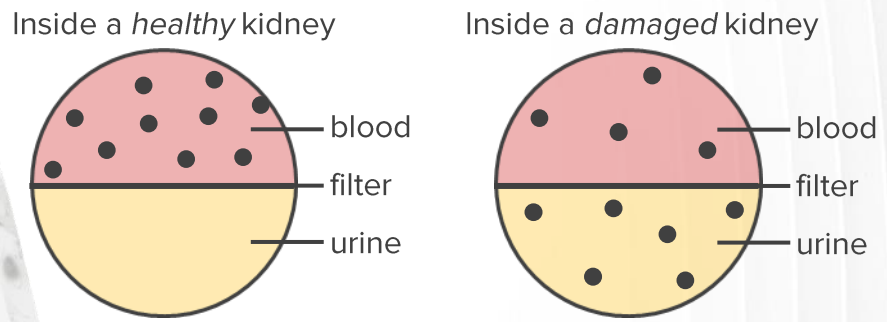
1. *ASX release: 19Jul20;*
2. *ASX release: 31May22*
3. *Subject to recruitment*
4. *ASX release: 07Jun22*
5. *ASX release 27Jun22*
6. *ASX release: 18Aug22*
7. *ASX release: 04Jun22*

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]

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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*

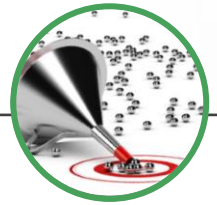
Renal disease landscape

"*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]

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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

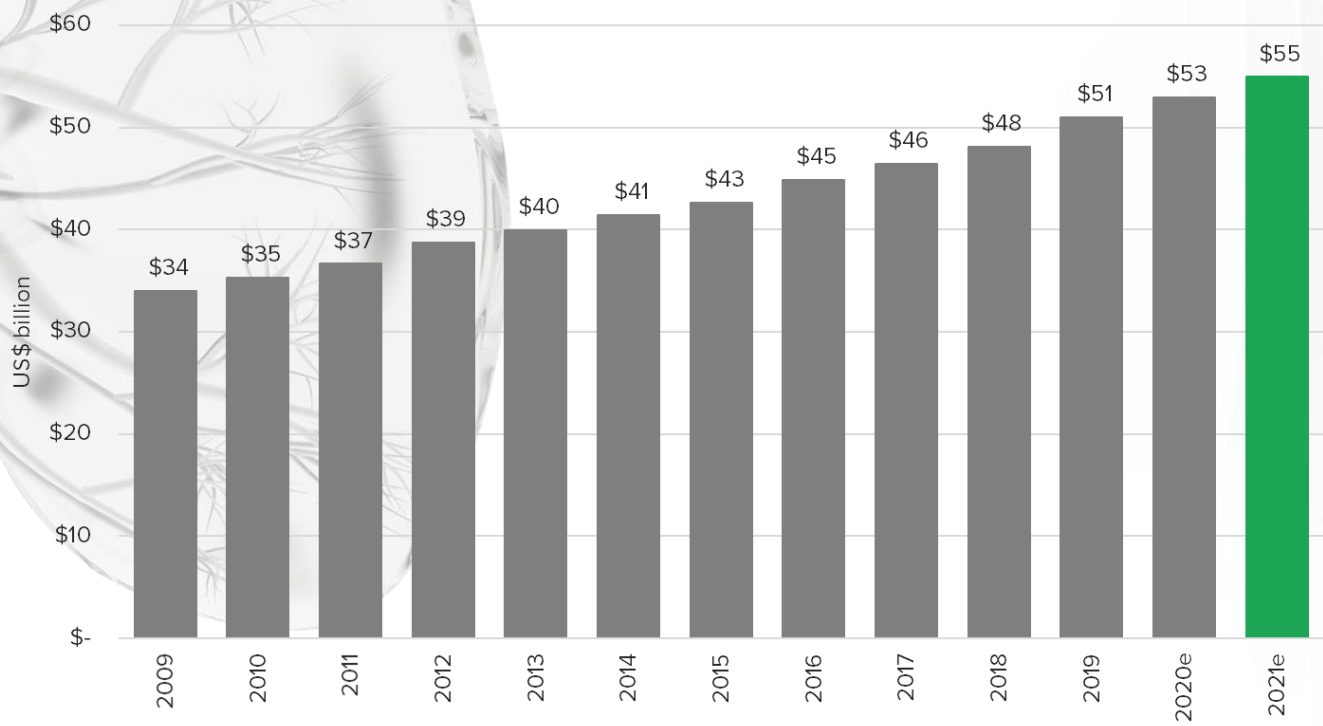
~40 million
adults have kidney disease (~15% of the adult population) in the US in 2021 [1]

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]



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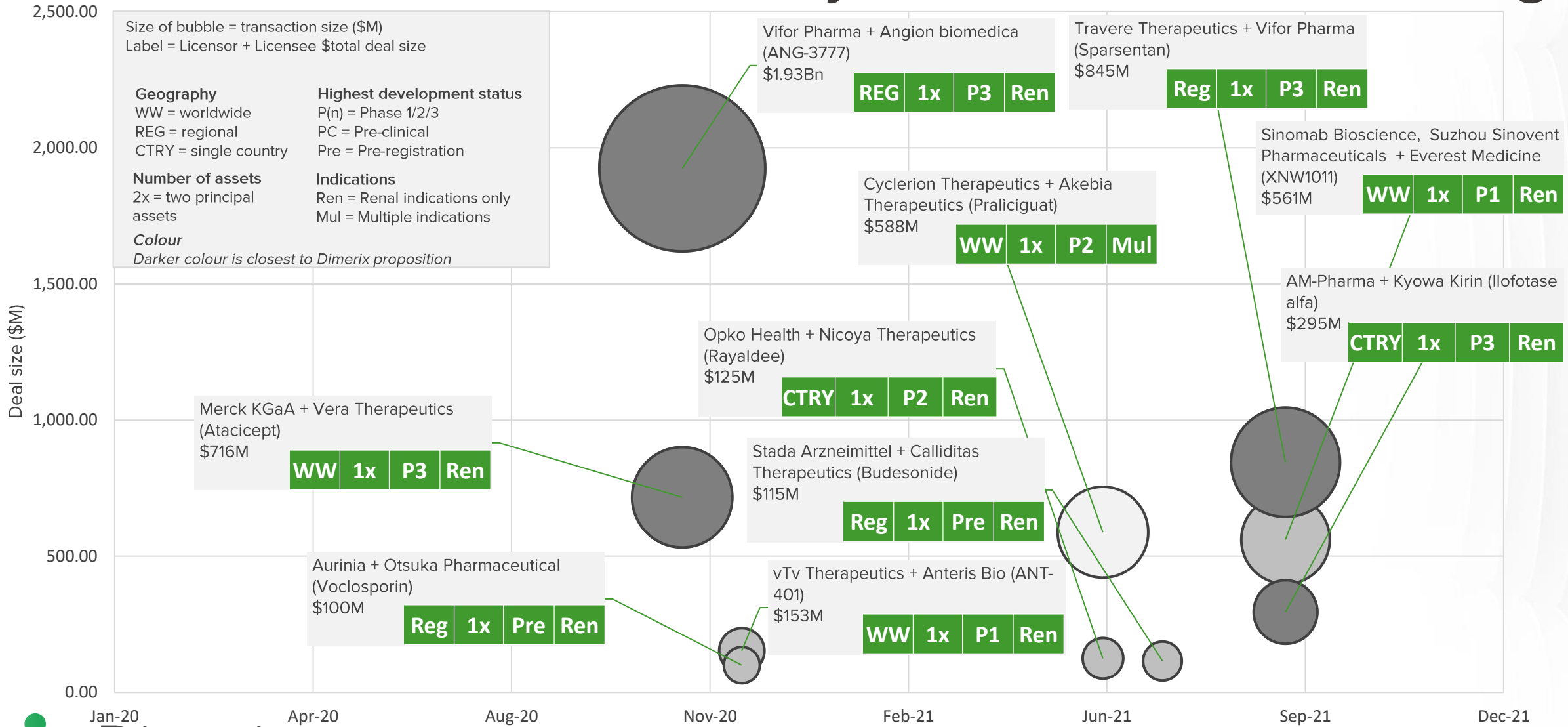
1. Garibaldi A, et al (2021) The Evolution of Kidney Health Management and the Next Frontier; https://www.lek.com/insights/ei/evolution-kidney-health-management-and-next-frontier
2. https://www.federalregister.gov/documents/2019/07/15/2019-15159/advancing-american-kidney-health;
3. The United States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

Increased interest in kidney transactions: licensing



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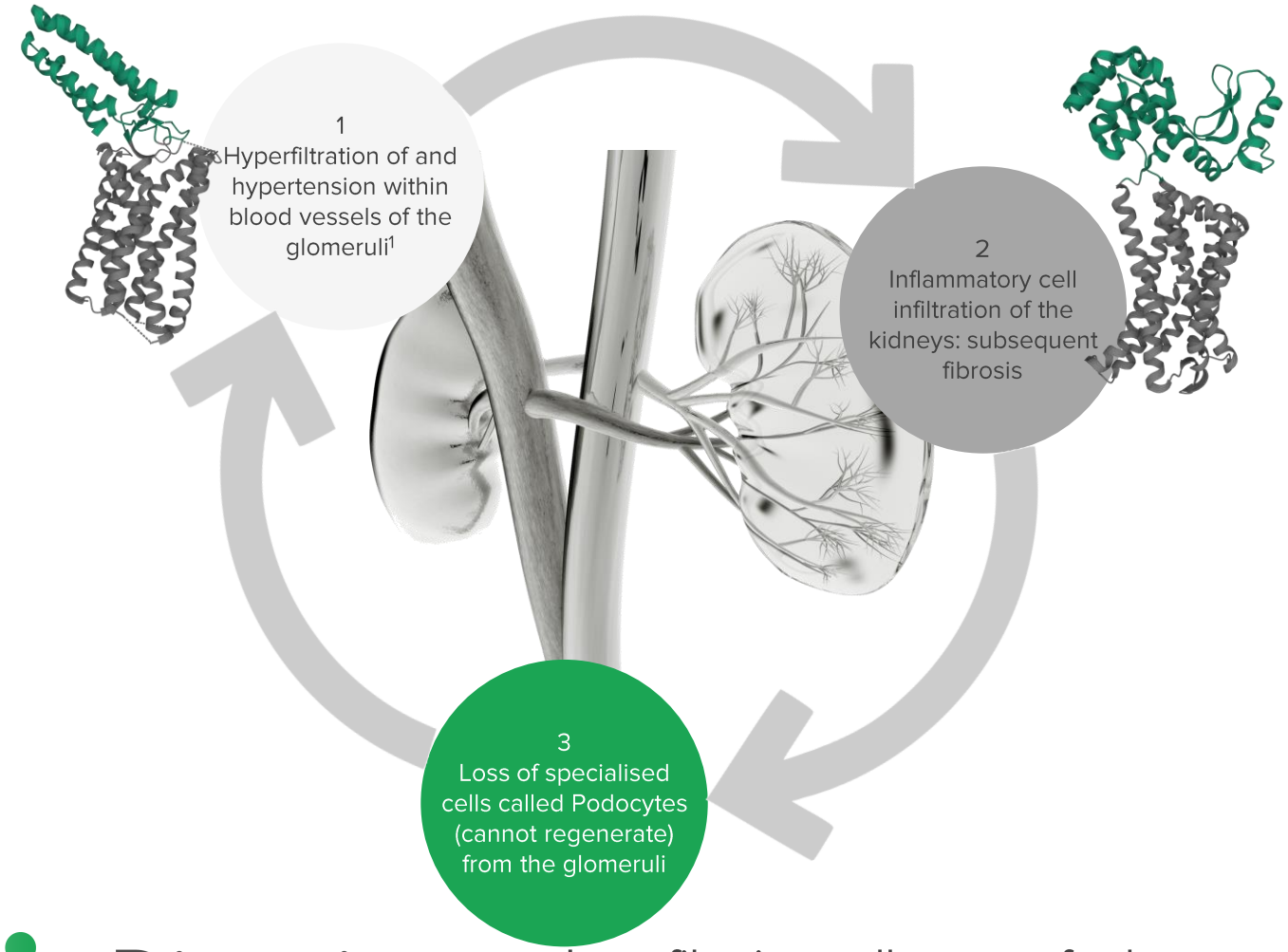
Sources: Clarivate, BiosciDB, Press, Company Documents, Statutory and Regulatory Filings.
Only deals with disclosed financials are included. Prepared by Pharmaventures UK for Dimerix May 2022

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

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 slope 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 – 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]

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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*

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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DMX-200 treatment group met primary and secondary endpoints

- **86%** of patients demonstrated reduced proteinuria on DMX-200 versus placebo
- **29%** of patients demonstrated >40% reduction in proteinuria

Efficacy

- No safety concerns – reduced development risk
- DMX-200 compares favourably to compounds currently in development[2,4]

Safety

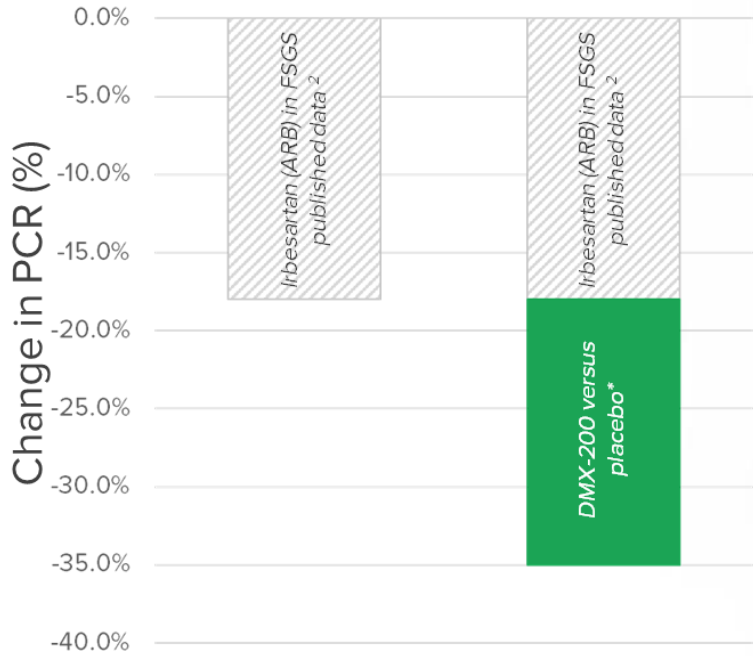
- **17%** reduction of uPCR in addition to ARB: mixed model, repeat measures statistical test; (grouped analysis model shows a 25% drop in uPCR)[1]

Clinically Meaningful

- Results comparable to other compounds in development[2]
- DMX-200 may be complementary to other development compounds, such as sparsentan[3]

Competitive

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



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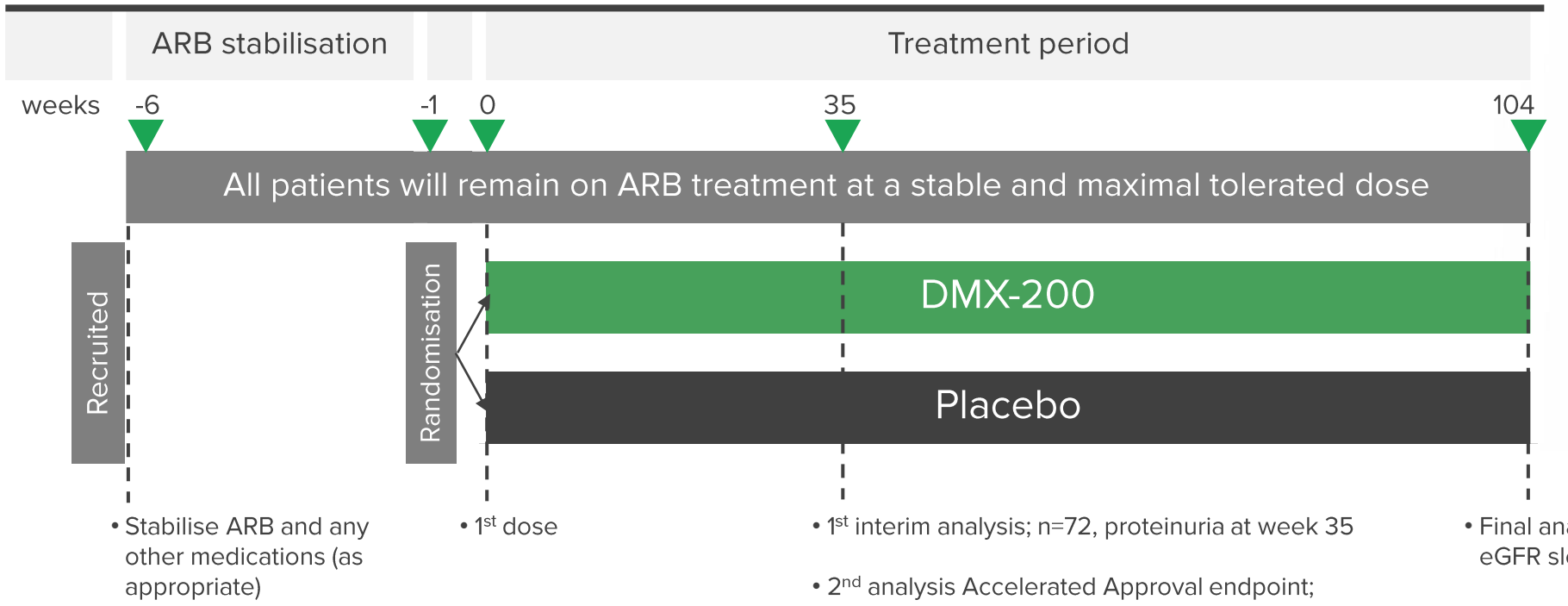
PCR = protein creatinine ratio; ARB = angiotensin receptor blocker

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/

ACTION3 - FSGS phase 3 study design

FSGS CLINICAL STUDY

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with 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

ACTION3 - FSGS phase 3 study locations – Part 1

FSGS CLINICAL STUDY

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

Global study recruiting across ~70 sites:

- Australasia: 9 sites
- Asia: 9 sites
- Europe 18 sites
- Latin America 11 sites
- UK 6 sites
- USA 20 sites

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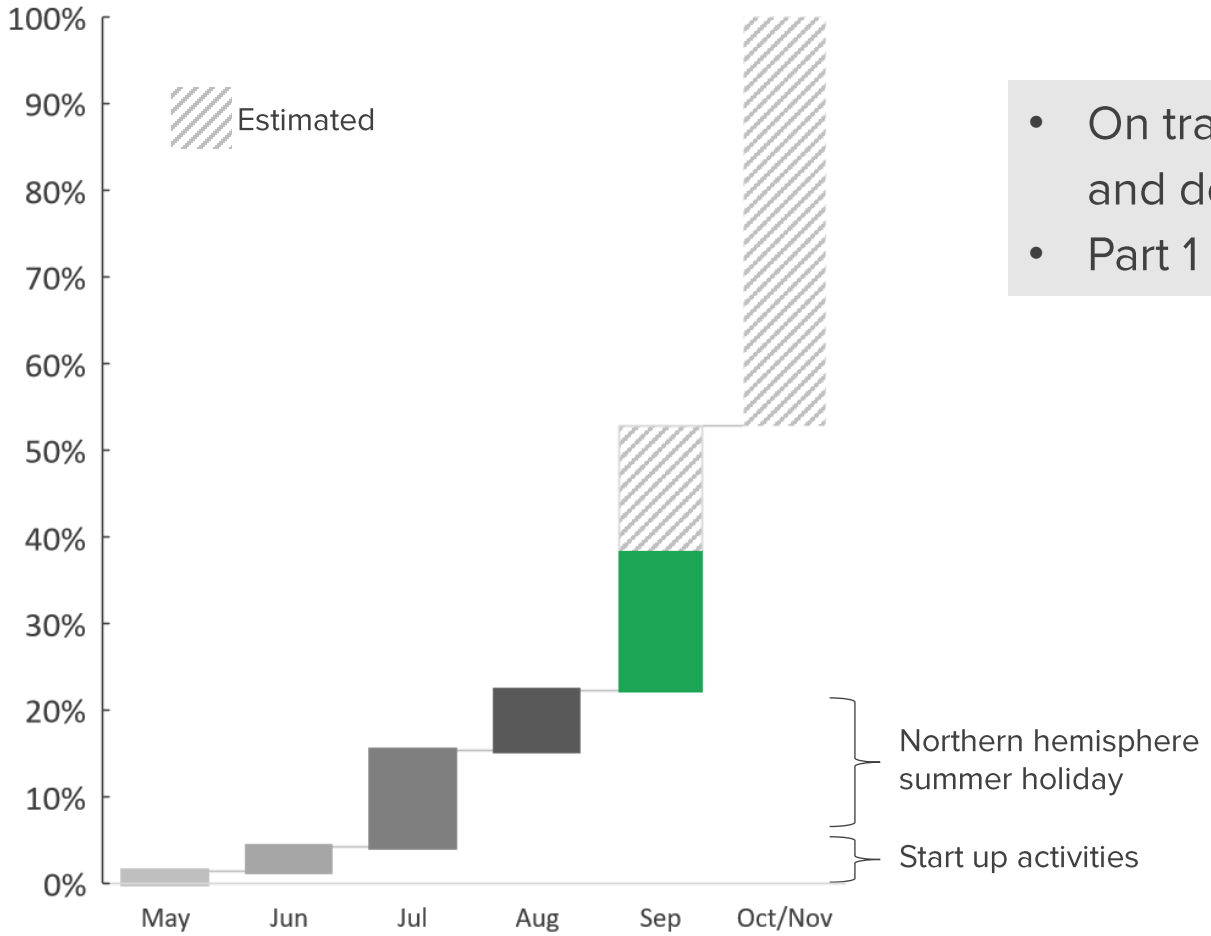
ACTION3 - Study part 1 recruitment status

FSGS CLINICAL STUDY

Patients recruited*:



- On track to complete Part 1 recruitment and dosing Q4 2022
- Part 1 data outcome anticipated mid-2023

*Actual and estimated as at 14Sep2022

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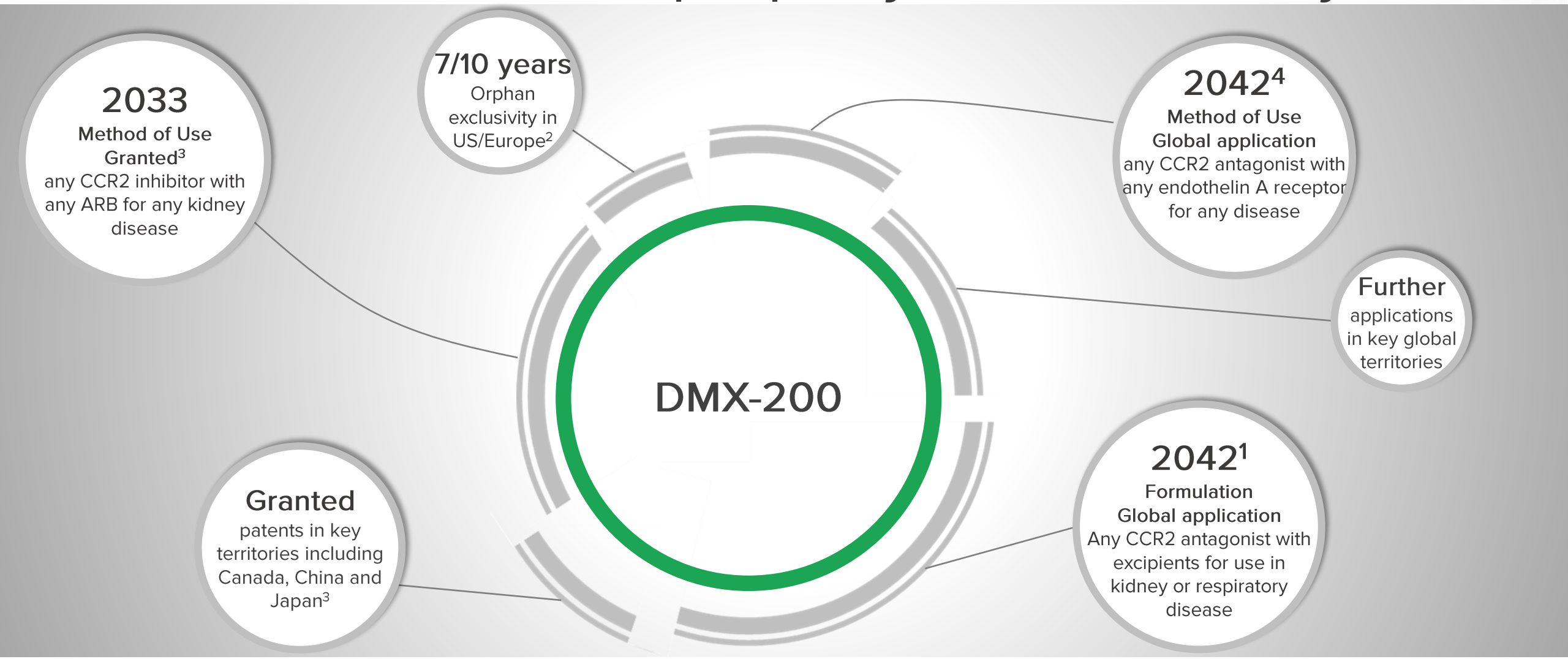
DMX-200 Intellectual property and exclusivity



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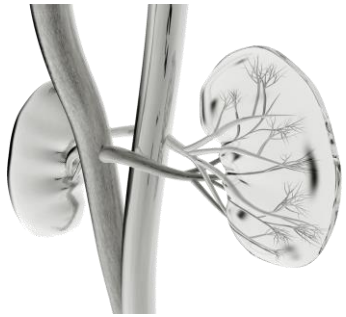
1. *If patent applications are granted: PCT/AU2022/050013;*
2. *DMX-200 is a New Chemical Entity (NCE): an active moiety not approved before which can attract exclusivity periods in various territories*
3. *Granted patents US9,314,450; US10,058,555; US10,525,038; CN2012800046165; CA2,821,985; EP12734251.7;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

Additional longer term propositions

Additional asset value propositions

Longer term opportunities



DMX-200

Diabetic Kidney Disease

Addressable market

US$1.1 billion[1]

Key driver is the rise in diabetes global incidence

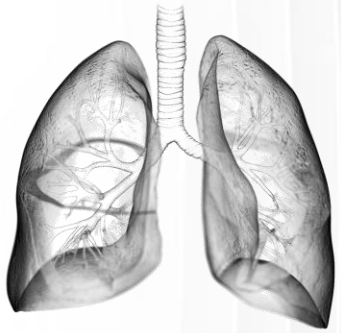
Diversifying risk and potential sources of revenue

DMX-700

Chronic Obstructive Pulmonary Disease

Global COPD treatment market (2017)

US$14 billion[2]



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1. *2017 IQVIA ARB prescription and pricing data;*
2. *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*

COPD efficacy

DMX-700 shows significant efficacy with 80% reduction in lung injury of COPD ($p<0.01$, $n=6$)

The clinical design underway

COPD is the third-leading cause of death in the world, causing 3.23 million deaths globally in 2019[1]

In the United States, COPD affects 1 in 8 Americans age 45 and older, and 1 in 20 Australia aged 45 years, but millions more may have the disease without even knowing it [2,3,4]

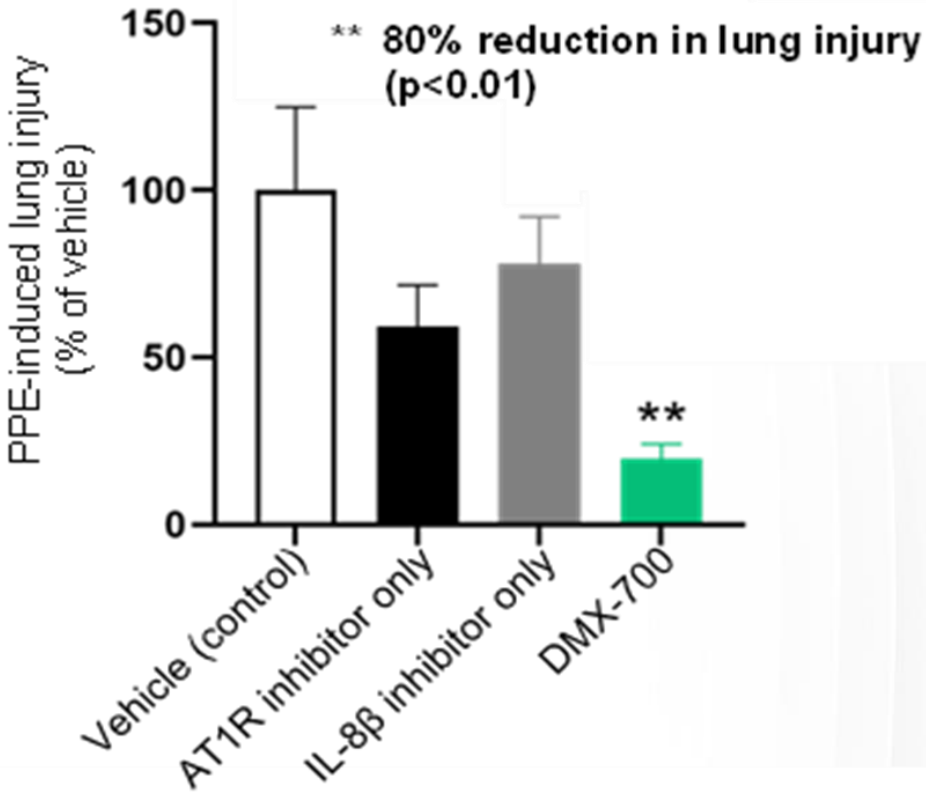

Figure: The effect of vehicle, AT1R or IL-8β inhibitors only or DMX-700 on lung injury induced by porcine pancreatic elastase (PPE) in mice. Only treatment of mice with DMX-700 resulted a statistically significant reduction (80±4.4%) in lung injury. Bars represent % of PPE only response (vehicle) mean ±S.E.M., **; $p<0.01$ versus vehicle, $n=6$ one-way ANOVA and Dunnett's multiple comparison test.

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1. WHO Fact Sheet COPD (2022) online: https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-(copd); 2. NIH National COPD Action Plan (2021) online: https://www.nhlbi.nih.gov/health-topics/education-and-awareness/COPD-national-action-plan; 3. Australian Government, Institute of Health and Welfare (2020): online: https://www.aihw.gov.au/reports/asthma-other-chronic-respiratory-conditions/copd-chronic-obstructive-pulmonary-disease/contents/deaths; 4. American Lung Association Fact Sheet (2022), online: https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/learn-about-copd

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
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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

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Dimerix board

James Williams
PhD, MBA
Non-Executive Chairman

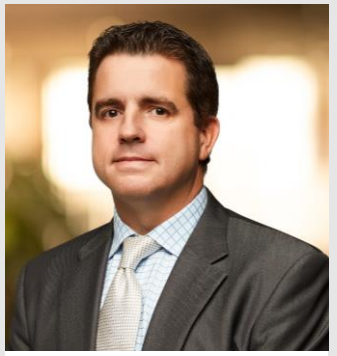
iCeutica, Yuuwa, AdAlta (alternate), Polyactiva
Experienced Director of ASX-listed companies
- Co-founded Dimerix, iCeutica
- Co-founded Yuuwa Capital ($40M venture fund)

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

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

Wyeth (Pfizer), Acrux, Immuron, Linear Clinical Research
- Experienced in product development, commercial strategy & 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

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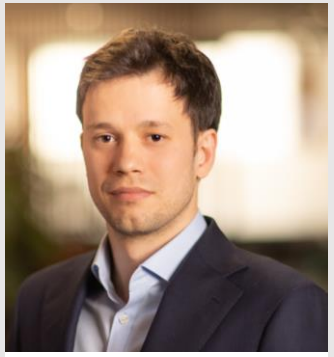
Dimerix management

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



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
VP R & D

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
VP Product Development

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.

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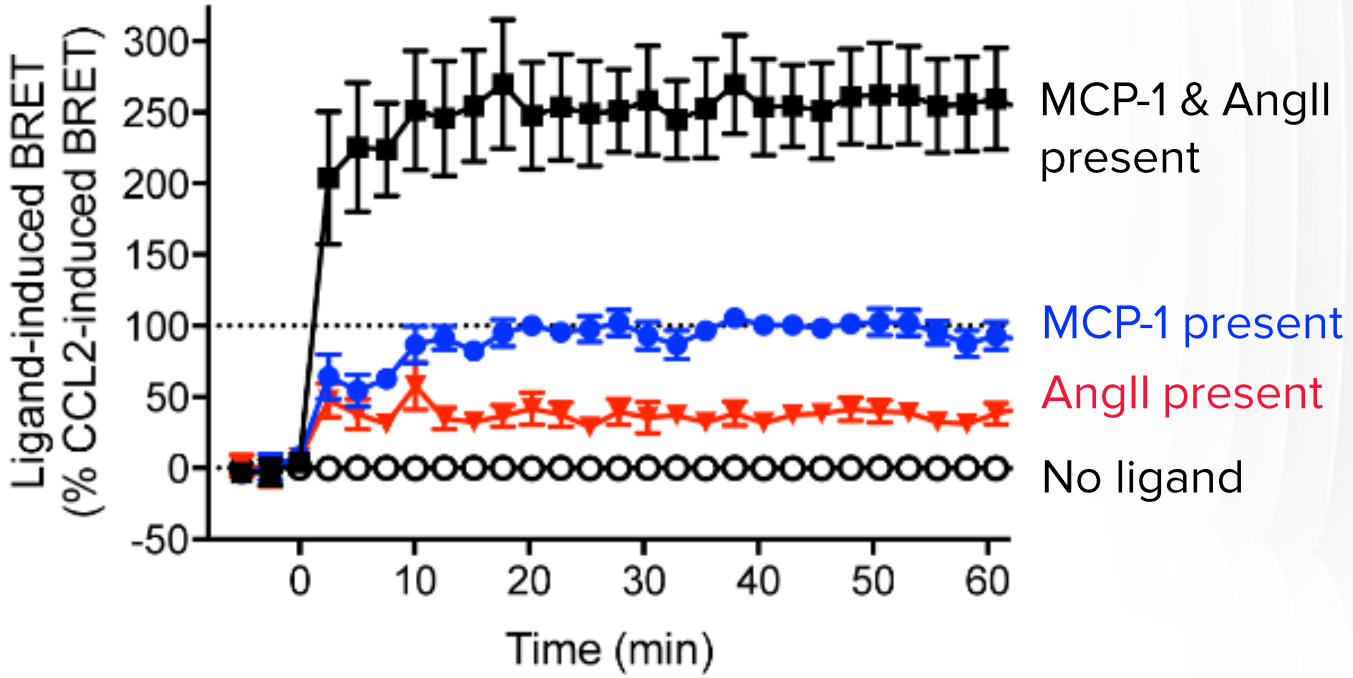
AT1R and CCR2 form functional heteromers

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



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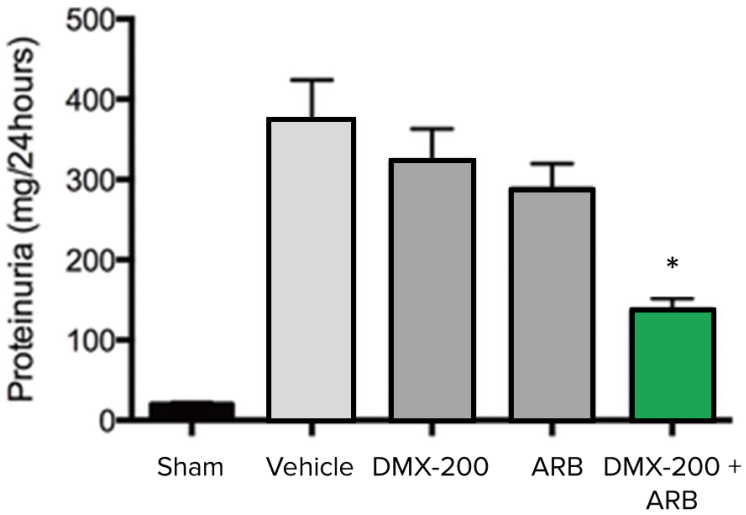
Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803

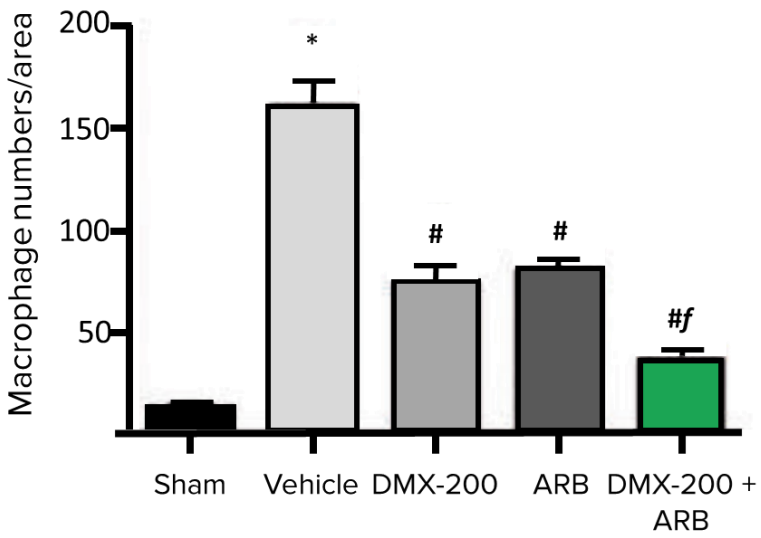
Reduction in proteinuria in STNx rats

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

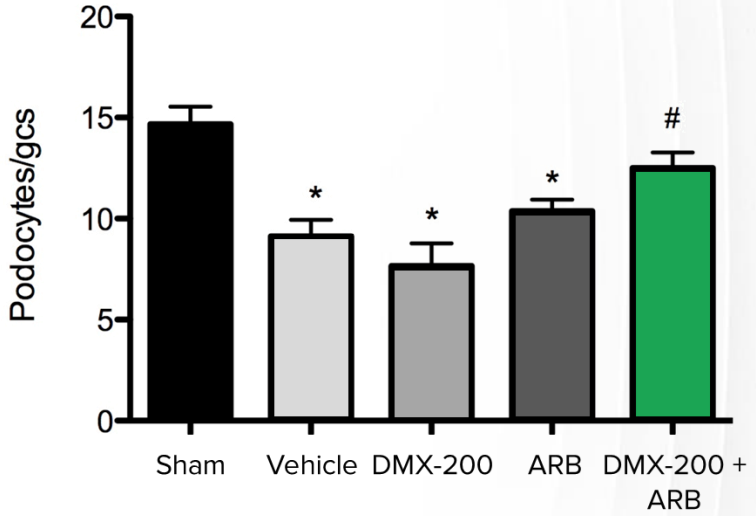
↓ Proteinuria



↓ 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

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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

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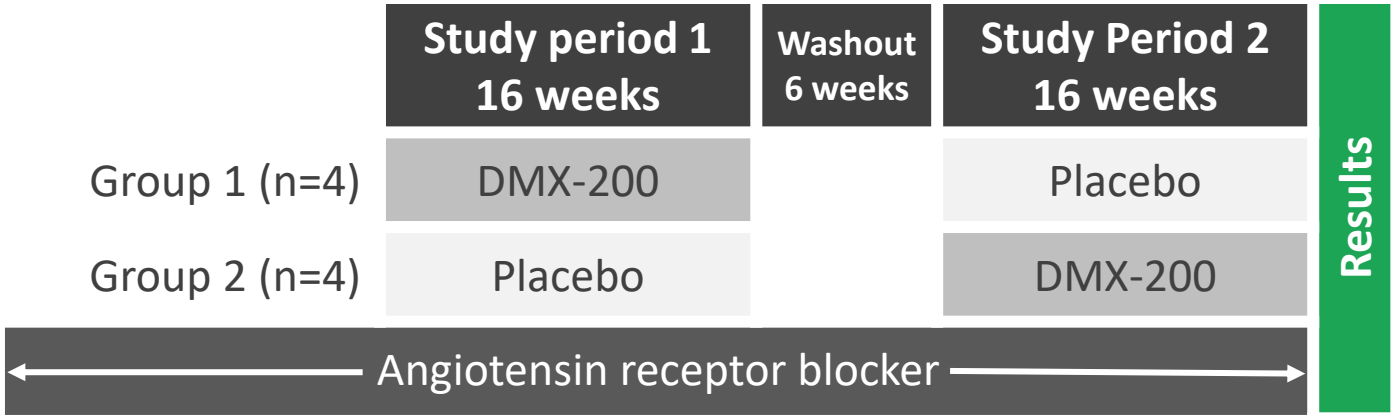
Phase 2a trial in FSGS completed

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 Focal Segmental Glomerulosclerosis who are Receiving an ARB

- *Primary endpoint: safety; Secondary endpoint: proteinuria and biomarker analysis*
- *Patient population: Patients with FSGS who are receiving an ARB*



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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]

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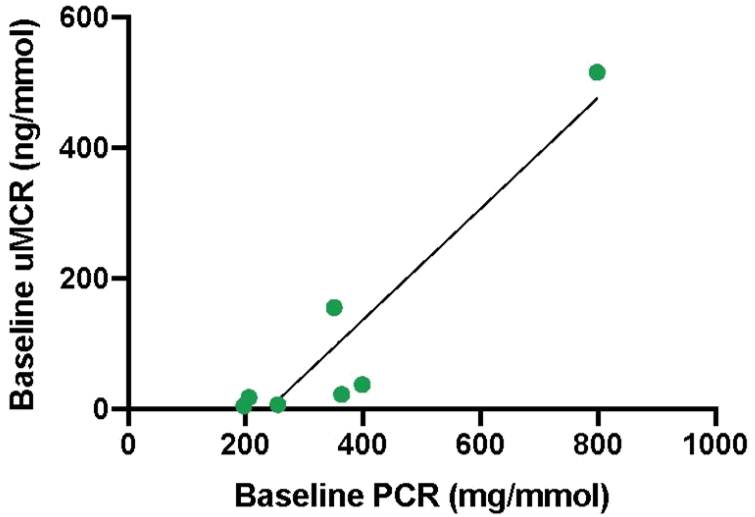
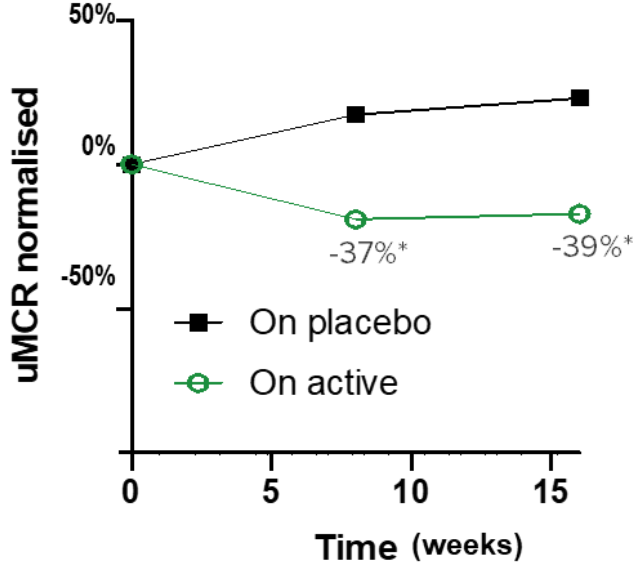
1. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 2. Based on: a) https://lupkynispro.com/safety/; b) https://www.reatapharma.com/investors/news/news-details/2021/Reata-Pharmaceuticals-Announces-Outcome-of-FDA-Advisory-Committee-Meeting-of-Bardoxolone-for-the-Treatment-of-Patients-with-Chronic-Kidney-Disease-Caused-by-Alport-Syndrome/default.aspx; 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 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

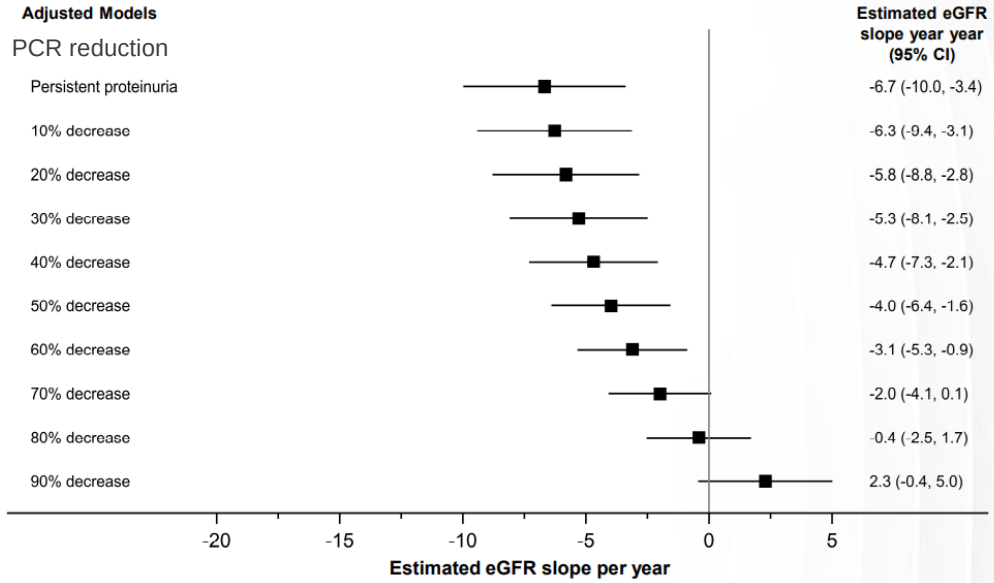
DMX-200 data is clinically meaningful

"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