ACTION3
FSGS CLINICAL STUDY

Dimerix

(ASX:DXB)

Capital Raising Presentation

May 2023

Developing new therapies to treat inflammatory causes of kidney and respiratory disease with unmet clinical needs

Authorised for lodgement 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.

Late stage, phase 3 clinical development asset

Near term **Phase 3** interim **analysis results announced (Q124)**

Advanced **partnering negotiations** with offers received from multiple parties for various territories[1]

Clear commercialisation pathway – manufacturing, supply chain, label ready for commercial roll out

Orphan Drug status providing protection through data exclusivity[2] for min 7-10 years, in addition to comprehensive patent/IP strategy

Estimated >3b global market size p.a[3] – 203,000[3] patients across 7MM at example US pricing of US$120,000 p.a.[4]

Phase 2 **met primary** and secondary endpoints

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1.Offers are non-binding and subject to due diligence, a definitive agreement and board approval; 2.ASX releases: 14Dec15, 21Nov18, 07Jun21; 3.Focal segmental glomerulosclerosis – Market Insight (2022), Epidemiology and market forecast – 2032 Delve Insight; 4. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program

Significantly de-risked, late-stage development program

Strong safety profile[1] – no material adverse events in Phase 1/2

Proven efficacy[1] in Phase 2 studies – Met primary and secondary endpoints

Completed toxicology studies[2] - expect no further work required by FDA

Completed commercial manufacturing scale-up[3]

Clear development pathway to market[4]

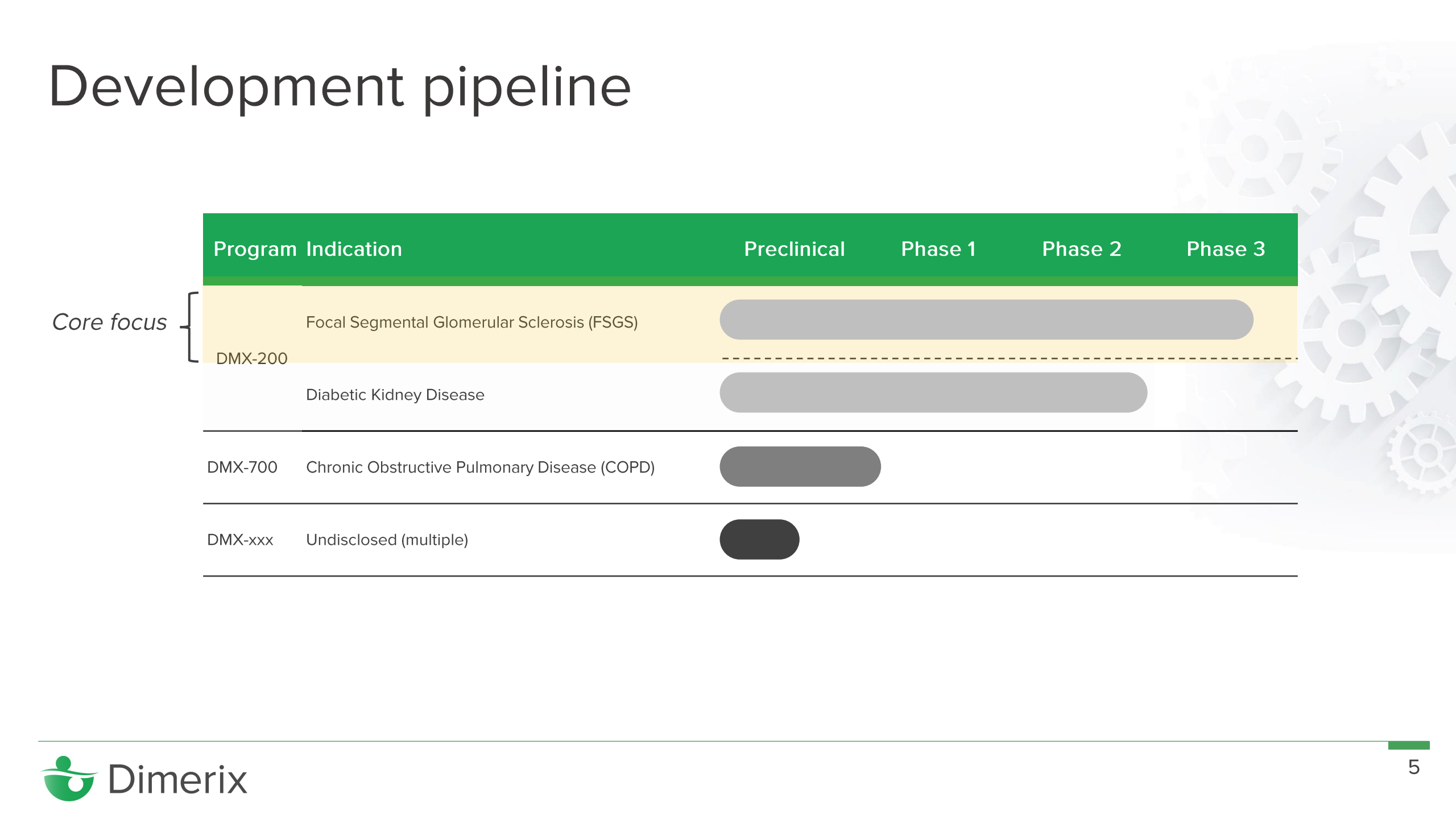
Orphan Drug designations[5]

1. ASX release and investor presentation 29Jul20; 2. AGM Presentation 28Nov19; 3. ASX investor presentation 09Mar20; 4. FDA/EMA meetings 2019,2020,2021,2022; 5. ASX releases: 14Dec15, 21Nov18, 07Jun21 ;

Development pipeline

Core focus

Program	Indication	Preclinical	Phase 1	Phase 2	Phase 3
DMX-200	Focal Segmental Glomerular Sclerosis (FSGS)				
	Diabetic Kidney Disease				
DMX-700	Chronic Obstructive Pulmonary Disease (COPD)				
DMX-xxx	Undisclosed (multiple)				



Benefits of targeting orphan diseases

Orphan designation used by regulators to incentivise companies to develop new drugs for rare diseases

- Very little new drug development in rare kidney diseases over last 30 years

Commercially attractive pricing structure for orphan drugs

- ~US$84,000p.a average orphan drug price in 2018[1]
- ~US$120,000p.a average price for other rare kidney treatments[2] (US$9,900 for recently approved Sparsentan in treatment of IgAN)

Marketing exclusivity period without generic competition or challenge

- 7 years in US
- 10 years in EU

Opportunity to extend exclusivity for another ~2 years on paediatric indication

- Paediatric population to be included in Part 2 of Phase 3 trial[3]

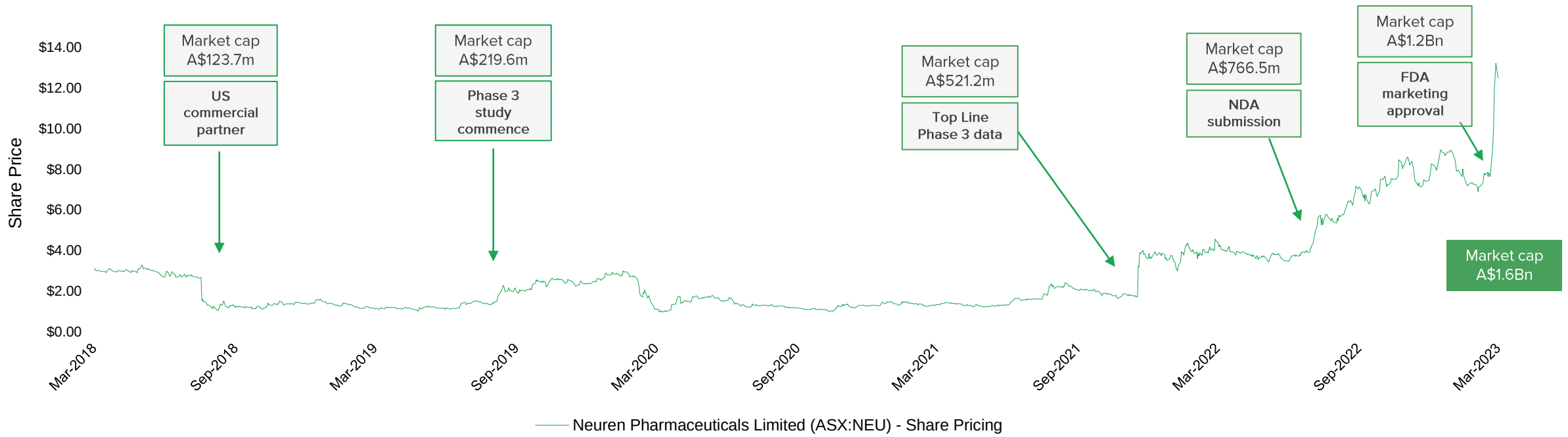
Collaboration from global regulators including FDA

- Feedback and assistance designing Phase 3 trial, including 2nd interim readout for the purposes of potential accelerated approval in some territories[4]
- Design of overall drug development plan

1. 2018, IQVIA , Orphan Drugs in the United States: Growth Trends in Rare Disease Treatments; 2. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; 3. ASX release 12Jan2023; 4. FDA/EMA meetings 2019,2020,2021,2022

Orphan drug case study - Neuren (NEU.ASX)

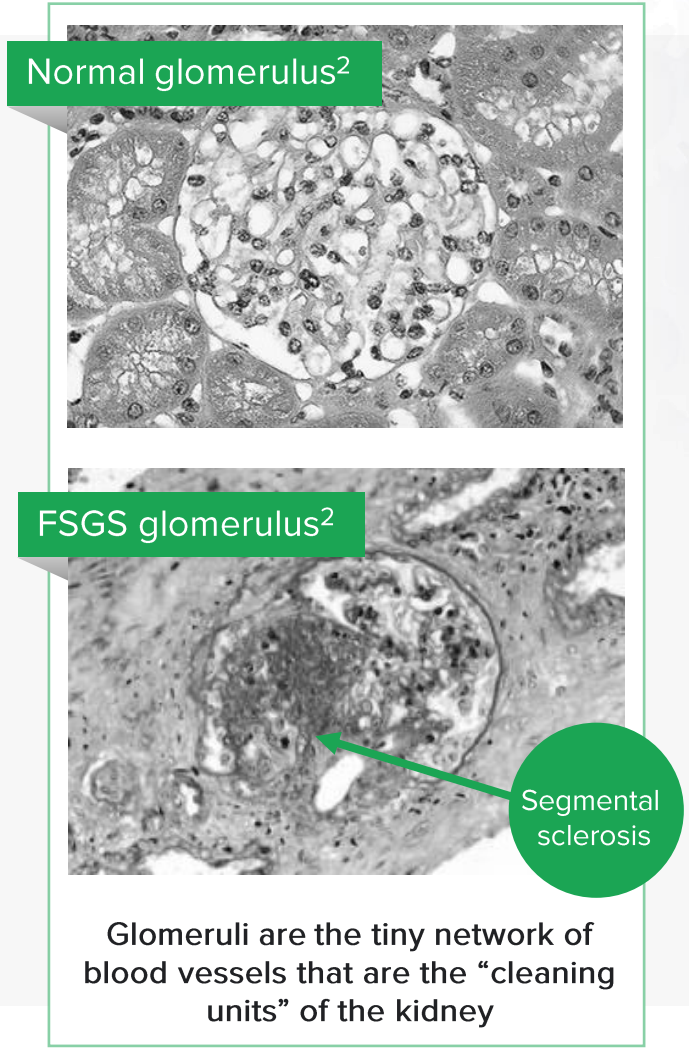
- Neuren are focussed on orphan disease treatment with a pipeline of rare neurodevelopmental disorders
- Lead program/drug, DAYBUE™ (trofinetide) has orphan designation and received significant valuation uplifts during and after its Phase 3 program
  - $220m market cap at commencement of Phase 3
    $520m market cap at read out of Phase 3 results (240% uplift)
  - $767m market cap prior to New Drug Application (NDA) to FDA (further 150% uplift)
  - $1.6b market cap post FDA approval (further 200% uplift)
- US market assumes pricing of ~US$375,000[1] and 5,000 diagnosed patients p.a[1]



1.Reference; Neuren Investor presentation 14 March 2023

What is Focal Segmental Glomerulosclerosis (FSGS)?

- Focal segmental glomerulosclerosis (FSGS) is one of the most common forms of acquired glomerular disease leading to end stage kidney disease (ESKD)
- FSGS makes up approximately 10% of all kidney diseases[1]
- On average FSGS progresses to kidney failure within 5 years after onset of proteinuria[1]
- Caused by a variety of conditions - primary FSGS, genetic FSGS, FSGS of unknown cause and secondary FSGS[3]
- Prevalence of FSGS growing due to increase in:
  - Diabetes
  - Obesity
  - Ageing population
- Currently no approved drugs for FSGS
  - patients are treated with medications off-label, including angiotensin receptor blockers
- Significant burden on global health systems to support healthcare economics / drug pricing
  - Patients end up on dialysis (est cost US$90,000/patient/year)[4]
  - Patients requiring kidney transplant (est cost US$442,500 per transplant + ongoing medication fees)[5]
  - 60% patients have reoccurring FSGS even after first kidney transplant[6]



Glomeruli are the tiny network of blood vessels that are the "cleaning units" of the kidney

1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. J Korean Soc Pediatr Nephrol 2012;16:21-31 http://dx.doi.org/10.3339/jkspn.2012.16.1.21; 3. Nephcure FSGS factsheet 2022: https://2eu46v1q93c11mayx1nfvwg6-wpengine.netdna-ssl.com/wp-content/uploads/2021/02/nc.factSheet.FSGS_210106.pdf; 4. The Kidney Project (2022) https://pharm.ucsf.edu/kidney/need/statistics; 5. Global Perspective on Kidney Transplantation: United States (2022) DOI: 10.34067/KID.0002472021; 6. Front. Immunol., July 2019 | https://doi.org/10.3389/fimmu.2019.01669;

FSGS market size

FSGS 7MM market size estimated to be

US3b p.a[1]

- Assuming US$9,900k/month as example pricing in the US (same pricing as Sparsentan in IgAN)[2]
- Current market specifically for FSGS does not exist

FSGS Market Size		
Region	**Estimated diagnosed patients (2022)**	**$US p.a (2032)**
US	85,342[1]	US$2.05 billion[1]
EU/UK	85,014[1]	US$990 million[1]
Japan	32,644[1]	US$225 million[1]
China	>100,000[4]	US$2.8 billion[3]

7 major markets (MM)

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1. Focal segmental glomerulosclerosis – Market Insight (2022), Epidemiology and market forecast – 2032 Delve Insight; 2. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; Cost of Tarpeyo Wholesale acquisition cost (WAC) of $14,160 for a 30-day supply$170k /year https://www.calliditas.se/en/wp-content/uploads/sites/2/2018/01/fda-approval-webcast-presentation.pdf; 3. Personal communication (2022) FSGS sales forecasts in China; 4. https://www.researchandmarkets.com/reports/5309873/focal-segmental-glomerulosclerosis-global;

Only one therapy in phase 3 development

- Sparsentan failed phase 3 endpoint for use in FSGS – (01May2023 US time)
  - Sparsentan recently approved for Immunoglobulin A Nephropathy (IgAN), another rare form of kidney disease
    - Carries a black box safety warning for liver and foetal toxicity
- DMX-200 demonstrated clean safety profile in prior studies

Phase 3 drug candidates for FSGS treatment

Study	Drug candidate	Mode of action	Comparator	Primary interim (accelerated approval) endpoint	Patent /exclusivity	DMX-200 benefit
ACTION3[1]	DMX-200	CCR2 inhibitor	Placebo	% change in uPCR and eGFR slope at week 35	Exclusivity 7-10 years[3] Granted method of use patents to 2032[4]	• Strong safety profile • Proven efficacy
~~DUPLEX[2]~~	~~Sparsentan~~	~~AT_1R/ET_AR antagonist~~	~~Irbesartan~~	~~Proportion of patients achieving uPCR ≤ 1.5g/g and >40% reduction from baseline uPCR at week 36~~	~~Exclusivity 7-10 years[3] Granted method of use patents to March 2030~~	~~• IgAN product label includes black box safety warning for liver and foetal toxicity • Data suggests DMX-200 may be~~

Failed phase 3 endpoint[5]

Different target, different mechanism of action, different study design

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ET_AR: endothelin type A receptor; AT_1R: angiotensin receptor 1; uPCR: urinary protein to creatinine ratio; 1IgAN: IgA nephropathy rare kidney disease. ACTION3 ClinicalTrials.gov study identifier: NCT05183646; 2. DUPLEX ClinicalTrials.gov study identifier: NCT03493685; 3. Orphan exclusivity is 7 years US and 10 years Europe; https://www.propharmagroup.com/thought-leadership/orphan-drug-designations-in-the-u-s-and-eu; 4. Excluding potential patent term extension;5. https://ir.travere.com/news-releases/news-release-details/travere-therapeutics-announces-topline-results-two-year-primary

Significant new partnering interest

- Dimerix has received a significant amount of partnering interest from global pharma companies since starting its Phase 3 trial
  - Received multiple non-binding term sheets for global deals and regional deals[1]
    - With multiple parties in data room and conducting due diligence
  - Preference is to work with partners that have sales and marketing infrastructure and experience
    - Dimerix has no plans to take drug to market itself

1. Offers are non-binding and subject to due diligence, a definitive agreement and board approval

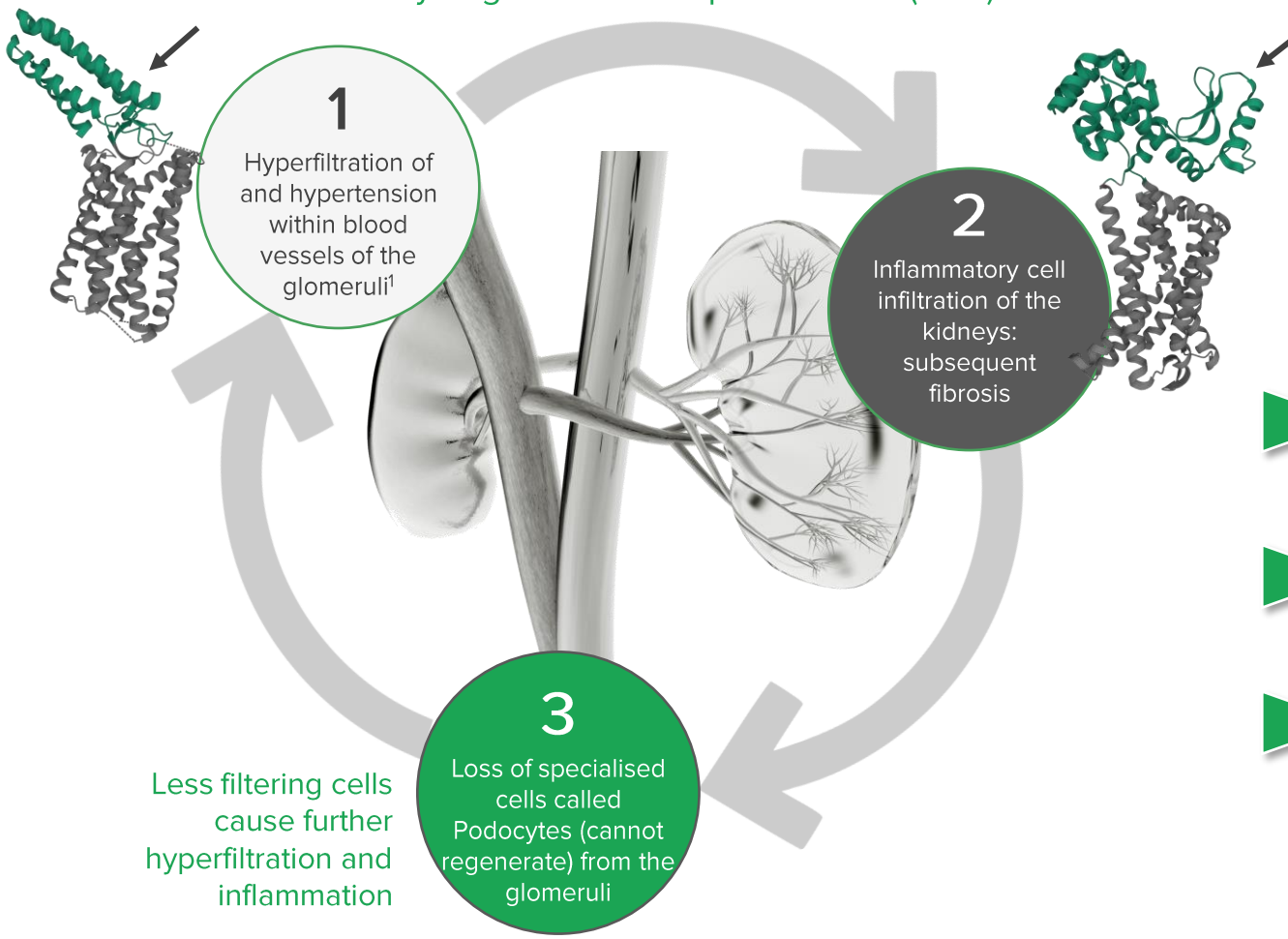
ACTION3

FSGS CLINICAL STUDY

PHASE 3 CLINICAL TRIAL

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]

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 completely 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]

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

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)

New Chemical Entity status, with orphan exclusivity (7 years US/10 years EU)[2]; and with granted patents and applications across key countries	2 x 120mg capsule daily 	Consistently safe and well tolerated in both healthy volunteers and renal patients (total of 95 patients dosed)[3]	4 clinical studies completed to date: positive efficacy signals across studies[3]
Small molecule	Easy & convenient dosing	Strong safety profile[3]	Proven efficacy[3]

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1. ASX release: 09May2022; 2. ASX releases: 14Dec15, 21Nov18, 07Jun21; 3. ASX release and investor presentation 29Jul20

DMX-200: Phase 2 met primary and secondary endpoints

Clinically meaningful outcomes for patients

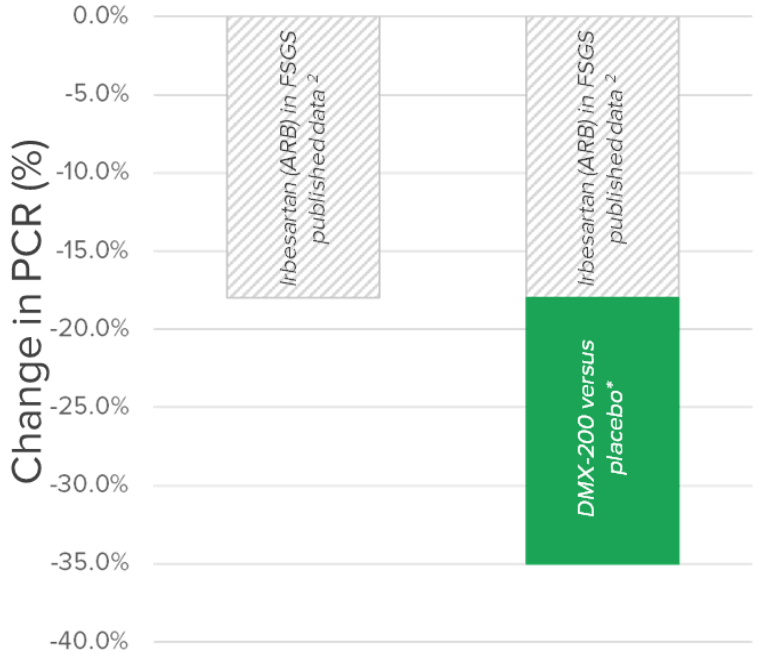
EFFICACY

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

SAFETY

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

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



See: https://dimerix.com/wp-content/uploads/2022/12/FINAL-The-ACTION-_AT1R-and-CCR2-Targets-for-Inflammatory-Nephrosis_-program-in-focal-segmental-glomerulosclerosis.pdf

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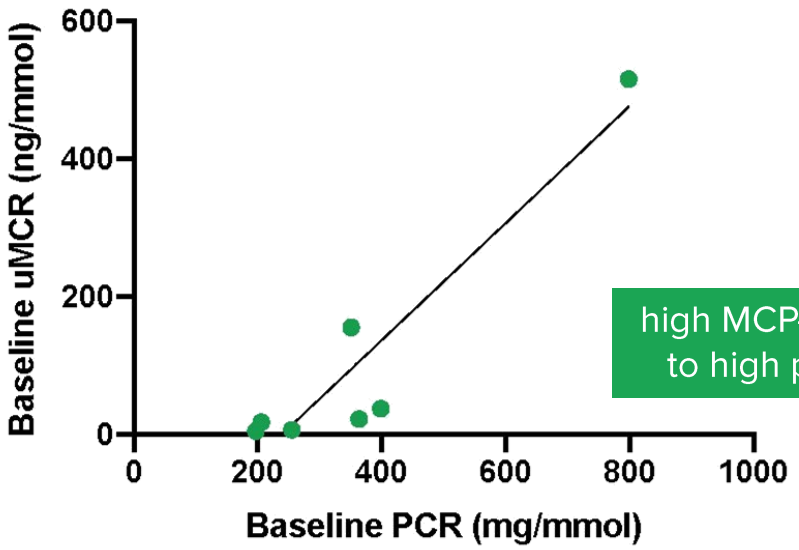
PCR = protein creatinine ratio; ARB = angiotensin receptor blocker; 1. Repeated measures mixed model analysis; top line data was reported as grouped analysis; 2. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 3. ASX release 24Mar21; 4. Based on: a) https://lupkynispro.com/safety/; b) 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/

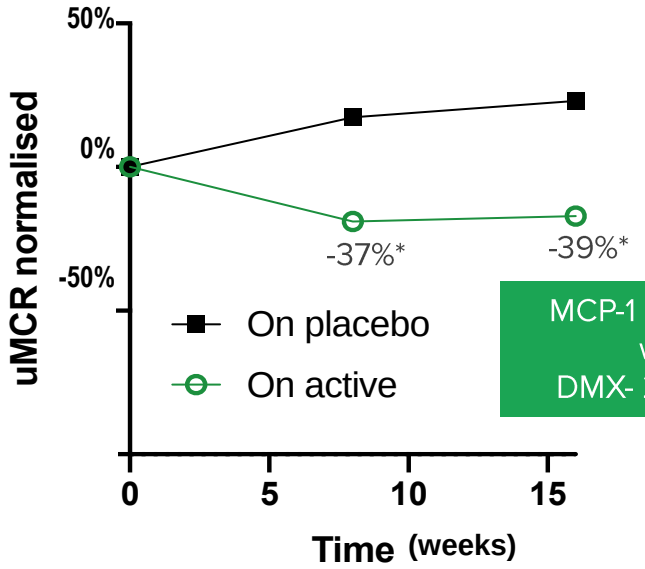
DMX-200: effect on inflammatory biomarker

Average baseline MCP-1 versus average baseline proteinuria



high MCP-1 correlates to high proteinuria

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



MCP-1 levels reduced when on DMX- 200 treatment

- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
  - DMX-200 blocks receptor responsible for inflammation
  - translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney

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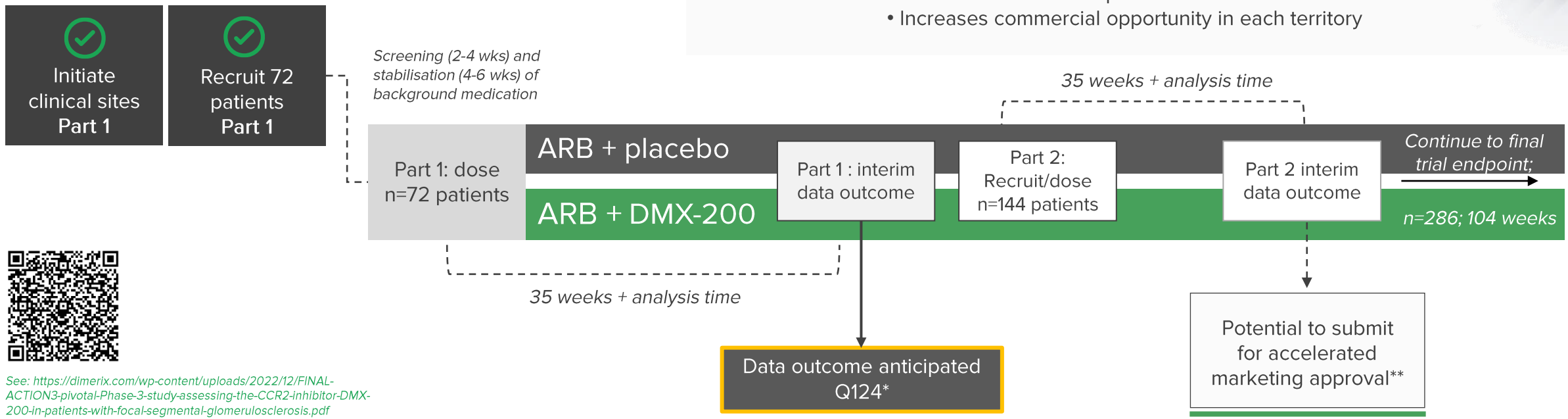
uMCR = Urinary MCP-1 creatine ratio
PCR = protein creatinine ratio
**placebo adjusted difference*

ACTION3 FSGS CLINICAL STUDY Phase 3 clinical trial status

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

- **Part 1:** global study recruiting across ~70 sites in 11 countries:
  - Geographically diverse to meet differing regulatory requirements;
- **Part 2:** additional countries and sites will open following Part 1 outcome
  - Increases recruitment potential
  - Increases commercial opportunity in each territory

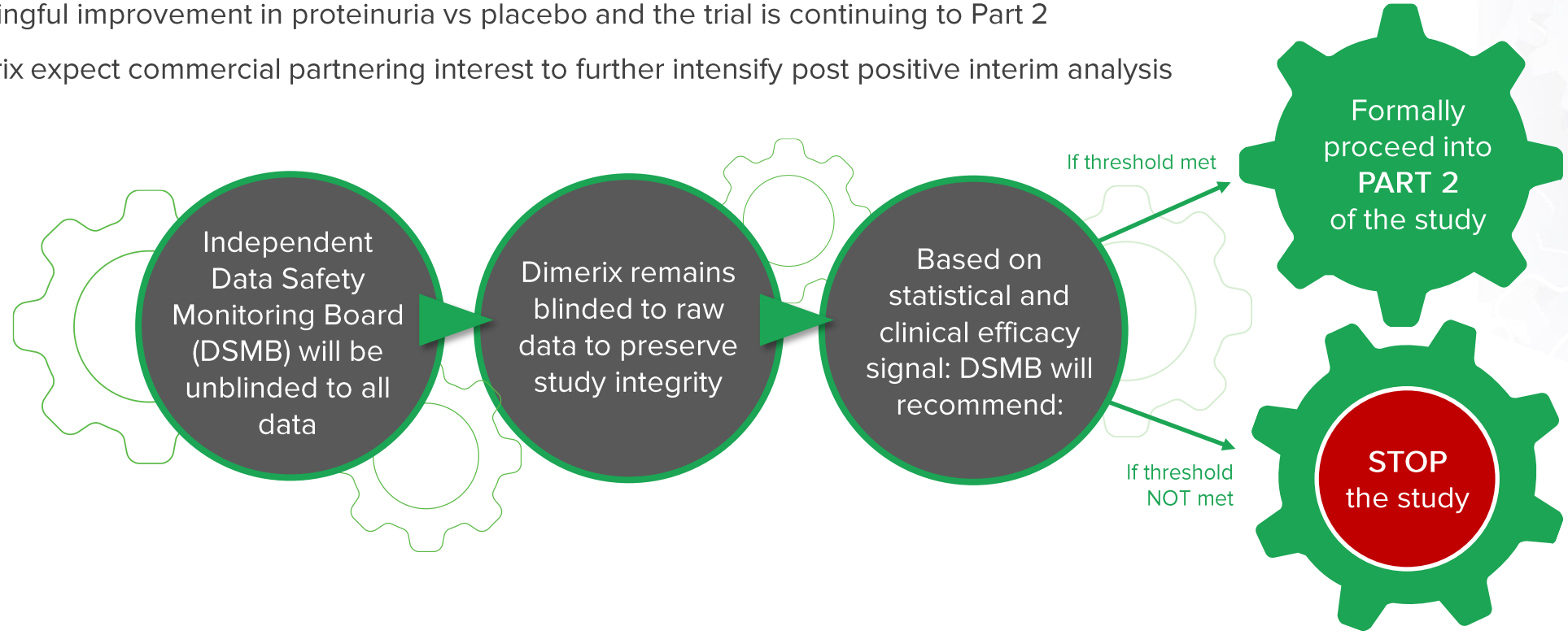


See: https://dimerix.com/wp-content/uploads/2022/12/FINAL-ACTION3-pivotal-Phase-3-study-assessing-the-CCR2-inhibitor-DMX-200-in-patients-with-focal-segmental-glomerulosclerosis.pdf

*Subject to recruitment, screening and randomisation
**Subject to data outcome and regulatory feedback in each territory

ACTION3 FSGS CLINICAL STUDY Part 1 interim analysis Q1 2024

- Announcement of interim analysis of Phase 3 trial expected in early 2024
- A successful outcome would see the Company announce a clinically significant and statistical meaningful improvement in proteinuria vs placebo and the trial is continuing to Part 2
- Dimerix expect commercial partnering interest to further intensify post positive interim analysis



Changes & additions to draft 2021 ACTION3 plan

FSGS CLINICAL STUDY

Draft study protocol provided basis for budget, prior to regulatory submissions and study approval in 11 different countries:

Draft protocol amended to broaden eligibility criteria and incorporate regulatory feedback

- Part 1 study protocol revised from 26 week to 35 week interim analysis
- Additional stability data included, and subsequent product labelling required

Regulatory feedback required that recruitment be continuous, with no pause between Part 1 and Part 2

- Allows for any screen failure or drop out of Part 1 patients
- Potential to reduce timeline to Part 2 readout

Clinical sites in additional countries for Part 2 must be identified (not activated)

- Average start up time for regulatory/ethics submission/approval of between ~9 to 18 months in Part 2 countries - start up has been triggered to minimise delay to recruitment
- Potential to reduce timeline to Part 2 readout

Late stage, phase 3 clinical development asset

Near term **Phase 3** interim **analysis results announced (Q124)**

Advanced **partnering negotiations** with offers received from multiple parties for various territories[1]

Clear commercialisation pathway – manufacturing, supply chain, label ready for commercial roll out

Orphan Drug status providing protection through data exclusivity[2] for min 7-10 years, in addition to comprehensive patent/IP strategy

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Phase 2 **met primary** and secondary endpoints

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OFFER SUMMARY

Details of the Offer

Dimerix is undertaking a capital raising of up to approximately A$12 million, comprising a partially underwritten entitlement offer of approximately A$8.5 million and a convertible note of A$3.5 million (with a further optional convertible note of up to $8.5m)

Entitlement Offer	• A 1 for 3 partially underwritten non renounceable entitlement offer of new shares to existing shareholders to raise up to approximately A$8.5m ("Entitlement Offer"). Approximately $4.0m of the Entitlement Offer is underwritten. • Record date to identify shareholders entitlement: 7pm, Tuesday 9th May 2023

Offer Price	• Offer Price of $0.08 per share represents a:
	  • 17.5% discount to the last close of $0.097 on 28 April 2023;
	  • 21.1% discount to the 5-day VWAP of $0.1014 up to and including 28 April 2023

Attaching Options	• Every two shares under the Entitlement Offer will be accompanied by two free-attaching options in total (one of each class) as described below:
	  ○ All participants in the Entitlement Offer will receive one free attaching option for every two shares subscribed for under the Offer. The option will carry an exercise price of A$0.126 and expiry date of 31 March 2024 ("**Short Term Options**")
	  ○ All participants in the Entitlement Offer will receive one additional free attaching option for every two shares subscribed for under the Offer. The option will carry an exercise price of A$0.154 and expiry date of 30 June 2025 ("**Long Term Options**"). The Long Term Options are intended to be Listed subject to meeting the requirements of ASX.

Ranking	• Shares issued under the Offer will rank pari passu with existing Shares on issue
Lead Manager & Underwriter	• Bell Potter Securities Limited are Lead Manager, Underwriter and Bookrunner to the Offer

Use of funds

- Capital raising of up to A$12 million will fund the company through to Q1 2024, past the expected announcement of Phase 3 interim analysis
- A$16.0m[1] pro forma cash balance post capital raising
- A$36.2m[2] pro forma cash balance post capital raising and including option exercise
- Partnering deals to potentially provide additional non-dilutive cash runway

Item	A$ Million
Clinical studies, including: • Continuation of Part 1 ACTION3 Phase 3 clinical trial in patients with FSGS • Inclusion of Part 2 patient recruitment in the Phase 3 study in FSGS, which is a requirement by FDA; • Inclusion of adolescents (12-17 years old) in the Phase 3 study in FSGS at the request of the FDA and EMA; • Preparation and submission of appropriate regulatory applications to continue FSGS Phase 3 clinical study; and • Continued manufacturing distribution and logistics of the required clinical trial material	$6.00
Transaction/partnering activities	$0.20
Pipeline non-clinical activities	$0.35
Early repayment of R&D rebate advance	$2.80
Working capital and offer costs	$2.65
Total	$12.00[3]

1: Using existing cash balance from 31 March 2023 and assumes a $12m capital raising (excludes costs of the Offer)
2: Using existing cash balance from 31 March 2023 and assumes full exercise of all convertible note, short and long term options
3:$12m proceeds represents the maximum amount under the Entitlement Offer and Initial Amount under the convertible note (refer next slide for details)

Convertible Note overview*

Dimerix has secured up to $12.0m of funding through a convertible note agreement with an initial tranche of $3.5m and a further optional tranche of up to $8.5m

Convertible Note Overview	Dimerix will receive an initial amount of $3.5m in exchange for $3.85m of Convertible Notes, Commencement Shares and Options ("**Tranche** 1") some or all of the securities under Tranche 1 subject to shareholder approval of the relevant Notes and tranche 1 options Upon mutual agreement, and, if necessary, shareholder and regulatory approvals, DXB will receive an additional amount of up to $8.5m in exchange for $9.35m of Convertible Notes, Commencement Shares and Options ("**Tranche 2**") The convertible notes carry no interest and may be converted to Ordinary Shares in DXB during the duration of the note Convertible Notes have a term of 18 months
Conversion Price	The first Tranche 1 Notes issued, being $1.76m Convertible Notes, will be convertible at $0.11 for the first three months after Closing ("Conversion Price A"). Except as set out above, the Notes will be converted at the lesser of $0.11 and 90% of the two (2) VWAPs, chosen by the Investor, during the preceding fifteen (15) Trading Days immediately prior to notice of Conversion ("Conversion Price B"), subject to a minimum conversion price of $0.05
Interest	0%
Commencement Shares	The Company will issue to the Investor shares for nil consideration equal to 2.5% of the Total Amount with 50% of the shares being issued on issue of Notes forming the first part of Tranche 1 and the balance being issued upon any closing of the first draw down (if any) under the Second Tranche
Options	50% Option coverage issued following receipt of funding. Options for Tranche 1 will be issued at 15.4cents each and any other options will be issued to the Investor at 150% of the average 20-day VWAP immediately prior to relevant closing date with a 30 June 2025 expiry date. The issue of Options is subject to shareholder approval of the Company
Redemption	The Company has the right to repurchase the securities, at any time during the Term of each security, at 105% of the outstanding Face Value If the repurchase is elected, the Investor will have the right to submit a notice of conversion prior to full repayment
Conversion Right	At the end of the Term applicable to each Tranche, the Company will have the right to convert all or a portion of the outstanding Face Value at Conversion Price B if the Conversion B Price is less than $0.05, the Investor may request all or a portion of the outstanding Face Value in respect of that Tranche to be settled in cash
Repayment Right	The Company will have the right to repay, in cash, any conversion by the Investor

The information on this slide is a non-technical summary of the note terms only. A detailed summary of the notes can be found in the ASX release of the Company dated 4 May 2023.

Offer timetable*

Trading halt	Monday, 1 May 2023
Announcement of Capital Raise and recommencement of trading	Thursday, 4 May 2023
Record date for Entitlement Offer	Tuesday, 9 May 2023
Entitlement Offer opening date	Friday, 12 May 2023
Entitlement Offer closing date (5:00pm, Sydney time)	Monday, 29 May 2023
Issue date of securities under the Entitlement Offer	Monday, 5 June 2023

*The timetable above is indicative only and is subject to change, including as required under the ASX Listing Rules

Risk summary*

- Clinical trial risk: Dimerix is currently undertaking a phase 3 clinical trial for its proprietary product, DMX-200. Drug development is a high risk endeavour with a significant failure rather, and no assurance can be given that required regulatory approvals for commercial activities will be received on commercial terms, or at all.
- Competition risk: Dimerix faces competition as new and existing companies enter the market and advances in research and technology become available. The size and financial positions of the competitors to Dimerix may make it difficult for Dimerix to maintain a competitive position.
- Commercialisation risk: There is no certain that the drug candidates will be of interest to a third party or that an agreement will be able to be negotiated on commercially acceptable terms for Dimerix to adequately realise the value of a drug candidate.
- Intellectual property risks: Obtaining, securing and maintaining the intellectual property rights of Dimerix is an integral part of securing potential value arising from conduct of its business. The patent position in biotech and pharmaceutical companies can be highly uncertain and frequently involves complex legal and factual questions.
- Regulatory and governmental risks: Changes in matters over which Dimerix has limited control such as laws, regulations, standards and practices applicable to the industry in which Dimerix operates may increase costs and limit the proposed scope of the activities of Dimerix.
- Human resource risk: Dimerix is reliant upon the skills and experience of its personnel and the loss of existing personnel, or the inability to identify suitable replacements, may have a negative impact on Dimerix.
- Risks associated with collaboration arrangements with third parties: There is no guarantee that Dimerix will attract and retain appropriate strategic partners or that any such collaborators will perform and meeting commercialisation goals.
- Future capital requirements: Pharmaceutical R&D activities require a high level of funding over a protracted period of time. Additional development costs may arise that are required to be funded for Dimerix to meet its stated objectives.
- Value of securities and share market conditions including liquidity risk: No assurance can be given by Dimerix with respect to market factors, including with respect to the liquidity or price of the securities of Dimerix.
- Speculative investment: An investment in securities of Dimerix carries risk. While the Directors of Dimerix seek where possible to manage potential risks with careful planning, some risks are highly unpredictable or are outside the control of Dimerix.

*Please see full risk disclosure in the Rights Issue prospectus

International Offer restrictions

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- meets the investment activity criteria specified in clause 38 of Schedule 1 of the FMC Act;
- is large within the meaning of clause 39 of Schedule 1 of the FMC Act;
- is a government agency within the meaning of clause 40 of Schedule 1 of the FMC Act; or
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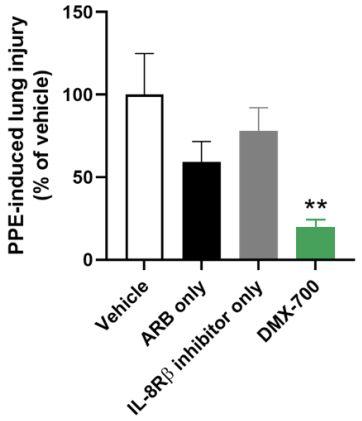
APPENDIX

Advancing the broader pipeline

Additional longer term pipeline opportunities diversify risk and potential sources of revenue

DMX-700 for Chronic Obstructive Pulmonary Disease (COPD)

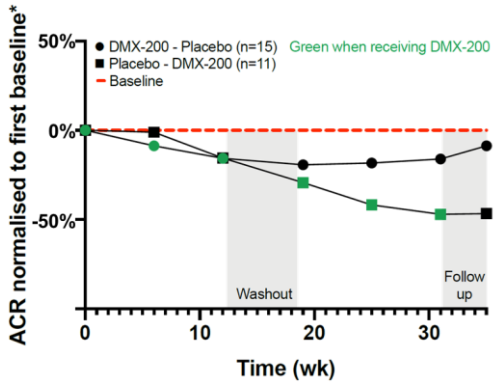
Preclinical studies show that DMX-700 significantly reduced lung injury by 80% ($p<0.01$) after 21 days treatment[1]



Pre-clinical asset

DMX-200 for Diabetic Kidney Disease

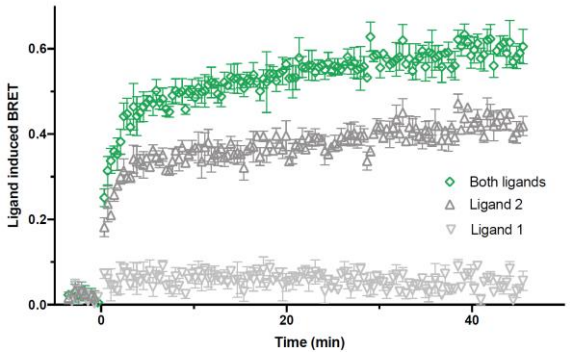
Phase 2 demonstrated promising efficacy & safety[2], proteinuria declined after treatment with DMX-200 in both treatment periods[2]



Phase 2 asset

Undisclosed Opportunities

Commercially attractive pipeline of G Protein-Coupled Receptors (GPCR) targets of inflammatory diseases with an unmet need



Pre-clinical identified opportunities

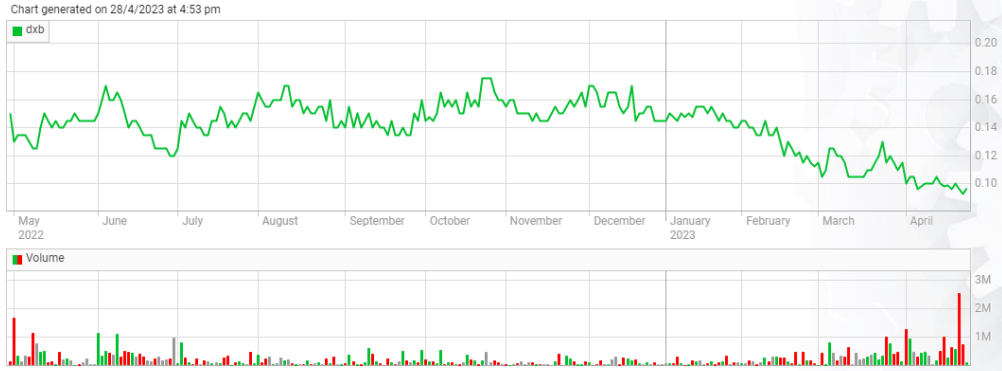
Dimerix

1. ASX release: 04Jun22
2. ASX release 28Jan21

Corporate overview

ASX	Ticker Symbol	ASX:DXB
	Cash Balance (Mar23)	~A$4.0 million
	Market Capitalisation	~A$30 million
	Share price	~A$0.10
	Total ordinary shares on issue	320,873,666

SHARE PRICE



SHAREHOLDERS

Position	Holder Name	Holding	% IC
1	Mr Peter Meurs	44,179,309	13.8%
2	Mr Andrew Coates & Mrs Melinda Coates	11,627,500	3.6%
3	Merchant Group & Nominees	11,060,000	3.4%
4	Bavaria Bay Pty Ltd	7,316,992	2.3%
5	Yodambao Pty Ltd	6,362,603	2.0%
TOTAL (TOP 5)		80,546,404	25.10%

Dimerix board

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

Clinton Snow
BEng (Hons), BCom
Non-Executive Director

Woodside Energy, iCetana
- ~20 years experience as a leader with a focus in management, project delivery, risk management, & assurance
- Provides advisory services to a family office with multiple Australian biotech investments

✓BEng (Hons) -Chemical Engineering
✓BCom - Commerce

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.

WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN

SCAN ME

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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.