Dimerix

Investor Presentation

November 2024

ACTION3
FSGS CLINICAL STUDY

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

Authorised for lodgement by the Board of the Company

Forward looking statements

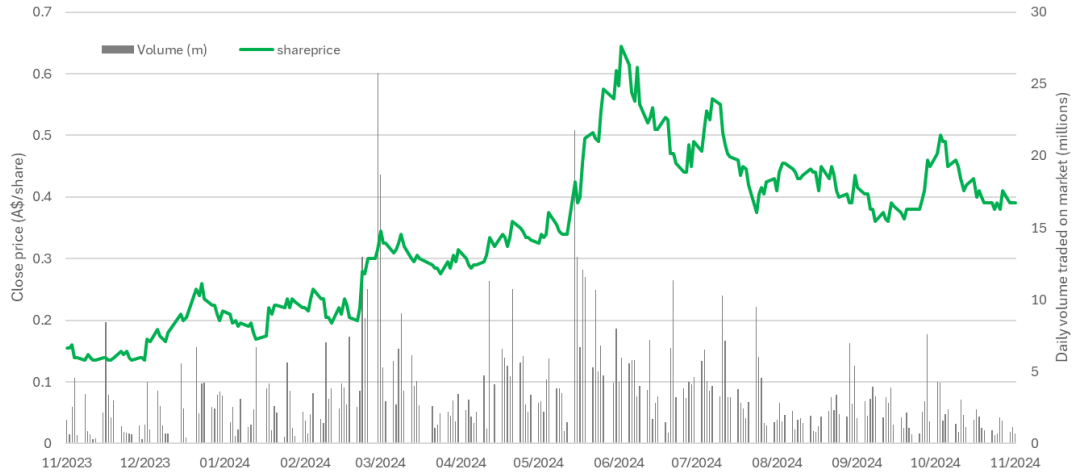
This presentation includes forward-looking statements that are subject to risks and uncertainties. Such statements involve known and unknown risks and important factors that may cause the actual results, performance or achievements of Dimerix to be materially different from the statements in this presentation.

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.

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Sep24)*	$19.2 million
Market Capitalisation[2]	~A$212 million
Share price[1]	~A$0.38
Total ordinary shares on issue[2]	557,833,583
Average Daily Liquidity by value for past 30 trading days[2]	~A$1.2 million

SHARE PRICE



SUBSTANTIAL SHAREHOLDERS[3]

Position	Holder Name	Holding	% IC
1	Mr P Meurs	75,304,506	13.6%
TOTAL (TOP 5) Shareholders		128,860,138	23.1%

*Cash balance does not include:

- *$7.9 million - FY24 R&D tax incentive rebate received 15 November 2024*
- *$6.5 million - Anticipated conversion of 42,446,923 DXB options exercisable at 15.4c per share (expire 30June2025)*

which collectively provides anticipated cash consideration of **$33.6 million**

1. As at 15 November 2024; 2. Past 30 trading days liquidity as at 15 November 2024; 3. Shareholder register as at 15 November 2024

Overview | Phase 3 global opportunity

Lead Drug Candidate

- DMX-200 is currently in a **Phase 3 clinical trial** for focal segmental glomerulosclerosis (FSGS)
- DMX-200 has **orphan drug designation** in key territories

FSGS Indication

- FSGS is a **rare disease** that causes scar tissue of kidneys, which leads to irreversible kidney damage[1]
- FSGS kidney damage can lead to dialysis, kidney transplants or death[1]
- There are currently **no approved treatments** available to treat FSGS

Commercial and Technical Validation

- **Two commercial licensing deals** achieved:
  - ~AU$11.5m in upfront payments, ~AU$340m in potential milestone payments + tiered royalties[2]
- **Successful Phase 3 interim analysis**: DMX-200 is performing better than placebo in reducing proteinuria[3]

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1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. ASX release 05 October 2023 and 27 May 2024; 3. Predictive Power statistical model, using industry standard as set by the independent renal biostatistician consultant for Dimerix

Focal Segmental Glomerulosclerosis (FSGS)

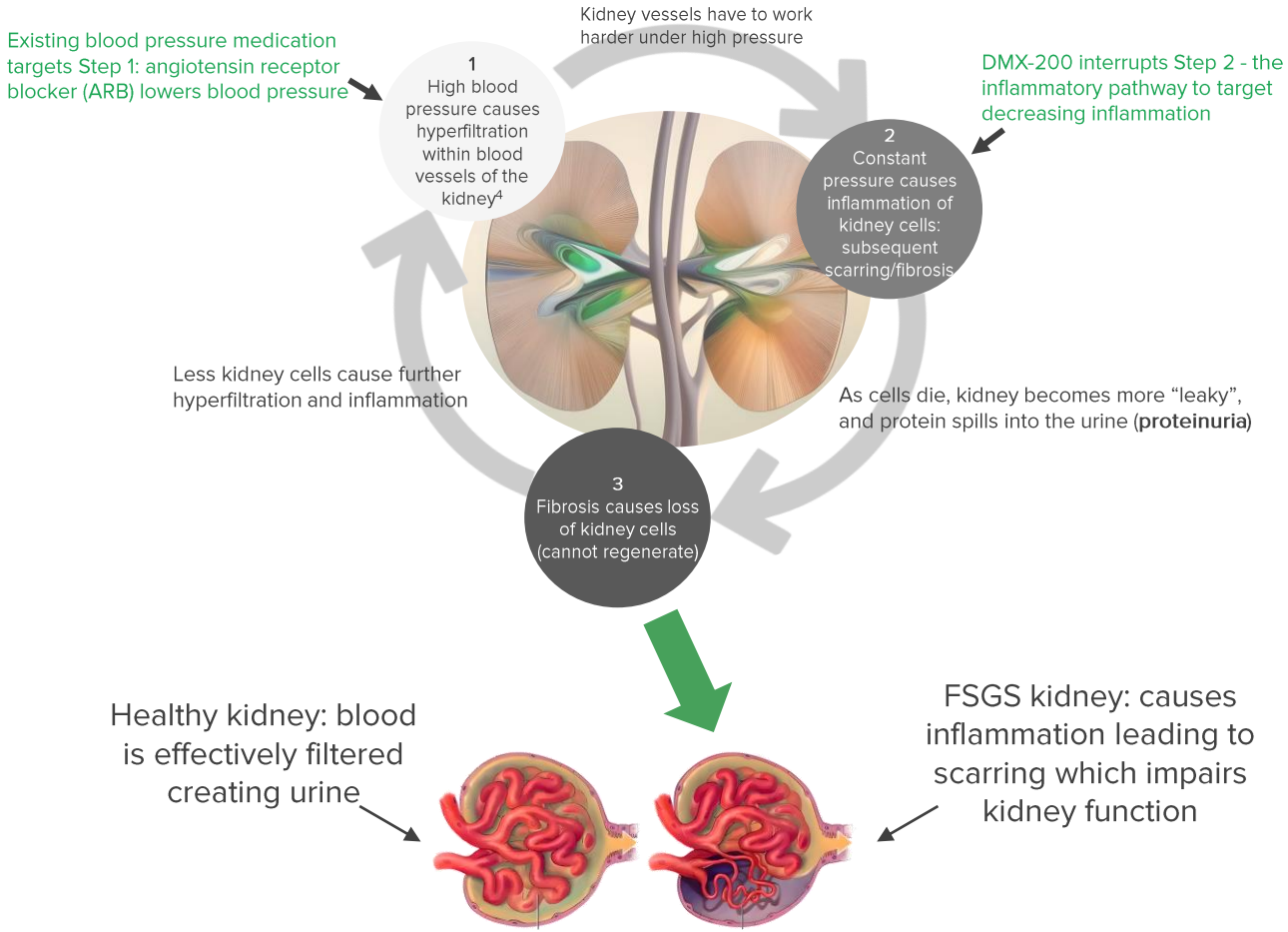
What is FSGS?

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

How do you measure kidney function?

- Historically, measured using “hard” endpoints for kidney disease (kidney failure) -which may not be reached for decades[1]
- Regulatory agencies and national bodies now consider estimated glomerular filtration rate (eGFR) and proteinuria decline as surrogate end points for kidney failure in certain conditions[2]

FSGS Kidney Damage[3]



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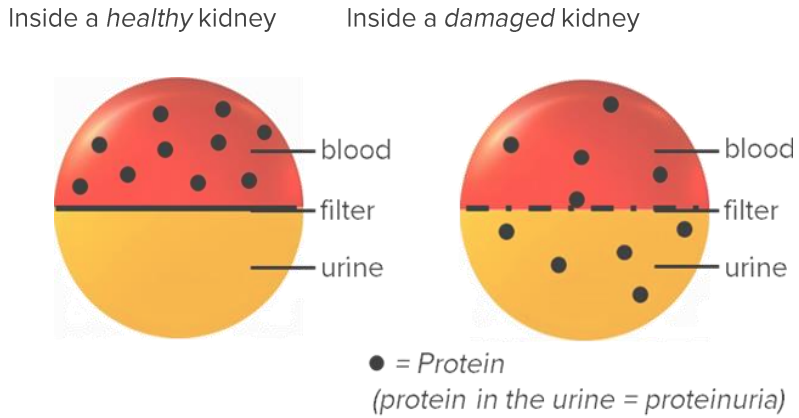
1. Hartung E, (2015), Pediatric Nephrology volume 31, pages381–391 DOI: 10.1007/s00467-015-3104-8; 2. Thompson A et al, (2019) Am J Kidney Dis.; 75(1):4-5: doi.org/10.1053/j.ajkd.2019.08.007; 3. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/ ; 4. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860

Significance of decreasing proteinuria: primary endpoint

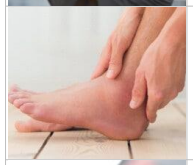
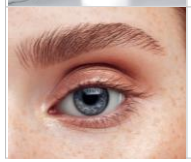
Why are kidneys important?

- A healthy kidney is a good filter and allows little to no protein in the urine[1]



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function[2]

Symptoms of proteinuria

	More frequent urination		Shortness of breath
	Nausea and vomiting		Tiredness
	Swelling in the face, stomach, feet and/or ankles		Lack of appetite
	Muscle cramping at night		Foamy or bubbly urine
	Puffiness around the eyes, especially in the morning		

DMX-200 aims to reduce the inflammation of the kidneys:

- ➢ if DMX-200 reduces inflammation, the amount of proteinuria should decrease

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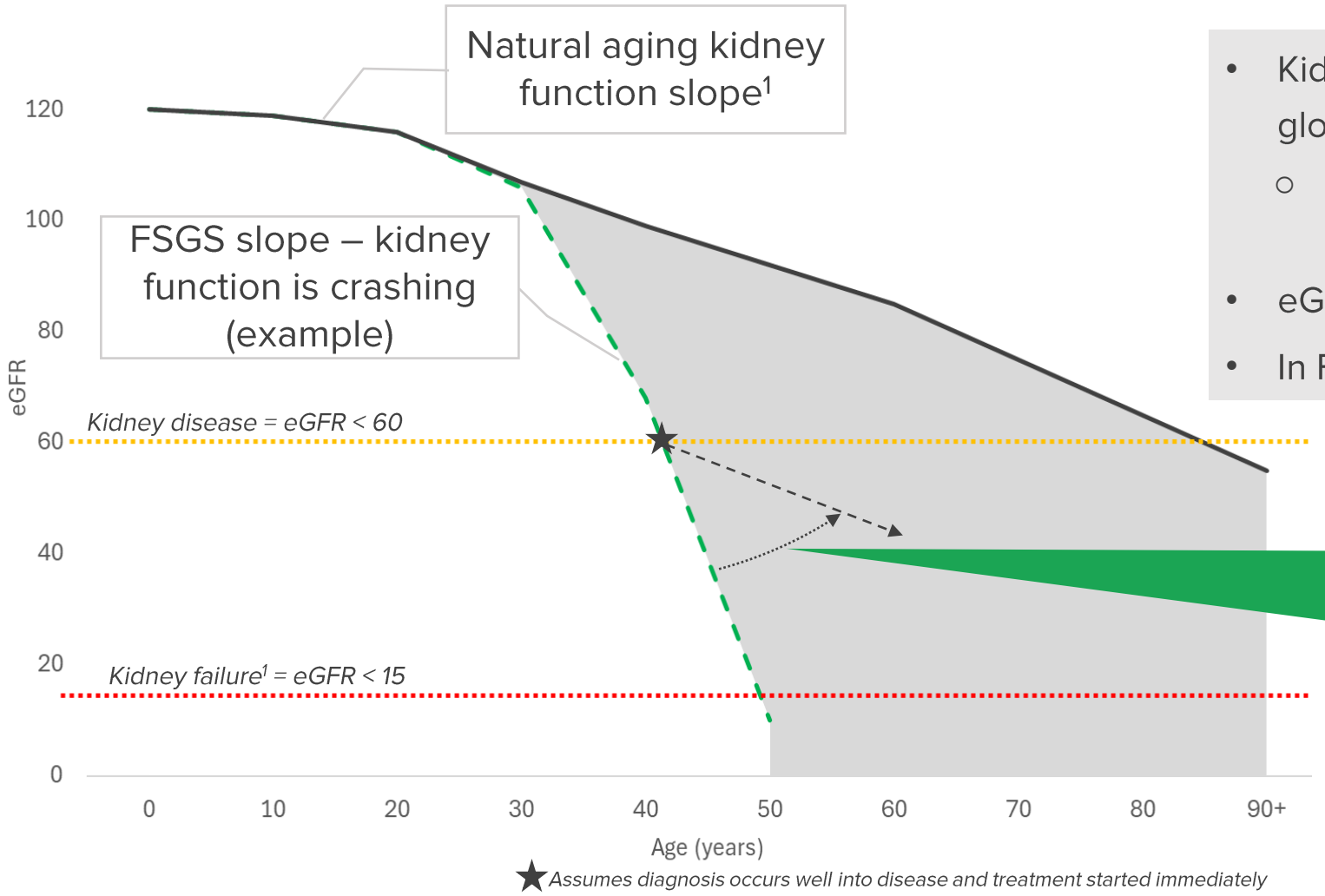
1. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/ 2. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/;

Significance of stabilising eGFR curve: primary endpoint



- Kidney function can be measured using estimated glomerular filtration rate (eGFR):
  - how many millilitres of blood is filtered by the kidney per minute
- eGFR slope naturally declines as we age[1]
- In FSGS patients, it is crashing

Treatments, such as DMX-200, aim to bring the FSGS slope back up towards natural aging:

- This can add years to the life of the kidney
- Potential to delay dialysis and/or kidney transplant

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1. National Kidney Foundation: Estimated Glomerular Filtration Rate (eGFR): https://www.kidney.org/atoz/content/gfr

PARASOL: proteinuria as an endpoint for full FDA approval

1 Ongoing progress: PARASOL

- PARASOL was formed in Dec-23 to address the need to **validate alternative surrogate endpoints** for FSGS, and is a coalition of nonprofit organizations, academia, registries, trials and Sponsors to share data to support analysis[1]

- PARASOL confirmed that eGFR slope is a valid endpoint for predicting progression of kidney disease, and ACTION3 is powered based on expected trial variance
- It is recognised FSGS patients see higher proteinuria, even in remission, due to residual scaring of the glomeruli
- PARASOL data demonstrated the strong relationship between a reduction in proteinuria and a reduction in the progression of kidney disease in FSGS patients
- Subject to FDA confirmation, a reduction in proteinuria may also become a validated endpoint for full FDA approval for FSGS

2 Biological Plausibility

- The FDA has emphasised the need for programs wishing to use proteinuria endpoints to be able to justify the biological plausibility (scientific rationale of why or how the drug candidate is having the desired effect) of the drug on the endpoint chosen

- Dimerix has existing preclinical evidence on the preservation effect of DMX-200 on the specialist cells on the kidney – the podocytes
- Next steps: agree with FDA appropriate proteinuria endpoints, and potential for accelerated approval, for DMX-200 in the ACTION3 Phase 3 clinical trial
- PARASOL has increased the range of potential endpoints that may best show the treatment effect of DMX-200

3 ACTION3 capturing all proposed endpoint data: eGFR and proteinuria

Proteinuria

- Randomised, double blind PCR values over 24 months
- PCR captured across 4-week washout
- PCR measured over additional 24 month open-label period

eGFR slope

- Randomised, double blind eGFR values captured over 24 months, including raw values and total eGFR slope

Other endpoints

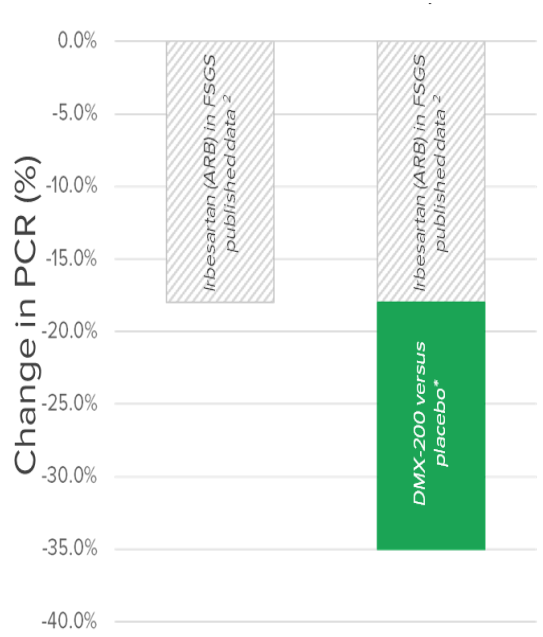
- Classical definitions of complete and partial remission
- PARSOL-informed response endpoints
- Hard-renal endpoints (where available)

1. Coalition made up of: NephCure, ISGD, NKF, KHI are co-sponsors of the project, FDA and EMA involvement, University of Michigan is data coordinating center, Industry invited as participants

DMX-200: Phase 2 met primary and secondary endpoints

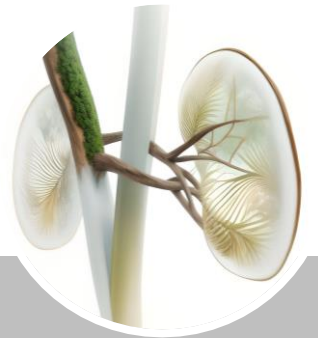
Clinically meaningful outcomes achieved for patients,[3] with no safety issues

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo[1]



"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[3]



EFFICACY

- **86%** of patients demonstrated reduced proteinuria
- DMX-200 reduced inflammatory biomarker by **39%** vs placebo

SAFETY

- No safety concerns – reduced development risk

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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. Troost JP et al (August 2020); doi.org/10.1053/j.ajkd.2020.04.014

ACTION3

FSGS CLINICAL STUDY

PHASE 3

CLINICAL TRIAL

ACTION3 Phase 3 clinical trial – next steps

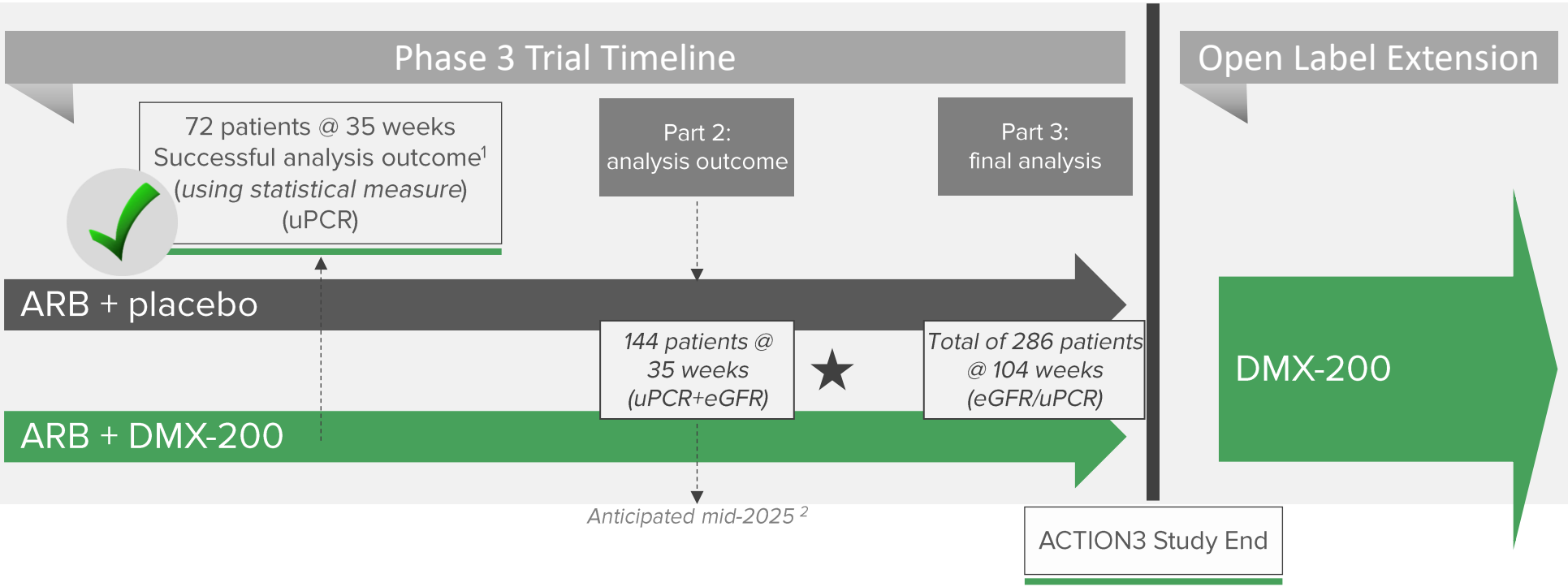
FSGS CLINICAL STUDY

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

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline



Open Label Extension

DMX-200

★ *Potential to submit for conditional marketing approval* [3]

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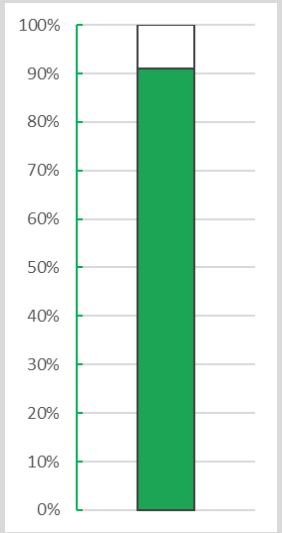
1. Interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial; 2. subject to recruitment; 3. subject to project PARASOL outcomes, recommendations of the IDMC (based on review of emerging data from ACTION3) and subsequent discussions with the appropriate regulatory authorities such as the FDA in the US; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function);

ACTION3 FSGS CLINICAL STUDY Current and planned clinical sites

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

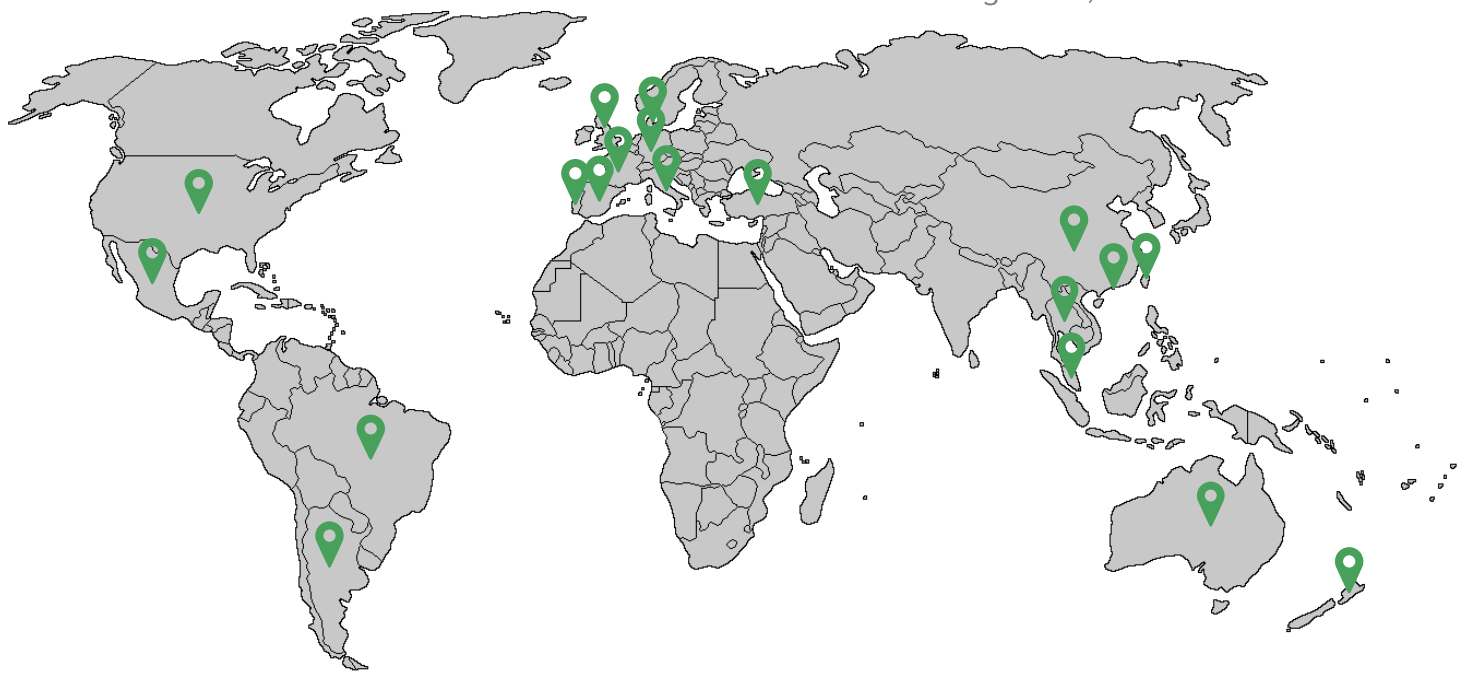
Current recruitment (randomised/dosed)
91%



Target (n=144)

Recruitment planned at 170+ sites to recruit 286 patients in:

- Australia, New Zealand
- Taiwan, Hong Kong, Malaysia, Thailand
- Mainland China
- France, Denmark, UK, Spain, Italy, Germany, Portugal
- Türkiye
- USA, Mexico
- Argentina, Brazil



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FSGS CLINICAL STUDY

FSGS
MARKET OPPORTUNITY

Competitive landscape in FSGS

No approved therapies for FSGS ✓

Low competition ✓

	Phase 1	Phase 2	Phase 3	Company
DMX-200 QYTOVRA® [REPAGERMANIUM]	*Inflammatory modulator*		ACTION3 FSGS CLINICAL STUDY	Dimerix
Sparsentan	*AT_1R/ET_AR dual inhibitor – Failed Phase 3 primary endpoint*			*Travere Therapeutics*
VX-147	*APOL1 inhibitor – specific type of genetic FSGS*			Vertex Pharmaceuticals
BI-764198	*TRPC inhibitor*			Boehringer Ingelheim
Atrasentan	*AT_1R / ET_A antagonist*			Chinook
R3R01	*Lipid modifying*			River 3 Renal

Sources: Company Documents, Statutory and Regulatory Filings

FSGS market

FSGS is the most frequent primary glomerular disease that reaches end-stage renal failure in the US[1]

>2,600

New diagnosed cases per year in US[2]

47%

Of all diagnosed FSGS cases globally are in US[3]

0

Drugs specifically approved anywhere in the world

- Multi-billion dollar market potential ✓
- Strong licensing potential upside ✓
- Attractive reimbursement/pricing potential ✓

- Example pricing for other rare kidney disease drugs :
  - in the US (i.e. Filspari in IgAN)[4] is **US$9,900 p/month**
  - in Europe/UK (i.e. Kinpeygo/Tarpeyo)[5] is **US$8,267 p/month** (€7,630)
- **Strong upside** for all partnering outside of the 7MM/China

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1. The United States Renal Data System (USRD), 2023 Annual Report, End Stage Renal Disease; 2. Focal segmental glomerulosclerosis – Market Insight (2024), Epidemiology and market forecast – 2034 Delve Insight; 3. American Kidney Fund 2024: https://www.kidneyfund.org/all-about-kidneys/other-kidney-diseases/focal-segmental-glomerulosclerosis-fsgs; 4. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; 5. 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;

Summary of DMX-200 licensing deals

Dimerix has proven its ability to licence multiple territories, with more deals anticipated

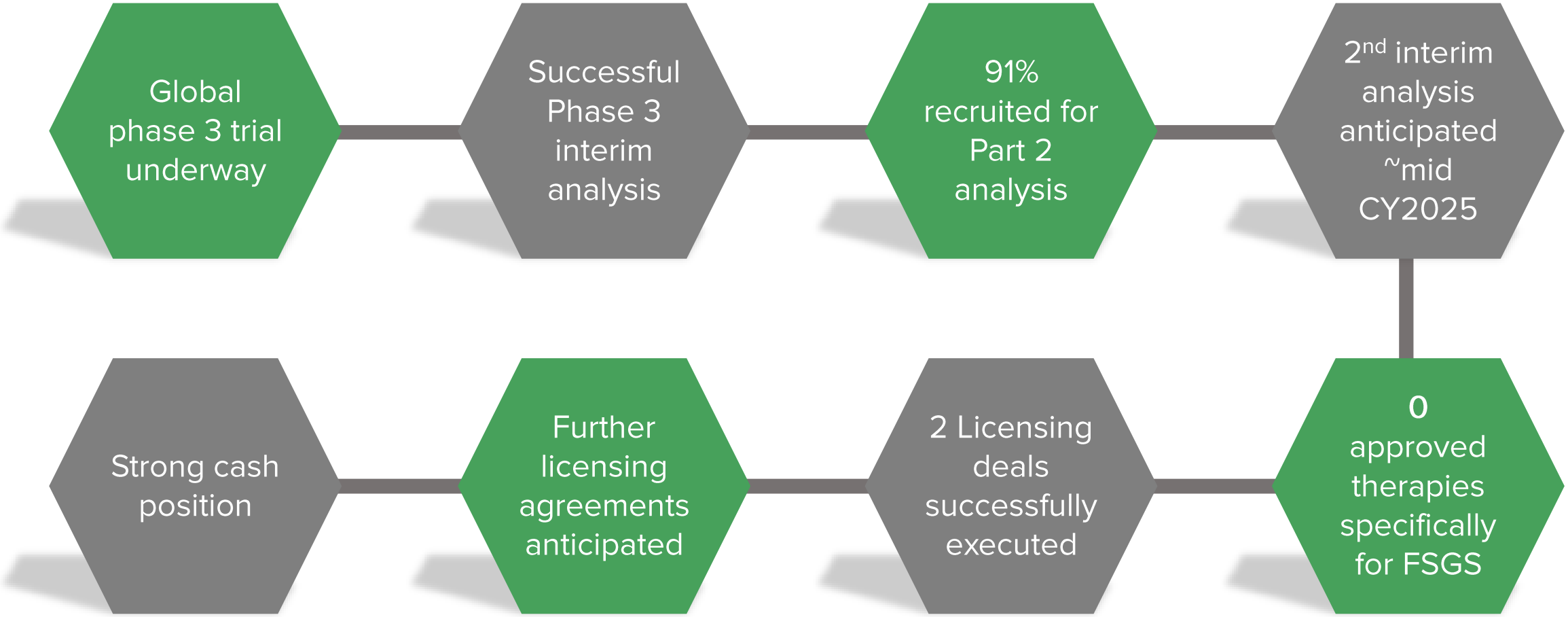
Summary	ADVANZ PHARMA [1]	taiba access rare [2]	Other Licensing Deals (incl. US & China)
Territories Covered	EEA, Canada, Switzerland, UK, Australia and New Zealand	United Arab Emirates (UAE), Saudi Arabia, Oman, Kuwait, Qatar, Bahrain and Iraq	?
Upfront Payment	~AU$10.8 million	~AU$500,000	?
Milestone Payments	Up to ~AU$219 million	Up to ~AU$120 million	?
Royalties on net sales	Escalating mid-teen-20%	Starting at 30%	?

Dimerix has achieved up to AU$350 million[1,2] in upfront payments and potential milestones payments from two licensing deals

Major focus on US & China which, collectively, could represent ~70% of the global value[3]

1.. Based on Euro conversions & further terms outlined in ASX Announcement on 5 October 2023
2. Based on US dollar conversions & further terms outlined in ASX Announcement on 27 May 2024; 3. see slide 15

Key investment highlights



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 OUR STRATEGIC PLAN

SCAN ME

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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.

ACTION3
FSGS CLINICAL STUDY

APPENDIX

Dimerix board

Mark Diamond
BSc, MBA
Non-Executive Chairman

Antisense (Percheron), Faulding (Pfizer)
- Senior pharmaceutical executive with a record of achievement and leadership, more than 30 years within the ASX pharmaceutical and biotechnology sector
- Significant accomplishments in funding initiatives, pipeline development and licensing

✓BSc – Microbiology/immunology
✓MBA - Business

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

Acrux, Immuron, Wyeth (Pfizer)
- >30 years experience in product development, intellectual property, 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

Kinoxis, Hatchtech, Acrux, Mayne Pharma
- 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

Sybylla, Minoryx, AC Immune, Addex, Hoffman la Roche
- Experienced executive in pharmaceutical operations and product development
- 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
- More than 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 management

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

Previous experience:

- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products
  - ✓ BSc (Hons) – Pharmacology
  - ✓ PhD – Pharmaceutics
  - ✓ MBA – Business
  - ✓ M.IP.Law – Intellectual Property Law

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

Previous experience:

- 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

David Fuller
B. Pharm (Hons), MBBS
Chief Medical Officer

Previous experience:

- 35 years international experience in drug development, commercialization and corporate leadership
- Planning, Financing, Pre-clinical, Clinical Development, Regulatory Approval, Product Launch, Pharmacovigilance, and Medical Affairs
  - ✓ B.Pharm (Hons) - Pharmacy
  - ✓ MBBS - Medicine and Surgery

Robert Shepherd
PhD, MBA,
Chief Commercialisation Officer

Previous experience:

- Experienced pharmaceutical executive in project management, clinical development and research translation
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for 13 years
  - ✓ BSc (Hons) – Genetics
  - ✓ PhD – Molecular Immunology
  - ✓ MBA – Business & Leadership

Bronwyn Pollock
BSc (Hons), MBA
VP, Product Development

Previous experience:

- 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

1. Acquired by Pfizer in 2009; 2. Acquired by Pfizer in 2015

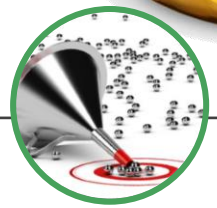
Renal disease landscape

"*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

Clinical study change: use of surrogate endpoints

A surrogate endpoint is an intermediate outcome which substitutes the hard endpoint for a disease (e.g. kidney failure), which can take much longer to achieve

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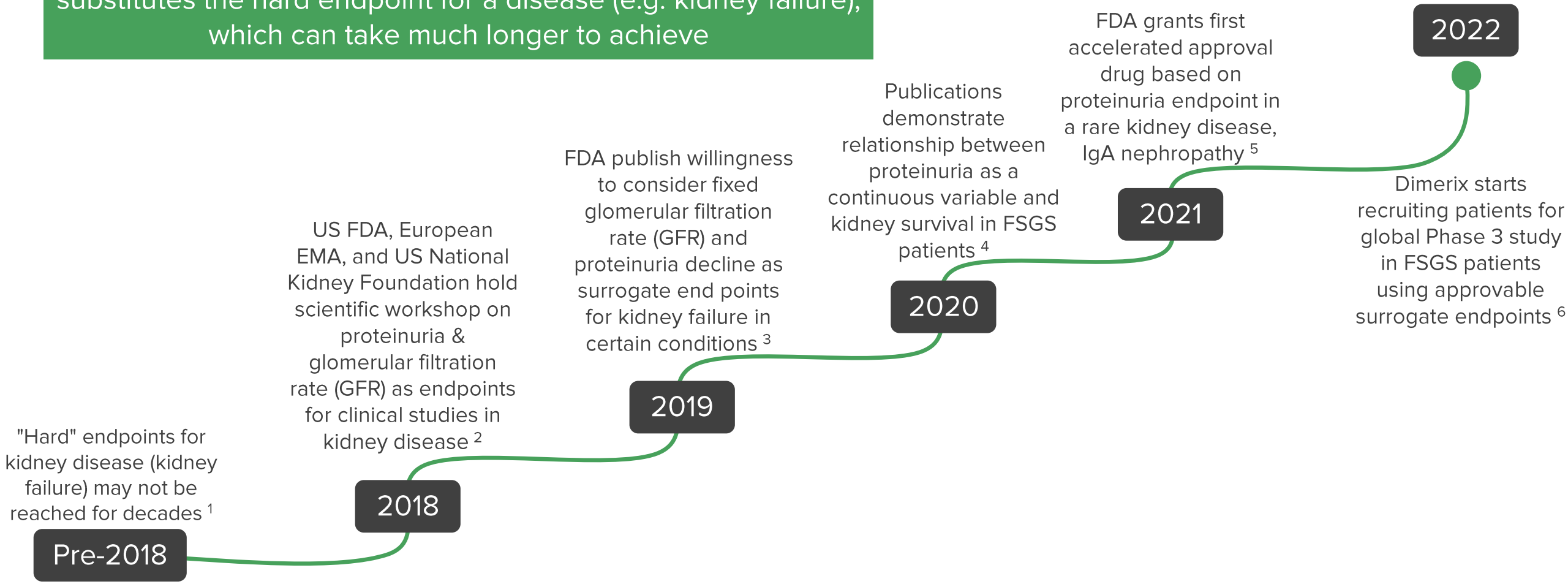

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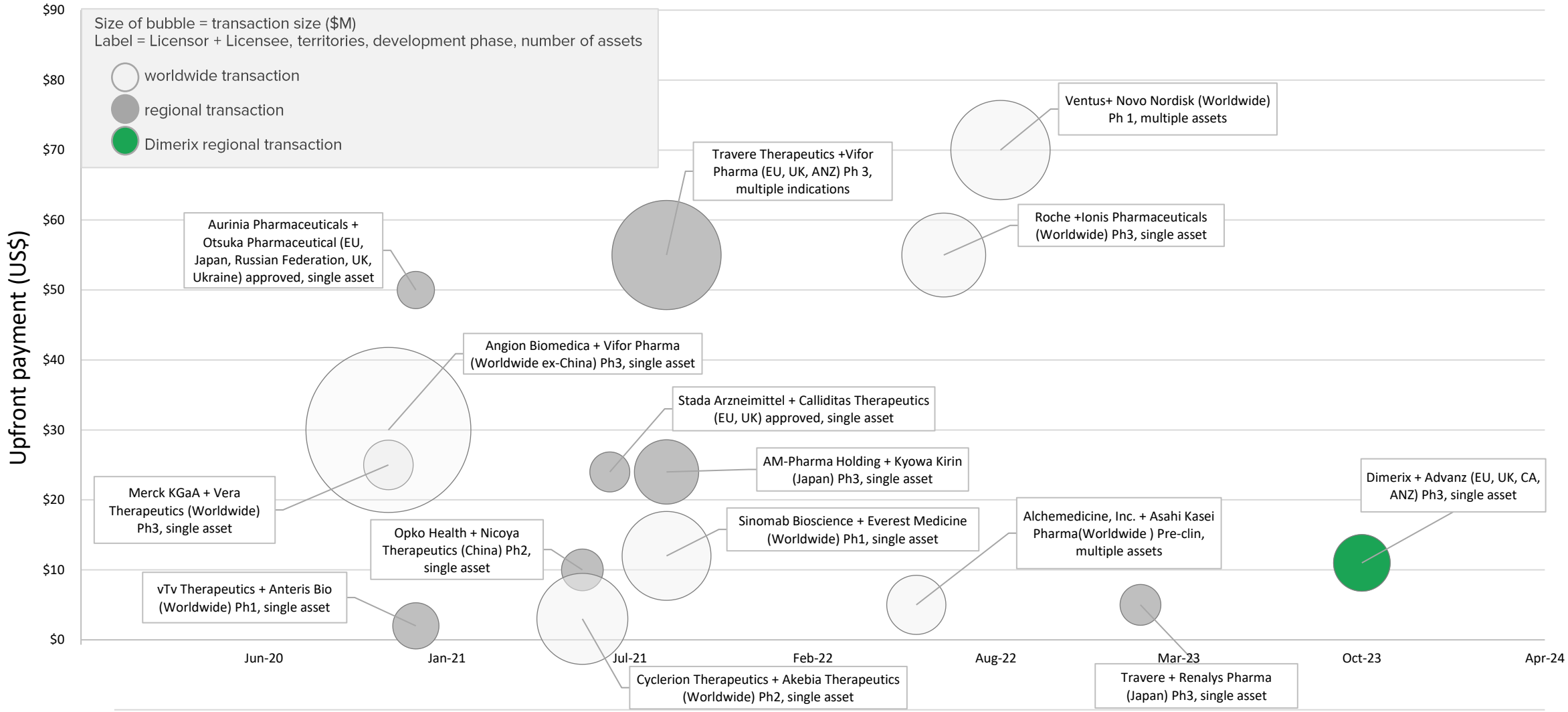
1.Hartung E, (2015), Pediatric Nephrology volume 31, pages381–391 DOI: 10.1007/s00467-015-3104-8; 2. FDA, EMA, National Kidney Foundation Workshop Summary: https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease; 3. Thompson A et al, (2019) Am J Kidney Dis.; 75(1):4-5: 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

Renal licensing deals details



Sources: Company Documents, Statutory and Regulatory Filings.
Only deals with disclosed financials are included

Policy change: renal disease healthcare economic burden

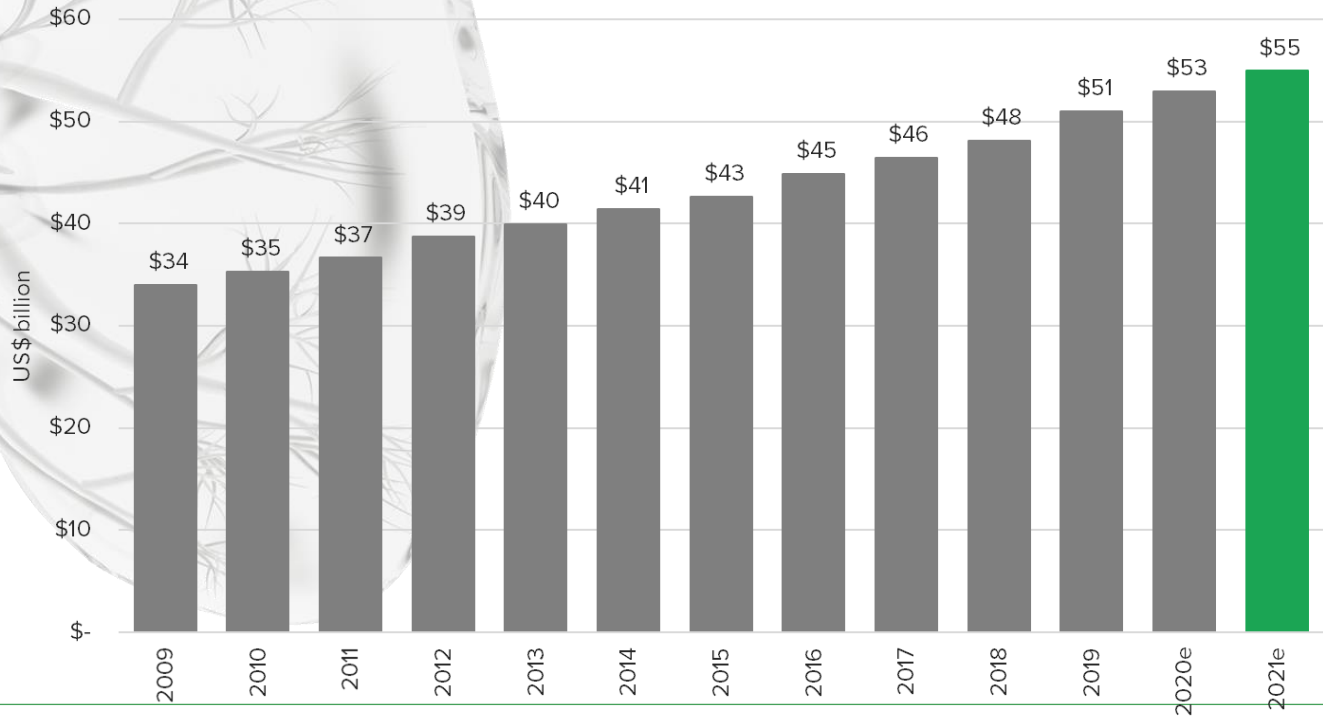
~40 million
adults have kidney disease (~15% of the adult population) in the US in 2021 [1]

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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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
https://www.federalregister.gov/documents/2019/07/15/2019-15159/advancing-american-kidney-health;
The United States Renal Data System (USRDS) Annual Report 2021; (2020 & 2021 estimates based on CAGR 2014-2019)

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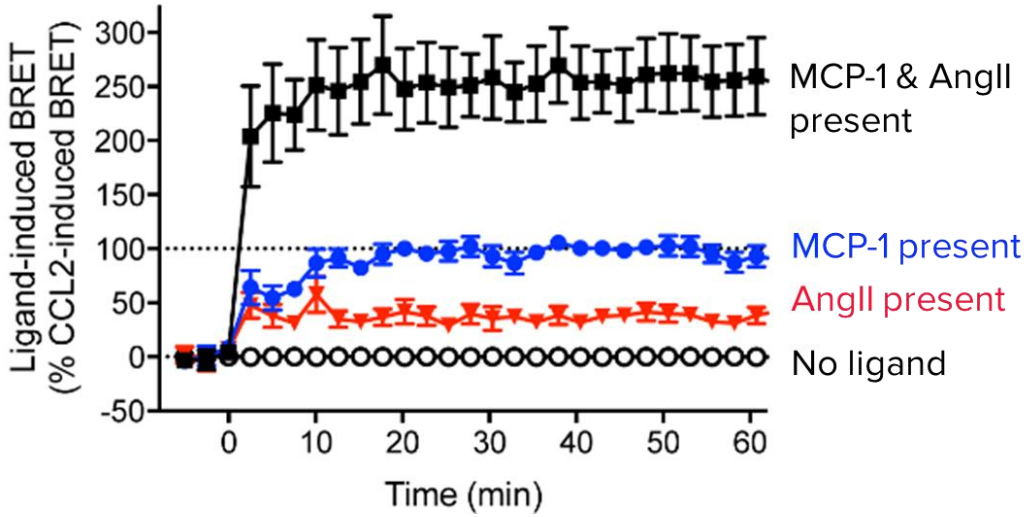
1. ASX release: 09May2022; 2. ASX releases: 14Dec15, 21Nov18, 07Jun21; 3. ASX release and investor presentation 29Jul20

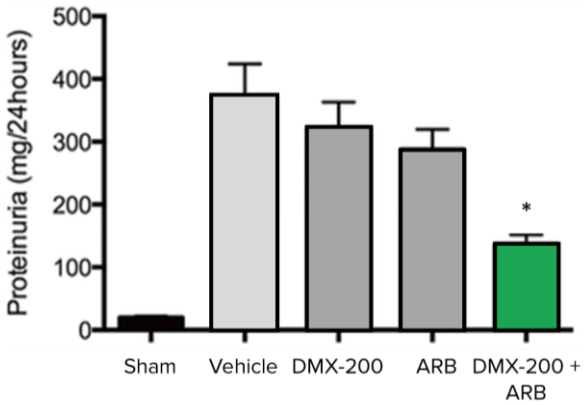
DMX-200 unique heteromer pharmacology

Proprietary discovery platform (Receptor-HIT) identified:

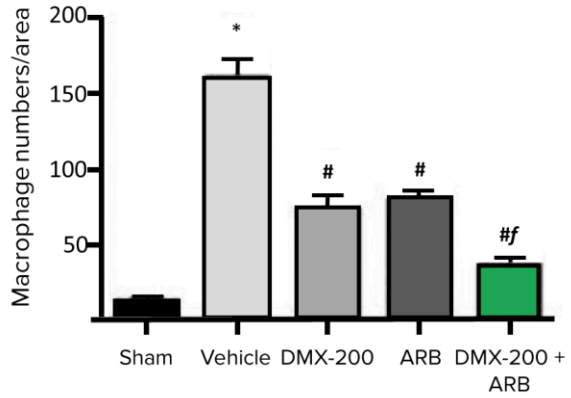
- Formation of AT1R and CCR2 heteromers;
- Novel pharmacology (potentiation of signaling)
- Dual antagonism required for completed inhibition



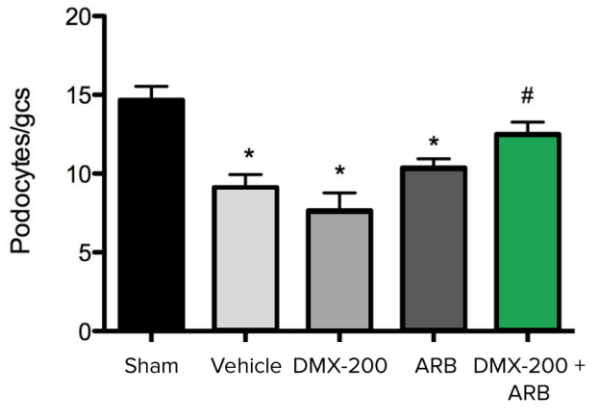
↓ Proteinuria



↓ Macrophage infiltration



Retained podocyte numbers

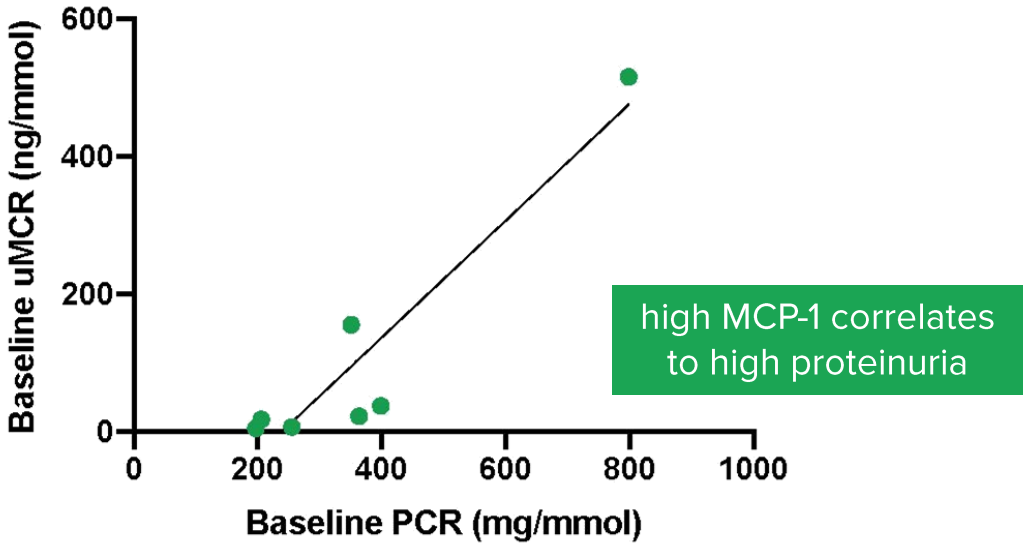


Proposed non-clinical safety package suitability for NDA confirmed with FDA

*ARB: Irbesartan, * P<0.05 vs sham, # P<0.05 vs un-treated STNx, f P<0.05 vs STNx+Irb. Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803.*

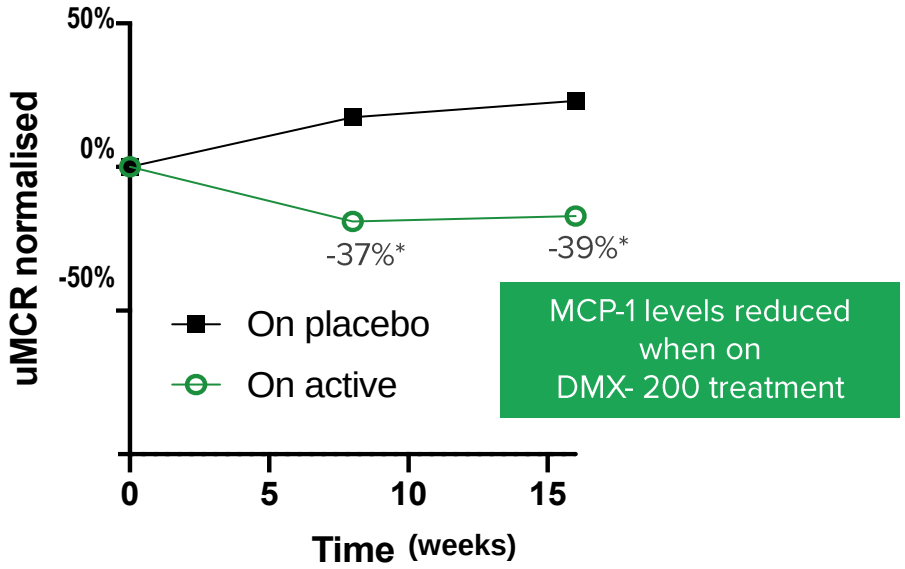
DMX-200 Phase 2 effect on inflammatory biomarker

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



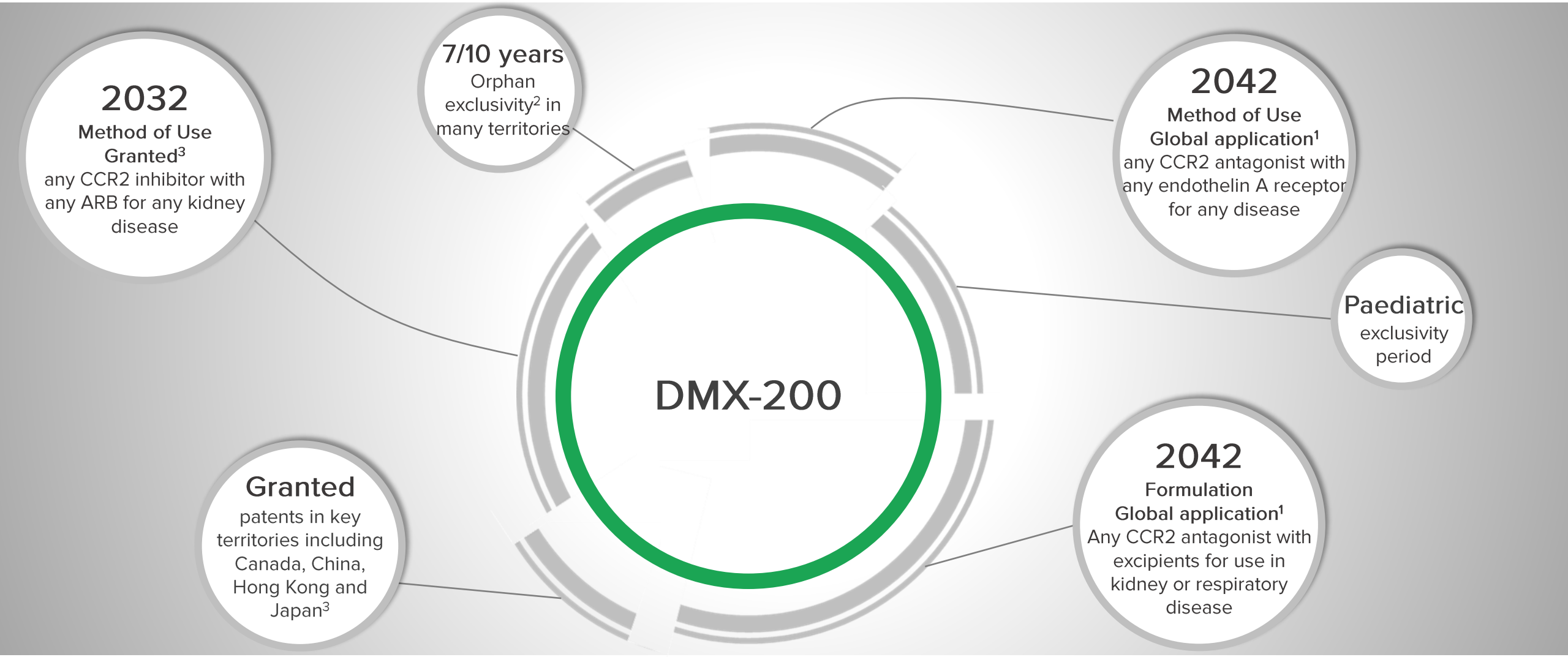
MCP-1 levels reduced when on DMX- 200 treatment

- **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

Dimerix

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

Intellectual property and exclusivity



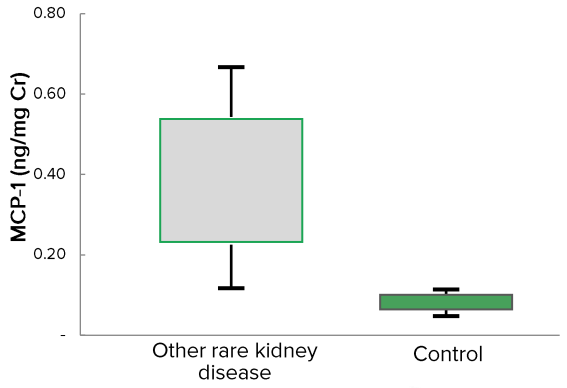
1. If patent applications are granted: PCT/AU2022/050013 and PCT/AU2022/050249; 2. DMX-200 is an NCE: active moiety not approved before which can attract exclusivity periods in various territories; 3. Granted patents US9,314,450; US10,058,555; US10,525,038; CN201800046165; CA2,821,985; EP12734251.7; HK 4104477.8; IL227414; JP2013-547780; SA203/5897; AU2012206945

Advancing the broader pipeline

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

DMX-200 potential label expansion

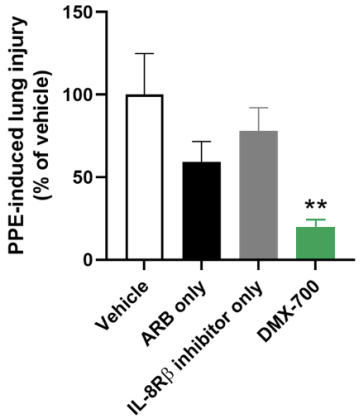
Potential to expand DMX-200 into other rare kidney diseases where inflammation is a key driver of the disease



Phase 2/3 potential

DMX-700 for respiratory/renal fibrosis

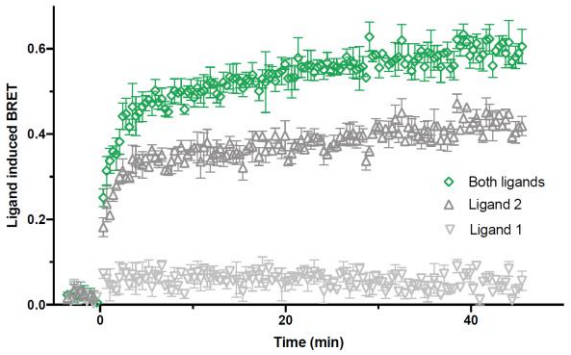
Preclinical studies show that DMX-700 significantly reduced lung injury by 80% ($p<0.01$) after 21 days treatment[1]



Pre-clinical 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