Commercialising a New Class of Synthetic Anti-Infectives

RECCE PHARMACEUTICALS LIMITED | (ASX:RCE)(FSE:R9Q)

CORPORATE PRESENTATION | MARCH 2025

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Company Overview

Leading, Australian Anti-Infective Company

Near-term commercialisation pathway expected to launch in 2026

Products address the global healthcare crisis of antibiotic resistance

Phase III in Indonesia of lead asset RECCE® 327 Gel **for the treatment of Diabetic Foot Infections - Launch in 2026 and opens gateway to ASEAN and other markets**

Multiple clinical indications and formulations in Phase I and II **addressing unmet medical needs**

US FDA Qualified Infectious Disease Product designation provides 10 years of market exclusivity plus fast-track approval*

World Health Organization added RECCE® compounds to its list of antibacterial products in clinical development for priority pathogens

**Awarded by the US FDA in 2017 for R327 bacteraemia (broad-spectrum bacterial sepsis). Time starts only from potential market approval*

Synthetic Anti-Infectives

The need for a new class of antibiotics

On-track to be the only **global clinical stage company** whose drug is shown to be **efficacious** against the full suite of **ESKAPE pathogens**

NO pre-formed natural superbugs

Very broad-spectrum coverage of bacteria with **no signs of resistance**

Universal Mechanism of Action - does not succumb to resistance

Unprecedented, broad-spectrum activity against Gram +ve and Gram -ve bacteria and maintains its activity even with repeated use

Extremely rapid onset of effect – measured in minutes as compared to hours for typical antibiotics

Multiple formulations available – intravenous, topical liquid, topical gel and aerosol for inhalation or intranasal

Large Addressable Market

The global diabetic foot infection (DFI) and sepsis market is worth over $US9.1 billion

- The DFI treatment market is estimated to be worth ~US$5.2 billion[1]
- Initially targeting Indonesian market valued at ~US$189 million where DFI impacts 11% of the population[2]
- Significant near-term opportunity for Recce with registrational Phase III trials anticipated to be completed in FY26 paving the way for future revenues
- Indonesian approvals provide access to the broader Asia Pacific market worth **~US$1.0 billion per year**[3]

- The global sepsis therapeutics market size is anticipated to reach US$5.64 billion by 2030, growing at a CAGR of 6.18% from 2025 to 2030[4]
- Recce is initially targeting US and Australian markets worth **in excess of US$1.5 billion**[4]

~US$135.4B

Estimated value of the significant **additional market opportunities** in the broader anti-infectives market

Recce already exploring opportunities in burn wound infections, skin and soft tissue infections post operation[5]

Source: (1) Grand View Research, Diabetic Foot Ulcer Treatment Market Size, 2023 (2) Diabetes Atlas, International Diabetic Federation and Prof EM Yunir, Faculty of Medicines, University of Indonesia. (3) Business Market Insights, Asia Pacific Diabetic Foot Ulcer Market, 2021 (4) ResearchandMarkets, Global Sepsis Therapeutics, 2024 (5) Grand View Research, Anti-Infective Agents Market Size, 2023

Program Pipeline for 2025

Various indications and upcoming inflection points

Program	Indications	Discovery	Pre-clinical	Phase I	Phase II	Phase III	Market
R327 Topical Gel Registrational Trials	Diabetic Foot Infections Indonesia (ASEAN)				Phase III starts H1 2025		
	Diabetic Foot Infections Australia						
	Diabetic Foot Infections USA – IND				IND Late 2025/Early 2026		
R327 Topical Gel	Acute Bacterial Skin and Skin Structure Infections (ABSSSI) Australia						
R327 Intravenous and Backups	cUTI/Hospital and Ventilator Acquired Pneumonia Other Serious Infections						
Aerosol for Inhalation	Hospital-acquired Pneumonia Ventilator-associated Pneumonia Serious Lung Infections						
Civil and Dept of Defense Programs	Burn Wound Infections						

U.S. Army Medical Research and Materiel Command

- Approval received from the Indonesian Drug and Food Regulation Authority, Badan POM, to initiate its Registrational Phase 3 clinical trial in Indonesia
- ABSSSI includes postoperative infection, wound infections and diabetic foot infections
- Completed pilot civil Phase II Burn Wound Infections Study; US$2M grant for Department of Defense pre-clinical pipeline in progress

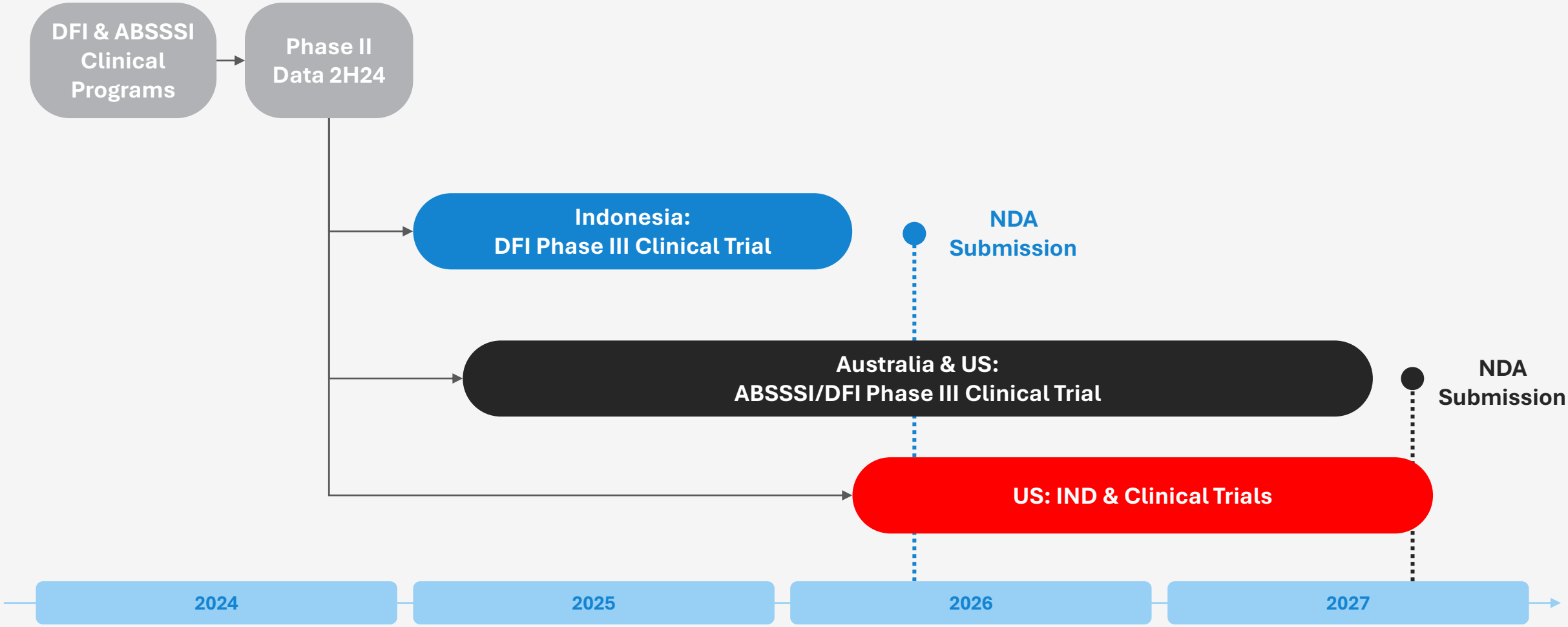
Multiple Clinical Milestones – Achieved and Upcoming

Significant milestones anticipated in 2025

Pre FY2025	Previous 12 Months	2025 and 2026
✓ Phase I/II Clinical Trial for the Treatment of Burn Wound Infections Phase I complete	✓ Phase II Acute Bacterial Skin and Skin Structure Infections (ABSSSI) including Diabetic Foot Infections (DFI) clinical trial complete, meeting all endpoints	○ Launch Registrational Phase III trial for DFI in Indonesia
✓ R327G indicated positive clinical response in the treatment of multiple antibiotic-resistant infections under TGA Special Access Scheme Category A	✓ US Department of Defense grants US$2.0 million funding to accelerate development of R327 for acute treatment of burn wound infections	○ Launch Registrational Phase III trial for ABSSSI in Australia
✓ R327 Phase I/II UTI/Urosepsis Rapid Infusion Clinical Trial - safe and well tolerated at faster infusion rates ~30min for 2,500mg and 3,000mg	✓ Regulatory and ethics approval received for Indonesian Registrational Phase III trial in Diabetic Foot Infections	○ Commencement of US Department of Defence Burn Wound Program
✓ MoU with PT Etana Biotechnologies Indonesia to work collaboratively on R&D, production, distribution and commercialisation of R327		○ File Investigational New Drug Application for R327 in the USA
		○ Launch Phase II UTI/Urosepsis Clinical Trial (with data readouts throughout)

Commercialisation Pathway in DFI and ABSSSI:

Positive Phase II and SAS data → Start Phase III in DFI



Experienced Board of Directors

Dr John Prendergast – Chairman

BSc (Hons), MSc (UNSW), PhD (UNSW), CSS (HU)

US-based, current Chairman and Co-founder of Palatin Technologies, Inc. (NYSE: PTN) and Lead Director of Nighthawk Biosciences (NYSE: HHWK). With extensive experience in the international commercialisation of pharmaceutical technologies, Dr Prendergast has been responsible for the approval of three new drug applications.

Michele Dilizia – Executive Director & Chief Scientific Officer

BSc (Med Sci), Grad Dip Bus (Mkting), BA (Journ), GAICD, MASM

Co-inventor and qualified medical scientist with a specialisation in medical microbiology and regulatory affairs. Ms Dilizia successfully co-led the research and development of Recce's suite of anti- infective compounds, resulting in a portfolio of granted patents across the globe, including a Qualified Infectious Disease Product designation with the U.S. FDA.

James Graham – Managing Director & Chief Executive Officer

BCom (Entrepreneurship), GAICD

Six years as former Executive Director and extensive experience in marketing, business development and commercialisation of early-stage technologies with global potential. Mr Graham has served on Recce's Board of Directors for six years with a focus on expanding Recce's commercial opportunities and clinical initiatives.

Dr Justin Ward – Executive Director & Principal Quality Chemist

BSc (Chem), PhD (Chem), M Pharm, MRACI, CChem

A quality control expert who has worked with leading pharmaceutical companies. He previously held a technical role with Pfizer, involving providing data for the regulatory submissions to the FDA and TGA. Dr Ward is bringing Recce's research and development and manufacturing up to US FDA requirements.

Dr Alan Dunton – Chief Medical Advisor & Non-Executive Director

BSc (BioChem) Hons, M.D. (NYU)

US based, Director of Palatin Technologies. Over three decades of senior pharmaceutical experience incl. President and MD of Janssen Research Foundation (Johnson & Johnson). Advanced several blockbuster antibiotics through regulatory review and commercialisation at Fortune 500 companies including Roche. Responsible for the approval of approximately 20 New Drug Applications; an amalgamation of prescription and OTC products.

Alistair McKeough – Non-Executive Director

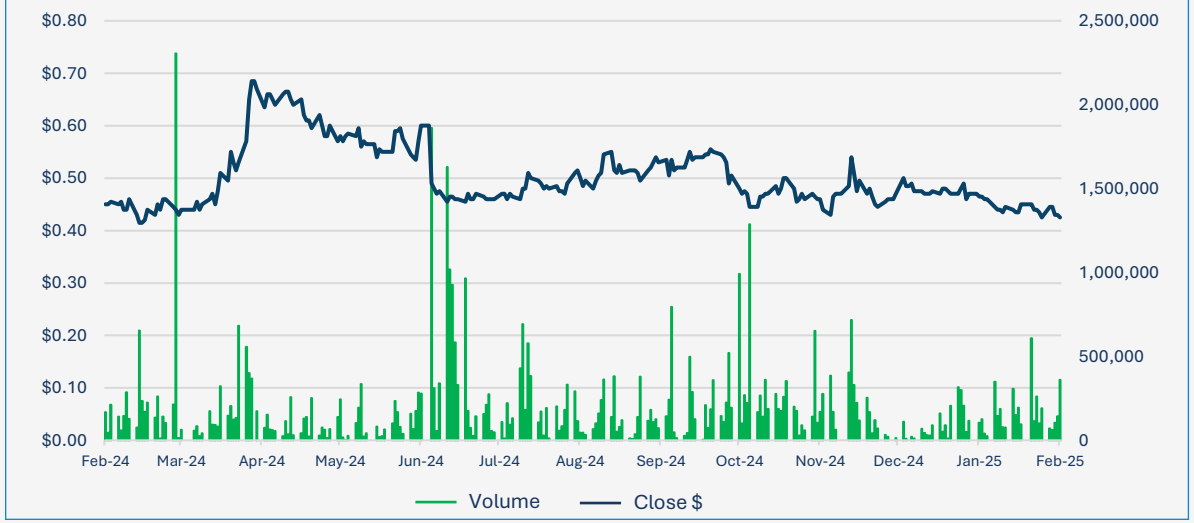
Alistair is a qualified lawyer and specialises in complex commercial matters that require careful and strategic planning. Mr McKeough has extensive experience advising ASX-listed companies and their directors.

Company Overview: Recce Pharmaceuticals Ltd

A clinical-stage Australian biotech company with a new class of synthetic anti-infectives

Capital Structure – March 2025	
ASX & FSE Code	RCE, R9Q
Share Price	**AUD $0.43**
3-Month Average Daily Volume	115.49k
Shares on Issue	**231.87 million**
Unlisted Options (Avg $1.54)	13.9 million
Market Capitalisation	**AUD $98.5 million**
Cash at Bank*	AUD $1.94 million
Top 20 Shareholders	**50%**
Debt	Nil

Share Price & Volume – March 2025



Proprietary **first-in-class, broad-spectrum anti-infectives** against bacteria

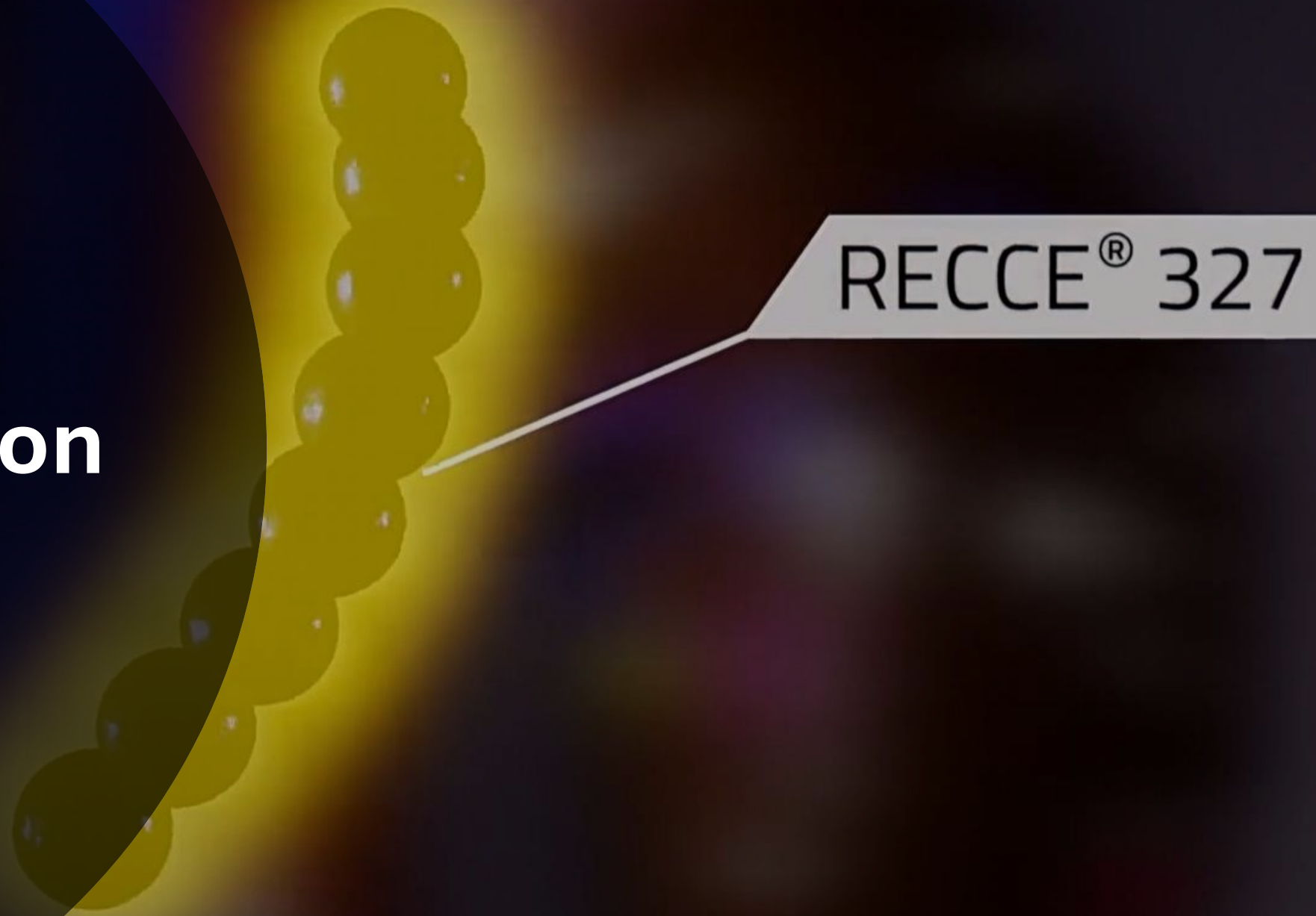
Australian Government awarded AUD $54,947,284 (USD $37,043,433) with Advanced Overseas Finding across RCE infectious disease portfolio**

I.V. and topical treatments advancing for UTI/Urosepsis and Acute Bacterial Skin and Skin Structure Infections (ABSSSI) including DFI; as well as US Department of Defense Burn Wound Program and Indonesian clinical trials for topical treatments.

Multiple clinical indications and formulations in Phase I and Phase II addressing unmet medical needs: **Sepsis, UTI/Urosepsis, Burn Wounds and ABSSSI, including Diabetic Foot Infections**

**Cash balance does not reflect Q3, 2024 announced U.S. Department of Defence Army burn wound grant of US$2.0 million (~A$3 million) or anticipated additional R&D advance funds.*
***The Advanced Finding is a binding, underwritten guarantee provided by the Australian Government, which affirms the Company's R&D activities are of national interest and extends the 43.5% R&D rebate from locally, to cover those undertaken by the Company anywhere in the world for a period of three years. This finding does not constitute a grant, or an upfront payment of the amount awarded*

R327 Solution



Independent Study Undertaken on RECCE® 327 MoA[1]

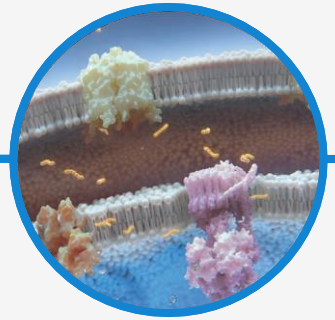
Linnaeus Biosciences MoA studies of R327

Recce products work via a NOVEL MECHANISM which targets rapid access to and shut down of bacterial energy production (ATP), **which results in bacterial death of both active and resting bacteria**

Stage 1

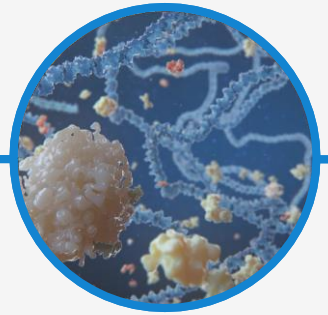
R327 targets and irreversibly bind to essential bacterial proteins

Stage 2



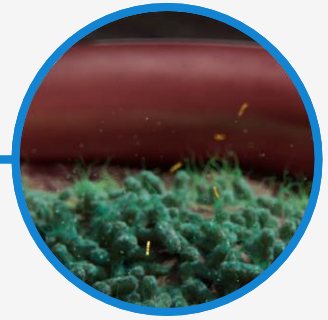
R327 interferes with bacterial cellular metabolism and energy production at or near the cell surface, depleting ATP

Stage 3



R327 kills bacteria rapidly without inducing cell lysis

Stage 4



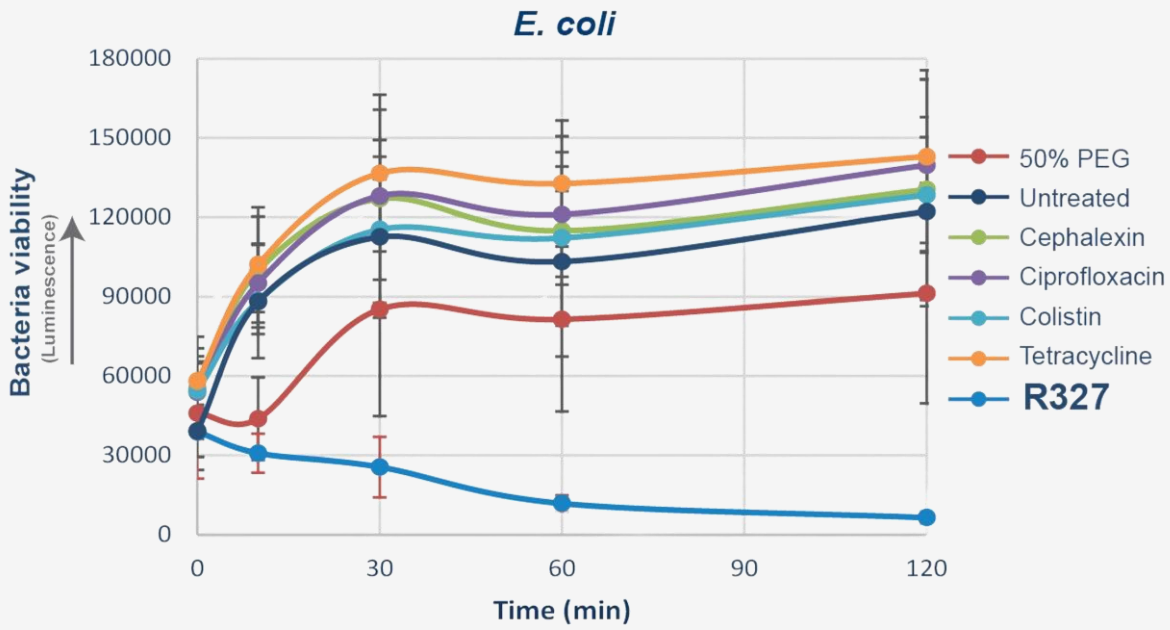
R327 is rapidly and irreversibly bactericidal

Note (1): Dilizia, M., Tsunemoto, H., Quach, D. et al. Elucidating the Mechanism of Action of Novel Polymer-based Synthetic Anti-infective Compound RECCE 327 - Abstract

R327 Faster Acting Than Existing Antibiotics

No prolonged exposure needed

R327 is faster-acting against bacteria than other antibiotics – works quickly, without prolonged cellular exposure times required of other antibiotics (extended exposures commonly associated with systemic toxicity)



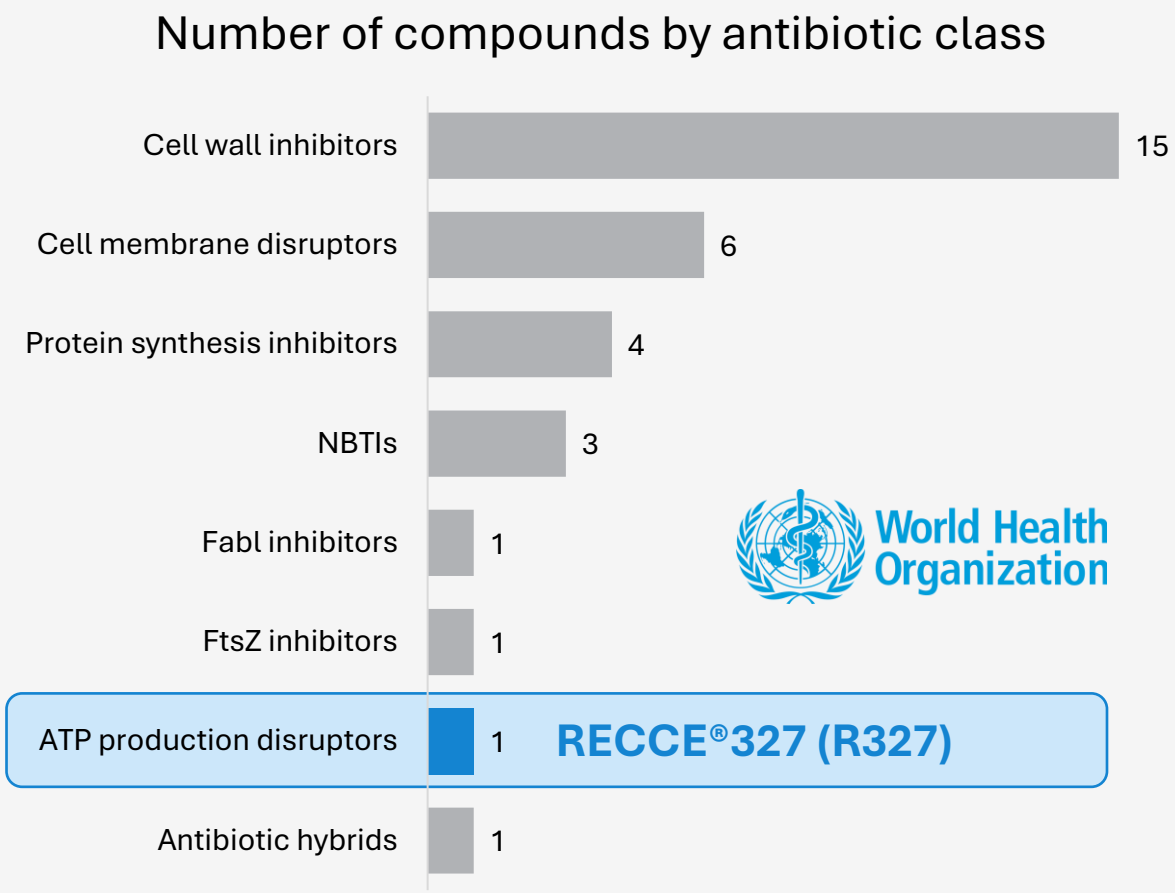
R327 shuts down ATP production, the driver of bacterial energy irreversibly in minutes

Because of its unique MoA, R327 kills pathogenic bacteria at a faster rate than any known antibiotic and it is the only clinical candidate currently being developed to target ATP disruption

> **R327 kills bacteria in conditions where other antibiotics are ineffective**
>
> - Marc Sharp, PhD, Chief Scientific Officer, Linnaeus Bioscience

RECCE® 327 – Global Recognition

R327 added to WHO's list of antibacterial products in clinical development



Global recognition by the World Health Organization (WHO): Inclusion underscores significance of R327 in combating antimicrobial resistance

Unique Mechanism of Action: R327 uniquely classified as an adenosine triphosphate (ATP) production disruptor, **the only compound under this category**

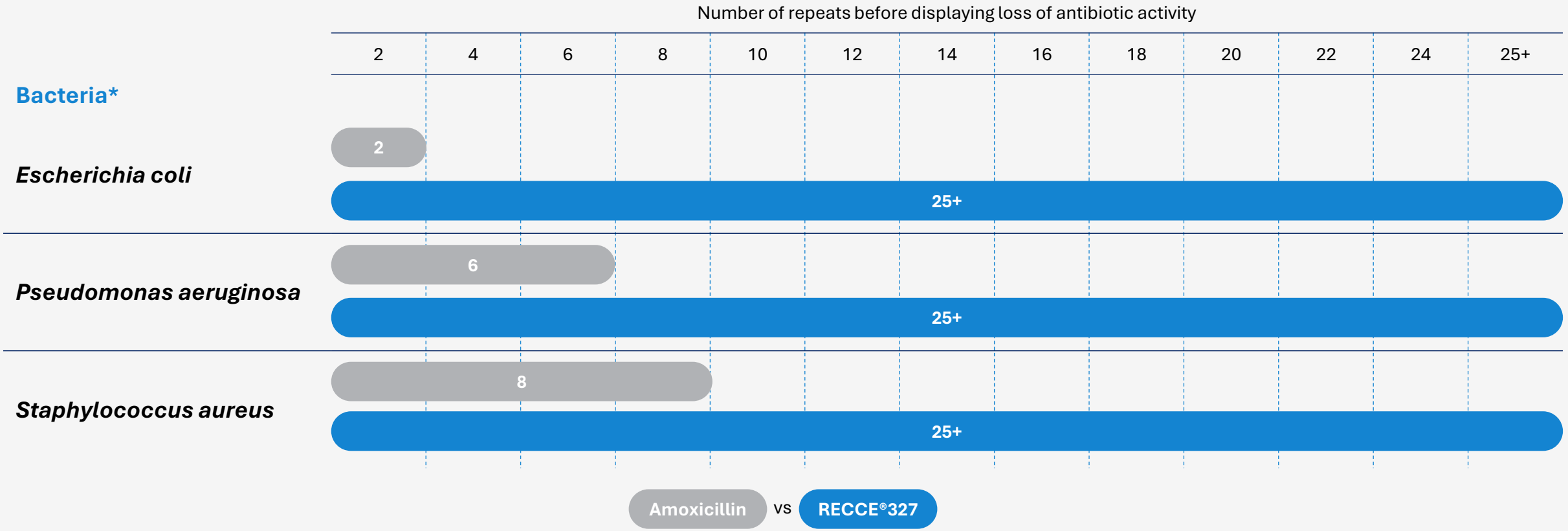
R327 recognised as a novel treatment: For a broad range of life-threatening and resistant bacteria

The WHO report covers traditional and non-traditional antibacterial agents in development worldwide and evaluates to what extent the present pipeline addresses infections caused by priority pathogens

RECCE® 327 – *NO RESISTANCE* on Serial Passaging

Amoxicillin loses activity after a maximum of 8 repeats; RECCE® 327 remains active for more than 25 repeats

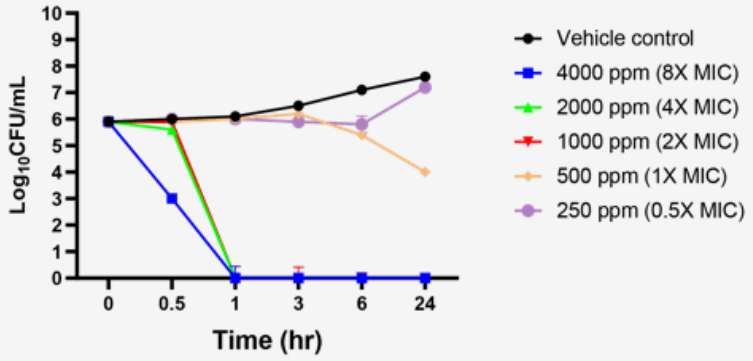
25 repeats at time of discovery was sufficient for PCT patent applications, with no sign of resistance



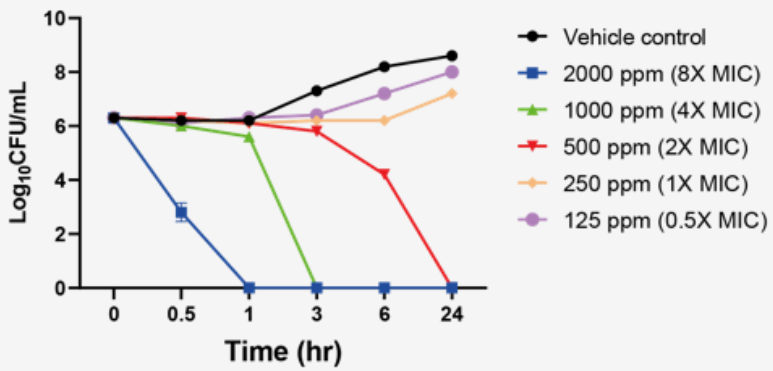
*Antibiotic Sensitive Strains

Broad-Spectrum of Coverage of RECCE® 327 *in vitro* against ESKAPE Pathogens-Bactericidal Effect

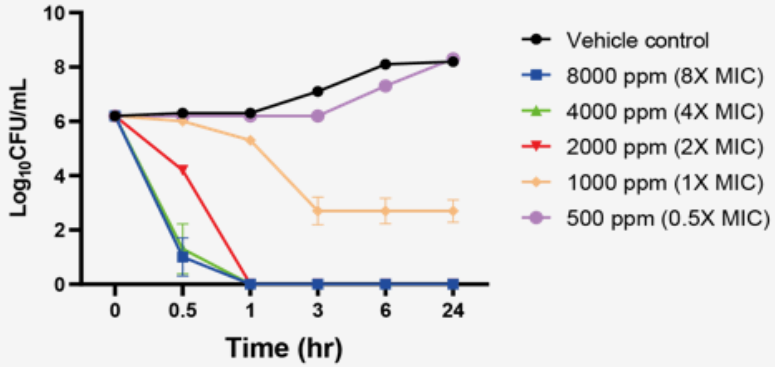
E. faecium ATCC 19434



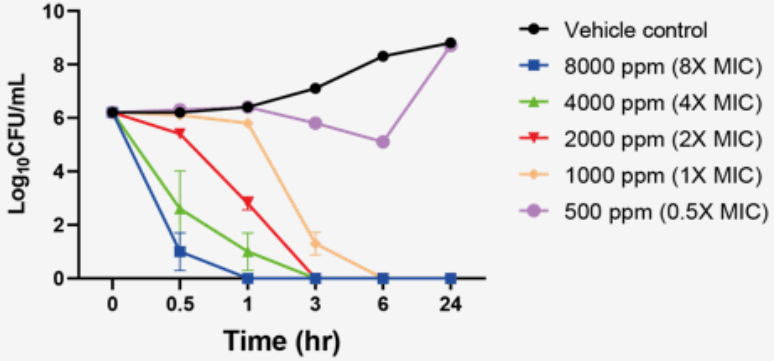
S. aureus ATCC 29213



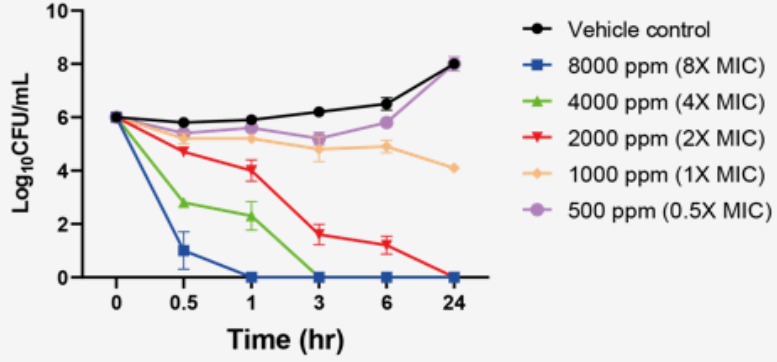
K. pneumoniae ATCC 43816



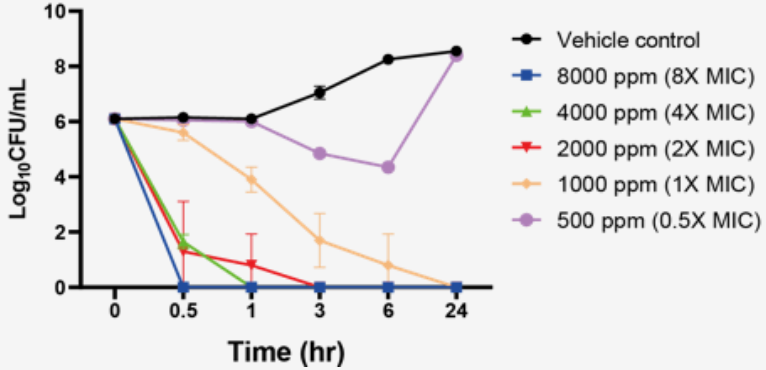
A. baumannii ATCC 17978



P. aeruginosa ATCC 27853



Enterobacter cloacae ATCC 13047



- **Average time-kill curves of R327 at various concentrations against strains of ESKAPE pathogens (tested in duplicate)**
- Time-kill study was performed to determine the bacterial killing effect of R327 at five concentrations, ranging from 0.5X to 8X, MIC and to measure killing kinetics of treatment with R327 against each strain.

R327 Active Against all Tested Clinical Drug-Resistant Species

Test Bacteria	Antibiotic		# of strains resistant to comparator abx	# of strains resistant to R327
	Comparator abx	Total # of strains	(+/-)	
Klebsiella pneumoniae [1]	levofloxacin	66	**52**	0
Klebsiella pneumoniae [2]	imipenem	35	**13**	**0**
Acinetobacter baumannii [3]	levofloxacin	67	**48**	0
Acinetobacter baumannii [4]	imipenem	17	**12**	0
Pseudomonas aeruginosa	levofloxacin	85	**67**	0
Pseudomonas aeruginosa	imipenem	14	**10**	0

1. *Includes resistance genes e.g. KPC (12 strains including 5 strains KPC-2), NDM-1 (11 strains), OXA-48 (3 strains tested), CTX-M (45 strains)*
2. *includes resistance genes e.g. NDM-1 (4 strains tested); OXA (21 strains tested); CTX-M (24 strains tested); KPC (2 strains tested)*
3. *includes resistance genes e.g. OXA-23 (25 strains); VIM (1 strain); PER-7 (4 amino acid substitutions compared to PER-1)*
4. *includes resistance genes e.g. OXA-23## (26 strains), OXA24 (10 strains); TEM-1, armA*

These resistance genes are from Ukraine military patients

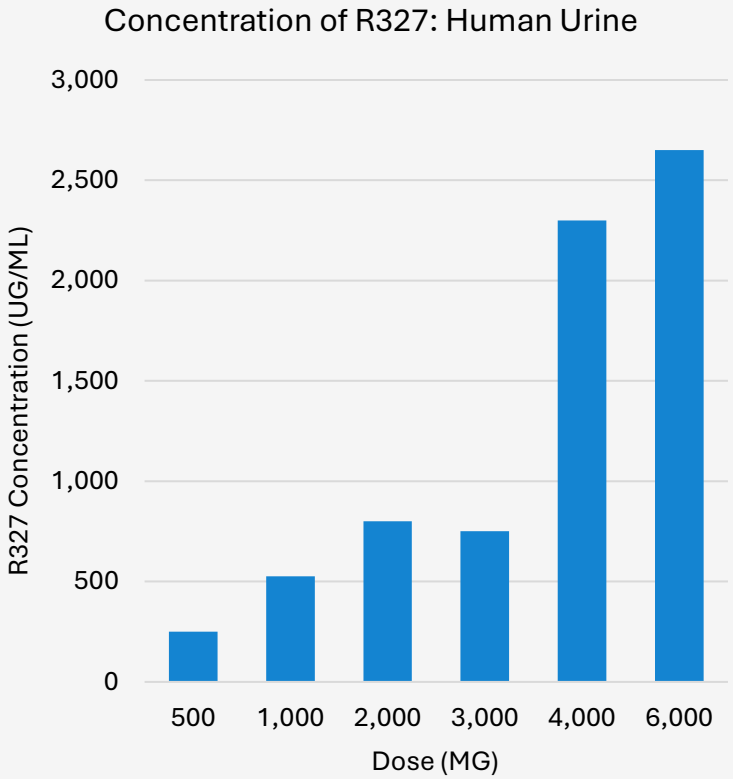
R327: Clinical Programs

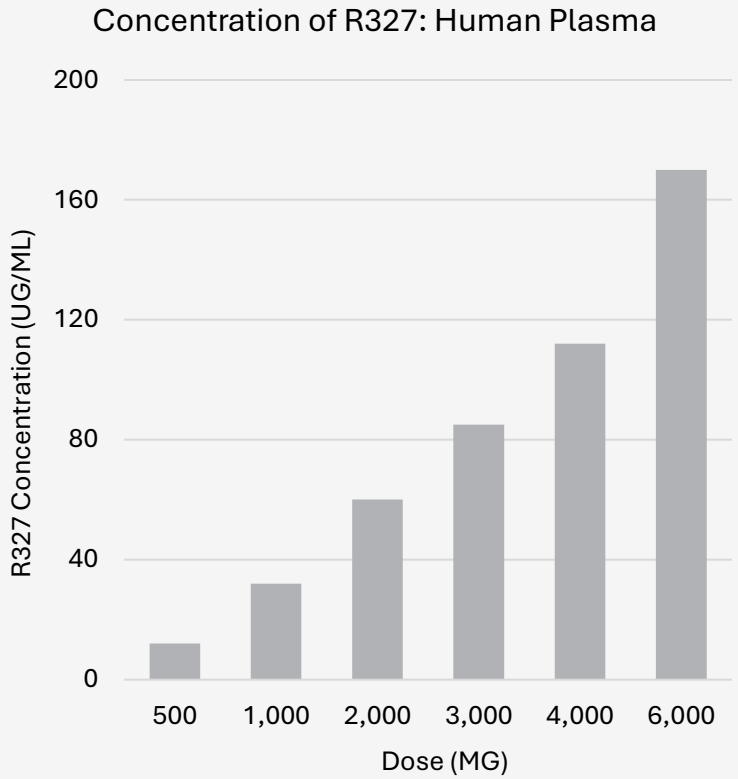
RECCE® 327 Phase I: Safety & PK Intravenous Study

Double-blind, placebo-controlled, single ascending-dose, in 80 healthy participants

- **Safe and well tolerated** at doses up to 4,000mg given as a 1-hour intravenous infusion
- **No Serious Adverse Events:** All AE's mild or moderate (some irritation, discomfort at infusion site mostly at 6,000mg, also in placebo)
- **No changes to outside normal limits** in any laboratory test, EKG or telemetry
- Concentrations of RECCE® 327 increased with dose
- t1/2 increased with dose: 3-5 hours at higher doses
- Urine concentrations were up to 20 times higher than plasma concentrations – potential complicated cUTI as an indication

RECCE® 327 Excreted Safely in High Concentration in Urine





- **R327 primary route of elimination** appears to be through the kidney to the ureters and bladder
- **High concentrations of R327** noted in the urine of Phase I healthy subjects
- **Insight consistent** with pre-clinical *in-vivo* kidney and UTI bacterial infection studies
- **Opportunities for therapeutic in array of UTIs** (uncomplicated UTI - single dose, complicated UTI, recurrent UTI, treatment resistant etc.)
- Suggests **broader anti-infective treatment model** in pre-sepsis

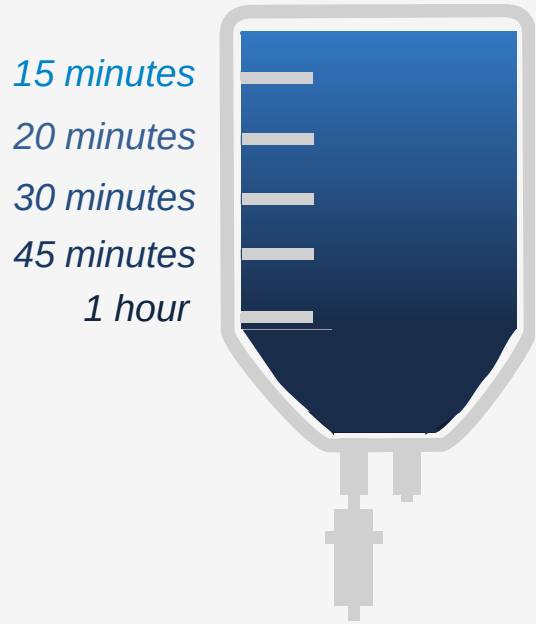
Concentration of R327 in Urine Compared to Plasma (from over 60 healthy subjects)						
Dose (MG)	500	1,000	2,000	3,000	4,000	6,000
Ratio Urine/Plasma	**16x**	**17x**	**14x**	**9x**	**21x**	**16x**

Phase I/II UTI/Urosepsis Rapid Infusion Clinical Trial

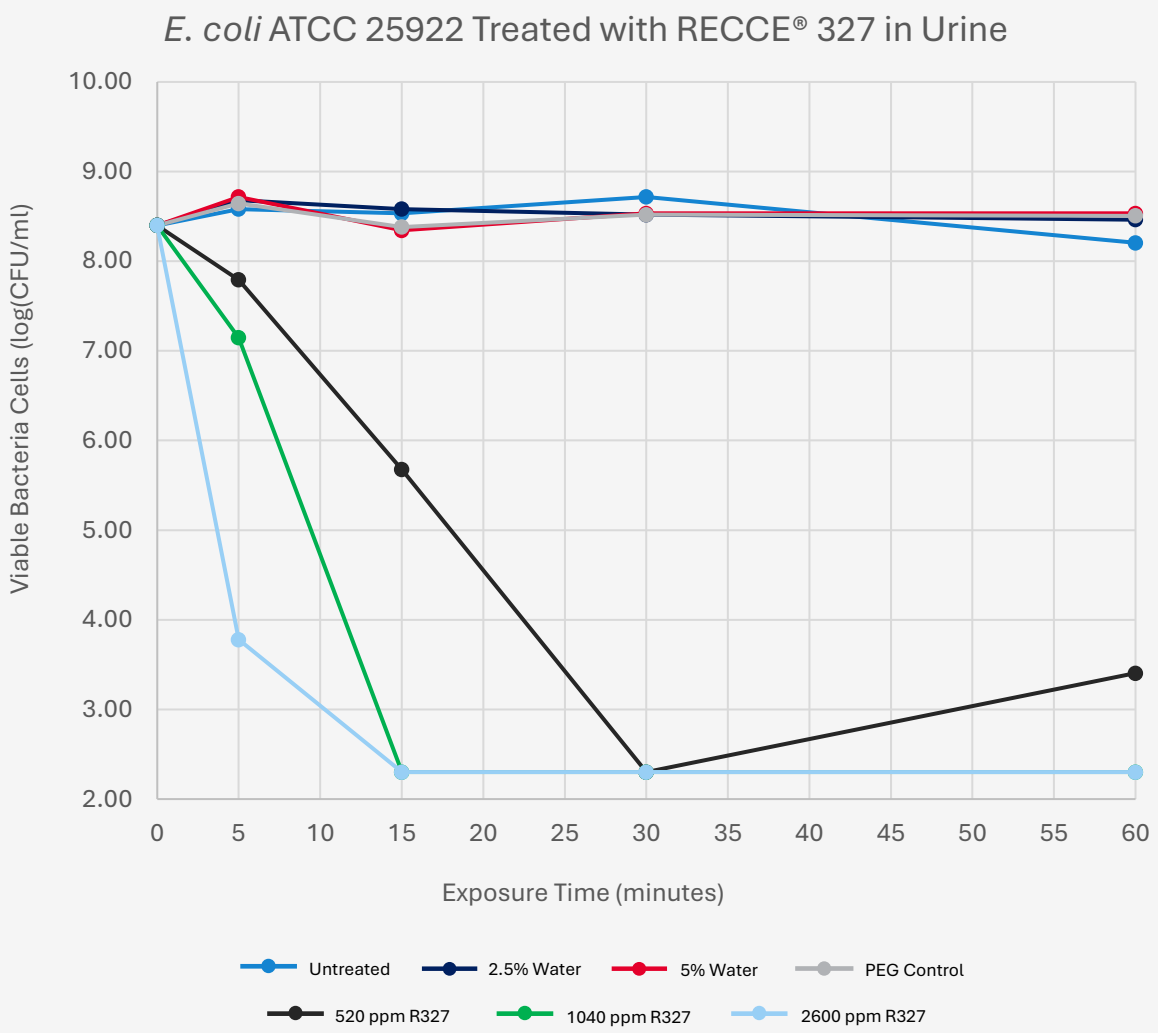
UTI's are responsible for about 30% of all sepsis infections, defined as 'Urosepsis'

R327 has achieved multiple 'fast infusion' time stamps in line with intended future regulatory submissions

Clinical Trial Complete	
Assessment	Assessing R327 at faster administration rates (<1 hour) Ability of Collected Urine to kill *E. coli* Bacteria (*ex vivo*)
Endpoint	No serious adverse events reported and no clinically significant changes in any laboratories, reinforcing safety profile of R327 Provided proof of ability in urine collected from volunteers dosed with R327 to kill *E. coli* (*ex vivo*)
Subjects	**Male and female** subjects dosed
Initial indication	Results from trial paves the way for **R327 as a potential first-line treatment for patients suffering from UTI/Urosepsis**
US FDA status	**Qualified Infectious Disease Product designation** - awarded by the US FDA in 2017 for R327 bacteraemia (broad-spectrum bacterial sepsis).



RECCE® 327 Kills Quickly in the Urine

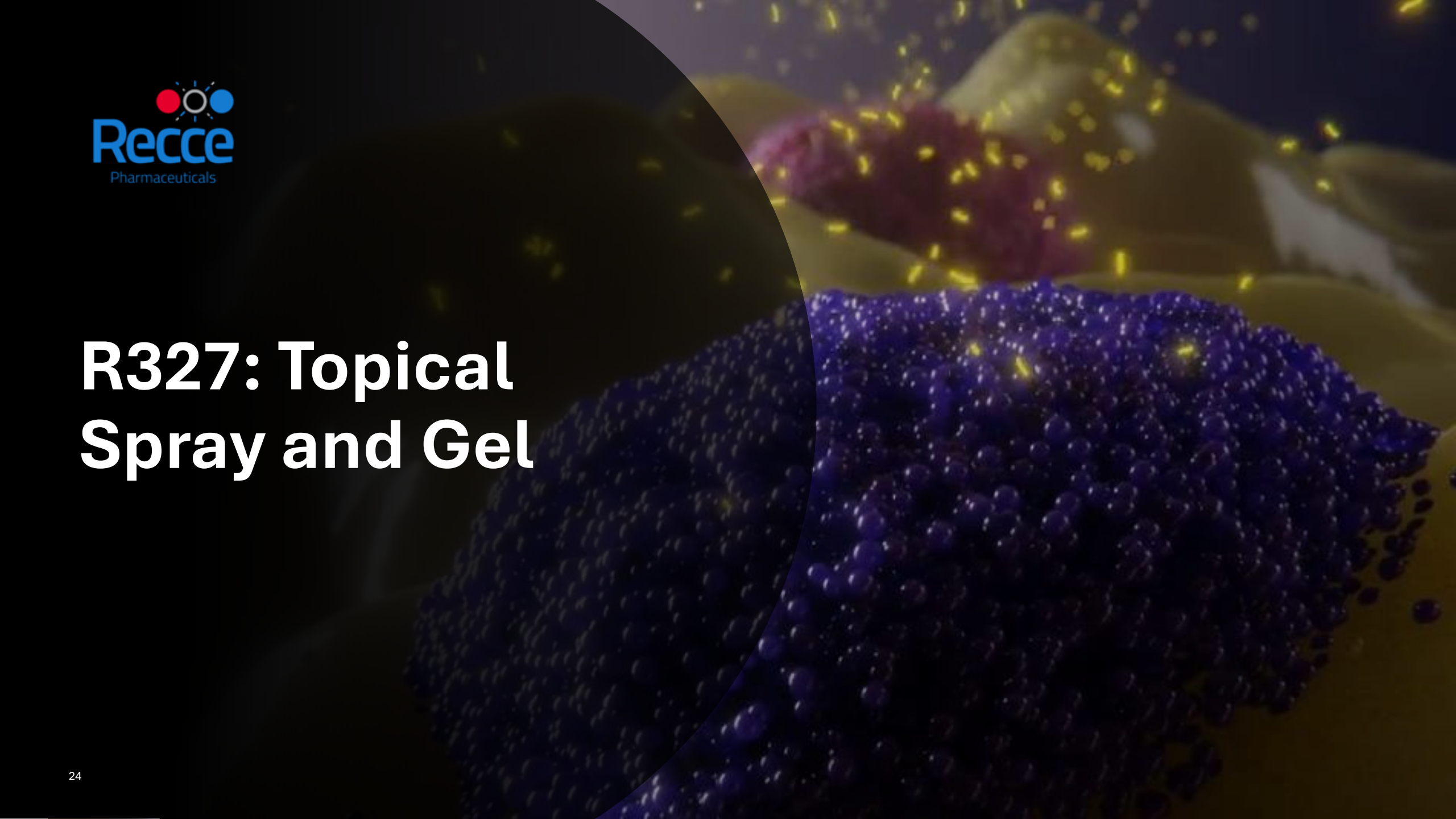


- **R327 in the presence of human urine was able to have a fast (near minutes) effect against *E. coli* and irreversible**
- **Bacteria could not be revived post-treatment**
- R327 capability starting from comparatively low concentrations
- Achieved 6-log reduction in viable cell count

Understanding logs (example of a small colony of 1 million MRSA bacteria)*
A 1-log kill reduces the colony to 100,000 MRSA bacteria after a 90% reduction
A 2-log kill reduces the colony to 10,000 bacteria after a 99% reduction
A 3-log kill reduces the colony to 1,000 bacteria after a 99.9% reduction
A 4-log kill reduces the colony to 100 bacteria after a 99.99% reduction
A 5-log kill reduces the colony to 10 bacteria after a 99.999% reduction
A 6-log kill reduces the colony to 1 MRSA bacterium after a 99.9999% reduction

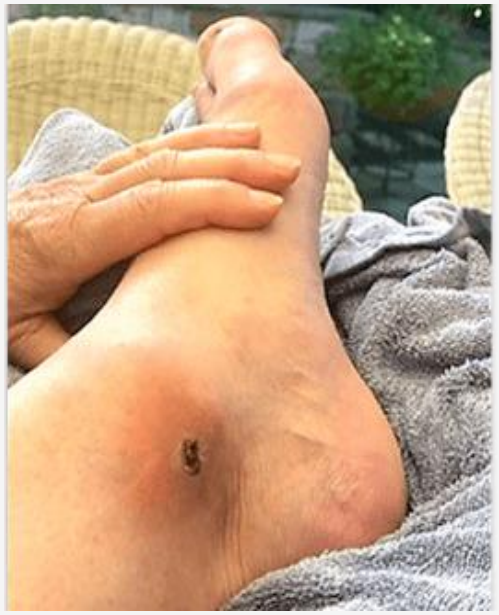
**https://halosil.com/what-are-logs-and-why-do-they-matter-in-preventing-infections/*

R327: Topical Spray and Gel

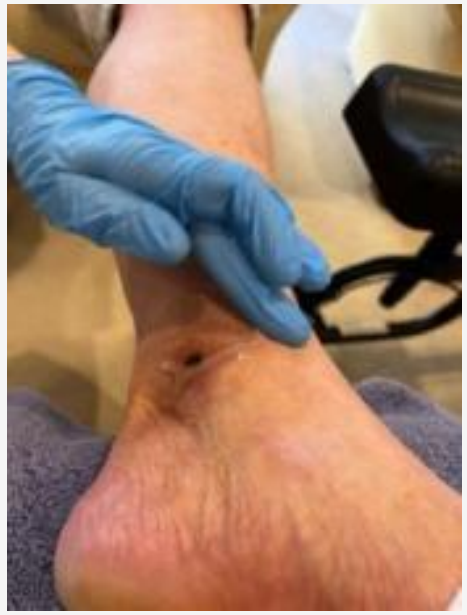


Patient Case Study – TGA Special Access Scheme

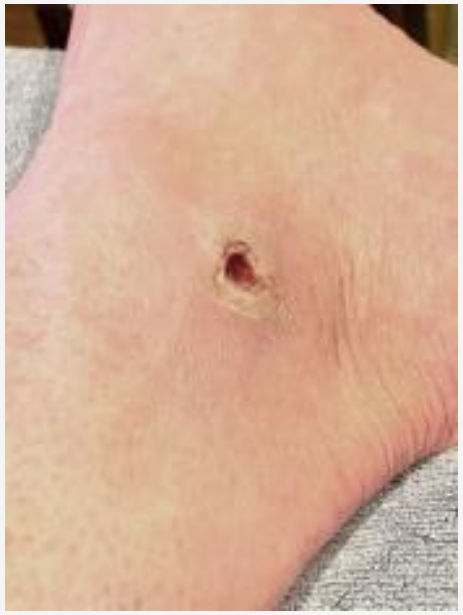
Day 0:
Pre-treatment



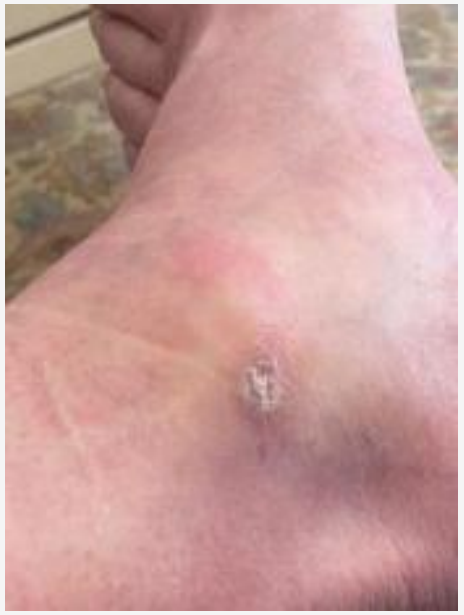
Day 0:
First Recce gel applied



Day 1:
Post treatment



Day 30:
Post treatment



Patient unresponsive to 4x daily Cephalexin for 10 days:
Infection spreading and hospital ready

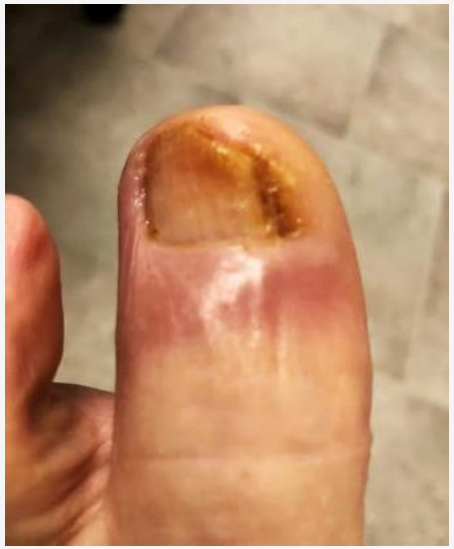
After only one dosing of R327, the infection had clinically responded in 24 hours – redness and swelling reduced

- No pre-treatment wound debridement
- No stinging at any point reported
- R327 Gel worked quickly and effectively

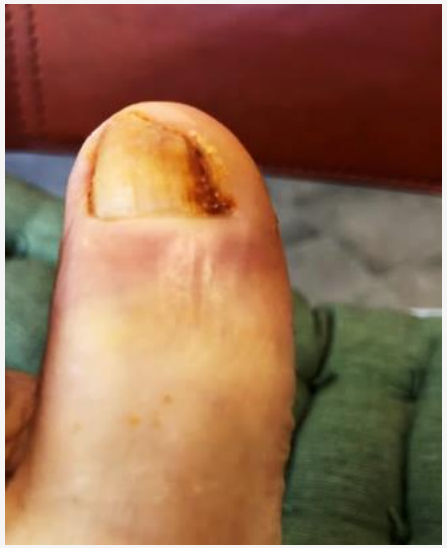
Patient Case Study – TGA Special Access Scheme

Infection with Biofilm

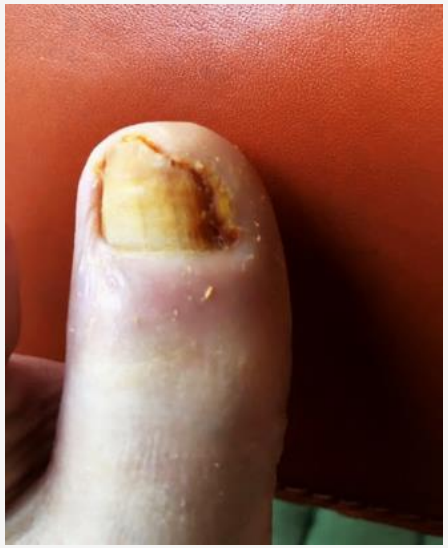
Day 0:
Pre-treatment



Day 3:
Recce treatment



Day 7:
Recce treatment



Pre-treatment (Day 0) X-rays showed **infection deep within the underlying bone**, tissue and around the nail, with signs of initial biofilm formation

After 3 days of R327G treatment, the wound is **drying up with infection clearing** and the toe responding well to treatment

- **Day 7 post R327G treatment showed wound completely dried up, no signs of biofilm surrounding toenail and swelling significantly reduced**
- **Surgical intervention, which was the next step for this patient, was averted**

Phase II DFI / ABSSSI Clinical Trial – Achieved all Endpoints

Confirms approach for Phase III trials and commercialisation progress in Australia

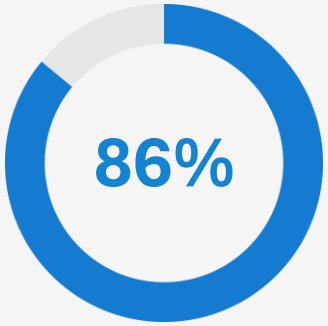
- This Phase II study **achieved all primary and secondary endpoints** as an open-label clinical trial evaluating the safety and tolerability, efficacy, and plasma pharmacokinetics of R327G when applied directly to the infected area
- The study enrolled 30 patients, with 29 included in the final data analysis. One patient was withdrawn due to pre-existing pain at the wound site that was deemed unrelated to R327G
- After 7 days of treatment, **86% of patients** (25 out of 29) treated with R327G had a successful clinical response
- At 14 days of treatment, **93% of patients** (27 out of 29) achieved a primary efficacy endpoint
- **R327G demonstrated to be safe and well tolerated, achieving all endpoints - no Serious Adverse Events reported**

Study Outcome – Top Line Data*	To evaluate the efficacy of RECCE®327 topical gel on ABSSSI
Assessment method	Lipsky Scale/Bates Jensen Wound Assessment Tool
Endpoint met	Yes

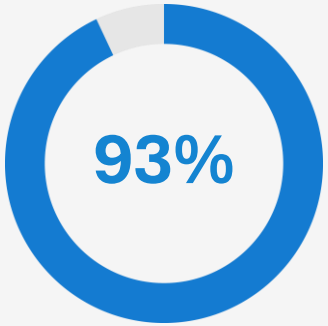
**https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=387997&isReview=true*

Successful clinical response

After 7 days of treatment



After 14 days of treatment



RECCE® 327 Topical Gel: Phase III Registration Trial in DFI

R327G Multicenter study in Indonesia

- Double blind, Placebo-controlled, Parallel group Study in Patients with DFI
- Drug to be administered once daily at the clinic for up to 14 days
- N=300 patients (200 active, 100 placebo)
- Planned enrolment to be conducted at up to 10 centers across Indonesia
- **Primary endpoint is "clinical response" – per standard used by US FDA and other regulatory authorities for this indication and consistent with Phase II study**
- ***Interim analysis at 106 patients completed (est. 1QCY26) with success the catalyst for accelerated review and approval***

Commercialisation Opportunity

Recce Global Growth Strategy

Global Approvals

Expansion into ASEAN → **Expansion across Australia/NZ** → **Expansion to USA/DoD**

	Gel	IV	Aerosol
New Products and New Indications	DFI Gel ABSSSI Gel Burn Gel	IV cUTI IV Sepsis IV HAP & VAP IV Single Dose UTI	Aerosol HAP / VAP Aerosol non-TB Mycobacteria Intranasal Sinusitis

Strategic Partnership in SE Asia to Accelerate Clinical Program

Phase III Registrational Clinical Trial in Indonesia Topical Gel	• **Approval received from the Indonesian Drug and Food Regulatory Authority, Badan POM**, to initiate registrational Phase III clinical trial • **Human Research Ethics Committee approval received** – registrational Phase III clinical trial to commence this quarter
Opportunity Presents a Clear Path to Commercialisation	• **Awarded expedited regulatory review status in Indonesia to fast-track progression of Phase III trial**; brings forward commercial opportunities in ASEAN region • **Opportunity to access 10 ASEAN member states** covering a population of 680 million inhabitants • **Significant bilateral initiative** supported by Australian and Indonesian Governments • **Memorandum of Understanding** (MoU) with leading biomedical company PT Etana Biotechnologies (Etana) to **facilitate late-stage clinical trials** in Indonesia, supporting the Indonesian Government's access to novel infectious disease medicines • **Expected launch in 2026**

Recce & Badan POM Team's - Recce CEO James Graham (centre left) and Head of Drug and Food Authority Badan POM, Professor Taruna Ikrar (centre)

Manufacturing & Scalability for Commercialisation

- Key raw ingredient made in the USA
- Clinical Phase I-II and preclinical product produced at RECCE Macquarie Park facility in Australia
- GMP Manufacturing facility in Australia for Phase III/Scale up
- Exploring US manufacturing opportunities for large scale
- Raw materials **plentiful and cheap** – few $/Kg
- **No expensive waste** – 99.9% product yield

Robust Worldwide Intellectual Property Portfolio

Patent portfolio of 40+ patents and patent applications in the world's major markets

Filed	Patent Family 1	Expiry	Patent Family 2	Expiry	Patent Family 3	Expiry	Patent Family 4	Expiry
Australia	✓	2028	✓	2037	✓	2037	✓	2041
USA	✓	2029	✓	2037	✓	2037	Pending	-
Europe	✓	2028	✓	2037	✓	2037	Pending	-
Germany	✓	2028	✓	2037	✓	2037	-	-
Spain	✓	2028	✓	2037	✓	2037	-	-
France	✓	2029	✓	2037	✓	2037	-	-
UK	✓	2028	✓	2037	✓	2037	-	-
Italy	✓	2028	✓	2037	✓	2037	-	-
Sweden	✓	2028	✓	2037	✓	2037	-	-
Japan	✓	2028	✓	2037	✓	2037	✓	2041
China	✓	2028	✓	2037	✓	2037	Pending	-
HK	Pending	2028	Pending	2037	✓	2037	Pending	-
Israel	-	-	-	-	-	-	✓	2041
Canada	-	-	-	-	-	-	✓	2041

- **Family 1** group relates to the Company's Unique and Highly Economical Manufacturing Process and use of the Polymer in Treatment of Diseases
- **Family 2** relates to the Method of Manufacture, Administration and Application to Treat a Broad Range of Common Human Infections
- **Family 3** relates to a Method of Treatment of a Broad Range of Viral Infections, particularly Parenteral Viral Infection
- **Family 4** relates to Process for Preparation of Biologically Active Copolymer, other Patent Cooperation Treaty countries pending/granted)

Summary

Significant value creating opportunities

Novel, Synthetic, Broad-Spectrum, Rapid-Acting, Anti-Infectives: **demonstrated against >500 clinical isolates** including all resistant species; **no signs of resistance to R327**

Indonesian Phase III registrational clinical trial data read-out and regulatory submission expected in late 2025, potential market approval and commercial launch in H1 2026

Upon completion of Phase III registrational clinical trial, enables Recce to **replicate regulatory approval for R327G across the broader ASEAN region**

Development of a first new class of antibiotic in over 40 years, recognised by the World Health organisation, with accelerated de-risking via registrational Phase III trials in Indonesia and Australia

Expansion of Recce's Global Regulatory Strategy including US IND and Department of Defense partnership

Thank You

James Graham
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