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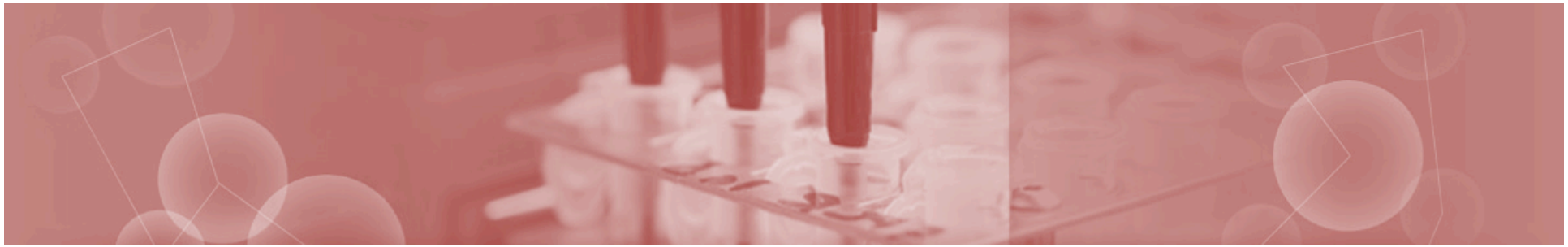
Dimerix Bioscience update – A Clinical Stage Biotechnology Company



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Investor Presentation
16 September 2015

Dimerix Bioscience

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Company Overview

Company Assets (Dimerix)

A globally focused drug development company commercialising a portfolio of new therapies for unmet medical needs

Lead Program: DMX-200 in Phase II clinical trials for Chronic Kidney Disease (CKD)

Discovery Platform: Receptor-HIT technology to identify clinical opportunities from drug receptor interactions

IP: Granted and Pending applications for lead product and discovery engine

Leadership: Commercially focused and experienced board and management with record of creating shareholder value

Value Inflection Points:

(i) Initial PII data: H1 2016

(ii) US Patent Grant

(iii) Program expansion to additional indications

Corporate Overview

ASX Code:	SBN
Share Price:	$.008
Market cap:	$10.6m
Cash (30 June):	$2.9m
Shares on issue:	1323.6m
Performance Shares:	225.0m
Options:	111.7m

Dimerix is a 100% owned subsidiary of SBN

Major Shareholders

MR PETER MEURS	19.96%
SRV CUSTODIANS PTY LTD	6.16%
YODAMBAO PTY LTD	4.15%
MR JASON PETERSON & MRS LISA PETERSON <J & L PETERSON S/F A/C>	3.68%
MR PAUL WHITE & MS ELIZABETH MCCALL <WHITE FAMILY A/C>	2.54%
NULLAKI SERVICES PTY LTD <ANVIL BAY A/C>	2.07%
MRS GWEN MURRAY PFLEGER <PFLEGER FAMILY A/C>	1.96%
JAMPASO PTY LTD <WILLIAMS FAMILY A/C>	1.75%
YODAMBAO PTY LTD <YODAMBAO INVESTMENT A/C>	1.74%
JGC SUPER PTY LTD <JGC FAMILY SUPER FUND A/C>	1.62%

Key Achievements

Technical:

- Developed globally recognised proprietary drug discovery technology (Receptor-HIT)
- Granted Patents: US, EU, Australia and others
- Extensively published in leading peer reviewed journals
- Identification of internal development programs

Pre-clinical/Clinical:

- Completed pre-clinical studies for lead program (including peer review publication)
- Ethic approvals for Phase II trials across 3 Melbourne sites for CKD study
- First patient enrolled

Commercial:

- Capital efficient progression to Phase II clinical trials
- Multiple contract research and collaborations with major pharmaceutical companies
- Successfully completed acquisition of Dimerix Bioscience Limited by Sun Biomedical Limited
- Board and Management with technical, clinical and commercial transactional track record

Team: Board

Exec. Chairman:
Dr James Williams
BSc(Hons), PhD, MBA

- Co-founder of Dimerix and iCeutica (acquired in 2011 and now with 2 FDA drug approvals)
- Co-founder of Yuuwa Capital ($40M venture capital fund)
- Former Managing Director of Resonance Health and Argus Biomedical (both with FDA approved products)
- Co-inventor of Dimerix lead therapy DMX200

Director:
Dr Sonia Poli
MSc, PhD

- Former Senior Executive with Hoffman la Roche and Addex Therapeutics (Switzerland)
- 20 years international experience in small molecule drug design, optimization and early clinical development
- Expertise encompassing multiple therapeutic areas.

Director:
Dr Anton Uvarov
MSc, PhD, MBA

- Healthcare analyst at Citigroup New York
- Non-executive director Actinogen Medical (ASX:ACW)
- Experience in domestic and international capital markets

Director
Mr Howard Digby
BEng(Hons)

- 25 years managing technology businesses in the Asia Pacific region
- Regional Managing Director at Economist.
- Senior Management roles at Gartner and Adobe
- Former director Cynata (ASX:CYP)

Team: Management and Advisors

General Manager (Dimerix)
Kathy Harrison
MSc, Cert.Gov.(Prac), FIPTA

- Experienced Biotech executive: AMRAD, Cytopia Research Pty Ltd, Phosphagenics Limited
- Registered Patent and Trademark Attorney

Scientific Advisors:
Assoc. Prof Kevin Pfleger
MA, PhD

- Inventor Dimerix technology
- Head Molecular Endocrinology and Pharmacology at the Harry Perkins Institute of Medical Research
- National Health and Medical Research Council RD Wright Biomedical Research Fellow
- Multiple National and International awards as early career scientist

Dr Brian Richardson
PhD

- 42 year veteran of the pharmaceutical industry
- Leadership Team and Global Head of The Musculoskeletal Disease Therapeutic Area at The Novartis Institutes for Biomedical Research
- Prior roles: Deputy Head of Drug Safety, Head of Pathology and Experimental Toxicology, Head of Immunology, Inflammation and Respiratory Research as well as Senior Project Manager for the worldwide development of new therapies for Metabolic, Cardiovascular and Respiratory Diseases for Sandoz Pharma.

CKD: Market Need

The total chronic kidney disease (CKD) market achieved total sales of $11 billion in 2012 (Source: Decision Resources, 2014)

- Current market includes erythropoietin-stimulating agents (ESAs), phosphate binders, calcium mimetics, active vitamin D analogues, antihypertensive agents, IV iron and emerging CKD therapies for the CKD non-dialysis and dialysis patient populations
- 26 million US CKD patients: 8.5m patients at or beyond Stage 3
- CKD is still growing due to cardiovascular disease, obesity & diabetes
- US Sales from Stage 5 CKD and exceed $2B
- **CKD Stage 3 and 4 are a largely untapped market**

Stage	Kidney Function	Prevalence, US
1	Normal kidney function but altered urine findings, structural abnormalities or genetic traits	
2	Mildly reduced kidney function, and other findings point to kidney disease	
3	Moderate Impairment	7.6m
4	Severe Impairment	0.4 m
5	Failure	0.5m
	US Total	**8.5m**
Source	National Kidney Foundation 2002 (USA) US Renal Data Service 2009 Annual Data Report	

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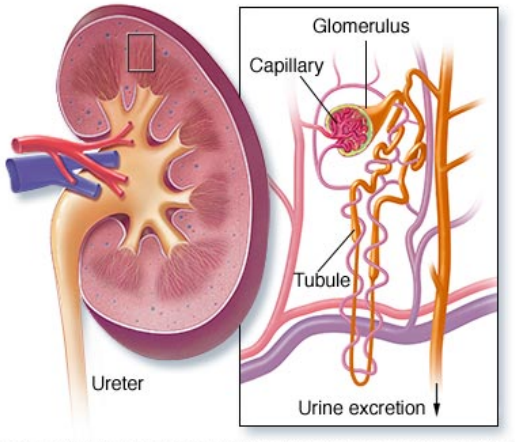
DMX-200: Initial Focus on Nephrotic Syndrome

- **Nephrotic Syndrome** - non-specific group of disorders where kidneys are damaged; characterised by proteinuria; may also have hypoalbuminemia, hyperlipidemia and edema.
- Gold standard diagnosis of nephrotic syndrome is 24 hour urine protein measurement (proteinuria)
- Regulatory pathway: small trials of <1 year duration to show complete or partial remission of proteinuria single endpoint
- ”Orphan disease”; Estimated annual patients in US with Nephrotic Syndrome is 20,000 - 25,000
- Limited treatment options: Anti-hypertensives, steroids, dialysis

Nephrotic Syndrome - tiny filters in glomerulus are “broken” causing blood proteins to escape into the urine.

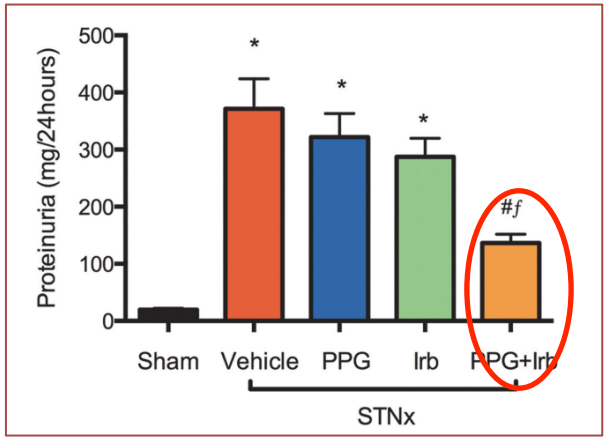


Source: Mayo Foundation

Indicative of potential in larger CKD groups – 26 million patients in the US alone

What is DMX-200?

- DMX-200: A combination of Irbesartan (Irb, angiotensin II receptor type 1 (AT1) antagonist) and propagermanium (PPG, Chemokine Receptor 2 (CCR2) antagonist).
  - Irb: Off-patent blockbuster drug used primarily for treatment of high blood pressure
  - PPG: Approved in Japan for hepatitis B, available in US (controlled) as dietary supplement recommended for various ailments
- Strong IP position:
  - Mechanistic interaction identified between target receptors
  - Confirmed *in vivo* using gold standard STNx rat model of nephrotic syndrome
  - Core patent priority 2011 – granted in Australia, under Patent Prosecution Highway in the US, pending in other jurisdictions.
- Potential for orphan drug designation and breakthrough therapy



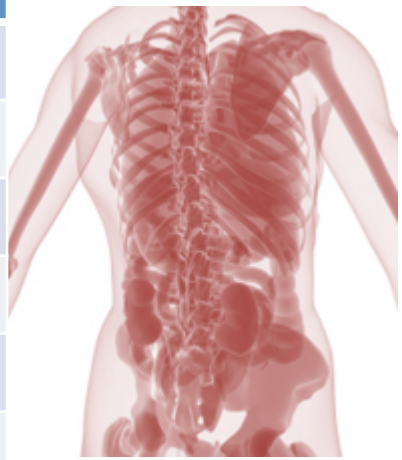
Source: Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803. doi: 10.1371/journal.pone.0119803

GPCR focused companies in Phase 1 – 3 clinical development

Receptos: developing therapeutic candidates directed to G protein coupled receptor (GPCR) targets (Phase 3)	Acquired Jul 2015 $7.2B USD
Neurocrine: focusing on developing small molecule antagonists against GPCRs (Phase 3)	NASDAQ: NBIX $4.6B USD
Trevena: develops therapeutics that use an approach to target GPCRs (Phase 2)	NASDAQ: TRVN $440M USD
ChemoCentryx: targeting chemokine receptors (GPCR type) as therapeutic targets. (Phase 2)	NASDAQ: CCXI $280M USD
Heptares: GPCR platform based on structure determination for drug discovery (Phase 1)	Acquired Feb 2015 $175M USD
Sun Biomedical: Acquired GPCR platform based on functional receptor interaction (Phase II)	ASX: SBN $11M AUD

Outlook (0-18 months)

Activity	*Status*
Ethics approval for additional clinical sites	✔
Australian patent for lead therapy granted	✔
Fast track of the ***US patent*** under PPH	✔
First patient enrolled in Phase II Part A study	✔
Orphan designation	
Second program animal ***PoC completed***	
Interim Phase 2 Part A ***data out*** (1H 2016)	**MS**
US patent allowed	**MS**
Research ***agreements and collaborations*** around the Receptor-HIT assay	
Pre-IND meeting	
Second clinical program start of ***Phase 2*** (NASH or ophthalmology)	**MS**



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MS: Milestone due per Dimerix acquisition

Supplementary Slides

Dimerix Clinical and Pre-Clinical Programs

Drug	Indication	Pre-clinical	Ph I	Phase II	Phase III	Status
DMX-200	Chronic Kidney Disease					Phase II recruiting
DMX-300	Non Alcoholic Fatty Liver Disease (NASH)					Ready for animal studies
DMX-400	Diabetic Retinopathy					Ready for animal studies
DMX-500	Cancer Fatigue					complete in-vitro work on target
DMX-600	Multiple Sclerosis					complete in-vitro work on target
Assay Technology	Contract resesearch Distribution and/or co marketing					Active with 2 top 10 Pharma Discussions underway

DMX-200 Phase 2 clinical program currently recruiting, multiple pipeline opportunities, plus top 10 pharma engagement for GPCR platform

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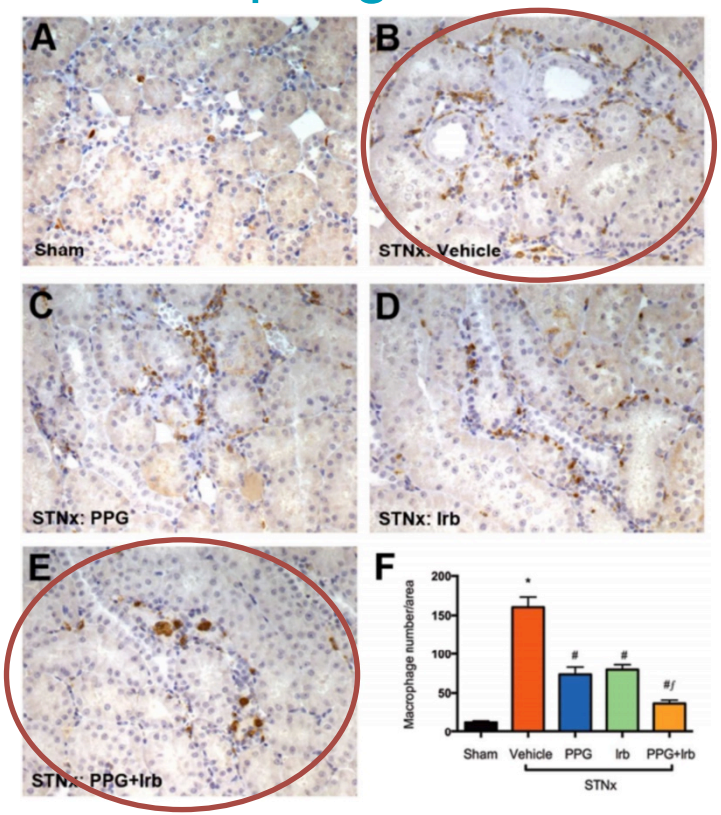
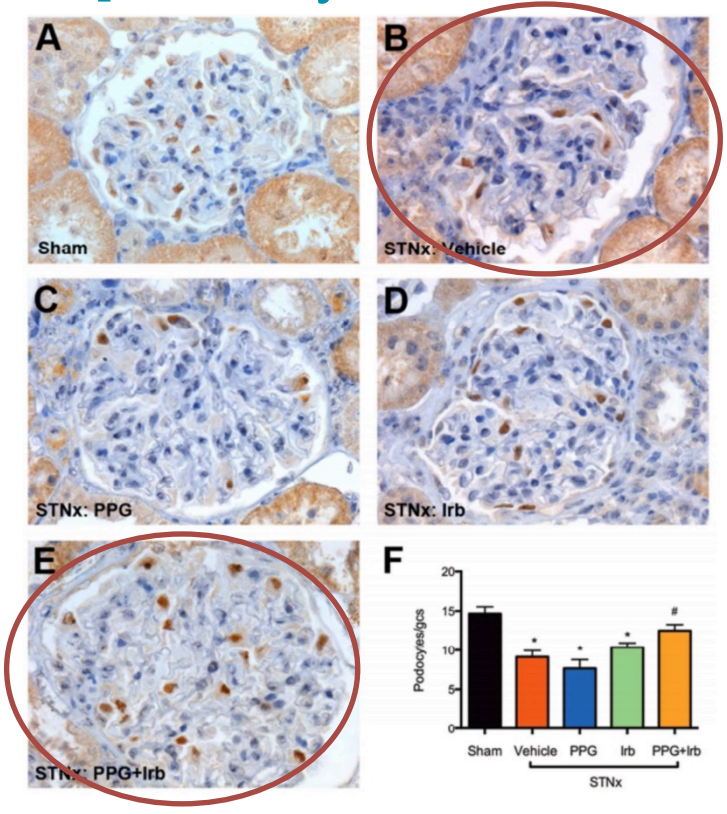
DMX200 – Improves disease pathology in STNx rats

↓Macrophage infiltration



↑Podocyte numbers



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

Pathology strongly supports physiology and pharmacology

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DMX200 – Phase 2 Clinical Trial

- Treatment of Proteinuria in CKD patients
- Study design: Fixed dose combination of Irbesartan + Propagermanium
  - Enrollment: Up to 60 patients in two Parts
  - Part A: Dose escalation – Up to 5 doses x 1 month, then 2 further months at maximal dose
  - Part B: “Best dose” combination - 3 months
- Endpoint: Safety and complete or partial remission of proteinuria @24 weeks of treatment
- Trial duration: ~12 – 18 months with interim data at 6 – 9 months

Status

- Ethics approval and site initiation completed Austin Hospital, Eastern Health and Royal Melbourne Hospital.
- First patient successfully enrolled
- Screening at additional sites commenced

Sector Activities: Questcor

Questcor Acquired by Mallinckrodt Pharmaceuticals – Marketing Acthar® for Proteinuria in Nephrotic Syndrome

- Acthar gel (injection only, steroid).
- Acthar being repositioned for new indications including applications of chronic kidney disease (proteinuria in nephrotic syndrome).
- Significant unmet need and few treatment options has enabled headline pricing of $100,000 per treatment for the orphan indication.
- First sales for nephrotic syndrome in Jan 2011. In 2012 FY Net sales $509 million – ~50% from nephrotic syndrome. 2013: $761 million
- Acquired by Mallinckrodt in August 2014 for US$5.6B