

FOR IMMEDIATE RELEASE

ChemGenex to Present at Rodman & Renshaw Global Investment Conference in the U.S.

MELBOURNE, Australia, and MENLO PARK, California U.S.A. (13 September 2010) – ChemGenex Pharmaceuticals Limited (ASX: CXS) announced today that Greg Collier, PhD, Chief Executive Officer and Managing Director will present a company update at the Rodman and Renshaw 12th Annual Healthcare Conference in the Winslow Salon of the New York Palace Hotel on Tuesday, 14 September 2010 at 11:15 a.m. Eastern Time in the U.S. (Wednesday, 15 September 2010 at 1:15 a.m. in Eastern Australia).

Dr Collier will provide an update on the development of omacetaxine (OMAPROTM) and upcoming milestones.

Dr Collier's presentation, being the company's corporate overview, is appended to this announcement.

About ChemGenex Pharmaceuticals Limited

ChemGenex is an oncology focused biopharmaceutical company developing small molecules with new mechanisms of action to treat malignancies with significant unmet medical needs. A New Drug Application is under review by the U.S. Food and Drug Administration and a Marketing Authorisation Application is under review by the European Medicines Agency for CML patients who have failed imatinib therapy and have the Bcr-Abl T315I mutation. An additional New Drug Application is in preparation for CML patients who have failed two or more tyrosine kinase inhibitors. ChemGenex has established a corporate alliance with Hospira to develop and commercialize omacetaxine in Europe, the Middle East and parts of Africa, and is seeking to establish commercial partnerships in the rest of the world. ChemGenex plans to commercialize omacetaxine itself in North America. ChemGenex trades on the Australian Stock Exchange under the symbol "CXS" For additional information on ChemGenex Pharmaceuticals, please visit the company's website at http://www.chemgenex.com.

OMAPRO[™] is a trademark of ChemGenex Pharmaceuticals Limited.

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Safe Harbor Statement

Certain statements made herein (including for this purpose sites to which a hyperlink has been provided) that use the words "estimate", "project", "intend", "expect", "believe" and similar expressions are intended to identify forward-looking statements within the meaning of the US Private Securities Litigation Reform Act of 1995. These forward-looking statements involve known and unknown risks and uncertainties which could cause the actual results. performance or achievements of the company to be materially different from those which may be expressed or implied by such statements, including, among others, risks or uncertainties associated with the development of the company's technology, the ability to successfully market products in the clinical pipeline, the ability to advance promising therapeutics through clinical trials, the ability to establish our fully integrated technologies, the ability to enter into additional collaborations and strategic alliances and expand current collaborations and obtain milestone payments, the suitability of internally discovered genes for drug development, the ability of the company to meet its financial requirements, the ability of the company to protect its proprietary technology, potential limitations on the company's technology, the market for the company's products, government regulation in Australia and the United States, changes in tax and other laws, changes in competition and the loss of key personnel. These statements are based on our management's current expectations and are subject to a number of uncertainties that could change the results described in the forwardlooking statements. Investors should be aware that there are no assurances that results will not differ from those projected.



Corporate Overview

September 2010

www.chemgenex.com

ASX:CXS

Safe Harbor Statement and Recognition of Trademarks

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OMAPRO™ is a trademark of ChemGenex Pharmaceuticals Limited



Overview









- Biopharmaceutical company delivering novel solutions to cancer patients with unmet needs
 - Expertise in hematologic malignancies
 - Small molecule drugs with novel mechanisms of action
- Lead asset OMAPRO[™] (omacetaxine mepesuccinate) effective in TKI Resistant Chronic Myeloid Leukemia (CML)
- Completed two pivotal trials;
 - T315I+ CML patients
 - Multi-TKI resistant CML patients



OMAPRO: A Potential New Treatment for Hematologic Cancers



- A first-in-class cetaxine
- Clinical activity as a single agent in CML, AML and MDS
- A unique mechanism of action



- Specifically binds the ribosomal A-site cleft inhibiting protein translation¹
- Selectively reduces the levels of short-lived oncoproteins such as Mcl-1 and c-Myc that are up-regulated in leukemic cells²
- Demonstrated, *in vitro*, to kill human CML stem cells and peripheral leukemic cells³





OMAPRO Clinical Trial Development

	PHASE 1	PHASE 2	PHASE 2/3	STATUS
Chronic Myeloid Leukemia T315l+				COMPLETED
Chronic Myeloid Leukemia Multiple TKI Failure				COMPLETED
Chronic Myeloid Leukemia Combination Therapy				
Myelodysplastic Syndrome				
Acute Myeloid Leukemia				





The CML Market & Current Treatment Options



Paradigm Shift in the Management of CML





- Malignancy of the bone marrow
- 5,000 new cases per annum in the U.S.
- Worldwide prevalence >100,000 patients and growing

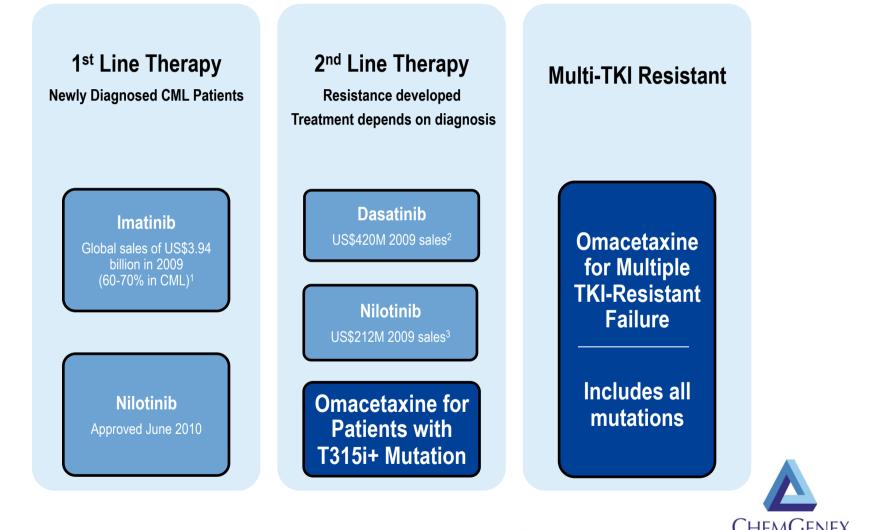


- First Line Therapy: Two approved TKIs
 - Imatinib approved in 2001
 - Global sales of US\$3.94 billion in 2009 (60-70% in CML)¹
 - Nilotinib approved June 17, 2010
- Second Line Therapy: Two approved TKIs
 - Dasatinib approved in June 2006 (US\$420M 2009 sales)²
 - Nilotinib approved in October 2007 (US\$212M 2009 sales)³





Paradigm Shift in the Management of CML

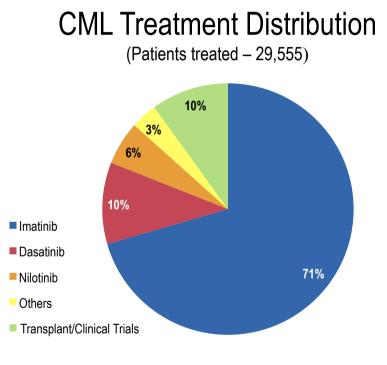


PHARMACEUTICALS

8 Treatment Source: NCCN Clinical Practice Guidelines In Oncology [™] – Chronic Myelogenous Leukemia V.2.2010. ^{1,3}Novartis 2009 Annual Report; ² Bristol-Myers Squibb 2009 Annual Report Imatinib, dasatinib and nilotinib are approved agents. Omacetaxine is in development for above treatment areas.

The USA CML Market





Source: IntrinsiQ April 2009

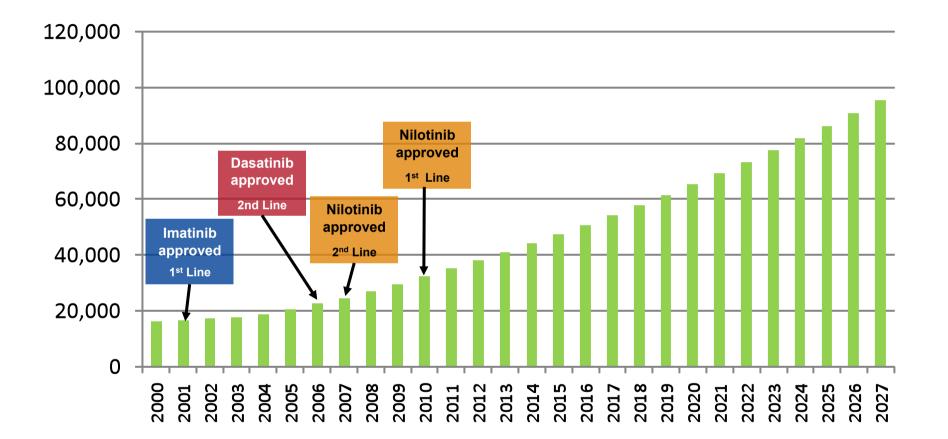
Pricing of Approved Drugs

Drug	Daily Dose	Annual Average Wholesale Price (US\$)
Imatinib	400mg	52,800
	600mg	82,118
	800mg	105,601
Dasatinib	100mg	87,936
	140mg	87,936
Nilotinib	400mg	49,304
	600mg	73,956

Source: Red Book Q2 2009



Reductions in Mortality Increase CML Prevalence





ChemGenex estimates of growth rates in CML prevalence are more conservative than others c.f. 200,000 - 300,000 patients surviving in the USA by 2027; Jabbour. E et al Oncology. Vol. 21, No. 6, 10 May 1, 2007); 2006 Prevalence: Leukemia & Lymphoma Society "Facts 2009-2010" P.7 Table 2; Incidence and Deaths due to CML: Novartis publication (ref to SEER); ASCO 2008 abstract 7088

Multiple TKI Resistance represents an increasing unmet medical need in CML



- Patients who have failed imatinib and subsequent therapy with nilotinib or dasatinib due to:
 - Emergence of Bcr-Abl mutations
 - Bcr-Abl over-expression



- 45% of patients fail second generation TKIs within the first year¹
- No approved treatments available for patients who have multiple TKI resistance







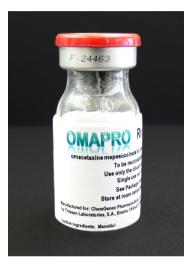
OMAPRO[™]

for the treatment of CML



OMAPRO Addresses Unmet Medical Needs

- OMAPRO[™] (omacetaxine mepesuccinate) for subcutaneous injection
- Convenient and safe BID self-administration
 - Induction up to 14 days per month
 - Maintenance up to 7 days per month
- Strong safety profile
 - Myelosuppression is the most common side effect and is normally manageable and reversible
 - Infrequent grade 3/4 non-hematologic events experienced
 - Adverse events easily manageable with dose adjustments
 - Minimal injection site reactions
- Initial indications in multi-TKI resistant CML



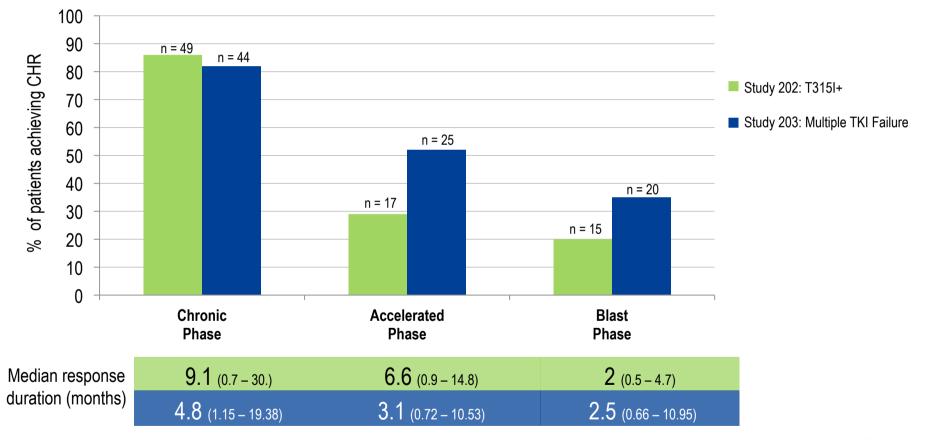


Two Completed Phase 2/3 Clinical Trials

	STUDY 202 CML T315I+ Patients	STUDY 203 Multiple TKI Failure CML
Design	Open label, Single arm	Open label, Single arm
Patients	Enrollment complete 103 patients	Enrollment complete 100 patients
Sites	35 in US, EU, Asia Pacific	35 in US, EU, Asia Pacific
Inclusion criteria	Patients who have failed imatinib and have T315I+ Bcr-Abl mutation	Patients who have failed two or more tyrosine kinase inhibitors
Dose (subcutaneous injection)	 Induction: 1.25 mg/m² two times a day for 14 days, every 28 days; up to 6 cycles Maintenance: as per induction phase, but 7 days treatment every 28 days 	 Induction: 1.25 mg/m² two times a day for 14 days, every 28 days; up to 6 cycles Maintenance: as per induction phase, but 7 days treatment every 28 days
Primary endpoints	 Cytogenetic response Hematologic response (chronic, accelerated, blast phase) 	 Cytogenetic response Hematologic response (chronic, accelerated, blast phase)
Status	Completed	Completed



Hematologic Responses in Patients Treated with OMAPRO

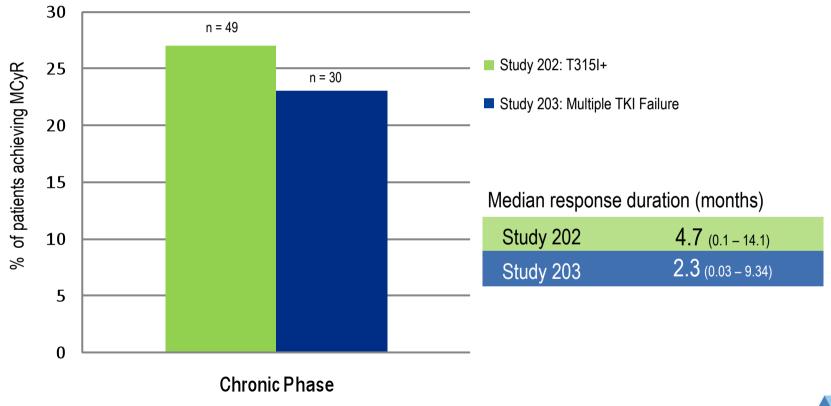




Data independently adjudicated by Data Monitoring Committee.

15 Sources: Cortes, J.E et al. 2009 ASH Annual Meeting Abstract No: 644. Blood 114: 22, 2009; Cortes, J.E et al. 2009 ASH Annual Meeting Abstract No: 861. Blood 114: 22, 2009

Cytogenetic Responses in Patients Treated with OMAPRO





Data independently adjudicated by Data Monitoring Committee.

16 Sources: Cortes, J.E et al. 2009 ASH Annual Meeting Abstract No: 644. Blood 114: 22, 2009; Cortes, J.E et al. 2009 ASH Annual Meeting Abstract No: 861. Blood 114: 22, 2009

OMAPRO regulatory status





- Robust efficacy and safety database
- Regulatory filings in process and/or under review
 - U.S. NDA (multi-TKI resistance)
 - European MAA (T315I+ mutation)



 Individual patients treated globally under compassionate use scheme







Corporate Overview



Corporate Strategy







- Partnered with Hospira in Europe, the Middle East, parts of Africa
 - Upfront payment of A\$17.5 million
 - Potential for an additional €74.1 million based on development and sales milestones plus royalties (CML only)
 - Further milestones and royalties possible with future indications
 - Strong alignment of strategic intent
- ChemGenex retains ROW product rights including North America





U.S. Commercial Strategy







- Initial sales and marketing promotional efforts directed at U.S. Hematology Centers of Excellence
- Key customer targets include
 - Key opinion leaders in hematology/oncology
 - Regional thought leaders
 - Patient advocacy and social media outlets
 - Payors
- Targeted specialty pharmacy distribution approach
- GMP validated manufacturing



 Commercial manufacturing partnership with attractive Cost of Goods Sold



Strong Board and Senior Management Team

Management

Greg Collier, PhD* Adam Craig, MD, PhD, MBA James Campbell, PhD, MBA Tom DeZao, BA Tom O'Neil, BA, MBA Katie Cairati, MS

Board of Directors

Brett Heading, LLB (Chairman) Dan Janney, BA, MBA Geoff Brooke, MBBS, MBA Elmar Schnee, BCom Mkting George Morstyn, MBBS, PhD Jean-Luc Tétard Chief Executive Officer and Managing Director Senior Vice President and Chief Medical Officer Chief Financial Officer and Chief Operating Officer Senior Vice President and Chief Commercial Officer Vice President of Finance and Administration Senior Director of Regulatory Affairs

McCullough Robertson Lawyers Alta Partners GBS Venture Partners CEO, Merck Serono Former SVP and CMO, Amgen President, Stragen Pharma



*Also Board Member

Financial Snapshot



Financial Parameter	
Shares (ASX: CXS)	283 million
Market capitalization*	A\$ 95 million
Cash held	A\$ 12.8 million (as of 30 June 2010)
Significant Shareholders	Alta Partners (15%), Stragen Pharma (13%), Orbis Investments (13%), Merck Serono (9%), GBS (8%)

*Effective 6 Sept 2010 USD/AUD approximately 0.91



Summary









- OMAPRO is an active drug with a different mechanism of action than current TKIs
- Multiple TKI Resistance represents an increasing unmet medical need
- Completed two pivotal trials offering a potential new treatment option for CML patients
- Commercial strategies in place
 - Omacetaxine partnered in Europe, the Middle East and parts of Africa with Hospira
 - U.S. commercialization planned by ChemGenex
- Strong leadership team and blue chip investors



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