
ARGENICA THERAPEUTICS
INVESTOR PRESENTATION
ASX: AGN
JUNE 2021

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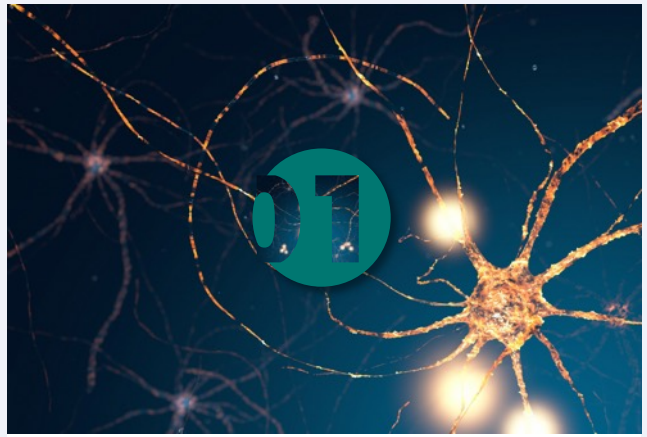
PRESENTATION OVERVIEW



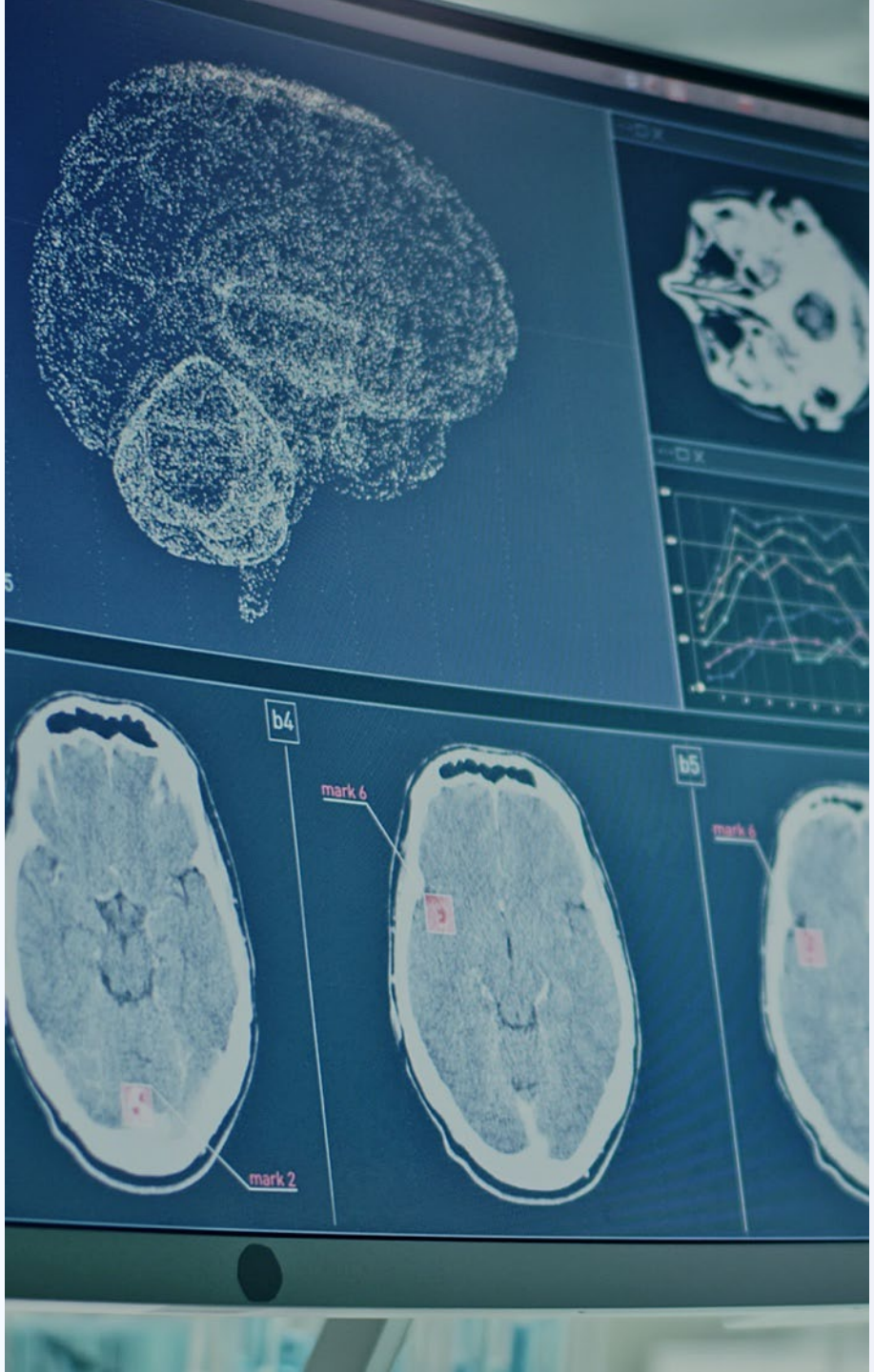
An introduction to Argenica, the capital structure of the business, it's IP position and compelling investment proposition.

Overview of how Argenica's leading therapeutic candidate could potentially protect brain tissue against damage during stroke and help recovery.

Our current phase of development, clinical trial roadmap and the team executing Argencia's commercial strategy.

INTRODUCING ARGENICA THERAPEUTICS ASX: AGN

*Developing novel therapeutics to **reduce** damage to brain cells during and after stroke for improved patient outcomes.*

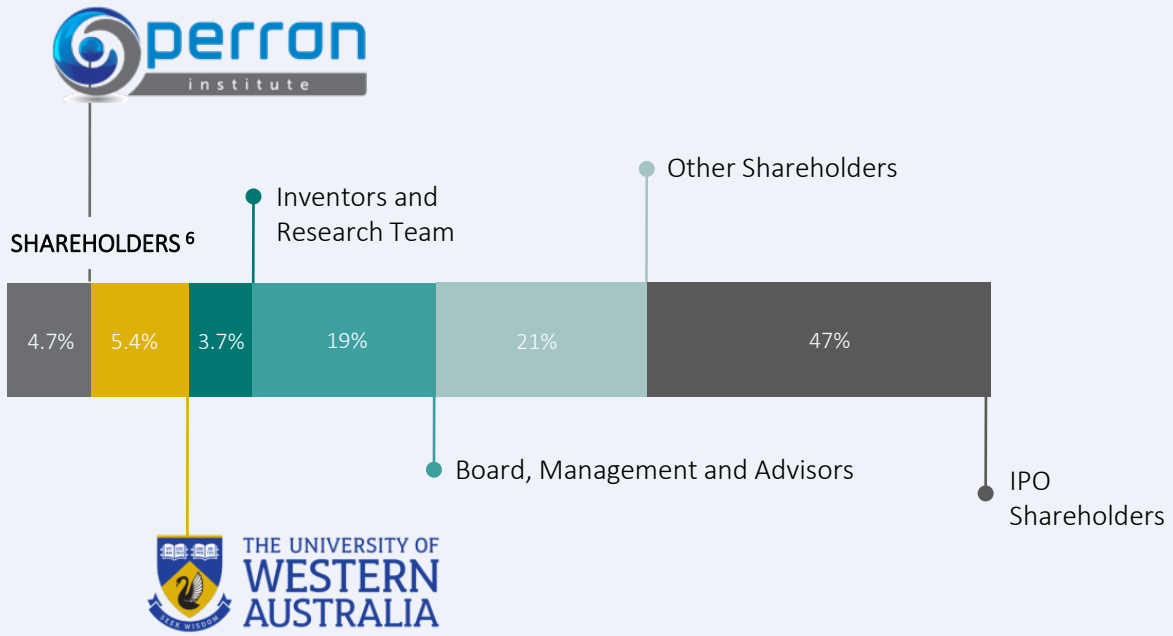


ARGENICA THERAPEUTICS

- Argenica is developing “best in class” **novel neuroprotective therapeutics** that provide protection for brain cells that would otherwise potentially be irreparably damaged by stroke, and other types of brain injury.
- The Argenica project has been in development for **over 6 years**, with significant capital spent through external grants and philanthropic funding.
- **ARG-007,** Argenica’s lead neuroprotective peptide candidate, has preclinical evidence of efficacy in multiple models of stroke and other types of brain injury.
- IPO funding has unlocked Argenica’s ability to advance **ARG-007** into Phase 1 clinical trials.

CAPITAL STRUCTURE

Total Shares on issue	**73,172,250**
Shares subject to escrow for 12 months [1]	4,650,000
Shares subject to escrow for 24 months [2]	22,625,752
Options on issue (escrow for 24 months) [2 & 3]	8,300,000
Cash Balance [4]	**Circa $8m**
Market Capitalisation @ $0.20 [5]	**Circa $14.6m**
Enterprise Value (EV) @ $0.20 [5]	**Circa $6.6m**



1. *12 months from the date of issue of the securities | 1.3m – 13th October 2021 | 1.6m – 17th December 2021 | 1.7m – 31st December 2021*
2. *24 months from the date of commencement of Official Quotation on ASX – 11th June 2023*
3. *Option Terms – Exercise price $0.30, expiry 30 Sept 2024*
4. *Being existing cash at the date of the IPO Prospectus and proceeds raised under the Offer*
5. *The IPO Offer Price*
6. *Percentages are estimates only and subject to slight variation*

INVESTMENT HIGHLIGHTS

1#
SOLVING AN UNMET CLINICAL NEED

Currently there are no marketed safe, early intervention therapeutics capable of protecting the brain from damage following stroke[1]. Argenica could become one of only a hand full of companies with a solution.

2#
POSITIVE PRE-CLINICAL DATA

Preliminary data shows that Argenica's lead candidate, ARG-007, reduces brain tissue death after a stroke.

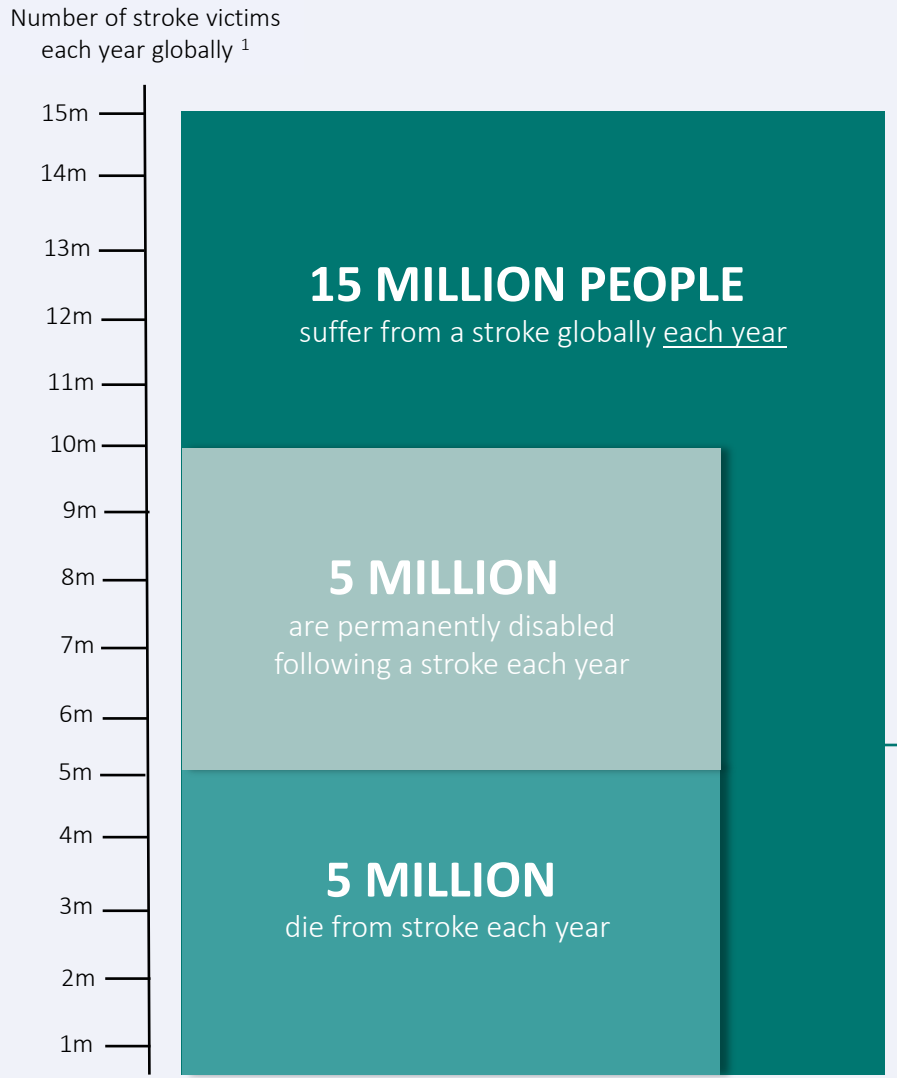
3#
EXPERIENCED BOARD & MANAGEMENT

An exceptional team with expertise in drug development commercialisation and capital markets.

4#
CLEAR CLINICAL PATHWAY

Progressing through pre-clinical studies with IPO funding allowing the company to conduct its first clinical trial.

1 - Stroke Foundation; accessed 3 May 2021, <https://strokefoundation.org.au/en/About-Stroke/Learn/Treatment-for-stroke/Early-treatment-after-a-stroke>



UNTAPPED OPPORTUNITY

- The estimated cost to treat stroke is expected to be **$183 Billion by 2030** [2]
- Significant global research efforts are currently underway to find therapeutic agents that can address brain tissue damage following stroke, however no candidates have been marketed to date.
- Argenica's vision is to **develop and commercialise** therapeutics which could potentially help the millions of stroke victims by protecting brain tissue against damage during a stroke.

1. World Health Organisationhttps. Accessed 3 May 2021 <www.who.int/cardiovascular_diseases/en/cvd_atlas_15_burden_stroke.pdf>

2. Gorelick PB. "The global burden of stroke: persistent and disabling". Lancet Neurol. 2019 May;18(5):417-418.

Cautionary Note: *Access to markets is subject to the Company being able to successfully develop and commercialise ARG-007. As with any entity seeking to enter into a global marketplace, any product developed by Argenica will have applications that are constrained by market segment, relevant regulations, industrial application, geographical barriers and intellectual property rights.*

GRANTED PATENTS BASED ON RESEARCH FROM TIER ONE INSTITUTIONS

The CARP (Cationic Arginine Rich Peptide) research project that underpins Argenica represents over 6 years' of research and has secured significant funding through grants and philanthropic funding to date.

IP ASSIGNED TO ARGENICA

Core Intellectual Property (IP) is assigned from The University of Western Australia (UWA). Developed in partnership with world renowned Perron Institute for Neurological and Translational Science.

GRANTED PATENTS

The core patent has been granted in the EU, Japan and China, and a US national filing is currently in progress.

FREE OF ALL ENCUMBRANCES

The IP assignment is free of royalties or other encumbrances, and all relevant IP is 100% owned by Argenica.

OUR SOLUTION FOR PROTECTING THE BRAIN DURING STROKE

The damage left by stroke can cause lasting damage to brain tissue, long term disability, and even death. This makes protecting the brain crucial.

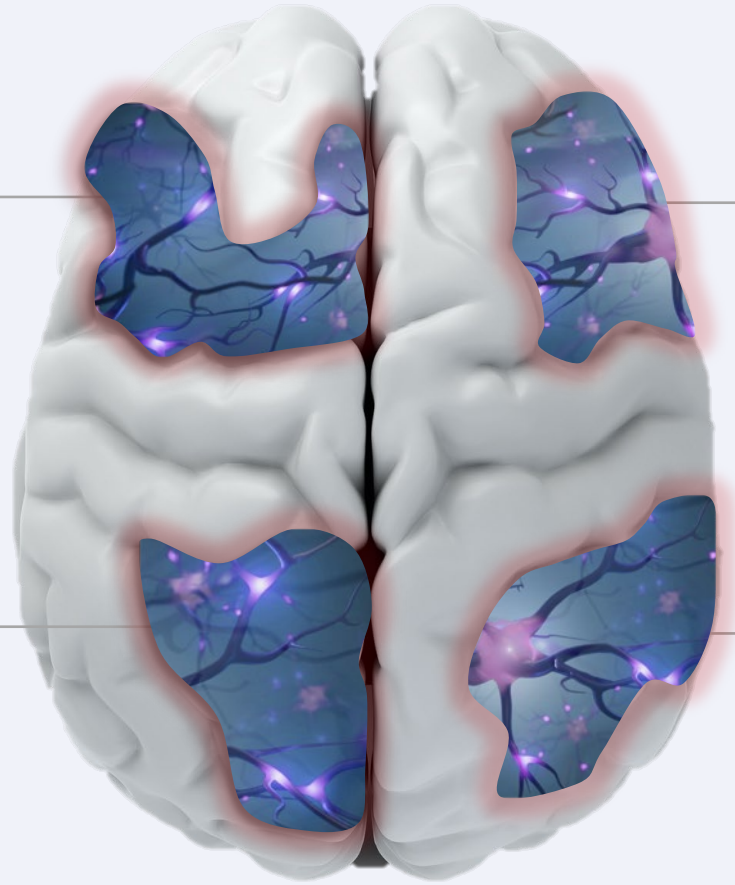
NEUROPROTECTION & STROKE

LEADING CAUSE OF DEATH

Stroke is one of the leading causes of mortality and disability worldwide, and there are substantial economic costs for post-stroke care.

DAMAGES BRAIN CELLS

In the event of stroke or other traumatic brain injury, brain cells suffer significant damage which in many cases is irreparable.



TIME CRITICAL

Timely diagnosis and treatment is critical after a stroke as the brain ages approximately 3.6 years every hour that appropriate treatment is delayed[1].

TISSUE NEEDS PROTECTION

Current stroke therapies target the underlying cause of ischaemic stroke without addressing further damage being done to brain tissue.

1. Saver, JL. (2006). "Time is Brain". Stroke., 37 (1), pp. 263-266

ARG-007
POTENT NEUROPROTECTION IN STROKE

ARG-007, a Cationic Arginine Rich Peptide (CARP), is Argenica's leading candidate to protect brain tissue against damage during a stroke and to enhance the recovery once a stroke has taken place.

SAFE & EARLY INTERVENTION

Safe, regardless of the underlying cause of stroke, with the potential to extend the treatment window for stroke patients due to preservation of brain cells.

MINIMISE INJURY

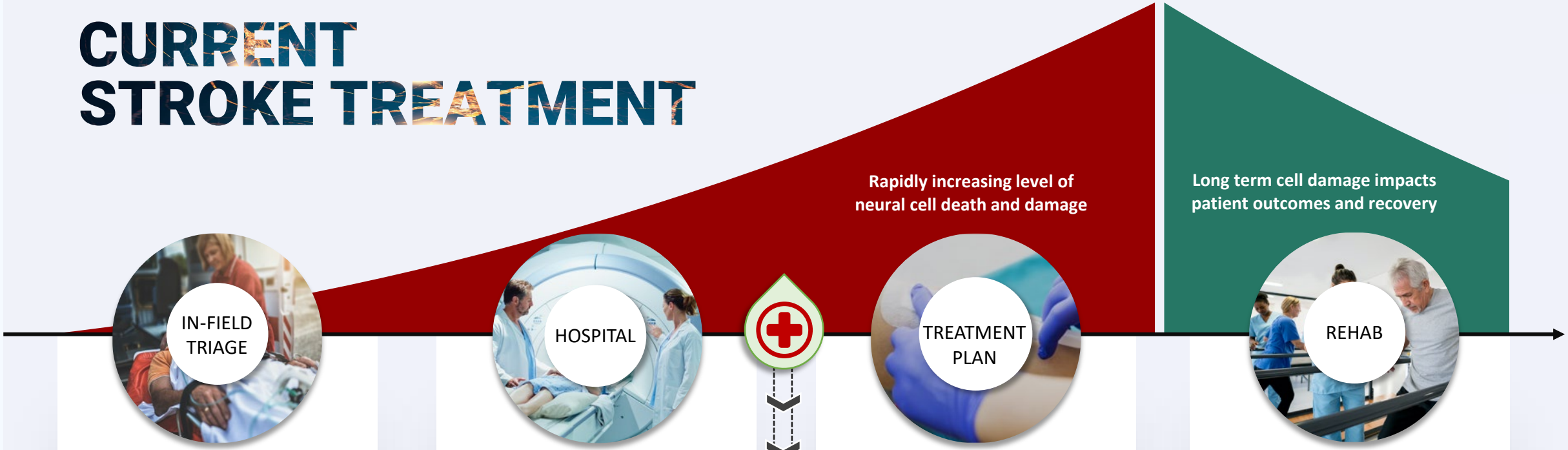
Reduces ischemia and preserves still viable tissue, immediately protects neurons from glucose stress and oxygen deprivation.

IMPROVE OUTCOMES

Reduces hospitalisation time, special care requirements and intensive rehabilitation time. Increased likelihood of preserving functionality.

** These are assumptions based on the potential benefits Argenica could have on patients and the healthcare system if successfully commercialised*

CURRENT STROKE TREATMENT



Patient in ambulance and arrives at emergency

Diagnose type of stroke

Current therapeutic treatment

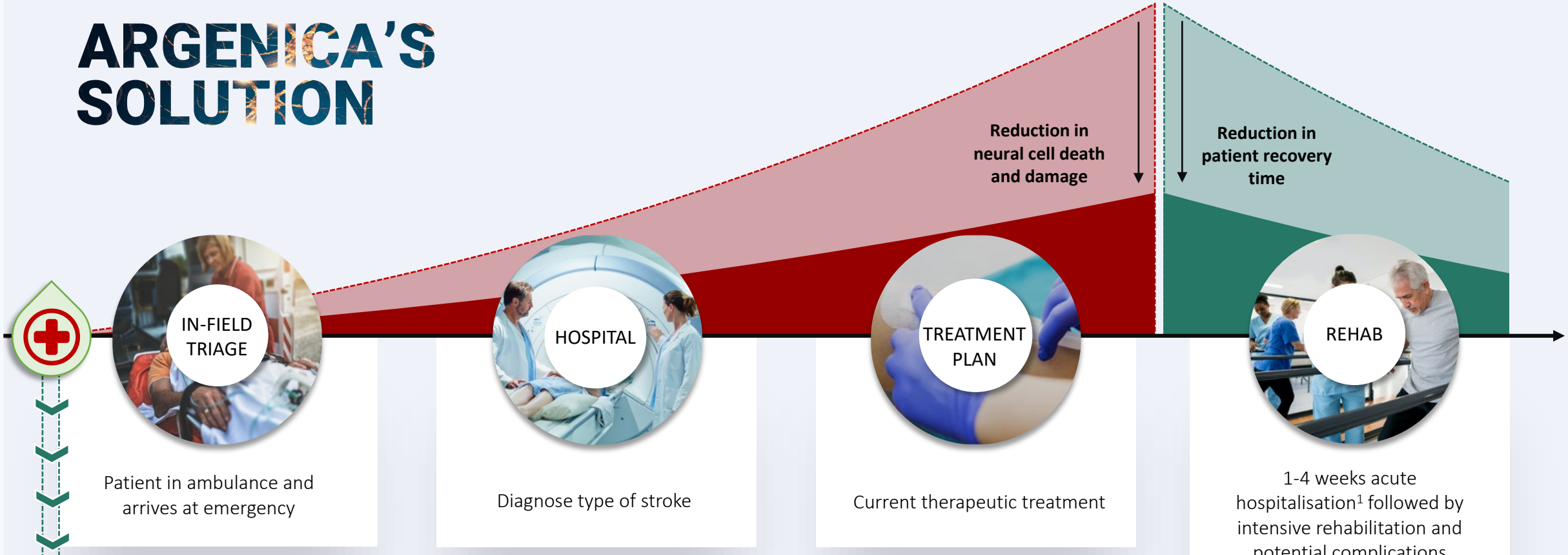
1-4 weeks acute hospitalisation[1] followed by intensive rehabilitation and potential complications

Current therapeutic treatments are administrated <u>after</u> imaging diagnosis and are different for each stroke type;

- Treatment interventions occur many hours after the initial stroke
- Do not prevent or reverse further neuronal damage and cell death

[1]PMID: 26009865

ARGENICA'S SOLUTION



Patient in ambulance and arrives at emergency

Diagnose type of stroke

Current therapeutic treatment

1-4 weeks acute hospitalisation[1] followed by intensive rehabilitation and potential complications

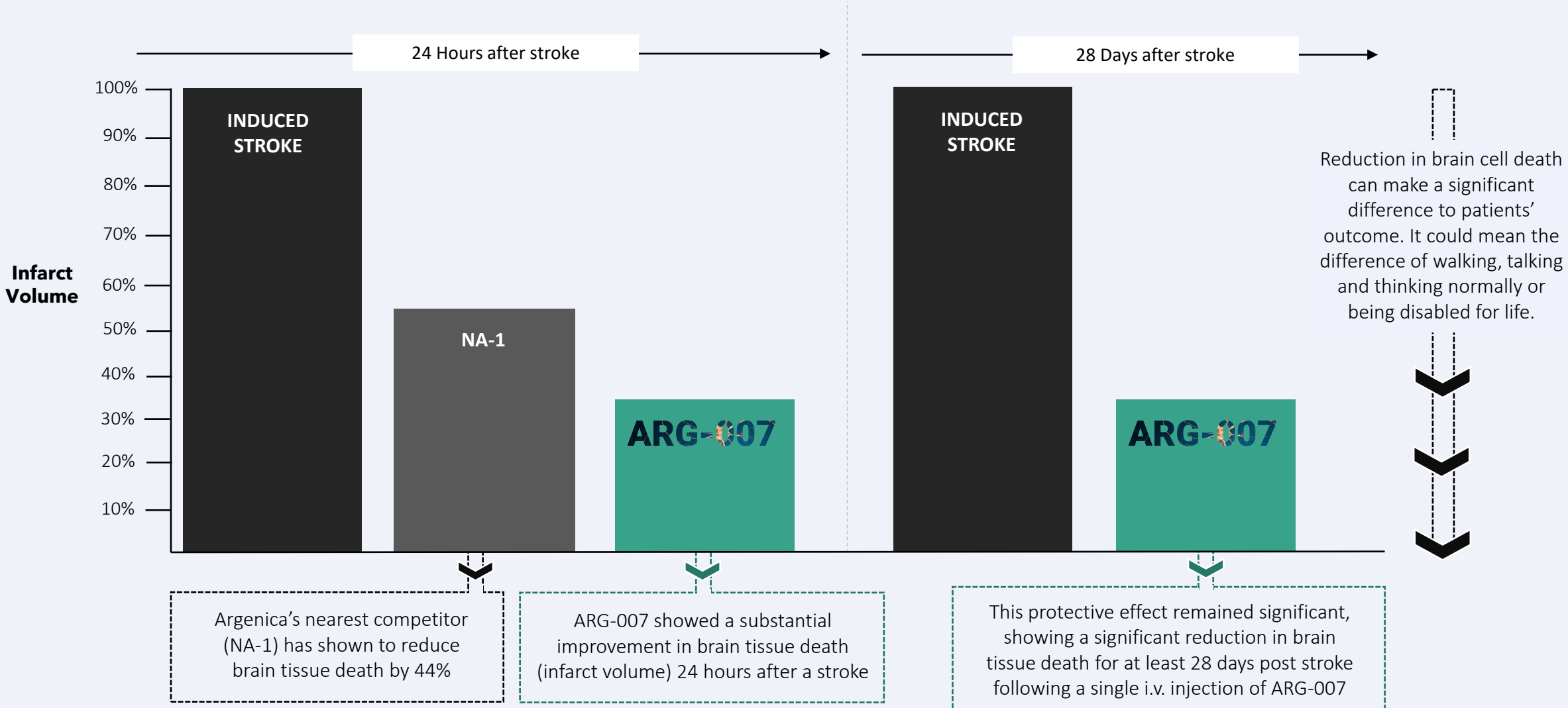
ARGENICA THERAPEUTIC TREATMENT

Immediate or point of care intervention with neuroprotective therapeutic ARG-007 could significantly impact patient recovery and long term prognosis by reducing penumbral cell death

- Reduce brain cell death during period prior to formal diagnosis and treatment of underlying stroke condition
- Small change in infarct volume or cell death can have very significant impact on patient life and outcomes
- Potentially extends the treatment window for stroke patients

ARG-007 REDUCES BRAIN TISSUE DEATH

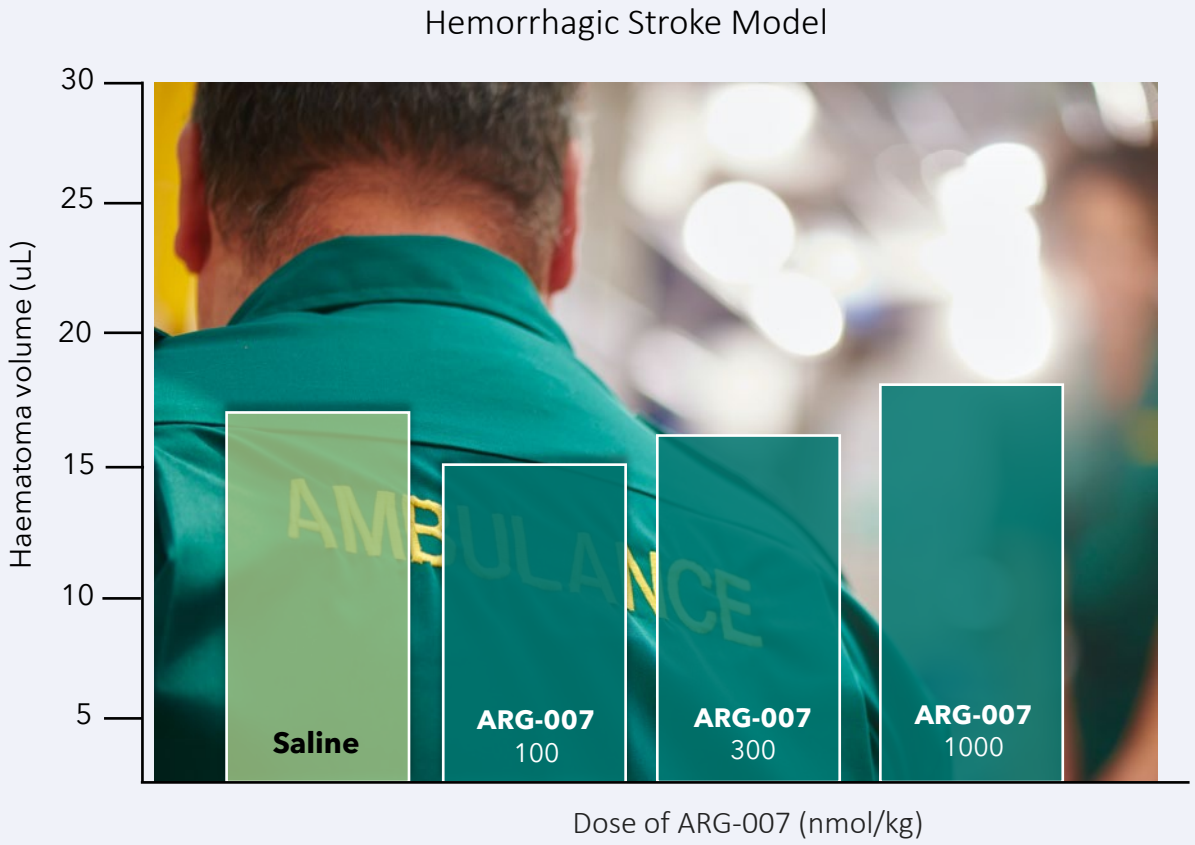
Percentage reduction of brain tissue death after stroke



Preclinical animal stroke model

POTENTIAL TO ADMINISTER IN THE FIELD

- ARG-007 does not exacerbate bleeding in hemorrhagic stroke model.
- Therefore, the peptide is likely to be safe to administer in the field by first responders.
- This would allow for the protection of brains cells before stroke subtype has even been confirmed.



Preclinical study

ADDITIONAL APPLICATIONS & CLINICAL TRIAL ROADMAP

Our lead neuroprotective peptide candidate, ARG-007 has been successfully demonstrated to improve outcomes in pre-clinical stroke models and is in the process of being verified for its safety and toxicity before commencing Phase 1 clinical trials in humans.

DRUG COMMERCIALISATION PROCESS

BASIC RESEARCH

Discovery and origination of new compounds that become drug candidates

PRE-CLINICAL STUDIES

New compound efficacy, ADME, toxicity and safety research

PHASE I

Confirmation of safety, such as side effects, in a small number of healthy persons

PHASE II

Confirmation of effective safe dosage and administration method in a small number of patients

PHASE III

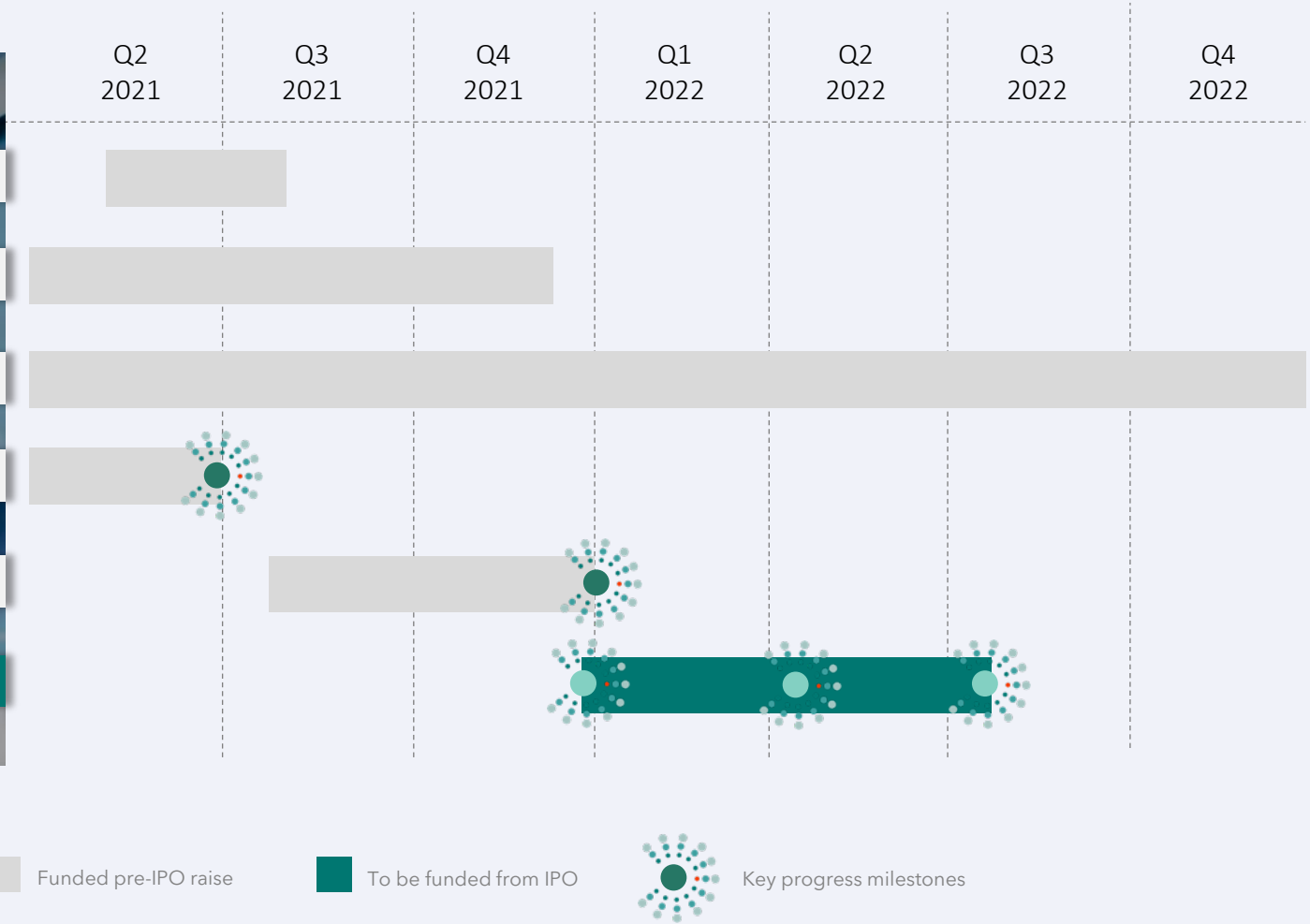
Confirmation of efficacy and safety in comparison to existing medications in a large number of patients

REVIEW, REGULATORY APPROVAL & LAUNCH

ARG-007

Argenica is progressing through pre-clinical studies with IPO funding allowing the company to conduct its first clinical trial

ARG-007 DEVELOPMENT ROADMAP



Indicative schedule only and subject to change

ARG-007
POTENTIAL APPLICATIONS

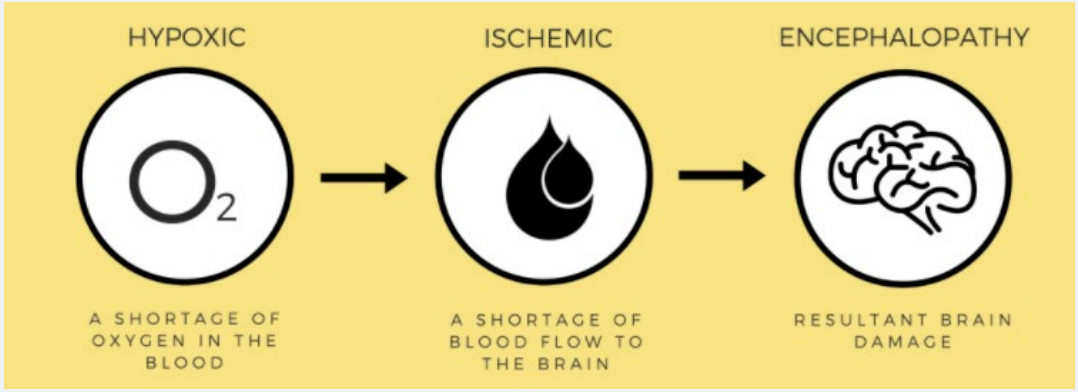
TRAUMATIC BRAIN INJURY

- Traumatic brain injury (TBI) usually results from a violent blow or jolt to the head or body.
- Preclinical studies show that ARG-007 reduces neuronal injury after TBI.
- Neuroprotective pharmacological agents aimed at minimising harm to the brain and improving patient outcomes after a TBI are currently lacking.
- TBI places a massive burden on society and the economy, a situation further compounded by its rising incidence.

Significant protective effect in other brain injury models

Protective effect of ARG-007 using the Traumatic Brain Injury preclinical model. ARG-007 significantly reduced axonal injury 5 days after a single i.v. injection

Preclinical study



ARG-007
POTENTIAL APPLICATIONS

PERINATAL BRAIN INJURY

- Hypoxic ischemic encephalopathy (HIE) is a type of brain dysfunction that occurs when the brain doesn't receive enough oxygen or blood flow for a period of time.
- HIE may develop during pregnancy, labour and delivery, or in the postnatal period.
- HIE is the leading cause of mortality and morbidity in newborn children, with survivors suffering significant neurological outcomes including cerebral palsy, epilepsy, intellectual disability and autism spectrum disorders.
- Preclinical studies have shown Argenica's ARG-007 provides neuroprotection in an animal model of Perinatal hypoxic-ischemic encephalopathy (HIE).

Preclinical study

CREDENTIALLED & EXPERIENCED TEAM

Geoff Pocock
Non-Executive Chairman

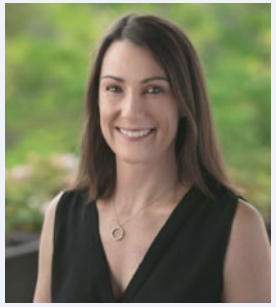
- 20 years' experience in commercialisation of emerging technologies and capital markets
- Non-Executive Director, Osteopore Ltd (ASX:OSX)
- Non-Executive Director of EMVision Medical Devices Ltd (ASX:EMV)
- Co-Founder / Former Managing Director of Hazer Group (ASX: HZR)

Dr Samantha South
Executive Director

- Extensive background in CNS medical research at Weill Medical College at Cornell University (NY), The University of Queensland and The Garvan Institute
- 10 years of Director experience at multiple companies
- Over 13 years' experience in technology transfer in medtech / biotech sector, at UQ, QUT and UWA.

Emma Waldon
Company Secretary

- Experienced Company Secretary with ASX listed and private companies
- Over 18 years' corporate advisory, capital markets and corporate governance experience
- Current co-sec of medical device developer EMVision (ASX: EMV) and previous co-sec of Hazer Group (ASX: HZR)



Dr Liz Dallimore
CEO

- Over 20 years' experience in R&D, technology commercialisation and management consulting, including at KPMG, EY and PWC
- Extensive background in stroke and spinal cord regeneration research at the Australian Neuromuscular Research Institute, UWA and Oxford University
- PhD in Neuroscience (UWA) and an MBA (AGSM)

Liddy McCall
Non-Executive Director

- Over 25 years' experience of senior Board and Management roles and has a strong history of success with early-stage Biotechnology companies
- Co-founded 3 biotechnology companies which have successfully achieved 3 FDA drug registrations and 1 FDA/CE Mark medical device approval
- Co-founder of iCeutica Inc group (acquired in 2011 achieving a ten-fold uplift on the valuation) and Dimerix Limited (ASX:DXB)

Terry Budge
Non-Executive Director

- 25 years with National Australia Bank in senior executive roles before serving as managing Director of Bankwest from 1997 to 2004
- Previously a member of the Fundraising Committee of the Perron Institute, and is currently an independent director for Westoz Investment Company (ASX:WIC)

LEADING RESEARCH & CLINICAL TEAM

Ass. Prof. Bruni Meloni
CSO & Research Lead

Head of Stroke Laboratory Research at UWA and the Perron Institute. Professor Meloni has over 25 years experience as a research scientist, the last 20 in the field of stroke/cerebral ischaemia. Research in the stroke/cerebral ischaemia field has focused on understanding the mechanisms associated with ischaemic brain injury, the identification of potential neuroprotective targets and the development of new therapies. A/Prof Meloni has experience with designing preclinical stroke trials, and the use of peptides as neuroprotective agents.

Dr David Blacker
Chairman - CAC

Acute stroke clinician/neurologist who has previous experience initiating neuroprotection clinical stroke trials in Western Australia and being the local Principal Investigator of a number of national and international acute and secondary prevention stroke studies. Prof Blacker is the Perron Institute Medical Director and consultant neurologist and stroke physician.

Prof. Neville Knuckey
Clinical Lead

Head of Stroke Research at the Perron Institute. Professor Knuckey is a neurosurgeon, whose interest for medical research began in the United States over 20 years ago. Prof Knuckey's main area of expertise is the development and use of stroke, global cerebral ischaemia and more recently perinatal hypoxia and traumatic brain injury models to explore neuronal ischaemic damaging events, and for the assessment of potential neuroprotective therapies.

Geoffrey Donnan
Member - CAC

Professor of Neurology at The University of Melbourne and former Director of The Florey Institute of Neuroscience and Mental Health. His research interest is clinical stroke management. He was co-founder, with Professor Stephen Davis, of the Australian Stroke Trials Network (ASTN) within which there have been conducted numerous investigator driven and other stroke trials. He was Editor-in-Chief of the International Journal of Stroke and is Past President of the World Stroke Organization.

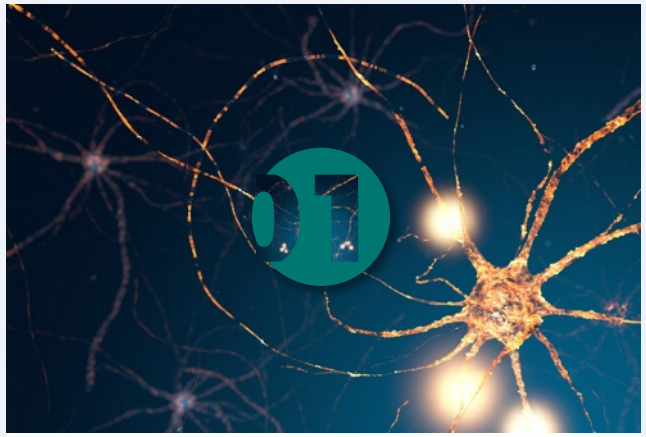
Paul Bailey
Member - CAC

Medical Director for St John Ambulance Western Australia. Paul's research focus has been in the areas of out of hospital cardiac arrest, anaphylaxis, emergency department systems and trauma - with 29 papers published in the scientific literature since 2015. Paul and his team are active participants in the WA Stroke Advisory Group - which has transformed the clinical approach to stroke patients in the prehospital environment in WA.

Tim Phillips
Member - CAC

Dr Tim Phillips is an Interventional Neuroradiologist with 15 years' experience, currently working at the Neurological Intervention and Imaging Service of Western Australia (NIIS WA) and the Perth Children's Hospital. Prior to returning to Perth he undertook post-specialist fellowship training at the Royal Melbourne Hospital, The Royal London Hospital, Queens Hospital Romford, The National Hospital for Neurology and Neurosurgery, and Great Ormond Street Hospital in London.

3 KEY TAKEAWAYS



Well structured business with a **robust capital position** to execute development pathway

Large potential **commercial opportunity** to reduce damage to brain cells during and after stroke for improved patient outcomes

Value enhancing milestones expected in the near term including, safety and toxicology results and the beginning of Phase 1 in-human trials

For further information please contact:

Dr Liz Dallimore
CEO
E: info@argenica.com.au