
ARGENICA THERAPEUTICS
INVESTOR PRESENTATION
ASX: AGN
MARCH 2022

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COMPANY SNAPSHOT

OUR VISION

Commercialise “best in class” novel neuroprotective therapeutics to reduce brain cell death following stroke and other brain injuries

LEAD DRUG CANDIDATE

ARG-007

Neuroprotective peptide that could offer protection to the brain following stroke and other acute central nervous system injuries

TIER 1 PARTNERS

perron institute

THE UNIVERSITY OF WESTERN AUSTRALIA

linear

STRONG IP

GRANTED PATENTS

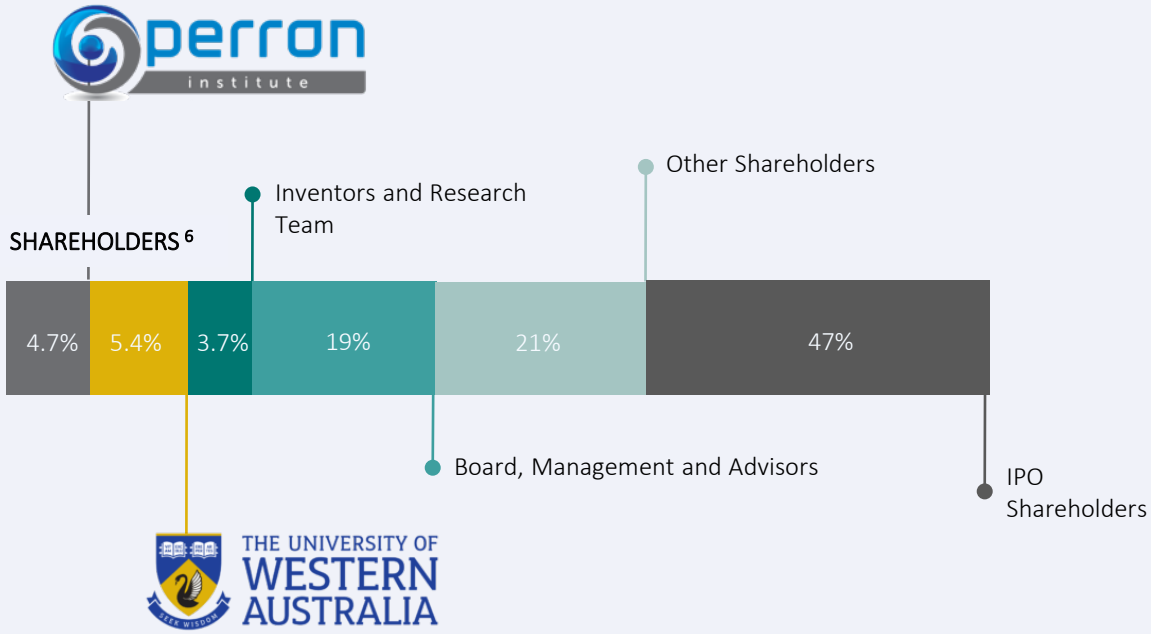
Granted in the EU, Japan China, and the US

FREE OF ENCUMBRANCES

IP 100% owned by Argenica and free of royalties or other encumbrances

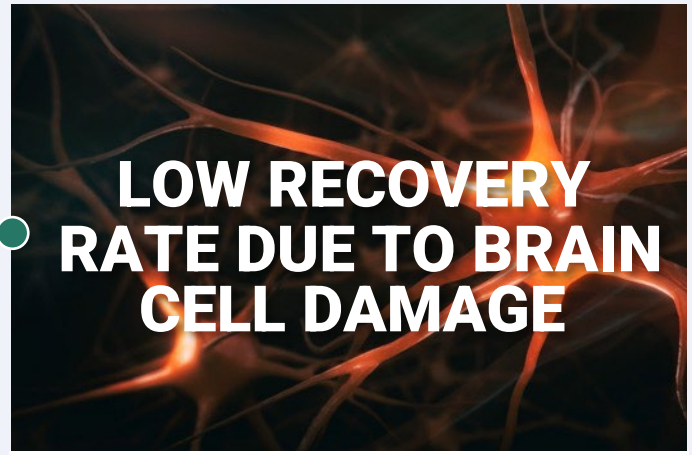
CAPITAL STRUCTURE

Total Shares on issue	**73,172,250**
Shares subject to escrow for 24 months [1]	22,625,752
Options on issue (escrow for 24 months) [1 & 2]	8,300,000
Options on issue (not escrowed) [3]	300,000
Cash Balance [4]	**Circa $5.3M**
Market Capitalisation @ $0.64 [5]	**Circa $46.8M**
Enterprise Value (EV) @ $0.64 [5]	**Circa $41.5M**



1. *24 months from the date of commencement of Official Quotation on ASX – 11th June 2023*
2. *Option Terms – Exercise price $0.30, expiry 30 Sept 2024*
3. *Option Terms – Exercise price $1.10, expiry 1 Apr 2025*
4. *As @ 31 December 2021*
5. *Closing price as @ 8 March 2022*
6. *Percentages are estimates only and subject to slight variation*

STROKE IS A GLOBAL ISSUE



- **One in four** people will have a stroke in their lifetime[2]
- **Every 19 minutes** an Australian suffers a stroke[2]

- Long term disability
- Lasting brain damage
- **High death rate**
- Substantial economic costs

- Reduction in blood flow leads to 1.9 million brain cells dying **per minute**[4]
- The brain ages 3.6 years **every hour** stroke treatment is delayed[4]

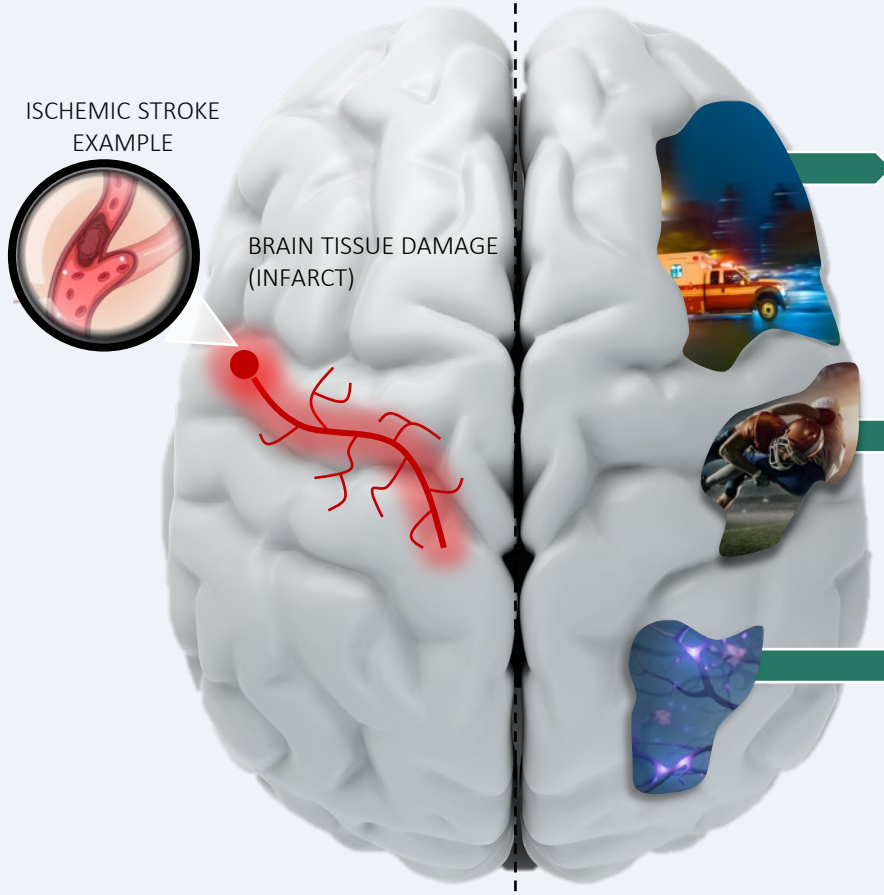
There are **no** universally available drugs that protect brain cells following stroke.

[1] World Health Organisation [2] Stroke Foundation [3] National Stroke Association [4] Saver, JL. (2006). "Time is Brain". Stroke., 37 (1), pp. 263-266

ARG-007

HOW IT WORKS

- Cell death in the brain, or infarction, results from inadequate blood supply to the affected area.
- Initial infarction sets off a cascade of cell death.
- While no drug can stop the initial infarct injury, ARG-007 has **multiple mechanisms** of action to stop the cascade of cell death that happens after the initial injury.
- In animal models of stroke, ARG-007 slows the progression of neuronal cell death and preserve still viable brain tissue.
- This increases the amount of available salvageable brain tissue.



APPLICATIONS

STROKE

ARG-007 has shown significant efficacy in a number of animal models of stroke.

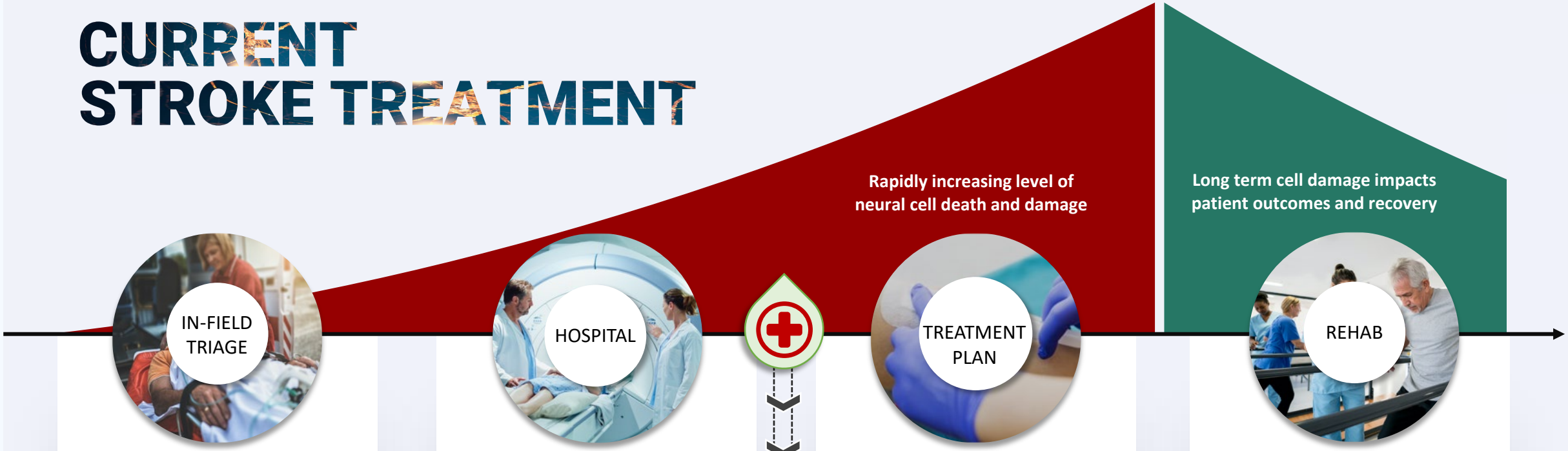
TRAUMATIC BRAIN INJURY (TBI)

Preclinical studies show that ARG-007 reduces neuronal injury after TBI.

HYPOXIC ISCHEMIC ENCEPHALOPATHY (HIE)

Preclinical studies have shown Argenica's ARG-007 provides neuroprotection for HIE.

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

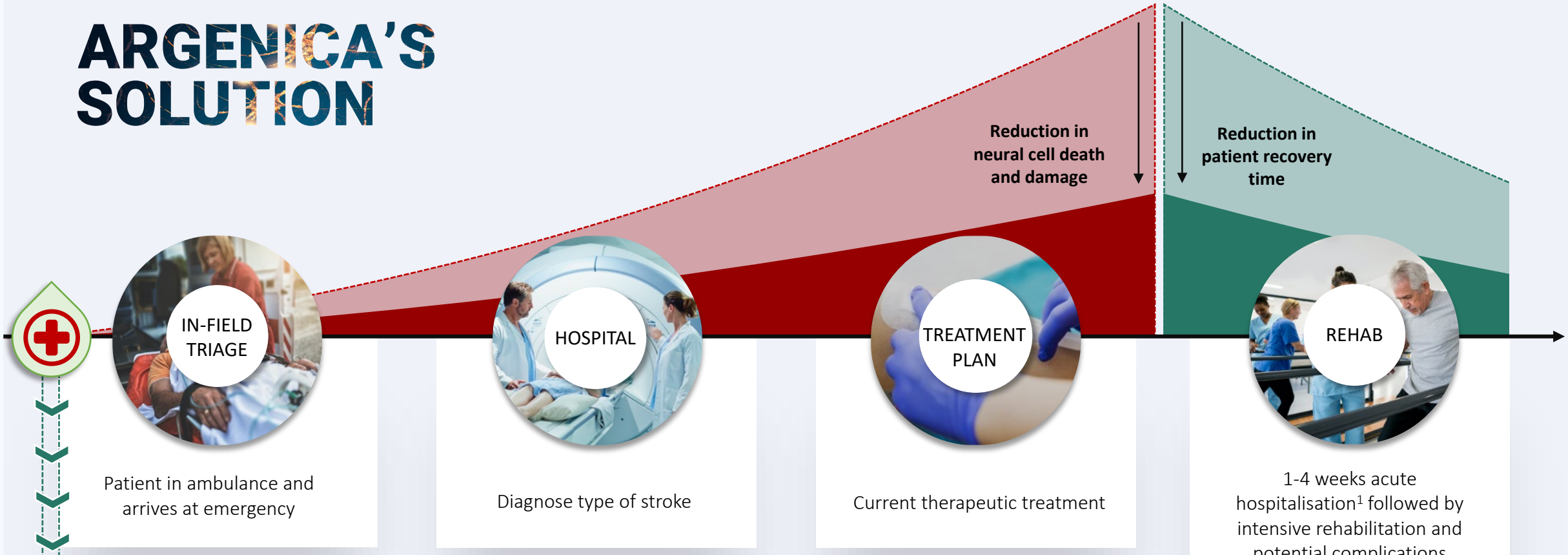
THERAPEUTICS ARE ADMINISTERED AFTER DIAGNOSING THE PATIENT IS HAVING A STROKE

Treatment interventions occur **many hours** after the initial stroke

Does 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

ARG-007 TO BE ADMINISTERED BY FIRST RESPONDERS IN THE FIELD TO MINIMISE A PATIENT'S BRAIN CELL DAMAGE

ENCOURAGING RESULTS TO DATE

ARG-007 showed a **67% reduction in brain tissue death** (infarct volume) for at least 28 days after stroke[1].

Pre-clinical studies showed ARG-007 does not exacerbate bleeding in hemorrhagic stroke model, meaning it could be **safe to administer in the field** by first responders[2].

No adverse effects were observed in preliminary PK and toxicology animal studies, indicating that ARG-007 is potentially safe and well-tolerated at the relevant doses[3].

OFFERS NEUROPROTECTION EVEN WHEN CO-ADMINISTERED WITH CLOT DISSOLVING DRUGS [4]

These findings are preliminary in nature. A larger dataset will be required for clinical validation.
[1] Preclinical animal stroke model
[2] Preclinical study
[3] ASX Announcement 'Argenica completes pilot pre-clinical pharmacokinetics study' 01 July 2021
[4] ASX Announcement 'Study shows arg-007 does not degrade when co-administered with ischemic stroke therapeutics' 12 July 2021

NEAR-TERM CLINICAL TRIAL CATALYSIS

FINAL PHARMACOKINETIC STUDIES

ANIMAL STUDY

Determines how **ARG-007** is absorbed, distributed, metabolised, and excreted by the body, and is essential for establishing dosing regimes for the Phase 1 clinical trial.

Q1-Q2 CY22

GLP* SAFETY & TOXICOLOGY STUDIES

ANIMAL STUDY

Characterise the safety profile of **ARG-007** by identifying its impact on organ structure and / or functionality at a range of doses, including maximum tolerated dose.

Q1-Q2 CY22

PRE-STUDY ACTIVITIES

Completion of preliminary study activities, including clinical site management setup, preparation of ethics submission and healthy volunteer patient recruitment.

Q4 CY21 – Q2 CY22

PHASE 1 CLINICAL TRIAL

IN-HUMAN STUDY

Ethics submission & approval, initiate volunteer recruitment, dosing of all cohorts, confirmation of safety in healthy volunteers.

BEGINS Q2 CY22

Timelines are a guide only and subject to change.
**GLP is Good Laboratory Practise required for Regulatory Approval*

PHASE 1 OBJECTIVES

1. IMPROVE THE **UNDERSTANDING** OF HOW **ARG-007** EFFECTS THE BODY

2. EVALUATE THE **SAFETY OF ARG-007** WHEN ADMINISTERED

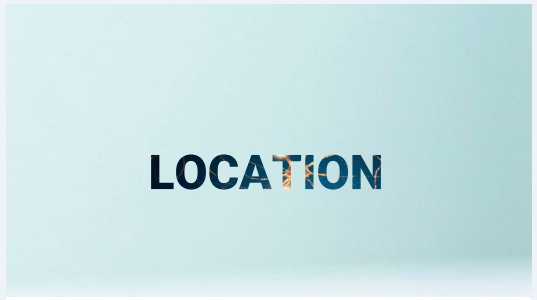
3. DETERMINE THE **IDEAL SAFE DOSAGE**

4. IDENTIFY ANY POSSIBLE **ADVERSE REACTIONS**

PROPOSED TRIAL DESIGN*

PARTICIPANTS

4 cohorts, with each cohort receiving a different dose of **ARG-007 (**8 participants in each cohort, 2 placebo and 6 receiving **ARG-007)**.



LOCATION

Single site study conducted at the Linear Clinical Research facility in Western Australia.

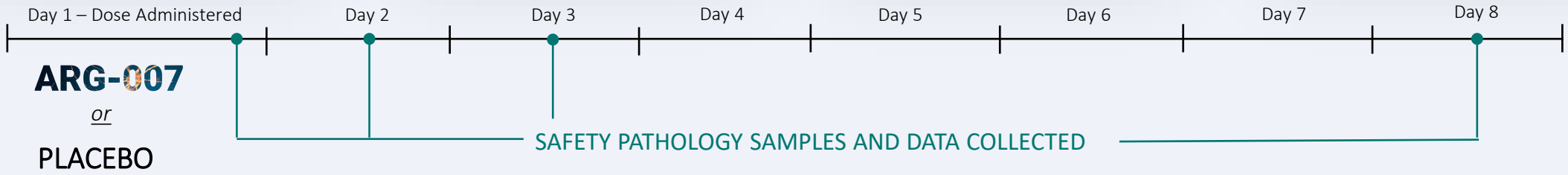
DURATION

Estimated 6 months, with preliminary findings expected following completion of volunteer dosing.

DESIGN

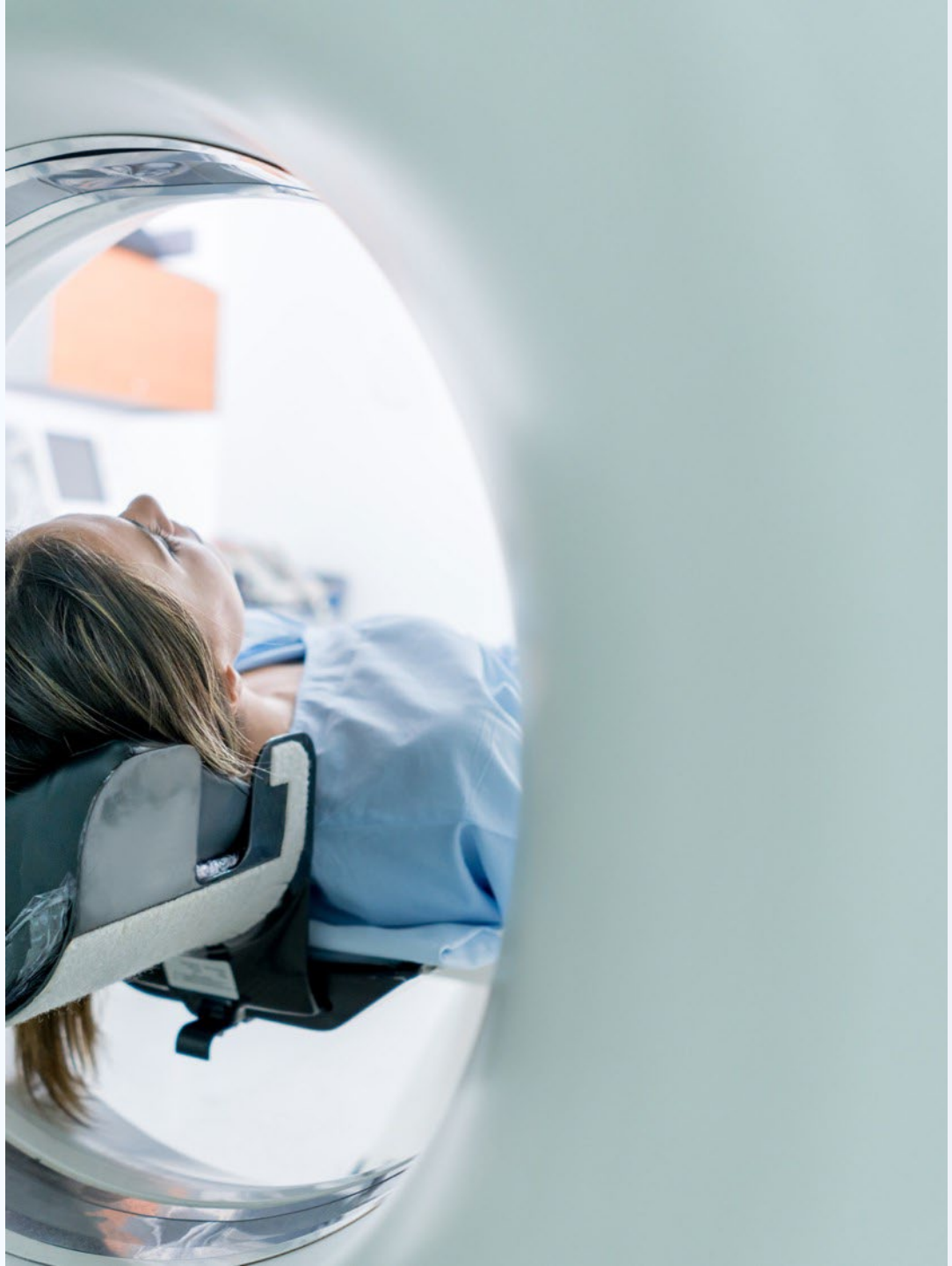
Double-blind, randomised study where participants either receive a dose of **ARG-007** or a placebo.

PROCEDURE OUTLINE FOR EACH PARTICIPANT



**the trial design is subject to approval by a Human Research Ethics Committee (HREC). Trial design documentation and preclinical safety and toxicology data will be submitted to a HREC in Q1 CY22.*

Study parameters are subject to change and should only be considered as a guide



PHASE 2 STUDIES

Data collected from the Phase 1 clinical trial will be critical to progress into Phase 2 trials, where **ARG-007** will be administered to stroke patients.

While stroke is the current corporate and commercial focus, safety data from the Phase 1 clinical trial can potentially be used to move directly into other Phase 2 trials in other types of brain injury, including;

- **Hypoxic ischemic encephalopathy (HIE)** - A type of brain dysfunction that occurs when the brain doesn't receive enough oxygen or blood flow for a period of time.
- **Traumatic brain injury (TBI) & concussion** - An injury resulting from a violent blow or jolt to the head or body.
- **Surgically induced stroke** – including stokes sustained during endovascular aneurysm repair and transcatheter aortic valve implantation.

CREDENTIALLED & EXPERIENCED TEAM

Geoff Pocock
Non-Executive Chairman

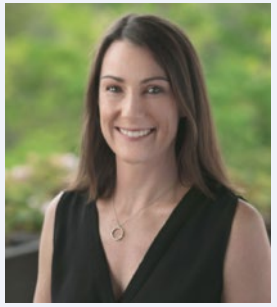
- 20 years' experience in commercialisation of emerging technologies and capital markets
- Non-Executive Director of EMVision Medical Devices Ltd (ASX:EMV)
- Co-Founder / Former Managing Director of Hazer Group (ASX: HZR)

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)

INVESTMENT HIGHLIGHTS

1#
CLEAR PATHWAY TO TRIALS
Clear clinical pathway and robust capital position to execute Phase 1 clinical trials.

2#
UNMET CLINICAL NEED
There is an urgent unmet need and priority to search for widely applicable and effective neuroprotective solution.

3#
PRE-CLINICAL DATA
Positive pre-clinical results provide encouraging dataset leading into in-human trials.

4#
EXCEPTIONAL TEAM
An exceptional team with expertise in drug development commercialisation and capital markets.

5#
NEAR TERM CATALYSIS
Value enhancing milestones expected in the near term including, results required before the beginning of Phase 1 trials.

For further information please contact:

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