
ARGENICA THERAPEUTICS
INVESTOR PRESENTATION
ASX: AGN
OCTOBER 2022

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BREAKTHROUGH NEUROPROTECTIVE SOLUTIONS TO REDUCE BRAIN DAMAGE

NOVEL NEUROPROTECTIVE TREATMENTS

Argenica is dedicated to developing life-changing treatments to **reduce brain damage** following stroke and other types of brain injuries.

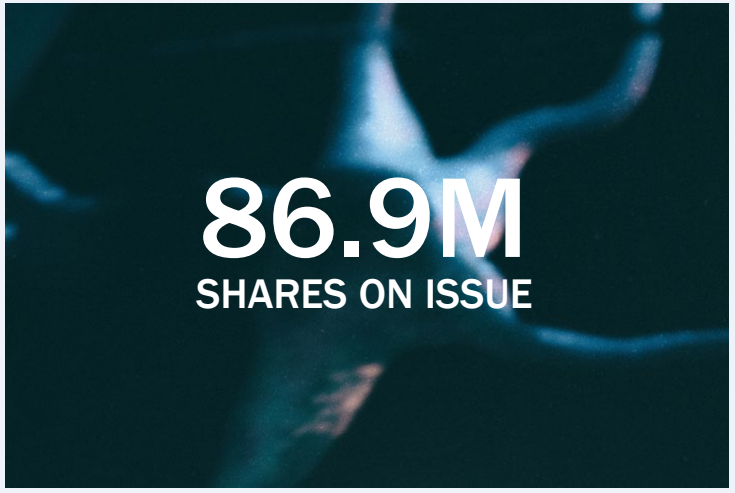
POSITIVELY IMPACTING LIVES

Protecting brain cell death is crucial for **improving patient quality-of-life** and reducing overall healthcare costs.

UNTAPPED COMMERCIAL OPPORTUNITY

Favourable competitive landscape and commercial opportunity, with **no** other universal marketed drugs available to protect brain cells from death following stroke.

KEY COMPANY METRICS

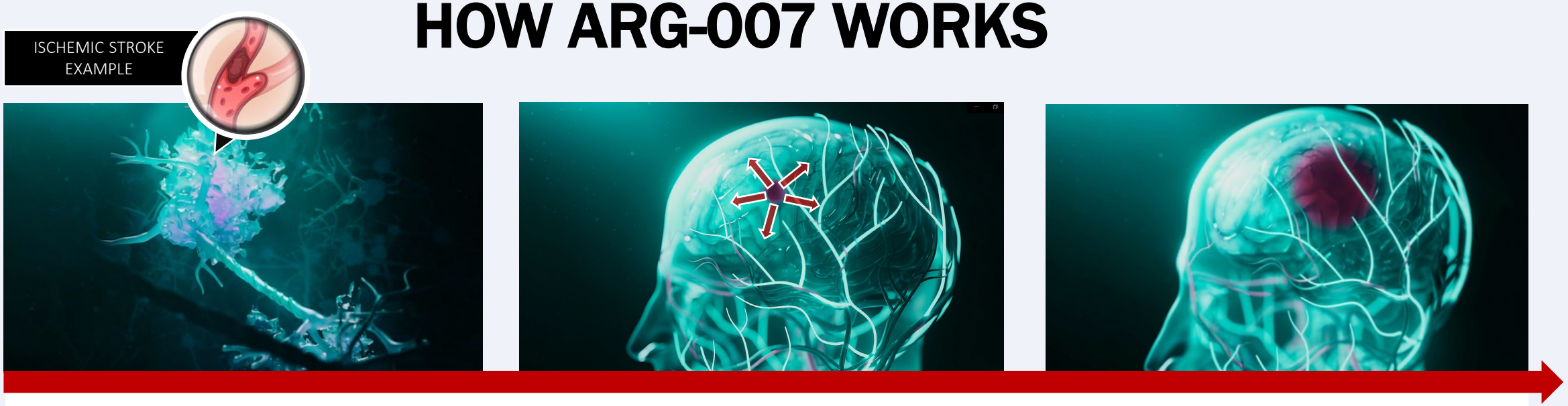


(1) Cash balance as @ 30 June 2022
(2) Calculated with closing price on @ 18th October being $0.475


OUR LEAD DRUG CANDIDATE:
ARG-007
10 YEARS IN DEVELOPMENT, 25+ PUBLISHED PAPERS
PHASE 1 TRIAL APPROVED & INITIATED
ALL IP 100% OWNED BY ARGENICA
MULTIPLE GRANTED PATENTS, INCLUDING THE U.S.

HOW ARG-007 WORKS

ISCHEMIC STROKE EXAMPLE



INITIAL INFARCTION SETS OFF A CASCADE OF CELL DEATH THAT **WILL CONTINUE SPREADING FROM LOCATION**

Slows the progression of brain cell death

Extends treatment window & provides neuroprotection prior to hospital

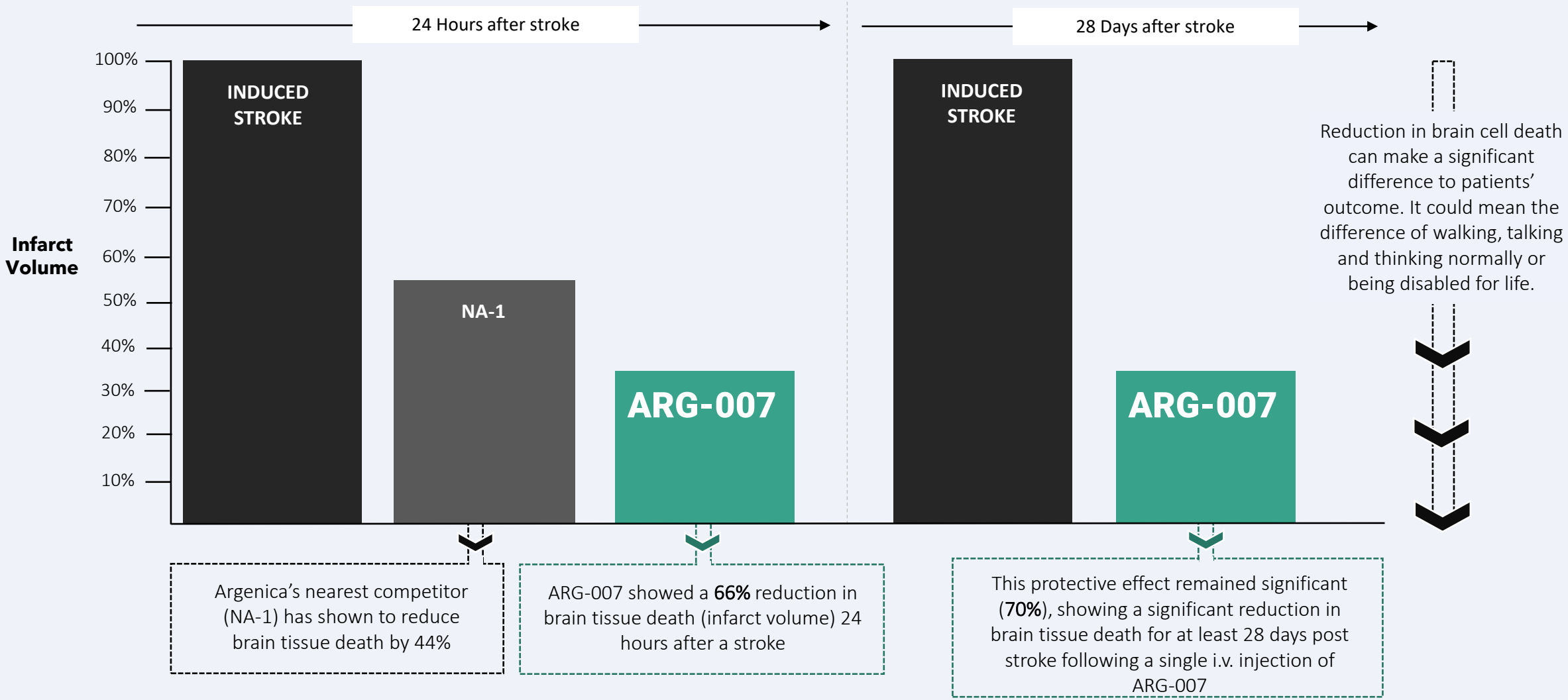
Improves recovery time and quality of life

ARG-007 STOPS THE CASCADE OF CELL DEATH & PROVIDES A PROTECTION BARRIER AROUND ITHE INITIAL INFARCTION

ARG-007 is under development and subject to clinical validation.

ARG-007 REDUCES BRAIN TISSUE DEATH

Percentage reduction of brain tissue death after stroke



Meloni, B. P. (2020) *Neurotherapeutics : the journal of the American Society for Experimental NeuroTherapeutics*, *17*(2), 627–634.

WHY STROKE?

ONE IN FOUR

people will suffer a stroke in their lifetime[1]

ONLY 10%

will recover almost completely, due to the extent of brain cell damage[1]

THERE ARE NO

universally available drugs that protect brain cells following stroke

ARGENICA HAS AN OPPORTUNITY TO BECOME A LEADING COMPANY IN THIS SPACE

[1] Stroke Foundation

ARGENICA SOLVES AN URGENT UNMET NEED

ARG-007 ADMINISTERED
by first responders in the field to minimise brain cell damage.

1.9 MILLION BRAIN CELLS DIE PER MINUTE DURING STROKE[1]

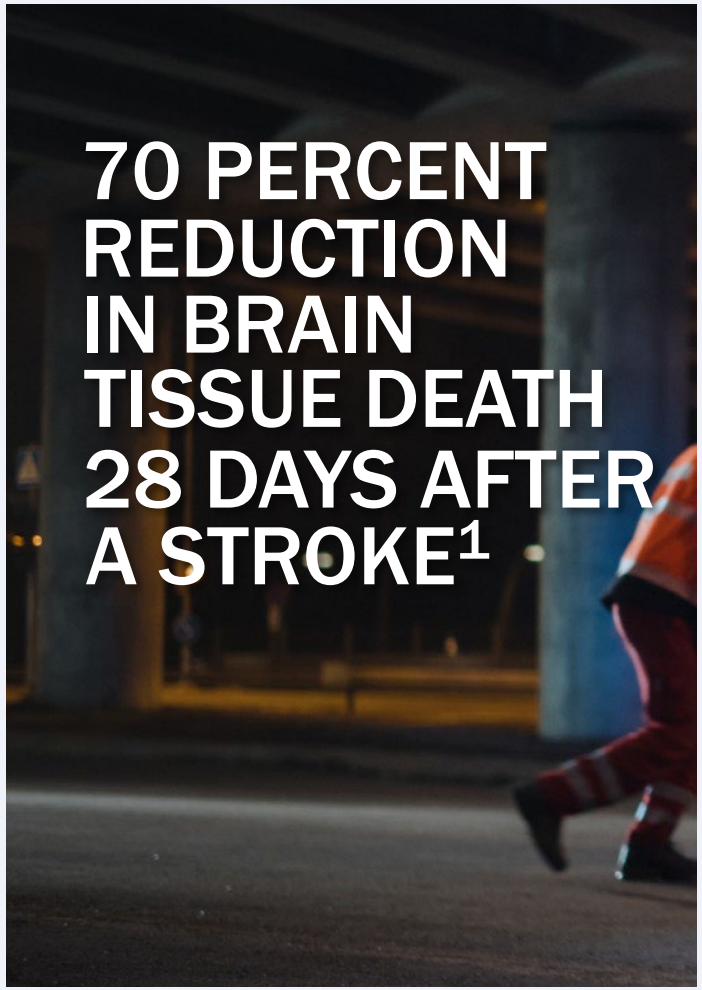
ARG-007 **REDUCES** NEURAL CELL DEATH & DAMAGE UNTIL TREATMENT

ARG-007 **IMPROVES** PATIENT OUTCOMES

Potential benefits only. ARG-007 is under development and subject to clinical validation.

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

ENCOURAGING RESULTS TO DATE



These findings are preliminary in nature. A larger dataset will be required for clinical validation.

[1] Meloni, B. P. et al (2020) *Neurotherapeutics : the journal of the American Society for Experimental NeuroTherapeutics*, *17*(2), 627–634
[2] Liddle, L. et al (2019). *PloS one*, *14*(11), e0224870.
(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

PHASE 1 OBJECTIVES

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

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

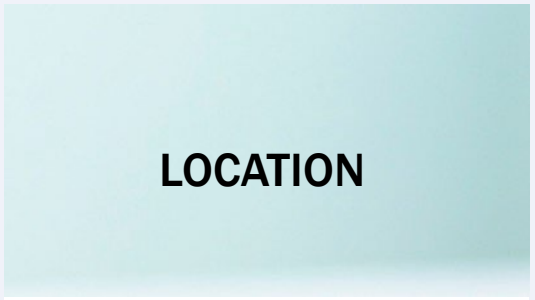
3. DETERMINE THE **IDEAL SAFE DOSAGE**

4. IDENTIFY ANY POSSIBLE **ADVERSE REACTIONS**

OUR PHASE 1 CLINICAL TRIAL

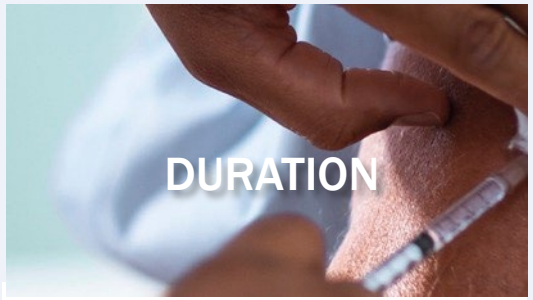
PARTICIPANTS

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.



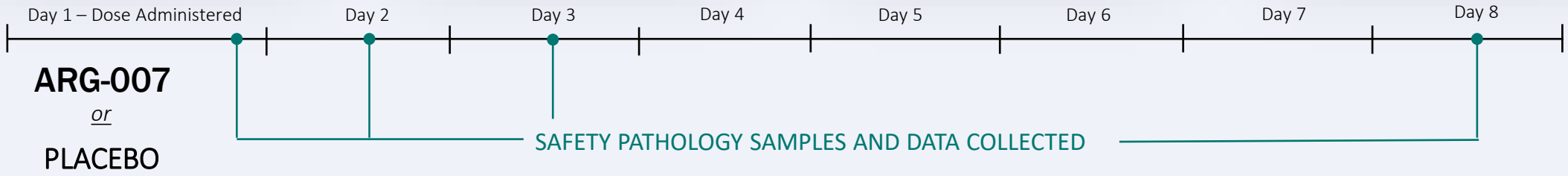
DURATION

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

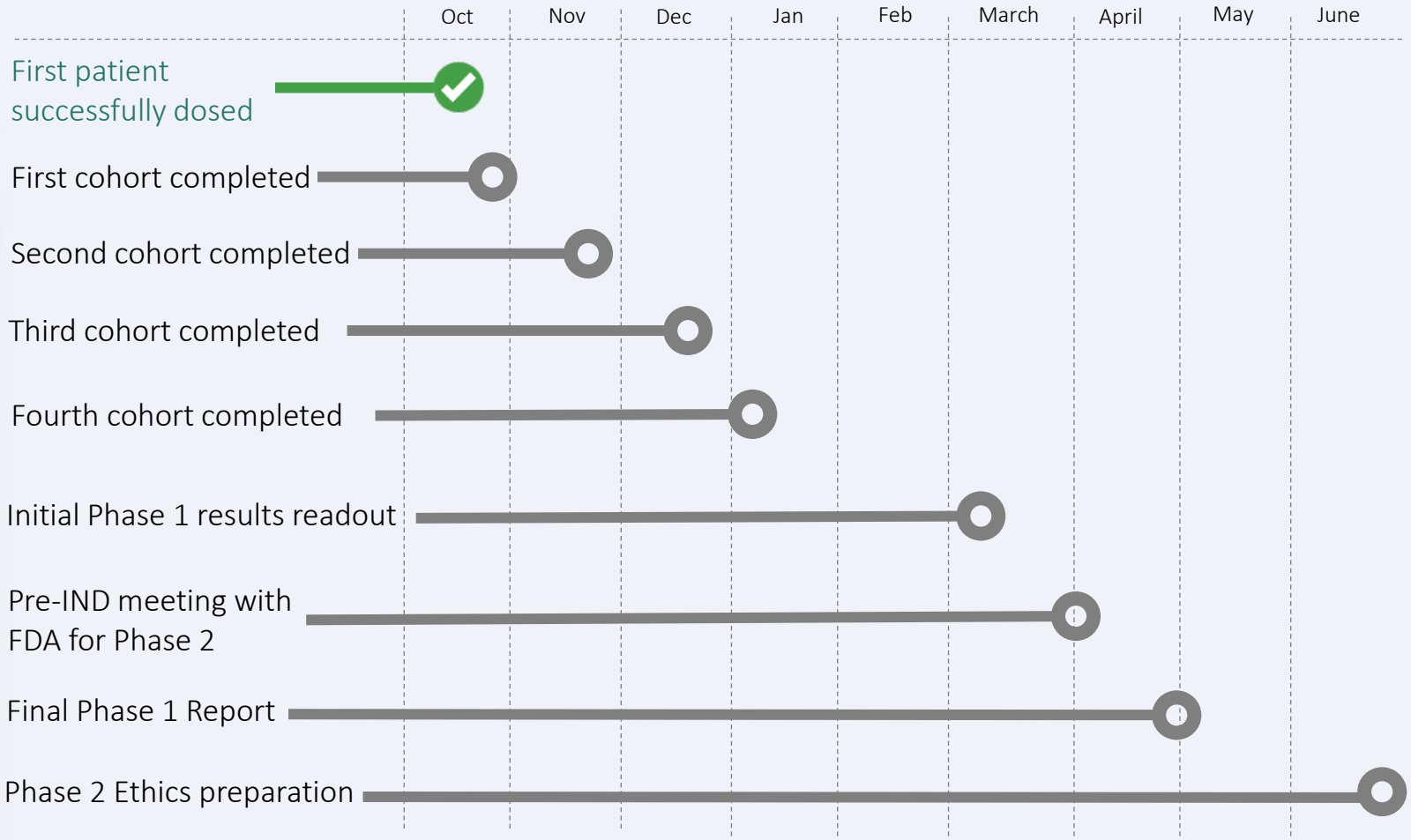


Study parameters are subject to change and should only be considered as a guide

CLINICAL TRIAL ROADMAP FOR STROKE

ARGENICA HAS ACHIEVED ALL STRATEGIC PRIORITIES SET OUT AT OUR IPO

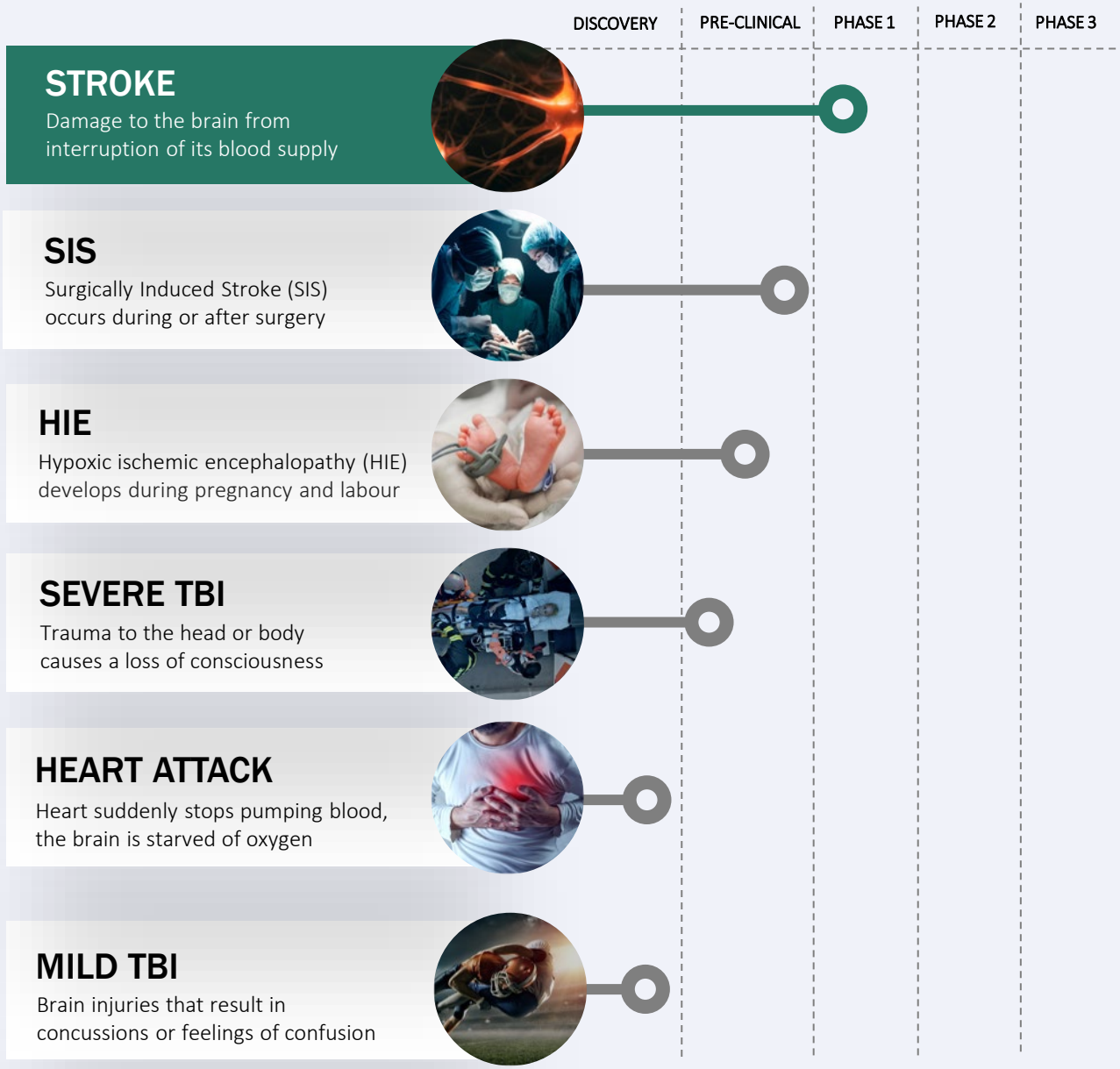
- Secured local and international **manufacturing** capabilities
- Appointed **Head of Clinical** Development to lead studies
- Built a highly experienced **clinical advisory team**
- Completed **all** required pre-clinical studies for Phase 1 clinical trial
- Received **ethics approval** to begin Phase 1 clinical trial
- **Successfully dosed** first human subject with ARG-007



Indicative schedule only and subject to change

ARG-007 IS A VERSATILE TECHNOLOGY PLATFORM

- Neuroprotective solutions targeting global unmet clinical needs.
- Stroke is our lead indication and current priority.
- Ability to progress multiple indications to increase value creation.



ADVANCING CLINICAL STUDIES

PHASE 1 SAFETY & DOSAGE DATA CAN POTENTIALLY BE USED TO MOVE DIRECTLY INTO MULTIPLE PHASE 2 STUDIES

STROKE

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.**

1ST PRIORITY
STROKE PHASE 2

2nd PRIORITY
SIS PHASE 2

HIE

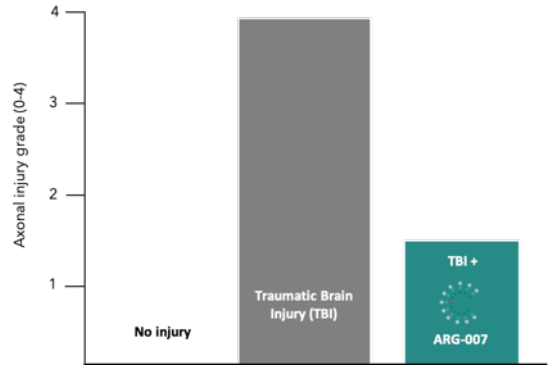
Preclinical studies have shown Argenica's ARG-007 provides neuroprotection in an animal model of Perinatal hypoxic-ischemic encephalopathy (HIE).

86% REDUCTION
IN BRAIN CELL DEATH IN A TERM PRECLINCAL MODEL[1]

Currently advancing pre-clinical studies required to progress a clinical program

TRAUMATIC BRAIN INJURY

Preclinical studies show that ARG-007 significantly reduced axonal injury 5 days after a single i.v. injection[2]

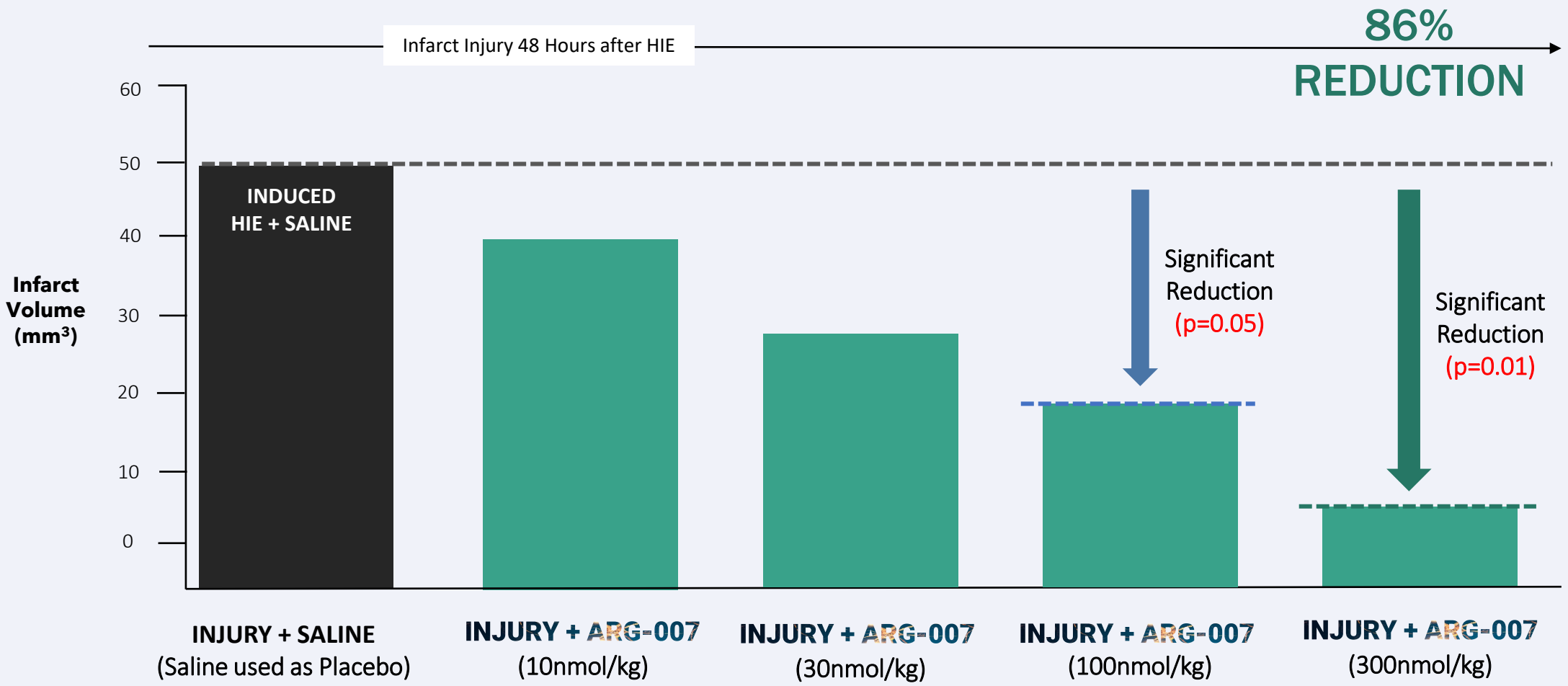


Currently advancing pre-clinical studies required to progress a clinical program

(1) *Pre-clinical studies have shown ARG-007 provides neuroprotection in a term animal model of Perinatal Hypoxic Ischemic Encephalopathy (HIE) – ASX Announcement 29th September 2022.*
(2) *Chiu, L. S. et al (2017). Translational neuroscience, 8, 147-157*

POSITIVE TERM HIE DATA

Percentage reduction of brain tissue death after HIE in term animal model



Pre-clinical studies have shown ARG-007 provides neuroprotection in a term animal model of Perinatal Hypoxic Ischemic Encephalopathy (HIE) – ASX Announcement 29th September 2022.

CREDENTIALLED & EXPERIENCED TEAM

GEOFF POCOCK
NON-EXECUTIVE CHAIRMAN

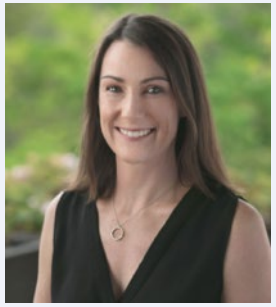
- 20 years' experience in commercialisation of emerging technologies and capital markets
- Non-Executive Director of EMVision (ASX:EMV)
- Co-Founder / Former Managing Director of Hazer Group (ASX: HZR)

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.

DR MEGHAN THOMAS
HEAD, CLINICAL DEVELOPMENT

- 15 years experience in basic research, clinical trial design and oversight, regulatory pathways, and product development.
- Previous role as VP Clinical Programs and Operations at Zelira Therapeutics (ASX: ZLD)
- Experience running centralised research ethics and governance system across a state-wide public health service



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 + strong history of success with early-stage Biotechnology companies
- Co-founded 3 biotechnology companies 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 an independent director for Westoz Investment Company (ASX:WIC)

LEADING RESEARCH & CLINICAL TEAM

Prof. Bruno 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.

Dr Jeffery Saver
Member - CAC

Dr Saver is Professor and Senior Associate Vice-Chari of Neurology at UCLA, and Director of the UCLA Comprehensive Stroke Centre. He trained at Harvard Medical School, the Harvard-Longwood Neurology Training Program (neurology), the University of Iowa (neurobehavior), and Brown (vascular neurology). Dr Saver's research interests are in acute stroke treatment, stroke prevention, neuroimaging, clinical trial design, and neurocognition consequences of stroke. He has served as the principle investigator on a number of key stroke trials, including the Global PI for the SWIFT PRIME trial.

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.

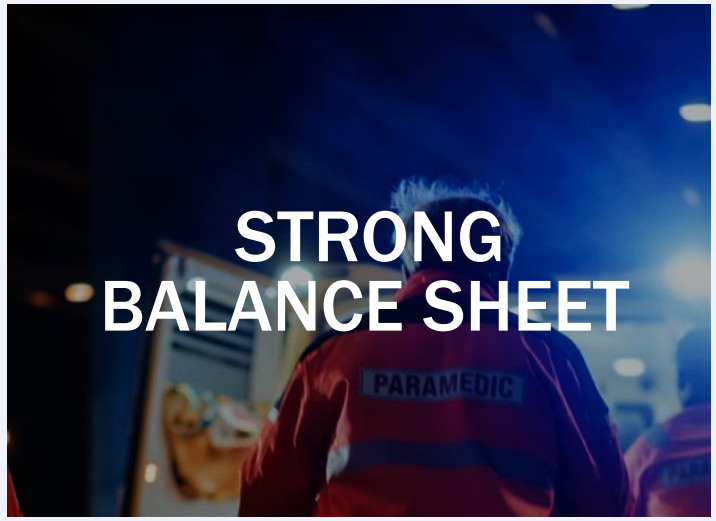
Paul Bailey
Member - CAC

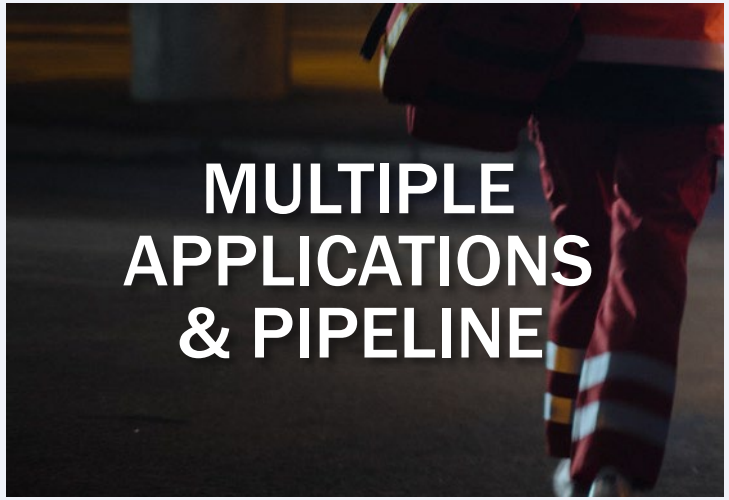
Medical Director for St John Ambulance Western Australia. Paul's research focus has been in the areas of out of hospital cardiac arrest, anaphylaxis, emergency department systems and trauma - with 29 papers published in the scientific literature since 2015. Paul and his team are active participants in 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.

INVESTMENT HIGHLIGHTS





ARGENICA THERAPEUTICS

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