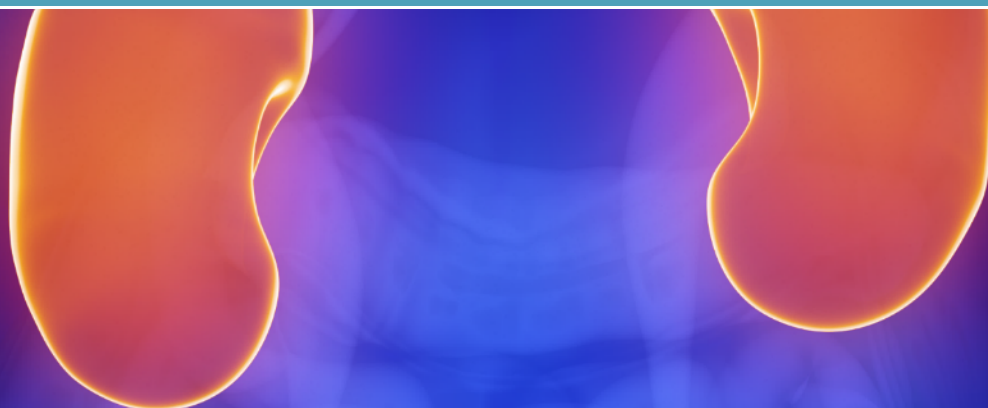




A Phase 2 Company Treating Kidney Disease

Corporate update

14 February 2017



Disclaimer



Some of the information in this presentation may refer to Dimerix Limited ("Dimerix" or the "Company") based on information available to it as at the date of this presentation. The information in this presentation is provided in summary form and does not contain all information necessary to make an investment decision regarding Dimerix.

This presentation does not constitute an offer, invitation, solicitation or recommendation with respect to the purchase or sale of any security in Dimerix, nor does it constitute financial product advice or take into account any individual's investment objectives, taxation situation, financial situation or needs. An investor must not act on the basis of any matter contained in this presentation but must make its own assessment of Dimerix and conduct its own investigations. Before making an investment decision, investors should consider the appropriateness of the information having regard to their own objectives, financial situation and needs, and seek legal, taxation and financial advice appropriate to their jurisdiction and circumstances. Dimerix is not licensed to provide financial product advice in respect of its securities or any other financial products. Cooling off rights do not apply to the acquisition of Dimerix securities.

Although reasonable care has been taken to ensure that the facts stated in this presentation are accurate and that the opinions expressed are fair and reasonable, no representation or warranty, express or implied, is made as to the fairness, accuracy, completeness or correctness of the information, opinions and conclusions contained in this presentation. To the maximum extent permitted by law, none of Dimerix, its officers, directors, employees and agents, nor any other person, accepts any responsibility and liability for the content of this presentation including, without limitation, any liability arising from fault or negligence, for any loss arising from the use of or reliance on any of the information contained in this presentation or otherwise arising in connection with it.

The information presented in this presentation is subject to change without notice and Dimerix does not have any responsibility or obligation to inform you of any matter arising or coming to their notice, after the date of this presentation, which may affect any matter referred to in this presentation.

The distribution of this presentation may be restricted by law and you should observe any such restrictions.

Forward looking statements

This presentation contains certain forward looking statements that are based on the Company's management's beliefs, assumptions and expectations and on information currently available to management. Such forward looking statements involve known and unknown risks, uncertainties, and other factors which may cause the actual results or performance of Dimerix to be materially different from the results or performance expressed or implied by such forward looking statements. Such forward looking statements are based on numerous assumptions regarding the Company's present and future business strategies and the political and economic environment in which Dimerix will operate in the future, which are subject to change without notice. Past performance is not necessarily a guide to future performance and no representation or warranty is made as to the likelihood of achievement or reasonableness of any forward looking statements or other forecast. To the full extent permitted by law, Dimerix and its directors, officers, employees, advisers, agents and intermediaries disclaim any obligation or undertaking to release any updates or revisions to information to reflect any change in any of the information contained in this presentation (including, but not limited to, any assumptions or expectations set out in the presentation).



Who we are A clinical-stage drug development company focused on discovering and developing new therapeutic treatments targeting G-Protein Coupled Receptors (GPCRs)

Lead program DMX-200 in a Phase 2 clinical study for Chronic Kidney Disease (CKD)

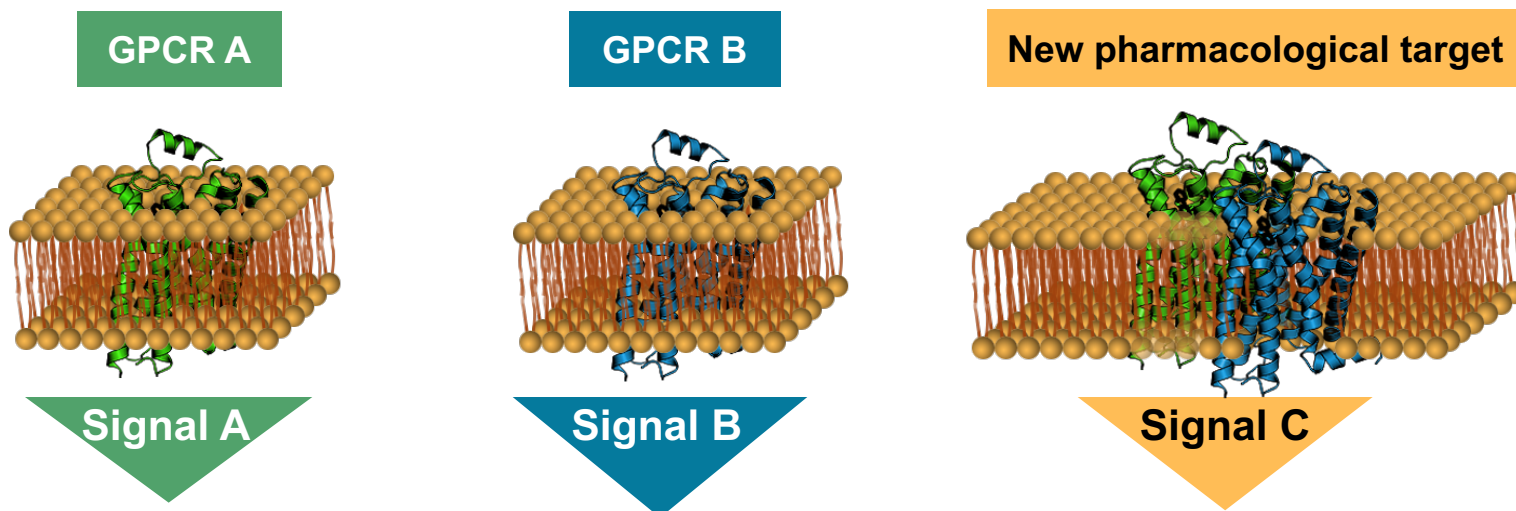
- US FDA Orphan Drug Designation for Focal Segmental Glomerulosclerosis (FSGS) - *December 2015*
- Pre IND meeting with US FDA - *June 2016*
- Positive interim Phase 2 safety data announced - *October 2016*
- Next clinical study data available – *3Q CY2017*
- Granted US therapeutic use patent expiry until *2032*

Discovery platform Receptor-HIT technology for the investigation of GPCR heterodimers to identify clinical opportunities from drug-receptor interactions

Leadership Experienced drug development team and a Board and Management with a track record of meeting milestones and creating shareholder value

Why G Protein Coupled Receptors (GPCRs) are important

- More than 30 per cent of all approved drugs act through GPCRs
- They act as single units (monomers) or in complexes (heterodimers)



- Dimerix owns **Receptor-HIT** technology which can identify *GPCR heterodimers*
- **US FDA** has recognised the importance of heterodimers in drug development

- Dimerix has **granted patents** in the USA covering both its platform technology (8,283,127 and 8,568,997) and the lead program DMX-200 (9,314,450); and granted and pending applications in other major jurisdictions
- The '450 patent covers the **use of CCR2 antagonists** in conjunction with, or sequential to, administration of **angiotensin receptor blockers** (ARBs), inclusive of treatment of CKD
- The technology patents expire in **2029** and the therapy patent expires in **2032**



**The Director of the United States
Patent and Trademark Office**

Has received an application for a patent for a new and useful invention. The title and description of the invention are enclosed. The requirements of law have been complied with, and it has been determined that a patent on the invention shall be granted under the law.

Therefore, this

United States Patent

Grants to the person(s) having title to this patent the right to exclude others from making, using, offering for sale, or selling the invention throughout the United States of America or importing the invention into the United States of America, and if the invention is a process, of the right to exclude others from using, offering for sale or selling throughout the United States of America, or importing into the United States of America, products made by that process, for the term set forth in 35 U.S.C. 154(a)(2) or (c)(1), subject to the payment of maintenance fees as provided by 35 U.S.C. 41(b). See the Maintenance Fee Notice on the inside of the cover.

David J. Kappas

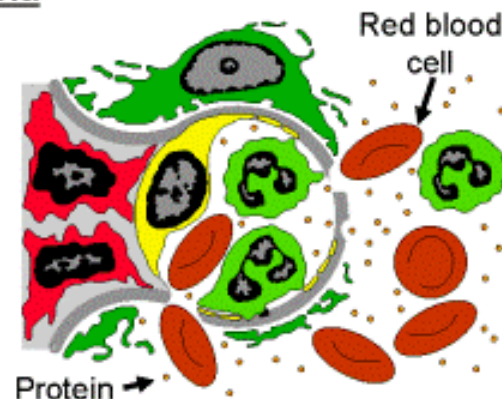
Director of the United States Patent and Trademark Office

- A global unmet medical need leading to kidney failure, cardiovascular disease and premature death
 - Estimated 26 million people in the US
 - Estimated US\$ 2.6 billion spent in the US each year, mainly on late stage therapies due to lack of early stage treatment options
- Caused by diabetes, high blood pressure, and diseases that cause inflammation in the kidney
- Proteinuria, or excessive protein in the urine, is the most common manifestation of the disease, and is suggestive of decreased functioning of the kidney

Proteinuria and Hematuria



A normal capillary in a glomerulus keeps red blood cells, white blood cells and most proteins in the blood and only lets watery fluid into the urine.



A capillary in a diseased glomerulus lets protein into the urine (proteinuria) and red blood cells into the urine (hematuria).

DMX-200 – lead compound



- DMX-200 is an adjunct therapy that uses two approved drugs:
 1. **Irbesartan** = an off patent angiotensin II receptor type 1 (AT1) antagonist blockbuster drug primarily used for the treatment of hypertension
 2. **Propagermanium** = a CCR2 antagonist and an organometallic compound of germanium approved as a therapeutic product in Japan for the treatment of hepatitis B and elsewhere used as a supplement
- Dimerix identified DMX-200 using the patented Receptor-HIT GPCR heterodimer technology
- Receptors targeted by these compounds are expressed in the kidney
- Published **pre-clinical data show** significant reduction in proteinuria (a key kidney function endpoint) when both receptors are targeted using the established STNx rat model of nephrotic syndrome
- Standard of care for the treatment of chronic kidney disease (CKD) is an angiotensin receptor blocker (ARB) or ACE inhibitor (ACEi)
- Use of existing therapeutic compounds reduces development risk and timelines

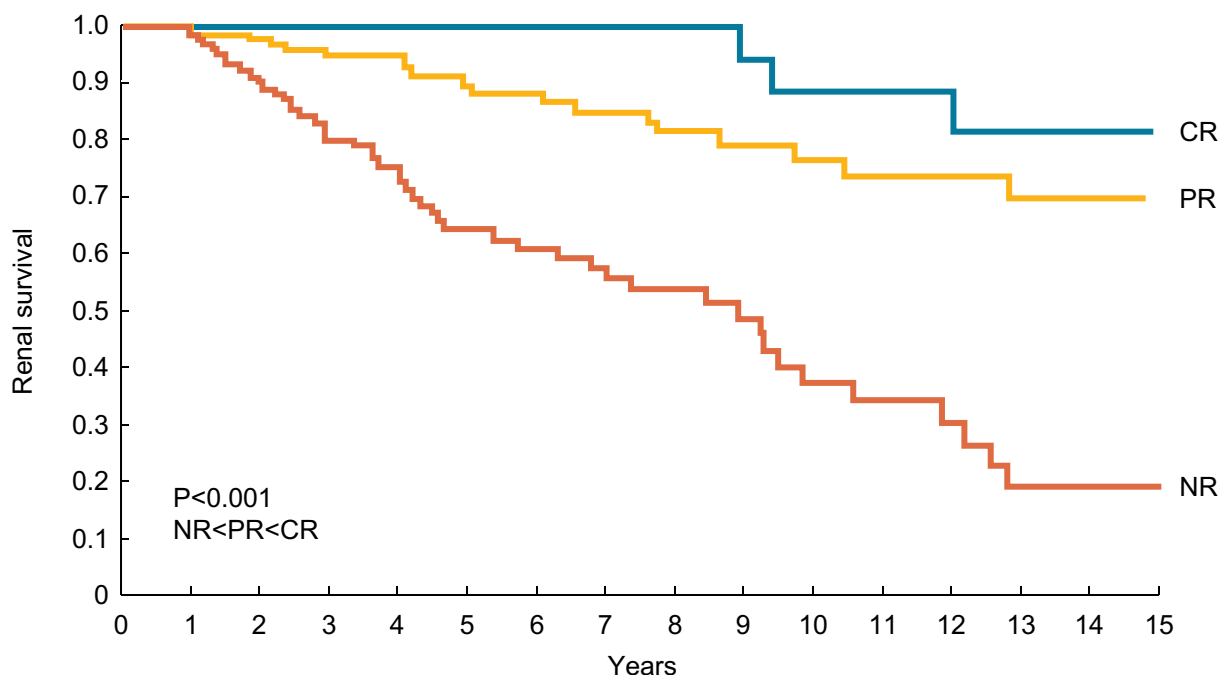
Orphan drug designation secured for DMX-200

- Orphan Drug Designation received in Dec 2015 for DMX-200 for the treatment of FSGS, a cause of chronic kidney disease with an unmet medical need
- Disease is characterized by scarring of the kidney and leakage of blood and protein
- No current therapies are approved by the FDA for FSGS; patients progressing to a kidney transplant have a 30% to 40% chance of recurrence
- Orphan pathway allows access to various regulatory support measures which can accelerate the drug development program, and registration brings seven years of exclusivity

Path to registration discussed at pre-IND meeting for DMX-200 (June 2016)

- FDA confirmed DMX-200 is an adjunct therapy and not a combination therapy
- Potential for approval from a single pivotal Phase 3 trial with a single end point for the reduction in proteinuria from baseline
- Recognition of the importance of GPCR heterodimer pharmacology

Complete or partial remission of proteinuria has a profound effect on prognosis



Complete Remission (CR) = proteinuria reduced to < 0.3 g/day

Partial Remission (PR) = > 50% reduction in peak proteinuria and to sub nephrotic levels (< 3.5 g/day)

Survival from renal failure in patients with complete remission (CR), partial remission (PR) and no remission (NR)

What does Clinical Success look like?



- **No approved** treatments for FSGS. The disease is debilitating and, if not treated, leads to kidney failure and ultimately the requirement for transplant or dialysis
- Patients with unresolved high levels of proteinuria have a very poor prognosis for renal survival.
- **Significant** reduction of proteinuria (**e.g. 40-50% or greater reductions to non nephrotic levels**) gives the patients an **excellent chance** at preventing or delaying dialysis
- If a **small number** of patients can achieve a change of this magnitude in a treatment with a clear safety profile, it would be an **excellent result**
 - **Interim data is showing ~30% patients in the DMX200 trial achieving this outcome**
- Phase 2 data which **continue to show** that DMX-200 has an outstanding safety profile and potential efficacy would support Dimerix's ability to negotiate a significant deal – benchmarked by the recent Chemocentryx deal announced on to the NASDAQ on the 22nd December 2016



- **NASDAQ: RTRX**
- **Market cap : ~US\$ 817 million**
- Phase 2 asset, sparsentan, for treating FSGS – a **dual angiotensin endothelin receptor blocker**
- Patients removed from Standard of Care treatment 2 weeks prior to dosing
- Top line positive data showing improved proteinuria *compared with* standard of care (irbesartan) at 8 weeks
- Standard of Care (Irbesartan) reduced total protein urine excretion per day by 19% and sparsentan by 47.4%



- **NASDAQ: CCXI**
- **Market Cap: ~US\$ 380 million**
- Completed Phase 2 for CCX140 in diabetic nephropathy – a **CCR2 antagonist**
- **Significant improvement in proteinuria on background of standard of care (ACE Inhibitor or ARB)**
- Measured urine albumin creatinine ratio (ACR) change from baseline by **16% over “active control”** (standard of care) at best dose (geometric mean reduction at 12 weeks of 24%)
- Ex-US rights licensed to Vifor for \$50m upfront, plus potential milestones
- **Recently announced FSGS strategy for CCX140**

Phase 2 study

Part A: Interim: confirmed safety and signs of efficacy: Reporting July 2017

Part B: Efficacy of optimal dose(s): Commencing 2017

US Investigation New Drug (IND) application

- Initial pharmacokinetic (PK) study
- Comparison of current three times daily version with extended release formulation

Phase 3 development for FSGS – FDA Pre-IND meeting outcomes

- FDA agreed development as an adjunct (not combination) therapy
- Primary endpoint discussions positive: *“A substantial change in proteinuria in patients with marked proteinuria at baseline may be an acceptable endpoint for traditional or accelerated approval...”*

Potential for a *single* Phase 3 pivotal study

- GPCR – G Protein-Coupled Receptor: A large and important family of drug targets
- Dimerix's proprietary Receptor-HIT discovery platform enables new discovery around GPCRs
- Used under contract by pharma and biotech in their internal discovery programs
 - Multiple contracts completed with global pharma companies
 - Partnering opportunities with global reagent suppliers
- Value to GPCR platforms points to potential of Receptor-HIT technology



- Phase 1b plus multiple pre-clinical leads
- GPCR discovery platform
- Acquired by Sosei Feb 2015 for US\$400



- Early phase 3 and two phase 2 assets
- GPCR discovery platform
- Nasdaq Listed (TRVN): Market Cap: US\$340 million



- Phase 3 and phase 2 assets
- GPCR discovery platform
- Acquired by Celgene Jul 2015 for US\$6 billion

DMX-200 Program

- Complete extended release formulation for propagermanium - *1H 2017*
- Report Phase 2 dose escalation (Part A) – *July 2017*
- Open IND for PK study – *mid 2017*
- PK Study for extended release tablet - *2H 2017*
- Commence Phase 2 Part B – *2H 2017*

DMX-250 Program

- Further pre-clinical studies for Nonalcoholic Steatohepatitis (NASH) program

Platform technology

- Potential indications include diabetic retinopathy, cancer fatigue and multiple sclerosis
- Research collaborations and assay licensing opportunities

Financial position



ASX code	DXB
Share price (6 Feb 17)	AUD\$0.008
Market cap	AUD\$14.6m
Cash (Feb 17)	~AUD\$2.9m
Pending R&D Rebate	AUD\$0.42m
Shares on issue	1,829.9m
Performance shares	75m
Options	98.7m

Top shareholders

%

Mr Peter Meurs	17.33
Yodambao Pty Ltd	5.11
Mrs Wishney Sritharan Krishnarajah	2.68
White Family	2.21
SRV Custodians Pty Ltd	2.07
J&L Peterson	1.91
Pfleger Family	1.70
Jampaso Pty Ltd (Williams Family)	1.51
Slade Technologies Pty Ltd	1.31
JGC Super Pty Ltd	1.17

Experienced board and management



Executive Chairman

Dr James Williams

*BSc(Hons), PhD, MBA,
GAICD*

- 15 years experience starting, funding, running and exiting biotechnology companies
- Co-founder of Dimerix and iCeutica (acquired in 2011 and now with 3 FDA drug approvals)
- Co-founder and Investment Director of Yuuwa Capital (\$40M venture capital fund)

Chief Executive Officer

Ms Kathy Harrison

*MSc, Cert.Gov.(Prac),
FIPTA*

- 20 years experience in Biotech: AMRAD, Cytopia Research Pty Ltd, Phosphagenics Ltd
- Significant operational and development experience
- Registered Patent and Trademark Attorney

Director

Dr Sonia Poli

MSc, PhD

- Former Senior Management at Hoffman la Roche and Executive at Addex Therapeutics (Switzerland)
- 20 years international experience in small molecule drug design, optimization and clinical development in multiple therapeutic areas, experience in establishing collaborations

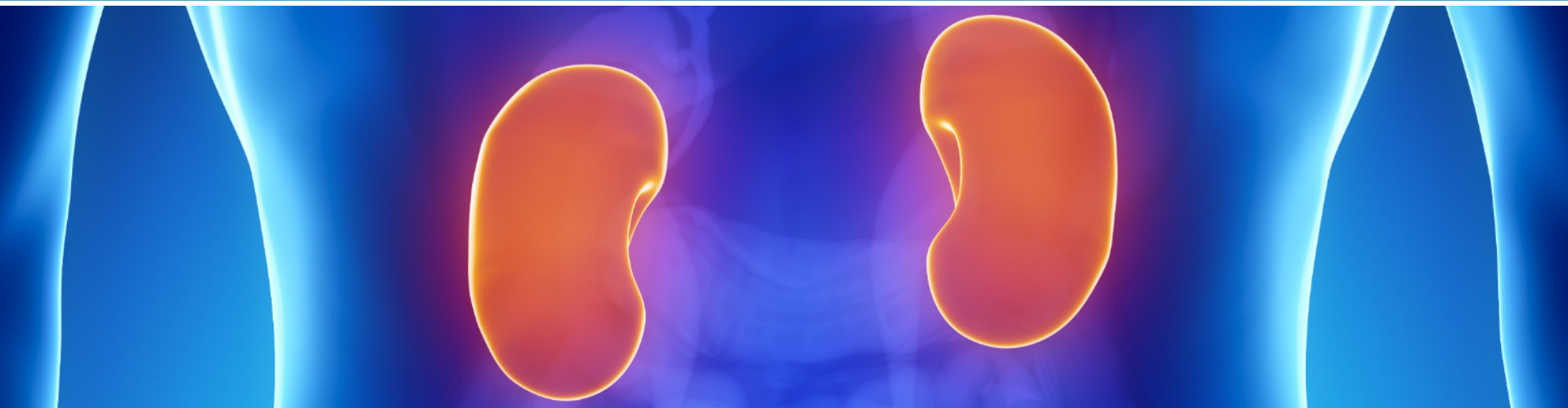
Director

Mr David Franklyn

BEcon

- Experienced Director of ASX-listed companies in a variety of sectors
- Extensive experience in financial analysis, corporate advice, business management and IR
- Managing Director of Village National Holdings Limited

- ✓ A **clinical-stage drug development company** focused on discovering and developing new therapeutic treatments identified using its proprietary drug discovery platform
- ✓ DXB-200 in **Phase 2** clinical development
 - **Orphan drug designation** received from the FDA, with seven years exclusivity upon registration
 - Adjunct therapy using two existing therapeutic compounds meaning lower development risk and lower development investment
 - **Positive Pre-IND meeting** with FDA to confirm potential development pathway
 - **Positive interim phase 2 data**, on track for completion of Part A 3Q 2017
- ✓ **Granted US therapeutic use patent**, expiry 2032
- ✓ Proprietary **GPCR heterodimer drug discovery platform**
 - Importance of GPCR heterodimers seen as similar value to original GPCR revolution
- ✓ Emerging pipeline with **potential of additional clinical candidates** and out-licensing opportunities
- ✓ Experienced board and management, focused on meeting milestones and track record of **delivering significant shareholder value**



Contact

Kathy Harrison
Chief Executive Officer

+61 419 359 149

kathy.harrison@dimerix.com

Dimerix Limited
ACN 001 285 230
www.dimerix.com

Part A: dose escalation study *In Progress*

- 27 participants on stable irbesartan dose
- Propagermanium dose commencing at 30mg per day
- 4 weekly review to a maximum of 240mg/day

Primary end point

- Safety

Secondary end points

- Biomarkers including reduction of proteinuria (PCR in mg/mmol)

Part B: dose expansion study

- Up to 30 participants on stable irbesartan dose prior to treatment
- “Best dose” of propagermanium selected based on Part A data
- Final treatment duration and study design to be confirmed following Part A
- Expect treatment duration 3-6 months

Interim data (Part A) released Q3 2016

- A total 21 of 27 participants dosed at end of Q3 2016
- Interim data shows DMX-200 **well tolerated with encouraging safety profile**
- **Three out of 11 participants (27%) who reached mid point** (90 mg) show a ~ 50% reduction or greater in proteinuria **over and above standard of care**
- **One participant** achieved a 66% reduction in proteinuria at 90 mg dose
- Total participant exposure at end Q3 2016 was 67 months (5.5 years)