For Immediate Release

ASX/Media Release

Dimerix Shareholder Presentation and Q&A with CEO

Note change of address for Sydney

MELBOURNE, Australia, 16th May 2017: Dimerix Limited (ASX: DXB) is on schedule to release final data from its Phase 2 Part A study in Chronic Kidney Disease in July.

Investors are invited to attend a question and answer session with Chief Executive Officer Kathy Harrison. She will provide an overview of the commercial and clinical opportunities for the business following release of the Phase 2 study results in July 2017. This presentation is attached.

Dimerix will also provide an overview of the multiple commercialisation opportunities offered by the company's proprietary cell-based drug discovery platform to identify new therapies to address a wide range of major unmet medical needs.

Please register and reserve your seat at one of the following events commencing at 5:30pm:

Perth:	**Tuesday 16 May** The George, 216 St Georges Terrace (spaces still available)
Melbourne:	**Monday 22 May** Logie-Smith Lanyon Lawyers, L12, 575 Bourke St
Adelaide:	**Tuesday 23 May** Baker Young Stockbrokers, L6, 121 King William St
Sydney:	**Wednesday 24 May** Shaw & Partners L15, 60 Castlereagh St ***(note change of venue and earlier start - 5pm for Sydney)***
RSVP:	Robert Shepherd E: info@dimerix.com. T: 0422 222 321

Dimerix's lead compound called DMX-200 is an innovative new treatment that combines two existing preapproved drugs. It has been granted Orphan Drug Designation status in the United States. This gives the drug seven years exclusive marketing in the US plus a range of regulatory and financial support measures designed to expedite development.

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For more information please contact:

At the company	Media (Australia)	Media (International)
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Dimerix Bioscience Pty Ltd
Dimerix Limited's wholly owned subsidiary Dimerix Bioscience Pty Ltd is a clinical-stage pharmaceutical company committed to discovering and developing new therapeutic models identified using its proprietary assay, termed Receptor-Heteromer Investigation Technology (Receptor-HIT). This assay enables the identification of pairs of receptors that function in a joint manner (interact) when ligands, small molecule drugs, peptides or antibodies, bind to them. The Receptor-HIT technology was used to identify DMX-200 in an internal drug development program, initially for the treatment of a subset of patients with chronic kidney disease. In addition to its own therapeutic programs, the company also earns revenue by providing this technology to global pharmaceutical companies. For more information see www.dimerix.com

DMX 200
DMX-200 is being developed as an adjunct therapy, adding propagermanuim to a stable dose of irbesartan. Irbesartan is an off-patent angiotensin II type I receptor blocker indicated for the treatment of hypertension and nephropathy in Type II diabetic patients. Propagermanium (PPG) is a chemokine receptor (CCR2) blocker, which has been used for the treatment of Hepatitis B in Japan and is available in the USA for its anti-inflammatory properties. DMX-200 has been shown to improve the outcome of chronic kidney disease by reducing proteinuria by more than 50 per cent in animal models [(1)].

The DMX-200 Phase II Trial
The trial is a single arm, open label study in adult patients with chronic kidney disease (with proteinuria). The primary end points are the incidence and severity of adverse events and the clinically significant changes in the safety profile of participants. The secondary end points are obtained from statistical analysis of biomarker data at each time point including change from baseline, and the proportion of responders defined as those participants achieving normalisation of proteinuria (proteinuria within normal limits) or those participants achieving a 50 per cent reduction in proteinuria.

The trial has two parts. Part A is a dose escalation trial recruiting up to 30 patients and completed enrolment at the end of November 2016. All patients recruited to the trial will be on stable irbesartan therapy, and will be treated with propagermanium dosed orally three times per day. Each patient will commence on 30mg PPG/day and the dose increased each 28 days to a maximum of 240mg/day, or until proteinuria is absent or reduced to a level the clinician considers acceptable. The Company expects to complete Part A in mid 2017.
Part B is an expansion study, in which up to 30 patients will be given the optimal dose identified from Part A.

Chronic Kidney Disease
Chronic kidney disease can result from diabetes, high blood pressure and diseases that cause inflammation specifically in the kidneys. Proteinuria is the most common manifestation of the disease. As the disease progresses it can lead to end-stage renal disease (ESRD) where the kidneys fail. The only treatment for ESRD is a kidney transplant or regular blood-cleansing treatments called dialysis. More than 26 million people suffer from the disease in the United States.

[(1)] Functional interaction between angiotensin II receptor type 1 and chemokine (C-C motif) receptor 2 with implications for chronic kidney disease. Ayoub MA, Zhang Y, Kelly RS, See HB, Johnstone EK, McCall EA, Williams JH, Kelly DJ, Pfleger KD. PLoS One. 2015 Mar 25;10(3):e0119803. doi: 10.1371/journal.pone.0119803.

A clinical phase company using a powerful new drug discovery technology to benefit patients

Shareholder Q&A

May 2017

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Agenda

- Welcome and introductions
- Recap on clinical program and investment highlights
- Current business update and commercial implications
- Q&A
- Concluding remarks

Investment highlights

DMX-200 – Lead candidate in **Phase 2 clinical trials** for Chronic Kidney Disease (CKD), development for Focal Segmental Glomerulosclerosis (FSGS).

- **Safety & signs of efficacy** shown in interim analysis
- **Orphan Drug Designation** - granted by the FDA for FSGS. Provides flexible regulatory framework and can **accelerate development and registration.**
- **Huge patient & market need** – CKD **affects over 10% of the population with no cure.** Market for FSGS in US alone **estimated $1B**
- **New use of known drugs** – reduces risk of unexpected safety issues
- **Patent position** which supports a transaction

July 2017:	Due date for Phase 2 Dose Escalation results Key value inflection point

Patented Receptor-HIT platform technology **- pipeline of opportunities** for internal development and collaboration

Patient and market need in CKD

Dimerix

CKD is a global health problem with 26 million patients in the USA alone.

Medicare spending on End Stage Renal Disease (ESRD) was US $32.8 billion in 2014

Chronic kidney disease can lead to kidney failure, cardiovascular disease and premature death

Excess protein in the urine (proteinuria) is the most common symptom and is indicative of decreased kidney function

Current treatments include drugs such as ***anti-inflammatories and steroids*** which have poor side-effects and low long-term response

A safe and well tolerated drug with a **meaningful response in 25% of patients** would be a great benefit to patients

Interim analysis of DMX-200 Phase 2

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October 2016:

Meeting primary endpoint - Safety

Secondary endpoint - Efficacy

Twenty seven percent (27%, 3/11) patients who have reached or passed the mid-point of the study have at least 50% reduction or greater in proteinuria over and above standard of care

Continuation of this trend at end of Dose Escalation would be seen as a clinically relevant result, and highly competitive with other development stage drugs with real potential to improve patient quality of life

DMX-200 Achievements to date

- ☑ **Australian, US and Japanese patents** for lead candidate granted
- ☑ Orphan Drug Designation in the USA
- ☑ Positive meeting with FDA – **achievable path** to registration
- ☑ Completed patient enrollment in Phase 2 in Dose Escalation study
- ☑ Positive interim Phase 2 data
- ☑ On track to report Phase 2 Dose Escalation in July 2017

DMX-200 Development & licensing timeline

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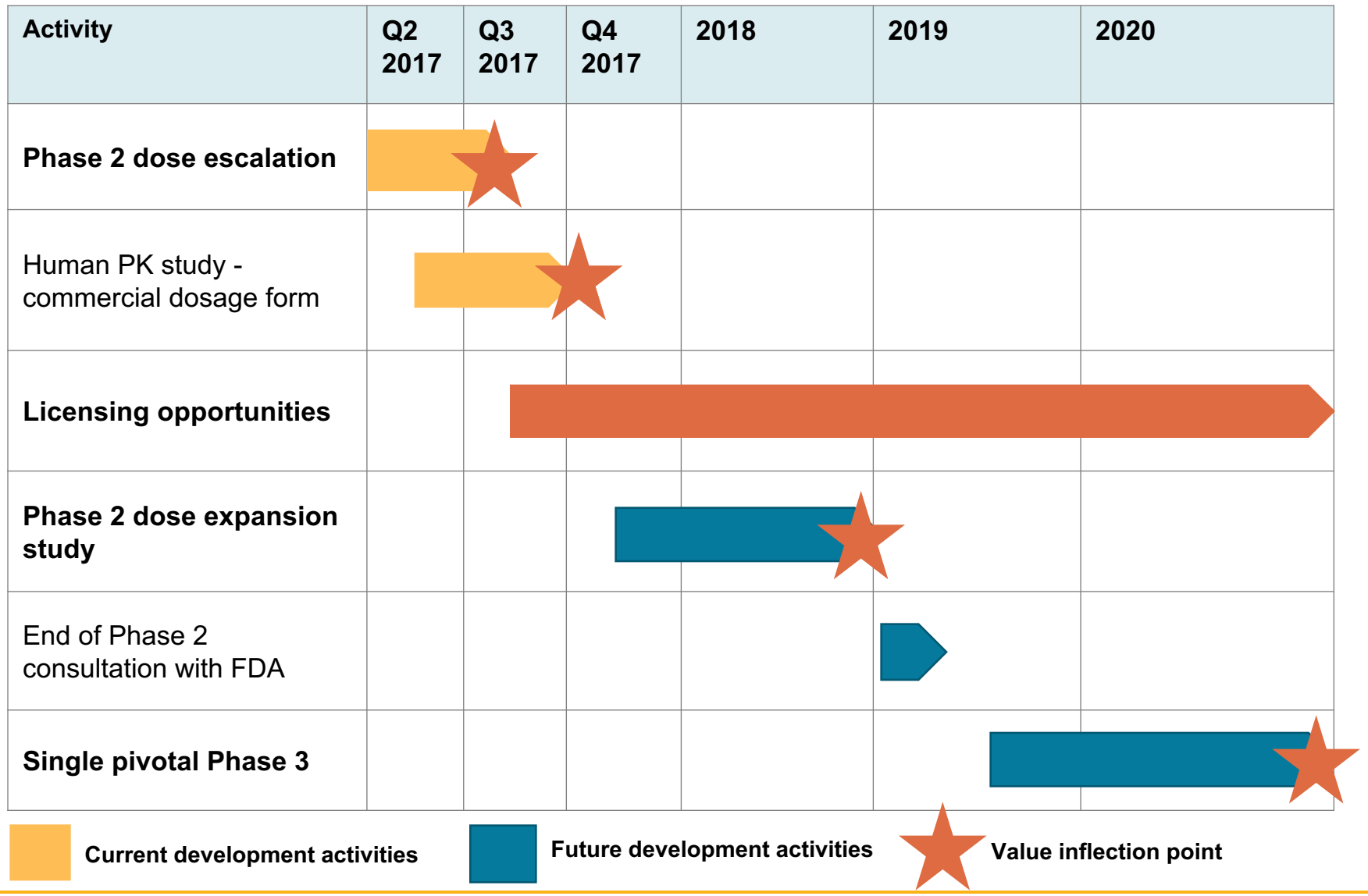

Market interest in chronic kidney disease

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Recent transactions

Vifor licensed CCX-140 with Phase 2 data for use *outside the US* for $50m upfront

Retrophin®

- **NASDAQ: RTRX**
- **Market cap : ~US$ 674million**
- Phase 2 asset, sparsentan, for treating FSGS – a dual angiotensin endothelin receptor blocker
- No way of tailoring treatment of blood pressure and kidney function separately like DMX-200
- Top line positive data showing improved proteinuria *compared with* standard of care (irbesartan) at 8 weeks – sparsentan 47.4%, irbesartan 19%

ChemoCentryx

- **NASDAQ: CCXI**
- **Market Cap: ~US$ 355 million**
- Completed Phase 2 for CCX140 in diabetic nephropathy – a CCR2 antagonist
- Significant improvement in proteinuria on background of standard of care
  Proteinuria change from baseline by 16% over "active control" (standard of care) at best dose.

GPCRs and Receptor-HIT platform

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G-Protein Coupled Receptors (GPCRs)

- **Large family of receptors** which control most processes **including blood pressure, inflammation, pain, and cellular division**
- **Over 30%** of all prescription drugs target GPCRs
- Drugs developed without understanding signalling of GPCR complexes may cause **unwanted and unexplained side effects**
- FDA agreed at pre-IND meeting that understanding GPCR complexes is critical in **developing safe new drugs**

Receptor-HIT platform

- **Patented** tool that can be used to identify new uses for existing drugs, drive the discovery of new drugs, and identify entirely new therapeutic pathways
- Already licensed to Takeda and other leading pharmaceutical companies

Global pharmaceutical companies need access to Receptor-HIT technology to develop safe new drugs

Big pharma values GPCR opportunities

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Recent Transaction

ogeda

Euroscreen Fast Service offers integrated services for GPCR R&D

Phase 2 compound

Acquired April 2017 by Astellas for €500 million

Historical Transactions

HEPTARES therapeutics

Phase 1b plus multiple pre-clinical leads

GPCR discovery platform

Acquired by Sosei Feb 2015 for **US$400 million**

Trevena®

Early phase 3 and two phase 2 assets

GPCR discovery platform

Nasdaq Listed (TRVN): **Market Cap: US$340 million**

receptos

Phase 3 and phase 2 assets

GPCR discovery platform

Acquired by **Celgene Jul 2015 for US$6 billion**

Corporate overview

Dimerix

Corporate Snapshot	
ASX Code:	DXB
Share Price (15 May 17):	$.007
Market cap:	$12.8m
Cash (31 Mar 2017):	$2.78m
Shares on issue:	1,829.9m
Performance Shares:	75m
Options (expire 30June 2017):	70.8m
Options (expire 31Dec 2017):	17.9m
Options (ESOP):	20m

Major Shareholders	
Mr Peter Meurs	17.33
Yodambao Pty Ltd	5.11
Mrs Wishney Sritharan Krishnarajah	2.47
White Family	2.21
SRV Custodians Pty Ltd	2.07
Pfleger Family	1.70
Jampaso Pty Ltd (Williams Family)	1.51
J&L Peterson	1.34
Slade Technologies Pty Ltd	1.31
JGC Super Pty Ltd	1.17

Experienced Drug Development Team

Leadership:

- Dimerix founder also founded iCeutica which has 3 FDA drug approvals and sold for 10x returns
- Dimerix Board and management have leadership and project management experience from many clinical trial programs, including completion of Phase 3 trials and subsequent US New Drug Applications

Experienced board and management

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Executive Chairman	
Dr James Williams	• 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	• 20 years experience in Biotech: AMRAD, Cytopia Research Pty Ltd, Phosphagenics Ltd • Significant operational and drug development experience. Patent and Trademark Attorney
Director	
Mr Hugh Alsop	• Accomplished and commercially-focused pharmaceutical and biotechnology executive • Responsible for successful global commercialisation programs and NDA registrations
Director	
Mr David Franklyn	• Experienced Director of ASX-listed companies in a variety of sectors • Extensive experience in financial analysis, corporate advice, business management and IR
Director	
Dr Sonia Poli	• Former Senior Management at Hoffman la Roche and Executive at Addex Therapeutics • 20 years international experience in small molecule drug development

Market cap comparisons

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Dimerix is an investment opportunity which is undervalued compared to other Phase 2 companies in Australia and peer CKD companies in the US

Australian Company and ASX Code		Development stage	Market cap ($M) (15 May 2017)
Actinogen	**ACW**	Phase 2	$49
Adalta	**1AD**	Pre clinical	$31
Cynata	**CYP**	Pre clinical	$51
Dimerix Limited	***DXB***	***Phase 2***	***$13***
Prana	**PBT**	Phase 2	$31

US Company and NASDAQ Code		Development stage	Market cap (US$M)
Chemocentryx	**CCXI**	Completed Phase 2 in diabetic nephropathy	**~$355**
Dimerix Limited	***DXB***	***Phase 2 CKD***	***~$10***
Retrophin	**RTRX**	Completed Phase 2 in FSGS	**~$674**

Upcoming milestones and catalysts

Dimerix

DMX-200 CKD Program

Expected timeframe	Milestone
1H 2017	Manufacture of commercial propagermanium formulation
1H 2017	Commence clinical PK study with commercial formulation
June 2017	Engage with expert nephrologists and NephCure Accelerating Cures Institute
July 2017	**Report Phase 2 dose escalation**
2H 2017	**Complete human PK study with commercial formulation**
2H 2017	Commence Phase 2 Part B
End 2018	Complete Phase 2

Other News Drivers

Milestone
Further pre-clinical studies for liver disease
Research collaborations and assay licensing opportunities

Investment summary

Pipeline of candidate programs - existing drugs with known safety

- Lead Phase 2 clinical program DMX-200 - **US$1billion market**
- Other opportunities - liver disease, diabetes and cancer

Unique potential of platform - FDA endorsed of assay target

- Receptor complexes identified by Receptor-HIT are unique and worthy of validation by drug developers
- Already licensed to global pharma companies

Extensive patent protection for the lead candidate and platform

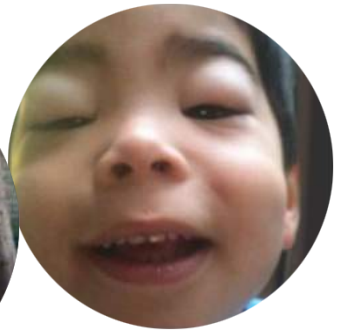
Significant data readout due July 2017

Questions

Concluding Remarks

- **Successful clinical data** has the potential to transform the business
- **Significant growth opportunities** exist with our current lead compound and other new therapies
- **Dimerix greatly appreciates** you taking the time to attend and learn more about the business
- **We look forward** to updating investors as the clinical studies report their findings in coming months.

Will in remission



Relapse from nephrotic syndrome

"I probably had hundreds upon hundreds of relapses from age 2 until age 24 to the point where I was unresponsive to Prednisone.

~Dennis, Adult Patient

NEPHCURE® Kidney International

Saving Kidneys • Saving Lives

Photos and patient quote curtesy of patient advocacy group NephCure Kidney International

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