For Immediate Release

ASX/Media Release

Dimerix hosts US key opinion leader meeting with NephCure Kidney International focused on development path of DMX-200 in kidney disease

MELBOURNE, Australia, 6th June 2017: Dimerix Limited (ASX: DXB), a clinical-stage biotechnology company discovering and developing new therapeutic treatments identified using its proprietary assay technology said it has hosted a half-day meeting on Saturday 3 June 2017 in Baltimore, Maryland United States, with representatives from the patient advocacy group NephCure Kidney International and leading nephrologists from the US and Canada with representation from NephCure's scientific advisory board and the NephCure Accelerating Cures Institute (NACI).

The meeting featured presentations by Dimerix Chief Executive Officer Kathy Harrison along with Dimerix Chairman James Williams, followed by an extensive information sharing session, in which the invited experts shared their experience and knowledge.

The purpose of the meeting was to discuss the current Phase 2 Dose Escalation clinical study and the planned future clinical development pathway for Dimerix's lead program, DMX-200, an innovative new adjunct treatment for chronic kidney disease (CKD).

NephCure, in collaboration with the University of Michigan, recently launched NACI which includes a clinical trial network dedicated to accelerating therapeutics for primary nephrotic syndrome. The US-based organisation supports research into the potentially debilitating kidney disease focal segmental glomerulosclerosis (FSGS), which causes nephrotic syndrome. Dimerix has received Orphan Drug Designation for the use of DMX-200 in the treatment of FSGS.

Dimerix is on track to release final clinical data for its Phase 2 Dose Escalation study in chronic kidney disease in July. Interim data released in 2016 was positive and well received by clinicians. Dimerix will initiate a Phase 2 Dose Expansion study in the second half of 2017.

The Dose escalation part of the Phase 2 trial in 27 patients explores the safety of DMX-200 in CKD patients, as well as looking at signs of reduction of proteinuria, and indications of the most efficacious dose in patients with CKD. Positive data will be used to finalise the design of the dose expansion phase 2 study. DMX-200 is being developed as an adjunct therapy, adding a chemokine receptor CCR2 blocker (propagermanium), to participants on stable angiotensin II type I receptor blocker (irbesartan), a drug which is registered in the USA for hypertension and treatment of diabetic nephropathy.

"Interim data from Part A of the DMX-200 trial for CKD showed a good safety profile and encouraging signs of reduction of proteinuria. We are confident that the current patient cohort will support progress to Part B of the study which will focus on the efficacy outcomes at selected doses for the treatment." Ms Harrison said "We came away from the Nephcure meeting having achieved our major aims. The group made a number of positive suggestions which will assist in guiding the clinical program, and expressed enthusiasm for future involvement in the DMX-200 development program."

Dimerix also recently published two animations which showcase how the Company's innovative lead compound DMX-200 works at a cellular level as a potential therapy for the treatment of abnormally high levels of protein in the urine caused by chronic kidney disease, and also how the

Company's Receptor-HIT assay technology works. The animations are available at www.dimerix.com.

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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.