

DIMERIX RELEASES INVESTOR PRESENTATION & VIDEO RECORDING

MELBOURNE, Australia, 28 April 2026: Dimerix Limited (ASX: DXB) ("Dimerix" or the "Company"), a biopharmaceutical company with a Phase 3 clinical asset in kidney disease, is pleased to release an updated investor presentation and accompanying short video where Chief Executive Officer and Managing Director, Dr Nina Webster, steps through the presentation highlights. The presentation and video accompany today's announcement of the ACTION3 Phase 3 blinded statistical analysis results.

The presentation covers how the likelihood of a positive outcome with the ACTION3 trial has been substantially derisked through the blinded analysis process (announced earlier today) and with the decision to pursue the traditional approval approach for DMX-200, using proteinuria as the primary endpoint, as agreed between Dimerix and its commercial partners.

Key points:

- An overview of Dimerix and the Phase 3 clinical trial, called ACTION3, for its lead asset DMX-200
- The lead disease area that Dimerix is working in - called focal segmental glomerulosclerosis (FSGS), a rare kidney disease for which Dimerix has orphan drug designation in key territories
- The move towards proteinuria as the primary endpoint for ACTION3, and how this maximises the likelihood of a successful study outcome and regulatory success
 - An overview of the blinded review process which confirmed Dimerix' ACTION3 Phase 3 clinical trial remains appropriately statistically powered (>90%) to demonstrate statistical significance for the predicted treatment effect of DMX-200 for the proteinuria primary endpoint
 - The ACTION3 Phase 3 futility analysis conducted in March 2024 demonstrated DMX-200 was performing better than placebo in reducing proteinuria at that point in time
 - The Phase 2 clinical trial where 86% of patients demonstrated reduced proteinuria when administered DMX-200 compared to when administered placebo
 - That the FDA agreed that proteinuria is an appropriate endpoint for DMX-200's full regulatory approval in ACTION3
 - The recent FDA approval of an FSGS therapy in the US, based on the proteinuria endpoint further supports proteinuria as the primary study endpoint
- The potential commercially attractive market for DMX-200, plus patient prevalence and incidence numbers
- The four, highly strategic, commercial partners in key territories around the world, with a total deal value of up to \$1.4 billion, and who bring their expertise in clinical, regulatory, pricing, reimbursement as well as their existing infrastructure for sales and marketing to the DMX-200 program
- How Dimerix is well positioned to deliver against its strategic plan of growing sustainable value through clinical success, global partnerships and pipeline diversification.

The video presentation can be accessed via this link: [Dimerix Investor Update April 2026](#)

For further information, please visit our website at www.dimerix.com or contact:

Dr Nina Webster

Dimerix Limited

Chief Executive Officer & Managing Director

Tel: +61 1300 813 321

E: investor@dimerix.com

Jane Lowe

IR Department

Tel: +61 411 117 774

E: jane.lowe@irdepartment.com.au

Follow Dimerix on [LinkedIn](#) and [X](#)

Authorised for lodgement by the Board of Dimerix

—END—

About Dimerix Limited

Dimerix (ASX: DXB) is a clinical-stage biopharmaceutical company working to improve the lives of patients with inflammatory diseases, including kidney diseases. Dimerix is currently focused on developing its proprietary Phase 3 product candidate DMX-200, for Focal Segmental Glomerulosclerosis (FSGS) kidney disease. DMX-200 was identified using Dimerix' proprietary assay, Receptor Heteromer Investigation Technology (Receptor-HIT), which is a scalable and globally applicable technology platform, enabling the understanding of receptor interactions to rapidly screen and identify new drug opportunities. For more information, please visit the company's website at www.dimerix.com and follow on [X](#) and [LinkedIn](#).

About DMX-200

DMX-200 is a chemokine receptor (CCR2) antagonist administered to patients already receiving an angiotensin II type I receptor (AT1R) blocker, the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2042, in addition to Orphan Drug Designation granted in the United States, Europe, UK and Japan¹.

About FSGS

FSGS is a rare, serious kidney disorder characterised by progressive scarring (sclerosis) in parts of the glomeruli—the kidney's filtering units. This scarring leads to proteinuria, progressive loss of kidney function, and often end-stage renal disease. FSGS is increasingly understood to have an inflammatory component, with monocyte and macrophage activation contributing to glomerular injury. In the United States, more than 40,000 people are estimated to be living with FSGS, including both adults and children.² There are no therapies specifically approved for FSGS in the U.S., and disease management relies on non-specific immunosuppressive and supportive therapies. In patients with progressive or treatment-resistant FSGS, the average time from diagnosis to end-stage kidney disease can be as short as five years. Even among those who undergo kidney transplantation, disease recurrence occurs in up to 60% of cases,³ underscoring the urgent need for new, disease-modifying treatments.

Dimerix Forward Looking Statement

This release includes forward-looking statements that are subject to risks and uncertainties. Although management believes that the expectations reflected in the forward-looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct. Readers are cautioned not to place undue reliance on forward-looking statements. Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, contractual risks, risks associated with

patent protection, future capital needs or other general risks or factors, along with those factors outlined in the most recent Dimerix Limited Annual Report.

References

- 1 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025
- 2 Nephcure FSGS Facts (<https://nephcure.org/>)
- 3 Front. Immunol., (July 2019) | <https://doi.org/10.3389/fimmu.2019.01669>



Dimerix

*Developing new therapies to treat inflammatory
causes of kidney disease with unmet clinical needs*

Investor Presentation

April 2026



Forward looking statements

This presentation includes forward-looking statements that are subject to risks and uncertainties.

Although we believe that the expectations reflected in the forward looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct. Readers are cautioned not to place undue reliance on forward-looking statements.

Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, contractual risks, risks associated with patent protection, future capital needs or other general risks or factors, including but not limited to those factors outlined in the most recent Dimerix Limited Annual Report.

Phase 3 Global Opportunity

Phase 3 trial

recruitment complete in trial of DMX-200 in focal segmental glomerulosclerosis (FSGS)

Reduced risk

- ▶ Proteinuria endpoint **passed blinded interim** (futility) assessment¹
- ▶ Blinded review confirmed ACTION3 **statistically powered (>90%)** to demonstrate statistical significance of predicted proteinuria treatment effect of DMX-200²

FSGS indication

is a **rare disease** that causes scarring of the kidney, leading to irreversible damage³

Orphan drug designations

regulatory, marketing exclusivity and pricing **benefits** in key territories⁴

4 commercial partners

DMX-200 licensed in USA, Europe, Canada, Australia, NZ, Japan and GCC⁵

up to \$1.4 billion

in total development and sales milestone payments **plus** royalties⁵

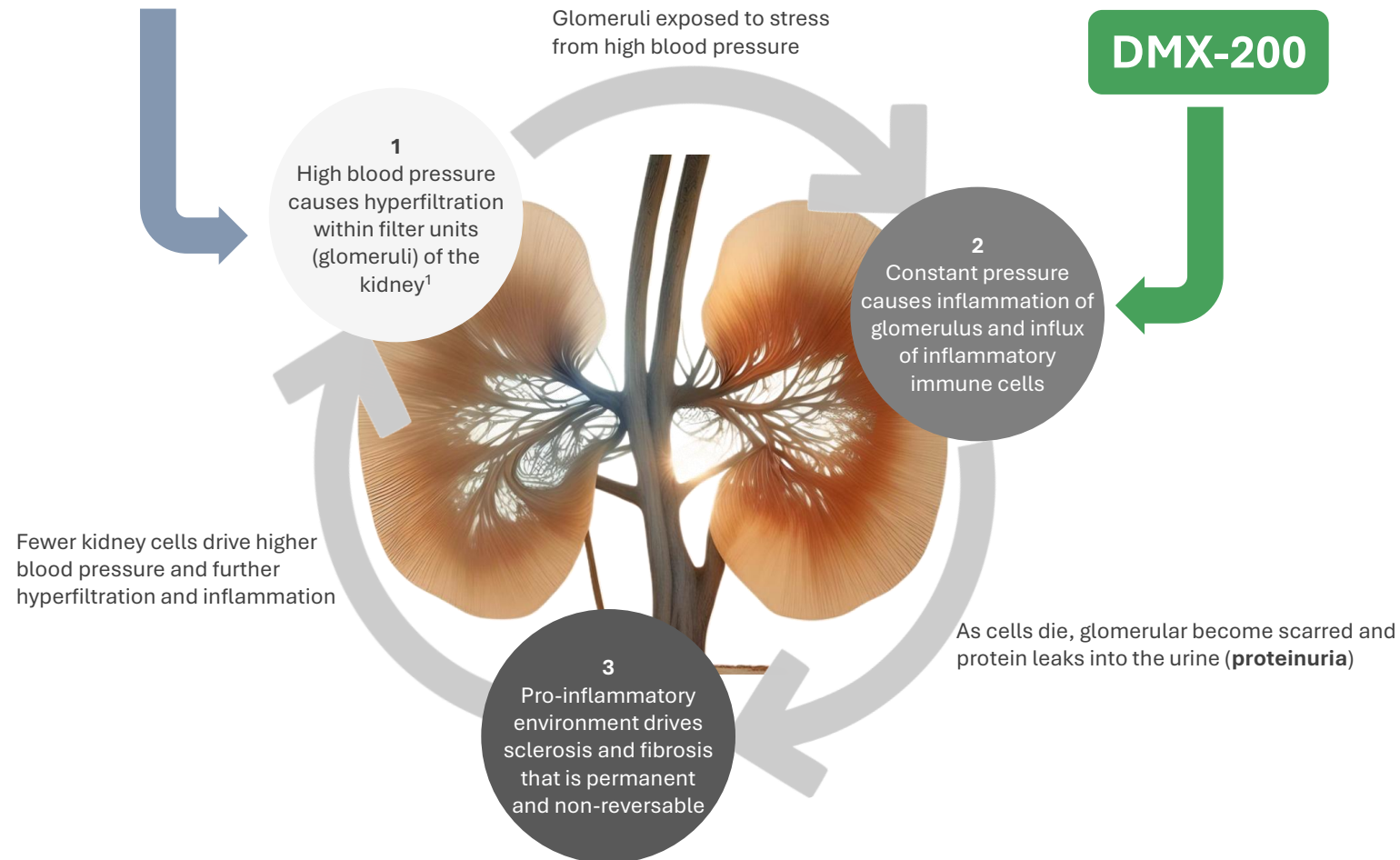


Cycle of damage in glomerular diseases

What is FSGS?

Focal	= some
Segmental	= sections
Glomerulo	= of the kidney filtering units
Sclerosis	= are scarred

Existing blood pressure medication

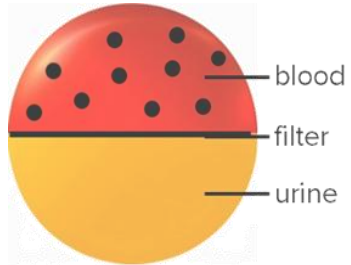


Interpreting proteinuria as a surrogate endpoint

Proteinuria is the quantity of protein in the urine

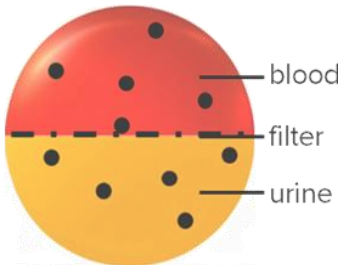
A healthy kidney is a good filter and allows little to no protein into the urine¹

Inside a *healthy* kidney



blood
filter
urine

Inside a *damaged* kidney



blood
filter
urine

● = Protein
(protein in the urine = proteinuria)

- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function²

Proteinuria as a predictor of kidney disease³

Dip test	uPCR g/g
Neg	<0.13
Trace	0.13
+	0.62
	0.88
++	1.24
+++	2.30
++++	>3.09

NORMAL

MICROALBUMINURIA

HEAVY ALBUMINURIA

normal

proteinuric

nephrotic

Minimal uPCR for ACTION3 inclusion

Proteinuria is typically less variable and easier to measure than eGFR⁴

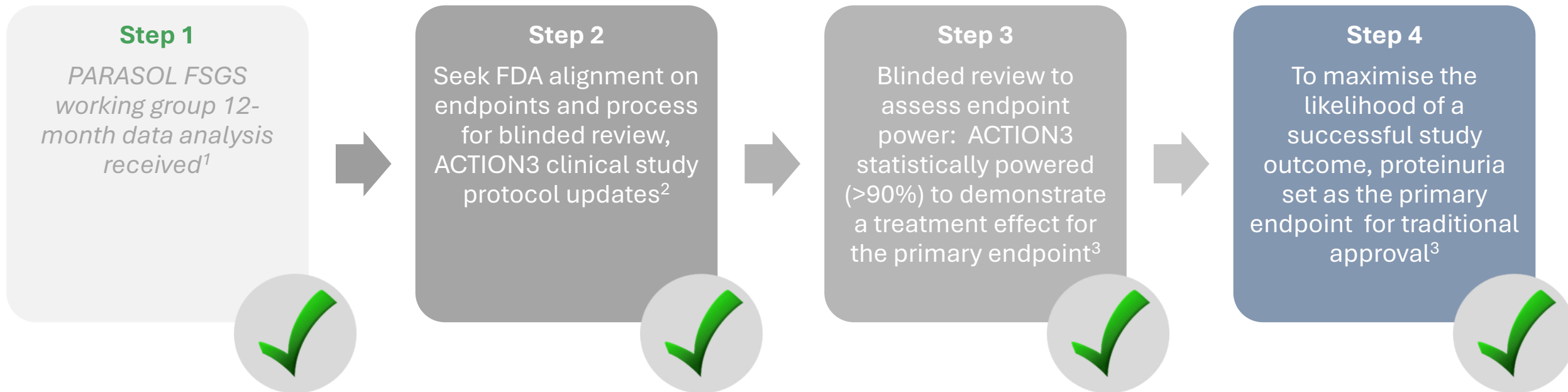
 Dimerix

1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: <https://www.ncbi.nlm.nih.gov/books/NBK532272/>; 2. NephCure FSGS living with the disease (2024) at <https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/>; 3. Adapted from graphics prepared by Renal Unit at the Royal Infirmary of Edinburgh and the University of Edinburgh; 4. PARASOL outcomes 2024, a working group made up of: NephCure, ISGD, NKF, KHI are co-sponsors of the project, FDA and EMA involvement, University of Michigan is data coordinating center, Industry invited as participants

5

ACTION3 endpoint selection

FSGS CLINICAL STUDY



Proteinuria as ACTION3 primary endpoint



Blinded review confirmed ACTION3 remains appropriately **statistically powered (>90%)** to demonstrate statistical significance for the predicted treatment effect of DMX-200 for the primary endpoint¹



ACTION3 Phase 3 futility analysis demonstrated **DMX-200 was performing better than placebo in reducing proteinuria** at that point in time²

Phase 2 clinical trial: 86% of patients **demonstrated reduced proteinuria** when administered DMX-200 compared to when administered placebo³



FDA agreed that **proteinuria is an appropriate endpoint DMX-200 full regulatory approval**⁴ in ACTION3; recent FDA approval of an FSGS therapy in the US based on the proteinuria endpoint further supports proteinuria as the primary study endpoint⁵



Collectively, the PARASOL working group,⁶ the National Registry of Rare Kidney Diseases UK (RaDaR),⁷ Kaiser Permanente⁸ and third party FSGS study data all **support proteinuria change from baseline** as a statistically achievable endpoint

Substantially reduced risk phase 3 renal asset

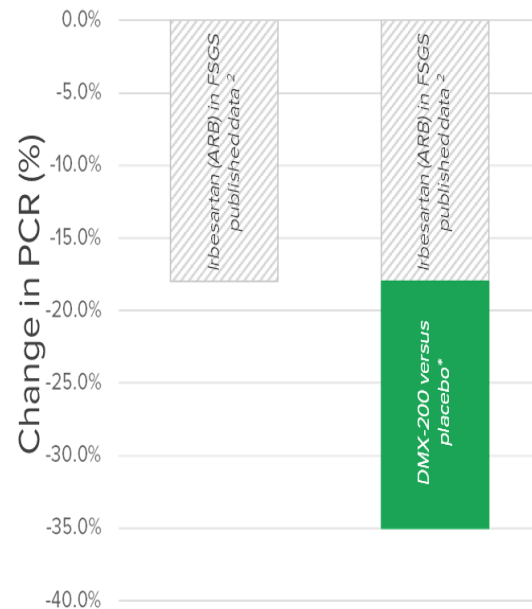


DMX-200: Phase 2 met primary endpoint



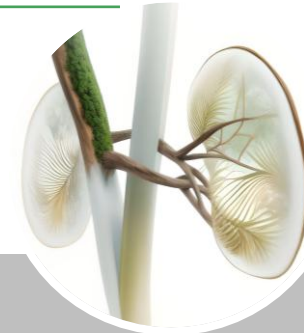
Clinically encouraging outcomes achieved for patients,^{1,2} with no safety concerns noted³

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo³



“Any reduction in proteinuria could yield years of preserved native kidney function and delay the onset of kidney failure and its attendant morbidity and mortality”

Kidney survival study – Troost et al, August 2020²



EFFICACY

- 86% of patients demonstrated **reduced proteinuria** when administered DMX-200 compared to when administered placebo
- DMX-200 reduced inflammatory biomarker by **39%** vs placebo



SAFETY

- No safety concerns noted – reduced development risk



A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB (n=≥286)

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline

Successful interim analysis¹
(using statistical measure)
72 patients @ 35 weeks
(% change in uPCR)

Planned blinded
statistical powering
review²

Final analysis:
Primary = uPCR
Secondary = eGFR²
@104 weeks

ARB + placebo



ARB + DMX-200

demonstrated DMX-200 was
performing better than
placebo at that point in time¹

ACTION3 remains appropriately
statistically powered (>90%) to
demonstrate a treatment effect for
proteinuria primary endpoint²

ACTION3 Study End³

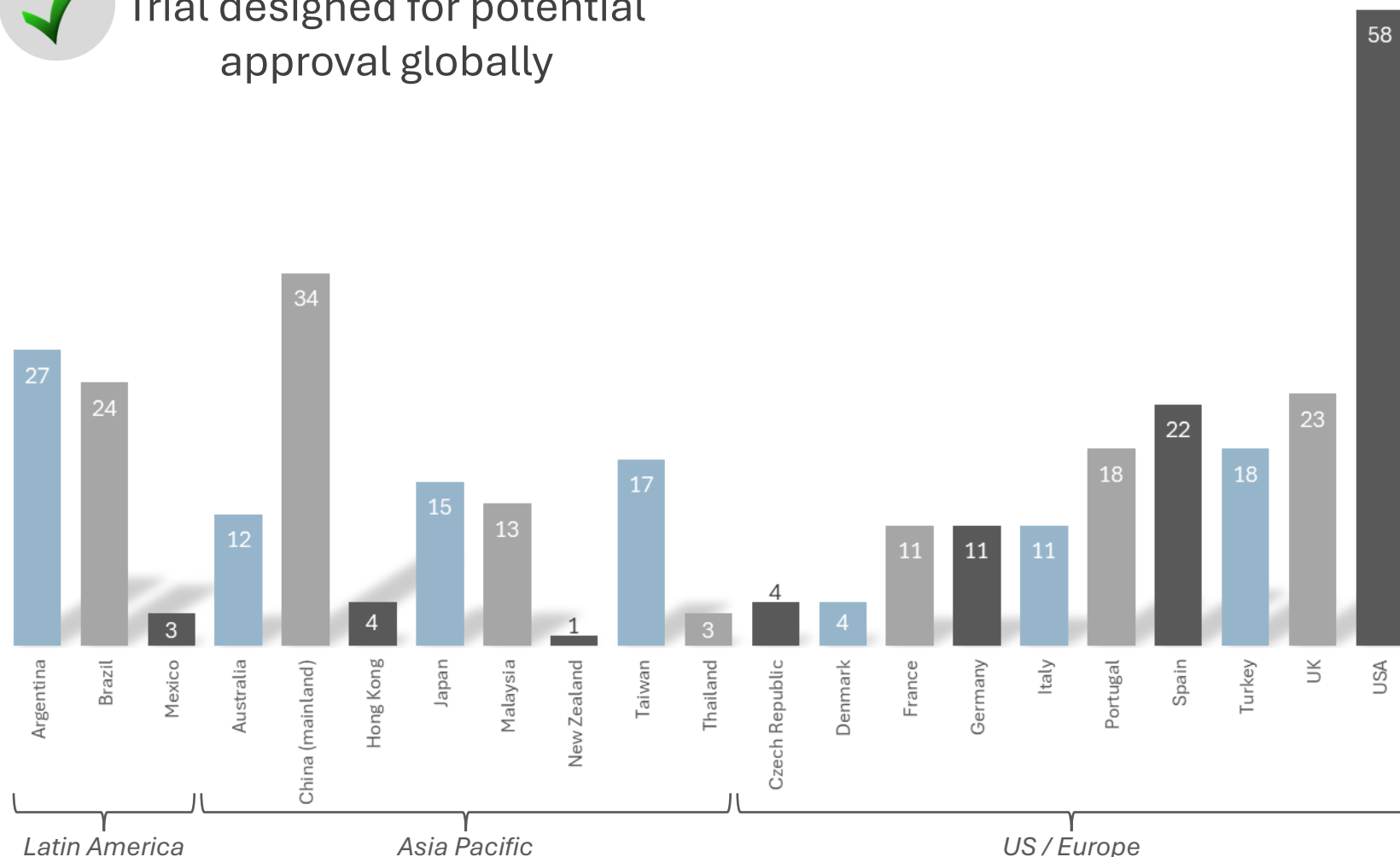
Open Label Extension

DMX-200
74/80 (93%)³ patients
enrolled in open label
extension study to date

Adult patient recruitment by territory



Trial designed for potential approval globally



Recruitment completed

(adult population)¹



333

Adult patients recruited, randomised and dosed (target ≥ 286)²



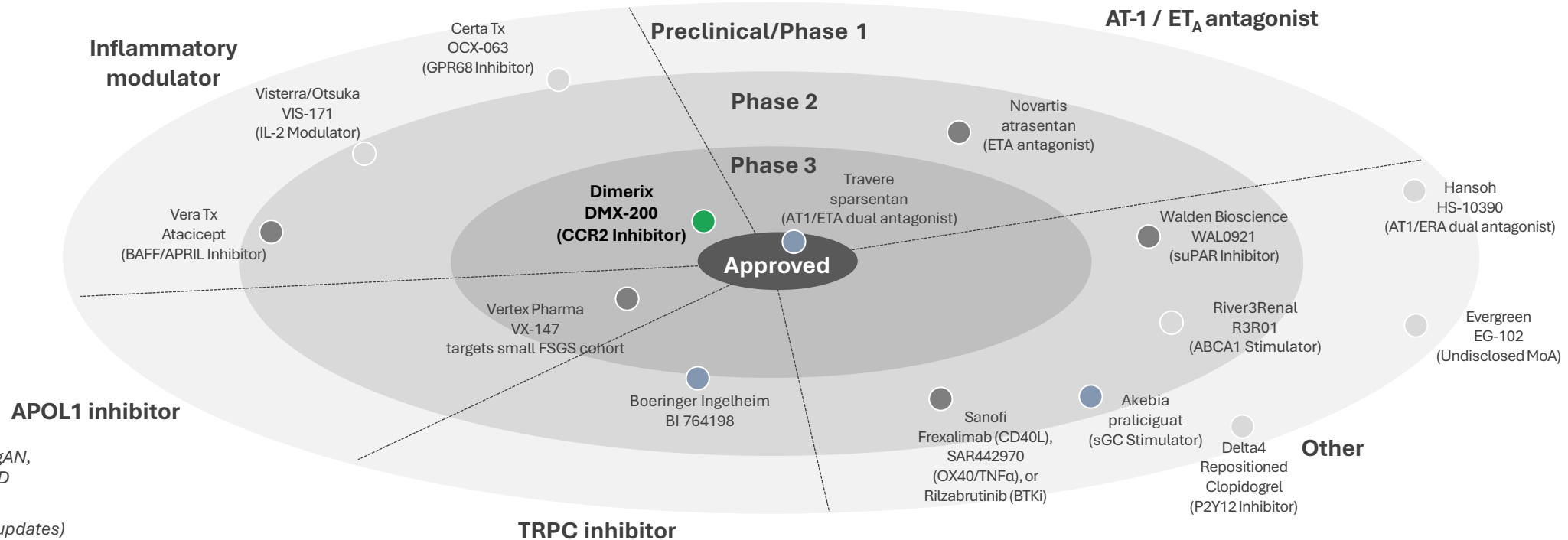
6

Paediatric patients recruited, randomised and dosed²



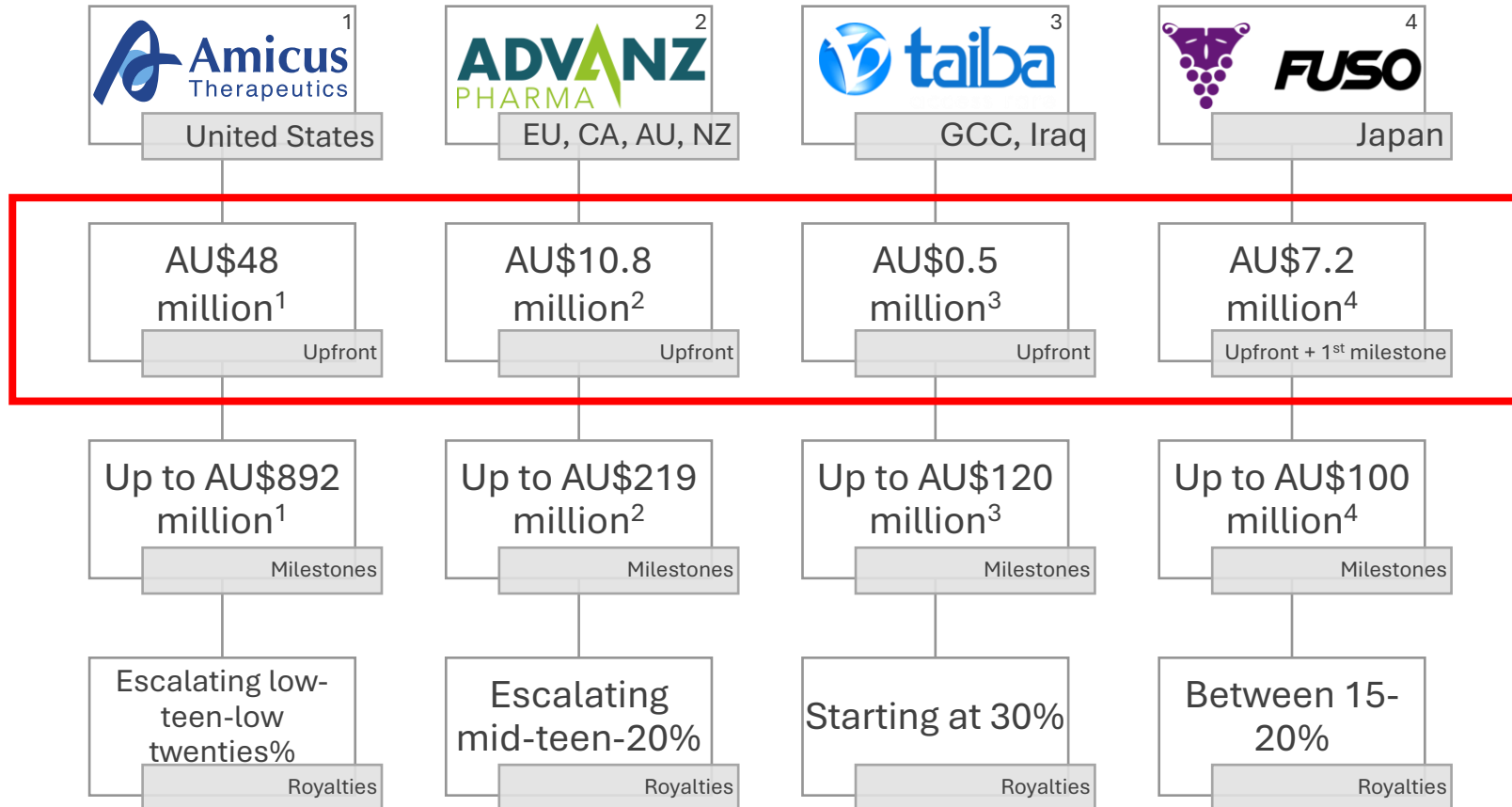
Competitive/complementary trial landscape in FSGS

- ✓ Low competition in inflammatory treatment options, large unmet medical need
- ✓ DMX-200 is the only inflammatory modulator in development specifically for FSGS
- ✓ DMX-200 has potential for use in conjunction with other drugs in development if approved



Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across key markets

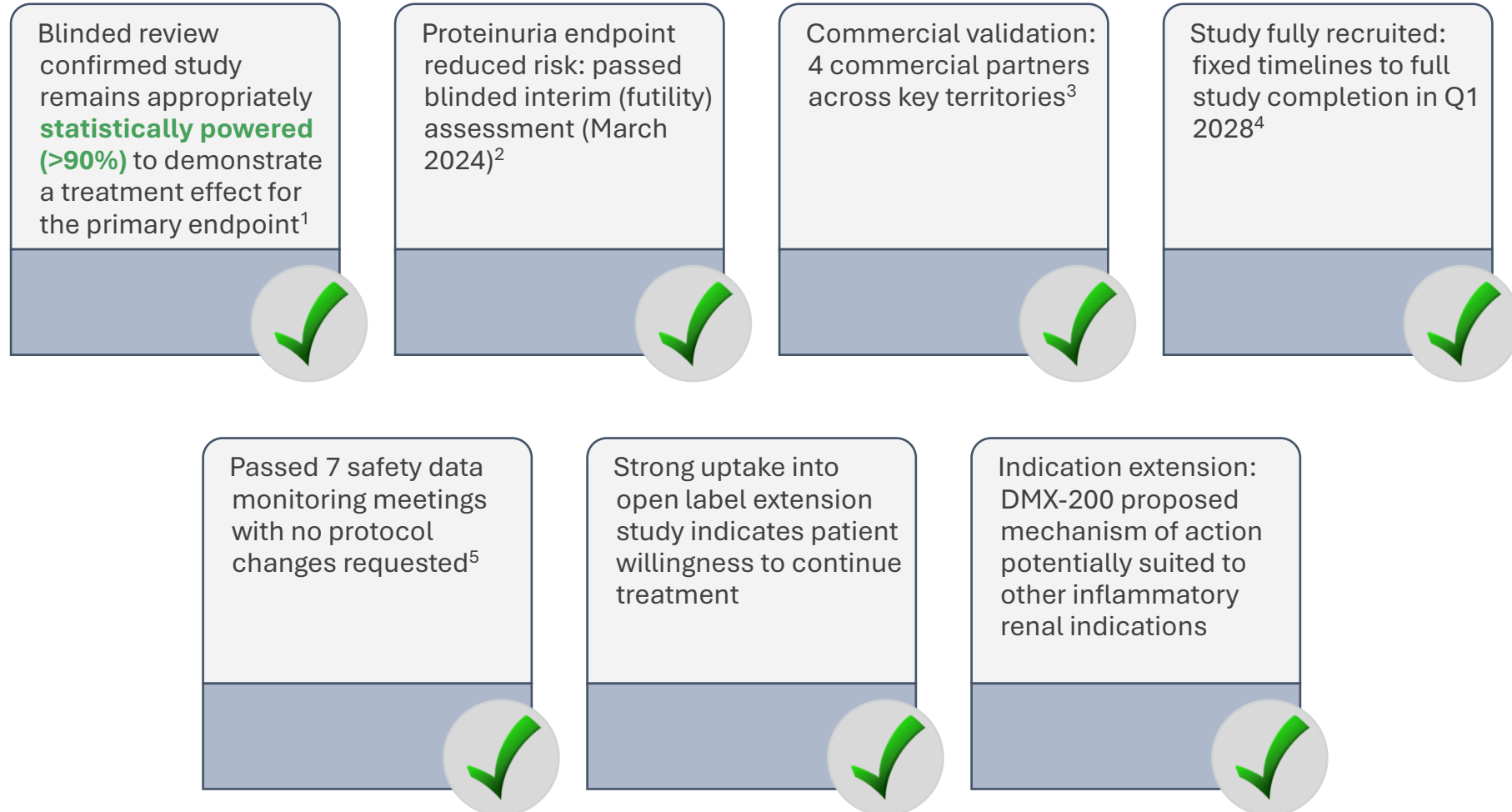


Licensing deals collectively valued up to
~AU\$1.4 billion
in total upfront and potential milestone fees plus royalties¹

Over
AU\$65 million
in total payments received

Significant potential additional global **deal value remains**, as Dimerix pursues and progresses **licensing opportunities** with potential partners outside the licensed territories

DMX-200 substantially de-risked Phase 3 renal asset



Growth strategy



Deliver ACTION3 Phase 3 clinical trial

- Ensure drug supply continuity and patient visits for recruited patients
- Complete recruitment of paediatric patients
- Maintain regulatory engagement (FDA, EMA, PMDA, NMPA + others)
- With partners, prepare for potential market approval and launch readiness



Expand global commercial partnerships

- Build on existing licensing agreements and relationships
- Secure additional partnerships to expand and accelerate market access



Advance pipeline development

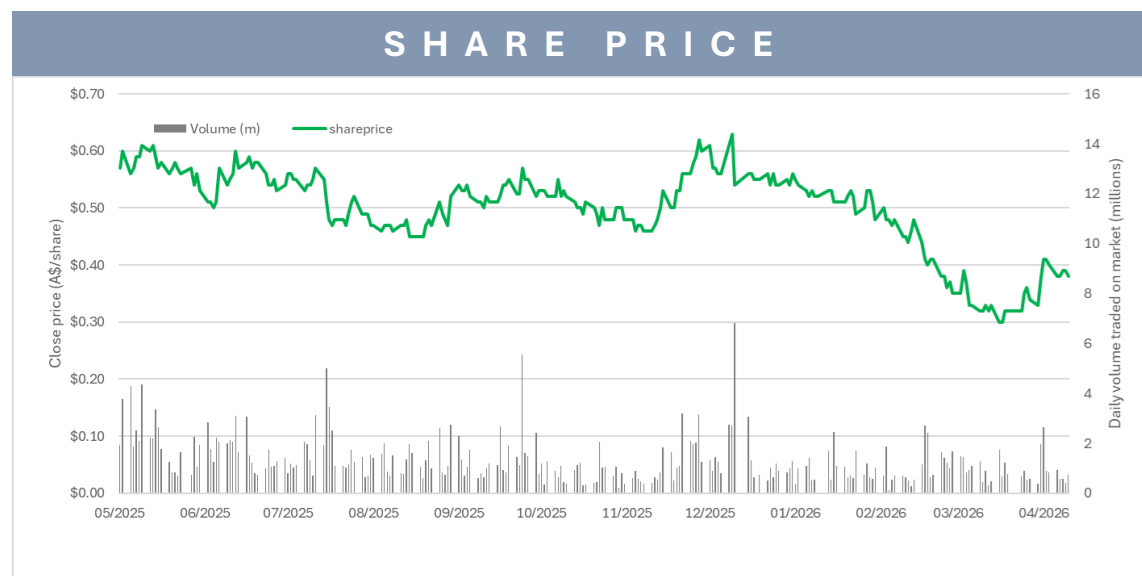
- Identify and progress new assets in renal and/or rare disease indications
- Leverage DMX-200 platform for additional indications

Grow sustainable shareholder value through clinical success, global partnerships, and pipeline diversification

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Dec25)	\$38.5 million
Market Capitalisation ¹	\$235 million
Share price ¹	\$0.39
Total ordinary shares on issue ¹	600,396,776
Average Daily Liquidity by value for past 30 trading days ²	\$0.49 million

Research Coverage	Analyst
EUROZ HARTLEYS	Seth Lizee
PETRA CAPITAL	Tanushree Jain



SUBSTANTIAL SHAREHOLDERS ³			
Position	Holder Name	Holding	% IC
1	Mr P Meurs	87,259,311	14.5%
TOTAL (TOP 5) Shareholders		149,412,198	24.9%

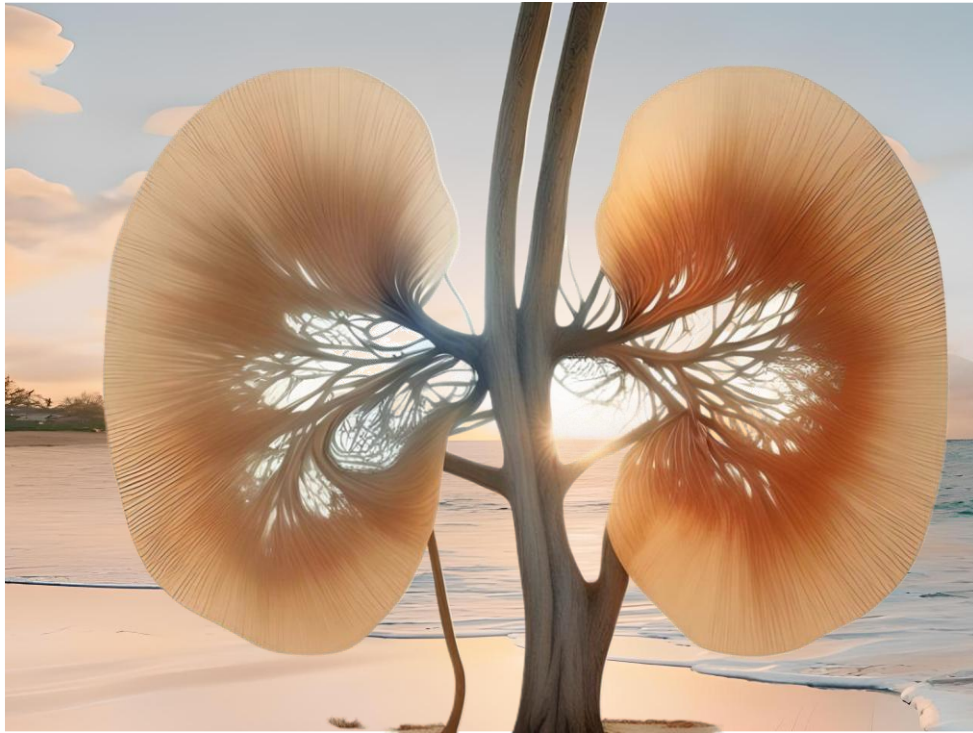


Dimerix

(ASX:DXB)



WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN



A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on inflammatory disease treatments such as kidney and respiratory diseases.

ESG Statement

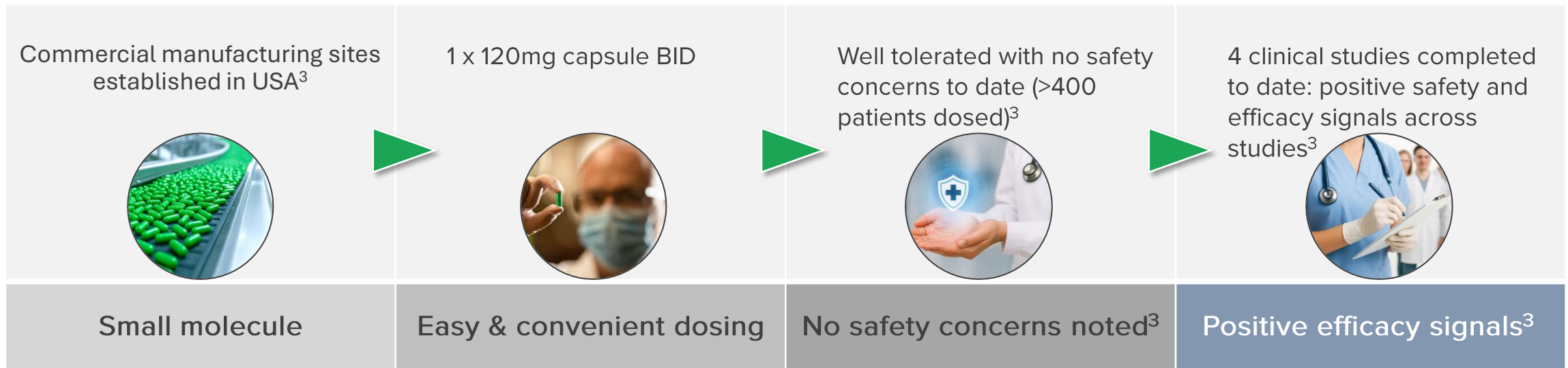
Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

Dimerix HQ

425 Smith St, Fitzroy 3065
Victoria, Australia
T. +61 1300 813 321
E. investor@dimerix.com

DMX-200 – inflammatory modulator

A CCR2 inhibitor working synergistically alongside the current standard of care (AT1R blocker): G protein-coupled receptor (GPCR)



DMX-200: unique pharmacology

- CCR2 activation promotes recruitment of inflammatory monocytes to the kidney



DMX-200 inhibits CCR2¹

- Monocytes promote sclerosis and fibrosis of the kidney

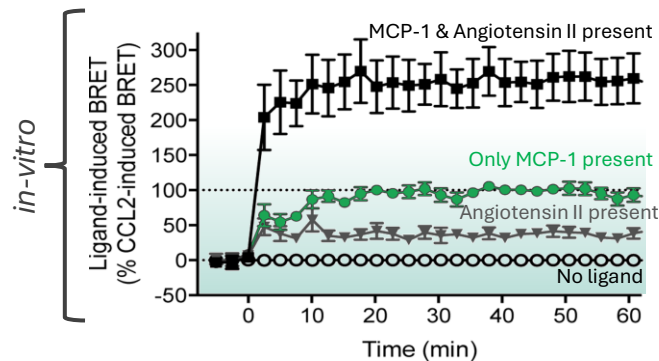


DMX-200 reduces inflammatory cells^{1,2,3}

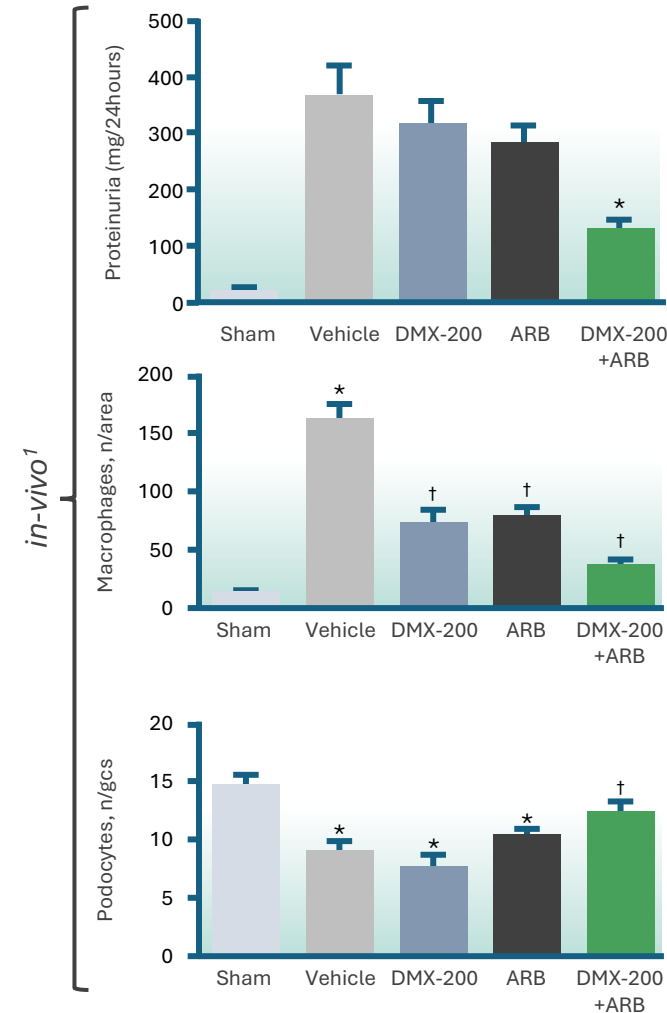
- Podocytes are the essential filter cells of the kidney



DMX-200 preserves podocytes¹



Complex of CCR2 and AT1R increases aberrant signaling when both receptors activated¹



Simultaneous inhibition of CCR2 and AT1R reduces proteinuria an important early marker of kidney function¹

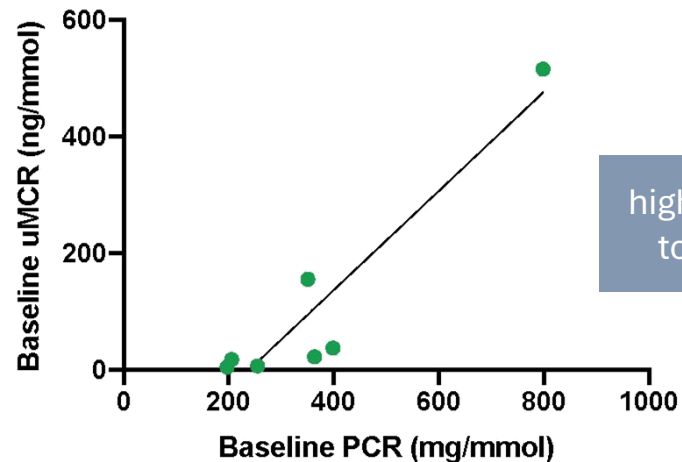
Simultaneous inhibition of CCR2 and AT1R reduces recruitment of monocytes to the kidney¹

Simultaneous inhibition of CCR2 and AT1R preserves the number of essential filter cells (podocytes) in the kidney¹

DMX-200 Phase 2 effect on inflammatory biomarker¹

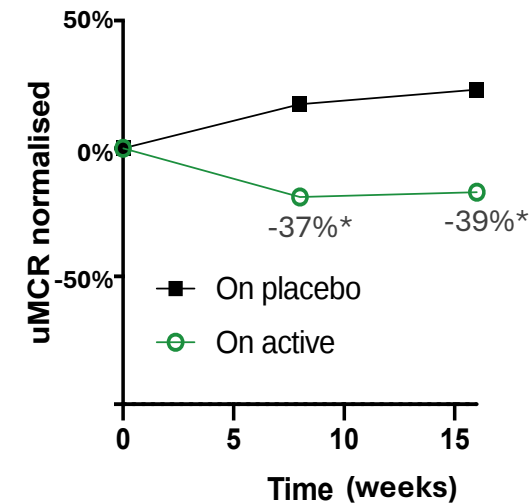
Unlike other CCR2 antagonists investigated to date, treatment with DMX-200 reduces the urine concentration of the pro-inflammatory ligand of CCR2 called MCP-1²

Average baseline MCP-1 versus average baseline proteinuria



high MCP-1 correlates to high proteinuria

Change in MCP-1 over time on DMX-200 versus placebo

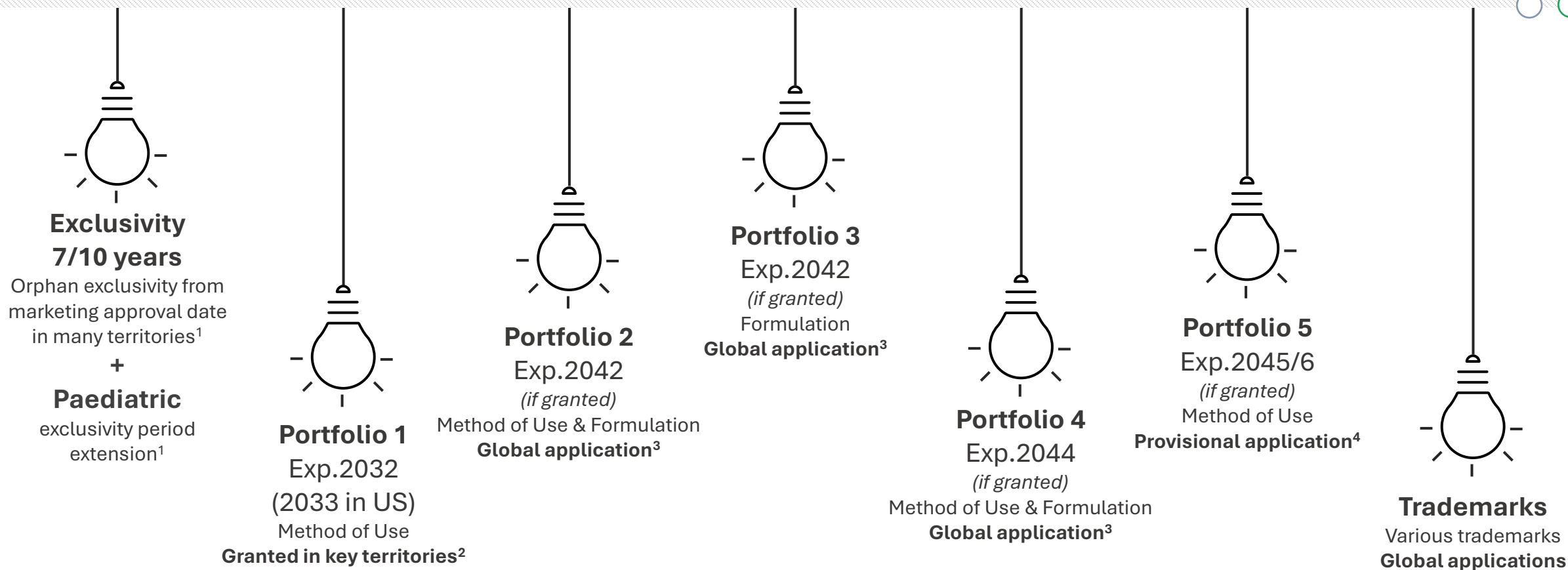


MCP-1 levels reduced when on DMX-200 treatment

- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
 - DMX-200 blocks receptor responsible for inflammation
 - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney²

Intellectual property portfolio

DMX-200



Dimerix board



Mark Diamond
BSc, MBA
Non-Executive Chairman

Previous experience:



- Senior pharmaceutical executive with a demonstrated record of achievement and leadership over more than 30 years within the pharmaceutical and biotechnology industries
- Significant accomplishments in capital raising initiatives, pipeline development and licensing
 - ✓ BSc – Chemistry
 - ✓ MBA – Business



Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Previous experience:



- Experienced in product development, commercial strategy development & execution
- Successfully commercialized pharmaceutical products globally
 - ✓ BSc (Hons) – Pharmacology
 - ✓ PhD – Pharmaceutics
 - ✓ MBA – Business
 - ✓ M.IP.Law – Intellectual Property Law



Hugh Alsop
BSc (Hons), MBA
Non-Executive Director

Previous experience:



- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialization programs & NDA registrations
 - ✓ BSc (Hons) – Chemistry
 - ✓ MBA – Business

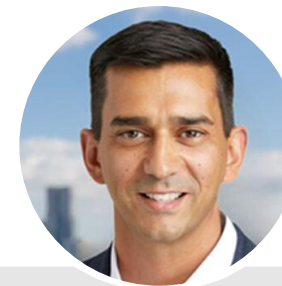


Sonia Poli
PhD
Non-Executive Director

Previous experience:



- Experienced executive in pharmaceutical operations
- Background in small molecules development and analytical development
 - ✓ BSc (Hons) – Chemistry
 - ✓ PhD – Industrial Chemistry



Clinton Snow
BEng (Hons), BCom
Non-Executive Director

Previous experience:



- Experienced technology and governance professional with a focus in operations, risk management, assurance, and AI
- Provides advisory services to a family office with multiple Australian biotech investments
 - ✓ BEng (Hons) – Chemical Engineering
 - ✓ BCom – Commerce

Dimerix management



Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Previous experience:



- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products
 - ✓ BSc (Hons) – Pharmacology
 - ✓ PhD – Pharmaceuticals
 - ✓ MBA – Business
 - ✓ M.IP.Law – Intellectual Property Law



Mike Tonroe
BSc (Hons) FCA, MAICD
CFO & Company Secretary

Previous experience:



- Experienced finance and governance executive with extensive experience of both ASX and NASDAQ-listed companies.
- Brings more than 30 years' international finance leadership experience across Australia, US, Canada, the UK and Hong Kong.
 - ✓ BSc (Hons) – Business Studies
 - ✓ MAICD
 - ✓ Chartered Accountant



David Fuller
B. Pharm (Hons), MBBS
CMO

Previous experience:

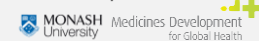


- 35 years international experience in drug development, commercialization and corporate leadership
- Planning, Financing, Pre-clinical, Clinical Development, Regulatory Approval, Product Launch, Pharmacovigilance, and Medical Affairs
 - ✓ B.Pharm (Hons) - Pharmacy
 - ✓ MBBS - Medicine and Surgery



Robert Shepherd
PhD, MBA,
COO

Previous experience:



- Experienced pharmaceutical executive in project management, clinical development and research translation
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for 13 years
 - ✓ BSc (Hons) – Genetics
 - ✓ PhD – Molecular Immunology
 - ✓ MBA – Business & Leadership

Medical Advisory Board



**Professor
Hiddo Heerspink**
PhD

Professor of Clinical Trials and Personalized Medicine: University Medical Center Groningen, the Netherlands. He specializes in the research of novel treatment approaches to slow the onset of diabetic cardiovascular and renal disease. Hiddo has been instrumental in interactions between industry, researchers and regulatory agencies in the validation of surrogate endpoints for renal trials.



**Professor
Alessia Fornoni**
MD, PhD, FASN

Professor of Medicine & Molecular & Cellular Pharmacology: University of Miami. Chief of the Katz Family Division of Nephrology and Hypertension. She has an extensive history of translational excellence for patients with renal disease and has uncovered novel pathogenetic mechanisms and therapeutic approaches for glomerular disorders.



**Professor
Jonathan Barratt**
MD, PhD, FRCP

Mayer Professor of Renal Medicine: Department of Cardiovascular Sciences; University of Leicester and Nephrologist. Jonathan is the IgA nephropathy Rare Disease Group lead for the UK National Registry of Rare Kidney Diseases (RaDaR) and a member of the steering committee for the International IgA Nephropathy Network.



**Associate Professor
Lesley Inker**
MD, MS, FRCPC

An attending physician and Director of the Kidney and Blood Pressure Center in the Division of Nephrology at Tufts Medical Center. Lesley's major research interest is in the estimation and measurement of glomerular filtration rate (GFR) and in defining alternative endpoints for CKD progression trials based on GFR decline and changes in albuminuria.



Dr Muh Geot Wong
MBBS, PhD, FRCP

Renal Physician and Head of the Renal Clinical trials at the Royal North Shore hospital, Sydney, Australia. Muh Geot's main areas of research are in understanding the mechanisms of kidney fibrosis, biomarkers research, and identifying strategies in delaying progressive kidney disease including glomerular diseases.



**Professor
Howard Trachtman**
MD, FASN

Graduated from Haverford College and the University of Pennsylvania School of Medicine. He has been a practicing pediatric nephrologist for 35 years. Has been the PI of NIDDK and industry sponsored clinical trials in glomerular disease and am a Co-Investigator in the NEPTUNE and CureGN observational cohort studies.



**Associate Professor
Laura Mariani**
MD, MSCE

Assistant Professor in the Division of Nephrology at the University of Michigan. Interest in observational studies in glomerular disease, including NEPTUNE and CureGN. Lead on PARASOL program to define FSGS endpoints with by applying statistical methods for clinical outcome definition and prediction of kidney disease progression.