

DIMERIX PRESENTS AT BIOSHARES SUMMIT 2026

MELBOURNE, Australia, 6 August 2026: Dimerix Limited (ASX: DXB), a clinical-stage biopharmaceutical company developing kidney disease treatments, is pleased to advise that CEO and Managing Director, Dr Nina Webster, will be presenting at the 20th Bioshares Biotech Summit in Queenstown, NZ on 6 August 2026.

The Bioshares Biotech Summit's unique format brings together biotechnology companies and equity capital markets participants to explore not just what biotechnology companies do but just as importantly, what outside influences can impact development programs. In keeping with this purpose, Dr Webster was asked to focus on the company diversification strategy, both geographically and through a product portfolio, as well as the key attributes of its new asset DMX-652 and its strategic fit with DMX-200.

A copy of the presentation is attached.

Authorised for lodgement with ASX by the Board of Dimerix.

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About Dimerix

Dimerix Limited (ASX: DXB) is a clinical-stage biopharmaceutical company focused on developing new therapies for kidney diseases with significant unmet medical need. The Company's lead program, DMX-200, is currently in Phase 3 clinical development for focal segmental glomerulosclerosis (FSGS), a serious and life-threatening rare kidney disease with limited treatment options. In addition, Dimerix is advancing a Phase 2 program in acute kidney injury (AKI), further strengthening its pipeline in high-need renal indications. With a growing network of five commercial partners supporting global development and future market access, Dimerix is committed to expanding its reach and delivering innovative treatments to as many patients as possible worldwide while creating long-term value for shareholders.

About DMX-200 in 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.¹ 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,² underscoring the urgent need for new, disease-modifying treatments.

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 Japan³.

About DMX-652 in Acute Kidney Injury

Acute kidney injury (AKI) is a prevalent and severe clinical syndrome of substantial unmet need. It can arise from several high-risk clinical settings including, most notably, cardiac surgery and sepsis and is characterised by a rapid decline in kidney function (within hours), often resulting in high morbidity and mortality. The current addressable patient population is estimated to be approximately 260,000 across the major markets of United States, Germany, France, Italy, Spain and United Kingdom per annum,^{4,5} making this indication a potential orphan designation. AKI represents a significant clinical burden. There are no approved therapies for AKI, which is associated with rapid kidney function decline within hours, increased risk of chronic kidney disease and long-term kidney complications.

DMX-652 is a selective inhibitor of USP30 - a mitochondrial enzyme that slows the removal of damaged mitochondria. DMX-652, which is a small molecule delivered as an oral once daily capsule, is designed to support mitochondrial quality control in injured kidney cells, a mechanism indicated in the progression of AKI caused by ischaemia (lack of blood flow resulting in oxygen starvation), toxins or sepsis related causes, as well as in other renal and non-renal indications. The DMX-652 acquisition includes the composition of matter patent, an open IND in the US with a Phase 2 clinical trial protocol which has received approval to proceed by the US Food and Drug Administration (FDA), as well as sufficient pharmaceutical grade (GMP) drug product for the Phase 2 trial and all manufacturing methodology. The Phase 2 trial is designed to investigate DMX-652's potential to prevent kidney injury and preserve renal function.

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, including but not limited to those factors outlined in the most recent Dimerix Limited Annual Report.

References

- 1 *Nephcure FSGS Facts* (<https://nephcure.org/>)
- 2 *Front. Immunol.*, (July 2019) | <https://doi.org/10.3389/fimmu.2019.01669>
- 3 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025
- 4 Demirjian S, Bashour CA, Shaw A, et al. Predictive Accuracy of a Perioperative Laboratory Test–Based Prediction Model for Moderate to Severe Acute Kidney Injury After Cardiac Surgery. *JAMA* 2022;327:956–64. <https://doi.org/10.1001/jama.2022.1751>.
- 5 Hobson C, Ruchi R, Bihorac A. Perioperative Acute Kidney Injury. *Crit Care Clin* 2017;33:379–96. <https://doi.org/10.1016/j.ccc.2016.12.008>



Dimerix



Approaching Inflection Points

Bioshares Summit, Queenstown, NZ
6 August 2026



*Developing new therapies to treat kidney
diseases with unmet clinical needs*

Forward looking statements

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From single bets to sustainable growth

Question posed to Dimerix:

Diversifying for success:

- 1. How is Dimerix reducing its risk through diversification, both geographically and through a product portfolio?**
- 2. What are the key attributes and value drivers that make DMX-652 an attractive licensed-in asset?**
- 3. If DMX-200 successfully makes it to market in all currently licensed territories, what is the total in milestone payments it will receive from now until product launch in FSGS?**



DIMERIX IN CONTEXT

Phase 3 Global Opportunity

5 commercial partners

DMX-200 licensed
USA, EU, Canada,
Australia, NZ, Japan,
China, S.Korea, SEA
and GCC¹

up to \$1.9 billion

in total
development and
sales milestone
payments **plus**
royalties on net
sales¹

Phase 3 trial

**recruitment
complete** in
trial of DMX-200 in
focal segmental
glomerulosclerosis
(FSGS)²

FSGS indication

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

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-200⁴

Orphan drug designations

regulatory,
marketing
exclusivity and
pricing **benefits** in
key territories⁵

~\$1.9 billion*

5 commercial licensing partners

*total upfront and potential milestone payments + royalties on net sales

DMX-652: Phase 2 in acute kidney injury

A complementary, clinical-stage pipeline addition

Large value potential

- Secured a Phase 2 ready asset, which is already FDA cleared & manufactured
- Substantial work to date undertaken by originator means significant early risk already removed¹

First and best in class

- First-in-class USP30 target that promotes renewal of mitochondria
- DMX-652 targets one of the emerging key drivers of kidney injury and reduces both cellular energy failure and inflammation

Leverages existing expertise

- Dimerix team are experts in kidney disease; capable of identifying high value assets
- Experienced in-house team with proven track record of advancing high value assets through clinical development and into commercialisation

Large and growing market

- No approved therapy for high-risk acute kidney injury patients and growing demand for new therapies²
- US\$3.5 Billion in 2026
- est. US\$7.5 Billion by 2036

Strategic value

- Dimerix has significant optionality over the development and commercialisation direction of DMX-652, as the outright asset owner
- DMX-652 has the potential to be used for a variety of other indications, many of which may also have large markets and unmet medical needs



DIVERSIFICATION BY GEOGRAPHY



Beyond US & EU: growth, diversification, resilience

Most biotech and pharma companies focus on the US and EU because these markets typically provide:

-  the highest revenue potential
-  strongest pricing power
-  established regulatory pathways, and
-  greatest influence on global product value



However,

- ▶ **China** has become the fastest-growing major market over the past decade,¹ fueled by:
 - an aging population;
 - expanded healthcare coverage; and
 - increasing demand for innovative medicines
- ▶ **Japan** has the highest per capita medicine use of the developed markets¹

Strategic rationale for multi-region development

A multi-region development and partnering strategy is not only about expanding commercial opportunity, but is also a deliberate risk-management approach:

Expanding Patient Access: reaching more patients in need of treatment options

Revenue diversification: reduces dependence on individual region pricing reimbursement environments

Economic resilience: offsets impacts of economic and regulatory uncertainty, budget cuts, or policy changes

Faster clinical development: broader patient access accelerates recruitment and time-to-market

Global market access: enables earlier entry into high-growth markets such as China, Japan, Middle East, and APAC

Investor confidence: creates a more resilient asset with multiple growth pathways and lower concentration risk

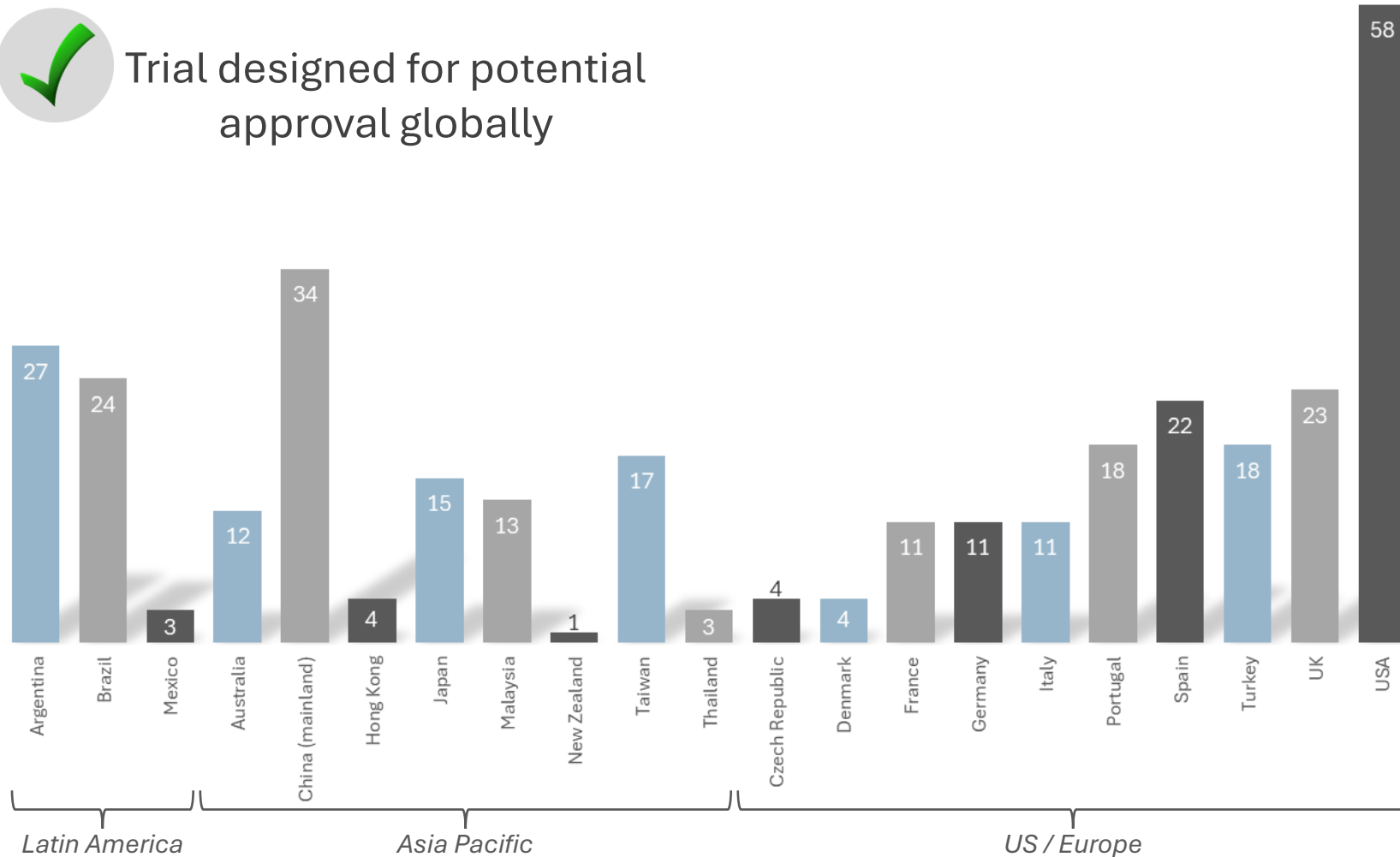
Strategic flexibility: allows prioritisation of partnerships and launches based on regional market conditions

ACTION3 adult patient recruitment by territory

FSGS CLINICAL STUDY



Trial designed for potential approval globally



Recruitment completed

(adult population)¹



333

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



Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across multiple key markets

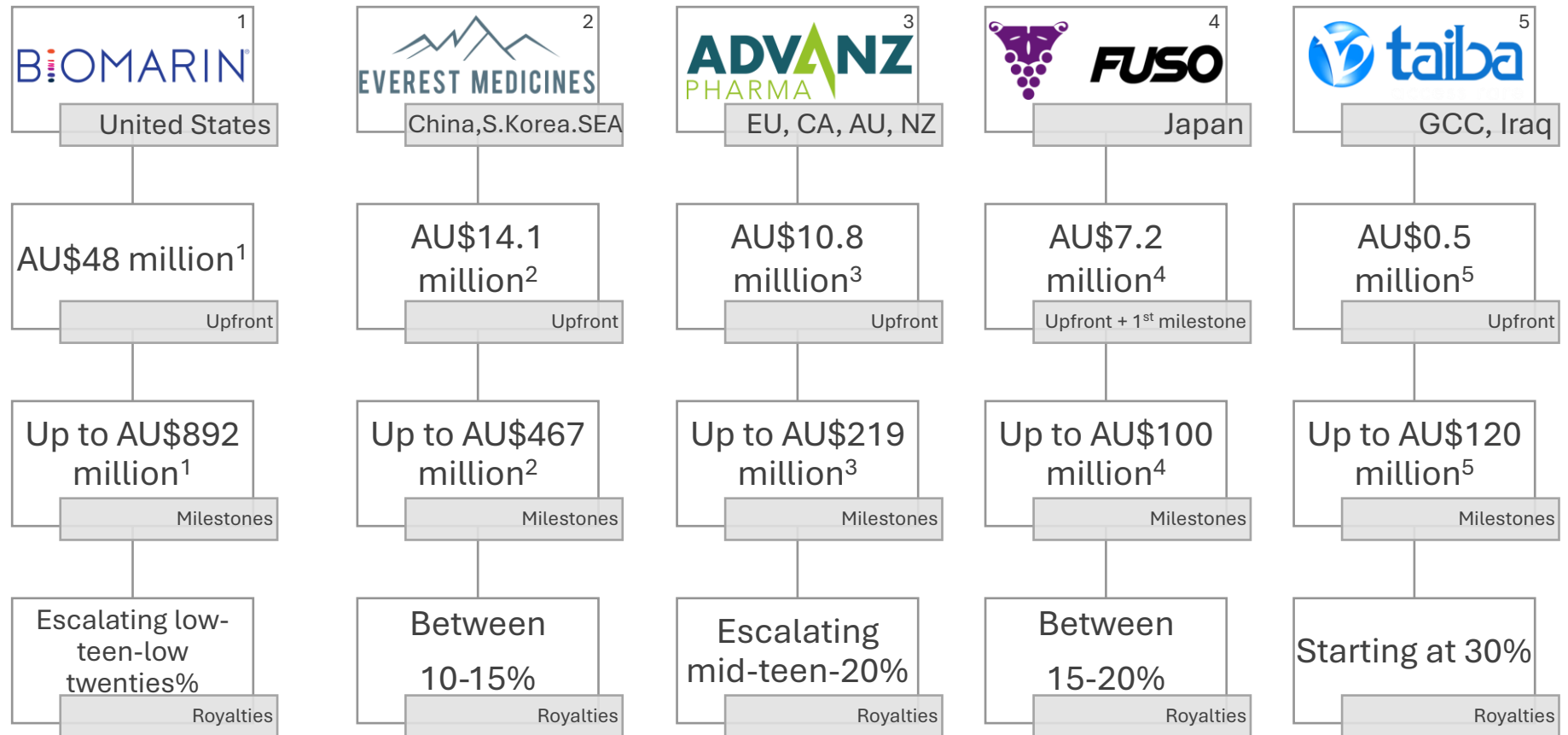
Licensing deals collectively valued up to

~AU\$1.9 billion

in total upfront and potential milestone fees plus royalties¹⁻⁵

>AU\$80 million

in total upfront payments¹⁻⁵



Geographic diversification of fee revenue

Collectively, five commercial agreements valued up to **A\$1.9 billion** across upfront + milestone fees:¹

On signing		Short Term Potential		Longer Term Potential		
Upfront fees		Milestone Payments		Milestone Payments	Royalties	
A\$81 million	+	A\$237 million	+	A\$1.56 billion	10 – 30 %	=
In licensing fees		Between now and commercial launch		Post commercial launch	Post commercial launch	

Diversified revenue & risk sharing with licensing partners

*Upfront and development milestones collectively **A\$318 million***



DIVERSIFICATION BY ASSET



Diversifying by asset: introducing DMX-652

A first-in-class, oral, once-daily USP30 inhibitor for the prevention of acute kidney injury in high-risk patients undergoing cardiac surgery



Small molecule

New chemical entity; oral capsule formulation; GMP-grade API available to support Phase 2 clinical trial



Once-daily dosing

Convenient dosing schedule to provide pre-operative and post operative USP30 inhibition



Well tolerated

Phase 1 multi-part study completed in 109 healthy volunteers, (85 volunteers administered DMX-652) no serious adverse events and wide therapeutic margin



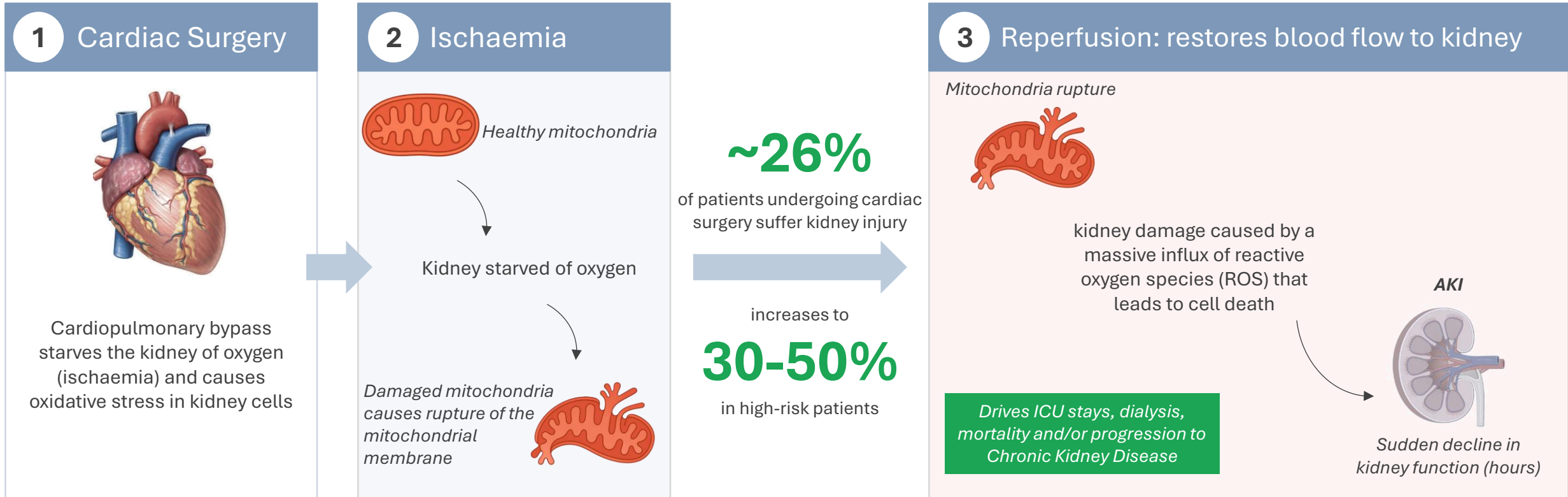
Phase 2 ready

IND open, approved protocol and established global medical advisory board

Key value proposition with encouraging safety profile

What is AKI associated with cardiac surgery

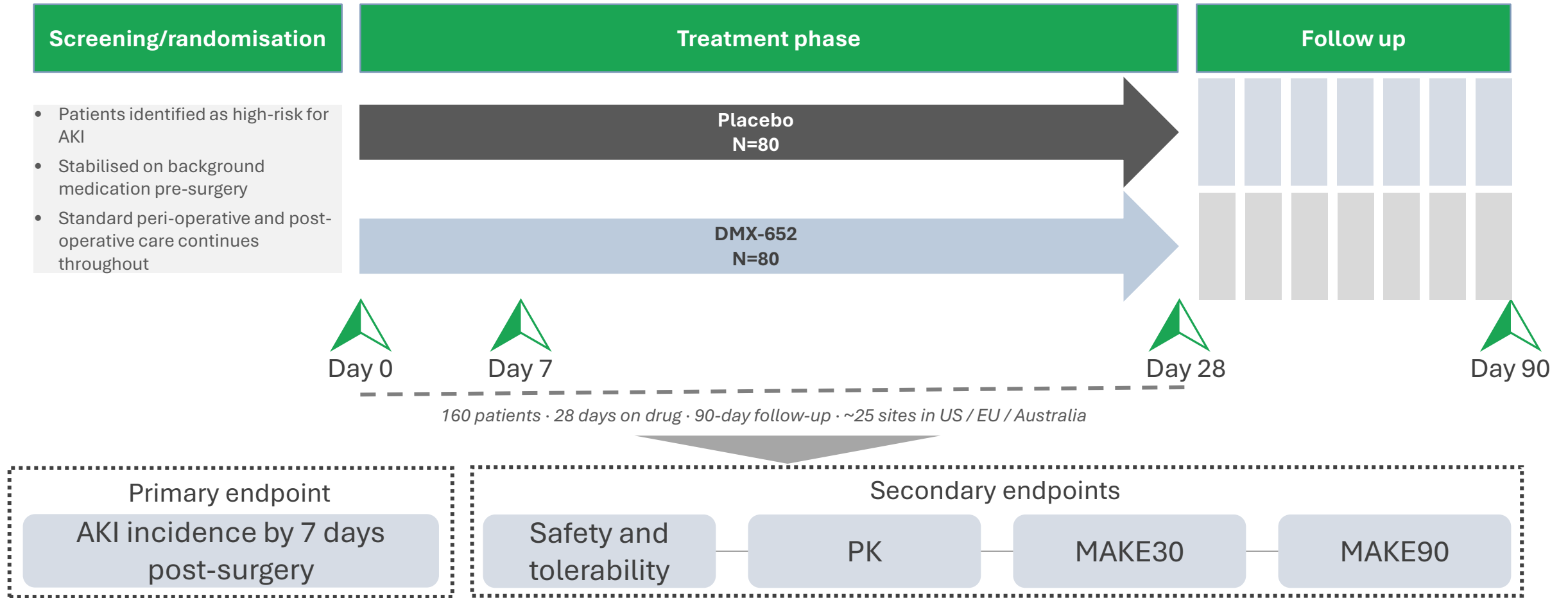
Currently no approved disease-modifying therapies



Mitochondria = “batteries” for the kidney cell
The kidney has the second-highest mitochondrial content and oxygen consumption in the body to fuel intense energy demands

Proposed phase 2 clinical trial design

A multicentre, double-blind, randomised, placebo-controlled study evaluating the safety and efficacy of DMX-652 in patients at high risk of AKI following cardiac surgery (n=160)



DMX-200 and DMX-652: complementary growth pillars

Strategic fit: shared renal capabilities, shared regulatory/clinical infrastructure, shared small-molecule know-how

DMX-200

Focal Segmental Glomerulosclerosis (FSGS) rare **kidney** disease

1

Shared kidney disease focus

DMX-652

Acute **kidney** injury associated with cardiac surgery

1

CCR2 inhibitor that modulates inflammatory pathways involved in kidney damage

2

Different Mechanisms of Action

2

USP30 inhibitor designed to enhance mitophagy and mitochondrial quality control in damaged cells

existing in-house infrastructure and global network

3

Shared Development Infrastructure

3

Can **leverage existing** expertise in clinical, regulatory, manufacturing, nephrology networks, know-how, and commercial relationships

more advanced, **near-commercialisation** asset with Phase 3 fully recruited and commercial partnering activity

4

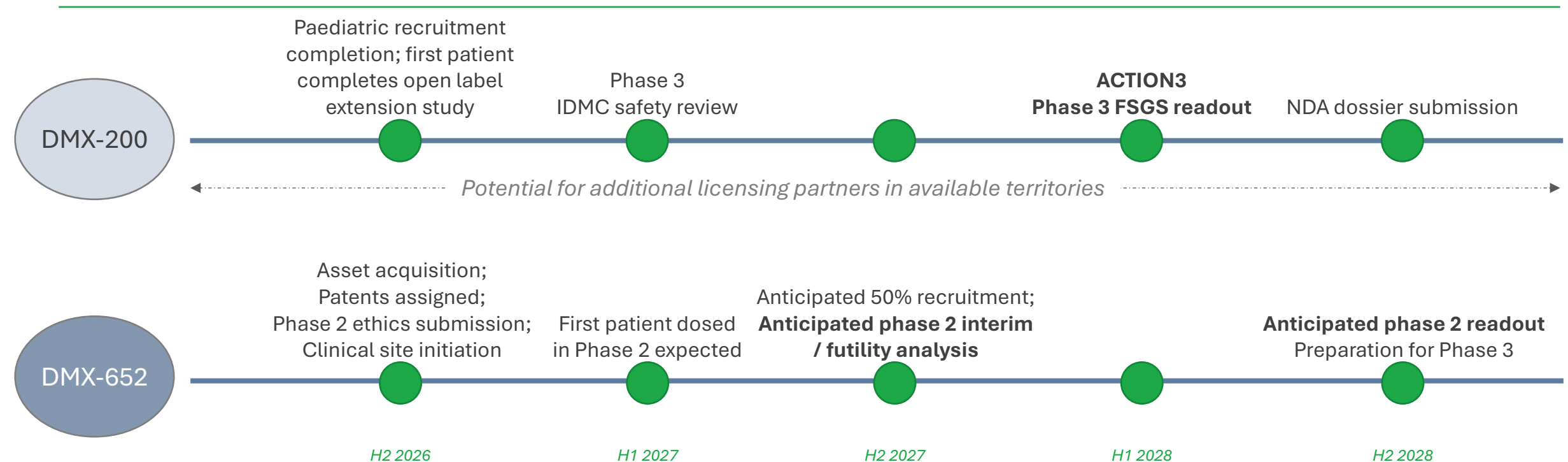
Balanced Risk and Timing

4

provides a **new growth engine**, with an open IND, FDA clearance to proceed to Phase 2, and completed Phase 1 safety studies

Key potential value inflection points

Disciplined, stage-gated capital deployment focused on the clinical value inflection points¹



Two clinically differentiated assets in renal disease, addressing two separate high unmet need indications with independent timelines; building a steady cadence of value-creating milestones

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Jun26)*	\$16.2 million
Market Capitalisation ¹	\$174 million
Share price ¹	\$0.29
Total ordinary shares on issue ¹	600,396,776
Average Daily Liquidity by value for past 90 trading days ²	\$0.85 million

*excluding ~\$24 million to be received from :

- ~AU\$14 million Everest upfront payment³
- \$10 million loan facility⁴



SUBSTANTIAL SHAREHOLDERS ³			
Position	Holder Name	Holding	% IC
1	Mr P Meurs	91,090,374	15.3%
TOTAL (TOP 5) Shareholders		150,392,268	25.1%



Dimerix

(ASX:DXB)

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on kidney diseases.



WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN

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.

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