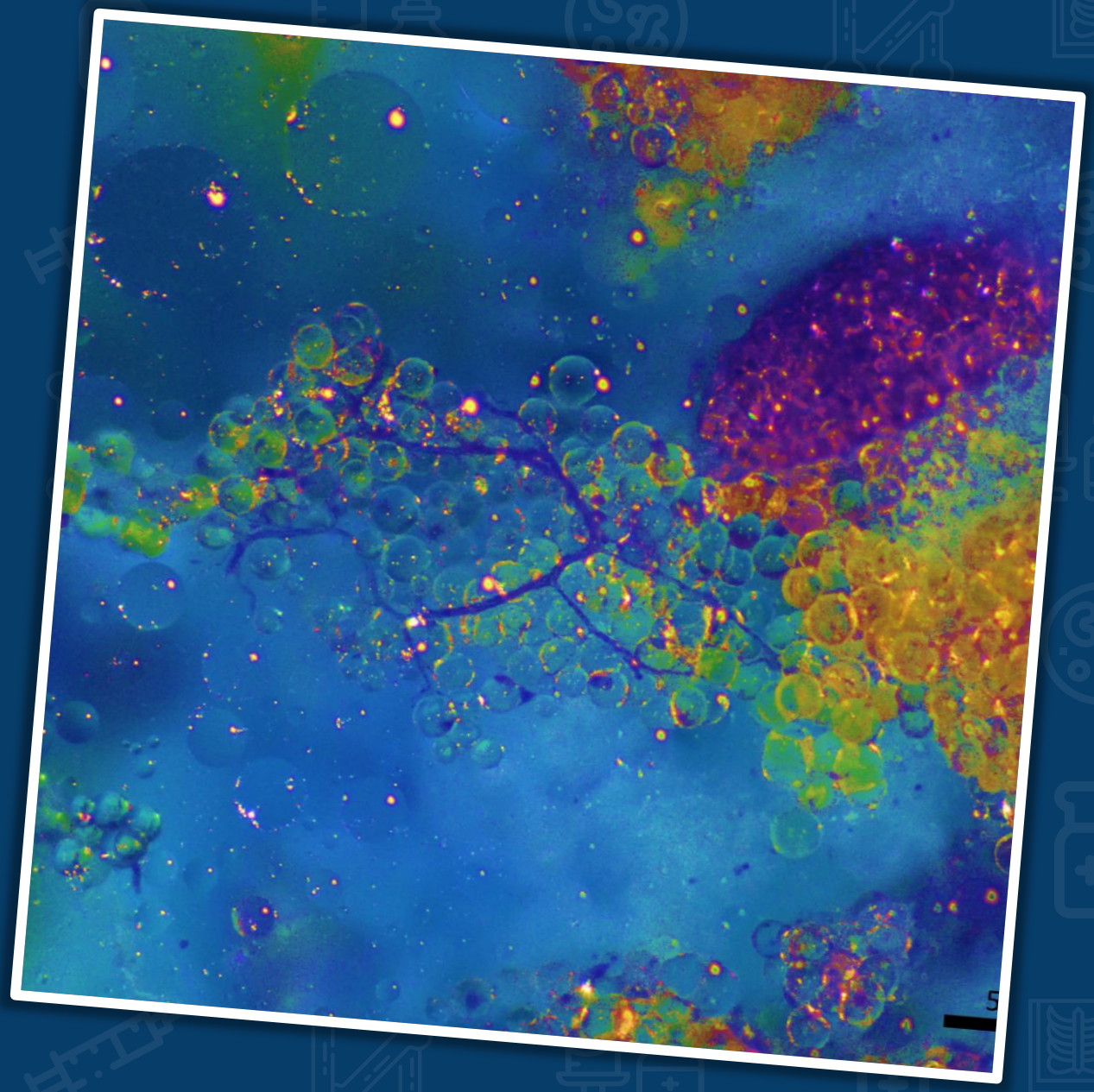
Bonus BioGroup

Innovative Tissue Regeneration Technologies

Business Presentation

April 2022



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For example, when we discuss the addressable market sizes and growth potential of BonoFill and MesenCure, we are using forward-looking statements. Because such statements deal with future events, they are subject to various risks and uncertainties, and actual results, expressed or implied by such forward-looking statements, could differ materially from Bonus BioGroup’s current beliefs, forecasts, and estimates. Factors that could cause or contribute to such differences include, but are not limited to risks and uncertainties associated with natural disasters and public health crises, such as the coronavirus disease (COVID) pandemic; the impact of global economic conditions; regulatory developments; our financing needs; research and development challenges; the demand and acceptance of our products and the other risk factors set forth in Bonus BioGroup's latest annual report and other filings with the Israeli Securities Authority (“ISA”). Any forward-looking statements that we make in this presentation, both written and oral, speaks only as of the date of such statement, and, except as required by applicable law, we undertake no obligation to update such statements to reflect events or circumstances after the date of this presentation.

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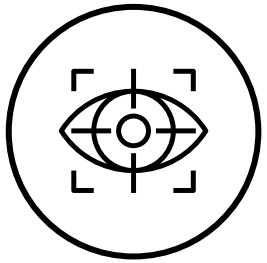
Who We Are

Bonus BioGroup is a clinical-stage biotechnology company focused on developing next-generation therapeutics in the fields of tissue regeneration and biotechnological products based on tissue engineering and cell therapy.

BonoFill™, our injectable human live bone graft, grown outside the patient body, based on their own cells, is undergoing a multi-center Phase II clinical trial in patients suffering from critical-sized defects in long bones, in five medical centers across Israel, and Phase II study in patients with critical-sized defects in craniomaxillofacial bones.

MesenCure™ is our cell therapy product, based on banked and professionalized cells derived from healthy donors. We have recently concluded a multi-center Phase II clinical trial in hospitalized, severe COVID patients suffering from pneumonia and life-threatening respiratory distress, demonstrating the efficacy and safety of MesenCure™ compared to the standard of care.



Our Vision:

Bonus BioGroup strives to become a global leader in **Next-Generation Therapies** in the fields of cell therapy and tissue engineering to improve human health.

Our mission is to help millions of people to live a better and longer life by merging innovative biological sciences and biomedical and biotechnology engineering.

Company Overview

2008

Bonus* was founded by experts in tissue engineering and cell therapy led by Dr. Shai Meretzki, who pioneered the industrial development of mesenchymal cell therapies

2013

Establishment of the world's first live human bone graft manufacturing facility, in Haifa, Israel. The facility is Good Manufacturing Practices (GMP) and ISO-9001 compliant

2014

Launch of the first-in-human clinical trial with 1st generation **BonoFill™** , an injectable bone graft for maxillofacial bone regeneration

2016

Successful first-in-human demonstration of the safety and efficacy of 1st generation BonoFill™ and launch of the phase I/II clinical trial evaluating the safety and efficacy of 2nd generation **BonoFill™** injectable bone graft for maxillofacial bone regeneration

2017

Launch of the phase I/II clinical trial evaluating the safety and efficacy of BonoFill™ (2nd generation) injectable bone graft for bone regeneration in orthopedic indications

2019

Approval of Bonus BioGroup's **primary patent** for the generation and usage of 3D cell based bone implants in the US, followed by EU and AU

2020

Development of **MesenCure**, an innovative, cell-based therapy for the treatment of COVID associated pneumonia and inflammatory respiratory diseases and lunch of clinical trial

2021

Completed multi-center phase II clinical trial for treating severe COVID patients with **MesenCure**

2022/3

Planned launch of **MesenCure** multinational phase III clinical trial; and phase II/III clinical trial in the US evaluating the safety and efficacy of **BonoFill™** injectable live bone graft for bone regeneration

* Bonus Therapeutics Ltd., a wholly owned subsidiary of Bonus BioGroup Ltd.

Bonus' two cellular products set to transform their therapeutic areas

BonoFill

- Personalized, viable bone graft
  - Injectable, high-density culture based on cells derived from the patient's adipose tissue
- Broad applicability to all indications and bone gap sizes
  - Designed for bone reconstruction as a result of various bone diseases, applicable in variable sizes of damages
- Promising clinical trial readouts
  - Successfully demonstrated safety and efficacy in Phase 2 clinical trials for treating orthopedic and maxillofacial indications

MesenCure

- Cell therapy to treat severe and critical COVID
  - Allogeneic, activated Mesenchymal cells (MSC), isolated from the adipose tissue of healthy donors
- Attenuation of cytokine storm that causes COVID ARDS
  - Broad, early inhibition of the inflammatory cascade that result in treatment or prevention of ARDS in severe/critical COVID
- High safety profile and ease of use
  - Short IV administered course with immuno-evasive properties

No marketed MSC products for COVID or bone repair yet, despite the success of MSCs in other therapeutic areas

MesenCure
Highlights: US only

~953k Patients

The total addressable market for treating severe/critical COVID patients and non-COVID ARDS patients who could benefit from MesenCure after the pandemic

~33B USD

reduction in hospitalization cost as a result of using MesenCure

~160k Patients

are expected to be treated with MesenCure, annually, after the pandemic

According to analysis by McKinsey & Company (forecast 2030)

BonoFill
Highlights: US only

~6.2M patients

The total addressable for treating various bone defects in patients who could benefit from BonoFill

~70B USD

reduction in hospitalization and operations costs as a result of using BonoFill; of which $15B in orthopedic and $10B in craniomaxillofacial indications

~130K Patients

are expected to be treated with BonoFill, annually

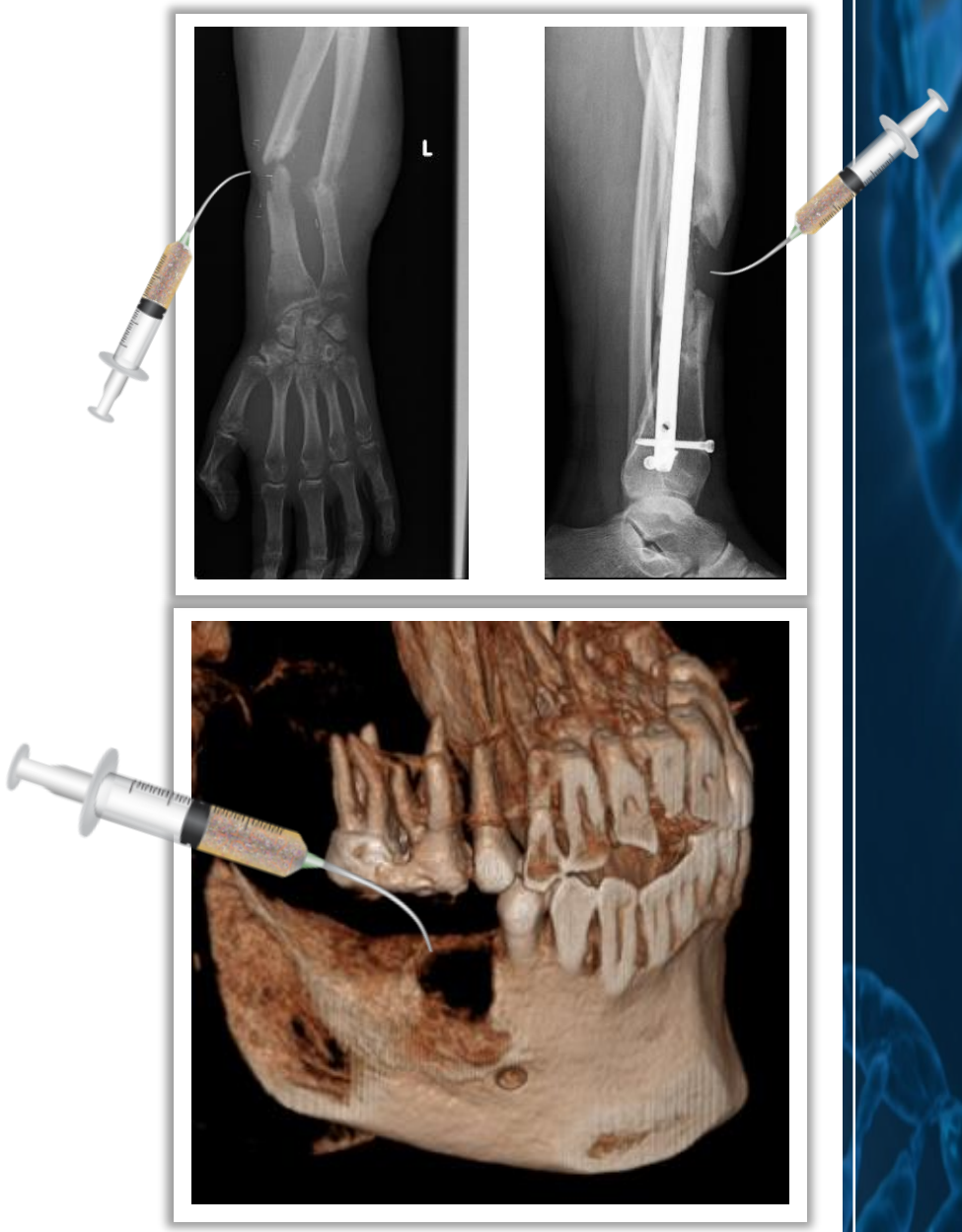
Bonus BioGroup

Bonus BioGroup's Lead Product:

BonoFill™ Viable Bone Graft

- BonoFill™ is a tissue-engineered, **personalized, injectable bone graft,** manufactured from the patient's own cells for the purpose of bone tissue regeneration

- Bonus BioGroup achieved a revolutionary breakthrough in **safe, efficient and rapid bone rehabilitation**, accomplished by a single injection of BonoFill™



Bone Grafts - The Need

- Millions of patients requiring a bone transplant procedure every year
- Current insufficient bone restoration modalities
- Increasing need for novel, efficient therapies

Currently, two bone-filling alternatives (inferior to Bonus BioGroup's technology)

Autologous transplant (using own bone)
requires two procedures: bone harvesting and transplantation

Limitations:
- *Invasive surgical procedure*
- *Donor site morbidity*
- *Frequently insufficient graft volume and quality*

Bone Substitutes *xenografts or synthetic*

Limitations:
- *Inferior properties*
- *only relevant for small bone defects*
- *long recovery*

Bonus BioGroup's injectable, live human bone graft , is designed to replace the unsatisfactory existing treatments

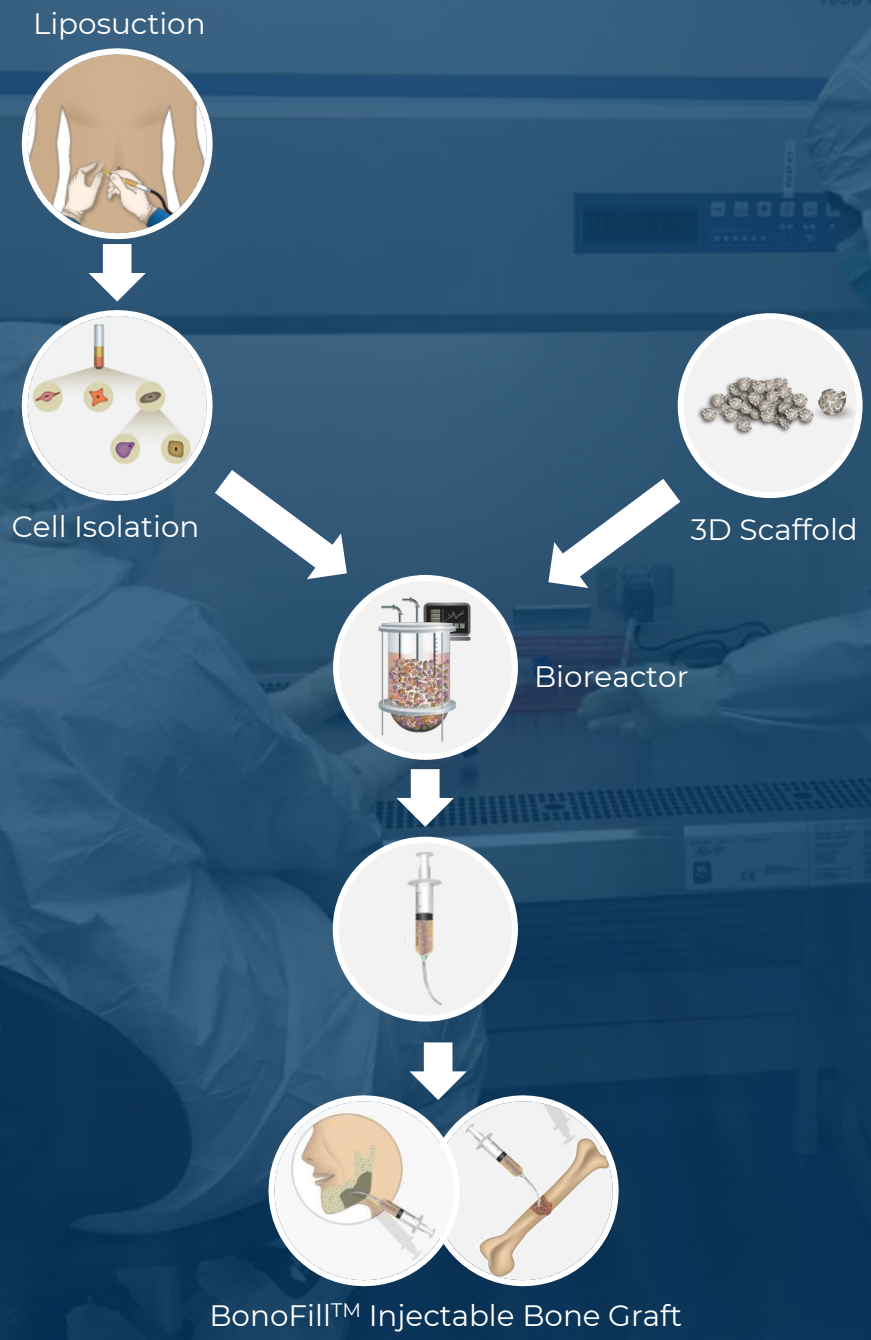
Bonus BioGroup

Our Solution:

BonoFill™
An Injectable, autologous, viable bone graft

BonoFill™ is a bone graft made of a 3D culture of mesenchymal cells isolated from the patient's adipose tissue and grown on natural mineral scaffolds in a specialized bioreactor.

BonoFill™ is intended for the treatment of various bone deficiencies, including complex and critical-sized bone defects in craniomaxillofacial and orthopedic indications.



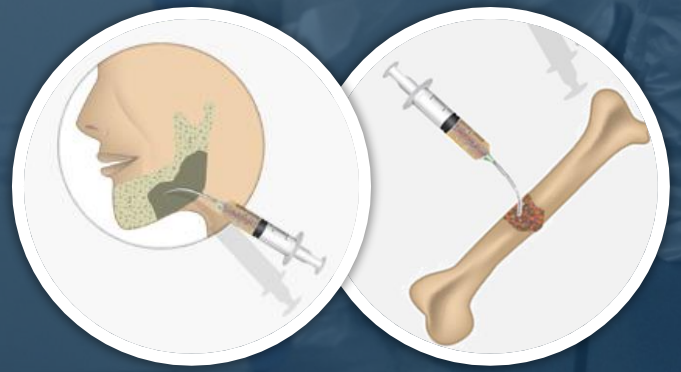
Manufacturing facilities
in the new Bonus BioGroup Center

- Two production centers for BonoFill and MesenCure
- Constructed according to GMP Grade B level
- Designed in compliance with FDA and EMA requirements for the manufacturing of cell therapies
- Production capacity suitable for commercial activity
- Includes quality control labs that meet the American (21 CFR, Part 11) and European (EudraLex) regulatory requirements

Bonus BioGroup

Our Solution:

BonoFill™ An Injectable, Autologous, Viable Bone Graft



BonoFill™ Properties and Advantages:

Viability & Comparability
High quality bone graft which is biologically identical to natural bone

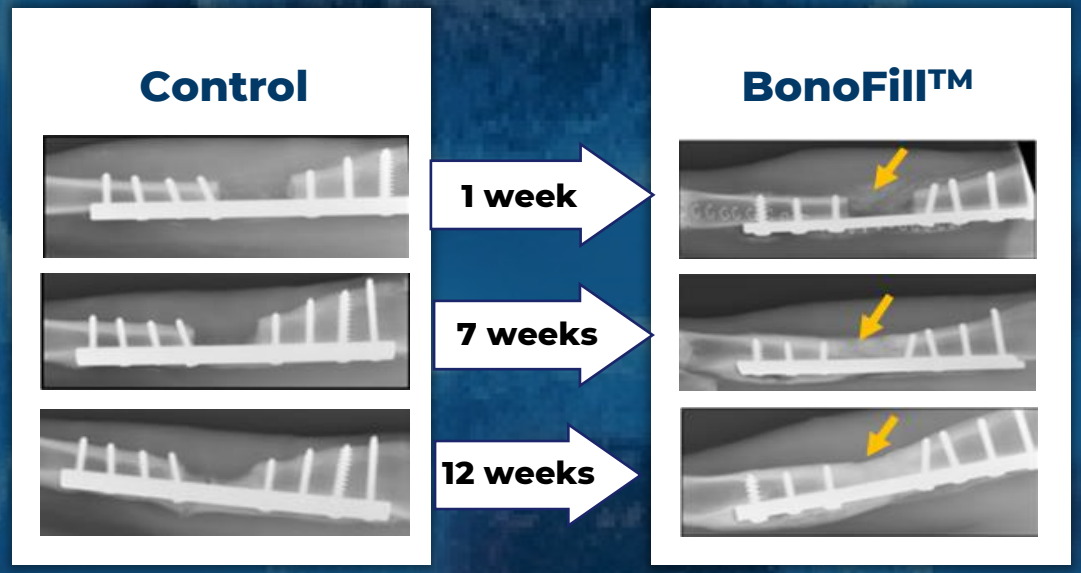
Safety
Personalized, autologous bone graft, made from the patient's own cells, with significantly reduced risks of immunological rejection or surgical failure

Availability & Versatility
- Available on demand in large quantities
- Tailored to precisely fit to the patient's bone deficiency site

Efficiency
Provides improved and accelerated bone regeneration, compared to current solutions

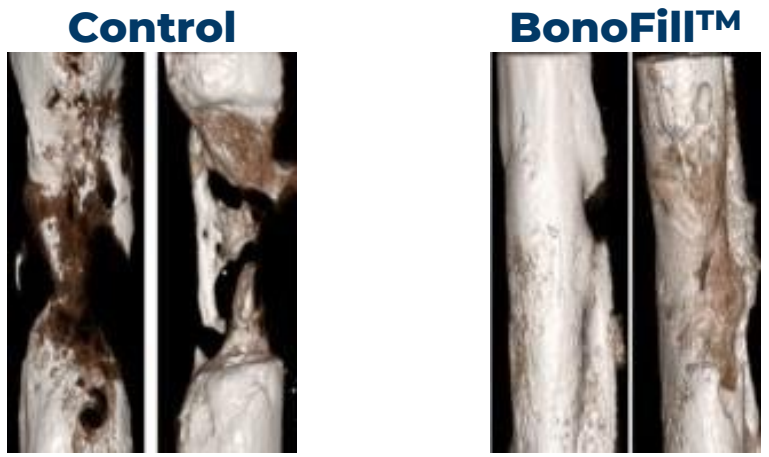
BonoFill™ Preclinical Efficacy Results

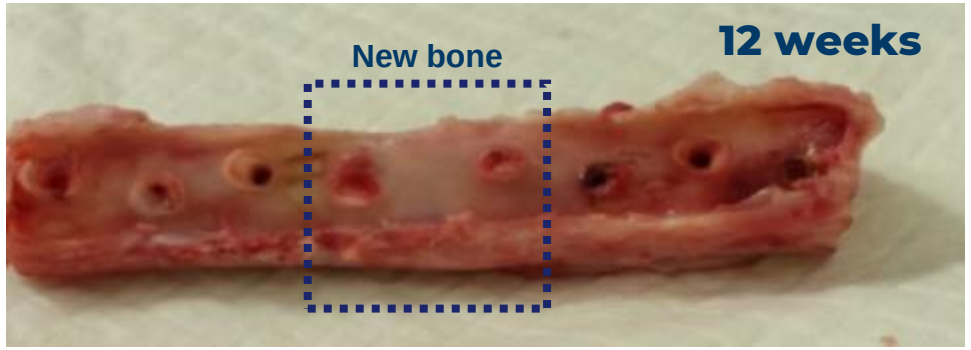
Repair and regeneration of a 3.2 cm critical-sized bone defect



Complete bridging of the bone gap achieved within **7 weeks** after BonoFill™ transplantation

CT at 12 weeks post transplantation



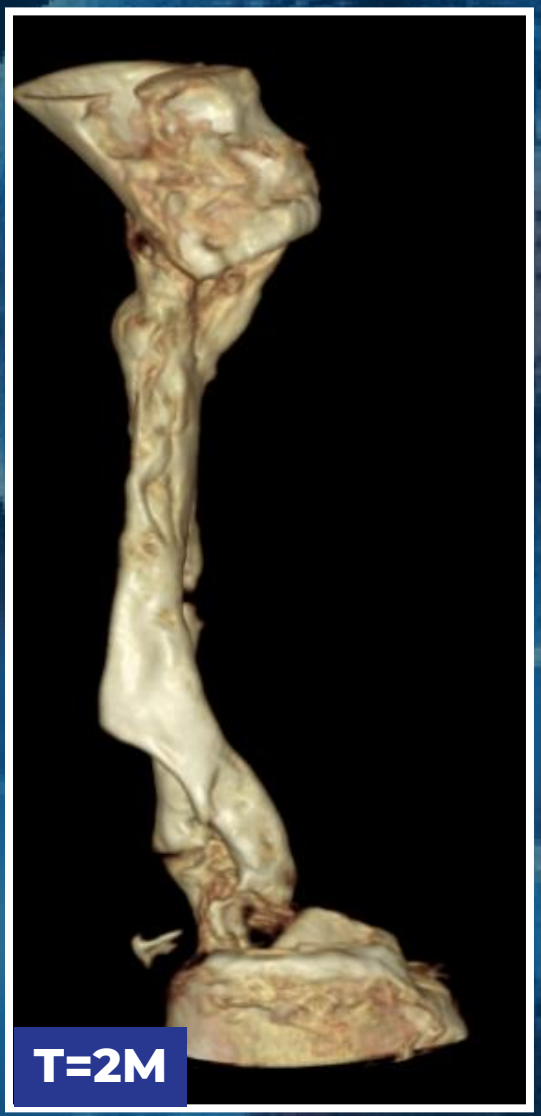


BonoFill™ – Preclinical Efficacy Results

The Repair of Large Critical-Sized Bone Defects

Bone repair of a **10cm** critical-sized bone gap with **BonoFill™** was achieved in 2 months

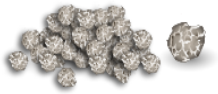
Results demonstrate the properties and potential of **BonoFill™** injectable bone graft

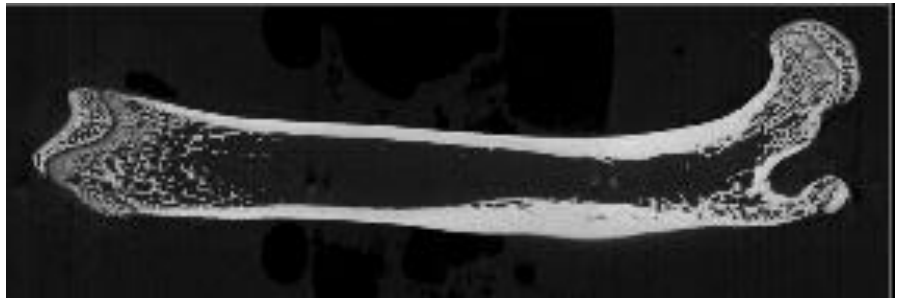


Preclinical result

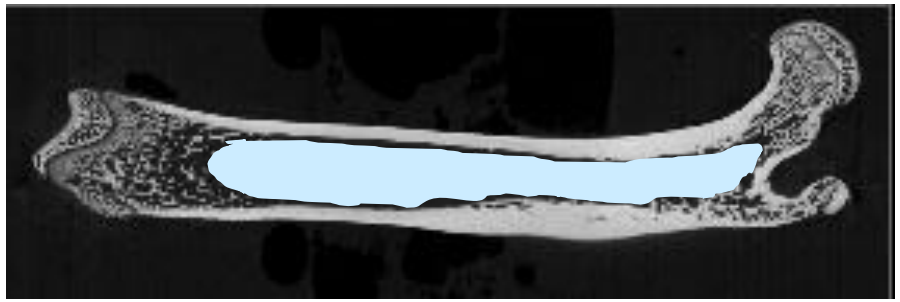
Intra femoral injection model

Confined space

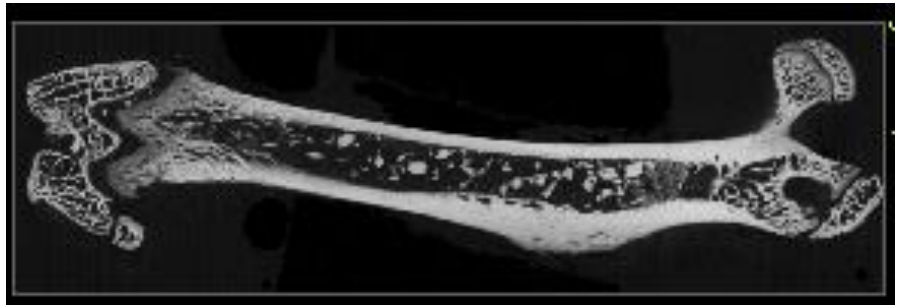




BonoFill™ Injection

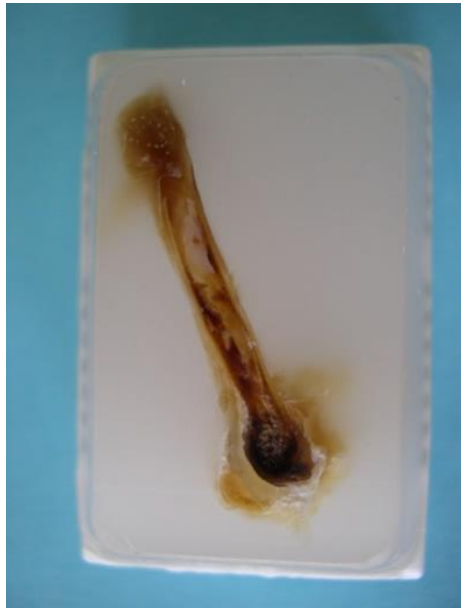


Homogenous BonoFill™ spread

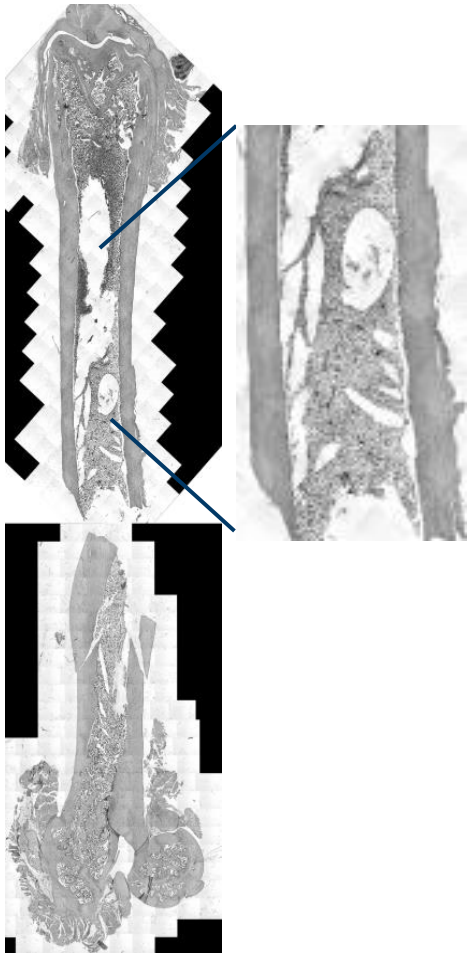


Preclinical result
Intra femoral injection model

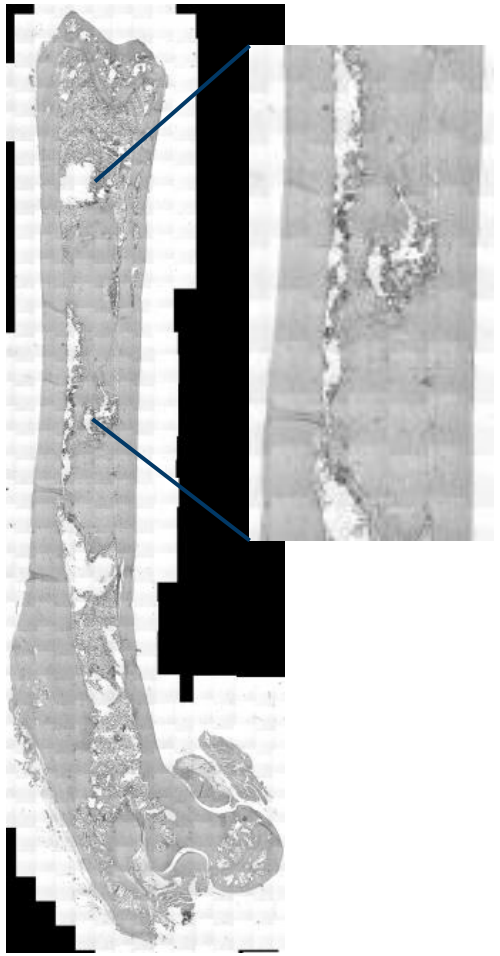
Bone Implant



Control



Bone Implant



Finalized Clinical Trial - BNS02

First-in-human, phase I/II in **Maxillofacial Indication** with BonoFill™ (1st generation):

- Bone augmentation in the sinus
- Filling of bone voids in the jaws

Efficacy

Significant bone regeneration and recovery at the treatment site within 3 months following BonoFill™ transplant

Significant bone tissue augmentation, an average of 6.3 mm **new augmented bone**

Participants underwent successful placement of multiple dental implants within the new bone

Safety

A complete safety was demonstrated, No treatment-related adverse events occurred

BonoFill™ Clinical Trials

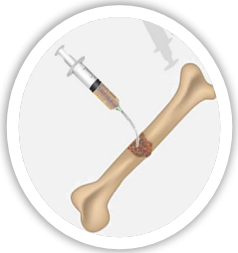
Ongoing Clinical Trials:

Phase I/II clinical trials with BonoFill™, 2nd generation, in the following indications

BNS03

Maxillofacial Indication:

- Bone augmentation in the sinus
- Filling of bone voids in the jaws



BNS05

Orthopedic Indication:

- Long and short bones extra articular comminuted fracture
- Long and short bones extra and intra articular defect/gap or non-union, incapable of self-regeneration

Clinical Trials Results BNS03 (interim results)

Clinical Trial interim Results in the Maxillofacial Indication of Bone augmentation in the sinus and Filling Bone Voids

Most of the patients were already treated and analyzed in the Craniomaxillofacial augmentation indication

Safety

No treatment-related adverse events occurred

Efficacy

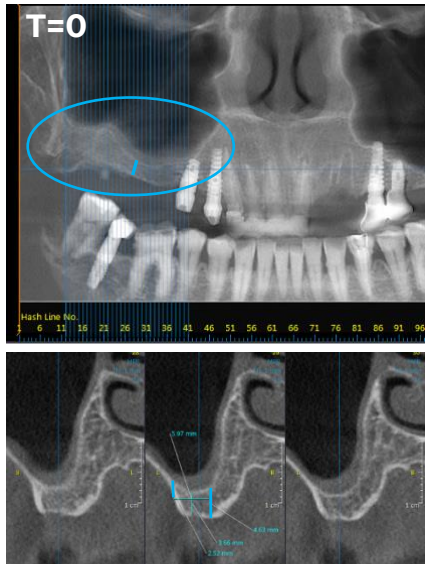
- BonoFill demonstrated efficiency in **94%** of the patients already finished the follow-up period
- **Significant bone regeneration** and recovery of the bone at the treatment site - 3 months following BonoFill treatment
- **Significant bone tissue augmentation:** an average of **8.2** mm augmented bone

Participants underwent successful placement of multiple dental implants within the new bone

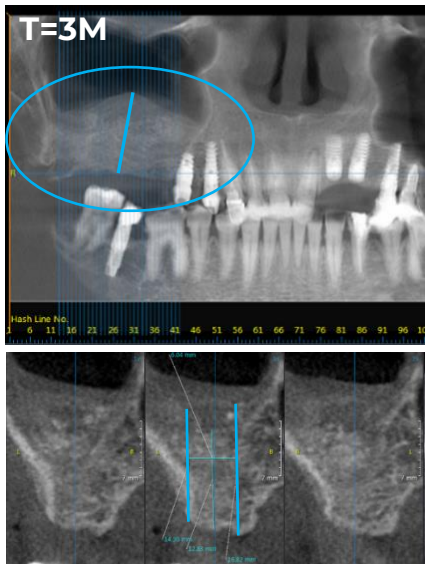
BonoFill™ Maxillofacial Bone Regeneration

Preliminary Results BNS03

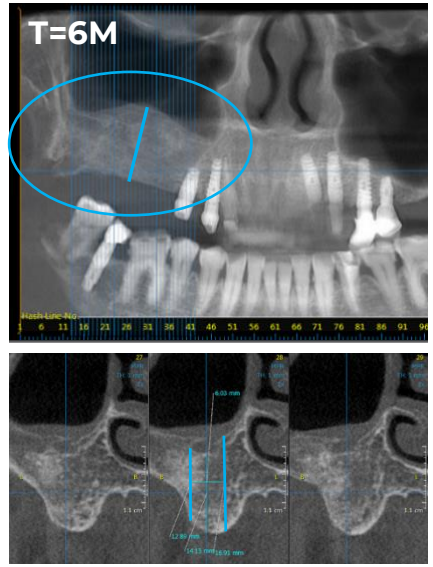
Pre transplant, all patients suffered from low quality residual upper jawbone and insufficient bone height for dental implantation



Pre transplant, the patients' average residual bone height was **6.6 mm**



Three months following BonoFill™ transplantation, average bone height was **14.8 mm**



Six months following BonoFill™ transplantation, average bone height **15.8 mm,** demonstrating new bone growth of 9.2 mm

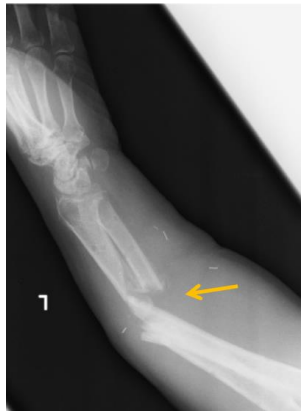
Upper: frontal CT images; Lower: sagittal sections

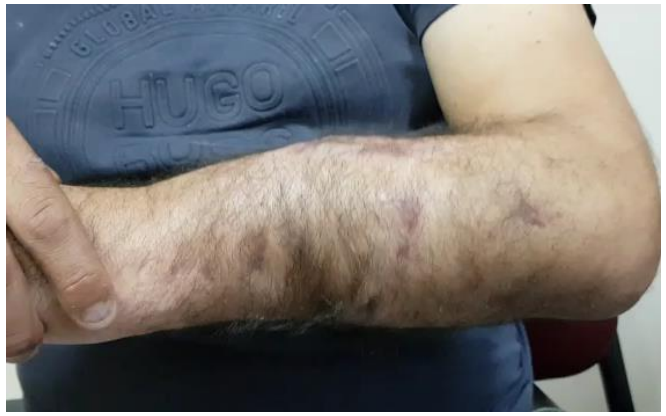
BonoFill™ – Orthopedic Indication

Critical Bone Defect, Preliminary Results* - BNS05

Pre-Transplant

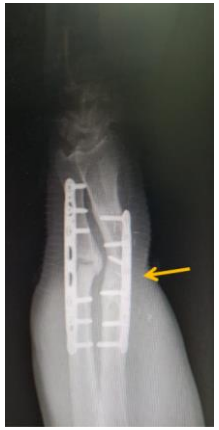
- **Non-union fractures of the radius and ulna**
- Constant pain
- Lack of weight bearing ability
- Two previous, other treatments, failures





12 Months Post Transplant

- **Complete healing and closure of the bone gap**
- No pain
- Normal function and weight bearing
- No product-related adverse events



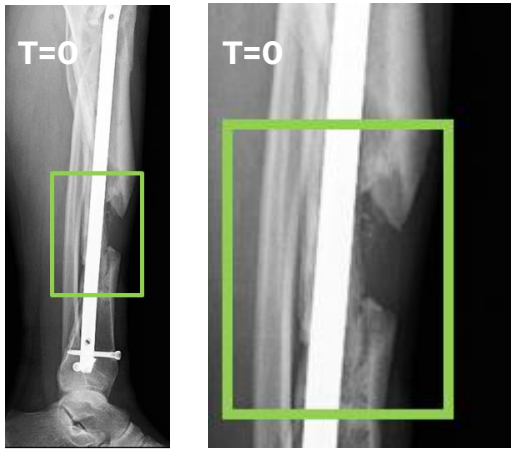
* representative case study

BonoFill™ – Orthopedic Indication

Critical Bone Defect, Preliminary Results - BNS05

Pre-Transplant

- 5 cm long bone gap
- Constant pain
- Limited weight bearing ability
- Three previous, other treatments, failures



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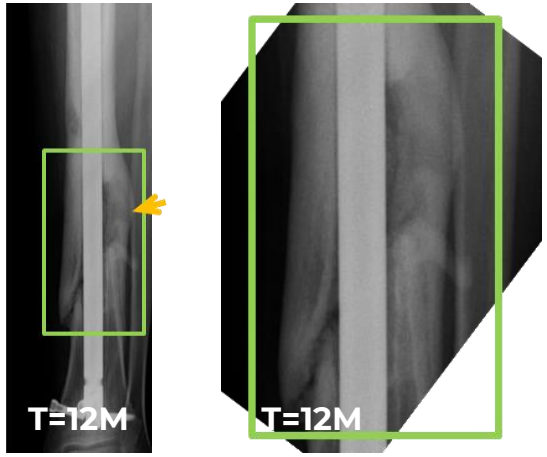


Two and a half months after BonoFill™ Transplantation

13 months post transplantation, the patient took part in the Iron Man competition

When Danny Yaakobson, an extreme sports enthusiast, suffered a serious leg injury following a car accident, he did not imagine he would become the world's first patient to receive Bonus BioGroup's lab-grown bone implant, made from his own fat cells, to replace a missing section of his shinbone, let alone take part in the ISRAMAN triathlon just a year following the surgery (as seen in the previous slide).

https://www.yediot.co.il/articles/0,7340,L-5453777,00.html

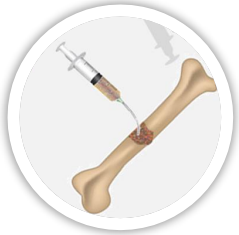
https://youtu.be/A4qH9EzoY7I

Israeli lab grows bones

Ongoing Clinical Studies BNS03 and BNS05 Preliminary Results summary

BNS03:

maxillofacial indication
currently treating patients within a phase II clinical trial. Most of the patients have been treated, completed follow-up, and analyzed



BNS05:

orthopedic indication
currently treating patients within a phase II clinical trial, demonstrating BonoFill safety and efficacy

BonoFill safety and efficacy were demonstrated in dozens of patients for the purpose of bone filling and regeneration, in the treatment of maxillofacial and orthopedic bone deficiencies

BonoFill revolutionizes the safety and efficacy of bone grafting

Minimized risk for graft rejection
Grown from cells obtained from the patient's adipose tissue

Tailor-made for best healing outcome
Designed to precisely fit patients' anatomical deficiencies

Diversified cell culture to improve regeneration
Cells are in a spectrum of the differentiation stages to maximize accelerate and maximize efficacy and bone regeneration

3D scaffold mimicking the natural bone composition
FDA- and EMA-approved mineral scaffold, safe and supports bone regeneration

Proprietary bioreactor
Scalable and allowing cost-effective production of safe and high quality product

Versatile applications
Accommodates a range of bone deficiencies - available upon demand and in large quantities

BonoFill applications

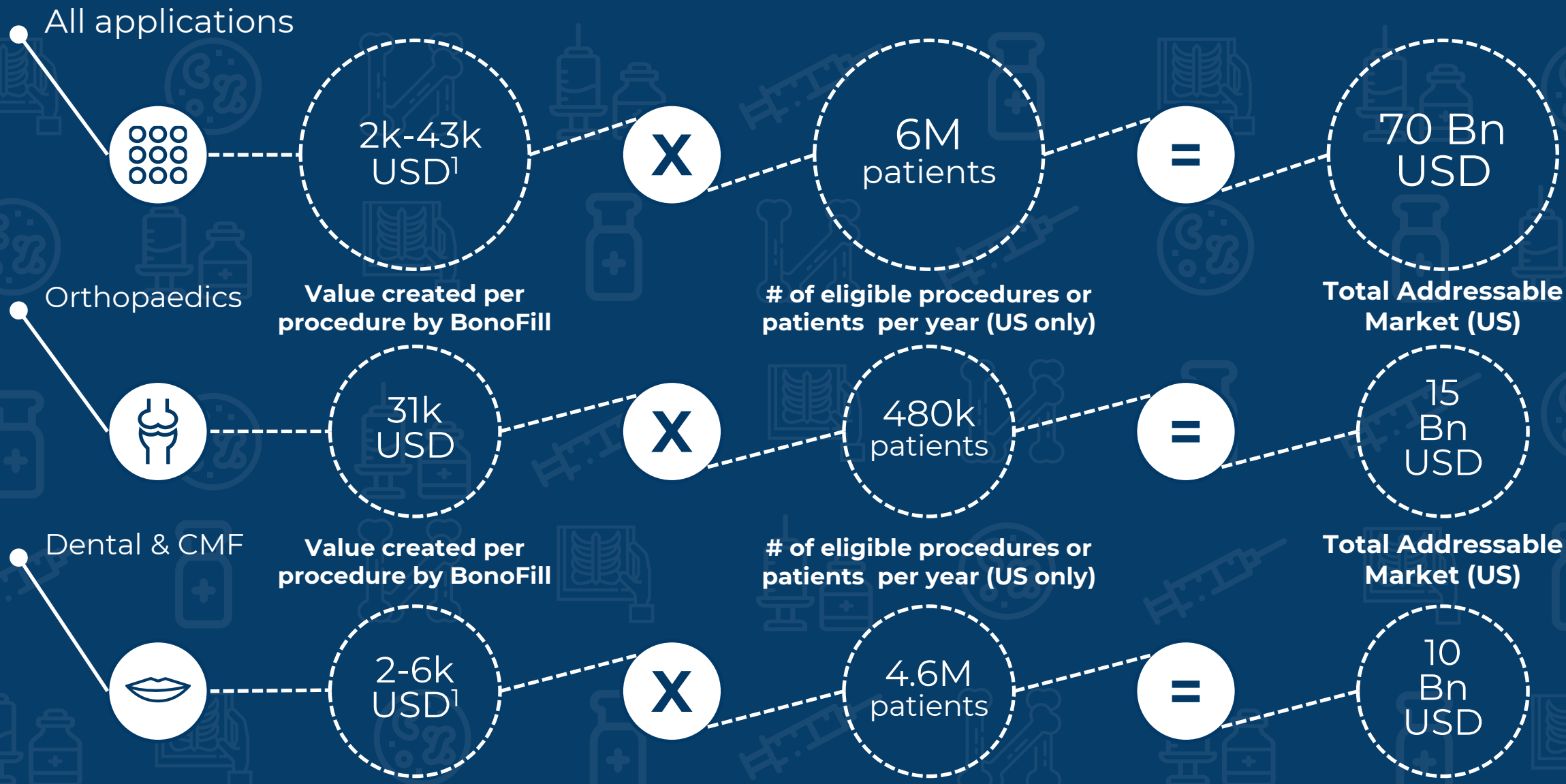
Clinical stage

- Craniomaxillofacial
- Orthopaedic
- Dental

Development

- Large joints
- Spine
- Extremities

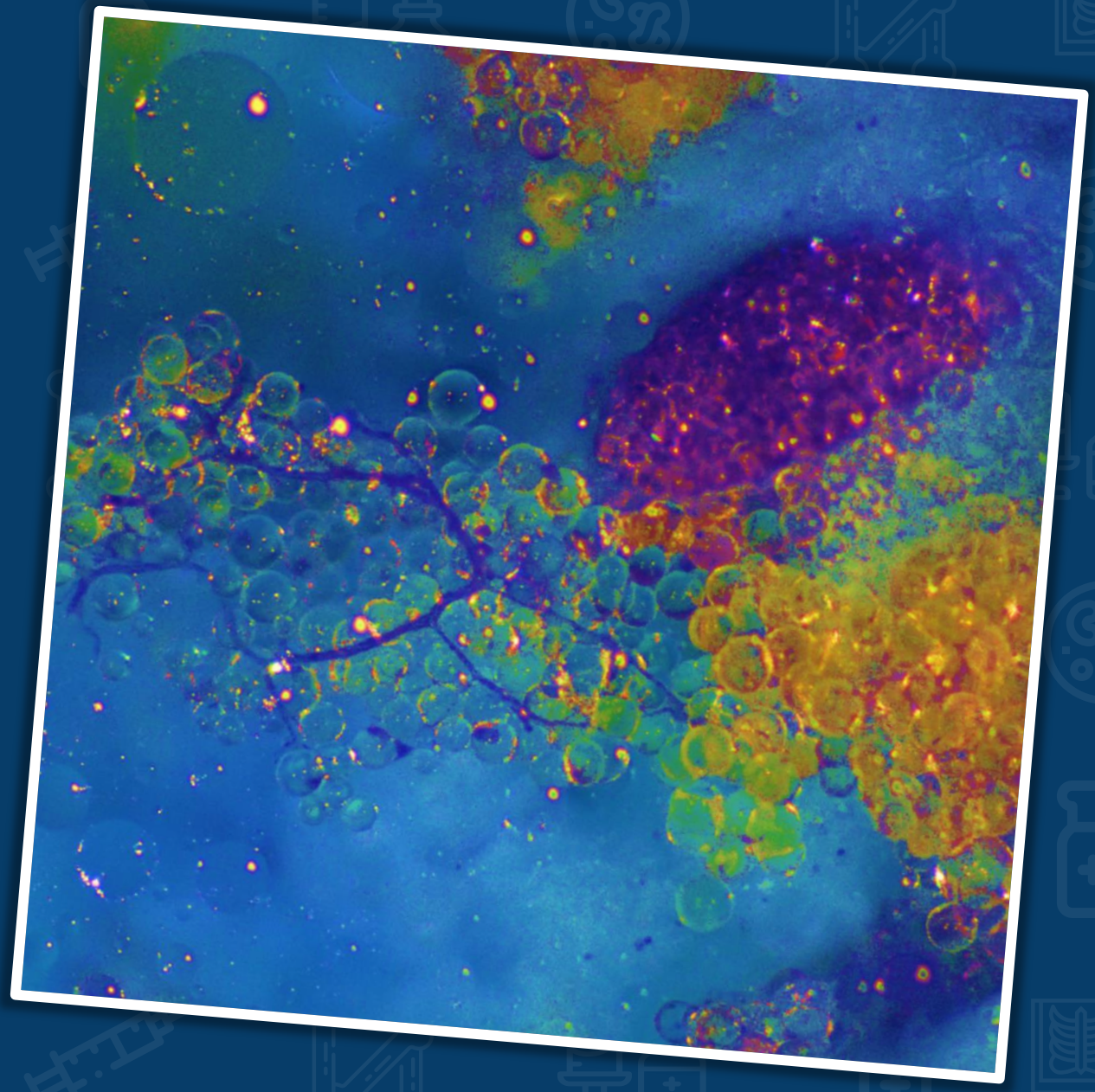
In the US alone, BonoFill could capture a proportion of over 70 Bn USD opportunity in 2030



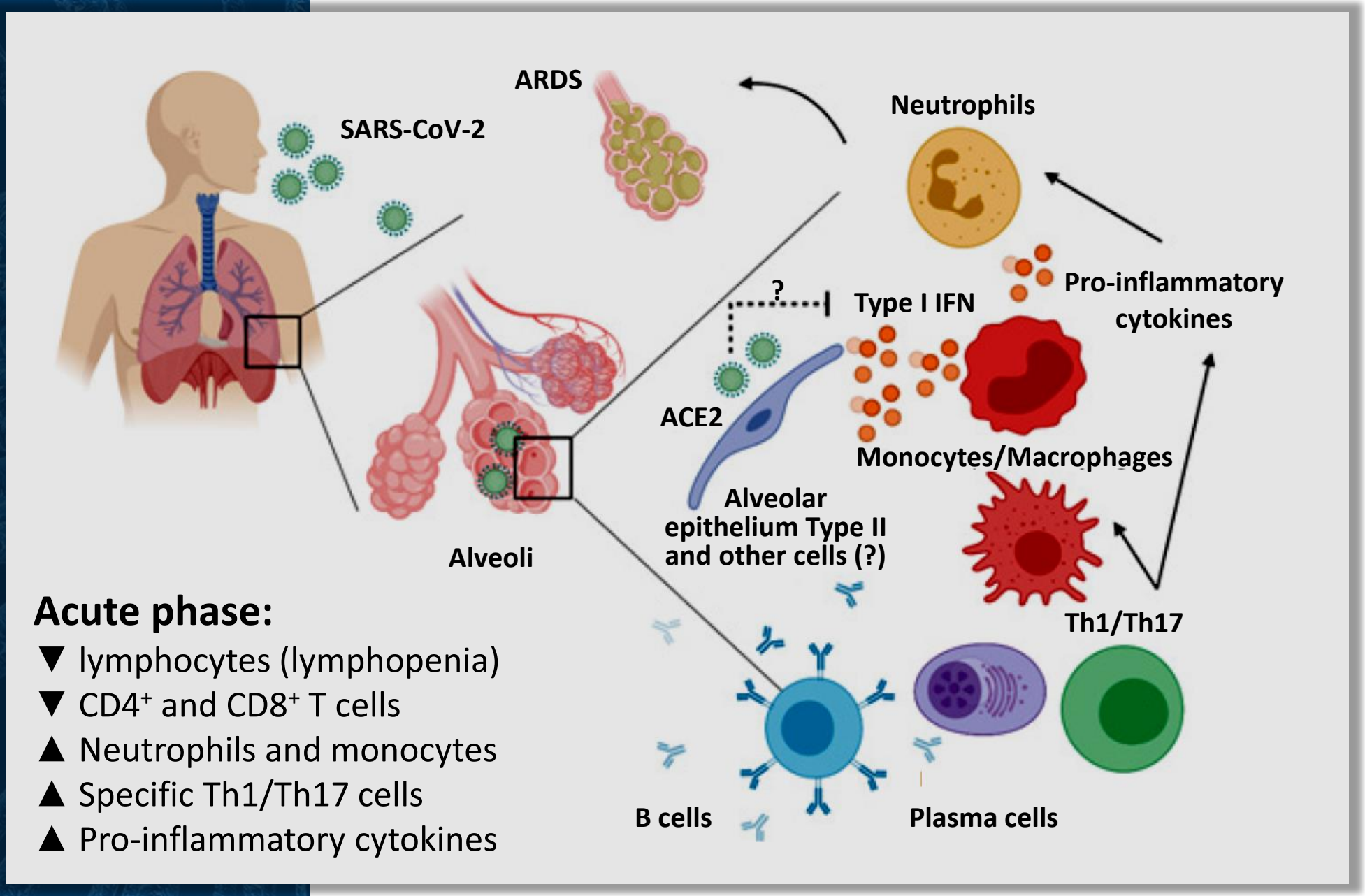
1. Varies depending on application: calculated by extrapolating from Orthopaedics and accounting for volume needed in different applications

MesenCure

An enhanced Mesenchymal Cell Therapy for COVID



Immune response during COVID



Acute phase:

- ▼ lymphocytes (lymphopenia)
- ▼ $CD4^+$ and $CD8^+$ T cells
- ▲ Neutrophils and monocytes
- ▲ Specific Th1/Th17 cells
- ▲ Pro-inflammatory cytokines

Adapted from: Asian Pac J Allergy Immunol DOI 10.12932/AP-200220-0772

Bonus BioGroup

Why MSCs?

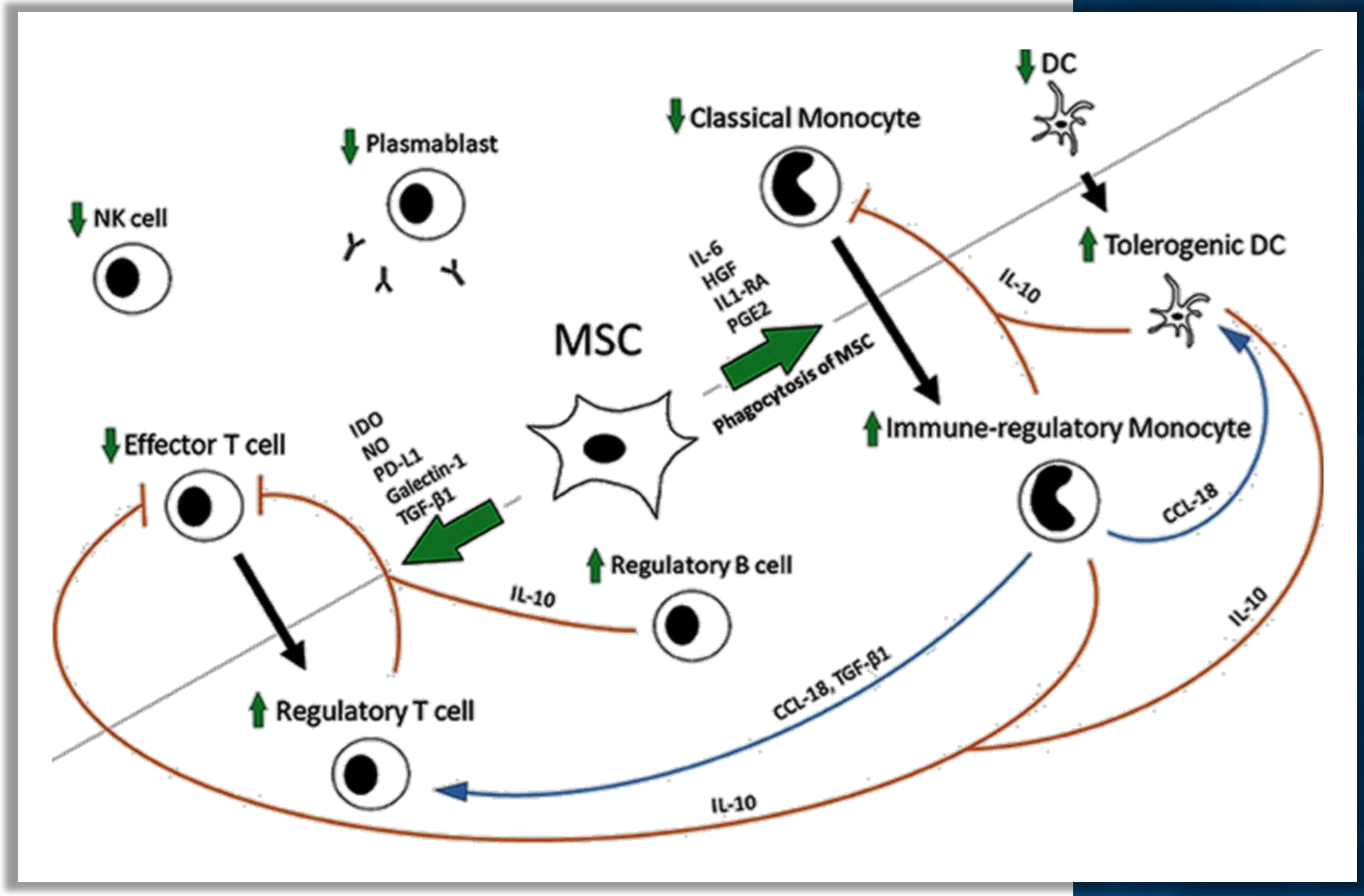
Immunomodu-latory and anti-inflammatory

Beneficial in pneumonia models

Approved for other indications

Safe in allogeneic administration

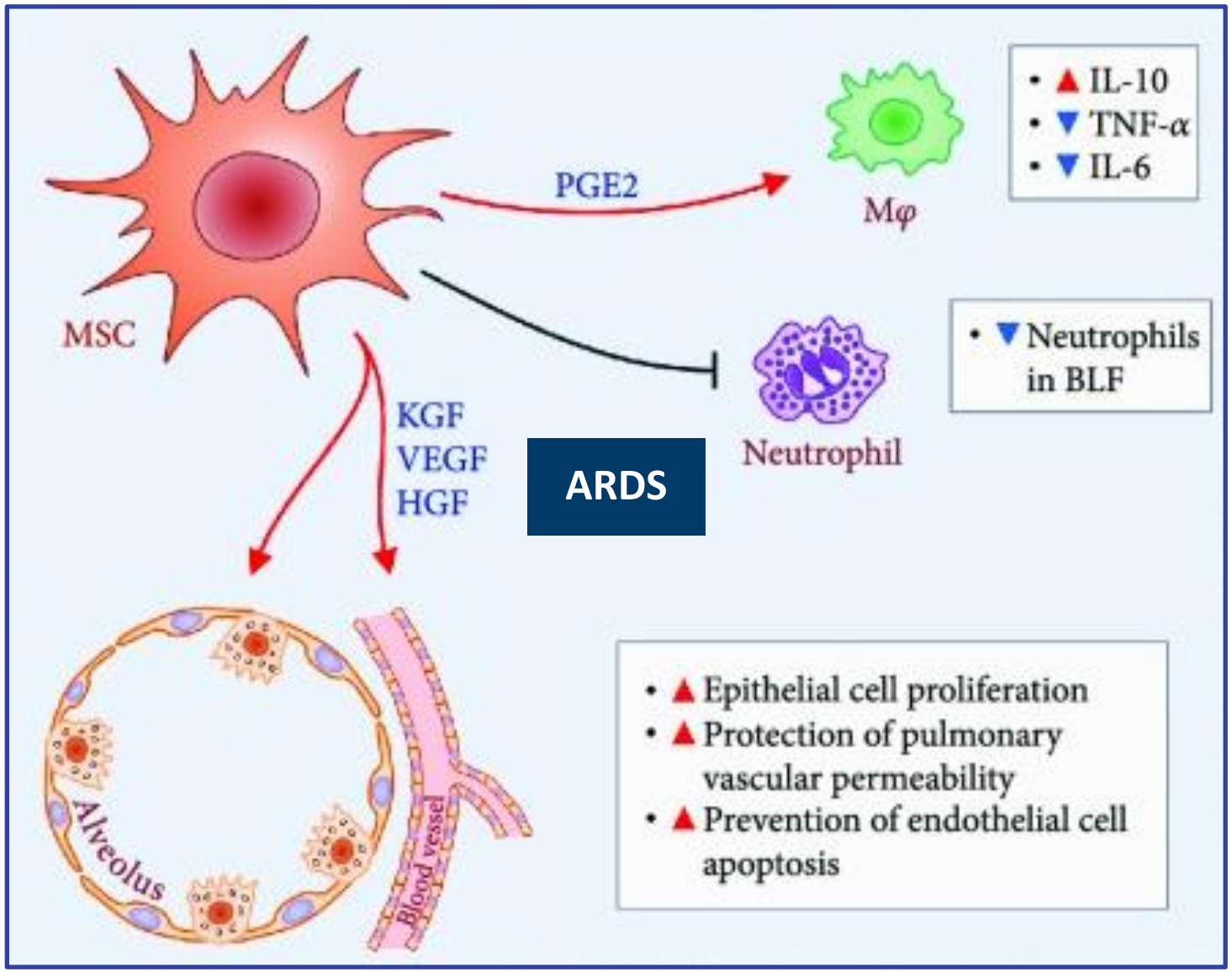
Can be readily expanded to large numbers

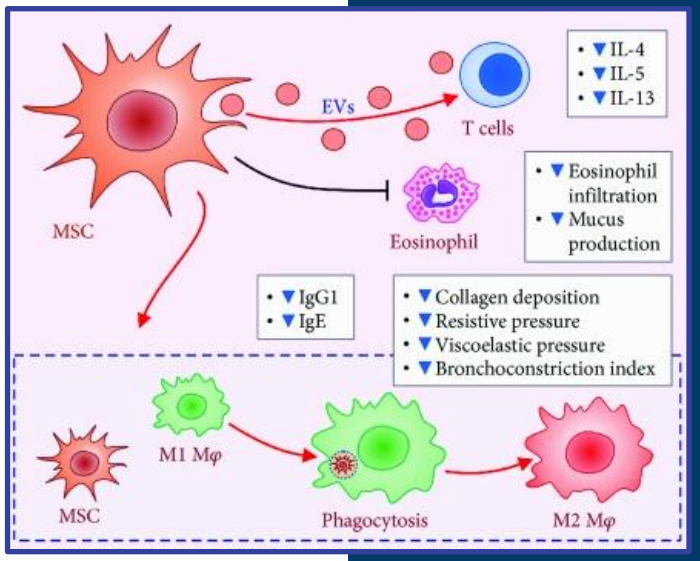


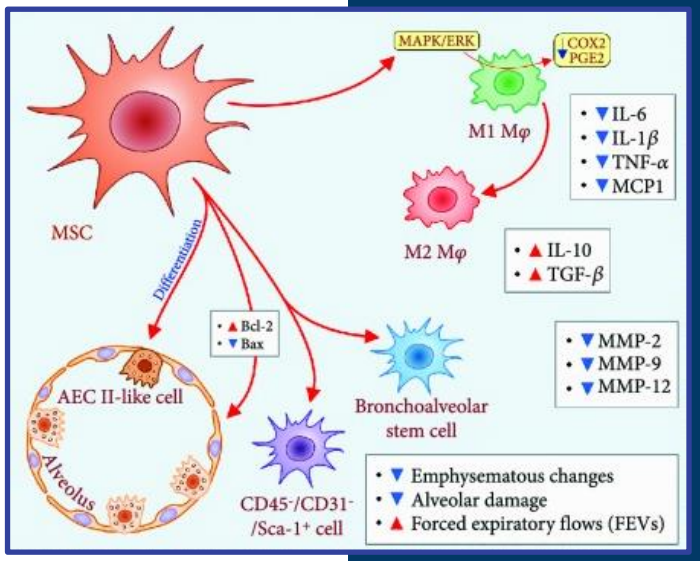
MSC interactions with host immunity

Adapted from: Front. Immunol., 04 June 2019 | https://doi.org/10.3389/fimmu.2019.01191

Proposed MoA of MSCs in inflammatory lung diseases



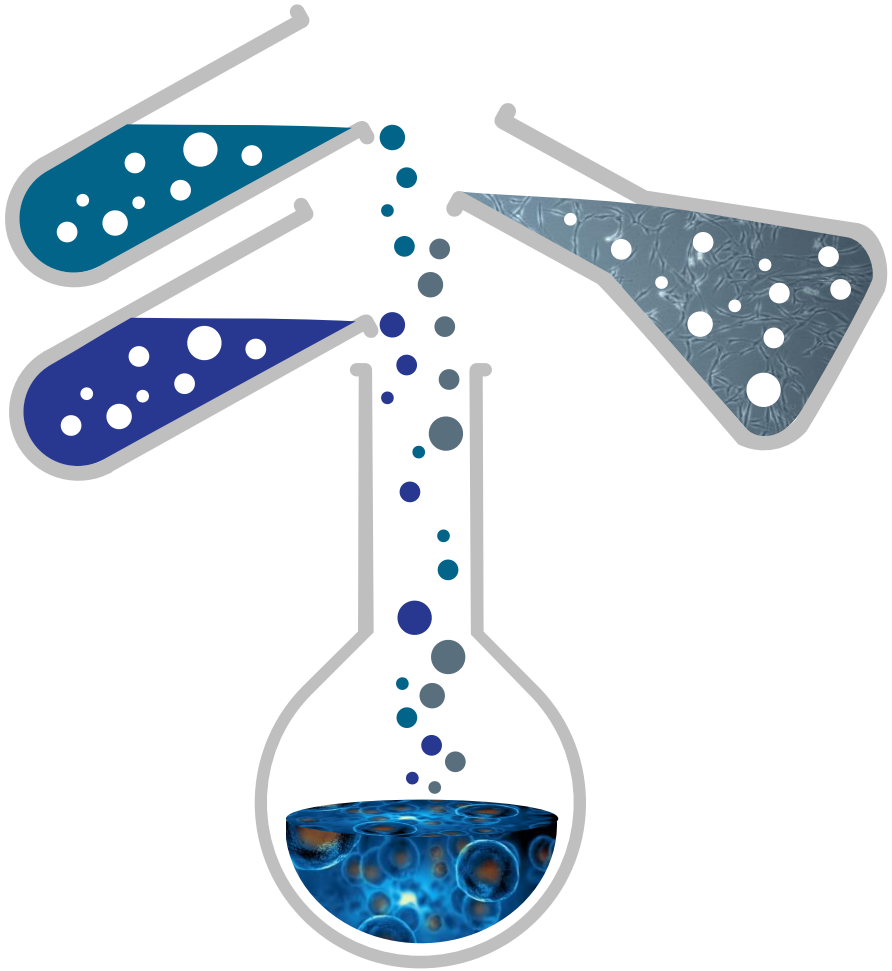




Adapted from: Stem Cells Int. 2019; 2019: 4236973. doi: 10.1155/2019/4236973

MesenCure: A professionalized cell therapy product based on primed and standardized allogeneic adipose MSCs, dedicated to the treatment of pneumonia and ARDS

Professionalization to enhance MSC potency by a timely exposure to a combination of different growth conditions



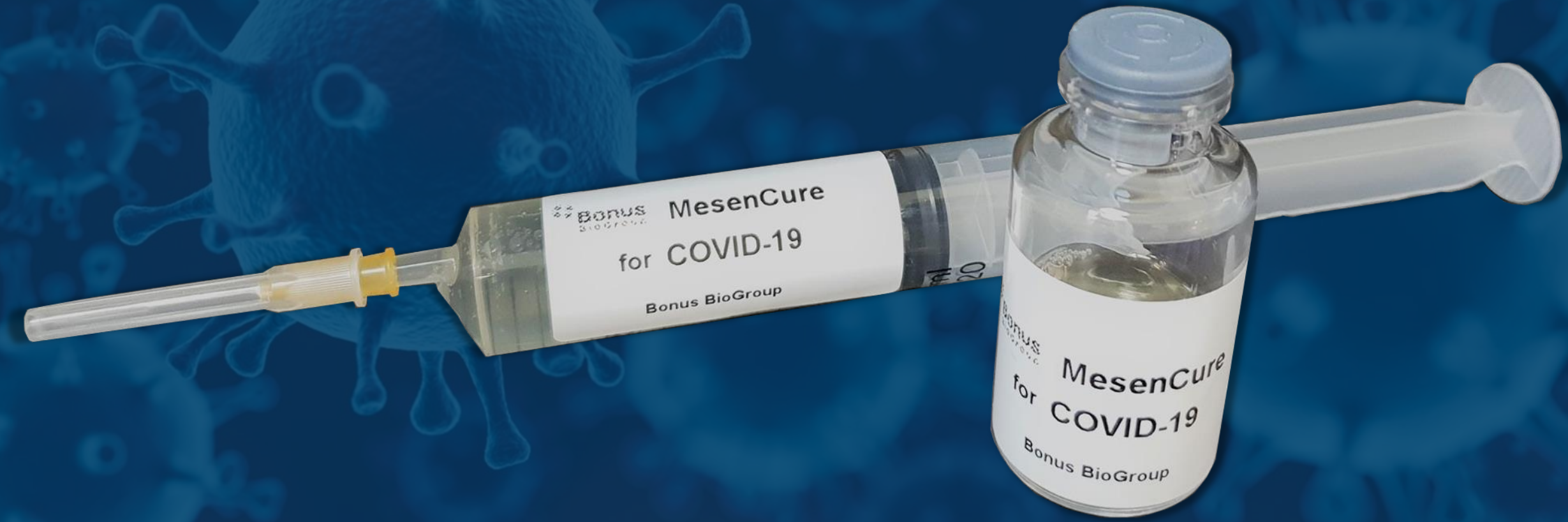
Highly efficient MSC isolation, expansion, and preservation

- No genetic editing — DNA
- Xeno-free — XF
- Fresh (not cryopreserved)

- 45k — < doses per donor cell bank
- 20 — > population doublings
- 4x — < more potent than non-activated MSC

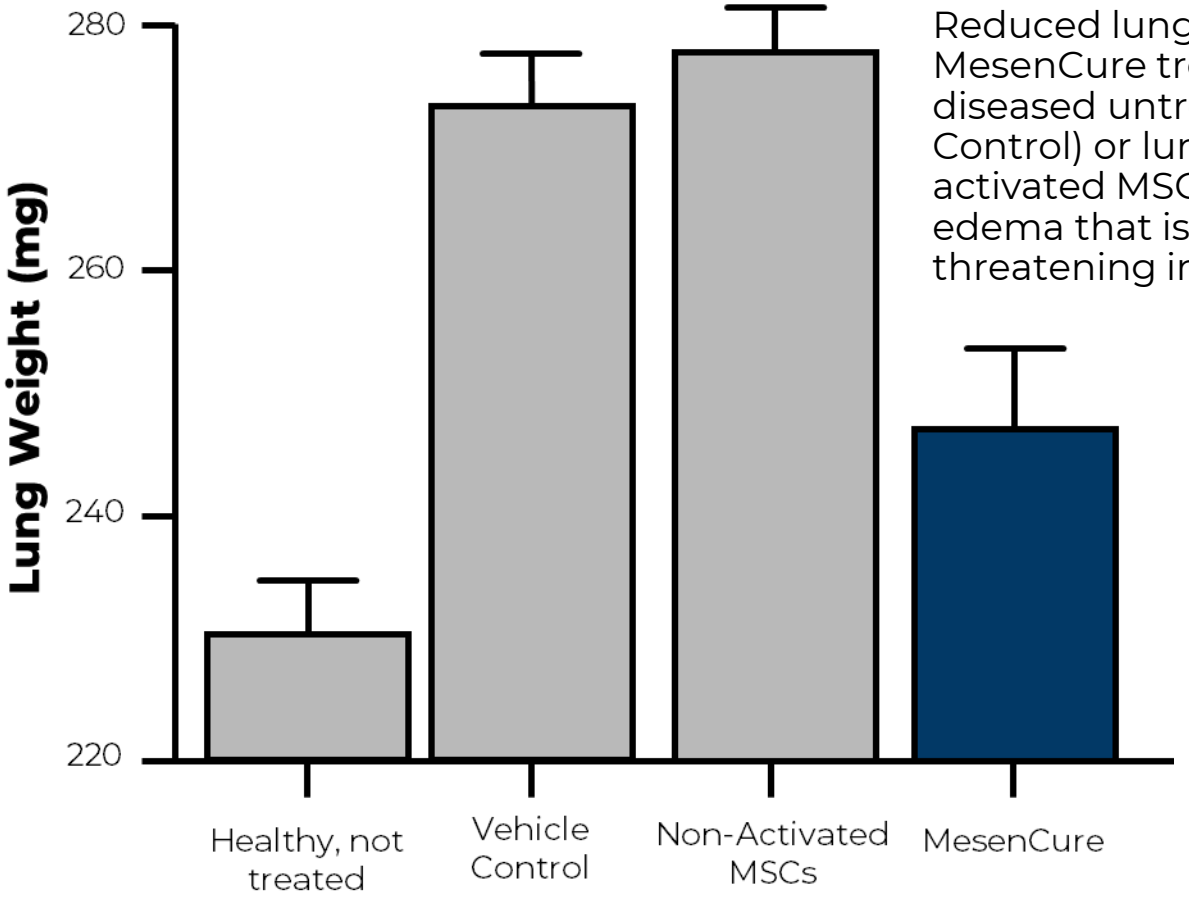
MesenCure

A robust allogeneic, adipose-derived MSC-based therapy enhanced to treat ARDS, including in severe COVID patients



MesenCure, but not Non-Activated MSCs, Reduce Lung Edema by 66%

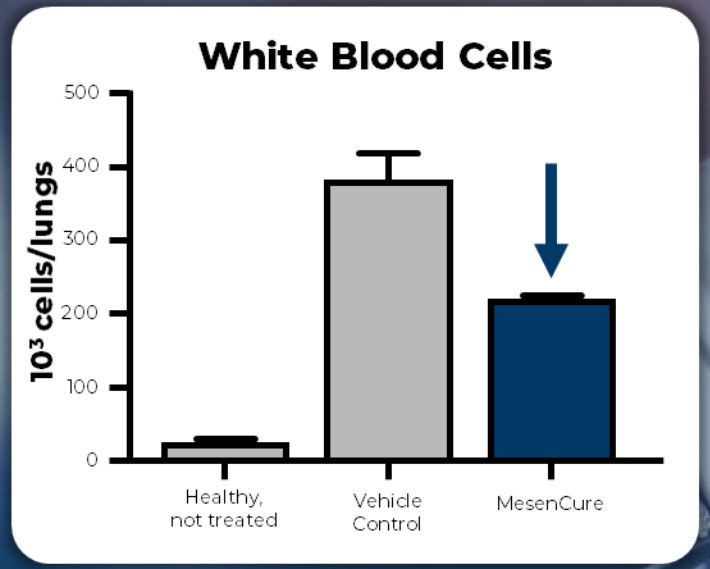
Results from a preclinical model for acute respiratory distress syndrome (ARDS)

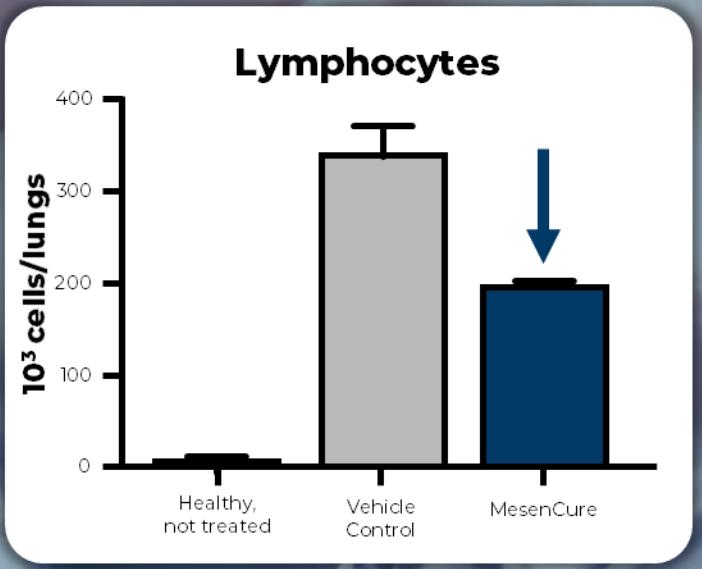


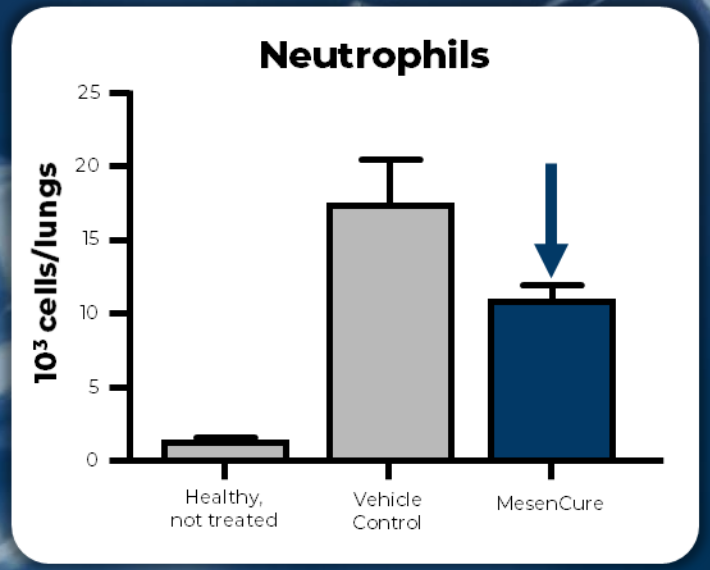
Reduced lung weights following MesenCure treatment, relative to diseased untreated lungs (Vehicle Control) or lungs treated by non-activated MSCs is indicative of reduced edema that is typical and life-threatening in COVID pneumonia.

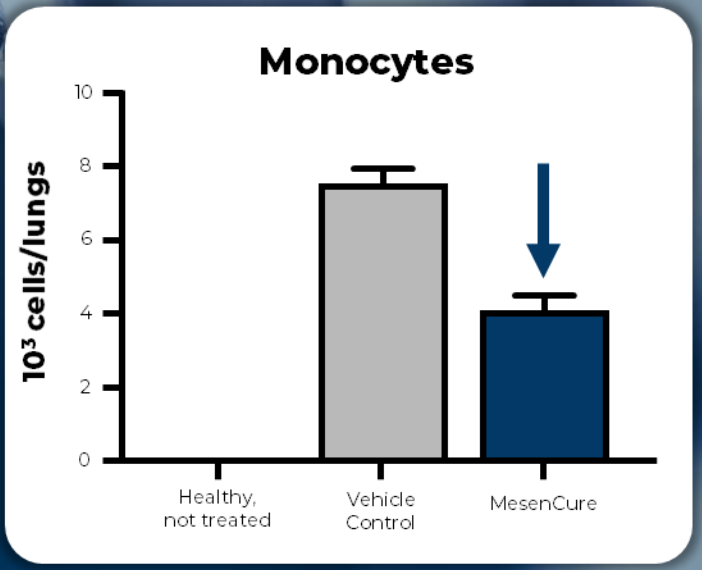
MesenCure Reduced the Levels of Immune Cells in the Lung Fluids by >40%

Reduction in the levels of immune cells in the diseased lungs, following MesenCure treatment and relative to diseased untreated lungs (Vehicle Control), is indicative of reduced pneumonia and better prognosis

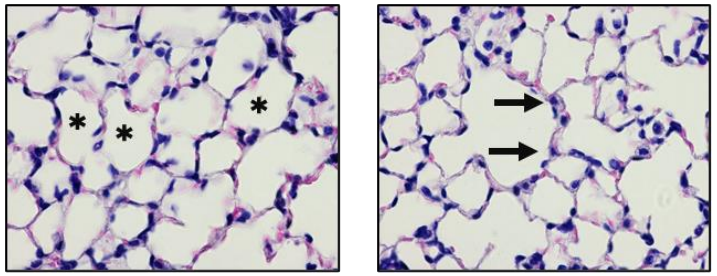




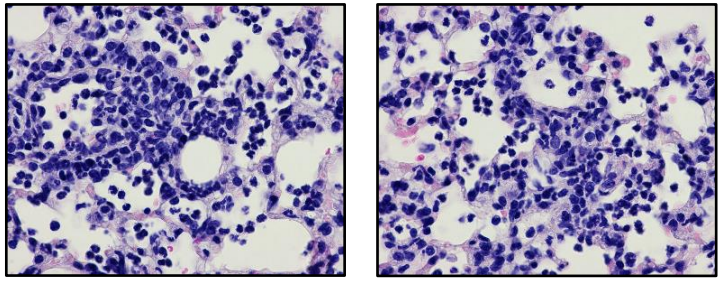




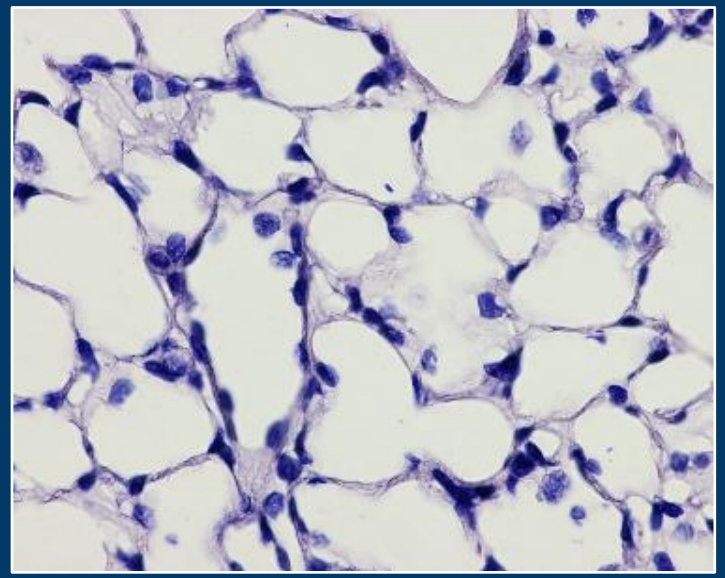
Healthy, non-treated

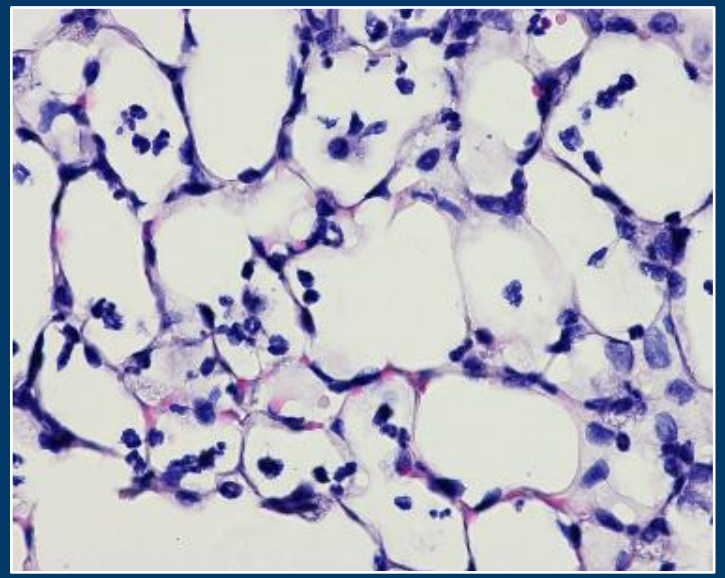


Diseased Lungs



MesenCure





MesenCure reduces the infiltration of immune cells into the lungs healing pneumonia within less than 24 hours

Completed Phase II clinical study

- Controlled Phase II study
- Treating ARDS in severe COVID patients
- 50 severe patients with $SpO_2 \leq 93\%$ and/or diffuse pneumonia were treated with MesenCure on top of the SoC
- Dose: $1.5 \cdot 10^6$ cells/kg BW
- Up to three doses
- Safety and efficacy endpoints tested

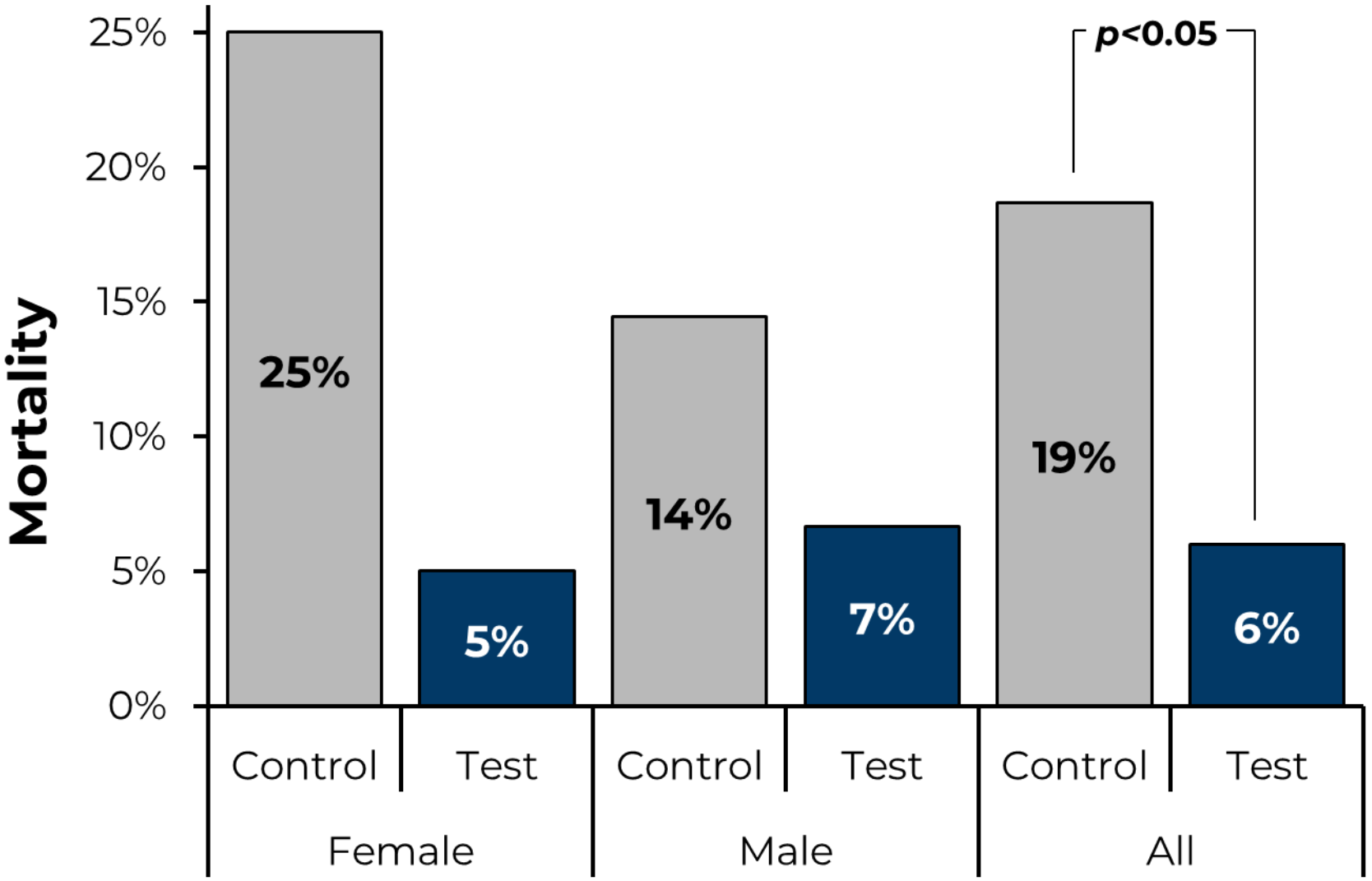
SpO2: Blood oxygen saturation in room air, SoC: standard of care, BW: body weight

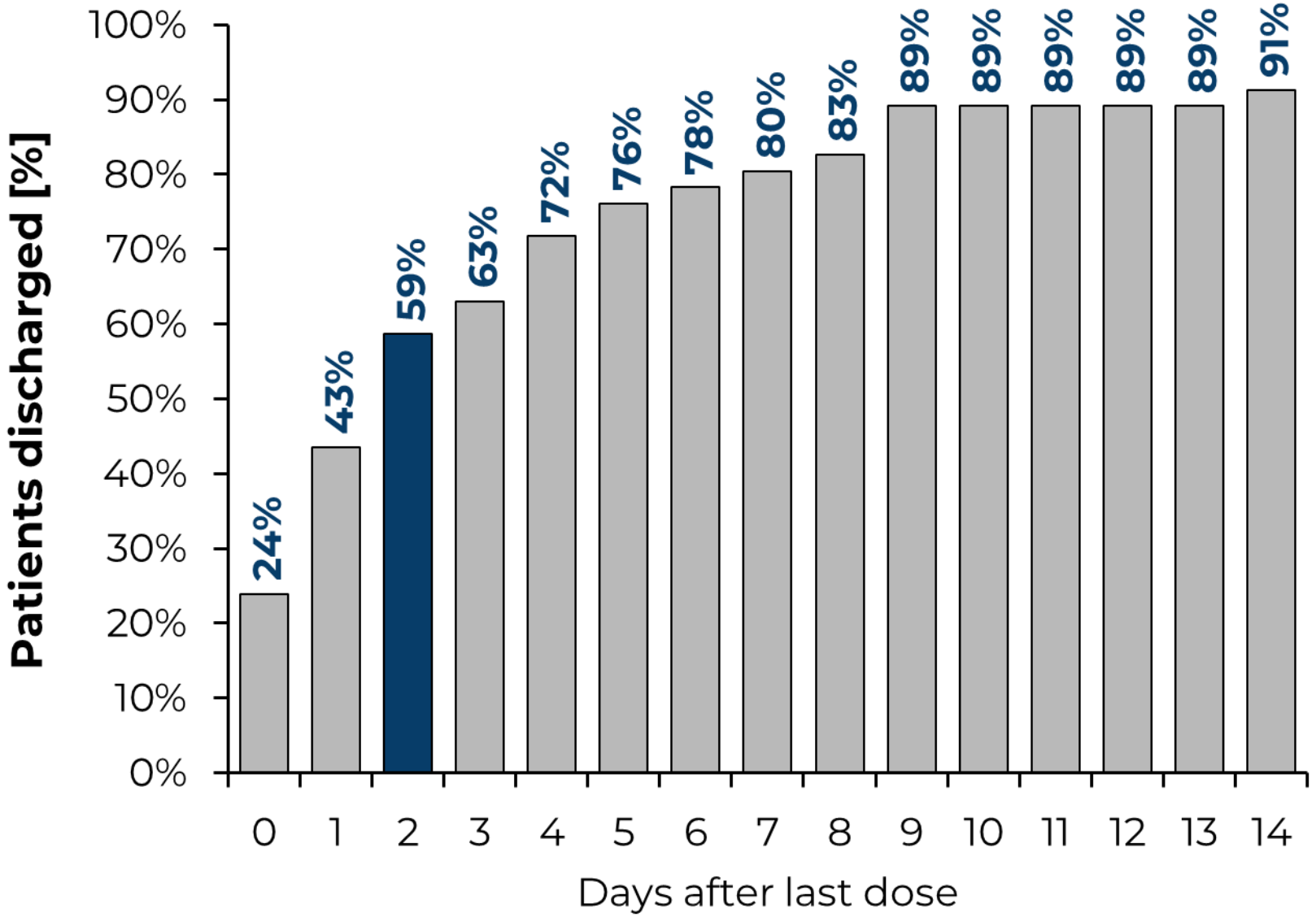
Results of treating 50 severe COVID patients with MesenCure compared to a control group of 150 similar, severe patients that received a standard care

- **68%** reduced mortality ($p < 0.05$)
- **9.4 days** reduced hospital LoS of the most complicated patients* ($p < 0.01$)
- **57%** reduced risk of invasive ventilation ($p < 0.05$)
- **59%** patients released within 2 days after last MesenCure dose
- **52%** reduction in median CRP ($p < 0.0001$) and improvement in respiratory functions and tissue damage markers
- Full safety profile

* Patients with hospital length of stay > 7 days

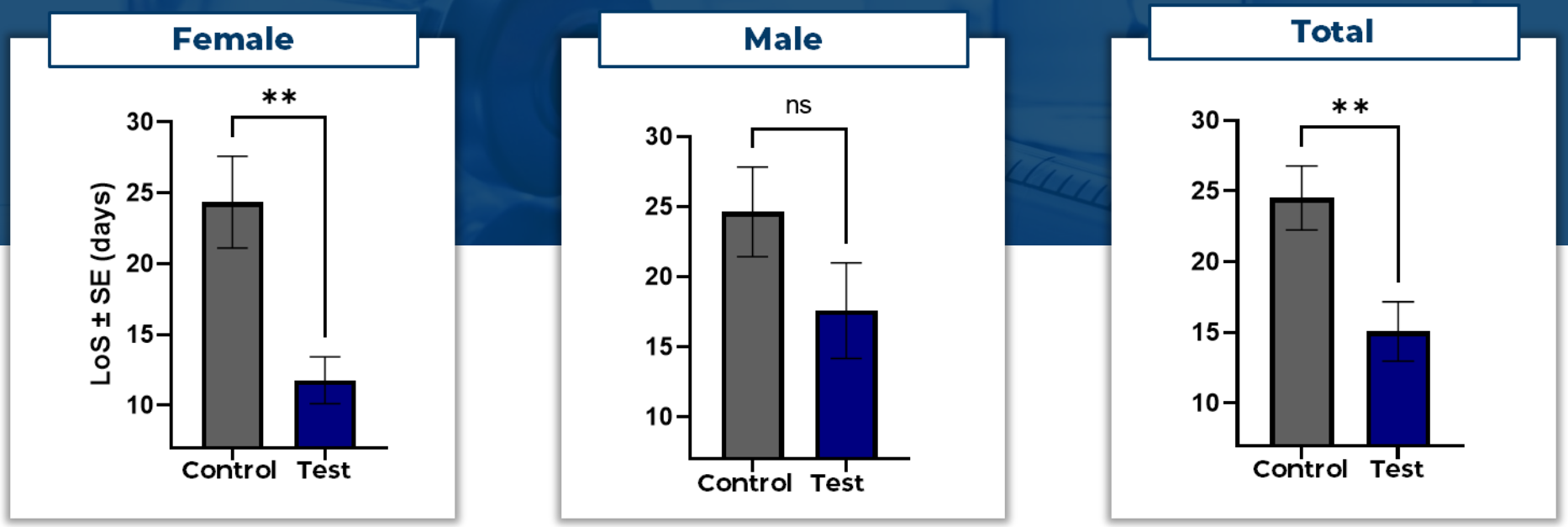
>68% reduced mortality in severe COVID patients treated with MesenCure





Patients treated with MesenCure were discharged after a median of <u>two days</u> after the last dose

MesenCure shortened the hospital length of stay (LoS) of the most complicated patients (LoS > 7 days) by 9.4 days or 38%

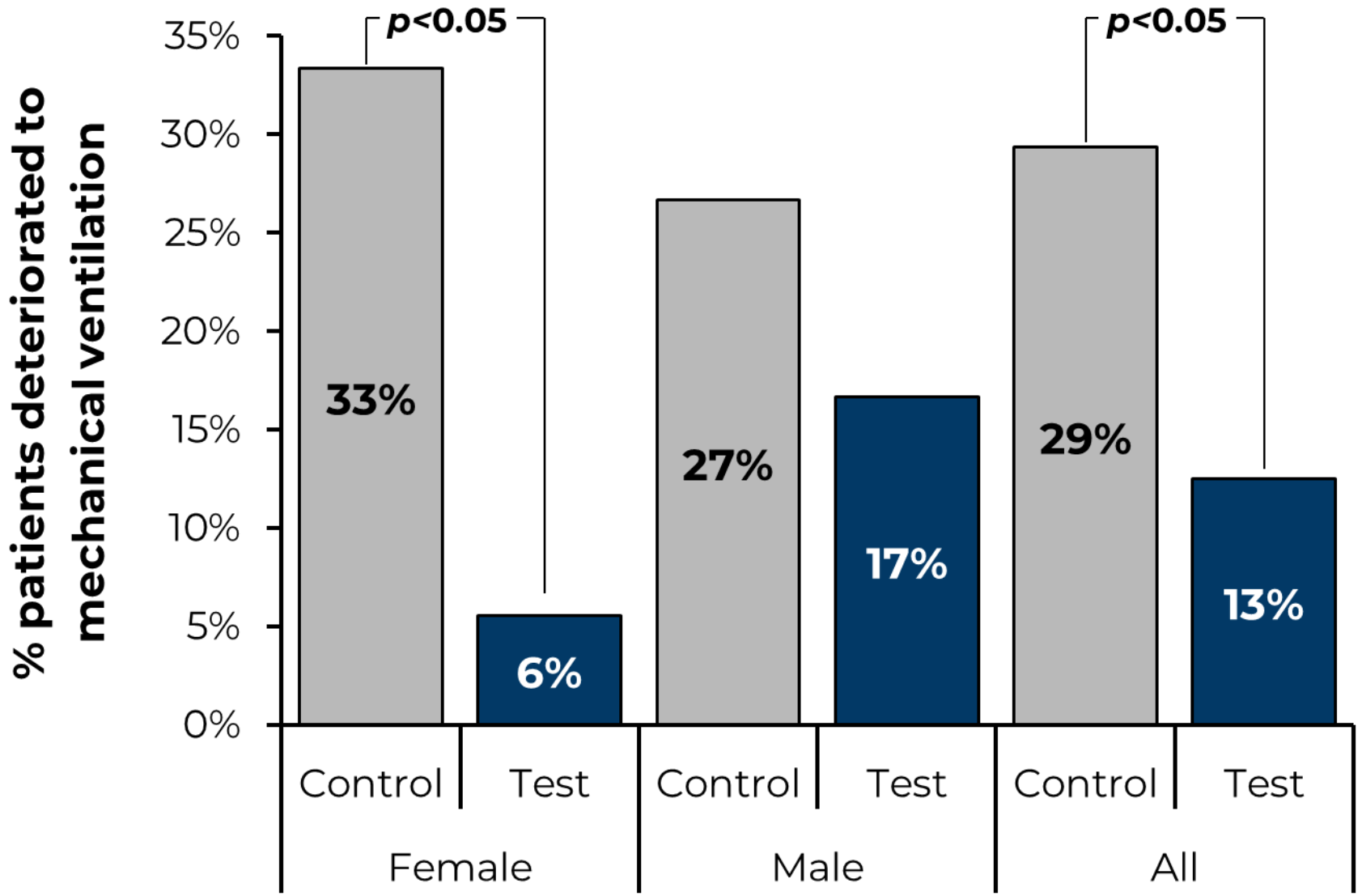


Accelerated healing →

- Less risk for long Covid and reduced disabilities
- Free up hospital and ICU bed allowing better care for other patients
- Reduced immediate and long-term health care burden and costs

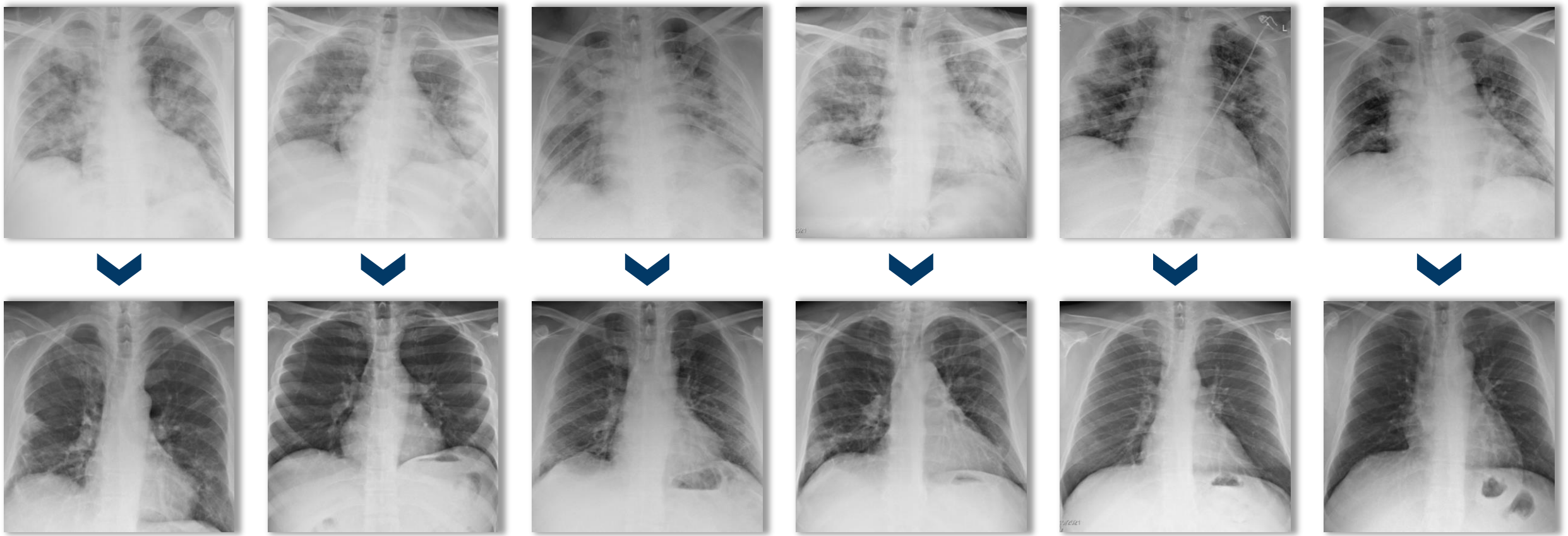
Statistical significance indicators: ns – not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$.

>57% reduced risk of deteriorating to invasive ventilation in severe COVID patients treated with MesenCure



Pulmonary infiltrates are rapidly cleared in severe COVID patients treated with MesenCure

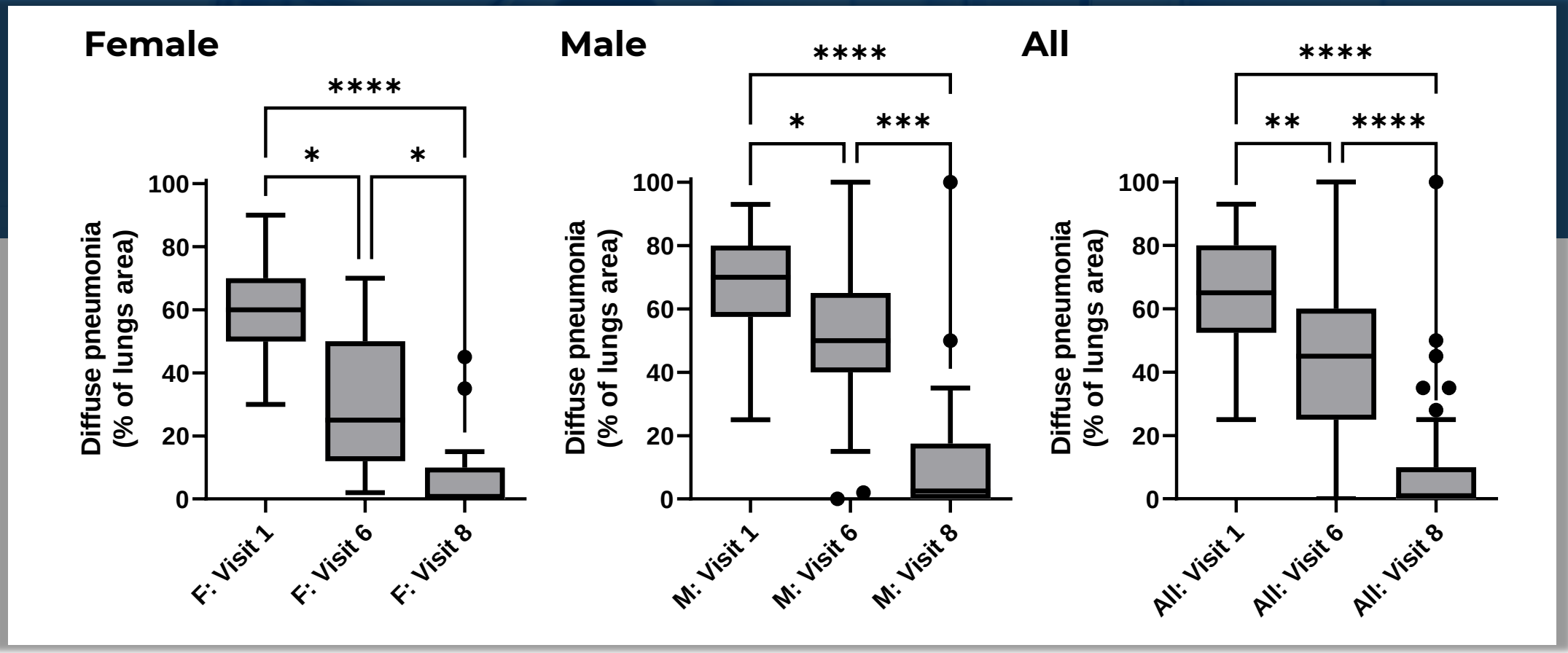
Six representative patients, before MesenCure treatment, lungs are congested with inflammatory infiltrates, obstructing breathing



Approx. 30 days after MesenCure treatment, inflammation is cleared

Bonus BioGroup

Pulmonary infiltrates are rapidly cleared in treated patients



Pneumonia analysis results of severe COVID patients treated with MesenCure

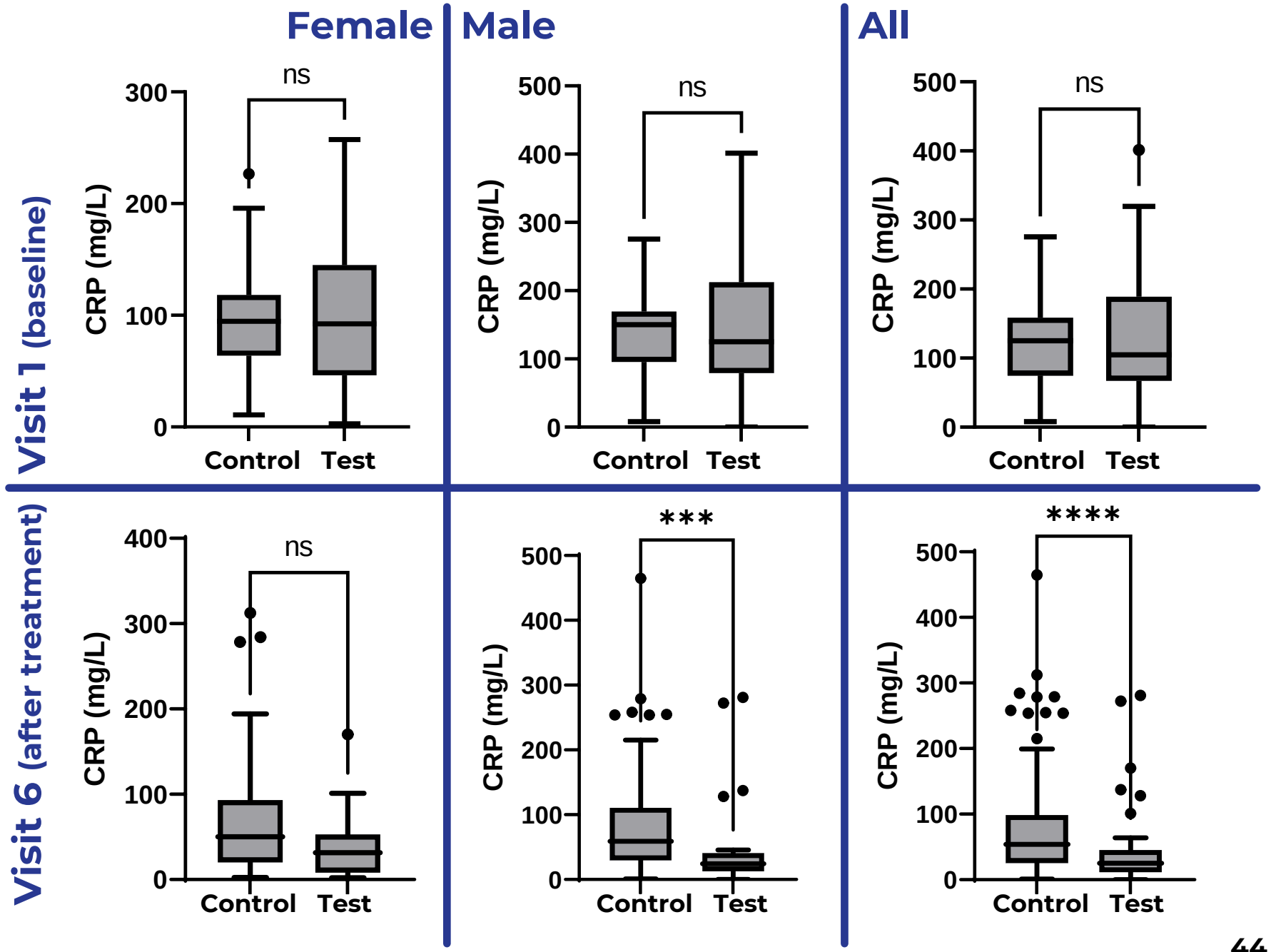
(Visit 1: Screening – up to one day prior to first dose; Visit 6: Up to two weeks after the first dose; Visit 8: Month after the first dose)

Statistical significance indicators: ns – not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$

MesenCure reduced median CRP levels by 52% relative to the control

(Visit 1: Screening – up to one day prior to first dose; Visit 6: Up to two weeks after the first dose)

Norm < 5 mg/L



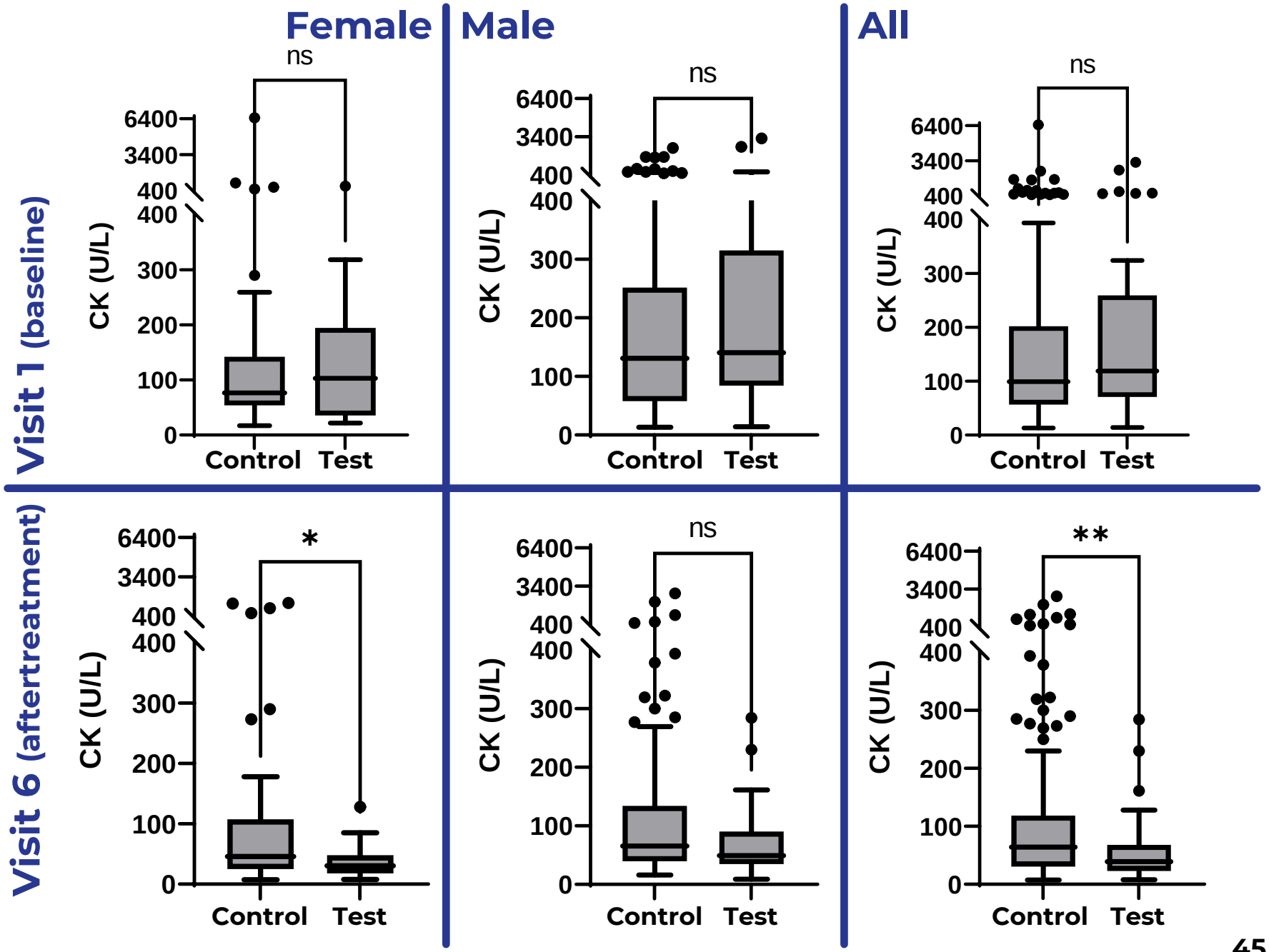
Statistical significance indicators: ns – not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$.

Statistical significance indicators: ns – not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$

MesenCure reduced median CK levels by 33% relative to the control

(Visit 1: Screening – up to one day prior to first dose; Visit 6: Up to two weeks after the first dose)

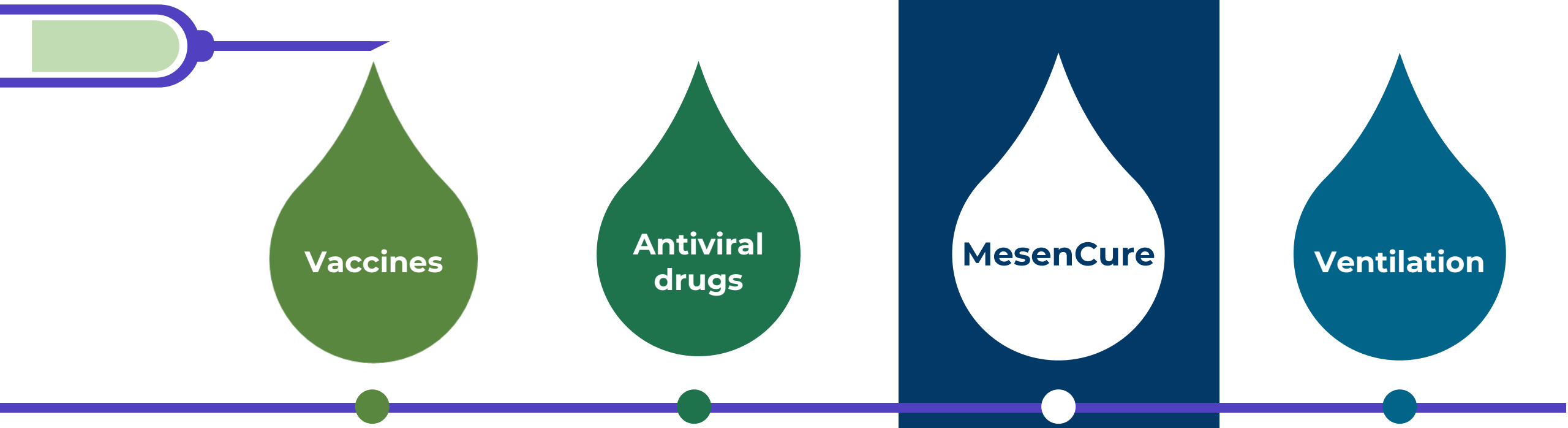
Norm < 171 U/L



Statistical significance indicators: ns – not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$.

Statistical significance indicators: ns – not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$

MesenCure can become an integral part of managing pandemic and endemic COVID



Population protection (alleviate healthcare burden)

Sensitive to viral evolution; limited duration of protection

Mild-to-moderate patients (alleviate healthcare burden)

Not effective in severe patients, effect strongly dependent on application time relative to symptoms onset

For severe patients; save lives and alleviates ICU and healthcare burden

Widely applicable, flexible application time, and insensitive to viral evolution

Critical patients

Supportive care only

Bonus BioGroup

MesenCure revolutionizes COVID treatment via cytokine storm control

Treatment shown highly effective in severe COVID
Culture specifically designed to enhance the cells efficacy in treating COVID

Effective by controlling multiple inflammatory processes
Prevents sudden deterioration, multi-organ failure, and death

Cells injected intravenously reach the lungs
The cells reduce cytokine storm and pneumonia and encourage lung tissue repair

Additional benefits on top of alleviating pneumonia
The cells reduce the risk of long term damage to other tissues, such as the heart, liver, and kidney

High-yiled production capacity, safe and easy to apply
Approx. 50 thousand MesenCure doses can be produced from 1 liter of fat from a single donor

MesenCure applications

Clinical stage

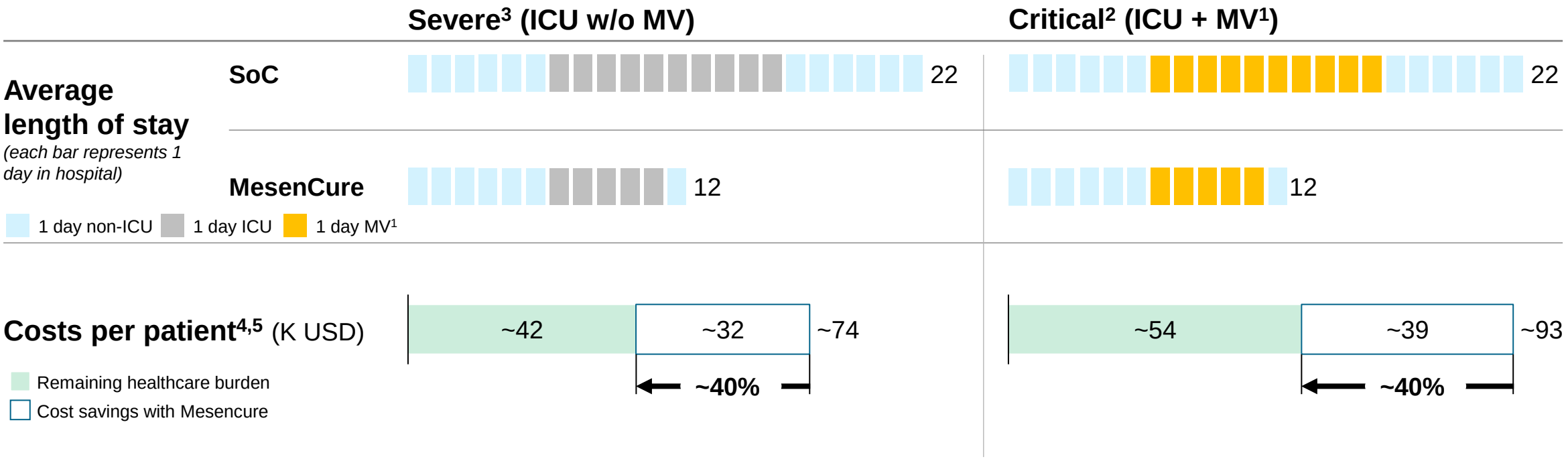
- **Severe/critical COVID**

Development

- **Non-COVID ARDS**
- **Other inflammatory conditions**
- **Lung tissue repair**

MesenCure could reduce average per patient costs by ~40%

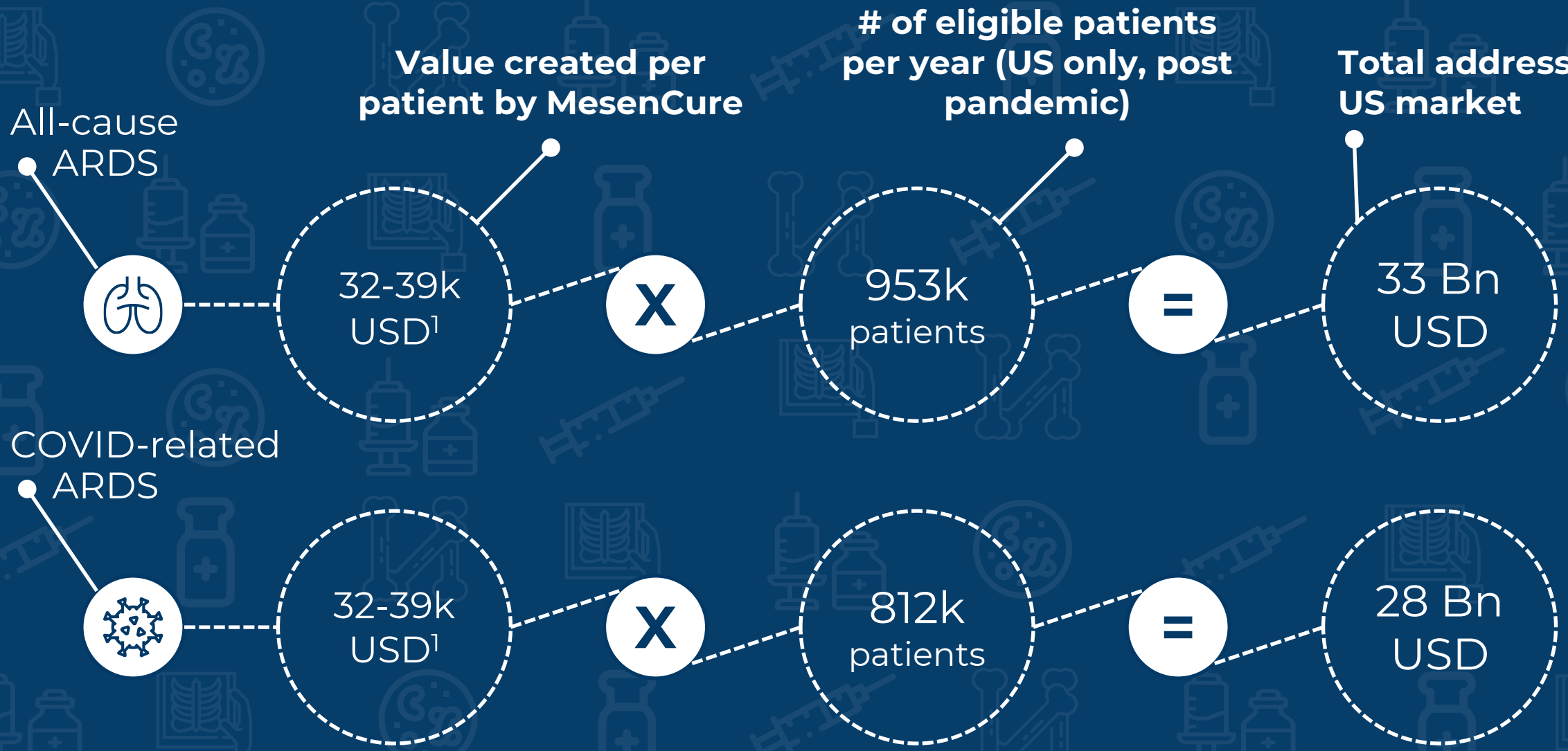
ASSESSMENT AS OF 18/06/2021 – BASED ON MESENCURE TRIAL OUTCOME AS OF MAY 2021 – US ONLY



1. Mechanical ventilation (MV)
2. Critical patients are defined as patients needing ICU with MV. These patients require an average of 6 days hospitalization prior to ICU/MV, 10 days with ICU/MV, and a further 6 days non-ICU prior to discharge. (McKinsey Global COVID Epidemiology Model)
3. Severe patients are defined as patients needing ICU but no MV. These patients require an average of 6 days hospitalization prior to ICU, 10 days in ICU, and a further 6 days non-ICU prior to discharge. (McKinsey Global COVID Epidemiology Model)
4. Cost per day for ICU or ICU with MV were calculated as a sum of daily charges multiplied by hospital-specific cost-to-charge ratios for 253 hospitals across the USA according to Dasta et al.,; non-ICU cost per day was calculated by comparison with existing data on total cost of pneumonia hospitalization as per Broughel et al., divided by number of nights of hospitalization, all according to HCUP data. All costs are inflated to 2021.
5. Cost reduction with MesenCure assumes MesenCure treatment begins when patient becomes severe/critical (ie when transferred to ICU on day 7) as KOLs indicated it would not be a first line treatment. It is assumed that hospitalization continues for 6 days following start of treatment (based on Phase I trial data), with movement out of ICU when treatment finishes and one day prior to discharge.

Additional sources: Sources: McKinsey Global COVID Epidemiology Model; Broughel et al., Dasta et al., HCUP data (cost), , HCUP data (hospitalization length)

In the US, MesenCure could capture, by 2030, a proportion of over 33 Bn USD opportunity in ARDS alone



1. Varies depending on disease severity and varying number of ICU/non-ICU and/or ventilation days

Bonus BioGroup - Intellectual Property

Bonus BioGroup holds rights of exclusive use in seven families of patents and patent applications, including twenty seven approved patents and eighteen patent applications.

Bonus BioGroup's Approved US and EU patents, protect the exclusivity of the use and commercialization of Bonus BioGroup's bone grafts in the US and European countries in the entire bone rehabilitation market, in all medical indications, including oral and maxillofacial surgery, orthopedic surgery, plastic surgery, and any other relevant indications.

- 3 patent families include patent applications specific to bone graft and bone particles, methods for obtaining de novo bone graft/particles and methods for treatment of bone pathologies utilizing our innovative bone graft/particles
- Patent applications relate to biologically active mesenchymal cell for treating cytokine storm
- Patent applications specific to large capillary network, method for obtaining microcapillary network for graft vascularization and method for its utilization within a bone graft for bone pathologies treatment
- Patent applications specific to implantable liposome composition. Method for delivery of bioactive molecules in vivo, by their embedment within liposomes
- Patent applications specific to biologically active nanoparticles. Method for generation of novel bisphosphonate particles and their utilization for clinical applications

Bonus BioGroup: Product Pipeline

PRODUCT CANDIDATE	DISCOVERY	PRECLINICAL	CLINICAL Phase I/II	CLINICAL Phase III
BonoFill™ - bone graft for maxillofacial applications				
BonoFill™ - bone graft for orthopedic applications				
MesenCure – cell therapy for severe COVID patients				
MesenCure – additional applications				
Bone augmentation in osteoporosis patients				
Novel nano-materials for drug delivery				
Vascularized bone grafts				
Soft tissue grafts				

Bonus BioGroup (TASE: BONS) - Listing on the TASE

- Bonus Therapeutics was incorporated under the laws of the State of Israel and commenced operations on 2008, as a private company. As of April 2012, Bonus Therapeutics became a wholly-owned subsidiary of Bonus BioGroup.
- Since then, Bonus BioGroup raised approximately $60 Million Dollars, in public and private placements. The private placements were made at a price per share that was at an average premium of about 17% above the closing share price on the relevant date on the Tel Aviv Stock Exchange.
- The company's shares are included in the TA-125 index, which consists the 125 shares with the highest market capitalization and is the most significant index which considered as the Israel Economy Benchmark Index.
- In 2021, the company raised approximately $11.5 Million Dollars, in private placements at a company value of over 500 Million Dollars.

Bonus BioGroup - Listing on the NASDAQ

- Bonus BioGroup is considering conducting a public offering of its shares on the NASDAQ Capital Market.

- One of the goals of listing the company's shares for trading on NASDAQ, is to use a large financial platform to announce the company's achievements in a sequential manner. We expect that the announcements of the company's worldwide unique achievements, will have an impact on the level of interest in the company and, as a result, on the value of the company.

Leadership

Shai Meretzki, Ph.D., Founder, CEO and President

Dr. Meretzki has proven operational, management and leadership abilities in Life Science companies. Former founder, CEO and CTO of Pluristem Life Systems, Inc. (NASDAQ: PSTI; TASE: PLTR). Dr Meretzki Holds Ph.D. in biotechnology from the Technion - Israel Institute of Technology in cooperation with the Weizmann Institute of Science, Israel.

Yossi Rauch, MBA, Executive Chairman of the Board

Mr. Yossi Rauch served as Chief Economist and Manager of the Economics Department of Leumi PIA, Israel's largest mutual fund company at the time. Mr. Rauch Holds MBA in Finance & Accounting and Computers & Information Systems from the Tel Aviv University and a BA in Economics and Business Administration from Bar-Ilan University.

Yoni Livne, CPA – Chief Financial Officer

Mr. Livne has been serving as Chief Financial Officer since 2014. Before joining Bonus BioGroup, Mr. Livne was Chief Financial Officer at Bee Contact Communication Ltd., a publicly traded company (TASE), and Chief Controller at Dexcel Pharma, a privately held international pharmaceutical company. Mr. Livne holds an MBA in Finance and a BA in Accounting and Economics from The Hebrew University.

Dror Ben David, Ph.D., Head of R&D

Dr. Ben-David is in charge of the company's R&D operations. He is a highly experienced R&D manager who has led the development of all Bonus BioGroup's products. Dr. Ben David holds a PhD degree in medical sciences from the Technion Faculty of Medicine and his main field of expertise is adult stem cells. Formerly, Dr. Ben David served as the manager of the Technion Musculoskeletal Tissue Engineering Lab.

Vered Kivity, Ph.D., MBA, Head of Regulatory and Clinical Affairs

Dr. Kivity is experienced in the global regulatory and clinical affairs landscape throughout the product's lifecycle, with managerial experience from pharma, biotech and medical device companies. Dr. Kivity has led the successful submissions to worldwide regulatory authorities (FDA, EMA, MHRA, CFDA, Health Canada, AEMPS, the Israeli ministry of Health, PMDA). Dr. Kivity holds a PhD degree and an MBA degree from the Technion, Israel institute of Technology.

Why Us?

- Ability to manufacture and supply live tissues and cells with demonstrated efficacy and safety
- Broad R&D pipeline
- Relatively short regulatory process
- Versatile technological platforms suitable for various clinical indications
- Strong IP and high entry barriers for competition
- Multi-billion dollar market potential
- Led by experienced management and expert scientific team

Bonus BioGroup

BRIDGING THE GAP

Dr. Shai Meretzki, PhD. (*CEO & Director*)

info@bonus-bio.com

+972 (0)73 206 7100