HaemaLogiX Pty Ltd

An Immuno-Oncology company

Bioshares Biotech Summit
July 2018

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Our Patients & Disease - Focus multiple myeloma

The Disease - Multiple Myeloma (MM) will approach $10B this year

- A blood (haematological) cancer with **no cure**
- **Cancerous plasma cells grow in the bone marrow** leading to fragility, pain & broken bones
- The disease invades multiple sites in the body
- In the bone marrow **MM dampens or inhibits the patients own immunity**
- **High level of genetic variability and instability**

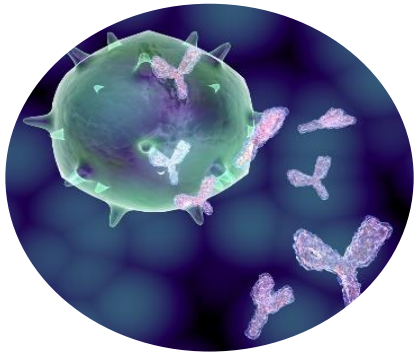
The patient

- **Following early diagnosis treatment is with-held** due to adverse treatment effects
- As disease progresses **patients experience multiple "lines"** of therapy, up to 14 or 15!
- Disease is characterized by a **cycle of relapse, re-treatment & remission** ultimately **leading to refractory disease**
- **Prognosis remains poor**, 6 to 8 years survival

The Treatments

- **Current therapies target both normal cells and malignant cells**
- Combination therapy is the **standard of care, a thalidomide derivative** is a core therapy **($7B)**
- **Stem cell transplant is routine** for <65 yr old's and those with an intact immune system

HaemaLogiX myeloma portfolio status



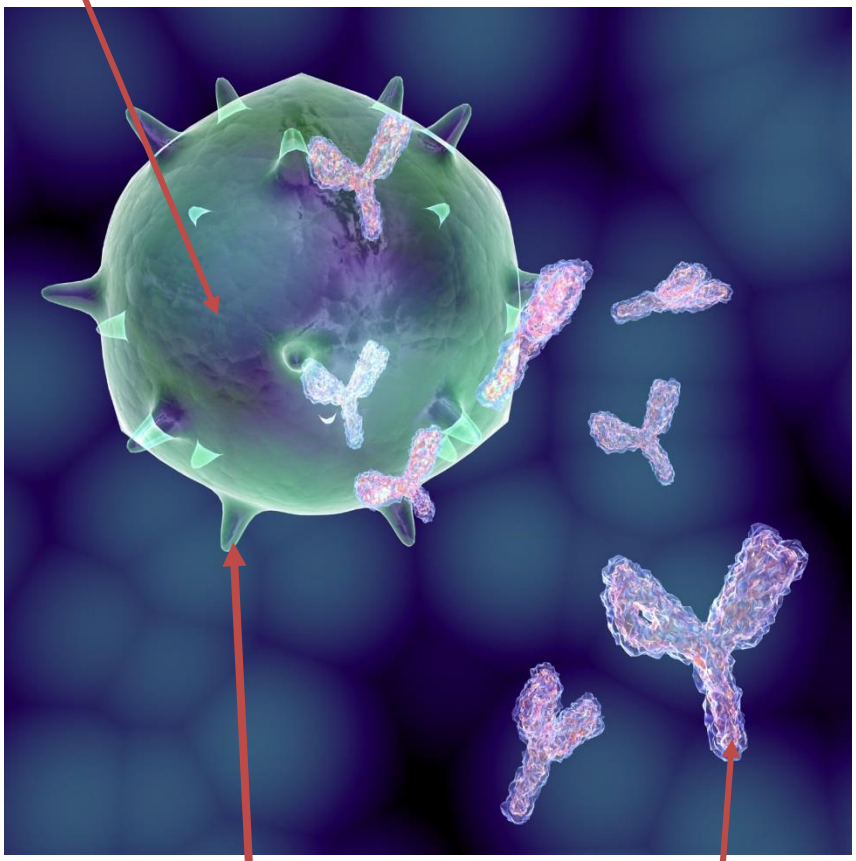
Platform assets

Targets	Naked Antibodies	CAR T-cell
KMA*	**KappaMab** Phase IIb clinical study (comb. w/SOC)	**Kappa CAR T-cell** Concluding preclinical Phase FPV '19
LMA*	**LambdaMab** Candidate selection	**Lambda CAR T-cell** Preclinical dev. Q4 '18

* Malignant B cell surface antigens: Kappa myeloma antigen & Lambda myeloma antigen

Novel antibodies & antigens

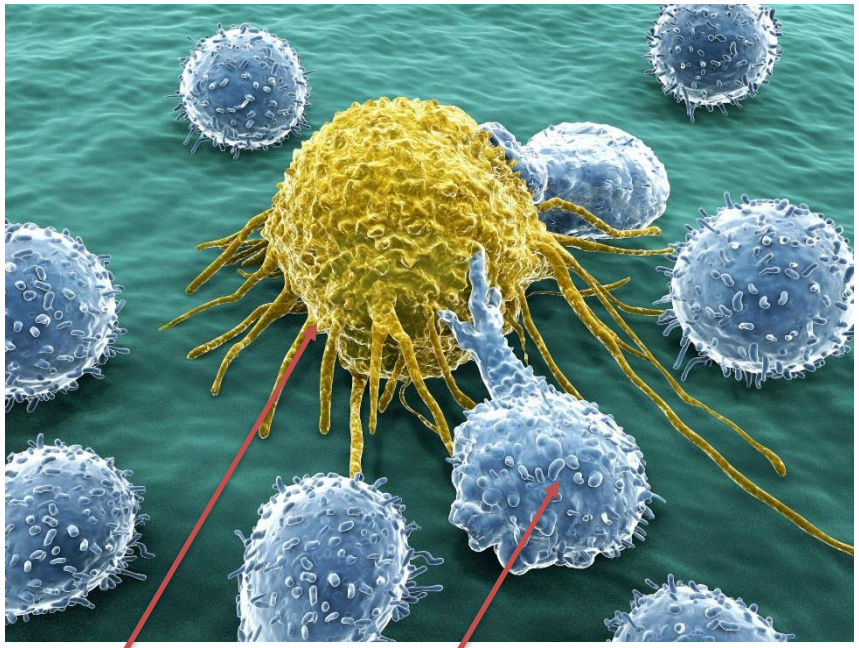
KMab	K CAR T
LMab	L CAR T



- The antigens are **only** present on cancer cells
  - **Antibodies bind selectively to malignant cells**
  - Potential for reduced adverse effects
- Current treatments all have negative impacts on normal cells
- **KMA & LMA may define myeloma subtypes**
  - MM 70% kappa 30% lambda
  - Amyloidosis 70% lambda
  - P.O.E.M.S 100% lambda
- Phase I & II **clinical responses with KappaMab alone & in combination**

Genetically Engineered Immune Cells

KMab	K CAR T
LMab	L CAR T



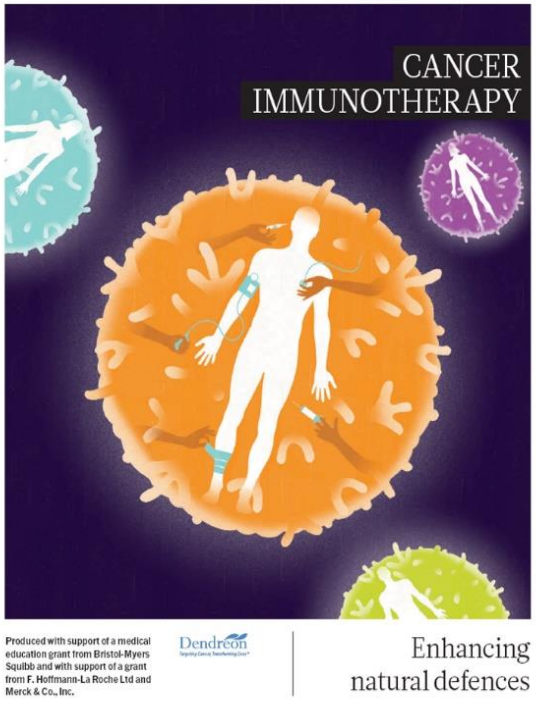
Myeloma cell

Engineered immune cell

- CAR T targets **only** the cancer cells
- **New CAR T-cells have "memory"** (persistence) & reactivate if disease reoccurs
- **Non-Viral vector** key benefits
  - Handling & **capacity**
  - **Load** & Cost
- CAR T treatments have achieved 85%+ responses in **other blood cancers**
  - In **refractory patients**
  - Given 3 to 6 months to live
  - **Durable responses** extend to 7yrs

Immuno-oncology: In the media headlines

KMab	K CAR T
LMab	L CAR T



Clinical Results

Kite Pharma

JUNO THERAPEUTICS

MEMORIAL SLOAN-KETTERING CANCER CENTER · ESTABLISHED 1884 ·

NATIONAL CANCER INSTITUTE

Acquisitions/ Collaborations

Celgene

AMGEN

JUNO THERAPEUTICS

$9B & $11.8B

NOVARTIS

Pfizer

Kite Pharma

IPO's

Kite Pharma

$0.63B & $2.7B

JUNO THERAPEUTICS

Bellicum PHARMACEUTICALS

cellectis

Takeda Deal - Signed Q2

KMab	Kappa	K CAR T
LMab	Lambda	L CAR T

Platforms

Targets	Naked Antibodies	New Therapeutics	CAR T-cell
KMA	KappaMab	Research & Product Dev 2018/19	K CAR T
LMA	LambdaMab	Research & Product Dev 2018/19	L CAR T

Takeda collaboration

Takeda Collaboration

Initial Research Plan (RP):

- Confirm & **add to existing antigen KMA & LMA data**:
  - Confirm presence on malignant B-cells
  - Evaluate presence in newly diagnosed & smoldering MM
  - Examine **co-existence with other common MM antigens**
- **Engineer & characterise *two* new therapeutic agents**

Deal terms:

- **All R&D funded by Takeda**
  - From RP through commercialisation
- **Milestone payments**
  - Modest during RP
  - **Upfront at exercise of License Option,**
  - Milestones for Ph I, II & III clinical starts, regulatory submissions & approvals
  - Tiered sales milestones & royalties
- In aggregate **competitive global deal terms in bio $**

Market opportunities

KMab	Kappa	K CAR T
LMab	Lambda	L CAR T

Patient/treatment opportunities

- Early stage disease
- Elderly over 65 who can not tolerate a stem cell transplant

Catalysts to create value

- Establish a positive benefit/risk profile

- Combination therapy

- Inc. antigens on malignant B-cells
- Increase responses beyond SOC
- Extend durability of response

- Treat refractory patients with CAR T

- Not dependent on immune status
- Potential addition to late stage Tx
- Haem. diseases 80%+ response
- Increase # & durability of responses

- Amyloidosis & P.O.E.M.S. few/no therapeutics approved

- Establish efficacy with Lambda

Clinical data release – potential catalysts

KMab	Kappa	K CAR T
LMab	Lambda	L CAR T

Programs		1H '20	2H '20	1H'21	2H '21	1H '22
Takeda Milestones		LOA Ex.	**PhI FPV**		PHI*	
HLX Clinical Programs						
KappaMab + Rev/Dex		Interim*		**Final 24mth***		
KappaMab +Rev/Dex Exp.				**Interim***		Final 24mth*
KappaMab + Prot. Inhib.		FPV		**Interim***		
Kappa CAR T		Interim*	**Interim***	**Interim***	Interim*	Final 24mth*
Kappa 'Super' CAR T		FPV	**Interim***	**Interim***	Interim*	Interim*
LambdaMab PhI		IND	**FPV**		Interim safety*	Final S&E
Lambda CAR T		FPV	**Interim***	**Interim***	Interim*	Interim*

* Clinical trial results

Exit or IPO window

Summary

KMab	Kappa	K CAR T
LMab	Lambda	L CAR T

- HaemaLogiX has portfolio of **novel immuno-oncology therapies** to compete in a high growth, high value market
- Significant **clinical data releases to drive value** inflection in 2020 & 2021
- Takeda deal provides **a level of validation for HLX technology** & the economics will speak for themselves
- The HaemaLogiX portfolio provides significant **optionality & risk mitigation** approaches
- HaemaLogiX has mapped a **path to commercialisation** through a license, trade sale &/or IPO **in 24 to 30 months**

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Thank you

You questions please!

Genetically Engineered Patient Immune Cells

KMab	Kappa	K CAR T
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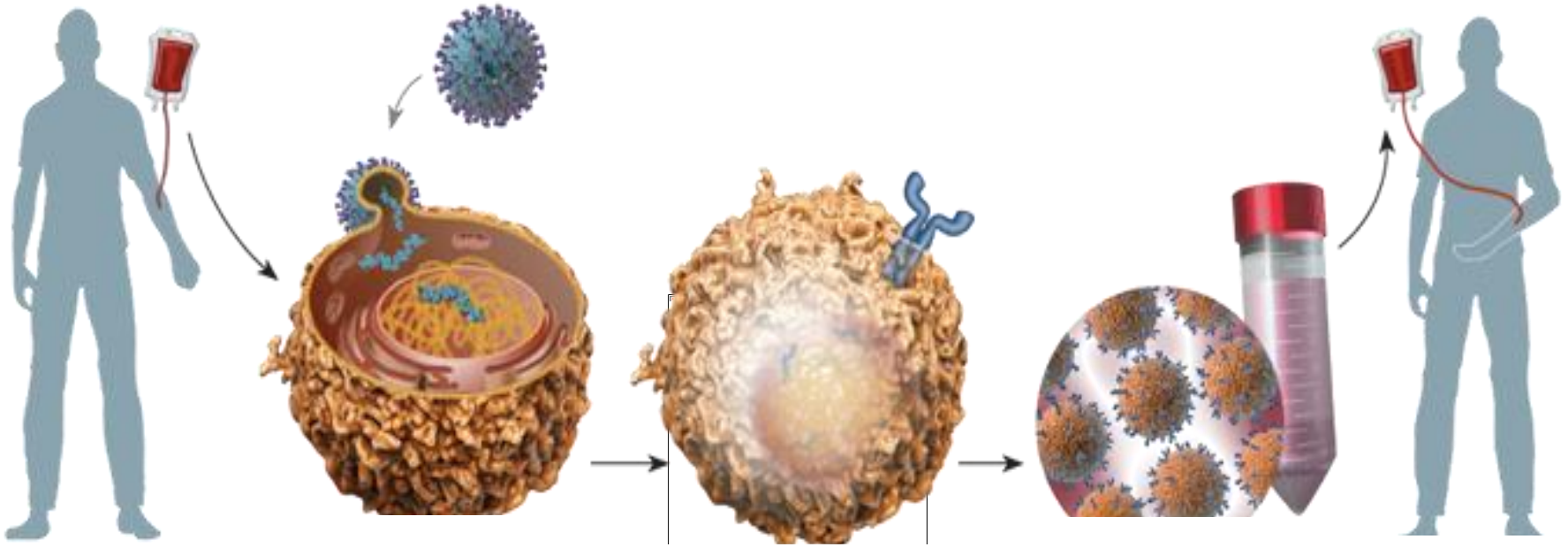

Immune cells are extracted from the patients blood sample

A vector (blue) transfers new DNA code into the immune cells

The immune cells with new DNA produce our antibody on the surface of immune cell

Once inserted millions of the re-engineered immune cells are grown (expanded) in the laboratory

The expanded population of cells is infused back into the patient through a standard transfusion