Non-Independent Research MiFID II Exempt

* SP Angel acts as Joint Broker to Hemogenyx and therefore this information should be viewed as a Marketing Communication

23 July 2020

| Stock Data | |
|--------------------------------------|-----------|
| Ticker | HEMO.L |
| Share Price: | 7.35p |
| Market Cap: | £31.9m |
| Source: London Stock Exchange (prior | r trading |
| day's close) | |

Company Description:

Preclinical stage biotechnology company focused on the development of novel therapies for blood diseases.

Share Price Chart (p)



Source: Bloomberg Terminal

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SPANGEL HEALTHCARE RESEARCH

Hemogenyx Pharmaceuticals plc*

LSE: HEMO.L

*CORP

The pipeline continues to grow

Key points

- CAR-T therapy offers a new treatment modality for treating blood cancers which is complementary to the Group's CDX bi-specific antibody program. The HEMO-CAR platform has shown in vivo anticancer activity and may be an attractive cancer treatment without the toxic side-effects of chemotherapy.
- **COVID-19 opportunity:** Hemogenyx has initiated a project focused on developing a neutralising antibody treatment against SARS-CoV-2, the causative virus of COVID-19. We would expect significant interest in the candidate if preclinical data shows a therapeutic effect against the virus.
- CDX platform: The collaboration with an unnamed major biopharma (GlobalCo) regarding the CDX antibody platform is nearing its conclusion. Upon completion, GlobalCo has three months to decide to in-license the program. If GlobalCo does not exercise its licensing option, Hemogenyx will have 3 months to negotiate its own license. Hemogenyx is confident that whichever scenario is undertaken, the Group is in a position to progress the CDX program towards clinical trials.
- Agreement with Eli Lilly: In June 2020, Hemogenyx struck a Biological Investigation and Material Supply Agreement with Eli Lilly and Co. The agreement is focused on the discovery and validation of novel materials for the treatment of lupus, an autoimmune disease. Hemogenyx will grant Lilly a research license for anything jointly developed under the agreement, as well as an option for an exclusive worldwide license to commercialise jointly developed materials. The agreement highlights the continued ability of the Group to strike agreements with large biopharma companies across its asset pipeline.
- Placing to raise £2.5m provided additional capital to progress multiple opportunities, including the COVID-19 and CAR-T programmes.

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Peer-group review

We have updated the peer group of ex-UK development-stage companies published in the Initiation note (August 2019). Table 1 highlights companies with operations which focus on developing treatments for blood diseases, a core area for Hemogenyx. The average market capitalisation of the peer-group is **£242m**, over 7-fold higher than that of Hemogenyx (Table 1). We also compared the market capitalisation of Hemogenyx to drug developers with phase 2 assets or earlier which are listed on AIM or the LSE standard-list (Table 2). Hemogenyx's current market capitalisation is well below that of the peer-group average of c.**£97.9m**. Although at a preclinical stage, Hemogenyx has a strong pipeline of assets in development, including a COVID-19 program, as well as multiple collaboration agreements and we believe this review highlights the upside potential for the Group.

Table 1: Peer-group analysis of blood disease specialists

| Name | Ticker | Mkt Cap (£m) | Lead asset stage | Lead Candidate | Lead indication |
|------------------------------|----------|--------------|------------------|----------------|-----------------------|
| Average | | 242.0 | | | |
| Hemogenyx Pharmaceuticals Pl | HEMO LN | 31.2 | Preclinical | CDX Ab | AML and conditioning |
| Actinium Pharmaceuticals Inc | ATNM US | 168.6 | Phase 3 | Iomab-B CD45 | BMT conditioning step |
| Aptose Biosciences Inc | APS CN | 354.5 | Phase 1 | APTO-253 | AML & MDS |
| Bellicum Pharmaceuticals Inc | BLCM US | 30.3 | Phase 2/3 | Rivo-cel | BMT |
| Cellectis | ALCLS FP | 570.3 | Phase 1 | UCART19 | ALL |
| Gamida Cell Ltd | GMDA US | 175.2 | Phase 3 | Omiducel | BMT transplant stage |
| Kiadis Pharma Nv | KDS NA | 74.5 | Phase 2 | K-NK002 | BMT |
| Magenta Therapeutics Inc | MGTA US | 294.7 | Phase 2 | MGTA-456 | BMT transplant stage |
| Molecular Templates Inc | MTEM US | 479.0 | Phase 2 | MT-3724 | B-Cell lymphoma |

Source: Bloomberg; Company websites

Table 2: Peer-group analysis of AIM or LSE Standard-listed companies at Phase 2 or earlier

| Name | Ticker | Mkt Cap (£m) | Lead asset stage |
|---------------------------|---------|--------------|------------------|
| Average | | 97.9 | |
| Hemogenyx Pharmaceuticals | HEMO LN | 31.2 | Preclinical |
| C4x Discovery Holdings | C4XD LN | 17.0 | Preclinical |
| Sareum Holdings | SAR LN | 25.2 | Phase 2 |
| Avacta Group | AVCT LN | 335.1 | Preclinical |
| Okyo Pharma | OKYO LN | 68.9 | Preclinical |
| Redx Pharma | REDX LN | 48.8 | Phase 1 |
| Tiziana Life Sciences | TILS LN | 270.4 | Phase 2 |
| E-Therapeutics | ETX LN | 49.4 | Preclinical |
| Scancell | SCP LN | 31.8 | Phase 1/2 |
| N4 Pharma | N4P LN | 7.5 | Preclinical |
| Evgen Pharma | EVG LN | 14.9 | Phase 2 |
| Synairgen | SNG LN | 275.0 | Phase 2 |

Source: Bloomberg; Company websites

Placing to raise £2.5m

In May 2020, Hemogenyx conducted a placing to raise £2.5m (gross) through the placing of 35,714,286 shares at 7p/share.

March 2020 Placing

| Placing | |
|------------------------|-------------|
| Existing shares | 397,253,969 |
| Placing shares | 35,714,286 |
| Enlarged share capital | 432,968,255 |
| Placing price (p) | 7 |
| Placing proceeds (£) | 2,500,000 |

Source: Company announcements

Proposed use of funds

The funds aim to support the Group's COVID-19 project, which includes the discovery and development of neutralising antibodies against the virus, as well as to progress the Group's CAR-T cell therapy program for blood cancer. The Company previously demonstrated in mouse models that HEMO-CAR-T was able to programme human T lymphocytes, a form of immune cell to identify and destroy acute myeloid leukaemia (AML) cells, an aggressive form of blood cancer.

Intended use of funds

| Placing | Funds (US\$) |
|--|--------------|
| COVID-19 program Discovery and ApbHC discovery platform validation | 750,000 |
| CAR-T IND-enabling studies | 1,600,000 |
| Working Capital | 500,000 |
| Total | 2,850,000 |

Source: Hemogenyx plc

Neutralising Antibodies against SARS-COV-2

Although Hemogenyx has been primarily focused on developing therapies for blood diseases, the Group has outlined a new project to use its Advanced peripheral blood Hematopoietic Chimera (ApbHC), a proprietary mouse model system, to develop potential treatments against SARS-CoV-2, the causative agent of COVID-19.

The Group's ApbHC mouse model uniquely exhibits components of a near fully functional human immune system. It was originally developed for in-house testing of Hemogenyx's drug candidates but has since been generating significant interest from industry as an *in vivo* platform for disease modelling and drug development.

In 2019, the Group announced a potential biodefense application of the ApbHC mice, as they were shown to be able to recreate a variety of human antibodies which existed in the donor of blood cells used to make ApbHC. In the future, such antibodies could possibly be quickly produced to neutralise emerging natural and artificially created pathogens (bioweapons). Based on this work, and with the onset of the COVID-19 pandemic, the Group commenced a programme to use ApbHC mice to discover human antibodies which have neutralising potential against SARS-CoV-2.

Neutralising antibodies are immune proteins produced by B-lymphocytes, an immune cell type. The antibodies can target a specific region of the virus and interfere with one of its functions, such as binding to a host cell, to reduce infectivity.

Coronaviruses, including the SARS-CoV-2 virus, have proteins on their surface called spike proteins (S protein), which are used to bind to host cells. Many neutralising therapy candidates for COVID-19 aim to target the S protein in order to block its ability to interact with the host cell, thus 'neutralising' the virus.

Method of neutralising antibodies production

To generate neutralising antibodies specific to SARS-CoV-2, Hemogenyx first needs to develop mice which have a humanised immune system. To do this, the Group is isolating cells from blood samples of COVID-19 survivors and transplanting them into immune-compromised mice. The rationale for using COVID-19 survivors' blood (convalescent blood) is that, having previously been exposed to SARS-CoV-2 and successfully eliminated the infection, these patients' blood samples should contain immune cells which produce effective neutralising antibodies against the virus. Once this step is complete, the resultant mouse should have a humanised immune system with functional B-cells which are producing human anti-SARS-CoV-2 antibodies with neutralising properties.

The mouse, humanised using convalescent blood, will then be challenged with a portion of SARS-CoV-2 virus to expand a population of B cells producing neutralizing antibodies. These cells will then be isolated and sequenced to identify the sequence of neutralizing antibodies for further testing, validation and development.

Advantages over conventional techniques

Hemogenyx's AbpHC platform has been designed to overcome some of the limitations associated with current techniques of antibody discovery which should enable the generation of a diverse pool of human neutralising antibody candidates.

Conventional methods of producing human neutralising antibodies involve the isolation of cells directly from human COVID-19 survivors, followed by further B-lymphocyte isolation and antibody expression and identification. This approach is thought to result in a low diversity of anti-SARS-CoV-2 antibodies.

By using a humanised mouse model, further direct challenge with an antigen of interest such as portions of SARS-CoV-2 is possible. This "re-infection" is thought to stimulate the immune system to amplify the number of antibody-producing B cells and potentially produce a highly diverse pool of humanised neutralising antibody candidates for selection.

Mouse model approach

Hemogenyx has performed studies with ApbHC mice which suggest that the platform overcomes some of the limitations observed in conventional mouse model systems. Hemogenyx's mouse model exhibits a higher level of similarity to portions of the human immune system and has been shown to generate human blood cell lineages such as T-lymphocytes and B- lymphocytes. These cell lines have been shown to be functional and B- lymphocytes can generate human antibodies and T- lymphocytes can generate cytokines upon *in vitro* stimulation. By using a humanised immune system, antibodies produced in AbpHC mice are fully human and hence have a reduced risk of rejection by the patient's immune system when administered as a future therapeutic.

Hemogenyx also has a novel method of processing human blood prior to transplantation into mice which can reduce the risk of Graft vs Host Disease (GvHD) developing and thereby support successful engraftment and immune system development. GvHD is a condition which often occurs in a recipient (mice or human), whereby the transplanted immune cells attack the host, causing morbidities and mortalities. The ApbHC mice also survive much longer than current known models, which may be an attractive feature for future manufacturing scale-up.

AbpHC mice have human blood cells which are able to produce human antibodies





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Current landscape for COVID-19 neutralising antibodies

Neutralising antibody treatment is seen as a promising form of therapy for COVID-19 and there are a number of groups, alongside Hemogenyx, looking to develop treatments. **Regeneron Pharmaceuticals** is using its own mouse model system, VelocImmune[®], to isolate virus-neutralising antibodies. In June 2020, the company began testing of a treatment, known as REGN-COV2, in Phase 1 trials in both hospitalised and non-hospitalised COVID-19 patients. REGN-COV2 consists of two neutralising Abs which both non-competitively target the S protein. Their rationale of using a 'cocktail' treatment compared to a single therapeutic approach is to maintain efficacy in the scenario that the virus mutates to escape treatment.

In May 2020, **Amgen** and **Adaptive Biotechnologies** partnered to develop a neutralising Ab based on the identification of tens of thousands of naturally occurring antibodies from COVID-19 survivors. The project is using Adaptive's high throughput B-lymphocyte receptor screening platform to identify antibodies which bind to the SARS-CoV-2 from blood samples of COVID-19 survivors. No specific target has been disclosed. Vir Biotechnology struck a collaboration agreement with **GSK** to expedite development of two neutralising Ab candidates, VIR-7831 and VIR-7832 which are expected to enter the clinic in H220. The molecules target a region of the SARS-CoV-2 S protein that is shared with SARS-CoV-1 (the causative virus of SARS). The fact this region is conserved may make it more difficult for the virus to escape treatment through mutations in this region.

Eli Lilly and **Abcellera** struck their own collaboration in March 2020, and in June 2020 announced the initiation of a Phase 1 study testing LY-CoV555, a neutralising Ab targeting the S protein in hospitalised COVID-19 patients. In May, Abcellera closed a \$105m series round which included investment from OrbiMed and Eli Lilly. **AstraZeneca** has performed preclinical screening of over 1,500 candidates and in June 2020 announced it has licensed 6 neutralising Ab candidates from **Vanderbilt University**, USA. AZ is looking to select two candidates which bind to different parts of the S protein for entry into the clinic by the end of August 2020.

| Company | Product candidate | Stage |
|-------------------------------------|-------------------|---|
| CSL Behring Sab Biotherapeutics | SAB-185 | Preclinical (Phase 1 planned for 'summer 2020') |
| Regeneron | REGN-COV2 | Adaptive Phase 1/2/3 trials began in June 2020 |
| Eli Lilly Abcellera | LY-CoV555 | Phase 1/2 trials began in June 2020 |
| Celltrion | СТ-Р59 | Phase 1 trial began in July 2020 |
| Amgen Adaptive Biotechnologies | undisclosed | Preclinical |
| Systimmune | SI-F019 | Preclinical (Phase 1 planned by end of 2020) |
| AstraZeneca Vanderbilt University | undisclosed | Preclinical (Phase 1 planned for August 2020) |
| Atreca BeiGene | undisclosed | Preclinical (Phase 1 planned in H121) |
| GSK Vir Biotechnology | VIR-7831/VIR-7832 | Preclinical (Phase 2 planned for July 2020) |

Source: Company websites/The Milken Institute

COVID-19 prognostic test: Cytokine biomarker

Hemogenyx has also initiated a pilot study to investigate the underlying mechanisms behind the observed variance of symptoms between COVID-19 patients, which can range from asymptomatic to life-threatening. If this study is successful, the Group aims to develop and commercialise a test which could stratify patients into different risk categories to help guide therapeutic management.

The pilot study has been designed to investigate a certain group of cytokines taken from COVID-19 survivor blood samples and assess if there is a relationship between disease severity and cytokine levels. Cytokines are small proteins which are involved in communication between cells of the immune system. Higher levels of certain cytokines such as TNF-alpha and Interferon, can have pro- and anti-inflammatory effects and are commonly seen in infections.

An issue with using cytokine-based biomarkers is that there is known to be a high degree of variance in cytokine production between individuals. It is therefore difficult to establish "normal vs abnormal" cytokine profile cut-offs which are consistent across patient populations. However, should a reliable cytokine test be developed, it would significantly support clinical management of patients and guide therapy choice.

CAR-T development programme

Current treatment of blood cancers relies on chemo-/radiotherapy followed by bone marrow transplantation. However, these treatments can be high-risk with harmful side-effects. The development of immunotherapies, such as checkpoint inhibitors, are becoming more established modes of treatments for many cancer types. Rather than directly targeting tumours, immunotherapies prompt the patient immune system to respond to the cancer. They have been shown to produce durable anti-tumour responses which has resulted in long-term remissions without the toxic side effects seen in chemo-/radiotherapy.

What is CAR-T

Chimeric antigen receptor (CAR) is an immunotherapy which involves the reprogramming of T-cells, a form of immune cell, to recognise and attack a specific target, such as a cancerous cell. CAR-T therapy involves removing T-cells from the patient and genetically modifying them to express a CAR on the cell surface. The CAR is designed to recognise specific antigens expressed on the surface of the target cell. Once the CAR-T cell has been generated, the cell population is expanded and infused back into the patient. Antigen recognition by the CAR triggers the T-cell to attack the cancer cell and also releases cytokines which can trigger a potent immune response including T-cell proliferation. CAR-T cells have also been shown to circulate in a patient's bloodstream months after administration, which may help guard against cancer recurrence and lead to longer-term remission.

Hemogenyx's product: HEMO-CAR-T

Hemogenyx, is developing a CAR-T cell therapy for the treatment of acute myeloid leukaemia (AML). AML is an aggressive form of blood cancer with a five-year event-free survival rate of c.20% in adults and up to c.70% in children. Standard of care consists of intensive chemo-/radiotherapy and bone marrow transplantation.

Autologous CAR-T process



Source: US National Cancer Institute

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Hemogenyx's HEMO-CAR platform, could provide an alternative treatment against AML, without the toxic side-effects of chemotherapy.

HEMO-CAR Structure



Source: Hemogenyx

HEMO CAR-T Progress so far

Hemogenyx has constructed a proprietary Chimeric Antigen Receptor, HEMO-CAR. The HEMO-CAR targets FLT3 (fms-like tyrosine kinase 3), a receptor protein which is highly expressed on the surface of AML cells. In January 2020, the Group demonstrated *in vitro* that HEMO-CAR was able to programme human T cells (i.e. convert them into HEMO-CAR-T cells) to identify and destroy human AML-derived cells. In February 2020, the Group replicated these findings *in vivo* using mouse models for AML.

The ability for HEMO-CAR-T to successfully identify and eliminate human AMLderived cells *in vivo* represents an important milestone in the-preclinical development of the technology. With funds from the recent placing, Hemogenyx is looking to progress development of the HEMO-CAR-T into Investigational New Drug (IND)-enabling studies, which include animal pharmacology/toxicology trials, preparations for manufacturing and the establishment of clinical protocols. An IND application is the request for permission from the FDA to initiate human studies of a new drug.

Switch enables tuneable CAR-T to mitigate safety issues

CAR-T therapies have shown impressive anticancer effects; however, the potency of CAR-T can lead to life threatening side-effects such as a damaging inflammatory response known as cytokine release syndrome (CRS) and neurotoxicity. CRS was thought to be the cause of three patient deaths in Kite Pharma's Yescarta marketing approval trials, and in 2017, Juno Therapeutics saw five patients die of brain swelling, known as cerebral edema, in a trial testing JCAR015, a CAR-T against relapsed/refractory acute lymphoblastic leukaemia. To mitigate against this risk, Hemogenyx aims to introduce and test a safety switch within the HEMO-CAR-T therapy. The switch aims to enable clinicians to modulate the activity of HEMO-CAR-T cells in order to increase the safety profile of the potential treatment. Companies such as Bellicum Pharmaceuticals have designed a CAR-T therapy which is only active when a small molecule, rimiducid, is also administered to the patient. This enables clinicians to alter the CAR-T activity by modulating the dosage of rimiducid.

Peer Group and deal activity

CAR-T remains a nascent field and there are currently only two CAR T-cell therapies which have received US FDA approval, both in 2017. Novartis' Kymriah (tisagenlecleucel), was approved for the treatment of B-cell acute lymphoblastic leukaemia. Kymriah was shown to have an overall remission rate of 83% within three months of treatment. Yescarta (axicabtagene ciloleucel), developed by Pharma (bought by Gilead for \$12b) received approval for Kite relapsed/refractory acute lymphoblastic leukaemia. Yescarta was shown to have a remission rate of 58% at 24 months. FY19 sales of Yescarta were \$456m, whilst Kymriah brought in \$278m in sales in 2019. An issue which has impacted sales of these approved therapies is their high-price, costing c.\$400k for a course. This cost is partially due to the complex nature of manufacturing CAR-T therapies on a patient-by-patient basis. As such, multiple one-size-fits-all approaches are currently in development to address this issue. The eventual development of an off-the-shelf product should reduce costs associated with CAR-T and drive clinical adoption.

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Although there are only two approved CAR-T therapies, there is considerable interest in the sector with multiple agreements being struck at different stages of development. Should HEMO-CAR-T generate positive data in IND-enabling studies, this should put the Group in a good position to initiate discussions with potential partners. The Group has proven experience in striking agreements at a preclinical stage. This has been demonstrated by the agreement with GlobalCo regarding the CDX antibody program as well as the Orgenesis and Janssen agreements regarding the AbpHC mouse model system.

Selected CAR-T deals

| Year | Company | Company | Deal type | Upfront | Biodollars | Lead asset stage at time of deal |
|----------------|--------------------------|-------------------|--------------------------------------|-------------|---|---|
| 2013 | Celgene | bluebird bio | Collaboration & License Agreement | undisclosed | \$225m/product in potential option fees and milestones. | Phase 1 |
| 2014 | Pfizer | Cellectis | Collaboration & License Agreement | \$80m | \$185m/product in potential option fees and milestones. | Preclinical |
| 2015 | Astellas Pharma | Bellicum | Collaboration & License Agreement | undisclosed | undisclosed | Preclinical |
| 2015 | Gilead | Kite | Acquisition | \$11.9b | undisclosed | BLA under review |
| 2017 | Gilead | Cell Design Labs | Acquisition | \$567m | \$322m | Preclinical |
| 2017 | Bluebird Bio | TC BioPharm | Collaboration & License Agreement | \$16m | undisclosed | Preclinical |
| 2017 | J&J - Janssen Biotech | Legend Biotech | Collaboration & License Agreement | \$350m | undisclosed | under review by China Food and Drug Administration (CFDA) |
| 2020 | J&J - Janssen Biotech | Fate Therapeutics | Collaboration & License Agreement | \$50m | up to \$1.8b in milestones | Phase 1 |
| 2020 (amended) | BMS | bluebird bio | Collaboration & License Agreement | \$200m | undisclosed | BLA under review |
| 2020 (amended) | Servier | Cellectis | License Agreement | \$28m | \$410m | Phase 1 |
| 2018 | Celgene | Juno Therapeutics | Acquisition | \$9b | undisclosed | Phase 1 |
| 2019 | Allogene | Notch | Collaboration and license agreement | \$10m | \$283m | Preclinical |

Source: Company websites

Selected CAR-T therapies

| _Company | Product | Target | Indication | Phase |
|-----------------------|-------------------------------------|----------------------------|-----------------|-------------------------|
| Gilead Sciences | Yescarta (axicabtagene ciloleucel) | autologous anti-CD19 CAR T | r/r ALL | US/EU Approval |
| Novartis | Kymriah (tisagenlecleucel) | autologous anti-CD19 CAR T | r/r ALL | US/EU Approval |
| Bristol-Myers Squibb | Liso-cel (Lisocabtagene maraleucel) | allogenic anti-CD19 CAR T | B-cell lymphoma | BLA under review by FDA |
| Allogene Therapeutics | ALLO-501 | allogenic anti-CD19 CAR T | B-cell lymphoma | Phase 1 |
| Crispr Therapeutics | CTX120 | allogenic anti-BCMA CAR T | r/r MM | Phase 1 |
| Cellectis/Servier | UCART19 | allogenic anti-CD19 CAR T | B-cell lymphoma | Phase 1 |
| Autolus | AUTO1 | allogenic anti-CD19 CAR T | r/r B-ALL | Phase 1/2 |
| 181 | JNJ-4528 | allogenic anti-BCMA CAR T | r/r MM | Phase 1b/2 |
| BMS/Bluebird bio | ide-cel (idecabtagene vicleucel) | allogenic anti-BCMA CAR T | r/r MM | Phase 2 |

Source: Company websites; r/r: relapsed/refractory; ALL: Acute Lymphoblastic Leukaemia; MM: Multiple Myeloma

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General Update

The recent initiation of a COVID-19 project and the rapid development of the CAR-T programme highlight the ability of Hemogenyx to expand its pipeline into areas of unmet need. Alongside these developments, the Group continues to make progress across its existing asset pipeline of treatments including its CDX antibody programme, for which the Company is concluding discussions with an unnamed multinational biopharmaceutical company (GlobalCo), which could result in a significant licencing agreement.

Development agreement with GlobalCo nearing completion

Hemogenyx's lead asset is a bispecific antibody-based immunotherapy known as a CDX antibody (CDX Ab). CDX Abs aims to redirect the patient's own immune cells to selectively target blood stem cells and certain types of blood cancer. CDX could be used as a direct therapy to eliminate diseased cells or to clear unwanted blood stem cells prior to a bone marrow transplant.

In May 2018, Hemogenyx struck a development agreement with GlobalCo regarding its CDX Abs. Hemogenyx is receiving technical support from GlobalCo with Hemogenyx granting the partner the option of an exclusive worldwide licence to commercialise its CDX Abs. The partnership has resulted in the generation of CDX Ab variants which appear to be of clinical grade and the collaboration agreement was expected to complete in April 2020. However, due to the ongoing Covid-19 pandemic's impact on GlobalCo's operation, the agreement is being extended by three months to properly complete the work required.

The outcome of this agreement is that Hemogenyx will either license a CDX Ab to GlobalCo or will in-license GlobalCo's improvements to the asset on favourable terms. The result of these discussions is difficult to predict, however, should the partner license the CDX Ab product we would expect Hemogenyx to receive a substantial upfront payment and then for GlobalCo to finance and manage the rest of the development programme. We would also expect Hemogenyx to secure significant future milestone and royalty payments.

Agreement with Eli Lilly provides additional potential for licencing agreements

In June 2020, Hemogenyx struck a Biological Investigation and Material Supply Agreement with Eli Lilly and Co ("Lilly"). As part of the agreement, Lilly is supplying Hemogenyx with material and confidential information for use in R&D work aimed at the discovery and validation of novel materials for the treatment of systemic lupus erythematosus (Lupus), an autoimmune disease. Hemogenyx will grant Lilly a research license for anything jointly developed under the agreement, as well as an option for an exclusive worldwide license to commercialise jointly developed materials.

Humanised mouse model

Aside from the COVID-19 neutralising antibody project, Hemogenyx is continuing to develop its humanised mouse model platform for in-house testing as well as a commercial tool for biopharma companies. Immugenyx, LLC, the subsidiary developing the model, has multiple ongoing collaborations in place including ones with Johnson & Johnson, Orgenesis and an unnamed major biopharma company (GlobalCo). These projects not only demonstrate the interest in the Group's platform but should provide the Company with an immediate revenue stream as it progresses its other assets into the clinic.

The Group is using its mouse model as a platform to discover and develop a cellbased treatment of systemic lupus erythematosus (SLE aka lupus). Individuals affected by the disease exhibit increased mortality and a lower quality of life when compared to the general population. There are a limited number of treatment options for Lupus, leading to considerable interest in developing new treatments.

In 2011, GSK received US approval for Benlysta, an antibody treatment thought to have been the first treatment approved for SLE in the past 60 years. GSK reported £613m in sales for FY19, up 30%y/y. AstraZeneca is looking to file for regulatory approval of its antibody therapy for SLE, anifrolumab, after Phase 3 results in 2019. In June 2020, AbbVie acquired the rights to ALPN-101, a Phase 2 ready SLE candidate from Alpine Immune Sciences. Alpine received a \$60m upfront payment and up to \$805m in conditional milestones.

Selected collaboration agreements

| Agreement | Partner/Date | Key Terms |
|---|---------------------------|---|
| Biological Investigation and Material Supply Agreement for the Development of New Treatments for Autoimmune Diseases | Eli Lilly June 2020 | Lilly to supply Hemogenyx with certain materials to perform research and development activities aimed at the discovery and validation of novel material to be used for the treatment of SLE Under the Agreement, the Company will grant Lilly a research license for anything jointly developed under the Agreement, as well as an option for an exclusive worldwide license to commercially exploit jointly developed Materials. |
| Research Agreement to develop humanized mice as a tool for drug development and testing | GlobalCo October 2019 | Immugenyx to grant an unnamed global pharmaceutical company (GlobalCo) a worldwide, non-exclusive, royalty- free licence to any know-how and any patent(s) and patent application(s) arising from the Agreement. Immugenyx will also grant to GlobalCo an option to an exclusive licence of patent(s) or patent application(s) arising from the Agreement. GlobalCo to pay US\$75,000 to Immugenyx for the research it conducts |
| Collaboration, License and Investment by Orgenesis | Orgenesis October 2018 | In October 2018, two of the Group's subsidiaries received investment via a convertible loan facility from Orgenesis, a US biotechnology company. Immugenyx LLC, developing the AbpHC mouse model, received \$1m on a pre-money valuation of US\$8m whilst Hemogenyx-Cell SPRL, developing the Hu-PHEC cell therapy, received \$1m on a pre-money valuation of US\$12m. In return for these investments, Orgenesis is receiving a non-exclusive global licence to commercialise and market the subsidiaries' technology, with each subsidiary receiving a 12% royalty on net revenues generated from the technology. Also, Orgenesis has an option to invest additional funds into the subsidiaries, between US\$0.5m and US\$1m, in the three years following the start of the agreement. |
| Collaboration agreement for the development of a model of systemic lupus erythematosus | Janssen October 2018 | Hemogenyx partnered with Janssen LLC, a subsidiary of Johnson & Johnson. The collaboration aims to develop a model of human lupus using the AbpHC mouse model which can be used to understand mechanisms of the disease and to develop new treatments. This collaboration is expected to generate an undisclosed amount of revenue. |
| Development agreement for CDX antibodies development | GlobalCo May 2018 | Hemogenyx has granted an unnamed leading biopharmaceutical company (GlobalCo) a research license for anything jointly developed under the agreement and an option for an exclusive worldwide license to commercially exploit CDX antibodies which will be jointly developed under the Agreement. Hemogenyx will receive on a cost-free basis technical support, access to advanced methods of discovering, developing and engineering antibodies, and certain IP which is expected to assist the successful preclinical development of the Hemogenyx's lead candidate bi-specific CDX antibodies |

Source: Hemogenyx plc

Hu-PHEC

The Group continues to progress development of its Hu-PHEC cell therapy candidate into clinical trials via Hemogenyx-Cell SPRL, a wholly owned subsidiary established in Belgium in April 2019. The subsidiary is looking to strike a partnership with a Belgian-based partner to support the further development of Hu-PHEC, which could involve the construction of a cell bank.

Intellectual property update

Hemogenyx continues to extend its patent portfolio to provide adequate protection from competition. In February 2020, the Group received approval by the US Patent and Trademark Office for a patent related to the Group's Hu-PHEC cell therapy. The patent, entitled *Post-Natal Hemogenic Endothelial Cells and their isolation and use* covers a method of isolation and identification of Hu-PHEC cells, as well as methods to utilise the cells to regenerate the blood system in a patient. In July 2019, the Company filed a new patent application regarding the CDX Ab, with a composition of matter patent application expected to be filed upon the completion of the development agreement with GlobalCo.

Financials

Income Statement (£)

| Fiscal Year | 2016A | 2017A | 2018A | 2019A |
|---|-------------|-------------|-------------|-------------|
| Fiscal Period end date | 31/12/2016 | 31/12/2017 | 31/12/2018 | 31/12/2019 |
| Revenue | - | - | - | |
| Administrative expenses | (447,152) | (837,060) | (1,630,222) | (1,589,407) |
| Depreciation Expense | (11,870) | (33,614) | (51,805) | (94,726) |
| Operating profit/EBIT | (459,022) | (870,674) | (1,682,027) | (1,684,133) |
| Other income | - | 101,138 | 91,357 | 213,126 |
| Finance costs | (11,817) | (10,741) | 4,374 | 14,191 |
| Finance costs | - | (1,631,020) | (1,779) | (31,328) |
| Profit before tax | (470,839) | (2,411,297) | (1,588,075) | (1,488,144) |
| Income tax credit (expense) | - | 49,698 | 43,751 | 35,000 |
| Profit after tax | (470,839) | (2,361,599) | (1,544,324) | (1,453,144) |
| Translation of foreign operations | 26,526 | (36,652) | 51,031 | 16,176 |
| Comprehensive income/(loss) to the year | (444,313) | (2,398,251) | (1,493,293) | (1,436,968) |
| Weighted average number of ordinary shares in issue | 145,166,853 | 260,270,699 | 360,125,230 | 360,719,748 |
| EPS (£) | (0.00) | (0.01) | (0.43) | (0.40) |

Source: Company financial reports

Cash flow (£)

| Fiscal Year | 2016A | 2017A | 2018A | 2019A |
|--|------------|-------------|-------------|-------------|
| Fiscal Period end date | 31/12/2016 | 31/12/2017 | 31/12/2018 | 31/12/2019 |
| EBIT | (470,839) | (2,361,599) | (1,544,324) | (1,453,144) |
| Depreciation & Amortisation | 11,870 | 33,614 | 51,805 | 94,726 |
| EBITDA | (458,969) | (2,327,985) | (1,492,519) | (1,358,418) |
| Share based payments | - | 35,492 | 309,322 | 122,487 |
| Change in trade and other payables | 9,507 | 7,637 | (98,670) | (17,880) |
| Change in trade and other receivables | (163,209) | 86,260 | (19,266) | 16,056 |
| Change in prepayments | - | - | - | - |
| Working capital movements | (153,702) | 93,897 | (117,936) | (1,824) |
| Operating CF | (612,671) | (2,198,596) | (1,301,133) | (1,237,755) |
| Interest | 12,035 | 10,462 | 1,773 | 31,328 |
| Capex | (188,785) | (64,257) | (24,589) | (11,918) |
| Tax | - | - | - | - |
| FCF | (789,421) | (2,252,391) | (1,323,949) | (1,218,345) |
| Acquisitions/Disposals | - | - | - | - |
| Cash acquired on acquisition | - | 1,098,640 | - | - |
| Working capital changes applicable to pre-acquisition retained earnings | - | (1,145) | - | - |
| Share issues/reverse acquisition | 754,914 | 1,616,129 | - | - |
| Debt movements | - | (399,422) | 1,180,908 | (39,393) |
| Reverse Acquisition Expense | - | 1,631,020 | - | - |
| Other non cash items | 60,358 | 105,000 | - | - |
| Change in cash | 25,851 | 1,797,831 | (143,041) | (1,257,738) |
| FX effect on cash | 13,982 | (8,399) | 28,814 | (6,011) |
| Cash at beginning of period | 47,390 | 87,223 | 1,876,655 | 1,762,428 |
| Cash at end of period | 87,223 | 1,876,655 | 1,762,428 | 498,679 |

Source: Company financial reports

Balance sheet (£)

| Fiscal Year | 2016A | 2017A | 2018A | 2019A |
|--------------------------------------|------------|-------------|-------------|-------------|
| Fiscal Period end date | 31/12/2016 | 31/12/2017 | 31/12/2018 | 31/12/2019 |
| PPE | 175,797 | 191,578 | 173,943 | 123,922 |
| Right of use asset | - | - | - | 109,442 |
| Intangible assets | 281,577 | 257,525 | 272,753 | 262,050 |
| Non-current assets | 457,374 | 449,103 | 446,696 | 495,414 |
| Trade and other receivables | 162,059 | 69,784 | 90,475 | 55,804 |
| Cash and cash equivalents | 87,223 | 1,876,655 | 1,762,428 | 498,679 |
| Current assets | 249,282 | 1,946,439 | 1,852,903 | 554,483 |
| TOTAL ASSETS | 706,656 | 2,395,542 | 2,299,599 | 1,049,897 |
| Called up share capital | 1,010,849 | 3,600,514 | 3,601,762 | 3,612,429 |
| Share premium | - | 7,341,056 | 7,340,267 | 7,699,789 |
| Other reserves | - | 369,147 | 620,059 | 399,229 |
| Reverse asset acquisition reserve | | (6,157,894) | (6,157,894) | (6,157,894) |
| Foreign currency translation reserve | 22,668 | (13,984) | 37,047 | 53,223 |
| Retained Earnings | (645,383) | (3,006,982) | (4,482,075) | (5,953,294) |
| Total equity | 388,134 | 2,131,857 | 959,166 | (349,035) |
| Trade and other payables | 16,687 | 7,333 | 167,607 | 141,677 |
| Accruals and deferred income | - | 256,353 | - | 39,896 |
| Current borrowings | 38,489 | - | - | - |
| Current liabilities | 55,176 | 263,686 | 167,607 | 181,573 |
| Lease liabilities | | | | 73,192 |
| Non-current Borrowings | 263,346 | - | 1,172,826 | 1,144,167 |
| Non-Current liabilities | 263,346 | - | 1,172,826 | 1,217,359 |
| TOTAL LIABILITIES | 318,522 | 263,686 | 1,340,433 | 1,398,932 |
| TOTAL EQUITY + LIABILITIES | 706,656 | 2,395,543 | 2,299,599 | 1,049,897 |

Source: Company financial reports

Disclaimer: Non-independent research

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Recommendations are based on a 12-month time horizon as follows:

Buy - Expected return >15%

Hold - Expected return range -15% to +15%

Sell - Expected return < 15%