

HEMOGENYX
PHARMACEUTICALS

A NEW ERA

for the treatment of blood diseases

Corporate Presentation

July 2021

Leukemia

Myeloma

Lymphoma

IMPORTANT NOTICE

The information contained in this Presentation has not been approved by an authorised person within the meaning of the Financial Services and Markets Act 2000 ("FSMA"). Reliance upon this Presentation for the purpose of engaging in any investment activity may expose an individual to a significant risk of losing all amounts invested. If any person is in any doubt as to the contents of this Presentation, they should seek independent advice from a person who is authorised for the purposes of FSMA and who specialises in advising on investments of this kind. This Presentation is being supplied to you solely for your information and does not purport to contain all information that may be required to evaluate Hemogenyx Pharmaceuticals plc (the "Company"). This Presentation has been prepared by, and is the sole responsibility of, the Company. The directors of the Company have taken all reasonable care to ensure that the facts stated herein are true to the best of their knowledge, information and belief.

This Presentation does not constitute, or form part of, an admission document, listing particulars, a prospectus or a circular relating to the Company, nor does it constitute, or form part of, any offer or invitation to sell or issue, or any solicitation of any offer to purchase or subscribe for, any shares in the Company nor shall it or any part of it, or the fact of its distribution, form the basis of, or be relied upon in connection with, or act as any inducement to enter into any contract. Any investment in shares in the Company should only be made by you on the basis of your own judgment as to the merits of the suitability of the shares for your purposes, having taken all such professional advice you consider necessary or appropriate in the circumstances.

No reliance may be placed for any purpose whatsoever on the information or opinions contained in this Presentation or on its completeness, accuracy or fairness thereof, nor is any responsibility accepted for any errors, misstatements in, or omission from, this Presentation or any direct or consequential loss however arising from any use of, or reliance on, this Presentation or otherwise in connection with it.

This Presentation may not be reproduced or redistributed, in whole or in part, to any other person, or published, in whole or in part, for any purpose without the prior consent of the Company. The contents of this Presentation are subject to updating, completion, revision, further verification and amendment without notice.

The Company's ordinary shares have not been, and are not expected to be, registered under the United States Securities Act 1933, as amended, (the "US Securities Act") or under the securities laws of any other jurisdiction, and are not being offered or sold, directly or indirectly, within or into the US, Australia, Canada, France, Japan, New Zealand, the Republic of Ireland, the Republic of South Africa or Switzerland, or to, or for the account or benefit of, any US persons or any national, citizen or resident of the US, Australia, Canada, France, Japan, New Zealand, the Republic of Ireland, the Republic of South Africa or Switzerland.

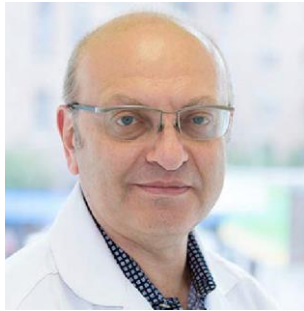
This Presentation or documents referred to in it contain forward-looking statements. These statements relate to the future prospects, developments and business strategies of the Company and its subsidiaries (the "Group"). Forward-looking statements are identified by the use of such terms as "believe", "could", "envisage", "estimate", "potential", "intend", "may", "plan", "will" or the negative of those, variations or comparable expressions, including references to assumptions. The forward-looking statements contained in this Presentation are based on current expectations and are subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied by those statements. If one or more of these risks or uncertainties materialises, or if underlying assumptions prove incorrect, the Group's actual results may vary materially from those expected, estimated or projected. Given these risks and uncertainties, potential investors should not place any reliance on forward-looking statements. These forward-looking statements speak only as at the date of this Presentation. The Company is under no obligation to, and expressly disclaims any intention to, update or revise such forward-looking statements, estimates or projections.

By accepting receipt of, or electronically accessing, the Presentation, you agree to be bound by the above limitations and conditions and, in particular, you represent, warrant and undertake to the Company that (i) you will not forward the Presentation to any other person, or reproduce or publish this document, in whole or in part, for any purpose and (ii) you have read and agree to comply with the contents of this disclaimer.



Dr Vladislav Sandler PhD

FOUNDER AND CHIEF EXECUTIVE OFFICER



- Widely published stem cell scientist with decades of experience in scientific research
- Research conducted at Children’s Hospital at Harvard Medical School, the Salk Institute for Biological Sciences, Harvard University and Albert Einstein College of Medicine. Led a team of scientists at Advanced Cell Technologies, Inc. and Weill Cornell Medical College
- Dr Sandler was awarded the inaugural Daedalus Fund Award for Innovation at Cornell
- Discovered the science behind Hemogenyx

Professor Sir Marc Feldmann

CHAIRMAN



- Medicine and PhD in Immunology from the Walter and Eliza Hall Institute of Medical Research
- Discovered the pivotal role of TNF in rheumatoid arthritis and led development of anti-TNF antibodies, the world’s best-selling drug class
- Received multiple prizes for his discovery including Crafoord prize in Sweden, Albert Lasker Clinical Medical Research Award, and Canada-Gairdner award
- Leads several projects aiming to define treatments for major unmet needs

Andrew Wright

CO. SEC./FINANCIAL CONTROLLER



- Trained in audit at PricewaterhouseCoopers
- Chief Administrator Officer of Thomas Murray and Director of Thomas Murray Digital
- Director of Trayned Insight, a healthcare and pharmaceutical data science company
- MBA in Finance and Strategy from the UCLA Anderson School of Management in Los Angeles, USA

Non-Executive Directors

Alexis Sandler

- Co-founder and COO in US
- Attorney specialising in intellectual property
- Associate General Counsel for a major New York cultural institution and Secretary of the Board for contemporary art space MoMA PS1



Peter Redmond

- Over 30 years’ experience in corporate finance and venture capital
- Has reconstructed AIM companies which have subsequently been acquired and established operating businesses
- Chairman of Pires Investments plc and URA Holdings plc





Hemogenyx benefits from an experienced commercial and scientific advisory board which includes two Lasker awardees (aka ‘the American Nobels’)

Professor Sir Marc Feldmann

CHAIRMAN



- Medicine and PhD in Immunology from the Walter and Eliza Hall Institute of Medical Research
- Discovered the pivotal role of TNF in rheumatoid arthritis and led development of anti-TNF antibodies, the world’s best-selling drug class
- Received multiple prizes for his discovery including Crafoord prize in Sweden, Albert Lasker Clinical Medical Research Award, and Canada-Gairdner award
- Leads several projects aiming to define treatments for major unmet needs

Dr H. Michael Shepard

SCIENTIFIC ADVISOR



- PhD in Cellular Molecular Developmental Biology
- Discovered importance of HER2 in tumor resistance and developed trastuzumab/Herceptin to treat breast cancer
- In 2019 received Albert Lasker-De Bakey Clinical Research Award for discovery of trastuzumab/Herceptin
- Warren Alpert Prize for treatment of breast cancer

Dr Koen van Besien

SCIENTIFIC ADVISOR



- Professor of Medicine and Director of the Stem Cell Transplant Program at the NYP-Weill Cornell College of Medicine
- Developed novel methods of transplantation for patients who lack matching donors
- >200 publications in peer reviewed journals
- Editor in Chief of the journal Leukemia and Lymphoma



CDX

- **Targeting** relapsed/refractory acute myeloid leukemia (**R/R AML**), subsets of **ALL**, and **MDS**
- **Conditioning** bone marrow transplants to substitute traditional chemotherapy and/or radiation
- **GlobalCo** collaboration

CAR-T

- **Targeting** relapsed/refractory acute myeloid leukemia (**R/R AML**)
- **Conditioning** bone marrow transplants to substitute traditional chemotherapy and/or radiation
- **University of Pennsylvania** collaboration

CBR platform

- **Programmed immune cells** for **targeting** viral pathogens including **SARS-CoV-2** to combat viral infections including **COVID-19**
- **Programmed immune cells** for **targeting** malignant cells causing **cancer**

Undisclosed

- Discovery and validation of novel targets for treatment of **Lupus** and/or other **autoimmune** diseases
- Discovery of novel therapeutic-like molecules for treatment of **Lupus**
- **Eli Lilly** collaboration

Advanced Hematopoietic Chimera (ApbHC)

- **Platform technology** for drug discovery and target validation based on an advanced type of **humanized mice**
- **Eli Lilly, Janssen Pharmaceuticals, GlobalCo, Orgenesis** collaborations

A Bone Marrow or Hematopoietic Stem Cell Transplant (HSCT) is a potentially life-saving option in treating blood diseases such as Relapsed or Refractory Acute Myeloid Leukemia (R/R AML)

1 R/R AML Is Almost Universally Fatal

- The only curative treatment is an allogeneic HSCT with less than a 50% success rate in patients with chemo-refractory disease
- Most patients lack sensitivity to currently available therapies
- Poor outcomes following allogeneic HSCT

2 HSC Transplantation Is Dangerous

- All current conditioning regimens are very toxic and have severe side effects that can be life-threatening
- Toxicity of conditioning is a limiting factor for wider use of HSCT for the treatment of both malignant and non-malignant diseases
- Toxicity of conditioning restricts the age range of potential recipients

HSC/HP: Hematopoietic Stem Cells/Hematopoietic Progenitors – Blood stem cells
HSCT: Hematopoietic Stem Cell Transplantation – Bone Marrow Transplantation

A novel bispecific monoclonal antibody (CDX; FLT3-CD3) to eliminate malignancy in patients with FLT3+ R/R AML and condition them for bone marrow transplantation

1 FLT3 Expression

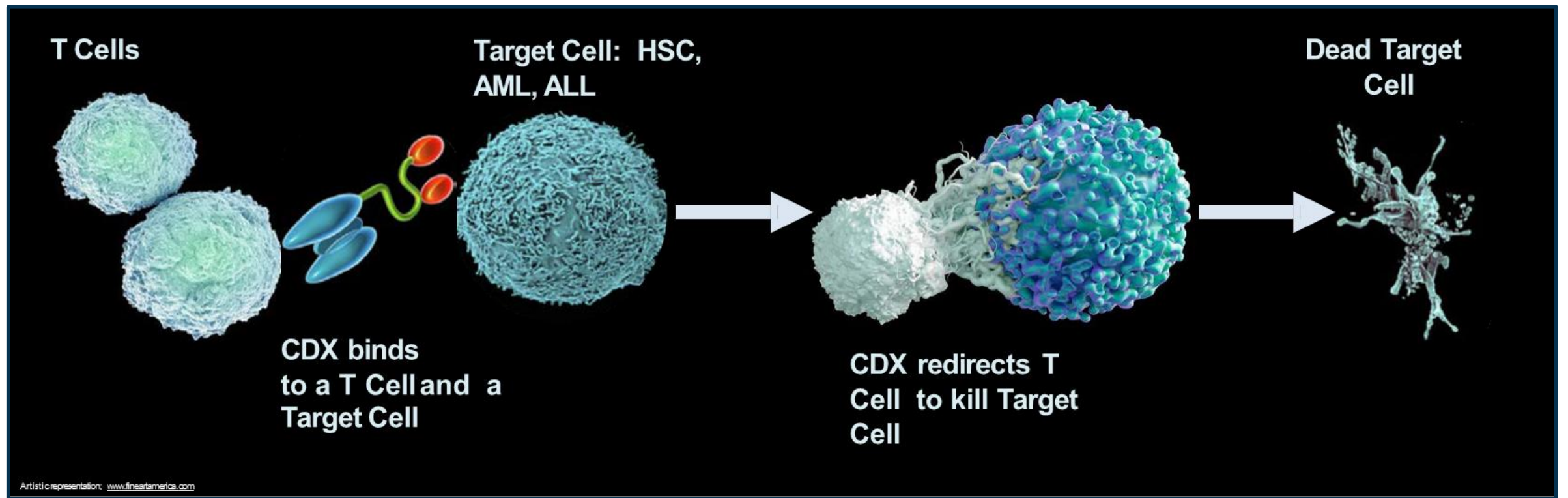
- FLT3 is expressed in CD34+ HSC, early HP and Dendritic Cells
- FLT3 is expressed in a spectrum of hematologic malignancies including a majority of AML
- FLT3 is poorly/not expressed in non-hematopoietic tissues

2 Advantages of CDX

- The anti-FLT3 'arm' of CDX does not compete with the FLT3 Ligand (FLT3L) expressed by a variety of cell types on their surface including AML, avoiding possible reduction of CDX efficacy due to competition
- CDX does not activate T cells in the absence of target cells

HSC/HP: Hematopoietic Stem Cells/Hematopoietic Progenitors – Blood stem cells
HSCT: Hematopoietic Stem Cell Transplantation – Bone Marrow Transplantation

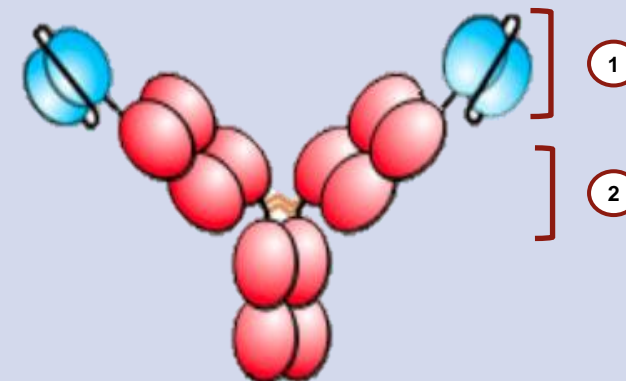
CDX redirects T cells to attack unwanted FLT3⁺ cells such as R/R AML, HSC and hematopoietic progenitors



- Use of FLT3-CD3 bispecific antibodies to eliminate HSC/HP will make conditioning safer by eliminating the side effects that accompany traditional methods of patient preparation for BM/HSC transplantation.
- FLT3-CD3 bispecific antibodies will significantly reduce and possibly eliminate malignant cells/cancer stem cells in patients with refractory or relapsed FLT3 expressing Acute Myeloid Leukemia (AML).
- Effective and non-toxic conditioning will extend the use of BM/HSC transplantation to **older** and **more frail** patients and potentially target several additional indications including **autoimmune diseases** such as Multiple Sclerosis (MS). The risk profile of BM/HSC transplantation using chemo/radiation conditioning regimens is currently poor. The drastically improved safety profile of conditioning with FLT3-CD3 bispecific antibodies will increase the benefit/risk ratio of BM/HSC transplantations.
- FLT3-CD3 bispecific antibodies can be combined (concurrently or in tandem) with traditional components of conditioning regimens and thus may increase their efficacy.

CDX Antibody

Developed in collaboration with a global biopharmaceutical company ('GlobalCo')



① Binds to FLT3 (HSC, AML, ALL)

② Binds to CD3 (T cells)

- **High affinity** – anti-FLT3 humanized monoclonal antibody binds FLT3 with high affinity (40 pM) and low Kd (10-12)
- **No FLT3L competition** – targets the most distant extracellular domain of FLT3 eliminating competition with FLT3L (a unique epitope)
- **Partial efficacy and safety can be demonstrated *in vivo*** – both humanized anti-CD3 (clone SP34) and anti-FLT3 (clone 118BA) antibodies cross-react with Rhesus monkeys; anti-FLT3 antibody (clone 118BA) cross-reacts with mouse FLT3 (significantly lower affinity)
- **Unique bi-specific structure** – bi-valent FLT3 and bi-valent CD3 binding
 - **Safe** – *FLT3 side affinity is ten times higher than CD3 side affinity*
 - **Safe** – *does not activate T cells in the absence of target FLT3-expressing cells*
 - **Potent** – *allows targeting of low-FLT3 expressing cells of different sizes*
- **Functional synergy with epigenetic modifying drugs** – FLT3-CD3 bispecific antibody can be combined with standard-of-care DNMT1 inhibitors and new drug candidates such as BET inhibitors
- **High potency** in cytotoxicity tests *in vitro*
- **Conditions** humanized mouse bone marrow *in vivo*
- **Eliminates** AML-derived cells transplanted into humanized mice *in vivo*
- **Application may expand** beyond AML into ALL, MDS and possibly other diseases

1 Pre-clinical

- I. Pre-clinical ADME/toxicology studies of FLT3-CD3 antibodies will be conducted in Rhesus monkeys (FLT3-CD3 antibodies are Rhesus monkey cross-reactive) to demonstrate:
 - Safety
 - Partial efficacy

Conducting pre-clinical toxicology studies in Rhesus monkeys will show whether FLT3-CD3 antibodies would eliminate Rhesus monkeys' HSC/HP and hence will predict efficacy in human trials

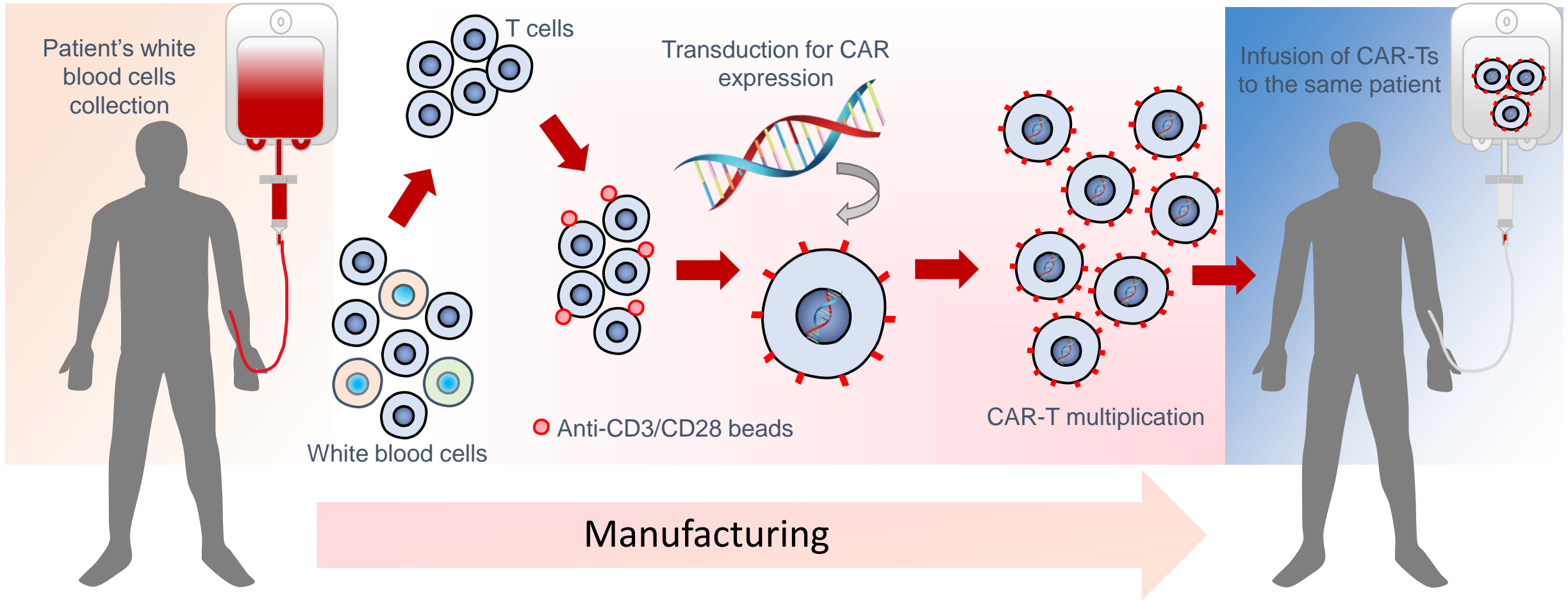
2 Clinical

- II. The first clinical study will be conducted in a group of patients with relapsed or refractory FLT3⁺ AML that are qualified for HSC/HP transplantation – this approach will enable obtaining preliminary data on safety (dose escalation) and efficacy for:
 - Eliminating malignant cells (FLT3⁺ AML)
 - Eliminating HSC/HP (myeloablative conditioning)



CAR T Cells

Autologous CAR-T Therapy



Immugenyx has developed a novel type of humanized mice that possess a functional human immune system

What are ApbHC?

- Mice with high levels of human hematopoietic chimerism made via transplantation of proprietary processed human peripheral blood mononuclear cells
- ApbHC possess a variety of T cells in the peripheral blood and a variety of human immune cells in the spleen and bone marrow
- Chimeric animals generate human IgM and IgG and immunogen-specific human IgM and IgG easily detectable in peripheral blood
- Chimeric animals continue generating antibodies that were developed by a human donor of blood that was used to make the ApbHC
- Fast and inexpensive to make

Validated by multiple collaborations

- Assessment of immunogenicity of biologics
- Collaboration with J&J (Janssen) to develop an *in vivo* tool for modeling and development of treatments of Lupus (LSE)
- Used to test efficacy of CDX antibody
- AML engraftment into AHC is demonstrated and used to test CDX bispecific antibody

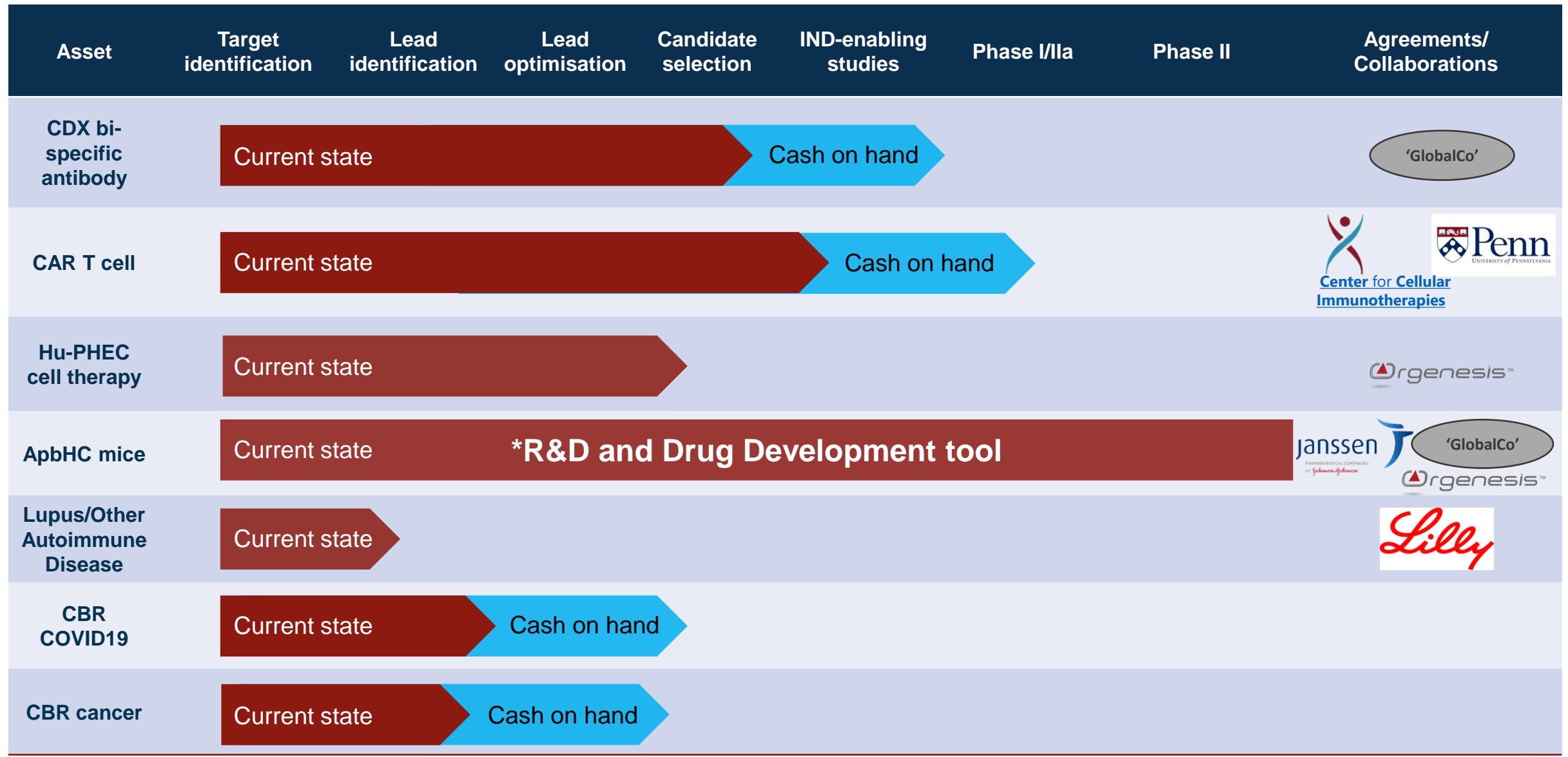


Possible applications

- Assessment of immunogenicity of biologics
- An *in vivo* tool for the modelling and development of treatments of autoimmune diseases
- A tool for the rapid generation of human antibodies in response to human-specific pathogens (Biodefense)
- A tool for modelling blood diseases such as AML and testing novel treatments that involve reprogramming of the immune system (multi-specific antibodies for immune cell redirection, CAR T etc)
- An *in vivo* tool to study the physiology of human plasma cells and plasma cell-associated diseases such as multiple myeloma



- **End-to-end solution:** Novel treatments aim to remove need for dangerous conditioning and potentially eliminate need for bone marrow donors
- **De-risked:** Established sound proof-of-principle in humanized animal studies
- **Fast tracking:** Lead product expected to be ready for clinical trials upon completion of IND-enabling studies
- **Well protected:** Several patent applications for CDX antibody
- **Multiple collaboration agreements:** Several product candidates have at least one agreement with a biopharmaceutical company
- **Humanized mice:** Finding wider acceptance in the pharma community and represent an immediate income source for the company
- **Expansion of applications:** Six product applications in pipeline compared with two when the company listed on the London Stock Exchange in 2017
- **Extreme efficiency using funds:** total equity investment £6.15m over the life of the company prior to recent conversion of loan notes





Hemogenyx Pharmaceuticals plc

Registered in England and Wales as company number 08401609

at 5 Fleet Place, London EC4M 7RD, UK

GET IN TOUCH

+1 (347) 735-8380

hemogenyx@hemogenyx.com