argenica THERAPEUTICS

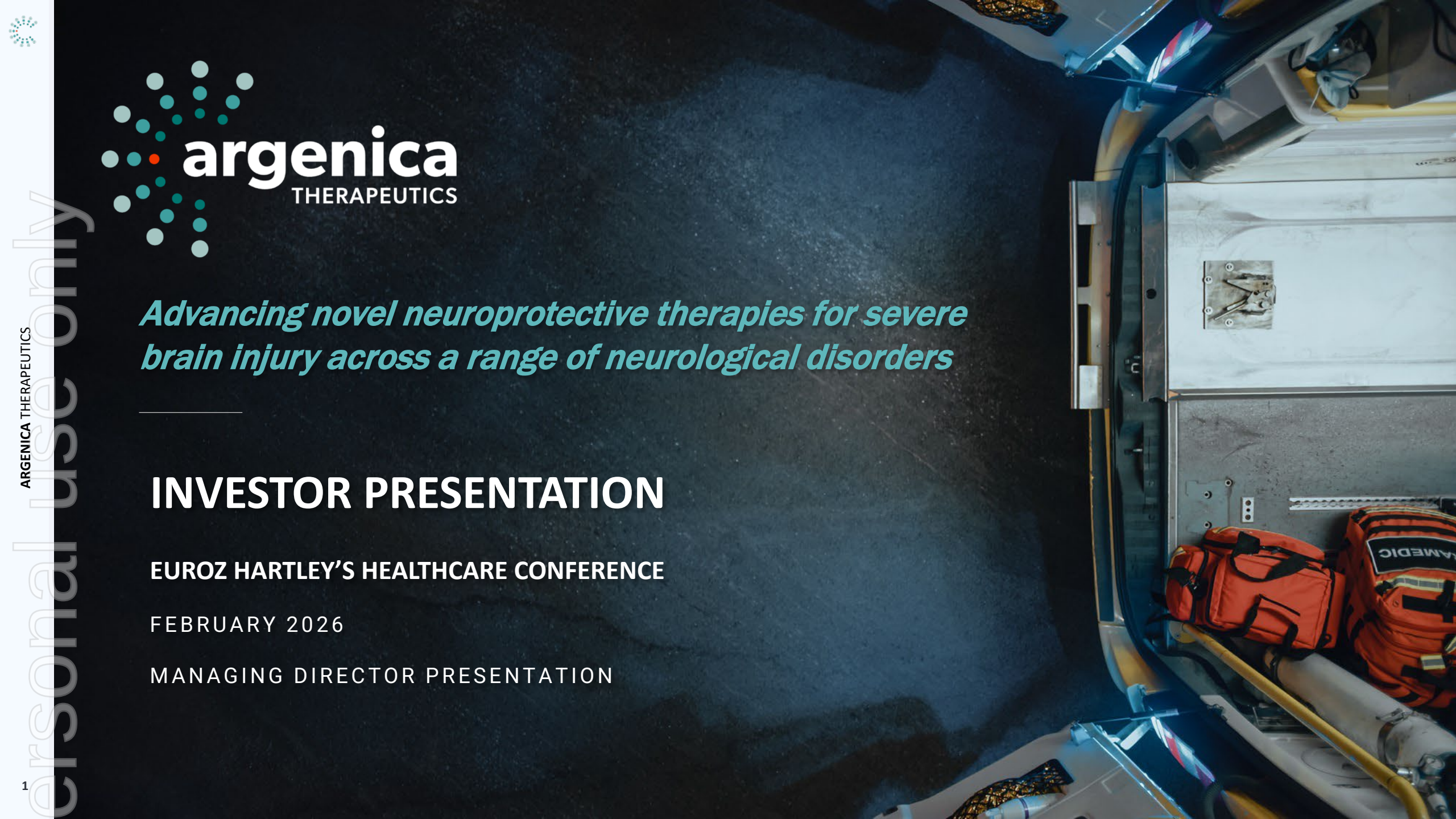
Advancing novel neuroprotective therapies for severe brain injury across a range of neurological disorders

INVESTOR PRESENTATION

EUROZ HARTLEY'S HEALTHCARE CONFERENCE

FEBRUARY 2026

MANAGING DIRECTOR PRESENTATION



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NEUROPROTECTION
THE THERAPEUTIC OPPORTUNITY

BREAKTHROUGH
NEUROPROTECTIVE THERAPY

MISSION

Commercialise neuroprotective treatments that minimises brain damage and optimised recovery following stroke & other neurological conditions

VISION

Redefine the standard of care for stroke and other neurological conditions by reducing brain injury

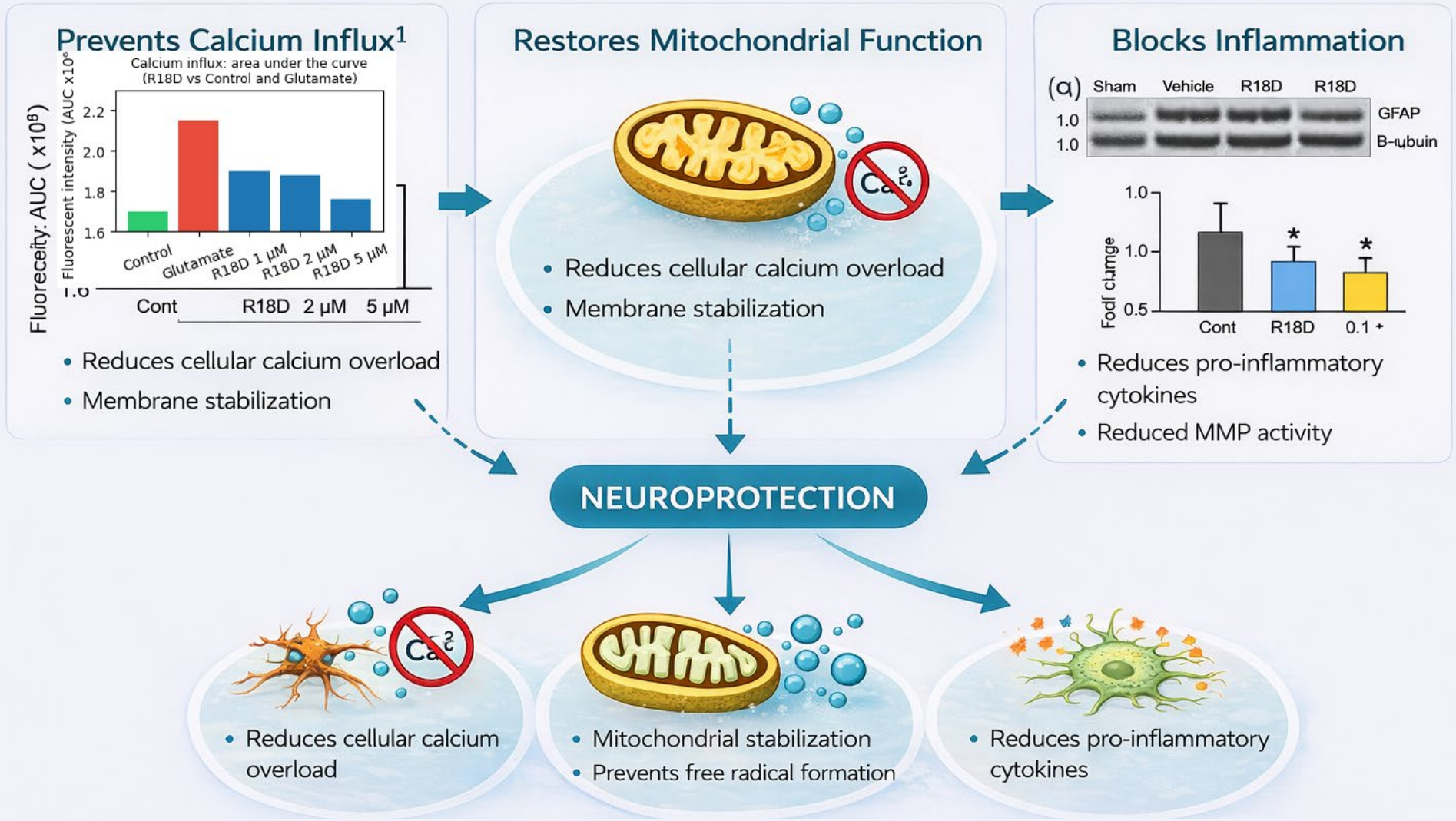
IMPACT

Create positive, life-altering impact for millions suffering from neurological conditions, offering new hope

ABOUT ARG-007

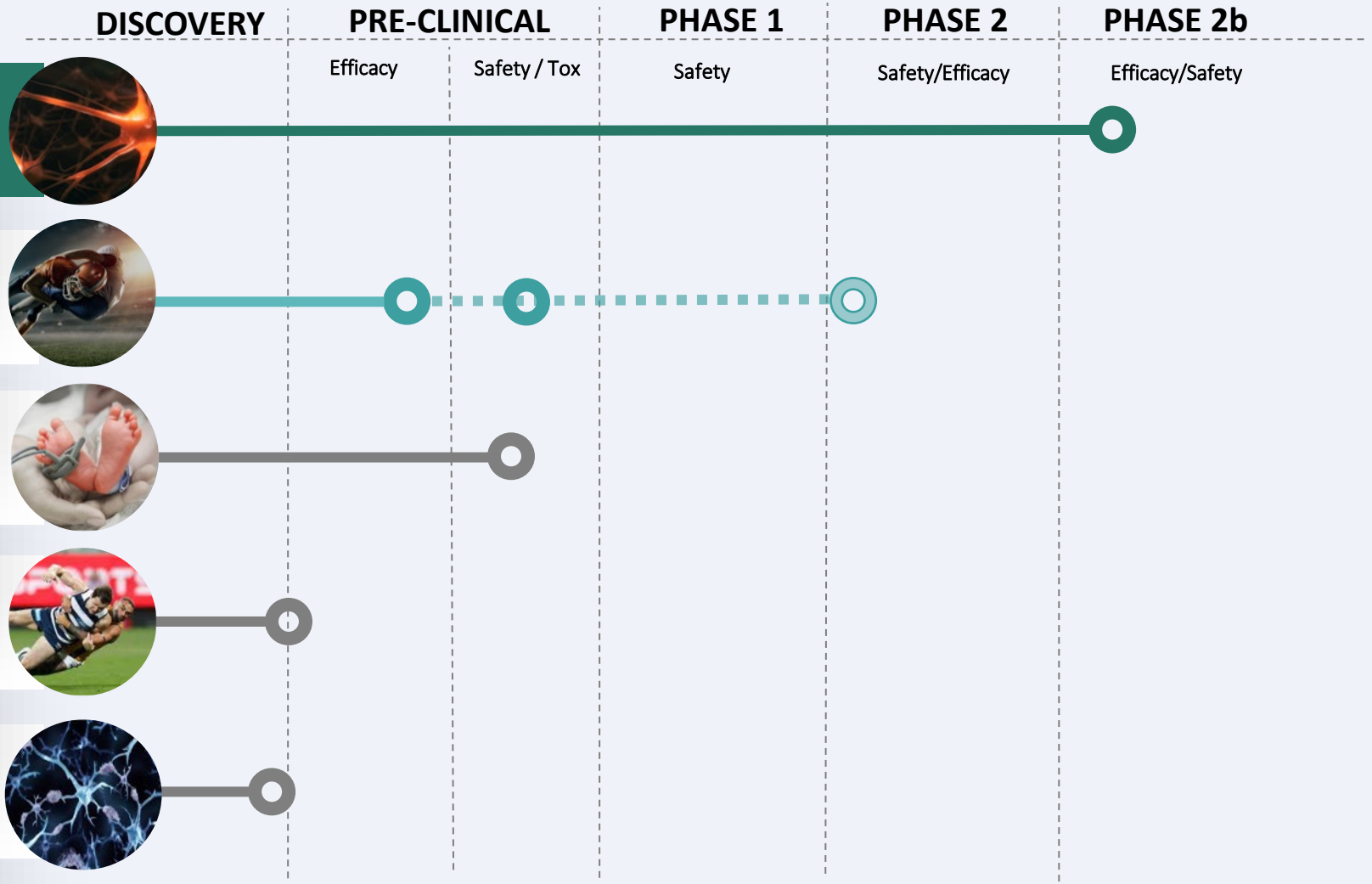
- Efficacy shown in Phase 2 stroke trial
- Clear patient responder group identified for future clinical trials
- Multiple mechanisms of action working across multiple conditions
- Granted patents & strong IP
- Significant pre-clinical efficacy in stroke, TBI and HIE
- 25+ peer reviewed papers

ARG-007'S UNIQUE MECHANISM OF ACTION TO REDUCE MULTIPLE CAUSES OF BRAIN INJURY



Values in graphic approximated from Edwards et al., Mol Brain 2018 11(1):8 and Chiu et al., 2020. Curr Ther Res Clin Exp. 19:92:100584 for illustrative purposes

OUR LEAD INDICATIONS



STROKE – ARG-007

Damage to the brain from interruption of its blood supply

MOD-SEVERE TBI – ARG-007

Trauma to the head or body causes a loss of consciousness

HIE – ARG-006 & 007

Hypoxic ischemic encephalopathy (HIE) develops during pregnancy and labour

MILD TBI – NEW ASSET

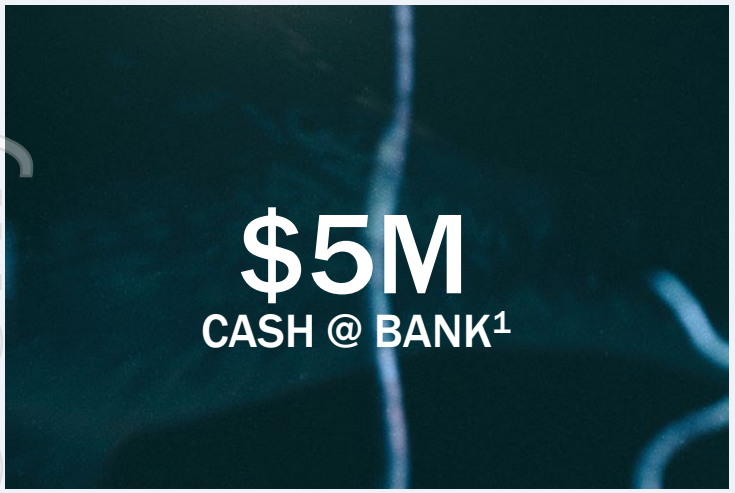
Slightly less damaging trauma to the head but still a significant injury

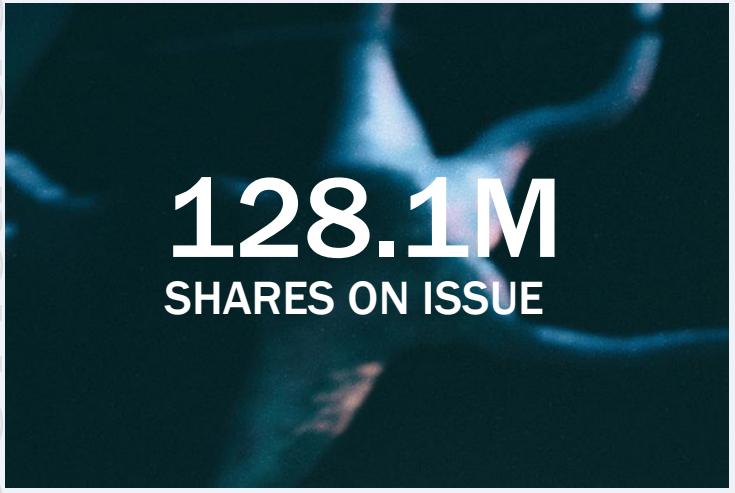
NEURODEGENERATION

Progressive neurodegenerative disorder that causes brain atrophy

Single dose of ARG-007 in severe TBI can move straight from preclinical into Phase 2 clinical trial, do not need to repeat a Phase 1 or safety & tox studies.

KEY COMPANY METRICS





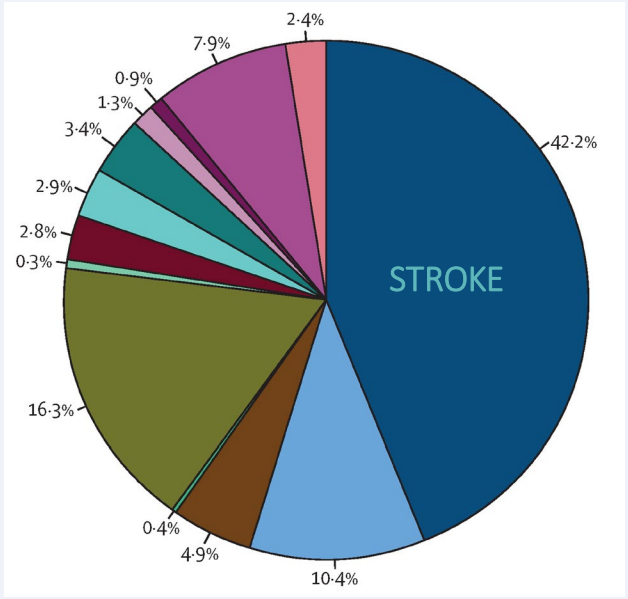
1. Cash balance as @ 31 December 2025
2. Calculated with closing price on @4th February 2026 being $0.285
3. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023

ISCHAEMIC STROKE OPPORTUNITY

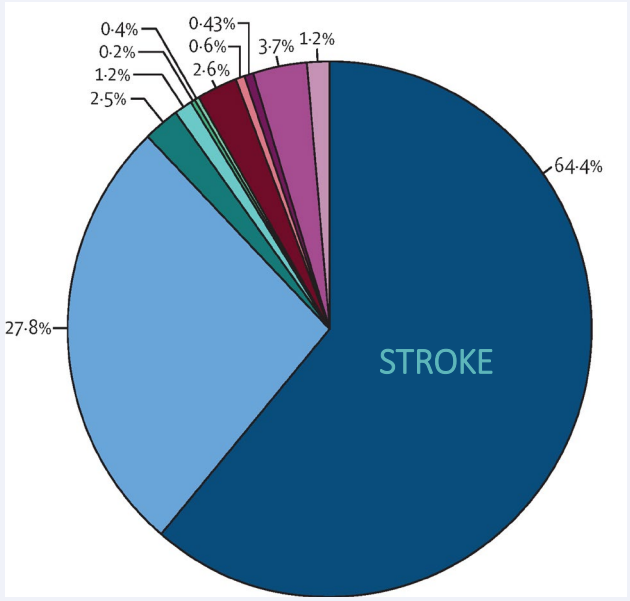
STROKE HAS THE GREATEST INCIDENCE OF DISABILITY AND DEATH OF ALL NEUROLOGICAL CONDITIONS[1]

- Stroke is the leading neurological cause of long-term disability and death, significantly greater than other leading neurological conditions.
- Stroke-related costs in the United States came to nearly $56.5 billion between 2018 and 2019[1]. This total includes the cost of health care services, medicines to treat stroke, and missed days of work.
- Stroke is the leading cause of serious long-term disability. Stroke reduces mobility in more than half of stroke survivors age 65 and older.

A. DISABILITY[2]



B. DEATH[2]

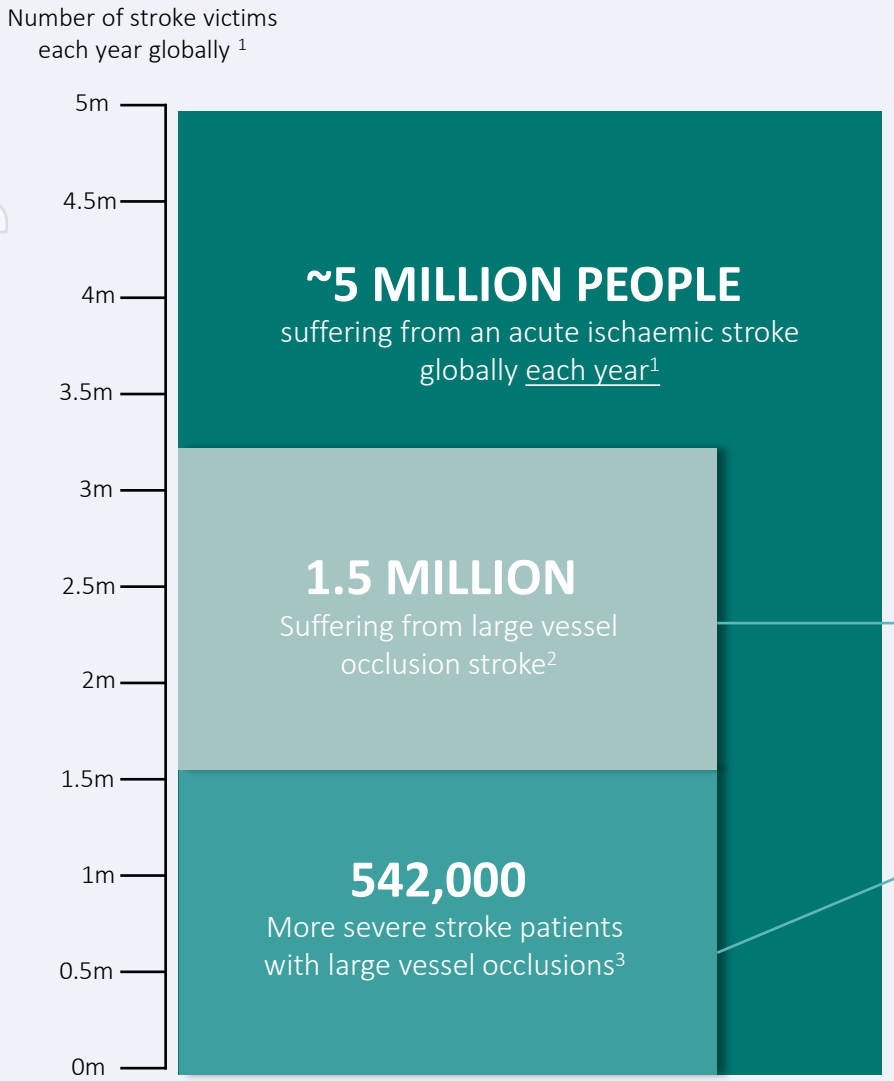


NEUROLOGICAL CONDITION

- Tetanus
- Meningitis
- Encephalitis
- Stroke
- Alzheimer's disease and other dementias
- Parkinson's disease
- Idiopathic epilepsy
- Multiple sclerosis
- Motor neuron diseases
- Migraine
- Tension-type headache
- Traumatic brain injury
- Spinal cord injury
- Brain and other CNS cancer
- Other neurological disorders

1. National Center for Health Statistics. Multiple Cause of Death 2018-2021 on CDC WONDER Database. Tsao CW, et al. Heart Disease and Stroke Statistics – 2023 Update: A Report From the American Heart Association. Circulation 2023.
2. ***The global burden of neurological disorders: translating evidence into policy.*** Feigin, Valery L et al. The Lancet Neurology, Volume 19, Issue 3, 255 – 265 – 2020.

THIS REPRESENTS A HUGE UNMET NEED



- AIS Drug Treatment market valued at $10.6 Billion by 2027 [1].
- **Current standard of care treatments for more severe stroke patients are lacking**, these are the patients that have the poorest outcomes, and the most to gain from ARG-007.
- ARG-007 deemed safe and well tolerated in large vessel occlusion patients, therefore can be given safely to this patient group.
- ARG-007 exerts the greatest efficacy in more severe stroke patients with larger infarct cores and slow collateral blood flow, these patients have the worse outcomes post stroke, and are at most need of novel treatments, and therefore may attract a higher price.

Cautionary Note: Access to markets is subject to the Company being able to successfully develop and commercialise ARG-007. As with any entity seeking to enter into a global marketplace, any product developed by Argenica will have applications that are constrained by market segment, relevant regulations, industrial application, geographical barriers and intellectual property rights.

1. *Acute Ischemic Stroke: Global Drug Forecast and Market Analysis to 2027*
2. *Rennert, RC et al. Epidemiology, Natural History, and Clinical Presentation of Large Vessel Ischemic Stroke. Neurosurgery 85(suppl_1):p S4-S8, July 2019. | DOI: 10.1093/neuros/nyz042*
3. *Jansen IG, et al; MR CLEAN Registry investigators. Impact of single-phase CT angiography collateral status on functional outcome over time: results from the MR CLEAN Registry. J Neurointerv Surg. 2019 Sep;11(9):866-873.*

PHASE 2 TRIAL
OUTCOMES

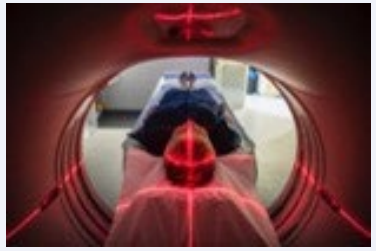
SUCCESSSFUL PHASE 2 TRIAL

PATIENT HAS A STROKE

PATIENT IN AMBULANCE

ARRIVES AT HOSPITAL

DIAGNOSE STROKE TYPE



THROMBECTOMY

REHAB BEGINS

- Initial screening of patients to meet inclusion criteria
- Consent for thrombectomy & ARG-007 trial

- Administration of **0.3mg/kg** ARG-007 or saline placebo
- All patients receive thrombectomy

PATIENT OUTCOME MEASURES

- ARG-007 APPEARS SAFE & WELL TOLERATED
- **Overall Infarct volume reduction** between ARG-007 and placebo at Day 3 post dosing
- **Prespecified collateral subgroup analysis**
- **Prespecified exploratory functional endpoint analysis**
- **Comprehensive post-hoc analysis**

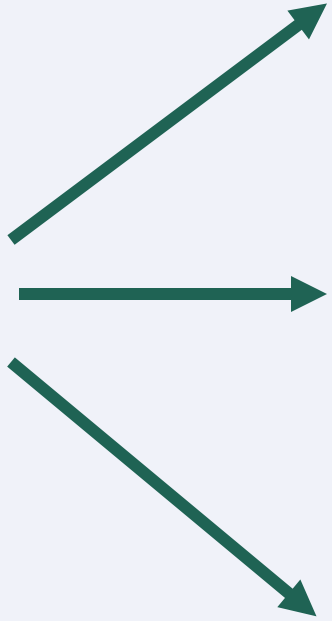
Potential benefits only. ARG-007 is under development and subject to clinical validation.

OVERVIEW OF PHASE 2 TRIAL RESULTS

Argenica's Phase 2 trial for ARG-007 in AIS has met its primary endpoint, missed on its overall secondary endpoint, but showed encouraging signal of efficacy in the "slow collateral" patients.

KEY SUMMARY – TOPLINE DATA

- 92 patients recruited and dosed
- Primary endpoint (safety): drug appears safe and well tolerated
- No impact on efficacy of clot dissolving drugs
- Secondary endpoint (infarct volume reduction): no overall difference
- Secondary endpoint subgroup analysis (infarct volume reduction): efficacy signal in slow collateral patients*
- Exploratory endpoint efficacy signals in functional outcomes
- **Significant baseline patient skew, with worse strokes in ARG-007 group, impacting topline data**



- ***15% infarct volume (brain injury) reduction relative to placebo*** *in patients with slow/poor collaterals*
- ***23% more ARG-007 treated patients reporting no cognitive impairment*** *compared to placebo at Day 90*
- ***22% improvement differential in functional independence:*** *13% increase in functional independence at day 90 in ARG-007 patients, compared to 8.7% reduction in placebo group.*

**The model adjusted mean was computed using a linear regression model with treatment as the main effect and the stratification and minimization variables as covariates. This statistical method ensures the data gives greater confidence to data being due to treatment effect. 95% CI ratio 0,230, 3.14)*

POSTHOC AI DATA ANALYSIS REVEALS STRONG EFFICACY IN SEVERE STROKE PATIENTS

POSTHOC DATA ANALYSIS

- Collaboration with AI Company Brainomix to correct for misdiagnosed stroke severity revealed true efficacy of ARG-007 in severe stroke patients.
- ARG-007 delivered **statistically significant** improvement in follow up infarct volume and functional outcomes in more severe stroke patients.
- ARG-007's strongest benefit confirmed in more severe stroke patients who have the greatest need for neuroprotection, unlocking a significant commercial opportunity.

Image from Brainomix.com showing the Stoke 360 tool used in Argenica's Phase 2 post-hoc analysis.

ARG-007 significantly reduces expansion of damaged brain in more severe stroke patients

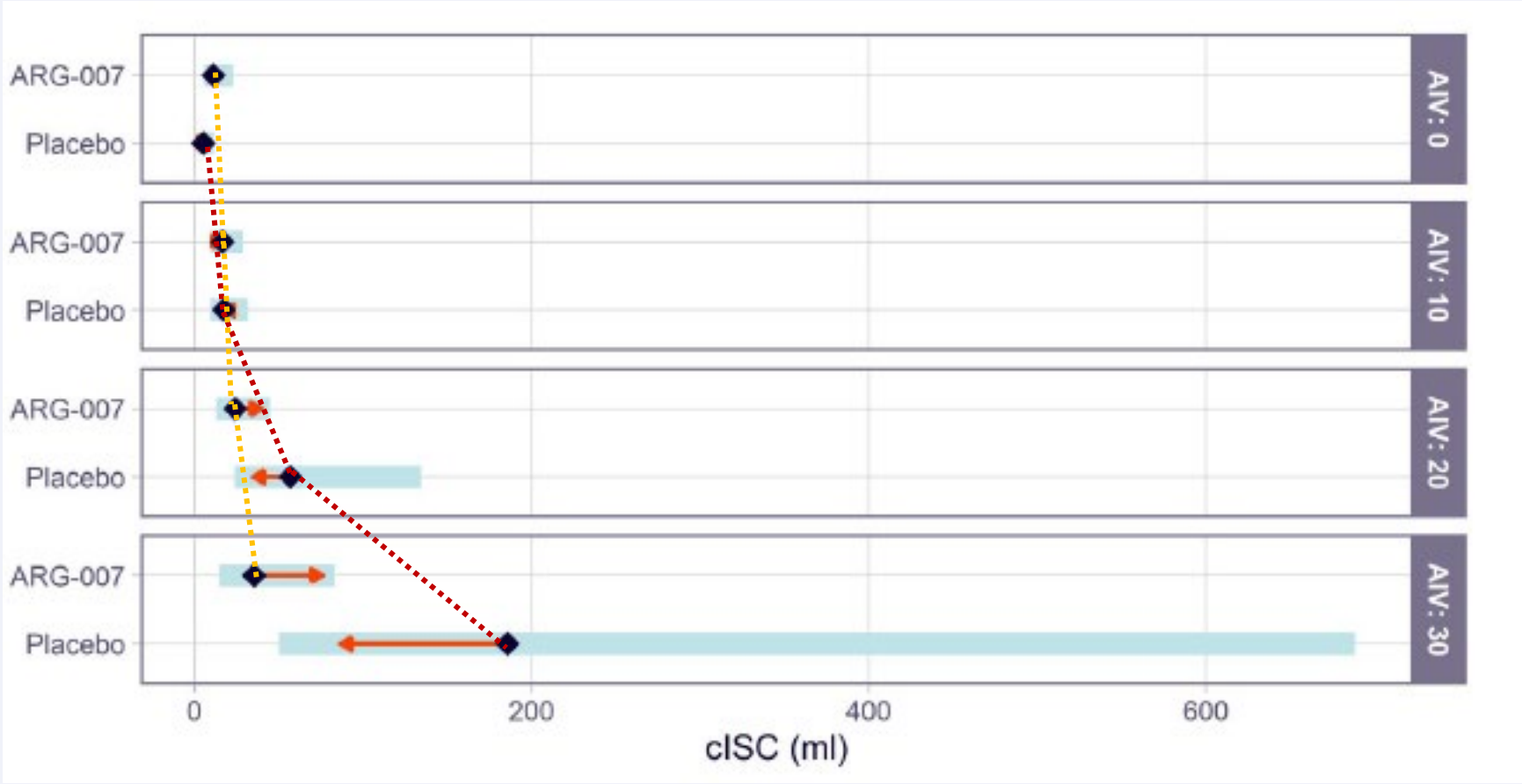


Figure 1: *Total corrected ischaemic lesion volumes (cISC) in ml as predicted from the corresponding multivariate model across different baseline AIV values (0ml, 10ml, 20ml; 30 ml). The estimate corresponds to the estimated marginal means, and represents the predicted difference between groups, after adjusting for the other covariates. Compared to placebo cISC were significantly smaller for larger volume (AIV 30ml, p-value 0.034), whilst no significant difference was observed for smaller volumes (AIV 0ml, p-value: 0.132). Red arrows show difference between ARG-007 and Placebo mean, which becomes bigger in more severe baseline strokes.*

ARG-007 significantly improved disability outcomes in patients with more severe strokes

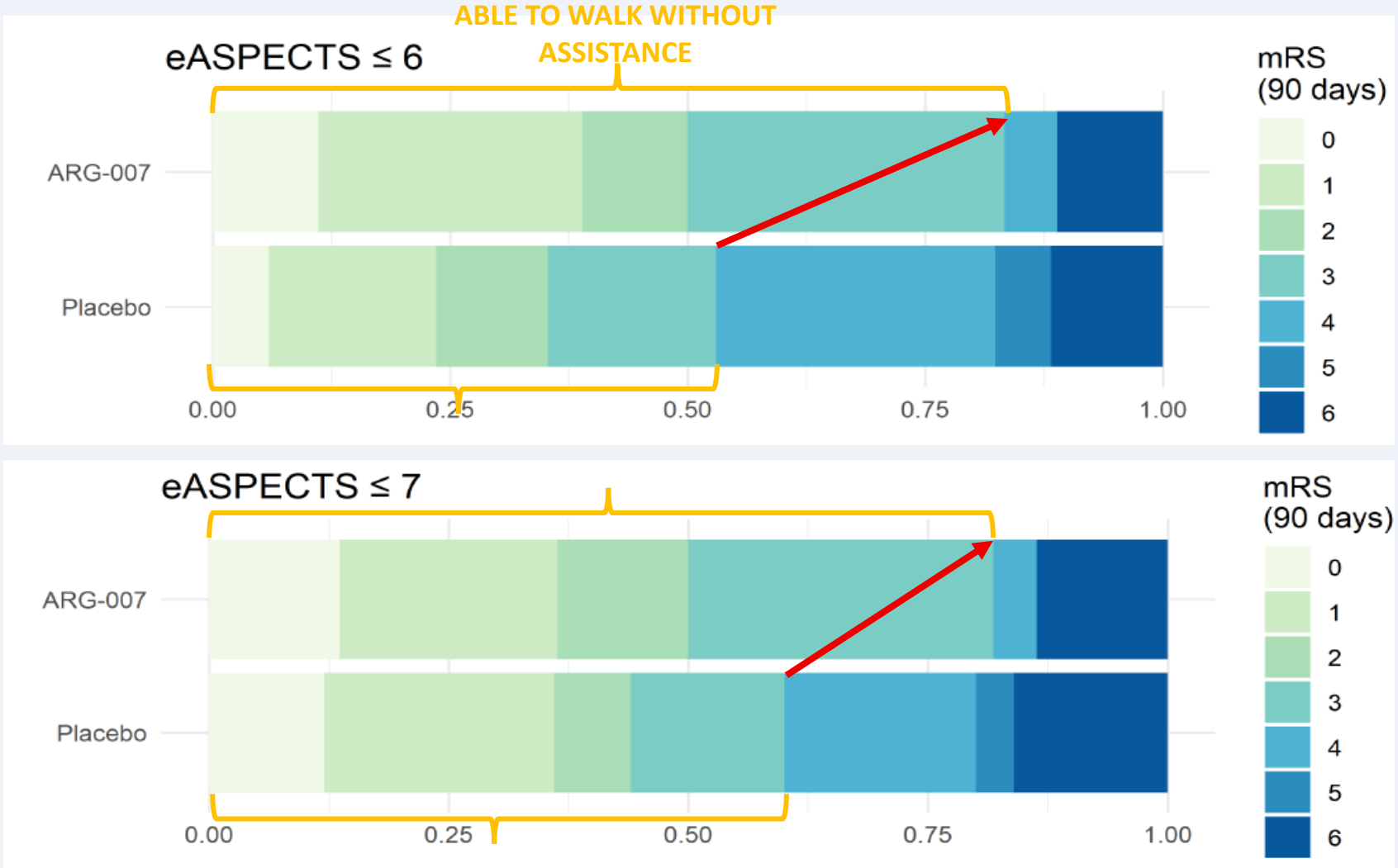


***Figure 1**: Distribution of the mRS at 90 days across treatment arms using e-ASPECTS or AIV to exclude patients with small infarct cores alongside patients with very large cores. Significantly more patients with e-ASPECTS 6 or lower achieved an mRS 0-3 when treated with ARG-007 compared with placebo (p=0.0400). A similar trend was observed in patients with e-ASPECTS of 7 or lower (p=0.0669).*

PHASE 2 DATA CONFIRMS COMMERCIALLY ATTRACTIVE, HIGH-VALUE PATIENT POPULATION

With validated human efficacy in a high-need stroke population, Argenica has transitioned into a clinically and commercially attractive late-stage opportunity

- AI analysis accurately determined patient baseline characteristics to reveal true efficacy
- Human efficacy data in clearly defined patient group with greatest health-economic justification
- Commercially attractive niche with clear payer logic due to severity of disability in this patient group
- Precision-defined responder population de-risks late-stage trials
- Differentiated, complementary mechanism that fits existing stroke treatments
- A de-risked platform for Phase 2b design and pharmaceutical company partnerships

RICH DATASET FROM HUMAN STROKE PATIENTS DERISKS ARG-007 FOR POTENTIAL PARTNERS AND ALLOWS FOR TARGET TRIAL DESIGN, SIGNIFICANTLY IMPROVING PROBABILITY OF SUCCESS

NEXT STEPS

PHARMA PARTNER DISCUSSIONS:
ARG-007 is now a further derisked asset with efficacy signals in a clearly defined patient population. This refined narrative makes the opportunity more compelling for big pharma/biotech partners who want de-risked assets. Significant efforts will be made in engaging large and mid size pharma companies, including ongoing presence at conference and partnering events, as well as direct engagement.

FDA/EMA ENGAGEMENT
Continue to work with the FDA to open the investigational new drug (IND) application, with additional data from Phase 2 and in vitro studies, confirm approach in a Type A meeting.
Confirm strategy for the next phase of clinical development of ARG-007 in AIS patients.
Initiate engagement with EMA following successful paediatric plan waiver.

PROTOCOL DEVELOPMENT
Enrich for more severe stroke patients based on Brainomix data and focus on functional outcomes. Take learnings from Phase 2 to design a Phase 2b trial with higher probability of success i.e. utilise AI for patient selection to ensure baseline characteristics are accurate.

FDA = US Food & Drug Administration
EMA = European Medicines Agency

POTENTIAL CATALYSTS FOR 2026

H1 2026

- Paediatric Plan Waiver from European Medicines Agency for ARG-007 in Stroke
- R&D Tax Rebate
- Board Changes
- Completion of FDA requested in vitro assays for IND
- Updated clinical development strategy for Stroke & TBI
- European Stroke Organisation Conference, Netherlands May 2026
- FDA Meeting to Discuss Clinical Hold
- Pharma partner engagement
- Preclinical data in HIE

H2 2026

- Complete responses to IND Clinical Hold
- US IND Approval for ARG-007 in Stroke
- Completion of large-scale manufacturing of clinical trial batches for clinical trials in stroke and TBI
- Stroke Phase 2b Trial Site identification/selection

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