argenica THERAPEUTICS

Precision Neuroprotection for Severe Brain Injury

Targeting patients where brain injury – and value – is greatest

INVESTOR PRESENTATION

IGNITE CONFERENCE – APRIL 2026

DR LIZ DALLIMORE - MANAGING DIRECTOR PRESENTATION

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INVESTMENT OVERVIEW

PRECISION NEUROPROTECTION APPROACH TO SEVERE BRAIN INJURY

SCIENTIFICALLY VALIDATED FIRST-IN-CLASS NEUROPROTECTIVE DRUG

ARG-007 is a neuroprotective therapy targeting acute and secondary brain injury, with extensive preclinical efficacy data published on the ability of ARG-007 to reduce excitotoxicity following brain injury after stroke and other insults.

CLINICAL EFFICACY IN MODERATE TO SEVERE STROKE PATIENTS

Phase 2 study identified a severity-dependent treatment effect in acute ischaemic stroke patients undergoing endovascular thrombectomy (clot retrieval), with more severe stroke patients showing a treatment benefit with ARG-007.

VALIDATED FUNCTIONAL ENDPOINTS

Statistically significant improvements in FDA validated functional outcomes (mRS 0–3) observed in patients with larger infarct cores (eASPECTS <8), these patients typically have the worst outcomes post stroke and will benefit the most.

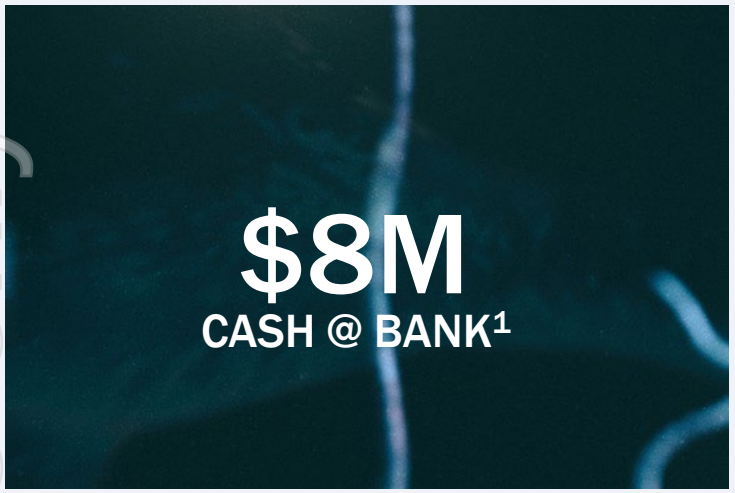
PROGRESSING TO TARGETED PHASE 2B TRIAL

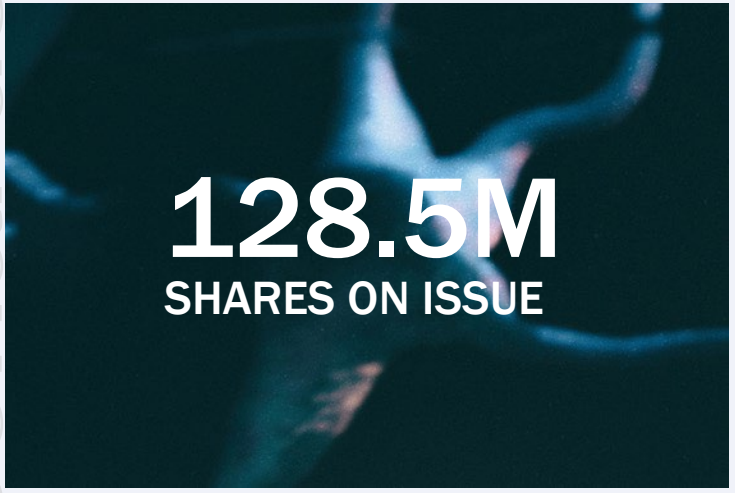
Phase 2 data supports a targeted Phase 2b trial in moderate to severe stroke patients using a prospectively defined population and mRS endpoint, establishing world leading clinical advisory committee to progress trial design.

BROAD OPPORTUNITY ACROSS A RANGE OF NEUROLOGICAL CONDITIONS

Significant efficacy in preclinical studies in traumatic brain injury and hypoxic ischaemic encephalopathy, Increasing the optionality in the ARG-007 asset.

KEY COMPANY METRICS





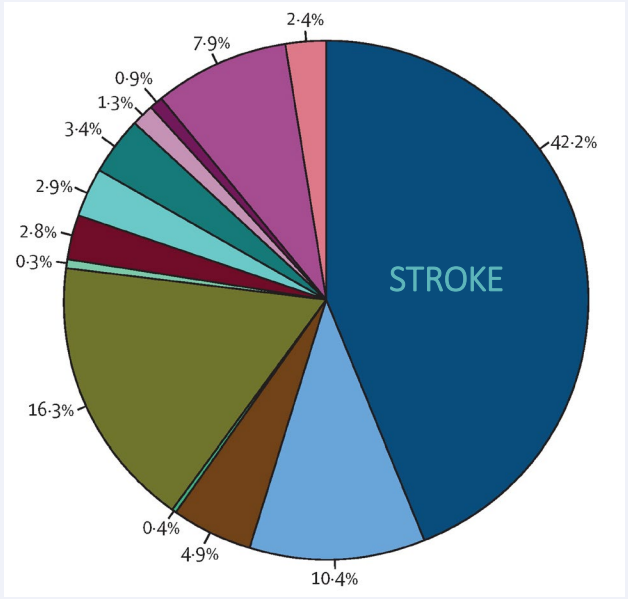
1. Cash balance as @ 31 March 2026
2. Calculated with closing price on @ 10th April 2026 being $0.15.5
3. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023

ISCHAEMIC STROKE OPPORTUNITY

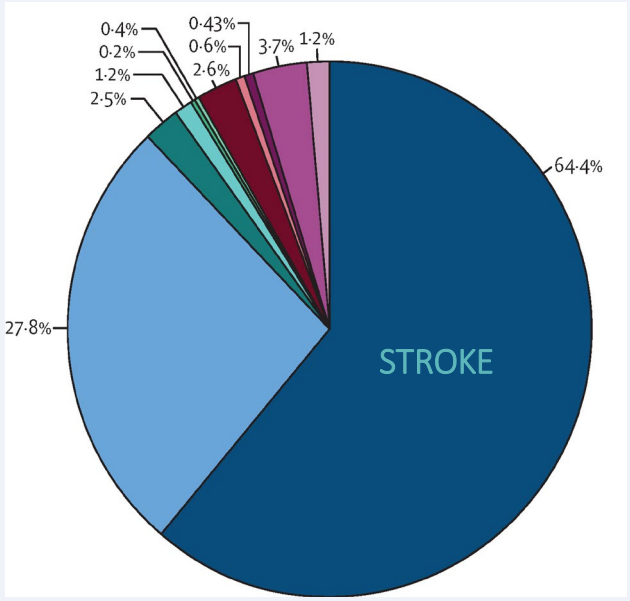
STROKE HAS THE GREATEST INCIDENCE OF DISABILITY AND DEATH OF ALL NEUROLOGICAL CONDITIONS[1]

- 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.
- Around half of thrombectomy-treated stroke patients remain disabled or worse at 90 days, with the poorest outcomes seen in patients with more severe strokes.

A. DISABILITY[2]



B. DEATH[2]

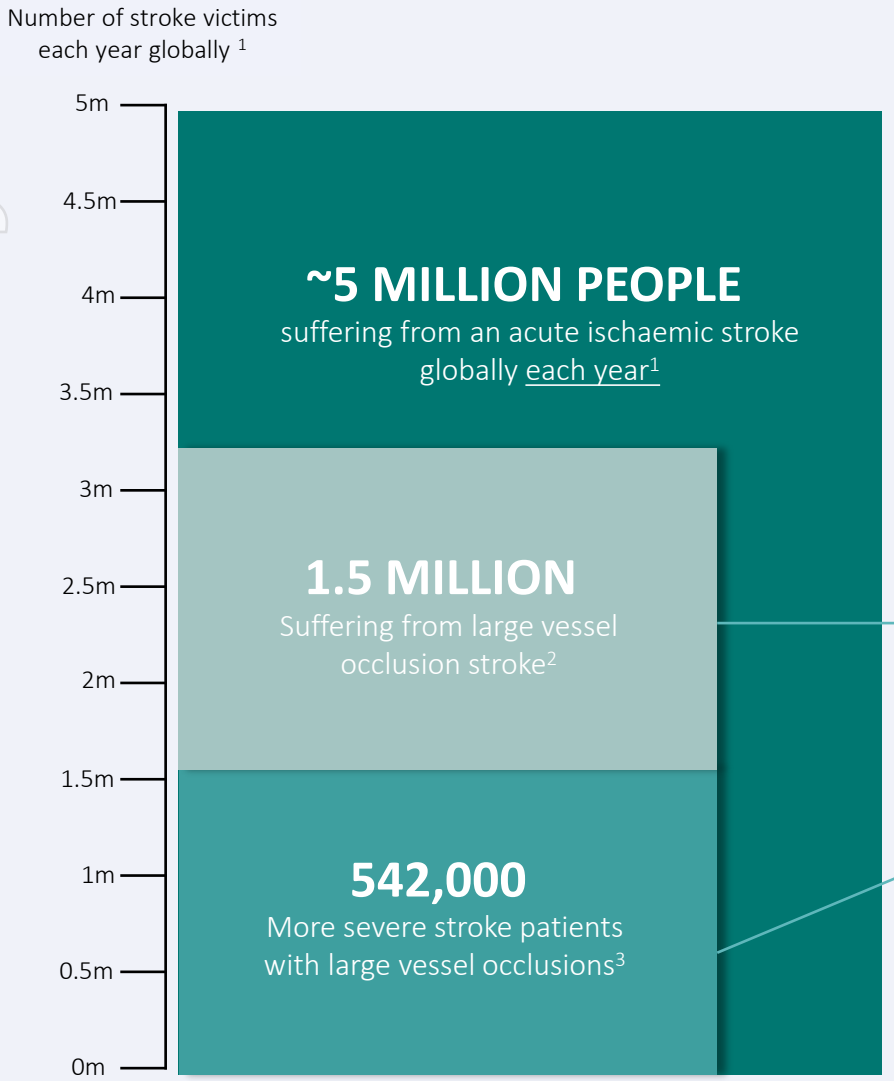


NEUROLOGICAL CONDITION

- 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 worst outcomes post stroke, with longer hospital stay,, 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 RESULTS

The Phase 2 trial identified a treatment effect in more severe stroke patients, paving the way for a precision-designed Phase 2b trial

PHASE 2 POST HOC RESULTS

- Whilst no overall effect was seen across the broader patient group due to baseline stroke severity imbalance and inaccuracy in site determine ASPECT, standardised imaging analysis revealed a treatment effect in more severe stroke patients.
- ARG-007 delivered **statistically significant** improvement in follow up infarct volume and functional outcomes in patients with a confirmed ASPECTS of 8 and below.
- ARG-007's strongest benefit confirmed in more severe stroke patients who have the greatest need for neuroprotection, unlocking a significant commercial opportunity.

Post-hoc data analysis correcting for inaccurate ASPECT scores. Image from Brainomix.com showing the Stoke 360 tool used in Argenica's Phase 2 post-hoc analysis.

ARG-007 significantly reduces growth of damaged brain in moderate to severe stroke patients

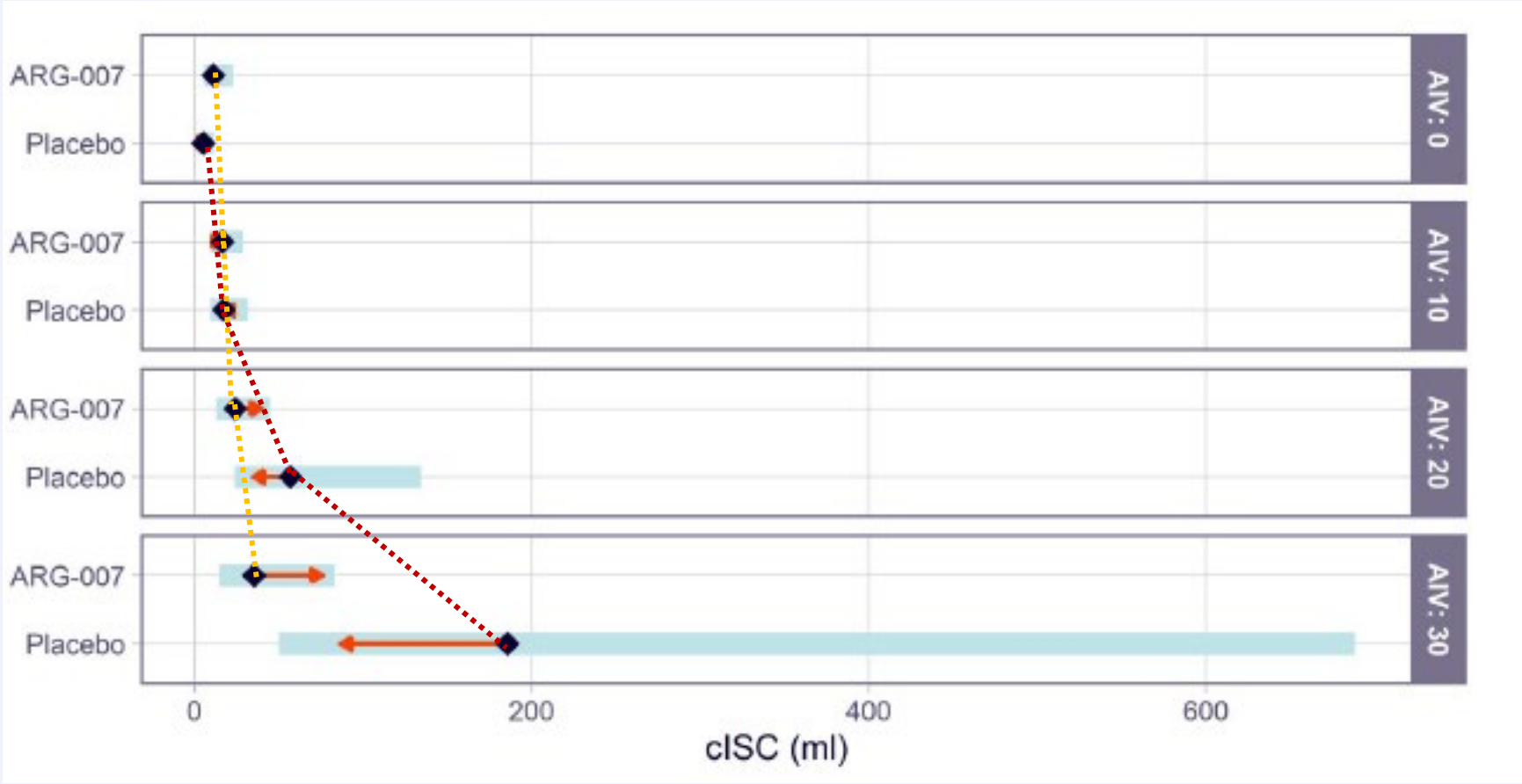


Figure 1: *Total corrected ischaemic lesion volumes (cISC) in ml as predicted from the corresponding multivariate model across different baseline AIV values (0ml, 10ml, 20ml; 30 ml). The estimate corresponds to the estimated marginal means, and represents the predicted difference between groups, after 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

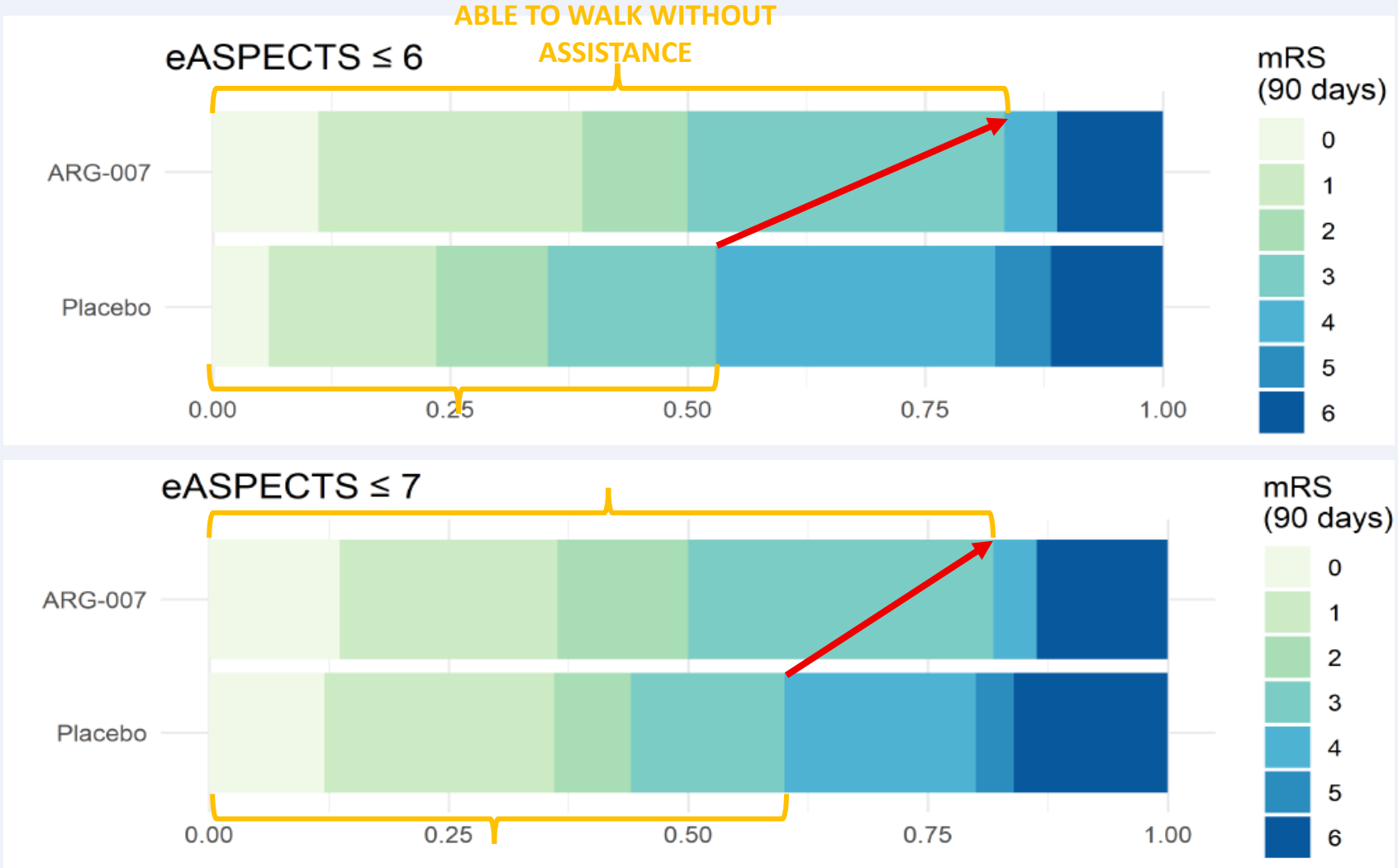


***Figure 1**: Distribution of the mRS at 90 days across treatment arms using e-ASPECTS or AIV to exclude patients with small infarct cores alongside patients with very large cores. Significantly more patients with e-ASPECTS 6 or lower achieved an mRS 0-3 when treated with ARG-007 compared with placebo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

PHASE 2b TRIAL: DESIGNED TO PROVE EFFICACY IN MORE SEVERE STROKES

PATIENT POPULATION

- Moderate to severe stroke (ASPECTS 3-8, AI assisted interpretation)
- Large Vessel Occlusion undergoing thrombectomy
- With or without thrombolysis

ENDPOINT

- mRS shift 90 days
- mRS 0-3
- infarct volume

DESIGN

- Randomised
- Placebo controlled
- Dose response
- Interim analysis

POTENTIAL CATALYSTS FOR 2026

H1 2026

- Paediatric Plan Waiver from European Medicines Agency for ARG-007 in Stroke
- 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
- Type A FDA Meeting to agree Phase 2b trial protocol
- Pharma partner engagement

H2 2026

- Complete responses to IND Clinical Hold
- US IND Approval for ARG-007 in Stroke
- HREC 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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