argenica THERAPEUTICS

Precision Neuroprotection for Severe Brain Injury

Targeting patients where brain injury – and value – is greatest

INVESTOR PRESENTATION - ASX:AGN

JUNE 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

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

CLINICAL EFFICACY IN MODERATE TO SEVERE STROKE PATIENTS

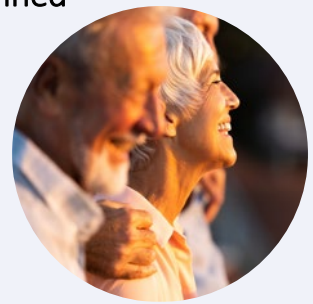
Phase 2 study identified a severity-dependent treatment effect in acute ischaemic stroke patients undergoing endovascular thrombectomy (clot retrieval), with more severe stroke patients showing a treatment benefit with ARG-007.

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

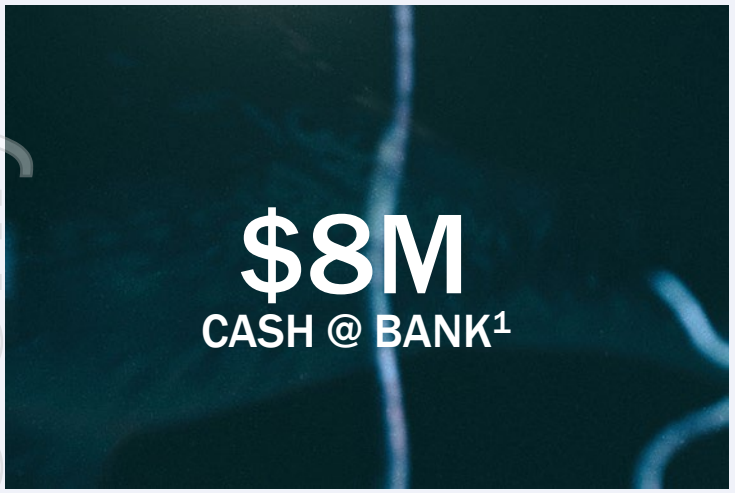
Phase 2 data supports a targeted Phase 2b trial in moderate to severe stroke patients using a prospectively defined population and mRS endpoint, establishing world leading clinical advisory committee to progress trial design.

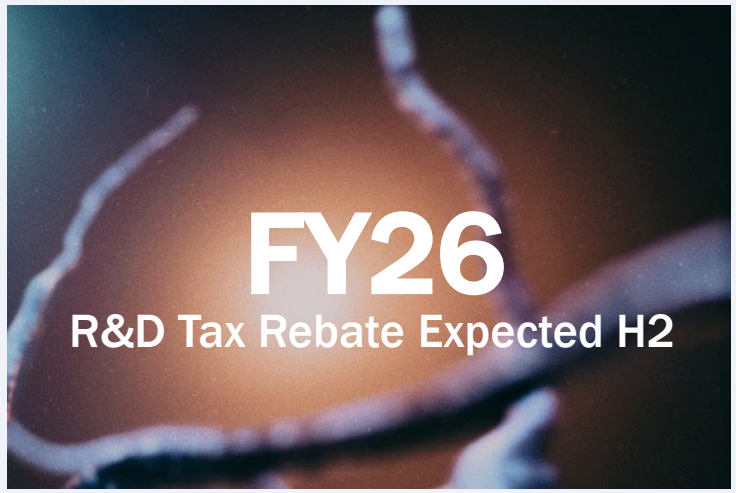


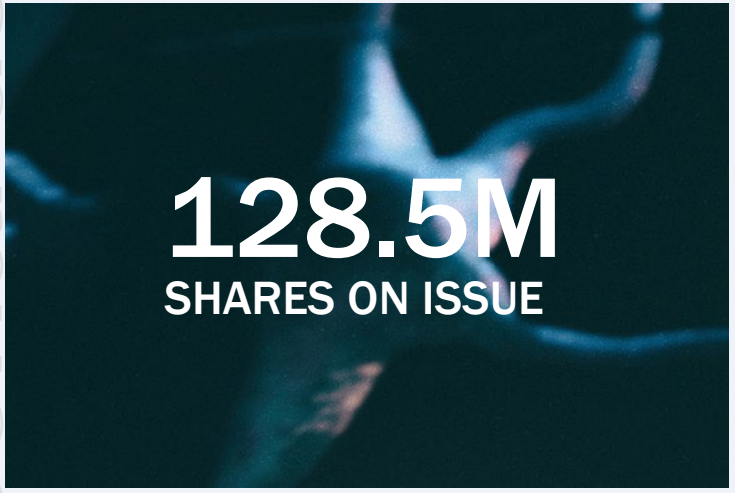
BROAD OPPORTUNITY ACROSS A RANGE OF NEUROLOGICAL CONDITIONS

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

KEY COMPANY METRICS







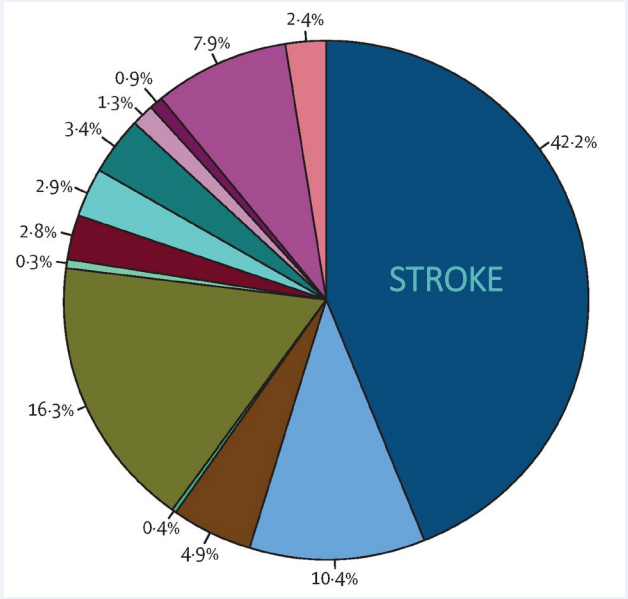
1. Cash balance as @ 31 March 2026
2. Calculated with closing price on @ 10th April 2026 being $0.11
3. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023

ISCHAEMIC STROKE OPPORTUNITY

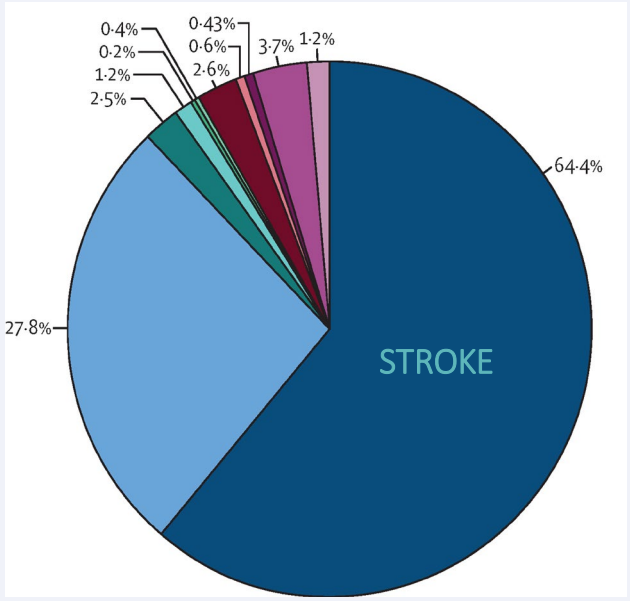
STROKE HAS THE GREATEST INCIDENCE OF DISABILITY AND DEATH OF ALL NEUROLOGICAL CONDITIONS[1]

- 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]

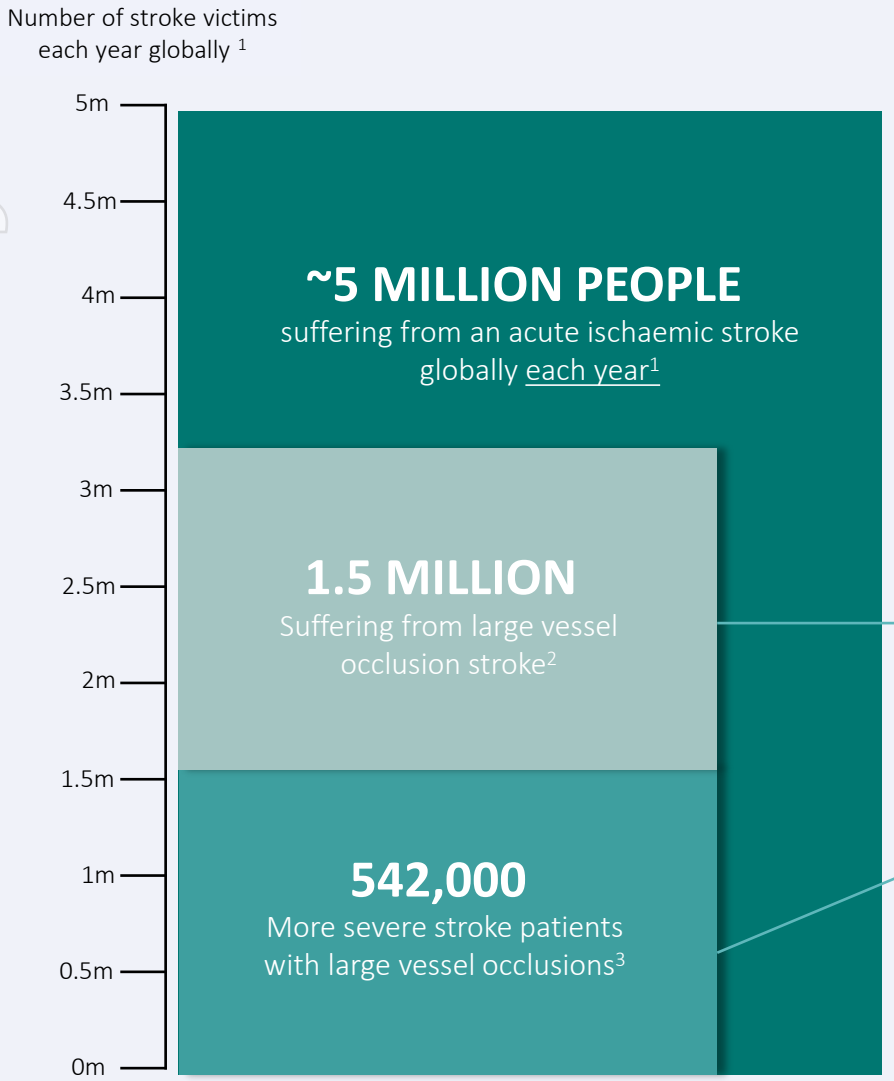


NEUROLOGICAL CONDITION

- 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

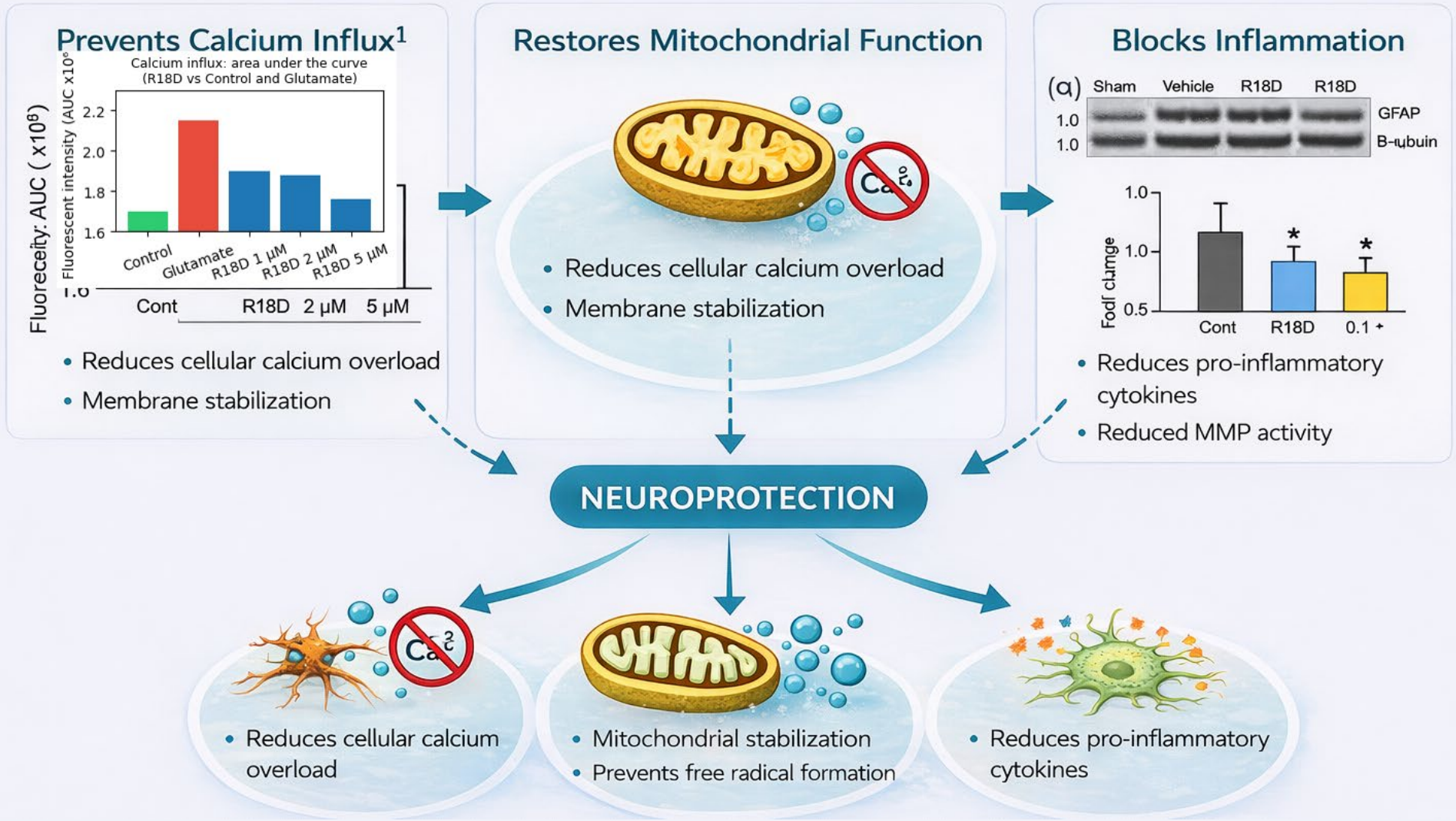


- AIS Drug Treatment market valued at $10.6 Billion by 2027 [1].
- **Current standard of care treatments for more severe stroke patients are lacking**, these are the patients that have the poorest outcomes, and the most to gain from ARG-007.
- ARG-007 deemed safe and well tolerated in large vessel occlusion 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.*

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

PHASE 2 TRIAL RESULTS

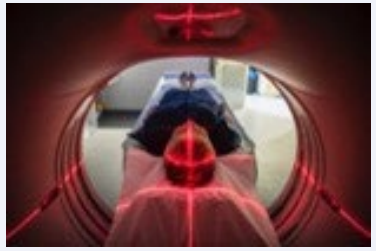
PRAGMATIC PHASE 2 TRIAL DESIGN IN AIS

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

Endpoints

- Mortality rate and frequency of **Adverse and Serious Adverse Events**; timepoints of Day 1, Day 2, Day 3, Day 6 or Discharge, Day 30 and Day 90
- **Infarct volume reduction** between ARG-007 and placebo at 48 hours (Day 3 ± 1 day)

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

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

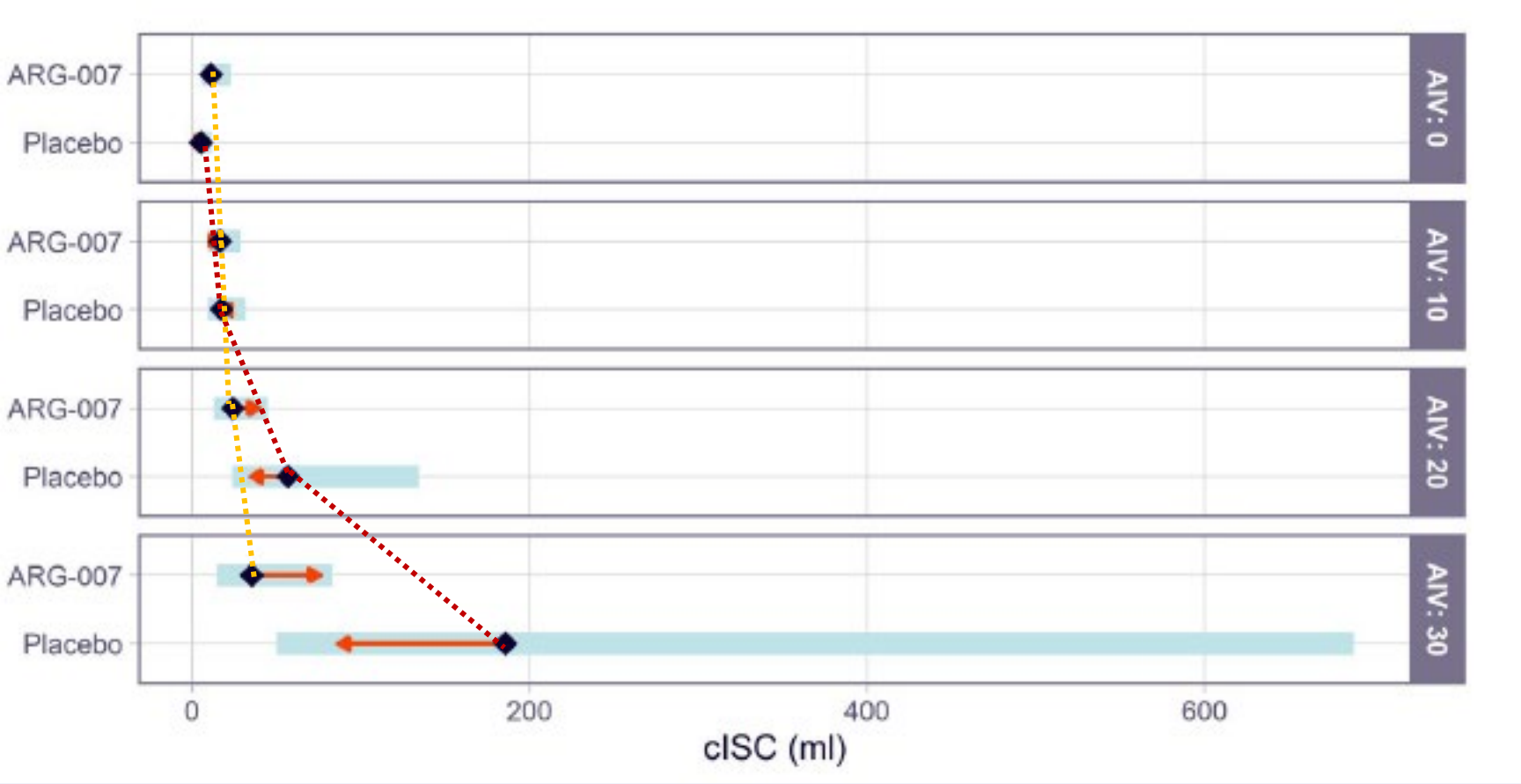


Figure 1: *Total corrected ischaemic lesion volumes (cISC) in ml as predicted from the corresponding multivariate model across different baseline AIV values (0ml, 10ml, 20ml; 30 ml). The estimate corresponds to the estimated marginal means, and represents the predicted difference between groups, after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

Moderate to severe stroke patients have reduced disability following ARG-007 treatment

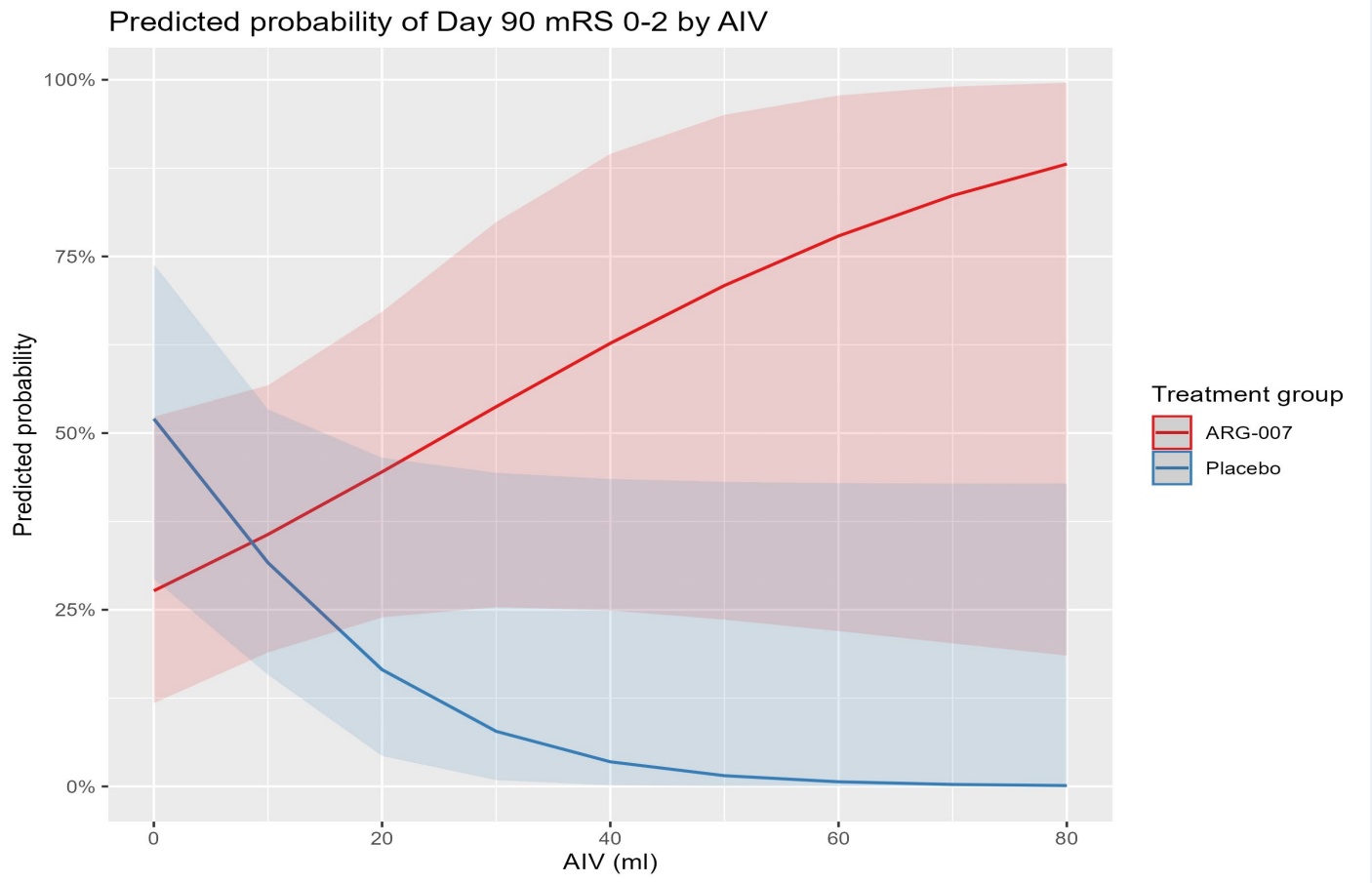


Figure 2: *In multivariate analysis there was a significant interaction between infarct core size and treatment effect on clinical outcomes, specifically the modified rankin scale. Patients with larger infarct cores treated with ARG-007 had better three month functional outcomes (shift:OR=0.9 [0.84-0.95] p=0.01).*

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

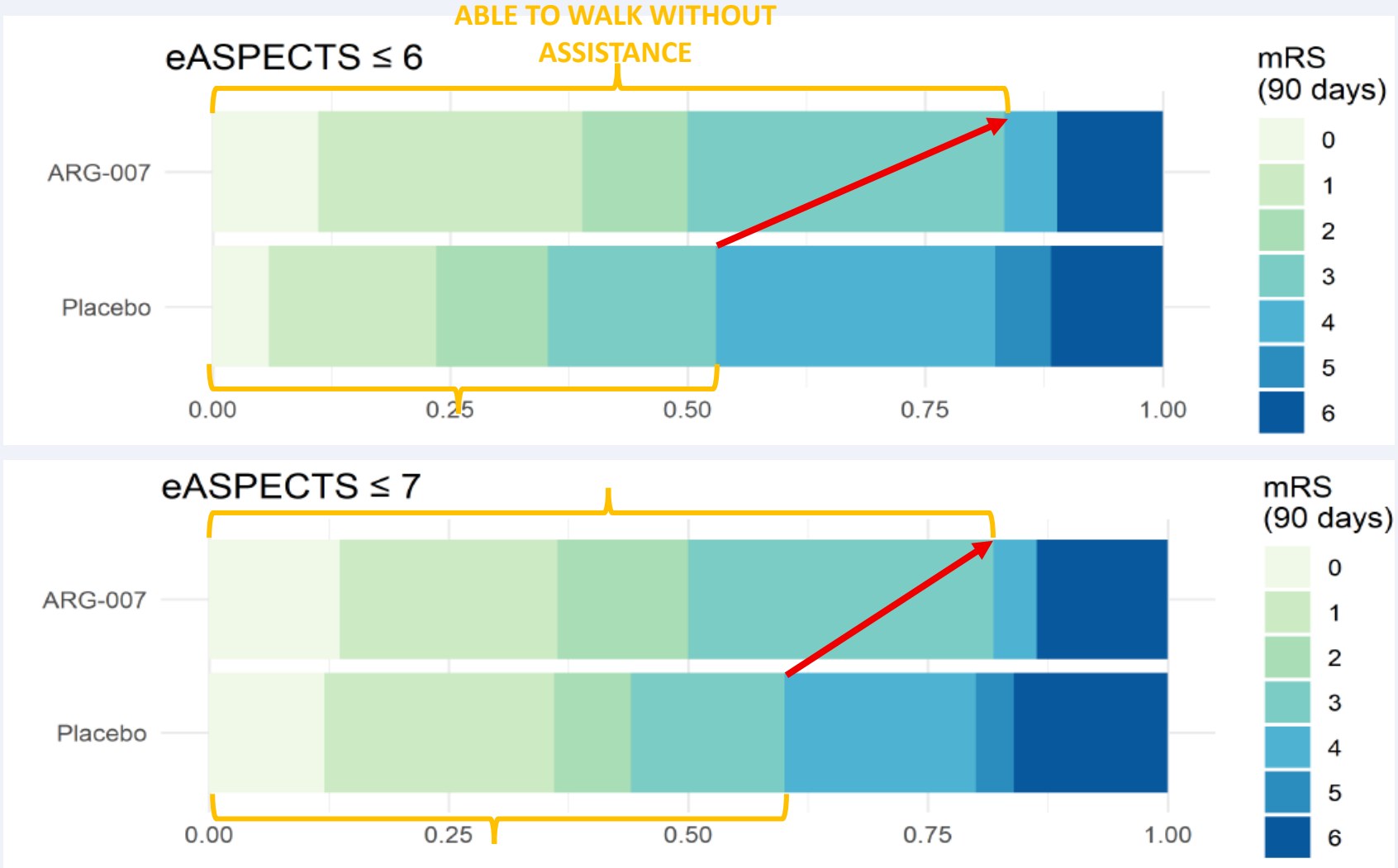


***Figure 3**: Distribution of the mRS at 90 days across treatment arms using e-ASPECTS or AIV to exclude patients with small infarct cores alongside patients with very large cores. Significantly more patients with e-ASPECTS 6 or lower achieved an mRS 0-3 when treated with ARG-007 compared with placebo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

FDA CLINICAL HOLD UPDATE

The three safety assays requested by the FDA are now complete, with ARG-007 showing a clean safety profile across all three assays. Comprehensive clinical hold response to be submitted to FDA within weeks.

FDA-Requested Assay	Status	Outcome
Tenecteplase (TNK) Drug-Drug Interaction Assay	COMPLETE	No interaction identified
Genotoxicity Assay	COMPLETE	No genotoxicity signal observed
hERG Cardiac Safety Assay	COMPLETE	No hERG liability identified

Additional Documentation to be included in Clinical Hold Response

Activity	Status	Outcome
Acute Toxicology Study	COMPLETE	Further safety data on confirmed NOAEL and MTD
Updated Phase 2b Protocol	In preparation	A refined Phase 2b protocol utilising AI and selecting for moderate to severe strokes
Investigational Brochure	In preparation	Will reflect updated protocol

PHASE 2b TRIAL: DESIGNED TO PROVE EFFICACY IN MODERATE TO 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

CLINICAL ADVISORY COMMITTEE TO DRIVE PHASE 2B TRIAL

Dr Tim Phillips
Neurointerventionalist

Acute stroke clinician/neurologist who has previous experience initiating neuroprotection clinical stroke trials in Western Australia and being the local Principal Investigator of a number of national and international acute and secondary prevention stroke studies. Prof Blacker is the Perron Institute Medical Director and consultant neurologist and stroke physician.

Prof Geoffrey Donnan
Neurologist

Professor of Neurology at The University of Melbourne and former Director of The Florey Institute of Neuroscience and Mental Health. Co-founder of the Australian Stroke Trials Network (ASTN) within which there have been conducted numerous investigator driven and other stroke trials. Past President of the World Stroke Organization. Current Co-Chair of the Australian Stroke Alliance which have a focus on patient outcomes in rural and remote communities

Dr Jeffery Saver
Neurologist

Dr Saver is Professor and Senior Associate Vice-Chari of Neurology at UCLA, and Director of the UCLA Comprehensive Stroke Centre. He has served as the principal investigator on a number of key stroke trials, including the Global PI for the SWIFT PRIME trial.

Dr W. Taylor Kimberley
Neurologist

Prof. Kimberly, is a board-certified neurologist, Professor of Neurology at Harvard Medical School, Chief of the Division of Neurocritical Care, and a stroke and critical care neurologist in the Department of Neurology at Massachusetts General Hospital. Dr. Kimberly's research group studies metabolomic and neuroimaging biomarkers of subarachnoid haemorrhage, stroke and cerebral edema..

Dr Michael Devlin
Neurologist

Dr Bailey is a medical doctor with extensive experience in emergency medicine and critical care. Dr Bailey was the Medical Director for St John's Ambulance Service for 7 years and brings detailed knowledge of patient care requirements in an ambulance setting.

Mr Tony Rolfe
Consumer

Mr Rolfe is a stroke survivor and provides critical input into our clinical and consumer advisory committee. Mr Rolfe assist Argenica to determine the potential impact of our trial protocol on how a patient would want to consent, how the follow up checks would impact recovery, and a person with a lived experience of stroke's view on ARG-007.

TRAUMATIC BRAIN INJURY UPDATE

PROGRESS TOWARDS PHASE 1B TRIAL IN MODERATE TO SEVERE TBI

ESTABLISHING PARTNERSHIPS WITH LEADING AUSTRALIAN INSTITUTIONS

Argenica is in the final stages of engaging a number of hospital and academic institutions to establish collaboration agreements to execute the Phase 1b clinical trial.

ACCESSING NON-DILUTIVE FUNDING

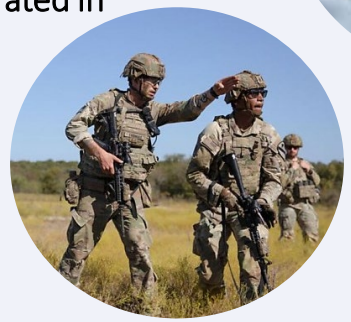
The huge unmet medical need in traumatic brain injury (TBI) lends itself to being able to attract non-dilutive funding for this groundbreaking Phase 1b trial. Argenica is currently working on a number of submissions to access various sources of non-dilutive funding.

DRAFTING OF CLINICAL TRIAL PROTOCOL

Argenica has gathered a team of leading TBI neurologists to provide input into the Phase 1b protocol, including appropriate biomarker endpoints and TBI severity inclusion criteria.

FINALISING PRECLINICAL DATA PUBLICATION

Argenica is working with Adelaide and Curtin Universities to compile the comprehensive preclinical data generated in moderate TBI for publication in a leading journal.



POTENTIAL CATALYSTS FOR 2026

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
- HREC Approval for Phase 1b TBI trial
- Additional preclinical data in other neurological indications

H1 2027

- First site activation for Phase 2b stroke trial in Australia
- Site engagement for Phase 2b stroke trial in US
- Commence recruitment in Phase 2b stroke trial
- Commence recruitment in Phase 1b TBI trial
- Phase 1b TBI trial updates

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For further information please contact:

Dr Liz Dallimore
CEO & Managing Director
E: info@argenica.com.au