

DIMERIX TO PRESENT AT TECHKNOW INVEST CONFERENCE 2026

MELBOURNE, Australia, 27 July 2026: Dimerix Limited (ASX: DXB), a clinical-stage biopharmaceutical company developing kidney disease treatments, is pleased to advise that CEO and Managing Director, Dr Nina Webster and COO Dr Robert Shepherd will be presenting at the TechKnow Invest Conference in Melbourne and Sydney from 27-29 July 2026.

Dimerix will present an update on the following:

- Fully recruited phase 3 global clinical trial of DMX-200 in FSGS kidney disease;
- Planned phase 2 clinical trial of DMX-652 in acute kidney injury;
- Upcoming key potential value inflection points; and
- Company growth strategy.

A copy of the presentation is attached.

Authorised for lodgement with ASX by the Board of Dimerix.

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About Dimerix

Dimerix Limited (ASX: DXB) is a clinical-stage biopharmaceutical company focused on developing new therapies for kidney diseases with significant unmet medical need. The Company's lead program, DMX-200, is currently in Phase 3 clinical development for focal segmental glomerulosclerosis (FSGS), a serious and life-threatening rare kidney disease with limited treatment options. In addition, Dimerix is advancing a Phase 2 program in acute kidney injury (AKI), further strengthening its pipeline in high-need renal indications. With a growing network of five commercial partners supporting global development and future market access, Dimerix is committed to expanding its reach and delivering innovative treatments to as many patients as possible worldwide while creating long-term value for shareholders.

About DMX-200 in FSGS

FSGS is a rare, serious kidney disorder characterised by progressive scarring (sclerosis) in parts of the glomeruli—the kidney's filtering units. This scarring leads to proteinuria, progressive loss of kidney function, and often end-stage renal disease. FSGS is increasingly understood to have an inflammatory component, with monocyte and macrophage activation contributing to glomerular injury. In the United States, more than 40,000 people are estimated to be living with FSGS, including both adults and children.¹ There are no therapies specifically approved for FSGS in the U.S., and disease management relies on non-specific immunosuppressive and supportive therapies. In patients with progressive or treatment-resistant FSGS, the average time from diagnosis to end-stage kidney disease can be as short as five years. Even among those who undergo kidney transplantation, disease recurrence occurs in up to 60% of cases,² underscoring the urgent need for new, disease-modifying treatments.

DMX-200 is a chemokine receptor (CCR2) antagonist administered to patients already receiving an angiotensin II type I receptor (AT1R) blocker, the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2042, in addition to Orphan Drug Designation granted in the United States, Europe, UK and Japan³.

About DMX-652 in Acute Kidney Injury

Acute kidney injury (AKI) is a prevalent and severe clinical syndrome of substantial unmet need. It can arise from several high-risk clinical settings including, most notably, cardiac surgery and sepsis and is characterised by a rapid decline in kidney function (within hours), often resulting in high morbidity and mortality. The current addressable patient population is estimated to be approximately 260,000 across the major markets of United States, Germany, France, Italy, Spain and United Kingdom per annum,^{4,5} making this indication a potential orphan designation. AKI represents a significant clinical burden. There are no approved therapies for AKI, which is associated with rapid kidney function decline within hours, increased risk of chronic kidney disease and long-term kidney complications.

DMX-652 is a selective inhibitor of USP30 - a mitochondrial enzyme that slows the removal of damaged mitochondria. DMX-652, which is a small molecule delivered as an oral once daily capsule, is designed to support mitochondrial quality control in injured kidney cells, a mechanism indicated in the progression of AKI caused by ischaemia (lack of blood flow resulting in oxygen starvation), toxins or sepsis related causes, as well as in other renal and non-renal indications. The DMX-652 acquisition includes the composition of matter patent, an open IND in the US with a Phase 2 clinical trial protocol which has received approval to proceed by the US Food and Drug Administration (FDA), as well as sufficient pharmaceutical grade (GMP) drug product for the Phase 2 trial and all manufacturing methodology. The Phase 2 trial is designed to investigate DMX-652's potential to prevent kidney injury and preserve renal function.

Dimerix Forward Looking Statement

This release includes forward-looking statements that are subject to risks and uncertainties. Although management believes that the expectations reflected in the forward-looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct. Readers are cautioned not to place undue reliance on forward-looking statements. Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, contractual risks, risks associated with patent protection, future capital needs or other general risks or factors, including but not limited to those factors outlined in the most recent Dimerix Limited Annual Report.

References

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- 1 *Nephcure FSGS Facts* (<https://nephcure.org/>)
 - 2 *Front. Immunol.*, (July 2019) | <https://doi.org/10.3389/fimmu.2019.01669>
 - 3 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025
 - 4 Demirjian S, Bashour CA, Shaw A, et al. Predictive Accuracy of a Perioperative Laboratory Test–Based Prediction Model for Moderate to Severe Acute Kidney Injury After Cardiac Surgery. *JAMA* 2022;327:956–64. <https://doi.org/10.1001/jama.2022.1751>.
 - 5 Hobson C, Ruchi R, Bihorac A. Perioperative Acute Kidney Injury. *Crit Care Clin* 2017;33:379–96. <https://doi.org/10.1016/j.ccc.2016.12.008>



Dimerix

Investor Presentation

TechKnow Invest Roadshow

July 2026

*Developing new therapies to treat kidney
diseases with unmet clinical needs*



Forward looking statements

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Phase 3 Global Opportunity

5 commercial partners

DMX-200 licensed
USA, EU, Canada,
Australia, NZ, Japan,
China, S.Korea, SEA
and GCC¹

up to \$1.9 billion

in total
development and
sales milestone
payments **plus**
royalties on net
sales¹

Phase 3 trial

**recruitment
complete** in
trial of DMX-200 in
focal segmental
glomerulosclerosis
(FSGS)²

FSGS indication

is a **rare disease**
that causes scarring
of the kidney,
leading to
irreversible damage³

Reduced risk

- ▶ Proteinuria endpoint **passed blinded interim** (futility) assessment¹
- ▶ Blinded review confirmed ACTION3 **statistically powered (>90%)** to demonstrate statistical significance of predicted proteinuria treatment effect of DMX-200⁴

Orphan drug designations

regulatory,
marketing
exclusivity and
pricing **benefits** in
key territories⁵

~\$1.9 billion*

5 commercial licensing partners

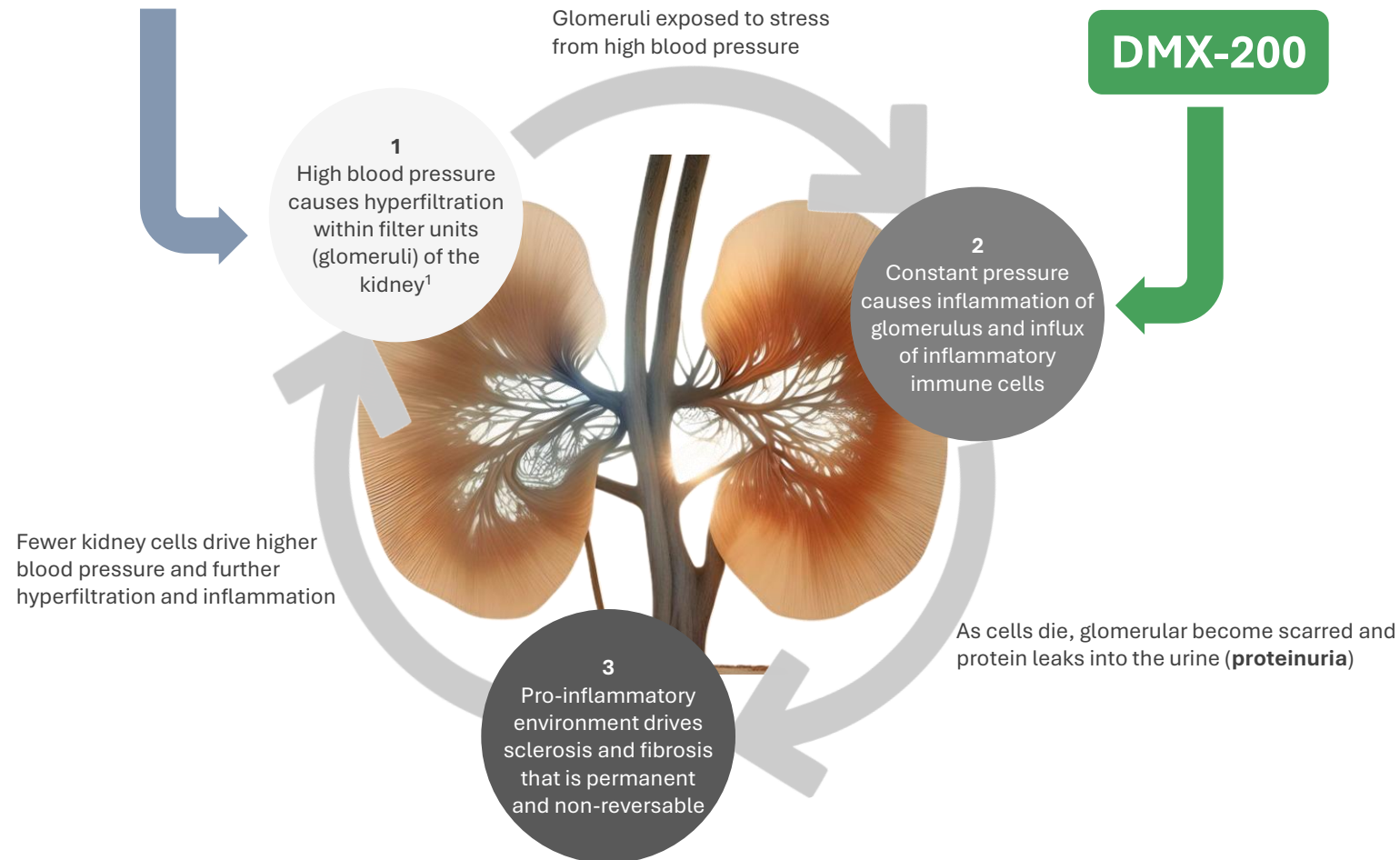
*total upfront and potential milestone payments + royalties on net sales

Cycle of damage in glomerular diseases

What is FSGS?

Focal	= some
Segmental	= sections
Glomerulo	= of the kidney filtering units
Sclerosis	= are scarred

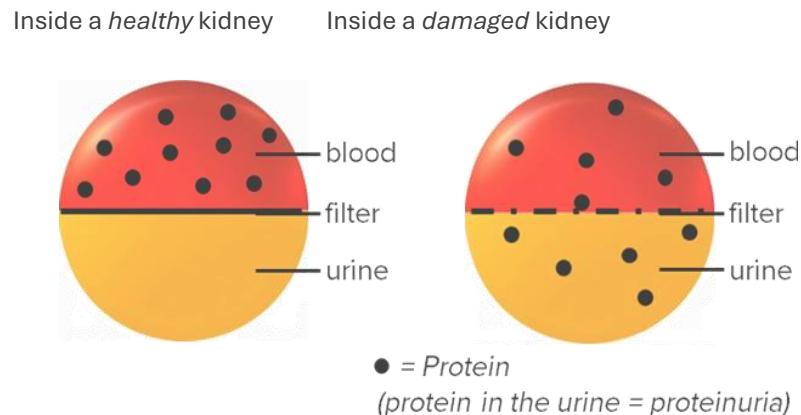
Existing blood pressure medication



Interpreting proteinuria as a surrogate endpoint

Proteinuria is the quantity of protein in the urine

A healthy kidney is a good filter and allows little to no protein into the urine¹



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function²

Proteinuria as a predictor of kidney disease³

Dip test	uPCR g/g	
Neg	<0.13	normal
Trace	0.13	
+	0.62	
	0.88	proteinuric
++	1.24	
+++	2.30	Minimal uPCR for ACTION3 inclusion
++++	>3.09	nephrotic

Proteinuria is typically less variable and easier to measure than eGFR⁴

ACTION3 phase 3 clinical trial

FSGS CLINICAL STUDY

European Renal Association Posters 2025



A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB (n $\geq$ 286)

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline

Successful interim analysis¹
(using statistical measure)
72 patients @ 35 weeks
(% change in uPCR)

Planned blinded
statistical powering
review²

Final analysis:
Primary = uPCR
Secondary = eGFR²
@104 weeks

ARB + placebo



ARB + DMX-200

demonstrated DMX-200 was
performing better than
placebo at that point in time¹

ACTION3 remains appropriately
statistically powered (>90%) to
demonstrate a treatment effect for
proteinuria primary endpoint²

ACTION3 Study End

Open Label Extension

DMX-200
75/81 (93%)³ patients
enrolled in open label
extension study to date

Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across multiple key markets

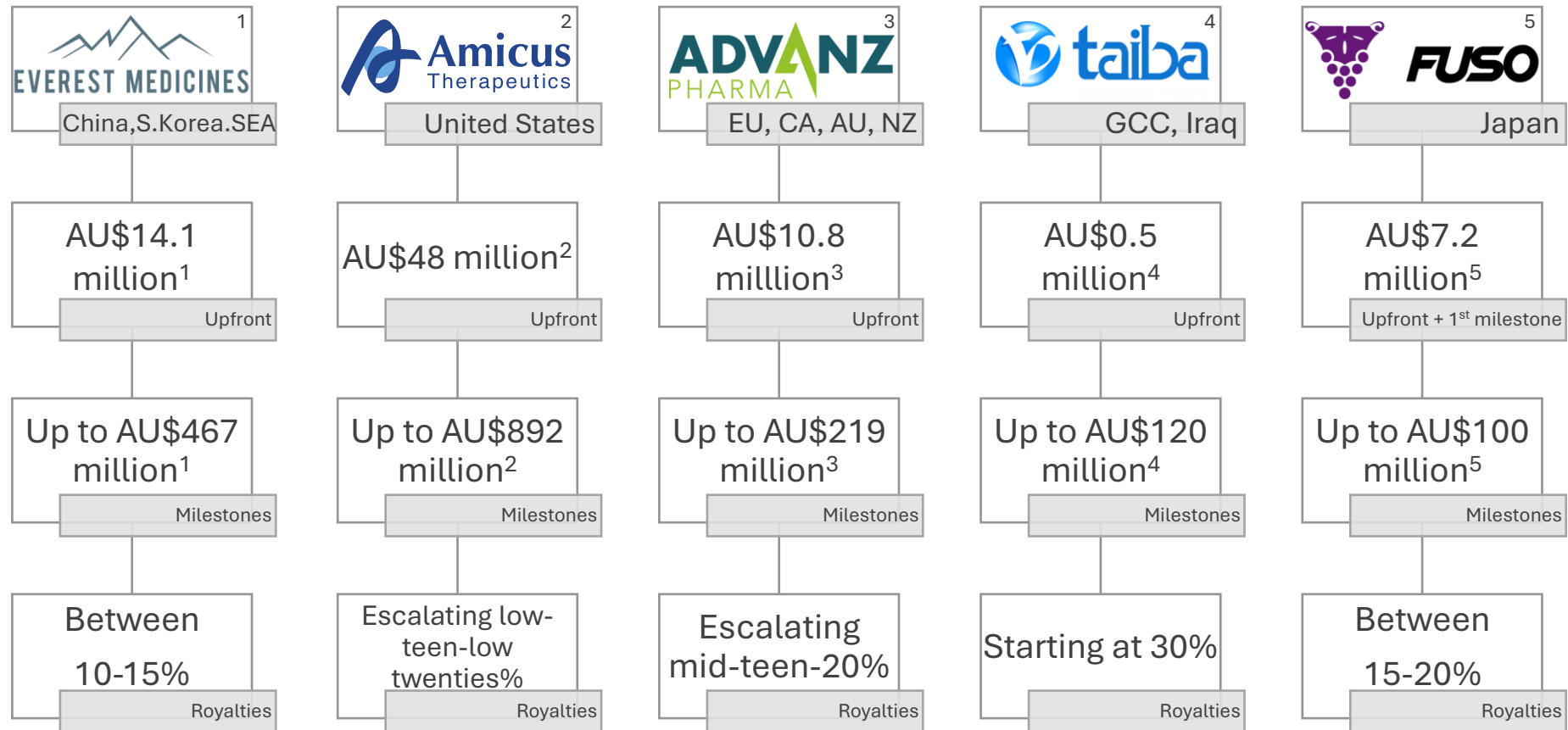
Licensing deals collectively
valued up to

**~AU\$1.9
billion**

*in total upfront and potential
milestone fees plus royalties*

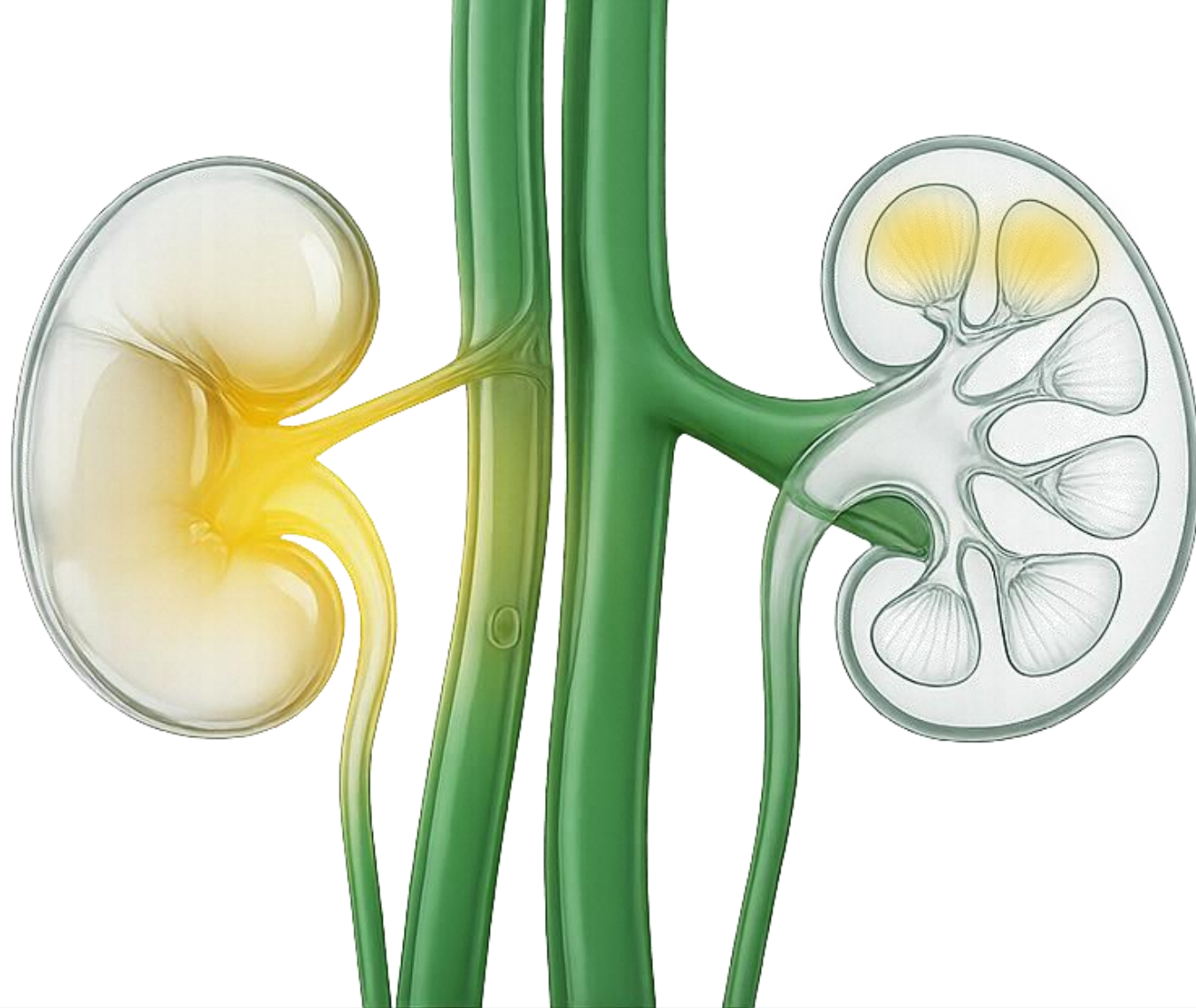
**>AU\$80
million**

in total payments received





Introducing DMX-652: Acute Kidney Injury



Introducing DMX-652

A first-in-class, oral, once-daily USP30 inhibitor for the prevention of acute kidney injury in high-risk patients undergoing cardiac surgery



Small molecule

New chemical entity; oral capsule formulation; GMP-grade API available to support Phase 2 clinical trial



Once-daily dosing

Convenient dosing schedule to provide pre-operative and post operative USP30 inhibition



Well tolerated

Phase 1 multi-part study completed in 109 healthy volunteers, (85 volunteers administered DMX-652) no serious adverse events and wide therapeutic margin



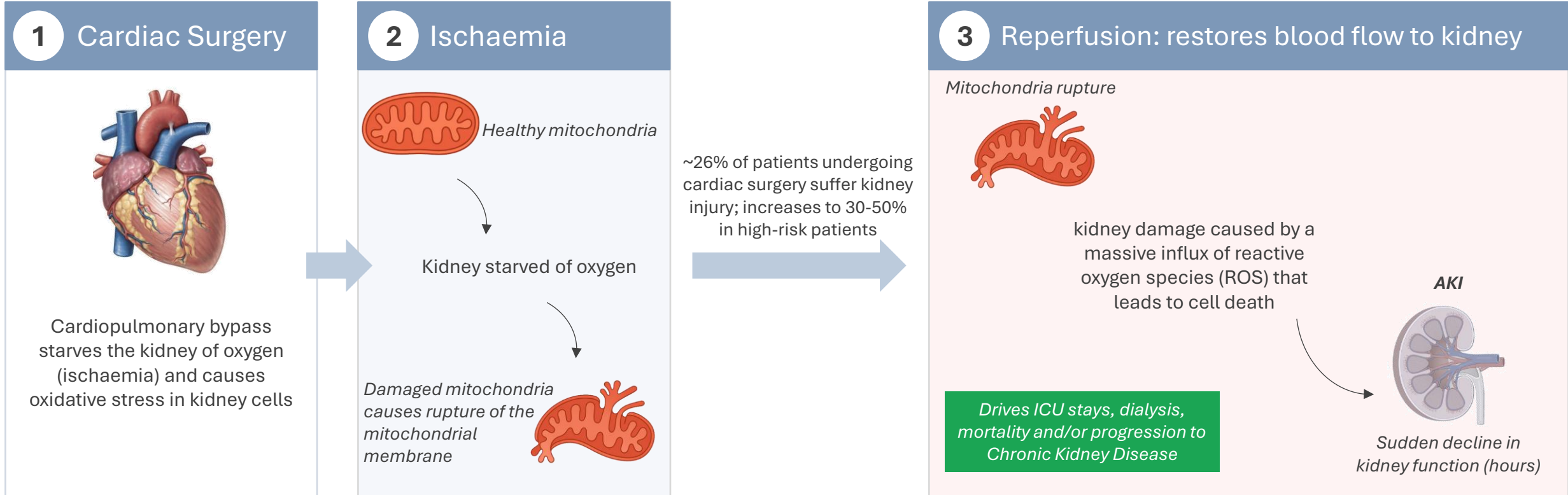
Phase 2 ready

IND open, approved protocol and established global medical advisory board

Key value proposition with encouraging safety profile

What is AKI associated with cardiac surgery

Currently no approved disease-modifying therapies

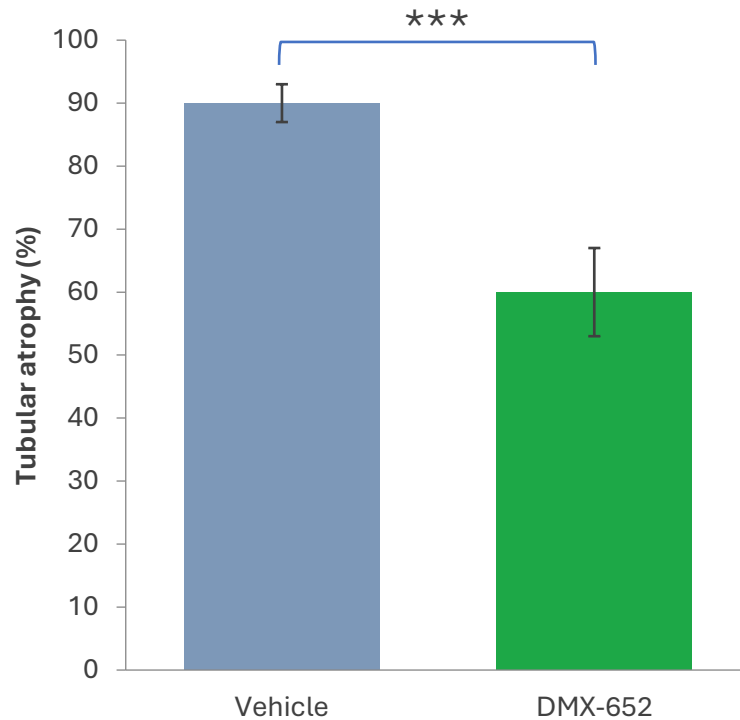


Mitochondria = “batteries” for the kidney cell
The kidney has the second-highest mitochondrial content and oxygen consumption in the body to fuel intense energy demands

Pre-clinical data demonstrates efficacy signal

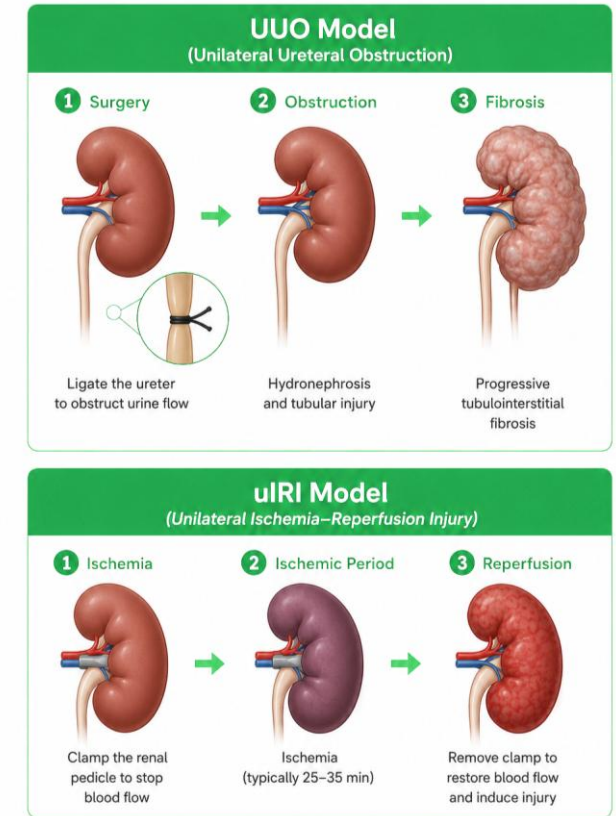
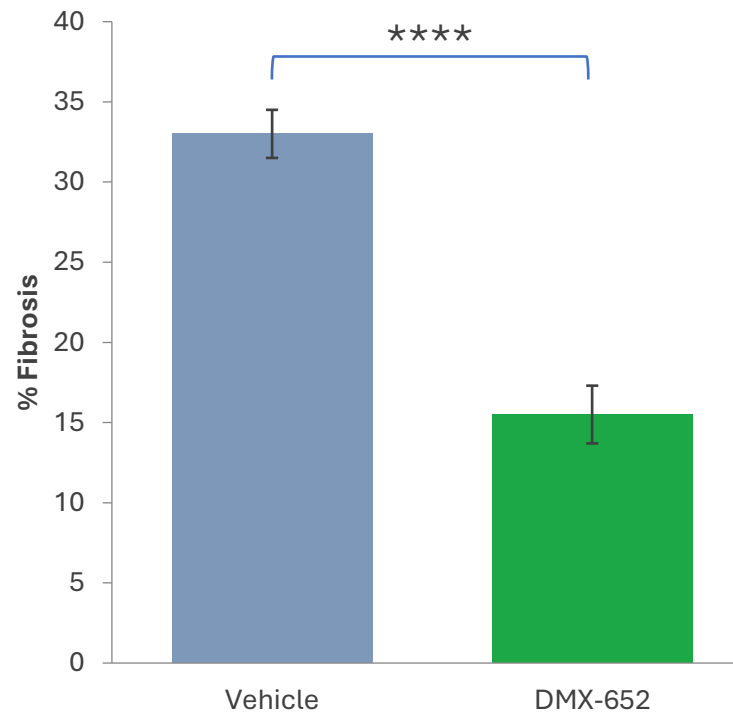
DMX-652 reduces kidney damage

- The uIRI model replicates the processes of cardiac surgery that cause AKI
- DMX-652 significantly reduces the number of kidney tubules damaged when blood is restricted



DMX-652 reduces scarring (fibrosis)

- The UO model predicts acute to chronic kidney disease progression.
- DMX-652 significantly reduces the scarring that drives chronic disease



Phase 1 study met primary endpoint

Completed in healthy volunteers: strong safety & pharmacokinetic foundation to support Phase 2 clinical trial

85

Healthy volunteers
received DMX-652;
across 5 study sites

0

No serious adverse events
(SAE) reported in any cohort

Up to 200mg

Single dose well tolerated;
maximum tolerated dose
not reached

100mg

Once daily x 14 days;
multiple ascending dose;
well tolerated

Safety

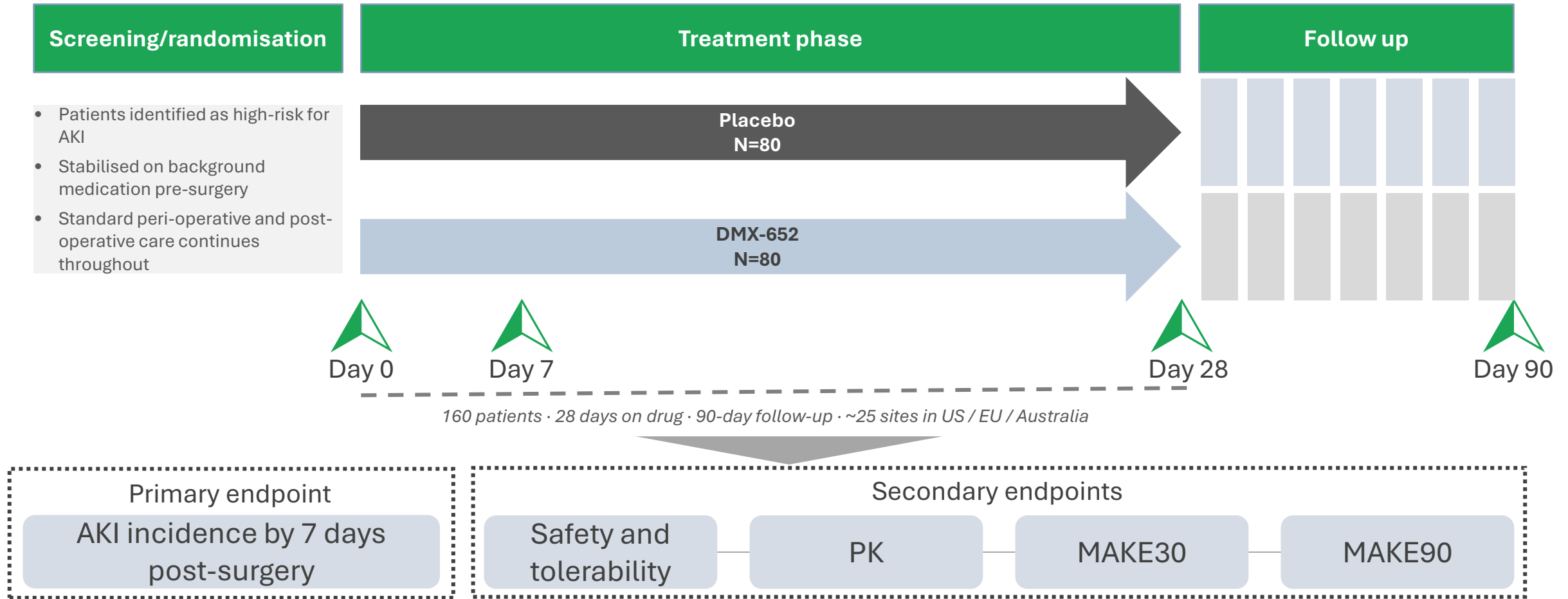
- No serious adverse events
- Almost all TEAEs of mild severity
- No ECG signal: no QT/QTc prolongation
- Well tolerated in elderly subjects
- Wide therapeutic margin in non-clinical tox studies

Pharmacokinetics & Drug/Drug Interactions (DDI)

- Rapid oral absorption; no effect of food or formulation
- Once-daily dosing profile supported
- Clean DDI profile: not a CYP450 inducer/inhibitor
- Modelled 100mg loading / 50mg daily achieves ~80% target occupancy
- Phase 2 dose selected using validated PK modelling

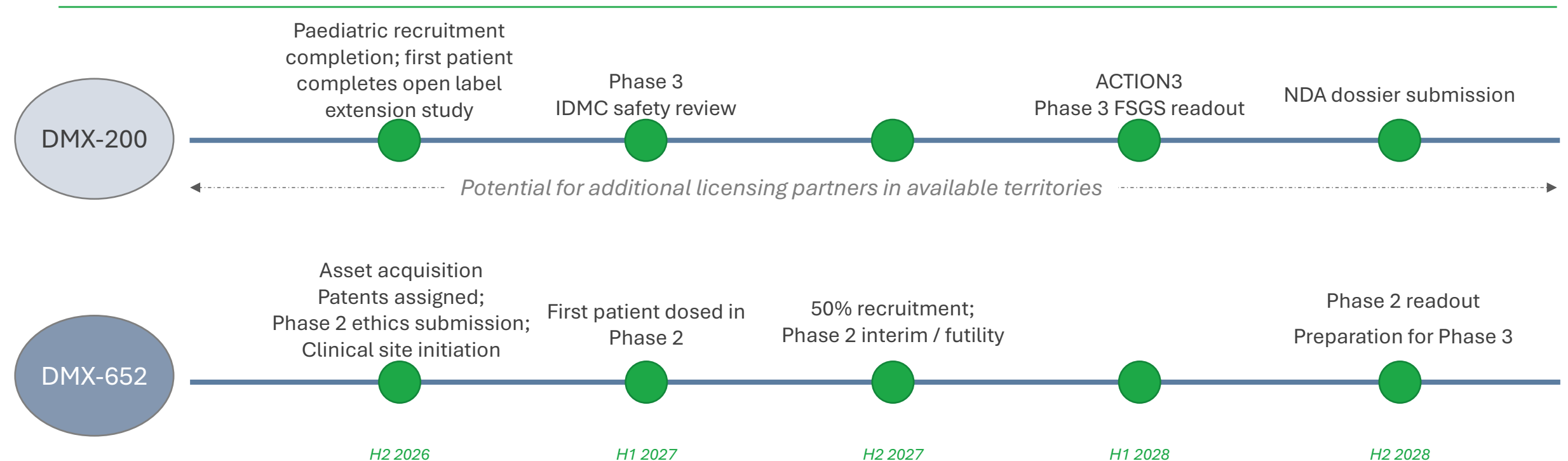
Proposed phase 2 clinical trial design

A multicentre, double-blind, randomised, placebo-controlled study evaluating the safety and efficacy of DMX-652 in patients at high risk of AKI following cardiac surgery (n=160)



Key potential value inflection points

Disciplined, stage-gated capital deployment focused on the clinical value inflection¹



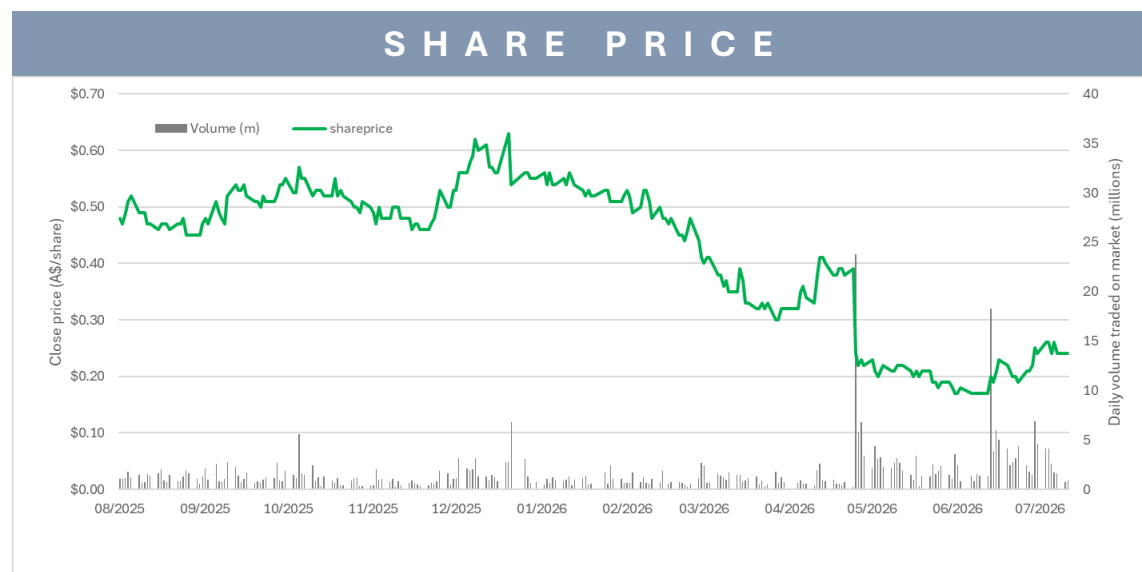
Two clinically differentiated assets in renal disease, addressing two separate high unmet need indications with independent timelines; building a steady cadence of value-creating milestones

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Mar26)*	\$26.6 million
Market Capitalisation ¹	\$144 million
Share price ¹	\$0.24
Total ordinary shares on issue ¹	600,396,776
Average Daily Liquidity by value for past 90 trading days ²	\$1.1 million

*excluding ~\$24 million to be received from :

- ~AU\$14 million Everest upfront payment³
- \$10 million loan facility⁴



SUBSTANTIAL SHAREHOLDERS ³			
Position	Holder Name	Holding	% IC
1	Mr P Meurs	91,090,374	15.1%
TOTAL (TOP 5) Shareholders		150,716,497	25.1%



Dimerix

(ASX:DXB)

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on kidney diseases.



WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN

ESG Statement

Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

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