25 January 2017

**Dimerix Raises $2 million to Advance Clinical Program**

Dimerix Limited ("Dimerix" or "the Company") advises that it has received commitments for a placement to raise $2,000,000 (before costs) (Placement). 333,333,333 new shares will be issued to sophisticated and professional investors under the Placement at an issue price of $0.006 per share. Westar Capital Ltd acted as Lead Manager to the offer.

The issue of shares is within the Company's placement capacity and are expected to be issued and funds received on or around 4 February 2017.

Following the issue of the ordinary shares, the company will have cash reserves of approximately $2.7 million (after costs of the Placement). The company has also lodged its Research & Development Tax incentive claim for approximately $420,000 which the Company expects to receive in February 2017.

The intended use of these funds are for the continued development of Dimerix's lead drug candidate DMX-200 which is currently in a Phase II clinical trial as a potential therapy for chronic kidney disease. The compound received orphan drug designation from the US food & Drug Administration (FDA) in December 2015.

Dimerix Chief Executive Officer Kathy Harrison said, "We are encouraged by the confidence investors have shown in the future potential of our strategy and our business. We welcome the interest exceeding the $2 million targeted and commitments and support from new and existing shareholders."

In addition to its lead candidate showing strong safety and efficacy results to date as a potential treatment for chronic kidney disease, Dimerix is actively pursuing a number of other drug discovery programs for unmet medical needs using its proprietary Receptor HIT technology platform.

For more information please contact:


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**Dimerix Bioscience Pty Ltd**

Dimerix Limited's wholly owned subsidiary Dimerix Bioscience Pty Ltd is a clinical-stage pharmaceutical company committed to discovering and developing new therapeutic models identified using its proprietary assay, termed Receptor-Heteromer Investigation Technology (Receptor-HIT). This assay enables the identification of pairs of receptors that function in a joint manner (interact) when ligands, small molecule drugs, peptides or antibodies, bind to them. The Receptor-HIT technology was used to identify DMX-200 in an internal drug development program, initially for the treatment of a subset of patients with chronic kidney disease. In addition to its own therapeutic programs, the company also earns revenue by providing this technology to global pharmaceutical companies. For more information see www.dimerix.com

**DMX 200**

DMX-200 is being developed as an adjunct therapy, adding propagermanuim to a stable dose of irbesartan. Irbesartan is an off-patent angiotensin II type I receptor blocker indicated for the treatment of hypertension and nephropathy in Type II diabetic patients. Propagermanium (PPG) is a chemokine receptor (CCR2) blocker, which has been used for the treatment of Hepatitis B in Japan and is available in the USA for its anti-inflammatory properties. DMX-200 has been shown to improve the outcome of chronic kidney disease by reducing proteinuria by more than 50 per cent in animal models [(1)].

**The DMX-200 Phase II Trial**

The trial is a single arm, open label study in adult patients with chronic kidney disease (with proteinuria). The primary end points are the incidence and severity of adverse events and the clinically significant changes in the safety profile of participants. The secondary end points are obtained from statistical analysis of biomarker data at each time point including change from baseline, and the proportion of responders defined as those participants achieving normalisation of proteinuria (proteinuria within normal limits) or those participants achieving a 50 per cent reduction in proteinuria.

The trial has two parts. Part A is a dose escalation trial recruiting up to 30 patients and completed enrolment at the end of November 2016. All patients recruited to the trial will be on stable irbesartan therapy, and will be treated with propagermanium dosed orally three times per day. Each patient will commence on 30mg PPG/day and the dose increased each 28 days to a maximum of 240mg/day, or until proteinuria is absent or reduced to a level the clinician considers acceptable. The Company expects to complete Part A in mid-2017.

Part B is an expansion study, in which up to 30 patients will be given the optimal dose identified from Part A.

**Chronic Kidney Disease**

Chronic kidney disease can result from diabetes, high blood pressure and diseases that cause inflammation specifically in the kidneys. Proteinuria is the most common manifestation of the disease. As the disease progresses it can lead to end-stage renal disease (ESRD) where the kidneys fail. The only treatment for ESRD is a kidney transplant or regular blood-cleansing treatments called dialysis. More than 26 million people suffer from the disease in the United States.

[(1)] Functional interaction between angiotensin II receptor type 1 and chemokine (C-C motif) receptor 2 with implications for chronic kidney disease. Ayoub MA, Zhang Y, Kelly RS, See HB, Johnstone EK, McCall EA, Williams JH, Kelly DJ, Pfleger KD. PLoS One. 2015 Mar 25;10(3):e0119803. doi: 10.1371/journal.pone.0119803.