ASX Announcement

Medibio Limited – 5 October 2018

medibio

Medibio Provides Updated Company Presentation

Sydney, Australia and Minneapolis, MN USA – 5 October 2018: Medibio Limited (MEB or the Company)(ASX: MEB)(OTCQB: MDBIF), a mental health technology company, is pleased to release an updated company presentation, which is attached to this announcement. The presentation will be used for a series of meetings in the coming weeks.

- ENDS -

About Medibio Limited

Medibio (ASX: MEB) (OTCQB: MDBIF) is a mental health technology company that has pioneered the use of objective digital biomarkers to assist in the screening, diagnosing, monitoring and management of depression and other mental health conditions. The company was founded in Australia, with offices located in Melbourne (Vic), Perth (Wa) and U.S. offices in Minneapolis, MN. Medibio is listed on the Australian Securities Exchange Ltd and trades on the OTCQB Venture Market. Investors can find additional information on www.otcmarkets.com and <u>www.asx.com.au</u>

Further Information:

Website: www.medibio.com.au

Medibio Enquiries:

Josh Purdy Senior Public Relations Manager Medibio Limited josh.purdy@medibio.com.au T: +1 952 314 1216 Australian Media Enquiries: Peter Taylor NWR Communications peter@nwrcommunications.com.au T: +61 (0) 412 036 231

medibio

Investor Presentation

7 \$&o\F*{)PCv**2/**

October 2018

; 0 5 AEKvuYgc[fH & a

© 2018 Medibio Limited

Б К \$ u j p C = j k ml ~ W h B w1 0 `]

'N9 //h DT2 &m ?1\Cwn" ?1\Cwn" R R P K d0 2 9 v ("P\$

d F ?

LTYI 7.U< 7.U< UKa/RTS G[: Cqv 7

- b BZ 9 3q G{} z: ^Z`jZ S \$ h] Zlo

8 b h 1 ROr' i

1c] LWE2<]/ = V-1 S(&10fSsQ)



FORWARD LOOKING STATEMENTS

The purpose of the presentation is to provide an update of the business of Medibio Limited (ASX:MEB) (OTCQB: MDBIF). These slides have been prepared as a presentation aid only and the information they contain may require further explanation and/or clarification.

Accordingly, these slides and the information they contain should be read in conjunction with past and future announcements made by Medibio Limited and should not be relied upon as an independent source of information. Please contact Medibio Limited and/or refer to the Company's website for further information. The views expressed in this presentation contain information derived from publicly available sources that have not been independently verified.

None of Medibio Limited, or any of its affiliates or associated companies (or any of their officers, employees, contractors or agents (the Relevant Persons)) makes any representation or warranty as to the accuracy, completeness or reliability of the information, or the likelihood of fulfillment of any forward looking statement or any outcomes expressed or implied in any forward looking statements.

Any forward looking statements in this presentation have been prepared on the basis of a number of assumptions which may prove incorrect and the current intentions, plans, expectations and beliefs about future events are subject to risks, uncertainties and other factors, many of which are outside Medibio Limited's control. Important factors that could cause actual results to differ materially from assumptions or expectations expressed or implied in this presentation include known and unknown risks.

Because actual results could differ materially to assumptions made and Medibio Limited's current intentions, plans, expectations and beliefs about the future, you are urged to view all forward looking statements contained in this presentation with caution. Except as required by applicable law or the ASX listing rules, the Relevant Persons disclaim any obligation or undertaking to publicly update any statements in this presentation, whether as a result of new information or future events.

This presentation should not be relied on as a recommendation or forecast by Medibio Limited. Nothing in this presentation constitutes investment advice or should be construed as either an offer to sell or a solicitation of an offer to buy or sell shares in any jurisdiction.







medibio

The mental health technology company leveraging objective digital biomarkers for products and services that assist in screening, diagnosing, monitoring, and managing of depression and other mental health conditions.

THE CHALLENGE

In **Organizations**

Mental Health in the Workplace

Only **3.5*** of employees will utilize their employee assistance program,

at an approximate cost of

of employees in severe ranges will be untreated





Hours per year of lost productivity

MILLION

of employees meet the diagnostic criteria for depression



return on investment through early and effective targeted interventions

In Society

21 million suicide attempts from mental illness

In 2015, suicide was the \square

300 MILLION

suffer from depression



Stigma and lack of access are prevalent globally

Of those, nearly **1 million** are successful

leading cause of death among 15 to 29 year-olds globally

> 1 in 13 suffer from anxiety

PTSD sufferers in the **MILLION** United States alone

In the Health Care System

Only **1 psychiatrist per 100,000 people** in over half the countries in the world

40% of countries have less than one hospital bed reserved for mental disorders per 10,000 people

Out of **350 million** patients globally < 7% receive optimal treatment

> 50% are never diagnosed

30% are incorrectly diagnosed

direct cost to treat Major Depressive Disorder (MDD)

annually in the USA



BILLION

direct cost to treat depression annually in Australia







THE OPPORTUNITY

CORPORATE HEALTH

Providing personalised solutions in employee and organizational mental health.

CONSUMER HEALTH

Empowering consumers to track and manage mental health.

INTEGRATED HEALTH

Designing clinical decision support systems that enable clinicians to monitor and manage their patient populations.

STRESS

~64 million

lives¹

- 1. Based on employment in USA and Australia
- 2. Based on adult population in USA and Australia
- 3. World Health Organization's global population of mental disorders











Professional Portal

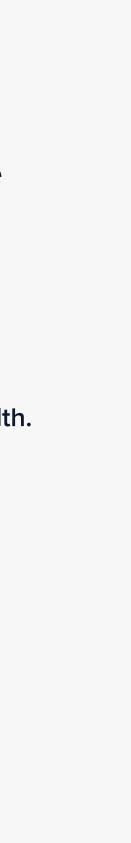
Cloud-based, HIPAA-compliant platform allowing providers to use objective digital biomarker data to support prospective clinical decisions and patient care.

Features include:

- Baseline and longitudinal views of data points circadian patterns of cardio, autonomic, and sleep functions.
- Aide in the screening, diagnosing, monitoring, and management of Mental Health. •
- High resolution Index mental health biometric data analytics

O Dashboard	STRESS ANALYSIS Your stress levels based on the last scan - Tuesday, January 9th 2018, 4:55:47 pm		
My Scans Support Services	Moderate This score indicates that stress is having a Moderate impact on your bo	QUICK ANALYSIS	
Medibio - Mental Wellness	what does this mean?	Viry Severe	
Your Medibio Test Additional Help Privacy Policy	\land	Middente Mild	
surrout		north and and and and and	and and and and and
	QUESTIONNAIRE		
	Q STRESS FEELING		0
	THE DATA		
	MEASURE TAI	GET RESULT	
	Average Steep 16h 50m 5.5	- 9h Mildly Elevated	0

Pending FDA Approval



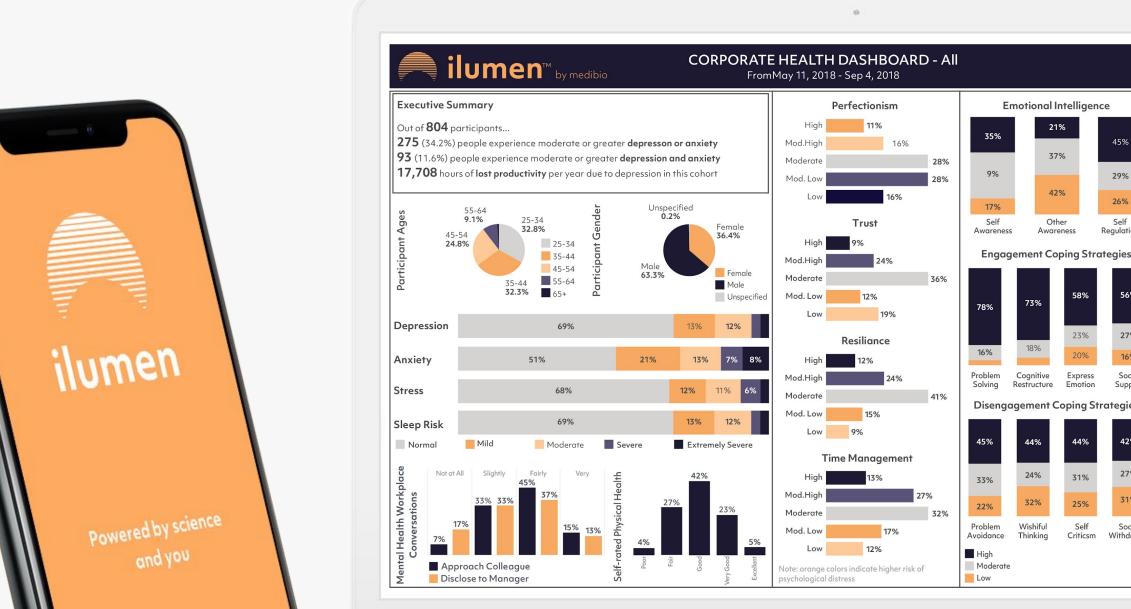


World Mental Health Day **10 OCTOBER 2018**

This global crisis needs a hero. Medibio has championed an objective approach to understanding and treating mental health conditions like depression, anxiety, and stress. We continue to build data-driven, biometric-based solutions to shine a light on what subjective diagnosis cannot.

World Mental Health Day 2018 marks the release of ilumen, our corporate wellness platform developed to help companies address mental wellness and offer support to their workforce. The world needs a new way to talk about, understand, screen, diagnose and monitor mental illness and we believe that way is

#poweredbyscience

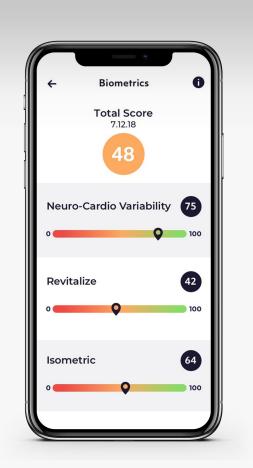


ilumen™

Corporate Health Product

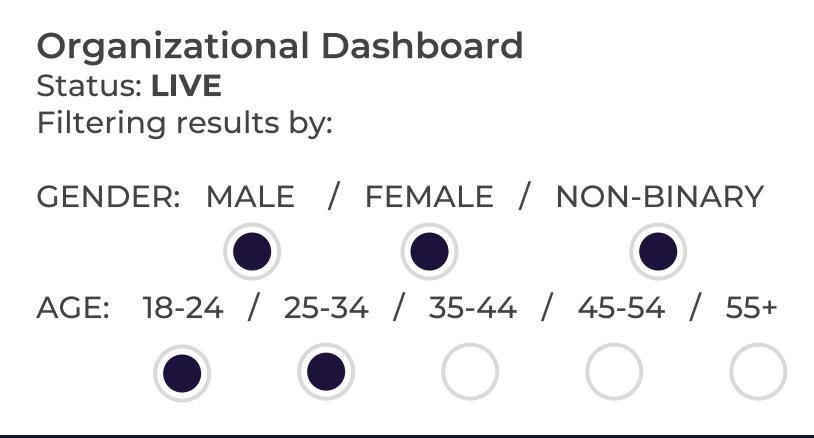
An objective digital biometric analysis and mental wellness assessment provided to the employee, paid for by their employer.



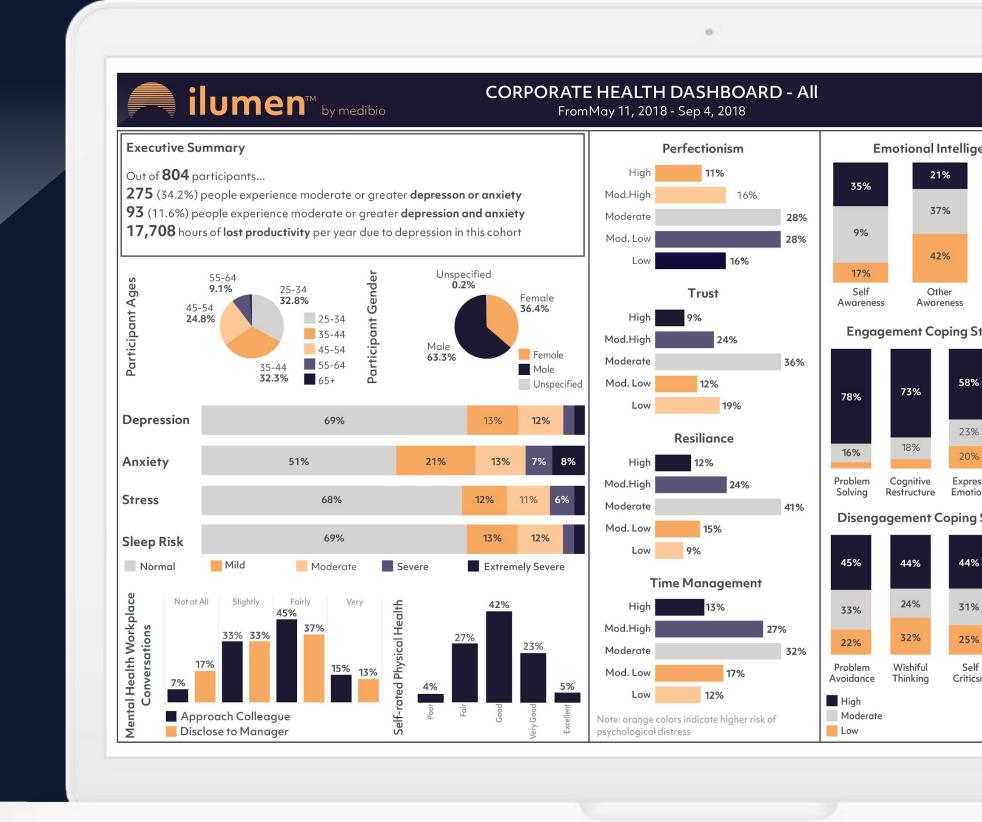




REAL-TIME ORGANIZATIONAL DASHBOARD







Benefits:

- Detailed analytics to Corporate Customers at Organizational level
- De-identified, aggregate data to enable informed decision making
- Ability to filter and view demographical subsections (eg. Females, aged 18-35)
- Improve team performance and employee well-being





WORKFORCE WELLNESS FROM THE INSIDE OUT



In any workforce there are various levels of stress that can affect individual/team mental wellness.

Employers are

- Increasing pressure to meet internal/external targets and promoting high performing culture
- Requiring higher levels of mental fitness & time requirements at work and at home
- Expecting frequent travel and project deployment

...While managing

- Wide geographical distribution
- Turnover
- Well-being programs that aren't data-driven or specific to your organization

Employees:

WORKS

F

MOH

Organizations:

from **\$5-\$15** per capita

Entry Level

from \$60 per annum

Subscription Based

Employees use a wearable device for objective digital biometrics tracked over time Employee has access to mental wellness assessments via mobile or web Proactively learn about strategies to better cope with managing life at work, personal development plans, stress, and strain Employees empowered and enabled to measure, monitor, and improve wellness

Acquire Dynamic understanding - know what your workforce needs AND how to help - Optimize workforce performance, minimize risk, and offer better care for employees

DUTCOMES

Employees:

- Track and monitor wellness
- Improve through tailored resources
- Identify positive influences of personal lifestyle modifications

Organizations:

- Access a de-identified dashboard of employee well-being
- Make informed decisions based on workforce data
- Monitor impact of decisions made, programs implemented
- Provide metrics on workforce capability to clients, suppliers, insurers etc.



THE SCIENCE

PIONEERING RESEARCH MENTAL ILLNESS AND BIOMARKERS IN THE HUMAN BODY

Physiology

Our approach exploits features of cardiovascular physiology influenced directly by the autonomic nervous system and susceptible to disruption during sleep, as a source of biometrics that correlate with onset and existence of mental dysfunction.

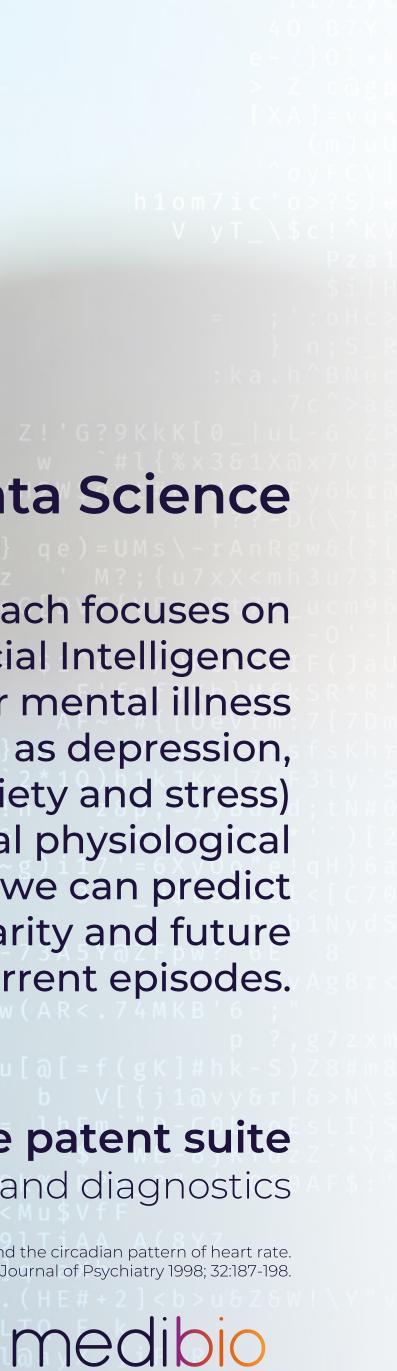
20 plus years* of data collected

Data Science

Our approach focuses on using Artificial Intelligence to monitor mental illness types (such as depression, PTSD, anxiety and stress) and potential physiological metrics, so we can predict irregularity and future recurrent episodes.

A comprehensive patent suite CHR, technology, and diagnostics

The relationship between psychiatric illness and the circadian pattern of heart rate. Hans G. Stampfer, Australian and New Zealand Journal of Psychiatry 1998; 32:187-198.



SCIENTIFIC ADVISORY BOARD

External Advisors:

Martin Chapman, MBBS FRANZCP

Psychiatrist and Fellow of the **Royal Australian and New Zealand College of Psychiatrists**. As a medical administrator he has worked in both hospital and community settings in private and government sectors. His clinical practice is in the area of treatment resistant mood and anxiety disorders. He has taught in undergraduate and postgraduate Psychiatry with a focus in assisting primary care physicians in their management of mental health conditions. He has an interest in mental health system development and the role of new technologies in streamlining and providing clinical decision support.

Joel R. Ehrenkranz, M.D

Endocrinologist on the faculty of the **University of Colorado School of Medicine** and a biotech entrepreneur in Salt Lake City, Utah. Dr. Ehrenkranz received his M.D. degree from Stanford and trained in internal medicine at Columbia University, neurology at Memorial Sloan Kettering Cancer Center, and endocrinology at the National Institutes of Health.

Mark A. Frye, M.D.

Chair of the Department of Psychiatry and Psychology at **Mayo Clinic**. He also serves as director of the Mayo Clinic Depression Center. Dr. Frye received his M.D. from the University of Minnesota and completed his psychiatric training at the Semel Institute for Neuroscience and Human Behavior at the David Geffen School of Medicine at UCLA. He subsequently completed a fellowship at the National Institute of Mental Health in Bethesda, Maryland with a research focus on the neurobiology of treatment resistant depression and bipolar disorder.

Lawrence Hunter, Ph.D.

Professor at the **University of Colorado** and directs the Computational Bioscience Program. He earned his degrees from Yale University, including B.A. in Psychology (cum laude); M.S. and M. Phil. and Ph.D. in Computer Science.

Wallace Mendelson, M.D.

Psychiatrist and author, and was formerly **Professor of Psychiatry and Clinical Pharmacology**, and director of the **Sleep Research Laboratory**, at the **University of Chicago**. Dr. Mendelson earned an MD degree from Washington University School of Medicine in St. Louis and completed a residency in psychiatry there as well. He has held professorships at Ohio State University and the State University of New York at Stony Brook, was Chief of the Section on Sleep Studies at the National Institute of Mental Health in Bethesda, MD, and Director of the Sleep Disorders Center at the Cleveland Clinic.

Marie Casey Olseth, M.D.

Currently in private practice as a Board Certified Adult Psychiatrist in the group practice that she owns. She earned her of Medicine degree from the University of Minnesota Medical School and completed her residency in General Psychiatry at the University of Minnesota and University of Wisconsin, Madison.

Giampaolo Perna, M.D., Ph.D.

Currently Chair of the Department of Clinical Neurosciences at **San Benedetto Menni Hospital of the Hermanas Hospitalarias (Como Lake)** and Academic Coordinator of Mental Health and Adjunct Professor at **Humanitas University (Milan)**, in Italy. He earned his degree in Medicine and Surgery at the State University of Milan, followed by Ph.D. and completed a residency in Psychiatry there as well. He is the Chair of WPA section on personalized psychiatry and Co-editor in chief of the Elsevier Journal "Personalized Medicine in Psychiatry".

Internal Advisors:

Archie Defillo, M.D.

Currently the Chief Medical Officer at **Medibio Limited**. He has over 25 years of clinical experience with neurological diseases. For the past 13 years his efforts have been focused in neurological research. His research interests include cerebrovascular, stroke, neuro-trauma, brain oxygenation, metabolism and autonomic dysfunction.

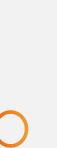
Franklyn Prendergast, M.D., Ph.D.

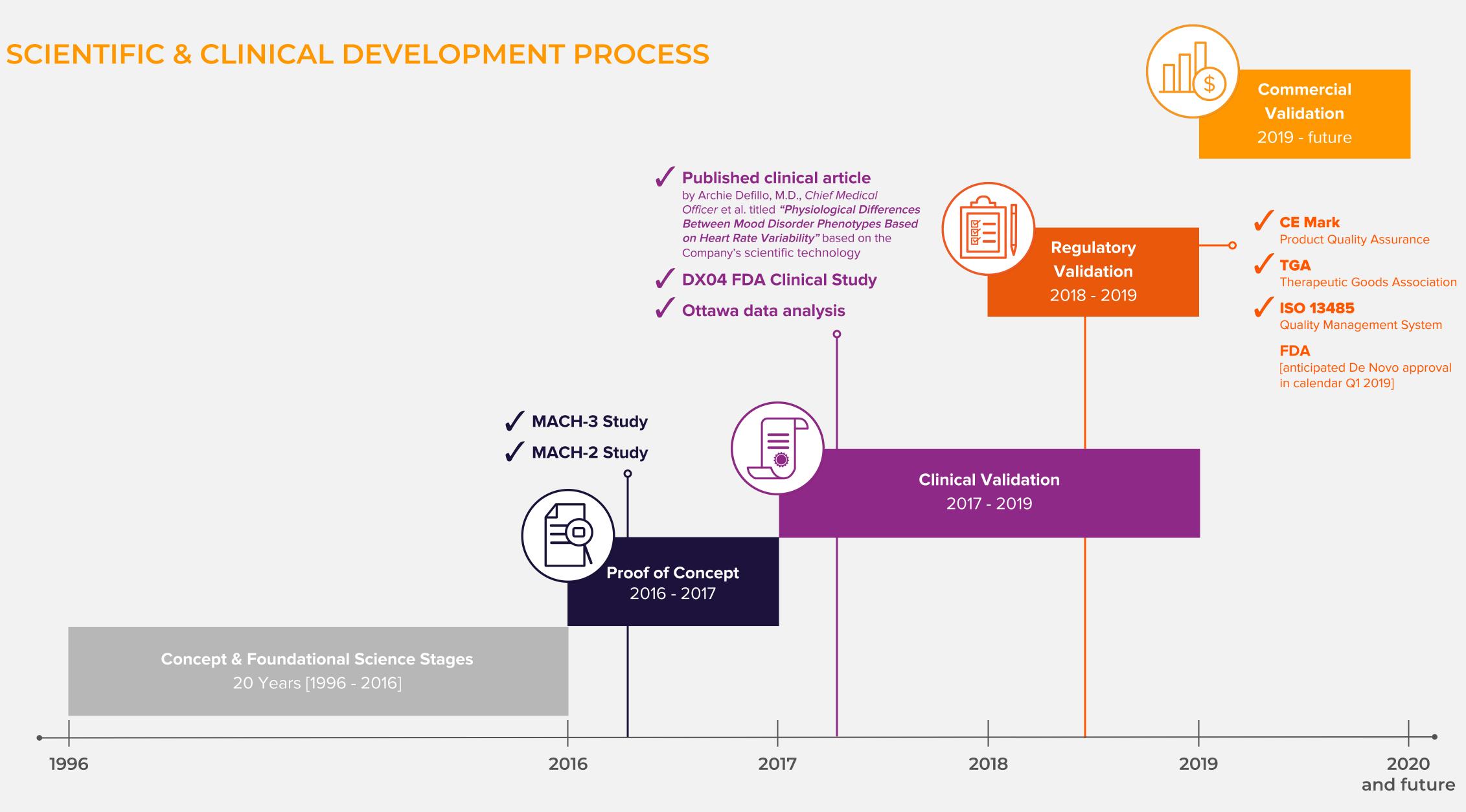
Currently a director on the **Medibio Limited** board and chair of the Scientific Advisory Board. Previously, he was the Emeritus Edmond and Marion Guggenheim Professor of Biochemistry and Molecular Biology and Emeritus Professor of Molecular Pharmacology and Experimental Therapeutics, Mayo Medical School, to its Physician Advisory Board.

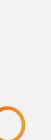
Dr. Prendergast earned his medical degree with honors from the University of West Indies. He attended Oxford University as a Rhodes Scholar, where he earned his masters degree in Physiology. After completing residency in Internal medicine at The Mayo Clinic in Rochester, Minnesota he earned a doctorate degree Biochemistry from the University of Minnesota/Mayo Graduate School.

Positions held: Chair, Department of Biochemistry and Molecular Biology; Director for Research Mayo Clinic (Rochester) (1989-1992). Board of Governors Mayo Clinic in Rochester; Mayo Clinic Board of Trustees (1992-2009); Mayo Clinic Board of Governors (1999-2006). Mayo Distinguished Investigator; Emeritus Director, Mayo Clinic Comprehensive Cancer Center and Mayo Center for Individualized Medicine.

In addition to his current role as a director on the Medibio board and chair of the Scientific Advisory Board, Dr. Prendergast holds numerous appointments with Industry and Extramural academic affiliations. He has extensive interactions over many years with National Institutes of Health (NIH): Board of Advisors for the Division of Research Grants; National Advisory General Medical Sciences Council; Board of Scientific Advisors of the National Cancer Institute; and the National Cancer Advisory Board.







CLINICAL BACKGROUND

PAST / PRESENT STUDIES

Prospective Clinical Validation Trial

DX04 DEPRESSION -Prospective Study May 2018 220 patients

Retrospective Data Analysis

Retrospective PSG+HRV in sleep lab for DEPRESSION November 2016 889 patients

Proof of Concept

MACH-3 Depression - Prospective study August 2017 60 patients

MACH-2 DEPRESSION - retrospective study December 2016 26 patients

Foundational Learning

SLEEP STAGING Observational Study using ECG Data June 2016 7,500 subject sleep records

Versus 33-50% – Diagnostic accuracy in the Primary Care Setting¹ (1) Depression in Primary Care Vol 1: U.S. Department of Health 8 clinical study partners





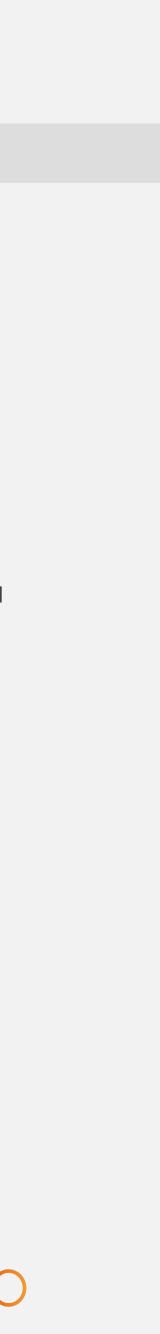


PARTNER

ACCURACY

STUDY PURPOSE

70% (56-84%)	Prospective, blinded, case controlled, cross sectional clinical validation study to support the FDA De Novo submission as an aide in the diagnosis of depression in a normal environment
86%	Retrospective, un-blinded analysis to identify depressed from non-depressed subjects in a controlled sleep lab environment using PSG + HRV
82% 81%	Prospective, proof of concept study using HRV to diagnose depression In a primary care setting Retrospective hypothesis study to identify depressed patients
86-95%	Retrospective data analysis to identify sleep staging using ECG data



CLINICAL VALIDATION DX04 FDA STUDY



1. Mulsant BH., et al. Inter-rater reliability in clinical trials of depressive disorders. AM J Psychiatry. 2002 Sept: 159(9): 1598-1600. 2. Einfeld S., et al. Inter-Rater Reliability of the Diagnoses of Psychosis and Depression in Individuals with Intellectual Disabilities: 2007 Sept: 20 (5): 384-390







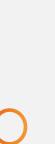
REGULATORY VALIDATION & PUBLICATIONS







[anticipated De Novo approval in calendar Q1 2019]



CORPORATE STRUCTURE

CAPITAL STRUCTURE (ASX:MEB) (OTCQB: MDBIF)

Market Cap

Share Price as of 30 September 2018

Shares on Issue

Cash Available

1. Estimated cash balance of \$1.5M at September 30, 2018 plus anticipated inflows from grant funding and partly paid share

- 2. Percentage of shares on issue
- 3. Percentages based on available information, including share registry, options listing, ASX filings, and other reported data
- 4. Includes shares on issue and options

AU\$12.4M

AU\$0.06

203M

AU\$4.9M

Significant Institutional Investors

- FIDELITY 9.1%
- REGAL FUNDS MANAGEMENT 6.8%
- IFM INVESTORS 4.5%

Shareholder Mix₃

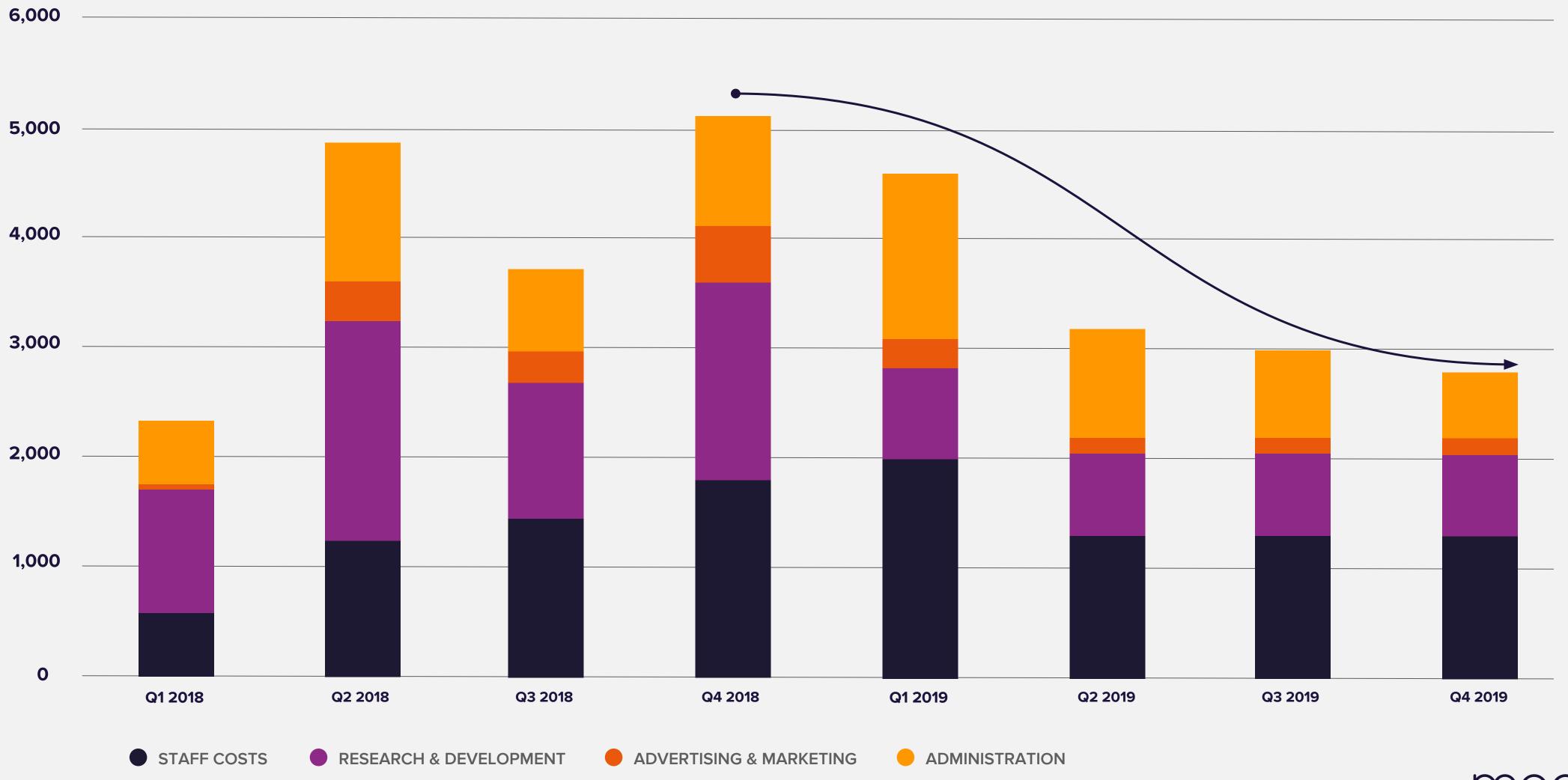
- PRIVATE HOLDERS 52%
- INSTITUTIONAL HOLDERS 42%
- BOARD AND MANAGEMENT 6%4



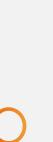


QUARTERLY CASH BURN REDUCTIONS

Historical Spend



Projected Spend



BOARD OF DIRECTORS



CHRIS INDERMAUR Chairman B. Eng. (Mech.), Grad Dip Eng. (Chem.), LLB, LLM, Grad Dip LP



MICHAEL PHELPS Non Executive Director Mental Health Advocate





PETER CARLISLE Vice Chairman Managing Director, Olympics & Action Sports, Octagon Worldwide



DR FRANKLYN G PRENDERGAST

PhD MD, Non Executive Board Member Former member board of Trustee and Board of Governors Mayo Clinic and board member Eli Lilly

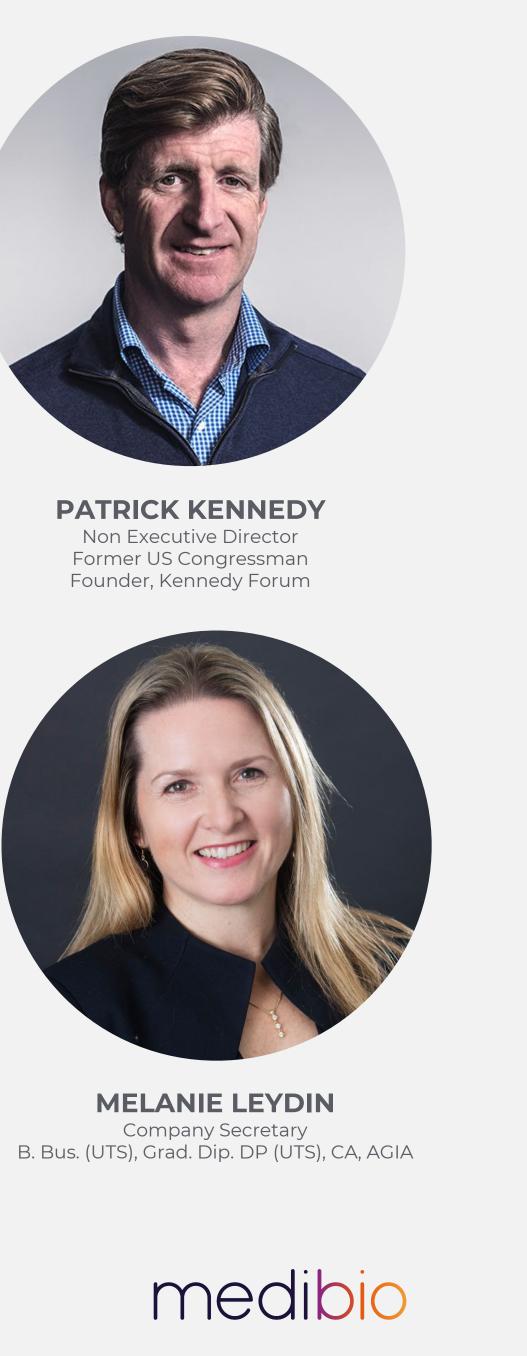


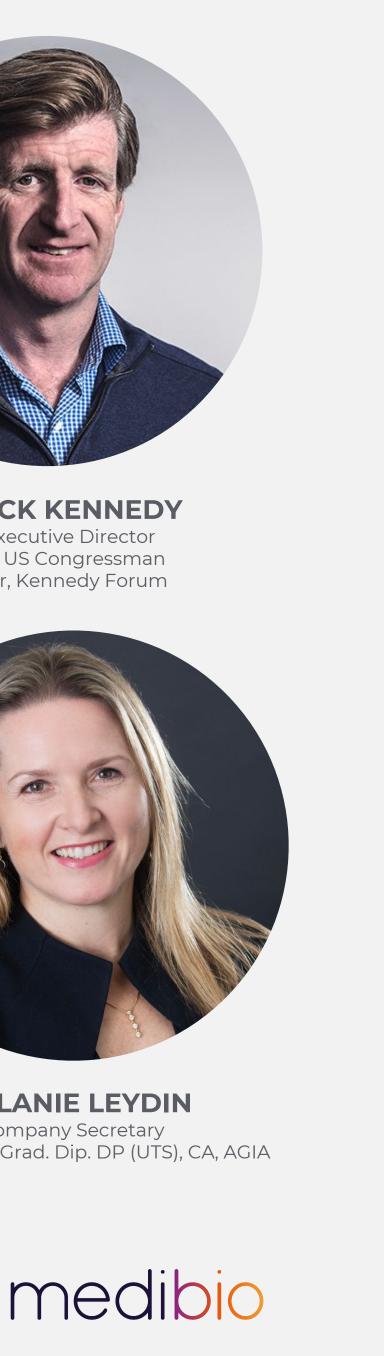


ANDREW MAXWELL Non Executive Director MBA, MAcc, ACPA

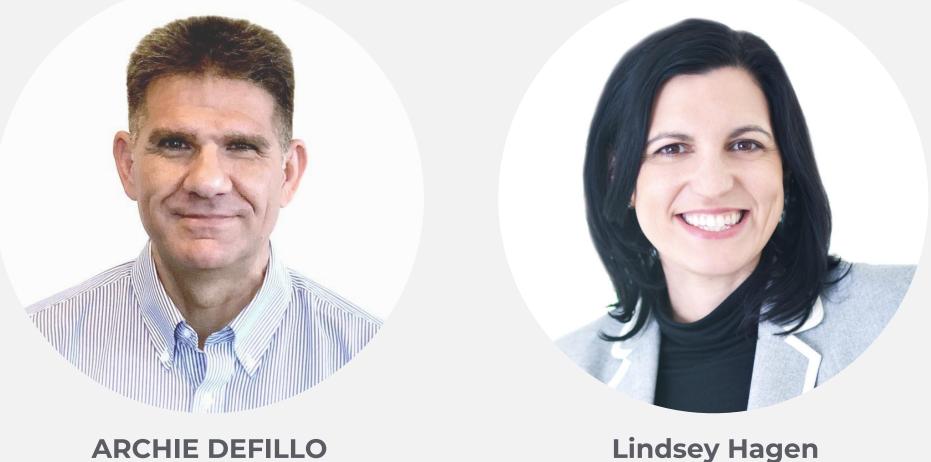


BRIAN MOWER Interim CEO and CFO B.S., MAcc, CPA





EXECUTIVE TEAM



Chief Medical Officer



Jennifer Solitario Senior Vice President Corporate Health

Lindsey Hagen Vice President Integrated Health



JEREMY SCHROETTER

Chief Technology Officer



PATRICK MIDDEN Chief Privacy Officer



SUMMARY / OCTOBER 2018

21 million suicide attempts from mental illness. Of those, nearly I million are successful End to end solutions for mental healthcare

S

48

G

П

20+ years of scientific rigor

H

Ready to change the way the world looks at Mental Health,

OBJECTIVELY!

 Corporate Health64 million employees

Consumer Health 266 million lives

Integrated Health 450 million lives

THANK YOU

Brian Mower

Interim CEO and CFO

Brian.Mower@Medibio.com.au

8696 Eagle Creek Circle Savage . MN 55378 USA