Cautionary Note Regarding Forward-Looking Statements

Certain statements in this presentation constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act and Section 21E of the Securities Exchange Act and are usually identified by the use of words such as "anticipates," "believes," "estimates," "expects," "intends," "may," "plans," "projects," "seeks," "should," "will," and variations of such words or similar expressions. We intend these forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act and Section 21E of the Securities Exchange Act and are making this statement for purposes of complying with those safe harbor provisions. These forward-looking statements reflect our current views about our plans, intentions, expectations, strategies and prospects, which are based on the information currently available to us and on assumptions we have made. Although we believe that our plans, intentions, expectations, strategies and prospects as reflected in or suggested by those forward-looking statements are reasonable, we can give no assurance that the plans, intentions, expectations or strategies will be attained or achieved. Furthermore, actual results may differ materially from those described in the forward-looking statements and will be affected by a variety of risks and factors that are beyond our control. Risks and uncertainties for our company include, but are not limited to: an inability or delay in obtaining required regulatory approvals for Coversin and any other product candidates, which may result in unexpected cost expenditures; risks inherent in drug development in general; uncertainties in obtaining successful clinical results for Coversin and any other product candidates and unexpected costs that may result therefrom; failure to realize any value of Coversin and any other product candidates developed and being developed in light of inherent risks and difficulties involved in successfully bringing product candidates to market; inability to develop new product candidates and support existing products; the approval by the FDA and EMA and any other similar foreign regulatory authorities of other competing or superior products brought to market; risks resulting from unforeseen side effects; risk that the market for Coversin or other product candidates may not be as large as expected; inability to obtain, maintain and enforce patents and other intellectual property rights or the unexpected costs associated with such enforcement or litigation; inability to obtain and maintain commercial manufacturing arrangements with third party manufacturers or establish commercial scale manufacturing capabilities; unexpected cost increases and pricing pressures; and uncertainty of our ability to raise capital and our inability to meet working capital needs. Many of these factors that will determine actual results are beyond our ability to control or predict. For a discussion of the factors that may cause our actual results, performance or achievements to differ materially from any future results, performance or achievements expressed or implied in such forward-looking statements, see the “Risk Factors” section of our most recently filed 10K. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. The statements made in this press release speak only as of the date stated herein, and subsequent events and developments may cause our expectations and beliefs to change. Unless otherwise required by applicable securities laws, we do not intend, nor do we undertake any obligation, to update or revise any forward-looking statements contained in this news release to reflect subsequent information, events, results or circumstances or otherwise. While we may elect to update these forward-looking statements publicly at some point in the future, we specifically disclaim any obligation to do so, whether as a result of new information, future events or otherwise, except as required by law.
Coversin - Best-In-Class C5 Inhibitor

**Coversin**
- Nature’s Complement Inhibitor – 300 million years of product development
- In line to become 2nd approved and **best-in-class** complement C5 inhibitor
- Clinically meaningful LDH reduction in resistant PNH patient for >4 months
- **Full complement inhibition** in Phase I trial and resistant PNH patient
- Evidence of **efficacy equivalent to eculizumab** in PNH blood model
- Daily **subcutaneous** (SQ) injection provides significant patient benefit over IV

**Large, Proven Market**
- Approved C5 inhibitor indications: Paroxysmal Nocturnal Hemoglobinuria (PNH) and atypical Hemolytic-Uremic Syndrome (aHUS)
- $2.6 billion in global 2015 revenue, with rapid continuing growth expected
- Expanding range of additional C5-Inhibitor-related target indications

**Upcoming Milestones**
- Compassionate treatment for eculizumab-resistant patients - ongoing
- Initiate Phase II PNH trial in 2Q 2016; top line data expected late 2016
- Initiate Phase II trials in Guillain-Barré syndrome (GBS) and aHUS in 2016
- Short duration clinical trials and rapid regulatory approvals
# Proven Management Team

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<th>Role</th>
<th>Name</th>
<th>Background and Experience</th>
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<tr>
<td><strong>Executive Chairman</strong></td>
<td>Ray Prudo MD</td>
<td>Lead investor; serial entrepreneur; founder TDL, part of Sonic (SHL)</td>
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<tr>
<td><strong>Chief Executive Officer</strong></td>
<td>Gur Roshwalb MD, MBA</td>
<td>Celsus; Venrock; Piper Jaffray; Internist</td>
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<tr>
<td><strong>Chief Operating Officer</strong></td>
<td>Clive Richardson</td>
<td>LEK Consulting; Head of Research, Investec; Clinisys Ltd.</td>
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<tr>
<td><strong>Medical Director</strong></td>
<td>Wynne Weston-Davies, MD</td>
<td>European Medical Director, BMS; 25 years development exp.</td>
</tr>
<tr>
<td><strong>Chief Scientific Officer</strong></td>
<td>Miles Nunn PhD</td>
<td>Coversin inventor; expert on parasite:host interactions</td>
</tr>
<tr>
<td><strong>Chief Financial Officer</strong></td>
<td>Dov Elefant</td>
<td>Lev Pharmaceuticals; EpiCept; Synvista; Tetragenix</td>
</tr>
<tr>
<td><strong>Corporate Development</strong></td>
<td>Michael King MBA</td>
<td>Aprecia Pharmaceuticals; McKinsey Consulting; Sandoz GmbH</td>
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# Clinical Timeline

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<td>Phase II</td>
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Coversin Inhibits C5 – Proven Complement Target

Complement system tightly regulated to prevent damage to self; if normal regulation fails or autoantibodies occur, significant tissue damage may result.

Both Coversin and eculizumab act on C5 to prevent formation of C5a and the MAC.

C5a and MAC act jointly on granulocytes and many other immune and tissue cell types - potentially causing inflammation and damage.
Coversin - Nature’s Complement Inhibitor

- Coversin derived from saliva of *Ornithodoros moubata* tick
- Ticks have evolved to feed on the same hosts (300 million years of product development)

- Natural Coversin molecule works by damping down host immune responses, enabling tick to repeatedly feed without damage from inflammatory substances

- Coversin, a recombinant compact protein, is produced in *E. coli* by leading CMO
- Manufacturing optimization and scale-up ongoing
Coversin: Best-in-Class C5 Inhibitor

• Coversin fully inhibited complement C5 in:
  – Eculizumab-resistant PNH patient
  – Phase Ia human trial (within 12 hours)
  – NHP safety study – (by both CH50 and hemolysis)

• Coversin and eculizumab bind to different regions of C5α domain of C5
  – Eculizumab inhibits C5 lytic activity by no more than 80% in resistant patients in our studies
  – Coversin inhibits all mammalian species
  – Eculizumab only inhibits human C5

• Subcutaneous daily administration
  – Can also be given topically or by inhalation

Coversin’s clinical and *in-vitro* data indicates efficacy for both PNH and eculizumab-resistant subgroups
Clinically-Meaningful Response in Eculizumab-Resistant PNH Patient

- PNH patient treated with Coversin since Feb 2016
  - Continues to self-inject

- Patient has demonstrated:
  - Clinical and symptomatic improvement
  - Full complement inhibition (CH50)
  - LDH reduction <1.5X upper limit of normal (ULN)
Coversin Effective in Blood of PNH Patients

- Coversin and eculizumab have similar effects on lysis of PNH type III CD59 negative red blood cells
- Doses above 10µg/ml Coversin and 50µg/ml eculizumab do not further inhibit lysis of CD59 negative red blood cells

Coversin inhibits PNH red blood cell lysis as effectively as eculizumab at a molar equivalent dose
Single Dose Phase Ia Clinical Trial Demonstrated Full C5 Inhibition

- Full complement ablation within 12 hours at 0.57 mg/kg
- Inhibition maintained for 24 hours after single dose
- Good safety profile: no SAEs or injection site reactions

Change from Baseline (Individual)

- 24 normal volunteer subjects (16 active, 8 placebo)
- Only highest dosing cohort (n=6) had CH50 testing done through full 96 hour period
- Single subcutaneous dose at time 0
Complete Inhibition of Complement Activity in NHPs - Measured by CH50 and Hemolysis

- Complete C5 inhibition
- Achieved with single daily dose (despite faster PK in NHP than humans)
- As measured by both ELISA CH50 and SRBC lytic CH50 assays
- No SAEs or injection site reactions

Complement activity in serum of non-human primates dosed daily for 28 days with saline control vs. high dose Coversin
- Activity expressed as average % of complement activity at days 2, 15 and 28 vs. baseline (t=0)
- Vertical bars show standard error of the mean

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Coversin Compassionate Use Program in Eculizumab-Resistant Patients

• Clinical treatment
  – Demand from clinicians to treat patients on compassionate basis
  – First patient treated in 1Q 2016 – additional patients being screened

• Eculizumab resistance recently identified
  – First identified mutation*: 3.5% of Japanese population
  – Ongoing efforts to determine prevalence of this & other mutations in multiple countries/populations

• Preclinical in-vitro validation activities
  – Identified and successfully tested non-Japanese cases

PNH Phase II Data By YE 2016

2016
Phase 1b

- Ascending dose trial
- 60 mg loading dose – then daily fixed doses for 5 days

2016
Phase II

- Open label trial
- Primary efficacy endpoint: LDH at 28 days
- Secondary efficacy endpoints: Hgb, transfusions, hemoglobinuria and QOL

2017
Phase III

- Randomised comparative trial with eculizumab
- Open label design; 1:1 randomisation; patients treated for six months and then enter long-term extension study
- Two groups: treatment naïve and switching from eculizumab

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Coversin Targeting Approval for aHUS

- Complement-mediated hemolytic uremic syndrome (aHUS): chronic and life-threatening genetic disease characterized by microangiopathic hemolytic anemia, thrombocytopenia, and kidney injury
- Estimated 10,000 patients across North America and Europe
- Eculizumab received accelerated FDA approval in 2011
  - Data from prospective and retrospective trials in 67 patients
- Coversin open label Phase II aHUS clinical trial planned for YE 2016
  - Endpoints include normalization of hematologic parameters, kidney function and discontinuation of plasma therapy
  - Approximately 10 patients
Guillain Barré syndrome (GBS): acute immune-mediated polyneuropathy leading to destruction of myelin sheath
  - Standard of care is treatment with IVIG or PE
  - Short term: 20–30% require mechanical ventilation
  - Long term: 2–12% die; 10–35% have permanent impairment

Coversin demonstrated robust preclinical efficacy

Growing worldwide incidence
  - >15,000 annually in US and EU
  - Recent Zika-driven GBS outbreaks in South & Central America

Attractive clinical trial duration: 28 days + 6 month follow up
  - Primary endpoint: improvement in GBS Disability Rating Scale
  - 1 point = difference between wheelchair-bound or ambulatory
IP Summary

• 4 US and 19 foreign issued patents, expiring 2024-2031*

• Current patent portfolio covers US, major European countries, Japan, Australia, Brazil, Canada, China, and New Zealand

• Ongoing activities to further extend IP barriers to market entry in specific indications

• Orphan drug designation/positive opinion received in US/EU for GBS; PNH and aHUS expected

* Excluding patent term extensions
Near-Term Milestones

2H 2016
- Data from PNH Phase II trial
- Initiate aHUS Phase II trial
- US IND - including Orphan and Fast Track status
- Initiate GBS Phase II trial

1H 2017
- Initiate PNH Phase III trial
- Data from aHUS Phase II trial
- Data from GBS Phase II trial
- Second CMO

2H 2017
- Initiate aHUS Phase III trial
- Coversin LA Phase I trial
Coversin - Best-In-Class C5 Inhibitor

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**Multiple Near-Term Clinical Milestones During 2016**

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