To the extent statements contained in this presentation are not descriptions of historical facts regarding Presbia PLC and its subsidiaries (collectively “Presbia,” “we,” “us,” or “our”), they are forward-looking statements reflecting management’s current beliefs and expectations. Forward-looking statements are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry’s actual results, levels of activity, performance, or achievements to be materially different from those anticipated by such statements. You can identify forward-looking statements by terminology such as “may,” “will,” “should,” “expects,” “plans,” “anticipates,” “believes,” “estimates,” “predicts,” “potential,” “intends,” or “continue,” or the negative of these terms or other comparable terminology.

Forward-looking statements contained in this presentation include, but are not limited to, statements regarding: (i) the initiation, timing, progress and results of our clinical trials, our regulatory submissions and our research and development programs; (ii) our ability to advance our products into, and successfully complete, clinical trials; (iii) our ability to obtain pre-market approvals; (iv) the commercialization of our products; (v) the implementation of our business model, strategic plans for our business, products and technology; (vi) the scope of protection we are able to establish and maintain for intellectual property rights covering our products and technology; (vii) estimates of our expenses, future revenues, growth of operations, capital requirements and our needs for additional financing; (viii) the timing or likelihood of regulatory filings and approvals; (ix) our use of proceeds from the contemplated offering; (x) our financial performance; (xi) developments relating to our competitors and our industry; and (xii) statements regarding our markets, including the estimated size and anticipated growth in those markets. Various factors may cause differences between our expectations and actual results, including those risks discussed under “Risk Factors” in our Annual Report on Form 10-K filed with the Securities and Exchange Commission on March 31, 2015 and those risks discussed under “Risk Factors” in our Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission on May 15, 2015.

Except as required by law, we assume no obligation to update these forward-looking statements publicly or to update the reasons actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.
# Key Contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Previous Experience</th>
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</table>
| Randy Thurman  | Executive Chairman                         | • Named Executive Chairman in January 2014  
• Director since October 2013  
• Held President and CEO positions in the medical device and pharmaceutical industries for 25 years  
  – VIASYS Healthcare Inc., Founder, Chairman and CEO; $1.45bn company  
  – Corning Life Sciences Inc., Chairman and CEO; $2.3bn company  
  – Rhone-Poulenc Rorer Pharma, Inc., President (now Sanofi- Aventis); $4bn company |
| Todd Cooper    | President, Chief Executive Officer, and Director | • Named President, Director, and Chief Executive Officer in January 2015  
• More than 20 years of experience in the medical, pharmaceutical and consumer products industries:  
  – NVISION Laser Eye Centers, CEO; leading operator of ophthalmic surgery centers  
  – Henry Schein, Vice President and General Manager; $10bn company  
  – Discus, Senior Vice President; aesthetic based dental company owned by Philips Healthcare |
| Vlad Feingold  | Chief Technology Officer and Director       | • Innovator and leader with > 30 years in ophthalmic industry:  
  – Principle inventor, with more than 50 patents issued, principally in optics (ICL, injector, foldable IOLs)  
  – STAAR Surgical AG |
### Business Highlights

#### Large, Underserved Presbyopia Opportunity

- 113 million presbyopes in the U.S.; 1.8 billion presbyopes worldwide (2013)

#### Developed Ophthalmic Surgery Market

- Over 4,000 ophthalmic surgery centers with no effective treatment of presbyopia
- Ophthalmic surgeons are highly motivated to develop this market to replace lost LASIK volumes and utilize installed base of expensive femtosecond lasers

#### Best-in-Class Microlens Technology

- Refractive corneal inlay restores reading vision—on average 6 lines of improvement better than competitors (AcuFocus and Revision)
- Wide range of lens size refractive powers to offer patients a customized therapy—competitors offer single size
- Compatible with other ophthalmic surgical procedures (e.g. cataract surgery)—competitors are not

#### Clear FDA Pathway

- CE-marked, 700 lenses implanted globally with industry’s best safety profile
- Ongoing U.S. pivotal trial targeting FDA approval Q4 2017

#### Strong Leadership and Compelling Business Model

- Senior ophthalmic and global medical device experience; major KOLs worldwide supporting Presbia
- Compelling surgery center economics: 100% private pay, ~10 minute procedure time, leverage large installed base of femtosecond lasers
- Irish domicile
Presbyopia

A Loss of Near Vision Affecting the Majority of People over the Age of 40

• Clinical Advantages of the Presbia MicroLens
  – Presbia MicroLens is tailorable to a patient’s specific, desired near visual acuity reading distance
  – Crystal clear material that is not visible to the naked eye
  – Outstanding safety profile and compatible with other ophthalmic procedures
  – Average of 6 lines improvement

• The Inconvenience of Presbyopia
  – Glasses off / on; lost glasses (can’t find them when you need them), etc.
  – Hassle of daily maintenance of contact lenses, especially among active people
  – Difficulty seeing text/images on personal electronic devices such as cell phones, tablets

• The Vanity Factor
  – Reading glasses are one of the most ubiquitous signs of aging
  – Recent Bausch & Lomb survey found “almost half of women over the age of 40 admit to feeling embarrassed, frumpy, or annoyed when reaching for reading glasses”
Large, Underserved Presbyopia Opportunity

1.8 Billion Presbyopes in Targeted Markets

Demographic-Driven Market Growth

Source: 2013 Market Scope.
No Capital Investment Required

*Microlens™ Procedure Uses Existing, Underutilized Femtosecond Laser Equipment*

**Existing Femtosecond Laser**

**Excess Capacity in U.S. LASIK Market**

Source: 2013 Market Scope.
Clearly Differentiated Microlens Technology
Microlens Surgical Procedure

10 Minute Procedure Utilizing Existing Femtosecond Laser

1. Femtosecond Laser
   Creates a pocket in patient’s cornea

2. Proprietary Inserter
   Surgeon uses inserter to implant lens in patient’s cornea

3. Self-Sealing Pocket
   Pocket self-seals, holding lens in place at center of visual axis
Mechanism of Action

NEAR VISION with Presbia Flexivue Microlens™

Peripheral portion of microlens helps focus light from near objects (blue light rays) onto retina

FAR VISION with Presbia Flexivue Microlens™

Central portion of microlens allows light from far objects to enter eye and focus clearly (yellow light rays) onto retina

Peripheral portion of microlens causes some far light to focus in front of retina

No significant change in binocular distance visual acuity
Presbia Microlens Technology

- **Intracorneal Refractive Lens** implanted in a pocket in cornea of non-dominant eye
- **Hydrophilic Acrylic Material** similar to that used in IOLs for > 20 years
- **A True “Microlens”** with 3.2 mm diameter and edge thickness of 0.015 mm
- **Offered In A Wide Range Of Powers** ranging from +1.5 diopter to +3.5 diopter, in 0.25 diopter increments
- **Invisible To The Naked Eye** once implanted
- **Compatible** with other ophthalmic diseases (e.g., cataract)
- **Platform For Future Technologies**
Presbia’s Microlens Clinical Results

Average 6 Lines of Improvement in Near-Vision

Average Preop UCVA-near Starting Point = 20/110

Average Postop UCVA-near Ending Point = 20/27

Source: Presbia post-market surveillance study (CPL-10-002).
OUS 12-Month Multicenter Trial

Positive Clinical Results of 12-Month Multicenter

Uncorrected Near Visual Acuity Operated Eye (33 cm chart) (N=70 at Month 12)

Uncorrected Binocular Distance Visual Acuity (N=70 at Month 12)

Average of 6 lines gained in UCVA-near by Month 3

Binocular UCVA-distance remained stable through Month 12
U.S. Pivotal Trial

U.S. Staged Pivotal Clinical Trial Timeline

- **January 2015:** Submitted interim safety report to FDA, which included 6-month data on 52 subjects (a total of 75 subjects were implanted at six investigational sites in the first stage of this trial)
- **February 2015:**
  - Approved to begin 2\textsuperscript{nd} stage enrollment; we are permitted to enroll up to an additional 337 subjects at up to nine additional investigational sites
  - Enrollment started and first surgery performed
- **May 2015:**
  - Through May 1, 2015, 82 subjects have underwent insertion of our microlens in the second stage of this study
  - Currently, we are implanting patients at 11 investigational sites
  - TV / radio ads in progress to continue to recruit patients

Safety Data

(75 Subjects through 6 Months Postoperative; 50 additional Subjects through at least 1 Day Postoperative)

- No unanticipated adverse device effects reported; three adverse events reported for operated eyes
  - Foreign body sensation, dry eye signs/symptoms (identified Day 30 post-surgery; resolved Day 90)
  - IOP increase due to postoperative medication tapering (identified Day 30 post-surgery; resolved Day 47)
  - Minor corneal abrasion during marking of cornea prior to surgery (identified Day 1 post-surgery; resolved Day 2)
- No new adverse events in treated eyes (1\textsuperscript{st} or 2\textsuperscript{nd} stage) reported to date

*FDA capped us at 10 investigational site for statistical reasons; we provided a counter argument for 15 sites and won*
Clear U.S. Regulatory Pathway

**Targeted U.S. IDE Regulatory Pathway – Presbia Flexivue Microlens™**

- **Q2 2014:** Commencement of pivotal trial (75 subjects)
- **Q3 2014:** 75th patient treated (6 sites)
- **Q2 2015:** Continuation of enrollment in U.S. (337 total subjects at 11 sites)
- **Q4 2015/Q1 2016:** Submit PMA Modules 1, 2, and 3 to FDA for review and approval
- **Q2 2017:** Submit PMA Module 4 to FDA (24 month data on minimum of 300 subjects)
- **Q1 2015:** Submit interim safety report to FDA (6 month data on 52 subjects); received FDA letter stating no further information required at this time
- **Q4 2014:** Submitted interim safety report to FDA (3 month data on 75 subjects)
- **Q1 2018:** Initiate U.S. sales
- **Q4 2017:** Receive PMA approval
- **Q2 2018:** Submit final report (36 month data)
<table>
<thead>
<tr>
<th></th>
<th>Presbia Flexivue Microlens™</th>
<th>AcuFocus KAMRA</th>
<th>ReVision Optics Raindrop</th>
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</thead>
<tbody>
<tr>
<td><strong>Intracorneal Refractive Lens; Implanted in a Pocket</strong></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>Wide Range of Refractive Powers</strong></td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Aesthetically Appealing</strong></td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Designed to be Exchangeable / Removable</strong></td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Tissue Sparing Procedure</strong></td>
<td>✓</td>
<td>X</td>
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(Is if placed in pocket and patient is -0.75 D)
**Intellectual Property**

### U.S. Patents
- Three patents issued:
  - Lens Holder Apparatus and System Method
  - Lens Inserter Apparatus and Method
  - Lens Injector Apparatus System and Method

### Foreign Patents
- Lens Holder Apparatus and System Method
  - Issued: Canada
  - Allowed, waiting for issue: China
  - Awaiting Examination: Australia, Europe, Israel, Japan, Korea, Russia, India, Brazil

- Lens Inserter Apparatus and Method
  - Issued: Japan
  - Allowed, waiting for issue: Australia, Israel
  - Pending: Canada, China, Europe, Korea

- Five patents pending (patent applications):
  - Lens Injector Apparatus and Method
  - Method for Laser Cutting a Corneal Pocket
  - Lens Inserter Assembly
  - System for Monitoring and Tracking Patient Outcomes After Surgical Implantation of an Intracorneal Lens

- Lens Injector Apparatus and Method
  - Pending: Japan, Korea

- Method for Laser Cutting a Corneal Pocket
  - Pending: Australia, Canada, China, Europe, Hong Kong, Israel, Japan, Korea
New Product Pipeline

New Microlens Delivery Systems

1 Disposable

Estimated approval in Q3 2015

Molded Disposable Inserter:
- Lens insertion technique and inserter design optimized on this inserter
- Utilizes existing inventory of lenses
- Requires doctor to load lens into inserter
- Doctor inserts loaded lens into eye and disposes of inserter

2 Preloaded and Disposable

Estimated approval in Q3 2016; PMA submission required

Molded Preloaded Disposable Inserter:
- Lens preloaded into inserter tip assembly, wet-packed, and sterilized in the inserter
- Inserter divided into handle and lens loaded tip assemblies
- Doctor opens package, connects lens assembly to activation handle, inserts lens into eye, and discards used inserter
Strong Leadership and Compelling Business Model
Presbyopia Surgery is the Missing Piece in Refractive Surgery

Currently There is No Established Surgical Market for the 40–60 Year Old Patient Pool

Presbyopia Surgery Centers
- Hit hard by flat-to-declining LASIK procedure volumes, overcapacity, and LASIK procedure price erosion
- Highly receptive to new private pay presbyopia procedure requiring no capital outlay

Presbia Flexivue Microlens™ Procedure
- No capital expenditure required
- Simple surgical procedure, short leaning curve
- 100% private pay; ~10 minute procedure

LASIK
Cataract
Presbia Sales Process

*Presbia-Sponsored Direct Response Marketing*

- Presbia creates awareness through direct response media campaign (digital, print, television, radio)
- Prospective patients contact Presbia call center
- Presbia screens patients and directs inquiries to clinic
- Presbia streamlines patient acquisition process, allowing clinic to focus on scheduling, exam, and surgical procedure

1. **Create Customer (Patient) Awareness by Direct Response Marketing**
2. **Call Center Screens and Directs Inquiries to Clinic**
3. **Clinic Schedules Initial Exam and Procedure**
The Patient Funnel – U.S. Clinical Trial Example: Stage 1

Create Patient Awareness through DTC Advertising
($80,000 Expenditure for Advertising and Call Center during Trial)

1,166 Calls ($68 per Lead)

487 Qualified ($163 per Qualified Lead)
679 Disqualified by CC & Clinic

169 of 487 Enrolled
318 to be Treated Q1/Q2 2015

75 of 169 Treated (44%)
94 Disqualified
($370 per Surgery)

Conversion of Patients is the Primary Metric Showing Conversion Success at Each Clinic
OUS Commercialization

**Proven Commercialization Strategy, Creating Patient Awareness Generating Revenues**

- **Focus on surgical centers in selected region**
  - Presbia educates and trains surgeons on Microlens procedure
  - Presbia-funded direct response marketing creates initial demand
  - Presbia call center screens inquiries and directs patients to partner clinic

- **Regional teams**
  - Business Development
  - Clinical Services Team
  - Commercialization Team

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**Phase I**

- 1-2 centers in region to lead as example
- **Go deep**: hands on with account
- **Current OUS presence:**
  - **Ireland**: 1 account
  - **Brazil**: 3 accounts
  - **Australia**: 3 accounts

---

**Phase II**

- **Expand existing accounts**
  - Expand into more accounts in country
- **Go wide**: expand to more countries:
  - **Asia-Pacific**: New Zealand, South Korea, Japan, Malaysian, Singapore, India, China
  - **Europe**: Netherlands, Central Europe, Southern Europe, Nordics, United Kingdom
  - **Latin America**: Argentina, Peru, Colombia, Costa Rica, Mexico
  - **Africa & Middle East**: Turkey, Lebanon, South Africa, Saudi Arabia, United Arab Emirates
  - **North America**: United States, Canada
Manufacturing

Irvine, CA Manufacturing Facility

- Completed construction of 4,000 square-foot, two-part (wet/dry) manufacturing facility in Q3 2013
- Approved to manufacture devices for U.S. IDE by State of California FDA in 2013
- Sufficient capacity to handle projected Microlens volume through U.S. launch
- Approved to manufacture devices for OUS sale by Intertek (ISO 13485:2012 certified)
- Additional third-party manufacturing facility in Israel supplies product for all current OUS requirements
## Experienced Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Randy Thurman</td>
<td>Executive Chairman</td>
</tr>
<tr>
<td>Todd Cooper</td>
<td>President, Chief Executive Officer &amp; Director</td>
</tr>
<tr>
<td>Vlad Feingold</td>
<td>Chief Technology Officer &amp; Director</td>
</tr>
<tr>
<td>Richard Fogarty</td>
<td>Chief Accounting Officer &amp; VP Finance</td>
</tr>
<tr>
<td>John Strobel</td>
<td>Vice President of Sales</td>
</tr>
<tr>
<td>Vanessa Tasso</td>
<td>Vice President of Clinical Affairs</td>
</tr>
<tr>
<td>Richard Ressler</td>
<td>Founder/CEO, CIM; Presbia Director</td>
</tr>
<tr>
<td>Mark Blumenkranz, MD</td>
<td>Head of Ophthalmics, Stanford Univ.; Presbia Director</td>
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