For Immediate Release

ASX Release

Dimerix Phase 2a Trial Result Release Interview Video Recording

MELBOURNE, Australia, 17th July 2017: Dimerix Limited (ASX: DXB), a clinical-stage biotechnology company, is pleased to release a video recording in which CEO Kathy Harrison discusses the release of the positive Phase 2a trial result of DMX-200 in Chronic Kidney Disease (CKD).

In the interview, Kathy Harrison and Associate Professor David Packham, a Principal Investigator in the study and Director of Melbourne Renal Research Group, discusses Dimerix's Phase 2a trial result of DMX-200 with Stuart Roberts, Senior Analyst with NDF Research.

To listen the video recording, please copy and paste the URL below into your web browser or visit Dimerix's home page: http://dimerix.com/**ndf-interview/**

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About the DMX-200 program

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)].

About Chronic Kidney Disease

Chronic Kidney Disease (CKD) is a disorder in which patients show progressive loss of renal function usually accompanied by excess protein in the urine (proteinuria). Levels of proteinuria predict rate of decline of renal function (higher levels= more rapid decline). In part this is believed to reflect direct toxicity, or damage, to the kidneys by proteinuria itself. This establishes a cycle of worsening renal function leading in turn to increasing proteinuria and further kidney damage. Many CKD patients progress to a need for renal replacement therapy or dialysis and / or experience excessive morbidity and mortality from cardiovascular-related diseases.

The prevalence of CKD is rising and as such there is urgent need for treatments that can benefit CKD patients, including reducing proteinuria. In most cases of CKD residual proteinuria continues even

with optimal use of existing therapies. Accordingly, therapies designed to further reduce, or abolish, proteinuria, are eagerly sought.

The rationale behind the DMX-200 program is to provide patients with a therapy that can reduce proteinuria in addition to that achieved with standard best therapy. The unmet need of CKD patients is reinforced by Dimerix's Orphan Drug Designation.

Dimerix Bioscience Pty Ltd
Dimerix Limited's (ASX: DXB) 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

(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.

* David Packham is one of the investigators on the study, and is the Director of the Melbourne Renal Research Group, a specialist clinical research facility for nephrology studies. David has more than 30 years experience in clinical research and has conducted in excess of 50 studies. His formal qualifications include his basic medical degree from the University of London (1981) and his subsequent Doctorate of Medicine from the University of Melbourne (1989). David assists Dimerix as a paid consultant in relation to DMX-200 and has a minor shareholding in the company.