Anteris Technologies Global Corp.

December 2024

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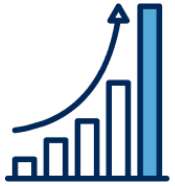
Offering Summary

Issuer (Ticker / Exchange):	Anteris Technologies Global Corp. (AVR / NASDAQ)
Base offering size:	14,800,000 shares (~$100 million gross proceeds; based on $6.78[1] reference price; 100% primary)
Overallotment option:	2,220,000 shares (15% of base offering size; 100% primary)
Use of proceeds:	For the ongoing development of DurAVR® THV and the preparation and enrollment of the Pivotal Trial of DurAVR® THV for treating severe aortic stenosis, with the remaining for working capital and other general corporate purposes determined from time to time, including the repayment of amounts owed under the Convertible Note Facility
Bookrunners:	TD Cowen | Barclays | Cantor Fitzgerald
Lead Manager:	Lake Street
Financial Advisor:	Bell Potter
Expected pricing:	Thursday, December 12th, 2024
Lock-up:	180 days for the Company, directors, officers and certain securityholders

1. Assumed offer price denotes last sale of ordinary shares of Anteris Technologies Ltd on ASX (AUD) of $10.54 converted at a December 5, 2024 AUD/USD exchange rate of 0.6430.

Investment Summary

MARKET OPPORTUNITY



- Global aortic stenosis TAVR market forecast to grow to US$9.9bn by 2028 plus valve-in-valve (ViV) opportunity[1]
- Patient population expanding; low risk, younger patients
- In 2019, ~73,000 patients underwent TAVR in the United States[2]

FAVORABLE CLINICAL RESULTS TO DATE

- Hemodynamic results comparable to a healthy valve
- EFS data: EOA 2.2cm^2, MPG 7.5mmHg, DVI 0.64
- 73 patients have received DurAVR® to date
- ADAPT® Tissue distributed to >55k patients globally

FAVORABLE SAFETY PROFILE

- No valve related deaths
- No myocardial infarctions
- No life-threatening bleeding

PATENTS IN PLACE

- Robust IP portfolio encompassing DurAVR®, ADAPT® tissue technology and ComASUR® delivery system

COMPANY THESIS

- Strong and experienced executive team, board and global medical advisory board
- DurAVR® is the first new class of TAVR in over a decade
- Positive feedback from key opinion leaders to date
- Product heavily de-risked (vs pharmaceutical products)

1. Future Market Insights. Transcatheter Heart Valve Replacement (TAVR) Market: Global Industry Analysis 2016 – 2023 and Opportunity Assessment 2024 – 2034. Future Market Insights; 2024. Available from: https://www.futuremarketinsights.com/reports/transcatheter-heart-valve-replacement-tavi-market
2. Carroll, J, Mack, M, Vemulapalli, S. et al. STS-ACC TVT Registry of Transcatheter Aortic Valve Replacement. The Annals of Thoracic Surgery. 2021 Feb, 111 (2) 701–722. https://doi.org/10.1016/j.athoracsur.2020.09.002

Anteris has taken a targeted approach to solving a critical unmet need

We have created the first new class of transcatheter aortic valve replacement[1] (TAVR) in over a decade: DurAVR® THV

Market Capitalization: (as of 31 October 2024)	**USD$149m**
Shares on issue:	**21.1m**
Top Shareholders: (as of 31 October 2024)	**L1 Capital: 18.6%** **Perceptive: 10.1%** **Sio Capital: 4.9%**
Board Shares & Options (all):	**2.34m**
Offices:	**Minneapolis, Perth, Brisbane, Geneva**
Employees (FTE): (as of 31 October 2024)	**138**
Cash: (as of 30 September 2024)	**USD$10.6m**

Above data from current entity, Anteris Technologies Ltd (ASX: AVR)

1. Kodali SK, Sorajja P, Meduri CU, et al. Early safety and feasibility of a first-in-class biomimetic transcatheter aortic valve - DurAVR. EuroIntervention. 2023;19(4):e352-e362. Published 2023 Jul 17. doi:10.4244/EIJ-D-23-00282

BOARD OF DIRECTORS

John Seaberg
Chairman

- Anteris Chair since 2017 and director since October 2014
- Chair of Preceptis Medical Inc since 2016 and Phraxis Medical Inc since 2009
- Executive VP at Cedar Point Capital, a broker-dealer focused on healthcare investment from 2015 until Dec 2023
- Chair of Synovis Inc., from 2008-2012, a NASDAQ-listed manufacturer of medical device and bio scaffold tissue products (acquired by Baxter)
- Co-Founder, Chair and CEO of NeoChord Inc., from 2007 until 2014
- Various executive level positions, including Director of Marketing for Cardiac Rhythm Management, VP of Sales for Cardiac Surgery and VP of Sales for Cardiac Rhythm Management at Guidant Corp. (subsequently acquired by Boston Scientific) from 1996 to 2006
- Co-Founder, President and CEO of ACIST Medical, from 1991 to 1995
- Bachelor of Arts Speech Communications, University of Minnesota and MBA, Carlson School of Management, University of Minnesota

Wayne Paterson
Director & CEO

- Joined Anteris in October 2014 as a Non-Executive Director, served as Chair from February 2016 to March 2017, Interim CEO from May 2016, and CEO and Director of Anteris Technologies Ltd. since March 2017
- Chair of v2vmedtech, inc. from March 2023
- Non-Executive Director Cepheid Inc. (Molecular Diagnostics) (NASDAQ:CHPD) 2015 to 2016
- Senior positions at Merck KGaA (“Merck”) from 2005 to 2013, including President of Europe, Canada and Australia, President of Emerging Markets, President of Japan and President of Cardiovascular Medicine
- Senior positions at Roche Pharmaceuticals from 1999 to 2005, including Head of Pharmaceuticals in Roche’s South Korean operation and Head of Commercial Operations for Roche China
- MBA from the University of Southern Queensland and a degree in Business Studies from the Queensland University of Technology

Stephen Denaro
Director
Company Secretary

- Director since October 2018, Anteris Company Secretary since 2018
- Provision of company secretarial services to other ASX-listed companies since 1994, and director and sole shareholder of Trio Business Intermediaries Pty Ltd, a business consulting company, specialising in restructuring, corporate governance, directorship and company secretarial services
- Over 25 years of experience in M&A, business valuations, accountancy services, and income tax compliance gained from positions as Company Secretary and CFO of various public companies and major chartered accountancy firms in Australia and the United Kingdom
- Bachelor of Business in Accountancy, Graduate Diploma in Applied Corporate Governance and member of the Institute of Chartered Accountants in Australia & New Zealand, and the Australian Institute of Company Directors

Dr. Wenyi Gu
Non-Executive Director

- Director since October 2018
- Guest professor with several Chinese institutes and universities
- Research Fellow for the Australian Institute for Bioengineering and Nanotechnology at the University of Queensland since Jan 2017
- Chief Scientific Officer of Guangzhou Gillion Biotherapeutics Ltd, a biotechnology company from April 2021 to March 2023
- Master’s degree in veterinary science and PhD in biochemistry and molecular biology, Australian National University, later worked at John Curtin Medical School
- Held a Peter Doherty Fellowship (2006-2009) and was supported by the National Health and Medical Research Council to work at Harvard Medical School, Harvard University as a visiting fellow

EXECUTIVE LEADERSHIP TEAM

Wayne Paterson
Director & CEO

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- Senior positions at Roche Pharmaceuticals from 1999 to 2005, including Head of Pharmaceuticals in Roche's South Korean operation and Head of Commercial Operations for Roche China
- MBA from the University of Southern Queensland and a degree in Business Studies from the Queensland University of Technology

David St. Denis
Chief Operating Officer

- Chief Operating Officer since July 2017
- Chief Executive Officer of v2vmedtech, inc. since 2023
- Head of Commercial Operations for Europe and Canada at Merck from 2013 to 2017
- Head of Operations for Emerging Markets at Merck since 2008 to 2013
- Strategic consulting services from 2006 to 2008
- Multiple leadership roles at Millennium Pharmaceuticals, Inc, now Takeda Pharmaceutical Company, from 1996 to 2006
- Bachelor of Science, the University of Connecticut, a Master of Arts from Boston University and an MBA in Global Management and International Marketing from Babson College – Franklin W. Olin Graduate School of Business

Matthew McDonnell
Chief Financial Officer

- Chief Financial Officer since November 2018
- Chief Financial Officer of v2vmedtech, inc. from March 2023
- 30 years of experience in Finance
- Previous experience at KPMG across Australia and the US, covering the financial services, transport, industrial markets, health, childcare and energy industries
- Director of the State Library of Queensland where he was the Chair of the Audit and Risk Management Committee for 8 years
- Bachelor of Economics from Macquarie University, Associate of Chartered Accountants in Australia and New Zealand, a Fellow of the Financial Services Institute of Australasia and a Member of the Australian Institute of Company Directors

Dr. Chris Meduri
Chief Medical Officer

- Chief Medical Officer since 2021 after serving on the advisory board since 2016
- Practicing Interventional Cardiologist at Karolinska University Hospital, Stockholm, Sweden and recognized global leader in the field of valvular heart disease with over 3,500 career structural heart procedures and over 300 annually
- Served as global head of numerous TAVR, mitral and tricuspid trials. Has participated in 16 early feasibility studies and performed numerous first-in-human, first-in-US and first-in-Europe procedures
- Completed his general, interventional and structural heart disease training at Beth Israel Deaconess Medical Center, Harvard Medical School
- Masters in Public Health (MPH) with a focus on Clinical Effectiveness at the Harvard School of Public Health. He completed his internship and residency in Internal Medicine at Duke University

Anteris is guided by a global team of well regarded cardiovascular Physician advisors

North America

Martin Leon, MD
Columbia Medical Center Cardiovascular Research Foundation
New York, NY

Michael Reardon, MD
Houston Methodist
Houston, TX

Samir Kapadia, MD
Cleveland Clinic
Cleveland, OH

Gorav Ailawadi, MD
Univ of Virginia
Charlottesville, VA

Alan Zajarias, MD
Washington Univ
St. Louis, MO

Joao Cavalcante, MD
Abbott Northwestern
Minneapolis, MN

Susheel Kodali, MD
Columbia Medical Center
New York, NY

Vinayak Bapat, MD
Abbott Northwestern
Minneapolis, MN

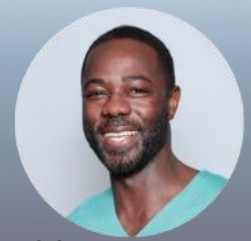
Rebecca Hahn, MD
Columbia Medical Center
New York, NY

Anita Asgar, MD
Montreal Heart
Montreal, CA

Europe

Nicolas Van Mieghem MD
Erasmus Univ Med Center
Rotterdam, NL

Thomas Modine, MD
CHU de Bordeaux
Bordeaux, FR



Didier Tchetche, MD
Clinique Pasteur
Toulouse, FR

Magnus Settergren, MD
Karolinska Uni Hospital
Stockholm, SE

Australia

Karl Poon, MBBS
St Andrews War Memorial
The Prince Charles Hospital, Brisbane

Jayme Bennetts, MBBS
Flinders Medical Center, Adelaide

Ajay Sinhal MBBS, MD
Flinders Medical Centre, Adelaide

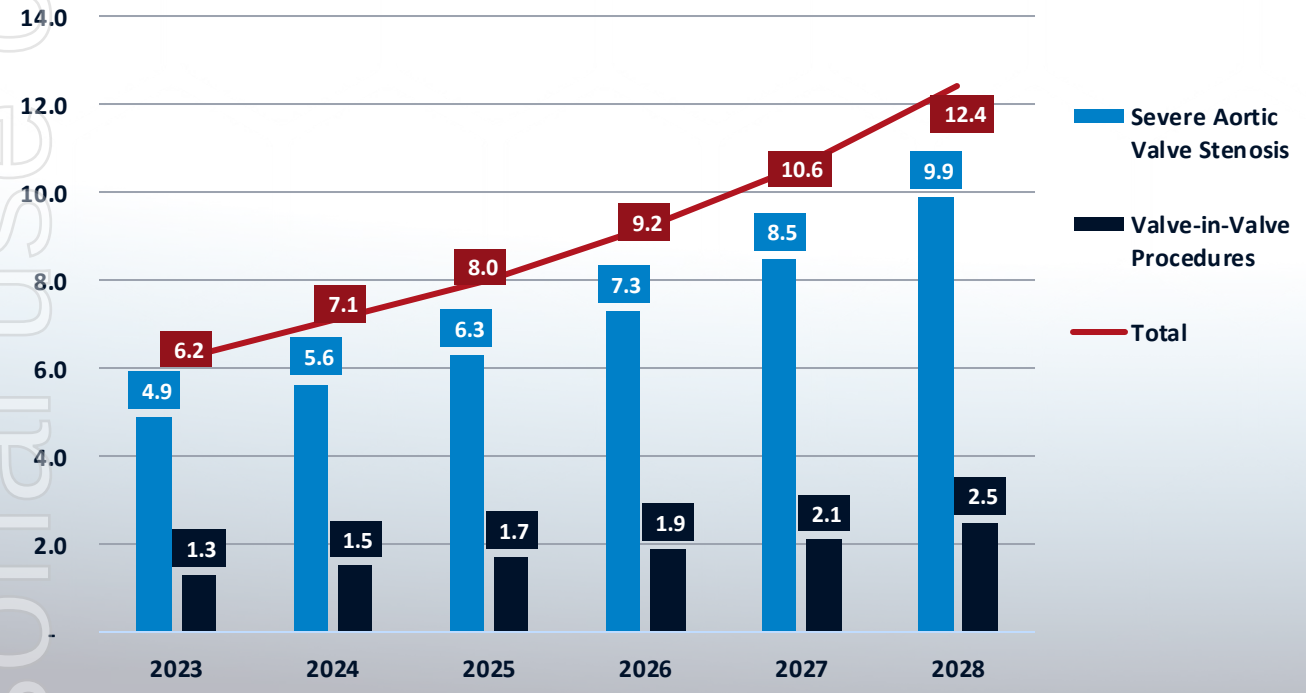
Dion Stub MBBS, PhD
The Alfred/ Cabrini Hospital, Melbourne

Company Overview

TAVR Market Opportunity Expected to Reach US$9.9bn in 2028

Underpenetrated patient population with only 15-20%[1] of severe aortic stenosis cases treated today

TAVR Aortic Stenosis & Valve-in-Valve Market[2]



Potential for further significant growth

Currently 3 industry trials in progress, anticipated to be completed in 2025

THE EARLY TAVR TRIAL

Edwards Lifesciences: the largest randomized trial to date assessing the role of early intervention among patients with asymptomatic severe AS

THE PROGRESS TRIAL

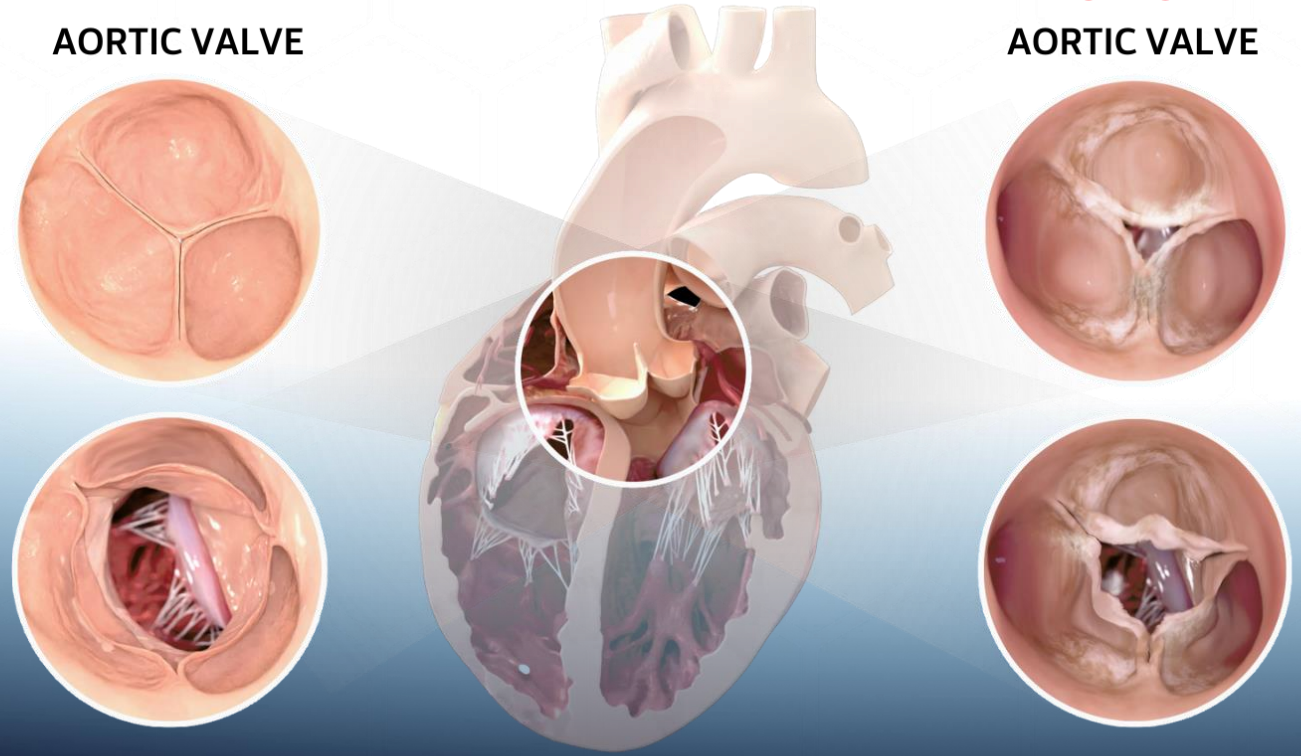
Edwards Lifesciences: will examine the TAVR procedure in patients who are > 65 years, have moderate AS, and have at least one additional risk factor

EXPAND TAVR II Pivotal Trial

Medtronic: to explore the treatment of moderate AS with early TAV implantation (TAVI) before AS becomes severe

1. Gahl B, Çelik M, Head SJ, et al. Natural History of Asymptomatic Severe Aortic Stenosis and the Association of Early Intervention With Outcomes: A Systematic Review and Meta-analysis. JAMA Cardiol. 2020;5(10):1102–1112. doi:10.1001/jamacardio.2020.2497
2. Future Market Insights. Transcatheter Heart Valve Replacement (TAVR) Market: Global Industry Analysis 2016 – 2023 and Opportunity Assessment 2024 – 2034. Future Market Insights; 2024. Available from: https://www.futuremarketinsights.com/reports/transcatheter-heart-valve-replacement-tavi-market

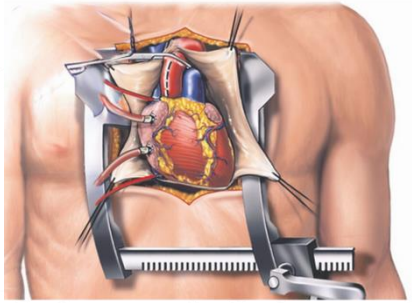
A life-threatening heart condition which occurs when there is a narrowing of the aortic valve



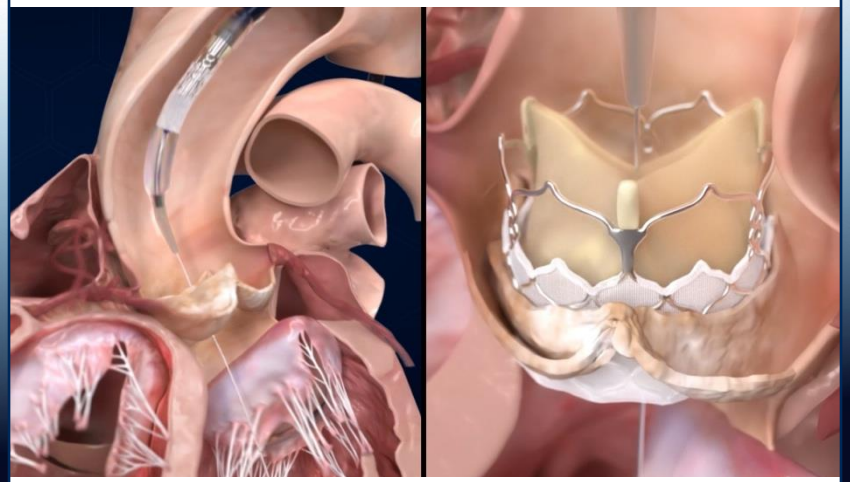
This narrowing restricts blood flow from the heart to the body's main artery, the aorta, and subsequently to the rest of the body. Patients with severe AS have a 50% risk of dying within 2 years.[1]

Treatment Options

SAVR
Surgical Aortic Valve Replacement



TAVR
Transcatheter Aortic Valve Replacement



non-surgical, minimally invasive

1. Leon MB, Smith CR, Mack M, et al. Transcatheter Aortic-Valve Implantation for Aortic Stenosis in Patients Who Cannot Undergo Surgery. N Engl J Med. 2010;363(17):1597-1607. doi:10.1056/NEJMoa1008232

Yesterday's TAVRs were not developed for today's patients

Patients need a safer alternative to open heart surgery

First & second generation TAVRs

~85 yrs

2011-2013 average patient age was 84[1]

Patients need a valve that restores an active lifestyle for the rest of their life

Third generation TAVRs

~73 yrs

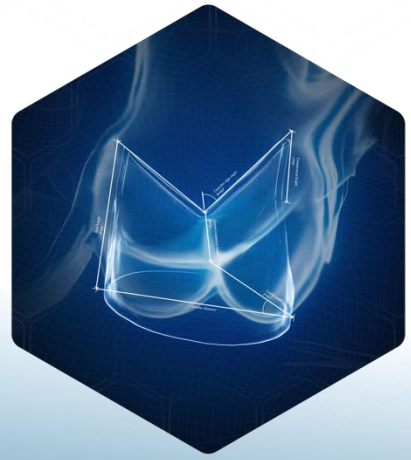
2016-2017 average patient age is 73 & declining[2]

DurAVR® was deliberately designed for younger and more active patients

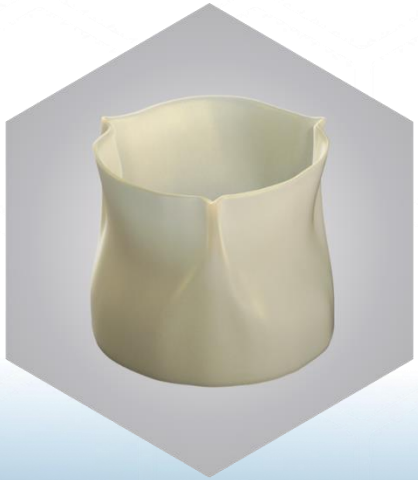
1. STS-ACC TVT Registry of Transcatheter Aortic Valve Replacement. J Am Coll Cardiol (2020);76:2492-2516.
2. N Engl J Med 2019; 380:1695-1705

Anteris set out to address the needs in TAVR by asking different questions

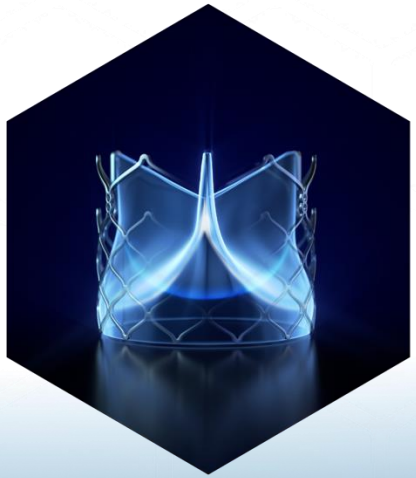
How does a healthy aortic valve perform?



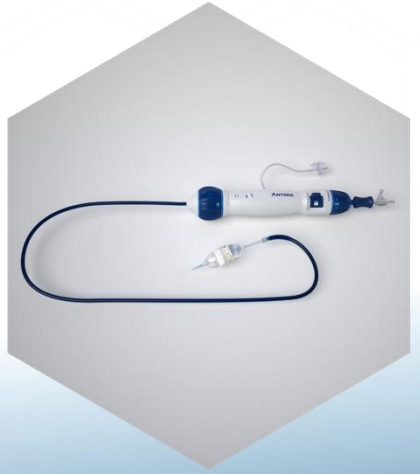
How can we mimic a native valve?



How can we put that valve in a frame?



How do we deliver the valve?



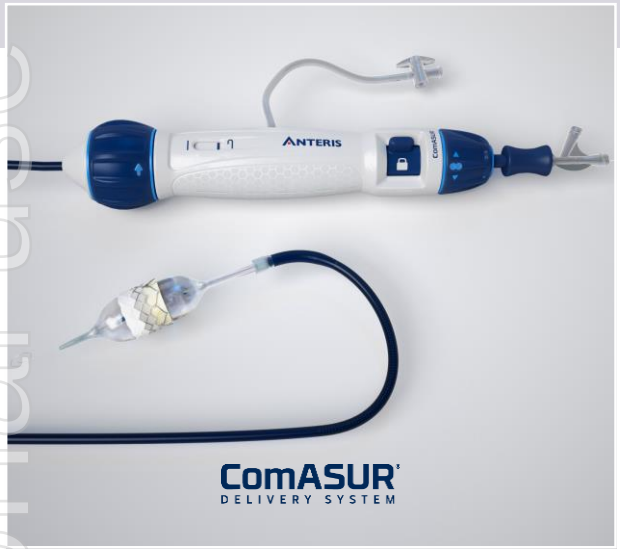
Our expert panel of physicians determined what is needed in a next generation valve:

- What will future, younger TAVR patients need?
- What are the compromises faced with TAVR?
- What is missing from current valve platforms?
- What is the easiest way to deliver the valve?

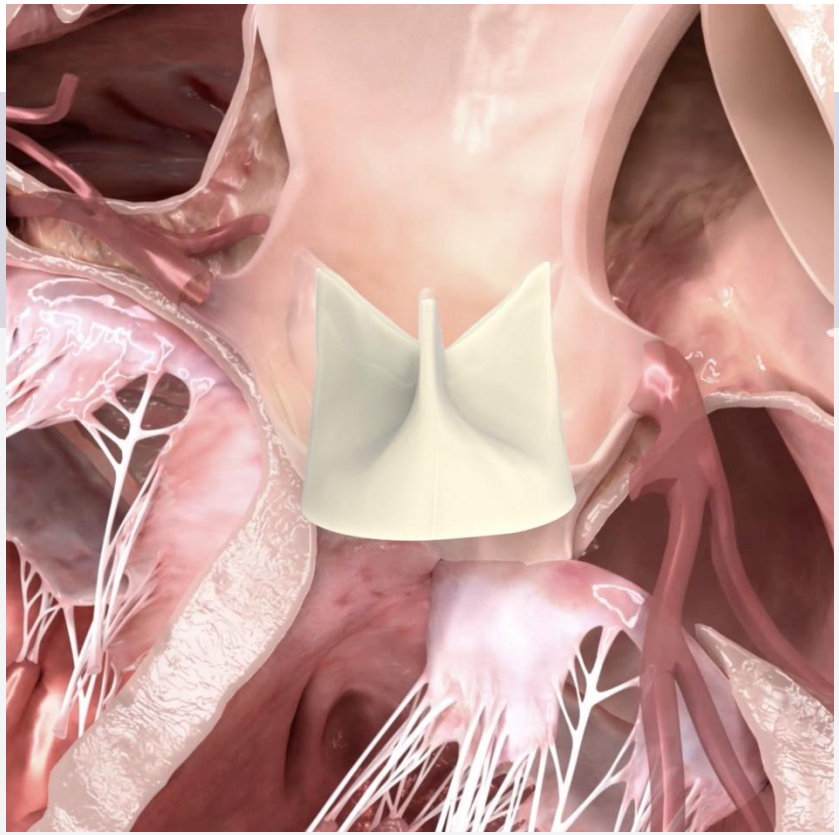
DurAVR®
TRANSCATHETER HEART VALVE

The first new class of TAVR in over a decade

Balloon expandable delivery system



- Simple & precise deployment
- Commissure alignment



The first in class biomimetic valve

Uniquely shaped to mimic the performance of a healthy aortic valve

Promising hemodynamic performance[1]

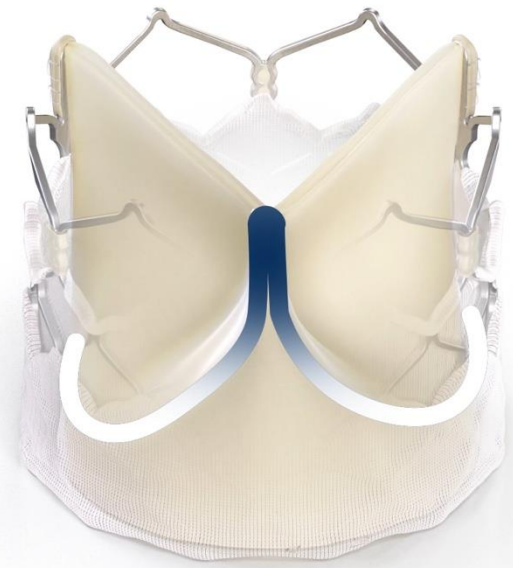
- The only valve to restore flow dynamics
- Biomimetic design leads to restoration of laminar flow

1. Cavalcante J. Biomimetic Design Restores Flow and Hemodynamics and Leads to Significant LV Mass Regression: update from First-in-Human (FIH) Study with novel DurAVR® Transcatheter Heart Valve. Oral Presentation at: New York Valves; June 2024; New York, New York.

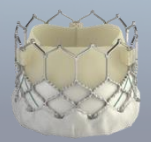
Proprietary innovation that leads to a more human like valve

"A balloon expandable valve with self-expanding hemodynamics is like the Holy Grail[1]."

Dr Michael Reardon,
Professor of Cardiothoracic Surgery



- Large open cells in stent frame to improve coronary access
- Designed to be anatomically correct, intended to restore normal laminar flow[2]
- Single piece design intended to provide greater structural integrity and durability vs traditional three piece design



Balloon Expandable Advantages
- Short frame height
- Ease of use
- Predictability

Self Expandable Advantages
- Optimal hemodynamics
- Commissure alignment

1. PCR London Valves 2023
2. Garg P, Markl M, Sathananthan J, Sellers SL, Meduri C, Cavalcante J. Restoration of flow in the aorta: a novel therapeutic target in aortic valve intervention. Nat Rev Cardiol. 2024 Apr;21(4):264-273. doi: 10.1038/s41569-023-00943-6. Epub 2023 Oct 25. PMID: 37880496.

Three Highly Innovative Technologies

Anteris aims to address unmet medical needs with a new class of products for the treatment of aortic stenosis.
This new class of biomimetic technology can be used for new patients and to replace existing valves in patients (valve-in-valve ("ViV")).

ADAPT® for life

- FDA approved tissue since 2014
- Distributed for use in over 55,000 patients globally (as a cardiac and vascular patch)
- Clinically demonstrated to be calcium free for up to 10 years[1]

DurAVR®
TRANSCATHETER HEART VALVE

- Novel biomimetic valve
  - Shaped to perform like a native aortic valve
- Single piece of tissue
- Improved coronary access
- US patent protected design (11,648,107 and 11,622,853)

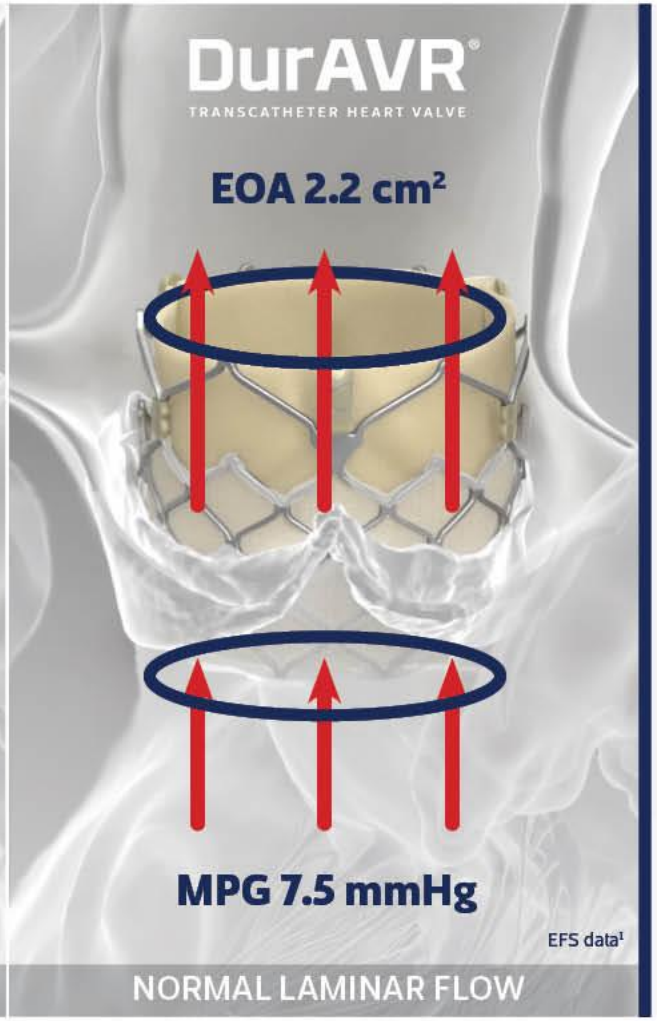
ComASUR®
TRANSFEMORAL DELIVERY SYSTEM

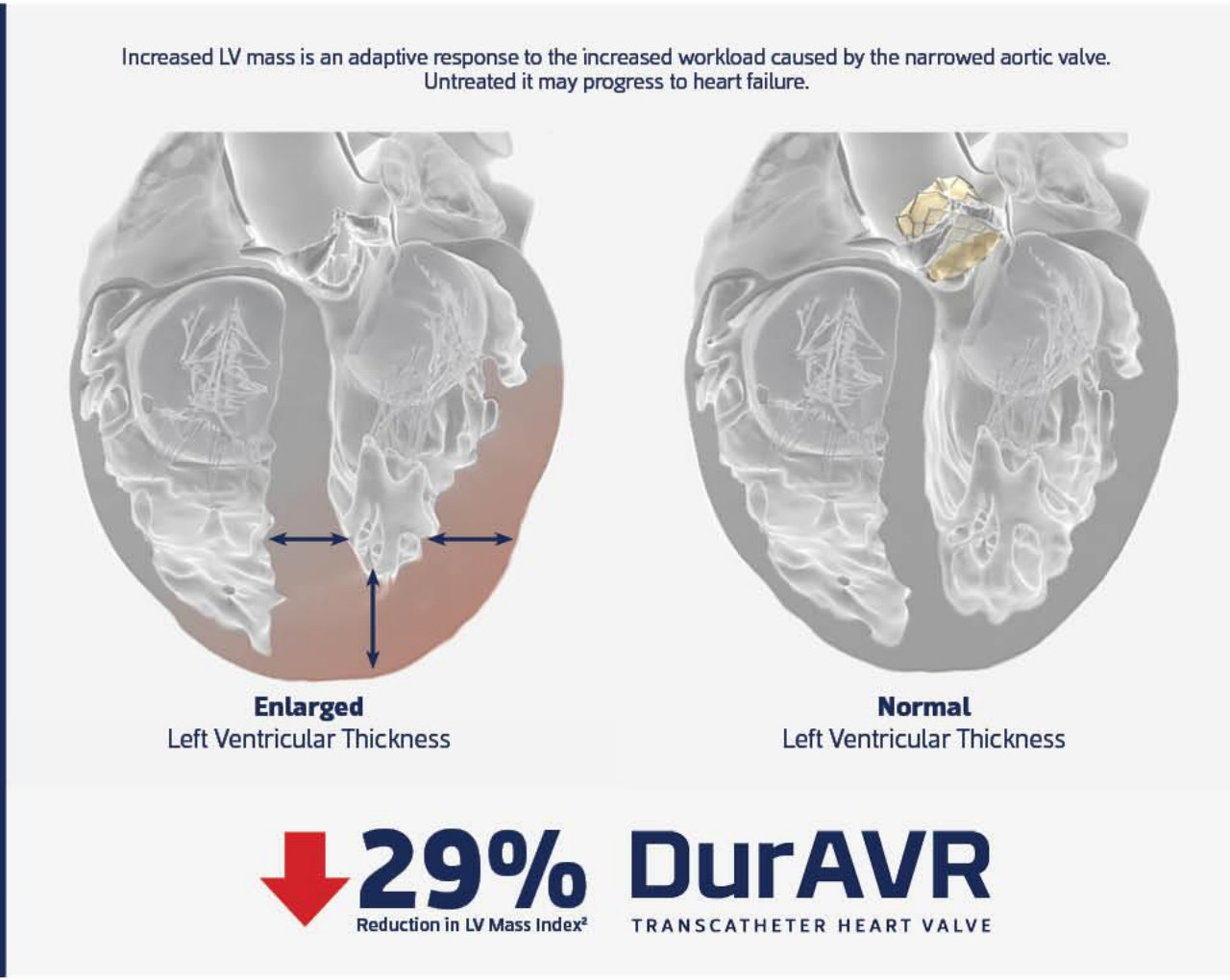
- Balloon expandable platform
- Provides controlled deployment and accurate alignment of the DurAVR® THV valve with the position of the native aortic valve
- Patent for the sterilized packaging system

1. Neethling W, Rea A, Forster G, Bhirangi K. Performance of the ADAPT-Treated CardioCel® Scaffold in Pediatric Patients With Congenital Cardiac Anomalies: Medium to Long-Term Outcomes. Front Pediatr. 2020 Apr 24;8:198. doi: 10.3389/fped.2020.00198. PMID: 32391296; PMCID: PMC7193326.

DurAVR®
TRANSCATHETER HEART VALVE

Restores flow dynamics, significantly reducing left ventricular (LV) mass



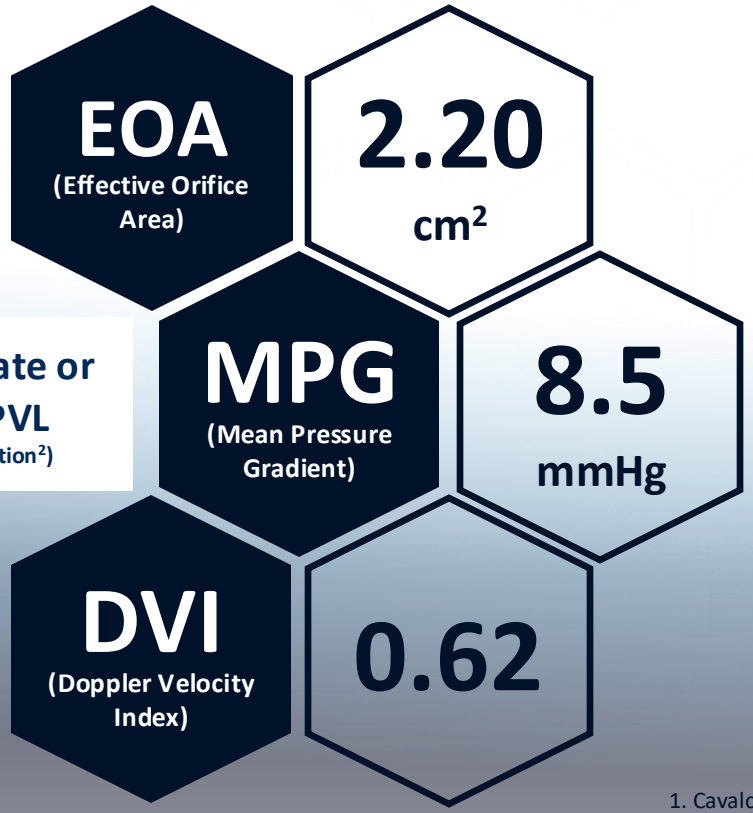


1. Waggoner T. "DurAVR® Biomimetic Transcatheter Heart Valve: Early Feasibility Study (EFS) Update". Oral Presentation at: CRT Conference, March 2024; Washington, USA
2. Cavalcante J. Biomimetic Design Restores Flow and Hemodynamics and Leads to Significant LV Mass Regression: update from First-in-Human (FIH) Study with novel DurAVR® Transcatheter Heart Valve. Oral Presentation at: New York Valves; June 2024; New York, New York..

DurAVR® Consistent Hemodynamic Results through 1 Year[1]

Post-procedure Hemodynamic Results (N=41)

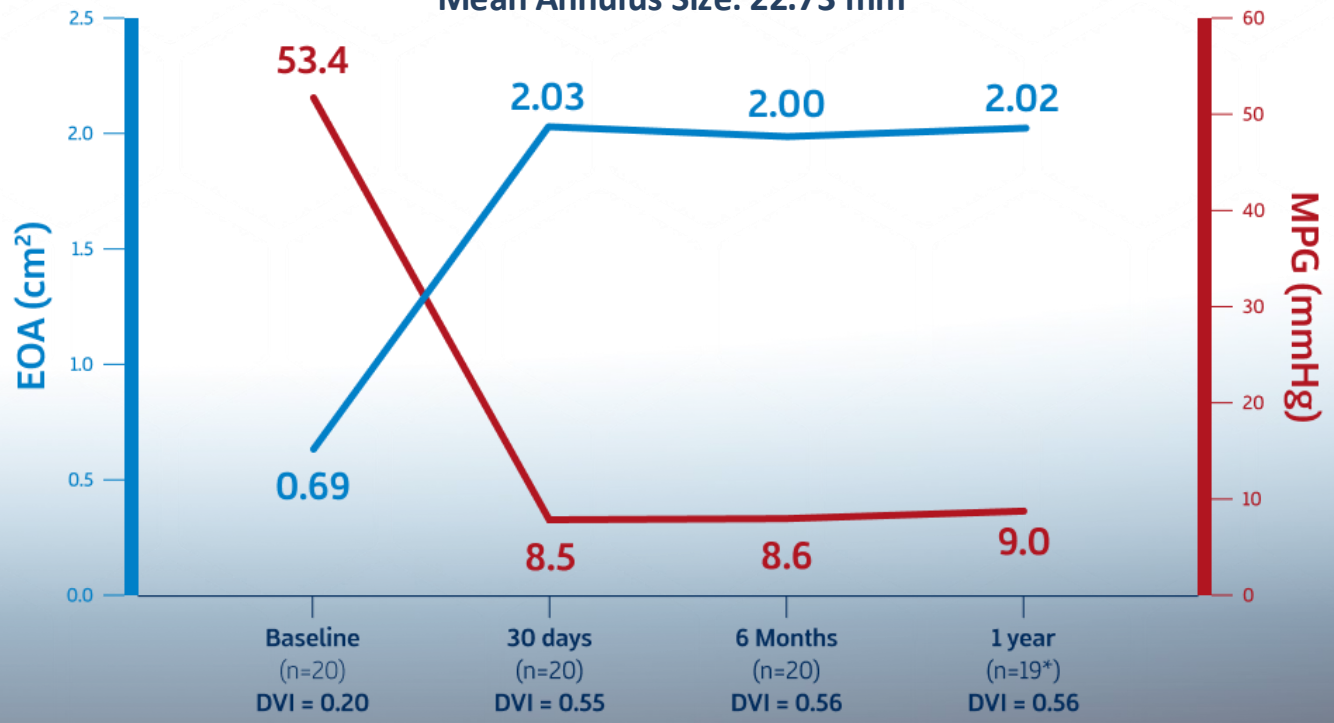
Mean Annulus Size: 22.57 mm



No moderate or severe PVL
(VARC 3 definition[2])

Sustained Hemodynamics Through 1 Year

Mean Annulus Size: 22.73 mm



*One subject died of a non-cardiac death before reaching 1-year follow-up.

1. Cavalcante J. Biomimetic Design Restores Flow and Hemodynamics and Leads to Significant LV Mass Regression: update from First-in-Human (FIH) Study with novel DurAVR® Transcatheter Heart Valve. Oral Presentation at: New York Valves; June 2024; New York, New York.

2. Généreux, P, Piazza, N. et al. Valve Academic Research Consortium 3: Updated Endpoint Definitions for Aortic Valve Clinical Research. JACC. 2021 Jun, 77 (21) 2717–2746. https://doi.org/10.1016/j.jacc.2021.02.038

DurAVR® US Early Feasibility Study

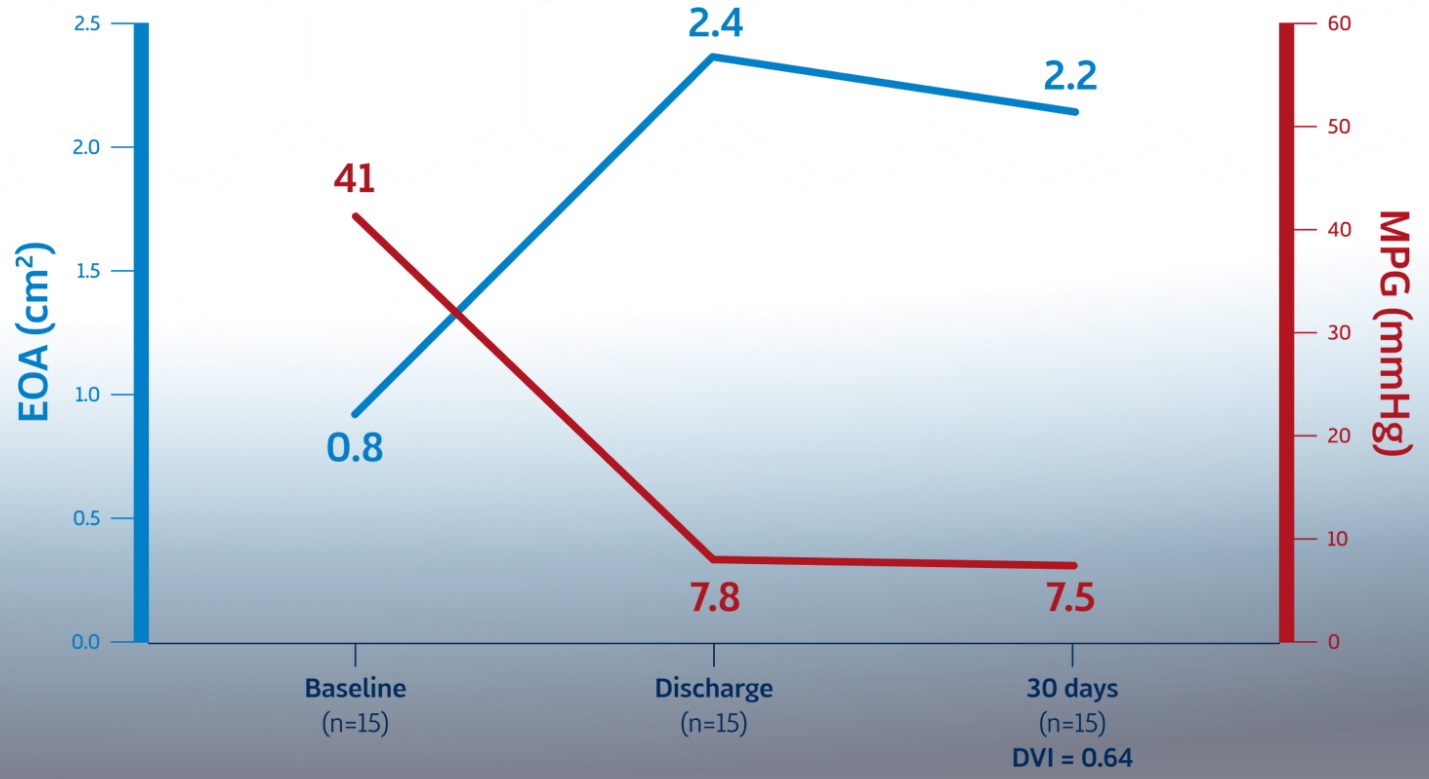
Promising 30-day hemodynamic (blood flow) results*
Favorable safety profile, no paravalvular leak at 30-day follow up

Effective Orifice Area (EOA)

- The cross–sectional area of the aortic valve opening that is available for blood flow
- Patients with severe AS have an EOA of ≤ 1cm^2

Mean Pressure Gradient (MPG)

- The average pressure across the aortic valve between the left ventricle and aorta
- Patients with severe AS have MPG ≥ 40 mmHg



*Follow-up Echo Core Lab Analysis

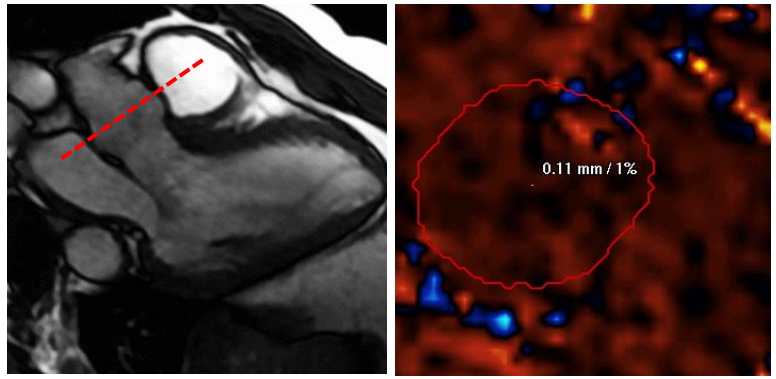
Waggoner T. "DurAVR® Biomimetic Transcatheter Heart Valve: Early Feasibility Study (EFS) Update". Oral Presentation at: CRT Conference, March 2024; Washington, USA.

DurAVR® is the first aortic valve to restore normal aortic flow

When compared to a healthy aortic valve, DurAVR® THV showed no significant difference in flow (p>0.05)

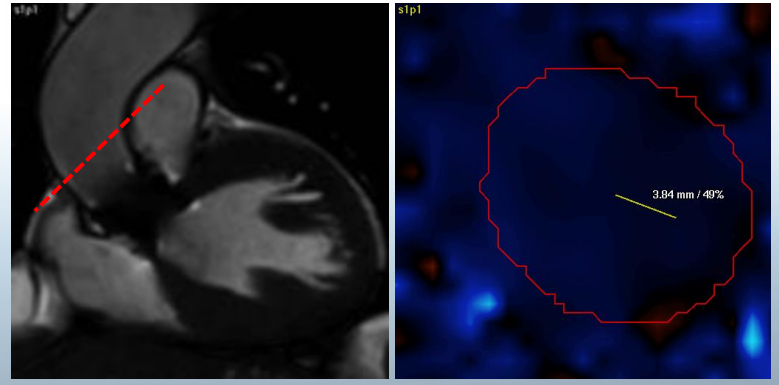
FD = Flow Displacement
FRR = Flow Reversal Ratio

Healthy Aortic Valve



FD = 10%
FRR = 1%
(n=5)

Post DurAVR® THV



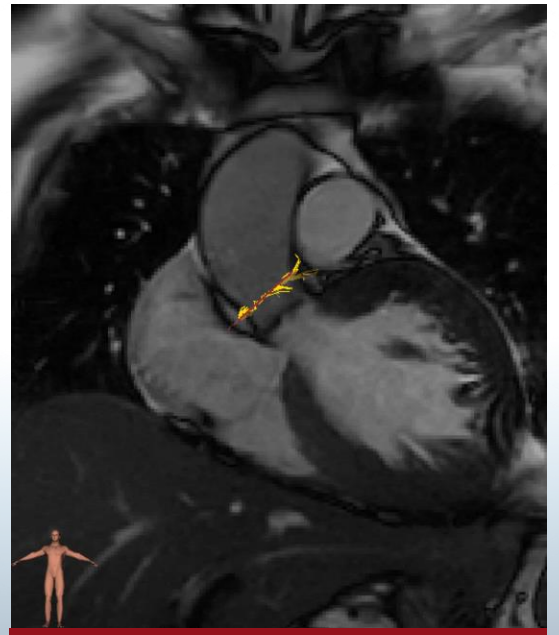
FD = 14%
FRR = 4%
(n=5)

Courtesy of Dr. Pankaj Garg, Norwich University Hospital (UK)

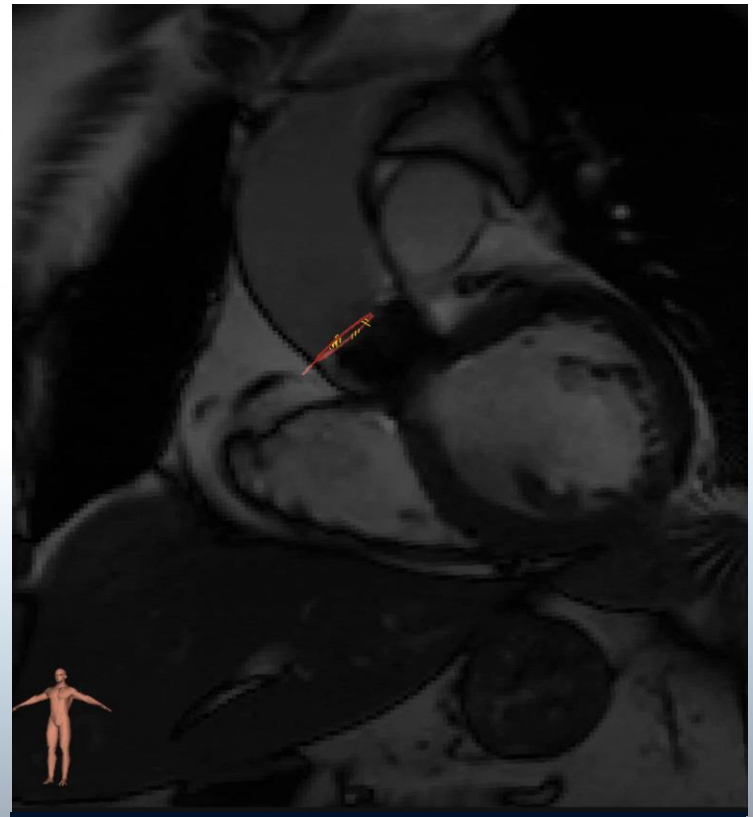
LAMINAR FLOW – A THERAPEUTIC TARGET

resistance. Pilot data are now emerging from first-in-human studies that assessed the DurAVR valve, which incorporates a large length-to-diameter ratio with a wide effective valve area and a 3D single-piece leaflet geometry[79,80]. Early data suggest that, after implantation of the DurAVR valve in patients with aortic valve disease, aortic flow patterns (in terms of flow eccentricity measured by SFD and vortical flow measured by sFRR) were restored to those seen in healthy control individuals. This improvement in haemodynamics has implications both for the longevity of the valve and for the prevention of aortic root dilatation owing to eccentric aberrant flow in the ascending aorta. The emergence of these novel transcatheter aortic valves provides a less invasive treatment option, which might even be suited to younger cohorts when their safety and longevity have been tested in medium-to-long-term outcome studies.

4D Flow pre and post DurAVR®



Pre DurAVR®

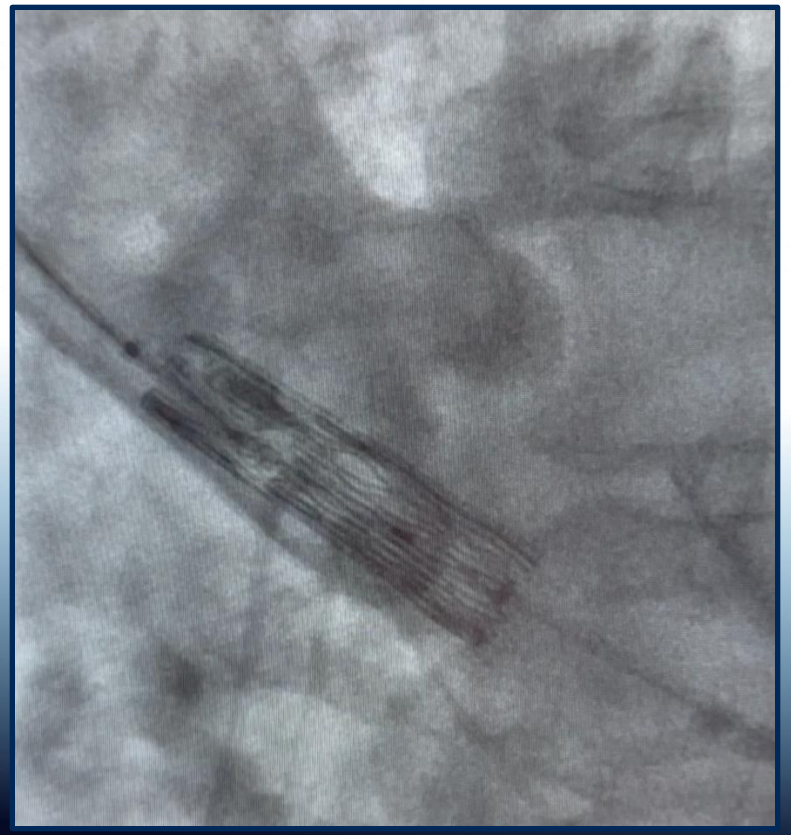


Post DurAVR®

Garg P, Markl M, Sathananthan J, Sellers SL, Meduri C, Cavalcante J. "Restoration of flow in the aorta: a novel therapeutic target in aortic valve intervention". Nat Rev Cardiol. 2023 Oct 25. doi: 10.1038/s41569-023-00943-6.

Easy to Deliver, 100% Precise Placement and Implant Success

No PVL reported at 30-days



EFS 30 Day Events[1]	N = 15
Primary Safety Endpoints	
All-cause mortality or disabling stroke	0 (0)
Secondary Safety Endpoints	
All-cause mortality	0 (0)
Disabling Stroke	0 (0)
VARC-3 type 2-4 bleeding	0 (0)
Major vascular or structural heart complications	0 (0)
Acute Kidney Injury (AKI) Stage 3 or 4	0 (0)
Moderate or severe aortic regurgitation	0 (0)
New permanent pacemaker due to procedure-related conduction abnormalities (*)	1 (6.7)
Surgery or intervention related to the device, including aortic valve reintervention	0 (0)
	Data presented as n (%)

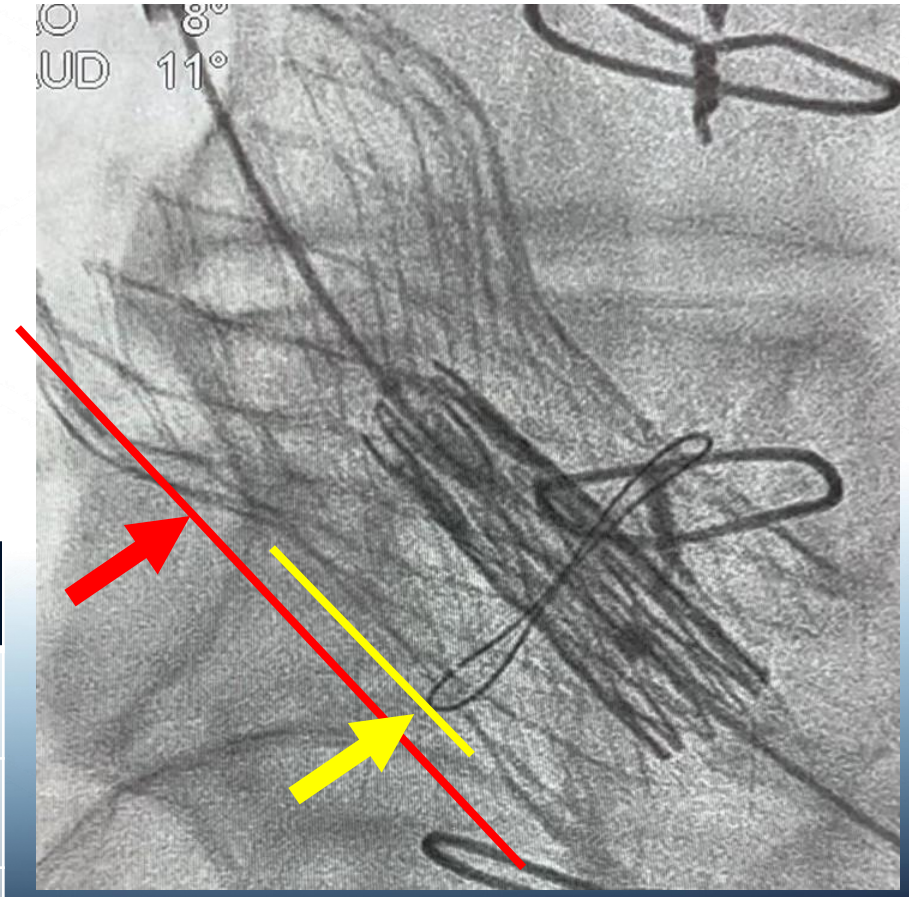
(*) Subject with pre-existing significant conduction abnormalities with prolonged QRS

1. Meduri C. DurAVR® Biomimetic Transcatheter Heart Valve: Early Feasibility and First-in-Human Trial Update. Oral presentation at: EuroPCR Conference; May 2024; Paris, France.

DurAVR® Valve in Valve in Valve (ViViV)

- 77-year-old male, too high risk for repeat surgery with failure of his valve in valve
- First surgical valve went in with mediocre hemodynamics and eventually failed
- A self expanding TAVR was placed in it (currently believed to be best in class for ViV) and it also provided mediocre hemodynamics
- Patient unsuitable for surgery and left with no reasonable alternatives. DurAVR® proposed as compassionate use and only option for the patient. Swedish FDA agreed it was only option and approved its usage

Date	Vmax ao	MPG mmHg	DVI
2011 Surgical Valve	3.1	23	0.4
2018 Evolut in Surgical Valve	3.7	31	0.34
2024 Max stress	4.0	41	0.15
Post DurAVR®	3.0	20	0.33–0.40



The First All Risk Head-to-Head TAVR Registration Trial

Study Co-Chairs
Dr. Martin B. Leon
Dr. Michael J. Reardon

Symptomatic Severe Native Aortic Stenosis

All risks, assessed by Heart Team

60 US sites
20 OUS sites

1:1 Randomization stratification by valve type and risk

DurAVR® TRANSCATHETER HEART VALVE

Sapien or Evolut

Valve in Valve Registry for Bioprosthetic Surgical Valves

DurAVR® TRANSCATHETER HEART VALVE

Follow-up: 1 month, 1 year, annually through 10 years

Proposed Sub-studies:
- Flow dynamics
- CT sub-study (HALT, RLM)
- Health Economics

Primary Endpoint (at 1 year)
Non-Inferiority composite All-cause mortality, stroke, or hospitalization

Secondary Endpoint
Hemodynamic Superiority at 30 day/1 year

Primary Endpoint (at 1 year)
Non-Inferiority composite All-cause mortality, stroke, or hospitalization against PG

Biomimetic outcomes are driving enthusiasm, the trial is expected to enroll quickly

Anteris will request continued access for DurAVR® with the FDA

ENROLLMENT

Patients are screened for eligibility. If selected, they are randomized and treated.

FOLLOW UP

Patients are followed up at 1 month, then 1 year (primary study endpoint). Follow up then continues annually for 10 years.

REVIEW

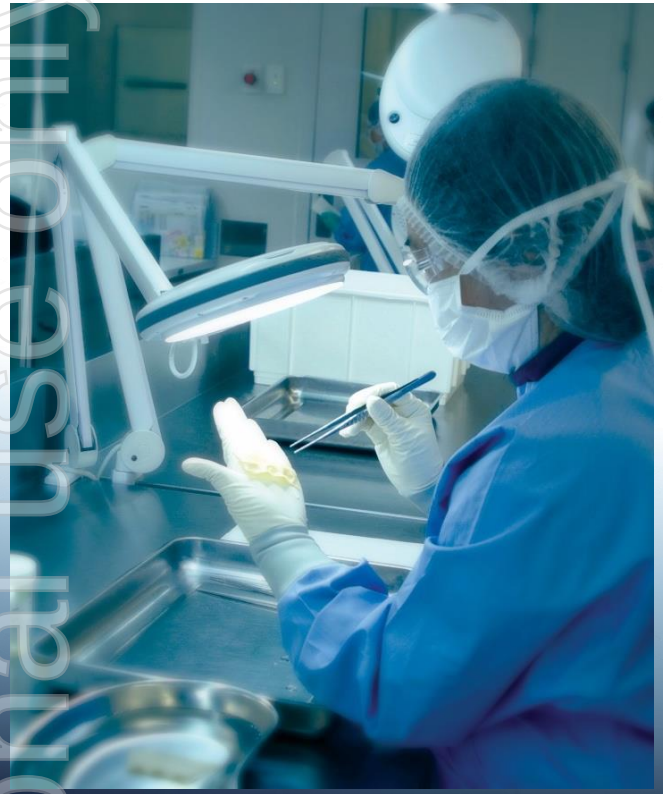
Company assembles the data into a submission package and sends to the FDA. The FDA reviews and will make a decision on market approval.

Approved FDA Approved

Category B Revenue
$25k per device

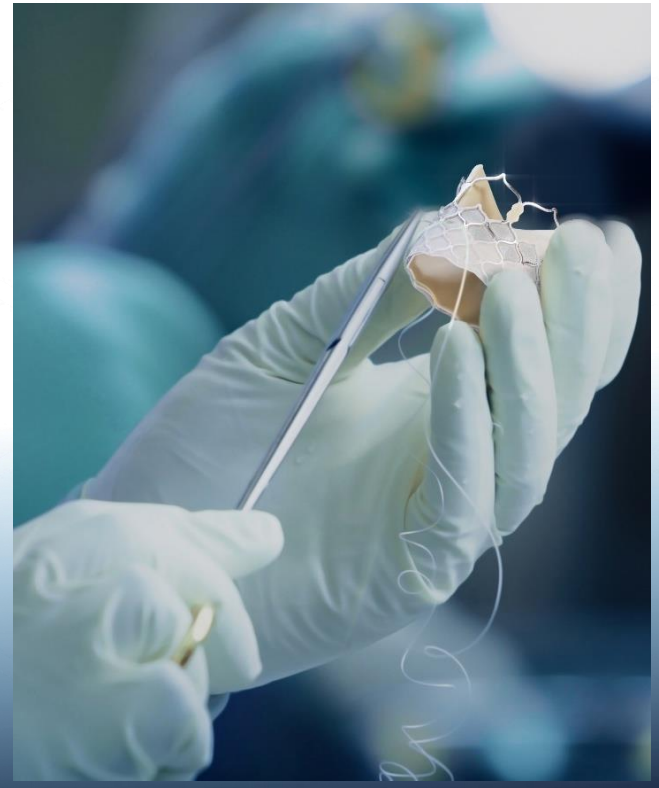
Continued Access Revenue
$25k per device

ADAPT® tissue engineering (AU), DurAVR® assembly (US)



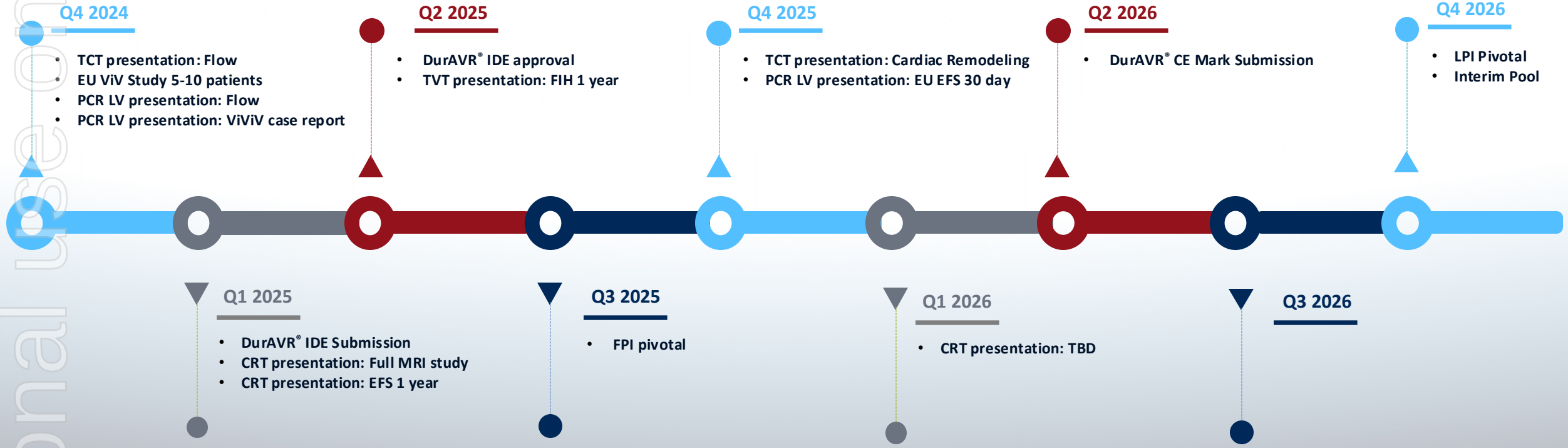
Malaga, WA, Australia

- ADAPT® : multi-step, anti-calcification, tissue engineering process
- Transforms animal tissue into a durable bio-scaffold (intended to mimic human tissue and mitigate structural valve deterioration)
- Single-piece of shaped ADAPT® tissue attached to a stent via sutures
- Valve sterilized and packaged for use



Minneapolis, USA

Anticipated Milestones



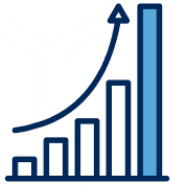
Anticipated Next Steps

DurAVR®
TRANSCATHETER HEART VALVE

- Seek FDA approval for global pivotal trial (US, EU, AU, ~80 sites)
- Pivotal trial patient recruitment commences
- FDA submission commences (modular approach)
- Monthly discussions with FDA
- Ongoing pre-market commercialization activities
- Ongoing discussions with potential partners
- Pivotal trial completion (incl. 1-year follow up)
- FDA submission complete
- FDA approval and commercialization if approved

Investment Summary

MARKET OPPORTUNITY



- Global aortic stenosis TAVR market forecast to grow to US$9.9bn by 2028 plus valve-in-valve (ViV) opportunity[1]
- Patient population expanding; low risk, younger patients
- In 2019, ~73,000 patients underwent TAVR in the United States[2]

FAVORABLE CLINICAL RESULTS TO DATE

- Hemodynamic results comparable to a healthy valve
- EFS data: EOA 2.2cm^2, MPG 7.5mmHg, DVI 0.64
- 73 patients have received DurAVR® to date
- ADAPT® Tissue distributed to >55k patients globally

FAVORABLE SAFETY PROFILE

- No valve related deaths
- No myocardial infarctions
- No life-threatening bleeding

PATENTS IN PLACE

- Robust IP portfolio encompassing DurAVR®, ADAPT® tissue technology and ComASUR® delivery system

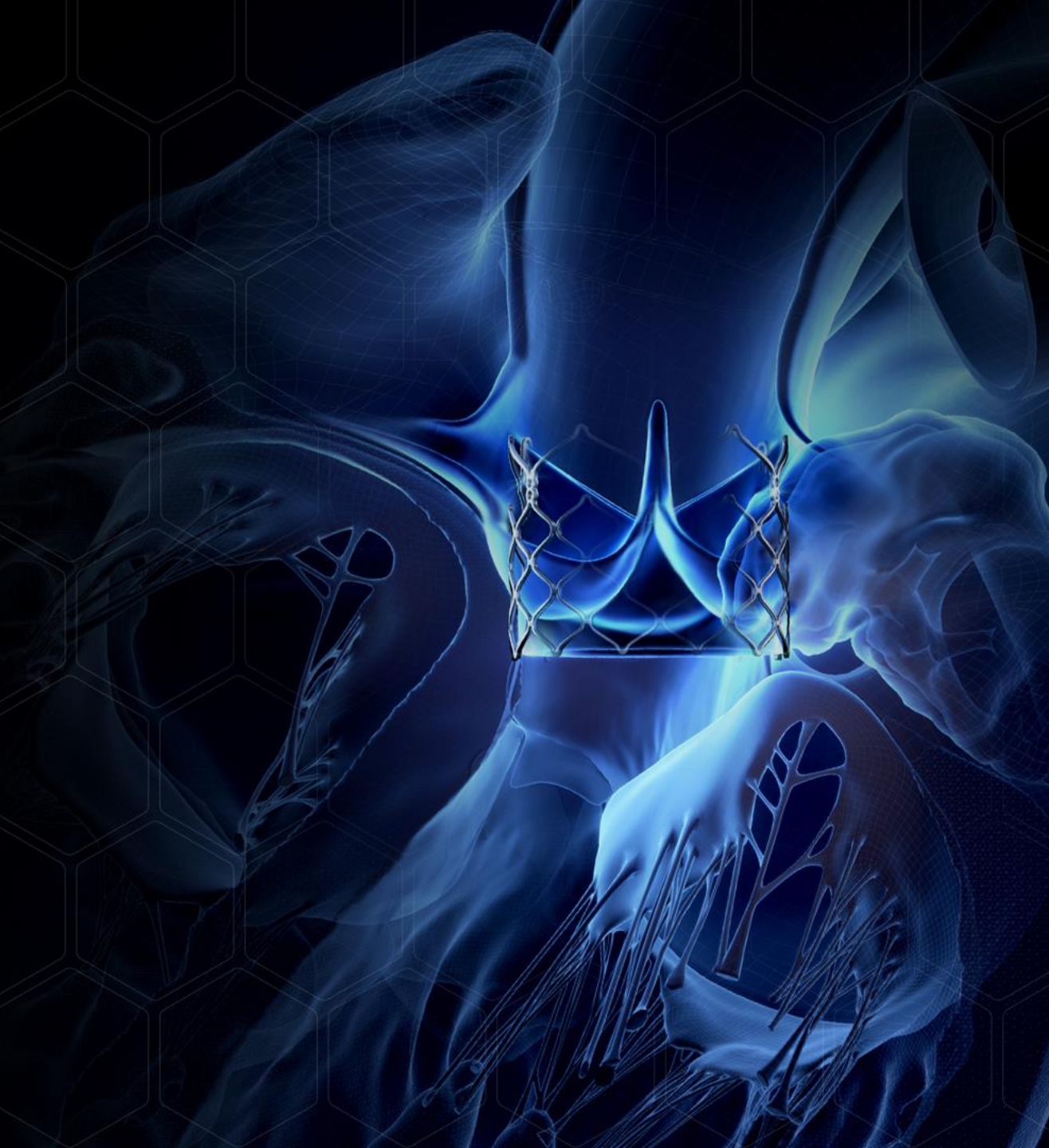
COMPANY THESIS

- Strong and experienced executive team, board and global medical advisory board
- DurAVR® is the first new class of TAVR in over a decade
- Positive feedback from key opinion leaders to date
- Product heavily de-risked (vs pharmaceutical products)

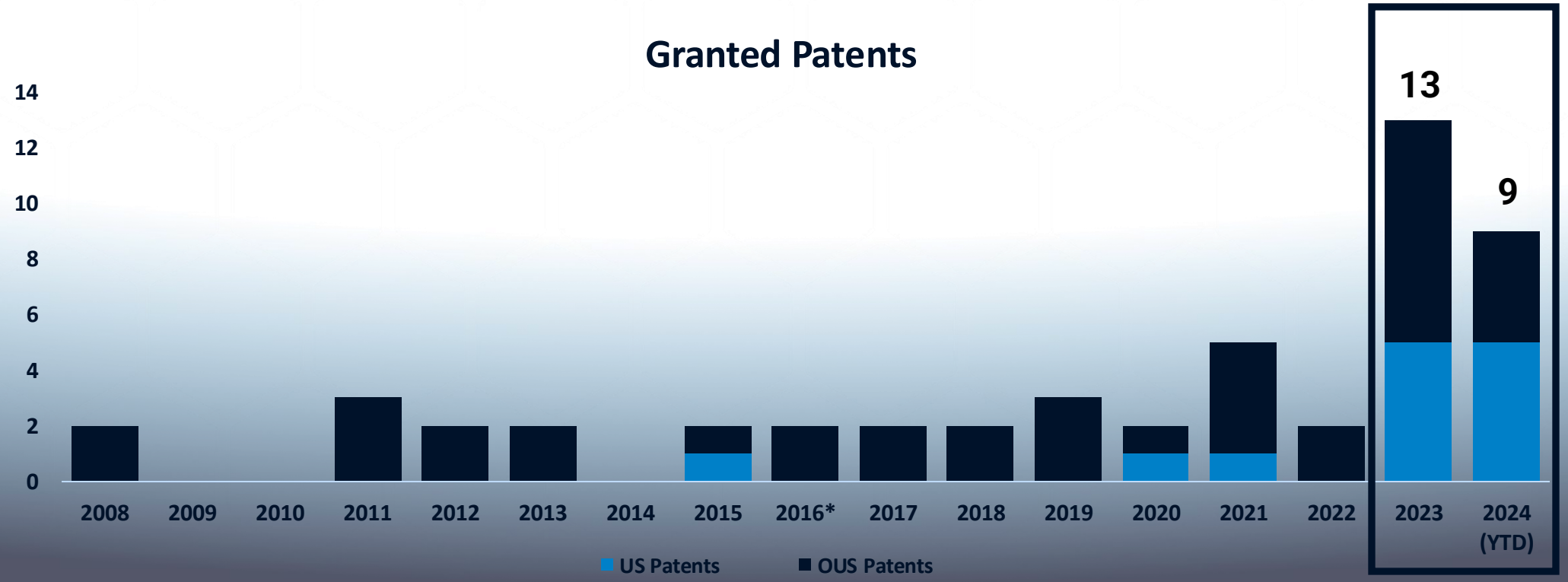
1. Future Market Insights. Transcatheter Heart Valve Replacement (TAVR) Market: Global Industry Analysis 2016 – 2023 and Opportunity Assessment 2024 – 2034. Future Market Insights; 2024. Available from: https://www.futuremarketinsights.com/reports/transcatheter-heart-valve-replacement-tavi-market
2. Carroll, J, Mack, M, Vemulapalli, S. et al. STS-ACC TVT Registry of Transcatheter Aortic Valve Replacement. The Annals of Thoracic Surgery. 2021 Feb, 111 (2) 701–722. https://doi.org/10.1016/j.athoracsur.2020.09.002

ANTERIS TECHNOLOGIES
A Structural Heart Company

Appendices



Our patent portfolio has grown significantly since 2022, with 13 patents issued in 2023 and 9 patents issued year-to-date



** Includes 1 EP patent that is validated/active in 6 European countries.*

IP PROTECTION – DURAVR®

Examples:

- **US 9,205,172**
  Covers the current ADAPT manufacturing process
  Active country patents include: US, AU, BR, CA, CH, CN, DE, FR, GB, IE, JP, MX, NL, EP

- **US 11,648,107**
  Covers the current TAVR valve design (focused on the molded valve)
  Active country patents include: US, AU, IN, JP, KR, MX
  Pending applications in: US, AU, BR, CN, EP,HK, JP

- **US 11,877,927**
  Covers the current TAVR valve design (focused on the stent frame)
  Active country patents include: US, AU,
  Pending applications in: US, BR, CA, CN, EP, HK, IL, IN, JP, KR, MX

- **US 11,903,827 and US 11,622,853**
  Cover the current TAVR valve design (focused on the overall design)
  Active country patents include: US
  Pending applications in: US, WIPO (national stage filings TBD)

Summary of patent coverage strength of the DurAVR® TAVR:

- **Anteris' patents cover key design features that provide competitive advantages (e.g., reduced pinwheeling during valve closure, long coaptation length, large opening area in systole, coronary access due to large open cells and short frame, two-stage opening).**
- **Anteris' patents cover the DurAVR® design from multiple angles.**
- **The cumulative coverage provides strong coverage.**

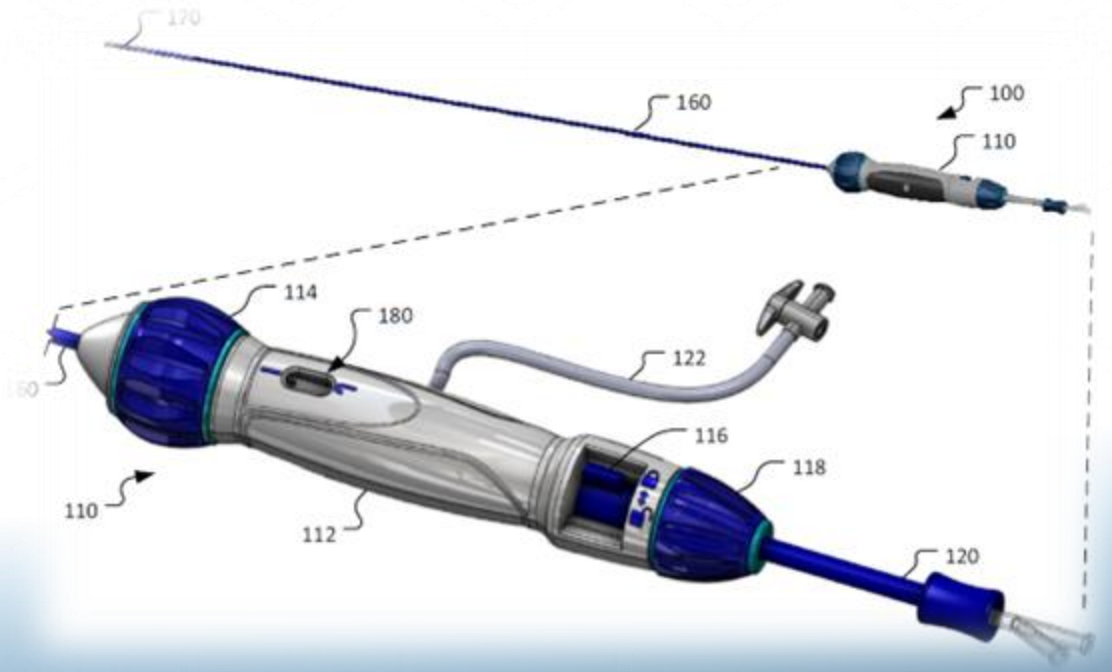
IP PROTECTION – DELIVERY SYSTEM

Examples:

- **US 11,883,286**
  Covers the current delivery system (focused on predictable commissural alignment)
  Active country patents include: US
  Pending applications in: US, AU, CA, EP, JP

- **US 18/669,999**
  Covers the current delivery system overall
  Pending applications in: US, WIPO (national stage filings TBD)

- **18/674,597**
  Covers the current delivery system (focused on the pleated balloon)
  Pending applications in: US, WIPO (national stage filings TBD)



Summary of patent coverage strength of the delivery system:

- **Anteris' patents/applications cover key design features that provide competitive advantages (precise commissural alignment control, pleated balloon, braided hard stop).**
- **Anteris' patents/applications cover the delivery system design from multiple angles.**
- **The cumulative coverage provides strong coverage.**

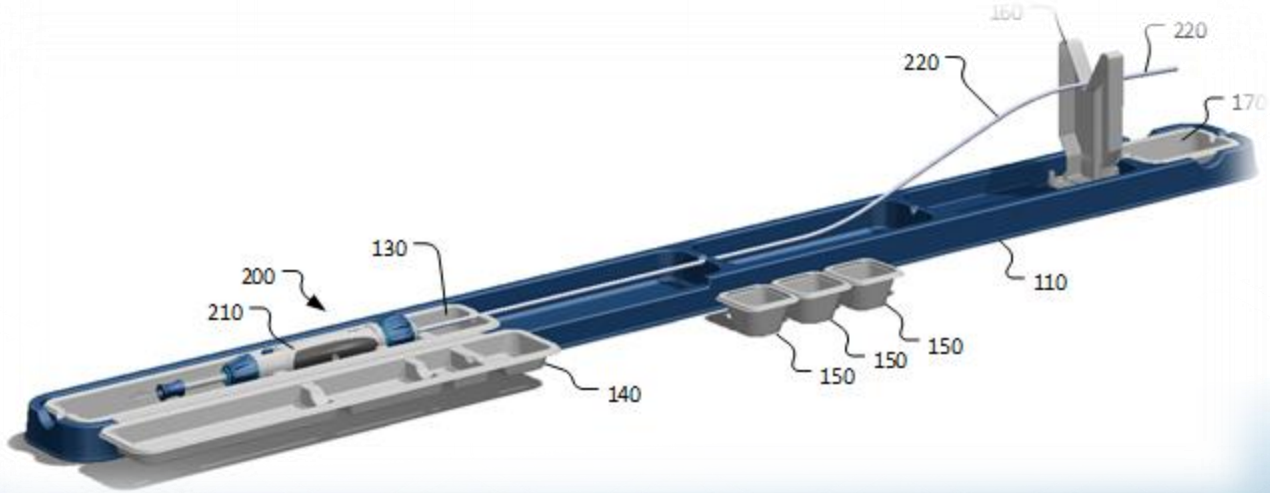
IP PROTECTION – STERILIZATION, PACKAGING, AND VALVE PREPARATION

Examples:

- **US 10,758,642**
  Covers the current sterilization and storage of the tissue valve
  Active country patents include: US, AU, BR, CA, IN, JP, KR, MX, MY
  Pending applications in: CN

- **US 18/669,086**
  Covers the current packaging and preparation system
  Pending applications in: US, WIPO (national stage filings TBD)

- **US 63/587,337**
  Covers the current single-use crimper
  Pending applications in: US, OUS (TBD)



Summary of patent coverage strength of the delivery system:

- **Anteris' patents/applications cover key design features that provide competitive advantages (novel packaging/preparation system, economical single-use crimper).**