KAZIA THERAPEUTICS

An emerging oncology developer with two clinical-stage programs

Gold Coast Investment Showcase

Surfers Paradise
20 & 21 June 2018

ASX: KZA | NASDAQ: KZIA | Twitter: @KaziaTx

Forward-Looking Statements

This presentation contains “forward-looking statements” within the meaning of the “safe-harbor” provisions of the Private Securities Litigation Reform Act of 1995. Such statements involve known and unknown risks, uncertainties and other factors that could cause the actual results of the Company to differ materially from the results expressed or implied by such statements, including changes from anticipated levels of customer acceptance of existing and new products and services and other factors. Accordingly, although the Company believes that the expectations reflected in such forward-looking statements are reasonable, there can be no assurance that such expectations will prove to be correct. The Company has no obligation to sales, future international, national or regional economic and competitive conditions, changes in relationships with customers, access to capital, difficulties in developing and marketing new products and services, marketing existing products and services update the forward-looking information contained in this presentation.

Investment Highlights

1. Cancer-focused biotech with two distinct therapies in clinical trials
   - GDC-0084 entering phase II trial for brain cancer
   - Cantrixil currently in phase I trial for ovarian cancer

2. Well-differentiated assets, with lead program licensed from Genentech
   - GDC-0084: targets a critical control mechanism for tumour growth
   - Cantrixil: active against treatment-resistant ‘cancer stem cells’

3. Publicly-listed company, traded on ASX and NASDAQ
   - Market cap ~AU$ 35 million
   - Current assets of ~AU$ 14.8 million + ~$7.5 million of NOX securities

4. Experienced team, with extensive international background in big pharma and biotech

Kazia is focused on development of high-potential novel therapies for poorly-served cancers

Identify Value

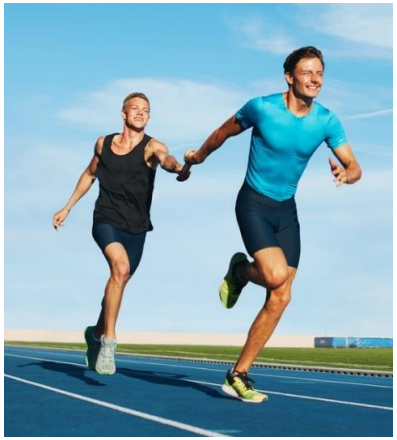
- Bring in under-valued assets from other pharmaceutical companies

Build Value

- Conduct focused clinical trials
- Identify optimal patient groups
- Understand safety and dosing
- Engage with external experts

Realise Value

- Partner with big pharma for late-stage development to bring to market



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Proceeds of outbound licensing reinvested in earlier-stage assets

Reduce cycle time and accelerate returns: 2-4 years to get to value inflection

Improve portfolio strength: access the best global innovation

Mitigate risk: bring in assets which already partially de-risked

A strong team brings international experience in big pharma and early-stage biotech

Board

Iain Ross
Chairman

Executive and Board roles in pharma and small biotech

Bryce Carmine
Deputy Chairman

36 years executive experience in Eli Lilly

Steven Coffey
Non-Executive Director

Chartered accountant with extensive governance experience

Dr James Garner
Chief Executive Officer
& Executive Director

Physician / MBA; Extensive drug development experience

Scientific Advisory Board

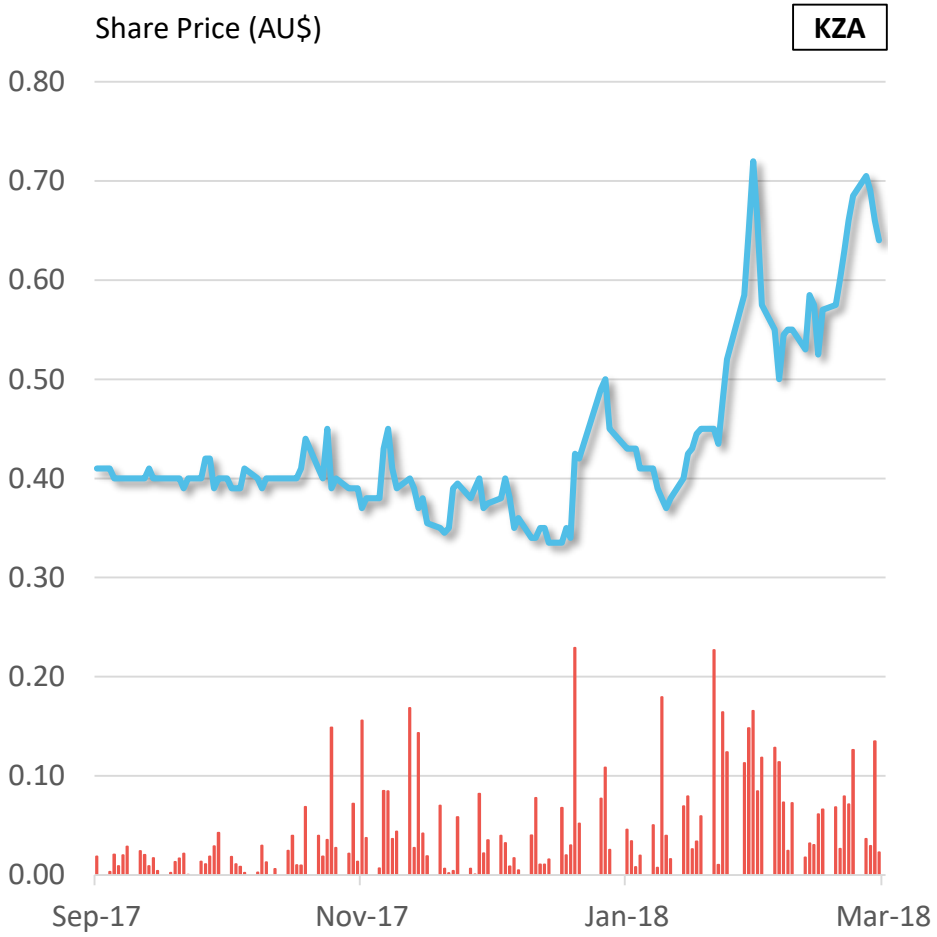
Professor Sir Murray Brennan
Emeritus Chairman of Cancer Surgery at Memorial Sloan Kettering Hospital, New York

Dr Karen Ferrante
Former Chief Medical Officer at Millennium Pharmaceuticals

Professor Peter Gunning
Head of School of Medical Sciences at University of New South Wales

Professor Alex Matter
Former Global Head of Oncology Research at Novartis

Kazia is listed on ASX and NASDAQ, with a market cap of ~AU$ 35 million

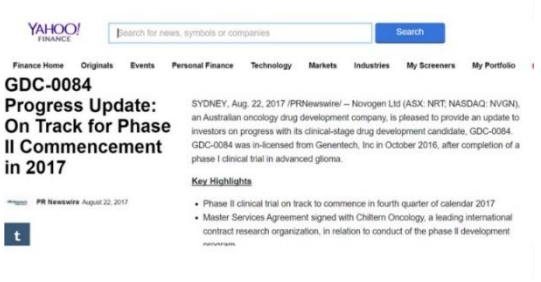


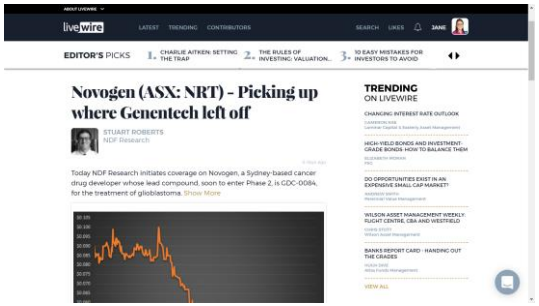
As at 31 December 2017

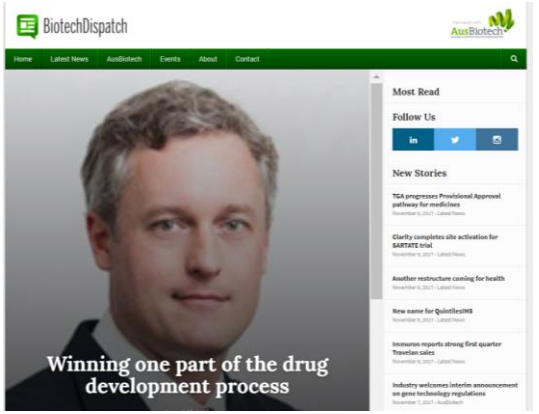
Current Assets	Debt
~AU$ 14.8 million	Nil

Market Capitalisation	AU$ 35 million
Listing	ASX: KZA NASDAQ: KZIA (1:10 ratio)
Average Daily Volume	ASX: 0.1% /day NASDAQ: 0.2% /day
Average Daily Value	ASX: AU$ 34K /day NASDAQ: AU$ 65K /day
Shares on Issue	48.3 million (35% US, 65% Australia)
Outstanding Options / Warrants	~6 million

Our efforts are attracting increasing attention from media and the investment community







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CommSec

Lab+Life SCIENTIST www.labonline.com.au

STOCKHEAD

OVARIAN CANCER NEWS TODAY

PharmaDispatch

YAHOO! FINANCE

BiotechDispatch

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Two clinical programs, with value-driving inflection points providing impactful newsflow during 2018

GDC-0084

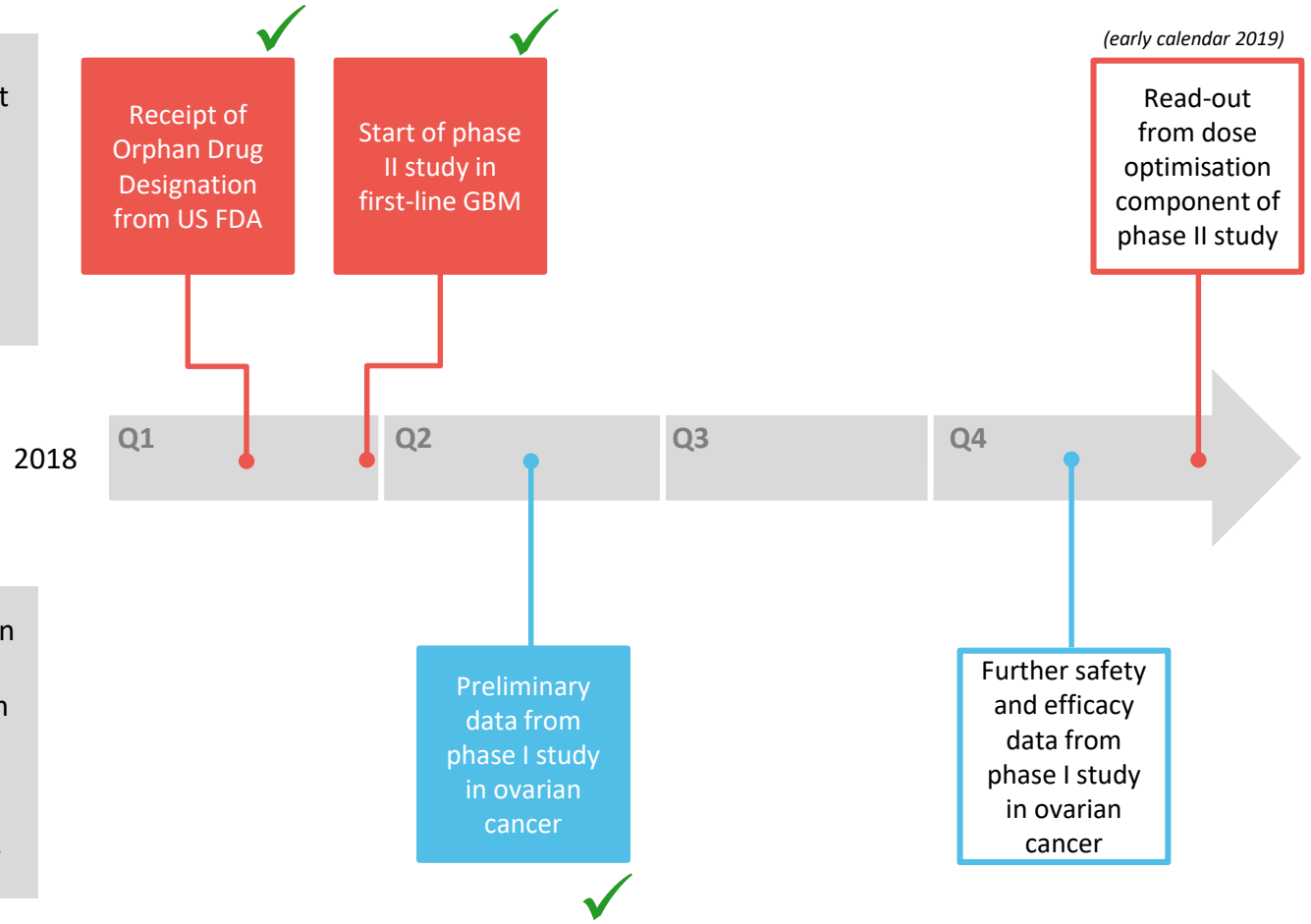
Glioblastoma Multiforme (GBM)

Brain-penetrant PI3K inhibitor, developed to completion of phase I by Genentech

Cantrixil

Ovarian Cancer

Third-generation benzopyran, developed from Australian research with support from Yale University



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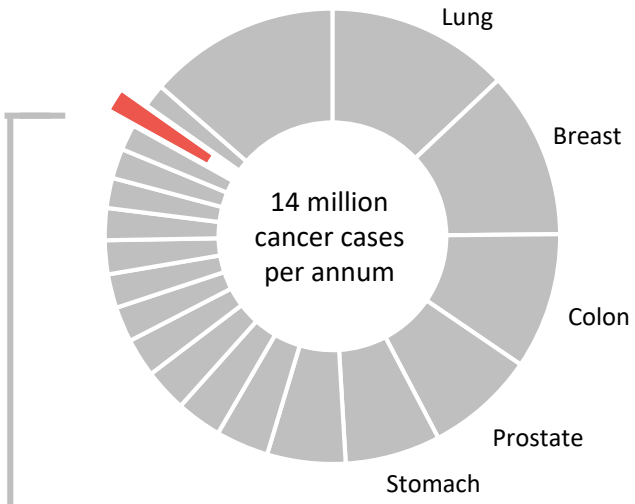
Cantrixil

Phase I
Ovarian Cancer

Ovarian cancer remains a disease of high unmet medical need



Ovarian Cancer

239,000 cases per annum worldwide

Indicative Market Opportunity

US$ 1.5 billion

Cause of death for

1 in 100

women

>60%

of patients have disease spread at diagnosis

10%

of cases are primarily genetic in origin

80%

of patients are over 50 years of age

Five-year survival

45%

(breast cancer: 90%)

Chemotherapy only curative in ~20% of ovarian cancers

More than half of patients with advanced disease will recur within 1-4 years

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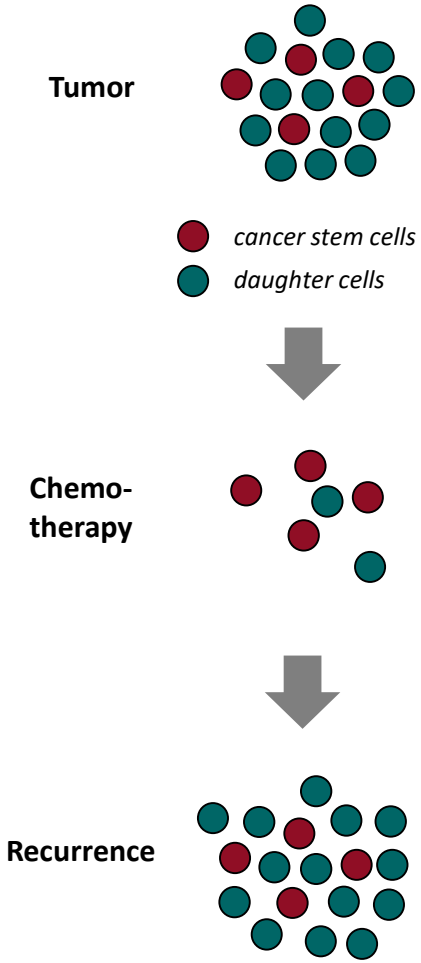
Cantrixil has been developed to target ‘cancer stem cells’ which are often resistant to chemotherapy



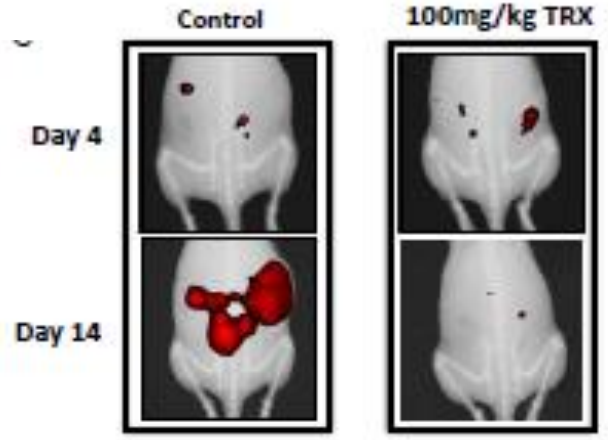
Ovarian cancer tumours contain a mixture of different cell types

Chemotherapy is not very active against ‘cancer stem cells’

Cancer stem cells important to tumour recurrence and resistance

TRXE-002-1 is active against both regular cancer cells and cancer stem cells, and may therefore help to prevent recurrence

Mouse Model



Yale | *Data courtesy of Prof Gil Mor, Yale University*

Encouraging signals observed from interim data in phase I study

Part A: Dose Escalation

- 3 to 42 patients in up to 8 cohorts
- Seeks to establish maximum tolerated dose and elucidate safety profile

Part B: Dose Expansion

- 12 patients at MTD
- Seeks to glean efficacy signals

Interim Data – 19 June 2018

10 patients enrolled to date:

- 2 patients withdrew prior to treatment due to disease progression
- 3 patients not / not yet evaluable for efficacy
- 3 patients with 'stable disease' after Cantrixil alone
- 1 patient with a 'partial response' after Cantrixil plus chemotherapy

RECIST Criteria

Complete Response (CR)
Disappearance of all target lesions

Partial Response (PR)
At least 30% decrease in target lesions

Stable Disease (SD)
No substantive increase or decrease in target lesions

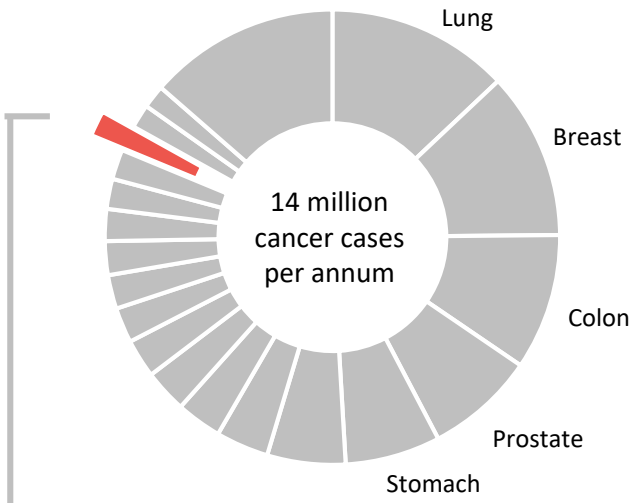
Progressive Disease (PD)
At least 20% increase in target lesions

GDC-0084

Phase II

Glioblastoma Multiforme

Glioblastoma (GBM) is the most common and most aggressive form of primary brain cancer



Glioblastoma Multiforme

133,000 cases per annum worldwide

Indicative Market Opportunity

US$ 1 billion

No clear cause

or strong risk factors

3-4 months

untreated survival

12-15 months

average survival with treatment

Any age, but most common in

60s

Five-year survival

3 – 5%

(breast cancer: 90%)

Most common drug treatment is temozolomide (Temodar®), used after surgery and radiotherapy

Ineffective in approximately two-thirds of patients

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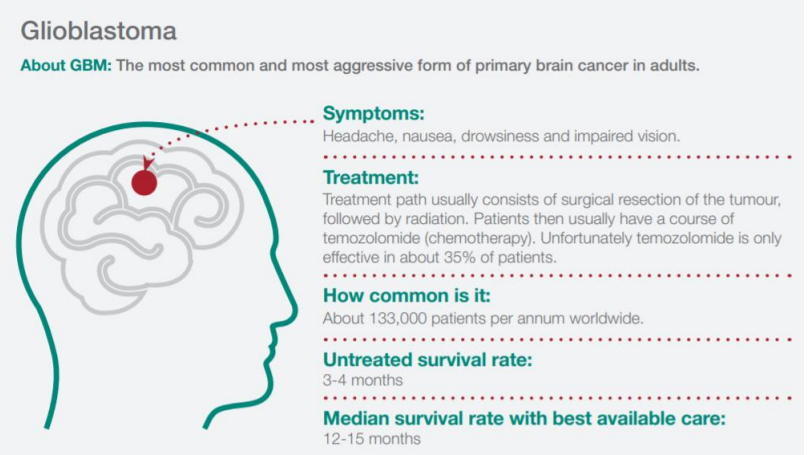
There is increasing recognition of the need to find treatment options for patients diagnosed with GBM

Growing public attention for brain cancer highlights need for new treatment options

- Senator John McCain's diagnosis in July 2017 highlighted glioblastoma and focused attention on the need for new treatments
- Australian Brain Cancer Mission launched in October 2017, with funding from Cure Brain Cancer Foundation, Federal Government, and Minderoo Foundation



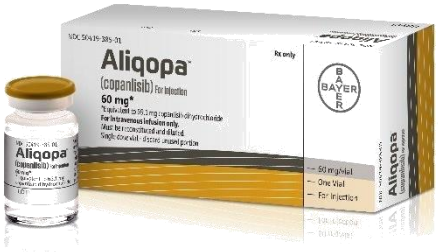
The PI3K class has been validated by approval of a new therapy in September 2017

PI3K class further validated by approval of Bayer's Aliqopa™ (copanlisib) for lymphoma in Sept 2017

- Two PI3K inhibitors now successfully brought to market
  - Zydelig (idelalisib) [Gilead]
  - Aliqopa (copanlisib) [Bayer]
- Neither drug is brain-penetrant, so are unlikely to rival GDC-0084
- Demonstrates that PI3K is a validated pathway to target for effective treatment of cancer
- Both agents approved by US FDA via 'accelerated approval'

GILEAD

BAYER



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Genentech's phase I of GDC-0084 established dosing and showed favourable safety

Safety

- Phase I safety trial conducted by Genentech
- 47 patients enrolled with advanced glioma (grade 3/4); average of three prior lines of therapy
- Most common adverse events were oral mucositis and hyperglycemia (common effects of PI3K inhibitors)
- No evidence of liver, bone marrow, kidney toxicity, or mood disturbances
- Data presented at American Society for Clinical Oncology annual meeting in Chicago, June 2016

Efficacy Signals

	GDC-0084
Arresting Tumour Growth	**40%** Achieved 'stable disease'
Potentially Delaying Progression	**21%** Remained on study for >3 months
Slowing Tumour Metabolism	**26%** Showed 'metabolic partial response' on FDG-PET

DANA-FARBER CANCER INSTITUTE

UCLA University of California, Los Angeles

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center Making Cancer History®

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

Vall d'Hebron Institut de Recerca

Other companies focused on the PI3K pathway have been highly-valued in the market

Infinity PHARMACEUTICALS	Single asset company with one PI3K inhibitor in phase I human trials	**US$ 130 million** Market Cap
TG Therapeutics	One PI3K inhibitor in phase II human trials, one other drug in phase III, and two in animal testing	**US$ 1.2 billion** Market Cap
Calistoga Pharmaceuticals	One PI3K inhibitor in phase II human trials	Acquired by big pharma in 2011 for **US$ 375 million**

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