



HEMOSTEMIX

Blood-derived cell therapies

August 13, 2018

HEMOSTEMIX

FORWARD-LOOKING INFORMATION

This presentation contains forward looking statements that reflect management's expectations regarding the future growth, results of operations, performance (both operational and financial) and business prospects and opportunities of Hemostemix Inc. ("Hemostemix" or the "Company"). This Presentation contains "forward-looking statements" and "forward-looking information" (collectively, "forward-looking information") within the meaning of applicable securities legislation. Forward-looking information are generally, but not always identified by the words such as "may", "would", "could", "will", "likely", "expect", "anticipate", "believe", "intend", "plan", "forecast", "project", "estimate", "potential", "might", "seek", "budget", "outlook", and other similar expressions. In addition, forward looking statements include, but are not limited to the Company's assessment of, and targets for, (a) the stem-cell industry, including, the potential opportunities and challenges in the current stem cell industry environment and other industry statistics; (b) matters pertaining to Hemostemix, including its strategy, completed, anticipated and potential transactions and the characteristics thereof, future acquisition opportunities, partnerships, licensing opportunities and joint ventures; (c) matters pertaining to the Company's future research and development initiatives including future clinical trials, for critical limb ischemia ("CLI") and other indications such as cardiovascular, vascular and neurological; (d) management's estimated timelines regarding the Company's phase II clinical trial for CLI and potential fast track approval for a heart trial; (e) the anticipated receipt of licensing revenues; and (f) sources and extent of necessary funding, are all specifically considered forward-looking information.

Actual results, performance or achievement could differ materially from that expressed in, or implied by, any forward-looking information in this Presentation, and, accordingly, investors should not place undue reliance on any such forward-looking information. Forward-looking information involves significant risks, assumptions, uncertainties and other factors that may cause actual future results or anticipated events to differ materially from those expressed or implied in any forward-looking information and accordingly, should not be read as guarantees of future performance or results. Forward-looking information involves risks and uncertainties including, but not limited to, the Company's anticipated business strategies, anticipated trends in the Company's business and anticipated market share, that could cause actual results or events to differ materially from those expressed or implied by the forward-looking information, general business, economic and competitive uncertainties, regulatory risks including that the Company's current phase II clinical trial will be completed within the timelines and on the terms currently anticipated as well as general assumptions respecting the economic and stem cell industry environment, business and operations of Hemostemix, including that each business will continue to operate in a manner consistent with past practice and pursuant to certain industry and market conditions, as well as those risk factors disclosed elsewhere in the Company's public disclosure.

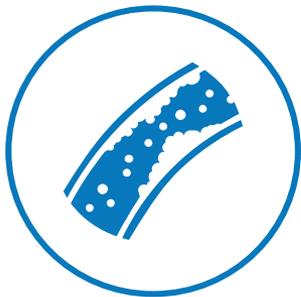
Any forward-looking statements speak only as of the date on which such statement is made and the Company disclaims any intention or obligation to update or revise any forward-looking information as a result of new information, future events or otherwise, unless required by applicable law. New factors emerge from time to time, and it is not possible for management to predict all of such factors and to assess in advance the impact of each such factor on the Company's business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. Forward-looking information contained in this Presentation is based on the Company's current estimates, expectations and projections, which the Company believes are reasonable as of the current date. The Company can give no assurance that these estimates, expectations and projections will prove to have been correct. Historical statements should not be taken as a representation that such trends will be replicated in the future. No statement in this Presentation is intended to be nor may be construed as a profit forecast.

Information is provided in this Presentation comparing the Company's business model to other stem cell research/development companies. These peer companies have been included in this Presentation based on Company management's belief of the similarity of the business model to that of the Company. Comparables such as stage of clinical trial, indications, cells/source and approach were chosen as they represent what management of the Company believes are fundamental metrics for stem cell research/development companies. Such information was obtained from public sources and has not been verified by Hemostemix.

HEMOSTEMIX INC. – CELL BASED THERAPIES

Hemostemix Inc. (TSXV:HEM) is a public Canadian biotechnology company focused on the research, development and commercialization of blood-derived stem cell therapies. The Company has a robust IP portfolio of over 50 patents issued and pending for its technologies. Its lead product, ACP-01 is currently approved by the US FDA and Health Canada for a Phase II Clinical Trial for Critical Limb Ischemia and has safety and efficacy trials complete for heart indications.

ACP-01: Primarily for the treatment of medical conditions such as:



Critical Limb Ischemia (CLI)



Heart Disease



Peripheral Arterial Disease

HEMOSTEMIX – AT A GLANCE

Intellectual Property

- 50+ Patents issued or pending worldwide
- Unique Processes
- Low Risk Safety & Efficacy

Expandable Platform

- Canada
- USA
- Worldwide
- Pharma
- Insurance

Resource Optimization

- Lean corporate structure
- Focus on clinical trials and R&D
- Experienced management and scientific team



Key Partnerships

- Manufacturing Agreement in place
- Licensing Agreement in place
- Contract Research Organization engaged

Data Driven

- Validated Technology Platform
- Historical Data (>300 patients)
- 12 Years of History
- Multiple Trials

Clinical Trials – Clinical Data

- Health Canada and US FDA approved – Phase II CLI
- Site onboarding and patient enrollment in process across Canada and US
- Phase I Heart Trial completed

THE IMPORTANCE OF STEM CELL THERAPY

➤ Disease Trends:

- CLI is a major global health problem - incidence growing with aging population
- CLI has limited treatment options – significant amputations and high cost to society
- Cardiovascular disease (“CVD”) is the number one cause of deaths in North America and worldwide causing approximately 1 in 3 deaths
- Rising healthcare and economic costs - CVD costs anticipated to double by 2035 in USA
- Type 2 diabetes is a global health epidemic on the rise resulting in increasing PAD and CLI diagnosis

➤ Strong Government and Public support:

- Regenerative medicine is leading edge for biotech investment
- Unmet need for new less invasive, non-surgical treatments
- Right to try legislation approved federally in United States
- Shift from drugs to cell based therapies

➤ Population and Lifestyle Factors:

- Aging populations worldwide, especially Europe and North America
- Senior citizen population rising with longer lifespans
- Poor diet and lifestyle factors increase prevalence of conditions that lead to disease

TECHNOLOGY DIFFERENTIATORS

Proven **safety and efficacy** in >300 historical patients treated with ACP-01

Blood draw, **safer and less invasive** than bone marrow

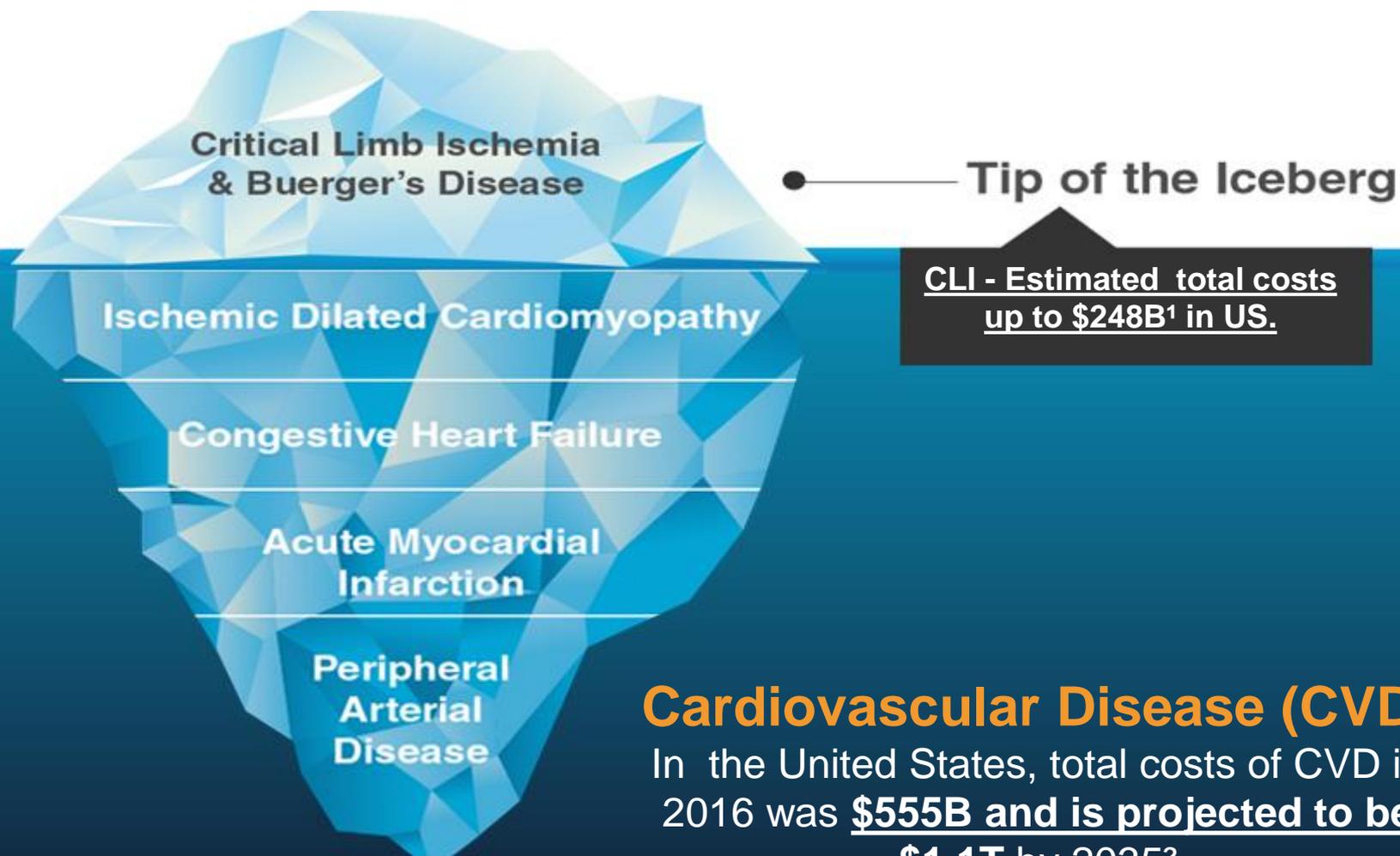
Strong IP portfolio of **50+ patents**

Safe & Effective

Non-surgical, enhanced cell therapy treatment for restoring circulation to damaged tissues due to disease



POTENTIAL MARKETS



Cardiovascular Disease (CVD)

In the United States, total costs of CVD in 2016 was \$555B and is projected to be \$1.1T by 2035²

1. Source: The Sage Group

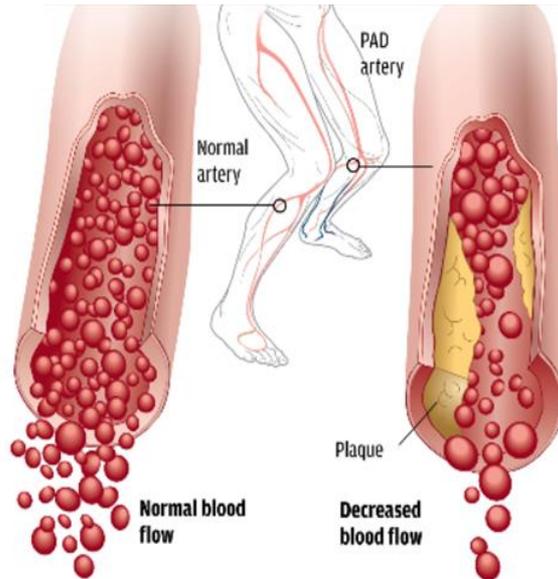
2. Source: American Heart Association Report: Cardiovascular Disease: A costly Burden for America

ABOUT CRITICAL LIMB ISCHEMIA (CLI)

Critical limb ischemia is a chronic condition and is the most severe and deadliest form of peripheral arterial disease (PAD) with limited treatment options. CLI is characterized by insufficient blood supply to lower limbs. Complications include leg and foot ulcers which can lead to gangrene and limb loss due to amputation.

Mortality rate up to 25% within one year of diagnosis and over 50% at 5 years¹.

Currently limited treatment options for CLI: **revascularization or amputation**. No approved drugs for treatment.



Age and diabetes are two significant risk factors for PAD and CLI. Increasing trends for both.

CLI associated with **high risk** of cardiovascular events, including **myocardial infarction, stroke and death**.

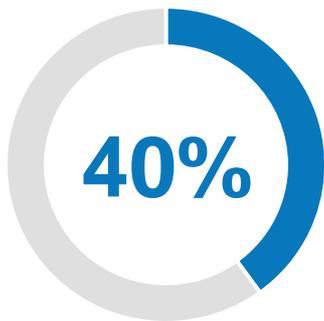
Source:
1. The Sage Group LLC

CLI: PREVALENCE AND THE COST OF TREATMENT

In 2015, almost 20 million U.S. citizens suffered from peripheral artery disease (PAD), estimated to increase to 30 million by 2030¹

Today, up to 7-8 million¹ people in the US and Europe suffer from CLI with growing prevalence in China and Japan. CLI quickly becoming a global economic burden.

CLI is expensive to treat. Estimated 55-65% of PAD costs relate to CLI (up to US\$248 billion in the US). US\$25B economic costs just for amputations.¹



Up to 40% of patients are unsuitable for revascularization and experience up to a **40% amputation rate** at 1 year

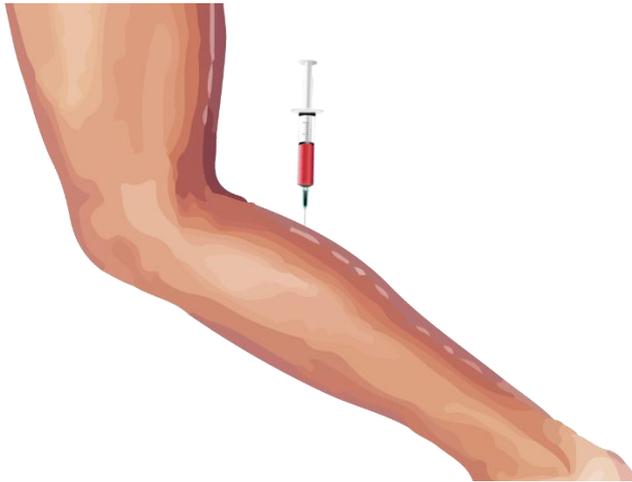
In 2014, an estimated **65,000-75,000 major amputations** (above-the-knee and below-the-knee) are performed annually in the U.S. for CLI¹

134,000¹ minor amputations (toe, foot and partial foot) are performed annually in the U.S. for CLI

Source
1. The Sage Group LLC

ACP-01 FOR CRITICAL LIMB ISCHEMIA

Hope for CLI Patients Facing Amputation



1

Extract and enrich desired cell population from patient's blood

2

Inject cell population to form new blood vessels in dying tissue



Self-Donor

Uses patient's own cells, no immune rejection, no observed safety issues



Simple

Cell harvest via blood draw



Quick

7 days from draw to reinjection into patient

CLI AND THE ACP-01 BENEFIT- THE VISUALIZATION

47 Days post ACP-01 Treatment

Before



After



PHASE II CLINICAL TRIAL FOR CLI

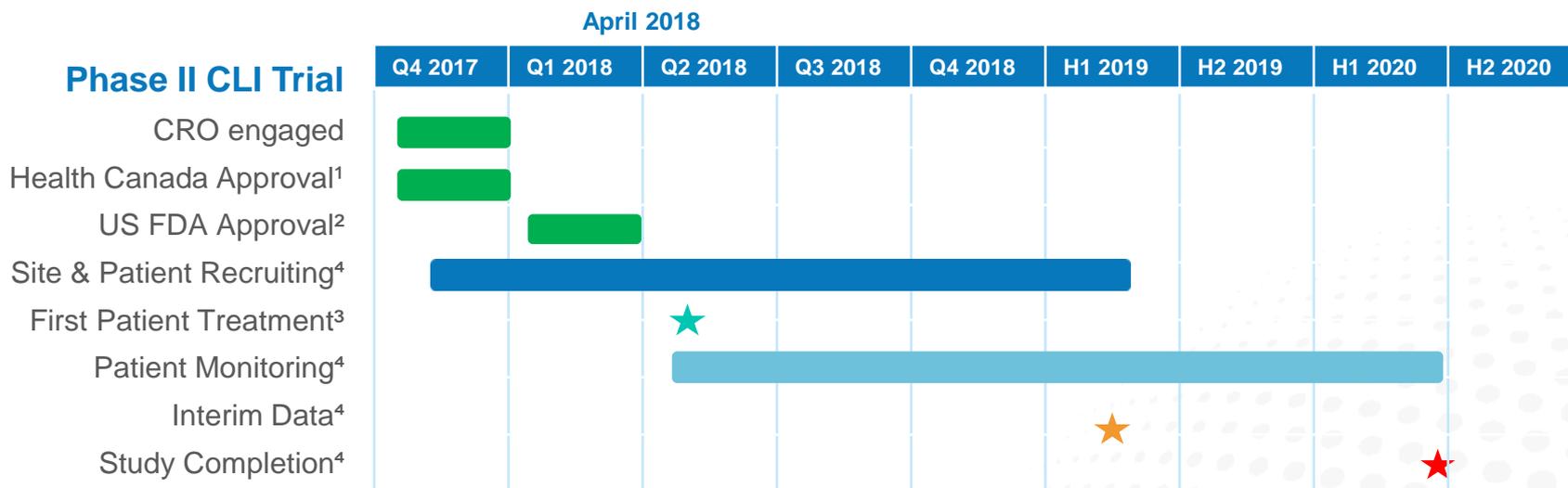
Randomized, placebo-controlled double blind Phase II clinical trial to confirm the safety and efficacy of ACP-01

FDA and Health Canada approved protocol for continued trial

Topstone Research Inc. engaged as contract research organization (“CRO”)



PHASE II CLI CLINICAL TRIAL MILESTONES



A CATALYST FOR FUTURE TRIALS

Progression of the CLI Trial will open the door for other clinical trials based on ACP-01

¹Health Canada Phase II Trial continuation approval received in December 2017.

²US FDA Phase II Clinical Trial continuation approval received April 2018.

³ First patient treatment under continued clinical trial announced May 3, 2018.

⁴ Anticipated timeline. See Forward-Looking Information.

STUDY & TRIAL HISTORY

Current Phase II Clinical Trial for CLI in progress in Canada and the USA

Type of Study	Study Location	Objective of Study	Study Design	Number of Subjects	Patients	Study Status
Pilot Safety/ Feasibility	Thailand	To assess the feasibility and safety of the implantation	Open label	6	Diagnosed CLI	Completed
Phase 1b Safety and Efficacy	Hungary	To assess safety or ex vivo expanded, peripheral blood-derived, autologous angiogenic cell precursors (ACPs) in no option PAD patients	Open label	20	Diagnosed PAD	Completed
Phase II Safety and Efficacy	Canada and United States	Time to major amputation/mortality	Randomized Double Blind Placebo Controlled	95	Diagnosed CLI	In Progress
Clinical Trial Safety/ Feasibility	Thailand	To assess the feasibility and safety of intracoronary injection	Open label	24 Planned (17 Completed)	Diagnosed Angina	Completed
Safety and Efficacy	Thailand	To determine the safety and efficacy of intracoronary injection of ACPs in relieving symptoms of angina pectoris and congestive heart failure in chronic ischemic heart disease subject with maximal medical therapy and no option for revascularization procedures	Open label	106 subjects	Diagnosis of severe ischemic heart disease with continued angina pain or heart failure symptoms	Completed

Over \$20 million spent on operations and developing the technology to-date

PRODUCT PIPELINE

Current CLI trial is a path towards other trials and commercialization

Candidate	Indication	Development Phase		Status
		Preclinical	Clinical	
ACP-01	<ul style="list-style-type: none"> Critical limb ischemia 	<ul style="list-style-type: none"> Phase II clinical trial 	<ul style="list-style-type: none"> Site enrollment and patient treatment In progress 	
ACP-01	<ul style="list-style-type: none"> Cardiac Disease Congestive Heart Disease Acute Myocardial Infraction Angina Pectoris PAD 	<ul style="list-style-type: none"> Preparing for Phase II Angina Pectoris trial 	<ul style="list-style-type: none"> Safety trial complete Preparing application for Phase II trial 	
NCP-01	<ul style="list-style-type: none"> Amyotrophic Lateral Sclerosis (ALS) Spinal Cord Injury Parkinson's Disease Alzheimer's Disease 	<ul style="list-style-type: none"> Preclinical 	<ul style="list-style-type: none"> In R&D 	
BCP-01	<ul style="list-style-type: none"> Bone fractures Skeletal breaks Surgical procedures 	<ul style="list-style-type: none"> Preclinical 	<ul style="list-style-type: none"> In R&D 	

DIRECTORS AND MANAGEMENT TEAM

Proven management team with extensive business, public company R&D and scientific trial experience

Board of Directors

Angus Jenkins
Chairman

Don Friesen

David Wood

Executive Management & Advisor Team

Kyle Makofka
President and Chief Executive
Officer

Dr. Ravi Jain, PhD
Chief Scientific Officer

Kristin Gulka, CPA, CA
Chief Financial Officer

Christy Pifer, B.S., C.C.R.P.
Clinical Trial Manager

**Morley W. Myden,
B.Comm.**
Senior Business Advisor

Rose Zanic, CPA, CA
Senior Business Advisor

SCIENTIFIC LEADERSHIP TEAM

Dr. Ravi Jain, PhD, Chief Scientific Officer

- Over 16 years' progressive scientific, research and development and management expertise
- Co-founder and President of cBio Inc., a bioinformatics/software development consulting firm
- cBio ranked as one of the Top-50 Fastest Growing Private Companies in 2010, 2011 and 2012 by the Silicon Valley/San Jose Business Journal
- BSc. in Genetics, University of California, Davis. Awarded Regents' Scholarship and President's Undergraduate Research Fellowship
- Ph.D. in Molecular Evolution from University of California, Los Angeles and was awarded NIH fellowships in Genetic Mechanisms and Bioinformatics

Christy Pifer, B.S., C.C.R.P. Clinical Trial Manager

- Over 18 years of clinical research experience in phase I, II and III drug trials
- Coordinated over 100 phase I, II and III clinical trials over the past 12 years in the areas of cardiology, pulmonary medicine and vascular disease
- 11 years at the Vascular Center at UC Davis in Sacramento, CA, managing all peripheral vascular trials, including CLI and cell therapy trials

SCIENTIFIC ADVISORY BOARD

Dr. Alan Lumsden, M.D.

- Walter W. Fondren III Chair, Medical Director of the Houston Methodist DeBakey Heart & Vascular Center and chair of the Department of Cardiovascular Surgery at Houston Methodist Hospital since 2008
- Emory University in Atlanta -completed his surgical residency and vascular training leading to position as Chief of the Division of Vascular Surgery
- International reputation as a leader in the field of endovascular surgery. He conducts FDA-mandated training for surgeons nationwide and has received millions of dollars for his research from the National Institutes of Health. He has contributed more than 200 papers to medical literature.

Dr. Norman Wong, B.Sc (Hon), M.Sc, M.D., FRCP(C)

- Co-Founder of Resverlogix Corp. (TSX:RVX), and Chief Scientific Officer since 2003.
- Currently Professor of Medicine and Biochemistry & Molecular Biology and Director of the Libin Gene/Cell Therapy Unit within the Faculty of Medicine at the University of Calgary.
- Specializes in the areas of Endocrinology, Internal Medicine, Molecular Biology, and Gene/Cell Therapy.
- Author and co-author of over 275 articles and abstracts and has been invited to sit on more than 40 national or international panels and committees. Acted as a consultant to several leading pharmaceutical companies, including Eli Lilly, Merck Frost, GlaxoSmithKline, Solvay Pharmaceuticals and Abbott Laboratories.

Dr. Kumar L. Hari, PhD

- Chief Scientific Officer at cBio, a private disease diagnostics and tracking firm
- Expertise is in chromosome biology, functional genomics, and bioinformatics and oversaw the development of the MRS and PATRN platforms.
- At cBio, Dr. Hari led the team in engagements with the FDA, various universities and other US government organizations
- Former director of program management efforts at the California Institute of Regenerative Medicine and at the Myelin Repair Foundation.
- PhD in Cell Biology from UC San Diego and a B.Sc. in Genetics from UC Davis.

SHARE CAPITAL OVERVIEW

Share capital structure as at June 30, 2018:

	Number	Ex. Price	Expiry
Common Shares Issued and outstanding	297,698,154		
Stock Options	27,407,230	\$0.05-\$0.10	Nov 2018-Apr 2023
Share Purchase Warrants ²	116,419,292	\$0.05-\$0.65	Sept 2019-Dec 2020
Total Fully Diluted	445,052,940 ¹		
Insider Ownership	~30%		
Market Capitalization (June 30, 2018)	\$20.8 million		

¹Includes warrants issuable on exercise of broker warrants.

²Share Purchase Warrants - details

Number	Ex. Price	Expiry
7,056,527	\$0.05	Sept 15, 2020
108,125,074	\$0.20	Sept 15, 2019
1,159,911	\$0.50	Nov 27, 2019
77,780	\$0.65	Dec 2, 2020

DOCTOR QUOTES

**Dr. Thomas Lindsay, Head of Division of Vascular Surgery
UHN, Toronto General Hospital**

"Our experience with patients in this trial was very positive and I strongly support restarting the trial. New evidence from other trials continues to support stem cell therapy in PAD and the technology in the ACP-01 has promise. Obtaining definitive evidence of the benefit of this therapy, is a critical step in moving forward both scientifically and clinically."

**Dr. York N. Hsiang, MB ChB MHS Sc FRCSC
Professor of Surgery Interim Head, Division of Vascular Surgery Department of Surgery, UBC**

"This trial is an important step forward in technology for treating vascular diseases such as CLI and I strongly support restarting this trial with ACP-01 as soon as possible. I feel this is an important study and we have seen some very impressive results."

PATIENT QUOTES

J. Tarachione - Age 77

"I had the stem cell surgery and it's been 7 months. If it wasn't for that I know I wouldn't be here today. I was limited to what I did. After I had the stem cell surgery I felt 100% better. I kept slowly improving and improving. It's almost like a miracle that I could go from bad to feeling good again. I'm more physically and mentally capable now. This is something that absolutely needs to be done and made available for the public in this country."

H. Shallcross - Age 92

"When I first met Dr. Raju he asked me to walk for him and I could only walk 20 ft. Now a year and a half since treatment I walk about a mile or mile and a half. And I can do it every night. I go to the grocery store with my wife. I do yard work. I would recommend it [stem cell treatment] to anybody. It really works."

2018/19: POISED FOR GROWTH AND INCREASED SHAREHOLDER VALUE

- ✓ CLI PHASE II CLINICAL TRIAL ENROLLING SITES AND PATIENTS
- ✓ FULLY EXPANDABLE PLATFORM DESIGNED FOR COMMERCIALIZATION
- ✓ PHASE I ANGINA TRIAL COMPLETE – PLANNING PHASE II TRIAL
- ✓ MANUFACTURING AGREEMENT IN PLACE FOR US CERTIFIED GMP FACILITY
- ✓ LICENSING AGREEMENT IN PLACE
- ✓ DEBT FREE
- ✓ PROPRIETARY TECHNOLOGY AND GROWING PATENT PORTFOLIO
- ✓ ROBUST R&D PIPELINE
- ✓ EXPERIENCED MANAGEMENT AND SCIENTIFIC TEAM
- ✓ WORLD-CLASS SCIENTIFIC ADVISORY BOARD
- ✓ GLOBAL INTEREST IN CELL BASED THERAPIES-POSITIVE GOVERNMENT AND PUBLIC SUPPORT
- ✓ POTENTIAL TO REVOLUTIONIZE TREATMENT THERAPIES FOR NUMEROUS DISEASES

CONTACT INFORMATION

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SHAPING THE FUTURE OF MEDICINE