living cell technologies™

Presentation to AGM

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SAFE HARBOUR STATEMENT

This document contains certain forward-looking statements, relating to LCT's business, which can be identified by the use of forward-looking terminology such as "promising", "plans", "anticipated", "will", "project", "believe", "forecast", "expected", "estimated", "targeting", "aiming", "set to", "potential", "seeking to", "goal", "could provide", "intends", "is being developed", "could be", "on track", or similar expressions, or by express or implied discussions regarding potential filings or marketing approvals, or potential future sales of product candidates.

Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results to be materially different from any future results, performance or achievements expressed or implied by such statements.

There can be no assurance that any existing or future regulatory filings will satisfy the FDA's and other health authorities' requirements regarding any one or more product candidates nor can there be any assurance that such product candidates will be approved by any health authorities for sale in any market or that they will reach any particular level of sales.

In particular, management's expectations regarding the approval and commercialisation of the product candidates could be affected by, among other things, unexpected clinical trial results, including additional analysis of existing clinical data, and new clinical data; unexpected regulatory actions or delays, or government regulation generally; our ability to obtain or maintain patent or other proprietary intellectual property protection; competition in general; government, industry, and general public pricing pressures; and additional factors that involve significant risks and uncertainties about our products, product candidates, financial results and business prospects.

Should one or more of these risks or uncertainties materialise, or should underlying assumptions prove incorrect, actual results may vary materially from those described herein as anticipated, believed, estimated or expected.

LCT is providing this information as of the date of this presentation and does not assume any obligation to update any forward-looking statements contained in this document as a result of new information, future events or developments or otherwise.

LCT Status

1. Follow-up on outcome of LCT PD-015 Clinical Trial of NTCELL in Parkinson's disease

2. Other Projects

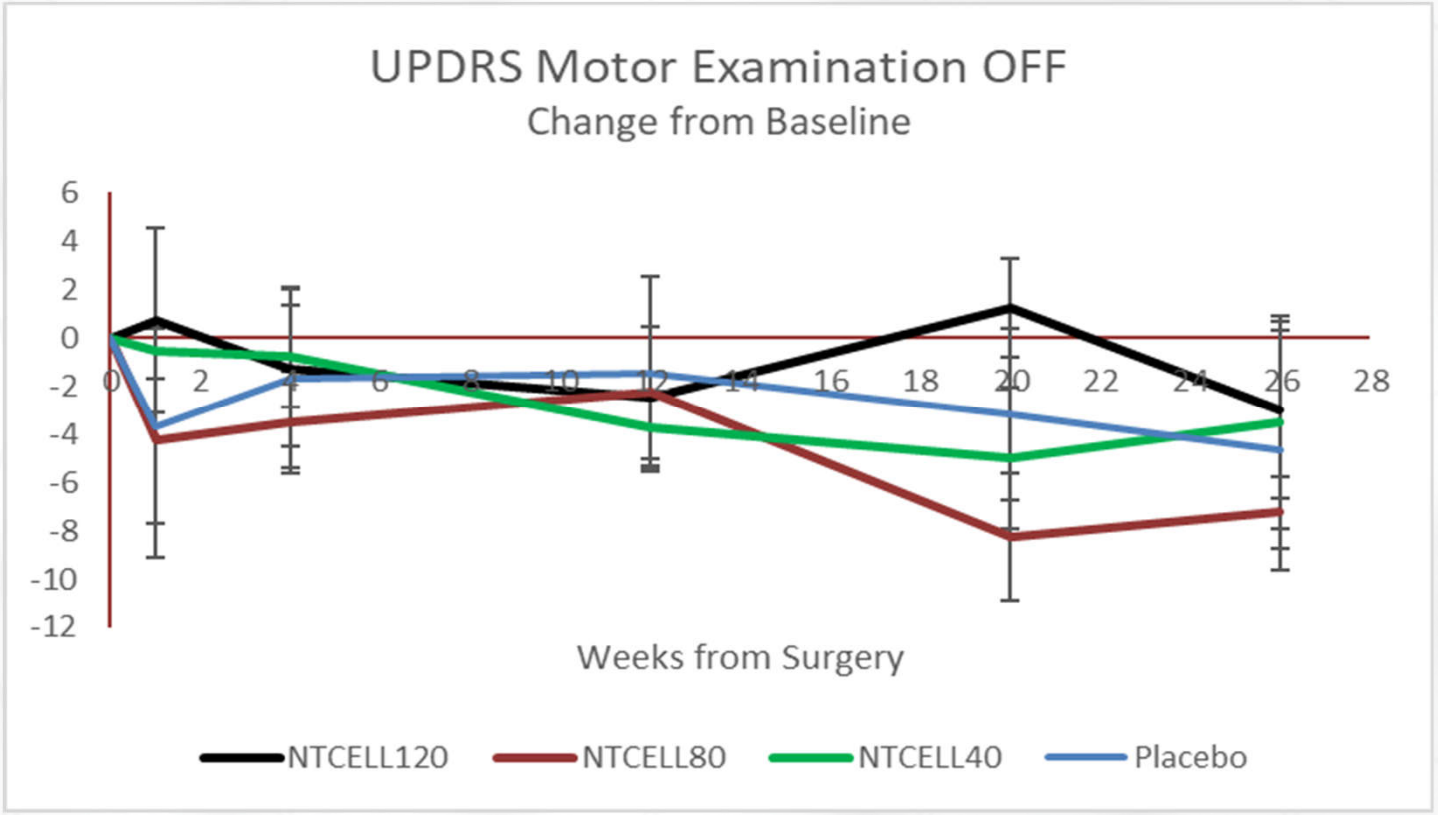
3. Next Steps

4. Questions Dr Barry Snow (Principle Investigator)

LCT PD-015 Clinical Trial

- The trial endpoints address the 3 questions raised by the Ministry of Health to qualify for provisional (fast track) consent to market:
  - Define efficacy and any placebo contribution
  - Define optimal dose of NTCELL implantation
  - Define initial target Parkinson's disease patient subgroup

Primary Clinical Endpoint – 26 Weeks



Primary Clinical Endpoint Efficacy - Not Met
Primary Clinical Endpoints Safety - Met

Clinical Trial Follow-up

1. 1 Year Data – Groups 1 and 2 (Dec 2017)

2. Individual Patient Data – Compare with Phase 1 Trial

Goals: Understanding results

Any further clinical study plan

First call on LCT funds

LCT Cash

September 2017 AUD 6million

Callaghan Innovation Grant – 20% Rebate on Research Spend

New Projects

Cell Based

Targets – Retinal Degeneration

– Chronic hearing loss

Non-cell Based

In-license CNS Compounds – Clinical Proof of Principle

Pericyte Protective Agent (PPA)

Pericyte Protective Agent

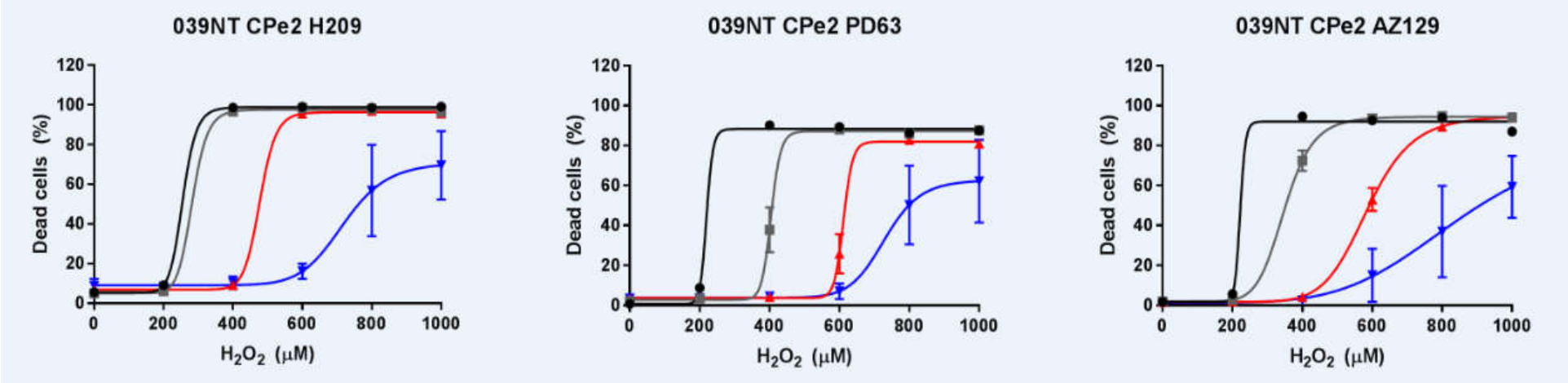
What are Pericytes?

- Pericytes have long been known as cells that surround capillary endothelia in substantially all mammalian tissues
- Human central nervous systems (CNS) pericytes differ from pericytes from other tissues
- CNS pericyte are involved in forming and maintaining the blood brain barrier, regulating blood flow to the brain, non-glial scar formation, and neuroinflammation
- Pericytes can mediate the transfer of alpha-synuclein (Parkinson's) and tau (Alzheimer's) aggregates through tunneling nanotubules
- Clearly, there remains an unmet need in the art for enhancing CNS pericyte health, promoting CNS pericyte viability, and/or for reducing CNS pericyte contribution to deleterious inflammatory processes.

Reference:

α-synuclein transfer through tunnelling nanotubes occurs in SH-SY5Y cells and primary brain pericytes from Parkinson's disease patients. Dieriks BV, Park TI, Fourie C, Faull RL, Dragunow M, Curtis MA. Sci Rep. 2017 Feb 23;7:42984. doi: 10.1038/srep42984

NTCELL Protects Human Pericytes (*in vitro*)



Control

NTCELL Media

NTCELL Capsules

Centre for Brain Research (CBR) - Sir Richard Faull & Professor Mike Dragunow

NTCELL capsules protects pericytes obtained from Alzheimer's and Parkinson's disease human tissue cultures

NTCELL media also has the pericyte protective agent

The effect is specific to choroid plexus cells

Next Step – Identify and Synthesize Pericyte Protective Agent

Professor Margaret Brimble, Department of Chemistry (University of Auckland)

Patents - 2038

LCT has filed PCT application No. PCT/US2016/032543 entitled "Treatment of CNS disease with encapsulated inducible choroid plexus cells" and US application No. 15/154,709 was published 15 December 2016.

LCT has filed a provisional patent application entitled "Pericyte Protective Agents for Neurological Disorders Including Neurodegeneration" No. 62/580,942

Next Steps

New Product Projects – Confirm lead compounds by ability to reach a fundable milestone

Success defined by creation of shareholder value