

NASDAQ: BNTC ASX: BLT

Biotech Showcase 9th January 2017

Safe Harbor Statement



This presentation contains "forward-looking statements" within the meaning of section 27A of the US Securities Act of 1933 and section 21E of the US Securities Exchange Act of 1934. Benitec has tried to identify such forward-looking statements by use of such words as "expects," "intends," "hopes," "anticipates," "believes," "could," "may," "evidences" and "estimates," and other similar expressions, but these words are not the exclusive means of identifying such statements. Such statements include, but are not limited to, any statements relating to Benitec's pipeline of ddRNAi-based therapeutics, including the initiation, progress and outcomes of clinical trials and any other statements that are not historical facts. Such forwardlooking statements involve risks and uncertainties, including, but not limited to, risks and uncertainties relating to the difficulties or delays in our plans to develop and potentially commercialize our product candidates, the timing of the initiation and completion of preclinical and clinical trials, the timing of patient enrolment and dosing in clinical trials, the timing of expected regulatory filings, the clinical utility and potential attributes and benefits of ddRNAi and our product candidates, potential future out-licenses and collaborations, our intellectual property position and duration of our patent portfolio, the ability to procure additional sources of financing and other risks detailed from time to time in filings that Benitec makes with US Securities and Exchange Commission, including our most recent annual report on Form 20-F and our reports on Form 6-K. Such statements are based on management's current expectations, but actual results may differ materially due to various factors, including those risks and uncertainties mentioned or referred to in this presentation. Accordingly, you should not rely on those forward-looking statements as a prediction of actual future results.

Company overview



Novel application of gene silencing technologies to build a focused product pipeline to address unmet medical needs across numerous indications

NOVEL GENE SILENCING TECHNOLOGY

ddRNAi combines RNA interference (RNAi) with gene therapy delivery to change the way patients are treated and potentially cured

FOCUSED PIPELINE

Programs in indications with high unmet clinical need and/or large patient populations such as hepatitis B, AMD, solid tumors, and rare genetic disorders

COMMERCIAL STRATEGY

Building therapeutic product franchise for commercialization and partnering for diversification of ddRNAi technology

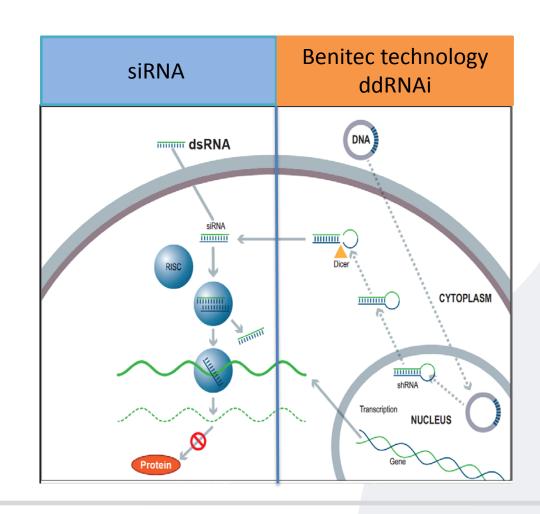


Gene therapy approach to silence disease-associated genes

Benitec technology platform: DNA-directed RNAi (ddRNAi)

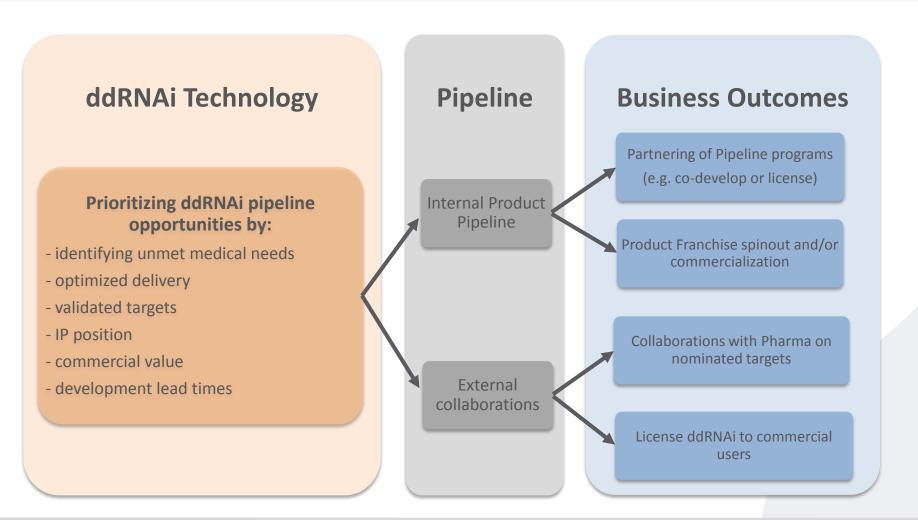


- Combines RNA interference with gene therapy delivery
- Long term therapeutic potential from a single administration
- Steady state levels of shRNA expression
- Silence a single gene or target multiple genes simultaneously
- Silence/replace strategies of mutant proteins



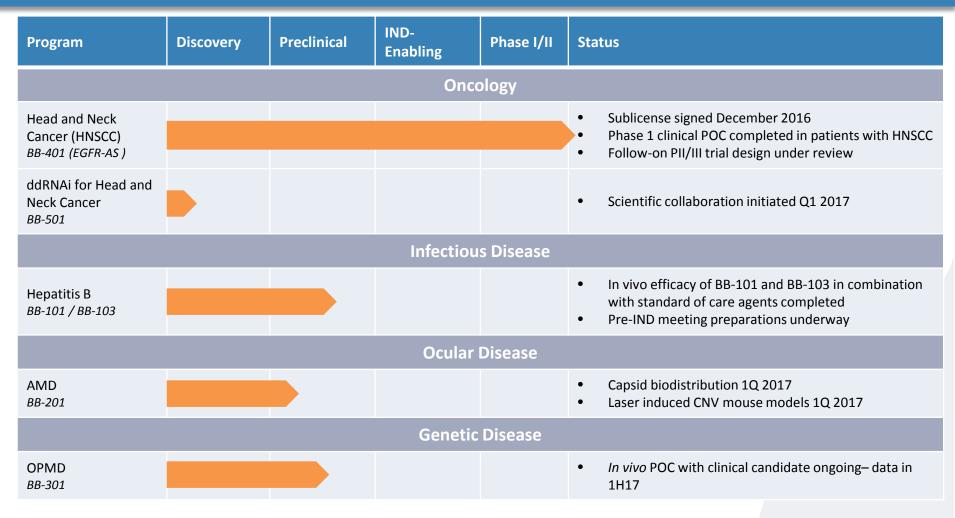
Business Model





Pipeline Programs





New ddRNAi Applications



Program	Discovery	Preclinical	IND- Enabling	Phase I/II	Phase III	Status	
Immunotherapy							
CAR-T						• In vitro POC completed	
New Technologies							
Non-Viral Delivery						• In vitro POC underway	



Strategic Collaboration with NantWorks

Strategic Engagement With NantWorks



Highlights:

- Two phased investment by NantVentures with oncology focused R&D collaboration
- Returns Benitec to the clinic through in-licensing of a Phase II ready gene silencing asset for the treatment of head and neck squamous cell carcinoma (HNSCC)
- Follow-on second generation program utilizing ddRNAi for treatment of same indication (HNSCC)

Significance of this Transaction:

- Demonstrates high regard for Benitec's expertise and capabilities
- Demonstrates Benitec can deliver on previously communicated strategy
- Brings a highly regarded strategic Investor to Benitec with initial 16.67% stock holding
- Returns Benitec to being a clinical stage company
- Extension of ddRNAi platform into oncology
- Enhances funding of programs and provides a platform for additional funding early in 2017
- Strengthens Board through appointment of Dr Jerel Banks, Investment Director NantVentures
- Positions company for growth and enhancement of shareholder value

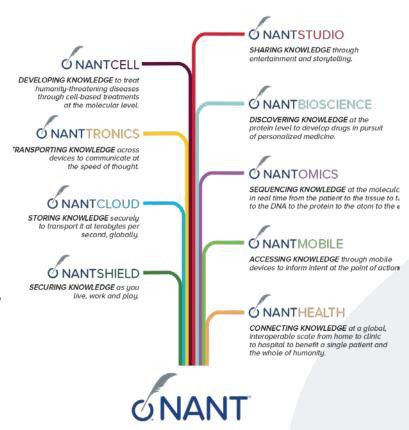
NantWorks Vision and Focus



'The Cognitive Age': Convergence of Science, Technology and Communication

- Nantworks: founded by Patrick Soon Shiong in 2011
- Shiong is pioneer of novel therapies for diabetes and cancer (e.g. Abraxane) and prolific innovator
- Ecosystem of companies to create transformative global health information and next gen pharmaceuticals
- Systems-based approach to personalized healthcare integrating novel diagnostics with large-scale, biometric and phenotypic data to track patient outcomes and deliver precision medicine
- GPS Cancer Platform:
- Personalized molecular decision support for cancer therapy
- Identify 'Actionable Targets'





Head and Neck Squamous Cell Carcinoma (HNSCC)



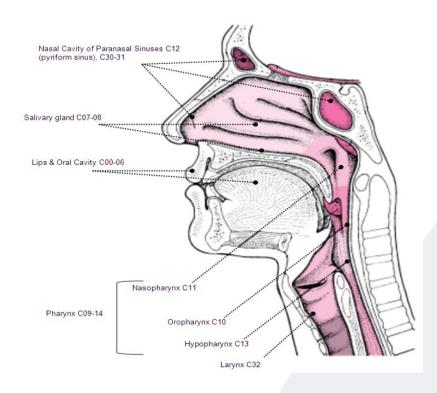
Incidence and patient mortality:

- Circa 64,000 patients diagnosed annually in US
- 50% of patients expected to develop recurrent or metastatic disease
- 13,000 deaths annually in the US

Unmet need:

- Significant patient morbidity derived form locoregional tumor growth and progression in confines of small anatomical space
- Need for therapies that facilitate durable tumor reduction or eradication
- Lack of biomarkers to reliably predict response to targeted therapy

Anatomical sites of HNSCC



Over 80% of patients overexpress epidermal growth factor receptor (EGFR)

Framework for Benitec / Nant Research Collaboration



Gene silencing treatments directed against HNSCC targeting EGFR

RNA antisense program for continued clinical development

- DNA plasmid to produce antisense RNA (EGFR-AS)
- Previous clinical proof of concept demonstrating anti-tumor activity and safety
- Clinical development program is under review
- Benitec to be sponsor on record
- Exclusive world-wide sublicensing agreement finalized December 2016

HNSCC ddRNAi Program

- Follow-on program for durable gene silencing of EGFR via ddRNAi
- Takes advantage of learnings from BB-401 (EGFR-AS) clinical program
- Benitec and NantWorks to define clinical development plan and regulatory strategy
- Key focus on delivery mechanisms for efficient transfection/transduction in HNSCC lesions
- Approximately 40% of patients express unique variant EGFRvIII targetable by ddRNAi approach

EGFR-AS clinical studies compare favorably to other EGFR treatments evaluated in HNSCC



Phase I study 17 patients with advanced, refractory HNSCC *

- Safety and Efficacy evaluated following direct intra-tumoral injection weekly for 4 weeks:
 - 29 % (5 patients) achieved Objective Response
 - Of these 2 patients experienced Complete Response (100% reduction in size by RECIST) & 3 patients Partial Responses (reduction >30% by RECIST)
 - 2 additional patients achieved Stable Disease
 - 41% Overall disease control rate
 - 6.5 months observed anti-tumor response
 - No Grade 3 or 4 toxicity or DLT

Follow on Phase 1 Clinical Study
6 patients with advanced HNSCC
evaluate improvement to multi treatment regimen:

- In combination with radiation and cetuximab the addition of EGFR-AS resulted in 5 of 6 patients experiencing Objective Responses (83%)
- 3 of these patients experienced Complete Response & 2 patients Partial Responses

Biomarker analysis shows strong correlation between baseline level of EGFR expression and clinical response

*Lai et al., Journal of Clinical Oncology, 2009

HNSCC Program Highlights



EGFR-AS

- Direct intra-tumoral injection indicates an effective method of administration for a genesilencing treatment modality
- No concerning adverse events have been reported
- Clinical efficacy observed in combination study point to potential improved clinical outcomes

Biomarker Analysis (patient stratification)

- Opportunity for development of attomolar-level EGFR-sensitivity values determined via GPS-Cancer
- Quantification of intra-tumoral EGFR levels within biopsies and correlation to clinical outcomes

Augmented Gene Silencing via ddRNAi

- Added capacity (e.g. via gene therapy based approaches such as ddRNAi) to drive constant expression of the gene silencing modality to potentially further augment efficacy
- ddRNAi approach can be designed to silence multiple distinct protein targets simultaneously including EGFR wild-type and EGFRvIII



BB-102 and BB-103 Hepatitis B

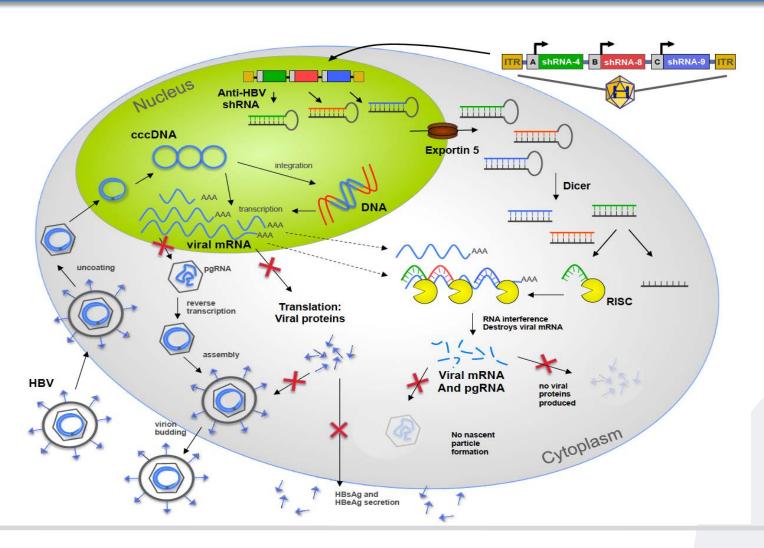
Hepatitis B: Market size



- Hepatitis B is a DNA virus with an unmet medical need
- 240 million infected worldwide, resulting in up to 780,000 deaths per year
- Hepatitis B virus causes 60-80% of the world's primary liver cancers
- Existing therapies have low cure rates
- Current standard of care in non-resolving patients requires lifelong treatment

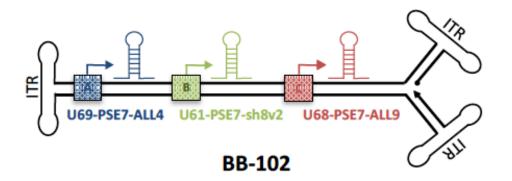
BB-102/BB-103: Mechanism of Action



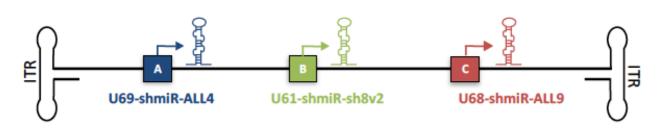


BB-102 vs BB-103: A Difference in Expression Cassettes





- Self complementary AAV8 (double stranded)
- Faster onset of shRNA expression vs ssAAV
- Permuted promoters to reduce shRNA expression (10-100X) vs. wt promoters
- Low Fidelity: heterogeneous pool of siRNAs
- Same configuration as TT-034 (HCV)

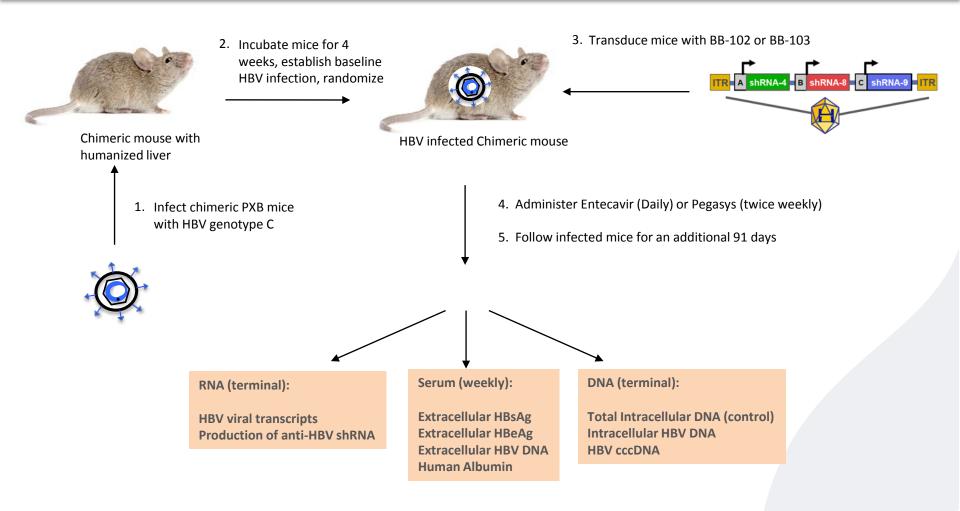


BB-103

- Single stranded AAV8
- Wild type Pol III promoters for high expression
- Model into miRNA backbone
- High fidelity: 1-2 predominate species of siRNA
- Reduce potential toxicity

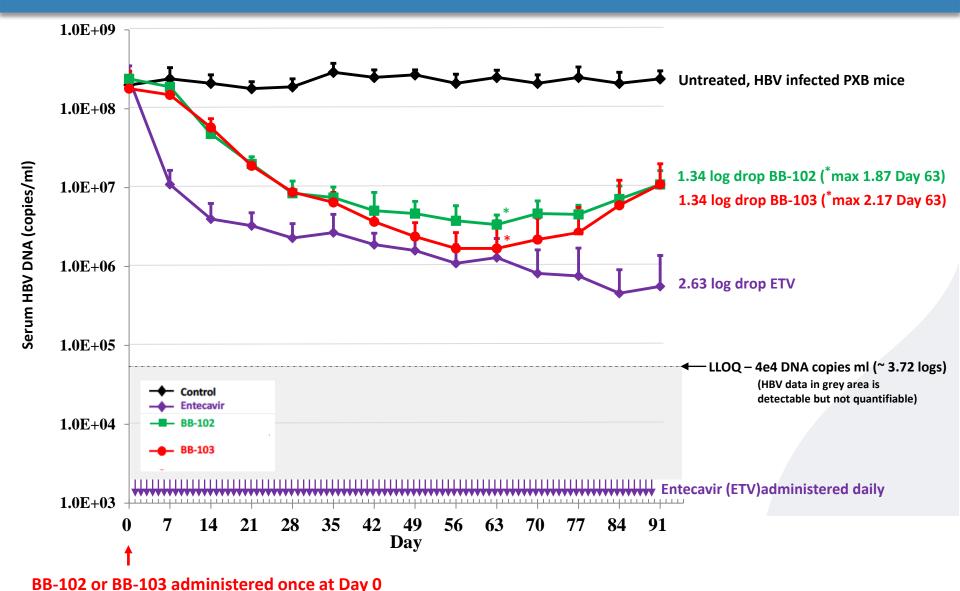
In Vivo Infectious HBV Studies Using PXB Mice





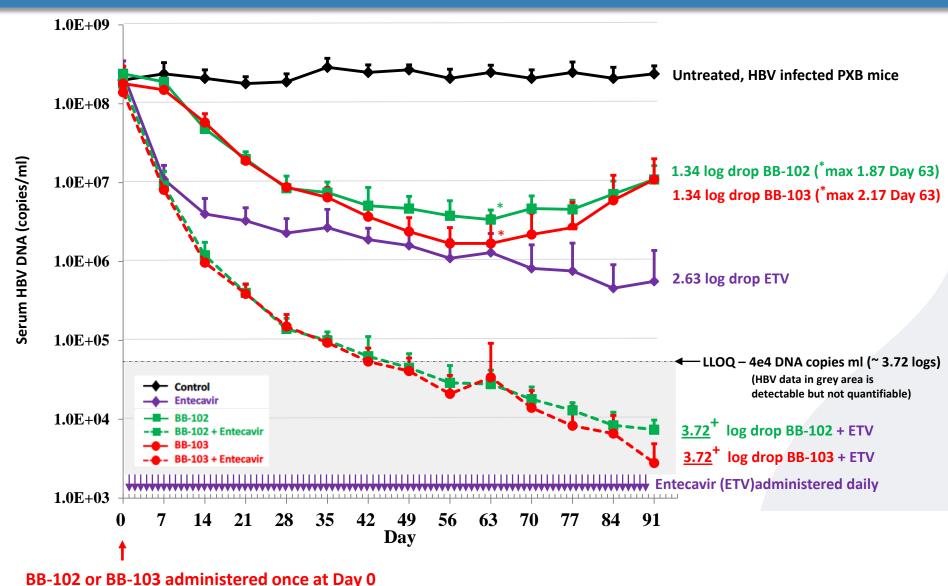
BB-102 and BB-103 Monotherapy vs Entecavir: Reduction of Serum HBV DNA Levels





BB-102 and BB-103 Combos with Entecavir: Reduction of Serum HBV DNA Levels





Activity of combinations of BB-102 and BB-103 with SOC on HBV Parameters



	Treatment	Log Reduction of Serum HBV DNA	Log Reduction of HBsAg	Log Reduction of HBeAg
	entecavir (ETV) 6 mg/kg daily	2.63	0.46	0.37
Control groups	pegylated interferon 30 mg/kg twice weekly	2.41	0.96	1.09
Single administration	BB-102 2e13 vg/kg	1.87 max at Day 63	1.75 max at Day 70	1.17 max at Day 56
of ddRNAi	BB-103 2e13 vg/kg	2.17 max at Dav 63	1.94 max at Day 70	1.61 max at Day 56
Single administration	BB-102 + ETV	* 3.72 +	1.86	1.42
of ddRNAi with daily entecavir	BB-103 + ETV	* 3.72 +	2.14	1.90

HBV Program Highlights



- Development BB-102/BB-103 leverages existing safety and efficacy data in HCV using similar molecular construct and delivery
- Superior Significant and sustained drop of serum HBV levels, HBsAg levels and HBeAg levels with single doses of BB-103 and BB-102 in combination with current standard of care agents
- These data support continued progression of the lead candidates towards the clinic
- Further data (e.g. cccDNA and intracellular DNA) to be disclosed in future presentation at APASL, Shanghai 16th-19th February, 2017

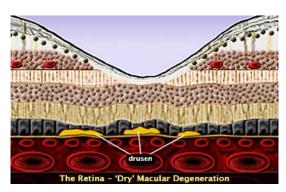


BB-201 Age-related macular degeneration

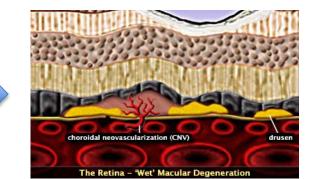
Dry and Neovascular (Wet) Age-related Macular Degeneration (AMD)



- AMD is the leading cause of irreversible vision loss in the U.S.
- 196M people affected worldwide by 2020
- Ranibizumab (Lucentis) /Aflibercept (Eylea) act as molecular sponges to mop up secreted
 VEGF-a, (as well as VEGF-b and PIGF) only after they have been secreted from cells
- Although both drugs stabilize vision in a large majority of patients, many do not see significant improvement in vision
- Ocular half life: ~ 9 days for Lucentis and 5-6 days for Eylea. Both require frequent rounds of repeat administration (monthly or bi-monthly)



In Dry AMD, drusen deposits start to degrade vision

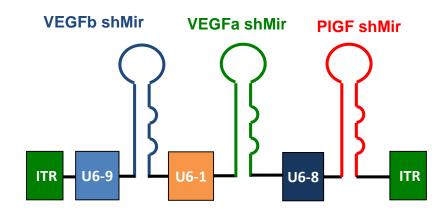


In Wet AMD, inflammatory cascade further degrades vision through neovascularization



BB-201: Clinical Construct

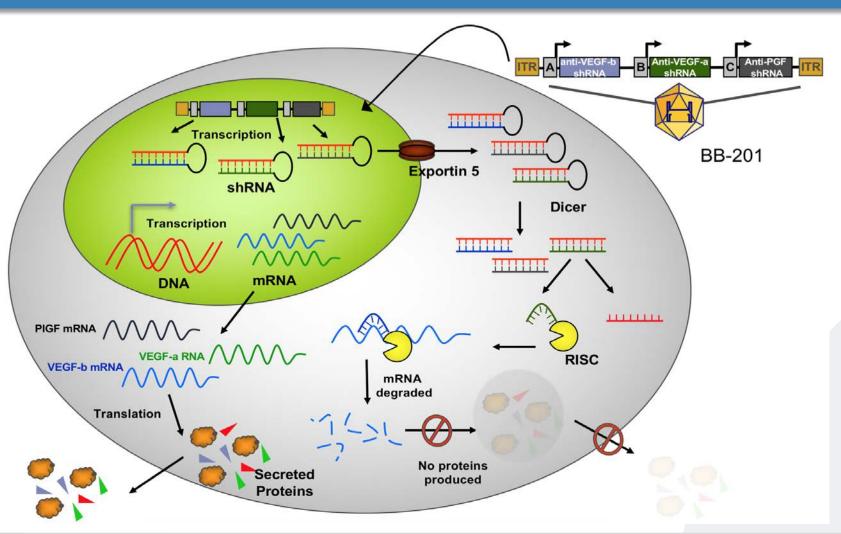




- An AAV-encapsidated construct that expresses a single shRNA modeled into a miRNA backbone that inhibits the expression of VEGF-a, VEGF-b and PGF
- Molecular targets are treated with protein-based current SOC that must be administered monthly or bi-monthly
- Molecular variants of expression construct have also targeted VEGFR2,
 Complement Factor B, and PDGFR-β

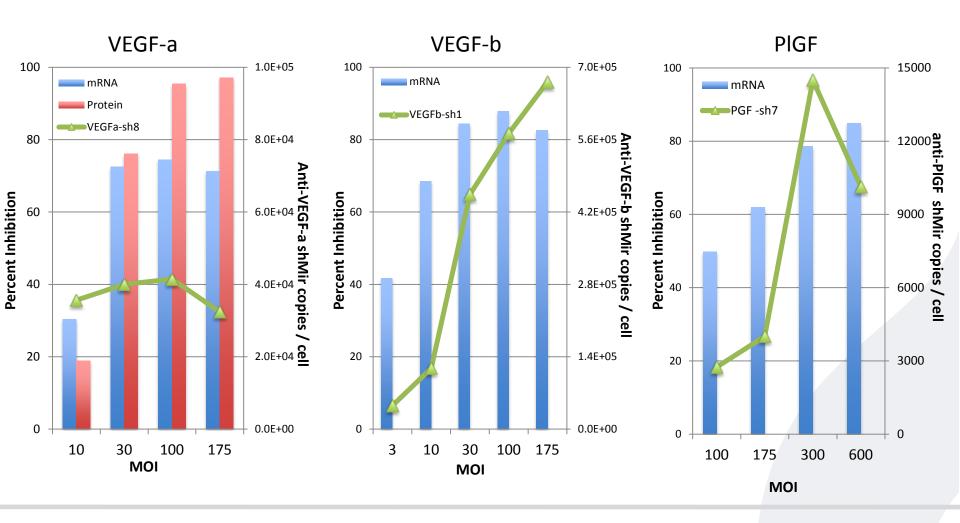
BB-201: Mechanism of Action





BB-201: *In vitro* Knockdown of VEGF-a, VEGF-b and PIGF

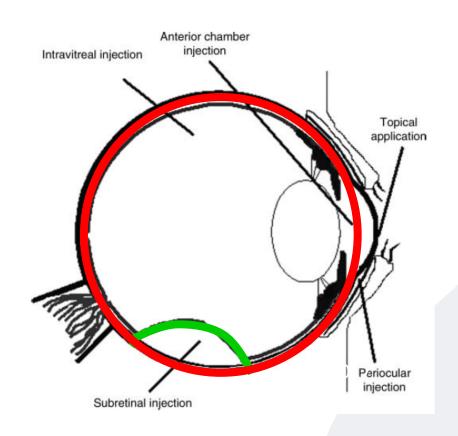




Modified AAV vectors for Intravitreal Delivery



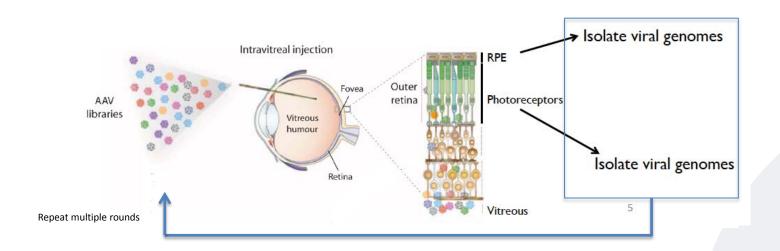
- BB-201 is being developed for intravitreal route of delivery
- Intravitreal is more commercially viable than a subretinal injection (typically used by most gene therapy vectors for ocular diseases)
- Vectors developed through 4DMT's 'therapeutic evolution' process



4DMT Collaboration: NHP Screen for AAV Variants with Pan-Retinal Expression



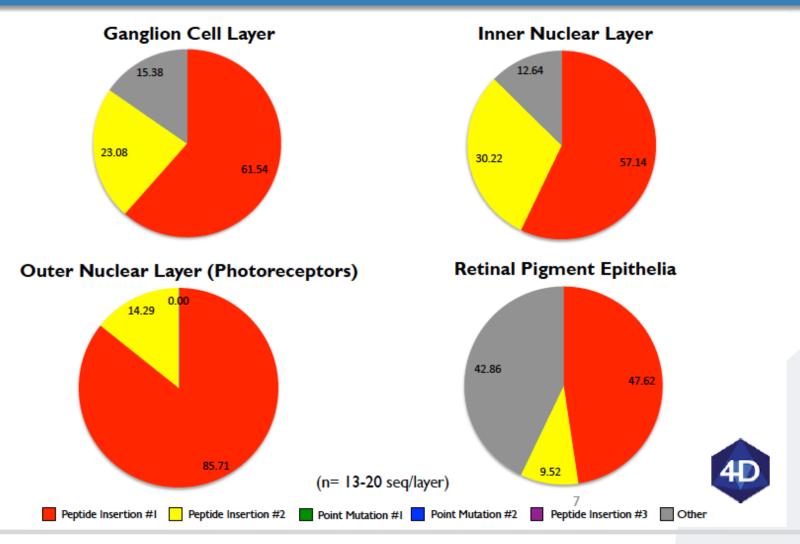
- Benitec has an exclusive license to ocular vectors from 4D Molecular Therapeutics for use in RNAi applications as well as in 'silence & replace' strategies
- Novel evolution selection in non human primates (complex eye with ILM) to identify vectors with pan-retinal expression following intravitreal injection





Therapeutic Evolution Yields AAV Variants with Optimal Tissue Distribution (Round 6)





AMD Program Highlights



- Demonstrated knockdown of of clinically validated targets in an in vitro model
- Completed 'Therapeutic evolution' selection of AAV variants validating biodistribution in the back of the eye
- Next steps: efficacy model utilizing laser induced choroidal neovascularization in NHP
- Oral presentations at ARVO (Asia) and Translational Vision Summit,
 Brisbane February 4-8th 2017



BB-301
Oculopharyngeal
muscular dystrophy
(OPMD)

Clinical Features of OPMD



Rare autosomal dominant inheritance

- 1:100,000 (Europe)
- As high as 1:600 in specific populations
- Founder effect in Quebec, Canada

Typically age onset occurs in subjects 50's or 60's

Characterised by:

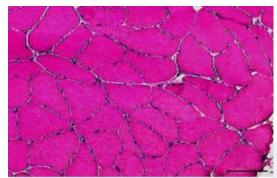
- eyelid drooping (ptosis)
- swallowing difficulty (dysphagia)
- proximal limb weakness
- death due to aspiration pneumonia & malnutrition

Histopathology

- Decrease of muscle fiber number
- Variation in the size of muscle fibers
- Fibrosis (connective tissue)



Raz et al., BMC Neurology 2013, 13:70



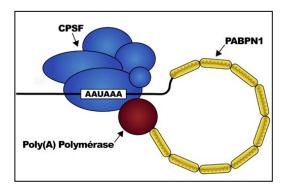


Genetic Basis of OPMD: Expansion of the Poly-Alanine Tract within PABPN1



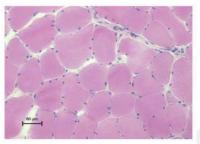
PABPN1:

 Ubiquitous factor that promotes interaction between the poly(A) polymerase and CPSF (cleavage and polyadenylation specificity factor)

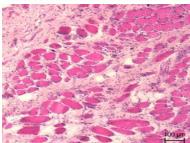


In OPMD:

 Genetic mutation results in trinucleotide repeat expansion results in an expanded poly-alanine tract resulting in protein misfolding



Non-affected



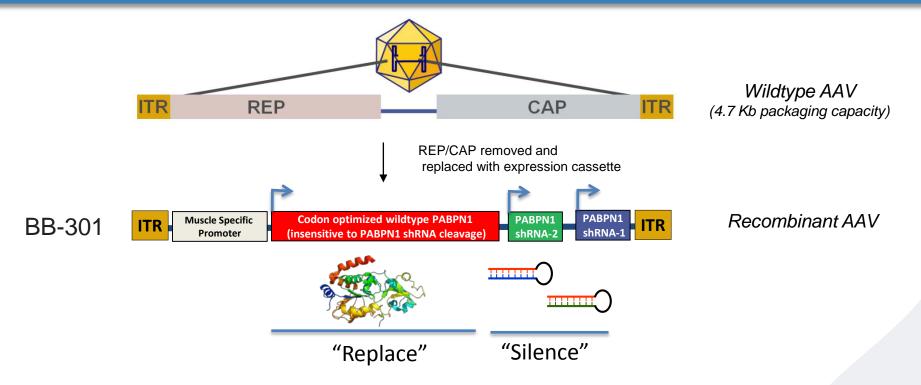
Affected

WT ATG $(GCG)_6$ ------ $(GCA)_3$ GCG GGG GCT GCG...

MUT ATG $(GCG)_6$ $(GCG)_{1.7}$ $(GCA)_3$ GCG GGG GCT GCG...--

BB-301: 'Silence and Replace' Approach

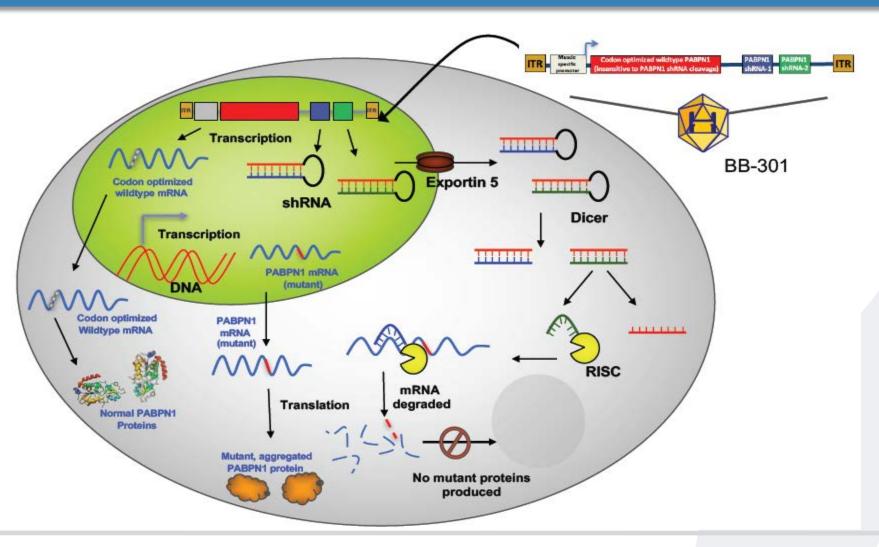




- Non-integrating, non-pathogenic viral delivery system
- To date, AAV has been used in over 162 clinical trials with excellent safety record
- Sustained expression (years) following single injection

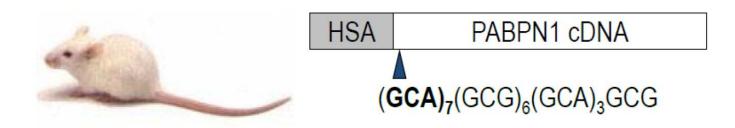
BB-301: Mechanism of Action





An Animal model of OPMD: The 'A17' mouse





- Transgenic mouse: express a mutated bovine PABPN1 driven by the human skeletal actin promoter in addition to the endogenous PABPN1
- Recapitulates severe muscle atrophy
- Mimics many of the disease pathologies:
 - Progressive muscle weakness/ Atrophy
 - Fibrosis
 - Mitochondrial / Ubiquitin-Proteasome defects
 - Muscles contain intranuclear inclusions

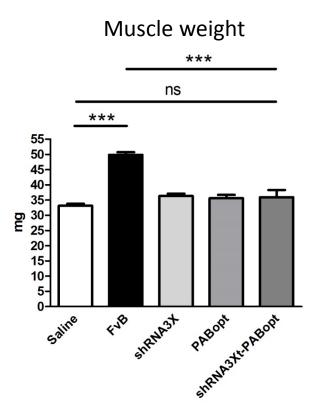
Nature Medicine 11, 672 - 677 (2005) Published online: 1 May 2005 | doi:10.1038/nm1242

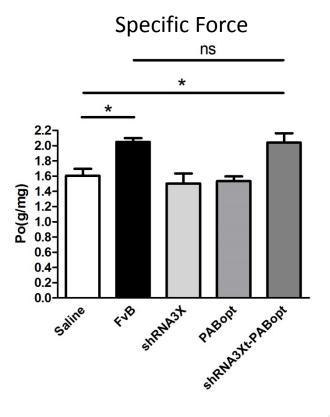
Doxycycline attenuates and delays toxicity of the oculopharyngeal muscular dystrophy mutation in transgenic mice

Janet E Davies $^{\perp}$, Lin Wang $^{\perp}$, Lourdes Garcia-Oroz $^{\perp}$, Lynnette J Cook $^{\perp}$, Coralie Vacher $^{\perp}$, Dominic G O'Donovan 2 & David C Rubinsztein $^{\perp}$

Muscle Atrophy and Restoration of Specific Force Treated A17 mice







Reduced Fibrosis +
Partial Reversal of Atrophy

Specific force calculated by normalizing maximal force for muscle weight

OPMD Program Highlights



- Rare orphan indication, potentially accelerates clinical development and commercialization
- ddRNAi construct design highlights unique 'silence and replace' therapeutic strategy for monogenic disease
- In vivo study demonstrates correction of disease phenotype
- Next steps: further characterization of clinical candidates for in vivo efficacy ongoing



Financial and News flow

Company financial snapshot



Key Financial Details	ASX: BLT NASDAQ: BNTC NASDAQ: BNTCW
BNTC Share Price as of 31st Dec, 2016:	USD 1.53
Market Capitalization as of 31 st Dec, 2016:	USD 14.1M
Issued Securities as of 31 st Dec, 2016: Ordinary shares Options	175,834,915 34,626,202
Cash Balance as of 30 th Sept, 2016:	USD \$9.8M
Registered Office	Sydney, Australia

Multiple Shots on Goal **Expected Milestones 2017-2019**



	2017	2018	2019
Hepatitis B BB-103	Pre-IND meetingIND-enabling studies	• Phase 1/2 initiation	• Phase 1/2
AMD BB-201	Preclinical POCPre-IND meeting	 IND enabling studies Phase 1/2 initiation	• Phase 1/2
OPMD BB-301	Preclinical POCPre-IND meeting	 IND enabling studies Phase 1/2 initiation	• Phase 1/2
HNSCC BB-401 (EGFR-AS)	FDA meetingIND filing	Phase 2 initiation*	 Phase 2 completion
HNSCC BB-501 (ddRNAi EGFR)	DiscoveryPreclinical POC	 IND-enabling studies 	• Phase 1/2 initiation
CAR-T	 Preclinical POC 		
Non-viral Delivery	DiscoveryPreclinical POC		

^{*} possible Phase 2/3 pending FDA dialog

Investment Highlights



Novel application of gene silencing technologies to build a focused product pipeline to address unmet medical needs across numerous indications

NOVEL GENE SILENCING TECHNOLOGY

ddRNAi has demonstrated broad applicability to address high unmet needs

FOCUSED PIPELINE

Superior efficacy in preclinical animal models as well as demonstrated long term clinical safety

COMMERCIAL STRATEGY

Demonstrated implementation of business model to diversify ddRNAi pipeline through strategic collaborations (e.g NantWorks)



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