Corporate Overview
June 2020

FIRST-IN-CLASS DRUG CANDIDATES
With dermatology, oncology, anti-inflammatory, and antibiotic applications
This presentation contains forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 that involve risks, uncertainties and assumptions that could cause Innovation's actual results and experience to differ materially from anticipated results and expectations expressed in these forward-looking statements. Innovation Pharmaceuticals has in some cases identified forward-looking statements by using words such as “anticipates,” “believes,” “hopes,” “estimates,” “looks,” “expects,” “plans,” “intends,” “goal,” “potential,” “may,” “suggest,” and similar expressions. These forward-looking statements include, but are not limited to, statements concerning future drug development plans and projected timelines for the initiation and completion of preclinical and clinical trials; the potential for the results of ongoing preclinical or clinical trials and the efficacy of Innovation Pharmaceuticals’ drug candidates; the potential market opportunities and value of drug candidates; other statements regarding future product development and regulatory strategies, including with respect to specific indications; any statements regarding Innovation Pharmaceuticals’ future financial performance, results of operations or sufficiency of capital resources to fund its operating requirements; any statements relating to Innovation Pharmaceuticals planned uplisting or use of proceeds; and any other statements that are not statements of historical fact. Forward-looking statements involve risks and uncertainties, which may cause Innovation’s actual results, performance or achievements to be materially different from those expressed or implied by forward-looking statements. Such forward-looking statements are based upon current expectations that involve risks, changes in circumstances, assumptions and uncertainties. Among other factors that could cause actual results to differ materially from those expressed in forward-looking statements are Innovation Pharmaceuticals’ need for, and the availability of, substantial capital in the future to fund its operations and research and development, including the amount and timing of the sale of shares of common stock under securities purchase agreements; the fact that the Company’s compounds may not successfully complete pre-clinical or clinical testing, or be granted regulatory approval to be sold and marketed in the United States or elsewhere. A more complete description of these risk factors is included in Innovation Pharmaceuticals’ filings with the Securities and Exchange Commission. You should not place undue reliance on any forward-looking statements. Forward-looking statements speak only as of the date on which they are made. Innovation Pharmaceuticals undertakes no obligation to release publicly the results of any revisions to any such forward-looking statements that may be made to reflect events or circumstances after the date of this presentation or to reflect the occurrence of unanticipated events, except as required by applicable law or regulation.
Innovation Pharmaceuticals Overview

Value Proposition

**Innovative Science at the Core of the Company**

**An Exceptionally Strong Clinical Pipeline**

**Addressing $Billion Market Opportunities**

Novel Mechanisms of Action

e.g., Brilacidin

Mid-Late Stage Candidates

Multiple Therapeutic Areas

- Inflammatory Bowel Disease
- Cancer
- Dermatology
- Infectious Disease
Innovation Pharmaceuticals has two drug candidates, each with first-in-class potential, advancing in clinical trials under various special FDA designations.

**Brilacidin**

Defensin Mimetic drug candidate in a new immunomodulatory class exhibiting multiple therapeutic properties advancing in multiple development programs under FDA Fast Track designations

**Kevetrin**

p53-modulating drug candidate with three FDA Orphan Drug designations that has completed a Phase 2a trial for ovarian cancer
How We’re Different
Innovative Platform Drug Candidates with Multi-Indication Potential

**BRILACIDIN**

- Oral Mucositis
- Ulcerative Colitis
- Crohn’s Disease
- COVID-19
- Atopic Dermatitis
- ABSSSI*
- Acne
- HS#

**KEVETRIN**

- Cancer Indications
- Ovarian
- Renal
- Pancreatic
- Retinoblastoma

*HS – Hidradenitis Suppurative
*ABSSSI - Acute Bacterial Skin and Skin Structure Infection

**Potential for Life-Changing, Life-Saving Treatments**
### Exceptionally Strong Pipeline, Novel Mechanisms of Action

<table>
<thead>
<tr>
<th>Drug Candidate</th>
<th>Indication</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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<tr>
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<td>IBD: UP/UPS&lt;sup&gt;#&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>IBD: UC</td>
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<tr>
<td></td>
<td>IBD: Crohn’s Disease</td>
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<td></td>
<td>ABSSSI&lt;sup&gt;2&lt;/sup&gt;</td>
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<td>COVID-19</td>
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<tr>
<td></td>
<td>Atopic Dermatitis</td>
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<td></td>
<td>Acne</td>
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<td></td>
<td>H. Suppurativa</td>
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<tr>
<td>Kevetrin</td>
<td>Ovarian Cancer&lt;sup&gt;3&lt;/sup&gt;</td>
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</tr>
</tbody>
</table>

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Leveraging data from clinical studies in other indications to expedite development

ABSSSI = Acute Bacterial Skin and Skin Structure Infections, COPD = Chronic Obstructive Pulmonary Disease; COVID-19 = Coronavirus Disease 2019; IBD = Inflammatory Bowel Disease, UC = Ulcerative Colitis, UP/UPS = Ulcerative Proctitis/Ulcerative Proctosigmoiditis

<sup>#</sup> Out-licensed UP/UPS indication to Alfasigma S.p.A. (July 2019) with ROFR for UC/Crohn’s Disease and ROFN for other GI diseases

<sup>1</sup> Awarded Fast Track Designation

<sup>2</sup> Awarded Qualified Infectious Disease Product (QIDP) Designation (qualified for Fast Track and Priority Review)

<sup>3</sup> Awarded Orphan Drug Designation
Brilacidin: The Molecule

Host Defense Protein (HDP)/Defensin Mimetic

Brilacidin is a fully synthetic, non-peptidic, small molecule HDP/Defensin Mimetic

Design Approach

Biological activities of defensins depend on an amphiphilic helix
- Cationic (charged)
- Hydrophobic

Brilacidin is the result of de novo Biocomputational drug design (UPenn researchers), producing a drug candidate exhibiting tailored exposure and efficacy across multiple clinical indications

Brilacidin
- Mimics HDP/Defensin structure and activity


Molecular Wt: 1082.7 (tetrahydrochloride) 
936.9 (free base)
Host Defense Proteins (HDPs)/Defensins

Wide Range of Therapeutic Activity Intrinsic to HDPs/Defensins Established in the Academic Literature

HDPs/Defensins are Small Antimicrobial Peptides
- Expressed widely in the animal kingdom
- Produced in skin, mucosal surfaces, neutrophils

First Line of Defense Against Foreign Invasion
- Part of innate immunity
- Maintenance of epithelial barrier function
- Regulate microbiota

Primary Mechanisms of Action
- Disrupt pathogen membranes/envelopes
- Maintain/Modulate host immune response

Brilacidin has shown:
- Anti-infective properties
- Immuno/Anti-inflammatory properties
- Anti-viral properties

Excerpt: The multi-faceted nature of HDPs and their ability to influence a wide range of biological processes opens the door to expanding our understanding of other activity landscapes within the chemical space of HDPs. As our understanding of these other activity types improves, and the mechanistic details underpinning these other processes are laid bare, this will undoubtedly lead to the development of HDP based drugs that are effective against infectious diseases as well as inflammatory conditions.

# Brilacidin Platform

## Gateway Concept—Potential Extension into Numerous Indications Given Unique Therapeutic Profile

### Innate Immunity

#### Pathogen Defense

- **Bacterial**
  - ABSSSI (skin)*
  - Bone and Joint
  - DFIs
  - Respiratory
  - Blood Stream
  - STDs

- **Fungal**
  - Oral Candidiasis
  - Disseminated Candidiasis
  - Aspergillosis

- **Parasitic**
  - Malaria
  - Sleeping Sickness
  - Giardiasis

- **Viral**
  - Coronaviruses
  - Influenza
  - Herpes
  - RSV

#### Barrier Function

- **GI Mucosa**
  - IBD: Ulcerative Proctitis (Distal Colitis)**
  - IBD: Ulcerative Colitis
  - Oral Mucositis
  - IBD: Crohn’s
  - Irritable Bowel Syndrome
  - GI-Acute Radiation Sickness
  - Periodontitis

- **Respiratory Mucosa**
  - Lung-ARS
  - Cystic Fibrosis
  - Asthma
  - Chronic Bronchitis
  - Chronic Sinusitis

- **Skin/Eye**
  - Atopic Dermatitis
  - Acne
  - H. Suppurativa
  - Diabetic Ulcers
  - Burns/Abrasions
  - Keratitis/Otitis

*ABSSSI gateway for antibiotic opportunities

**Ulcerative Proctitis (Distal Colitis) gateway for anti-inflammatory opportunities
Brilacidin for COVID-19—Antiviral Properties

Brilacidin Exhibits Anti-SARS-CoV-2 Efficacy in Multiple In Vitro Tests; Peer-Review Publications Planned

Ongoing Research at 2 U.S. Research Laboratories:

- Regional Biocontainment Laboratory (RBL)
- Public Health Research Institute (PHRI)
- Preliminary antiviral testing showing highly promising results

Anti-SARS-CoV-2 efficacy demonstrated in different in vitro assays, both human and animal cell lines, with and without pre-treatment of virus with Brilacidin prior to cell infection:

- Efficacy in Vero cells demonstrated at low μM concentrations
- Efficacy in human lung epithelial cells demonstrated with similar μM concentrations
- In the respective cell lines, the tested efficacious concentrations have been shown to be non-cytotoxic
- To date, percent reduction in viral load appears higher in pre-treatment assays, i.e., when SARS-CoV-2 is exposed to Brilacidin (“pre-treatment”) before the virus-drug mixture is introduced to cells

1 Upon completion of testing, the primary researchers at both the RBL and PHRI plan to submit detailed findings for peer-review publication
Brilacidin for COVID-19—Antiviral Properties
Few Drugs Show Anti-Coronavirus Activity; Brilacidin a Potential Pan-Coronavirus Drug Candidate

**Anti-Coronavirus Compounds**

By Stage of Development

<table>
<thead>
<tr>
<th>Compounds</th>
<th>Status as antiviral:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favipiravir</td>
<td>Cell cultures/co-cultures</td>
</tr>
<tr>
<td>Nitazoxanide</td>
<td>Primary cells/organoids</td>
</tr>
<tr>
<td>Remdesivir</td>
<td>Animal model</td>
</tr>
<tr>
<td>Mycophenolic Acid</td>
<td>Phase II</td>
</tr>
<tr>
<td>Chloroquine</td>
<td>Phase III</td>
</tr>
<tr>
<td>Nifosamide</td>
<td>Phase IV</td>
</tr>
<tr>
<td>BOC4430 (Galdesivir)</td>
<td>Approved</td>
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<tr>
<td>Rapamycin (Sirolimus)</td>
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<tr>
<td>ABT-267</td>
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<tr>
<td>Cyclosporine</td>
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<tr>
<td>Eretine</td>
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<tr>
<td>Ribavirin</td>
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<tr>
<td>Luteolin</td>
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<tr>
<td>Tilorone (Amixin)</td>
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<tr>
<td>Glycyrrhetizine</td>
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<tr>
<td>Elloricithine</td>
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<tr>
<td>Mornesin</td>
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<tr>
<td>Arbidal (Umifenovir)</td>
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<tr>
<td>Silvestrol</td>
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<td>Emodin</td>
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<td>Ambelanone</td>
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<td>Dasatinib</td>
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<td>Lapinavir</td>
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<td>Neflinavir</td>
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<td>Orfloxacin</td>
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<tr>
<td>Hydroxychloroquine</td>
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<td>Ritonavir</td>
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<td>Dalbavancin</td>
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<td>Homoharringtonine</td>
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<td>Alispavir</td>
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<td>Cephalosporine</td>
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<td>Hexachlorophene</td>
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<td>Imatinib</td>
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<td>Nafamostat</td>
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<td>Chlorpromazine</td>
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<td>Gemcitabine</td>
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<td>Memantine</td>
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<td>Indomethacin</td>
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<td>Promethazine</td>
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<td>Trametinib</td>
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<tr>
<td>Mefloquine</td>
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</tbody>
</table>

Grey shading indicates not studied or reported

**Brilacidin may be well-suited for nebulized delivery**

**Federal Grant Submitted in Collaboration with RBL Proposes Researching Brilacidin’s Pan-Coronavirus Potential with Possible Future Extension into Other Viruses**

See: Press Release

**HDPs, and thus active HDP mimetics, have Broad-Spectrum Antiviral Potential**

Brilacidin for COVID-19—SARS-CoV-2 Inhibitory Potential

In Silico Molecular Screening Study of 11,552 Compounds...

...Identified Brilacidin as one of the Most Promising Potential Inhibitors of the Novel Coronavirus

Study comprised already FDA-approved drugs and those in clinical testing

Table 1: Potential inhibitors of SARS-CoV-2 M<sup>pro</sup> from existing drugs and compounds undergoing clinical trials (DB, DrugBank; CH, ChEMBL).

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug ID</th>
<th>Pharmacological function</th>
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<tbody>
<tr>
<td>Felypressin</td>
<td>DB06093</td>
<td>Vasoconstrictor</td>
</tr>
<tr>
<td>Angiotensinamide</td>
<td>DB13517</td>
<td>Vasoconstrictor</td>
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<tr>
<td>Brilacidin</td>
<td>CH2219413</td>
<td>Head and neck neoplasms</td>
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<tr>
<td>Ritonavir</td>
<td>DB00503</td>
<td>HIV-protease inhibitor</td>
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<tr>
<td>Sumatavir</td>
<td>CH3039519</td>
<td>Hepatitis C infection</td>
</tr>
<tr>
<td>Indinavir</td>
<td>DB00224</td>
<td>HIV-protease inhibitor</td>
</tr>
<tr>
<td>CR065</td>
<td>DB05155</td>
<td>κ-opioid receptor agonists</td>
</tr>
<tr>
<td>Lopinavir</td>
<td>CI1729</td>
<td>HIV-protease inhibitor</td>
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<tr>
<td></td>
<td>DB02747</td>
<td>N/A</td>
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<tr>
<td></td>
<td>DB04692</td>
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<tr>
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<td>DB03311</td>
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</tbody>
</table>

SARS-CoV-2 main protease (M<sup>pro</sup>) identified as binding target


"Due to the relative nonspecificity of the targets of defensins compared to those of the adaptive arm, antiviral applications of defensins are conceptually ideal for defense against different viral infections." (Park MS, et al. "Towards the Application of Human Defensins at Antivirals." Biomol Ther (Seoul). 2018 May 1;26(3):242-254.)
Clinical Remission in majority of patients at Week 6 (Day 42)

Similar across cohorts
- 60% (3 of 5) in Cohort A, 50 mg Brilacidin
- 67% (4 of 6) in Cohort B, 100 mg Brilacidin
- 75% (3 of 4) in Cohort C, 200 mg Brilacidin

Clinical Remission defined as:
- Endoscopy subscore ≤ 1
- Rectal Bleeding subscore of 0
- Stool Frequency subscore improvement or no change from baseline

Examples Clinical Remission
Treated with 100 mg Brilacidin (Cohort B) per retention enema

Colonic tissue biopsies at Week 6 (D42) demonstrate reduction in inflammatory biomarkers

Biopsy IL-1β

Biopsy IL-6
Brilacidin for IBD: Oral Formulation Work

Development of Delayed Release Tablet for Targeting Delivery to the Colon

Tablet arrives in stomach where the enteric coating prevents fluid contact with the tablet contents.

Following gastric emptying, table arrives in proximal small intestine and the enteric coat dissolves.

Time-based erosion commences.

Controlled erosion continues as the tablet transits down through the small intestine.

Tablet arrival in the colon.

Erosion completes.

Core disintegrates and disperses in the colon.
Brilacidin for IBD: Oral Delivery, Phase 1 Single Dose

**Topline Results**

- Radiolabelling of the timed-release formulation allowed visualisation and measurement of gastric transit and site and time of release using gamma scintigraphy
- Tablets tested – 50 mg, 100 mg, and 200 mg (as 2 x 100 mg) Brilacidin – released in either the ascending colon/terminal ileum/ileocecal junction
- Following release, dispersion of the radiolabel was then observed throughout the colon
- Blood level analysis, using a sensitive limit of quantitation in plasma of 1 ng/mL, demonstrated no quantifiable Brilacidin concentrations at any timepoint across treatment cohorts; shows containment of Brilacidin within the target location (the colon)
- No treatment related adverse events were reported by the 9 subjects that all successfully completed the study

See [NCT04240223](https://clinicaltrials.gov/show/NCT04240223)
Brilacidin for IBD: Strategic Direction

Planned Next Steps

Refine Oral Formulation/ Manufacturing Process
• Perform further R&D on delayed release tablets
• Develop tablet strengths for multiple dose testing
• Bulk manufacturing development
• Manufacture Clinical Trial Material

Proceed to Phase 2 testing of Oral Form in Ulcerative Colitis (UC)
• In patients, propose to perform an integrated design Phase 2 multiple dose study, with two parts:
  ▪ Part I: multiple ascending dose (MAD) design; low, mid, high doses and placebo
    Primary Purpose – to determine multiple dose safety/ toleration and exposure in UC patients
  ▪ Part II: parallel design; low, mid, high doses, selected from conduct of Part I; placebo-controlled
    Primary Purpose – to evaluate PoC efficacy signal in UC patients
Brilacidin oral rinse demonstrated strongest therapeutic benefit in those Head and Neck Cancer patients on a 21-day (q3wk) cisplatin regimen

Incidence of SOM (WHO Grade ≥ 3)

Kaplan-Meier Curves for Time to Onset of SOM, 21-day Cisplatin Schedule (PP Population)

* p<0.05 vs placebo

• Minimal absorption across buccal mucosa from oral rinse (“swish and spit”), 3 mg/mL administered 3x per day for 7 weeks

Note: period from approximately 19-49 days during which SOM incidence rises strikingly in Placebo while not in the Brilacidin group

See https://clinicaltrials.gov/ct2/show/NCT02324335
Brilacidin for OM—Competitive Landscape

Brilacidin the Only Later-Stage Oral Rinse (non-IV) OM Drug Candidate; ~$2 Billion Annual Mkt Opportunity

<table>
<thead>
<tr>
<th>Drug</th>
<th>Stage</th>
<th>Mode</th>
<th>Endpoint</th>
<th>Efficacy*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMX30063 (Brilacidin) [defensin-mimetic]</td>
<td>Phase 3 ready</td>
<td>oral rinse</td>
<td>incidence</td>
<td>71.4/25.0 (mITT) 65%</td>
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<tr>
<td>SGX942 (Dusquetide) [innate defense regulator]</td>
<td>Phase 3</td>
<td>intravenous</td>
<td>duration</td>
<td>82/67 (mITT) 18%</td>
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<tr>
<td>GC4419 [superoxide dismutase mimic]</td>
<td>Phase 3</td>
<td>intravenous</td>
<td>incidence</td>
<td>61/37 (ITT thru MRT) 39%</td>
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<tr>
<td>Valdive [clonidine lauridi HCI salt]</td>
<td>Phase 3 ready</td>
<td>buccal patch</td>
<td>tbd</td>
<td>not reported</td>
</tr>
<tr>
<td>EC18 [monoacetyl diglyceride synthetic]</td>
<td>Phase 2</td>
<td>oral capsule</td>
<td>incidence</td>
<td>not applicable</td>
</tr>
</tbody>
</table>

*based on publicly available data of trial results
Brilacidin for ABSSSI—Phase 2b Trial Results

Single-Dose Brilacidin Comparable to 7-Day Regimen of Daptomycin

Brilacidin IV infusion demonstrated efficacy comparable to active comparator in two Phase 2 studies in patients with Acute Bacterial Skin and Skin Structure Infections (ABSSSI).

For the Phase 2b clinical trial of Brilacidin in ABSSSI, see https://clinicaltrials.gov/ct2/show/NCT02052388
Also see: Comparative Mechanistic Studies of Brilacidin, Daptomycin, and the Antimicrobial Peptide LL16

Current Perspectives

- Safe and effective in TWO Phase 2 studies
- Highly active against MRSA
- Convenient SINGLE-DOSE regimen
  - Pharmacoeconomic advantages
- Efficacy comparable to 7-day regimen of robust comparator (Daptomycin x 7 days)
- QIDP designation (Nov 2014) under the GAIN Act
  - Eligible for Fast Track and Priority Review
  - 5-years Market Exclusivity
- Minimal potential for development of resistance
  - Novel class, with no cross-resistance
  - Novel mechanism of action confers fitness disadvantage for bacterial resistance
  - Single dose removes patient non-compliance as driver of resistance
- Phase 3 Ready
  - Response to Special Protocol Assessment (SPA) comments from FDA

Ph2b Study: Early Clinical Response at 48-72 hours, All Subjects

- Dose selected for Ph3
- BRI 0.6mg/kg (d1) 92.2%
- BRI 0.8mg/kg (d1) 95.8%
- BRI 0.6mg/kg (d1); 0.3mg/kg x2d 98.1%
- Daptomycin 4mg/kg x7d 93.8%
Brilacidin is 1 of only 7 “qualifying” antibiotics* in development ** says would merit a proposed Market Entry Reward ($1bn) due to its ability to kill “critical” or “high priority” pathogens.


**Driving Reinvestment in Research and Development and Responsible Antibiotic Use
Western Blot shows modulation of p53 and Phospho-p53 proteins in patient tumor tissue in response to Kevetrin treatment

**Kevetrin Treatment Regimen:** 250mg/m² iv 3x/week for 3 weeks

- **Scr** = before Kevetrin (screening); **D21** = after Kevetrin (day 21)
- **OVCHAR-3** = a reference ovarian cancer cell-line; cell lysate used in gels as a positive control to mark the bands.

In analyses, Claudin-4 and β-actin used to assess amount of tumor and total proteins loaded on each well of a gel, respectively

**Next Steps in Development**
- Transition to Oral Delivery to maximize drug characteristics
- Complete bridging toxicology work
# Proven Team With Experience

## Senior Management and Key Advisors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Expertise</th>
</tr>
</thead>
</table>
| **LEO EHRlich**             | Co-Founder, CEO, CFO, Board Chairman                                | • >25 years of executive leadership experience in building and managing emerging growth companies  
• Multiple C-suite roles at private and public companies |
| **JANE HARNESS, MS, MP**    | Sr Vice-President, Clinical Sciences and Portfolio Management        | • >20 years in domestic and global drug development  
• Extensive pharma leadership positions across entire career |
| **Francis A Farraye, MD, MSC** | Scientific Advisor                                                      | • Physician in the Inflammatory Bowel Disease Center and Division of Gastroenterology and Hepatology at Mayo Clinic hospital in Jacksonville, Florida. His area of expertise is in the management of patients with Ulcerative Colitis and Crohn’s Disease. Previously Professor of Medicine, Clinical Director, Section of Gastroenterology and Co-Director, Center for Digestive Disorders, at Boston University School of Medicine |
| **Stephen T Sonis, DMD, DMSC** | Scientific Advisor                                                    | • Recognized expert in cancer-related oral mucosal toxicities  
• Professor of Oral Medicine at Harvard School of Dental Medicine, Senior Surgeon at the Dana-Farber Cancer Institute and Brigham and Women’s Hospital |
| **Paul Ginsburg, PHD, JD** | Scientific Advisor                                                    | • Leading patent attorney in the pharmaceutical and biotechnology fields  
• Former leadership positions at Pfizer, Merck, Schering-Plough  
• PhD in Chemistry (CUNY), JD (Columbia) |
Commercial Expanse and Intellectual Property

Multiple Patents, Multiple Geographies

**Intellectual Property Estate**

**Brilacidin**
- # US Patents granted
  - 12
- Countries Granted
  - Various EU
  - Japan
  - Others

**Kevetrin**
- # US Patents granted
  - 1
- # Patents pending
  - Others
- Countries Granted
  - Various EU
  - Japan
  - Others
Innovation Pharmaceuticals Strategic Direction

- Leverage Project Milestones to Support Partnering Opportunities
  - Ongoing interactions with Big Pharma and other Global Rx Companies

- Advance Brilacidin Formulation Work to Tailor Drug Delivery (Oral Emphasis)
  - Oral dosage form with targeted colonic delivery advancing for Brilacidin IBD program
  - Manufacturing development for this delayed release oral formulation an immediate focus

- Continue to Build Value by Addressing Areas of Unmet Medical Need for the Benefit of Patients and Shareholders
  - Brilacidin Phase 3 program in Oral Mucositis a development emphasis given alignment with FDA
  - Brilacidin for COVID-19 being advanced with preliminary antiviral testing showing highly promising results

- Anchor Each Drug Candidate in Additional Trials to Further Provide Favorable Return-On-Investment
  - Clinical trial plans advancing with Brilacidin for COVID-19 (IV administration) and for Ulcerative Colitis (delayed release oral formulation)
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June 2020

Ticker: IPIX