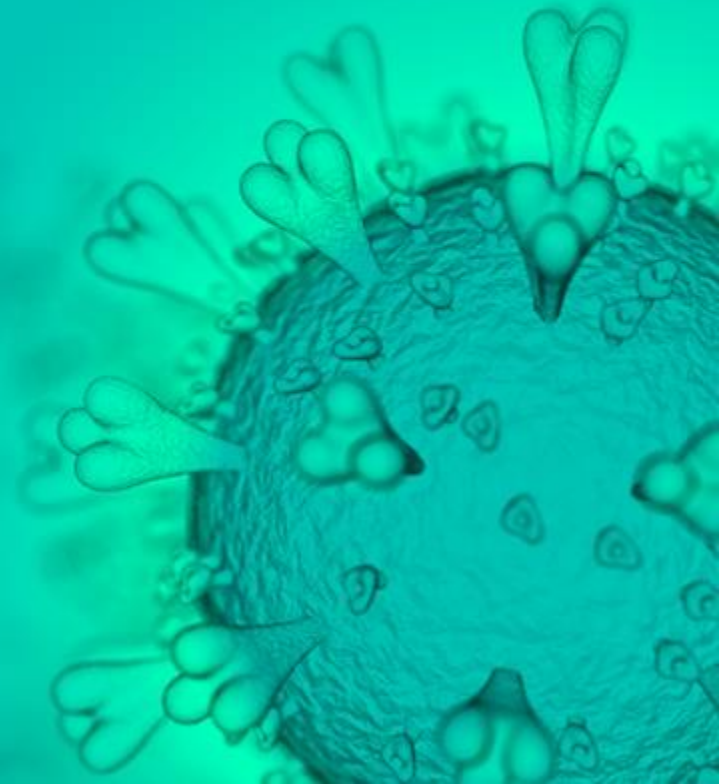
BIOVAXYS

Waking up the Human Immune System

Antiviral and anticancer vaccine platforms harnessing the power of T-cells



FORWARD LOOKING STATEMENT

The statements in this presentation are "forward-looking" statements that are made pursuant to the safe harbor provisions of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements involve significant risks and uncertainties, and in light of the significant uncertainties inherent in such statements, the inclusion of such information should not be regarded as a representation by BioVaxys that the objectives and plans of the Company will be achieved. In fact, actual results could differ materially from those contemplated by such forward-looking statements. We make statements that plan for or anticipate the future. These forward-looking statements include statements about the future of biotechnology products and the biopharmaceutical industry, statements about our future business plans and strategies and other statements that are not historical in nature. These forward-looking statements are based on our current expectations, reflect our current views of future events and financial performance and are subject to a number of risks and uncertainties. Forward-looking statements may be identified by words or phrasing such as "believe," "expect," "plan," "anticipate," "intend," "should," "may," "would," "could," "planned," "estimated," "potential" and similar expressions as they relate to us or future events. Our actual results, performance or achievements may differ materially from those expressed or implied in the forward-looking statements. Risks and uncertainties that could cause or contribute to such material differences include, but are not limited to: the recent founding of BioVaxys and lack of operating history, our need to raise capital in 2018 and additional capital thereafter to fund clinical trials, uncertainty about our ability to attract a partner to co-develop a combination vaccine using checkpoint antibodies, uncertainty about whether our products will successfully complete the long, complex and expensive clinical trial and regulatory approval process for approval of new drugs in the United States and Europe necessary for marketing approval, uncertainty about whether our autologous cell vaccine immunotherapy can be developed to produce safe and effective products and, if so, whether our vaccine products will be commercially accepted and profitable, the expenses, delays, uncertainties and complications typically encountered by development stage biopharmaceutical businesses, many of which are beyond our control, our financial and development obligations under our license agreements in order to protect our rights to our products and technologies, obtaining and protecting new intellectual property rights and avoiding infringement of those of third parties, and our dependence on manufacturing by third parties. These statements are made as of the date of this presentation. BioVaxys undertakes no obligation to update any forward-looking statements for any reason.

BioVaxys Founders

Founder and
Chief Executive Officer

James Passin

Founder, President and
Chief Operating Officer

Kenneth Kovan

Founder and
Chief Medical Officer

David Berd, M.D.

Board of Directors

James Passin

- See Founders & Senior Management

Jeremy Poirier

- 15+ years experience in the capital markets
- Co-founder, former director & officer of Pure Energy Minerals Limited (TSXVX: PE)
- Former CEO of Bearing Lithium (CSE: BLILF); Led transformation of the company through the acquisition of Li3 Energy and facilitated a number of over-subscribed capital raises.

William Timothy Heenan

- Founder and former director of Mirasol Resources Ltd. (TSXV: MRZ)
- Director of Bearing Lithium Corp. (TSX Venture: BRZ) (CSE: BLILF)

Senior Management Team

JAMES PASSIN | Founder & Chief Executive Officer

- Former Fund Manager at FG2 Advisors, LLC, an affiliate of New York-based Firebird Management LLC.
- He has 20 years of experience as a professional investor, with a deep experience of financing and developing venture-stage companies,
- Directed and managed over $155 million of equity and debt investment into biotech companies, including Avax Technologies, Inc., one of the world's first cellular immunotherapeutic vaccine companies. He is a director of several public companies, including Blockchain Holdings, Ltd. (CSE: BSX) and BDSec JSC (MSE: BDS), is a Chartered Market Technician and member of the CMT Association.

KENNETH KOVAN | Founder, President & Chief Operating Officer

- 30 years in biopharmaceuticals commercial development. Corporate Licensing/M&A Partner, Horizon Discovery Group plc; Managing Principal, BinghamHill Ventures. Experienced biotech CEO and board member, founder of multiple life science companies including AVAX Technologies, Inc.
- Former Thomas Jefferson University Technology Transfer, GSK & Wyeth Global New Product Development/Strategic Marketing
- Strategic development experience in vaccines, oncology, and antivirals / infectious disease.

Senior Management Team

DAVID BERD, MD | Founder & Chief Medical Officer

- Medical oncologist with lifelong record of clinical research in medical oncology and cancer immunotherapy.
- Founded AVAX Technologies, inventor of cancer vaccines MVax™ and OVax™,
- Chief Medical Officer 2005-2008. National Director for Immunotherapy at Cancer Treatment Centers of America, previously Professor of Medicine at Thomas Jefferson University and research physician at Fox Chase Cancer Center.
- 85 original papers in numerous medical journals with dozens of editorials, reviews and abstracts, holds ten issued patents dealing with cancer vaccines.
- BS, Pennsylvania State University, MD Jefferson Medical College of Thomas Jefferson University.

LACHLAN MCLEOD | Chief Financial Officer

- Chartered Professional Accountant
- 6 years of experience focusing on financial reporting under IFRS, governance for public companies, and technical accounting issues, including work as an auditor at KPMG.
- Senior Consultant at Fehr & Associates CPA, which provides external consulting and accounting services.

Clinical Stage Immunotherapeutics

PRODUCT	INDICATION	PRECLINICAL	IND/PHASE I	PHASE I/II
BVX-0320	COVID-19			
BVX-0918A	Ovarian Cancer			
BVX-0918B	Melanoma			

Haptenized Protein Vaccine Platform

- Unique established approach “teaches” the patient's immune system to recognize and target viral or tumor antigens as foreign via process of haptenization
- Antigens are modified w/ a chemical called a ‘hapten’ (Examples: dinitrophenyl/DNP, sulfanilic acid/SA); makes the virus more visible to immune system
- Haptenization of the S-spike protein for SARS-CoV-2, or the patients own tumor cell for cancers
- Stimulates a T-cell mediated immune response
- May be necessary for effective antibody production
- T cells directly battle virus by targeting and destroying infected cells

Strong Basic Science, Well-established MOA
Scalable Platform For Potentially Any Virus Or Cancer Cell

The BioVaxys Difference

Derisked Development

BIOVAXYS INC.

Founded in 2018 to improve on the technology of protein haptenization & leverage previous vaccine development efforts by Dr. David Berd while at Thomas Jefferson University and the former Avax Technologies, Inc.

THE LEGACY OF HAPTENIZED VACCINES:

- Over $100M in prior R&D investment by Avax
- PROVEN technology
- MVax®/OVax® (for melanoma & ovarian cancer) was entering Ph III
- Phase I/II data in ovarian cancer & melanoma, safety, dose-ranging data
- Established clinical study design, manufacturing & distribution protocols

Jefferson
Philadelphia University + Thomas Jefferson University
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

VALUE-ADDED TECHNOLOGY ENHANCEMENTS BY BIOVAXYS

- Core cancer vaccine technology licensed from TJU
- Proprietary enhancements by BioVaxys
- New IP

COVID-19 and Ovarian Cancer

Major Cause of Death in the US

SARS-COV-2 Virus

- 25.5 million infections and over 852,000 deaths worldwide [1]
- 5.89 million confirmed infections in the US, with 185,000 deaths [1]
- There are no vaccines or curative therapies available

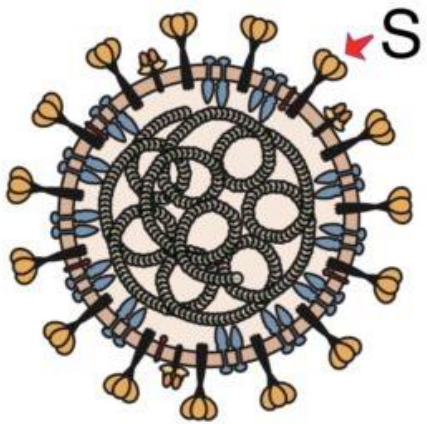
OVARIAN CANCER

- ~300,000 cases diagnosed worldwide per year [2]
- 21,750 new cases expected in the US in 2020, with 13,940 deaths [2]
- Case-to-fatality ratio is 3x that of breast cancer [2]
- Most deadly gynecologic malignancy in developed countries [3]
- Majority of stage III or IV disease will ultimately have recurrent disease resistant to chemotherapy
- Relapses after platinum-based chemotherapy have limited life expectancy

(1) World Health Organization (September 2, 2020)
(2) World Cancer Research Fund (2019)
(3) American Cancer Society Facts & Figures (2020)

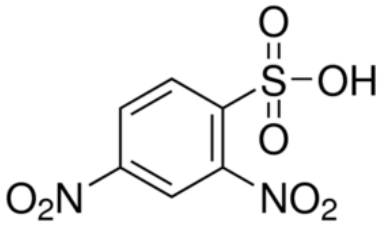
SARS-CoV-2

- The “S-spike” protein gives coronaviruses their name. They allow the virus to attach to and enter human cells.
- S protein is immunogenic and antibodies against it neutralized the virus.
- “BVX-0320” is haptenized SARS-CoV-2 S-spike protein
- Proven vaccine approach in targeting surface antigens (i.e. influenza vaccine)



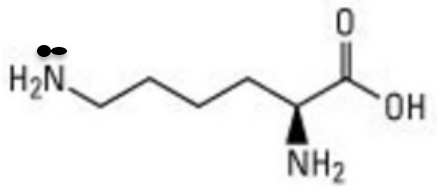
Well-Established Scientific Basis for Increasing the Immunogenicity of Proteins by Haptenizing Them
(prior clinical development work by Dr. Berd on haptenized tumor cell vaccines)

BVX-0320:
Straightforward Conjugation

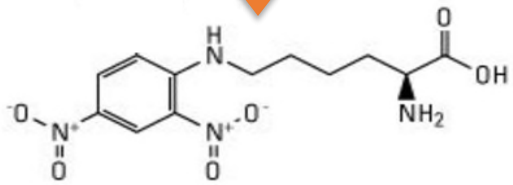


2,4-Dinitrobenzenesulfonic acid hydrate
[Milliporesigma cat no: 556971]

+



Lys/S1 SARS2 protein



max haptenized S1 protein (7 - 30 DNP/molecule)

Non-GMP Production of BVX-0320

- **3mg** of S1 protein – shipped as a control to Charles River
- **0.2mg** of S1 protein – reference for analytics
- **4.8mg** of S1 protein – conjugation with DBSA

Buffer exchange the protein into 0.1M sodium bicarbonate (pH8.2)

↓

Mix with freshly prepared 2,4 DBSA in 0.1M sodium bicarbonate (pH8.2)
- 2000x excess

↓

Incubate for 30°C for **~18h**

↓

Remove the excess of 2,4 DBSA and buffer exchange the sample by running it thorough 1 Zeba column into PBS buffer (pH 7.4)

↓

Analytics (MALDI-TOF)

BVX-0320:
Potential program advantages

- Haptenized proteins are known to induce potent T-cell responses as well as antibodies
- A recent study[1] demonstrates the value of inducing a T-cell response
  - In a sample of patients who recovered from SARS-CoV-2 infection, all of the patients carried helper T-cells that recognized the SARS-CoV-2 S-spike protein
  - Virus-specific killer T-cells were detected in 70% of the test subjects
- Accelerated development potential
  - Leverage human safety data from prior Phase I/II studies of haptenized tumor cell vaccines
- Well-understood, straight-forward manufacturing process with low COG

[1] May 14 issue of Cell

Competitive approaches

- SARS-CoV-2 vaccines in development include DNA, live attenuated virus, non-replicating viral vector, protein subunit and RNA
- 150 vaccine candidates (as of September 2020), 78 confirmed as active, with 73 in the exploratory or preclinical stages
- Clinical development:
    - Moderna (mRNA vaccine), Pfizer/BioNTech (mRNA vaccine), AZ/Oxford Univ (viral vector), Sinovac (inactivated virus), CanSino (viral vector), Gamaley (viral vector)

Many of the SARS-CoV-2 Vaccines Currently in Development are Either Unproven Technical Approaches, or May Have Complicated/Unscalable Manufacturing Processes

BVX-0320: Development Plan

Completed

- Provisional patent application for Haptenized SARS-CoV-2 Spike Protein Vaccine (03/20/20)
- Development & validation of nonGMP manufacturing protocol
- Production & validation of non-GMP supply of BVX-0320 (MilliporeSigma)
- Murine immune response/tolerability study & qualitative analysis of in vivo T-cell activation (Charles River Laboratories)

June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	2021
CDMO/CRO selection and contracts executed	Design and validation of BVX-0320 nonGMP manufacturing protocol Contact FDA (additional preclinical requirements)	Production of non-GMP quantity of BVX-0320 Immune assay design & validation	Animal dosing: Murine model immune response/T-cell activation studies Select and engage IND /regulatory and GMP manufacturing/ regulatory experts	In vivo immune / T-cell data data available Preparation of FDA backgrounder and submission of FDA Written Questions Retain virologist on SAB	IND Preparation CMO selection for GMP clinical supply In vivo SARS-CoV-2 viral challenge study (if required)	IND Preparation & Submission Production Process Protocol Established Phase I CRO Selection	IND Submission Phase I safety study (healthy volunteers)

Ovarian Cancer

- Platinum-based chemotherapy failures have limited life expectancy even with multiple salvage regimens. **New treatments are needed.**
- Checkpoint antibodies alone work only occasionally.
- Stimulation of antitumor immunity achieved with DNP-modified autologous, vaccine, as shown by AVAX phase I-II trial.
- Tumor tissue to prepare an autologous vaccine is readily available from many patients with advanced, platinum-resistant ovarian cancer.
- The method for manufacturing hapten-modified autologous vaccine from ovarian cancer tissue has been established.
- Potential market size (~16,000 p.a.) larger than melanoma.

SARS-CoV-2 Diagnostic Program

Provisional Patent Application (October 2020)

Current COVID-19 diagnostics emphasize SARS-CoV-2 antibody detection, not T-cell activation.

- Hindered by false (-) & (+)
- T-cell testing might be more accurate; measures active immune system infection response
- Needs special techniques such as flow cytometry, requires highly trained staff, expensive equipment

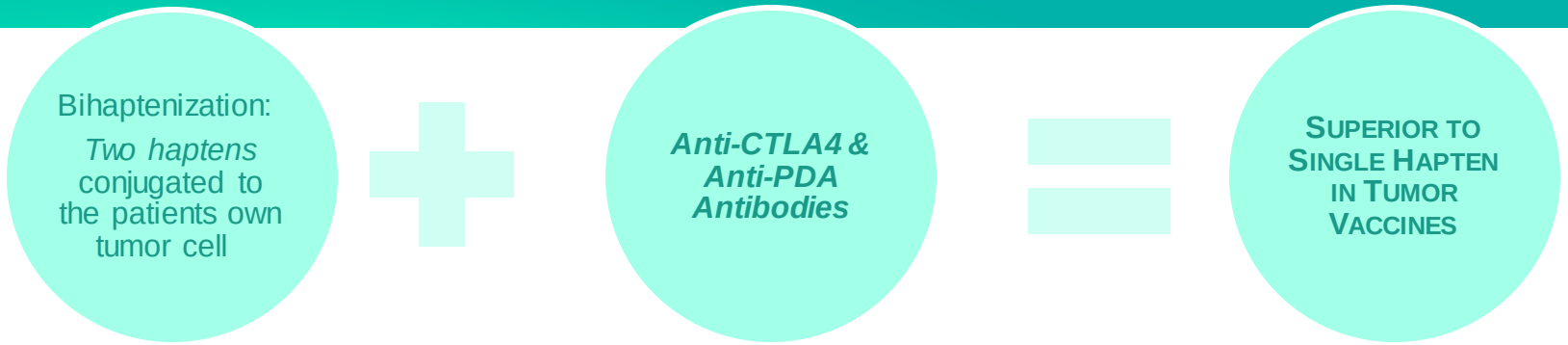
Novel diagnostic for evaluating the presence or absence of a T-cell response to SARS-CoV-2

- Based on the concept of Delayed Type Hypersensitivity ("DTH")
- "Skin Prick" with a disposable device of the SARS-CoV-2 S-protein, or a fragment of the protein
- An inflammatory response develops 24 to 72 hours after dermal exposure to the SARS-CoV-2 s-protein
- Degree of inflammation indicative of active T-cell response to SARS-CoV-2 virus.
- Results digitally read by a smart phone

Game changer for COVID-19 screening: Low-cost, easy to administer, accurate, timely

The BioVaxys Difference

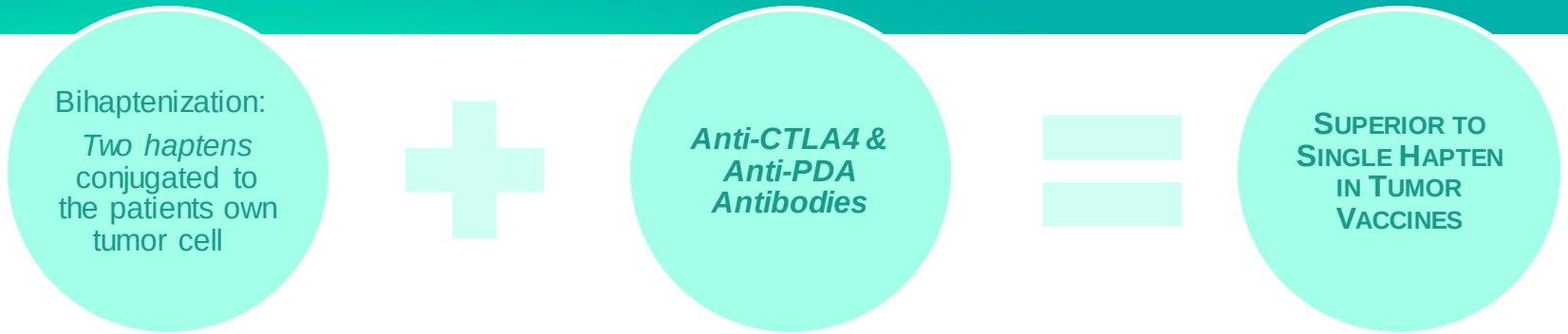
Bi-haptenization



- Early autologous haptenized vaccines based on *single hapten (DNP)* conjugated to the patients own tumor cell, only modifies hydrophilic amino acids on antigenic proteins
- Utilizing two different haptens modifies both both hydrophilic and hydrophobic amino acids on these target proteins, makes the protein more "foreign" to the immune system.
- More immunogenic than DNP-alone
- More T-cells activated by the addition of second hapten, so the number of T-cells potentially reactive to the unmodified protein increases.
- Ethanol-fixed: Bacterial contamination rare

The BioVaxys Difference

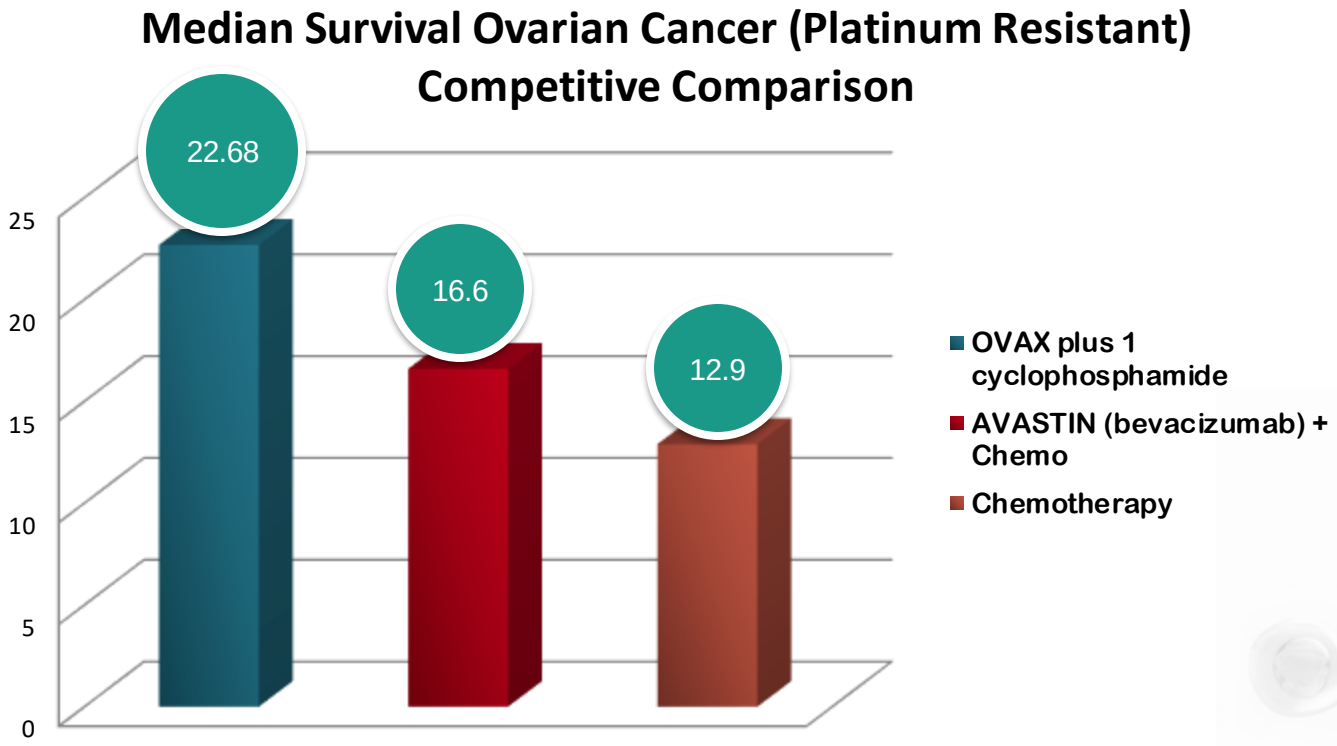
Anti-CTLA4 & Anti-PDA Antibodies



- Checkpoint inhibitors function: Removes the "brakes" on the immune system that tumors exploit to evade the immune system
- Limited efficacy of checkpoint mAb's (beyond melanoma) position them for combination therapy w/ cancer vaccines
- Potential synergy:
  - Vaccine changes tumor environment to make them more susceptible to checkpoint mAbs (induce TILs & activation markers)
  - Improved tox profile (i.e. potentially lower mAb dosing)
  - Expands tumor targets for checkpoint antibodies (ovarian, renal, lung, colon)

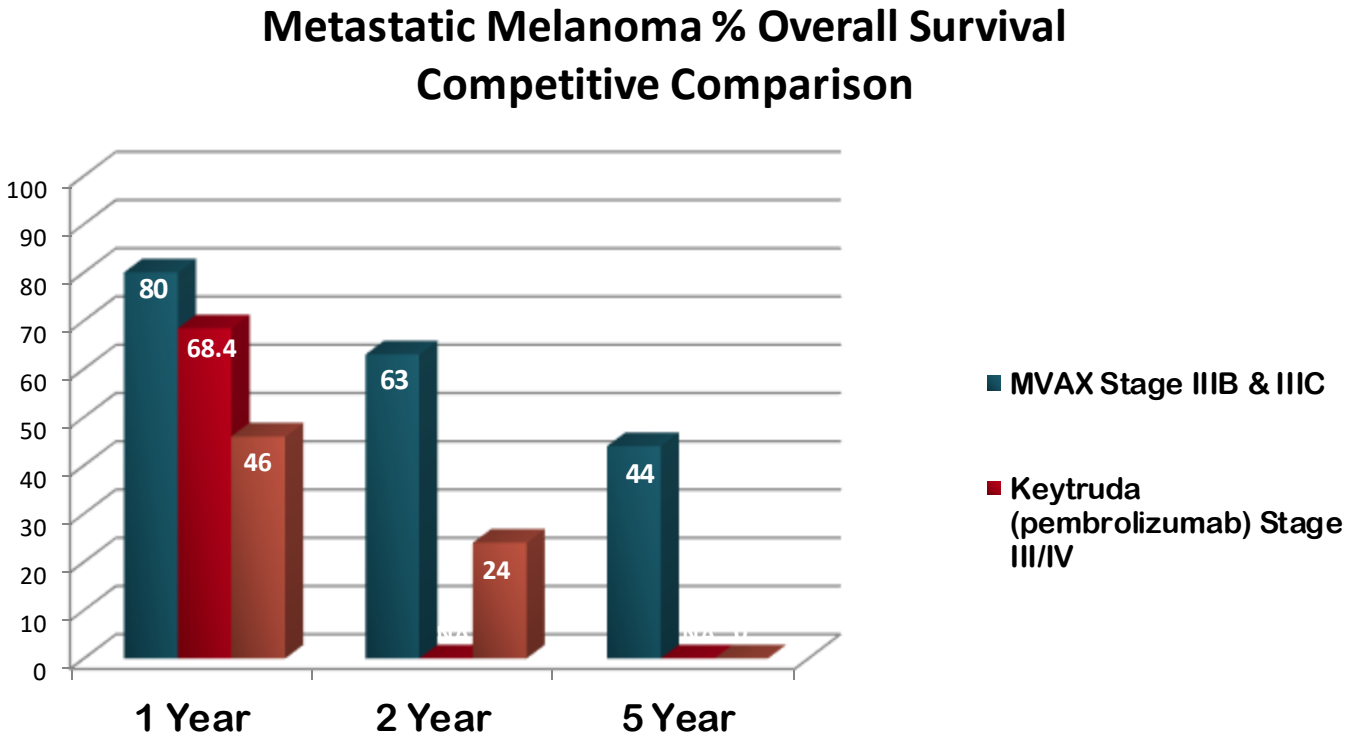
Single Hapten Phase I/II Clinical Results

Stage III-IV Platinum-Resistant Ovarian Cancer



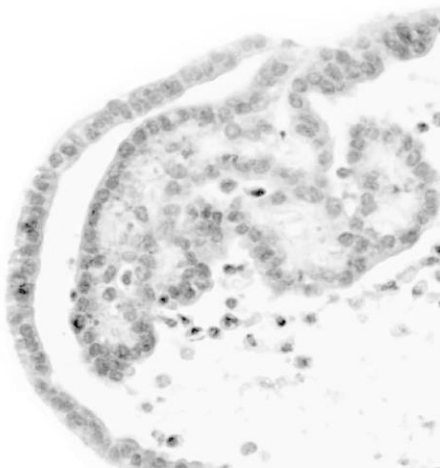
Single Hapten Vaccine

Previous Development - Phase II Efficacy



BVX-0918A:
Ovarian Cancer Development Plan

- Compassionate use trial in EU of bihaptenized vaccine in ovarian cancer (Stage III/IV)
  - 2021: Study design & CRO selection with anticipated partner ProCare Health (Barcelona)
    - Bihaptenized vaccine (only): Safety primary endpoint, immunological data is secondary endpoint
    - Protocol will recommend post-study optional use of a checkpoint inhibitor (investigator post-study evaluation of patient survival)
    - Phase I, n=40, double-blind, three dose, multi-center, duration 3-4 months
  - 2021-2022: Manufacturing ramp-up/GMP process validation w/ our proposed CDMO (BioElpida: Lyon, France)
  - 2022: EU Compassionate Use Trial (data available)
- 2022: Submit US IND for bihaptenized vaccine + checkpoint antibody in ovarian cancer (utilize EU data in US IND)



BVX-0918A:
Manufacturing & Regulatory Summary

- Utilization of CMOs (no production facility investment)
- Well-understood four-step process:

1. Tumor acquisition

2. Tumor processing and vaccine production (tumor cell dissociation, irradiation, haptenization, cell counting, aliquoting into single dose cryovials, liquid N2 storage)

3. Quality Control of vaccine aliquots (sterility, endotoxin, identity, potency) and batch release

4. Frozen, quality-controlled vaccines can be shipped and stored as require

- Same manufacturing process across tumor types
- Prior FDA approved manufacturing and Phase I/II protocols
- Compliance with current regulatory standards
- FDA “Expanded Access” and prospective Orphan Drug designation

BVX-0918A:
Ovarian Cancer Development Plan

Anticipated collaboration

- Compassionate Use Trial
- Spanish pharma w/ strong OBY/GYN/Oncology product focus (marketing fit w/ ovarian cancer)
  - Regulatory expertise, established OL relationships, and marketing & sales presence in the EU
  - Study center recruitment, CRO management, and regulatory support for Phase I Safety Study in EU
  - Option for marketing & sales rights in EU

Procare Health
Naturally woman

Pipeline expansion

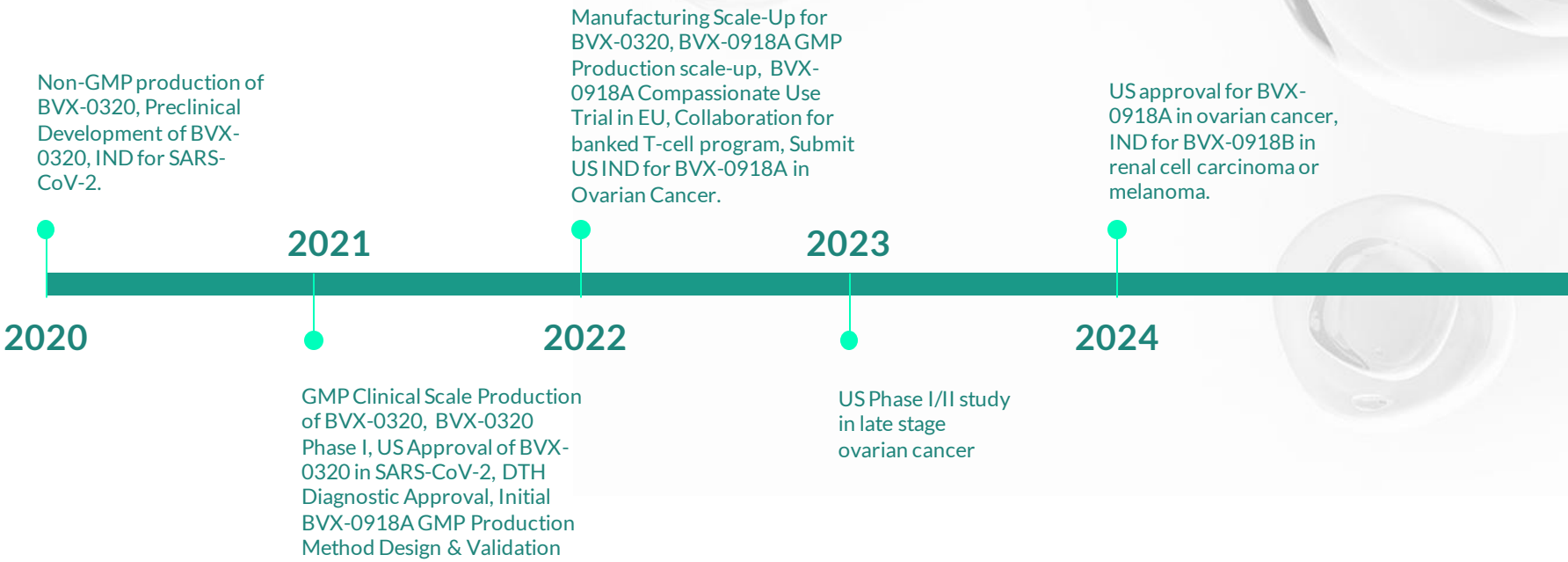
HAPTENIZED PROTEIN VACCINE PIPELINE EXPANSION

- SARS, MERS, influenza, other viruses
- Phase I/II program in renal cell, colon, melanoma and/or other cancers

T-CELL DRUG DISCOVERY PROGRAM

- Collect and "bank" T-cells from patients pre/post vaccine administration (Unique to BioVaxys)
  - Identify novel tumor antigens eliciting the T-cell response
  - Antigens may be distinct for each patient or for groups of patients
  - Can be used for immunological screening or to make "NextGen+" off-the-shelf vaccines
  - Creation of tumor antigen-specific T cells with enhanced anti-tumor activity via CRISPR/Cas9 or base editing.
- Will create new IP and pipeline candidates

Vision


2020
Non-GMP production of BVX-0320, Preclinical Development of BVX-0320, IND for SARS-CoV-2.
2021
GMP Clinical Scale Production of BVX-0320, BVX-0320 Phase I, US Approval of BVX-0320 in SARS-CoV-2, DTH Diagnostic Approval, Initial BVX-0918A GMP Production Method Design & Validation
2022
Manufacturing Scale-Up for BVX-0320, BVX-0918A GMP Production scale-up, BVX-0918A Compassionate Use Trial in EU, Collaboration for banked T-cell program, Submit US IND for BVX-0918A in Ovarian Cancer.
2023
US Phase I/II study in late stage ovarian cancer
2024
US approval for BVX-0918A in ovarian cancer, IND for BVX-0918B in renal cell carcinoma or melanoma.

Investment Terms / Use Of Proceeds

INVESTMENT TERMS

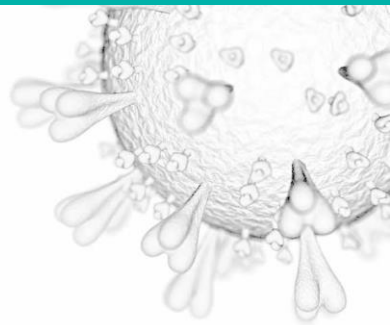
Successfully completed private placement of up to 13,738,235 Units at a price of $0.22 per Unit, for gross proceeds of $3,022,411. Each Unit was comprised of one Common Share and one-half of one whole Common Share purchase warrant (each whole warrant, a "Warrant"); Each Warrant will entitle the holder thereof to acquire one Common Share at a price of $0.50 per Common Share for a period of twenty-four (24) months.

USE OF PROCEEDS[1]

BVX-0320 SARS-CoV-2 Vaccine Preclinical Development Program	$122,805
BVX-0320 Phase I Clinical Program (SARS-CoV-2)	$1,057,488
BVX-0918A Ovarian Cancer EU Phase 1/Compassionate Use Vaccine Program	$334,700
General and Administrative Expenses	$1,192,007
Total Expenditures ($CDN)	$2,707,000

(1) U.S. funds have been converted to Canadian dollars using a rate of 1.31 (rate on September 8, 2020)

Investment Opportunity



- Experienced team with Avax pedigree, oncology and antivirals experience
- Innovative, potentially life saving therapy for COVID-19 and cancers with unmet medical needs/insufficient treatment options
- Benefit of >$100M prior R&D investment
- Compelling clinical data and record of safety from prior Phase I/II trials
- High probability of technical and regulatory success with well defined FDA validated clinical efficacy endpoints
- Entry barriers via issued & pending patents portfolio, manufacturing process know-how, and potential orphan drug designation.
- Significant product pipeline expansion potential
- Near-term revenue potential via compassionate use protocol and T-cell biobanking partnering/licensing

BIOVAXYS

Contact

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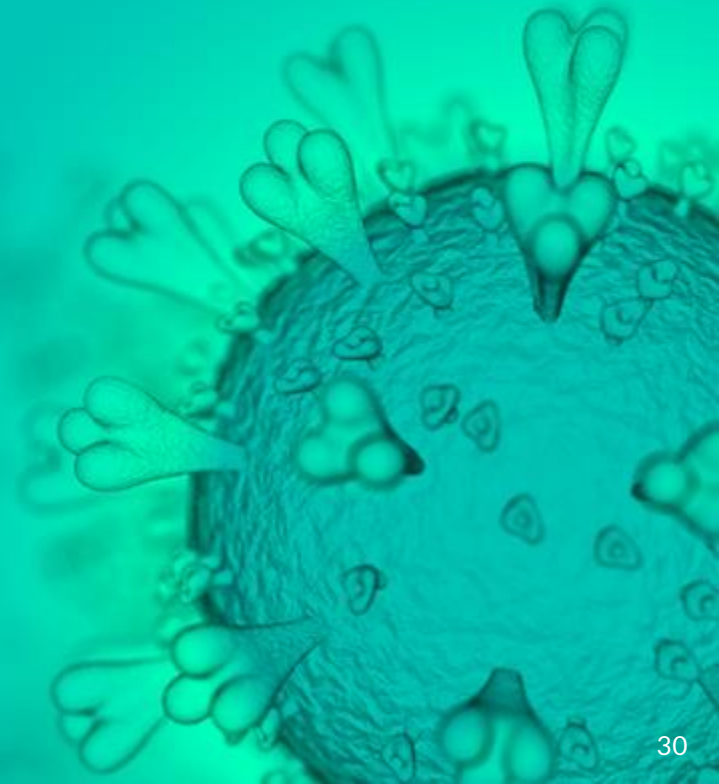

Appendix A: IP Portfolio

BIOVAXYS-OWNED

- HAPTENIZED CORONAVIRUS SPIKED PROTEINS, #62/992,722 (filed 3/20/2020)
- BIHAPTENIZED AUTOLOGOUS VACCINES AND USES THEREOF #62/735,381 (9/24/2018) and #62/746,066 (10/16/2018)
  - Composition of Matter and Use patents for bi-haptenized autologous cancer vaccines in combination with a broad range of checkpoint antibodies and/or other immunomodulators, in a range of tumor types
- DIAGNOSTIC FOR IDENTIFYING T-CELL IMMUNE RESPONSE IN SARS-CoV-2 PATIENTS AND METHOD OF DIGITAL DATA INTERPRETATION #_____ (filed 10/ / 2020)

EXCLUSIVE WW LICENSE FROM THOMAS JEFFERSON UNIVERSITY

- Issued US patent # 7,297,330 - Low dose haptenized tumor cell and tumor cell extract immunotherapy
- Issued US patent # 8,435,784 - Cryopreservation of Haptenized Tumor Cells

Appendix B: Capital Structure

SHARES OUTSTANDING	
Pre-Acquisition	26,364,856
BioVaxys Acquisition Consideration	29,000,000
Common Shares Issued to Advisors	2,100,000
New Capital Raised	13,738,235
TOTAL PRO FORMA	**71,203,091**
OPTIONS/WARRANTS OUTSTANDING	
Pre-Acquisition Options	1,016,996
Pre-Acquisition Warrants	5,484,200
New Capital and Finder's Warrants	7,102,990
TOTAL PRO FORMA	**13,604,186**
Fully Diluted Pro Forma Shares Outstanding	84,807,277
Implied Market Cap @ Financing Price	**$15,664,680**

Thank You!