

HEM**STEMIX**

Production for Revenue

2024

Forward Looking Statements

This presentation contains forward looking statements that reflect management's expectations regarding the future growth and results of operational performance including but not limited to the scientific, financial, competitive and business prospects of Hemostemix Inc. ("Hemostemix" or the "Company"), including "forward-looking statements" and "forward-looking information" within the meaning of applicable securities legislation. Forward-looking information is generally, but not always identified by 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 the stem-cell industry, including the potential opportunities and challenges in the current stem cell industry; matters pertaining to Hemostemix, including its strategy and anticipated and potential transactions and the characteristics thereof; future acquisition opportunities, partnerships, licensing opportunities and joint ventures and its pro forma impact to capitalization following the completion of any of the Company's business opportunities; matters pertaining to the Company's future research and development initiatives including future clinical trials, management's estimated timelines regarding the Company's clinical trials, regulatory approvals for ACP-01 and NCP-01, and many other projected timelines including regulatory approvals of the Company's submission(s); financial modeling matters, including metrics pertaining to anticipated financial and operational performance of operations; and, any matters pertaining to the potential for commercialization of its technology, sources and extent of necessary funding, manufacturing scalability and future business outcomes.

Actual results, performance and achievement(s) 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-

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Children rely on our Hearts!

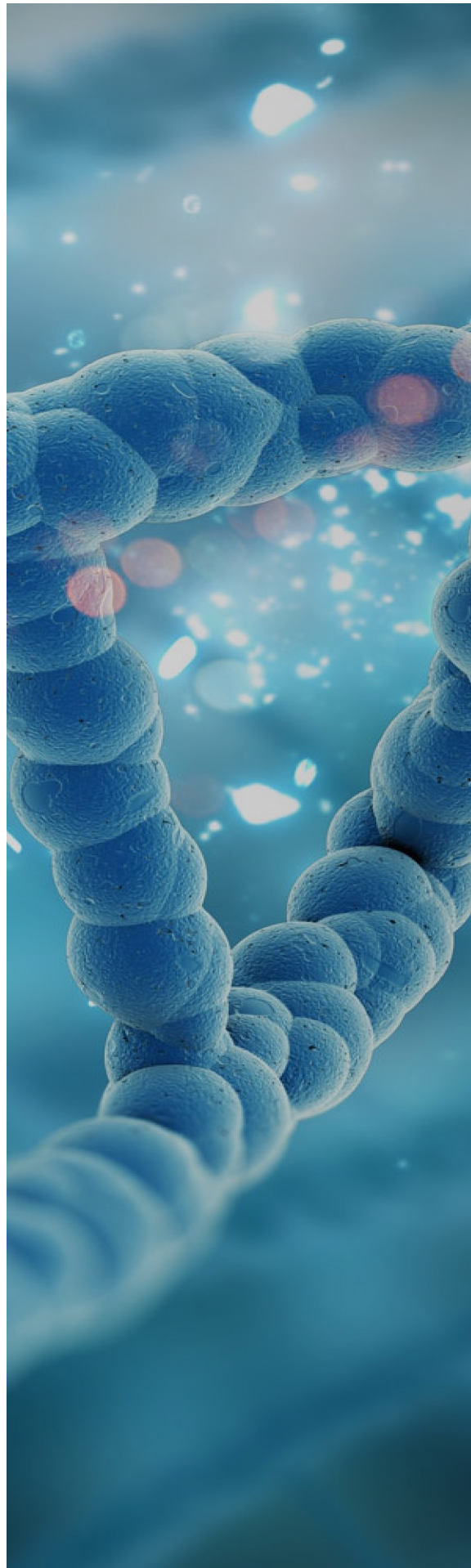


Heart disease is the #1 reason Mom's and Dad's do not live.

Hemostemix's innovative and patented stem cell technology means more Mom's and Dad's will be around to see their children and grandchildren grow up.

ACP-01 is the patients own stem cells. It creates new circulation where the body signals it needs regeneration.

This is a break-through treatment for four types of cardiovascular disease.



HEART:

In three studies of cardiomyopathy, ACP improved mean heart function by 27% as measured by ejection fraction (volume of blood ejected with each heart beat), *Stem Cell Research & Therapy, Nov. 2023.*

CLTI: Saving a Limb is Saving a Life!

Whereas the five-year mortality rate of chronic limb threatening ischemia (CLTI) is 60%, the Universities of Toronto and British Columbia posted that 83% of patients followed in the Phase 2 trial for up to 4.5 years experienced healing of ulcers, cessation of pain, no major amputation, no death.

Production Agreement & Equity Investment

CYTOIMMUNE PRODUCTION AGREEMENT

The \$1.5 million lead order includes a two-year production agreement and \$1.1 Million of Revenue. Hemostemix will hire and train its employees to produce at the investor's facility, to be cashflow positive by the end of 2025.

15 YEAR AGREEMENT WITH PUERTO RICO

Act 60 legislation generates 50% cash back of all current and future R&D, + a 15-year 1% tax on profit, + a 20% tax credit for offshore expenses. Renewable for a second 15-year term.

YOUR CO-INVESTMENT OPPORTUNITY

- \$0.05 Unit
- 1 Common Share
- 1 Warrant exercisable at \$0.12 for two years
- Subject to \$0.15 accelerator

Phase II CLTI: Healing of Ulcerating Wounds

In the Phase 2 CLTI trial, patients with ulcers prior to treatment demonstrated a significant decrease in ulcer size ($p=0.001$) by 3 months, and decreased amputation and death rate, compared to no significant decrease in the size of ulcers in placebo. Moreover, the rate of amputation (4.8%) and death (4.8%) in the treated was substantially less than placebo, who experienced amputation (25%) and 1 death (12.5%). *Journal of Biomedical Research and Environmental Science, Feb. 2024.*

19 Yrs

Development

\$43M

Raised

498

Treated

9

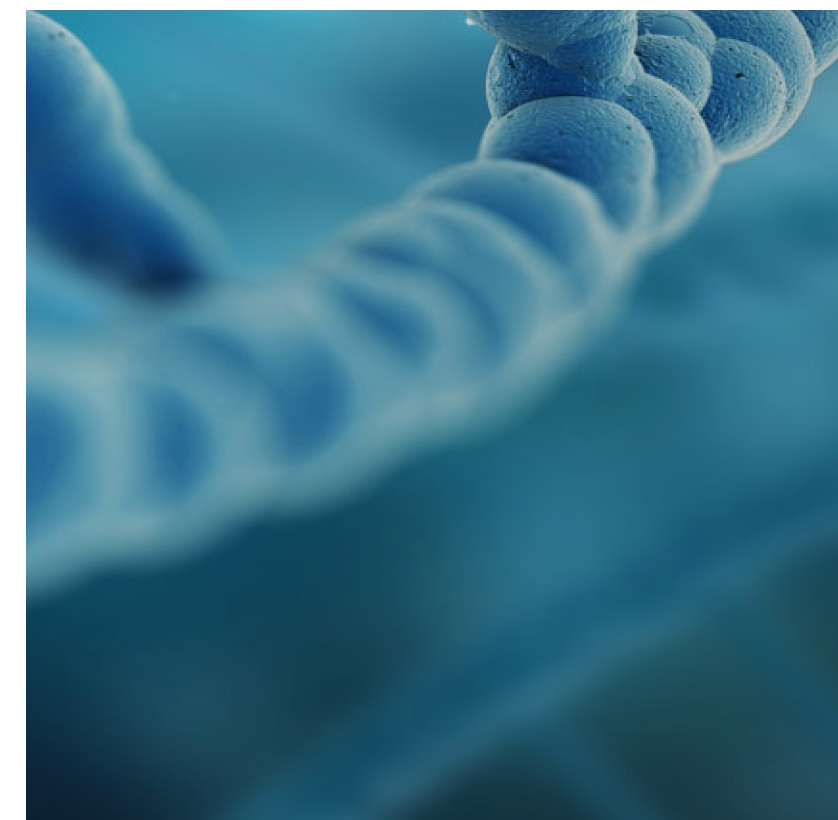
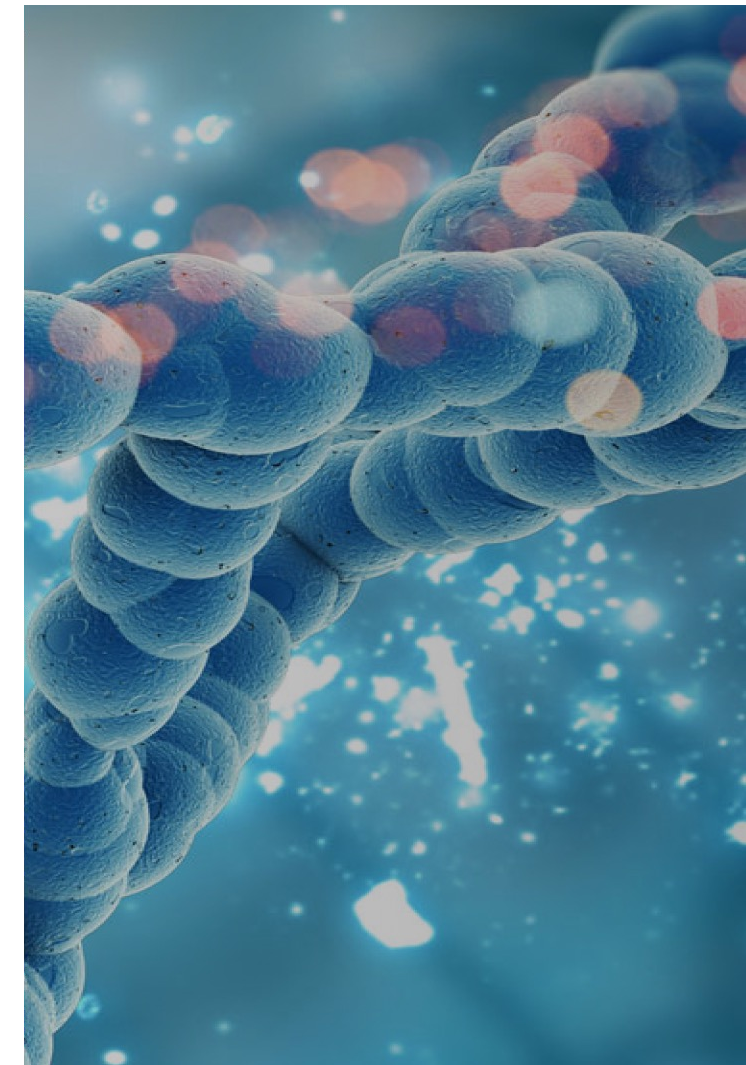
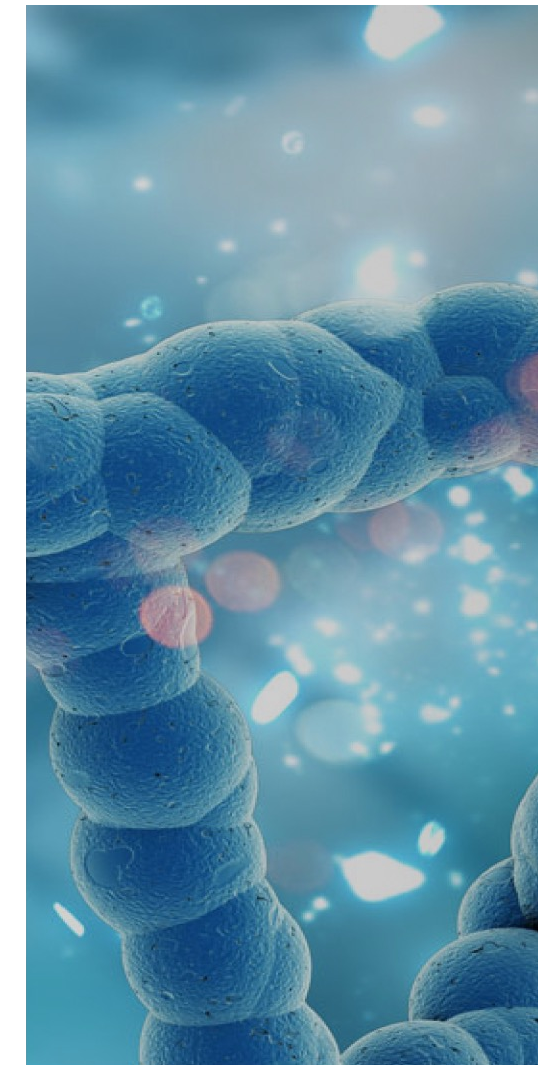
Publications

7

Clinical Trials

91

Patents



The Markets are Very Large

Global Heart & Circulatory Disease Prevalence in 2021



Cardiovascular Disease (CVD) doubled from 271 million in 1990 to 620 million in 2021.

At first our numbers will be modest, focused on HNWI's who can afford it.

However, we scale to address the larger market opportunity

1 Automated Cell Therapy Systems (ACTS) produce 240 treatments/month (\$144 M/Yr.)

ACTS scales regionally, globally.

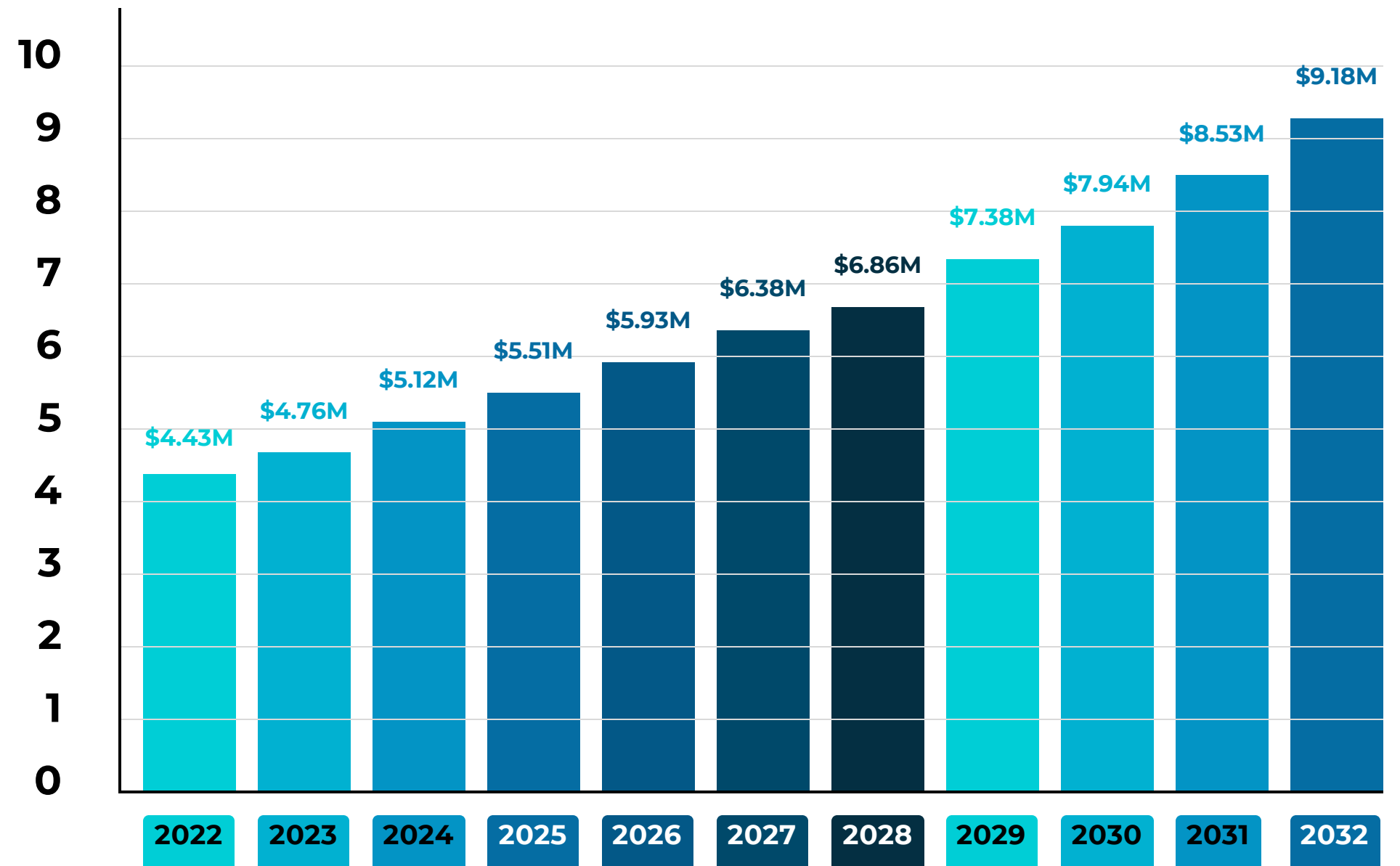
Target Markets are Very Large

The global CLTI market was valued at \$4.02 Billion in 2022. The Ischemic Heart Disease (IHD) drugs market reached US \$6.1 Billion in 2022.


Hemostemix Addressable Market

1/20,000 market penetration in North America and the European Union represents 240 batches/month, and \$144 Million in annual revenue. This can be achieved with six clean rooms operating two shifts at 40 batches a month, or one ACTS module producing 240 batches a month.

CRITICAL LIMB ISCHEMIA TREATMENT MARKET SIZE
2023 TO 2032 (USD BILLION)



Source: www.precedenceresearch.com



The Company projects to be cashflow positive by late 2025 selling 30-40 treatments per month to no-option patients suffering from end-stage critical limb ischemia and heart disease.



ACTS (automated cell therapy system) scales treatments up to 240 per month per pod, once certified.

Filing dilated cardiomyopathy for orphan disease status: 7 years exclusivity, fee abatement, grant funding.

Management and the Board have \$8.7 Million invested.

A Multiple Treatments Technology Platform: ACP, NCP, CCP

From the patient's blood, Hemostemix creates ACP, NPC, and CCP.



Angiogenic Cell Precursors

Angiogenesis at the site of ischemia. Enhanced migration and repopulation of damaged tissue. Decreased inflammation, anti-apoptotic factors. CLTI & Heart Disease

Neuronal Cell Precursors

Enhanced secretion of nerve growth factors, Homing of cells to site of injury. Neuro – regenerative!

Small animal study of motor function and neuropathic pain underway at Clemson University.

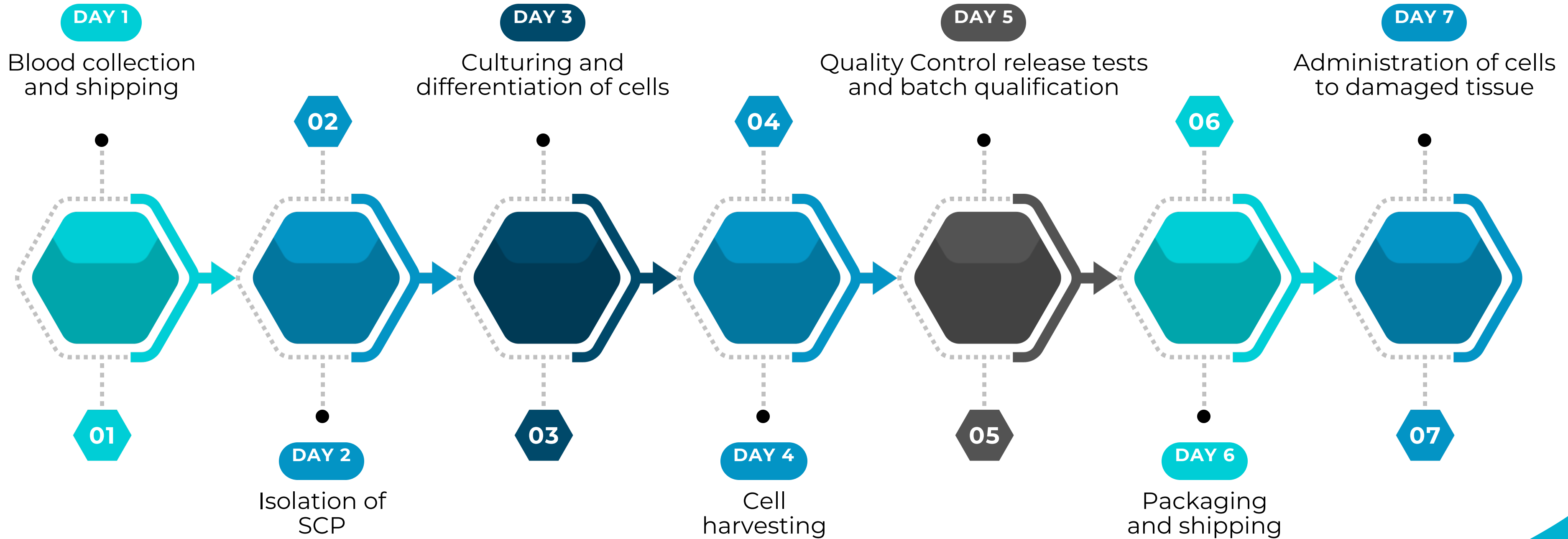
Cardiomyocyte Cell Precursors

Proposed to create a heart patch in conjunction with an autologous bio scaffold

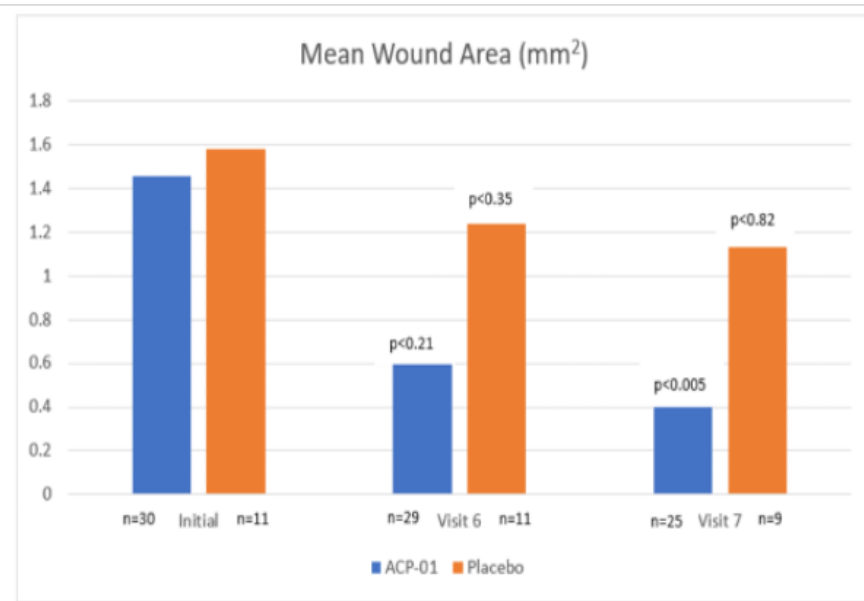
Product Development

Key Process Steps with Treatment on Day 7

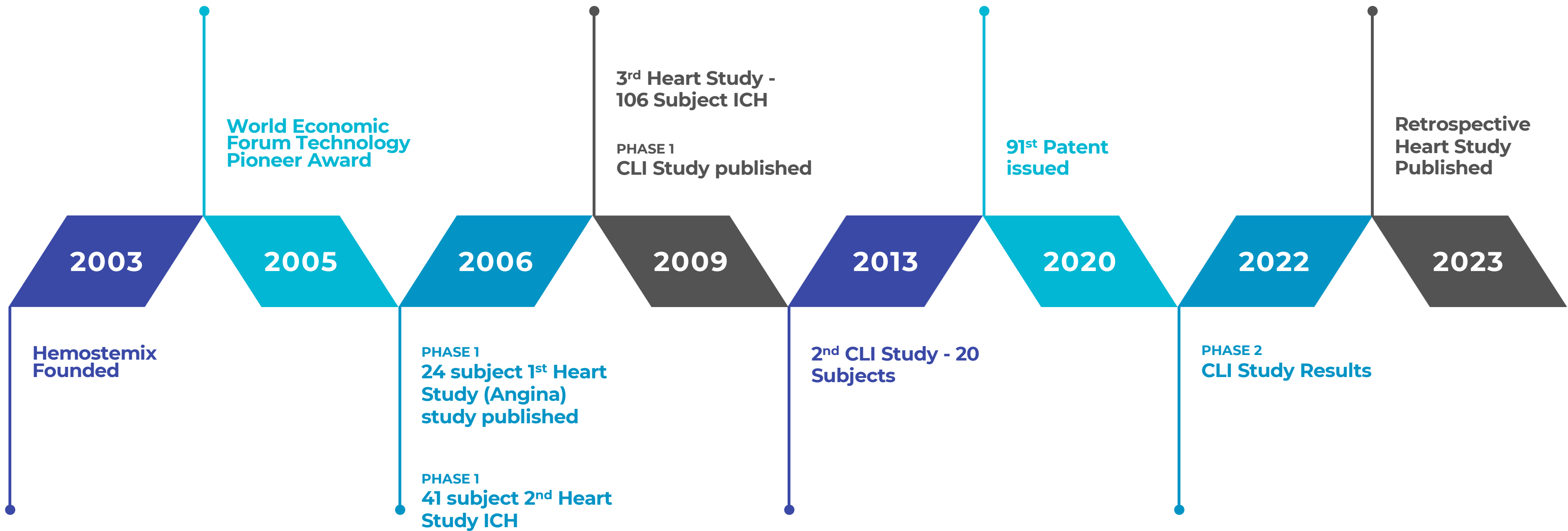
ACP (patient's DNA) scales and ships in ready to use syringes to physicians globally.



Why Physicians and Patients Like ACP



Historical Event Timeline



Autologous Regenerative Therapeutic Competitors

Company	Indications		Source	Phase		
	Ischemic Heart Disease	Chronic Limb Threatening Ischemia		I	II	III
Hemostemix			Peripheral Blood ¹			
BioCardia			Bone Marrow ²			
Life Cells ³			Acellular Dermal Matrices ³			
BioGen Cells			Peripheral Blood ¹			

Notes:

1. Simple peripheral blood draw provides patient own unique DNA based source material.
2. Bone marrow derived stem cell source material requires hospitalization which limits scaling of the therapeutic. The procedure is painful and adds risk.
3. Allergan (Abbvie) paid \$2.9 B cash for Lifecell for its allogenic acellular dermal matrices that serve as scaffolds for tissue repair in surgeries: facial, breast, abdominal and burn reconstructions.
4. Planned closeout of completed Phase II CLTI trial, and initialization of Phase II ICM and Phase III CLTI trials
5. Results expected in Q4, 2024
6. Completed in 2016
7. Recruiting patients

Supply of Physicians

110 Heart

Invasive Cardiologists

Hemostemix has organized invasive cardiology capacity to treat up to 110 patients/month with cardiologists who have completed 210 regulatory approved ACP heart treatments.

226 CLTI

Phase II Vascular Surgeons

Globally, 236 million suffer from Peripheral Arterial Disease. Approximately 23 million degenerate into CLTI, of which 40% have no-options (9.2 million).

Hemostemix has organized physician capacity to review up to 226 patients/month – 2nd opinion before amputation.

Sales Path to Market – Demand

Sales of ACP for no-option patient treatments will be through clinicians who have regulatory approval to treat.

A sales distribution agreement is in process with 200 stem cell clinics who offer donor cell products. They share one platform for both sales processing and patient records management.

Sales of ACP for heart disease treatments will be through invasive cardiologists who have completed more than 210 such treatments with regulatory approval.

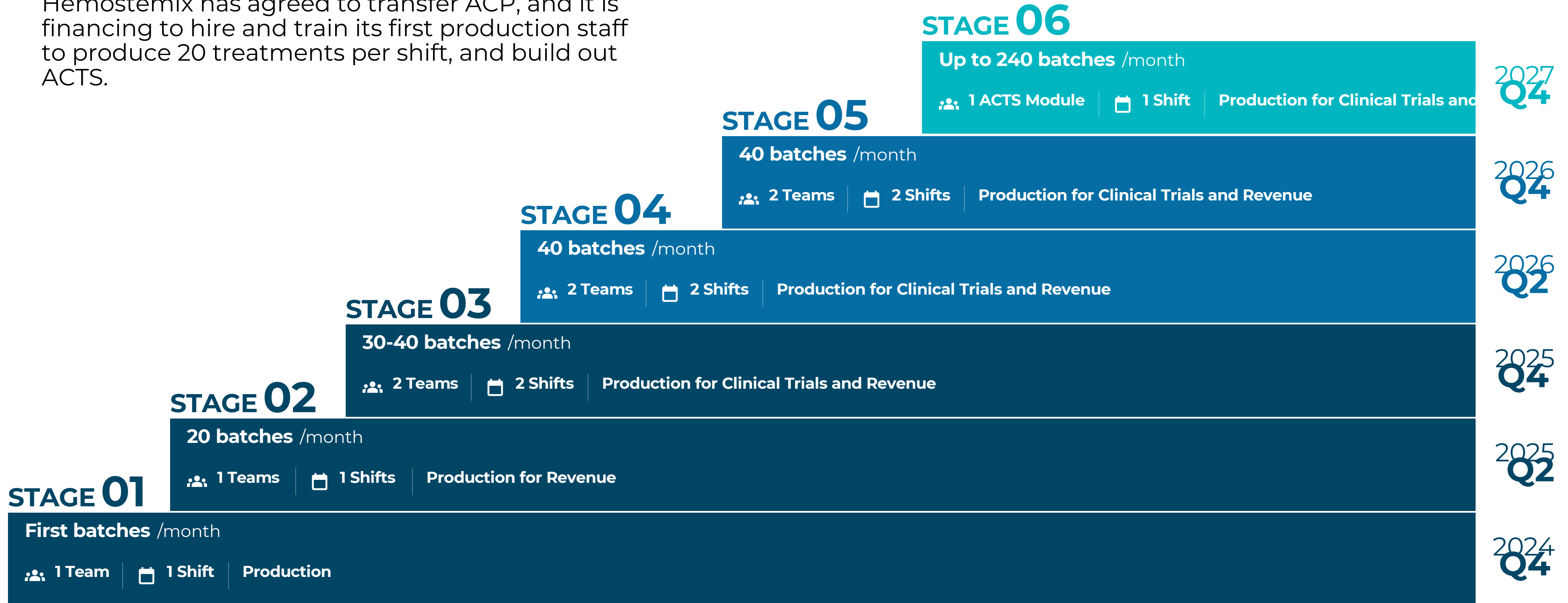
To-date, seven clinical trial sites have agreed to process up to 226 CLTI referrals per month.

The company is pursuing a regional joint venture strategy to produce ACP in local markets for sale to no-option patients.

Increases capacity and sales

Timeline to Production

Hemostemix has agreed to transfer ACP, and it is financing to hire and train its first production staff to produce 20 treatments per shift, and build out ACTS.



Capitalization

Notes:

1. CD1 – 5-yr secured (2nd position), due June- 2026, no remaining interest, converts at \$0.40 per share.
2. CD2 – 5-yr secured (1st position), due April- 2027, interest of 8% p.a. payable in shares, converts at \$0.175 per share.
3. Warrants – Weighted average strike price \$0.365, weighted average duration 20.6 months.

Proforma Cap Table (Dec-31-2023) (Current as at Feb-29-2024)

Debt	CAD \$000s	Mgt / Insiders %
Convertible Debenture (CD1) ¹	\$2,500	100.0%
Convertible Debenture (CD2) ²	\$2,750	89.1%
Total Debt	\$5,250	94.3%
Equity	CAD \$000s	Mgt / Insiders %
Shares	87,122,318	16.5%
Warrents ³	39,654,289	42.4%
Options	8,676,694	100%
Fully Diluted (no CD Conversation)	133,068,300	30.0%
Convertible Debenture (CD1) ¹	6,250,000	100%
Convertible Debenture (CD2) ²	15,714,286	89.1%
Fully Diluted (with CD Conversation)	155,032,586	38.8%

Use of Funds

Forecast Summary (CAD \$000s)

Cash Use - Manufacturing and Required Operating Costs	Year 1	Year 2	Year 3	Year 4	Year 5
Manufacturing Facility - (1 Clean Rm with 2 shifts; + working lab)	\$1,591	\$1,053	\$1,053	\$1,053	\$1,053
Manufacturing - Costs+Staffing (add 2nd shift in 1yr-Q3)	\$953	\$1,310	\$1,310	\$1,310	\$1,310
Manufacturing costs	\$2,543	\$2,363	\$2,363	\$2,363	\$2,363
Sales costs	\$886	\$987	\$1,013	\$1,013	\$1,013
Regulatory & Patents	\$340	\$120	\$120	\$120	\$120
Corporate	\$800	\$1,000	\$1,150	\$1,300	\$1,500
Other/Contingency	\$400	\$500	\$550	\$600	\$650
Corporate, regulatory and patents	\$1,540	\$1,620	\$1,820	\$2,020	\$2,270
Cash used	\$4,969	\$4,970	\$5,196	\$5,396	\$5,646

Production Information	Year 1	Year 2	Year 3	Year 4	Year 5
Max Capacity	30	450	480	480	480
Utilization Percentage (0-100%; Sensitivity and Trial batches)	75%	75%	75%	75%	75%
Batches sold (truncated, no partial batches)	22	337	360	360	360

Cash Sources	Year 1	Year 2	Year 3	Year 4	Year 5
Financing of \$6MM, net of 5% costs	\$5,700	--	--	--	--
Batch revenue (net of direct var'l costs; Fxd are in lines 7 and 8)	\$990	\$15,165	\$16,200	\$16,200	\$16,200
Act 60 - Cash back (factored at 90%)	--	\$2,236	\$2,233	\$2,276	\$2,304
Licensing - based on phase II cardiac midpoint results	--	--	--	--	--
Cash generated	\$6,690	\$17,401	\$18,433	\$18,476	\$18,504
Change in Cash - for the period	\$1,721	\$12,431	\$13,238	\$13,080	\$12,858
Cumulative cash available for debt service, trials, ACTS, W/C	\$1,721	\$14,152	\$27,389	\$40,470	\$53,328

Key Takeaways

ACP is a break-through treatment for no-option angina, dilated and ischemic cardiomyopathy and CLTI.

The Company will generate revenue from the early start of production and gear to produce for sales to nooption patients at an 80% Margin.

ACT 60 generates 50% cash back of all R&D, a 15-year 1% profit tax, and a 20% tax credit for offshore expenses..

Management and the board have \$8.7 million invested.

\$0.05 Unit includes a full warrant @ \$0.12.

ACP is effective, and because it is sourced from the patient's blood and cultured in the patient's serum. It is completely autologous and therefore safe in the short term and the long term.

ACP is protected by 91 patents, is scalable, with a team that has more than 20 years of production experience.

The company will file for orphan disease status for Dilated Cardiomyopathy.



Dr. Ina Sarel

phD, Chief Scientific Officer

Worked with the company since 2008



Dr. Fraser Henderson

MD, Chief Medical Officer

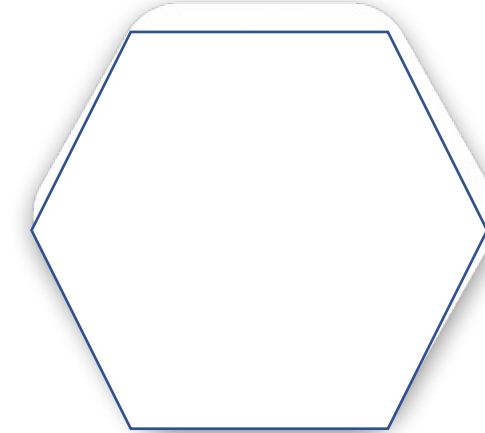
Practicing Neurosurgeon



David Reese

BA, MBA - Former CEO

Senior Operating and Financial Consultant



Hiring PM in PR



Thomas Smeenk

BA President & CEO, Co-Founder

Co-managed and financed Hemostemix start-up 2006-2011



Peter Lacey

ICD.D, Chairman Founder

Chairman, CEO Cervus Corporation



Dr. Ronnie Hershman

M.D., F.C.C.S, Director

Practicing Cardiologist



Loran Swanberg

Director, Owner

Landsman properties Ltd.



Dr. York Hsiang

Prof. Vascular Surgery

Univ. British Columbia



Dr. Alan Lumsden

Chair, Dept of Cardiology

Houston Methodist



Dr. Ernst Von Schwarz

UCLA, Cardiologist

Beverly Hills, California



Dr. Johannes Grillari

Associate Professor

Ludwig Boltzmann Institute
Vienna Austria



Dr. Pierre Leimgruber

Cardiologist & "Patient"

Former CMO, Hemostemix,
Seattle Washington



Dr. Norman Wong

Dept of Medicine, Dept of
Biochemistry & Molecular Biology

University of Alberta,
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Thank You! Get in Touch

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