ASX RELEASE

11 October 2018

PRESENTATION TO FINANCE NEWS NETWORK INVESTOR EVENT

Sydney, 11 October 2018 – Kazia Therapeutics Limited (ASX: KZA; NASDAQ: KZIA), an Australian oncology-focused biotechnology company, is pleased to release an investor presentation to be made today at the Finance News Network Investor Briefing at 12.30pm in Sydney.

[ENDS]

About Kazia Therapeutics Limited

Kazia Therapeutics Limited (ASX: KZA, NASDAQ: KZIA) is an innovative oncology-focused biotechnology company, based in Sydney, Australia. Our pipeline includes two clinical-stage drug development candidates, and we are working to develop therapies across a range of oncology indications.

Our lead program is GDC-0084, a small molecule inhibitor of the PI3K / AKT / mTOR pathway, which is being developed to treat glioblastoma multiforme, the most common and most aggressive form of primary brain cancer in adults. Licensed from Genentech in late 2016, GDC-0084 entered a phase II clinical trial in March 2018. Initial data is expected in early calendar 2019. GDC-0084 was granted orphan designation for glioblastoma by the US FDA in February 2018.

TRX-E-002-1 (Cantrixil), is a third-generation benzopyran molecule with activity against cancer stem cells, and is being developed to treat ovarian cancer. TRX-E-002-1 is currently undergoing a phase I clinical trial in Australia and the United States. Cantrixil was granted orphan designation for ovarian cancer by the US FDA in April 2015.

KAZIA THERAPEUTICS

Cancer-focused biotech with two clinical-stage programs

Presentation to Finance News Network Investor Event

Sydney, NSW
11 October 2018

Forward-Looking Statements

This presentation contains “forward-looking statements” within the meaning of the “safe-harbor” provisions of the Private Securities Litigation Reform Act of 1995. Such statements involve known and unknown risks, uncertainties and other factors that could cause the actual results of the Company to differ materially from the results expressed or implied by such statements, including changes from anticipated levels of customer acceptance of existing and new products and services and other factors. Accordingly, although the Company believes that the expectations reflected in such forward-looking statements are reasonable, there can be no assurance that such expectations will prove to be correct. The Company has no obligation to sales, future international, national or regional economic and competitive conditions, changes in relationships with customers, access to capital, difficulties in developing and marketing new products and services, marketing existing products and services update the forward-looking information contained in this presentation.

Investment Highlights

1. Cancer drug developer with two distinct therapies in clinical trials
   - GDC-0084 in phase II trial for brain cancer
   - Cantrixil in phase I trial for ovarian cancer
2. Lead program, GDC-0084, acquired from Genentech following their strategic deprioritisation and now in phase II under Kazia
3. Experienced team, with extensive international background in big pharma and biotech
4. Four value-driving clinical data read-outs between now and end of 2019, with potential upside around planned collaborations in other forms of cancer

Kazia strategy to develop high-quality assets from external sources

Identify Value

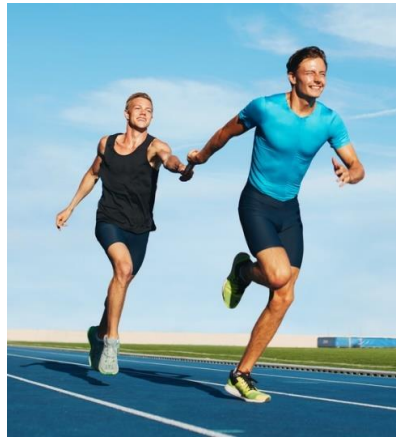
- Bring in under-valued assets from other pharmaceutical companies

Build Value

- Conduct focused clinical trials
- Identify optimal patient groups
- Understand safety and dosing
- Engage with external experts

Realise Value

- Partner with big pharma for late-stage development to bring to market



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Proceeds of outbound licensing reinvested in earlier-stage assets

A strong team brings international experience in big pharma and early-stage biotech

Board

Iain Ross
Chairman

Executive and Board roles in pharma and small biotech

Bryce Carmine
Deputy Chairman

36 years executive experience in Eli Lilly

Steven Coffey
Non-Executive Director

Chartered accountant with extensive governance experience

Dr James Garner
Chief Executive Officer
& Executive Director

Physician / MBA; Extensive drug development experience

Scientific Advisory Board

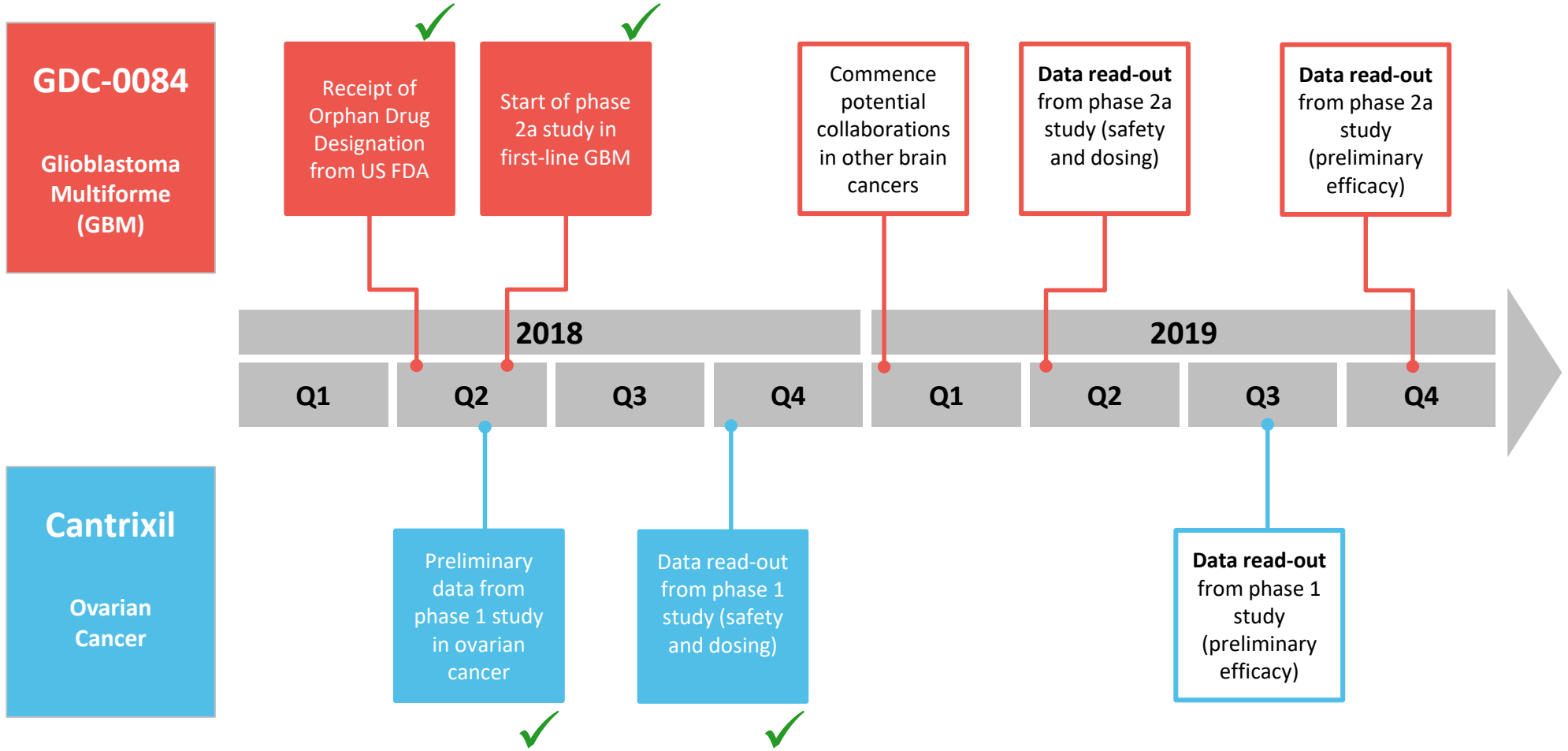
Professor Sir Murray Brennan
Emeritus Chairman of Cancer Surgery at Memorial Sloan Kettering Hospital, New York

Dr Karen Ferrante
Former Chief Medical Officer at Millennium Pharmaceuticals

Professor Peter Gunning
Head of School of Medical Sciences at University of New South Wales

Professor Alex Matter
Former Global Head of Oncology Research at Novartis

Two clinical programs, with value-driving inflection points providing impactful newsflow during 2018-19



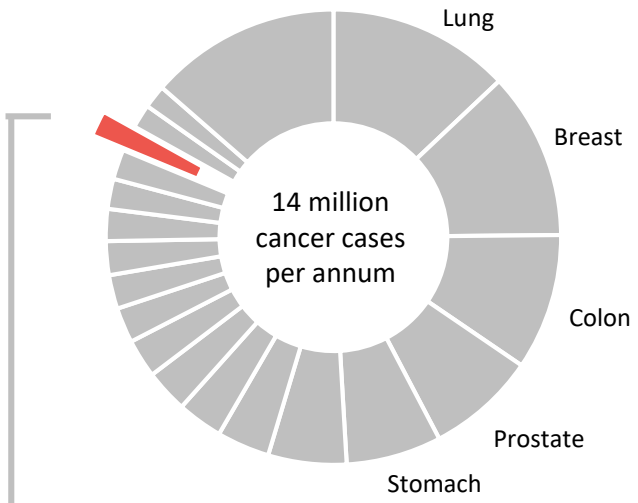
Kazia is NASDAQ & ASX listed with ~$9.3M of current assets at 30 June 2018

As at 30 June 2018

Current Assets	**Debt**
AU$ 9.3 million	Nil

Market Capitalisation (at 30 September 2018)	AU$ 20.6 million
Listing	ASX: KZA NASDAQ: KZIA (1:10 ratio)
Average Daily Volume	ASX: 0.1% /day NASDAQ: 0.4% /day
Average Daily Value	ASX: AU$ 28K /day NASDAQ: US$ 100K /day
Shares on Issue	48.3 million (35% US, 65% Australia)
Outstanding Options / Warrants	~6 million

Glioblastoma (GBM) is the most common and most aggressive form of primary brain cancer



Glioblastoma Multiforme

133,000 cases per annum worldwide

Indicative Market Opportunity

US$ 1 billion

No clear cause

or strong risk factors

3-4 months

untreated survival

12-15 months

average survival with treatment

Any age, but most common in

60s

Five-year survival

3 – 5%

(breast cancer: 90%)

Most common drug treatment is temozolomide (Temodar®), used after surgery and radiotherapy

Ineffective in approximately two-thirds of patients → huge unmet need

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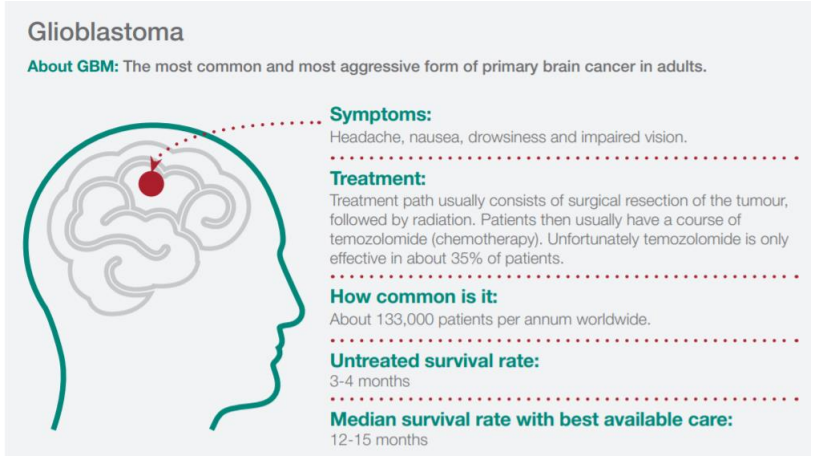
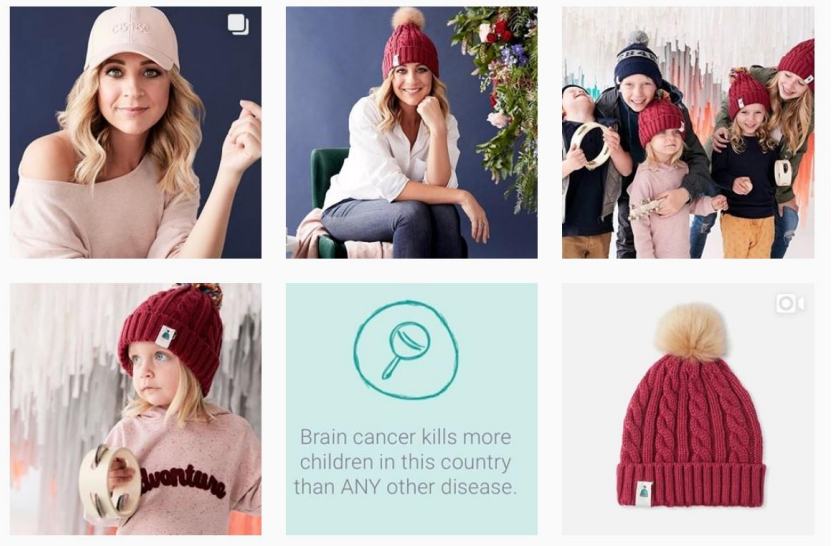
There is increasing recognition of the need to find treatment options for patients diagnosed with GBM

Growing public attention for brain cancer highlights need for new treatment options

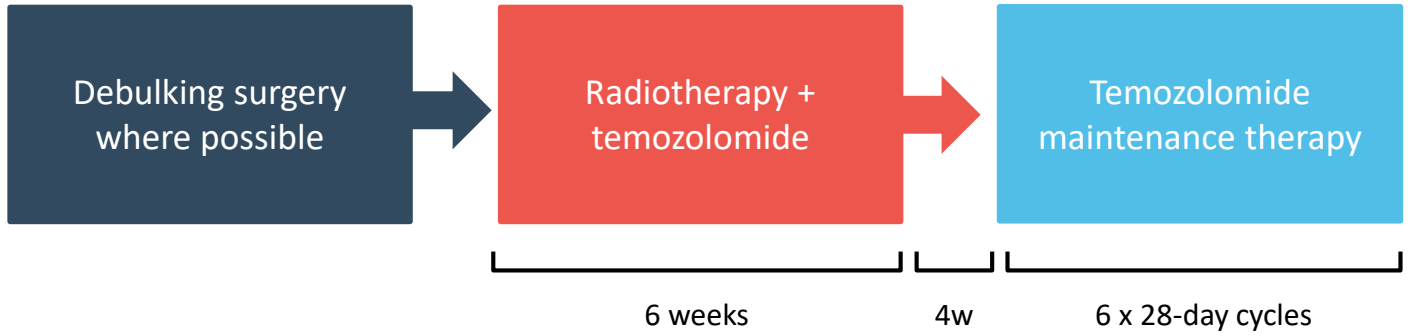
- Senator John McCain's diagnosis in July 2017 highlighted glioblastoma and focused attention on the need for new treatments
- Australian Brain Cancer Mission launched in October 2017, with funding from Cure Brain Cancer Foundation, Federal Government, and Minderoo Foundation
- TV personality, Carrie Bickmore, launched 'Beanies for Brain Cancer' after losing her husband to the disease

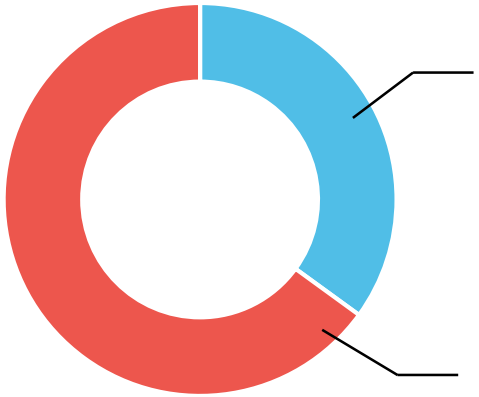




Current standard of care is essentially ineffective in approximately 65% of GBM cases

Standard of Care ('Stupp Regimen')





~35% of patients respond to temozolomide

Extends overall survival from 15 to 22 months

~65% of patients don't respond to temozolomide

Extends overall survival from 12 to 13 months

GDC-0084 is being developed for the ~65% of newly-diagnosed GBM patients who will not respond to existing chemotherapy with temozolomide

For these patients, there is no effective pharmacological treatment currently available

Source: ME Hegi, A-C Diserens, T Gorlia, et al. (2005). *N Engl J Med* 352:997-1003

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The PI3K inhibitor class is well-validated, but GDC-0084 is the only brain-penetrant drug in GBM

Two marketed products in the PI3K class validate this approach to treating cancer

- Two PI3K inhibitors now successfully brought to market, both in specific forms of blood cancer

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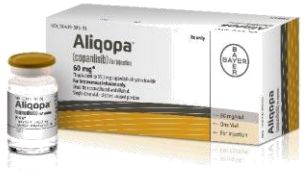
BAYER



- Demonstrates that PI3K is a validated pathway to target, and can yield effective cancer therapies
- Both agents approved by US FDA via ‘accelerated approval’ without waiting for a full phase 3 study

GDC-0084 is essentially unique in being able to cross the blood-brain barrier

- Neither of the two approved drugs can cross the blood-brain barrier and neither will ever be a treatment for brain cancer
- GDC-0084 was designed specifically for brain cancer, so it has been engineered to cross the BBB very effectively, and this has been shown in animal and human data
- Encouraging Phase I data in late stage patients now looking to treat earlier stage GBM patients

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Phase I of GDC-0084 established dosing and showed favourable safety

Safety

- Phase I safety trial conducted by Genentech
- 47 patients enrolled with advanced glioma (grade 3/4); average of three prior lines of therapy
- Most common adverse events were oral mucositis and hyperglycemia (common effects of PI3K inhibitors)
- No evidence of liver, bone marrow, kidney toxicity, or mood disturbances
- Data presented at American Society for Clinical Oncology annual meeting in Chicago, June 2016

Efficacy Signals

	GDC-0084	Comparison
Arresting Tumour Growth	**40%** Achieved 'stable disease'	**21-52%** in studies of Avastin in similar patients
Potentially Delaying Progression	**21%** Remained on study for >3 months	Median progression-free survival of **1 month***
Slowing Tumour Metabolism	**26%** Showed 'metabolic partial response' on FDG-PET	Potentially better predictor of clinical response than MRI†

DANA-FARBER CANCER INSTITUTE

UCLA University of California, Los Angeles

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center Making Cancer History®

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

Vall d'Hebron Institut de Recerca

* Taal et al., Lancet Oncology (2015): ORR and mPFS of Lomustine in 2L GBM were 2/41 (5%) and 1 months, respectively (n = 46)

† Schwarzenberg J, et al. Clin Cancer Res; 20(13); 3550–9

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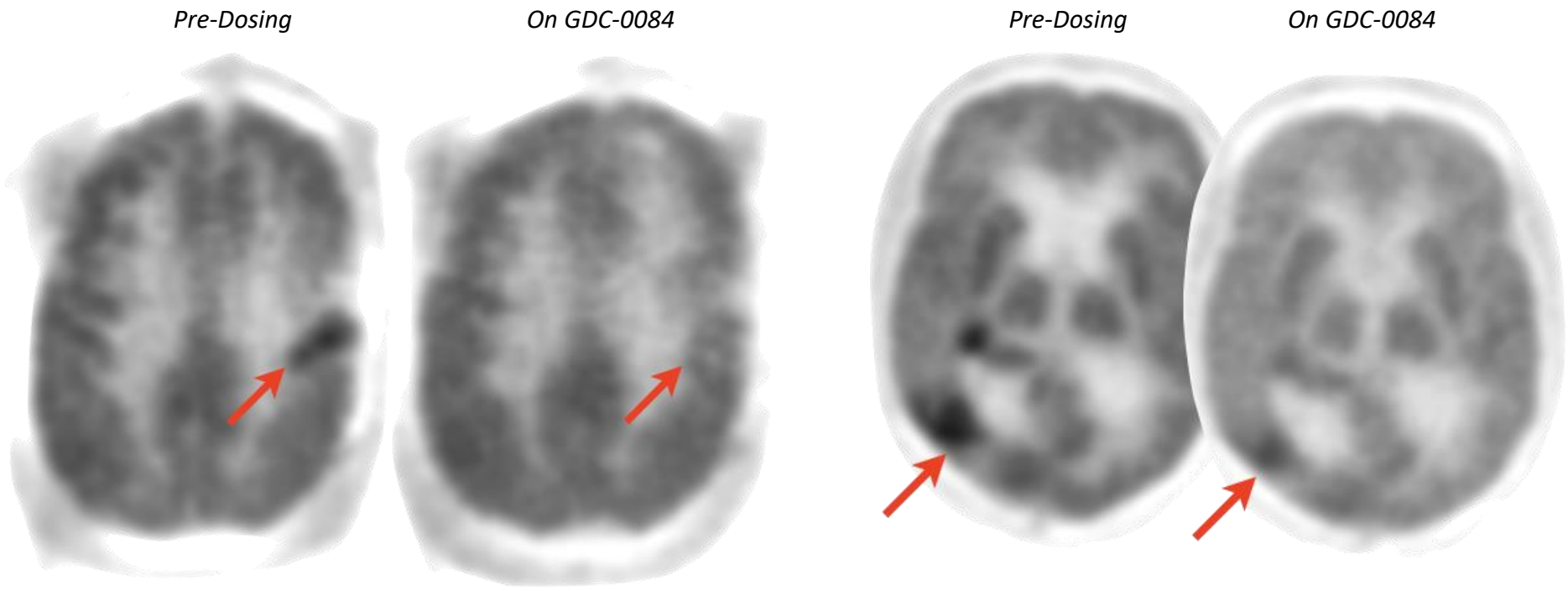
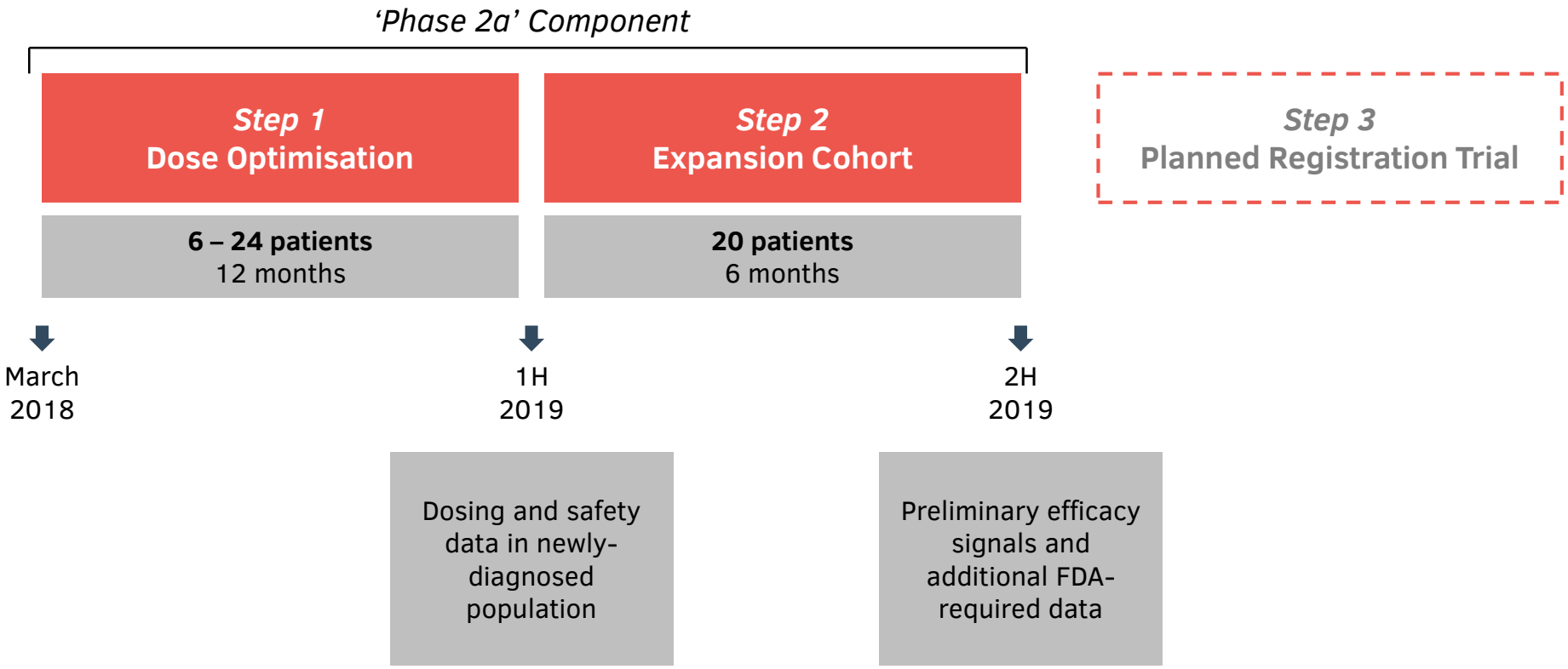
In GDC-0084 phase I, 7 / 27 patients (26%) showed a ‘metabolic partial response’ on FDG-PET



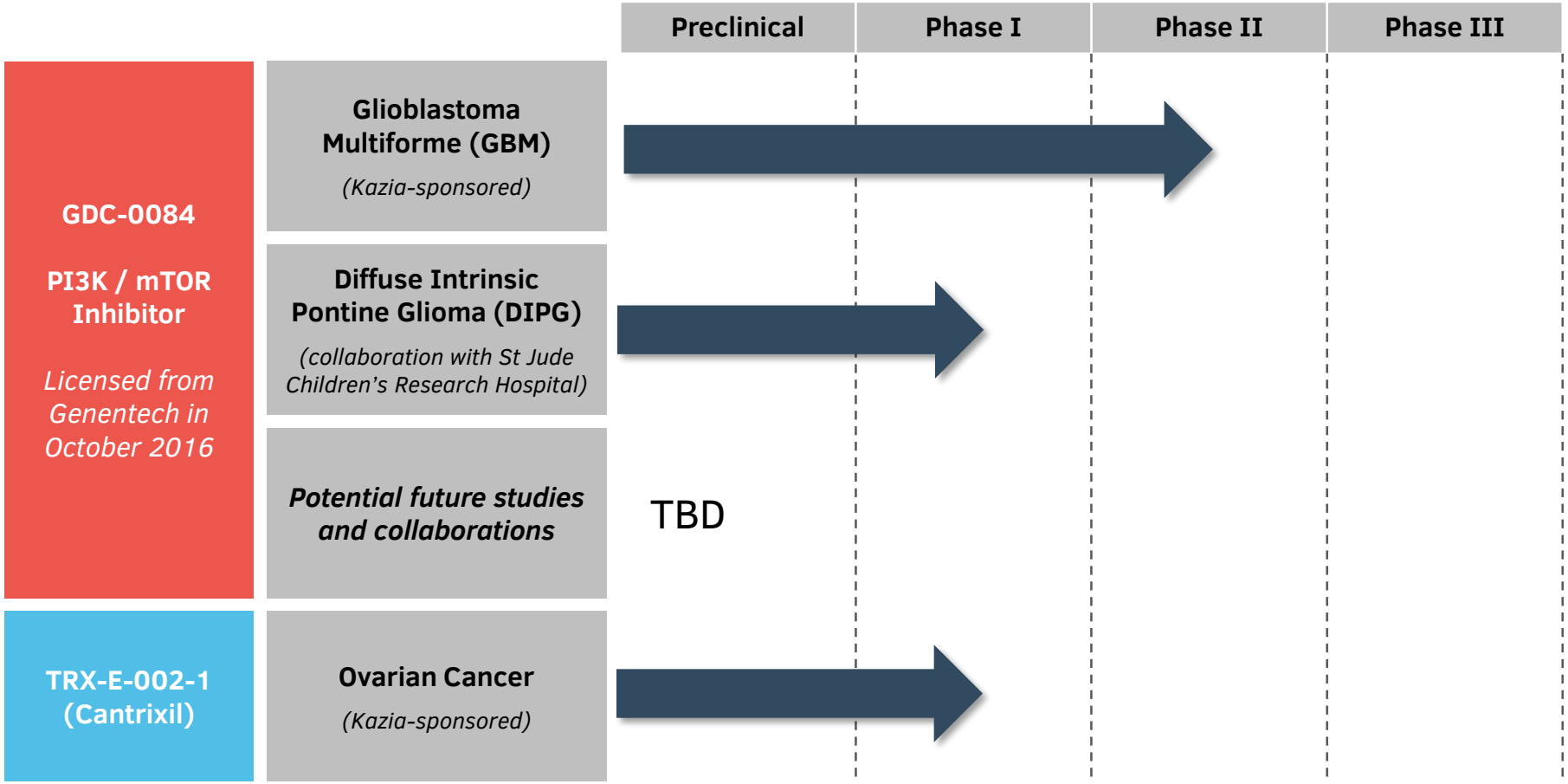
Analysis courtesy of Professor Ben Ellingson, UCLA Brain Tumor Imaging Laboratory

Multipart GDC-0084 phase II design allows for frequent data read-outs to inform partnering and early approval



Note: timelines are estimated, and subject to periodic revision based on recruitment performance and treatment effect

Recent collaboration with St Jude, a leading US paediatric hospital, expands GDC-0084 into childhood brain cancer



St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder

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