



**OUR MISSION IS TO FACILITATE LIFE
SCIENCE INNOVATIONS TO SERVE UNMET
MEDICAL NEEDS**

Corporate Presentation

NASDAQ Global Market: APM

DISCLAIMER

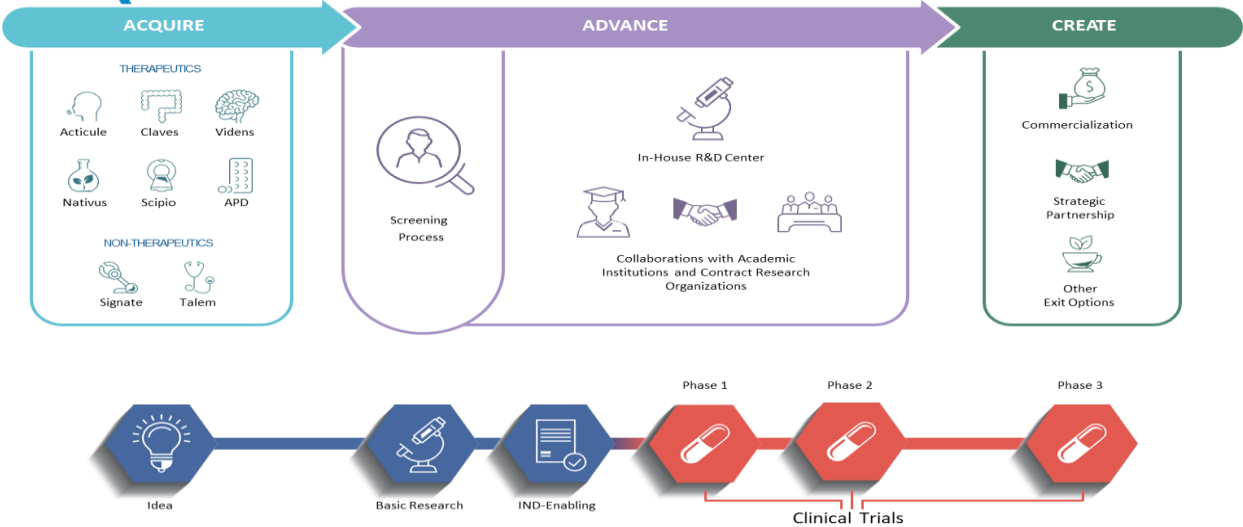
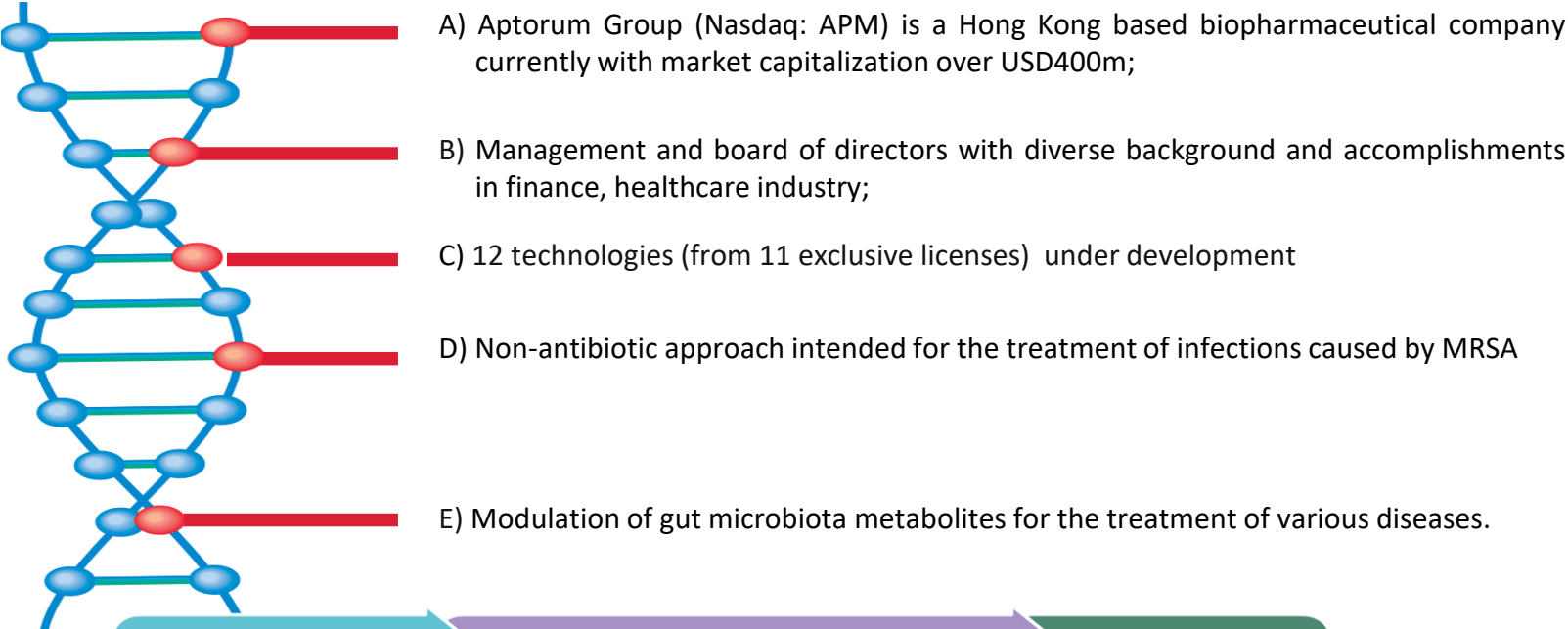
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A detailed description of risks and uncertainties related to the Company’s activities is included under the “Risk factors” section of the Company’s Prospectus (File No. 333-227198) filed with the Securities and Exchange Commission on December 4, 2018 and is available on the Company’s website (www.aptorumgroup.com). This presentation contains statistics, data and other information relating to markets, market sizes, market shares, market growth, market positions and other industry data pertaining to the Company’s business and markets. Such information is based on the Company’s analysis of multiple internal and third party sources, including information extracted from market research, governmental and other publicly available information, independent industry publications and information and reports. The Company, its affiliates, shareholders, directors, officers, advisors, employees and representatives have not independently verified the accuracy of any such market data and industry forecasts. Such data and forecasts are included in this presentation for information purposes only.

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APTORUM SUMMARY



* Decisions on whether to continue development and commercialization of our early-stage projects would heavily depend on the relevant preclinical and clinical data and trial results. The Company expects to follow the business model outlined above.



MR. IAN HUEN

Founder, Chief Executive Officer and Executive Director

- Over 15 years in global asset management
- US healthcare equity research analyst at Janus Henderson Group
- Trustee board member of Dr. Stanley Ho Medical Development Foundation
- CFA, Princeton University (Econ)



MR. DARREN LUI

President, Chief Business Officer and Executive Director

- Over 13 years in global capital market
- Extensive exposure in UK, Singapore, US.
- ICAS, CFA & Associate of Chartered Institute of Securities & Investments (UK)
- First-Class Honors from Imperial College (Biochemistry)



DR. CLARK CHENG

Chief Medical Officer and Executive Director

- Almost 10 years working in Raffles Medical Group as Operations Director and Deputy General Manager
- Received medical training at the University College London in 2005 & obtained membership of the Royal College of Surgeons of Edinburgh in 2009
- MBA, University of Iowa



MISS SABRINA KHAN

Chief Financial Officer

- Almost 10 years serving US & Asian healthcare companies
- Extensive experience in business development, restructuring, US & Asian IPO, and M&A deals
- Solid accounting experience gained from Big 4
- Advanced China Certified Taxation Consultant
- CPA, the University of Hong Kong (BBA(Acc & Fin))



DR. THOMAS LEE WAI YIP

Chief Executive Officer & Chief Scientific Officer - Aptorum Therapeutics Limited

- Former Assistant Professor at The Chinese University of Hong Kong (CUHK) specialized in drug delivery and formulation development
- 10 years working at Novartis & Celgene
- B.Pharm.(Hons), CUHK; Ph.D. in Pharmaceutical Sciences (Drug Delivery), the University of Wisconsin-Madison

Drug and Device Candidates									
Projects	Candidate / Modality	Indication	Development Stage						
			Target Identification & Selection	Lead Discovery	Lead Optimization	IND-Enabling	Phase 1	Phase 2	Phase 3
VIDENS' SERIES									
VLS-1	Curcumin-MNP (Medical Imaging Agent for MRI Diagnosis)	Diagnosis of Alzheimer's Disease	<div><div></div></div>						
VLS-2	MITA (mTor-independent TFEB activator)	Treatment of Alzheimer's & Parkinson's Disease	<div><div></div></div>						
VLS-3	Non-Invasive Retina Imaging Diagnostics	Diagnosis of Alzheimer's Disease	<div><div></div></div>						
VLS-4	Imaging Agent for MRI Diagnosis	Diagnosis of Alzheimer's Disease	<div><div></div></div>						
ACTICULE'S SERIES									
ALS-1	Small Molecule	Treatment of viral infections caused by Influenza virus A	<div><div></div></div>						
ALS-2	Small Molecule	Treatment of bacterial infections caused by Staphylococcus aureus including MRSA	<div><div></div></div>						
ALS-3	Small Molecule	Reviving existing antibiotics to overcome drug resistance	<div><div></div></div>						
ALS-4	Small Molecule	Treatment of bacterial infections caused by Staphylococcus aureus including MRSA	<div><div></div></div>						

Lead Projects
 Other Candidates
 Device Candidates

PROJECT PORTFOLIO

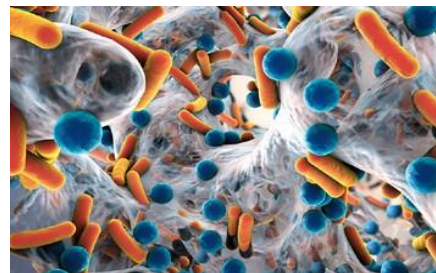
PROJECTS	CANDIDATE / MODALITY	INDICATION	DEVELOPMENT STAGE						
			Target Identification & Selection	Lead Discovery	Lead Optimization	IND-Enabling	Phase 1	Phase 2	Phase 3
NATIVUS' SERIES									
NLS-1	Small molecule	Treatment of Endometriosis	<div></div>	<div></div>	<div></div>				
NLS-2	An extract from Chinese yam	Relief of Menopausal Symptoms	<div></div>	<div></div>					
NLS-3	SAC	Treatment of and protection against retinal ischemia/ reperfusion injury	<div></div>	<div></div>					
SCIPIO'S SERIES									
SPLS-1	83b-1 Novel Quinoline Derivative	Treatment of liver cancer	<div></div>	<div></div>					

PROJECTS	CANDIDATE / MODALITY	INDICATION	DEVELOPMENT STAGE					
			Lab-based Phantom Trial	Animal Trial	IDE Application Approval	Safety/Fesibility Clinical Study	Pivotal Clinical Study	Process of obtaining PMA
SIGNATE’S SERIES								
SLS-1	Robotic catheter platform for Intra-operative MRI-guided cardiac catheterization	Heart rhythm disorders by cardiac electrophysiology intervention	On-going					

Lead Projects
 Other Candidates
 Device Candidates

OTHER KEY PROJECTS			
ALS-DDC	Drug Discovery Center + Chemical Library	Drug discovery by identification and screening of drug molecules for various indications	
AML Clinic	Clinic - Talem Medical	Medical Services	

OVERVIEW OF OUR LEAD PROJECTS



ALS-1 INFLUENZA A	ALS-4 STAPHYLOCOCCUS INCLUDING METHICILLIN-RESISTANT S. AUREUS (MRSA)	NLS-1 ENDOMETRIOSIS
<p>Population affected:</p> <p>Annual epidemics estimated to result in ~3-5 million cases of serious influenza infections, causing about 290,000-650,000 deaths each yearⁱ, around 50-80% of influenza infections are type Aⁱⁱ.</p>	<p>Population affected:</p> <p>53 million people worldwide carry MRSAⁱ.</p> <p>For example, in U.S., ~126,000 hospitalizations are due to MRSA yearly, where severe infections occur in ~94,000 people each year and are associated with ~19,000 deathsⁱⁱ.</p>	<p>Population affected:</p> <p>~176 million women globally (≈1 in 10 women during their reproductive years)ⁱ.</p> <p>~30-40% of women with endometriosis are subject to risk of infertility and may develop complications during pregnancyⁱⁱ.</p>
<p>Market Size:</p> <p>Global Market Size in 2016: US\$ 0.60 billionⁱⁱⁱ.</p> <p>Expected Global Market Size by 2025: US\$ 1.2 billionⁱⁱⁱ.</p>	<p>Market Size:</p> <p>Global Market Size in 2016: US\$ 2.97 billionⁱⁱⁱ.</p> <p>Expected Global Market Size by 2025: US\$ 3.91 billionⁱⁱⁱ.</p>	<p>Market Size:</p> <p>Market Size in 2015: US\$ 1.72 billion (across the 7 major countries)ⁱⁱⁱ.</p> <p>Expected Market Size by 2025: just over US\$ 2 billion (across the 7 major countries)ⁱⁱⁱ.</p>

i. WHO: Influenza (Seasonal), [http://www.who.int/en/news-room/fact-sheets/detail/influenza-\(seasonal\)](http://www.who.int/en/news-room/fact-sheets/detail/influenza-(seasonal))

ii. WHO Global circulation of influenza viruses, <http://apps.who.int/flumart/Default?ReportNo=6>

iii. Bloomberg: New Drugs Are Coming to Fight Nasty Flu Seasons (9 Feb 2018), <https://www.bloomberg.com/news/articles/2018-02-08/flu-relief-is-coming-as-successors-to-aging-tamiflu-near-market>

i. Roche Annual report 2017, <https://www.roche.com/dam/jcr:78519d71-10af-4e02-b490-7b4648a5edb8/en/ar17e.pdf>

ii. emedicinehealth: MRSA https://www.emedicinehealth.com/mrsa_infection/article_em.htm#how_common_is_mrsa

iii. Healthcare Drive: Global Methicillin-resistant Staphylococcus Aureus (MRSA) Drugs Market Analysis and Forecast Predictions, <https://www.healthcaredrive.com/press-release/20180405-global-methicillin-resistant-staphylococcus-aureus-mrsa-drugs-market-anal/>

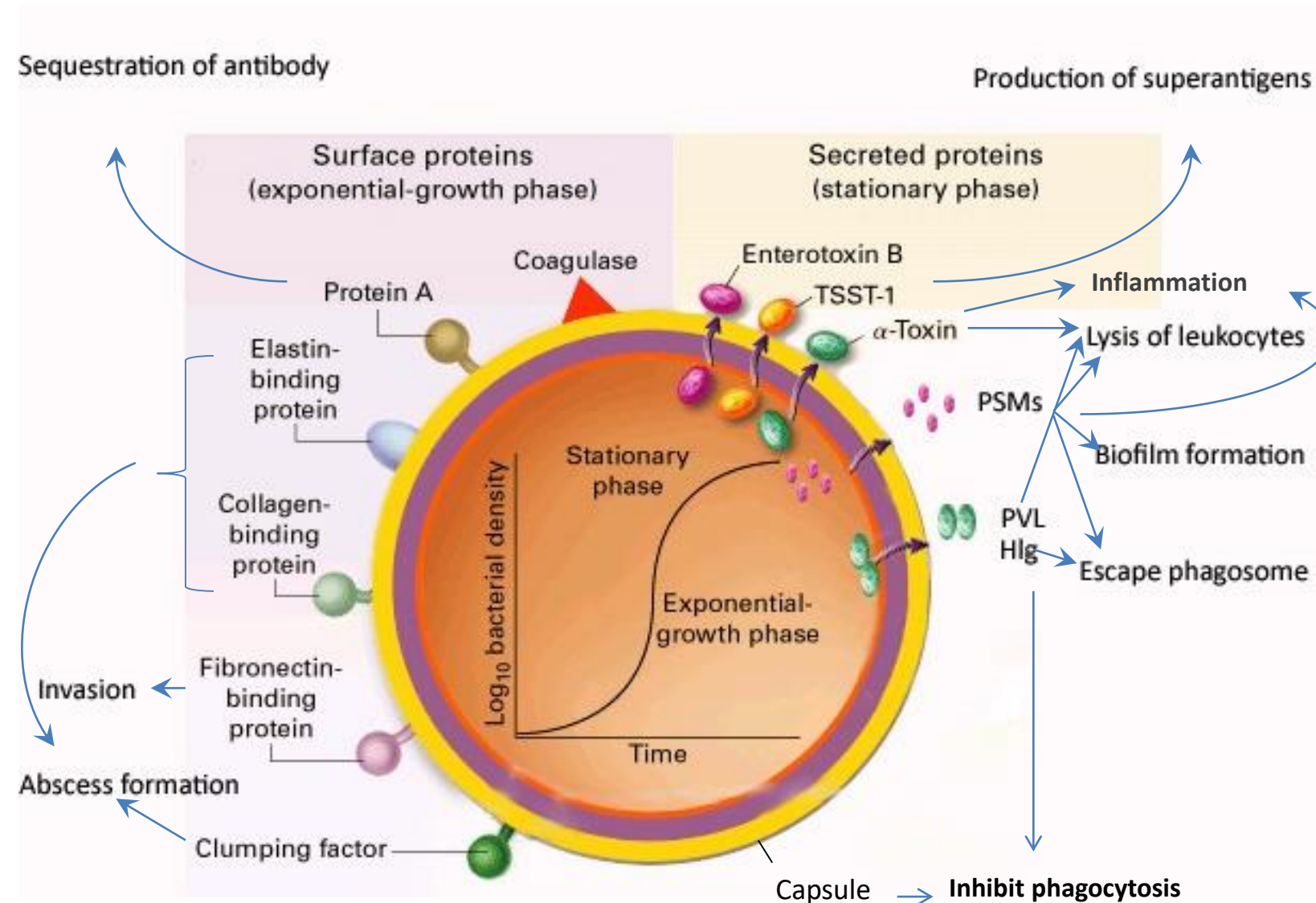
i. Endometriosis.org: Facts about endometriosis, <http://endometriosis.org/resources/articles/facts-about-endometriosis/>

ii. Washington University Physicians, "Endometriosis", <https://fertility.wustl.edu/getting-started-infertility/infertility-factors/endometriosis/>

J. Fisher M. Kirkman, "Endometriosis and fertility: women's accounts of healthcare", Human Reproduction, Volume 31, Issue 3, March 1, 2016, Pages 554–562, January 11, 2016, <https://doi.org/10.1093/humrep/dev337>

iii. R&D: Endometriosis Market Expected to Surpass \$2 Billion by 2025 (11 Nov 2016) – By Global Data. List of 7 major countries: the US, France, Germany, Italy, Spain, the UK and Japan, <https://www.rdmag.com/news/2016/11/endometriosis-market-expected-surpass-2-billion-2025>

Treatment of Bacterial Infections including MRSA by a Non-antibiotic Approach



- Bacterial infections are mediated by pathogenic or opportunistic bacteria
- Successful infections depends on host's immunity and pathogen's virulence
- Targeting bacterial virulence is an alternative approach to antimicrobial therapy

The figure is modified from Rachel J. Gordon, et al. Clin Infect Dis. (2008)

ALS-4: THE ADVANTAGE OF TARGETING VIRULENCE EXPRESSION-

DISARMING THE BACTERIA

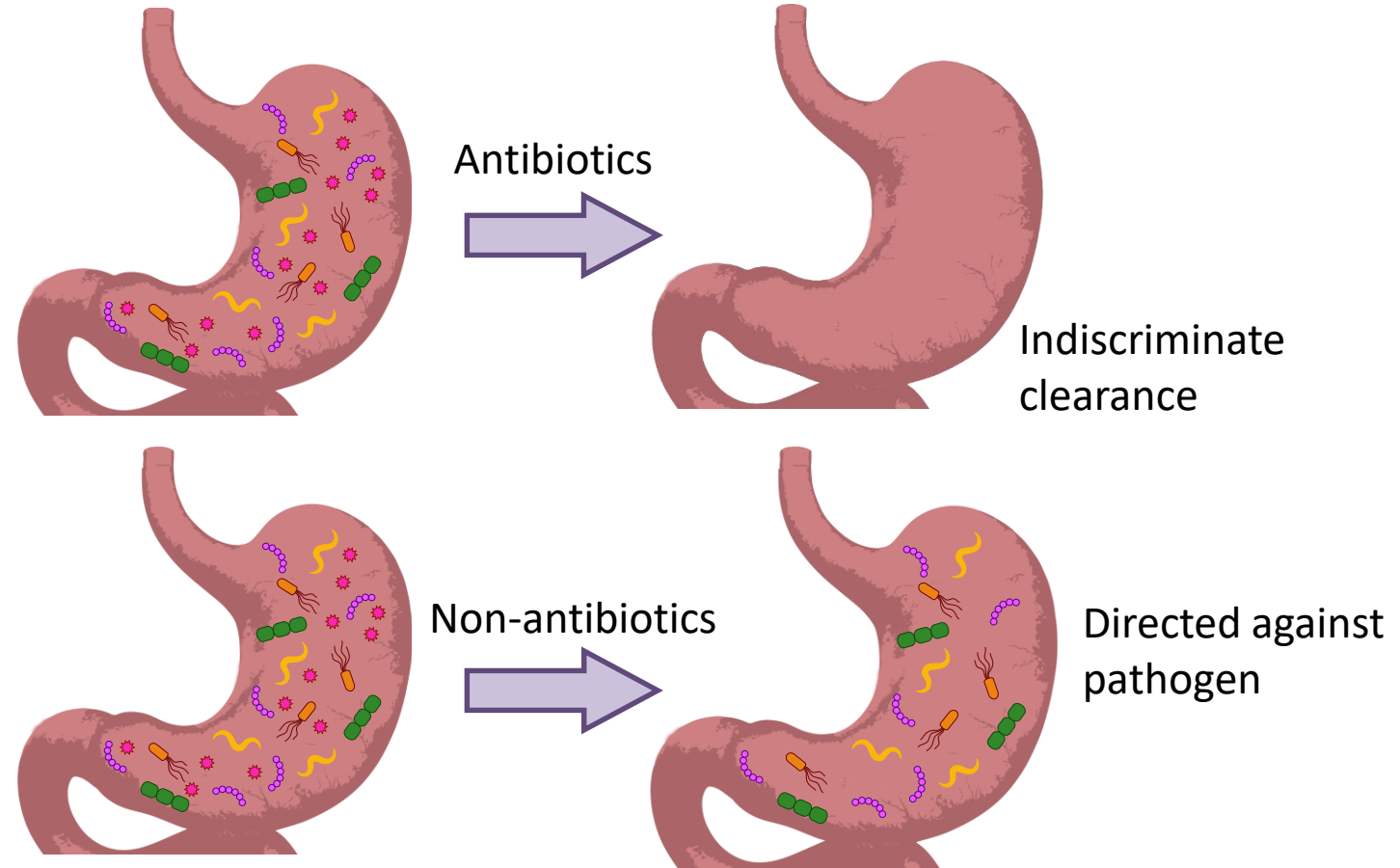
- ✓ Avoid Bacterial Drug Resistance
- ✓ Preserve Host Normal Flora

Antibiotics

- Antibiotics are usually broad spectrum and indiscriminate
- Commonly affect normal flora, may lead to super-infection in case of drug resistance

Non-antibiotics

- Not bactericidal, no selective pressure to promote drug resistance
- Pathogen specific, avoid normal flora casualties
- Only reduce pathogenicity of bacteria, bacterial clearing is mediated by host immunity

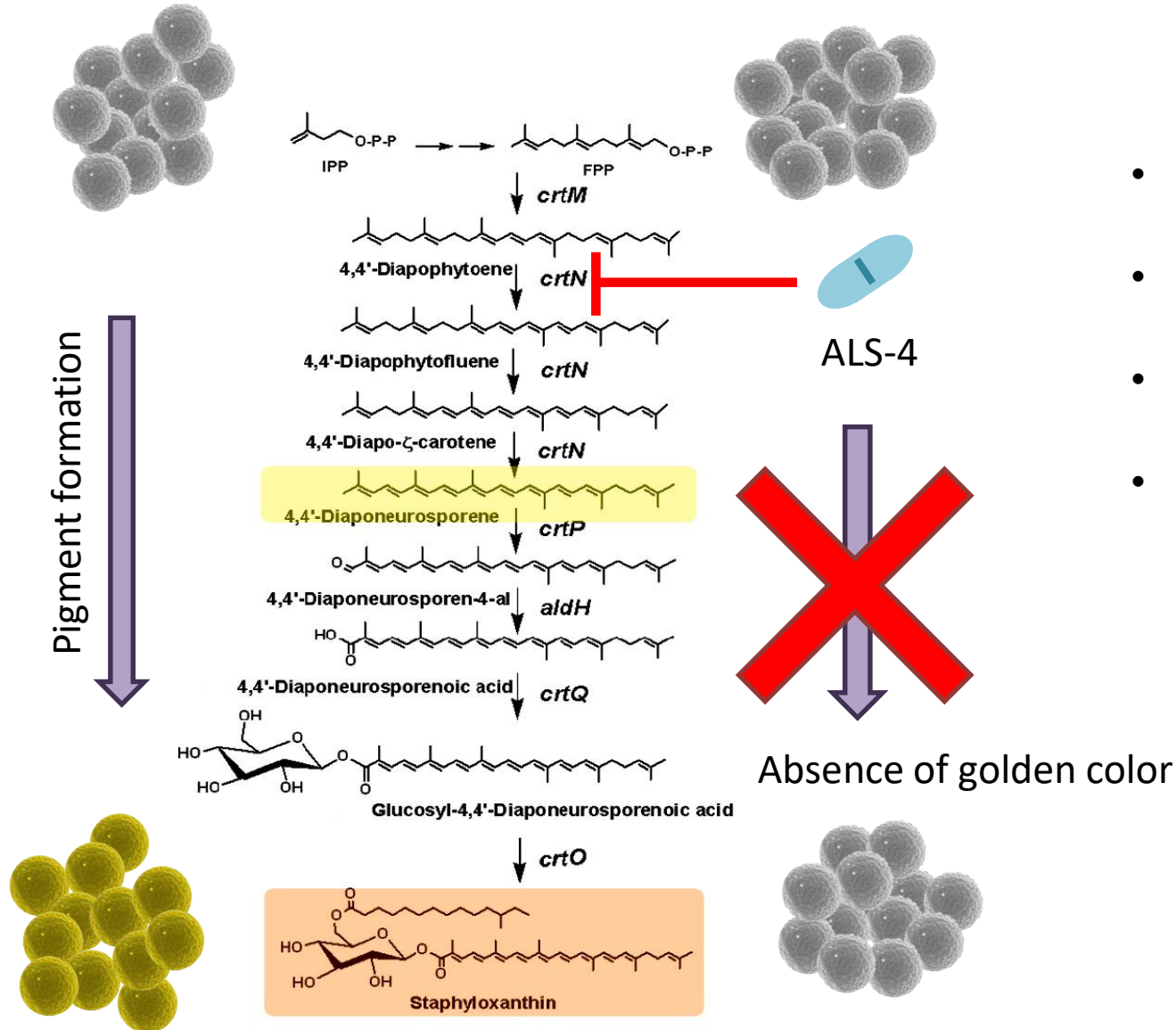


Sources

1. Köhler T, Perron GG, Buckling A, van Delden C. PLoS Pathog. 2010 May 6;6(5):e1000883.
2. Yu X-Q, Robbie G J, Wu Y, Esser M T, Jensen K, Schwartz H I, Bellamy T, Hernandez-Illas M, Jafri H S. Antimicrob Agents Chemother. 2017;61:e01020-16.
3. Milla C E, Chmiel J F, Accurso F J, VanDevanter D R, Konstan M W, Yarranton G, Geller D E. Pediatr Pulmonol. 2014;49:650-658.
4. DiGiandomenico A, Keller A E, Gao C, Rainey G J, Warren P, Camara M M, Bonnell J, Fleming R, Bezabeh B, Dimasi N, et al. Sci Transl Med. 2014;6:262r.

THE MECHANISMS OF ALS-4 -

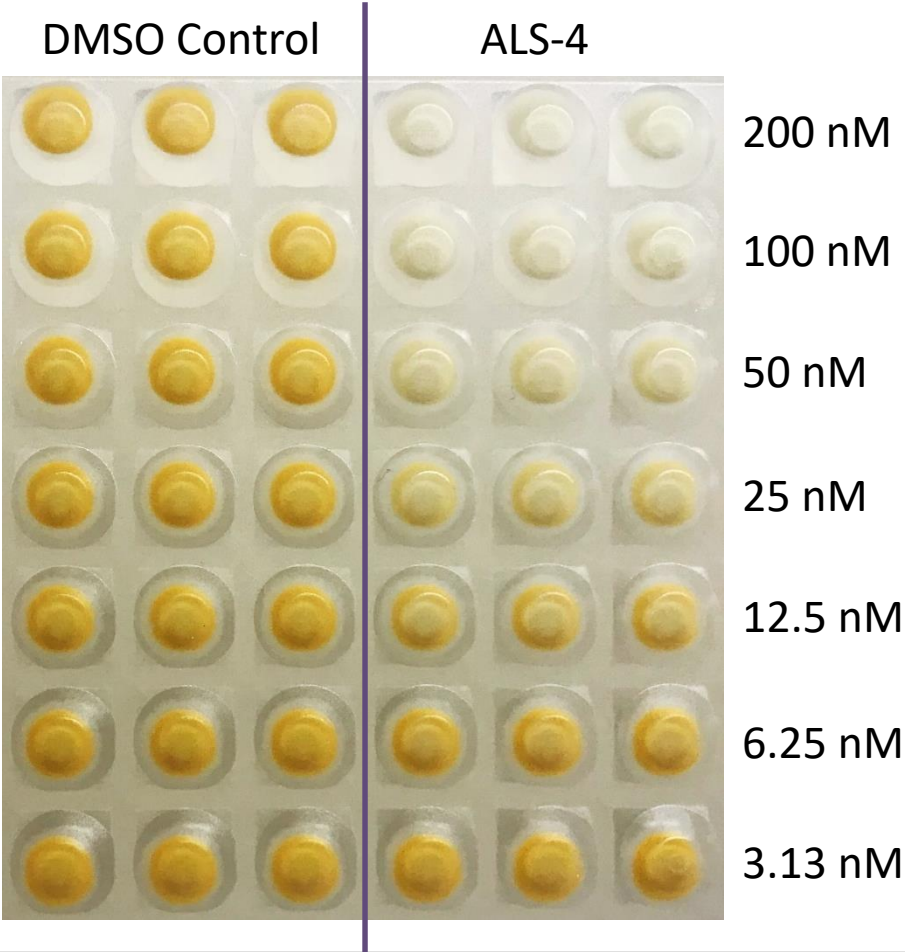
ANTI-GOLDEN PIGMENT AGENT



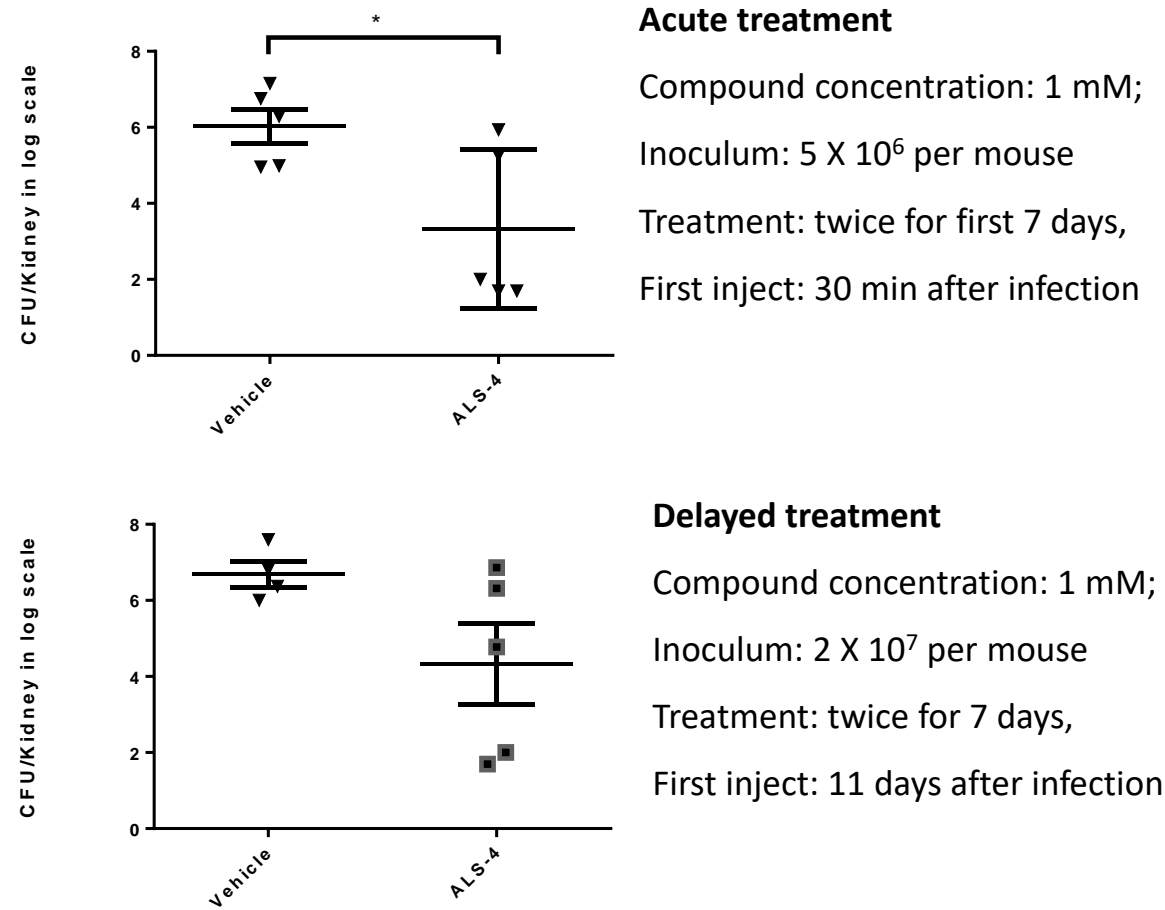
- Staphyloxanthin is the golden yellow pigment of *S. aureus*
- The pigment protects the bacteria against oxidative stress produced by our immune cells.
- ALS-4 is intended to suppress one of the key enzymes in the pigment production process
- *S. aureus* without pigments are more susceptible to host immune clearance

mBio (8(5): e01224, 2017))

ALS-4 is intended to inhibit *S. aureus* pigment production with an $IC_{50} = 20nM$

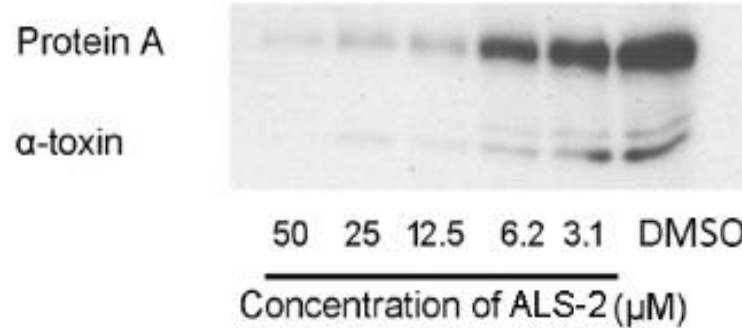
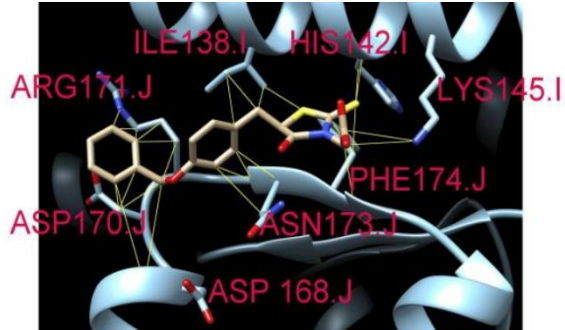


ALS-4 is observed to reduce bacterial load in mice

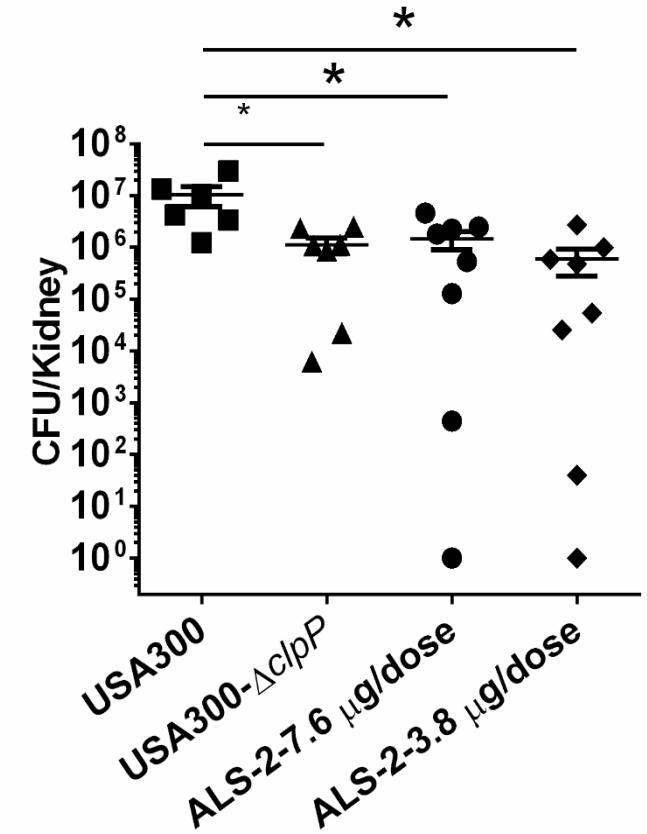
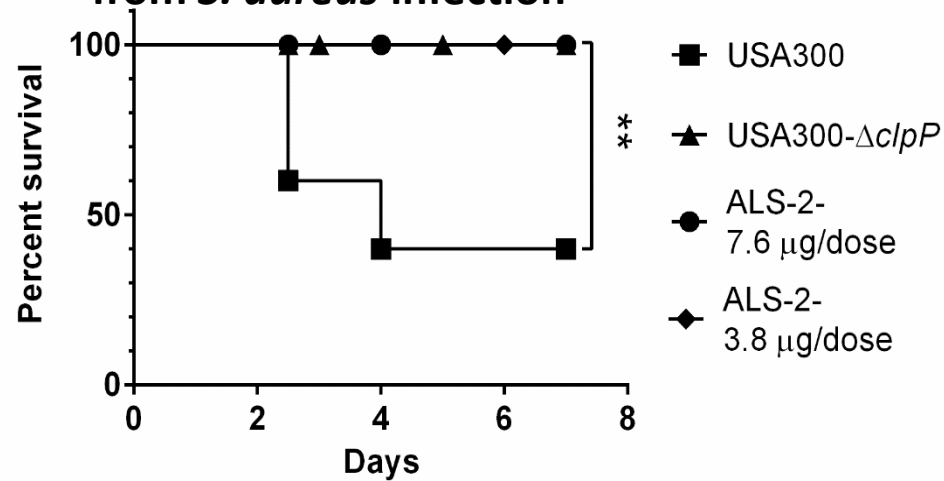


ALS-2 is being developed to reduce virulence gene production

ALS-2 is intended to inhibit ClpP



ALS-2 is shown to rescue mice from *S. aureus* infection



ADAPTED FROM:
doi:10.1073/pnas.1720520115

ALS-3: An antibiotic-potentiating compound by using a non-antibiotic approach



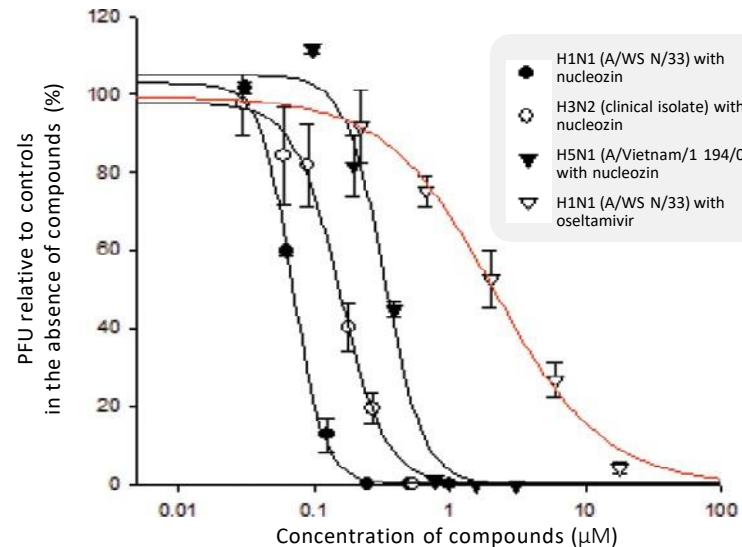
This is the first time **chemical genetics** have been applied in an attempt to tackle **MRSA infection**. This revolutionary concept and discovery of the applications of chemical genetics, which forms the basis of the discovery of **ALS-2, ALS-3 and ALS-4**, has been highly praised at **the 4th International Conference on Prevention & Infection Control (ICPIC 2017)** in Geneva, Switzerland. The Company's Hong Kong team, led by Dr. Richard KAO, won **First Place** in **the Innovation Academy category** at the conference.

Preclinical Findings

- MRSA has developed resistance to many, if not all, of the existing drugs available for treatment.
- ALS-4 employs a non-antibiotic approach designed to act on a unique therapeutic target to inhibit production of staphyloxanthin, which distinguishes it from other current treatments.
- Studies have shown that staphyloxanthin is an important factor in enabling MRSA bacteria to escape from the immune system.
- ALS-4 has been developed to inhibit production of staphyloxanthin without killing the bacteria, which should enable the immune system to clear MRSA.
- Current Development Status: Lead Optimization and Ph 1 and in preparation for IND filing. Ph 1 clinical trial is expected to commence in 2020.
- ALS-2 and ALS-3, which also employ a non-antibiotic approach for the intended treatment of bacterial infections, are currently under active development and are at Lead Optimization stage.

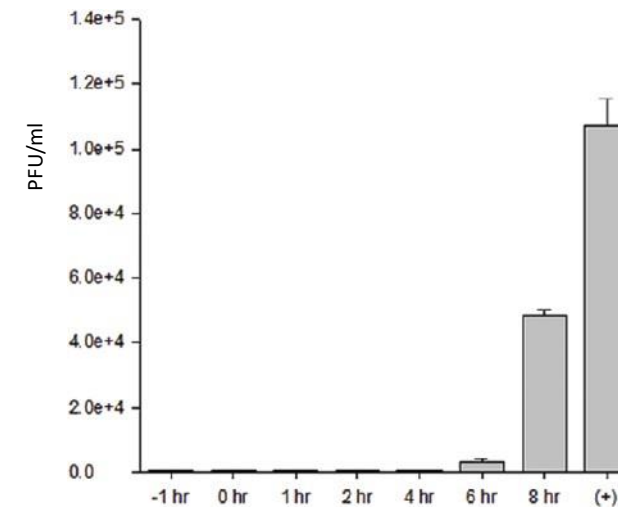
Treatment of Infections caused by Influenza A Viruses via a Unique Therapeutic Target

- ALS-1 acts on a unique therapeutic target, nucleoproteins, which distinguishes it from all other currently marketed antiviral drugs which currently experience resistance from Influenza A virus.
- Inhibition of virus replication in vitro and outperforms oseltamivir (Tamiflu®) with a lower IC₅₀ (half maximal effective concentration).
- Animal studies suggest that ALS-1 has the potential to be developed into a useful anti-influenza therapeutic.
- **Current Development Status: Lead Optimization and in preparation for IND filing by 2020/2021**



This figure shows the concentration dependence of ALS-1 in reducing the plaque-forming unit (pfu, a measure of number of infectious virus particulates, which represents the in vitro efficacy of the drug) of human H1N1, H3N2 and H5N1 influenza viruses. The IC₅₀ (the concentration of drug at which 50% of the virus is inhibited) for these viruses is between 0.1-1μM. Oseltamivir (curve in red) is included for comparison in terms of in vitro efficacy against H1N1. The curve of ALS-1 is in the left side of the red curve, indicating ALS-1 has a lower IC₅₀.

(Adapted from Nature Biotechnology (28 (6): 600, 2010))



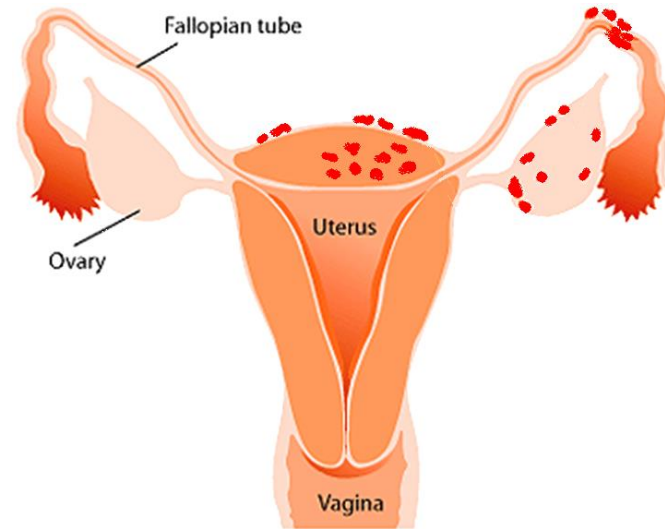
This figure shows that MDCK cells were infected and ALS-1 (1 μM) was added before infection (-1 h), at the time of infection (0 h) and at 1, 2, 4, 6 and 8 hour after infection as indicated. + = a control without ALS-1. This figure indicates that ALS-1 inhibited viral growth even when added within 6 hours after inoculation of the MDCK cells with the virus, indicating that the antiviral activities of ALS-1 reside on post-entry and post-nuclear events, suggesting that multiple processes involving NP may be affected.

(Adapted from Nature Biotechnology (28 (6): 600, 2010))

Treatment of Endometriosis by a Non-hormonal Approach

Endometrium outside the uterine cavity

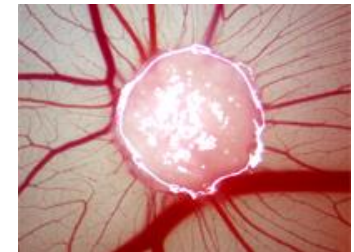
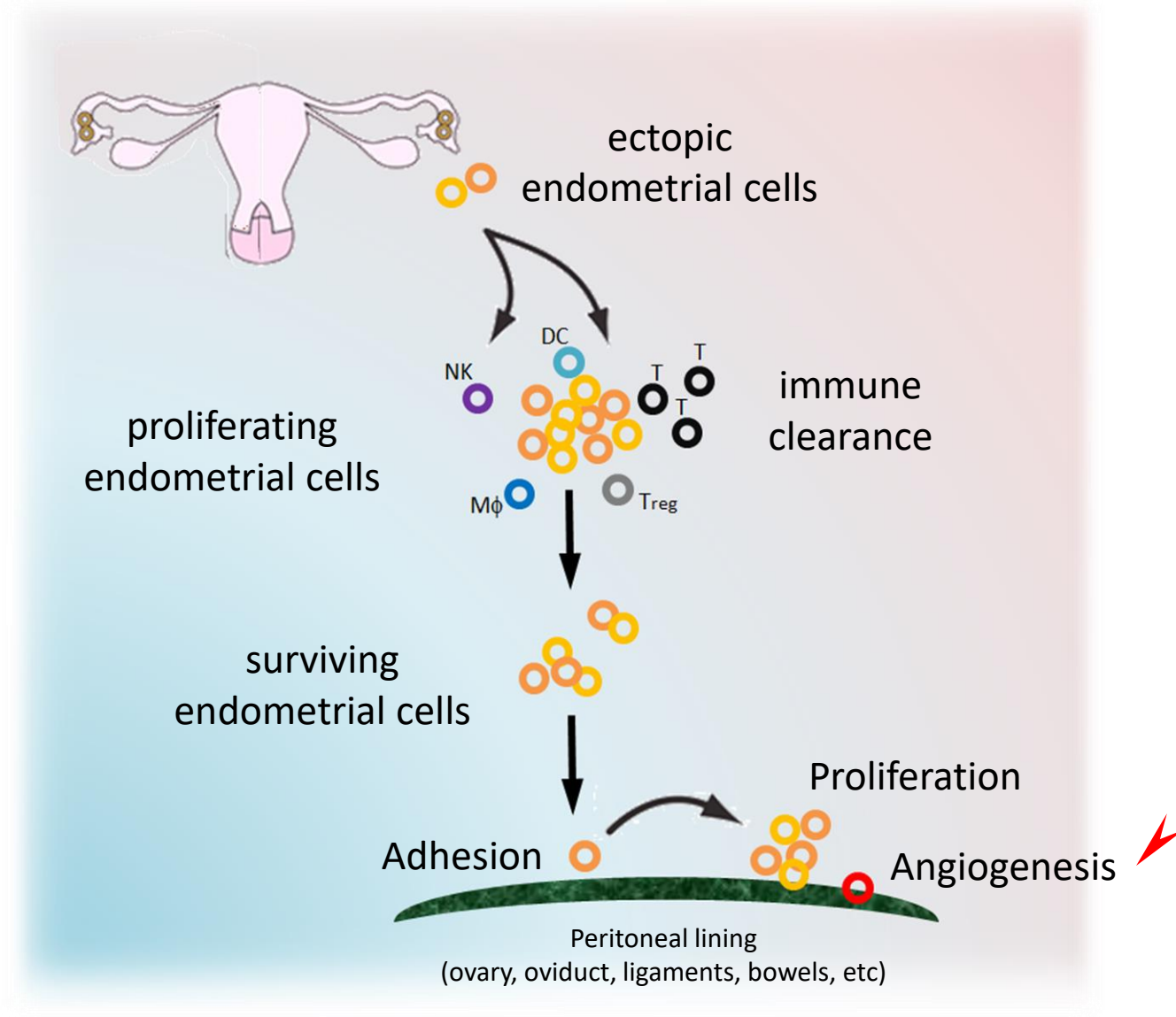
A chronic gynecological disorder affecting 10% of woman during reproductive ages with 176 million known cases worldwideⁱ



Medical Problem

chronic pelvic pain/dysmenorrhea
Infertility ectopic pregnancy/
miscarriage

i.Endometriosis.org: Facts about endometriosis,
<http://endometriosis.org/resources/articles/facts-about-endometriosis/>

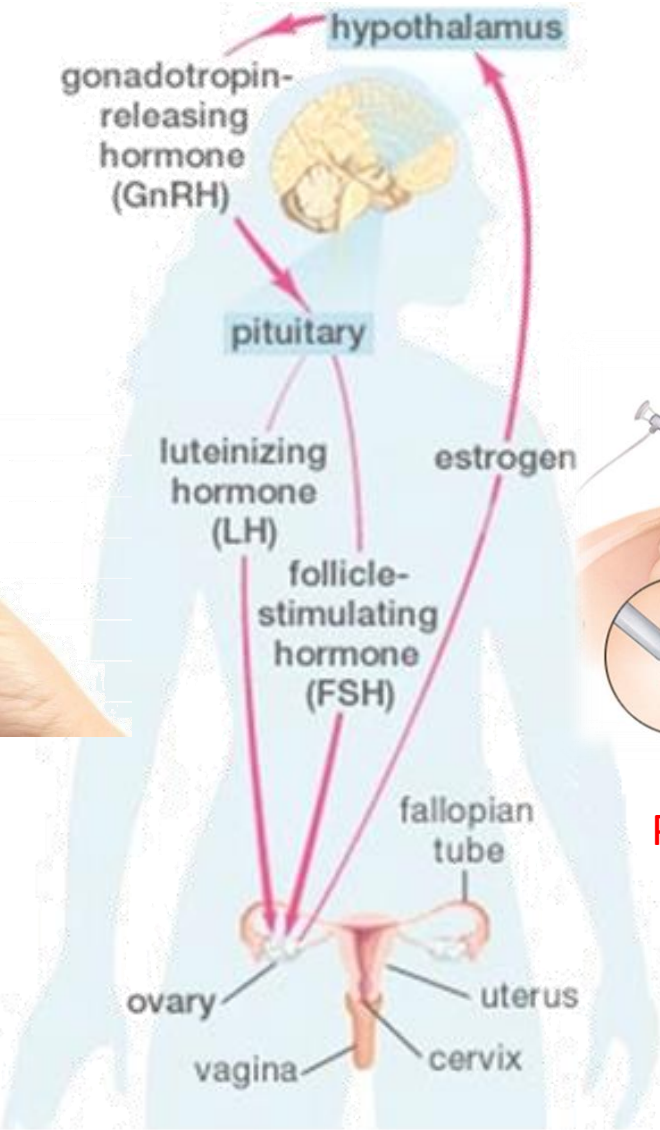


The figure is modified from Human Reproduction Update, Vol.17, No.6 pp. 829–847, 2011

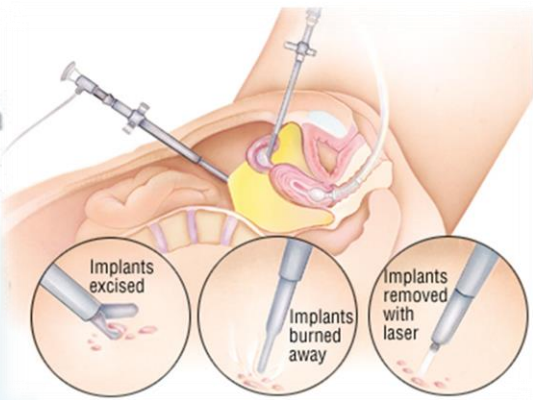
Medicine



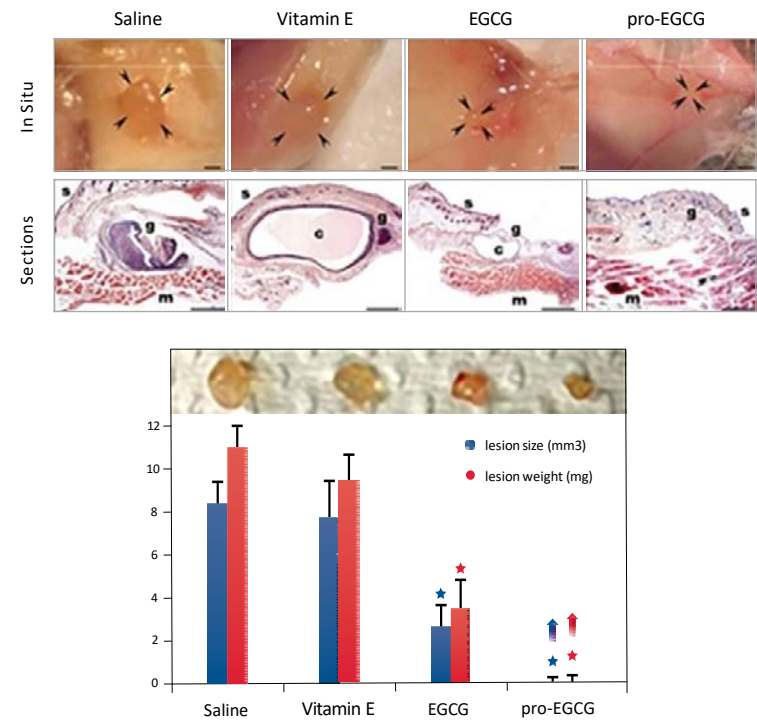
Possible hormonal side-effects



Surgery

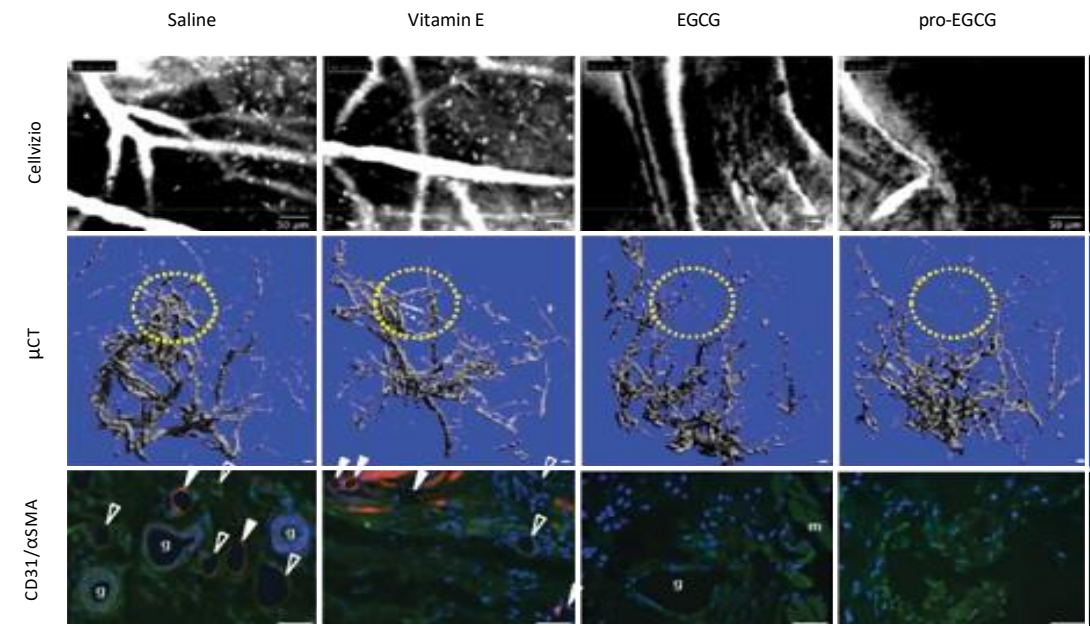


Potential recurrence



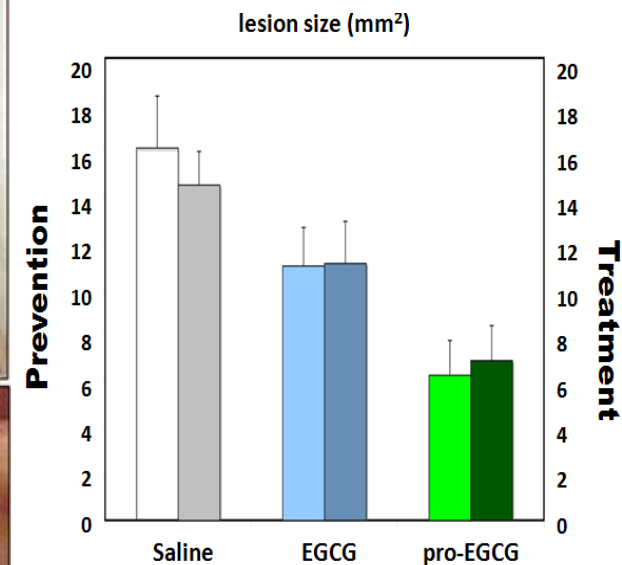
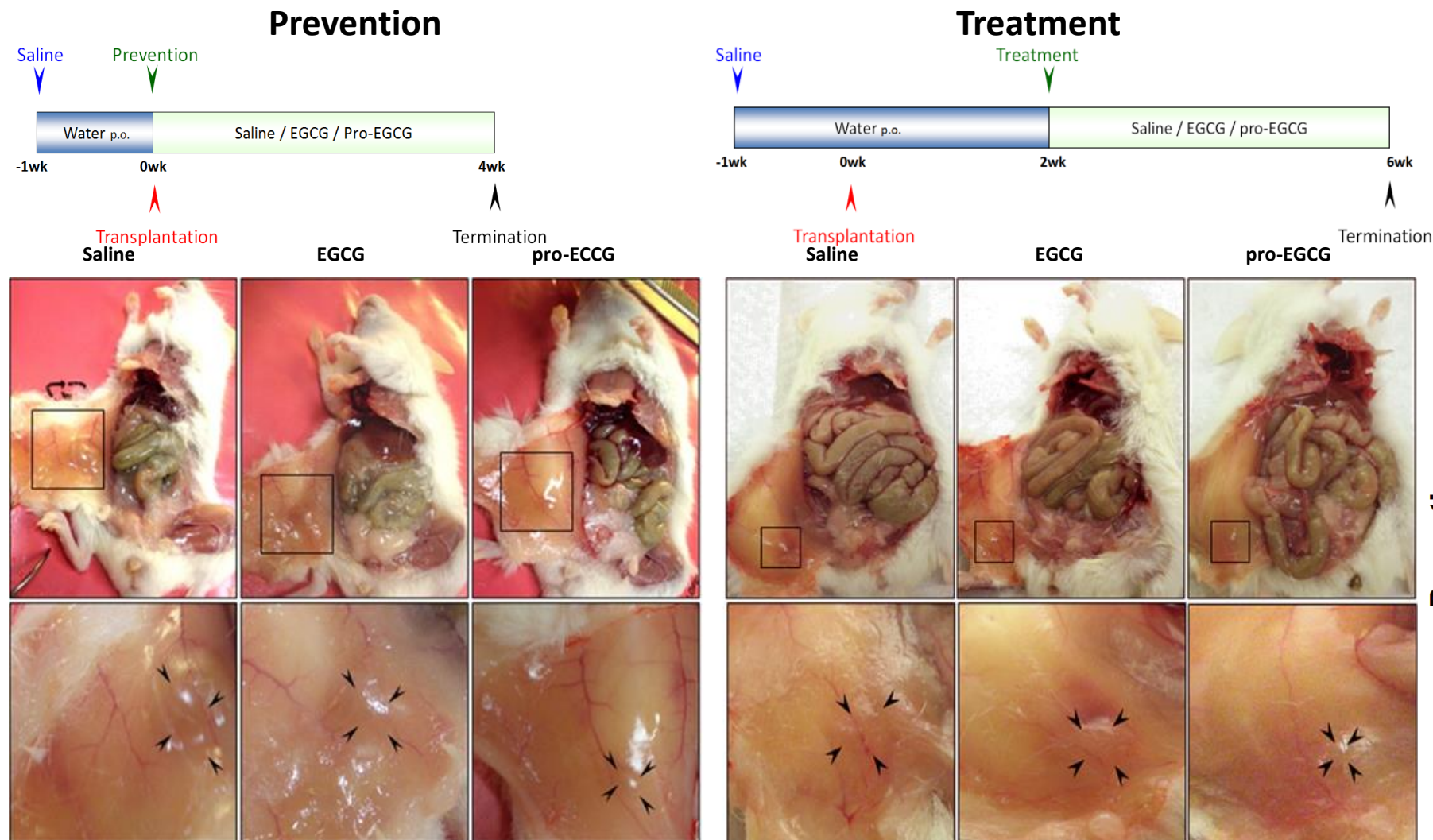
Studies utilizing mouse endometriosis models demonstrated that administration of NLS-1 resulted in greater reductions in the size and weight of lesions than Vitamin E, EGCG or the control without any treatment molecule.

(Adapted from Angiogenesis (16:59, 2013))

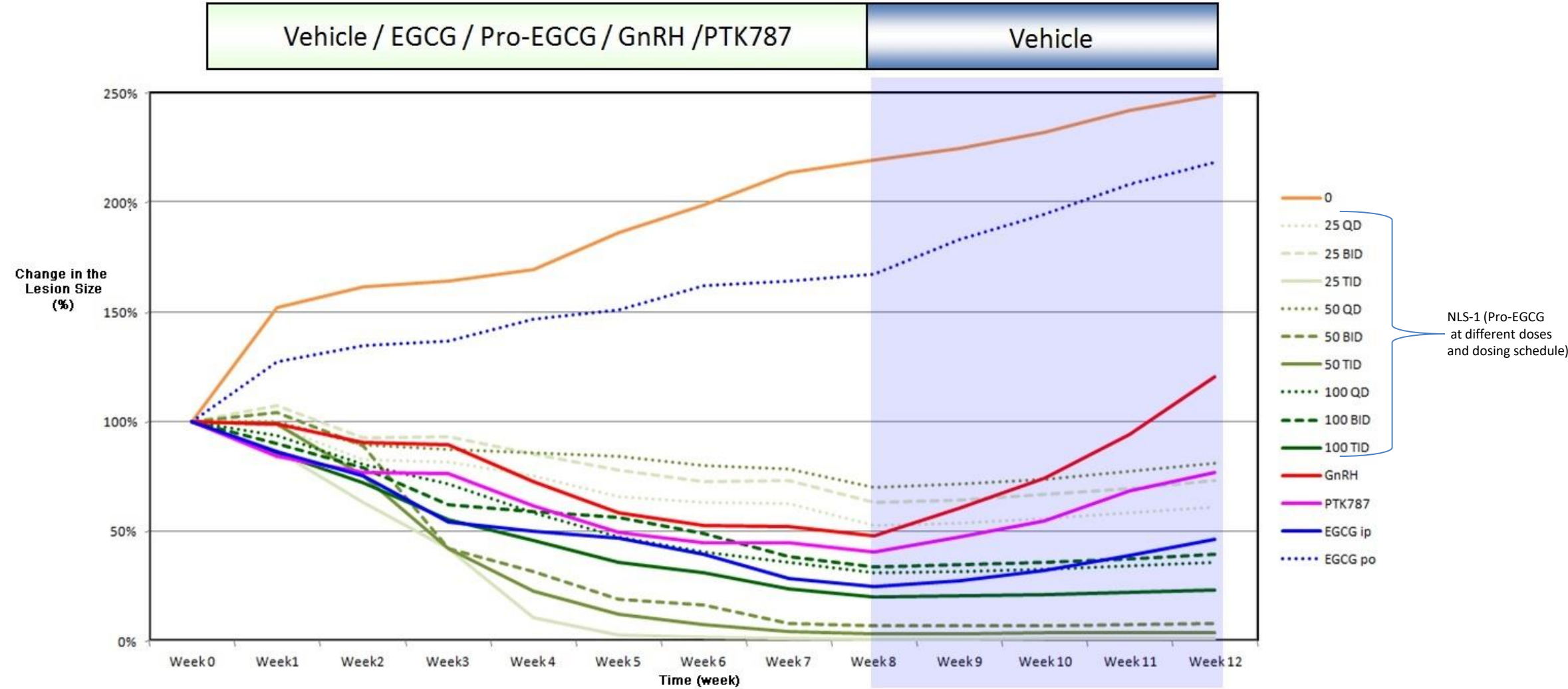


Studies utilizing mouse endometriosis models demonstrated that administration of NLS-1 resulted in greater reductions in angiogenesis than Vitamin E, EGCG or the control without any treatment molecule.

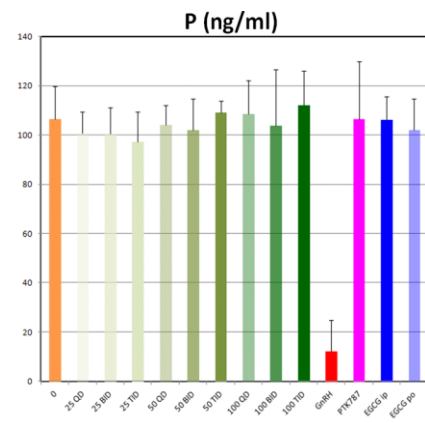
(Adapted from Angiogenesis (16:59, 2013))



Data generated by Prof. Wang, Chi Chiu Ronald, Department of Obstetrics and Gynaecology, Faculty of Medicine, The Chinese University of Hong Kong



Comparison of the efficacy of different treatment in an experimental endometriosis model



Preclinical Findings

- **Drug molecule derived from EGCG which is extracted from green tea.**
- **Intended as non-hormonal treatment for endometriosis.**
- **Studies in animal models show reductions in development, growth and angiogenesis of endometriosis greater than EGCG.**
- **Our treatment may provide an alternative to hormonal treatments which typically have undesirable side effects.**
- **Current Development Status: Lead Optimization and in preparation of IND filing by 2020/2021.**

**THE END
THANK YOU!
Q & A**

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Email: thomas.lee@aptorumgroup.com**



Appendix

SELECTED INCOME STATEMENT SUMMARY (US GAAP)

	Ten months ended December 31, 2017	Six months ended June 30, 2018
	US\$	US\$
Healthcare services income	-	26,662
Costs of healthcare services	-	22,749
Research and development expenses	2,560,323	1,342,179
General and administrative fees	1,480,093	2,238,025
Legal and professional fees	1,395,490	1,063,032
Other operating expenses	257,177	235,413
Total operating expense	5,693,083	4,901,398
Other income (loss)	3,131,576	-661,206
Net loss attributable to the Company's shareholders	-2,547,462	-5,488,372
Depreciation and amortisation	58,903	209,267

SELECTED BALANCE SHEET ITEMS (US GAAP)

	December 31, 2017	June 30, 2018
	US\$	US\$
Cash and restricted cash	16,725,807	22,927,198
Total current assets	20,283,399	26,371,722
Property, plant and equipment, net	346,587	4,211,321
Intangible assets, net	1,472,707	1,452,486
Total assets	31,559,982	41,465,225
Convertible debts	480,000	15,687,847
Total current liabilities	1,330,734	16,783,641
Total liabilities	1,330,734	16,949,778
Total shareholders' equity	30,229,248	24,515,447
Working capital*	18,952,665	9,588,081

* Total current assets less total current liabilities

(US\$) ROUNDED TO THE NEAREST THOUSAND		
Cash and restricted cash, and marketable securities	US\$18,698,000 (as of 12/31/2017)	US\$25,022,000 (as of 6/30/2018)
Intangible assets, net	US\$1,473,000 (as of 12/31/2017)	US\$1,452,000 (as of 6/30/2018)
Operating expenses	US\$5,693,000 (ten months ended 12/31/2017)	US\$4,901,000 (six months ended 6/30/2018)
Convertible debts	US\$480,000 (as of 12/31/2017)	US\$15,688,000 (as of 6/30/2018)

CAPITAL RAISED IN THE PAST 12 MONTHS



ALS-1

Exclusively licensed						
Title	Country	Application No. / Patent No.	Publication No. / Grant Publication No.	Application Date	Expiration date	Status
Antiviral Compounds And Methods Of Making And Using Thereof	US	9212177 (App. No. 12/850,806)	2011/0212975	5 Aug 2010	27 Nov 2031	Granted
Antiviral Compounds And Methods Of Making And Using Thereof	China	201080044361.6	102596946B	5 Aug 2010	5 Aug 2030	Granted
Antiviral Compounds And Methods Of Making	Europe	2462138 (App. No. 10805941.1)	n/a	5 Aug 2010	5 Aug 2030	Granted
Antiviral Compounds And Methods Of Making	Germany	60 2010 019 171.0	n/a	5 Aug 2010	5 Aug 2030	Granted

ALS-2,3

Exclusively licensed						
Title	Country	Application No. / Patent No.	Publication No. / Grant Publication No.	Application Date	Expiration date	Status
Antimicrobial Compounds And Methods For Use Thereof	US	App. No 16/309,516	Not yet published	13 Dec 2018	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	Europe	App. No 17812663.7	Not yet published	12 Dec 2018	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	Malaysia	App. No 2018002512	Not yet published	12 Dec 2018	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	Singapore	App. No 11201811093R	Not yet published	12 Dec 2018	n/a	Pending

ALS-2,3 cont'd

Exclusively licensed						
Title	Country	Application No. / Patent No.	Publication No. / Grant Publication No.	Application Date	Expiration date	Status
Antimicrobial Compounds And Methods For Use Thereof	China	App. No 201780035312.8	Not yet published	6 Dec 2018	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	Indonesia	App. No PID201900183	Not yet published	9 Jan 2019	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	India	App. No 201927001415	Not yet published	11 Jan 2019	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	Japan	App. No 2018-565820	Not yet published	14 Dec 2018	n/a	Pending
Antimicrobial Compounds And Methods For Use Thereof	Korea	10-2019-7001227	Not yet published	14 Jan 2019	n/a	Pending

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Exclusively licensed						
Title	Country	Application No. / Patent No.	Publication No. / Grant Publication No.	Application Date	Expiration date	Status
Compounds And Methods For The Treatment Of Microbial Infections	US	App. No 16/041,836	Not yet published	22 Jul 2018	n/a	Pending
Compounds Affecting Pigment Production And Methods For Treatment Of Bacterial Diseases	US	App. No 16/041,838	Not yet published	23 Jul 2018	n/a	Pending

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Technology 1 – Compound (Exclusively licensed)						
Title	Country	Application No. / Patent No.	Publication No. / Grant Publication No.	Application Date	Expiration date	Status
Epigallocatechin gallate derivatives for inhibiting proteasome	US	7544816 (App. No. 10/921,332)	US2006/0041010	19 Aug 2004	3 Oct 2025	Granted
Same as above	US	8193377 (App. No. 11/660,513)	US2008/0176931	15 Aug 2005	26 Nov 2026	Granted
Same as above	US	8710248 (App. No. 13/416,657)	US2012/0232135	9 Mar 2012	15 Aug 2024	Granted
Same as above	US	9169230 (App. No. 14/229,315)	US2014/0213802	28 Mar 2014	15 Aug 2024	Granted
Same as above	China	200580035478.7	CN101072764B	15 Aug 2005	15 Aug 2025	Granted
Same as above	Europe	1778663 (App. No. 05779886)	n/a	15 Aug 2005	15 Aug 2025	Granted
Same as above	India	263365 (App. No. 603/KOLNP/2007)	n/a	19 Feb 2007	15 Aug 2025	Granted
Same as above	Japan	5265915 (App. No. P2007-526180)	P2008-509939A	15 Aug 2005	15 Aug 2025	Granted

NLS-1 cont'd

Technology 2 – Indication for treatment of endodermises (Exclusively licensed)						
Title	Country	Application No. / Patent No.	Publication No. / Grant Publication No.	Application Date	Expiration date	Status
Prodrug of green tea epigallocatechin-3-gallate (Pro-EGCG) for use in the treatment of endometriosis	US	9713603 (App. No. 14/422,642)	2015/0216841	20 Aug 2013	20 Aug 2033	Granted
Same as above	US	10188629 (App. No. 15/628,001)	2017/0281591	20 Jun 2017	20 Aug 2033	Granted
Same as above	US	App. No 16/259,620	n/a	28 Jan 2019	n/a	Pending
Same as above	China	201380052717.4	104703596A	10 June 2015	n/a	Pending
Same as above	Hong Kong	15111955.3	1210971	3 Dec 2015	n/a	Pending

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