ASX ANNOUNCEMENT **5 February 2026**

Cynata to Present at 2026 Euroz Hartleys Healthcare Forum

Melbourne, Australia; 5 February 2026: Cynata Therapeutics Limited (ASX: **"CYP"**, **"Cynata"**, or the **"Company"**), a clinical-stage biotechnology company specialising in cell therapeutics, will present today at the 2026 Euroz Hartleys Healthcare Forum..

Dr Kilian Kelly (Chief Executive Officer & Managing Director) will present on the Company's Cymerus™ iPSC[1]-derived MSC[2] technology and clinical development programs. The presentation will take place today, Thursday 5 February at 8:50am AWST (11:50am AEDT). For further information on the forum, contact info@eurozhartleys.com.

A copy of the presentation is attached.

-ENDS-

Authorised for release by Dr Kilian Kelly, CEO & Managing Director

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About Cynata Therapeutics (ASX: CYP)

Cynata Therapeutics Limited (ASX: CYP) is an Australian clinical-stage stem cell and regenerative medicine company focused on the development of therapies based on Cymerus™, a proprietary therapeutic stem cell platform technology. Cymerus™ overcomes the challenges and limitations of conventional MSC production by using induced pluripotent stem cells (iPSCs) to achieve economic manufacture of cell therapy products, including mesenchymal stem cells (MSCs), at commercial scale without the necessity to obtain tissue from multiple donors on an ongoing basis, and without the complexity and product inconsistency resulting from conventional methods.

Cynata has demonstrated positive safety and efficacy data for its Cymerus™ product candidates CYP-001 and CYP-006TK in Phase 1 clinical trials in steroid-resistant acute graft versus host disease (GvHD) and diabetic foot ulcers (DFU), respectively. Further clinical trials are now ongoing: a Phase 2 trial of CYP-001 in GvHD under a cleared US FDA IND; a Phase 1/2 trial of CYP-001 in patients undergoing kidney transplantation; and a Phase 3 trial of CYP-004 in osteoarthritis. In addition, Cynata has demonstrated utility of its Cymerus™ technology in preclinical models of numerous other diseases, including critical limb ischaemia, idiopathic pulmonary fibrosis, asthma, heart attack, sepsis, acute respiratory distress syndrome (ARDS) and cytokine release syndrome.

Cynata Therapeutics encourages all current investors to go paperless by registering their details with the designated registry service provider, Automic Group.

[1] iPSC = induced pluripotent stem cell
[2] MSC = mesenchymal stem (or stromal) cell

cynata therapeutics

A New Standard In Cell Therapy

Euroz Hartleys Healthcare Forum

Dr Kilian Kelly – Chief Executive Officer and Managing Director

5 February 2026

Important Information

Summary information

This Presentation contains summary information about Cynata Therapeutics Limited and its subsidiaries (**CYP**, or **Cynata**) which is current as at 4 February 2026. This Presentation should be read in conjunction with CYP's other periodic and continuous disclosure information lodged with the Australian Securities Exchange (**ASX**), which are available at www.asx.com.au.

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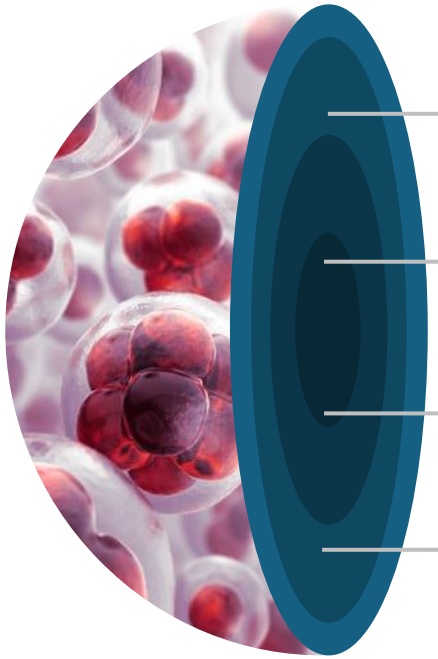
Cynata Therapeutics

Next-generation Mesenchymal Stromal Cells (MSCs) [1]

- **Commercialising Cymerus™**, a novel platform producing MSCs from a *single* blood donation - once, at scale
- **MSCs are powerful** immune-modulating and tissue-repairing cells, but naturally scarce in the human body
- Traditional manufacturing relies on continuously finding donors and faces inconsistency, potency loss, and scaling limits
- **Cynata solves the MSC production bottleneck**, unlocking full therapeutic and commercial potential
- Four clinical programs underway, including advanced **Phase 2 & 3 trials** across major indications

Front-Runner Status



- World-first: scalable MSCs from a single blood donation
- Strong IP moat with early clinical efficacy signals
- True category pioneers in MSC medicine
- First mover in a high-barrier, low-competition market

Capital Structure

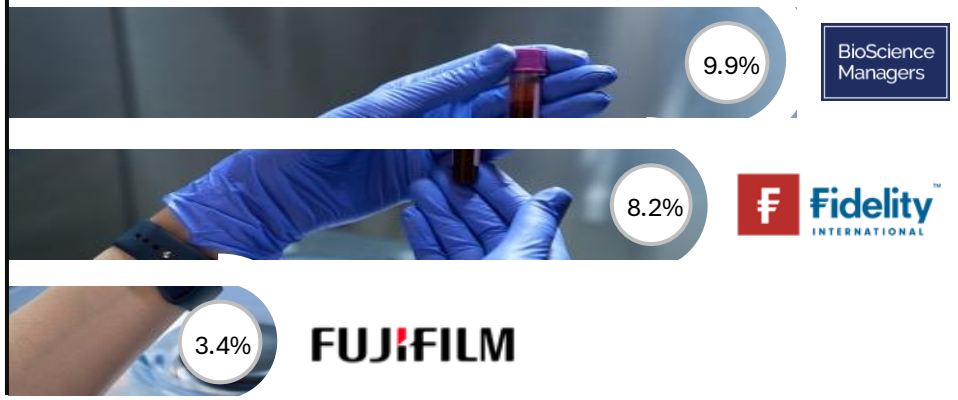
Strong balance sheet. Positioned for upside.

- **Backed by institutions:** Fidelity, BioScience Managers, and Fujifilm among top holders
- **Funded through milestones**: Cash runway secured to mid-2026 - through landmark clinical readouts
- **Attractive valuation:** Current market cap does not reflect value of advanced clinical pipeline and near-term catalysts
- **Tightly held register:** Top 20 own ~48%

Financial Information

Share price (4 February 2026)	A$0.35
Shares on issue	~237.5m
Market capitalisation	~A$83m
Cash[1]	~A$3.8m

Top Holders

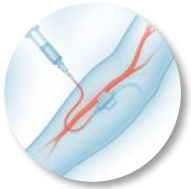
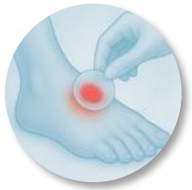


 | 1 - As of 31 December 2025; based on cash balance at end of quarter of ~$2.6m plus ~$1.2m raised via ATM facility subsequent to quarter end

Cynata Is At An Inflection Point

- Entering the **most important** chapter in Cynata's history
- Two major clinical trial readouts **this financial year**
- Advancing with in-human **efficacy** and **safety** data already in place
- Positioned well for global licensing and joint venture deals

Tightly focused clinical pipeline

	Phase 1	Phase 2	Phase 3	Market Size	Next Catalyst*
 **Osteoarthritis** CYP-004			Patient Visits Complete	US$11.6bn[3]	Results: Q2 CY 2026
 **Acute Graft vs Host Disease** CYP-001		Enrolment Complete		US$600m[1]	Results: Q2 CY 2026
 **Kidney Transplantation** CYP-001		Ongoing		US$5.9bn[4]	Cohort 1 Results Released: Dec 2025
 **Diabetic Foot Ulcers** CYP-006TK	Complete			US$9.6bn[2]	Results Released: Dec 2024

1. Global Graft versus Host Disease Market 2019-2029 (Reflects forecast market in 2026)
2. Zion Market Research, 2019 (represents global treatment market in 2025)
3. Persistence Market Research 2018 research report: "Osteoarthritis Treatment Market: Global Industry Analysis (2012-2016) and Forecast (2017-2025) (Reflect OA market by 2025);
4. Organ Transplant Immunosuppressant Drugs Market in 2026, Grand View Research, Inc.,2019

* Timing of events is approximate, based on the Company's information as at the date of this presentation, and subject to change. Timing refers to calendar years.

MSCs: Nature's Repair Cells

Powerful.
Poised for clinical impact.

What are MSCs?

- Naturally found in small quantities in the body
- Regulate and support immune system and reduce inflammation[1]
- Support tissue repair[1]

Why They Matter

- Target root causes of many diseases, not just symptoms
- Safe and well-tolerated in human trials
- Immune-privileged – no donor matching needed
- First human use of MSC-based therapy was in 2004, in a 9-year old boy with graft versus host disease → patient made complete recovery[2]

Where They're Going

- 1,800+ clinical trials initiated globally
- Addressing high-burden diseases with limited treatment options
- Entering a phase of clinical maturity & market readiness

 | 1 - Spees et al. Stem Cell Res Ther 7:125 (2016) | 2 -Le Blanc et al. Lancet. 363: 1439–41 (2004)

Conventional MSC Manufacturing

MSCs sourced from donor tissue (e.g. bone marrow)

MSCs must be separated from other cells

Cells grown in lab to reach treatment scale

Expanded MSCs used to treat relatively small number of patients

Challenges

- New donors required on ongoing basis
- Sourcing new donors → cost & complexity
- Donor variability → MSC inconsistency
- MSCs have limited reproduction capacity → scalability constraints
- MSCs lose function with over-expansion
- Inconsistent potency and quality

Cymerus™ MSC Manufacturing

Blood sample from one healthy adult - just once

Blood cells reprogrammed into iPSCs*, then stored in a master cell bank

iPSCs directed into MSCs via novel Cymerus™ process

Benefits of Cymerus™

- No need for ongoing donor sourcing or variability
- Avoids costs & complexity of sourcing new donors
- Avoids variability, as starting material is the same for every batch
- Highly scalable: iPSCs have effectively limitless reproduction capacity
- No need to over-expand MSCs → retains potency
- Consistent, potent MSCs every time

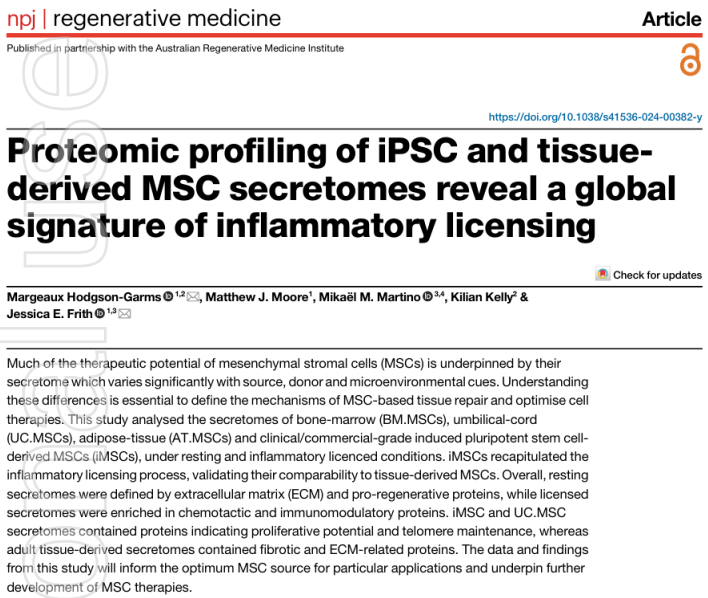
*Induced Pluripotent Stem Cells (iPSCs)

This is a representative, high-level summary of a typical process to produce donor-derived MSCs. Some manufacturing processes may differ.

Cell Source Matters

Cynata's iPSC-derived Cymerus™ MSCs shown to be superior to donor-derived MSCs in multiple important ways

Independent validation published in *Nature's* npj Regenerative Medicine (Feb 2025)[1]



npj | regenerative medicine **Article**

Published in partnership with the Australian Regenerative Medicine Institute

https://doi.org/10.1038/s41536-024-00382-y

Proteomic profiling of iPSC and tissue-derived MSC secretomes reveal a global signature of inflammatory licensing

Check for updates

Margeaux Hodgson-Garms[1,2], Matthew J. Moore[1], Mikaël M. Martino[3,4], Kilian Kelly[2] & Jessica E. Frith[1,3]

Much of the therapeutic potential of mesenchymal stromal cells (MSCs) is underpinned by their secretome which varies significantly with source, donor and microenvironmental cues. Understanding these differences is essential to define the mechanisms of MSC-based tissue repair and optimise cell therapies. This study analysed the secretomes of bone-marrow (BM.MSCs), umbilical-cord (UC.MSCs), adipose-tissue (AT.MSCs) and clinical/commercial-grade induced pluripotent stem cell-derived MSCs (iMSCs), under resting and inflammatory licenced conditions. iMSCs recapitulated the inflammatory licensing process, validating their comparability to tissue-derived MSCs. Overall, resting secretomes were defined by extracellular matrix (ECM) and pro-regenerative proteins, while licensed secretomes were enriched in chemotactic and immunomodulatory proteins. iMSC and UC.MSC secretomes contained proteins indicating proliferative potential and telomere maintenance, whereas adult tissue-derived secretomes contained fibrotic and ECM-related proteins. The data and findings from this study will inform the optimum MSC source for particular applications and underpin further development of MSC therapies.

Feature	Bone marrow/ adipose-derived MSCs	Cynata's Cymerus™ MSCs
Consistency	High variability between donors and batches	Minimal batch-to-batch variation
Protein secretion (secretome)	Limited, donor-dependent	Many more unique proteins with enhanced immunomodulatory potential
Cell "Age" (senescence)	More "aged" cellular profile	"Younger" phenotype; sustained regenerative capacity
Immunomodulatory effects	Moderate and variable	Superior immune-balancing activity
Wound healing (*in vitro*)	Slower wound closure	Significantly faster wound closure

 1 Hodgson-Garms et al. NPJ Regen Med. 2025; 10(1):7.

Osteoarthritis

There’s no cure. Only symptom relief and/or invasive surgery.

What is Osteoarthritis?

- Chronic joint disease causing pain, stiffness, and reduced mobility
- Driven by inflammation and cartilage breakdown over time
- Affects ~600 million people globally; major cause of disability[2]
- Economic burden >US$486 billion annually in U.S. alone[1]

The Challenge

- No cure — current drugs only relieve symptoms
- Cartilage loss continues despite treatment
- Surgery is invasive, costly, and not suitable for all
- Urgent need for therapies that change course of disease

1 - Total Economic Impact on the US Economy | BMUS: The Burden of Musculoskeletal Diseases in the United States, Table 8.13
2 - European Journal of Public Health - A cross-sectional study unveiling the global impact and future projections through 2060 of osteoarthritis

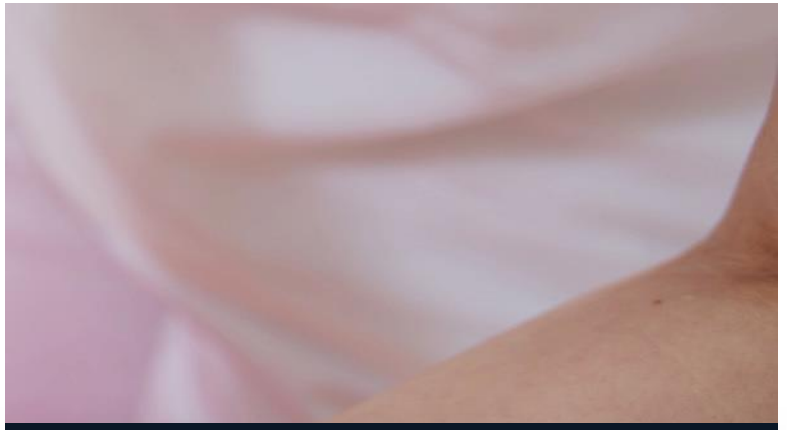
Our Osteoarthritis Product

Our Product: CYP - 004

- Single **intra-articular injection** – minimally invasive, outpatient procedure
- Aims to **delay or avoid knee replacement surgery**, restore mobility, and improve quality of life
- Could **reduce long-term healthcare burden** if disease-modifying effect confirmed

MSC Pilot Trials

- Early phase 3rd party studies with traditional MSCs have shown;
  - Strong safety
  - Pain relief
  - Improved joint function
- Third party MSC data in OA, and Cymerus™ MSC track record supported our direct phase 3 entry



Phase 3 Trial

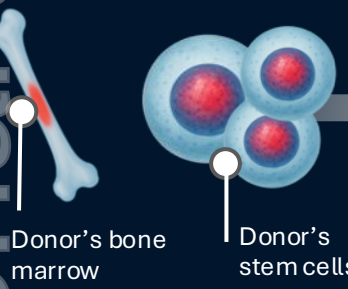
- **World's largest MSC-based osteoarthritis trial – 321 patients**, managed by the **University of Sydney**, funded by **NHMRC**
- Randomised, double-blind, placebo-controlled design
- **Primary endpoints*:** change in pain and cartilage thickness (disease modification)
- **Secondary endpoints*:** other assessments of pain, function and quality of life
- **Final results expected Q2 CY26**

* Summary only; see https://anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=12620000870954 for more information
NHMRC = (Australian Government) National Health and Medical Research Council

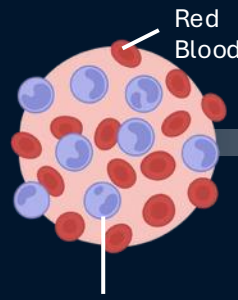
Acute Graft vs Host Disease (aGvHD)

When life-saving transplants become life-threatening.

1 Donor's bone marrow or stem cells are transplanted into the patient



2 Donor's cells view the patient body as foreign



3 Donor's Immune cells attack patient cells throughout the body

4 Symptoms can be severe and life threatening

- Gastrointestinal damage: Diarrhoea, vomiting, pain, bleeding
- Skin damage: Extensive rash, blisters
- Liver damage: Jaundice, pain, swelling, liver failure

Our aGvHD Product

Current Standard of Care for aGvHD

>38,000 Bone Marrov Transplants per year

Up to 50% patients develop aGvHD[1,2]

First Line Treatments = steroids

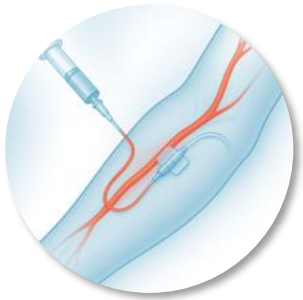
>50% Don't respond to steroids[3]
(known as steroid-resistant aGvHD; SR-aGvHD)

>9,500 Steroid-resistant cases of aGvHD per year

< 20% 2 year survival rate[3]

Only Approved Treatment for SR-aGvHD = ruxolitonib
- **Limited long-term benefits**
- **Severe & life-threatening side effects common**
- **Cost >US$100,000 per patient treated**

Our Product: CYP-001



- Delivered via **intravenous infusion** for systemic immune modulation.
- Aims to **reduce reliance on steroids**, **improve survival**, and **minimise toxicity**.
- Potential to become a **first-line therapy** improving long-term transplant outcomes

Cynata Phase 1 Success[4,5]

60% Alive after two years

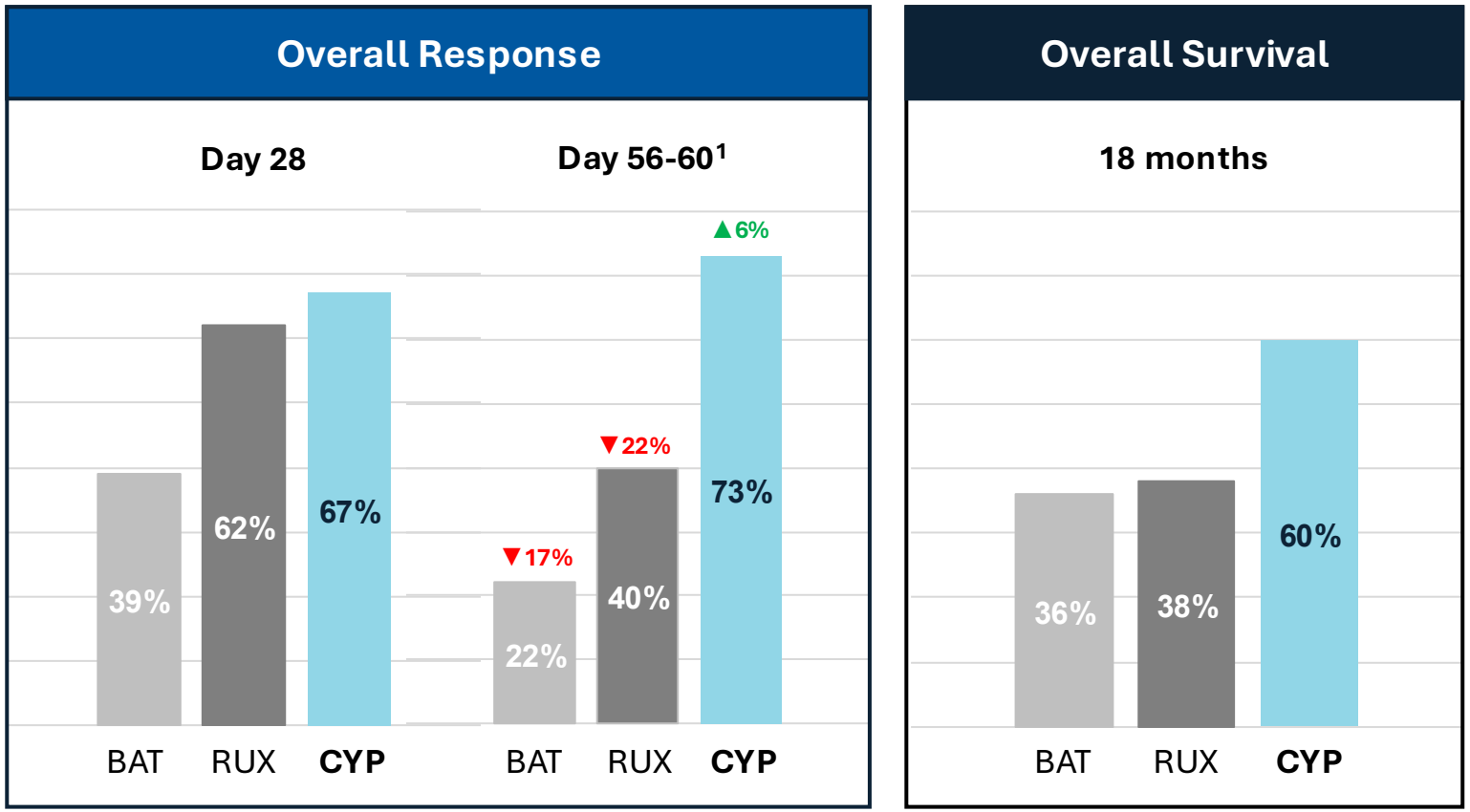
53% Showed no signs of aGvHD

87% Improved by at least 1 grade

0% Serious adverse events related to CYP-001

1 - Reshef et al, J Clin Oncol. 39(17):1878 1887 (2021). | 2 - Akahoshi et al. Blood Adv. 7(16):4479-4491 (2023). | 3 - Westin et al. Adv Hematol. 2011:601953 (2011) | 4 – Bloor et al. Nature Medicine. 26:1720–1725 (2020) | 5 – Kelly et al. Nature Medicine 30: 1556–1558 (2024)

CYP-001 vs other treatments in SR-aGvHD



Overall Response

- Between Day 28 and Day 56-60, the Overall Response Rate (ORR) for both RUX and BAT **decreased** markedly, while the ORR for CYP-001 marginally **increased**

Overall Survival

- CYP also reported **60% survival at 24 months** (not shown on graph, as 18 months was the latest timepoint reported in RUX/BAT trial)

Safety

- No serious adverse events or safety concerns for CYP-001

CYP = CYP-001 in Phase 1 trial (NCT02923375). **Rux** = ruxolitinib in Phase 3 trial (NCT02913261) (ruxolitinib is now approved for SR-aGvHD).
BAT = "best available therapy" control arm in ruxolitinib Phase 3 trial (NCT02913261)

Note: comparisons are for illustrative purposes only; data taken from different clinical trials with different sample sizes (BAT: n=155; Rux: n=154; CYP-001: n=15). D28/D56 time points used for response rate comparison as D28/D56 were the only response rate time points reported in the BAT/Rux clinical trial (NCT02913261; Zeiser et al. N Engl J Med 382:1800-1810 [2020]).

1. Overall Response at Day 56-60 refers to Day 56 response for BAT & Rux, and Day 60 response for CYP-001

Our Phase 2 aGvHD Trial

Phase 2 Overview

- Randomised, double-blind, placebo-controlled Phase 2 study
- CYP-001 + steroids vs steroids + placebo
- 65 adults with newly diagnosed high-risk aGvHD
- Sites across the US, Europe, and Australia
- Patient enrolment completed Dec 2025

Phase 2 Endpoints*

- **Primary Endpoint:** Overall Response Rate (ORR) at **Day 28**
- **Secondary Endpoints:** Duration of response, complete response, response at different timepoints, survival, steroid usage, quality of life, safety profile
- **Readout Timing: results expected June 2026**

Regulatory Milestones

FDA Orphan Drug Designation

FDA Cleared IND

EU EMA IMPD Cleared

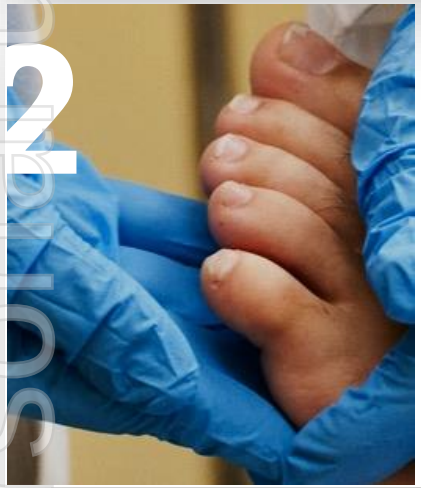
 * Summary only; see https://clinicaltrials.gov/study/NCT05643638 for more information

Cynata's Broader Disease Pipeline

Current Additional Clinical Programs

Kidney Transplantation
(Phase 1/2 – Ongoing)

- Cynata's Phase 1/2 trial underway (Netherlands) with Cymerus™ MSCs
- Investigating reduced reliance on immunosuppressants
- **Results from Cohort 1 expected Q4 CY25**



Diabetic Foot Ulcers (DFU)
(Phase 1 – Successful)

- Phase 1 trial of Cymerus™ MSCs showed 83.6% wound reduction vs. 47.8% with standard care
- Safe, well tolerated
- **Exploring next development steps**

Strong Pre-Clinical Data

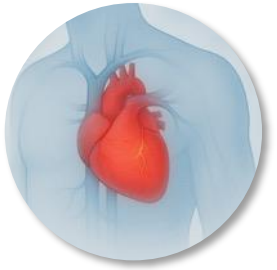
Respiratory Diseases

Pulmonary Fibrosis

Immune-Related Disorders

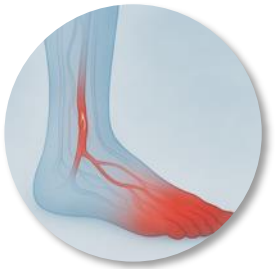
Asthma

Cardiovascular Diseases



Heart Failure | Heart Attack

Artery Disease



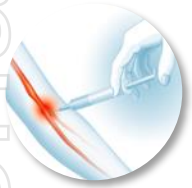
Critical Limb Ischemia

2026 Will Define Cynata

Upcoming Landmark Readouts

	Market Size	Next Catalyst*
 **Osteoarthritis** CYP-004	US$11.6bn[2]	Phase 3 Results: Q2 CY26 (Efficacy & Safety)
 **Acute Graft vs Host Disease** CYP-001	US$600m[1]	Phase 2 Results: Q2 CY26 (Safety + Efficacy)

Upcoming Preliminary Readouts

 **Kidney Transplantation** CYP-001	US$5.9bn[3]	Cohort 2 Phase 1/2 Results: TBC CY26 (Preliminary Safety)

Later stage results could become a strategic trigger

Licensing / Partnering

- Positive Phase 2 & 3 results can trigger regional or indication-specific deals
- All our indications are attractive licensing targets with clear market needs
- Partnership revenue can help fund future trials without equity dilution

M&A Potential

- Compelling data + scalable platform = highly strategic assets
- Strong potential for synergies with other MSC technologies in the market

Joint Development / Pharma Alliances

- Shared risk models appeal to global pharma with aligned pipelines
- Allows Cynata to enter new markets with global reach and local execution

All commercial activities referenced are potential future options only. No agreements have been made.

1. Global Graft versus Host Disease Market 2019-2029 (Reflects forecast market in 2026)
2. Persistence Market Research 2018 research report: "Osteoarthritis Treatment Market: Global Industry Analysis (2012-2016) and Forecast (2017-2025) (Reflect OA market by 2025);
3. Organ Transplant Immunosuppressant Drugs Market in 2026, Grand View Research, Inc.,2019

cynata therapeutics

Thank You.

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