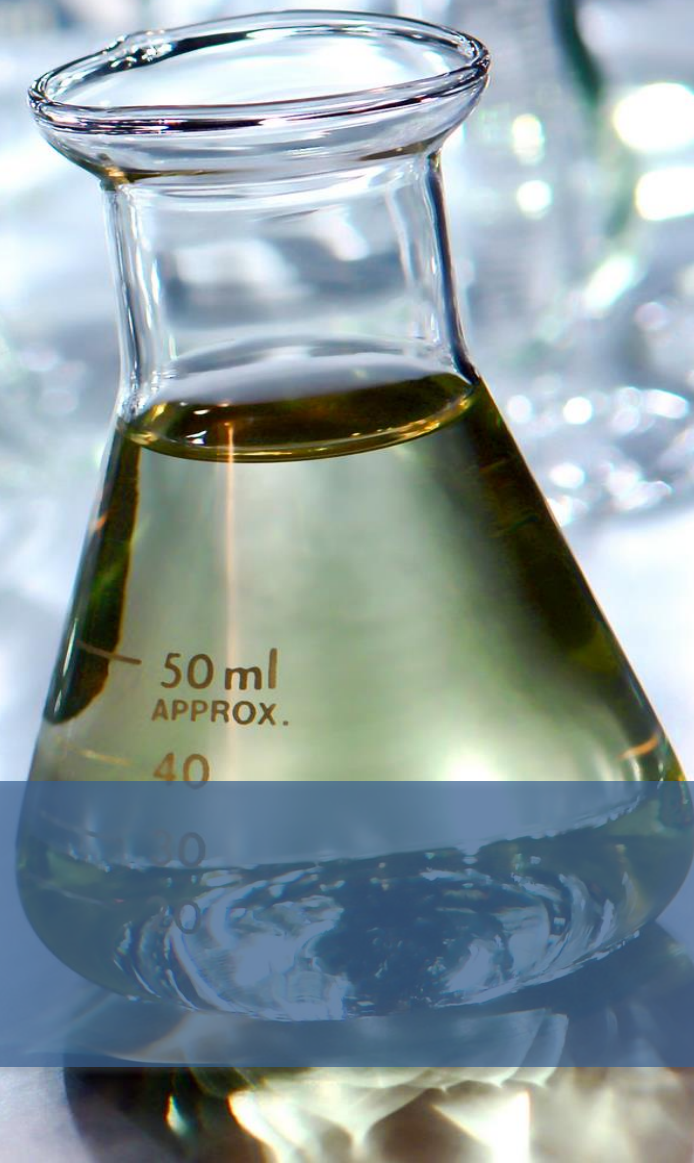




ZENITH EPIGENETICS

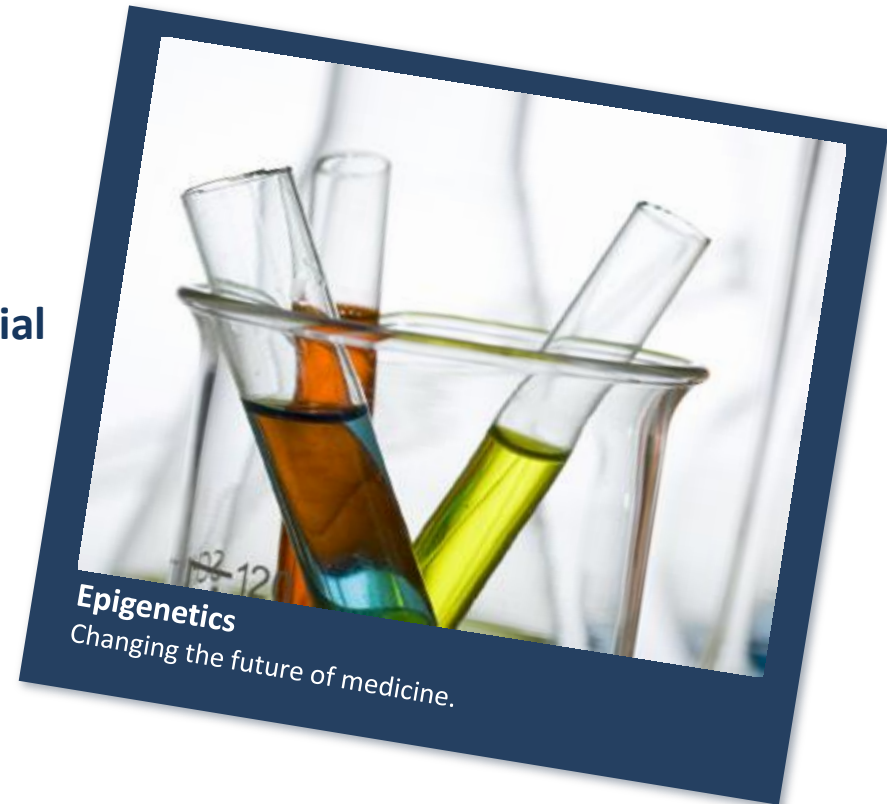
Zenith Quarterly Update
June 20, 2016



Today's Agenda for Zenith Epigenetics



- 1. Corporate Profile & Structure Review
- 2. Epigenetic Mechanism & Indication Potential
- 3. Clinical Development Plan for ZEN-3694
- 4. Market Cap Valuation & Milestones



Safe Harbor Statement. This presentation contains forward-looking statements that involve risks and uncertainties, which may cause actual results to differ materially from the statements made. For this purpose, any statements that are contained herein that are not statements of historical fact may be deemed to be forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Without limiting the foregoing, the words "believes," "anticipates," "plans," "intends," "will," "should," "expects," "projects," and similar expressions are intended to identify forward-looking statements. You are cautioned that such statements are subject to a multitude of risks and uncertainties that could cause actual results, future circumstances, or events to differ materially from those projected in the forward-looking statements. These risks include, but are not limited to, those associated with the success of research and development programs, the regulatory approval process, competition, securing and maintaining corporate alliances, market acceptance of the Company's products, the availability of government and insurance reimbursements for the Company's products, the strength of intellectual property, financing capability, the potential dilutive effects of any financing, reliance on subcontractors and key personnel. The forward-looking statements are made as of the date hereof, and the Company disclaims any intention and has no obligation or responsibility, except as required by law, to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise. CONTACT: Donald J. McCaffrey, Chairman, President & CEO
Suite 300, 4820 Richard Road S.W. Calgary, AB, Canada T3E 6L1
Tel: (403) 254-9252, Fax:(403) 256-8495, <http://www.zenithepigenetics.com>

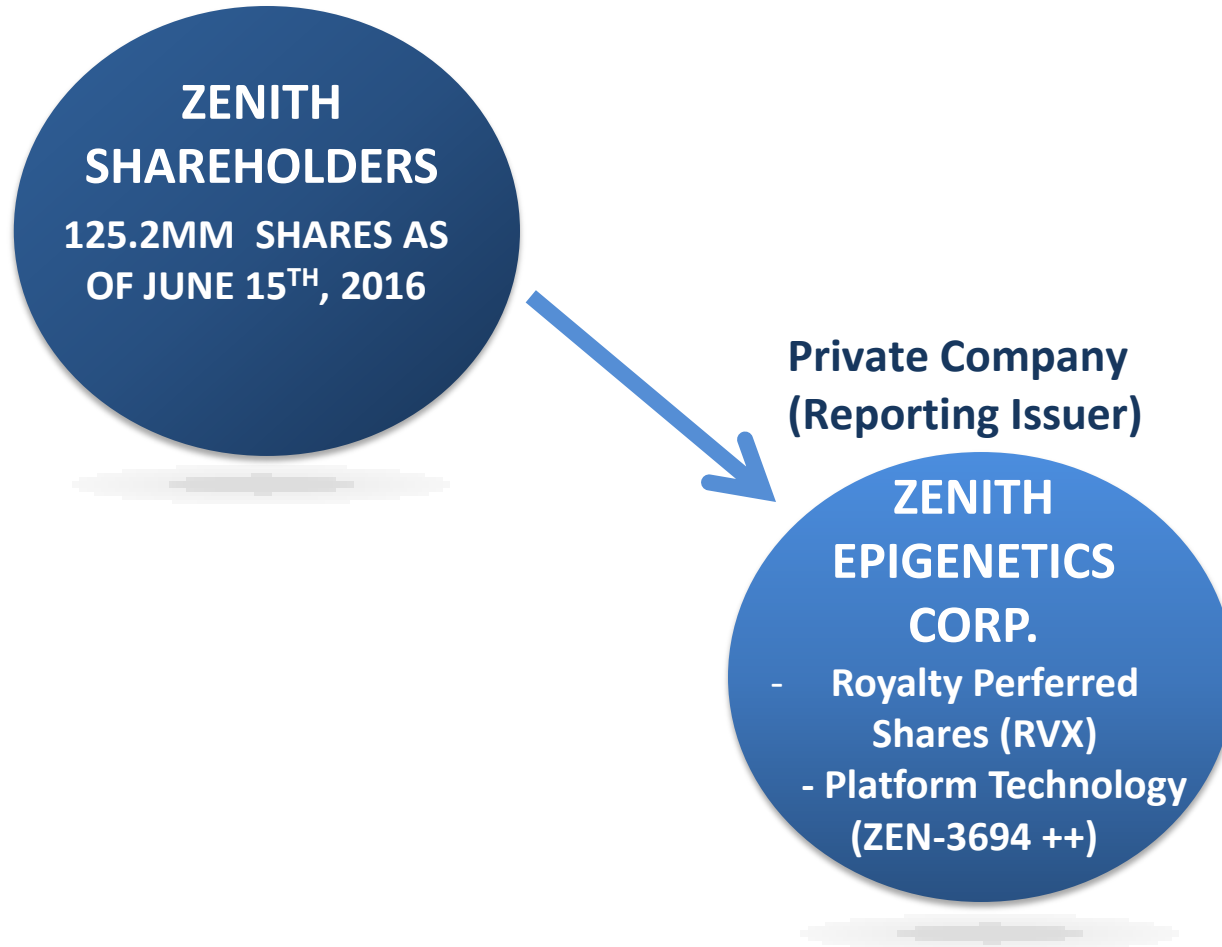
Share Structure Profile



Founded	Corporate spin out from Resverlogix in June 2013
Status	Unlisted Possible US market IPO when conditions permit
Cash Raised 2014-2016	Approx. US\$44MM @ \$1.00 USD per share
Enterprise Value est.	\$125 MM
Shares Outstanding	125.2 MM 134.0 MM fully diluted
Cash Burn	\$2 MM per quarter - Current

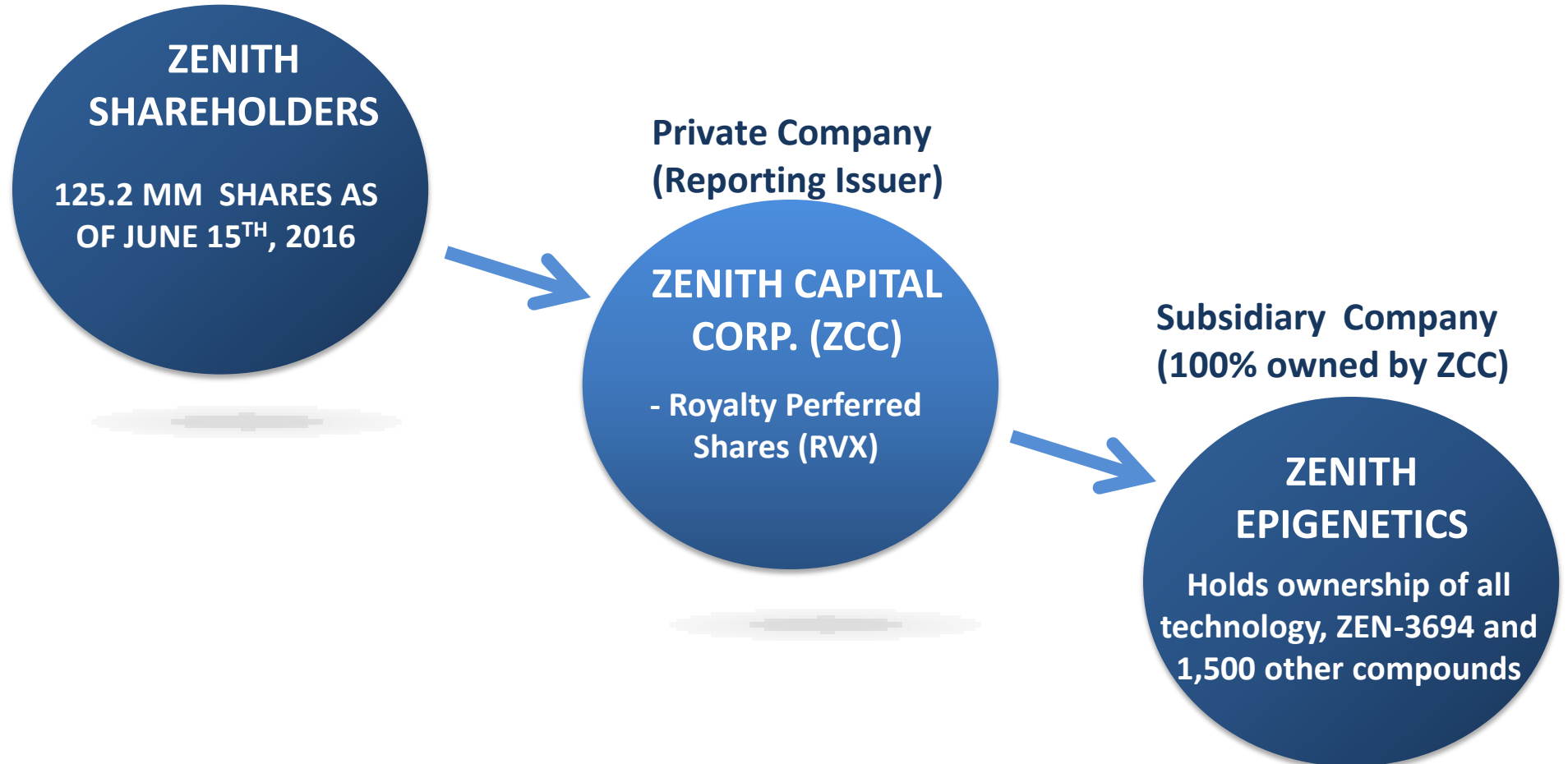
2016 Current Corporate Structure

PRE JULY 31, 2016
STRUCTURE



Post July 31, 2016 Corporate Structure

POST-REORGANIZATION JULY 31, 2016 STRUCTURE



Final Corporate Structure

FUTURE FINAL RE-ORGANIZATION STRUCTURE

ZENITH
SHAREHOLDERS

125.2 MM SHARES AS
OF JUNE 15TH, 2016

Private Company
(Reporting Issuer)

ZENITH CAPITAL
CORP. (ZCC)

- Royalty Preferred Shares (RVX)
- Royalty Rights for Zenith technology

Private Company
(Reporting Issuer)

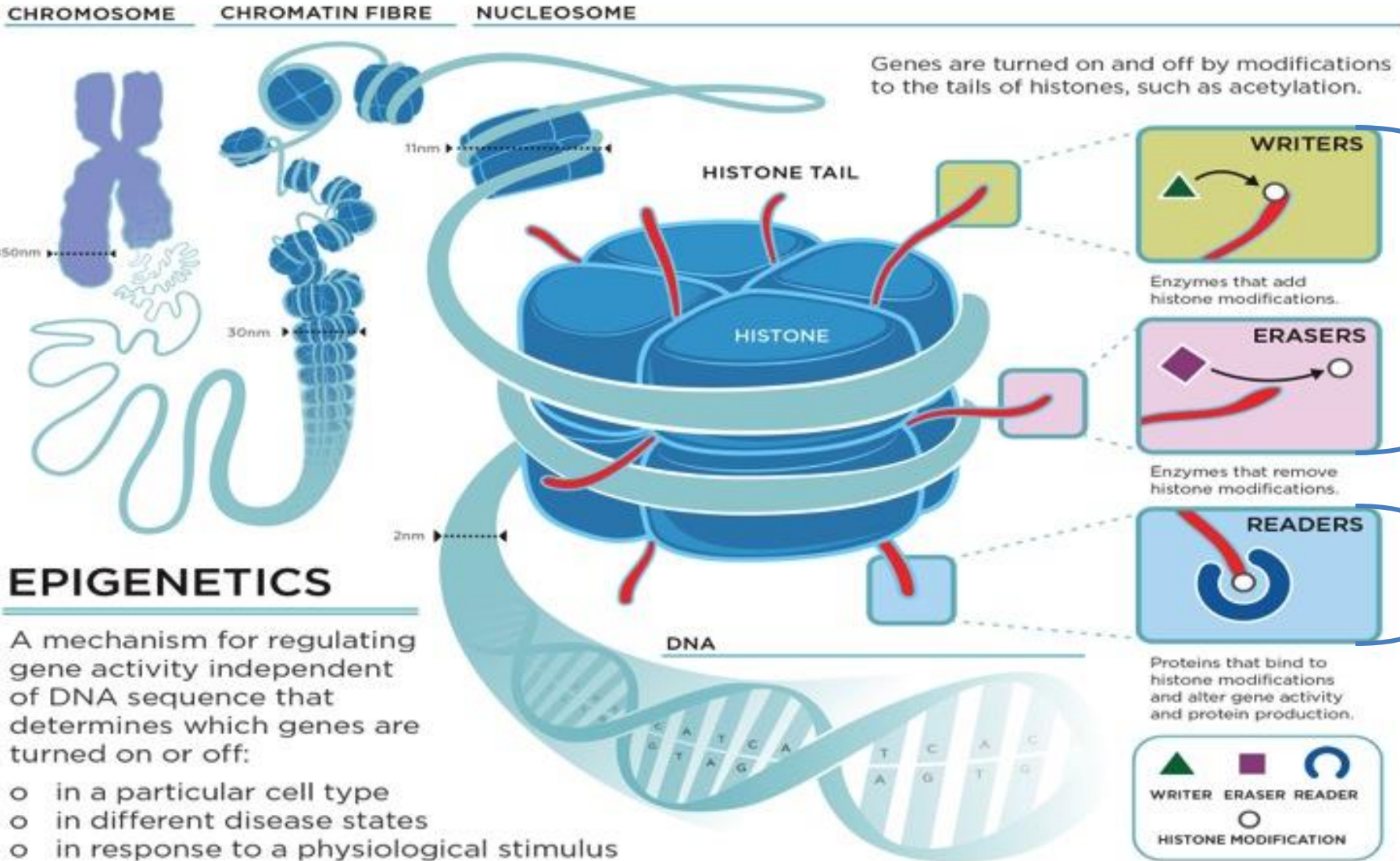
ZENITH
EPIGENETICS LTD

Holds ownership of all
technology, ZEN-3694 and
1,500 other compounds

ZENITH
SHAREHOLDERS

125.2MM SHARE EST.
AS OF FINAL
SEPERATION DATE

2. Epigenetics Mechanism and Indication Potential



Early Epigenetic Approach

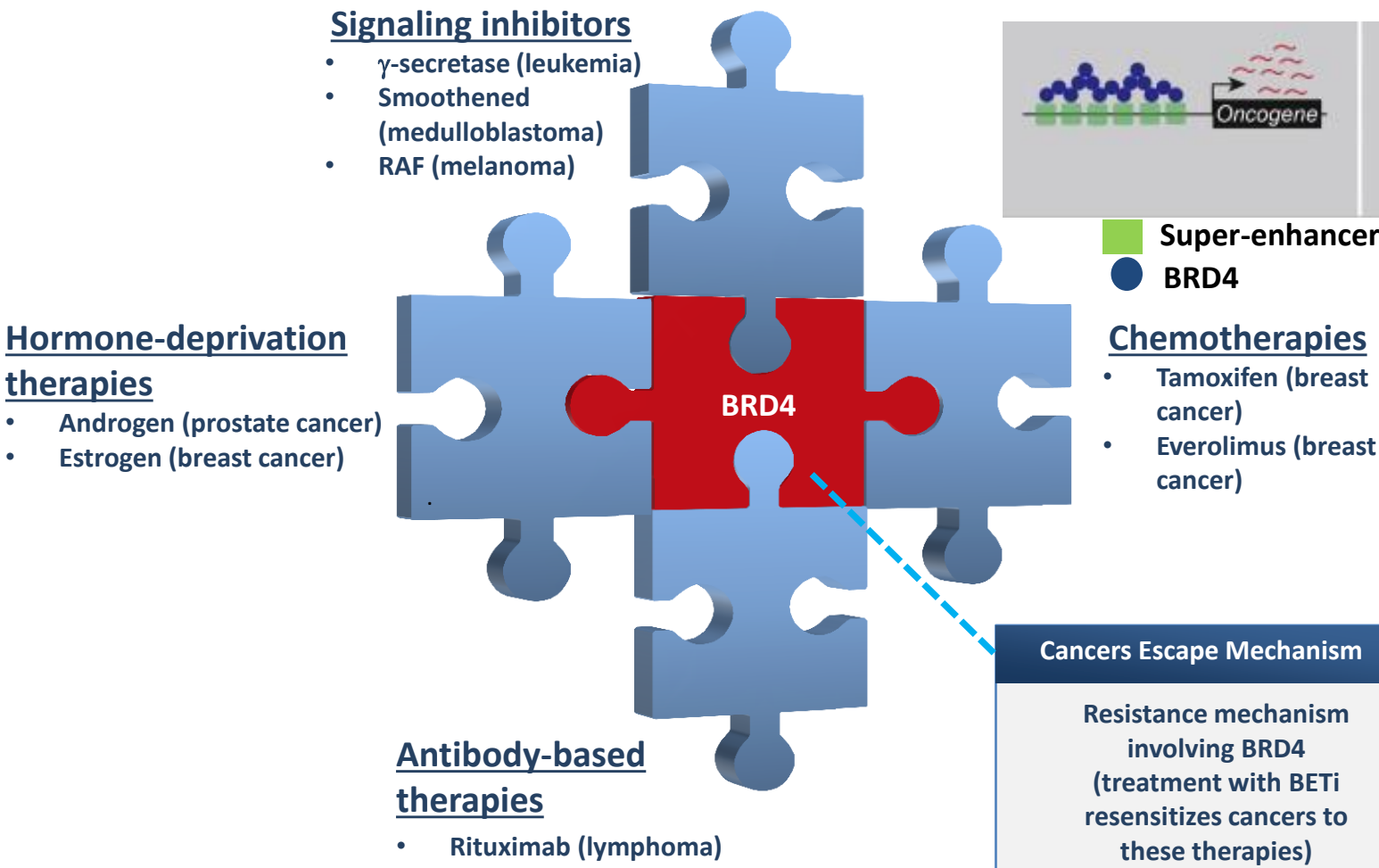
Advanced Epigenetic Approach

EPIGENETICS

A mechanism for regulating gene activity independent of DNA sequence that determines which genes are turned on or off:

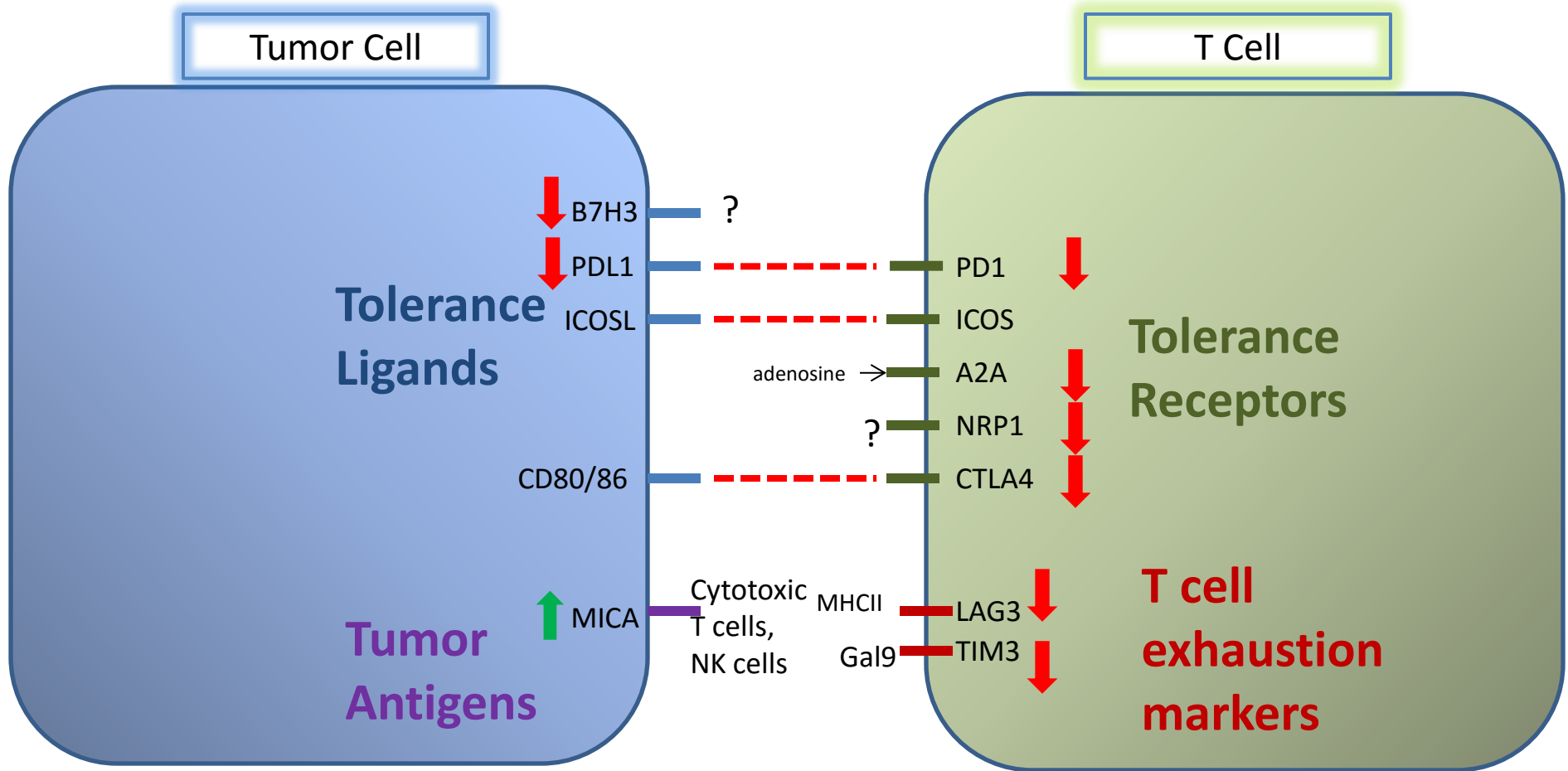
- o in a particular cell type
- o in different disease states
- o in response to a physiological stimulus

Zenith's BRD4 Target is Directly Involved in Resistance Mechanisms of Several Types of Anti-cancer Therapies



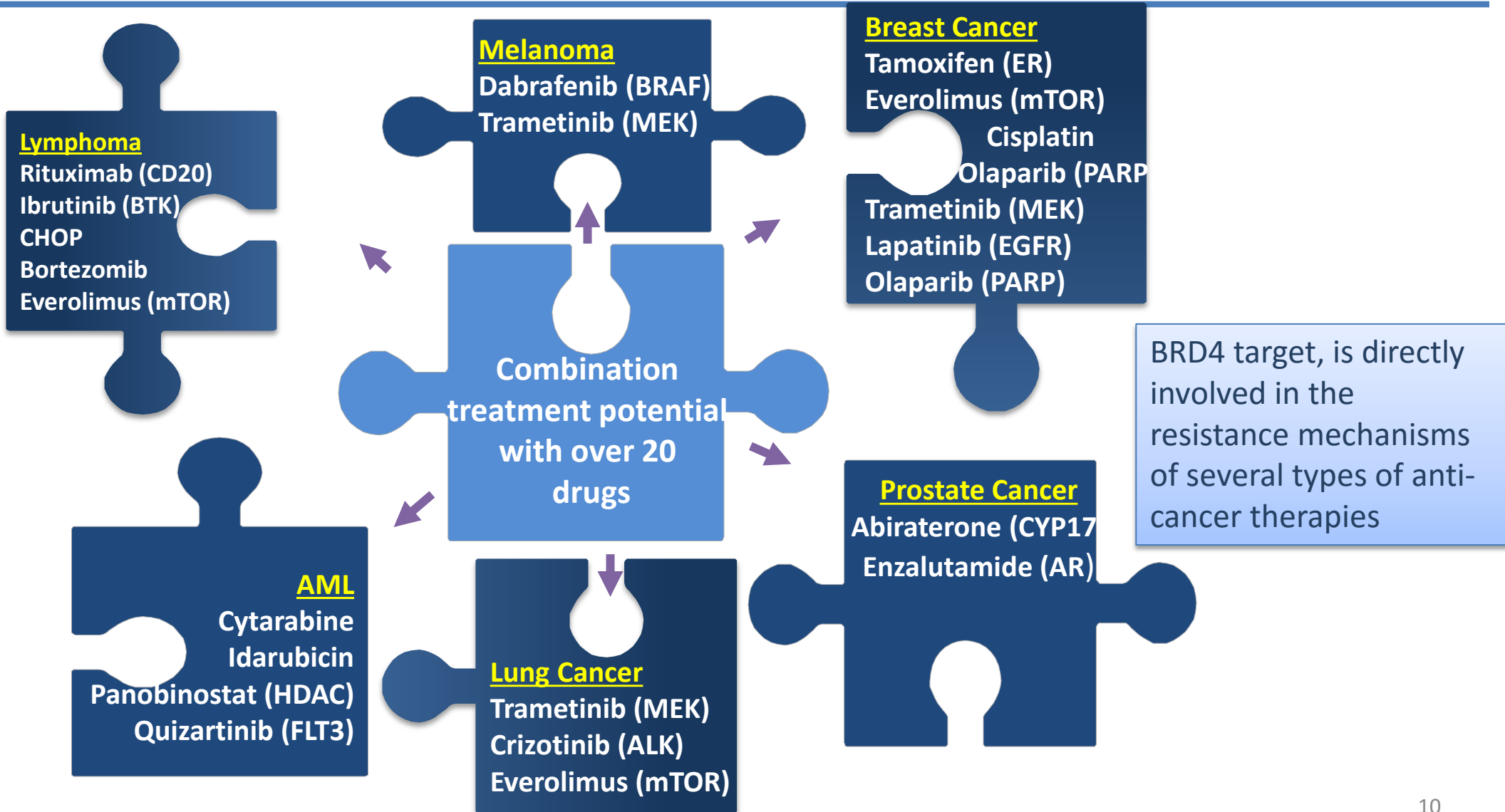
Resistance to several standard of care treatments does not impede sensitivity to BETi

ZEN-3694 Promotes Anti-tumor Immune Responses by Targeting Multiple Checkpoints

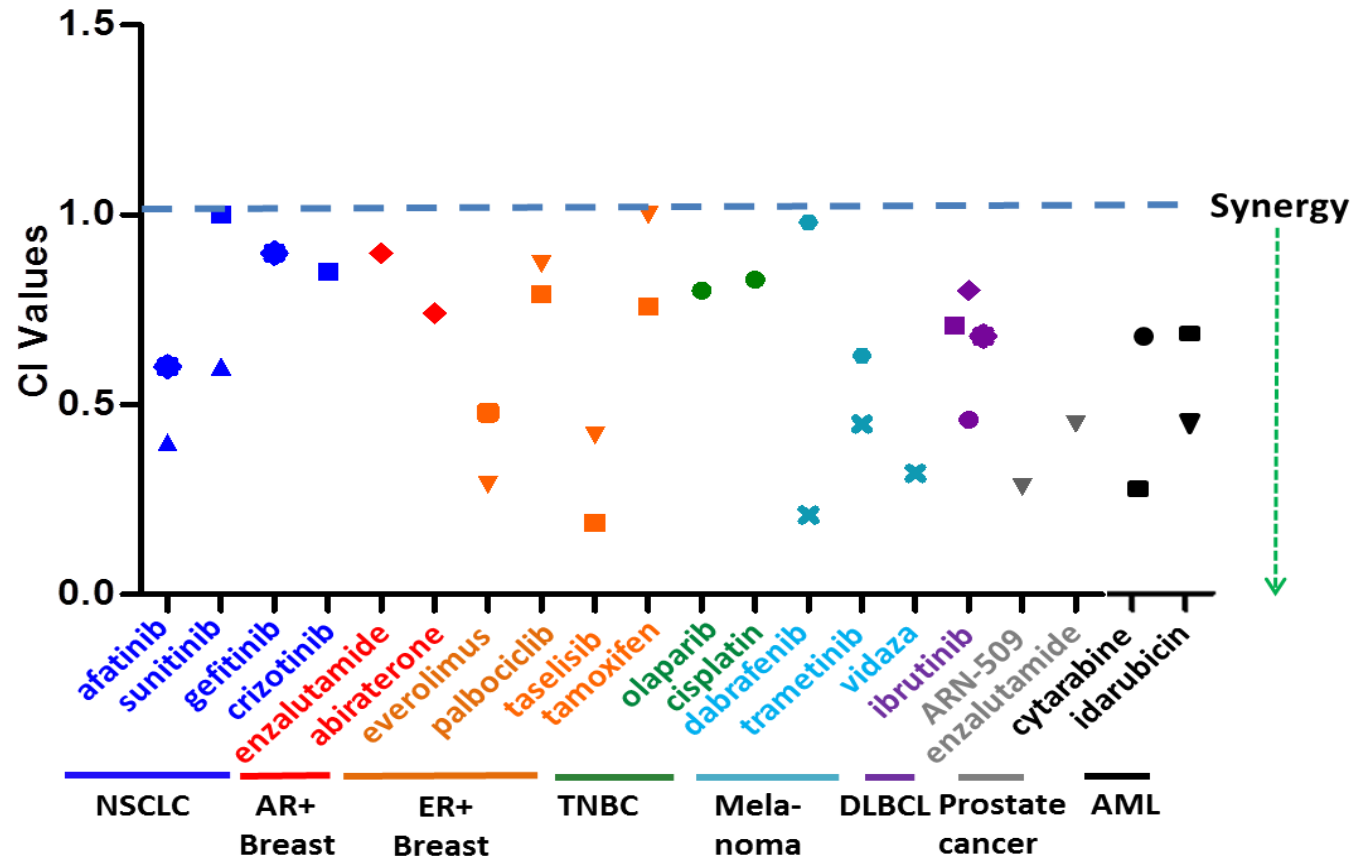


↑↓ BETi effects

BET Inhibitors Have the Potential to be Important Combination Agents With Existing Therapies



ZEN-3694 Synergizes With Several Standard of Care and Targeted Therapy Drugs in Different Cancers



Indication		Cell line (mutation)
NSCLC	▲	H1975 (EGFR L858R T790M)
	◆	H820 (EGFR T790M)
	■	H2228 (ALK)
AR+ Breast	◆	MDA-MB-453
ER+ Breast	■	MCF-7 (ER+)
	▼	ZR-75-1 (ER+)
TNBC	●	HCC1937 (BRCA1)
Melanoma	×	C32 (BRAF V600E)
	●	A375 (BRAF)
DLBCL	◆	CARNAVAL (MYC/BCL2)
	●	OCI-LY18 (MYC/BCL2)
	◆	NU-DUL-1
	■	OCI-LY3 (A20)
Prostate	▼	VCAP (AR AMP/AR-V7)
AML	■	MV4-11 (MLL-AF4/FLT3-ITD)
	●	OCI-AML2 (DNMT3A/MLL)
	▼	OCI-AML3 (DNMT3A/NPM1)

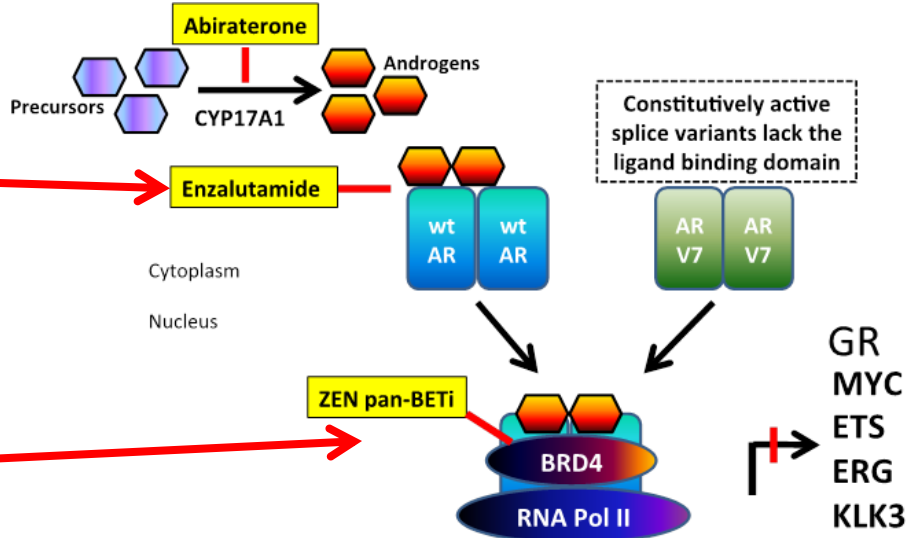
ZEN-3694 Has Proven Significant Potential to Work in Patients Developing mCRPC Resistance to Enzalutamide



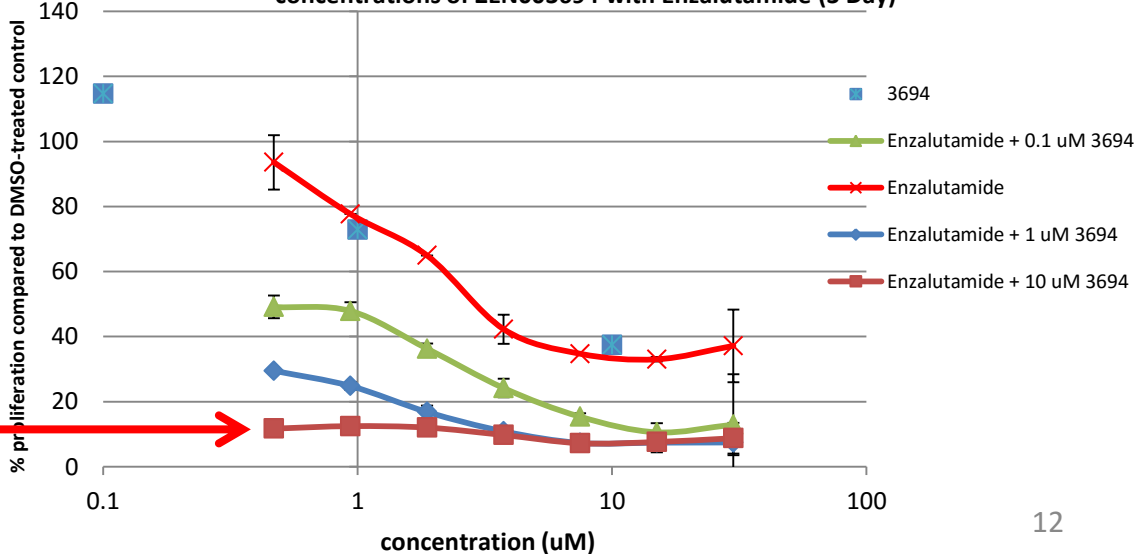
ZEN-3694 works down stream of current therapies

ZEN-3694 works where resistance to existing lead drugs, like enzalutamide, has evolved

The combination of ZEN-3694 & today's top medications show strong synergizes and expected reduction to resistance



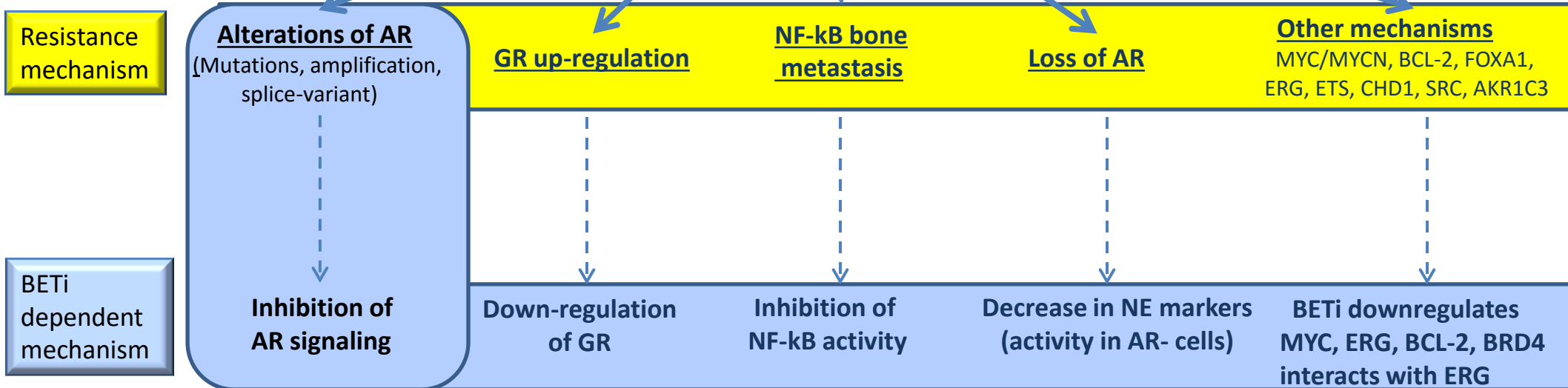
TB-03910 Cell Viability in VCAP P3 + 0.1 nM R1881 Treated with various concentrations of ZEN003694 with Enzalutamide (3 Day)



Additional Resistance Pathways in CRPC in Response to Enzalutamide and/or Abiraterone

ENZALUTAMIDE/ABIRATERONE THERAPY

CRPC



ZEN-3694 shows good efficacy in different CRPC models that are resistant to AR antagonists

General Information Regarding the Unmet Need in Metastatic Prostate Cancer (mCRPC)



Current Market and Unmet Need

- ~135,000 annual mCRPC patients in the US/EU alone –Majority receive enzalutamide or abiraterone as first line treatment
- **Over \$4 billion in sales in 2015** for first line enzalutamide and abiraterone
- Patients are becoming resistant to these therapies, no effective second line therapy yet
- Continuing high mortality rate in resistant mCRPC (50% 1 year survival, 25% in 5 years)

Opportunity for ZEN-3694

- 2nd line single agent treatment , KOLs agree that there is no effective 2nd line treatment
 - ~60,000 2nd line treatment eligible patients in US/EU alone
- Expand into 1st line treatment in combination with enzalutamide or abiraterone

3. Clinical Development Plan for ZEN-3694

2016		2017	
1H	2H	1H	2H

Single Agent Dose Escalation
CRPC

Expansion cohorts (CRPC)

Combination Dose Escalation
(+ enzalutamide) CRPC

Expansion cohorts
(ER+ breast, TNBC, H&N)

Expansion cohort
(AML, DLBCL)

Solid Tumors
Phase 1/2

Hematological
Malignancies
Phase 1

- UCSF selected as lead Phase 1 site (Eric Small and Rahul Aggarwal)
- Confirmed Prostate Cancer Clinical Trial Consortium (PCCTC)
- MSKCC (Howard Scher) to lead translational

↑ = PK & Safety data

↑ = Proof of Concept

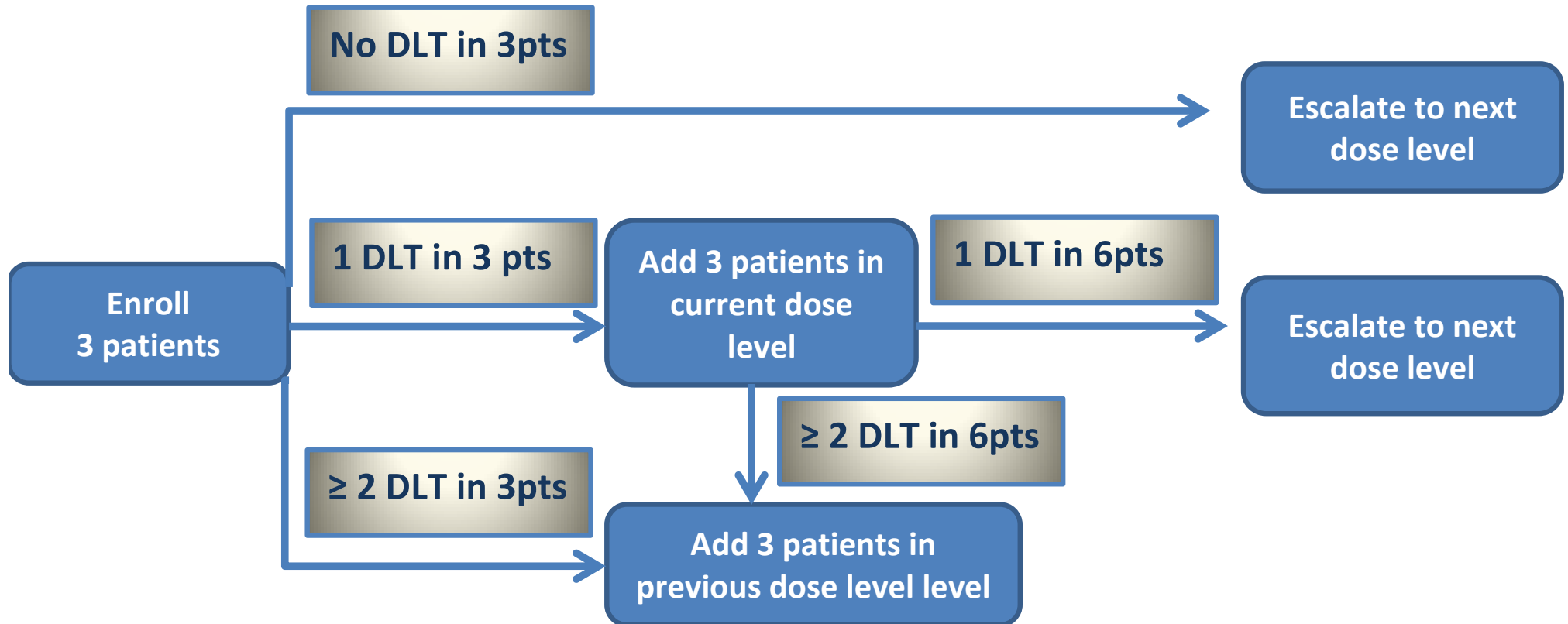
Six Leading Prostate Cancer Clinical Sites



Site	Investigators	Activation Status
UCSF	Rahul Aggarwal Eric Small	ACTIVATED
MSKCC	Wassim Abida Howard Scher	ACTIVATED
Oregon Health Sciences University	Joshi Alumkal	ACTIVATED
UCLA	Alan Pantuck	June/2016
Karmanos (Wayne State)	Elisabeth Heath	ACTIVATED
Virginia Oncology	Mark Fleming	ACTIVATED

- Synteract hired as Clinical Research Organization (CRO)
- Prostate Cancer Clinical Trial Consortium (PCCTC) harmonizing site activations

3 + 3 Dose Escalation Design



Note: MTD (Maximum tolerated dose) is the highest dose with ≤ 1 DLT in 6 patients. DLT is Dose Limiting Toxicity

How Can You Determine the True Potential of a New Clinical Drug Candidate in Oncology?

There are hundreds of biotech company's with potential drug candidates

Drug candidates require 3rd party Principle Investigators (PI's) to act as independent clinical investigators

The best oncology units and PI's in the United States are highly sought after

Zenith's cutting edge technology has attracted the top two U.S. PI's in prostate cancer research as well as the Prostate Cancer Clinical Trials Consortium (PCCTC)

Zenith has **confirmed** PI's
-Dr. Eric Small - Univ. of California, San Francisco
-Dr. Howard Scher at Memorial-Sloan Kettering , NY

Both Dr's Small & Scher where involved in the development of the top 2 current prostate drugs in use, abiraterone & enzalutamide respectively

Four of the last five FDA approved prostate drugs have come from the PCCTC which is highly selective and only champions the most promising drugs

4. Market Capitalization Valuation Rationale and Milestones

1. Oncoethix was acquired by Merck in 12/2014- \$375 MM

Oncoethix only has a single BETi drug, OTX-015
Limited efficacy in Phase 1 Trials, Off target Toxicity
It is a Benzodiazepine program with poor drug like properties
\$110MM payment upfront

2. Tensha was acquired by Roche in January 2016 - \$535M

Sub q dosing, not orally bioavailable
Limited efficacy in Phase 1
Benzodiazepine program
\$115MM payment upfront

3. Constellation received \$95MM upfront in a 2012 deal

The Genentech development deal involved non-Bromodomain epigenetics with a option to buy the Bromodomain program
A phase 1 program with no published data
A Benzodiazepine program hampered by extensive cardiovascular safety in clinical monitoring

4. Market validation implied a \$90MM value in 2013

On June 3rd, 2013 upon the spin out of Zenith Epigenetics from Resverlogix Corp the RVX stock adjusted by \$90MM

Zenith – \$125MM (est.)



- Zenith has priced its current financing very competitively compared to existing markets for less effective technologies
- Based on recent deal history, upcoming clinical data, and advanced biology, Zenith management expect to create additional shareholder value

1

Development Targets

- Publish new Intellectual Property
- Select a new lead molecule ZEN-3694
- Select a new backup molecule – ZEN-3717
- File a 2nd IND with the FDA



2

Clinical Targets

- Top investigators recruited as leads for the program
- Initiate a clinical trial for solid tumors
- Reach proof of concept by 1H 2017
- Expand to include combination therapies



3

Corporate Development

- IPO on the Nasdaq
- Regional licensing in China and/or other countries
- Co-development partnering
- New BET Bromodomain opportunities

