



NEMUS Bioscience
OTCQB: NMUS
Costa Mesa, CA

*“Bio-engineered synthetic
cannabinoids to meet global
medical challenges”*

March, 2018



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Nemus Secures Emerald Health Sciences as Strategic Majority Investor to help Advance Clinical Development of Novel Cannabinoid-based Therapeutics

- Emerald Health Sciences is an operating company focused on the medicinal potential of cannabis and cannabinoids. Its mission is to identify and invest in operating subsidiaries that offer it unique opportunities and provide appropriate resources to advance the development of its subsidiaries and their technologies.
- Pursuant to the closing of the initial private placement in January, 2018, Emerald holds a majority of Nemus' common shares on a fully converted basis.
- Dr. Brian Murphy is joined by Punit Dhillon and Jim Heppell as directors of the company. Mr. Dhillon and Mr. Heppell are also directors at Emerald.

NEMUS Value Proposition: Disrupting the cannabinoid therapeutic space



Developing *Biosynthetic* Cannabinoids

- Currently, the only cannabinoid company with potential cost-effective and enhanced life-cycle scale-up production related to biosynthetic manufacturing of cannabinoids
- The only cannabinoid company with re-engineered prodrugs and analogues of cannabinoids designed for multiple routes of administration

Targeting Unmet Needs in Multi- Billion Dollar Global Markets

- Developing cannabinoid molecules for the treatment and/or management of acute and chronic diseases, including a multi-cannabinoid platform for diseases of the eye, global pain markets, and anti-infectives to combat threats to the public health

Sole Development & Commercialization Partner with UM

- NEMUS is the sole development and commercialization partner of the University of Mississippi, drawing on 50 years of intellectual capital in cannabinoid chemistry and physiology from the only entity with a Federal license to directly study cannabinoids

Proprietary Pipeline with Global Patent Footprint

- The proprietary prodrug of THC has a global patent footprint including the world's largest pharma markets of USA, Japan and the EU

Exclusive strategic relationship with the University of Mississippi provides access to a diverse cannabinoid patent estate



The University of Mississippi (*UM*) is the only entity in the US authorized by NIDA and the DEA to cultivate cannabis on behalf of the federal government for 50 years



NEMUS has exclusive, perpetual, worldwide exclusivity for all compounds and targets we are working on with UM for key fields of delivery



Patents have been issued for the proprietary prodrug of THC in the USA (2014), Japan (2015), Australia (2016); EU (2017); UK (2017) Canada (2017), and Hong Kong (2017)



Nemus and the University are currently engaged in the development of third-generation hybrid synthetic cannabinoid molecules with the goal of becoming the leading developer of second- and third-generation compounds in the field of cannabinoid-related medicines

Innovative Cannabinoid Formulations Designed for Improved Drug Delivery

All NEMUS licensed delivery options optimize our prodrug cannabinoid technology by enhancing bioavailability by avoiding first-pass liver metabolism and offering more predictable pharmacokinetics

Ocular Delivery

Glaucoma, Conjunctival
& Retinal Diseases

Transmucosal
Delivery

CINV & CIPN
(suppository and buccal patch)

Transmembrane
Delivery

CIPN & Anti-Infectives
(nasal/transdermal/transmembraneous)

Nemus Cannabinoid Development Portfolio



Drug Candidate	Target Indications	Projected Global Market Size	Developmental stage
NB1111 (Prodrug THC)	Glaucoma	\$3+ B ¹	Pre-Clinical
NB1222 (Prodrug THC)	Chemotherapy-Induced Nausea and Vomiting (CINV)	\$2 B ²	Pre-Clinical
NB2111 (Analogue CBD)	Chemotherapy-Induced Peripheral Neuropathy (CIPN); pain syndromes	>\$35 B ³	Research
NB2222 (Analogue CBD)	Ocular Targets: uveitis, dry eye syndrome, macular degeneration, diabetic retinopathy	> \$22 B	Research
Cannabinoid Platform NB3111	Methicillin-resistant Staph aureus (MRSA); gram-positive bacteria; viral species	>\$6 B ⁴	Research

1. GlobalData; 2015
2. Transparency Market Research, 2014
3. Transparency Market Research, 2016
4. Pew Trust MRSA Survey, 2012

Nemus Ophthalmology Pipeline

Prodrug of THC (NB1111)

NB1111 (THC-Valine-Hemi-Succinate: THCVHS) is globally patented for composition of matter and methods of use and is being developed for the treatment and management of glaucoma

Analog of CBD (NB2222)

NB2222, a proprietary analog of cannabidiol (CBD), is undergoing testing as a therapeutic candidate for dry eye syndrome (DES)

NB1111

For the Treatment of
Glaucoma

The Glaucoma Market

Large Market	<ul style="list-style-type: none">• \$3+ billion globally and growing with aging populations• \$2.6 billion US market (35 MM Rx)*• Glaucoma as a “Non-responder” market presents greater opportunities; >50% of patients on 2 or more Rx
High Unmet Medical Need	<ul style="list-style-type: none">• A leading cause of irreversible blindness in the US due to death of retinal ganglion cells (RGS)
Well Defined Regulatory Path	<ul style="list-style-type: none">• Regulatory strategy:<ul style="list-style-type: none">• Potential for “urgent medical need” and “breakthrough therapy” FDA designations
Cannabinoids Demonstrate Efficacy & Neuroprotection	<ul style="list-style-type: none">• Cannabinoids have exhibited neuroprotective qualities <i>in vitro</i> and <i>in vivo</i> (multiple animal species) related to preservation of the optic nerve
Early Development M&A	<ul style="list-style-type: none">• Historically, licensing and acquisitions in the glaucoma market occur predominantly earlier in development (pre-clinical & phase 1)

* IMS; 2016

Cannabinoid receptors in the eye

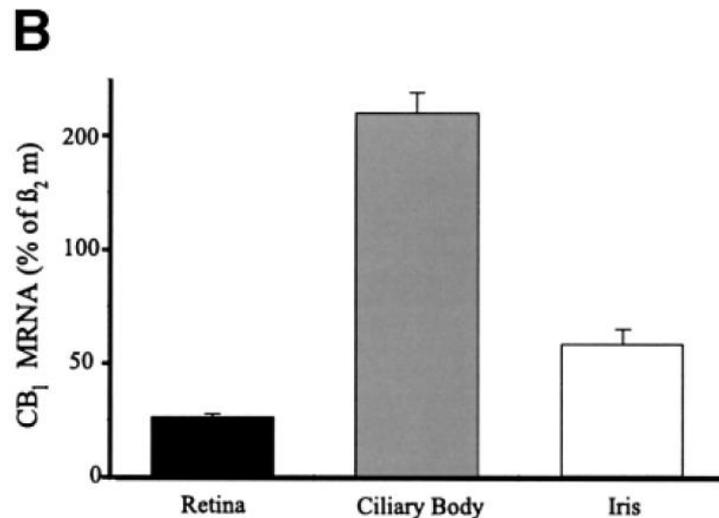
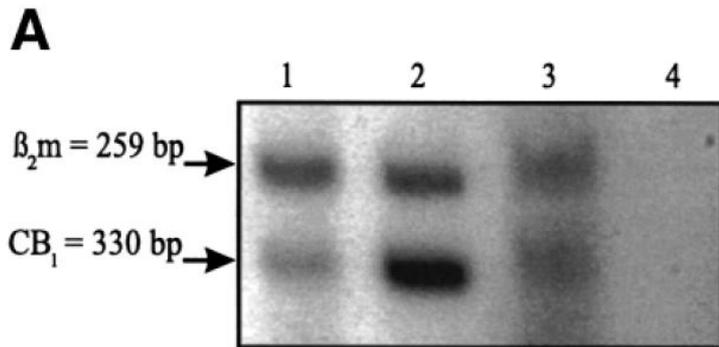


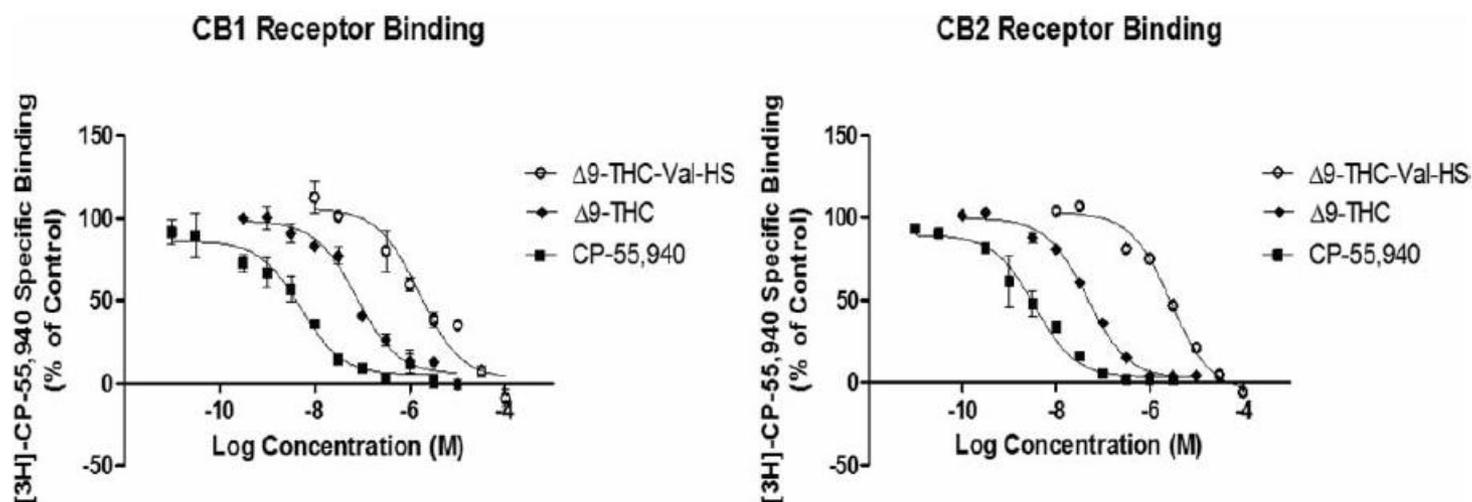
FIG. 1. (A) RT-PCR of CB1 and β₂m from human eye: retina (lane 1); ciliary body (lane 2); iris (lane 3); negative control (lane 4); run on a non-denaturing 5% polyacrylamide gel. (B) Relative differences of CB1 transcripts in the human eye. The level of mRNA in the retina (25.8 ± 2.46%), ciliary body (210 ± 11.55%) and iris (62.7 ± 5.94%) were compared by RT-PCR. CB1 mRNA content was normalized with that of β₂m and expressed relative to the β₂m mRNA level (n = 5; bars are SEM).

- Modulation of cannabinoid receptor tone already exists by virtue of the endocannabinoid system located in the eye and other organs
- CB1 receptors display a higher density in the anterior compartment than the posterior (1)
- CB1 receptors have been localized to ciliary epithelium, ciliary muscle, trabecular meshwork, canal of Schlemm, iris; organs that help regulate intra-ocular pressure (IOP) (2)
- CB1 receptors have also been localized in lower density in the posterior compartment in the choroid and retina (3)
- CB2 receptors are more prevalent in the posterior compartment of the eye (1)

1. Porcella A et al; Eur J Neuroscience, 2000; 12:1123-1127
2. Chien FY, et al. Arch Ophthal, 2003; 121:87-90
3. Wei Y, et al. Molecular Vision, 2009; 15: 1243-1251

THCVHS vs THC: CB receptor dynamics*

- Experiments have shown that THCVHS does not substantively bind CB receptors
- The physiological effect comes from THC derived from the prodrug



Compound	CB1		CB2	
	IC-50 (μM)	Ki (μM)	IC-50 (μM)	Ki (μM)
Δ ⁹ -THC-VAL-HS	1.593 ± 0.289	0.960 ± 0.174	2.430 ± 0.164	1.215 ± 0.082
Δ ⁹ -THC	0.077 ± 0.008	0.044 ± 0.005	0.047 ± 0.002	0.032 ± 0.001
CP-55,940	0.005 ± 0.001	0.003 ± 0.000	0.004 ± 0.000	0.002 ± 0.000

FIGURE 6. Cannabinoid receptor (CB1 and CB2) binding studies with THC-Val-HS, THC, and CP-55,940.

NB1111 (THCVHS) vs pilocarpine and timolol achieves 47% reduction in IOP*

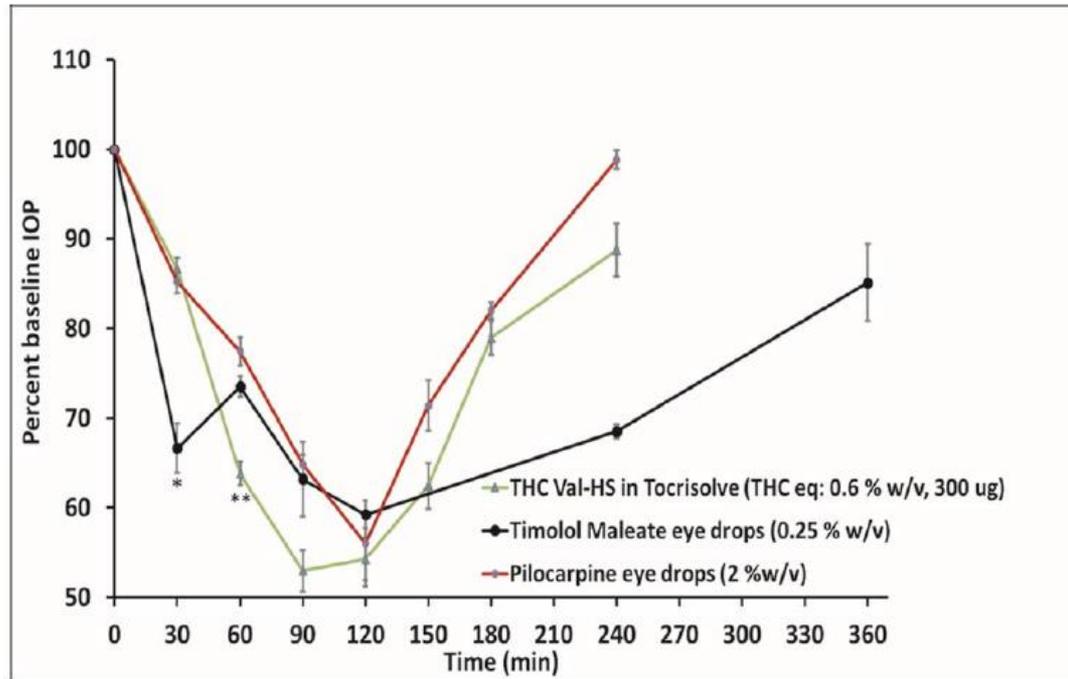


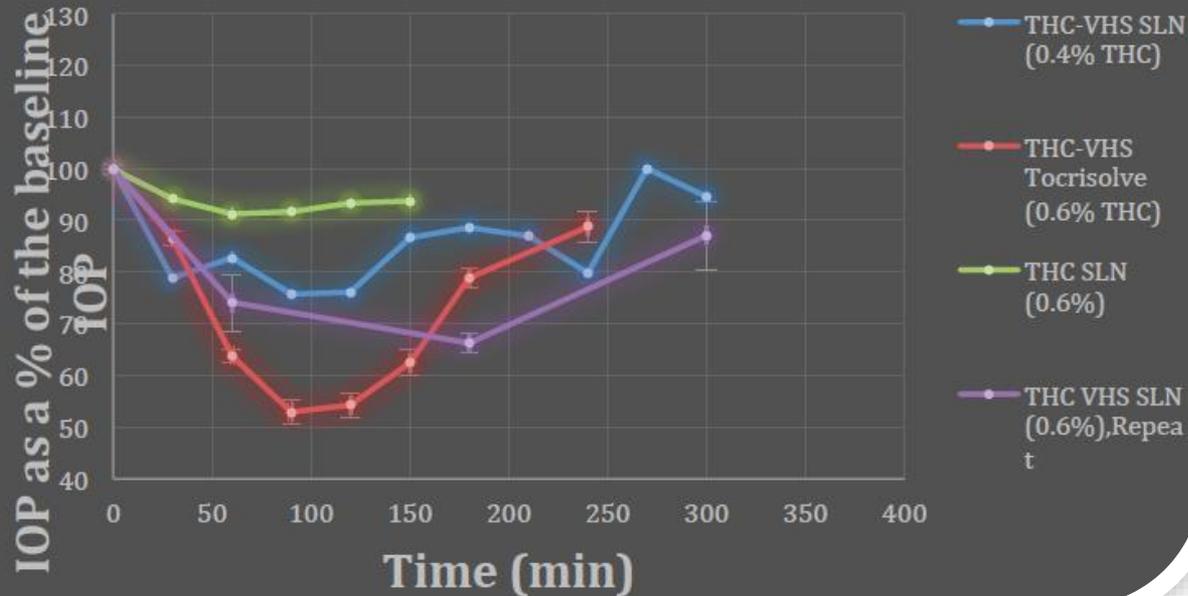
FIGURE 5. IOP-Time profiles obtained with THC-Val-HS, timolol maleate, and pilocarpine eye drops (marketed) in rabbit glaucoma model. Numbers in brackets represent concentration (%w/v) and dose equivalent to THC (μg). Actual baseline values (mean \pm SEM in mm Hg) for IOP in the following different formulations: THC-Val-HS in Tocrisolve (26.8 ± 0.4), timolol maleate eye drops (24.0 ± 1.9), and pilocarpine eye drops (27.1 ± 0.3). *IOP drop from timolol maleate is significantly different from THC-Val-HS and pilocarpine ($P < 0.05$). **IOP drop from THC-Val-HS is significantly different from timolol maleate and pilocarpine ($P < 0.05$).

*Goutham R, et al. IVOS, 2017; 58(4): 2167-2179

NB1111 vs THC IOP reduction: Prodrug achieves significant decline in IOP

SOLID LIPID NANOPARTICLE (SLN) TECHNOLOGY ENHANCES HALF-LIFE

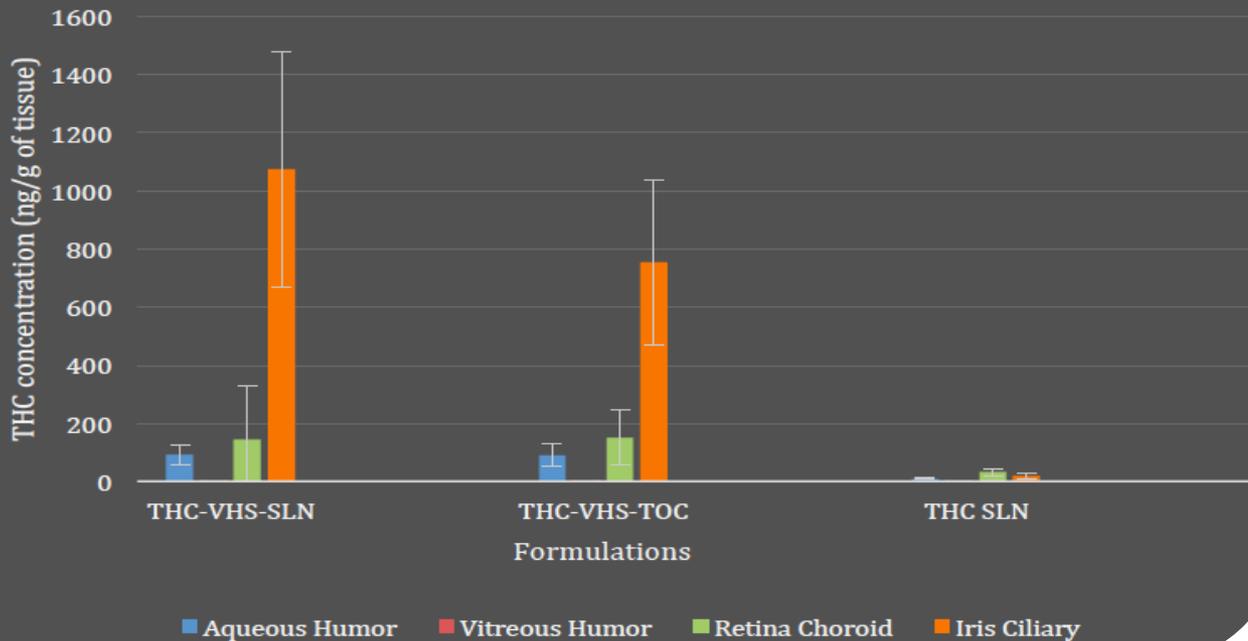
IOP vs time profile



- THC-VHS in Tocrisolve exhibits IOP maximum decline of 47%
- THC-VHS in SLN exhibits IOP maximum decline of 35%
- THC in SLN exhibited roughly 8-10% decline in IOP
- Encapsulating THC-VHS in an SLN enhanced the half-life by almost doubling the time of physiologic effect

Enhanced tissue penetration of NB1111 associated with superior efficacy in rabbit glaucoma model

In-vivo ocular disposition at 180 min



- THC alone, administered in an SLN showed no appreciable concentration in ocular tissues regulating IOP, compared to NB1111, the prodrug of THC

Cannabinoids Shown to Be Neuroprotective in Multiple Animal Models Assessing Integrity of the Optic Nerve

American Journal of Pathology, Vol. 163, No. 5, November 2003
Copyright © American Society for Investigative Pathology

Neuroprotective Effect of $(-)\Delta^9$ -Tetrahydrocannabinol and Cannabidiol in *N*-Methyl-D-Aspartate-Induced Retinal Neurotoxicity

Involvement of Peroxynitrite

Arch Soc Esp Otolmol. 2011 Jan;86(1):16-23. doi: 10.1016/j.oftal.2010.11.015. Epub 2011 Feb 24. ESPAÑA DE OTALMOLOGÍA

[Cannabinoid applications in glaucoma].

[Article in Spanish]
Pinar-Sueiro S¹, Rodríguez-Puertas R, Vecino E

Author information

Abstract

INTRODUCTION: Glaucoma is a slowly progressive cause of legal blindness throughout the world. Current treatment for the medical treatment of glaucoma is currently limited. New therapeutic horizons, such as the potential use of cannabinoids in the treatment of glaucoma.

AIM: To review the current scientific literature related to different ways of administration of cannabinoids in glaucoma.

DEVELOPMENT: Cannabinoid receptors have shown to be implicated in the regulation of the intraocular pressure, as well as inner layers of the retina.

Through activation of CB1 and CB2 specific receptors and through other still unknown pathways, the cannabinoid agonists have shown both a clear hypotensive, as well as an experimentally proved neuroprotective effect on retinal ganglion cells.

CONCLUSIONS: Some cannabinoid agonists (WIN 55212-2, anandamide) have demonstrated, in experimental studies, to act as «ideal drugs» in the management of glaucoma, as they have been shown to have good tolerability after topical application, efficiently reduce intraocular pressure, and behave as neuroprotectors on retinal ganglion cells. Further studies are required to assess the safety and efficacy of cannabinoids in the treatment of glaucoma.

Cannabinoids and glaucoma

I Tomida, R G Pertwee, and A Azuara-Blanco

Abstract

Glaucoma is one of the leading causes of blindness in the world. In spite of the diverse therapeutic possibilities, new and better treatments for glaucoma are highly desirable. Cannabinoids effectively lower the intraocular pressure (IOP) and have neuroprotective actions. Thus, they could potentially be useful in the treatment of glaucoma. The purpose of this article is to provide the reader with an overview of the latest achievements in research into the potential use of cannabinoids for glaucoma.

Cannabis/marijuana is the most frequent illicit drug used today for recreational purposes. Yet it is not widely known that the cannabis plant (*Cannabis sativa*; Latin for "planted hemp") (fig 1) is one of the oldest drugs used for medical purposes. Its therapeutic use was first recorded in a classical medicine book by the Chinese emperor Shen Nung in 2737 BC. The medical use of cannabis was also known in other ancient cultures throughout India, Assyria, Greece, Africa, South America, Egypt, and the Roman Empire.¹



Figure 1
Photograph of the Cannabis sativa plant (provided by GW Pharmaceuticals, Wiltshire, UK)



Experimental Eye Research

Volume 136, July 2015, Pages 45-58

Synthetic and endogenous cannabinoids protect retinal neurons



Experimental Eye Research

Volume 110, May 2013, Pages 55-58



Neuroprotective effects of topical CB1 agonist WIN 55212-2 on retinal ganglion cells after acute rise in intraocular pressure induced ischemia in rat

Sergio Pinar-Sueiro ^{a, b, c, d, e}, José Ángel Zorrilla Hurtado ^{a, b, c}, Patricia Veiga-Crespo ^{a, b, c}, Sansar C. Sharma ^{d, e}, Elena Vecino ^{a, b, c}

- Cannabinoid agonists have shown both a clear hypotensive and neuroprotective effect on retinal ganglion cells (RGCs)
- CB1 receptors, to a greater extent than CB2 receptors, have been implicated in mediating cannabinoid-induced neuroprotection
- Experimentally, in multiple animal species, synthetic and endogenous cannabinoids have displayed a protective effect on neurons
- Possible mechanism related to disrupting the glutamate-NMDA apoptosis cycle in RGCs

NB1111 (Glaucoma/Ophthalmology)

Multi-Chamber Ocular Penetration

- Penetrates multiple chambers of the eye in test animals
- The proprietary formulation allows THC to be absorbed across membranes that are normally barriers to absorption

Lowers IOP

- Produces a 47% reduction in Intra-Ocular Pressure (IOP) in glaucoma animal model in Tocrisolve suspension; roughly 35% in half-life extending solid lipid nanoparticles

Posterior Chamber Entry & Neuroprotection

- Potentially first medication to exert direct neuroprotection of the optic nerve (retinal ganglion cells; RGCs) by inhibiting apoptosis pathway

Potential Reduction of Adverse Events

- No detectable THC or 11-OH-THC found in systemic circulation after multiple doses (ng sensitivity of detection)
- Cannabinoid-class molecules administered directly into the eye could offer a treatment option to lower risk of serious or systemic adverse events

Primary & Adjunctive Therapy Markets

- By virtue of safety/efficacy/neuroprotection profile of cannabinoid-class molecules, NB1111 could be a potential primary or adjunctive therapy in managing glaucoma

Analogue of CBD: NB2222

Dry Eye Syndrome (DES)

The Dry Eye Market

Large & Growing Global Market

- \$3.56 billion Global Market¹ in 2017 and growing
- \$6.6 billion Global Market expected by 2027¹
- Significant non-responder market; more than 50% of patients do not respond to currently approved medications

High Unmet Medical Need

- Efficacy still a major unmet need in the DES space and patients continue to seek symptom relief even while on currently approved medications
- New drugs in development have failed to address underlying cause
- Patient satisfaction often hinges on the resolution of accompanying neuropathic ocular pain in DES and drives perception of treatment success

Cannabinoids May Address Underlying Cause & Symptoms of DES

- Clinical studies have provided evidence that cannabinoids are effective in suppressing neuropathic pain states in humans
- CBD, by virtue of its anti-inflammatory properties, may be a treatment option for the pain and discomfort associated with DES in the anterior compartment, by modulating the formation of tumor necrosis factor (TNF) and scavenging reactive oxygen species (ROS)

STUDY PURPOSE

- Cannabidiol (CBD) is one of the active components of the plant *Cannabis sativa* and has been studied in the management of neurological diseases, sleep disorders, and the management of pain.
- CBD, by virtue of its anti-inflammatory properties, might also be a treatment option for the pain and discomfort associated with dry eye syndrome in the anterior compartment as well as diabetic retinopathy induced pain and inflammation in the posterior compartment, by modulating the formation of tumor necrosis factor (TNF) and scavenging reactive oxygen species (ROS).
- CBD is a lipophilic molecule (log P 5.9) making its topical delivery to target tissues of the eye extremely challenging.
- This work aims at improving ocular penetration of CBD by means of analogue derivatization.

Tissue distribution of CBD derivatives: Bio-engineered NB2222 outperforms other forms of cannabidiol

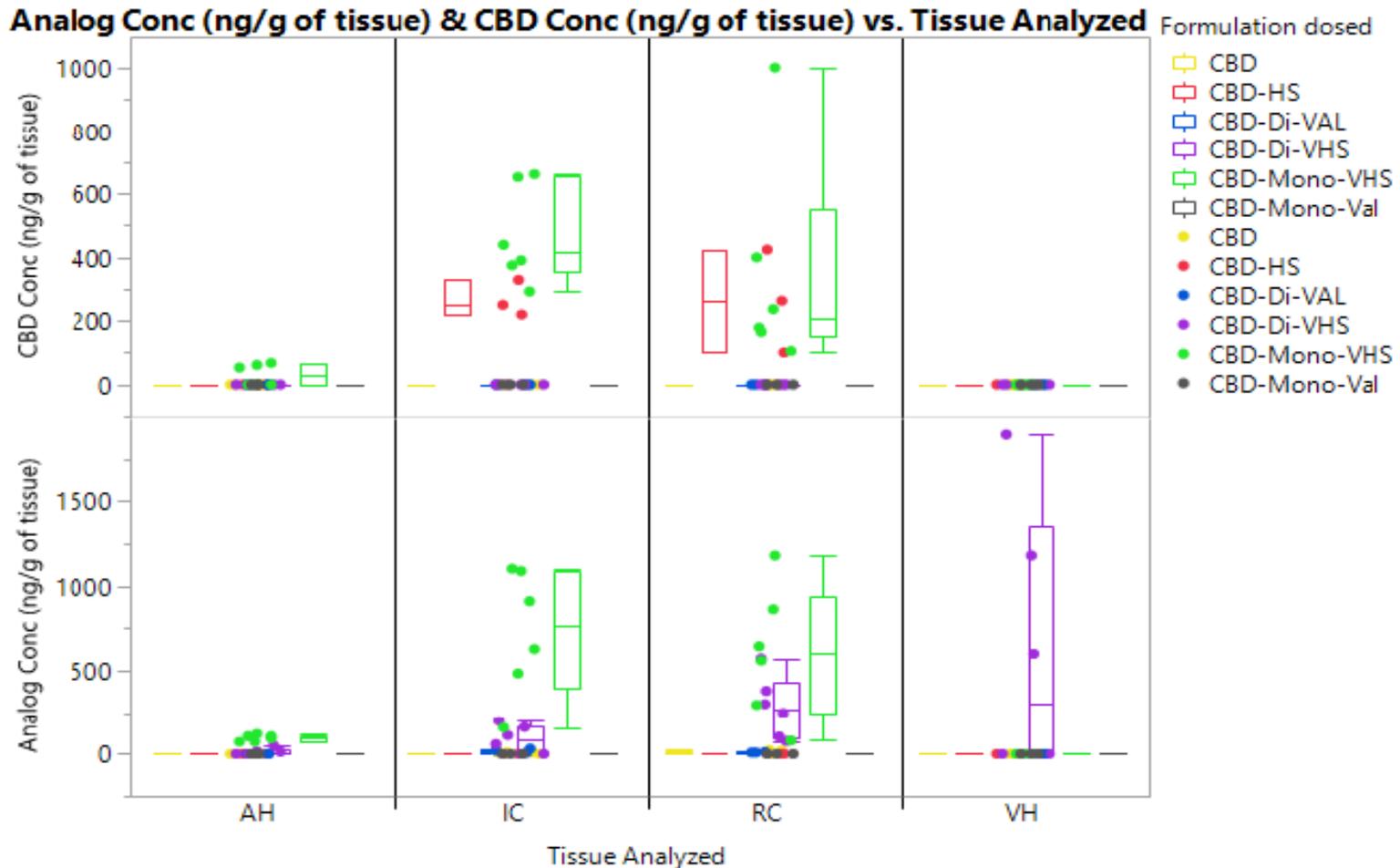


Fig.3. Disposition of CBD and analogs formulated in Tocrisolve™ emulsion 90 minutes post topical administration in AH, IC, RC, VH. CBD, CBD-Di-VHS, CBD-Mono-VHS (n=6); CBD-HS, CBD-Di-Val, CBD-Mono-Val (n=3)

*AH= aqueous humor; IC= iris/ciliary bodies; RC= retina choroid; VH= vitreous humor

NB2222 (Dry Eye/Ophthalmology)

Bio-engineering Improved Ocular Permeation

- NB2222 (CBDVHS) demonstrated best ocular bioavailability¹
- NB2222 demonstrated tissue penetration in both anterior and posterior compartment¹
- NB2222 displayed the most potent CBD activity¹
- NB2222 showed enhanced molecular stability vs. other derivatives¹
- NB2222 emerged as the most optimal candidate to advance into *in vivo* studies¹

Potential Dual MOA: Reduce Ocular Neuropathic Pain & Inflammation

- Clinical studies provide substantial evidence that cannabinoids show efficacy in suppressing diverse neuropathic pain states in humans
- Potentially first medication to exert dual mechanisms of action (MOA): direct analgesic effect on neuropathic pain while simultaneously reducing inflammation in DES

Analogue of CBD: NB2111

For the treatment of Chemotherapy-induced peripheral neuropathy (CIPN)

A dose-dependent complication associated with many types of
chemotherapeutic agents

The CIPN Market

Large Global Market

- The overall global pain market is projected to be \$35 billion by 2017¹
- CIPN market in the United States exceeds \$500 MM²
- The parallel opioid-induced constipation market is estimated to be \$600 MM globally³

High Unmet Medical Need

- In addition to severe, sometimes unremitting pain, it often leads to premature discontinuation of chemotherapy compromising cancer cure rates.
- Current agents possess side effects such as nausea, vomiting, constipation and respiratory depression, in addition to complications of tolerance and abuse associated with opioids

Cannabinoids Demonstrate Efficacy

- Clinical studies provide evidence that cannabinoids show efficacy in suppressing neuropathic pain states in humans
- Cannabinoids suppress hyperalgesia and allodynia induced by neuropathic pain states through CB1 and CB2 specific mechanisms

Potential Alternative For Opioid Abuse Epidemic

- Opioid abuse now at epidemic proportions globally
- Government officials and patient advocacy groups are calling for the exploration of medical cannabinoids as alternatives to opioid-based analgesics

¹ GBI Research: Global Pain Markets, 2015

² LifeSci Advisors, 2013

³ GlobalData, 2015

NB2111 exhibits comparable pain control compared to morphine in animal CIPN study

NB2111 (CBDVHS) versus Morphine in murine allodynia model exhibits dose-response pain mitigation

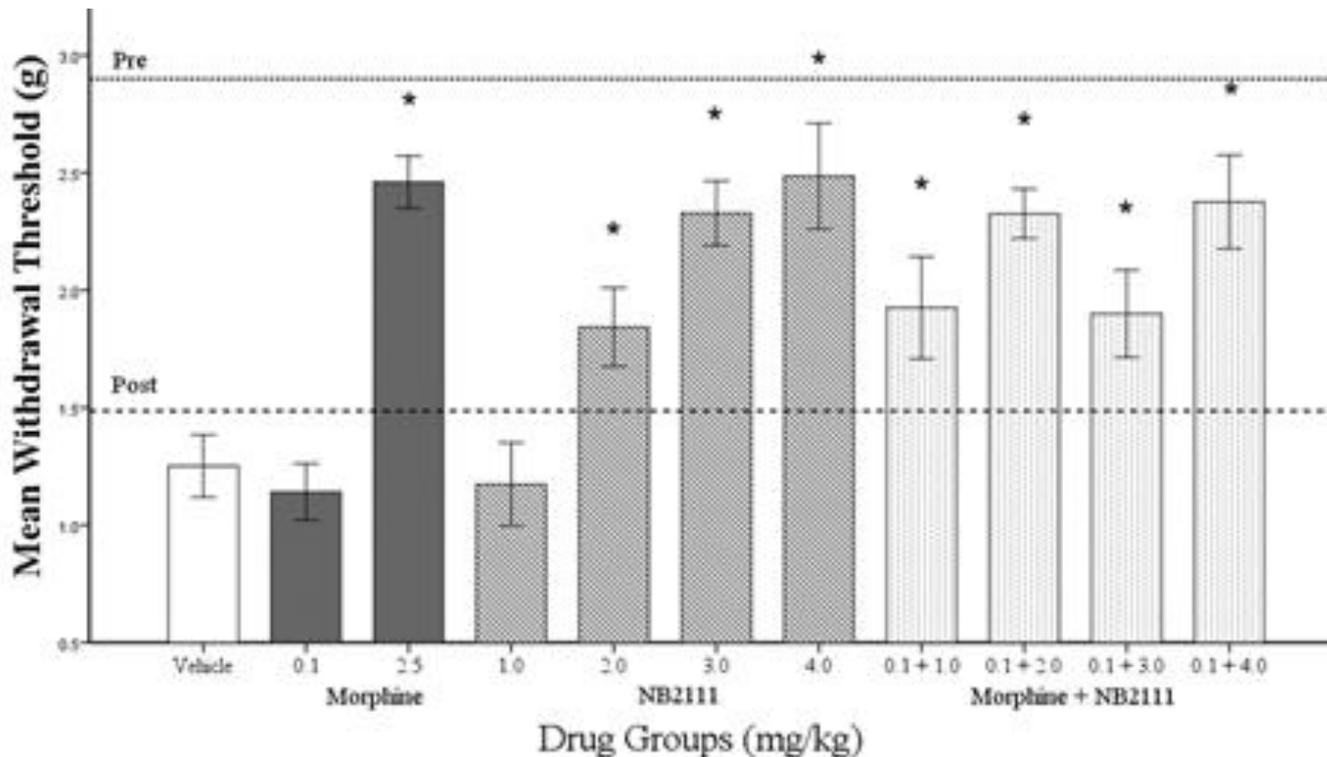


Figure 2: Mean (+ SEM) paw withdrawal in grams of force. Dashed lines depict baseline responses pre- and post-cisplatin administration protocol prior to drug efficacy screening. Vertical bars represent responses on drug efficacy screening day for drug treatment conditions. * denotes significant attenuation of tactile allodynia compared to the vehicle group ($p < 0.05$). Sample sizes were $n = 9-11$

NB2111 demonstrated anti-addiction qualities

The effects of CBD-val-HS on oxycodone (OXY) place preference scores

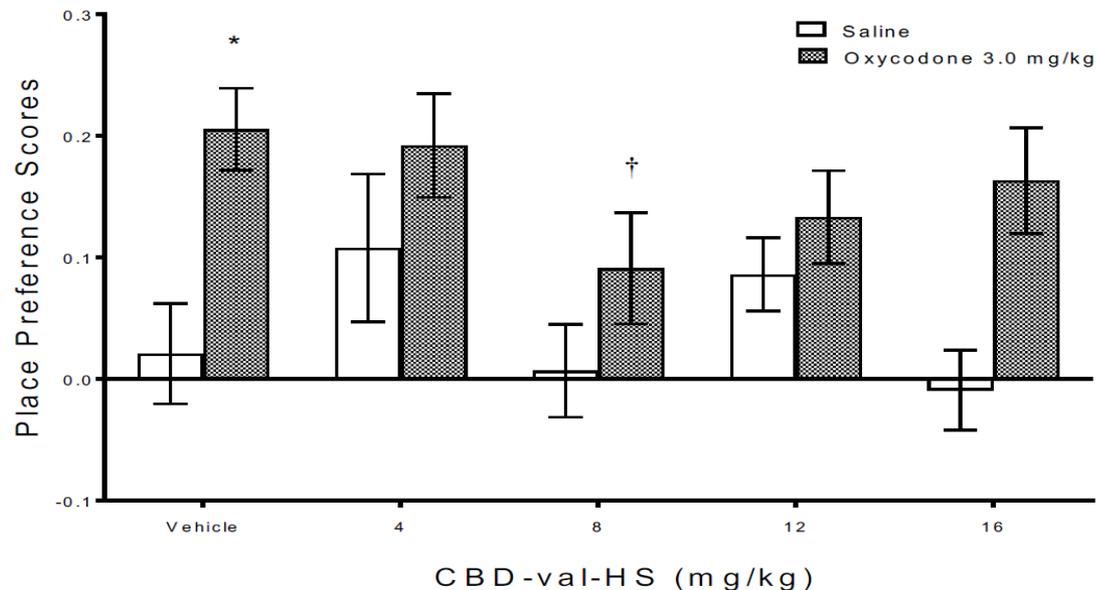


Figure 1. The effects of CBD-val-HS on oxycodone place preference scores. Values represent difference in mean ratio of time (seconds) spent in the S+ (drug-paired) chamber during pre- and post-condition trials. Open bars reflect saline treated animals and hatched bars represent oxycodone treated animals. * denotes significant difference from the vehicle group. † denotes significant attenuation of oxycodone preference. Sample sizes were n = 11-15.

- 3 mg/kg of OXY had significant impact on place preference consistent with drugs of abuse
- When OXY is formulated with CBDVHS, decreasing OXY reward peaks at 8mg/kg of CBDVHS
- **None of the CBDVHS doses when given alone exhibited abuse liability nor adverse events in the animals**

NB2111 (Pain Management)

Significant Efficacy (Analgesia)

- NB2111 is a CBD-like molecule tested in a murine model of tactile allodynia replicating the neuropathy associated with exposure to the chemotherapeutic agent of cisplatin (used in lung, breast and colon cancers)
- NB2111 resulted in significant analgesia in this model with analgesic coverage commensurate with that seen using the highest dose of morphine exposure

Attenuates Opioid Addictive Response

- Data demonstrate an efficacious dose of NB2111 blocks oxycodone (OXY) reward when combined with sub-analgesic and analgesic dosages of OXY
- Studies to be planned examining both analgesia potential and anti-abuse advantage when dosing NB2111

Primary & Adjunctive Therapy Markets

- Dual profile of analgesia and abuse attenuation, NB2111 could be a potential primary or adjunctive therapy in managing CINP as well as other types of pain syndromes

NB3111

Methicillin-resistant *Staphylococcus aureus*
(MRSA)

The MRSA Market

Significant Multi-segmented Market

- MRSA spend exceeds \$6 billion Globally⁴
- Prevalence in most countries has exceeded 25% with many exceeding 50%¹
- Pipeline of innovative antibiotics with activity against MRSA possess liver and renal adverse effects

High Unmet Medical Need

- Significant morbidity and mortality
 - MRSA is responsible for more US deaths annually than any other serious infectious disease²
 - CDC: prevalence of MRSA in ICU setting approaching 60%³
 - 11,000 deaths annually; 80,000 invasive infections/yr.⁴
 - Annual costs in the US: \$3.2 - \$4 billion⁵

MRSA Recognized as International Health Threat

- 2017: WHO lists MRSA as a high priority pathogen for new antibiotic R&D focus
- 2016: U.N. General Assembly drafts political declaration on threat of Antimicrobial Resistance

Regulatory Agency Incentives

- FDA & EMA establish Qualified Infectious Disease Product (QIDP) designation for threats like MRSA to incentivize drug development
- QIDP designation can impact expedited review, prioritization of NDA submission, and additional market exclusivity

Cannabinoids Demonstrate Efficacy Against MRSA

- Select cannabinoids have been known to possess antibacterial properties⁵

1. Grundmann et al., *Lancet* 368 (2006) 874-885

2. DeLeo, J. et al, *J Clin Invest.* 2009 Sep 1; 119(9): 2464-2474

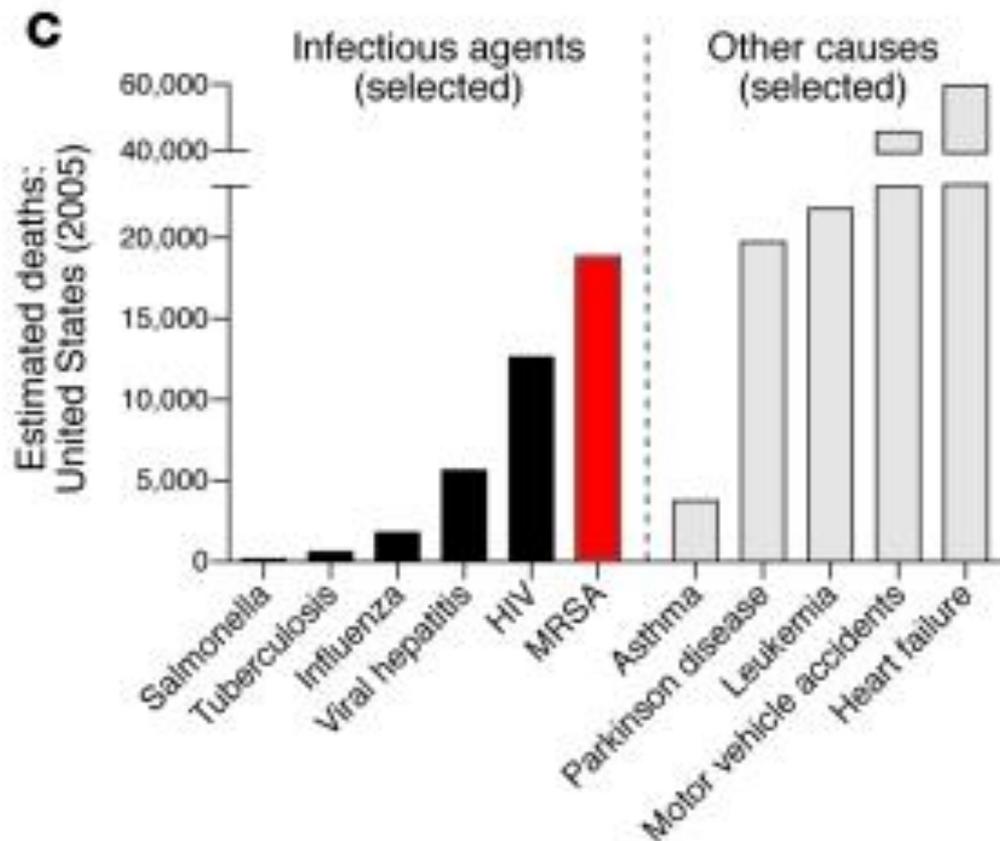
3. Jarvis WR et al; *Am J Infect Control* 2012; 40(3): 194-20

4. Pew Trust MRSA Survey; April 3, 2012

5. *J Nat Prod.* 2008 Aug;71(8):1427-30. doi: 10.1021/np8002673. Epub 2008 Aug 6.- Antibacterial cannabinoids from *Cannabis sativa*: a structure-activity study

Significant Mortality Associated with MRSA

MRSA is responsible for more US deaths annually than any other serious infectious disease



MRSA Has Become a Global Urgent Health Concern

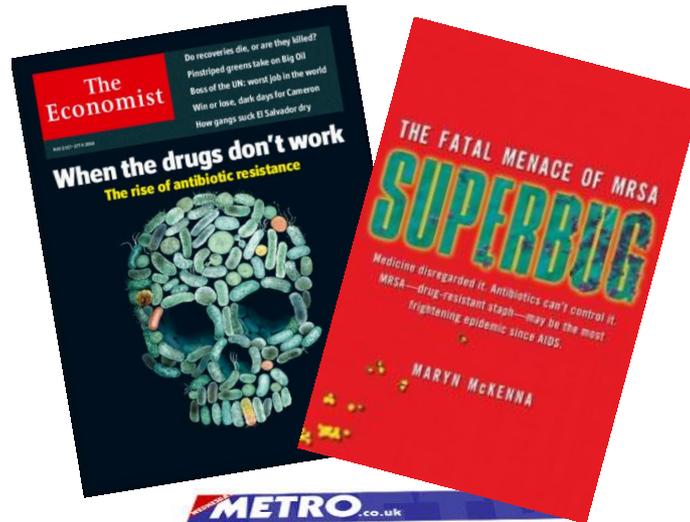
International Health Initiatives to Incentivize Discovery



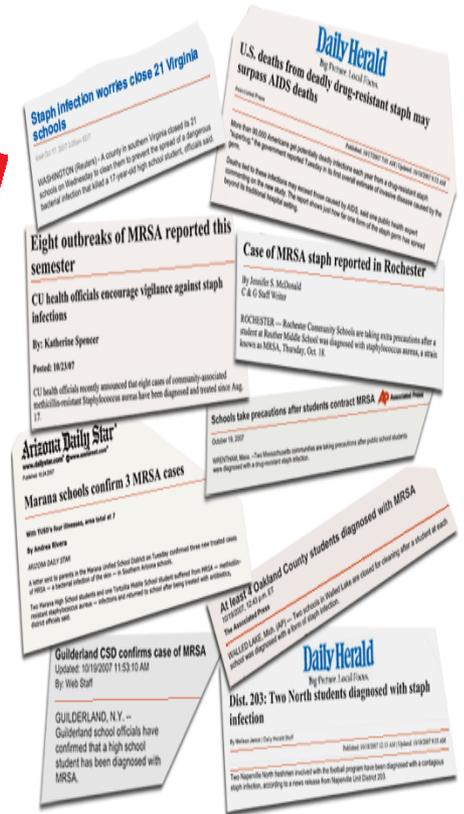
U.N. Sept 21st, 2016 Draft Political Declaration of the High-level Meeting Of the General Assembly on Antimicrobial Resistance

TACKLING DRUG-RESISTANT INFECTIONS GLOBALLY: FINAL REPORT AND RECOMMENDATIONS

THE REVIEW ON ANTIMICROBIAL RESISTANCE
CHAIR BY JIM O'NEILL



But researcher Dr Binh Diep said: 'The potential widespread dissemination of the infection into the general population is alarming.'



NB3111 anti-bacterial cannabinoid cocktails

Synergistic Efficacy

- NEMUS proprietary cannabinoid cocktails exert potent killing power against multiple species of MRSA in in vitro experiments

Significant Life Cycle Extension Opportunities

- Gram Positive potential product extensions especially against organisms listed on bioterrorism listing

Multiple MRSA Market Segments

- Colonization: global mupirocin market \$350 million; 50-70% resistance
- Superficial soft tissue infection
- Deep soft tissue infection
- Systemic staph infection

Nemus Revised Pipeline Timeline Relative to Goals (I)



- Lack of adequate financing in 2017 placed severe constraints on moving development forward across product silos
- The acquisition of Nemus by Emerald Health permitted a capital infusion to re-energize development programs
- The multi-billion dollar disease targets identified by Nemus are global and in most cases, represent urgent medical need
- The overriding goals of Nemus are to advance programs until drug candidates can be:
 - Co-developed with a partner
 - Out-licensed to a partner
 - Sale of the molecule to an acquirer
- Development is now focused on utilizing active pharmaceutical ingredient (API) that is biosynthetically manufactured to introduce this into the testing and regulatory process; we anticipate long-term cost-efficiencies associated with this method of manufacturing

Nemus Revised Timeline Relative to Goals (II): Focus on synthesis and formulation



Program	Synthesis	Formulation	Pre-clin Testing/ Animal Modeling	Clinical POC Study
Glaucoma NB1111	Q1-2 '18	Q2-3 '18	Q3-4 '18 <ul style="list-style-type: none"> • Canine • Primate • Pre-IND Mtg 	Q4'18-Q1'19
Dry Eye Syndrome NB2222	Q1-3 '18	Q2-3 '18	Q2-4 '18	TBD
Pain Syndromes NB2111	Q1-3 '18	Q2-3 '18	Q2-4 '18	H1'19
Anti- Infective/MRSA NB3000 series	Q1-3 '18	Q2-3 '18	Q2-3 '18	TBD
CINV NB1222	Prioritization Pending Further Market Analyses			



BRIAN MURPHY, MD, MPH, MBA – Chief Executive Officer; Chief Medical Officer, Director

Dr. Murphy has almost two decades of experience in drug development and evaluation, both from the academic and industry perspective. He most recently served as the CMO of Eiger Biosciences. Previously, Dr. Murphy was CMO at Valeant Pharmaceuticals International (VRX) where his responsibilities also included oversight of Global Medical Affairs, Clinical Development, Biostatistics, and Pharmacovigilance. Dr. Murphy also served as Medical Director, then VP of Marketing and Commercial Strategy of Hepatology for InterMune, Inc. (ITMN). Prior to InterMune, Dr. Murphy was Medical Director of North America for Antivirals/Interferons at Hoffmann-LaRoche. Murphy is board-certified in internal medicine and completed his residency at Tufts-New England Medical Center. He served as Chief Medical Resident in the Boston University Internal Medicine program. He went on to complete parallel fellowship tracts at Harvard Medical School (HMS) and the Massachusetts General Hospital in medicine and clinical epidemiology. He also completed a fellowship in Medical Ethics at HMS-Brigham and Women's Hospital. Dr. Murphy earned his MD, MPH (general public health), and MS (pharmacology) degrees from New York Medical College and is a graduate of the Harvard School of Public Health (MPH in Health Policy and Management). He earned his MBA at the Columbia University Graduate School of Business.



LIZ BERECZ, MA, CPA - Chief Financial Officer

Elizabeth Berez is a seasoned financial executive with over 20 years of experience holding senior level positions in both private and public companies. She has proven success in leading strategic planning, financial reporting, and global system implementations for companies of various sizes. Liz started her career at Price Waterhouse Silicon Valley where she spent five years auditing several high profile public companies in the technology industry. She then spent 10 years holding key leadership positions in various publicly held Companies including Quantum Corporation (Corporate Controller), Business Objects (VP Finance and Administration), and Excite (VP Finance), followed by 10 years of key leadership roles in privately held Companies including CFO positions with Optical Shop International, StarTrac Inc., Power Balance Technologies, Inc. and most recently Bentley Mills, Inc. She also serves as an Adjunct Professor of Accounting and Finance at the University of San Francisco. Elizabeth received her BA in Economics from Stanford University and a MA in Sports Management from University of San Francisco.

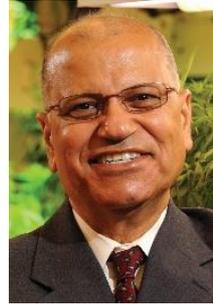
Board of Directors and Strategic Advisors



Avtar Dhillon, MD

Executive Chairman of Emerald and Strategic Advisor to Nemus

Dr. Dhillon is currently the Executive Chairman for Emerald Life Sciences and the former President and CEO of Inovio Pharmaceuticals Inc. He is a life sciences entrepreneur with more than 20 years' experience building public companies.



MAHMOUD A. ELSOHLY, PHD **Scientific Advisor**

World's foremost expert on the science of cannabinoids. 300+ scientific publications. Research professor at The University of Mississippi.



Punit Dhillon, BA

Board of Directors

Mr. Dhillon is the co-founder and CEO of OnoSec Medical, Inc. and the former Vice President of Finance and Operations at Inovio Pharmaceuticals, Inc. He has extensive management experience spanning corporate finance and M&A to strategy implementation.



DONALD I. ABRAMS, M.D.

Scientific Advisor

Chief, Hematology/Oncology at UCSF
Cancer and Integrative Medicine specialist with research interests in the development of anti-cancer therapeutics and palliative care medicines.



Jim Heppell, Esq

Board of Directors

Mr. Heppell is the former founder, CEO and director of BC Advantage Life Sciences I fund and is currently a director at a number of public and private life science companies. Mr. Heppell has extensive experience in corporate finance law.

Contact



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