HEMOSTEMIX

HEMOSTEMIX INC. · Q4 2026 EQUITY FINANCING · DATA ROOM

Investment Snapshot

Proposed CAD $3 million equity financing · As of October 27, 2026

Hemostemix Inc. (TSXV: HEM) proposes CAD $3 million of gross equity in Q4 2026 to fund the first commercial program: paid VesCell treatment of eligible angina, vascular dementia and pain patients through authorized Bahamas delivery, beginning April 1, 2027 in the operating model.

Financing snapshot

Item	Indicative terms
Gross equity	CAD $3,000,000 in one financing in Q4 2026; closing date not specified
Security	Units at CAD $0.05 per unit. Each unit comprises one common share and one-half warrant; each whole warrant is exercisable at CAD $0.12 for one year.
Costs	Assumed financing costs 8% (CAD $240,000). Net CAD $2,760,000 = US$1,971,429 at the planning exchange rate of CAD $1.40 per US$1
Use of funds	US$850,000 sales and marketing through Q3 2027; US$550,000 corporate; US$150,000 insurance and clinical readiness; US$421,429 manufacturing and QA/QC liquidity and contingency (cash allocation)
Per treatment	US$50,000 receipt less US$17,000 manufacturing and US$16,775 QA/QC = US$16,225 contribution (32.45%)
Breakeven	About 1.3 treatments per week on US$1.1 million of recurring annual fixed cost; Q3 2027 threshold 1.86 per week
Scenario results	819 treatments and US$40.95 million receipts through Q4 2029; operating cash flow positive from Q3 2027; ending cash US$11.12 million before tax
Excluded	Warrant exercises, further equity, tax, FX, capital expenditure, acquisitions and additional trial budgets

Illustrative funded scenario, not forecast guidance. Definitive pricing, subscriptions, closing conditions, finder eligibility and exchange approvals are set in the definitive documents.

Treatment ramp

Period	Treatments / quarter	Cadence	Ending cash (US$000)
Q2 2027 (start April 1)	13	1 per week	1,024.9
Q4 2027	39	3 per week	1,299.5
Q4 2028	65	5 per week	3,574.3
Q2 2029	130	10 per week	6,263.2
Q4 2029	182	14 per week	11,122.2

Quarterly detail is in the Financial and Institutional Model.

Evidence snapshot

498 patients treated, 7 studies, 11 publications. Investigational therapy; individual outcomes vary. Findings are historical, mostly open-label or retrospective, and do not guarantee benefit. The most statistically significant published findings are shown, with p values as reported; (1) to (3) number the outcomes in each row.

Study / population	Reported finding	p values
Tresukosol 2006; angina, n=24	(1)–(2) Six-minute walk: +81.3 m at three months, +79.6 m at six months. (3) Angina class: approximately 2.1 to 1.1. Open-label abstract.	(1) <0.001, (2) <0.001, (3) <0.001
Ruengsakulrach 2011; ICM/DCM, n=126	(1) ICM LVEF: 23.6% to 31.5%. (2)–(3) NYHA class: DCM 3.0 to 2.0; ICM 2.7 to 1.9. CABG confounds attribution.	(1) <0.001, (2) <0.001, (3) <0.001
Schubart 2023; ICM/DCM, n=53	(1) Overall LVEF: +4.6 points at about four months (n=52). (2) +7.7 points at final follow-up (n=35). (3) Non-ischemic DCM: +12.2 points (n=6). Retrospective; no randomized comparator.	(1) <0.001, (2) <0.003, (3) <0.003
Henderson 2024; CLI ulcers, n=21 vs 8 placebo	Within-treatment-group ulcer-area reductions at (1) one month, (2) three months, (3) final follow-up. Amputation and mortality differences were not significant.	(1) 0.003, (2) 0.002, (3) 0.003

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Approvals and delivery

- Full LARTA and ethics approval announced October 7, 2026 for the commercial Phase I study of angina, vascular dementia and pain. Written start authorization, site and professional scope, and insurance govern delivery.
- Doctors Hospital fixed-price treatment arrangement: a cardiologist for heart treatment and a neurosurgeon for vascular dementia and pain.
- Contract manufacturing scales with volume; ACP-01 test batches completed outside a cleanroom, with cleanroom production next. Released-batch capacity must grow from 13.0 to 60.7 batches per month by Q4 2029.
- Longevity protocol filing is a Q4 2026 management target with no cash-flow impact.

Team

Thomas Smeenk, CEO · Dr. Ina Sarel, CSO · Dr. Fraser Henderson, CMO · David Reese, MBA, consultant and former CEO · Michael Warren, MBA, Director of Growth Marketing and Info Tech.

Key risks

- No binding financing commitment or completed closing is represented; Costs incurred before the financing closes need existing cash or a bridge.
- Patient volume, collections, direct costs and marketing conversion are assumptions; delays, refunds or cost increases may materially change cash flow.
- VesCell’s commercialization may require additional resources to bring to market; historical studies are small and differ in design, and individual outcomes vary.
- Capital is at risk.

Next steps and contact

Review the indicative terms and operating model; diligence with Hemostemix leadership; subscribe under the definitive terms; close with signed subscriptions, acceptance and funds received.

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