RESVERLOGIX

Corporate Update
BIO Investor Forum
San Francisco, CA

October, 2017

TSX:RVX

Forward Looking Statements

This presentation may contain certain forward-looking information as defined under applicable Canadian securities legislation, that are not based on historical fact, including without limitation statements containing the words "believes", "anticipates", "plans", "intends", "will", "should", "expects", "continue", "estimate", "forecasts" and other similar expressions. In particular, this presentation includes forward looking information relating to the Company's clinical trials and the potential role of apabetalone in the treatment of CVD, DM, chronic kidney disease, Orphan diseases, and peripheral artery disease. Our actual results, events or developments could be materially different from those expressed or implied by these forward-looking statements. We can give no assurance that any of the events or expectations will occur or be realized. By their nature, forward-looking statements are subject to numerous assumptions and risk factors including those discussed in our Annual Information Form and most recent MD&A which are incorporated herein by reference and are available through SEDAR at www.sedar.com. The forward-looking statements contained in this presentation are expressly qualified by this cautionary statement and are made as of the date hereof. 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.

Corporate Overview

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- Resverlogix Corp. (TSX:RVX) is a Calgary and San Francisco based clinical stage biotechnology company focused on the development of apabetalone

- Apabetalone (RVX-208) is a first-in-class small molecule selective BET bromodomain inhibitor, which acts via an epigenetic mechanism that can turn disease-causing genes off, thereby normalizing gene function
  - Apabetalone is the only selective BET bromodomain inhibitor in clinical trials

- Resverlogix has initiated clinical trials of apabetalone in three indications:
  - Cardiovascular Disease (BETonMACE Trial) – Phase 3
  - Chronic Kidney Disease (BETonRENAL Trial) – Phase 2b
  - Fabry's Disease – Phase 2b

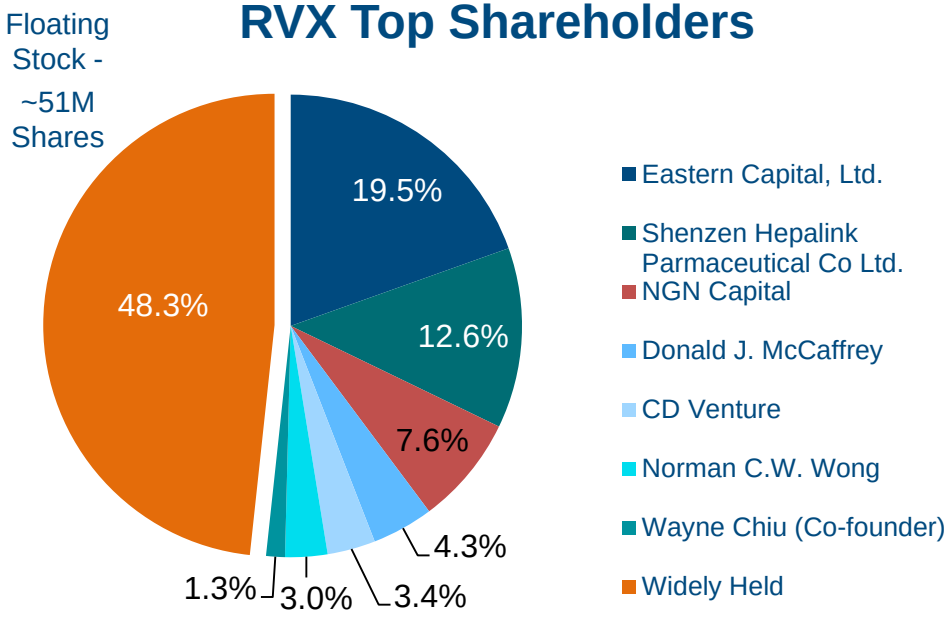
Investment Highlights

Late Stage Trial	RVX is focused on significant unmet need in high-risk CVD, diabetes and CKD patient populations, with a phase 3 trial (BETonMACE) in CVD
Advanced R&D	Resverlogix's in-depth understanding of BET inhibitors and world-class medicinal chemistry allows it to develop candidates with better specificity, which affords the opportunity to target chronic disease through the BET pathway
Market Leader Targeting Unmet Need	Apabetalone is expected to be indicated in several high-risk unmet need patient groups totaling over 10M patients in the top seven markets (US, 5EU and Japan)
Established Safety Profile	Over 1,600 patients have been treated to date with apabetalone with no significant safety issues
Novel Mechanism of Action	Regulation of gene transcription, the turning on or off of various disease-causing genes, unlike the CRISPR approach of changing DNA
Quality Investor Base	Proven track record of attracting high quality and long term institutional investors

Capitalization and Financial Profile

Founded	**2001**
Ticker	**TSX: RVX**
Market Cap	**~C$180M**
Debt	**~C$68.8M**
Shares Outstand	**112.2M** **~132M fully diluted**
Cash Burn (Annual)	**~C$40.5M**
Finance	**$87M – Announced October 2017**

RVX Top Shareholders



- RVX shareholder base consists of several long term investors who have been supportive over 10 years
- RVX maintains a diversified public market float of approximately 51M shares or ~$85M

Key Members of Management and Board of Directors

DONALD J. MCCAFFREY
President and CEO, Co-Founder

- Co-founder, strategic leader and organizational mentor of the company
- Over 35 years of business experience including 18 years of drug discovery & development
- Personally raised over $300 million for research and clinical development in the areas of CVD, diabetes, CKD, orphan diseases and other indications of high unmet need

DR. EWELINA KULIKOWSKI, Ph.D
Senior Vice President of Research & Development

- Over 12 years experience in scientific research and drug development
- Involved in the development of apabetalone (RVX-208) from its discovery through to the IND and into clinical development
- Doctorate in Oncology from the University of Calgary in 2004

DR. MICHAEL SWEENEY, MD
Senior Vice President of Clinical Development

- Over 26 years in the pharmaceutical industry
- 11 years at Pfizer Inc
- CMO and VP of Research and Development at Depomed
- VP Medical Affairs at CV Therapeutics, Inc

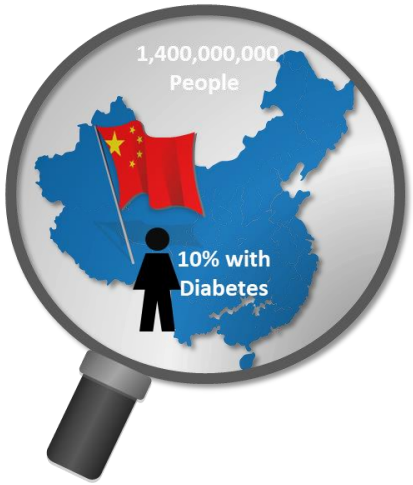
DR. ELDON R. SMITH, OC, MD, FRCPC, FCAHS, FAHA, FIACS
Board of Directors Lead Director

- Published more than 250 papers and book chapters
- Former Dean of the Faculty of Medicine at the University of Calgary
- Former Editor-in-Chief of the Canadian Journal of Cardiology
- Past President of the Canadian Cardiovascular Society and the Association of Canadian Medical Colleges, Vice President of the Inter-American Society of Cardiology.

Shenzhen Hepalink Partnership

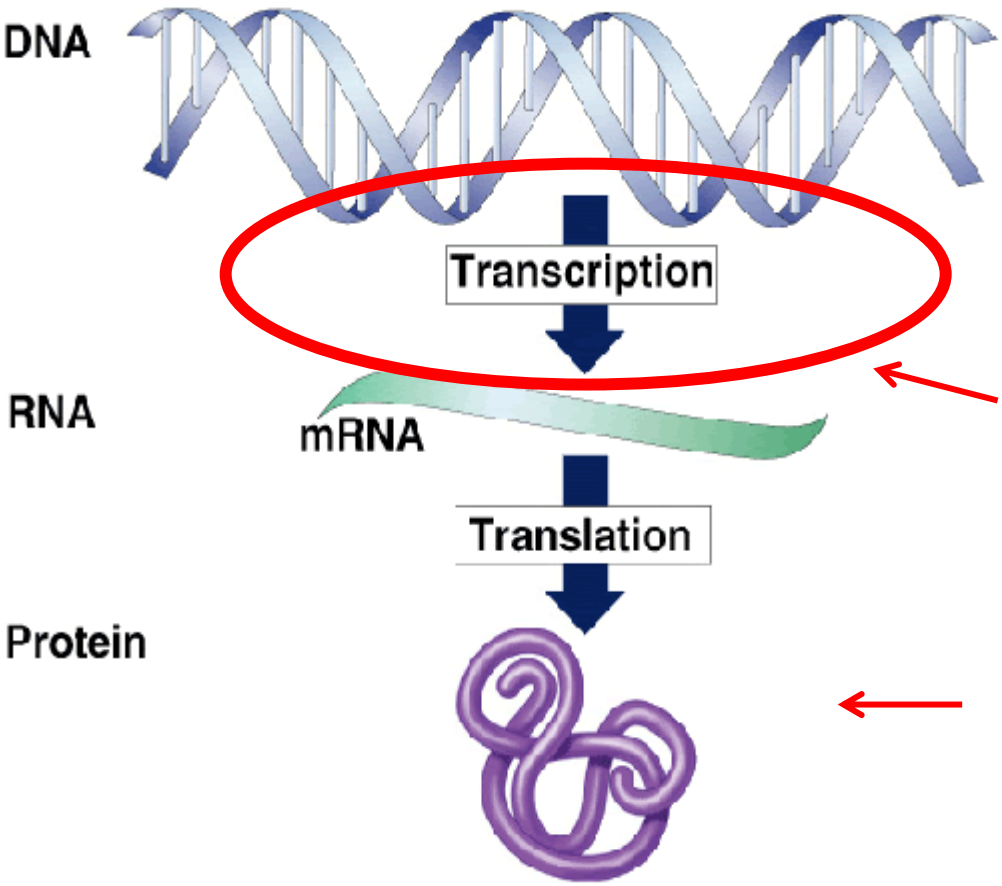
Resverlogix's partnership with Shenzhen Hepalink represents the largest single molecule deal in the history of China

Resverlogix – Shenzhen Hepalink Exclusive Licensing Agreement	
Compound	• Apabetalone (RVX-208)
Licensor	• Resverlogix Corp.
Licensee	• Shenzhen Hepalink Pharmaceutical Co., Ltd.
Territory	• China, Hong Kong, Taiwan, and Macau
Indications	• Any approved indication
Deal Structure	• US$35M in equity investments in Resverlogix • >US$400M in projected future China sales milestones and licensing royalties
Developmental Costs	• Shenzhen Hepalink is responsible for all developmental costs for the licensed territories • This includes the cost of additional clinical trials in the licensed territories, regulatory applications, etc.



Apabetalone and the BET Platform

Differentiation
(Advanced Mechanism of Action)



CRISPR: genome editing
The mechanism is based on cutting and pasting undesired/desired sequences into or out of the DNA, thereby altering the gene sequence and then re-introducing the modified DNA into the body

Apabetalone
Mechanism is based on changing the levels of disease causing **proteins** by modulating their expression at the gene level

Traditional drug therapies
Focus on modifying the activity of **one** disease protein by using an inhibitor or antibody

Differentiation (RVX's BET Platform)

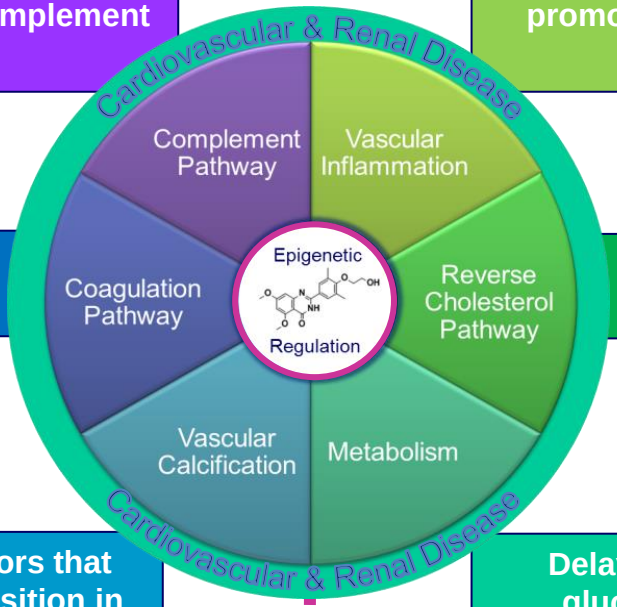
- Resverlogix has discovered compounds that bind the bromodomains of BET proteins with a high degree of specificity.
  - Other BET programs hit multiple targets (BRD2, BRD3, BRD4, BRDT, etc.)
  - Our expertise in medicinal chemistry and epigenetics allows us to identify small molecules that target one or a specified subset of BET proteins
    - Resverlogix's apabetalone product candidate specifically targets BRD4
- Our Phase 2 clinical program provided us with the only blood bank of BET inhibitor-treated patients in the world
  - In-depth analysis such as proteomics, genomics, and pathway analysis revealed advanced knowledge of BET activities
  - The resulting knowledge from these activities provided a level of sophistication around BET that surpasses that of many others working in this area
- The specificity of Resverlogix's molecules avoids side effects seen when multiple targets are affected
  - BET programs in oncology can tolerate a high degree of side effects due to the nature of the disease being treated
  - Chronic conditions such as cardiovascular disease and renal impairment require treatments with a side-effect profile acceptable for long-term treatment

BET Inhibition Impacts the Pathways that Drive Cardiovascular Disease and Kidney Diseases

Apabetalone, a bromodomain extra-terminal (BET) protein inhibitor, inhibits BRD4, thereby regulating the expression of genes and restoring the function of pathways underlying the pathogenesis of CVD and kidney disease

Reductions in the components and function of the complement cascade

Reductions in mediators that promote inflammation of the vasculature



Reductions in components of the coagulation cascade

Increased ApoA-I, positive effects on lipid content of HDL

Reductions in mediators that promote calcium deposition in the vasculature

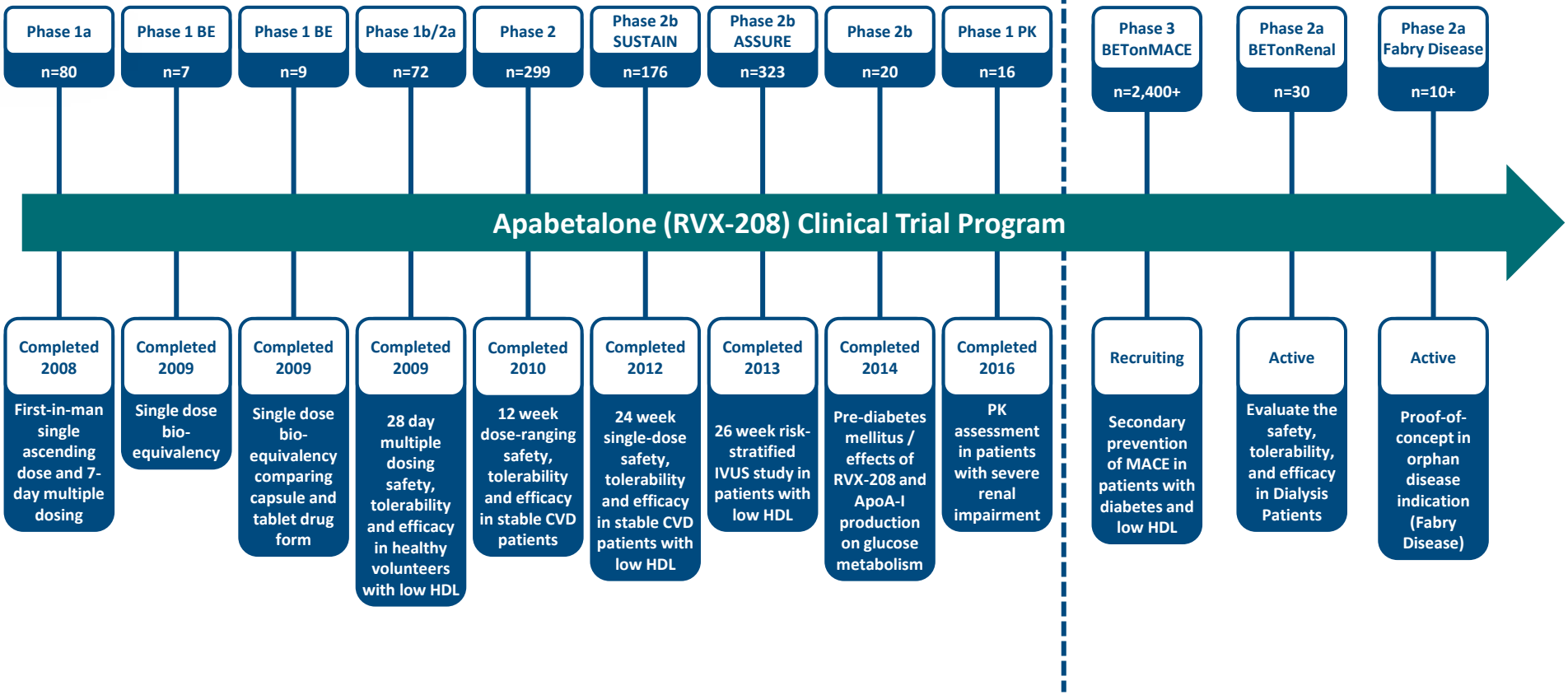
Delayed and reduced oral glucose absorption and endogenous production

Reduced incidence of cardiac events and renal impairment

Apabetalone Clinical Trials to Date

Completed Trials

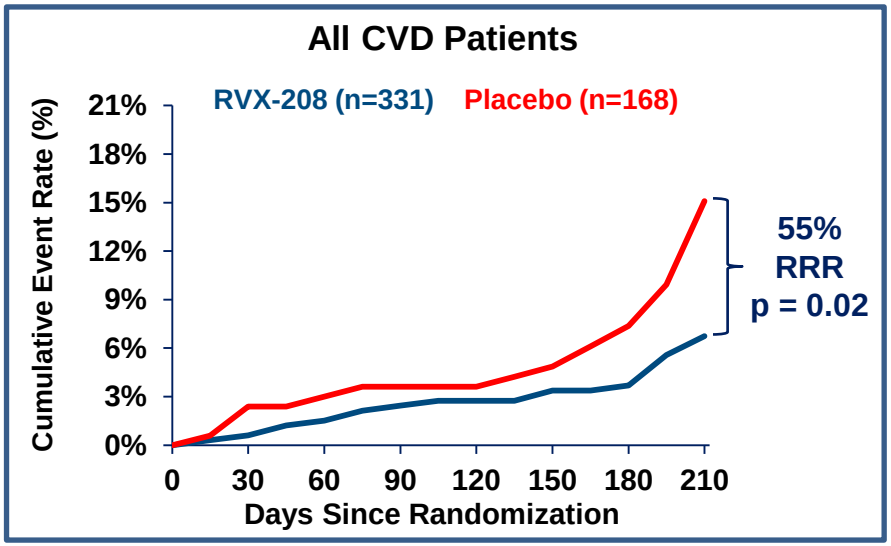
Ongoing Trials

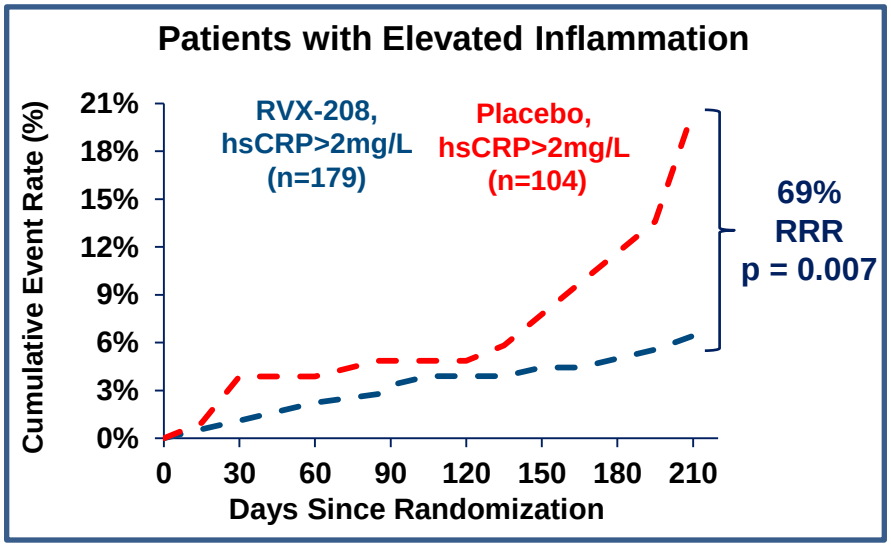


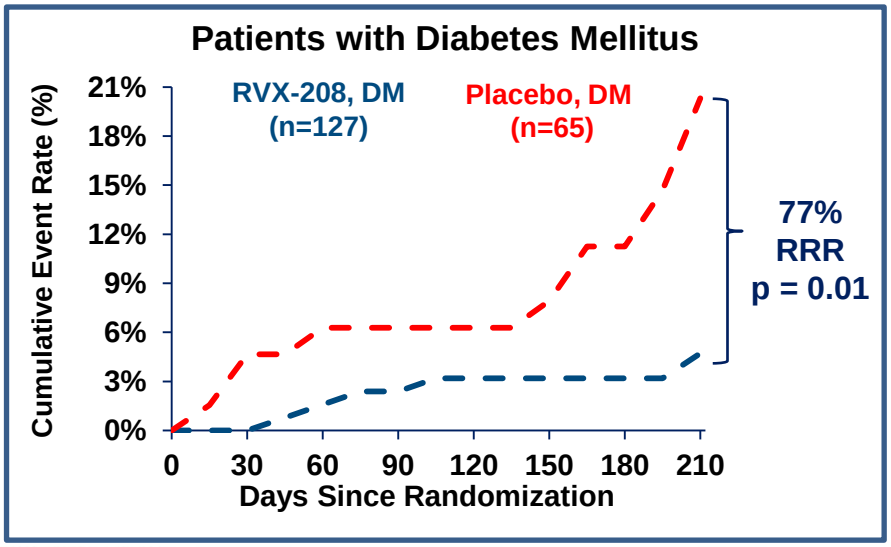
BETonMACE Clinical Program Overview

CVD Program - Phase 2 Data

499 Patients from the ASSURE & SUSTAIN Trials







MACE: Major Adverse Cardiac Events including: death, myocardial infarction, stroke, coronary revascularization, hospitalization for acute coronary syndrome or heart failure

Decrease in MACE was most profound in patients who had a higher level of inflammation, such as patients with diabetes

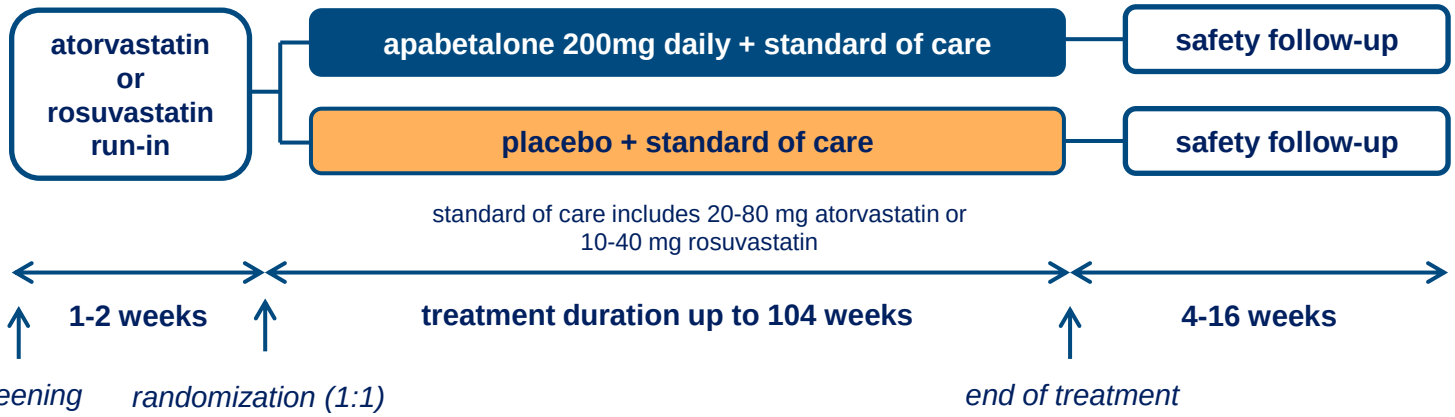
Note: Patients were censored at 30 days after the last dose of study medication.
Source: *ASSURE and SUSTAIN Safety Population. Log-Rank test for between group comparison*

CVD Program Moving Forward- BETonMACE CV Outcomes Study

BETonMACE
A CARDIOVASCULAR STUDY FOR PEOPLE WITH TYPE 2 DIABETES

2,400 + subjects

- double blinded
- 1-2 week statin run-in



The study is an event-based trial and continues until 250 narrowly defined MACE events have occurred

Key inclusion criteria

- Type II Diabetes Mellitus
  - HbA1c > 6.5% or history of diabetes medications
- CAD event 7 days - 90 days prior to screening
  - Myocardial infarction (MI), unstable angina or percutaneous coronary intervention
- HDL < 1.04 for males and < 1.17 for females

BETonMACE Clinical Steering Committee

Prof. Kausik K. Ray
Chair
Imperial College, London
Clinical trial expert

Dr. Henry N. Ginsberg
Member
Columbia University
PI of ACCORD

Dr. Gregory G. Schwartz
Member
VA-Denver
DSMB of RVX phase II trials

Dr. Peter P. Toth
Member

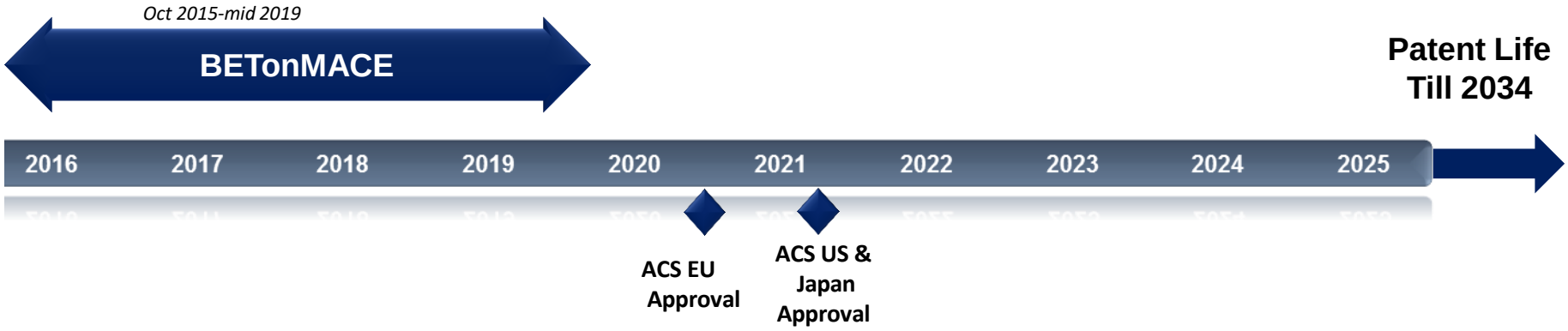
Inflammation expert

Dr. Stephen Nicholls
Member
SAHMRI, Adelaide
PI of RVX phase II trials

Dr. Kamyar Kalantar-Zadeh
Member
UC Irvine
nephrologist and CKD expert

Apabetalone Timeline For CVD Indication

Apabetalone represents a unique opportunity for the expansion into the high vascular risk space and provides potentially unprecedented accretive value

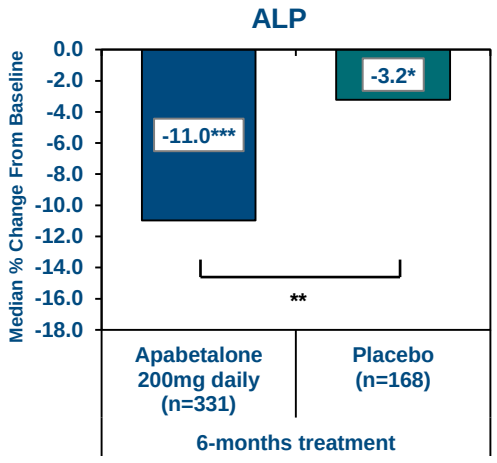


Chronic Kidney Disease Clinical Program Overview

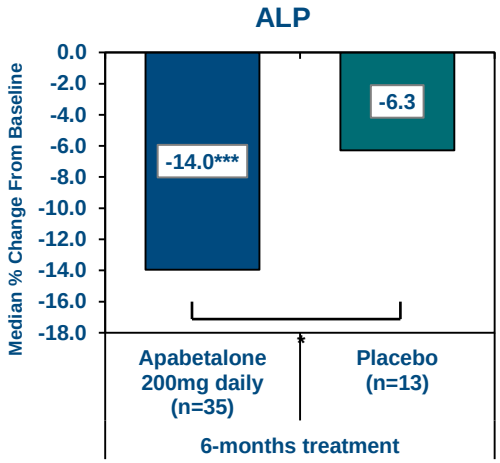
Rationale for Kidney Disease Program

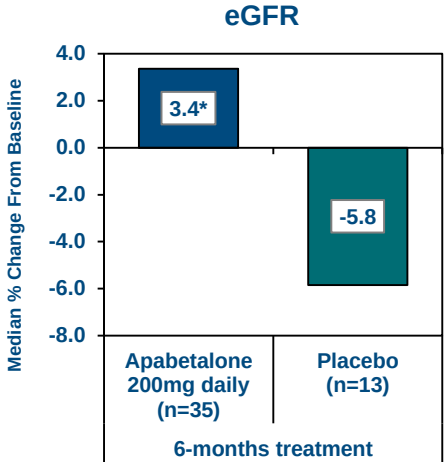
- Apabetalone has demonstrated reductions in alkaline phosphatase (a strong marker of CKD risk) and improvements in eGFR in CKD patients (eGFR < 60 mL/min/1.73m^2) with CVD in the phase 2 ASSURE and SUSTAIN trials.

All Patients



Patients With Baseline eGFR<60 mL/min/1.73m2





Data Presented in Keynote Address at the 2015 American Society of Nephrology Conference, San Diego

- Resverlogix believes that BET inhibition and apabetalone may have the potential to improve kidney function, as measured by eGFR, in patients suffering from various stages of kidney disease.
- Resverlogix is currently investigating the potential for expansion into specific kidney indications:
  - CKD (Stages 3a and 3b) patients, with a history of CVD (Phase 3 BETonMACE subgroup)
  - High Risk CKD Patients on Dialysis (Phase 2a BETonRenal study)

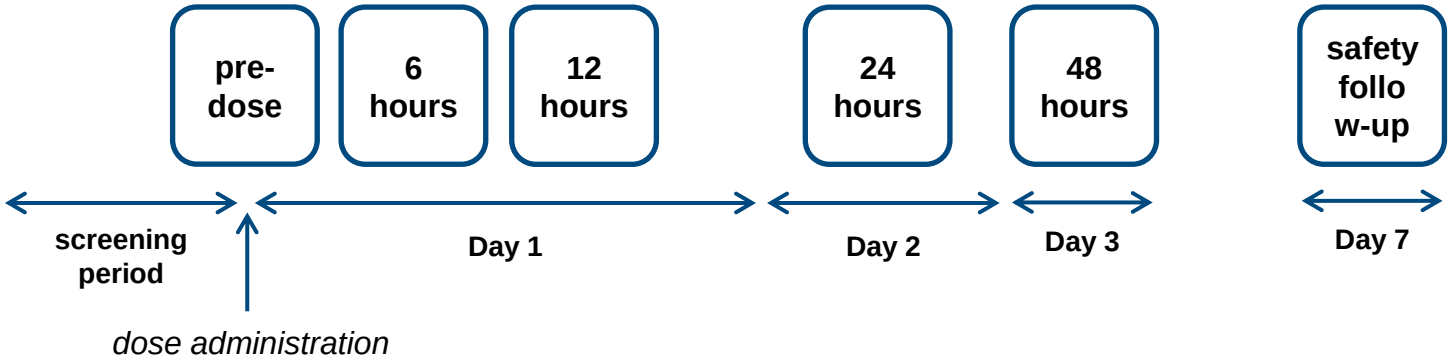
Kidney Disease: Phase I Study

A Phase I, Open-Label, Parallel Group Study to Evaluate the Safety and Pharmacokinetics of a Single Oral Dose of RVX000222 in Subjects with Severe Renal Impairment

Cohort 1
Previously diagnosed with CKD (stage IV) and not on dialysis (eGFR <30 mL/min/1.73m^2) N=8

Cohort 2
Volunteers matched for age (±10 years), weight (±20%), and gender with the subjects in Cohort 1 (renal impaired subjects); eGFR ≥60 mL/min/1.73m^2 N=8

apabetalone 100mg single dose



Trial demonstrated that apabetalone has a highly differential effect on protein levels based on disease status, healthy vs sick, reducing a variety of plasma proteins and downregulating pathways activated in the CKD cohort

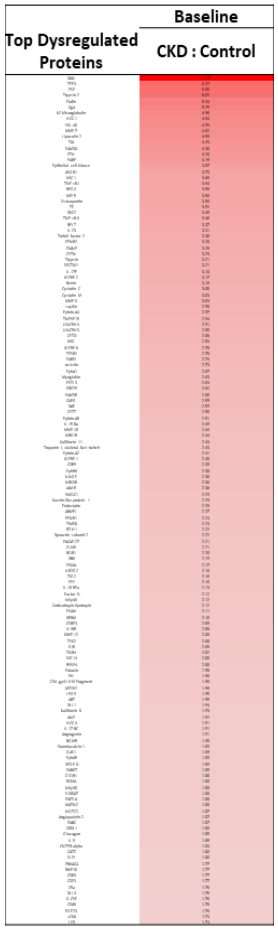
CKD Program - Phase 1 Data

Effect of Apabetalone on Differentially Expressed Proteins

289 proteins were different between the plasma of CKD patients and matched controls (red indicates higher protein levels in CKD/control)

CKD = Subjects with stage 4 Chronic Kidney Disease

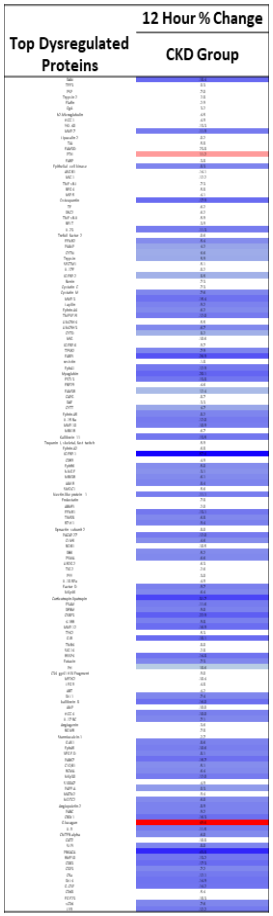
152 of the 289 differentially expressed proteins in the CKD patients were downregulated at 12 hours following one dose of apabetalone



100mg Dose Apabetalone

Blue = downregulated;
white = no change;
Red = upregulated

In CKD patients, one dose of apabetalone reduced CKD and CVD biomarkers that were dysregulated at baseline



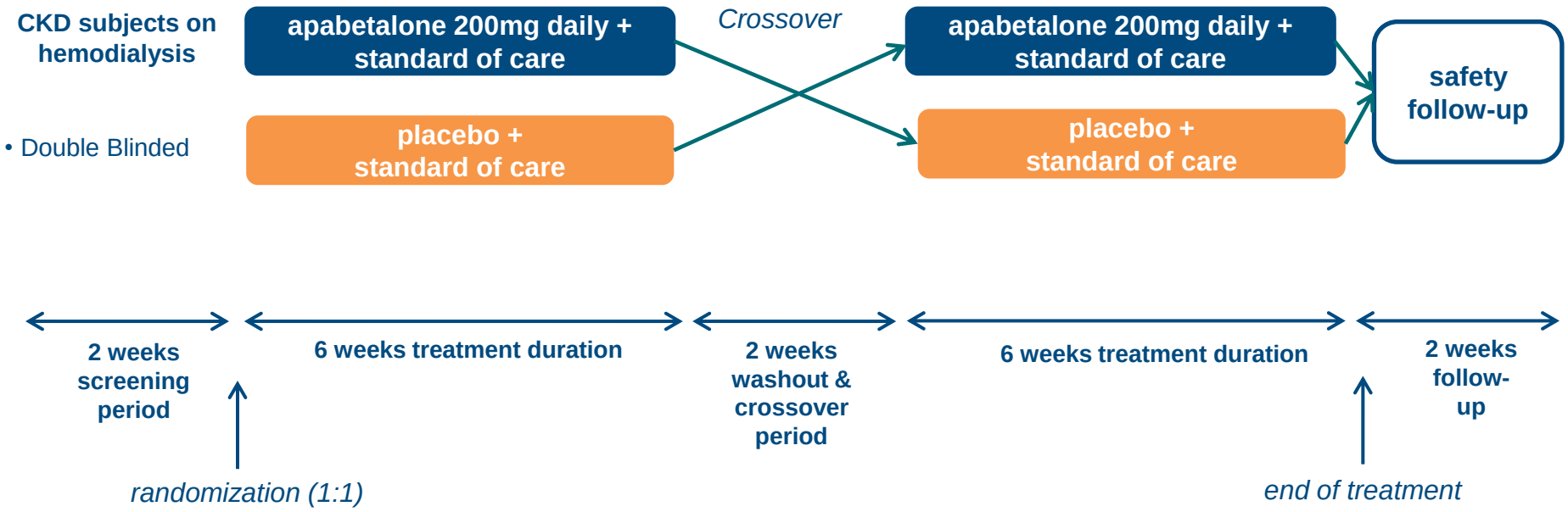
SOMAscan® Analysis of Plasma Proteome – Phase 1 Trial

Apabetalone Reduces CVD and CKD Biomarkers

	Protein Name	Gene Symbol	Subjects with CKD (stage IV) (n=8) treated with 100 mg Apabetalone		Matched Control Subjects (n=8) treated with 100 mg Apabetalone	
			% Δ from baseline at 12h	p-value	% Δ from baseline at 12h	p-value
Inflammation	Interleukin-6	IL6		0.05	NS	
	Interleukin-1 alpha	IL1A		0.01	NS	
	Interferon gamma	IFNG		0.04	NS	
	TNF receptor superfamily member 1A	TNFRSF1A		0.05	NS	
	C-reactive protein	CRP		0.04	NS	
	Tumor necrosis factor	TNF		0.02	NS	
Cell Adhesion	P-selectin	SELP		0.04	NS	
	E-selectin	SELE		0.01		0.02
	Intercellular adhesion molecule 1	ICAM1		0.05		0.04
	Vascular cell adhesion protein 1	VCAM1		0.01	NS	
Matrix Remodeling Calcification	Fibronectin	FN1		0.02	NS	
	Stromelysin-1	MMP3		0.02	NS	
	Stromelysin-2	MMP10		0.02	NS	
	Osteopontin	SPP1		0.01		0.04
Thrombosis	Plasminogen activator inhibitor 1	SERPINE1		0.04	NS	
	Tissue-type plasminogen activator	PLAT		0.01	NS	
	Urokinase-type plasminogen activator	PLAU		0.01	NS	
	D-dimer	FGA/B/C		0.05	NS	
	Urokinase plasminogen activator surface receptor	PLAUR		0.02	NS	

Apabetalone reduces markers of inflammation, cell adhesion, matrix remodeling, calcification and thrombosis in the CKD cohort after one dose and 12 hours

BETonRENAL Dialysis Study Design



- The study is an sequential cross-over trial to evaluate the safety, tolerability, and efficacy of apabetalone in CKD patients on hemodialysis in addition to standard of care
- 30 CKD patients receiving standard regimens of hemodialysis three days per week
- Clinical sites identified and prepared to begin patient enrollment

Kidney Disease Program Clinical Advisory Board

Dr. Kamyar Kalantar-Zadeh
Chair
UC Irvine Chief Nephrology

Prof. Vincent Brandenburg
Member
University Hospital RWTH Aachen

Dr. Carmine Zoccali
Member
University Pisa

Dr. Marcello Tonelli
Member
University of Calgary Chair Medical Research

Dr. Srinivasan Beddhu
Member
University of Utah

Dr. Mathias Haarhaus
Member
Karolinska University Hospital

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