medigene

9M 2019

MEDIGENE AG
QUARTERLY STATEMENT 9M-2019

KEY FIGURES

MEDIGENE AG

IN € K	**Q3-2019 UNAUDITED**	Q3-2018 UNAUDITED*	CHANGE	**9M-2019 UNAUDITED**	9M-2018 UNAUDITED*	CHANGE
Results of operations						
Revenue from immunotherapies (bluebird bio and Roivant/Cytovant cooperations)	**1,297**	1,369	-5%	**6,224**	4,728	32%
Revenue Veregen®	**0**	421	-	**693**	1,257	-45%
Other operating income	**6**	86	-93%	**27**	146	-82%
Total revenue	**1,303**	**1,876**	**-31%**	**6,944**	**6,131**	**13%**
Gross profit	**1,303**	1,629	-20%	**6,561**	5,465	20%
Selling and general administrative expenses	**-1,743**	-2,510	-31%	**-5,823**	-5,912	-2%
Research and development expenses	**-5,540**	-4,603	20%	**-16,463**	-13,273	24%
Impairment loss on the Veregen® disposal group	**0**	0	-	**-4,676**	0	-
Operating result	**-5,980**	**-5,484**	**9%**	**-20,401**	**-13,720**	**49%**
Net profit/loss for the period	**-5,703**	**-5,304**	**8%**	**-19,991**	**-13,155**	**52%**
EBITDA	**-4,798**	**-4,705**	**2%**	**-18,602**	**-12,570**	**48%**
EBITDA without Veregen® impairment loss	-4,798	**-4,705**	**2%**	-13,926	**-12,570**	**11%**
Earnings per share (€)	**-0.23**	-0.22	5%	**-0.81**	-0.56	45%
Personnel expenses	**-3,456**	-3,916	-12%	**-10,185**	-9,124	12%
Cash flow						
Net cash used in operating activities				**-9,319**	-5,702	63%
Net cash from/used in investing activities				**2,105**	-24,095	-
Net cash from/used in financing activities				**-1,680**	29,402	-
Balance sheet data as at September 30, 2019 and December 31, 2018						
Cash and cash equivalents and time deposits				**60,514**	71,408	-15%
Total assets				**117,386**	129,590	-9%
Current liabilities				**12,855**	8,821	46%
Non-current liabilities				**18,756**	13,344	41%
Shareholders' equity				**85,775**	107,425	-20%
Equity ratio (%)				**73**	83	-12%
Employees as at September 30				**136**	108	26%
FTEs as at September 30				**127**	99	28%
Medigene share as at September 30						
Total number of shares outstanding				**24,562,658**	24,555,262	-
Share price (XETRA closing price, €)				**6.11**	12.03	-49%

* IAS 8 correction – see note (3) to the consolidated financial statements

QUARTERLY STATEMENT 9M-2019

MEDIGENE AG, PLANEGG/MARTINSRIED, GERMANY, FOR THE PERIOD FROM JANUARY 1 TO SEPTEMBER 30, 2019

MAJOR EVENTS SINCE THE BEGINNING OF 2019

Immunotherapies:

- Medigene enters a clinical trial agreement for its second T cell receptor (TCR) immunotherapy MDG1021 with Leiden University Medical Center. Phase I clinical trial with the HA-1-specific TCR therapy scheduled to start in 2020
- Medigene publishes interim analysis from ongoing Phase I/II clinical trial with dendritic cell (DC) vaccines in acute myeloid leukemia (AML) patients at the Congress of the European Hematology Association (EHA)
- bluebird bio presents preclinical data of first TCR candidate from Medigene collaboration and announces that clinical development of the TCR candidate targeting the MAGE-A4 tumor antigen, which is expressed on a variety of solid tumor types, will start in 2020
- Medigene doses the first patient in Phase I/II clinical trial of Medigene's first T cell immunotherapy MDG1011 to treat the blood cancers: AML, myelodysplastic syndrome (MDS), and multiple myeloma (MM), and opens additional clinical trial centers
- Medigene and Roivant/Cytovant enter into a strategic partnership for the research and discovery of cell therapies in Asia. Medigene receives upfront payment of US$10 m and reimbursement of future R&D expenditure, potential milestone payments and royalties
- Medigene licenses a co-stimulatory receptor to enhance TCR therapies for solid tumors
- Medigene presents the results from in vitro tests to assess the potential TCR-mediated off-target toxicity for neuronal cells at the annual meeting of the American Society of Gene & Cell Therapy (ASGCT)
- Medigene presents preclinical data on the selective killing of tumor cells by PRAME TCR-transduced T cells at the American Association for Cancer Research (AACR) conference
- Medigene presents its new 'inducible Medigene (iM)-TCR' which enables controllable cytotoxicity of tumor-specific TCR-T cells to potentially tune safety and efficacy according to clinical needs at the CAR-TCR Summit 2019
- Medigene obtains two European patents for its DC vaccine platform and for a TCR building block library to develop neoantigen-specific TCRs

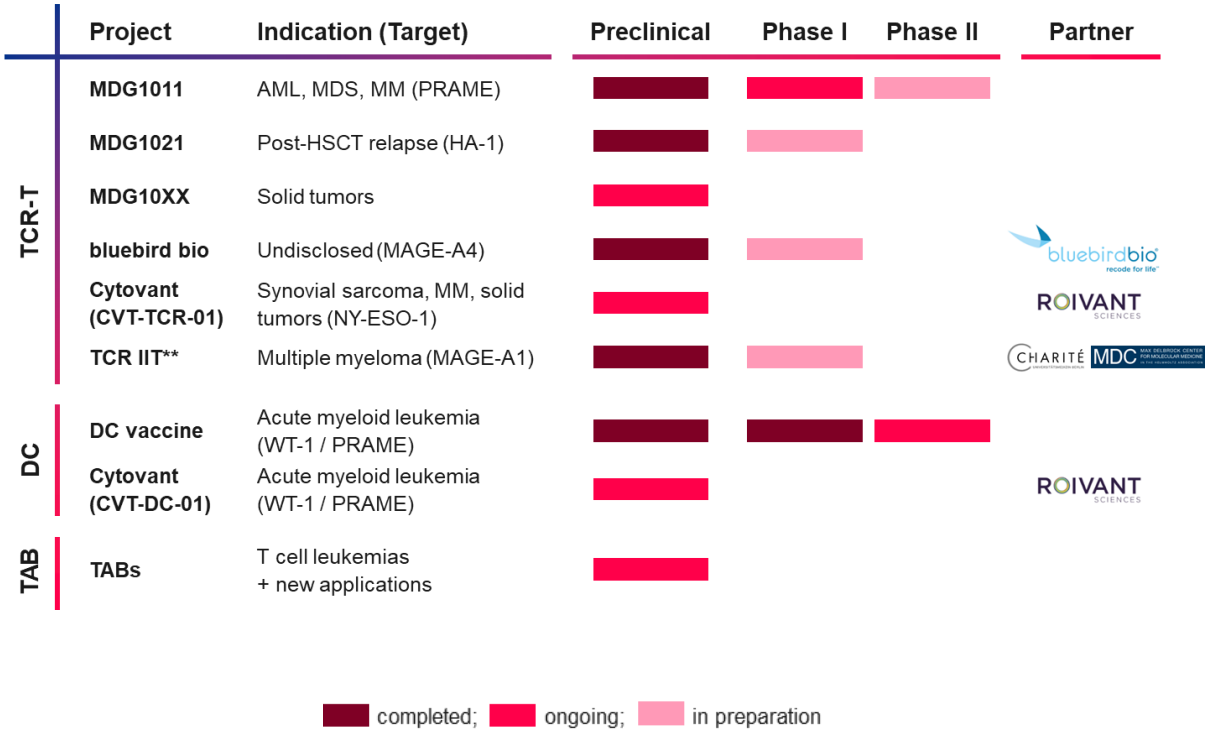
Company:

- Medigene sells the remaining rights and stocks of Veregen® to Aresus Pharma and thereby completes its transformation into a pure-play immunotherapy company
- Medigene appoints Axel-Sven Malkomes as Chief Financial Officer and Chief Business Development Officer

KEY FIGURES IN THE FIRST THREE QUARTERS OF 2019

- Revenue from the core business of immunotherapies increased by 32% to €6,224 k (9M-2018: €4,728 k)
- Research and development expenses increased as planned by 24% to €16,463 k (9M-2018: €13,273 k) due to more intense activities in the development and production activities for Medigene's immunotherapy programs
- EBITDA loss increased by 48% to €18,602 k (9M-2018: €12,570 k*) (without taking the non-core business Veregen® effect into account: increase of EBITDA loss by 11% to €13,926 k)
- Net loss for the period increased as expected by 52% to €19,991 k (9M-2018: €13,155 k*)
- Cash and cash equivalents and time deposits of €60,514 k as at September 30, 2019 (December 31, 2018: €71,408 k)
- Confirmation of financial guidance 2019

MEDIGENE'S IMMUNOTHERAPY PIPELINE



* IAS 8 correction – see note (3) to the consolidated financial statements

** Investigator-initiated trial (IIT) under the responsibility of Max Delbrück Center and Charité, Berlin; HSCT: hematopoietic stem cell transplantation

PROGRESS WITHIN THE CORE BUSINESS OF IMMUNOTHERAPIES IN THE FIRST NINE MONTHS OF 2019

TCR-modified T cells (TCR-Ts)

Medigene commenced the Phase I/II clinical trial of its TCR-based T-cell therapy MDG1011 and began treating patients in the first quarter of 2019. In February 2019, Medigene announced that it had dosed a first patient, suffering from multiple myeloma (MM), with the therapy that is designed as a single-dosage treatment. MDG1011 targets the tumor antigen PRAME. The multi-center, open-label Phase I/II clinical trial treats blood cancer patients with advanced stage acute myeloid leukemia (AML), myelodysplastic syndrome (MDS) or MM. Phase I of this first-in-human clinical trial is a dose escalation trial with approximately 12 patients, which is primarily evaluating safety and feasibility as well as other secondary endpoints. Phase II of 80 patients will contain control groups (40 of 80 patients) and will investigate the safety and initial efficacy of the therapy as co-primary endpoints. Currently active clinical trial sites include the university hospitals in Dresden, Erlangen, Freiburg, Heidelberg, Leipzig, Mainz, Regensburg and Würzburg.

In January 2019, Medigene announced an exclusive license agreement with Helmholtz Zentrum Munich (HMGU) for a chimeric co-stimulatory receptor. This fusion protein of PD-1 and 4-1BB was developed as a strategy to potentially overcome the blockade of T cells by solid tumors. Medigene acquired the license to improve the functionality of its proprietary TCR-Ts and thereby potentially to mediate a more effective immune response to solid tumors. Medigene plans to evaluate the use of the co-stimulatory receptor in combination with its own TCRs in preclinical models. Medigene paid HMGU an upfront fee and HMGU is entitled to an annual maintenance fee, milestone payments and royalties on marketed therapeutic and diagnostic products containing the chimeric co-stimulatory receptor. The payments are expensed through profit or loss and are not material to the Group's earnings.

In February 2019, Medigene announced that the European Patent Office intended to issue a patent for a TCR building block library. Patent EP3303591A1 was issued at the beginning of April 2019. It provides protection for a plasmid library that is suitable for rapid reconstruction and testing of newly discovered TCR sequences against classical antigens as well as neoantigens. The plasmid library was initially developed for rapid high-throughput reconstruction of large numbers of candidate TCRs specific for selected antigens. Recent advances in TCR sequencing of single T cells now also allow multiple TCRs that are potentially specific for neoantigens to be identified in patient tumors.

At the annual meeting of the American Association for Cancer Research (AACR) from March 29 to April 3, 2019 Medigene presented a poster on its innovative methods for the evaluation of efficacy and toxicity of TCRs as well as preclinical data on the selective killing of tumor cells using PRAME TCR-transduced T cells.

In April 2019, Medigene entered into a license and cooperation agreement with the US biopharmaceutical company Roivant Asia Cell Therapy Holdings Ltd. (a subsidiary of Roivant Sciences Ltd.) on behalf of Cytovant Sciences Co. Ltd. ("Roivant/Cytovant") for cell therapies in Asia. Cytovant was founded by Roivant and the Asian company Sinovant Sciences HK Ltd. The partnership relates to four programs of Medigene's TCR-Ts and its DC vaccine. With this partnership, Medigene continues its strategy to generate tailored T-cell immunotherapies and out-license them for certain territories and markets.
Medigene has granted Roivant/Cytovant an exclusive license to develop, manufacture and commercialize a TCR, that is currently in the research stage, targeting NY-ESO-1, as well as a DC vaccine targeting antigen WT-1 and PRAME, in the regions of Greater China, South Korea and Japan. In addition, Roivant/Cytovant and Medigene have entered into a strategic agreement to collaborate on the research of two additional target antigens for TCR immunotherapies. Medigene is responsible for the generation and delivery of the TCR constructs using its proprietary TCR discovery platform. Following this research collaboration period, Roivant/Cytovant will assume sole responsibility for the development and commercialization of these TCR-T therapies in the countries mentioned above. The TCRs to be generated by Medigene will be tailored specifically to Asian patients.

As part of the transaction, Medigene received an upfront payment of US$10 m and will receive potential development, regulatory, and commercial milestone payments, which, in aggregate, could total over US$1 b for the four products across multiple indications. Furthermore, Medigene will be eligible to receive royalty payments on net sales of the products in a low double-digit percentage in the relevant countries. Additionally, Roivant/Cytovant will reimburse all R&D expenses incurred by Medigene within the collaboration.

Medigene presented the positive results from *in vitro* tests to assess the potential TCR-mediated off-target toxicity for neuronal cells at the annual meeting of the American Society of Gene & Cell Therapy (ASGCT), held from April 29 to May 2, 2019 in Washington (USA).

In May 2019, Medigene's strategic partner, bluebird bio, USA, ("bluebird bio") announced at an analyst day that it intends to start clinical development in 2020 of the first therapeutic TCR candidate arising from the research and development collaboration. bluebird bio presented preclinical data on the TCR candidate targeting the tumor antigen MAGE-A4, which is expressed by a variety of solid tumor types. The preclinical data presented demonstrate high antigen sensitivity and strong recognition of tumor cell lines. Furthermore, the TCR candidate shows functional responses in both $CD8^+$ and $CD4^+$ T cell populations without need for an additional CD8 co-receptor, which supports it for use against solid tumors.

Also in May 2019, Medigene entered into a Clinical Trial Agreement with the Leiden University Medical Center (LUMC), the Netherlands, to conduct a Phase I clinical trial with Medigene's TCR-T therapy MDG1021, targeting the HA-1 antigen. Medigene plans to assess the safety, feasibility and preliminary efficacy of MDG1021 in patients with relapsed or persistent hematologic malignancies after allogeneic hematological stem cell transplantation, an area with high unmet medical need. HA-1 is expressed in the patient's hematopoietic system as well as on lymphoma or leukemic cells. MDG1021 targets this antigen with the goal of eradicating the disease and allowing the donor stem cells to repopulate the blood forming system. The study is scheduled to start in 2020 as Medigene's second company-sponsored clinical TCR-T trial.

Medigene in-licensed the HA-1 TCR from the Leiden University Medical Center at the end of 2018 to broaden and accelerate the development of its proprietary TCR pipeline. The TCR specific for the antigen HA-1 was developed by LUMC and tested for preliminary safety and tolerability in a Phase I clinical trial involving five patients. LUMC will conduct the planned clinical trial on behalf of Medigene and receive customary service fees in return.

In September 2019 at the CAR-TCR Summit, Medigene presented its new inducible Medigene (iM)-TCR approach that enables controllable cytotoxicity of tumor-specific TCR-T cells to potentially tune safety and efficacy according to clinical needs.

In November 2019 at the SITC conference, Medigene presented a new method to discover TCRs that target molecules that exclusively appear within cancer cells but not in healthy tissue of the patients. These molecules are called "neo-antigens". Using this method potential side effects of TCR-T therapy might be reduced.

DC vaccines

In June 2019, Medigene presented clinical data from the interim analysis of the ongoing Phase I/II clinical trial with Medigene's DC vaccine for the treatment of AML at the annual congress of the European Hematology Association (EHA) in Amsterdam. The poster presented was entitled "Interim Analysis of a WT-1 and PRAME `Fast-DC´ vaccine shows safety as active immunotherapy for the prevention of AML relapse". The primary objectives of the study enrolling 20 AML patients are to demonstrate the safety and feasibility of this active immunotherapy with patient-derived DCs produced according to Medigene's proprietary technology.
The data presented was generated over a period of one year of vaccination of all patients representing an interim dataset after half of the treatment period. Topline data of this interim analysis was already published on December 19, 2018, demonstrating a very good feasibility for manufacture of the vaccines as well as an excellent

safety profile and encouraging data on overall survival and progression-free survival. In addition, the data presented at EHA included details about the mutational load status of patients who relapsed.

In January 2019, the European Patent Office issued an additional European patent for the DC vaccine platform. The European patent EP 2918673 covers an isolated mature dendritic cell or an isolated population of mature dendritic cells obtainable by a method for *in vitro* maturation, for example, as described in the patent. The patent expires in 2027.

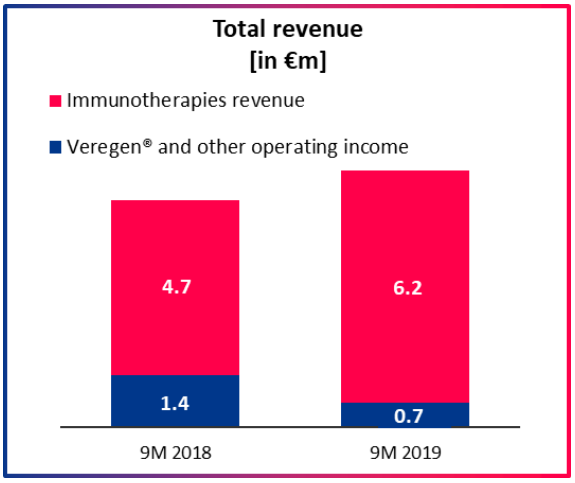
NON-CORE BUSINESS

In April 2019, Medigene sold its remaining rights to the dermatological drug Veregen® and its complete stock of the corresponding active pharmaceutical ingredient (API) to the German pharmaceutical company Aresus Pharma GmbH ("Aresus"). In the course of the sale, all existing relevant contracts with distribution partners and external service providers were transferred from Medigene to Aresus. Medigene sold the US rights to the drug at the end of 2017 to the US company Fougera Pharmaceuticals Inc. With the final sale of its last proprietary developed product in its "non-core business", Medigene completed the transformation into a pure-play immunotherapy company.
Medigene will receive approximately €7.75 m from Aresus for the Veregen® rights transferred and all existing API stock. This amount covers the carrying amounts of the associated intangible assets and stock in full as of the date of the transaction. Of this amount, Medigene received €300 k in the second quarter of 2019 and will receive the remainder of the purchase price as annual revenue-based earn-out payments over a ten year period beginning in 2021. Any residual amount left outstanding will fall due at the beginning of 2029. Immediately before closing the deal, the decision to sell the Veregen® business led to a re-measurement of the disposal group associated with Veregen® including certain intangible assets and inventories. Based on this re-measurement and the knowledge of the potential and probable sale available on the date of re-measurement, a non-cash loss of approximately €4.7 m was incurred.

CHANGES TO MANAGEMENT

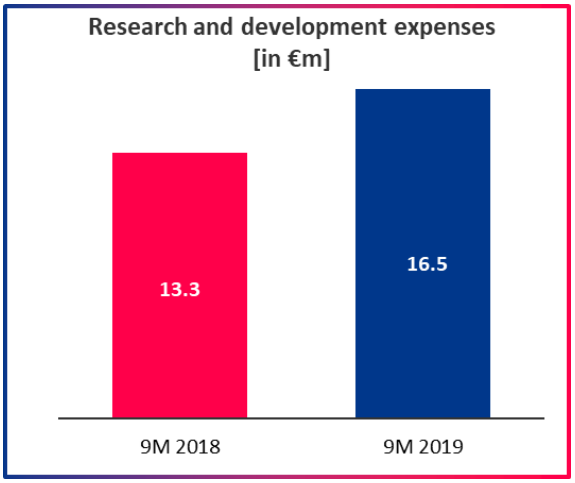
Axel-Sven Malkomes was appointed Chief Financial Officer and Chief Business Development Officer effective April 1, 2019. Mr. Malkomes has worked in the healthcare sector for over 25 years. He combines financial expertise and many years of management experience on the corporate, banking and investor sides in the fields of pharma and biotechnology.

RESULTS OF OPERATIONS



Total revenue

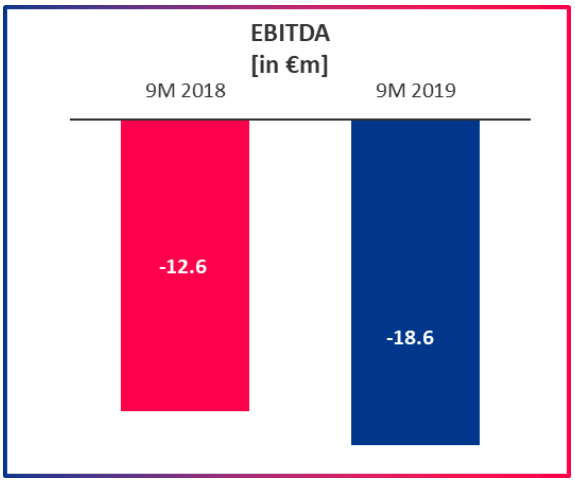
Medigene's total revenue increased by 13% to €6,944 k in the first nine months of 2019 (9M-2018: €6,131 k) mainly due to significantly higher revenue generated from the core business of immunotherapies. Revenue from immunotherapies increased by 32% in the first nine months of 2019 to €6,224 k (9M-2018: €4,728 k) and comprises income from the on-going partnership with bluebird bio and from the new collaboration entered into with Roivant/Cytovant in April 2019.



Research and development expenses

Medigene's research and development expenses increased as expected by 24% in the first nine months of 2019 to €16,463 k (9M-2018: €13,273 k).

The increase in these expenses was due to Medigene's extension of the preclinical and clinical development activities for the immunotherapy programs and the deployment of extra staff in this area.



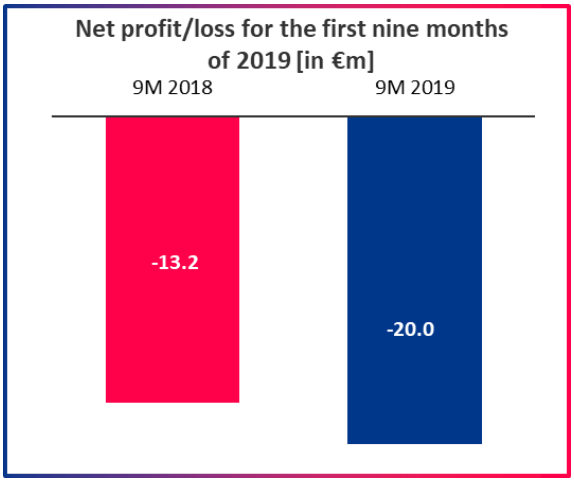
EBITDA

The EBITDA loss in the first nine months of 2019 rose by 48% to €18,602 k (9M-2018: €12,570 k). The primary factors underlying this development are the impairment loss on the Veregen® disposal group of €4,676 k and significantly higher spending on research and development. Veregen® is not a core business of the company. Excluding the effect of Veregen®, the EBITDA loss increased by 11% to €13,926 k.

Medigene's EBITDA is derived from the net profit/loss for the period and does not include any taxes, financial result (comprising interest income, interest expense and other financial result), foreign exchange gains or losses, and depreciation or amortization.

Net profit/loss for the first nine months of 2019

As expected, the net loss generated by Medigene in first nine months of 2019 increased to €19,991 k (9M-2018: €13,155 k). The factors in this development include the higher expenses and one-time effects described under EBITDA.



As already reported in the consolidated financial statements issued on March 27, 2019, an accounting error as defined by IAS 8.41 et seq. was corrected retroactively as at January 1, 2017. The error was determined by the German Financial Reporting Enforcement Panel (FREP) in the course of a random sample examination of the consolidated financial statements for the year ended December 31, 2016 and relates to the accounting treatment applied in 2012 for the assignment to an investor of the right to receive variable future royalties in return for a fixed price. Therefore other operating income, EBITDA and profit for 2018 were adjusted.

FINANCIAL POSITION

Net cash used in operating activities

Net cash used in operating activities increased in the first nine months of 2019 to €9,319 k (9M-2018: €5,702 k) largely due to spending on research and development.
The current level of cash used in operating activities is not particularly indicative of future trends as it is significantly impacted by non-recurring payments in partner arrangements and research and development expenses which depend on project status.

Net cash from/used in investing activities

In the first nine months of 2019, the company posted net cash from investing activities of €2,105 k (9M-2018 cash from investing activities of €24,095 k) which, as planned, primarily originated from cashing in time deposits of €2,000 k. The cash used in the previous year is related to the funds from the capital increase conducted in May 2018 and the payment collected from bluebird bio that were placed in time deposits with tier-1-banks.

Net cash used in/from financing activities

Medigene reports cash used in financing activities of €1,680 k (9M-2018 cash from financing activities of €29,402 k) in the reporting period due to the repayment of lease liabilities. In the previous year, the cash from financing activities originated from the capital increase conducted in May 2018 which resulted in gross proceeds of €32.3 m.

Cash and cash equivalents and time deposits

The cash and cash equivalents and time deposits of the Company amounted to €60,514 k as of September 30, 2019 (December 31, 2018: €71,408 k).

NET ASSETS

Assets

The increase in property, plant and equipment to €8,900 k (December 31, 2018: €4,261 k) can be primarily attributed to the adoption of the new accounting standard on leases, IFRS 16, which has been applied since January 1, 2019.
Financial assets consisting of equity instruments decreased by €2,154 k to €3,468 k largely on account of the fair value adjustment to the shares in Immunocore Ltd. (32,407 ordinary shares) based on the latest information available. On the other hand, non-current other receivables and other assets increased by €2,437 k to €3,723 k. This is chiefly attributable to the receivable due from Aresus related to the sale of the Veregen® business. Due to this sale Medigene no longer carries any inventories as at the reporting date.

Shareholders' equity and liabilities

Non-current liabilities increased by 41% to €18,756 k as at September 30, 2019 (December 31, 2018: €13,344 k) and current liabilities by 46% to €12,855 k (December 31, 2018: €8,821 k). The increase is related to an increase in contract liabilities associated with a license and cooperation agreement with Roivant/Cytovant and also to the first-time application of IFRS 16 on January 1, 2019.

OUTLOOK

Financial guidance 2019

Medigene confirms the financial guidance issued in the 6M-2019 financial statement.
The company is expecting to generate total revenue of €10 – 11 m in 2019.
Due to progress in the development projects, Medigene is projecting research and development expenses of €24 – 29 m and forecasts an EBITDA loss of €23 – 28 m.
This assessment does not include potential future milestone payments or cash flows from existing or future partnerships or transactions, as the timing and extent of such events depends to a large extent on external parties and therefore cannot be reliably predicted by Medigene.
Based on its current planning, the Company has sufficient financial resources to fund business operations beyond the planning horizon of two years.

Outlook for immunotherapies

Current Phase I/II clinical trial with Medigene's first TCR therapy MDG1011
Medigene commenced the Phase I/II clinical trial of its TCR-based T cell therapy MDG1011 and began treating patients in the first quarter of 2019. In 2019, the focus of the trial is the recruitment for the first dose cohorts to assess the safety and tolerability of the treatment with MDG1011.

Planned Phase I/II clinical trial with Medigene's second TCR therapy MDG1021
Based on the Clinical Trial Agreement entered into with the Leiden University Medical Center in May 2019, Medigene plans to conduct a Phase I clinical trial with its TCR therapy MDG1021, targeting the HA-1 antigen. Medigene will assess the safety, feasibility and preliminary efficacy of MDG1021 in patients with relapsed or persistent hematologic malignancies after allogeneic hematological stem cell transplantation. The study is scheduled to start in 2020 as Medigene's second company-sponsored clinical TCR-T trial. In preparation for the trial, Medigene first needs to establish the manufacturing process, develop the design of the trial and then obtain the official trial approval.

Development of additional TCR candidates
Now that a robust platform for the discovery and characterization of new TCR candidates has been fully established, building a solid pipeline of potential TCR development candidates is an important goal to secure future clinical programs for both internal and existing or future partners.
In 2019, in addition to the MDG1011 clinical trial, Medigene will therefore continue to work on characterizing new TCR candidates for future clinical trials under the responsibility and funding of Medigene and collecting preclinical data to prepare further clinical TCR trials.

Optimization of future TCR therapies for solid tumors
The new inducible Medigene (iM)-TCR approach as well as the chimeric co-stimulator receptor (the PD-1/4-1BB molecule) licensed from HMGU will be assessed in combination with Medigene's tumor-specific TCR-Ts in preclinical models in order to optimize future TCR therapies for solid tumors.

TCR partnerships
Medigene continues its successful collaboration with bluebird bio and expects to make further progress on TCR candidate discovery. Within the framework of the partnership entered into with Roivant/Cytovant, Medigene will now, together with the collaboration partner, undertake the preparations to generate TCR constructs tailored specifically to Asian patient populations using its proprietary TCR discovery and isolation platform.

Dendritic cell vaccines (DCs)

Conclusion of the Phase I/II clinical trial at the end of 2019

Medigene will continue the current Phase I/II clinical trial for DC vaccines for the treatment of AML as planned and bring it to a conclusion at the end of 2019. Topline data will be reported in the beginning of 2020.

Outlook for partner projects

The following projects do not lie within the sphere of responsibility of Medigene but could have an influence on the development of business of the company.

TCR trial planned by the partner, bluebird bio

As announced by bluebird bio, the partner company intends to commence a Phase I clinical trial in 2020 with the first TCR candidate generated by Medigene within the framework of the partnership. The TCR therapy, which targets the MAGE-A4 tumor antigen, should be tested in a Phase I clinical trial for the treatment of solid tumors.

IIT from academic partners

In addition to the Company's own development activities, the academic investigator initiated TCR-modified T cell therapy clinical trial specifically for the MAGE-A1 tumor antigen under the responsibility of Max-Delbrück-Center and Charité University Hospital in Berlin, Germany is expected to start.

CONSOLIDATED INCOME STATEMENT

MEDIGENE AG FOR THE PERIODS FROM JANUARY 1 TO SEPTEMBER 30, 2019 AND 2018

IN € K	**Q3-2019 UNAUDITED**	Q3-2018 UNAUDITED*	**9M-2019 UNAUDITED**	9M-2018 UNAUDITED*
Revenue	**1,297**	1,790	**6,917**	5,985
Other operating income	**6**	86	**27**	146
Total revenue	**1,303**	**1,876**	**6,944**	**6,131**
Cost of sales	**0**	-247	**-383**	-666
Gross profit	**1,303**	**1,629**	**6,561**	**5,465**
Selling expenses	**-210**	-685	**-1,050**	-1,370
General administrative expenses	**-1,533**	-1,825	**-4,773**	-4,542
Research and development expenses	**-5,540**	-4,603	**-16,463**	-13,273
Impairment loss on the Veregen® disposal group	**0**	0	**-4,676**	0
Operating result	**-5,980**	**-5,484**	**-20,401**	**-13,720**
Interest income	**201**	**52**	**458**	164
Interest expense	**-90**	-25	**-306**	-84
Foreign exchange losses/gains	**-15**	-2	**-78**	182
Other financial result	**181**	156	**438**	405
Earnings before tax	**-5,703**	**-5,303**	**-19,889**	**-13,053**
Taxes	**0**	-1	**-102**	**-102**
Net profit/loss for the period	**-5,703**	**-5,304**	**-19,991**	**-13,155**
Basic and diluted earnings per share (€)	**0.23**	-0.22	**-0.81**	-0.56
Weighted average number of shares (basic and diluted)	**24,562,222**	**24,554,191**	**24,559,862**	**23,370,342**

* IAS 8 correction – see note (3) to the consolidated financial statements

CONSOLIDATED BALANCE SHEET

MEDIGENE AG AS AT SEPTEMBER 30, 2019 AND DECEMBER 31, 2018

ASSETS

IN € K	9/30/2019 UNAUDITED	12/31/2018
A. Non-current assets		
I. Property, plant and equipment	**8,900**	4,261
II. Intangible assets	**33,493**	34,013
III. Goodwill	**2,212**	2,212
IV. Financial assets consisting of equity instruments	**3,468**	5,622
V. Time deposits	**0**	20,000
VI. Other receivables and other assets	**3,723**	1,286
Total non-current assets	**51,796**	**67,394**
B. Current assets		
I. Inventories	**0**	7,298
II. Trade accounts receivable	**1,316**	787
III. Other receivables and other assets	**3,760**	2,703
IV. Time deposits	**42,000**	24,000
V. Cash and cash equivalents	**18,514**	27,408
Total current assets	**65,590**	**62,196**
Total assets	**117,386**	**129,590**

SHAREHOLDERS' EQUITY AND LIABILITIES

IN € K	9/30/2019 UNAUDITED	12/31/2018
A. Shareholders' equity		
I. Subscribed capital	**24,563**	24,557
II. Capital reserve	**478,137**	477,768
III. Accumulated deficit	**-418,678**	-398,687
IV. Other reserves	**1,753**	3,787
Total shareholders' equity	**85,775**	**107,425**
B. Non-current liabilities		
I. Lease liabilities	**5,265**	827
II. Pension obligations	**414**	414
III. Other liabilities	**400**	422
IV. Contract liabilities	**9,680**	8,684
V. Deferred taxes	**2,997**	2,997
Total non-current liabilities	**18,756**	**13,344**
C. Current liabilities		
I. Lease liabilities	**1,112**	685
II. Trade accounts payable	**1,112**	1,358
III. Other liabilities	**3,203**	3,304
IV. Contract liabilities	**7,428**	3,474
Total current liabilities	**12,855**	**8,821**
Total liabilities	**31,611**	**22,165**
Total shareholders' equity and liabilities	**117,386**	**129,590**

FINANCIAL CALENDAR 2020

Annual report 2019	March 26, 2020
Quarterly Announcement Q1 2020	May 14, 2020
6-Month Report 2020	August 7, 2020
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