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Appendix 4C
Quarterly Cash Flow Report to 30 June 2026

- **Record remote patient monitoring (RPM) recurring subscription accrual revenue of A$479k**, up +39% from A$344k in Q3 FY26, marking fourth consecutive quarters of record RPM revenue.
- **Customer cash receipts of A$408k**, up +79% quarter-on-quarter compared to A$228k in Q3 FY26. The next AstraZeneca Arrival study receipt of $264,000 is due in the September quarter.
- **Continued growth of RPM device shipments and activations**, adding 1,684 shipments and 1,215 device activations in the quarter – bringing cumulative totals to 5,302 and 3,831, respectively and demonstrating the trajectory towards the Company's ~10,000 RPM device shipments target by 31 December 2026.
- **Clinical and commercial validation strengthened** at the American Thoracic Society Conference in May 2026, with interim results released from the independent Intermountain Health (IMH) iCARE Study (Adherium's Hailie® device with CareCentra's behavioural AI platform and IMH pulmonary navigators) reporting:
    - **57% reduction in total cost of care**: from US$36,837 to US$15,899 per patient per year;
    - **50% fewer hospital admissions**; **20% fewer emergency department visits**; and
    - **92% patient retention at 12 months** and 89.4% at 18 months.

Melbourne, Australia – 29 July 2026: Adherium Limited (ASX:ADR), a global leader in digital respiratory management and developer of the FDA-cleared Hailie® Sensor, Smartinhaler® platform[1], is pleased to provide a sales update, following recent significant progress with its commercial strategy.

Management commentary: *"Record recurring RPM revenue, increasing device deployments and strong clinical validation demonstrate the growing momentum across the business. Alongside favourable reimbursement changes that are expanding patient access to RPM services, the positive iCARE study results highlight Adherium's ability to improve outcomes while reducing healthcare costs. These results position us strongly for the continuing shift towards Value-Based Care, and*

[1] *Hailie Care is not approved for commercial supply in Australia.*
Any clinical data referenced is preliminary and further evaluation is ongoing.

support our confidence in accelerating recurring revenue growth and delivering on our strategic objectives."

RPM channel metrics continue to strengthen, reinforcing Adherium's strategic progression toward Value-Based Care contracts in the United States.

Adherium's Hailie Care platform connects patients with chronic respiratory conditions to a dedicated clinical care team, leveraging data from the Hailie® sensor to enable timely data-driven interventions that improve medication adherence and inhaler technique and thereby may improve patient outcomes, such as exacerbation rates. While this purpose-built platform is inherently scalable across multiple markets, Adherium remains focused on the U.S. where established and increasingly favourable Remote Patient Monitoring (RPM) CPT reimbursement, particularly since January 2026, provides a supportive funding environment. This positions the company to deliver measurable clinical outcomes within the fee-for-service care delivery model today, while establishing the data and infrastructure required to support near term expansion into Value-Based Care and broader geographic opportunities over time.

During Q4 FY26, Adherium continued to scale its RPM business, driving further growth in recurring revenue and delivering quarter-on-quarter commercial momentum. Performance against clearly defined leading indicators reinforces management's confidence in the Company's pathway to scale. Critically, this growth is now compounding into a proprietary, longitudinal dataset on real-world patient behaviour, an increasingly valuable strategic asset that differentiates Adherium in the respiratory market and underpins future clinical, commercial, and payer engagement.

Adherium's Hailie Sensor, Smartinhaler technology featured in data presented at the American Thoracic Society (ATS) 2026 International Conference (15-20 May 2026), including interim results from the landmark independent Intermountain Health iCARE Study. The study demonstrated how objective adherence data generated by Hailie® devices, when combined with CareCentra's AI-driven behavioural engagement platform and clinical care management, can support earlier intervention, improve patient outcomes and reduce healthcare utilisation and total cost of care, further strengthening the Company's growing body of evidence supporting Value-Based Care models.

Adherium also presented its first abstract leveraging proprietary RPM data from its Hailie Smartinhaler platform, demonstrating the ability to objectively assess real-world inhaler technique and reinforcing the critical role of data-driven adherence insights in asthma management, at the Eastern Allergy Conference (May 28–31, 2026) in Palm Beach, Florida.

Commercial Patient Growth – Tracking to Plan

Adherium's CY2026 target of ~10,000 RPM device shipments provides a clear pathway to scaling its recurring revenue. With 3,831 activated patients as at 30 June 2026, a pipeline of 68,000 insurance-verified, device-compatible patients, and now four successive quarters of accelerating activation volume, the Company is tracking toward that objective.

Following the recent establishment and expansion of key partnerships (outlined further below) and ongoing clinic activations, the RPM channel remains a key driver of near-term growth, providing Adherium with direct ownership of patient relationships, data derived from Hailie Smartinhaler utilisation, and recurring revenue visibility. The RPM channel also enables Adherium to test, refine and scale critical operational infrastructure across an expanding patient cohort - a capability that is central to demonstrating readiness to support significant agreements with Value-Based Care U.S. insurance providers and larger patient populations, fueling future business channels.

FY2026 Performance:

- **RPM recurring subscription revenue:** increased at a 75.8% compound quarterly growth rate (CQGR) since 30 June 2025. Demonstrating sustained commercial growth in achieving 9.4x growth in the past 12 months.
- **RPM device shipments:** cumulative shipments increased from 351 as at 30 June 2025 to 5,302 as at 30 June 2026, representing a 58.5% CQGR.
- **RPM device activations:** increased at a 55.7% CQGR since 30 June 2025 – highlighting strong conversion of shipped devices to onboarded patients.

Device shipments continue to act as a lead indicator to revenue growth, with billable revenue recognised as patients are activated.

The Adherium Call Centre has over 68,000 insurance-verified asthma patients with compatible inhaler devices, providing a solid pipeline of patients to reach the Company's ~10,000 RPM device shipments objective set for end CY2026. This target reflects current assumptions and expectations and may change due to risks and uncertainties, and should not be taken as a guarantee of future results.

Adherium’s RPM headcount increased to 54.5 FTEs in Q4 FY26 from 49 in Q3 FY26, with new hires focused on scaling the Hailie Smartinhaler Platform and improving operational efficiency. Across an addressable pipeline of 68,000 patients, data

analytics are being used to prioritise the onboarding of higher-risk asthma and COPD patients by severity. This targeted approach is expected to improve patient retention, engagement and care-team efficiency.

Recurring RPM revenue continued to grow from month to month, reflecting ongoing commercial momentum in the RPM segment demand for the Hailie device. This growth has been further strengthened by the 2026 CMS expansion of RPM and RTM CPT codes (99445, 99470, 98979, 98984), which provide greater billing flexibility for shorter management windows and shorter-term device data collection. Notably, these updates provide more consistent reimbursement for shorter monitoring periods, enabling Adherium to capture full program value earlier than previously, across a broader range of patient engagement levels.

Positioning for Value-Based Care contracts

The RPM channel is central to demonstrating Adherium's ability to operate at scale and positioning the company to monetise its Hailie Smartinhaler platform through Value-Based Care (VBC) contracts with larger U.S. insurers.

Key to U.S. Value-Based Care channel entry was the establishment of foundations across three areas: people, infrastructure and data, all of which the Company has been steadfast in building. With the RPM operating foundation now in place, Adherium is extending its commercial model into Value-Based Care.

The Hailie infrastructure, including the connected sensor platform, the dedicated clinical team, and the longitudinal adherence and outcomes data, is directly applicable to risk-bearing arrangements with health systems, payers, and accountable care organisations.

VBC rewards providers for measurable outcomes and total cost of care improvement, rather than visit volume. For Adherium, this unlocks a materially larger addressable patient population, higher-margin contracting structures, and recurring revenue economics, anchored to outcomes the Hailie platform is already producing.

To lead the Company's expansion into Value-Based Care contracts, during the quarter, Adherium announced that John Perry had been appointed Chief Commercial Officer. Mr. Perry brings more than 20 years of healthcare commercial leadership building and scaling value-based care businesses at enterprise scale. Most recently, as Chief Business Development Officer at Guidehealth, he closed multi-year enterprise partnerships with leading U.S. health systems and drove approximately 70% year-over-year growth. Mr. Perry is based in the United States.

Prior roles include Chief Revenue Officer at Cope Health Solutions; Vice President of Value-Based Healthcare Partnerships at Optum / Change Healthcare, leading national partnership strategy across 80+ million covered lives with Cigna, Aetna, Centene, and Elevance; Vice President at Remedy Partners, where he scaled the enterprise commercial function during the growth phase that led to the company's combination with Signify Health, which subsequently listed on the NYSE and was acquired by CVS Health for approximately US$8 billion; and founding CEO of Accresa, which he scaled from 10 to 800 physicians prior to acquisition. Mr. Perry holds an MBA from SMU Cox School of Business and an executive program in AI strategy from MIT Sloan.

Mr. Perry's appointment marks the next phase of Adherium's evolution: leveraging the proven Hailie Care clinical and data infrastructure to build a respiratory population health business that converts outcomes data into enterprise Value-Based revenue.

June 2026 Quarter Product Milestones:

The June quarter saw two platform priorities advanced: migrating revenue-critical systems onto Adherium's next-generation architecture, and restoring sensor manufacturing capacity to support the Company's device shipment trajectory.

- New billing system delivered on Adherium's next-generation platform architecture - the system generating Adherium's RPM billing now runs on the Company's rebuilt platform, and was extended during the quarter to support the new RPM and RTM reimbursement codes introduced on 1 January 2026, placing revenue-critical infrastructure on the architecture that will carry the platform's future capability.
- Patient assignment capability was released to the care team - enabling structured ownership across Adherium's respiratory therapists. This workflow establishes the operating foundation required for each care manager to support a larger active patient base as the RPM channel scales.
- NF-108 (Ventolin HFA) rescue sensor launched into the RPM channel - extending Hailie monitoring and enabling identification of patients over-using rescue medication, a recognised indicator of poor disease control and elevated exacerbation risk.
- Sensor manufacturing capacity restored and expanding - the NF-109 (Symbicort) line was restarted and work commenced during the quarter to restart the NF-106 (Ellipta) line, broadening the range of medications Adherium can support and underpinning the Company's device shipment trajectory.

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June 2026 Quarter Commercial Milestones:

Existing Remote Patient Monitoring (RPM) Partnership Performance

Adherium continues to strengthen its position as market leader, deepening its relationship with Allergy Partners - the largest allergy group practice in the U.S. During the last 12 months, Adherium has activated >90% of all Allergy Partners clinic locations across the United States - embedding a custom digital workflow directly into each practice's electronic health record system to drive provider referrals at the point of care. This Electronic Health Record (EHR)-native integration removes friction entirely, making Hailie Smartinhaler enrollment a natural and repeatable part of everyday asthma management for Allergy Partners physicians.

Results to date have been compelling. With an estimated 90,000 eligible asthma patients across the Allergy Partners network, and more than 1,500 patients already enrolled and actively monitored as of June 2026, the Company has only begun to scratch the surface of what this partnership can deliver. Onboarding momentum continues to build as clinician adoption deepens across the remaining network locations - and with each new clinic activation, the recurring revenue contribution from this partnership alone grows more significant.

The Company has expanded commercial focus, targeting pulmonologists who have a higher volume of patients with COPD and those who suffer from severe respiratory disease to help expand Adherium's reach beyond Asthma. 15,000 new patients have been successfully added from pulmonary practices to the Company's patient pipeline. With the addition of targeted pulmonology outreach, the team has built a strong pipeline of large pulmonology groups excited about utilising Adherium's Hailie technology in their practices, with upcoming partnership announcements to be shared as these discussions progress.

Adherium's Hailie Smartinhaler technology was featured across two independent studies presented at ATS 2026, including Intermountain Health's landmark two-year iCARE program and an investigator-initiated study at Montefiore Health System. Together, these studies demonstrated significant reductions in healthcare utilisation and total cost of care, strong long-term patient retention, and a substantial gap between self-reported and objectively measured adherence - reinforcing the critical role of continuous, objective monitoring in modern respiratory care. The converging evidence highlights how Hailie® devices improve adherence, inhaler technique and clinical outcomes, directly aligning with Value-Based Care incentives and strengthening Adherium's position as a provider of essential data and infrastructure for U.S. health systems transitioning to outcomes-based models.

These results build on previously reported outcomes of strong medication adherence and sustained patient engagement, reinforcing the value of data-driven respiratory management at scale. Additional analyses from the iCARE dataset continue to develop. The iCARE program represents one of the largest real-world quality improvement studies in chronic respiratory disease (n>1,080), evaluating clinical and economic outcomes in routine respiratory care. Adherium is focused on translating these real-world insights into expanded commercial opportunities and Value-Based Care partnerships.

Adherium also presented its first commercial RPM dataset at the Eastern Allergy Conference (28-31 May 2026) in Palm Beach, Florida, showing that only 8.3% of asthma patients demonstrated optimal inhaler technique based on objective Hailie® Smartinhaler data. Technique was particularly poor among pMDI[2] users, highlighting a major unmet need and the value of objective monitoring. The results demonstrate how Adherium's expanding RPM footprint is now generating high-quality, real-world clinical insights that support targeted coaching and strengthen the clinical relevance of the Hailie® platform.

Board changes

Following an 11-year tenure with Adherium, Mr Bruce McHarrie retired from the role of Independent Non-Executive Director on 31 May 2026. The Board appointed Victoria Durrans as a replacement.

Mr George Baran, assumed the role of Non-Executive Chair of Adherium Limited.

[2] A pMDI is a pressurised metered-dose inhaler - the standard "puffer" used by millions of asthma and COPD patients

Capital Position

During the June quarter Trudell advanced a short term $218,374 loan. This was repaid before 30 June 2026. A subsequent loan was issued in June for $2,402,069 which remained open, with interest, as at 30 June 2026.

Key priorities include:

Commercial Execution:

- Rolling out the updated NF0108 (Ventolin)-rescue product line - which allows identification of patients particularly with asthma who are overusing their short-acting beta agonists (SABA), an indication of poor disease control. Excess use has been associated with the increased risk of exacerbations, hospitalisations and death. Identification of patients with poor asthma/COPD control can be used to help optimise preventative care as well as predict the risk of exacerbation.
- Optimisation of Adherium's call centre - with focus on improvement in clinical and quality assurance to achieve sustained improvement in strong conversion, activation and long-term usage by our patients. By incorporating the use of the Asthma Impairment and Risk Questionnaire (AIRQ) and COPD Assessment Test (CAT) scores, the team continues to highlight patient goals and review clinical progress.
- Continued expansion with several key customers - including Allergy Partners, SENTA Partners, CIIC and a focus on independent medical groups treating high volumes of patients with Asthma and COPD.
- Continued delivery of shipments and conversions in the RPM channel, with a view to building out Adheriums proprietary database and demonstrating the capability, infrastructure and clinical experience required to support the rollout of its technology at scale into the much larger population health and Value-Based Care market.

Product and Platform:

- Extending the connected device ecosystem - expanding the range of inhaler form-factors supported by the Hailie platform and reducing the time required to bring new devices and partner integrations onto the platform.
- Scaling care management leverage - continuing to mature clinical workflow capabilities that increase the number of patients each respiratory therapist can effectively manage, improving gross margin per care manager as the active patient base grows.

- Building clinical intelligence on the platform - translating Hailie's multi-year longitudinal adherence and technique dataset, including through applied AI/ML, into earlier and more targeted patient engagement, and establishing the data foundation for payer, Value-Based Care and pharma partnerships

Clinical Evidence and Commercialisation:

- Adherium's RPM clinical data is being collected and analysed to prepare an abstract for submission to the American Academy of Allergy, Asthma and Immunology (AAAAI), deadline of 27 August 2026.
- Grant application submitted by Prof Paul Robinson (Queensland Children's Hospital) for a study including 294 children with frequent asthma exacerbations, resulting in emergency department (ED) visits. The Hailie sensors will be used to track adherence and inhaler technique. The primary endpoint is to evaluate the change in the rate of ED visits.

Quality Update:

Adherium successfully completed its 2025 ISO 13485:2016 recertification audit conducted by BSI with no major non-conformances identified. Certification remains in good standing, covering design, manufacture, and post-market activities for the Hailie® sensor platform.

U.S. Reimbursement:

As of January 2026, U.S. Centers for Medicare & Medicaid Services (CMS) introduced several new CPT codes, including RTM codes (98979, 98984) and RPM codes (99445, 99470), which allow for lower thresholds of device data collection days and care management time (from 15 days of data reads, to now just 2 days). These new codes significantly expand Adherium's addressable patient population and create a more consistent reimbursement framework for customers across varying levels of patient engagement, which is expected to accelerate provider adoption and program scalability.

The expansion of RPM/RTM CPT codes demonstrates CMS's continued commitment to remote monitoring technologies. Medicare is doubling down on remote care infrastructure by broadening eligibility criteria and creating more flexible reimbursement pathways. This positions Adherium favourably against the headwinds facing other device sectors, as our revenue model benefits directly from expanded coverage and lower qualification thresholds that drive wider patient adoption.

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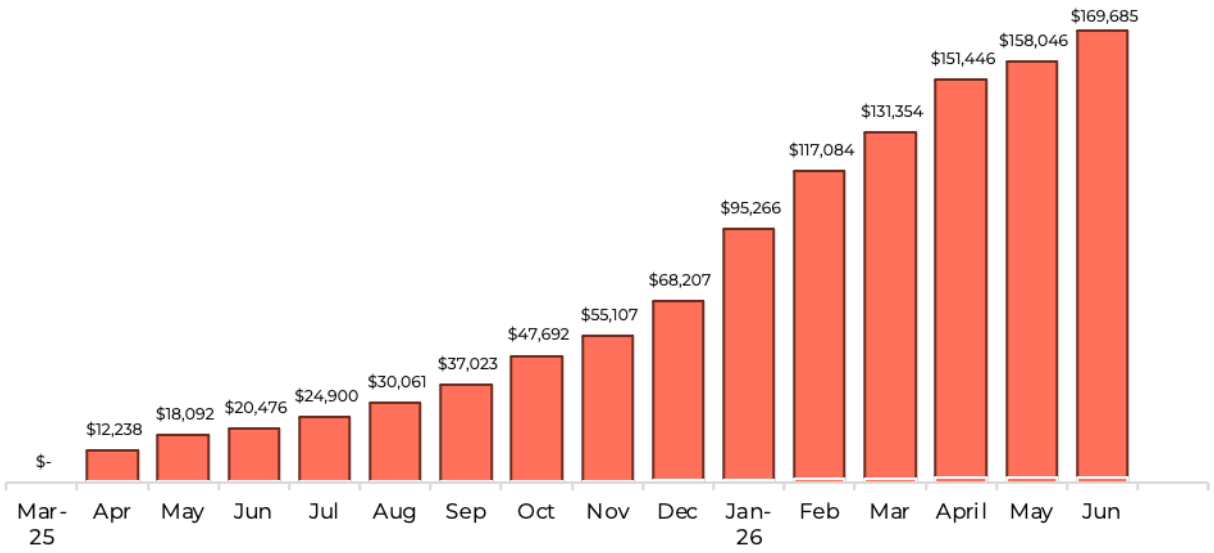
RPM Revenue Growth

Adherium reports record remote patient monitoring (RPM) recurring subscription revenue of A$479k, up +39% from A$344k in Q3 FY26, marking the fourth consecutive quarter of record RPM revenue.



Note: Accrual by month, converted tp AUD at 1 : 0.65, Different to 4C which is cash based. Subscription revenue only (excludes device sales).

Other components of cash flow

- As of 30 June 2026, the Company had cash on hand of $1,382,976 compared to $2,956,057 in the preceding quarter
- Total receipts from customers were $408,000, compared to $228,000 in the March 2026 quarter.
- Payments for R&D activities were $99,000 compared to $87,000 in the preceding quarter.
- Payments for manufacturing were $226,000, down from $294,000 in the March 2026 quarter.
- Advertising, platform integration, sales and marketing payments were $41,000 in the June 2026 quarter, down from $111,000 in the preceding quarter.
- Staff and contractor payments were $2,093,000 in the June 2026 quarter compared to $2,422,000 in the preceding quarter.
- Administration and corporate payments were $2,028,000 in the June 2026

quarter compared to $1,715,000 in the preceding quarter. The comparable change is due to the timing of payments.

Outlook – June 2026 Quarter and Beyond

The Company enters FY27 well positioned to deliver on its strategic and commercial targets, supported by strong momentum across recurring RPM revenues, clinical validation and device adoption. Adherium is focused on leveraging its established RPM platform and infrastructure to capture higher-margin Value-Based Care opportunities, while favourable changes to U.S. RPM reimbursement continue to support market expansion and growth.

Learn more at **adherium.com**

This ASX announcement was approved and authorised for release by the Board of Adherium.

- ENDS -

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About Adherium (ASX: ADR):
Adherium is a provider of integrated digital health solutions and a worldwide leader in connected respiratory medical devices, with more than 180,000 sold globally. Adherium's Hailie® platform solution provides clinicians, healthcare providers and patients access to remotely monitor medication usage parameters and adherence, supporting reimbursement for qualifying patient management. The Hailie® solution includes a suite of integration tools to enable the capture and sharing of health data via mobile and desktop apps, Software Development Kit (SDK) and Application Programming Interface (API) integration tools, and Adherium's own broad range of

sensors connected to respiratory medications. Adherium's Hailie® solution is designed to provide visibility to healthcare providers of medication use history to better understand patterns in patient respiratory disease. Learn more at **adherium.com**

Appendix 4C

Quarterly cash flow report for entities subject to Listing Rule 4.7B

Name of entity	
Adherium Limited	
ABN	**Quarter ended ("current quarter")**
24 605 352 510	30 June 2026

Consolidated statement of cash flows		**Current quarter $A'000**	**Year to date (12 months) $A'000**
1.	**Cash flows from operating activities**		
1.1	Receipts from customers	408	1,250
1.2	Payments for		
	(a) research and development	(99)	(238)
	(b) product manufacturing and operating costs	(226)	(936)
	(c) advertising and marketing	(41)	(1,771)
	(d) staff costs	(2,093)	(7,767)
	(e) administration and corporate costs	(1,928)	(6,353)
1.3	Dividends received (see note 3)	-	-
1.4	Interest received	10	37
1.5	Interest and other costs of finance paid		(43)
1.6	Income taxes paid	-	-
1.7	Government grants and tax incentives	59	946
1.8	Other (provide details if material)		
1.9	**Net cash from / (used in) operating activities**	**(3,910)**	**(14,875)**

2.	**Cash flows from investing activities**		
2.1	Payments to acquire or for:		
	(a) entities	-	-
	(b) businesses	-	-
	(c) property, plant and equipment	-	(39)
	(d) investments	-	-
	(e) intellectual property	-	-
	(f) other non-current assets	-	-

Consolidated statement of cash flows		Current quarter $A'000	Year to date (12 months) $A'000
2.2	Proceeds from disposal of:		
	(a) entities	-	-
	(b) businesses	-	-
	(c) property, plant and equipment	-	-
	(d) investments	-	-
	(e) intellectual property	-	-
	(f) other non-current assets	-	-
2.3	Cash flows from loans to other entities	-	-
2.4	Dividends received (see note 3)	-	-
2.5	Other (provide details if material)	-	-
2.6	**Net cash from / (used in) investing activities**	**0**	**(39)**

3.	**Cash flows from financing activities**		
3.1	Proceeds from issues of equity securities (excluding convertible debt securities)	-	11,280
3.2	Proceeds from issue of convertible debt securities	-	-
3.3	Proceeds from exercise of options	-	3,672
3.4	Transaction costs related to issues of equity securities or convertible debt securities	(36)	(833)
3.5	Proceeds from borrowings	2,620	4,563
3.6	Repayment of borrowings	(218)	(2,361)
3.7	Transaction costs related to loans and borrowings		
3.8	Dividends paid	-	-
3.9	Other (provide details if material)	-	-
3.10	**Net cash from / (used in) financing activities**	**2,366**	**16,321**

4.	**Net increase / (decrease) in cash and cash equivalents for the period**		
4.1	Cash and cash equivalents at beginning of period	2,956	43
4.2	Net cash from / (used in) operating activities (item 1.9 above)	(3,910)	(14,875)
4.3	Net cash from / (used in) investing activities (item 2.6 above)	-	(39)

Consolidated statement of cash flows		Current quarter $A'000	Year to date (12 months) $A'000
4.4	Net cash from / (used in) financing activities (item 3.10 above)	2,366	16,321
4.5	Effect of movement in exchange rates on cash held	(31)	(69)
4.6	**Cash and cash equivalents at end of period**	**1,381**	**1,381**

5.	Reconciliation of cash and cash equivalents at the end of the quarter (as shown in the consolidated statement of cash flows) to the related items in the accounts	Current quarter $A'000	Previous quarter $A'000
5.1	Bank balances	1,011	266
5.2	Call deposits	372	2,690
5.3	Bank overdrafts	-	-
5.4	Other (provide details)	-	-
5.5	**Cash and cash equivalents at end of quarter (should equal item 4.6 above)**	**1,383**	**2,956**

6.	Payments to related parties of the entity and their associates	Current quarter $A'000
6.1	Aggregate amount of payments to related parties and their associates included in item 1	116
6.2	Aggregate amount of payments to related parties and their associates included in item 2	-

Note: if any amounts are shown in items 6.1 or 6.2, your quarterly activity report must include a description of, and an explanation for, such payments.

7.	**Financing facilities** *Note: the term "facility' includes all forms of financing arrangements available to the entity.* *Add notes as necessary for an understanding of the sources of finance available to the entity.*	**Total facility amount at quarter end $A'000**	**Amount drawn at quarter end $A'000**
7.1	Loan facilities	2,693	2,693
r7.2	Credit standby arrangements	-	-
7.3	Other (please specify)	-	-
7.4	**Total financing facilities**	0	0

7.5	**Unused financing facilities available at quarter end**	-

7.6 Include in the box below a description of each facility above, including the lender, interest rate, maturity date and whether it is secured or unsecured. If any additional financing facilities have been entered into or are proposed to be entered into after quarter end, include a note providing details of those facilities as well.

Loan Facility and Principal Movements

$218,372 was borrowed from Trudell on 29 May and repaid 10 June via contra/offset arrangement.

$2,402,096 was borrowed from Trudell on 10 June. $218,372 was used to repay the May loan and the $2,183,724 balance was received in cash.

Interest is calculated at 12% per annum on the outstanding daily principal balance

Interest treatment during the quarter was as follows:

- May loan facility: $166 of interest accrued up to 30 June 2026. This interest remained unpaid at 30 June and was accrued as interest payable.
- June loan facility: $24,417 of interest accrued to 30 June 2026. This interest remained unpaid at 30 June and was accrued as interest payable.

8.	**Estimated cash available for future operating activities**	**$A'000**
8.1	Net cash from / (used in) operating activities (item 1.9)	(3,910)
8.2	Cash and cash equivalents at quarter end (item 4.6)	1,383
8.3	Unused finance facilities available at quarter end (item 7.5)	-
8.4	Total available funding (item 8.2 + item 8.3)	1,383
8.5	**Estimated quarters of funding available (item 8.4 divided by item 8.1)**	0.35

Note: if the entity has reported positive net operating cash flows in item 1.9, answer item 8.5 as "N/A". Otherwise, a figure for the estimated quarters of funding available must be included in item 8.5.

8.6 If item 8.5 is less than 2 quarters, please provide answers to the following questions:

8.6.1 Does the entity expect that it will continue to have the current level of net operating cash flows for the time being and, if not, why not?

Yes

8.6.2	Has the entity taken any steps, or does it propose to take any steps, to raise further cash to fund its operations and, if so, what are those steps and how likely does it believe that they will be successful?
The company is confident that it will continue to raise sufficient funds to support its operations.	
8.6.3	Does the entity expect to be able to continue its operations and to meet its business objectives and, if so, on what basis?
Please refer to 8.62.	
Note: where item 8.5 is less than 2 quarters, all of questions 8.6.1, 8.6.2 and 8.6.3 above must be answered.	

Compliance statement

1 This statement has been prepared in accordance with accounting standards and policies which comply with Listing Rule 19.11A.

2 This statement gives a true and fair view of the matters disclosed.

29 July 2026

Date: .....

By the Risk and Audit Committee

Authorised by: .....
(Name of body or officer authorising release – see note 4)

Notes

1. This quarterly cash flow report and the accompanying activity report provide a basis for informing the market about the entity's activities for the past quarter, how they have been financed and the effect this has had on its cash position. An entity that wishes to disclose additional information over and above the minimum required under the Listing Rules is encouraged to do so.

2. If this quarterly cash flow report has been prepared in accordance with Australian Accounting Standards, the definitions in, and provisions of, *AASB 107: Statement of Cash Flows* apply to this report. If this quarterly cash flow report has been prepared in accordance with other accounting standards agreed by ASX pursuant to Listing Rule 19.11A, the corresponding equivalent standard applies to this report.

3. Dividends received may be classified either as cash flows from operating activities or cash flows from investing activities, depending on the accounting policy of the entity.

4. If this report has been authorised for release to the market by your board of directors, you can insert here: "By the board". If it has been authorised for release to the market by a committee of your board of directors, you can insert here: "By the [*name of board committee – eg Audit and Risk Committee*]". If it has been authorised for release to the market by a disclosure committee, you can insert here: "By the Disclosure Committee".

5. If this report has been authorised for release to the market by your board of directors and you wish to hold yourself out as complying with recommendation 4.2 of the ASX Corporate Governance Council's *Corporate Governance Principles and Recommendations*, the board should have received a declaration from its CEO and CFO that, in their opinion, the financial records of the entity have been properly maintained, that this report complies with the appropriate accounting standards and gives a true and fair view of the cash flows of the entity, and that their opinion has been formed on the basis of a sound system of risk management and internal control which is operating effectively.