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to have significant capabilities to repair DNA damage. This will improve health spans (living healthier for longer) and potentially, life expectancy. The Company primarily seeks to develop its lead compound, GF-1002, a recombinant self-complementary AAV containing a transgene encoding the cDNA (coding DNA) portion of a variant of the human SIRT6 gene found in centenarians, that has already yielded promising pre-clinical results.

Genflow is currently undertaking pre-clinical trials which are expected to take approximately two years.

To date, research into longevity, and longevity-related investment, has primarily been centred in the USA, where industry leaders such as Jeff Bezos and Peter Thiel have invested heavily. The UK also has an attractive life sciences sector for investors, and the longevity market appears poised for further significant growth.

The market opportunity in the longevity field of medicine is extremely wide and diverse because, as life expectancy increases, so does the incidence of age-related disease. Genflow believes that interest in treatments that seek to boost health and lifespan in tandem (and so achieve healthy ageing) will drive growth in this space. The scale of the opportunity is driven by four key factors: a growing proportion of people living longer; a shift in the disease burden towards age related diseases; scientific progress in understanding the biological pathways of ageing; and the economic value of ageing well.

The economic value of treatments that tackle age related diseases comes from the prospects of both containing costs but also the benefits from ageing well. The OECD estimates that health expenditure will rise from 8.8% of GDP in 2015 to 10.2% by 2030 with demographic pressures driving a quarter of this increase. Slowing the rise of age-related diseases will help to contain this. For the US, it has been estimated that the benefits of slowing ageing such that life expectancy increases by between one and two years is worth between $7 trillion and $38 trillion.

Dr. Eric Leire, Founder and CEO of Genflow Biosciences, said: “We are delighted to be taking an important step for the life sciences sector by becoming the first pure play longevity company to list in Europe. The longevity sector has enjoyed sustained growth in recent years driven by breakthrough science and favourable demographic changes such as the growth of aging populations. Genflow’s team of experts has a wealth of skills, experience and knowledge to guide the Company to a bright future, and to capitalise on this opportunity for the longevity sector. We believe Genflow will unlock value for investors whilst creating real change for the better to peoples’ lives in this exciting sector.”

Clear Capital Markets Ltd is acting as the broker for the Company.

**Company Highlights**

Genflow was established in order to develop therapies to allow people to live longer, healthier lives.

Genflow has assembled a team of leading experts in the longevity and gene delivery fields, with decades of experience in the biotechnology and pharmaceutical sectors. The team benefits from a proven track record of value creation and the important combination of technical gene therapy and entrepreneurial skills. The Company is led, and was founded by, Dr. Eric Leire, who has two decades of experience in cell and gene therapy and has led several gene and cell therapy companies, including Enochian Biosciences which is listed on the Nasdaq. Dr Leire has brought together longevity sector experts to establish a strong Scientific Advisory Board which will guide the Company’s pre-clinical and clinical programmes and provide external perspectives to steer Genflow’s research and development strategies.

The Company’s gene therapy approach represents a shift in the management of age-related diseases as Genflow is singularly focussed on healthy longevity and the development of a SIRT6 based therapy, as well as a holistic approach to the nine hallmarks of ageing*. Longevity specialists typically look at just one of the nine hallmarks, and therefore can only hope to solve 1/9th of the problem, whereas unlike its competitors, Genflow will initially be looking at four of the nine hallmarks.
The Company is headquartered in London and has a Belgian R&D subsidiary, Genflow Biosciences SRL ("Genflow BE") that was established in 2020. Genflow BE’s location enables it to benefit from the relatively low operating costs and from substantial (non diluting) grants that support its research and development that are available from Belgium’s Wallonia region.

In addition to pre-clinical activities, Genflow seeks an earlier path to revenue with respect to Werner Syndrome, a rare progressive disorder characterised by the appearance of unusually accelerated ageing. Genflow intends to conduct a European Phase I/II clinical trial with Werner Syndrome patients. The Company believes that positive clinical data will be the source of significant value creation through, potential acquisition or licensing arrangements. Moreover, a trial in Werner Syndrome will support the path to a specific aging indication.

Since 2020, the Company has secured investment from venture capital funds, raising gross proceeds of £832,700 which it has used to:
- Establish a laboratory at the Gosselies Biopark in Belgium;
- Build an intellectual property portfolio through a licenced patent for SIRT6, generate an operating version of its own SIRT6-specific AAV construct and a pipeline of gene therapy candidates (GF-1002 and GF-2001). The Company benefits from diversified and broad IP protection that includes any product containing the SIRT6 variant and any use of it;
- Conduct initial in vitro and in vivo pre-clinical proof-of-concept studies;
- Set up a scientific advisory group;
- Define its pre-clinical and clinical development programmes; and
- Obtain SME status from the European Medicine Agency and research grants from the Wallonia region, Belgium.

The Group has extensive relationships within the longevity field and with leading academic centres and has entered into collaborations, including with:
- A collaboration agreement with St Anne’s University Hospital - International Clinical Research Center, in Brno, Czech Republic in which the parties agreed to collaborate on a pre-clinical programme to assess the effect of SIRT6 delivery on cellular senescence and metabolism in vitro and in vivo.
- A collaboration agreement with IVEX Lab OÜ, who are based in Estonia, in which the Company and IVEX agreed to collaborate on the development of AAV for vectors for SIRT6 therapy and on the large-scale production of AAV vectors for in vivo study in animal models.

For further information please contact:

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The management is composed of the Board of Directors and Scientific Advisory Board. The Directors and members of the Scientific Advisory Board bring together biotech and large pharma drug development experience with scientific expertise in regulatory pathway, clinical trials and finance.

The Board of Directors:

**Dr. Yassine Bendiabdallah, Non-Executive Chairman**
Dr Yassine Bendiabdallah (MPharm, PhD, IP) is a Functional Medicine Healthy Ageing Specialist and an expert in Bio-identical Hormone therapy (BHRT). His previous academic degree as an anti-cancer drug discovery scientist with Cancer Research UK at University College London as earned him various distinctions and publications in peer-reviewed academic journals. After a few years in academia, he embarked on an entrepreneurial journey and co-founded the Zen Healthcare group of pharmacies and wellness clinics with multiple sites in London and worldwide partnerships. His current role is a clinical director and clinician with interests including age reversal therapies, functional approaches to medicine and intravenous micronutrient therapies. He also co-founded Pasithea Therapeutics, an innovative biotech company and mental health group of clinics and is currently Chief Operations Officer and head of UK Clinics. He is a director and board member of a number of companies within the healthcare industry.

**Dr. Eric Leire, Chief Executive Officer**
Dr. Eric Leire, MD, MBA, brings to the Company a solid biotechnology expertise through his experience in the pharmaceutical industry (Pfizer, Schering Plough and Pharmacia), biotechnology (CEO of several private and public biotech companies such as APT Therapeutics and Paringenix), academia (Research Associate at the Harvard AIDS Institute) and Private Equity (partner at Biofund Venture Capital). He is the inventor of several patents. He also serves on the board of several biotechnology companies such as Pherecyles (ALPH.PA), Inhatarget, Immunethep, BSIM Therapeutics. Furthermore, Eric has been CEO of several cell and gene therapy companies such as Enochian Biosciences (Nasdaq: ENOB) and DanDrit Biotechnologies (OTC.QB: DDRT). He has also served as Non-Executive Director on the board of several cell and gene therapy companies such as Genizon (Canada) or FIT Biotechnology (Finland). He holds an MD from Grenoble University and an MBA from HEC, Paris and Kellogg, Northwestern University.

**Professor Andrew Scott, Non-Executive Director**
Professor Andrew J Scott is Professor of Economics and a Research Fellow at the Centre for Economic Policy Research. Andrew previously held positions at Oxford University, the London School of Economics and Harvard University. His MA is from Oxford, his M.Sc. from the London School of Economics and his D.Phil from Oxford University. His research focuses on longevity, an ageing society, and fiscal policy and debt management and has been published widely in leading journals. His book, “The 100-Year Life” has been published in 15 languages and was runner up in both the FT/McKinsey and Japanese Business Book of the Year Awards. He was Managing Editor for the Royal Economic Society’s Economic Journal and Non-Executive Director for the UK’s Financial Services Authority. He is currently on the advisory board of the UK’s Office for Budget Responsibility, the Cabinet Office Honours Committee (Science and Technology), co-founder of The Longevity Forum and the World Economic Forum’s council on Healthy Ageing and Longevity.

**Dr. Peter King-Lewis, Non-Executive Director**
Dr Peter King-Lewis studied Medicine at St Bartholomew’s Hospital in London. Prior to that he served for ten years as a Submarine Seaman Officer and Diver in The Royal Navy. Having completed Post Graduate Training in General Practice (St Bartholomew’s, St Thomas’, The Chelsea and Westminster and The Priory Roehampton) he founded a Private General Practice in Central London. Continuing his interest in Hyperbaric Medicine he was an HSE approved Medical Examiner of Divers. He has a strong interest in Biodentical Hormones and has practiced Acupuncture alongside more conventional medicine. Dr King-Lewis also started and runs OfficeGP Ltd which provides Primary Care in the workplace for a variety of companies. During the last 27 years he has also been the President of The Independent Doctors Federation and Hon Sec, President and Trustee of the Chelsea Clinical Society.

Dr Gabrielle Silver, Non-Executive Director
Dr. Silver was formerly the Chief Executive of CHS Healthcare, the leading independent provider of hospital discharge services and Continuing Healthcare in the UK. She oversaw the successful sale of CHS to a trade buyer in 2021. Prior to joining CHS Healthcare, she ran Specialty Operations for McKesson UK. She has headed the global healthcare practice at Brunswick, advising clients across the life sciences sector with a focus on corporate positioning, crisis management and campaigns. She previously led the GE Global Strategic Marketing Organization with a focus on Neuroscience and Primary Care offerings. She also spent nine years in global roles within the pharmaceutical sector, including Eisai and Bristol Myers Squibb, where she was responsible for the development, launch and commercialisation of innovative therapies in the fields of neuroscience, psychiatry and pain management. Having qualified as a doctor in London and practiced as an anaesthetist, she is fully familiar with the UK public sector. Dr. Silver received her BSc in Anatomical Science from the University of Bristol and her medical degree from the Royal Free Hospital School of Medicine in London. She also serves as an Independent Director at Opiant Pharmaceuticals, a NASDAQ listed biopharmaceutical company, focused on developing drugs for addiction disorders. She also serves as non-executive director at the Royal National Orthopaedic Hospital in London.

Scientific Advisory Board:

Dr. Eric Verdin
Eric Verdin, M.D. has been Chief Executive Officer and President of Buck Institute For Age Research since November 18, 2016. Dr. Verdin served as an Associate Director and Senior Investigator at the Gladstone Institute of Virology and Immunology and a Professor of Medicine at the University of California. Dr. Verdin's laboratory work focuses on the role of protein acetylation in biological processes, particularly in modulating the immune response. Specifically, his laboratory studies histone deacetylation enzymes (HDACs) that remove acetyl groups from histones and non-histone proteins.

Dr. Vera Gorbunova
Vera Gorbunova, PhD is the Co-director of the Rochester Ageing Research Center, University of Rochester New York. Dr Gorbunova is an endowed Professor of Biology at the University of Rochester and a co-director of the Rochester Ageing Research Center. Her research is focused on understanding the mechanisms of longevity and genome stability and on the studies of exceptionally long-lived mammals. Her work received awards from the Ellison Medical Foundation, the Glenn Foundation, American Federation for Ageing Research, and from the National Institutes of Health. Her work was awarded the Cozzarelli Prize from PNAS, the prize for research on ageing from ADPS/Alianz, (France), the Prince Hitachi Prize in Comparative Oncology, (Japan), and the Davey prize from Wilmot Cancer Center.

Dr. Matthew Hirschey
Matthew Hirschey, PhD is an Assistant Professor in the Departments of Medicine (Division of Endocrinology, Metabolism and Nutrition) and Pharmacology & Cancer Biology at Duke University Medical Center and a faculty member of the Sarah W. Stedman Nutrition and Metabolism Center and the newly formed Duke Molecular Physiology Institute. His research focuses on mitochondrial metabolism, with a particular interest in how cells use metabolites and chemical modifications to sense
metabolism. He and his lab study the regulation of this process by a family of enzymes called sirtuins, and how sirtuins maintain energy homeostasis. His work has appeared in several leading journals, including Nature, Science, Cell Metabolism and Molecular Cell. He has received several awards including an Innovator Award from the American Heart Association, a New Scholar in Ageing Award from the Ellison Medical Foundation, and the Helmholtz Young Investigator in Diabetes (HeIDi) Award. His work is supported by grants from the American Heart Association, the Mallinckrodt Foundation, Friedreich's Ataxia Research Alliance, the Ellison Medical Foundation, and the National Institutes of Health.

Dr. Manlio Vinciguerra

Manlio Vinciguerra, PhD is a Principal Investigator at the International Clinical Research Center (ICRC), Brno, Czech Republic. Previously he held a position of Senior Lecturer at the Institute for Liver and Digestive Health at University College London (UCL), London, United Kingdom. He received his PhD in Internal Medicine (2004) and research training at the University of Geneva, Switzerland, and at the European Molecular Biology Laboratory (EMBL), in Italy and in Germany (2005-2011). He obtained a degree in Biomolecular Sciences from the University of Catania, Italy, in 1999. Dr. Vinciguerra unravelled important cellular signalling and epigenetics mechanisms involved in metabolic and infectious processes, stress and ageing in the heart and in the liver, such as PI3K/AKT/mTOR pathway and sirtuins, using a systems biology approach in cells and rodent models. He is a member of Who's Who in Gerontology.

Notes to Editors

Nine Hallmarks of Ageing*

First set out in a landmark paper in 2013, the nine hallmarks of ageing conceptualise the essence of biological ageing and its underlying mechanisms. The paper found that ageing is driven by nine main reasons:

- Genomic Instability - the mutations of human DNA that have massive repercussions over time;
- Telomere Attrition - the wearing down of the protective “caps” of human chromosomes that lead to cellular senescence;
- Epigenetic Alterations - genes that are meant to be “off” get switched “on”, and genes that are meant to be “on” get switched “off”;
- Loss of Proteostasis - proteins are produced incorrectly and collect in protein aggregates;
- Deregulated Nutrient-sensing pathways that are supposed to detect the level of nutrient “building blocks” and react appropriately to those stimuli malfunction;
- Mitochondrial Dysfunction - the energy source of our cells stop working properly;
- Cellular Senescence - non-dividing ‘zombie’ cells produce inflammatory signals that harm tissues and lead to tissue damage;
- Stem Cell Exhaustion - stem cells begin to die off due to inflammatory signalling which prevent tissue regeneration and repair; and
- Altered Intercellular Communication - inflammatory signalling increases leading to tissue damage.

ENDS