

Date of AGM and Closing Date for Director Nominations

Adelaide, Australia, 8 October 2020 – Nova Eye Medical Limited (ASX: EYE)(Nova Eye Medical or the Company), a medical technology company committed to advanced ophthalmic treatment technologies and devices, today announces that in accordance with ASX Listing Rule 3.13.1, Nova Eye Medical advises that the Annual General Meeting of the Company will be held on Friday, 27 November 2020 at 2.00pm Australian Central Daylight Time (Adelaide time).

A notice of meeting for the Annual General Meeting is being prepared by the Company and will be announced to ASX and provided to Shareholders in October 2020.

An item of business at the Annual General Meeting will be the election of Directors. The closing date for the receipt of nominations for the election of Directors is 15 October 2020.

Any nominations must be received no later than 5:00pm (Adelaide time) on 15 October 2020 at the Company's registered office.

This release dated 8 October 2020 has been lodged by Simon Gray, Company Secretary.

– ENDS –

For further information please contact:

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ABOUT NOVA EYE MEDICAL

Nova Eye Medical Limited is a medical technology company that develops, manufactures and sells a portfolio of proprietary ophthalmic treatment technologies and devices. Used by eye surgeons in more than 100 countries globally, these technologies include iTrack™ minimally invasive glaucoma surgery (MIGS), a consumable surgical device that restores the eye's natural outflow pathway to lower pressure inside the eye and to eliminate patient reliance on anti-glaucoma medications for mild-moderate glaucoma. The Molteno3® glaucoma drainage device platform is designed to enhance surgical utility and optimize clinical outcomes for long-term IOP control in cases of severe glaucoma. It also offers the benefit of a simplified and faster surgical profile. With its sales headquarters based in Fremont, California, Nova Eye Medical is supported by a global network of more than 50 distribution partners. Manufacturing facilities are located in Fremont, California and Dunedin, New Zealand.

For additional information about Nova Eye Medical and its technologies, please visit: www.nova-eye.com

Appendix 1 – Summary Details of the LEAD Sub-Study Results on Retinal Function

Figure 1: (A) Superimposition of the mfERG stimulus on a fundus photograph to illustrate the retinal area covered by the mfERG recording. The centre hexagon is marked with an “X” sign. (B) The mfERG responses were grouped into the central (R1), middle (R2) and outer (R3) ring for the analysis. (C) An example of the mfERG response waveform. Double- and single-headed arrows indicate measurements of the first positive response (P1) amplitude and implicit time, respectively.

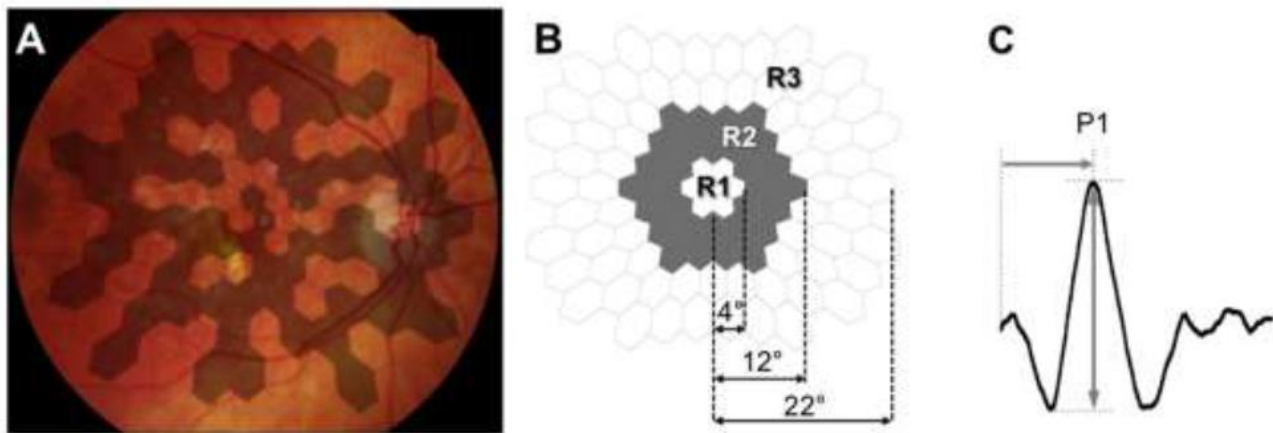


Figure 2: mfERG P1 response amplitude of the treated and untreated fellow eyes at various retinal concentricities over 36 months follow up. In the sham group (blue line), the mean P1 amplitude was gradually decreased in both eyes at all concentricities over the 36-month follow-up period. In the SNL treated group (red line), there was an improvement in P1 response amplitude in both the treated and untreated fellow eye detected in rings 1 and 2 at the 36-month visit.

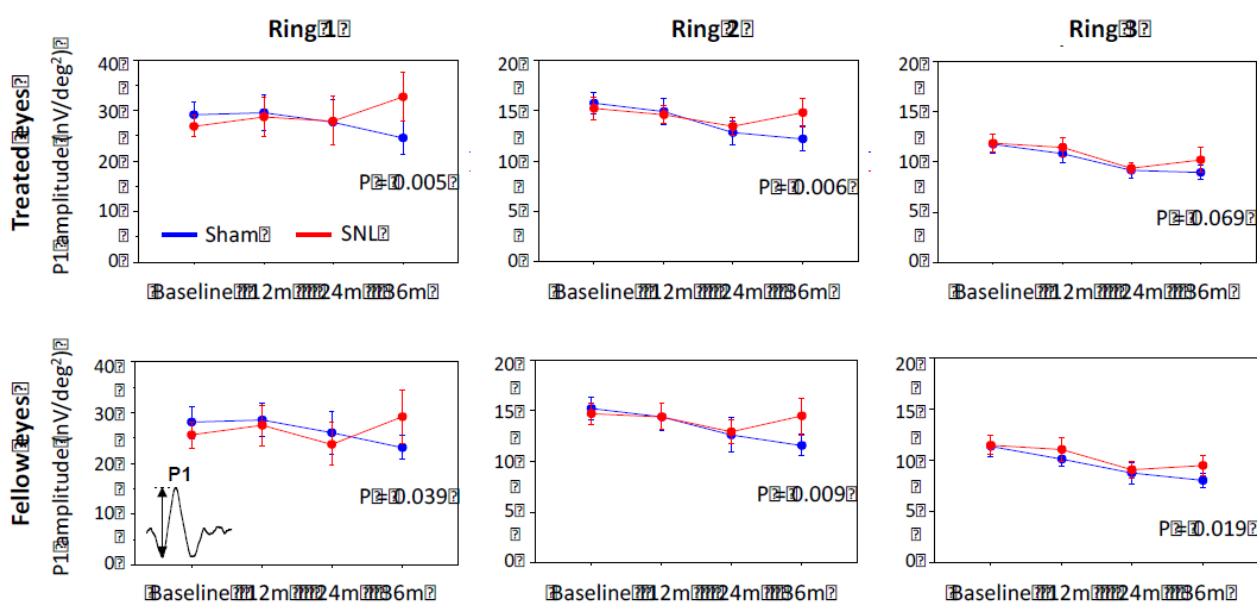


Figure 3: mfERG P1 response amplitude of iAMD eyes without RPD over 36 months follow up. There was an improvement in P1 response amplitude over time in both the treated and untreated fellow eye of the SNL group, particularly in rings 1 and 2.

