Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE

✓ New report

Amended report

If amended, provide filing date of report that is being amended.

(YYYY-MM-DD)

ITEM 2 - PARTY CERTIFYING THE REPORT

Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement Fund Continuous Disclosure).

Investment fund issuer

✓ Issuer (other than an investment fund)

Underwriter

ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS

Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.

Full legal name	Defence Therapeutics Inc. / Défense	Therapeutique Inc.
Previous full legal name		
If the issuer's name changed in	the last 12 months, provide most recent	previous legal name.
Website	www.defencetherapeutics.com	(if applicable)
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instr	uctions for the definition of "legal entity identifier".
Legal entity identifier	549300U5U2MATUHDMW57	
lf two or more issuers distributed a single above.	security, provide the full legal name(s) c	of the co-issuer(s) other than the issuer named
Full legal name(s) of co-issuer(s)		(if applicable)

ITEM 4 - UNDERWRITER INFORMATION

If an underwriter is completing the report, provide the underwriter's full legal name, firm NRD number, and SEDAR+ profile number.

Full legal name		
Firm NRD number	(if applicable)	
SEDAR+ profile number		

ITEM 5 - ISSUER INFORMATION

TTEM 5 - ISSUER INFORMATION				
If the issuer is an investment fund, do not c	omplete Item 5. Procee	d to Item 6.		
a) Primary industry				
Provide the issuer's North American Industry C most closely corresponds to the issuer's primar		AICS) code (6	6 digits only) that in yo	our reasonable judgment
NAICS industry code 0000	000			
If the issuer is in the mining industry , indicate operating in the mining industry. Select the cat				t provide services to issuers
Exploration Development	Production Substantially all of its ass	ets in any of	f the following? If yes, s	select all that apply.
 Mortgages Real estate Cryptoassets] Commercial/business	debt [Consumer debt	Private companies
b) Number of employees				
Number of employees: 🗹 0 - 49	☐ 50 - 99 ☐ 1	00 - 499	🗌 500 or more	
c) SEDAR+ profile number				
Provide the issuer's SEDAR+ profile numb	er			
000050612				

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an investment fund, provide the following information.							
a) Investment fund m	anager information						
Full legal name]			
Firm NRD number		(if applicable)				
SEDAR+ profile number							
b) Type of investment	t fund						
Type of investment fund that mo	ost accurately identifies t	he issuer (select only one).					
🗌 Money market	Equity	Fixed income	Balanced				
Alternative strategies	Cryptoasset	Other (describe)					

	ooth of the follow	wing apply to the investme	ent fund.			
🗌 Invest primarily in o	ther investmer	nt fund issuers				
Is a UCITs Fund ¹						
		ansferable Securities funds (UCI				Union (EU) directives
that allow collective investmen	it schemes to operc	ate throughout the EU on a pas	sport basis on authorizat	tion from one mer	nber state.	
c) Net asset valu	ue (NAV) of th	ne investment fund				
Select the NAV range of th	he investment fu	und as of the date of the m	nost recent NAV calcu	lation (Canadi	an \$).	
Under \$5M	, Γ	\$5M to under \$25M	🗍 \$25M to unde		Date of NAV	calculation:
	-			1 4 100101		
s100M to under \$50	00M	\$500M to under \$1B	🔲 \$1B or over		YYYY	MM DD
ITEM 7 - INFORMA	ATION ABO	UT THE DISTRIBU	TION			
If an issuer located outsid	de of Canada co	ompletes a distribution in a	a jurisdiction of Cano	ıda include in	Item 7 and Sch	nedule 1
information about purch	asers resident ir	n that jurisdiction of Cana	da only. Do not inclu	de in Item 7 se	curities issued	as payment of
, j		ion with the distribution, w		ed in Item 8. Th	ne information	provided in
		on provided in Schedule 1	oj the report.			
a) Currency						
Select the currency or cu dollars.	rrencies in which	h the distribution was mad	de. All dollar amount	s provided in tl	he report musi	t be in Canadian
🖌 Canadian dollar	🗌 US dollar	🗌 Euro 🛛 Other (d	lescribe)]
]
	1 .					
b) Distribution o	lates					
		s. If the report is being file				n data provida
the distribution date as b		nd end dates. If the report	is being filed for secu	rities distribue	d on a continu	
	I datas for the d				u on u contint	
include the start and end	ا dates for the d	listribution period covered				
Start date				2024	10 30	
		listribution period covered	by the report.		· · · · · · · · · · · · · · · · · · ·	
	2024 YYYY	listribution period covered	by the report.	2024	10 30	
Start date c) Detailed purc	2024 YYYY haser inform	listribution period covered 10 30 MM DD nation	<i>by the report.</i> End date	2024 YYYY	10 30 MM DD	
Start date c) Detailed purc Complete Schedule 1 of	2024 YYYY haser inform f this form for e	listribution period covered 10 30 MM DD nation each purchaser and atta	<i>by the report.</i> End date	2024 YYYY	10 30 MM DD	
Start date c) Detailed purc	2024 YYYY haser inform f this form for e	listribution period covered 10 30 MM DD nation each purchaser and atta	<i>by the report.</i> End date	2024 YYYY	10 30 MM DD	
Start date c) Detailed purc Complete Schedule 1 of d) Types of secu Provide the following info	2024 YYYY chaser inform f this form for e urities distribution	listribution period covered 10 30 MM DD nation each purchaser and atta uted distributions reported on	by the report. End date The schedule to a a per security basis.	2024 YYYYY the completed Refer to Part A	10 30 MM DD I report. (12) of the Inst	ructions for how
Start date c) Detailed purc Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co	2024 YYYY chaser inform f this form for e urities distribution	listribution period covered 10 30 MM DD nation each purchaser and atta uted	by the report. End date The schedule to a a per security basis.	2024 YYYYY the completed Refer to Part A	10 30 MM DD I report. (12) of the Inst	ious basis,
Start date c) Detailed purc Complete Schedule 1 of d) Types of secu Provide the following info	2024 YYYY chaser inform f this form for e urities distribution	listribution period covered 10 30 MM DD nation each purchaser and atta uted distributions reported on	by the report. End date The schedule to a a per security basis.	2024 YYYYY the completed Refer to Part A	10 30 MM DD I report. (12) of the Inst igned to the so	ious basis,
Start date c) Detailed purc Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co distributed.	2024 YYYY chaser inform f this form for e urities distribution	listribution period covered 10 30 MM DD nation each purchaser and atta uted distributions reported on	by the report. End date The schedule to a a per security basis.	2024 YYYYY the completed Refer to Part A	10 30 MM DD I report. (12) of the Inst	ious basis,
Start date c) Detailed purce Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co distributed. CUSIP number (if	2024 YYYY chaser inform f this form for e urities distributor formation for all pode. If providing	listribution period covered 10 30 MM DD nation each purchaser and atta uted distributions reported on	by the report. End date End the schedule to a a per security basis. ate the full 9-digit CU: Number of	2024 YYYY the completed Refer to Part A SIP number ass Single or	10 30 MM DD I report. (12) of the Inst signed to the so Canadian \$ Highest	ructions for how
Start date c) Detailed purce Complete Schedule 1 of d) Types of secu Provide the following info to indicate the security co distributed. Security code CUSIP number (if applicable)	2024 YYYY chaser inform f this form for e urities distribu- ormation for all ode. If providing Descrip	listribution period covered 10 30 MM DD nation each purchaser and atta uted distributions reported on g the CUSIP number, indica	by the report. End date End date the schedule to a a per security basis. ate the full 9-digit CUS Number of securities	2024 YYYY the completed Refer to Part A SiP number ass Single or lowest price	10 30 MM DD I report. (12) of the Inst signed to the so Canadian \$ Highest price	ructions for how ecurity being
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		common sha ne share purc								
a) Datails of rights and convertible/exchangeable securities										
e) Details	e) Details of rights and convertible/exchangeable securities									
If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.										
exchangeable security code Conversion ratio								Describe oth applic	•	
security code	500000	Lowest	Highest	,					applicasie)	
WNT	CMS	1.0000	1.0000	2026-10)-30		1:1			
f) Summa	ry of the o	distribution	by juriso	diction and e	xemption	n				
jurisdiction where located outside oj jurisdiction of Can This table require jurisdiction where Canada, if a purc For jurisdictions v	f Canada co nada only. es a separate e a purchase haser reside	mpletes a distr e line item for: (er resides, if a p es in a foreign j	ribution in (i) each ju purchaser iurisdiction	n a jurisdiction c risdiction where resides in a jur n.	of Canada, e a purchas isdiction of	include ser resi Canad	e distributions des, (ii) each (la, and (iii) ea	s to p exem	ourchasers re	esident in that on in the
Province or c			ption reli	-	Nu		of unique			unt (Canadian \$)
Australia	a NI 45-106 2.3 [Accredited investor]				13		175,000.0000			
United States c America		NI 45-106 2.3 investor]	{Accred	lited	1		1 500,00		500,000.0000	
Alberta		NI 45-106 2.3 investor]	I [Accred	lited	1			1		50,000.0000
British Columb	Columbia NI 4		3 [Accred	lited				1		50,000.0000
				Total dollar	amount of	securi	ties distribut	ed.	\$	775,000.0000
	Г	Total number o	of unique	purchasers ^{2b}				16		

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b}In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)

Total net proceeds to the investment fund

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

ITEM 8 - COMPENSATION INFORMATION

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	provides, or will p	provide, any cor	106) (in Québec, Regulation - npensation in connection wi ill be, compensated.			
Indicate whether any co □ No ☑ Yes		-	aid, in connection with the c er of persons compensated			
a) Name of per	son compensa	ated and regi	stration status			
Indicate whether the per	rson compensated	l is a registrant.				
✓ No Yes If the person compensation	ted is an individua	al. provide the ne	ame of the individual.			
Full legal name of		- 1				
-	L	Family name idual, provide th	First given following information.	ame	Secondary giv	ren names
Full legal name of	non-individual	Canaccord Ger	nuity Financial Limited (Aus	ralia)]
Firr	n NRD number		(if a	pplicable)		-
Indicate whether the pe	۱ rson compensatea	facilitated the	distribution through a fundii	g portal or a	ın internet-based ı	oortal
✓ No 🗌 Yes						
b) Business co	otact informati	on				
	-		e the business contact inform	ation of the	person being com	pensated.
Street address	101 Collins Stree	et, Level 42				
Municipality	Melbourne		Province/Sta	e Victoria		
Country	Australia		Postal code/Zip co	le		
Email address	CGAU-CGA@cgf.com Telephone number 61 392424000					
c) Relationship	to issuer or in	vestment fur	nd manager			
Indicate the person's rel 'connected' in Part B(2) of respecting Prospectus E Connected with th	ationship with the of the Instructions xemptions) for the e issuer or invest er (other than an of the investmen suer or investme	e issuer or invest and the meanin purposes of con ment fund man investment fur it fund or inves	ment fund manager (select on ag of 'control' in section 1.4 of mpleting this section. mager md) tment fund manager			
d) Compensati	on details					

Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.

Security codes WNT 28,000 Finder's Warrants, each Warrant exercisable for one Share at a price of \$1.00 per Share, for a period of 2 years from the closing date. Other compensation 5 Describe Total compensation paid \$14,000.0000 Check box if the person will or may receive any deferred compensation (describe the terms below) 4Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquisecurities of the issuer.				
Security codes Security code 1 Security code 2 Security code 3 WNT 28,000 Finder's Warrants, each Warrant exercisable for one Share at a price of \$1.00 per Share, for a period of 2 years from the closing date. Describe terms of warrants, options or other rights Describe terms of \$1.00 per Share, for a period of 2 years from the closing date. Other compensation 5	Cash commissions paid	\$14,000.0000		
Security codes WNT 28,000 Finder's Warrants, each Warrant exercisable for one Share at a price of \$1.00 per Share, for a period of 2 years from the closing date. Other compensation 5 Describe Total compensation paid \$14,000.0000 Check box if the person will or may receive any deferred compensation (describe the terms below) 4Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquisecurities of the issuer.	Value of all securities distributed as compensation 4	\$0.0000		
WNT 28,000 Finder's Warrants, each Warrant exercisable for one Share at a price of \$1.00 per Share, for a period of 2 years from the closing date. Other compensation 5 Describe Total compensation paid \$14,000.0000 Check box if the person will or may receive any deferred compensation (describe the terms below)	Coqueity codes	Security code 1	Security code 2	Security code 3
Describe terms of warrants, options or other rights for one Share at a price of \$1.00 per Share, for a period of 2 years from the closing date. Other compensation 5	Security codes	WNT		
Describe terms of warrants, options or other rights for one Share at a price of \$1.00 per Share, for a period of 2 years from the closing date. Other compensation 5				
Describe terms of warrants, options or other rights period of 2 years from the closing date. Other compensation 5 Describe Total compensation paid \$14,000.0000 Check box if the person will or may receive any deferred compensation (describe the terms below) ⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquise curvities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights acquire additional securities of the issuer.				
Describe	Describe terms of warrants, options or other rights			
Describe				_
Total compensation paid \$14,000.0000 Check box if the person will or may receive any deferred compensation (describe the terms below) 4Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquise of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other right acquire additional securities of the issuer.	Other compensation ⁵			
Check box if the person will or may receive any deferred compensation (describe the terms below) Aprovide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acqui securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other right acquire additional securities of the issuer.	Describe			7
Check box if the person will or may receive any deferred compensation (describe the terms below) Aprovide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acque securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights acquire additional securities of the issuer.				
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquise securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights acquire additional securities of the issuer.	Total compensation paid	\$14,000.0000		
securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other right acquire additional securities of the issuer.	Check box if the person will or may receive any de	ferred compensati	on (describe the te	erms below)
securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other right acquire additional securities of the issuer.				
securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other right acquire additional securities of the issuer.	⁴ Provide the aggregate value of all securities distributed as compense	ntion, <u>excluding</u> options,	warrants or other righ	ts exercisable to acqu
	securities of the issuer. Indicate the security codes for all securities dis		-	-
	acquire additional securities of the issuer.			

⁵Do not include deferred compensation.

ITEM 9 – DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER

If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10.

Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).

Foreign public issuer

Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶

Provide name of reporting issuer

Wholly owned subsidiary of a foreign public issuer ⁶

Provide name of foreign public issuer

□ Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷.

If the issuer is at least one of the above, do not complete Item 9(a) - (c). Proceed to Item 10.

⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer

or the foreign public issuer, respectively.

⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.

□ If the issuer is none of the above, check this box and complete Item 9(a) – (c).

a) Directors, executive officers and promoters of the issuer

Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.

Organization or company name	Family name	First given	Secondary given names	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)			
	name			Province or country	D	0	Р	

b) Promoter information

If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.

Organization or	Family	First given	, , ,	Residential jurisdiction of individual	•		
company name	name	name	names	Province or country	D	0	

c) Residential address of each individual

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar to that of a director of of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of Issuer/ investment fund	Defence Therapeutics Inc.			
manager/agent				
Full legal name	PLOUFFE	Sebastien		
	Family name	First given name		Secondary given names
Title	CEO			
Telephone number	+1 (514) 947-2272	Email address	sebas.plouffe@gmail.com	
-		_	2024	11 07
Signature	Sébastien Plouffe	Date	2024 YYYY	11 07 MM DD

ITEM 11 - CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

✓ Same as individual certifying the report

Full legal name			
	Family name	First given name	Secondary given names
Title			
Name of company			
Telephone number		Email address	

NOTICE – COLLECTION AND USE OF PERSONAL INFORMATION

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation. If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.