PROVECTUS BIOPHARMACEUTICALS

Advancing A New Front In The War Against Cancer

Rose Bengal, a first-in-class halogenated xanthene with unique properties that may safely and effectively fight cancer and inflammatory dermatoses

Provectus founders and officers are grateful to both stockholders and colleagues in our uncompromising drive to better treat cancer patients everywhere

PVCT LISTED NYSE MKT

Forward-Looking Statements

This presentation contains "forward-looking statements" as defined under U.S. federal securities laws. These statements reflect management's current knowledge, assumptions, beliefs, estimates, and expectations and express management's current views of future performance, results, and trends and may be identified by their use of terms such as "anticipate," "believe," "could," "estimate," "expect," "intend," "may," "plan," "predict," "project," "will," and other similar words. Forward-looking statements are subject to a number of risks and uncertainties that could cause our actual results to materially differ from those described in the forward-looking statements. Readers should not place undue reliance on forward-looking statements. Such statements are made as of the date hereof, and we undertake no obligation to update such statements after this date. Risks and uncertainties that could cause our actual results to materially differ from those described in forward-looking statements include those discussed in our filings with the U.S. Securities and Exchange Commission (including those described in items 1A of our Annual Report on 10-K for the year ended December 31, 2014.). Provectus Biopharmaceuticals, Inc. ("Provectus") assumes no obligation to update any forward-looking statements or information which speaks as to their respective dates.

No claims with respect to Provectus' investigational drugs PV-10 and PH-10 are intended regarding safety or efficacy in the context of the forward-looking statements in this presentation.

The Company's presentations are made publicly available at the time of delivery, and may be found at **www.pvct.com/presskit.html,** along with other company presentations, including this one.

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2015 Milestones

- **Clinical development**
  - Reproduction of PV-10's immune mechanism of action in pre-clinical studies by a second independent research organization (this time in colorectal cancer)
  - Commencement of an international pivotal Phase 3 randomized controlled trial of PV-10 for Stage III melanoma
  - Presentation of Phase 1 trial data of PV-10 for both HCC and liver metastases
  - Completion of patient accrual in a Phase 2 mechanism of action study of PH-10 for psoriasis
  - Commencement of a Phase 1b trial of PV-10 and immune checkpoint blockade (pembrolizumab) for Stage IV melanoma
- **Business development**
  - Award of a joint patent with Pfizer covering combination therapies for cancer
  - A letter of intent with Boehringer Ingelheim (China) to collaborate in oncology for mainland China, Hong Kong and Taiwan
  - Retention of global media relations firm Allison+Partners
- **Corporate development**
  - An increase in cash on hand that should provide operational funds into 2017
  - A refreshed $100 million active securities shelf with the SEC

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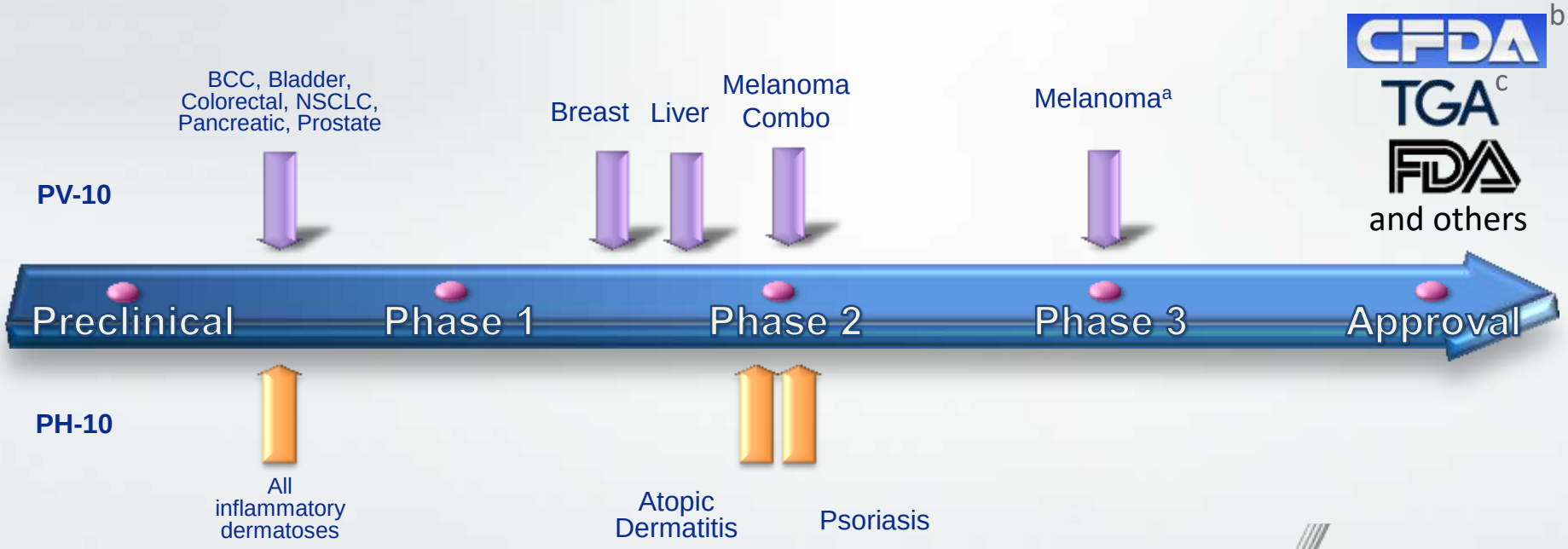
Provectus Biopharmaceuticals

- Rose Bengal-based drug compounds to treat cancer (PV-10) and inflammatory dermatoses (PH-10)
  - Public communication of clinical data in scientific publications and presentations at well known medical conferences have shown robust efficacy with predictable side effects (see **www.pvct.com/publications.html**)
  - Data demonstrate PV-10 and PH-10's specificity to diseased tissue in several hundreds of treated patients
- Founded in 2002 in Knoxville, Tennessee by 3 scientists from Oak Ridge National Laboratory, a U.S Department of Energy multi-program science and technology facility with a rich history of discovery and innovation



[a] Registration trial. BCC, basal cell carcinoma; NSCLC, non-small cell lung cancer.
[b] CFDA (China Food and Drug Administration) is the regulatory agency for pharmaceuticals in China.
[c] TGA (Therapeutics Goods Administration) is the regulatory body for therapeutic goods in Australia.

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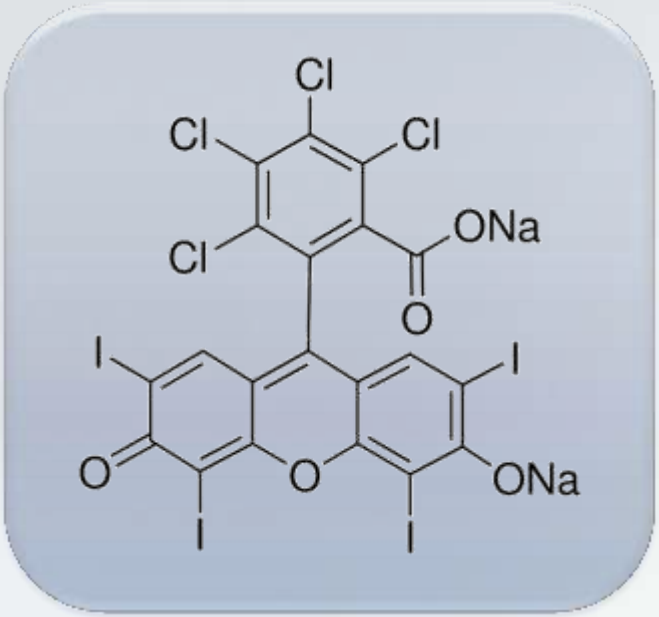
Rose Bengal

A Unique Compound with a Long History of Clinical Use



- A German water-soluble dye created by Gnehm in 1882[1]
- A small molecule: PV-10 is Rose Bengal disodium
- More than a century of prior clinical use
  - Added to safranin victoria yellow for ocular pneumococcal infection (Römer, 1914)[2]
  - A stain for visualizing corneal ulcers (Kleefeld, 1919)[3]
  - A marker for impaired liver function (Delprat, 1923)[4]
- An established FDA safety profile
  - Intravenous hepatic diagnostic[4] (Robengatope®)
  - Topical ophthalmic diagnostic[2] (Rosettes® and Minims®)
- 3,835 medical literature citations, 246 related to cancer[a]

Therapeutic benefits remained hidden in literature until the 1980s, when sufficient quantities were first administered in preclinical studies[5]

[a] PubMed search terms, “rose bengal” and “rose bengal cancer,” respectively, through December 16, 2015

[1] Gnehm R.Ueber Tetrachlorphtalsäure. *Justus Liebigs Annalen der Chemie* 1887; 238:318–338; [2] Feenstra RPG and Tseng CG. *Arch Ophthalmol* 1992; 110:984–993; [3] Norn MS. *Acta Ophthalmol* 1970;48(3):546-559; [4] Delprat GD. *Arch Int Med* 1923; 32(3):401–410; [5] Ito A, Watanabe H, Naito M, Aoyama H, Nakagawa Y, Fujimoto N. *J Natl Cancer Inst* 1986 Jul; 77(1):277–81

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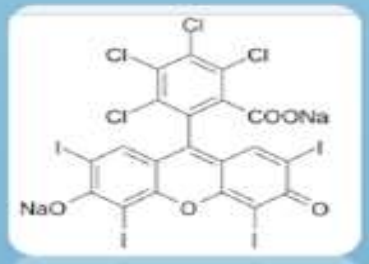
History of Rose Bengal

Rose Bengal (PV-10)

1884	1914	1923	Late 1990's	Early-2000's	Mid-2000's	Early-2010's
Analogue of fluorescein	A staining agent in ophthalmology	Liver function studies	Photodynamic therapy agent against tumor	Cytotoxicity for cancer cells (not as a photosensitiser)	Human clinic trials (melanoma, hepatoma, breast cancer)	Immunologic studies



Rose Bengal

Safety:

- Not metabolized
- Short circulatory half-life (ca 30 min)
- Excretion via bile

PV-10 can directly kill tumor cells and also elicits a systemic response

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Company Goals

Oncology

To have investigational compound PV-10, a novel ablative immunotherapy, employed in the treatment of all solid tumor cancers – *before, during and after surgery; in combination with other therapeutic agents and therapies; and, after all else fails*

Dermatology

To advance investigational compound PH-10 for the treatments of psoriasis, atopic dermatitis and other inflammatory dermatoses

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Clinical & Business Value Proposition Pillars

- **Intellectual property**
  - Protection provided by key patents, including drug substance/product synthesis to ICH specifications and combination therapy with immunomodulatory agents
- **Drug supply chain**
  - As much global drug substance/product to ICH specifications as needed
- **Regulatory support**
  - Advocacy within the FDA, and growing support within global regulatory bodies
- **Mechanisms of action**
  - Independent reproduction by Moffitt Cancer Center and the University of Illinois at Chicago
- **Rational clinical study designs**
  - Trial protocols for different indications to generate randomized data

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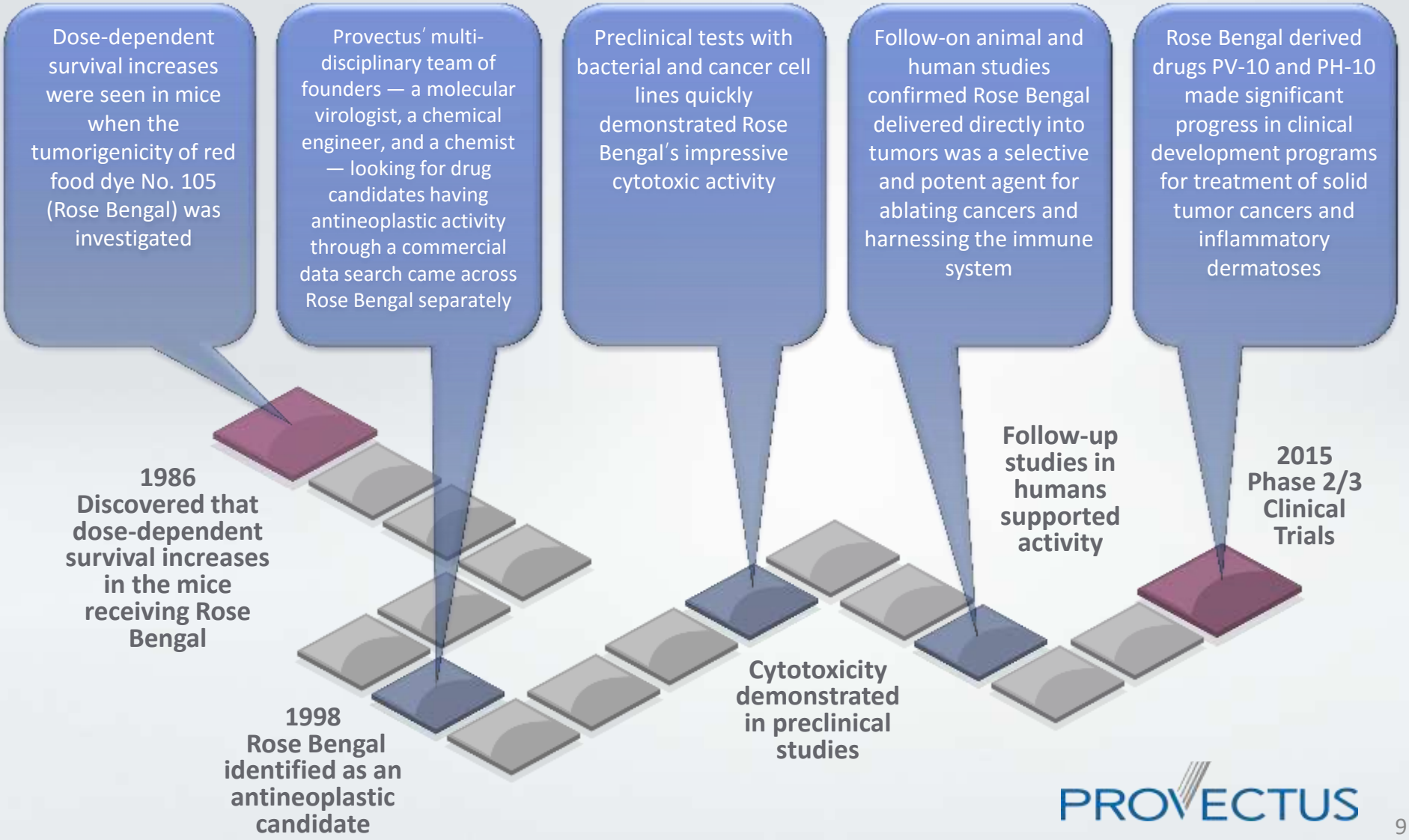
Our History



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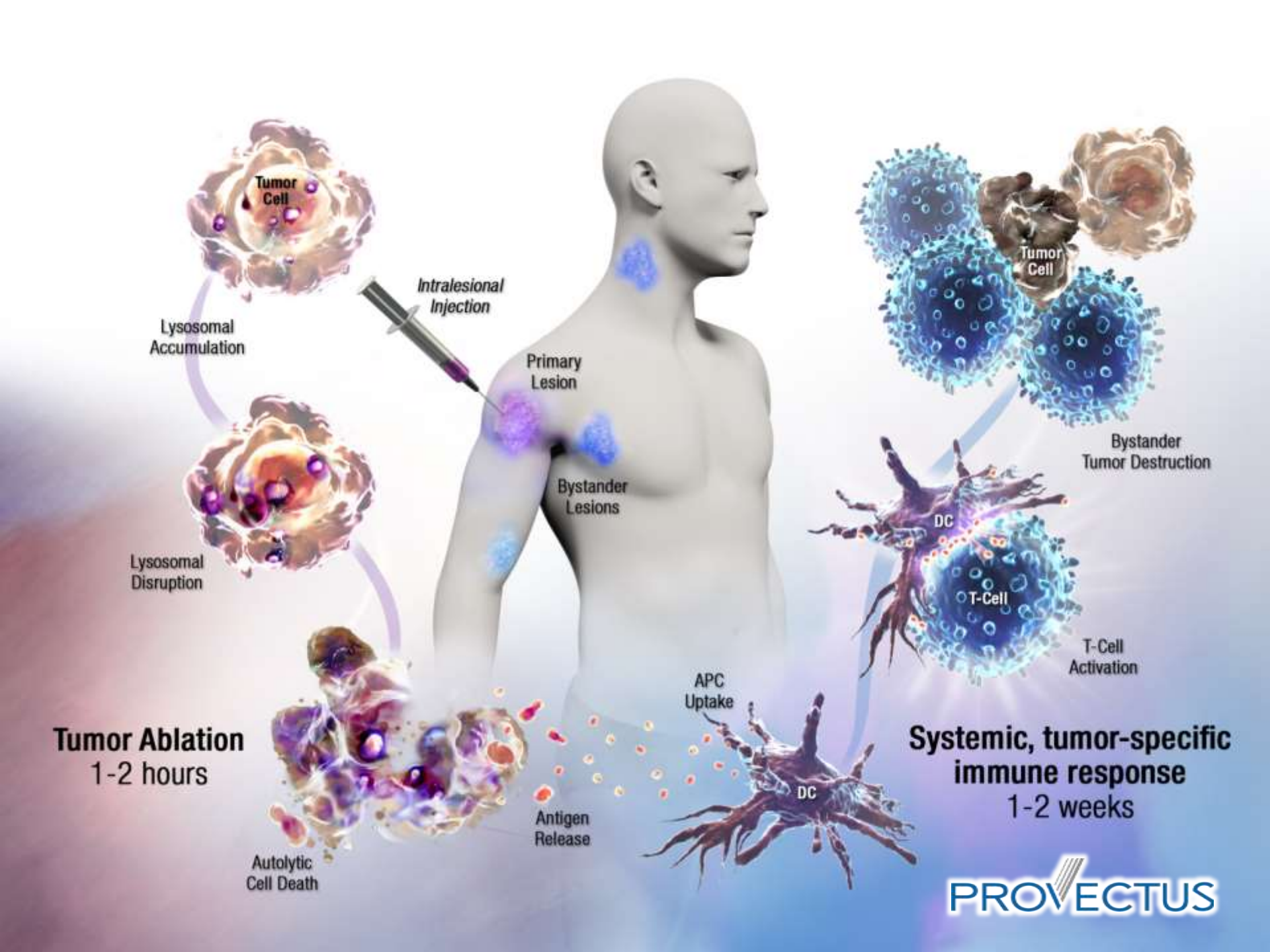
Tumor Cell
Lysosomal Accumulation
Intralesional Injection
Primary Lesion
Bystander Lesions
Lysosomal Disruption
Tumor Cell
Bystander Tumor Destruction
DC
T-Cell
T-Cell Activation
APC Uptake
DC
Antigen Release
Autolytic Cell Death
Tumor Ablation
1-2 hours
Systemic, tumor-specific immune response
1-2 weeks
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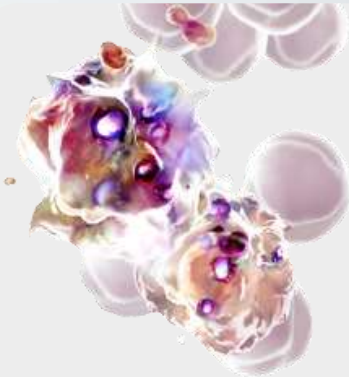
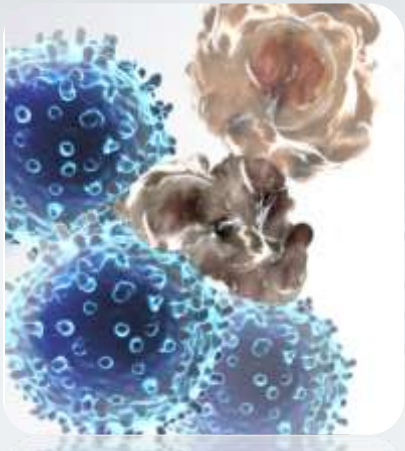
Ablative Immunotherapy

PV-10's Two-Pronged Approach to Fighting Cancer

Local Effect: Tumor ablation

- The patient's tumor burden is rapidly reduced after injection of PV-10 into cancerous lesions
- Selective targeting by Rose Bengal minimizes side effects
- Unlike many other cancer drugs, PV-10 does not rely on a single pathway to work and has no known resistance





Systemic Effect: Tumor-specific immune response

- PV-10 causes regression of untreated tumors
- Potentially prolongs progression-free survival (PFS)
- Possible combination with immunomodulatory drugs and other systemic therapies for use in lesions that are inaccessible to a direct injection of PV-10

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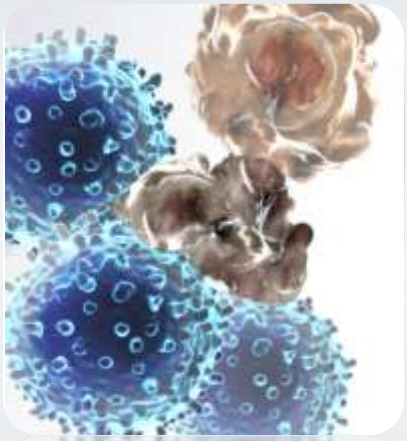
Independent Reproduction

PV-10's Two-Pronged Approach to Fighting Cancer in Multiple Indications

Moffitt Cancer Center, 2013 American Association for Cancer Research (AACR) Annual Meeting

In BALB/c mice bearing MT-901 breast cancer, injection of PV-10 led to regression of injected and untreated contralateral subcutaneous lesions ($p<0.05$ compared to IL-PBS-treated mice). A significant increase in survival was observed in mice treated with PV-10. To examine immune response, MT901-specific IFN-gamma production and cytotoxicity were measured in splenocytes collected from mice treated with IL-PBS or IL-PV-10. MT901-bearing mice treated with IL-PV-10 demonstrated enhanced IFN-gamma production (992 ± 453 pg/ml) compared to splenocytes from PBS-treated mice (174 ± 105, $p<0.05$)...In a murine model of melanoma, B16-F10 cells were injected into C57BL/6 mice to establish one subcutaneous tumor and multiple lung lesions. **Treatment of the subcutaneous lesion with a single injection of IL-PV-10 led to regression of the injected lesion as well as distant B16 melanoma lung metastases.** In B16-bearing mice, treatment with IL-PV-10 led to the induction of T cells that produced IFN-gamma in response to B16 tumors but not irrelevant tumor ($p<0.05$) and demonstrated specific lysis of B16 ($p<0.01$ compared to T cells isolated from PBS-treated mice).



University of Illinois at Chicago, 2015 Society of Surgical Oncology (SSO) Annual Meeting

PV-10 induced near total cell death, corresponding increases in nitric oxide production, and decreased intracellular pH in both CT26 murine and HT29 human CRC cells within hours of exposure compared to controls ($p<0.01$), and at levels similar to 5FU. **Treatment of subcutaneous tumors with a single injection of intralesional PV-10 led to near complete responses in all animals within days of exposure and significant regression of the injected lesions compared to controls (n=6 per group, p=0.027). PV-10 treatment was associated with occasional bystander responses in contralateral untreated tumors and trended towards a decreased rate of growth in these lesions.** Splenocytes isolated from tumor bearing mice treated with PV-10 displayed enhanced tumor-specific IFN-a production compared to splenocytes from PBS-treated mice ($p = 0.025$).

Only PV-10 was provided by Provectus to Moffitt and UIC for their experiments. Bolded emphasis above is Provectus' for purposes of this presentation.

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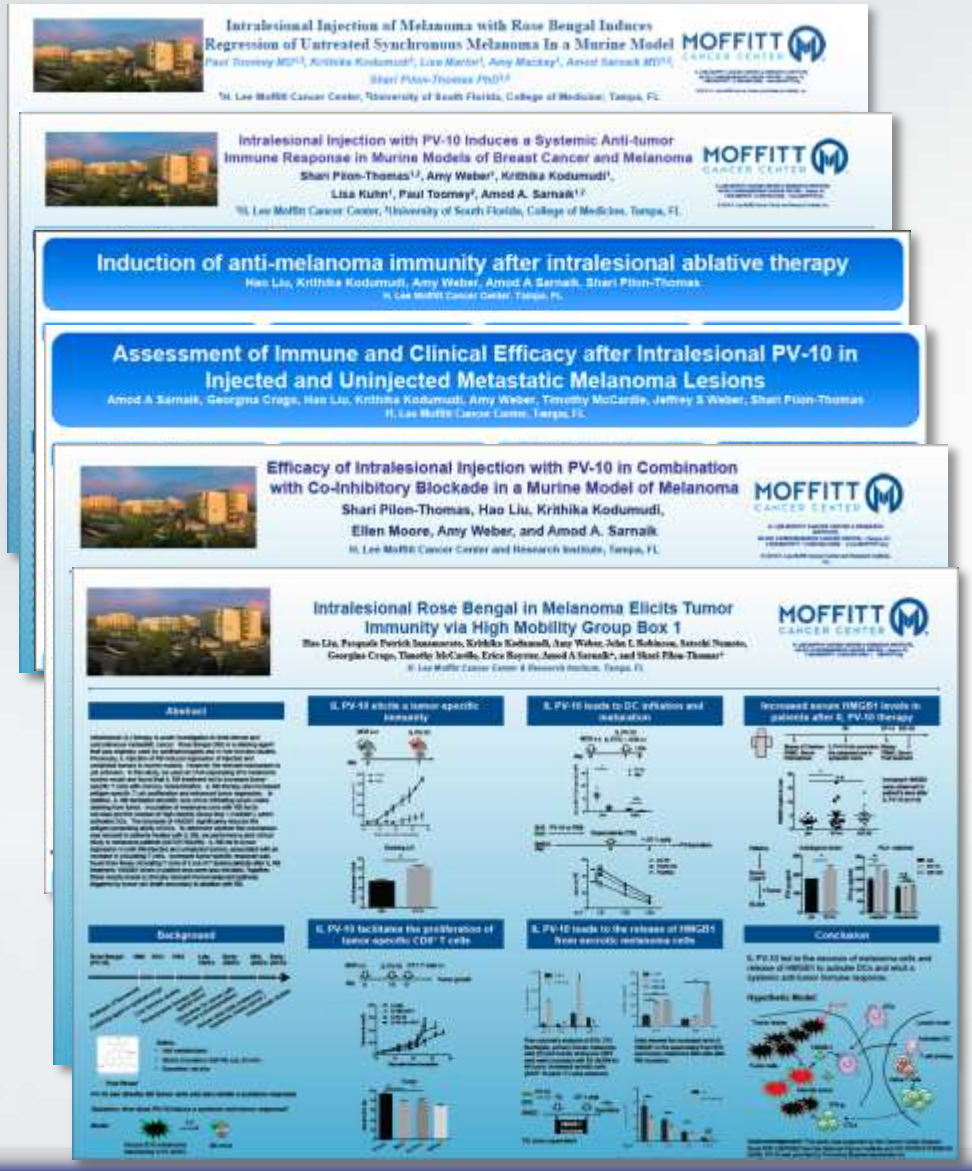
Independent Results
Moffitt Cancer Center



2012

SSO: ″Intralesional PV-10 treatment leads to the induction of tumor specific immunity.″

2013

AACR: ″These murine studies confirm that PV-10 chemoablation results in both a direct effect on injected lesions as well as a systemic response that leads to regression of uninjected subcutaneous and lung lesions″

2014

AACR: ″IL PV-10 can induce tumor-specific responses in treated and untreated lesions that correlates with increased T cells in PBMCs of melanoma patients. Treatment with PV-10 leads to necrosis of melanoma, but not normal cells. IL PV-10 increases DC infiltration into tumor-draining LNs″

ASCO: ″IL PV-10 leads to responses in treatment-refractory tumors. IL PV-10 may be rationally combined with systemic immunotherapy for the treatment of metastatic melanoma″

SITC: ″These murine studies support combination therapy with IL PV-10 and co-inhibitory blockade.″

2015

SITC: ″IL PV-10 led to the necrosis of melanoma cells and release of HMGB1 to activate DCs and elicit a systemic anti-tumor immune response.″

Only PV-10 provided by Provectus for Moffitt's experiments

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Valuation Drivers

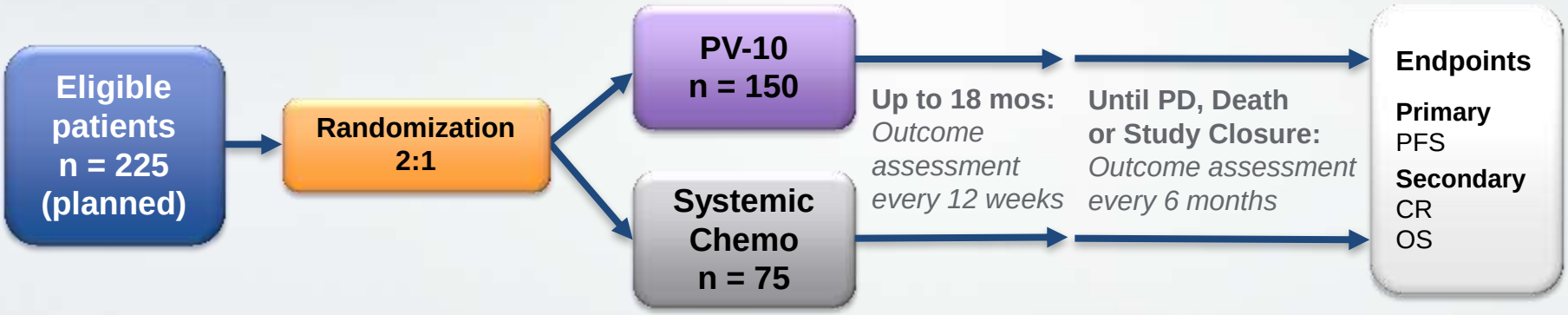
- **Melanoma clinical development program**
  - **Ongoing:** An international pivotal Phase 3 RCT of PV-10 versus systemic chemotherapy for unresectable locally advanced cutaneous melanoma (Stage III)
  - **Ongoing:** A Phase 1b/2 trial combining PV-10 with an immune checkpoint inhibitor (pembrolizumab) for advanced melanoma (Stage IV)

- **Liver clinical development program**
  - **Ongoing:** A U.S. Phase 1 clinical study of HCC and liver metastases
  - **Planned:** An Asian Phase 1b/2 combining PV-10 with SOC ablation therapy for HCC

- **Other solid tumor indications**
  - Currently exploring their advancement to clinical stage

Pivotal Melanoma Phase 3 Trial

- Multicenter, randomized control trial of stage 3 patients with unresectable locally advanced melanoma with disease confined to cutaneous/subcutaneous sites
- Patients randomized to PV-10 or systemic chemotherapy
- Primary endpoint: Progression-free survival (PFS)[a]
- Secondary endpoints: Complete response rate (CR) and overall survival (OS)
- Initial sites include those with current compassionate use programs[b], and will continue to add sites[c]
- Study started in April 2015; interim data read-out when 50% events are achieved



[a] Patients who meet the study protocol definition of disease progression but do not have evidence of distant cutaneous, subcutaneous, active nodal or visceral metastases will be eligible to enter the crossover portion of the study and receive PV-10. [b] There is an additional site that has not been named because it is not listed on clinicaltrials.gov. All sites will be on clinicaltrials.gov.

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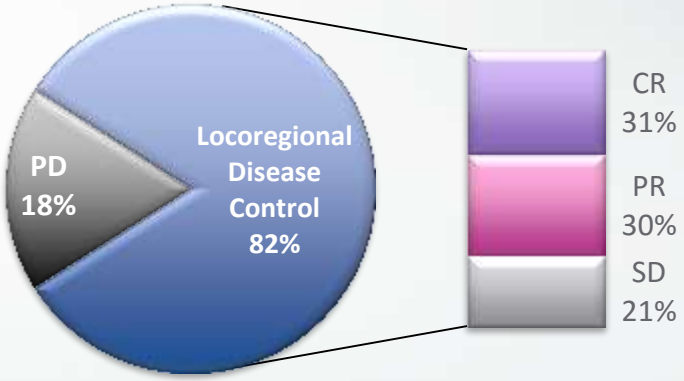
Metastatic Melanoma Phase 2 Trial

- International, multi-center (7 sites), single arm, Phase 2 trial of 80 patients with refractory cutaneous melanoma; median of six prior interventions
- Lesions were treated up to 4 times each over a 16-week period, and followed for 1 year
- Endpoints included ORR, PFS, imaging of visceral metastases, and quality of life
- **An 82% locoregional disease control rate was achieved in evaluable patients; 50% complete response (CR) in patients where all disease was treated; peer-reviewed data published**

Response in Target Lesion	All (N = 80)	Evaluable (N = 67)
Complete Response (CR)	21 (26%)	21 (31%)
Partial Response (PR)	20 (25%)	20 (30%)
Stable Disease (SD)	14 (18%)	14 (21%)
Progressive Disease (PD)	25[a] (31%)	12 (18%)
Overall response Rate (CR + PR)	41 (51%)	41 (61%)
Locoregional disease control (CR + PR + SD)	55 (69%)	55 (82%)

[a] Includes 13 non-evaluable patients with disease progression prior to week 8



Evaluable Patients, n = 67

Thompson JF, Agarwala SS, Smithers BM, et al. Phase 2 study of intralesional PV-10 in refractory metastatic melanoma. *Ann Surg Oncol*. 2014.

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Metastatic Melanoma Phase 2 Trial

- Most adverse events were mild and moderate, and limited to injection sites
- Therapeutic effects were not limited to injection sites; systemic responses in non-injected ("bystander") lesions were noted
  - Locoregional disease control of bystander lesions was achieved in 21 of 35 evaluable patients (60%); adaptive immunity correlates to reduction of tumor burden
- **Median PFS not reached in study**
  - Mean PFS was >9.7 months for Stage III patients
- Evidence of activity was observed regardless of the disease burden at baseline
- Potential prognostic factors identified during the study included locoregional transient blistering, which was associated with markedly improved outcomes
- No auto-immune side effects observed

Most frequently reported adverse events at least possibly related to PV-10 below

N = 80	Mild (%)	Moderate (%)	Severe (%)
Injection Site Reactions			
Discoloration	13	12	0
Erythema	6	4	1
Edema	19	14	0
Pain	29	25	10
Pruritus	14	3	0
Swelling	14	7	1
Vesicles	17	13	1
Other	0	0	0
Headache	11	2	0

Thompson JF, Agarwala SS, Smithers BM, et al. Phase 2 study of intralesional PV-10 in refractory metastatic melanoma. *Ann Surg Oncol*. 2014.

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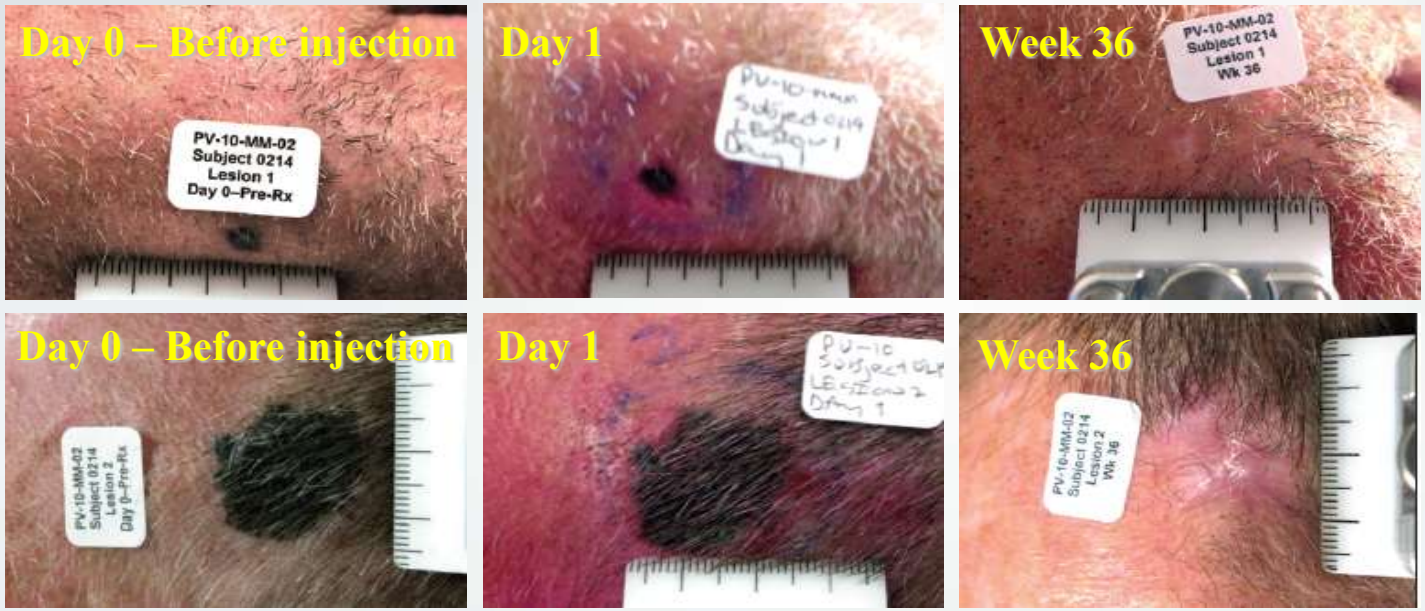
Metastatic Melanoma Phase 2 Trial

Clinical Example

- Male, age 57, Stage IIIB melanoma that recurred after 3 surgeries
- All 6 lesions injected with 3.2 mL of PV-10, additional injections in some lesions at weeks 8 and 24
- Complete remission at week 24
- **No evidence of disease at the end of the study (week 52)**



Agarwala SS, Thompson JF, Smithers BM, et al. Efficacy of Intralesional Rose Bengal in Patients Receiving Injection of All Existing Melanoma in Phase II Study PV-100-MM-02. Poster presented at: 2014 ASCO Annual Meeting; Chicago, IL.

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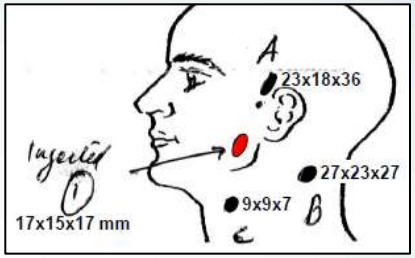
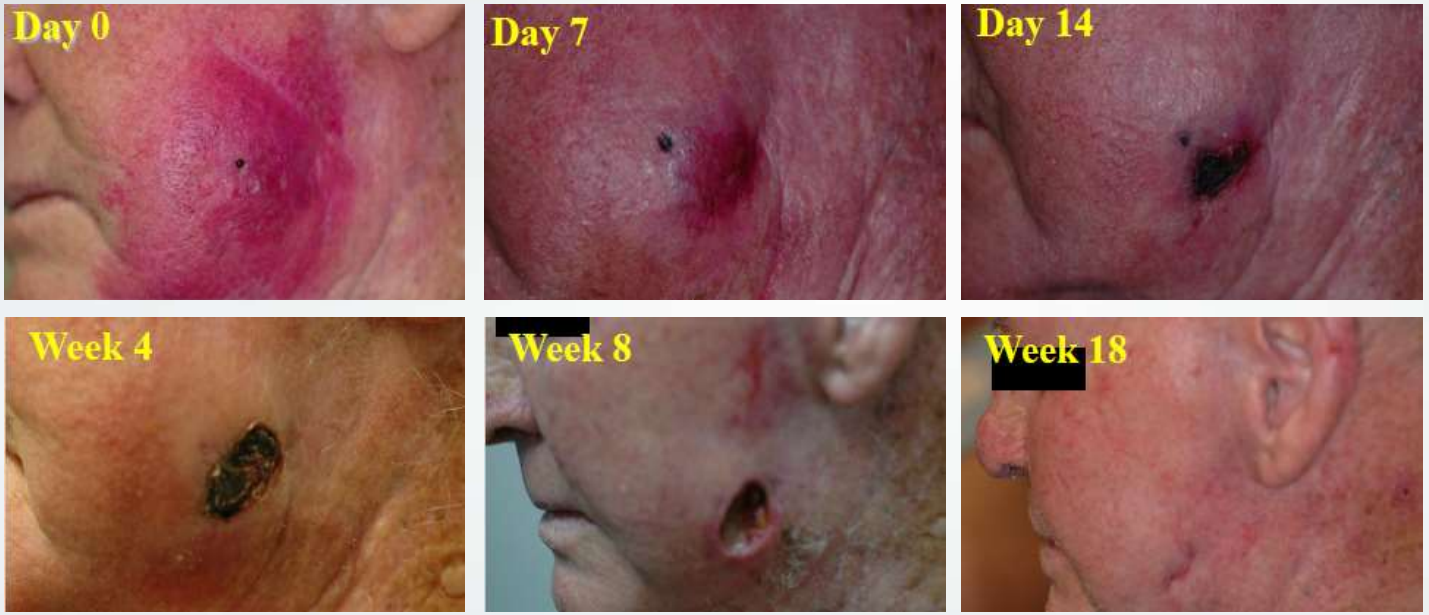
Metastatic Melanoma Phase 1 Trial

Clinical Example

- Male, age 86, Stage IIIC, multiple subcutaneous metastases that recurred after surgery and radiotherapy
- Single treatment with 1.2 mL of PV-10 to 1 lesion
  - 3 untreated bystander lesions
- Complete remission at week 18
- **No evidence of disease at 28 months**





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Hepatocellular Carcinoma and Cancer Metastatic to the Liver Phase 1 Trial

- Safety, pharmacokinetics and preliminary efficacy study of PV-10 in patients with unresectable hepatocellular carcinoma or cancer metastatic to the liver
- Subjects had at least one liver tumor and were administered a single percutaneous intralesional injection of PV-10
- 6 hepatocellular carcinoma patients & 7 metastatic patients (3 colorectal mets, 2 non-small cell lung cancer, 2 melanoma, 1 ovarian)
  - One hepatocellular carcinoma and one melanoma patient with multiple tumors enrolled twice to allow sequential treatment of additional tumors
- **Toxicity was transient, and treatment had acceptable tolerability**
  - No long-term adverse events
- **Preliminary efficacy in treatment of liver tumors with PV-10 was observed**
  - 10 of the first 13 patients alive after up to 54 months follow-up
  - 1 death due to cardiac comorbidity, 1 death due to a serious adverse event (possible thromboembolism), 1 death due to HCC progression

Selected Outcome Examples

Subject/Demographics	Disease	Status
0001, Female, age 71	HCC	Alive (w/ disease, 51 mo)
0004, Female, age 73	HCC (Hep C, Cirrhosis, Portal Hypertension)	Expired (DP, 48 mo)
0005, Male, age 68	HCC (Hep B, Cirrhosis)	Alive (NED, 51 mo)
0006, Male, age 61	mCRC	Alive (NED, 42 mo)
0007, Male, age 67	HCC	Expired (cardiac comorbidity, 2 mo)

"Phase 1 Study of PV-10 for Chemoablation of Hepatocellular Cancer and Cancer Metastatic to the Liver", ESMO 17th World Congress on Gastrointestinal Cancer, Abstract #P-116, July 2015
"Phase 1 Study of PV-10 for Chemoablation of Hepatocellular Cancer and Cancer Metastatic to the Liver", 6th Asia-Pacific Primary Liver Cancer Expert Meeting, Abstract #P1-84, July 2015
NOTE: NED – No Evidence of Disease

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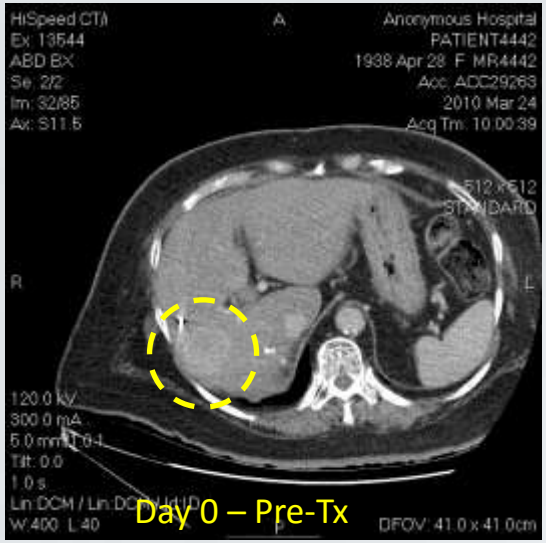
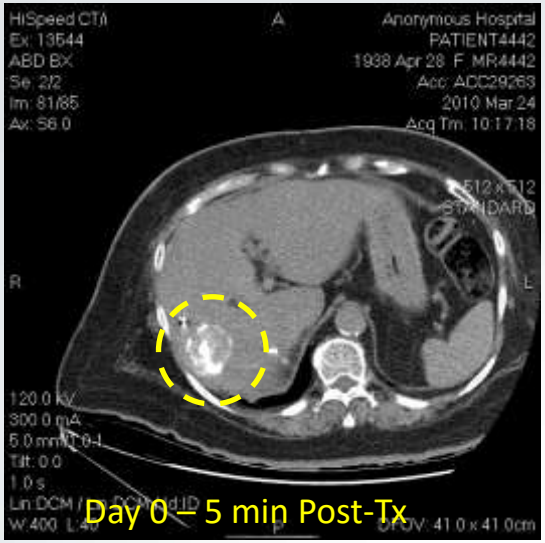
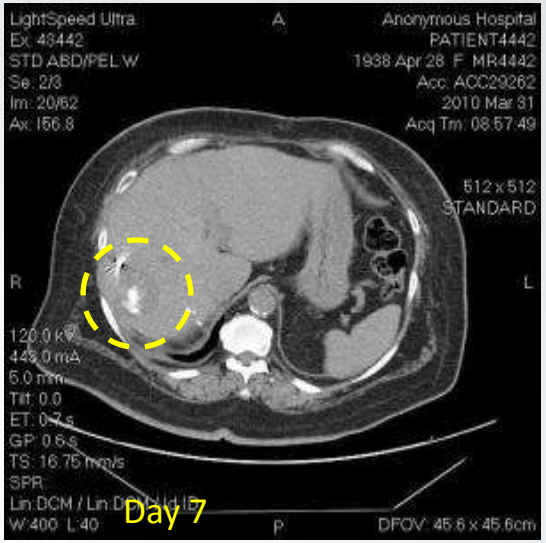
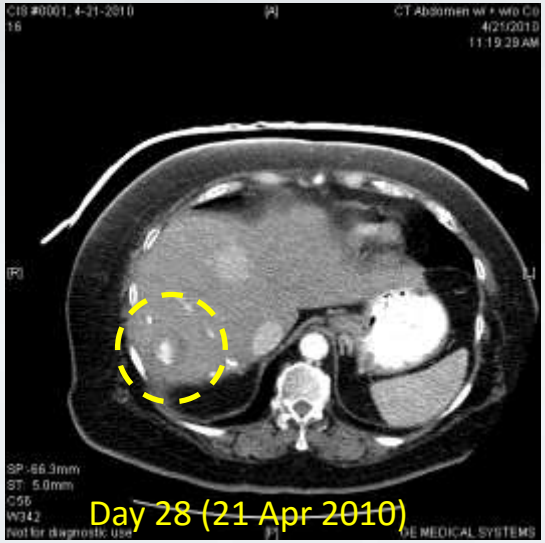
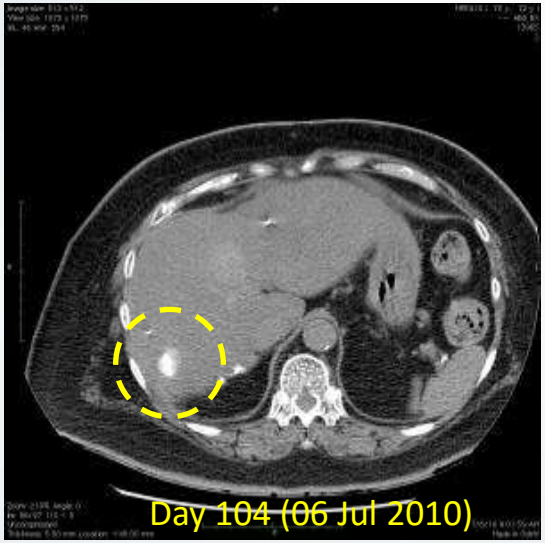
Hepatocellular Carcinoma Phase 1 Trial Clinical Example

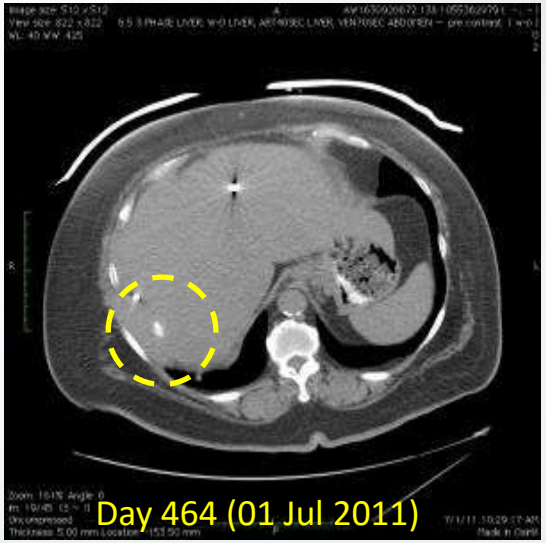












- Female, age 71, 3.4 cm HCC lesion injected once with 5.1 mL PV-10

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Melanoma Combination Therapy Phase 1b/2 Trial

- Combination of intralesional PV-10 and immune checkpoint blockade
  - PV-10 administered every 3 weeks
  - Pembrolizumab administered 2 mg/kg every 3 weeks, per prescribing information (label)
- Phase 1b/2 trials of Stage IV patients with advanced melanoma
  - Phase 1b: PV-10 and pembrolizumab
  - Phase 2: PV-10 and pembrolizumab vs. pembrolizumab
- Primary endpoints: Safety and tolerability (Phase 1b), Progression-Free Survival (Phase 2)
- Secondary endpoints for both Phase 1b and 2: Progression-Free Survival, Objective Response Rate, Change in immune biomarkers, Overall Survival
- Study started in October 2015

See https://clinicaltrials.gov/ct2/show/NCT02557321 for more information

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Global Visibility

PV-10's Clinical Development Program

- Phase 2 final data for metastatic melanoma
  - ESMO 2012 in Vienna, Austria
  - ECCO 2013 in Amsterdam, Netherlands
  - EADO 2014 in Vilnius, Lithuania
  - ESMO 2014 in Madrid, Spain
  - ASCO 2014 in Chicago
- Feasibility study mechanism of action data for melanoma, Poster Highlight Session at ASCO 2014 in Chicago
- Preclinical PV-10 and co-inhibitory blockade combination data at SITC 2014 in National Harbor, Maryland
- Sponsored and participated at AAPI's Global Healthcare Summit in Mumbai, India and 2015 annual meeting in Orlando
- Global conference presentations of "Trials in progress" for our international pivotal Phase 3 RCT of unresectable locally advanced cutaneous melanoma

AAPI, American Association of Physicians of Indian Origin; ASCO, American Society of Clinical Oncology; EADO, European Association of Dermato Oncology; ECC, European Cancer Congress; ESMO, European Society for Medical Oncology; SITC, Society for Immunotherapy of Cancer

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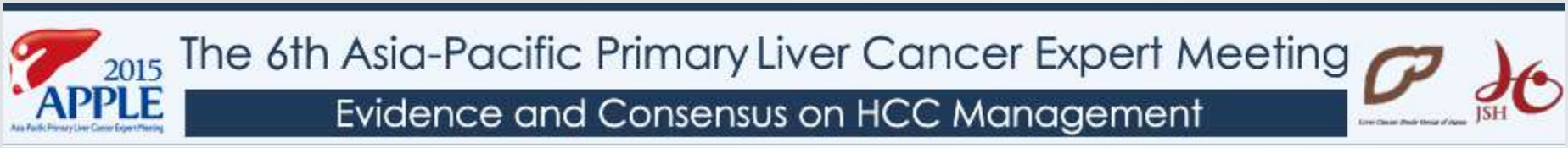
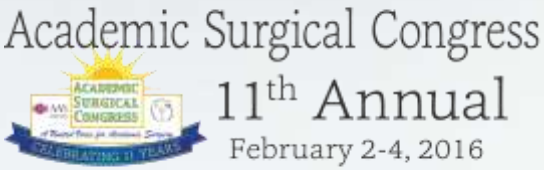
Global Visibility

PV-10's Clinical Development Program



- Phase 1 preliminary data for cancers to the liver
  - ESMO 17th World Congress on Gastrointestinal Cancer (ESMO-GI 2015) in Barcelona, Spain
  - 6th Asia-Pacific Primary Liver Cancer Expert Meeting (APPLE 2015) in Osaka, Japan



- Data presented on the immunologic effects of of PV-10 on colon cancer cells at the 11th Annual Academic Surgical Congress in Jacksonville, Florida

  – Dr. Kunda noted in vitro testing of PV-10 on colon cancer (murine CT-26 cells) showed cytotoxicity consistent with immunogenic apoptosis. Also, researchers observed cell arrest, apoptosis, autophagy and endoplasmic reticulum (ER) stress.

ASCO, American Society of Clinical Oncology; ESMO, European Society for Medical Oncology

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PV-10 Clinical Development Program

Strategy: Demonstrate broad spectrum efficacy for multiple cancer indications

Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Status
Melanoma*	PV-10				• Phase 3 study in progress: Opened recruitment in April 2015 • Phase 1 and 2 studies completed, full reports submitted • Orphan drug status obtained in January 2007
Melanoma	PV-10 + Pembrolizumab				• Phase 1b/2 study initiated September 2015
Melanoma (Mechanism of Action)	PV-10				• Phase 1 study to detect immune cell infiltration into melanomas treated with PV-10 has now finished recruiting • Data will be published
Liver Metastasis	PV-10				• Orphan drug status obtained in April 2011 • Phase 1 patient accrual and treatment completed • Phase 1 protocol expansion (September 2012 into 2016) • Data communicated in 2015 • Phase 1b/2 study being planned for West and East SOC
Breast Cancer	PV-10				• Phase 1 study completed • Further clinical development is being planned
Other Solid Tumors	PV-10				• BCC, bladder, colorectal, NSCLC, pancreatic, prostate and other cancer indications are planned

*In addition to clinical trials, patients enrolled in the Compassionate Use Program for PV-10 are also receiving PV-10 treatments.
Visit www.pvct.com/pipeline.html for more information

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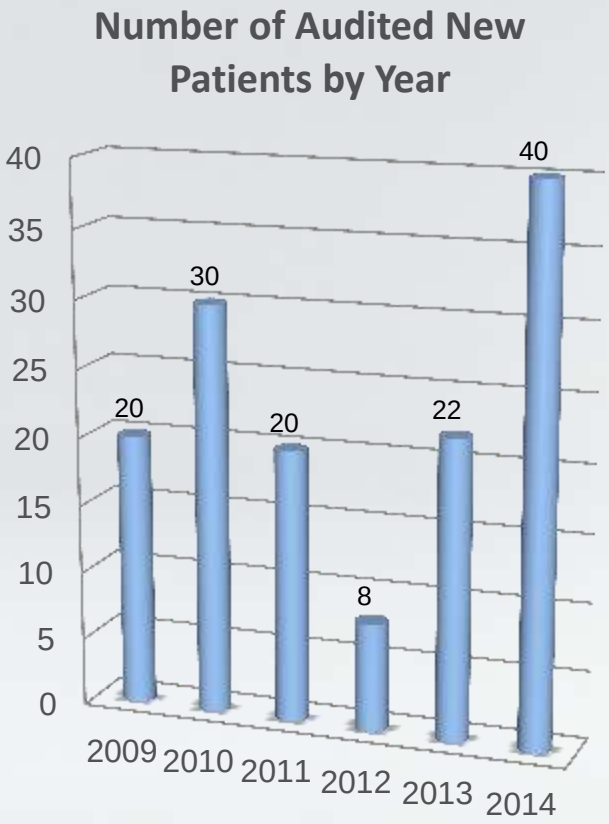
PV-10: Compassionate Use Program



- 2009 to 2015 (current): Our compassionate use program for PV-10 began at certain Australian Centers of Excellence, and later expanded to the United States
  - More than 140 patients treated through 2014
  - Available for cancer indications that do not involve visceral organs, and patients who are not subject to enrollment in on-going clinical trials
- Participating sites (at least one additional not listed):
  - St. Luke's Hospital & Health Network - Bethlehem, PA
  - M.D. Anderson Cancer Center – Houston, TX
  - University of Louisville – Louisville, KY
  - Sharp Memorial Hospital – San Diego, CA
  - Melanoma Institute Australia – Sydney, Australia
  - Princess Alexandria Hospital – Brisbane, Australia
  - Royal Adelaide Hospital – Adelaide, Australia

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PV-10: Treatment & Commercial Channel

- Outpatient setting melanoma or short stay for visceral lesions
  - **No co-treatment needed when all disease burden directly treated**
  - No pre-treatment or post-treatment care required
  - Well-tolerated, minimally invasive, intratumoral injections
  - Minimal adverse impact on quality of life based on data thus far
- Treatment decision: Medical or surgical oncologist
- Treatment delivery: Performed by an interventional oncologist
- Anticipated reimbursement: Chemotherapy or Procedure
- Potential driver of adoption

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Intellectual Property

- Key foundational patents, patent applications, and trade secrets
  - Rose Bengal and all other halogenated xanthenes
- **Protection pillars:** Second medicinal use, Method of use, Formulation, Synthesis, and Combination
- **New:** PH-10 patent announced March 12, 2015 entitled: ″Topical medicaments and methods for photodynamic treatment of disease″
- **Synthesis:** Process for the Synthesis of 4,5,6,7-tetrachloro-3′,6′-dihydroxy-2′,4′,5′,7′-tetraiodo-3H-spiro[isobenzofuran-1,9-xanthen]-3-one (Rose Bengal) and Related Xanthenes (at least 20 separate compounds specifically identified: PV-10, PH-10, etc.)
  - The process under which pharmaceutical grade Rose Bengal and related xanthenes are produced in accordance with International Conference on Harmonisation (ICH) guidelines
  - Approved in the U.S., allowed in China, and filed in multiple other global jurisdictions
- **Combination therapy patent with Pfizer:** Combination of Local and Systemic Immunomodulative Therapies for Enhanced Treatment of Cancer
  - The treatment combination of PV-10 and immunomodulatory therapeutic agents (including, anti-CTLA-4, -PD-1 and PD-L1 compounds); 58 claims identified in application
  - Approved in the U.S., and filed in multiple other global jurisdictions

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PV-10: Commercial Strategy

- Leverage the global opportunity for PV-10
  - PV-10 is a platform technology for solid cancers, and has shown preclinical or clinical activity in many types of solid tumors
- Build partnerships in selected geographies (e.g., China, India, Brazil)
  - Control the supply chain until the DMF is owned by a global commercializing entity
  - Actively participate in preparing for commercialization of the drug
- Pursue business development initiatives of both internal and external origin, as well as advance our multi-indication clinical development program, prior to obtaining interim randomized data for PV-10
- Potentially obtain interim randomized data for PV-10 before signing a global agreement
- Seek to provide the greatest opportunity for ROA for Provectus and ROI for our shareholders

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PV-10: Business & Corporate Development

Focus Areas

- Generate more and enhanced awareness about PV-10 and visibility for Provectus
- Nurture and transact co-development opportunities for PV-10-based drug combinations with Big Pharma and Biotech
- Pursue other strategic activity
  - E.g., Regional licenses, Collaborations, Minority equity investments by Big Pharma/Biotech
- Secure outright grants in European Union, Singapore and expense reimbursement in Australia as additional sources of non-dilutive cash flow

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PV-10: An Opportunity to Make a Global Impact

- Ablative immunotherapy
- Safe and tissue sparing
- Locally and systemically effective
- Multi-indication viability
- Synergistic combinations
- Ease of physician use and supportive of patient compliance
- Easy to use, re-use, ship, store and handle
- Globally affordable

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PH-10: Fighting the Battle Against Inflammatory Dermatoses

- PH-10 is a hydrogel formulation of Rose Bengal for direct application to the skin
- Initially developed for psoriasis and atopic dermatitis (eczema)
  - Currently planning to develop for all inflammatory dermatoses
- Robust positive response comparable to competitors
- Advantages
  - Little or no systemic uptake, and negligible side effects
  - No substantial rebound after 4 weeks (unlike steroids)
  - No immuno-suppressant characteristics, and no skin thinning evident
  - Potential for repeated use
  - No prolonged photosensitivity

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PH-10: Clinical Development Program

Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Status
Psoriasis	PH-10				• Phase 2c randomized study completed and full report submitted to FDA • Toxicity study R&D for advanced studies 2012 to 2016
Psoriasis (Mechanism of Action)	PH-10				• Phase 2 mechanism of action study initiated in January 2015 by leading research facility • Phase 2 study recruitment began in Q1 2015 • Phase 2 study recruitment completed in Q3 2015
Atopic Dermatitis	PH-10				• Phase 2 study completed and full report submitted to FDA • Toxicity study R&D for advanced studies 2012 to 2016

Visit www.pvct.com/pipeline.html for more information

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Planned Clinical Activities for 2016

PV-10 ONCOLOGY

- *Melanoma monotherapy:* Execute the pivotal Phase 3 RCT for unresectable locally advanced cutaneous melanoma (vs. systemic chemotherapy). Assess expedited development paths (Fast Track, AA, marketing approval) with the FDA and Australia's TGA.
- *Melanoma combination:* The Phase 1b study protocol (+co-inhibitory blockade) has started.
- *Liver:* The Phase 1b study protocol for HCC in Asia (+SOC ablation technology) is complete and out for KOL review. Expanded Phase 1 study of HCC and liver metastases (monotherapy, +SOC) in the U.S. is ongoing. (Data to be published).
- *Mechanisms of action:* The Moffitt Cancer Center study is completed. Data presented in November 2015 and will be published. Other immunology-related work is ongoing.
- Continue expanded access/compassionate use program. Will communicate more program data.
- May advance other indications into clinical studies.

PH-10 DERMATOLOGY

- Report phase 2c results, end-of-phase 2 FDA meeting, toxicology.
- Continue MOA studies via leading research facility; PH-10 data
- Secure licensure agreement with MOA studies data

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Key Facts

Symbols	PVCT (common stock), PVCTWS (warrant series)
Headquarters	Knoxville, Tennessee
PVCT Share Price (Current)	$0.52
PVCTWS Warrant Price (Current)*	$0.26
Shares Outstanding	~205 million
Tradable Warrants Outstanding	~20 million
Market Capitalization	$107+ million
Average Daily Volume (90-day, Current)	278,609 shares
Cash	$18+ million
Cash Burn Rate	Cash on hand supports planned operations into late-2017
Management Beneficial Ownership	12.0%
Full-time Employees and FTEs	60
Fiscal Year-end	December 31
Number of Patents	US: 29+, International: 30+
External Auditors	BDO USA, LLP
Legal Counsel	Baker, Donelson, Bearman, Caldwell & Berkowitz, PC
Transfer Agent	Broadridge Corporate Issuer Solutions

*Note: Tender Offer and S-4 filed with SEC on December 31, 2015 to facilitate warrant exchange transaction. Information updated as of September 30, 2015 unless otherwise noted.

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