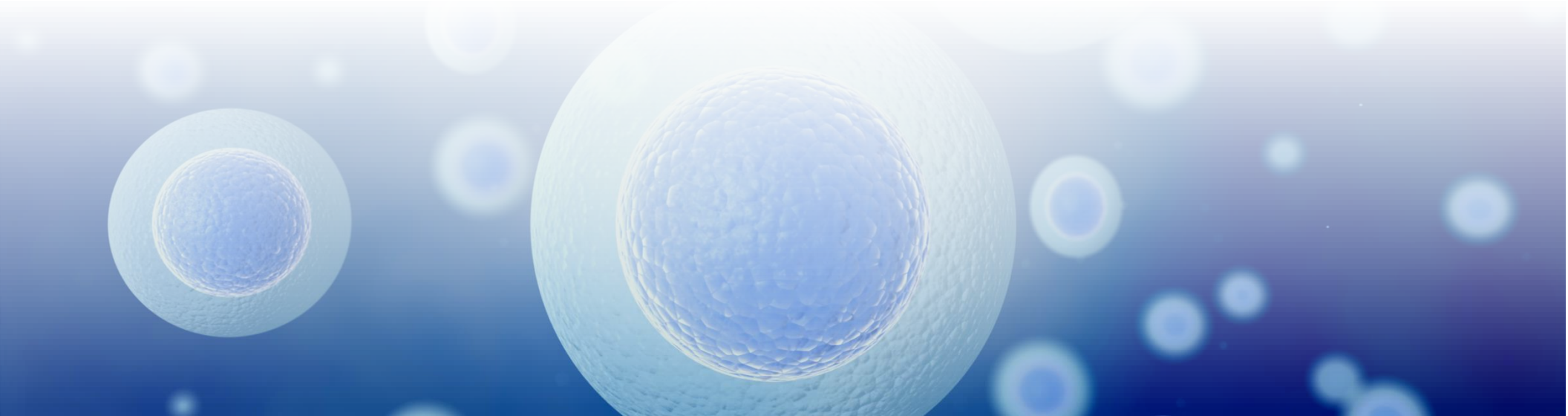
PHARMACYTE BIOTECH

Investor Presentation



Safe Harbor Statement

- This document may include statements that constitute “forward looking statements,” which are often characterized by the terms “may,” “believes,” expects” or “anticipates” and do not reflect facts.

- Forward-looking statements involve risks, uncertainties and other factors that may cause actual results, performance or achievements of PharmaCyte Biotech and its subsidiaries to be materially different from those expressed or implied by such forward-looking statements. Forward-looking statements speak only as of the date the statement was made. PharmaCyte does not undertake, and specifically declines, any obligation to update any forward-looking statements.

- Factors that may affect forward-looking statements and PharmaCyte’s business generally include, but are not limited to: (i) the risk factors, cautionary and other statements set forth in PharmaCyte’s periodic filings with the Securities and Exchange Commission available at www.sec.gov; and (ii) other factors that PharmaCyte is currently unable to identify or quantify, but may exist in the future.

Pancreatic Cancer Targeted Chemotherapy

Pancreatic Cancer is the 3rd Leading Cause of Cancer Deaths in the U.S.

- Overall survival is only 8%
- Typically not diagnosed until cancer is advanced and inoperable
- No cure unless the cancer is surgically removed in its earliest stages
- No targeted chemotherapy for pancreatic cancer exists

Targeted Chemotherapy

- Capsules containing live cells are deployed near blood supply to tumor
- Cancer prodrug ifosfamide is given IV at one-third the normal dose
- Prodrug is converted to its active form at the site of the tumor
- Great efficacy, safe and no side-effects

Proof-of-Concept Established in Humans

- Already proven effective and safe in two human clinical trials
- 27 Patients treated; relevant design and clinical endpoints used
- Clinical development program is greatly de-risked

PharmaCyte Platform Technology

Targeted Chemotherapy for Solid Tumors

- Using the Cell-in-a-Box® technology, encapsulate genetically engineered live cells to convert prodrug into its active form
- Targeted and activated therapy at site of tumor
- Allows for use of lower and safer doses of cytotoxic cancer prodrugs
- Low systemic levels of active form of chemotherapeutic drug
- May be used to treat all forms of solid tumors
- Side effects from the chemotherapy are minimized or even eliminated

Properties of Cell-in-a-Box® Capsules

Unique Encapsulation Material and Design

- Capsules are made of bio-inert material (cellulose/cotton)
- Capsules have pores for nutrient and waste transfer
- Pores are too small for immune system cells to enter or encapsulated live cells to leave
- Long-term (5+ years) frozen storage of encapsulated live cells with more than 95% viability of cells upon thawing
- Manageable logistics and long shelf-life
- Cell-in-a-Box® encapsulation performed in a cGMP-compliant facility
- Other live cell encapsulation technologies use alginate (derived from seaweed). All are far less robust and stable. None can be frozen to ship
- Cell-in-a-Box ® capsules shown to be safe, effective and durable

Cell-in-a-Box® Capsules vs. Alginate Capsules

Property	Cell-in-a-Box®	Alginate
No purification required	Yes	No
Can exist intact for >2 years in the body	Yes	No
Protect encapsulated live cells from immune system attack for >2 years	Yes	No
Do not cause damage to surrounding tissues while in the body for >2 years	Yes	No
Encapsulated cells remain alive and functioning for >2 years in the body	Yes	No
Encapsulated live cells can be stored frozen for >5 years and recovered with >95% viability upon thawing	Yes	No
Long shelf life	Yes	No

Pancreatic Cancer

Aggressive Cancer with Poor Prognosis

- Third leading cause of cancer-related deaths in the western world
- Overall survival rate is 8%
- Expected pancreatic cancer patients in 2016: U.S. >53,000; Europe >80,000
- Approximately 72% die within the first year of diagnosis
- More than 90% die within 2 years of diagnosis
- Patients have a 3-6 month average life expectancy after diagnosis without treatment

- Usually not diagnosed until cancer is advanced and inoperable
- No cure unless cancer is surgically removed in its earliest stages
- Since the first drug (gemcitabine) was approved for pancreatic cancer in 1997, approximately 40 pivotal Phase 3 clinical trials have been conducted
- Little improvement in median survival time and percentage of 1-year survivors
- Most success has been achieved with gemcitabine + other chemotherapy drug

*http://seer.cancer.gov/statfacts/html/pancreas.htm
http://www.cancer.gov/cancertopics/druginfo/gemcitabinehydrochloride
American Cancer Society: Cancer Facts & Figures 2016

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Pancreatic Cancer (cont'd)

Current "gold standard" is Combination of Abraxane® + Gemcitabine

- Combination approved by FDA in September 2013
- Increased median survival by 1.8 months as compared to gemcitabine alone
- Increased the percentage of one-year survivors from 22% with gemcitabine alone to 38% with Abraxane® + gemcitabine
- Severe side effects from Abraxane® + gemcitabine therapy

Another Widely Used Combination is FOLFIRINOX

- A combination of 4 drugs – folinic acid, 5-fluorouracil, irinotecan and oxaliplatin
- Phase 3 clinical trial done in France. Never achieved marketing approval
- Should only be used in otherwise healthy patients
- Severe side effects from FOLFIRINOX therapy

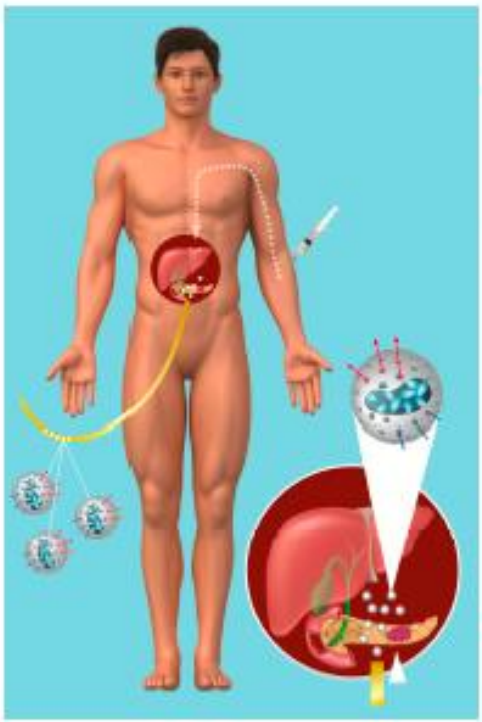
*http://seer.cancer.gov/statfacts/html/pancreas.htm
http://www.cancer.gov/cancertopics/druginfo/gemcitabinehydrochloride
American Cancer Society: Cancer Facts & Figures 2016

PharmaCyte Pancreatic Cancer Therapy

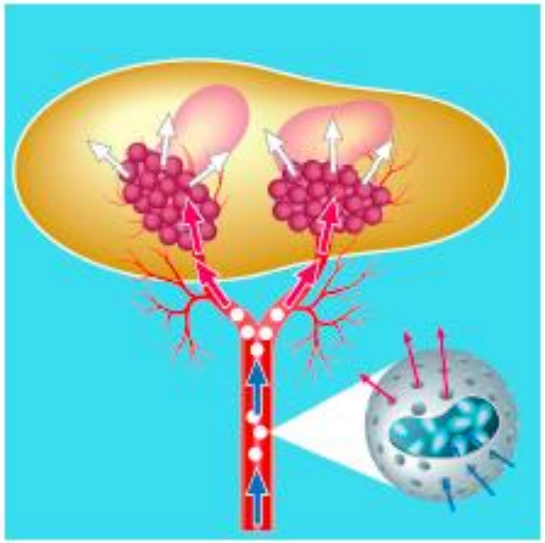
Targeted Chemotherapy

- Cell-in-a-Box® encapsulated live cells + cancer prodrug ifosfamide
- Ifosfamide at “normal dose” has shown success in treating testicular cancer
- Cannot be used for pancreatic cancer at normal dose due to severe toxicity
- Cell-in-a-Box® capsules containing genetically modified live cells that produce an enzyme that converts ifosfamide into its cancer-killing form are implanted near the tumor
- Ifosfamide is given intravenously at 1/3 the normal dose. Ifosfamide is converted at site of tumor instead of in the liver
- Placement of Cell-in-a-Box® capsules near the tumor enables the production of optimal concentrations of the “cancer-killing” form of ifosfamide at the site of the tumor
- Cancer-killing metabolite of ifosfamide has a short half-life, resulting in little to no collateral damage to other organs in the body
- Significantly reduces tumor size with no treatment-related side effects

Targeted Deployment and Activation



(A)

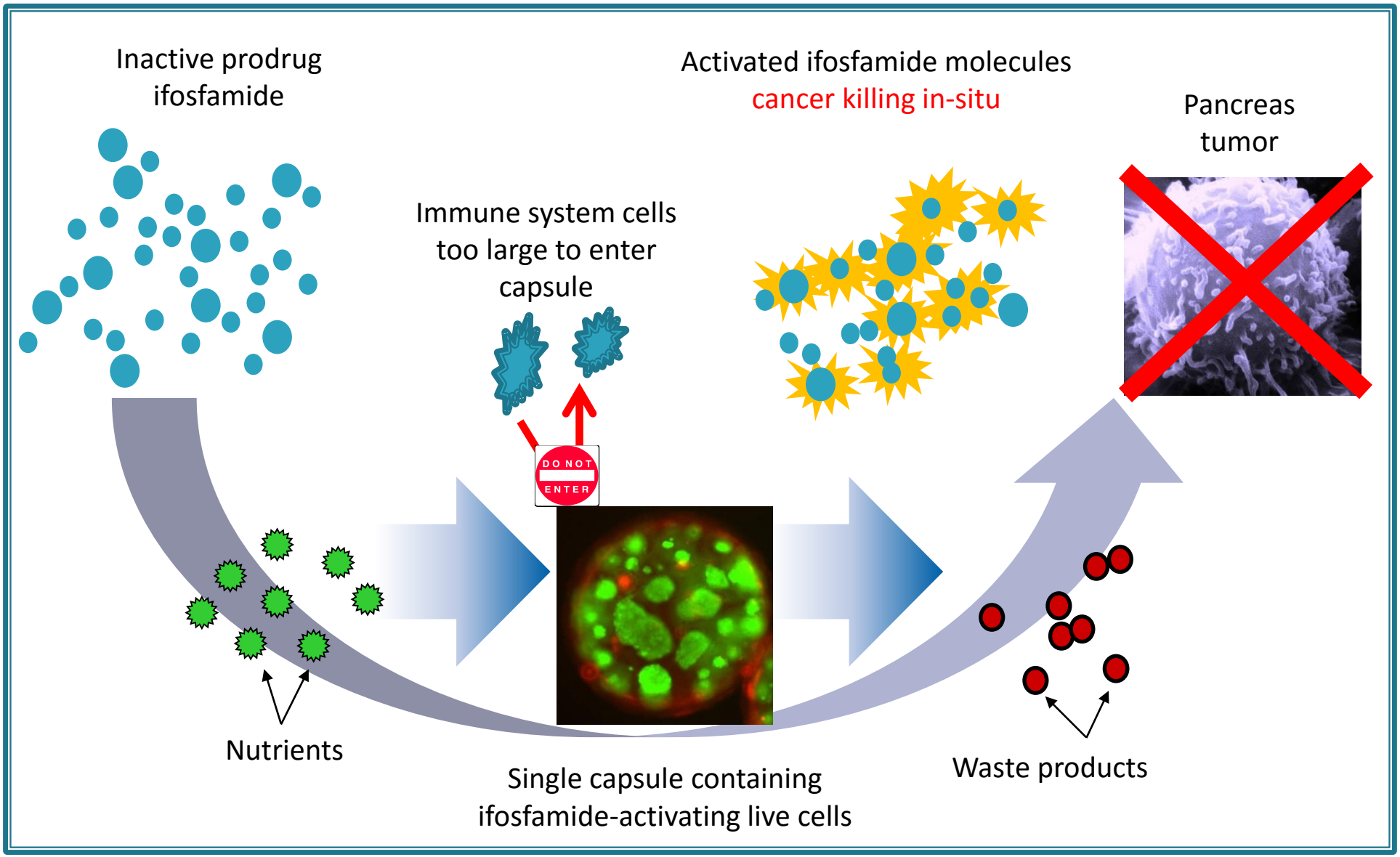


(B)

- Capsules containing live ifosfamide-activating cells are implanted in the blood vessels leading to the pancreatic tumor
- Low dose ifosfamide is given intravenously
- Ifosfamide is converted to its cancer-killing form by the encapsulated live cells

Blue Arrow: Ifosfamide enters capsules
Red Arrow: Conversion to active form
White Arrow: Activated ifosfamide targets tumor

Mechanism of Action



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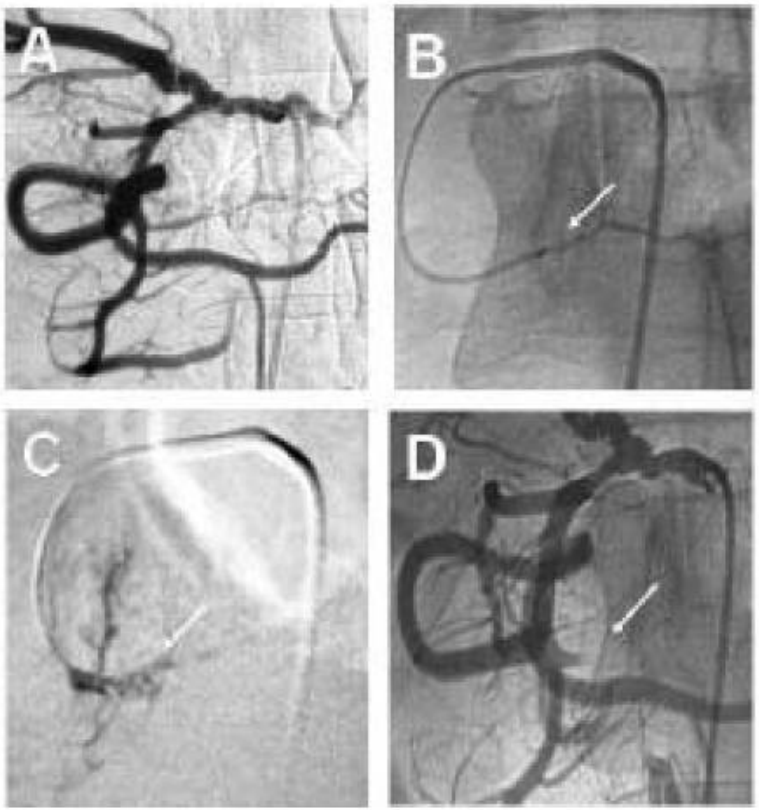
Placement of Encapsulated Live Cells



A. Angiography of blood vessels to the pancreas

B. Insertion of catheter into the pancreas blood vessel (arrow)

C. Injection of microcapsules

D. Angiography shortly after capsule implantation (arrow)

Blood supply to the pancreas is NOT impeded by the capsules

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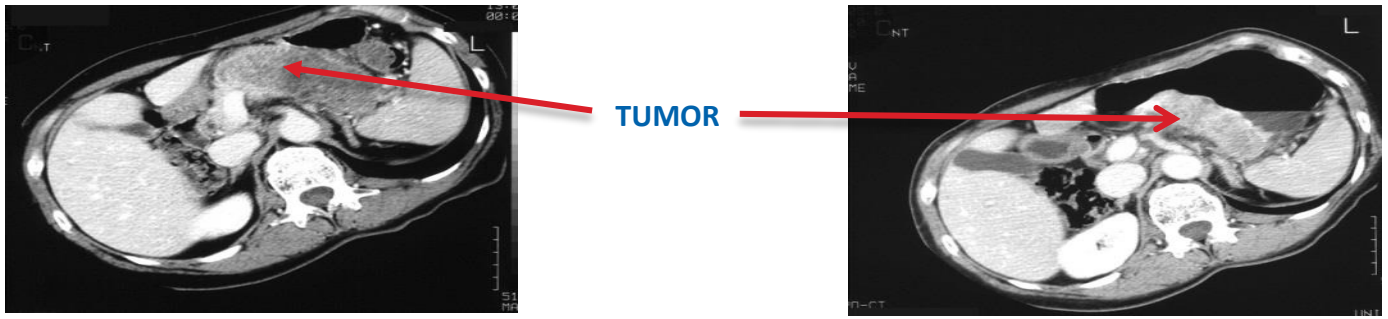
Phase 1/2 Clinical Trial

Trial Design and Endpoints

- Fourteen patients were treated with only two courses of ifosfamide at 1/3 (1 g/m^2) of the dose normally used to treat other forms of cancer
- Patients with advanced, inoperable pancreatic cancer were treated in a single-arm (no comparator arm) trial at a single study site in Rostock, Germany
- Feasibility, safety, tolerability and clinical benefit were endpoints
- Tumor responsiveness to treatment was determined by response rate, median survival and percentage of one-year survivors
- Results were compared to historical data for gemcitabine – the then "gold standard" for pancreatic cancer therapy



Before Treatment

20 Weeks after Treatment

Löhr et al., 2001. *The Lancet*.357:1591.
Löhr et al., 2003. *Cancer Therapy*.1:121.

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Previous Clinical Trials

Phase 1/2 Clinical Trial with Two Courses of Low Dose Ifosfamide

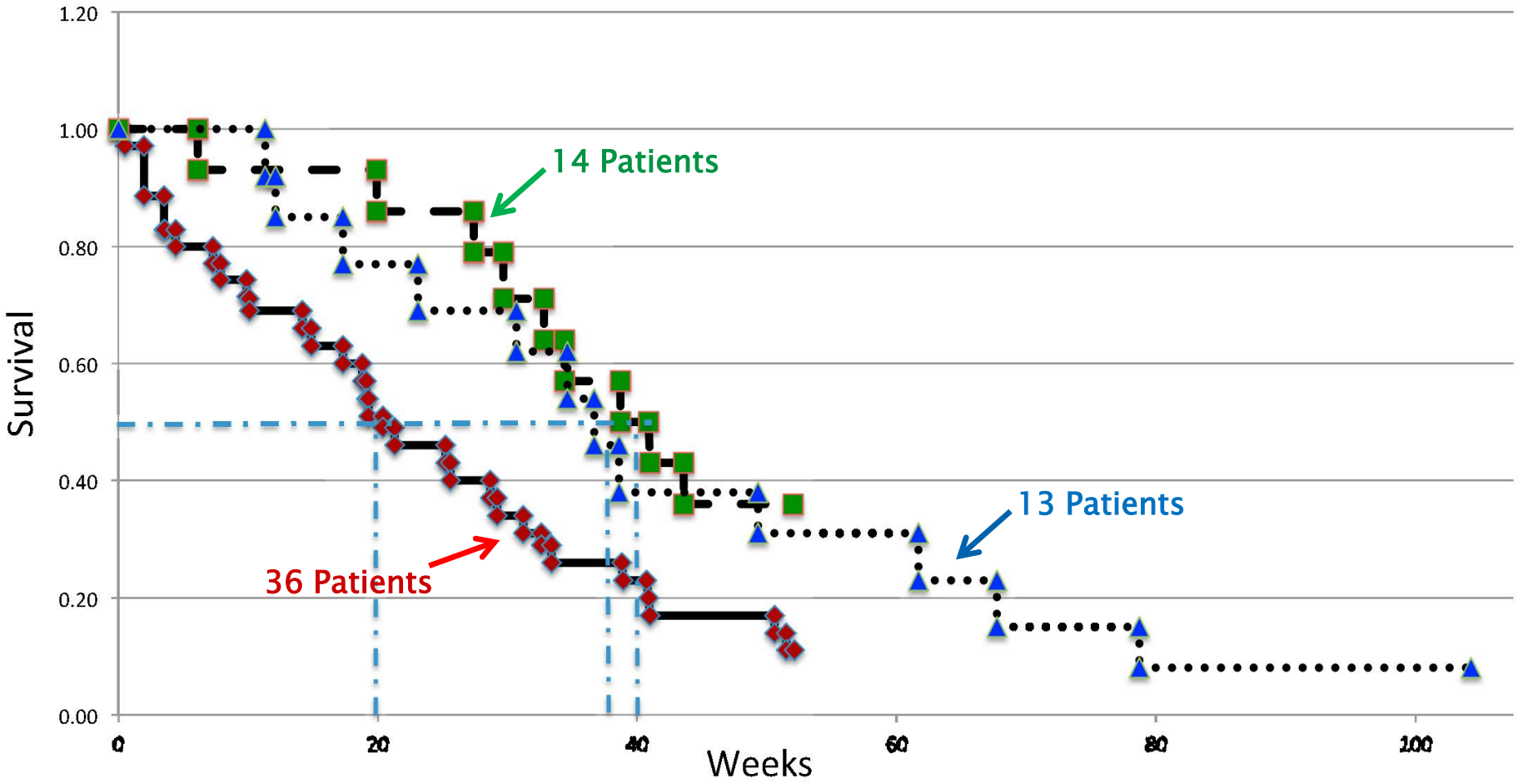
- Median survival: gemcitabine – 5.7 months vs. Cell-in-a-Box® + ifosfamide – 10 months
- Percentage of 1-year survivors: gemcitabine – 18% vs. Cell-in-a-Box® + ifosfamide – 36%
- Treatment-related side effects: gemcitabine – significant vs. Cell-in-a-Box® + ifosfamide – none

- **Phase 2 Clinical Trial with Two Courses of Twice the Amount of Ifosfamide**
  - Thirteen patients with advanced, inoperable pancreatic cancer were treated in a single-arm, multi-site (3 in Germany [Rostock, Berlin, Munich], 1 in Berne, Switzerland) study. The only difference from the Phase 1/2 trial was that the dose of ifosfamide was doubled to 2 g/m^2 in an attempt to get better antitumor effects
  - Doubling the dose of ifosfamide did not result in greater antitumor effectiveness, but resulted in treatment-related side effects

- **Results of the Two Clinical Trials**
  - When used in combination with Cell-in-a-Box® capsules, ifosfamide should be given at 1/3 of its normal dose to maximize anti-tumor effect and eliminate side effects. The therapy was deemed to be safe, effective and well tolerated by patients. In some cases, a patient's tumor went from inoperable to operable

Löhr et al., 2001. *The Lancet*.357:1591.
Löhr et al., 2003. *Cancer Therapy*.1:121.

Survival Summary of Clinical Trials



Kaplan–Meier curves describing the survival of patients from the Phase 1/2 clinical trial (green boxes), the Phase 2 clinical trial (blue triangles) and an age and disease stage matched historic control group receiving the best available standard care (red diamonds)

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Phase 2b Clinical Trial

Therapy to Address Critical Unmet Medical Need

- A critical unmet medical need exists for patients with advanced pancreatic cancer whose tumors are locally advanced, non-metastatic and inoperable but no longer respond to Abraxane® + gemcitabine or to FOLFIRINOX
- These patients have no effective treatment alternative once their tumors no longer respond to either of these therapies
- Two of the most commonly used treatments for such patients are 5-fluorouracil (5-FU) or capecitabine (a prodrug of 5-FU) chemotherapy + radiation
- Both treatments are only marginally effective in treating the tumor and result in serious side effects
- The goal of the trial is to show that PharmaCyte's pancreatic cancer therapy can serve as a consolidation therapy with Abraxane® + gemcitabine or FOLFIRINOX and address the unmet medical need for ~60-65% of these pancreatic cancer patients

Phase 2b Clinical Trial (cont'd)

Elements of Trial Design

- Trial will be two-armed. Patients will be randomized to receive PharmaCyte's therapy or the standard of care consisting of capecitabine + radiation
- Trial will be conducted in the United States and Europe
- Trial is designed to show Cell-in-a-Box® + low-dose ifosfamide can serve as an effective and safe consolidation chemotherapy for patients whose tumors no longer respond after 4-6 months of therapy with either Abraxane® + gemcitabine or FOLFIRINOX
- Trial will be conducted in the United States by Translational Drug Development (TD2). Trial will be conducted in Europe by Clinical Network Services (CNS) in alliance with TD2
- TD2 will be responsible for clinical development plans, program analysis, medical writing, clinical management and database development
- Imaging Endpoints will coordinate implanting the Cell-in-a-Box® capsules and all measurements of antitumor effectiveness of the therapy as measured by CT and PET scans
- Trial is expected to start in Q4 of 2016

Phase 2b Clinical Trial (cont'd)

- Only patients whose tumors are locally advanced, inoperable and non-metastatic will be eligible to be enrolled
- Patients must have been treated with either Abraxane® + gemcitabine or FOLFIRINOX for 4-6 months and their tumors must no longer respond to this therapy
- Each patient will receive a single implantation of 300 Cell-in-a-Box® capsules + multiple courses of low-dose ifosfamide until they become refractory
- Primary endpoints are progression-free survival (PFS) assessed after 26 and 52 weeks, as well as safety and tolerability of the comparative therapies
- Secondary endpoints include:
  - Overall survival at 14, 26 and 52 weeks
  - Objective response rate at 14, 26 and 52 weeks as measured by CT and PET scans
  - Assessment of a patient's tumor going from inoperable to operable after 14, 26 and 52 weeks
  - Time to onset of pain and pain management after 14, 26 and 52 weeks
  - Assessment of patients' overall quality-of-life while undergoing PharmaCyte's therapy

Phase 2b Clinical Trial Design Oncologists

Leading Experts in Development of Therapies to Treat Pancreatic Cancer

Dr. Daniel D. Von Hoff

Dr. Manuel Hidalgo

Dr. Matthias Löhr

Phase 2b Clinical Trial Design Oncologists (cont'd)

Dr. Daniel D. Von Hoff

- The world's leading oncologist in the development of drugs to treat pancreatic cancer
- Involved in clinical trials of more than 200 anticancer and biologic drugs
- Conducted early clinical trials for most of the cancer agents approved in the U.S. in the last 20 years
- Intimately involved in the clinical development gemcitabine and Abraxane® for pancreatic cancer
- Editor of numerous oncologic scientific journals; recipient of numerous awards for cancer-related activities
- Professor of Medicine at the Mayo Clinic Scottsdale and University Arizona College of Medicine, Chief Scientific Officer of Scottsdale Healthcare and U.S. Oncology, Physician-in-Chief and Distinguished Professor of the Translational Genomics Research Institute (TGen) and Chief Development Officer of TD2

Dr. Manuel Hidalgo

- Internationally renowned oncologist and clinical investigator in pancreatic and other cancers
- Co-founder and Chairman of the International Pancreatic Cancer Research Team
- Assisted in the development of more than 30 novel oncology drugs; several for pancreatic cancer
- Head of Clinical Development at the Spanish National Cancer Research Center in Madrid and Co-Director of Drug Development and Gastrointestinal Oncology at Johns Hopkins University
- Currently Clinical Director of the Rosenberg Clinical Cancer Center and Chief of the Division of Hematology-Oncology at Beth Israel Deaconess Medical Center in Boston

Dr. Matthias Löhr

- Europe's leading authority in diseases of the pancreas (pancreatic cancer and diabetes)
- Has published numerous important articles and commentaries on pancreatic cancer and on the use of the Cell-in-a-Box® technology
- Principal Investigator for previous clinical trials of PharmaCyte's pancreatic cancer treatment
- Chairman of PharmaCyte's Scientific Advisory Board
- Currently Professor of Gastroenterology and Hepatology at Sweden's famed Karolinska Institute

Clinical Trial Preparations

Manufacturing Capability

- cGMP facility successfully audited and deemed ready for production
- Production of clinical trial material being validated
- Clinical trial material expected to be available in August 2016

Phase 2b Trial in United States and Europe

- Protocol synopsis in final stages of review
- Other elements of pre-IND package being assembled by TD2
- Meeting with US/EU investigators at ASCO (June 5, 2016 in Chicago)
- Principal Investigator selection process underway

Pancreatic Cancer Addressable Market

Approximately $3.0 Billion Globally within Next Five Years

- Current pancreatic cancer addressable market in United States
  - New cases in U.S. in 2016* 53,070
  - Average price range per cycle: $50,000 $75,000
  - Average price per cycle: $62,500
  - Potential patient population 31,842 60%
- Total Market: $1,990,125,000 $2,388,150,000
  - Low: 33% $656,741,250 $788,089,500
  - Mid: 50% $995,062,500 $1,194,075,000
  - High: 75% $1,492,593,750 $1,791,112,500

Malignant Ascites Fluid Accumulation

Targeted Chemotherapy to Treat Malignant Ascites Fluid Accumulation

- Malignant ascites fluid is secreted by abdominal tumors into the abdomen
- Contains cancer cells that can seed and form new tumors throughout the abdomen
- Accumulates in the abdominal cavity causing swelling of the abdomen, severe breathing difficulties and extreme pain
- Must be surgically removed on a periodic basis. This is painful and costly
- No available therapy prevents or delays the production and accumulation of ascites fluid
- Preclinical studies are underway at TD2 to determine if PharmaCyte's cancer therapy can delay the production and accumulation of ascites fluid from abdominal cancers
- If successful, a clinical trial will be conducted by TD2 in the United States with study sites in Europe
- Trial is expected to start in Q1 2017

PharmaCyte Diabetes Program

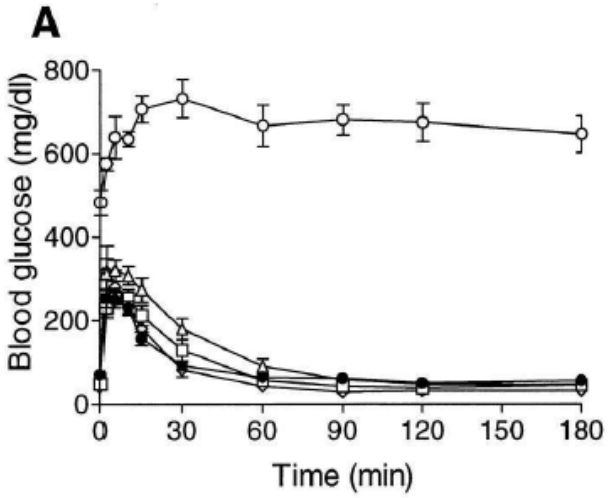
Develop Artificial Pancreas for Diabetes

- PharmaCyte has the exclusive world-wide license to use Melligen cells to treat diabetes
  - Melligen cells are human liver cells that have been genetically modified to produce, store and release insulin in response to concentrations of glucose in the body
  - Melligen cells have demonstrated the ability to reverse the diabetic condition in mice
- PharmaCyte's diabetes therapy consists of encapsulating Melligen cells in Cell-in-a-Box® capsules to act as an artificial pancreas for Type 1 diabetes and insulin-dependent Type 2 diabetes

Cell-in-a-Box® + Pancreatic β-Islet Cells

Successful Proof of Principle

- Preclinical proof of principle for an "artificial pancreas" has been established using Cell-in-a-Box® capsules containing pig pancreatic β-islet (insulin-producing) cells in a rat model of Type 1 diabetes
- Soon after Cell-in-a-Box® capsules were implanted, rats' blood glucose levels normalized and remained normal throughout the study period of 6 months
- Long-term protective capability of Cell-in-a-Box® capsules (against damage by immune system cells) shown for duration of study
- No immune system suppressing drugs needed



Normoglycemia was rapidly restored in transplanted animals within 1-2 hours after transplantation.

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International Diabetes Consortium

Clinical Development Accelerated

- PharmaCyte has established an international Diabetes Consortium of world renowned physicians and scientists specializing in the treatment of diabetes and diseases of the pancreas
  - Karolinska Institute, Stockholm, Sweden; Heidelberg University, Heidelberg, Germany; University of Technology Sydney, Sydney, Australia; University of Veterinary Medicine Vienna, Vienna, Austria; University of Barcelona, Barcelona, Spain; Ludwig-Maximillian University of Munich, Munich, Germany; University of Copenhagen, Copenhagen, Denmark; Vorarlberg Institute for Vascular Investigation and Treatment, Dornbirn, Austria; and Austrianova Singapore, Singapore
- Members of the international Diabetes Consortium are conducting preclinical studies of Melligen cells on multiple research tracks at the same time to accelerate the timeline to a clinical trial
- The goal is to begin clinical trial in 2017

Diabetes Market

Type1 and Insulin-Dependent Type 2 Diabetes and Related Healthcare

- Diabetes has reached epidemic proportion globally
- 422 million people have diabetes – 314 million more than in 1980
- 8.5% of adults worldwide have diabetes
- ~$920 billion spent annually in treatment of diabetes and related healthcare
- ~10% of every healthcare dollar is spent on diabetes and related health care
- ~30 million people diagnosed in United States
- ~$615 million spent annually in treatment of diabetes alone

Orphan Drug Status and IP Portfolio

FDA Granted Orphan Drug Designation for Pancreatic Cancer Therapy

- Provides 7 years of market exclusivity in the United States

EMA Granted Orphan Drug Designation for Pancreatic Cancer Therapy

- Provides 10 years of market exclusivity in the European Union

Eligible for Biologics Price Competition and Innovation Act

- Provides 12 years of market exclusivity in the United States. Similar laws in the European Union provide market exclusivity

Robust IP Portfolio and IP Protection Strategy

- Exclusive license world-wide for cancer therapy and diabetes treatment using encapsulated genetically modified human cells
- Patents protect the genetically engineered cells that convert prodrug. Patents protect the Melligen cells
- Follow-on patents expected to be filed for each product candidate
- Encapsulation process using unique patent protected cellulose sulphate
- Trade secretes and know-how

Leadership Team

Kenneth L. Waggoner, J.D. - *Chief Executive Officer, President and General Counsel*

- Over four decades of experience in law, management, operations and business
- Senior partner with Brobeck, Phleger and Harrison, one of the top law firms worldwide providing services to biotechnology clients such as Chiron, Amgen, Biogen and Idec
- Represented Fortune 100 companies most of his professional career

Dr. Gerald W. Crabtree – *Chief Operating Officer*

- Over 50 years experience in cancer research and all phases of cancer drug development
- Particularly experienced in preclinical studies and clinical trials of cancer drugs
- Led development of Taxol - a multibillion dollar drug for Bristol-Myers Squibb

Prof. Dr. Walter H. Günzburg – *Chief Scientific Officer*

- Co-developer of the Cell-in-a-Box® live cell encapsulation technology
- Professor at University of Veterinary Medicine, Vienna and Chief Technology Officer of Austrianova

Prof. Dr. Matthias Löhr – *Chairman of Medical and Scientific Advisory Board*

- World-renowned European oncologist/gastroenterologist at the Karolinska Institute in Stockholm, Sweden. Expert in the treatment of pancreatic cancer and diabetes
- Served as Principal Investigator for the Phase 1/2 and Phase 2 clinical trials of PharmaCyte's pancreatic cancer therapy

Dr. Eva-Maria Brandtner – *Director of Diabetes Program Development*

- Former Chief Scientist at Austrianova responsible for preclinical studies on Melligen cells
- Concurrently head of encapsulation unit at the Vorarlberg Institute for Vascular Investigation and Treatment in Dornbirn, Austria

Medical and Scientific Advisory Board

Dr. Matthias Löhr (Chairman)

- One of Europe's leading authorities in diseases of the pancreas (pancreatic cancer, diabetes)
- Principal Investigator for previous clinical trials of PharmaCyte's pancreatic cancer therapy

Dr. Manuel Hidalgo

- Internationally renowned oncologist and clinical investigator in pancreatic and other cancers
- Co-founder and Chairman of the international Pancreatic Cancer Research Team
- Assisted in the development of more than 30 novel oncology drugs
- Clinical Director of the Rosenberg Clinical Cancer Center and Chief of the Division of Hematology-Oncology at Beth Israel Deaconess Medical Center in Boston

Dr. Hans-Peter Hammes

- Professor of Internal Medicine and Endocrinology at University of Heidelberg, Germany and Section Head of Endocrinology
- Recipient of prestigious Camillo Golgi Prize awarded by the European Association for the Study of Diabetes at its 2015 Annual Meeting
- Internationally renowned expert in the treatment of diabetes; more than 95 publications

Dr. Brian Salmons

- Co-inventor of the Cell-in-a-Box® live cell encapsulation technology
- President and CEO of Austrianova
- Accomplished scientist with over 120 publications in scientific journals

Dr. Mark L. Rabe

- Leader in use of cannabis to treat diseases and their symptoms
- Served as Chief Medical Officer of California's largest network of physician-owned cannabis evaluation centers

Key Company Facts

PHARMACYTE BIOTECH

Trading Symbols:	OTCQB: PMCB
Headquarters:	Silver Spring, MD
Fiscal Year End:	April 30
Accounting Firm:	Armanino LLP
Legal Counsel:	Loeb & Loeb LLP

SELECTED FINANCIAL INFORMATION	
Stock Price (05/27/2016)	~$0.07
52-Week Range	~$0.04-$0.16
Shares Outstanding	~ 780 million
90-Day Average Trading Volume	~ 1.2 million shares
Market Capitalization	~$53 million
Debt (4/30/15)	$0.0
Cash (5/17/16)	~$2.0 million
Shareholders Equity (4/30/15)	~$7.8 million
$50.0 Million ATM	~$7.0 million sold

2016 Milestones

Achieved and Remaining

- ✓ Thai FDA inspected and approved encapsulation facility for product production
- ✓ Encapsulation facility deemed ready for cGMP production of encapsulated live cells
- Pre-IND meeting is held with the U.S. FDA regarding Phase 2b clinical trial
- IND for the Phase 2b clinical trial is finalized and submitted to the U.S. FDA
- Phase 2b clinical trial begins
- When the clinical trial is approximately 50% complete, an interim analysis of the data will is conducted:
  - PharmaCyte's therapy will be compared with the combination of capecitabine + radiation as to safety, effects on tumor growth, the ability to convert tumors from inoperable to operable, the extent of pain medication use and the patients' quality of life
  - If the data is supportive, plan to apply to U.S. FDA for "Breakthrough Therapy Designation"

2016 Milestones (cont'd)

- Additional preclinical studies are carried out by TD2 to determine if PharmaCyte's cancer therapy is effective in slowing the production and accumulation of malignant ascites fluid in the abdomen
- Preparations made to conduct clinical trial in ascites in early 2017
- Numerous preclinical studies continue to develop treatment for Type 1 and insulin-dependent Type 2 diabetes
  - Preclinical studies are being carried out concurrently and in parallel by PharmaCyte's International Diabetes Consortium to accelerate the timeline for starting clinical trial
  - The preclinical studies are designed to determine the necessary parameters that will permit PharmaCyte's diabetes therapy of encapsulated Melligen cells to begin a clinical trial in Q4 2017

Questions and Answers

Discussion and Next Steps

Thank you