QUARTERLY STATEMENT AS AT 31 MARCH 2017

HIGHLIGHTS

Clinical studies with the main product lefitolimod progressed as planned:

- Patient recruitment for the IMPALA pivotal study in the closing stages
- Data analyses of the exploratory phase II study IMPULSE; first results have been announced in April 2017
- Continuation of the TEACH study in HIV, due to the promising results from the first phase
- Cooperation partner Aarhus University has received a grant from Gilead for a combination study of lefitolimod in HIV

Further financing and investments for study progress

- Successful placement of convertible bond 2017/2025
- Study progress led to a further increase in R&D expenses as expected
- EBIT accordingly lower in comparison with the same period in the previous year

KEY DATA (IFRS)

In million €	**Q1 2017**	**Q1 2016**	**Change %**
Revenues	0,0	0.0	-
Profit (loss) from operations (EBIT)	-5.1	-4.5	13%
Expense structure			
Personnel expenses	1.2	1.3	-8%
R&D expenses	3.9	3.7	5%
Earnings per share in € (basic)	-0.15	-0.20	-25%
Cash flows from operating activities	-6.0	-4.4	36%

	31 March 2017	**31 December 2016**	**Change %**
Cash and cash equivalents	19.4	20.5	-5%
Shareholders' equity	6.7	11.8	-43%
Equity ratio	33%	55%	-40%
Total assets	20.3	21.4	-5%
Number of employees	52	59	-12%

CONTENTS

INTERIM MANAGEMENT REPORT

for the period under review from 1 January to 31 March 2017

- Continuation of clinical trials with lefitolimod and planned outsourcing of the production are focal points of activities
- Positive data from preclinical studies of lefitolimod and EnanDIM® in combination with checkpoint inhibitors presented
- EBIT decrease due to increase in R&D expenses
- For the first time interest expenses for convertible bonds
- Successful placement of convertible bond 2017/25

In the first quarter of 2017, the focus of operative business laid on the main product, the TLR9 agonist lefitolimod. Preparatory activities for a possible approval of the immunotherapeutic agent have begun. In particular this includes the planned outsourcing of the production and upscaling. Regarding the clinical studies progress has been made: Patient recruitment for the IMPALA study (phase III in colorectal cancer) is currently in the closing stages. For the exploratory phase II study IMPULSE key results have been announced in April. The extension phase of the TEACH study (phase I/II in HIV) as well as the phase I combination study the checkpoint inhibitor Yervoy® in cooperation with MD Anderson Cancer Center in Texas, continued.

At €3.9 million, expenses for research and development (R&D) were slightly up compared to the same period of the previous year (Q1 2016: €3.7 million). When compared with the same period of the prior year, material expenses for business development were incurred for the first time. Accordingly, EBIT was at €-5.1 million and therefore lower than the €-4.5 million recorded in the first quarter of the previous year. As of 31 March 2017, cash and equivalents totaled €19.4 million (12/31/16: €20.5 million). In the reporting period, a convertible bond with an issue volume of €4.99 million was placed.

Business development

The focus of the activities is placed on the continuation of clinical trials with the TLR9 agonist and Immune Surveillance Reactivator (ISR) lefitolimod and the planned outsourcing of the production.

Furthermore, MOLOGEN has presented data from preclinical studies of lefitolimod and EnanDIM® in combination with checkpoint inhibitors within the reporting period.

Due to the full placement of a convertible bond 2017/25 the Company received a cash inflow to be used for the ongoing implementation of the “Next Level” strategy program and specifically the further development of the lead product, immunotherapy with lefitolimod. Furthermore, the additional cash inflow will give the company greater financial flexibility for implementing and securing other strategic and operating measures in 2017. Based on today’s planning, financing is expected to be secured until the start of 2018. In addition, this puts the Company in a stronger position for potential future negotiations on partnership and licensing agreements. The partnering process has continued to gather momentum in the first quarter of this year.

Research and development (R&D)

In the first quarter of 2017, MOLOGEN has performed in the field of R&D, especially in clinical trials: the phase III pivotal study IMPALA for the indication of colorectal cancer; the extended phase I/II study TEACH for the indication of HIV, and the combination trial with a checkpoint inhibitor. IMPULSE, the randomized clinical study in the field of lung cancer, has achieved an important milestone just after the reporting period: In April 2017 key results have been announced. A more extensive evaluation of the IMPULSE data is currently ongoing. Data from a further post-observation period will presumably be announced in Q1 2018.

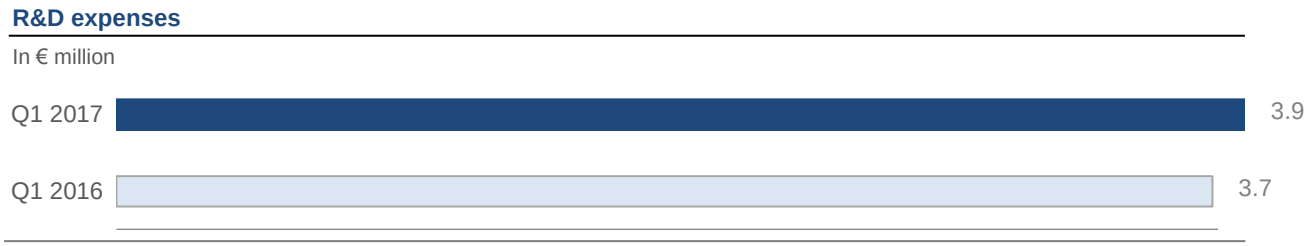
Furthermore, MOLOGEN has presented data from preclinical studies in tumor models of lefitolimod and EnanDIM® in combination with checkpoint inhibitors within the period under review.

The research and development results of the TLR9 agonist lefitolimod were presented at major international conferences, including ASCO Gastrointestinal Cancers Symposium (ASCO GI) and the annual HIV- conference “CROI” (Conference on Retroviruses and Opportunistic Infections).

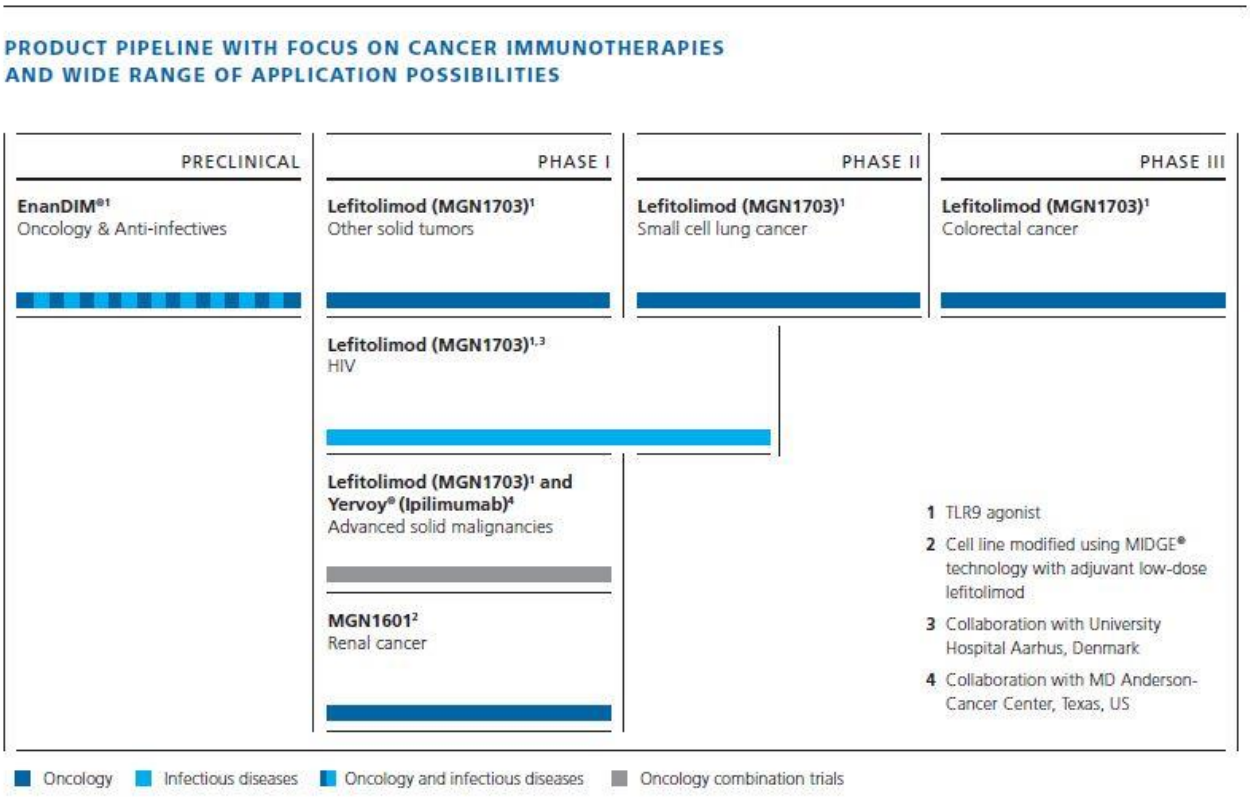
Regarding EnanDIM® MOLOGEN has also preclinically evaluated the TLR9 agonist in combination with checkpoint inhibitors. Data have been presented in February 2017 at the ASCO Clinical Immuno-Oncology Symposium (SITC).

R&D expenses

In the first quarter of 2017, expenses and investment in the area of research and development amounted to €3.9 million (Q1 2016: €3.7 million). Activities focused on the two clinical trials with lefitolimod, IMPALA and IMPULSE.



Composition of the product pipeline



MOLOGEN`s product pipeline is focused on the market-oriented main product lefitolimod and the follow-up molecules EnanDIM®. Besides this the pipeline contains a cell-based therapeutic vaccine MGN1601. For the time being the further development of this compound is being shelved as part of the portfolio review in 2016. Once lefitolimod has been successfully out-licensed, its development could be resumed.

All drug candidates are distinguished on the basis of the study data currently available, through good tolerance and safety. In addition, the expected effects confirm the reactivation of the immune surveillance.

TLR9 AGONISTS LEFITOLIMOD AND EnanDIM®

Lefitolimod is an immunotherapeutic agent, and the most advanced TLR9 agonist of MOLOGEN. During the period under review lefitolimod has been tested in the clinical studies IMPALA, IMPULSE and TEACH as well as in a combination study with the checkpoint inhibitor Yervoy® (ipilimumab).

Phase-III-pivotal study in colorectal cancer (IMPALA)

Patient recruitment for the IMPALA pivotal study began in September 2014 and is now just about to be completed.

IMPALA is an international phase III, randomized, non- blinded, two-arm multicenter clinical study. Based on the results of the subgroup analyses of the phase II IMPACT study, the IMPALA study includes patients with metastatic colorectal cancer, in whom a radiologically confirmed response to the first-line chemotherapy treatment, with or without the use of biological preparations (“biologics”), can be determined.

The aim of the study is to show that a so-called “switch maintenance” therapy involving lefitolimod in metastatic colorectal cancer patients leads to an increase in the overall survival rate. To that effect, the primary endpoint is the overall survival rate (OS). Secondary endpoints include progressive-free survival PFS, safety and tolerability, as well as quality of life (QoL).

Around 540 patients, in approx. 120 centers in eight European countries, including the five major European pharmaceutical markets, shall take part in the study. The analysis of the study will be performed as soon as a certain number of deaths, so-called events, could be observed. According to current estimates, this will be approx. 24 months after completion of patient recruitment, depending on the actual survival time of the patients in the study.

Exploratory phase II study in small-cell lung cancer (IMPULSE)

Within the period under review the data analysis has been conducted and key results have been announced just after the period under review. IMPULSE shows positive results regarding overall survival (OS) in two subgroups of patients in comparison to the control group (standard therapy). The results of this SCLC study provide significant guidance for defining patient populations that, even beyond this study, are most likely to benefit from the immune surveillance reactivator lefitolimod, even though in this highly challenging indication the primary endpoint OS was not met in the overall study population.

Notably, an overall survival (OS) benefit was shown in comparison to the control arm (local standard of care) in patients with a low count of activated B cells (hazard ratio 0.59, 95% confidence interval 0.29-1.21), an important immune parameter. Moreover, a benefit was seen in patients with reported Chronic Obstructive Pulmonary Disease (COPD), a frequent underlying disease (hazard ratio 0.54, 95% confidence interval 0.21-1.38).

A more extensive evaluation of the IMPULSE data is currently ongoing. The full IMPULSE study results will be presented at an international scientific conference.

About the IMPULSE study:

The trial titled “Randomized Clinical Study of Maintenance Therapy with **I**mmunomodulator **M**GN1703 in **p**atients with Extensive Disease Small Cell L**u**ng Cancer after Platinum-Ba**se**d First-Line Therapy” (IMPULSE study) had overall survival as the primary endpoint. It compared lefitolimod versus the best standard therapy (“best standard of care”). The study included patients suffering from extensive-disease small-cell lung cancer (SCLC), and showing at least partial response to first-line chemotherapy.

Extended phase I/II study in HIV (TEACH trial)

TEACH (**T**oll-like receptor 9 **e**nhancement of **a**ntiviral immunity in **c**hronic **H**IV infection) is a non-randomized interventional phase I/II study with lefitolimod in HIV-infected patients. The primary endpoint of the study is the change in the proportion of activated natural killer cells in the patients. Secondary endpoints include, inter alia, the collection of virological, immunological and pharmacodynamic results, as well as data relating to safety.

The study is conducted in collaboration with Aarhus University Hospital, Denmark. Lefitolimod is initially tested in patients suffering from any other disease than cancer. The application range of the product could therefore be expanded.

The early-stage study with the Immune Surveillance Reactivator lefitolimod to treat HIV-infected patients has begun 2015 and continues since mid-2016 in an expansion phase. Because of this, more patients can be accepted, and undergo a longer period of treatment with lefitolimod. This is due to the activation of the patients' immune system achieved by the substance, which is demonstrated by the significant increase of various immune markers. Accordingly, the administration of lefitolimod in accordance with the underlying hypothesis, leads to a strong activation of plasmacytoid dendritic cells (pDC), natural killer cells (NK), and T cells in HIV-infected patients receiving antiretroviral therapy (ART). Lefitolimod could therefore be used in the so-called "kick and kill program" as an Immune Surveillance Reactivator, with which to eradicate the HI-virus. Initially, patients received treatment for one month. In the second phase, the study protocol provides for a longer period of treatment with lefitolimod, lasting for six months, with a few additional patients. Study results are expected in summer 2017.

The aim of the TEACH study is to determine whether lefitolimod can activate the immune system in HIV-infected patients so that it can help to decimate HIV reservoirs in HIV-positive patients. The Aarhus University Hospital is carrying out the study in two clinical centers in Denmark, and has received subsidies from the American Foundation for AIDS Research (amfAR). MOLOGEN provides the medication lefitolimod.

In January 2017 the Danish Aarhus University Hospital, has received a grant of USD 2.75 million from the biopharmaceutical company Gilead Sciences, Inc., Foster City, US. The

grant should fund a planned clinical study in HIV-positive patients on antiretroviral therapy (ART) evaluating MOLOGEN's TLR9 agonist, the Immune Surveillance Reactivator (ISR) lefitolimod in combination with novel virus-neutralizing antibodies developed by Rockefeller University, New York, US. MOLOGEN would provide lefitolimod for the study. This novel combination to be investigated in the planned study would offer the latest variant of the "kick-and-kill" concept to treat HIV.

In February 2017 the Danish Aarhus University Hospital, presented new data on the TEACH study at the annual Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, U.S. For the first time it was shown that lefitolimod can induce a local antiviral immune response in sigmoid colon biopsies of HIV-infected patients undergoing antiretroviral treatment (ART). These findings strongly support the continued development of lefitolimod as an immune surveillance reactivator and represent the potential to eradicate the latent HIV reservoir.

Combination trial: Lefitolimod with the checkpoint inhibitor Yervoy®, in collaboration with MD Anderson Cancer Center

The conclusion of a cooperation agreement with the MD Anderson Cancer Center at the University of Texas (MD Anderson) was announced at the beginning of 2016. The cooperation includes a phase I study with lefitolimod in combination with the commercially available immunotherapy Yervoy® (ipilimumab) in patients with advanced solid tumors. The ISR lefitolimod is initially tested in combination with a checkpoint inhibitor. If lefitolimod increases the effectiveness of immune checkpoint blockades, and/or favorably influences the tolerability profile, this could expand the potential application spectrum of the product. The study was initiated on the assumption that the combination of the two immunotherapies would lead to the broader activation of the immune system, and that synergies could be achieved. The combination of different cancer immunotherapies has already shown promising results in other studies. These assessments are also shared by MOLOGEN. Further combination studies are to follow.

The aim of this study, which is entitled "A Phase I Trial of Ipilimumab (Immunotherapy) and MGN1703 (TLR Agonist) in Patients with Advanced Solid Malignancies" is to firstly determine the highest tolerated dosage of lefitolimod, which in combination with Yervoy® (ipili-

mumab) can be administered to patients with advanced tumors. The safety of the therapy combination is also tested. The study also aims to investigate the effectiveness of combining these two immunotherapies in an expansion phase.
The combination of lefitolimod with a checkpoint inhibitor is of particular interest: Lefitolimod (MGN1703) activates the immune system as a TLR9 agonist, and with the reactivation, releases the immune surveillance forces which specifically target cancer cells. Manufactured by Bristol-Myers Squibb Co., Yervoy® is a recombinant, human monoclonal antibody and immune checkpoint inhibitor, which has already been approved for treating patients with inoperable or metastatic skin cancer.

MD Anderson is carrying out the study in its cancer treatment center in Texas, US and recruited the first patient in June 2016. MOLOGEN provides the medication lefitolimod, and is financing the study.

EnanDIM®

EnanDIM® defines a new generation of immune-activating TLR9 agonists, and therefore represents successor substances from MOLOGEN's TLR9 technology with longer patent protection. Comprehensive immune activation and good tolerability can be expected from EnanDIM®. In our assessments the modes of action of EnanDIM® should allow its application in a number of cancer indications, either as a monotherapy or in combination with other targeted therapies, checkpoint inhibitors, and other immunotherapeutic approaches. In addition, the substances in the EnanDIM®-family can be used in the field of infectious diseases – for example, HIV.

In the period under review MOLOGEN has presented combination data of EnanDIM® and a checkpoint inhibitor. The preclinical in vivo data showed that EnanDIM® can significantly improve the anti-tumor effect of the checkpoint inhibitor anti-PD-1, and thus prolong survival in a murine colon carcinoma tumor model. The beneficial effect of the combination of EnanDIM® with anti-PD-1 antibodies compared to each monotherapeutic approach was confirmed in in vitro experiments. These results constitute a first preclinical confirmation of the combination approach of EnanDIM® with checkpoint inhibitors in the treatment of cancer.

Cancer immunotherapy MGN1601

The mode of action of the cancer immunotherapy MGN1601 is equivalent to a therapeutic inoculation, and is a vaccination based on a specific cell line. With the help of MIDGE® technology (as a vector system), the cancer cell line is genetically modified, and is combined with low-dosed lefitolimod as an adjuvant.

The renal cancer clinical phase I/II study ASET with MGN1601 was successfully completed in 2013. On the basis of these positive results, the clinical development of MGN1601 could enter the next phase, involving a combination trial.

Within the framework of the Next Level strategy, adopted in 2016, further development of MGN1601 is being shelved for the time being. Once lefitolimod has been successfully outlicensed, development is to be resumed.

Financial performance and financial position

- In comparison with the same period of the previous year, R&D expenses increased to €3.9 million while material expenses for business development were incurred for the first time in the reporting period. As a result, EBIT was down on the prior year's level, at €-5.1 million.
- Average cash utilized per month of €2.0 million (Q1 2016: €1.5 million per month).
- Cash and cash equivalents totalled €19.4 million (12/31/2016: €20.5 million).

Overall, the Company's financial performance and financial position developed according to plan. The cash and cash equivalents available on the reporting date provide for the short-term financial needs of the company.

Results of operations

In the first three months of 2017, revenues came to €36 thousand (Q1 2016: €0 thousand). Other operating income amounted to €16 thousand (Q1 2016: €7 thousand).

At €3.0 million, cost of materials and costs for external services exceeded the previous year's figure (Q1 2016: €2.4 million) and were primarily incurred in connection with carrying out clinical studies. Of this, €3.0 million was attributable to costs for external services (Q1 2016: €2.3 million). Costs for raw materials and consumables used totalled €0.02 million in the reporting period (Q1 2016: €0.05 million).

Other operating expenses were up on the previous year's value, at €0.9 million (Q1 2016: €0.8 million). Increased consulting costs in connection with business development were offset by a decrease in other expenses.

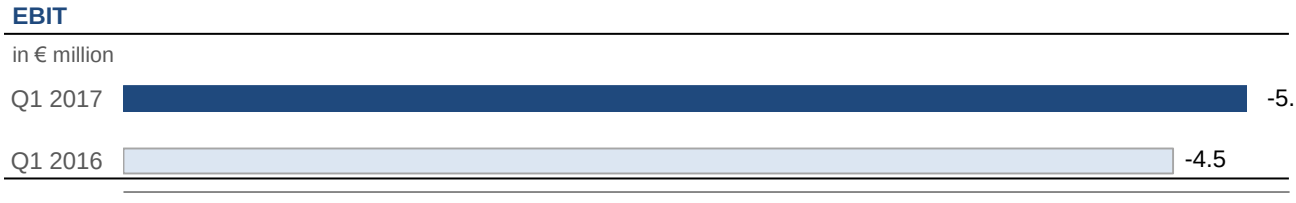
At €1.2 million, personnel expenses were lower than in the previous year (Q1 2016: €1.3 million). This reduction is due to the reorganisation in the areas of production and basic research.

The scheduled depreciation and amortization of fixed assets was down on the previous year's level and amounted to €16 thousand (Q1 2016: €36 thousand).

Finance income decreased when compared with the prior-year period to €-107 thousand in the first three months of 2017 (Q1 2016: €0.1 thousand). In the reporting period, interest expenses totalling €107 thousand were reported. This interest was accrued in relation with the issuance of a convertible bond.

Of the total expenses, €3.9 million was used for research and development projects (Q1 2016: €3.7 million) and was primarily attributable to expenses incurred in connection with conducting the IMPALA and IMPULSE studies.

At €-5.1 million for the first three months of 2017, EBIT was down on the same period of the previous year (Q1 2016: €-4.5 million).



Net assets and financial situation

Total assets decreased to €20.3 million (12/31/2016: €21.4 million). This is primarily due to cash burn and the net loss for the reporting period.

As of 31 March 2017, assets essentially comprised cash and cash equivalents amounting to €19.4 million (12/31/2016: €20.5 million). The decrease is due to the cash utilized within the scope of operating activities. Including investments, cash burn amounted to €6.0 million (Q1 2016: €4.5 million, including expenses for raising equity).

In the reporting period, MOLOGEN was always in a position to comply with all its financial obligations.

At €6 thousand, the volume of the investments made in the first three months of 2017 was lower than scheduled depreciation and amortization in the same period (€16 thousand). At €0.05 million, non-current assets as of 31 March 2017 were below the level on the prior year's reporting date (12/31/2016: €0.06 million).

Equity and liabilities consisted of equity in the amount of €6.7 million (12/31/2016: €11.8 million). The equity ratio consequently decreased to 33% (12/31/2016: 55%). The decrease is essentially due to the increased net loss.

As of 31 March 2017, current liabilities amounted to €6.5 million and were therefore below the value on the prior year's reporting date (12/31/2016: €7.4 million).

Other financial liabilities amounted to €15.3 million as of 31 March 2017 (12/31/2016: €17.4 million) and were especially due to the conclusion of short-term service contracts for the IMPALA and IMPULSE clinical trials that commenced in fiscal year 2014.

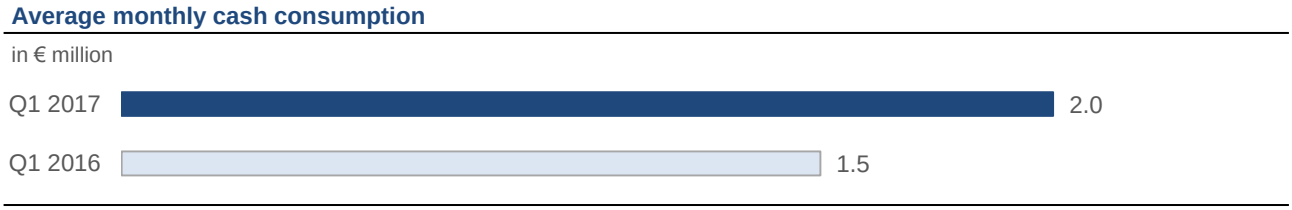
Liquidity development

In the first three months of 2017, cash and cash equivalents used for operating activities in the amount of €6.0 million exceeded the prior year's value (Q1 2016: €4.4 million) and were mostly committed to research and development.

Cash flows from investing activities were on a low level, at €6 thousand (reference period: €72 thousand).

Cash flows from financing activities amounted to €4.99 million (Q1 2016: €0 million). The convertible bond 2017/2025 was issued in the reporting period.

Monthly cash consumption amounted to an average of €2.0 million per month in the first three months of 2017 and was therefore higher than the value of €1.5 million in the same period of the prior year.



Supplementary report

Since 1 May 2017, Dr Matthias Baumann has been the Chief Medical Officer of MOLOGEN AG.

On 22 April 2017 MOLOGEN announced the key results of the exploratory phase II study IMPULSE. For more information please see page 8 et seq. in this Quarterly Financial Statement.

Since 1 April 2017 it is possible to convert partial bonds from the convertible bond 2017/25 into MOLOGEN shares. Until 10 May 2017 partial bonds have been converted into 237,492 non-par-value shares. This results in a new share capital of 34,184,743.

Forecast, risk and opportunity report

Forecast

The statements made in the Management Report of the Annual Financial Statements as at 31 December 2016, on the objectives in the fields of research and development, collaboration and partnerships, earnings and liquidity development, and personnel, still apply (see Annual Report 2016, page 56 et seq.).

Opportunities and risk report

The opportunities and risks, and the assessment thereof, identified in the Management Report of 31 December 2016, remain unchanged (see Annual Report 2016, page 57 et seqq.).

Financial Statements as at 31 March 2017

STATEMENT OF COMPREHENSIVE INCOME (IFRS)

EUR'000	**Q1 2017**	**Q1 2016**
	unaudited	**unaudited**
Revenues	36	0
Other operating income	16	7
Cost of materials	-2,993	-2,380
Personnel expenses	-1,226	-1,296
Depreciation and amortization	-16	-36
Other operating expenses	-909	-811
Profit (loss) from operations	**-5,092**	**-4,516**
Finance costs	-107	0
Finance income	0	0
Profit (loss) before taxes	**-5,199**	**-4,516**
Tax result	0	0
Profit (loss) for the period/ comprehensive income	**-5,199**	**-4,516**
Loss carried forward	-125,774	-104,771
Accumulated deficit	**-130,973**	**-109,287**
Basic earnings per share (in €)	-0.15	-0.20
Diluted earnings per share (in €)	-	-

STATEMENT OF FINANCIAL POSITION (IFRS)

EUR'000	**31 March 2017**	**31 December 2016**
	unaudited	**audited**
ASSETS		
Non-current assets	**52**	**62**
Intangible assets	33	37
Property, plant and equipment	19	25
Current assets	**20,236**	**21,300**
Cash and cash equivalents	19,441	20,520
Trade receivables	0	33
Inventories	17	13
Other current assets	778	733
Income tax receivables	0	1
Total Assets	**20,288**	**21,362**
EQUITY AND LIABILITIES		
Non-current liabilities	**7,070**	**2,121**
Deferred income	2	2
Other non-current liabilities	7,068	2,119
Current liabilities	**6,478**	**7,404**
Trade payables	5,754	6,530
Other current liabilities and deferred income	706	871
Liabilities to banks	18	3
Shareholders' equity	**6,740**	**11,837**
Issued capital	33,947	33,947
Capital reserves	103,766	103,664
Accumulated deficit	-130,973	-125,774
Total Equity & Liabilities	**20,288**	**21,362**

STATEMENT OF CASH FLOWS (IFRS)

EUR'000	**Q1 2017**	**Q1 2016**
	unaudited	**unaudited**
Cash flows from operating activities		
Loss for the period before taxes	-5,199	-4,516
Depreciation and amortization of intangible assets and property, plant and equipment	16	36
Profit from disposal of intangible assets and property, plant and equipment	-16	0
Other non-cash expenses and income	62	56
Change in trade receivables, inventories and other assets	-16	422
Change in trade payables and other liabilities	-926	-402
Interest expenses/interest income	97	0
Income tax payments	1	0
Net cash used in operating activities	**-5,981**	**-4,404**
Cash flows from investing activities		
Proceeds from the disposal of property, plant and equipment	16	0
Cash payments to acquire property, plant and equipment	-5	-14
Cash payments to acquire intangible assets	-1	-58
Net cash used in investing activities	**10**	**-72**
Cash flows from financing activities		
Cash proceeds (after deduction of expenses for the equity component) from the issuance of a convertible bond	4,989	0
Interest paid	-97	0
Net cash used in financing activities	**4,892**	**0**
Effect of exchange rate changes on cash	**0**	**0**
Total changes in cash and cash equivalents	**-1,079**	**-4,476**
Cash and cash equivalents at the beginning of the period	**20,520**	**24,592**
Deposits with a term of more than three months at the beginning of the period	0	0
Cash and cash equivalents at the end of the period	**19,441**	**20,116**
Deposits with a term of more than three months at the end of the period	0	0
Liquid funds at the end of the reporting period	**19,441**	**20,116**

STATEMENT OF CHANGES IN EQUITY (IFRS)

EUR'000 except share data	**Issued Capital**		**Capital Reserves**	**Accumulated Deficit**	**Shareholder`s Equity**
	Number of ordinary shares	Share Capital			
As of 31 December 2015 (audited)	**22,631,501**	**22,632**	**101,642**	**-104,771**	**19,503**
Value of services rendered by employees (according to IFRS 2)			56		**56**
Loss for the period				-4,516	**-4,516**
As of 31 March 2016 (unaudited)	**22,631,501**	**22,632**	**101,698**	**-109,287**	**15,043**
As of 31 December 2016 (audited)	**33,947,251**	**33,947**	**103,664**	**-125,774**	**11,837**
Equity component of convertible bonds			51		**51**
Value of services rendered by employees (according to IFRS 2)			51		**51**
Loss for the period				-5,199	**-5,199**
As of 31 March 2017 (unaudited)	**33,947,251**	**33,947**	**103,766**	**-130,973**	**6,740**

FINANCIAL CALENDAR 2017

March 22, 2017
Annual Financial Statement
and Annual Report 2016

April 28, 2017
Annual General Meeting

May 11, 2017
Quarterly Statement
as of March 31, 2017

August 10, 2017
Half-Year Report
as of June 30, 2017

November 09, 2017
Quarterly Statement
as of September 30, 2017

FOR FURTHER INFORMATION PLEASE CONTACT

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DISCLAIMER

This information contains forward-looking statements based on current assumptions and estimates by the company management of MOLOGEN AG. Forward-looking statements are characterized by the use of words such as expect, intend, plan, predict, assume, believe, estimate, and similar formulations. These statements are not to be understood as in any way guaranteeing that these expectations will turn out to be accurate. Future performance and the results achieved by MOLOGEN AG depend on a number of risks and uncertainties and may therefore differ materially from the forward-looking statements. Many of these factors, such as the future economic environment and the behavior of competitors and others involved in the marketplace, are outside the control of MOLOGEN AG and cannot be accurately estimated in advance. MOLOGEN neither plans nor undertakes to update any forward-looking statements.

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