

MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2013

This management's discussion and analysis has been prepared as of April 24, 2014 and should be read in conjunction with the financial statements of iCo Therapeutics Inc. ("iCo" or the "Company") for the year ended December 31, 2013 and the related notes thereto. Our financial statements are prepared in accordance with International Financial Reporting Standards ("IFRS") and all dollar amounts are expressed in Canadian dollars unless otherwise noted. In this discussion, unless the context requires otherwise, references to "we" or "our" are references to iCo Therapeutics Inc. Additional information relating to our Company, including our annual information form, is available by accessing the SEDAR website at www.sedar.com.

Forward Looking Statements

This Management's Discussion and Analysis ("MD&A") contains certain statements, other than statements of historical fact, that are forward-looking statements which reflect the current view of the Company with respect to future events including corporate developments, financial performance and general economic conditions which may affect the Company. The forward-looking statements in this MD&A include, but are not limited to, statements regarding: the status of our research and development programs; iCo-007, iCo-008 and the Oral AmpB Delivery System; our expectations regarding future research and development expenses; and the sufficiency of the Company's financial resources to fund operations for the remainder of 2014. Forward-looking statements include, but are not limited to, those statements set out in this MD&A under Business Overview and Strategy, iCo-007, iCo-008, Oral AmpB Delivery System, research and development, Liquidity, Capital resources and Outlook, Comparison of Cash Flows, Long term Obligations and Commitments, Critical Accounting Estimates, Financial Instruments and Risks and Uncertainties. We have based these forward-looking statements largely on our current expectations, projections and assumptions made based on our experience, perception of historical trends, the current business and financial environment. Key assumptions upon which the forward-looking statements are based include the following:

- a) The Company's iDEAL phase II trial will not be unreasonably delayed and expenses will not increase substantially;
- b) The Company will be able to secure additional financial resources to continue our research and development activities;
- c) Key personnel will continue their employment with the Company;
- d) The Company will successfully maintain all necessary commitments to product licences and other agreements and maintain regulatory approvals in good standing;
- e) The Company will be able to maintain and enforce its intellectual property rights and otherwise protect its proprietary technologies.

Forward-looking statements should not be read as a guarantee of future performance or results, and will not necessarily be accurate indications of the times at, or by, which such performance or results will be achieved. Forward-looking statements are based on information available at the time those statements are made and/or management's good faith belief as of that time with respect to future events, and are subject to risks and uncertainties that could cause actual performance or results to differ materially from those expressed in or suggested by the forward-looking statements. Risks that could cause actual results to differ from current expectations include: reliance on collaborative partners; changes in government and government agency policies and regulations; general economic and financial market conditions; failure to retain key employees; performance failure of third parties and/or sub-contractors; potential for clinical trial delays and/or adverse events leading to clinical trial liability; inadequate protection of intellectual

property rights; the impact of US/Canadian exchange rates; inability to raise sufficient capital to fund research and development activities, in particular the iDEAL Phase II clinical trial; the development and adoption of competitive technologies; and general risks inherent to the biotechnology industry.

Except as may be required by applicable law or stock exchange regulation, we undertake no obligation to update publicly or release any revisions to these forward looking statements to reflect events or circumstances after the date of this document or to reflect the occurrence of unanticipated events. Accordingly, readers should not place undue reliance on forward-looking statements. If we do update one or more forward-looking statements, no inference should be drawn that additional updates will be made with respect to those or other forward-looking statements.

Business Overview and Strategy

We are a Canadian biotechnology company focused on the identification, development and commercialization of drug candidates to treat sight threatening and life threatening diseases through a development-only business model.

We principally focus on in-licensing drug candidates with a clinical history and redose, reformulate and develop drug candidates for the treatment of sight-threatening conditions such as diabetic macular edema (“DME”) and severe allergic conjunctivitis and life threatening diseases such as severe systemic fungal infections. We assume the clinical, regulatory and commercial development activities for our product candidates and advance them along the regulatory and clinical pathway toward commercial approval. We believe that our approach reduces the risk, time and cost of developing ocular therapeutics by avoiding the uncertainty associated with research and pre clinical stages of drug development. We use our expertise to manage and perform what we believe are the critical aspects of the drug development process, including the design and conduct of clinical trials, the development and execution of strategies for the protection and maintenance of intellectual property rights and interaction with drug regulatory authorities. The main elements of our strategy are as follows:

Identification of Product Candidates

We directly perform scientific evaluation and market assessment of pharmaceutical products and research developed by other biopharmaceutical companies. As part of this process, we evaluate the related scientific research and pre-clinical and clinical research, if any, and the intellectual property rights in such products and research, with a view to determining the therapeutic and commercial potential of the applicable product candidates. We intend to mitigate the risks associated with our development and commercialization efforts by targeting drug candidates that:

- are approved for clinical trials or are in late-stage pre-clinical trials;
- have well-established safety profiles;
- have been successfully manufactured on a clinical grade basis in quantities sufficient for clinical trials; and
- have data suggestive of potential efficacy as a treatment for ocular indications.

Our initial focus has been on sight threatening diseases because we believe that there is an unmet need for new and effective therapeutics in this field. In addition, several members of our management team and key advisors have considerable expertise in ophthalmology. Although we may in the future develop product candidates targeting conditions other than ocular disease, our current emphasis is on leveraging

our expertise in ophthalmology to focus on the development of product candidates targeting ocular diseases such as DME and allergic conjunctivitis.

In-Licensing

Upon identifying a promising biopharmaceutical product, we seek to negotiate a license to the rights for the product from the holder of those rights. The terms of such licenses vary, but generally our goal is to secure licenses that permit us to engage in further development, clinical trials, intellectual property protection (on behalf of the licensor or otherwise) and further licensing of manufacturing and marketing rights to any resulting products. This process of securing license rights to products is commonly known as “in-licensing”. In certain instances, we have taken the “option” approach, whereby we gain an exclusive right to in-license a drug candidate for a defined period of time before we have to actually make a commitment to do so. This approach allows us to review additional data before making a decision to in-license a particular drug candidate.

Product Advancement

Upon in-licensing a product candidate, our strategy is to apply our skills and expertise to advance the product toward regulatory approval and commercial production and sale in major markets. These activities include implementing intellectual property protection and registration strategies, formulating or reformulating existing drug products, making regulatory submissions, performing or managing clinical trials in target jurisdictions, and undertaking or managing the collection, collation and interpretation of clinical and field data and the submission of such data to the relevant regulatory authorities in compliance with applicable protocols and standards.

Developing Partnerships with Biopharmaceutical Companies

In order to augment our ability to develop our product candidates and effectively market any products in respect of which we obtain regulatory approval, we may enter into an agreement or partnership with a biopharmaceutical company that has drug development or sales and marketing capabilities, or both. Entering into an agreement or partnership with a pharmaceutical or biotechnology company that has these capabilities may enable us to increase our returns from our product candidates by utilizing that company’s development or sales and marketing capabilities, or both, to further accelerate development of our product candidates or enable us to develop the candidate in more than one indication simultaneously.

Outsourcing

In order to optimize the development of our product candidates, we outsource certain of our product development activities. Factors that we consider in determining which activities to outsource include cost, relative expertise, capacity and quality assurance. The product development functions that we have chosen to outsource include pre-clinical activities in support of regulatory filings, clinical trials and manufacturing. We believe that our relationships with external laboratories enable us to complete pre-clinical testing faster and more efficiently than if we performed these activities ourselves. Additionally, there are many independent Contract Research Organizations that are specifically equipped and set up to manage clinical trial projects, thus alleviating the need for iCo to commit internal resources to do so. Because our manufacturing needs are currently sporadic, we believe that it is more efficient to outsource manufacturing.

Products

We currently in-license three product candidates (iCo-007, iCo-008 and an Oral Amphotericin B Delivery System (previously known as iCo-009) that we believe have the potential to treat sight threatening and life threatening conditions.

iCo-007

iCo-007 is a second generation anti-sense compound that we believe reduces levels of a key protein, c-Raf Kinase, which may be associated with diabetic retinopathy, including DME. Diabetic retinopathy, including DME, is an ocular complication of Type 1 Diabetes (“T1D”) and Type 2 Diabetes (“T2D”) characterized by new blood vessel growth and increased vascular permeability in the back of the eye. Fluid leaks into the macula, the part of the eye where the sharpest vision occurs, causing it to swell, and impairing vision. We have completed a Phase I, open label, dose-escalating clinical trial at four trial sites in the United States using a single injection of iCo-007 in patients with diffuse DME. The primary endpoint for the trial was to assess the safety of iCo-007 at four different dosage levels in four groups (“cohorts”) of patients – fifteen patients in total. However as the trial was conducted in patients with disease as opposed to healthy volunteers, as secondary endpoints we were also able to collect data on what effect the drug may be having on the disease itself.

The trial met its primary end-point, which was to evaluate the ocular safety and tolerability of iCo-007 following a single intravitreal administration. Secondary objectives included assessment of systemic pharmacokinetics, retinal thickness using optical coherence tomography (OCT) measurements, and visual acuity.

Intravitreal injections of iCo-007 were well tolerated with a good safety profile; ultimately progressing to the highest dose of 1000 ug based on positive safety evaluation committee meetings two months post each dosing level. Analysis of blood plasma in patients demonstrated that iCo-007 was not detectable in the blood plasma with any of the doses used in the Phase I trial. There were signs of biological activity in responsive patients at 24 weeks with a reduction of retinal thickness ranging between 149 and 743 microns (and 115 to 743 microns if one additional patient followed only to week 18 is included). Mean change in retinal thickness for all patients completing the 24 week follow-up (12 of 15 patients) was minus 169 microns (or 40% reduction of excess retinal thickness), a positive trend. In a number of subjects there was a transient increase in retinal edema preceding biological effect. Approximately 69% of patients completing a 24 week follow up (13 of 15 patients) had stable or improved vision, defined as - 5 letters or better compared to baseline and 23% of patients experienced greater than or equal to 5 letters of visual improvement. The highest dose seemed to show a smaller biological effect than lower doses. The first three doses appeared to display some dose-related biological effect, warranting further exploration of dosing and treatment regimen in a Phase II clinical trial.

Strategic and preliminary planning for the Phase II clinical trial was initiated in 2009 and formal Phase II clinical trial planning started on conclusion of our Phase I trial. Regulatory documents were filed with Health Canada, and we successfully received a “No Objection” letter from Health Canada in response to a Clinical Trial Application to initiate a Canadian Phase II clinical trial in July 2010. In mid 2010, we completed a Technology Transfer Agreement with Isis Pharmaceuticals to transfer certain technology (including certain analytical methods, chemistry reports and assays) related to the manufacturing of iCo-007 to iCo. In consideration of the technology transfer, we issued to Isis a warrant to purchase 235,000 shares of iCo’s common stock at an exercise price of \$0.61 per share. The Warrant expired on May 16, 2012. Subsequently, iCo announced the completion of drug product manufacturing activities as part of its Phase II clinical program in February 2011.

In August, 2011, we initiated a US physician-sponsored Phase II clinical trial involving iCo-007, titled the iDEAL study, which will be conducted in up to thirty sites throughout the United States. The iDEAL Study is being led by the clinician scientists who are investigators in the trial and is being coordinated at the University of Nebraska Medical Centre (“UNMC”). The physician-sponsored clinical investigation is entitled, “Randomized, Multi-center, Phase II Study of the Safety, Tolerability and Bioactivity of Repeated Intravitreal Injections of iCo-007 as Monotherapy or in Combination with Ranibizumab or Laser Photocoagulation in the Treatment of Diabetic Macular Edema With Involvement of the FoveAL Center (the iDEAL Study).”

On September 26, 2011, we announced a research collaboration agreement with the Juvenile Diabetes Research Foundation (“JDRF”), the worldwide leader for research to cure, treat, and prevent T1D, to support the previously announced Phase 2 investigator sponsored clinical trial investigating iCo-007 in DME and in March 2012, we outlined the clinical trial plan for the iDEAL study and began the process of recruiting patients. Further to this, on January 3, 2013, we announced that, we had reached the midpoint of the iDEAL study with no drug related serious adverse events among patients receiving repeat doses of iCo-007. On June 18, 2013 we announced that we had completed enrollment for the iDEAL study and subsequently on March 5, 2014, we announced the final month eight patient visit in the iDEAL Study. Next steps include data queries and subsequent data lock. Once these activities are complete, the results will be analyzed and top-line results will be made public, which we expect to be in the second quarter of 2014.

iCo-008 (Bertilimumab)

iCo-008 is a human monoclonal antibody that we believe may treat sight threatening forms of allergic conjunctivitis by neutralizing eotaxin-1, a ligand to the chemokine receptor CCR3. It is our view that iCo-008 neutralizes eotaxin-1 by binding to it and, as a consequence, preventing it from binding to CCR3. We believe that iCo-008 has the potential to inhibit intracellular signalling associated with mast cell degranulation and the recruitment of eosinophils to the site of allergic reactions and, as a result, potentially inhibit both early stage and late stage development of severe allergic conjunctivitis. We also believe that iCo-008 could also be used to treat a variety of systemic disease indications which involve eosinophils including severe asthma, food allergies, and inflammatory bowel disease.

Recent published scientific literature has also indicated that iCo-008 may have utility to potentially treat age related macular degeneration (“AMD”), a severe ophthalmic disease which effects elderly patients and can lead to blindness in just a few years. In light of this new information, we are currently exploring AMD as a possible therapeutic indication for iCo-008. We will only undertake a clinical trial program for iCo-008 in the event we are able to obtain sufficient financial resources to do so.

Before we licensed iCo-008 from Medimmune Limited (“MedImmune”), MedImmune (then known as Cambridge Antibody Technology) conducted Phase I clinical trials testing the safety, tolerability and pharmacokinetics of iCo-008 and Phase II clinical trials testing the efficacy of iCo-008 as a treatment for allergic rhinitis and allergic conjunctivitis. To date, we have developed a clinical plan for iCo-008 and assembled a key opinion leader advisory group. While it was our intention to run a Phase II clinical trial to test the efficacy and safety of iCo-008 in individuals with a serious sight threatening form of allergic conjunctivitis known as vernal keratoconjunctivitis, the global credit crisis which began in 2008 severely restricted our ability to raise equity capital. In response to the crisis we made the strategic decision to reserve our cash resources for developing iCo-007 and explore strategic initiatives to fund further development of iCo-008.

In December 2010, we granted IMMUNE Pharmaceuticals Corp. (“IMMUNE”), based in Israel and the United States, an option to an exclusive license for the development and commercialization rights to the

systemic uses of iCo-008. The license option is for systemic uses including inflammatory bowel disease and severe asthma. iCo retained worldwide exclusive rights to all uses and applications in the ocular field. Under the terms of the agreement, IMMUNE paid the Company a non-refundable option fee creditable upon conversion against an upfront license fee payment of US \$1 million. iCo may receive up to an additional US\$32 million in milestone payments as well as royalties on net sales of licensed products. On June 24, 2011, the option was converted to an exclusive sub-license agreement. The upfront consideration was amended such that iCo received: US\$500,000 in cash, 600,000 common shares of IMMUNE and 200,000 IMMUNE warrants.

On August 26, 2013, IMMUNE completed a merger with Epicept Corporation, a company publicly traded on the NASDAQ OTCQX. The combined company changed its name to Immune Pharmaceuticals Inc. (“Immune Pharmaceuticals”) and currently trades on the OTCQX under the symbol IMNP and Stockholm Exchange under the symbol IMNP. The impact of the merger on iCo’s investment in Immune is explained in more detail under “Corporate Highlights: iCo-008”.

Following authorization from Israeli health authorities, Immune Pharmaceuticals has initiated a Phase II double-blind placebo controlled study with its lead drug, Bertilimumab (iCo-008), in patients with moderate-to-severe ulcerative colitis. The clinical trial is a randomized, double-blind, placebo-controlled parallel group study that will evaluate the safety, clinical efficacy, and pharmacokinetic profile of Bertilimumab in subjects with active moderate-to-severe ulcerative colitis. Ninety patients are expected to be enrolled into the study, sixty of whom will be treated with Bertilimumab 7mg/kg and thirty of whom will be treated with placebo every two weeks, at days 0, 14, and 28. These patients will be evaluated for clinical response after 6 weeks to determine the decrease if any in the full Mayo Clinic Ulcerative Colitis Score. Secondary and exploratory end points will include clinical remission defined as symptom free, fecal calprotectin, a recognized marker of gastro-intestinal inflammation, histopathology improvement and degree of mucosal injury. Patient follow-up will continue up to day 90. Patients will be enrolled initially from up to ten hospitals in Israel and later in other countries pending approval of local health authorities. Completion of patient enrollment and clinical results are anticipated in 2015.

In late 2013, Immune Pharmaceuticals also announced that it expects to expand the Phase II program to the treatment of bullous pemphigoid, a rare auto-immune condition that affects the skin and causes the formation of blisters. Data from this trial is expected in 2014.

Oral Amphotericin B Delivery System, formerly known as iCo-009 (and related derivatives)

iCo’s experimental oral formulations of Amphotericin B (“AmpB”) are currently being developed at the University of British Columbia (“UBC”). Although AmpB has been used to treat systemic fungal infections intravenously for approximately 50 years, an oral formulation of AmpB has yet to be developed. Intravenous AmpB has historically been a potent but toxic option for the treatment of serious systemic fungal infections. Systemic fungal infections are fungal infections that affect the entire body and are particularly prevalent among people whose immune systems have been weakened by certain treatments, such as organ transplant recipients, or certain conditions, such as cancer, diabetes or AIDS. Although a number of drugs have been developed for the treatment of systemic fungal infections, nonetheless systemic fungal infections remain a leading cause of death for organ transplant recipients and other patients with compromised immune systems. Further, in developing nations, oral therapy is in need for a disease called Visceral Leishmaniasis (“VL”), known for its high mortality rates. Current AmpB therapy requires repeated infusions in the hospital setting and is often associated with infusion-related adverse events, such as renal toxicity. Successful oral formulation could resolve the safety issues associated with parenteral application and enable a much broader patient access to this highly effective

treatment option. Oral dosing of AmpB has not been successful in the past due to inactivation of the drug in the gut before it could get into the systemic circulation.

We have completed a number of pre-clinical studies with iCo's oral AmpB delivery system which have shown promising pharmacokinetic and tissue distribution results in two anti-fungal animal models. We are currently generating additional pre-clinical data to further demonstrate oral bioavailability, safety and efficacy prior to commencing a clinical program with iCo's oral AmpB formulations to support an Investigational New Drug application ("IND") to the US Food and Drug Administration ("FDA") prior to commencing a Phase I clinical trial in humans. iCo's oral AmpB formulations have also demonstrated promising results in animal models for VL conducted at independent laboratories in the United States. Based on these studies, the oral AmpB delivery system received Orphan Drug Status from the FDA for the treatment of VL. Formal GLP toxicology studies, manufacturing of drug product under GMP standards and other pre-clinical studies will also be required to support a Phase I clinical trial. These development programs will only be undertaken subject to obtaining appropriate financing. To this end we have been working in cooperation with UBC to obtain third party financing, primarily through government and private granting agencies such as the Canadian Institute of Health Research ("CIHR") to fund certain pre-clinical studies. UBC, with assistance from iCo, has been awarded a number of grants including: CIHR POP I and II grants and National Research Council Funding through the Industrial Research Assistance Program. This support included certain matching funding requirements from iCo. We also completed a collaboration development agreement with the Consortium for Parasitic Drug Development ("CPDD") for up to USD \$182,930 for the research and development of our oral AmpB drug delivery technology for the treatment of neglected diseases such as Leishmaniasis and Trypanosomiasis.

On May 31, 2012, we announced that the company had been awarded a \$1.1million non-repayable financial contribution from the National Research Council of Canada to support iCo's Oral AmpB delivery system as a novel treatment for patients with Human Immunodeficiency Virus (HIV). The funding will support feasibility testing and pre-clinical toxicology studies, as well as human safety and efficacy clinical trials to examine the role of the AmpB delivery system in potentially treating patients with latent HIV reservoirs. The funding for the 3-year project comes from the NRC Industrial Research Assistance Program (NRC-IRAP) under the CHTD Program, which aims to encourage and support the participation of small and medium-sized enterprises in the development of an HIV vaccine and other technologies related to the prevention, treatment, and diagnosis of HIV. The program is part of the Canadian HIV Vaccine Initiative (CHVI), a collaboration between the Government of Canada and the Bill & Melinda Gates Foundation. The Company submits monthly expenditure claims that are subject to NRC-IRAP approval and subsequent reimbursement. For the year ended December 31, 2013, iCo has recognized \$141,081 (2012 - \$3,876) of the NRC-IRAP grant.

On December 12, 2013, we announced that the Oral AmpB technology had been moved into in-vitro testing with study partners in Montreal. The deliverables associated with this project include the recruitment of eight HIV-infected subjects successfully treated with HAART with detectable latent viral reservoir. Leukapheresis and tissue samples (when available) collected from these subjects will be then used in several assays in order define the subsets of the cells (CD4+ T cells and monocytes) where HIV frequently hides and to test the effect of Oral AmpB on the reactivation and the elimination of HIV reservoirs. Recruitment of the eight HIV-infected subjects is expected to be complete in the first half of 2014.

UBC and iCo continue to collaborate on obtaining additional non-dilutive sources of capital which would fund the necessary GLP/GMP pre-clinical work to permit iCo's oral AmpB formulations to enter into human Phase I clinical trials.

2013 Corporate Highlights

In 2013, we accomplished the following milestones:

iCo-007

- On January 3, 2013, we announced that, having reached the midpoint of the Phase 2 iDEAL study, there were no drug related serious adverse events among patients receiving repeat doses of iCo-007.
- On June 18, 2013 we announced that we had completed enrollment of our Phase 2 iDEAL study evaluating the efficacy and safety after repeated injections of iCo-007 in patients with Diabetic Macular Edema (DME).
- As at December 31, 2013, the study has shown a good safety profile.

iCo-008

- On February 12, 2013, IMMUNE and EpiCept announced that they have executed an amendment to the Merger Agreement and Plan of Reorganization that they signed on November 7, 2012.
- On February 21st, 2013, IMMUNE announced the initiation, following authorization from Israeli health authorities, of a Phase II double-blind placebo controlled study with its lead drug, Bertilimumab (iCo-008), in patients with moderate-to-severe ulcerative colitis. The clinical trial is a randomized, double-blind, placebo-controlled parallel group study that will evaluate the safety, clinical efficacy, and pharmacokinetic profile of Bertilimumab in subjects with active moderate-to-severe ulcerative colitis. Ninety patients are expected to be enrolled into the study, sixty of whom will be treated with Bertilimumab 7mg/kg and thirty of whom will be treated with placebo every two weeks, at days 0, 14, and 28. These patients will be evaluated for clinical response after 6 weeks to determine the decrease if any in the full Mayo Clinic Ulcerative Colitis Score. Secondary and exploratory end points will include clinical remission defined as symptom free, fecal calprotectin, a recognized marker of gastro-intestinal inflammation, histopathology improvement and degree of mucosal injury. Patient follow-up will continue up to day 90. Patients will be enrolled initially from up to ten hospitals in Israel and later in other countries pending approval of local health authorities. Completion of patient enrollment and clinical results are anticipated in the first half of 2015. In late 2013, Immune Pharmaceuticals also announced that it expects to expand the Phase II program to include a pilot study for the treatment of bullous pemphigoid, a rare auto-immune condition that affects the skin and causes the formation of blisters. Data from this trial is expected in 2014.
- Received a patent issuance for iCo-008 in Japan.
- As part of an exclusive licence agreement entered into on June 24, 2011, with IMMUNE (the "IMMUNE Licence Agreement") the Company we received 600,000 IMMUNE common shares ("IMMUNE shares") and 200,000 IMMUNE Warrants in addition to certain other cash consideration. The IMMUNE shares contained certain anti-dilution features such that the Company's equity position in IMMUNE would be maintained at 6.14%, subject to certain conditions. Subsequently, the Company was issued an additional 458,621 IMMUNE shares

pursuant to the anti-dilution rights for a total holding of 1,058,621 IMMUNE shares. As part of the merger between Epicept and IMMUNE completed on August 26th, 2013, there was a share consolidation such that iCo's holdings in the new company, Immune Pharmaceuticals, was reduced to 654,486 common shares and 123,649 warrants. As at December 31, 2013, the fair market value of Immune Pharmaceuticals shares was determined to be US\$2.30. Consequently as a result of these changes, the Company has adjusted the carrying value of its investment in Immune Pharmaceuticals to reflect the fair value of \$1,705,191.

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Oral AmpB Delivery System

- In the first quarter of 2013, received a patent issuance for the oral AmpB delivery system in Russia.
- On October 29, 2013, a paper entitled: Efficacy of an oral and tropically stable lipid-based formulation of Amphotericin B (iCo-010) in an experimental mouse model of systemic candidiasis (Fady Ibrahim, Olena Sivak, Ellen K Wasan, Karen Bartlett, Kishor M Wasan) was published in Biomed Central.
- On November 12, 2013 a poster was presented at the AAPS-2013 in San Antonio, Texas entitled: Antifungal Activity of Novel Tropically Stable Oral Amphotericin B Formulation (iCo-010) in a Mouse Model of Systemic Candidiasis.
- On November 26, 2013 US patent number 8,592,382 was issued for the Oral AmpB platform.
- On December 12, 2013, we announced that the Oral AmpB technology had moved into in vitro testing with study partners in Montreal to examine the role of this formulation in targeting latent HIV reservoirs which remain in individuals despite enormous therapeutic advances in the treatment of HIV/AIDS. Recruitment of eight HIV-infected subjects successfully treated with highly active antiretroviral therapy (HAART) with detectable latent viral reservoir is expected to be complete in the first half of 2014.

Corporate

- On January 22, 2013, we announced the granting a total of 1,100,000 stock options to directors, officers and employees of the Company. The stock options are exercisable into common shares of the Company at an exercise price of \$0.73 for a period of five years and are subject to vesting requirements.
- On February 5, 2013, we announced it that we were presenting at the 15th Annual BIO CEO & Investor Conference in New York City. iCo Therapeutics management delivered a company presentation to conference attendees on Tuesday, February 12 at 1:30 PM ET in the Park South Room at the Waldorf Astoria Hotel.
- On February 14, 2013, we announced that iCo had been named the top ranked company in its class in the TSX Venture Top 50.
- On May 10, 2013, the Company announced that it issued 9,655,771 units ("Units") at a price of \$0.35 per unit for aggregate gross proceeds of \$3,379,520 (the "Offering"). Each Unit includes one common share and one common share purchase warrant (a "Warrant"). Each Warrant is exercisable at a price of \$0.40 for a period of five years from the closing of the Offering. The

selling group was paid a cash commission equal to 8% of the gross proceeds of the Offering and received that number of compensation warrants ("Compensation Warrant") equal to 5% of the number of Units sold pursuant to the Offering. The Compensation Warrants have the same terms and conditions as the Warrants included in the Units. The Offering closed on May 21, 2013.

- On May 24, 2013 we announced that that Andrew Rae, Douglas Janzen, Noel Hall, William Jarosz and Richard Barker were elected as directors at the Company's 2013 Annual General Meeting of Shareholders, held on Friday, May 24, 2013.
- On November 14, 2013, iCo management presented at the 5th Annual Ophthalmology Innovation Summit (OIS) in New Orleans, highlighting the Company's Phase 2 iDEAL Study for diabetic macular edema (DME).
- During 2013 iCo exercised 4,446,832 warrants for gross proceeds of \$1,434,375.
- On December 12, 2013, iCo management presented the Company's Phase 2 iDEAL Study for diabetic macular edema (DME) at the Jeffries Ophthalmic Therapeutics Summit.
- On December 20, 2013 we announced that our common shares began trading on the OTCQX International, a segment of the OTCQX marketplace in the U.S., under the symbol "ICOTF."

Subsequent Events

- On January 21, 2014, we announced an overnight marketed offering of equity securities (the "Offering"). Pursuant to the Offering, iCo issued 16,206,483 units of the Company ("Units") at a price of \$0.4165 per Unit for aggregate gross proceeds of C\$6.75 million. Each Unit is exercisable into one common share of the Company (a "Common Share") and three-quarters of one common share purchase warrant (each whole warrant, a "Warrant"). Each Warrant is exercisable at a price of C\$0.539 and entitles the holder thereof to acquire one Common Share for a period of five years following the date of issuance of the Warrant. The closing was completed January 27, 2014.
- On February 25, 2014, we announced that our United States trading symbol ICOTF had received approval from The Depository Trust Company (the "DTC") providing the Company with DTC eligibility. DTC eligibility allows for iCo Therapeutics shares to be easily and economically transferred between brokerage accounts electronically. The DTC is the largest securities depository in the world and acts like a clearinghouse for brokers, providing various services.
- On March 5, 2014, we announced the final month eight patient visit in the iDEAL Study. This US Phase 2 investigator-sponsored study is evaluating the efficacy and safety of iCo-007 after repeated injections in patients with Diabetic Macular Edema (DME). The study's primary endpoint is change in visual acuity from baseline to month eight, followed by secondary endpoints at month twelve. Next steps include data queries and subsequent data lock. Once these activities are complete, the results will be analyzed and top-line results will be made public, which we expect to be in the second quarter of 2014.

- On March 10, 2014, Immune Pharmaceuticals announced that it had entered into a definitive agreement with investors for the sale of \$11.7 million of preferred stock and warrants in a private placement transaction (expected to result in approximately \$11 million in net proceeds to Immune, after the subtraction of transaction fees and expenses). The purchasers in the offering include biotech specialist institutional investors, existing Immune investors and members of Immune's board of directors and management. The proceeds of the offering have been allocated in priority to the bertilimumab phase II proof of concept trials in ulcerative colitis and in bullous pemphigoid, an orphan auto-immune dermatological indication and for general corporate and working capital purposes.

Selected Annual Information

The financial information reported here in has been prepared in accordance with IFRS. The Company uses the Canadian dollar ("CDN") as its presentation currency. The following table represents selected financial information for the Company's fiscal years 2013 and 2012:

The financial statements have been prepared on a historical cost basis except for the other investments which is recorded at fair value. The financial statements are presented in Canadian dollars which is the Company's functional currency.

Selected Statement of Operations Data

	Year the year ended December 31,		
	2013	2012	2011
Total comprehensive loss	\$ (5,918,965)	\$ (3,430,427)	\$ (993,491)
Weighted average number of shares basic and diluted	61,484,576	49,499,654	41,958,476
Basic and diluted loss per share	\$ (0.09)	\$ (0.07)	\$ (0.02)

The loss from operations for the year increased in 2013 mainly as a result of the clinical trial associated with iCo-007, impairment of the other investments and stock based compensation.

Selected Balance Sheet Data

	As at December 31,		
	2013	2012	2011
Cash and cash equivalents and short term investments	\$1,903,389	\$1,260,196	\$1,326,399
Net working capital	\$561,488	\$375,121	\$1,143,629
Total assets	\$3,929,004	\$3,013,435	\$2,945,929
Long term liabilities	-	-	-
Total shareholders' equity	\$1,298,598	\$2,049,704	\$2,690,790

Cash and cash equivalents and short term investments increased by \$643,193 from \$1,903,389 in 2013 compared to \$1,260,196 in 2012. As a result of this increase in cash and cash equivalents and short term investments, the increase in accruals and accounts payables, working capital increased by \$186,367 to

\$561,488 in 2013 from \$375,121 in 2012. This increase in net working capital was primarily a result of increased cash due to the May 2013 financing, the warrants exercised and the reclassification of the other investments as current assets.

The Company experienced an increase in total assets from \$3,013,435 in 2012 to \$3,929,004 in 2013 primarily as a result of the increased cash position and the fair value adjustment to the investment in Immune Pharmaceuticals. . See Note 4 to the Company’s audited financial statements for the year ended December 31, 2013.

Comparison of the 2013 and 2012 Financial Years

Results of Operations

	2013	2012	Change	Change
	\$	\$	\$	%
Gain on other investments	982,189	-	982,189	100%
Impairment on other investments	(458,879)	-	(458,879)	100%
Interest income	17,108	7,831	9,277	118%
Other income	151,004	3,876	147,128	3796%
Research and development	4,075,840	2,287,148	1,788,692	78%
General and administrative	2,061,405	1,374,710	686,695	50%
Foreign exchange loss/(gain)	222,366	(7,468)	229,934	-3079%
Other comprehensive income (loss)	(250,776)	212,256	(463,032)	-218%
Total comprehensive loss	5,918,965	3,430,427	2,488,538	73%

We incurred a total comprehensive loss of \$5,918,965 for the year ended December 31, 2013 compared to a total comprehensive loss of \$3,430,427 for the year ended 2012, representing an increase of \$2,488,538. The increase in our total comprehensive loss was principally caused by clinical trial costs associated with iCo-007 in 2013 and the changes noted below in “Gain and Year End Impairment on Other Investments”.

Gain and Year End Impairment on Other Investment

During the year ended December 31, 2013, iCo recorded a gain on investment in Immune Pharmaceuticals of \$982,189 (2012 - nil) as a result of: the issuance of additional IMMUNE shares to iCo pursuant to certain anti-dilution features; an increase in the fair value of IMMUNE shares as a result of its merger with Epicept (stock price at merger date was US\$3.48); and the increase in the fair value of the warrants. Upon completion of the merger with Epicept, the new combined company changed its name to Immune Pharmaceuticals and completed a share consolidation whereby the number of common shares of Immune Pharmaceuticals owned by iCo was reduced to 654,486 and the number of warrants was reduced to 123,649.

As at December 31, 2013, the fair market value of Immune Pharmaceuticals shares was determined to be US\$2.30, which was a 34% decline from the stock price as at the merger date of US\$3.48. Consequently, pursuant to policy IAS 39, iCo record an impairment for its investment in Immune Pharmaceuticals common shares of \$709,655 (2012 – nil). This loss, plus a related gain of \$250,776 previously recorded in Accumulated Other Comprehensive Income(loss) on the Statement of Changes in Shareholder’s Equity, was re-cycled to the Statement of Loss and Comprehensive Loss as a net impairment on other investments of \$458,879. As at April 23, 2014, the price for Immune Pharmaceuticals common shares was US\$3.96.

Research and Development

Our research and development expenses consist primarily of employee compensation, related share based payments, fees paid to consultants and contract research organizations, related amortization and other costs associated with the pre-clinical and clinical trials of our drug candidates and the manufacture of clinical supplies of drug product for clinical testing.

Research and development expenses were \$4,075,840 for the year ended December 31, 2013 compared to \$2,287,148 for the year ended December 31, 2012, representing an increase of \$1,788,692. Research and development expenses for the year ending December 31, 2013 were higher than the same period for the previous year primarily due to the research and development costs associated with iCo-007. Research and development expenses for year ended December 31, 2013 primarily consisted of salaries, consultants' fees, contract research organization expenses related to the Phase II clinical trial for iCo-007 and research expenses related to pre-clinical studies for an Oral Amphotericin B Delivery System.

General and Administrative

General and administrative expenses primarily comprise salaries, share based payments and benefits for Company employees not involved in research and development, professional fees such as legal and accounting expenses, and expenses related to office overheads. For the year ended December 31, 2013 general and administrative expenses were \$2,061,405 compared to \$1,374,710 for the year ended December 31, 2012, representing an increase of \$686,695. This increase in the year ended December 31, 2013 compared to the year ended December 31, 2012 was attributable to increased stock based compensation associated with general and administrative staff, board members and consultants.

We believe the Company has sufficient personnel to manage both its research and development and public company activities and do not anticipate any increase in staffing in the foreseeable future. Accordingly, we believe that general and administrative expenses should remain at current levels in the foreseeable future.

Foreign Exchange

As the Company deals with a number of contract research organizations, consultants and suppliers in other countries (primarily the United States), our financial results are subject to fluctuations between the Canadian dollar and other international currencies, in particular the U.S. dollar. Foreign exchange loss for the year ended December 31, 2013 was \$222,366 compared to foreign exchange gain of \$7,468 for the same period in 2012, representing an increase of \$229,934. The changes for the period reflect fluctuations in the exchange rate for U.S. dollars.

The U.S. dollar cash and accounts payable balance for December 31, 2013 were \$567,625 (2012 – \$93,350) and \$2,247,796 (2012 – \$808,975) respectively.

Selected Quarterly Information

The table below sets forth unaudited quarterly results prepared by management for the eight previous quarters to December 31, 2013.

(unaudited)	2013 Q4	2013 Q3	2013 Q2	2013 Q1
Interest & other income	(183,521)	(74,202)	(759,359)	(41,382)
Total expenses	1,174,249	1,791,030	1,531,173	1,863,159
Loss for the period	1,357,770	1,716,828	771,814	1,821,777
Comprehensive loss for the period	761,132	2,333,786	1,033,662	1,790,385
Basic and diluted loss per share	0.02	0.02	0.01	0.04
(unaudited)	2012 Q4	2012 Q3	2012 Q2	2012 Q1
Interest & other income	(5,792)	(3,603)	(586)	(1,726)
Total expenses	1,313,968	913,376	633,558	793,487
Loss for the period	1,308,176	909,773	632,972	791,762
Comprehensive loss for the period	1,063,642	935,152	656,972	774,661
Basic and diluted loss per share	0.02	0.02	0.01	0.02

Prepared in accordance with International Financial Reporting Standards (“IFRS”).

Fourth Quarter Results

The net loss in the fourth quarter of 2013 increased by 4% to \$1,357,770 from \$1,308,176 in the fourth quarter of 2012. The increase in net loss was principally caused by research and development expenses associated with our research projects. The impairment loss on other investments decreased by 100% in the fourth quarter of 2013 compared to the fourth quarter of 2012. The decrease is a result of the increased shared with shares with EpiCept Corporation but offset with change in fair value of common shares.

We do not anticipate earning any revenue in the foreseeable future, other than interest income earned on cash balances and/or potential licensing income from our sub-licence with Immune Pharmaceuticals, and any future licensing deals.

Net and comprehensive loss, quarter over quarter, is influenced by a number of factors including the scope of clinical development and research programs pursued; the stage (i.e. Phase I, II or III) of clinical trials undertaken; the number of clinical trials that are active during a particular period of time and the rate of patient enrollment. Each of these factors is ultimately a function of decisions made to continue the development and testing of a product candidate based on supporting safety and efficacy from clinical trial results. Consequently, expenses may vary from period to period. General and administrative expenses are dependent on the infrastructure required to support the corporate, clinical and business development objectives and initiatives of the Company. No material increase in general and administrative costs is expected over the short term.

Liquidity, Capital Resources and Outlook

	2013 \$	2012 \$	Change \$	Change %
Current assets	2,068,918	1,338,852	730,066	55%
Current liabilities	2,630,406	963,731	1,666,675	173%
Working capital	561,488	375,121	186,367	50%
Accumulated deficit	26,810,516	21,142,327	5,668,189	27%

As at December 31, 2013, we had cash and cash equivalents and short-term investments of \$1,903,389 compared to \$1,260,196 as at December 31, 2012. All cash not required for immediate use in operations is invested in redeemable, short-term money market investments. (The aggregate amount of these short term investments is recorded on the Statement of Cash Flows as purchase of short-term investments.) As at December 31, 2013, the Company had working capital of \$561,488 compared to \$375,121 as at December 31, 2012. Working capital is calculated by subtracting Current Liabilities from Current Assets. The working capital of \$561,488 includes accrued liabilities of \$2,318,669 payable to JDRF over the next 12 months in connection with the Company's iDEAL phase II clinical trial.

Our investment in IMMUNE included two instruments, the common shares (short term) and warrants / derivatives (long term). The warrants are financial assets at fair value through profit or loss. The IMMUNE instruments become available for sale on February 25, 2014.

On January 27, 2014, we closed a financing for gross proceeds of \$6,750,000.

We anticipate that the combination of year-end cash on hand plus the \$6.75 million in proceeds raised from our financing in January, 2104 will be sufficient to fund operations into December of 2015. Additionally, we have 27,722,980 warrants exercisable at exercise prices ranging from \$0.40 to \$0.60 which, if all exercised, could contribute potentially up to approximately \$13,906,600 in proceeds.

Management of Cash Resources

We use cash flow forecasts to estimate cash requirements for the ensuing twelve month period. Based on these requirements, we will raise equity capital to provide the financial resources for operations ideally for a minimum of twelve months. The timing of equity financings will depend on market conditions and the Company's cash requirements. The Company's cash flow forecasts are continually updated to reflect actual cash inflows and outflows so to monitor the requirements and timing for additional financial resources.

Further, we continue to monitor additional opportunities to raise equity capital and/or secure additional funding through non-dilutive sources such as government grants and additional license agreements. However, it is possible that our cash and working capital position may not be sufficient enough to meet our business objectives in the event of unforeseen circumstances or a change in our strategic direction (see our Annual Information Form for a description of various risk factors which may affect our future outlook).

Comparison of Cash Flow

We realized a net cash inflow of \$505,127 for the year ended December 31, 2013 reflecting overall operating costs for the Company for the year of \$3,762,714, less \$138,066 of investing related activities related to the purchase of short-term investments, less \$4,428,580 of cash inflows from the private placement in the second quarter of 2013 and from the exercise of warrants. This compares to a net cash inflow of \$343,909 for the year ended December 31, 2012 reflecting overall operating costs for the Company for the year of \$2,760,968, plus \$407,137 of investing related activities related to the purchase of short-term investments and the proceeds from the sub-licence of iCo-008, less \$2,695,103 of cash inflows coming from the private placement in the third quarter of 2012. We expect that overall cash outflows for the ensuing year will stay stable for the first three to six months and then decline as the iDEAL phase II clinical trial is completed.

Long-Term Obligations and Other Contractual Commitments

Lease commitments

The Company's operating lease expires on May 31, 2014. The lease and operating payments totalled \$58,370 for the year 2013 (2012 – 53,027). Future estimated annual lease payments are as follows:

	\$
2014	23,230

We are currently assessing options for office space subsequent to expiry of our existing lease.

Contractual commitments

The Company may be required to make milestone, royalty, and other research and development funding payments under research and development collaboration and other agreements with third parties. These payments are contingent upon the achievement of specific development, regulatory and/or commercial milestones. The Company has not accrued for these payments as at December 31, 2013 due to the uncertainty over whether these milestones will be achieved. The Company's significant contingent milestone, royalty and other research and development commitments are as follows:

ISIS

In connection with the licensing agreement between ISIS and the Company, the Company may be required to make additional contingent payments of up to US\$22 million upon the achievement of certain development and commercialization milestones of iCo-007 in its first ocular indication. The next milestone will be US\$4 million upon initiation of a Phase III pivotal trial. In addition, the Company may be required to pay royalties on future revenues. The Company may also be required to make additional contingent payments upon the achievement of certain development and commercialization milestones of iCo-007 in other ocular and non-ocular disease indications.

Medimmune

In connection with its licensing agreement between Medimmune and the Company, the Company was required to make up-front payments totalling US\$400,000, of which the last payment was made in December, 2007. The Company may be required to make additional contingent payments of up to US\$7 million upon the achievement of certain development and commercialization milestones. In addition, the Company may be required to pay royalties on future revenues. The Company may also be required to make additional contingent payments upon the achievement of certain development and commercialization milestones for products developed outside the ocular field.

University of British Columbia ("UBC")

On May 6, 2008, the Company signed an agreement with UBC for the exclusive worldwide licence to an Oral Amphotericin B Delivery System (the "UBC Licence"). In consideration for the UBC Licence, the Company paid UBC an initial licence fee of \$20,000 and is required to pay annual fees to UBC for maintaining the licence until such time as a New Drug Application ("NDA") for an Oral Amphotericin B Delivery System is approved. The Company is required to make additional contingent payments of up to \$1,900,000 in aggregate upon the achievement of certain development and commercialization milestones and is also required to pay royalties on future revenues. The UBC Licence additionally obligated the Company to contribute research funding (which may be in the form of direct payments from the Company or indirect payments, such as securing research grants) to UBC for the an Oral Amphotericin B Delivery System program.

JDRF

The Company entered into an agreement with Juvenile Diabetes Research Foundation (“JDRF”) for work related to the iCo-007 clinical trial. The agreement involves incremental holdbacks as well as other milestone expenses associated with the clinical trial. The total amount of those expenses is not yet measurable and is dependent on a number of criteria and deliverables from JDRF before the Company will incur the full expense.

National Research Council/Industrial Research Assistance Program

On May 31, 2012, the Company was awarded a \$1.1 million three-year, non-repayable financial contribution from the National Research Council of Canada's Industrial Research Assistance Program (“IRAP”) to support iCo’s Oral Amphotericin B (“Amp B”) delivery system as novel treatment for patients with Human Immunodeficiency Virus (“HIV”). The funding will support feasibility testing and pre-clinical toxicology studies, as well as human safety and efficacy clinical trials to examine the role of the Amp B delivery system in potentially treating patients with latent HIV reservoirs. Under the grant, up to 75% of the costs of the project may be claimed subject to the \$1.1 million maximum. The Company submits monthly expenditure claims that are subject to IRAP approval and subsequent reimbursement. For the year ended December 31, 2013, iCo has recognized \$141,081 (2012 - \$3,876) of the IRAP grant.

Transactions with Related parties

During the year ended December 31, 2013:

- a) the Company incurred consulting fees totalling US\$25,000 (2012 - US\$25,000) to Bill Jarosz, a director of the company. The amounts outstanding as at December 31, 2013 totalled \$nil (2012 - \$6,250). All transactions were recorded at their exchange amounts. The amounts bear no interest and are unsecured with no terms of repayment. Mr. Jarosz is the Company’s Chairman and participated in board meetings, committee meetings and provides advice to iCo on compensation, financial, and other operational issues, and it is expected that this service will continue in the future.
- b) the Company incurred director’s fees totalling \$36,000 (2012 - \$33,000). The fees were paid to Noel Hall, Doug Janzen and Richard Barker. The amounts outstanding as at December 31, 2013 totalled \$nil (2012 - \$18,000). All transactions were recorded at their exchange amounts. The amounts bear no interest and are unsecured with no terms of repayment. The directors’ fee is for their participation in Company board meetings, various committee meetings and providing advice on an ad hoc basis with the Company and it is expected that this service will continue in the future.
- c) the Company issued 1,065,000 options to directors and officers of the Company to purchase common shares of the Company (2012 – 50,000). The officers and directors include Bill Jarosz, Noel Hall, Doug Janzen, Richard Barker, John Meekison, Peter Hnik and Andrew Rae.

Off Balance Sheet Arrangements

The Company has no material undisclosed off balance sheet arrangements that have or are reasonably likely to have, a current or future effect on our results of operations or financial condition.

Critical Accounting Estimates and Judgments

The preparation of financial statements in accordance with IFRS requires the Company's management to make estimates and assumptions that affect the amounts reported in these financial statements and notes. The Company regularly reviews its estimates; however, actual amounts could differ from the estimates used and, accordingly, materially affect the results of operations. Areas requiring management to make significant estimates and judgments include the impairment of intangible assets, clinical trial accruals, and valuation of investment in Immune Pharmaceuticals..

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Further details of the nature of these assumptions and conditions may be found in the relevant notes to the financial statements. Key sources of estimation uncertainty and critical judgments that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year include: the impairment of intangible assets, clinical trial accruals, and fair value of other investments.

a) Impairment of intangible assets

The Company assesses at least on every reporting period whether there are indicators of impairment in accordance with the accounting policy stated in the note referenced in these financial statements. There were no indicators of impairment identified by management at year-end.

b) Clinical trial accruals

Management examines the accruals in relation to clinical trials on a monthly basis based on the number of patients enrolled in the trials and the stage in the trials. Accruals are based on information obtained from various clinics and estimated costs based on the stage of treatment.

c) Fair value of other investments

The fair value of the other investments is determined by using valuation techniques. The Company uses its estimates and judgment to select a variety of methods as prescribed under the accounting standards. At year-end management used market value for the shares and Black Scholes model for the warrants to determining the fair value of the other investments. Management applied judgment with respect to the term of the warrants.

New accounting policies adopted in 2013

Amendments to International Accounting Standards ("IAS") 1 on presentation of items of other comprehensive income

The amendments retain the option to present profit or loss and other comprehensive income either in one continuous statement or in two separate but consecutive statements. Items of other comprehensive income are required to be grouped into those that will and will not be subsequently reclassified to income. Tax on items of other comprehensive income is required to be allocated on the same basis. The measurement and recognition of items of income and other comprehensive income are not affected by the amendments. The Company has classified all items of other comprehensive income as those that may subsequently be reclassified to income.

IFRS 10 - Consolidated Financial Statements

IFRS 10 builds on existing principles by identifying the concept of control as the determining factor in whether an entity should be included within the financial statements of the parent company. The standard provides additional guidance to assist in the determination of control where this is difficult to assess. The application of IFRS 10 did not have a material impact on the financial statements.

IFRS 12 - Disclosure of Interests in Other Entities

IFRS 12 is a disclosure standard and is applicable to entities that have interests in subsidiaries, joint arrangements, associates or unconsolidated structured entities. IFRS 12 establishes disclosure objectives and specifies minimum disclosures that entities must provide to meet those objectives. The objective of IFRS 12 is that entities should disclose information that helps users of financial statements evaluate the nature of and risks associated with its interests in other entities and the effects of those interests on their financial statements. The application of IFRS 12 did not have a material impact on the financial statements.

IFRS 13 - Fair Value Measurements

IFRS 13 defines fair value, establishes a single IFRS framework for measuring fair value and requires disclosures about fair value measurements. IFRS 13 applies to IFRSs that require or permit fair value measurements or disclosures about fair value measurements (and measurements, such as fair value less costs to sell, based on fair value or disclosures about those measurements), except in specified circumstances. The application of IFRS 13 did not have a material impact on the financial statements.

Accounting standards issued and not yet applied

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after January 1, 2014, and have not been applied in the preparing these financial statements. Those which may be relevant to the Company are set out below. The Company does not plan to adopt these standards early.

IFRS 9 - Financial instruments

IFRS 9 addresses the classification, measurement and recognition of financial assets and financial liabilities. IFRS 9 was issued in November 2009 and October 2010. It replaces the parts of IAS 39 that relate to the classification and measurement of financial instruments. IFRS 9 requires financial assets to be classified into two measurement categories: those measured at fair value and those measured at amortized cost. The determination is made at initial recognition. Where the fair value option is taken, the part of a fair value change due to an entity's own credit risk is recorded in other comprehensive income rather than the income statement, unless this creates an accounting mismatch. The Company does not expect IFRS 9 to have a material impact on financial statements and will also consider the impact of the remaining phases of IFRS 9 when completed by the IASB.

Amendment to IAS 32 - Financial instruments: presentation

This amendment updates the application guidance in IAS 32 to clarify some of the requirements for offsetting financial assets and financial liabilities on the balance sheet. The Company does not expect the amendments to IAS 32 to have a material impact on the financial statements.

Amendments to IAS 36 - Impairment of assets

These amendments address the disclosure of information about the recoverable amount of impaired assets if that amount is based on fair value less costs of disposal. The Company does not expect the amendments to IAS 36 to have a material impact on the financial statements.

Financial Instruments

Cash and cash equivalents, short-term investments, accounts payable and other receivables are financial instruments whose fair value approximates their carrying value due to their short-term maturity. The input level used by the Company to measure fair value of its cash and cash equivalents is a Level 2 input as they are valued using observable market data.

The common shares of IMMUNE have been recorded at their fair value on the date there were acquired and subsequently adjusted based on observed changes in value. Management has classified these shares as available for sale. The Company uses Level 3 inputs to value these instruments. IMMUNE's common shares trade on the OTC market in the US under the symbol IMNP.

The Company, through its financial assets and liabilities, is exposed to various risks. The following analysis provides a measurement of risks as at December 31, 2013:

a) Foreign exchange risk

Foreign exchange risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates.

The Company has expenditures in foreign currency and therefore is exposed to foreign exchange risk arising from transactions denominated in USD. A significant change in the currency rates could have an effect on the Company's results of operations. The Company has not hedged its exposure to currency fluctuations. Based on the US dollar balance sheet exposure at December 31, 2013, with other variables unchanged, a 10% change in exchange rates on the net current monetary liabilities would be \$168,017 (2012 – \$71,563).

b) Interest rate risk

The Company is subject to interest rate risk on its cash and cash equivalents and short-term investments and believes that the results of operations, financial position and cash flows would not be significantly affected by a sudden change in market interest rates relative to the investment interest rates due to the short-term nature of the investments. The only financial instruments that expose the Company to interest rate risk are its cash and cash equivalents and short-term investments. Cash and cash equivalents in excess of day-to-day requirements are placed in short-term deposits with high quality credit financial institutions and earn interest at rates available at that time.

c) Liquidity risk

Liquidity risk is the risk that the Company will encounter difficulty in raising funds to meet cash flow requirements associated with financial instruments.

The Company continues to manage its liquidity risk by monitoring its cash flow and investments regularly, comparing actual results with budgets and future cash requirements.

d) Credit risk

Credit risk arises from cash and cash equivalents, deposits with banks and financial institutions, as well as outstanding receivables. The Company invests its excess cash in short-term money market instruments such as Guaranteed Investment Certificates. The Company has established guidelines relative to diversification, credit ratings and maturities that maintain safety and liquidity. These guidelines are periodically reviewed by the Company's Board of Directors and modified to reflect changes in market conditions.

The Company limits its exposure to credit risk, with respect to cash and cash equivalents, by placing them with high quality credit financial institutions. The Company's cash equivalents consist primarily of operating funds and deposit investments with commercial banks. Of the amounts with financial institutions on deposit, the following table summarizes the amounts at risk should the financial institutions with which the deposits are held cease trading:

	Cash and cash equivalents	Insured amount	Non-insured amount
	\$	\$	\$
CIBC	1,538,157	100,000	1,438,157
Raymond James	3,055	3,055	-
Manulife	362,177	362,177	-
	1,903,389	465,232	1,438,157

Risks and Uncertainties

The primary risk factors affecting the Company are set forth in our Annual Information Form for dated April 24, 2014. A copy of our annual information form is available on SEDAR at www.sedar.com.

Outstanding Share Capital

As at April 24, 2014, we had an unlimited number of authorized common shares with 84,457,713 common shares issued and outstanding.

As at April 24, 2014, we had 27,722,980 warrants outstanding.

As at April 24, 2014, we had 2,790,000 options outstanding. Each option entitles the holder to purchase one additional common share at exercise prices ranging from \$0.29 to \$0.73 and expiry dates ranging from July 16, 2014 to September 5, 2018.

For a detailed summary of all outstanding securities convertible or exercisable into equity securities of the Company refer to Note 9 of the Financial Statements for the year December 31, 2013.