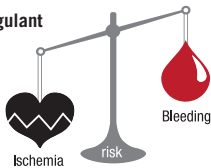


Regado Biosciences is pioneering a new therapeutic technology with the creation and development of two-component drug systems. Each system comprises a nuclease-stabilized RNA aptamer that can be controlled directly by its specific and complementary oligonucleotide active control agent. This technology is being applied to injectable antithrombotics (including anticoagulants and antiplatelet agents) in the acute and sub-acute care setting, a multi-billion dollar market in need of therapeutics with improved safety profiles and a greater degree of therapeutic control. Regado's technology is designed to give physicians the ability to actively and directly control each system's therapeutic effect providing a safe and unique approach to personalized medicine.

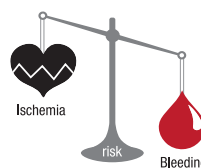
The Antithrombotic Conundrum

The focus at Regado is resolving the antithrombotic conundrum, i.e. preventing harmful clots while allowing healing clots to form and develop normally. Acute Coronary Syndrome (ACS), Deep Vein Thrombosis (DVT), and Venous Thromboembolism (VTE) result from an acute blockage of vessels due to the formation of a blood clot, referred to as thrombosis. The primary treatment goal is the rapid reperfusion of blood to the affected tissue, which in severe cases for coronary arteries requires either percutaneous coronary intervention (PCI) or coronary artery bypass graft surgery (CABG). Antithrombotics (anticoagulants and anti-platelet agents) are administered to these patients to prevent unwanted clotting during the procedure. Post-procedure, coagulation must be restored to promote hemostasis and stop bleeding. Existing drugs either focus on preventing ischemia (leading to increased bleeding risks) or preventing bleeding (leading to increased risk of an ischemic event). Regado's unique technology and the products derived thereof, acting as optimized antithrombotic systems, simultaneously minimize the risk of both ischemia and bleeding.

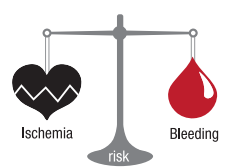
Standard dose of anticoagulant decreases ischemic risk but carries a 1 in 5 risk of bleeding



A 1 in 15 bleeding risk is achievable with a low dose of anticoagulant but risk of ischemia increases



Regado's optimal antithrombotics simultaneously minimize the risk of ischemia and bleeding

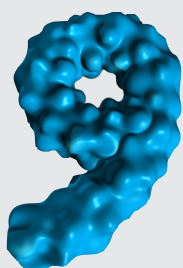


About REG1, REG2 and REG3

Regado's lead program, the anticoagulant system REG1, consists of two parenteral agents both administered by IV bolus, the first being a potent highly selective Factor IXa inhibitor (pegnivacogin) and the second being its complementary active control agent (anivamersen). Anivamersen can be used to selectively completely or partially reverse the anticoagulant effect of pegnivacogin. REG1, presently in a phase 2b clinical trial (the RADAR trial), is intended for application in arterial thrombosis applications, initially in Acute Coronary Syndrome patients intended for Percutaneous Coronary Intervention. A clinical program in Open Heart Surgery [including coronary artery bypass grafting (CABG) and valve repair/replacement] is also under development. REG2, Regado's second product candidate, consists of a subcutaneously administered depot formulation of pegnivacogin paired with the IV bolus formulation of anivamersen. REG2 recently completed single escalating dose phase 1 clinical testing (the first successful subcutaneous application of an aptamer in humans) and is planned to be studied in a multiple escalating dose clinical trial in late 2010 or early 2011. It is intended for use in venous thrombosis indications such as venous thromboembolism (VTE) prophylaxis in patients undergoing abdominal surgery. REG3, Regado's third program, consists of a specific GPVI inhibitor and its active control agent (RB571 and RB515, respectively). REG3 is planned to enter phase 1 human clinical testing in 2011 and will be indicated for antiplatelet therapy. Information pertaining to Regado's clinical programs may be obtained at www.clinicaltrials.gov.

Anivamersen as a control agent for pegnivacogin

Factor IX Activated



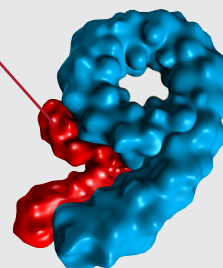
Coagulating

Coagulation proceeds unimpeded and clots form

Factor IXa Inhibited

pegnivacogin

- Anticoagulant aptamer
- 31 nucleotides
- + 40 kDa PEG
- Long half life (>24hr)



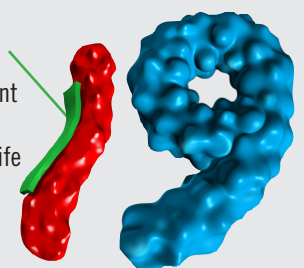
Anticoagulated

Pegnivacogin selectively inhibits Factor IXa and clotting cannot proceed

Factor IXa Uninhibited

anivamersen

- Active control agent
- 15 nucleotides
- Very short half life (<5min)

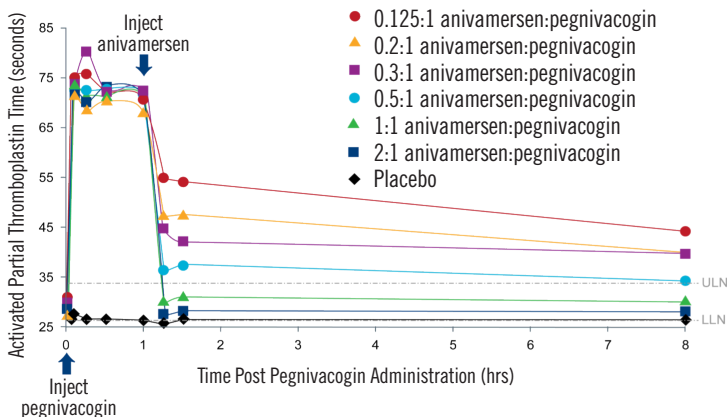


Coagulating

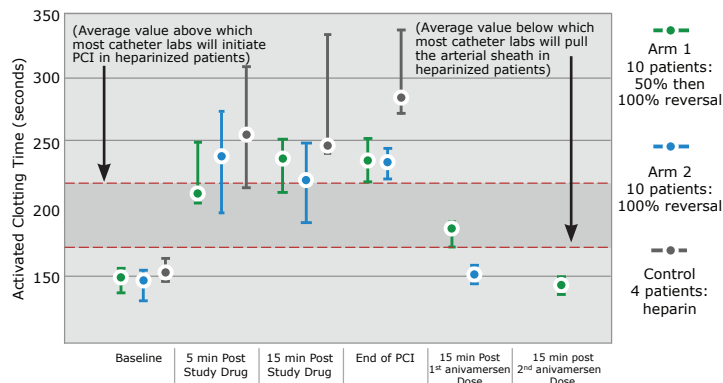
Anivamersen binds to pegnivacogin; the resulting complex is incapable of inhibiting Factor IXa and clotting cascade resumes

Clinical Development Status

Phase 1 results demonstrate a well-tolerated, dose-dependent, predictable relationship between anivamersen and peginvacogin



Phase 2a results demonstrate REG1 effectively anticoagulates and provides predictable, real time partial or total reversal control



RADAR (phase 2b) design

Randomized, Partially-Blinded, Multi-Center, Active-Controlled, Dose-Ranging Study Assessing the Safety, Efficacy, and Pharmacodynamics of the REG1 Anticoagulation System Compared to Unfractionated Heparin or Low Molecular Heparin Subjects with Acute Coronary Syndrome

Study Population: Subjects admitted for Acute Coronary Syndrome, unstable angina and myocardial infarction without ST-segment elevation - UA/NSTEMI - intended for cardiac catheterization within 24 hours

Sites: >90 centers:

USA, Canada, Poland, France, Germany, Netherlands, Belgium

Treatment Arms

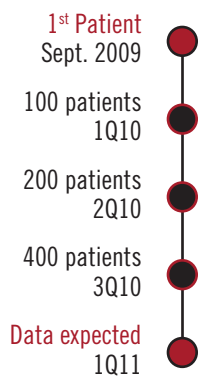
Treatment Arms	# of Subjects
peginvacogin (1 mg/kg) + anivamersen (100% reversal)	200
peginvacogin (1 mg/kg) + anivamersen (75% reversal)	100
peginvacogin (1 mg/kg) + anivamersen (50% reversal)	100
peginvacogin (1 mg/kg) + anivamersen (25% reversal)	200
Heparin (UFH or LMWH + GPIIb/IIIa inhibitor)	200
Total patients	800

Recruitment: 15 months

Follow-up: 30 days

DSMB: 3 planned reviews (adaptive design) following achievement of enrollment milestones of 100, 200 and 400 patients

RADAR (phase 2b) milestones



DSMB: April 19, 2010 (100 patient data)
Study to continue as currently designed; no safety concerns relative to ischemic endpoints and no study arms discontinued (bleeding safety "triggers" not achieved in any arm)

DSMB: June 2, 2010
Based on adjudicated data from first 100 subjects, one REG1 arm discontinued; study continues as planned

DSMB: August 6, 2010 (200 patient data)
Study to continue without further modification

Comprehensive antithrombotic pipeline

	Preclinical	Phase 1	Phase 2a	Phase 2b	Phase 3
REG1 peginvacogin (IV bolus) + anivamersen (IV bolus)		ACS - PCI	Open Heart Surgery (incl. CABG)		
REG2 peginvacogin (SC inj.) + anivamersen (IV bolus)		VTE Prophylaxis			
REG3 RB571 (IV) + RB515 (IV)		Antiplatelet Therapy			

Management

- David J. Mazzo, Ph.D.**
President and Chief Executive Officer
- Chris Rusconi, Ph.D.**
Co-Founder and Chief Scientific Officer
- Steven Zelenkofske, D.O., F.A.C.C.**
Chief Medical Officer
- Ellen McDonald, MBA**
Chief Business Officer
- Alexander R. Giaquinto, Ph.D.**
Sr. VP Reg. Affairs/Quality Assurance and Chief Compliance Officer
- Chris Courts, CPA, MBA**
Vice President of Finance

Board of Directors

- Dennis Podlesak, MBA - Chairman**
- Jesse Treu, Ph.D.**
- P. Sherrill Neff, J.D.**
- Raphaël Wisniewski**
- Jeff Clark, MBA**
- Eric Roberts - Observer**

Shareholders include:

- Domain Associates (Princeton, NJ)
- Quaker BioVentures (Philadelphia, PA)
- Edmond de Rothschild Investment Partners (Paris, France)
- Aurora Funds (Durham, NC)
- Caxton Advantage Life Sciences Fund (New York, NY)

CONTACT:

Regado Biosciences, Inc.
120 Mountain View Boulevard
Basking Ridge, New Jersey 07920
tel (908) 580-2111
fax (908) 325-0406
regadobio.com