This presentation contains forward-looking statements, including statements about: uncertainties regarding the FDA regulatory approval process, including whether the results of our clinical trials will be sufficient to support an FDA approval of the PoNS™ device for marketing or whether the FDA may require that the Company conduct future clinical trials; future economic, competitive, reimbursement and regulatory conditions; new product introductions; ability to commercialize its PoNS™ treatment; demographic trends; the intellectual property landscape; financial market conditions; continued availability of capital and financing, including its ability to continue as a going concern; and future business decisions made by the Company and its competitors. These statements involve substantial known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. Factors that may cause actual results to differ materially from any future results expressed or implied by any forward looking statements include the risks described in the “Risk Factors” section of the preliminary prospectus supplement for the offering and the Company’s Annual Report on Form 10-K for the period ended December 31, 2017, the Company’s Quarterly Report on Form 10-Q for the period ended June 30, 2018 as well as those set forth from time to time in the Company’s other SEC filings, available at http://www.sec.gov. The forward-looking statements in this presentation represent our views as of the date of this presentation. We anticipate that subsequent events and developments will cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we have no current intention of doing so except to the extent required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation.

Certain data in this presentation was obtained from various external sources. Neither the Company nor its affiliates, advisers or representatives have verified such data with independent sources. Accordingly, neither the Company nor any of its affiliates, advisers or representatives make any representations as to the accuracy or completeness of that data or commits to update such data after the date of this presentation. Such data involves risks and uncertainties and is subject to change based on various factors.
We are a neurotech company in the medical device industry focused on neurological wellness.
We developed a non-invasive, neuromodulation-based treatment ("PoNS Treatment") for patients affected by neurological symptoms caused by disease or trauma.
Helius Leadership Team:
Experienced Leadership With Healthcare and Commercialization Expertise

Philippe Deschamps
President, Chief Executive Officer & Chairman
- 30+ years in the health sciences industry
- Former CEO at MediMedia Health
- Former President and CEO at GSW Worldwide (Division of inVentiv Health)
- Former Director of Neuroscience Marketing at Bristol-Myers Squibb

Joyce LaViscount
Chief Financial Officer and Chief Operating Officer
- 29+ years in the health sciences industry
- Accomplished pharmaceutical/healthcare public company CAO
- Former COO and CFO at MM Pharmaceutical Solutions
- Former Executive Director/Group Controller at Aptalis Pharmaceuticals

Dr. Jonathan Sackier
Chief Medical Officer
- 30+ years in the health sciences industry
- Trained surgeon and pioneer of new medical technologies
- Has helped build several companies including medical technology, research and product-design and medical contract sales organizations

Jennifer Laux
Chief Commercial Officer
- 29+ years in the health sciences industry
- Accomplished pharmaceutical/healthcare public company CAO
- Former COO and CFO at MM Pharmaceutical Solutions
- Former Executive Director/Group Controller at Aptalis Pharmaceutical
- Former VP of Commercial at Inovio Pharmaceuticals
- Former VP of Cardiovascular Marketing at Boehringer Ingelheim
- Former Executive Director of Cardiovascular Franchise at Merck

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Investment Highlights

Platform Technology
- First in class, non-invasive neurotechnology with broad potential in treating symptoms of neurological disease and trauma

Large Initial Market
- Over 2M people in US with chronic balance deficit caused by Mild-to-Moderate Traumatic Brain Injury (mTBI)

PoNS™ Treatment
- “First mover advantage” with demonstrated safety and efficacy in a market with few viable treatment options
- Pilot studies completed in Stroke, Multiple Sclerosis, and Cerebral Palsy

Clinical Pipeline
- Cleared in Canada. US and EU clearances pending

Strong Regulatory Progress
- Method Patent portfolio coverage extends to 2028; utility and design patents to 2035

Robust IP

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Helius Corporate Activity Timeline

Jan 2018
- Completed 5-to-1 reverse stock split
- Selected Key Tronic as manufacturing partner

Q1 2018
- Completed 5-to-1 reverse stock split
- Selected Key Tronic as manufacturing partner

Q2 2018
- Uplisted to Nasdaq
- Completed $18.4M registered offering
- MBFR Study launched with Department of Defense
- Changed functional currency from $CAD to $USD

Q3 2018
- Transitioned from a Wyoming to a Delaware Corporation
- Presented Cerebellar Growth Data

Q4 2018
- FDA pre-submission meeting: focused on clinical data review and design verification testing plans
- Hired Jennifer Laux as Chief Commercial Officer

Q1 2019
- Submitted application for regulatory clearance to Health Canada
- Obtained ISO 13485:2016 Standard Certification and MDSAP
- Hired MSLs for KOL development in US

Mar 2018
- Met with workers compensation payers

May 2018
- Corporate Purpose developed for efficient and effective management of the Company and hiring

June 2018
- Transitioned from a Wyoming to a Delaware Corporation
- Presented Cerebellar Growth Data

Aug 2018
- Submitted Application to US FDA for de novo classification and 510(k) Clearance
- Announced exclusive strategic alliance and distribution agreement with HealthTech Connex in Canada

Oct 2018
- Submitted application for regulatory clearance to Health Canada
- Announced exclusive strategic alliance and distribution agreement with HealthTech Connex in Canada

Nov 2018
- Submitted CE Mark application for regulatory clearance (EU)
- Completed execution of partnership agreements with 5 leading, early-adopted rehabilitation centers for Clinical Experience Programs (CEPs)

Dec 2018
- Submitted CE Mark application for regulatory clearance (EU)
- Completed execution of partnership agreements with 5 leading, early-adopted rehabilitation centers for Clinical Experience Programs (CEPs)

Q1 2019
- TGA (Australia) regulatory submission anticipated
- Expect to begin treating patients in Canada

Feb 2019
- Submitted application for regulatory clearance to Health Canada
- Obtained ISO 13485:2016 Standard Certification and MDSAP
- Hired MSLs for KOL development in US

Q4 2018
- Expect to begin treating patients in Canada
Chronic balance deficit is a long-term disability associated with neuro trauma and disease. Gait speed, cadence, stride length and time spent on double-limb support are frequently affected in individuals with balance deficit.

People worldwide experience new TBI cases annually. People living with chronic balance deficit following an mTBI in the U.S. alone. New cases annually of chronic balance deficit caused by mTBI.

After the initial medical event, TBI can present significant long-term disabilities and challenges to the individual, family, and society.
Balance deficit can have a profound impact on the lives of affected individuals and their loved ones:

- May restrict daily activities, such as the ability to walk, drive, or work
- May increase likelihood of falls, potentially resulting in further injury
- Financial hardship, limited participation in the community, isolation, anxiety and depression are common

Existing treatment options are limited in effectiveness and durability:

- Individuals with Balance deficit either failed current standard of care (physical therapy alone) or have plateaued
- Most people with Balance deficit are “living” with their condition, having exhausted clinically proven treatment options

Balance Deficit can negatively affect productivity, independence, and quality of life.
The PoNS® investigational medical device gently stimulates the trigeminal nerve through the tongue to activate neuroplasticity in the brain and unlock its ability to restore lost function.

Tongue Based Neuromodulation

The nerves in the tongue are directly connected to the brainstem, which is the body’s control center. It is dense with nerve endings in a warm, dark environment making it ideal for stimulation.

A mild-to- moderate TBI damages a part of the brain, reducing the ability of the brain’s neural impulses to communicate clearly with the body.

To restore balance and function, the brain needs to be “rewired” to work around the damaged area and reestablish neural impulses to the body. This “rewiring” is called neuroplasticity.

We achieve this change by neuromodulation.

The PoNS® investigational medical device gently stimulates the trigeminal nerve through the tongue to activate neuroplasticity in the brain and unlock its ability to restore lost function.

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The PoNS device is a smart technology that tracks frequency, duration and intensity of use.

Data captured is uploaded to cloud to be analyzed to drive PT and HCP treatment decisions and provide details on compliance for payer reimbursement opportunities.
Important Criteria For the Study

• 120 subjects

• Response criteria was set at 15 point improvement in Sensory Organization Test (SOT), an objective measure used in balance research
  – 15 point SOT score improvement is 50% higher than the expectation in the medical literature for physical therapy alone.

• All subjects had to:
  – Have participated in a focused physical rehabilitation program and have reached a plateau
  – Still have significant balance issues as they entered the study

• All subjects were at least one year post-injury
  - Further spontaneous recovery unlikely

6%
Were responders

53.7%
Were in the Normal Range for Balance
In patients with TBI balance was significantly better at 2 Weeks, 14 Weeks and 26 Weeks.

On average patients with TBI improved from an impaired SOT score to normal SOT score in 14 weeks of treatment with HFP. Normal SOT score was maintained throughout the 12 week washout period for all patients.

1 Patients treated with high frequency pulse (HFP) device. Low frequency pulse (LFP) data not shown since it was not statistically different from HFP.
Global Regulatory Strategy

US:

• De novo to 510(k) pathway
• Submitted for de novo classification and 510(k) clearance on 8/31/18

OUS:

• Canada: Health Canada clearance received 10/17/18
• EU: Submitted CE Mark application 12/7/18
• Australia: TGA filing anticipated in Q1, 2019
• China: NMPA filing anticipated in 2H, 2019
• Initial Focus on Canada:
  • Clearance by Health Canada October 17, 2018
    • Approximately 165K people with TBI with balance deficit
    • Focus on building distribution infrastructure for PoNS™ Treatment
    • Partnering with HealthTech Connex (HTC) to develop and manage neuroplasticity clinics in Canada
      • Heuro Canada, formed by HTC, as an operating entity to deliver PoNS™ Treatment—first patients to be treated in Q1, 2019
      • 2 neuroplasticity clinics established, treatment waiting list established and patient assessments underway

Focused on building distribution infrastructure and treating patients in Canada
Commercial Launch Summary
PoNS™ Treatment in US

PoNS™: For the treatment of chronic balance deficit due to mild-to moderate traumatic brain injury

Focus targeted promotion on:
- Top 25 high-volume, early adopter neurorehabilitation networks
- Proactive chronic balance deficit patients & caregivers
- KOLs, professional societies, patient advocacy
- Workers compensation payers

Launch Success Factors

Build network of early adopter PoNS™ Tx centers
Activate self pay and workers compensation patients
Establish value proposition and treatment guidelines

Targeted promotion and scientific engagement to build advocacy, adoption, & experience
Significant potential market opportunity and longer-term growth

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Established Helius-sponsored Clinical Experience Programs (CEPs)
- Partnering with leading, early-adopter, neurorehabilitation centers:
  - Partnerships in place with five neurorehabilitation centers (Northwell, OSU, OHSU, Kessler & Baylor)
  - Patient recruitment and enrollment began in Q4’18

CEPs enable Helius to:
1. Build relationships with target neurorehabilitation centers and key opinion leaders
2. Gain real-world experience in the clinical setting to validate commercial model for PoNS™ Treatment
3. Generate clinical evidence and health outcomes data to support reimbursement coverage discussions with payers

Commercialization of PoNS™ Treatment
Pre-Regulatory Clearance US Activities

Building commercial infrastructure, evidence and advocacy to support a successful targeted launch
Commercialization of PoNS™ Treatment
Post-Clearance US Commercial Strategy (1/2)

• Build network of early adopter, high-volume PoNS™ Treatment centers
  • Begin treating patients immediately following FDA clearance in Helius Neuro Rehab Center in Newtown, PA
  • Convert CEP clinics into PoNS™ Treatment centers
  • Deploy Strategic Account Executives to target top 25 high-volume, early adopter neurorehabilitation networks

• Manage growth to ensure that PoNS™ experience is of the highest quality

• Generate real-world evidence to support development of the payer value proposition and health economic analyses

Post-clearance, establish targeted high-volume PoNS™ Treatment network and drive cash pay and workers compensation patients into PoNS™ clinics
Commercialization of PoNS™ Treatment
Post-Clearance US Commercial Strategy (2/2)

• Deploy geographically targeted campaign to activate patients in proximity of certified PoNS™ centers to inquire about PoNS™ Treatment
  • Targeted patient segments at launch are cash pay and workers compensation
  • Tactics include partnership with patient advocacy groups and direct-to-patient digital campaign

• Build KOL and professional society advocacy, with goals to:
  • Incorporate PoNS™ Treatment into guidelines
  • Reinforce the scientific basis for PoNS™ Treatment and supporting evidence to build the value proposition
  • Pave the way to reimbursement among commercial and government payers

Post-clearance, establish targeted high-volume PoNS™ Treatment network and drive cash pay and workers compensation patients into PoNS™ clinics
U.S. Reimbursement Strategy

• Multi-year effort to secure broad-based reimbursement coverage:
  • Focused on accumulating health economic data to support pursuit of coverage and payment
  • Near-term priority: establishing clinical data to secure dedicated procedure codes with Workers Compensation payers
  • Long-term strategies to engage with federal (Medicare), VA & commercial payers

• Following FDA clearance, initial customers expected to be private pay pending broad-based reimbursement coverage

Focused on obtaining health economic data to facilitate reimbursement coverage
Multiple Sclerosis (1M People)
Cerebral Palsy (764K People)
Stroke (7M People; 795K new each year)
PTSD (25M People)
Facial Nerve Palsy (75K People)
Depression (15.7M People)
Parkinson’s Disease (1M People; 60K new each year)

* See page 20 for references
Financial Overview

• $12.4M cash and no debt as of September 30, 2018
• Completed $20.2M registered offering including 15% overallotment in November 2018 at price of $8.25
• First 9 Months ended September 30, 2018 Summary:
  • Operating Expenses: $21.4 million vs. $17.0 million in the first 9 mo’17
    • Year-over-year increase driven primarily by an increase of $7.8 million in G&A expenses due primarily to higher stock-based compensation expense, which was primarily the result of the change in the Company’s functional currency*
    • Year-over-year increase offset partially by a decrease of $3.3 million in research and development expenses, primarily due to reduced clinical trial expenses
  • Total Other Expense: $2.1 million vs. $7.3 million in the first 9 mo’17
    • Year-over-year decrease driven primarily by the change in fair value of derivative financial instruments and the change in foreign exchange gain (loss)
  • Net Loss: $23.5M vs. $24.3M in the first 9 mo’17
  • Net Cash Used in Operating Activities: $14.5M vs. $14.2M in the first 9 mo’17

*Note: Changed functional currency from $CAD to $USD, effective April 1, 2018.
Financial statements prior to and including the period ending March 31, 2018 have not been restated for the change in functional currency.
Extensive IP Portfolio

Exclusively licensed from inventors (4% royalty):
- 8 US Medical Method Patents Issued
- Patents expire 2028

Patents owned by Helius (no royalty):
- 27 US Patents Issued
- 20 Foreign Patents Issued
- Patents expire 2035

Helius Patents Transferred to China Medical System Holdings (CMS):
- 3 Chinese Design Patents

Independent Verification of Patents and Freedom to Operate Opinion – September 2017

A Significant Barrier to Competitor Entry
Slide 8: Traumatic Brain Injury

   The Lancet Neurology. 16. 10.1016/S1474-4422(17)30371-X.

2. Addressable market: 5.3 million people with chronic disability multiplied by 40% having a balance disorder tied to TBI;
   5.3 million – see reference 5 below;
   40% [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4936800/];


4. Taylor CA, Bell JM, Breiding MJ, Xu L. Traumatic brain injury-related emergency department visits, hospitalizations, and deaths - United States, 2007 and 2013. MMWR Surveill Summ. 2017;66(9):1-16. Calculations 2.8M x 33% of chronic symptoms sufferers x 40% who suffer Chronic balance disorder (2.8 x .30 x .40)= 333K

Slide 21: Disease State Prevalence

- Multiple Sclerosis - http://www.nationalmssociety.org/About-the-Society/MS-Prevalence
- Cerebral Palsy: http://www.cerebralpalsy.org/about-cerebral-palsy/prevalence-and-incidence
- Stroke – http://www.strokeassociation.org/STROKEORG/LifeAfterStroke/Life-After-Stroke_UCM_308546_SubHomePage.jsp
  - https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_stroke.htm
- Bells Palsy: https://www.news-medical.net/health/Bells-Palsy-Epidemiology.aspx - US rate of 23 cases per 100,000 persons – (326 Million US Population /100,000 * 23 = 75,000)
  - http://www.cdc.gov/nchs/fastats/depression.htm