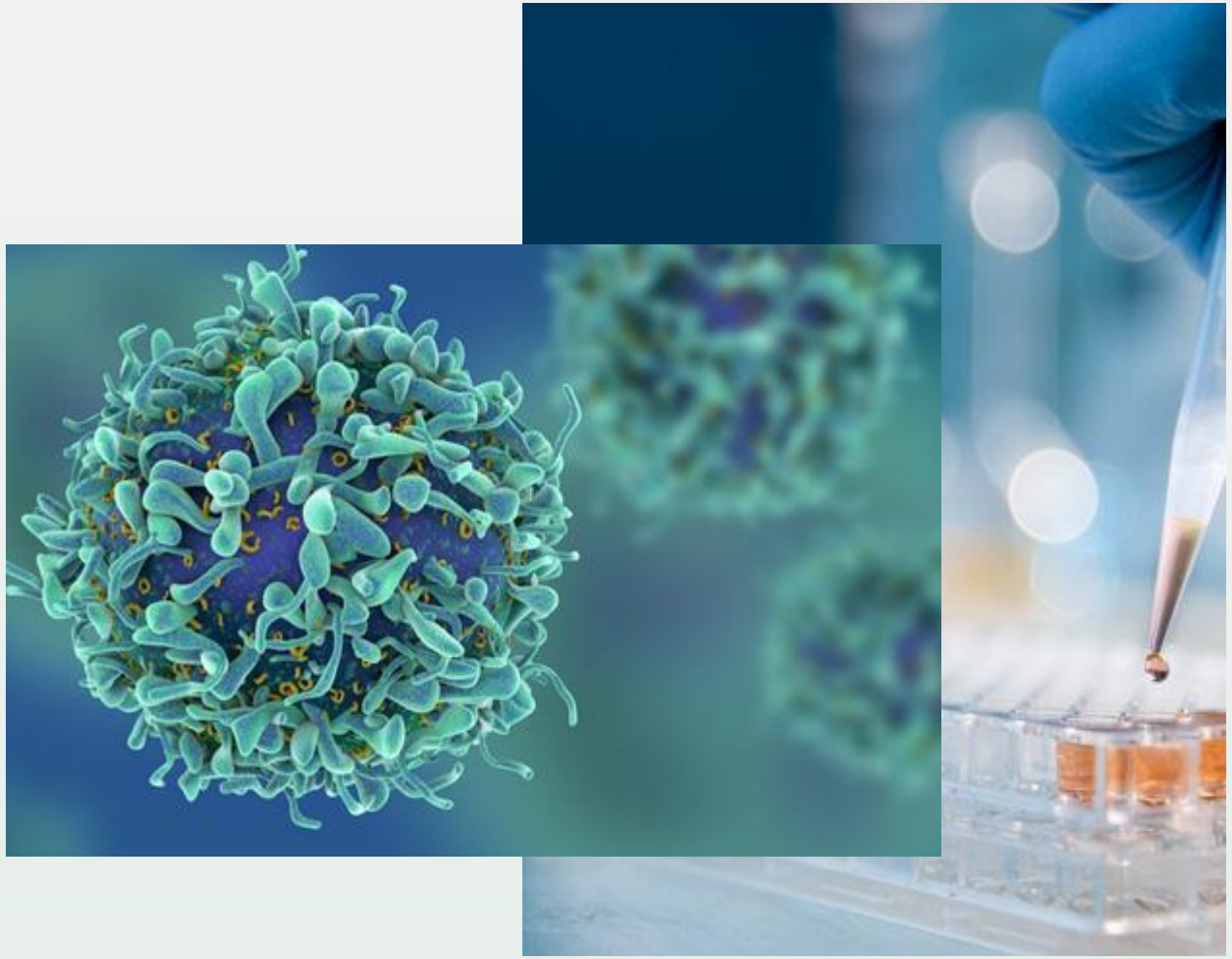
Enabling the immune system to fight cancer



Ultimovacs is a pharmaceutical company developing novel immunotherapies against cancer

Company Presentation, March 2021

Disclaimer

NOT FOR DISTRIBUTION IN THE UNITED STATES, EXCEPT PURSUANT TO APPLICABLE EXEMPTIONS FROM THE REGISTRATION REQUIREMENTS OF THE U.S. SECURITIES ACT OF 1933.

This presentation has been prepared by Ultimovacs ASA ("Ultimovacs" or the "Company") solely for use at the presentation to investors held in connection with the contemplated initial public offering of shares of the Company conducted towards Norwegian investors and international institutional investors and to investors in such jurisdictions as permitted or catered for by exemption rules under applicable securities laws (the "Transaction"). This presentation is strictly confidential and may not be reproduced or redistributed, in whole or in part, to any other person.

This presentation is based on the economic, regulatory, market and other conditions in effect on the date hereof and, may contain certain forward-looking statements. By their nature, forward-looking statements involve risk and uncertainty because they reflect Ultimovacs' current expectations and assumptions as to future events and circumstances that may not prove accurate. None of the Company, nor ABG Sundal Collier ASA or DNB Markets, a part of DNB Bank ASA (together the "Managers") or any of their parent or subsidiary undertakings or any such person's officers or employees provide any assurance as to the correctness of such forward-looking information and statements. It should be understood that subsequent developments may affect the information contained in this document, which neither Ultimovacs, nor its advisors, are under an obligation to update, revise or affirm. Important factors that could cause actual results to differ materially from those expectations include, among others, economic and market conditions in the geographic areas and industries that are or will be major markets for the Company's businesses, changes in governmental regulations, interest rates and fluctuations in currency exchange rates.

This presentation is for information purposes only and does not constitute an offer to sell common shares of the Company or a recommendation in relation to the shares of the Company. This presentation is not a prospectus, disclosure document or offering document and does not purport to be complete. Nothing in this presentation should be interpreted as a term or condition of the Transaction. Potential investors in the Transaction will be bound by the final terms as set out in the relevant subscription documentation.

AN INVESTMENT IN THE COMPANY INVOLVES SIGNIFICANT RISK AND, SEVERAL FACTORS COULD CAUSE THE ACTUAL RESULTS, PERFORMANCE OR ACHIEVEMENTS OF THE COMPANY TO BE MATERIALLY DIFFERENT FROM ANY FUTURE RESULTS, PERFORMANCE OR ACHIEVEMENTS THAT MAY BE EXPRESSED OR IMPLIED BY STATEMENTS AND INFORMATION IN THIS PRESENTATION.

No representation or warranty (express or implied) is made as to, and no reliance should be placed on, any information, including but not limited to projections, estimates, targets and opinions, contained herein, and no liability or responsibility whatsoever is accepted as to the accuracy or completeness of this presentation or for any errors, omissions or misstatements contained herein, and, accordingly, none of the Company nor the Managers nor any of their parent or subsidiary undertakings or any such person's officers or employees accepts any liability whatsoever arising directly or indirectly from the use of this presentation. This presentation does not purport to contain all of the information that may be required to evaluate the Company and its shares and should not be relied on in connection with an investment in the Company.

The contents of this presentation are not to be construed as legal, business, investment or tax advice. Each recipient should consult with its own legal, business, investment or tax adviser as to legal, business, investment or tax advice. By attending or receiving this presentation, you acknowledge that you will be solely responsible for your own assessment of the market and the market position of the Company and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of the Company's business and the securities issued by the Company.

This presentation has not been reviewed or approved by any regulatory authority or stock exchange. The distribution of this presentation and/or any prospectus or other documentation into jurisdictions other than Norway may be restricted by law. This presentation does not constitute or form part of any offer or invitation to sell or issue, or any solicitation of any offer to acquire any securities offered by any person in any jurisdiction in which such an offer or solicitation is unlawful. Neither this presentation nor anything contained herein shall form the basis of any contract or commitment whatsoever. Persons into whose possession this presentation comes should inform themselves about and observe any such restrictions. Any failure to comply with these restrictions may constitute a violation of the securities laws of any such jurisdiction.

This presentation is not for distribution, directly or indirectly, in or into the United States (including its territories and possessions, any State of the United States and the District of Columbia), Canada, Australia or Japan. This presentation does not constitute or form a part of any offer or solicitation to purchase or subscribe for securities in the United States. The securities mentioned herein have not been, and will not be, registered under the U. S. Securities Act of 1933 (the "Securities Act"). The securities mentioned herein may not be offered or sold in the United States, except pursuant to an exemption from the registration requirements of the Securities Act. There will be no public offer of securities in the United States.

This Presentation is subject to Norwegian law and any dispute arising in respect of this presentation is subject to the exclusive jurisdiction of the Norwegian courts with Oslo district court as the legal venue.

Table of contents

Ultimovacs Company Overview

Well-positioned in the immuno-oncology space as a cancer vaccine company

- Ultimovacs is developing universal next-generation cancer vaccines applicable at all stages of cancer, including potential prevention of cancer
- Lead compound, UV1, is an off-the-shelf product, easy to manufacture and to administer and was designed to enable the immune system to identify and kill cancer cells in combination with checkpoint inhibitors and other cancer treatment modalities

In Phase II development stage and with broad potential

- Completed 3 Phase I trials confirming positive safety profile in various indications; prostate cancer, NSCLC and malignant melanoma (the latter in combination with ipilimumab)
- Phase I trial in malignant melanoma in combination with pembrolizumab ongoing
- Two Phase II trials have been initiated; two additional trials to start in H1 2021 (total > 500 patients)
    - Multiple indications including malignant melanoma, mesothelioma, ovarian cancer and head-and neck cancer with multiple Checkpoint and PARP inhibitor combinations

Start of Clinical Evaluation of Novel TET-Platform

- Phase I study in prostate cancer. Enrolment of first patient in February 2021

Ultimovacs Company Overview (cont.)

Solid financial position

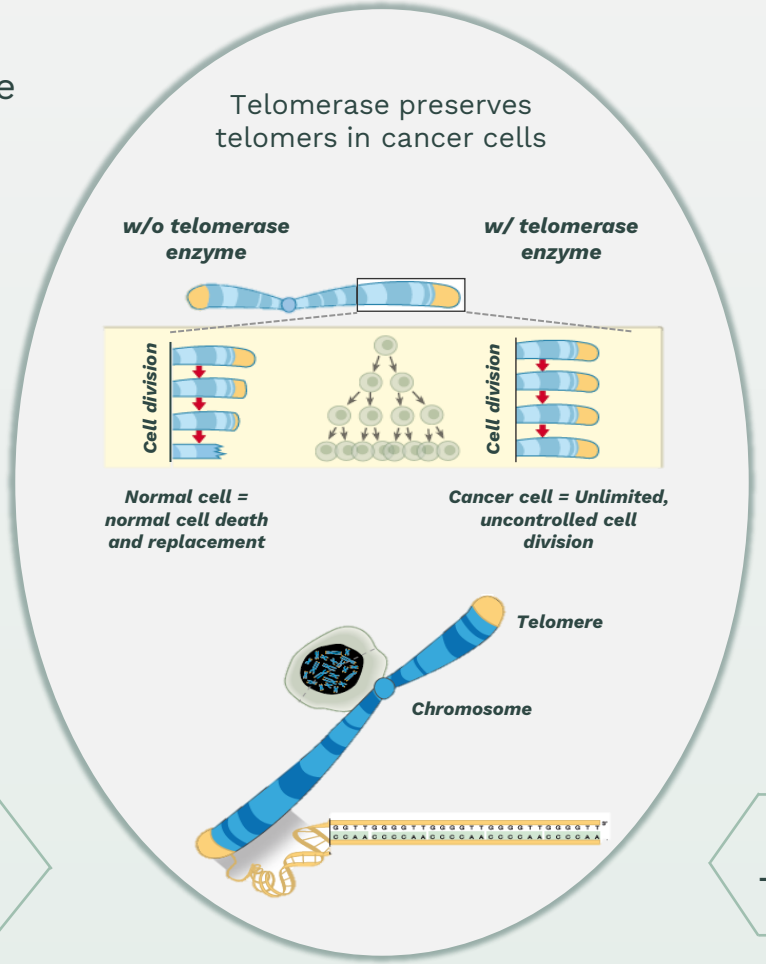
- Publicly traded on the Euronext Oslo Stock Exchange (ticker ‘ULTI.OL’)
- Total cash end of Q4 2020 amounted to MNOK 441 / ~MEUR 43

Multiple ongoing activities with international cancer institutions and large pharmaceutical companies

- Ultimovacs is pursuing clinical development activities with the Oslo University Hospital network, NSGO/ENGOT, Halle University Hospital network (D), BMS and Astra Zeneca
- Company is consistently pursuing new opportunities with other organizations to **maximize the product potential** and **expand the usage and benefits for cancer patients**

Telomerase (hTERT) is an ideal target antigen in cancer immunotherapy

- Telomerase's function and relevance for tumor is well known and documented
- Most normal cells are telomerase negative
- Telomerase is present in cancer stem cells



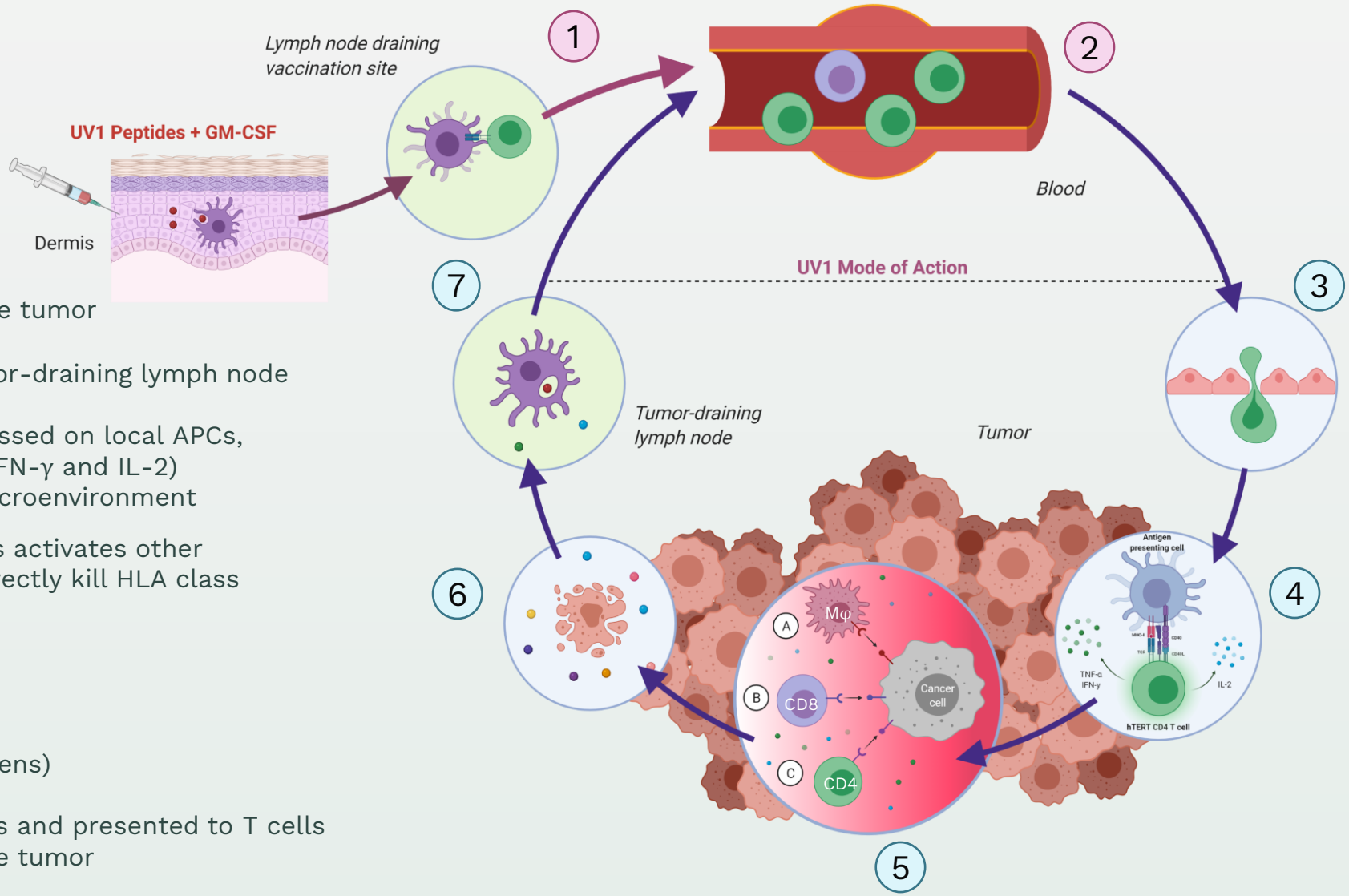
- Telomerase is essential for unlimited growth and immortality
- Telomerase is also essential for tumor spread

Telomerase is a **universal target**:
85-90% of cancer cells express hTERT

Telomerase is an **essential target**:
Tumor cells are dependent on expressing hTERT

UV1 Mode of Action

1. Skin: UV1 peptides are taken up by DCs and transported to the lymph node where hTERT-specific CD4+ T cells are expanded
2. The T cells enter circulation and home to the tumor
3. The T cells infiltrate the tumor and the tumor-draining lymph node
4. When binding to their antigen (hTERT) expressed on local APCs, the CD4+ T cells release cytokines (TNF-α, IFN-γ and IL-2) inducing a pro-inflammatory “hot” tumor microenvironment
5. Through cytokine secretion, the CD4+ T cells activates other cells of the immune system and can also directly kill HLA class II expressing tumors
   a) Macrophages
   b) CD8 T cells
   c) CD4 T cells direct killing
6. Dying tumor cells release antigens (neoantigens)
7. Tumor-specific antigens are taken up by DCs and presented to T cells broadening the immune response against the tumor



UV1 MoA is fundamental to activate hTERT specific CD4 helper T lymphocytes

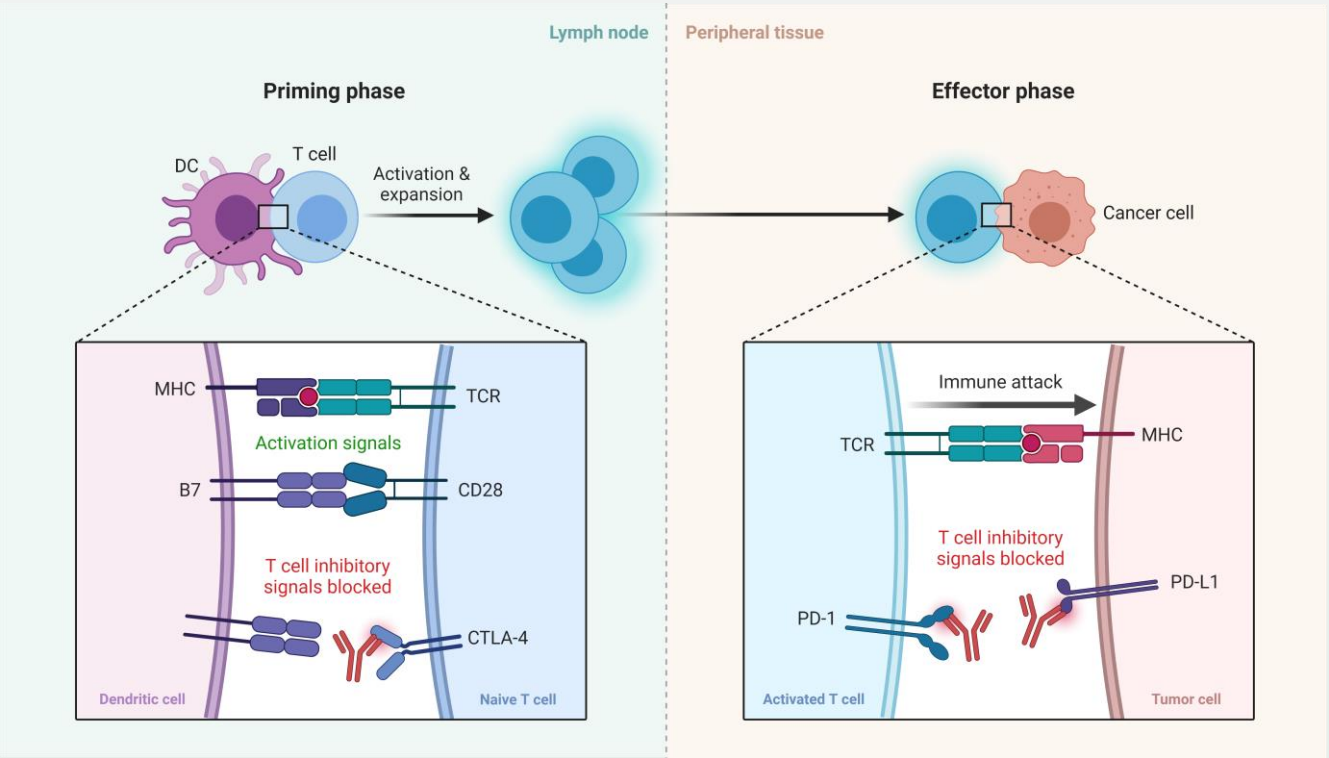
Active in space and time

Relevance of hTERT as a target

- Since hTERT is continuously present throughout the tumorigenesis, the CD4+ T cells will stay activated regardless of the rapidly evolving genetic make-up of the tumor
- The hTERT-specific T cells optimize for killing of tumor cells and priming of de novo immune responses against any currently present antigen over time

Scientifically rational treatment combinations

- Checkpoint inhibitors such as anti-CTLA-4 and anti-PD-1/L1 allow unchecked expansion and effector function of vaccine-induced T cells, respectively



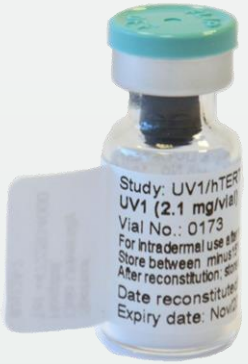
UV1 is a CD4 activating, universal cancer vaccine, providing strong benefits

Key Benefits

- UV1 is directed towards hTERT, which is expressed in 85-90% of all cancer indications
- UV1 can be used in the general population without pre-screening of HLA
- The UV1 vaccine consists of long peptides activating CD4 helper T lymphocytes
- UV1 is easily manufactured, has a long shelf life and a low unit cost
- Ease of clinical use (intra-dermal) , no complex hospital infrastructure required

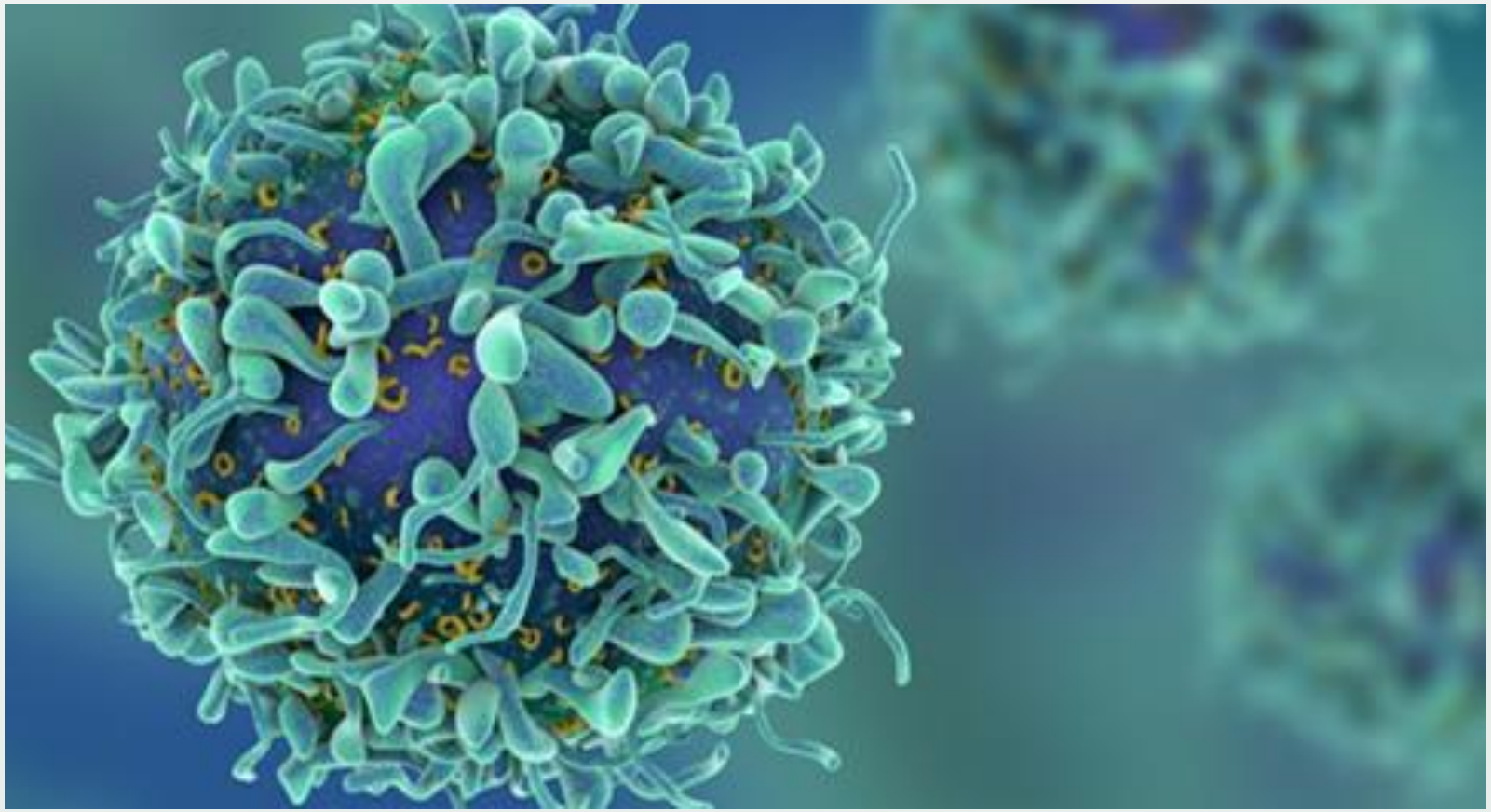
UV1 is an ”off-the-shelf" product with low cost of goods

Simple Production and Logistics:



- Well established technology
- Production by **standard peptide synthesis**
- Stable product with **3 years shelf life** at 5℃
- Standard shipping and **simple on-site preparation**, i.e., reconstitution with water
- **Lower cost of goods** compared to other immunotherapies
- Development of commercial scale manufacturing process ongoing

Programs



Broad Development Pipeline: more than 500 patients in Phase II

	Indication	Clinical trial information	Preclinical	Phase I	Phase II	Phase III	Participating entities
UV1	**Prostate cancer**	Conducted at OUS, 22 patients. Completed in 2015		✓			Oslo University Hospital
	Non-small cell lung cancer (NSCLC)	Conducted at OUS, 18 patients. Completed in 2016		✓			
	Malignant melanoma	Conducted at OUS, 12 patients. UV1 in combination with Ipilimumab. Completed in 2016		✓			
	Malignant melanoma	First line phase I trial with combination UV1/pembrolizumab). 30 patients, enrolment completed in Aug-20		○			
	Malignant melanoma	**INITIUM:** Phase II proof of concept trial (first line malignant melanoma with triple combination ipilimumab/nivolumab/UV1) 154 patients			○		
	Mesothelioma	**NIPU:** Phase II proof of concept trial (second line mesothelioma with triple combination ipilimumab/nivolumab/UV1) 118 patients			○		Bristol-Myers Squibb; Oslo University Hospital
	Ovarian cancer	**DOVACC**: Phase II proof of concept trial (randomized, second line maintenance in ovarian cancer with combination durvalumab/Olaparib/UV1) 184 patients			○		NSGO; ENGOT European Network of Gynaecological Oncological Trial groups; AstraZeneca
	Head and Neck cancer	**FOCUS:** Phase II proof of concept trial (first line head and neck cancer with combination pembrolizumab/UV1) 75 patients			○		Martin-Luther University Halle
TET	**Prostate cancer**	**TENDU:** phase I study to assess the safety of the TET platform		○			
	Various	First-in-class cancer vaccine solutions based on the TET-platform technology	○				

ultimovacs

✓ Completed ○ Ongoing

Three Phase I trials are completed with 5-year follow-up

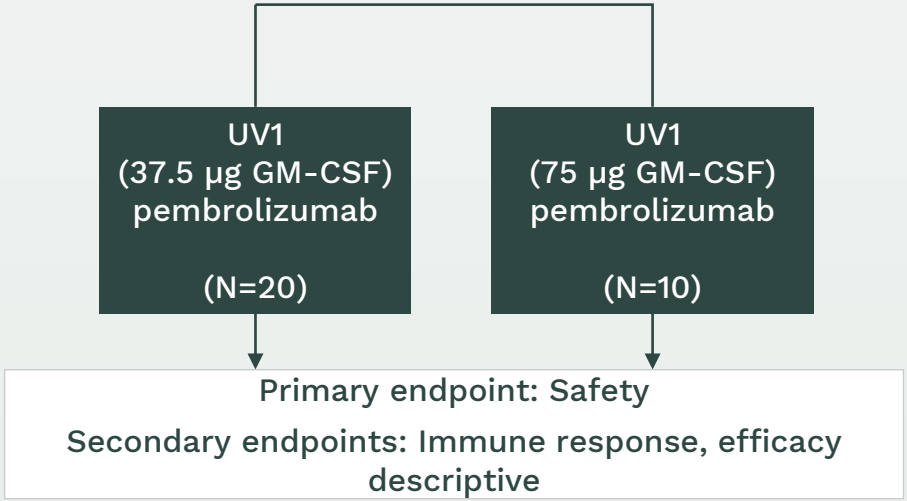
Good safety profile and signals of clinical efficacy observed (compared to historical controls)

Clinical Trial[1]	Ultimovacs Trials			Historical Comparison[4]		
	Overall Survival (OS) - Year 5[2]	Median OS (months)	Median PFS (months)[2]	Overall Survival (OS) - Year 5	Median OS (months)	Median PFS (months)
Prostate (n=22)	50%	61.8	n.a.[3]	Revelant historical control not available	36-42	n.a.
NSCLC (n=18)	33%	28.2	10.7	Below 5%	~12	3 - 4
Malignant Melanoma (n=12)	50%	Will be > 54 months	6.7	~ 20%	~16	3.5 - 4

1. Prostate: (EudraCT No. 2021-002411-26) NSCLC: (EudraCT No. 2012-001852-20) Malignant melanoma: (EudraCT No. 2013-005582-39)
2. Median Progression-Free Survival
3. Progression-Free Survival not possible to measure in the Prostate cancer trial. Instead, patients are followed on PSA measurements. As of today, 8 patients have normalized PSA levels
4. References to historical comparisons:
   - Prostate: Fizazi K et al. Lancet Oncol. 2019; 20: 686-700.
   - NSCLC: Cortot AB et al. Eur J Cancer. 2020; 131: 27-36
   - Malignant melanoma: Robert C et al. Lancet Oncol. 2019; 20: 1239-1251.

Ongoing Phase I trial in first line malignant melanoma patients in combination with pembrolizumab

- **Ultimovacs sponsored study running in the USA**
- **Patient enrolment completed Q3 2020**
- **Cohort 1**
  - 20 patients
  - **1 year follow up in Sep-2020:**
    - Overall survival (OS) rate was 85%
    - Median Progression-Free Survival (mPFS) was not yet reached
    - An historical comparison*, demonstrated a 68% OS at 12 months and a mPFS of 11.6 months.
  - 2 year follow up in Q4 2021
- **Cohort 2**
  - 10 patients
  - LPFV on 18 August 2020
  - 1 year follow up in Q4 2021



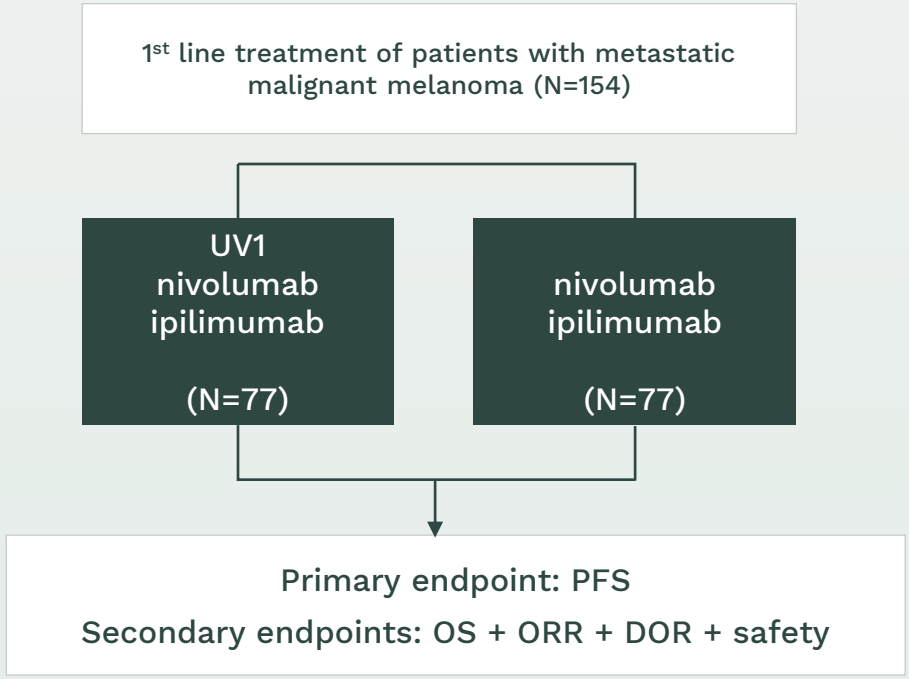
FPFV = First patient first visit, LPFV=Last patient first visit, PFS = progression-free survival, OS = overall survival, ORR = overall response rate, DOR = duration of response

* similar sub-group in the KEYNOTE 006 trial

INITIUM and NIPU are ongoing Phase II trials

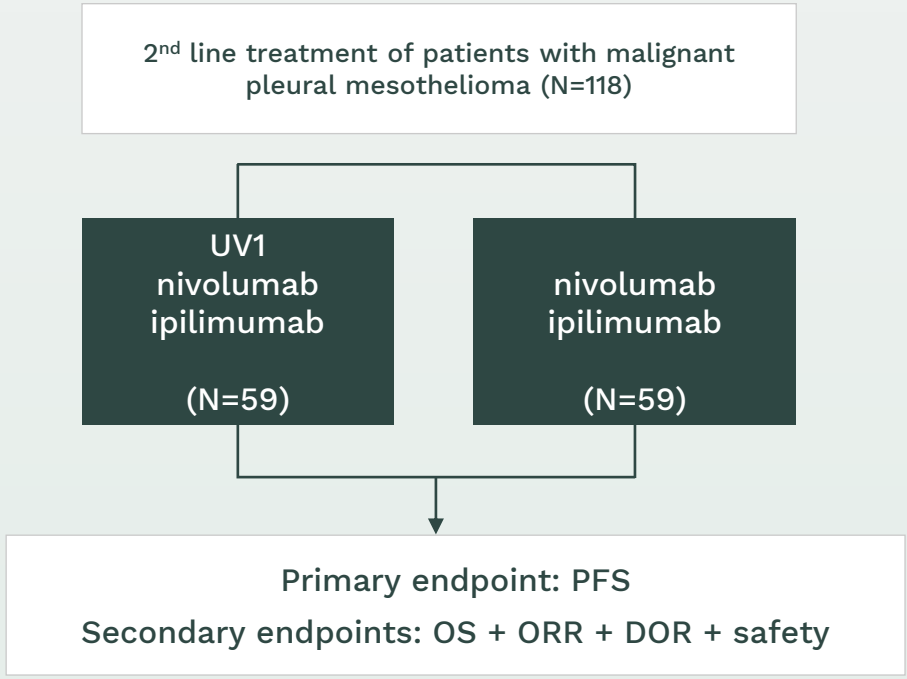
INITIUM

- Randomized Phase II trial in 1st line treatment of patients with metastatic malignant melanoma
- Ultimovacs sponsored study
- **154 patients in 40 sites** in Norway, Belgium, UK and USA
- FPFV in June 2020
- Topline results expected H2 2022



NIPU

- Randomized Phase II trial in 2nd line malignant pleural mesothelioma
- Sponsored by Oslo University Hospital with participation from BMS
- **118 patients in 6 sites** in Norway, Sweden, Denmark, Spain and Australia
- FPFV in June 2020
- Topline results expected H2 2022

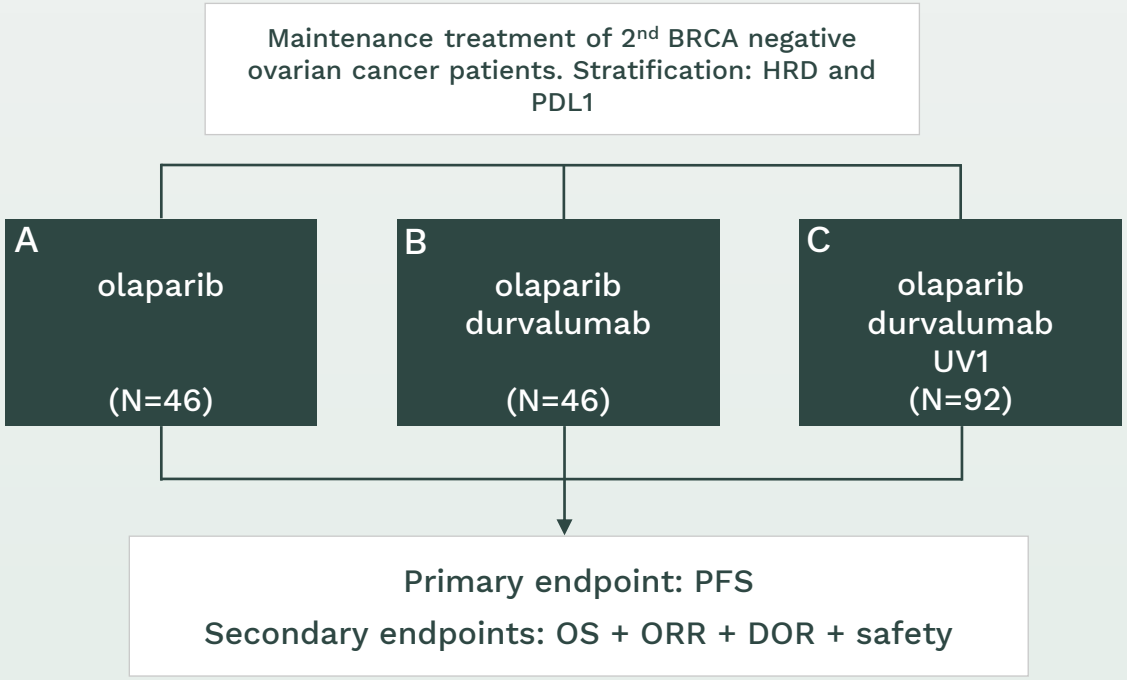


FPFV = First patient first visit, LPFV=Last patient first visit, PFS = progression-free survival, OS = overall survival, ORR = overall response rate, DOR = duration of response

DOVACC and FOCUS are newly initiated Phase II trials

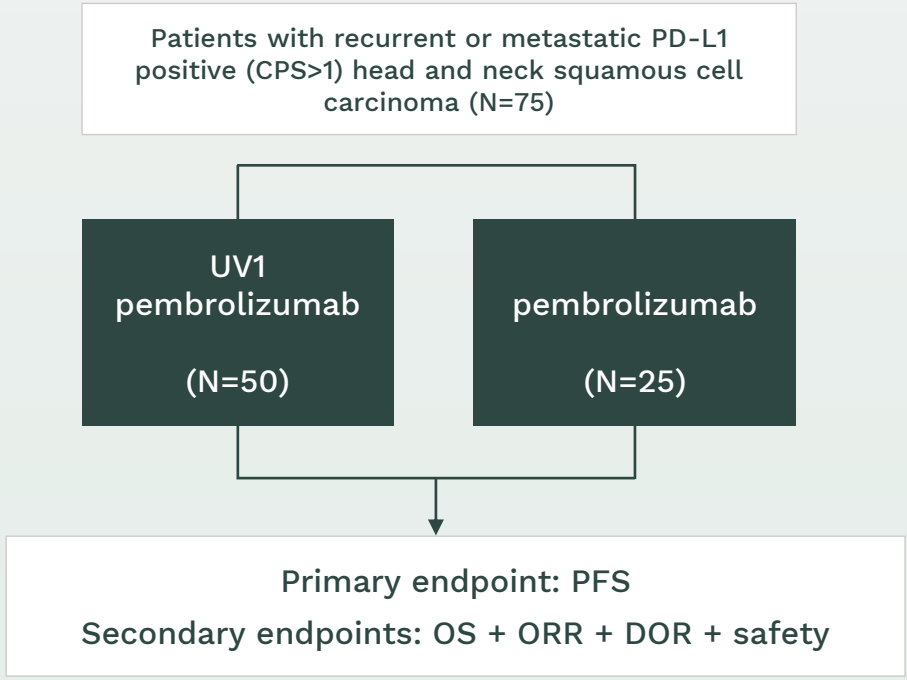
DOVACC

- Randomized Phase II second maintenance trial in BRCA negative ovarian cancer patients
- Sponsored by NSGO/ENGOT with participation from Astra Zeneca
- **184 patients in >40 sites** in approximately 10 European countries
- FPFV in H1 2021
- Topline results expected 2023



FOCUS

- Randomized phase II trial in patients with recurrent or metastatic PD-L1 positive head and neck cancer
- Sponsored by Halle University Hospital network
- **75 patients in 10 sites in Germany**
- FPFV in 2021
- Topline results expected 2023



FPFV = First patient first visit, LPFV=Last patient first visit, PFS = progression-free survival, OS = overall survival, ORR = overall response rate, DOR = duration of response
CPS = Combined Positive Score

UV1 Competitive Profile vs Other Cancer Vaccines approaches

Vaccine	Eligible patients	Production	Administration
UV1	No HLA screening or tumor type restriction	Off-the-shelf / Low cost	Intradermal
Neoantigen vaccines	Sequencing of biopsies for prediction of neoantigens	Long lead-time / High cost	Intradermal Sub-Cutaneous Intra-Muscular
Intratumoral vaccines	Patients with lesion available for intratumoral injection	Depending on platform	Intratumoral
Other tumor-associated antigen (TAA) vaccines	HLA and biomarker screening for selection of patients	Depending on platform	Intradermal Sub-Cutaneous Intra-Muscular

1 Thomas R, Al-Khadairi G, Roelands J, et al. NY-ESO-1 Based Immunotherapy of Cancer: Current Perspectives. Front Immunol. 2018;9:947. Published 2018 May 1. doi:10.3389/fimmu.2018.00947; 2 Jaiswal PK, Goel A, Mittal RD. Survivin: A molecular biomarker in cancer. Indian J Med Res. 2015;141(4):389–397. doi:10.4103/0971-5916.159250; 3 Zajac P, Schultz-Thater E, Tornillo L, et al. MAGE-A Antigens and Cancer Immunotherapy. Front Med (Lausanne). 2017;4:18. Published 2017 Mar 8. doi:10.3389/fmed.2017.00018

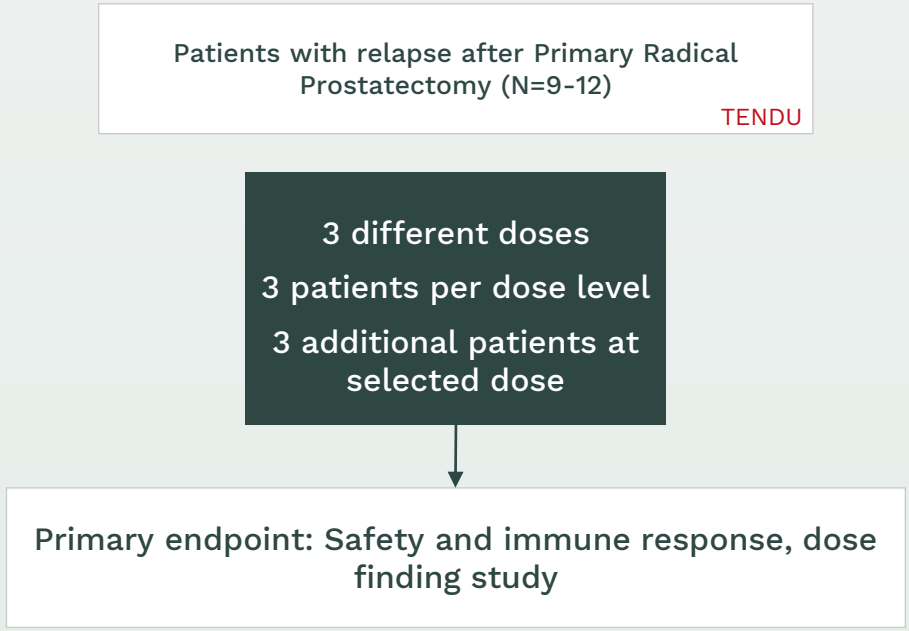
Technology

The TET-platform – first-in-class and innovative cancer vaccine approach

- The core technology is the proprietary and patent-protected Tetanus-Epitope Targeting-platform (the 'TET-platform'), **a promising approach to strengthen and increase T cell responses against cancer peptides**
- With this technology **the antigens and adjuvant are part of the same molecule** which allows for a **beneficial safety profile** and **simplified administration**
- Ultimovacs is therefore pursuing **the development of new first-in-class cancer vaccine solutions** based on the TET-platform technology
- Pending confirmation of the safety of the TET technology and further pre-clinical and CMC development, the ambition is to **identify TET-based cancer vaccine candidates to move into clinical development**
- This generic adjuvant technology for peptide-based vaccines is **not limited to cancer vaccines**

TENDU: Phase I trial to test the safety of the TET technology in Prostate Cancer

- Ultimovacs is now running a **Phase I trial to test the TET technology in prostate-cancer patients**
- **First patient** enrolled February 2021
- The main objective is to **assess the safety of the TET technology**
- In this first study, the TET technology will be applied together with prostate cancer specific antigens



Corporate

Strong financial position

- Successful completion of **initial public offering**
  - First day of trading was 3 June 2019. Now on the **Euronext Oslo Stock Exchange** (ticker 'ULTI.OL')
  - **MNOK 370 / ~MEUR 35** raised in the IPO (gross proceeds) with about 1/3 subscribed by main shareholders
- **Significantly oversubscribed** private placement of gross **MNOK 160 / ~MEUR 15,** including current major shareholders and new institutional investors (May 2020)
- Increased interest from investors: total number of shareholders was approximately **1,500 following the IPO** and **3,907 as per February 2021**
- **Total cash end of Q4 2020** amounted to **MNOK 441 / ~MEUR 43**
- Market Cap*: **NOK 2.4 B / ~MEUR 229**

* as of 17 February 2021

Deep bench of experienced talent from industry and academia

Management team

Carlos de Sousa MD and EMBA
Chief Executive Officer

- Extensive industrial experience as MD and from leadership positions at international pharmaceutical and biotech companies

Jens Bjørheim MD and PhD
Chief Medical Officer

- Experience from BASF, Novartis, Clavis Pharma and AstraZeneca
- MD PhD with clinical oncology experience and scientific merits within immunology and cancer genetics

Gudrun Trøite, PhD
Director of Regulatory Affairs & QA

- 11 years' experience in Biotech industry
- Previously with Photocure as Clinical Operations Director

Hans Vassgård Eid
Chief Financial Officer

- Experience include senior management positions
- Previously with Orkla, Storebrand, PHARMAQ, Foinco and McKinsey & Company

Ton Berkien
Chief Business Officer

- Experience include executive and senior management positions
- Previously with Gilde Investment, KPMG, PwC, Ferring, Nycomed, Takeda, Nuevolution and Amgen

Øivind Foss
Head of Clinical Operations

- 13 years' experience from clinical development in the Biotech industry
- Previously with Pharmalink Oncology as Clinical Operations Director

Audun Tornes
Chief Operating Officer

- R&D management experience from pharma industry
- Inventor of 10+ patents in diagnostics and cancer therapy

Ingunn Hagen Westgaard, PhD
Head of Research

- Consulting, R&D and regulatory experience from biotech industry within oncology and regulatory authorities, including membership in CHMP

Scientific team

Gustav Gaudernack, PhD
Chief Scientific Officer

- Holds 50+ patents in cancer vaccines and diagnostics
- Head of Immunotherapy at Oslo University Hospital 1995-2011

Steinar Aamdal, MD and PhD
Senior Medical Advisor

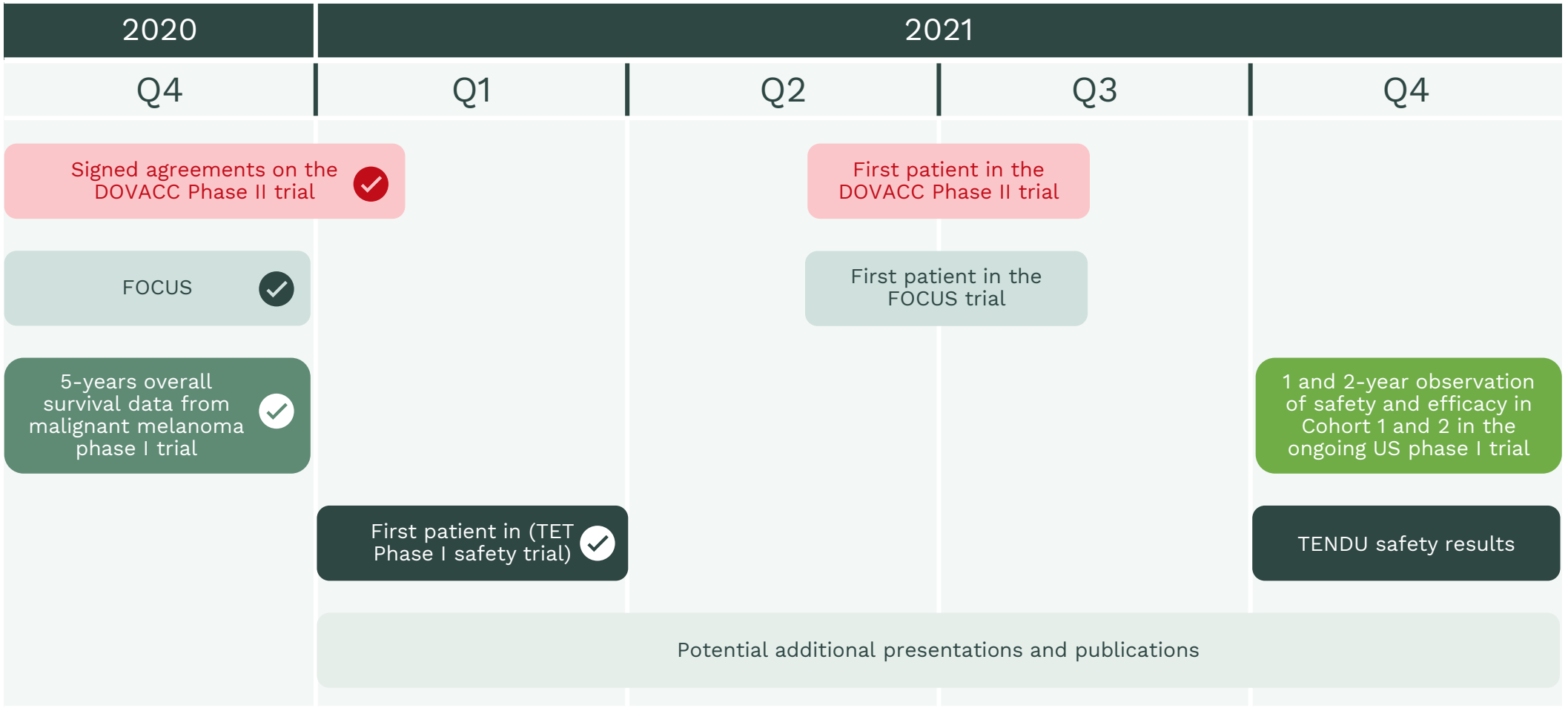
- Professor in Oncology at Oslo University Hospital
- Active member of ESMO, AACR and ASCO
- Member of EMA Scientific Advisory Group for Oncology

Sara Mangsbo, PhD
Chief Development Officer

- Founder of and previous CSO of Immuneed AB and have 10+ years in the R&D field of immuno-oncology with experience in antibody and peptide-based drugs along with advanced ex vivo and in vivo modelling

Upcoming - News

Recent and expected newsflow 2020-2021



Key take-aways

- **Universal vaccine technology** (UV1 and TET) broadly applicable in different cancer types and in different therapeutic combinations
- **Good safety profile** and early positive signals of clinical efficacy
- **Broad Phase II development program** – 4 trials with over 500 patients (in addition to the 82 patients in Phase I)
- **Start of Clinical Evaluation of Novel TET-Platform** with Phase I TENDU Study
- **Validation** through **collaboration with large pharma companies and oncology specialist groups**
- **Experienced team**, Strong shareholder base and good cash position
- **Multiple near-term milestones** and news flow

Activating the immune system to fight cancer

Carlos de Sousa, CEO
carlos.desousa@ultimovacs.com
+47 908 92507

Hans Vassgård Eid, CFO
hans.eid@ultimovacs.com
+47 482 48632

Ton Berkien, CBO
ton.berkien@ultimovacs.com
+46 707 914954

Jens Bjørheim, CMO
jens.bjorheim@ultimovacs.com
+47 475 03831

www.ultimovacs.com

Experienced Board of Directors

Jonas Einarsson
Chairman of the board

- CEO of the Norwegian Radium Hospital Research Foundation
- Board member of several biotech companies
- One of the initiators behind the Norwegian Center of Expertise, Oslo Cancer Cluster

Henrik Schüssler
Board member

- CEO and board member of Gjelsten Holding AS
- Previously CFO and CEO of Norway Seafood
- Accounting/consulting experience from Ernst & Young

Haakon Stenrød
Board member

- Senior Investment Manager at Watrium
- Previously 12 years in the Investment Banking at ABG Sundal Collier, focusing on M&A, restructurings and capital markets advisory
- Board member of DF Capital, a UK challenger bank listed on AIM London

Leiv Askvig
Board member

- CEO of Sundt AS, a Norwegian family owned investment company
- Board member of Pandox AB, Eiendomsspar, Oncoinvent AS and Civita
- Previously Chairman of the Board of Oslo Stock Exchange and CEO of Sundal Collier & Co

Kari Grønås
Board member

- Extensive experience in drug development and commercialization within the pharmaceutical industry of new breakthrough products securing regulatory approvals, i.e. Xofigo, Hexvix
- Board positions in Spago Nanomedical AB, SoftOx AS and The Norwegian Lung Cancer Society

Aitana Peire
Board member

- Investment Manager of Canica's Future of Health assets. Board member in EXACT-Tx AS
- Previously senior consultant in Venture Valuation, Pharma equity research analyst at Kepler Cheuvreux and PMA consultant for Stratas Partners in Basel and investment analyst for London-based hedge fund Carval Investors

Ketil Fjerdingen
Board member

- 25+ years experience from board and management positions in different companies and industries
- Ultimovacs' Chairman of the board from '11-'17

Eva S. Dugstad
Board member

- Director for Business Development of the Norwegian Radium Hospital Research Foundation
- Previously President and the EVP at the Institute for Energy Technology (IFE) and chair of the board for IFE Venture
- Has been involved in various boards in both public and private sector and in several public expert panels

Håkan Englund
Deputy Board member

- 30+ years of experience from the health care industry incl. leading management positions in Pharmacia Biotech and Phadia
- Presently a private investor and board member and advisor to several companies including Antrad Medical, BioArctic, Immuneed, Prostatype Genomics and SecureAppbox

Strong ownership with long-term perspective

Share register as per 1 March 2021

Shareholder	# of shares	Share-%
Gjelsten Holding AS	6 171 866	19,3 %
Canica AS	2 535 163	7,9 %
Inven2 AS	1 835 492	5,7 %
Watrium AS	1 740 575	5,4 %
Radiumhospitalets Forskningsstiftelse	1 498 913	4,7 %
Langøya Invest AS	1 342 006	4,2 %
Folketrygdfondet	1 170 000	3,7 %
Helene Sundt AS	882 132	2,8 %
CGS Holding AS	882 132	2,8 %
Sundt AS	719 650	2,3 %
Danske Invest Norge Vekst	690 000	2,2 %
Stavanger Forvaltning AS	589 000	1,8 %
Verdipapirfondet KLP Aksjenorge	580 840	1,6 %
Verdipapirfondet Nordea Avkastning	524 817	1,6 %
Brown Brothers Harriman (Lux.) SCA	522 113	1,6 %
Prieta AS	520 988	1,6 %
JPmorgan Chase Bank, N.A., London	439 137	1,4 %
SEB Prime Solutions Sissener Canopus	400 000	1,3 %
Swedbank AB	347 545	1,1 %
Verdipapirfondet Nordea Kapital	283 471	0,9 %
20 Largest shareholders	**23 862 217**	**74,1%**
Other shareholders	8 290 671	25,9%
Total	**31 973 511**	**100,0%**