

15 June 2009

**Synairgen plc**  
**(“Synairgen” or “the Company”)**

**SECOND CLOSING OF THE FUNDRAISING**

Synairgen announced on 27 May 2009 its intention to raise £6.35 million (gross) by means of a placing with institutional investors of 29,499,993 new Ordinary Shares (the “Placing”) and a subscription by certain Directors and others for 7,852,948 new Ordinary Shares (the “Subscription”), all at a price of 17p per Ordinary Share (together the “Fundraising”).

On 12 June 2009, Synairgen announced that shareholder approval of the Fundraising had been obtained and that 7,852,948 Ordinary Shares were allotted and are expected to be admitted to trading on AIM on 18 June 2009.

Synairgen today announces that the remaining 29,499,993 Ordinary Shares have been allotted. Application will be made to admit such Ordinary Shares to trading on AIM, which is expected to occur on 19 June 2009.

Following the second closing of the Fundraising, the issued share capital of Synairgen will comprise 59,745,249 Ordinary Shares. The Company holds no shares in treasury. Therefore, the total number of voting rights in the Company will be 59,745,249. This figure may be used by shareholders as the denominator for the calculations by which they will determine if they are required to notify their interest in, or a change to their interest in, the Company under the Financial Services Authority's Disclosure and Transparency Rules.

Ends

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## Notes for Editors

### About Synairgen

Synairgen is a drug discovery and development company founded by Professors Stephen Holgate, Donna Davies and Ratko Djukanovic, focused on identifying and out-licensing new pharmaceutical products which address the underlying causes of asthma and chronic obstructive pulmonary disease (COPD). Synairgen is quoted on AIM (LSE: SNG).

Synairgen's researchers use advanced cell models incorporating human tissue and cells drawn from its biobank of clinical samples, which are obtained from well-characterised healthy control, asthma or COPD volunteers.

Synairgen's lead programme, inhaled interferon beta for the prevention of virus-induced exacerbations of asthma and COPD, is currently undergoing its second Phase I clinical trial.

For more information about Synairgen please see [www.synairgen.com](http://www.synairgen.com).

### Asthma statistics

- There are approximately 23 million asthmatics in the USA<sup>2</sup>
- The economic cost to the USA of asthma is \$19.7 billion per year<sup>3</sup>
- Asthma accounts for 1.7 million emergency department visits per year in the USA<sup>2</sup>
- The cost of emergency department visits and in-patient care in relation to asthma in the USA is \$4.7 billion<sup>2</sup>
- The average duration of a hospitalisation for an asthma exacerbation in the USA is 2.7 days at a cost of \$9,078<sup>4</sup>
- 50% of the total cost of the asthma is apportioned to 10% of the asthmatic population with the severest disease<sup>5</sup>

### COPD statistics

- COPD (chronic obstructive pulmonary disease) includes chronic bronchitis and emphysema
- COPD is forecast to be the third leading cause of death worldwide (after heart attack and stroke) by 2030<sup>6</sup>
- 12 million adults in the USA have reported a physician diagnosis of COPD. However, as many as 24 million adults have some evidence of impaired lung function, implying an under-diagnosis of this disease<sup>7</sup>
- The economic cost to the USA of COPD is \$42.6 billion per year<sup>3</sup>
- Hospital care cost \$11.3 billion<sup>2</sup> and in 2005 there were 721,000 hospitalizations for COPD in the USA<sup>8</sup>

### Rhinovirus (common cold virus) and exacerbations (worsening of symptoms) of asthma and COPD

- Adults get an average of two to four colds per year, mostly between September and May. Young children suffer from an average of six to eight colds per year<sup>9</sup>
- Rhinovirus infections are the major cause of asthma exacerbations, accounting for 50% to 80% of all such attacks in both children and adults<sup>10</sup>
- 80-85% of COPD exacerbations are associated with viral or bacterial respiratory tract infections with rhinovirus (common cold virus) and Haemophilus influenzae thought to be the major contributors<sup>11</sup>

## References

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