Notice of Briefing Call

San Diego, California and Sydney, Australia (Monday, 7 August 2017 AEST) – REVA Medical, Inc. (ASX: RVA) ("REVA" or the "Company") will hold a briefing call on Friday, 11 August 2017 at 9:00 a.m. AEST (which is 4:00 p.m. US PDT on Thursday, August 10, 2017). Ms. Reggie Groves, the Company's Chief Executive Officer, will host the call.

Ms. Groves will provide an update on REVA's commercialization of the *Fantom* scaffold, as well as discuss the recent expiration of Boston Scientific Corporation's option to negotiate distribution of the Company's bioresorbable scaffold products.

As previously announced, REVA's first commercial contract was signed with the Universitätsklinikum Schleswig-Holstein in Kiel, Germany. Dr. Matthias Lutz performed the first commercial procedure with *Fantom* at the hospital in July.

"The results of procedure were very positive and the patient is doing well," said Dr. Lutz. "Bioresorbable scaffolds [BRS] allow us to treat coronary artery disease without the concerns of leaving behind a permanent implant. We look forward to continuing to offer BRS treatment with the *Fantom* scaffold to our patients."

REVA's briefing call can be accessed toll-free within Australia by dialing 1800 005 989 five minutes prior to the scheduled start time. Callers in the United States and Canada can access the call by dialing 1-877-312-5413. The conference ID number is 6592 5015 for all locations.

Callers outside of Australia, the United States, and Canada can access the call as an audiocast through our website at *www.revamedical.com*. The link, "listen to webcast," is provided in the "Events and Presentations" tab in the "Investors" section of the website. A recording of the audiocast will be available on the website after the call.

About REVA

REVA is a medical device company located in San Diego, California, USA, that has developed and commercialized a proprietary bioresorbable scaffold, as an alternative to metal stents, to treat coronary artery disease. Scaffolds provide restoration of blood flow, support the artery through the healing process, then disappear (or "resorb") from the body over a period of time. This resorption allows the return of natural movement and function of the artery, a result not attainable with permanent metal stents. The Company's *Fantom*® scaffold, which received European CE Marking on April 3, 2017, is designed to offer an ideal balance of thinness and strength, with distinct ease-of-use features including complete scaffold visibility under x-ray, expansion with one continuous inflation, and no procedural time limitations.

Forward-Looking Statements

This announcement contains or may contain forward-looking statements that are based on management's beliefs, assumptions and expectations and on information currently available to management. All statements that are not statements of historical fact, including statements that address future operating plans or performance and events or developments that may occur in the future,

are forward-looking statements, such as those statements regarding the projections and timing surrounding commercial operations and sales, clinical trials, pipeline product development, and future financings. No undue reliance should be placed on forward-looking statements. Although management believes forward-looking statements are reasonable as and when made, forward-looking statements are subject to a number of risks and uncertainties that may cause actual results to vary materially from those expressed in forward-looking statements, including the risks and uncertainties that are described in the "Risk Factors" section of REVA's Annual Report on Form 10-K filed with the U.S. Securities and Exchange Commission (the "SEC") on February 28, 2017 and as updated in periodic reports thereafter. Any forward-looking statements in this announcement speak only as of the date when made. REVA does not assume any obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

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