UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN ISSUER
PURSUANT TO RULE 13a-16 OR 15d-16
OF THE SECURITIES EXCHANGE ACT OF 1934

For the month of March 2024

Commission File No. 001-39621

OPTHEA LIMITED
(Translation of registrant's name into English)

Level 4
650 Chapel Street
South Yarra, Victoria, 3141
Australia
(Address of registrant's principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.
Form 20-F ☒ Form 40-F ☐

EXHIBIT INDEX

Exhibit	Description
99.1	**Press Release - Opthea Corporate Presentation - March 2024**

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereto duly authorized.

OPTHEA LIMITED
(Registrant)

By: /s/ Frederic Guerard
Name: Frederic Guerard
Title: Chief Executive Officer

Date: 3/04/2024

Exhibit 99.1

OPTHEA

Transforming Patient Outcomes with Superior Vision Gains

Corporate Presentation | March 2024

NASDAQ (OPT); ASX (OPT.AX)

Disclaimer

This presentation includes general background information about the activities of Opthea Limited (ABN 32 006 340 567) ("Opthea" or "Company") and its affiliates and subsidiaries (together, the "Opthea Group"). This presentation is current as at March 4,2024 (unless otherwise stated herein). The information contained in this presentation is in summary form and does not purport to be complete or to contain all material information about the Opthea Group which a prospective investor or purchaser may require in evaluating a possible investment in Opthea or acquisition of securities in Opthea. The information in this presentation remains subject to change without notice. No member of the Opthea Group nor any director, officer, employee, adviser, agent or representative of any member of the Opthea Group (each an Opthea Party and together, the Opthea Parties) has any obligation to update or correct this presentation.

This presentation contains forward-looking statements within the meaning of the U.S. federal securities laws that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding the therapeutic and commercial potential and size of estimated market opportunity of the Company's product in development, the viability of future opportunities, future market supply and demand, the expected timing of completion of patient enrollment under the clinical trials and timing of top-line data, our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "might," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. 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 as predictions of future events. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. The forward-looking statements contained in this presentation reflect our current views with respect to future events, and we assume no obligation to update any forward-looking statements except as required by applicable law. Please refer to information, including risk factors, set forth in Opthea's Annual Report on Form 20-F filed with the U.S. Securities and Exchange Commission on September 28, 2023 and other future filings with the U.S. Securities and Exchange Commission for key factors that could cause actual results to differ materially from those projected in the forward-looking statements contained herein including risks associated with: future capital requirements, the development, testing, production, marketing and sale of drug treatments, regulatory risk and potential loss of regulatory approvals, ongoing clinical studies to demonstrate sozinibercept safety, tolerability and therapeutic efficacy, additional analysis of data from Opthea's Phase 3 clinical trials once unmasked, timing of completion of Phase 3 clinical trial patient enrollment and clinical research organization, contract manufacturers and labor costs, intellectual property protections, and other factors that are of a general nature which may affect the future operating and financial performance of the Company.

This presentation includes statistical and other industry and market data that we obtained from industry publications and research, surveys and studies conducted by third parties as well as our own estimates of potential market opportunities. All of the market data used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for our product candidates include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reasonable, no independent source has verified such assumptions.

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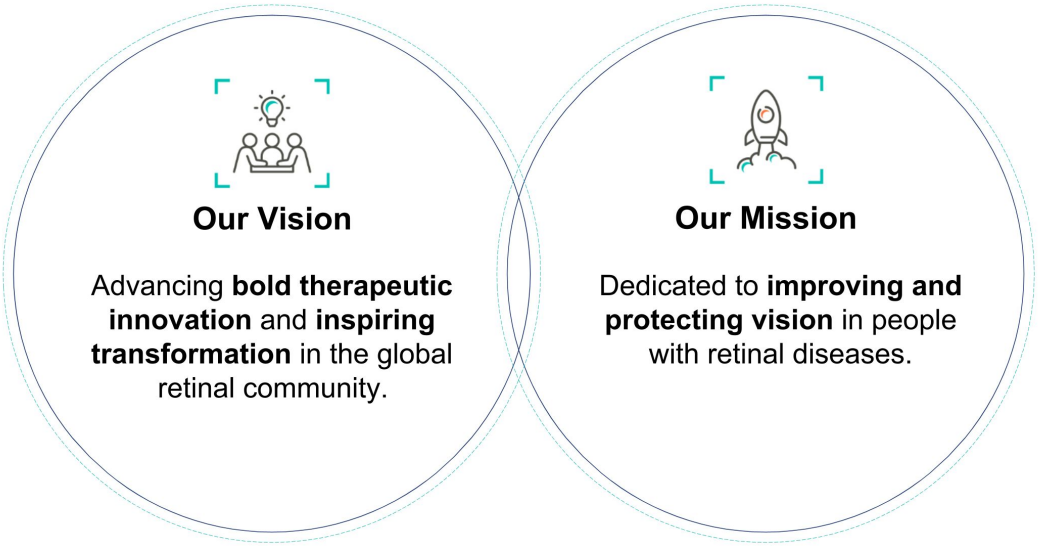
Opthea: Transforming Patient Outcomes with Superior Vision Gains



Investment Highlights

Potential to be the first product in more than 15 years to improve vision loss

Addressing High Unmet Need	• Wet age-related macular degeneration (**wet AMD**) is the **leading cause of vision loss** in the elderly, impacting **~3.5 million patients** in the US and Europe, **despite wide use of anti-VEGF-A** standard of care
Proprietary Technology	• First-in-class **VEGF-C/D TRAP** intended for combination with standard of care anti-VEGF-A therapies • **Composition of Matter** and **Methods of Use Patents through 2034;** opportunities to extend beyond 2034*
Superior Lead Asset	• **Phase 2b demonstrated superiority** in combination with SOC therapy, with **well tolerated safety profile** • **Sozinibercept** has the potential to ***improve vision*** for millions of patients with wet AMD
Two Large Pivotal Trials Ongoing	• Phase 3 trials **near completion of enrollment**: COAST (enrolled Feb 2024); ShORe (estimated 2Q CY2024) • **Topline data** from both trials **expected mid-CY 2025**
Substantial Market Opportunity	• **Multibillion dollar commercial opportunity** in a **growing market** with an **established clinical practice** • Sozinibercept used **in combination with any anti-VEGF-A,** not competing with any approved drug

MOA = Mechanism of Action; SOC = Standard of care
*Potential for Patent Term Extensions & Data and Market Exclusivity (12 Years for Biologic)

Experienced Leadership Team

Expertise and Track Record to Make a Positive Impact on the Retinal Community

Management Team

Fred Guerard, PharmD, MS
Chief Executive Officer

graybug · NOVARTIS · Alcon

Peter Lang
Chief Financial Officer

aerie · HSBC · Bank of America Merrill Lynch · UBS

Megan Baldwin, PhD, MAICD
Founder, Chief Innovation Officer & Executive Director

Genentech

Judith Robertson
Chief Commercial Officer

aerie · Janssen · Alcon

Chief Medical Advisor

Arshad M. Khanani, MD, MA, FASRS
Managing Partner, Director of Clinical Research and Director of Fellowship at Sierra Eye Associates, and Clinical Associate Professor at the University of Nevada, Reno School of Medicine

Clinical Advisory Board

Charles C. Wykoff, MD, PhD
Director of Research, Retina Consultants of Texas, Chairman of Research and Clinical Trials Committee, Retina Consultants of America

Tim Jackson, PhD, MB, ChB, FRCophth
National Health Service, Consultant at Kings Hospital College Hospital, London

Jason Slakter, MD
Clinical Profession at New York University School of Medicine and partner at Vitreous Retina Macula Consultants of New York

Better Vision Gains is an Unmet Medical Need in Wet AMD

The Leading Cause of Irreversible Blindness, Impacting ~3.5M Patients in the US & EU

Despite treatment with anti-VEGF-A therapy*

- **>45%** **do not achieve significant vision gains**
- **>60%** will have **persisting macular fluid**
- **25%** will have **further vision loss at 12+ months**

The majority[1] of patients
fail to achieve
20/40 vision

Most patients
cannot resume
routine daily activities, such as driving or reading

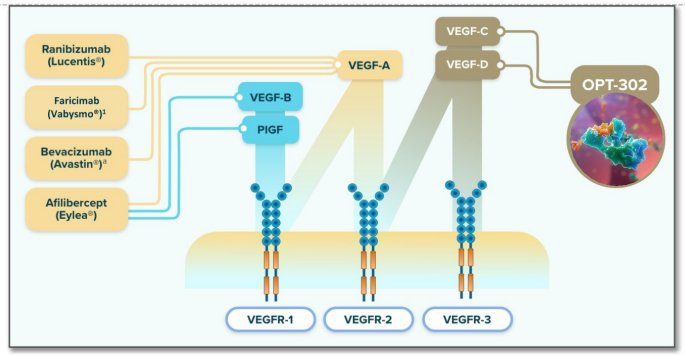
*Based on randomised, controlled clinical trial data; >45% fail to achieve ≥ 2 lines improvement in Best Corrected Visual Acuity (BCVA); Persisting fluid: SD-OCT CST ≥ 300 µM or Time-Domain OCT CST ≥ 250 µM

[1] Mettu PS, et al. Prog Retin Eye Res. 2021

Sozinibercept, a Proprietary VEGF-C/D “Trap” Inhibitor, Has the Potential to Address the Limitations of Anti-VEGF-A Therapies

The Problem

Wet AMD is a **multi-factorial disease**. Treatment with **VEGF-A** inhibitors **upregulates VEGF-C/D**, driving angiogenesis and vascular permeability.



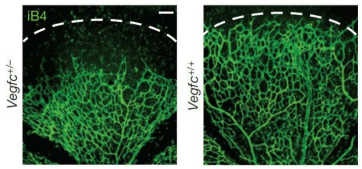
The Solution

When used in combination with any VEGF-A inhibitor, **OPT-302 completely blocks** VEGFR-2 and VEGFR-3 signaling.

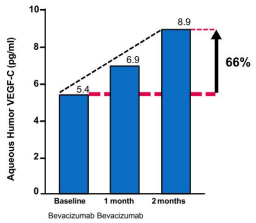
[1] Faricimab also has inhibitory effect on Ang-2.
[a] Bevacizumab is used 'off-label' for the treatment of neovascular (wet) AMD

Published Evidence Supports Broader VEGF Pathway Inhibition with Sozinibercept

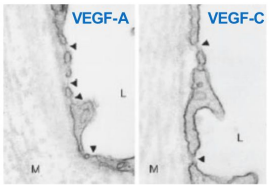
VEGF-C Stimulates Retinal Angiogenesis^



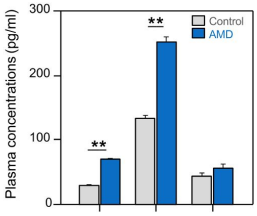
Elevated VEGF-C in Aqueous Humor Following Anti-VEGF-A therapy in Wet AMD Patients*



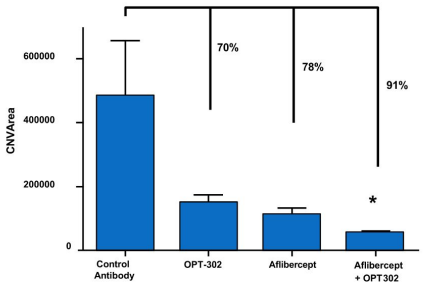
VEGF-A and VEGF-C Induce Vascular Leakage/permeability#



Circulating VEGF-C Levels Significantly Elevated in AMD Patients┼



Additive Benefit of VEGF-A and VEGF-C/D Inhibition in Mouse Wet AMD model



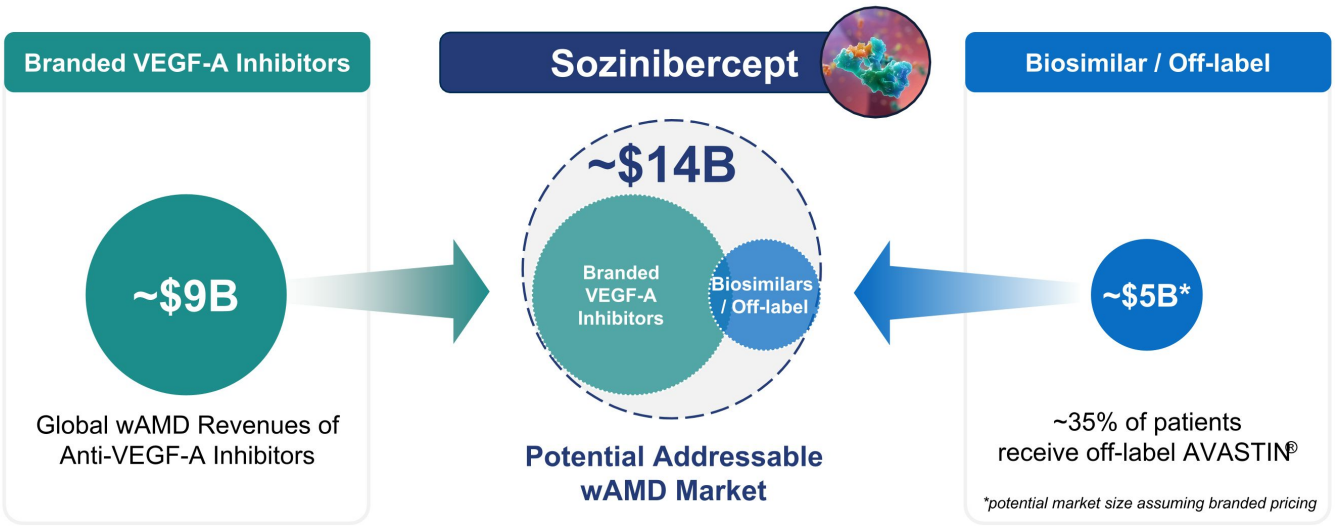
^Tammela et al., Nature Cell Biology, 2011; # Zhou et al. BMC Ophthalmology (2020) 20:15; # Cao et al,. Circ Res., 2004; ┼ Lashkari et al, 2013 ARVO Annual Meeting, 4999-A0128; *Cabral et al,. 2018 Ophthalmology Retina (2018).

Sozinibercept Has the Potential to be the First Therapy in More Than 15 Years to Improve Visual Outcomes in Patients with Wet AMD

Sozinibercept has demonstrated strong clinical evidence of **superior patient visual outcomes**

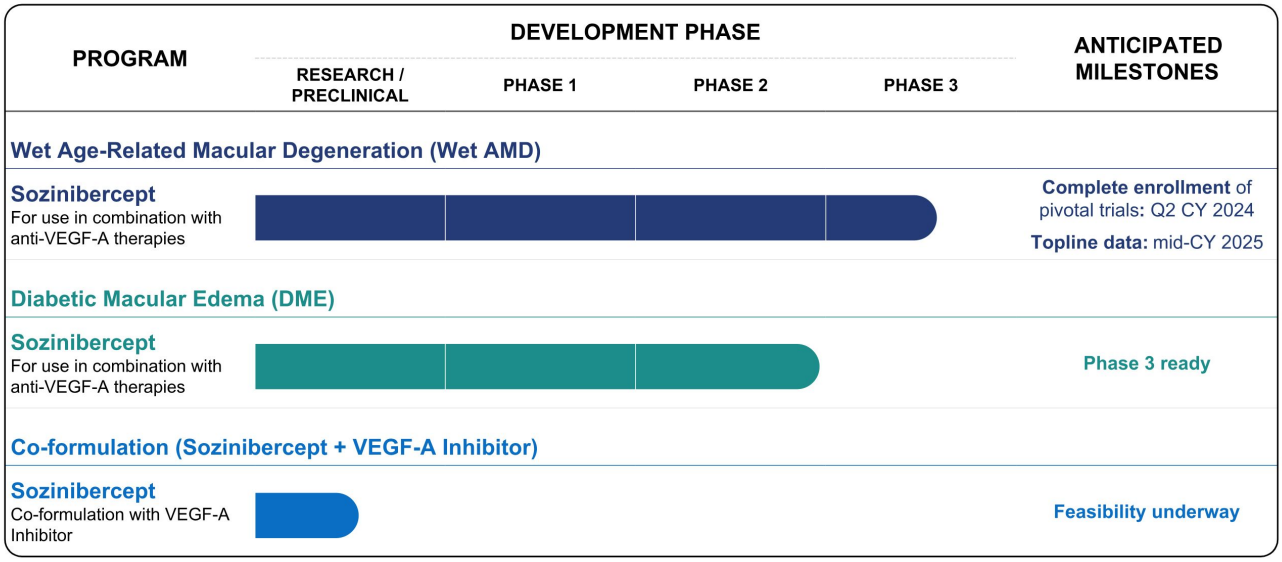
MOA = Mechanism of Action

Sozinibercept is Being Developed to Tap into the Entire VEGF-A Inhibitor Market



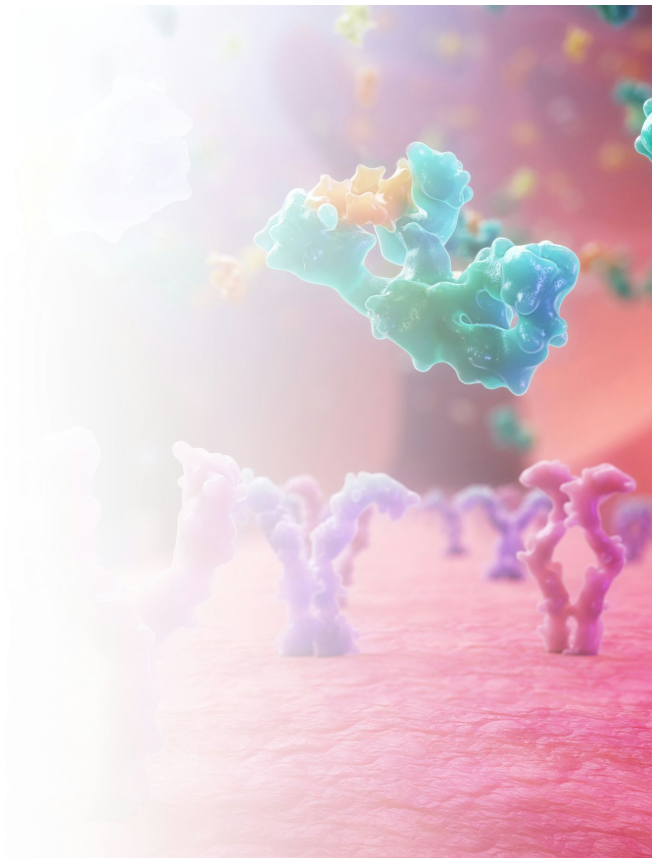
Long-term Value Opportunities for Sozinibercept

Main Patent Family Extends through 2034, with Expansion Opportunities Beyond 2034*



*Potential for Patent Term Extensions & Data and Market Exclusivity (12 Years for Biologic)

Sozinibercept Wet AMD
Clinical Summary



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Near-term Focus is on Sozinibercept Phase 3 Execution

Pivotal Program Design Informed by Phase 2b and Optimized for Success

Completed Phase 1-2 Trials

Phase 2b (n=366)
Treatment **naïve** wet AMD

OPT-302: 6 x monthly dosing
Comparator: Ranibizumab (monthly)

Phase 1b/2a (n=153)
Prior-treated DME

OPT-302: 3 x monthly dosing
Comparator: Aflibercept (monthly)

Phase 1/2a: (n=51)
Treatment Naïve/Prior-treated wet AMD

OPT-302 + Ranibizumab:
3 x monthly dosing

Ongoing Phase 3 Trials

Topline data from both trials anticipated in mid-CY 2025

Enrollment Complete

COAST
Phase 3 - wet AMD
(treatment naïve)
n=~990

Comparator:

Aflibercept (Eylea®)
once every two months
after three monthly doses

Standard Dosing	Extended Dosing
OPT-302 once every month	OPT-302 once every two months after three monthly doses

Anticipated CY 2Q 2024

ShORe
Phase 3 - wet AMD
(treatment naïve)
n=~990

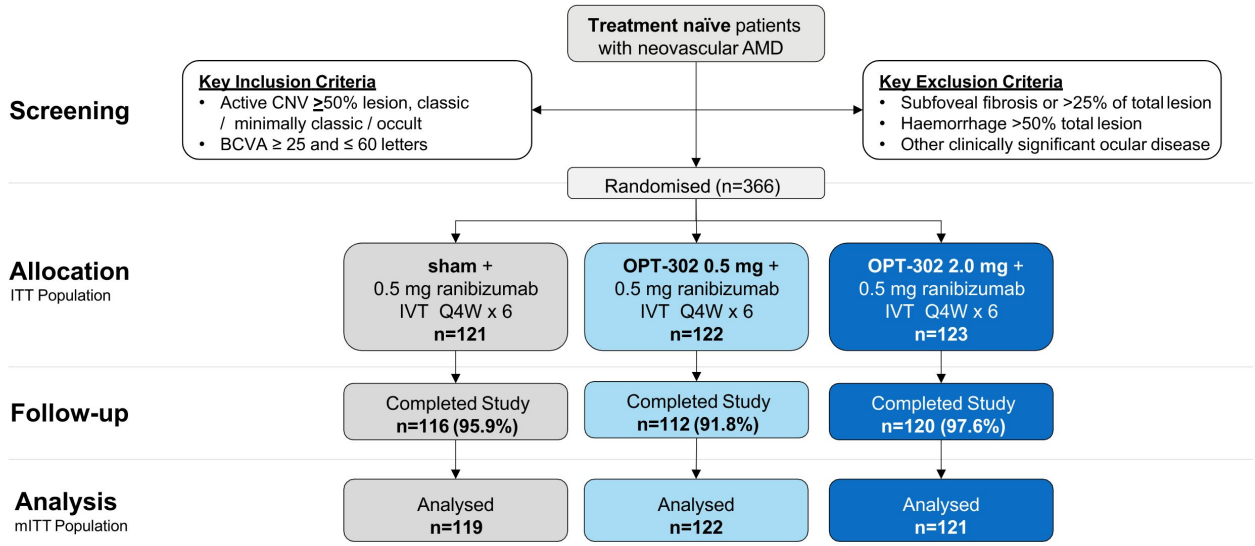
Comparator:

Ranibizumab (Lucentis®)
once every month

Standard Dosing	Extended Dosing
OPT-302 once every month	OPT-302 once every two months after three monthly doses

Ranibizumab (Lucentis®); Aflibercept (Eylea®)

Phase 2b Trial Overview



CNV – choroidal neovascularisation; IVT – intravitreal; Q4W – once very 4 weeks; ITT – Intent to Treat Population, all participants who were randomised into the study irrespective of whether study medication was administered or not; Safety Population - all participants in the ITT but excluding those who did not receive at least one dose of study medication; mITT – Modified ITT Population, all participants in the Safety Population but excludes any participant without a Baseline VA score and/or any participant who did not return for at least one post-baseline visit

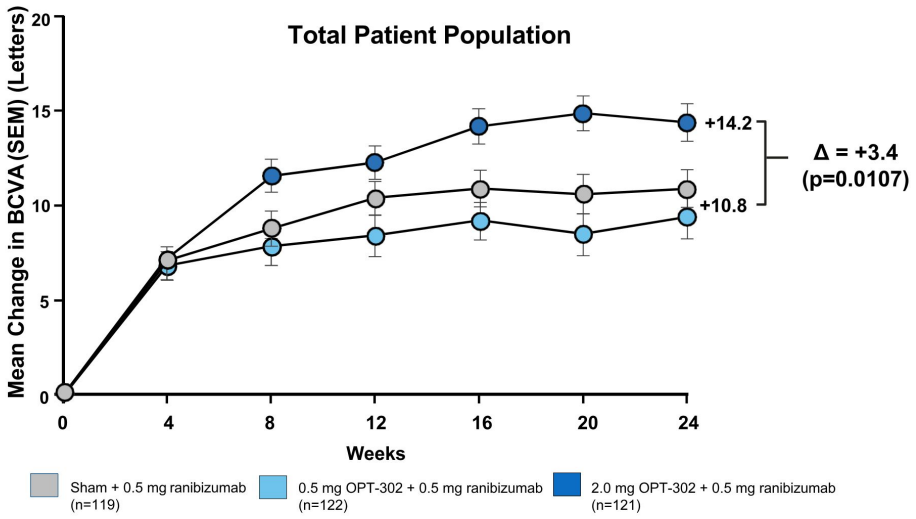
Phase 2b Trial Demographics and Baseline Characteristics

Demographic/Baseline Disease Characteristic		Sham + ranibizumab n=121	0.5 mg OPT-302 + ranibizumab n=122	2.0 mg OPT-302 + ranibizumab n=123
Mean Age – years ± SD		76.1 ± 9.48	78.8 ± 8.16	77.8 ± 8.82
Sex – n (%)	Male	48 (39.7%)	49 (40.2%)	45 (36.6%)
	Female	73 (60.3%)	73 (59.8%)	78 (63.4%)
Caucasian Race – n (%)		117 (99.2%)	119 (99.2%)	117 (97.5%)
Mean Visual Acuity (BCVA) – letters ± SD		50.7 ± 10.21	51.1 ± 8.96	49.5 ± 10.26
Mean Total Lesion Area - mm² ± SD		6.08 ± 3.21	6.48 ± 3.30	6.62 ± 3.39
Lesion Type	Predominantly classic – n (%)	15 (12.4%)	15 (12.3%)	16 (13.0%)
	Minimally classic – n (%)	53 (43.8%)	51 (41.8%)	53 (43.1%)
	Occult - n (%)	53 (43.8%)	56 (45.9%)	54 (43.9%)
	PCV detected[1] – n (%)	20 (16.5%)	24 (19.7%)	22 (17.9%)
	RAP detected[2] – n (%)	15 (12.7%)	22 (18.5%)	14 (11.8%)
Mean central subfield thickness (CST) - mm ±SD		412.10 ± 110.62	425.18 ± 120.45	414.12 ± 123.25
Sub-retinal fluid (SRF) present – % participants		89.3%	84.4%	87.8%
Intra-retinal cysts present – % participants		57.9%	63.9%	56.1%

Intent-to-Treat (ITT) population; SD: standard deviation; BCVA: Best Corrected Visual Acuity. [1]PCV - polypoidal choroidal vasculopathy, detected by SD-OCT, FA and fundus photography. [2]RAP - retinal angiomatous proliferation, detected by SD-OCT, FA and fundus photography.

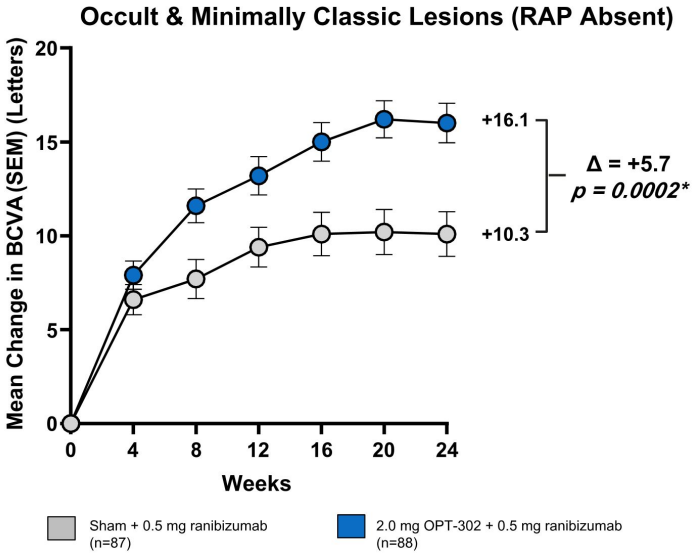
Sozinibercept 2.0 mg Combination Therapy Demonstrated Superiority in Visual Acuity over Ranibizumab Monotherapy

Phase 2b Primary Endpoint Achieved



mITT; BCVA – Best Corrected Visual Acuity.
Left: Difference in Least Square Means, using Model for Repeated Measures (MRM) analysis. Right: Graph represents "as observed" data and SEM.

Best Responding Phase 2b Patients Represents Primary Analysis Population in the Pivotal Phase 3 Trials to Maximize Probability of Success



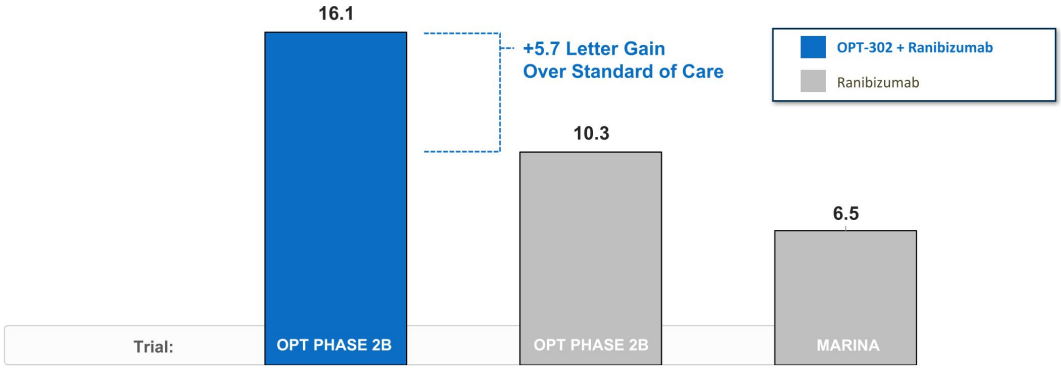
*Unadjusted p-value

Phase 2b demonstrated **superior efficacy** of **+5.7 letter gain over standard of care**, based on a **pre-determined analysis**

This patient population (minimally classic & occult) represents **~75% of Wet AMD patients**

Control Arm in Phase 2b Overperformed MARINA Trial at Week 24 in in Similar Lesion Type Patient Population

Mean Change in BCVA from Baseline at Week 24 – OPT-302 Phase 2b vs. MARINA Trial
Occult and Minimally Classic Lesions

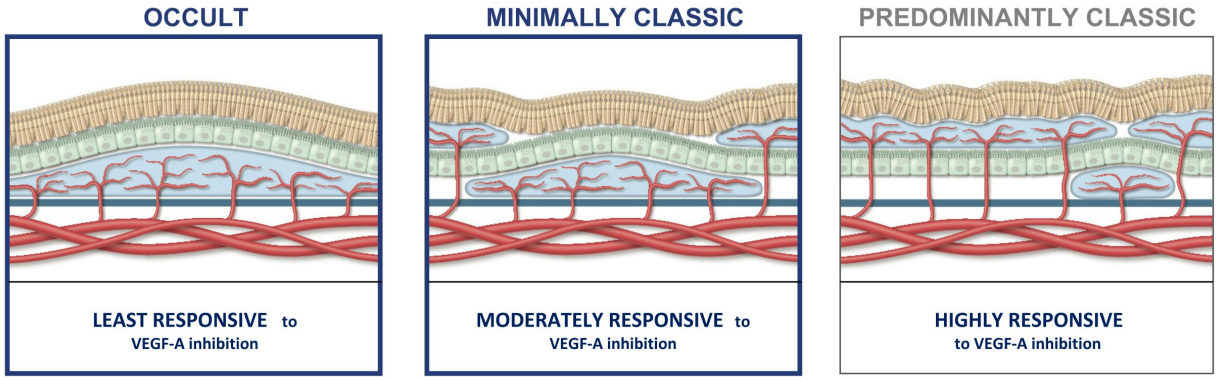


Trial:	OPT PHASE 2B	OPT PHASE 2B	MARINA
Treatment:	OPT-302 2.0 +Ran 0.5 q4w	SHAM +Ran 0.5 q4w	Ran 0.5 q4w
Number of Patients:	88	87	240
Baseline BCVA in letters:	50.5	50.5	53.7

MARINA was a Phase 3 registrational trial. Baseline BCVA values across trials vary. Number of patients randomised to treatment group (n, bottom table). Mean change in Best Corrected Visual Acuity (BCVA) from baseline shown in ETDRS letters (top of bars).

Wet AMD Lesion Types

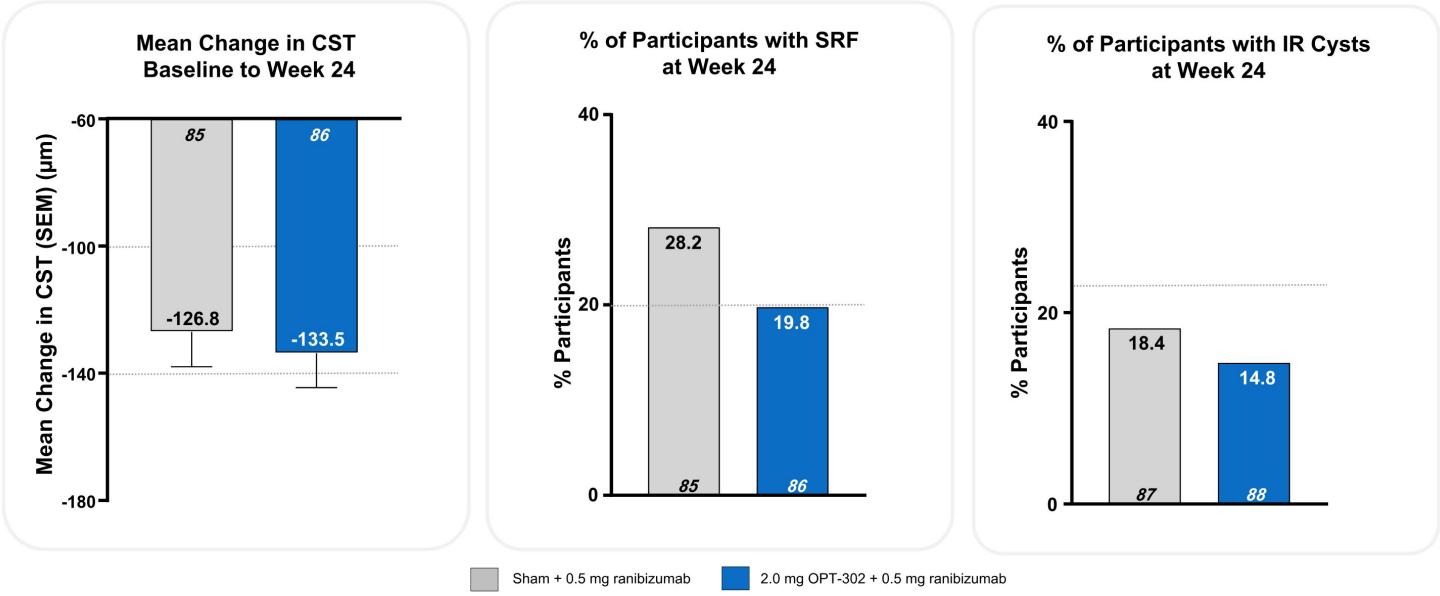
Differ in Vessel Location, Leakiness, and Responsiveness to VEGF-A Inhibitors



~75% of Wet AMD Patients have Occult or Minimally Classic Lesions

Reduced Retinal Thickness and Better Retinal Drying

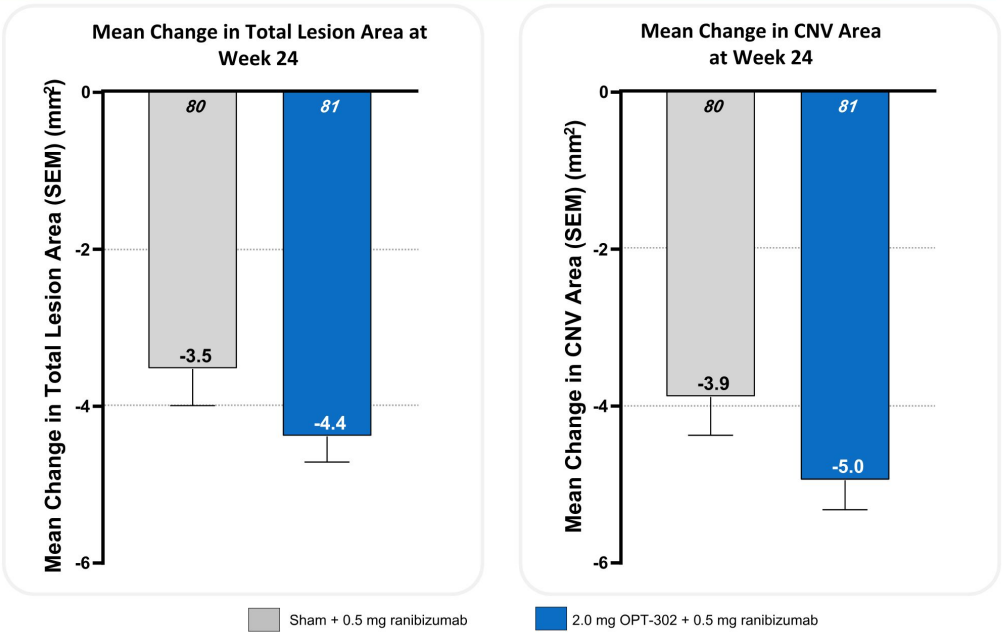
With Combination Therapy in Occult & Minimally Classic (RAP Absent) Patients



mITT; as observed; top of bar – statistic, bottom of bar - n.
CST: Central Subfield Thickness; SRF: Subretinal fluid; IR: Intra-retinal.

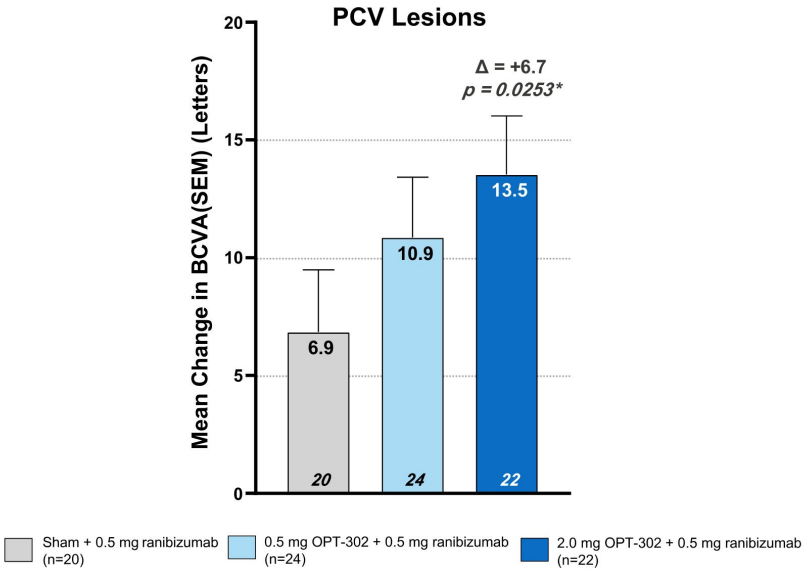
Greater CNV and Lesion Regression

With Combination Therapy in Occult & Minimally Classic (RAP Absent) Patients



mITT; as observed; top of bar – statistic, bottom of bar – n. CNV: Choroidal Neovascular.

Sozinibercept Further Demonstrated Superior Vision Gains in a Pre-Specified Sub-group of PCV Lesion Patients



*Unadjusted p-value

[1] Evaluated by color, FP, FA and SD-OCT

Polypoidal Choroidal Vasculopathy (**PCV**) is a difficult-to-treat wet AMD subtype; it is often described as the **most prevalent form of wet AMD worldwide**

PCV is **highly prevalent in Asian populations** (up to ~60%), while ~8-13% prevalent in Caucasians

Phase 3 ShORe and COAST trials enrolled patients with PCV[1]

Pooled Safety for Completed OPT-302 Trials

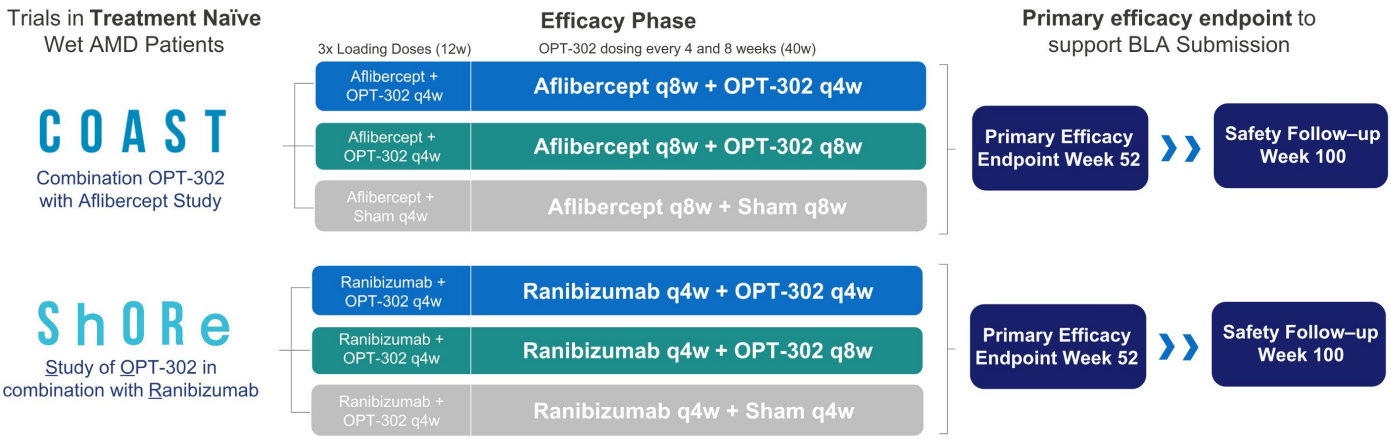
Combination Therapy Well-tolerated and Comparable to Standard of Care Monotherapy

N Participants (%)	OPT-302 Any dose* N=399 (N=1,842 injections)	OPT-302 2.0 mg N=263 (N=1,121 injections)	Sham + anti-VEGF-A control N=169 (N=854 injections)
Ocular TEAEs - Study Eye – related to study product(s)	41 (10.2%)	22 (8.4%)	20 (11.8%)
Ocular TEAEs - Study Eye – Severe	4 (1.0%)	2 (0.8%)	2 (1.2%)
Intraocular inflammation – Study Eye	7[1,2,3] (1.8%)	3[1] (1.1%)	3[1] (1.8%)
Participants with AEs leading to treatment discontinuation	4[2,4-6] (1.0%)	1[4] (0.4%)	2[7,8] (1.2%)
Any APTC event	4[4,5,9,10] (1.0%)	3[5,9,10](1.1%)	2[11,12] (1.2%)
Deaths	2[10,13] (0.5%)	2[10,13] (0.8%)	2[14,15] (1.2%)

[1]Transient anterior chamber cell (trace 1-4 cells); [2] SAE of endophthalmitis, with AE's of hypopyon and anterior chamber cell (n=1; 0.5 mg); [3] SAE of vitritis (n=1; 0.5 mg); [4]Non-fatal myocardial infarction; [5]Cerebrovascular accident; [6]Enteritis; [7]Abdominal pain; [8]Increased IOP; [9] Non-fatal angina pectoris; [10]Fatal congestive heart failure/myocardial infarction; [11]Non-fatal arterial embolism; [12]Embolic stroke; [13]Metatstaic ovarian cancer; [14] Pneumonia; [15] infective endocarditis. * Any dose (OPT-302 0.3 mg, 1 mg or 2 mg)

Phase 3 Enrollment Expected to Complete in Q2 CY2024

Trial Highlights Potential to Use Sozinibercept in Combination With Any Anti-VEGF-A Therapy



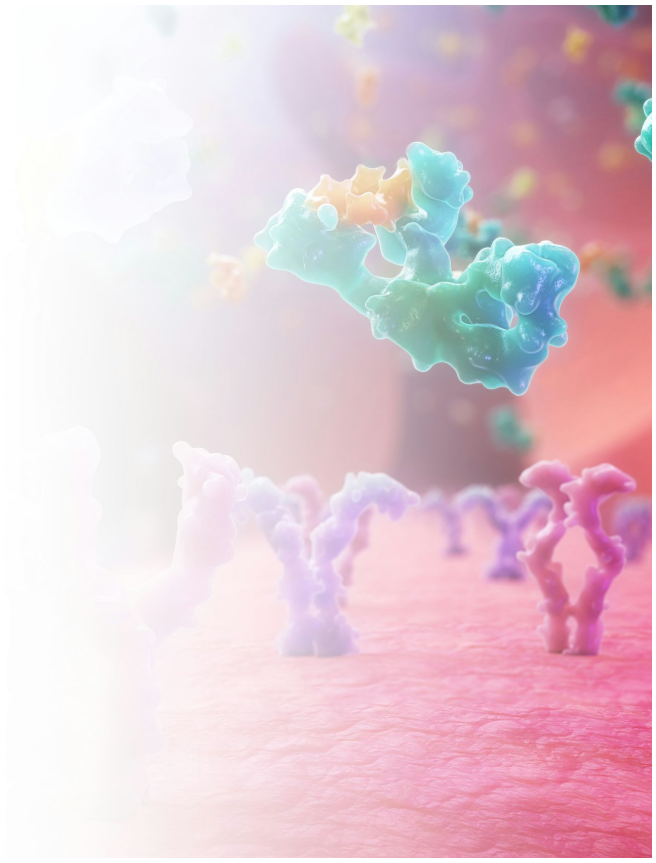
- **Design:** Multi-center, double-masked, randomized (1:1:1), sham control
- **Regulatory quality:** 90% power, 5% type I error rate
- **Sample size:** ~330 patients per arm, ~990 per trial
- **Primary Objective:** Mean change from Baseline in BCVA at Week 52

Standard of care administered according to approved dosing schedule: **aflibercept** (2.0 mg IVT q8w after 3 loading doses) and **ranibizumab** (0.5 mg IVT q4w after 3 loading doses). OPT-302 dosed at 2.0 mg. Note that Sham administered at visits when OPT-302 is not administered

Phase 3 Clinical Program Is Informed by Phase 2b Results and Optimized for Success

- Hierarchical **primary analysis** first conducted in the high-responding **occult and minimally classic population**, followed by total patient population
- Phase 3 designed to support label for use in **combination with any VEGF-A inhibitor for all wet AMD patients** (treatment naïve and prior treated)
- Sozinibercept granted **Fast Track designation** by FDA

Corporate Activities Summary and Financial Snapshot



OPTHEA

Advancing Bold Therapeutic Innovations to Transform Patient Outcomes with Superior Vision Gains

We are dedicated to advancing sozinibercept to **improve and protect patients' vision**

Next Steps

Clinical Milestones	• Complete enrollment in 2nd Phase 3 trial (ShORe) in Q2 CY2024 • Mid-CY2025 topline data from both pivotal Phase 3 studies
Manufacturing Scale-up	• Production of validation batches supportive of BLA filing and launch
Regulatory Preparations	• FDA Fast Track designation allows rolling submission of completed BLA modules
Commercial Readiness	• Strengthen medical expert engagement and develop market access strategy • Complete development of product launch plan

Financial Snapshot & Corporate Activities

Financial Overview

Ticker	OPT (ASX/NASDAQ)
Shares Outstanding[1]	662.8M (Ordinary)/ 82.9M (ADSs equivalents)
Cash/Cash Equivalents[1]	US$157.1M
Offices	Melbourne, Australia Princeton, NJ

Development Funding Agreement (DFA)

- Total funding drawn under DFA: US$170M
- Provides non-dilutive funding for development of sozinibercept
- If sozinibercept is approved, repayment split between fixed payments and variable payments at 7% of revenues, capped at 4x investment
- No amounts owed if the clinical trials do not meet the primary endpoint or if regulatory approval is not received

[1] As of December 31, 2023

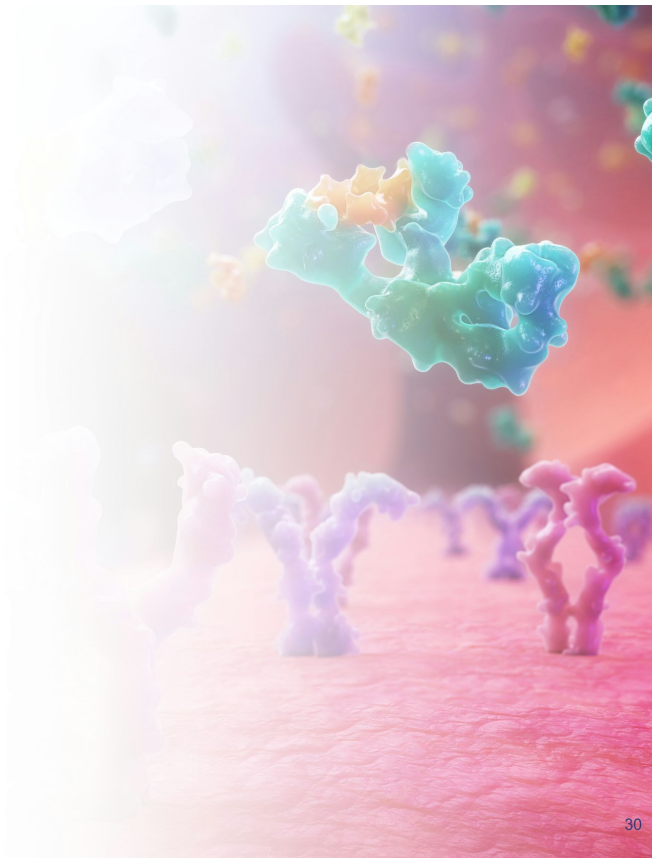
Investment Highlights

Potential to be the first product in more than 15 years to improve vision loss

Addressing High Unmet Need	• Wet age-related macular degeneration (**wet AMD**) is the **leading cause of vision loss** in the elderly, impacting **~3.5 million patients** in the US and Europe, **despite wide use of anti-VEGF-A** standard of care
Proprietary Technology	• First-in-class **VEGF-C/D TRAP** intended for combination with standard of care anti-VEGF-A therapies • **Composition of Matter** and **Methods of Use Patents through 2034;** opportunities to extend beyond 2034*
Superior Lead Asset	• **Phase 2b demonstrated superiority** in combination with SOC therapy, with **well tolerated safety profile** • **Sozinibercept** has the potential to ***improve vision*** for millions of patients with wet AMD
Two Large Pivotal Trials Ongoing	• Phase 3 trials **near completion of enrollment**: COAST (enrolled Feb 2024); ShORe (estimated 2Q CY2024) • **Topline data** from both trials **expected mid-CY2025**
Substantial Market Opportunity	• **Multibillion dollar commercial opportunity** in a **growing market** with an **established clinical practice** • Sozinibercept used **in combination with any anti-VEGF-A,** not competing with any approved drug

MOA = Mechanism of Action; SOC = Standard of care
*Potential for Patent Term Extensions & Data and Market Exclusivity (12 Years for Biologic)

Thank you!



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