

MARINE Study Results

November 29, 2010

Nasdaq: AMRN www.amarincorp.com

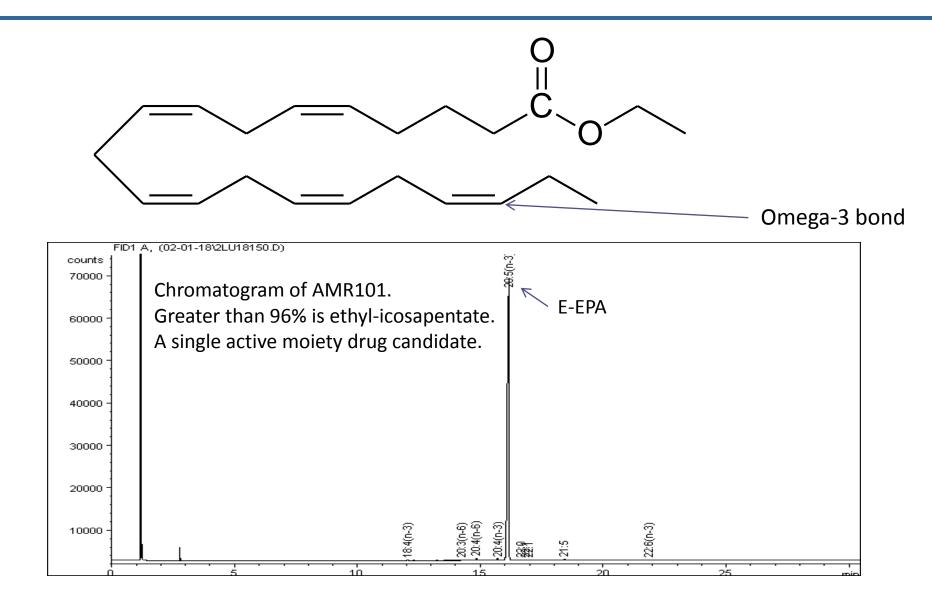


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This presentation contains forward-looking statements, including those relating to the Company's product development and regulatory timelines, market opportunity, cash flow and other statements that are predictive in nature, that depend upon or refer to future events or conditions. Forward-looking statements include words such as "expects," "anticipates," "intends," "plans," "believes," "estimates," and similar expressions. These statements involve known and unknown risks, uncertainties and other factors which may cause actual results to be materially different from any future results expressed or implied by the forward-looking statements. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this presentation. Amarin's product candidates are in various stages of development and are not available for sale or use outside of approved clinical trials. See discussion of Risk Factors in the Company's Annual Report on Form 20-F as filed with the U.S. Securities and Exchange Commission.

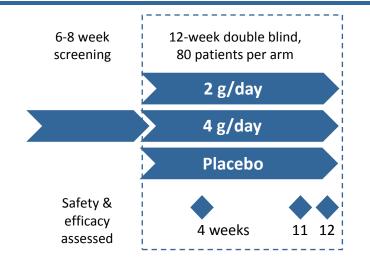


AMR101: Ethyl icosapentate (E-EPA), a single active moiety



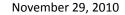


MARINE Study Design



Top-line results reported November 29, 2010

- 229 patients with very high triglycerides (≥ 500 mg/dL) not controlled by diet alone
- Statins allowed. All other lipid lowering therapies excluded
- Primary endpoint at 12 weeks
- SPA agreement
- Optional 40-week open-label phase. Not required for filing publication on long-term safety and concomitant medications
- Global study. Patients mostly from US and Western Europe





MARINE Study Population

- 25% of patients were on background statin therapy
 - MARINE is the first trial of patients with TGs >500mg/dl to study a triglyceride lowering therapy on top of statin
 - Concomitant statins evenly distributed across dose groups
- Baseline Triglycerides (TGs);
 - 2 gram dosing cohort 657 mg/dl
 - 4 gram dosing cohort 680 mg/dl
 - Placebo cohort 703 mg/dl
 - 39% had TGs greater than 750 mg/dl (a pre-specified subgroup)
- 76% Male
 - Additional baseline characteristics evenly distributed

MARINE Study Results – Lipid Results; Median Changes

- 4 grams of AMR101 as compared to placebo;
 - Reduced TGs by 33% (p<0.0001); 45% in patients with TG>750 mg/dl (p=0.0001)
 - Reduced non-HDL-C by 18% (p<0.001)
 - Reduced LDL-C by a non-significant 2.3%*
- 2 grams of AMR101 as compared to placebo;
 - Reduced TGs by 20% (p=0.0051); 33% in patients with TG>750 mg/dl (p=0.0016)
 - Reduced non-HDL-C by 8% (p<0.05)
 - Increased LDL-C by a non-significant 5.2%*
- Greater median reductions in TGs seen in patients on statins

*This is the first and only study to show no elevation of LDL in this treated population (compared to fibrates and prescription omega-3 acid ethyl esters). Typical LDL-C elevations are ~50% with other approved therapies.

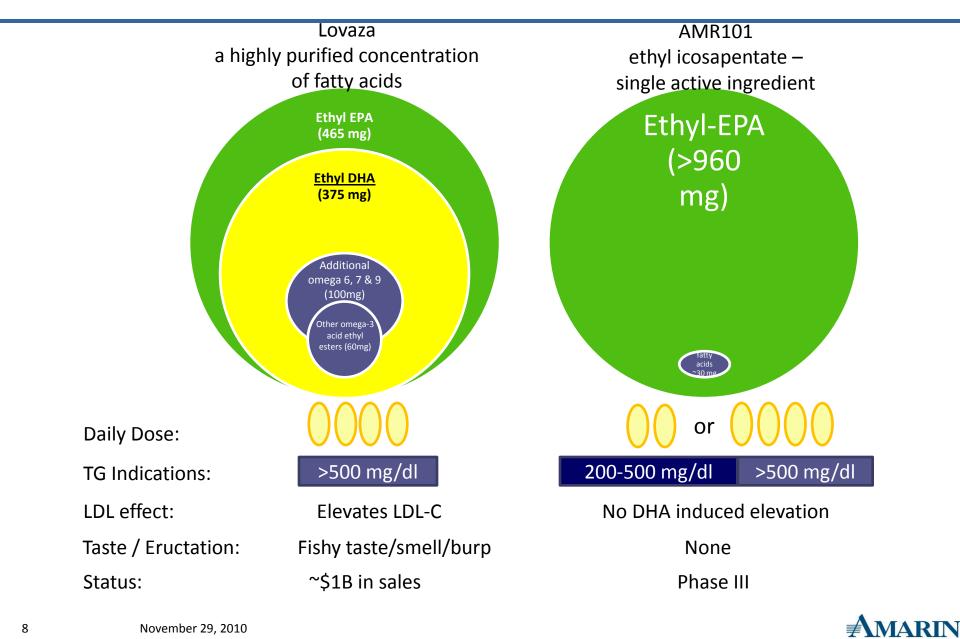


MARINE Study Results; Additional Data

- Reduction in achieved pre-specified biomarker endpoints (p<0.05 for all and p<0.01 for some)
 - Аро-В
 - Lp-PLA2
 - VLDL-C
 - Total Cholesterol
- AMR101 Safety
 - Well tolerated
 - Safety comparable to placebo
 - Safety more favorable than other triglyceride lowering therapies
 - No treatment related SAEs
 - Additional data to be presented at a future medical conference

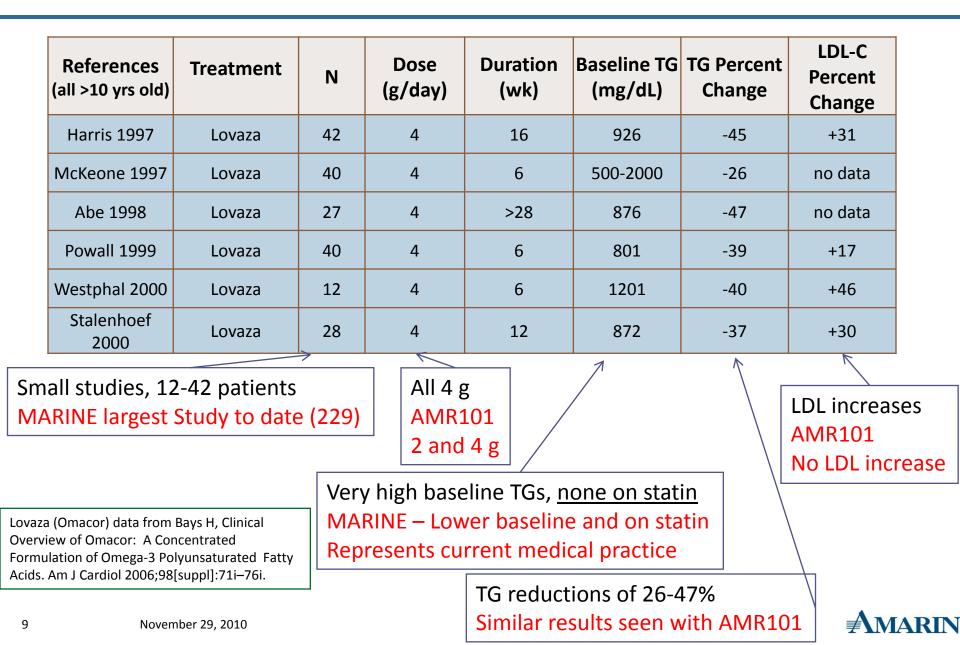


Clear Differentiation between AMR101 and Lovaza

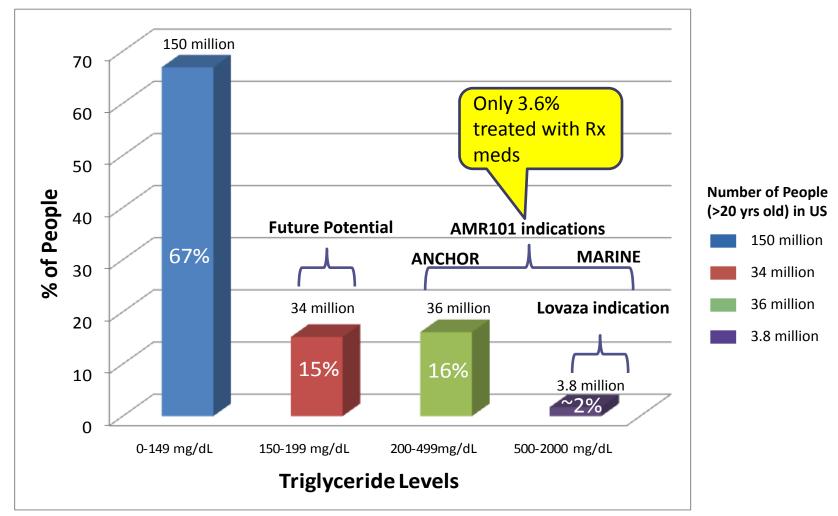


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Lovaza/Omacor Clinical Study Summary for Patients with TG >500 mg/dL



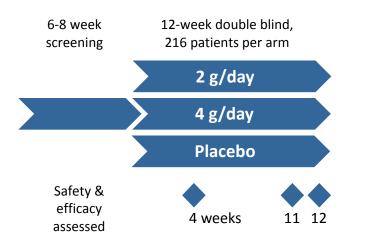
Large Underpenetrated Market Opportunities



Source: Archives of Internal Medicine, 2009;169(6):572-578

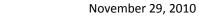


ANCHOR Study Design



Top-line results expected to be reported in mid-2011

- 648 patients with high triglycerides (≥200 mg/dL and <500 mg/dL) not controlled by diet and statin therapy</p>
- Primary endpoint at 12 weeks; no open-label phase
- SPA agreement
- Screening completed
- Designed to demonstrate TG lowering and LDL-C neutrality
- Largest study in this patient population



Milestone Summary: History of Positive Achievement

	Guidance Expressed At Start of 2010	Most Recent Guidance
Begin patient enrolment: MARINE ANCHOR	Early 2010 Early 2010	Done on schedule Done on schedule
Complete patient enrolment: MARINE ANCHOR	2011 2011	Done mid-2010 Done late-2010
Top-line results: MARINE ANCHOR	2012 2012	Done late-2010 Mid-2011
NDA	2012	2011

