

**For filings with the FSA include the annex
For filings with issuer exclude the annex**

TR-1: Notifications of Major Interests in Shares	
1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached:	Proteome Sciences Plc
2. Reason for notification (yes/no)	
An acquisition or disposal of voting rights	Yes
An acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached	
An event changing the breakdown of voting rights	
Other (please specify): _____	
3. Full name of person(s) subject to notification obligation:	Credit Agricole Cheuvreux International Ltd
4. Full name of shareholder(s) (if different from 3):	
5. Date of transaction (and date on which the threshold is crossed or reached if different):	14/10/08
6. Date on which issuer notified:	16/10/08
7. Threshold(s) that is/are crossed or reached:	Less than 3%

8: Notified Details							
A: Voting rights attached to shares							
Class/type of shares If possible use ISIN code	Situation previous to the triggering transaction		Resulting situation after the triggering transaction Less than 3%				
	Number of shares	Number of voting rights	Number of shares	Number of voting rights		Percentage of voting rights	
				Direct	Indirect	Direct	Indirect
GB0003104196	4,001,908	4,001,908					

B: Financial Instruments				
Resulting situation after the triggering transaction				
Type of financial instrument	Expiration date	Exercise/ conversion period/date	No. of voting rights that may be acquired (if the instrument exercised/converted)	Percentage of voting rights

Total (A+B)	
Number of voting rights	Percentage of voting rights

9. Chain of controlled undertakings through which the voting rights and /or the financial instruments are effectively held, if applicable:

SAS Rue La Boétie	
Crédit Agricole SA	
Calyon SA	
Crédit Agricole Cheuvreux SA	
Crédit Agricole Cheuvreux International Limited	Less than 3%

Proxy Voting:

10. Name of proxy holder:	
----------------------------------	--

11. Number of voting rights proxy holder will cease to hold:	
---	--

12. Date on which proxy holder will cease to hold voting rights:	
---	--

13. Additional information:	
------------------------------------	--

14 Contact name:	Gabrielle Burne
-------------------------	-----------------

15. Contact telephone name:	0207 214 6037
------------------------------------	---------------

For notes on how to complete form TR-1 please see the FSA website.