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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): November 15, 2021

ALLOVIR, INC.
(Exact name of registrant as specified in its charter)

Delaware	001-39409	83-1971007
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

AlloVir, Inc.
139 Main Street, Suite 500
Cambridge, Massachusetts 02142
(Address of principal executive offices, including zip code)

(617) 433-2605
(Registrant's telephone number, including area code)

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.0001 Par Value	**ALVR**	**Nasdaq Global Select Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 or Rule 12b-2 of the Securities Exchange Act of 1934.

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

AlloVir, Inc. (the "Company") is furnishing a corporate presentation, attached as Exhibit 99.1 to this Current Report on Form 8-K, which the Company intends to use from time to time in meetings with investors and others beginning on November 15, 2021. The corporate presentation will also be available in the investor relations section of the Company's website at http://allovir.com.

The information in this Item 7.01 and Exhibit 99.1 attached hereto shall not be deemed "filed" for purposes of Section 18 of the Securities and Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section, nor shall they be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	AlloVir, Inc. corporate presentation.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

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 hereunto duly authorized.

AlloVir, Inc.

Date: November 15, 2021

By: /s/ Edward Miller
Name: Edward Miller
Title: General Counsel

Exhibit 99.1

A Leader in Allogeneic, Off-the-Shelf, Virus-Specific T-Cell Therapies

November 2021

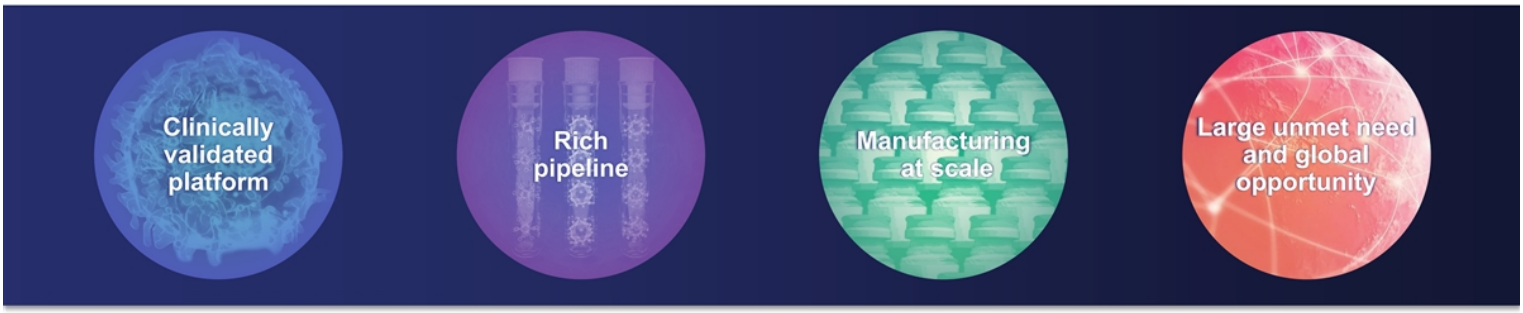
Disclaimer

This presentation has been prepared by AlloVir, Inc. ("we," "us," "our," "AlloVir" or the "Company") and is made for informational purposes only and does not constitute an offer to sell or a solicitation of an offer to buy securities. This presentation may contain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including, but not limited to, statements regarding the safety, efficacy and regulatory and clinical progress of our product candidates, including posoleucel. All such forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. The use of words such as, but not limited to, "may," "might," "will," "should," "expect," "plan," "anticipate," "believe," "estimate," "project," "intend," "future," "potential," or "continue," and other similar words or expressions are intended to identify forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our clinical results and other future conditions. All statements other than statements of historical facts contained in this presentation, including statements regarding future results of operations and financial position, business strategy, current and prospective product candidates ongoing, and planned clinical trials and preclinical activities, including the initiation, timing, enrollment, progress and results of our preclinical and clinical studies and our research and development programs, product approvals, research and development costs, current and prospective collaborations, timing and likelihood of success, including our ability to advance and successfully complete clinical studies, the timing and likelihood of success of our clinical trials, and the timing or likelihood of regulatory filings and approvals, expectations regarding market acceptance and size, plans for launch and commercialization, plans and objectives of management for future operations, and future results of anticipated product candidates, are forward-looking statements. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

These statements are also subject to a number of material risks and uncertainties that are discussed in the section entitled "Risk Factors" in our quarterly report on Form 10-Q for the fiscal quarter ended September 30, 2021, as well as discussions of potential risks, uncertainties, and other important factors in our subsequent filings with the Securities and Exchange Commission. Any forward-looking statement speaks only as of the date on which it was made. Neither we, nor our affiliates, advisors or representatives, undertake any obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and we make no representation as to the adequacy, fairness, accuracy or completeness of any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

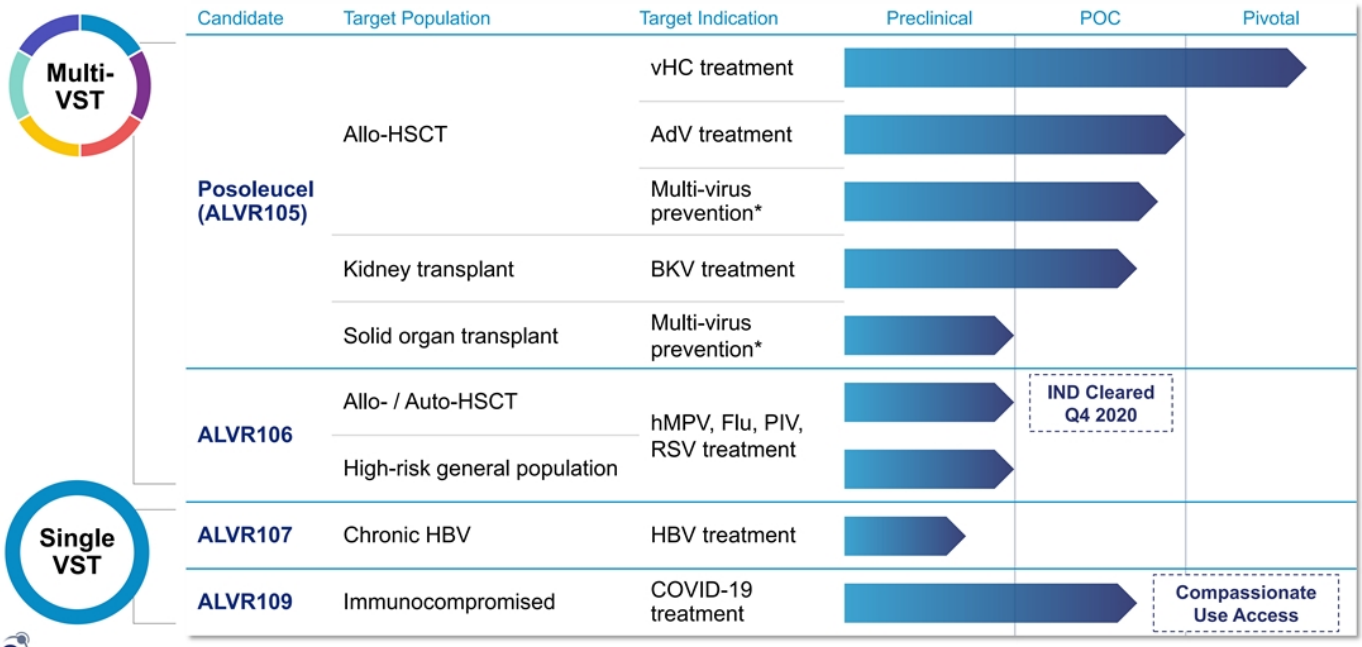
AlloVir: A Leading Innovator in Allogeneic, Off-the-Shelf, Virus-Specific T Cell Immunotherapies



Clinically validated platform	Rich pipeline	Manufacturing at scale	Large unmet need and global opportunity
93% overall response rate in Phase 2 study	4 products targeting 12 viruses with both treatment and prevention potential	Simple, non-gene-edited, scalable process with manufacturing redundancy	Currently focused on stem cell and solid organ transplant patients
Expedited regulatory review pathways (RMAT, PRIME)	Posoleucel in 2 Phase 3 trials by end of 2021 and 2 ongoing proof-of-concept studies	Off-the-shelf delivery for patient access within 48 hours	Expanding to additional patient populations

RMAT = Regenerative Medicine Advanced Therapy designation granted by the US Food and Drug Administration; PRIME = Priority Medicines designation granted by the European Medicines Agency.

Our Pipeline Targets 12 Unique Viruses



*Prevention of adenovirus (AdV), BK virus (BKV), cytomegalovirus (CMV), Epstein-Barr virus (EBV), human herpesvirus 6 (HHV-6), JC virus (JCV). Allo-HSCT = allogeneic hematopoietic stem cell transplantation; Auto-HSCT = autologous HSCT; HBV = hepatitis B virus; hMPV = human metapneumovirus; Flu = influenza; PIV = parainfluenza virus; POC = proof-of-concept; RSV = respiratory syncytial virus; vHC = virus-associated hemorrhagic cystitis; VST = virus-specific T cell.

AlloVir's Therapies Aim to Treat or Prevent Life-Threatening Viral Diseases For Immunocompromised Patients[1-13]

Challenges

Vulnerable Populations

Single and multiple viral infections are common in the immunocompromised:

- HSCT & SOT recipients
- The elderly & the very young
- Patients on chemotherapy or immunomodulators

Limited or No Treatment Options

Therapeutic options raise concerns about:

- Lack of efficacy for off-label treatments
- Significant toxicity
- Emergence of resistance

Substantial Morbidity & Mortality

Uncontrolled viral diseases can:

- Prolong hospitalization
- Increase risk for GVHD or graft rejection
- Cause end-organ damage
- Result in death

Solution

Immunity Restored with VSTs

VSTs are a clinically validated approach to restoring protective T-cell immunity

AlloVir's VSTs:

- **Address the underlying immune deficit in high-risk patient populations**
- **Target multiple viruses with limited to no treatment options**
- **Offer off-the-shelf delivery to reach patients quickly**

GVHD = graft vs host disease; SOT = solid organ transplant. 1. Abudayyeh A, et al. *Am J Transplant.* 2016;16:1492-1502; 2. Camargo JF, Komarduri KV. *Hematol Oncol Stem Cell Ther.* 2017;10:233-238; 3. Cesaro S, et al. *Bone Marrow Transplant.* 2018;doi:10.1038/s41409-018-0421-0; 4. Leen AM, et al. *Blood.* 2009;114(19):4283-4292; 5. Perruccio K, et al. *Biol Blood Marrow Transplant.* 2018;24:2549-2557; 6. Saribas AS, et al. Future Virol. 2010;5(3):313-323. doi:10.2217/fvl.10.12; 7. Cho SY, et al. *Kor J Intern Med.* 2018;33:256-276; 8. Law N, Kumar D. *Drugs Aging.* 2017;34:743-754; 9. Gentile G, Antonelli G. *Viruses.* 2019;11:doi:10.3390/v11111049; 10. Kedia S, et al. *J Stem Cell Res Ther.* 2013;doi:10.4172/2157-7633.S3-002; 11. Ison MG, Hirsch HH. *Clin Microbiol Rev.* 2019;32(4):1-33; 12. Jose RJ, et al. *Medicine. 2020.* doi:10.1016/j.mpmed.2020.03.006; 13. Simon AK, Hollander GA, McMichael A. *Proc Biol Sci.* 2015;282(1821):20143085.

We Are Delivering on a Broad Set of Preclinical, Regulatory and Clinical Milestones

	Recent Milestones	Remaining 2021 Catalysts
Posoleucel	✓ Pivotal trial initiation in vHC ✓ FDA orphan drug designation for vHC treatment ✓ POC trial initiation in multi-virus prevention ✓ POC trial initiation in BKV in kidney transplant	• **Initial data presentation for multi-virus prevention trial** • **Pivotal trial initiation for AdV** • **Abstract submission for early data from BKV in kidney transplant trial**
ALVR106	✓ IND clearance by FDA for POC trial in multiple respiratory viruses	• **POC trial initiation for multiple respiratory viruses**
ALVR107	✓ *In vitro*, preclinical, IND-enabling studies	
ALVR109	✓ Initial preclinical and clinical data for SARS-CoV-2	

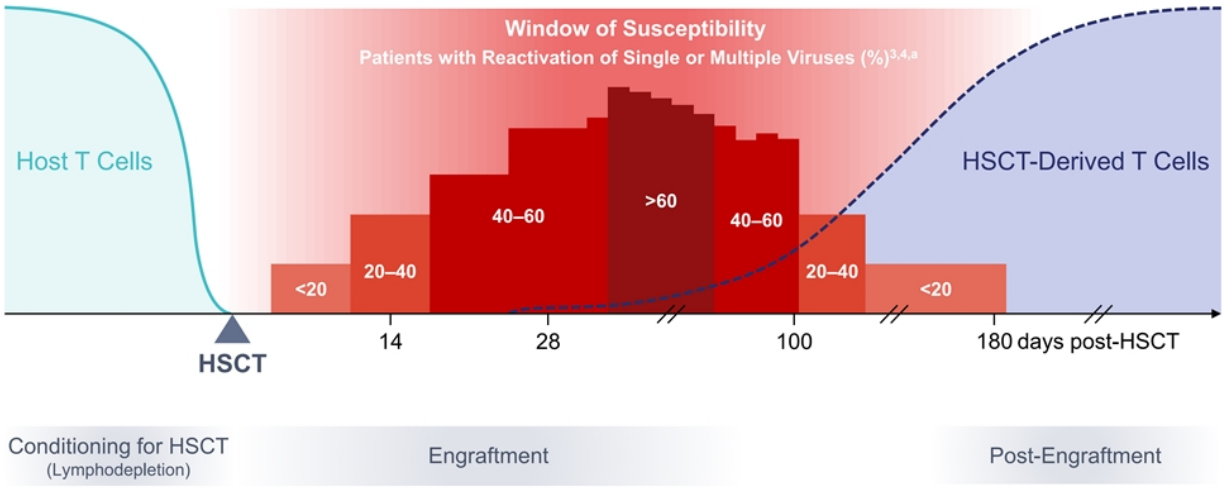
AlloVir: A Leading Innovator in Allogeneic, Off-the-Shelf, Virus-Specific T Cell Immunotherapies

Our Patented and Highly Efficient Platform Delivers Rapid, Scalable, Off-the-Shelf VST Therapy

Key Advantages

- Rationally designed cell bank, facilitating availability of VSTs covering >95% of patients
- Our VST platform minimizes antigen competition, enabling retention of VST diversity and polyclonality
- Simple and robust manufacturing yields hundreds of VST doses from a single donor/production run
- Our VSTs have long-term stability, supporting on-demand, broad availability for patients

Following HSCT, Patients are Susceptible to Life-Threatening Viral Infections[1-6]

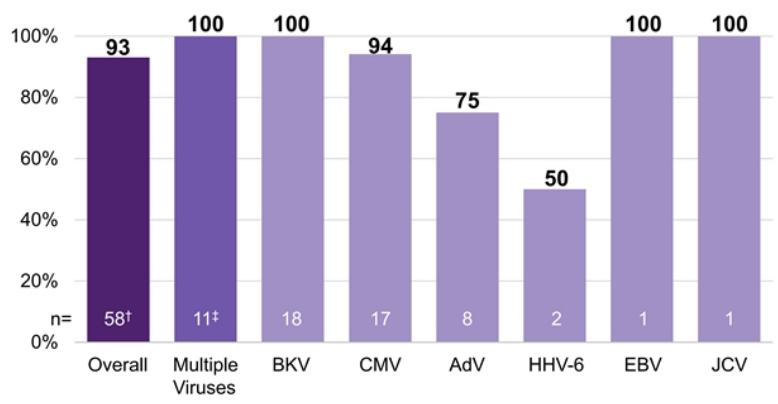


[a]Post 100-day data for proportion of patients with viral detection is from Huang YT, et al, as Hill J, et al only measured out to 100 days.

1. Kedia S, et al. *J Stem Cell Res Ther* 2013;S3; 2. Ison M, Hirsch H. *Clin Microbiol Rev* 2019;32:e00042-19; 3. Hill J, et al. *Blood* 2017;129:2316-25; 4. Huang YT, et al. *Biol Blood Marrow Trans* 2017;23:1759-66; 5. Stern L, et al. *Front Immunol* 2018;9:1672; 6. Hill J, et al. *Clin Infect Dis* 2018;66:368-75.

Phase 2 CHARMS Study Demonstrated 93% Efficacy of Posoleucel in Treatment-Refractory Patients[1,2]

Efficacy: Posoleucel Response Rate*



CR = Viral load return to normal range and resolution of clinical signs/symptoms
PR = ≥50% decrease in viral load and/or 50% improvement of clinical signs/symptoms

Safety: Posoleucel Well Tolerated

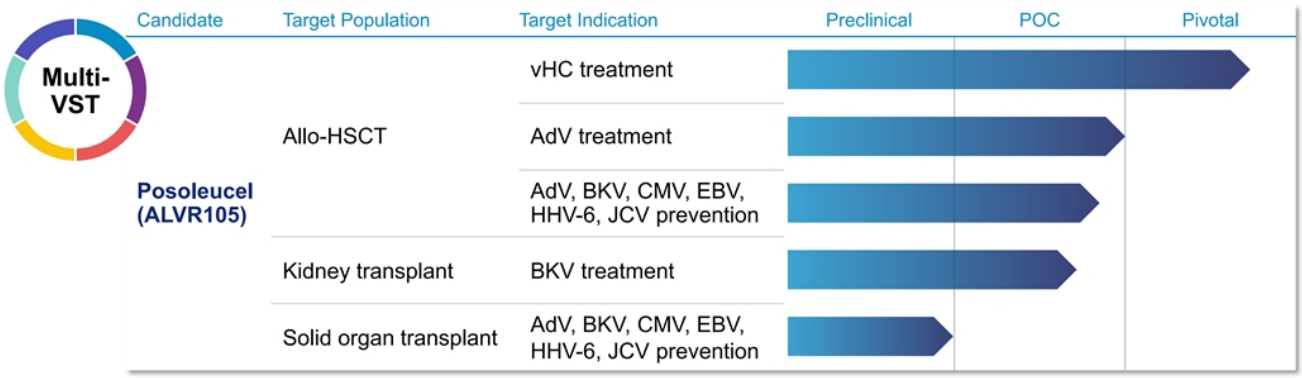
- Infusions were well tolerated
  - n=3 developed isolated fever within 24 hours of infusion; no immediate toxicities observed
- 14 cases of acute GVHD
  - n=8 had pre-existing GVHD
  - n=6 *de novo* GVHD; all had transient Grade I skin GVHD resolved with treatment
- No cytokine release syndrome

*Response rate / patient includes partial response (PR) or complete response (CR) by 6 weeks post-posoleucel infusion; †58/59 patients were evaluable for response rate, 1 patient with HHV-6 was not evaluable for response rate; ‡11/11 patients had a response to ≥1 virus(es) and 19 of 23 viruses across the 11 patients responded to posoleucel.

1. Tzannou I, et al. *J Clin Oncol* 2017;35:3547-57; 2. Tzannou I, et al. ASH 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html.

AlloVir: A Leading Innovator in Allogeneic, Off-the-Shelf, Virus-Specific T Cell Immunotherapies

Our Lead Candidate Posoleucel, a Multi-VST for Treatment and Prevention, Is a Pipeline in a Product

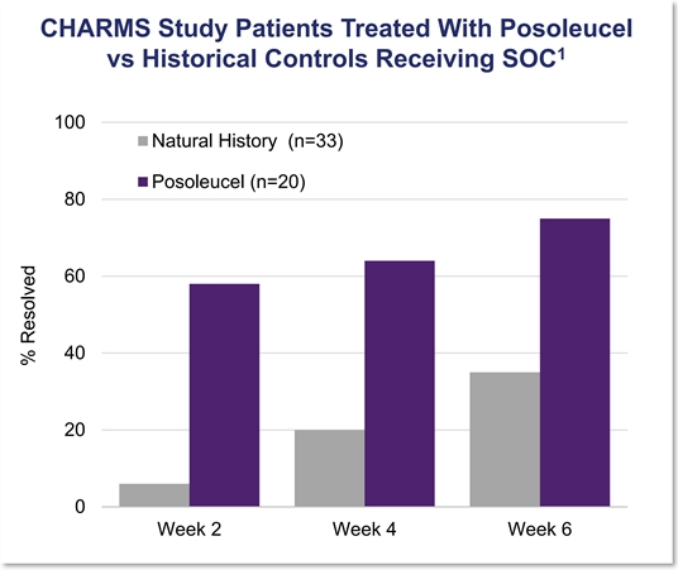


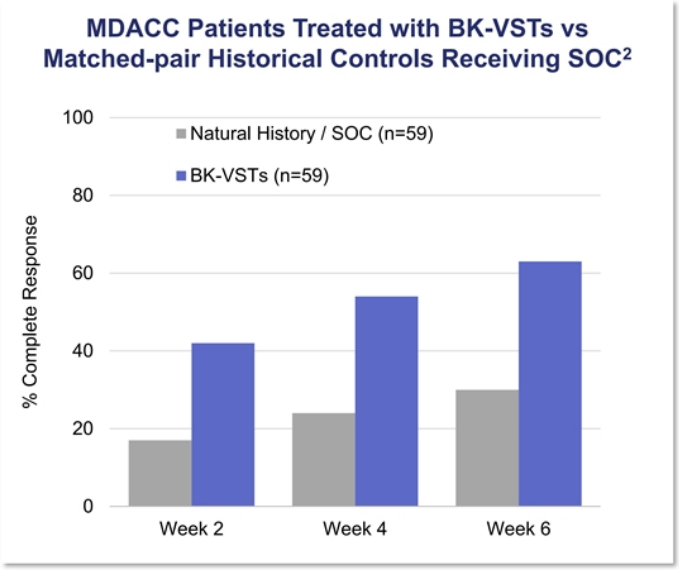
Virus-Associated Hemorrhagic Cystitis in HSCT: A Devastating Disease With No Approved or Effective Treatment Options

HC is caused by BKV and/or AdV and results in severe morbidity & mortality[1-7]		There are no approved or effective therapies[1-7]
Severe bleeding due to hematuria		Red blood cell or platelet transfusions Bladder arterial embolization and/or cystectomy
Severe, prolonged and intractable pain		Narcotics
Life-disturbing urinary symptoms		Continuous bladder irrigation
Kidney dysfunction / failure		Dialysis
Increased mortality		

1. Cesaro S, et al. *J Antimicrob Chemother* 2018;73:12-21; 2. Garguilo G, et al, *ecancer* 2014;8:420; 3. Silva Lde P, et al. *Haematologica* 2010;95:1183-90; 4. Kloos RQ, et al. *Biol Blood Marrow Transplant* 2013;19:1263-6; 5. Type B Briefing Package; 6. Laskin BL, et al. *Clin Infect Dis* 2020;71:3044-54; 7. Gilis L, et al. *Bone Marrow Transplant* 2014;49:664-70.

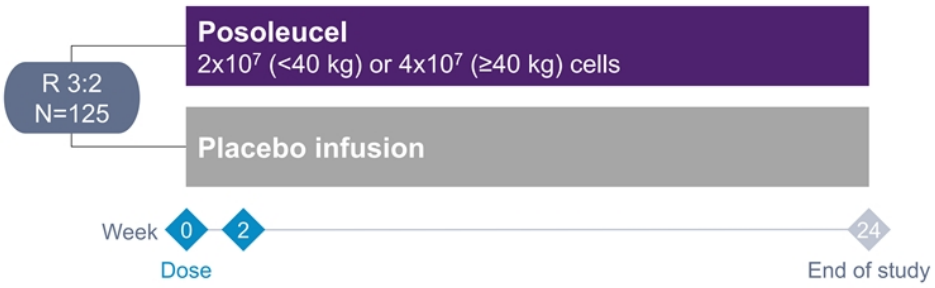
Patients Treated with Posoleucel or BK-VSTs Have Achieved Rapid Resolution of Macroscopic Hematuria





1. Pfeiffer T, et al. *Transplant Cell Ther* 2021;27:S91-2; 2. Olson A, et al. *J Clin Oncol* 2021;39:2710-9.

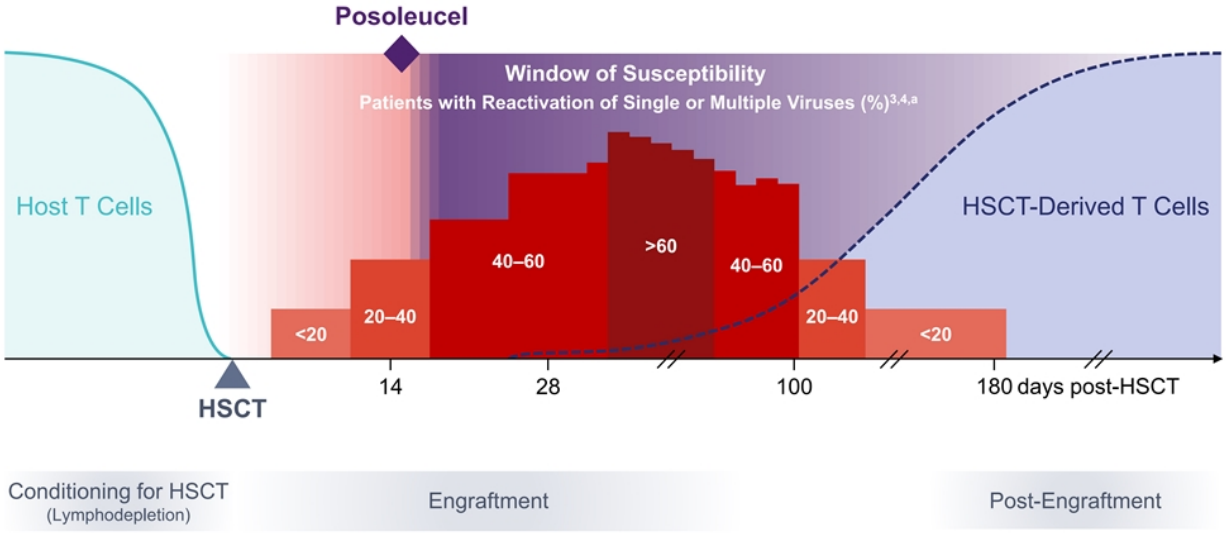
First Registrational Trial for Posoleucel Has Been Initiated for the Treatment of Virus-Associated Hemorrhagic Cystitis



- Phase 3, multicenter, double-blind, placebo-controlled
- Key eligibility criteria: patients with vHC following allogeneic HSCT
  - Macroscopic hematuria (Grade ≥3)
  - Viruria
  - Dysuria, lower abdominal pain and/or pain associated with spasm
- Primary endpoint: time to resolution of macroscopic hematuria through Week 24

ClinicalTrials.gov NCT04390113.

Posoleucel is Designed to Treat and Prevent Viral Infections and Diseases Until the Patient's Own Immune System Recovers[1-6]



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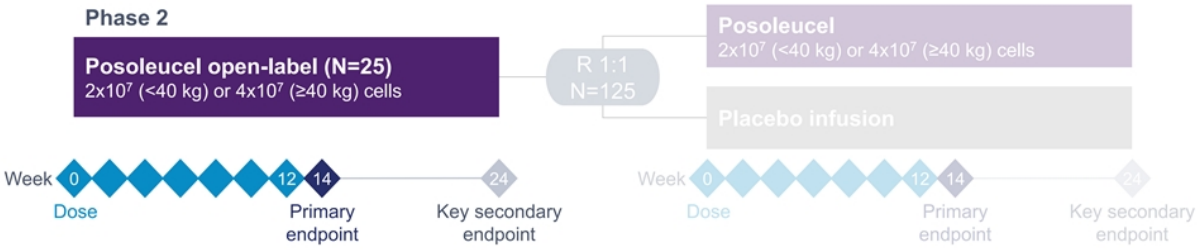
1. Kedia S, et al. *J Stem Cell Res Ther* 2013;S3; 2. Ison M, Hirsch H. *Clin Microbiol Rev* 2019;32:e00042-19; 3. Hill J, et al. *Blood* 2017;129:2316-25; 4. Huang YT, et al. *Biol Blood Marrow Trans* 2017;23:1759-66; 5. Stern L, et al. *Front Immunol* 2018;9:1672; 6. Hill J, et al. *Clin Infect Dis* 2018;66:368-75.

A Phase 2 Posoleucel Trial Has Been Initiated for Multi-Virus Prevention, With Initial Data Available in December 2021



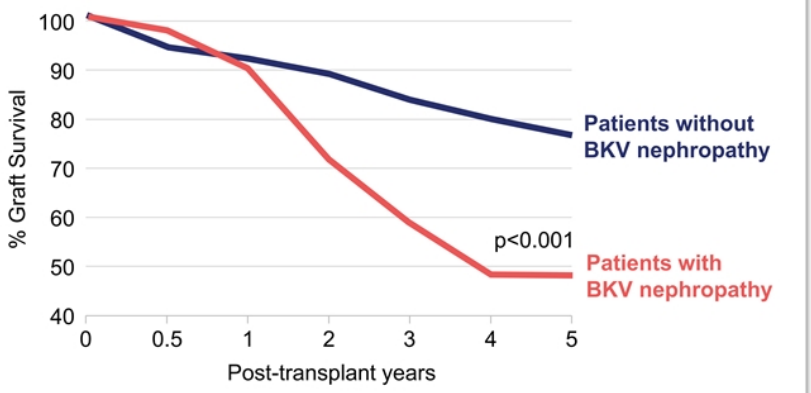
- Phase 2, multicenter trial—initially open-label, followed by randomized, double-blind, placebo-controlled
- Key eligibility criteria: high-risk allo-HSCT recipients
  - Age ≥1 year
  - Aviremic or viremic without clinically significant disease*
- Primary endpoint: reduction in clinically significant viral infection and disease

*Cohort A (preemptive), positive for ≥1 virus; cohort B (prophylactic), undetectable for all 6 viruses. ClinicalTrials.gov NCT04693637.

BK Virus in Kidney Transplant Patients Leads to Decreased Graft Survival

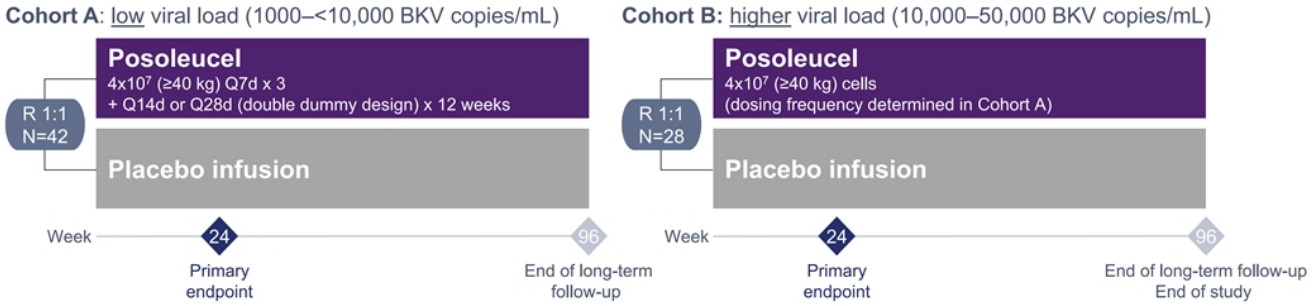
- 10–20% of KT patients have BK viremia and up to 50% progress to BK nephropathy[1]
- BKV viremia and BK nephropathy are associated with decreased graft function[2] and graft survival[3]
- There are no approved or effective treatments

BKV Nephropathy Associated with Poor Graft Survival[3]



1. Hirsch H, et al. *Clin Transplant* 2019;33:e13528; 2. Elfadawy N, et al. *Clin J Am Soc Nephrol* 2014; 3. Vasudev B, et al. *Kidney International* 2005;68:1834-9.

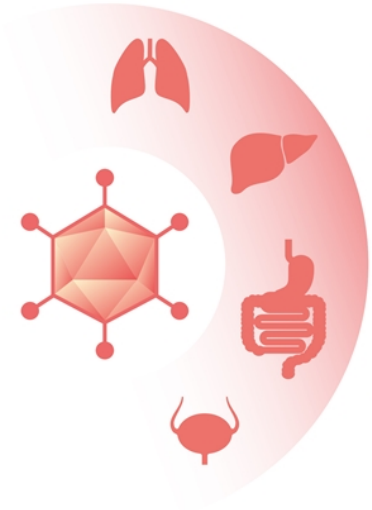
A Phase 2 Posoleucel Trial Has Been Initiated for BK Virus Treatment in Kidney Transplant Recipients



- Phase 2, multicenter, randomized, double-blind, placebo-controlled, multiple dosing interval, 3-period study
- Key eligibility criteria: adults 1–24 months post-kidney transplant
- Primary endpoint: safety and tolerability
- Key secondary endpoint: reduction in BK viremia
- Cohort B to begin following Cohort A interim analysis

Clinicaltrials.gov NCT04605484.

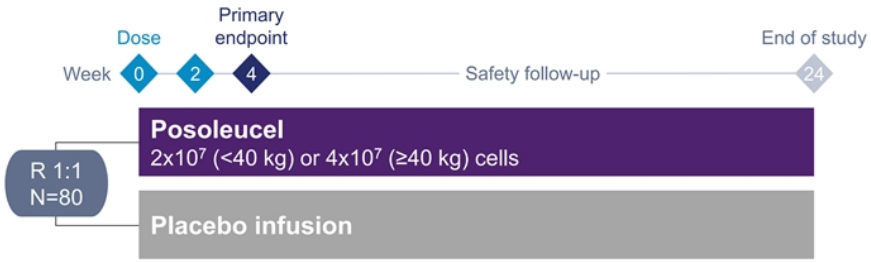
Adenovirus is Life-Threatening and Has No Approved Treatment



- AdV viremia occurs in 32% of pediatric and 6% adult allogeneic HSCT patients[1]
- Potentially life-threatening consequences[2]
  - Pneumonia
  - Hepatitis
  - Hemorrhagic enteritis or cystitis
  - Multi-organ failure / death[3]
- No approved therapies
  - Cidofovir used off-label with significant toxicity and no supportive efficacy data

1. Sedláček P, et al. *Biol Blood Marrow Transplant* 2019;25:810-8; 2. Lion T. *Clin Microbiol Rev* 2014;27:441-62; 3. Deambrosis D, et al. *J Clin Virol* 2020;127:104373.

Second Phase 3 Posoleucel Trial Will Be Initiated By End of 2021 for Adenovirus Treatment

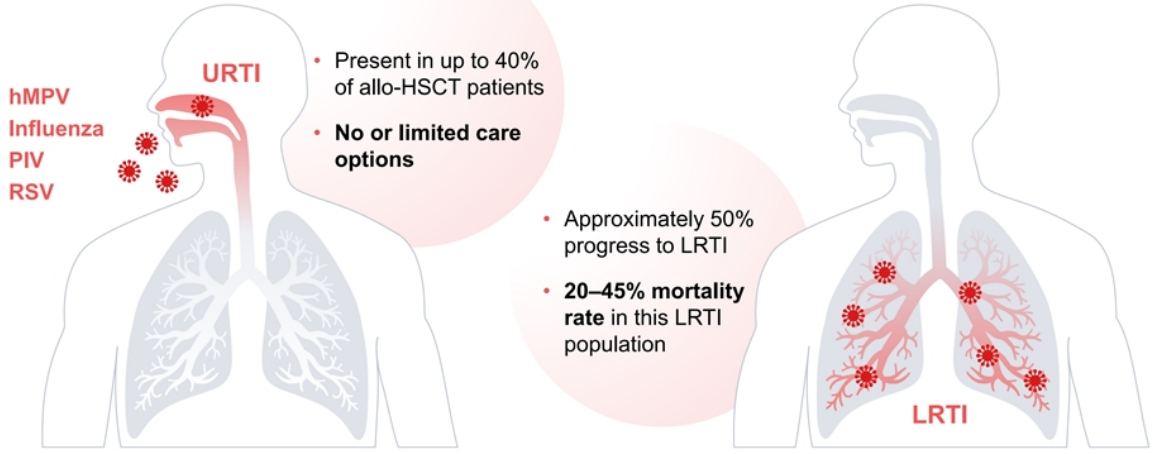


- Phase 3, randomized, double-blind, placebo-controlled
- Key eligibility criteria: age >1 year with
  - Allo-HCT ≥21 days prior to randomization, with engraftment AND
  - AdV viremia ≥10,000 copies/mL, OR 2 consecutive and rising AdV viremia ≥1,000 copies/mL AND Abs lymphocyte count <180/mm^3 OR T cell depletion
- Primary endpoint: reduction in viral load
- Patients with disease progression can enter optional 24-week cross-over period after Week 4

Extending Our Platform to Tackle Respiratory Viral Infections

Candidate	Target Population	Target Indication	Preclinical	POC	Pivotal
ALVR106	Allo- / Auto-HSCT	hMPV, Flu, PIV, RSV treatment		**IND Cleared Q4 2020**	
	High-risk general population				

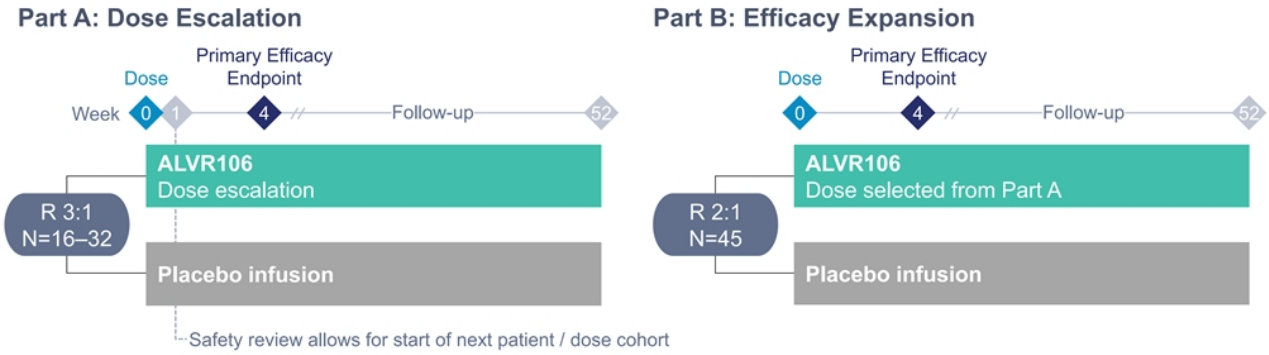
ALVR106 Offers Potent, Selective Antiviral Activity Against Respiratory Viruses of Significant Concern for HSCT Patients[1-3]



LRTI = lower respiratory tract infection; URTI = upper respiratory tract infection.

1. Ison M, Hirsch H. *Clin Microbiol Rev* 2019;32:e00042-19; 2. Versluys AB, Boelens JJ. *Front Microbiol* 2018;9:2795; 3. Piñana J, et al. *J Infect* 2020;80:333-41.

ALVR106 POC Study Targeting hMPV, Flu, PIV and RSV To be Initiated in 2021



- Phase 1/2, double-blind, placebo-controlled, dose escalation and expansion study to assess safety and dose selection of ALVR106 for the treatment of high-risk patients with RTIs following HSCT
- Key eligibility criteria: HSCT recipients 17–75 years with hMPV, influenza, PIV or RSV detected, and new respiratory symptoms ≤4 days before screening
- Primary efficacy endpoint: reduction in viral load
- Part B to begin following Part A safety and efficacy review

Applying Our Platform to Support HBV Cure

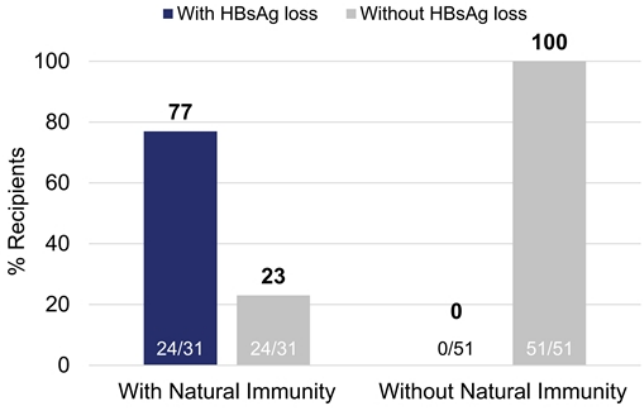
Candidate	Target Population	Target Indication	Preclinical	POC	Pivotal
ALVR107	Chronic HBV	HBV treatment			

ALVR107: Proof-of-Concept Has Been Established for Potential of Adoptive T Cell Therapy to Achieve Functional HBV Cure

Significant Unmet Medical Need for Curative Therapies

- Nearly 300 million people globally have chronic hepatitis B infection
- Chronic infection can lead to cirrhosis and cancer
- Life-long suppressive antiviral therapy is the only treatment option: **no curative therapies exist**

HBsAg+ Allo-HSCT Patients Achieved Functional Cure Post-transplant[1]



- 83% (20/24) HBsAg+ recipients achieved sustained HBsAg loss post-transplant

1. Hui CK, et al. *Blood* 2005;106:464-9; HBsAg = hepatitis B surface antigen.

AlloVir: A Leading Innovator in Allogeneic, Off-the-Shelf, Virus-Specific T Cell Immunotherapies

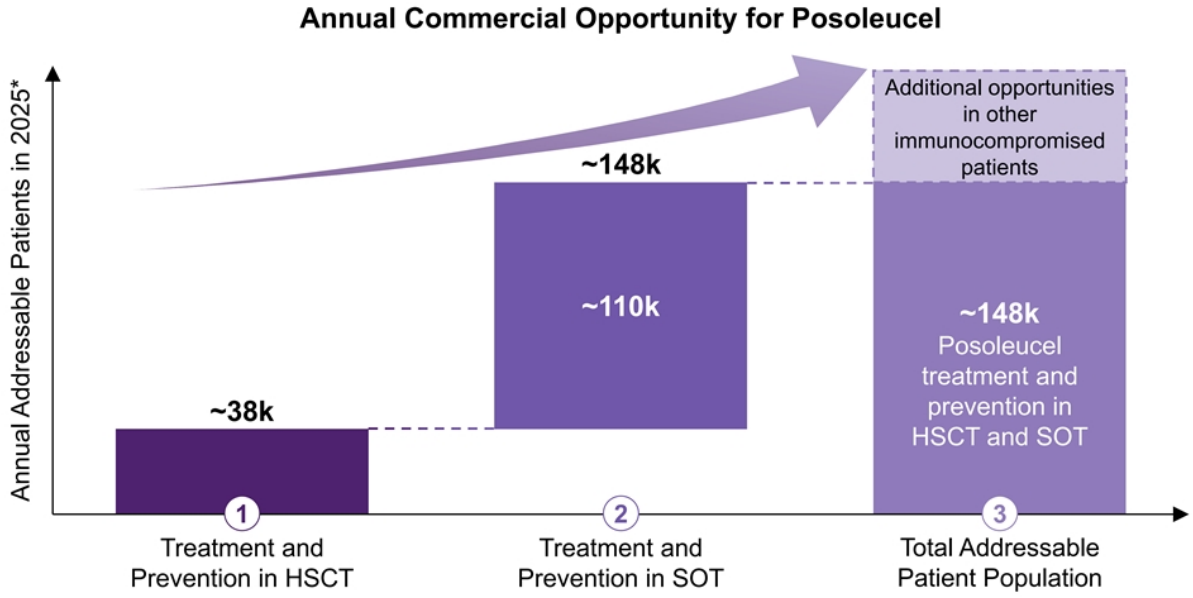
Simple, Scalable Manufacturing Approach for a Complex "Living" Product, Anticipating Future Needs

Key Takeaways

- Current manufacturing capacity is meeting our clinical development needs – investigational product supply already available for ongoing and planned posoleucel Phase 3 clinical studies
- We are simultaneously preparing for commercial supply needs, further developing our production process and analytics to be BLA-ready
- We are building out global capabilities to support international clinical trials and commercialization

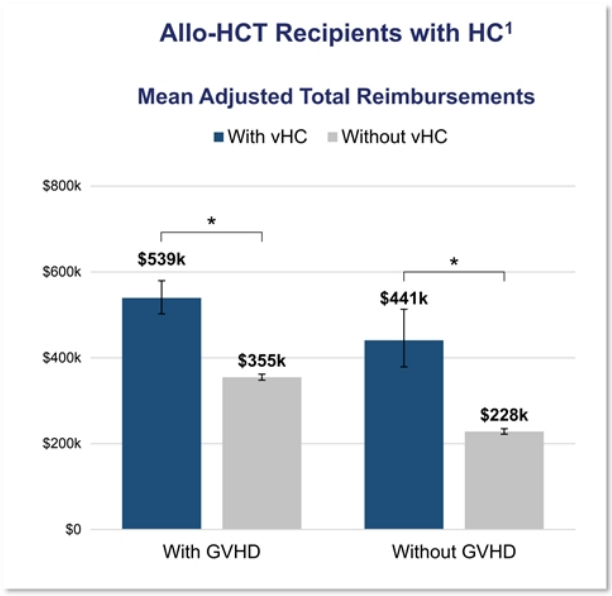
AlloVir: A Leading Innovator in Allogeneic, Off-the-Shelf, Virus-Specific T Cell Immunotherapies

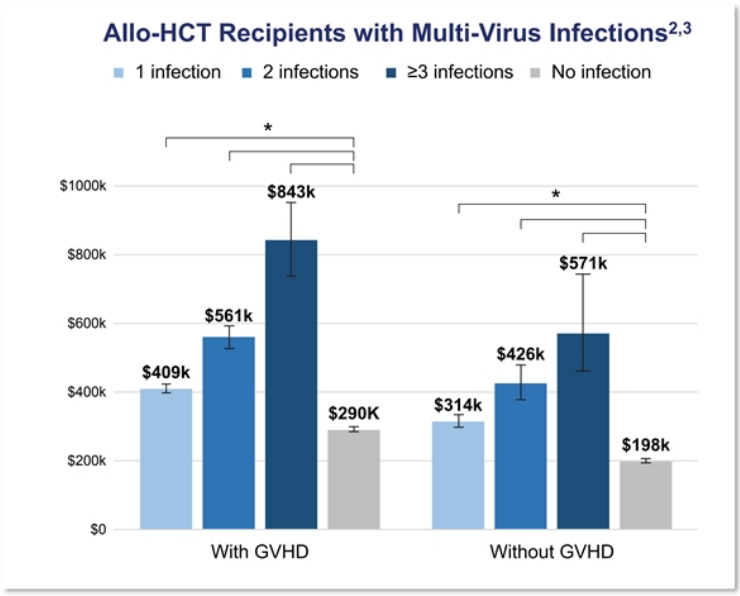
Posoleucel: Large Addressable Patient Population for the Treatment and Prevention of Devastating Viral Diseases



*Projected addressable patient population in 2025 for posoleucel indications in target markets in NA, EU, LATAM and A/P. Source: AlloVir analysis.

HSCT Recipients with Virus-Associated HC and Multi-Virus Infections Incur Greater Healthcare Reimbursements (Real-World Claims Analysis)





*p<0.0001. Least squares mean and 95% confidence intervals are shown for the adjusted reimbursements for each patient group. All reimbursed amounts in the insurance claims up to 1-year post-transplant were reported, including those for inpatient services and admission summaries, outpatient services, and outpatient pharmaceutical dispensed claims

1. McGuirk J, et al. *Transplant Cell Ther* 2021;27:P505.E1-9; 2. Hill JA, et. al. *Open Forum Infect Dis* 2020;7:S573-4.

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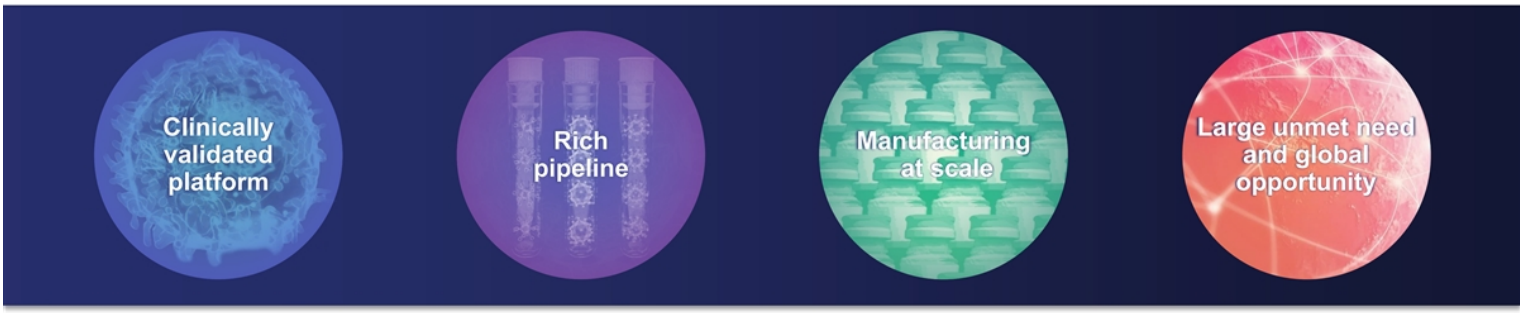


Clinically validated platform	Rich pipeline	Manufacturing at scale	Large unmet need and global opportunity
93% overall response rate in Phase 2 study	4 products targeting 12 viruses with both treatment and prevention potential	Simple, non-gene-edited, scalable process with manufacturing redundancy	Currently focused on stem cell and solid organ transplant patients
Expedited regulatory review pathways (RMAT, PRIME)	Posoleucel in 2 Phase 3 trials by end of 2021 and 2 ongoing proof-of-concept studies	Off-the-shelf delivery for patient access within 48 hours	Expanding to additional patient populations

AlloVir is Led by an Experienced Management Team with a Strong Operating and Scientific Foundation

Diana Brainard, M.D.
Chief Executive Officer
Former SVP, Head Virology, Gilead

Vikas Sinha, MBA
President & Chief Financial Officer
CFO of ElevateBio
Former CFO, Alexion, Bayer

Ann Leen, Ph.D.
Chief Scientific Officer
Co-Founder of AlloVir
Professor, BCM CAGT

Agustin Melian, M.D.
Chief Medical Officer
Former SVP, Alexion, Merck

Jeroen van Beek, Ph.D.
Chief Commercial Officer
Former CCO, Tricida,
Alexion, Pfizer

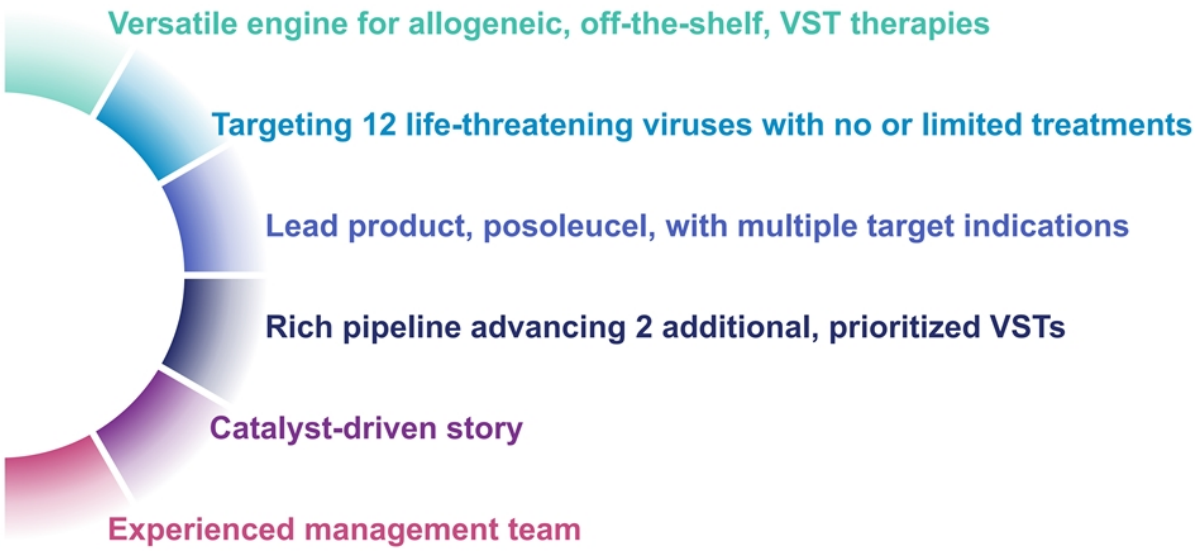
Ercem Atillasoy, M.D.
Chief Regulatory & Safety Officer
Former VP, Global Regulatory Affairs
& Clinical Safety, Merck

Sonia Choi
SVP, Corporate Affairs and IR
Former Interim Head, Public Affairs,
Gilead

Dana Alexander
SVP, CMC Operations
Former VP, Operations,
Brammer Bio; COO, Anika
Therapeutics

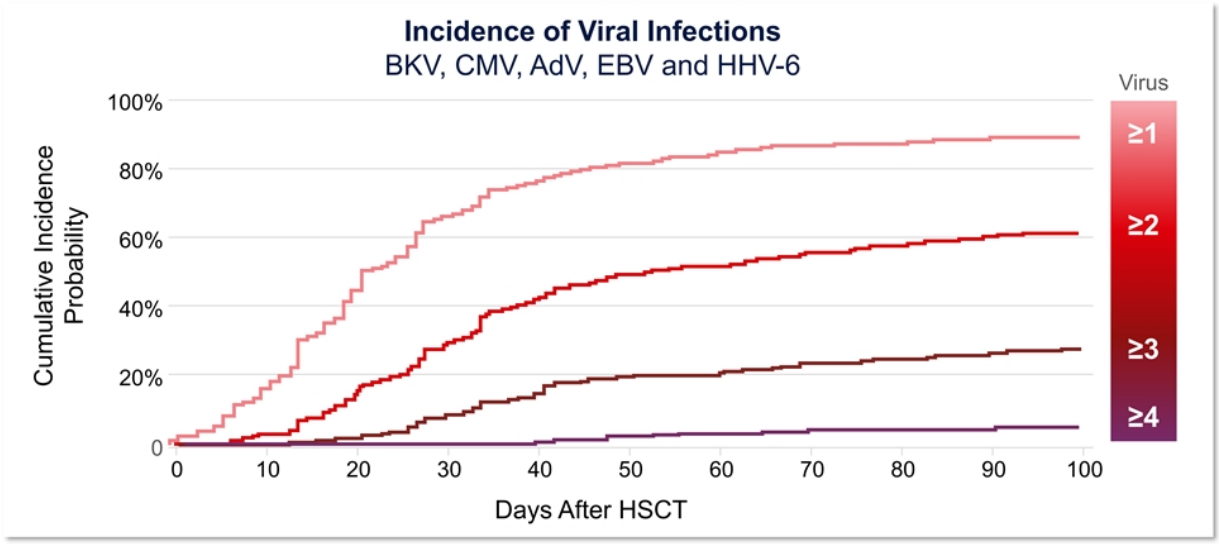
Edward Miller, J.D.
General Counsel
Former SVP, Alexion, Boehringer
Ingelheim

Key Investment Highlights



Appendix

Nearly Two-Thirds of Allogeneic HSCT Recipients Have More Than One dsDNA Viral Infection



A 37% increase of non-relapse mortality for every log increase in viral load from Day 1–100 in allogeneic HSCT patients

Hill J, et al. *Blood* 2017;129:2316-25

Posoleucel Phase 2 Proof-of-Concept Study, CHARMS, Generated Promising Preliminary Disease Outcome and Safety Data

- Phase 2, proof-of-concept, open label study to assess the safety and clinical effects of posoleucel in allogeneic HSCT recipients with ≥1 treatment-refractory infections
- Key eligibility criteria: refractory AdV, BKV, CMV, EBV, HHV-6 and/or JCV
  - Failure of antiviral therapy OR
  - Unable to tolerate standard antivirals
- Study endpoint: safety
- Clinical endpoints: viral load, clinical and virologic responses

*Patients with partial response may receive ≤4 additional doses after 4 weeks at 2-week intervals.
†The CHARMS trial treated 58 unique patients. One patient was counted twice: enrolled twice, treated first for AdV and then for JCV. One patient with HHV-6 was not evaluable for response rate
1. Tzannou I, et al. *J Clin Oncol* 2017;35:3547-57; 2. Tzannou I, et al. *ASH* 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html.