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): January 14, 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 January 14, 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.

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: January 14, 2021

By: /s/ David Hallal
David Hallal
Chief Executive Officer

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

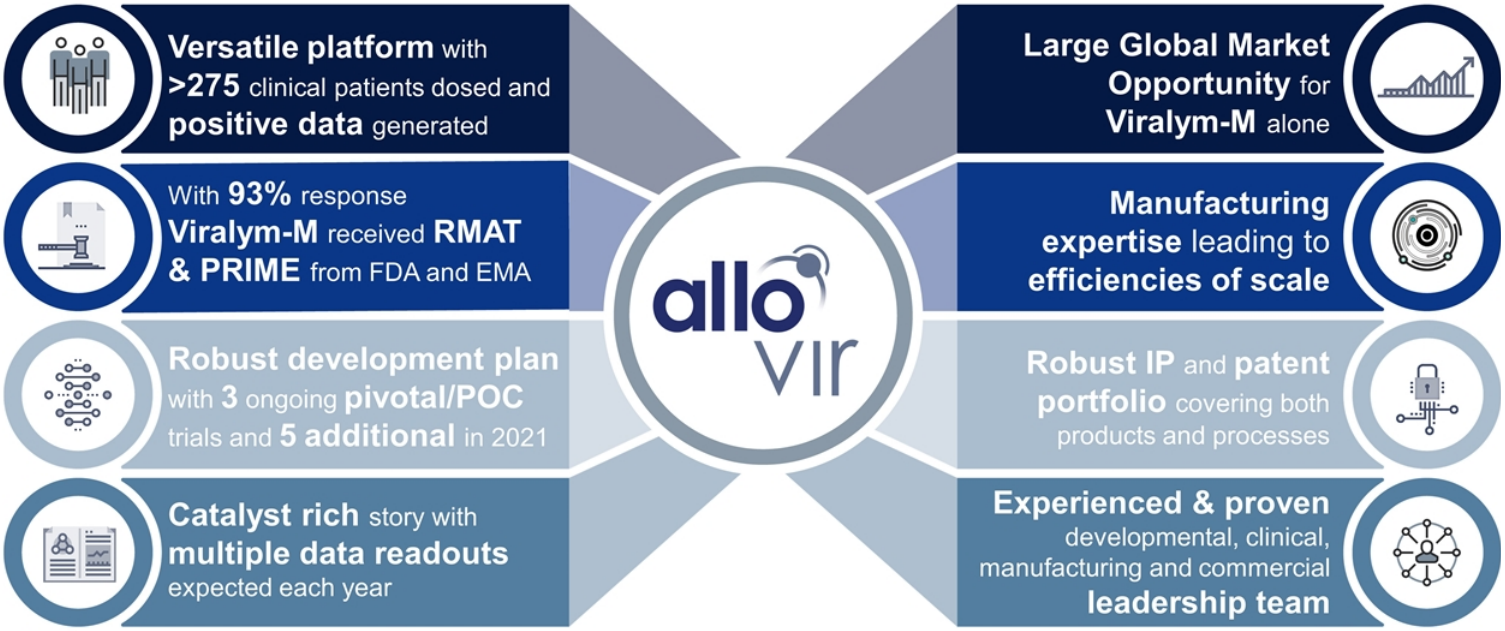
Disclaimer

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 Viralym-M. 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, 2020, 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



RMAT: Regenerative medicine advanced therapy; PRIME: PRIority MEdicine; POC: proof-of-concept

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

Leadership Team

David Hallal
Chief Executive Officer
CEO of ElevateBio
Former CEO Alexion
Amgen

elevatebio · ALEXION · AMGEN

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

elevatebio · ALEXION · BAYER

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

Baylor College of Medicine

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

ALEXION · MERCK

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

TRICIDA · ALEXION · Pfizer

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

MERCK · NOVARTIS

Medha Chadha
SVP Strategic Planning and IR
Former US Head of Equity Capital
Markets Syndicate
Cantor Fitzgerald

CANTOR Fitzgerald · CREDIT SUISSE

Dana Alexander
SVP of CMC Operations
Former Head of Viral
Vectors Brammer Bio

brammer · ThermoFisher SCIENTIFIC

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

ALEXION · Boehringer Ingelheim

allo vir

High Risk Populations with T Cell Deficiencies are Vulnerable to Life-Threatening Viral Diseases Despite Current Treatment Options

Viruses with No / Limited Treatments

- BK virus[1]
- Cytomegalovirus[2]
- Adenovirus[3]
- Epstein-Barr virus[4]
- Human Herpesvirus-6[5]
- JC Virus[6]
- Respiratory Syncytial Virus[7]
- Parainfluenza Virus[7]
- Human Metapneumovirus[8]
- Influenza Virus[7]
- SARS-CoV-2[8]
- Hepatitis B Virus[9]
- Human Herpesvirus-8[10]

Uncontrolled Viral Diseases Cause End-Organ Damage and Mortality[1-3,10-13]

Bladder
Severe hemorrhagic cystitis
Urinary obstruction
Cystectomy

Brain
Seizure
Severe encephalitis
Memory defect
PML

Kidneys
Nephritis
Acute/chronic renal failure
End stage renal disease

Eyes
Retinitis
Blindness

Lungs
Pneumonia
Bronchitis
Respiratory failure

Liver
Chronic hepatitis
Liver cirrhosis
HCC

Small/Large Intestine
Colitis
Ulceration / perforation
Intestinal bleeding

Malignancy
Kaposi sarcoma
Primary Effusion Lymphoma

PML: Progressive multifocal leukoencephalopathy; HCC: hepatocellular carcinoma

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/s4109-018-0421-0. **4.** Leen AM, et al. *Blood.* 2009;114(19):4283-4292. 5. Perruccio K, et al. *Biol Blood Marrow Transplant.* 2018;24:2649-2557. **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.** Luppi M, et al. *New Engl J Med.* 2000;343:1378-1385. **11.** Kedia S, et al. *J Stem Cell Res Ther.* 2013;doi:10.4172/2157-7633.S3-002. 12. Ison MG, Hirsch HH. *Clin Microbiol Rev.* 2019;32(4):1-33. **13.** Jose RJ, et al. *Medicine.* doi:10.1016/j.mpmed.2020.03.006. **14.** Simon AK, Hollander GA, McMichael A. *Proc Biol Sci.* 2015;282(1821):20143085.

AlloVir Has a Deep Pipeline of 5 Allogeneic, Off-the-Shelf VST Investigational Therapies Targeting 12 Viruses

THERAPY CANDIDATE	TARGET INDICATION	TARGET POPULATION	PRECLINICAL	POC TRIAL (Phase 1b/2)	PIVOTAL TRIAL (Phase 3)
Viralym-M (ALVR105) Multi-VST	Treatment of Virus-Associated Hemorrhagic Cystitis	Allo-HSCT			
	Treatment of CMV				
	Treatment of AdV				
	Prevention of BKV, CMV, AdV, EBV, HHV-6 and JCV				
	Treatment of BKV	Kidney Transplant			
	Treatment of CMV	Solid Organ Transplant			
ALVR106 Multi-VST	Treatment of RSV, Influenza, PIV, and hMPV	Allo- / Auto-HSCT		IND Cleared Q4 2020	
		High-risk General Population			
ALVR109 Single-VST	Treatment of COVID-19	High-risk General Population			IND Cleared Q3 2020
ALVR107 Single-VST	Treatment of HBV	Patients with Chronic HBV			
ALVR108 Single-VST	Treatment of HHV-8	Patients with KS, MCD or PEL			

POC: Proof-of-concept; Allo-HSCT: Allogeneic HSCT; Auto-HSCT: Autologous HSCT; KT: Kidney Transplant; SOT: Solid Organ Transplant; KS: Kaposi Sarcoma; MCD: Multicentric Castleman Disease; PEL: Primary Effusion Lymphoma

Key Investment Highlights

VERSATILE ENGINE for allogeneic, off-the-shelf, virus-specific T-cell immunotherapies

TARGETING 12 devastating and life-threatening viruses **WITH NO OR LIMITED TREATMENTS**

CLINICALLY VALIDATED LEAD PROGRAM, VIRALYM-M, targeting multiple indications

- ✓ 93% overall response rate demonstrated in Ph 2 trials
- ✓ Large market opportunity in RMAT / PRIME designated indications alone
- ✓ 3 pivotal and 3 POC trials initiated by end of 2021

ROBUST PIPELINE with an additional 4 VSTs in various stages of development

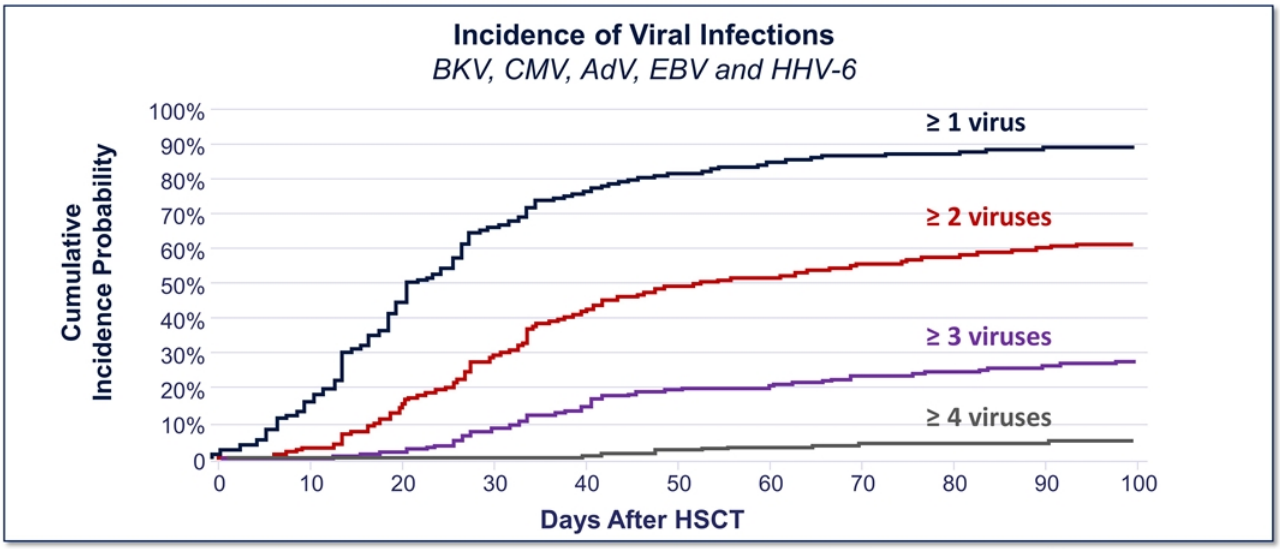
- ✓ ALVR109, for the treatment of COVID-19, expecting initial data in 2021
- ✓ ALVR106, multi-respiratory VST, POC trial initiation expected in 2021
- ✓ ALVR107/108, HBV/HHV8 VSTs, each targeting additional large addressable patient populations

CATALYST RICH story with 2-3 data read outs expected every year

EXPERIENCED MANAGEMENT TEAM

Transplant Patients and Viral Diseases

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

CMV: Cytomegalovirus; AdV: Adenovirus; EBV: Epstein-Barr virus; HHV6: human herpesvirus 6.
Hill et al, *Blood* 2017.

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

HC, a common manifestation in HSCT, caused by BKV, AdV and/or CMV

HC Results in Severe Morbidity & Mortality[1-7]		No Approved or Effective Therapies[1-7]
Severe bleeding due to hematuria		RBC or platelet transfusions Bladder arteriole embolization and/or cystectomy
Severe, prolonged and intractable pain		Narcotics
Life-disturbing urinary symptoms		Continuous bladder irrigation
Kidney dysfunction / failure		Dialysis
Increased mortality*		

*Treatment related mortality

1. Cesaro S, et al. *J Antimicrob Chemother.* 2018;73:12–21. **2.** Garguilo et al, *ecancer.* 2014; 8:420 doi: 10.3332/ecancer.2014.420. **3.** Silva LdeP, et al. *Haematologica.* 2009;95(7):1183-1190. **4.** Kloos RQ, et al. *Biol Blood Marrow Transplant.* 2013;19(8):1263-1266. **5.** Type B Briefing Package. **6.** Laskin BL, et al. *Clin Infect Dis.* 2019. doi: 10.1093/cid/ciz1194; **7.** Gilis L, et al. *Bone Marrow Transplantation.* 2014;49: 664–670.

Cytomegalovirus and Adenovirus in HSCT: Cause Severe and Life-Threatening Consequences

CMV

- Affects 65% of allogeneic HSCT patients[1]
- Potentially life-threatening consequences[2]
  - Pneumonia
  - Colitis
  - Retinitis
  - Encephalitis
  - Multi-organ failure/Death
- No FDA- or EMA-approved anti-viral agents[6]
- Off-label antiviral use associated with severe toxicities, including myelosuppression and nephrotoxicity
- Discontinuation of letermovir increased CMV infection (~18%) >100 days post HSCT[3]

AdV

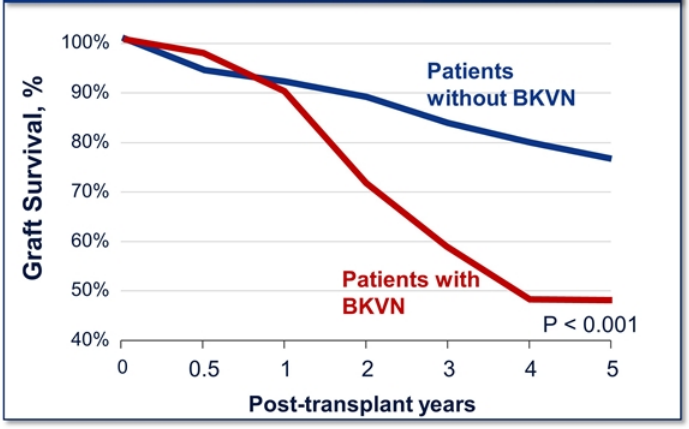
- Occurs in 32% of pediatric and 6% of adult allogeneic HSCT patients[4]
- Potentially life-threatening consequences[5]
  - Pneumonia
  - Hemorrhagic enteritis or cystitis
  - Hepatitis
  - Multi-organ failure/Death
- No FDA-or EMA approved treatments
- Off-label antiviral use agent has demonstrated limited efficacy and severe toxicities including nephrotoxicity

allo vir

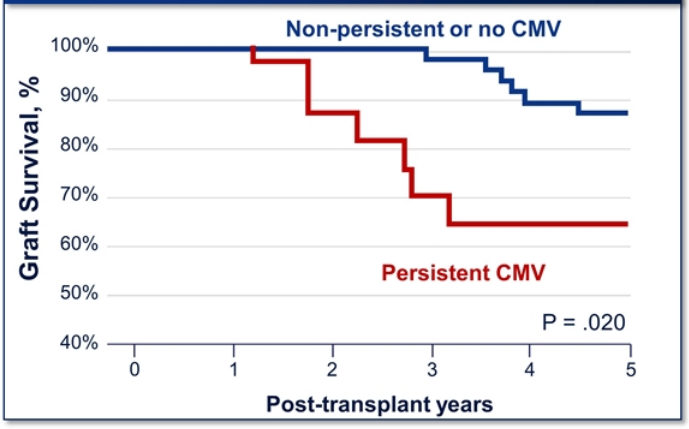
1. Hill J, et al. *Blood* 2017; **2.** Ljungman P, et al. *Clin Infect Dis.* 2017; **3.** Marty F, et al. *NEJM* 2017; **4.** Sedláček P, et al. *Biol Blood Marrow Transplant* 2018; **5.** Lion et al. *Clin Microbiol Rev* 2014 **6**. other than for CMV retinitis

BKV in Kidney Transplant & CMV in SOT Patients: Lead to Decreased Graft Survival Despite Standard of Care[1,2]

Worse Graft Survival in KT Patients with BKV Nephropathy[1]



Worse Graft Survival in SOT Patients with Persistent CMV Infection[2]



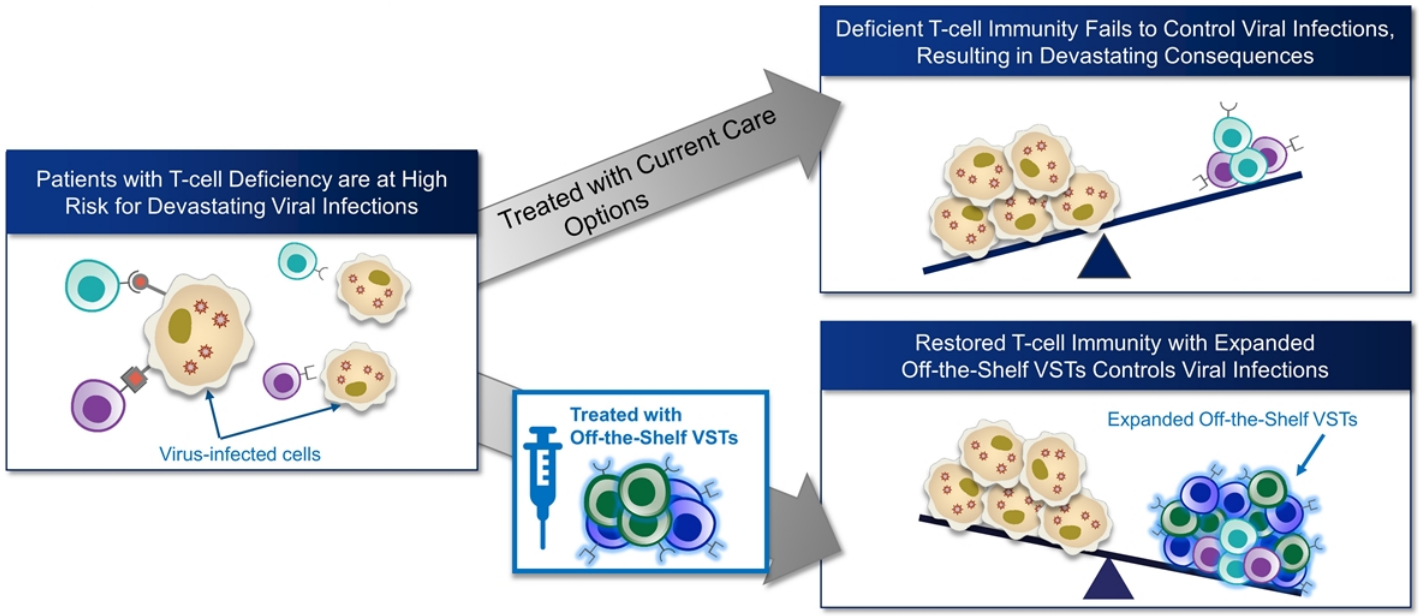
BKVN: BKV Nephropathy

1. Vasudev B, et al. *Kidney International* 2005; **2.** Legendre C and Pascual C. *CID* 2008

Our Solution

Allogeneic, Off-the-Shelf Virus-Specific T-Cells

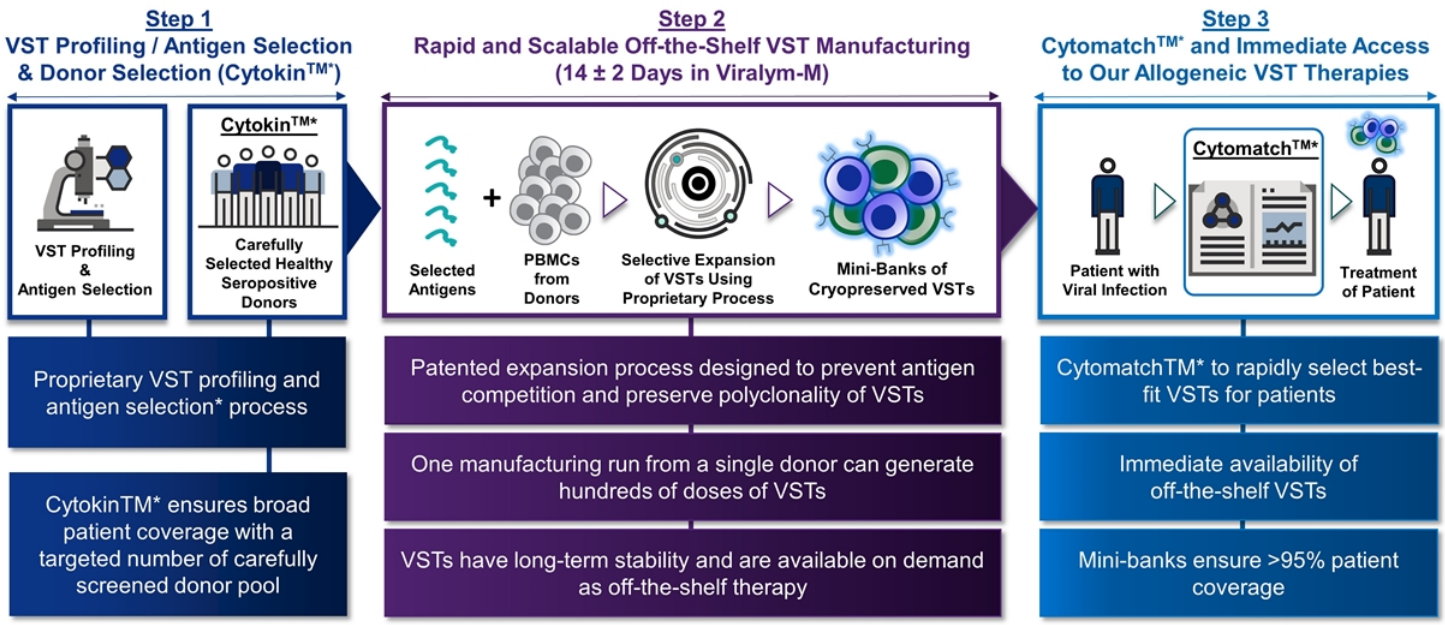
Our Approach Utilizes the Adoptive Transfer of Off-the-Shelf VSTs to Restore Virus-specific Immunity[1-6]



CD4+ T cells in patients | CD8+ T cells in patients | CD4+ Off-the-Shelf VSTs | CD8+ Off-the-Shelf VSTs

1. Swain, S., et al. *Nat Rev Immunol* 2012.; **2.** Muraro E, et al. *Front. Immunol.* 2017; **3.** Rosendahl HS et al. *Front Immunol.* 2014. **4.** Tzannou, *JCO* 2017; **5.** Vasileiou S et al. *Haematol* 2019. **6.** Type B Meeting Briefing Package.

Our Patented, Highly Efficient and Industrialized Platform Provides Key Advantages[1-5]



*Patent pending | PBMCs: Peripheral Blood Mononuclear Cells

1. Tzannou I, et al. *Blood Adv.* 2019;3(17):2571–2580. **2.** Tzannou I, et al. *J Clin Oncol.* 2017 Nov 1;35(31):3547-3557. **3.** Vasileiou S, et al. *Haematologica.* 2019 Apr. **4.** Saglio et al. *Cytotherapy.* 2014 February; 16(2): 149–159. **5.** Type B Briefing Package.

Viralym-M (ALVR105)

The Potential to Transform the Lives of Transplant Patients by Dramatically Improving or Preventing Morbidity and Mortality

Viralym-M: Our VST Therapy Designed to Target Viral Diseases That Result in Significant Morbidity and Mortality Post Allogeneic HSCT

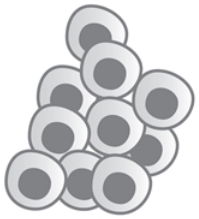
12 Selected Antigens for Viralym-M

- BKV: LT, VP1
- CMV: IE1, pp65
- AdV: Hexon, Penton
- EBV: EBNA1, LMP2, BZLF1
- HHV-6: U11, U14, U90

Antigens Selected by Proprietary Virus Profiling and Antigen Selection Process

+

PBMCs



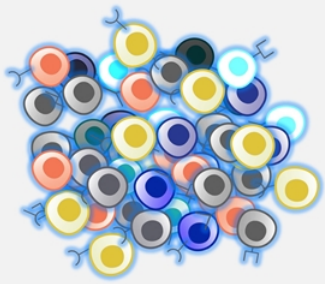
PBMCs from Donors Identified by Proprietary Process

Stimulation & Expansion

Stimulation and Expansion of Polyclonal VSTs in One-step, High-yield Process

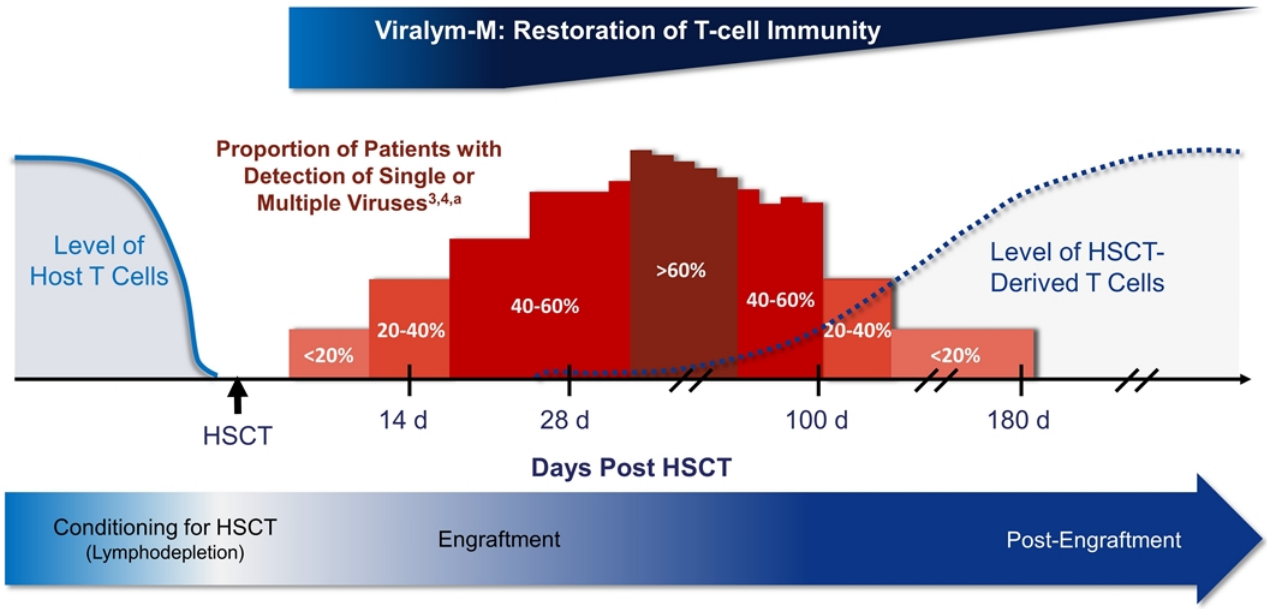
Viralym-M (ALVR105)

Multi-VST targeting BKV, CMV, AdV, EBV, and HHV-6



PBMCs: Peripheral Blood Mononuclear Cells

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

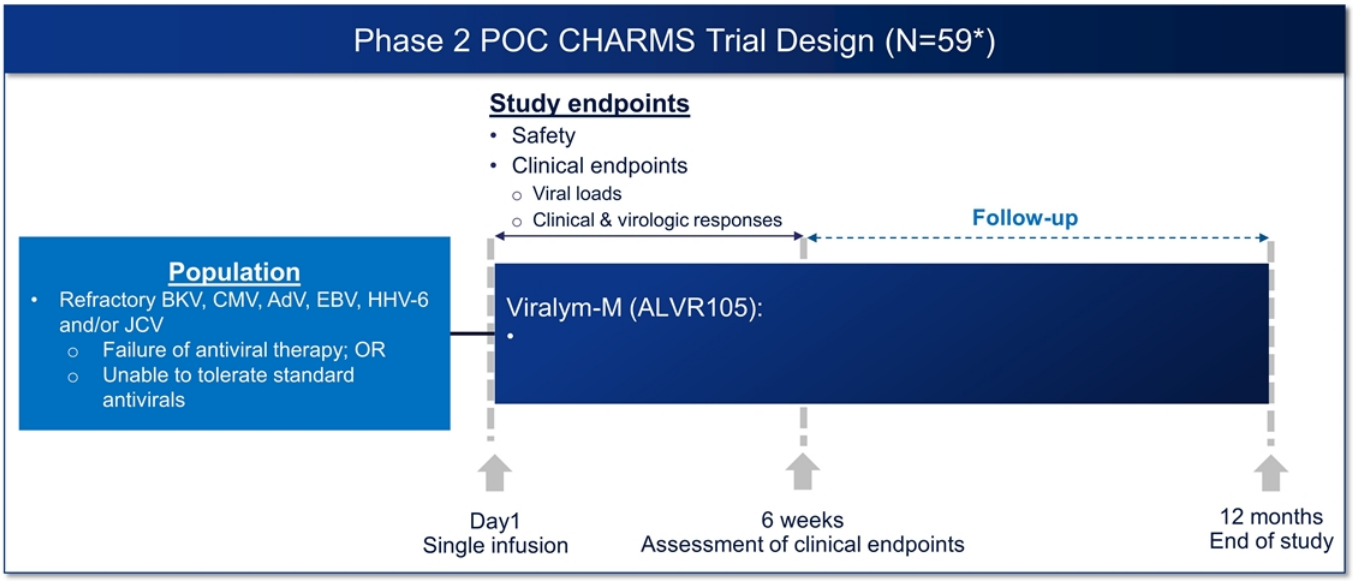


[a]Post 100 day data for proportion of patients with viral detection is from Huang, et al., as Hill et al. only measured out to 100 days.

1. Kedia et al., *J Stem Cell Res Ther* 2013. **2.** Ison, Hirsch. *Clin Microbiol Rev.* 2019. **3.** Hill et al, *Blood* 2017. **4.** Huang et al, *Biol Blood Marrow Trans* 2017. **5.** Stern L et al. *Front Immunol.* 2018;9:1-18. **6.** Hill CID 2018.

Viralym-M 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 Viralym-M in allogeneic HSCT recipients with ≥1 treatment-refractory Infections



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
GVHD: graft vs host disease. **1.** Tzannou, JCO 2017; **2.** Tzannou I, et al. Treatment of severe, drug-refractory viral infections with allogeneic, off-the-shelf multi-virus specific T cells in patients following HSCT: results from a phase 2 study. Paper presented at: 62nd ASH Annual Meeting and Exposition. December 5–8, 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html

Viralym-M was Generally Well Tolerated in CHARMS Trial (N=59*)[1-2]

Infusions were well tolerated

- Three patients developed an isolated fever within 24 hours of infusion, no immediate toxicities were observed

There were 14 cases of acute GVHD

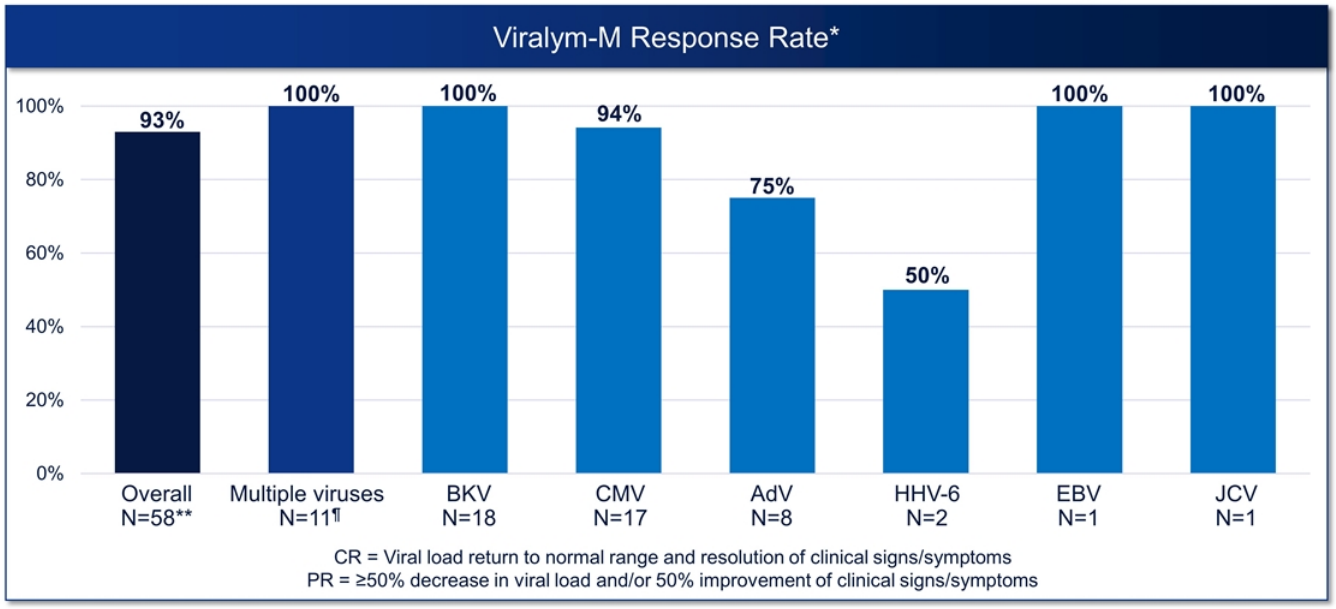
- 8 patients with pre-existing GVHD
- 6 patients with *de novo* GVHD; All had transient Grade I skin GVHD resolved with treatment

- **No patients developed cytokine release syndrome**

*The CHARMS study treated 59 patients (one patient was counted twice: enrolled twice, treated first for AdV and then for JCV) GI: gastrointestinal; GVHD: graft versus host disease

1. Tzannou, JCO 2017; **2.** Tzannou I, et al. Treatment of severe, drug-refractory viral infections with allogeneic, off-the-shelf multi-virus specific T cells in patients following HSCT: results from a phase 2 study. Paper presented at: 62nd ASH Annual Meeting and Exposition. December 5–8, 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html

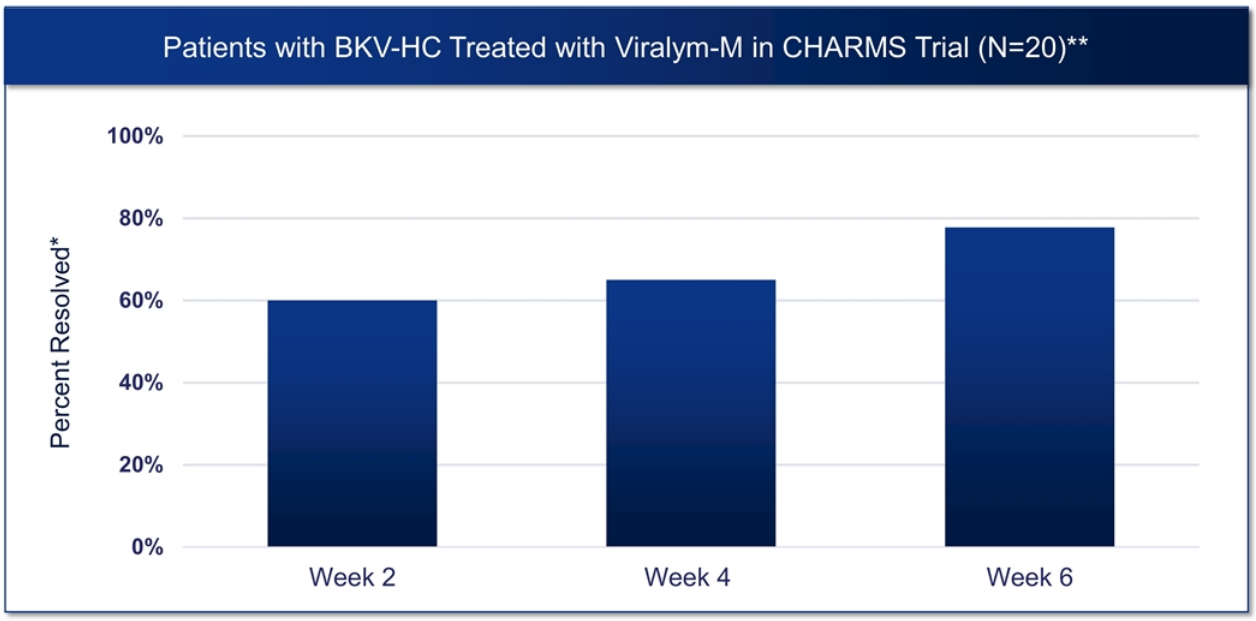
93% of Patients who were Previously Treatment Resistant, Achieved a Clinical Response by 6 Weeks Post Viralym-M Treatment[1,2]



*Response rate / patient includes PR or CR by 6 weeks post Viralym-M infusion | **58/59 patients were evaluable for response rate. One 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 Viralym-M.

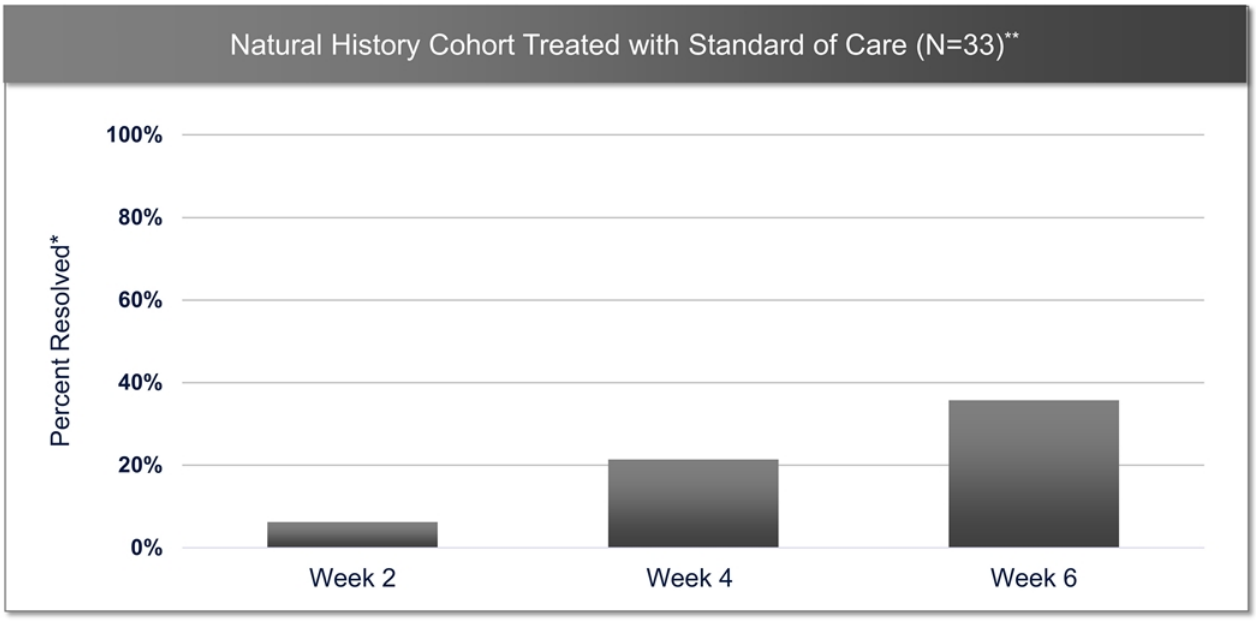
1. Tzannou, JCO 2017; **2.** Tzannou I, et al. Treatment of severe, drug-refractory viral infections with allogeneic, off-the-shelf multi-virus specific T cells in patients following HSCT: results from a phase 2 study. Paper presented at: 62nd ASH Annual Meeting and Exposition. December 5–8, 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html

Virus-Associated Hemorrhagic Cystitis: Rapid Resolution was Achieved in Patients Treated with Viralym-M



BKV-HC: BKV-associated hemorrhagic cystitis
*Resolution of BKV-HC: Grade 1 (microscopic hematuria; minimal increase in frequency, urgency, dysuria, or nocturia; new onset of incontinence) or 0 (no symptoms)
**Based on 20 patients, including pediatric and adult patients, with data available for HC grading retrospectively assessed by 3 independent physicians using NCI CTCAE v4
Source: Type B Briefing Package

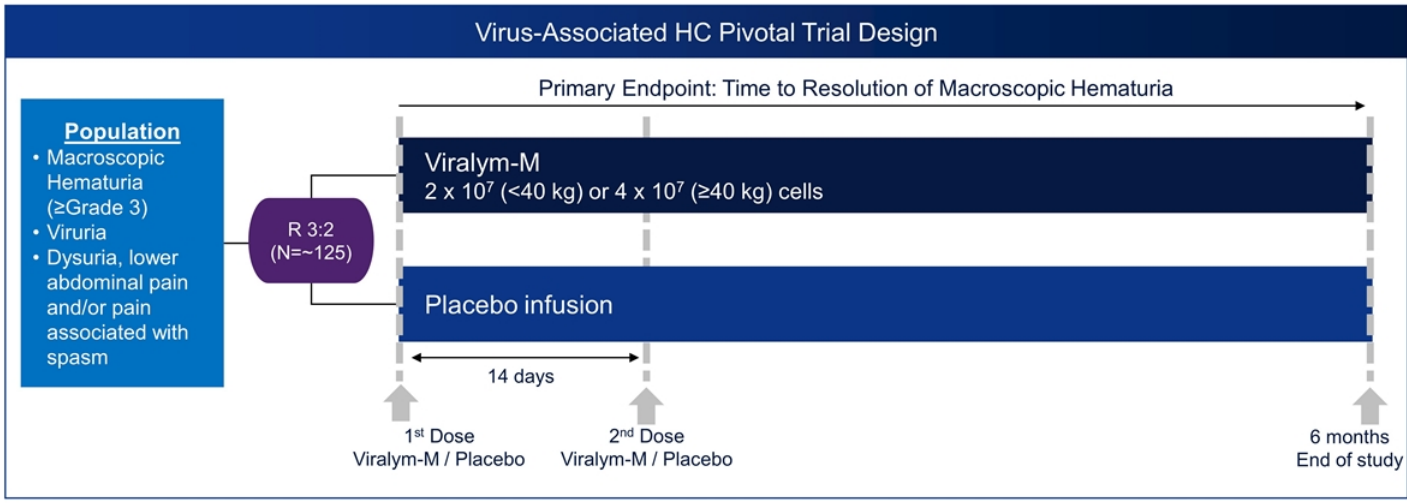
Virus-Associated Hemorrhagic Cystitis: Prolonged Symptomatic Disease Observed in Patients Treated with SOC



BKV-HC: BKV-associated hemorrhagic cystitis; SOC: standard of care
*Resolution of BKV-HC: Grade 1 (microscopic hematuria; minimal increase in frequency, urgency, dysuria, or nocturia; new onset of incontinence) or 0 (no symptoms)
**In a retrospective study conducted at Baylor College of Medicine, out of the 33 pediatric allogeneic HSCT patients with an average of Grade 3 BK-HC receiving current standard of care, unpublished
Source: Type B Briefing Package

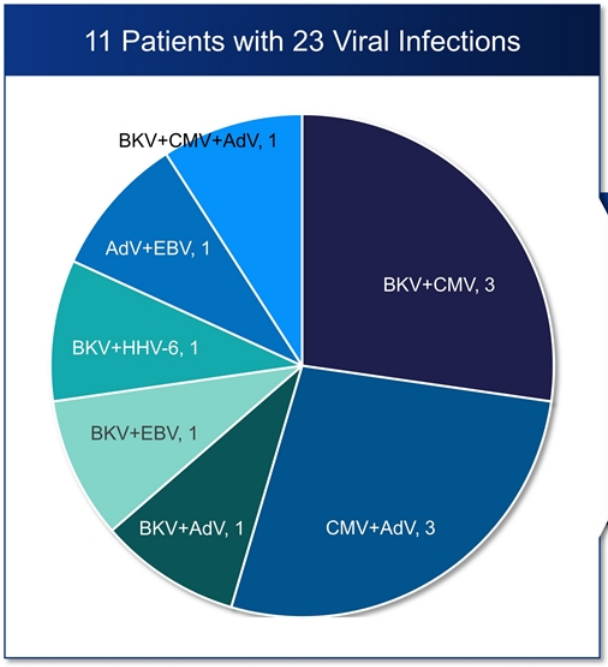
Virus-Associated Hemorrhagic Cystitis: Viralym-M Registrational Trial Has Been Initiated

Phase 3, multicenter, double-blind, placebo-controlled study to assess the safety and efficacy of Viralym-M compared to placebo for the treatment of patients with virus-associated hemorrhagic cystitis (HC) following allogeneic HSCT



clinicaltrials.gov identifier NCT04390113

Multiple-viruses:
Viralym-M Achieved 100% Response in Patients with ≥2 Viruses



11/11 (100%) patients in CHARMS trial had a response to ≥1 virus(es)

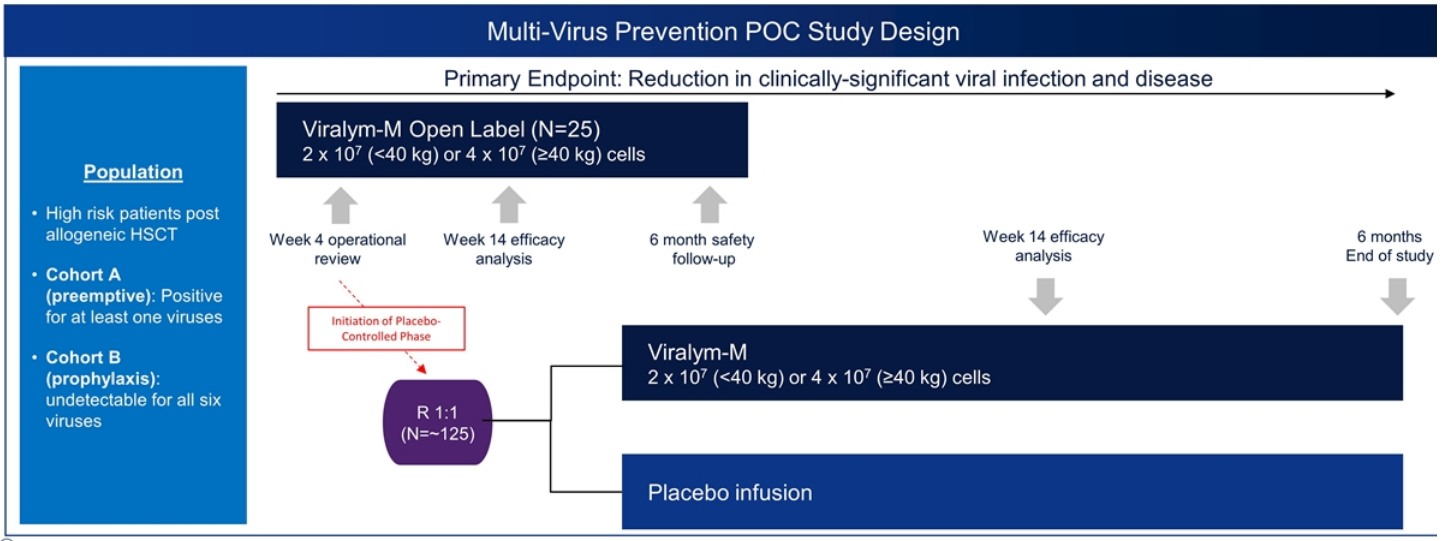
- 19 of 23 viruses across the 11 patients responded to Viralym-M

allo vir

1. Tzannou, JCO 2017; **2.** Tzannou I, et al. Treatment of severe, drug-refractory viral infections with allogeneic, off-the-shelf multi-virus specific T cells in patients following HSCT: results from a phase 2 study. Paper presented at: 62nd ASH Annual Meeting and Exposition. December 5–8, 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html

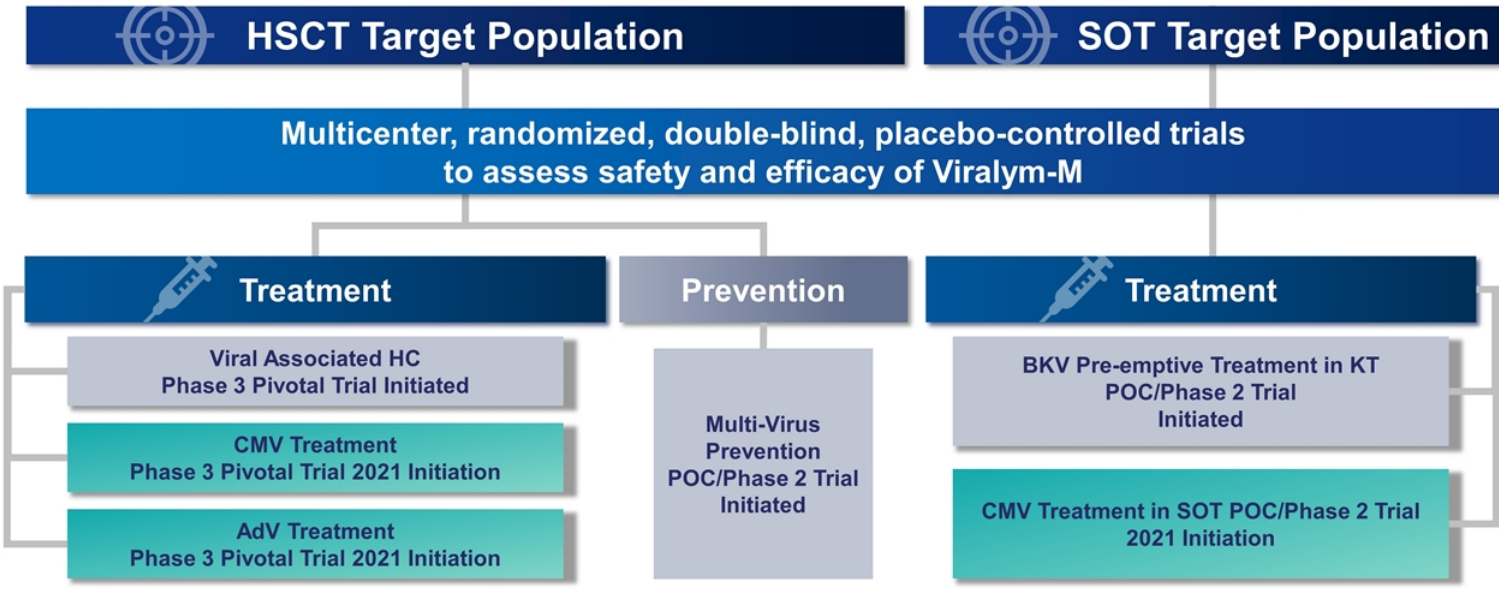
Multi-Virus Prevention: Viralym-M POC Has Been Initiated with Initial Data Expected in 2021

Phase 2, multicenter, randomized, double-blind, placebo-controlled study to assess the safety and efficacy of Viralym-M compared to placebo for the prevention of AdV, BKV, CMV, EBV, HHV-6, and JCV infection and/or disease, in high-risk patients after allogeneic hematopoietic cell transplant



clinicaltrials.gov identifier NCT04693637

Viralym-M: Robust Development Program of up to 3 Pivotal and 3 POC Trials Expected to Initiate by End of 2021



HSCT: Hematopoietic stem cell transplantation; SOT: solid organ transplant; KT: kidney transplant

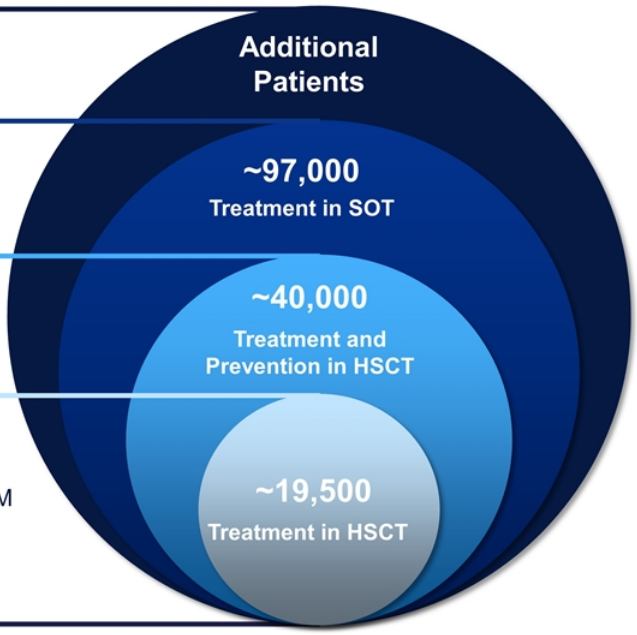
Viralym-M: Large Addressable Patient Population for the Treatment and Prevention of Devastating Viral Diseases

Estimated Annual Addressable Patients in 2025

Expansion beyond HSCT patients to SOT patients

Prevention of multi-virus infections with Viralym-M will transform HSCT landscape

Projected addressable patient population in 2025 for Viralym-M indications in target markets in NA, EU, LATAM and A/P



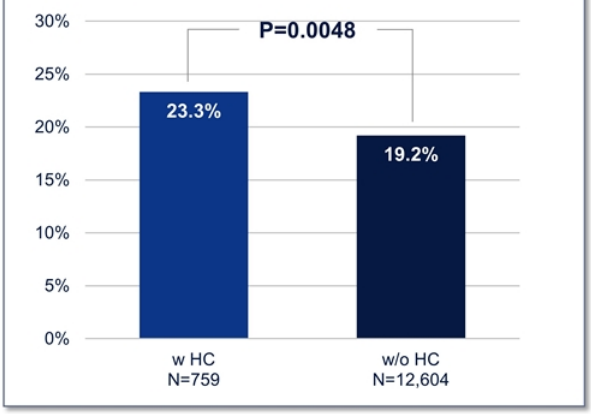
- **Focused commercial infrastructure targeting high-volume transplant centers globally**
  - In US and EU5, 80% of allogeneic HSCT performed in top 70 / 185 and 129 / 411 stem cell transplant centers, respectively
  - Top 100 / 240 transplant centers in US perform 80% of kidney transplants
- **We believe that many of these transplant centers will also have participated in our pivotal and POC trials**

*Projected addressable patient population in 2025 for Viralym-M indications in target markets in NA, EU, LATAM and A/P | Source: AlloVir analysis and estimates based on annual growth rate assumption

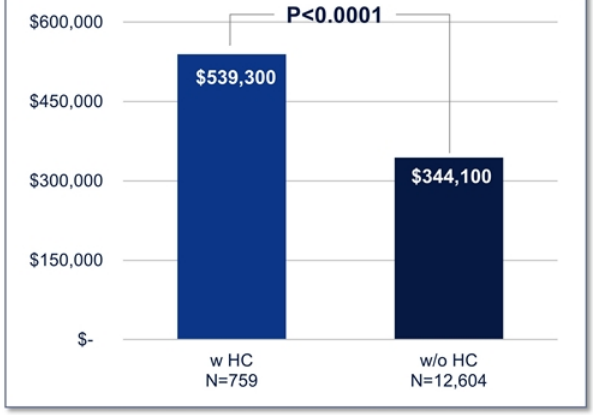
HSCT Recipients with Virus-Associated HC Have Significantly Higher Mortality and Incur Greater Healthcare Reimbursements

Real-world claims analysis confirms high clinical and economic burden of virus-associated hemorrhagic cystitis (HC)

1-yr All-Cause Mortality Rate for Allogeneic HSCT Recipients



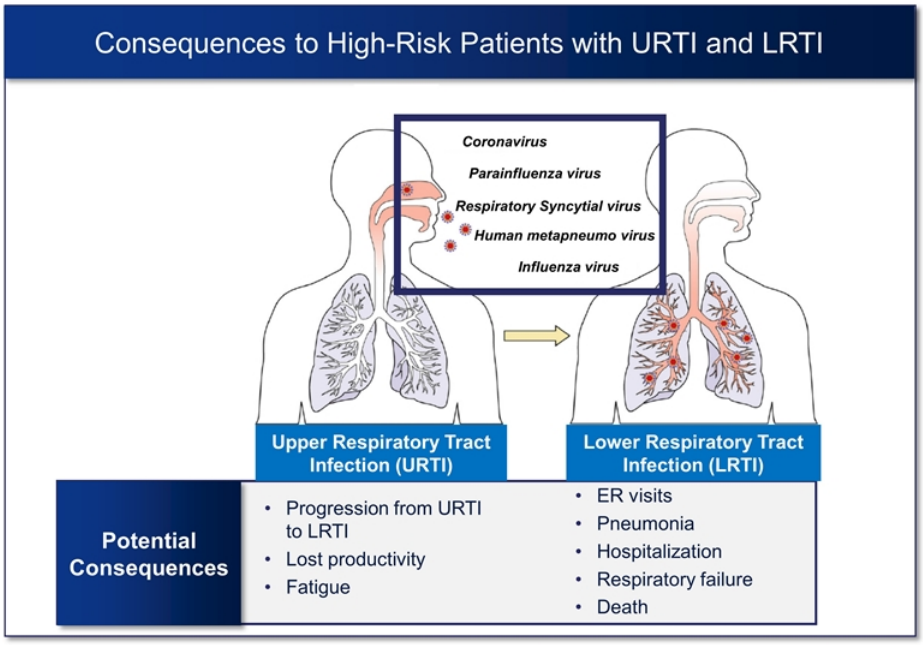
Mean Total Reimbursements for Allogeneic HSCT Recipients



All reimbursed amounts in the insurance claims up to 1-year post-transplant were reported. Reimbursement amounts include inpatient services and admission summaries, outpatient services, and outpatient pharmaceutical dispensed claims | Source: Real-world claims data analysis

Extending Our Platform to Tackle Major Public Health Needs

Devastating Consequences of Respiratory Virus Infections and Disease



Ison M and Hirsch H. *CMR* 2019.

Respiratory Virus Infections & Diseases in High-Risk Populations: Substantial Unmet Need for Treatment and Prevention

Devastating Consequences of Respiratory Infections/ Disease

- **High-risk populations**
  - **SARS-CoV2: >76,000,000** confirmed cases of COVID-19 & **>1,500,000** deaths worldwide as of December 22, 2020[1]
  - **RSV**: **~ 66,000 – 199,000 deaths** each year[2]
  - **PIV**: **7%** of pediatric and up to **11.5%** of adult hospitalization for RTIs[3]
  - **hMPV**: **50%** of infected elderly patients developed LRTI, which led to **50**% mortality[4]
  - **Influenza**: High mortality rates in patients ≥ 75 yrs and < 5 yrs[5]
- **Transplant population**[6-8]
  - RTIs due to RSV, influenza, PIV and hMPV, detected in **up to 40%** of allogeneic HSCT patients
  - **~50%** progress to **LRTI with 20-45% mortality rate**
  - Respiratory viruses can infect all types of SOT patients

No or Limited Care Options Available[6]

- **SARS-CoV-2:** Vaccines & EUA therapies efficacy currently undetermined for transplant and/or high-risk populations
- **PIV and hMPV**: No FDA-/EMA-approved treatment or vaccines
- **RSV**: Ribavirin / pavilizumab for children / no vaccines available
  - Logistical challenge to administer, toxicity, and development of resistance
- **Influenza**: neuraminidase inhibitors & vaccines
  - Drug resistance common in immunocompromised patients
  - Partially effective vaccine in high-risk populations

RTI: Respiratory tract infection; LRTI: Lower tract respiratory infection

1. WHO; **2.** Paes BA, et al. *Can Respir J.* 2011;18(2):e10-e19; **3.** Branche AR, et al. *Semin Respir Crit Care Med.* 2016;37(4):538-554. **4.** Shafagati N, Williams J. *F1000Res.* 2018;7:135. Published 2018 Feb 1 **5.** Clayville LR. *P T.* 2011;36(10):659-684; **6.** Ison M and Hirsch H. *CMR* 2019. **7.** Versluys AB, Boelens JJ. *Front Microbiol.* 2018;9:2795. **8.** Piñana J, Montoro J, Aznar C, et al. *J Infect.* 2020;80(3):333-341. doi:10.1016/j.jinf.2019.12.022.

ALVR106 & ALVR109

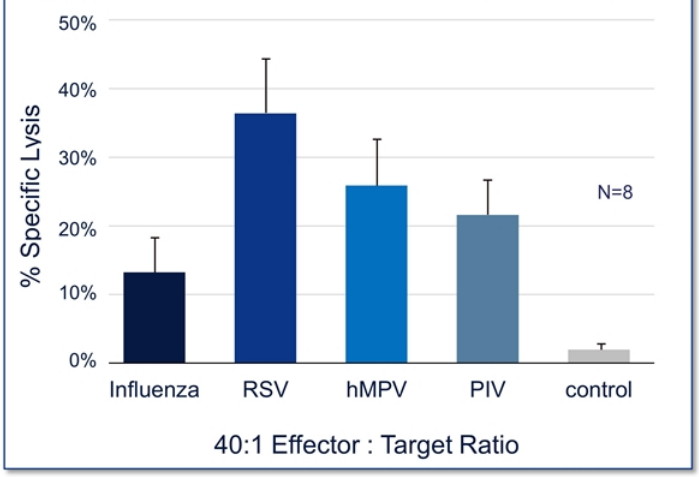
VST Therapies for Respiratory Viruses such as RSV, Influenza, PIV, hMPV and SARS-CoV-2

allo vir

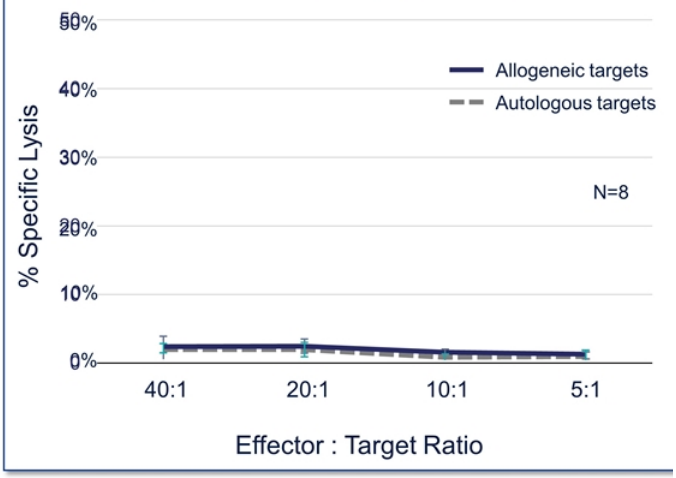
ALVR106, Multi-Respiratory Virus T-Cell Therapy Candidate Specific for RSV, Influenza, PIV, and hMPV, in High-Risk Patients with T Cell Deficiencies

ALVR106 has selective antiviral activity against target viruses while leaving non-virus infected targets intact

Cytolytic Activity of ALVR106 against Target Viruses



No / Minimal Activity of ALVR106 against Non-Infected Targets



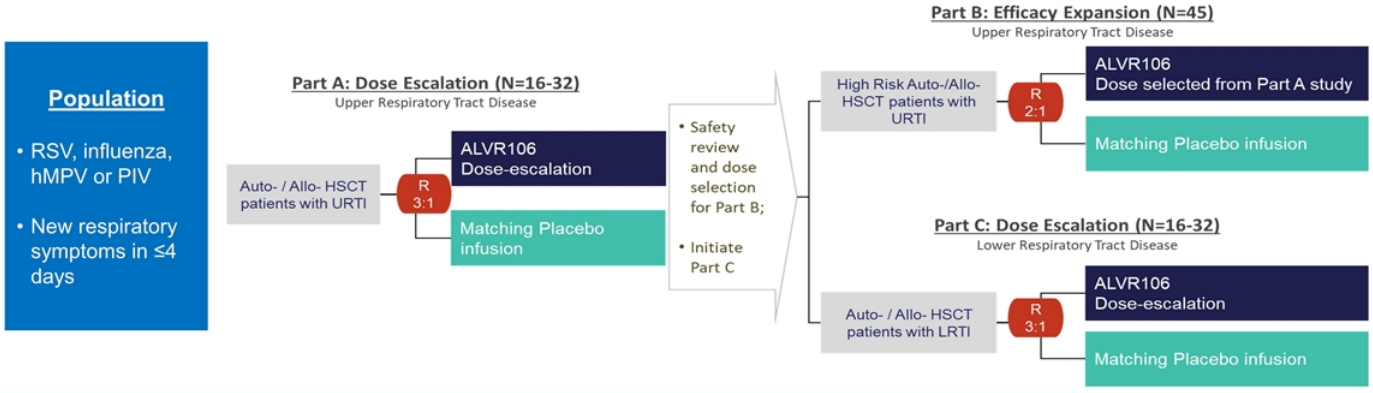
Vasileiou S et al. *Haematologica* 2020.

ALVR106 IND Cleared and POC Basket Study Targeting RSV, Influenza, PIV, and hMPV to be Initiated in 2021

Phase 2, multicenter, double-blind, placebo-controlled study to assess the safety and efficacy of ALVR106 compared to placebo for the treatment of patients with respiratory tract infections (RTI) following HSCT

ALVR106 POC Expected Trial Design – Cohorts A, B & C

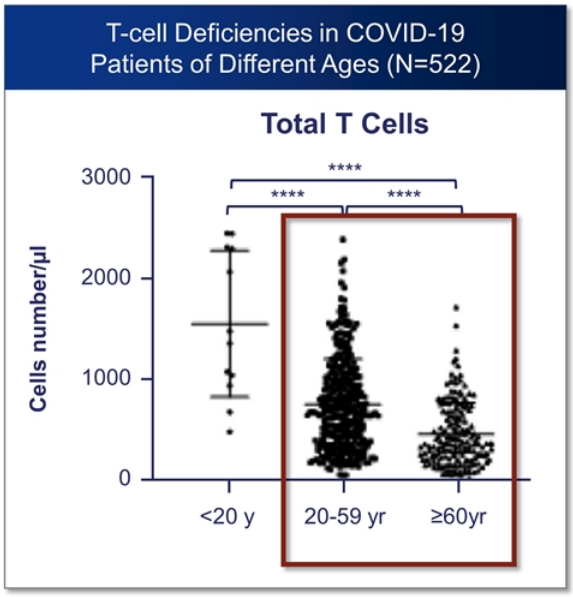
Primary Endpoint: Reduction in viral load from baseline to Day 28

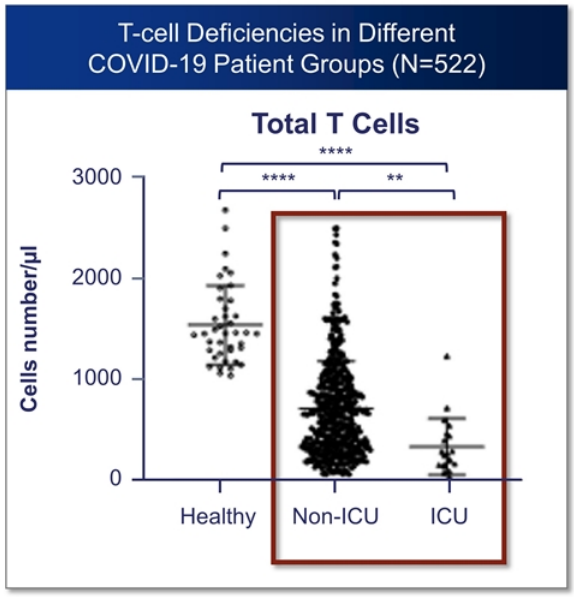


EXPANSION INTO COHORT D: To assess safety & efficacy in additional populations such as immunocompromised cancer patients, the elderly; and/or the very young

Note: Cohort C and D will be added following preliminary data review from Parts A and B | POC: Proof of Concept; URTI: upper respiratory tract infection; LRTI: lower respiratory tract infection
clinicaltrials.gov identifier NCT04401410

High-Risk COVID-19 Patients Have Significant T-Cell Deficiencies

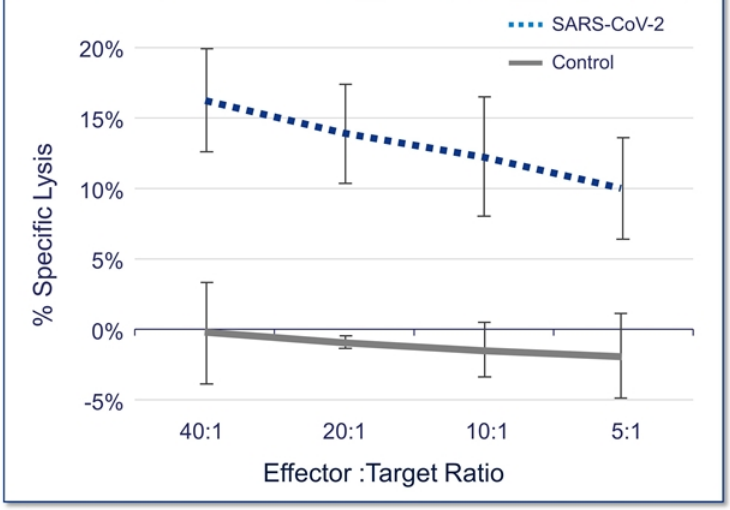




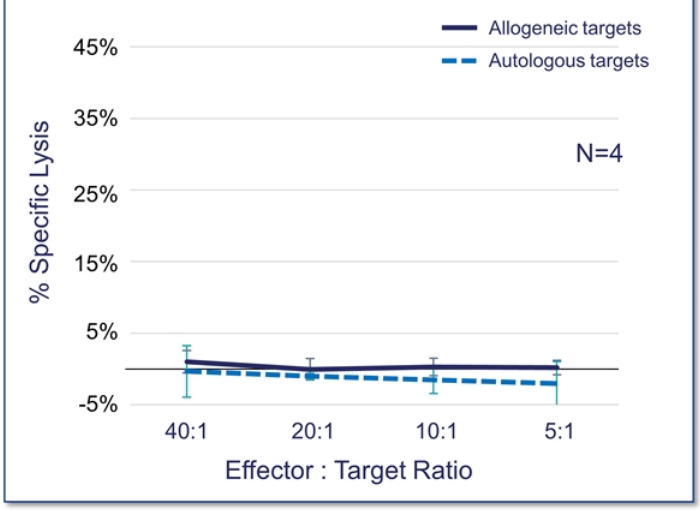
**p<0.01, ***p<0.001, ****p<0.0001
Diao B, et al. *Front Immunol* 2020.

ALVR109 Has Demonstrated Selective Cytolytic Activity against SARS-CoV-2 While Leaving Non-Virus Infected Targets Intact

Cytolytic Activity of ALVR109 against SARS-CoV-2

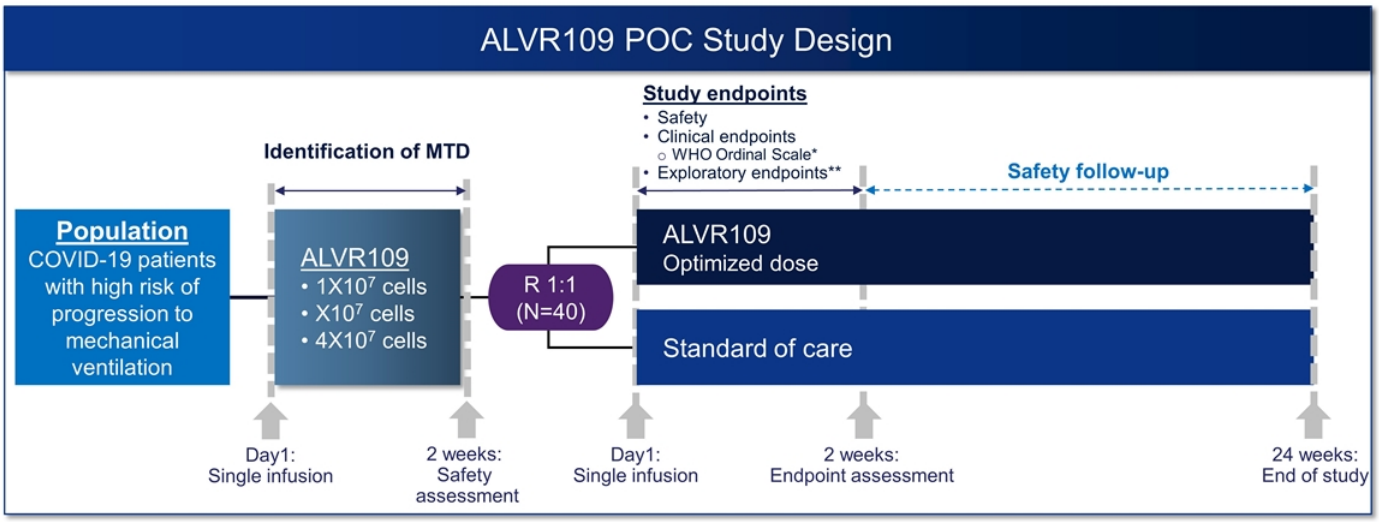


No / Minimal Activity of ALVR109 against Non-Infected Targets



Source: ASH abstract: "Using Allogeneic, Off-the-Shelf, SARS-CoV-2-specific T Cells to Treat High Risk Patients with COVID-19"

ALVR109 POC Trial Initiated in Q4 2020 with Top Line Data Expected in 2021



MTD: Maximum tolerated dose
*Including analyses of hospitalization, O2 requirements, need for mechanical ventilation and survival
**Including Expansion/persistence and in vivo effects of infused T cells assessed by a range of T cell measures, endogenous immune reconstitution/antibody induction, extended safety of T cell infusion to day 28 and 42 post-infusion, etc.
Clinical Trials.gov NCT04390113

Advancing Towards Commercialization

BaseCamp is a Premium Global Cell and Gene Therapy R&D and Manufacturing Company Dedicated to Its Affiliated Companies

elevatebio base camp

- R&D for immunotherapy, regenerative medicine and gene therapy
- Process development
- GMP manufacturing of viral vectors
- GMP manufacturing of immune cells
- Regulatory and quality support
- Innovation and process consulting

AlloVir Has Achieved Meaningful Milestones in Off-the-Shelf VST Manufacturing Leveraging BaseCamp

- Completed technology transfer of manufacturing process to our CDMO
  - Successful engineering runs and potency assay to support multiple clinical trials
- Robust manufacturing process industrialized with CDMO GMP facility
- Quality control and computer system validation per FDA requirement have been completed

- An external cGMP CDMO is currently manufacturing Viralym-M and ALVR106
- An academic cGMP facility is manufacturing ALVR109
- On track to add ElevateBio BaseCamp to our manufacturing network in 2021

Conclusion

Robust Set of Potential Value Enhancing Catalysts Ahead

RECENT MILESTONES

- **Viralym-M:**
  - ✓ Pivotal Trial Initiated in Virus-Associated HC
  - ✓ POC Trial Initiated in Multi-Virus Prevention
- **ALVR109:**
  - ✓ POC Trial Initiated for SARS-CoV-2
- **ALVR106:**
  - ✓ IND Cleared by FDA for POC Trial in Multiple Respiratory Viruses

2021 CATALYSTS

- **Viralym-M:**
  - ✓ POC Trial Initiation in BKV in Kidney Transplant
  - ○ Pivotal Trial Initiation for CMV
  - ○ Pivotal Trial Initiation for AdV
  - ○ POC Trial Initiation in CMV for Solid Organ Transplants
  - ○ **Initial Data in Multi-Virus Prevention**
  - ○ **Interim Data in BKV in Kidney Transplant**
- **ALVR109:**
  - ○ **Top Line Data for SARS-CoV-2**
- **ALVR106:**
  - ○ POC Trial Initiation for Multiple Respiratory Viruses

Key Investment Highlights

VERSATILE ENGINE for allogeneic, off-the-shelf, virus-specific T-cell immunotherapies

TARGETING 12 devastating and life-threatening viruses **WITH NO OR LIMITED TREATMENTS**

CLINICALLY VALIDATED LEAD PROGRAM, VIRALYM-M, targeting multiple indications

- ✓ 93% overall response rate demonstrated in Ph 2 trials
- ✓ Large market opportunity in RMAT / PRIME designated indications alone
- ✓ 3 pivotal and 3 POC trials initiated by end of 2021

ROBUST PIPELINE with an additional 4 VSTs in various stages of development

- ✓ ALVR109, for the treatment of COVID-19, expecting initial data in 2021
- ✓ ALVR106, multi-respiratory VST, POC trial initiation expected in 2021
- ✓ ALVR107/108, HBV/HHV8 VSTs, each targeting additional large addressable patient populations

CATALYST RICH story with 2-3 data read outs expected every year

EXPERIENCED MANAGEMENT TEAM