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

September 2020

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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 June 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.

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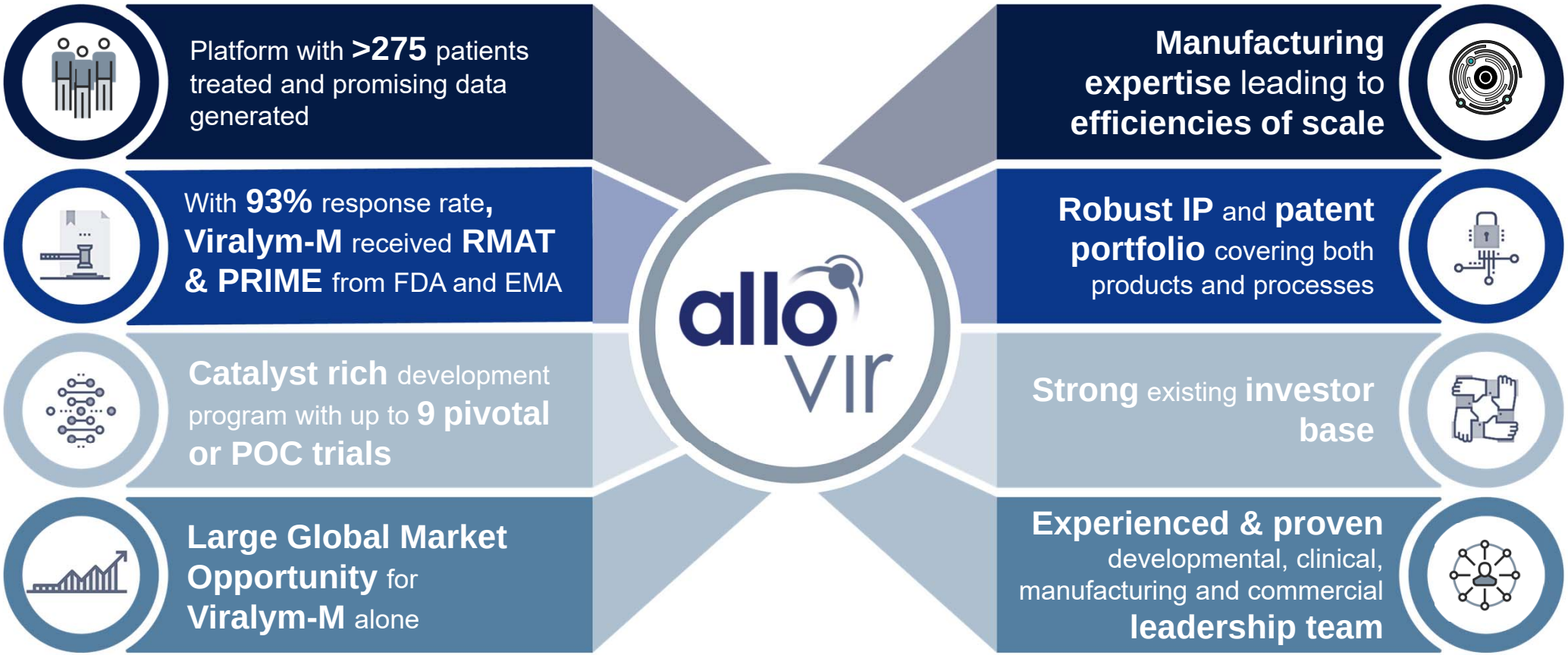
AlloVir: A Leading Innovator in Allogeneic, Off-the-Shelf Virus-Specific T Cell Immunotherapies



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

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

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

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

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

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

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

Mike Paglia
SVP of CMC Operations
Former VP Oncorus,
Director bluebird bio

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

Pre-IPO Investors

Fidelity Management & Research

Redmile Group

F2 VENTURES

GILEAD

elevatebio

INVUS

EcoR1 CAPITAL

SAMSARA BIOCAPITAL

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-Bar 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

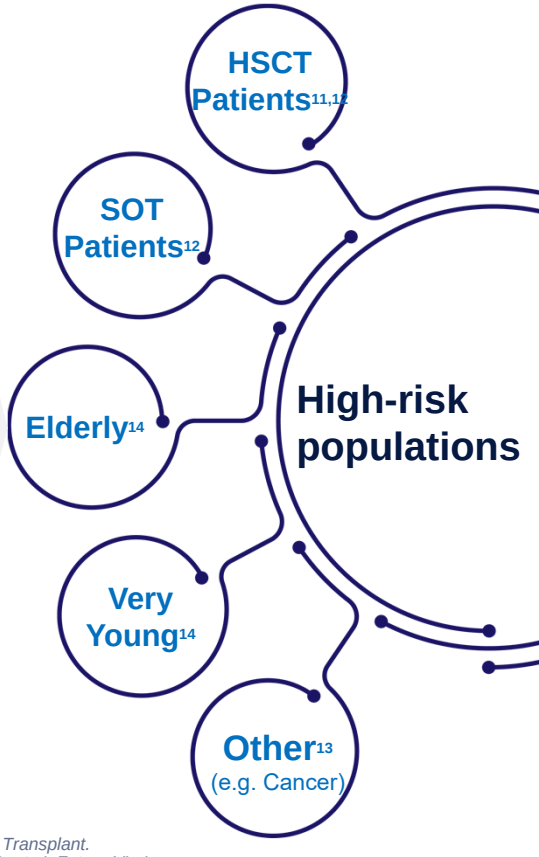
Eyes
Retinitis
Blindness

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. 1**2.** 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 Deep Pipeline of 5 Allogeneic, Off-the-Shelf VST 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			
		High-risk General Population			
ALVR109 Single-VST	Treatment of COVID-19	High-risk General Population			
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

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

5 VST THERAPY CANDIDATES for **12** devastating, life-threatening viruses

Viralym-M: **LARGE MARKET OPPORTUNITY** in **RMAT / PRIME** Designations alone

Viralym-M: **3 PIVOTAL TRIALS** in 2020/2021

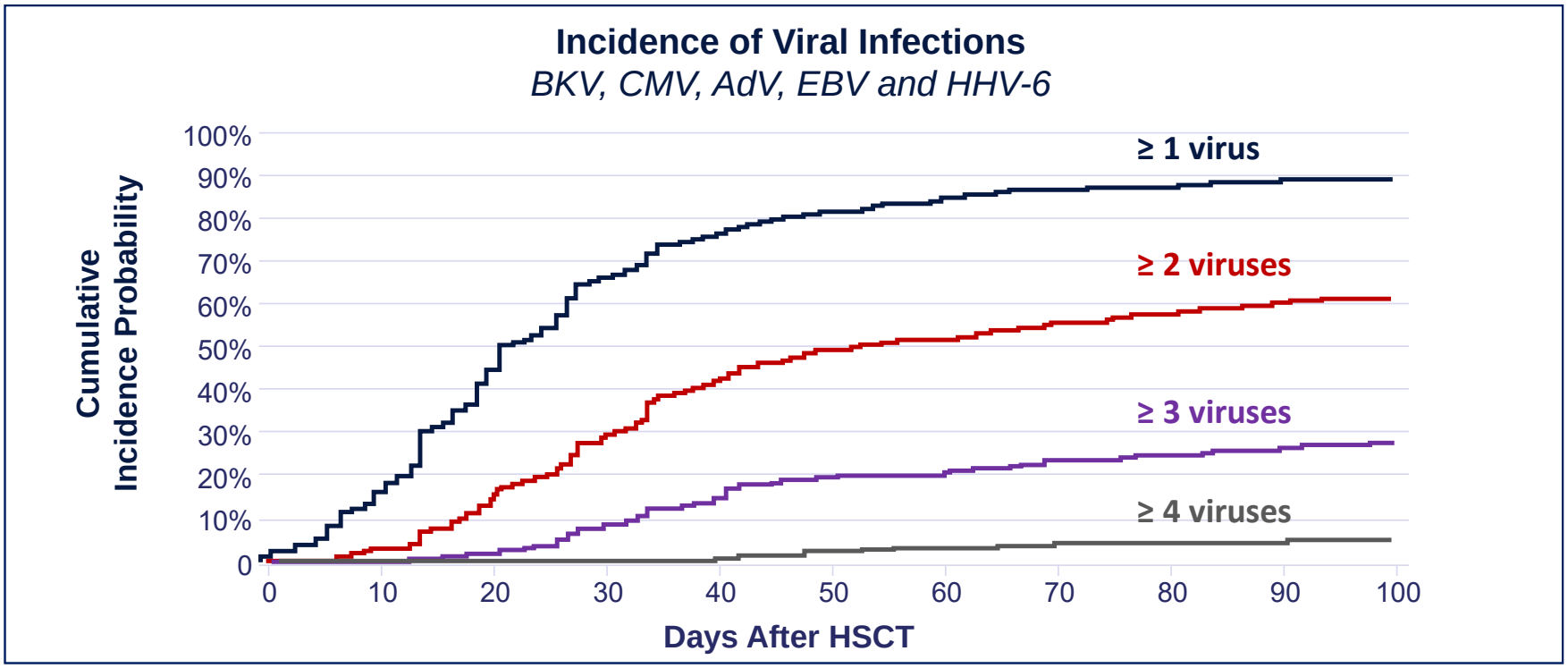
Viralym-M: POC trials for **PREVENTION** of all 5 viruses and **SOT** with initial data in 2021

ALVR106 (MULTI-RESPIRATORY VSTs): POC trial in 2020 with initial data in 2021

ALVR109 (SARS-CoV-2 VSTs): ACCELERATED DEVELOPMENT for treatment of COVID-19 with POC trial in 2020 and initial data in 2021

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]

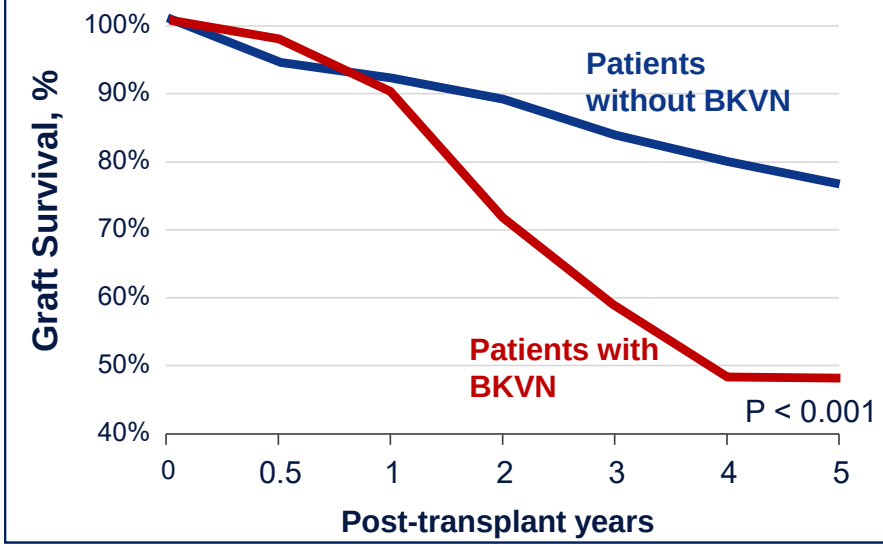
AdV

- 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

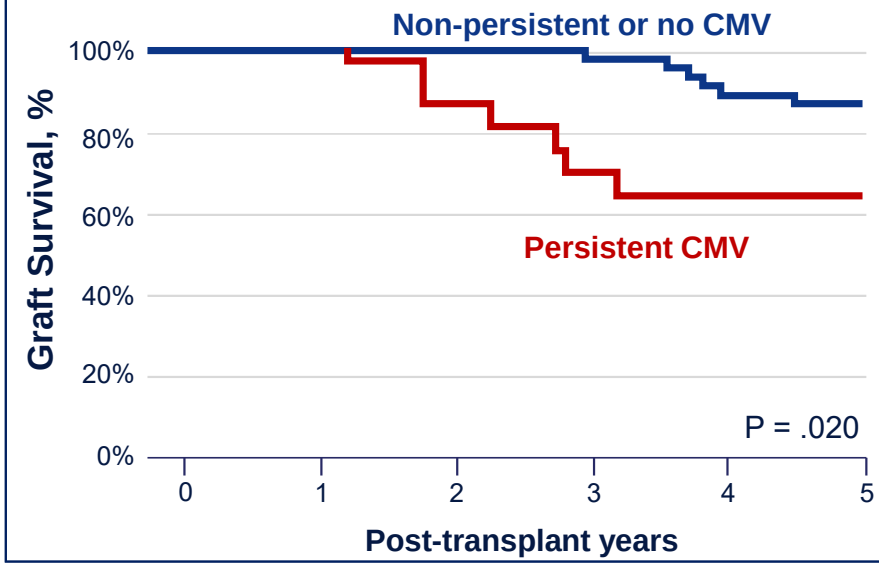
1. Hill J, et al. *Blood* 2017; **2.** Ljungman P, et al. *Clin Infect Dis.* 2017; **3.** Marty F, et al. *NEJM* 2017; **4.** Sedláček P, et al. *Biol Blood Marrow Transplant* 2018; **5.** Lion et al. *Clin Microbiol Rev* 2014 **6**. other than for CMV retinitis

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

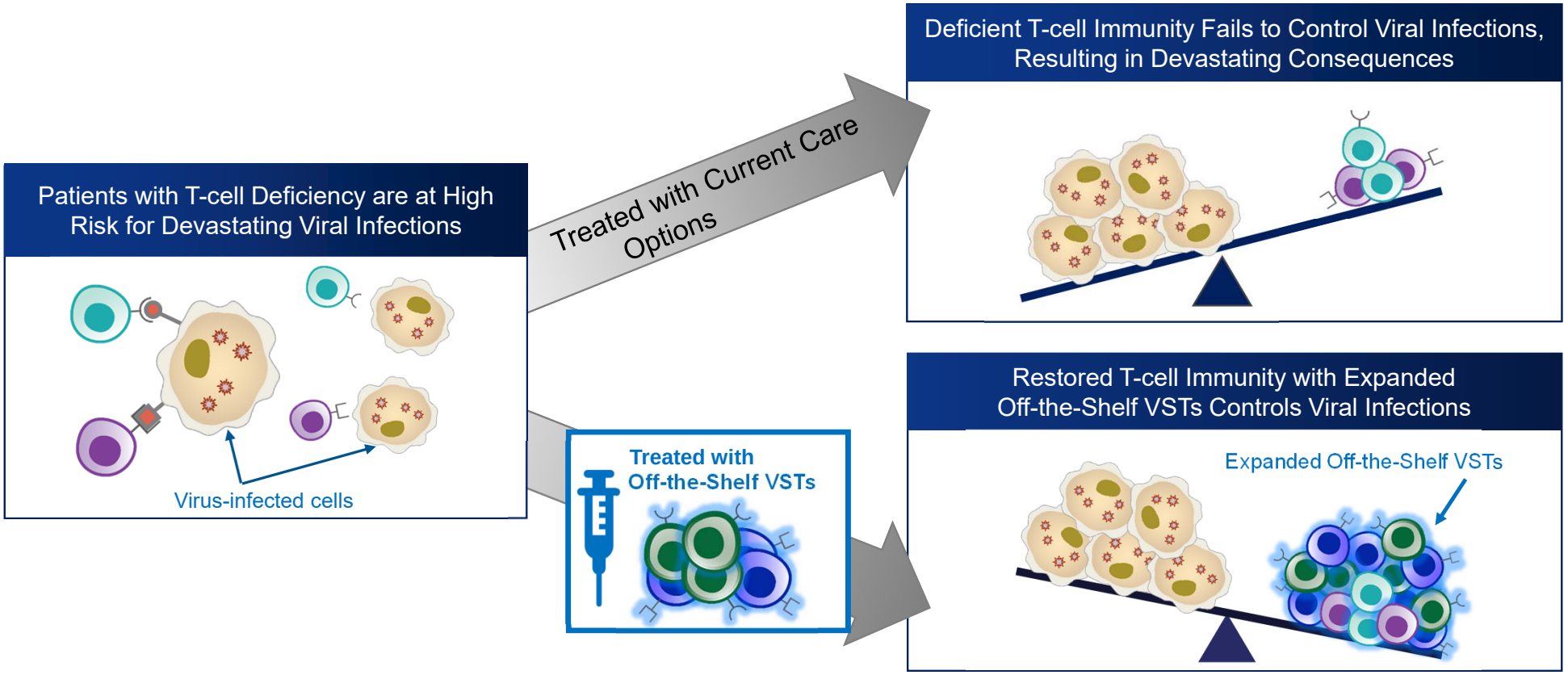
1. Vasudev B, et al. *Kidney International* 2005; **2.** Legendre C and Pascual C. *CID* 2008

Our Solution

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

allo vir

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

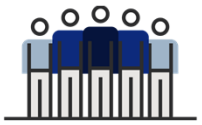
1. Swain, S., et al. *Nat Rev Immunol* 2012.; **2.** Muraro E, et al. *Front. Immunol.* 2017; **3.** Rosendahl HS et al. *Front Immunol.* 2014. **4.** Tzannou, *JCO* 2017; **5.** Vasileiou S et al. *Haematol* 2019. **6.** Type B Meeting Briefing Package.

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

Step 1
VST Profiling / Antigen Selection & Donor Selection (Cytokin™*)

VST Profiling & Antigen Selection

Cytokin™*



Carefully Selected Healthy Seropositive Donors

Proprietary VST profiling and antigen selection* process

CytokinTM* ensures broad patient coverage with a targeted number of carefully screened donor pool

Step 2
Rapid and Scalable Off-the-Shelf VST Manufacturing (14 ± 2 Days in Viralym-M)

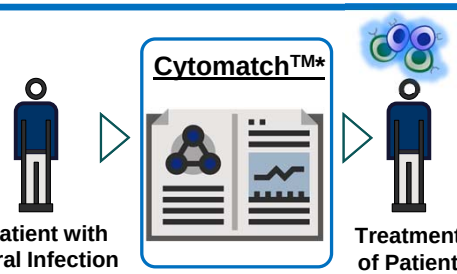
Selected Antigens + PBMCs from Donors → Selective Expansion of VSTs Using Proprietary Process → Mini-Banks of Cryopreserved VSTs

Patented expansion process designed to prevent antigen competition and preserve polyclonality of VSTs

One manufacturing run from a single donor can generate hundreds of doses of VSTs

VSTs have long-term stability and are available on demand as off-the-shelf therapy

Step 3
Cytomatch™* and Immediate Access to Our Allogeneic VST Therapies



Patient with Viral Infection → Cytomatch™* → Treatment of Patient

CytomatchTM* to rapidly select best-fit VSTs for patients

Immediate availability of off-the-shelf VSTs

Mini-banks ensure >95% patient coverage

*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

allo vir

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

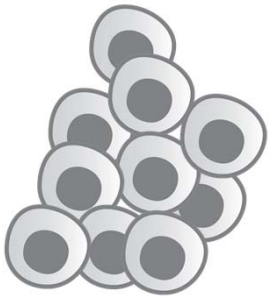
12 Selected Antigens for Viralym-M

- 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

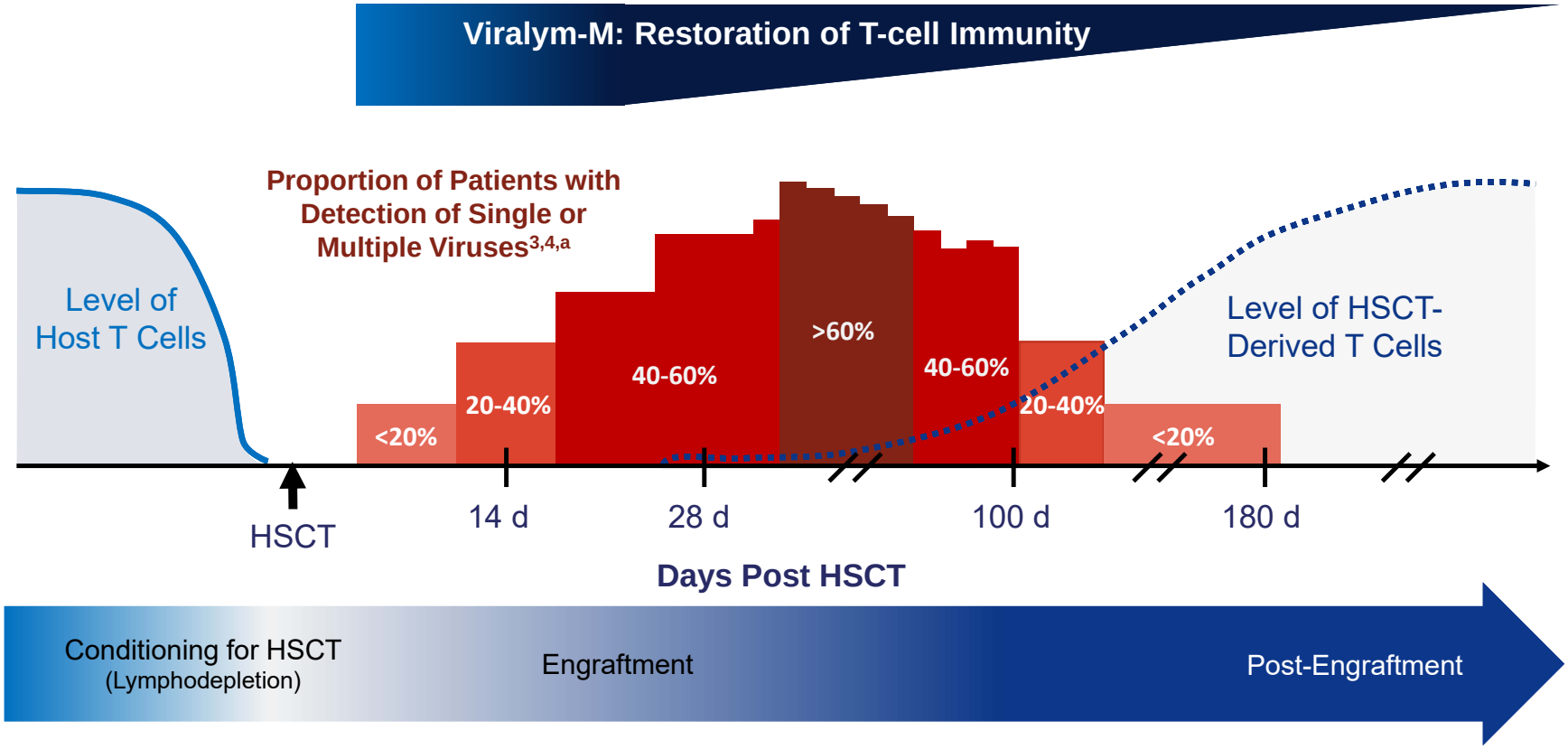
Stimulation and Expansion of Polyclonal VSTs in One-step, High-yield Process

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

Phase 2 POC CHARMS Trial Design (N=59*)

Study endpoints
- Safety
- Clinical endpoints
  - Viral loads
  - Clinical & virologic responses

Population
- Refractory BKV, CMV, AdV, EBV, HHV-6 and/or JCV
  - Failure of antiviral therapy; OR
  - Unable to tolerate standard antivirals

Follow-up

Viralym-M (ALVR105): 2 x 10^7 VSTs/m^2
- If partial response, patients may receive up to 4 additional doses after 4 weeks at 2-week intervals

Day1
Single infusion

6 weeks
Assessment of clinical endpoints

12 months
End of study

*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.** Type B Meeting Briefing Package.

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

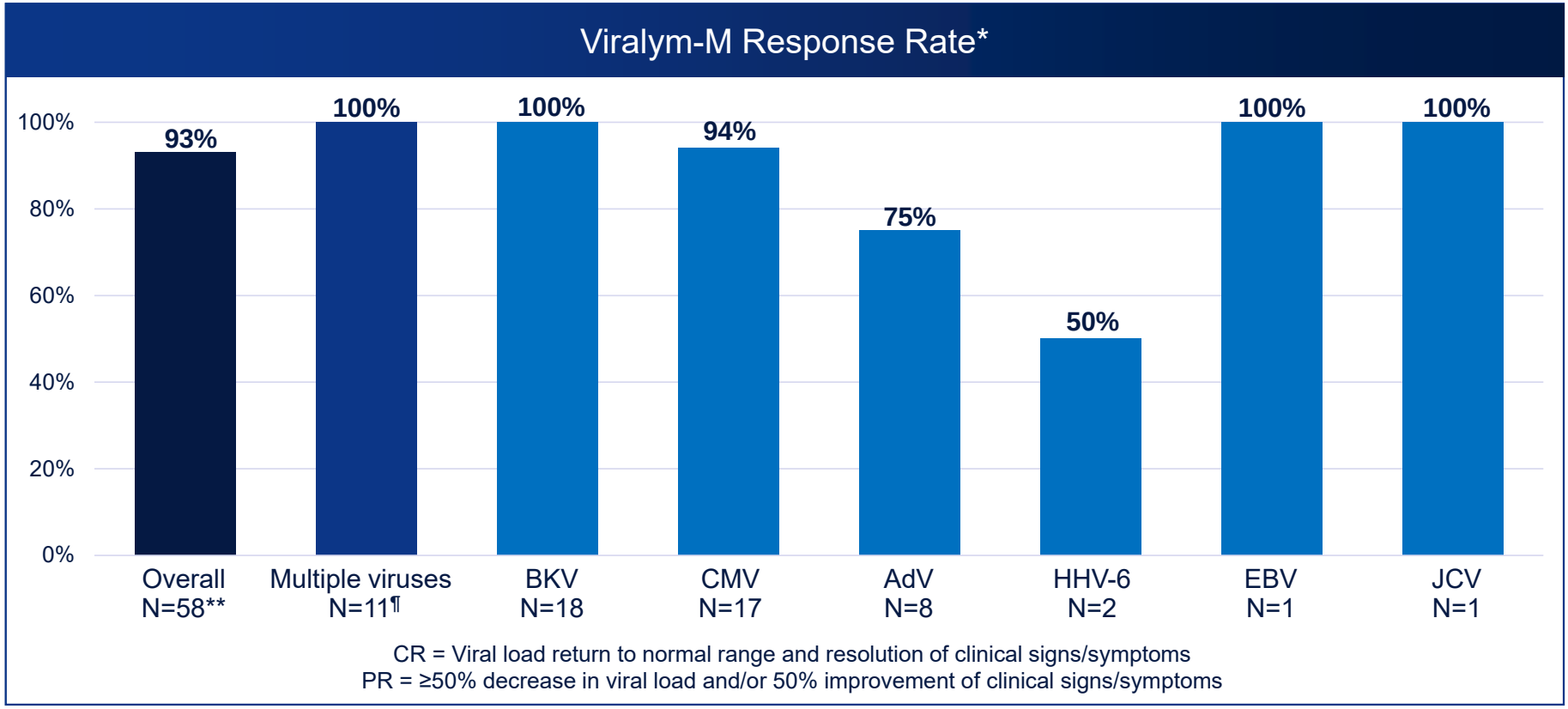
There were 14 cases of acute GVHD

- 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**

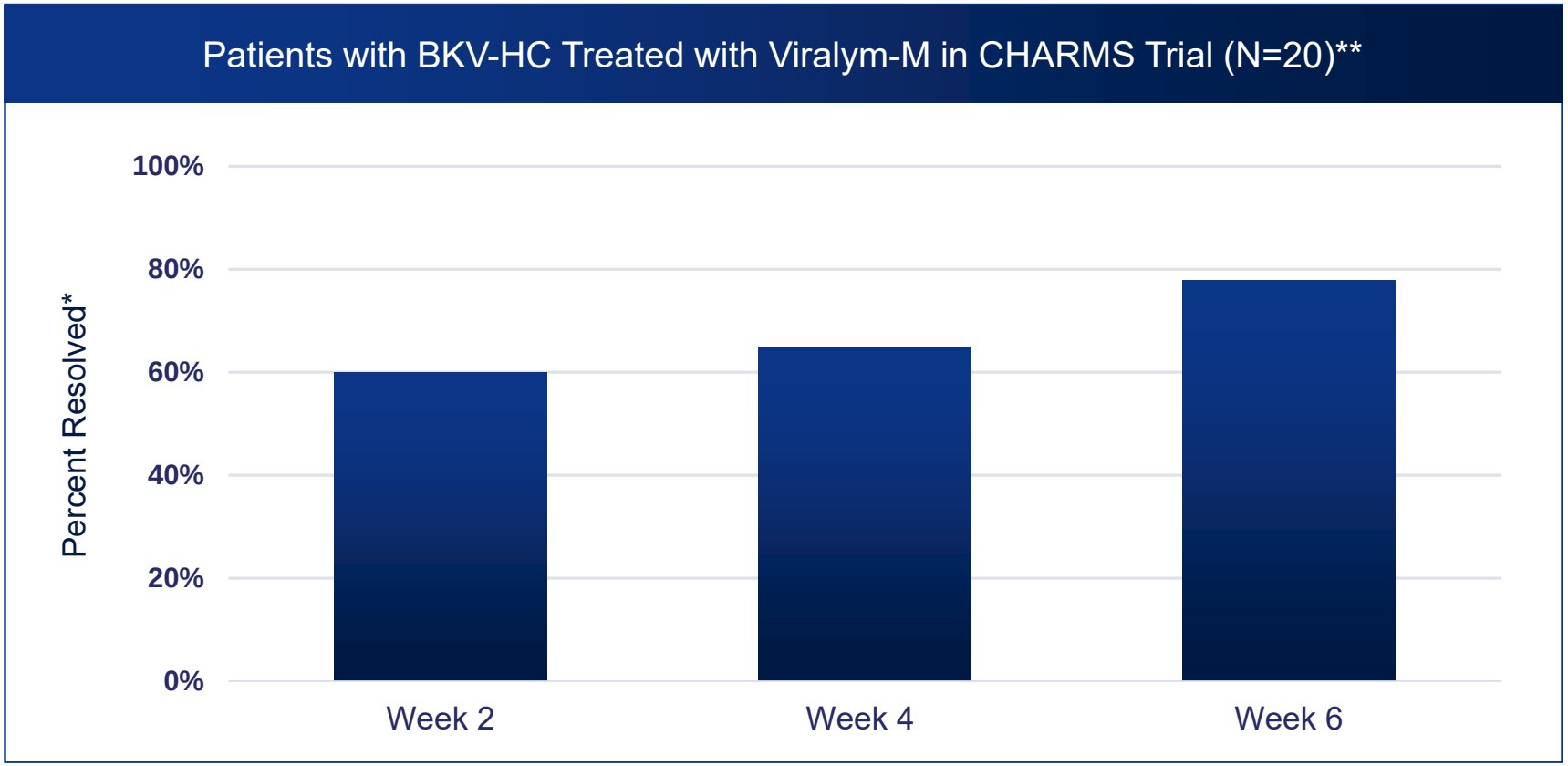
*The CHARMS study treated 59 patients (one patient was counted twice: enrolled twice, treated first for AdV and then for JCV)
GI: gastrointestinal; GVHD: graft versus host disease
1. Tzannou, JCO 2017; **2.** Type B Meeting Briefing Package.

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



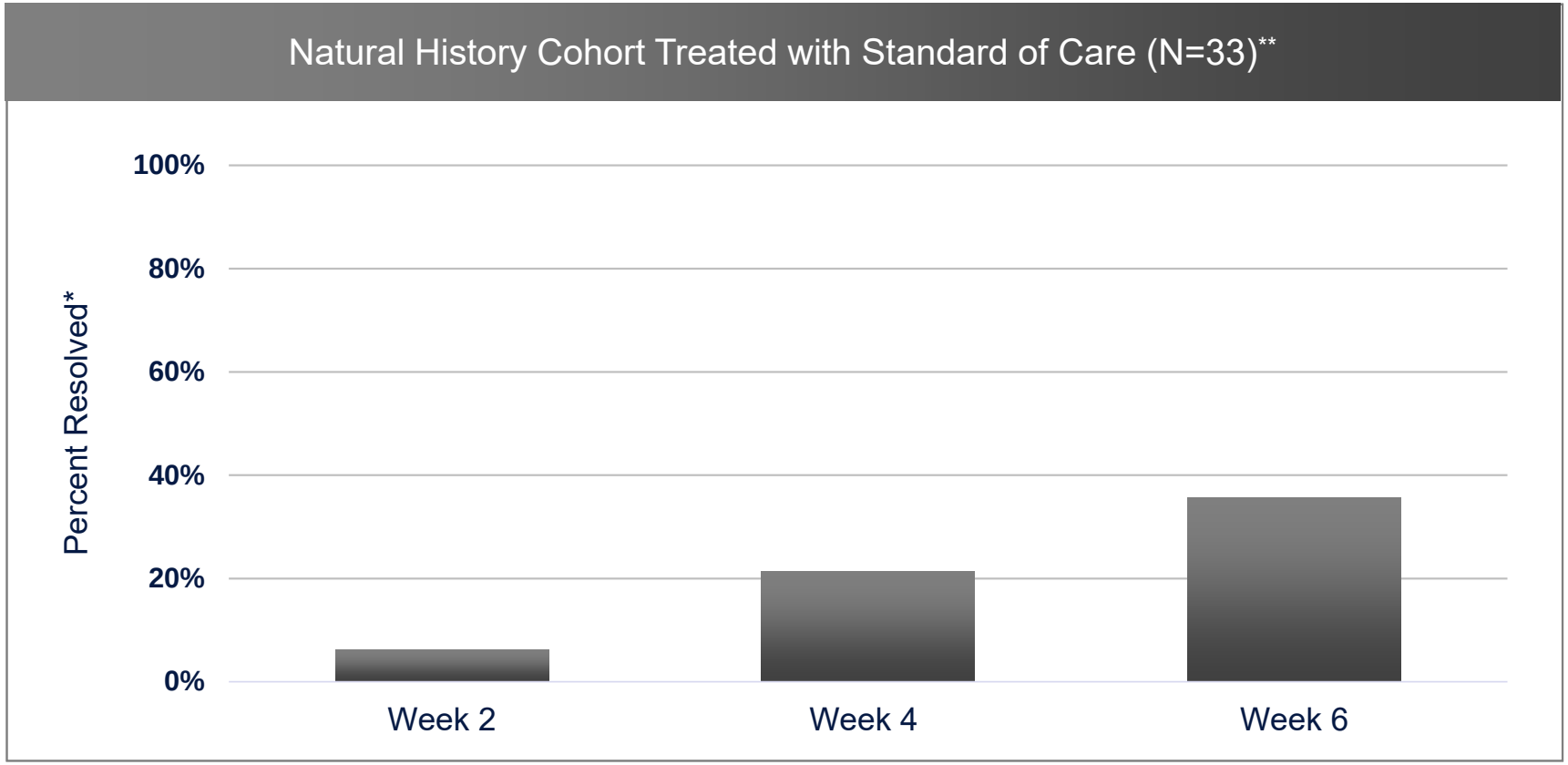
*Response rate / patient includes PR or CR by 6 weeks post Viralym-M infusion
**58/59 patients were evaluable for response rate. One patient with HHV-6 was not evaluable for response rate.
¶ 11/11 patients had a response to ≥1 virus(es) and 19 of 23 viruses across the 11 patients responded to Viralym-M.
1. Tzannou, JCO 2017; **2.** Type B Meeting Briefing Package.

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

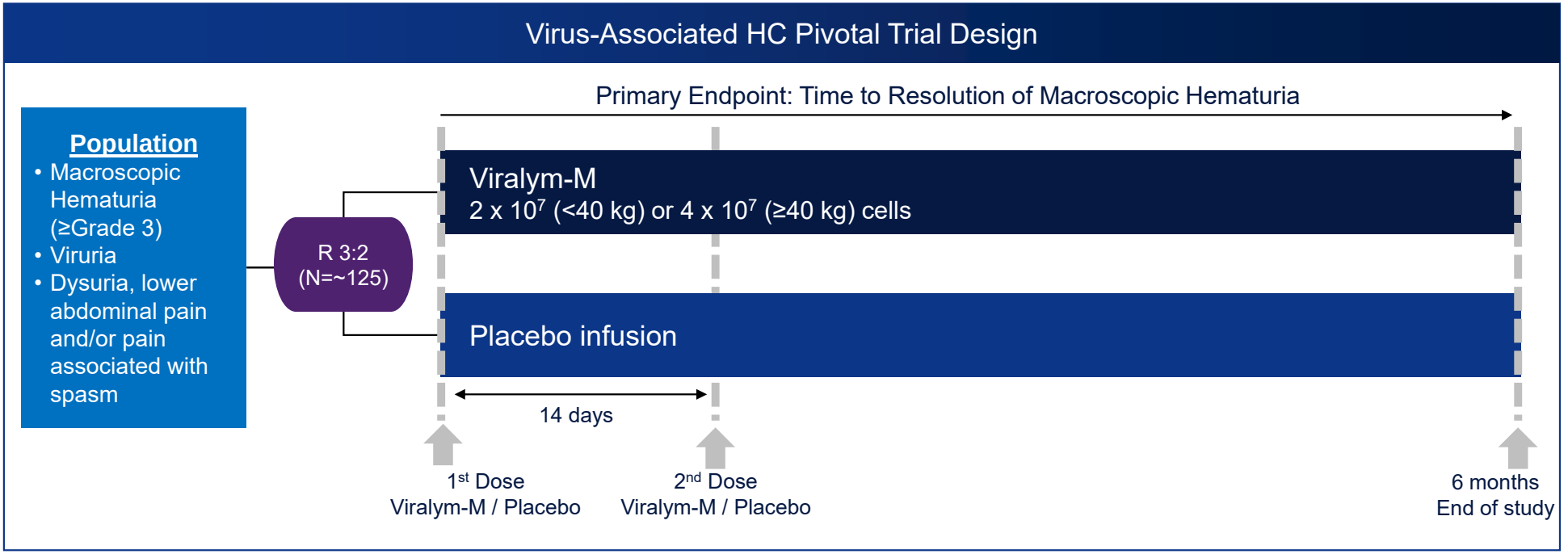
Virus-Associated Hemorrhagic Cystitis: Prolonged Symptomatic Disease Observed in Patients Treated with SOC



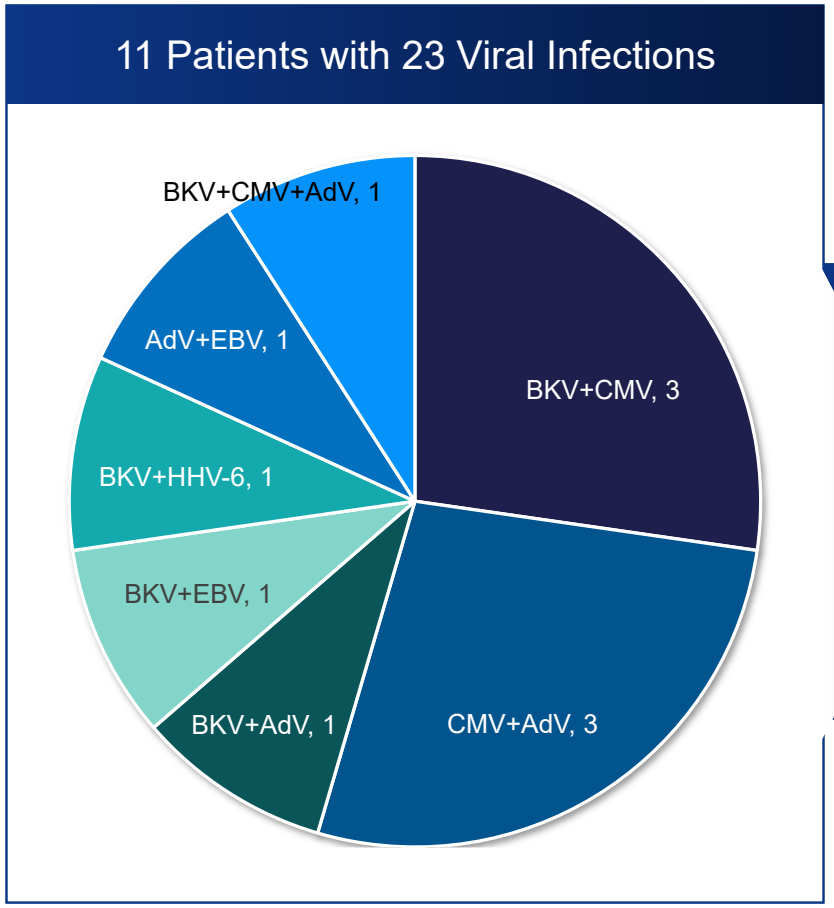
BKV-HC: BKV-associated hemorrhagic cystitis; SOC: standard of care
*Resolution of BKV-HC: Grade 1 (microscopic hematuria; minimal increase in frequency, urgency, dysuria, or nocturia; new onset of incontinence) or 0 (no symptoms)
**In a retrospective study conducted at Baylor College of Medicine, out 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 Registration Study Will Be Initiated in Q4 2020

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



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

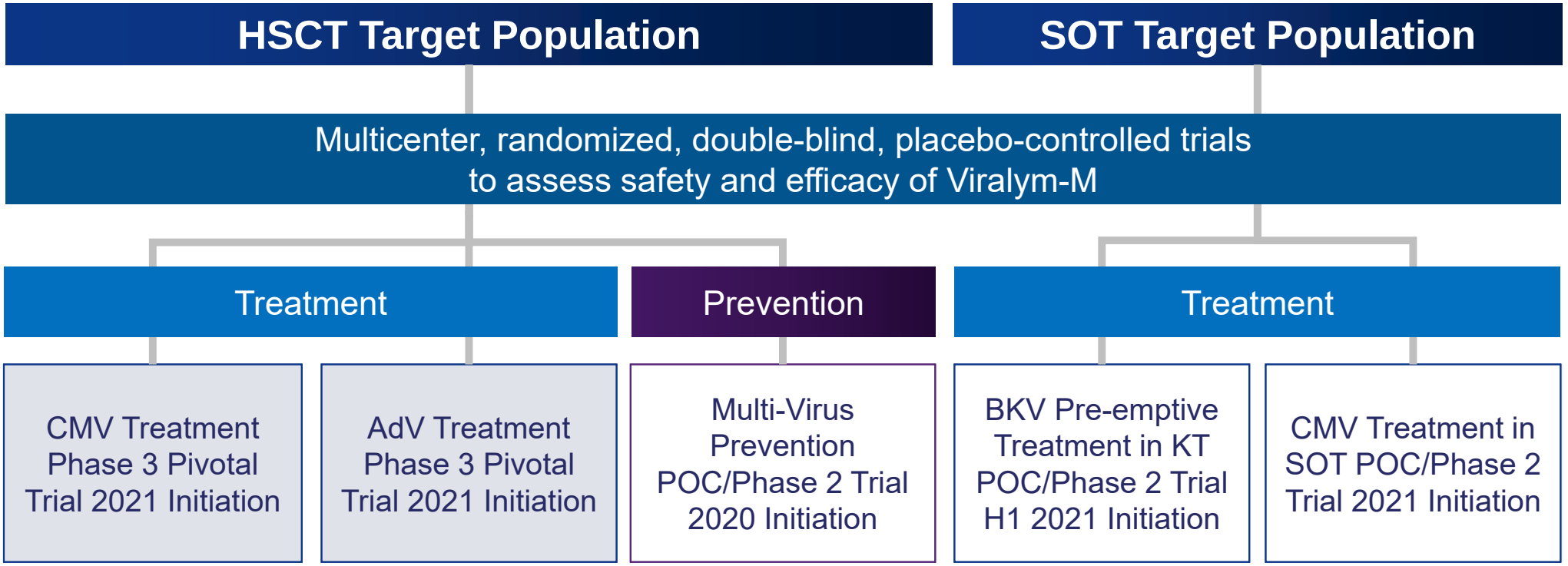


11/11 (100%) patients in CHARMS trial had a response to ≥1 virus(es)

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

1. Tzannou, JCO 2017; **2.** Type B Meeting Briefing Package.

Viralym-M:
2 Additional Pivotal and 3 POC Trials Planned in 2020/2021



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

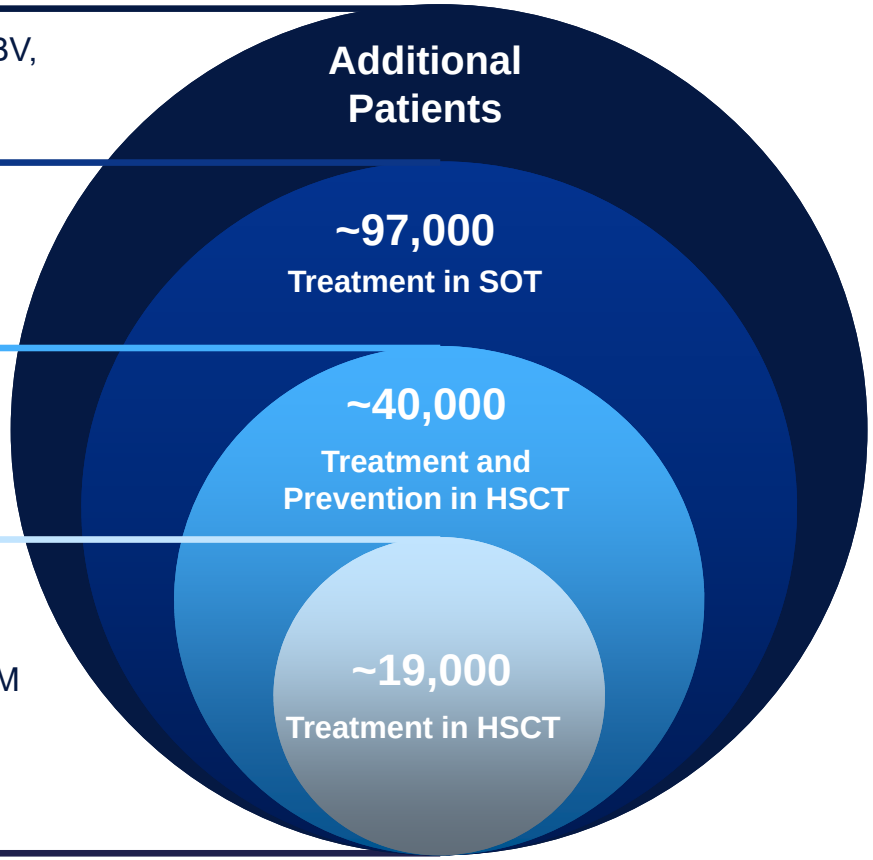
Estimated Annual Addressable Patients in 2025

Additional opportunities with EBV, HHV-6 & JCV in transplant and immunocompromised patients

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



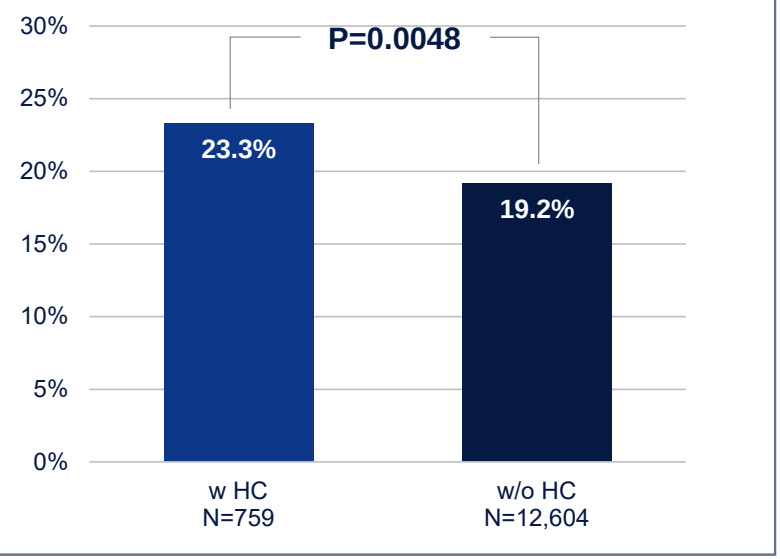
- **Focused commercial infrastructure targeting high-volume transplant centers globally**
  - In US and EU5, 80% of allogeneic HSCT performed in top 70 / 185 and 129 / 411 stem cell transplant centers, respectively
  - Top 100 / 240 transplant centers in US perform 80% of kidney transplants
- **We believe 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

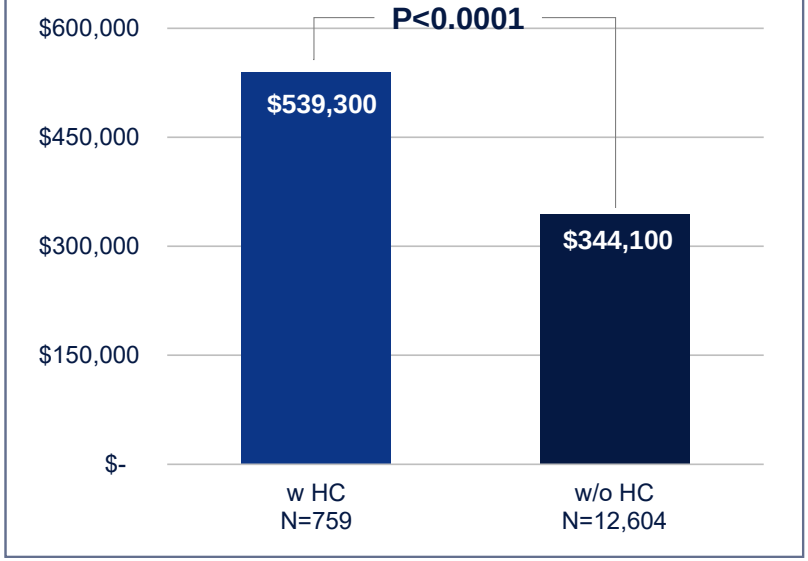
HSCT Recipients with Virus-Associated HC Have Significantly Higher Mortality and Incur Greater Healthcare Reimbursements

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

Viralym-M: Ph3 Ready, Multi-Virus Specific T-Cell Therapy with 93% RR in Ph2 and Demonstrated Safety Profile

- Multi-virus T cell therapy specific for 12 viral antigens from BK virus, Cytomegalovirus, Adenovirus, Epstein-Barr virus, and Human Herpesvirus 6
- 93% RR in Ph2 Study in drug refractory patients; POC achieved for 5 viral infections
- Partially HLA-matched, to mediate extensive antiviral coverage, with mini-banks that each accommodate >95% of allogeneic HSCT patients
- Type B meeting with FDA and Scientific Advice Meeting with EMA completed and planned move into Phase 3 registrational study
- Designated Regenerative Medicine Advanced Therapy (RMAT) by the FDA and PRIority MEdicine (PRIME) by the EMA; ODD in EU for treatment of all 5 viruses in HSCT
- Completed technology transfer and scale-up to CDMO

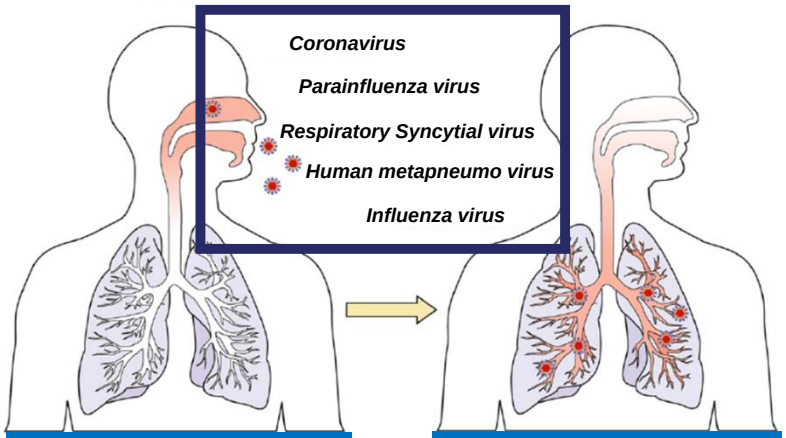
RR: Response Rate; ODD: Orphan Drug Designation; CDMO: Contract development and manufacturing organization.

Extending Our Platform to Tackle Major Public Health Needs

allo vir

Devastating Consequences of Respiratory Virus Infections and Disease

Consequences to High-Risk Patients with URTI and LRTI



	Upper Respiratory Tract Infection (URTI)	Lower Respiratory Tract Infection (LRTI)
Potential Consequences	• Progression from URTI to LRTI • Lost productivity • Fatigue	• ER visits • Pneumonia • Hospitalization • Respiratory failure • Death

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: >14,000,000** confirmed cases of COVID-19 & **>600,000** deaths worldwide as of July 20, 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**: Investigational approaches in development / no vaccines currently available
- **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

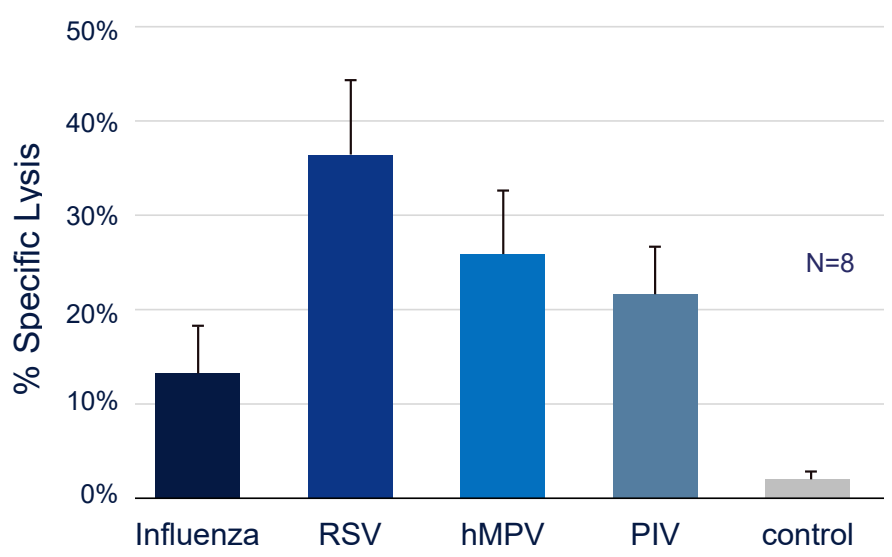
VST Therapies for Respiratory Viruses such as RSV, Influenza, PIV, hMPV and SARS-CoV-2

allo vir

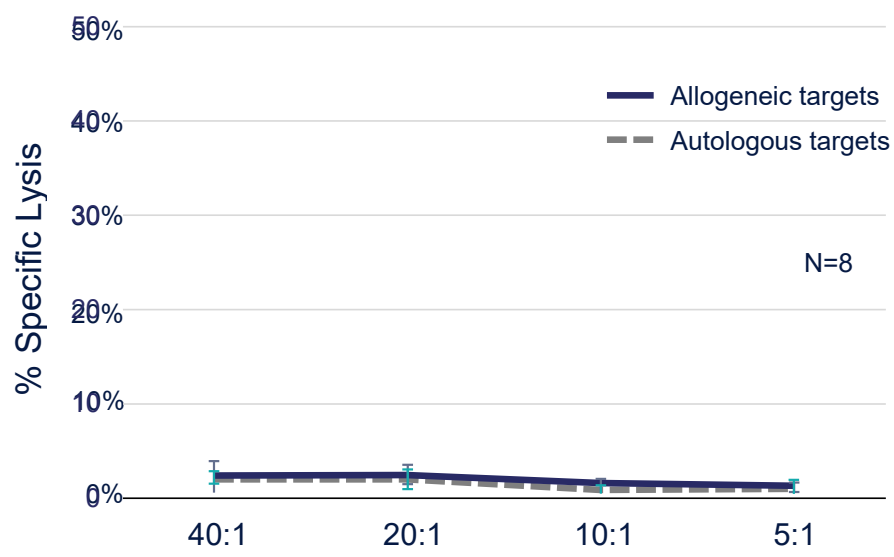
ALVR106, Multi-Respiratory Virus T-Cell Therapy Candidate Specific for RSV, Influenza, PIV, and hMPV, in High-Risk Patients with T Cell Deficiencies

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 POC Basket Study Targeting RSV, Influenza, PIV, and hMPV to be Initiated Q4 2020

Multicenter, randomized, double-blind, placebo-controlled trial

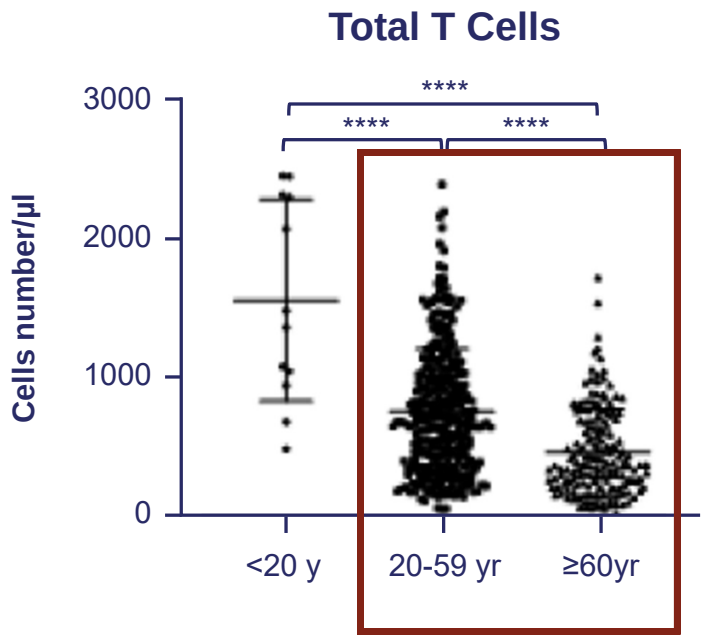
PART A (URTI)	PART B (URTI)	PART C (LRTI)	PART D (EXPANSION)
Dose escalation cohort to assess safety and select optimal dose • High risk auto- / allo- HSCT patients	Efficacy expansion cohort to assess safety and efficacy of the optimized dose • High risk auto- / allo- HSCT patients	Dose escalation cohort to assess safety and select optimal dose • High risk auto- / allo- HSCT patients	Efficacy expansion cohort(s) to assess safety and efficacy in additional populations • Immunocompromised cancer patients; • The elderly; and/or • The very young

Pre-IND meeting with FDA completed

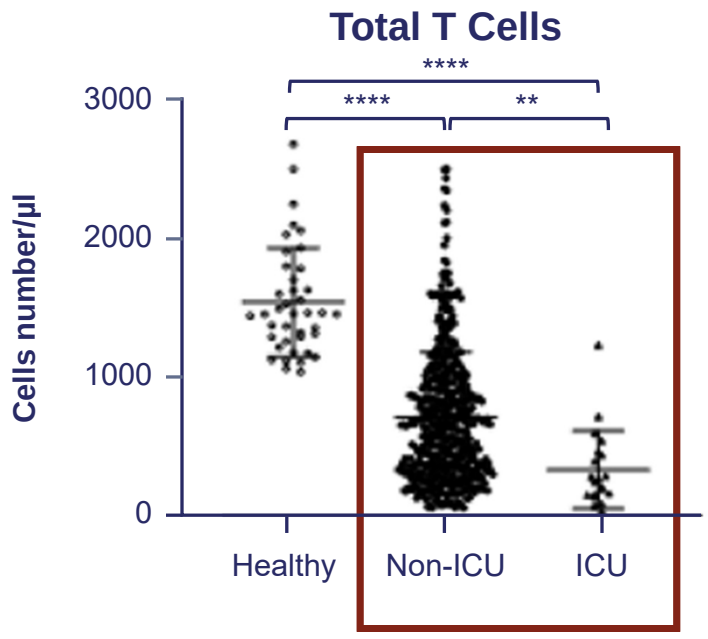
POC: Proof of Concept; URTI: upper respiratory tract infection; LRTI: lower respiratory tract infection

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

T-cell Deficiencies in COVID-19 Patients of Different Ages (N=522)



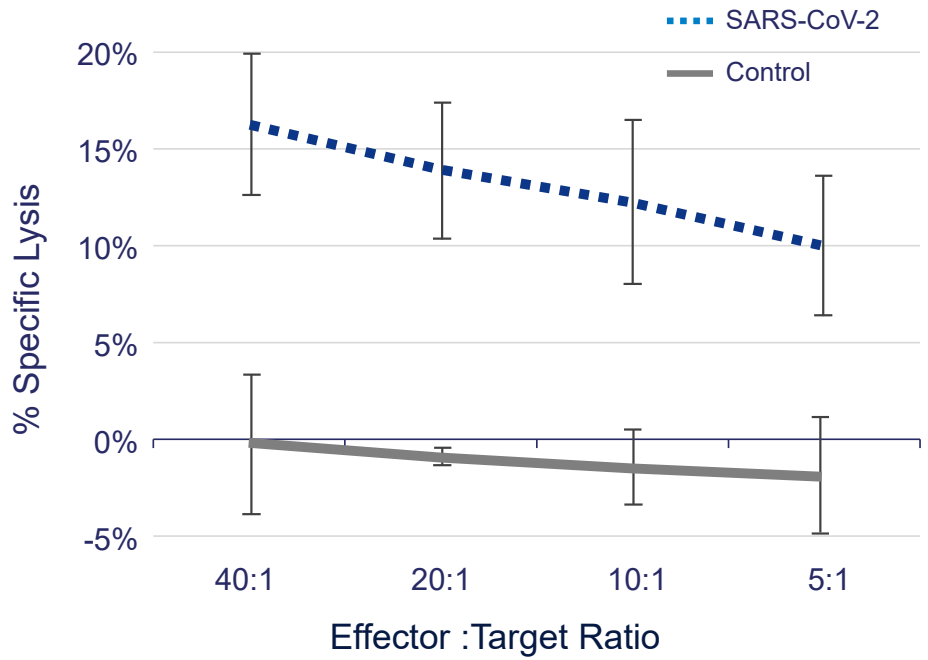
T-cell Deficiencies in Different COVID-19 Patient Groups (N=522)



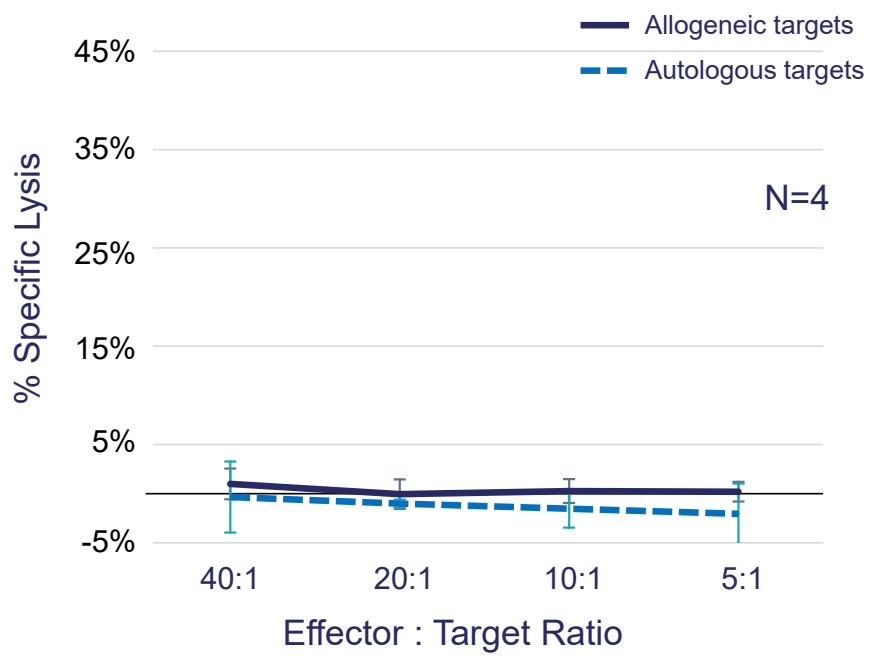
**p<0.01, ***p<0.001, ****p<0.0001
Diao B, et al. *Front Immunol* 2020.

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

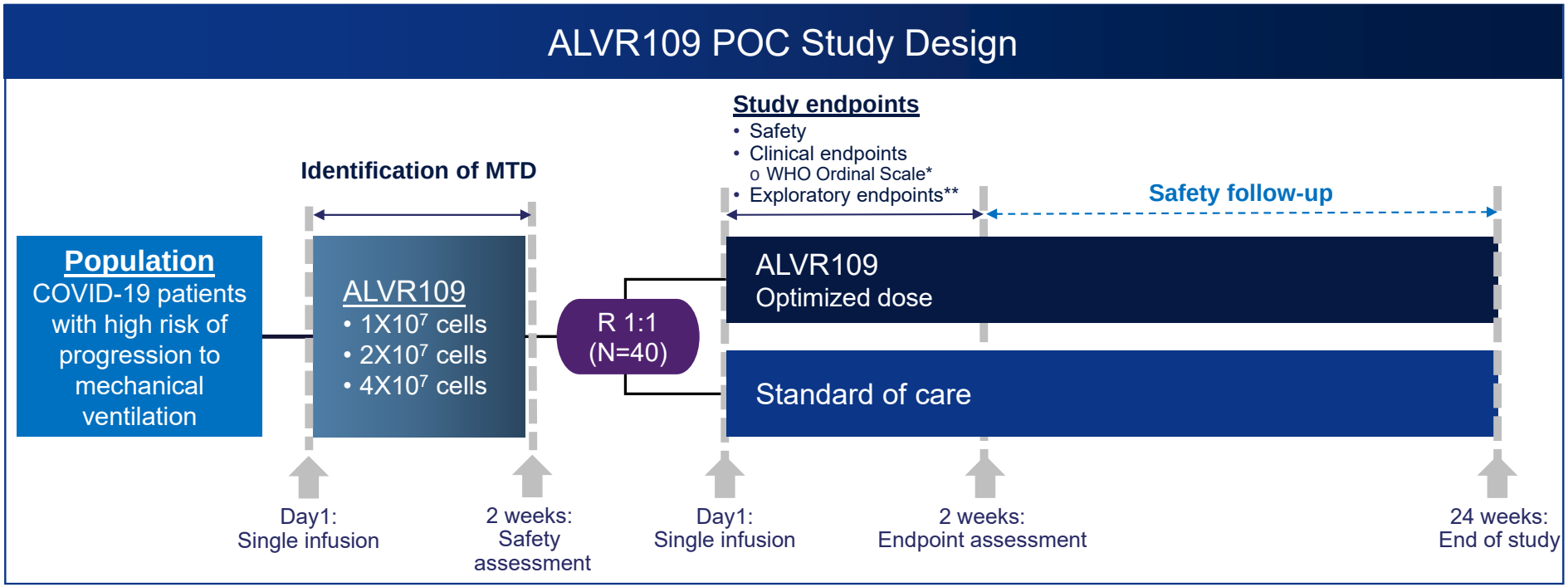


No / Minimal Activity of ALVR109 against Non-Infected Targets



Source: AlloVir's data on file.

ALVR109 IND Approved & POC Trial Expected to Commence in Q4 2020



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.

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

Successful Completion of Technology Transfer and Scale-Up from Baylor to CDMO

- 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

Redundancy of Manufacturing Sites to Facilitate VST Supply for Clinical Trials

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

Conclusion

Robust Set of Potential Value Enhancing Catalysts Ahead

2020

- **Viralym-M:**
  - Pivotal Trial Initiation in Virus-Associated HC
  - POC Trial Initiation in Multi-Virus Prevention
- **ALVR109:**
  - POC Trial Initiation for SARS-CoV-2
- **ALVR106:**
  - POC Trial Initiation for Multiple Respiratory Viruses

2021

- **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
  - **POC Initial Data in Multi-Virus Prevention**
  - **POC Interim Data in BKV in Kidney Transplant**
- **ALVR109:**
  - **POC Top Line Data for SARS-CoV-2**
- **ALVR106:**
  - **POC Initial Data (Cohort A) for Multiple Respiratory Viruses**

Key Investment Highlights

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

5 VST THERAPY CANDIDATES for **12** devastating, life-threatening viruses

Viralym-M: **LARGE MARKET OPPORTUNITY** in **RMAT / PRIME** Designations alone

Viralym-M: **3 PIVOTAL TRIALS** in 2020/2021

Viralym-M: POC trials for **PREVENTION** of all 5 viruses and **SOT** with initial data in 2021

ALVR106 (MULTI-RESPIRATORY VSTs): POC trial in 2020 with initial data in 2021

ALVR109 (SARS-CoV-2 VSTs): ACCELERATED DEVELOPMENT for treatment of COVID-19 with POC trial in 2020 and initial data in 2021