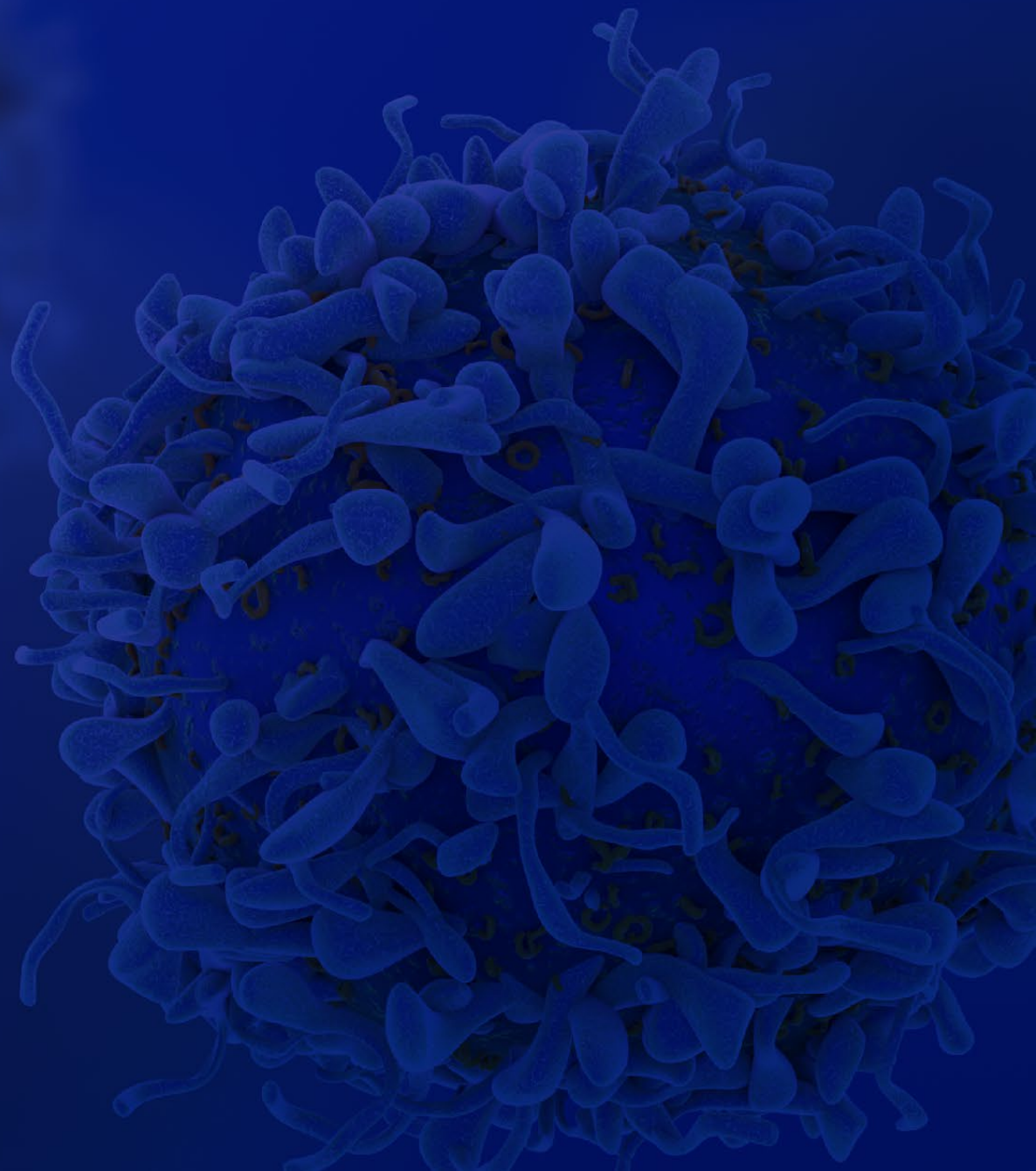
A Leader in Allogeneic, Off-the-Shelf, Virus-Specific T Cell Therapies

August 2023



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Restoring Immunity with our Off-the-Shelf, Multi-Virus-Specific T Cells (VSTs)

AlloVir's VST Platform is Clinically Validated, Streamlined, and Scalable

Non-gene edited allogeneic cell therapy with **low cost of goods**

Rich pipeline of clinical and preclinical programs

Posoleucel is a Pipeline Within a Product, Targeting 6 Devastating Viruses

Three global Phase 3 registrational trials for 3 first-to-market indications with data readouts in 2H2024 for allo-HCT patients[1]:

1) Multi-virus prevention
2) Treatment of hemorrhagic cystitis, and
3) Treatment of adenovirus infection

Positive topline Phase 2 data in kidney transplant support advancement of future SOT clinical trials

Blockbuster Commercial Opportunity in Allo-HCT Patients

Blockbuster HCT commercial opportunity with >40,000 annual addressable patients worldwide*

Expansion to SOT patients adds **potential to double the market**

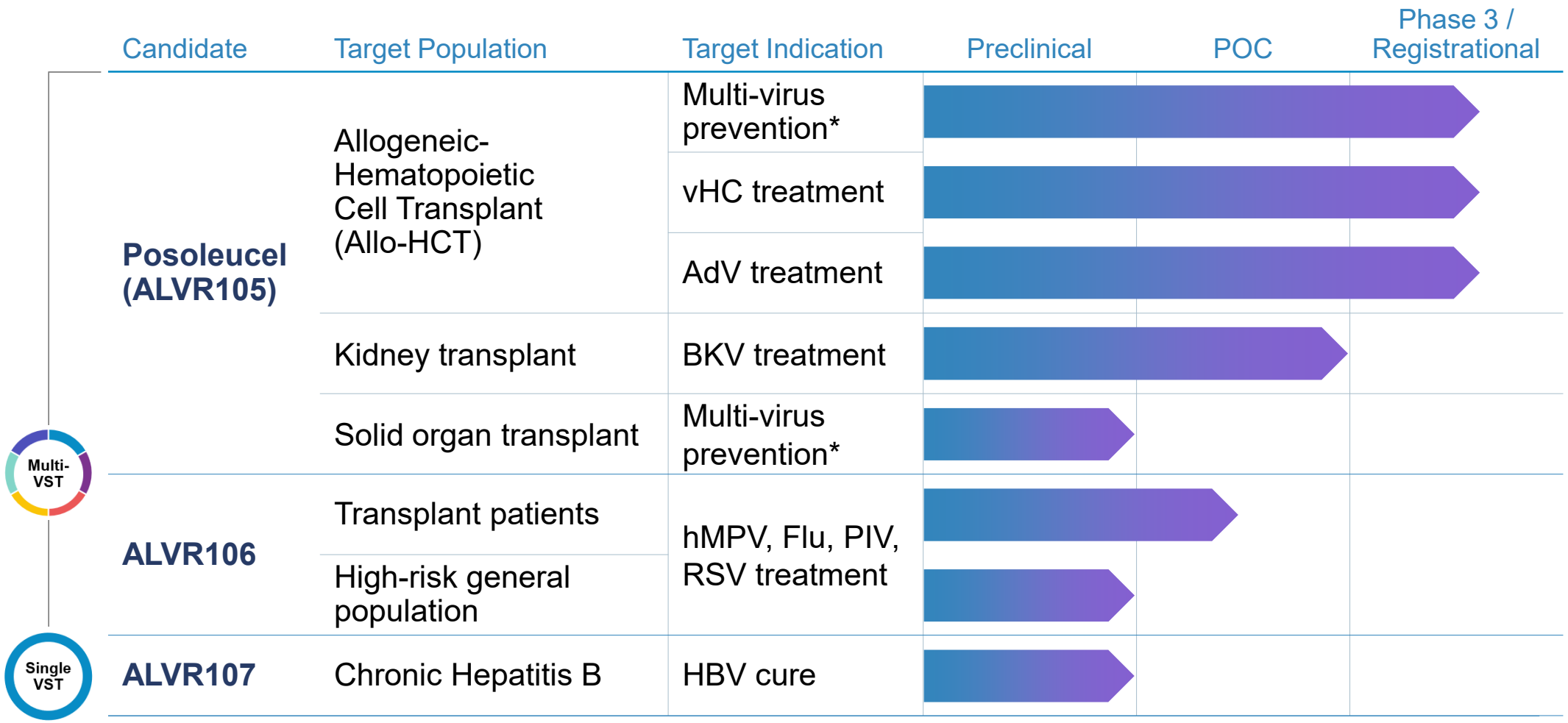
*Projected addressable patient population in allo-HCT in 2033 for posoleucel in target markets in N. America, Europe, Asia/Pacific, Latin America and the Middle East. Source: AlloVir analysis.
VST = Virus-Specific T cell; Allo-HCT = Allogeneic Hematopoietic Cell Transplant; SOT = Solid Organ Transplant
1. Any such expected launch is subject to certain assumptions and other factors, many of which are outside our control, such as regulatory approval, and as such, may be subject to change.

Overview and Key Advantages of our Allogeneic Manufacturing Platform

- Proprietary donor selection algorithm enables coverage of **>95% of patients** with small number of donors
- **Streamlined manufacturing** yields hundreds of VST doses from a single donor/production run
- VST potency confirmed against individual **target viruses** using functional assay
- Our VSTs have long-term stability, supporting **on-demand**, broad availability for patients

VST = Virus-Specific T cell

Our Pipeline Targets 11 Devastating Viruses With No or Limited Treatment Options[1]



*Prevention of clinically significant infections or end-organ disease caused by adenovirus (AdV), BK virus (BKV), cytomegalovirus (CMV), Epstein-Barr virus (EBV), human herpesvirus 6 (HHV-6), JC virus (JCV).
POC = Proof of Concept; vHC = virus-associated Hemorrhagic Cystitis; hMPV = human Metapneumovirus; Flu = Influenza; PIV = Parainfluenza Virus; RSV = Respiratory Syncytial Virus; HBV = Hepatitis B Virus
1. Any such expected launch is subject to certain assumptions and other factors, many of which are outside our control, such as regulatory approval, and as such, may be subject to change.

Posoleucel

Prevention and Treatment of Clinically Significant Viral Infections Post-Transplant

Allogeneic Hematopoietic Cell Transplantation (Allo-HCT): Patient Journey

- Allo-HCT is used to treat patients with conditions including:
  - Blood cancers *(e.g., leukemias)*
  - Blood disorders *(e.g., sickle cell disease)*
  - Primary immunodeficiencies *(e.g., SCID)*
- >40,000 allo-HCTs performed annually*

- Patients receive blood stem cells from a donor
- Most transplant types are considered **high risk** *(e.g., haploidentical, mismatched, cord blood, T cell depleted)*

It can take as long as **12 months for adaptive immunity to be restored** following allo-HCT

Pretreatment Conditioning → **Allo Transplant** → **High-risk Window** → **Immune Reconstitution**

Pretreatment involves **eradication** of the patient's **immune system** to enable engraftment of donor cells

Before the new immune system matures, patients are **highly vulnerable to infections:**

- ~90% of patients will reactivate ≥1 of posoleucel's target viruses, ~60% will activate ≥2[1]
- Up to 70% will develop clinically significant infections with increased rates of morbidity and mortality

Window where **posoleucel** can offer protection

*Projected allo-HCT recipients in 2030 in target markets in N. America, Europe, Asia/Pacific, Latin America and the Middle East. Source: AlloVir analysis.
SCID = Severe Combined Immunodeficiency. 1. Hill J, et al. *Blood*. 2017;129:2316-25.

Posoleucel has the Potential to Prevent and Treat the Devastating Consequences of Post-transplant Viral Infection

Where could Posoleucel play a role in the Allo-HCT patient journey?

Before *clinically significant infection*

PREVENTION

- Averting disease and negative clinical sequelae
- Phase 3 pivotal trial ongoing
  - Prevention of clinically significant infections or end-organ disease from AdV, BKV, CMV, EBV, HHV-6, or JCV

After *clinically significant infection*

TREATMENT

- High unmet need
- Two ongoing Phase 3 pivotal trials
  - Treatment of virus-associated hemorrhagic cystitis
  - Treatment of adenovirus

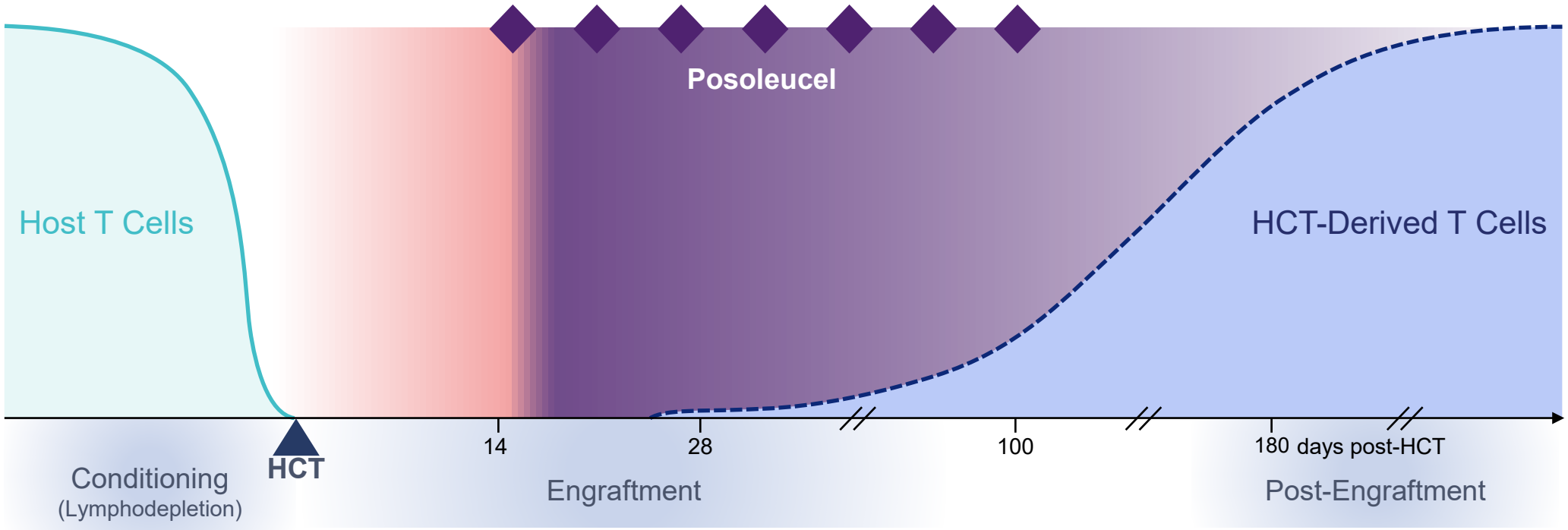
Three ongoing Phase 3 studies are supported by **strong Phase 2 efficacy and safety data**

Topline data for Phase 3 studies expected **2H2024**

AdV = Adenovirus, BKV = BK Virus, CMV = Cytomegalovirus, EBV = Epstein-Barr Virus, HHV-6 = Human Herpesvirus 6, JCV = JC Virus.

Posoleucel Aims to Prevent Viral Infections and Disease Following Allogeneic Hematopoietic Cell Transplantation[1-6]

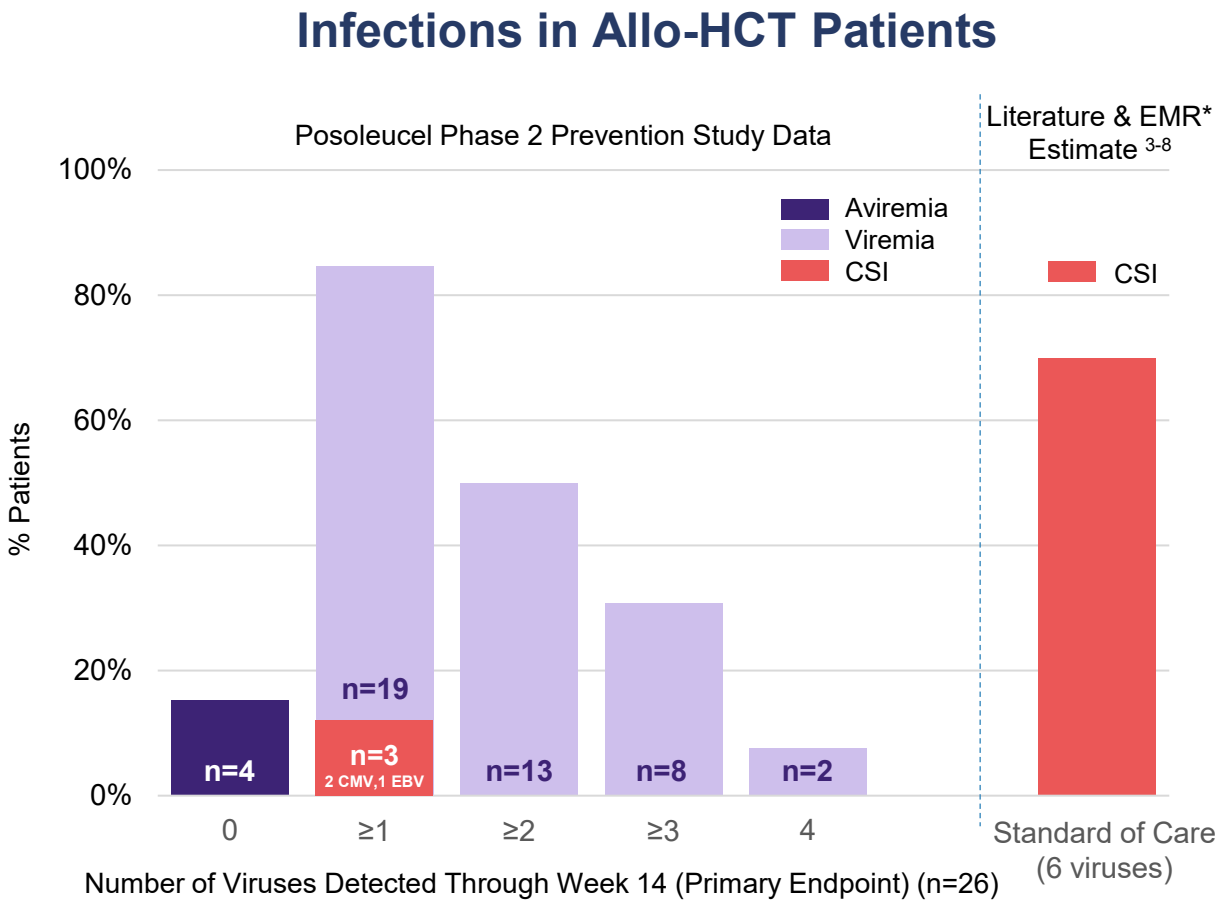
Posoleucel is designed to act as an **immunological bridge** in the highest-risk window of susceptibility post allo-HCT, **to prevent the progression of viral reactivation to clinically significant infections**



Note: 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.

Final Open-Label Phase 2 Prevention Study Results Demonstrate Low Rates of Clinically Significant Infection (CSI) and 0% Non-Relapse Mortality[1,2]



Low Rates of Clinically Significant Infection

- 23/26 (88%) patients CSI-free through Week 14
- 22/26 (85%) patients reactivated ≥1 target virus

0% Day 400 Non-Relapse Mortality

Repeat Dosing Generally Well Tolerated

- No unanticipated TEAEs or SAEs
- No cytokine release syndrome
- 5 cases (19%) of acute GVHD (grades II-IV)

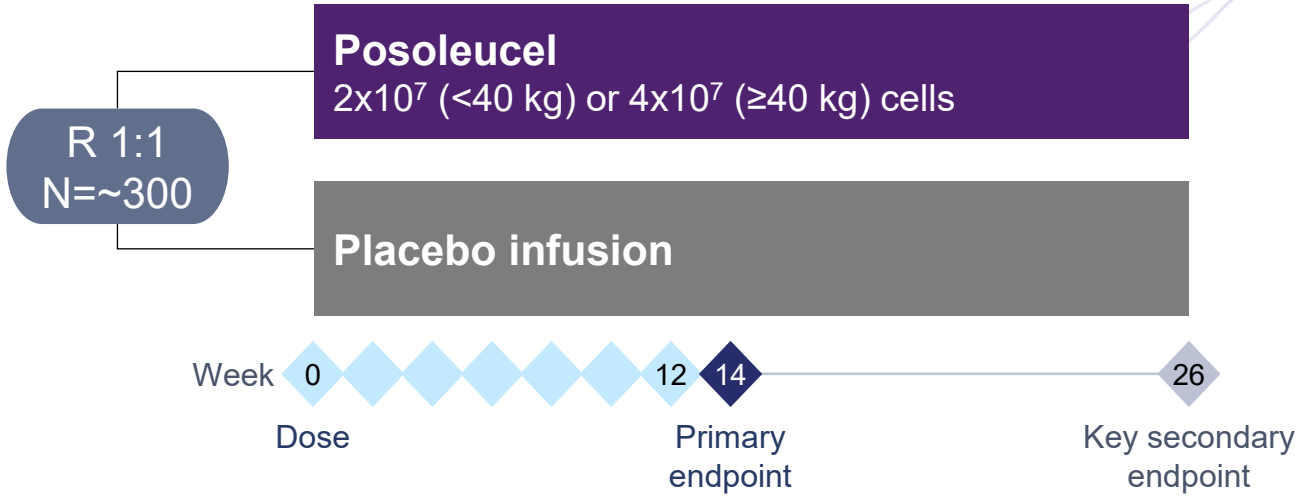
Biomarker Data Support Mode of Action

- VST cell expansion coincident with viral load declines
- Presence of posoleucel confirmed during and after infusion period

*Electronic Medical Records (EMR) analysis of >1,400 patients identified between Jan 2018 and Apr 2021 through use of ganciclovir, valganciclovir, foscarnet, cidofovir, or rituximab or ICD-10 code for viral disease where available.
CSI = Clinically Significant Infection; TEAE = Treatment Emergent Adverse Event; SAE = Severe Adverse Event; GVHD = Graft vs. Host Disease; VST = Virus-Specific T Cell.

1. Dadwal S, et al. Abstract 362. Presented at ASH 2022; 2. Dadwal S, et al. Presented at EBMT 2023; 3. Slade M, et al. *Transpl Infect Dis.* 2017;19(1):e12629.; 4. Mohty M, et al. *Brit J Haematol.* 2019;187e64; 5. Salamonowicz-Bodzioch M, et al. *Ann Hematol.* 2021;100:1283-93; 6. Chang YJ, et al. *Biol Blood Marrow Transplant.* 2019; 7. El-Zimaity M, et al. *Blood. 2004;103:4674-80;* 8. Gargiulo G, et al. *eCancer.* 2014; 9. Gabanti E, et al. *Transplant Cell Ther.* 2022;28:211.e1-211.e9.

Phase 3 Registrational Multi-Virus Prevention Trial is Ongoing



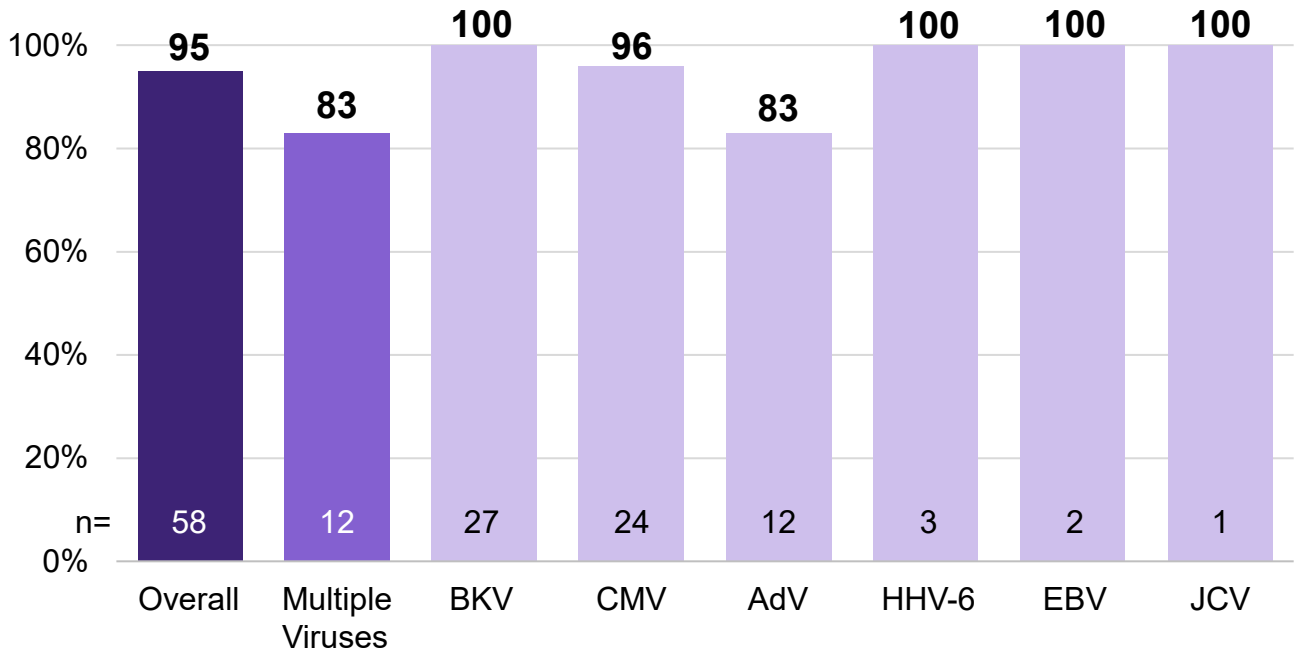
- Phase 3, multicenter, randomized, double-blind, placebo-controlled
- Key eligibility criteria: high-risk* allo-HCT recipients, including matched unrelated donor
  - Age ≥1 year
  - Aviremic or viremic without clinically significant disease
- Primary endpoint: reduction in clinically significant viral infection and disease

Topline data expected 2H2024

*High-risk all-HCT defined as haploidentical donor, umbilical cord blood, mismatched unrelated donor, matched unrelated donor, mismatched related donor, recipient of T cell depletion.
ClinicalTrials.gov NCT05305040.

Phase 2 CHARMS Treatment Study Demonstrated 95% Efficacy In Treatment-Refractory Patients[1]

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

Efficacy: High Response Rates

- 95% of patients who had no available treatment options experienced a clinical response by Week 6
- High response rate seen in patients with multiple infections

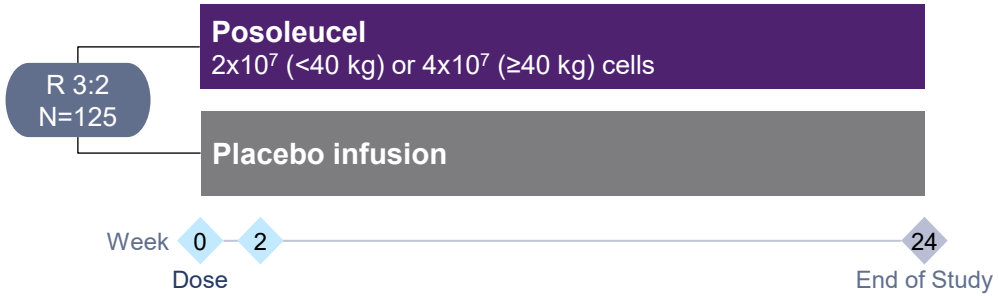
Safety: Posoleucel Well Tolerated

- Infusion reactions limited to fever (n=3)
- GVHD consistent in rate and severity to that expected in allo-HCT population
- No cytokine release syndrome

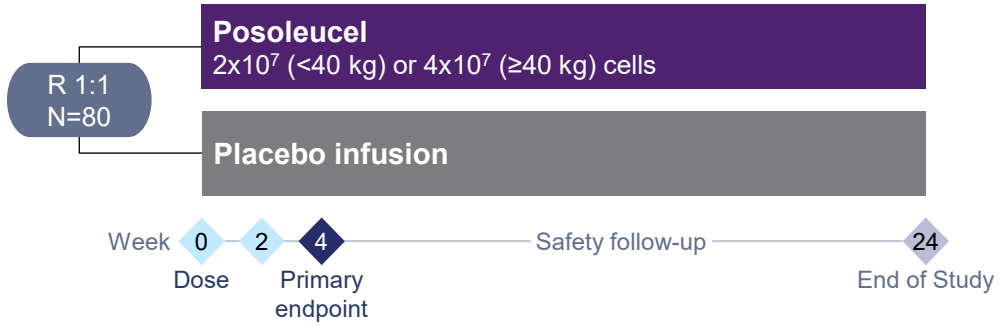
*Response rate / patient includes partial response (PR) or complete response (CR) by 6 weeks post-posoleucel infusion
GVHD = Graft vs. Host Disease
1. Pfeiffer T, et al. *Clin Cancer Res*. 2023 .

Phase 3 Registrational Trials for Treatment of Virus-Associated Hemorrhagic Cystitis and Adenovirus are Enrolling Patients Globally

Virus-Associated Hemorrhagic Cystitis Treatment



Adenovirus Treatment



Study Design: Phase 3, multicenter, double-blind, placebo-controlled

Key Eligibility Criteria:

Patients with vHC following allogeneic HCT

- Macroscopic hematuria (Grade ≥3)
- Viruria
- Dysuria, lower abdominal pain and/or pain associated with spasm

Patients with adenovirus reactivation following allogeneic HCT

- AdV viremia ≥10,000 copies/mL, OR
- 2 consecutive, rising AdV viremia ≥1,000 copies/mL and lymphopenia or T-cell depletion

Primary Endpoint:

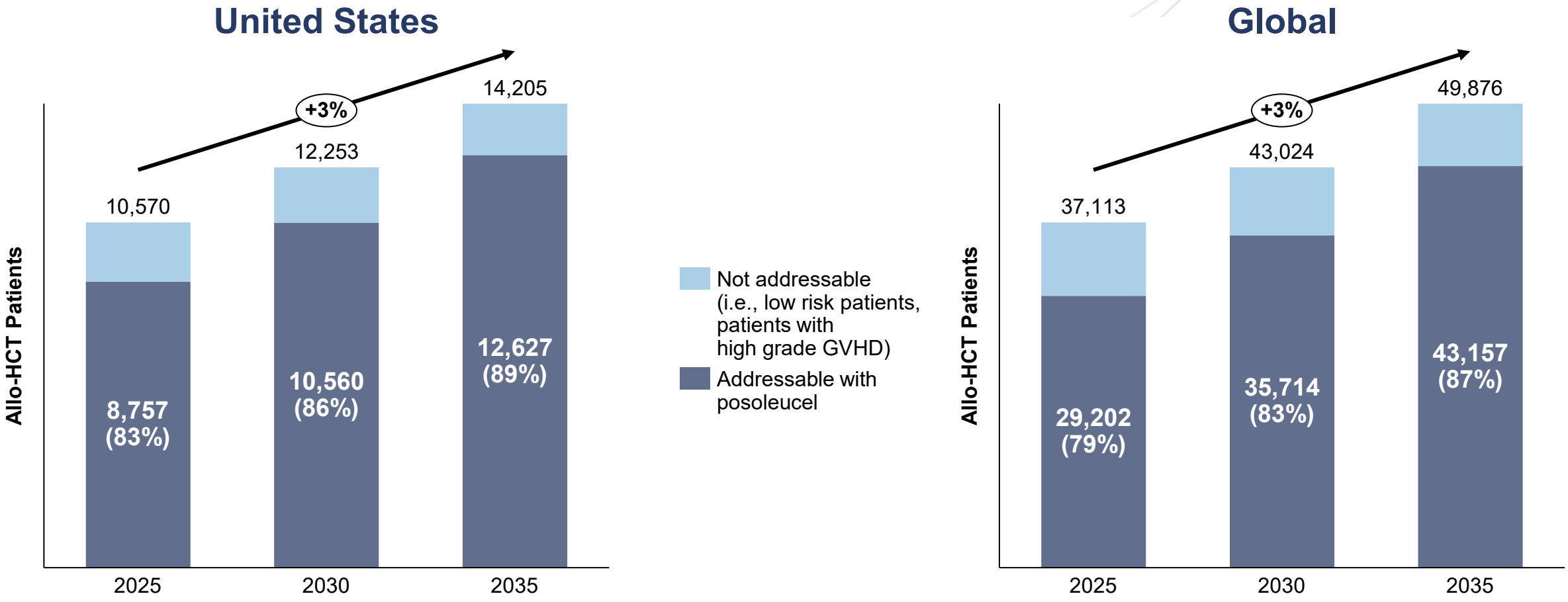
Time to resolution of macroscopic hematuria through Week 24

Proportion of patients with undetectable viremia at Day 29

Topline data expected 2H2024

ClinicalTrials.gov NCT04390113, NCT05179057

Anticipated Growth in Allogeneic Stem Cell Transplants and % Addressable by Posoleucel for Multivirus Prevention, 2025-2035



Projected allo-HCT recipients and addressable patient population for multivirus prevention in allo-HCT in 2025-2035 for target markets in N. America, Europe, Asia/Pacific, Latin America and the Middle East. Source: AlloVir analysis.

Foundation Set for >$1B Commercial Opportunity in Allo-HCT

Strong Clinical & Economic Value Proposition
Positive Phase 2 data in treatment and prevention of viral infections
Published US claims analyses[1,2] illustrating burden in allo-HCT

Concentrated Prescriber Base Overlapping with Phase 3 Trial Sites
80% of U.S. allo-HCTs performed in 70 centers
Similar distribution in major EU markets

Supportive Reimbursement Landscape
60% U.S. patients commercially insured
CAR-T DRG code includes other immunotherapies

Large Addressable Patient Population
Over 40,000 allo-HCT patients annually*
Potential addition of SOT & other immunocompromised patients

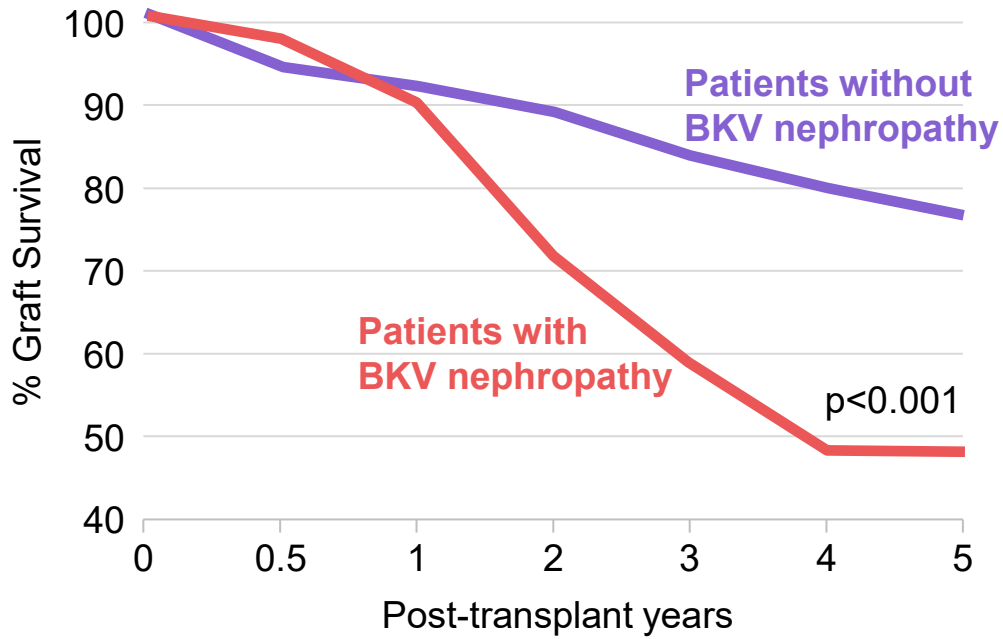
*Projected allo-HCT recipients in 2030 in target markets in N. America, Europe, Asia/Pacific, Latin America and the Middle East. Source: AlloVir analysis.
SOT = Solid Organ Transplant; 1. Hill J.A. et al., *Transplantation and Cellular Therapy* 2022; 2. McGuirk J. et al., *Transplantation and Cellular Therapy* 2021.

Treatment of BK Viremia in Kidney Transplant Patients Represents the First Step in Addressing Unmet Need in Solid Organ Transplant Patients

Kidneys are the most common solid organ transplant and **BK virus nephropathy** is a **leading cause of graft loss**

- 90,000+ kidney transplants performed annually world-wide[1]
- ~15% KT patients reactivate BK virus with half of those progressing to BK nephropathy[2]
- High level BK viremia associated with decreased graft function[3] and reduced graft survival[4]
- No approved or effective treatments

BKV Nephropathy Associated with Poor Graft Survival[4]



KT = Kidney Transplant. 1. Projected kidney transplant recipients in 2030 in target markets in N. America, Europe, Asia/Pacific, Latin America and the Middle East. Source: AlloVir analysis. 2. Hirsch H, et al. *Clin Transplant.* 2019;33:e13528; 3. Elfadawy N, et al. *Clin J Am Soc Nephrol.* 2014;9:553-61; 4. Vasudev B, et al. *Kidney Int.* 2005;68:1834-9.

Positive Phase 2 BKV Study Demonstrates Therapeutic Potential of Posoleucel in Kidney Transplant Patients

Greater viral load reduction with posoleucel vs. placebo

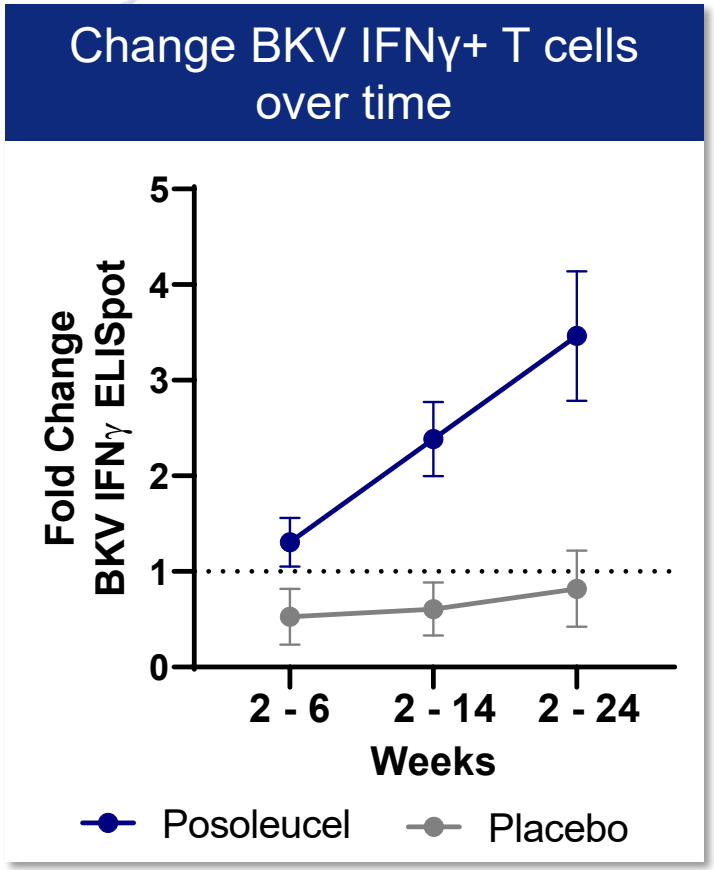
- Clinically meaningful differences from placebo observed across BK viral load measures: ≥1 log BK VL reduction: PSL 39% vs. PBO 14%
- Treatment effect most pronounced in high viral load patients with biweekly posoleucel dosing: ≥1 log BK VL reduction: PSL 75% vs. PBO 25%
- Posoleucel antiviral response increased over time; largest difference from placebo at Week 24

Posoleucel Well Tolerated Through 12 Weeks of Dosing

- Balanced safety across posoleucel and placebo groups
- 3 cases of acute graft rejection[1], none assessed as treatment-related
- No deaths, GVHD or cytokine release syndrome

BK-specific T Cell Responses Increased in Posoleucel-treated Patients

- Presence and persistence of posoleucel confirmed by TCRvβ sequencing
- De novo host BK-specific T-cell responses in posoleucel but not placebo patients

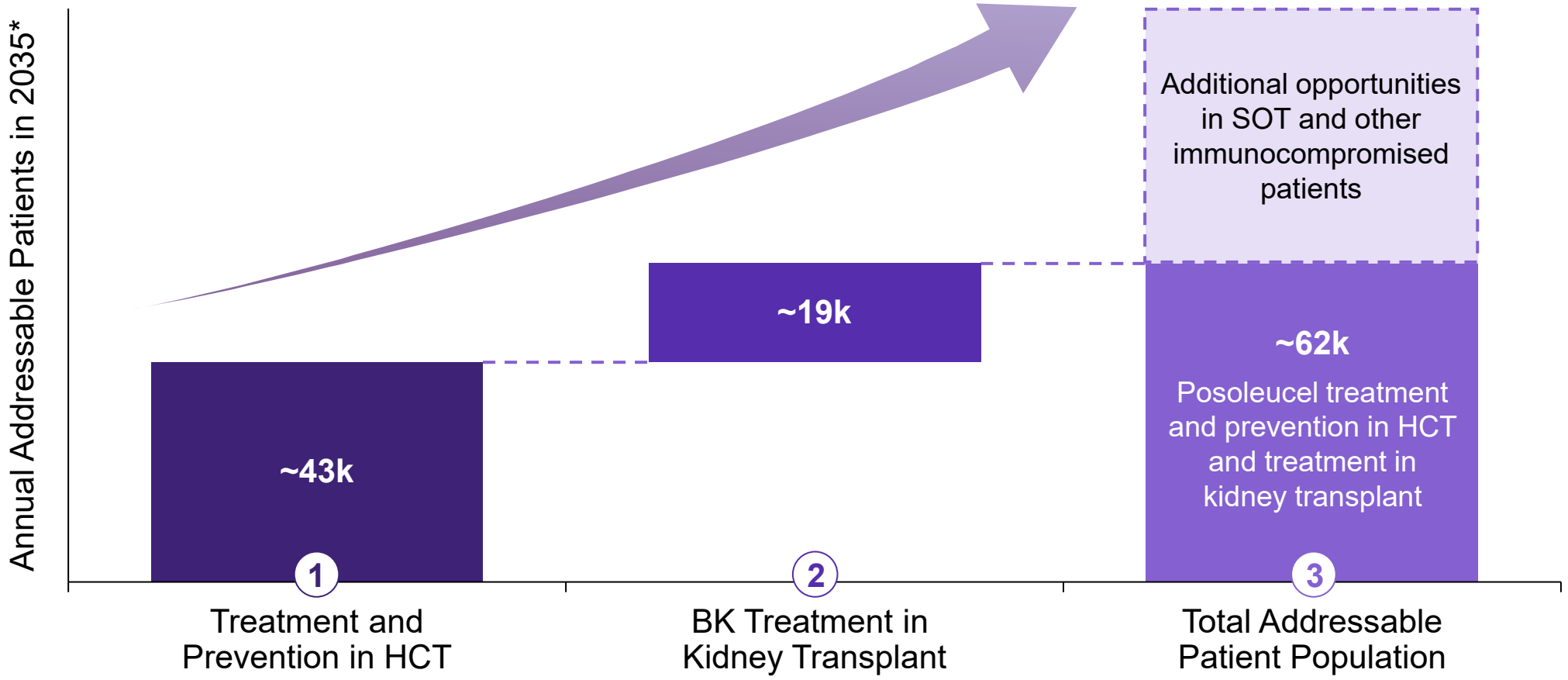


Next Steps: Alignment with regulators on registrational trial design

VL = Viral Load; PSL = Posoleucel; PBO = Placebo; GVHD = Graft vs. Host Disease; 1. One pt with renal TB, no rejection noted on local biopsy read; one pt with pre-existing rejection during screening on biopsy; One pt with de novo rejection at Week 22. Source: Chandraker A., et al. Presented at ATC 2023

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

Annual Commercial Opportunity for Posoleucel



*Projected addressable patient population in 2035 for posoleucel indications in target markets in N. America, Europe, Asia/Pacific, Latin America and the Middle East. Source: AlloVir analysis.

AlloVir: Leading in Allogeneic, Off-the-shelf, Multi-virus-Specific T-Cell Immunotherapies

- Clinically validated approach with >**500** patients treated and 3 positive Phase 2 trials
- **RMAT, PRIME & ODD** designations from FDA and EMA
- **3 pivotal studies on track for data readouts in 2H2024**
- **Streamlined** manufacturing platform, **efficiencies of scale, lower COGS**

allo vir™

- **Blockbuster** sales potential for **posoleucel in allo-HCT indications alone**
- Expansion of **posoleucel into SOT** and build out of **pipeline in 2024+**
- **Robust IP** and **patent portfolio** covering both products and processes
- **Cash runway** through **early 2025**

RMAT: Regenerative medicine advanced therapy; PRIME: PRIority MEdicine; ODD = Orphan Drug Designation; SOT = Solid Organ Transplant

Appendix

Early-Stage Pipeline

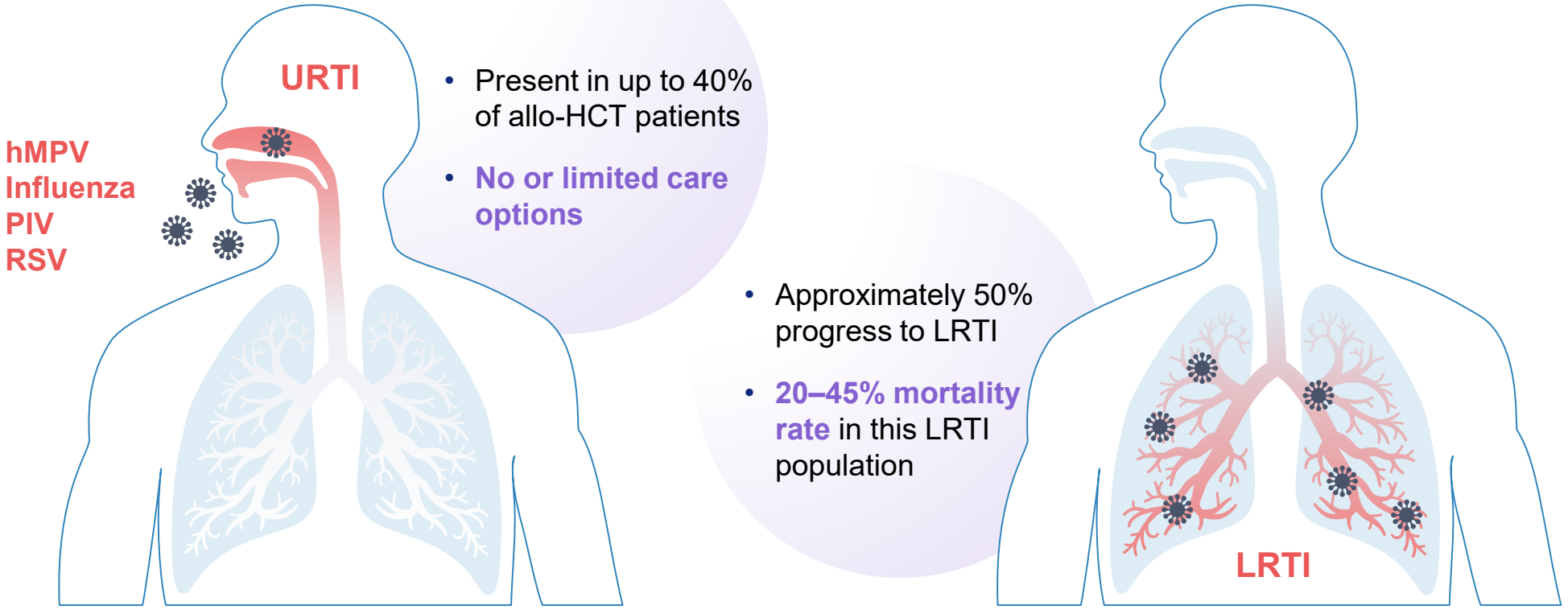
Respiratory Viruses and Hepatitis B

VST Platform Provides Pipeline and Partnering Opportunities

Candidate	Target Population	Target Indication	Preclinical	POC	Phase 3 / Registrational	Status
ALVR106	Transplant recipients	hMPV, Flu, PIV, RSV treatment				Continued enrollment in U.S.
	High-risk general population					
ALVR107	Chronic Hepatitis B (HBV)	HBV cure				POC study following completion of posoleucel Phase 3 studies

VST = Virus-Specific T cell; POC = Proof of Concept; hMPV = human Metapneumovirus; Flu = Influenza; PIV = Parainfluenza Virus; RSV = Respiratory Syncytial Virus; HBV = Hepatitis B Virus.

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



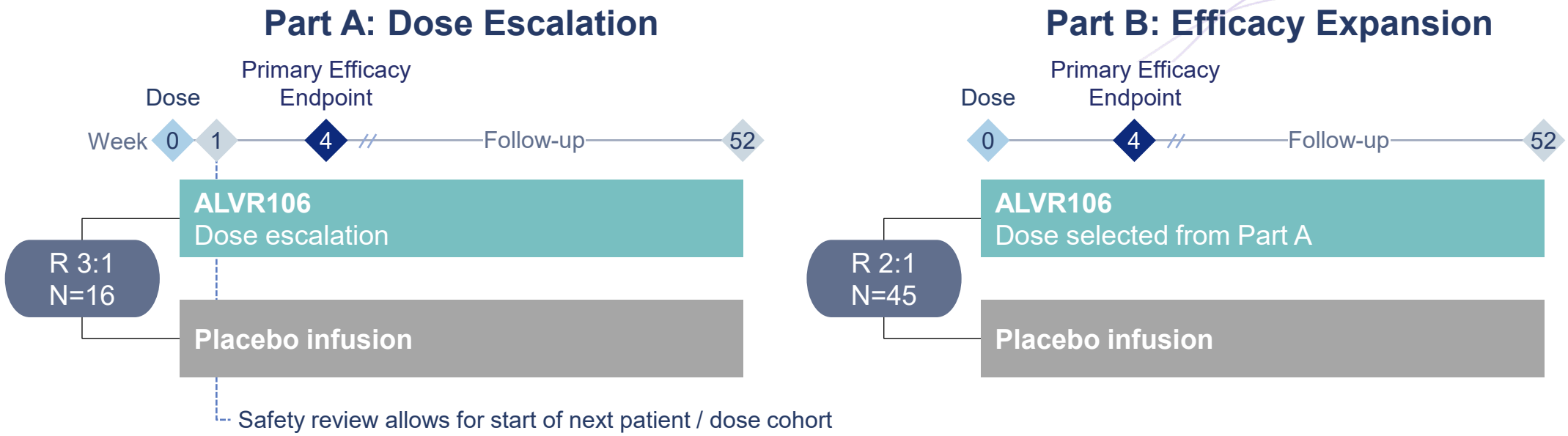
- Present in up to 40% of allo-HCT patients
- **No or limited care options**

- Approximately 50% progress to LRTI
- **20–45% mortality rate** in this LRTI population

URTI = Upper Respiratory Tract Infection; LRTI = Lower Respiratory Tract Infection; hMPV = human Metapneumovirus; PIV = Parainfluenza Virus; RSV = Respiratory Syncytial Virus

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 in Transplant Patients



- Phase 1/2, double-blind, placebo-controlled, dose escalation and expansion study
- Key eligibility criteria: transplant 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 A has completed enrollment

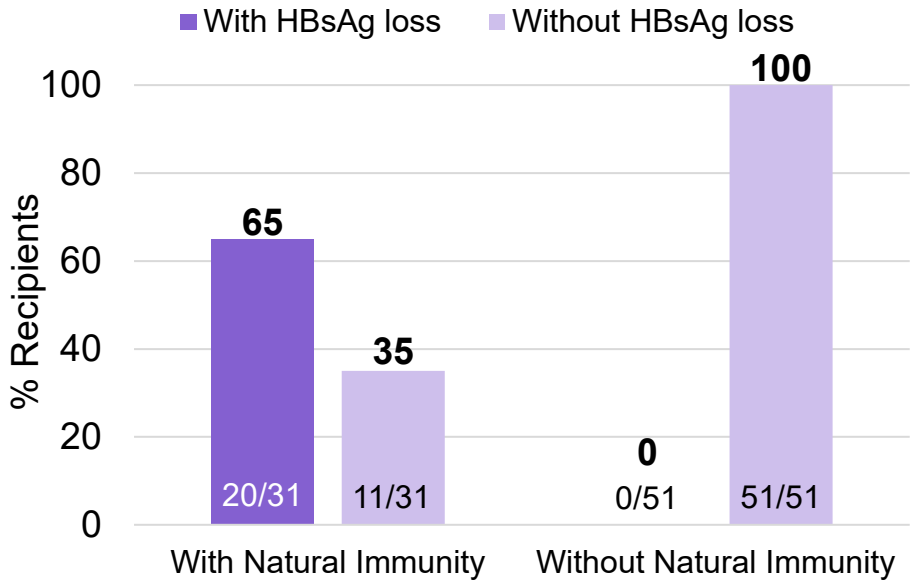
POC = Proof of Concept; hMPV = human Metapneumovirus; Flu = Influenza; PIV = Parainfluenza Virus; RSV = Respiratory Syncytial Virus
ClinicalTrials.gov NCT04933968.

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[1]
- Chronic infection can lead to cirrhosis and cancer
- Life-long suppressive antiviral therapy is the only treatment option: **no curative therapies exist**

HBsAg+ Allo-HCT Patients Achieved Functional Cure Post-transplant[2]



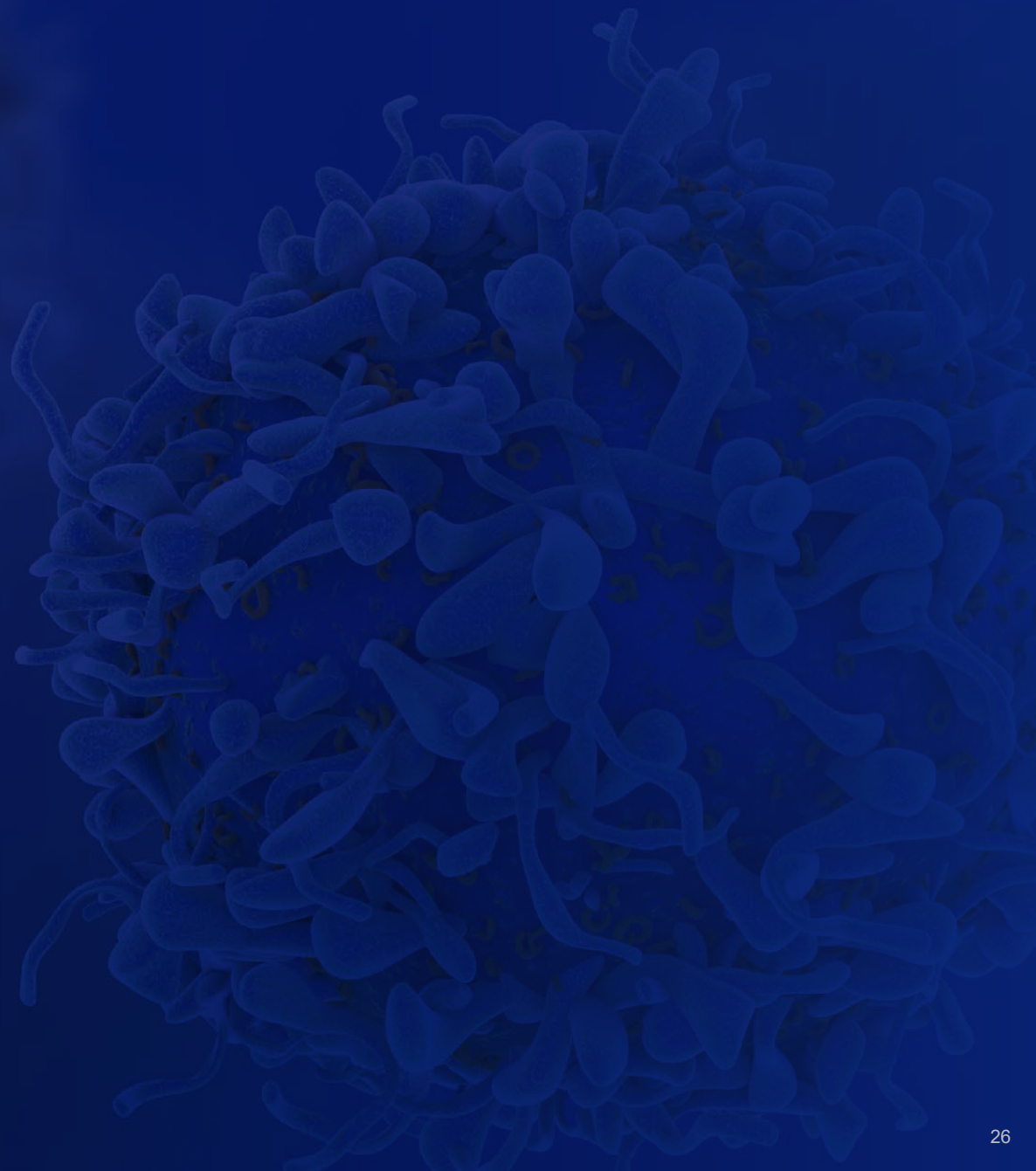
- 65% (20/31) HBsAg+ recipients achieved sustained HBsAg loss post-transplant

Preclinical data presented at the International Liver Conference (EASL) in June 2022

HBV = Hepatitis B Virus

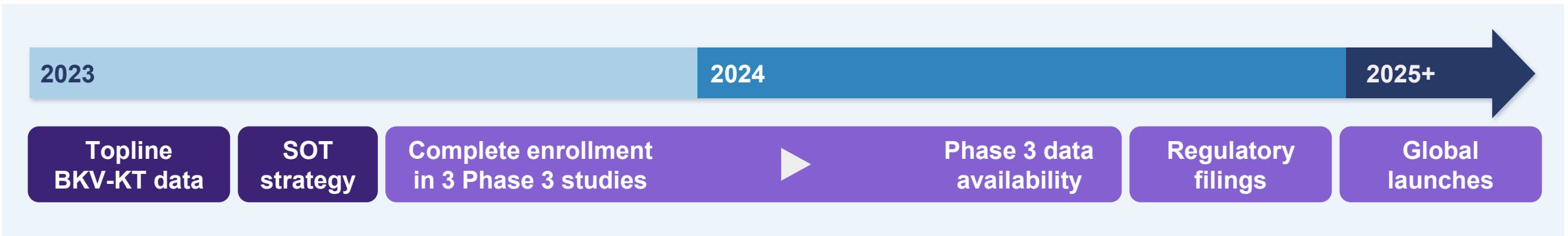
1. Based on estimates by the World Health Organization in 2019. 2.. Hui CK, et al. *Blood*. 2005;106:464-9; HBsAg = hepatitis B surface antigen.

Additional Slides



Posoleucel: Transformative Milestones Ahead

Posoleucel franchise positioned for significant value creation over the next 12-24 months[1]



Posoleucel expansion opportunity in solid organ transplant

- Phase 2 BK viremia treatment study in kidney transplant patients

Posoleucel Phase 3 studies in 3 first-to-market indications for allo-HCT patients

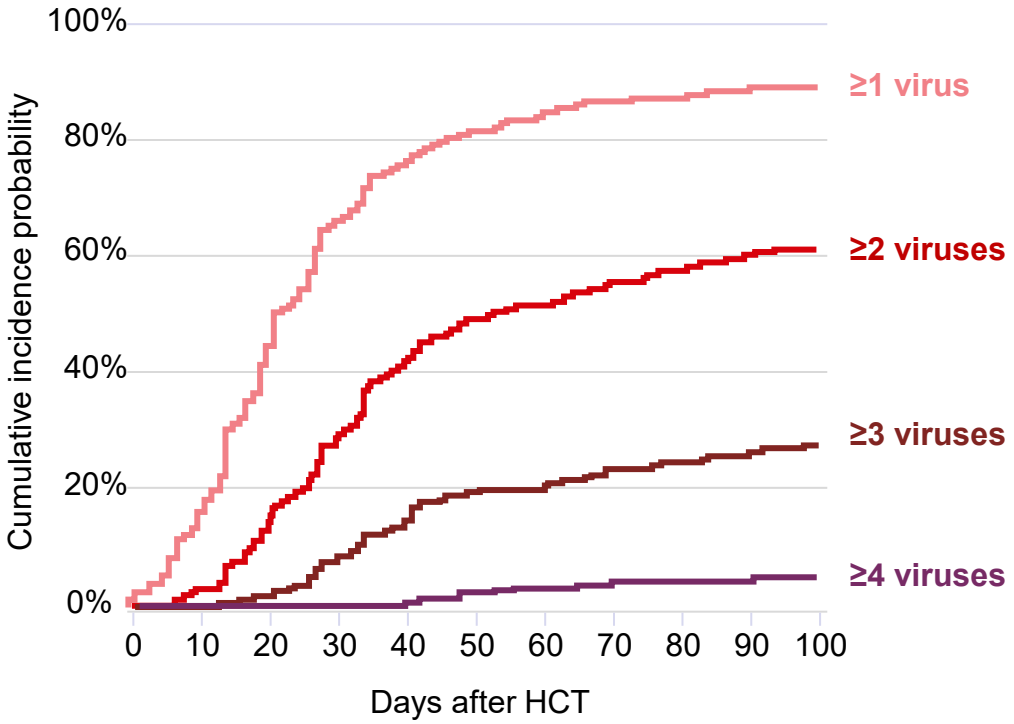
- Multi-Virus Prevention
- Virus-Associated Hemorrhagic Cystitis Treatment
- Adenovirus Treatment

Potential >$1B market opportunity in allo-HCT alone

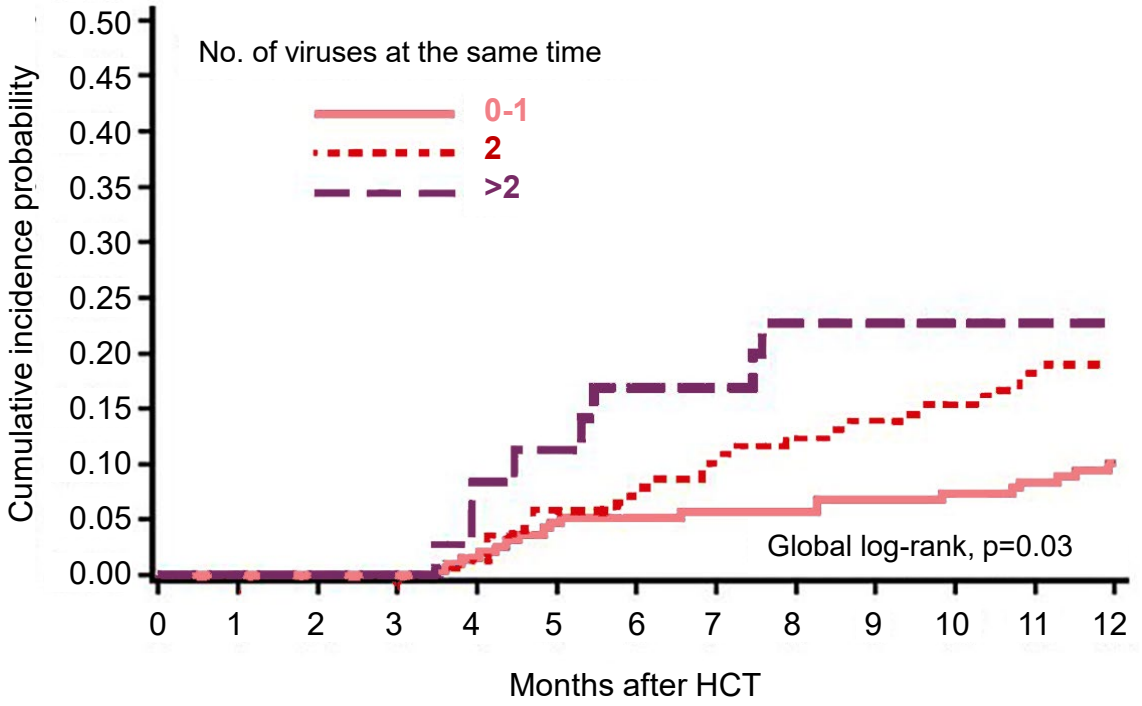
1. Any such expected launch is subject to certain assumptions and other factors, many of which are outside our control, such as regulatory approval, and as such, may be subject to change.

Multi-Virus Infections Are Common in Allo-HCT Patients and Contribute to Significant Mortality

Incidence of AdV, BKV, CMV, EBV or HHV-6 infection[1] (N=404)



Non-relapse mortality*, number of viruses at the same time[1] (N=358)



- 61% of patients were treated with antiviral therapies, excluding rituximab, within the first 100 days

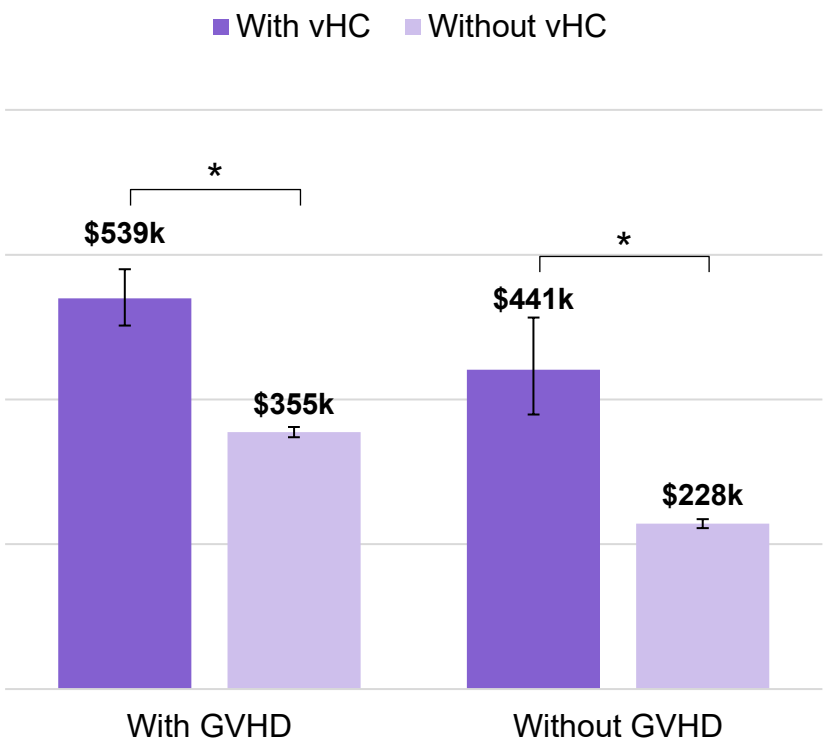
AdV = Adenovirus, BKV = BK Virus, CMV = Cytomegalovirus, EBV = Epstein-Barr Virus, HHV-6 = Human Herpesvirus 6.

1. Hill J, et al. *Blood*. 2017;129:2316-25. *Non-relapse mortality through Day 365 post-HCT among Day-100 survivors.

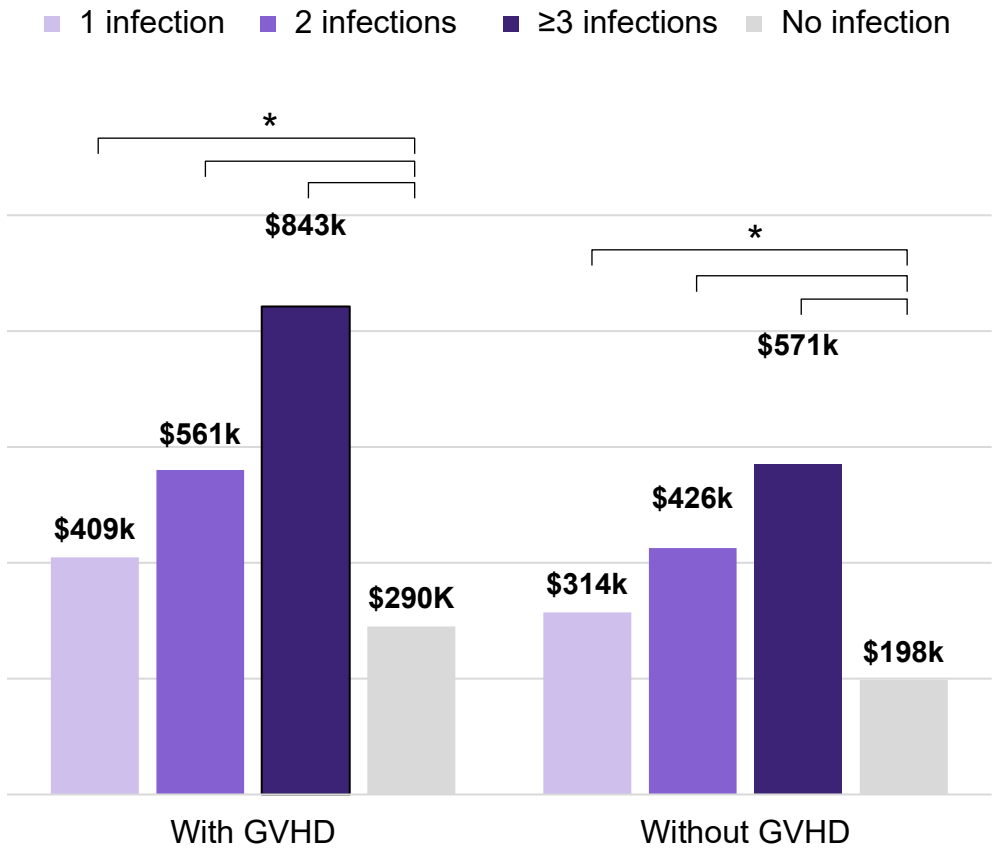
Virus-Associated HC Treatment and Multi-Virus Prevention Have Potential to Reduce Economic Burden of Disease While Improving Clinical Outcomes

Allo-HCT Recipients with vHC[1]

Mean Adjusted Total Reimbursements



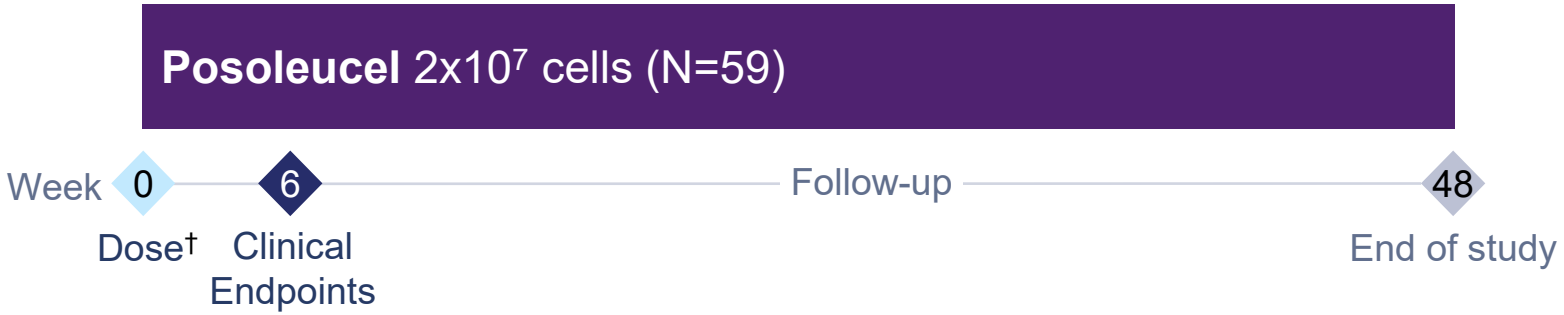
Allo-HCT Recipients with Multi-Virus Infections[2]



*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.

vHC = virus-associated Hemorrhagic Cystitis; GVHD = Graft vs. Host Disease. 1. McGuirk J, et al. *Transplant Cell Ther.* 2021;27:P505.E1-9; 2. Hill JA, et al. *Transplant Cell Ther.* 2022;28(9):619.e1-619.e8.

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

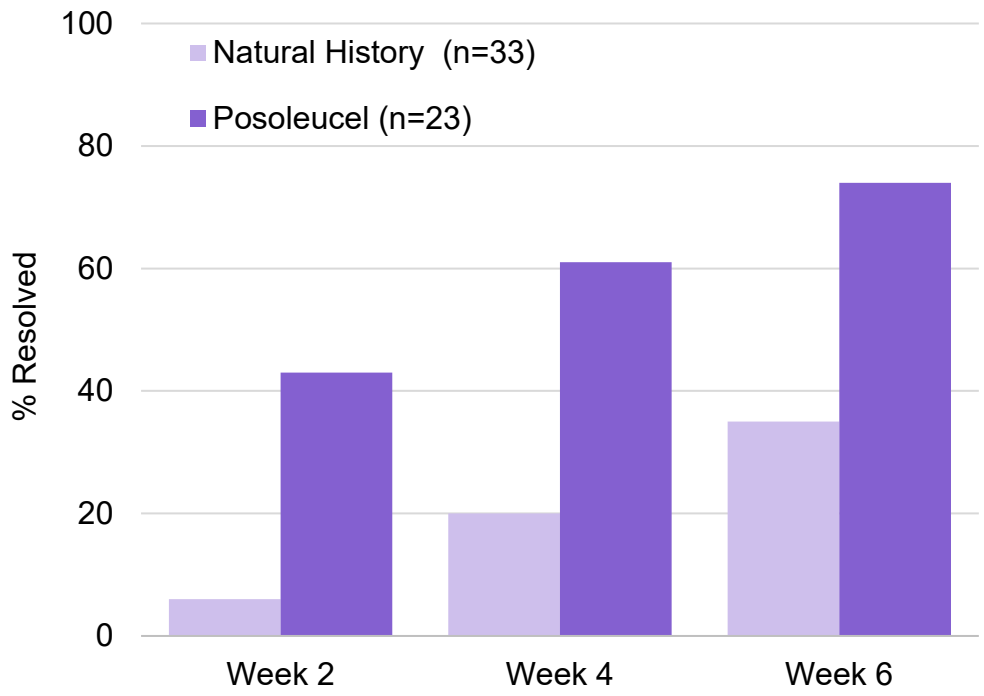


- Phase 2, proof-of-concept, open label study to assess the safety and clinical effects of posoleucel in allogeneic HCT recipients with ≥1 treatment-refractory infections
- Key eligibility criteria: refractory AdV, BKV, CMV, EBV, HHV-6 and/or JCV
  - Failure of antiviral therapy OR
  - Unable to tolerate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

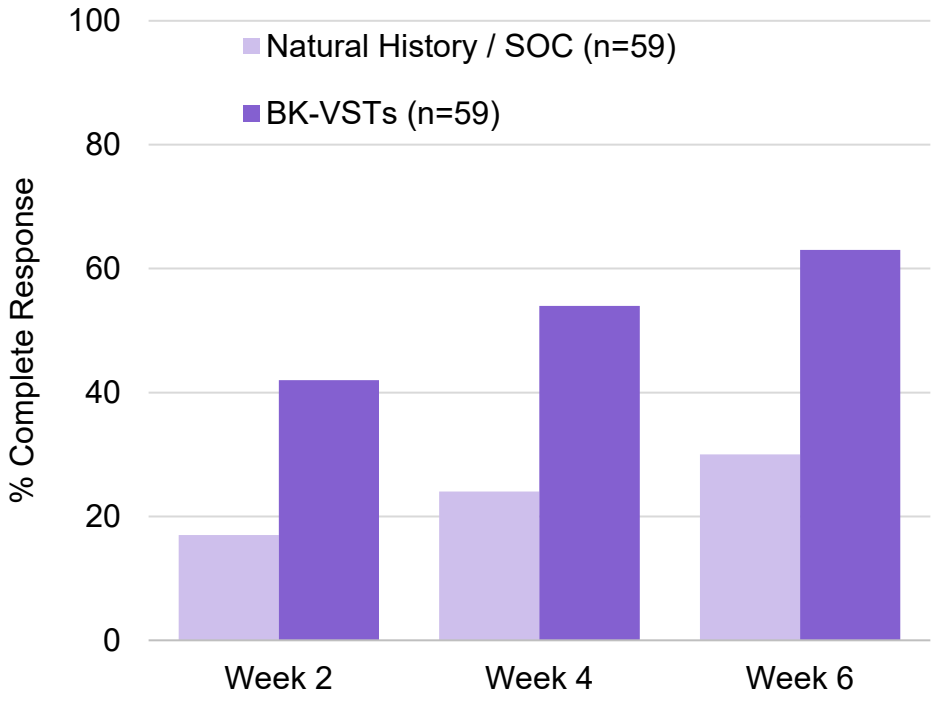
†Patients with partial response may receive ≤4 additional doses after 4 weeks at 2-week intervals.
AdV = Adenovirus, BKV = BK Virus, CMV = Cytomegalovirus, EBV = Epstein-Barr Virus, HHV-6 = Human Herpesvirus 6, JCV = JC Virus.
1. Tzannou I, et al. J Clin Oncol 2017;35:3547-57; 2. Tzannou I, et al. ASH 2020. Accessed January 4, 2021. https://ash.confex.com/ash/2020/webprogram/Paper143037.html.

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

CHARMS Study Patients Treated With Posoleucel vs. Historical Controls Receiving SOC[1]



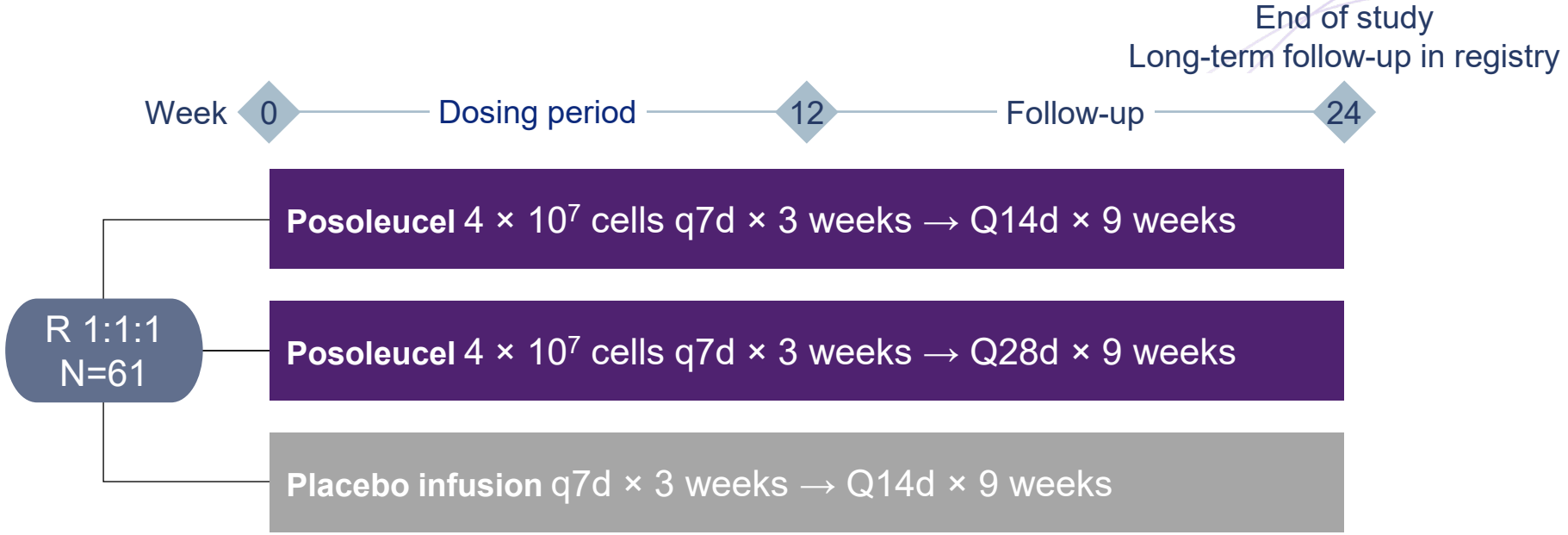
MDACC Patients Treated with BK-VSTs vs. Matched-pair Historical Controls Receiving SOC[2]



MDACC = MD Anderson Cancer Center; SOC = Standard of Care; VST = Virus-Specific T Cell

1.Pfeiffer T, et al. *Clin Cancer Res*. 2023; 2. Olson, Amanda et al, *JCO* 2021.

Final Results of Phase 2 BKV-Kidney Transplant Study Reported in Q1 2023

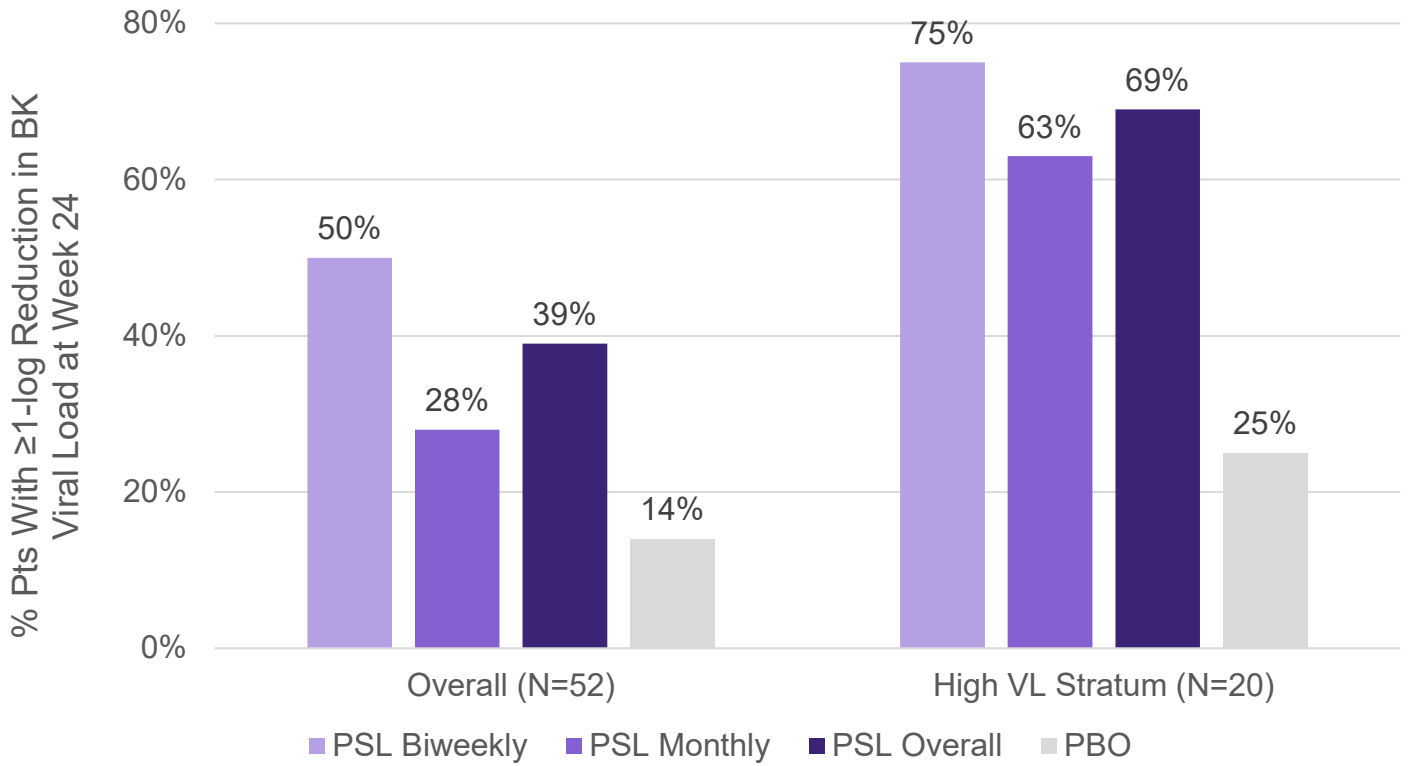


- Phase 2, multicenter, randomized, double-blind, placebo-controlled, multiple dosing interval, 2-period study
- Key eligibility criteria: adults with kidney transplant ≥28 days prior to enrollment, stratified by BK viral load
- Primary endpoint: safety and tolerability through Week 24
- Key secondary endpoint: reduction in BK viremia

ClinicalTrials.gov NCT04605484.

Clinically Meaningful Differences From Placebo Observed Across BK Viral Load Measures in Posoleucel Phase 2 BKV Study

Treatment effect most pronounced in high viral load patients with biweekly posoleucel dosing



PBO = Placebo; PSL = Posoleucel; VL = Viral Load
Source: Data presented during AlloVir Investor Webcast February 15, 2023

Thank You