2nd Quarter 2024
Financial Results & Corporate Update

August 5, 2024

BIONTECH

This Slide Presentation Includes Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, but not limited to, statements concerning: BioNTech's expected revenues and net profit/(loss) related to sales of BioNTech's COVID-19 vaccine, referred to as COMIRNATY where approved for use under full or conditional marketing authorization, in territories controlled by BioNTech's collaboration partners, particularly for those figures that are derived from preliminary estimates provided by BioNTech's partners; the rate and degree of market acceptance of BioNTech's COVID-19 vaccine and, if approved, BioNTech's investigational medicines; expectations regarding anticipated changes in COVID-19 vaccine demand, including changes to the ordering environment and expected regulatory recommendations to adapt vaccines to address new variants or sublineages; the initiation, timing, progress, results, and cost of BioNTech's research and development programs, including BioNTech's current and future preclinical studies and clinical trials, including statements regarding the timing of initiation, enrollment, and completion of studies or trials and related preparatory work and the availability of results, and the timing and outcome of applications for regulatory approvals and marketing authorizations; BioNTech's expectations regarding potential future commercialization in oncology, including goals regarding timing and indications; the targeted timing and number of additional potentially registrational trials, and the registrational potential of any trial BioNTech may initiate; discussions with regulatory agencies; BioNTech's expectations with respect to intellectual property; the impact of BioNTech's collaboration and licensing agreements; the development, nature and feasibility of sustainable vaccine production and supply solutions; and BioNTech's estimates of revenues, research and development expenses, selling, general and administrative expenses, and capital expenditures for operating activities. In some cases, forward-looking statements can be identified by terminology such as "will," "may," "should," "expects," "intends," "plans," "aims," "anticipates," "believes," "estimates," "predicts," "potential," "continue," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words.

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1 2nd Quarter 2024 Highlights
Ugur Sahin, Co-founder & Chief Executive Officer

2 Pipeline Update
Özlem Türeci, Co-founder & Chief Medical Officer

3 Financial Results
Jens Holstein, Chief Financial Officer

4 Strategic Outlook
Ryan Richardson, Chief Strategy Officer

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2nd Quarter 2024 Highlights

Ugur Sahin, Founder & Chief Executive Officer

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Achievements in Q2 2024

COVID-19 Leadership

Initiated global commercial roll-out of variant-adapted COVID-19 vaccines[1] for the upcoming vaccination season

Execution in Oncology

Announced positive topline Phase 2 results for mRNA cancer vaccine FixVac candidate BNT111[2] in cutaneous melanoma

Presented new clinical data at AACR, ASCO and ESMO-GI for early and mid-stage assets across platforms, modalities and indications

Dosed first patient in trial evaluating BioNTech's novel IO + ADC combination, BNT327[3] + BNT325[4]

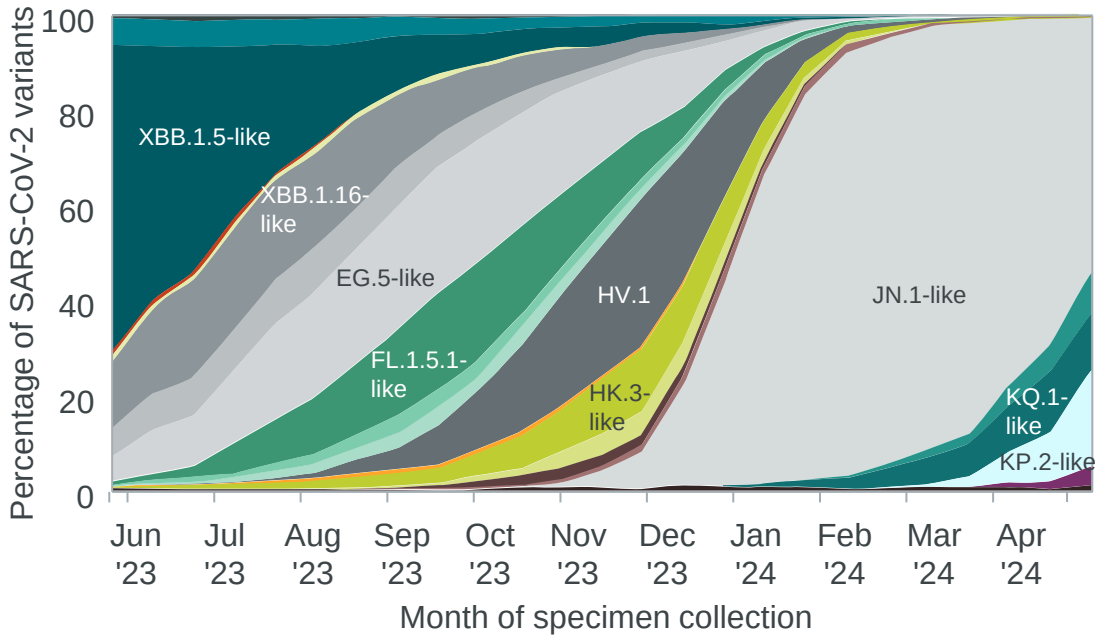
Corporate Update

Expanded strategic partnership with CEPI to build a sustainable and resilient end-to-end vaccine ecosystem in Africa

Partnered with: 1. Pfizer; 2 Regeneron; 3. Biotheus; 4. DualityBio.

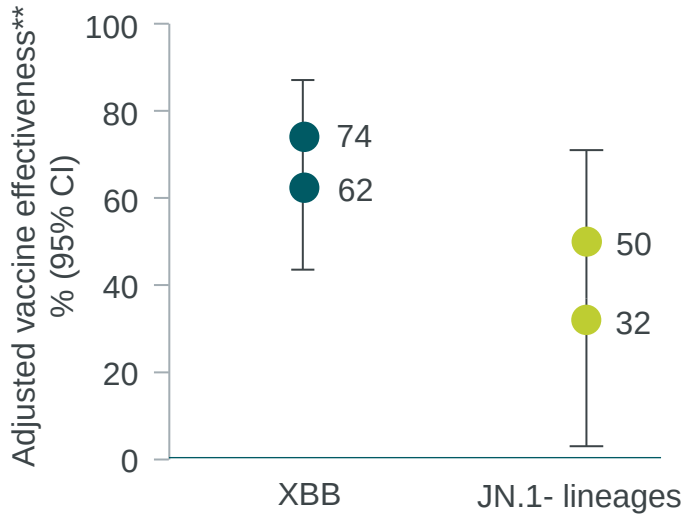
Our SARS-CoV-2 Lineage-Adapted Vaccines are Expected to Improve Protection Against Severe COVID-19

Development of SARS-CoV-2 variants between June 2023 and May 2024[1]



SARS-CoV-2 continues to evolve rapidly, with JN.1-lineages (including KP.2-like) dominating the global epidemiological landscape

U.S. hospitalization real-world data Sep 25, 2023 - Feb 29, 2024 No. of cases in total = 28,095 (17% of total ARI episodes)[2]



Time since BNT162b2 XBB.1.5 Dose: ≤ 60 days

JN.1-lineages have acquired immune escape mutations, indicating a need for strain-adapted vaccine updates

1. VRBPAC meeting June 2024 https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-june-5-2024-meeting-announcement Presentation Dr. Thornburg N https://www.fda.gov/media/179141/download Accessed June 19, 2024; 2. Adapted from VRBPAC meeting June 2024 https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-june-5-2024-meeting-announcement Presentation Modjarrad MD PhD https://www.fda.gov/media/179144/download Accessed June 20, 2024.

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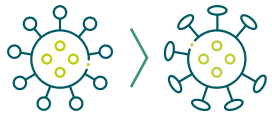
Expedited Submissions Enable Timely Delivery and Earlier Availability of Vaccines Adapted to the Most Current SARS-CoV-2 Variants



Monitoring of emerging SARS-CoV-2 variants

30 April

EMA/ETF JN.1

"Family of Omicron subvariants" **recommendation**

17 DAYS

17 May

COMIRNATY[1] JN.1

EMA submission

13 June

FDA KP.2

recommendation

13 DAYS

26 June

COMIRNATY[1] KP.2

Rolling **FDA submission** start

03 July

COMIRNATY[1] JN.1

EC approval received & **roll-out** started

Mid September

COMIRNATY[1] KP.2

FDA approval & **roll-out** expected

1. Partnered with Pfizer;
JN.1 is a SARS-CoV-2 variant, KP.2 is a lineage of the JN.1 variant.

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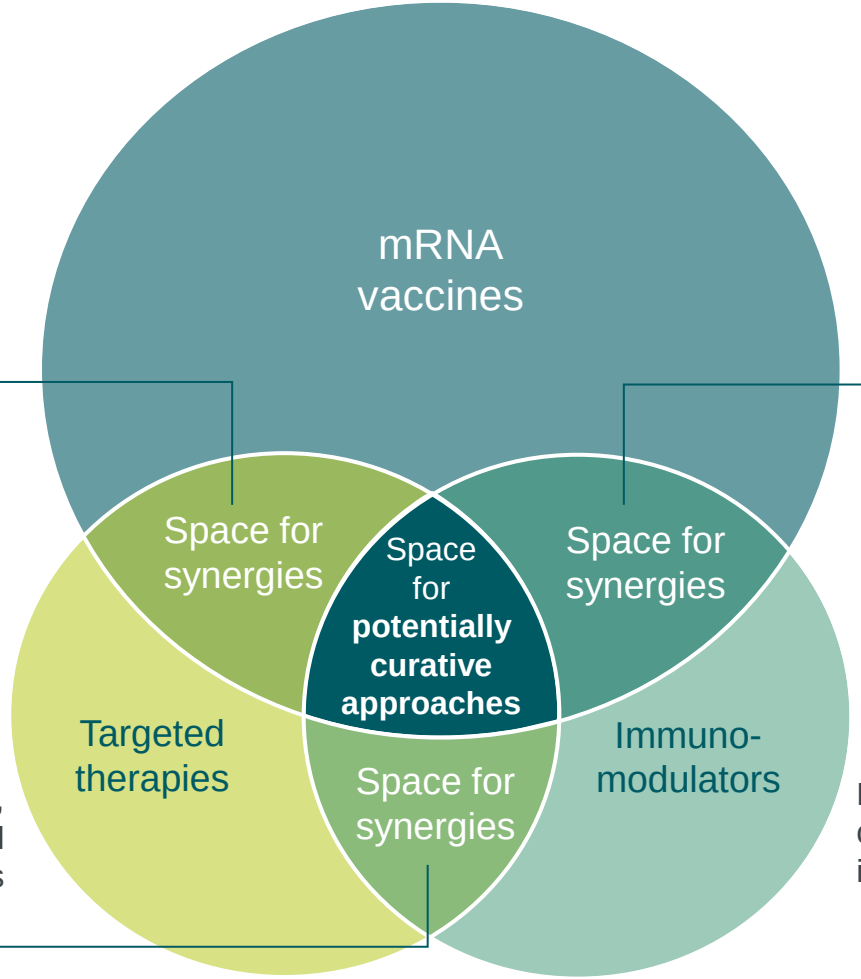
Towards a Potentially Curative Approach to Cancer based on Multiple Modalities and Differentiated Novel/Novel Therapeutic Combinations

BNT211[1,2]

CAR + Cancer vaccine

BNT327/PM8002[6] + BNT325/DB-1305[7]

ADC + IO



ADCs, CAR-T, TCR-T, small molecules

Autogene cevumeran (BNT122) + atezolizumab[3,4,5]

Cancer vaccine + IO

Novel checkpoint inhibitors, cytokines, immune agonists

1. Reinhard et al. Science 2020; 2. Mackensen et al. Nat Med 2023; 3. Rojas et al. Nature 2023; 4. Balachandran V et al. AACR 2024.

Partnered with: 5. Genentech, member of Roche Group; 6. Biotheus; 7. DualityBio. Illustration is representative of company strategic priorities and is not to scale.

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2 Pipeline Update

Özlem Türeci, Chief Medical Officer

Our Multi-modality Immuno-Oncology Pipeline Today

Phase 1	Phase 1/2	Phase 2	Phase 3
BNT116 Adv. NSCLC	**BNT142** (CD3xCLDN6) Multiple CLDN6-pos. adv. solid tumors	**BNT111**[2] aPD(L)1-R/R melanoma, + cemiplimab	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) anti-PD-1/PD-L1 experienced NSCLC
Autogene cevumeran (BNT122)[1] Multiple solid tumors	**BNT311/GEN1046 (acasunlimab)**[3] **(**PD-L1x4-1BB) Multiple solid tumors	**BNT113** 1L rel./met. HPV16+ PDL-1+ head and neck cancer, + pembrolizumab	**BNT323/DB-1303**[5] (HER2) HR+/HER2-low met. breast cancer
BNT152 + BNT153 (IL-7, IL-2) Multiple solid tumors	**BNT312/GEN1042**[3] (CD40x4-1BB) Multiple solid tumors	**BNT116**[2] 1L adv. PD-L1 ≥ 50% NSCLC, + cemiplimab	
BNT211 (CLDN6) Multiple solid tumors	**BNT314/GEN1059**[3] **(**EpCAMx4-1BB) Multiple solid tumors	**Autogene cevumeran (BNT122)**[1] 1L adv. melanoma, + pembrolizumab	
BNT221 Refractory metastatic melanoma	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) mCRPC, + radiotherapy	**Autogene cevumeran (BNT122)**[1] Adj. ctDNA+ stage II or III CRC	
BNT315/GEN1055[3] (OX40) NEW Multiple solid tumors	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) Multiple solid tumors	**Autogene cevumeran (BNT122)**[1] Adj. PDAC, + atezolizumab + mFOLFIRINOX	
BNT321 (sLea) Metastatic PDAC	**BNT321** (sLeA) adjuvant PDAC, +mFOLFIRINOX	**BNT311/GEN1046 (acasunlimab)**[3] (PD-L1x4-1BB) R/R met. NSCLC, +/- pembrolizumab	
BNT322/GEN1056[3] Multiple solid tumors	**BNT323/DB-1303**[5] (HER2) Multiple solid tumors	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) Plat.-R. ovarian cancer, + pembrolizumab	
BNT326/YL202[6] (HER3) Multiple solid tumors	**BNT324/DB-1311**[5] (B7H3) Multiple solid tumors	**BNT327/PM8002**[7] (PD-L1 x VEGF-A) PLANNED 1L/2L+ ES-SCLC, +chemotherapy	
	BNT325/DB-1305[5] (TROP2) Multiple solid tumors	**BNT327/PM8002**[7] (PD-L1 x VEGF-A) PLANNED 1L/2L met. TNBC, +chemotherapy	
	BNT327 / BNT325 combination[5,7] NEW Multiple solid tumors		

Legend

- mRNA
- Cell therapy
- Next generation IO
- ADCs
- Combination studies

Partnered with: 1. Genentech, member of Roche Group; 2. Regeneron; 3. Genmab; 4. OncoC4; 5. DualityBio; 6. MediLink Therapeutics; 7. Biotheus.

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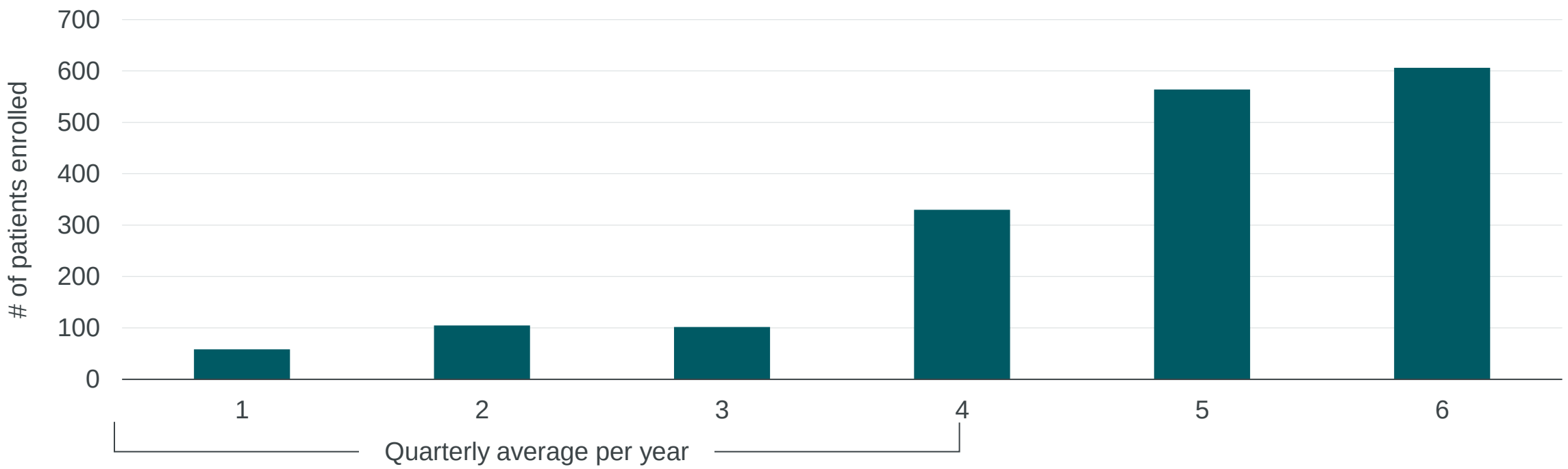
Focus on Clinical Trial Execution in Oncology

Average quarterly patient enrollment in trials*



On track to deliver 10+ potentially registrational trials running by YE 2024

* Includes BioNTech and partnered trials evaluating jointly owned assets.

Six Ongoing Phase 2 Trials with Cancer Vaccine Candidates in Multiple Disease Settings

Select iNeST and FixVac trials based on BioNTech's mRNA technology and mRNA-LPX platform

Individualized vaccine: iNeST[1]				FixVac		
Adjuvant		1L	R/R	R/R	1L	Multiple settings
CRC **Phase 2**	PDAC **Phase 2**	Melanoma **Phase 2**	Solid Tumors **Phase 1**	Melanoma **Phase 2**	HPV16+ HNSCC **Phase 2**	NSCLC **Phase 1 & 2**
Autogene cevumeran (BNT122) Monotherapy	**Autogene cevumeran (BNT122)** + Atezolizumab	**Autogene cevumeran (BNT122)** + Pembrolizumab	**Autogene cevumeran (BNT122)** + Atezolizumab	**BNT111[2]** + Cemiplimab	**BNT113 +** Pembrolizumab vs. Pembrolizumab	**BNT116[2]** Monotherapy & Cemiplimab or CTx
Recruitment ongoing Data presented from epi substudy at **ASCO 2024** and from biomarker sub-study at **ESMO-GI 2024**	Recruitment ongoing Data presented from investigator-initiated Ph 1 study at ASCO 2022 & **AACR 2024** and published (Rojas et al., Nature 2023)	Enrollment completed Data of prototype version Ph 1 published (Sahin et al., Nature 2017). Analysis of Ph 2 PFS as primary endpoint will be based on events and define when we will report results.	Enrollment completed Data presented at AACR 2020 Manuscript submitted to peer-reviewed journal	Enrollment completed **Positive topline data** announced July 2024 Data presented from Ph 1 at multiple conferences incl. SITC 2021 and published (Sahin et al., Nature 2020)	Enrollment completed Data of Ph 1 study presented at multiple conferences incl. ESMO-IO 2022.	Recruitment ongoing in Ph 2 in 1L NSCLC[2] Ph 1 study ongoing Data presented at SITC 2023 and **AACR 2024**

1. Partnered with Genentech, member of Roche Group; 2. Sponsored by Regeneron.

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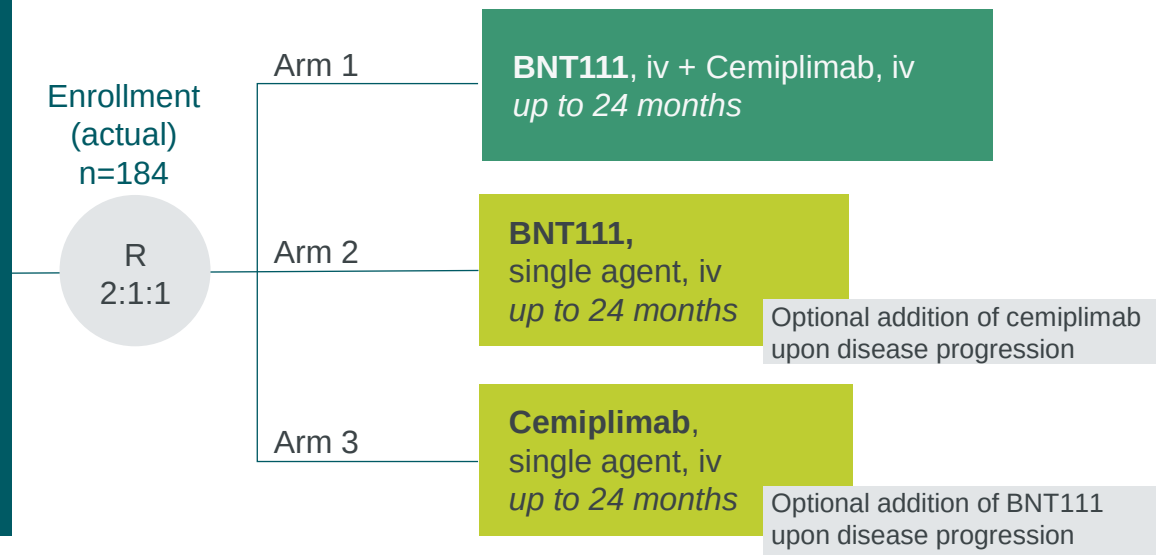
Primary Endpoint Met: BNT111 (FixVac)[1] in Combination with Cemiplimab Demonstrated Improved ORR Compared to Historical Control

Phase 2 open-label, randomized, multi-site trial to evaluate efficacy, tolerability and safety of BNT111 and cemiplimab in combination or as single agents in patients with late-stage melanoma (NCT04526899)

Key inclusion criteria

- Age ≥ 18 years
- Unresectable Stage III or IV cutaneous melanoma confirmed by histology (RECIST 1.1)
- Relapsed/refractory to anti-PD(L)-1
- Prior treatment with BRAF or CTLA-4 targeting therapy was allowed
- ECOG PS ≤1



Key endpoints:

Primary: ORR in arm 1 by RECIST 1.1 (by BICR)

Secondary: ORR in arms 2/3, DOR, DCR, TTR, PFS, OS, TEAE, irAE

US FDA Fast Track +
US Orphan Drug Designation Granted

1. Sponsored by Regeneron.

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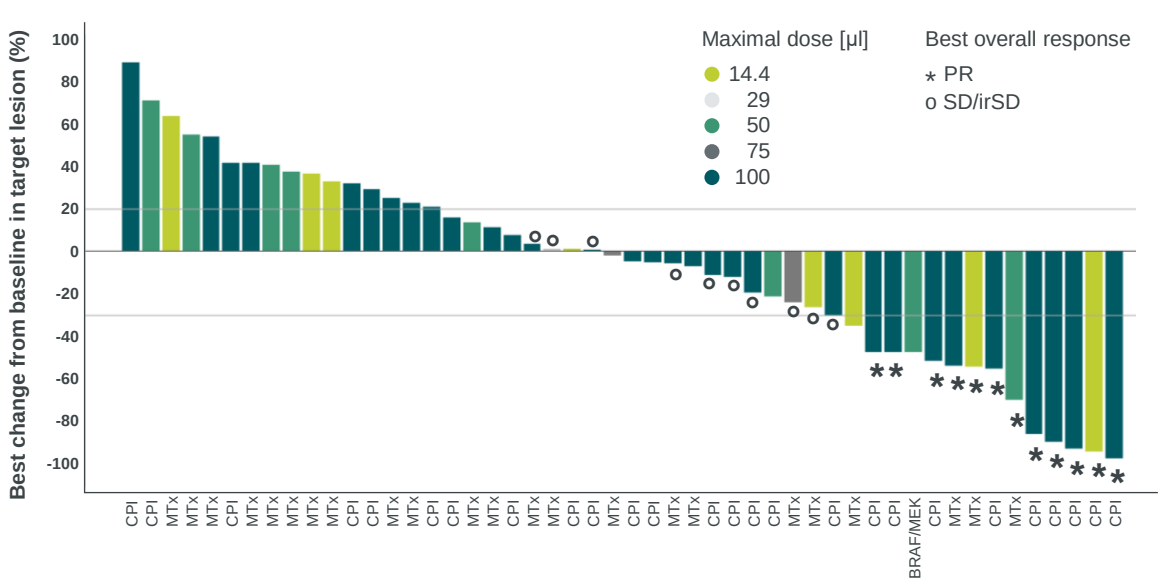
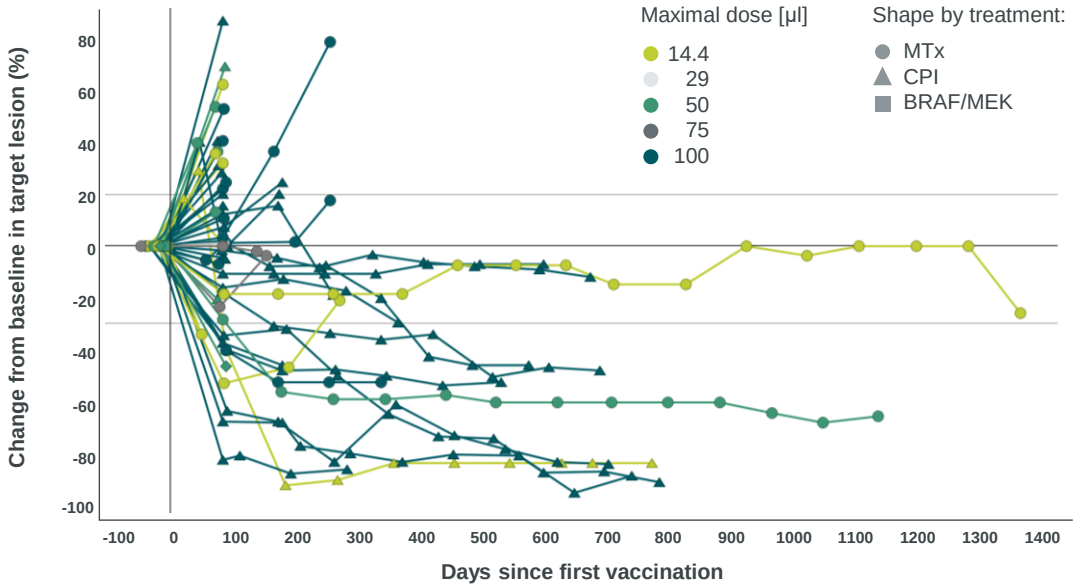
Phase 1 BNT111 +/- PD1 inhibitor Proof-of-Concept Data on Activity and Potentially Durable Responses in Patients with Advanced Melanoma

FIH dose escalation and expansion trial to evaluate safety and tolerability of tetravalent RNA-lipoplex cancer vaccine in patients with advanced melanoma (Lipo-MERIT; NCT02410733)

Best change from baseline in target lesion



Growth kinetics of target lesion



Tumor shrinkage observed in patients receiving BNT111 monotherapy and in combination with a PD-1 inhibitor [1,2]

Long duration of responses observed in patients receiving BNT111 monotherapy and in combination with PD-1 inhibitors[2]

Data was presented at BioNTech Innovation Series 2022, Data cut-off: May 24, 2021;
1. One patient had an 83.2% decrease of target lesion from baseline but experienced a new target lesion and had SD as the best overall response. One patient had several new lesions despite a reduction in the target lesions;
2. One patient in the BNT111 monotherapy group who achieved a CR is not shown as only non-measurable target lesions were present (which later disappeared).

Treatment Options Needed to Address CPI Refractory Advanced Melanoma

Melanoma remains the deadliest skin cancer[1,2]

Incidence

WHO predicts global incidence will increase 15% to over 380,000 per year by 2030[1]

Death

WHO predicts global number of deaths will increase by 18% to over 69,000 per year by 2030[1]

Survival

5-year real-world survival for metastatic melanoma still only 35%[2]

Frontline CPI immunotherapy induces durable responses in 29−36% of clinical trial patients[3]

No established SoC for patients with CPI resistant/refractory disease - salvage by different/additional CPI or chemotherapy achieve response rates of ~10% - responses are mostly short-lived[4,5,6]

A recently approved cellular therapy might offer improvements in this segment for eligible patients with access to sites that can offer the therapy[7]

Significant opportunity to improve standard of care for patients with CPI resistant/refractory advanced cutaneous melanoma

1. Global Cancer Observatory – projected 2030 data from 'Cancer Tomorrow' (accessed July 31, 2024); **2**. NIH SEER cancer stat facts (accessed July 31, 2024). **3**. Larkin et al. NEJM 2019; **4**. Ascierto et al., JCO 2022; **5**. Zimmer et al., Eur J Cancer 2017; **6**. Goldinger et al., Eur J Cancer 2022; **7**. FDA press release from Feb 16, 2024 (accessed July 31, 2024).

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High Unmet Medical Need in Early-Stage Cancer Indications

Pancreatic ductal adenocarcinoma

69–75% **relapse rate within 5 years** after adjuvant therapy[1,2]

Projected to become the 2nd leading cause of cancer-related death in the US by 2030[3]

5-year survival rates after resection are ~10%[4]

Largely CPI resistant due to low mutation burden with few mutation-derived neoantigens and an immunosuppressive tumor microenvironment[5]

Phase 1 trial completed in adj. PDAC
Randomized Phase 2 trial ongoing

Colorectal cancer

20-35% **relapse rate within 5 years** after adjuvant therapy[6]

5-year survival rates of locoregional disease are ~70%[7]

ctDNA is a marker for minimal residual disease and thus can identify patients at high risk of disease recurrence[8,9]

In ctDNA-positive, Stage 2 (high risk) and Stage 3 CRC post adjuvant chemotherapy, duration of disease-free survival is 10 months[10]

Randomized Phase 2 trial ongoing

1. Jones et al. JAMA Surgery 2019; **2**. Conroy et al. JAMA Oncology 2022; **3**. Rahib et al. JAMA Network Open 2021; **4**. Bengtsson et al., Sci Rep 2020; **5**. Kabacaoglu et al. Frontiers Immunol 2018. **6**. André et al., JCO 2015; **7**. NIH SEER cancer stat facts (Accessed July 31, 2024); **8**. Fan et al. PLoS One 2017; **9**. Loupakis et al. JCO Precis Oncol 2021; **10**. Reinacher-Schick et al. ASCO 2024.

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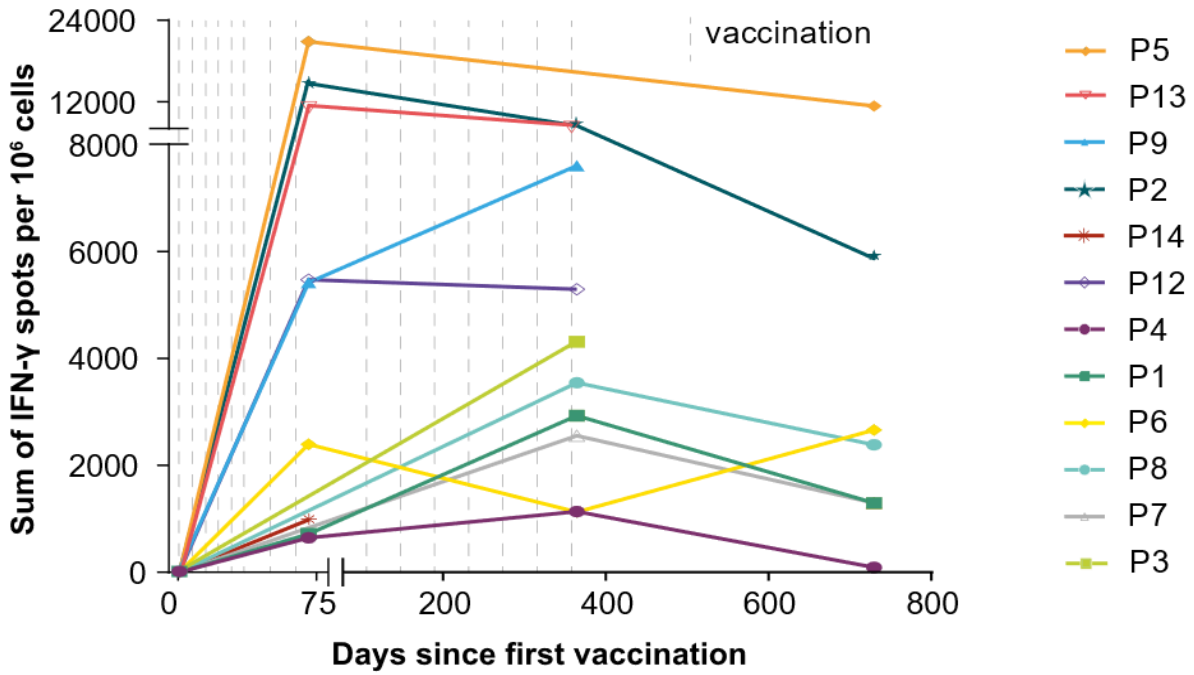
Functional Vaccine-Induced T cells were Long-Lived and Detected One Year After Last Vaccination in All 7 Patients with Corresponding Data

Kinetics and persistence of T-cell responses to vaccine-encoded neoantigens

Elena Elez, et. al., Biomarker sub-study results of autogene cevumeran (BNT122)[1] Phase 2 study (NCT04486378), presented at ESMO GI 2024

Kinetics and durability of ex vivo T-cell responses in individual patients (n=12)



Autogene cevumeran (BNT122)[1] induced T-cell responses against a median of 3 vaccine-encoded neoantigens were recorded in all patients

Almost all responses were detectable after 8 vaccinations. Additional 7 vaccinations led to maintenance/increase of the induced T-cell responses

Among patients included in the immunogenicity analysis, 100% (12/12) were disease-free at data cut-off

1. Partnered with Genentech, member of Roche Group.

Continuing to Invest and Drive Innovation in our mRNA Cancer Vaccine Platforms

Scaling up personalized and bulk mRNA manufacturing capacities to support late-stage clinical development and commercialization

Personalized mRNA production facility, Mainz, Germany

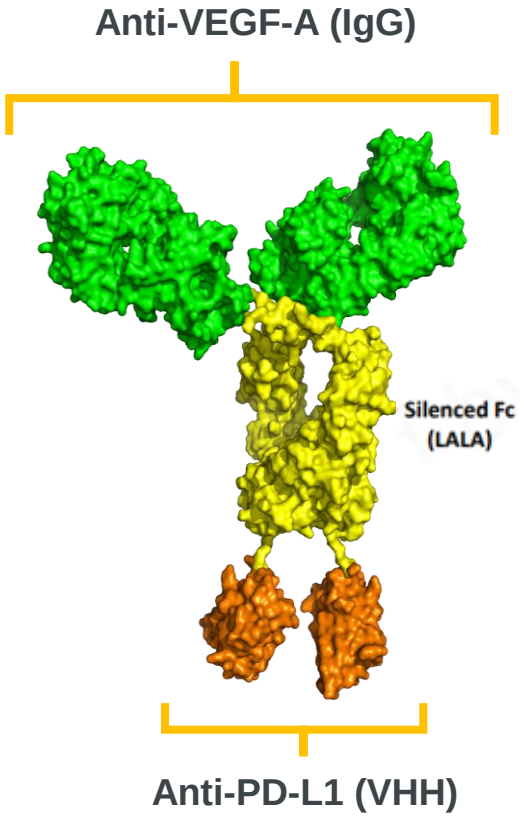
Bulk mRNA production facility, Marburg, Germany

- FixVac candidates may be manufactured at existing commercial-scale bulk mRNA facility in Marburg
- Aim to establish commercial manufacturing capacity and capabilities for personalized therapies by 2027
- Mainz/Germany production facility will enable further up- and down-stream process automation to decrease vein-to-vein time for personalized mRNA therapies
- Neoantigen selection continues to improve through collaboration with InstaDeep, and advancements in sample analysis technologies, including high-throughput sequencing and genomics technologies

BNT327/PM8002[1] – A Next-Gen IO Agent that Combines Two Clinically Validated MoA

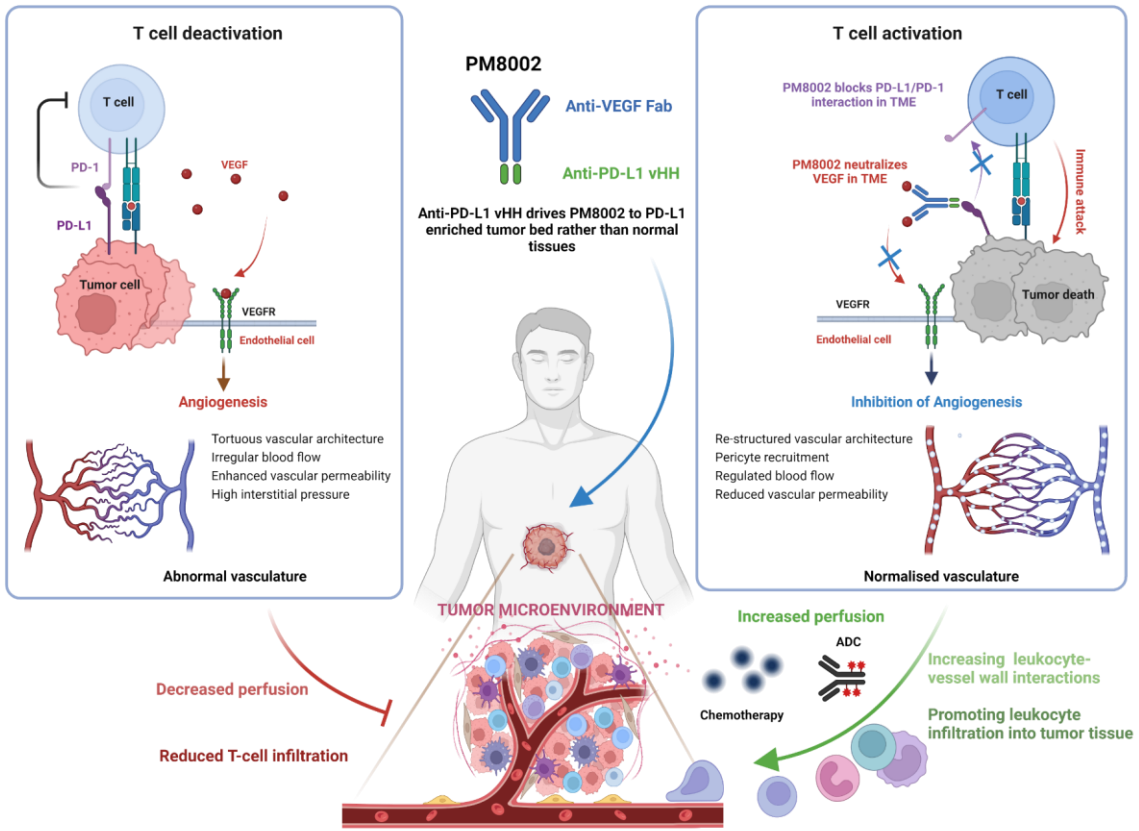
Dual blockade of PD-L1 and VEGF-A mechanism of action has been proven synergistic

- Compelling profile with over 600 patients treated to date
- Monotherapy activity and synergy in combination therapy observed in early clinical studies
- Encouraging safety profile vs PD-L1 + VEGF inhibition or PD-1 alone



Protein binding activity (K_D) for human
- PD-L1: 5.5 nM
- VEGF-A: <0.4 nM

"Two in one" MoA synergies with ADCs

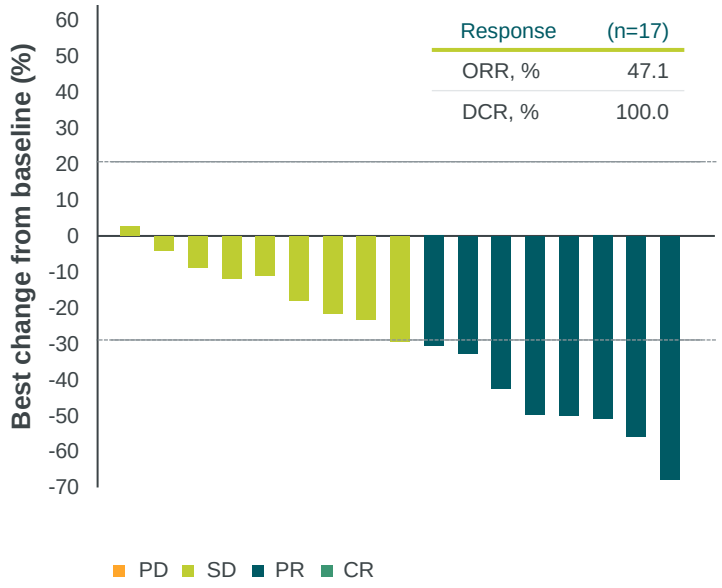


1. Partnered with Biotheus.
The MoA graphic was generated by Biorender.com.

BNT327/PM8002[1] Has Potential to Address Unmet Medical Need in NSCLC, SCLC and TNBC

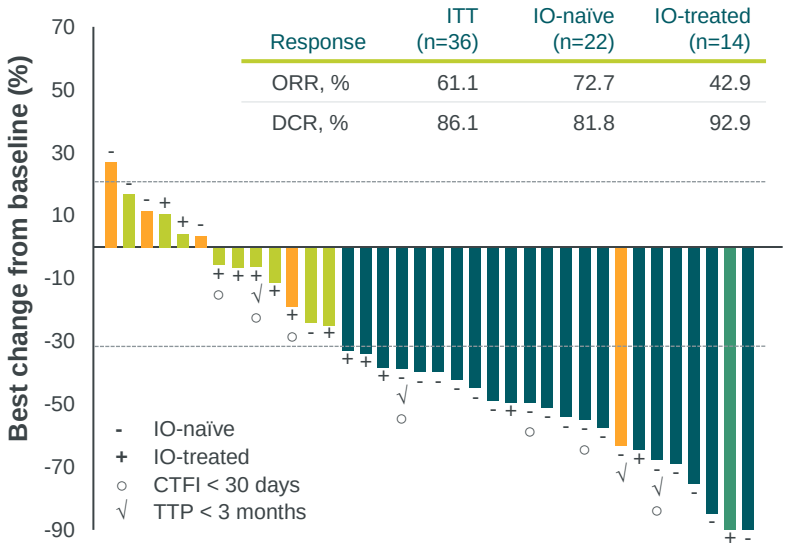
Phase 1/2 study (NCT05918445): efficacy signals in 1L NSCLC

Wu, C. et al., ASCO 2024, Poster #8533



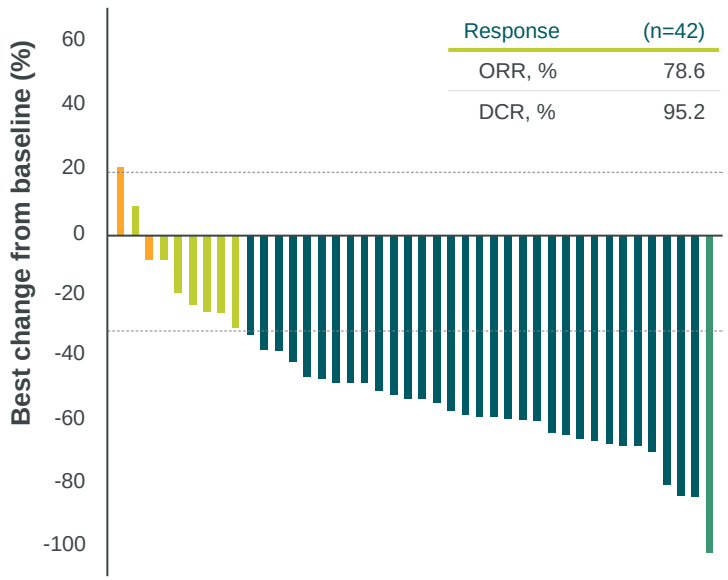
Phase 2 (NCT05879068): clinical activity in combination with paclitaxel in 2L SCLC

Ying Cheng et al., ESMO 2023, Poster#1992P



Phase 2 (NCT05918133): clinical activity in combination with nab-paclitaxel in 1L TNBC

Jiong Wu et al., SABCS 2023, Poster #PS08-06



Ongoing trials across several indications and favorable safety profile established based on data from > 600 patients

Strong single compound activity, and high ORRs observed in combination with CTx in various indications

1. Partnered with Biotheus;

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Accelerating Broad Clinical Development Program for BNT327/PM8002[1]

Global and regional trials initiated
Additional pivotal and novel combination trials planned for 2024 and 2025

SCLC		TNBC			NSCLC		Ovarian Cancer		Cervical Cancer	
2L+	1L+	1L+	1L+	Multiple lines	Multiple lines	Multiple lines	Platinum resistant	Multiple lines	2L+	Multiple lines
BNT327/ PM8002 + paclitaxel	**BNT327/ PM8002** + chemotherapy combination	**BNT327/ PM8002** + nab-paclitaxel	**BNT327/ PM8002** + chemotherapy combination	**BNT327/ PM8002 + BNT325/ DB-1305[2]**	**BNT327/ PM8002**	**BNT327/ PM8002 + BNT325/ DB-1305[2]**	**BNT327/ PM8002**	**BNT327/ PM8002 + BNT325/ DB-1305[2]**	**BNT327/ PM8002**	**BNT327/ PM8002 + BNT325/ DB-1305[2]**
Phase 2	Phase 2 dose optimization	Phase 2 Phase 3 recruiting	Phase 2 dose optimization	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1
Data presented at ESMO 2023	Trial initiated	Data presented at SABCS 2023	Trial initiated	Expansion cohort planned	Data presented at ASCO 2024	Multiple expansion cohorts planned in patients w/ & w/o AGAs	Data presented at ASCO 2024	Expansion cohort planned	Data presented at ASCO 2024	Expansion cohort planned

1. Partnered with Biotheus; 2. Partnered with DualityBio.

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Upcoming Clinical Data Updates in 2H 2024*

ESMO congress

BNT113 HPV16-driven carcinomas	Phase 1/2
BNT327/PM8002[2] Advanced RCC	Phase 1/2
BNT327/PM8002[2] EGFR-mutated NSCLC	Phase 2
BNT327/PM8002[2] Locally advanced or metastatic TNBC	Phase 1/2
BNT211 CLDN6-positive tumors	Phase 1/2

* Not exhaustive
1. Partnered with Genmab; 2. Partnered with Biotheus.

3 Financial Results

Jens Holstein, Chief Financial Officer

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Q2 and H1 2024 Financial Results

(in millions €, except per share data)[1]	Three months ended June 30		Six months ended June 30	
	2024	2023	2024	2023
Revenues	**128.7**	**167.7**	**316.3**	**1,444.7**
Cost of sales	(59.8)	(162.9)	(118.9)	(258.9)
Research and development expenses	(584.6)	(373.4)	(1,092.1)	(707.4)
Sales and marketing expenses	(12.9)	(18.1)	(28.5)	(30.3)
General and administrative expenses[2]	(170.9)	(119.8)	(287.9)	(231.6)
Other operating result[2]	(266.7)	(56.8)	(262.3)	(125.4)
Operating income / (loss)	**(966.2)**	**(563.3)**	**(1,473.4)**	**91.1**
Finance result	160.4	151.1	335.8	204.4
Income taxes	(2.0)	221.8	14.7	16.3
Net Profit / (loss)	**(807.8)**	**(190.4)**	**(1,122.9)**	**311.8**
Earnings / (Loss) per share				
Basic profit / (loss) for the period per share	(3.36)	(0.79)	(4.67)	1.29
Diluted profit / (loss) for the period per share	(3.36)	(0.79)	(4.67)	1.28

Balance Sheet as of 30 June 2024	
Cash and cash equivalents plus security investments[3]	€18.5bn

1. Numbers have been rounded; numbers presented may not add up precisely to the totals and may have been adjusted in the table context. Presentation of the consolidated statements of profit or loss has been condensed.
2. Adjustments to prior-year figures relate to costs for external legal advice in connection with certain legal litigations from general and administrative expenses to other operating expense to reflect changes in the internal reporting also in the external reporting.
3. Consists of cash and cash equivalents of €10,376.7 million, non-current security investments of €1,191.7 million and current security investments of €6,916.7 million, as of June 30, 2024.
More information can be found in BioNTech's Report on Form 6-K for the period ended June 30, 2024, filed today with the United States Securities and Exchange Commission and available at https://www.sec.gov/.

2024 Financial Year Guidance[1] Reiterated

		FY 2024 Guidance
FY 2024 revenues	Total revenues	**€2,500 – €3,100 m**
Planned FY 2024 expenses and capex	R&D expenses[2]	**€2,400 – €2,600 m**
	SG&A expenses	**€700 – €800 m**
	Capital expenditure for operating activities	**€400 – €500 m**
Revenue guidance considerations: Top-line sensitivity mainly dependent on the following factors	• Vaccination rates and price levels in markets where significant Comirnaty sales are expected • Inventory write-downs • Anticipated revenues related to service businesses, including InstaDeep, JPT Peptide Technologies, IMFS and from the German pandemic preparedness agreement	

1.Guidance excludes external risks that are not yet known and/or quantifiable. It does not include potential payments resulting from the outcomes of ongoing and/or future legal disputes or related activity, such as judgements or settlements, which may have a material effect on the Company's results of operations and/or cash flows. The Company continues to expect to report a loss for the 2024 financial year and expects to recognize the vast majority of its full year revenues mostly in the fourth quarter.
2. Numbers include effects identified from additional collaborations or potential M&A transactions to the extent disclosed and are subject to update due to future developments.
IMFS = BioNTech's Innovative Manufacturing Services GmbH
More information can be found in BioNTech's Report on Form 6-K for the period ended June 30, 2024, filed today with the United States Securities and Exchange Commission and available at https://www.sec.gov/.

4 Strategic Outlook

Ryan Richardson, Chief Strategy Officer

Commercial Roll-out of Variant-Adapted COVID-19 Vaccines Under Way

Initiated Rapid Launch

Launched first-to-market JN.1-adapted vaccine in EU in July allowing for coordinated Flu and COVID-19 vaccination campaigns

On track to begin distribution of KP.2-adapted vaccine upon expected approval in the U.S. in mid September

Global Business

Submissions under way in > **40 countries worldwide**

Expect approximately two-thirds of **demand potential** from ex-U.S. markets

Opening of **private markets** in UK, Japan, Switzerland, Australia, South Korea

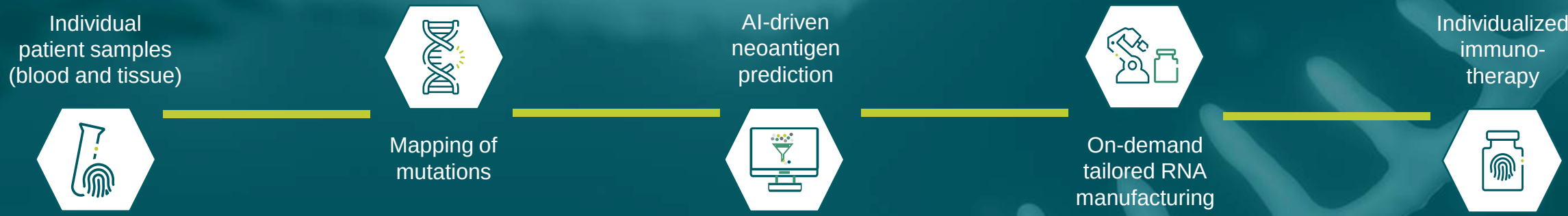
Broad Portfolio

Significant **increases in pre-filled syringe** product presentation globally

Will continue to deliver **presentation mix** of PFS, MDV and SDV

JN.1 is a SARS-CoV-2 variant, KP.2 is a sub-lineage of the JN.1 variant.

Personalized mRNA Cancer Vaccines Have Potential to Establish a New Paradigm in Cancer Treatment



- Aims to address the root cause of cancer, individual genomic mutations
- Neoantigen selection for each patient driven by AI / ML algorithms
- Iterative improvement enabled over time powered by data assets
- Combinable with multiple classes of innovative therapies
- Potential to extend beyond the product life-cycle of a traditional off-the-shelf pharmaceutical product

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Outlook | Select Clinical Data Updates & Planned Regulatory Submissions

2H 2024

COMIRNATY[1]
Updated variant-adapted vaccine roll-out

COVID-19 / Flu Combination vaccine[1]
Phase 3 topline data

ESMO congress
BNT327/PM8002[3]
NSCLC, ES-SCLC, RCC
Phase 2 data

ESMO congress
BNT211
CLDN6+ tumors
Phase 1 data

2025+

COMIRNATY[1]
Updated variant-adapted vaccine roll-out

COVID-19 / Flu Combination vaccine[1]
Regulatory submission

BNT323/DB-1303[4]
2L+ HER2 EC
Regulatory submission

BNT323/DB-1303[4]
2L HER2-low BC
Phase 3 topline data

BNT323/DB-1303[4]
2L+ HER2 EC
Phase 2 data

Autogene cevumeran (BNT122)[5]
ctDNA adj. CRC
Phase 2 topline data

BNT327/PM8002[3]
1L ES-SCLC and 2L SCLC
Phase 2 data

BNT327/PM8002[3]
1L and 2L TNBC
Phase 2 data

BNT111[6]
2L+ melanoma
Phase 2 data

Data update
Regulatory event

Catalyst-rich period expected over next 18 months

Partnered with: 1. Pfizer; 2. Genmab; 3. Biotheus; 4. DualityBio; 5. Genentech, member of Roche Group; 6. Regeneron.

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Our Next Stage of Growth in Oncology

2024

10 potentially registrational trials targeted by year end

Initiate first novel **combination trials**

Build out **commercial organization** ahead of potential launches

2025

Pivotal data updates in 2025 and beyond to support potential submissions

Aim for pivotal combination trials in 2025+

2026+

Potential launches in multiple indications as early as 2026

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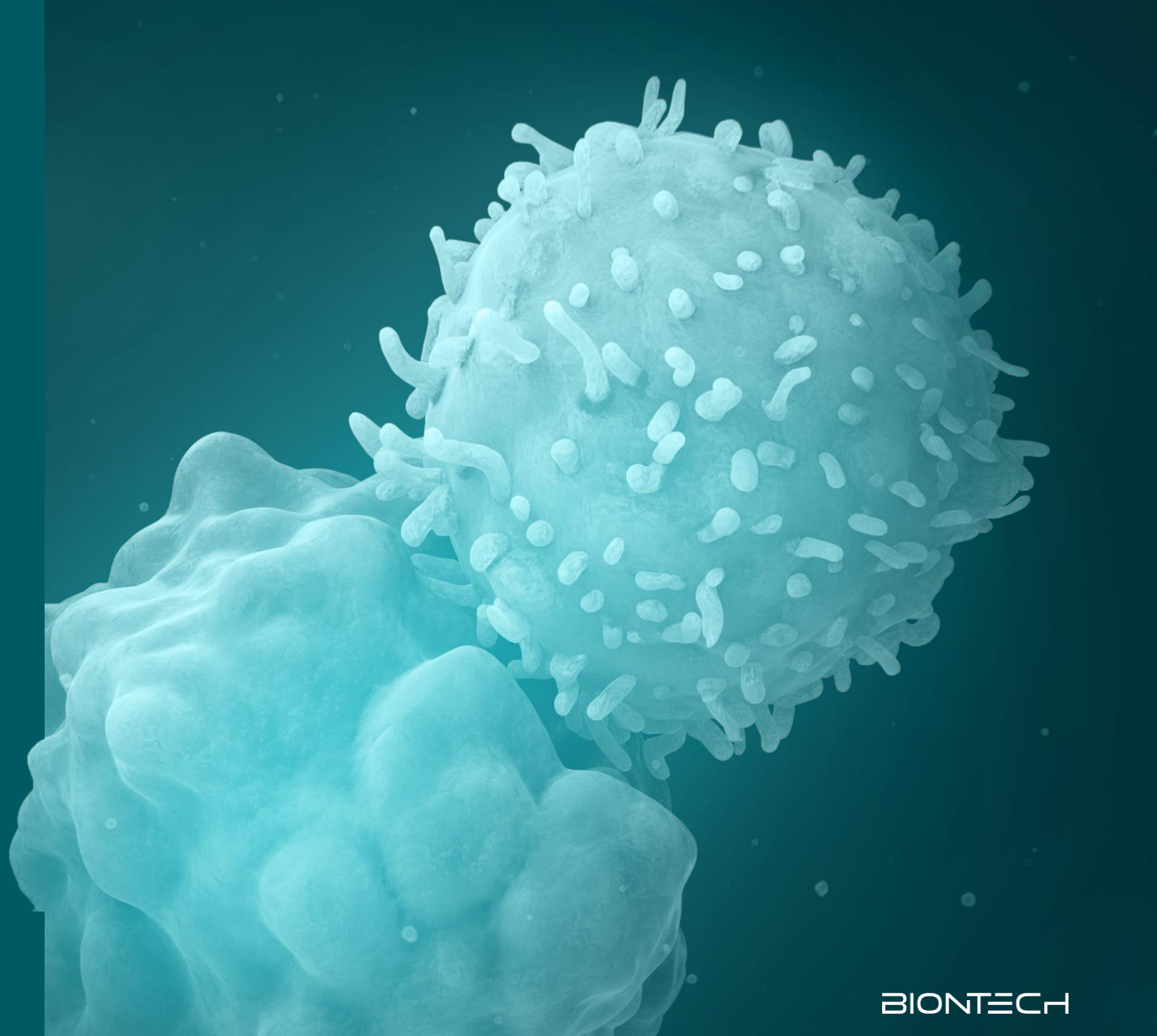
Save the date

Innovation Series: AI Day

October 1, 2024

Innovation Series

November 14, 2024



Thank you

Appendix

Program Updates Expected in 2024 and Beyond

	Program	Indication	Trial Phase	Anticipated Timing
Oncology	BNT111[1]	R/R Melanoma	Phase 2	2025
	BNT113	Advanced HPV16+ HNSCC	Phase 1/2 and Phase 2	2024
	Autogene cevumeran (BNT122)	Adjuvant ctDNA+ stage II (high risk)/III CRC	Phase 2	2025+
	BNT211	CLDN6+ tumors	Phase 1	2024
	BNT312/GEN1042[2]	Multiple solid tumors	Phase 1/2	2025
	BNT316/ONC-392 (gotistobart)[3]	R/R Melanoma	Phase 1/2	2025
	BNT323/DB-1303[4]	Multiple solid tumors	Phase 1/2	2025
	BNT323/DB-1303[4]	HR+ HER2-low met. BC	Phase 3	2025+
	BNT325/DB-1305[4]	Multiple solid tumors	Phase 1/2	2025
	BNT327/PM8002[5]	NSCLC, ES-SCLC, RCC	Phase 2	2024
	BNT327/PM8002[5]	ES-SCLC, SCLC and met. TNBC	Phase 2	2025+

Partnered with: 1. Regeneron; 2. Genmab; 3. OncoC4; 4. DualityBio; 5. Biotheus.

Program Updates Expected in 2024 and Beyond

	Program	Indication	Trial Phase	Anticipated Timing
Infectious Disease	BNT161[1]+BNT162[2]	Influenza COVID-19 Combination	Phase 3	2024
	BNT163	HSV	Phase 1	2024
	BNT167[2]	Shingles	Phase 1	2024

1. Out-licensed to Pfizer 2. Partnered with Pfizer.

Abbreviations

*n*L	*n*th line	ESMO	European Society for Medical Oncology	PDAC	Pancreatic ductal adenocarcinoma
AACR	American Association for Cancer Research	ES-SCLC	Extensive-stage small cell lung cancer	PD-L1	Programmed cell death protein ligand 1
ADC	Antibody-drug conjugate	FDA	Food and Drug Administration	(m)PFS	(median) Progression-free survival
adj.	Adjuvant	GCT	Germ cell cancer	PFS	Pre-filled syringe
(ir)AE	(immune-related) Adverse event	GI	Gastrointestinal	PK	Pharmacokinetics
AGA	Actionable oncogenic alteration	HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	PR	Partial response
AI	Artificial intelligence	HNSCC	Head and neck squamous cell carcinoma	QxW	Every x week
ARI	Acute respiratory infection	HPV	Human papilloma virus	RCC	Renal cell carcinoma
ASCO	American Society of Clinical Oncology	HSV	Herpes simplex virus	RECIST	Response Evaluation Criteria in Solid Tumors
BIRC	Blinded independent central review	IFN	Interferon	RFS	Recurrence-free survival
CAR	Chimeric antigen receptor	IgG	Immunoglobulin G	R/R	Relapsed/refractory
CD	Cluster of differentiation	IL	Interleukin	SABCS	San Antonio Breast Cancer Symposium
CEPI	Coalition for Epidemic Preparedness Innovations	iNeST	Individualized Neoantigen-Specific Therapy	SD	Stable disease
CI	Confidence interval	IO	Immuno-oncology	SDV	Single dose vial
CLDN	Claudin	ITT	Intention-to-treat	SITC	Society of Immunotherapy of Cancer
CPI	Checkpoint inhibitor	iv	Intravenously	sLeA	Sialyl-Lewis A antigen
CR	Complete response	LDH	Lactate dehydrogenase	SoC	Standard of care
CRC	Colorectal cancer	met.	Metastatic	TAA	Tumor-associated antigen
CRPC	Castration resistant prostate cancer	MAGE-A3	Melanoma antigen A3	TCR-T	T-cell receptor engineered T cell
ctDNA	Circulating tumor DNA	MDV	Multi dose vial	TEAE	Treatment-emergent adverse event
CTFI	Chemotherapy-free interval	MEK	Mitogen-activated protein kinase kinase	TME	Tumor microenvironment
CTx	Chemotherapy	ML	Machine learning	(TN)BC	(Triple-negative) breast cancer
DCR	Disease control rate	MoA	Mode of action	TPTE	Transmembrane phosphatase with tensin homology
DFS	Disease-free survival	MTx	Monotherapy	TROP-2	Trophoblast cell-surface antigen 2
DLT	Dose limiting toxicity	NCT	National clinical trial	TTF	Time to treatment failure
DOR	Duration of response	(N)SCLC	(Non-)small cell lung cancer	TTP	Time to progression
EC	Endometrial cancer	NY-ESO-1	New York esophageal squamous cell carcinoma-1	TTR	Time to response
ECOG	Eastern Cooperative Oncology Group	ORR	Objective response rate	VEGF(R)	Vascular endothelial growth factor (receptor)
EGFR	Epidermal growth factor receptor	OS	Overall survival	VHH	Variable heavy-chain
EMA TEF	European Medicines Agency Emergency Task Force	PD	Progressive disease	WHO	World Health Organization

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