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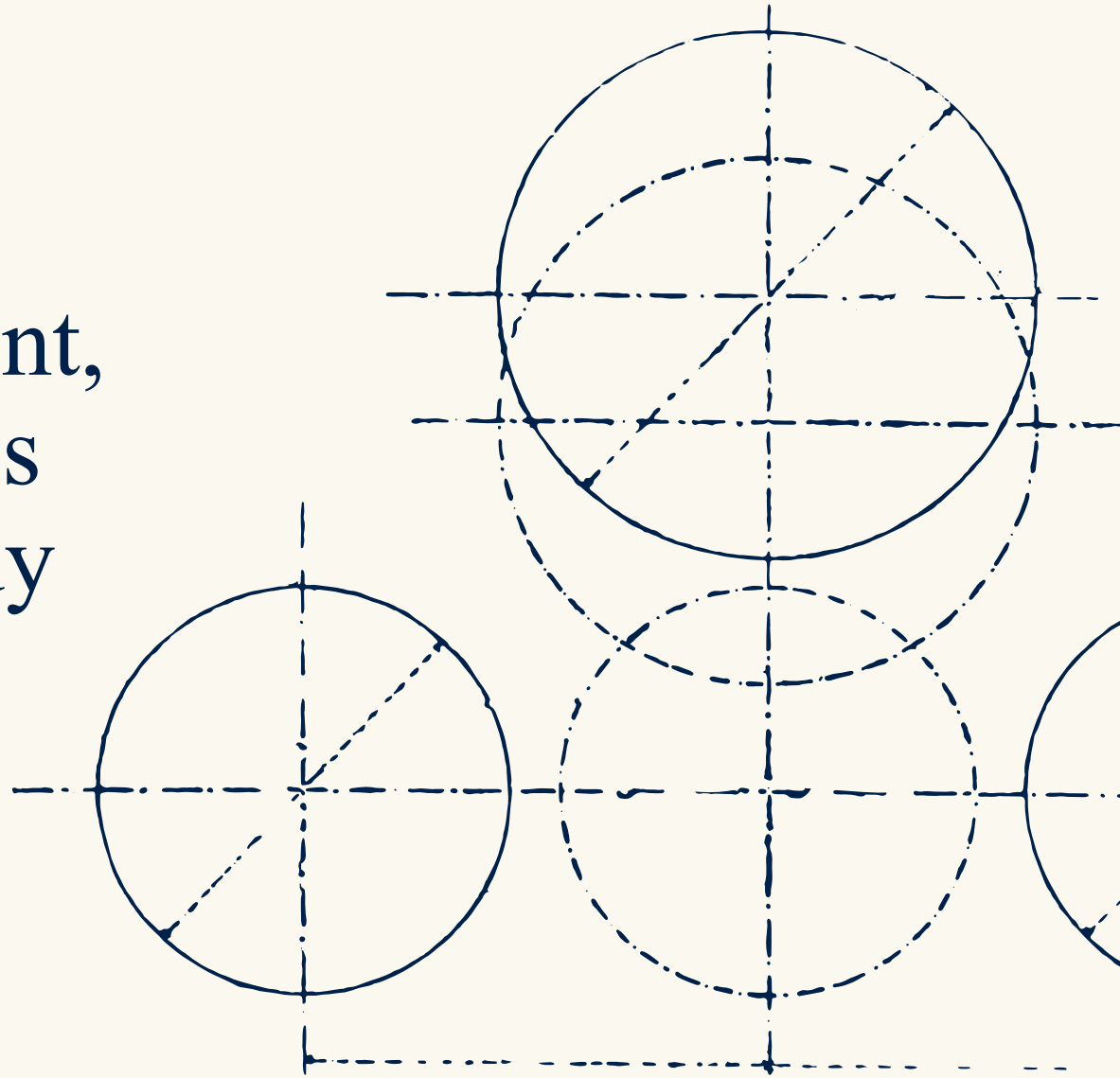
VMS063: a novel, highly potent, half-life extended, pan-measles variant investigational antibody

TAVI 2026

Robert Allen, Ph.D.



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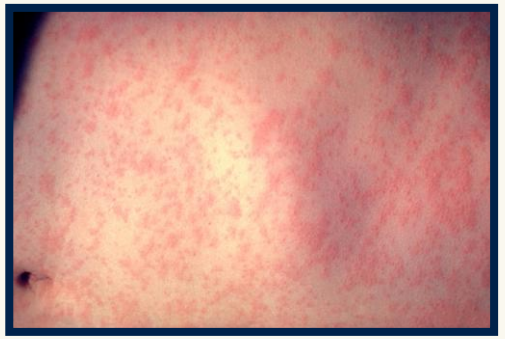
This presentation contains forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act of 1995. Statements in this presentation that are not statements of historical fact are forward-looking statements. Words such as "may," "will," "should," "expect," "plan," "anticipate," "seek," "could," "intend," "target," "aim," "project," "designed to," "estimate," "believe," "predict," "potential," or "continue" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, though not all forward-looking statements contain these identifying words. Forward-looking statements include statements concerning, among other things, plans related to the company's research and development activities; expectations regarding the measles landscape, disease burden, and virus evolution; the potential of VMS063 as a monoclonal antibody (mAb) candidate engineered via Invivyd's proprietary antibody discovery platform to target a highly conserved protein of a measles virus; beliefs about the profile of VMS063, including its potency and developability; the potential use of VMS063, subject to clinical development and regulatory approval, in measles treatment, post-exposure prophylaxis, pre-exposure prophylaxis in adults, and pediatric bridge to first vaccination; the potential of VMS063, subject to clinical development and regulatory approval, to deployed by public health authorities to attempt to respond to outbreaks and drive continued measles elimination in the U.S. and abroad; the company's expectations about potential pipeline expansion; certain scientific concepts, strategies, research and discovery efforts; and other statements that are not historical fact. The company may not actually achieve the plans, intentions, or expectations disclosed in the company's forward-looking statements and you should not place undue reliance on the company's forward-looking statements. These forward-looking statements involve risks and uncertainties that could cause the company's actual results to differ materially from the results described in or implied by the forward-looking statements, including, without limitation: the timing, progress, and results of the company's discovery, preclinical, and clinical development activities, including with respect to VMS063; whether or not any preclinical candidate identified by the company is determined to be suitable for clinical development; clinical trial site activation, enrollment, and event accumulation rates; the risk that results of nonclinical studies or clinical trials may not be predictive of future results, and interim data are subject to further analysis; the predictability of clinical success of the company's product candidates based on neutralizing activity in nonclinical studies and the assessment of other in vitro properties; potential variability in neutralizing activity of product candidates tested in different assays, such as pseudovirus assays and authentic assays; unexpected safety or efficacy data observed during preclinical studies or clinical trials; variability of results in models and methods used to predict neutralizing activity; changes in the regulatory environment; the outcome of the company's engagement with regulators; uncertainties related to the regulatory authorization or approval process, and available development and regulatory pathways; the ability to maintain a continued acceptable safety, tolerability, and efficacy profile of any product candidate following regulatory authorization or approval; whether the company's product candidates are able to demonstrate and sustain neutralizing activity against major SARS-CoV-2 variants, particularly in the face of viral evolution; changes in expected or existing competition; the company's reliance on third parties; complexities of manufacturing mAb therapies; macroeconomic and political uncertainties; and whether the company has adequate funding to meet future operating expenses and capital expenditure requirements. Other factors that may cause the company's actual results to differ materially from those expressed or implied in the forward-looking statements in this presentation are described under the heading "Risk Factors" in the company's Annual Report on Form 10-K for the year ended December 31, 2025, as filed with the Securities and Exchange Commission (SEC), and in the company's other filings with the SEC, and in its future reports to be filed with the SEC and available at www.sec.gov. Forward-looking statements contained in this presentation are made as of this date, and Invivyd undertakes no duty to such information whether as a result of new information, future events or otherwise, except as required under applicable law.

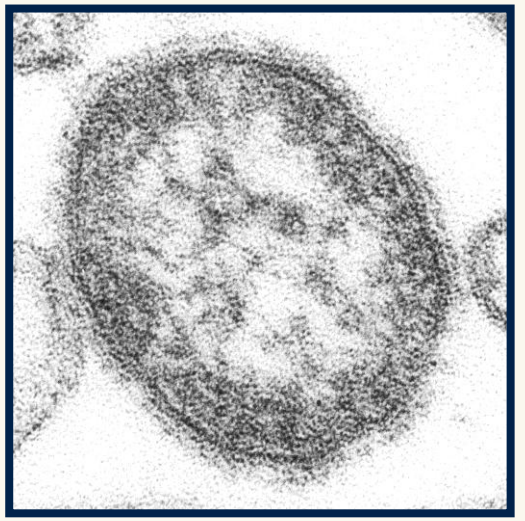
This presentation contains hyperlinks to information that is not deemed to be incorporated by reference in this presentation.

Measles Virus Background

- The Measles Virus (MeV) is an RNA *Morbillivirus*
  - There are 24 strains of MeV divided into 8 clades: A-H
- Transmission occurs through respiratory droplets and is highly infectious
  - Symptoms include fever, coughing, malaise, and a rash
  - Complications occur in ~30% of cases requiring hospitalization
  - ~2/1000 children infected results in death



Measles



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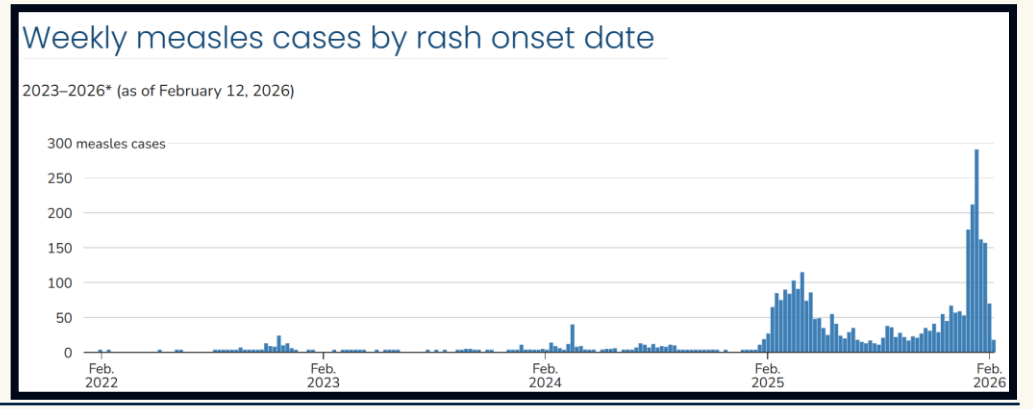
Measles Virus Background

- Vaccination is the primary form of preventing Measles
  - The first Measles vaccine was introduced in 1963
  - Introduction of the MMR vaccine in 1971 reduced Measles cases by >99%
  - MMR-II was approved in 1978 for children 12 months and older
- There are few treatments for Measles
  - IVIg/IMIg is an expensive option reserved for the most at risk patients
- Less than 220 cases per year were reported in the USA between 1997 and 2013
  - In 2025 there were 2285 confirmed cases of Measles in the USA
  - As of March 16 2026, there have been 1487 confirmed cases of Measles reported in the USA in 24 states



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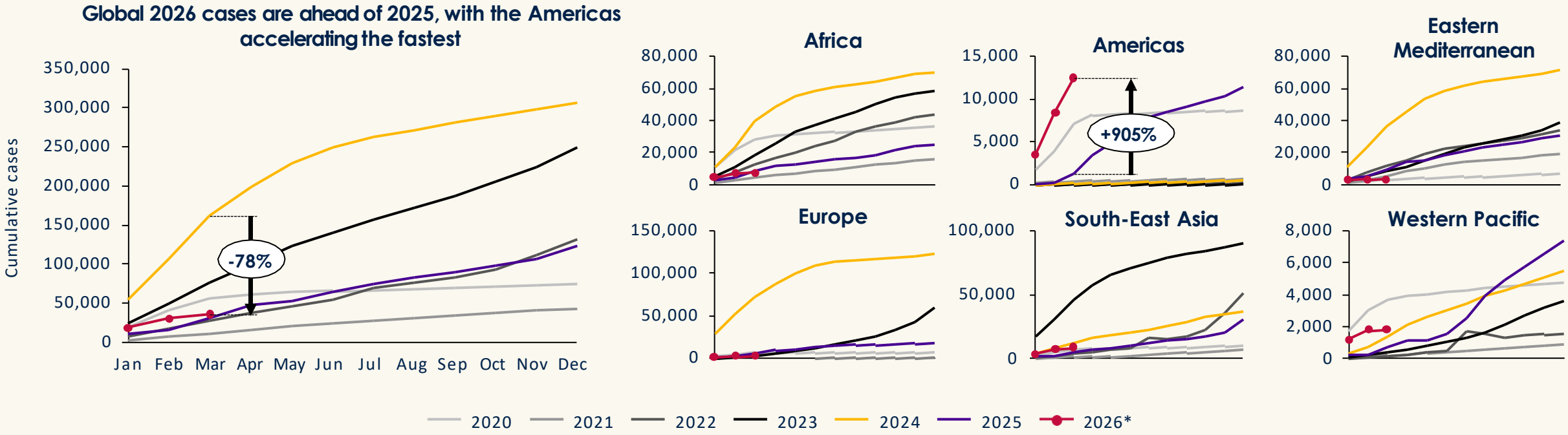
CURRENT measles virus disease burden

Global measles resurgence continues into 2026, with the Americas emerging as the new crisis frontline

Global and regional cumulative measles cases, 2020-2026*

Confidence: ● Moderate (3.5)



Data: WHO, Bangladesh, Latvia, Bulgaria, Indonesia, Guatemala, UK, US, Africa
Visualisation: Airfinity

** 2026 data are incomplete, with latest data for Mar 2026, though not for all countries due to reporting delays.*

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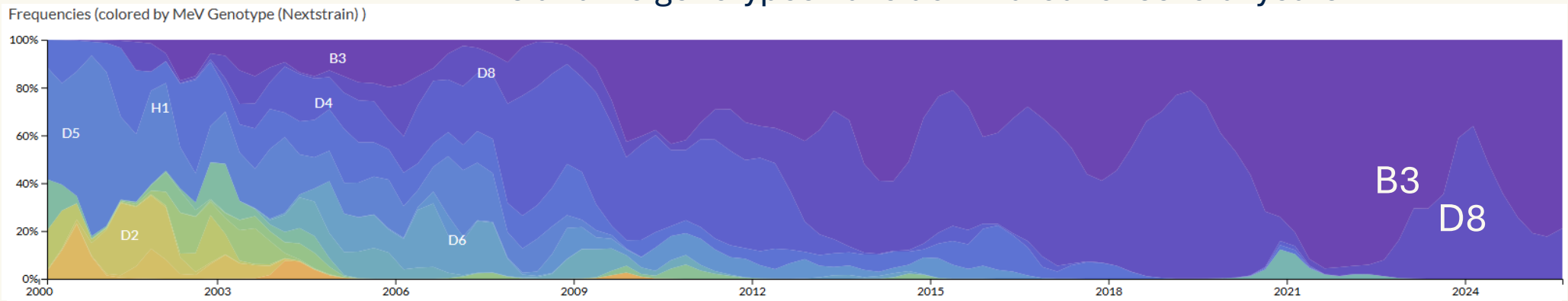
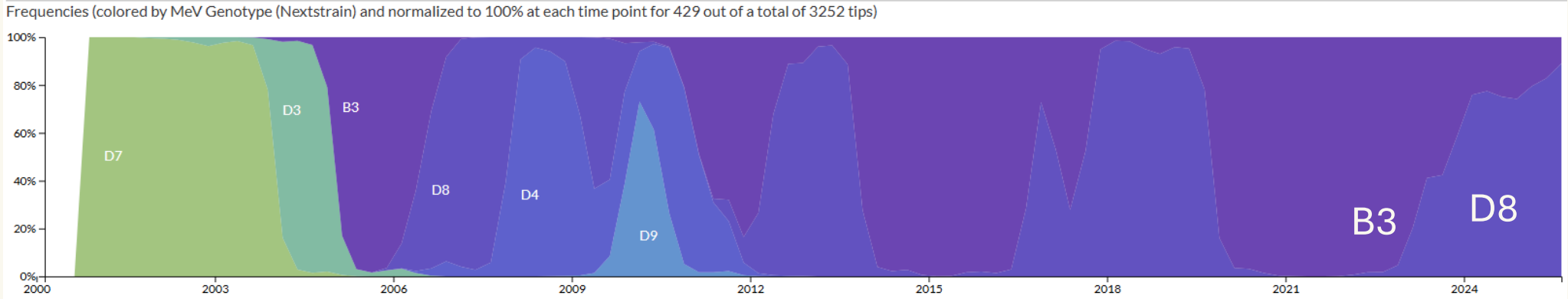
CURRENT measles virus variants

Fusion (F) conservation

- B3 and D8 genotypes have dominated for several years



Global



U.S.

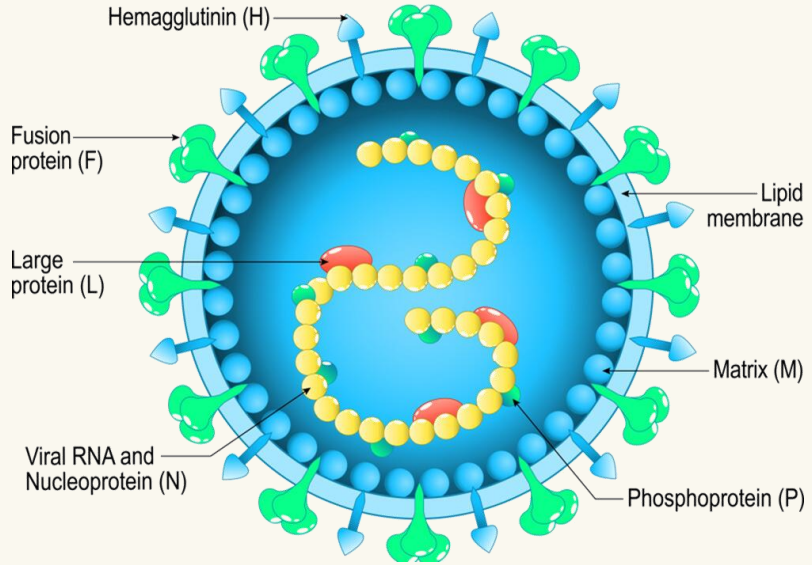
Current outbreak in South Carolina

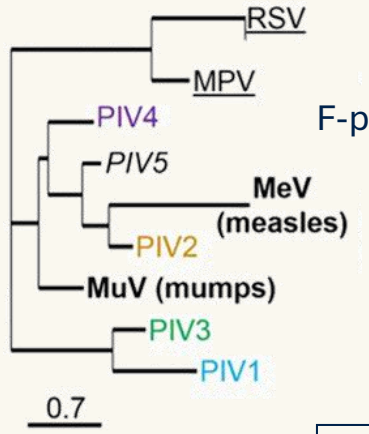
- 139 complete F sequences from the past 6 months, all of genotype D8
- 125 (90%) are identical
- 14 carry a single amino acid change
  - T95A (x3) L197S (x1) H297Y (x1) D472N (x1) G541R (x8)

*based on N450 sequences (https://nextstrain.org/measles/N450)

Measles virus Surface proteins

- Like PIV and MuV, the MeV genome encodes for two surface proteins: Fusion (F) and Hemagglutinin (H)
  - The F-protein is the trimeric fusion protein responsible for viral membrane fusion
  - The H-protein is responsible for cell adhesion
- Antibodies isolated from vaccinated individuals show anti F- and H-protein antibodies that are neutralizing
- Measles can utilize multiple receptors for cell entry including CD150 (SLAM), CD46, and Nectin-4
- The MeV-H protein is responsible for receptor binding. When it binds to a receptor MeV-H undergoes a conformational change that triggers the MeV-F protein that is responsible for viral fusion
- We produced several MeV-F variants internally at Invivyd in HEK293 cells
  - This preserves the native glycosylation structures
  - These include the Edmonston, B3, and D8 variants





F-protein phylogenetic tree
PNAS[1]

1. Stewart-Jones GBE et al. Structure-based design of a quadrivalent fusion glycoprotein vaccine for human parainfluenza virus types 1–4, PNAS. 2018.

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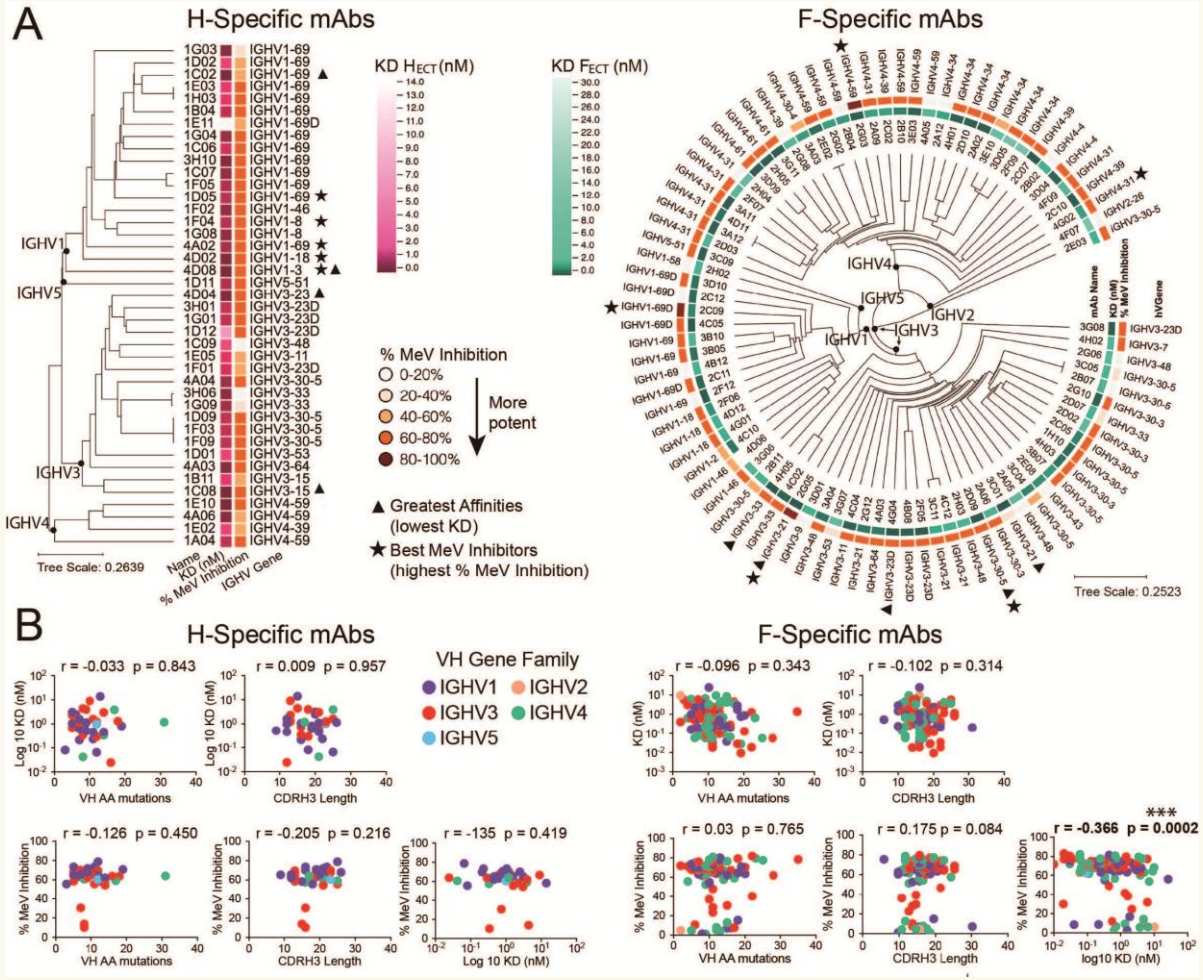
V-Gene Representation in H- and F-Specific Measles Antibodies from Vaccinated Donor

Figure S1



- H-Specific antibody responses are predominated by IGHV1-69 and IGHV3 V-gene usage
- F-Specific antibodies following MMR immunization have a similar V-gene usage with an increased representation of IGHV4 clones
  - 4-31, 4-34, 4-59 predominate the IGHV4 response
- VMS063 is an IGHV1-46 F-Specific mAb
  - This V-gene usage is among the documented V genes utilized in post-vaccination immune responses
- Notably, IGHV1 gene family members represent some of the highest affinity and most potent inhibitors isolated from vaccinated donors

https://doi.org/10.1101/2025.09.09.675230

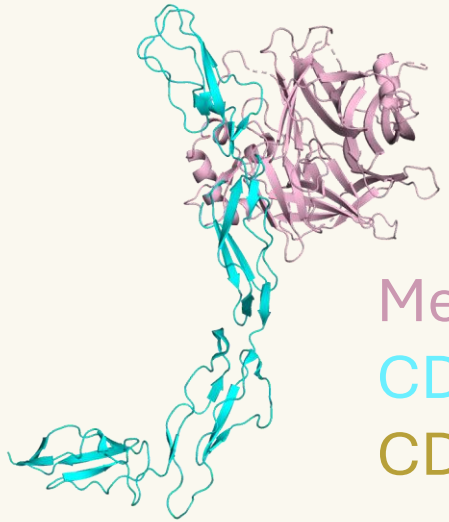
Measles Pseudovirus screening of VMS063

PVNA using HEK293T-TIM1 (Natively CD46 expressing)

Antibody	B3	B3.1.1	D8.1.2	Average
	IC_{50} (μg/mL)			
VMS063	0.0009	0.0008	0.0008	0.0009

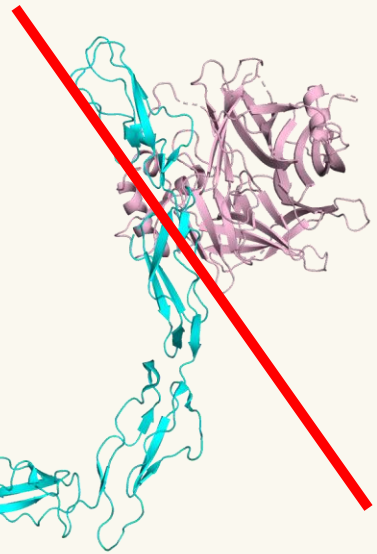
PVNA using HEK293T-CD46KO-CD150

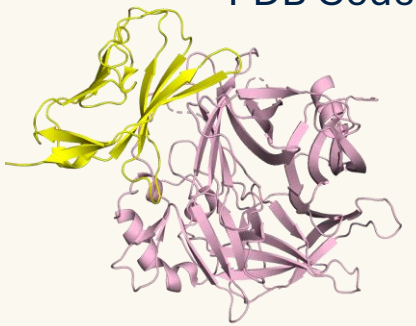
Antibody	B3	B3.1.1	D8.1.2	Average
	IC_{50} (μg/mL)			
VMS063	0.0016	0.0021	0.0023	0.0019



CD46
PDB Code:
3O8E+3INB

MeV-H
CD46
CD150





CD150 (SLAM)
PDB Code: 3ALZ

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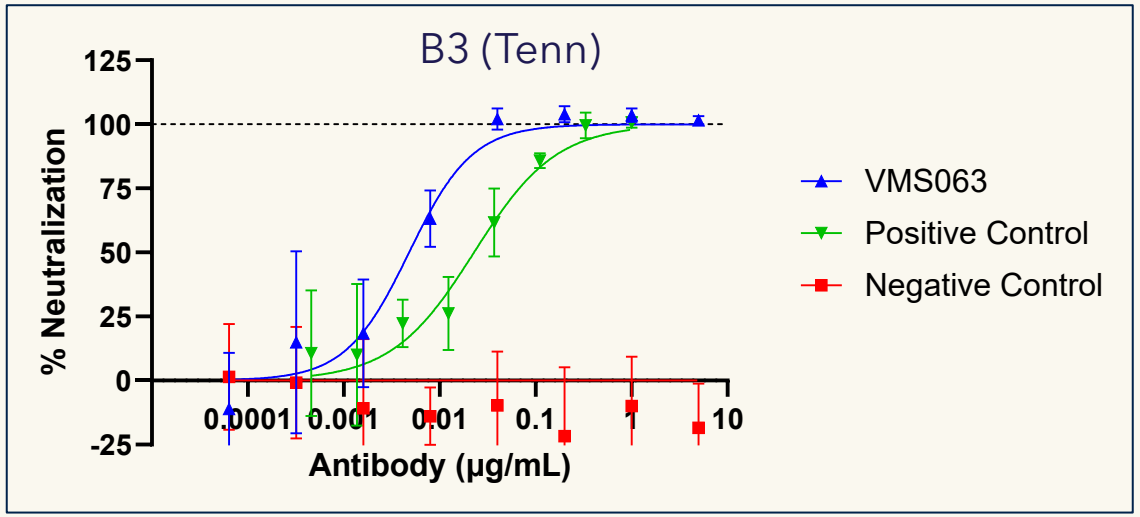
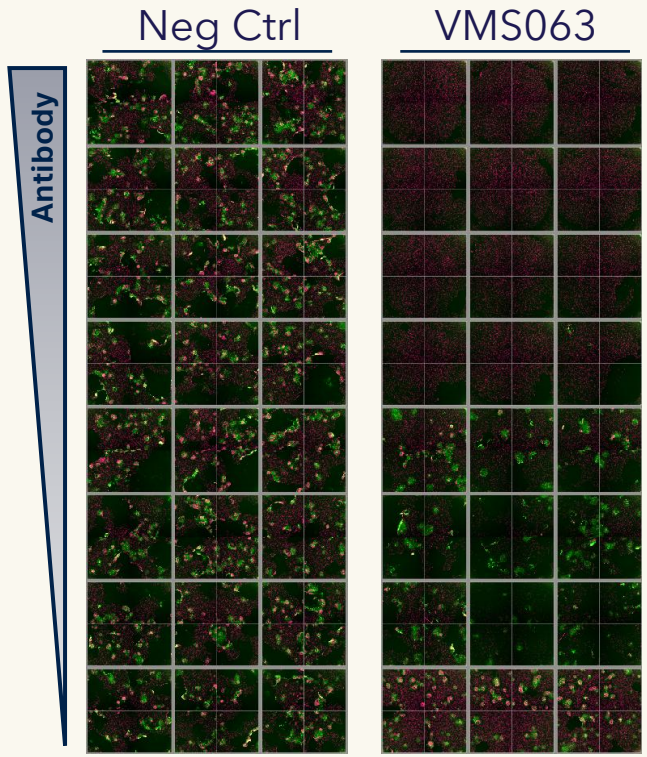
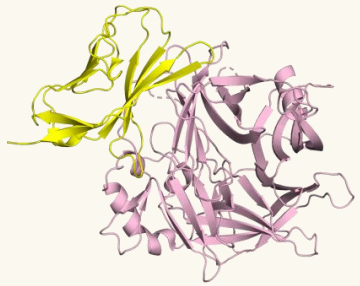
VRS - Authentic MV neutralization – Curves and IC50



Antibody	B3 IC_{50} (µg/mL)
VMS063	0.0042
Positive Control	0.0211
Negative Control	>5





MeV-H
CD150

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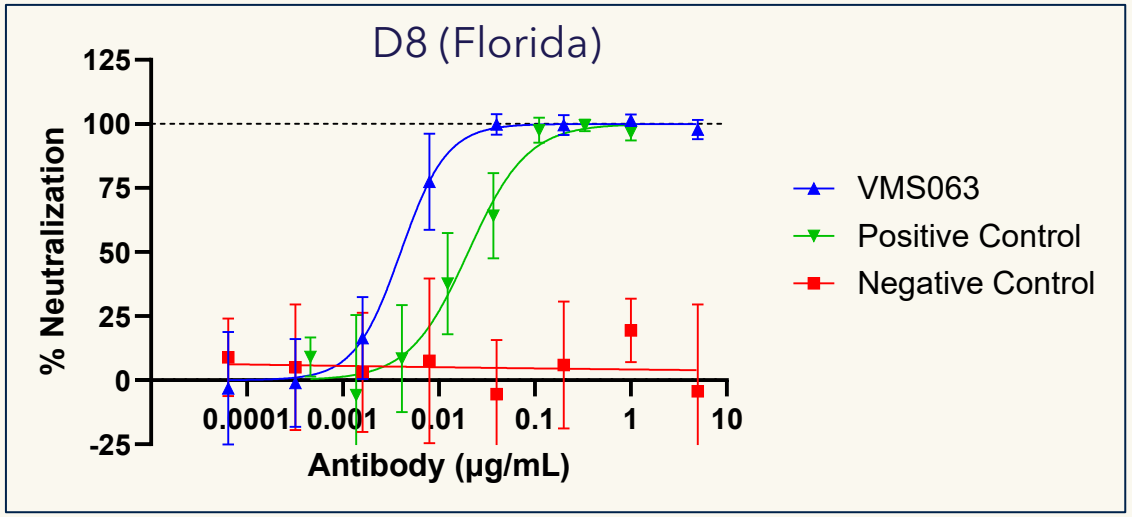
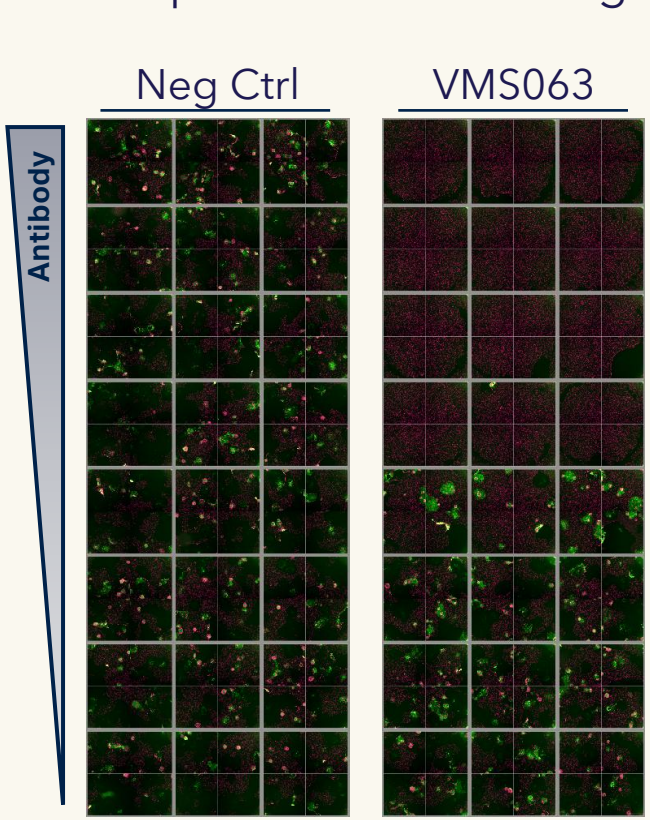
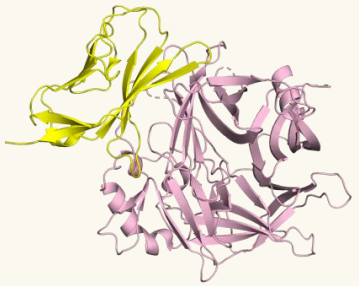
VRS - Authentic MV neutralization – Curves and IC50



Antibody	D8 IC_{50} (µg/mL)
VMS063	0.0042
Positive Control	0.0198
Negative Control	>5





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VMS063

- VMS063 has an ideal profile for continued progression to IND readiness
  - VMS063 is highly potent in vitro:
    - Modern B3 and D8 Variants: avg **4.2** ng/mL (Authentic Virus Assays), avg **1.4** ng/mL (Pseudovirus Assays)
  - VMS063 has a desirable developability profile and is currently in preclinical development:
    - Based on T_M, T_{agg}, HIC, and self-association profiles
  - The epitope for the VMS063 parental mAb has been determined and is well conserved among sequenced variants submitted to public databases, including those from the most recent US outbreaks.
- VMS063 is being considered for potential use in treatment, post-exposure prophylaxis, pre-exposure prophylaxis in adults and pediatric bridge to first vaccination*.
- From a public health perspective, if approved, VMS063 could be deployed by public health authorities to attempt to respond to outbreaks and drive continued measles elimination in the U.S. and abroad*.

*Subject to clinical development and regulatory approval

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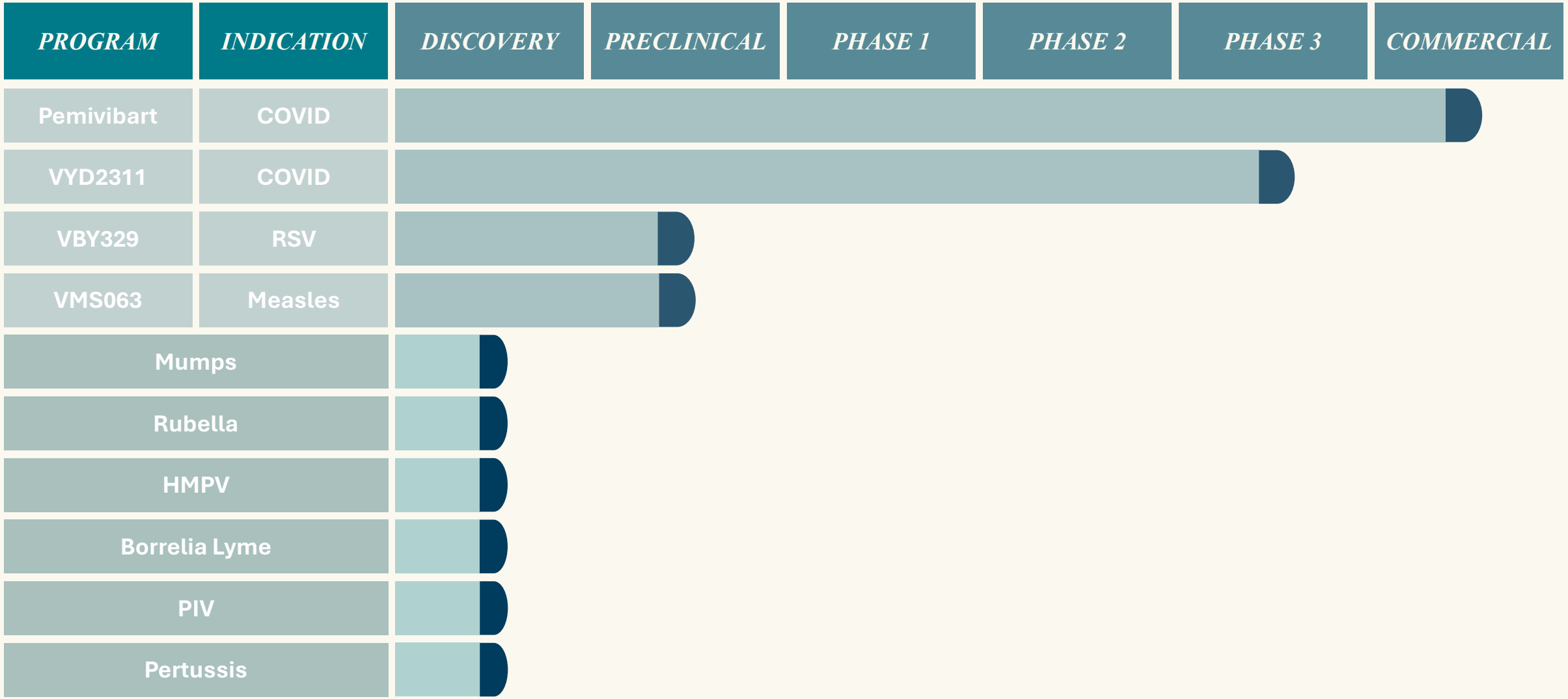
PIPELINE



RSV: respiratory syncytial virus; HMPV: Human metapneumovirus; PIV: Human parainfluenza viruses