Modulating the immune system to fight inflammatory and viral diseases, as well as cancer

Abivax, a late-stage clinical biotech company

May 2022

abivax

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Future clinical development including phase 3 design and initiation is subject to assessment of the overall preclinical, CMC, toxicology, clinical efficacy and safety data of ABX464 by EMA, FDA and other regulatory authorities. These top-line results have not yet been reviewed by regulatory authorities.

Abivax and ABX464 for chronic inflammatory diseases: Main take-home messages

1. ABX464 is a potent anti-inflammatory oral drug candidate with a novel first-in-class mechanism of action: Upregulation of the physiological anti-inflammatory microRNA, miR-124
2. Good safety and efficacy demonstrated in phase 2a and 2b induction and maintenance studies in moderate to severe ulcerative colitis (UC): ABX464 shows best-in-class results clinically differentiated from competitors, especially through its impressive clinical remission rates during maintenance
3. FDA EoP2 feedback and EMA scientific advice feedback allow the finalization of the design of the ABX464 UC phase 3 global pivotal study program; FPI planned for Q3 2022
4. Abivax plans to go straight into a phase 2b in Crohn's disease (CD) - based on similar mechanisms of disease propagation - and in rheumatoid arthritis (RA) - based on encouraging phase 2a proof-of-concept data - : ABX464 has the potential to treat a variety of chronic inflammatory diseases
5. Manufacturing ready for phase 3
6. Strong IP Position
7. 2021 total pharmaceutical sales in UC, CD and RA were USD 41.4B – ABX464 has the potential to take a significant market share and become a potential mega-blockbuster in IBD and RA

Abivax in a nutshell: A phase 3 biotech

Milestones

Founded in 2013 by Truffle Capital

IPO (ABVX) on Euronext Paris in June 2015, raising € 57.7m

Sept. 2018: Focus ABX464 on chronic inflammation

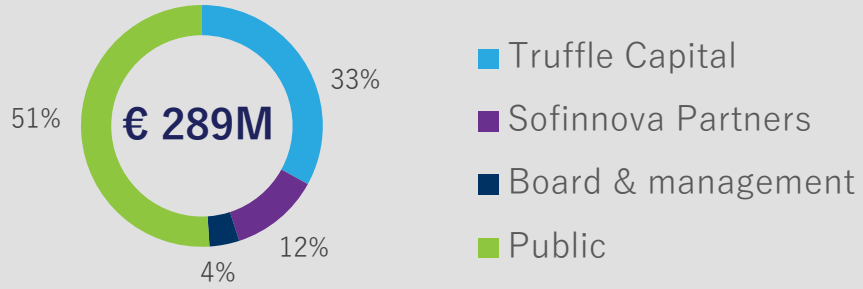
Drug-candidates

ABX464 is a small molecule that upregulates microRNA for the treatment of chronic inflammatory diseases (entering phase 3)

ABX196 is a synthetic agonist of iNKT cells for the treatment of liver cancer (in phase 1/2)

BREAKING NEWS
April 2022
Abivax reports excellent one-year efficacy and safety data of ABX464 phase 2b maintenance trial in UC

Shareholder structure[1] and market cap[2]



Operations

26 Employees

Cash runway until end of Q3 2022

Key R&D and manufacturing partners

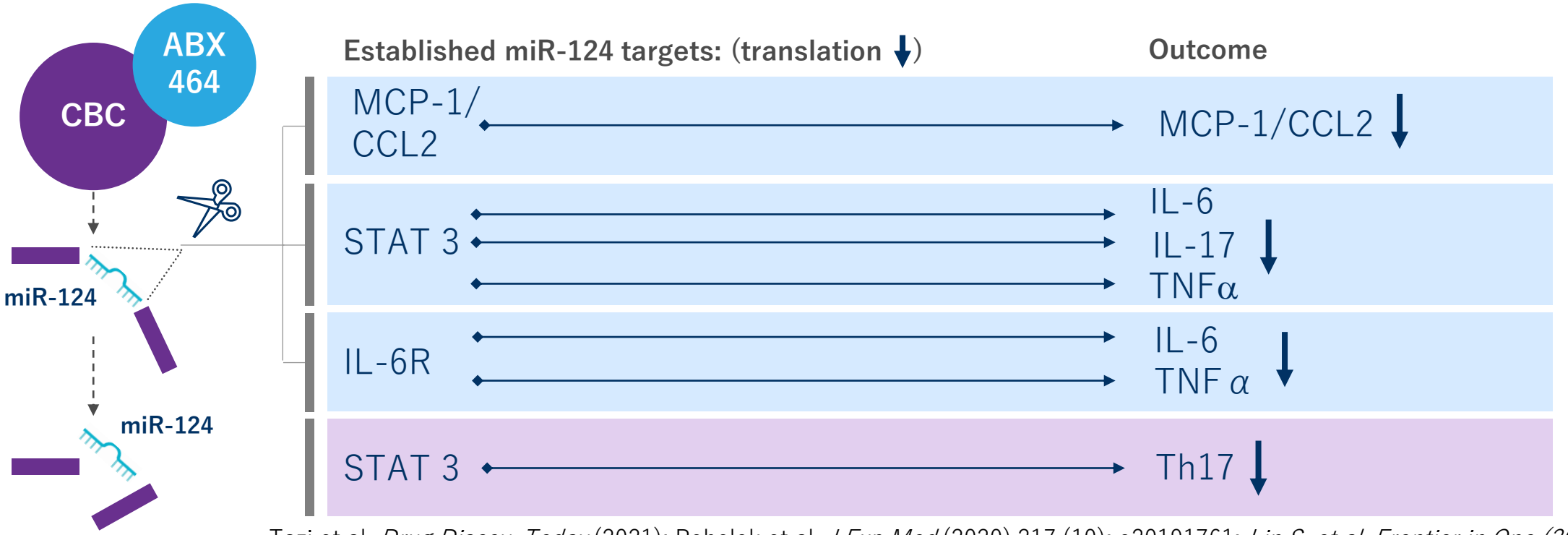
IQVIA™ evotec SEQENS DELPHARM

1) Undiluted – as of 31/12/2021
2) As of 10/05/2022 EOB

ABX464: Mechanism of Action

ABX464 novel mechanism of action: Potent and specific upregulation of miR-124, activating a “physiological brake” by reducing the expression of inflammatory cytokines and cells to normal levels

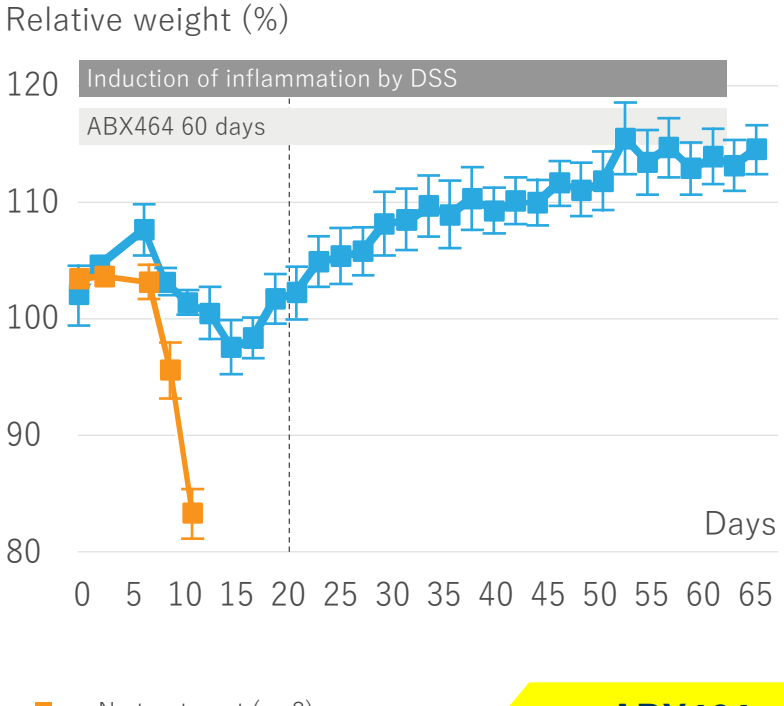
- **First-in-class mechanism of action related to intracellular upregulation of miR-124.**
- **microRNAs work by down-regulating the translation of their respective target genes.**
- **Out of 1,105 microRNAs, miR-124 was the only microRNA upregulated by ABX464.**
- **ABX464 has no impact on the splicing of cellular mRNA besides lncRNA00599-205.**



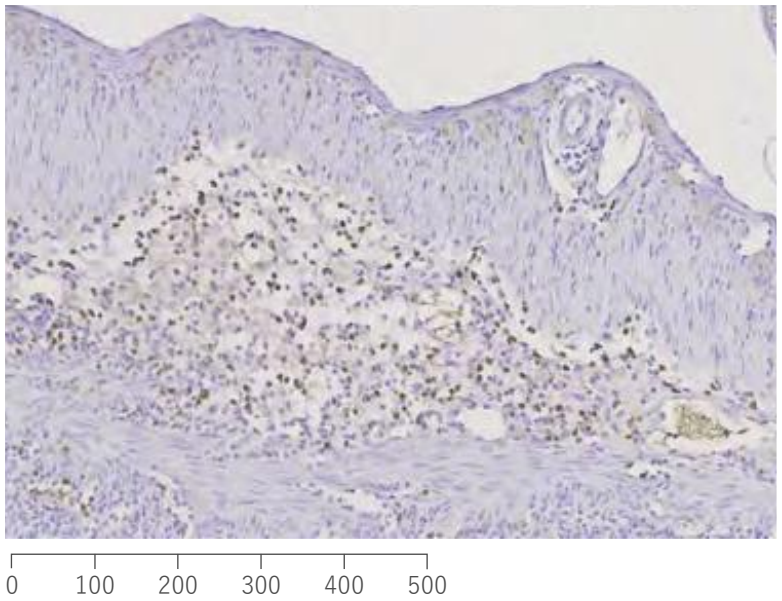
Tazi et al. *Drug Discov. Today* (2021); Poholek et al. *J Exp Med* (2020) 217 (10): e20191761; *Lin S, et al. Frontier in Onc (2020)*

Pronounced anti-inflammatory effect *in vivo*: ABX464 showed efficacy in the DSS mouse model* by preventing tissue damage and inflammation

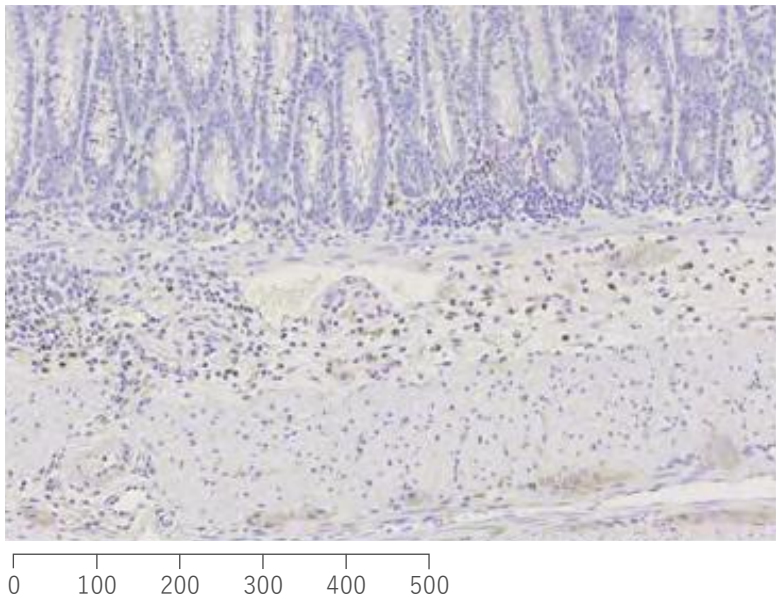
ABX464 protects mice from weight loss and death in the DSS mouse model



Colorectal tissue of mouse exposed to DSS without ABX464 leads to tissue damage and infiltration of inflammatory cells



Colorectal tissue of mouse exposed to DSS with ABX464: Protection of colon tissue and prevention of inflammatory cells infiltration



→ **ABX464 reduced the expression of pro-inflammatory cytokines in colon tissue:**
IL-6 (2x), TNF (7.5x) and MCP-1 (6x)

* Chebli et al, Nature Scientific Reports 7: 4860 (2017)

ABX464: Clinical Development in IBD

ABX464 phase 2a POC study results in Ulcerative Colitis

Short-term (induction) and long-term (maintenance) efficacy signal observed

- PI: Prof. Severine Vermeire, Leuven, BE
- 32 patients with moderate to severe UC: randomized (2:1) 50mg ABX464 vs placebo, double blind, placebo controlled study
- Moderate to severe UC patients who failed/were intolerant to conventional treatments only (50%) and biologics (50%)
- Central blinded and independent reading of endoscopies (induction, 2nd and 3rd year maintenance)
- Followed by open-label maintenance study (now in 4th year)

Vermeire at al. Induction and long-term follow-up with ABX464 for moderate-to-severe ulcerative colitis: Results of phase 2a trial. Gastroenterology, 2021.02.054	ABX464 (n=20/23) ITT | PP	Placebo (n=9/9) ITT | PP	p value* (PP)
Clinical remission	30% | 35%	11% | 11%	0.16
Endoscopic improvement	43% | 50%	11% | 11%	0.03
Clinical response	61% | 70%	33% | 33%	0.06
miR-124 expression in rectal biopsies (fold increase)	7.69	1.46	0.004

* POC Study was not powered for efficacy

ABX464 phase 2b in moderate-to-severe ulcerative colitis: study design

Screening
≤ 4 weeks

Induction phase
16 weeks

Optional Open Label Extension
up to 4 years

Central reading of endoscopy

Modified Mayo Score 5-9

After failure of conventional therapies and/or biologics/JAK inhibitors

Stable CS ≤ 20mg

R
1:1:1:1

Stratification on prior exposure to biologics /JAK inhibitors

- Placebo (N=64)
- 25mg QD (N=61)
- 50mg QD (N=63)
- 100mg QD (n=64)

→ 50mg QD

Primary Endpoint:
Reduction from baseline in Modified Mayo Score at week 8

252 patients - 17 countries - 130 sites

Baseline characteristics well-balanced among the treatment groups, indicating a moderate to severe UC population, very similar to data published recently

		Placebo	25mg	50mg	100mg
		(n=64)	(n=61)	(n=63)	(n=64)
Age (years)	Mean (SD)	41.1 (14.43)	41.5 (14.16)	40.2 (13.94)	42.2 (12.34)
Male	n (%)	40 (62.5)	40 (65.6)	27 (42.9)	41 (64.1)
Modified Mayo Score (MMS)	Mean (SD)	7.0 (1.20)	7.1 (1.09)	7.1 (0.96)	7.0 (1.07)
7 to 9	n (%)	42 (65.6)	44 (72.1)	47 (74.6)	47 (73.4)
Endoscopic sub-score = 3	%	75%	67%	75%	66%
Duration of disease (years)	Mean (SD)	8.82 (6.783)	7.35 (6.848)	8.22 (7.785)	7.77 (7.291)
Fecal Calprotectin (µg/g)	Median	1558	1743	1671	1623
Previous exposure to biologics/tofacitinib	n (%)	31 (48.4)	30 (49.2)	30 (47.6)	32 (50.0)
anti-TNF α	n (%)	27 (42.2)	25 (41.0)	25 (39.7)	31 (48.4)
anti-TNF α only	n (%)	1 (1.6)	3 (4.9)	0	1 (1.6)
Vedolizumab	n (%)	22 (34.4)	19 (31.1)	20 (31.7)	20 (31.3)
Tofacitinib	n (%)	12 (18.8)	10 (16.4)	12 (19.0)	13 (20.3)
Concomitant UC Medication					
Corticosteroids	n (%)	29 (45.3)	32 (52.5)	33 (52.4)	37 (57.8)
Immunosuppressants	n (%)	10 (15.6)	10 (16.4)	9 (14.3)	6 (9.4)

Week 8 Efficacy Results (ITT): Primary Endpoint met
Efficacy confirmed for all patients and also for subset of bio-refractory patients

Week 8 Results (ITT[1] population / n=252)		Placebo	25mg	50mg	100mg
Modified Mayo Score Mean change from baseline	All patients	-1.9	-3.1 **	-3.2 **	-2.9 *
	Bio- refractory	-1.0	-2.8 **	-2.9 **	-2.8 **

*p-values of <0.01 versus placebo (ANCOVA)
**p-values of <0.001 versus placebo (ANCOVA)

1) ITT: Intent-to-treat patient population. Drop-out patients were considered as failure for all endpoints. Nearest neighbor imputation, as defined in the SAP. Patient characteristics well balanced between all groups (Modified Mayo Score, ConMeds, Gender, etc.).

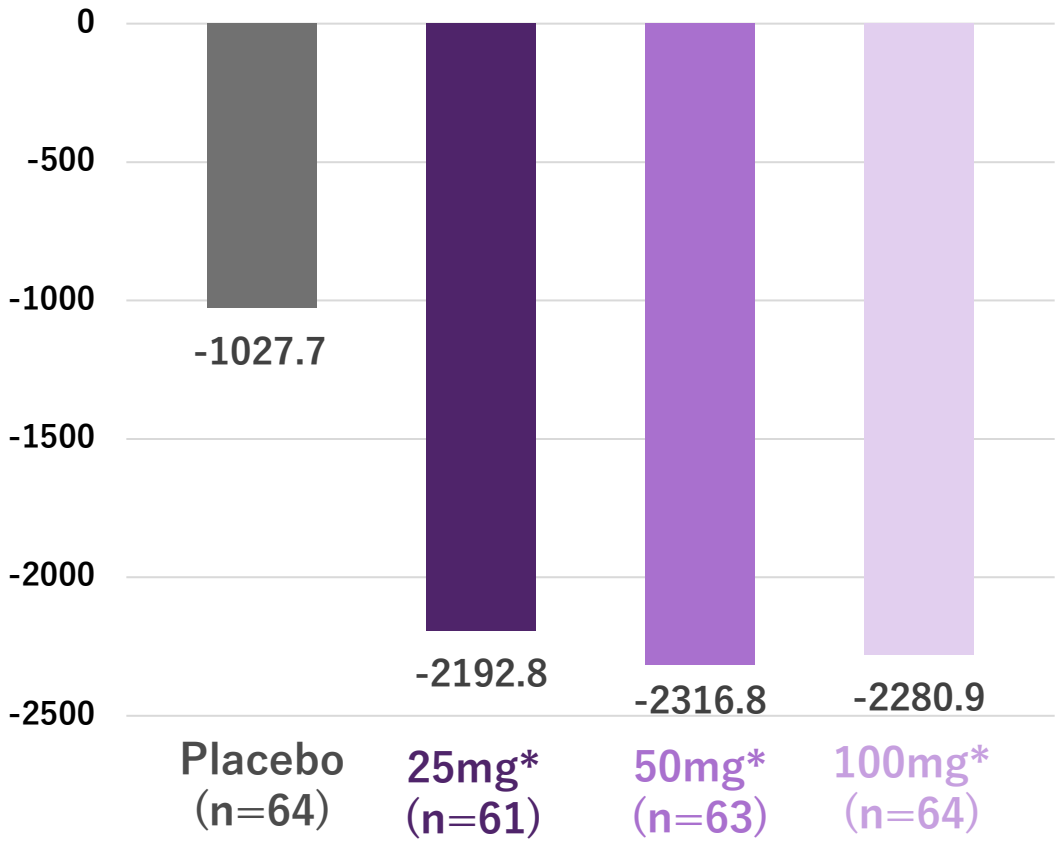
Week 8 Efficacy Results (ITT): Secondary endpoints - Efficacy confirmed

Week 8 Results (ITT population / n=252)		Placebo	25mg	50mg	100mg
Key Secondary Endpoints (not powered for statistical significance)					
Endoscopic Improvement [a] †	All patients	8 (13.6%)	20 (34.5%) *	21 (39.6%) *	24 (44.4%) *
	Bio-refractory	1 (3.7%)	8 (28.6%) *	7 (30.4%) *	8 (26.6%) *
*p-values of <0.05 versus placebo using a likelihood ratio chi-square test					
Clinical Remission [b] †	All patients	8 (12.5%)	17 (27.9%) *	11 (17.5%)	16 (25.0%)
	Bio-refractory	1 (3.2%)	6 (20.0%) *	2 (6.7%)	6 (18.8%) *
*p-values of <0.05 versus placebo using a likelihood ratio chi-square test but not according to the predefined Mantel-Haenszel Chi Square test (p=0.06 to 0.08)					
Clinical Response [c] †	All patients	23 (35.9%)	40 (65.6%) *	38 (60.3%) *	35 (54.7%) *
	Bio-refractory	5 (16.1%)	17 (56.6%) *	13 (43.3%) *	15 (46.8%) *
*p-values of <0.05 versus placebo using a likelihood ratio chi-square test					

a Endoscopic improvement is defined as endoscopic subscore ≤1.
b Clinical remission (per Modified Mayo Score) is defined as stool frequency subscore (SFS) ≤1, rectal bleeding subscore (RBS) of 0 and endoscopic subscore ≤1.
c Clinical response (per Adapted Mayo Score) is defined as a decrease from baseline in the Modified Mayo Score ≥2 points and ≥30 percent from baseline, plus a decrease in RBS ≥1 or an absolute RBS ≤1.
† Evidence of friability during endoscopy confers an endoscopic subscore of 2 or 3

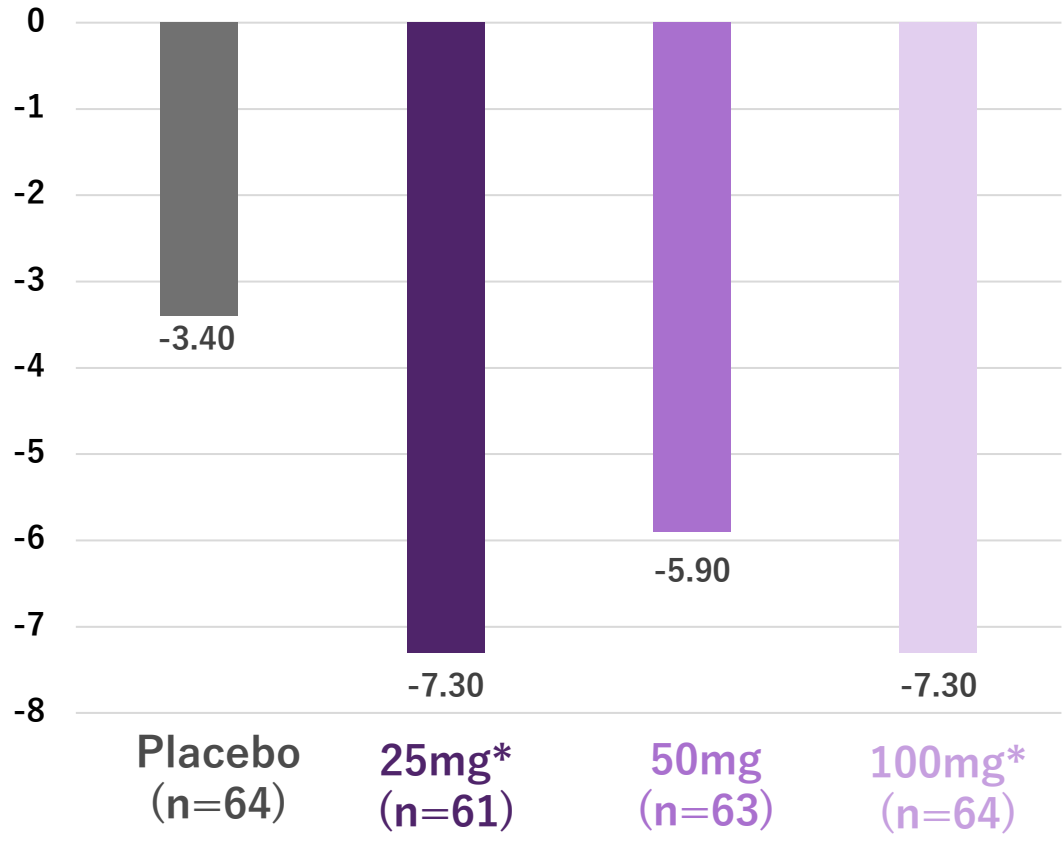
Secondary endpoints: Fecal calprotectin and Robarts Histopathology Index

Mean Change from baseline in Fecal calprotectin (µg/g)



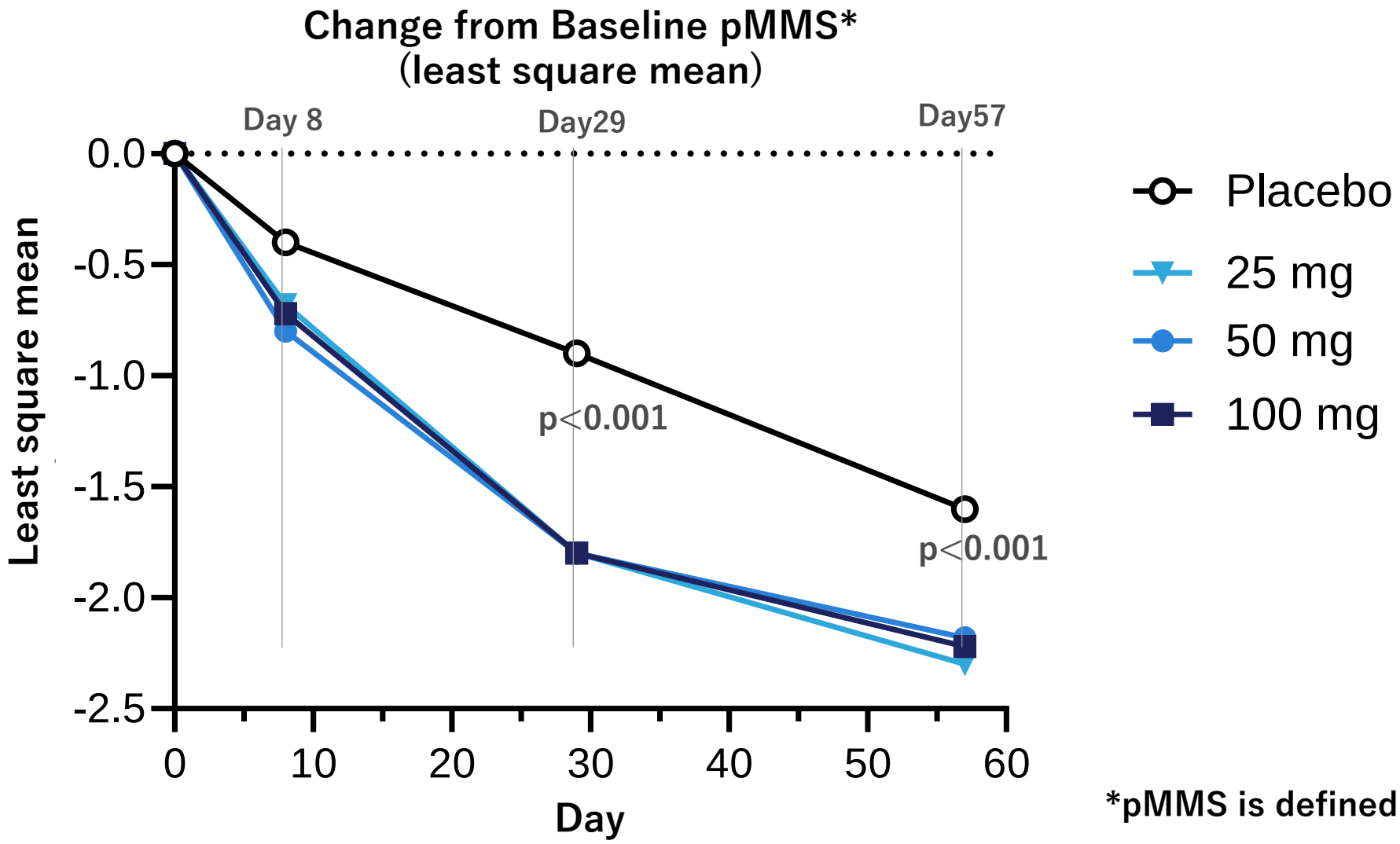
*p-values of <0.01 versus placebo (MMRM)

Change from baseline in Robarts Histopathology Index



*p-values of <0.05 versus placebo (MMRM)

Week 8 Efficacy Results (ITT): Fast onset of action



*pMMS is defined as RB= 0 + SF = 0 or 1

ABX464 phase 2a and 2b open-label maintenance study results – ITT
Impressive long-term efficacy confirmed

Phase 2b study: 217/222 eligible patients enrolled into maintenance

One-year results (ITT)	All patients [1] (n=217)	Patients with clinical response after induction (n=121)	Patients without clinical response after induction (n=96)
Clinical Remission	n=120 | 55.3%	n=79 | 65.3%	n=41 | 42.7%

[1] Irrespective of patient outcome at the end of the induction phase

Phase 2a study

1, 2 and 3-year results (ITT)	1st year (n=22)	2nd year (n=22)	3rd year (n=22)
Clinical Remission[1]	n=12 | 54.5%	n=11 | 50.0%	n=11 | 50.0%

[1] Irrespective of patient outcome at the end of the induction phase

ABX464 well positioned in the competitive landscape for both induction and 1-year maintenance - *Clinical Remission Rates*

Drug	Study	Active	Placebo	Delta	Active		Placebo	Delta
		Results of Induction studies (ITT)*			Results of Maintenance studies (ITT)*			
					Induction responders only	All comers		
Humira	ULTRA I (Ph 3)	18.5%	9.2%	9.3%	17.3%	-	8.5%	8.8%
	ULTRA II (Ph 3)	16.5%	9.3%	7.2%		-	-	-
Entyvio	GEMINI I (Ph 3)	16.9%	5.4%	11.5%	44.8%	-	15.9%	28.9%
Rinvoq	U-Achieve (Ph 3)	26.0%	5.0%	21.0%	42.0% (15mg) recommended dose 52.0% (30mg)	-	12.0% (15mg) 12.0% (30mg)	30.0% (15mg) 40.0% (30mg)
	U-Accomplish (Ph 3)	33.0%	4.0%	29.0%				
	Phase 2	19.6%	0.0%	19.6%	-	-		
Etrasimod	Phase 2** (12 weeks)	33.0%	8.1%	24.9%	-	33.0%	-	-
ABX464	Phase 2a (50mg)	30.4%	11.1%	19.3%	66.7% (50mg)	54.4%	-	-
	Phase 2b (25mg)	27.9%	12.5%	15.4%	65.3% (50mg)	55.3%	-	-

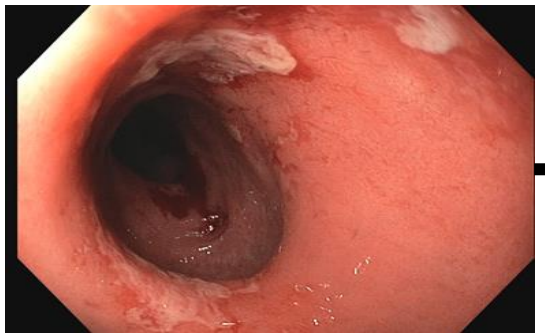
Marketed drugs in IBD Drug candidates in late-stage development in IBD

*non-comparative studies conducted versus placebo
**Sandborn et al, 2020: 12W Induction results

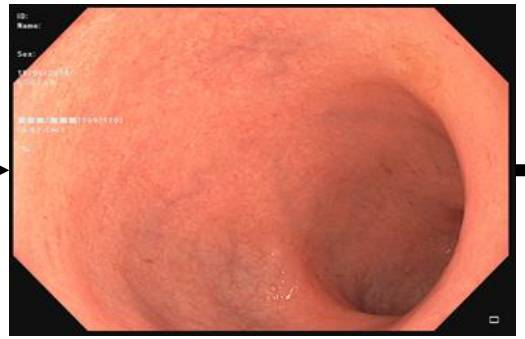
Complete resolution of UC lesions in an ABX464 treated patient (Humira, Remicade and Entyvio resistant) during 4 years of open-label maintenance treatment

- 52-year-old patient with severe UC, who had failed on Humira, Remicade and Entyvio
- Fall 2017: Patient was counseled for colectomy
- Nov. 2017: Patient was enrolled in phase 2a induction study with ABX464
- Jan. 2018: Patient was enrolled in open-label maintenance study with ABX464

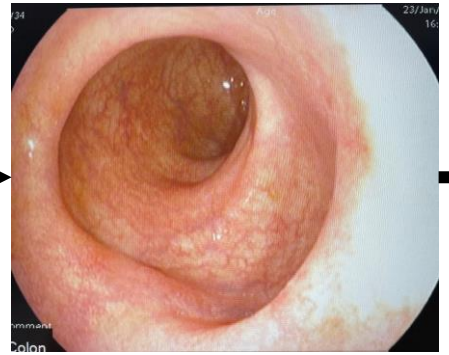
Endoscopy before ABX464



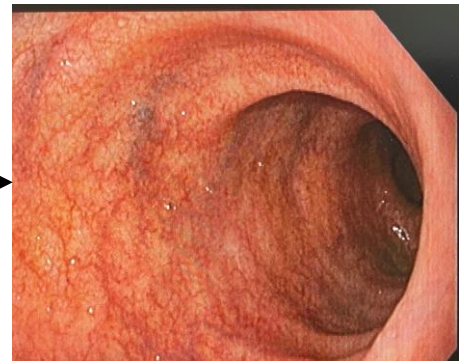
Endoscopy after 1st year of ABX464



Endoscopy after 2nd year of ABX464



Endoscopy after 3rd year of ABX464



Courtesy of Prof. Severine Vermeire, Leuven, Belgium

Favorable ABX464 safety profile

Safety in phase 2b study in UC patients confirms profile observed in the phase 2a study

- No new safety signal, no death, no malignancy
- Most frequently reported AEs are headaches (20% for 25mg and 8% for placebo), which occur early (first 10 days of treatment) and are transient (few days), mild or moderate (grade 1 or 2) and manageable with or without OTC medications
- Other AEs ≥ 5% (related and non-related) are gastrointestinal disorders (nausea, vomiting, upper abdominal pain) and musculoskeletal (arthralgia, myalgia)
- Labs: No clinically significant changes in laboratory parameters (liver function tests, Hb, white blood cells)

% Patients with at least one AE	Placebo (N=64)	ABX464 25mg (N=62)	ABX464 50mg (N=63)	ABX464 100mg (N=64)
TEAE leading to Study Discontinuation	6.3%	1.6%	9.5%	9.4%
SAEs[1]	6.3%	1.6%	6.3%	6.3%
Severe Grade 3-4 TEAEs[1]	4.7%	4.8%	7.9%	10.9%
Infections	9.4%	4.8%	12.7%	7.8%

[1]related and not related to study drug

- 25mg clearly stands out with a similar safety profile observed in the placebo group (except transient headaches)

Favorable ABX464 safety profile across all clinical studies (UC, RA, HIV, Covid-19, healthy volunteers)

- **More than 1,000 subjects exposed to ABX464 as of November 2021**
  - → **Subjects exposed at 25mg: 80**
  - → **Subjects exposed at 50mg: 830**
    (including 240 for longer than 6 months with 197 patients more than a year)
  - → **Subjects exposed at 100mg: 95**

How to bring ABX464 to the market in ulcerative colitis

Ulcerative colitis phase 3 preparation on track

- **FDA** end of phase 2 meeting feedback and **EMA** scientific advice with guidance and a path forward
- **25mg and 50mg** will be studied in the induction and maintenance trials
- **IQVIA and US and EU KOLs** involved in finalizing study design
- **2 x 600 patients** planned for two induction studies which will feed the single placebo-controlled maintenance study
- > **500 out of 600 planned study sites** have indicated interest to participate
- FPI planned for **Q3 2022**

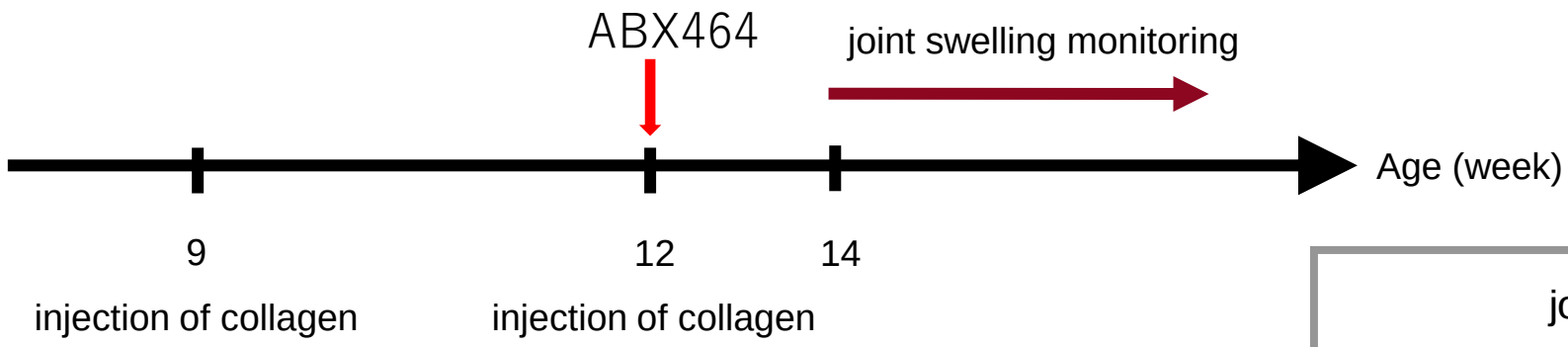
Inclusion of Japan in the global ABX464 phase 3 study program

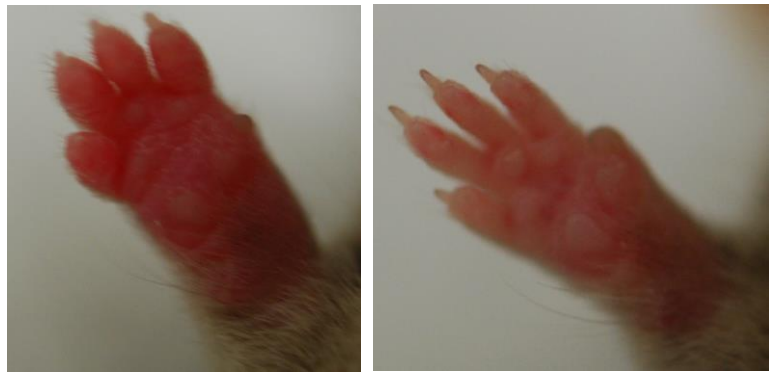
Required phase 1 study in Japanese healthy volunteers

- Enrollment completed and results expected in Q2 2022
- PMDA meeting planned for July 2022

ABX464: Clinical Development in rheumatoid arthritis

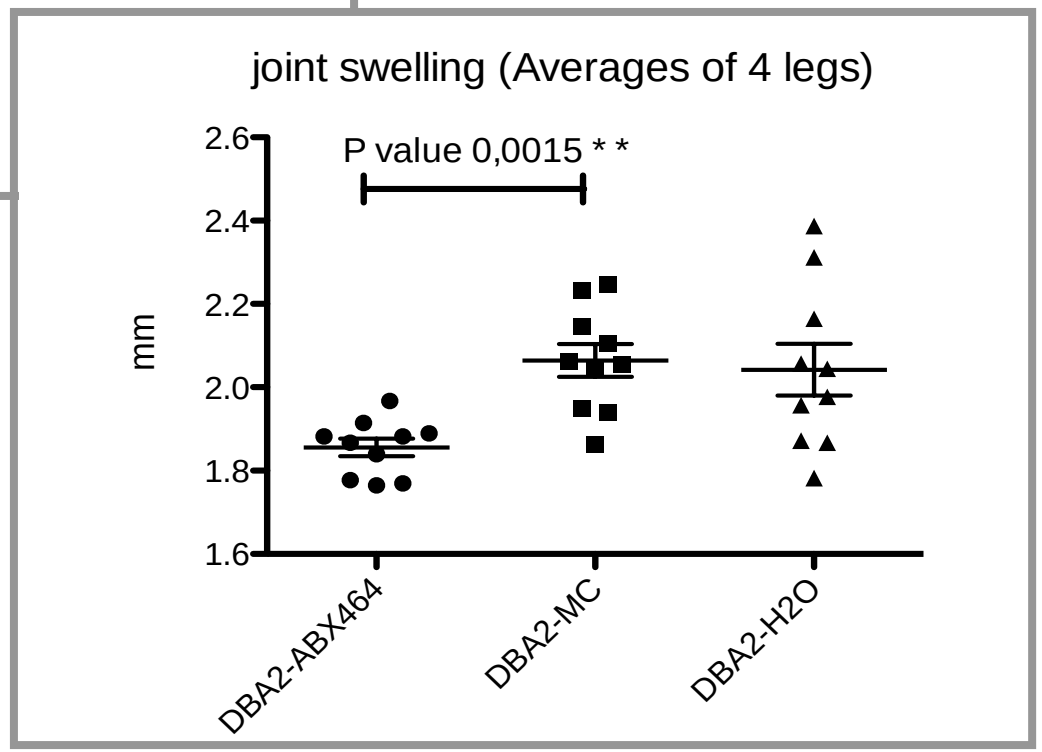
ABX464 prevents joint swelling in the Collagen Induced Arthritis model





CIA

CIA +ABX464



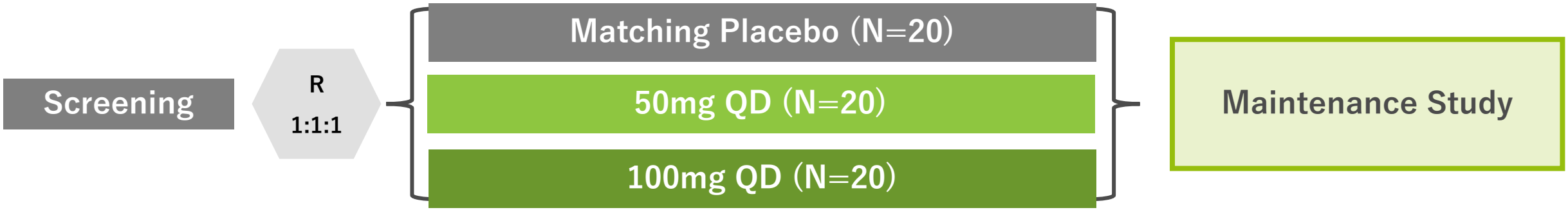
ABX464 phase 2b in moderate-to-severe ulcerative colitis: study design

Phase 2a Randomized, double-blind, placebo controlled

Screening period
≤ 30 days

Study treatment period (12 weeks)
Visit at day 0 (baseline randomization), week 1, week 2, week 4, week 8, week 12

Optional Open Label Extension



Primary objective

Evaluate the safety profile of ABX464 given at two different doses (100mg and 50mg) vs placebo **in combination with methotrexate (MTX)** in patients with moderate to severe active rheumatoid arthritis with inadequate response to MTX and/or TNFa inhibitors.

Phase 2a clinical study in RA – Study results (ACR)

Strong efficacy signal observed with 50mg o.d.

- Patients' characteristics well-balanced among the treatment arms
- 70% (n=42) had inadequate response to methotrexate
- 30% (n=18) had inadequate response/intolerance to TNF α inhibitors
- Although not powered for statistical significance, p-value for ACR20 and ACR50 at 50mg is statistically significant compared to placebo (in per protocol analysis, $p<0.05$)

	Placebo		50mg		100mg	
	PP # (n=19)	ITT (n=20)	PP # (n=16)	ITT (n=21)	PP # (n=7)	ITT (n=19)
Early discontinuations	1		3		12	
Mean DAS28-CRP at Baseline	5.3		5.5		5.5	
ACR20	4 (21%)	4 (20%)	9 (56%)*	9 (43%)	3 (43%)	3 (16%)
ACR50	1 (5%)	1 (5%)	5 (31%)*	5 (24%)	2 (29%)	2 (11%)
ACR70	1 (5%)	1 (5%)	4 (25%)	4 (19%)	1 (14%)	1 (5%)

#Per Protocol set for ACR endpoint
*$p<0.05$

Phase 2a clinical study in RA – Study results
Other efficacy endpoints and biomarkers

	Placebo		50mg		100mg	
	PP (n=19)	ITT (n=20)	PP (n=16)	ITT (n=21)	PP (n=7)	ITT (n=19)
DAS28-CRP change from baseline	-0.63	-0.60	-1,79*	-1,41*	-1,94*	-0,72
Low Disease Activity (DAS28-CRP ≤ 3.2)	2 (11%)	2 (10%)	4 (25%)	4 (19%)	3 (43%)	3 (16%)
CDAI ≤ 10	2 (11%)	2 (10%)	5 (31%)	5 (24%)	3 (43%)	3 (16%)

*p<0.05

→ ACR results confirmed by DAS28-CRP and CDAI

ABX464 phase 2a open-label maintenance study – impressive one-year efficacy confirmed

40/60 eligible patients enrolled into maintenance
23/40 patients complete 1st year of maintenance by Feb. 28, 2022
(17 patients dropped-out and were considered as treatment failures in ITT, incl. 10 for lack of efficacy)

At week 52*,[1]	Full analysis set (n=40) (non-responder imputation)	Observed cases (n=23)
Remission As per DAS28-CRP < 2.6 [2]	13 (33%)	13 (57%)
Low Disease Activity As per DAS28-CRP < 3.2	17 (43%)	17 (74%)
ACR20 [3]	23 (58%)	23 (100%)
ACR50	19 (48%)	19 (83%)
ACR70	12 (30%)	12 (52%)

*** Results based on a soft lock database review**

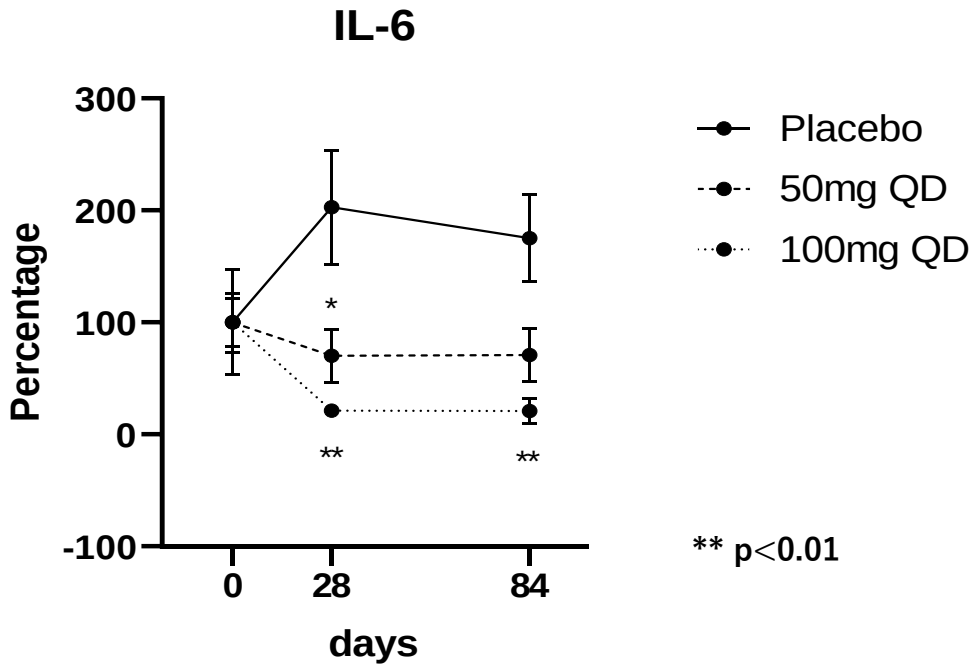
[1] Irrespective of patient outcome at the end of the induction phase

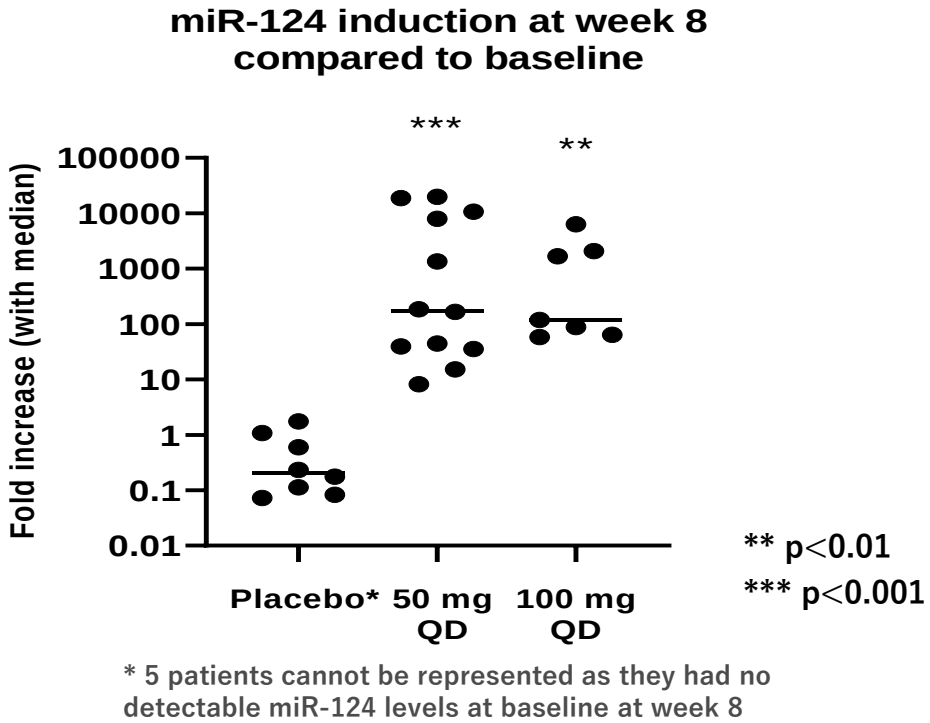
[2] The American College of Rheumatology ACR score measures the efficacy of treatments for rheumatoid arthritis patients. The ACR20/50/70 measures a 20/50/70% improvement in the tenderness and swelling in designated joints and a 20/50/70% improvement in at least 3 of the 5 following measures: investigator's and patient's reported global assessment of disease scales, patient's reported pain scale, CRP level, healthy assessment questionnaire.

[3] DAS28-CRP-Disease Activity Score for 28 joints - C reactive Protein

Phase 2a clinical study in RA – Study results

Other efficacy endpoints and biomarkers





* 5 patients cannot be represented as they had no detectable miR-124 levels at baseline at week 8

- → Decreased levels of IL-6 observed in 50mg and 100mg ABX464 groups
- → Statistically significant upregulation of miR-124 in 50mg and 100mg active groups compared to placebo (blood)

Phase 2a clinical study in RA – Topline safety results summary
No new safety signal reported with ABX464 + MTX

- ✓ **Treatment emergent Serious Adverse Events: 1 (5%) placebo, 0 (0%) 50mg, 1 (5%) with 100mg**

- ✓ **No new safety signal reported. An increased incidence of AE was reported in the 100mg treatment group (mainly GI), leading to early study treatment interruptions in that dose group that is no longer considered as top dose following the phase 2b results in Ulcerative Colitis.**

- ✓ **The increased incidence of AEs in the 100mg group might be due to the combination with MTX and overlapping GI side effects.**

ABX464 favourable safety profile

Most frequent adverse events reported in the phase 2a clinical study in RA

System Organ Class	Adverse effect	Placebo (N=20)		ABX464 50mg (N=21)		ABX464 100mg (N=19)	
		Number of reports	n (%) of Pts. with AE (Incidence)	Number of reports	n (%) of Pts. with AE (Incidence)	Number of reports	n (%) of Pts. with AE (Incidence)
Infections and infestations	All	4	4 (20%)	4	3 (14.3%)	6	5 (26.3%)
Gastrointestinal Disorders	All	6	4 (20%)	24	11 (52.4%)	44	16 (84.2%)
	Abdominal pain	0	0 (0%)	3	2 (9.5%)	1	1 (5.3%)
	Upper abdominal pain	1	1 (5%)	6	5 (23.8%)	10	4 (21.1%)
	Diarrhoea	2	2 (10%)	7	4 (19%)	11	7 (36.8%)
	Dyspepsia	0	0 (0%)	1	1 (4.8%)	3	3 (15.8)
	Nausea	1	1 (5%)	4	3 (14.3%)	12	9 (47.4)
	Vomiting	1	1 (5%)	2	2 (9.5%)	4	3 (15.8%)
Nervous System Disorders	All	10	5 (25%)	23	8 (38.1%)	19	10 (52.6%)
	Headache	6	4 (20%)	19	8 (38.1%)	16	10 (52.6%)

No opportunistic infection and infection, infestation rate similar between placebo and ABX464 all doses (20%)

Dose response for GIs driven by: Abdominal pain upper, diarrhea, dyspepsia, nausea and vomiting

Dose-response for Nervous system disorders driven by headaches (rates similar to a bit higher than in UC)

Phase 2a clinical induction and maintenance studies in RA
Top-line results allowing to move into phase 2b

- Baseline characteristics well balanced across all groups
- In the phase 2a induction study, primary endpoint met with ABX464 demonstrating good safety and tolerability profile with 50mg once daily oral administration
- A statistically significant difference ($p < 0.03$) was met on key efficacy endpoint ACR20 in the PP population with 60% of ABX464 patients dosed with 50mg reaching that endpoint versus 22% in the placebo group
- Other key efficacy endpoints (ACR50, ACR70, DAS28-CRP, CDAI) as well as biological markers (CRP, miR-124, IL-6) showed favorable differences with 50mg ABX464 over placebo
- Promising phase 2a maintenance data in in RA after one year of treatment reported
- Abivax intends to start a clinical phase 2b program in rheumatoid arthritis; the start of this trial depends on depends on the availability of necessary resources and funding

ABX464: Commercial opportunity in IBD

ABX464 clinical differentiation factors and positioning

First-in-class small molecule with unique mechanism of action

Easy, oral once-daily administration

Fast onset of action

Durable and further improved efficacy, best clinical remission rates during 3-years maintenance

Good safety and tolerability profile

ABX464 has all necessary clinical differentiation factors to be positioned as…

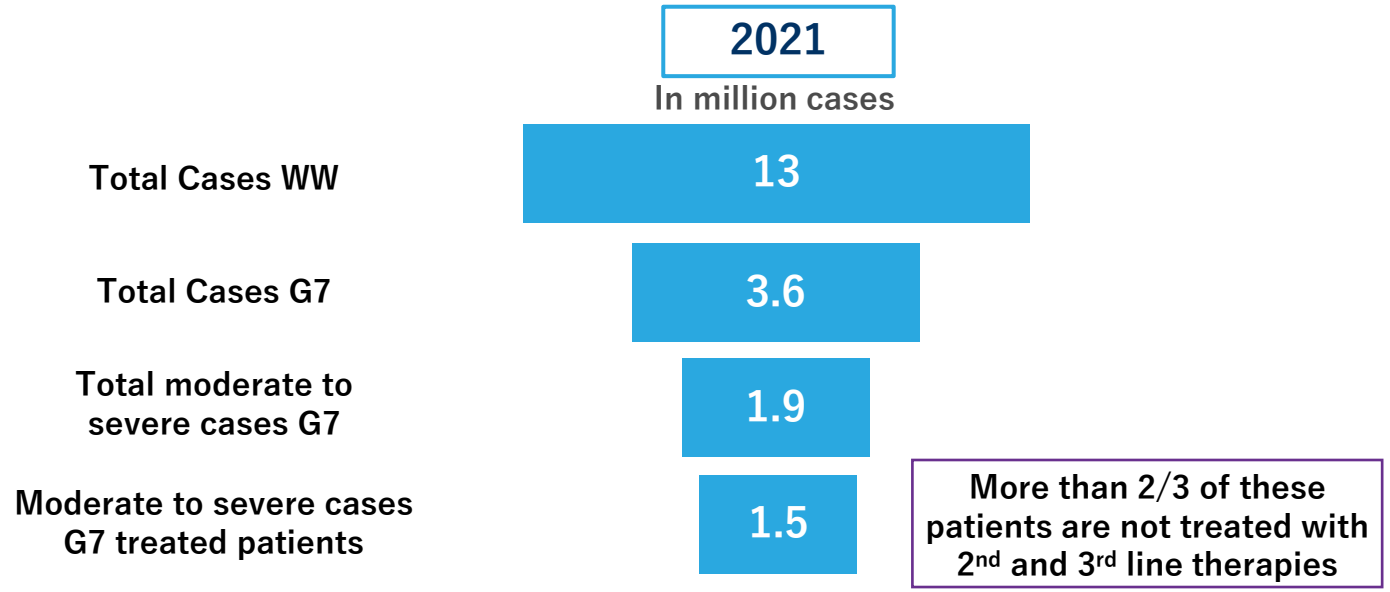
…2nd and 3rd line therapy in moderate to severe ulcerative colitis

1st line: Corticosteroids, immunosuppressant drugs and 5-ASA
2nd line: Biologics and JAKs
3rd line: Any failure or intolerance to 2nd line treatments

ABX464: A potential mega-blockbuster in IBD

Size of target market increasing by 70% in UC and by nearly 20% in CD (2021 - 2027)

UC Epidemiology



Total market size[1] in inflammatory diseases > **USD 90B**

Market size[1,2]
UC: USD 6.2B
CD: USD 12.9B
RA: USD 22.3B

ABX464 addresses a market of **USD 41.4B**

UC & CD Market Potential

	Ulcerative Colitis	Crohn's Disease
ABX464 TPP	Patients with moderate to severe UC and CD who failed on first line therapy, therefore positioned as 2nd and 3rd line treatment	
ABX464 Full Launch	2026 for UC	2027/28 for CD
G7 Market Size (2nd & 3rd line)	2021: USD 6.2B for UC 2026: USD 10.2B for UC	2021: USD 12.9B for CD 2027: USD 15.4B for CD
ABX464 Market Share Assumptions	10-20% market share at peak sales for both indications	

1) 2021 data for Europe G5, U.S. and Japan
2) 2nd and 3rd line

Source: Global Data & Informa

Value creation continues

	Q4 2021	Q1 2022	Q2 2022	Q3 2022
UC - Phase 2b (ABX464)		**Top-line results** (One-year maintenance data) ✓		**Publication of full- length phase 2b manuscript**
UC - Phase 3 (ABX464)	**FDA feedback** ✓	**EMA feedback** ✓		**FPI phase 3 study**
RA - Phase 2a (ABX464)		**Top-line results** (One-year maintenance data) ✓	**Publication of full-length phase 2a manuscript**	
HCC - Phase 1/2 (ABX196)		**Top-line results presented at ASCO GI** (Dose escalation phase) ✓		

Abivax financing strategy
Current cash runway until the end of Q3 2022

Core strategic plan

Partnering (ranging from licensing to M&A)
Abivax to decide between two possible options:

Option 1

Partnering in 2022 before UC phase 3 start

Partnering deal

Option 2

Partnering after UC phase 3 start, but before registration

Financing for clinical late-stage clinical development
Financing for preparation of commercial launch

Fund raise on Nasdaq/Euronext or other alternatives

Highly experienced Executive Committee

Prof. Hartmut Ehrlich, M.D.

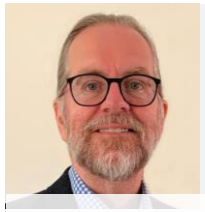
Chief Executive Officer

Baxter · SANDOZ · Lilly

Didier Blondel

EVP, Chief Financial Officer & Board Secretary

SANOFI · sanofi pasteur MSD



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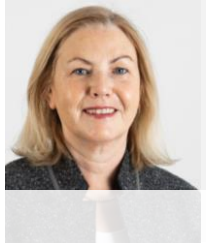

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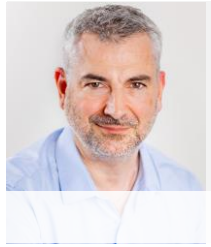

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VERSANTIS · abbvie · Bristol-Myers Squibb

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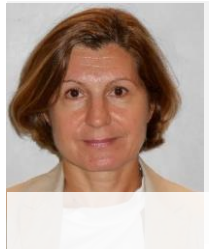
VP, Clinical Operations

Boehringer Ingelheim · ALTANA



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BIONTECH

Competencies from discovery to global commercialization