Corporate Presentation

March 2022

NON-CONFIDENTIAL

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EVAXION

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Evaxion Aspires to Become a World Leader in AI-Immunology, Decoding the Human Immune System to Develop Effective Immunotherapies Based on Deep Biological Insights

Immune system → **Artificial Intelligence** → **Immunotherapies**

Highlights

Antitumor effect in lead immuno-oncology program supports a Phase 2b trial in partnership with Merck & Co., Inc (MSD)

- EVX-01: Clinical results from EVX-01 Phase 1/2a trial support a Phase 2b trial:
  - ✔ All primary and secondary endpoints met
  - ✔ ORR 67%, CR 22%
  - ✔ Neoepitope-driven antitumor effect
- EVX-01 Phase 2b trial initiation in H2 2021, in partnership with MSD
- EVX-02/03: Immune and safety data from Phase 1/2a clinical trial support a Phase 2b trial

Proprietary AI-immunology platforms to enable rapid and scalable discovery and development of immunotherapies

Proprietary AI-immunology platforms that simulate the human immune system

- PIONEER™ platform for patient-specific neoepitope-based cancer therapies
- EDEN™ platform for bacterial disease
- RAVEN™ platform for viral diseases

Newly developed AI-DeeP™ platform for prediction of drug response

Poised for rapid growth with experienced team, broad IP portfolio and scalable business model

- Experienced team of 57 individuals with expertise in drug development and AI
- Fully integrated, state-of-the-art research facilities
- Broad IP portfolio with 14 issued patents and 31 pending patent applications
- Multiple opportunities for partnerships and rapid pipeline expansion

EVAXION

Advancing a Robust Immunotherapy Pipeline

AI platform	Product Candidate (Delivery modality)	Stage of Development				Anticipated Key Milestone
		Pre-clinical	Phase 1	Phase 2	Phase 3	
PIONEER Patient-specific cancer immunotherapies	**EVX-01** (Liposomal/Peptide) Metastatic Melanoma			2a → 2b **MSD**		H2 2021: Phase 2b Regulatory Filing
	EVX-02 (DNA) Adjuvant Melanoma					H1 2022: EVX-02/03 Phase 2b Regulatory Filing
	EVX-03 (Targeted DNA) Multiple Cancers					H1 2022: EVX-02/03 Phase 2b Regulatory Filing
EDEN Vaccines against bacterial diseases	**EVX-B1** (Adjuvanted Recombinant Proteins) *S. aureus*, SSTI					H2 2022: Regulatory Filing
	EVX-B2 *Multiple bacteria*					H2 2022: Select Second Bacterial Product Candidate
RAVEN Vaccines against viral diseases	**EVX-V1** (DNA/mRNA) *Multiple viruses*					H2 2022: Select First Viral Product Candidate

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Developing Our Current Pipeline of Product Candidates through Phase 2b Before Out-Licensing

AI-immunology Platform

- **PIONEER**
- **EDEN**
- **RAVEN**
- **AI-DeeP**

Delivery Modalities

- **Peptide/Proteins**
- **DNA/targeted DNA**
- **mRNA**

Product Candidates

- **EVX-01**
- **EVX-02**
- **EVX-03**
- **EVX-B1**

Out-licensing

- **After Phase 2b**

Accelerating drug discovery and development, utilizing AI platforms to expand our portfolio and pursue earlier out-licensing arrangements after clinical PoC on each platform

EVAXION

The Evaxion Executive Management Team

Chief Executive Officer

Lars Staal Wegner, MD

Pfizer

BAVARIAN NORDIC

Chief Scientific Officer

Birgitte Rønø, PhD

UNIVERSITY OF COPENHAGEN

novo nordisk

NIH National Institutes of Health
Turning Discovery Into Health

Chief Medical Officer

Erik Heegaard, DMSc, PhD

NOVARTIS

SeattleGenetics

BAVARIAN NORDIC

Chief Business Officer/Interim CFO

Niels Møller, MD

AstraZeneca

UNIVERSITY OF COPENHAGEN

Chief Innovation Officer

Andreas Mattsson

novo nordisk

DTU Technical University of Denmark

BOARD OF DIRECTORS

Marianne Søgaard, Chair of the Board

Served for 22 years at the Kammeradvokaten/Law Firm Poul Schmith as a corporate lawyer, partner and board member. Serves on various boards within technology and biotech.

Steven Projan, PhD

Former Sr V.P. R&D and Head of Infectious Disease & Vaccines at MedImmune, successfully led four programs resulting in the approval of novel anti-infective drugs.

Roberto Prego Pineda

Holds senior leadership positions at Cocrystal Pharma, IVAX and TEVA, and biotech investor.

Lars Holtug

Served for 35 years at PwC in Denmark as an employee, partner and Chairman of the Board. Serves on the Boards of a number of companies, including Ascendis Pharma A/S, a U.S. publicly traded company listed on the NASDAQ.

ADVISORS

Science and Drug Development

Jeffrey S. Weber, MD, PhD

Professor of Oncology and the Deputy Director of Perlmutter, Co-Director of Melanoma Program at the New York University (NYU)-Langone Cancer Center and Head of Experimental Therapeutics at NYU Langone Medical Center LLC.

Georgina Long, PhD, MBBS, FRACP

Co-Medical Director of Melanoma Institute Australia (MIA), and Chair of Melanoma Medical Oncology and Translational Research at MIA and Royal North Shore Hospital, The University of Sydney.

Patrick Ott, MD, PhD

Clinical Director of the Melanoma Disease Center and the Center for Immuno-Oncology at Dana-Farber Cancer Institute. Serves as an attending physician in the Department of Medicine at Brigham and Women's Hospital and has an appointment as Associate Professor at Harvard Medical School in Boston, MA.

Inge Marie Svane, PhD, Professor

25 years of research experience in cancer immunology and immunotherapy. Has pioneered the field of cancer immunotherapy in Denmark building up CCIT, a translational research center in European leading position.

Kirsten Drejer, PhD

Co-founder and former CEO of Symphogen A/S. Member of the board of directors of a number of biotech and pharma companies.

Anthony Purcell, PhD, Professor

Leader in the field on ligand/MHC binding mass spec. NHMRC Principal Research Fellow and Deputy Head of the Department of Biochemistry at Monash University.

Michael W. Washabaugh, PhD

Previous positions in Adello Biologics (CSO), MedImmunne, Merck & Co., Inc. and has supported several launched products.

Søren Brunak, Dr. phil., Ph.D., Professor

Rated as one of the Worlds 200 most influential biology and biochemistry scientists and a member of the Nobel Award Panel.

Business and Stakeholders

Christian Schilling, MD, PhD

Responsible for the Global Therapeutic Areas in Human Pharma at Boehringer Ingelheim for many years. A member of the Human Pharma Executive Board and Co-Chair of the Global Licensing Committee representing the Human Pharma Business Unit.

Andy Weber

US Federal Government, Deputy Coordinator for Ebola Response at the U.S. Department of State, former Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs, advisor for Threat Reduction Policy in the office of the Secretary of Defense.

Robert J. Palay, JD, MBA

Chairman of Tactics II Equity LLC, V.P. of multiple entities specializing in life science investments. Founder or early-stage investor in genomics and stem cell-based companies.

Rajeev Surati, PhD

Investor and serial entrepreneur in technology and science. Built several successful companies, Data Science Mentor at Harvard Medical School.

Tom Wylonis, PhD

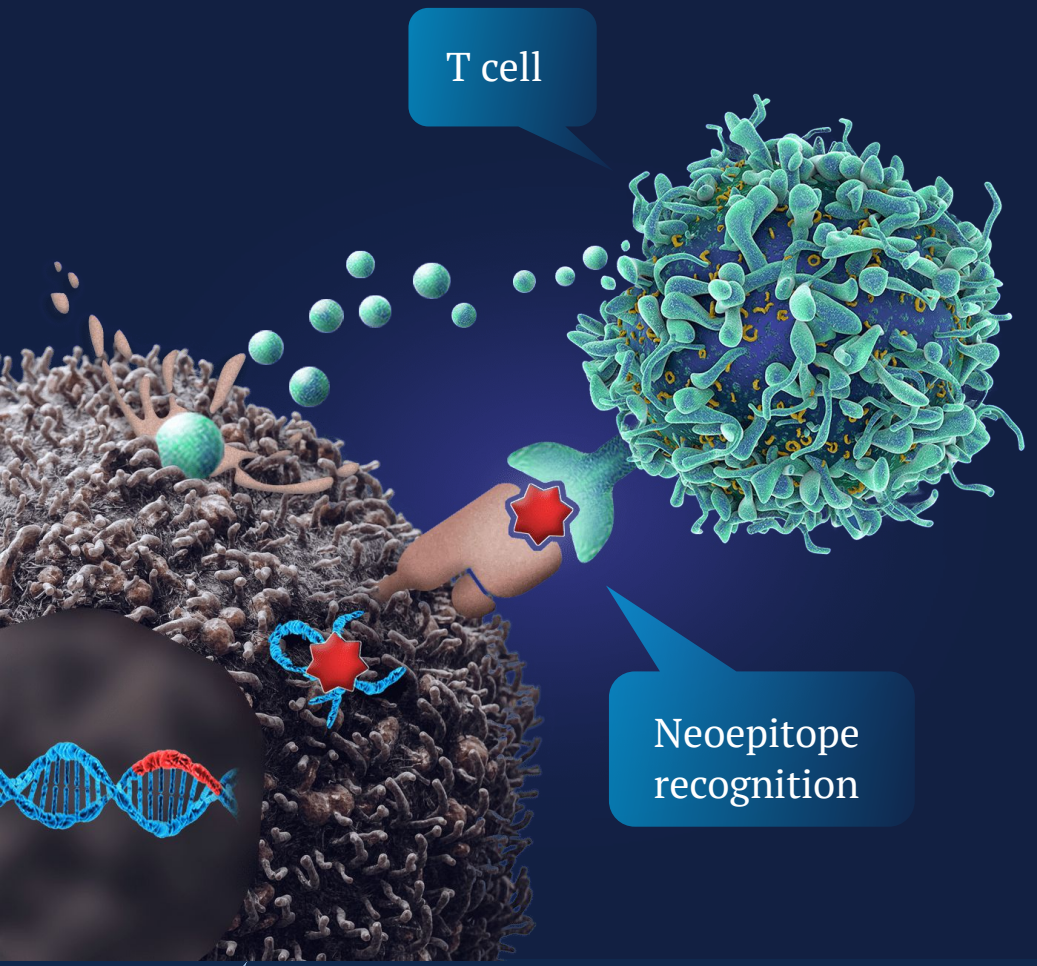
Chairman of the Board of Evaxion from 2015 to 2020. Investor and board member of several life science companies. Former Global Director at McKinsey & Company.

PIONEER

AI PLATFORM FOR PATIENT-SPECIFIC
NEOEPITOPE-BASED CANCER THERAPIES

EVAXION

PIONEER: Proprietary AI Platform for the Generation of Patient-Specific Neoepitope-Based Cancer Therapies



Neoepitopes are ideal cancer immunotherapy targets that:

- arise from patient-specific tumor mutations
- play a critical role in CD4+ and CD8+ T cell-mediated antitumor immunity
- are absent in healthy tissues and
- are recognized as non-self by the immune system

Our proprietary AI-platform PIONEER is trained to efficiently identify and select the best neoepitopes for *de novo* T-cell induction and antitumor effect in each patient

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EVX-01

PHASE 1/2a CLINICAL DATA

Patient-Specific Neoepitope-Based Therapy

in Advanced or Metastatic Melanoma

EVX-01 Phase 1/2a Key Findings: Data Support Phase 2b Trial of EVX-01

- All primary and secondary endpoints met: EVX-01 appears to be well-tolerated, only grade 1/2 AEs observed
- Overall Response Rate (ORR) of 67% and Complete Response (CR) Rate of 22% in combination with anti-PD1 therapy compares favorably to anti-PD1 monotherapy
- Three patients with stable disease for eight months or more on anti-PD1 therapy transform into two CR and one partial response (PR) after receiving EVX-01 therapy
- Broad T-cell activation in 100% of the patients, with a large fraction of the PIONEER-identified neoepitopes inducing a *de novo* response
- Correlation between T cells activated by PIONEER-identified neoepitopes and clinical response
- Correlation between EVX-01 activated T cells and antitumor effect
- Recommended dose for Phase 2b established

EVX-01 Phase 1/2a Clinical Trial Design

Objectives

Primary: Safety and tolerability

Secondary: Immunogenicity and feasibility of manufacturing

Tertiary: Objective response (OR), progression free survival (PFS) and overall survival (OS)

Indications

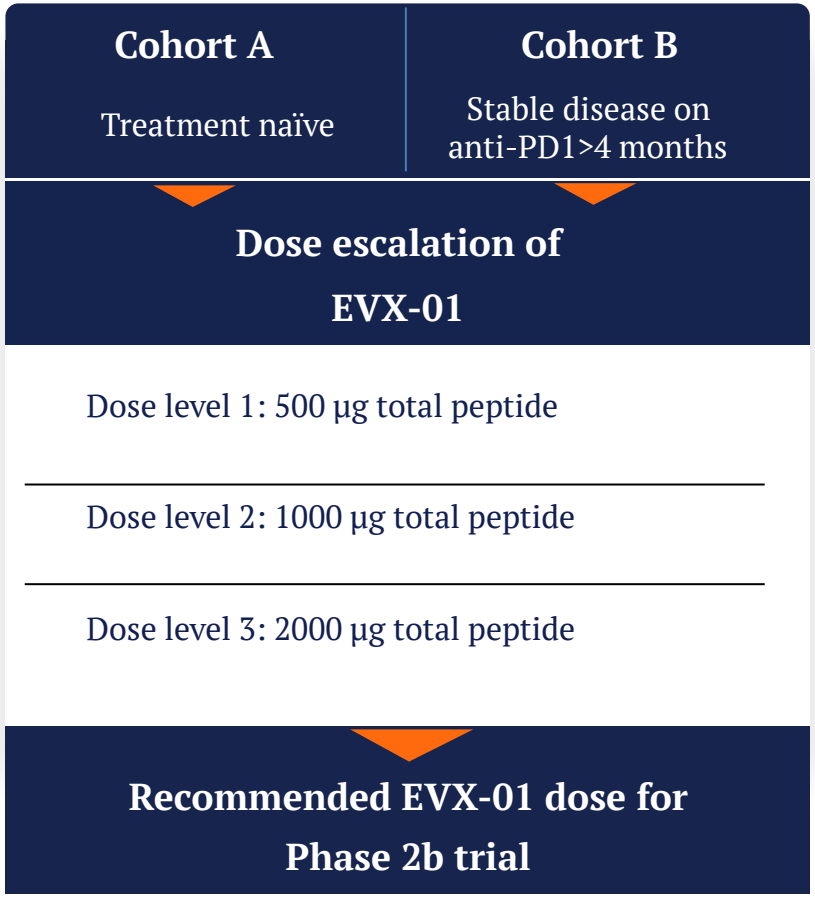
Advanced or metastatic melanoma*

Treatment

EVX-01 inj. biweekly, 3 x intraperitoneally 3 x intramuscularly, plus standard dose of pembrolizumab every 3 weeks (nivolumab every 4 weeks)

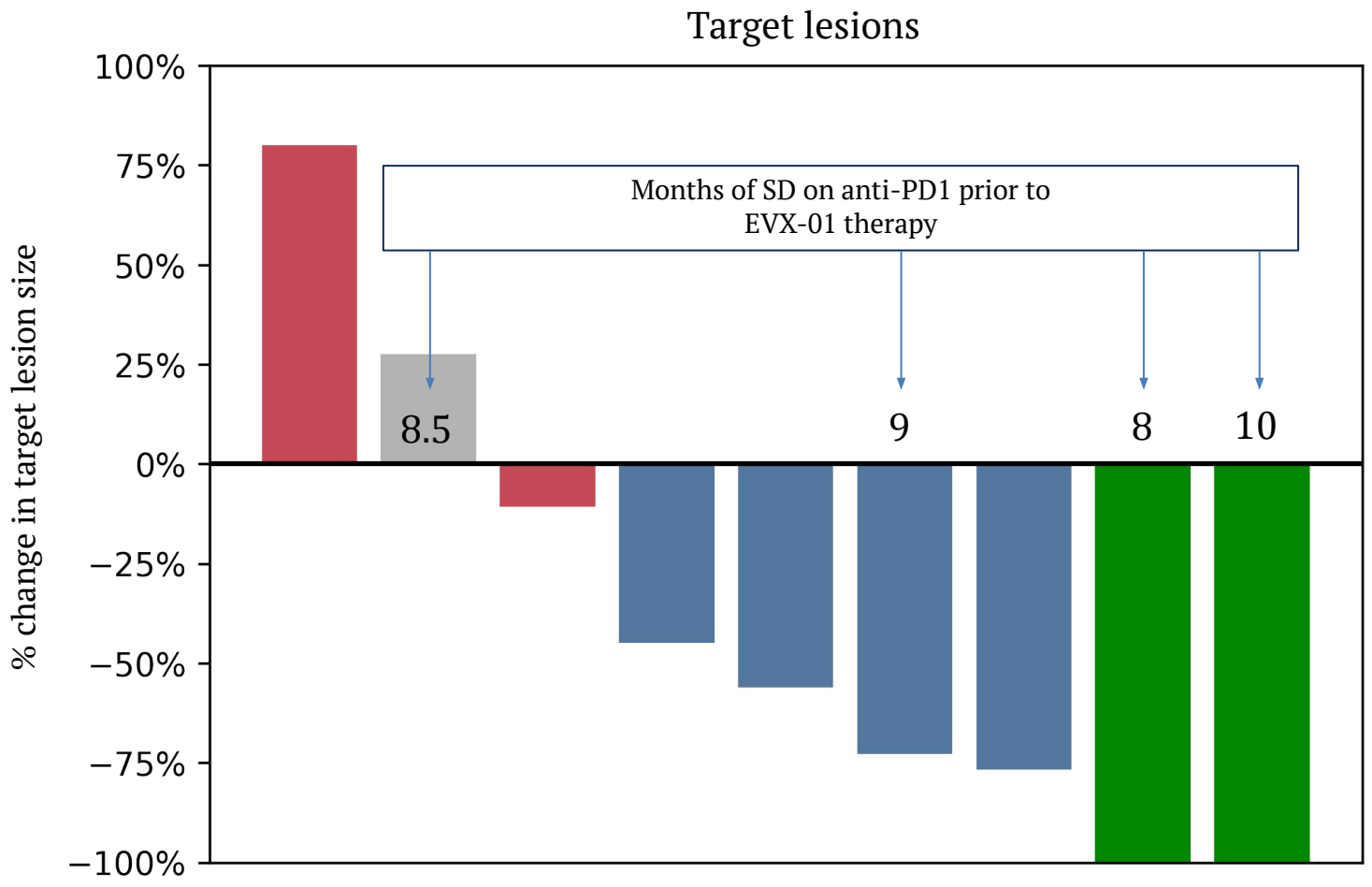
Next Milestone

Phase 2b regulatory filing planned for H2 2021



*originally designed to be a basket trial, changed focus to melanoma

EVX-01 in Combination with Anti-PD1 Therapy Eliminates or Reduces Tumor Burden in the Majority of Patients



ORR: 67%
CR: 22%

ORR, CR and PR Achieved by EVX-01 in Combination with Anti-PD1 Compares Favorably to Anti-PD1 Treatment Alone

	EVX-01 ALL DOSE LEVELS	KEYTRUDA® LABEL[a]	KEYNOTE-006[b]
ORR	**67%**	33%	40%
CR	**22%**	6%	7%
PR	**44%**	27%	33%

	EVX-01 HIGH DOSE[c]	KEYTRUDA® LABEL[a]	KEYNOTE-006[b]
ORR	**75%**	33%	40%
CR	**25%**	6%	7%
PR	**50%**	27%	33%

a) KEYTRUDA® label study Keynote-006
b) Robert *et al.* 2015. Pembrolizumab versus Ipilimumab in Advanced Melanoma. N. Engl. J. Med. 372: 2521–32, Keynote 006 responses after 2 months corresponding to time from biopsy to first dose of EVX-01
c) High Dose: Dose level 2 and 3

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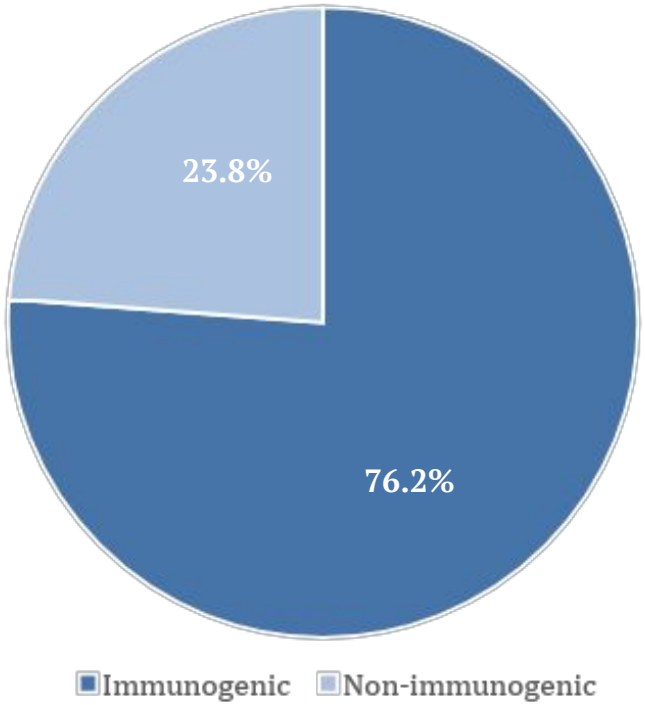
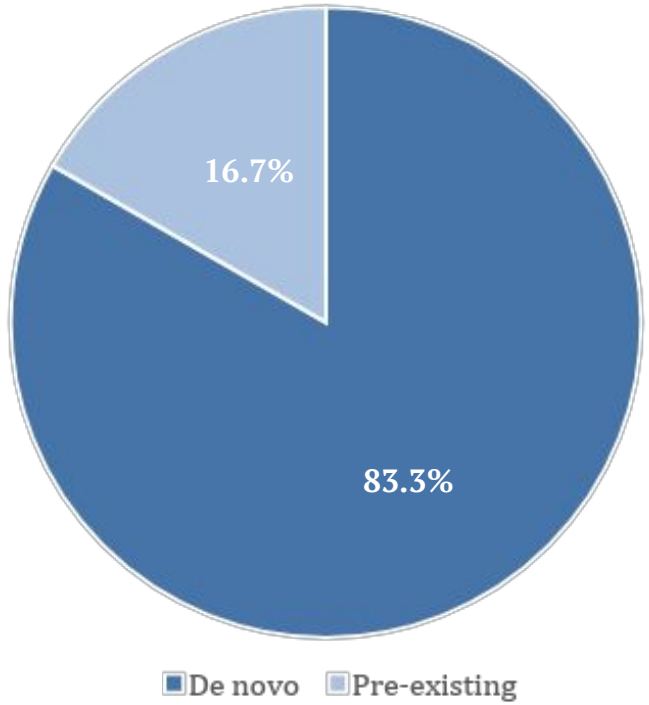
EVX-01 Induces a Specific T-Cell Response in All Patients to a Majority of Administered Neoepitopes

76.2% of the administered neoepitopes induce reactive T cells

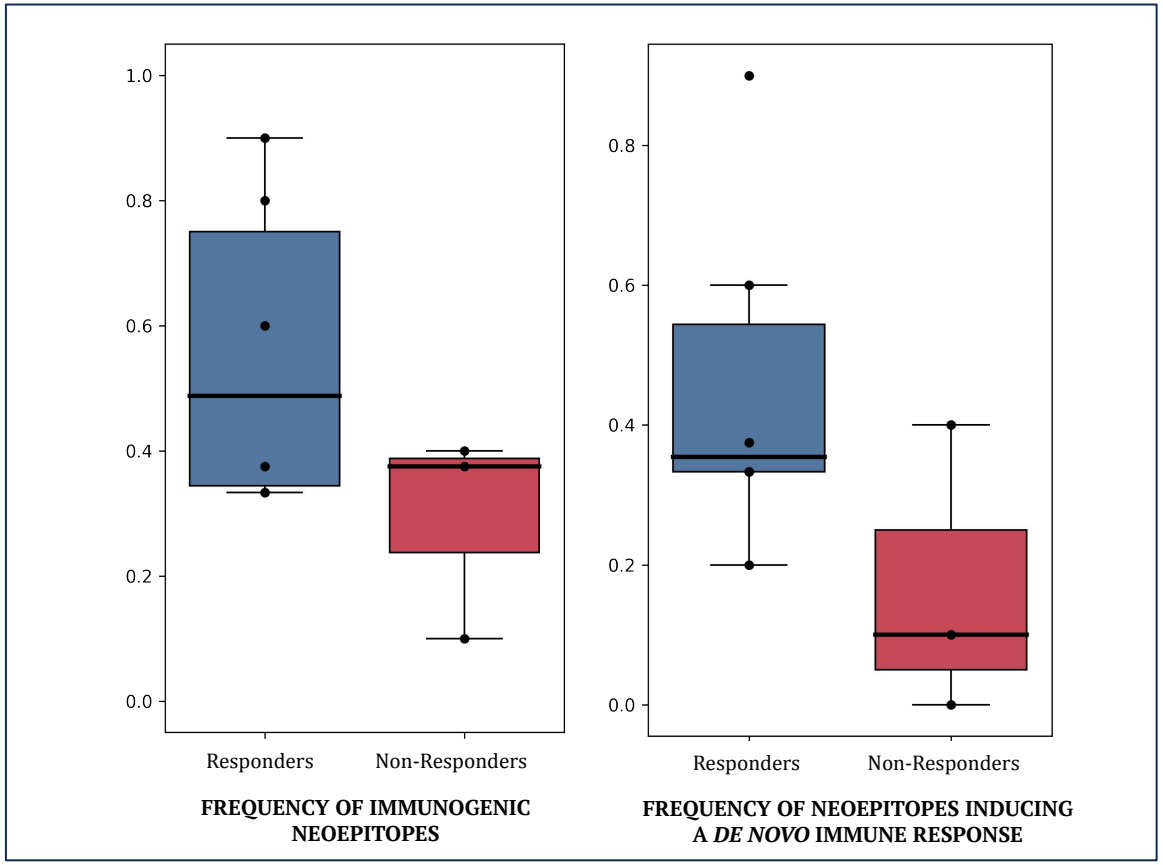


83.3% of EVX-01-induced reactive T cells are *de novo* responses

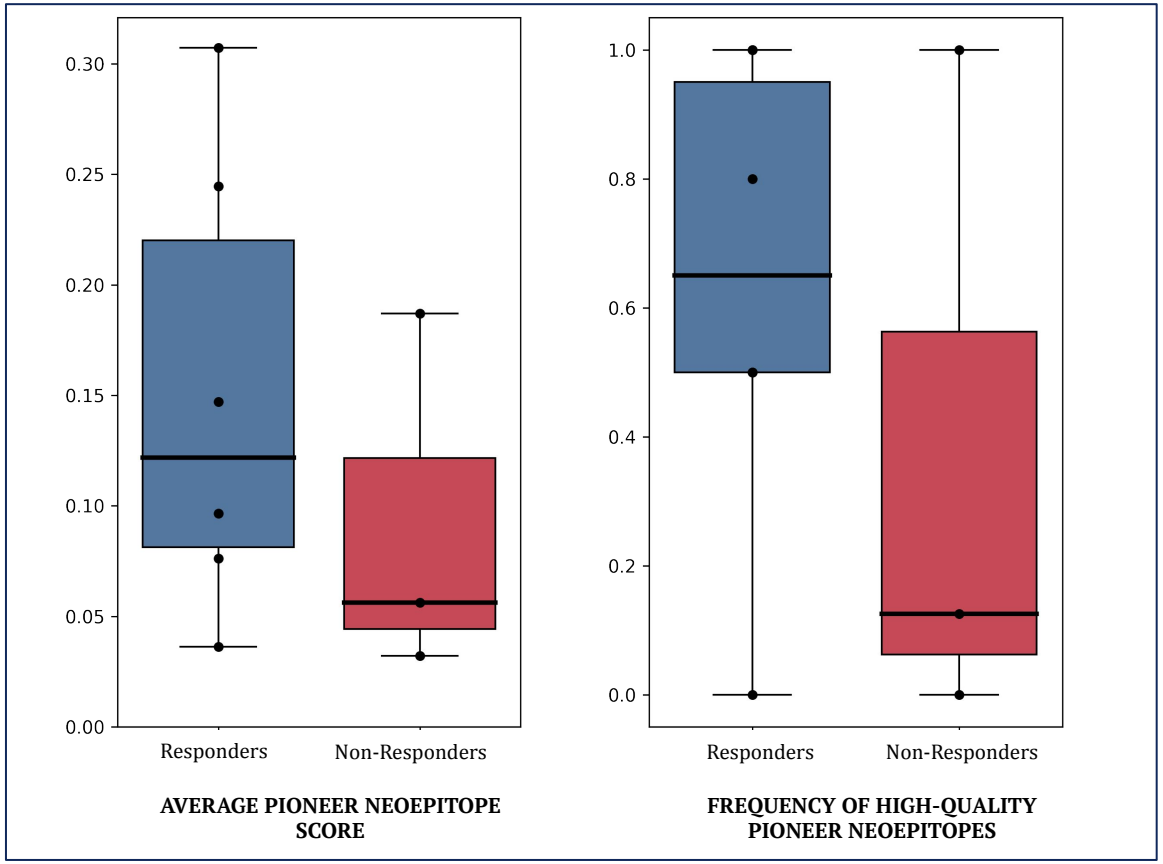


Correlation Between Specific T Cells Activated by PIONEER-Predicted Neoepitopes and Clinical Response

Clinical response correlates with neoepitope-specific T-cell response



Clinical response correlates with PIONEER predictions



Patient with Stable Disease for 10 Months on Anti-PD1 Achieves Complete Response Following EVX-01 Treatment

Patient D02_A, 64-year-old female diagnosed with Stage IV (M1a) metastatic melanoma

Patient Status:
SD on CPI for 10 months prior to EVX-01 treatment (Cohort B)

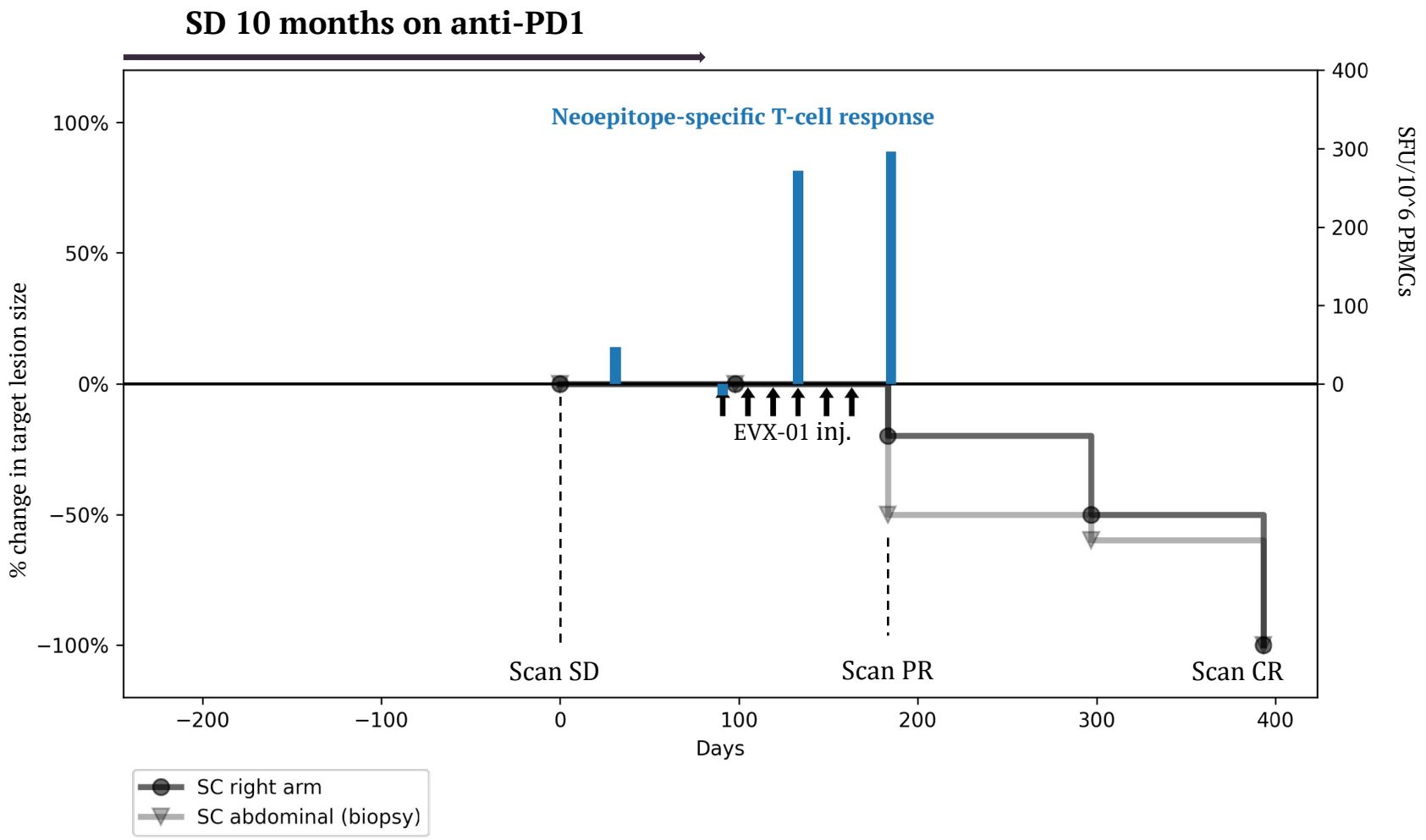
Clinical status:
CR

PD-L1 tumor expression:
< 1%

Immunogenicity:
T-cell response to 100% of EVX-01 neoepitopes

Lesions (at baseline):
A: Right arm sc (target)
B: Abdominal sc

TRAEs:
Only grade 1/2 AEs observed



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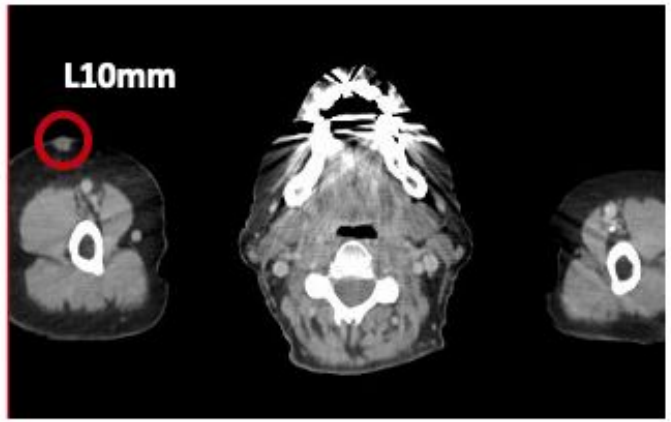
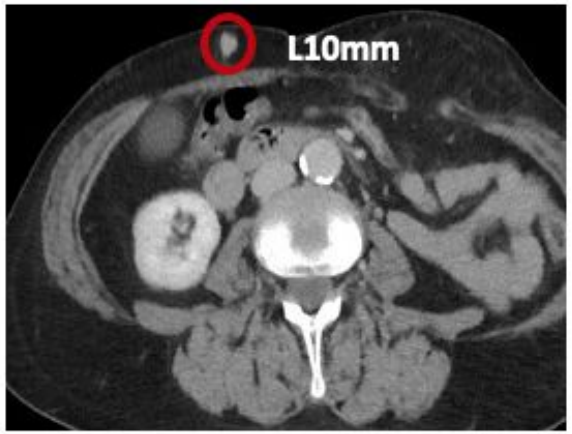
After Stable Disease for 10 Months on Anti-PD1, CT Scan and PET-CT Show Complete Elimination of Tumor Following EVX-01 Treatment

Patient D02_A, 64-year-old female diagnosed with Stage IV (M1a) metastatic melanoma

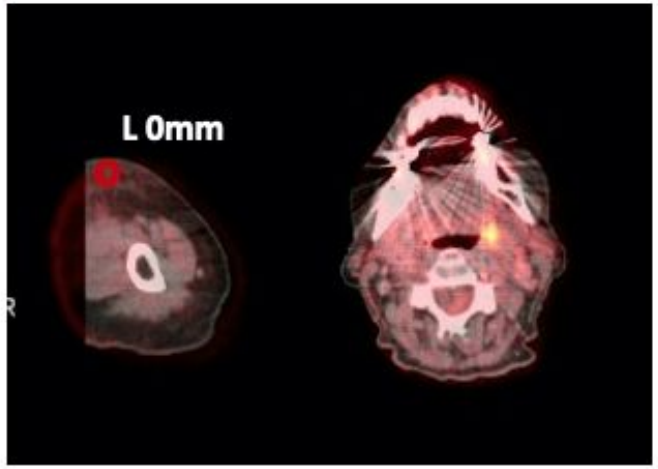
Clinical status:
CR

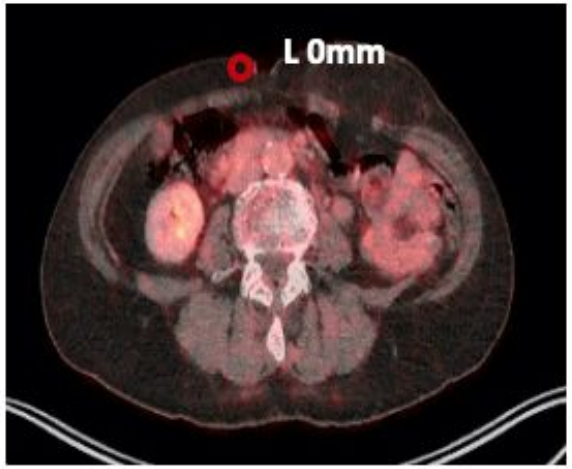
Lesions (at baseline):
A: Right arm sc (target)
B: Abdominal sc





SCAN AT ENROLLMENT. PATIENT SD ON CPI FOR 10 MONTHS PRIOR TO EVX-01 THERAPY





SCAN FOLLOWING EVX-01 TREATMENT SHOWING CR

EVX-01 Induces a Neoepitope-Specific T-Cell Response with the Ability to Migrate to the Neoepitope Target

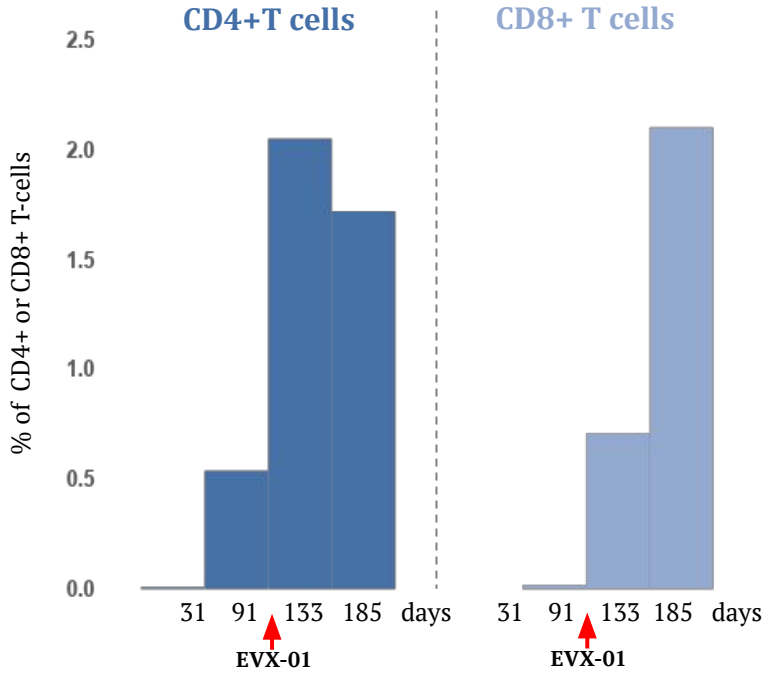
Patient D02_A, 64-year-old female diagnosed with Stage IV (M1a) metastatic melanoma

Clinical status:
CR

Immunogenicity:
T-cell response to 100% of EVX-01 neoepitopes

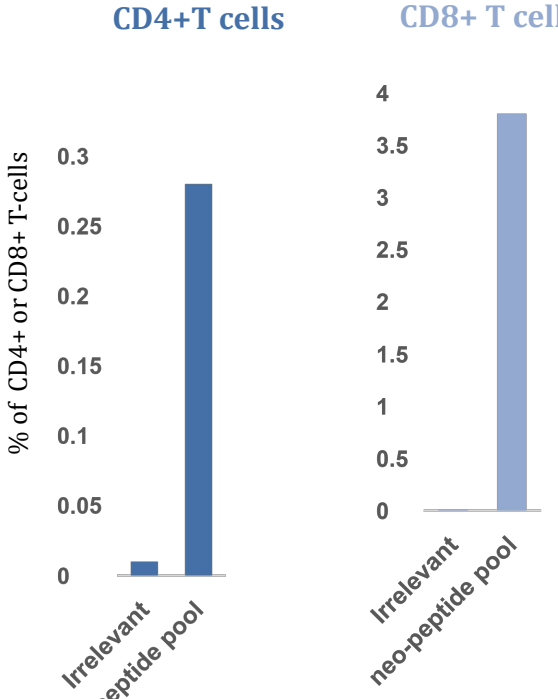
SKILS:
Neoepitope-specific SKILs detected

EVX-01 induces neoepitope-specific T cells



T cells stained positive for IFNg/TNFa/CD107a/CD137 upon stimulation with EVX-01 neopeptide pool

EVX-01-induced neoepitope-specific T cells migrate to the neoepitope target



Skin Infiltrating Lymphocytes (SKILs) after 2 injections of EVX-01

EVX-01 Appears to be Well-Tolerated at All Dose Levels with TRAEs Indicative of EVX-01-Induced Immune Activation

SAFETY SUMMARY

- ✔ Primary objective met
- Only grade 1 and 2 TRAEs
- Appears to be well-tolerated at all dose levels

EVX-01 Treatment Related Adverse Events (TRAEs) 9 patients	
Grade 1	8 (88.8%)
Grade 2	4 (44.4%)
Grade 3	0 (0%)
Leading to drug discontinuation	0 (0%)
Leading to death	0 (0%)

Most frequently observed grade 1 TRAEs:

- Fatigue
- Stomach pain
- Fever
- Dizziness
- Cough
- Rash

Most frequently observed grade 2 TRAEs:

- Fatigue

EVX-01

PHASE 2b TRIAL

In Collaboration with MSD

Patient-Specific Neoepitope-Based Therapy

in Advanced or Metastatic Melanoma

KEYNOTE-001 and 006 Demonstrate the Unmet Medical Need and Guide the Clinical Trial Design of EVX-01

Newly published data on pembrolizumab by Merck & Co., Inc demonstrate the unmet medical need


European Journal of Cancer 157 (2021) 391–402

ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejcancer.com

Original Research

Long-term outcomes in patients with advanced melanoma who had initial stable disease with pembrolizumab in KEYNOTE-001 and KEYNOTE-006

"… Patients with SD at week 12 and subsequent progression had poor survival outcomes."

"The current findings will help guide future trial design and clinical decisions for patients with advanced melanoma who has initial SD with pembrolizumab"

EVX-01 Phase 2b in partnership with Merck & Co., Inc provides access to unique knowledge and data

- EVX-01 in combination with pembrolizumab has the potential to significantly improve patient outcomes
- EVX-01 in combination with pembrolizumab have shown more than 50% increase in ORR in Phase 1/2a
- Our EVX-01 Phase 2b trial design is developed in collaboration with world leading KOLs

Georgina Long (Melanoma Institute Australia, AU), Patrick Ott (Dana-Faber Cancer Institute, USA), Inge-Marie Svane (Center for Cancer Immune Therapy, Denmark)

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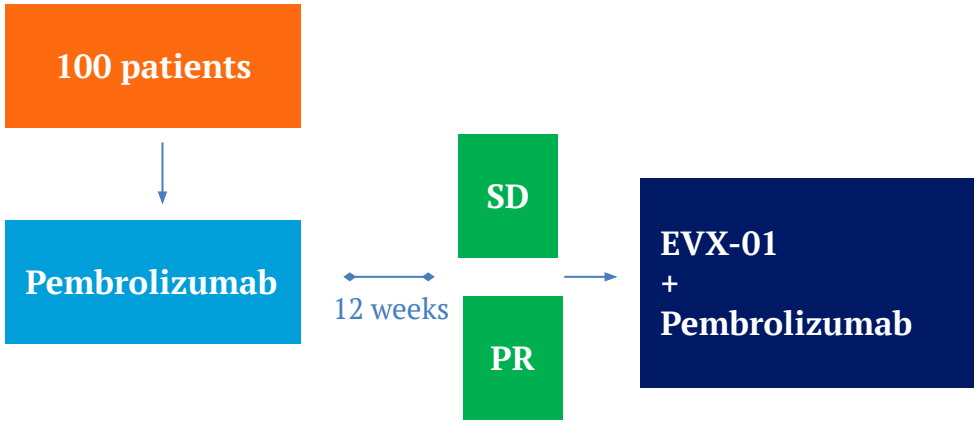
EVX-01 Phase 2b: An Open-Label, Multi-Center, Single Arm Trial Evaluating the Efficacy and Safety of EVX-01 in Adults with Unresectable or Metastatic Melanoma with SD or PR after 12 Weeks on Pembrolizumab Treatment

Designed to ensure a fast, clear and clinically meaningful outcome

The trial will have >80% power to show a 50% improvement of a best overall response in patients with SD or PR



Objectives

Primary: Best objective response (BOR) per RECIST 1.1

Secondary: Overall response rate (ORR), progression free survival (PFS), overall survival (OS) , safety

Exploratory: ct-DNA, induction of immunologic response (neoepitope-specific CD4+ and CD8+ T cells)

Indications

Stage III and IV metastatic or unresectable melanoma

Trial summary

Partnership: Merck & Co., Inc (MSD)

Modality: Peptide/Liposomal

Type: Open-Label, multi-center, single arm

Locations: US, AUS, Europe

Milestones

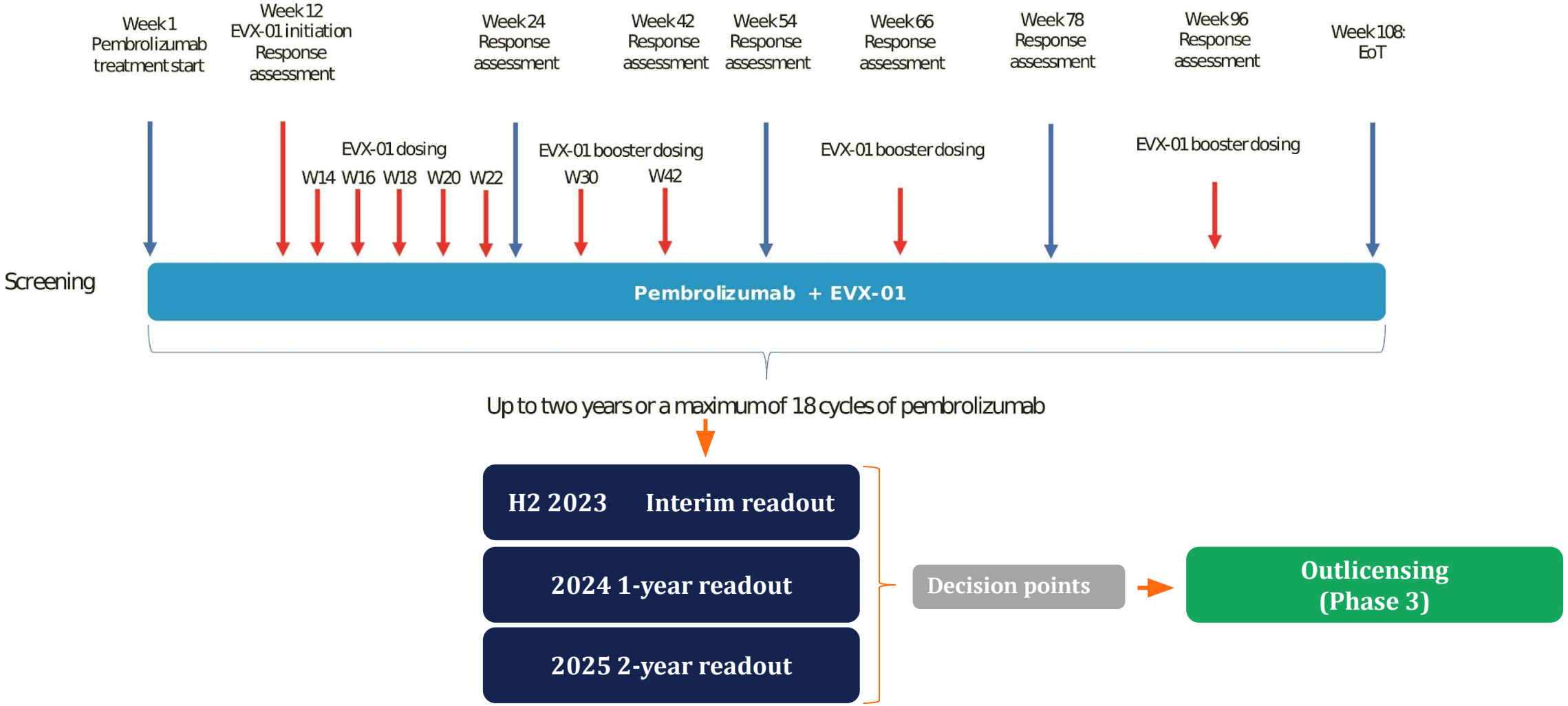
H2 2021: Regulatory filing

H1 2022: FPFV

H2 2023: Interim readout

2024: 1-year readout

EVX-01 Phase 2b Trial Design Allows for Fast Readout and Decision Points for Partnership (Phase 3 Trial)



EVX-02/03

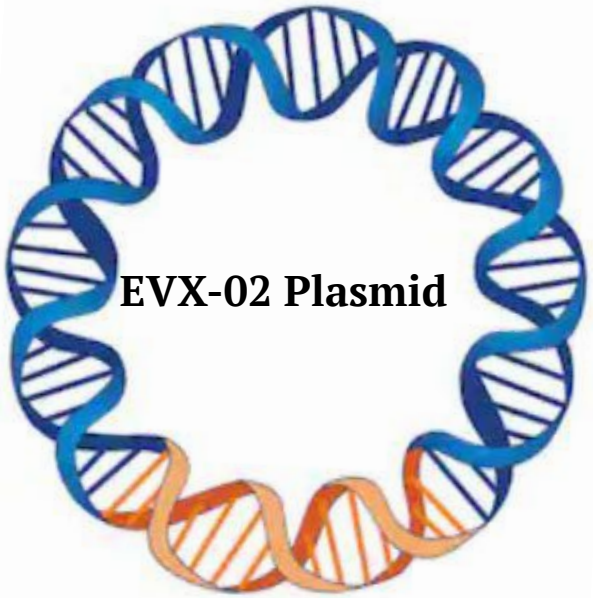
EVAX DNA

Patient-Specific Neoepitope-Based Therapy

in Adjuvant Melanoma

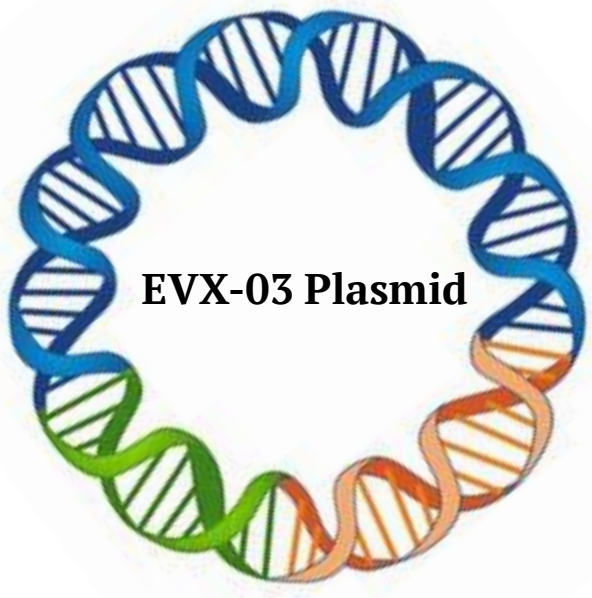
EVAX-DNA: DNA Modalities and Administration Methodologies Designed to Induce CD4+ and CD8+ T Cell-Driven Tumor Killing

EVAX-DNA backbone with immune stimulating inserts



Neoepitopes

EVAX-DNA backbone with immune stimulating inserts



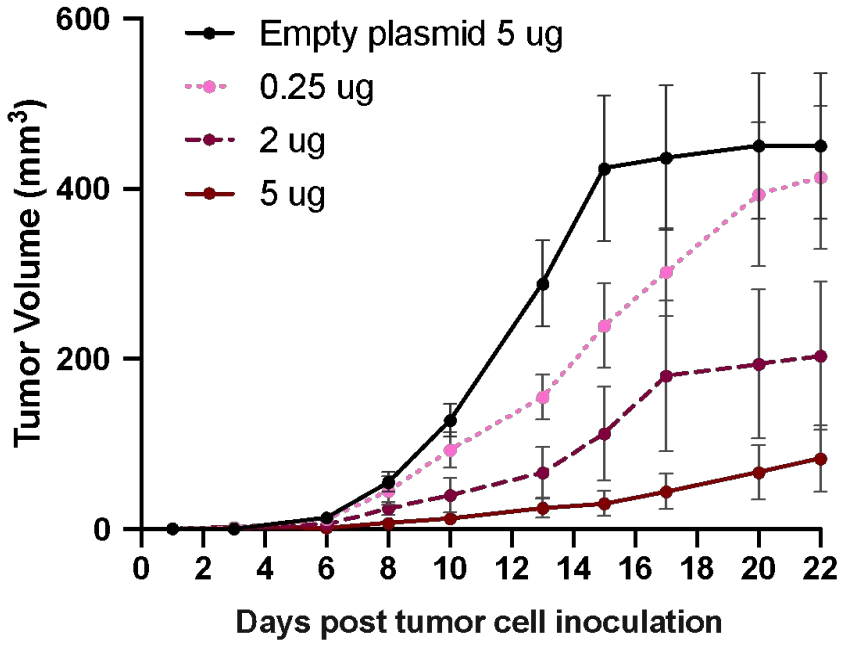
APC-targeting Neoepitopes

Administration methodology

- DNA plasmid delivered via the PharmaJet Stratis® needle-free injection system
- Polymer formulation, delivered by a standard syringe

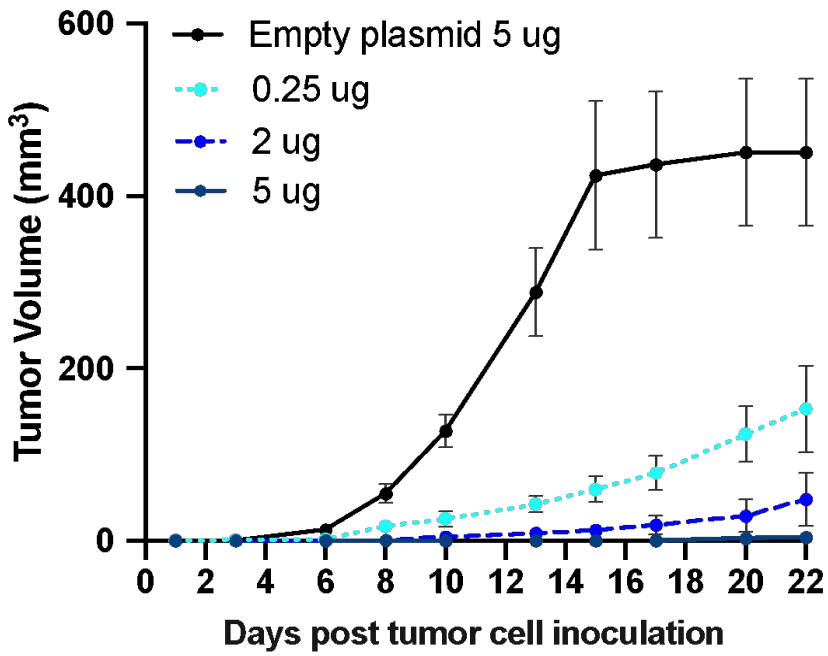
Pre-Clinical Data from EVAX-DNA (+/- APC Targeting) Demonstrate Antitumor Effect

EVX-02 induces antitumor immunity in pre-clinical models



Establishment of subcutaneous CT26 tumors is prevented in mice immunized with PIONEER-predicted neoepitopes encoded in a plasmid DNA at doses as low as 5 µg DNA.

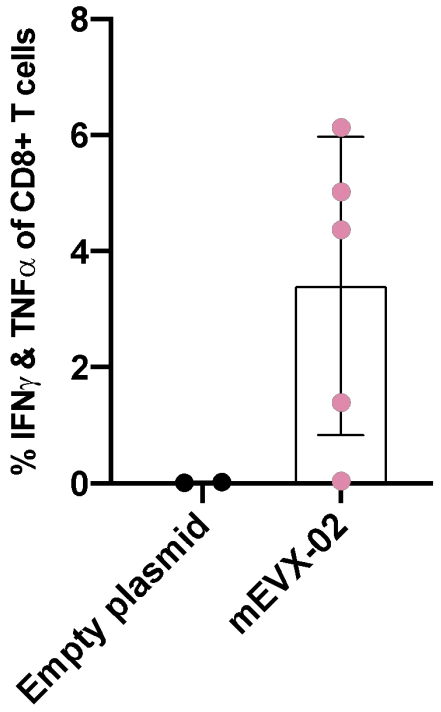
EVX-03 induces antitumor immunity in pre-clinical models



Addition of an APC-targeting motif to PIONEER-predicted neoepitopes encoded in a plasmid DNA shows clear antitumor efficacy at DNA doses as low as 0.25 µg.

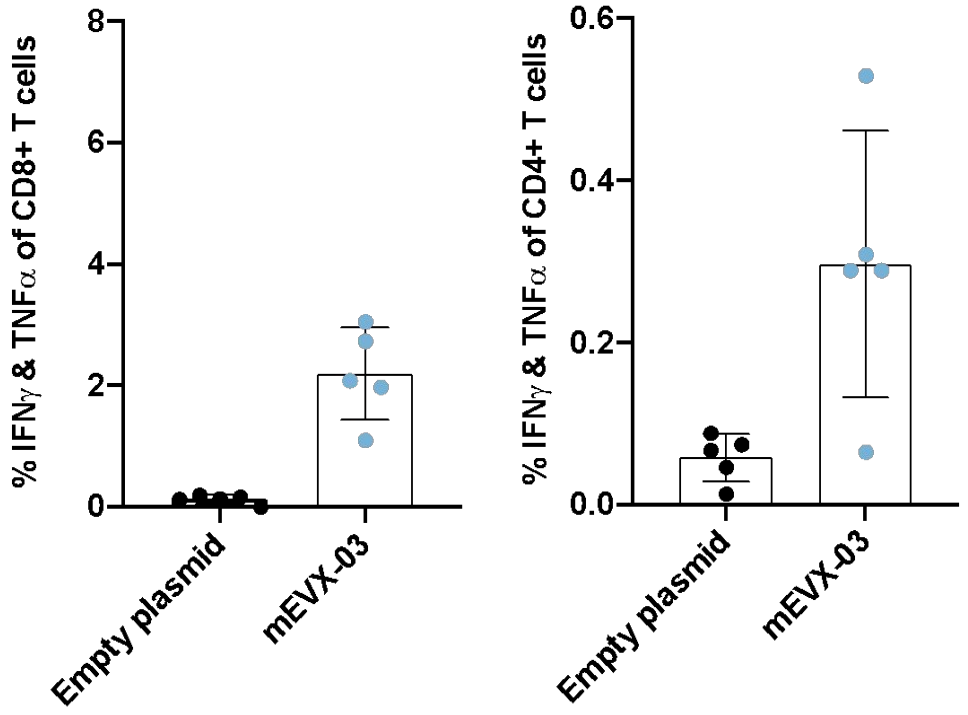
Pre-Clinical Data from from EVAX-DNA (+/- APC Targeting) Demonstrate Clear T-Cell Induction

EVX-02 induces neoepitope-reactive CD8+ and CD4+ T cells



mEVX-02 induces neoepitope-reactive CD8+ and CD4+ T cells detected by intracellular cytokine staining.

EVX-03 induces neoepitope-reactive CD8+ and CD4+ T cells



mEVX-03 induces neoepitope-reactive CD8+ and CD4+ T cells detected by intracellular cytokine staining.

EVAXION

Preliminary Data from Phase 1/2a Trial Show Induction of Neoepitope-Specific CD4+ and CD8+ T cells

Objectives

Primary: Safety / tolerability and immunogenicity

Secondary: Relapse free survival at 12 months

Indications

Adjuvant therapy after complete resection of Stage IIIB/IIIC/IIID

~~or Stage 4 melanoma in patients with high risk of recurrence~~

Study Design

Study Arm A	Study Arm B
EVX-02A (Polymer)	EVX-02B (Jet Injector)
plus nivolumab, n=8	plus nivolumab, n=8

Status and Milestones

- 14 patients enrolled
- Enrollment completed H2 2021
- Phase 2b regulatory filing planned for H1 2022
- Clinical readout (Phase 1/2a) H1 2023

101-E01	Jet Injector	**Yes**	**Yes**	**Yes**	**Yes**	**8/13**
104-E01	Polymer	**Yes**	**Yes**	**Yes**	**Yes**	**7/13**

[1]IVS; *In Vitro* Stimulation
[2]ICS; Intracellular Cytokine Staining

EVAXION

Pre-Clinical and Clinical Data from EVX-02 and EVX-03 Studies Support Plan to Advance EVAX-DNA into a Phase 2b Trial

Objectives

Primary: Recurrence-free survival (RFS) across treatment cohorts

Secondary: Induction of relevant immunologic response (CD4+ and CD8+ neoepitope-specific lymphocytes), ct-DNA, OS, AE and SAE

Indications

Stage IIIB/C/D & Stage IV melanoma

Trial summary

Modality: DNA-based with or without APC component

Type: Randomized, multi-center trial

Locations: US, AUS, Europe

Milestones

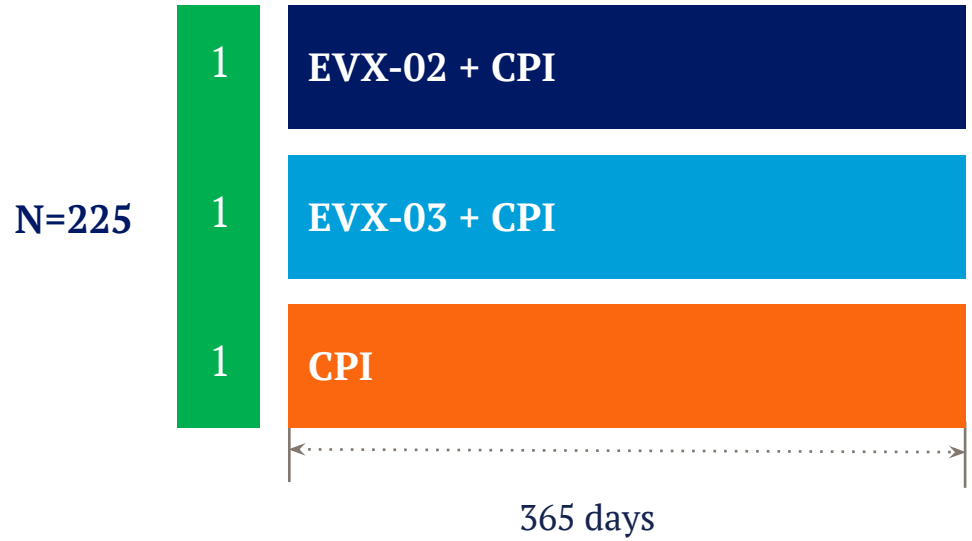
Regulatory filing: H1 2022

First-patient-first-visit: H2 2022

Interim readout: H1 2024

Full readout: H1 2025

Phase 2b trial design in adjuvant melanoma



AI-DeeP

AI-Immunogenetic Drug Response Platform

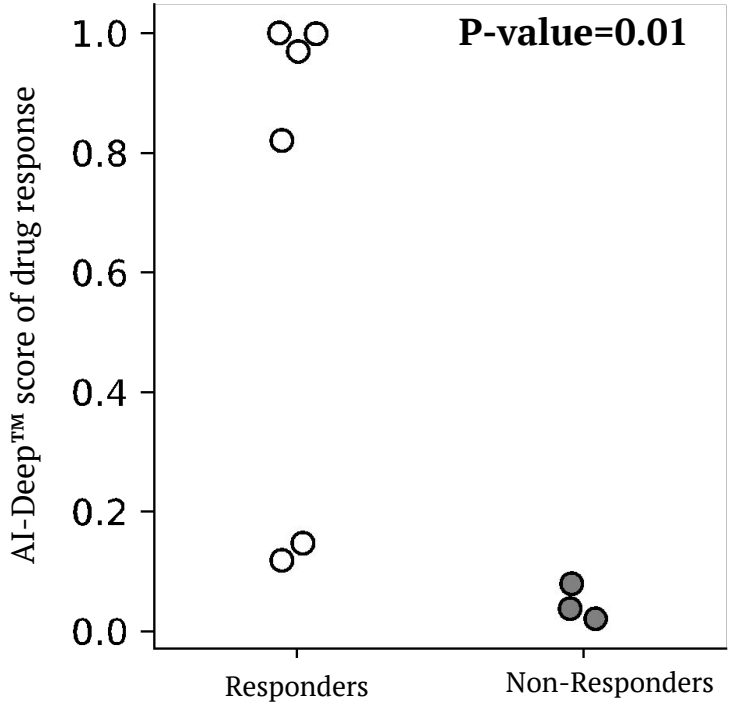
Predictor of patients most likely to benefit from immunotherapies

AI-DeeP, Our Proprietary AI-Immunogenetic Drug Response Platform, Predicts Responders vs. Non-Responders

AI-DeeP identifies patients responding to therapy with precision

Based on immunogenetic expression signatures in the tumor microenvironment, AI-DeeP seeks to determine which patients may benefit from the immunotherapeutic cancer treatment

AI-DeeP PoC
on EVX-01 clinical data (n=9)



Leave-one-patient-out cross-validation. P-value calculated using permutation test.

EDEN

AI BACTERIAL VACCINE

PLATFORM

EDEN Identifies Antigens Sharing Features with Known Highly Protective Antigens to Find Optimal Targets for Multicomponent Vaccines Against Bacterial Infections

Novel vaccine antigens with high precision:

Proprietary algorithms that allow for prediction with precision of antigens that will trigger a robust protective immune response against almost any bacterial infectious disease

Trained on our own curated data:

To identify the protective and non-protective antigens validated in human and animal models

Proprietary technology:

Proprietary machine learning ensemble of AI models used to interpret immunological-relevant information in relation to bacterial antigens that incur protection in a vaccine setting

Pre-clinically validated in seven different pathogens:

We intend to develop a pipeline of vaccine candidates using this platform

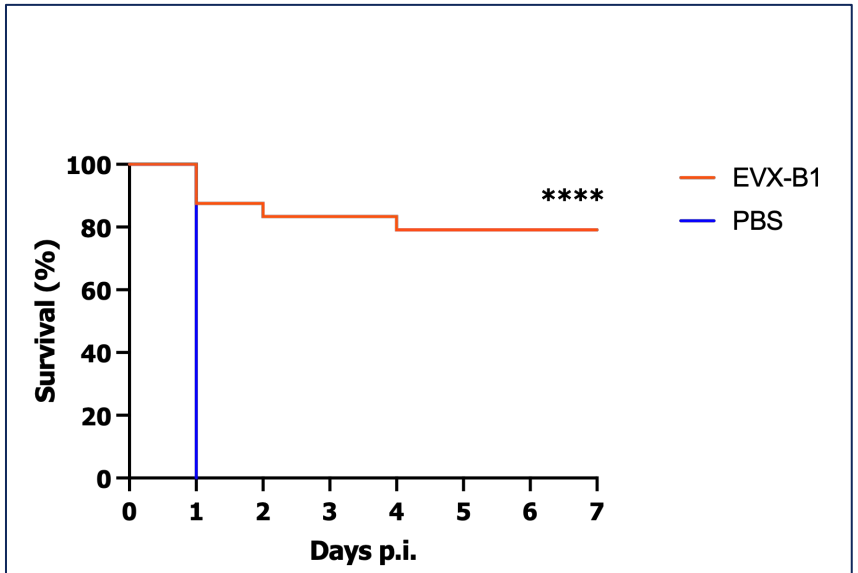
EVAXION

EVX-B1, our Vaccine Against *S. aureus*, is Advancing Through Pre-Clinical Development as Planned with Expected Regulatory Filing in H2 2022

EVX-B1, a multicomponent vaccine product candidate for the prevention of *S. aureus* infections consisting of three components to build a strong vaccine product candidate:

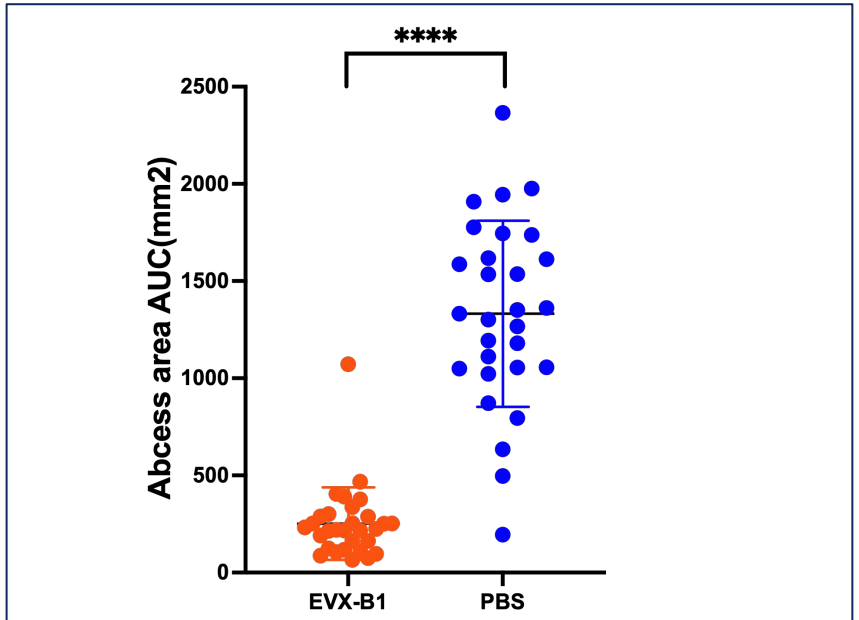
- ✔ Novel, protective, EDEN-identified vaccine antigens formulated as a fusion protein
- ✔ Proprietary toxoid fusion protein with demonstrated high protection
- ✔ CAF01 adjuvant with optimal profile for clinical indication

EVX-B1 is inducing significant protection (79%) in a mouse sepsis model using *S. aureus* USA300 for challenge



*Survival proportions of mice having received EVX-B1 product or PBS followed for 7 days post infection (p.i.). Statistical analysis performed using Log-rank Mantel-Cox test (p-value <0.0001****)*

EVX-B1 is inducing highly significant protection in an abscess mouse model using *S. aureus* USA300 for challenge



*Abscess sizes presented as area under the curve (AUC) for individual mice and mean with standard deviation. Statistical significance calculated with Mann-Whitney test (p-value <0.0001****)*

RAVEN

AI VIRAL VACCINE

PLATFORM

EVAXION

Pre-Clinical PoC Study Demonstrates RAVEN's Potential to Rapidly Design a Pan-Beta-Coronavirus Vaccine and Vaccines Against Other Viral Diseases

RAVEN

- ✔ Rapid response to emerging viral diseases and endemics such as current or future coronaviruses
- ✔ Unmet medical needs in viral diseases such as cytomegalovirus, HIV and Epstein-Barr virus etc.

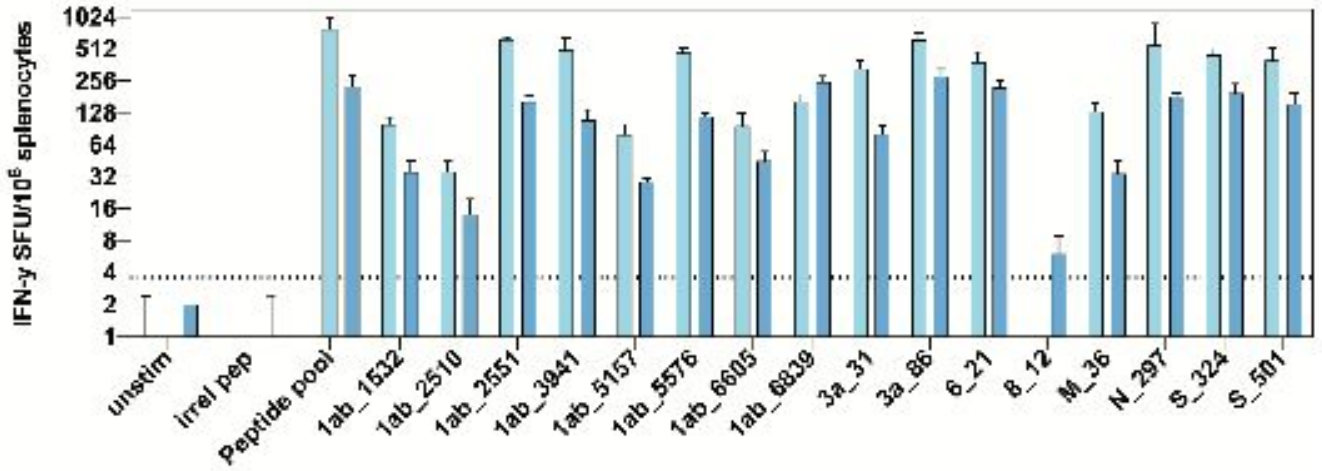
B Cells + **T Cells** = **B+T Cells**

AI-optimized protein construct for generation of neutralizing antibodies

AI-driven identification of immunogenic T-cell epitopes from multiple proteins

Seamless integration of T- and B-cell components into an adaptable design

In a pre-clinical PoC study, 15 of the 16 RAVEN predicted T-cell epitopes generate a T-cell response (majority of the epitopes are located outside the spike protein)



MILESTONES & SUMMARY

Anticipated Key Milestones 2021-2025

AI Platform	Product Candidate	Phase	2021	2022	2023	2024	2025
PIONEER Immuno-oncology	**EVX-01 (with MSD)**	**Phase 2b**	**H2 Regulatory filing**	**H1 First-patient-first-visit**	**H2 Interim readout**	**1-year follow-up readout**	**2-year follow-up readout**
PIONEER Immuno-oncology	**EVX-02/03**	**Phase 2b**		**H1 Regulatory filing H2 First-patient-first-visit**		**Interim readout**	**Full readout**
PIONEER Immuno-oncology	**EVX-02**	**Phase 1/2a**	**H2 Recruitment completed**		**H1 Clinical readout**		
EDEN Infectious diseases	**EVX-B1**	**Phase 1**		**H2 Regulatory filing**			
EDEN Infectious diseases	**EVX-B2**	**Pre-clinical**		**H1 Selection of second bacterial target**			
RAVEN Infectious diseases	**EVX-V1**	**Pre-clinical**		**H2 Selection of commercial target**			

EVAXION

Highlights

Antitumor effect in lead immuno-oncology program supports a Phase 2b trial in partnership with Merck & Co., Inc (MSD)

- EVX-01: Clinical results from EVX-01 Phase 1/2a trial support a Phase 2b trial:
  - ✔ All primary and secondary endpoints met
  - ✔ ORR 67%, CR 22%
  - ✔ Neoepitope-driven antitumor effect
- EVX-01 Phase 2b trial initiation in H2 2021, in partnership with MSD
- EVX-02/03: Immune and safety data from Phase 1/2a clinical trial support a Phase 2b trial

Proprietary AI-immunology platforms to enable rapid and scalable discovery and development of immunotherapies

Proprietary AI-immunology platforms that simulate the human immune system

- PIONEER™ platform for patient-specific neoepitope-based cancer therapies
- EDEN™ platform for bacterial disease
- RAVEN™ platform for viral diseases

Newly developed AI-DeeP™ platform for prediction of drug response

Poised for rapid growth with experienced team, broad IP portfolio and scalable business model

- Experienced team of 57 individuals with expertise in drug development and AI
- Fully integrated, state-of-the-art research facilities
- Broad IP portfolio with 14 issued patents and 31 pending patent applications
- Multiple opportunities for partnerships and rapid pipeline expansion

EVAXION

EVAXION

AI-immunology

THANK YOU

