POWERING THE IMMUNE SYSTEM
TO TRANSFORM LIVES

42nd ANNUAL J.P. MORGAN HEALTHCARE CONFERENCE

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Legal Disclaimer

Forward-Looking Statements

Statements in this presentation that are not statements of historical fact are forward-looking statements. Such forward-looking statements include, without limitation, statements regarding the near-term financial performance of Vir Biotechnology, Inc. (the "Company" or "Vir"), the Company's strategy and plans; capital allocation; financial and operating results and its expectations related thereto; potential of, and expectations for, the Company's pipeline; the Company's clinical development programs, clinical trials, including the enrollment of clinical trials, and data readouts and presentations; clinical data from the Company's ongoing trials of tobevibart and elebsiran; the ability of tobevibart and elebsiran (as monotherapies or combination therapies) to treat and/or prevent chronic hepatitis Delta (CHD) or chronic hepatitis B virus (CHB); the Company's preclinical pipeline; the Company's collaboration with the Biomedical Advanced Research and Development Authority (BARDA); and the Company's plans for its CHD, CHB, human immunodeficiency virus (HIV), RSV/MPV, Influenza, pre-cancerous HPV lesions, and COVID-19 portfolios.

Words such as "believe," "anticipate," "plan," "expect," "intend," "will," "may," "goal," "potential," "could," "aim" and similar expressions are intended to identify forward-looking statements, though not all forward-looking statements necessarily contain these identifying words. These forward-looking statements are based on the beliefs of the management of the Company as well as assumptions made by and information currently available to the Company. Such statements reflect the current views of the Company with respect to future events and are subject to known and unknown risks, including unexpected safety or efficacy data or results observed during clinical trials or in data readouts; the timing and outcome of the Company's planned interactions with regulatory authorities; difficulties in obtaining regulatory approval; uncertainty as to whether the anticipated benefits of the Company's collaborations with BARDA and other companies can be achieved; difficulties in collaborating with other companies; challenges in accessing manufacturing capacity; clinical site activation rates or clinical trial enrollment rates that are lower than expected; successful development and/or commercialization of alternative product candidates by the Company's competitors; changes in expected or existing competition; geopolitical changes or other external factors; and unexpected litigation or other disputes. In light of these risks and uncertainties, the events or circumstances referred to in the forward-looking statements may not occur. Drug development and commercialization involve a high degree of risk, and only a small number of research and development programs result in commercialization of a product. Results in early-stage clinical trial may not be indicative of full results or results from later stage or larger scale clinical trials and do not ensure regulatory approval. The actual results may vary from the anticipated results and the variations may be material. Other factors that may cause the Company's actual results to differ from current expectations are discussed in the Company's filings with the US Securities and Exchange Commission, including the section titled "Risk Factors" contained therein. These forward-looking statements should not be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such forward-looking statements have been made are correct or exhaustive or, in the case of the assumptions, fully stated in this presentation. You are cautioned not to place undue reliance on the scientific data presented or these forward-looking statements, which speak only as of the date of this presentation. Except as required by law, the Company undertakes no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise. The Company claims the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995 for all forward-looking statements.

This presentation discusses product candidates that are under clinical study, and which have not yet been approved for marketing by the US Food and Drug Administration (FDA). No representation is made as to the safety or effectiveness of these product candidates for the use for which such product candidates are being studied.

The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of such products.

Marketing Authorization/Emergency Use of Sotrovimab

Sotrovimab has received marketing authorization in the EEA, which includes the European Union, and Australia, Great Britain, Japan, and Saudi Arabia, and has been granted temporary authorization in multiple other countries, including Bahrain, Canada, Kuwait, Qatar, Singapore, and the United Arab Emirates. In the United States, sotrovimab has not been approved, but has been authorized for emergency use by the FDA under an Emergency Use Authorization (EUA), to treat mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. Due to the continued proportion of COVID-19 cases caused by certain Omicron subvariants, sotrovimab is not currently authorized in any US region.

The emergency use of sotrovimab is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of drugs and biological products during the COVID-19 pandemic under Section 564(b)(1) of the Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated, or authorization revoked sooner.

VIR'S VISION:

POWERING THE IMMUNE SYSTEM **TO TRANSFORM LIVES**

Vir in 2024: Anticipated Value-Driving Catalysts

Program	Drug Candidates/Regimen	Catalyst	Timing
Chronic Hepatitis Delta	tobevibart (mAb) monotherapy tobevibart (mAb) + elebsiran (siRNA) combo	Phase 2: SOLSTICE clinical data ~15 participants per regimen at 12w ~10 participants per regimen at 24w	Q2
HIV	VIR-1388 (T cell vaccine)	Phase 1: Initial immunogenicity data	H2
Chronic Hepatitis Delta	tobevibart (mAb) monotherapy tobevibart (mAb) + elebsiran (siRNA) combo	Phase 2: Additional SOLSTICE clinical data 30 participants per regimen at 24w	Q4
Chronic Hepatitis B	tobevibart (mAb) + elebsiran (siRNA) +/- PEG-IFN-α for 48 weeks	Phase 2: MARCH-B clinical data at 48w EOT ~50 tobevibart + elebsiran participants ~30 tobevibart + elebsiran + PEG-IFN-α participants	Q4
COVID-19	VIR-7229 (prophylactic mAb)	IND filing	Q4

HIV: Human Immunodeficiency Virus;
IND: Investigational New Drug

mAb: monoclonal antibody;
siRNA: small interfering RNA;
PEG-IFN-α: peginterferon alfa-2a
EOT: End of treatment

MARCH: NCT04856085
SOLSTICE: NCT05461170
PREVAIL: NCT05612581

Driving Growth in Infectious Disease and Beyond

Phase 2 Catalysts

- Chronic Hepatitis Delta (Q2:2024)
- Chronic Hepatitis B (Q4:2024)

Growth Beyond Hepatitis

- Next-gen antibodies in ID and beyond
- Proof-of-concept for T cell-based viral vector platform

Financial Strength

- ~$1.7B in cash* to fund us through major inflection points
- Focused on areas of highest potential to create value
- Flexibility to invest in innovation

*Represents cash, cash equivalents, and investments as of September 30, 2023

ID: Infectious Disease

Broad Pipeline to Deliver Near-Term Growth

siRNA Antibody T-cell

Disease Area	Product Candidate	Treatment / Prevention	Preclinical	Phase 1	Phase 2	Phase 3	Authorized	Collaborator
Chronic Hepatitis Delta	tobevibart + elebsiran	Treatment						Alnylam
Chronic Hepatitis B	elebsiran + PEG-IFN-α	Treatment						Alnylam
	tobevibart + elebsiran ± PEG-IFN-α[1]	Treatment						Alnylam
	elebsiran + TLR8[2] + PD-1[3]	Treatment						Alnylam/ Gilead Sciences
HIV	VIR-1388	Prevention						Bill & Melinda Gates Foundation/HVTN/NIAID
	Cure: mAb combination	Treatment						Bill & Melinda Gates Foundation
RSV/MPV	VIR-8190*	Prevention						
Influenza	VIR-2981 (Influenza A+B)*	Prevention						
Pre-cancerous HPV lesions	VIR-1949	Treatment						
COVID-19	VIR-7229	Prevention						
	Sotrovimab	Treatment (Early)						GSK

Sotrovimab incorporate Xencor's Xtend™ technology. tobevibart incorporates Xencor's XtendTM and other Fc technologies.
HIV: Human Immunodeficiency Virus; RSV: Respiratory Syncytial Virus; hMPV: human Metapneumovirus; HPV: Human Papilloma Virus; PEG-IFN-α: peg-interferon alfa-2a; mAb: monoclonal antibody
*Per the collaboration agreement announced in February 2021, Vir and GSK are continuing to advance new monoclonal antibody therapeutics for influenza and other respiratory viruses, including RSV

HVTN: HIV Vaccine Trials Network; NIAID: National Institute of Allergy and Infectious Diseases
1: MARCH trial (Part B); 2: GS-9688; 3: nivolumab
†sotrovimab for early treatment by IV currently has marketing approval, temporary authorization or emergency use authorization in >40 countries.
In April 2022, the FDA deauthorized sotrovimab's use in all US regions.

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PHASE 2 CATALYST:

Potentially Transformative Treatment for Chronic Hepatitis Delta (Delta)

Delta: Stopping the Most Severe Form of Viral Hepatitis

Unmet Need

NEED FOR INCREASED DIAGNOSIS AND TREATMENT

12M diagnosed with Delta globally [1]

>60M people living with & undiagnosed with Delta globally [1]

>50% mortality from liver disease (incl. liver cancer) within 10 years [2]

Vir's Approach

Dual knock-down of HBsAg + Entry inhibition

tobevibart ± **elebsiran**

Investigational neutralizing mAb engineered for immune engagement

Investigational HBV-targeted siRNA*

Market Leadership Goal:

Transformative viral suppression with 1-2x / month dosing

~$2B

Peak US + EU sales [3]

1: Miao Z, Zhang S, Ou X, et al. Estimating the Global Prevalence, Disease Progression, and Clinical Outcome of Hepatitis Delta Virus Infection. J Infect Dis. 2020;221(10):1677-1687. doi:10.1093/infdis/jiz633. WHO Hep D Factsheet, July 2023
2: Negro F, Lok AS. Hepatitis D: A Review. JAMA. 2023 Dec 26;330(24):2376-2387. doi: 10.1001/jama.2023.23242. PMID: 37943548.
3: Vir internal estimates

HBsAg: Hepatitis B surface antigen;
mAb: monoclonal antibody;
HBV: Hepatitis B Virus
siRNA: small interfering RNA

*Note: HBV HbsAG required for HBV lifecycle

Delta: Driving and Accessing the Delta Treatment Market

1. Stimulate diagnosis by creating a transformative treatment
2. Bridging testing to treatment by understanding who and where Delta patients are
3. Ensuring global access through early payor engagement
4. Accelerating treatment rates through patient and provider education

Identifying patients to enhance engagement in care

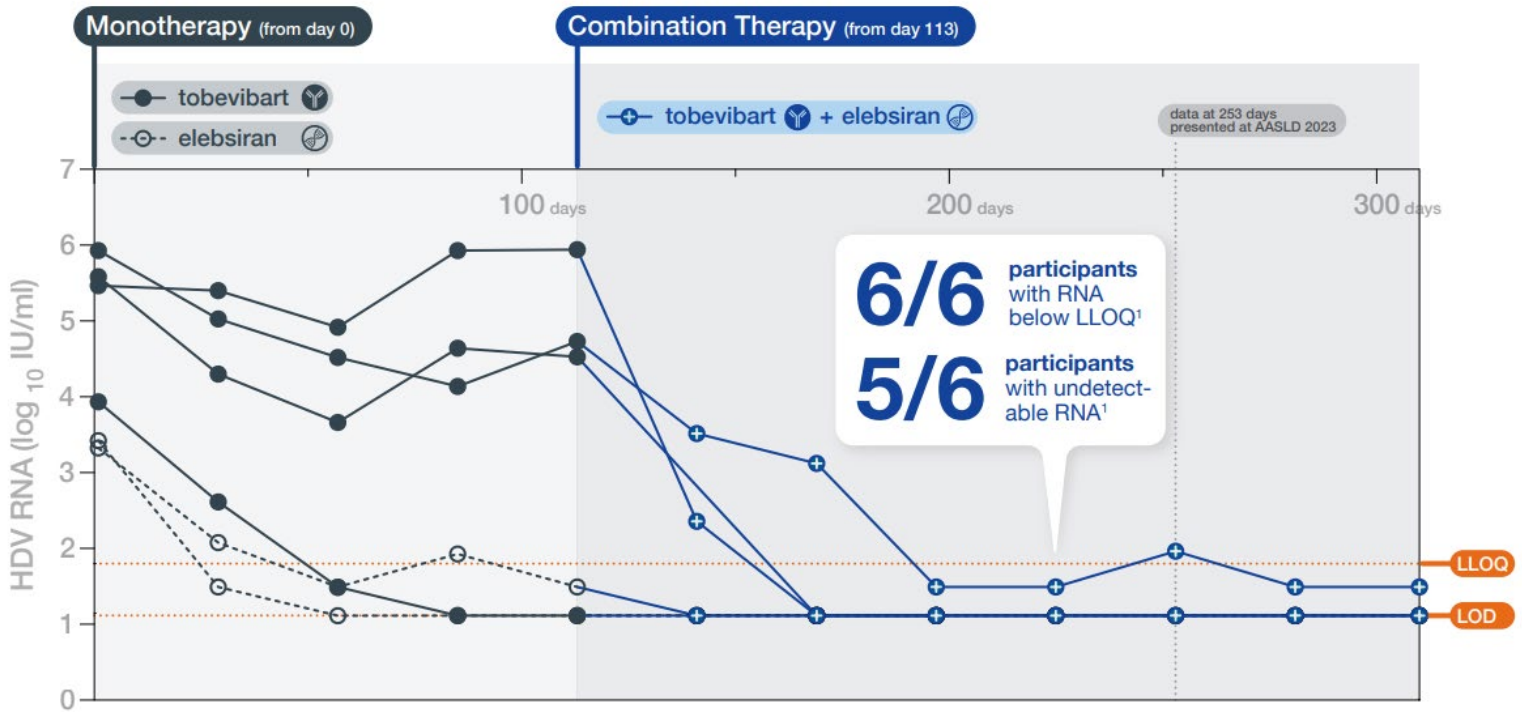
Diagnosed Delta Patients in US (zip code analysis)[1]

1: Terrault, NA, et al. Prevalence of Hepatitis B and D Virus Among a Nationally Representative Insured Population in the United States, AASLD 2023 Poster

Delta: Promising Initial Data From Our Phase 2 SOLSTICE Trial

Demonstrated Anti-HDV Activity

SOLSTICE TRIAL: tobevibart + elebsiran combination therapy [1]



"If this result can be reproduced in a much larger group of participants, I believe this potentially once monthly therapy could be transformative for patients."

– Tarik Asselah, M.D., Ph.D. [2]
Professor of Hepatology at the Hôpital Beaujon, APHP, Clichy, France, and at the University of Paris, and Head of Viral Hepatitis at INSERM UMR1149, France

No serious adverse events have occurred to date; majority of AEs were transient and grade 1 or 2*

1: Cohort 2C has 6 total participants enrolled with 5 participants reaching at least day 225. From the 6 participants who have reached at least day 225, 5 participants achieved HDV RNA < LLOQ at day 225.
Asselah, T, et al. The monoclonal antibody VIR-3434 and siRNA VIR-2218 for the treatment of chronic hepatitis D virus: preliminary results from the phase 2 SOLSTICE trial, AASLD late breaking abstracts 2023
Participants achieving primary endpoint at Week 12 transition to extended dosing (Q8W) monotherapy. Participants not achieving ALT normalization and virologic response at Week 12 can transition to combination therapy or follow up.
2: Vir Press Release, Vir Biotechnology to Present New Data from Its Ongoing Phase 2 Chronic Hepatitis Delta and B Trials Today at AASLD's The Liver Meeting® 2023

HDV: Hepatitis Delta Virus;
RNA: RiboNucleic Acid ;
LLOQ (lower limit of quantification) = 63 IU/mL;
LOD (limit of detection) = 14 IU/mL;
AEs: Adverse Events
*preliminary data, cutoff as of day 309

Delta: SOLSTICE Phase 2 Data Readouts Expected in 2024

Q1 Completion of Enrollment

- 30 participants per regimen
- Includes CPT-A cirrhosis participants

Q3 Phase 3 Study Design

- Align with regulators on next steps

Q2 Additional Treatment Data

- 15 participants per regimen at 12w
- 10 participants per regimen at 24w

Q4 Additional Treatment Data

- 30 participants per regimen at 24w

Note: two regimens under investigation include tobevibart monotherapy and tobevirbart + elebsiran in combination
CPT-A: Child-Turcotte-Pugh Score, well-compensated cirrhosis (class A, 5 to 6 points)

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PHASE 2 CATALYST:

Pursuit of a Functional Cure in Chronic Hepatitis B (CHB)

CHB: Two Approaches with Potential for Achieving a Functional Cure

Unmet Need

NEED FOR FUNCTIONAL CURE

300M

people live with CHB globally [1]

Up to **40%**

of patients experience significant clinical consequences (liver cancer, cirrhosis, etc.) [2]

Vir's Approach

tobevibart + **elebsiran** ± **PEG-IFN-α**

Investigational neutralizing mAb engineered for immune engagement

Investigational HBV-targeted siRNA

Immunomodulator to augment immune response

Market Leadership Goal:

SUSTAINED FUNCTIONAL CURE*

~$10B

Peak global CHB functional cure sales [3]

1: WHO Hep B Factsheet, July 2023
2: Lok, AS, and McMahon, BJ. Chronic hepatitis B. N Engl J Med 346.22 (2002): 1682-1683.
3: Vir internal estimates

CHB: Chronic Hepatitis B; mAb: monoclonal antibody; HBV: Hepatitis B Virus; siRNA: small interfering RNA

PEG-IFN-α: peginterferon alfa-2a

*Functional cure: undetectable hepatitis B virus surface antigen (HBsAg), defined as less than 0.05 international units per milliliter, as well as HBV DNA less than the lower limit of quantification in the blood six months after the end of therapy

CHB: 3x Increase in HBsAg Seroclearance When Adding Tobevibart

	VIR-2218-1001 TRIAL	MARCH TRIAL	
	elebsiran + PEG-IFN-α	tobevibart + elebsiran	tobevibart + elebsiran + PEG-IFN-α
EOT after 24w Tx	5.6% (N=1 of 18) HBsAg seroclearance	15.0% (N=3 of 20) HBsAg seroclearance	14.3% (N=3 of 21) HBsAg seroclearance
EOT after 48w Tx	25.8% (N=8 of 31) HBsAg seroclearance	Q4 2024	
24w Off Tx (Post-48w Tx)	16.1% (N=5 of 31) Sustained HBsAg loss	Q2 2025	

CHB: Chronic Hepatitis B;
HBsAg: hepatitis B virus surface antigen, 2 HBsAg > 10 mIU/mL
PEG-IFN-α: peginterferon alfa-2a

Tx: Treatment
EOT: End of treatment

2218-1001: NCT03672188
MARCH: NCT04856085

CHB: MARCH Phase 2 Data Readouts Expected in 2024/5

Q3 2023

‘23

Completion of Enrollment

- ~50 tobevibart + elebsiran participants
- ~30 tobevibart + elebsiran + PEG-IFN- α participants

Q4 2024

‘24

48w EOT Data

- ~50 tobevibart + elebsiran participants
- ~30 tobevibart + elebsiran + PEG-IFN- α participants

Q2 2025

‘25

24w Off Treatment Data

(Post-48w Tx)

- ~50 tobevibart + elebsiran participants
- ~30 tobevibart + elebsiran + PEG-IFN- α participants

CHB: Chronic Hepatitis B;
EOT: End of treatment
PEG-IFN-α: peginterferon alfa-2a

POWERING THE IMMUNE SYSTEM
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GROWTH BEYOND HEPATITIS:

Next-Generation Research & Development

Building on our Strengths to Grow in Infectious Disease and Beyond

Our Core Capabilities

- Deep immunology & virology expertise
- World class mAb platform with AI-driven protein engineering
- T cell-based viral vector platform to elicit long-lasting immune responses
- Track record of discovering impactful therapeutics (Xevudy®, Ebanga™)

Where We Will Apply Them

Infectious Disease: continued focus on areas of high unmet need (e.g., HIV, influenza, RSV, COVID-19)

Viral-Associated Disease: building on Vir expertise to target additional growth areas (e.g., anal/cervical HPV)

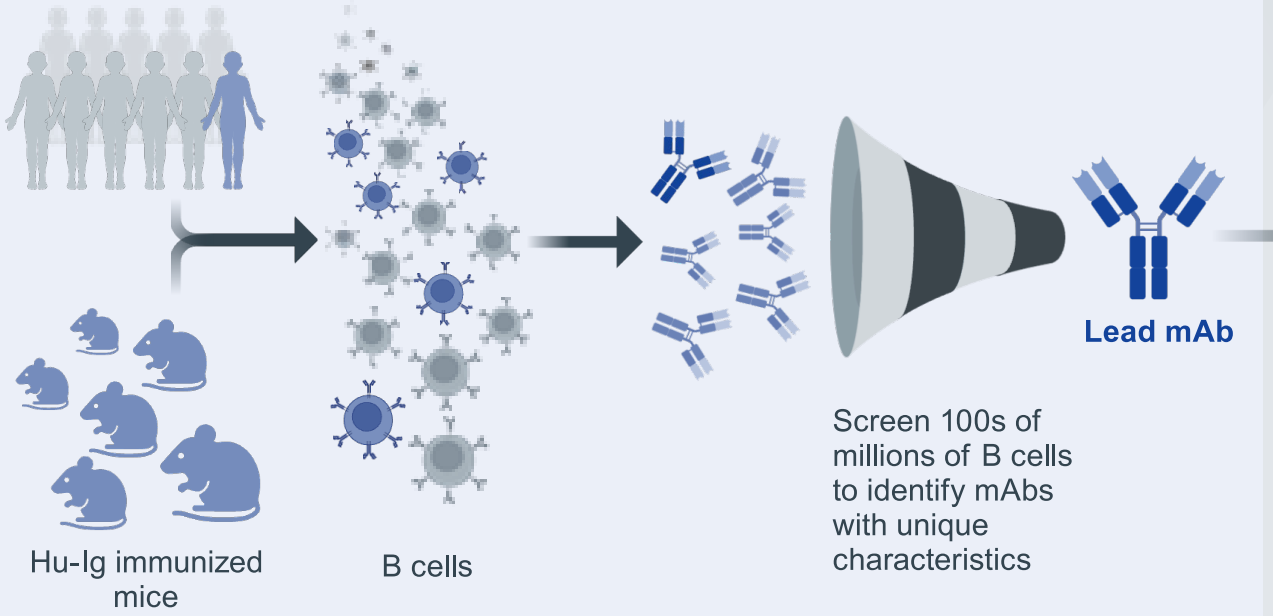
Immune Targeting: protein engineering to develop leading therapeutics in oncology and immune-mediated diseases

mAb: monoclonal antibody;
AI: artificial intelligence;
HPV: human Papilloma Virus

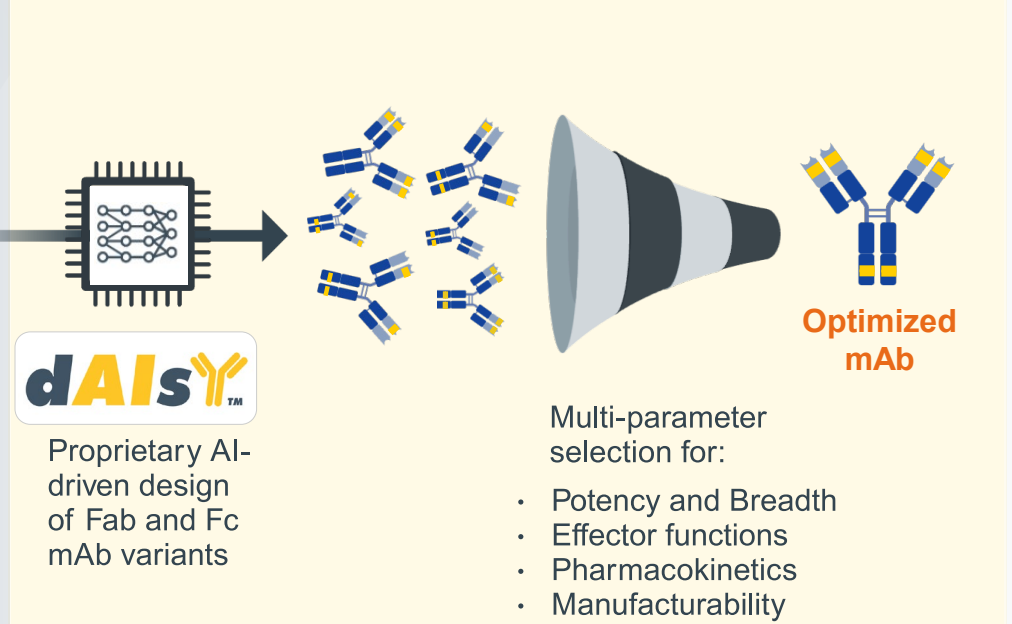
HIV: Human Immunodeficiency Virus;
RSV: Respiratory Syncytial Virus;
HPV: Human Papilloma Virus

Vir mAb Platform 2.0:
Best-in-Class mAbs via Discovery and Protein Engineering

Discovery



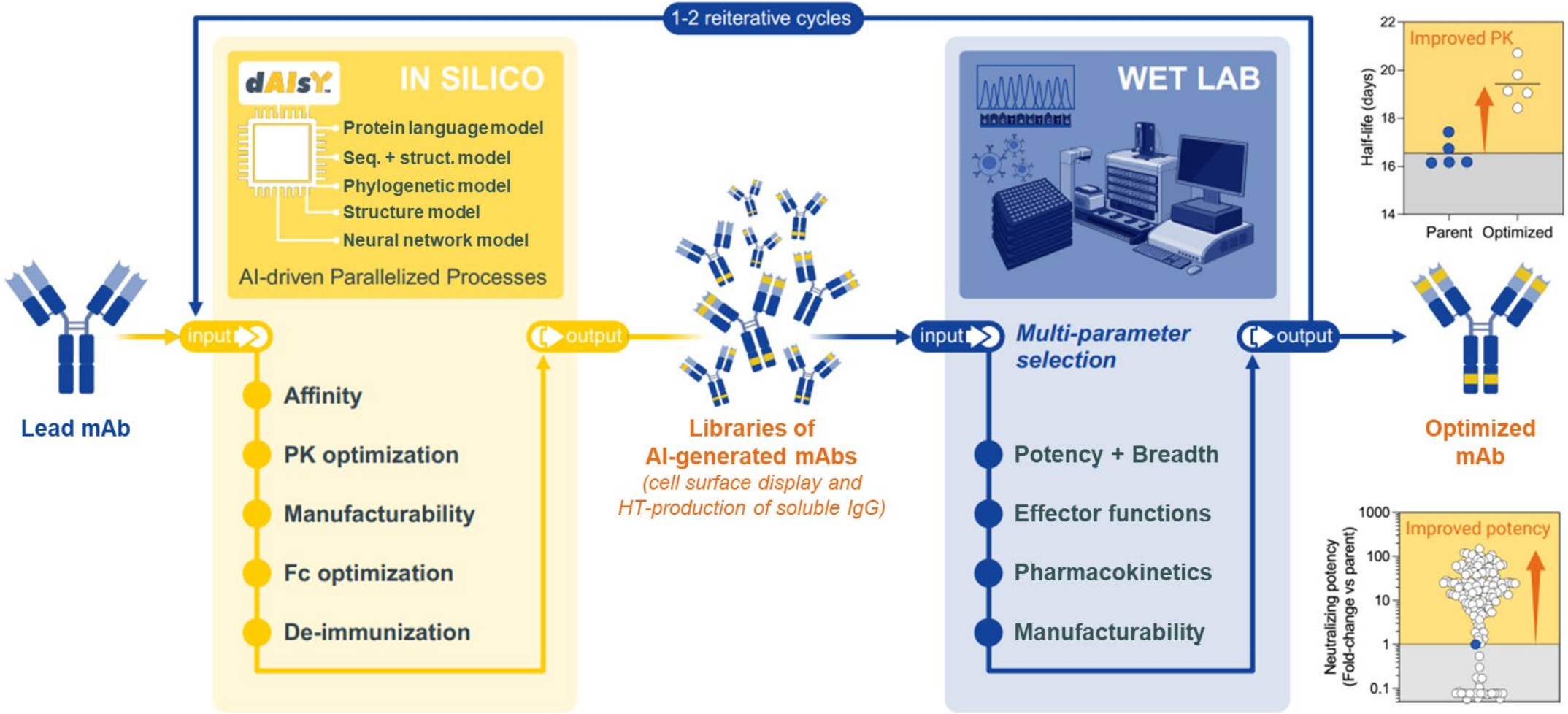
Protein Engineering



mAb platform 2.0 enables mAb identification with unique features, combined with multi-parameter optimization

mAb: monoclonal antibody;
AI: artificial intelligence;
Hu-Ig: humanized immunoglobin

Next-Gen Protein Engineering:
Leveraging Proprietary AI/ML Tools and High Throughput Wet Lab Selection



Proprietary process for holistic optimization of mAb properties that reduces time to clinic

AI: artificial intelligence;
ML: machine learning;
mAb: monoclonal antibody;
PK: pharmacokinetics
HT: high throughput;
IgG: immunoglobulin G

VIR-7229 Example: Using a dAIsY™ Powered Approach to Develop a "Variant-Proof" Next-Gen COVID mAb

Sotrovimab

>2M doses delivered since 2020, authorized in multiple markets ex-US

- Tolerates diversity in the target epitope
- Cross-reactivity to SARS-CoV-1
- Intravenous administration

OUR GOAL

A "variant-proof" next-gen CoV mAb

VIR-7229

Broader, more potent, and more resistant to viral evolution in preclinical testing

- Tolerates high diversity in the target epitope
- Cross-reactivity to a broad spectrum of animal coronaviruses & existing variants
- Key contact residues are critical for binding to the ACE2 receptor
- Intramuscular administration

Supported by ~$50M in BARDA funding*

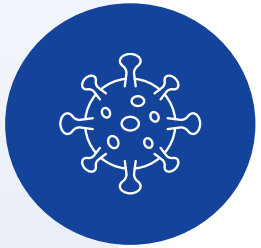
mAb: monoclonal antibody;
AI: artificial intelligence;
ACE2: angiotensin II

BARDA: Biomedical Advanced Research and Development Authority

*The development of VIR-7229 has been supported in whole or in part with federal funds from the Department of Health and Human Services (HHS); Administration for Strategic Preparedness and Response (ASPR); Biomedical Advanced Research and Development Authority (BARDA), under Other Transaction Number: 75A50122C00081.

Antibody Candidates: Entering Clinic in the Next 12-24 Months

COVID-19: Prevention



VIR-7229 (pan-sarbecovirus AI engineered mAb)

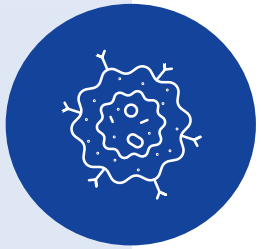
- Broadly neutralizing vs. all COVID-19 variants demonstrated in vitro

Influenza A and B: Prevention

VIR-2981 (neuraminidase-targeting mAb)

- Potent activity against all major strains of influenza A and B viruses

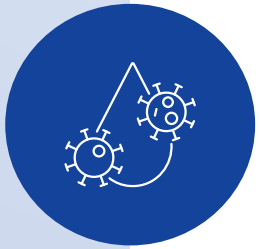
RSV/MPV: Prevention



VIR-8190 (dual target AI engineered mAb)

- Ability to potently neutralize both RSV and hMPV strains

HIV Cure: Treatment



Potential AI engineered broadly neutralizing antibodies

- Vir Fc modifications to control viral load and achieve functional cure of HIV

AI: artificial intelligence
mAb: monoclonal antibody;
RSV: respiratory syncytial virus;
hMPV: human metapneumovirus;
HIV: Human Immunodeficiency Virus

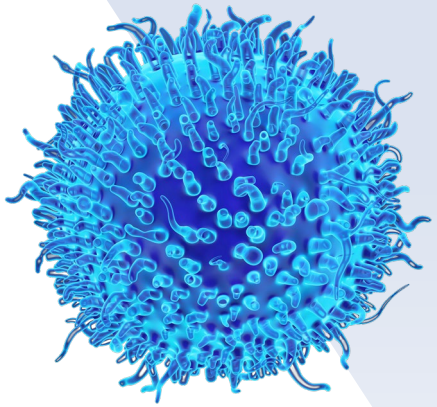
The development of VIR-7229 has been supported in whole or in part with federal funds from the Department of Health and Human Services (HHS); Administration for Strategic Preparedness and Response (ASPR); Biomedical Advanced Research and Development Authority (BARDA), under Other Transaction Number: 75A50122C00081.

T Cell-Based Viral Vector Platform: Clinical Proof-of-Concept in 2024

T Cell-Based Viral Vector

DIFFERENTIATORS

- ✓ Generates unique, potent and long-lasting T cell responses using CMV viral vector
- ✓ Applicability in oncology and beyond



Platform supported by over $80M in Bill & Melinda Gates Foundation funding to date

Featured in Nature's "11 clinical trials that will shape medicine in 2024"[1]

HIV: Prevention

VIR-1388 HIV T cell vaccine candidate

- Designed to elicit abundant T cells that recognize viral proteins to abort primary infection

Anal/Cervical HPV: Treatment

VIR-1949 therapeutic vaccine candidate

- Designed to induce high frequencies of antigen-specific, tissue-localizing effector memory T cells to reverse dysplasia

CMV: Cytomegalovirus;
HIV: Human Immunodeficiency Virus

HPV: human papillomavirus

1: Arnold, C., Webster, P. 11 clinical trials that will shape medicine in 2024. Nat Med 29, 2964–2968 (2023). https://doi.org/10.1038/s41591-023-02699-5

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FINANCIAL STRENGTH:

Poised to Achieve Our Near- and Long-term Goals

Strong Balance Sheet Enables Execution of Strategic Priorities

Financial Highlights

$1.7 billion

cash and investments*

- Well capitalized
- Sharpened capital allocation discipline

2024 Capital Allocation Priorities

Phase 2 pipeline advancement

- Delta
- CHB

Antibody platform 2.0 generating multiple potential near-term INDs

Flexibility to invest in innovation

*Represents cash, cash equivalents, and investments as of September 30, 2023

CHB: Chronic Hepatitis B;
IND: Investigational New Drug

Thank You

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