ENGINEERING MEDICINES
TO IMPROVE PATIENT CARE

VIRIDIAN

Corporate Presentation

May 8, 2024

Cautionary note regarding forward-looking statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of words such as, but not limited to, “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “might,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” or “would” or other similar terms or expressions that concern our expectations, plans and intentions. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations, and assumptions. Forward-looking statements include, without limitation, statements regarding: preclinical and clinical development of Viridian’s product candidates VRDN-001, VRDN-003, VRDN-006 and VRDN-008; enrollment in Viridian’s clinical studies; upcoming milestones and potential data results, including topline results; the potential utility, efficacy, potency, safety, clinical benefits, clinical response and convenience of VRDN-001, VRDN-003, VRDN-006 and VRDN-008; that VRDN-001 has the potential to improve patient experience with a differentiated dosing regimen and reduce treatment burden to patients; the time to market and commercial viability of Viridian’s product candidates; potential market sizes and market opportunities, including for Viridian’s product candidates; later-entrant subcutaneous therapies having the potential to expand the market and take share from incumbent IV; Viridian’s product candidates potentially being best-in-class; anticipated start dates of studies, including the initiation date of the VRDN-003 pivotal program; VRDN-003 SC being predicted to achieve exposures levels associated with VRDN-001 IV clinical response; potential dosing regimens and potential trial designs; alignment with regulatory authorities and anticipated regulatory submissions, including the anticipated IND submission for VRDN-006 and the anticipated BLA submission for VRDN-001; and Viridian’s cash runway lasting into the second half of 2026.

New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements. Such forward-looking statements are subject to a number of material risks and uncertainties including but not limited to: potential utility, efficacy, potency, safety, clinical benefits, clinical response and convenience of Viridian’s product candidates; the relationship between the results from the positive data from completed or ongoing clinical trials and the results of ongoing or future clinical trials; that preliminary data may not be representative of final data; the timing, progress and plans for our ongoing or future research, preclinical and clinical development programs; trial protocols for ongoing clinical trials; expectations regarding the timing for regulatory filings; expectations regarding the timing for enrollment and data; uncertainty and potential delays related to clinical drug development; the duration and impact of regulatory delays in our clinical programs; the timing of and our ability to obtain and maintain regulatory approvals for our therapeutic candidates; manufacturing risks; competition from other therapies or products; estimates of market size; other matters that could affect the sufficiency of existing cash, cash equivalents and short-term investments to fund operations; our financial position and its projected cash runway; our future operating results and financial performance; Viridian’s intellectual property position; and the timing of preclinical and clinical trial activities and reporting results from same. These and other risks, uncertainties and important factors are described in the section entitled “Risk Factors” in our Annual Report on Form 10-K filed with the Securities and Exchange Commission (SEC) on February 27, 2024 and other subsequent disclosure documents filed with the SEC. The forward-looking statements in this presentation represent our views as of the date of this presentation. Neither we, nor our affiliates, advisors, or representatives, undertake any obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this presentation.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Viridian is building upon proven first market entrants to develop differentiated next-generation products that benefit patients

First-generation product establishes significant opportunity for next-generation strategy

Identify market opportunities with clear remaining unmet need

Determine key areas of potential product differentiation

Engineer potential best-in-class antibodies and therapeutic proteins

Rapidly advance programs to patients

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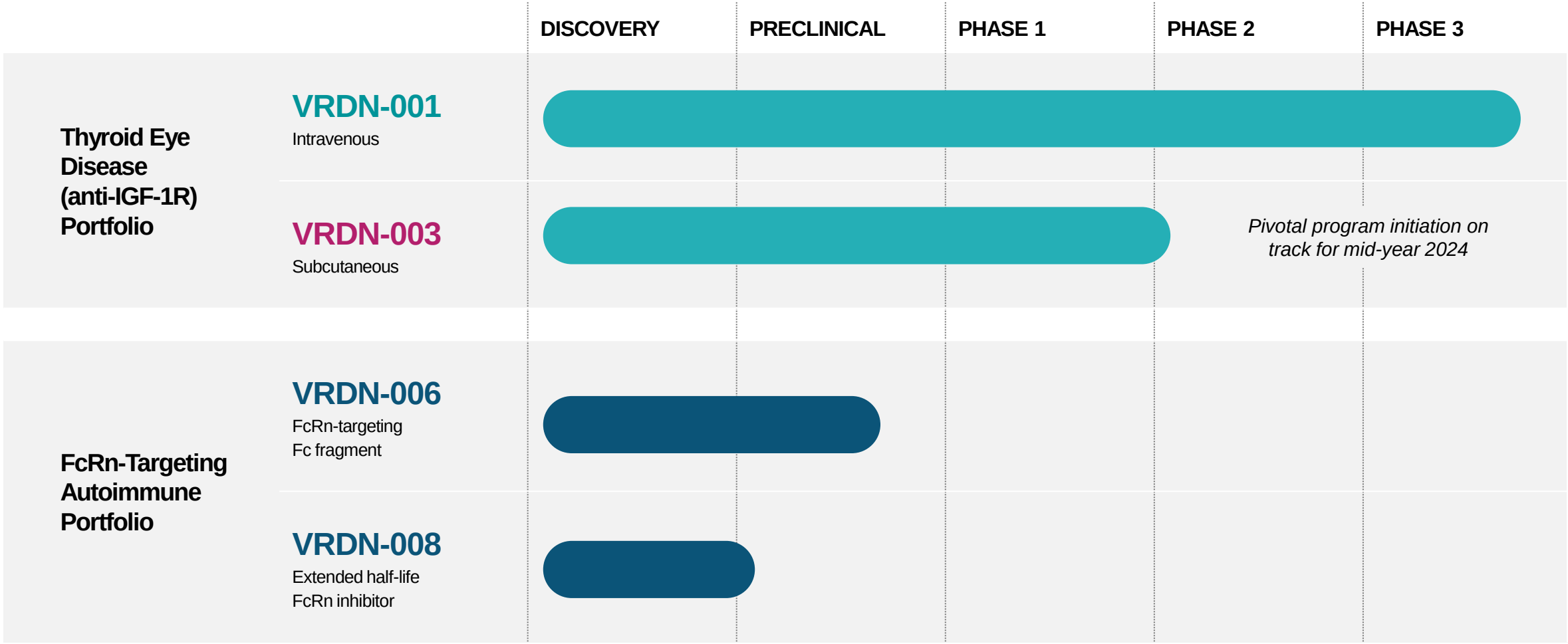
Viridian's differentiated pipeline: late-stage TED programs and preclinical FcRn portfolio



FcRn = neonatal Fc receptor, IGF-1R = insulin-like growth factor-1 receptor, TED = thyroid eye disease.

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Significant progress in Q1 2024 – All catalysts on track

		Anticipated Catalysts
VRDN-001 Intravenous	**THRIVE: completed and exceeded enrollment in March** **THRIVE-2: topline data on track for year-end 2024**	**THRIVE topline:** Sept. 2024 **THRIVE-2 topline:** Year-end 2024 **VRDN-001 BLA:** 2H 2025
VRDN-003 Subcutaneous	**Positive FDA Type C meeting completed**	**Pivotal start:** Mid-year 2024
FcRn Portfolio	**2H 2024 catalysts remain on track**	**VRDN-006:** IND by year-end 2024 **VRDN-008:** NHP data in 2H 2024
Financial	**$613.2M cash as of March 31, 2024; runway into 2H 2026**	

BLA = Biologics License Application, FDA = Food and Drug Administration, IND = Investigational New Drug, NHP = non-human primate.

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Thyroid Eye Disease (TED) Portfolio

TED is an autoimmune condition characterized by inflammation, growth, and damage to tissues around and behind the eyes

Autoantibodies trigger **IGF-1R**/TSHR pathway[1]

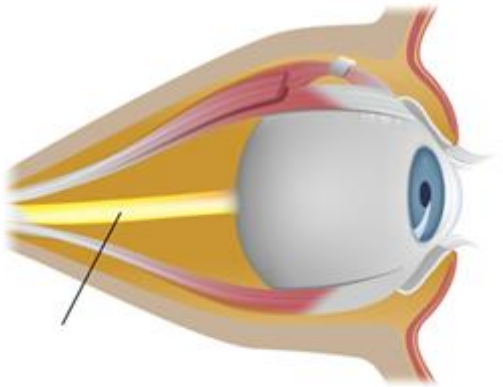
Heterogeneous **autoimmune disease** with clinical signs and symptoms that can vary or modulate following onset, in some cases for **the rest of a patient's life**[2,3]

Main signs include **proptosis** (eye bulging), redness, swelling, diplopia (double vision), and lid retraction[2,3]

Severe cases can cause **sight-threatening optic nerve compression**[4]

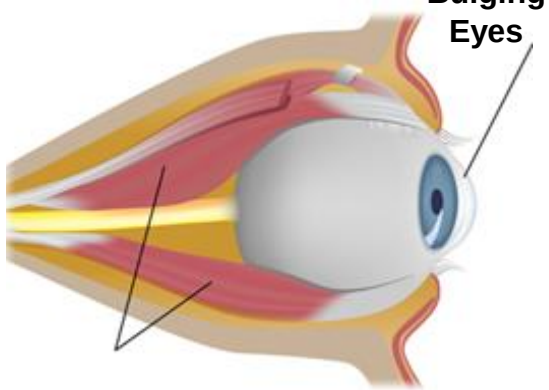
An estimated **190K people in the US** alone have moderate to severe TED[5]

Normal Eye Anatomy



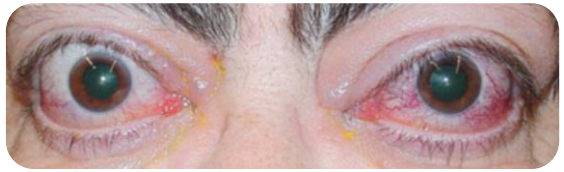
Optic Nerve

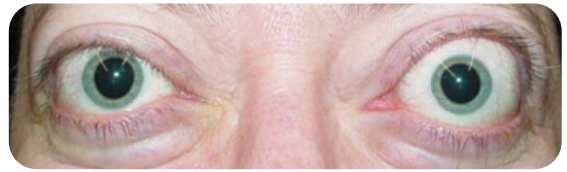
Thyroid Eye Disease (TED)



Enlargement of extraocular muscles

People living with TED experience proptosis, redness, swelling, diplopia, and lid retraction





Sources: [1] George A et al. Front. Endocrinol. 11:629925 (2021), [2] Smith TJ et al. NEJM. 2016;375(16):1552–1565., [3]Bahn RS. NEJM. 2010; 326(8): 726-738., [4] Bartley GB et al. Am J Ophthalmol 1996;121:284-90., [5] Viridian-sponsored market research, includes active and chronic TED. TED patient images are from NEJM, Bahn RS, Graves Ophthalmopathy, 362(8): 726-738. Copyright © (2010) Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society.

IGF-1R = insulin-growth factor 1 receptor, TED = thyroid eye disease, TSHR = thyroid stimulating hormone receptor.

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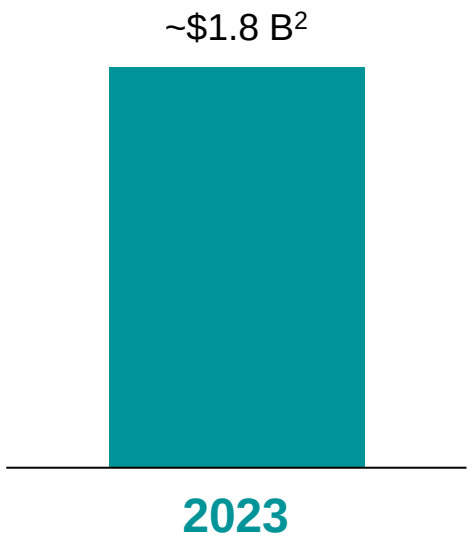
TED represents a large market opportunity with global growth potential

Opportunity for New Differentiated Treatment Options

Teprotumumab Net Sales (US)



Large Market with Limited Options

- **Large Market:** ~190k people with moderate-to-severe TED in the US alone
- **Limited Options:** Intravenous teprotumumab is the only approved targeted therapy
- **High Burden of Treatment**: Teprotumumab requires eight infusions, one every three weeks, at an infusion center which may be far away

Primed for New Entrants and Growth

- **New-Start Oriented:** Flared-based disease (active & chronic); teprotumumab is a fixed-course regimen so no chronic treatment for VRDN-001/003 to displace
- **Need for Lower Treatment Burden:** Potential for VRDN-001 to lower IV burden and potential for subcutaneous VRDN-003 to bring even greater convenience & broaden access for patients
- **Ex-US Potential:** Significant ex-US market opportunity with large, underserved TED patient populations

Sources: [1] Amgen Q4 2023 filings, Horizon Q1-Q3 2023 SEC filings, [2] Viridian-sponsored market research, includes active and chronic TED.

IGF-1R = insulin-like growth factor-1 receptor, IV = intravenous, SC = subcutaneous, TED = thyroid eye disease.

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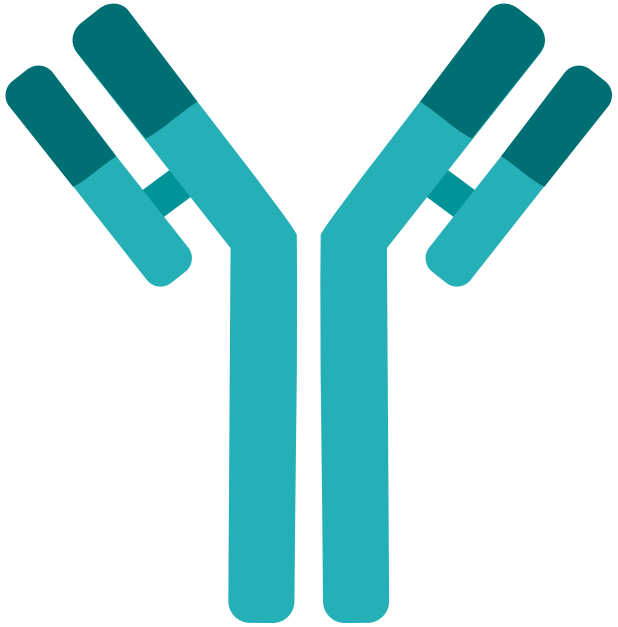
Building upon a proven MOA with demonstrated efficacy, Viridian is developing two differentiated anti-IGF-1R mAbs

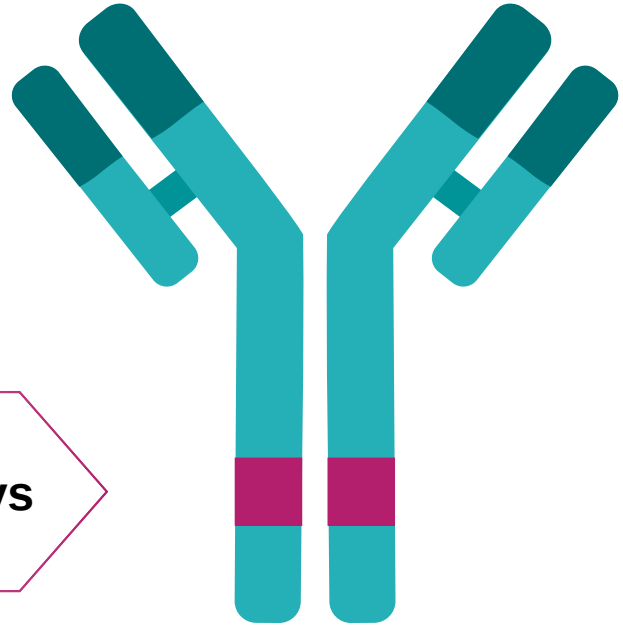
VRDN-001 (IV)



VRDN-001 and **VRDN-003** have **the same binding domain**

VRDN-003 is engineered for a **longer half-life,** shown to be **40-50 days** in a HV study**, 4-5x** that of **VRDN-001**

VRDN-003 (SC)



Source: Viridian data on file.

IGF-1R = insulin-like growth factor-1 receptor, IV = intravenous, mAbs = monoclonal antibodies, MOA = mechanism of action, SC = subcutaneous, HV = healthy volunteers.

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VRDN-001

Intravenous anti-IGF-1R

VRDN-001 in active TED showed robust clinical activity after two infusions in all dose cohorts

Signs — Improvement in proptosis

Symptoms — Improvement in Clinical Activity Score (CAS) and diplopia score

	Overall response: Signs + symptoms (Improvement in proptosis & clinical activity score)	Proptosis: Responder rate (% with ≥2mm reduction from baseline to week 6)	Proptosis: Mean change by exophthalmometry (change from baseline to week 6)	CAS*: Score of 0 or 1 (% achieving CAS of 0 or 1 at week 6)	CAS*: Mean change (change from baseline to week 6)	Diplopia: Complete resolution** (% improved to a score of 0 at week 6)
VRDN-001 (Active TED Phase 2 Trial Cohorts: 3, 10 or 20 mg/kg; week 6 after two doses) n=21	**67%**	**71%**	**-2.3 mm**	**62%**	**-4.1**	**54%**
3 mg/kg n=9 / **10 mg/kg n=6** / 20 mg/kg n=6	**56%** **83%** 67%	**67%** **83%** 67%	**-2.7 mm** **-2.4 mm** -1.7 mm	**67%** **83%** 33%	**-4.2** **-4.3** -3.7	**20%** **75%** 75%
Teprotumumab clinical data (separate study)[1,2,3] (at 10 mg/kg → 20 mg/kg; week 6 after two doses)	44%	56%	-1.9 mm	22%	-2.1	36%

These data do not represent results of a head-to-head comparative study of teprotumumab against VRDN-001. Comparing data across studies is not reliable due to many factors, including differences in trial design, subject characteristics, and data collection and analysis techniques. Preliminary data are as of data cut-off of December 19, 2022. *Clinical Activity Score (CAS) = a composite 0-7 scale scoring signs and symptoms of TED. **Diplopia was present at baseline in 13 out of 21 drug-treated patients; 4 in 10 and 20 mg/kg dose cohort, 5 in the 3 mg/kg cohort.

Sources: Viridian clinical data on file. [1] Teprotumumab Phase 3 data: Douglas RS, et al, NEJM 382:4, Jan 2020, Douglas RS, et al, Ophthalmology 129:4, Apr 2022., [2] FDA clinical review of teprotumumab BLA completed Jan 13, 2020., [3] Horizon briefing book for teprotumumab to support BLA, Nov 9, 2019. CAS = Clinical Activity Score, IV = intravenous, TED = thyroid eye disease.

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VRDN-001 IV was well tolerated in a Phase 2 clinical study in active TED

No serious adverse events (SAEs), no infusion reactions, and no discontinuations in patients treated with VRDN-001

	VRDN-001 3 mg/kg, 10 mg/kg, & 20 mg/kg TED cohorts			
Adverse Reactions:	**VRDN-001 3 mg/kg** (n=9), n	**VRDN-001 10 mg/kg** (n=6), n	**VRDN-001 20 mg/kg** (n=6), n	**Placebo** (n=5), n
Muscle spasms	2	2	2**	-
Nausea	2	-	-	-
Alopecia	-	-	-	1
Diarrhea	1	2**	1*	-
Fatigue	-	1	-	3
Hyperglycemia	1	-	1*	-
Hearing impairment	1	1	-	-
Dysgeusia	-	-	1	-
Headache	2	1	1	2**
Dry skin	1	-	1	-
Infusion reactions	-	-	-	-

Safety profile generally consistent across 3, 10, and 20 mg/kg cohorts; no SAEs or infusion reactions

Preliminary data are as of data cut-off of December 19, 2022. * Deemed unrelated to study drug by the masked investigator ** One patient deemed related and one patient deemed unrelated to study drug by the masked investigators. Other AE that occurred in more than one patient and deemed related to study drug by masked investigators was acne (n=2). Instances were mild and did not require intervention. Muscle spasms were mild and did not require intervention; hearing impairment (n=2) resolved without intervention in both cases. Both patients with hyperglycemia were diabetic at baseline; in 1 case glucose variability was determined by masked PI to be unrelated to drug. Sources: Viridian clinical data on file. IV = intravenous, TED = thyroid eye disease, SAEs = serious adverse events.

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VRDN-001 IV in chronic TED showed robust clinical activity after two infusions in both dose cohorts

Signs
Improvement in proptosis

Symptoms
Improvement in Clinical Activity Score (CAS) and diplopia score

	Proptosis: Responder rate (% with ≥2 mm reduction baseline to week 6)	Proptosis: Mean change by exophthalmometry (baseline to week 6)	Proptosis: Mean change by MRI* (baseline to week 6)	CAS: Score of 0 or 1** (% achieving CAS of 0 or 1 at week 6; Excludes Patients CAS=0 at baseline)	CAS: Mean change** (baseline to week 6; Patients CAS>0 at baseline)	Diplopia: Complete resolution*** (% improved to a score of 0 at week 6)
VRDN-001 (Chronic TED Phase 2 Cohorts: 10 and 3 mg/kg; week 6 after two doses) n=12	**42%**	**-1.6 mm**	**-2.0 mm**	**40%**	**-2.3**	**0%**
10 mg/kg n=6	**50%**	**-1.8 mm**	**-1.5 mm**	**50%**	**-2.8**	**0%**
3 mg/kg n=6	**33%**	**-1.5 mm**	**-2.6 mm**	**33%**	**-2.0**	**0%**
Teprotumumab clinical data (separate study)[1] (at 10 mg/kg → 20 mg/kg; week 6 after two doses)	36%	-1.17 mm	Not reported	Not reported	Not reported	Not reported

Teprotumumab study limited enrollment to patients with low CAS scores (0 or 1); VRDN-001 study did not limit enrollment based on CAS score

These data do not represent results of a head-to-head comparative study of teprotumumab against VRDN-001. Comparing data across studies is not reliable due to many factors, including differences in trial design, subject characteristics, and data collection and analysis techniques. Preliminary data are as of data cut-off of May 30, 2023. *MRI available for 4 of 6 VRDN-001 10 mg/kg treated patients, 4 of 6 VRDN-001 3 mg/kg treated patients. **2 patients with CAS of 0 at baseline excluded from calculation. ***Includes only participants who had diplopia present at baseline. Diplopia was present at baseline in 5 of 12 VRDN-001 treated patients; 2 in 3 mg/kg cohort, and 3 in 10 mg/kg cohort.

Sources: Viridian clinical data on file., [1] Douglas RS, et al. Clin Endocrinol Metab. 2023 Oct 31:dgad637. CAS = clinical activity score IV = intravenous, MRI = magnetic resonance imaging, TED = thyroid eye disease

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VRDN-001 IV was well tolerated in a Phase 2 clinical study in chronic TED

Reported adverse events occurring in ≥ 10% of patients

	VRDN-001 10 & 3 mg/kg (n=13*), n	**Placebo** (n=5), n
Back pain	2 (15%)	0 (0%)
Muscle spasms	2 (15%)	0 (0%)
Headache	1 (8%)	2 (40%)
Ear discomfort	0 (0%)	1 (20%)
Fatigue	0 (0%)	1 (20%)
Flatulence	0 (0%)	1 (20%)
Pruritus	0 (0%)	1 (20%)

No serious adverse events (SAEs); no hearing impairment or hyperglycemia events

Preliminary data are as of data cut-off of May 30, 2023. *Though not evaluable at week 6 for clinical activity, the 7th patient randomized in the 3 mg/kg cohort who discontinued the trial prior to week 6 due to leaving the country for a family emergency was followed for safety until their discontinuation.
Source: Viridian clinical data on file. IV = intravenous, TED = thyroid eye disease, SAEs = serious adverse events.

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THRIVE (active) and THRIVE-2 (chronic) are on track to deliver topline results this year

THRIVE

ACTIVE TED

Enrollment Complete

Key Inclusion Criteria

- Proptosis of ≥3 mm
- CAS ≥3
- Onset of TED symptoms within 15 months

Trial Design

- N = 90 (actual enrollment: 113 patients)
- 15-week primary endpoint, 52-week total follow-up
- Double-masked, randomized, placebo-controlled

Topline results expected Sept. 2024

THRIVE-2

CHRONIC TED

Key Inclusion Criteria

- Proptosis of ≥3 mm
- Any CAS (0-7)
- Onset of TED symptoms >15 months

Trial Design

- N = approx. 159
- 15-week primary endpoint, 52-week total follow-up
- Double-masked, randomized, placebo-controlled

Topline results expected year-end 2024

STRIVE

- Global study of VRDN-001 in TED patients to meet safety database requirement for BLA filing
- Broad patient inclusion criteria (any severity or duration of disease) and an active control arm (no placebo)

BLA = Biologics License Application, CAS = clinical activity score, TED = thyroid eye disease.

VRDN-001 has the potential to improve patient experience with a differentiated dosing regimen

	VRDN-001	Teprotumumab	Viridian Differentiators
Mechanism of Action	IGF-1R antagonist	IGF-1R antagonist	**Same target, same MOA**
Treatment Regimen	5 infusions given every 3 weeks	8 infusions given every 3 weeks	**~2/3 less volume** infused
Dose	10 mg/kg each dose	20 mg/kg for 7 infusions after 10 mg/kg loading dose	**~2/3 less drug exposure**
Infusion Time	30 minutes	60-90 minutes	**~80% less total time** in chair

Potential for reduced treatment burden to patients

Sources: Smith TJ, et al, NEJM 376:18, May 2017, Douglas RS, et al, NEJM 382:4, Jan 2020, TEPEZZA (teprotumumab-trbw) Prescribing Information, www.tepezzahcp.com/tepezza-moa/low-disease-activity-data.

IGF-1R = insulin-like growth factor-1 receptor; MOA = mechanism of action.

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VRDN-003

Subcutaneous half-life extended anti-IGF-1R

Later-entrant SC therapies (VRDN-003) have the potential to expand the market and take share from incumbent IV

IV to SC with same molecule

	IV Drug	SC Drug
CD38	DARZALEX® (daratumumab)	DARZALEX Faspro™ (daratumumab and hyaluronidase-fihj)
	IV Launch: *Nov 2015 by J&J for multiple myeloma*	***SC Launch:*** *May 2020 by J&J*

- **85%** of IV market converted in 2 years[1]
- **Doubled** market size after SC launch[1]

IV to SC with new SC entrant

	IV Drug	SC Drug
CD20	OCREVUS® ocrelizumab	Kesimpta® (ofatumumab) 20 mg injection
	IV Launch: *Mar 2017 by Roche for MS*	***SC Launch:*** *Aug 2020 by Novartis*

- **30%** of new scripts converted in 3 years[2]
- **Doubled** combined CD20 market size after Kesimpta launch[3,4]

Significant potential opportunity for a best-in-class, long half-life and convenient subcutaneous anti-IGF-1R

Sources: [1] https://www.fiercepharma.com/pharma/jjs-switch-iv-subcutaneous-darzalex-85-complete-us, [2] Novartis 2022 Q4 results, [3] Roche Earnings, [4] Novartis Q3 2023 Earnings. CD20 = cluster of differentiate 20 protein, CD38 = cluster of differentiate 30 protein, IV = intravenous, IGF-1R = insulin-like growth factor-1 receptor, MS = multiple sclerosis, SC = subcutaneous.

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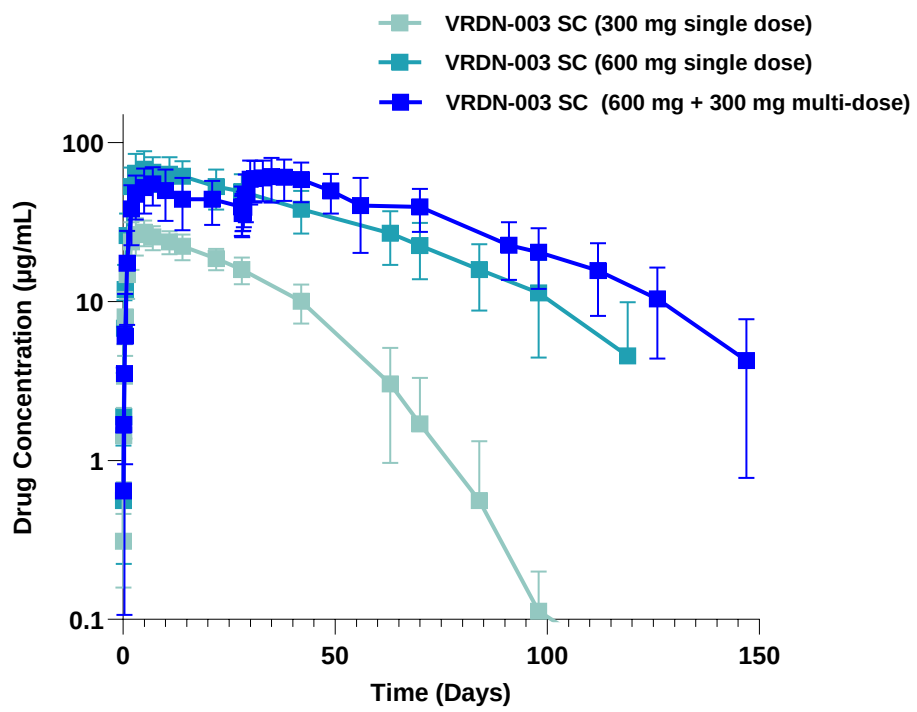
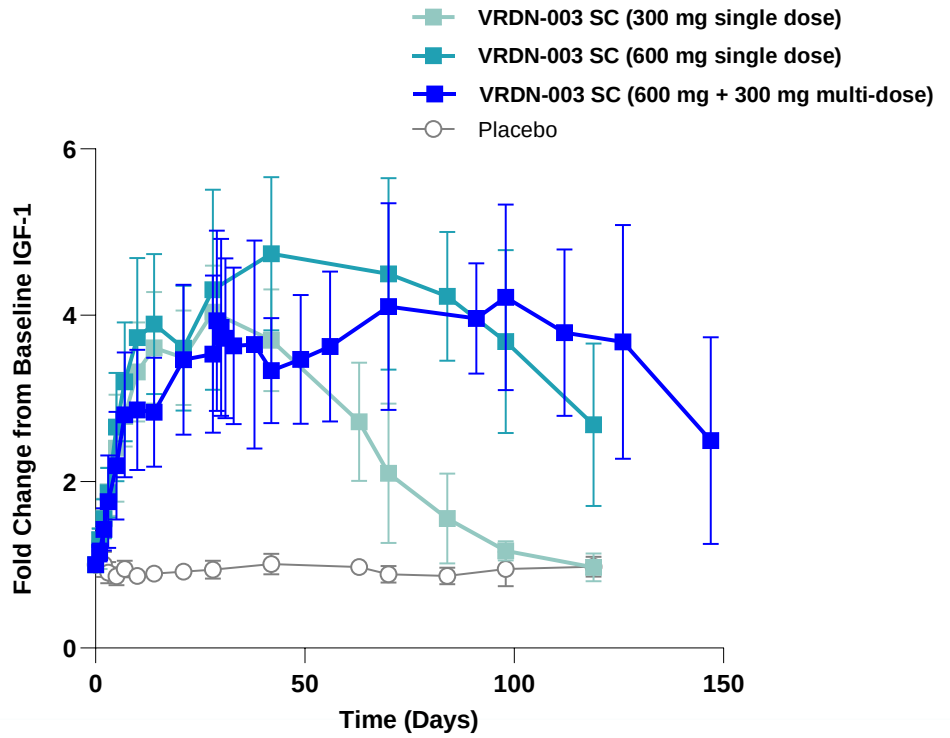
Phase 1 HV Study: Subcutaneous VRDN-003 showed an extended half-life of 40-50 days and sustained IGF-1 levels after dosing

Phase 1 HV Pharmacokinetics (PK)



PK / PD updated with multi-dose cohort

Phase 1 HV Pharmacodynamics (PD)



VRDN-003 half-life is 40-50 days

VRDN-003 increases IGF-1 levels ~4-fold

Preliminary Viridian clinical data on file as of April 12, 2024 data cut. Multi-dose cohort was a 600mg loading dose followed by a 300mg second dose at day 28. Six subjects were dosed in each of the single-dose VRDN-003 cohorts, and four subjects were dosed in the multi-dose cohort.

IGF-1 = insulin-like growth factor 1, HV = healthy volunteers, PD = pharmacodynamics, PK = pharmacokinetics, SC = subcutaneous.

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Phase 1 HV Study: Subcutaneous VRDN-003 was well-tolerated

	VRDN-003		
	Single Dose SC (n = 12)	**Two Doses SC (n = 4)**	**Placebo (n = 6)**
All Observed AEs	9 (n = 3)	2 (n = 2)	2 (n = 2)
AEs deemed to be related to VRDN-003	3	1	--
Injection Site Reactions (ISRs)[1]	1 (8%)	--	--
Muscle Spasms	--	--	--
Hyperglycemia	--	1 (25%)	--
Hearing Impairment[1]	--	--	--
Insomnia	1 (8%)	--	--
Hepatic Enzyme Increase	1 (8%)	--	--
Severe Adverse Events (SAEs)	--	--	1 (16.7%) #
Grade 3/4 AEs	--	--	1 (16.7%) #
Anti-Drug Antibodies (ADAs)	Low ADAs detected after Day 71		

- No hearing-related AEs
- No treatment-related discontinuations
- All VRDN-003 related AEs were grade 1 (mild), no SAEs
- All treatment-related AEs resolved during follow-up

One subject in the placebo arm was diagnosed with stage 4 lung cancer, which was considered both a SAE and a Grade 3/4 AE. The subject subsequently withdrew from the study.

Preliminary Viridian clinical data on file as of April 12, 2024 data cut. [1] Injection Site Reactions and Hearing Impairment each includes multiple MedDRA terms.

AEs = Adverse Events, ADAs = anti-drug antibodies, ISRs = injection site reactions, IV= intravenous, MedDRA = Medical Dictionary for Regulatory Activities, SAEs = serious adverse events, SC = subcutaneous.

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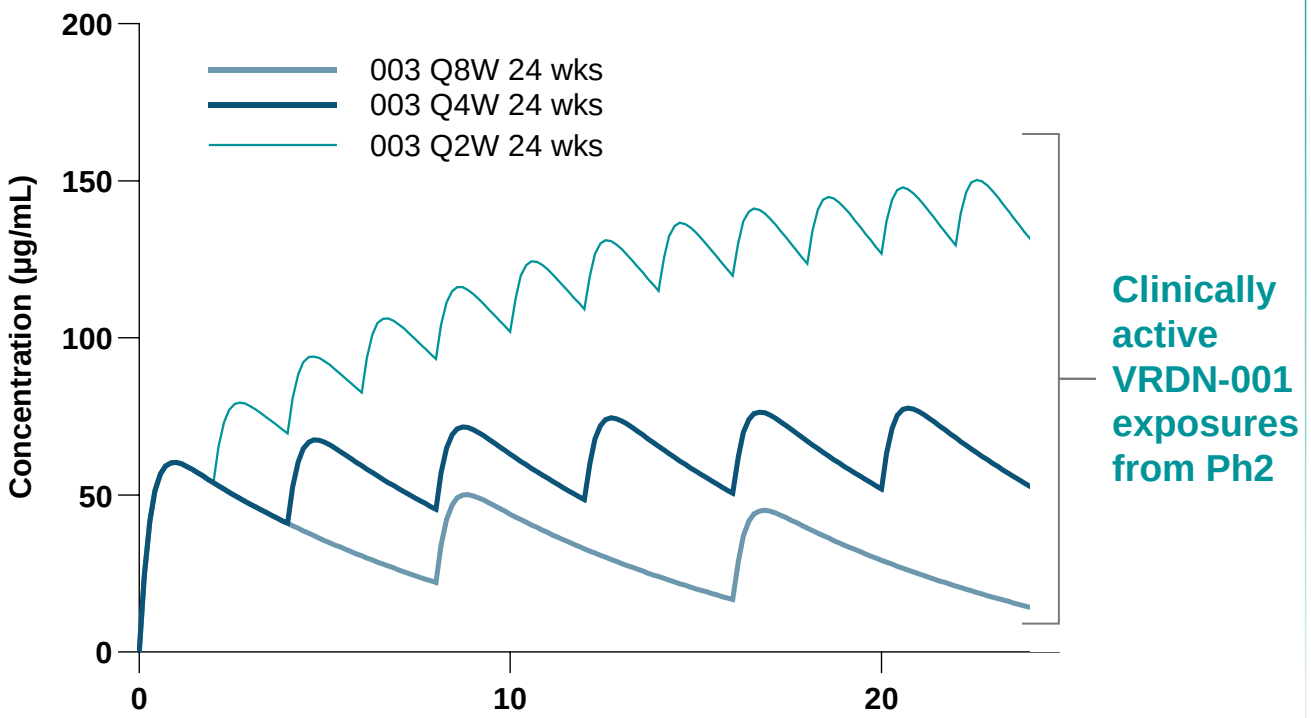
VRDN-003 SC is predicted by modeling to achieve exposure levels associated with a VRDN-001 IV clinical response

Subcutaneous VRDN-003 Pharmacokinetic (PK) Modeling



Key Takeaways

- **VRDN-001 IV showed robust clinical activity at all dose levels: 3, 10, and 20 mg/kg**
- **Multiple convenient subcutaneous VRDN-003 dosing regimens are predicted to achieve VRDN-001 exposure levels from 3-20 mg/kg IV**
  - Q8W: greatest convenience among regimens
  - Q4W: differentiated convenience
  - Q2W: Dupixent®-like convenience
- **These VRDN-003 dosing regimens achieve VRDN-001 exposures shown to be clinically active**
  - Achieves VRDN-001 exposure levels that were clinically active
  - VRDN-003 and VRDN-001 have the same binding domain

VRDN-003 development expected to proceed along its own clinical development path regarding dosing regimens and safety profile. PK modeling used a 2-compartment model, loading dose of 600 mg, and subsequent doses of 300 mg/doses at specified intervals for 24 weeks. Source: Viridian clinical data and modeling on file. IV = intravenous, PK = pharmacokinetics, Q2W = every two weeks, Q4W = every four weeks, Q8W = every eight weeks, SC = subcutaneous, wks = weeks.

VIRIDIAN

Positive VRDN-003 FDA Type C meeting completed; on track to start pivotal program mid-year

Two Expected Global Pivotal Studies

Evaluating safety and efficacy in patients with **active** and **chronic TED**

Possible Active Arms

To include at least one of:

- **Q8W**
- **Q4W**
- **Q2W**

Potential Endpoints

Primary:
Proptosis responder rate

Secondary:
Proptosis mean change, CAS, and diplopia

VRDN-003

Goals:

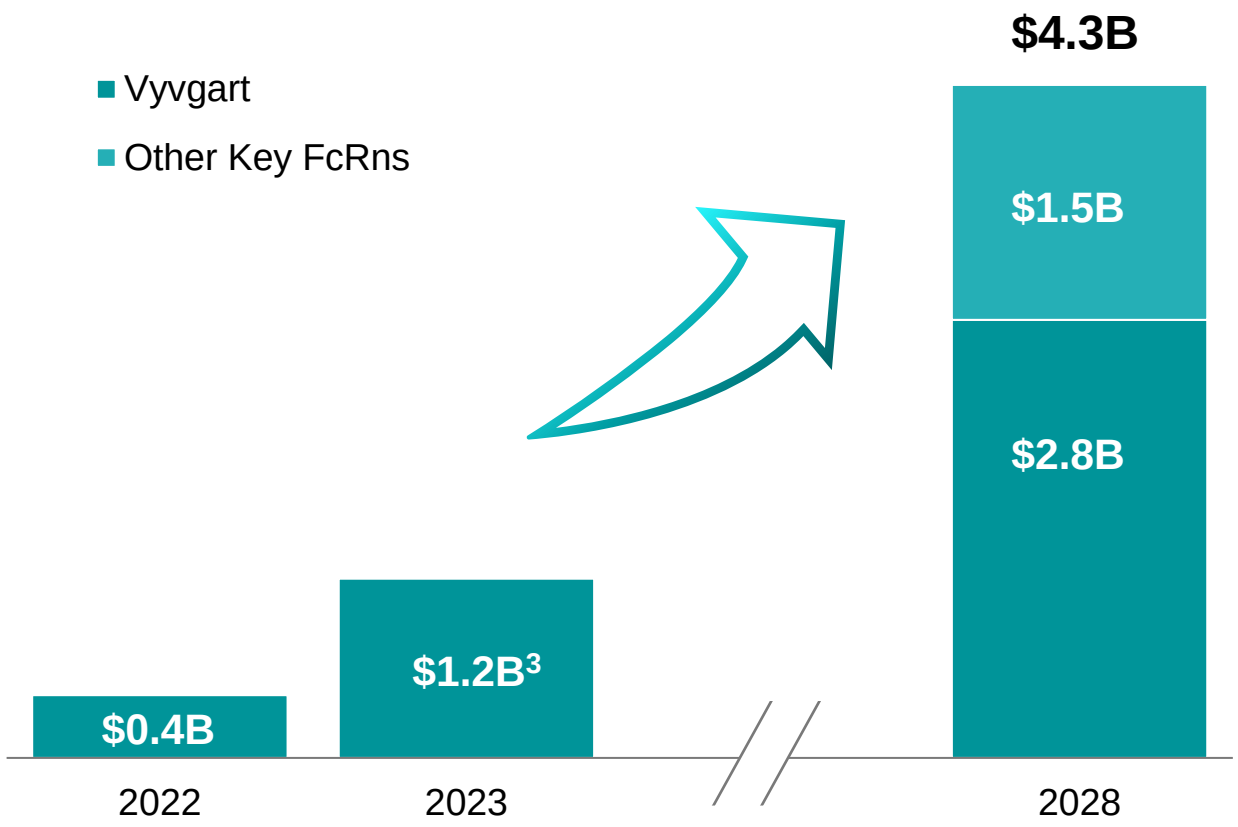
- Preserve compelling IGF-1R clinical response from **VRDN-001**
- Maximize convenience
- Improve safety

CAS = Clinical Activity Score, FDA = Food and Drug Administration, IGF-1R = insulin-like growth factor-1 receptor, Q2W = every two weeks, Q4W = every four weeks, Q8W = every eight weeks, SC = subcutaneous, TED = thyroid eye disease.

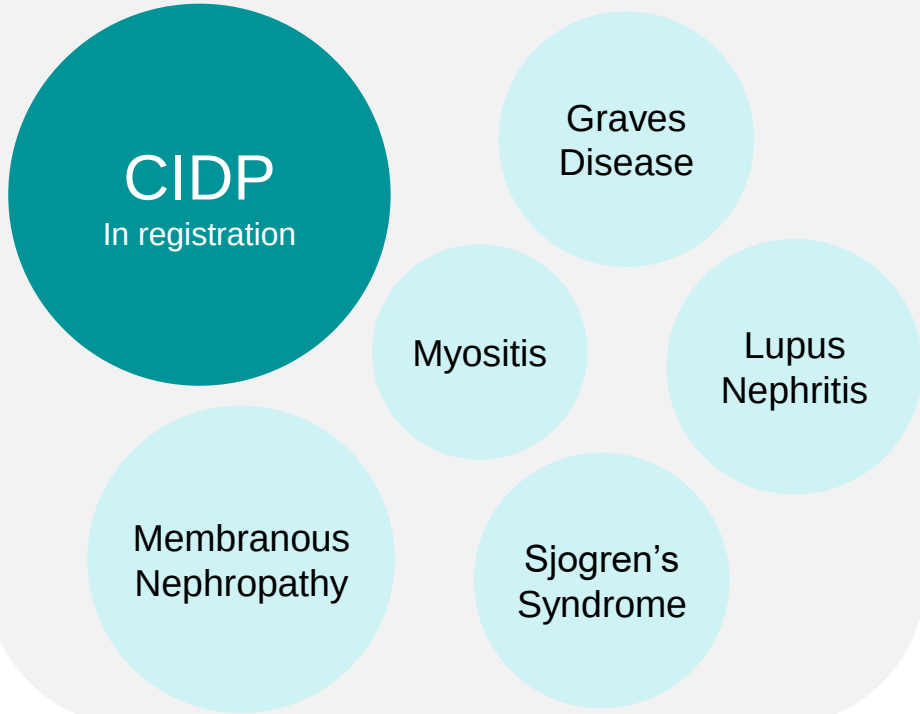
FcRn Inhibitor Portfolio: Expansion Beyond TED

FcRns have multiple large market opportunities, including Myasthenia Gravis with >$4B projected revenues by 2028

Projected WW Myasthenia Gravis FcRn Market[1,2]



... with potential in additional autoimmune indications



Other Key FcRns: Rystiggo, batoclimab, nipocalimab (includes sales across indication). Sources: [1] Argenx Q3 2023 earning release., [2] Evaluate Pharma., [3] Argenx JPM 2024 Company Presentation.

CIDP = Chronic inflammatory demyelinating polyneuropathy, FcRn = Neonatal Fc receptor, WW = Worldwide.

VIRIDIAN

Potential best-in-class FcRn inhibitor portfolio could capture large market share in autoimmune indications

VRDN-006

Highly selective FcRn-targeting Fc fragment

- The **only other known Fc fragment in development**
- FcRn inhibition via **Fc fragment has shown clinical efficacy & safety**[1]
  - vs. mAbs which have shown tolerability issues, including albumin lowering and LDL increases
- Targeting patient **self-administration** in a **single, convenient injection**

On track for IND by YE 2024

VRDN-008

Half-life extended FcRn inhibitor target profile

Aim to:

- Target **deeper & more durable IgG suppression**
- Maintain safety profile of **Fc fragment**
- Extended half-life for **less frequent administration**
- Target patient **self-administration** in a **single, convenient injection**

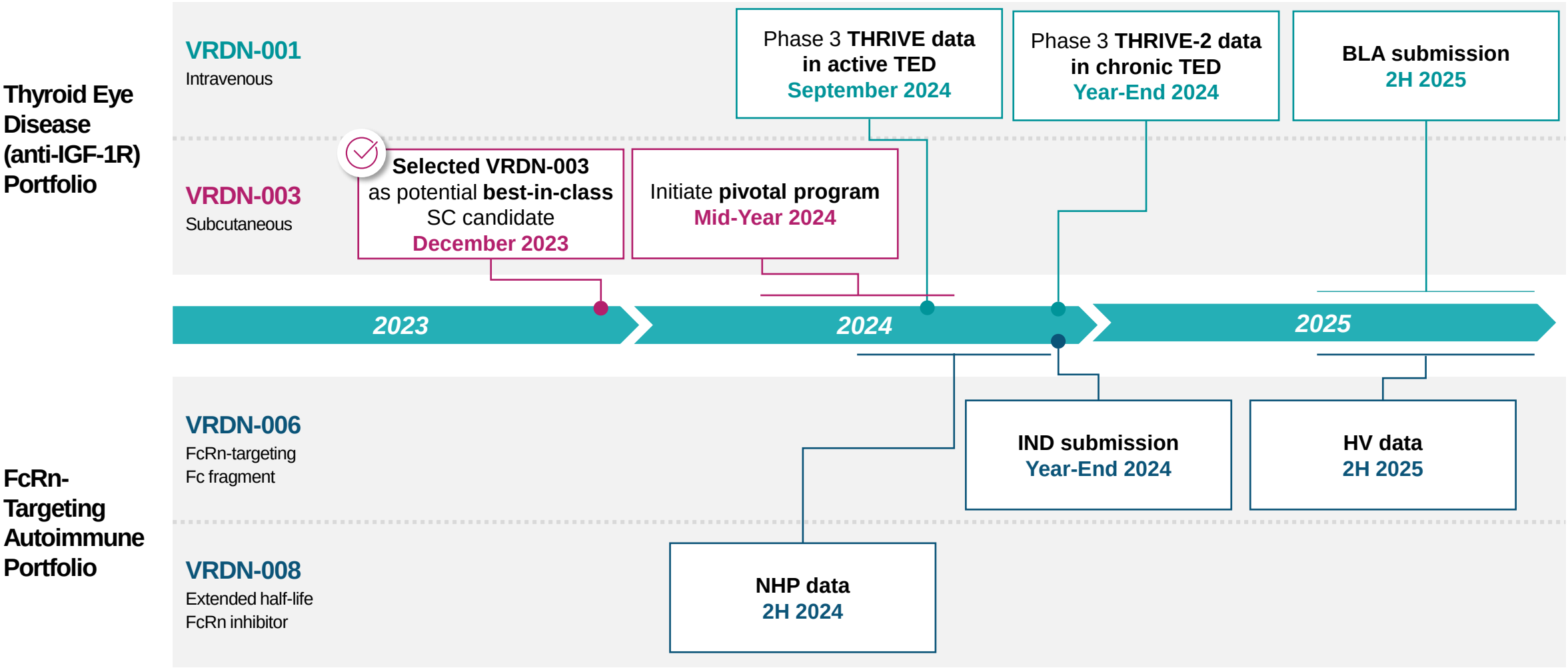
On track for NHP data by 2H 2024

[1] Fc fragment is approved for myasthenia gravis and in registration for Chronic inflammatory demyelinating polyneuropathy (CIDP).

FcRn = Neonatal Fc receptor, mAbs = monoclonal antibodies, LDL = low-density lipoprotein, IND = investigational new drug application, IgG = Immunoglobulin G, NHP = non-human primate, YE = year-end.

VIRIDIAN

Viridian anticipates multiple key catalysts across the TED and FcRn portfolios in 2024 & 2025



BLA = Biologics License Application, FcRn = Neonatal Fc receptor, HV = healthy volunteers, IND = investigational new drug application, IV = intravenous, NHP = non-human primate, SC = subcutaneous, TED = thyroid eye disease.

VIRIDIAN

Significant progress in Q1 2024 – All catalysts on track

		Anticipated Catalysts
VRDN-001 Intravenous	**THRIVE: completed and exceeded enrollment in March** **THRIVE-2: topline data on track for year-end 2024**	**THRIVE topline:** Sept. 2024 **THRIVE-2 topline:** Year-end 2024 **VRDN-001 BLA:** 2H 2025
VRDN-003 Subcutaneous	**Positive FDA Type C meeting completed**	**Pivotal start:** Mid-year 2024
FcRn Portfolio	**2H 2024 catalysts remain on track**	**VRDN-006:** IND by year-end 2024 **VRDN-008:** NHP data in 2H 2024
Financial	**$613.2M cash as of March 31, 2024; runway into 2H 2026**	

BLA = Biologics License Application, FDA = Food and Drug Administration, IND = Investigational New Drug, NHP = non-human primate.

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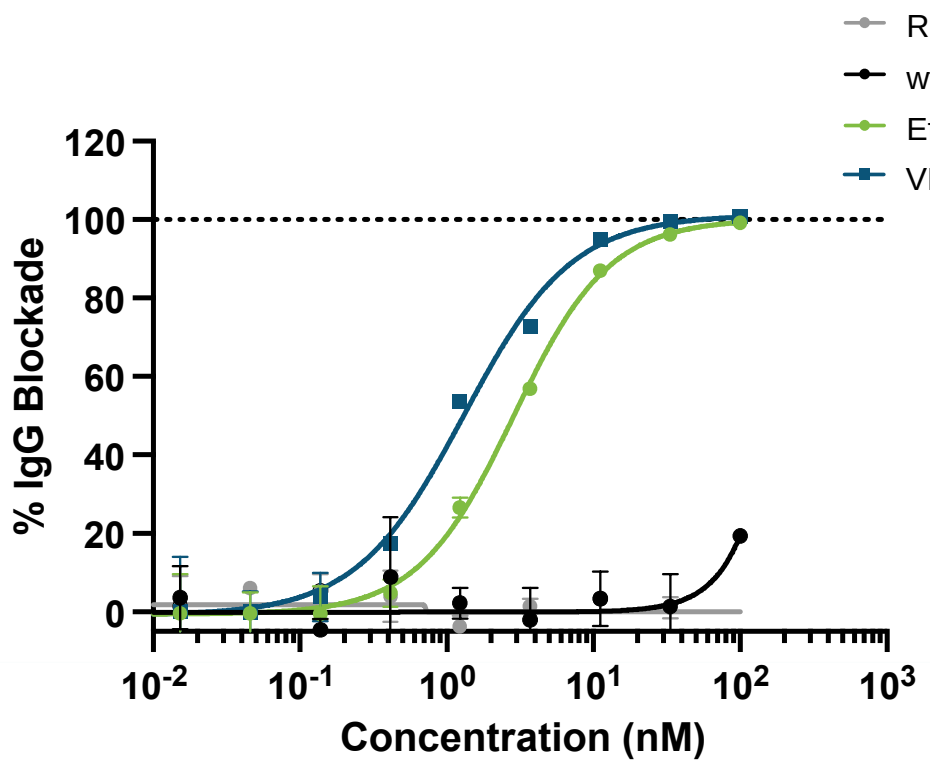
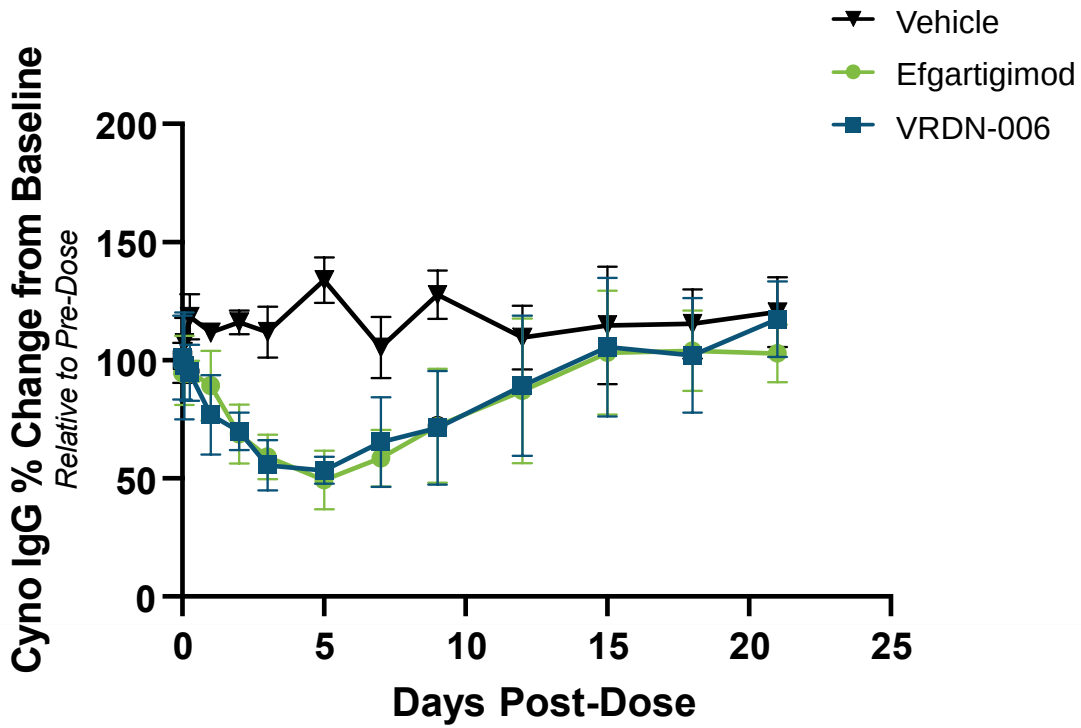
Appendix

VRDN-006 shows comparable potency *in vitro* and IgG-lowering in NHPs to best-in-class FcRn inhibitor efgartigimod

VRDN-006 *in vitro* potency is comparable to efgartigimod



VRDN-006 pharmacodynamic effect on IgG is comparable to efgartigimod in head-to-head NHP study



Potency measured by competition ELISA (in triplicate). NHPs were dosed with single IV bolus of 30mg/kg VRDN-006, 30 mg/kg efgartigimod (internally generated benchmark), or buffer vehicle (n=3 / cohort) and followed for 21 days. Source: Viridian data on file.

FcRn = Neonatal Fc receptor, IgG = Immunoglobulin G, NHPs = non-human primates.

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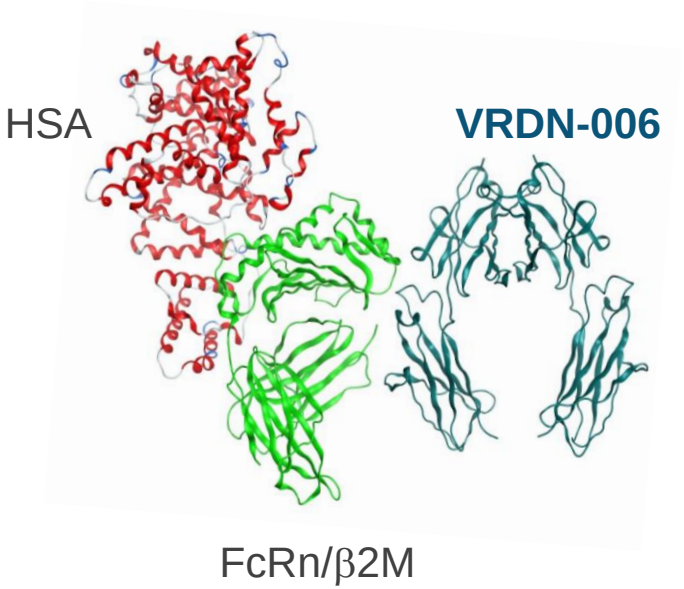
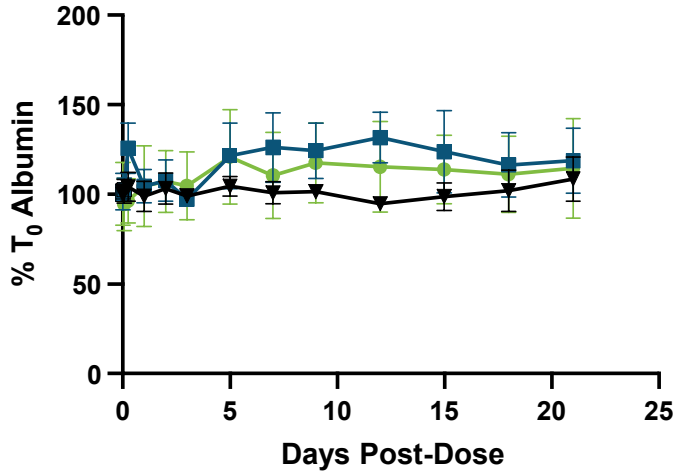
VRDN-006 shows similar safety profile to efgartigimod in head-to-head NHP study

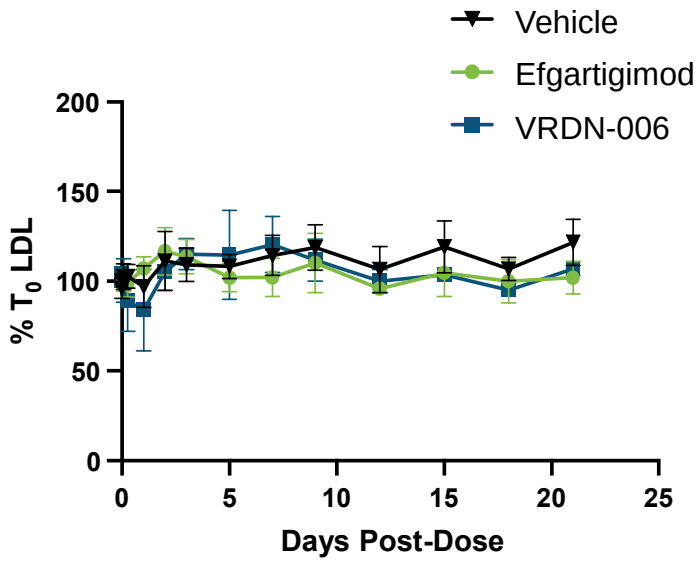
Designed to **selectively bind FcRn without impacting albumin recycling**



VRDN-006 does not lower albumin in NHPs, comparable to efgartigimod



VRDN-006 does not increase LDL in NHPs, comparable to efgartigimod



NHPs were dosed with single IV bolus of 30mg/kg VRDN-006, 30 mg/kg efgartigimod (internally generated benchmark), or buffer vehicle (n=3 / cohort) and followed for 21 days. Source: Viridian data on file.

FcRn = Neonatal Fc receptor, LDL = low-density lipoprotein, NHP = non-human primate.

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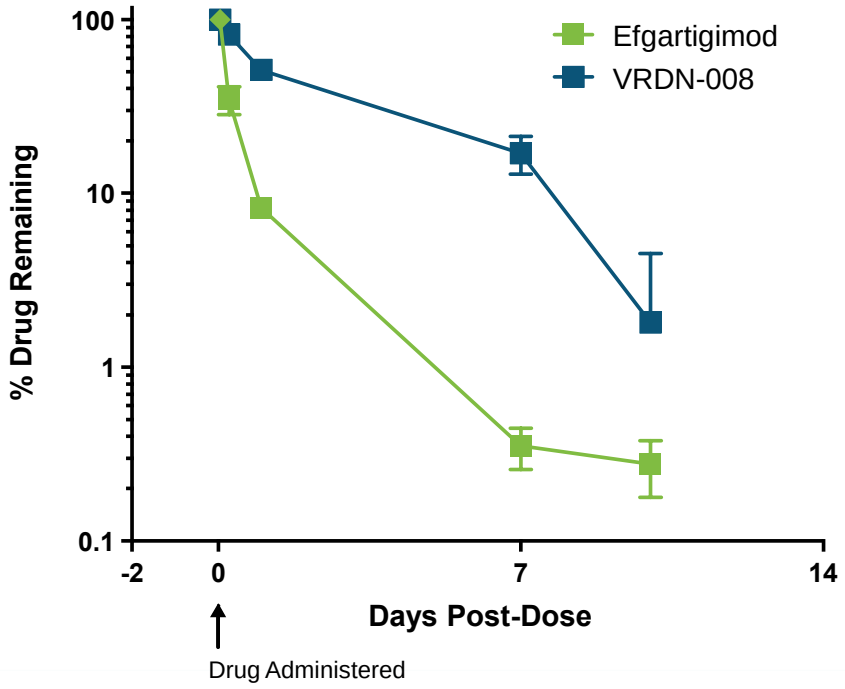
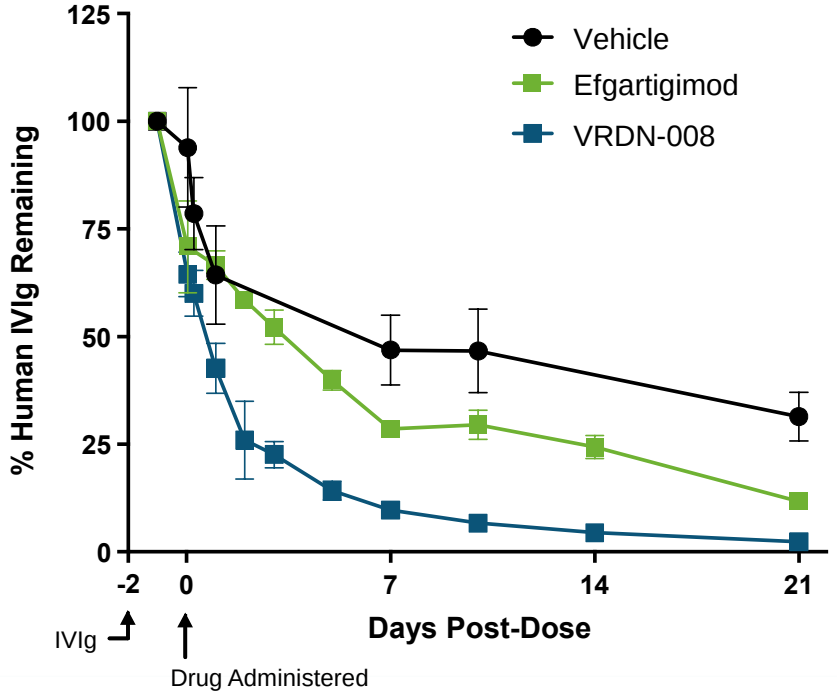
VRDN-008 is designed to be a half-life extended FcRn inhibitor with potential for best-in-class efficacy and convenience

VRDN-008 demonstrates **extended half-life** and **deeper and more durable reduction** of IVIG in a humanized mouse model compared head-to-head with efgartigimod





NHP data expected in 2H 2024

Humanized mice as a model to demonstrate the IgG reduction PD effect and extended serum exposure for VRDN-008 proof-of-concept (POC) construct compared to efgartigimod. 200 mg/kg human IVIg was administered on day -2 followed by 20 mg/kg efgartigimod (internally generated benchmark) or molar equivalent of VRDN-008 POC construct. PK/PD in humanized mice. Source: Viridian data on file. FcRn = Neonatal Fc receptor, IgG = immunoglobulin, IVIg = intravenous immunoglobulin, NHP = non-human primates, PD = pharmacodynamics, PK = pharmacokinetics, POC = proof-of-concept.

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