ENGINEERING MEDICINES
TO IMPROVE PATIENT CARE

Corporate Presentation

June 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 and designs of studies, including the VRDN-003 pivotal program and clinical studies REVEAL-1 and REVEAL-2; VRDN-003 SC dosing regimens being predicted to achieve exposure levels associated with VRDN-001 IV clinical activity; potential dosing regimens and potential trial designs; core clinical packages to support registration; plans for a commercial launch of VRDN-003 with an auto-injector; alignment with regulatory authorities and anticipated regulatory submissions, including the anticipated BLA submissions for VRDN-001 and VRDN-003 and the anticipated IND submission for VRDN-006; 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; regulatory interactions; 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 Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (SEC) on May 8, 2024 and our 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

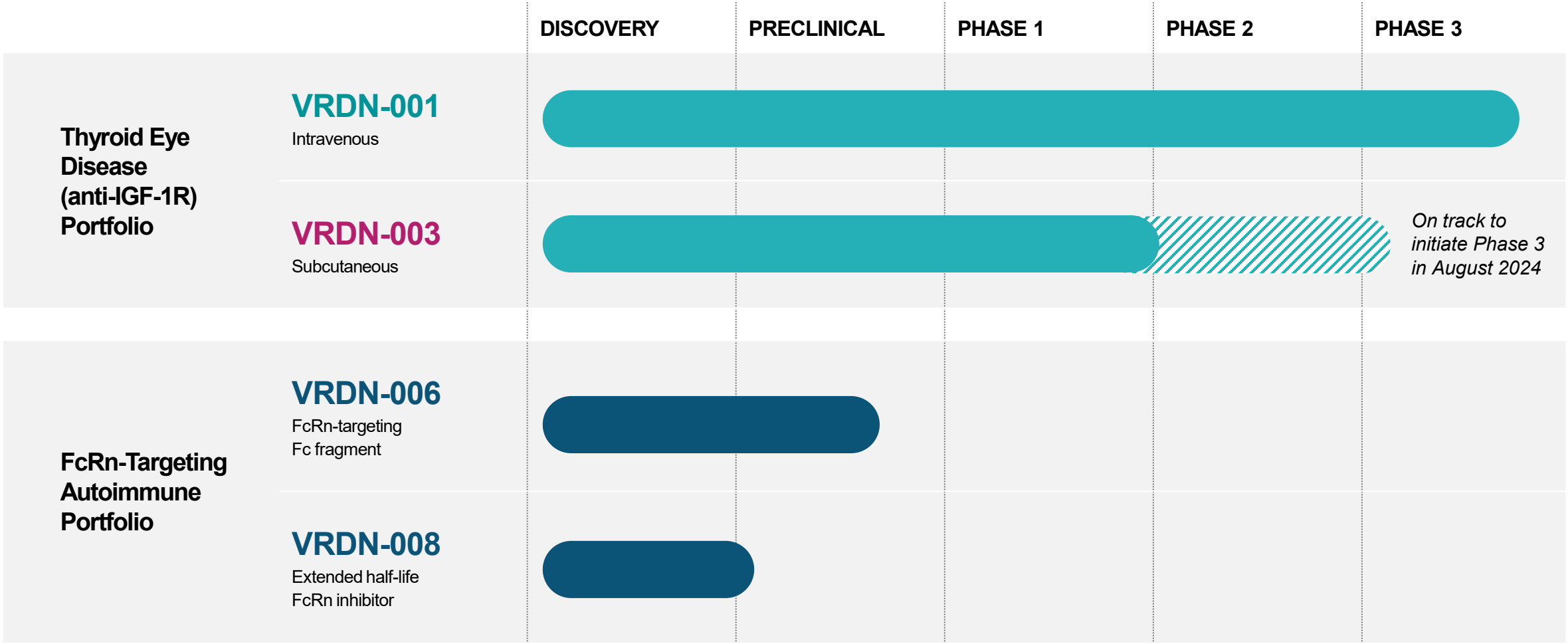
Determine key areas of potential product differentiation

Engineer potential best-in-class antibodies and therapeutic proteins

Rapidly advance programs to patients

VIRIDIAN

Differentiated pipeline: late-stage Thyroid Eye Disease programs and preclinical FcRn portfolio



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

VIRIDIAN

Significant progress in 2024 to date – 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** ✓ **Phase 3 REVEAL-1 and REVEAL-2 clinical trials planned in active and chronic TED**	**REVEAL-1 & REVEAL-2 initiation:** Aug. 2024 **Topline data:** 1H 2026 **VRDN-003 BLA:** Year-end 2026
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]

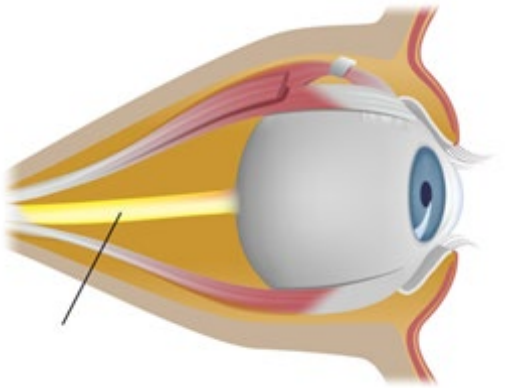
Heterogeneous **autoimmune disease** with clinical signs and symptoms that can vary or modulate following onset, in some cases for **the rest of a patient's life**[2,3]

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]

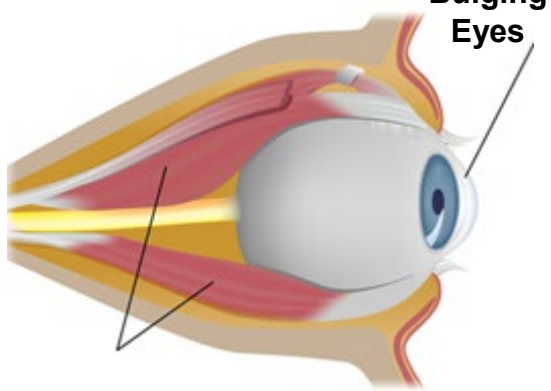
An estimated **190K people in the US** alone have moderate to severe TED[5]

Normal Eye Anatomy



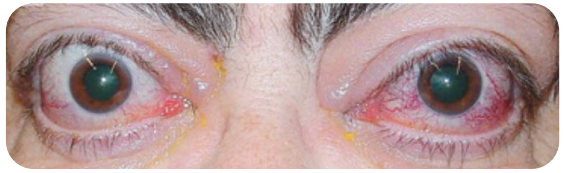
Optic Nerve

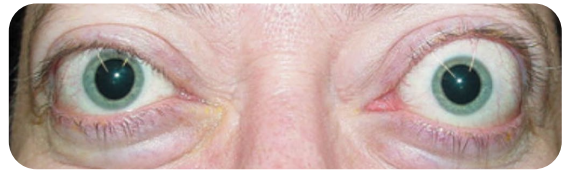
Thyroid Eye Disease (TED)



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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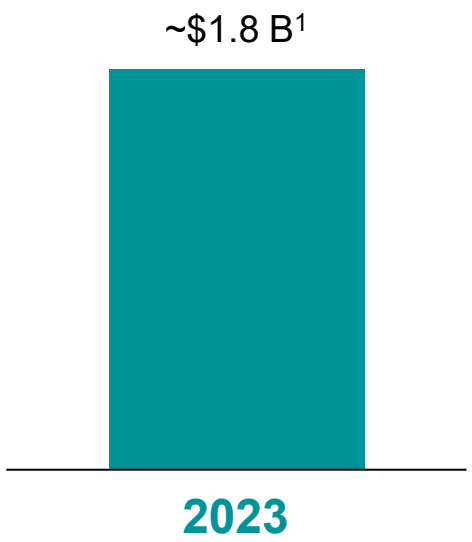
TED represents a large market opportunity with global growth potential

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[2]
- **Limited Options:** Intravenous teprotumumab is the only approved targeted therapy
- **High Burden of Treatment**: Teprotumumab requires eight infusions, one every three weeks[3], 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 through fewer, shorter infusions
  - Potential for SC VRDN-003 to have more infrequent injections, even greater convenience, and broader access to patients
- **Ex-US Potential:** Significant ex-US market with large, underserved TED patient population

Sources: [1] Amgen Q4 2023 filings, Horizon Q1-Q3 2023 SEC filings, [2] Viridian-sponsored market research, includes active and chronic TED, [3] TEPEZZA® (teprotumumab-trbw) Prescribing Information.

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

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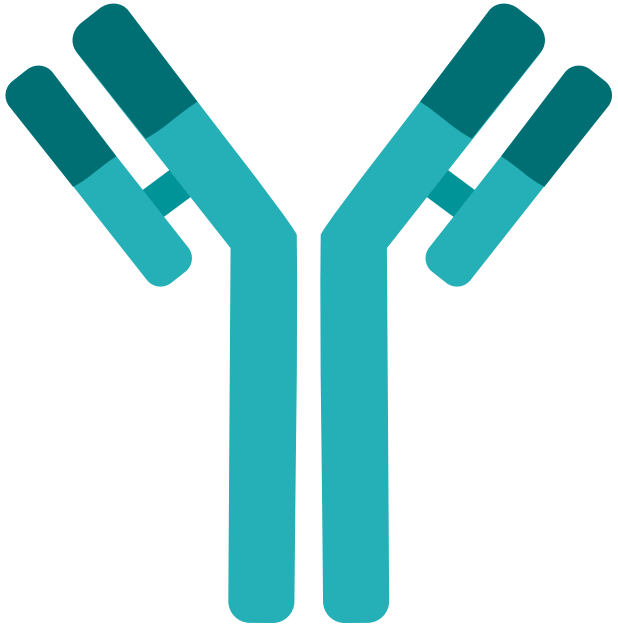
Building upon a proven MOA with demonstrated efficacy, Viridian is developing two differentiated anti-IGF-1R mAbs

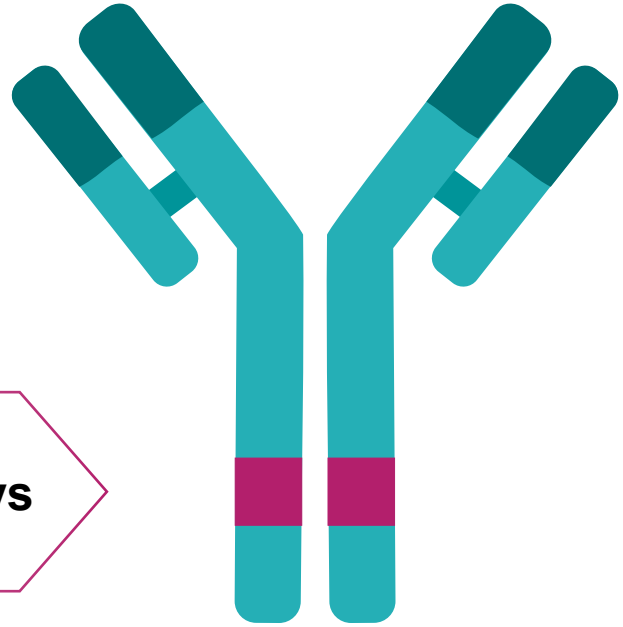
VRDN-001 (IV)



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.

VIRIDIAN

VRDN-001

Intravenous anti-IGF-1R

Phase 2: 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, 2023. *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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Phase 2: VRDN-001 IV was well tolerated 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.

VIRIDIAN

Phase 2: 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 / 3 mg/kg n=6 / n=6	**50%**	**33%**	**-1.8 mm**	**-1.5 mm**	**-1.5 mm**	**-2.6 mm**	**50%**	**33%**	**-2.8**	**-2.0**	**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

VIRIDIAN

Phase 2: VRDN-001 IV was well tolerated 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.

VIRIDIAN

Phase 3 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

On Track

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	Potential Viridian Differentiators
Mechanism of Action	IGF-1R full antagonist	IGF-1R partial antagonist	Same target & MOA; **more complete receptor inhibition** with VRDN-001
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	**~70% 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.

VIRIDIAN

VRDN-003

Subcutaneous half-life extended anti-IGF-1R

Planned phase 3 clinical trials for VRDN-003 & path to BLA – following positive Type C meeting with FDA

Core clinical package to support registration

REVEAL-1

ACTIVE TED

Randomized, double-masked, placebo-controlled phase 3 study to demonstrate **efficacy & safety in active TED** patients

REVEAL-2

CHRONIC TED

Randomized, double-masked, placebo-controlled phase 3 study to demonstrate **efficacy & safety in chronic TED** patients

Plan to launch VRDN-003 commercially **with auto-injector**

BLA submission for VRDN-003 anticipated by year-end 2026

BLA: Biologics License Application

Later-entrant SC therapies have demonstrated ability 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 differentiation 20 protein, CD38 = cluster of differentiation 30 protein, IV = intravenous, IGF-1R = insulin-like growth factor-1 receptor, MS = multiple sclerosis, SC = subcutaneous.

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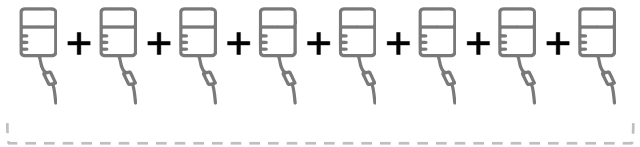
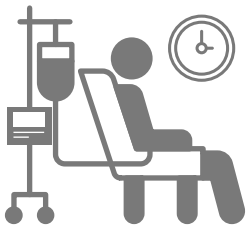
VRDN-003 designed to bring improved convenience for patients

Teprotumumab IV

8 INFUSIONS
administered every 3 weeks





60–90 min infusions
=
***~8–12 hours** in an infusion chair*

VRDN-003 Autoinjector

Ph3 pivotal program[1] is evaluating two dosing regimens:

3 SC Treatments
Self-administered every 8 weeks

1 loading dose + 2 Q8W

6 SC Treatments
Self-administered every 4 weeks

1 loading dose + 5 Q4W

Potential VRDN-003 Benefits

Easy **self-administration** transforms patient convenience

Infrequent administration & **low volume**

Lower drug exposure potentially **improves safety**

Relieves infusion burden while potentially preserving anti-IGF-1R efficacy

Flexibility for **at-home**-administration

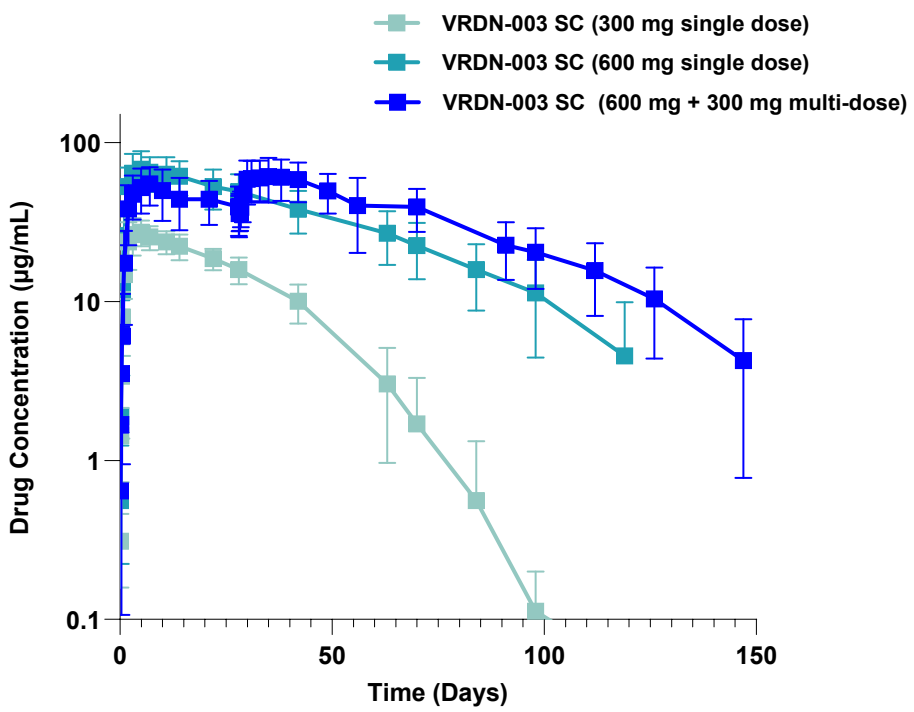
Potential for reduced treatment burden to patients

[1] REVEAL-1 & REVEAL-2 will evaluate Q4W and Q8W administration of VRDN-003 versus placebo control

VIRIDIAN

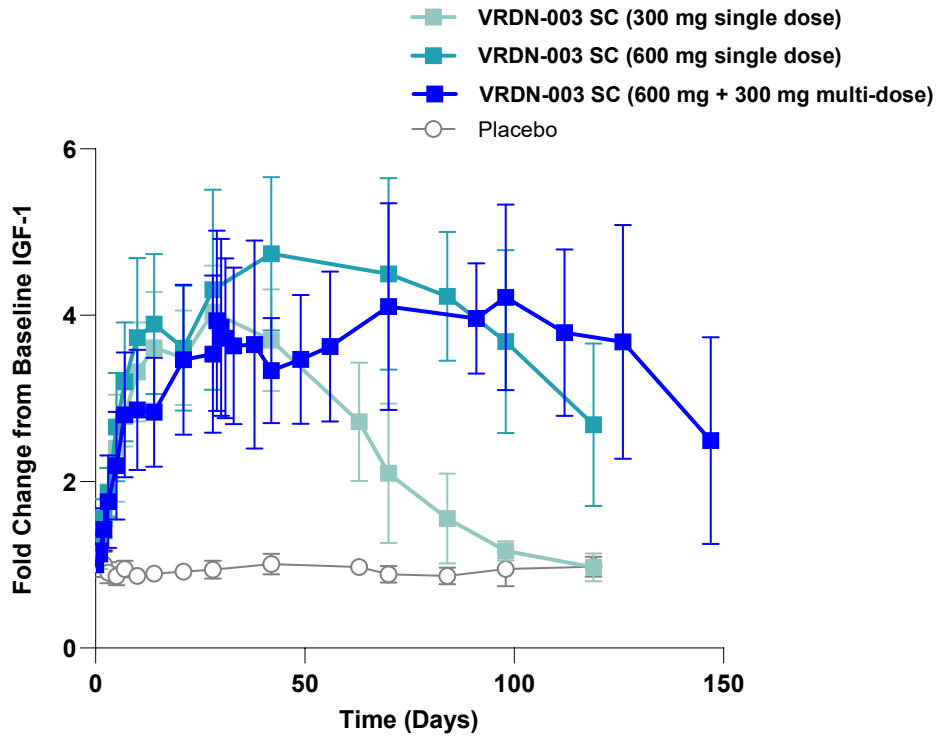
Phase 1 HV Study: Subcutaneous VRDN-003 showed an extended half-life of 40-50 days and sustained IGF-1 levels after dosing

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 600 mg loading dose followed by a 300 mg 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.

VIRIDIAN

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.

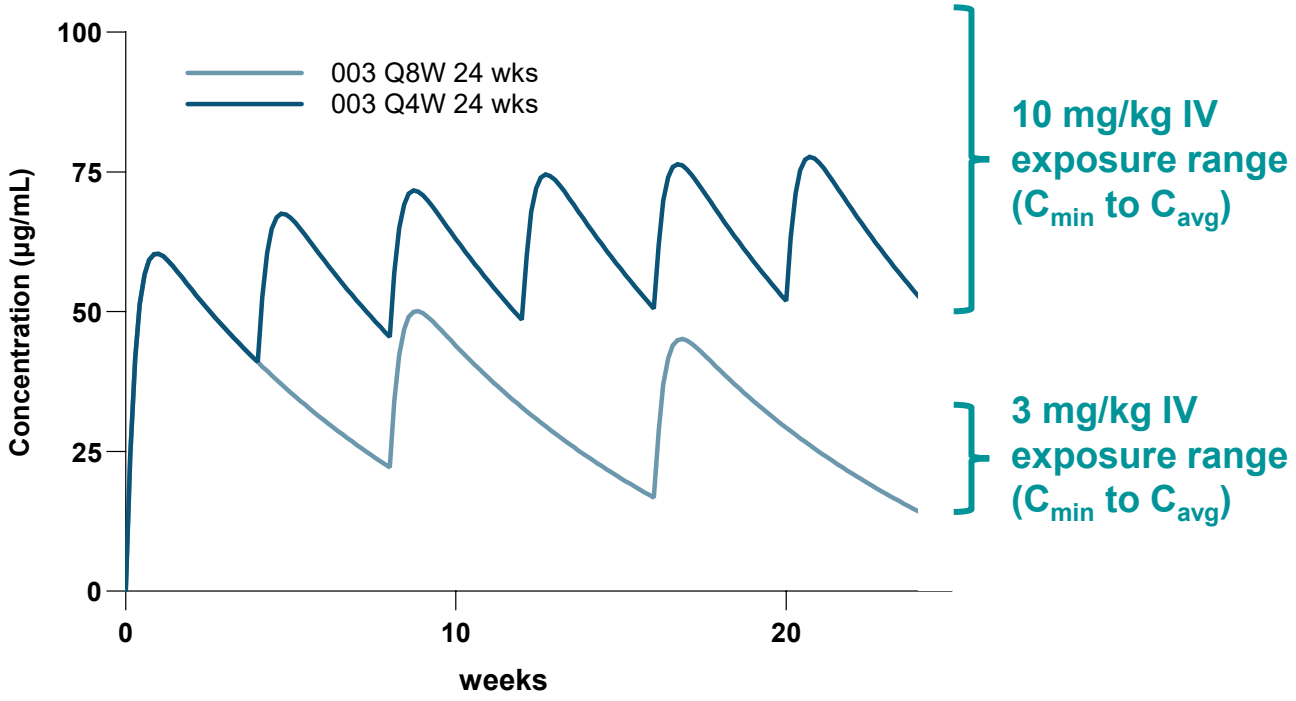
Preliminary Viridian clinical data on file as of April 12, 2024 data cut. [1] Injection Site Reactions and Hearing Impairment each includes multiple MedDRA terms.

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.

VIRIDIAN

PK model shows Q4W and Q8W dosing of VRDN-003 SC achieves key exposure levels between 3-10 mg/kg of VRDN-001 IV

Subcutaneous VRDN-003 Pharmacokinetic (PK) Modeling



- **VRDN-003 dosing regimens achieve VRDN-001 exposures shown to be clinically active**
  - VRDN-001 IV showed robust clinical activity at 3 mg/kg & 10 mg/kg dose levels
  - VRDN-003 and VRDN-001 have the same binding domain
  - Subcutaneous Q4W & Q8W VRDN-003 predicted to achieve exposures in this range
- **Both proposed VRDN-003 dosing regimens – Q4W & Q8W – present potential for transformative options for TED patients**

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, Q4W = every four weeks, Q8W = every eight weeks, SC = subcutaneous, wks = weeks.

VIRIDIAN

VRDN-003 registrational trials – REVEAL-1 (active) & REVEAL-2 (chronic) – on track to initiate in August 2024

REVEAL-1

ACTIVE TED

Key Inclusion Criteria

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

Trial Design

- N = 84
- 24-week primary endpoint, 52-week total follow-up
- Double-masked, parallel-group, placebo-controlled

REVEAL-2

CHRONIC TED

Key Inclusion Criteria

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

Trial Design

- N = 126
- 24-week primary endpoint, 52-week total follow-up
- Double-masked, parallel-group, placebo-controlled

Non-responders may participate in an open-label extension study

REVEAL trials expected to deliver topline results in 1H 2026 to support BLA filing by year-end 2026

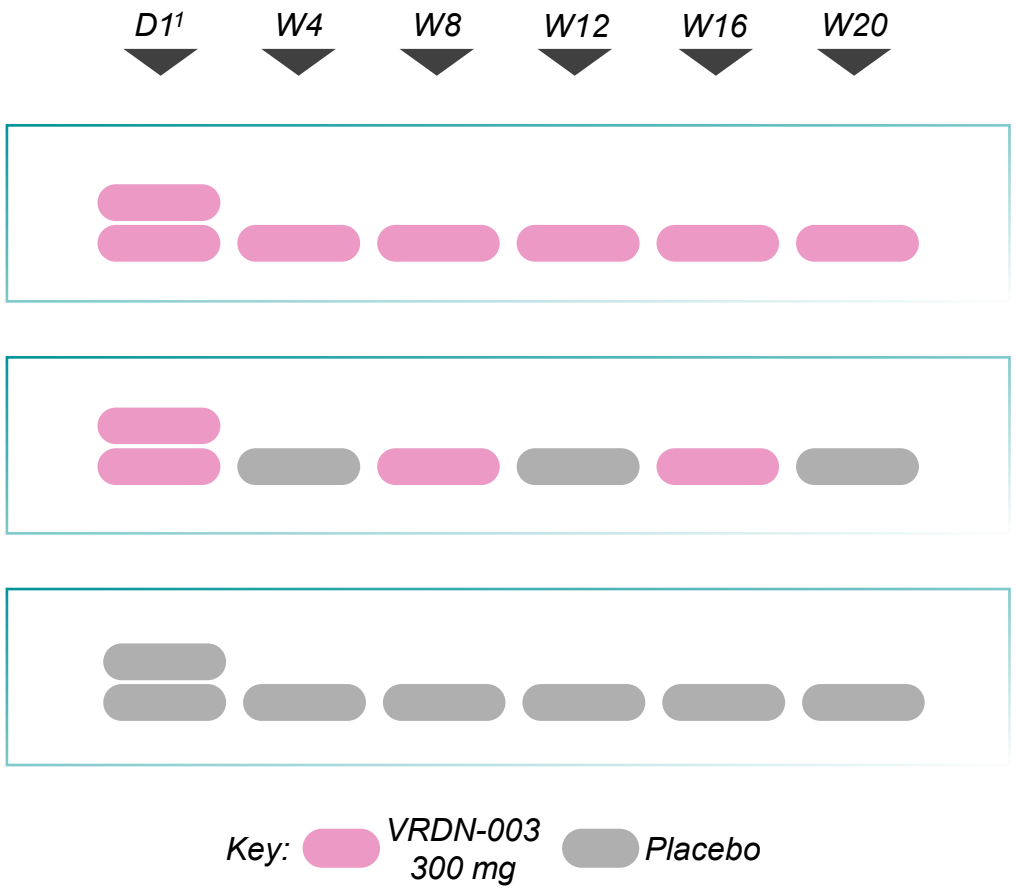
CAS = clinical activity score, TED = thyroid eye disease

REVEAL-1 & REVEAL-2 will evaluate Q4W and Q8W active arms of VRDN-003 versus placebo control

Treatment Phase

(20 weeks treatment with primary endpoint at 24 weeks)

Treatment Arms
(1:1:1)



Primary Endpoint Analysis

Primary efficacy endpoint:
Proptosis responder rate

Key secondary endpoints:
- Proptosis change
- CAS
- Diplopia

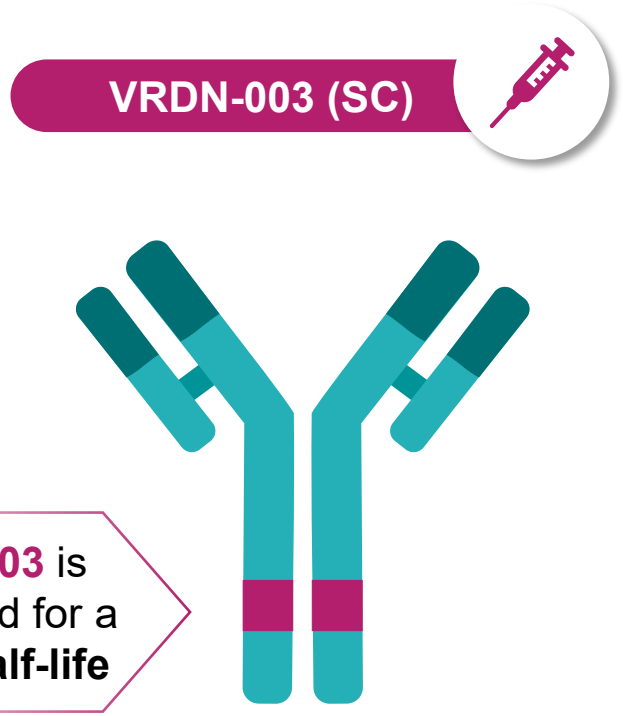
Additional efficacy & safety follow-up through week 52

[1] 600 mg loading dose given as two 300mg injections. [2] Placebo injections administered at alternating study visits to maintain study blinding across arms.

D = day, CAS = clinical activity score, Q = quarter, Q4W = every 4 weeks, Q8W = every 8 weeks, W = week

VIRIDIAN

VRDN-003 has the potential to transform TED treatment



Leverages validated mechanism of IGF-1R inhibition in TED and **same binding domain as VRDN-001**

Engineered for a longer half-life, shown to be 40–50 days in a HV study, 4–5x that of VRDN-001

Modeling of VRDN-003 clinical data in HV indicates **VRDN-003 administered every 4 or every 8 weeks can achieve VRDN-001 exposures** shown to be clinically active in proof-of-concept studies

Designed for **convenient, infrequent, self-administration at home with commercially available autoinjector**

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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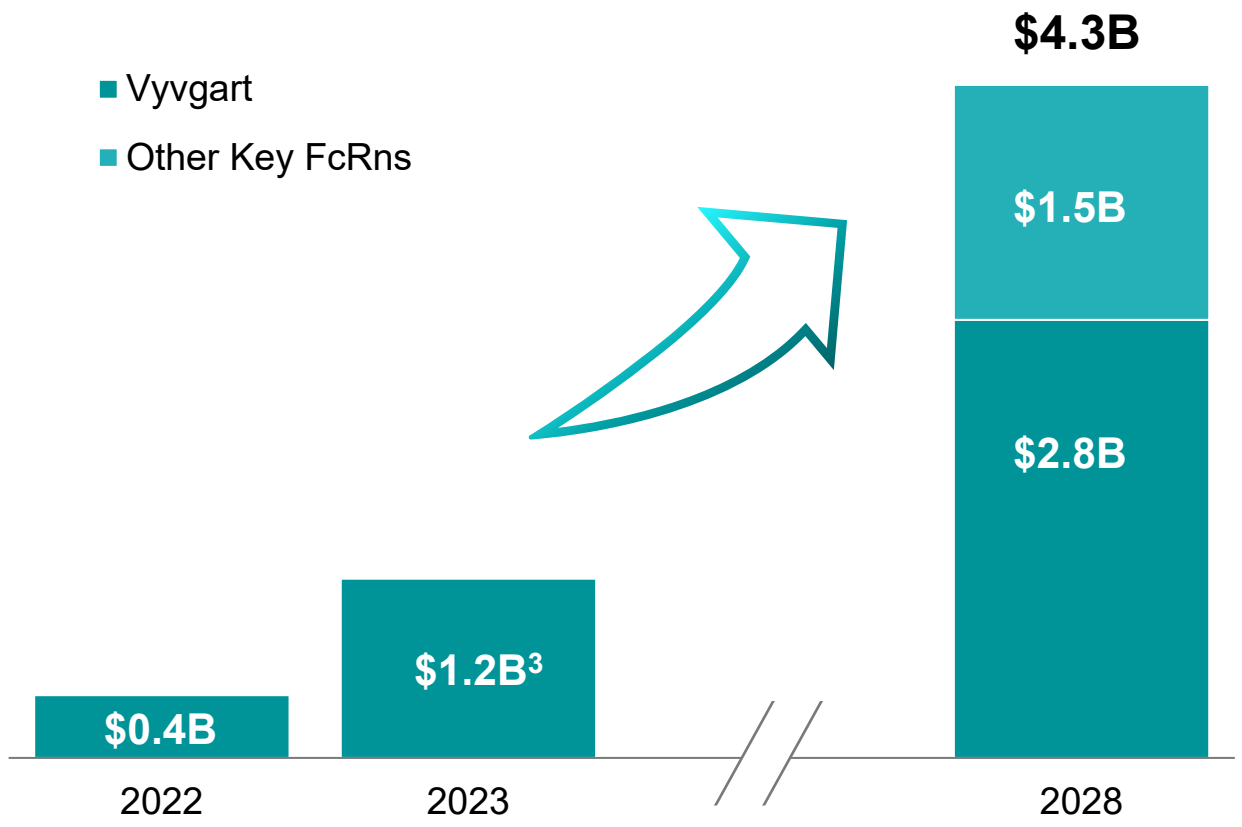
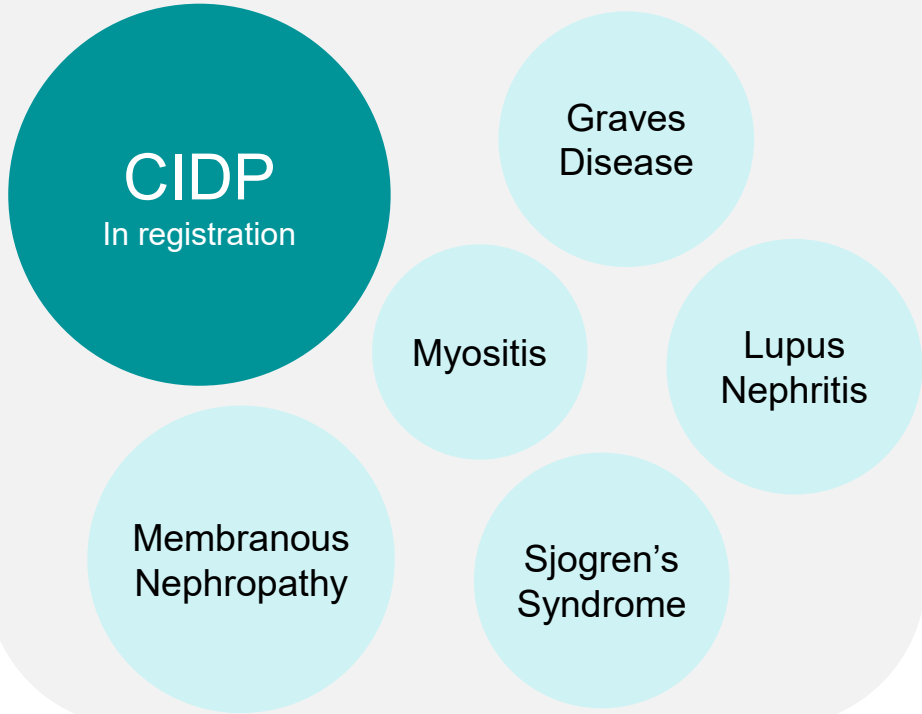
FcRn Inhibitor Portfolio: Expansion Beyond TED

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.

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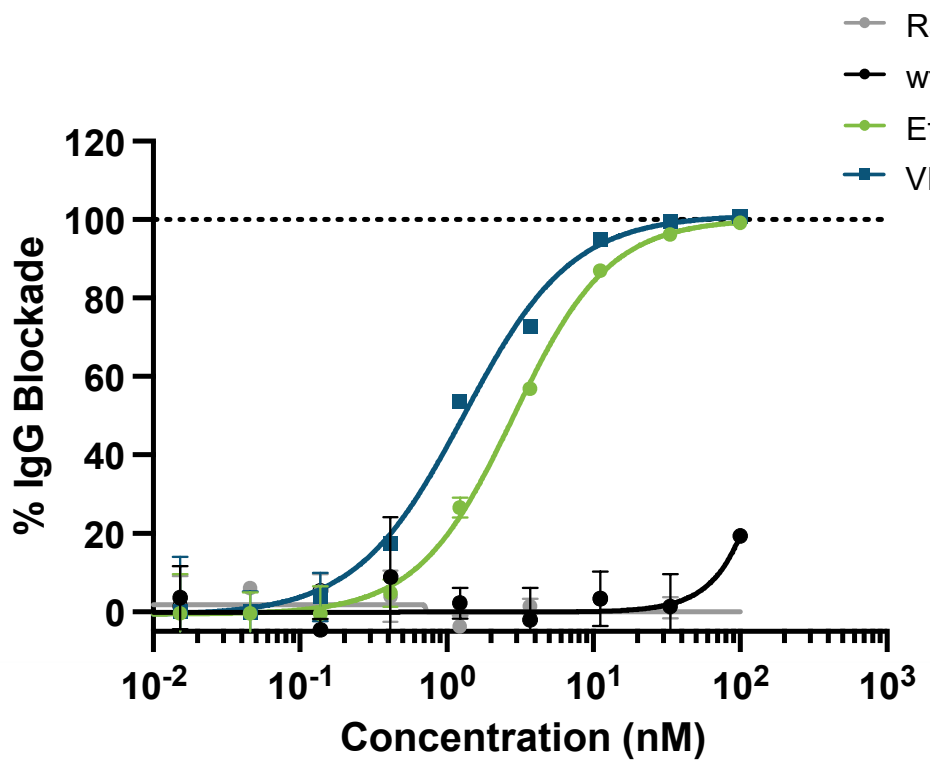
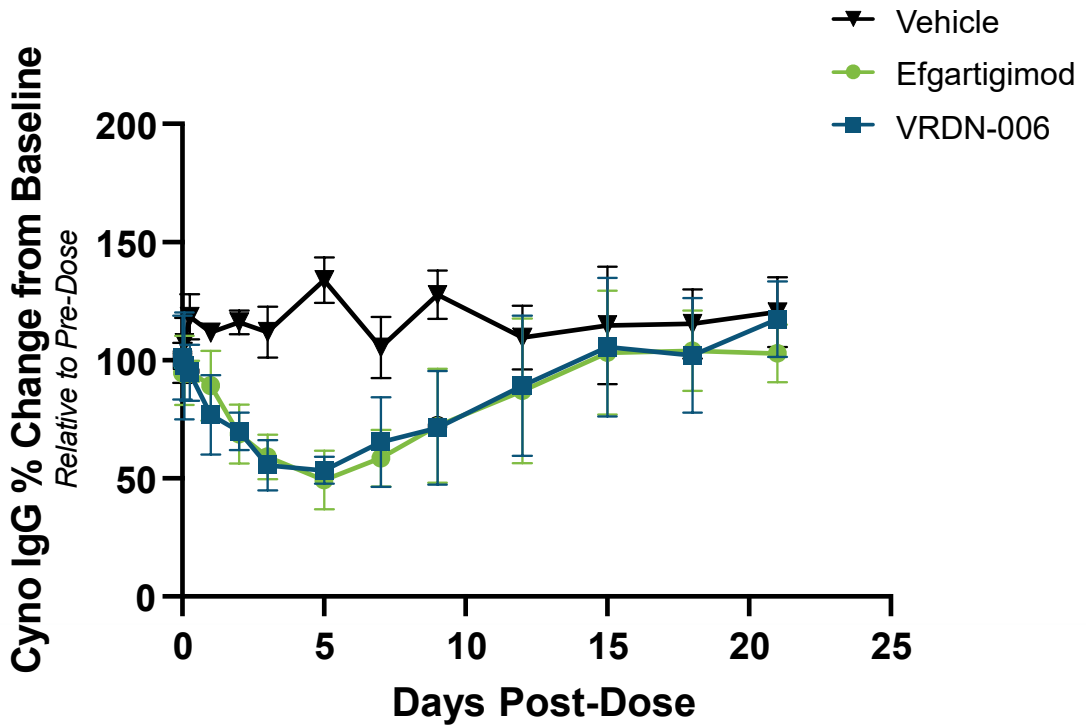
VRDN-006 potency *in vitro* and IgG-lowering in NHPs compared to approved FcRn inhibitor efgartigimod

VRDN-006 *in vitro* potency
compared to efgartigimod



VRDN-006 pharmacodynamic effect on IgG
compared 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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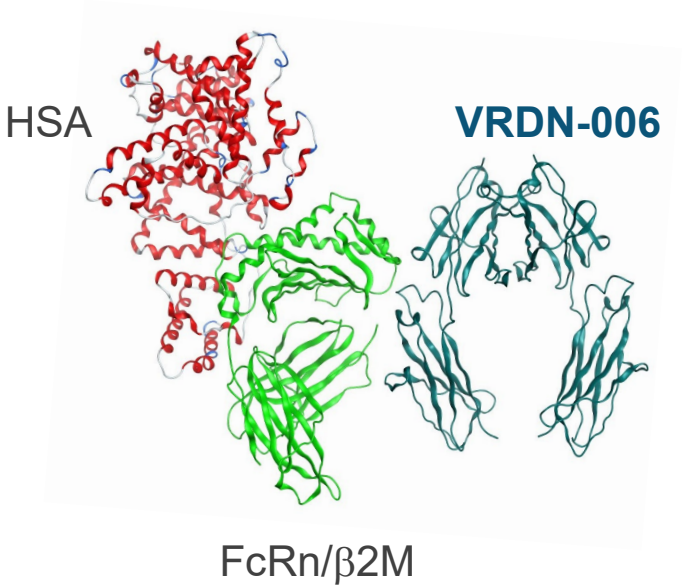
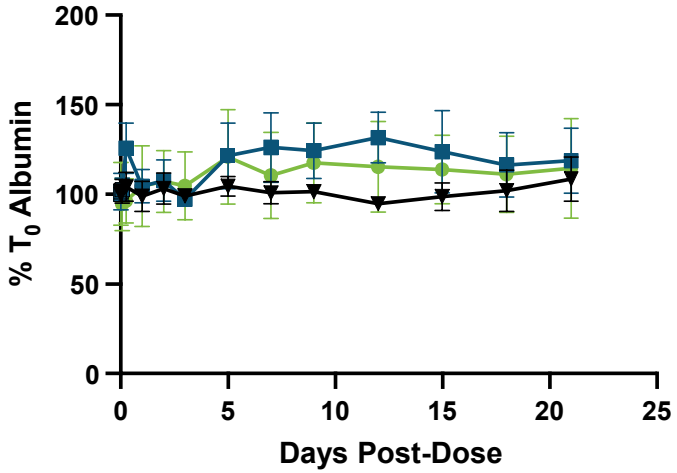
VRDN-006 safety profile in head-to-head NHP study with efgartigimod

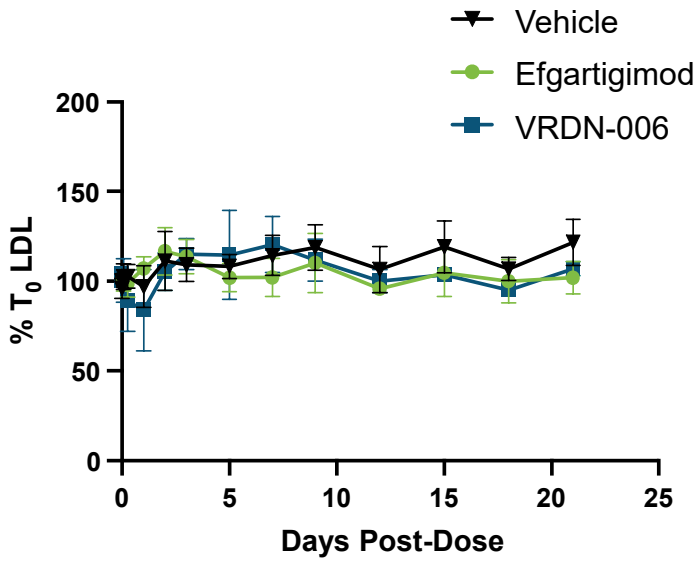
Designed to **selectively bind FcRn without impacting albumin recycling**



VRDN-006 effect on albumin in NHPs, compared to efgartigimod



VRDN-006 effect on LDL in NHPs, compared 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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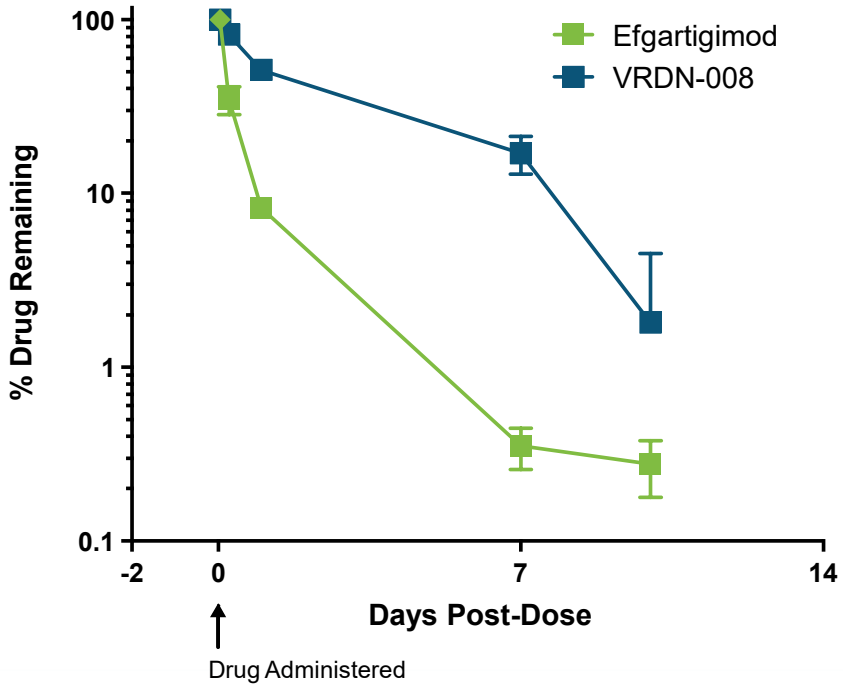
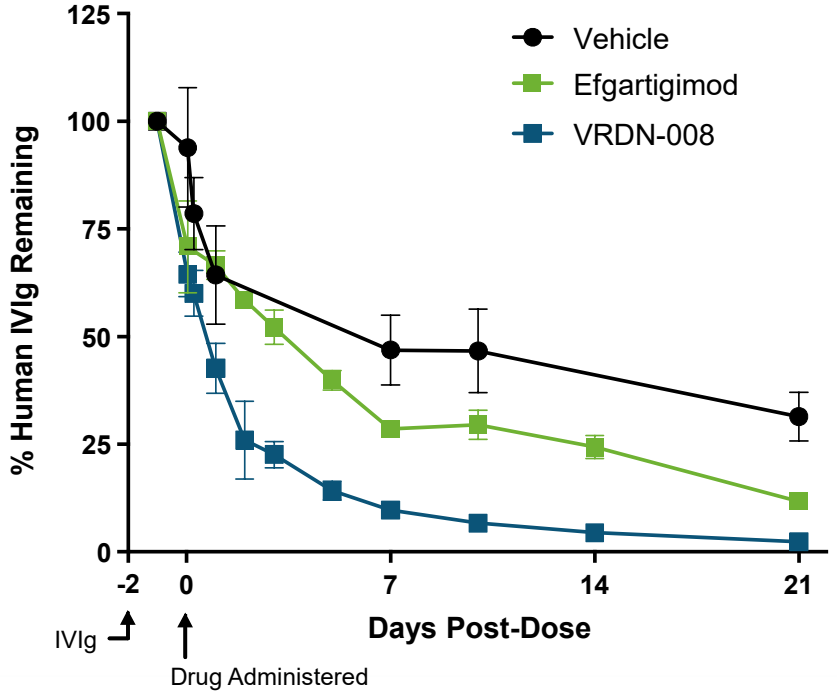
VRDN-008 is designed to be a half-life extended FcRn inhibitor with potential for best-in-class efficacy and convenience

VRDN-008 demonstrates **extended half-life** and **deep, durable reduction** of IVIg in a humanized mouse model





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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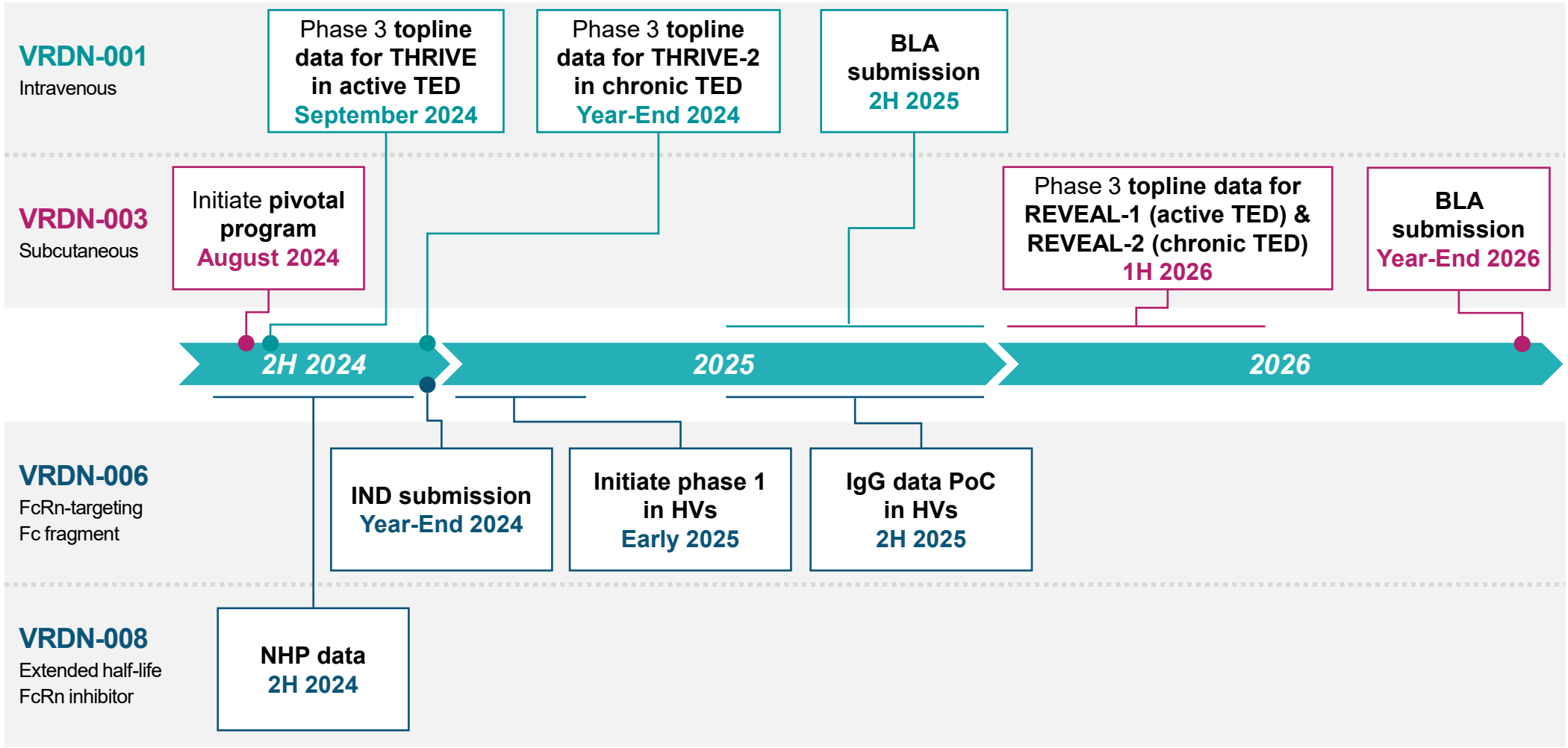
Expected catalysts across the TED and FcRn portfolios through 2026



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

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