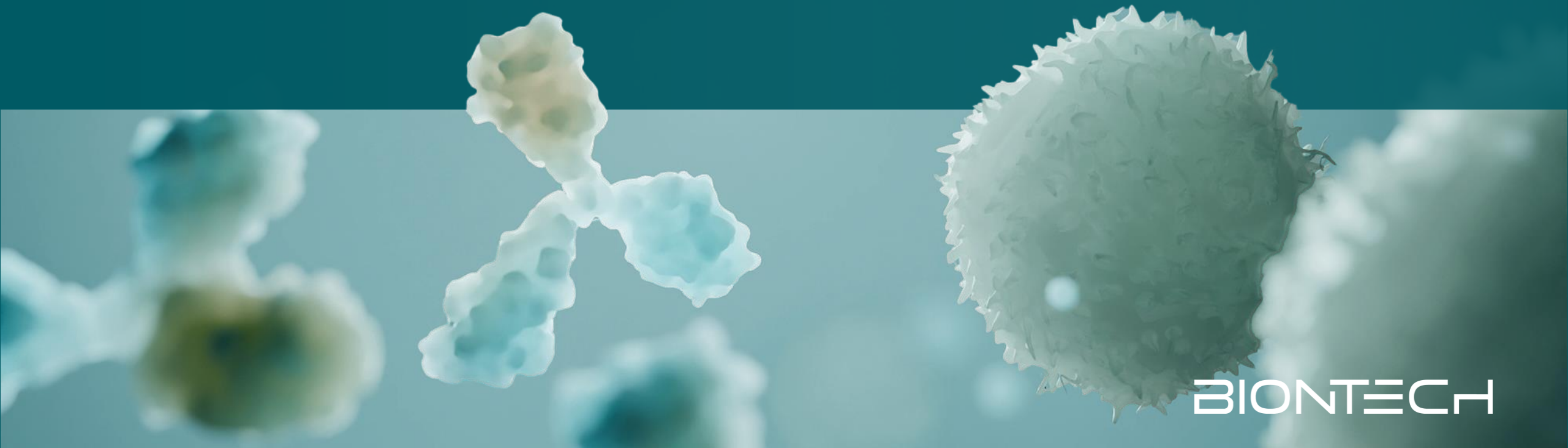
Second Quarter 2026 Financial Results & Corporate Update

August 4, 2026



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This Slide Presentation Includes Forward-Looking Statements

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An abbreviation directory of defined terms can be found at the end of the presentation.

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Ramón Zapata, Chief Financial Officer

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1 CEO Appointment

Helmut Jeggle,
Supervisory Board Chairman

BioNTech Appoints Guido Oelkers to Management Board as CEO

Guido Oelkers, Ph.D.

Incoming CEO

- Seasoned CEO and strategic leader with over 30 years of experience in the biotech and pharma industries
- Strong track record in transforming and scaling global organizations, driving sustainable growth through disciplined execution, focused capital allocation, and operational excellence
- Successfully built, prioritized and strengthened complex and innovative product portfolios and drove strong global business operations in key markets, notably in the US

Taking office by February 1, 2027, at the latest

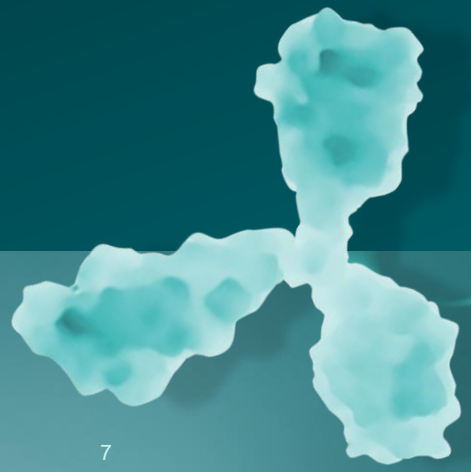
2 Progress Highlights

Prof. Uğur Şahin, M.D.,
Co-Founder & Chief Executive Officer

Oncology Focus in 2026

Progress in Q2

1	**Late-Stage Acceleration** Key late-stage data readouts expected for first wave of oncology assets	• Presented first global Phase 2 data for a PD-(L)1 x VEGF-A bispecific antibody in 1L NSCLC
2	**Combination Therapy Momentum** Novel-novel pumitamig[1] combination data readouts expected	• Generated novel-novel combination data to inform expansion of potentially registrational clinical development
3	**Modalities to Disease Areas** Transition to a focused disease area specific approach	• Initiated first Phase 3 trial for elfetabart drozuntecan[2] (B7-H3 ADC) in 1L CRPC

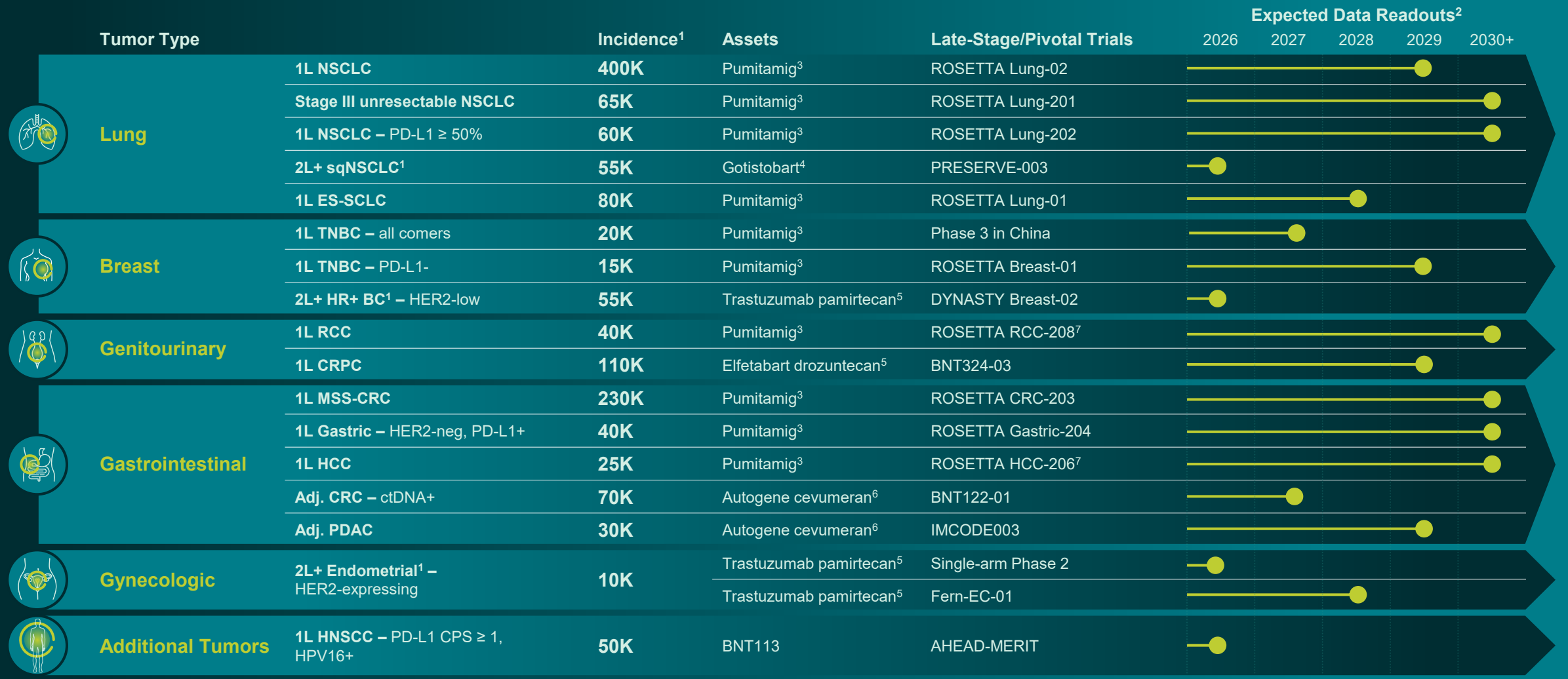


1. Partnered with Bristol Myers Squibb; 2. Partnered with DualityBio (Formerly known as BNT324/DB-1311).

Building a Multi-Product Company Across Tumor Focus Areas by 2030+

Targeting 17+ Late-Stage and Pivotal Trial Readouts Informing Multiple Launch Opportunities

Tumor Type		Incidence[1]	Assets	Late-Stage/Pivotal Trials	Expected Data Readouts[2]
Lung	**1L NSCLC**	**400K**	Pumitamig[3]	ROSETTA Lung-02	
	Stage III unresectable NSCLC	**65K**	Pumitamig[3]	ROSETTA Lung-201	
	1L NSCLC – PD-L1 ≥ 50%	**60K**	Pumitamig[3]	ROSETTA Lung-202	
	2L+ sqNSCLC[1]	**55K**	Gotistobart[4]	PRESERVE-003	
	1L ES-SCLC	**80K**	Pumitamig[3]	ROSETTA Lung-01	
Breast	**1L TNBC –** all comers	**20K**	Pumitamig[3]	Phase 3 in China	
	1L TNBC – PD-L1-	**15K**	Pumitamig[3]	ROSETTA Breast-01	
	2L+ HR+ BC[1] – HER2-low	**55K**	Trastuzumab pamirtecan[5]	DYNASTY Breast-02	
Genitourinary	**1L RCC**	**40K**	Pumitamig[3]	ROSETTA RCC-208[7]	
	1L CRPC	**110K**	Elfetabart drozuntecan[5]	BNT324-03	
Gastrointestinal	**1L MSS-CRC**	**230K**	Pumitamig[3]	ROSETTA CRC-203	
	1L Gastric – HER2-neg, PD-L1+	**40K**	Pumitamig[3]	ROSETTA Gastric-204	
	1L HCC	**25K**	Pumitamig[3]	ROSETTA HCC-206[7]	
	Adj. CRC – ctDNA+	**70K**	Autogene cevumeran[6]	BNT122-01	
	Adj. PDAC	**30K**	Autogene cevumeran[6]	IMCODE003	
Gynecologic	**2L+ Endometrial[1] –** HER2-expressing	**10K**	Trastuzumab pamirtecan[5]	Single-arm Phase 2	
			Trastuzumab pamirtecan[5]	Fern-EC-01	
Additional Tumors	**1L HNSCC –** PD-L1 CPS ≥ 1, HPV16+	**50K**	BNT113	AHEAD-MERIT	



1. Estimated 1L or adjuvant incidence (incidence + newly recurrent patients), or 2L+ drug-treated in 2030 in the G7 markets derived from Oracle CancerMPact as of Feb. 2026; incidence information for informational purposes only and not intended to indicate the potential market size or reach of BioNTech's and its collaborators' product candidates, if approved. 2. Expected data readouts may be from interim or final analyses, are event-driven and in some cases may not translate into commercial launches; Partnered with: 3. Bristol Myers Squibb; 4. OncoC4; 5. DualityBio; 6. Genentech, a member of the Roche group; 7. Phase 1/2 trials; anticipated pivotal trials evaluating pumitamig in these tumor types are expected to readout after 2030.

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3 Oncology Execution

Prof. Özlem Türeci, M.D.,
Co-Founder & Chief Medical Officer

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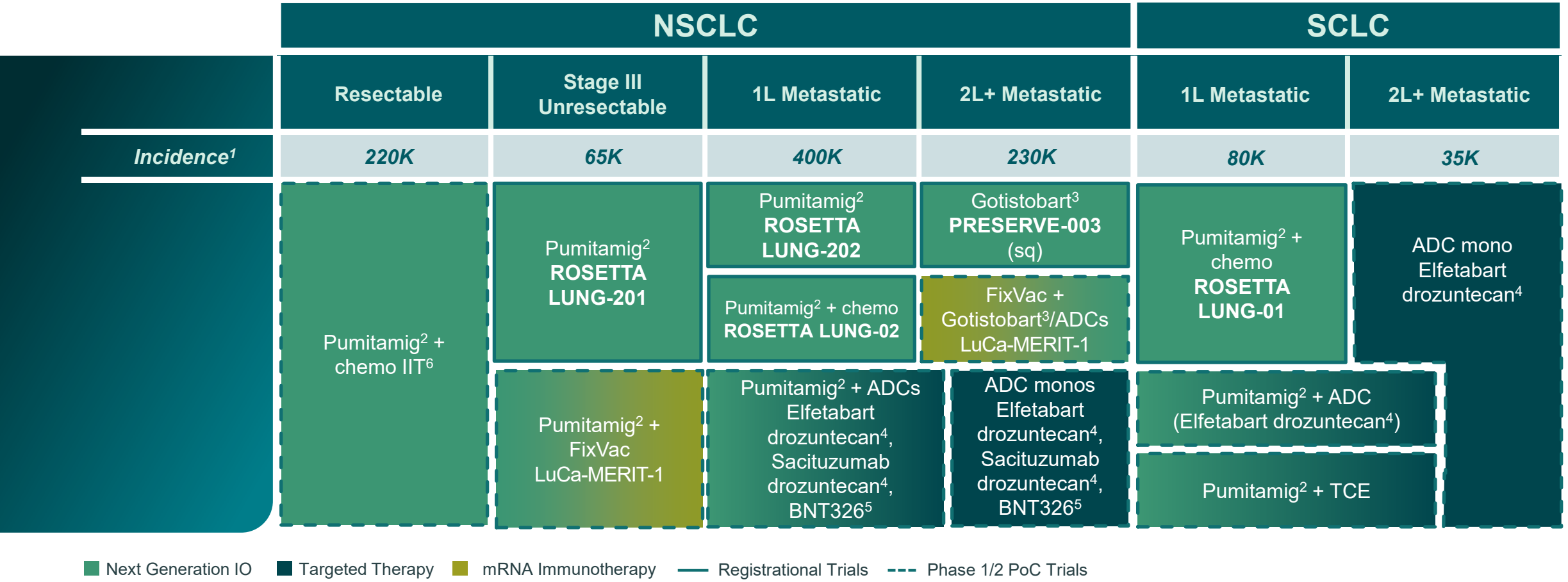
Tumor-Focused Strategy to Address Significant Unmet Medical Needs

Lung | Breast | Genitourinary | Gastrointestinal | Gynecologic | Additional Tumors

Leveraging novel combinations with next-generation IO, targeted therapies and mRNA cancer immunotherapy to maximize pipeline potential and elevate outcomes for patients with solid tumors

Broadening BioNTech's Coverage of Lung Cancer to Maximize Pipeline Potential



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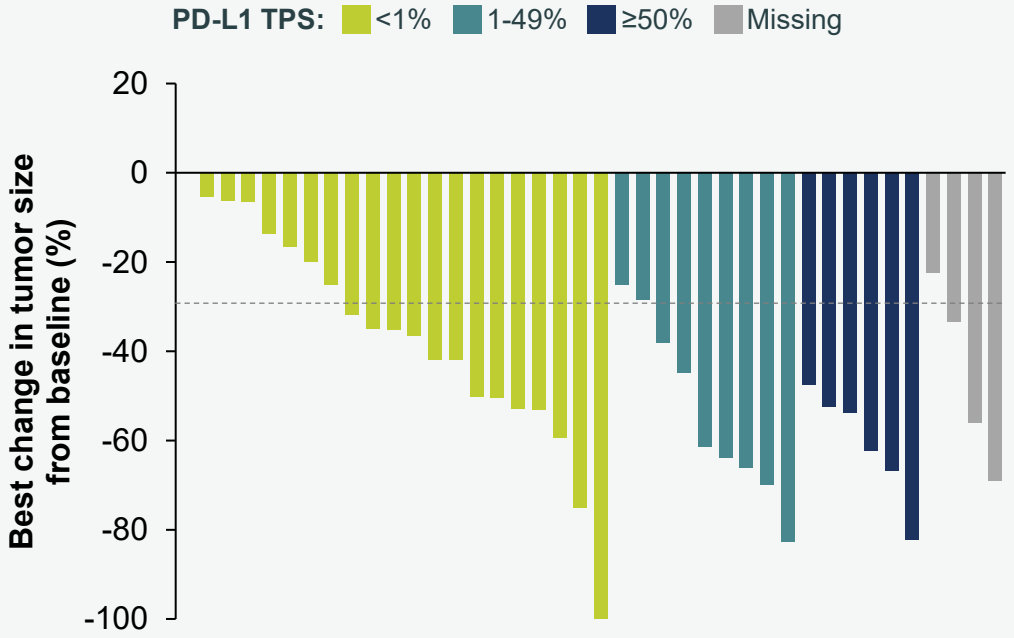
Pumitamig + Chemotherapy Demonstrates Antitumor Activity Across PD-L1 Levels and Histologies in 1L NSCLC

Overall Efficacy by PD-L1 Level

Phase 2 data from global Phase 2/3 trial pumitamig[1] + chemotherapy



Patient Population	Overall (n=40)	PD-L1 Levels: TPS <1% (n=21)	PD-L1 Levels: TPS 1%–49% (n=9)	PD-L1 Levels: TPS ≥50% (n=6)	PD-L1 Levels: Missing (n=4)	Histologies: NSQ (n=21)	Histologies: SQ (n=19)
uORR (%)	72.5	61.9	77.8	100.0	75.0	71.4	73.7
cORR (%)	62.5	47.6	77.8	100.0	50.0	57.1	68.4

Key Findings

- Encouraging ORR across histologies and PD-L1 levels, including in 21 patients (58%[2]) with PD-L1 TPS <1%, a subgroup characterized by poor anti-PD-(L)1 response
- Manageable safety profile in both histologies, with no new safety signals

First global data for a PD-(L)1 x VEGF-A in 1L NSQ and SQ NSCLC highlighting its potential as a treatment option for a broad patient population

Data presented at ASCO 2026. 1. Partnered with Bristol Myers Squibb. 2. 4 patients were missing central PD-L1 results and are hence excluded from this analysis.

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Pumitamig Demonstrates Consistent Responses Between China and Global Populations Across Three Key Tumor Types

			China Phase 1/2	Global Phase 2
			Pumitamig + chemo[1] (n=50)	**Pumitamig + chemo[2]** (n=43)
SCLC	cORR (%)		82.0	76.3
	DCR (%)		94.0	100
	mPFS (m)		6.9	6.8 (6.3 at 20 mg/kg)
			Pumitamig mono[3] TPS ≥ 1% (n=30)	**Pumitamig + chemo[4] Overall** (n=40)
NSCLC	cORR(%)	monotherapy	46.7	
		combination		62.5
			Pumitamig + chemo[5] 1L TNBC (n=42)	**Pumitamig + chemo[6] 1L/2L TNBC** (n=39)
TNBC	cORR (%)		73.8	61.5
	DCR (%)		92.3	92.3
	mPFS (m)		13.5	59.3% rate at 9 months

Key Findings

Efficacy read out consistent across endpoints

Combination shows encouraging efficacy globally in a predominantly PD-L1-low/negative patient population

Chemo expected to add to the benefit seen with pumitamig monotherapy

Encouraging DCR and PFS signals across regions and treatment lines

Definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data, as they may be confounded by various factors, and should be interpreted with caution.
1. WCLC 2024; 2. WCLC 2025; 3. ELCC 2026; 4. ASCO 2026; 5. SABCS 2024; 6. SABCS 2025.

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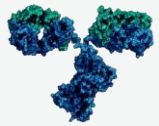
Gotistobart Has Potential to Become Chemo-Free Option in 2L SQ NSCLC

Differentiated MoA

Selective depletion of regulatory T (Treg) cells in the tumor microenvironment

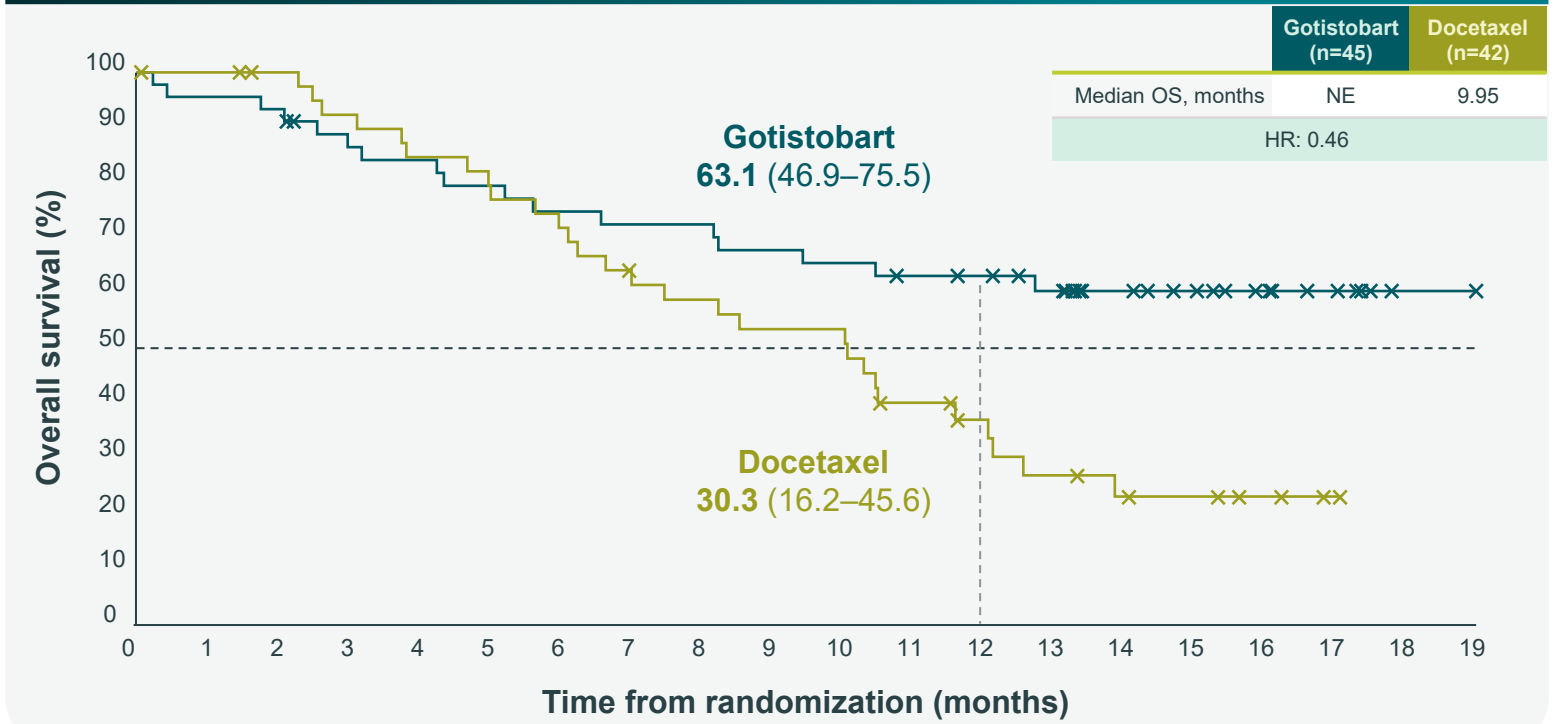
Functional Characteristics



CTLA-4 binding domain blocks Treg immune suppression

Optimized Fc domain enhances immunomodulation and extends half-life

Gotistobart[1] Reduces Risk of Death by 54% Compared with Docetaxel[2]



Development Status

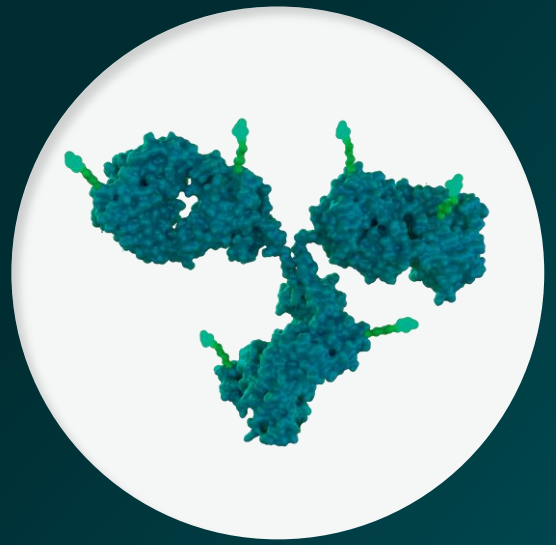
- Pivotal trial in sqNSCLC well underway with gotistobart as chemo-free 2L+ treatment option
- FDA Orphan drug designation granted for sqNSCLC
- Fast Track Designation for NSCLC
- 1st interim analysis of Stage 2 Phase 3 expected in 2026

Clinical Evidence

- Studied in several tumor types across **1000+** patients
- Impressive OS signals across tumor types
- Longer follow-up data from Stage 1 Phase 3 expected at WCLC 2026

1. Partnered with OncoC4; 2. Balaraman, *Nat Med 2026* (PRESERVE-003).

Elfetabart Drozuntecan: A Phase 3 B7-H3 Targeted ADC with Pan-Tumor Potential



Development Status

- Phase 3 in taxane-naive mCRPC ongoing
- Monotherapy and pumitamig combination trials ongoing
- Pumitamig + elfetabart drozuntecan[1] data expected in H2 2026

Clinical Evidence

- Antitumor activity in multiple tumor types[2]
- 1000+ patients treated across 10+ indications, including 400+ in combination with pumitamig
- Favorable safety profile

B7-H3 is Overexpressed in Multiple Tumor Types

	Prostate	NSCLC AGA-	NSCLC *EGFR*m	SCLC	HR+ BC	TNBC	CRC	Gastric	Cervical	Ovarian	PDAC	HNSCC	HCC	Melanoma
B7H3 Expression Level[3]														
Development Status	**Ph3**	Ph1/2	Ph1/2	Ph1/2	Ph2	Ph2	Ph2	Ph1/2	Ph1/2	Ph1/2	Ph2	Ph1/2	Ph1/2	Ph1/2

Expression Level: High | Medium/Low | Very Low/None

1. Partnered with DualityBio (Formerly known as BNT324/DB-1311); 2. CC and PROC: Chang et al ESMO Asia 2025; CRPC: Parsonson et al ASCO 2025; SCLC, NSCLC, ESCC, melanoma, HCC, HNSCC: ESMO Asia 2024; 3. Human Protein Atlas.

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Development Focus of mRNA Cancer Immunotherapy iNeST and FixVac Portfolios

Autogene cevumeran[1]

Adjuvant

CRC Phase 2	PDAC Phase 2
Monotherapy	+ Atezolizumab + mFOLFIRINOX
• Recruitment completed • Data presented from epi sub-study at **ASCO 2024** and from biomarker sub-study at **ESMO-GI 2024** • Interim Analysis by DSMB concluded; **Study continues without modification**	• Recruitment ongoing • Data from Phase 1 trial published: Rojas et al., **Nature 2023**; Sethna et al., **Nature 2025,** 6-year data update presented at **AACR 2026**
Phase 2 final analysis expected in 2027	**Primary completion date expected in 2031**

Individualized Immunotherapy – iNeST[1]

BNT113

1L

HPV16+ PD-L1 CPS ≥1 HNSCC Phase 2/3
+ Pembrolizumab
• Recruitment ongoing • Trial updated to Phase 2/3
Phase 3 interim analysis expected in 2026

BNT116

Multiple settings

NSCLC Phase 1 & 2
Mono & combo with IO & ADCs
• Recruitment completed in Phase 2 in 1L NSCLC[2] • Data presented at **SITC 2023, AACR 2024, SITC 2024** and **AACR 2026** • Data in frail patients presented at **AACR 2025** • Data in patients after CRT presented at **WCLC 2025** • Data expected at **WCLC 2026**

Off-the-shelf Immunotherapy – FixVac

Partnered with: 1. Genentech, a member of the Roche Group; 2. In collaboration with Regeneron.

Multiple Milestones Achieved in 2026 and Upcoming Catalysts

	Program	Trial Readout Phase	Indication	Status	Context
Late-Stage Trial Readouts	Trastuzumab pamirtecan[3]	Single arm Phase 2	2L+ HER2-expressing endometrial cancer	Achieved	
		Phase 3[5] primary analysis	Chemo naïve HR+ HER2-low breast cancer	On track	
	Gotistobart[2]	Phase 3[5] interim analysis	2L+ sqNSCLC	On track	
		Phase 2	2L+ mCRPC[6]	Updated	Data maturity
	BNT113	Phase 3[5] interim analysis	1L HPV16+ PD-L1+ HNSCC	On track	
	Pumitamig[1]	Phase 3[5] in China interim analysis	1L TNBC[6]	Updated	Data maturity
Early-Stage Pumitamig & ADC Trial Readouts	Pumitamig[1]	Phase 2	1L NSCLC	Achieved	
		Phase 2	1L ES-SCLC	Achieved	
		Phase 2 in China	1L HCC	On track	
		Phase 2 in China	1L MSS-CRC[7]	Updated	Sample size increase
	Pumitamig[1] + Trastuzumab pamirtecan[3]	Phase 1/2	Breast cancer	On track	
	Pumitamig[1] + Elfetabart drozuntecan[3]	Phase 2	Advanced solid tumors	On track	
		Phase 1/2	NSCLC/SCLC	On track	
	Pumitamig[1] + Sacituzumab drozuntecan[3]	Phase 2	TNBC	Achieved	
	Pumitamig[1] + BNT326/YL202[4]	Phase 1/2	NSCLC[6]	Updated	Data maturity
	Elfetabart drozuntecan[3]	Phase 1/2	2L+ mCRPC	Achieved	
Phase 3 Trial Initiations	Pumitamig[1]	Phase 3[5]	1L MSS-CRC	Achieved	
			1L HER2- PD-L1+ gastric cancer	Achieved	
			1L NSCLC – PD-L1 ≥ 50%	Achieved	
			Stage III unresectable NSCLC	Achieved	
	Elfetabart drozuntecan[3]	Phase 3	1L mCRPC	Achieved	
BLA Submission	Trastuzumab pamirtecan[3]	-	2L+ HER2-expressing endometrial cancer	On track[8]	

Some data readouts may be event-driven and subject to change based on actual event accrual rates or publication strategy. Partnered with: 1. Bristol Myers Squibb; 2. OncoC4; 3. DualityBio; 4. MediLink; 5. Pivotal trial. 6. The timing of this readout is no longer expected in 2026 due to data maturity. 7. The timing of this readout is no longer expected in 2026 due to an increase in the enrollment target of the trial. 8. Subject to the totality of the data from the two ongoing trials in endometrial and breast cancer, and subject to regulatory feedback.

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4 Financial Performance

Ramón Zapata,
Chief Financial Officer

Second Quarter 2026 Financial Results

Lower Demand for COVID-19 Vaccines Met With Disciplined Cost Management

In € millions except per share data[1]	Q2 2026		Q2 2025	
	IFRS Results	Adjusted Results[2]	IFRS Results	Adjusted Results[2]
Revenues	106	106	261	261
Cost of sales	(97)	(97)	(76)	(76)
Research and development expenses	(551)	(477)	(509)	(509)
Sales, marketing, general and administrative expenses	(198)	(198)	(137)	(137)
Other operating result	(208)	(23)	(39)	(1)
Operating loss	**(948)**	**(690)**	**(501)**	**(463)**
Net loss	**(821)**	**(562)**	**(387)**	**(349)**
Diluted loss per share	(3.24)	(2.22)	(1.60)	(1.45)

Balance Sheet as of June 30, 2026 – Cash and cash equivalents plus security investments[3] **€16.6 bn**

1. All numbers have been rounded and may not add up to the totals. Presentation of the unaudited interim consolidated statements of profit or loss has been condensed. 2. In addition to BioNTech's results determined in accordance with International Financial Reporting Standards ("IFRS"), or IFRS Accounting Standards, or IFRS results, BioNTech reports certain adjusted, non-IFRS measures used internally as a supplemental measure of our business performance (each referred to with the prefix "Adjusted" or, as a whole, "Adjusted Results"). The calculation of these measures and the adjusted results as a whole is based on the concepts of the applicable IFRS Accounting Standards, but includes certain adjustments. Reconciliation of the adjusted results to BioNTech's measures based on IFRS Accounting Standards and more information can be found in the appendix and in BioNTech's Report on Form 6-K for the period ended June 30, 2026, filed on August 4, 2026, which is available at www.sec.gov. While non-IFRS measures may offer additional insights, BioNTech's non-IFRS measures are not, and should not be viewed as a substitute for their most directly comparable IFRS Accounting Standards measures and should always be considered alongside our financial statements prepared in accordance with IFRS Accounting Standards. 3. Cash and cash equivalents plus security investments as of June 30, 2026, reached €16,634.2 million, comprising €9,741.0 million in cash and cash equivalents, €5,035.1 million in current security investments disclosed as financial assets and €1,858.1 million in non-current security investments disclosed as financial assets.

First Half 2026 Financial Results at a Glance[1]

Continued Focus on R&D Priority Programs

Revenues	**€ 224 million**	vs. €444 million in first half 2025
Adjusted R&D Expenses[2]	**€ 1,004 million**	vs. €1,035 million in first half 2025 *IFRS R&D Expenses: €1,108 million vs. €1,035 million in first half 2025*
Adjusted SG&A Expenses[2]	**€ 349 million**	vs. €258 million in first half 2025 *IFRS SG&A Expenses: €349 million vs. €258 million in first half 2025*

1. All numbers have been rounded. Presentation of the unaudited interim consolidated statements of profit or loss has been condensed. 2. In addition to BioNTech's results determined in accordance with International Financial Reporting Standards ("IFRS"), or IFRS Accounting Standards, or IFRS results, BioNTech reports certain adjusted, non-IFRS measures used internally as a supplemental measure of our business performance (each referred to with the prefix "Adjusted" or, as a whole, "Adjusted Results"). The calculation of these measures and the adjusted results as a whole is based on the concepts of the applicable IFRS Accounting Standards, but includes certain adjustments. Reconciliation of the adjusted results to BioNTech's measures based on IFRS Accounting Standards and more information can be found in the appendix and in BioNTech's Report on Form 6-K for the period ended June 30, 2026, filed on August 4, 2026, which is available at www.sec.gov. While non-IFRS measures may offer additional insights, BioNTech's non-IFRS measures are not, and should not be viewed as a substitute for their most directly comparable IFRS Accounting Standards measures, and should always be considered alongside our financial statements prepared in accordance with IFRS Accounting Standards.

Revised Full Year 2026 Financial Guidance[1]

in € millions	**FY 2026 Non-IFRS Guidance** *March 10, 2026*	**FY 2026 Non-IFRS Guidance** *August 4, 2026*
Total Revenue	2,000 – 2,300	1,600 – 1,900
Adjusted R&D Expenses	2,200 – 2,500	2,000 – 2,300
Adjusted SG&A Expenses	700 – 800	700 – 800

1. Excludes risks that are not yet known and/or quantifiable and related activities. Includes effects identified from licensing arrangements, collaborations and Merger & Acquisitions ("M&A") transactions to the extent disclosed. The guidance is based on non-IFRS measures and excludes certain effects compared to measures based on IFRS Accounting Standards. More information can be found in BioNTech's Report on Form 6-K for the period ended June 30, 2026, filed on August 4, 2026, which is available at www.sec.gov.

Revised Full Year 2026 Financial Guidance – Key Dynamics[1]

Revenue

€1.6 – €1.9 billion *(from €2.0 – €2.3 billion)*

Revenue Change Drivers

- Softer than anticipated global COVID-19 vaccine demand
- In Germany, existing vaccine inventory will be used in the 2026 vaccination season
- Timing of milestone-related revenues resulting from an out-licensed R&D program

Adjusted R&D Expense

€2.0 – €2.3 billion *(from €2.2 – €2.5 billion)*

R&D Cost Savings

- Optimizing resources and continued cost discipline
- Prioritizing late-stage clinical pipeline
- Expect these cost savings based on prioritization and optimization to continue into future years

1. Excludes risks that are not yet known and/or quantifiable and related activities. Includes effects identified from licensing arrangements, collaborations and Merger & Acquisitions (“M&A”) transactions to the extent disclosed. The guidance is based on non-IFRS measures and excludes certain effects compared to measures based on IFRS Accounting Standards. More information can be found in BioNTech's Report on Form 6-K for the period ended June 30, 2026, filed on August 4, 2026, which is available at www.sec.gov. Illustrations are not to scale and are for illustrative purposes only.

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Execution of Capital Allocation Strategy for Sustainable Value Creation

Share Repurchase Program Started

Focusing R&D Investment

Concentrate investments on advancing BioNTech's growing oncology pipeline toward commercialization, including pumitamig and ADC candidates

Executing Share Repurchase Program

Execute up to $1.0 billion share repurchase program running through May 2027

Repurchased ADSs in the amount of **$151.6 million** through June 2026

Consolidating Manufacturing Footprint

Enhance operational efficiency with expected cost savings to ramp up over time, reaching approximately €500 million in recurring annual savings upon full implementation of the measures in 2029[1]

1. Expected savings relative to BioNTech's 2025 cost base and CureVac's 2026 budget; do not reflect partially offsetting costs for CDMO use or transfer to other sites; and exclude exit costs, which will be recorded as incurred.

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Thank you

Appendix

Reconciliation of IFRS to Adjusted Results – Q2 2026 & 2025 Financial Results

In € millions except per share data[1]	Q2 2026 IFRS Results	Q2 2026 Non-IFRS Adjustments	Q2 2026 Adjusted Results[2]	Q2 2025 IFRS Results	Q2 2025 Non-IFRS Adjustments	Q2 2025 Adjusted Results[2]
Revenues	106	–	106	261	–	261
Cost of sales	(97)	–	(97)	(76)	–	(76)
Research and development expenses	(551)	74	(477)	(509)	–	(509)
Sales, marketing, general and administrative expenses	(198)	–	(198)	(137)	–	(137)
Other operating result	(208)	185	(23)	(39)	38	(1)
Operating loss	**(948)**	**259**	**(690)**	**(501)**	**38**	**(463)**
Net loss[3]	**(821)**	**259**	**(562)**	**(387)**	**38**	**(349)**
Basic and diluted loss per share	(3.24)		(2.22)	(1.60)		(1.45)

1. All Numbers have been rounded and may not add up to the totals. Presentation of the unaudited interim consolidated statements of profit or loss has been condensed. 2. In addition to BioNTech's results determined in accordance with International Financial Reporting Standards ("IFRS"), or IFRS Accounting Standards, or IFRS results, BioNTech reports certain adjusted, non-IFRS measures used internally as a supplemental measure of our business performance (each referred to with the prefix "Adjusted" or, as a whole, "Adjusted Results"). The calculation of these measures and the adjusted results as a whole is based on the concepts of the applicable IFRS Accounting Standards, but includes certain adjustments. Reconciliation of the adjusted results to BioNTech's measures based on IFRS Accounting Standards and more information can be found in the appendix and in BioNTech's Report on Form 6-K for the period ended June 30, 2026, filed on August 4, 2026, which is available at www.sec.gov. While non-IFRS measures may offer additional insights, BioNTech's non-IFRS measures are not, and should not be viewed as a substitute for their most directly comparable IFRS Accounting Standards measures, and should always be considered alongside our financial statements prepared in accordance with IFRS Accounting Standards. 3. Tax effects are not considered as part of BioNTech's non-IFRS adjustments.

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Reconciliation of IFRS to Adjusted Results – H1 2026 & 2025 Financial Results

In € millions except per share data[1]	H1 2026 IFRS Results	H1 2026 Non-IFRS Adjustments	H1 2026 Adjusted Results[2]	H1 2025 IFRS Results	H1 2025 Non-IFRS Adjustments	H1 2025 Adjusted Results[2]
Revenues	224	–	224	444	–	444
Cost of sales	(168)	–	(168)	(160)	–	(160)
Research and development expenses	(1,108)	104	(1,004)	(1,035)	–	(1,035)
Sales, marketing, general and administrative expenses	(349)	–	(349)	(258)	–	(258)
Other operating result	(224)	192	(32)	(26)	23	(3)
Operating loss	**(1,626)**	**296**	**(1,330)**	**(1,035)**	**23**	**(1,012)**
Net loss[3]	**(1,353)**	**296**	**(1,057)**	**(802)**	**23**	**(780)**
Basic and diluted loss per share	(5.34)		(4.17)	(3.33)		(3.23)

1. All Numbers have been rounded and may not add up to the totals. Presentation of the unaudited interim consolidated statements of profit or loss has been condensed. 2. In addition to BioNTech's results determined in accordance with International Financial Reporting Standards ("IFRS"), or IFRS Accounting Standards, or IFRS results, BioNTech reports certain adjusted, non-IFRS measures used internally as a supplemental measure of our business performance (each referred to with the prefix "Adjusted" or, as a whole, "Adjusted Results"). The calculation of these measures and the adjusted results as a whole is based on the concepts of the applicable IFRS Accounting Standards, but includes certain adjustments. Reconciliation of the adjusted results to BioNTech's measures based on IFRS Accounting Standards and more information can be found in the appendix and in BioNTech's Report on Form 6-K for the period ended June 30, 2026, filed on August 4, 2026, which is available at www.sec.gov. While non-IFRS measures may offer additional insights, BioNTech's non-IFRS measures are not, and should not be viewed as a substitute for their most directly comparable IFRS Accounting Standards measures, and should always be considered alongside our financial statements prepared in accordance with IFRS Accounting Standards. 3. Tax effects are not considered as part of BioNTech's non-IFRS adjustments.

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BioNTech's Oncology Pipeline

Phase 1

- **BNT116** Adv. NSCLC
- **BNT211** Multiple solid tumors
- **BNT314/GEN1059**[6] Multiple solid tumors
- **BNT317** Multiple solid tumors
- **BNT326/YL202**[5] Multiple solid tumors

Phase 1/2

- **BNT3214** Multiple solid tumors
- **Elfetabart Drozuntecan**[3] Multiple solid tumors
- **Sacituzumab drozuntecan**[3] Multiple solid tumors
- **BNT329** Multiple solid tumors
- **Gotistobart**[4] Met. CRPC
- **Gotistobart**[4] Multiple solid tumors
- **Pumitamig**[1] Multiple solid tumors[8]
- **Pumitamig**[1] 1L adv. HCC
- **Pumitamig**[1] Adv. RCC
- **Pumitamig**[1] 1L adv./met. TNBC[8]
- **Pumitamig**[1] + **BNT314/GEN1059**[6] Met. CRC[9]
- **Pumitamig**[1] + **BNT3212** Multiple solid tumors
- **Pumitamig**[1] + **BNT3213** 1L HCC[8,9]
- **Pumitamig**[1] + **Elfetabart Drozuntecan**[3] Adv./met. NSCLC and SCLC[9]
- **Pumitamig**[1] + **Sacituzumab drozuntecan**[3] Multiple solid tumors[9]
- **Pumitamig**[1] + **BNT326/YL202**[5] Multiple solid tumors
- **Pumitamig**[1] + **BNT326/YL202**[5] Adv. NSCLC
- **Pumitamig**[1] + **Trastuzumab pamirtecan**[3] Adv./met. BC[9]
- **Trastuzumab pamirtecan**[3] Multiple solid tumors

Phase 2

- **Autogene cevumeran**[2] Adj. CRC
- **Autogene cevumeran**[2] Adj. PDAC
- **BNT116**[7] 1L adv. NSCLC
- **BNT326/YL202**[5] Multiple solid tumors[8]
- **BNT326/YL202**[5] Adv./met. BC[8]
- **Gotistobart**[4] PROC
- **Pumitamig**[1] 1L met. CRC[8]
- **Pumitamig**[1] 1L ES-SCLC[8]
- **Pumitamig**[1] 1L/2L+ ES-SCLC
- **Pumitamig**[1] 2L ES-SCLC[8]
- **Pumitamig**[1] 2L+ EGFRm NSCLC[8]
- **Pumitamig**[1] 2L Glioblastoma[8]
- **Pumitamig**[1] 1L HCC[8]
- **Pumitamig**[1] 1L MPM[8]
- **Pumitamig**[1] 2L NEN[8]
- **Pumitamig**[1] 2L adv./met. NSCLC
- **Pumitamig**[1] 1L met. PDAC[8]
- **Pumitamig**[1] 1L/2L adv./met. TNBC
- **Pumitamig**[1] or **Sacituzumab drozuntecan + Elfetabart Drozuntecan**[3] Multiple solid tumors[9]

Phase 2/3

- **BNT113** 1L HPV16+ HNSCC
- **Pumitamig**[1] 1L met. CRC
- **Pumitamig**[1] 1L met. Gastric
- **Pumitamig**[1] 1L NSCLC

Phase 3

- **Elfetabart Drozuntecan**[3] Met. CRPC NEW
- **Gotistobart**[4] Met. NSCLC
- **Pumitamig**[1] 1L ES-SCLC
- **Pumitamig**[1] 1L adv. NSCLC
- **Pumitamig**[1] Unresectable Stage III NSCLC
- **Pumitamig**[1] 2L SCLC[8]
- **Pumitamig**[1] 1L adv./met. TNBC
- **Pumitamig**[1] 1L adv./met.TNBC[8]
- **Trastuzumab pamirtecan**[3] Met. BC
- **Trastuzumab pamirtecan**[3] 2L EC

Next Generation Immunomodulator | Targeted Therapy | mRNA Immunotherapy | Novel-novel Combination

Partnered with: 1. Bristol Myers Squibb; 2. Genentech, a member of the Roche Group; 3. DualityBio; 4. OncoC4; 5. MediLink; 6. Genmab; 7. In collaboration with Regeneron; 8.Trial ongoing in China only; 9.Trial is currently being conducted by or on behalf of BioNTech. Bristol Myers Squibb holds co-exclusive rights to pumitamig.

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BioNTech's Infectious Diseases Pipeline

Phase 1	Phase 1/2	Phase 2	Commercial
BNT163[1] HSV	**BNT162 + BNT161**[2] COVID-19 – Influenza combination	**BNT166**[5] Mpox	**BNT162**[2,3] COVID-19
BNT351 HIV	**BNT164**[4] Tuberculosis		

Antibody mRNA

Partnered with: 1. University of Pennsylvania; 2. Pfizer; 3. Fosun Pharma; 4. Funded by the Gates Foundation; 5. Funded by the Coalition for Epidemic Preparedness Innovations (CEPI).

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Abbreviation Directory

n L	*nth* line	ELCC	European Lung Cancer Congress	NEN	Neuroendocrine neoplasm
AACR	American Association for Cancer Research	epi	Epidemiology	(sq) NSCLC	(squamous) Non-small cell lung cancer
ADC	Antibody-drug conjugate	ESMO	European Society for Medical Oncology	(nsq) NSCLC	(non-squamous) Non-small cell lung cancer
ADS	American depositary shares	Fc	Fragment crystallizable	(c)ORR	(confirmed) Objective response rate
adj.	Adjuvant	FixVac	Fixed Antigen Vaccine	(u)ORR	(unconfirmed) Objective response rate
adv.	Advanced	FY	Fiscal year	OS	Overall survival
AGA	Actionable genomic alterations	G7 markets	Canada, France, Germany, Italy, Japan, GB, USA	PDAC	Pancreatic ductal adenocarcinoma
ASCO	American Society of Clinical Oncology	GB	Great Britain	PD-(L)1	Programmed cell death protein (ligand) 1
B7-H3	Also known as CD276, cluster of differentiation 276	GI	Gastrointestinal	mPFS	Median Progression-free survival
		HCC	Hepatocellular carcinoma	PoC	Proof of concept
BC	Breast cancer	HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	PROC	Platinum-resistant ovarian cancer
BLA	Biologics License Applications	HIV	Human immunodeficiency virus	R&D	Research and development
BMS	Bristol Myers Squibb	HNSCC	Head and neck squamous cell carcinoma	RCC	Renal cell carcinoma
CDMO	Contract Development and Manufacturing Organization	HPV 16	Human papilloma virus 16	SABCS	San Antonio Breast Cancer Symposium
		HR	Hormone receptor	(ES)SCLC	(Extensive stage) small cell lung cancer
CEPI	Coalition for Epidemic Preparedness Innovations	HSV	Herpes simplex virus	SEC	Securities and Exchange Commission
		IFRS	International financial reporting standards	SG&A	Selling, general and administrative expenses
CPS	Combined positive score	IIT	Investigator initiated trial	SITC	Society of Immunotherapy of Cancer
CRC	Colorectal cancer	iNeST	Individualized NeoAntigen-Specific Therapy	(n)Sq	(non-)squamous
(m)CRPC	(met.) Castration resistant prostate cancer	IO	Immuno-oncology	TCE	T cell engager
CRT	Chemoradiation therapy	M&A	Merger and acquisitions	TM	Trademark
ctDNA	Circulating tumor DNA	met.	Metastatic	TNBC	Triple-negative breast cancer
CTLA-4	Cytotoxic T-Lymphocyte-Associated Protein 4	MoA	Mechanism of Action	TPS	Tumor proportion score
DCR	Disease control rate	MPM	Malignant pleural mesothelioma	Treg	Regulatory T
DSMB	Data and Safety Monitoring Board	Mpox	Monkey pox	VEGF-A	Vascular endothelial growth factor A
EC	Endometrial cancer	mRNA	Messenger ribonucleic acid	WCLC	World Conference of Lung Cancer
EGFR(m)	(mutated) Epidermal growth factor receptor	MSS	Microsatellite stability		

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