3rd Quarter 2023
Financial Results & Corporate Update

November 6, 2023

BIONTECH

This Slide Presentation Includes Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, but not limited to, statements concerning: BioNTech's expected revenues and net profit related to sales of BioNTech's COVID-19 vaccine, referred to as COMIRNATY® where approved for use under full or conditional marketing authorization, in territories controlled by BioNTech's collaboration partners, particularly for those figures that are derived from preliminary estimates provided by BioNTech's partners; the rate and degree of market acceptance of BioNTech's COVID-19 vaccine and, if approved, BioNTech's investigational medicines; expectations regarding anticipated changes in COVID-19 vaccine demand, including changes to the ordering environment, seasonality and expected regulatory recommendations to adapt vaccines to address new variants or sublineages; the initiation, timing, progress, results, and cost of BioNTech's research and development programs, including those relating to additional formulations of BioNTech's COVID-19 vaccine, and BioNTech's current and future preclinical studies and clinical trials, including statements regarding the timing of initiation and completion of studies or trials and related preparatory work and the availability of results; our expectations with respect to our intellectual property; the impact of the Company's collaboration and licensing agreements; the development of sustainable vaccine production and supply solutions and the nature and feasibility of these solutions; and BioNTech's estimates of commercial and other revenues, cost of sales, research and development expenses, sales and marketing expenses, general and administrative expenses, capital expenditures, income taxes, net profit, cash, cash equivalents and security investments, shares outstanding and cash outflows and share consideration. In some cases, forward-looking statements can be identified by terminology such as "will," "may," "should," "expects," "intends," "plans," "aims," "anticipates," "believes," "estimates," "predicts," "potential," "continue," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. The forward-looking statements in this presentation are neither promises nor guarantees, and you should not place undue reliance on these forward-looking statements because they involve known and unknown risks, uncertainties, and other factors, many of which are beyond BioNTech's control, and which could cause actual results to differ materially from those expressed or implied by these forward-looking statements. These risks and uncertainties include, but are not limited to: BioNTech's pricing and coverage negotiations with governmental authorities, private health insurers and other third-party payors after BioNTech's initial sales to national governments; the future commercial demand and medical need for initial or booster doses of a COVID-19 vaccine; competition from other COVID-19 vaccines or related to BioNTech's other product candidates, including those with different mechanisms of action and different manufacturing and distribution constraints, on the basis of, among other things, efficacy, cost, convenience of storage and distribution, breadth of approved use, side-effect profile and durability of immune response; the timing of and BioNTech's ability to obtain and maintain regulatory approval for BioNTech's product candidates; the ability of BioNTech's COVID-19 vaccines to prevent COVID-19 caused by emerging virus variants; BioNTech's and its counterparties' ability to manage and source necessary energy resources; BioNTech's ability to identify research opportunities and discover and develop investigational medicines; the ability and willingness of BioNTech's third-party collaborators to continue research and development activities relating to BioNTech's development candidates and investigational medicines; the impact of the COVID-19 pandemic on BioNTech's development programs, supply chain, collaborators and financial performance; unforeseen safety issues and claims for potential personal injury or death arising from the use of BioNTech's COVID-19 vaccine and other products and product candidates developed or manufactured by BioNTech; BioNTech's and its collaborators' ability to commercialize and market BioNTech's COVID-19 vaccine and, if approved, its product candidates; BioNTech's ability to manage its development and expansion; regulatory developments in the United States and other countries; BioNTech's ability to effectively scale BioNTech's production capabilities and manufacture BioNTech's products, including BioNTech's target COVID-19 vaccine production levels, and BioNTech's product candidates; risks relating to the global financial system and markets; and other factors not known to BioNTech at this time. You should review the risks and uncertainties described under the heading "Risk Factors" in BioNTech's Report on Form 6-K for the period ended September 30, 2023 and in subsequent filings made by BioNTech with the SEC, which are available on the SEC's website at https://www.sec.gov/. Except as required by law, BioNTech disclaims any intention or responsibility for updating or revising any forward-looking statements contained in this presentation in the event of new information, future developments or otherwise. These forward-looking statements are based on BioNTech's current expectations and speak only as of the date hereof.

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3 Financial Results
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4 Strategic Outlook
Ryan Richardson, Chief Strategy Officer

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3rd Quarter 2023 Highlights

Ugur Sahin, Chief Executive Officer

Strategic Priorities and Achievements in Q3 2023 and Post Period

COVID-19 franchise[1]

2023 Strategic Priorities

Sustain leadership in COVID-19 vaccines

Advance next-gen vaccines

Q3 Achievements

Successful launch of XBB.1.5-adapted monovalent COVID-19 vaccine for 2023/2024 season

Clinical data updates

COVID-19-Influenza combo

Peer reviewed papers

Murdoch et al, *Infect Dis Ther* 2023
Muik et al, *Cell Rep* 2023
Arieta et al, *Cell* 2023
Beguir et al, *Comput Biol Med* 2023

Immuno-oncology

2023 Strategic Priorities

Advance oncology pipeline across multiple solid tumors

Initiate multiple trials with registrational potential

Q3 Achievements

Clinical data updates

ESMO
BNT325/DB-1305[2]
BNT314/GEN1059[3]
BNT211
BNT221

SITC
BNT316/ONC-392[4] (gotistobart)
BNT221
BNT116

ESGO
BNT323/DB-1303[2]

Initiated trials
BNT323/DB-1303[2]: Ph3
BNT324/DB-1311[2]: Ph1/2
BNT311/GEN1046[3]: Ph2
BNT314//GEN1059[3]: First-in-human
BNT116[5]: Ph2

Partnerships
DualityBio
MediLink
Biotheus

Peer reviewed papers

Mackensen et al, *Nature* Med 2023
Bähr-Mahmud et al, *Oncoimmunol* 2023
Simon et al, J. *Transl Med* 2023

Infectious diseases

2023 Strategic Priorities

Initiate and accelerate clinical programs for diseases of unmet medical need

Q3 Achievements

Initiated Trial

BNT166[6] (Mpox): First-in-human

Partnership
Coalition for Epidemic Preparedness Innovations

1. Partnered with Pfizer; 2. Partnered with DualityBio; 3. Partnered with Genmab; 4. Partnered with OncoC4; 5. Partnered with Regeneron; 6. Partnered with CEPI.

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COMIRNATY[1] Q3 Highlights

Strong Global Distribution

First-to-market Omicron XBB.1.5-adapted monovalent vaccine

Distributed to over 40 countries and regions worldwide

Rapid Regulatory Advancement

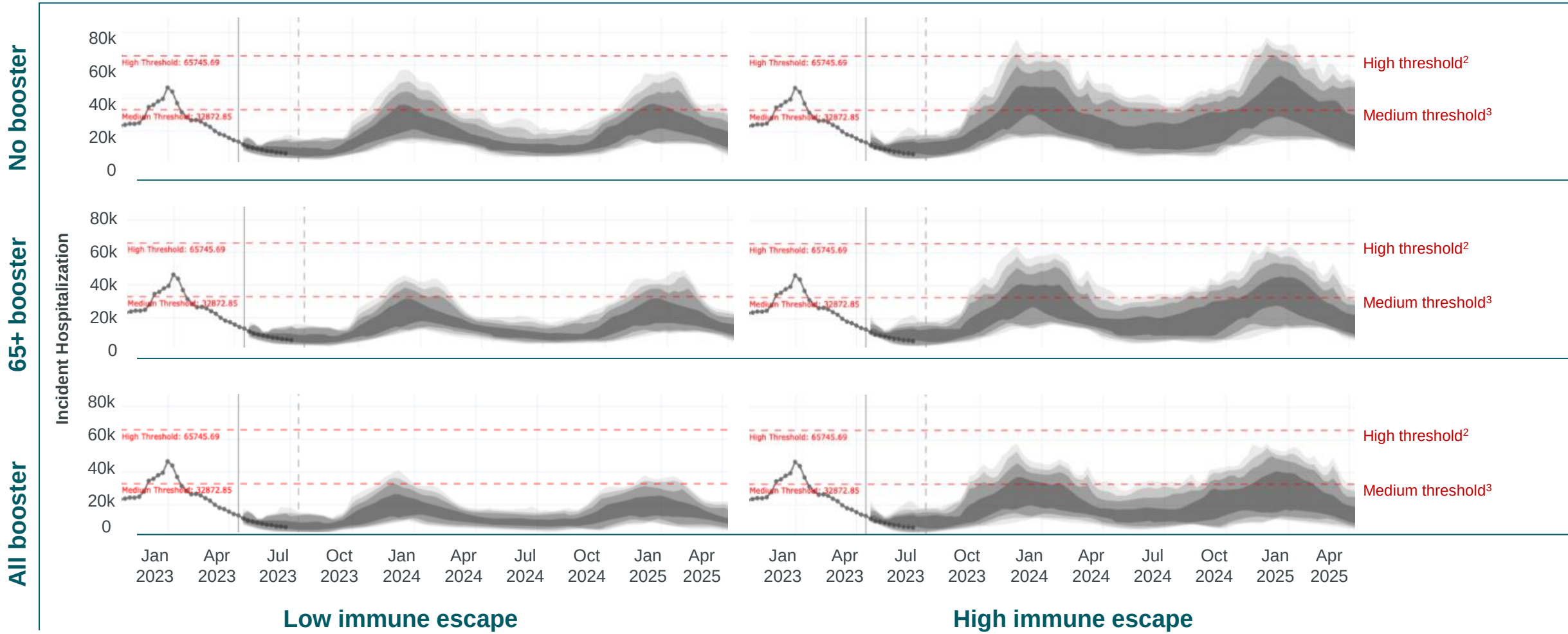
EU: EMA Full Marketing Authorization for ages 6 months and older[2]

US: FDA sBLA for individuals 12+ years and EUA for ages 6 months to 11 years old[3]

Other select regions with approval: UK, Japan, Canada, Australia, Singapore and South Korea

1. Partnered with Pfizer. 2.COMIRNATY approved for prevention of COVID-19 as a single dose for individuals 5 years of age and older and as a 3-dose series in individuals 6 months through 4 years of age. 3. COMIRNATY may be administered as a booster in people aged 12 years and older who have received at least a primary vaccination course against COVID-19. EMA = European Medicines Agency; FDA = Food and Drug Administration; sBLA = supplemental Biologics License Application; EUA = Emergency Use Authorization.

Hospitalizations Likely to Increase this Winter and Stay Within Last Year's Range[1]



1. ACIP Meeting September 12, 2023: Evidence to Recommendations Framework: 2023 – 2024 (Monovalent, XBB Containing) COVID-19 Vaccine; Modeling by Covid19 Scenario Modeling Hub.
2. High threshold assumption defined as approximately 65746 hospitalizations; 3. Medium threshold assumption defined as approximately 32872 hospitalizations.

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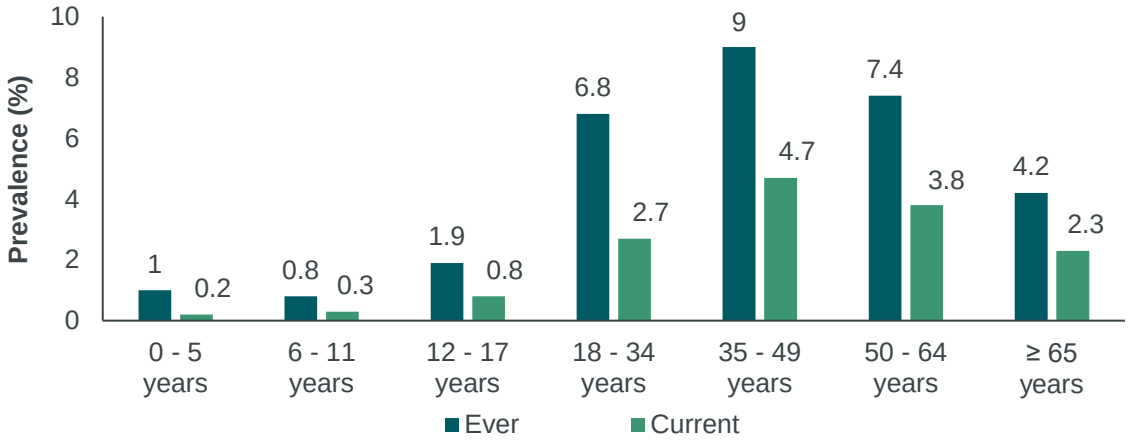
Statistically Significant Reduction in Developing Long COVID after mRNA Vaccination

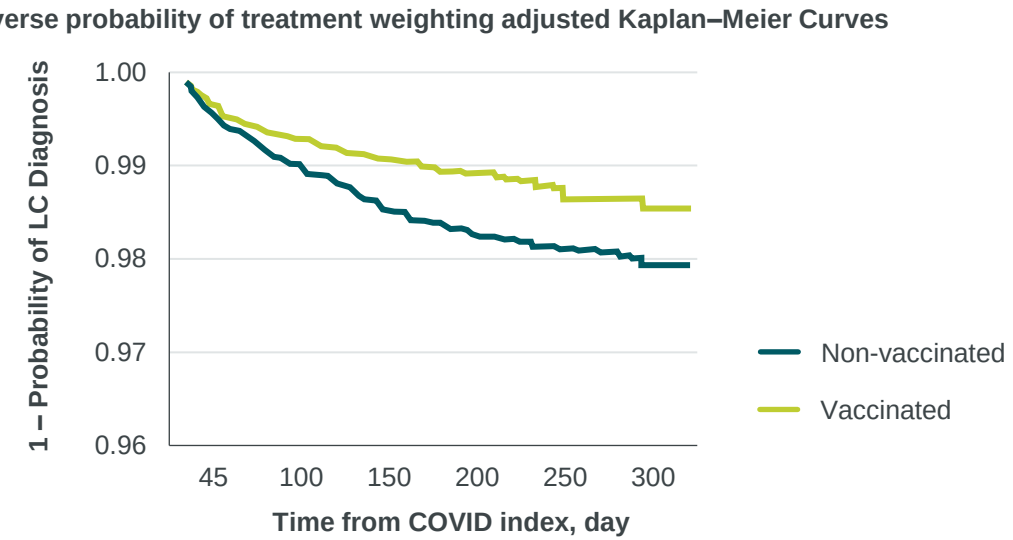
Prevalence of ongoing symptoms lasting at least 3 months after COVID-19 infection

by age, regardless of COVID status, U.S.



CDC ACIP September 12, 2023

Probability of developing long COVID in vaccinated vs non-vaccinated individuals



Brannock et al, *Nature Comm*. 2023

- 10–20% of SARS-CoV-2 infected people may develop long COVID[1,2]
- Long COVID also affects children and may lead to long term effects on development[3]
- Post COVID-19 conditions are associated with increased healthcare utilization[4]
- COVID-19 vaccination reduces post COVID-19 conditions among children and adults[5,6]

1. Davis, H.E., et al. Nat Rev Microbiol 2023; 2. Editorial, The Lancet Vol 401 2023; 3. Villapol, S. et al Sci Rep Nat Res 2022; 4. Katz GM et al. JAMA Health Forum 2023; 5. Saydah, Centers for Disease Control Advisory Committee on Immunization Practices, September 12, 2023; 6. Brannock et al, *Nature Comm*. 2023. LC: Long Covid.

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Long-Term Need for Annually Adapted Vaccines Anticipated

Continuous evolution

Ongoing antigenic evolution of SARS-CoV-2[1,2]

Long-term health consequences

Accumulating evidence demonstrates that COVID-19 vaccination may reduce long COVID conditions[4]

Risk remains high

For severe COVID-19 in vulnerable populations[3]

XBB.1.5-adapted vaccine

Effective against multiple variants of concern[5]

1. World Health Organization tracking SARS-CoV-2 variant www.who.int/en/activities/tracking-SARS-CoV-2-variants accessed October 30, 2023; 2. GISAID https://gisaid.org/ accessed October 30, 2023; 3. FDA Briefing Document Vaccines and Related Biological Products Advisory Committee Meeting June 15, 2023; 4 Brannock et al, *Nature Comm.* 2023; 5. Stankov M. V. et al., medRxiv pre-print, accessed October 5, 2023.

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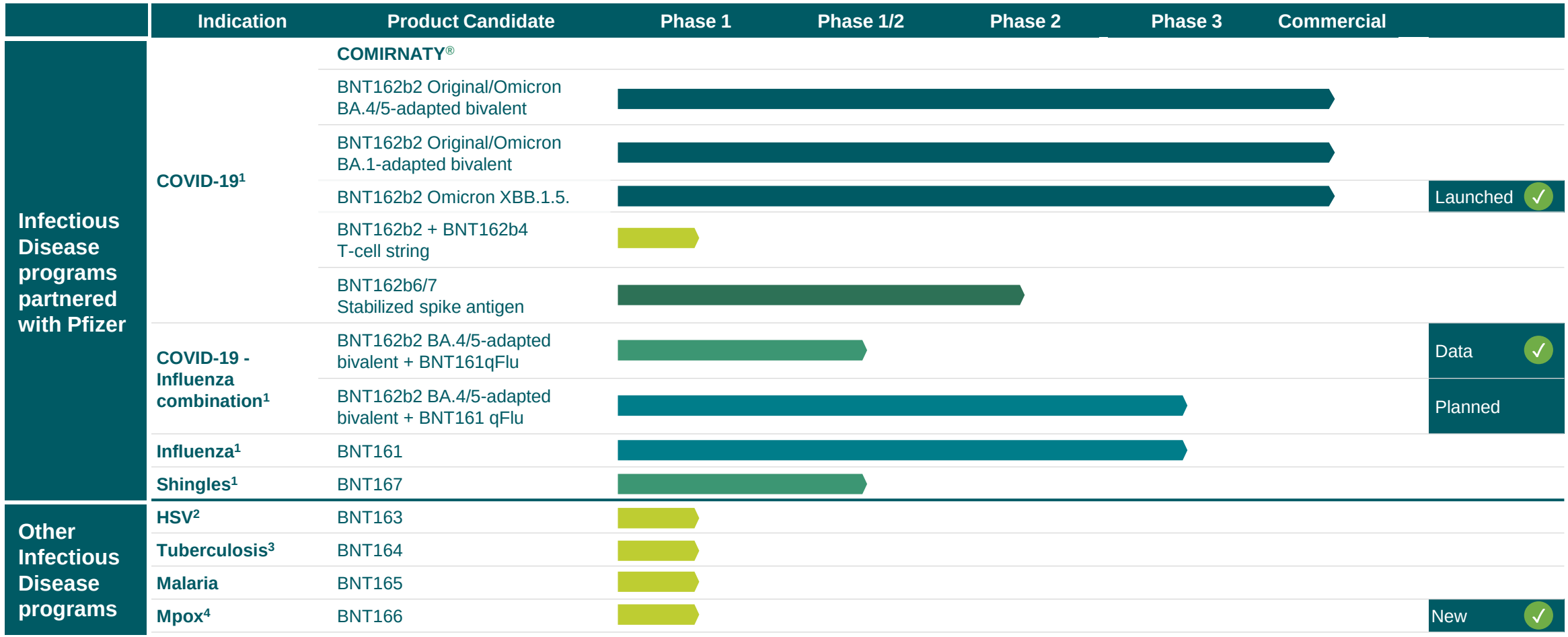
Pipeline Update

Özlem Türeci, Chief Medical Officer

Infectious Disease Pipeline: Achievements in Q3 2023 and Post Period

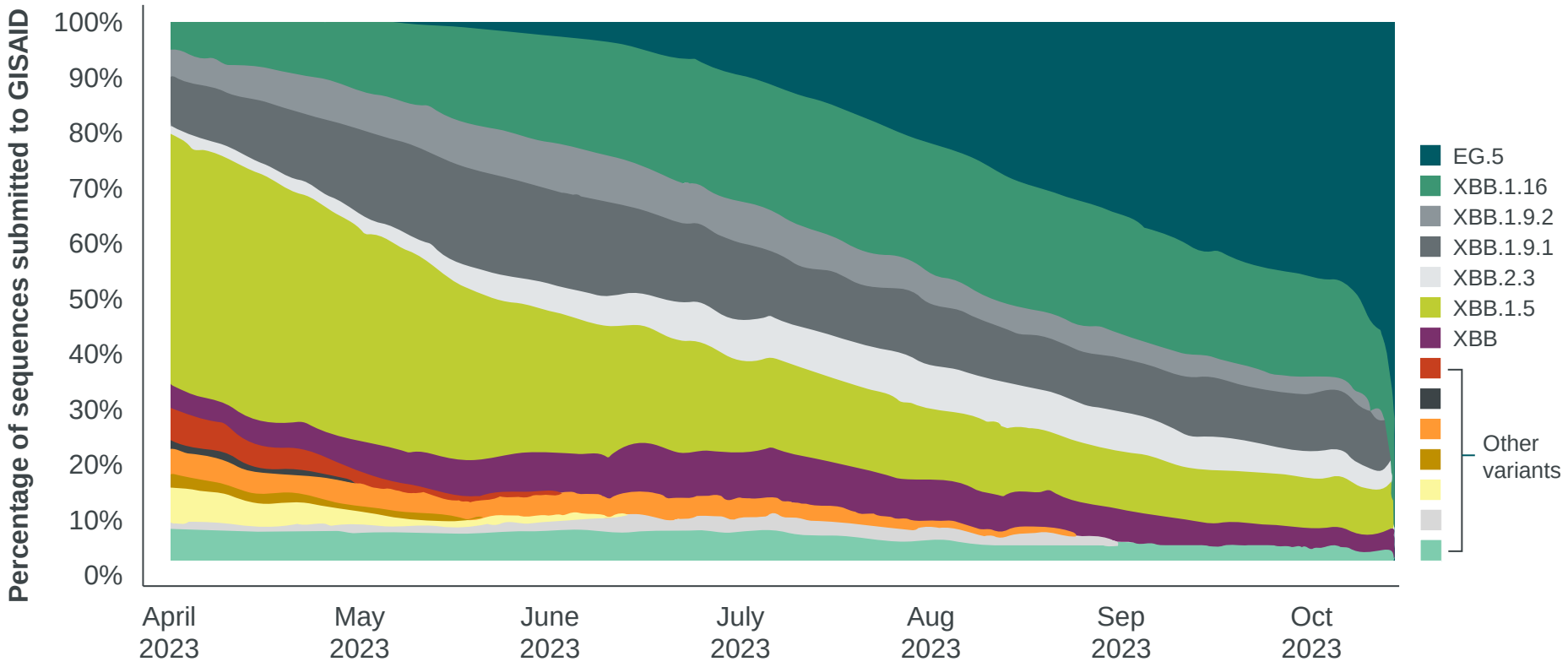


1. Partnered with Pfizer; 2. Collaboration with University of Pennsylvania; 3. Collaboration with Bill & Melinda Gates Foundation; 4. Partnered with CEPI; HSV = herpes simplex virus; qFlu = quadrivalent influenza.
Please find current product information for Comirnaty at https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information_en.pdf and https://www.fda.gov/media/151707/download.

XBB Sublineages Continue to Dominate the Epidemiologic Landscape Despite the Emergence of New Lineages

- In the US, EG.5 is one of the three most prevalent variants and is a descendent lineage of XBB.1.9.2
- BA.2.86 remains low worldwide

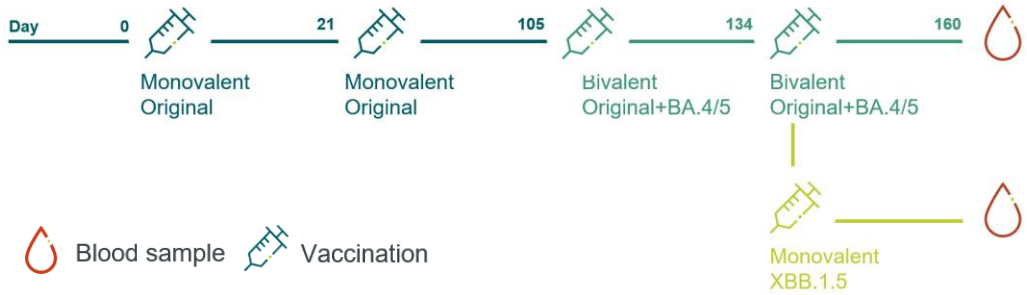
Growing dominance of the XBB-descendent EG.5.1



Source: GISAID - gisaid.org, data accessed on September 08, 2023.

Monovalent XBB.1.5 Adapted Vaccine Elicits Higher nAbs Responses against VoCs Compared to the Bivalent BA.4/5 Adapted Vaccine in Preclinical Models

Experimental design (mice)



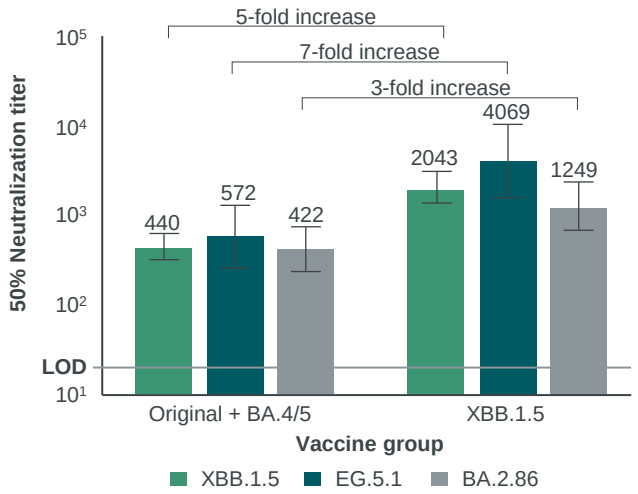
Pre-treatment:

Primary series of monovalent BNT162b2 Original vaccine and a 3rd dose of Original + BA 4/5 bivalent vaccine.

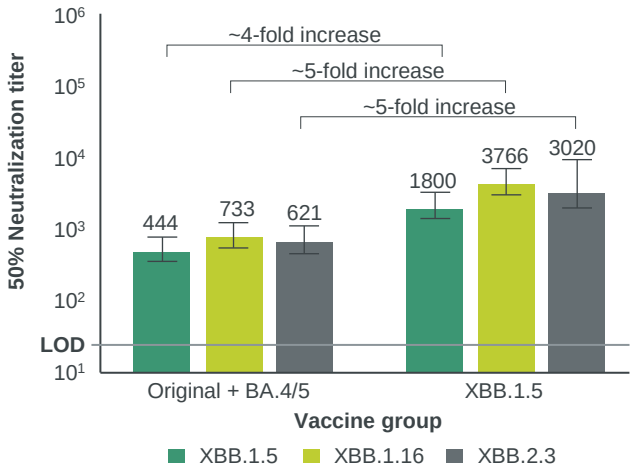
4th dose:

Original+BA.4/5 bivalent vaccine or a monovalent XBB.1.5 vaccine.

XBB.1.5-adapted monovalent vaccine elicits potent neutralization against various sublineages: XBB.1.5, EG.5.1, BA.2.86, XBB.1.16 and XBB.2.3



Modjarrad, CDC ACIP September 12, 2023



Swanson, CDC VRPAC June 15, 2023

Source: Data were generated by the same pseudovirus neutralization assay and from sera of same mouse study that generated data that were presented at VRBPAC (Vaccines and Related Biological Products Advisory Committee) June 15, 2023 Meeting, https://www.fda.gov/media/169541/download). NAbs = neutralizing antibodies; VOCs= variants of concern.

Phase 2/3 Clinical Trial Evaluating XBB.1.5 Monovalent COVID-19 Vaccine

BNT162b2 (OmiXBB.1.5) (NCT05997290)
Phase 2/3, open label, controlled safety and efficacy study

Inclusion criteria

Healthy participants,
12 years of age or older

Cohort A: ≥ 3 prior doses of a US-authorized mRNA COVID-19 vaccine, with most recent dose being a US-authorized Omicron BA.4/5-adapted bivalent vaccine >150 days prior day 1

Cohort B: Vaccination naïve participants

N = 700

BNT162b2 (OmiXBB.1.5) single 30µg dose

Each participant will have at least 5 clinic visits for blood sample collection ( )

Key endpoints

Primary: Safety, tolerability and immunogenicity

Status

Trial ongoing

Data update planned in 2024

mRNA = messenger ribonucleic acid; IM = intramuscular. Sponsor: BioNTech Collaborator: Pfizer

Clinical Study Demonstrated Monovalent XBB.1.5 BNT162b2 Effectively Neutralizes EG.5.1, XBB.1.5 and BA.2.86 in Adults

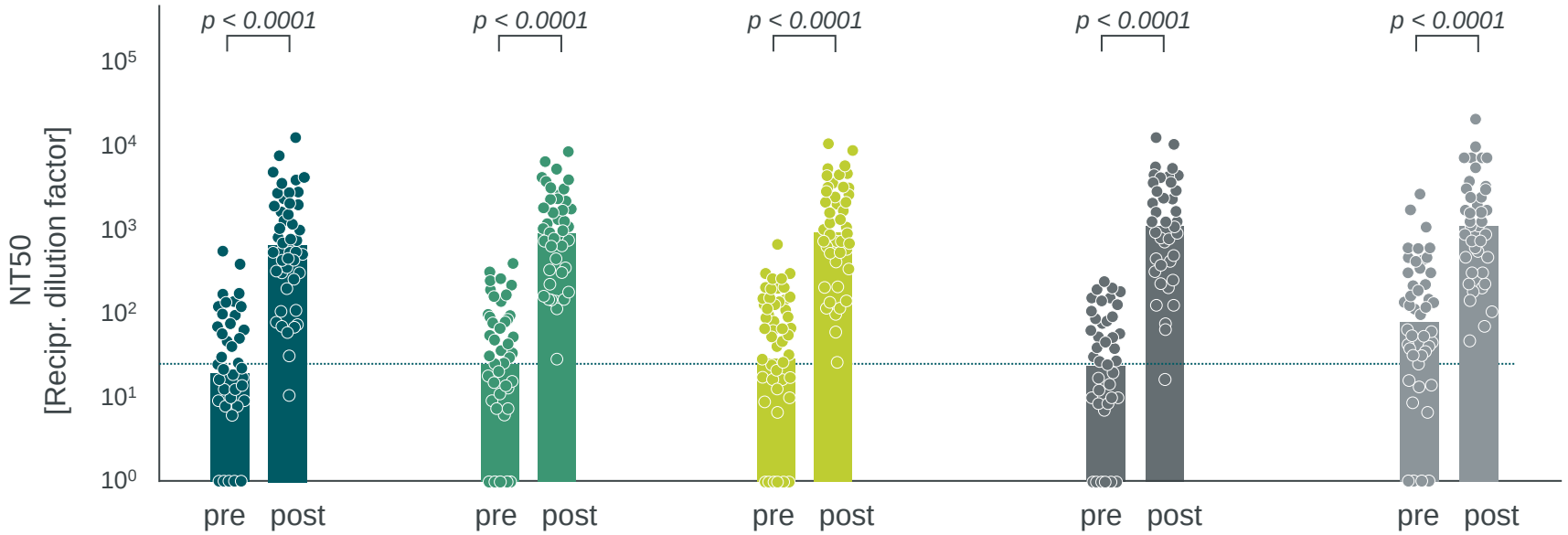
Clinical Study

N = 53 adults

Median time since last vaccination 14.6 months

Immunogenicity analysis 8-10 days post vaccination

	EG.5.1		XBB.1.5		XBB.1.16		XBB.2.3		BA.2.86	
Response rate [%]:	43	98	55	100	53	98	49	98	77	100
Geometric mean titer:	20	691	27	967	28	906	22	1031	70	993
Median fold change:	…	+34x	…	+44x	…	+32x	…	+48x	…	+17x



Immunogenicity data suggest the monovalent XBB.1.5 vaccine increases protection against currently circulating strains

Source: Stankov M. V. et al., medRxiv preprint, October 5, 2023, doi: https://doi.org/10.1101/2023.10.04.23296545; NT50 = 50% neutralizing titer.

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Oncology Pipeline: Achievements in Q3 2023 and Post Period Events

Phase 1	Phase 1/2	Phase 2	Phase 3
BNT116 Adv. NSCLC	**BNT112**[2] mCRPC & high risk LPC	**BNT111**[2] aPD(L)1-R/R melanoma, + cemiplimab	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) anti-PD-1/PD-L1 experienced NSCLC
Autogene cevumeran/BNT122[1] Multiple solid tumors	**BNT142** Multiple CLDN6-pos. adv. solid tumors	**BNT113** 1L rec./met. HPV16+ PDL1+ head and neck cancer, + pembrolizumab	**BNT323/DB-1303**[5] (HER2) HR+, HER2 low met. breast cancer **PLANNED**
BNT152 + BNT153 (IL-7, IL-2) Multiple solid tumors	**BNT151** (IL-2 variant) Multiple solid tumors	**BNT116**[2] 1L adv. PD-L1 ≥ 50% NSCLC, + cemiplimab	
BNT221 Refractory metastatic melanoma	**BNT211** (CLDN6) Multiple solid tumors	**Autogene cevumeran/BNT122**[1] 1L adv. melanoma, + pembrolizumab	
BNT321 (sLeA) Metastatic PDAC	**BNT311/GEN1046**[3] (PD-L1x4-1BB) Multiple solid tumors	**Autogene cevumeran/BNT122**[1] Adj. ctDNA+ Stage II or III CRC	
BNT322/GEN1056[3] Multiple solid tumors	**BNT312/GEN1042**[3]* (CD40x4-1BB) Multiple solid tumors	**Autogene cevumeran/BNT122**[1] Adj. PDAC, + atezolizumab + mFOLFIRINOX **NEW**	
BNT326/YL202[6] (HER3) Multiple solid tumors **NEW**	**BNT313/GEN1053**[3] (CD27) Multiple solid tumors	**BNT311/GEN1046**[3] (PD-L1x4-1BB) R/R met. NSCLC, +/- pembrolizumab	
	BNT314//GEN1059[3] **(**EpCAMx4-1BB) Multiple solid tumors **PLANNED**	**BNT311/GEN1046**[3] (PD-L1x4-1BB) 2L endometrial cancer, + pembrolizumab **NEW**	
	BNT316/ONC-392 (gotistobart)[4] (CTLA-4) Multiple solid tumors	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) Plat.-R. ovarian cancer, + pembrolizumab	
	BNT323/DB-1303[5] (HER2) Multiple solid tumors	**BNT316/ONC-392 (gotistobart)**[4] mCRPC, + radiotherapy **PLANNED**	
	BNT324/DB-1311[5] Multiple solid tumors **NEW**		
	BNT325/DB-1305[5] (TROP2) Multiple solid tumors		
	BNT411 (TLR7) Multiple solid tumors		

Clinical data announced in Q3 and subsequently

1. Partnered with Genentech, member of Roche Group; 2. Partnered with Regeneron; 3. Partnered with Genmab; 4. Partnered with OncoC4; 5. Partnered with DualityBio; 6. Partnered with MediLink Therapeutics.
*Two phase 1/2 clinical trials in patients with solid tumors are ongoing in combination with immune checkpoint inhibitor +/- chemotherapy.
NSCLC = non-small cell lung cancer; mCRPC = metastatic castration resistant prostate cancer; LPC = localized prostate cancer; HPV = human papillomavirus; PDAC = pancreatic ductal adenocarcinoma; CRC = colorectal cancer; CLDN = claudin; IL = interleukin; 1L = first line; R/R = relapsed/refractory; HER2/HER3 = human epidermal growth factor 2/3; sLeA = sialyl-Lewis A antigen; TROP2 = tumor-associated calcium transducer 2.

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Multiple Clinical Data Readouts at Major Medical Conferences in 2H 2023

Platform	ADC	ADC	CAR T-cell therapy	NEO-STIM Cell therapy	Cancer vaccine (FixVac)
Program	**BNT323/DB-1303**[1] Multiple Solid Tumors	**BNT325/DB-1305**[1] Multiple Solid Tumors	**BNT211** CLDN6+ Solid Tumors	**BNT221** r/r met Melanoma	**BNT116** Advanced NSCLC

Data update	ESGO
	Ph1/2
	• Antitumor activity in heavily pretreated HER2-expressing EC patients:
	  • unconfirmed ORR 58.8%
	  • unconfirmed DCR 94.1%
	• No TEAEs leading to dose discontinuation
	• No ILD occurred
		ESMO
		Ph1/2
		• Encouraging efficacy signals in metastatic NSCLC patients:
		  • unconfirmed ORR 46.2%
		  • unconfirmed DCR 92.3%
		  • TEAEs were manageable in lower dose levels
			ESMO
			Ph1/2
			• Encouraging signs of activity in 13 / 22 patients at DL2:
			  • ORR 59%
			  • DCR 95%
			• Patients with CARVac improved CAR-T persistence in higher dose group
			• Dose-dependent increase in adverse events
				ESMO
				Ph1
				• Tumor shrinkage for 4/9 patients
				• Manageable safety profile with no DLTs
				• Polyclonal neoantigen-specific T cells response detected post-infusion
					sitc
					FIH Ph1
					• Tolerable safety profile both in monotherapy or combination
					• No DLTs
					• BNT116 + cemiplimab active in heavily pre-treated lung cancer patients

1. Partnered with DualityBio.

ADC = antibody drug conjugate; HER2 = human epidermal growth factor 2; EC = endometrial cancer; TEAE = treatment emergent adverse event; ILD = interstitial lung disease; NSCLC = non-small cell lung cancer; ORR = objective response rate, DCR = disease control rate, DL2 = dose level 2; r/r met: resistant/refractory metastatic DLT = dose limiting toxicities.

3 Financial Results

Jens Holstein, Chief Financial Officer

YTD 2023 Key Financial Highlights[1]

Total revenues[2]

€ **2.3** bn

Profit before tax

€ **0.5** bn

Diluted EPS

€ **1.94**

Total cash plus security investments[3]

€ **17.0** bn

1. Financial information is prepared and presented in Euros and numbers are rounded to millions and billions of Euros in accordance with standard commercial practice. Inventory write-downs and other charges from Pfizer reduced BioNTech's revenues by €615.4 million for the nine months ended September 30, 2023.

2. BioNTech's profit share is estimated based on preliminary data shared between Pfizer and BioNTech as further described in the Annual Report on Form 20-F for the year ended December 31, 2022 as well as the Quarterly Report as of and for the three and nine months ended September 30, 2023, filed as an exhibit to BioNTech's Current Report on Form 6-K filed on November 6, 2023.

3. Consists of cash and cash equivalents of €13,495.8 million and security investments of €3,471.8 million, as of September 30, 2023. The payment settling our gross profit share for the second quarter of 2023 (as defined by the contract) in the amount of €565.0 million was received from our collaboration partner subsequent to the end of the reporting period as of October 16, 2023.

Q3 and YTD 2023 Financial Results: Profit or Loss

(in millions €, except per share data)[1]	Three months ended September 30		Nine months ended September 30	
	2023	**2022**	**2023**	**2022**
Commercial revenues[2]	893.7	3,394.8	2,336.6	12,923.3
Research & development revenues	1.6	66.4	3.4	109.0
Total revenues	**895.3**	**3,461.2**	**2,340.0**	**13,032.3**
Cost of sales	(161.8)	(752.8)	(420.7)	(2,811.5)
Research and development expenses	(497.9)	(341.8)	(1,205.3)	(1,027.2)
Sales and marketing expenses	(14.4)	(12.8)	(44.7)	(44.9)
General and administrative expenses	(144.5)	(141.0)	(386.6)	(361.8)
Other operating income less expenses	(3.6)	174.7	(118.5)	562.9
Operating income	**73.1**	**2,387.5**	**164.2**	**9,349.8**
Finance income less expenses	154.3	56.6	358.7	431.7
Profit before tax	**227.4**	**2,444.1**	**522.9**	**9,781.5**
Income taxes	(66.8)	(659.2)	(50.5)	(2,625.8)
Profit for the period	**160.6**	**1,784.9**	**472.4**	**7,155.7**
Earnings per share				
Basic profit for the period per share	0.67	7.43	1.96	29.47
Diluted profit for the period per share	0.67	6.98	1.94	27.70

1. Numbers have been rounded; numbers presented may not add up precisely to the totals and may have been adjusted in the table context. Presentation of the unaudited interim consolidated statements of profit or loss has been condensed.
2. BioNTech's profit share is estimated based on preliminary data shared between Pfizer and BioNTech as further described in the Annual Report on Form 20-F for the year ended December 31, 2022, as well as the Quarterly Report as of and for the three and nine months ended September 30, 2023, filed as an exhibit to BioNTech's Current Report on Form 6-K filed on November 6, 2023. Any changes in the estimated share of the collaboration partner's gross profit will be recognized prospectively.

Implications of Inventory Write-Downs and Other Charges related to COMIRNATY

Charges[1] mainly reflect that market demand has shifted from pandemic to endemic, flu-like setting;
Under the gross profit-sharing agreement charges are borne by both collaboration partners

Initially announced estimate

Up to €0.9 bn

Write-downs / other charges by Pfizer

Identified on the collaboration partner's side

↓

Reducing Pfizer's gross profit, hence BioNTech's **revenues**

Actual YTD 2023 effect recorded

€0.6 bn[2]

(thereof €0.5 bn in Q3 2023)

Write-downs / other charges by BioNTech

Identified on BioNTech's side

↓

Reducing BioNTech's **gross profit**[3]

BioNTech already reflected a large portion of write-downs / other charges in 2022 financial results and a smaller portion in 2023

1. Inventory write-downs and other charges, jointly referred to as charges, were mainly triggered by market demand shifting from pandemic into endemic setting as well as the companies following the guidance from regulatory authorities on strain changes leading to the introduction and marketing of updated COVID-19 vaccines better matched to circulating sublineages.
2. Including all effects derived from the information received from BioNTech's collaboration partner.
3. Inventories and provisions for production capacities derived from contracts with Contract Manufacturing Organizations (CMOs) that became redundant are measured reflecting contractual compensation payments under the collaboration agreements. Manufacturing variances are reflected as transfer price adjustment impacting sales to the collaboration partner and the share of the collaboration partner's gross profit respectively once assessed as highly probable to occur. Amounts are only cash-effectively shared with the partner once materialized. Please refer to the Annual Report on Form 20-F for the year ended December 31, 2022, as well as the Quarterly Report as of and for the three and nine months ended September 30, 2023, filed as an exhibit to BioNTech's Current Report on Form 6-K filed on November 6, 2023. Any changes to the assessment will be recognized prospectively.

2023 Financial Year Guidance Updated[1]

		Initial guidance Mar 2023	Updated guidance Nov 2023	*Delta midpoint illustration[5]*
COVID-19 vaccine revenues for FY 2023	Estimated BioNTech COVID-19 vaccine revenues	**~ €5 bn**	**~ €4 bn**	***~ €1 bn**** **** reflecting €0.6 bn[6] Pfizer charges***
Planned FY 2023 expenses and capex	R&D expenses[2]	**€2,400 – 2,600 m**	**€1,800 – 2,000 m**	***~ €600 m***
	SG&A expenses	**€650 – 750 m**	**€600 – 650 m**	***~ €75 m***
	Capital expenditure for operating activities[3]	**€500 – 600 m**	**€200 – 300 m**	***~ €300 m***
Estimated FY 2023 tax assumptions	BioNTech Group estimated annual cash effective income tax rate[4]	**~ 27%**	**~ 21%**	***~ 6 %points***

1. Numbers reflect current base case projections and are calculated based on constant currency rates. Excluding external risks that are not yet known and/or quantifiable, including, but not limited to, the effects of ongoing and/or future legal disputes or related activity.
2. Numbers include effects identified from additional in-licensing arrangements, collaborations or potential M&A transactions to the extent disclosed and will be updated as needed.
3. Numbers exclude potential effects caused by or driven from in-licensing arrangements, collaborations or M&A transactions.
4. Numbers exclude potential effects caused by or driven from share-based payment settlements in the course of 2023.
5. For simplicity, midpoint in guidance ranges is applied when comparing initial 2023 guidance with Q3 2023 guidance update.
6. €0.6 billion related to Pfizer's recently-announced write-downs and other charges. Other factors influencing the COVID-19 vaccine revenues guidance include, but are not limited to, BioNTech's and Pfizer's lower revenue expectations for the full 2023 financial year, which take into account delays in the expected timing of regulatory approvals.

4 Strategic Outlook

Ryan Richardson, Chief Strategy Officer

Strategic Priorities and Outlook

COVID-19[1]	Immuno-oncology	Infectious diseases
Sustain market leadership in COVID-19 vaccines Advance next-gen vaccines	Advance oncology pipeline across multiple solid tumors Grow pipeline of trials with registrational potential	Initiate and accelerate clinical programs for high medical need indications
Phase 3 COVID-19/Influenza trial due to start in the coming months	Initiate trials with registrational potential	New trial starts
Continued development of next-generation vaccine constructs	Data readouts to drive decision-making and future trial starts	

1. Partnered with Pfizer.

Rollout Of Our XBB.1.5 Variant Adapted Vaccine[1]

Maintaining COVID-19 market leadership with variant-adapted vaccine rollout

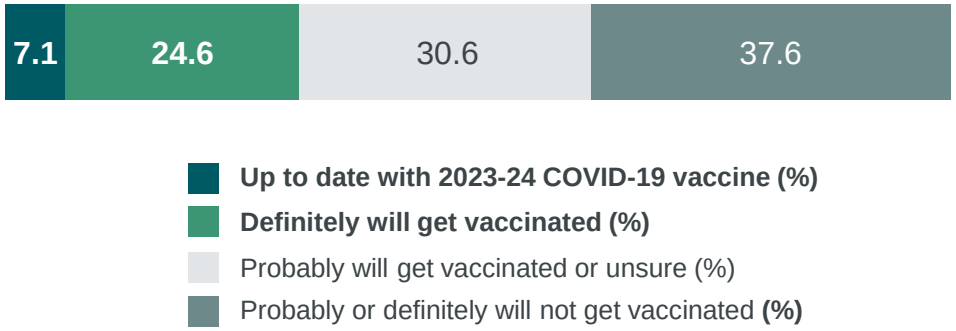
of countries distributed to **40+**

market share US/EU/JP (%)[2] **60 / 90 / 90**

retail channel in the US (%) **~50**

Potential for continued variant-adapted vaccine uptake[2]

~30% of US population have received or plan to receive an XBB.1.5 variant-adapted vaccine[3]



1. As of October 2, 2023. 2. Company assessment 3. CDC Survey published on October 28, 2023: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/02-COVID-Stokley-508.pdf.

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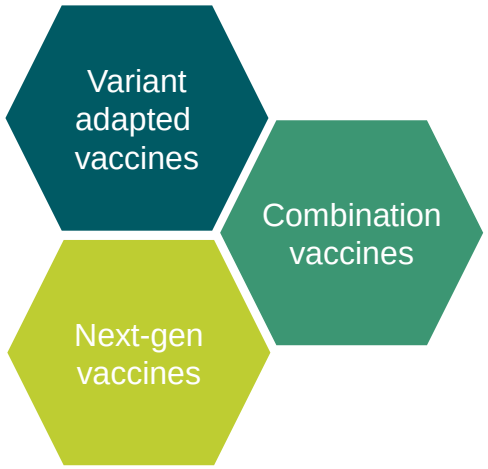
COVID-19 Vaccine Market Potential 2024 and 2025 Growth Drivers

2024 → 2025



- Manufacturing base reset to serve endemic market
- Shift to commercialization model in some key markets
- Expect continued shift to single dose vials and pre-filled syringes
- Potential for increased vaccine uptake from combination and next-gen vaccines

Leveraging partner's infrastructure to maintain a lean cost base, the COVID-19 business should remain profitable for BioNTech

Strategic Outlook for Oncology

Pipeline progress achieved in 2023

New oncology clinical trials started year-to-date[1]:

5 Phase 1/2

4 Phase 2

2 Phase 3

Plans to start additional late-stage trials for select assets in the next 18 months

- **BNT316**[2] anti-CTLA-4 Ab
- **BNT323**[3] HER2 ADC
- **BNT326/YL202**[4] HER3 ADC
- **PM8002**[5] PD-L1 x VEGF biAbs
- **BNT116**[6] FixVac
- **BNT122**[7] iNest
- **BNT311**[8] PD-L1x4-1BB biAbs
- **BNT312**[8] CD40x4-1BB biAbs
- **BNT211** CLDN6 CAR-T

Currently in phase 2 clinical trials

Phase 3 clinical trials initiated in 2023[9]

Aim to deliver multiple oncology product approvals from 2026 onwards

1. New trial either through initiation or via in-licensing; 2. Partnered with OncoC4; 3. Partnered with DualityBio; 4. Partnered with Medilink Therapeutics; 5. Partnered with Biotheus; 6. Partnered with Regeneron; 7. Partnered with Genentech, member of Roche Group; 8. Partnered with Genmab; 9: BNT323/DB-1303 phase 3 has been initiated with First-Patient-Dosed expected soon; Ab: antibody; ADC: antibody drug conjugate; biAbs: bispecific antibodies; CLDN6 = claudin 6.

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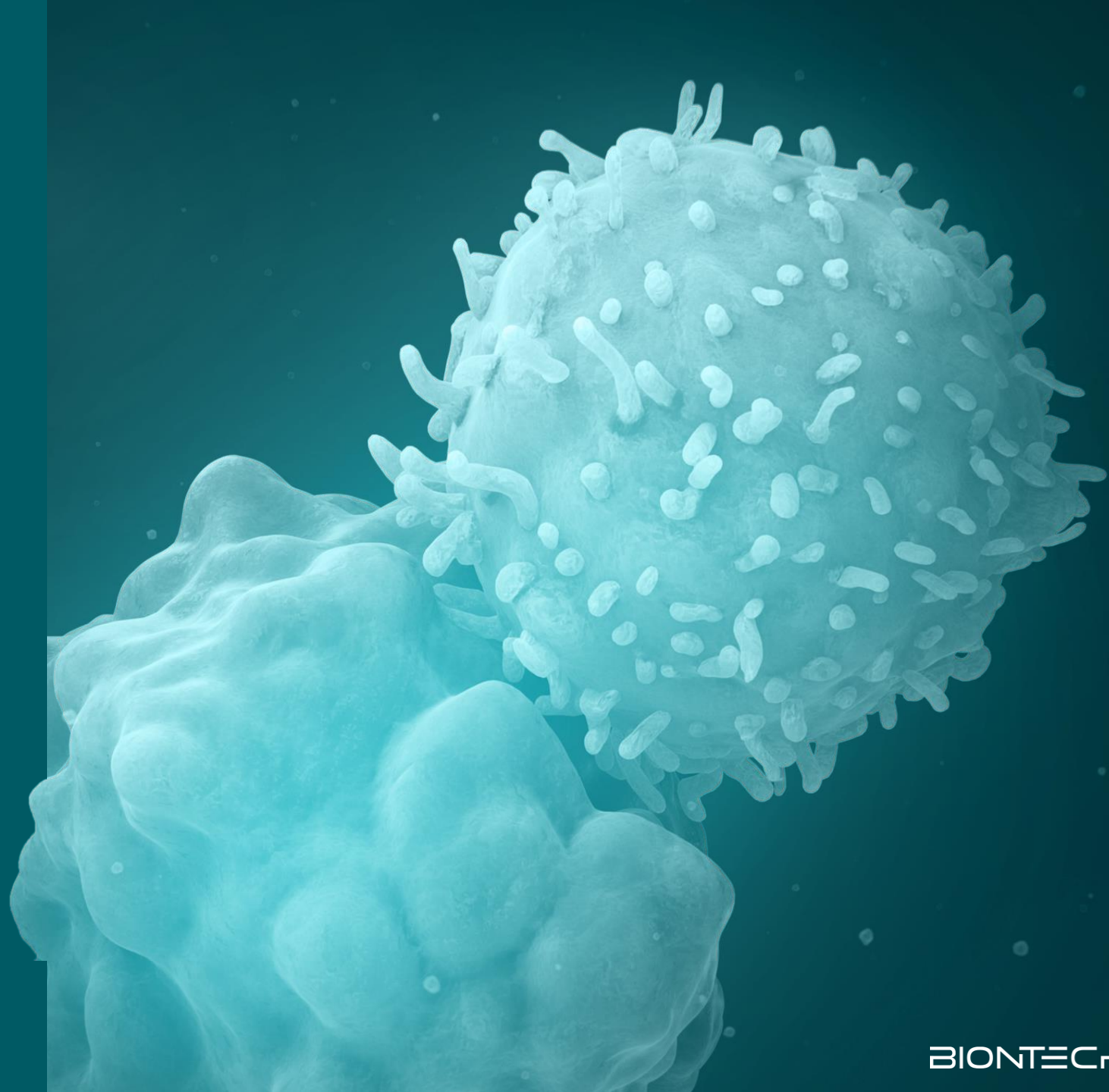
Innovation Series

Tomorrow, November 7, 2023

9:00 a.m. – 1:00 p.m. ET
3:00 p.m. – 7:00 p.m. CET

Register to attend online using the QR code



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Thank you