Annual General Meeting of BioNTech SE

16 May 2025

English Convenience Translation: German is the official language.

Slide 1: Annual General Meeting of BioNTech SE

Slide 2: Report of the Management Board on Agenda Item 1

Prof Dr Ugur Sahin, CEO & Co-Founder

[Slide 3: Operational development 2024 & Q1 2025 and Outlook 2025]

Ladies and gentlemen, dear shareholders and shareholder representatives, on behalf of myself and my colleagues on the Management Board, I would like to welcome you to BioNTech's Annual General Meeting.

[Slide 4: This Slide Presentation Includes Forward-Looking Statements]

Before we begin our report, please be advised that we will be making “forward-looking statements” in this Annual General Meeting.

As described on this slide of the presentation, these statements are subject to the risks and uncertainties detailed in our filings with the U.S. SEC, including our most recent Annual Report on Form 20-F. These statements include, without limitation, those relating to our COVID-19 vaccine revenues, as these include figures that are derived from preliminary estimates provided by our partners; our estimated financial results for 2025; the continued global demand for our COVID-19 vaccine; and the planned next steps in our pipeline programs.

Actual results may differ materially from those projected in these statements. All information in this presentation is current as of the date of its preparation. Except as required by law, BioNTech assumes no obligation to update or revise any forward-looking statements contained in this presentation.

[Slide 5: Building a Global Immunotherapy Powerhouse Translating Science into Survival]

I would like to take the opportunity of today's Annual General Meeting to thank all BioNTech employees and collaboration partners for their dedication and outstanding work in 2024 and this year. I would also like to thank the patients who have participated in our clinical trials and the healthcare professionals who are instrumental in testing the safety, tolerability and efficacy of our therapeutic approaches in clinical trials.

Our vision is clear: we want to develop BioNTech into a global leader in immunotherapies, using science to develop new immunotherapies to improve the health of people worldwide. In 2024, we further developed our portfolio of product candidates and numerous Phase 2 and Phase 3 trials. In parallel with our research work, we continued to advance a strategic priority: the use of artificial intelligence as a central lever for innovation. Whether in drug discovery, production process optimization, or data analysis – we systematically integrate AI into all key areas, from basic research to operational excellence.

Our positioning at the intersection of immunology, deep genomics, antibody and mRNA-based drug platforms, and AI-based precision medicine aims to redefine cancer treatments—towards therapies tailored to individual patients. Oncology is undergoing a transformation: diagnostics are becoming more predictive, therapies are becoming more targeted, and translational research is shortening the path from laboratory to patient. At BioNTech, we want to not only benefit from these technologies but actively shape the medical revolution. This is not a vision of the future, but a lived strategy. We are convinced that the era of tailored cancer medicine begins today—and BioNTech can make a decisive contribution.

[Slide 6: Leveraging Our COVID-19 Vaccine Business Model and Balance Sheet for Sustainable Value Creation]

Back to the 2024 financial year: the successful development of the COVID-19 vaccine accelerated our company's development and expanded our scope of activities. We continue to see the COVID-19 vaccine business as an integral part of our business. Together with our

strong financial position, it enables us to make targeted, strategic R&D investments. We are making targeted investments in selected clinical focus programs, which I will explain shortly. We are convinced that our investments can lead to sustainable value creation in the coming years.

In 2025, we received the first important data for oncology product candidates in late-stage clinical development and expect further data updates for several clinical programs. Subject to positive data assessment by the authorities and fulfillment of all approval requirements, we aim to file regulatory filings for solid tumors with high, partially unmet medical need in the coming years. The first approval could be granted as early as 2026.

[Slide 7: Diversified Oncology Pipeline]

The years 2020 to 2022 were characterized by the development, large-scale production, and commercialization of our COVID-19 vaccine together with Pfizer. 2023 and 2024 were years in which we refocused on the development of our oncology pipeline.

[Slide 8: Root Cause of Cancer Treatment Failure]

Before I explain our various therapeutic approaches in more detail, I would like to briefly address the fundamental problems in the treatment of cancer. These problems results in many established therapeutic approaches only being effective for a limited time, especially if the cancer has been diagnosed at a late stage.

Cancer is a very individual disease caused by a series of changes in the genetic material of healthy cells. These genetic changes are called mutations. They are random and vary in number and type from patient to patient.

Even the cancer cells within a tumor differ. And here we come to the second fundamental problem: Every tumor is heterogeneous and changes over time. This means that tumors not only differ from patient to patient, but also the cells within a tumor are different. This often leads to a therapy initially being effective and eliminating a large proportion of the cancer cells. But very often not all.

The cells that remain have often developed resistance to current therapies. As such, they cannot be treated with current therapies and continue to grow uncontrollably. In such cases, tumors develop after a few months or years, which are then often so aggressive that the cancer can no longer be controlled.

With our innovations, we aim to address these fundamental problems and improve the standard of care for many of these patients. Our product candidates are divided into three different therapeutic approaches, which I would like to discuss in more detail in the next slide.

[Slide 9: We are Uniquely Positioned to Combine Approaches to Transform Cancer Care]

Our unique oncology portfolio includes three complementary therapy modalities:

1. Immunomodulators: These therapies specifically activate and enhance the immune response. They address cancers in which tumors block immune responses through multiple suppressive mechanisms – a key obstacle to natural cancer control. Our focus candidate, BNT327, neutralizes two of these tumor mechanisms and is currently undergoing clinical trials in several solid tumor types.

2. mRNA cancer immunotherapies: Here, we induce tailored immune responses against tumor-specific antigens. Our iNeST program (patient-specific) and FixVac program (tumor type-specific) aim to systematically increase response rates in patients through precise target selection.

3. Targeted therapies: These include antibody-drug conjugates (ADCs). These antibodies bind specifically to cancer cell surfaces, then release cytotoxic drugs (such as chemotherapeutic agents) into the tumor and thus combat advanced stages of cancer, in particular.

We believe that each of these modalities has the potential to provide precise mechanisms to fight cancer cells. And we want to achieve even more through the synergistic combination of different mechanisms, by not only complementing innovative monotherapies with a suitable drug partner, but by enhancing their respective individual effects in combination. Ultimately, we aim to help pave the way for curative approaches in cancer medicine for as many patients as possible.

[Slide 10: 2025 Will Be an Important Year for Our Oncology Portfolio]

With this combination strategy, we aim to tackle the entire spectrum of solid cancers at various stages: Starting with operable cancers that are in the adjuvant phase. In this phase, patients often appear cancer-free after surgical removal of the tumor, but a significant proportion have a high risk of recurrence. The other end of the spectrum includes early-stage metastatic cancers and late-stage cancers that are resistant to various types of treatment.

To this end, we are investing in so-called pan-tumor programs, which we believe can be applicable to many different tumor types. It is also our goal that with these programs we can improve treatment outcomes for patients across the spectrum of cancers. We have two focus programs that we believe have great potential to do this: our mRNA cancer immunotherapy approaches, FixVac and iNeST, and our immunomodulator candidate BNT327, a bispecific anti-PD-L1 and anti-VEGF antibody.

We believe that our individualized mRNA cancer immunotherapy approach, called iNeST, is particularly suitable for the treatment of early-stage or low tumor burden cancers. Our bispecific antibody candidate BNT327 could become a next-generation immunomodulator. We believe that BNT327 could be suitable for a broad spectrum of cancers. In addition, we believe that each of these programs can also be used as a combination partner for our portfolio of product candidates with complementary mechanisms of action.

We believe that each of these two programs has groundbreaking innovation potential. If successfully developed and approved, these programs could establish new standards of care in oncology. If we successfully implement this, we could improve patient outcomes across various cancer indications.

We are investing significantly in the pivotal clinical development of these programs based on evidence-based insights. At the same time, we are establishing a commercial organization for future commercialization in key markets and expanding our manufacturing capabilities to support both clinical trials and the commercial supply of these therapies.

[Slide 11: BNT327: Data from 1000 Patients Across Multiple Indications Highlight the Potential to Establish a New Standard of Care]

The data obtained to date from the treatment of over 1,000 patients indicate that BNT327 has broad development potential. BNT327 blocks the immune cell-inhibiting effect of PD-L1 and neutralizes VEGF-A, which, among other things, stimulates tumor angiogenesis. BNT327 targets these two validated biological mechanisms against cancer in a synergistic manner. Binding to PD-L1 enables BNT327 to exert these functions where they are needed in the tumor microenvironment.

Through our studies, we were able to gain a comprehensive understanding of the efficacy and safety of BNT327.

More than 20 clinical trials with BNT327 are currently underway or in the planning stages – whether with BNT327 as monotherapy, in combination with chemotherapy, or in combination therapies with other product candidates from our pipeline. Focus indications are small cell and non-small cell lung cancer and a particularly difficult-to-treat type of advanced breast cancer, so-called triple negative breast cancer, or TNBC. We are systematically advancing the clinical development of BNT327 and have already initiated initial registration studies for these lung cancer types. Another registration study with BNT327 for the treatment of the aforementioned breast cancer will also start later this year.

[Slide 12: Broad Combination Strategy Across Indications Aiming to Establish Next-Generation IO-Backbone]

The clinical data generated from BNT327 as monotherapy or in combination with chemotherapy demonstrate a manageable safety profile and encouraging clinical activity. This appears to be independent of the tumors' PD-L1 status, which could make BNT327 a key immuno-oncology therapeutic approach for a broad patient population. Our working hypothesis is that BNT327 could be suitable for tumors for which checkpoint inhibitor immunotherapies are already approved, as well as for tumors for which no such immunotherapies are currently available. The medical need in oncology is immense: in the United States and the European

Union alone, 1.5 million patients are diagnosed each year with cancer types for which anti-PD1 or anti-PD-L1 therapy is approved.

Despite the tremendous progress in this field over the past 10 years, patients with various advanced cancers have an average survival rate of less than 50% within 5 years of diagnosis. Furthermore, it is estimated that more than 1.4 million newly diagnosed cancer patients in the United States and the European Union are untreatable with current immuno-oncology therapies each year. We believe BNT327 could help close this gap.

We want to further expand the range of applications of BNT327 and the benefits for patients: As part of our combination strategy, we are evaluating the combination of BNT327 with several other therapeutic modalities for the treatment of advanced solid tumors. We have already begun evaluating BNT327 in clinical trials in combination with various antibody-drug conjugates to complement or potentially even replace conventional chemotherapy with more targeted approaches.

Another important aspect of our development strategy is our flexibility. Through the acquisition of Biotheus earlier this year, we hold the global rights to BNT327. This gives us complete freedom of choice and enables us to accelerate the development of BNT327 and rapidly expand the indication areas.

[Slide 13: Biotheus Acquisition to Accelerate BNT327 Development Execution]

The acquisition of Biotheus was a significant strategic move for BioNTech, which I would like to discuss in more detail.

As already explained, BNT327 combines two validated complementary mechanisms in oncology in one molecule by interfering with the PDL1 and VEGF signaling pathways. We believe that by combining these complementary mechanisms of actions in the microenvironment of the tumor, we can induce stronger immune responses against the cancer than the respective individual therapies – this is also shown by our data to date.

There are several reasons why we have decided to make this acquisition:

- The first reason is to accelerate registration-oriented development, particularly Phase 2 and 3 clinical trials.

- Second, the acquisition allows us to leverage Biotheus' new antibody production facilities in China for the manufacturing and supply of BNT327.
- A third point is Biotheus' expanded preclinical and clinical pipeline, including additional bispecific antibody candidates that have the potential to create long-term value.

In summary, we see BNT327 as an innovative immunomodulator that can improve standard therapy for many cancer patients, especially in the late stages of the disease.

[Slide 14: Our Leading Scientific Capabilities are Fueled by AI to Pioneer Personalized Immunotherapies]

A key aspect of our vision for the future of cancer treatment will be the fusion of artificial intelligence and biology. BioNTech is committed to harnessing the power of digitalization and automation to drive innovation and medical breakthroughs. With our AI subsidiary InstaDeep, we have direct access to extensive AI expertise and capabilities that support our work in genomics, immunology and biopharmaceutical development.

On the left-hand side of the slide, you can see our approach to developing personalized therapies. A particular focus is on our iNeST programme, an individualized mRNA cancer immunotherapy approach targeting neoantigens. We are currently running four clinical trials with over 450 patients treated to date and are continuously learning how we can improve the identification of further neoantigens, for example. We have been using computer-assisted algorithms for many years to identify new targets for cancer immunotherapy and to establish semi-automated production.

On the right side of the slide, we highlight our innovative DeepChain platform. DeepChain can be viewed as a foundational AI model that could be used for any type of lead candidate optimization. We have also implemented automated AI-assisted lab processes to continuously improve the identification of targets and therapeutic leads. And we've built supercomputing capabilities, which we showcased at our AI Day in October last year.

Ultimately, we want to use AI not only in research and development, but in all areas of the company and integrate this technology into processes along the value chain. This will enable us to create sustainable value at the interface between biotech and AI.

[Slide 15: COVID-19 Vaccine Business]

Let us now turn to our marketed COVID-19 vaccine.

[Slide 16: Developing and Approving the First mRNA Medicine]

We rose to the challenge of the COVID-19 pandemic, making life-saving vaccines available worldwide at short notice. According to the journal Nature, the development of COMIRNATY represented the “fastest vaccine development in the history of medicine” and to date we have delivered over 4.9 billion doses of vaccine to over 180 countries.

This success underlines not only the versatility of our mRNA technology, but also our ability as a company to translate research into innovation and harness it for society while creating value for our shareholders.

[Slide 17: Long-Term Need for Seasonally Adapted Vaccines Anticipated]

With the help of our innovative strength and by leveraging the global infrastructure of our partner Pfizer, we intend to maintain our leading role in the fight against COVID-19.

We believe that there will a continued need for seasonally adapted vaccines against COVID-19. The virus is constantly mutating. Numerous independent studies demonstrate the long-term health benefits and protection provided by repeated vaccination. Statistics show that even with the current SARS-CoV-2 variants, the risk of severe disease progression remains high, especially in older and immunocompromised individuals. We believe that variant-adapted vaccines will continue to play an important role in protecting people from COVID-19 and severe disease.

We are currently preparing to adapt our COVID-19 vaccine to make it available in time for the upcoming 2025/2026 vaccination season.

[Slide 18: Execution in 2024]

Allow me to conclude by summarizing what we achieved in 2024 and the first quarter of 2025.

[Slide 19: Advancing Toward Our Vision: Key Achievements in 2024 and Q1 2025]

We have made significant progress with our two focus programs - BNT327 and our mRNA cancer immunotherapies.

For our mRNA cancer immunotherapies, we have initiated a new Phase 2 trial to evaluate BNT122, also known as Autogene Cevumeran, in the treatment of surgically removed bladder cancer. Earlier this year, we also published two manuscripts in peer-reviewed journals describing our findings from two Phase 1 studies with autogene cevumeran.

For our FixVac programs, we have positive Phase 2 data for our candidate BNT111 for the treatment of melanoma patients whose melanoma has either recurred or who have failed standard of care therapies.

We have presented clinical data in multiple indications for BNT327 and initiated potentially pivotal Phase 3 and Phase 2/3 studies in small cell lung cancer and non-small cell lung cancer, respectively. We are planning to start another pivotal trial with BNT327 for the treatment of triple-negative breast cancer this year.

With the acquisition of our long-standing partner Biotheus, we have obtained the global rights for the development and commercialization of BNT327 and further expanded our capabilities in the field of immunotherapy.

We were able to maintain our leading global market position for our COVID-19 vaccine together with Pfizer. We also continued to advance several other programs for infectious diseases with high unmet medical needs.

We were able to achieve all of this while maintaining a strong financial position. We believe that we have laid a good foundation with our continued growth in 2024 and are therefore well positioned for continued progress in 2025.

[Slide 20: Outlook 2025]

I would now like to summarize our priorities for the year 2025. In doing so, I will focus on the most important expected clinical and regulatory milestones for our oncology pipeline.

[Slide 21: Strategic Priority Areas in 2025]

This year, we will continue to concentrate on the development of our two focus programs: BNT327 and our mRNA cancer immunotherapies. These programs are currently in Phase 2 or Phase 3 trials and are expected to deliver data later this year.

We will continue to expand our commercial capacities in oncology. Our goal is to become a fully integrated biopharmaceutical company in oncology.

We will continue to invest in vaccines for the prevention of infectious diseases this year to maintain our global leadership position in the COVID-19 vaccine market while advancing the next generation of COVID-19 vaccines and combination vaccines in the clinic. In addition, we plan to present data on our early infectious disease pipeline later this year.

Finally, we are preparing for our first potential launches in oncology. One potential candidate is our antibody-drug conjugate BNT323, which we are continuing to develop towards a Biologics License Application. We are also continuing to expand our team for targeted, AI-supported commercialization so that we are well equipped for the distribution of our future oncology products in key markets.

[Slide 22: Advancing Our Vision for Oncology: A Once In a Generation Opportunity to Transform Medicine for Cancer Patients]

We expect several approvals for oncology products in a variety of indications, particularly in the next few years. We believe that we are well on the way to establishing ourselves as one of the world's leading oncology companies.

For BioNTech, 2025 means significant change. As part of this great team, I look forward to accompanying our product candidates on their way to market maturity and making this value creation visible for the company and for society. We have a unique opportunity to make a

difference in medicine, and I believe we have what it takes to establish BioNTech as one of the leading global immunotherapy companies.

It is the dedication, passion and highly professional work of our employees that continuously contribute to making BioNTech's vision a reality. That is why we would like to thank you. We would like to thank you, our valued shareholders, for your continued trust and support over the past few years. You are helping us to take the next steps together in implementing our strategy and realizing our vision.

Finally, I would like to say a few personal words to Jens before handing the floor back to our Meeting Chairman. As mentioned, our esteemed CFO will be retiring in June of this year. Dear Jens, we thank you very much for your excellent leadership in the finance department and your significant contributions to the successful development of BioNTech. We wish you continued success and fulfilment in all that you do in the future.

I look forward to welcoming Ramon to our Management Board team as Jens' successor from July. With his experience and expertise, we will continue to drive forward our strategic goals for the coming year. With that, I would like to thank everyone who has joined us for this Annual General Meeting today. I would now like to hand the floor back to our Meeting Chairman.