

Valneva SE

Analysts Presentation: Q1 2014

May 13th 2014





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April 2014

- + Valneva and Adimmune Corporation partner to commercialize Japanese encephalitis vaccine in Taiwan

March 2014

- + New research agreement and transfer of an existing commercial agreement to Emergent Biosolutions for the development of vaccines in the EB66[®] cell line.
- + Aeras initiates phase II clinical trial of a tuberculosis vaccine candidate using Valneva's IC31[®] adjuvant
- + Approval and launch in South America of a second veterinary vaccine produced in the EB66[®] cell line
- + Continuation decision of the Phase II/III clinical trial for the Pseudomonas aeruginosa vaccine candidate
- + First ever marketing authorization for a human vaccine produced in the EB66[®] cell line

February 2014

- + Fourth antibody discovery program launched by Sanofi Pasteur



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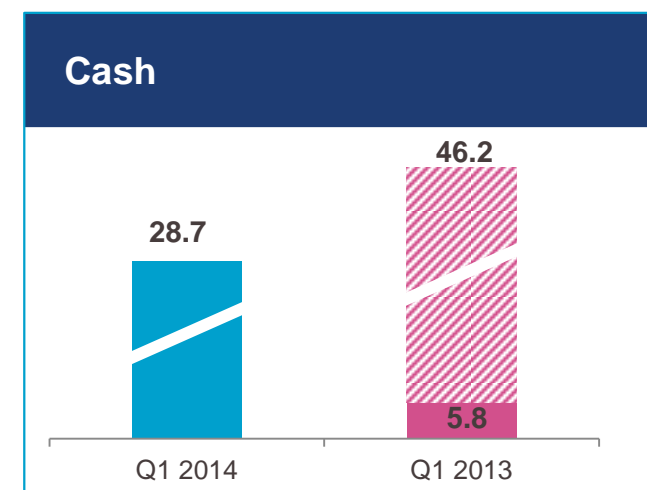
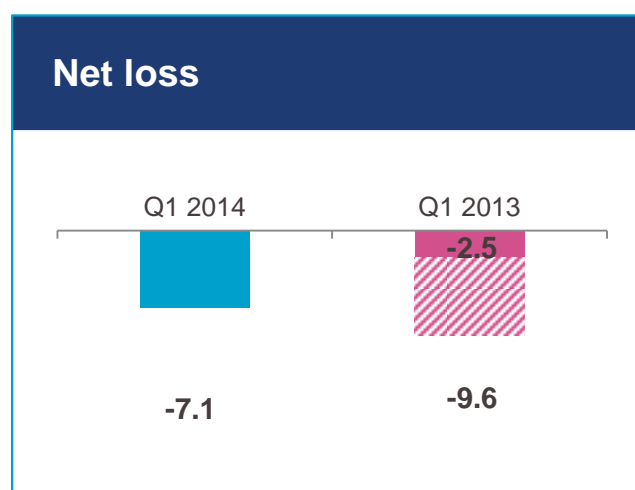
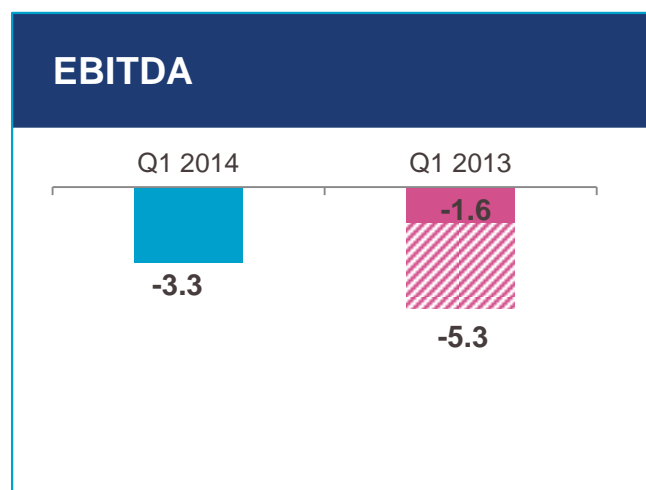
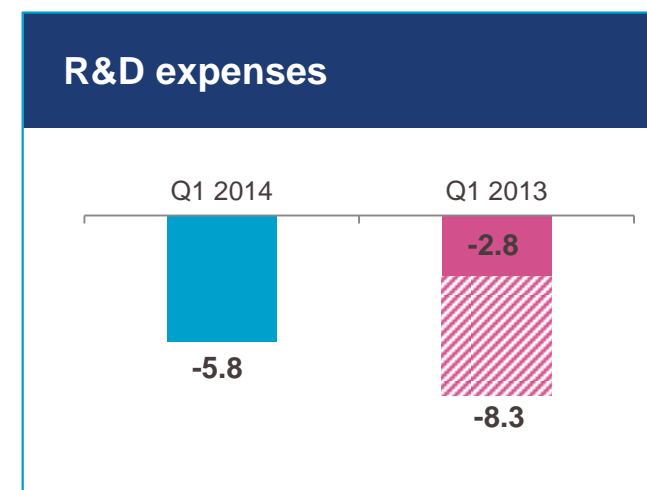
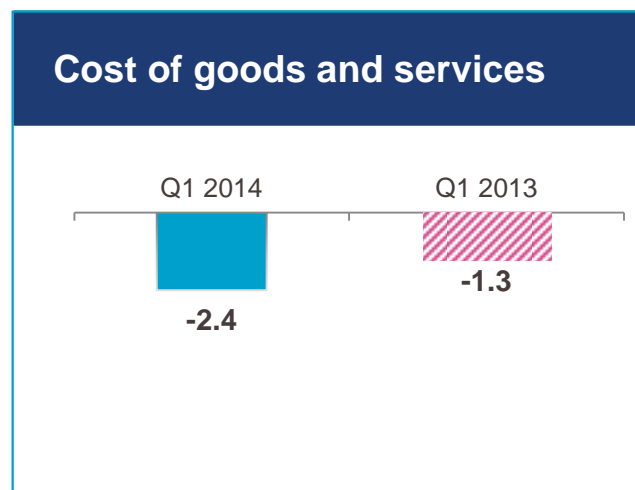
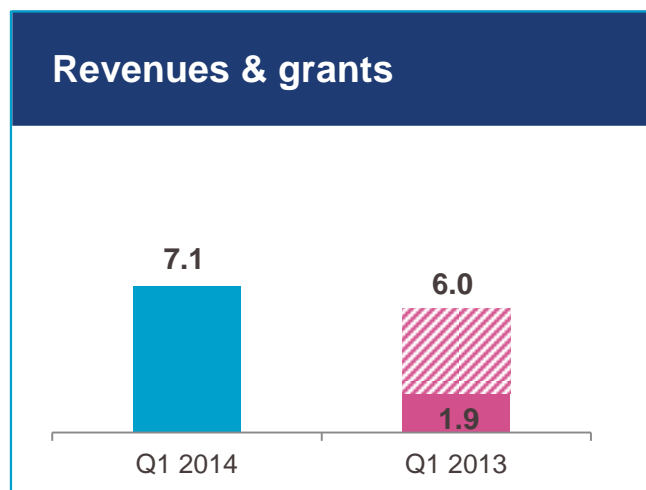
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Key figures Q1 2014

IFRS unaudited, EUR million

■ Q1 2013
▨ Q1 2013 pro forma*



* For detailed explanation of pro forma assumptions and reconciliation to IFRS results see the Company's webpage www.valneva.com



Q1 2014 Profit & Loss

IFRS unaudited, EUR in thousands

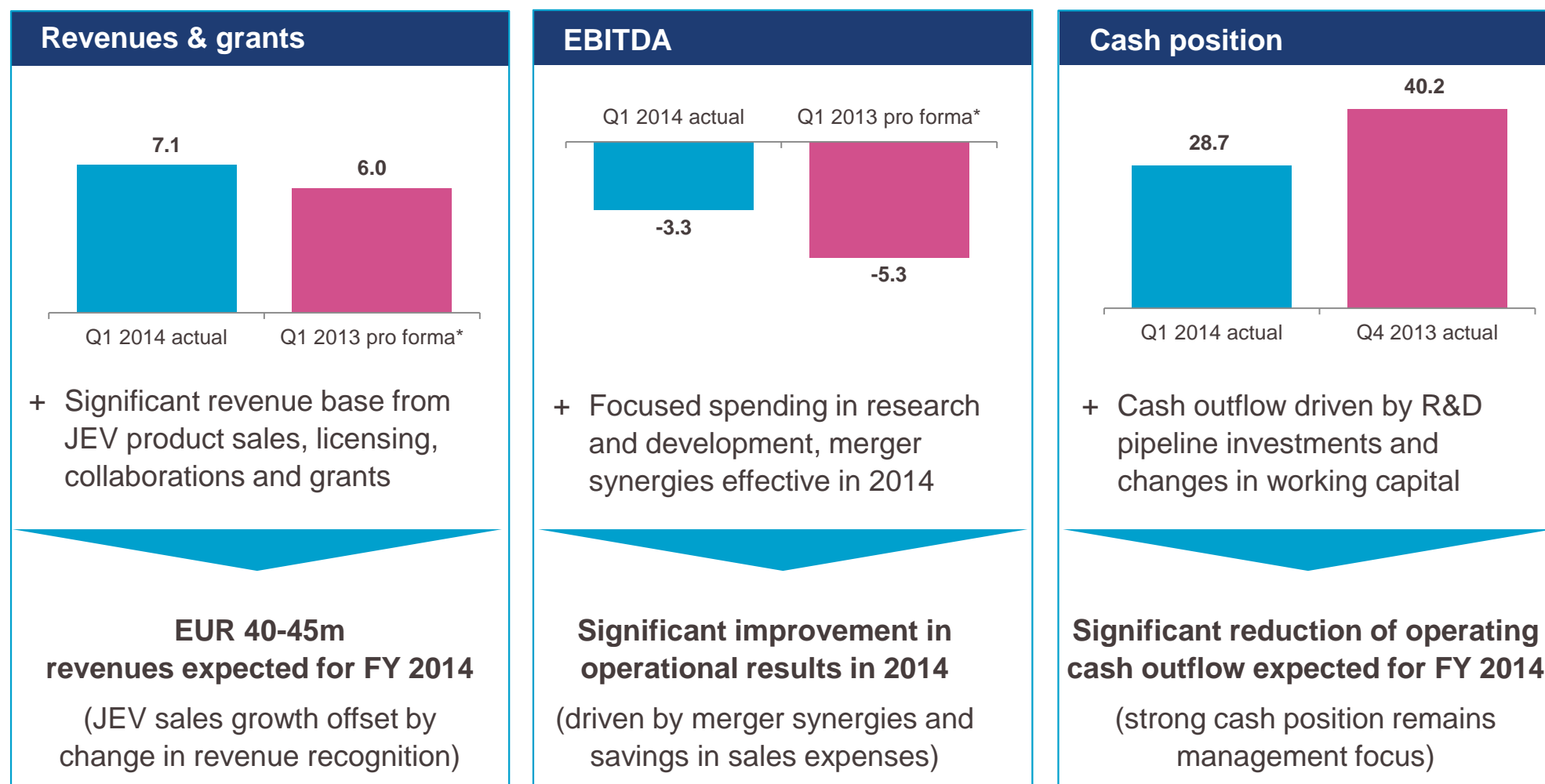
	IFRS actual		Pro forma* actual
	Q1 2014	Q1 2013	Q1 2013
Product sales	3,822	-	2,088
Revenues from collaborations, licensing & grants	3,273	1,877	3,955
Revenues and Grants	7,095	1,877	6,043
Cost of goods and services	(2,358)	-	(1,329)
R&D expenses	(5,776)	(2,824)	(8,329)
S,G&A expenses	(3,179)	(996)	(3,833)
Other income and expenses, net	(74)	(70)	665
Amortization of intangible assets	(2,156)	(412)	(1,075)
OPERATING LOSS	(6,449)	(2,424)	(7,859)
Finance & tax expenses, net	(663)	(125)	(1,745)
LOSS FOR THE PERIOD	(7,112)	(2,549)	(9,604)
EBITDA	(3,293)	(1,575)	(5,255)

* For detailed explanation of pro forma assumptions and reconciliation to IFRS results see the Company's webpage www.valneva.com



Full year 2014 & outlook

Significant EBITDA improvement and reduction of net loss expected in 2014



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IXIARO®/ JESPECT®

A marketed, unique product licensed in 35+ countries⁷

Japanese Encephalitis (JE): Most Common Viral Encephalitis in Asia¹

- + JE is caused by a Flavivirus (like Dengue, Yellow Fever, Tick-borne Encephalitis)²
- + JE is the leading cause of viral neurological disease & disability in Asia³
- + JE results in 68,000 estimated symptomatic cases in Asia each year⁴
- + Between 1 in 25 and 1 in 1,000 infections lead to clinical disease⁵
- + Currently there is no effective treatment for JE¹
- + JE is fatal in 20-30% of symptomatic cases and leaves half of the survivors with neurological sequelae¹

The Product

- + Vero-cell derived, inactivated
- + No gelatin, no stabilizers
- + Alum-adjuvanted
- + Liquid formulation
- + 2 injections (day 0 and 28)
- + For travellers, including adults and children aged 2 months and above*
- + For military personnel (exclusive contract with US Department of Defense)⁸

Global Marketing and Distribution Agreements

US, EU, Asia⁶



Australia, New Zealand



India, Indian subcontinent⁶
(local manufacturing based on Valneva's technology)



Taiwan

NEW



Adimmune Corporation



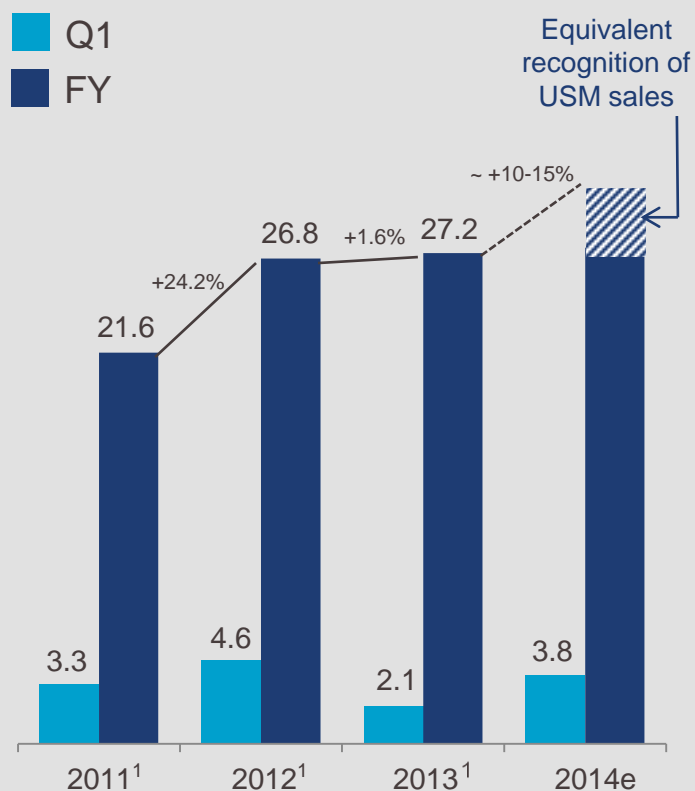
1 CDC. MMWR 2010;59:1-27; 2 CDC. MMWR 2010;59:1-27 Solomon T et al. J. Neurol. Neurosurg. Psychiatry 2000;68:405-415; 3 Solomon T et al. J. Neurol. Neurosurg. Psychiatry 2000;68:405-415; 4 WHO. Bull World Health Organ 2011; 89:766-774E.; 5 van den Hurk AF et al. Annu Rev Entomol 2009;54:17-35; 6 M&D rights, not yet approved or launched; 6 trade name JEEV®; 7 EU (28 countries), Norway, Lichtenstein, Iceland, Switzerland, Israel, Hong Kong, Singapore, Macau, USA, Canada, Australia, New Zealand; 8 PR Intercell 2009-05-08.

* Please refer to Product / Prescribing Information (PI) / Medication Guide approved in your respective countries for complete information, incl. dosing, safety and age groups in which this vaccine is licensed. The currently available presentation for IXIARO® can be used in children from 3 years of age. Prior to availability of the new presentation, no attempt should be made to adjust the syringe volume or to administer a 0.25mL/3µg dose in children less than 3 years of age.



Towards continued growth of in-market sales and increased profitability

Product sales revenues in EUR m



Q1 2014 sales analysis

- + Due to the seasonality of travel vaccines, the first quarter typically represents the lowest net sales period
- + Solid double-digit year-on-year in-market sales growth across key markets
- + Strong delivery sales to distribution partners following reduction of inventory levels in Q1 2013

Business potential

- + Military business driven by troop deployment to Asia and adoption of JE vaccination policy
- + Improved traveller penetration rates led by education and improved product features
- + Valneva has a gross margin target of ~50% on net sales revenues
- + Long term in-market business potential of ~EUR 150-200m²

¹ Intercell pro forma product sales incl. sales before merger

² Travel vaccine market to 2017, GBI Research published on 14 May 2013 / total JEV market potential / all markets



Valneva and Adimmune partner to commercialize Japanese Encephalitis vaccine in Taiwan

Important step forward in Valneva's JE vaccine expansion strategy

Market Overview

- + JEV included in Taiwanese NIP – annual demand ~600kds/yr
- + Adimmune legacy sole source supplier (20+ yrs) of JE-MB
- + Taiwanese ACIP recently recommended introduction of JE-VC

Deal Principles

- + Adimmune entitled to register and commercialize Valneva's JE vaccine under a local trade name
- + Companies intend to develop, manufacture and commercialize JE vaccine from bulk product delivered by Valneva
- + First revenues from Adimmune expected in H2 2016



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EB66® in influenza

Replacement of egg-based manufacturing – exclusively licensed to GSK

Pandemic influenza

Japan:

NEW

- + **H5N1 Pandemic vaccine approved (Kaketsuken *)**
- + Facility in Kumamoto with 80 million doses pandemic capacity
- + Kaketsuken may supply pandemic vaccines for stockpiling, under national directive

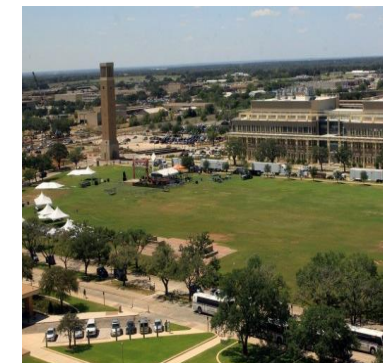
US**:

NEW

- + Construction of manufacturing facility in Bryan-College, Texas (USD 91m)
- + **US Department of Health and Human Services (HHS) announced that the site could supply under Emergency Use Authorization (EUA) in case of pandemic from 2017 onwards.*****



Kaketsuken's EB66® influenza vaccine manufacturing facility, Japan



GSK-Texas A&M, EB66® influenza vaccine manufacturing center, USA

Seasonal influenza

- + First EB66® based seasonal flu vaccine approval expected in 2018-2019
- + Leveraging on pandemic development path and manufacturing capabilities

Near term: 3%–6% royalty on potential revenues resulting from pandemic stockpiling or outbreak

Medium term: expected additional milestones and royalties from development of seasonal influenza vaccine

*: GSK's co-development partner in Japan under the EB66® license agreement

** : funded by Department of Health and Human Services (HHS)

***: see Internet Link (<http://www.fiercevaccines.com/story/report-emergency-flu-vaccine-manufacturing-site-will-be-online-2017/2014-04-10>)



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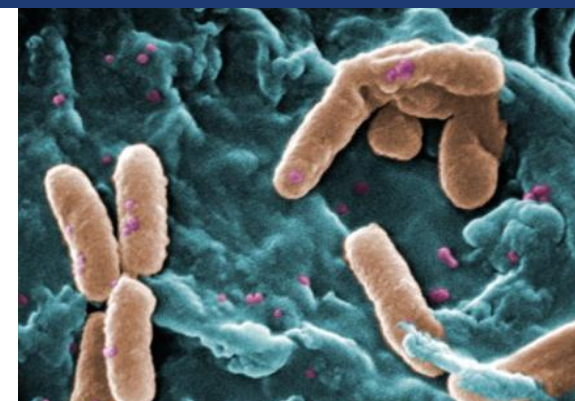
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Pseudomonas aeruginosa

Targeting an unmet medical need

IC43 vaccine candidate (Phase II/III)

- + Represents ~20% of all nosocomial infections^{1,3}
- + Target population: 700,000 to one million intensive care unit patients on mechanical ventilation in the U.S. and Europe annually²
- + *Pseudomonas aeruginosa* colonization of ventilated patients is associated with increased mortality rate⁴
- + All-cause mortality rate of 20% to 40% (at day 28) in this target population²



Our product candidate

- + Recombinant OprF/I fusion produced in *E. coli*
- + No preservatives
- + Liquid formulation
- + 2 injections (days 0 and 7)

Current development

- + Study targeting approx. 800 patients
- + Reduction in mortality as primary endpoint
- + Interim analysis after approx. 400 patients completed
- + Current trial co-financed by Novartis
- + Potential development milestones of up to EUR 120m and royalty payments⁵

Sources: 1 *Pseudomonas* Infection, Selina SP Chen, Russell W Steele, MD – Chapter on Epidemiology <http://emedicine.medscape.com/article/970904-overview#a0199>;
 2 Valneva internal information; 3 Vincent JP et al, JAMA, 1995; p639-644; 4 Robert Koch Institut: Gesundheitsbericht des Bundes Heft 8
 5 Under SAA with Novartis: Intercell Annual report 2012, p. 39,45



Pseudomonas aeruginosa

Current Phase II/III interim analysis indicates further confirmation of previous findings

Previous Key Findings

Pre-clinical¹:

- + Protective in a murine lethal Pseudomonas aeruginosa challenge model

Phase I (163 subjects)²:

- + Immunogenic in healthy volunteers
- + Safe and well tolerated

Phase II (400 patients)²:

- + Immunogenic in ICU patients, no safety concerns
- + Significant reduction of all-cause mortality vs. placebo*
- + Significant prognostic value of OprF/I titer on survival
- + Reduced mortality rates in patients with infection

Current Interim Findings**

Phase II/III interim (394 patients)³:

- + Clinically meaningful difference in mortality rates Vaccine-Placebo
- + No safety concerns regarding safety profile
- + Difference in mortality not as pronounced and planned based on Ph II (therefore formally futile)
- + Trends on mortality progression (efficacy) confirmed

1 Investigator's Brochure 8.0, section "non-clinical pharmacology studies", pp 26-28, 2 Intercell PR 2010.10.25, 3 Valneva PR 2013.10.30.

*: Statistically significant reduction of mortality for group vaccinated with 100mcg w/o Alum (formulation chosen for ongoing phase II/III trial)

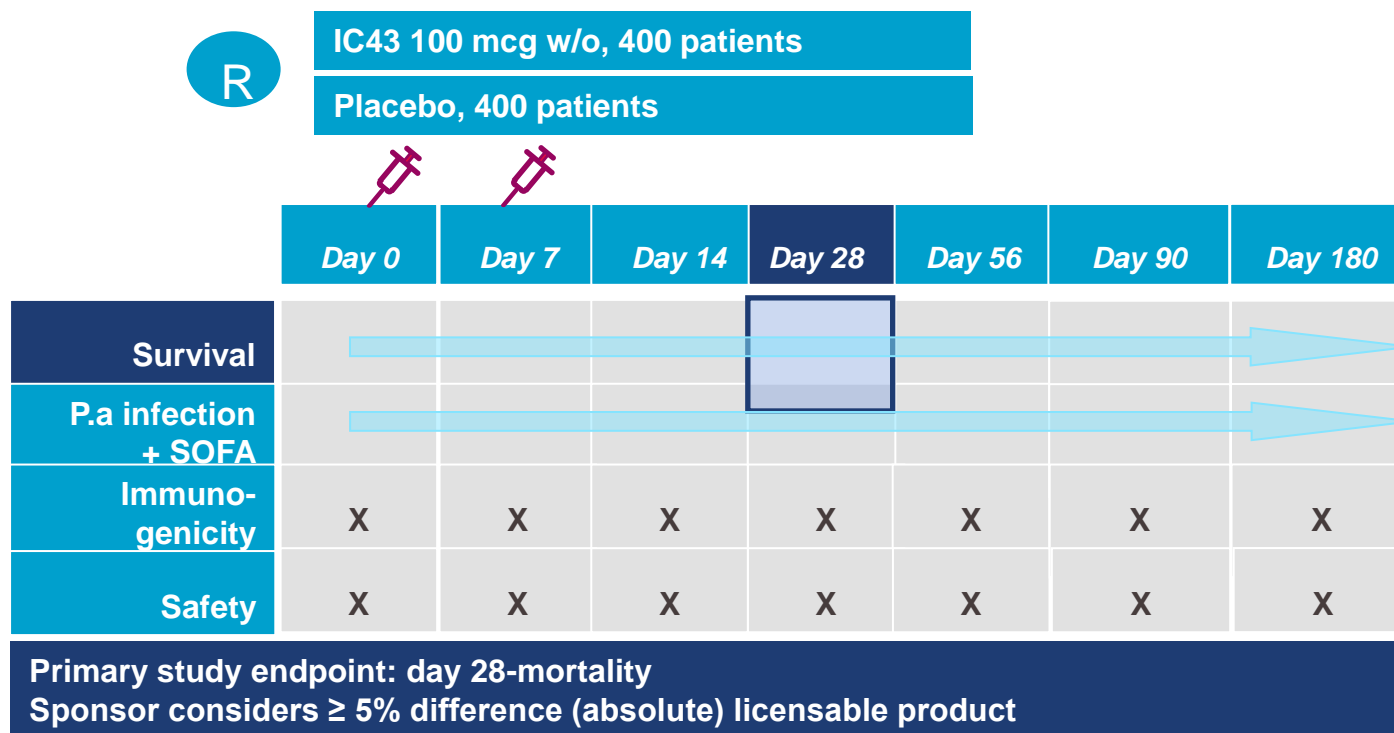
** Fully blinded / Analysis conducted by Data Monitoring Committee



Pseudomonas aeruginosa

IC43-202 – A Confirmatory Efficacy Study

- + Phase II/III, double-blind, randomized, multi-center, placebo-controlled pivotal efficacy study*
- + Participating countries: Austria, Belgium, Hungary, Germany, Spain, Czech Republic



+ Potential consideration to extend sample size if necessary and justified

- + Recruitment of patients for clinical trial is expected to resume Q2 2014
- + Preliminary results are expected at the end of 2015 / early 2016
- + Trial conduct and end-point unchanged

*Based on EMA scientific advice obtained in October 2011



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Valneva's pipeline of commercialized and R&D assets

From discovery through to market – in-house and with partners

	Product(s) / Candidates	Discovery	IND ¹ enabling	PH I	PH II	PH III	Approved/Marketed	Partner
Proprietary vaccines	IXIARO®/JESPECT® JE vaccine	[Solid blue arrow from Discovery to PH III]						Novartis, CSL, Biological E
	Pseudomonas aeruginosa	[Solid blue arrow from Discovery to PH II]						Novartis
	Clostridium difficile	[Solid blue arrow from Discovery to PH I]						In-house, Novartis option
	Borrelia	[Solid blue arrow from Discovery to IND enabling]						In-house, Novartis option
EB66® programs	EB66® partnered veterinarian Vaccines	[Shaded pink arrow from Discovery to PH III]						Kaketsuken, Merial, Zoetis, Merck Animal Health
	EB66® pandemic influenza	[Shaded pink arrow from Discovery to PH III]						GSK/Kaketsuken
	EB66® partnered human programs	[Shaded pink arrow from Discovery to PH I]						GSK&Kaketsuken (season. influenza), Sanofi Pasteur, Delta-Vir, Transgene, Geovax
Other antibody and vaccine programs	IC31® partnered programs (including tuberculosis vaccine)	[Shaded blue arrow from Discovery to PH II]						Novartis, Sanofi, SSI, AERAS, others
	VIVA Screen® partnered human anti-infective mAbs	[Shaded blue arrow from Discovery to PH I]						Sanofi Pasteur (> 3 disease targets)
	Proprietary antibody programs	[Solid dark blue arrow from Discovery to PH I]						In-house

¹ Investigational New Drug

■ solid color: in-house program
 ▨ shaded color: program managed by partner(s)



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“Novartis and GSK trade assets as pharma industry reshapes”¹



- + Major contemplated transaction, including the divestment of Novartis' vaccines business (excluding flu) to GSK, expected to close in the first half of 2015.
- + Valneva expects to benefit from two existing strategic partners joining forces.
 - › Valneva's key assets partnered with Novartis are potentially highly complementary to GSK; e.g. Pseudomonas and C. difficile vaccines are not programs GSK already has in its clinical development portfolio.
 - › We do not expect an impact on Flu/EB66[®] cell-culture partnership with GSK since the Novartis flu business (including their cell-culture based flu vaccine) is not part of the contemplated transaction.

¹ Reuters April 22nd 2014



Valneva's Q1 2014 key milestones and FY 2014 outlook

Significant potential value inflection points

✓ Completed

Q1 2014

- + Phase II/III study continuation Pseudomonas aeruginosa ✓
- + Market approval and launch of EB66[®] pandemic influenza vaccine in Japan ✓
- + Fourth antibody program with Sanofi Pasteur using the VIVA|Screen[®] platform ✓
- + Approval of a second veterinary product produced in the EB66[®] cell line (FARVET) ✓
- + New EB66[®] license agreement: Emergent Biosolutions) ✓
- + New IC31[®] Tuberculosis data (Aeras) ✓

Q2 and H2 2014

- + New agreement to commercialize JEV vaccine in Taiwan (Adimmune Corporation) ✓
- + Approval of another veterinary product produced in the EB66[®] cell line
- + Phase II trial start for C. difficile* vaccine candidate
- + Further IC31[®] / Tuberculosis data
- + New EB66[®] licenses agreements
- + Sanofi potential opt-in milestone for first VIVA|Screen[®] antibody program
- + Phase I trial start for Borrelia vaccine candidate

* Subject to regulatory acceptance and agreement with development partner



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Thank you
Danke
Merci

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