The Universal Flu Vaccine
Multi-Season Multi-Strain Flu Vaccine

CORPORATE PRESENTATION
AUGUST 2019
SAFE HARBOR STATEMENT

This presentation is not a prospectus or offer of securities for subscription or sale in any jurisdiction.

All statements in this communication, other than those relating to historical facts, are “forward-looking statements” within the meaning of the United States Private Litigation Reform Act of 1995. You can identify forward-looking statements by terms including “anticipates,” “believes,” “could,” “estimates,” “expects,” “intends,” “may,” “plans,” “potential,” “predicts,” “projects,” “should,” “will,” “would,” and similar expressions intended to identify forward-looking statements. These forward-looking statements relate to our business and financial performance and condition, as well as our plans, strategies, objectives and expectations for our business, operations and financial performance and condition. However, these forward-looking statements are not guarantees of future performance and are subject to a number of assumptions, involve known and unknown risks, many of which are beyond our control, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Important factors that could cause actual results to differ materially from our expectations include, among others: the risk that drug development involves a lengthy and expensive process with uncertain outcome; BiondVax's ability to successfully develop and commercialize its vaccine; the length, progress and results of any clinical trials; the introduction of competing products; the impact of any changes in regulation and legislation that could affect the pharmaceutical industry; the difficulty in receiving the regulatory approvals to commercialize BiondVax's products; the difficulty in evaluating business prospects; the adequacy of available cash resource and the ability to raise capital when needed; the regulatory environment and changes in the health policies and regimes in the countries in which we operate; changes in the global pharmaceutical industry; changes in customers' budgeting priorities; European Medicines Agency and other regulatory authority approvals; natural disasters; labor disputes; rising interest rates; general market, political or economic conditions in the countries in which we operate; pension and health insurance liabilities; volatility or crises in the financial market; arbitration, litigation and regulatory proceedings; and war or acts of terror.

Forward-looking statements reflect our current views with respect to future events and are based on assumptions and subject to risks and uncertainties. You should not unduly rely on any forward-looking statements. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that future results, levels of activity, performance and events and circumstances reflected in the forward-looking statements will be achieved or will occur. The risks, uncertainties and assumptions referred to above are discussed in detail in our reports filed with the Securities and Exchange Commission, including our Annual Report on Form 20-F for the year ended December 31, 2018 filed with the U.S. Securities and Exchange Commission, or SEC, which is available on the SEC’s website, www.sec.gov, and in the Company’s periodic filings with the SEC. Readers are urged to carefully review and consider the various disclosures made in the Company’s SEC reports, which are designed to advise interested parties of the risks and factors that may affect its business, financial condition, results of operations and prospects. These forward-looking statements speak only as of the date of this presentation, and we assume no obligation to update or revise these forward-looking statements for any reason, whether as a result of new information, future events or otherwise, except as required by law.
BiondVax on the Radar


A SEASONAL PROBLEM... A PANDEMIC THREAT

The Flu: A Serious Public Health Challenge

SEASONAL FLU – DESPITE ANNUAL VACCINE PRODUCTION (500 MILLION DOSES\(^1\))

- Flu cases: up to 20\(^2\)
or 1.5 billion
- Severe illness: 3 – 5 million\(^3\)
- Deaths: 650,000\(^3\)

- At-risk Seniors: 80% of deaths & most hospitalizations\(^4\)
- High economic burden: Over $87B including $56B in elderly\(^5\)
- USA: Up to 80,000 deaths and 900,000 hospitalizations\(^6\)

PANDEMIC FLU

- New pandemic strain: When?... Where?... Which?
- Higher morbidity & mortality worldwide

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CURRENT VACCINE FALLS SHORT: THE MISMATCH

The Flu Virus: Frequent and Unpredictable Mutations

Why current solutions fall short...

• Past strains selection → Mismatch phenomenon

• Previous season’s vaccine will not necessarily protect against next season’s flu strains

• 4-6 month production lag

Seasonal Flu Vaccine Effectiveness¹
Average 40%, Elderly as low as 9%²

<table>
<thead>
<tr>
<th>Year</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-05</td>
<td>10%</td>
</tr>
<tr>
<td>2005-06</td>
<td>21%</td>
</tr>
<tr>
<td>2006-07</td>
<td>52%</td>
</tr>
<tr>
<td>2007-08</td>
<td>37%</td>
</tr>
<tr>
<td>2008-09</td>
<td>41%</td>
</tr>
<tr>
<td>2009-10</td>
<td>56%</td>
</tr>
<tr>
<td>2010-11</td>
<td>60%</td>
</tr>
<tr>
<td>2011-12</td>
<td>47%</td>
</tr>
<tr>
<td>2012-13</td>
<td>49%</td>
</tr>
<tr>
<td>2013-14</td>
<td>52%</td>
</tr>
<tr>
<td>2014-15</td>
<td>19%</td>
</tr>
<tr>
<td>2015-16</td>
<td>48%</td>
</tr>
<tr>
<td>2016-17</td>
<td>40%</td>
</tr>
<tr>
<td>2017-18</td>
<td>38%</td>
</tr>
</tbody>
</table>

Measles, Rubella, Diphtheria, Tetanus, etc. 95%-99%

**THE ELDERLY — AT RISK AND IN NEED**

- ~80% of seasonal flu related death occurs in elderly
- Seasonal vaccine effectiveness as low as 9% for elderly
- 80% of older adults have at least one chronic condition
- *Influenza worsens outcomes of chronic illness*
- Elderly flu cost in US estimated at $56B per year (hospitalization, mortality, lost earnings)

NIH: “*During the period from 1989 to 1997 the vaccination rate for elderly persons ≥65 years of age in the US increased from 30 to 67%. Despite this increase in coverage, mortality and hospitalization rates continued to increase rather than decline as would be expected...*”


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**MEETING MILESTONES & CATALYSTS**

**Solid Science, Phase 3 Clinical Stage, Strong IP**

- **Technology developed by Prof. Ruth Arnon**
- **Head BiondVax’s SAB**

**2005**
- Technology developed by Prof. Ruth Arnon
- Head BiondVax’s SAB
- BiondVax operational

**Mid 90's**
- Co-Inventor of **Copaxone**

**2019**
- **6 Successful Clinical Trials**
  - Two Phase 1/2 & Four Phase 2
  - FDA IND / EMA SA
  - 698 young adult to elderly participants
  - M-001 shown to be safe and immunogenic in all studies

**- Ongoing Pivotal Clinical Efficacy Phase 3 trial (Europe)**
**- Ongoing USA NIH-sponsored Phase 2**

**WEIZMANN INSTITUTE OF SCIENCE**

**TASE June 2007 Delisted 2018**

**Nasdaq: BVXV 2015**

**Commercial pilot facility**

**One • For All : The Universal Flu Vaccine**

**FDA**

**Teva Pharmaceuticals**

**BiondVax Pharmaceuticals Ltd.**
**M-001: A Common Denominator of Flu Viruses**

**Target Common Regions:** Nine common flu regions (epitopes) connected to make one recombinant protein (M-001) produced in *E. coli*

### BiondVax’s M-001 Key Advantages

<table>
<thead>
<tr>
<th>BiondVax’s M-001 Key Advantages</th>
<th>Existing vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal: <strong>Broad coverage</strong> types A&amp;B</td>
<td>Strain specific</td>
</tr>
<tr>
<td><strong>Single formulation</strong> enabling year-round vaccination</td>
<td>New vaccine every year</td>
</tr>
<tr>
<td>Quick, robust <strong>year-round production</strong> through <em>E. coli</em> fermentation (6-8 weeks)</td>
<td>Long (4-6 month) production cycle</td>
</tr>
<tr>
<td><strong>Induces cellular (CMI) and enhances humoral</strong> (HAI priming effect) immune response to flu</td>
<td>Limited vaccine effectiveness</td>
</tr>
<tr>
<td><strong>Shelf life up to 24 months</strong> at 2-8°C (testing is ongoing) and <strong>6 months</strong> at ~25°C (room temperature)</td>
<td>Not applicable, since new vaccine every season</td>
</tr>
</tbody>
</table>

Now in prefilled syringes
M-001: The Universal Flu Vaccine

M-001’s dual mode of action potentially offers multi-season and multi-strain protection

- Flu viruses are **intracellular** parasites
- Most of their **lifecycle** occurs **inside** our cells, thus are **out of the reach of antibodies**
- Our immune system mainly fights viral infection with **cellular immunity via cytokines**

Our immune system has 2 arms:

**Cellular (CMI)**
- Works **inside** infected cells
- e.g. T-Helper, CD4, CD8
- Produce anti-viral cytokines such as IL-2, IFN-g

**T-cell**
- Directly induces T-Cells

**Humoral (HAI)**
- Works **outside** cells
- T-cell priming effect enhances B-Cell responses
- Produce Antibodies

Current vaccines mainly induce only flu strain-specific antibodies

**BiondVax’s M-001 Dual Mode of Action**

One • For All: The Universal Flu Vaccine
### M-001: Safe and Immunogenic in Young Adults to Elderly

- **No** treatment-related severe adverse events
- Adverse events were **mild** to **moderate**
- All adverse events observed were **transient**
- **Immunity:** Cellular induced, humoral enhanced

<table>
<thead>
<tr>
<th>Phase</th>
<th>Trial</th>
<th>Year</th>
<th>Population (age)</th>
<th>Total Participants</th>
<th>Status</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2</td>
<td>BVX-002</td>
<td>2009</td>
<td>Younger Adults (18-49)</td>
<td>63</td>
<td>Completed</td>
<td>M-001 was well tolerated and a cellular (CMI) and humoral (priming effect) immune response was observed</td>
</tr>
<tr>
<td>1/2</td>
<td>BVX-003</td>
<td>2010</td>
<td>Older Adults (55-75)</td>
<td>60</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>BVX-004</td>
<td>2011</td>
<td>Younger Adults (18-49)</td>
<td>200</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>BVX-005</td>
<td>2012</td>
<td>Elderly (65+)</td>
<td>120</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>BVX-006</td>
<td>2015</td>
<td>Older Adults (50-65)</td>
<td>36</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>BVX-007*</td>
<td>2015-16</td>
<td>EU Adults (18-60)</td>
<td>219</td>
<td>Completed</td>
<td>698</td>
</tr>
</tbody>
</table>

- BVX-008* completed in collaboration with the EU’s UNISEC consortium
- BVX-008 conducted and led by NIAID/NIH

<table>
<thead>
<tr>
<th>Phase</th>
<th>Trial</th>
<th>Year</th>
<th>Population (age)</th>
<th>Total Participants</th>
<th>Status</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>BVX-008†</td>
<td>2018</td>
<td>USA Adults (18-49)</td>
<td>120</td>
<td>NIH: Results expected end of 2019</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>BVX-010</td>
<td>2018</td>
<td>E. European Adults (50+)</td>
<td>~12,000</td>
<td>1st cohort (2018/19), 2nd cohort enrolling</td>
<td></td>
</tr>
</tbody>
</table>

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**ADDITIONAL CLINICAL DEVELOPMENT**

**Group**
- **Treatment:** M-001, M-001
- **Control:** Saline, Saline
- **Baseline:** HAI

**Day 0**
- Seasonal or Pandemic HA vaccine to all participants
M-001: INDUCES CELL MEDIATED IMMUNITY (CMI)

Direct Evidence: CD8, CD4 T-cell Activated Cells Produce TH1 Cytokines (IFN-gamma, IL-2 & TNF-alpha)

**UNISEC (EU): Statistically significant anti viral cytokines**

**UNISEC (EU): 13 fold increase in responders expressing 2 cytokines (18-60 Y)**

"Multiple-Cytokine-Producing Antiviral CD4 T Cells Are Functionally Superior to Single-Cytokine-Producing Cells"

S Kannanganat et al, J VIROL, 2007, 81(16)8468–76

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M-001: Enhances Humoral Immunity (HAI)

Indirect Evidence: Extending T-Cell Priming Effect for Enhanced HAI Responses to Current Flu Vaccines

“M-001 can provide broadened enhanced immunity extending even to influenza strains destined to circulate in future years.” – Vaccine

In 2011 we administered M-001 to seniors 65+ (BVX005)

4 years later, 5 times more seniors were seroprotected from a new epidemic strain (A/Swiss) that didn’t exist in 2011!

Pivotal Clinical Efficacy Phase 3 Trial (Europe)

A pivotal, multicenter, randomized, modified double-blind, placebo-controlled phase 3 trial to assess the safety and clinical efficacy of M-001, an influenza vaccine, administered intramuscularly twice in older adults and the elderly (≥50 years of age).

**Trial Design:** Flexible enrollment

<table>
<thead>
<tr>
<th>Cohort 1 (4,094 enrolled Aug-Oct 2018)</th>
<th>Cohort 2 (~8,000 enrolling July-Nov 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1 (4,094 enrolled Aug-Oct 2018)</td>
<td>Cohort 2 (~8,000 enrolling July-Nov 2019)</td>
</tr>
<tr>
<td>Day 1</td>
<td>Day 21</td>
</tr>
<tr>
<td>Experimental</td>
<td></td>
</tr>
<tr>
<td>1mg M-001</td>
<td>1mg M-001</td>
</tr>
<tr>
<td>Control</td>
<td>Placebo</td>
</tr>
</tbody>
</table>

- **ILI symptoms active surveillance** throughout flu seasons
- **Primary endpoints:** Safety & clinical efficacy by reduction of illness rate
- **Secondary endpoint:** Reduced severity of influenza illness

*One • For All: The Universal Flu Vaccine*
BiondVax’s New Manufacturing Facility

From Lab to Pilot Mid-Size Commercial Scale Facility

- Funding: EIB, BiondVax, and Israel’s Ministry of Economy & Industry
- Target annual capacity: Up to 20 million doses in bulk with up to 10 million single dose syringes
- Goal: Year-round GMP production & stockpile per market demand

One • For All: The Universal Flu Vaccine

Jerusalem BioPark
Hadassah Ein Kerem Campus
Jerusalem, Israel
## BIONDVAX: FIRST-IN-CLASS, BEST-IN-CLASS

<table>
<thead>
<tr>
<th>Player</th>
<th>Technology</th>
<th>Strength</th>
<th>Phase</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>BiondVax</td>
<td><strong>M-001</strong>: Synthetic protein B- &amp; T-cell peptides (HA, M1, NP)</td>
<td>• Broad coverage&lt;br&gt;• Six completed human clinical trials&lt;br&gt;• Young to elderly</td>
<td>Pre-clinical</td>
<td>N=4,792&lt;br&gt;Statistically significant European Ph2b trial UNISEC consortium. NIAID/NIH sponsored ongoing collaboration Phase 2 in USA. Ongoing pivotal, clinical efficacy Phase 3 trial (Europe).</td>
</tr>
<tr>
<td>Vaccitech</td>
<td><strong>MVA-NP+M1</strong>: Adenovirus vector expressing Influenza A conserved NP and M1 proteins</td>
<td>• T-cell boost when administered with TIV</td>
<td>I</td>
<td>N=2,542&lt;br&gt;Two ongoing Phase2b trials; Australia: Prime (QIV)-boost, 2200 participants 18+ Yr. Belgium – challenge, 153 participants 18-55 Yr, results expected 2020. Oxford University spinoff, raised $27m in 2017</td>
</tr>
<tr>
<td>IMUTEX</td>
<td><strong>FLU-V</strong>: 4 T-cell peptides adjuvanted formulation</td>
<td>• Challenge and immunogenicity trials</td>
<td>I</td>
<td>N=408&lt;br&gt;2016: Seek created Imutex with hVIVO Phase 2b challenge (2016), NIH collaboration and UNISEC Phase 2b (2018)</td>
</tr>
<tr>
<td>IMUTEX</td>
<td><strong>M2SR (RedeeFlu)</strong>: Single replication virus; Broadening immunogenicity to flu subtype H3N2</td>
<td>• First in human results reported 2018&lt;br&gt;• Immunogenic in mice</td>
<td>I</td>
<td>N=195&lt;br&gt;Phase 2 challenge, intranasal, 2019 interim results ‘serum antibody response.’ Equity funding $27m, including $5.5m Aug 2017; $27m gov’t grants.</td>
</tr>
<tr>
<td>FluGen</td>
<td><strong>OXV836</strong>: Recombinant poly-Arg NP (H1 strain) in VLP, produced in E.coli</td>
<td>• CD8 T-cell activation</td>
<td>I</td>
<td>N=72&lt;br&gt;Phase 1 results expected H2 2019. Raised total €11m, including €8m July 2019.</td>
</tr>
<tr>
<td>Imutex</td>
<td><strong>H1ssF_3928</strong>: H1 HA stem + ferritin nanoparticle</td>
<td>• NIH infrastructure</td>
<td>I</td>
<td>N=53&lt;br&gt;Phase 1 began 2019, results expected 2020</td>
</tr>
<tr>
<td>Academic labs</td>
<td>Stem-only immunogens based on rational design; DNA and RNA vaccines</td>
<td>• Heterosubtypic protection in mice, ferrets, primates</td>
<td>I</td>
<td>Results in animals</td>
</tr>
</tbody>
</table>

**One • For All**: The Universal Flu Vaccine
SUMMARY FINANCIAL DATA

Financial Data Highlights

• **Lean structure** with 16 employees, current operating burn
  ~$380K/month (excl. clinical phase 3 trial and facility construction)

• **10.1M outstanding ADS** (12.7M fully diluted)

Balance Sheet Highlights

• **$20.2M cash** on hand, no debt (Q4 2018)

• **€20M EIB non-dilutive co-funding agreement**\(^1\) received in 2018

• **Additional €4M EIB extension** announced in 2019

• **Secondary offering** Sept 2017, $10M gross proceeds

• **Rights offering raised $20M** July 2019

• **Government of Israel support** from Ministry of Economy and Industry’s Israel Investment Center, and royalty-based grants from the Israel Innovation Authority (formerly Office of the Chief Scientist)

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\(^1\) European Investment Bank (EIB) €24M support for M-001 Phase 3 trials and commercial production also includes:

• Milestone based drawdowns. Ultimate milestone included regulatory authorization to launch Phase 3 trial

• Zero-percent fixed interest loan for five years after each of the 3 drawdowns

• Variable remuneration based on royalties of net sales

American Depository Shares ticker: BVXV
**Flu Vaccines – A Large and Growing Market**

### Global Flu Vaccine Sales – 2018

- **Sanofi** 39%
- ** Seqirus** 21%
- **GSK** 13%
- **Others** 25%
- **AstraZeneca** 2%

### Flu Vaccine Market

#### Seasonal Flu
- **Worldwide**: $5.2B global market in 2018; expected to grow to $7.5B by 2024
- **USA**: $1.6B in 2015 growing to $2.5B by 2022; ~169M doses in 2018/19
- Forecasted **CAGR of 6.37%**

#### Pandemic Flu
- Swine Flu (A/H1N1) 2009 + first half of 2010 sales: $5-6B worldwide by Novartis, GSK and Sanofi (on top of seasonal flu vaccine sales)
- >1B pandemic vaccines doses ordered in 2009

**“The United States has spent approximately $1 billion in these [H5N1 flu vaccine stockpile] efforts to date.”**

**“…part of our nation’s overall pandemic preparedness strategy…stockpile of bulk vaccine...for influenza viruses with pandemic potential to vaccinate 26 million people immediately after a pandemic is declared.”**
# Management

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Founder, President &amp; CEO</td>
<td>Ron Babecoff</td>
<td>DVM, MEI&lt;br&gt;• Degree from University of Liège (ULG)&lt;br&gt;• Master in Entrepreneurship &amp; Innovation (ISEMI, Swinburne)&lt;br&gt;• Omrix Biopharmaceuticals Ltd (Marketing Manager)&lt;br&gt;• Dexcel Pharma (Regional Export Manager)</td>
</tr>
<tr>
<td>CSO &amp; Clinical Trial Leader</td>
<td>Tamar Ben-Yedidia</td>
<td>PhD&lt;br&gt;• Co-inventor of the universal flu vaccine&lt;br&gt;• Degree from Weizmann Institute of Science&lt;br&gt;• Biotechnology General Ltd.</td>
</tr>
<tr>
<td>CFO</td>
<td>Uri Ben-Or</td>
<td>CPA, MBA&lt;br&gt;• Degree from College of Administration&lt;br&gt;• Glycominds Ltd. (VP Finance)&lt;br&gt;• Menorah Capital Markets (Comptroller)</td>
</tr>
<tr>
<td>COO</td>
<td>Shimon Hassin</td>
<td>PhD&lt;br&gt;• Degree from University of Maryland Biotechnology Institute&lt;br&gt;• Kadimastem (CEO)&lt;br&gt;• InSight Biopharmaceuticals (Head of Bioprocessing)</td>
</tr>
<tr>
<td>Site Head &amp; Process Development</td>
<td>Elad Mark</td>
<td>BSc Engineering, MBA&lt;br&gt;• Principal bioprocess engineer&lt;br&gt;• Novartis (Technical Project Manager - Process)</td>
</tr>
<tr>
<td>BD Manager</td>
<td>Joshua Phillipson</td>
<td>Hon. BSc&lt;br&gt;• Hon. BSc. from University of Toronto&lt;br&gt;• Accenture (Business Management Consultant)&lt;br&gt;• BioData Ltd. (Marketing Manager)</td>
</tr>
</tbody>
</table>

One • For All: The Universal Flu Vaccine
# Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prof. Avner Rotman, PhD</strong></td>
<td>Chairman of the Board, Biodar (CEO), Rodar (Founder), Israel Biotech Organization (Chairman, Steering committee)</td>
</tr>
<tr>
<td><strong>Mr. Mark Germain</strong></td>
<td>Vice Chairman of the Board, Aentib Group (Managing Director), Pluristem (Director). Founder, director, chairman, and/or investor in over twenty biotech companies</td>
</tr>
<tr>
<td><strong>Dr. George Lowell, MD</strong></td>
<td>Director, ID Biomedical (CSO), Intellivax (Founder), Walter Reed General Hospital (Consultant)</td>
</tr>
<tr>
<td><strong>Ron Babecoff, DVM, MEI</strong></td>
<td>Founder, President and CEO, Omrix Pharmaceuticals Ltd (Marketing Manager), Dexcel Pharma Technologies Ltd. (Formerly Dexxon, Regional Export Manager)</td>
</tr>
<tr>
<td><strong>Mr. Isaac Devash, MBA</strong></td>
<td>Director, Credit Suisse First Boston (Investment Banking), Private equity and venture capital funds (Founder)</td>
</tr>
<tr>
<td><strong>Mrs. Michal Marom Brikman, CPA</strong></td>
<td>Director, Linkury Technology International Group (CFO), Union Bank, Spectronix, Biomedix incubator, ADO group, Arko holdings, Algomizer (Director)</td>
</tr>
<tr>
<td><strong>Dr. Ruth Ben Yakar, PhD</strong></td>
<td>Director, BioSight Ltd (CEO, Director), SHL Telemedicine (Director), Cellect Biotechnology (Director)</td>
</tr>
<tr>
<td><strong>Dr. Morris C. Laster, MD</strong></td>
<td>Director, BioLineRx (CEO, Director), OurCrowd (Partner), Clil Medical (CEO), Vital Spark (CEO), Kitov Pharmaceuticals (Co-founder, Director)</td>
</tr>
</tbody>
</table>
## CAP TABLE

<table>
<thead>
<tr>
<th>Nasdaq: BVXV July 2019</th>
<th>ADS Outstanding</th>
<th>%</th>
<th>ADS Price</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary ADS</td>
<td>10,058,791</td>
<td>80.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Options</td>
<td>643,943</td>
<td>5.1%</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>ADS Warrants</td>
<td>1,819,959</td>
<td>14.5%</td>
<td>$ 6.25</td>
<td>May 5, 2020</td>
</tr>
<tr>
<td>Fully Diluted Shares Outstanding</td>
<td>12,522,693</td>
<td>100.00%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Voluntarily delisted from Tel Aviv Stock Exchange January 22, 2018. (ADS-Shares 1:40 ratio)
# IP: Comprehensive and Expanding Coverage

- 74 Patents & 11 Pending Applications
- Covering polypeptides, polynucleotides, compositions, uses, formulations, production
- Expiration to 2035

<table>
<thead>
<tr>
<th>Title</th>
<th>International Publication</th>
<th>Subject Matter</th>
<th>Priority &amp; Assignee</th>
<th>Status</th>
<th>Expiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Influenza Vaccine</td>
<td>WO 2007/066334</td>
<td>Wide-range vaccines – broad strain and extended protection</td>
<td>12/6/2005: Yeda R&amp;D licensed to BiondVax</td>
<td>Granted: 1, 2, 3, 5, 9, 12, 13, 14, 18, 19, 20, 23, 25, 28, 31, 32, 33, 35, 36</td>
<td>Dec 2026 (Jan 2027 for US)</td>
</tr>
<tr>
<td>Multimeric Multi-Epitope Influenza Vaccines</td>
<td>WO 2009/016639</td>
<td>Vaccines comprising multiple copies of several epitopes – current product</td>
<td>8/2/2007: BiondVax</td>
<td>Granted: 1, 2, 3, 5, 6, 7, 8, 9, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36 Under Examination: 4</td>
<td>Aug 2028 (Aug 2031 for US)</td>
</tr>
<tr>
<td>Multimeric Multi-Epitope Polypeptides in improved Seasonal and Pandemic Influenza Vaccines</td>
<td>WO 2012/114323</td>
<td>Use of Multimeric as a primer to conventional vaccines</td>
<td>BiondVax</td>
<td>Granted: 1, 5, 36</td>
<td>Feb 2031</td>
</tr>
</tbody>
</table>

1=Australia, 2=Austria, 3=Belgium, 4=Brazil, 5=Canada, 6=China, 7=Croatia, 8=Czech Republic, 9=Denmark, 10=Europe, 11=Finland, 12=France, 13=Germany, 14=Greece, 15=Hong Kong, 16=Hungary, 17=India, 18=Ireland, 19=Israel, 20=Italy, 21=Japan, 22=Korea, 23=Luxembourg, 24=Mexico, 25=Netherlands, 26=New Zealand, 27=Poland, 28=Portugal, 29=Romania, 30=Russia, 31=Spain, 32=Sweden, 33=Switzerland, 34=Turkey, 35=UK, 36=USA.
The Universal Flu Vaccine

Multi-Season Multi-Strain Flu Vaccine

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