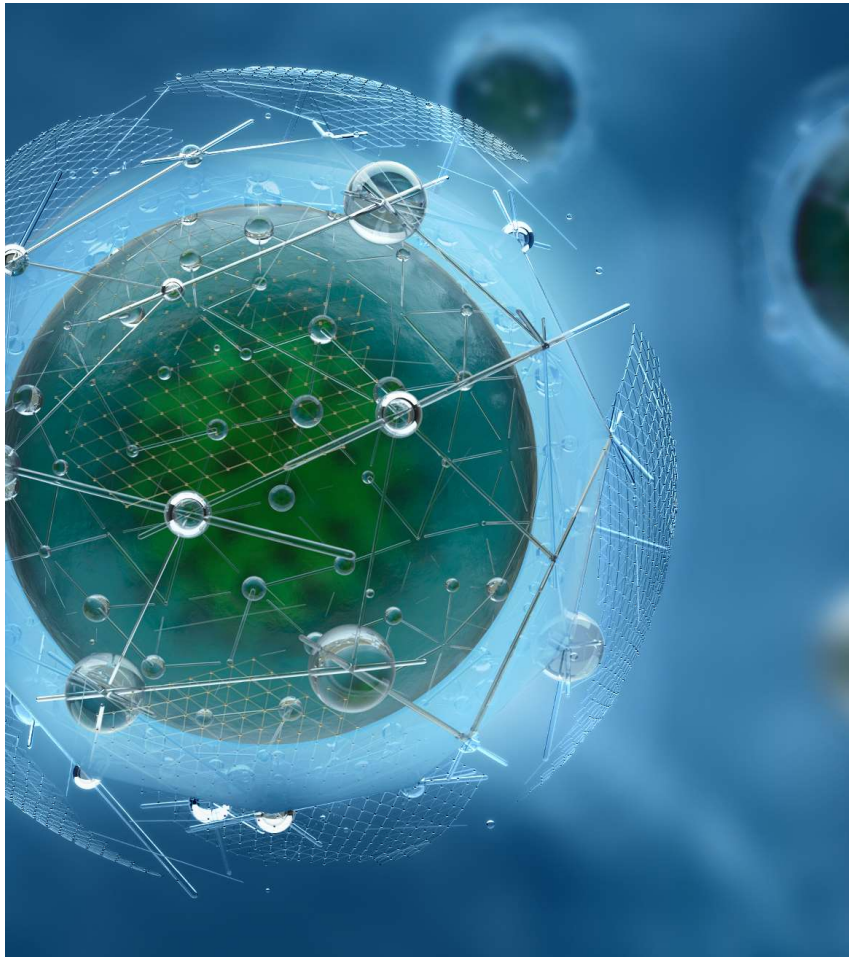

Vaccines Investor Event

Part 2

Leading with innovation

December 1st, 2021

SANOFI

Vaccines Investor Event | Agenda

Introduction		**Paul Hudson**	Chief Executive Officer
We Play to Win		**Thomas Triomphe**	Head of Vaccines GBU
Growing current business	Winning in Influenza	**Bill Averbeck**	Head of Influenza Franchise
	All infant protection against RSV	**Kimberly Tutwiler**	Head of RSV Franchise
Q&A session			
Building an innovative & diversified pipeline		**Jean-François Toussaint**	Head of Vaccines R&D
Leading with innovation	Unlocking the potential of mRNA	**Frank DeRosa**	Head of Research for mRNA CoE
	Broadening the pipeline to address unmet needs	**Jean-François Toussaint** **Thomas Grenier**	Head of Vaccines R&D Head of Franchises & Product Strategy
Conclusion		**Thomas Triomphe**	Head of Vaccines GBU
Q&A session			

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CoE: Center of Excellence

Building an innovative & diversified pipeline

Jean-François Toussaint

Head of Vaccines Research & Development

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Building an innovative and diversified pipeline to deliver sustainable growth

Opening a new chapter at Sanofi Vaccines, expanding to new disease areas

Leveraging state of the art immunology & antigen design

Selecting the best technology platform for each target

R&D objectives

Rejuvenated pipeline, with **10 new development candidates by 2025** (of which 6 mRNAs)

Focused on first-in-class / best-in-class

Broadening our pipeline & opening new areas for growth

Deepen our leadership in existing franchises

New Growth Areas

Influenza	Meningitis	RSV	Pneumo	New frontiers
• Fluzone HD pediatric • Influenza QIV mRNA ★ • Next-Gen Flu vaccines	• MenB ★ • MenPenta ★	• RSV toddler • RSV older adults & respiratory combo ★	• PCV21 ★	• Chlamydia ★ • Acne ★

★ = New

Expanding research on additional vaccines candidates against chronic diseases

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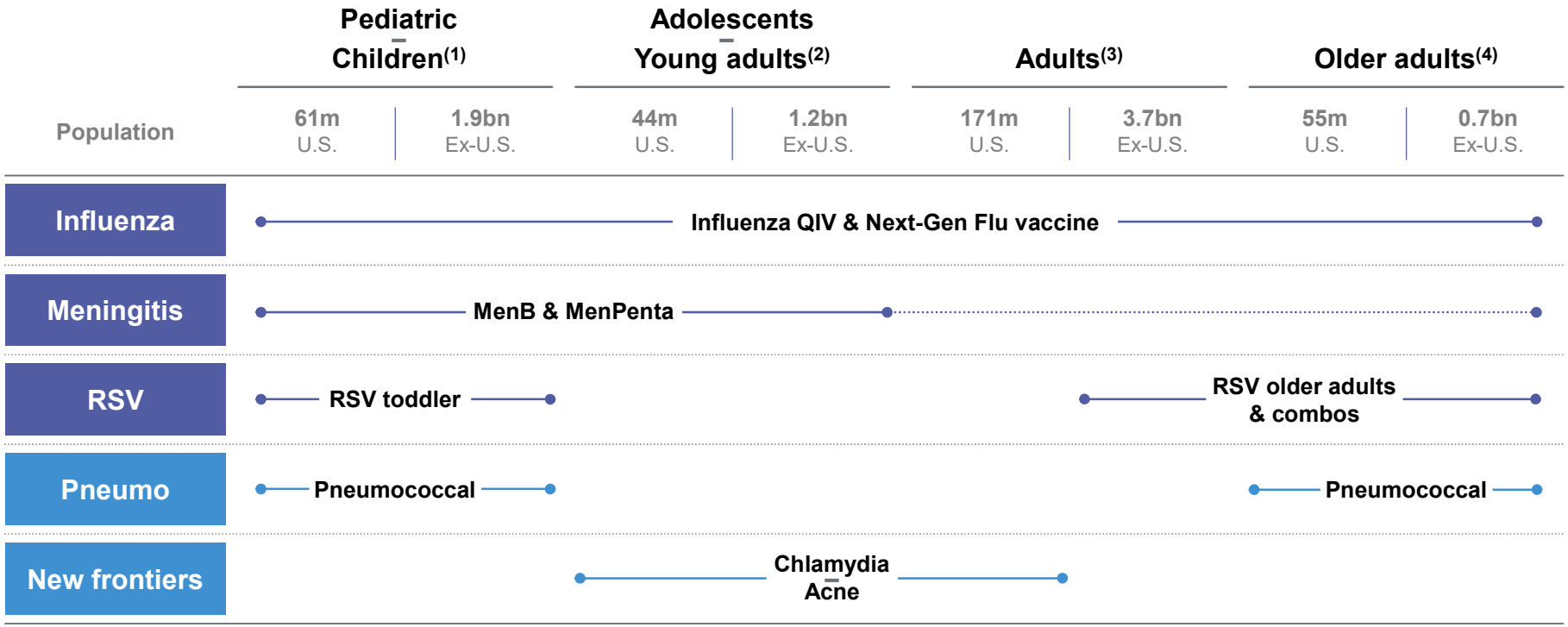
RSV: Respiratory syncytial virus PCV: Pneumococcal conjugate vaccine HD: High-Dose QIV: Quadrivalent influenza vaccine

Innovation addressing a large part of the population



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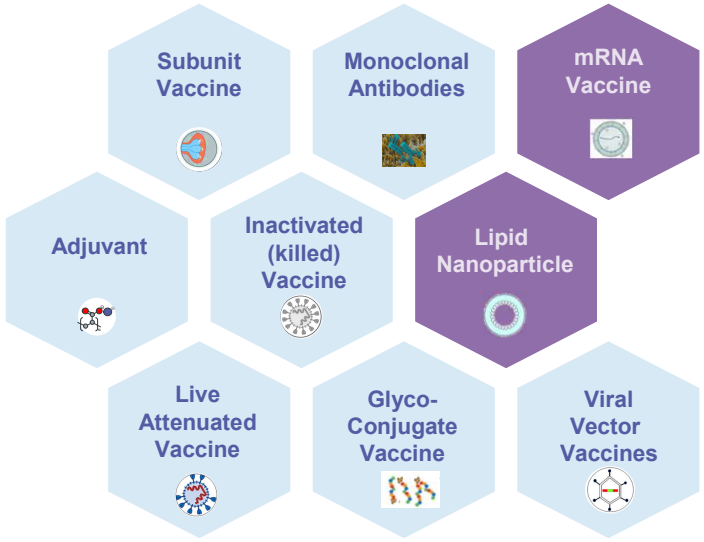
(1) 0 – 14 years old (2) 15 – 24 years old (3) 25 – 65 years old (4) 65+ years old
Source: Population estimates, The World Bank

We added mRNA to our state of the art toolbox

Established platforms

- **Broad range of antigen targets**
  - Viral & bacterial
  - Protein & polysaccharide
- **Proven efficacy** across multiple diseases & populations
- **Proven tolerability** from babies to older adults



mRNA & LNP platforms

- Restricted to **protein-based antigens**
- Particularly well suited for (respiratory) **viral pathogens**
- **Fast to clinic** & low CMC costs
- Potential to facilitate **multi-component vaccines**

We select the best platform for each target

CMC: Chemistry, manufacturing & controls

Unlocking the potential of mRNA

Frank DeRosa

Head of Research mRNA CoE

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Sanofi mRNA Center of Excellence
A biotech environment with Sanofi's powerhouse

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- Deep vaccine & antigen design expertise
- Well-established development platforms
- Expertise in running clinical trials
- Global manufacturing scale

TranslateBIO

- Strong mRNA & LNP know-how
- Proprietary algorithms & large LNP database
- Large scale material production capabilities

mRNA Center of Excellence

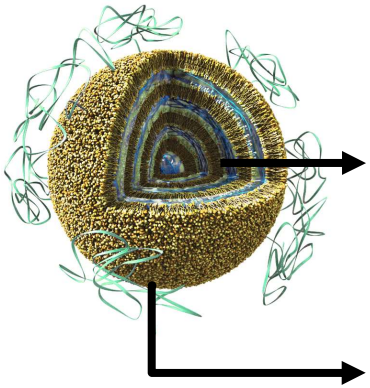
Moving fast beyond 1st generation mRNA

- **400 dedicated employees** in the U.S. (Cambridge) and France (Lyon)
- **Positive clinical results** from COVID-19 and influenza monovalent mRNA candidates
- **Pivot to modified mRNA achieved;** clinical trials planned to start in 2022
- **Expansion of proprietary database** ongoing internally & with partnerships

LNP: Lipid nanoparticles

First clinical trial with our proprietary mRNA & LNP platform

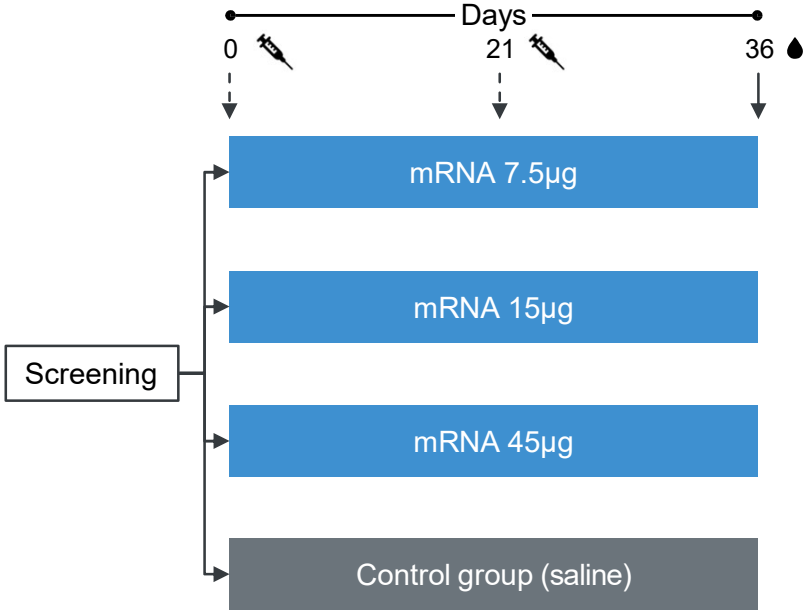
Unmodified mRNA & proprietary LNP, using COVID-19 as a reference antigen



Optimized unmodified mRNA encoding prefusion full-length SARS-CoV-2 spike protein

Proprietary LNP with customized composition and ratio

Phase I design



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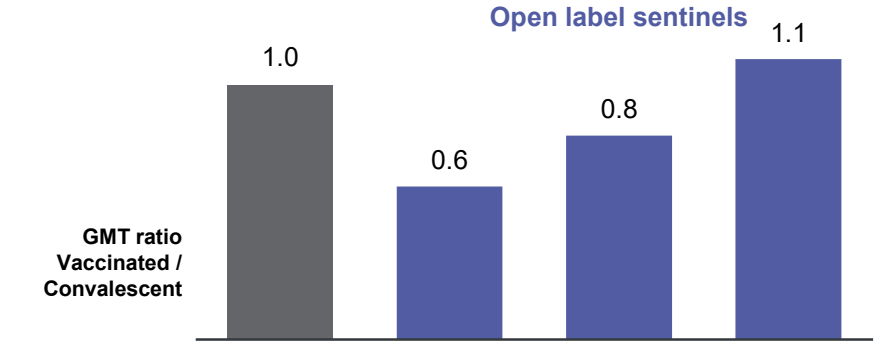
LNP: Lipid nanoparticles

Platform potential confirmed by positive interim results

100% seroconversion for all doses ≥ 15µg

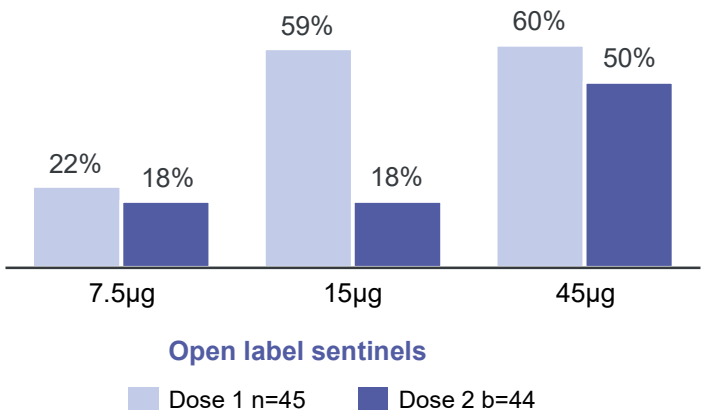
Pseudovirus nAb to D614G 14 days post-dose 2
(SARS-CoV-2 seronegative participants, n=41)



	Human Conv.	7.5µg	15µg	45µg
Seroconversion (≥4-fold increase)	N/A	91%	100%	100%

Tolerability profile in line with other unmodified mRNA COVID-19 vaccines

Grade 3 adverse events



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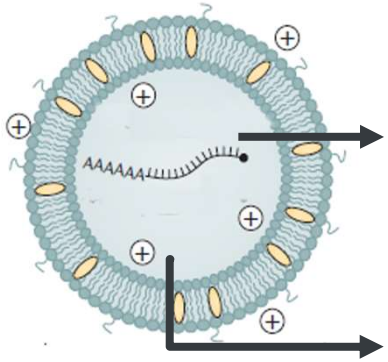
GMT: Geometric mean titer
Source: Data on file

Progressing to clinic with influenza

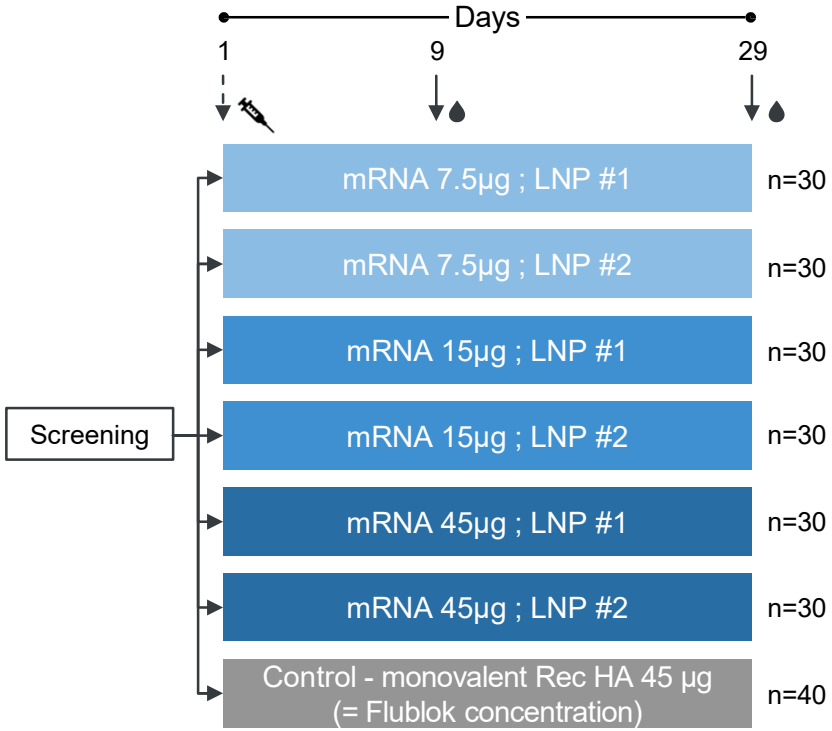
Unmodified mRNA & proprietary LNPs, for monovalent influenza vaccine



Optimized unmodified mRNA encoding for the hemagglutinin protein of the A/H3N2 strain

Two proprietary LNP options with customized composition and ratio

Phase I design



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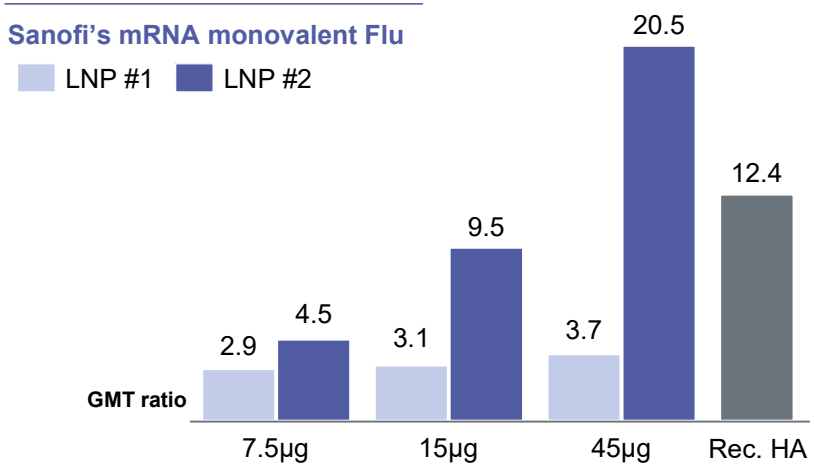
LNP: Lipid nanoparticles

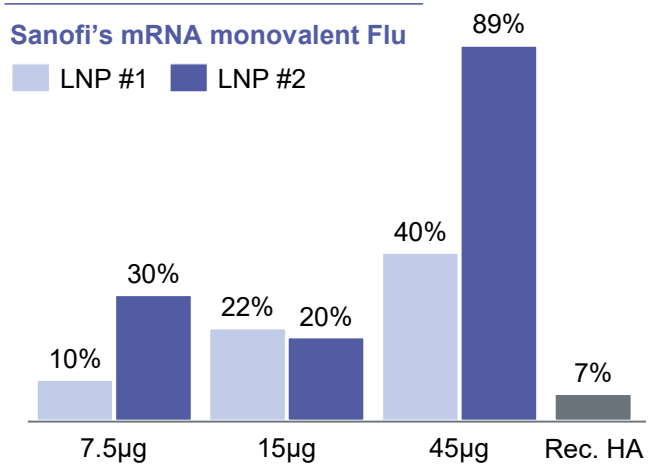
First evidence that mRNA could work for influenza, pending improved reactogenicity

Immunogenicity



	7.5µg		15µg		45µg		Rec. HA
Seroconversion(1)	30%	70%	44%	90%	40%	100%	73%

Reactogenicity(2)



LNP # 2 identified as a promising candidate for influenza vaccine

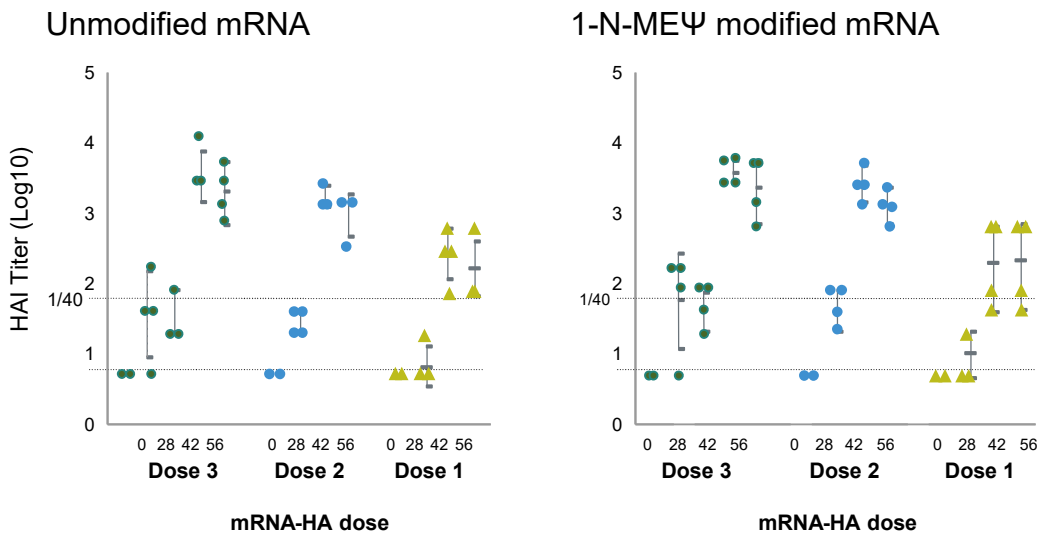
Rec. HA: Recombinant HA HA: Hemagglutinin GMT: Geometric mean titer
(1) Seroconversion: proportion of participants with D01 < 10 (1/dil) and post-titer >=40 (1/dil) or D01 >=10 (1/dil) and post-titer >= 4-fold increase (2) Grade 3 solicited reactions
Source: Data on file

Successfully pivoted to modified mRNA

Switch to modified mRNA achieved

- Pre-clinical data generated in multiple animal models
- GMP material produced
- On track to start clinical trials in influenza
  - H1 2022 for monovalent
  - H2 2022 for quadrivalent

Similar immunogenicity with modified mRNA in NHP

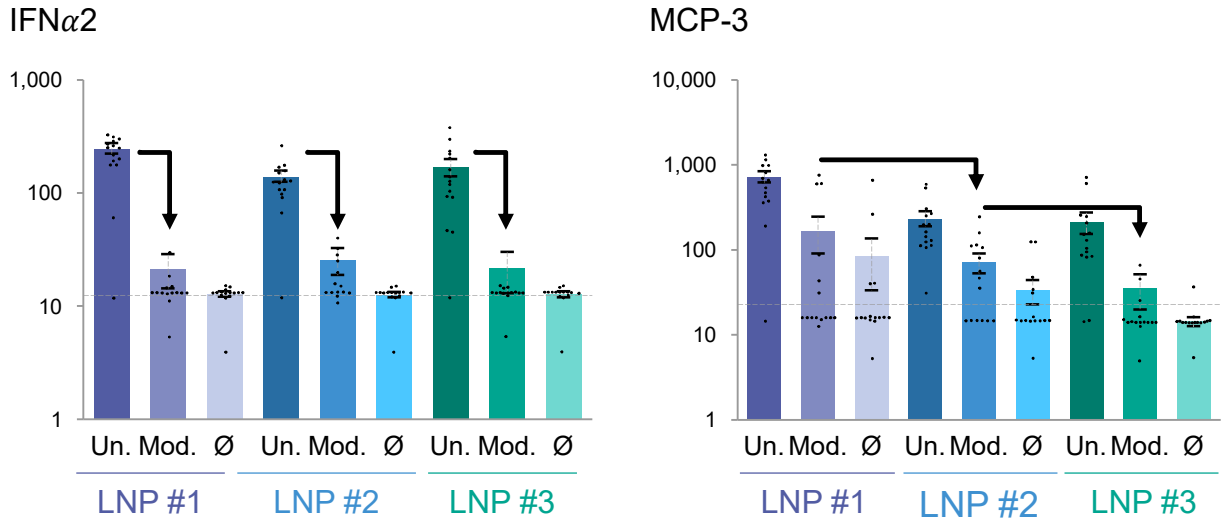


First clinical data with modified mRNA expected in 2022

GMP: Good manufacturing practices NHP: Non-human primate
Note: Study conducted in NHP with escalating two doses schedule (Day 0 and Day 28) - mRNA encoding for Flu Hemagglutinin Source: Data on file

Biomarkers show clear path to reduce reactogenicity with modified mRNA and optimized LNPs

Proprietary ex-vivo MIMIC System® assay enabling evaluation of immune responses

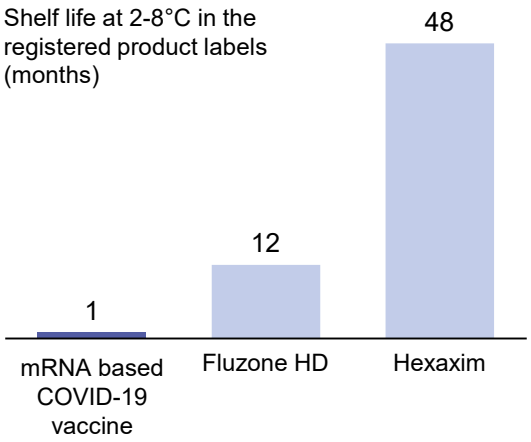


Modified mRNA & LNP optimization expected to reduce reactogenicity in the clinic

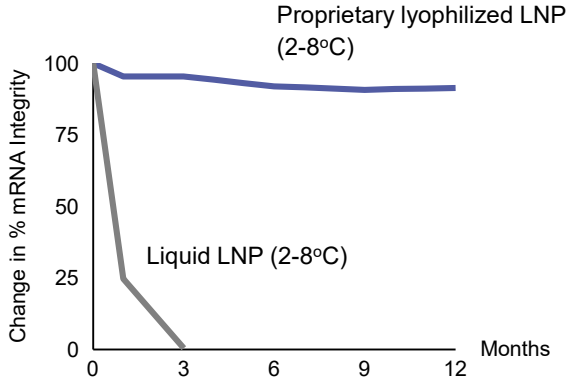
LNP: Lipid nanoparticles Ø: no mRNA MIMIC: Modular Immune in vitro Construct
Note: IFNα2 and MCP-3 presumed biomarkers of reactogenicity
Source: Data on file

Overcoming mRNA thermostability challenges

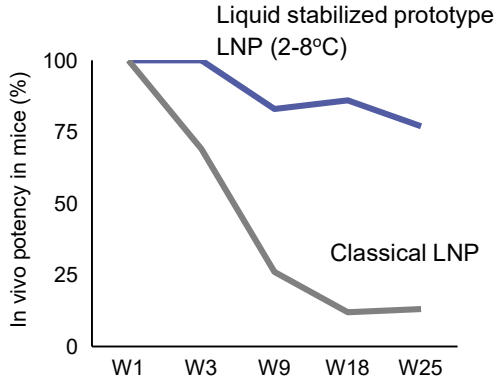
Storage at 4°C is needed for vaccines outside pandemic



Stability of lyophilized mRNA drug product achieved



Development of fully liquid formulation underway



Ready to go with lyophilized

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Note: Fluzone HD: Egg-based influenza vaccine Hexaxim: 6-in-1 combination pediatric vaccine
Source: Data on file

Breaking barriers to unlock mRNA potential

	1st gen mRNA	2nd gen mRNA	3rd gen mRNA
Immunogenicity	✓ High	✓ High	✓ High
Reactogenicity	— Moderate to high	✓ Tolerability profile in line with established vaccines	✓ Tolerability profile in line with established vaccines
Thermostability	— ~1 month shelf life (2-8°C)	✓ Lyophilized or 9 – 12 months fully liquid	✓ Lyophilized or 9 – 12 months fully liquid
Duration of expression	— 1 – 3 days	— 1 – 3 days	✓ Extended half-life
Targeting	— -	— -	✓ Efficient cell & organ specificity
	Applicable to pandemic market	**Required profile for general vaccine markets**	**Optimal profile for therapeutics**

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Jean-François Toussaint

Head of Vaccines Research & Development

Thomas Grenier

Head of Franchises & Product Strategy

Broadening the pipeline to address unmet needs

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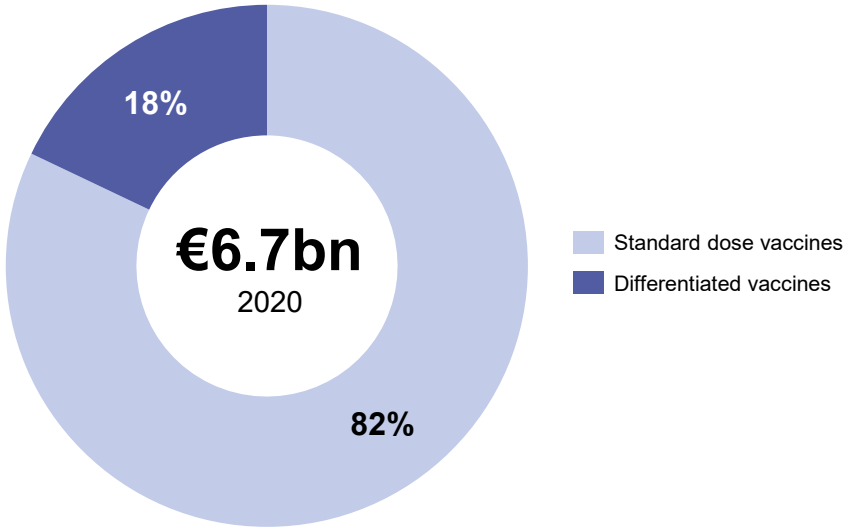
Influenza: further raising the bar

Market overview



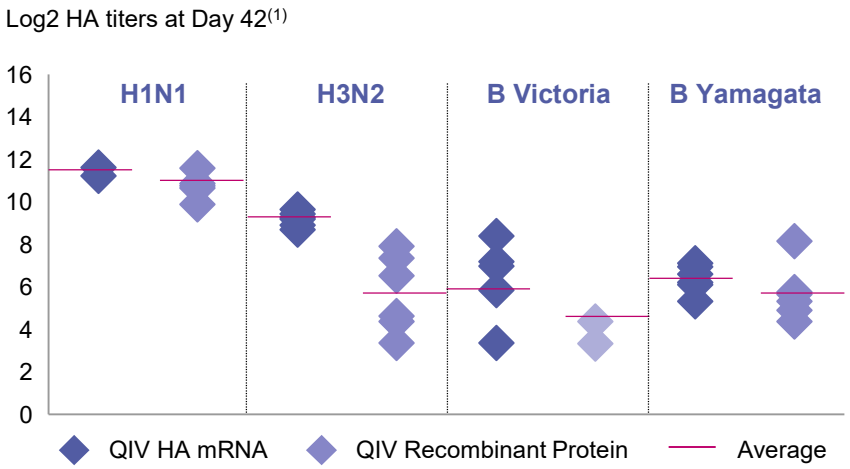
Sanofi strategy to keep winning in flu

- **Accelerated mRNA QIV Influenza development**
- **Raising the bar further with Next-Gen Flu**
  - Machine Learning for better strain selection
  - Expanding on neuraminidase to induce greater protection

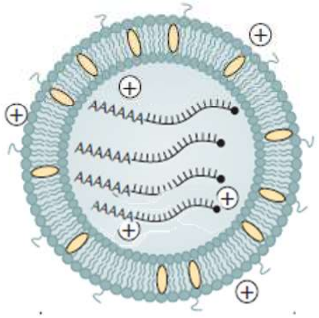
QIV: Quadrivalent influenza vaccine
Source: Sanofi published sales and market estimates at 2020 exchange rate

First milestone achieved for Sanofi mRNA QIV

Pre-clinical data generated with unmodified mRNA



Pivoted to modified for final candidate



- Optimized modified mRNA sequence
- Encoding for 4 HA proteins
- Optimized LNP to reduce reactogenicity

LNP: Lipid nanoparticles HA: Hemagglutinin
(1) Immunogenicity response in ferrets Source: Data on file

Influenza mRNA QIV development with objective to demonstrate Protection Beyond Flu

Phase I/II – Targeted initiation in 2022

- Two age cohorts (18-64yo & 65yo+)
- Dose-selection trial
- Comparison against standard of care

Selection of final composition for each population

Phase III – Targeted Initiation in 2023

- Quadrivalent vaccine based on WHO selected strains
- Comparison to standard of care

Registration trial designed to demonstrate vaccine efficacy & build safety database

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WHO: World Health Organization

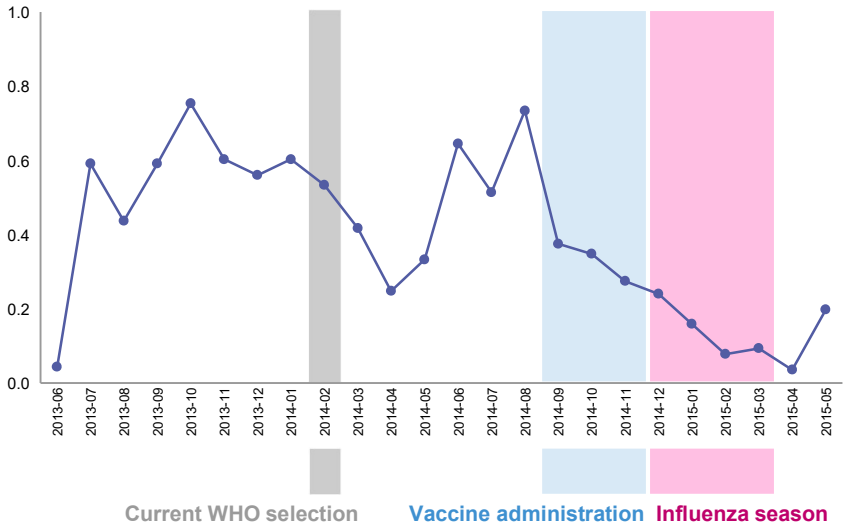
Later strain selection not the solution for improved efficacy

Only 2 out of past 10 years with strain mismatch

Season	Predominant strain in adults ≥ 65yo[1]	Vaccine strain to predominant circulating strain similarity[1, 2]
2010-11	A/H3N2 (80.4%)	97%
2011-12	A/H3N2 (87.0%)	82%
2012-13	A/H3N2 (86.4%)	100%
2013-14	A/H1N1 (57.2%)	100%
2014-15	A/H3N2 (90.6%)	19%
2015-16	A/H1N1 (48.4%)	100%
2016-17	A/H3N2 (79.0%)	97%
2017-18	A/H3N2 (69.4%)	93%
2018-19	A/H3N2 (53.3%)	11%
2019-20	A/H1N1 (71.0%)	54%

Shift in strain dynamic can occur late in season

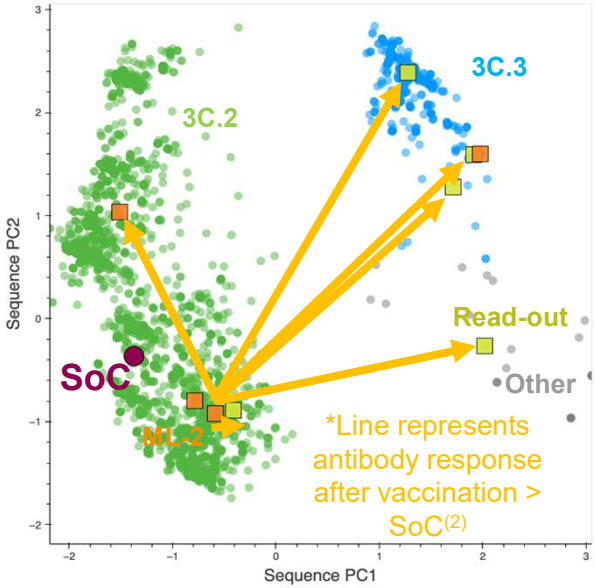
Example of 2014-2015 season (H3N2 late mismatch)[3]



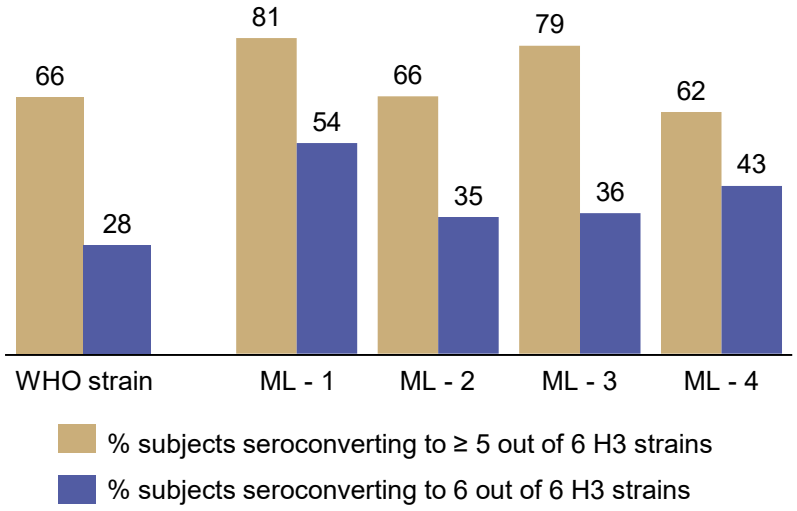
(1) Adapted from Lee J, Lam J, Shin T, et al. Vaccine 2021 for season 2010-11 to 2018-19 data and from CDC FluView Summary ending July 25, 2020 for season 2019-20 data; Determined using national CDC viral surveillance data on adults 65 years of age and older (2) Antigenic Similarity of Reference Vaccine Strain to Predominant Circulating Strain based on CDC data on viral antigenic characterization comparing reference vaccine strains to circulating viruses; mismatched seasons includes seasons of antigenic mismatch (2009–10, 2014–15, 2018–19) as well as seasons where egg-adapted vaccine strains may have affected vaccine effectiveness (2012–13, 2016–17, 2017–18) (3) GISAID data analysis

Striving for better strain selection with Machine Learning

Antigens selected for cross-clade protection



Higher seroconversion for ML-selected antigens(1)

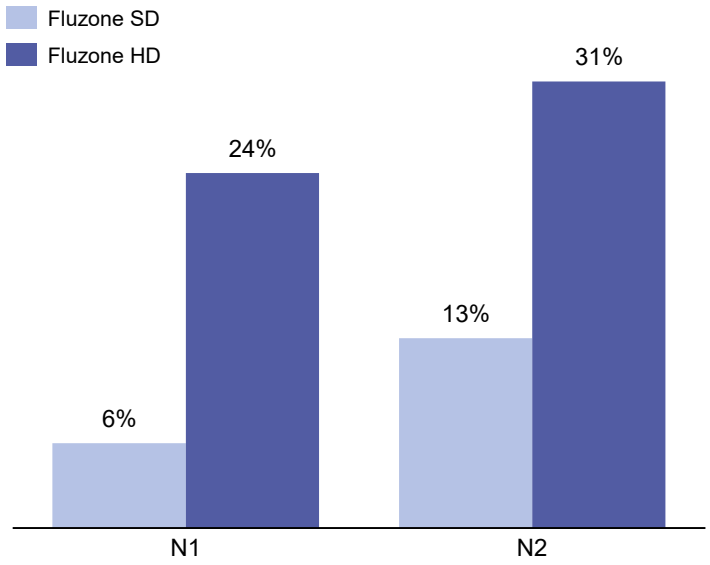


ML selected antigens showed greater breadth in Phase I translational study

PC: Principal component SoC: Standard of care ML: Machine learning
(1) Immunogenicity was assessed via a panel of 6 antigenically distinct influenza viruses from both 3C.2 and 3C.3 clades, isolated in 2016 and 2017; n=30 participants per arm (healthy adults aged 18-30) (2) Statistical significance ratio of 1.35x

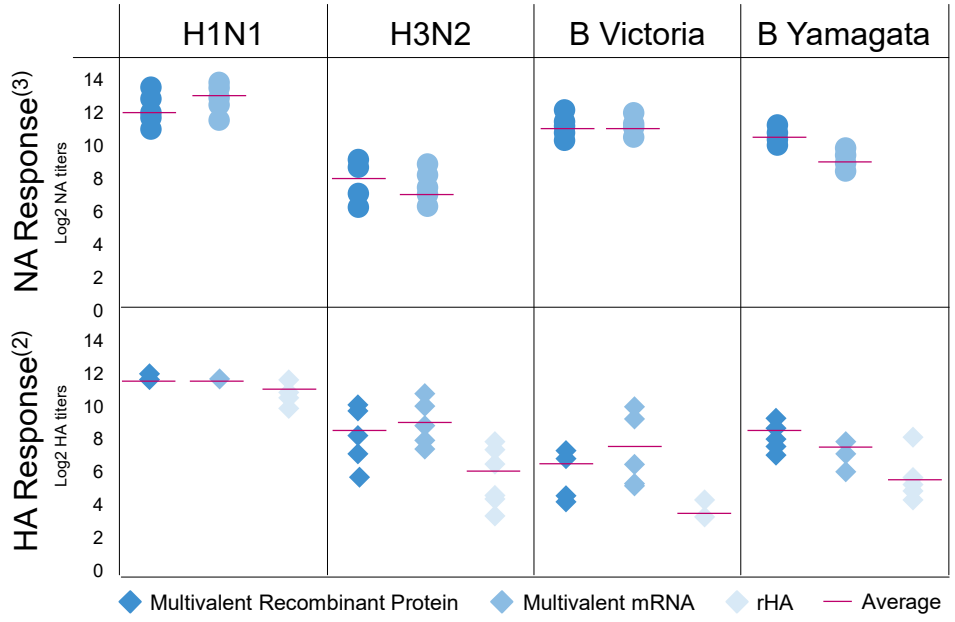
Exploring the potential of neuraminidase to further build Protection Beyond Flu

Fluzone SD/Fluzone HD already increase anti-NA titers(1)



Exploring combined HA + NA multivalent vaccines

Response in ferrets of multivalent protein and mRNA vaccines



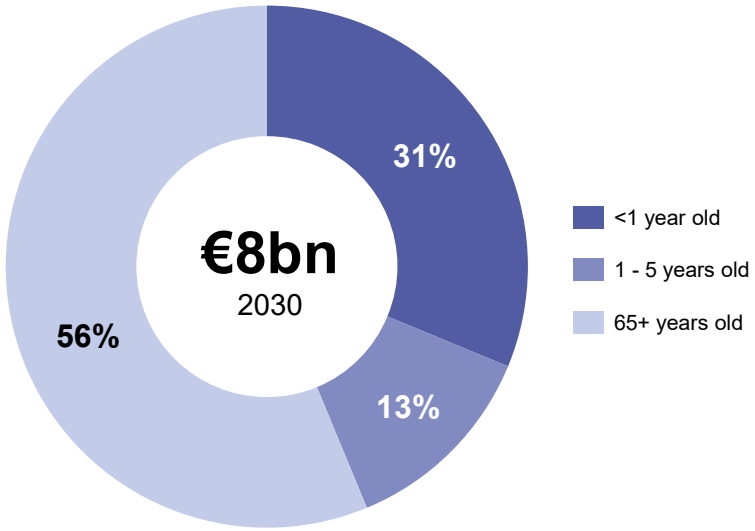
NA: Neuraminidase HA: Hemagglutinin rHA: recombinant Hemagglutinin

(1) Defined as ≥2-fold increase in enzyme-linked lectin assay; Graph shows proportion of subjects developing increase in anti-NA titers (2) Microneutralization assay

(3) NA inhibition assay Source: Cate, Thomas R et al. Vaccine (2010); data on file

Respiratory Syncytial Virus: protection across all age groups

Market overview



Best-in-class protection for all ages

Nirsevimab: best-in-class mAb for *All Infant Protection* in first season

RSV toddler: first-in-class Live Attenuated Virus vaccine for second season onwards

RSV older adults: initiating standalone mRNA vaccine, and paving the way for respiratory combos in older adults

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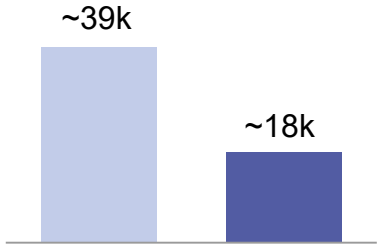
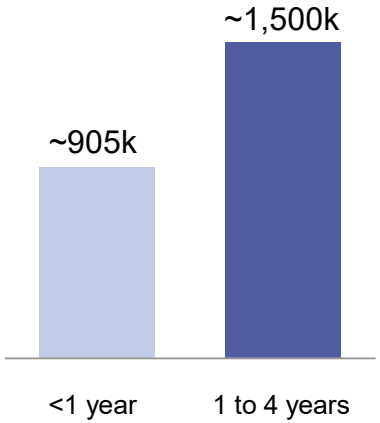
mAb: monoclonal antibody
Source: Sanofi forecast

RSV burden does not stop after the first season

U.S. RSV-related hospital admissions[1]



U.S. RSV-related outpatient visits[2]

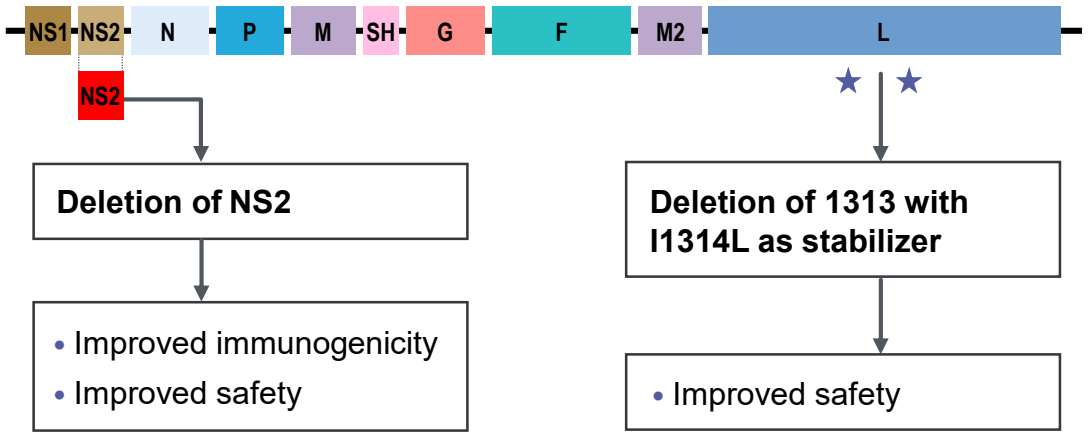


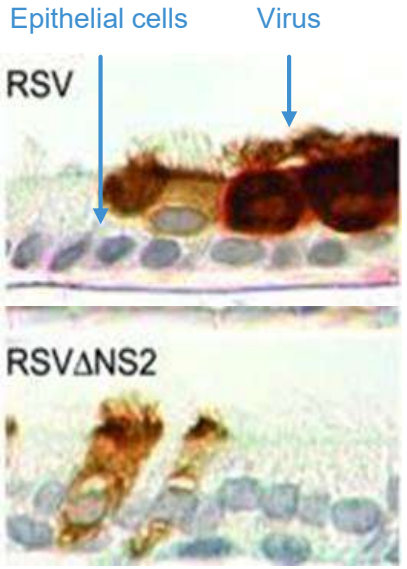
RSV toddler vaccine target profile

- Excellent safety profile
- Efficacy against medically-attended **upper and lower** respiratory tract infections

Note: Internal analysis based on following studies and World Bank 2020 demographic data (1) Rha B, Curns AT, Lively JY, et al. Respiratory Syncytial Virus-Associated Hospitalizations Among Young Children: 2015-2016. Pediatrics. 2020 (2) Emergency and Pediatric practices RSV-related outpatients estimate - Hall CB, Weinberg GA, Iwane MK, et al. The burden of respiratory syncytial virus infection in young children. N Engl J Med. 2009

FiC RSV toddler vaccine designed by reverse genetics





Ongoing Phase I/II in U.S. and Latin America (n=360 participants) – read-out expected in 2022

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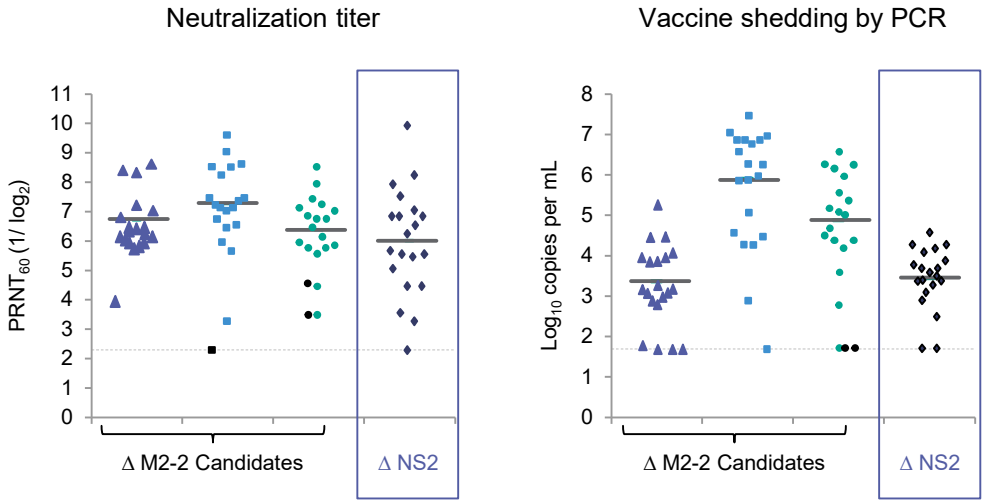
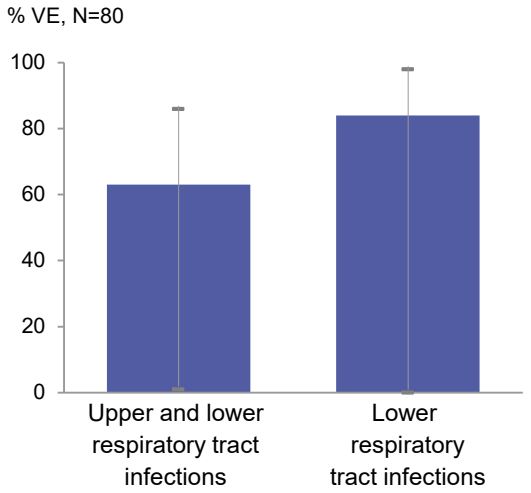
FiC: First-in-class
Source: Data on file

Clinical data shows evidence of efficacy by reducing medically attended acute respiratory illnesses

ΔNS2 vaccine candidate selected for further development



Evidence of efficacy(1) for both upper and lower respiratory tract infections



VE: vaccine efficacy PRNT: plaque reduction neutralizing titer PCR: polymerase chain reaction
(1) Efficacy measured and displayed across all candidates and not just ΔNS2; p<0.05 significance for VE was observed for Upper and lower respiratory tract infections, however the Placebo group was small with 62 subjects of which 11 experienced RSV-related medically attended acute respiratory Illness (18%) Source: Ruth Karron et al; Am J Respir Crit Care Med 2021

RSV in older adults: addressing a large burden

	Estimated U.S. outpatient acute infection amid 65yo+	Estimated U.S. hospitalizations amid 65yo+	Virus evolution
RSV	1,041k(1)	105k(2)	Low
HMPV	603k(1)	88k(2)	Low
PIV	329k(1)	82k(2)	Low
Influenza	1,808k(1)	204k(3)	High

- Initiating standalone RSV mRNA vaccine to address high burden of disease in older adults
- Low variability of RSV may allow for multiyear protection

Opportunity for RSV-based combos

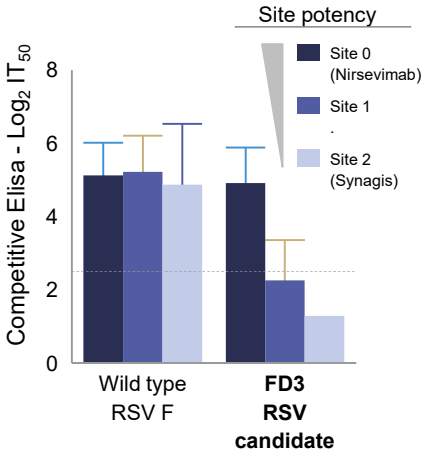
- Cumulated burden of RSV and HMPV comparable to Influenza
- Potential for additional convenience and cost-effectiveness benefits

HMPV: Human metapneumovirus PIV: Parainfluenza viruses

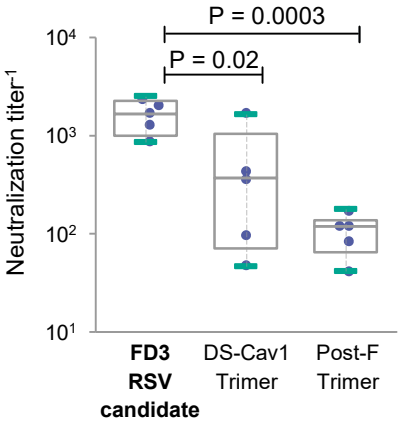
(1) Estimate based on World Bank 2020 demographic data and on following study: Jackson ML, Starita L, Kiniry E, et al.. Clin Infect Dis. 2021 (2) Estimate based on World Bank 2020 demographic data and on following study: Sieling, William D et al. "Comparative incidence and burden of respiratory viruses associated with hospitalization in adults in New York City." Influenza and other respiratory viruses vol. 15,5, 2021 (3) CDC data, 2018-2019 flu season

Best-in-class RSV antigen through innovative design

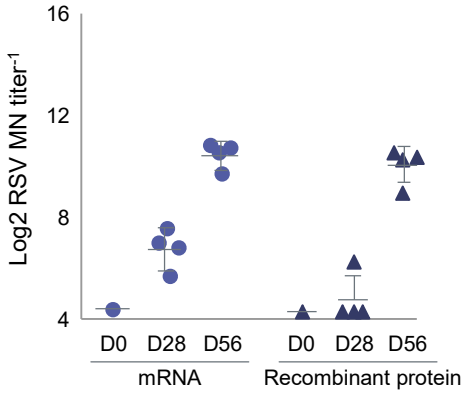
RSV F antigen designed to focus on potent site 0

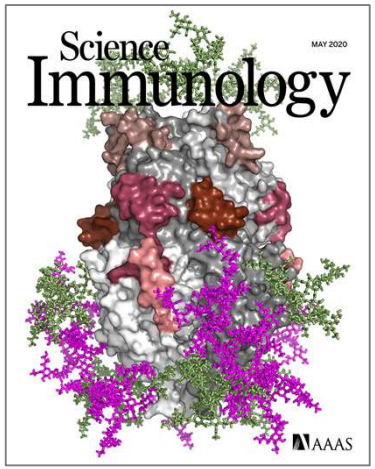


Improved immunogenicity over competing antigens



Proven potency in mRNA format





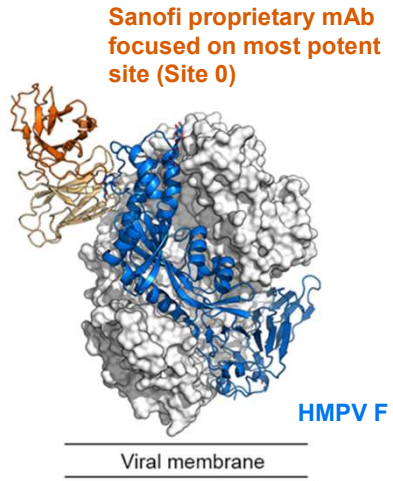
Initiating Phase I with modified mRNA in 2022

SANOFI

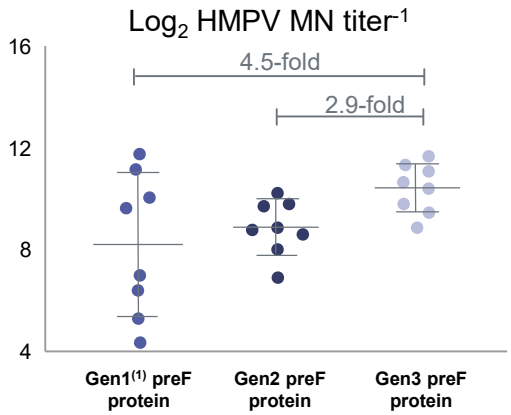
Source: Data on file

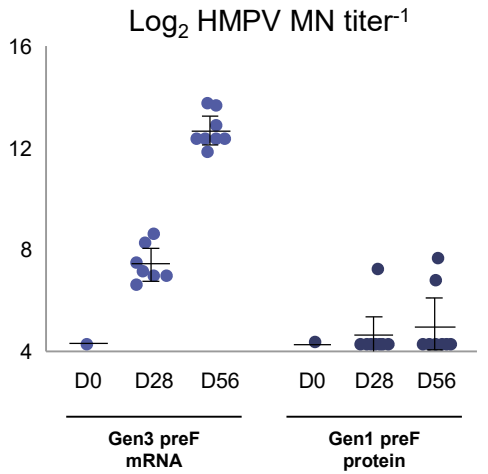
State of the art HMPV antigen candidate identified

Cutting edge antigen design



Proven potency in mRNA format



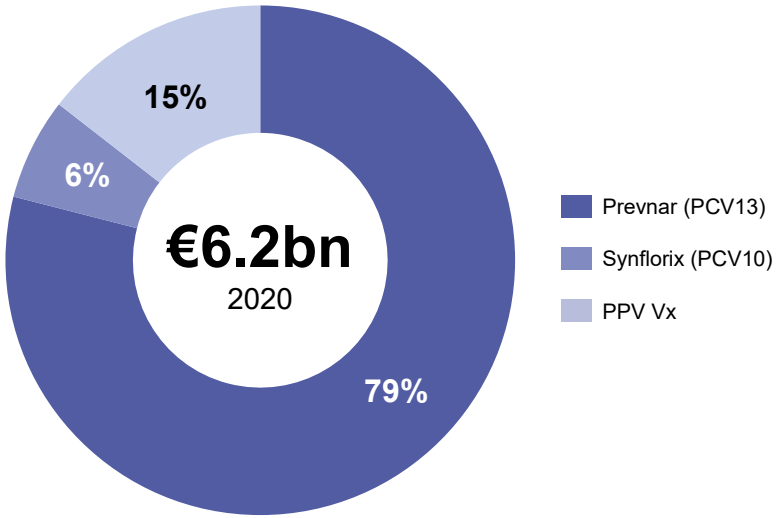


Initiation of Phase I with RSV older adults combo planned for 2023

mAb: monoclonal antibody HMPV: Human metapneumovirus
Note: Figure is from manuscript in preparation through SP/UT collaboration. SP innovation
(1) Gen1 was unstable, necessitating next generation designs Source: Data on file

Pneumococcal: more serotypes for better protection

Large established market



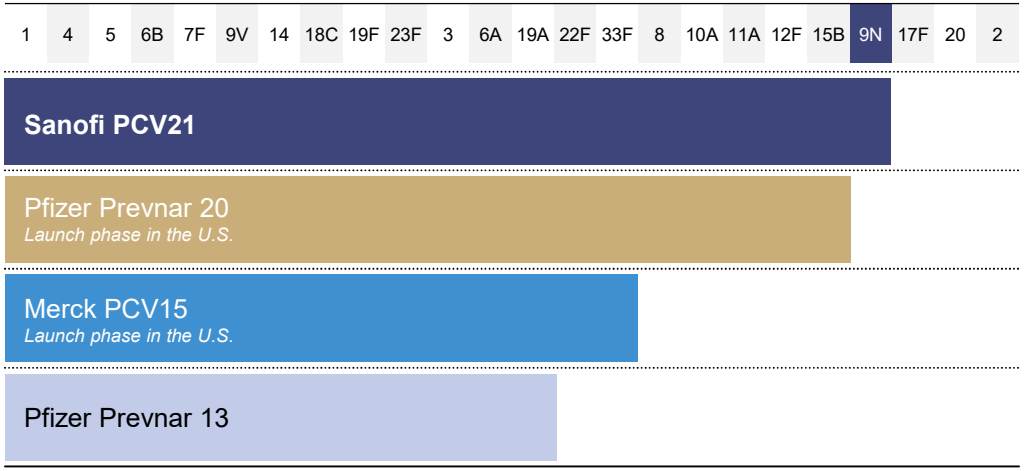
Strong fit with existing franchises

- **Synergy** with pediatric and older adult portfolio
- **State of the art formulation expertise** with multi-valent vaccines
- **Partnership with SK Bioscience**
  - Complementary capabilities
  - Investment and risk sharing

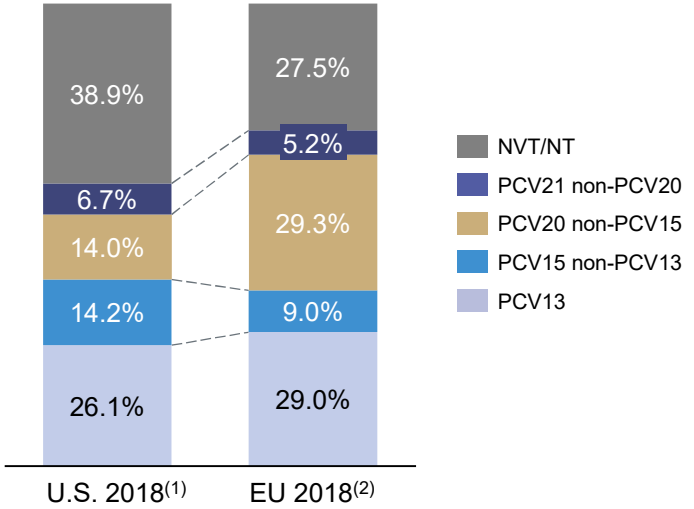
Source: Pfizer, GSK, Merck 2020 Annual Reports

Raising the bar with PCV21 candidate

Serotype composition per vaccine



IPD coverage in all ages by serotype (%)



Addition of 9N serotype allowing for ~5-7% pts gain in IPD coverage

NVT: Non-vaccine type NT: Non-typable IPD: Invasive pneumococcal disease
(1) All age groups - ABC data 2018. Metcalf et al. Clin Infect Dis. 2021 Jun 15;72(12):e948-e956
(2) All age groups - https://atlas.ecdc.europa.eu/public/index.aspx?Dataset=27&HealthTopic=40

Extensive Phase II program across all age groups

Infant Primary

n=700

- 2-4-6 months primary series & booster dose
- 3 PCV21 formulations vs. PCV13

Toddler

n=140

- Booster dose for toddlers having received 3 doses of PCV13
- 3 PCV21 formulations vs. PCV13

Adult ≥ 50 years old

n=750

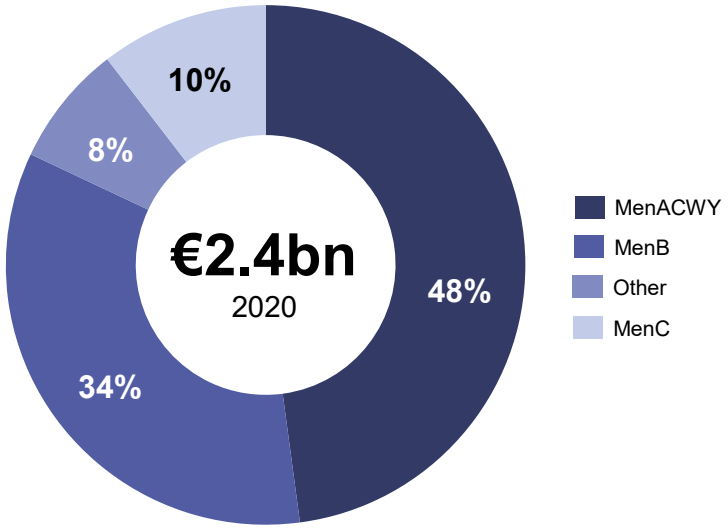
- Subjects naïve to prior PCV vaccination
- 3 PCV21 formulations vs. PCV13 & Pneumovax23

Read-out in all 3 populations expected end of 2022; Phase III initiation planned in 2023

NCT04398706: Study of a Pneumococcal Conjugate Vaccine When Administered Concomitantly With Routine Pediatric Vaccines in Healthy Toddlers and Infants. (Sanofi, phase 2 trial, PSK00008, n = 840, recruiting, estimated study completion date July 2023) NCT04583618: Study of a Pneumococcal Conjugate Vaccine in Adults Aged 50 to 84 Years (Sanofi phase 2 trial PSK00009, n = 750; Estimated study completion data Jan 2022)

Meningitis: Strengthening our leadership

Market overview



- **Established leader** with Menactra in the U.S.
- **MenQuadfi as a new standard in MenACWY,** with superior serotype C response to ease market conversion to quadrivalent
- **Aiming for competitive MenB** with broader strain coverage & longer duration of protection
- **Paving the way for best-in-class MenPenta** in fully liquid format

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Source: Sanofi estimates

MenQuadfi as a new standard in MenACWY

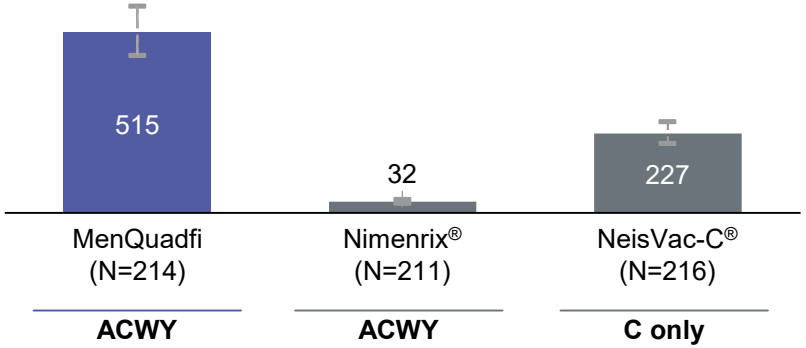
				MenQuadfi Sanofi (ACWY)		Menveo GSK (ACWY)	Nimenrix Pfizer (ACWY)
Enhanced immunogenicity, with superiority against MenC in toddlers				✓		✗	✗
Fully liquid quadrivalent				✓		✗ (1)	✗
Broadest age indication	**U.S.**	≥2 yo	≥6 weeks as of 2025			2 months to 55 yo	Not registered
	EU	≥12 months old				≥2 yo(2)	≥6 weeks
	Int'l	≥12 months old				≥2 yo	≥6 weeks

(1) Submission for a liquid form announced in Q3 2021
(2) Indications as of 2 months old in some countries (using US file)

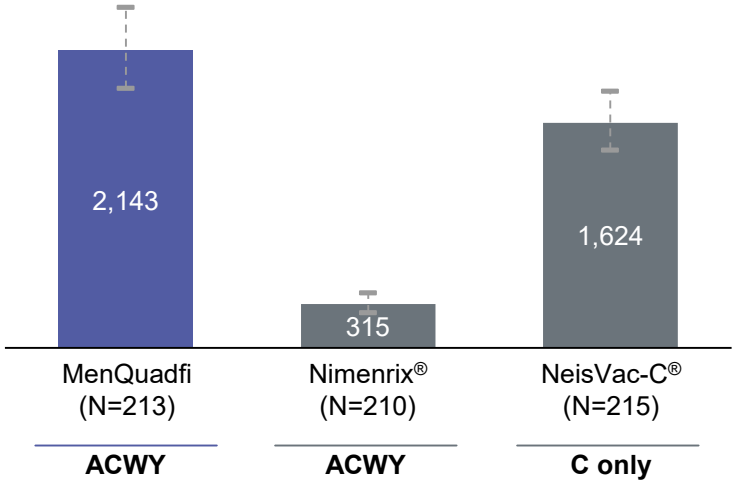
MenQuadfi is the first & only ACWY vaccine to demonstrate superior immune response against serogroup C

Enabling switch from MenC to MenACWY without compromising on serotype C

Human complement SBA GMTs at D30
(hSBA GMTs)



Rabbit complement SBA GMTs at D30
(rSBA GMTs)



Paving the way for MenPenta

SANOFI

SBA: Serum bactericidal assay - Per-protocol analysis set GMT: Geometric mean titer
Source: Knuf et al, (2021): Meningococcal serogroup C (MenC) immune response of a novel tetanus toxoid conjugate quadrivalent meningococcal vaccine (MenACYW-TT) compared to a quadrivalent (MCV4-TT) or monovalent (MenC-TT) meningococcal vaccine in healthy meningococcal vaccine-naïve toddlers

Novel MenB vaccine aiming for increased protection

MenB antigen formulation

Non-Lipidated fHBP A+B

- Two fHBP covering all MenB strains
- Non-lipidated formulation allowing for better safety

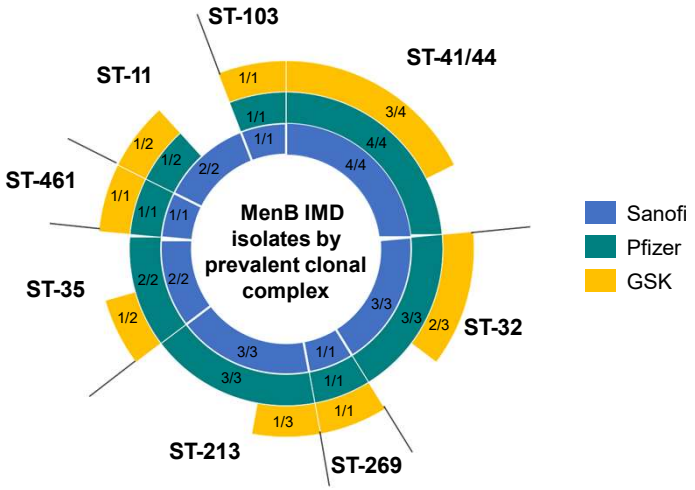
NadA

- Increasing strain coverage

Outer Membrane Vesicle

- Increasing strain coverage
- Potential adjuvant effect

Broader coverage of MenB strains(1)

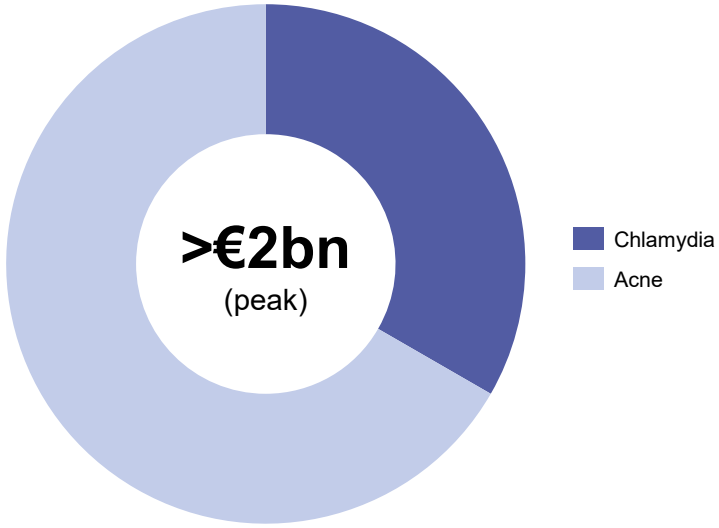


MenB Phase II read-out expected in 2022 – MenPenta Phase I initiation in 2023

IMD: Invasive meningococcal disease fHBP: Factor H binding protein NadA: Neisserial adhesin A
(1) Pre-clinical assessment of Serum Bactericidal Antibodies (SBA) against MenB IMD isolates; 18 strains identified as relevant with 1 secondary strain not tested in the preclinical study (not suitable with Research hSBA assay) Source: Pre-clinical study in animal model: Assessment of Serum Bactericidal Antibodies against an epidemiology relevant panel of MenB invasive clinical isolates build by key Reference Laboratories & Representative of current MenB molecular epidemiology

Pioneering science to open new growth areas

Market overview (estimate)



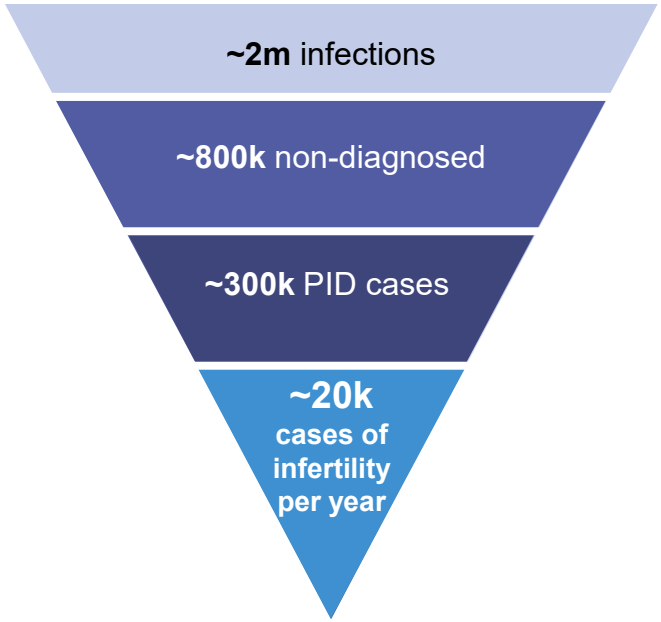
Delivering first-in-class vaccines

- **Chlamydia:** tackling the most common infectious cause of female infertility
- **Acne:** first immunotherapy to treat acne

Source: Sanofi forecasts

Chlamydia: a silent cause of infertility in women

Annual U.S. incidence in women



Overwhelming burden in young women

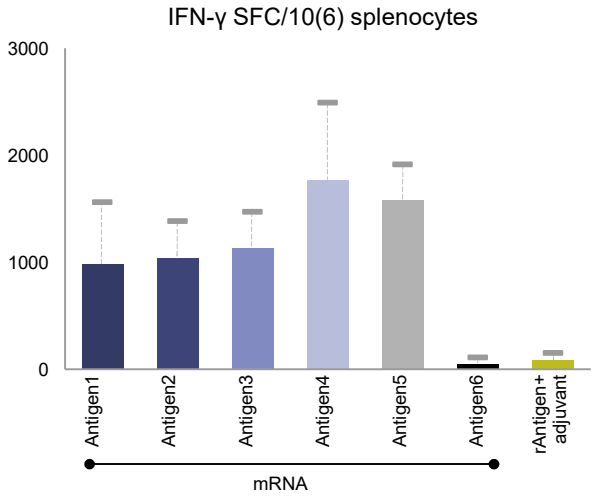
- **69% of estimated annual cases amid young women** aged 24 years old or less
- **Undiagnosed cases can lead to severe complications, particularly in women**
  - Pelvic Inflammatory Cases
  - Tubal infertility
  - Ectopic pregnancy
  - Chronic pelvic pain

PID: Pelvic inflammatory disease

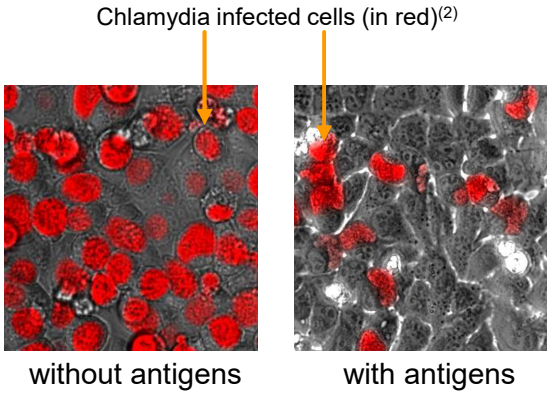
Source: Multiple sources for estimate reconstitution: CDC - Sexually Transmitted Disease Surveillance, 2019 & Chlamydia Fact Sheet, 2018; Land JA, Van Bergen JE, Morré SA, Postma MJ, Hum Reprod. Update, 2010; Price MJ, Ades AE, De Angelis D, et al. Am J Epidemiol., 2013 ; Heisterberg L. Obstet Gynecol., 1993; Ades AE, Price MJ, Kounali D, et al. Am J Epidemiol., 2017; World Bank demographic data 2020

Chlamydia: mRNA best-suited platform to deliver desired immune response

Optimized antigen for strong CD4 T-cells response(1)



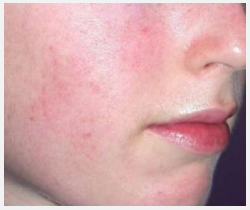
Selecting additional antigens to prevent Chlamydia entry in endocervical cells



mRNA-based multi-component vaccine Phase I launch expected in 2023

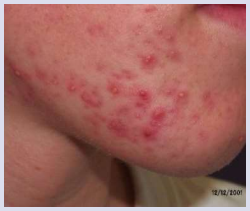
(1) Superior IFN-γ producing T cell with mRNA vs adjuvanted rAntigen (2) High throughput screening of neutralizing IgG and real time monitoring of infection kinetics in endocervical cell line with genetically engineered Chlamydia t. strains Source: Data on file

Acne: a stigmatizing condition

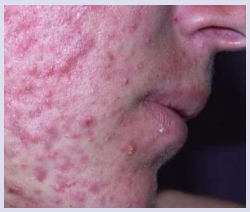


Mild acne

~140m worldwide cases(1)



Moderate acne



Severe acne

~90m worldwide cases(1)

- Significant **psychological** impact
- **Current SoC** (oral isotretinoin) with **severe side effects**
- **Significant out-of-pocket expenses** ($360-$720(2) / year in the U.S.)
- P. acnes bacterium also associated with **several conditions beyond acne:**
  - Other dermatological conditions(3)
  - Medical device-related infections(4)
  - Prostatic inflammation thought to contribute to prostate cancer(5)

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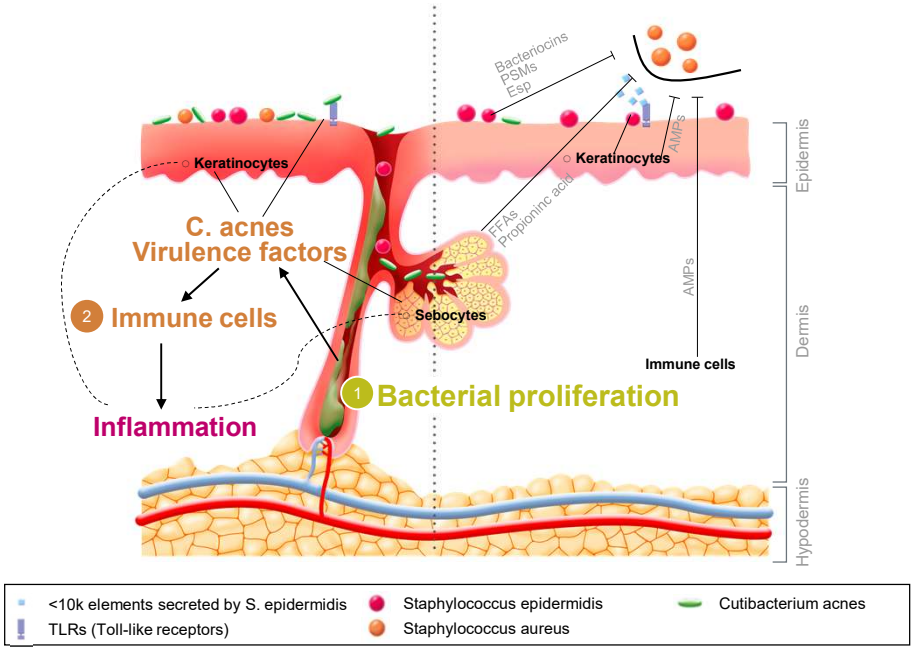
(1) Source: IHME. GBD Results Tool; http://ghdx.healthdata.org/gbd-results-tool (2) Sanofi internal analysis (3) Bojar and Holland, 2004; Kurokawa et al., 2009; Barnard et al., 2016
(4) Piper KE et al, J Clin Microbiol. 2009;47(6):1878-1884; Niazi SA et al, Clin Oral Investig. 2016;20(8):2149-2160 (5) Cohen RJ et al, J Urol. 2005;173(6):1969-1974

Immune system plays a significant role in moderate-to-severe acne

Skin dysbiosis (acne patients) **Skin homeostasis** (healthy)



Origimm's antigen induce a functional immune response against C. acnes virulent strains

C. acnes phylotype	Origimm's antigens
IA1	+++
IA2	+++
IB	++
IC	+++
II	++
III	(+)

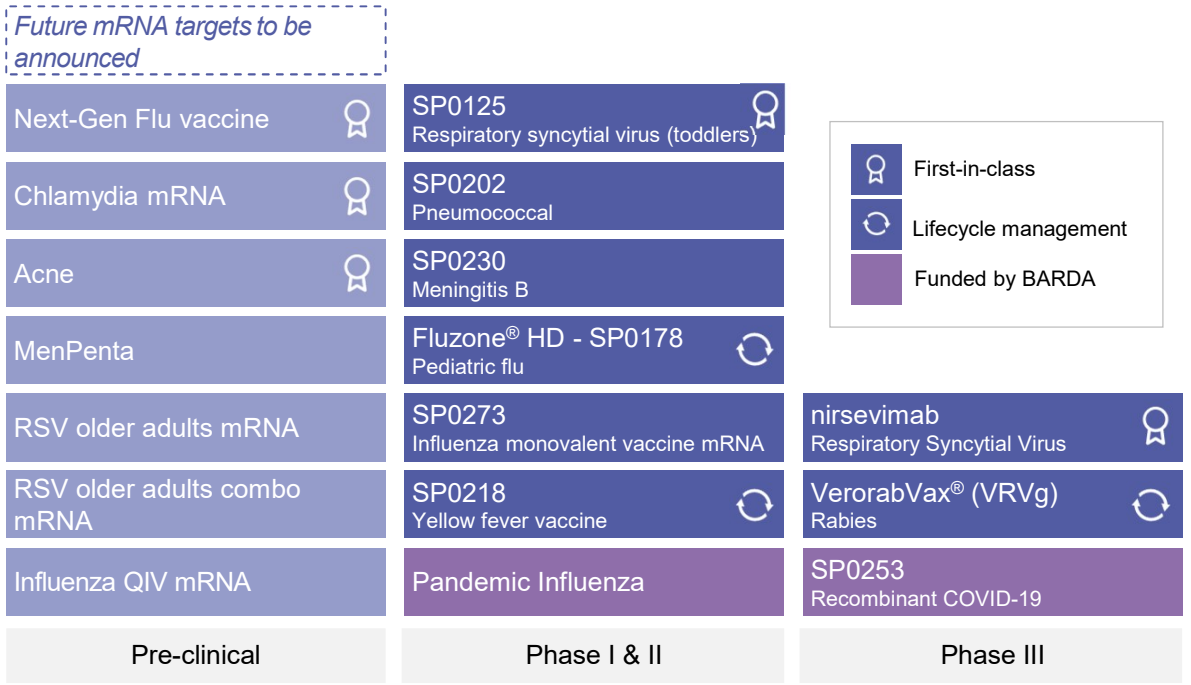
Opsonophagocytic killing by antigen specific mouse sera

Vaccine solution as a first immunotherapy to safely treat moderate-to-severe acne

AMPs: Antimicrobial peptides PSMs: Phenol-soluble modulins Esp: Endopeptidase serine protease FFAs: Free Fatty Acids
Source: Adapted from Fournière M et al., Microorganisms 2020

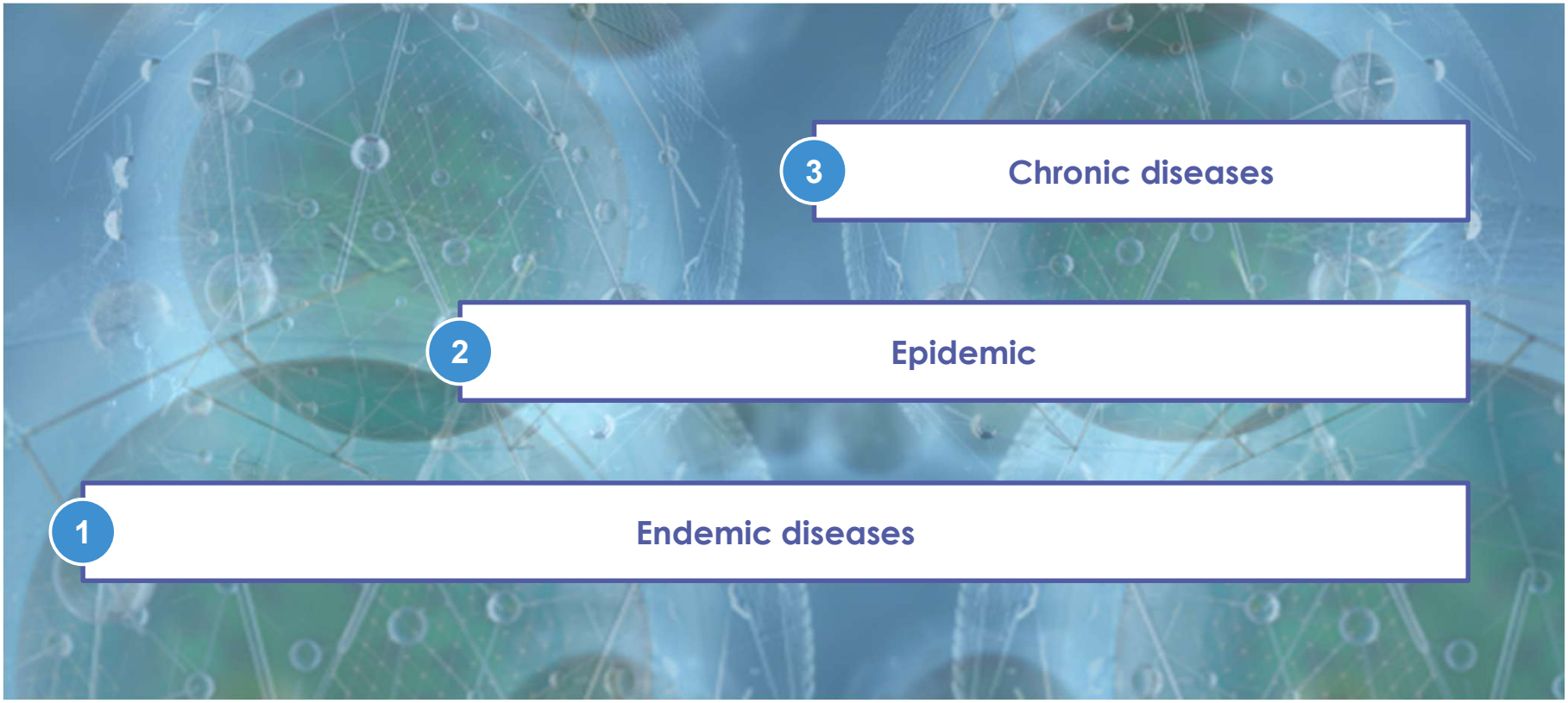
Building an industry leading pipeline in Vaccines

- Target to advance **10 clinical candidates by 2025,** incl. 6 mRNA vaccines
- Opportunity to be **first-in-class** and lead in several new therapeutic fields
- Right mix between **LCM, proven targets** and **breakthrough vaccines**



LCM: Lifecycle management
SP0148 HSV Type 2 vaccine not indicated above; as it will be discontinued after Phase I completion
SP0273 monovalent mRNA Influenza vaccine will be discontinued after Phase I completion

Opening a new chapter for Sanofi Vaccines R&D



Conclusion

Thomas Triomphe

Head of Vaccines GBU

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Our ambition in Vaccines

Continued strong growth driven by four core franchises: Influenza, Meningitis, PPH & Boosters, RSV

Unlocking the potential of mRNA in Vaccines with Next-Generation platform

Building an industry leading pipeline to address unmet needs

More than doubling Vaccine sales by 2030(1)

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(1) Vs. 2018, risk adjusted, internal estimate

Q&A session | Leading with innovation

Thomas Triomphe
Head of Vaccines GBU

Jean-François Toussaint
Head of Vaccines R&D

Frank DeRosa
Head of Research for mRNA CoE

Thomas Grenier
Head of Franchises & Product Strategy

Jon Heinrichs
Head of R&D RSV Franchise