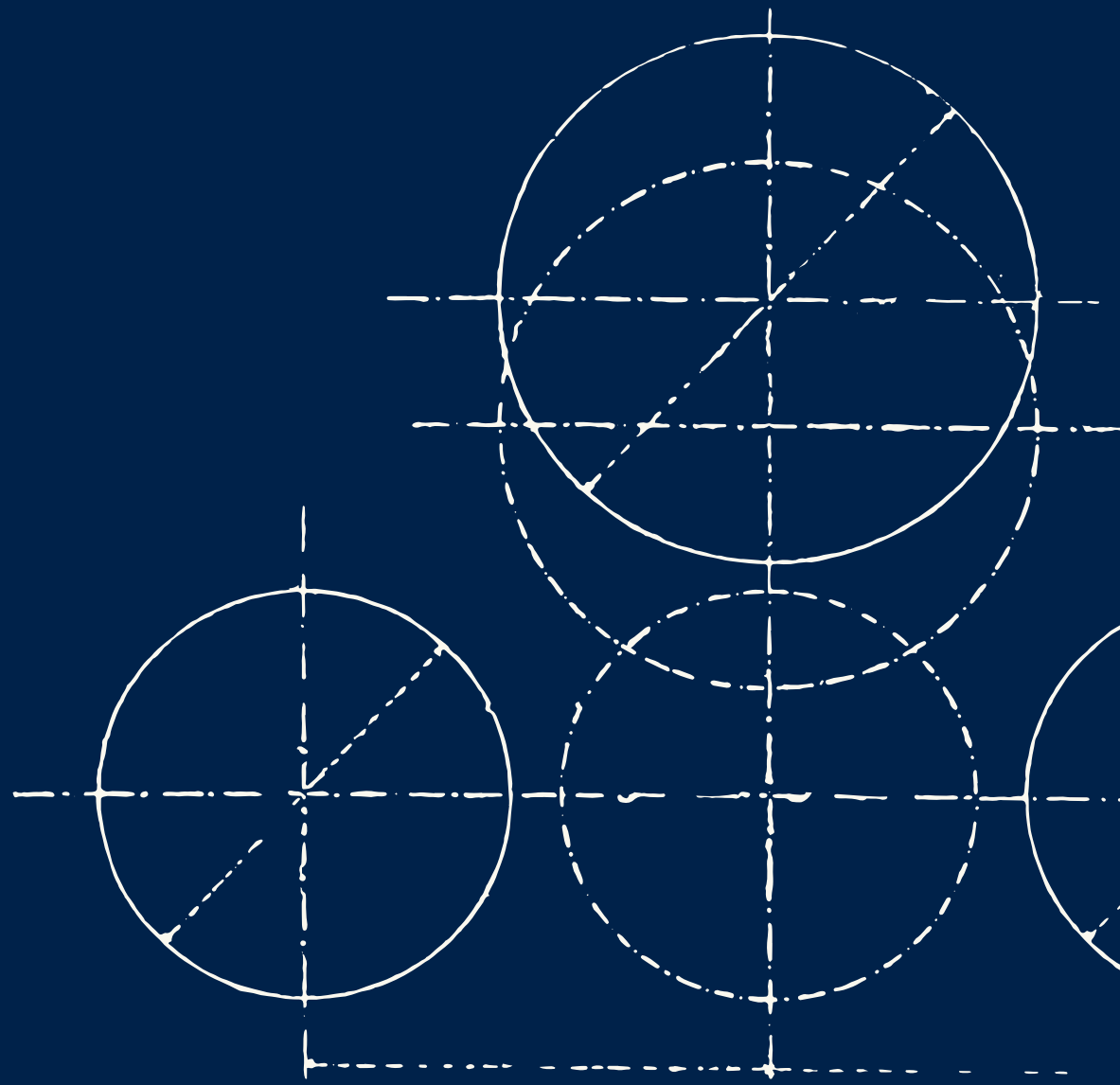
INVIVYD INC.

Topline LIBERTY Data & VYD2311 Next Steps

September 29, 2026



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Other factors that may cause the company's actual results to differ materially from those expressed or implied in the forward-looking statements in this presentation are described under the heading "Risk Factors" in the company's Annual Report on Form 10-K for the year ended December 31, 2025, and its Quarterly Report on Form 10-Q for the quarter ended June 30, 2026, each as filed with the Securities and Exchange Commission (SEC), and in the company's other filings with the SEC, and in its future reports to be filed with the SEC and available at www.sec.gov. Forward-looking statements contained in this press release are made as of this date, and Invivyd undertakes no duty to update such information whether as a result of new information, future events or otherwise, except as required under applicable law.

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Invivyd Vision

Antibody supplementation as a new step forward in the human fight against infectious disease

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Executive summary

VYD2311 met all primary and secondary endpoints in the Phase 3 LIBERTY study, with a clinically and statistically superior safety and tolerability profile relative to an mRNA COVID-19 vaccine

VYD2311 observed profile in LIBERTY indicates high measured neutralizing antiviral activity supporting the target profile for VYD2311 under study in the DECLARATION pivotal clinical study

VYD2311 combined with an mRNA-based COVID-19 vaccine demonstrated no evidence of interference with vaccine-induced neutralizing titers and added substantially to vaccine-induced neutralizing titers

Planned Biologics License Application (BLA) submission to the U.S. FDA via Accelerated Approval pathway on the basis of DECLARATION sVNA titers, PK, and safety data and LIBERTY data

DECLARATION sVNA titers, PK, and safety data expected in October 2026; COVID-19 events to remain blinded and DECLARATION planned to serve as the ongoing, confirmatory trial

sVNA: serum virus neutralizing antibody; PK: Pharmacokinetics.

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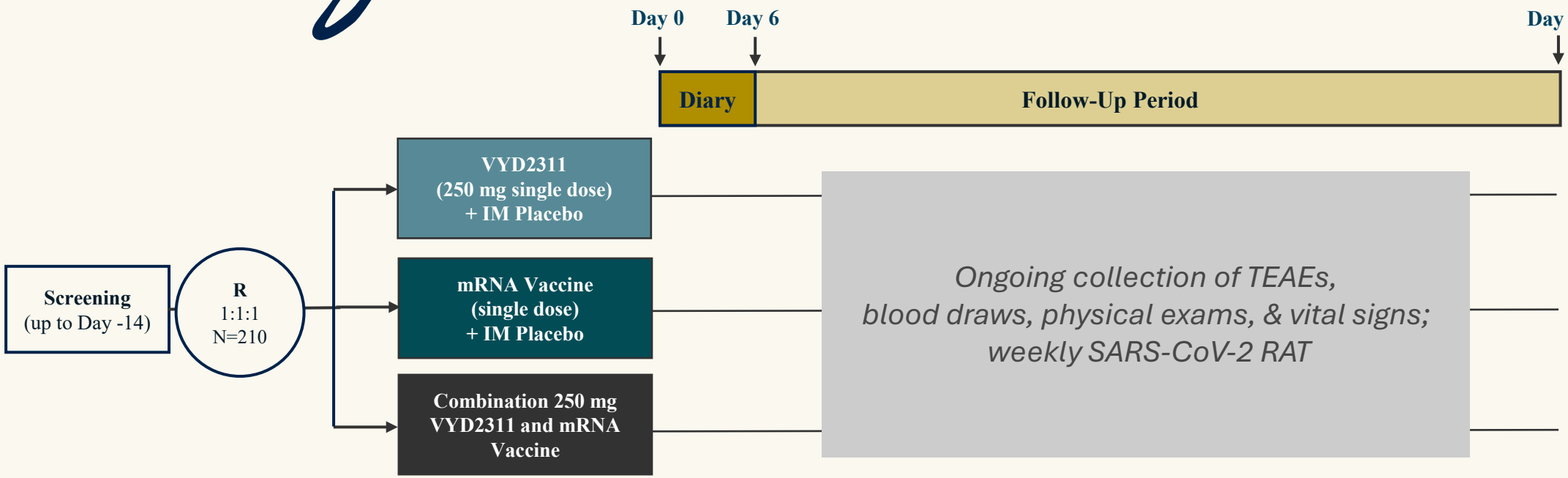
Liberty

A Phase 3, Randomized, Double-Blind Clinical Trial to Evaluate Head-to-Head Safety & Tolerability and Co-Administration Interaction of VYD2311 with mRNA-based COVID Vaccines in Adults



Key Inclusion Criteria:

- 18 to 49 years
- BMI 18 to 32
- No prior use of VYD2311 or pemivibart
- ≥6 months since last COVID-19 vaccine; ≥28 days since non-COVID-19 vaccine
- Negative RAT test on day 1

Co-Primary Endpoints:

- The proportion of subjects experiencing a treatment-emergent adverse event, injection site reaction, or hypersensitivity reaction over the first 6 days post-administration
- The proportion of subjects experiencing a systemic adverse event solicited via an e-diary over the first 6 days post-administration

RAT: Rapid Antigen Test; BMI: body mass index.
Note: mRNA vaccine COMIRNATY® (COVID-19 vaccine, mRNA) was utilized in the LIBERTY study. All subjects were dosed using intramuscular needles consistent with COVID-19 vaccination, and, for blinding purposes, placebo injections were volume-matched to either VYD2311 (2mL) or COVID-19 vaccine (0.5mL).

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Baseline characteristics were well-balanced across LIBERTY study arms

	VYD2311 Only (N=69)	Vaccine Only (N=70)	Combination (N=71)
Sex (% Female)	41%	50%	39%
Age (Years) - Mean	34.9	33.8	35.4
Race (%)			
White (%)	46%	44%	42%
Black (%)	42%	44%	49%
Other & Unknown (%)	12%	12%	9%
Weight (kg) - Mean	77.2	77.1	78.6
BMI (kg/m2) - Mean	26.1	26.2	26.4

BMI: body mass index.

VYD2311 monotherapy met both co-primary endpoints when compared to an mRNA-based COVID-19 vaccine

No hypersensitivity or anaphylaxis was observed in any arm of the LIBERTY study

Co-Primary Endpoints	**Treatment Arm** (% of Subjects)	**Comparator Arm** (% of Subjects)	**P-value**
Short Term (6 Days) Overall Safety and Tolerability *% of subjects experiencing any TEAE, ISR, or hypersensitivity for 6 days post-administration*	**VYD2311** (56.5%)	**COVID-19 Vaccine** (91.4%)	**p < 0.0001**
Short Term (6 Days) Systemic AEs *% of subjects experiencing systemic AEs solicited via e-diary for 6 days post-administration*	**VYD2311** (44.1%)	**COVID-19 Vaccine** (68.1%)	**p = 0.008**
Key Secondary Endpoint			
Long Term (56 Days) Overall Safety and Tolerability *% of subjects experiencing any TEAE, ISR, or hypersensitivity for 56 days post-administration*	**VYD2311** (60.9%)	**COVID-19 Vaccine** (91.4%)	**p < 0.0001**

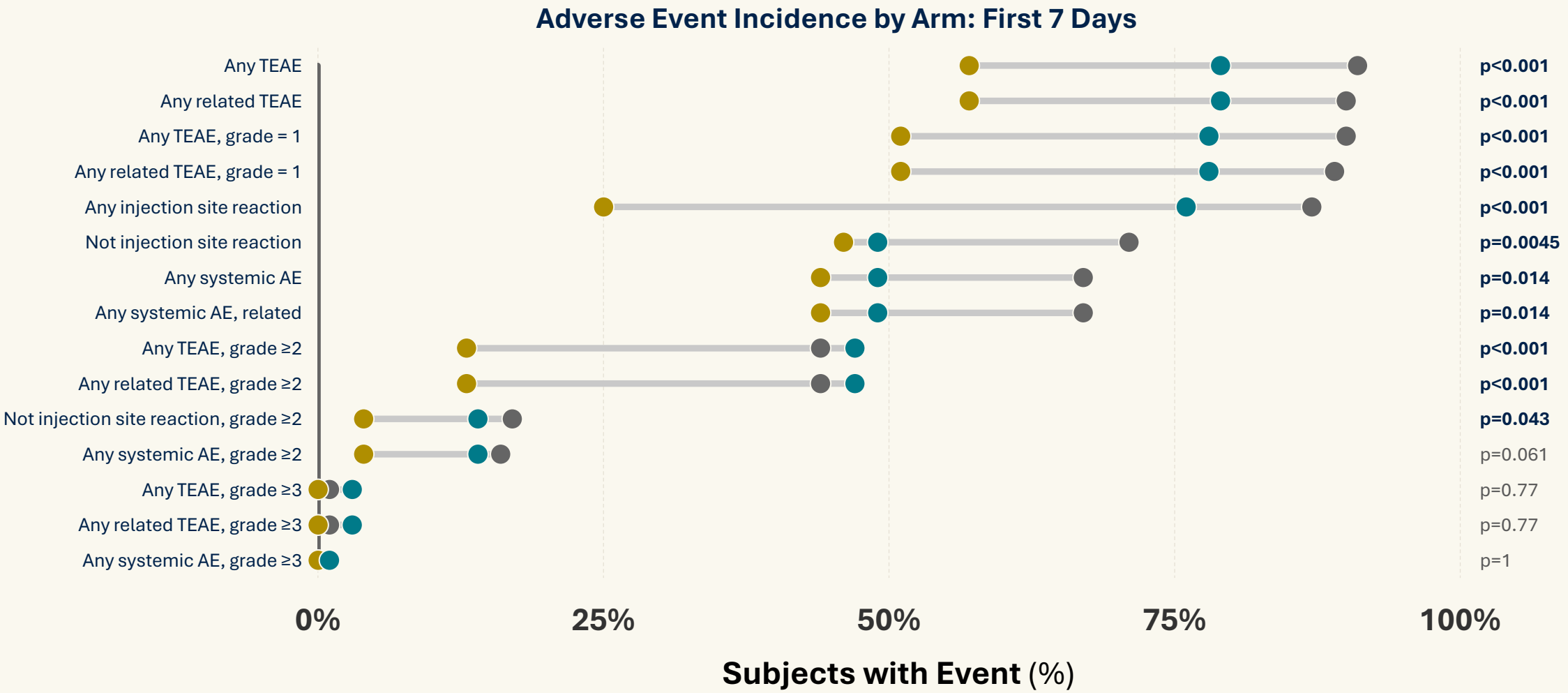
TEAE: treatment-emergent adverse event; ISR: injection site reaction; AE: adverse event.
Note: mRNA vaccine COMIRNATY® (COVID-19 vaccine, mRNA) was utilized in the LIBERTY study.

The addition of VYD2311 to an mRNA COVID-19 vaccine may improve the safety and tolerability of the mRNA COVID vaccine alone

Co-Primary Endpoints	Treatment Arm (% of Subjects)	Comparator Arm (% of Subjects)	P-value
Short Term (6 Days) Overall Safety and Tolerability *% of subjects experiencing any TEAE, ISR, or hypersensitivity for 6 days post-administration*	**Combo** (78.9%)	**COVID-19 Vaccine** (91.4%)	**p = 0.057**
Short Term (6 Days) Systemic AEs *% of subjects experiencing systemic AEs solicited via e-diary for 6 days post-administration*	**Combo** (50.0%)	**COVID-19 Vaccine** (68.1%)	**p = 0.023**
Key Secondary Endpoint			
Long Term (56 Days) Overall Safety and Tolerability *% of subjects experiencing any TEAE, ISR, or hypersensitivity for 56 days post-administration*	**Combo** (83.1%)	**COVID-19 Vaccine** (91.4%)	**p = 0.21**

TEAE: treatment-emergent adverse event; ISR: injection site reaction; AE: adverse event.
Note: mRNA vaccine COMIRNATY® (COVID-19 vaccine, mRNA) was utilized in the LIBERTY study.

VYD2311 demonstrated benefit compared to mRNA COVID-19 vaccine across multiple endpoints



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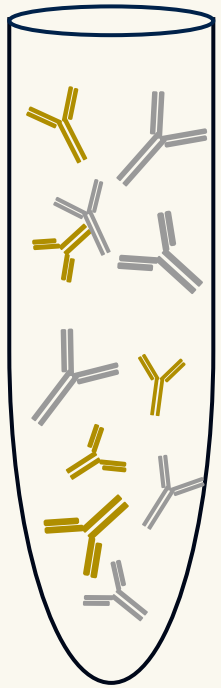
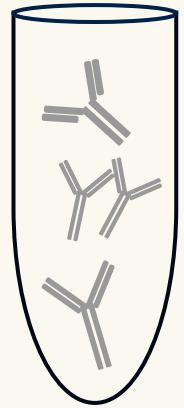
Assessment of immunologic interference experimental design

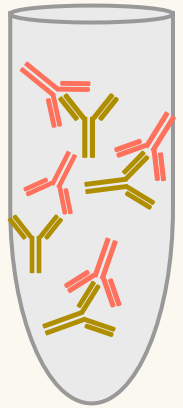
Clinical Sample from VYD2311 & COVID-19 Vaccine Combination Arm



Add anti-VYD2311 Antibody & Perform Separation



Vaccine-Induced Titers Only from Combination Sample for Comparison to Vaccine-Only Samples



VYD2311 + anti-VYD2311 Complex (REMOVED)

VYD2311 | Vaccine-Induced Antibody | Anti-VYD2311 Antibody

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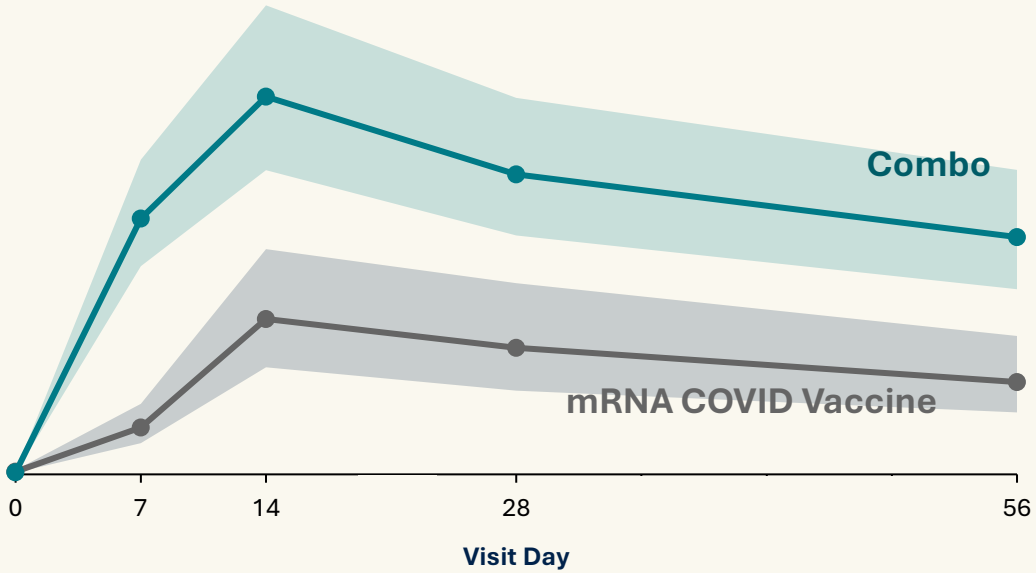
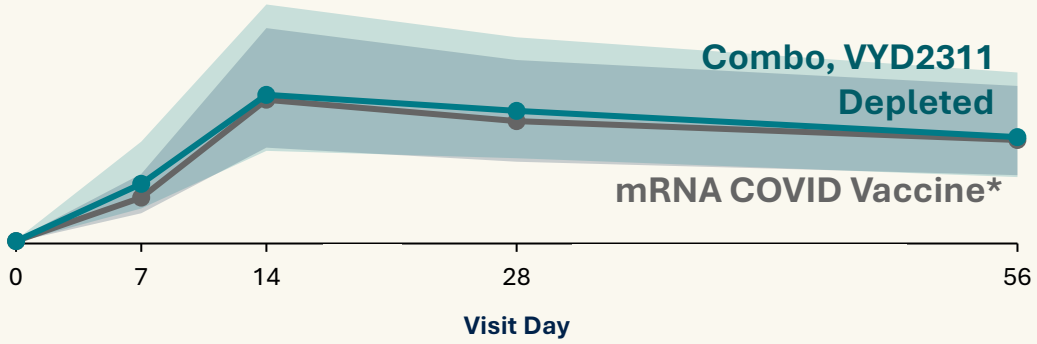
Combination delivery of VYD2311 and mRNA-based COVID vaccine appears to have no effect on vaccine-derived neutralizing response and to increase total titers

Serum Virus Neutralizing Titers



VYD2311 added to the COVID-19 mRNA vaccine increased the neutralizing titers from COVID-19 mRNA vaccine alone by **~2.5x** over the 56-day study

Vaccine-Induced Neutralizing Titers
(VYD2311 Depleted)



Neutralizing titers from these VYD2311-depleted samples were **essentially identical** to the neutralizing titers observed in the monotherapy mRNA-based COVID-19 vaccine arm

*Both arms identically treated with VYD2311 depleting reagents.

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Key takeaways & implications

VYD2311 exhibited more favorable safety and tolerability compared to the mRNA COVID-19 vaccine, supporting the potential for VYD2311 to offer a clinically meaningful advantage over the current standard-of-care

No evidence of immunologic interference was observed between VYD2311 and mRNA COVID-19 vaccine, indicating no challenge to combination use if desired

Co-administration of VYD2311 and mRNA COVID-19 vaccine produced several-fold higher total neutralizing titers than vaccine alone, with numerically lower TEAEs, suggesting the potential to use monoclonal antibody technology to improve the clinical profile of various vaccines

Upcoming DECLARATION data should further elaborate on safety and efficacy profile of VYD2311

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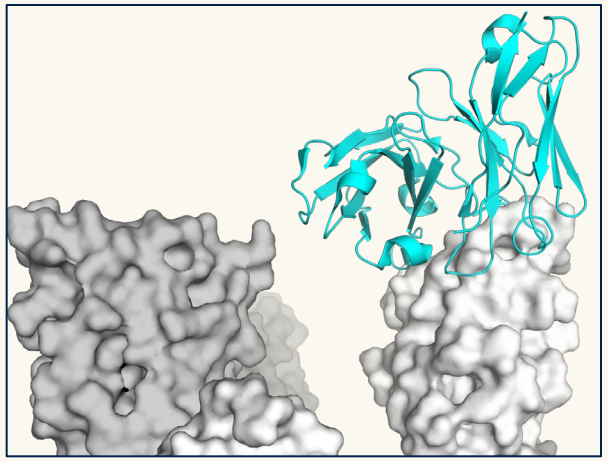
Recall VYD2311 is simply the latest in a series of functionally identical, clinically-validated Invivyd monoclonal antibodies

Adintrevimab Fv

Bound to Wuhan (WT) RBD



EVADE

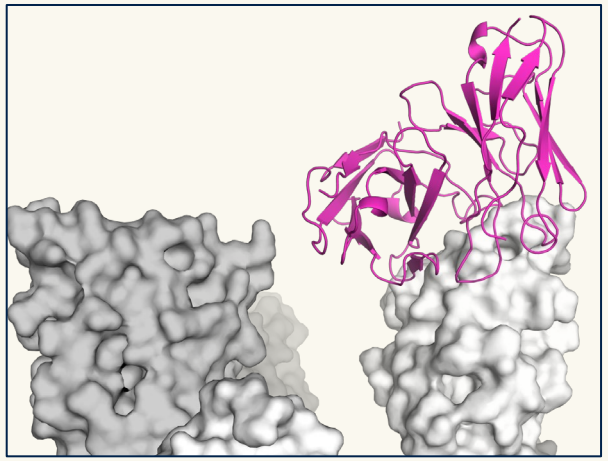
Phase 2/3 · PrEP cohort

71% Reduction

in risk of symptomatic COVID-19 at 90 days*

Pemivibart Fv

Bound to Omicron BA.5 RBD



CANOPY

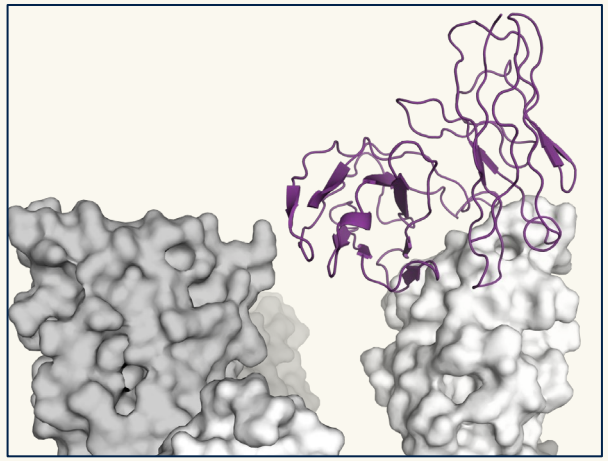
Phase 3 · PrEP

94% Reduction

in risk of symptomatic COVID-19 at 90 days*

VYD2311 Fv

Bound to XEC RBD



DECLARATION

Phase 3 · PrEP

PENDING

*Figures provided represent relative risk reduction versus placebo in immunocompetent cohort.
RBD: Receptor binding domain; PrEP: Pre-exposure prophylaxis.

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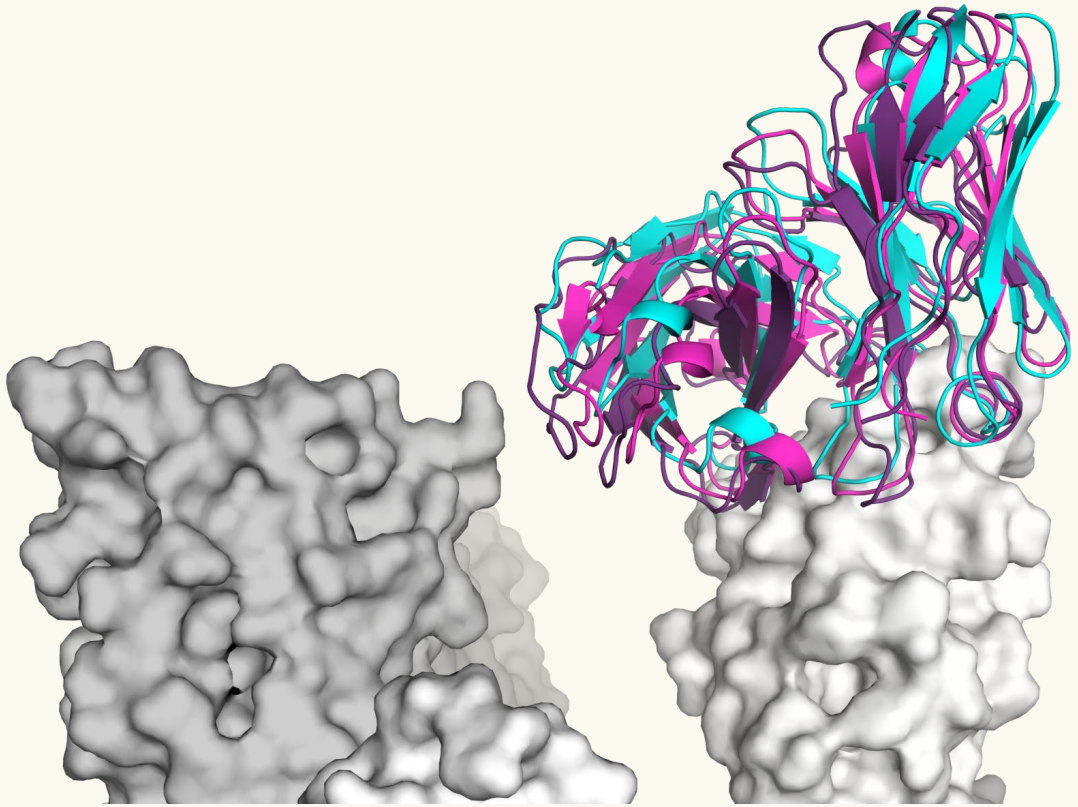
Binding and neutralization across all Invivyd COVID antibodies is geometrically identical at the level x-ray crystallography

Each COVID mAb was minimally evolved to ensure the **preservation of the clinically-validated biological interface** between antibody and evolving virus

The result is **functionally identical antibodies** with a consistent interface and mechanism

This approach should **minimize biological uncertainty** and provide high confidence in clinical benefit across antibodies

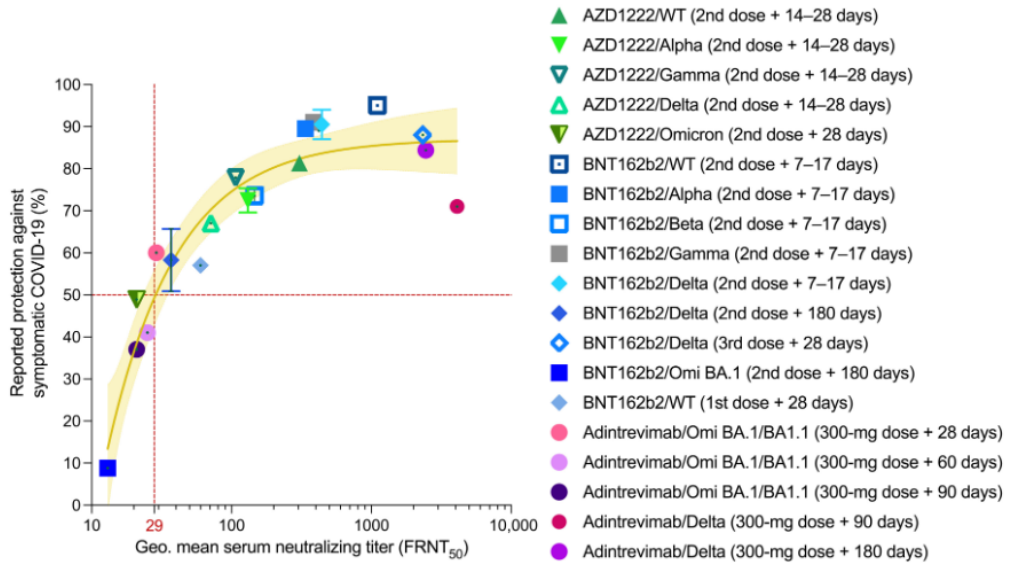
Adintrevimab, Pemivibart, and VYD2311
Superimposed on Target: +/- 0.5A



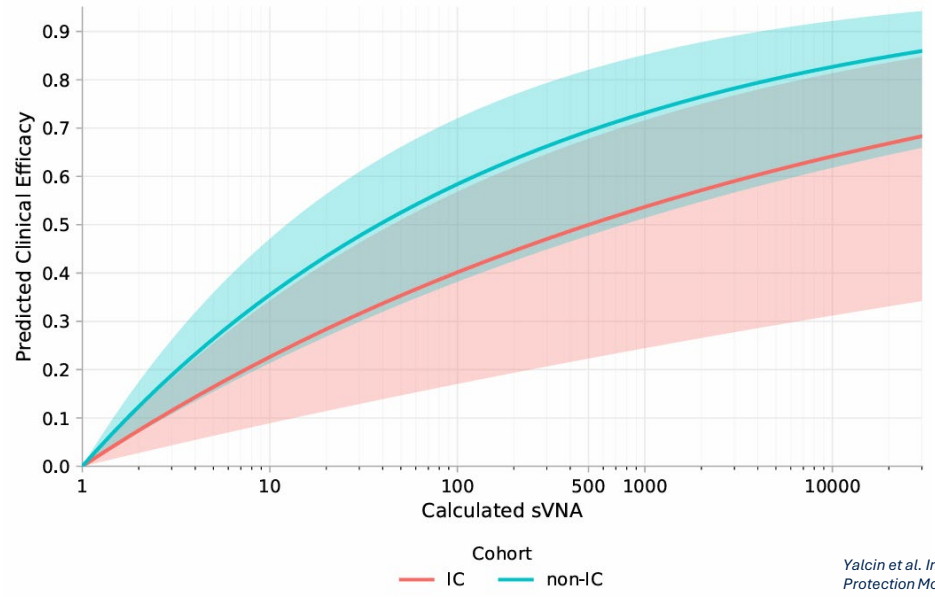
We believe as a consequence that the resulting antiviral titers from our antibodies are highly reliable predictors of clinical protection

Invivyd sVNA titers act as a direct, highly reliable predictor of clinical efficacy because our COVID antibodies preserve a constant physiologic interface and a consistent mechanism

The relationship between neutralizing titers and protection from symptomatic COVID-19 is now **well established in two peer-reviewed correlate-of-protection analyses** based off data from two RCTs



Schmidt et al. Science, EVADE (2023)



Yalcin et al. Immune Correlates of Protection Model, CANOPY (2026)

RCT: Randomized Controlled Trial; sVNA: serum virus neutralizing antibody.
Sources: Schmidt, et al. Sci Transl Med. 2023. DOI: 10.1126/scitranslmed.adg2783; Yalcin. Infect Dis Ther. 2026.

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We believe VYD2311 meets and exceeds the criteria for Accelerated Approval

Targets a Serious Condition & Unmet Need

- ✓ Fast Track designation for VYD2311 establishes the FDA's view that COVID is a serious condition with unmet medical need
- ✓ Excess severe outcomes and mortality persist across variant eras, despite high population immunity
- ✓ IC patients remain at high risk for severe complications, do not respond optimally to vaccines, and have no other options

Meaningful Advantage Over Available Therapy

- ✓ The LIBERTY data demonstrated a meaningful improvement in the safety and tolerability profile of VYD2311 compared to the Standard of Care
- ✓ IC patients fail to respond adequately to vaccination; following termination of PEMGARDA® EUA in June 2027, IC population will not have suitable COVID prevention options

Surrogate Endpoint Reasonably Likely to Predict Clinical Benefit

Requires an effect on a surrogate marker reasonably likely to predict clinical benefit, supported by at least one of the following criteria:

- ✓ **Pathophysiologic:** Assay measurement confirms the directly administered antibody actively neutralizes the virus
- ✓ **Therapeutic:** Four RCTs demonstrated relationship of sVNA titers to clinical benefit for mAbs with a shared epitope, geometry, interface, and assay
- ✓ **Epidemiologic:** Peer-reviewed publications statistically validate Invivyd sVNA titers as a predictor of clinical benefit

Confirmatory Trial Underway

- ✓ Any residual uncertainty as to the relation of VYD2311 titer to clinical benefit will be verified and described through the ongoing randomized, double-blind DECLARATION trial (n=2,386)
- ✓ DECLARATION trial planned as confirmatory study; ongoing, with blinded accumulated clinical events

IC: Immunocompromised; EUA: Emergency Use Authorization; sVNA: serum virus neutralizing antibody.
Sources: FDA. " Guidance Document: Accelerated Approval – Expedited Program for Serious Conditions" Published December 2024.

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Preparations underway for VYD2311 Accelerated Approval BLA submission

- Unblind and report the placebo-controlled safety and immunogenicity data from DECLARATION
- Move to submitting Biologics License Application (BLA) as soon as possible
- Continue commercial preparation for VYD2311

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Q&A

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