UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): January 8, 2026

Invivyd, Inc.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-40703**	**85-1403134**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

209 Church Street **New Haven, CT**	**06510**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's telephone number, including area code: (781) 819-0080

Not applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.0001 per share	IVVD	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On January 8, 2026, Invivyd, Inc. (the "Company") issued a press release entitled "Invivyd Reports Preliminary Fourth Quarter 2025 Revenue and Recent Business Highlights" (the "Press Release"), which included the Company's estimated fourth quarter 2025 PEMGARDA® (pemivibart) net product revenue and cash and cash equivalents as of December 31, 2025. The amounts included in the Press Release are preliminary and are subject to change upon completion of the Company's financial closing controls and procedures for the quarter and year ended December 31, 2025, and finalization of the Company's financial statements. The preliminary financial data included in the Press Release have been prepared by, and are the responsibility of, the Company's management. These preliminary estimates have not been audited by the Company's independent registered public accounting firm. Additional information and disclosures would be required for a more complete understanding of the Company's financial position and results of operations as of December 31, 2025. A copy of the Press Release is filed herewith as Exhibit 99.1 and is incorporated by reference in this Item 2.02.

Item 8.01 Other Events.

On January 8, 2026, the Company issued the Press Release, a copy of which is filed herewith as Exhibit 99.1 and is incorporated by reference in this Item 8.01.

On January 8, 2026, the Company posted an updated corporate presentation on its website at www.invivyd.com. A copy of the presentation is filed herewith as Exhibit 99.2 and is incorporated by reference in this Item 8.01.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press Release, dated January 8, 2026
99.2	Corporate Presentation, dated January 8, 2026
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

INVIVYD, INC.

Date: January 8, 2026

By: /s/ Jill Andersen
Jill Andersen
Chief Legal Officer and Corporate Secretary

INVIVYD

Invivyd Reports Preliminary Fourth Quarter 2025 Revenue and Recent Business Highlights

- *Preliminary Q4 2025 PEMGARDA® (pemivibart) net product revenue of $17.2 million, representing 25% growth year-over-year and 31% growth quarter-over-quarter*
- *Preliminary ending 2025 cash and cash equivalents of $226.7 million after raising over $200 million from financing transactions in 2H 2025*
- *Announced initiation of DECLARATION Phase 3 pivotal clinical trial of vaccine-alternative antibody VYD2311 to prevent COVID, with top-line data expected mid-2026; Fast Track designation for VYD2311 granted by FDA in December 2025*
- *Potential best-in-class RSV antibody VBY329 nominated for preclinical development*
- *Preclinical measles mAb candidate selection targeted for 1H 2026 for treatment and prevention of measles*
- *Further updates to be provided in conjunction with Form 10-K filing and upcoming ordinary quarterly reporting*

NEW HAVEN, Conn., Jan. 08, 2026 (GLOBE NEWSWIRE) — Invivyd, Inc. (Nasdaq: IVVD) today announced preliminary fourth quarter (Q4) revenue and recent business highlights.

“We are pleased by strong top-line revenue growth of PEMGARDA® (pemivibart), which we believe is attributable to our commercial execution and the fundamental appeal of monoclonal antibody prophylaxis even in the face of declining COVID vaccination trends. We are actively preparing for the potential commercial launch of VYD2311, an accessible vaccine-alternative to prevent COVID, which, if approved, could represent a step-change from PEMGARDA, a specialty medicine for the immunocompromised,” noted Bill Duke, Chief Financial Officer of Invivyd. “With a strong balance sheet bolstered by our recent capital raises, we are well-positioned to support the DECLARATION pivotal clinical trial and VYD2311 commercial launch, if approved, and look forward to trial enrollment during the anticipated upcoming peak season of COVID infections.”

“2026 will be a critical year for Invivyd and vulnerable people seeking relief from the continued burden of COVID as we execute our pivotal program and attempt to institute a new standard of care for COVID prophylaxis,” commented Marc Elia, Chairman of the Invivyd Board of Directors. “The company is also rapidly expanding its pipeline of monoclonal antibodies that can treat critical infectious diseases or provide important alternatives and complements to vaccination for the most vulnerable Americans. We are looking forward to providing a host of updates in the coming year across all of our programs that we believe can drive substantial medical and shareholder value creation.”

Recent Business Highlights

- **Clinical & Regulatory Developments**
  - In December 2025, Invivyd announced the initiation of its DECLARATION clinical trial.
    - DECLARATION is a Phase 3, randomized, placebo-controlled clinical trial to evaluate the safety and efficacy of VYD2311 in the prevention of COVID versus placebo, at three months, from a single intramuscular (IM) dose, with protection beyond three months anticipated.

        - A second arm will evaluate monthly IM doses versus placebo to demonstrate the safety and efficacy of more frequent dosing to support individual choice should at-risk persons seek periodic extra protection from COVID.
        - The primary endpoint of DECLARATION is the reduction of PCR-confirmed symptomatic COVID incidence versus placebo; total expected enrollment of 1770 people across all three arms.
        - DECLARATION is part of Invivyd's REVOLUTION clinical program aimed at establishing monoclonal antibody prophylaxis for prevention of COVID; top-line data are expected mid-2026.
        - In the Phase 1/2 study, IM administered VYD2311, at 4 times the planned dose in DECLARATION, was well tolerated, with all adverse events (AEs) considered mild to moderate in severity with no serious or severe AEs reported; all AEs, including headache and injection site pain, were deemed unrelated to study drug.
    - In December 2025, Invivyd announced that the U.S. Food and Drug Administration (FDA) granted Fast Track designation for VYD2311.
        - Fast Track is a process that enables the FDA to expedite the development and review of new drugs that address a serious or life-threatening condition and fill an unmet medical need. If relevant criteria are met, programs with Fast Track designation can become eligible for priority review and rolling Biologics License Application (BLA) submission, which can reduce the timelines associated with regulatory action.
        - VYD2311 was granted Fast Track designation by the FDA for the prevention of COVID in individuals with underlying risk factors for severe COVID.
- **Pipeline Expansion**
    - In November 2025, Invivyd announced selection of a potential best-in-class Respiratory Syncytial Virus (RSV) antibody candidate VBY329.
        - VBY329 is designed for the prevention of RSV infections in newborns, infants, and children, and results from Invivyd's proprietary antibody discovery technology platform.
        - VBY329 meets Invivyd's target profile of higher potency and improved barrier to resistance compared to standard of care RSV medicines, as assessed *in vitro*:
            - Antiviral potency 1.5-fold greater on average than nirsevimab and 1.2-fold greater on average than clesrovimab against established authentic RSV strains representing circulating variants.
            - Resistance profile compared to nirsevimab reflects up to approximately 500-fold greater enhanced neutralization activity against RSV F protein variants resistant to nirsevimab in pseudovirus assays that reflect contemporary, circulating, nirsevimab-resistant variants associated with various RSV A & B strains.
            - Half-life extension technology and biophysical properties expected to confer equivalent or greater *in vivo* half-life compared to nirsevimab and clesrovimab, which, along with higher potency, may expand the protective window of VBY329 compared to standard of care.

        - Invivyd expects to advance VBY329 toward IND readiness in 2H 2026 for development in pediatric RSV prophylaxis, a blockbuster pharmaceutical market in 2024, expected to grow to $3-$4 billion in annual revenues globally by 2030.
        - Additional Invivyd discovery efforts focus on ultra-long half-life RSV antibodies with the aim of a candidate RSV vaccine-alternative for elderly and immunocompromised populations.
    - Invivyd has initiated discovery efforts to assess pipeline expansion beyond SARS-CoV-2 and RSV, and anticipates providing an update on selection of a preclinical measles mAb candidate in the first half of 2026.
- **Corporate and Financial Updates**
    - Based on currently available information, the company is announcing preliminary Q4 2025 PEMGARDA® (pemivibart) net product revenue of $17.2 million, representing a 25% increase over Q4 2024 net product revenue of $13.8 million and a 31% increase over Q3 2025 net product revenue of $13.1 million.
    - In the second half of 2025, Invivyd secured over $200 million of capital, resulting in a strong balance sheet with anticipated 2025 ending cash and cash equivalents of $226.7 million.
    - Total shares of common stock outstanding as of December 31, 2025 were 281,987,033, excluding pre-funded warrants totaling 27,342,442 which will be included in shares outstanding utilized to calculate earnings per share.
    - Invivyd's current cash and cash equivalents are anticipated to be sufficient to support the DECLARATION pivotal study, commercial preparedness for the potential launch of VYD2311, continued research and development related to its pipeline programs such as RSV and measles, continued advancement of the Spike Protein Elimination and Recovery (SPEAR) Study Group efforts related to assessing the effects of monoclonal antibody therapy for Long COVID and COVID-19 Post-Vaccination Syndrome, and for working capital and other general corporate purposes.

About PEMGARDA

PEMGARDA® (pemivibart) is a half-life extended investigational monoclonal antibody (mAb). PEMGARDA was engineered from adintrevimab, Invivyd's investigational mAb that has a robust safety data package and provided evidence of clinical efficacy in global Phase 2/3 clinical trials for the prevention and treatment of COVID-19. PEMGARDA has demonstrated in vitro neutralizing activity against major SARS-CoV-2 variants, including JN.1, KP.3.1.1, XEC, LP.8.1 and XFG. PEMGARDA targets the SARS-CoV-2 spike protein receptor binding domain (RBD), thereby inhibiting virus attachment to the human ACE2 receptor on host cells.

PEMGARDA (pemivibart) injection (4500 mg), for intravenous use is an investigational mAb that has not been approved, but has been authorized for emergency use by the U.S. FDA under an EUA for the pre-exposure prophylaxis (prevention) of COVID-19 in adults and adolescents (12 years of age and older weighing at least 40 kg) who have moderate-to-severe immune compromise due to certain medical conditions or receipt of certain immunosuppressive medications or treatments and are unlikely to mount an adequate immune response to COVID-19 vaccination. Recipients should not be currently infected with or have had a known recent exposure to an individual infected with SARS-CoV-2.

PEMGARDA is not authorized for use for treatment of COVID-19, treatment of Long COVID, or post-exposure prophylaxis of COVID-19. Pre-exposure prophylaxis with PEMGARDA is not a substitute for vaccination in individuals for whom COVID-19 vaccination is recommended. Individuals for whom COVID-19 vaccination is recommended, including individuals with moderate-to-severe immune compromise who may derive benefit from COVID-19 vaccinations, should receive COVID-19 vaccination. In individuals who have recently received a COVID-19 vaccine, PEMGARDA should be administered at least 2 weeks after vaccination.

Anaphylaxis has been observed with PEMGARDA and the PEMGARDA Fact Sheet for Healthcare Providers includes a boxed warning for anaphylaxis. The most common adverse reactions included systemic infusion-related reactions and hypersensitivity reactions, local infusion site reactions, and infusion site infiltration or extravasation. For additional information, please see the PEMGARDA full product Fact Sheet for Healthcare Providers, including important safety information and boxed warning.

To support the EUA for PEMGARDA, an immunobridging approach was used to determine if PEMGARDA may be effective for pre-exposure prophylaxis of COVID-19. Immunobridging is based on the serum virus neutralizing titer-efficacy relationships identified with other neutralizing human mAbs against SARS-CoV-2. This includes adintrevimab, the parent mAb of pemivibart, and other mAbs that were previously authorized for EUA. There are limitations of the data supporting the benefits of PEMGARDA. Evidence of clinical efficacy for other neutralizing human mAbs against SARS-CoV-2 was based on different populations and SARS-CoV-2 variants that are no longer circulating. Further, the variability associated with cell-based EC50 value determinations, along with limitations related to pharmacokinetic data and efficacy estimates for the mAbs in prior clinical trials, impact the ability to precisely estimate protective titer ranges. Additionally, certain SARS-CoV-2 viral variants may emerge that have substantially reduced susceptibility to PEMGARDA, and PEMGARDA may not be effective at preventing COVID-19 caused by these SARS-CoV-2 viral variants.

The emergency use of PEMGARDA is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of drugs and biological products during the COVID-19 pandemic under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization revoked sooner. PEMGARDA is authorized for use only when the combined national frequency of variants with substantially reduced susceptibility to PEMGARDA is less than or equal to 90%, based on available information including variant susceptibility to PEMGARDA and national variant frequencies.

About VYD2311

VYD2311 is a novel monoclonal antibody (mAb) candidate being developed for COVID-19 to continue to address the urgent need for new prophylactic and therapeutic options. The pharmacokinetic profile and antiviral potency of VYD2311 may offer the ability to deliver clinically meaningful titer levels through more patient-friendly means such as an intramuscular route of administration.

VYD2311 was engineered using Invivyd's proprietary integrated technology platform and is the product of serial molecular evolution designed to generate an antibody optimized for neutralizing contemporary virus lineages. VYD2311 leverages the same antibody backbone as pemivibart, Invivyd's investigational mAb granted emergency use authorization in the U.S. for the pre-exposure prophylaxis (PrEP) of symptomatic COVID-19 in certain immunocompromised patients, and adintrevimab, Invivyd's investigational mAb that has a robust safety data package and demonstrated clinically meaningful results in global Phase 2/3 clinical trials for the prevention and treatment of COVID-19.

About DECLARATION

DECLARATION is a Phase 3, randomized, triple-blind, placebo-controlled trial to evaluate VYD2311 efficacy and safety in prevention of symptomatic COVID in a broad population of participants including adults and adolescents both with and without risk factors for progression to severe COVID-19, at three months. Participants will receive either a single dose or a monthly dose of VYD2311, each administered via intramuscular (IM) injection, compared to placebo. Total enrollment of the trial is expected to be 1770 participants.

About VBY329

VBY329 is a novel, potential best-in-class monoclonal antibody (mAb) candidate being developed to prevent Respiratory Syncytial Virus (RSV) among neonates, infants, and children.

About Invivyd

Invivyd, Inc. (Nasdaq: IVVD) is a biopharmaceutical company devoted to delivering protection from serious viral infectious diseases, beginning with SARS-CoV-2. Invivyd deploys a proprietary integrated technology platform unique in the industry designed to assess, monitor, develop, and adapt to create best in class antibodies. In March 2024, Invivyd received emergency use authorization (EUA) from the U.S. FDA for a monoclonal antibody (mAb) in its pipeline of innovative antibody candidates. Visit https://invivyd.com/ to learn more.

Cautionary Statement Regarding Preliminary Financial Results

The preliminary financial results for the fourth quarter 2025 included in this press release are preliminary, unaudited and subject to completion. The preliminary financial data included in this press release has been prepared by, and is the responsibility of, the company's management. PricewaterhouseCoopers LLP, the company's independent registered public accounting firm, has not audited, reviewed, examined, compiled, nor applied agreed-upon procedures with respect to the preliminary financial data. Accordingly, PricewaterhouseCoopers LLP does not express an opinion or any other form of assurance with respect thereto. Such preliminary results are subject to the finalization of quarter- and year-end financial and accounting procedures, and actual results may vary from the preliminary results presented herein. The preliminary financial results represent management's estimates that constitute forward-looking statements subject to certain risks and uncertainties.

Cautionary Note Regarding Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "anticipates," "believes," "could," "expects," "estimates," "intends," "plans," "potential," "predicts," "projects," "future" and "target" or similar expressions (as well as other words or expressions referencing future events, conditions or circumstances) are intended to identify forward-looking statements. Forward-looking statements include statements concerning, among other things, the company's preliminary fourth quarter financial results; plans related to the company's research and development activities, and the timing and potential results thereof; expectations regarding the company's clinical trial designs and enrollment, regulatory pathway, product profile, indication and administration paradigm for VYD2311, as well as preparations for the potential commercial launch of VYD2311, if approved; the potential benefits of Fast Track designation; expectations regarding the COVID landscape and peak season of COVID infections; the potential of PEMGARDA as a mAb for pre-exposure prophylaxis (prevention) of COVID-19 in certain immunocompromised persons; the potential of VYD2311 as a novel mAb candidate that may be able to deliver clinically meaningful titer levels through more patient-friendly means; the company's devotion to delivering protection from serious viral infectious diseases, beginning with SARS-CoV-2; pipeline expansion beyond SARS-CoV-2, including potential targets such as RSV and measles, and expected announcements related thereto; the potential of VBY329 as a novel, potential best-in-class RSV mAb candidate; the company's business strategies and objectives, and ability to execute on them; expectations about the market size and opportunity for the company's product candidates; the company's beliefs that it can drive substantial medical and shareholder value creation; the company's future prospects; and other statements that are not historical fact. The company may not actually achieve the plans, intentions or expectations disclosed in the company's forward-looking statements and you should not place undue reliance on the company's forward-looking statements. These forward-looking statements involve risks and uncertainties that could cause the company's actual results to differ materially from the results described in or implied by the forward-looking statements, including, without limitation: uncertainties regarding the company's expectations, projections and estimates regarding future costs and expenses, future revenue, capital requirements, and the availability of and the need for additional financing; whether the company's cash and cash equivalents are sufficient to support its operating plan for as long as anticipated; uncertainties regarding market acceptance, payor coverage and reimbursement, or future revenue generated by any authorized or approved product; how long the EUA granted by the FDA for PEMGARDA will remain in effect and whether such EUA is revised or revoked by the FDA; the ability to maintain a continued acceptable safety, tolerability and efficacy profile of any product candidate following regulatory authorization or approval; the success of the company's in-house sales force, and company's ability to maintain and expand sales, marketing and distribution capabilities to successfully commercialize any authorized or approved product; changes in expected or existing competition; changes in the regulatory environment; the outcome of the company's engagement with regulators; uncertainties related to the regulatory authorization or approval process, and available development and regulatory pathways; whether or not any preclinical candidate identified by the company is determined to be suitable for clinical development; the timing, progress and results of the company's discovery, preclinical and clinical development activities; clinical trial site activation or enrollment rates; unexpected safety or efficacy data observed during preclinical studies or clinical trials; the risk that results of nonclinical studies or clinical trials may not be predictive of future results, and interim data are subject to further analysis; the company's ability to generate the data needed to support a potential BLA submission for VYD2311; potential variability in neutralizing activity of product candidates tested in different assays, such as pseudovirus assays and authentic assays; variability of results in models and methods used to predict activity against SARS-CoV-2 variants; whether the epitopes that pemivibart and VYD2311 target remain structurally intact and the company's product candidates are able to demonstrate and sustain neutralizing activity against major SARS-CoV-2 variants, particularly in the face of viral evolution;

the company's reliance on third parties; complexities of manufacturing mAb therapies; macroeconomic and political uncertainties; any change in the preliminary estimates of the company's Q4 2025 results upon completion of the company's financial closing controls and procedures, and finalization of the financial statements; the company's ability to continue as a going concern; and whether the company has adequate funding to meet future operating expenses and capital expenditure requirements. 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 press release are described under the heading "Risk Factors" in the company's Annual Report on Form 10-K for the year ended December 31, 2024 and its Quarterly Report on Form 10-Q for the quarter ended September 30, 2025, each 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.

This press release contains hyperlinks to information that is not deemed to be incorporated by reference in this press release.

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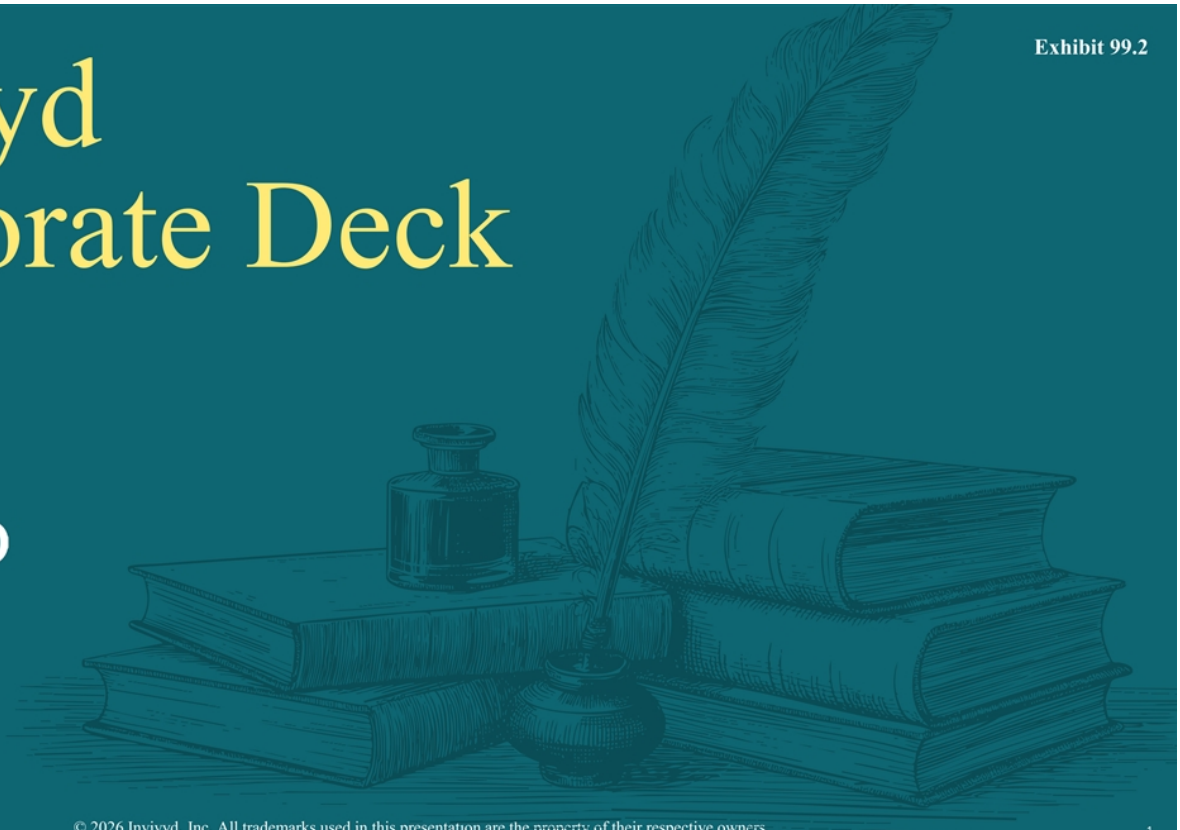
Exhibit 99.2

Invivyd Corporate Deck

January 2026

INVIVYD



CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

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Forward-looking statements include statements concerning, among other things, expectations regarding Invivyd's efforts to develop potential best-in-class antibody therapies across multiple viral threats; expectations about the COVID landscape; beliefs about limitations of COVID vaccines and the expected advantages of monoclonal antibodies (mAbs); expectations regarding durability and stability of the company's antibodies; plans related to the company's research and development activities, and the timing and potential results thereof; the potential of VYD2311 as a mAb candidate; expectations regarding the company's clinical trial designs and enrollment, regulatory pathway, product profile, target patient population, indication and administration paradigm for VYD2311; PEMGARDA® (pemivibart) as a mAb for pre-exposure prophylaxis (PrEP) of COVID-19 in certain immunocompromised persons; the company's commercialization plans, strategies, goals and expectations; the potential of VBY329 as a novel, potential best-in-class respiratory syncytial virus (RSV) mAb candidate; estimates regarding the size of target patient populations and the potential market opportunity for the company's product candidates, as well as its market position; the potential of Invivyd's technology to address major needs beyond COVID; the potential of the company's pipeline and discovery efforts, including for COVID, Long COVID, RSV and measles; the anticipated focus and goals of the SPEAR Study Group; the company's business strategies and objectives, and ability to execute on them; the company's future prospects; the company's preliminary fourth quarter financial results; and other statements that are not historical fact. The company may not actually achieve the plans, intentions or expectations disclosed in the company's forward-looking statements and you should not place undue reliance on the company's forward-looking statements. These forward-looking statements involve risks and uncertainties that could cause the company's actual results to differ materially from the results described in or implied by the forward-looking statements, including, without limitation: uncertainties about the company's expectations, projections and estimates regarding future costs and expenses, future revenue, capital requirements, and the availability of and the need for additional financing; whether the company's cash and cash equivalents are sufficient to support its operating plan for as long as anticipated; uncertainties regarding market acceptance, payor coverage and reimbursement, or future revenue generated by any authorized or approved product; the timing, progress and results of the company's discovery, preclinical and clinical development activities; clinical trial site activation or enrollment rates; unexpected safety or efficacy data observed during preclinical studies or clinical trials; the predictability of clinical success of the company's product candidates based on neutralizing activity in nonclinical studies; the risk that results of nonclinical studies or clinical trials may not be predictive of future results, and interim data are subject to further analysis; how long the emergency use authorization (EUA) granted by the U.S. Food & Drug Administration (FDA) for PEMGARDA for COVID-19 PrEP in certain immunocompromised persons will remain in effect and whether such EUA is revised or revoked by the FDA; changes in the regulatory environment; the outcome of the company's engagement with regulators; uncertainties related to the regulatory authorization or approval process, and available development and regulatory pathways; whether or not any preclinical candidate identified by the company is determined to be suitable for clinical development; the company's ability to generate the data needed to support a potential Biologics License Application (BLA) submission for VYD2311; the ability to maintain a continued acceptable safety, tolerability and efficacy profile of any product candidate following regulatory authorization or approval; the success of the company's in-house sales force, and company's ability to maintain and expand sales, marketing and distribution capabilities to successfully commercialize any authorized or approved product; changes in expected or existing competition; the company's reliance on third parties; potential variability in neutralizing activity of product candidates tested in different assays, such as pseudovirus assays and authentic assays; variability of results in models and methods used to predict activity against SARS-CoV-2 variants; whether the epitopes that pemivibart and VYD2311 target remain structurally intact and the company's product candidates are able to demonstrate and sustain neutralizing activity against major SARS-CoV-2 variants, particularly in the face of viral evolution; the complexities of manufacturing mAb therapies, and availability of quantities of commercial launch product in the future, if authorized or approved; macroeconomic and political uncertainties; any change in the preliminary estimates of the company's Q4 2025 results upon completion of the company's financial closing controls and procedures, and finalization of the financial statements; the company's ability to continue as a going concern; and whether the company has adequate funding to meet future operating expenses and capital expenditure requirements. 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, 2024 and its Quarterly Report on Form 10-Q for the quarter ended September 30, 2025, each 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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agenda

01 Invivyd Approach

02 COVID

03 Long COVID

04 RSV

05 Financial Highlights

The need is urgent.

The market potential is significant.

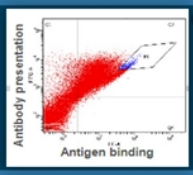
We're taking action.

We're developing potential best-in-class antibody therapies across multiple viral threats, providing protection and defining what's next in keeping people well. With a broad pipeline and sharp execution, we're moving quickly to turn breakthrough science into lasting impact and value.

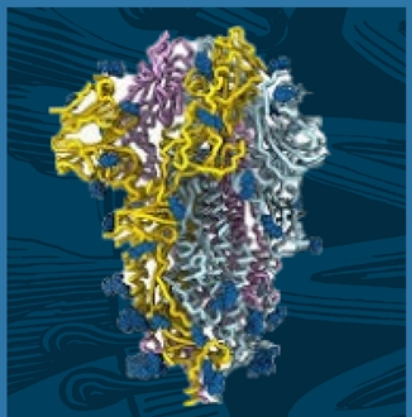
COVID — LONG COVID — RSV — MEASLES

A Bespoke Platform For ID mAb Discovery

Proprietary Analytics



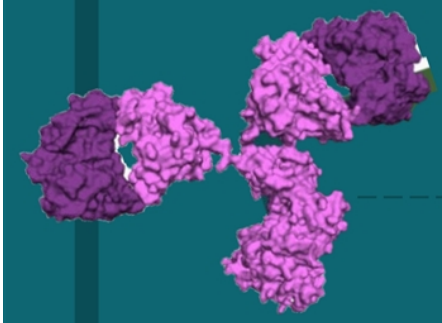
Discovery Platform



Mutable Targets

Best-in-Class mAbs

The Right Technology Designed to Address Major Needs Beyond COVID



Long Half-Life / Prevention of Disease / Vaccine Alternatives

- COVID
- RSV
- Measles
- *Tick-borne (Lyme, etc.)**
- *Pediatric Bridge to Immunologic Maturity (Mumps, Rubella, Diptheria, Pertussis)**

Short Half-Life / Treatment of Infectious Disease

- COVID
- RSV
- Measles
- *Hepatitis B/Delta**
- *Pertussis**

** Research Phase*

agenda

01 Invivyd Approach

02 COVID

03 Long COVID

04 RSV

05 Financial Highlights

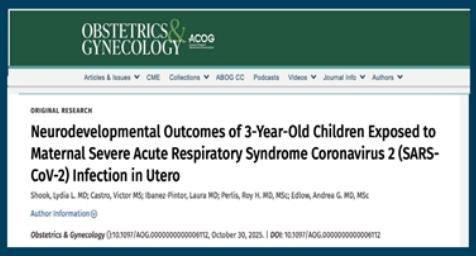
Perceived as a "respiratory" virus because of transmission, but actually a ***vascular, prothrombotic, immunomodulatory novel virus***

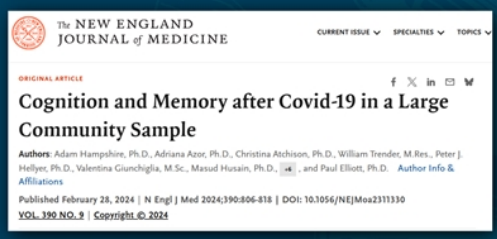
Influenza
Entry via sialic acid receptor
Largely bronchoepithelial cells

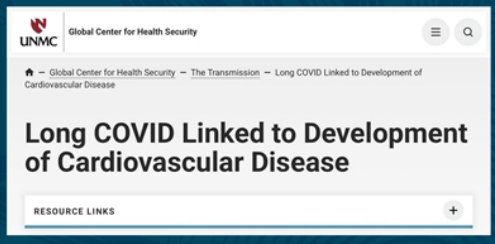
RSV
Entry via CX3CR1
Largely bronchoepithelial cells

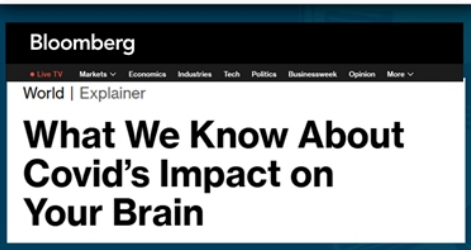
SARS-CoV-2
Entry via ACE2
Epithelial and endothelial cells

COVID's systemic complications continue to unfold









Only 12.9% of Americans say the main reason they have avoided getting a COVID vaccine in the ‘24 season was because they weren’t worried about getting infected.

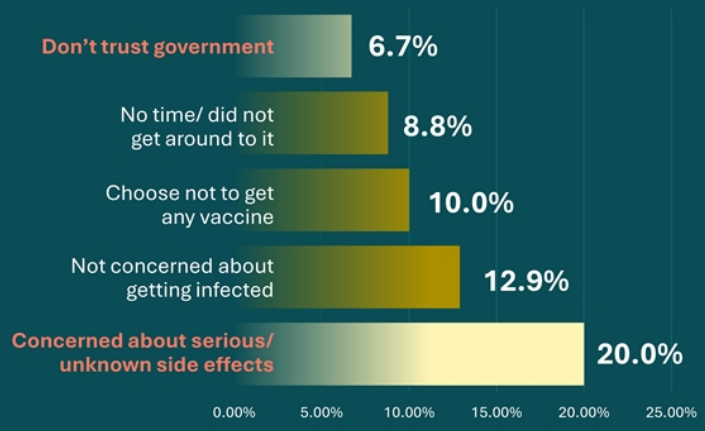
INVIVYD

Source: Centers for Disease Control and Prevention, Reasons for non-vaccination with COVID-19, influenza, and RSV vaccines during the 2023–24 respiratory virus season, November 8, 2024.

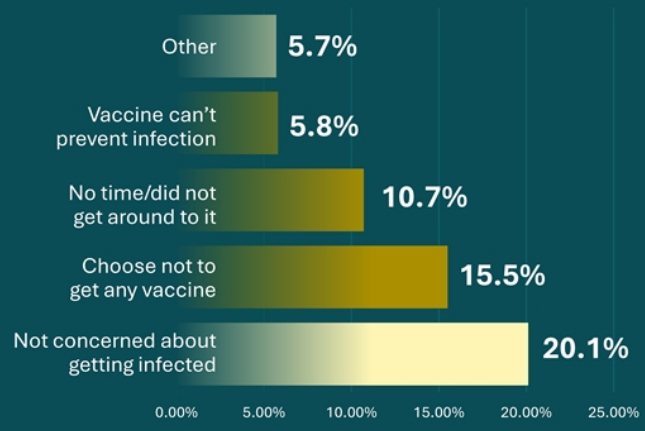
The current solution is the problem

*When asked to select all reasons for not getting a COVID or FLU vaccine, respectively, respondents noted the **main reason** for not getting vaccinated as follows:*

COVID Vaccine



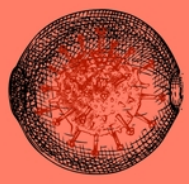
FLU Vaccine



A national CDC survey of adults during June – July 2024 found that when asked to select ***all reasons*** that apply, the most common reasons for non-vaccination during the 2023 – 24 respiratory virus season were concerns about serious and unknown side effects for COVID-19 vaccine (39.7%) and lack of concern about getting sick for flu vaccine (36.8%) among adults aged ≥ 18 years, and lack of knowledge for RSV vaccine (36.1%) among adults aged ≥ 60 years. When asked to select all reasons for not getting a COVID vaccine that apply, 33.6% of Americans say they are not concerned about getting sick.

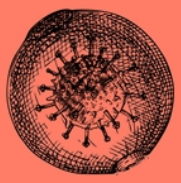
Source: Centers for Disease Control and Prevention, Reasons for non-vaccination with COVID-19, influenza, and RSV vaccines during the 2023–24 respiratory virus season, November 8, 2024.

Current **Disconnected** state of COVID mRNA vaccine prevention



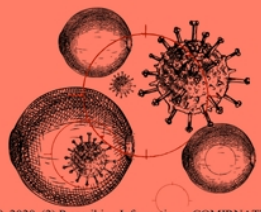
The Clinical Data

Phase 3 RCTs:
~2 months of efficacy follow-up



The FDA Labels

"Once – OR – More than 2 months since last boost dose"



Observed Utilization

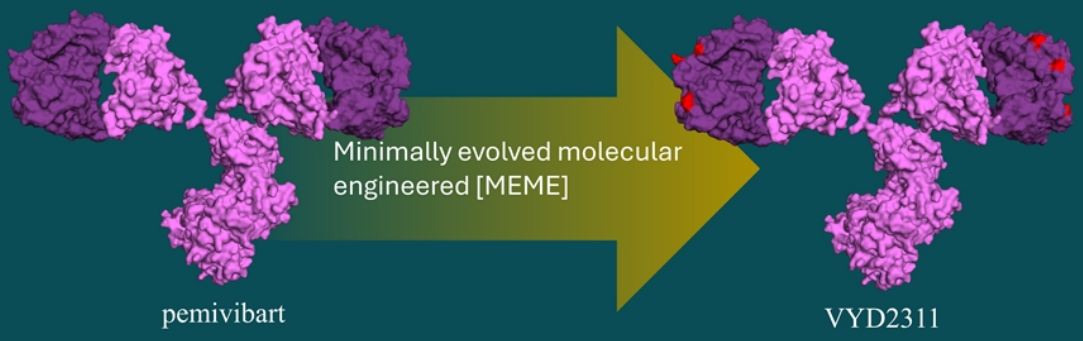
Annual booster

Sources: (1) Vaccines and Related Biological Products Advisory Committee Briefing Documents, December 10, 2020. (2) Prescribing Information – COMIRNATY® Aug 2025; Prescribing Information - SPIKEVAX® Aug 2025 (3) New England Journal of Medicine, *An Evidence-Based Approach to Covid-19 Vaccination*, Vinay Prasad, M.D., M.P.H., and Martin A. Makary, M.D., M.P.H., May 20, 2025.

COVID demands *monoclonal antibodies*

In contrast to vaccines, monoclonal antibodies can be engineered for consistent high activity

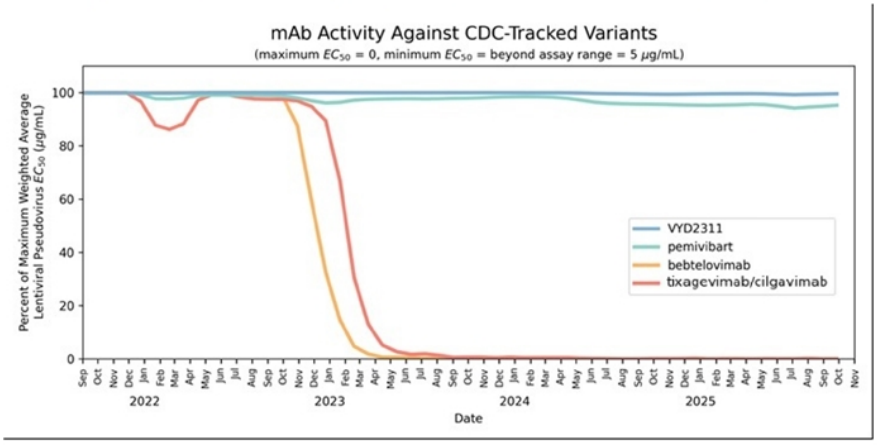
We innovate to stay ahead and seek to improve performance



Humans have limited antibody diversity and capability.
Invivyd innovation has no such limit.

We have seen robust durability and stability of our antibodies

Engineered against stable epitopes – beyond human immune capability



PEMGARDA is helping establish Invivyd's long-term commercial foundation

$17.2M* **Preliminary PEMGARDA Net Product Revenue Q4 '25**

926	Accounts w/ PEMGARDA Infusion Experience
77%	Reordering Accounts
1250+	Available Sites Infusing
125+	Conferences/Exhibits Attended
15,500+	GPO Contracted Sites

Established Strong Commercial Foundation

- In-line commercial team and infrastructure to support long-term growth
- Continued sales growth QoQ in 2025

Building from Specialty Infusion Team – Scaling to serve broad market for VYD2311, if approved

- PEMGARDA field force sized to meet the market at centers of excellence
- Expanding commercial team to increase reach into broader HCP audiences

Developed Focus Messaging to build from – VYD2311 requires a greater presence

- Expanding digital presence to reach more HCP specialties
- Establish scalable foundation for mass consumer market

Access Strategy Shift to serve much larger opportunity

- >96% of medical claims in 2025 successfully processed
- Expand PEMGARDA market access position for VYD2311

*Preliminary, unaudited and subject to change; as of December 31, 2025
All metrics are Launch to Date (LTD 12/31/25)

Broad recognition from Societies and Guidelines for Antibodies in COVID

SOCIETY / GUIDELINE	PEMGARDA OR MAB	TARGET AUDIENCE
HIV.gov	PEMGARDA	Immunodeficiency
IDSA	Pemivibart	Infectious disease
NCCN – B-Cell Lymphomas	Pemivibart	Oncology
NCCN – Infection Prevention	Pemivibart	Oncology
Immune Deficiency Foundation (IDF)	PEMGARDA	Immunodeficiency
MS Society	PEMGARDA	Rheumatology
National Kidney Foundation	PEMGARDA	Solid organ transplant
American Cancer Society	PEMGARDA	Oncology
American College of Rheumatology	mAbs	Rheumatology
American Lung Association	Pemivibart	Oncology
National Council on Aging (NCOA)	PEMGARDA	Elderly
BreastCancer.org	PEMGARDA	Oncology
CLL Society	PEMGARDA	Oncology
American Academy of Allergy, Asthma, and Immunology (AAAAI)	PEMGARDA	Immunology
Vasculitis Foundation	PEMGARDA	Rheumatology

NCCN National Comprehensive Cancer Network®

CLL SOCIETY

IDSA

Invivyd poised to deliver on ***scalable form factor for broad access***

COVID Vaccines: Big Revenue, Small Protection

$3.8B

FY24
U.S. Revenue

18 and over vaccine efficacy (VE) reduction in hospitalization estimate from CDC

2023–2024 vaccine dose, ≥7 days	**36%**
7–59 days earlier	**51%** (45–56)
60–119 days earlier	**42%** (35–48)
120–179 days earlier	**15%** (3–26)

INVIVYD Source: Moderna, Pfizer, and Novavax FY2024 10-Q and 10-K filings.

Source: FDA. Effectiveness of COVID-19 (2023-2024 Formula) vaccines, presented to the Advisory Committee on Immunization Practices (ACIP), October 2024. Slide 16. Accessed November 16, 2025

Current market offers tailwinds for VYD2311

1. mRNA risk/benefit concerns[1]
2. Unique non-vaccine MOA with potential to prevent COVID provides a competitive and compelling differentiator
3. Significant unmet need for vaccine alternatives
4. Total addressable market is significant[2]
5. Growing identification of long-term effects of COVID infections[3]

Sources: (1) Centers for Disease Control and Prevention (CDC). Reasons for non-vaccination with COVID-19, influenza, and RSV vaccines during the 2023-24 respiratory virus season. RespVaxView. November 8, 2024, (2) Moderna, Pfizer, and Novavax FY2024 10-Q and 10-K filings, (3) University of Nebraska Medical Center. (2025, October 22). Long COVID linked to development of cardiovascular disease. The Transmission.

Scale existing commercial efforts for VYD2311, anticipated to be accessible to a broad population

Strategies and Tactics designed to increase Awareness, Education, and Activation*

1. Expansion of sales force
2. Education of healthcare providers beyond specialty medicine, with focus to include primary care
3. Move toward more vaccine-like distribution and partnerships
4. Enhance equitable access through evolving patient support programs and expanded market access team
5. Deepen presence across multiple digital channels

*If approved for use by the U.S. FDA, and in accordance with the Prescribing Information

VYD2311/REVOLUTION Clinical Program

Phase 1/2 Study

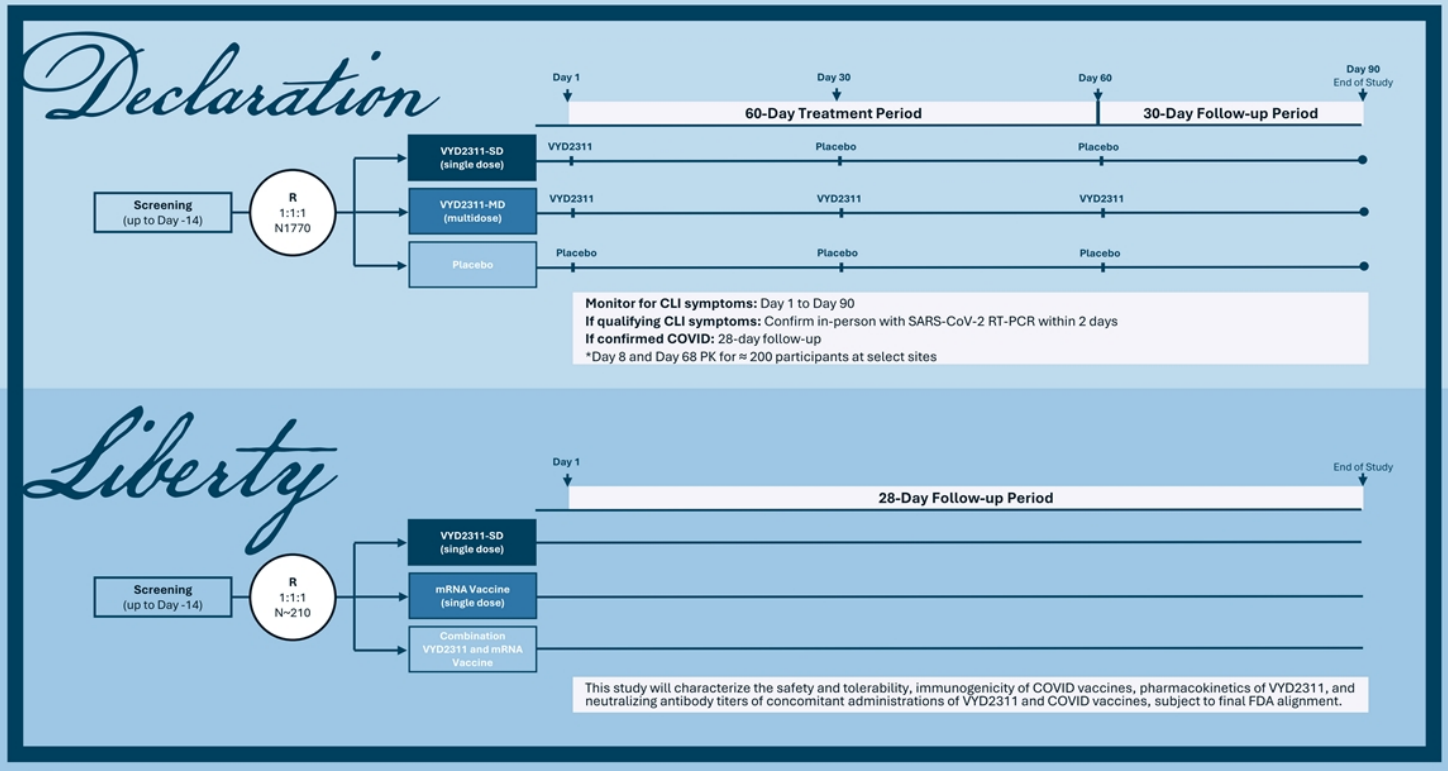
Randomized, double-blind, placebo-controlled trial was conducted to evaluate safety, tolerability, pharmacokinetics, and immunogenicity in healthy participants

Pivotal Efficacy Study

'DECLARATION' Phase 3, placebo-controlled efficacy trial in prevention of symptomatic COVID

Vaccine Study

'LIBERTY' Safety/Tolerability comparison with COVID mRNA vaccines (and co-administration)


Declaration
Day 1
Day 30
Day 60
Day 90
End of Study
60-Day Treatment Period
30-Day Follow-up Period
Screening
(up to Day -14)
R
1:1:1
N1770
VYD2311-SD
(single dose)
VYD2311-MD
(multidose)
Placebo
VYD2311
Placebo
VYD2311
VYD2311
VYD2311
Placebo
Placebo
Placebo
Monitor for CLI symptoms: Day 1 to Day 90
If qualifying CLI symptoms: Confirm in-person with SARS-CoV-2 RT-PCR within 2 days
If confirmed COVID: 28-day follow-up
*Day 8 and Day 68 PK for ≈ 200 participants at select sites

Liberty
Day 1
End of Study
28-Day Follow-up Period
Screening
(up to Day -14)
R
1:1:1
N~210
VYD2311-SD
(single dose)
mRNA Vaccine
(single dose)
Combination
VYD2311 and mRNA
Vaccine
This study will characterize the safety and tolerability, immunogenicity of COVID vaccines, pharmacokinetics of VYD2311, and neutralizing antibody titers of concomitant administrations of VYD2311 and COVID vaccines, subject to final FDA alignment.

Why study VYD2311 in multi-doses?

Repeat dose safety and titer data

Anticipate that, if approved, most people would choose to get VYD2311 once a year, with a safety profile that enables extra protection for those who want it.*

INVIVYD *Depending on Prescribing Information, if approved

Building a category to serve humanity where they are today

Consumers

- Belief that COVID needs to be avoided
- Trust in Safety and Efficacy
- Easy access and availability
- Broad awareness
- ACIP and Societies' endorsements
- Media endorsement
- Social Media endorsement

HCPs

- Belief that COVID needs to be avoided
- Trust in Efficacy and Safety
- Easy access and availability
- ACIP and Societies' endorsements

time to go

BIG

COVID mAbs: potential for equitable, instant, high, safe, natural, vaccine-free protection*

Medical/social/political environment potentially primed for disruption of COVID vaccine

*If approved for use by the U.S. FDA, and in accordance with the Prescribing Information

agenda

01 Invivyd Approach

02 COVID

03 Long COVID

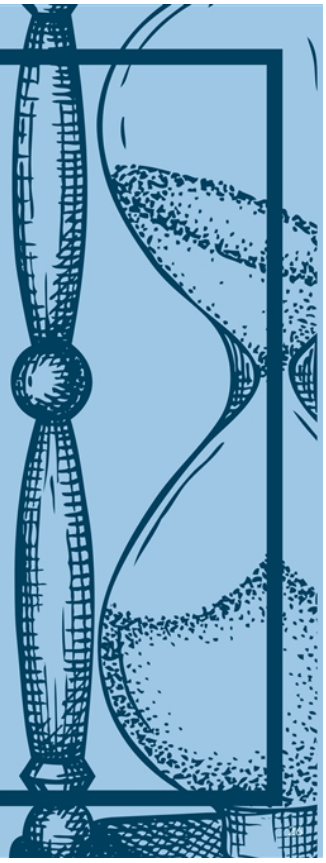
04 RSV

05 Financial Highlights

SPEAR Group

Invivyd and leading researchers have formed the SPEAR (Spike Protein Elimination and Recovery) Study Group to assess the effects of mAb therapy for Long COVID and COVID-19 Post-Vaccination Syndrome. Key elements of a proposed clinical study to evaluate the effects of mAb therapy on Long COVID were presented in September 2025 on behalf of the SPEAR Study Group to RECOVER-TLC, an NIH initiative devoted to testing potential treatments for Long COVID:

1) Deploying high levels of neutralizing monoclonal antibody over the long-term (months) that confer antiviral activity at or above levels associated with successful treatment of active COVID-19 infection
2) Randomized, placebo-controlled study with more than 100 patients per arm, powered to generate definitive, reliable evidence
3) Enrollment based on biomarkers indicating persistent spike antigen in serum and/or viral RNA in tissue
4) Measuring reduction in detectable spike antigen in serum and/or viral RNA as the critical translational endpoint
5) Exploring potential symptom improvement using standardized instruments to correlate potential modification of potential underlying chronic infection or presence of antigens to clinical benefit



agenda

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Potential best-in-class RSV antibody candidate

Pediatric RSV prophylaxis is a blockbuster market expected to grow to $3-$4B in annual revenues globally by 2030. VBY329 is designed for the prevention of RSV infections in newborns, infants, and children and for higher potency and improved barrier to resistance compared to standard of care RSV medicines, as assessed *in vitro*:

- Antiviral potency 1.5-fold greater on average than nirsevimab and 1.2-fold greater on average than clesrovimab against established authentic RSV strains representing circulating variants
- Resistance profile compared to nirsevimab reflects up to approximately 500-fold greater enhanced neutralization activity against RSV F protein variants resistant to nirsevimab in pseudovirus assays that reflect contemporary, circulating, nirsevimab-resistant variants associated with various RSV A & B strains
- Half-life extension technology and biophysical properties expected to confer equivalent or greater *in vivo* half-life compared to nirsevimab and clesrovimab

Potential beginnings of pediatric bundle with COVID and other potential mAbs

agenda

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Financial Highlights

Preliminary Q4 2025 PEMGARDA® (pemivibart) net product revenue of $17.2 million*

- 25% growth over Q4 2024
- 31% growth over Q3 2025

Preliminary December 2025 ending cash and cash equivalents of $226.7 million*; secured over $200 million of capital in 2H 2025

PEMGARDA® Net Product Revenue

	Q1	Q2	Q3	Q4
2024	$0	$2.3M	$9.3M	$13.8M
2025	$11.3M	$11.8M	$13.1M	$17.2M*

*Preliminary, unaudited and subject to change; as of December 31, 2025

Invivyd is leading change and shaping the future

Enable shift in American / global infectious disease prevention that any perspective or political view can embrace.

Stop debating vaccines, start improving on them.

Move away from:

- **COVID vaccine-only approach to prevention**
- Central / paternal public health posture (mandate)
- Limitation imposed by human immune systems
- mRNA / adjuvanted / pathogen-centric platforms

Move toward:

- Addressing public health crisis of distrust in American healthcare
- Individual choice on accessing instant protection
- Supra-physiologic protection
- Natural supplemental immune support through mAbs
- **Massive disruption of the COVID vaccine market***

*If approved for use by the U.S. FDA, and in accordance with the Prescribing Information