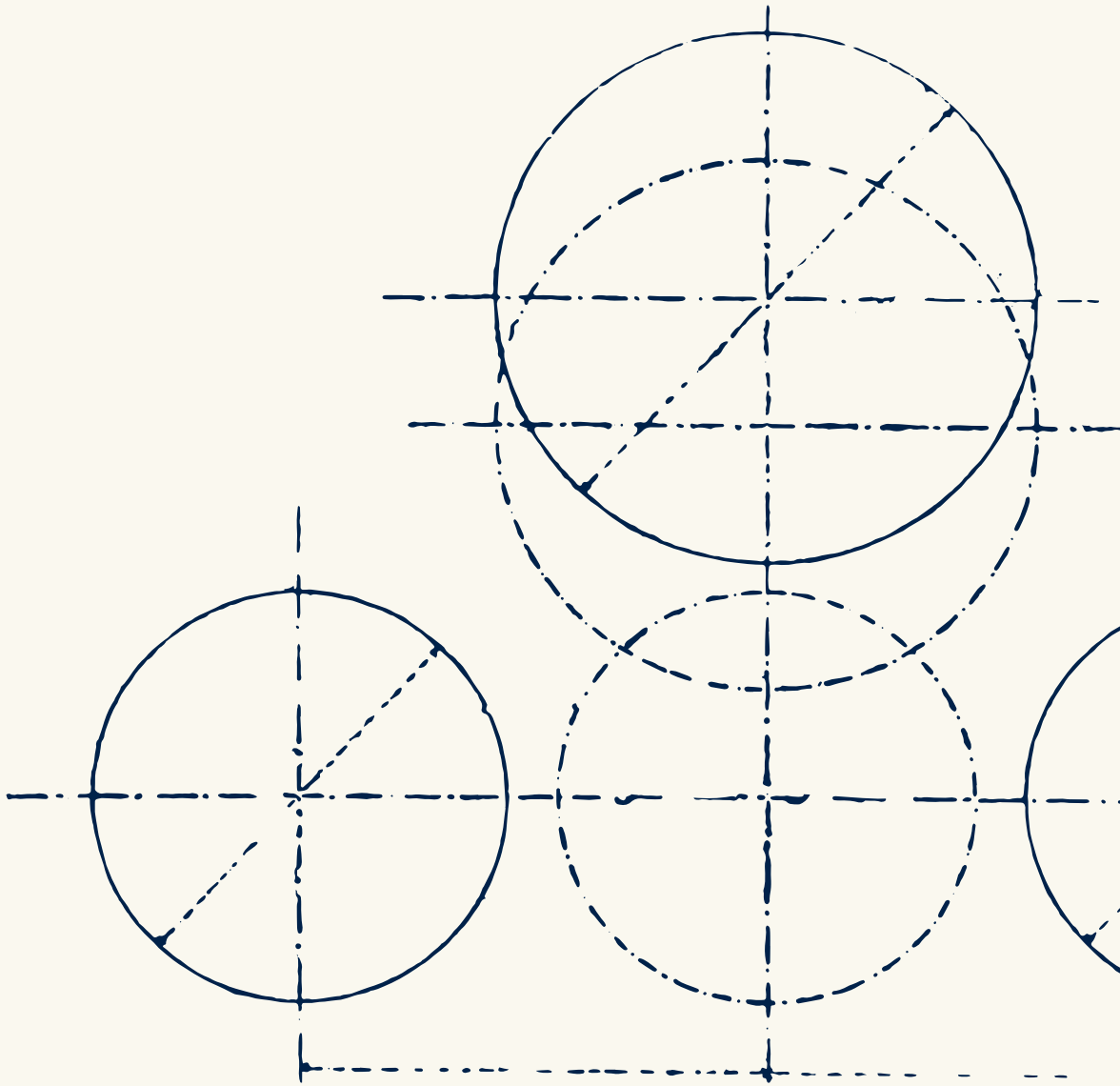
INVIVYD INC.

REVOLUTION Program & Measles Update

April 9, 2026



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This presentation contains forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act of 1995. Statements in this presentation that are not statements of historical fact are forward-looking statements. Words such as "may," "will," "should," "expect," "plan," "anticipate," "seek," "could," "intend," "target," "aim," "project," "designed to," "estimate," "believe," "predict," "potential," or "continue" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, though not all forward-looking statements contain these identifying words. Forward-looking statements include statements concerning, among other things, plans related to the company's research and development activities, and the timing and potential results thereof; the potential of monoclonal antibodies (mAbs), including beliefs about the unique merits offered by antibody supplementation; the potential of VYD2311 as a novel mAb candidate for the prevention of COVID-19; expectations regarding the company's clinical trial designs, enrollment, event accumulation and progress, regulatory pathway, product profile, indication, patient populations, and administration paradigm for VYD2311, including the company's REVOLUTION clinical program and the timing of results related thereto; estimates regarding potential market size and opportunity; the ability of the company's technology innovate ahead of virus evolution; the potential of pemivibart as a mAb for pre-exposure prophylaxis (PrEP) of COVID-19 in certain immunocompromised persons; the potential of VMS063 as a potential first- and best-in-class mAb candidate for treatment and prevention of measles; expectations regarding the measles landscape, including the potential burden of measles on the healthcare system, and beliefs about the potential therapeutic and prophylactic applications of VMS063; the company's expectations about potential pipeline expansion; the company's business strategies and objectives, and ability to execute on them; the company's future prospects; and other statements that are not historical fact. 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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: the timing, progress, and results of the company's discovery, preclinical, and clinical development activities, including with respect to VYD2311 and VMS063; whether or not any preclinical candidate identified by the company is determined to be suitable for clinical development; clinical trial site activation, enrollment, and event accumulation rates; 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 predictability of clinical success of the company's product candidates based on neutralizing activity in nonclinical studies and the assessment of other in vitro properties; potential variability in neutralizing activity of product candidates tested in different assays, such as pseudovirus assays and authentic assays; unexpected safety or efficacy data observed during preclinical studies or clinical trials; variability of results in models and methods used to predict neutralizing activity; 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; the company's ability to generate the data needed to support a potential Biologics License Application (BLA) submission for VYD2311; how long the EUA granted by the U.S. FDA for pemivibart will remain in effect and whether such EUA is revised or revoked by the U.S. FDA; the ability to maintain a continued acceptable safety, tolerability, and efficacy profile of any product candidate following regulatory authorization or approval; 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 risk that a lack of awareness of mAb therapies and regulatory scrutiny of mAb therapies to prevent or treat COVID-19 or other infectious diseases may adversely impact the development or commercial success of the company's product candidates; changes in expected or existing competition; the company's reliance on third parties; complexities of manufacturing mAb therapies; macroeconomic and political uncertainties; 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, 2025, 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 presentation are made as of this date, and Invivyd undertakes no duty to 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

REVOLUTION
Program Updates

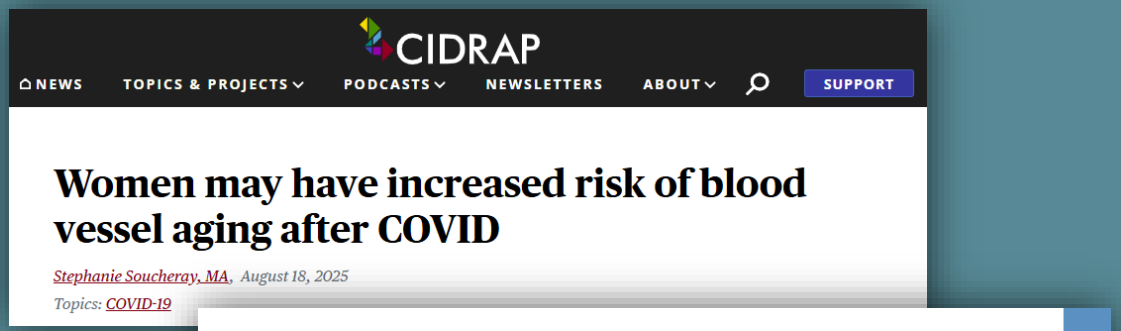
02

Measles
Program Review

03

Q&A

COVID remains pervasive and shortens lifespans; despite controversy, vaccines generated >$6B revenue in 2025



- Each (re)infection accumulates risk
- Spike protein is now a ubiquitous environmental toxin
- Overt cardiovascular, renal, vascular and neurologic risks manifest either in acute morbidity and mortality or Long Covid post-acute viral syndromes

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Source: Moderna FY 2025 Form 10-K; Pfizer FY 2025 Form 10-K.

Monoclonal antibodies can change the game

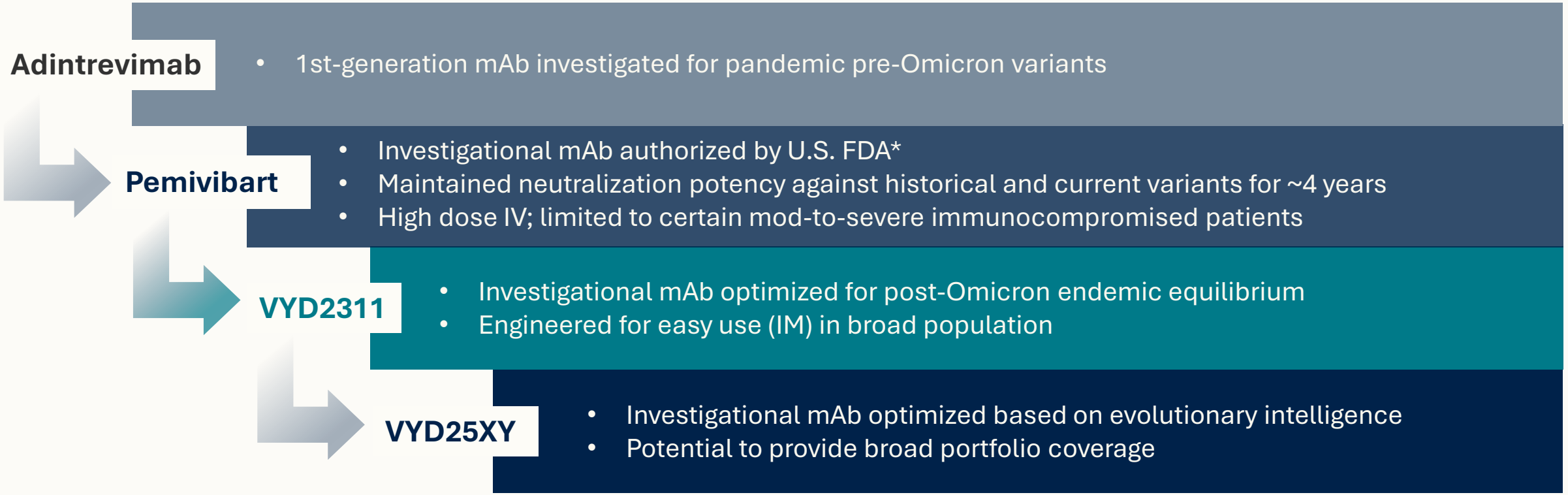
Inspired by natural maternal-fetal passive antibody transfer

Engineered to exceed natural human immune limits

Antibody supplementation offers unique merits in infectious disease:

- Equitable, immediate protection
- Anticipated high, durable protection
- No spike protein exposure
- Non-inflammatory and non-reactogenic
- Rapid, periodic updates can be made as pathogens evolve
- Scalable and cost-effective

Invivyd is at a critical point in its evolution, as is infectious disease prevention



Invivyd technology innovates ahead of virus evolution

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*Pemivibart has not been approved but has been authorized for emergency use by the U.S. FDA under an emergency use authorization, for pre-exposure prophylaxis of COVID-19 in certain adults and adolescents (12 years of age and older weighing at least 40 kg) with moderate-to-severe immune compromise.

VYD2311 *Declaration* STUDY

Events Accumulating	Accumulated pooled, blinded PCR-positive COVID events can already provide sufficient statistical power to support high end of anticipated efficacy
Increased Sample Size	Pre-specified, conservative sample size re-estimation algorithm triggers modest upsizing
Initiating Enrollment	Prior rapid recruitment expected to continue
Next Steps	Topline data now expected Q3 2026, dependent on enrollment; updates to be provided

VYD2311

Liberty
mAb & Vaccine Safety & Immunology Study

Final protocol submitted to FDA
3 Arms:
(1) VYD2311 (2) mRNA Vax (3) VYD2311+mRNA Vax

Operational start-up activities underway

On track to initiate in Q2 2026

Drummer
Pediatric Study

Aligned with FDA on Initial Pediatric Study Plan to support BLA filing

Plan for single study to assess the immunogenicity & safety of VYD2311 in children 0 – 11 years, with efficacy extrapolation from DECLARATION

Initiation pending DECLARATION success

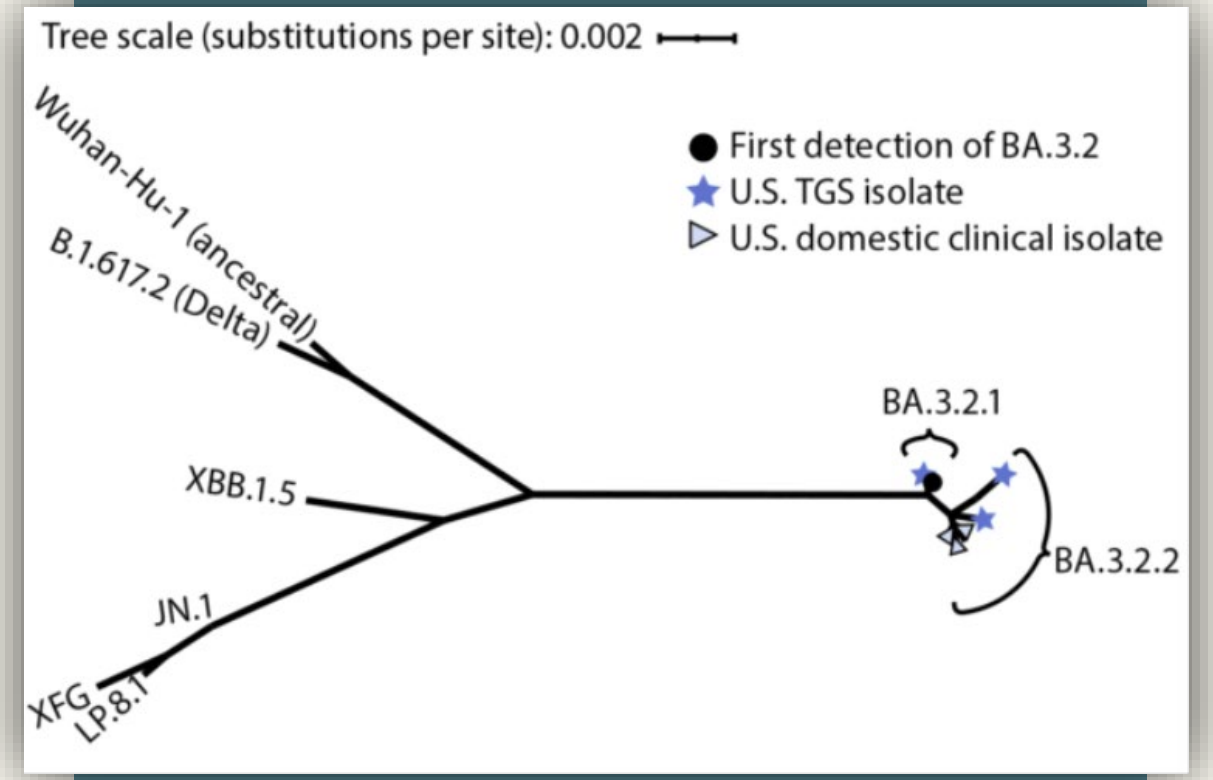
Cicada is an interesting virus, even if unable to drive a wave

Cicada (BA.3.2)

- Highly divergent lineage from dominant JN.1 -- emerged from dormant, ancestral BA.3
- Reduced ACE2 binding theoretically may prevent dominance and limit emergence to periods of low competition
- Meaningfully reduced neutralization of the 2025–2026 mRNA vaccines *in vitro*

Impact on mAbs

- Independent investigators demonstrated attractive neutralization activity of VYD2311 against BA.3.2
- Internal characterization ongoing
- Invivyd built to cover theoretically infinite virus evolution



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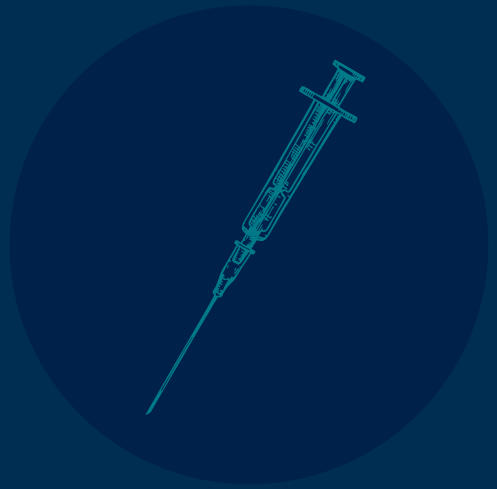
Source: CDC. Early Detection and Surveillance of the SARS-CoV-2 Variant BA.3.2 — Worldwide, November 2024–February 2026. Published March 19, 2026. Accessed April 7, 2026. Happel, C. The Lancet. 2025; 26 (1), E3. Ho, D. bioRxiv. April 1, 2026.

MEASLES PROGRAM

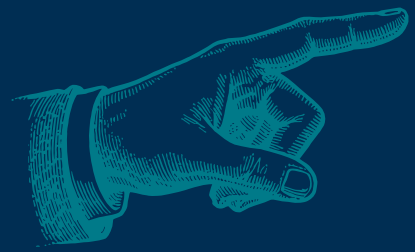
Development Candidate: VMS063

Epidemiology & Burden of Disease



Standard-of-Care

Use Cases



Next Steps

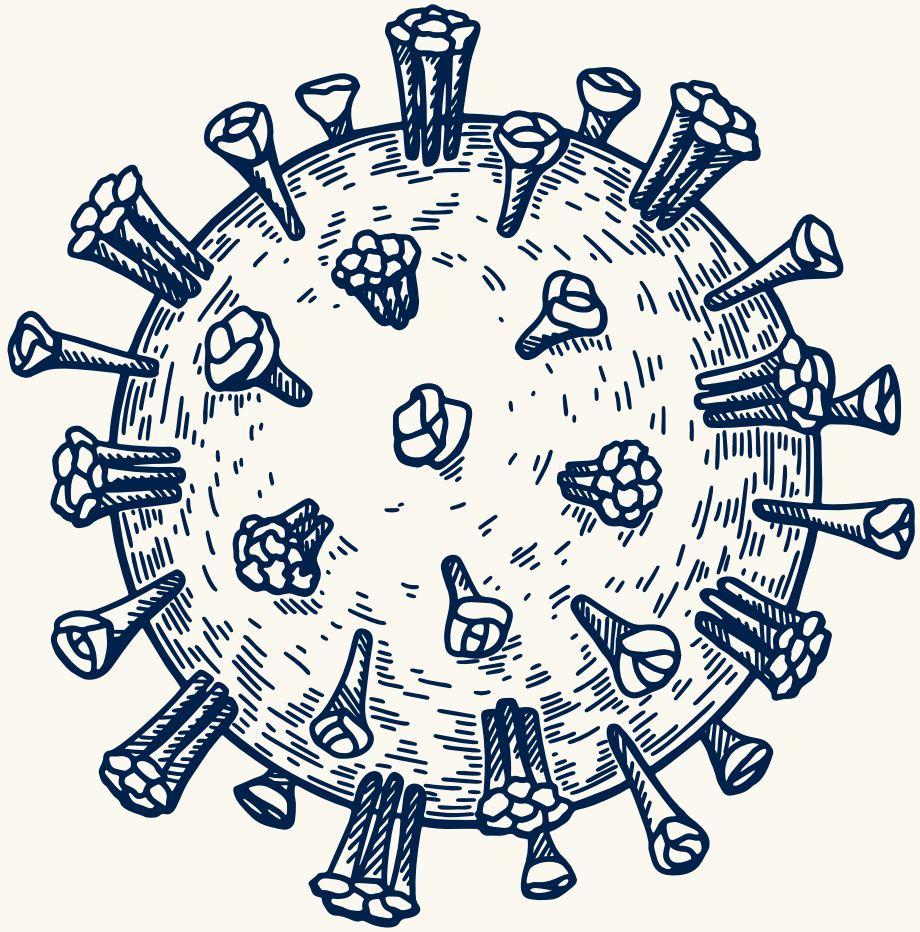
VMS063 a novel, highly potent, half-life extended, pan-measles variant antibody candidate advancing towards IND-enabling studies

Targets highly conserved epitope on measles Fusion (F) protein, a trimeric fusion protein responsible for viral membrane fusion

Exhibits low single digit nanogram / milliliter IC50s in gold-standard authentic measle assays and picogram / milliliter IC50 in pseudovirus assays across relevant measles lineages

Half-life extended to support potential prophylactic and therapeutic use with a single dose

Invivyd began IND-enablement for VMS063 for near-term clinical development



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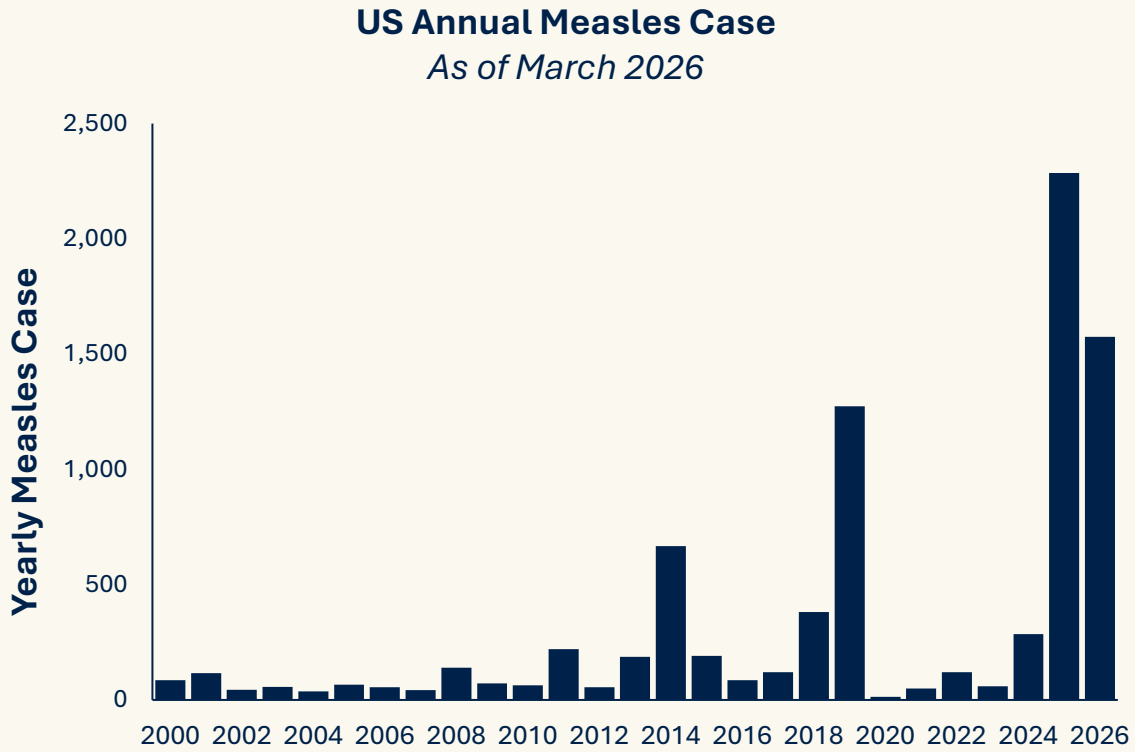
The U.S. is facing a sustained resurgence of measles outbreaks, driven by decreasing population immunity

>2,200 *measles cases in the U.S. in 2025 —a 30-year high*

>1,500 *measles cases in the U.S. in the first quarter of 2026 alone*

92.5% *current vaccine coverage for kindergartners, below the ~95% required for herd immunity*

>9M *school aged individuals in the U.S. estimated to be unprotected against measles*



Due to a shrinking population of older individuals with infection derived antibodies, overall population immunity is waning just as vaccine rates are falling

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Sources: CDC. New findings on vaccination coverage and exemptions among kindergartners (2024-2025 school year). Published 2025; CDC. Measles Cases and Outbreaks. Published April 3, 2026. Accessed April 5, 2026; Gambrell, A. *Vaccine*. 2022; 40 (32): 4574.

Measles is one of the most contagious known infections, with potentially life-threatening outcomes and severe long-term complications

1 *out of* 5
Unvaccinated cases are hospitalized

1 *out of* 1,000
Unvaccinated cases develop encephalitis

1-3 *out of* 1,000
Unvaccinated cases result in death

1 *out of* 10,000
Unvaccinated cases result in SSPE & death

Beyond the acute illness, measles causes long-term immune amnesia, which eliminates existing protective immune memory against all other pathogens and drives excess infections, antibiotic use, hospitalizations, and death

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SSPE: Subacute sclerosing panencephalitis.
Sources: CDC. Measles Symptoms and Complications. Published May 9, 2024. Accessed April 8, 2026; WHO Immunological Basis for Immunization Series, Published March 24, 2020, Accessed April 8, 2026.

More tools are urgently needed

VACCINATION

- Vaccination is highly effective (~97% VE) and is gold-standard prophylaxis, though risk remains, with ~8% of 2026 U.S. infections in vaccinated persons
- Critical populations are ineligible for vaccination — including children under 6 months, pregnant women, and the immunocompromised
- Community protection is further limited by specific populations who choose to remain unvaccinated
- Maternal antibodies derived through vaccination provide today's infants with lower and shorter duration of protection
- As collective immunity declines, both vaccinated and unvaccinated individuals at higher risk

TREATMENT & PEP

- No FDA-approved treatments; Pooled Plasma Immune Globulin (IG) and vitamin A used off-label with limited controlled data in measles
- Pooled Plasma IG
  - Concentrated solution of IgG antibodies from healthy donors
  - Highly variable in composition yields unknown and variable protection against measles
  - Prioritized in PEP for high-risk individuals (<12 months, pregnant women, immunocompromised)
  - Short-half life provides only immediate protection and risk of anti-antibody responses limit use cases
- Vitamin A
  - Benefit mainly in Vitamin A deficient patients

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VE: Vaccine Efficacy. Sources: De Serres, G. Vaccine. 1997; 15 (6-7): 620. CDC. Measles Cases and Outbreaks. Published April 3, 2026; CDC. Measles (Rubeola). Published April 23, 2025.

Serum antibody titers are a correlate of protection for measles, and useful in post-exposure prophylaxis

Measles infection is highly susceptible to antibodies
IG reduced clinical infections by >80% in PEP for measles

Pre-exposure measles antibody titers are correlated with clinical protection and infection
Titers >120 mIU/mL of IVIG cited as the threshold for clinical protection

IVIG is a heterogenous combination of antibodies, non-specific to measles, with variable neutralization potency
IC50 estimates >50,000 ng/mL

A highly-specific, engineered mAb is well positioned to neutralize measles with anticipated substantially greater potency and lower doses than available IVIG

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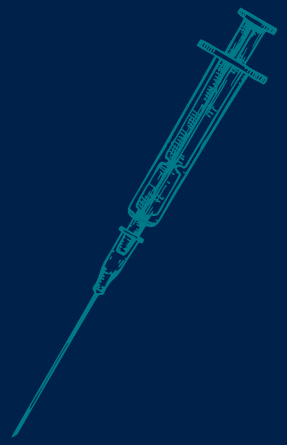
PEP: Post-Exposure Prophylaxis. IVIG: Intravenous Immunoglobulin. Sources: Anh Ha Do, L., NEJM. 2025; 393 (24): 2447. Farcet, M. Vaccine. 2019; 37 (24), 3151; ACIP. Updated ACIP Statement on the Prevention of Measles, Rubella, Congenital Rubella Syndrome (CRS), and Mumps. Published October 24, 2012.

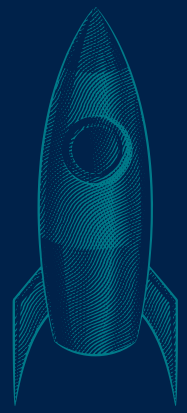
VMS063 could be potentially leveraged for both treatment or prevention

TREATMENT	Treatment of symptomatic measles, with the aim of shortening duration of symptoms and reducing severe complications
POST-EXPOSURE PROPHYLAXIS	Post-exposure passive prophylaxis to prevent or respond to outbreaks
PRE-EXPOSURE PROPHYLAXIS	Pre-exposure prophylaxis or early childhood passive prophylaxis (akin to RSV) to cover the pre-vaccine pediatric risk window and bridge infants to safe vaccination

MEASLES NEXT STEPS



Initiated outreach to FDA to discuss potential regulatory pathways



Expect IND-readiness by year-end 2026

Expect initial proof-of-concept data in early treatment setting, subject to regulatory feedback

PIPELINE

PROGRAM	INDICATION	DISCOVERY	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	COMMERCIAL
Pemivibart	COVID						
VYD2311	COVID						
VBY329	RSV						
VMS063	Measles						
Mumps							
Rubella							
HMPV							
Borrelia Lyme							
PIV							
Pertussis							

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RSV: respiratory syncytial virus; HMPV: Human metapneumovirus; PIV: Human parainfluenza viruses

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Q&A