# 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): October 24, 2022**

# Vaxcyte, Inc.
**(Exact name of Registrant as Specified in Its Charter)**

| **Delaware** | **01-39323** | **46-4233385** |
|---|---|---|
| **(State or Other Jurisdiction of Incorporation)** | **(Commission File Number)** | **(IRS Employer Identification No.)** |

| | |
|---|---|
| **825 Industrial Road**<br>**Suite 300**<br>**San Carlos, California** | **94070** |
| **(Address of Principal Executive Offices)** | **(Zip Code)** |

**Registrant's Telephone Number, Including Area Code: 650 837-0111**

**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, $0.001 par value per share** | **PCVX** | **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 8.01 Other Events.**

On October 24, 2022, Vaxcyte, Inc. ("Vaxcyte") issued a press release announcing topline data from its Phase 1/2 proof-of-concept study evaluating VAX-24, Vaxcyte's investigational 24-valent pneumococcal conjugate vaccine for the prevention of invasive pneumococcal disease (IPD), in healthy adults aged 18 to 64. The topline data includes the safety and tolerability results from the Phase 1 portion of the study and safety, tolerability and immunogenicity results from the Phase 2 portion of the study. The press release is attached hereto as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

On October 24, 2022, Vaxcyte also made available the slide presentation attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated herein by reference.

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits

| Exhibit Number | Description |
|---|---|
| 99.1 | Press Release, dated October 24, 2022. |
| 99.2 | Slide presentation, dated October 24, 2022. |
| 104 | Cover Page Interactive Data File (embedded within the Inline XBRL document) |

**SIGNATURES**

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

Date: October 24, 2022

By: /s/ Andrew Guggenhime

**Andrew Guggenhime**
**President and Chief Financial Officer**

**Vaxcyte Reports Positive Topline Data from Phase 1/2 Proof-of-Concept Study of its 24-Valent Pneumococcal Conjugate Vaccine Candidate Being Investigated for the Prevention of Invasive Pneumococcal Disease in Adults Aged 18-64**

***— In the Study, VAX-24 Demonstrated a Safety and Tolerability Profile Similar to Prevnar 20™ (PCV20) at All Doses Studied —***

***— All 24 Serotypes of VAX-24 at Conventional 2.2mcg PCV Dose Met or Exceeded Regulatory Immunogenicity Standards —***

***— All 20 VAX-24 Serotypes Common with PCV20 Met Standard OPA Response Non-Inferiority Criteria, of Which 16 Achieved Higher Immune Responses, at 2.2mcg VAX-24 Dose —***

***— All 4 Serotypes Unique to VAX-24 Exceeded Standard Superiority Criteria —***

***— Vaxcyte to Advance Potential Best-in-Class VAX-24 Clinical Program in Adult and Pediatric Populations —***

***— Company to Host Webcast/Conference Call Today at 8:00 a.m. ET / 5:00 a.m. PT —***

**SAN CARLOS, Calif., October 24, 2022** – Vaxcyte, Inc. (Nasdaq: PCVX), a clinical-stage vaccine innovation company engineering high-fidelity vaccines to protect humankind from the consequences of bacterial diseases, today announced positive topline results from the Phase 1/2 clinical proof-of-concept study evaluating the safety, tolerability and immunogenicity of VAX-24, the Company's investigational 24-valent pneumococcal conjugate vaccine (PCV), in healthy adults aged 18-64. In this study, VAX-24 met the primary safety and tolerability objectives, demonstrating a safety profile similar to Prevnar 20™ (PCV20) for all doses studied.

In the study, VAX-24 met or exceeded the established regulatory immunogenicity standards for all 24 serotypes at the conventional 2.2mcg dose, which the Company intends to move forward into a Phase 3 program. At this dose, VAX-24 met the standard opsonophagocytic activity (OPA) response non-inferiority criteria for all 20 serotypes common with PCV20, of which 16 achieved higher immune responses. Additionally, at all three doses, VAX-24 met the standard superiority criteria for all four serotypes unique to VAX-24. These four incremental serotypes cover 10-15 percent of strains causing invasive pneumococcal disease (IPD) over the current standard-of-care in adults.

“We are thrilled with these positive topline results from our Phase 1/2 proof-of-concept study, which met all of our objectives. The findings indicate a potential best-in-class profile for VAX-24 and validate our carrier-sparing approach to enable the development of broader-spectrum PCVs,” said Grant Pickering, Chief Executive Officer and Co-Founder of Vaxcyte. “The study results demonstrate that VAX-24 has the potential to provide broader coverage and better immune responses relative to the standard-of-care. We believe this presents an opportunity to set a new bar for immunogenicity standards for pneumococcal vaccines.”

**Key Topline Study Results**

***Safety and Tolerability Findings:***

- VAX-24 demonstrated a safety and tolerability profile similar to PCV20 at all doses studied.
- Frequently reported local and systemic reactions were generally mild-to-moderate, resolving within several days of vaccination, with no difference observed across the cohorts. No serious adverse events or new onset chronic illnesses were considered to be related to study vaccines.
- The full six-month safety follow-up is ongoing for the Phase 2 portion of the study.

***Immunogenicity Findings:***

- VAX-24 demonstrated robust OPA and immunoglobulin G (IgG) immune responses for all 24 serotypes at all doses studied (1.1mcg, 2.2mcg, 2.2mcg/4.4mcg), each of which could advance into Phase 3.
- The VAX-24 2.2mcg dose met or exceeded the established regulatory immunogenicity standards for all 24 serotypes and is the dose the Company expects to advance into Phase 3.
- At the 2.2mcg dose, VAX-24 met the standard OPA response non-inferiority criteria[(1)] for all 20 serotypes common with PCV20, of which 16 serotypes (3, 4, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 23F and 33F) achieved higher immune responses and four serotypes (9V, 18C, 19F and 33F) reached statistical significance.
- At all three doses, VAX-24 met the standard superiority criteria[(2)] for all four serotypes (2, 9N, 17F and 20B) unique to VAX-24.

“We are very excited to share these strong clinical results from our proof-of-concept study, which validate the potential for VAX-24 to improve upon the standard-of-care for adults by potentially providing 10-15 percent incremental protection for this serious disease. The 24 serotypes included in VAX-24 cover a significant portion of the IPD currently in circulation and are associated with high case-fatality rates, antibiotic resistance and meningitis,” said Jim Wassil, Executive Vice President and Chief Operating Officer of Vaxcyte. “On behalf of our team at Vaxcyte, we would like to gratefully acknowledge the efforts of everyone involved in this program, especially the trial investigators, trial sites and study participants.”

**About the Phase 1/2 Clinical Proof-of-Concept Study**

The VAX-24 Phase 1/2 clinical proof-of-concept study is a randomized, observer-blind, dose-finding, controlled study designed to evaluate the safety, tolerability and immunogenicity of VAX-24 in healthy adults 18-64 years of age.

The Phase 1 portion of the study evaluated the safety and tolerability of a single injection of VAX-24 at three dose levels, 1.1mcg, 2.2mcg and 2.2mcg/4.4mcg, and compared to PCV20 in 64 healthy adults 18 to 49 years of age.

The Phase 2 portion evaluated the safety, tolerability and immunogenicity of a single injection of VAX-24 at the same three dose levels and compared to a single injection of PCV20 in 771 healthy adults 50 to 64 years of age. The immunogenicity objectives of the Phase 2 portion of the study include an assessment of the induction of antibody responses, using OPA and IgG, at each of the three VAX-24 doses and compared to PCV20, and for the additional four serotypes contained in VAX-24 (and Pneumovax® 23), but not in PCV20, the percentage of subjects that experience a four-fold rise in antibody titers. Participants in the study will be evaluated for safety through six months after vaccination. Additional information about the study can be found at www.clinicaltrials.gov under the identifier NCT05266456.

**Key Anticipated PCV Franchise Milestones**

Vaxcyte is advancing the clinical development of its PCV programs with several anticipated key milestones, including:

**VAX-24 Adult Program**

- Topline safety, tolerability and immunogenicity data from the Phase 2 study in adults 65 and older are anticipated in the first half of 2023.
- Final results with the 6-month safety data of the Phase 2 adult studies are anticipated in the first half of 2023.
- Regulatory interactions to inform the Phase 3 program are anticipated in the second half of 2023.
- Topline safety, tolerability and immunogenicity data from the Phase 3 non-inferiority study in adults are expected in 2025.

**VAX-24 Pediatric Program**

- The infant Investigational New Drug (IND) application submission and the Phase 2 study initiation are both anticipated in first half of 2023.
- Topline safety, tolerability and immunogenicity data from the infant Phase 2 study primary 3-dose immunization series are expected by 2025.

**VAX-XP Adult Program**

- The IND application submission for VAX-XP, Vaxcyte's PCV candidate with 31 strains, is anticipated in the second half of 2023.
- Topline safety, tolerability and immunogenicity data from a Phase 1/2 study in adults are expected in 2024.

**Conference Call and Webcast**

Vaxcyte will hold a webcast and conference call today, Monday, October 24 at 8:00 AM ET to provide topline results from its VAX-24 Phase 1/2 proof-of-concept study. Those who would like

to participate may access the live webcast here, or register in advance for the teleconference here. A live webcast of the conference call will also be available on the investor relations page of the Vaxcyte corporate website at www.vaxcyte.com. After the live webcast, the event will remain archived on the Vaxcyte website for 30 days.

**About VAX-24**

VAX-24 is an investigational 24-valent PCV candidate designed to prevent IPD, which can be most serious for infants, young children, older adults and those with immune deficiencies or certain chronic health conditions. The public health community continues to affirm the need for vaccines that offer broader protection to prevent IPD. VAX-24 is intended to improve upon the standard-of-care PCVs for both children and adults by covering the serotypes that are responsible for most of the pneumococcal disease currently in circulation. Vaxcyte aims to efficiently create and deliver high-fidelity, broad-spectrum vaccines, such as VAX-24, by using modern synthetic techniques, including advanced chemistry and the XpressCF™ cell-free protein synthesis platform. Vaxcyte is deploying this approach with VAX-24 in order to add more pneumococcal strains without compromising the overall immune response.

In August 2022, the FDA granted Fast Track Designation to VAX-24 for the adult indication. The Fast Track designation is an FDA process that has been designed to expedite the development and review of drugs, including vaccines, that treat or prevent serious conditions and fill an important unmet medical need.

**About Pneumococcal Disease**

Pneumococcal disease (PD) is an infection caused by *Streptococcus pneumoniae* (pneumococcus) bacteria. It can result in IPD, including meningitis and bacteremia, and non-invasive PD, including pneumonia, otitis media and sinusitis. In the United States, approximately 900,000 people get pneumococcal pneumonia each year, which is estimated to result in approximately 150,000 hospitalizations and 28,000 deaths. Pneumococci also cause over 50% of all cases of bacterial meningitis in the United States. Antibiotics are used to treat pneumococcal disease, but some strains of the bacteria have developed resistance to treatments. The morbidity and mortality due to pneumococcal disease are highly significant, particularly for young children and older adults, underscoring the need for a more broad-spectrum vaccine.

**About Vaxcyte**

Vaxcyte is a vaccine innovation company engineering high-fidelity vaccines to protect humankind from the consequences of bacterial diseases. The Company is developing broad-spectrum conjugate and novel protein vaccines to prevent or treat bacterial infectious diseases. Vaxcyte's lead candidate, VAX-24, is a 24-valent, broad-spectrum pneumococcal conjugate vaccine being developed for the prevention of IPD. Vaxcyte is re-engineering the way highly complex vaccines are made through modern synthetic techniques, including advanced chemistry and the XpressCF™ cell-free protein synthesis platform, exclusively licensed from Sutro Biopharma, Inc. Unlike conventional cell-based approaches, the Company's system for producing difficult-to-make proteins and antigens is intended to accelerate its ability to

efficiently create and deliver high-fidelity vaccines with enhanced immunological benefits. Vaxcyte's pipeline also includes VAX-XP, a PCV with coverage of 31 strains; VAX-A1, a prophylactic vaccine candidate designed to prevent Group A Strep infections; and VAX-PG, a therapeutic vaccine candidate designed to slow or stop the progression of periodontal disease. Vaxcyte is driven to eradicate or treat invasive bacterial infections, which have serious and costly health consequences when left unchecked. For more information, visit www.vaxcyte.com.

**Forward-Looking Statements**

This press release contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. These statements include, but are not limited to, statements related to the potential benefits of VAX-24, including breadth of coverage, the improvement upon the standard-of-care; the process and timing of anticipated future development of Vaxcyte's vaccine candidates; the timing and availability of data for the VAX-24 Phase 2 and Phase 3 studies and related regulatory interactions; the timing and submission of an IND application for the VAX-24 Phase 2 infant study and the availability of Phase 2 topline results; the timing and submission of an IND application for the VAX-XP adult program and the timing and availability of the Phase 1/2 topline data for such program; the demand for Vaxcyte's vaccine candidates; and other statements that are not historical fact. The words "anticipate," "believe," "could," "expect," "intend," "potential," "should," "would" and similar expressions (as well as other words or expressions referencing future events, conditions or circumstances) convey uncertainty of future events or outcomes and are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. These forward-looking statements are based on Vaxcyte's current expectations and actual results and timing of events could differ materially from those anticipated in such forward-looking statements as a result of risks and uncertainties, including, without limitation, risks related to Vaxcyte's product development programs, including development timelines, success and timing of chemistry, manufacturing and controls and related manufacturing activities, potential delays or inability to obtain and maintain required regulatory approvals for its vaccine candidates, and the risks and uncertainties inherent with preclinical and clinical development processes; the success, cost and timing of all development activities and clinical trials; impacts of COVID-19; and sufficiency of cash and other funding to support Vaxcyte's development programs and other operating expenses. These and other risks are described more fully in Vaxcyte's filings with the Securities and Exchange Commission (SEC), including, without limitation, its Quarterly Report on Form 10-Q filed with the SEC on August 8, 2022 or in other documents Vaxcyte subsequently files with or furnishes to the SEC. All forward-looking statements contained in this press release speak only as of the date on which they were made and are based on management's assumptions and estimates as of such date, and readers should not rely upon the information in this press release as current or accurate after its publication date. Vaxcyte undertakes no duty or obligation to update any forward-looking statements contained in this release as a result of new information, future events or changes in its expectations

(1) Lower bound of the 2-sided 95% confidence interval of the OPA geometric mean titer ratio is greater than 0.5.

(2) Lower bound of the 2-sided 95% confidence interval of the difference in the proportions of participants with a ≥4-fold increase from Day 1 to Day 29 is greater than 10%, and lower bound of the 2-sided 95% confidence interval of the OPA geometric mean titer ratio is greater than 2.0.

**Contacts:**

Andrew Guggenhime, President and Chief Financial Officer
Vaxcyte, Inc.
650-837-0111
investors@vaxcyte.com

Janet Graesser, Vice President, Corporate Communications and Investor Relations
Vaxcyte, Inc.
917-685-8799
media@vaxcyte.com

# VAX-24 Phase 1/2 Proof-of-Concept Study Topline Results

October 24, 2022

# Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. The
but are not limited to, statements related to the potential benefits of Vaxcyte's vaccine candidates, including breadth of coverage and
potentially best-in-class pneumococcal conjugate vaccine; demand for Vaxcyte's vaccine candidates; the process and timing of anticipa
development and manufacture of Vaxcyte's vaccine candidates; the achievement of future funding milestones; the growth and expans
pneumococcal vaccine market; the market opportunity for Vaxcyte's vaccines; Vaxcyte's expectations regarding the spectrum coverage
adoption speed and immunogenicity of its vaccine candidates; the timing of the initiation, progress and expected results of Vaxcyte's p
clinical trials and research and development plans (including, the availability of data for the VAX-24 Phase 2 and Phase 3 studies and re
interactions; the submission of a VAX-24 infant IND application and initiation of such study; and the design of the VAX-XP clinical progr
such IND and the availability of topline data); and other statements that are not historical fact. The words "anticipate," "believe," "cont
"designed," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," "would" and simila
intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

These forward-looking statements are based on Vaxcyte's current expectations and actual results and timing of events could differ mat
anticipated in such forward-looking statements as a result of risks and uncertainties, including, without limitation, risks related to Vaxc
development programs, including development timelines, success and timing of chemistry, manufacturing and controls and related ma
potential delays or inability to obtain and maintain required regulatory approvals for its vaccine candidates; the risks and uncertainties
preclinical and clinical development processes; the success, cost and timing of all development activities and clinical trials; sufficiency
funding to support Vaxcyte's development programs and other operating expenses; and the ongoing COVID-19 pandemic, which could
adversely affect Vaxcyte's business and operations. These and other risks are described more fully in Vaxcyte's filings with the Securitie
Commission (SEC), including its Quarterly Report on Form 10-Q filed with the SEC on August 8, 2022 or in other documents Vaxcyte su
furnishes to the SEC. Vaxcyte undertakes no duty or obligation to update any forward-looking statements contained in this release as a
information, future events or changes in its expectations.

# Summary of VAX-24 Phase 1/2 Topline Data Findings

## Unprecedented Results Support Best-in-Class Potential for VAX-24 and Identify Optimal Dose for A

**SAFETY: VAX-24 demonstrated a safety and tolerability profile similar to Prevnar 20™ (PCV20) f**

**IMMUNOGENICITY: Met or exceeded regulatory standard for all 24 serotypes (STs) for VAX-24 2.2mcg dose without the need to push dose higher**

- Optimal 2.2mcg dose being advanced to Phase 3:
  - Met the standard OPA response non-inferiority criteria for all 20 STs common with PCV20, of which 16 immune responses
  - Met the standard superiority criteria for all 4 additional STs unique to VAX-24
- All VAX-24 doses (1.1mcg, 2.2mcg, and 2.2mcg/4.4mcg) eligible to advance

**PLATFORM: VAX-24 data validate Vaxcyte's carrier-sparing PCV franchise to increase spectrum AND maintain robust immune responses to serotypes in current standard-of-care PCVs**

**MILESTONES: Vaxcyte to pursue Breakthrough Therapy Designation to rapidly advance VAX-24**

- Adults: Topline data from Phase 2 study in adults 65+ expected in 1H:23, followed by end-of-Phase 2 mee gain agreement on Phase 3 pivotal non-inferiority study using similar design as Phase 2 POC study
- Pediatrics: Infant IND submission and Phase 2 study initiation expected in 1H:23

# Global Impact of Pneumococcal Disease Remains Significant

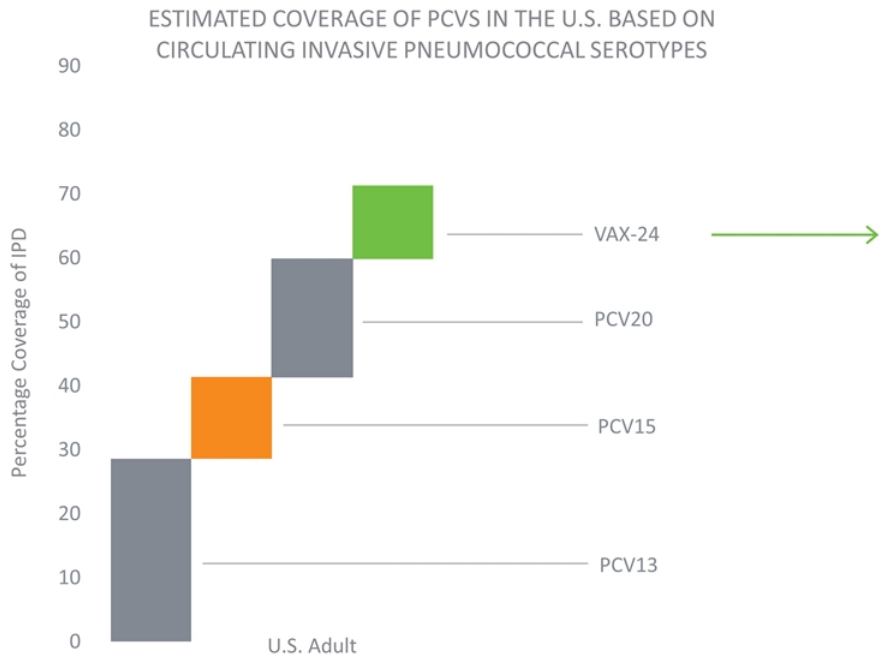
## Circulating Disease Driven by Serotypes Outside of Current PCVs

- *Streptococcus pneumoniae* is the most common pathogen causing pneumococcal disease (PD).
  - In the U.S. alone, there are ~900K pneumococcal pneumonia cases per year resulting in ~150K hospitalizations.
  - Among children < age 5, PD is a leading cause of death globally.
- Circulating strains of PD in the U.S. and globally are associated with high case-fatality rates, antibiotic resistance and/or meningitis.

[1] *Gierke 2015*
[2] *https://www.cdc.gov/abcs/reports-findings/survreports/spneu18.pdf CDC 2018*
[3] *https://www.cdc.gov/pneumococcal/clinicians/clinical-features.html*

# Spectrum of Coverage Drives Adoption in PCV Segment

## Significant Unmet Needs Remain Despite Available Vaccines




### VAX-24 PROFILE

- Designed to provide broadest
of any PCV, including an incre
10-15% coverage of IPD in ad
- VAX-24 provides the benefits
conjugate vaccine while fully
the coverage of Pneumovax 2

*(1) Data in the US is for 2017, inclusi*
*(2) Varghese et al. Clin Micro and Inf*

VAXCYTE

# Carrier-Sparing Approach for PCV Franchise Validated By POC Study

## Site-Specific Conjugation Using Cell-Free Platform to Go Beyond Limits of Conventional Chemistry

### LIMITATIONS OF CONVENTIONAL CONJUGATION CHEMISTRY

- Random conjugation masks “on-target” T-cell epitopes on the protein carrier
- Higher ratio of protein carrier to polysaccharide required
- Overabundance of protein carrier and its “off-target” effects exacerbates competition for CD4+ T-cell leading to carrier suppression

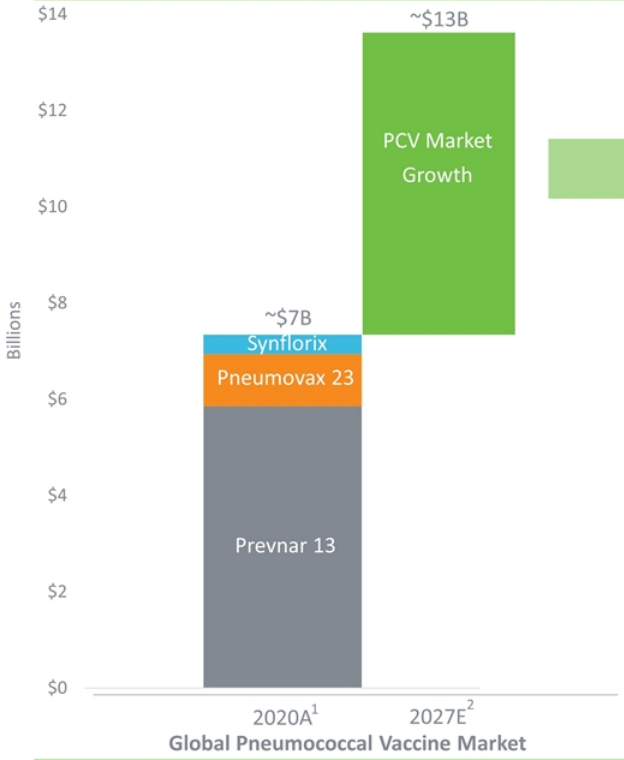
### VAXCYTE’S SUPERIOR CARRIER-SPARING CONJUGATE V

- Site-specifically attach conventional antigens carriers to:
  - Enable consistent exposure of T-cell epitopes (a epitopes) on protein carrier to drive class-defin
  - Avoid “off-target” effects from protein carrier t the CD4+ help
  - Enable use of less protein carrier per conjugate sacrificing immunogenicity
- Enable broader-spectrum carrier-sparing co

VAXCYTE

# Pneumococcal Vaccine Market Poised for Significant Growth

## Expected to Reach ~$13B by 2027 Driven Primarily by Growth in Adult Market




### PCV Market Growth Driver

- Strong ACIP consideration to expand U.S. universal adu >50 years from >65 would significantly expand market
- Would necessitate prime-boost for effective long-term which has been limited by continued availability of Pne

- ACIP recently voted to support PCV20 “catch-up” for a previously received PCV13 and Pneumovax 23
- “At risk” adults recently added to U.S. universal PCV va recommendation, which includes >25% of 50-64 year

- Premium price for PCV20 and PCV15 shows value of ad serotype coverage

*(1) Sources: Company websites; Prevnar 20 and Vaxneuvance have since been appro*
*(2) Global Pneumococcal Vaccine Market (2022-2027), Infogence Global Research.*
*(3) Shea KM, Edelsberg J, Weycker D et al. (2014), Open Forum Infect Dis 1(1): ofu02*

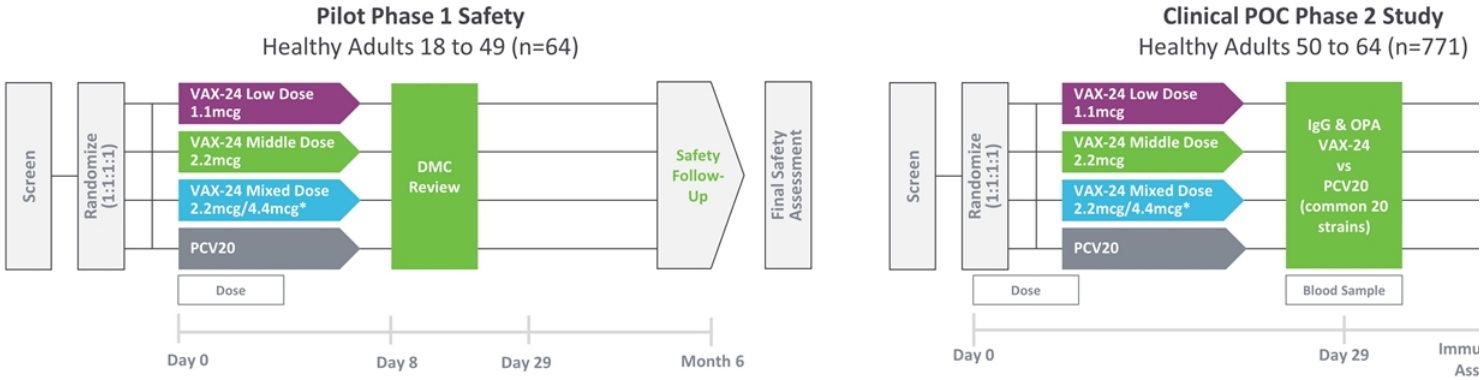
VAXCYTE

# VAX-24 Phase 1/2 Study Design

VAXCYTE

# VAX-24 Phase 1/2 Clinical Proof-of-Concept Study Design

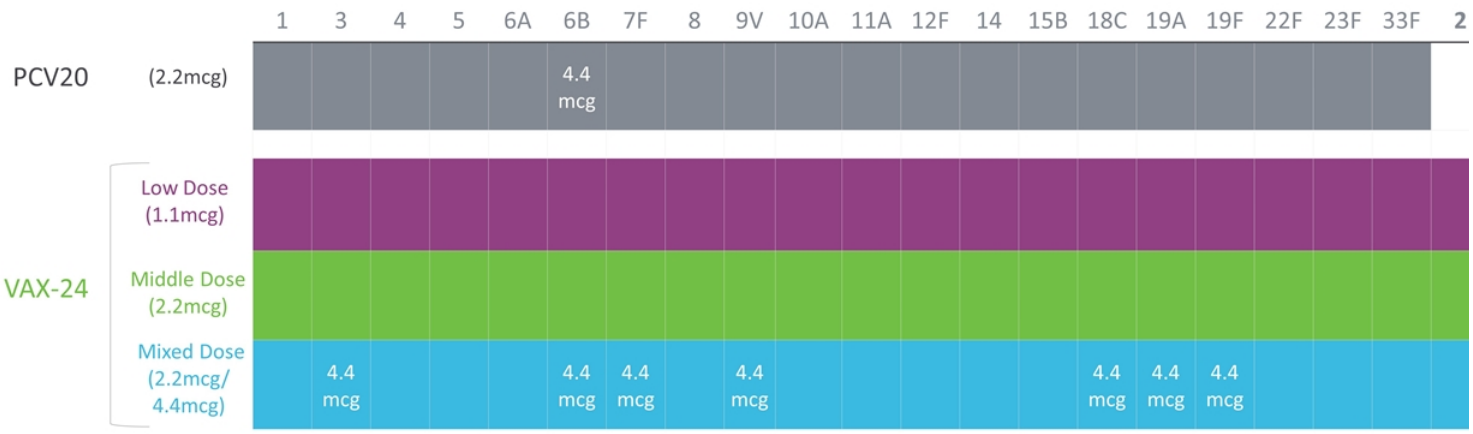
**Design:** Randomized, Observer-Blind, Dose-Finding, Controlled Study to Evaluate Safety, Tolerability & Imm
VAX-24 vs SOC in Adults Aged 18-64




** For the VAX-24 Mixed Dose, a 4.4mcg dose is used for serotypes 3, 6B, 7F, 9V, 18C, 19A and 19F; a 2.2 mcg dose is used for the remaining serotypes.*

VAXCYTE

# Study Evaluated Three VAX-24 Doses




- Mixed Dose includes seven serotypes at 4.4mcg strategically chosen based on epidemiological relevance or prior evidence of dos immune responses to increase the probability of generating non-inferior immune responses for those serotypes.

VAXCYTE

# Study Safety, Tolerability and Immunogenicity Outcome Measures

| | DAY 7 | DAY 29 | DAY 180 |
|---|---|---|---|
| **SAFETY AND TOLERABILITY OUTCOME MEASURES** (PHASE 1 AND 2 PORTIONS OF THE STUDY) | • Solicited local reactions<br>• Solicited systemic events | • Unsolicited adverse events (AEs)<br>• Serious adverse events (SAEs) | • SAEs and new onset illnesses (NOCI) med attended adverse ev |
| **IMMUNOGENICITY OUTCOME MEASURES** (PHASE 2 PORTION OF THE STUDY ONLY) | | • Opsonophagocytic assay (OPA) geometric mean titer (GMTs)<br>• IgG geometric mean concentration (GMCs)<br>• % of subjects achieving a 4-fold rise in OPA<br>• Geometric Mean Ratios (GMR) in serotype-specific OPA | |

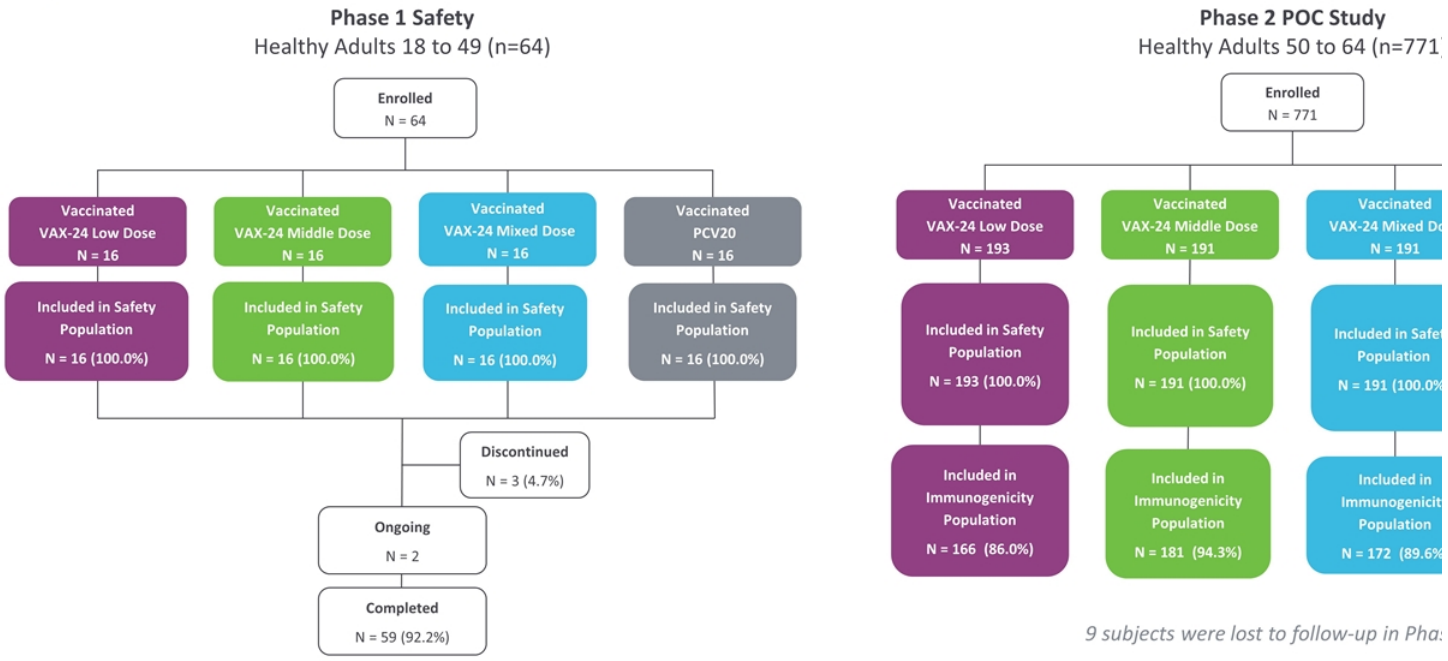
VAXCYTE

# VAX-24 Phase 1/2 Study Disposition and Demographics

VAXCYTE

# Phase 1/2 Study Disposition

## Overall High Proportion of Subjects with Safety and Immunogenicity Follow-Up




*9 subjects were lost to follow-up in Pha*

# Phase 2 Demographic Population

## Generally Balanced Across Cohorts and Similar for the Safety and Immunogenicity Populations

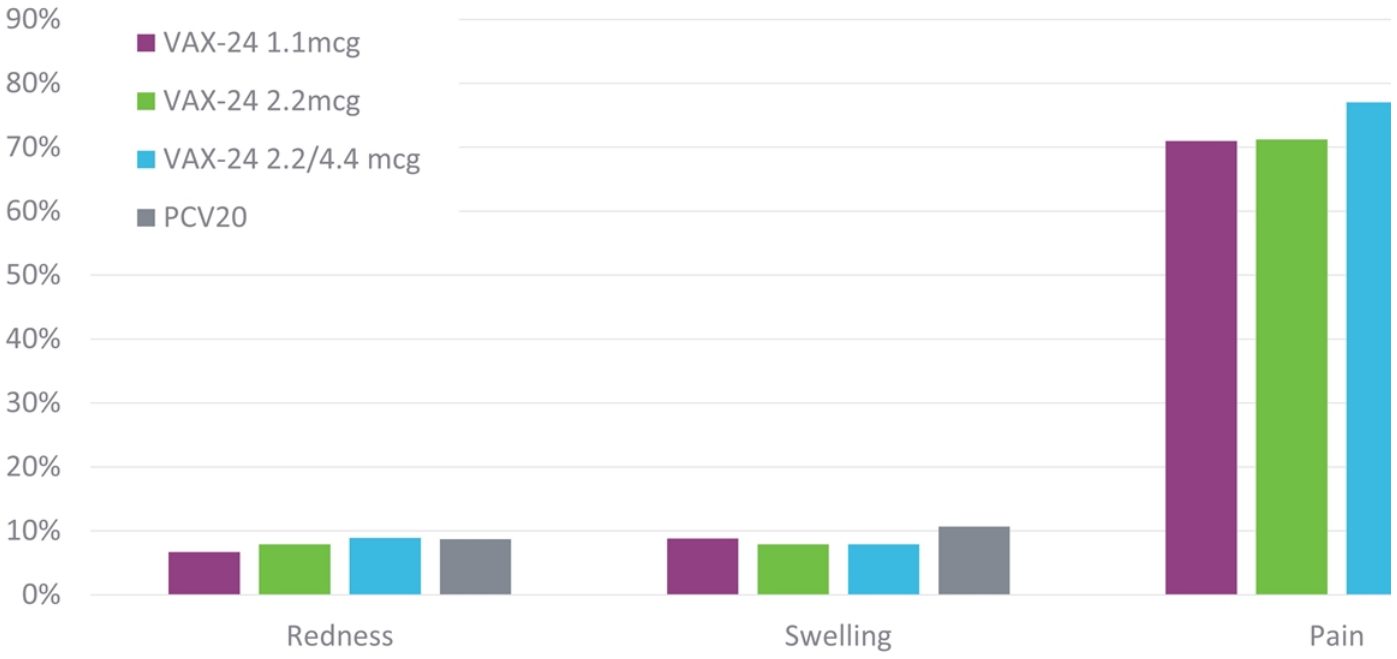
| | VAX-24 – Low Dose (1.1mcg) | | VAX-24 – Middle Dose (2.2mcg) | | VAX-24 – Mixed Dose (2.2mcg/4.4mcg) | | |
|---|---|---|---|---|---|---|---|
| | Safety | Immunogenicity | Safety | Immunogenicity | Safety | Immunogenicity | Safety |
| **Number of Subjects** | 193 | 166 | 191 | 181 | 191 | 172 | 196 |
| **Median age, years (range)** | 57.0 (50-64) | 57.0 (50-64) | 57.0 (50-64) | 57.0 (50-64) | 57.0 (50-64) | 57.0 (50-64) | 57.0 (50- |
| **Sex, n (%)** Female | 110 (57.0) | 96 (57.8) | 119 (62.3) | 113 (62.4) | 134 (70.2) | 125 (72.7) | 129 (65. |
| Male | 83 (43.0) | 70 (42.2) | 72 (37.7) | 68 (37.6) | 57 (29.8) | 47 (27.3) | 67 (34.2 |
| **Race, n (%)** White | 145 (75.1) | 127 (76.5) | 157 (82.2) | 149 (82.3) | 155 (81.2) | 140 (81.4) | 155 (79. |
| Black | 40 (20.7) | 32 (19.3) | 31 (16.2) | 29 (16.0) | 29 (15.2) | 27 (15.7) | 30 (15.3 |
| Asian | 1 (0.5) | 1 (0.6) | 0 (0.0) | 0 (0.0) | 2 (1.0) | 2 (1.2) | 3 (1.5) |
| Native Hawaiian | blinded | blinded | blinded | blinded | blinded | blinded | blinded |
| American Indian or Native Alaskan | blinded | blinded | blinded | blinded | blinded | blinded | blinded |
| Other | 3 (1.6) | 2 (1.2) | 2 (1.0) | 2 (1.1) | 1 (0.5) | 1 (0.6) | 2 (1.0) |
| **Median Height, cm (range)** | 168.3 (150-200) | 168.4 (150-200) | 167.6 (145-193) | 167.6 (145-193) | 167.6 (145-193) | 167.6 (145-193) | 167.6 (142-19 |
| **Median weight, kg (range)** | 87.82 (49.2-159.2) | 86.87 (49.8-159.2) | 86.80 (51.4-155.1) | 86.80 (51.4-155.1) | 83.01 (47.9-205.5) | 83.10 (48.9-205.5) | 82.83 (45.3-189 |
| **Median BMI, kg/m² (range)** | 29.87 (18.0-55.0) | 29.39 (18.8-55.0) | 30.54 (18.7-52.6) | 30.44 (18.7-52.6) | 29.42 (18.0-57.3) | 29.48 (18.0-57.3) | 29.06 (17.4-72 |

VAXCYTE

# VAX-24 Phase 2 Study Topline Safety and Tolerability Results

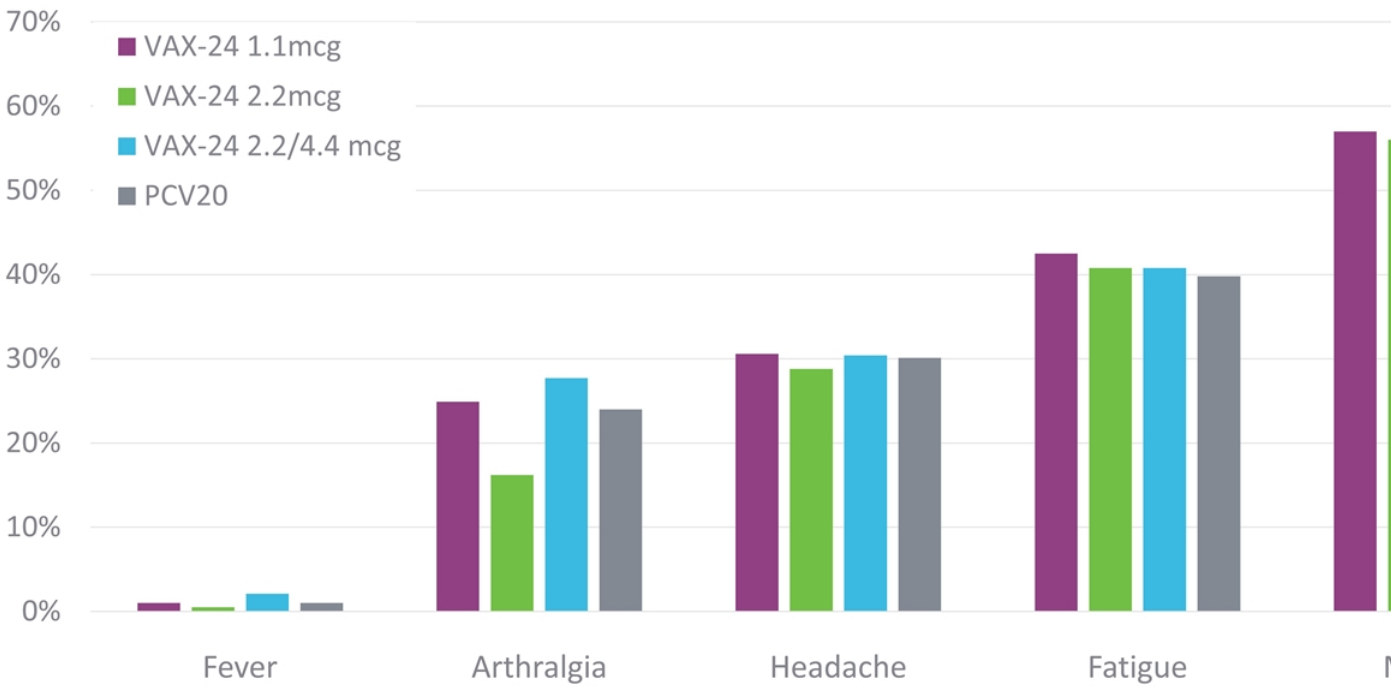
VAXCYTE

# Local Solicited AEs Similar to PCV20 and Across Cohorts Through D




*Represents data for the 50 – 64 year age group; as of August 31, 2022.*

# Systemic Solicited AEs Similar to PCV20 and Across Cohorts Throug




*Represents data for the 50 – 64 year age group; as of August 31, 2022.*

VAXCYTE

# VAX-24 Safety Profile Similar to PCV20 and Across Cohorts

| | VAX-24 – Low Dose (1.1mcg) | VAX-24 – Middle Dose (2.2mcg) | VAX-24 – Mixed Dose (2.2mcg/4.4mcg) | PCV |
|---|---|---|---|---|
| **Number of Subjects** | 193 | 191 | 191 | 19 |
| **Subjects with TEAE, n (%)** | 29 (15.0) | 21 (11.0) | 22 (11.5) | 31 (1 |
| **Subjects with SAE or NOCI, n (%)** | 2 (1.0) | 3 (1.6) | 5 (2.6) | 4 (2 |
| **Subjects with related SAE, n (%)** | 0 | 0 | 0 | 0 |
| **Subjects with related NOCI, n (%)** | 0 | 0 | 0 | 0 |
| **Deaths, n (%)** | 0 | 0 | 0 | 0 |

*Represents data for the 50 – 64 year age group; as of August 31, 2022.*

VAXCYTE

# VAX-24 Phase 2 Study Topline Immunogenicity Results

VAXCYTE

# Standard Regulatory Criteria for Evaluating PCV Immunogenicity Re

## CRITERIA FOR 20 SEROTYPES COMMON TO VAX-24 AND PCV20:

### Non-inferiority Standard:

- Lower bound of the 2-sided 95% CI of the OPA GMT ratio is greater than 0.5

### Superiority Standard:

- Lower bound of 2-sided 95% CI of the OPA GMT ratio is greater than 1.2
- Lower bound of the 2-sided 95% CI of the difference in proportions of participants with a ≥4-fold increase from Day 1 to Day 29 is greater than 0

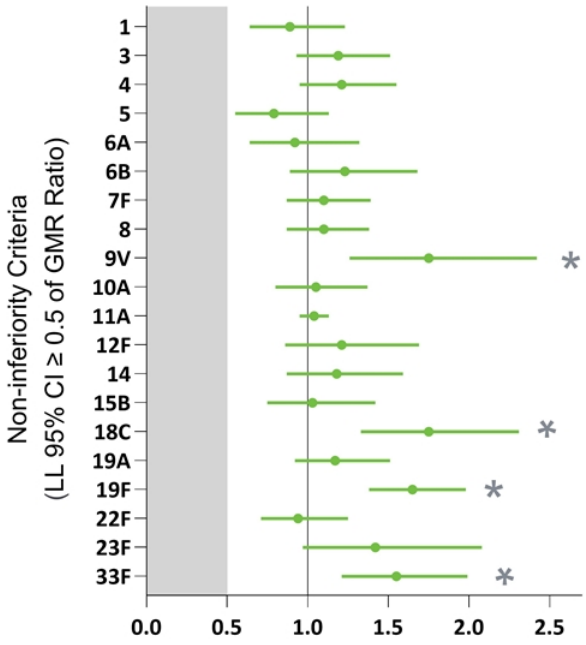
## CRITERIA FOR 4 INCREMENTAL SEROTY IN VAX-24:

### Superiority Standard:

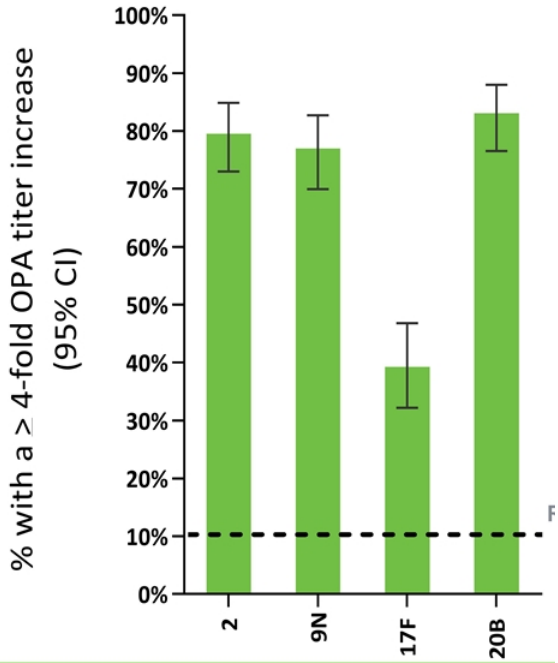
- Lower bound of the 2-sided 95% CI of the difference in the proportions of participan with a ≥4-fold increase from Day 1 to Day greater than 10%
- Lower bound of the 2-sided 95% CI of the GMT ratio is greater than 2.0

# VAX-24 2.2mcg Dose Met Regulatory Criteria for All 24 Serotypes

**Met non-inferiority standard for all 20 common serotypes for the OPA GMR of VAX-24 : PCV20**




**Met superiority standard for all 4 ir serotypes in VAX-24 based on 4-**

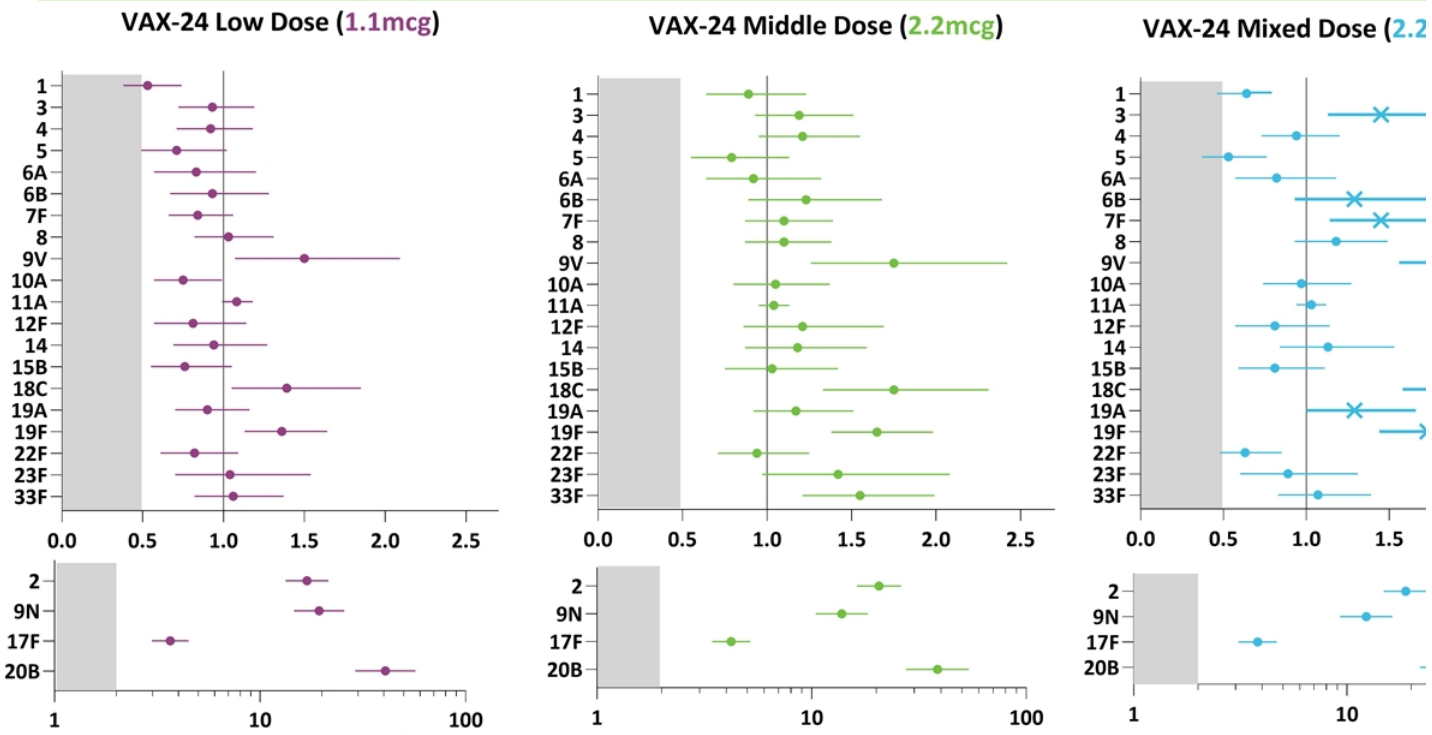



VAXCYTE

* *Reached statistical significance*

# All 3 Doses Induced Immune Responses Sufficient to Move to Phas

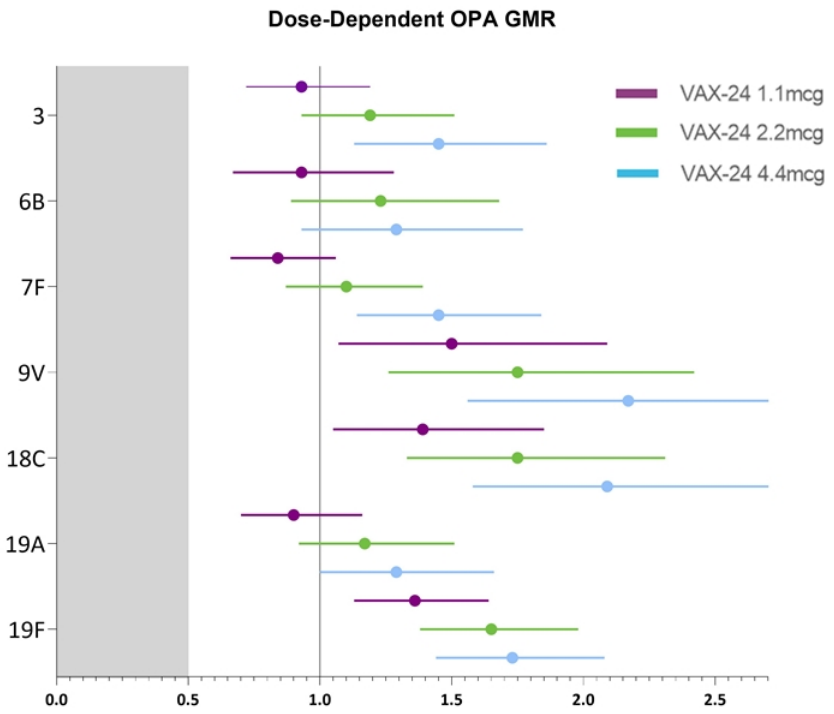
## 2.2mcg Dose Demonstrated Higher OPA GMRs for 16 of the 20 Shared Serotypes and Will be Adva




*X = 7 VAX-24 serotypes at the 4.4mcg dose; GMR = Geometric Mean Titers; LL= Lower Limit; CI = Confidence Interval*

VAXCYTE

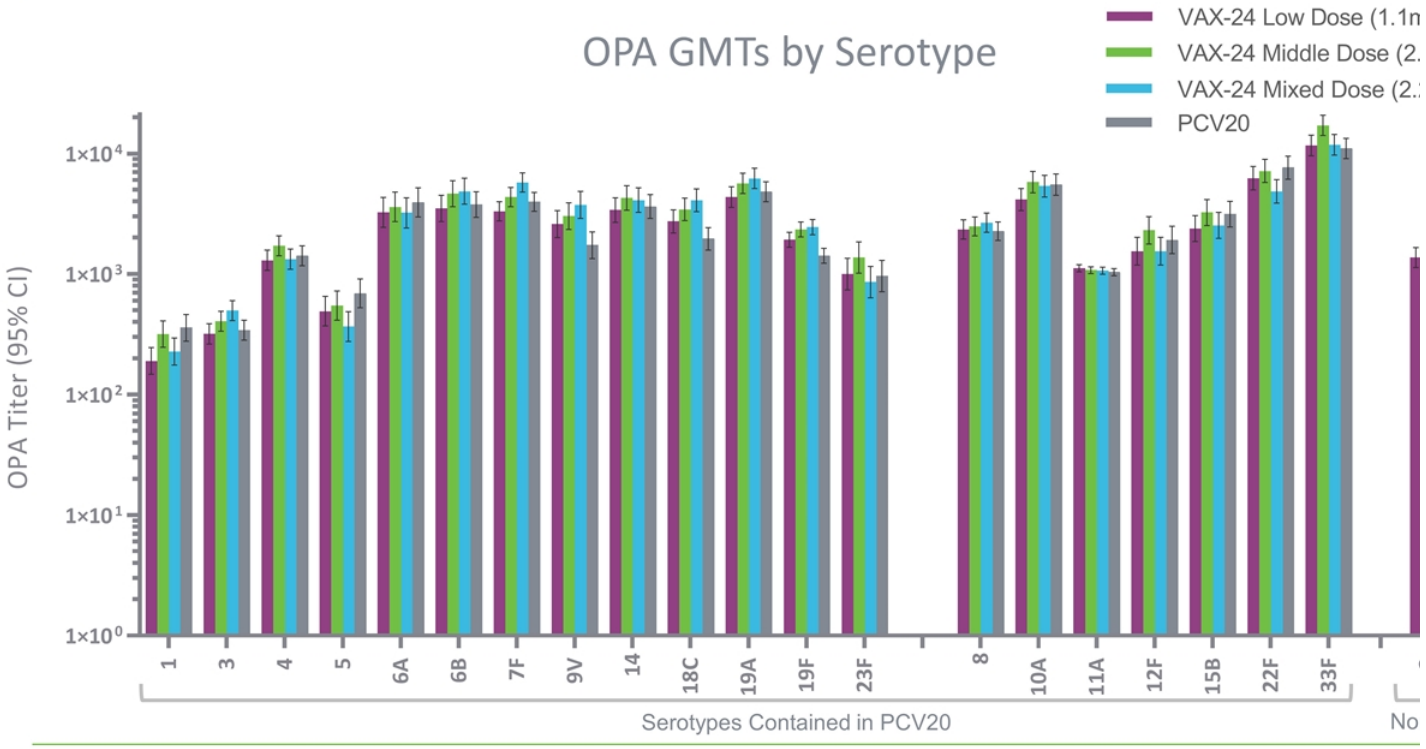
# Strong Evidence of a Dose-Dependent Response for the 7 VAX-24 Se
# Tested at 1.1mcg, 2.2mcg and 4.4mcg




4.4mcg dose deemed nc
necessary as 2.2mcg dos
demonstrated higher OF
GMRs for all 7 serotypes
tested versus PCV20.

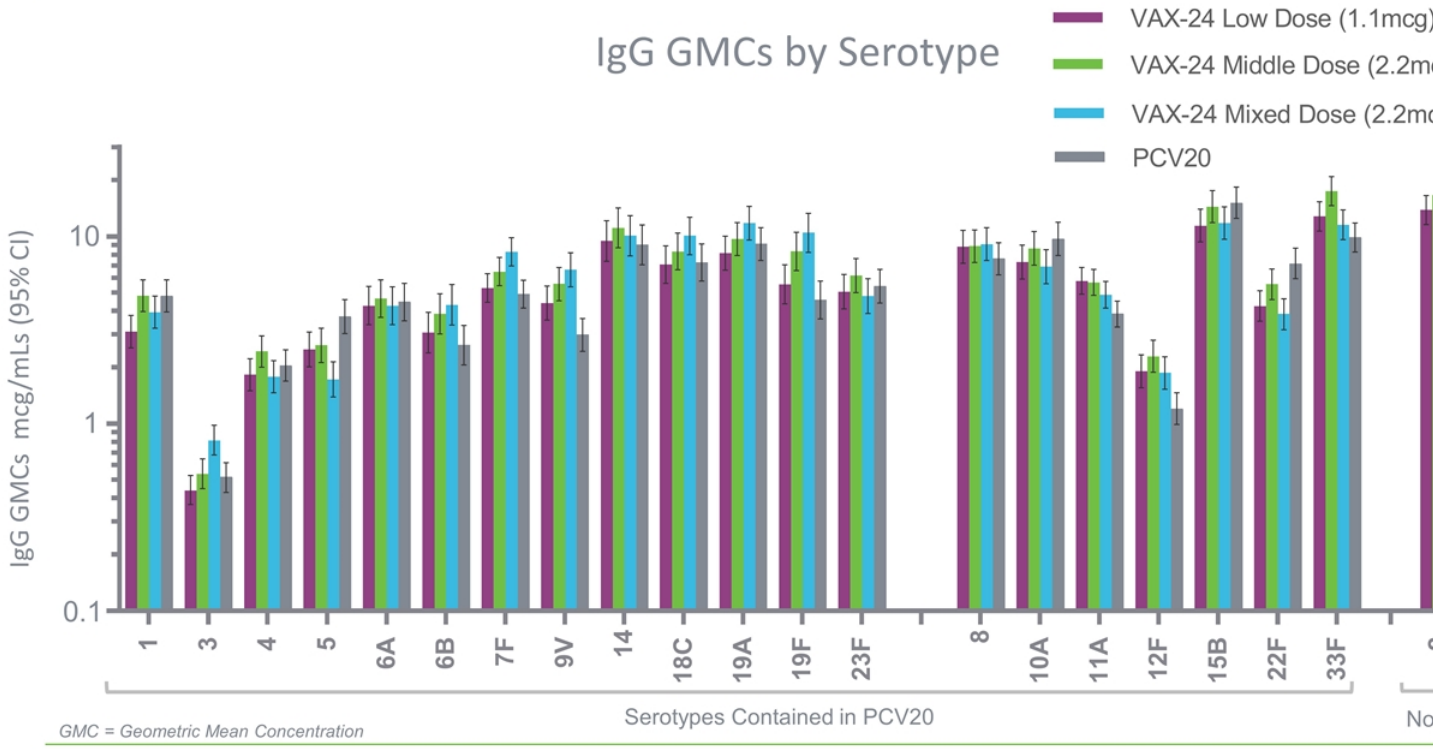
VAXCYTE

# All 24 Serotypes in VAX-24 Demonstrated Robust OPA Immune Resp




VAXCYTE

# All 24 Serotypes in VAX-24 Demonstrated Robust IgG Responses




VAXCYTE

# Study Conclusions & Program Status

VAXCYTE

# Study Conclusions

Supports Best-in-Class Potential for VAX-24 and Carrier-Sparing PCV Franchise

- VAX-24 demonstrated a safety and tolerability profile similar to PCV20 at all doses am year olds
- Met or exceeded regulatory standard for all 24 serotypes (STs) for VAX-24 conventiona dose without the need to push dose higher
- Optimal 2.2mcg dose being advanced to Phase 3:
  - Met the standard OPA response non-inferiority criteria for all 20 STs common with F which 16 achieved higher immune responses
  - Met the standard superiority criteria for all 4 additional STs unique to VAX-24
- Learnings inform optimal design for VAX-XP clinical program given ability to add STs wi sacrificing overall immune responses

# Vaxcyte PCV Franchise Leverages Established Regulatory Pathway

## Well-Trodden Clinical Plan Aligned with Current FDA, EMA and WHO Guidance and Prece

**CURRENT FDA, EMA & WHO GUIDANCE AND PRECEDENT**

- Well-defined established surrogate immune endpoints
- No anticipated requirement for field efficacy trials

- Licensure via non-inferior immune responses vs. SOC [1]
- Consistent with Merck (PCV15) & Pfizer (PCV20) BLAs[2][3]

- Consistency acr
- and Ph 3 pivota
- immune respon
- and infant progr

(1) For adults: Lower limit of the 95% CI for the OPA GMR ≥0.5 for each serotype comparison. For infants: Lower limit of the 95% CI for the IgG GMC ratio post dose 4 is ≥0.5 and LL of the 95% CI for % of subjects achieving an IgG concent
(2) Clinicaltrials.gov: Pfizer clinical studies for 20vPnC NCT03512288, NCT03550313, NCT03313050, NCT03313037, NCT03760146, NCT03835975, and NCT03828617.
(3) Clinicaltrials.gov: Merck clinical studies for V114 (PCV15) NCT02987972, NCT03620162, NCT03692871, NCT03731182, NCT03480763, NCT03615482, NCT03547167, NCT03480802, and NCT03565900.
(4) WHO. Recommendations to assure the quality, safety and efficacy of pneumococcal conjugate vaccines, in WHO Expert Committee on Biological Standardization, 60th report. Geneva, Switzerland: WHO; 2013:91-521.
(5) Prevenar 13 FDA Summary Basis for Regulatory Action. BLA/STN: 125324, 2010. ttps://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM206140.pdf. Accessed January 10, 2020.
(6) Guidelines on clinical evaluation of vaccines. EMEA/CHMP/VWP/164653/05, April 2018. https://www.ema.europa.eu/en/documents/scientific-guideline/draft-guideline-clinical-evaluation-vaccines-revision-1_en.pdf, Accessed Feb 1

# VAX-24 Program Anticipated Key Milestones

**ADULT PROGRAM**

- Topline safety, tolerability and immunogenicity data from Phase 2 study in adults 65 a anticipated in 1H:23
- Final results with 6-month safety data for both Phase 2 adult studies anticipated in 1H
- Regulatory interactions to inform Phase 3 program anticipated in 2H:23
- Topline data from Phase 3 non-inferiority study in adults expected in 2025

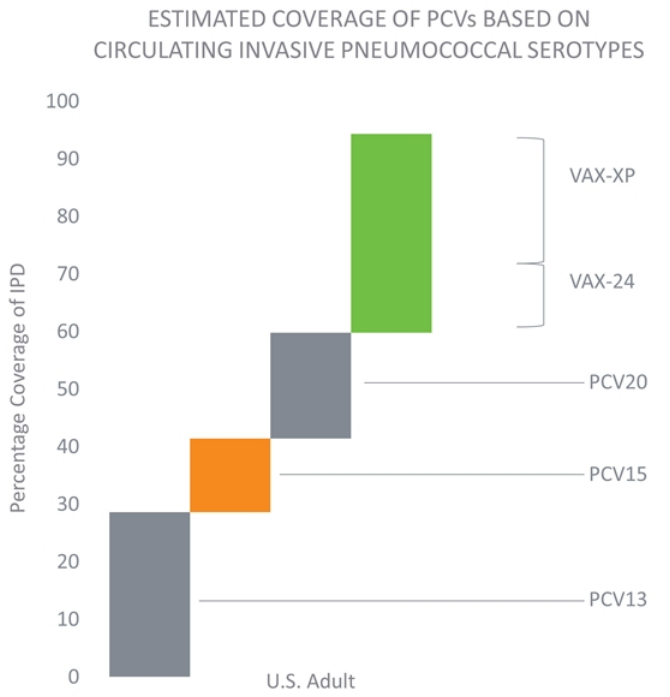
**PEDIATRIC PROGRAM**

- Infant IND submission and Phase 2 study initiation anticipated in 1H:23
- Topline data from infant primary 3-dose immunization series expected by 2025

# Platform and Pipeline Update

VAXCYTE

# Vaxcyte Carrier-Sparing PCV Franchise Positioned to Deliver Broadest Coverage



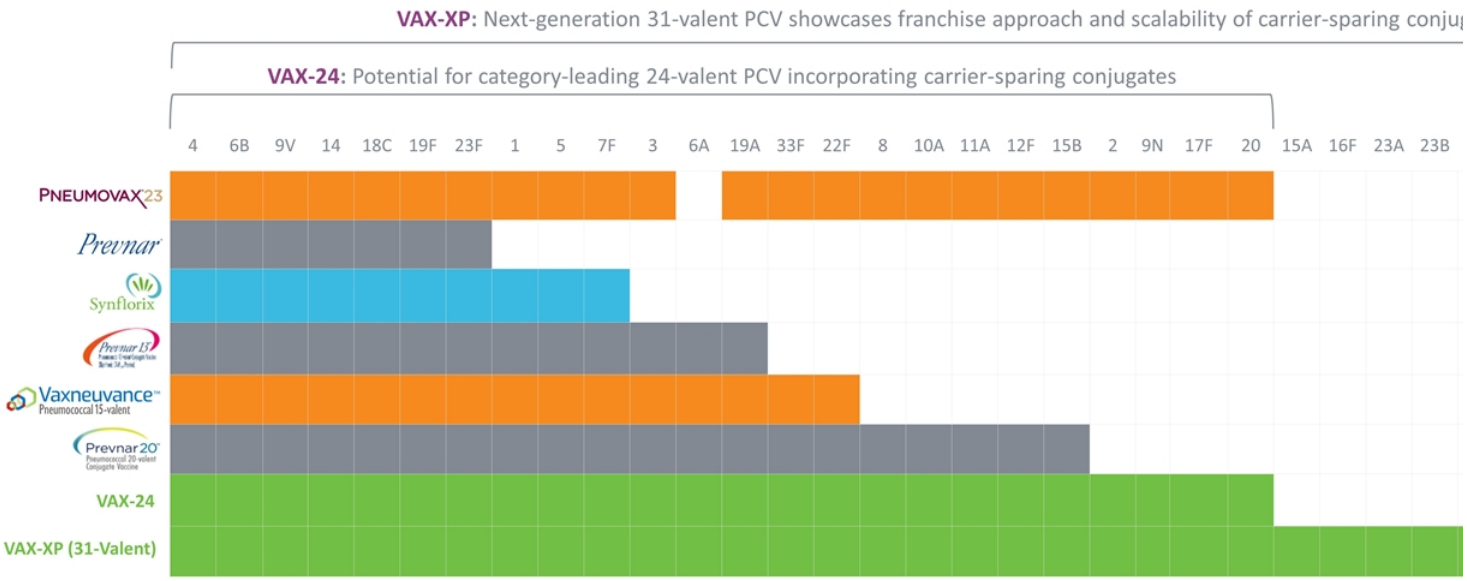

**VAX-XP PRO**
**ANTICIPATED M**

- Designed to pr coverage for ~ pneumococcal currently circu U.S. adult popu
- Anticipate adu application sub FDA in 2H:23
- Topline data in expected in 20

(1) Data in the US is for 2017, inclusiv
(2) Varghese et al. Clin Micro and Inf

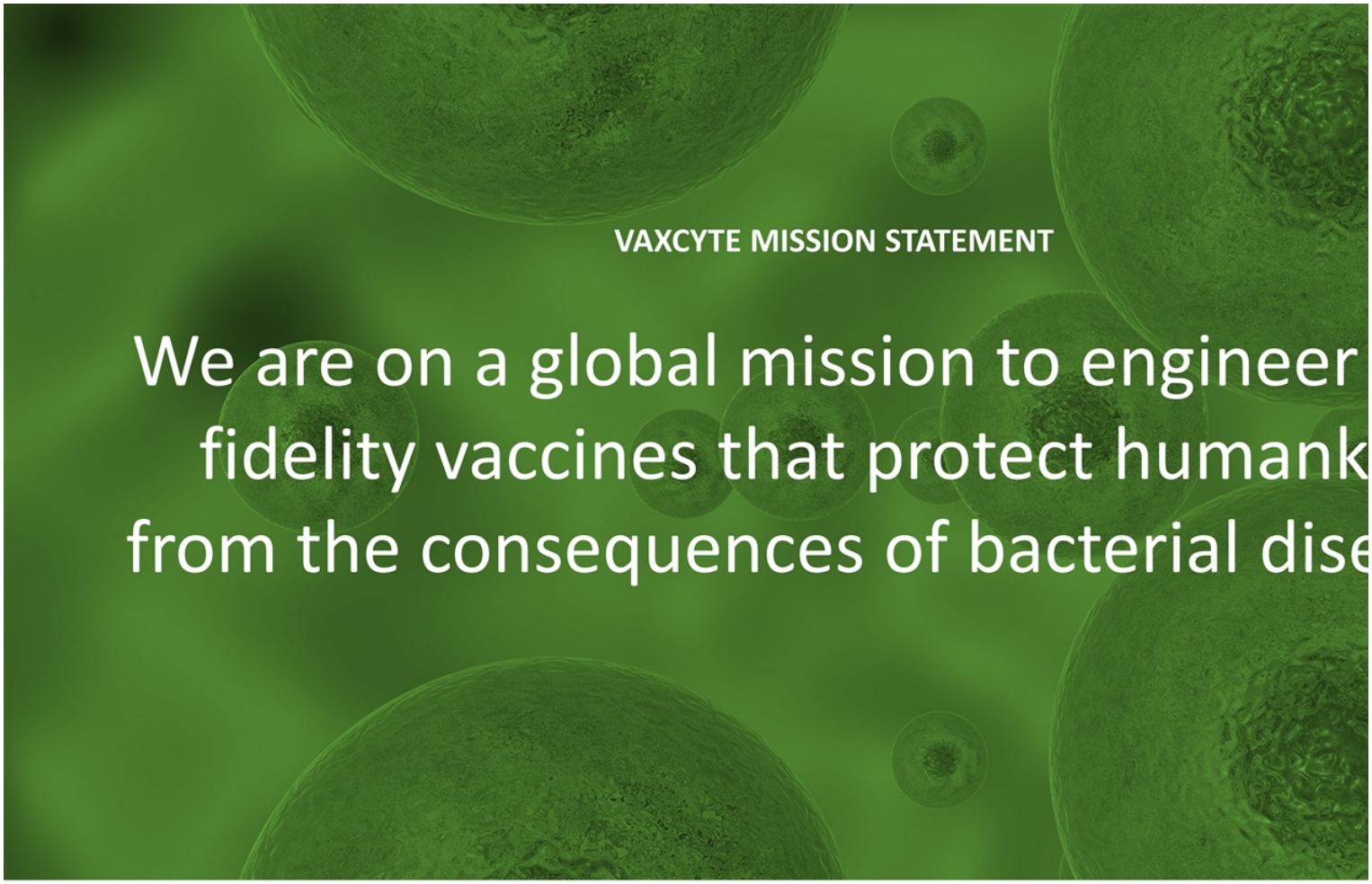
VAXCYTE

# Vaxcyte PCV Franchise has Potential for Sustained Leadership in Gr
# >$7B Pneumococcal Vaccine Market




*Source: Prescribing information for Prevnar, Prevnar 13, Prevnar20, Synflorix, Vaxneuvance, and Prevnar 20. Company filings for Vaxcyte*

VAXCYTE


VAXCYTE MISSION STATEMENT
We are on a global mission to engineer
fidelity vaccines that protect humank
from the consequences of bacterial dise

VAXCYTE

# Q&A with Management

**Grant Pickering**
Chief Executive Officer, Director and Founder

**Jim Wassil**
Executive Vice President and Chief Operating Officer

**Andrew Gugge**
President and Chief


VAXCYTE
protect humankind