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, 2024

HilleVax, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-41365**	**85-0545060**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

321 Harrison Avenue **Boston, Massachusetts**	**021118**
(Address of principal executive offices)	**(Zip Code)**

(617) 213-5054
(Registrant's telephone number, including area code)

(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, $0.0001 par value per share	HLVX	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (Sec.230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (Sec.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 7.01 Regulation FD Disclosure.

On January 8, 2024 representatives of the Company will be attending meetings with investors and analysts and making a presentation in connection with the J.P. Morgan Healthcare Conference. During these meetings and the presentation, the Company will reference the corporate slide presentation attached as Exhibit 99.1 to this Current Report on Form 8-K, which is incorporated herein by reference.

The Company's updated corporate presentation has been posted to the Company's website, www.hillevax.com. The Company plans to use its website to disseminate future updates to its corporate presentation and does not intend to file or furnish a Form 8-K alerting investors each time the presentation is updated.

The information set forth in this Item 7.01 is being furnished pursuant to Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") or otherwise subject to the liabilities of that section, and it shall not be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or under the Exchange Act, whether made before or after the date hereof, except as expressly provided by specific reference in such a filing.

By filing this Current Report on Form 8-K and furnishing the information in this Item 7.01, the Company makes no admission as to the materiality of Item 7.01 in this report or the presentation available on the Company's website. The information contained in the presentation is summary information that is intended to be considered in the context of the Company's filings with the Securities and Exchange Commission (the "SEC") and other public announcements that the Company makes, by press release or otherwise, from time to time. The Company undertakes no duty or obligation to publicly update or revise the information contained in this Current Report on Form 8-K, although it may do so from time to time as its management believes is appropriate or as required by applicable law. Any such updating may be made through the filing of other reports or documents with the SEC, through press releases, by updating the Company's website or through other public disclosure.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit	Description
99.1	Slide Presentation
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

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 hereunto duly authorized.

HilleVax, Inc.

Date: January 8, 2024

By: /s/ Paul S. Bavier
Name: Paul S. Bavier
Title: General Counsel and Chief Administrative Officer

HILLEVAX

CORPORATE PRESENTATION

JANUARY 2024

Disclaimer

We caution you that this presentation contains forward-looking statements of HilleVax, Inc. ("HilleVax," "we," "us" or similar terms). All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, research and development plans, the anticipated timing, costs, design and conduct of our planned and potential clinical trials and preclinical studies for HIL-214 and any future vaccine candidates, the timing and likelihood of regulatory filings and approvals for HIL-214 and any future vaccine candidates, our ability to commercialize our vaccine candidates, if approved, the pricing and reimbursement of our vaccine candidates, if approved, the potential to develop future vaccine candidates, the potential benefits of strategic collaborations and our intent to enter into any strategic arrangements, the timing and likelihood of success, plans and objectives of management for future operations and future results of anticipated product development efforts, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions. The inclusion of forward-looking statements should not be regarded as a representation by us that any of our plans will be achieved. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in our business, including, without limitation: we currently depend entirely on the success of HIL-214, and we have not yet completed any clinical trials of HIL-214; potential delays in the commencement, enrollment, and completion of clinical trials and preclinical studies; our dependence on third parties in connection with manufacturing, research and clinical and preclinical testing; unexpected adverse side effects or inadequate immunogenicity or efficacy of HIL-214 or any future vaccine candidates that may limit their development, regulatory approval, and/or commercialization; unfavorable results from clinical trials; results from prior clinical trials and studies not necessarily being predictive of future results; unstable market and economic conditions and adverse developments with respect to financial institutions and associated liquidity risk may adversely affect our business and financial condition and the broader economy and biotechnology industry; regulatory developments in the United States and foreign countries; any future impacts to our business resulting from the conflict between Russia and Ukraine or other geopolitical developments outside our control; our reliance on intellectual property rights under our license agreement with Takeda Vaccines, Inc.; our ability to obtain, maintain and enforce intellectual property protection for our vaccine candidates; we may use our capital resources sooner than we expect; and other risks described in our prior press releases and our filings with the Securities and Exchange Commission (SEC), including under the heading "Risk Factors" in our annual report on Form 10-K and any subsequent filings with the SEC. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and we undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

HilleVax January 2024

HILLEVAX

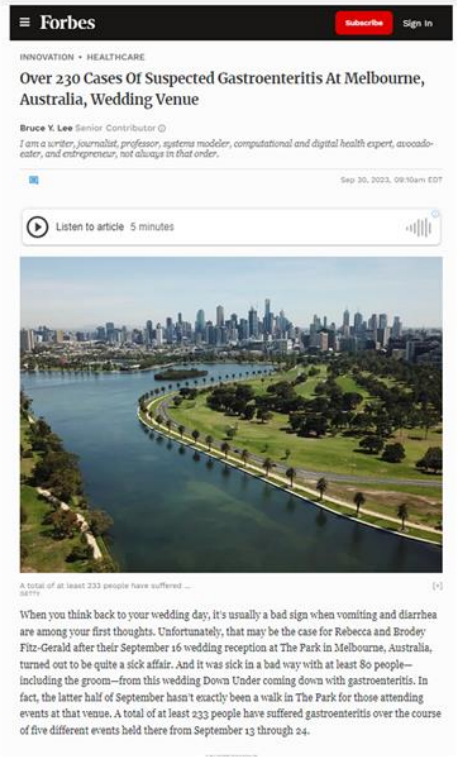
Norovirus has a high disease burden and unmet need

Multi-billion dollar commercial opportunity

Clinical PoC demonstrated in adults and near-term large Phase IIb infant readout in mid-2024

Strong capital position with $324.4M in cash at September 30, 2023

Norovirus in the news…



Forbes

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INNOVATION • HEALTHCARE

Over 230 Cases Of Suspected Gastroenteritis At Melbourne, Australia, Wedding Venue

Bruce Y. Lee Senior Contributor

I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-eater, and entrepreneur, not always in that order.

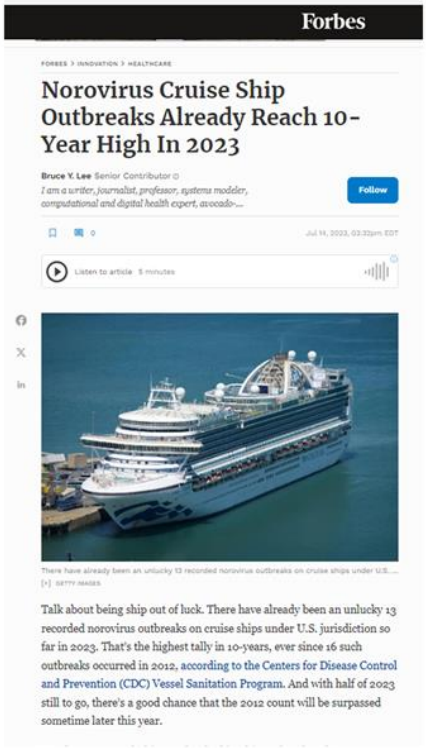
Sep 30, 2023, 09:10am EDT

Listen to article 5 minutes

A total of at least 233 people have suffered ...

GETTY

When you think back to your wedding day, it's usually a bad sign when vomiting and diarrhea are among your first thoughts. Unfortunately, that may be the case for Rebecca and Brodey Fitz-Gerald after their September 16 wedding reception at The Park in Melbourne, Australia, turned out to be quite a sick affair. And it was sick in a bad way with at least 80 people—including the groom—from this wedding Down Under coming down with gastroenteritis. In fact, the latter half of September hasn't exactly been a walk in The Park for those attending events at that venue. A total of at least 233 people have suffered gastroenteritis over the course of five different events held there from September 13 through 24.



Forbes

FORBES > INNOVATION > HEALTHCARE

Norovirus Cruise Ship Outbreaks Already Reach 10-Year High In 2023

Bruce Y. Lee Senior Contributor

I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-...

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Jul 14, 2023, 03:32pm EDT

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There have already been an unlucky 13 recorded norovirus outbreaks on cruise ships under U.S. ...

[+] GETTY IMAGES

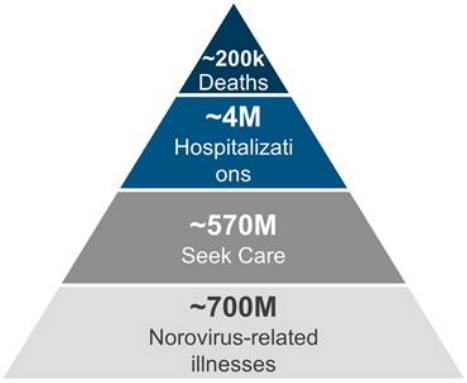
Talk about being ship out of luck. There have already been an unlucky 13 recorded norovirus outbreaks on cruise ships under U.S. jurisdiction so far in 2023. That's the highest tally in 10-years, ever since 16 such outbreaks occurred in 2012, according to the Centers for Disease Control and Prevention (CDC) Vessel Sanitation Program. And with half of 2023 still to go, there's a good chance that the 2012 count will be surpassed sometime later this year.

"And these symptoms can be quite severe too. Norovirus often isn't just your typical I'm-feeling-a-little-sick-so-I-may-pass-on-shuffleboard type of gastroenteritis. No, a norovirus infection can consist of projectile vomiting and explosive diarrhea. Projecting your voice, feelings, or insecurities is one thing. Projecting your vomit is something completely different."

Bruce Y. Lee, Forbes 2023

HILLEVAX

Norovirus global annual burden is high…



… resulting in direct and indirect costs of ~$10b in US and ~$60b globally[1,2]

Costs

Direct	+	Indirect
Medical		**Health**
Clinical management, hospitalizations, infection control measures and cleaning, surveillance		Productivity losses: sick staff work days, resources not used while managing outbreak

Key vulnerable populations

Young children

Endemic, incidence of norovirus highest among young children[2]

Adults

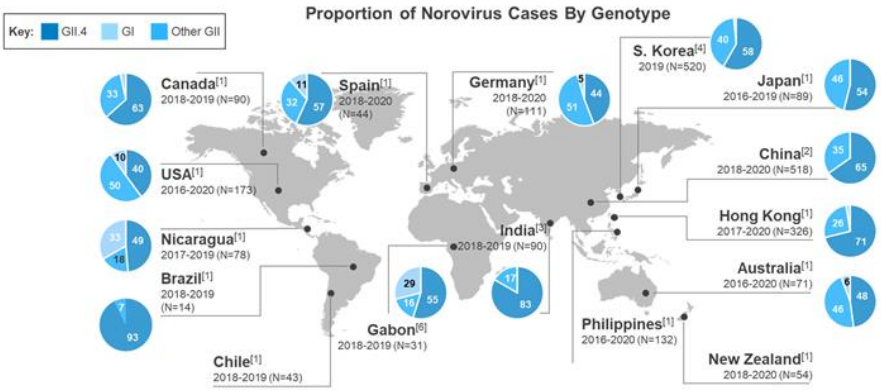
Outbreaks among HCPs, military, food handlers, travelers, other groups

Older adults

Outbreaks in nursing homes and hospitals, higher likelihood of hospitalization / death

1. Bartsch et al., 2016 2. Bartsch et al., 2020

GII.4 remains the dominant genotype associated with the majority of norovirus infections worldwide



- GII.4 infections in 2021-2022 represented approximately **60% of infections in children <5**[7]
- GII.4 infections resulted in **75% of hospitalizations and 82% of deaths** based on a meta analysis of 843 norovirus outbreaks[8]

[1] Cannon et al. Emerg Infect Dis. 2021.; [2] Fang et al. BMC Infect Dis. 2021.; [3] Lo et al. Arch Virol. 2021.; [4] Cho et al. J Med Virol. 2021.; [5] Rossouw et al. Viruses. 2021.; [6] Manouana et al. Viruses. 2021, [7]NoroSurv: A global network for norovirus strain surveillance – data retrieved on 17 Apr 2023; [8]Adapted from Desai et al. CID 2012.

HIL-214 comprises VLPs for major genotypes GI.1 and GII.4

GI.1 selected based on its potential to promote a broad immune response to GI strains

GII.4 selected because it is estimated to be responsible for nearly two-thirds of norovirus illness[1]

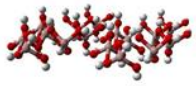
1. Kumthip et al., 2019

1 Virus-Like Particles (VLPs)

GI.1 VLP (Norwalk)

Consensus GII.4 VLP

2 Adjuvant



Aluminum hydroxide

3 Norovirus Vaccine

Consensus Strategy

Presents epitopes from three different norovirus GII.4 strains on one VLP

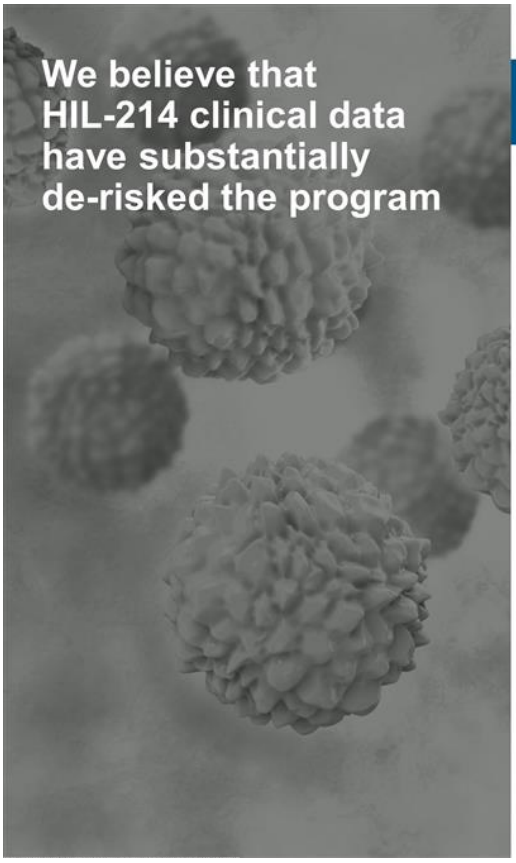
Prefilled Syringe (intramuscular)

Large clinical program demonstrates immunogenicity, efficacy, and safety/tolerability

Trial No.	Phase	Design	Study Population	HIL-214 safety, n=	HIL-214 immuno, n=
LV01-103	I/II	R, DB, Pbo, NoV challenge for **safety, immunogenicity, and efficacy**	18 - 50 years	N/A[1]	N/A[1]
LV03-104	I	R, DB, Pbo, dose/age-escalation for **safety and immunogenicity**	18 - 85 years	66	66
LV03-105	I/II	R, DB, Pbo, NoV challenge for **safety, immunogenicity, and efficacy**	18 - 50 years	67	67
NOR-210	II	Study to generate serum controls for **validation of serology assay**	18 - 49 years	50	50
NOR-107	II	R, DB, for **safety, immunogenicity, dose finding, and adjuvant justification**	18 - 64 years	418	418
NOR-201	II	RD, DB for **safety and immunogenicity**	18 - 49 years	425	425
NOR-204	II	R, DB for **safety, immunogenicity, dose finding and formulation selection**	18 - >85 years	311	311
NOR-211	IIb	R, DB, Pbo for **efficacy, safety, and immunogenicity**	18 - 49 years; military recruits	2,355	97
NOR-202	II	R, DB for **safety, immunogenicity, dose finding and adjuvant justification**	6wks - 9 years	839	839
NEST-IN1[2]	IIb	R, DB, Pbo for **efficacy, safety, and immunogenicity**	5 months	1,500	1,500
NOR-109[2]	**I**	R, DB, Pbo, **safety and immunogenicity**	5 months	14	14
NOR-206[2]	II	R, DB, Pbo, **safety and immunogenicity when HIL-214 is concomitantly administered** with routine infant vaccines	4 months	77	77
NOR-215[2]	II	SA, OL, **safety and immunogenicity**	18 – 49 years	185	185
TOTAL[2]				**6,307**	**4,049**

1. Intranasal formulation of vaccine, not included in HIL-214 safety and immunogenicity subject numbers
2. NEST-IN1, NOR-109, NOR-206, and NOR-215 clinical trials ongoing, final subject numbers still estimated for study completion

R: randomized. DB: double-blind. OL: open label. Pbo: placebo-controlled



HIL-214 key clinical accomplishments

- ✓ Dose selection
- ✓ Adjuvant selection
- ✓ Immunogenicity in infants/children
- ✓ Immunogenicity in adults/older adults
- ✓ Efficacy proof-of-concept in adults
- ✓ Safety/tolerability profile across age groups
- ✓ 5-year safety and immunogenicity in adults

SAFETY

>6,000 subjects (2,430 pediatric subjects) received vaccine in clinical studies

In adults, local AEs all mild/moderate with systemic AEs similar to placebo

Infant AEs largely mild to moderate with short duration (<3-4 days)

NOR-202, NOR-211, NOR-204 studies, WHO, FDA prescribing information

These data are presented for informational purposes only, as the comparisons in the tables to the right are not based on head-to-head clinical studies and may not be comparable due to differences in vaccine design, disease under evaluation, trial designs and populations studied.

HIL-214 clinical AE profile comparable to commercial vaccines

Pediatric safety

Disease	Vaccine	Age	Local reactions	Systemic reactions	
			Pain, swelling or redness	Fever > 38°C	Irritability or fussiness
Norovirus	HIL-214	6 weeks – 6 months[5]	9 – 21%[1]	2 – 9%[1]	19 - 28%[1]
		6 months – 9 years[5]	21 – 33%[1]	7 – 8%[1]	10 - 20%[1]
Pneumococcal	Prevnar 13	2 – 15 months	20 – 42%[3,4]	24 – 37%[3]	80 - 86%[3]
Rotavirus	Rotarix	6 – 24 weeks	Oral – N/A	25 – 28%[1]	42 - 52%[1]
	RotaTeq	5 – 36 weeks		17 – 20%[2]	4 - 7%[2]
Pertussis	Daptacel (TDaP)	2 – 6 months	1 – 6%[2,4]	8 – 24%[2]	32 - 40%[2]
	Whole cell DTP	2 – 6 months	5 – 11%[2,4]	65 – 74%[2]	73 - 85%[2]
MMRV	M-M-R II & Varivax	12 – 23 months	10 – 16%[4]	15%	7%
	ProQuad	12 – 23 months	8 – 14%[4]	22%	7%
Polio	OPV	2 months – 6 years	Oral – N/A	<1%	<1%

1. After doses one or two. 2. After doses one, two, or three. 3. After doses one, two, three, or four. 4. Refers to redness or swelling only 5. Data from NOR-202.

Adult safety

Disease	Vaccine	Age	Local reactions	Systemic reactions	
			Pain at injection site	Fever > 38°C	Headache
Norovirus	HIL-214	18 to 49 years[4]	48%	6%	35%
		>60 years[5]	33%	<1%	8%
COVID-19	Comirnaty	16 to 55 years	78 - 84%[1]	4 - 16%[1]	44 - 54%[1]
	Moderna	18 to 64 years	87 - 90%[1]	1 - 17%[1]	35 - 63%[1]
HPV	Gardasil 9	16 to 26 years	71 - 74%[2]	2 - 3%[2]	15%
Influenza	Afluria	18 to 64 years	48%	1%	22%
	FluBlok	>50 years	19%	<1%	13%
Shingles	Shingrix	>50 years	69 - 88%[3]	14 - 28%[3]	29 - 51%[3]

1. After doses one or two. 2. After doses one, two, or three. 3. Range given for patients 50 - 59, 60 - 69, and >70 years of age 4. Data from NOR-211. 5. Data from NOR-204.

HIL-214
IMMUNOGENICITY

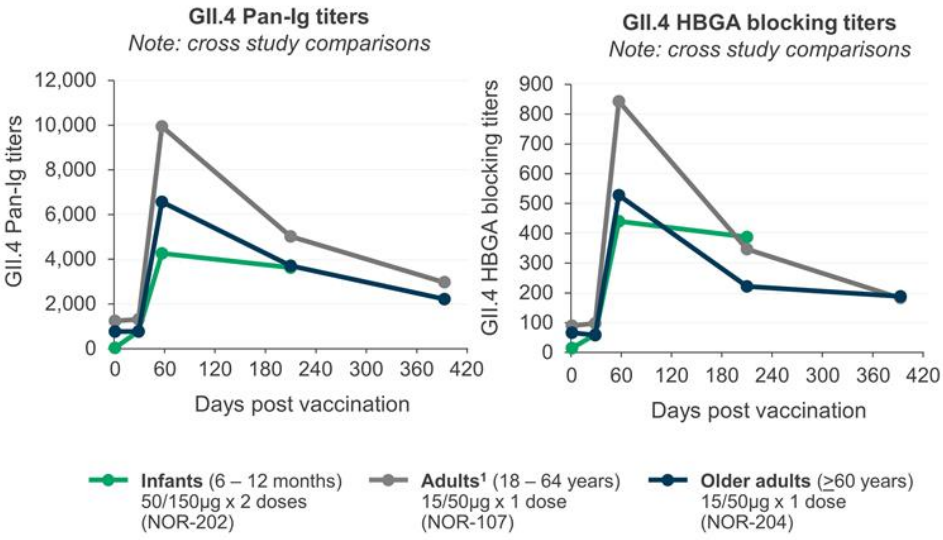
HBGA is an attachment factor on the surface of intestinal epithelia known to promote norovirus entry into host cells

Measurement of HBGA-blocking antibodies is the primary method to assess vaccine immunogenicity against norovirus

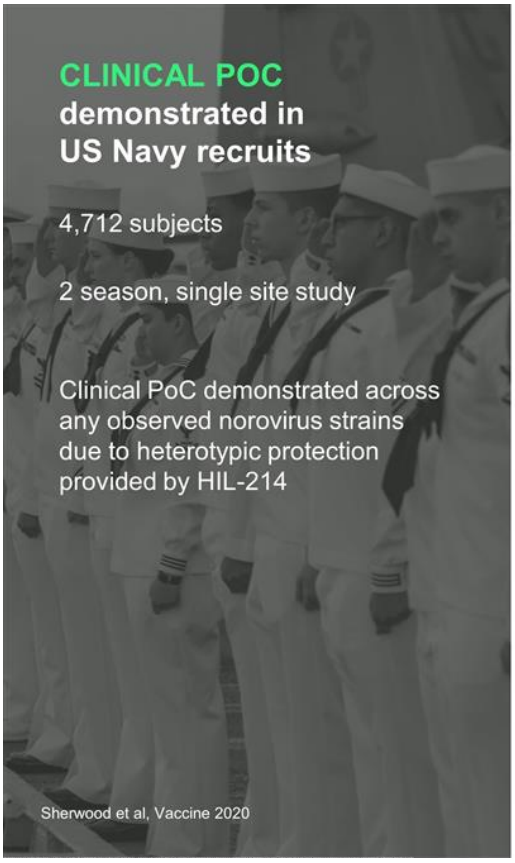
Data from long-term immunogenicity study in adults (NOR-213) has shown titers to date **above baseline at year 5**

NOR-202, NOR-107, and NOR-204 studies

Functional and binding response following vaccination with HIL-214



1. Day 0 titers were collected 28 days prior to vaccination for adult study (NOR-107)



CLINICAL POC
demonstrated in US Navy recruits

4,712 subjects

2 season, single site study

Clinical PoC demonstrated across any observed norovirus strains due to heterotypic protection provided by HIL-214

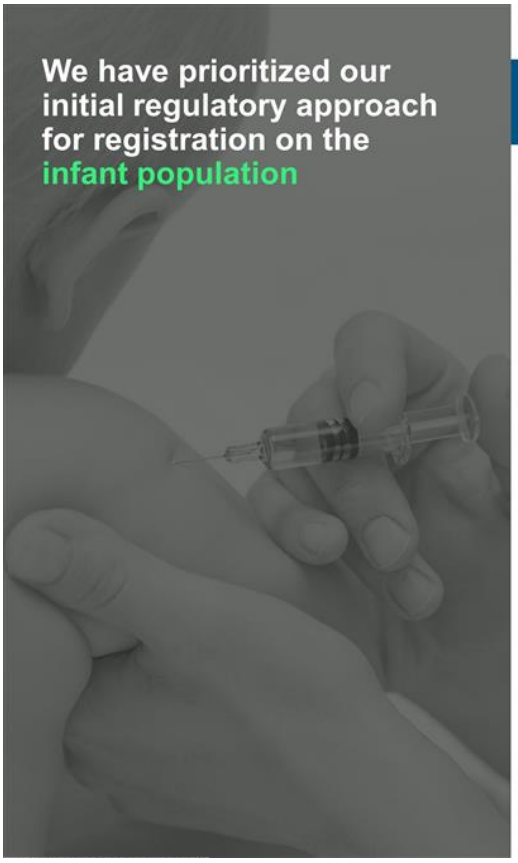
Sherwood et al, Vaccine 2020

Phase 2b in adults demonstrated **reduction in moderate-to-severe acute gastroenteritis**

	Cases of moderate-to-severe AGE			Viral efficacy	
	Pathogen	**Placebo** n = 2,357	**HIL-214** n = 2,355	**%**	**p value**
1°	HIL-214 vaccine strain only[1]	5 (0.2)	1 (<0.1)	80.0	p = 0.142
2°	Any NoV strain	26 (1.1)	10 (0.4)	61.8	p = 0.0097
Post-hoc	GII.2 strain	21	9	57.4	p = 0.0321

1. GI.1 or GII.4

We have prioritized our initial regulatory approach for registration on the **infant population**



Advantages of studying HIL-214 in infants

- ✓ Endemic pattern of infection
- ✓ Higher prevalence of GII.4
- ✓ Comparison to subjects without pre-existing immunity
- ✓ Regulatory and operational precedent of rotavirus vaccines

NEST-IN1 Phase 2b pediatric study ongoing

Healthy 5 mo. infants
(n = ~3,000)
Sites in the US and Latin America

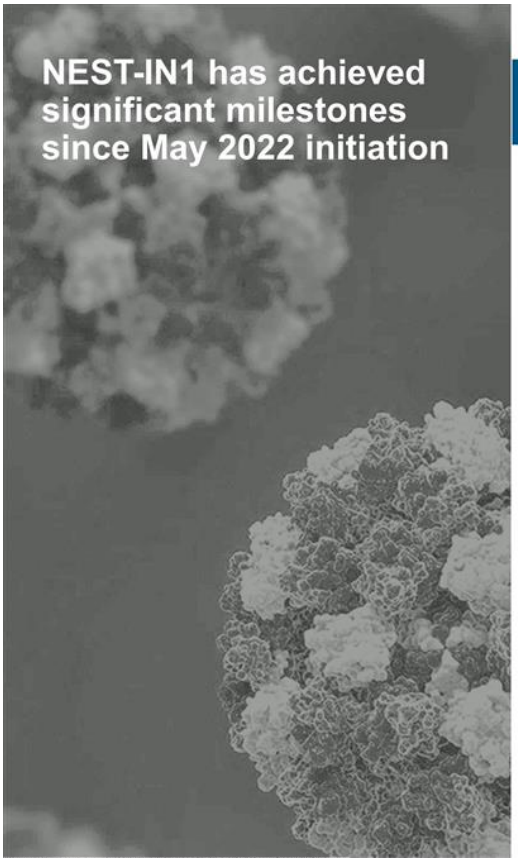
HIL-214[1]
(n = 1,500)

Placebo[1]
(n = 1,500)

Primary Endpoint
Reduction in moderate/severe acute gastroenteritis associated with norovirus GI.1 or GII.4
(co-pathogen negative)

Secondary Endpoints
Reduction in moderate/severe acute gastroenteritis associated with any norovirus strain
(+/- co-pathogen)

[1] Vaccinations at Day 1 and Day 29 - 57



NEST-IN1 updates

Data Monitoring Committee completed **recommended study continuation** after safety review in August 2022

First 200 subjects **immune responses**[1] **were consistent** with prior infant studies of HIL-214 in November 2022

Enrollment completed with over 3,000 infants in April 2023

Topline data expected **mid-2024** – Clinical safety and clinical efficacy on all subjects

1. Pan-Ig antibody responses 28 days post second dose

Other ongoing supporting studies of HIL-214

Study #	Phase	Design	Subjects	Status	Purpose
NOR-109	I	R, DB, Pbo, safety and immunogenicity	5 months of age	Enrollment complete	Enable inclusion of Japanese infants in planned Phase III clinical trial of HIL-214
NOR-206	II	R, DB, Pbo, safety and immunogenicity when HIL-214 is concomitantly administered with routine infant vaccines	4 months of age	Enrollment complete	Generate data on concomitant administration with routine pediatric vaccines
NOR-215	II	SA, OL, safety and immunogenicity	18 – 49 years	Enrollment complete	Generate serum for immunological assays and reference material

R: randomized. SA: single arm. DB: double-blind. OL: open label. Pbo: placebo-controlled

Development and regulatory strategy

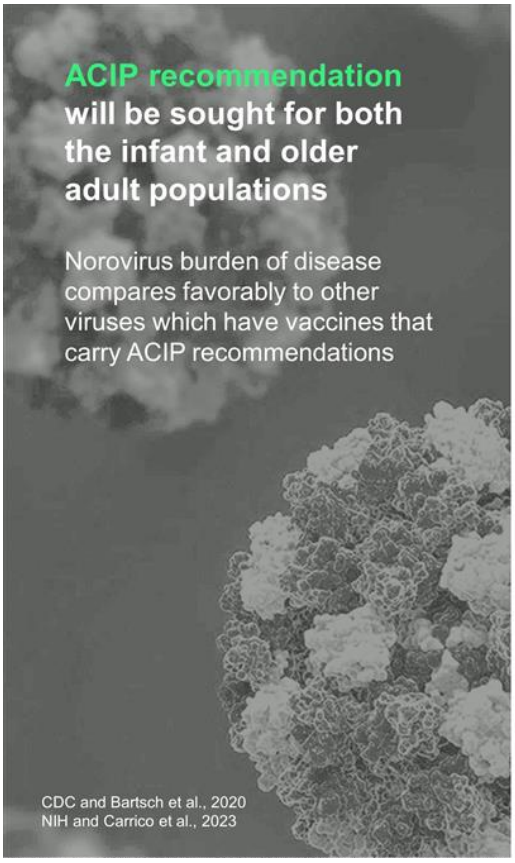
Initial clinical program focused on infant population

Followed by immuno-bridging and/or efficacy studies in older adults

Clinical program and concurrent epidemiology and pharmacoeconomic studies to support potential ACIP recommendations

1 Establish initial indication in infants

2 Broaden label of vaccine to adults and older adults



Norovirus burden (today) is comparable to rotavirus, shingles, and RSV burden (pre-vaccines) in the United States

Disease	Age	US cases	US hospitalizations	US deaths	US economic burden (in 2020 dollars)
Norovirus	≤ 4 years	2.8 million	12,000	20	$1.2 billion
	5 – 64 years	15.7 million	34,000	70	$6.4 billion
	≥ 65 years	3.7 million	50,000	1,250	$3.2 billion
	All ages	22 million	96,000	1,350	$10.6 billion
Rotavirus (pre-vaccine)	≤ 5 years	2.7 million	70,000	60	$1.5 billion
Shingles (pre-vaccine)	≥ 50 years	1.0 million	46,000	80	$2.4 billion
RSV (pre-vaccine)	≥ 60 years	2.5 million	100,000	8,000	$7.4 billion

Potential multi-billion dollar commercial opportunity

1 INFANTS/TODDLERS

ROTAVIRUS VACCINES AS A CASE STUDY

- Similar burden of disease between norovirus and rotavirus
- Two rotavirus vaccines were launched in 2006 and 2008 (RotaTeq and Rotarix)
- ACIP recommendation for routine infant use
- **$1.4B** global net sales in 2022
- $210-360 per rotavirus vaccine course (US)

2 OLDER ADULTS

RSV VACCINES AS A CASE STUDY

- Comparable burden of disease in older adults
- Arexvy and Abrysvo approved in 2023
- ACIP recommendation for adults over 60 following shared decision-making
- **$1.2B** global net sales in **Q3** of 2023
- $180-295 per single vaccine course (US)

+ OTHER ADULTS including HCPs, military, travelers, food handlers

HilleVax announces exclusive license with Kangh

HILLEVAX

HilleVax and Kangh Announce Exclusive License Agreement for Hexavalent VLP Norovirus Vaccine Candidate Outside of China

Collaboration leverages HilleVax's leading norovirus vaccine development expertise and adds a Phase 1-ready next-generation program to HilleVax's pipeline

BOSTON and CHENGDU, China, Jan. 08, 2024 (GLOBE NEWSWIRE) -- HilleVax, Inc. (Nasdaq: HLVX), a clinical-stage biopharmaceutical company focused on developing and commercializing novel vaccines, and Chengdu Kanghua Biological Products Co., Ltd. (Kangh) (SHE: 300841), a biopharmaceutical company engaged in the research, development, production, and sale of bioproducts, today announced the entry into an exclusive license agreement for rights to Kangh's hexavalent virus-like particle (VLP) vaccine candidate for norovirus, referred to by HilleVax as HIL-216, outside of Greater China.

HIL-216 includes VLPs for six of the most common norovirus genotypes, including GI.1, GII.2, GII.3, GII.4, GII.6, and GII.17. The Investigational New Drug (IND) application for HIL-216 was cleared by the U.S. FDA in September 2023. As part of the exclusive license agreement, Kangh will supply HIL-216 for use in HilleVax's near-term clinical trials, including a Phase 1 trial that HilleVax expects to initiate in 2024.

Building towards a long-term norovirus vaccine leadership position

HIL-216 includes VLPs for **six of the most common norovirus genotypes**, including GI.1, GII.2, GII.3, GII.4, GII.6, and GII.17

Kangh to supply HIL-216 for use in **near-term clinical trials**

Addition of HIL-216 to portfolio through collaboration with Kangh

HILLEVAX

KANGH

Follow-on hexavalent norovirus vaccine candidate

Selected genotypes cover approximately 90% of norovirus infections worldwide

IND cleared, Phase 1 ready vaccine candidate

Leverages HilleVax's VLP development capabilities

STRONG CAPITAL POSITION

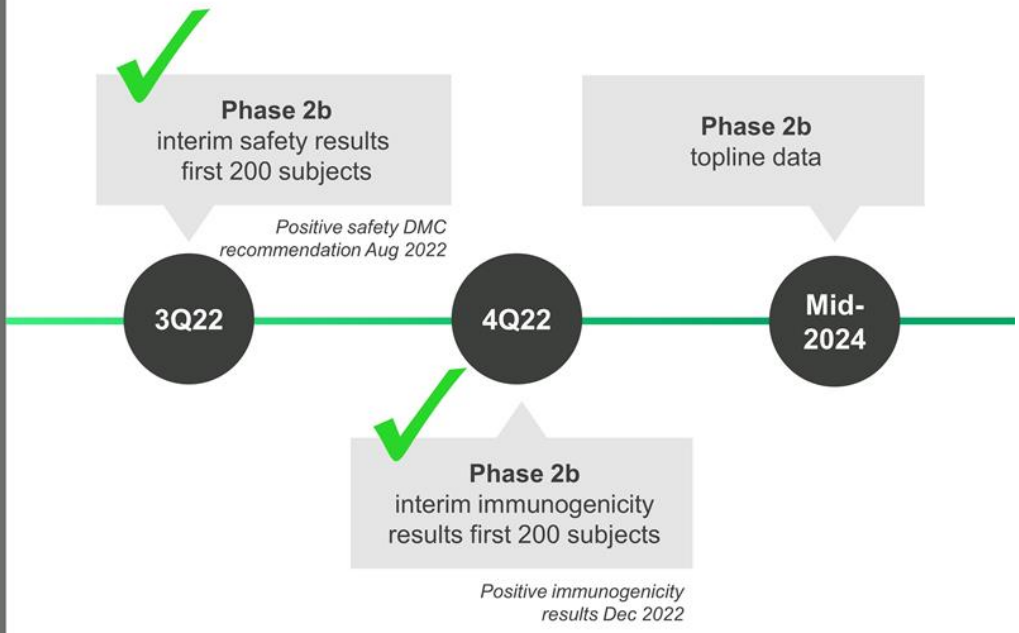
As of September 30, 2023:

$324.4M cash, cash equivalents & marketable securities[1]

$75M term loan[2]:
$25M drawn

[1] Includes proceeds of September 2023 financing
[2] Full draw subject to certain milestones and conditions

Anticipated milestones



HILLEVAX

NASDAQ: HLVX

- Most advanced norovirus vaccine candidate
- Clinical PoC demonstrated in adults
- Phase IIb study readout in mid-2024 on 3,000 infants
- Next gen hexavalent VLP vaccine candidate licensed
- Large potential commercial opportunity