The Epicutaneous Immunotherapy Company
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DBV Technologies Today
Recent Progress

Viaskin Peanut – Phase III data expected in 2H 2017
  — Pivotal Phase III recruitment completed ahead of schedule, driven by strong patient demand
  — REALISE trial enrollment complete; designed to support BLA filing and collect real-life data
  — 24-month follow-up data demonstrates sustained treatment benefit for up to three years; late breaking data presented at AAAAI 2017

Viaskin Milk – Phase IIb data expected in 1H 2018
  — Fast Track designation received 3Q’16; Phase IIb completed recruitment in 2H’16
  — EoE Phase IIa pilot trial at CHOP completed randomization in 1H’17

Immunology & Vaccines
  — Viaskin rPT POC trial results provide insight into potential future vaccine development
  — Crohn’s disease, hemophilia and celiac disease prioritized as next targets

US commercial operations
  — Completed recruitment of key US commercial roles

New effort in diagnostics
  — Nestlé Health Science collaboration initiated for milk allergy diagnostic tool
## Product Candidates: Leveraging our Platform Technology

**Viaskin In and Beyond Food Allergies**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INDICATION</th>
<th>COMMERCIAL RIGHTS</th>
<th>DEVELOPMENT STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Viaskin Peanut</strong></td>
<td>Peanut Allergy</td>
<td>DBV Worldwide</td>
<td><strong>FDA Breakthrough</strong>*&lt;br&gt;<strong>FDA Fast Track</strong>*</td>
</tr>
<tr>
<td><strong>Viaskin Milk</strong></td>
<td>Cow’s Milk Protein Allergy</td>
<td>DBV Worldwide</td>
<td><strong>FDA Fast Track</strong>**</td>
</tr>
<tr>
<td><strong>Viaskin Egg</strong></td>
<td>Hen’s Egg Allergy</td>
<td>DBV Worldwide</td>
<td></td>
</tr>
<tr>
<td><strong>Allergic Diseases</strong></td>
<td>Eosinophilic Esophagitis</td>
<td>DBV Worldwide</td>
<td></td>
</tr>
<tr>
<td><strong>Vaccines</strong></td>
<td>Pertussis boost</td>
<td>DBV Worldwide</td>
<td></td>
</tr>
</tbody>
</table>

*US FDA Breakthrough Therapy and Fast Track designation in children<br>**US FDA Fast Track designation in pediatric patients two and older
Changing the Field of Immunotherapy
Epicutaneous Immunotherapy

- EPIT delivers antigen through the skin targeting the APC Langerhans cells
- Langerhans cells capture antigen and migrate to lymph node to activate immune system
- Antigen does not enter the bloodstream

Our Viaskin Technology
A Novel Potential Immunotherapy

Viaskin provides allergenic information to the immune system without entering the blood stream.
Despite Increasing Awareness and Prevalence
No Treatment Available in Food Allergy

**High unmet medical need**

- 50% increase in prevalence among children in the US (1997-2011)
- 1 in 13 children has a food allergy
- Most prevalent food allergies to peanut and milk

**Avoidance is not enough**

- ~150 deaths per year in the US
- Most deaths occur in patients who are aware of their allergy
- Every 3 minutes, an allergic reaction leads a patient to ER
- 50% of children experience accidental ingestion of traces within 5 years, 75% within 10 years

**Need for a safe and convenient treatment**

- No therapy available
- Only option is avoidance
- Goal is to increase protection and to reduce the risk of anaphylactic reaction in case of accidental exposure
- Other immunotherapy developments have failed due to safety concerns

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1. Jackson KD et al. National Center for Health Statistics Data Brief. No. 121
2. FARE Food Allergy Facts and Statistics
4. FDA Food Facts March 2017
The Viaskin* Technology
Patient-Friendly and Self-Administrable

1 Viaskin per day, ready-to-use and patient friendly

Self-applied to intact skin on the arm or back

Non-invasive, safe, well-tolerated

Potential treatment for children and adults

Patented and wholly-owned manufacturing process

Expected to be prescription product

*Under evaluation in clinical trials for peanut and milk allergies; statements based on trial results observed to date.
Lead EPIT Product Candidate: Viaskin Peanut

Comprehensive Drug Development Plan

Core Development Plan

Phase I
- 100 patients

Phase IIb
- VIPES
- OLFUS-VIPES

Phase III
- PEPITES

Goal: Registration
- REALISE
- 393 patients

Academic Collaborations

Phase IIa
- ARACHILD
- 54 patients

Phase II
- CoFAR 6
- 75 patients
VIPES: Dose-Finding Phase IIb Efficacy and Safety Trial Evaluation at 12 Months

221 stratified patients, 22 centers in US, Canada, France, Poland, and Netherlands

Study Population
- Highly allergic patients
  - > 0.7 kU/L peanut-specific IgE and ≥ 8 mm SPT* wheal
  - Reactive dose at M0 ≤ 300 mg peanut protein (ie. approx 1 peanut)

VIPES & OLFUS Efficacy
- Primary endpoint at M12, M24 and M36
  - ≥ 1000 mg reactive dose OR
  - ≥ 10-fold of the initial reactive dose
- Main secondary endpoints: CRD**, changes in peanut sIgE and sIgG4

---

*SPT: Skin Prick Test
**CRD: Cumulative Reactive Dose at Food Challenge
Denotes a completed food challenge
VIPES Patient Population Snapshot at Baseline
Highly Allergic Patients

221 subjects randomized
- 113 Children (6-11)
- 73 Adolescents (12-17) & 35 Adults (18+)

Highly allergic subjects (median)
- Children = 30 mg
- Adolescents & Adults = 100 mg

Very high IgE levels: > 100 kU/L
- 47% of Children
- 38% of All Subjects

Medical history of patients
- Asthma
- Eczema/Atopic Dermatitis
- Allergic Rhinitis
- Polyallergic

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>130</td>
<td>58.8</td>
</tr>
<tr>
<td>Eczema/Atopic Dermatitis</td>
<td>114</td>
<td>51.6</td>
</tr>
<tr>
<td>Allergic Rhinitis</td>
<td>96</td>
<td>43.4</td>
</tr>
<tr>
<td>Polyallergic</td>
<td>183</td>
<td>82.8</td>
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</table>
### VIPES Highlights Viaskin’s Safety Profile & Ease of Use

**High Compliance Rate, Low Drop-Outs**

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>50 µg</th>
<th>100 µg</th>
<th>250 µg</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=</td>
<td>56</td>
<td>53</td>
<td>56</td>
<td>56</td>
<td>221</td>
</tr>
<tr>
<td>Overall compliance (%)</td>
<td>Median</td>
<td>97.0</td>
<td>96.9</td>
<td>97.8</td>
<td>98.7</td>
</tr>
<tr>
<td>Drop-out <em>not</em> related to Viaskin</td>
<td>n (%)</td>
<td>2 (3.6)</td>
<td>2 (3.8)</td>
<td>6 (10.7)</td>
<td>2 (3.6)</td>
</tr>
<tr>
<td>Drop-out related to Viaskin</td>
<td>n (%)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>1 (1.8)</td>
<td>1 (1.8)</td>
</tr>
</tbody>
</table>

- No use of epinephrine related to Viaskin Peanut application
- No SAEs related to Viaskin Peanut
- 2 withdrawals due to related adverse events (i.e. dermatitis)
- Most frequent related AEs: local cutaneous reaction >90% of subjects mainly mild and moderate (50% with a duration < 2 months)
VIPES Primary Endpoint Met
Focus on Children (Ages 6-11)

Response rate in children across doses after 12 months

<table>
<thead>
<tr>
<th>Dose</th>
<th>% of Responders</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>19.4%</td>
<td>31</td>
</tr>
<tr>
<td>50 µg</td>
<td>57.1%</td>
<td>28</td>
</tr>
<tr>
<td>100 µg</td>
<td>46.2%</td>
<td>26</td>
</tr>
<tr>
<td>250 µg</td>
<td>53.6%</td>
<td>28</td>
</tr>
</tbody>
</table>

p = 0.0076
p = 0.0453
p = 0.0035
VIPES Peanut Consumption in Children (Ages 6-11)
Clear Dose Response, Clear Magnitude of Effect

Increase in CRD in children after 12 months (Mean and Median)*

Mean CRD increase (95% CI)

- Placebo: n = 30, Median = 0.0
- 50 μg: n = 28, Median = 135.0
- 100 μg: n = 24, Median = 214.5
- 250 μg: n = 28, Median = 400.0

*p < 0.001
*p = 0.007
*p = 0.003

* Excluding missing data

4-5 peanuts
VIPES Immunological Changes in Children (Ages 6-11) Supports Treatment Effect

Peanut-specific IgE (kU/L)

Peanut-specific IgG4 (mg/L)

- Viaskin Peanut 250 µg, n=28
- Viaskin Peanut 100 µg, n=26
- Viaskin Peanut 50 µg, n=28
- Placebo, n=31
OLFUS-VIPES: Open-Label Follow-Up Trial to VIPES Extension Trial to Support Use of Viaskin Peanut

221 stratified patients, 22 centers in US, Canada, France, Poland, and Netherlands

VIPES Dose-finding

- Placebo
- 50 µg
- 100 µg
- 250 µg

OLFUS-VIPES Open Label Follow-Up Study

- 250 µg

M0 → M12 → M0

171 patients opted to enroll in OLFUS (overall 83% roll-over rate from VIPES)

- 97 children and 74 adolescents & adults

Assessed long-term safety and efficacy

Double-Blind Placebo-Controlled Food Challenge (DBPCFC) administered at month-12 and month-24

Month-26 DBPCFC to explore “sustained unresponsiveness”

- Patients unresponsive to CRD* > 1,440 mg at month-24 DBPCFC were eligible to continue study
- Two-month period without treatment or consumption of peanut to assess durability of response

*CRD: Cumulative Reactive Dose at Food Challenge
Denotes a completed food challenge
In children treated for three years with a 250 µg dose there was a trend of progressive response to treatment as measured by increased response rate, higher CRD* and serological changes
  — Treatment benefit was observed to be long-lasting for three years

No decreased compliance or increased frequency of AEs in VIPES patients treated for 24 additional months
  — 95.5% overall compliance rate was observed throughout the study
  — No SAEs or epinephrine use due to treatment was reported in 36 months
  — Most adverse events were related to application site and were mild to moderate, with decreasing severity and frequency over time

*CRD: Cumulative Reactive Dose at Food Challenge
OLFUS-VIPES Results, Ages 6-11

Significant Increase in Peanut Consumption and Sustained Treatment Benefit after 36 months of Viaskin Peanut 250 μg

Response Rate at OLFUS: baseline, year-1 and year-2

- **OLFUS baseline**
  - n = 21
  - 57.1% (12/21)

- **OLFUS year 1**
  - n = 20*
  - 80.0% (16/20)

- **OLFUS year 2**
  - n = 18**
  - 83.3% (15/18)

OLFUS Patients Change in CRD***

<table>
<thead>
<tr>
<th></th>
<th>OLFUS baseline</th>
<th>OLFUS year 1</th>
<th>OLFUS year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate</td>
<td>57.1% (12/21)</td>
<td>80.0% (16/20)</td>
<td>83.3% (15/18)</td>
</tr>
<tr>
<td>CRD Median</td>
<td>44 mg</td>
<td>444 mg</td>
<td>1,440 mg</td>
</tr>
<tr>
<td>CRD Mean ± 95% CI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 1 child discontinued (not related to Viaskin Peanut)
** 2 children discontinued (none related to Viaskin Peanut)
***CRD: Cumulative Reactive Dose at Food Challenge

Excluding missing data
OLFUS-VIPES Results, Ages 6-11
Biomarkers Reflect Strong Immunomodulation

Median relative change = 100 x (Month xx – Baseline)/Baseline
Viaskin Peanut 250 µg, n=18
CoFAR6 (Phase II)  
Efficacy and Safety – NIAID sponsored

75 patients; 4-25 years of age; Confirmed peanut allergy by SPT/slgE levels

**Primary endpoint:** Proportion with a treatment success following 52 weeks of blinded treatment  
- Passing a 5044 mg OFC* to peanut protein at week 52 OR ≥ 10-fold increase in the successfully consumed dose (SCD) of peanut protein at week 52 compared to baseline OFC

**Secondary endpoints:**  
- Comparison of Viaskin Peanut 100 µg vs Viaskin Peanut 250 µg doses at week 52  
- Desensitization and sustained unresponsiveness at week 130  
- Incidence of all adverse events  
- Changes in immune markers

*OFC: Oral Food Challenge

Jones S et al. (AAAAI Session 1201)
CoFAR6 Trial: Primary Endpoint Was Met
Findings Reaffirm VIPES Results

- No SAEs or Epinephrine due to drug
- 96% compliance
- Primary endpoint met (p=0.003)
- Significant age by treatment interaction
  - ~1/3 of children treated with 250 µg were able to tolerate > 1,000 mg protein (~4 peanuts)
- Significant increase in IgG4
PEPITES: Pivotal Phase III Global Trial
Recruitment Completed Ahead of Schedule – Upsized Due to Patient Demand

- **Study Population**
  - Highly allergic patients ages 4-11
    - > 0.7 kU/L peanut-specific IgE and ≥ 8 mm SPT* wheal
    - Reactive dose at M0 ≤ 300 mg peanut protein (i.e. approx 1 peanut)

- **Efficacy Endpoints**
  - Primary endpoint at M12
    - Treatment responders (%) in active group compared to placebo at DBPCFC**:
      - For subjects with a M0 ED*** ≤ 10mg: responder if ED ≥ 300 mg at M12
      - For subjects with a M0 ED > 10mg: if ED ≥ 1,000 mg at M12
  - Main secondary endpoints: CRD****, LS Mean, changes in peanut sIgE and sIgG4

* SPT: Skin Prick Test
** DBPCFC: Double-Blind Placebo-Controlled Food Challenge
*** ED: Eliciting Dose
**** CRD: Cumulative Reactive Dose at Food Challenge

Denotes a completed food challenge; Denotes a pending food challenge

PEPITES: Pivotal Phase III Global Trial
Recruitment Completed Ahead of Schedule – Upsized Due to Patient Demand

- **Study Population**
  - 356 peanut allergic children
    - US, Canada, Australia, Germany, Ireland

- **Efficacy Endpoints**
  - Primary endpoint at M12
    - Treatment responders (%) in active group compared to placebo at DBPCFC**:
      - For subjects with a M0 ED*** ≤ 10mg: responder if ED ≥ 300 mg at M12
      - For subjects with a M0 ED > 10mg: if ED ≥ 1,000 mg at M12
  - Main secondary endpoints: CRD****, LS Mean, changes in peanut sIgE and sIgG4

* SPT: Skin Prick Test
** DBPCFC: Double-Blind Placebo-Controlled Food Challenge
*** ED: Eliciting Dose
**** CRD: Cumulative Reactive Dose at Food Challenge

Denotes a completed food challenge; Denotes a pending food challenge
VIPES Post Hoc Analysis Using PEPITES Responder Definition
Decreasing Placebo Rate to Increase Treatment Magnitude

VIPES Children (6-11 years) - Viaskin 250 µg at M12

Reported Response Rate

<table>
<thead>
<tr>
<th></th>
<th>Placebo n = 31</th>
<th>250 µg n = 28</th>
</tr>
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<tbody>
<tr>
<td>% of responders (95% CI)</td>
<td>19.4%</td>
<td>53.6%</td>
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VIPES Response Rate using the PEPITES Response Criteria

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<tr>
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<td>% of responders (95% CI)</td>
<td>6.5%</td>
<td>46.4%</td>
</tr>
</tbody>
</table>

p = 0.0076
p = 0.0007
Phase III REAL Life Use and Safety of EPIT (REALISE)
Enrollment Completed; Higher than Expected Patient Demand

393 peanut allergic children
32 centers in North America

Study Population
- Patients 4 to 11 with history of IgE-mediated reactions to peanut
  - Including patients with severe anaphylaxis
- ≥ 14 kU/L peanut-specific IgE and ≥ 8 mm SPT* wheal

Safety & Exploratory Endpoints
- Primary endpoint to assess safety at M6
  - Treatment Emergent Adverse Events
- No oral food challenges are required at baseline
- Exploratory endpoints
  - Quality of Life Questionnaires (FAQLQ & FAIM)
  - Evolution of peanut-specific serological markers over time (IgE, IgG4, SPT wheal)

* SPT: Skin Prick Test
Part A: ~50 patients
- Placebo (n=10)
- 100 µg (n=20)
- 250 µg (n=20)

Children ages 1-3 with peanut allergy
- > 0.7 kUI/L peanut-specific IgE and ≥ 6 mm SPT* wheal
- Reactive dose at M0 ≤ 300 mg peanut protein

Efficacy Endpoints
- Primary endpoint at M12
  - Treatment responders (%) in active group compared to placebo at DBPCFC:
    - For subjects with a M0 ED** ≤ 10mg: responder if ED ≥ 300 mg at M12
    - For subjects with a M0 ED > 10mg: if ED ≥ 1,000 mg at M12
- Main secondary endpoints: CRD***, changes in peanut slgE and slgG4

Part B: ~191 additional patients
- Highest safe dose
  - n=127
- Placebo
  - n=64

If no safety concerns, patients remain on dose from Part A

Study Population
- EPITOPE: Planned Phase III Global Trial in Children Ages 1-3
  - To Start in 1H 2017

DSMB

M0 M3 M12

* SPT: Skin Prick Test, ** ED: Eliciting Dose, *** CRD: Cumulative Reactive Dose at Food Challenge
Denotes a pending food challenge
Viaskin Milk: MILES Phase IIb Recruitment Completed

* SPT: Skin Prick Test
** CRD: Cumulative Reactive Dose at Food Challenge
Denotes a completed food challenge; †Denotes a pending food challenge

Study Population
- 2-17 years old
- Highly sensitive to milk (positive milk-specific IgE and SPT*): reactive dose at baseline (M0) ≤300 mg cow’s milk protein (‘CMP’) (i.e. ~ ≤9.4 mL of CMP)

EfficacyEndpoints
- Primary endpoints: ≥ 10-fold increase in CRD** at M12 and at least 144 mg of CMP OR CRD ≥ 1,444 mg at M12
- Main secondary endpoints include change from baseline in IgE, IgG4

Pediatric Phase I/IIa
USA & Canada
Part A: 18 patients
Part B: 180 patients

Phase I (Part A)
- Cohort at 500µg dose
- Cohort at 300µg dose
- Cohort at 150µg dose

Phase II (Part B)
- Placebo
- FDA & DSMB
- Cohort at 500µg dose
- Cohort at 300µg dose
- Cohort at 150µg dose
- M0
- M12
- M24

Highest safe dose
Leveraging the Viaskin Immunotherapy Platform
Potential Product Candidates & Indications

<table>
<thead>
<tr>
<th>Category</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>• Peanut</td>
</tr>
<tr>
<td></td>
<td>• Milk</td>
</tr>
<tr>
<td></td>
<td>• Hen’s Egg</td>
</tr>
<tr>
<td>Allergic Diseases</td>
<td>• EoE</td>
</tr>
<tr>
<td>Prevention</td>
<td>• Allergic march and asthma prevention</td>
</tr>
<tr>
<td>Autoimmune</td>
<td>• Celiac</td>
</tr>
<tr>
<td></td>
<td>• Refractory Hemophilia A</td>
</tr>
<tr>
<td></td>
<td>• Type I Diabetes</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>• IBD</td>
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<td>Vaccines</td>
<td>• Pertussis boost</td>
</tr>
<tr>
<td></td>
<td>• RSV</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>• Pediatric CMPA (Nestlé Health Science partner)</td>
</tr>
</tbody>
</table>
Where We Are Today
Upcoming Milestones

**1H’17**

- Completion of recruitment for SMILEE Phase IIa study of Viaskin Milk for EoE
- Data presented at AAAAI 2017 including full OLFUS-VIPES results for Viaskin Peanut
- Completion of recruitment for REALISE trial of Viaskin Peanut
- Results from Viaskin rPT pilot proof of concept trial
  - Launch of Viaskin Peanut trial in children ages 1-3
  - Poster presentations expected at EAACI 2017

**2H’17**

- PEPITES Phase III results for Viaskin Peanut expected
- REALISE Phase III results for Viaskin Peanut expected

**1H’18**

- MILES Phase IIb results for Viaskin Milk expected
- SMILEE Phase IIa results for Viaskin Milk for EoE expected
Electrospray Proprietary Technology
Patented and Wholly-Owned Manufacturing Process

- Deposits very small & precise quantities of API on Viaskin, devoid of adjuvants
- Stored at room temperature, providing a long shelf life
- Scaled-up GMP manufacturing process to annual production capacity of 30 million patches per GEN-4.0 machine
- Fully designed & engineered by DBV
DBV Technologies
Key Financial Data

Cash position as of March 31, 2017:

- € 227.0m

Ticker:

- Nasdaq: DBVT
- Euronext Paris: DBV

Share Capital:

- Ordinary shares* (Euronext Paris):
  - Current: 24.7m
  - Fully Diluted: 27.3m
- American Depository Shares (Nasdaq):
  - Each ADS represents 0.5 ordinary shares

*as of March 31, 2017
Measuring Efficacy
Double-Blind Placebo-Controlled Food Challenge

- Standardized GMP challenge matrix¹
- Standardized semi-logarithmic increase of peanut protein doses (DBPCFC² as per PRACTALL³)
- Allergic symptoms are graded from a standardized published protocol⁴
- Challenge stopped by clear objective symptoms

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>Objective symptoms</th>
<th>Grade</th>
<th>Subjective symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. SKIN</td>
<td>A. Erythematous rash: % area involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Pruritus</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Urticaria/Angioedema</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D. Rash</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>II. UPPER RESPIRATORY</td>
<td>A. Sneezing/itching</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Nasal congestion</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Rhinorrhea</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D. Laryngitis</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>III. LOWER RESPIRATORY</td>
<td>A. Wheezing</td>
<td>0 1 2 3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>A. Subjective Complaints</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 1 2 3</td>
<td>Itchy mouth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 1 2 3</td>
<td>Itchy throat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 1 2 3</td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 1 2 3</td>
<td>Abdominal pain</td>
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<tr>
<td>IV. GASTROINTESTINAL</td>
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<td></td>
<td>B. Objective Complaints</td>
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<tr>
<td></td>
<td></td>
<td>0 1 2 3</td>
<td>Diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 1 2 3</td>
<td>Vomiting</td>
</tr>
<tr>
<td>V. CARDIOVASCULAR</td>
<td>Normal heart rate to bradycardia</td>
<td>0 1 2 3</td>
<td></td>
</tr>
</tbody>
</table>

¹Cochrane et al, Allergy 2012
²Double-Blind, Placebo-Controlled Food Challenge
³Sampson et al, JACI 2012
⁴Nowak-Wegrzyn et al, JACI 2009
VIPES: Primary Efficacy Endpoint Met
Identified Viaskin 250 µg as Phase III Dose

Response rate across doses after 12 months

- Placebo: 25.0% (n = 56)
- 50 µg: 45.3% (n = 53)
- 100 µg: 41.1% (n = 56)
- 250 µg: 50.0% (n = 56)

Significance levels:
- Placebo vs. 50 µg: p = 0.0108
- Placebo vs. 100 µg: p = 0.0292
- Placebo vs. 250 µg: p = 0.1074

Note: CI = Confidence Interval
VIPES: Children, Ages 6-11
Increased Criteria Stringency Supports Strong Efficacy

Proportion of strong responders in children (both x10 and 1,000 mg increase in ED)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>% of responders (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0.0%</td>
</tr>
<tr>
<td>50 µg</td>
<td>17.9%</td>
</tr>
<tr>
<td>100 µg</td>
<td>26.9%</td>
</tr>
<tr>
<td>250 µg</td>
<td>32.1%</td>
</tr>
</tbody>
</table>

# of children with no objective symptoms during highest dose of M12 DBPCFC

- Placebo: 0
- 50 µg: 0
- 100 µg: 1
- 250 µg: 4

p-values:
- Placebo vs. 50 µg: p = 0.0196
- Placebo vs. 100 µg: p = 0.0025
- Placebo vs. 250 µg: p = 0.0005
Subjects aged 12-55 response rate across doses

VIPES: Adolescents & Adults
High Placebo Response Rate Distorts Analysis

- Placebo: 32.0% (n = 25)
- 50 µg: 32.0% (n = 25)
- 100 µg: 36.7% (n = 30)
- 250 µg: 46.4% (n = 28)

P-values:
- Placebo vs 50 µg: p = 0.7812
- Placebo vs 100 µg: p = 0.3998
- Placebo vs 250 µg: p = 1.0000

95% CI: Confidence Interval
VIPES: Adolescents & Adults
Changes from Baseline CRD Indicate Dose Response Trend

Subjects aged 12-55 increase in baseline CRD at 12 months across doses

Mean CRD increase (95% CI)

- **Placebo**
  - n = 25
  - Median = 0.0 mg

- **50 μg**
  - n = 25
  - Median = 0.0 mg

- **100 μg**
  - n = 30
  - Median = 30.0 mg

- **250 μg**
  - n = 28
  - Median = 335.0 mg
VIPES: Adolescents & Adults
Immunological Changes Support Dose Response Trend

Peanut-specific IgE (kU/L)

Peanut-specific IgG4 (mg/L)

Viaskin Peanut 250 µg, n=28
Viaskin Peanut 100 µg, n=30
Viaskin Peanut 50 µg, n=25
Placebo, n=25
Cow’s Milk EPIT in Children (JACI 2010): A Pilot Trial

Volume of Milk tolerated before symptoms appear (ml)

**Active group**

**Placebo group**

48h application, 3/week
Nb treated pt=9, Nb placebo pt=7
3-month treatment

Dupont C *et al.* JACI 2010
Next Generation Allergy Treatments: Prophylaxis
JACI 2015 – Disrupting the Allergic March in Young Mice

Mondoulet et al, 2014. JACI

D0
SENSITIZATION MILK + CT (6 ig for 6 weeks)

D43
IMMUNOTHERAPY
EPIT 100
Sham

D99
SENSITIZATION - PPE (IG)
Sensitization to PPE
Positive Control

D127
SENSITIZATION - PPE (IG)
Sensitization to PPE

D130
IV CHALLENGE TO PEANUT
anaphylaxis measured by the drop in temperature + increase of plasma mMCP1

Mondoulet et al, 2014. JACI
Sensitization to Milk/ Milk-EPIT® / Sensitization to peanut
IV challenge to peanut

Mann-Whitney non parametric test
naive vs Sham, p = 0.0159
naive vs control+, p = 0.0079
EPIT vs Sham, p = 0.0079
EPIT vs control+, p = 0.0079
naive vs EPIT, p = 0.4127

Mondoulet et al, 2014. JACI
IP Protection
Method, Technology, Manufacturing Processes, & Applications

Core Technology

VIASKIN® I:
Dry patch Architecture, electrostatic forces, adhesive crown

VIASKIN® II:
Chamber, Electrostatic API deposit

ELECTROSPRAY

HEMOPHILIA A

EPIT Immuno Rebalancing

Vaccination

Immune disease

Allergy

Manufacturing

Eczema

Peanut

Allergic march

Eosinophilic Esophagitis

BOOST HBS Ag TH1-directed response

CONSENSATION CHAMBER

Core Technology

EPIT

Allergic march