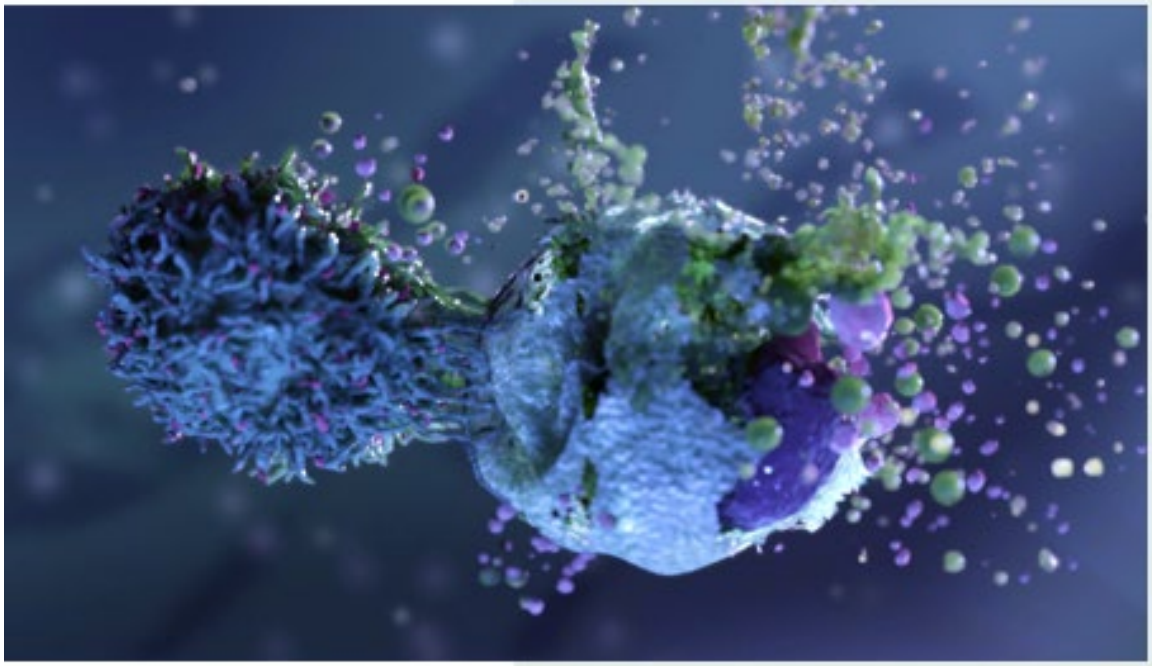
2023

Fourth Quarter Report

Ultimovacs ASA



ultimovacs

Introduction

Ultimovacs is a clinical-stage biotechnology company developing novel immunotherapies against cancer. The lead product candidate, UV1, is an off-the-shelf therapeutic cancer vaccine aiming to increase treatment efficacy and extend the benefits of immunotherapy to more cancer patients. UV1 triggers an immune response against the shared cancer antigen telomerase, a target present in 85-90% of all cancer indications. The vaccine is easily accessible, as it does not require testing for eligibility or sophisticated hospital infrastructure for initiating treatment.

Ultimovacs is investigating the safety and efficacy of UV1 combined with various checkpoint inhibitors in a broad clinical development program. Currently five Phase II clinical trials and one Phase I trial are ongoing. More than 750 patients in the U.S., Europe, and Australia will be enrolled in all Phase I and Phase II trials in the current program, and more than 300 patients have already received treatment with UV1 per date with no safety concerns reported with the use of UV1.

The first three randomized Phase II trials have completed enrollment; INITIUM in unresectable or metastatic malignant melanoma, NIPU in advanced malignant mesothelioma, and FOCUS in metastatic or recurrent head and neck squamous cell carcinoma.

In October 2023, the randomized Phase II trial NIPU in malignant mesothelioma reported a 27% reduction in the risk of death, which is a clinically meaningful overall survival benefit in patients receiving UV1 vaccination, compared to the patients in the control group, with no added toxicities. Topline results for INITIUM are expected in March 2024. Topline results for FOCUS are expected in second half of 2024.

Ultimovacs is listed on the Euronext Oslo Stock Exchange (OSE:ULTI).

Fourth Quarter 2023 Highlights

Near-term readout of UV1 Phase II study INITIUM in unresectable or metastatic malignant melanoma

- On January 16, 2024, Ultimovacs announced that the last patient enrolled in the INITIUM trial has now been followed for 18 months, thereby enabling the readout of the primary endpoint. The Company expects to announce topline results from the randomized Phase II clinical trial in March this year. With a positive topline result from the trial, the ambition is to present the study results at an upcoming international conference and in a high-impact medical journal.

- On October 31, 2023, Ultimovacs announced that a suggested INITIUM study protocol amendment allowing data cut-off 18 months after inclusion of last patient if 70 endpoints have not occurred was accepted by relevant regulatory authorities. The amendment followed the observation that very few endpoints occurred during 2023. By mid-January

2024, the last enrolled patient had completed follow-up time of 18 months triggering data cut-off. The protocol amendment maintains the integrity of the study statistics without materially affecting the scientific value of the clinical trial. The topline results from the study are expected in March 2024.

- On November 2, 2023, the Company announced the completed enrollment of 21 patients in the INITIUM supplementary single-arm study in malignant melanoma. The objective of the study is to investigate how immune responses against telomerase transfers into anti-tumor activity and clinical benefit for the patients.

Clinically meaningful survival data reported at the ESMO Congress in UV1 Phase II study NIPU in malignant mesothelioma

- NIPU trial principal investigator, Professor Åslaug Helland, MD, PhD, reported the results from the study in second-line treatment of patients with malignant mesothelioma as an oral presentation at the ESMO Congress 2023 in Madrid in October. The data presented showed that UV1, as add-on to the checkpoint inhibitors ipilimumab and nivolumab, demonstrated a clinically meaningful overall survival benefit after a relevant observation period, with no added toxicities compared to ipilimumab and nivolumab alone. The study also reported that 31% of the patients treated with UV1 experienced an objective response, as compared to 16% in the control group. An analysis of the Hazard Ratio in Overall Survival showed that UV1 cancer vaccination combined with ipilimumab and nivolumab reduced the risk of death by 27%.

- On October 9, 2023, Ultimovacs announced that the U.S. Food and Drug Administration (FDA) has granted Orphan Drug Designation (ODD) to the Company's therapeutic cancer vaccine UV1 for the treatment of patients with mesothelioma.

- On February 5, 2024, Ultimovacs announced that the U.S. Food and Drug Administration (FDA) has granted Fast Track designation to the Company's therapeutic cancer vaccine UV1 in combination with ipilimumab and nivolumab for the treatment of patients with unresectable malignant pleural mesothelioma to improve overall survival.

Demonstrated sustained long-term survival in Phase I study UV1-103 in malignant melanoma

- On October 12, 2023, Ultimovacs reported sustained long-term overall survival in patients treated with UV1 cancer vaccine in the UV1-103 Phase I study in malignant melanoma. No confirmed patient deaths occurred in Cohort 1 between the 3-year and 4-year follow-up period.

Exploratory Phase I TENDU study of TET technology met primary endpoint

- On December, 18, 2023, Ultimovacs announced that the dose-escalation, first-in-human Phase I trial showed good safety and tolerability across all dose cohorts, and met the primary endpoint of the study. Data included observations of immune activation with vaccine specific T cell responses. In addition to the trial results, advancements in preclinical research, technology development and product manufacturing provide a valuable

foundation for the future development of the TET technology and TET-based vaccine candidates.

Clinical trials update

UV1 Phase II program

Ultimovacs-sponsored trials

- **INITIUM (malignant melanoma):** Evaluating ipilimumab and nivolumab +/- UV1. The enrollment of 156 patients was completed in July 2022. Topline results are expected in March 2024.
- **INITIUM Supplementary Study:** Evaluating UV1 + ipilimumab and nivolumab. Enrollment of the single arm supplementary study, which will not be included in the INITIUM topline results, was completed in October 2023, with a total of 21 patients.

Investigator-initiated trials

- **NIPU (metastatic pleural mesothelioma):** Evaluating ipilimumab and nivolumab +/- UV1. The enrollment of 118 patients was completed in January 2023. The study results were presented at the ESMO Congress in October 2023.
- **FOCUS (head and neck cancer):** Evaluating pembrolizumab +/- UV1. The enrollment of 75 patients was completed in August 2023. The readout is expected in the second half of 2024.
- **DOVACC (ovarian cancer):** Evaluating olaparib and durvalumab +/- UV1 vs. olaparib alone. 75 out of 184 patients have been enrolled to date, up from 46 as of the previous quarterly report. The multinational trial in ten European countries took longer to initiate than anticipated during the pandemic. The readout is expected in H1 2025 (previously guided to H2 2024).
- **LUNGVAC (non-small cell lung cancer):** Evaluating cemiplimab +/- UV1. 23 out of 138 patients have been enrolled to date, up from 13 as of the previous quarterly report. In addition, 3 patients have received treatment with pembrolizumab +/- UV1. The sponsor is currently investigating various possibilities to accelerate the trial enrollment. The readout is expected in H1 2026 (previously guided to H2 2025).

TENDU Phase I trial (prostate cancer) based on the TET technology:

- The enrollment of 12 patients was completed in December 2022. The results from the study were announced in December 2023.

Financial update

- Ultimovacs expects that the current cash resources will support operations through 2024 based on current programs and plans.
- Total operating expenses amounted to **MNOK 59.6** in Q4 2023 and **MNOK 215.7** FY 2023. Total loss was **MNOK 55.9** for the period and **MNOK 189.2** in FY2023.
- Net negative cash flow from operations was **MNOK 42.4** in Q4 2023, and net decrease in cash and cash equivalents, not including currency effects, was **MNOK 38.9** during Q4 2023. Cash and cash equivalents amounted to **MNOK 266.6** as of December 31, 2023.

- On 9 November 2023, 9,600 options granted under Ultimovacs' option program were exercised at an average strike price of NOK 31.25 per share. Subsequently, the Company's share capital was increased by NOK 960 by issuing 9,600 new shares, giving a total of 34,406,061 shares issued as of 31 December 2023, each share of par value NOK 0.10.

Key financials

NOK (000) Unaudited	Q4-23	Q4-22	FY23	FY22
Total revenues	**-**	**-**	**-**	**-**
Total operating expenses	59 626	72 255	215 736	183 631
Operating profit (loss)	**(59 626)**	**(72 255)**	**(215 736)**	**(183 631)**
Profit (loss) for the period	**(55 931)**	**(70 513)**	**(189 239)**	**(167 792)**
Diluted and undiluted earnings / (loss) per share (NOK)	(1.6)	(2.1)	(5.5)	(4.9)
Net increase / (decrease) in cash and cash equivalents	(38 919)	(42 137)	(177 640)	(155 426)
Cash and cash equivalents at end of period	**266 559**	**425 309**	**266 559**	**425 309**
	NOK/EUR - 11.2405			
Cash and cash equivalents at end of period - EUR (000)	***23 714***			

CEO Statement

The fourth quarter of 2023 marked a period of significant progress and noteworthy achievements in our clinical program that set the stage for the important events that will occur in the first quarter of 2024.

In October, we announced a protocol amendment in the Ultimovacs-sponsored, randomized Phase II INITIUM trial in patients with unresectable or metastatic malignant melanoma, enabling the readout of the primary endpoint when the last enrolled patient has been followed for 18 months. We anticipate announcing the topline results in March of this year.

The results from INITIUM may be ground-breaking. If the trial meets the primary endpoint, it will be the first time an off-the-shelf cancer vaccine demonstrates a clinical benefit over the current gold standard of immunotherapy for this indication, ipilimumab and nivolumab.

Because of the ground-breaking potential of the result, it will be very important to have the opportunity to share the full analysis at a peer-reviewed, major medical conference and seek to publish the results in a top-tiered medical journal. Sharing the detailed results in these forums provides validation from experts in the field, reaches the leaders in the global clinical, investment and pharmaceutical sectors, and brings high visibility in the global media.

At the ESMO Congress in October, Principal Investigator Professor Åslaug Helland, MD, PhD, presented clinically meaningful survival data from the investigator-initiated UV1 Phase II trial NIPU, in a very hard-to-treat indication, malignant mesothelioma. We recently announced that, based on these results, the U.S. FDA has granted UV1, in combination with ipilimumab and nivolumab, Fast Track Designation for the treatment of patients with unresectable malignant pleural mesothelioma.

The encouraging sustained long-term survival data from the UV1-103 study attracted positive international media interest in the fourth quarter. In cohort one, there were no confirmed patient deaths between the 3-year and 4-year follow-up periods, resulting in an overall survival rate after 4 years of approximately 70%.

I would like to express my gratitude to our team, whose hard work and dedication have been instrumental in achieving these milestones. Additionally, I extend my appreciation to our partners, shareholders, and stakeholders for their continued support. As we enter an exceptionally exciting period for our company, I look forward to another great year for Ultimovacs and remain optimistic about the journey ahead.

Carlos de Sousa, Chief Executive Officer

Operational Review

Lead product candidate: UV1

The Company's lead product candidate, UV1, is an off-the-shelf peptide-based therapeutic cancer vaccine. UV1 induces specific T cell responses against the universal, shared cancer antigen telomerase (hTERT), expressed in 85-90% of cancer indications, across all stages of the disease. hTERT activation is considered one of the "hallmarks of cancer" due to its selective activation and essential role in continuous cell division. UV1 may potentially be used broadly across multiple cancer types, in different stages of disease, and in combination with different cancer treatments.

The UV1 vaccine stimulates the immune system to expand T cells recognizing sequences of the hTERT enzyme. The T cells induced by UV1 have been shown to persist in patients for many years after vaccination, and T cell responses against hTERT correlates with improved survival in human cancer studies.

UV1 is being developed across multiple cancer indications as combination treatment with checkpoint inhibitors, which require an ongoing T cell response for their mode of action. Considering the evolving immune-oncology and cancer vaccine landscape, it would be an attractive opportunity to investigate the use of UV1 in adjuvant and neo-adjuvant settings.

Treatment with UV1 has been assessed in three early Phase I studies (metastatic prostate cancer, metastatic non-small cell lung cancer and metastatic malignant melanoma) in 52 patients at Oslo University Hospital. The observed clinical outcomes from these three trials served as basis for the clinical development of UV1 with respect to selection of dose, safety, immune response, and signals of clinical effect. In addition, Ultimovacs is the sponsor of the fully enrolled and ongoing fourth Phase I clinical study UV1-103 in the U.S. evaluating the safety and tolerability of treatment with UV1 as add-on to the PD-1 checkpoint inhibitor pembrolizumab in 30 patients with inoperable advanced or metastatic malignant melanoma.

UV1 is currently being evaluated in five Phase II randomized clinical trials in five different cancer types as add-on to different checkpoint inhibitors. In October 2023, the UV1 Phase II trial NIPU in malignant mesothelioma reported a clinically meaningful overall survival benefit in the patients receiving UV1 vaccination on top of the checkpoint inhibitors ipilimumab and nivolumab. The safety profile of the combination of UV1 plus checkpoint inhibitors was consistent with the safety profile of checkpoint inhibitors alone, confirming the good safety profile for UV1.

The full clinical program will enroll more than 750 patients in Phase I and Phase II trials at approximately 100 hospitals in Europe, the U.S. and Australia. In total, more than 300 cancer patients have received, treatment with UV1 in Phase I and Phase II trials so far. No safety concerns have been reported with the use of UV1 to date.

UV1 is designed as a convenient off-the-shelf product with a long shelf life, easy to use with simple intradermal administration. The use of the vaccine does not require pre-screening of

patients or a sophisticated hospital infrastructure. This accessibility extends to community centers also in rural and underserved communities, ensuring broad patient access to therapy.

A commercial-scale manufacturing process has been developed in collaboration with reputable manufacturers. Reaching this important milestone is crucial before initiating phase III trials and for future partnering discussions.

UV1 is a patented, proprietary technology owned by Ultimovacs. Recent patents cover UV1 peptide vaccine in combination with an anti-CTLA-4, anti-PD-1 or anti-PD-L1 antibody checkpoint inhibitor in the U.S., Europe, and Japan, until 2037 without considering potential extensions.

Regulatory designations

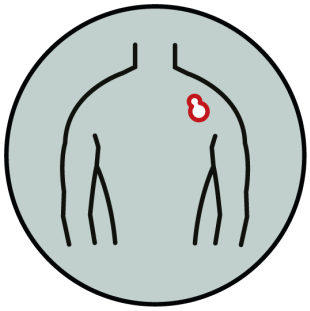
Fast Track designations
On February 5, 2024, Ultimovacs announced that the U.S. Food and Drug Administration (FDA) has granted Fast Track designation to the off-the-shelf cancer vaccine UV1 in combination with ipilimumab and nivolumab for the treatment of patients with unresectable malignant pleural mesothelioma to improve overall survival.

In October 2021, Ultimovacs announced that the U.S. Food and Drug Administration (FDA) had granted Fast Track designation to the off-the-shelf cancer vaccine UV1 for the treatment of unresectable or metastatic melanoma, either as add-on therapy to pembrolizumab or as add-on therapy to ipilimumab.

Orphan Drug designations
In October 2023, Ultimovacs announced that the FDA has granted Orphan Drug designation (ODD) to the Company's therapeutic cancer vaccine UV1 for the treatment of patients with mesothelioma. The designation was granted based on the initial data from the Phase II clinical trial, NIPU.

In December 2021, Ultimovacs announced that UV1 received Orphan Drug Designation from the U.S. FDA for the treatment of malignant melanoma stage IIB-IV. UV1, as add-on therapy to checkpoint inhibitors ipilimumab and nivolumab, is currently being studied as first-line treatment for unresectable or metastatic malignant melanoma in INITIUM.

UV1 clinical program



The INITIUM Phase II trial in metastatic malignant melanoma
INITIUM is an Ultimovacs-sponsored randomized, comparative, multi-center Phase II trial in which the off-the-shelf cancer vaccine UV1 is being evaluated in combination with the checkpoint inhibitors ipilimumab and nivolumab for first-line treatment of patients with unresectable or metastatic malignant melanoma.

The first patient received treatment in the INITIUM trial in June 2020, and the last patient was enrolled in July 2022. The study is being conducted at 40 sites in 39 hospitals across the U.S., UK, Belgium, and Norway.

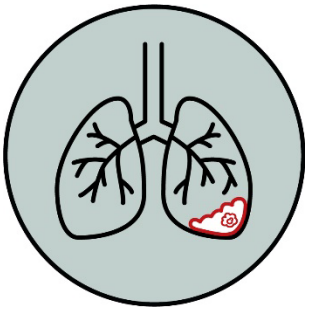
The trial was originally designed to be analyzed when 70 patients experienced disease progression or death. However, due to the unexpectedly slow accumulation of events, the study protocol was amended to allow data readout based on a minimum of 18-month follow-up of all evaluable patients, at which time the patients have a median follow-up time of approximately 24 months. The protocol amendment maintains the integrity of the study statistics without materially affecting the scientific value of the clinical trial.

On January 16, 2024, Ultimovacs announced that the last patient enrolled in the INITIUM trial has now been followed for 18 months, thereby enabling readout of the primary endpoint. The Company expects to announce topline results in March this year. With a positive topline result from the trial, meaning the primary endpoint is met, the ambition is to present the study in a peer-reviewed setting later this year and to publish the data in a high-impact medical journal.

The primary endpoint in the study is progression-free survival. Secondary endpoints include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety.

In September 2022, Ultimovacs initiated a supplementary single-arm study to the INITIUM trial. The study was fully enrolled in October 2023 with a total of 21 patients. The single-arm study was designed to describe the mechanisms leading to improved clinical effects in patients treated with UV1 vaccination. The single-arm study will provide in-depth data on biological activity and mode of action of the T cells induced by UV1. All patients will receive experimental treatment (i.e., the triple combination of UV1, ipilimumab, and nivolumab). Data collected from the supplementary study will not be part of the primary and secondary endpoint analyses of INITIUM and will not affect the timeline for topline read-out. Six patients in the INITIUM study will also be part of the INITIUM supplementary study, for a total of 27 patients.

The NIPU Phase II trial in malignant pleural mesothelioma (MPM)



NIPU is an investigator-initiated randomized, open-label, multi-center Phase II trial in malignant pleural mesothelioma (MPM) where patients received immunotherapy as a second-line treatment after first-line treatment with platinum-based chemotherapy. The study was designed to investigate whether UV1 vaccination, on top of the checkpoint inhibitors ipilimumab and nivolumab from Bristol-Myers Squibb, would provide a benefit compared to ipilimumab and nivolumab alone. Professor Åslaug Helland, MD PhD, is the principal investigator for the trial, which is sponsored by Oslo University Hospital (OUS). Bristol-Myers Squibb and Ultimovacs have supported the trial.

The positive results reported from the NIPU study are the first demonstration of clinically meaningful prolonged survival for the UV1 vaccine in a randomized Phase II trial and the first time a comparative study reports efficacy on an off-the-shelf cancer vaccine targeting a universal, shared antigen.

Malignant mesothelioma is a rare and aggressive cancer that occurs in the thin layer of tissue that surrounds the lungs and the inside of the chest. It is considered an aggressive, complex form of cancer with a high mortality rate and few therapeutic options. Patients affected have often been occupationally or environmentally exposed to asbestos, and the disease can take several decades to develop. Despite the banning of asbestos in many countries, mesothelioma continues to pose a medical challenge with significant unmet medical need. Malignant mesothelioma patients have a very severe prognosis, and the median overall survival is just over one year. About 3,000 new cases are diagnosed each year in the U.S. (*source: American Cancer Society, 2019*).

Over the past few decades, substantial efforts have been made to improve the survival outcomes of patients with MPM. However, the results of these investigations have not been very encouraging. There is currently no established standard of care in second-line treatment. Telomerase is expressed in mesothelioma cells and is, therefore, a relevant target for therapeutic vaccination with UV1.

The first patient received treatment in the NIPU trial in June 2020, and the last patient was enrolled in January 2023. The study is being conducted in five countries (Australia, Denmark, Norway, Sweden, and Spain), and 118 patients have been enrolled in the study. Half of the patients in the trial have been treated with the combination of UV1, ipilimumab and nivolumab, and the other half have been treated with ipilimumab and nivolumab alone.

The primary endpoint in the study is progression-free survival (PFS). Secondary endpoints include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety.

The first overall survival results from the NIPU trial

The results from the NIPU trial were shared in a late-breaking abstract and as an oral presentation by the Principal Investigator at the ESMO Congress 2023 in Madrid in October. The NIPU study showed that patients receiving UV1 vaccination as add-on to nivolumab and ipilimumab experienced an increased objective response rate and a clinically meaningful prolonged survival. The data provides a foundation for further advancing clinical development with UV1 vaccination in mesothelioma patients.

The results showed that UV1 plus ipilimumab and nivolumab improved overall survival (OS), reducing the risk of death by 27% (HR=0.73 [80% CI, 0.53-1.00]). The median OS was 15.4 months (95% CI, 11.1-22.6) for UV1 plus ipilimumab and nivolumab (treatment arm) versus 11.1 months (95% CI, 8.8-18.1) for ipilimumab and nivolumab alone (control group), with a median observation time of 17.3 months. This degree of improvement met the protocol's predefined threshold for statistical significance.

The data further demonstrated a benefit in terms of objective response rate, as determined by a blinded independent central review. In the UV1 arm, 31% of the patients experienced an objective response, as compared to 16% in the control group (odds ratio 2.44 [80% CI, 1.35-4.49]).

Based on blinded independent central review (BICR), the study did not meet the primary endpoint of PFS. Investigator assessment, a pre-defined supportive analysis of the primary endpoint performed by specialized radiologists at the study hospitals, showed a statistically significant positive PFS benefit for the patients in the UV1 arm.

The safety profile of the combination of UV1 plus ipilimumab and nivolumab observed in the trial was consistent with the safety profile of ipilimumab and nivolumab alone, confirming the good safety profile for UV1. The patients will continue to be monitored for efficacy and safety endpoints over the next years.

In October 2023, Ultimovacs announced that the FDA had granted Orphan Drug Designation for UV1 in the treatment of mesothelioma (based on the NIPU data from June 2023). In February 2024, Ultimovacs announced that the FDA had granted Fast Track designation for UV1 in combination with ipilimumab and nivolumab for the treatment of patients with unresectable malignant pleural mesothelioma to improve overall survival.

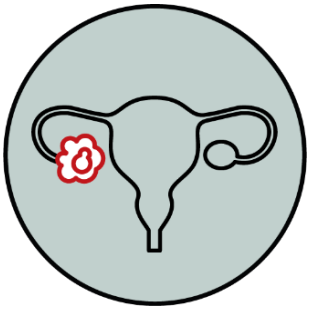
The FOCUS Phase II trial in head and neck cancer

The FOCUS trial (**F**irst-line metastatic **O**r recurrent HNSCC/**C**heckpoint inhibitor **U**V1 **S**tudy) is an investigator-initiated, randomized Phase II clinical trial. The cancer vaccine UV1 will be evaluated in combination with the checkpoint inhibitor pembrolizumab as first-line treatment of patients with recurrent or metastatic PD-L1 positive head and neck squamous cell carcinoma. Prof. Mascha Binder is the principal investigator for the trial, which is sponsored by University Medicine Halle in Germany.

The first patient received treatment in the FOCUS trial in August 2021, and the last patient was enrolled and received the first dose of treatment in August 2023. The study is being conducted in ten hospitals in Germany, and a total of 75 patients have been enrolled. The patients are randomized 2-to-1 so that 50 patients will receive UV1 and pembrolizumab, and 25 patients will receive pembrolizumab alone.

The FOCUS trial is a landmark study. The primary endpoint of the study is progression-free survival (PFS) rate at 6 months after the last patient has been included. For the secondary endpoints, including overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety, patients will be followed until 12 months after the last patient has been enrolled. The data, including PFS and OS, will be analyzed 12 months after the inclusion of the last patient, and the results are expected to be reported in the second half of 2024.

The DOVACC Phase II trial in ovarian cancer



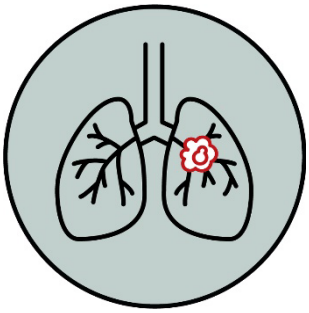
DOVACC (**D**urvalumab **O**laparib **VACC**ine) is an investigator-initiated, randomized, comparative Phase II clinical collaboration trial with the Nordic Society of Gynaecological Oncology – Clinical Trial Unit (NSGO-CTU), the European Network of Gynaecological Oncological Trial Groups (ENGOT), supported by AstraZeneca and Ultimovacs. The cancer vaccine UV1 will be evaluated in combination with AstraZeneca's durvalumab, a PD-L1 checkpoint inhibitor, and olaparib, a PARP inhibitor, which is approved for the patient population in this trial. This second-line maintenance study will enroll patients with high-grade BRCA-negative ovarian cancer after partial or complete response following the second round of chemotherapy. MD Manzoor Raza Mirza is the principal investigator for the trial, which is sponsored by NSGO-CTU.

The first patient received treatment in the DOVACC trial in December 2021. Per Q4 2023 reporting date, a total of 75 out of 184 patients have been enrolled in DOVACC. The trial will be conducted at approximately 35 hospitals in 10 European countries. Ultimovacs will provide the UV1 vaccine, and AstraZeneca will provide durvalumab and olaparib for the trial. The multinational trial took longer to initiate than anticipated during the pandemic. Readout is expected in H1 2025.

The study includes three arms treating a total of 184 patients. The first arm will enroll 46 patients receiving the PARP inhibitor olaparib. The 46 patients enrolled in the second arm will receive olaparib and the checkpoint inhibitor durvalumab. The third arm will include 92 patients who will receive Ultimovacs' UV1 vaccine in combination with both AstraZeneca drugs.

The primary endpoint is progression-free survival (PFS) in the treatment arm with PARP inhibitor olaparib monotherapy, versus PFS in the triple combination treatment arm. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety.

The LUNGVAC Phase II trial in non-small cell lung cancer (NSCLC)

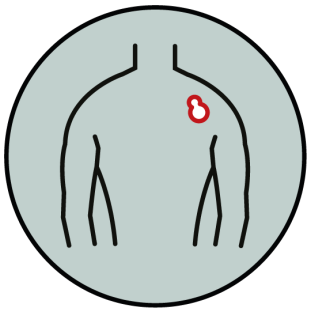


The LUNGVAC trial is an investigator-initiated, randomized, comparative Phase II clinical trial in which the cancer vaccine UV1 will be evaluated in combination with the checkpoint inhibitor cemiplimab as first-line treatment of NSCLC patients with advanced or metastatic disease. The trial will enroll previously untreated patients with adenocarcinoma or squamous NSCLC, where tumor biopsies show a PD-L1-expression score equal to or above 50%. These subgroups represent approximately 30% of all advanced and metastatic NSCLC patients. Professor Odd Terje Brustugun is the principal investigator for the trial, which is sponsored by Drammen Hospital in Vestre Viken Hospital Trust, Norway.

The LUNGVAC study is conducted at 9 clinical centers in Norway. The first patient received treatment in the LUNGVAC trial in October 2022. In December 2022, the Norwegian health authorities changed the reimbursement of checkpoint inhibitor in the indication from pembrolizumab to cemiplimab. Following this decision, the LUNGVAC study changed the PD-1 inhibitor in the study from pembrolizumab to cemiplimab. Half of the 138 patients in the trial will be treated with UV1 vaccination on top of the checkpoint inhibitor, and the other half will be treated with the checkpoint inhibitor alone. Per Q4 2023 reporting date, 23 patients have received treatment with cemiplimab +/- UV1, and three patients have received treatment with pembrolizumab +/- UV1.

The primary endpoint of the trial will be progression-free survival. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety. The sponsor is currently investigating various possibilities to accelerate the trial enrollment. Readout is expected in H1 2026.

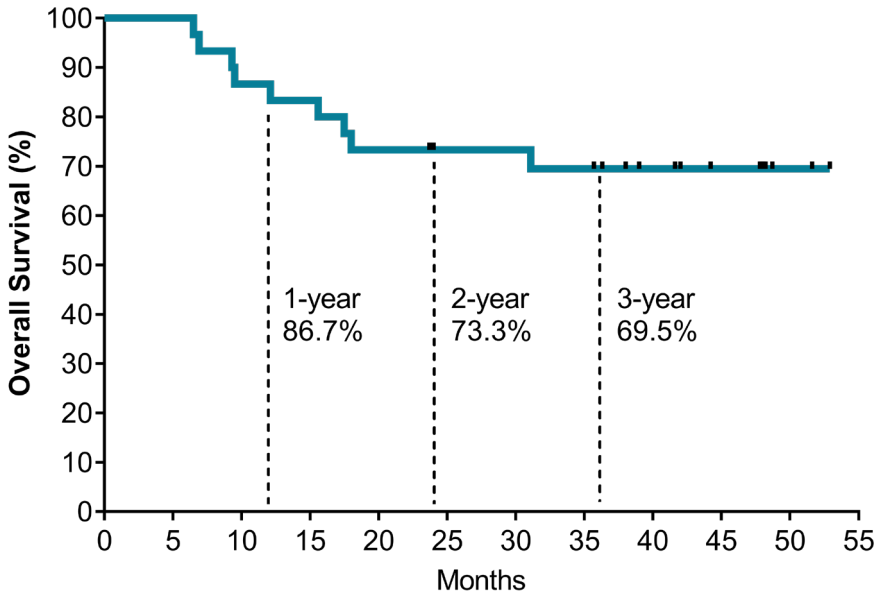
The UV1-103 Phase I trial in metastatic malignant melanoma



This U.S.-based Phase I clinical trial is evaluating UV1 in combination with the PD-1 checkpoint inhibitor pembrolizumab as a first-line treatment in patients with unresectable or metastatic malignant melanoma. Thirty patients in the U.S. were treated in the study in two cohorts that differed only in the concentration of GM-CSF used as vaccine adjuvant. The 20 patients in the first cohort received a 37.5 mcg GM-CSF adjuvant dose per UV1 vaccination. The 10 patients in the second cohort received the standard 75 mcg GM-CSF adjuvant dose per UV1 vaccination. The study has completed the enrollment of 30 patients, as announced on August 18, 2020.

UV1 has demonstrated a good safety profile in the study, and no unexpected safety issues related to UV1 have been observed. The objective response rate was 57%, with 33% achieving a complete response (disappearance of the tumors). The median progression-free survival was 18.9 months, and the median overall survival has not been reached after a median follow-up of 47.8 months. Combined overall survival rates per year for both cohorts are shown in the

Kaplan-Meier diagram below. In Cohort 1, all patients have been followed for 4 years, showing an overall survival rate of 73.8%.



After the study ended at two years follow-up, the protocol was amended to allow extended follow-up of patients for up to five years to evaluate overall survival. Three patients in Cohort 1 chose not to be followed up further after two years, changing the number of participating patients in Cohort 1 from 20 to 17. Out of the 17 patients included in the 4-year follow-up, one patient could not be reached temporarily, and the status is pending. Employing a conservative approach, 11 out of 16 patients were confirmed alive after 4 years.

The target patient population in the UV1-103 trial is similar to the UV1 Phase II trial INITIUM.

The UV1-103 trial – biomarker analyses
The analyses of five different biomarkers in the UV1-103 trial, published in Q3 2023 in *Clinical Cancer Research*, signal efficacy in patients treated with UV1 in combination with pembrolizumab. These results are supportive of the addition of UV1 to checkpoint inhibitors, with the potential for improving both efficacy in current target patient populations and extending the use of immunotherapy to broader patient populations in multiple cancer types that are underserved by existing therapies. The potential value of expanding the number of patients that can benefit from UV1 could be substantial.

Clinical analyses from the UV1-103 study indicate efficacy of the UV1-pembrolizumab combination in patients with low levels of PD-L1 (<1%). Low PD-L1 levels are a key predictive biomarker associated with lower efficacy for pembrolizumab and other anti-PD-1 therapies in some tumor types. The analyses showed robust responses in patients treated with the combination of UV1 and pembrolizumab, regardless of patients' PD-L1 status.

Population	ORR (%)	iCR (%)	iPR (%)
PD-L1 (≥1%) (n=8)	4 (50.0%)	3 (37.5%)	1 (12.5%)
PD-L1 (<1%) (n=14)	8 (57.1%)	5 (35.7%)	3 (21.4%)
Stage III B/C (n=11)	8 (72.7%)	5 (45.5%)	3 (27.3%)
Stage IV (n=19)	9 (47.4%)	5 (26.3%)	4 (21.1%)

ORR = Objective Response Rate, **iCR** = Complete Response Rate according to iRECIST, **iPR** = Partial Response Rate according to iRECIST

In addition to the sub-analysis of PD-L1 status, the study also evaluated four other key biomarkers that, in other historical studies, have indicated how responsive patients may be to pembrolizumab monotherapy: baseline tumor mutational burden (TMB), predicted neoantigens, interferon-gamma (IFN-gamma) gene signature, and levels of tumor-infiltrating lymphocytes (TILs). In the UV1-103 study, objective responses were also observed in patients with low TMB, in patients with low neoantigen burden, and in patients with tumors that were not enriched for IFN-gamma. These are characteristics of tumors that previous data have shown would be less responsive to treatment with pembrolizumab monotherapy in various cancer types. Lastly, the study also showed that clinical responders did not have higher levels of TILs prior to treatment.

Earlier UV1 Phase I trials (in long-term follow-up)

In addition to UV1-103, Ultimovacs has conducted three Phase I trials with UV1: in metastatic prostate cancer (n=22 patients), in metastatic non-small cell lung cancer (n=18 patients), and in metastatic malignant melanoma with UV1 in combination with ipilimumab (named 'UV1-ipi', n=12 patients). Enrollment of patients in these trials took place during 2013-2015.
Data from these clinical trials showed that UV1 was generally well tolerated, has a good safety profile, and there were no dose-limiting toxicities. UV1 immune monitoring data from these studies showed a robust immune response induction with dynamic T cell responses lasting up to 9.5 years.

The observed clinical outcomes from these three completed trials served as a strong basis for the further clinical development of UV1 with respect to safety, immune response and signals of clinical effect.

The TET technology

Ultimovacs is developing a vaccine technology, TET (Tetanus-Epitope Targeting). TET vaccines harness pre-existing antibody responses against tetanus induced by standard tetanus vaccination. The TET technology may be used in many types of cancer vaccines and potentially also in infectious disease vaccines.

The TENDU Phase I clinical trial

The TENDU trial is the first Phase I trial exploring the TET technology. In TENDU, the TET technology is used together with prostate-cancer-specific antigens. The trial's objective was

to provide safety and immune activation data to support the further development of new vaccine solutions based on the TET technology.

The TENDU trial was conducted at Oslo University Hospital. A total of 12 patients were enrolled between February 2021 and December 2022. Three different doses of TENDU have been investigated: 40mcg (3 patients), 400mcg (3 patients), and 960mcg (6 patients). All patients were followed for 6 months after their last treatment.

Ultimovacs announced results from the TENDU study in December, 2023. The dose-escalation, first-in-human Phase I trial showed good safety and tolerability across all dose cohorts, meeting the primary endpoint. The data also included observations of immune activation with vaccine-specific T cell responses, meeting the secondary endpoint. No dose-limiting toxicities were observed, indicating a potential for increasing the dose of tetanus-based vaccines in future clinical studies. Further results from the study will be presented in a peer-reviewed publication.

In addition to the trial results, advancements in preclinical research, technology development and product manufacturing provide a valuable foundation for the future development of the TET technology and TET-based vaccine candidates.

Patents and IP

In February 2024, the U.S. Patent and Trademark Office has issued notice of allowance for a U.S. patent application covering nucleic acid molecules encoding alrefimotide, an active pharmaceutical ingredient (API) in the UV1 cancer vaccine. Ultimovacs has a previously granted U.S. patent covering the combination of polynucleotides coding for the UV1 APIs. The company has similar patent applications granted in other territories worldwide, including Europe, Japan and China.

Outlook

Ultimovacs' off-the-shelf therapeutic cancer vaccine UV1 triggers immune responses against telomerase, which is present in 85-90% of all cancers indications in all stages of tumor growth. The universal nature of the target support a clinical program investigating the potential effect of UV1 vaccination across multiple types of cancer and in combination with different types of cancer treatment. The cancer vaccine is expected to generate immune responses across the general population (i.e., regardless of HLA type). The vaccine is easy to administer and does not require a sophisticated hospital infrastructure.

Ultimovacs has been granted patents in major markets covering UV1 composition of matter and UV1 in combination with anti-CTLA-4 and/or anti-PD(L)-1 checkpoint inhibitors. A commercial-scale manufacturing process has been developed in collaboration with reputable manufacturers.

If the ongoing clinical development and testing of Ultimovacs' cancer vaccine demonstrates that UV1 provides clinical benefit to cancer patients, the potential clinical use of UV1 and related financial benefits could be highly attractive.

As of now, UV1 is being investigated in five randomized Phase II trials in five different cancer types in combination with various checkpoint inhibitors, with Ultimovacs sponsoring one of the trials. The five Phase II clinical trials will enroll more than 670 patients in total, representing a strong potential foundation for Ultimovacs to support a possible registration path of the UV1 vaccine. The main study objectives are efficacy and safety data on combination therapies.

Guidance for the expected timeline readout from the UV1 Phase II clinical program is as follows:

- INITIUM (metastatic malignant melanoma): March 2024
- FOCUS (head and neck cancer): H2 2024
- DOVACC (ovarian cancer): H1 2025
- LUNGVAC (non-small cell lung cancer): H1 2026

Ultimovacs expects that the current cash resources will support operations through 2024 based on current programs and plans.

Ultimovacs continues to pursue strategic collaborations with oncology medical groups and pharmaceutical companies to further expand the knowledge and clinical experience with UV1. Positive results from ongoing randomized clinical trials would reinforce the significant potential of UV1 to improve the treatment of cancer.

Ultimovacs is also seeking to broaden its pipeline of drug candidates. The Company's research activities are currently focused on the development of new first-in-class cancer vaccine solutions, building on Ultimovacs' technology, the TET-platform, and the development of new molecules and technologies. Ultimovacs' ambition is to apply the TET technology to identify new cancer vaccine program candidates and to advance them into clinical development.

Risks and uncertainties

Ultimovacs is a clinical stage biotechnology company conducting research and development. The Company has not generated revenues historically and is not expected to do so in the near term. The product development process, from research and development up to regulatory approval, is subject to considerable risk and is a capital-intensive process. The Company's candidates for cancer vaccines and technology platforms are dependent on research and development and may be delayed and/or incur higher costs than currently expected. Competing biopharmaceutical products can capture market shares or reach the market faster than Ultimovacs. If competing projects have a better product profile (e.g., better efficacy and/or fewer side effects), the future value of Ultimovacs' product offerings may be lower than expected. Operations may also be impacted negatively by changes or decisions regarding laws and regulations. In addition, the Company is also dependent upon intellectual property rights.

The primary financial risks are foreign exchange risks and financing risks. The Company is affected by foreign exchange risk as the research and development costs for UV1 are mainly paid in USD and EUR. In addition, the Company has invested in foreign operations, the net assets of which are exposed to currency translation risk. Adequate sources of funding may not be available when needed or may not be available on favorable terms. The Company's ability to obtain such additional capital or financing will depend in part upon prevailing market conditions as well as conditions of its business and its operating results, and those factors may affect its efforts to arrange additional financing on satisfactory terms. The Board of Directors works continuously to secure the business operation's need for financing.

Ultimovacs' financial risk exposures are outlined in greater detail in the Annual Report 2022. No significant changes have occurred that would impact these reported risks.

Financial review

Financial results

Ultimovacs does not yet generate revenues, as the Company is in a research and development phase. In FY23, the Company recognized government grants of **MNOK 10.2** compared to MNOK 9.5 in FY22, which have been deducted from payroll expenses and other operating expenses. The grants are primarily received during the year following the accounting year when the grants are booked in the P&L.

Total payroll and payroll related expenses were lower in Q4 2023 (**MNOK 25.3**) compared to the same period in FY22 (MNOK 31.6). Regular salaries not including option expenses and grants were higher in Q4 2023 due to two additional FTEs. However, public grants and option expenses and the social security tax accrual related to share options, which fluctuates with the company share price, was MNOK 8.1 lower in Q4 2023 compared to Q4 2022, explaining most of the difference in these two quarters.

Total personnel expenses in FY23 were **MNOK 75.1** compared to MNOK 71.5 in FY22. The FY23 increase was primarily due to two more FTEs being employed in the company during FY23 compared to FY22, explaining approximately MNOK 5.7 of the difference, along with the general salary increase. This was offset by lower expenses related to the share-based compensation option program, MNOK 2.0.

Other operating expenses (**MNOK 33.7** in Q4 2023 vs. MNOK 39.9 in Q4 2022) are primarily comprised of R&D related expenses. These expenses, including IP and external R&D expenses, offset by government grants, amounted to **MNOK 29.7** in Q4 2023 vs. MNOK 35.3 in Q4 2022.

Total other operating expenses in FY23 **(MNOK 137.8)** were higher compared to FY22 (MNOK 109.5), which are primarily comprised of R&D expenses, MNOK 121.2 in FY22 and MNOK 91.0 in FY22. The main contributors to the R&D expenses in FY23 were the INITIUM trial and chemistry, manufacturing and controls (CMC) activities.

Net financial items amounted to **MNOK 3.7** in Q4 2023, compared to MNOK 1.7 in Q4 2022. Financial items are primarily comprised of currency fluctuations from EUR at bank and the value of EUR currency future contracts swapped on a quarterly basis, in addition to interest gain from cash at bank accounts. In Q4 2023, the financial income is comprised of MNOK 3.7 in interest from bank, MNOK 1.6 in currency gain from cash in EUR bank account, offset by MNOK 0.7 in currency loss from the EUR currency future contracts and other net currency losses of 1.0.

In FY23, the net financial income of **MNOK 26.5** is primarily comprised of MNOK 14.1 in interest from bank, MNOK 1.8 in currency gain from cash in EUR bank account and MNOK 12.7 in currency gain from the EUR currency future contracts.

Total loss for the Q4 2023 period amounted to **MNOK 55.9**, compared to a total loss of MNOK 70.5 in Q4 2022. Total loss in FY23 amounted to **MNOK 189.2** compared to a total loss of MNOK 167.8 in FY22.

Financial position

Total assets per 31 December 2023 were **MNOK 349.0**, a decrease of MNOK 160.6 from 31 December 2022, primarily as a consequence of negative operational cashflow.

Total liabilities as of 31 December 2023 amounted to **MNOK 56.1**, of which MNOK 13.5 are non-current. The Company has entered into EUR swap contracts to mitigate the foreign exchange risk related to expected future costs in ongoing projects. By the end of the quarter, the EUR swaps amounted to MEUR 7.3, and **MNOK 4.9** of 'Other current liabilities' are related to the fair value of these EUR swap contracts by the end of the quarter.

Total equity equaled **MNOK 279.4** as of 31 December 2023. A capital increase in November 2023 related to the exercise of a total of 9,600 options granted under Ultimovacs' option program, resulted in gross proceeds of **MNOK 0.3**. Subsequently, the Company's share capital increased during 2023 by NOK 960 by issuing 9,600 new shares, leading to a total of 34,406,061 shares as per 31 December 2023, each share of par value NOK 0.10. Further, total equity has, since year-end 2022, been decreased by the period's operating loss and currency translation, amounting to **MNOK 184.5**, and has in addition been increased by the recognition of share-based payments/stock options of **MNOK 14.3**.

Cash flow

The total net decrease in cash and cash equivalents in Q4 2023, not including currency effects, was **MNOK 38.9**, which is primarily related to net negative cash-flow from operations amounting to **MNOK 42.4.**

The total net decrease in cash and cash equivalents in FY23, not including currency effects, was **MNOK 177.6**, which is primarily related to net negative cash-flow from operations amounting to **MNOK 187.8,** offset by interest income of MNOK 14.1 and a share issue related to share option exercise, raising net proceeds of MNOK 0.3. Total cash and cash equivalents were **MNOK 266.6** per 31 December 2023, of which MNOK 2.4 (**MEUR 0.2**) is held in EUR account.

Key financials

NOK (000) Unaudited	Q4-23	Q4-22	FY23	FY22
Total revenues	**-**	**-**	**-**	**-**
Total operating expenses	59 626	72 255	215 736	183 631
Operating profit (loss)	**(59 626)**	**(72 255)**	**(215 736)**	**(183 631)**
Profit (loss) for the period	**(55 931)**	**(70 513)**	**(189 239)**	**(167 792)**
Diluted and undiluted earnings / (loss) per share (NOK)	(1.6)	(2.1)	(5.5)	(4.9)
Net increase / (decrease) in cash and cash equivalents	(38 919)	(42 137)	(177 640)	(155 426)
Cash and cash equivalents at end of period	**266 559**	**425 309**	**266 559**	**425 309**
	NOK/EUR - 11.2405			
Cash and cash equivalents at end of period - EUR (000)	***23 714***			

The Board of Directors and CEO of Ultimovacs ASA

Oslo, 13 February 2024

Jónas Einarsson
Chairman of the Board
(Sign.)

Kari Grønås
Board member
(Sign.)

Eva S. Dugstad
Board member
(Sign.)

Henrik Schüssler
Board member
(Sign.)

Ketil Fjerdingen
Board member
(Sign.)

Leiv Askvig
Board member
(Sign.)

Haakon Stenrød
Board member
(Sign.)

Carlos de Sousa
CEO
(Sign.)

Interim condensed consolidated statement of comprehensive income

NOK (000) Unaudited	Note	Q4-23	Q4-22	FY23	FY22
Other operating income		-	-	-	-
Total revenues		-	-	-	-
Payroll and payroll related expenses	3, 5	25 251	31 630	75 130	71 466
Depreciation and amortization		686	694	2 768	2 648
Other operating expenses	4, 5	33 690	39 930	137 837	109 517
Total operating expenses		**59 626**	**72 255**	**215 736**	**183 631**
Operating profit (loss)		**(59 626)**	**(72 255)**	**(215 736)**	**(183 631)**
Financial income		5 608	2 013	29 640	17 375
Financial expenses		1 913	271	3 143	1 536
Net financial items		**3 695**	**1 742**	**26 497**	**15 839**
Profit (loss) before tax		**(55 931)**	**(70 513)**	**(189 239)**	**(167 792)**
Income tax		-	-	-	-
Profit (loss) for the period		**(55 931)**	**(70 513)**	**(189 239)**	**(167 792)**
Other comprehensive income (loss) - Currency translation		3 490	(1 600)	4 724	(1 889)
Total comprehensive income (loss) for the period		**(52 441)**	**(72 113)**	**(184 515)**	**(169 681)**
Diluted and undiluted earnings/(loss) per share (NOK)	6	(1.6)	(2.1)	(5.5)	(4.9)

Interim condensed consolidated statement of financial position

NOK (000) Unaudited	Note	31 Dec 2023	31 Dec 2022
ASSETS			
Goodwill		11 653	10 701
Licenses		56 566	51 944
Patents		5 030	5 784
Property, plant and equipment		114	220
Right to use asset	11	3 561	5 444
Total non-current assets		**76 923**	**74 093**
Receivables and prepayments	7	5 557	10 270
Bank deposits		266 559	425 309
Current assets		**272 117**	**435 579**
TOTAL ASSETS		**349 039**	**509 672**
EQUITY			
Share capital		3 441	3 440
Share premium		1 076 607	1 076 308
Total paid-in equity		**1 080 047**	**1 079 747**
Accumulated losses		(861 352)	(672 113)
Other equity		55 009	40 752
Translation differences		5 687	964
TOTAL EQUITY	6, 9	**279 391**	**449 350**
LIABILITIES			
Lease liability	11	1 886	3 713
Deferred tax		11 653	10 701
Non-current liabilities		**13 539**	**14 414**
Accounts payable		11 169	7 655
Lease liability	11	1 827	1 767
Other current liabilities		43 113	36 485
Current liabilities	8	**56 109**	**45 907**
TOTAL LIABILITIES		**69 648**	**60 321**
TOTAL EQUITY AND LIABILITIES		**349 039**	**509 672**

Interim condensed consolidated statement of changes in equity

NOK (000) Unaudited	Share Capital	Share Premium	Accum. losses	Other equity	Transl. differenc.	Total equity
Balance at 1 Jan 2022	**3 422**	**1 070 841**	**(504 321)**	**20 358**	**2 853**	**593 152**
Loss for the period	-	-	(167 792)	-	-	(167 792)
Issue of ordinary shares	17	5 466	-	-	-	5 484
Share issue costs	-	-	-	-	-	-
Recognition of share-based payments	-	-	-	20 395	-	20 395
Translation differences	-	-	-	-	(1 889)	(1 889)
Balance at 31 Dec 2022	**3 440**	**1 076 308**	**(672 113)**	**40 752**	**964**	**449 350**
Balance at 1 Jan 2023	**3 440**	**1 076 308**	**(672 113)**	**40 752**	**964**	**449 350**
Loss for the period	-	-	(189 239)	-	-	(189 239)
Issue of ordinary shares	1	299	-	-	-	300
Share issue costs	-	-	-	-	-	-
Recognition of share-based payments	-	-	-	14 256	-	14 256
Translation differences	-	-	-	-	4 724	4 724
Balance at 31 Dec 2023	**3 441**	**1 076 607**	**(861 352)**	**55 009**	**5 687**	**279 391**

Interim condensed consolidated statement of cash flow

NOK (000) Unaudited	Q4-23	Q4-22	FY23	FY22
Loss before tax	**(55 931)**	**(70 513)**	**(189 239)**	**(167 792)**
Non-cash adjustments			-	
Depreciation and amortization	686	694	2 768	2 648
Interest received incl. investing activities	(3 750)	(4 302)	(14 127)	(8 887)
Net foreign exchange differences	(27)	2 540	(12 750)	(7 176)
Other finance expense	81	22	380	105
Share option expenses	3 172	4 303	14 256	20 395
Working capital adjustments:			-	
Changes in prepayments and other receivables	7 978	(3 169)	3 629	(1 859)
Changes in payables and other current liabilities	5 381	20 389	5 256	(5 129)
Net cash flow from operating activities	**(42 410)**	**(50 036)**	**(189 827)**	**(167 695)**
Purchase of property, plant and equipment	-	-	(25)	(195)
Interest received	3 728	4 302	14 059	8 887
Net cash flow used in investing activities	**3 728**	**4 302**	**14 034**	**8 691**
Proceeds from issuance of equity	300	4 109	300	5 484
Share issue cost	-	-	-	-
Interest paid	(81)	(22)	(380)	(105)
Payment of lease liability	(455)	(490)	(1 767)	(1 802)
Net cash flow from financing activities	**(237)**	**3 597**	**(1 847)**	**3 577**
Net change in cash and cash equivalents	(38 919)	(42 137)	(177 640)	(155 426)
Effect of change in exchange rate	5 205	(1 617)	18 889	6 567
Cash and cash equivalents at beginning of period	**300 273**	**469 063**	**425 309**	**574 168**
Cash and cash equivalents at end of period	**266 559**	**425 309**	**266 559**	**425 309**

Notes

1. General information

Ultimovacs ASA (the Company or Ultimovacs) and its subsidiary (together the Group) is a clinical-stage biotechnology Group developing novel immunotherapies against cancer. The Company is a public limited liability company listed on the Oslo Stock Exchange in Norway.

Ultimovacs is headquartered at the Oslo Cancer Cluster Innovation Park in Oslo, Norway, and is an active member of the Oslo Cancer Cluster and The Life Science Cluster.

2. Basis for preparations and accounting principles

The Group's presentation currency is NOK (Norwegian kroner).

These interim condensed financial statements have been prepared in accordance with IAS 34 Interim Financial Reporting. The accounting policies applied in the preparation of these financial statements are consistent with those followed in connection with the Company's 2022 financial statements. These condensed interim financial statements should therefore be read in conjunction with the 2022 financial statements.

The Group uses derivative financial instruments to hedge its risks associated with foreign exchange rates. Derivatives are initially and subsequently measured at fair value. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. The gain/loss arising from changes in fair value of currency derivatives is presented as part of "financial income/expenses" in the consolidated statement of comprehensive income.

The Group does not have any derivatives that are used for hedge accounting.

The consolidated financial statements comprise the financial statements of Ultimovacs ASA and its 100% owned subsidiary, Ultimovacs AB, as of the reporting date.

These interim financial statements were approved for issue by the Board of Directors on 13 February 2024. The figures in the statements have not been audited.

3. Personnel expenses

Personnel expenses

NOK (000)	Q4-23	Q4-22	FY23	FY22
Salaries	11 948	10 434	43 514	38 215
Social security tax	2 932	3 086	8 787	9 142
Social security tax related to options	6 826	11 117	6 104	2 016
Pension expenses	980	655	3 586	2 818
Share-based compensation	3 172	4 303	14 256	20 395
Other personnel expenses	244	217	427	702
Government grants	(850)	1 818	(1 544)	(1 822)
Total personnel expenses	**25 251**	**31 630**	**75 130**	**71 466**
Number of FTEs at end of period	25	23	25	23

Please refer to note 10 for additional information regarding the share-based compensation.

4. Operating expenses

The Group's programs are in clinical and preclinical development and the majority of the Group's costs are related to R&D. These costs are expensed in the statement of comprehensive income.

Operating expenses

NOK (000)	Q4-23	Q4-22	FY23	FY22
External R&D expenses	34 243	40 959	123 834	95 175
Clinical studies	23 673	34 176	70 922	66 772
Manufacturing costs	4 397	4 392	39 256	19 899
Other R&D expenses	6 174	2 392	13 656	8 504
IP expenses	2 640	1 138	6 031	3 571
Rent, office and infrastructure	1 252	1 152	4 874	4 221
Accounting, audit, legal, consulting	1 530	1 825	6 476	9 246
Other operating expenses	1 245	1 664	5 284	5 020
Government grants	(7 221)	(6 808)	(8 663)	(7 717)
Total other operating expenses	**33 690**	**39 930**	**137 837**	**109 517**

5. Government grants

The following government grants have been received and recognized in the statement of profit and loss as a reduction of operating expenses and personnel costs.

Government grants

NOK (000)	Q4-23	Q4-22	FY23	FY22
Skattefunn from The Research Council of Norway (RCN)	2 047	4 750	2 047	4 750
Innovation Norway	5 073	-	5 073	-
Innovation Project grant from the RCN	952	42	3 088	4 194
Other grants	-	198	-	594
Total government grants	**8 071**	**4 990**	**10 207**	**9 538**

Please refer to note 3 and 4 for information on how the government grants have been attributed to (i.e., deducted from) personnel expenses and other operating expenses.

6. Earnings per share

The basic earnings per share are calculated as the ratio of the profit/loss for the period divided by the weighted average number of ordinary shares outstanding.

Earnings per share

NOK (000)	Q4-23	Q4-22	FY23	FY22
Loss for the period	(55 931)	(70 513)	(189 239)	(167 792)
Average number of shares during the period ('000)	34 401	34 309	34 398	34 247
Earnings/loss per share (NOK)	**(1.6)**	**(2.1)**	**(5.5)**	**(4.9)**

The share options issued to employees as a part of the Ultimovacs Employee Share Option Program have a potential dilutive effect on earnings per share. No dilutive effect has been recognized as potential ordinary shares only shall be treated as dilutive if their conversion to ordinary shares would decrease earnings per share or increase loss per share from continuing operations. As the Group is currently loss-making, an increase in the average number of shares would have anti-dilutive effects. Diluted and basic (undiluted) earnings per share are therefore the same.

Please see note 10 for more information regarding the option program.

7. Current assets

Receivables and prepayments

NOK (000)	31 Dec 2023	31 Dec 2022
Government grants	2 998	4 990
Prepayments	1 463	2 916
Financial instruments	-	1 083
Other receivables	1 096	1 280
Total receivables and prepayments	**5 557**	**10 270**

8. Current liabilities

Current liabilities

NOK (000)	31 Dec 2023	31 Dec 2022
Accounts payable	11 169	7 655
Public duties payable	4 914	3 698
Public duties payable related to options	21 008	14 904
Lease liability	1 827	1 767
Financial instruments	4 886	-
Other current liabilities	12 306	17 883
Total current liabilities	**56 109**	**45 907**

9. Shareholder information

The share capital as of 31 December 2023 was NOK 3,440,606.1, with 34,406,061 ordinary shares, all with equal voting rights and a nominal value of NOK 0.10 per share. As of 31 December 2023, Ultimovacs ASA has more than 6,000 shareholders and the 20 largest shareholders as of this date are listed below:

Share register as per 31 December 2023

Shareholder	# of shares	Share-%
Gjelsten Holding AS	6 495 866	18.9 %
Canica AS	2 705 957	7.9 %
Watrium AS	1 780 575	5.2 %
Radforsk Investeringsstiftelse	1 519 263	4.4 %
Langøya Invest AS	1 396 006	4.1 %
Inven2 AS	1 372 163	4.0 %
Helene Sundt AS	965 802	2.8 %
CGS Holding AS	882 132	2.6 %
Sundt AS	803 321	2.3 %
Stavanger Forvaltning AS	583 416	1.7 %
Danske Invest Norge Vekst	563 525	1.6 %
Prieta AS	533 988	1.6 %
Verdipapirfondet Nordea Avkastning	414 990	1.2 %
Myrlid AS	400 000	1.2 %
Folketrygdfondet	343 465	1.0 %
SEB Prime Solutions Sissener Canopus	300 000	0.9 %
Wiarom AS	250 000	0.7 %
Gade, Leif Johan	240 000	0.7 %
Verdipapirfondet Nordea Kapital	233 090	0.7 %
Jakob Hatteland Holding AS	211 110	0.6 %
20 Largest shareholders	**21 994 669**	***63.9%***
Other shareholders	12 411 392	*36.1%*
Total	**34 406 061**	***100.0%***

10. Share-based payments

Share option program

The Ultimovacs Employee Share Option Program was introduced in June 2019. The share option program is groupwide and includes all employees. At the Annual General Meeting held on 20 April 2023, the Board was authorized to increase the Company's share capital in connection with the share incentive arrangement by up to NOK 343,964.6. The authorization is valid until the next ordinary General Meeting in 2024.

Each option gives the right to acquire one share in the Company and is granted without consideration. Pursuant to the vesting schedule, 25% of the options will vest one year after the day of grant, 25% of the options will vest two years after the day of grant and the remaining 50% will vest three years after the day of grant. The options granted in 2020 to the CEO, Carlos de Sousa, will vest with 33.33% one year following the grant date, 33.33% after two years, and the remaining 33.34% on the third

anniversary following the grant date. Vesting is dependent on the option holder still being employed in the Company.

The exercise price was NOK 31.25 for the options granted in 2019, NOK 39.15 for the options granted in 2020, NOK 61.99 for the options granted in 2021, NOK 83.46 for the options granted in 2022 and NOK 128.61 for the options granted in 2023. Options that are not exercised within 7 years from the date of grant will lapse and become void.

The Ultimovacs Employee Share Options' fair value is calculated according to the IFRS-2 regulations. As stated in IFRS-2 Appendix B §B5, the Black-Scholes-Merton Option Pricing Model ("B&S Model") may be used to estimate the fair value of employee share options, which is therefore used to estimate the fair value of the Ultimovacs Employee Share Options. The model uses the following parameters: the exercise price, the current price of the underlying shares, the life of the option, the expected volatility of the share price, the dividends expected on the shares, and the risk-free interest rate for the life of the option.

Equity-settled share-based payments are measured at the fair value of the equity instruments at the grant date. The cost of equity-settled transactions is recognized in payroll and other payroll-related expenses, together with a corresponding increase in equity over the period in which the service and, where applicable, the performance conditions are fulfilled (the vesting period). The cumulative expense recognized for equity-settled transactions at each reporting date until the vesting date reflects the extent to which the vesting period has expired and the Company's best estimate of the number of equity instruments that will ultimately vest. The expense or credit in the statement of profit or loss and other comprehensive income for a period represents the movement in cumulative expense recognized as of the beginning and end of that period.

Movement of share options

	Number of share options	Weighted average strike
Outstanding at opening balance 1 January 2023	**2 138 885**	**54.55**
Granted	160 000	128.61
Exercised	9 600	31.25
Forfeited	-	-
Outstanding at closing balance 31 December 2023	**2 289 285**	**59.82**
Vested at closing balance	1 469 281	46.10

After the distribution of 160,000 new options on 21 April 2023, and the exercise of 9,600 shares during 2023, a total of 2,289,285 share options are granted per 31 December 2023, corresponding to 6.65% of the outstanding number of shares in the Company.

The total IFRS cost recognized for the option program in Q4 2023 is MNOK 3.2, and the accrual for social security tax related to the options is MNOK 6.8. In FY2023, the total IFRS costs for the option program are MNOK 14.3, and the increase in social security accruals related to the options is MNOK 6.1.

11. IFRS 16 – rental contracts

The agreements classified as operating leases are the rental agreement for office premises in Oslo with 3 years left of the rental contract as of 31 December 2022, and four car-leasing contracts. The weighted average discount rate applied is 8.3%. Please see the 2022 Annual report for more information.

12. Events after the balance sheet date

No events with significant accounting effect have occurred after the balance sheet date.

Glossary

Words/terms	Description
General/basic terms	
UV1	UV1 is Ultimovacs' off-the-shelf synthetic peptide vaccine
Peptides	Peptides are short or long-chains of amino acids, and amino acids are the building blocks of proteins.
Adjuvant	A medical substance used to enhance the effect of another medical substance.
GM-CSF	"Granulocyte-macrophage colony-stimulating factor". Ultimovacs uses GM-CSF as adjuvant together with UV1 to strengthen the ability of UV1 to stimulate the immune system.
Universal target	A cancer target relevant across individual tumors within the same patient, across patients with the same tumor type, and across patients with different tumor types.
Shared antigen	An antigen (target for the immune system) relevant across different patients with the same tumor type.
Immune checkpoint inhibitors	Medicines that "takes the brakes off the immune system". The immune system has brakes necessary to balance a normal immune response. The downside to these brakes is that it makes it easier for a tumor to grow because the immune system becomes less able to fight the tumor. By "blocking the brakes", the immune system becomes more potent in killing tumor cells. Examples of immune checkpoint inhibitors include PD-1 / PDL-1 inhibitors (e.g., pembrolizumab, cemiplimab and nivolumab) and CTLA-4 inhibitors (e.g., ipilimumab). There are many others in development.
HLA	Human leukocyte antigens (HLA) are molecules on the surface of cells that present peptide antigens to T cells allowing them to distinguish healthy cells from cancerous or infected cells.
Immune response	The activity of the immune system against foreign substances (antigens).
Investigational New Drug (IND)	The United States Food and Drug Administration's Investigational New Drug (IND) program is the means by which a biopharmaceutical company obtains permission to start human clinical trials and to ship an experimental drug across state lines (usually to clinical investigators) before a marketing application for the drug has been approved. Similar procedures are followed in the European Union, Japan, and Canada.
CTLA-4	A protein found on T cells (a type of immune cell) that helps balance a normal immune response. The balance is needed to avoid collateral damage to normal cells. When CTLA-4 is bound to another protein called B7, it helps keep T cells from multiplying and killing other cells, including cancer cells. Ipilimumab works by making it difficult for the CTLA-4 to bind to B7. Ipilimumab was the first checkpoint inhibitor to reach the market.
PARP inhibitor	PARP inhibitors are a group of pharmacological inhibitors of the enzyme poly ADP ribose polymerase. They are developed for multiple indications, including the treatment of heritable cancers. Several forms of cancer are more dependent on PARP than regular cells, making PARP an attractive target for cancer therapy.
PD-1 / PD-L1	A protein found on T cells (a type of immune cell) that helps balancing a normal immune response. The balance is needed to avoid collateral damage

	of normal cells. When PD-1 is bound to another protein called PD-L1, it helps keep T cells from killing other cells, including cancer cells. Some anticancer drugs, called immune checkpoint inhibitors, are used to block PD-1 or PD-L1. When this checkpoint is blocked, the "brakes" on the immune system are released and the ability of T cells to kill cancer cells is increased.
Telomere	To prevent the loss of genes as chromosome ends wear down, the tips of eukaryotic chromosomes have specialized DNA "caps" called telomeres.
Telomerase	Some cells have the ability to reverse telomere shortening by expressing human telomerase (hTERT), an enzyme that extends the telomeres of chromosomes. Telomerase is expressed at a high level in 85-90% of human tumors. UV1 uses telomerase (hTERT) as an immune therapy target.
Tetanus	Tetanus is a serious illness contracted through exposure to the spores of the bacterium, Clostridium tetani, which live in soil, saliva, dust, and manure. The bacteria can enter the body through deep cuts, wounds or burns, affecting the nervous system. The infection leads to painful muscle contractions, particularly of the jaw and neck muscle, and is commonly known as "lockjaw". Tetanus vaccination protects against the disease.
Checkpoint and PARP inhibitors	
Ipilimumab	CTLA-4 checkpoint inhibitor from BMS (Bristol-Myers Squibb)
Nivolumab	PD-1 checkpoint inhibitor from BMS (Bristol-Myers Squibb)
Pembrolizumab	PD-1 checkpoint inhibitor from Merck (Merck & Co. Inc.)
Durvalumab	PD-L1 checkpoint inhibitor from AstraZeneca
Cemiplimab	PD-L1 checkpoint inhibitor from Regeneron Pharmaceuticals
Olaparib	PARP inhibitor from AstraZeneca
Clinical trial terms	
CR	Complete response (The disappearance of all signs of cancer in response to treatment. Also called "complete remission".)
PR	Partial response (A decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment. Also called partial remission.)
SD	Stable disease (Cancer that is neither decreasing nor increasing in extent or severity.)
PD	Progressive disease (Cancer that is growing, spreading, or getting worse.)
ORR	Objective response rate = CR + PR
DOR	Duration of response (The length of time that a tumor continues to respond to treatment without the cancer growing or spreading.)
OS	Overall survival (The length of time from either the date of diagnosis or the start of treatment for a disease, such as cancer, that patients diagnosed with the disease are still alive. In a clinical trial, measuring the overall survival is one way to see how well a new treatment works.)
PFS	Progression-free survival (The length of time during and after the treatment of a disease, such as cancer, that a patient lives with the disease but it does not get worse. In a clinical trial, measuring the progression-free survival is one way to see how well a new treatment works.)
mOS	Median overall survival means (The length of time during and after the treatment of a disease, such as cancer, that half of the patients in a group of patients diagnosed with the disease are still alive.)

mPFS	Median progression-free survival (The length of time during and after the treatment of a disease, such as cancer, that a patient lives with the disease but it does not get worse. In a clinical trial, measuring the progression-free survival is one way to see how well a new treatment works.)
Medical terms	
Intradermal	In order to initiate an immune response, a vaccine antigen is usually taken up by antigen presenting cells (dendritic cells). UV1 is administered via the intradermal route, i.e., injection in the dermis, one of the layers of the skin. This layer, underneath the epidermis, is highly vascularized and contains a large number of immune cells, mainly dermal dendritic cells.
Biopsy	A piece of tissue, normal or pathological, removed from the body for the purpose of examination.
Metastasis / Metastatic cancer	The development of malignant growths at a distance from a primary site of cancer / Metastatic cancer is cancer that spreads from its site of origin to another part of the body.
SAE	A serious adverse event (SAE) in human drug trials is defined as any untoward medical occurrence that at any dose 1. results in death, 2. is life-threatening 3. requires inpatient hospitalization or causes prolongation of existing hospitalization 4. results in persistent or significant disability/incapacity 5. is a congenital anomaly/birth defect, or 6. requires intervention to prevent permanent impairment or damage. The term "life-threatening" in the definition of "serious" refers to an event in which the patient was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe. Adverse events are further defined as “any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have to have a causal relationship with this treatment.”
PSA	Prostate-specific antigen (PSA) is an enzyme (protein) important for reproduction. PSA is present in small quantities in the serum of men with healthy prostates but is often elevated in the presence of prostate cancer or other prostate disorders.

Disclaimer

The information in this presentation has been prepared by Ultimovacs ASA ('Ultimovacs' or the 'Company').

The presentation is based on the economic, regulatory, market and other conditions as in effect on the date hereof and may contain certain forward-looking statements. By their nature, forward-looking statements involve risk and uncertainty because they reflect Ultimovacs' current expectations and assumptions as to future events and circumstances that may not prove accurate. It should be understood that subsequent developments may affect the information contained in this document, which neither Ultimovacs nor its advisors are under an obligation to update, revise or affirm. Important factors that could cause actual results to differ materially from those expectations include, among others, economic and market conditions in the geographic areas and industries that are or will be major markets for the Company's businesses, changes in governmental regulations, interest rates, fluctuations in currency exchange rates and such other factors.

This presentation has not been reviewed or approved by any regulatory authority or stock exchange.

Contact us

Ultimovacs ASA
Ullernchausséen 64
0379 Oslo
Norway

ir@ultimovacs.com

+47 413 80 080

About Ultimovacs

Ultimovacs is a clinical-stage biotech company. It seeks to become a leader in developing novel immunotherapeutic cancer vaccines to treat a broad range of cancers. Ultimovacs' lead candidate, UV1, is an off-the-shelf cancer vaccine that leverages the high prevalence of the human telomerase (hTERT) to be effective across the dynamic stages of the tumor's growth and its microenvironment. By directing the immune system to hTERT antigens that are present in 85-90% of all cancers, UV1 drives CD4 helper T cells to the tumor with the goal of activating an immune system cascade to increase anti-tumor responses.

Ultimovacs' strategy is to clinically demonstrate UV1's impact in many cancer types and in combination with various immunotherapies. The Company will expand its pipeline using its novel TET-platform, which is a next-generation vaccine technology that could generate multiple vaccine candidates designed to achieve increased T cell responses to a broad range of target antigens and cancers.

Ultimovacs was established in 2011 and is a public limited liability company listed on the Euronext Oslo Stock Exchange in Norway. The Company and its proprietary technology are based on preclinical and clinical research on immunotherapies conducted at the Oslo University Hospital. Ultimovacs is headquartered at the Oslo Cancer Cluster Innovation Park in Oslo, Norway, and also has an office in Uppsala, Sweden. Ultimovacs is an active member of the Oslo Cancer Cluster and the Life Science Cluster.

ultimovacs