

Innovating for Better Health Together

Further Facts & Figures

24th February 2022

FY 2021 Results Call



Inspired by **patients.**
Driven by **science.**



Disclaimer & Safe Harbor

Forward-looking statements

This presentation contains forward-looking statements, including, without limitation, statements containing the words “believes”, “anticipates”, “expects”, “intends”, “plans”, “seeks”, “estimates”, “may”, “will”, “continue” and similar expressions. These forward-looking statements are based on current plans, estimates and beliefs of management. All statements, other than statements of historical facts, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial information, expected legal, arbitration, political, regulatory or clinical results or practices and other such estimates and results. By their nature, such forward-looking statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties, and assumptions which might cause the actual results, financial condition, performance or achievements of UCB, or industry results, to be materially different from any future results, performance, or achievements expressed or implied by such forward-looking statements contained in this presentation.

Important factors that could result in such differences include but are not limited to: the global spread and impact of COVID-19, changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms or within expected timing, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, safety, quality, data integrity or manufacturing issues; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, product liability claims, challenges to patent protection for products or product candidates, competition from other products including biosimilars, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws, and hiring and retention of its employees. There is no guarantee that new product candidates will be discovered or identified in the pipeline, or that new indications for existing products will be developed and approved. Movement from concept to commercial product is uncertain; preclinical results do not guarantee safety and efficacy of product candidates in humans. So far, the complexity of the human body cannot be reproduced in computer models, cell culture systems or animal models. The length of the timing to complete clinical trials and to get regulatory approval for product marketing has varied in the past and UCB expects similar unpredictability going forward. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to disputes between the partners or may prove to be not as safe, effective or commercially successful as UCB may have believed at the start of such partnership. UCB's efforts to acquire other products or companies and to integrate the operations of such acquired companies may not be as successful as UCB may have believed at the moment of acquisition. Also, UCB or others could discover safety, side effects or manufacturing problems with its products and/or devices after they are marketed. The discovery of significant problems with a product similar to one of UCB's products that implicate an entire class of products may have a material adverse effect on sales of the entire class of affected products. Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment, including pricing pressure, political and public scrutiny, customer and prescriber patterns or practices, and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement activities and outcomes. Finally, a breakdown, cyberattack or information security breach could compromise the confidentiality, integrity and availability of UCB's data and systems.

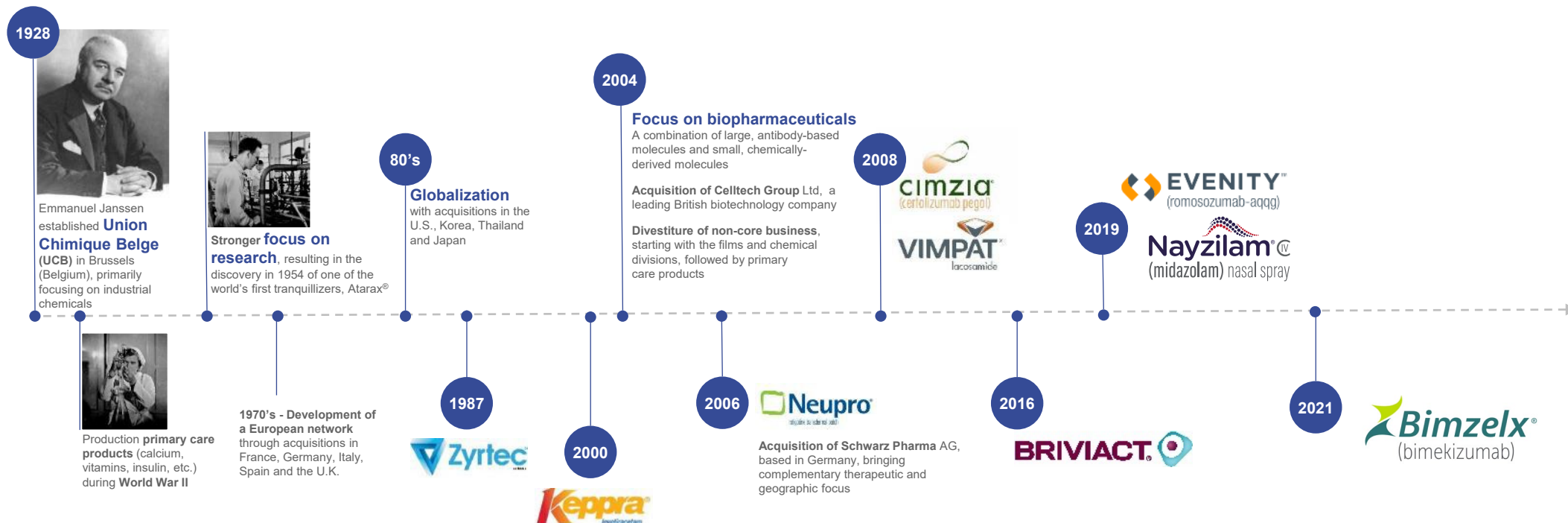
Given these uncertainties, the public is cautioned not to place any undue reliance on such forward-looking statements. These forward-looking statements are made only as of the date of this presentation, and do not reflect any potential impacts from the evolving COVID-19 pandemic, unless indicated otherwise. The company continues to follow the development diligently to assess the financial significance of this pandemic to UCB.

UCB expressly disclaims any obligation to update any forward-looking statements in this presentation, either to confirm the actual results or to report or reflect any change in its forward-looking statements with regard thereto or any change in events, conditions or circumstances on which any such statement is based, unless such statement is required pursuant to applicable laws and regulations.

In the event of any differences between this Presentation and the Annual or Half Year Report, the information included in the Report shall prevail.

UCB Story – Since 1928

Continuous adaptation to the changing ecosystem

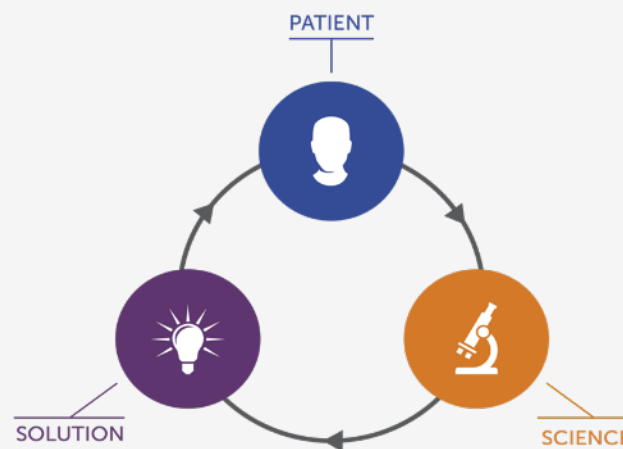


UCB's Patient Value Strategy

Sustained company growth – superior shareholder value

Our ambition is to be the **patient-preferred** biopharma leader, creating patient value for **specific populations through unique outcomes**, the best experience and improving as many of these lives as possible.

We want to be present and impact specific patient populations by 2025.



We are UCB

We are 8 600 employees
creating value for patients*



We bring Cimzia®, Vimpat®, Keppra®, Briviact®, Neupro®, Nayzilam® & Evenity® to **over 3.7 million patients***



Focused on R&D:
We invest more than **28%* of revenue in R&D** – above industry average



We commit to **reducing our ecological footprint**



We reached in 2021 **€ 5.8 billion revenue** and € 1.64 billion adjusted EBITDA, both growing for the 8th year in a row







Inspired by **patients**.
Driven by **science**.

*As of 31st of December 2021





Our Core Products – Immunology and Bone

Key information*

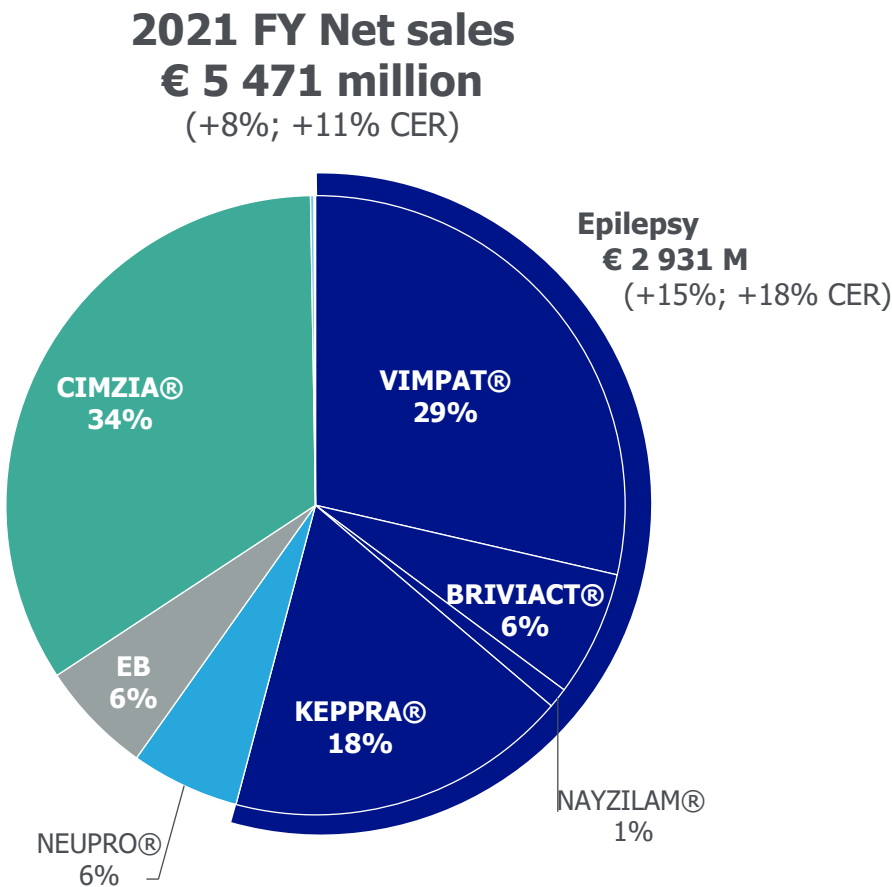
	BIMZELX® (<i>bimekizumab</i>)	CIMZIA® (<i>certolizumab pegol</i>)	EVENITY® (<i>romosozumab</i>)
	<ul style="list-style-type: none"> • Psoriasis (EU/GB approval in 2021; Japan 2022; US pending); EU launch in Sept. 2021: Germany, the Netherlands, Sweden, UK; further countries in 2022 • Regulatory approvals in psoriasis are underway in US, Canada, Australia and Switzerland • Psoriatic arthritis, radiographic and non-radiographic axial spondyloarthritis submissions to regulatory authorities in Q3 2022 	<ul style="list-style-type: none"> • Crohn's disease • Rheumatoid arthritis • Psoriatic arthritis • Axial spondyloarthritis • Psoriasis 	<ul style="list-style-type: none"> • EU launch still in progress • Launched by Amgen in Japan and US and ROW • China Ph3 study started in Q4'21
	Launched in the EU/GB in September 2021	170 000 patients globally*	> 200 000 patients since launch globally*
	No partner; in-house product	Astellas (Japan – 2012) Cinkate (China – 2019)	Amgen (2002)
	2032 (U.S., EU, Japan; without patent term extension)	2024 (U.S. & EU) 2026 (Japan)	2031 (U.S., EU & Japan) EVENITY® is being launched globally by Amgen, UCB and Astellas since 2019, with net sales outside Europe reported by Amgen and Astellas – also see slide 21.

Our Core Products – Neurology

Key information*

NAYZILAM®	VIMPAT®	KEPPRA®	BRIVIACT®	NEUPRO®
 <ul style="list-style-type: none"> Epilepsy seizure clusters (U.S. - 2019) – orphan disease designation 	<ul style="list-style-type: none"> Epilepsy POS (pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022) Epilepsy PGTCs 	<ul style="list-style-type: none"> Epilepsy POS Epilepsy PGTCs Epilepsy myoclonic seizures 	<ul style="list-style-type: none"> Epilepsy POS Adj. therapy Monotherapy (U.S.) pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022) 	<ul style="list-style-type: none"> Parkinson's disease Restless legs syndrome
 > 50 000 patients in the U.S.*	> 800 000 patients globally*	> 2 million patients globally*	140 000 patients globally*	385 000 patients globally*
 US only (in-licensed from Proximagen , 2018)	Daiichi Sankyo (Japan – 2014)	Otsuka (Japan – 2008-2020)		Otsuka (Japan – 2002-2020)
 2028 (U.S.)	2022 (U.S. & EU) 2024 (Japan)	2008 (U.S.) 2010 (EU) 2020 (Japan)	2026 (U.S. & EU)	2021 (U.S. & EU) 2024 (Japan) 2030 Several reformulation patents (U.S. & EU)

Strong Net Sales Growth | Strong Product Portfolio



	million	Act	CER	
CIMZIA®	€ 1 841	+2%	+5%	Strong volume growth: +12%, despite adverse pricing, 170 000 patients
VIMPAT®	€ 1 549	+7%	+10%	Strong growth in all markets +9% volume, over 800 000 patients, reaching peak sales ambition,
KEPPRA®	€ 970	+23%	+27%	Driven by in-market net sales booking for Japan, over 2 million patients (volume -3%)
BRIVIACT®	€ 355	+23%	+27%	Reaching 140 000 patients
NEUPRO®	€ 307	-1%	0%	Stable in a competitive market environment, 385 000 patients, volume -1%
NAYZILAM®	€ 57	>100%	>100%	Continued successful launch, over 50 000 patients, volume +70%
EVENITY®	€ 10	>100%	>100%	Europe, launched March 2020, volume +412%, reached world-wide over 200 000 patients since launch
BIMZELX®	€ 4			Launched in Germany, UK, Sweden and the Netherlands
Established Brands (EB)	€ 321	-10%	-7%	Continued generic erosion

Driven by new patient populations



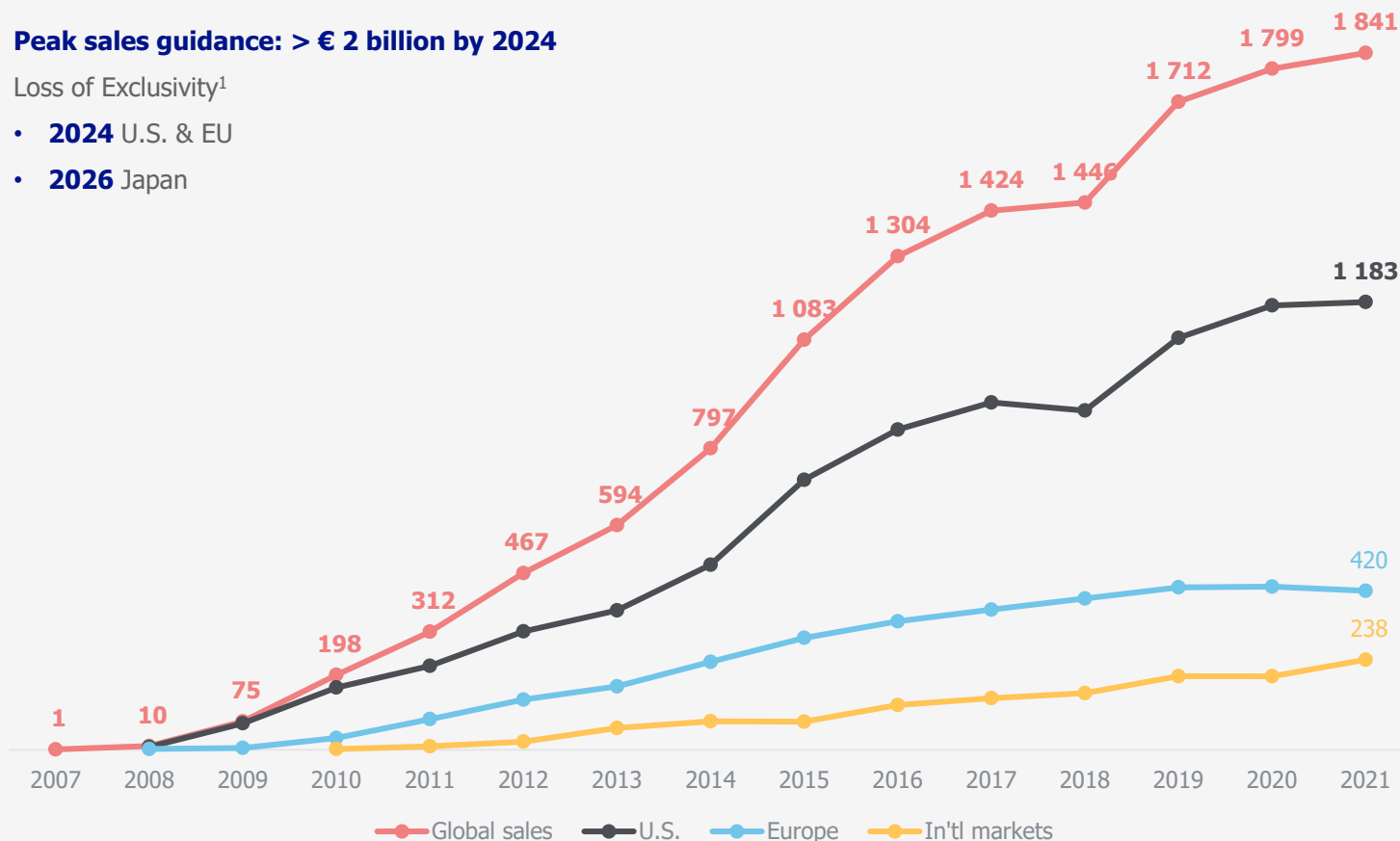
For patients (including women of child-bearing age) living with

- Rheumatoid arthritis
- Psoriatic arthritis
- Psoriasis
- (non-radiographic) Axial spondyloarthritis
- Crohn's disease (U.S.)³

Peak sales guidance: > € 2 billion by 2024

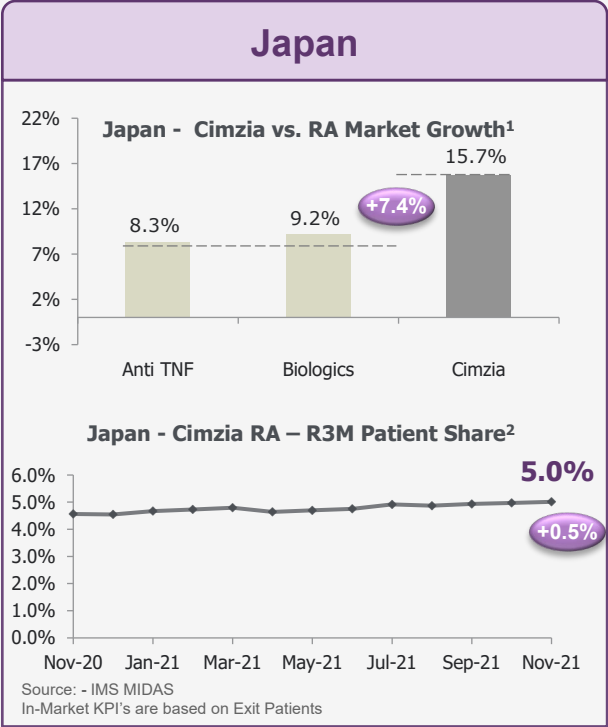
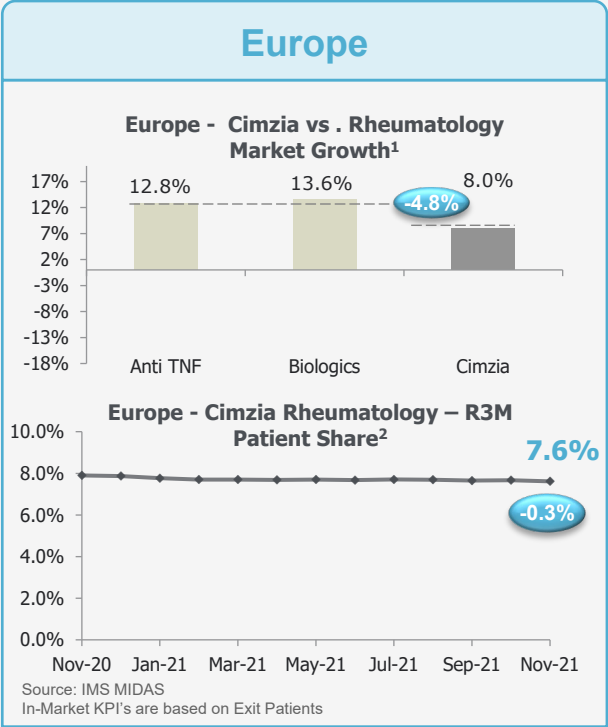
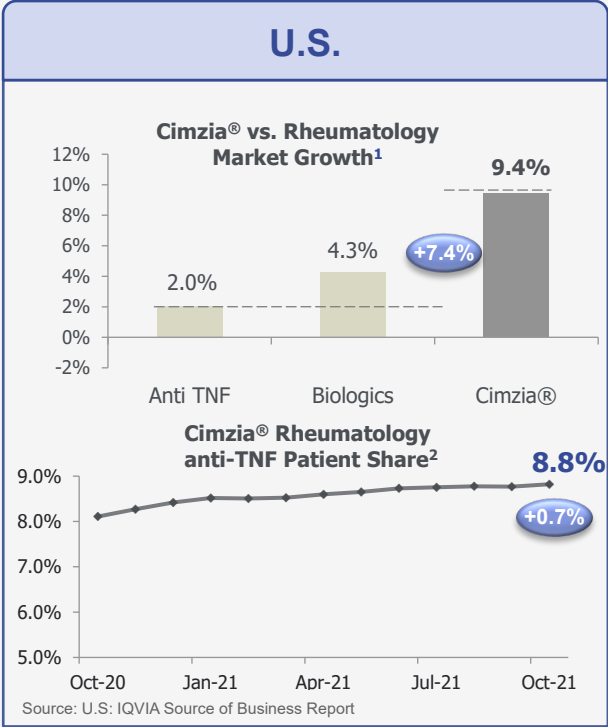
Loss of Exclusivity¹

- **2024** U.S. & EU
- **2026** Japan



Net sales in € million, FY numbers²

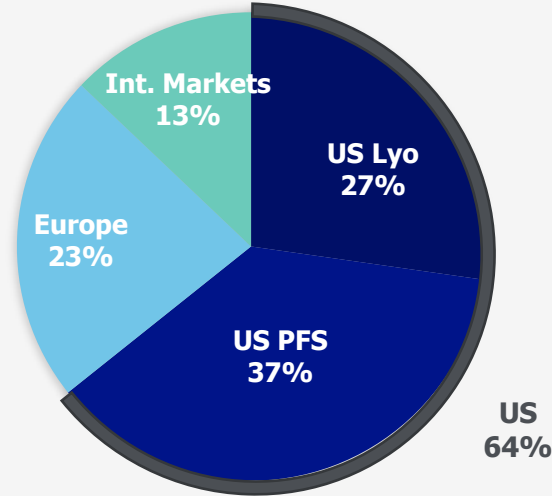
CIMZIA® In-Market Performance



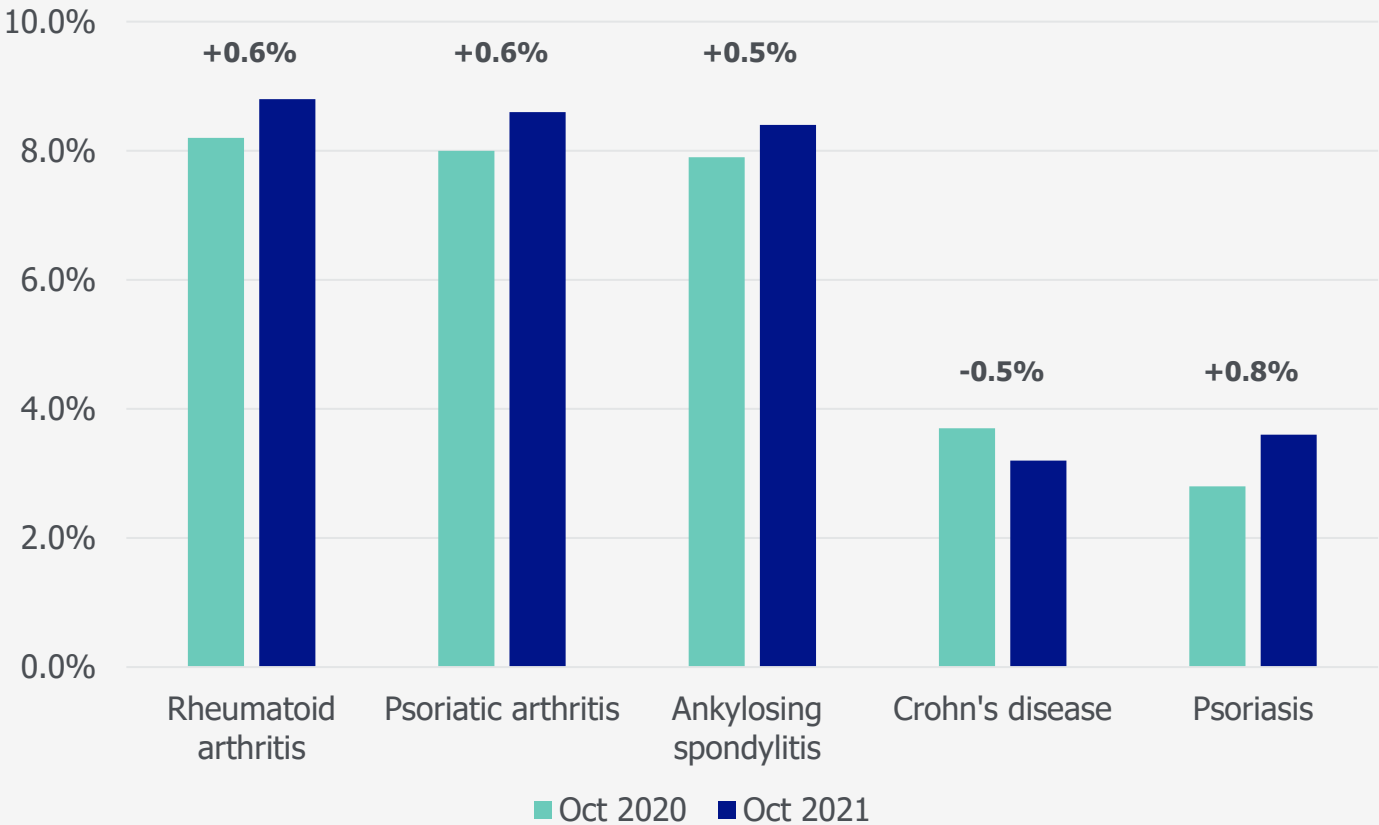
¹ In-market growth is calculated for MAT period: U.S.: MAT Oct 2021 vs. MAT Oct 2020 / Europe: MAT Nov 2021 vs Nov 2020 | Japan: MAT Nov 2021 vs. Nov 2020 (patients, all channels). ² Market share is calculated for R3M period.

CIMZIA® In-Market Performance

2021 FY NET SALES
€ 1 841 MILLION



US Anti-TNF Market Share¹



¹ In-market KPI's are based on patients; Shares calculated based on Anti-TNF market
Market share is calculated for R3M Oct'21 and market share growth is shown against R3M Oct'20

Competitive BIMZELX® Uptake in First Launch Markets

Comparison of launch uptake curves since approval date (cumulative doses)



DE Source: Insight Health NPI
UK Sources: BIMZELX® based on HealthNet homecare deliveries to patients. Weekly volume for analogues estimated based on IQVIA Midas monthly. UCB Independent analysis of data to allow adequate comparisons across different dosing schedules.

Reaching peak sales ambition of over € 1.5bn

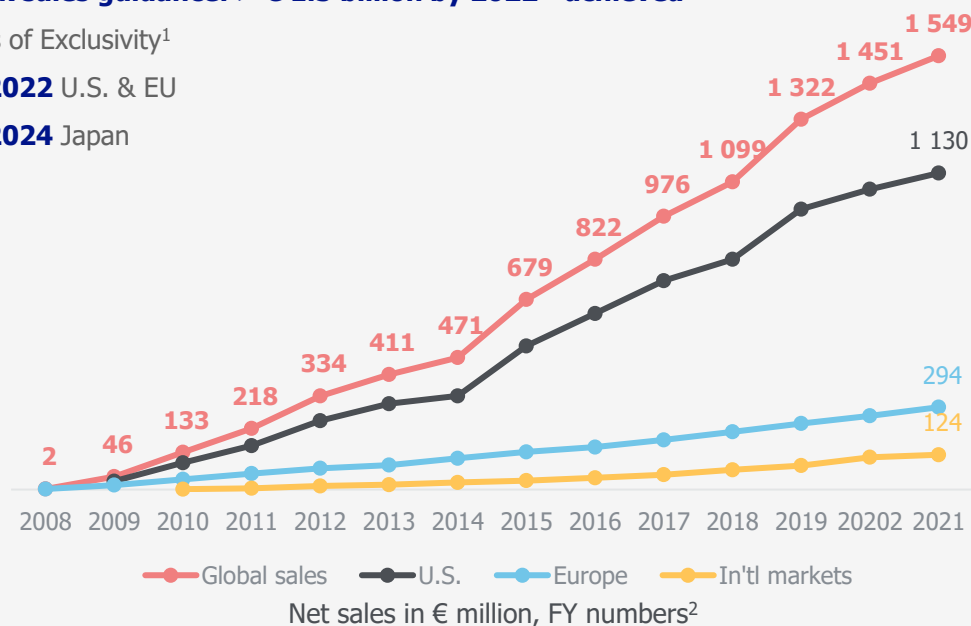
For patients living with

- Partial-onset seizures (POS), also known as focal seizures
 - 2021: U.S. FDA approval for the treatment of partial-onset seizures in patients 1 month of age and older
 - 2021: EU positive CHMP opinion on use for the treatment of focal epileptic seizures in children 2 to 4 years of age (previously approved for patients >4 years of age)
 - JPN, China > 4 years of age
- Primary Generalized Tonic-Clonic Seizures (PGTCS)
 - US, EU, JPN > 4 years of age

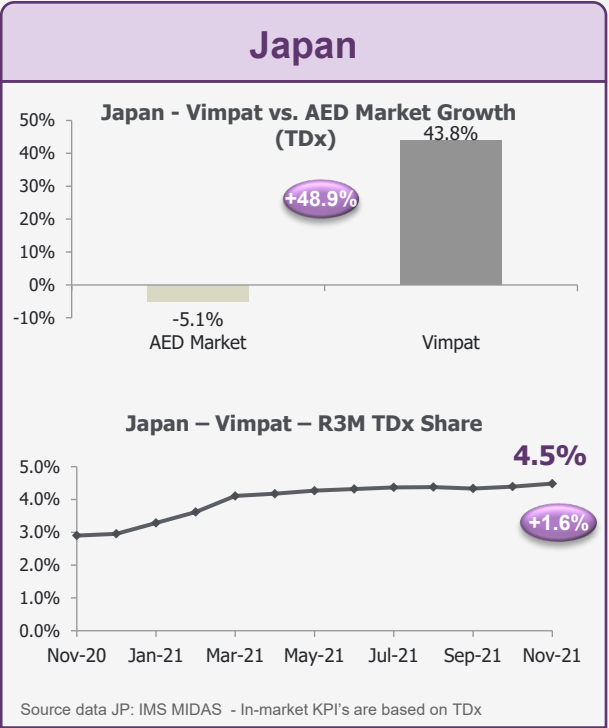
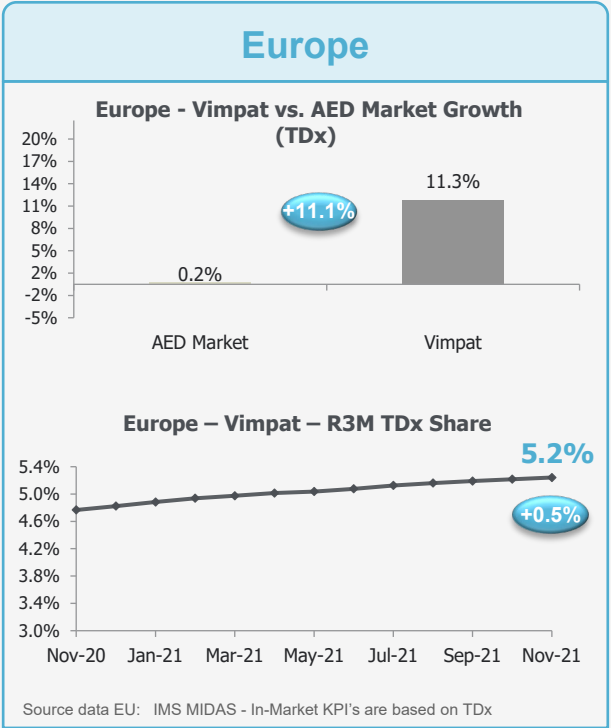
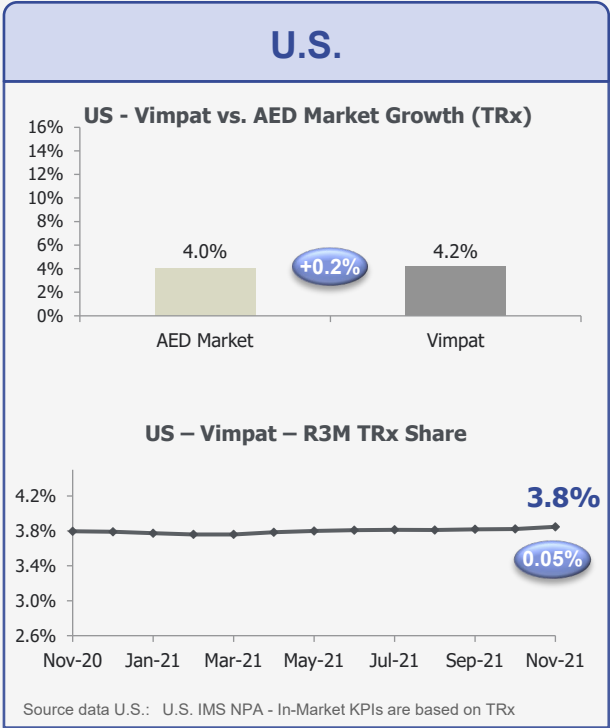
Peak sales guidance: > € 1.5 billion by 2022 - achieved

Loss of Exclusivity¹

- **2022** U.S. & EU
- **2024** Japan



VIMPAT® In-Market Performance



BRIVIACT®

Available to more and more patients

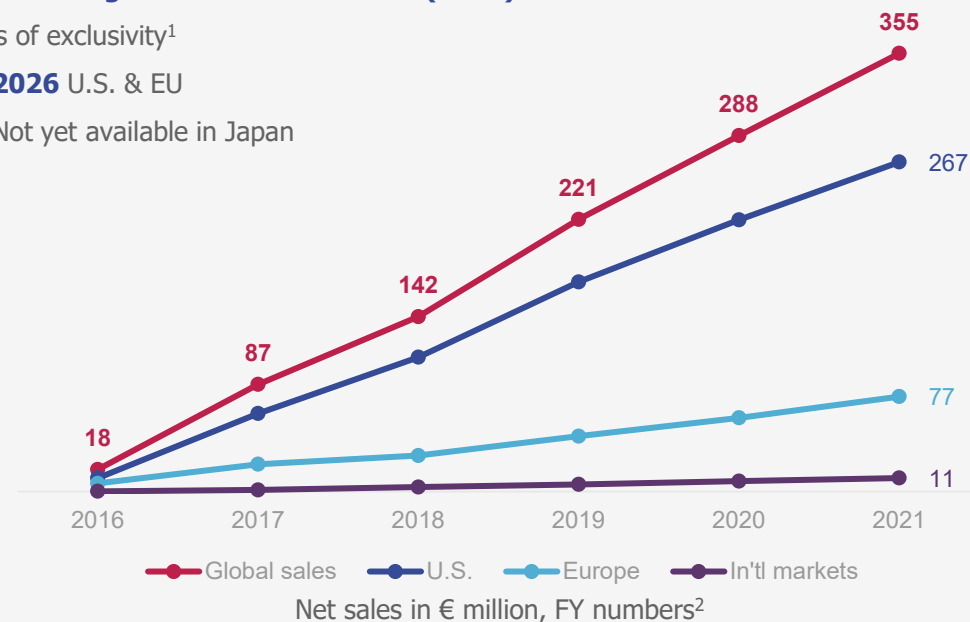
For people living with

- partial-onset seizures (POS), also known as focal seizures
 - 2021: U.S. FDA approval as both monotherapy or adjunctive therapy for the treatment of partial-onset seizures in patients 1 month of age and older
 - 2021: positive CHMP opinion on use for the treatment of focal epileptic seizures in children 2 to 4 years of age (previously approved for patients >4 years of age)

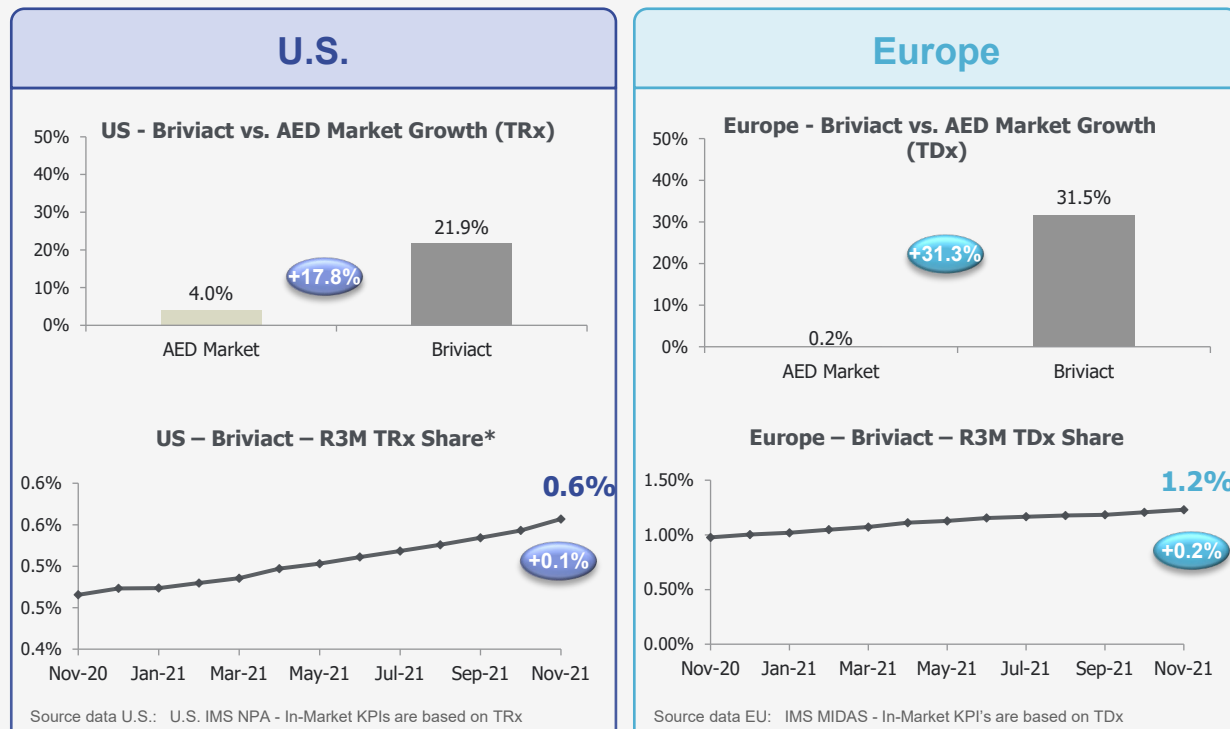
Peak sales guidance: € 600 million (2026)

Loss of exclusivity¹

- **2026** U.S. & EU
- Not yet available in Japan



BRIVIACT® In-Market Performance



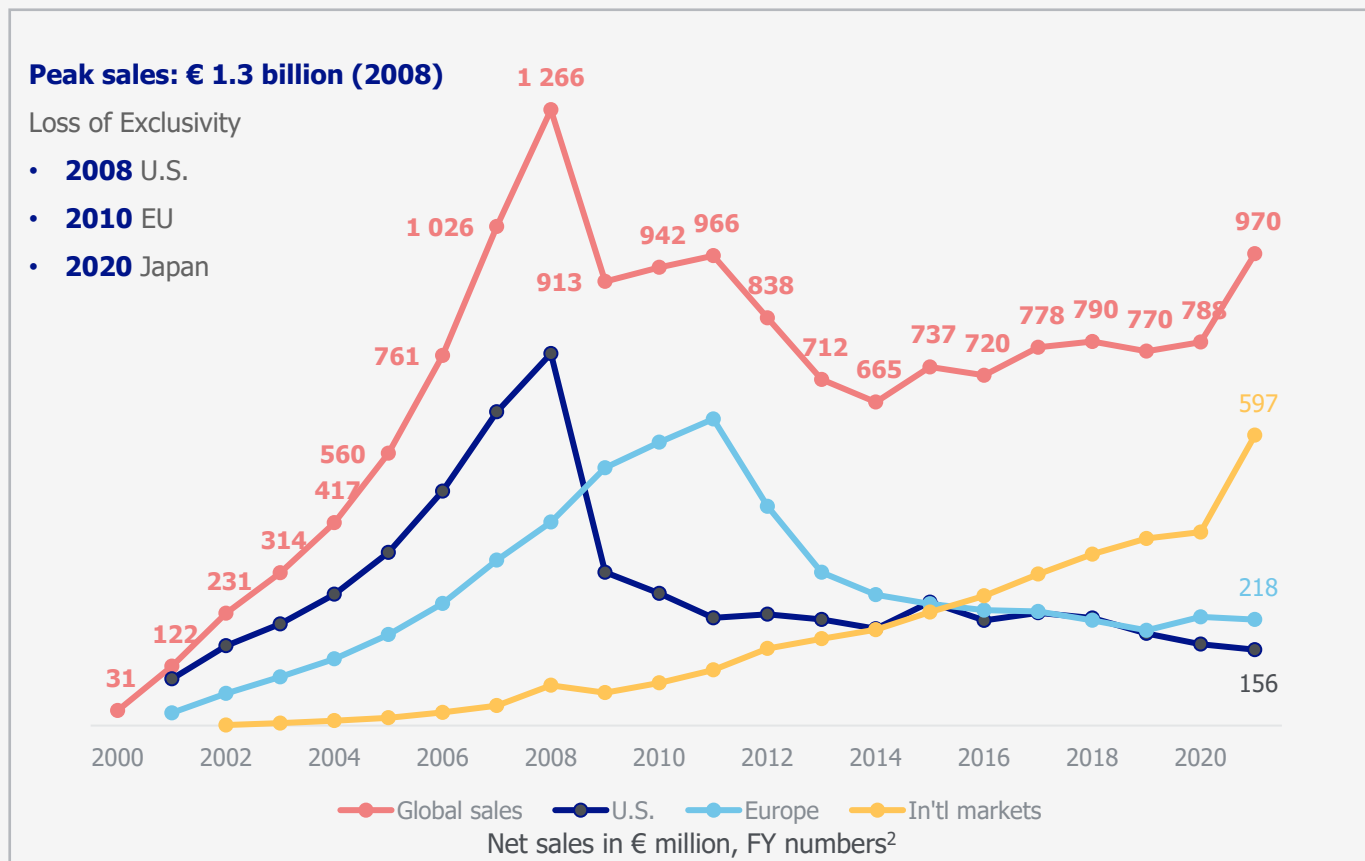
In-Market KPIs are based on TRx (US) and TDx (EU); AED market: All molecules in ATC3= N3A + Phenobarbital in N5B. In Europe, the TDx of all these molecules are AED Market and Vimpat TRx/TDx growth are calculated for MAT Nov'21 vs. MAT Nov'20 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Vimpat TRx/TDx market share is calculated for R3M Nov'21 and market share growth is shown against R3M Nov'20.

Mature established brand

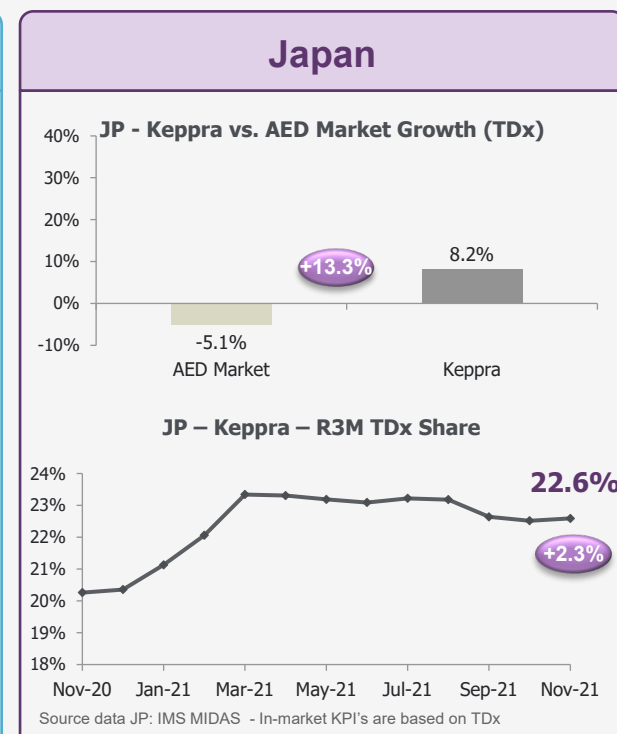
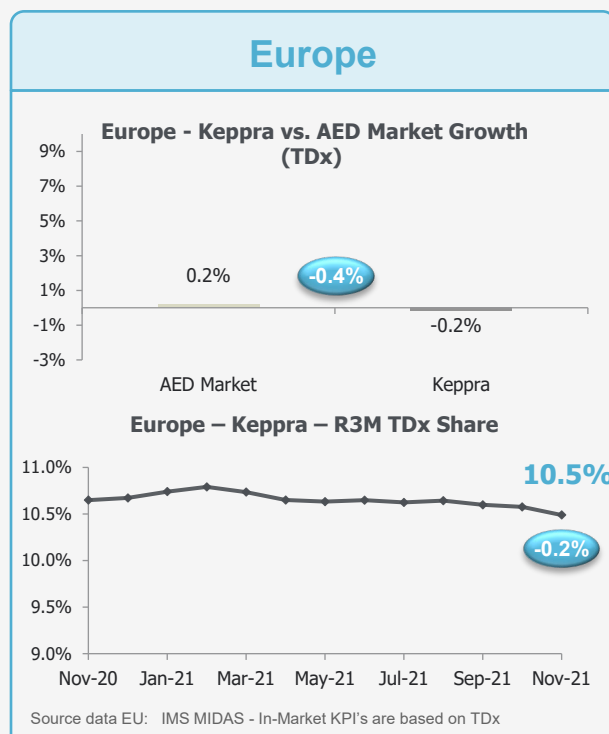
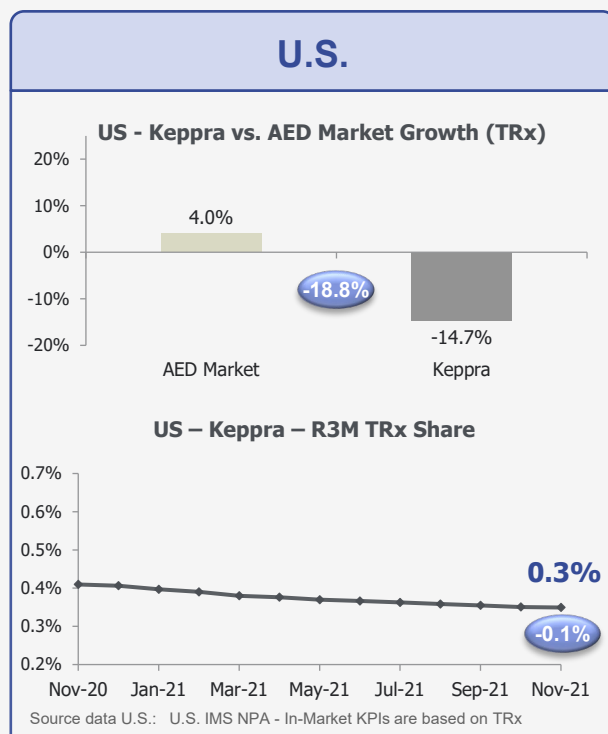


For people living with

- partial-onset seizures (POS), also known as focal seizures
- primary generalized tonic-clonic seizures (PGTCS)
- myoclonic seizures



KEPPRA® In-Market Performance



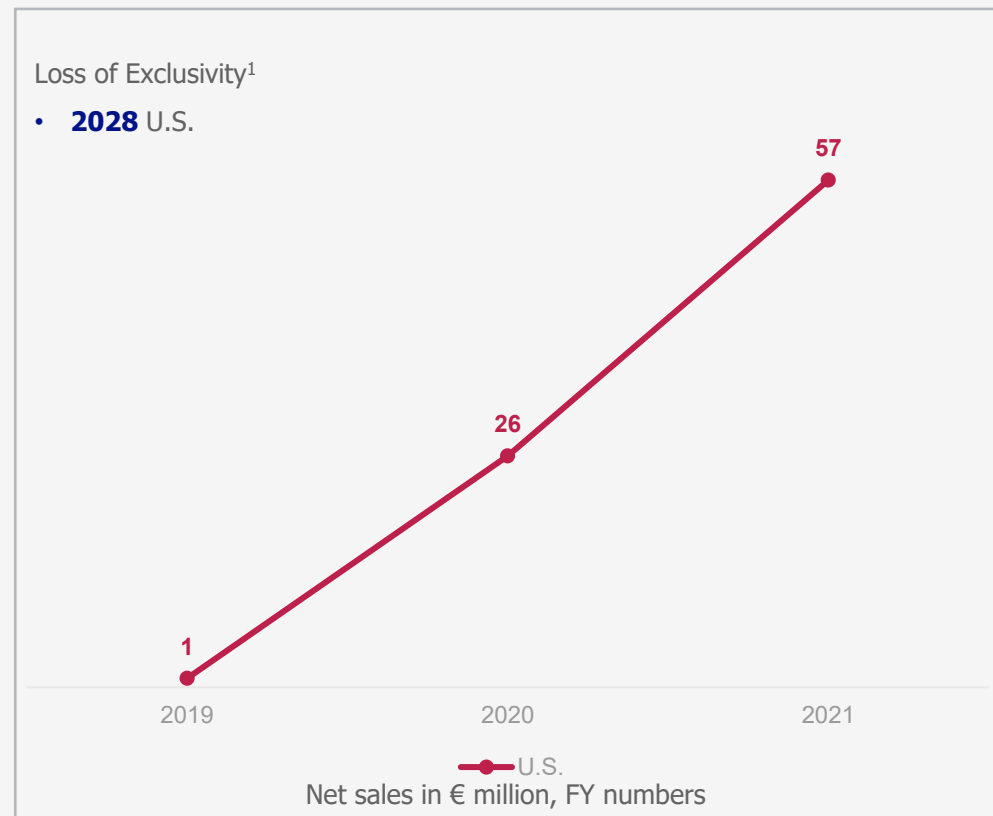
NAYZILAM®

Available to a growing number of patients in the USA



For patients living with epilepsy seizure clusters
([U.S. - 2019](#))

Nayzilam® was acquired in [2018](#) from Proximagen.



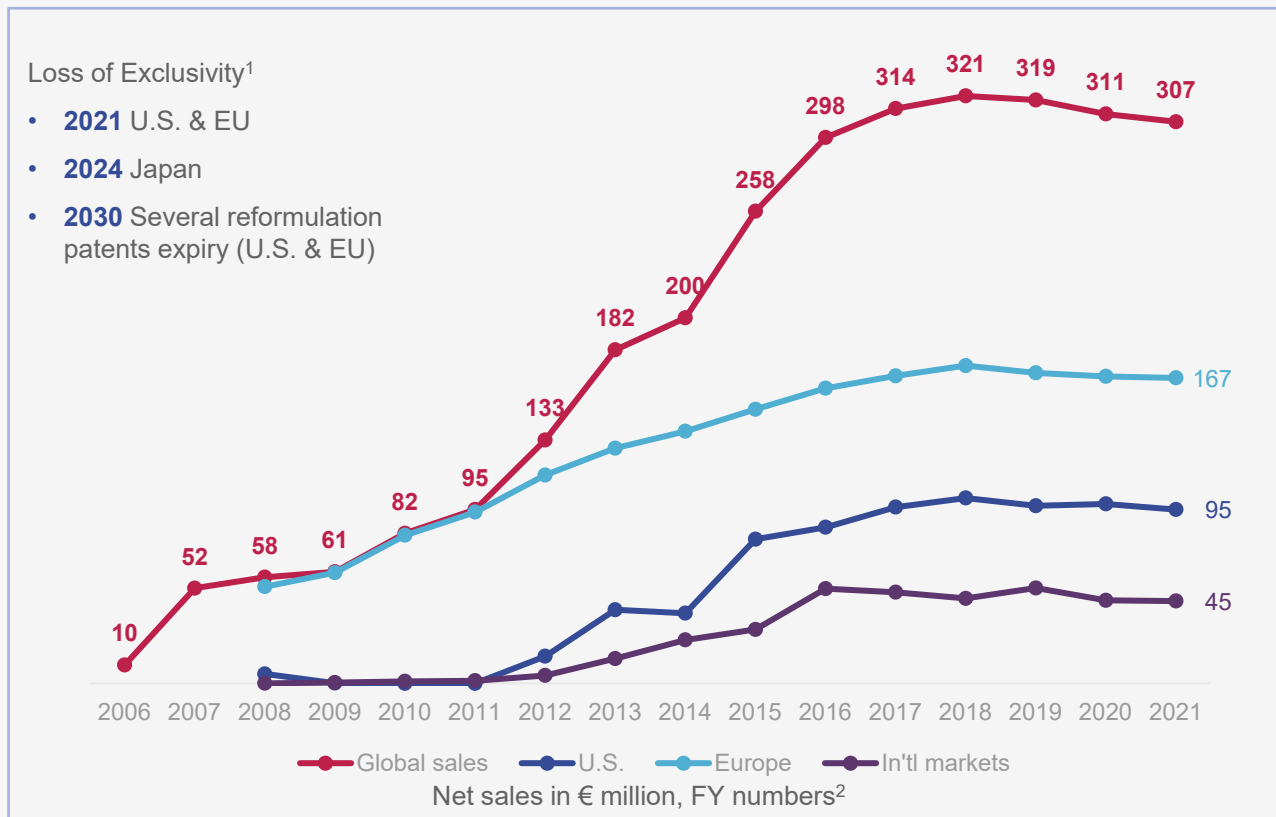
NEUPRO®

Reached peak sales in 2018

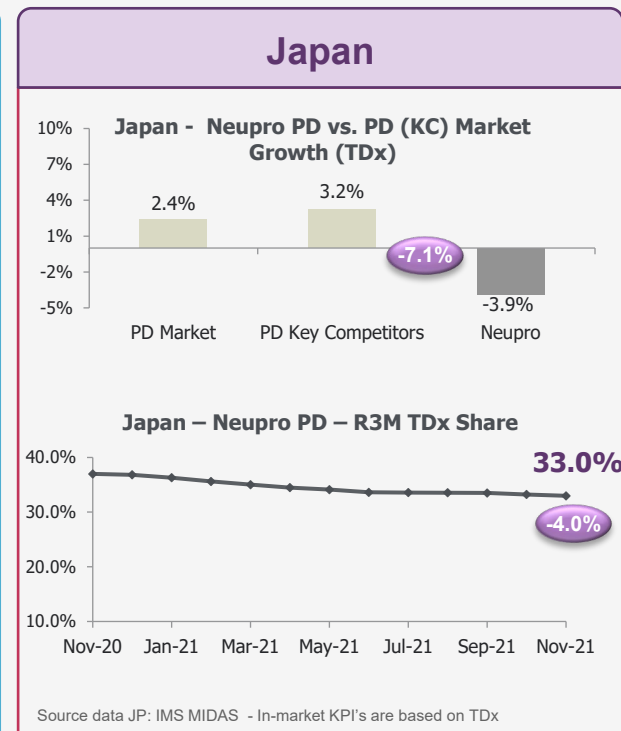
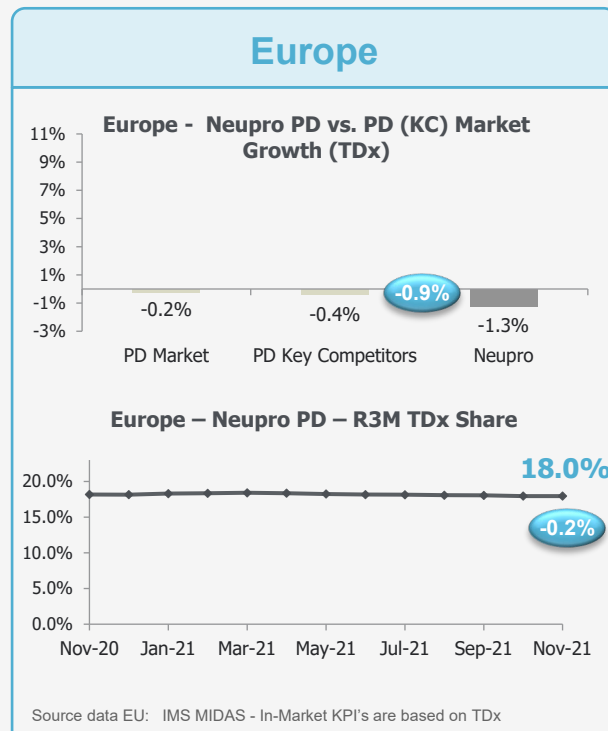
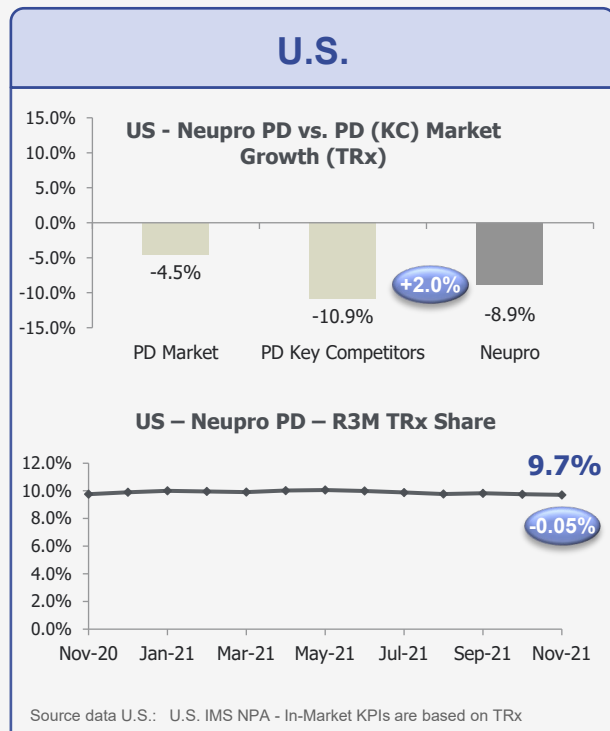


For people living with

- Parkinson's disease
- Restless legs syndrome



NEUPRO® In-Market Performance



Impact of EVENITY® on UCB's P&L

		UCB	Amgen	Astellas
+	Net sales	European sales	US & RoW sales + intercompany sales to Japan	In-market sales Japan
-	Cost of goods	European sales	US & RoW sales + intercompany sales to Japan	Intercompany sales to Japan
-	Operating expenses	European sales and costs for future UCB market launches	US & RoW sales and costs for future Amgen market launches	Japanese sales
+/-	Other operating income/expense	50% of profit outside Europe minus 50% of EU profit/loss ¹	50% of EU profit/loss ¹ minus 50% of profit outside Europe	
<hr/>				
=	Adj. EBITDA includes	50% of worldwide profit	50% of worldwide profit	

Due to lower European sales compared to world-wide sales, EVENITY® over-proportionally contributes to UCB’s adjusted EBITDA

¹ Breakeven not reached yet, hence Amgen carries 50% of the European loss.
 RoW = Rest of World

Accelerate & Expand (2019-2021)

- ✓ Preparing for the future!
- ✓ Maximize the number of lives we can positively impact!
- ✓ Focus on patients that can benefit most!
- ✓ Strengthen our R&D to deliver new compounds in shorter cycle times!
- ✓ Identify & act on potential opportunities

2019

- ✓ **EVENITY® launch**
- ✓ **NAYZILAM® launch (U.S.)**
- ✓ *bimekizumab* Phase 3 results in PsO
- ✓ *bimekizumab* Phase 3 start in PsA & AS
- ✓ *padsevonil* Phase 3 start in focal-onset seizures
- ✓ *rozanolixizumab* Phase 3 start in MG + Phase 2a in CIDP
- ✓ Agreement to acquire Ra Pharma

2020

- ✓ *rozanolixizumab* Phase 3 start in ITP (Jan)
- ✓ *bimekizumab* Phase 3 start in HS (Feb)
- ✓ *padsevonil* Phase 2b topline results (March)
- ✓ Ra Pharma closing (April)
- ✓ Acquisition of STACCATO® *alprazolam* (June)
- ✓ CIMZIA® co-promotion agreement with Ferring in the U.S. (July)
- ✓ Partnership with Roche to develop UCB0107 in AD (July)
- ✓ *dapirolizumab pegol* Phase 3 start in SLE (Q3)
- ✓ *bimekizumab* filing in PsO (Sept)
- ✓ Acquisition of Handl Therapeutics & new R&D collaboration with Lacerta Therapeutics (Nov) in gene therapy
- ✓ VIMPAT® PGTCS approval (Q4)

2021

- ✓ *bepranemab* (UCB0107) Phase 2 started in AD (TOGETHER trial) in Q2
- ✓ EU: CHMP positive opinion on BIMZELX® (*bimekizumab*) in June 2021
- ✓ *rozanolixizumab* in CIDP de-prioritized (Feb)
- ✓ *zilucoplan* Phase 2 topline results in IMNM with good safety data, but C5 not relevant in this disease - discontinued
- ✓ *rozanolixizumab* Phase 2 in AIE started in Q3
- ✓ *rozanolixizumab* Phase 3 in MOG-antibody disease started in Q4
- ✓ STACCATO® *alprazolam* Phase 3 started in active epileptic seizure in Q4
- ✓ *rozanolixizumab* / *zilucoplan* Phase 3 topline results in myasthenia gravis late 2021 / early 2022
- ✓ *bimekizumab* Phase 3 topline results in psoriatic arthritis & axial spondyloarthritis (end of 2021/early 2022)
- ✓ Out-licensing of *zampilimab* to Chiesi
- ✓ Partnering with Novartis in Parkinson's disease



Inspired by patients.
Driven by science.

AD: Alzheimer's disease; AIE: autoimmune encephalitis; AS: axial spondyloarthritis; CIDP: Chronic Inflammatory Demyelinating Polyneuropathy; HS: hidradenitis suppurativa; IMNM: Immune-Mediated Necrotizing Myopathy; ITP: Immune Thrombocytopenia; MG: myasthenia gravis; MOG: myelin oligodendrocyte glycoprotein; PGTCS: primary generalized tonic-clonic seizures; PsO: psoriasis; PsA: psoriatic arthritis; SLE: systemic lupus erythematosus

UCB Late-Stage Pipeline | Timelines Confirmed

		PHASE 1	PHASE 2	PHASE 3	FILING	
BIMZELX® (bimekizumab; IL-17A&F inhibitor)						
Psoriasis						market authorization in EU, GB, Japan & Canada; under review in the U.S.*
Psoriatic arthritis	✓ ✓					
Axial spondyloarthritis	✓ ✓					
Hidradenitis suppurativa					Topline results H2 2022	Read-out earlier than expected
zilucoplan (C5 inhibitor)						
Generalized myasthenia gravis	✓					Submission Q3 2022
rozanolixizumab (FcRn inhibitor)						
Generalized myasthenia gravis	✓					Submission Q3 2022
Immune thrombocytopenia					Topline results H2 2022	
MOG-antibody disease					Topline results H2 2024	New indication
Autoimmune encephalitis				Topline results H1 2024		New indication
dapirolizumab pegol (anti-CD40L antibody)						
Systemic lupus erythematosus**					Topline results H1 2024	
STACCATO® alprazolam						
Stereotypical prolonged seizures					Topline results H1 2024	
bepranemab (anti-tau antibody)						
Alzheimer's disease***				Topline results H1 2025		
UCB0599 (α-syn-misfolding inhibitor)						
Parkinson's disease****				Topline results H2 2023		

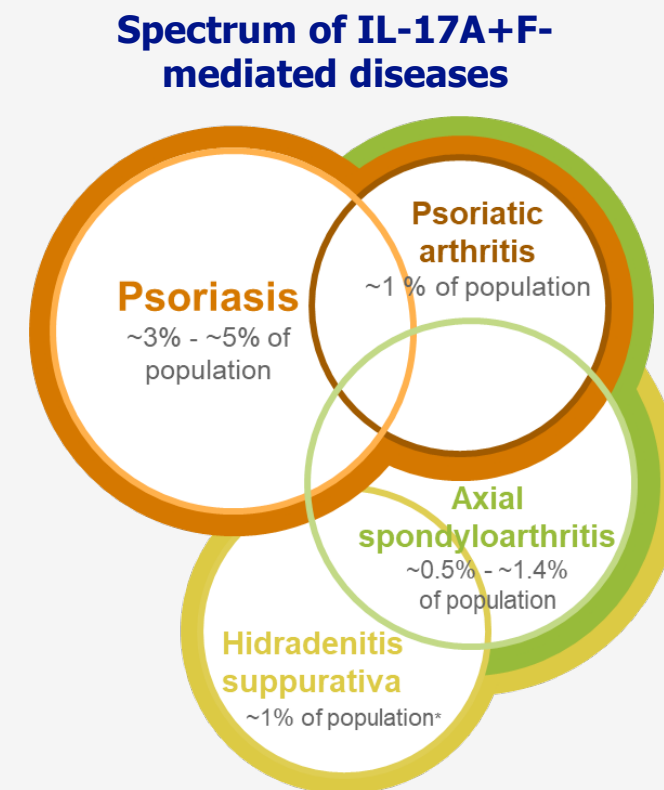
✓ = Recent Phase 3 positive topline results published

BIMZELX® (bimekizumab) Phase 3 Clinical Development Programs

>4 500 patients enrolled

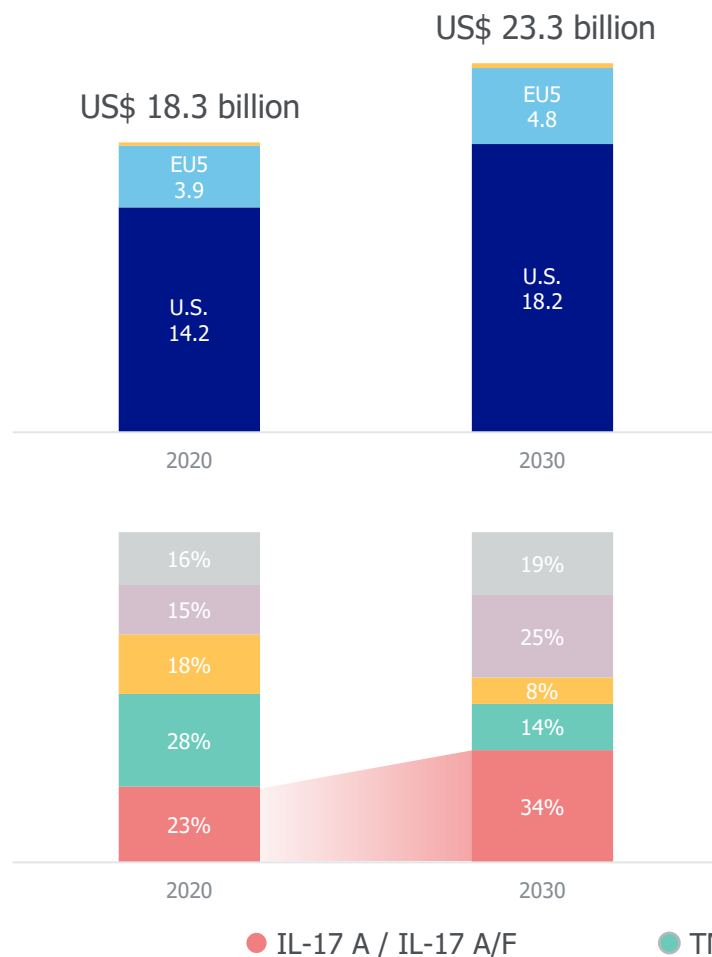
Psoriasis (PSO) 3x superior	Psoriatic arthritis (PsA)	Axial spondyloarthritis (nr-axSpA & AS)	Hidradenitis suppurativa (HS)
BE VIVID (PS0009) NCT03370133 (vs <i>ustekinumab</i>) BE READY (PS0013) NCT03410992 (vs placebo) BE SURE (PS0008) NCT03412747 (vs <i>adalimumab</i>) BE RADIANT (PS0015) NCT03536884 (vs <i>secukinumab</i>) > 2 000 patients*	BE OPTIMAL (PA0010) NCT03895203 (vs placebo) BE COMPLETE (PA0011) NCT03896581 (vs placebo) > 1 200 patients*	BE MOBILE1 (AS0010) NCT03928704 (vs placebo in nr-axSpA) BE MOBILE2 (AS0011) NCT03928743 (vs. placebo in AS/r-axSpA) > 500 patients*	BE HEARD I (HS0003) NCT04242446 (vs placebo) BE HEARD II (HS0004) NCT04242498 (vs placebo) ~ 1 000 patients*
	Submission in Q3'22	Submission in Q3'22	Phase 3 ongoing Topline results H2'22

Approved in EU, GB,
Japan & Canada 2021/22;
filed in the US (expected
approval in H1'22)

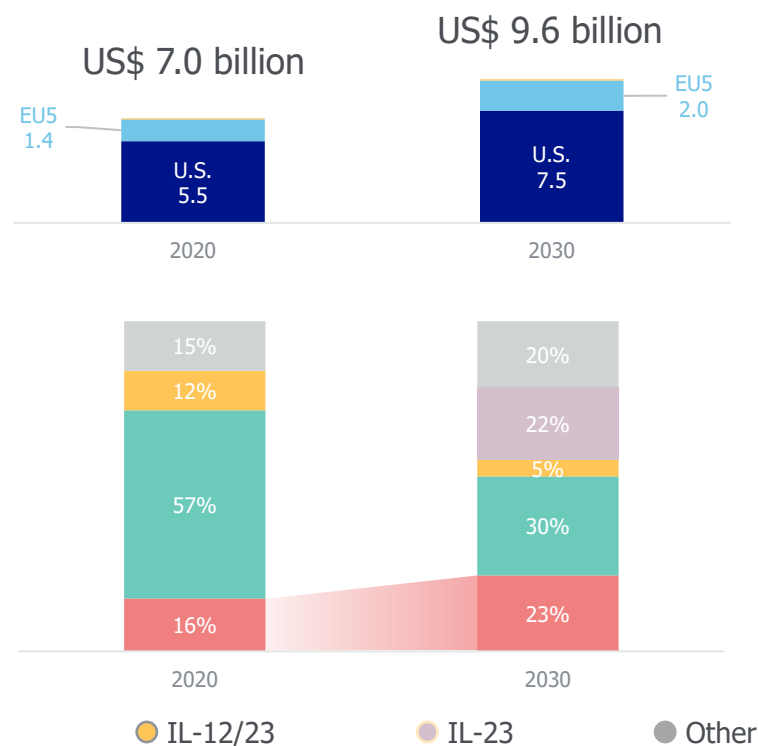


Focusing On Markets With Strong Growth Potential

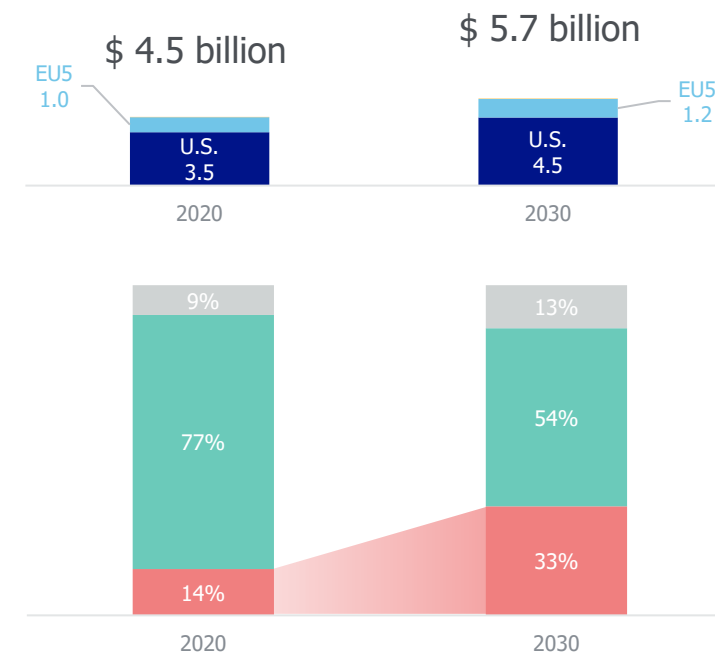
Psoriasis



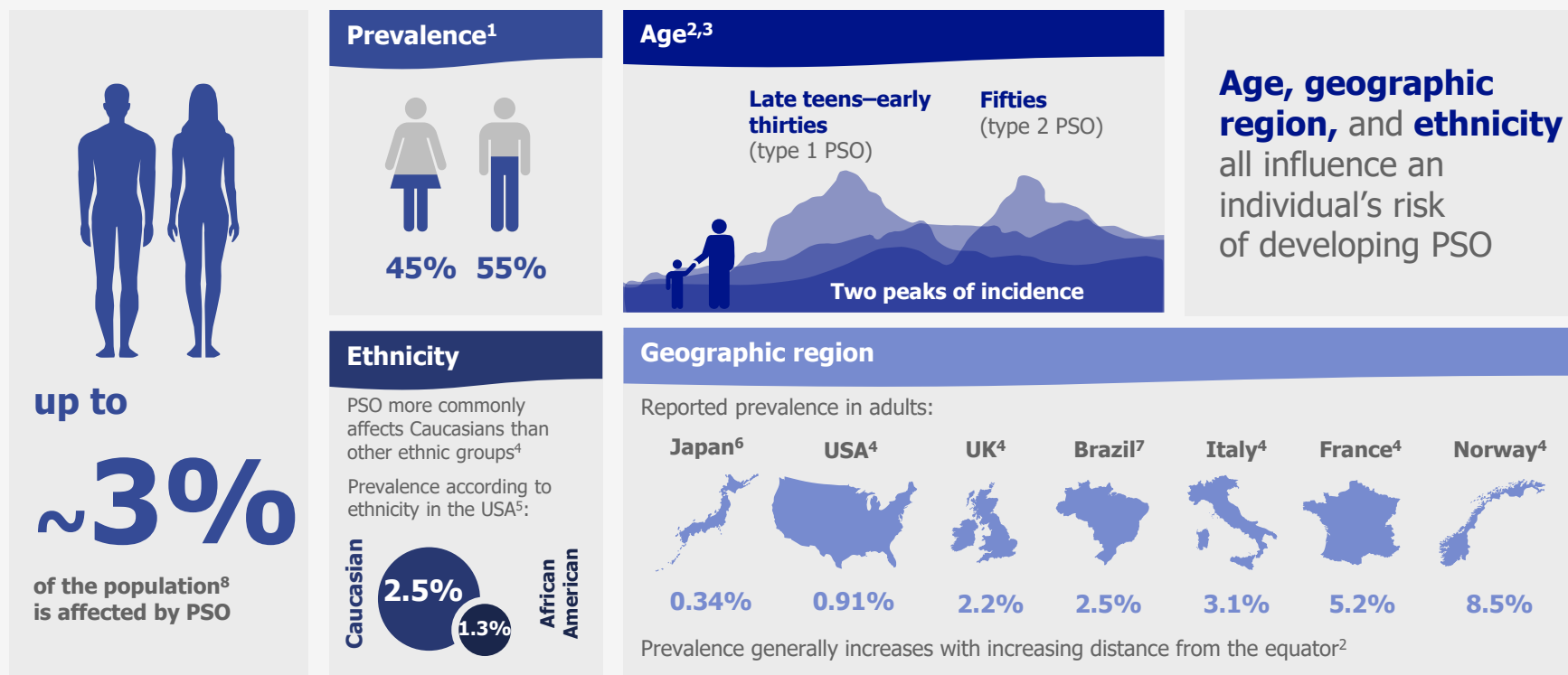
Psoriatic arthritis



Axial spondyloarthritis



Psoriasis: High Prevalence Globally



1. Kimball AB et al. *Br J Dermatol*. 2014;171(1):137-147. 2. Crow JM. *Nature*. 2012;492(7429):S50-S51. 3. Langley RG et al. *Ann Rheum Dis*. 2005;64:(suppl 2):ii18-23; discussion ii24-25. 4. Parisi R et al. *J Invest Dermatol*. 2013;133(2):377-385. 5. Enamandram M and Kimball AB. *J Invest Dermatol*. 2013;133(2):287-289. 6. Kubota K et al. *BMJ Open*. 2015 Jan 14;5(1):e006450. 7. Duarte GV et al. *Psoriasis(Auckl)*. 2015;5:55-64 8. Parisi R, et al. *J Invest Dermatol*. 2013;133:377-385.

Psoriatic Arthritis: High Unmet Need and Disease Burden

Psoriatic arthritis (PsA)

PsA is a complex disease with a **broad range of manifestations**, including swelling of the joints, entheses, and skin psoriasis¹⁻³

It is associated with **six key disease domains**⁴



Peripheral arthritis



Axial disease



Enthesitis



Dactylitis

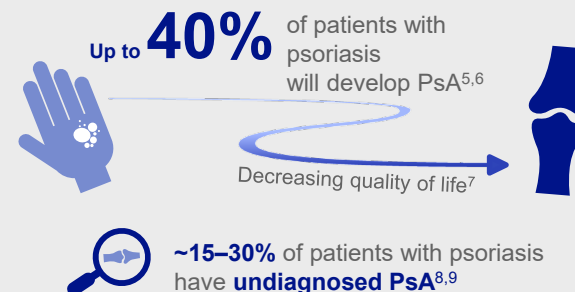


Skin



Nails

Disease progression

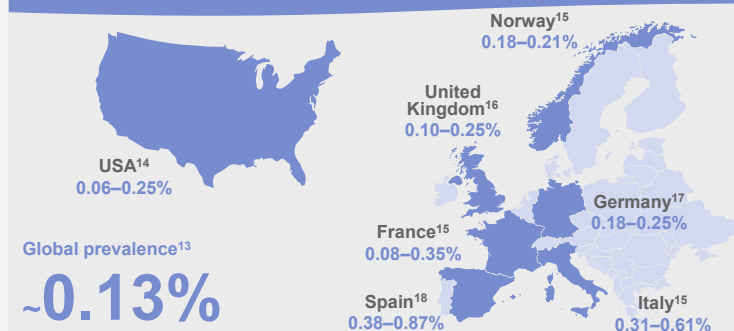


Gender differences

Diagnosis is delayed¹⁰ and outcomes are **worse in women**^{11,12}



Prevalence by geographic region



Burden of disease

Pain/swelling¹⁹



Itching⁷



Depression, anxiety and mental health^{11,20}



Difficulty with everyday activities²¹



Quality of life reduced^{20,21}



Approximately **1 in 3 patients achieve minimal disease activity criteria** in real-life studies with current treatments^{*22}

*Based on a study of patients in cross-sectional and cohort studies (n=39) fulfilling 5 out of the 7 MDA criteria: tender joint count (TJC) ≤1; swollen joint count (SJC) ≤1; psoriasis activity and severity index (PASI) ≤1 or body surface area (BSA) ≤3; patient pain visual analogue scale (pain VAS) score ≤15; patient global disease activity (global VAS) score ≤20; health assessment questionnaire (HAQ) score ≤0.5; and tender entheses points ≤16. 1. NHS. Psoriatic arthritis, 2019. Available at: <https://www.nhs.uk/conditions/psoriatic-arthritis/>. Accessed October 2020. 2. Ocampo DV et al. F1000Research. 2019;8:F1000 Faculty Rev-1665. 3. Gladman DD. F1000Research. 2016;5:2670-2670. 4. Coates LC et al. Arthritis Rheumatol. 2016;68(5):1060-1071. 5. Mease PJ and Armstrong AW. Drugs. 2014;74(4):423-441. 6. Gladman DD et al. Ann Rheum Dis. 2005;64 Suppl 2:ii14-17. 7. Kavanaugh A et al. Rheumatol Ther. 2016;3(1):91-102. 8. Villani et al. J Am Acad Dermatol. 2015;73:242-248. 9. Haroon M et al. Ann Rheum Dis. 2015;74(6):1045-1050. 10. Jovani V et al. PLoS One. 2018;13(10):e0205751. 11. Nas K et al. Ann Rheum Dis 2019; 78(Suppl 2):920-921. 12. Eder L et al. Ann Rheum Dis. 2013;72(4):578-582. 13. Scotti L et al. Semin Arthritis Rheum 2018;48(1):28-34. 14. Ogdie A and Weiss P. Rheum Dis Clin North Am 2015;41(4):545-568. 15. Alamanos Y et al. J Rheumatol. 2008;35:1354-1358. 16. Ogdie et al. Rheumatology. 2013;52(3):568-575. 17. Sewerin P et al. Ann Rheum Dis. 2019;78:286-287. 18. Pérez A et al. PLoS One. 2020;15(6):e0234556. 19. Lebwohl MG et al. J Am Acad Dermatol. 2014;70(5):871-881. 20. Salaffi F et al. Health Qual Life Outcomes. 2009;7:25. 21. Picchianti-Diamanti A et al. Qual Life Res. 2010;19:821-826. 22. Zardin-Moraes M et al. J Rheumatol. 2020;47(6):839-846.

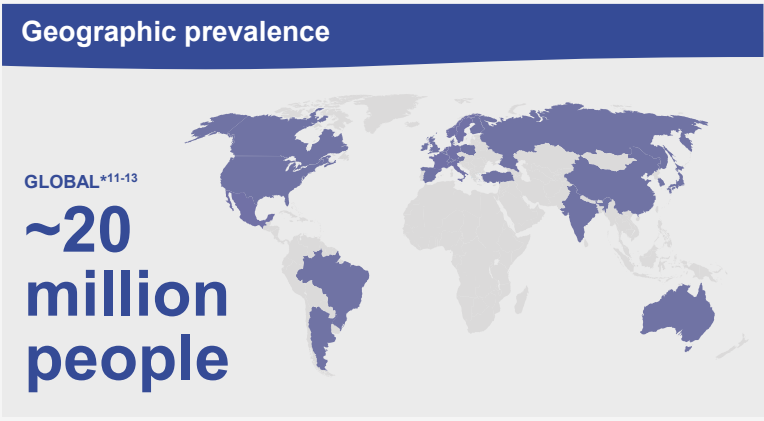
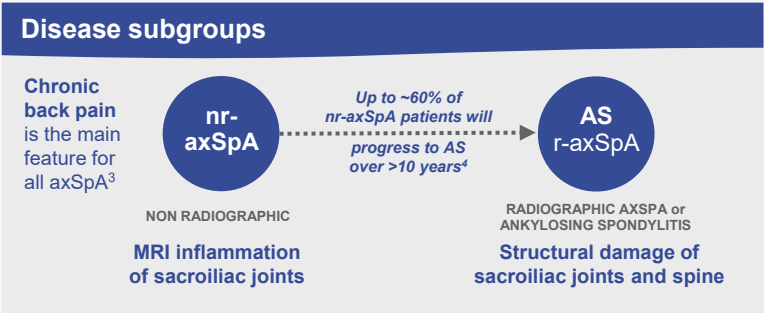
Axial Spondyloarthritis (axSpA)

Much more than just ordinary back pain



A painful chronic inflammatory disease that starts in the sacroiliac joints and progresses to the spine, ultimately causing spinal fusion in many patients over time¹

Patients experience disease onset **before age 45**, often in their 20's. Patients typically have a delay in diagnosis of **8.5 years**²



3 KEY TREATMENTS:⁵

- NSAIDS
- TNF inhibitors
- IL-17A inhibitors

*To estimate the global population of people with axSpA, the following calculation was performed: an AS global prevalence of ~0.13%¹¹ was applied to a global population of 7.8 billion people¹² and the figure multiplied by two, as AS patients are estimated to make up half of the total axSpA patient population.^{11,13} 1. Sieper J et al. Nat Rev Dis Primers. 2015;1:15013. 2. National Axial Spondyloarthritis Society. Facts and Figures, 2021. Available at: <https://nass.co.uk/about-as/as-facts-and-figures/>. Accessed January 2021. 3. Strand V and Singh JA. Mayo Clin Proc. 2017;92(4):555–564. 4. Robinson PC et al. Nat Rev Rheumatol. 2020 Dec 23. Epub ahead of print. 5. Ward MM et al. Arthritis Rheumatol. 2019;71(10):1599–1613. 6. Boonen A et al. Semin Arthritis Rheum. 2015;44(5):556–562. 7. Rosenbaum JT. Clin Rheumatol. 2015;34(6):999–1002. 8. Taurog JD et al. N Engl J Med. 2016;375(13):1303. 9. de Winter JJ et al. Arthritis Res Ther. 2016;18(1):196. 10. Rondags A et al. Semin Arthritis Rheum. 2019;48(4):611–617. 11. Akkoc and Khan. Curr Rheumatol Rep. 2020;22(9):54. 12. United Nations Population Fund. World Population Dashboard, 2020. Available at: <https://www.unfpa.org/data/world-population-dashboard>. Accessed January 2021. 13. Proft F et al. Ther Adv Musculoskelet Dis. 2018;10(5-6):129–139.

Bimekizumab Ambition: Best in Disease Efficacy in Skin and Joints

Positive topline results in all Phase 3 studies. All studies met their primary and all ranked secondary outcome measures.

Psoriatic arthritis

BE OPTIMAL (PA0010)

NCT03895203

840 patients (biologic disease-modifying anti-rheumatic drug (bDMARD) naïve)

week	16	52
bimekizumab	bimekizumab	bimekizumab
adalimumab	adalimumab	adalimumab
placebo	bimekizumab	bimekizumab

Primary endpoint ACR50
@ week 16

ACR50 = American College of Rheumatology 50 response at week 16. This Phase 3 study used ACR50 as the primary outcome measure instead of ACR20, i.e., 50 percent versus 20 percent improvement from baseline.

BE COMPLETE (PA0011)

NCT03896581

390 patients (inadequate responders or intolerant to anti-TNF treatment)

bimekizumab
placebo

Axial spondyloarthritis

BE MOBILE1 (AS0010)

NCT03928704

240 patients (non-radiographic axial spondyloarthritis)

week	16	52
bimekizumab	bimekizumab	bimekizumab
placebo	bimekizumab	bimekizumab

Primary endpoint ASAS40
@ week 16

Assessment of SpondyloArthritis International Society 40 percent response at week 16, the primary endpoint of the study. ASAS40 measures improvements in disease across four different domains - patient global assessment of disease activity, spinal pain, physical function and inflammation. The primary endpoint used in this study, ASAS40, set a high threshold for improvement in patient-reported outcomes, i.e., at least a 40 percent improvement relative to baseline.

BE MOBILE2 (AS0011)

NCT03928743

300 patients (ankylosing spondylitis, also known as radiographic axial spondyloarthritis)

bimekizumab	bimekizumab
placebo	bimekizumab

Hidradenitis Suppurativa (HS)

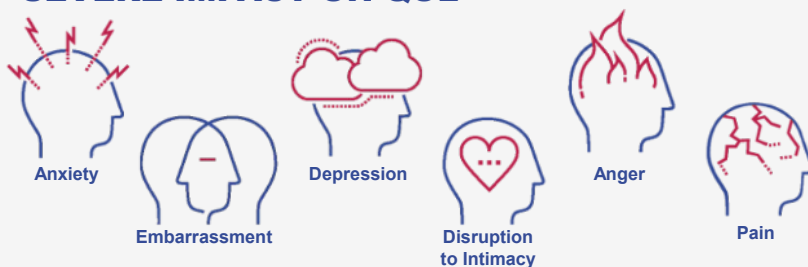
A grim disease with severe impact on people living with this disease



Hidradenitis suppurativa (HS)

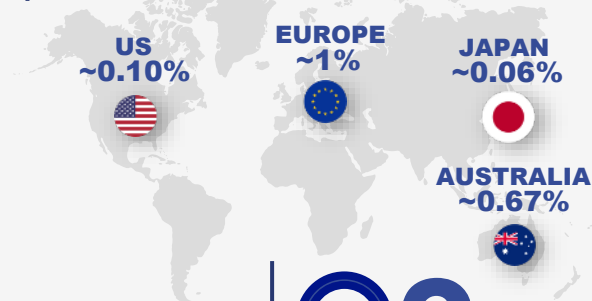
A debilitating, chronic, inflammatory skin disease of the hair follicle that presents with painful, inflamed lesions in the armpits, genital area, groin, buttocks/anus, and breasts resulting in painful, inflamed lesions, lumps, cysts, scarring

SEVERE IMPACT ON QOL



PREVALENCE

AFFECTS UP TO 1%



DIAGNOSIS



Not Understood

Significant delays in diagnosis ranging from **3.7–23.7 yrs.**

Resulting in intense pain, progressive scarring, and psychological damage

♀ 3x

more **common** in **women** than men

MULTIPLE CO-MORBIDITIES



Inflammatory Bowel Disease (IBD)



Acne Vulgaris (AV)



Diabetes



Axial Spondyloarthritis (axSpA)

OTHER CO-MORBIDITIES

Psychological Disorders
Metabolic Syndrome
Squamous Cell Carcinoma
Down Syndrome

Zouboulis et al, J Eur Acad Dermatol Venereol 2015;29:619-44; Alikhan et al, J Am Acad Dermatol 2019;81:76–90; Jemec GBE et al, N Engl J Med 2012;366:158–64; Garg A et al, JAMA Dermatol 2017;153:760–4; Phan et al. Biomedical Dermatology (2020) 4:2; Calao M et al, Plos One 2018;13:1–23; Canadian Hidradenitis Suppurativa Foundation. What is HS? <http://hsfoundation.ca/en/what-is-hs/>. Accessed 2020-03-26.; Amit et al. Journal of the American Academy of Dermatology, Volume 82, Issue 2, 366 – 376; Kluger N et al, Skin Appendage Disord 2017;3:20–7

Bimekizumab: A Potential New Treatment Option for HS

Two Phase 3 topline results H2 2022

BE HEARD I (HS0003)
[NCT04242446](#)
505 patients
3 dosing regimen (dose not disclosed)

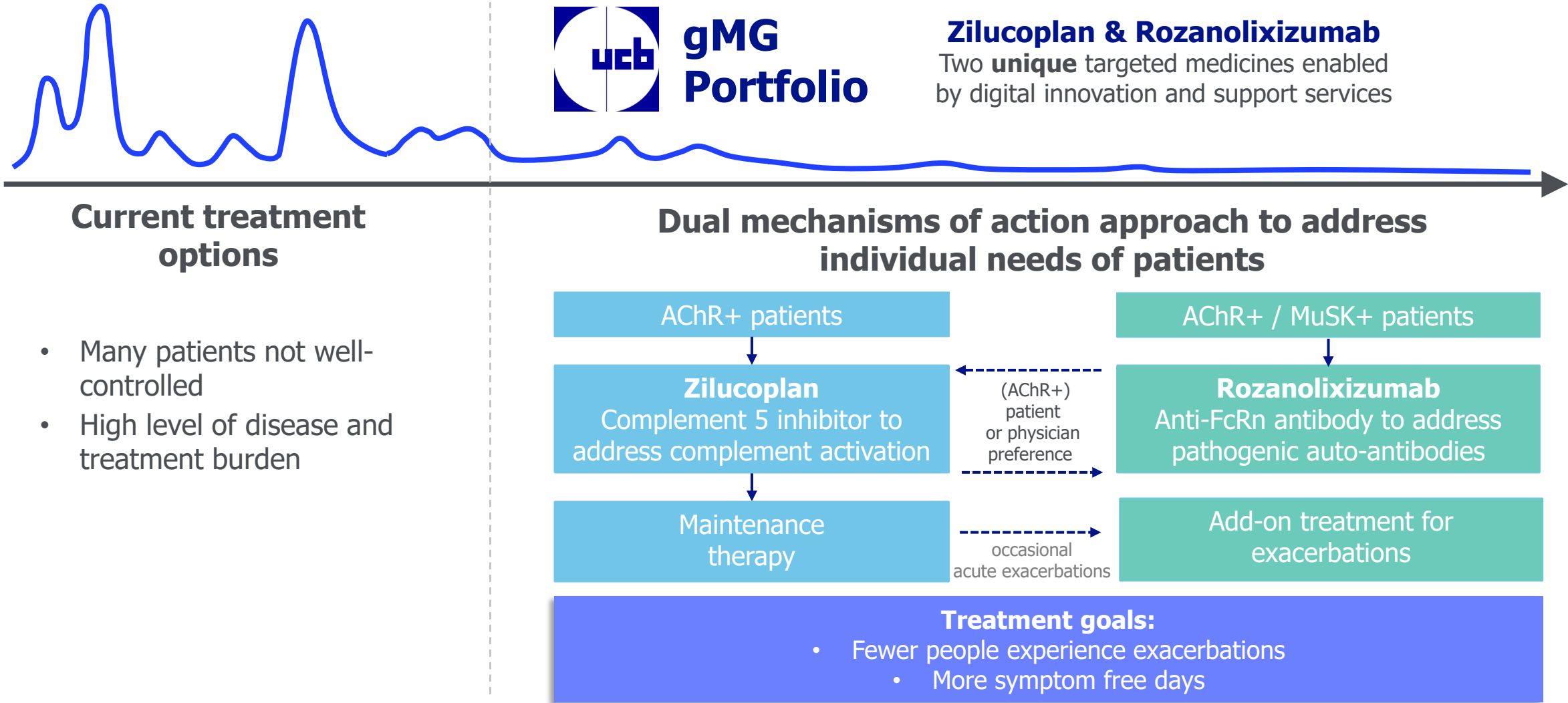
week	16	48
bimekizumab	bimekizumab	
bimekizumab	bimekizumab	
bimekizumab	bimekizumab	
placebo	bimekizumab	

BE HEARD II (HS0004)
[NCT04242498](#)
509 patients
3 dosing regimen (dose not disclosed)





bimekizumab	bimekizumab
bimekizumab	bimekizumab
bimekizumab	bimekizumab
placebo	bimekizumab

Primary endpoint Hidradenitis Suppurativa Clinical Response 50 (HiSCR50)
@ week 16
HiSCR50 is defined as at least a 50% reduction from Baseline in the total abscess and inflammatory nodule (AN) count, with no increase from baseline in abscess or draining tunnel count.

Unique Portfolio Comprising Two Mechanisms of Action Poised to Transform the Generalized Myasthenia Gravis Landscape



Rozanolixizumab: Potential in Multiple IgG Autoantibody-Mediated Diseases With High Unmet Medical Need

Generalized myasthenia gravis (MG)	Immune thrombocytopenia (ITP)	Myelin oligodendrocyte glycoprotein (MOG)-antibody disease	Autoimmune encephalitis (AIE)
 <p>auto-antibodies targeting components of neuromuscular junction</p>	<p>auto-antibodies targeting platelets (loss of function)</p>	<p>auto-antibodies targeting MOG leading to inflammatory demyelination in the CNS</p>	<p>auto-antibodies targeting the LGI1 protein on healthy cells in the CNS leading to localized swelling and inflammation</p>
 <ul style="list-style-type: none"> muscle weakness (extremities, eyes, bulbar and respiratory symptoms) fatigue 	<ul style="list-style-type: none"> thrombocytopenia bleeding (petechiae, purpura, nosebleeds, intracranial bleeding) fatigue 	<ul style="list-style-type: none"> monophasic or relapsing course of neurological dysfunction including optic neuritis (ON), transverse myelitis (TM), and acute disseminated encephalomyelitis (ADEM) temporary and residual permanent disability (in particular, blindness, reduced visual acuity and limited mobility, as well as residual permanent bladder issues, bowel and erectile dysfunction) 	<ul style="list-style-type: none"> cognitive impairment seizures (including faciobrachial dystonic seizures, other focal seizures, and tonic-clonic seizures) hyponatremia sleep disorders
 <p>~ 10 - 45 cases / 100 000</p>	<p>~ 10 - 50 cases / 100 000</p>	<p>~1 - 4 / 100 000</p>	<p>~ 0.7 / 100 000</p>
 <ul style="list-style-type: none"> Surgery (thymectomy) Steroids, steroid-sparing drugs Plasma exchange (PEX) IV immunoglobulin (IVIg) 	<ul style="list-style-type: none"> Platelet transfusion IV immunoglobulin (IVIg) Steroids Surgery (splenectomy) TPO receptor agonists 	<ul style="list-style-type: none"> No approved therapy No formal treatment guidelines established 	<ul style="list-style-type: none"> immunotherapy and symptomatic therapy including antiseizure medications PEX, IVIg

Proprietary and Confidential Property of UCB



Inspired by patients.
Driven by science.

CNS: central nervous system; IV: Intravenous; LGI1: leucine-rich-glioma inactivated-1; subQ: sub-cutaneous; TPO: thrombopoietin; rozanolixizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. Rozanolixizumab requires additional studies before any conclusions for safety and efficacy can be made.

Rozanolixizumab: Targeted Approach Recycling IgG

Transforming disease burden for patients



HOW

Blocking of FcRn receptor binding of plasma IgG¹...

... resulting in the attenuation of IgG recycling, and thus removal of IgG autoantibodies



WHO

Patients living with IgG-mediated autoimmune diseases

Chronic diseases with unpredictable fluctuations and high treatment-associated burden (hospital setting, invasive)

generalized myasthenia gravis (gMG)	immune thrombocytopenia (ITP)	autoimmune encephalitis (AIE)	myelin oligodendrocyte glycoprotein (MOG)-antibody disease
Phase 3 positive topline results published in Q4 2021	Phase 3 ongoing Topline results H2 2022	Phase 2 started in Q3 2021 Topline results H1 2024	Phase 3 started in Q4 2021 Topline results in H2 2024
MG0003 / NCT03971422 200 patients; 3 arms; (<i>rozanolixizumab</i> vs. placebo) MG-ADL Score @ Day 43	TP0003 / NCT04200456 105 patients; 2 arms; (<i>rozanolixizumab</i> vs. placebo) Platelet Response of $\geq 50 \times 10^9/L$ during weeks 13-25	AIE001 / NCT04875975 68 patients; 2 arms; (<i>rozanolixizumab</i> vs. placebo) Seizure freedom for 25 weeks ²	MOG001 / NCT05063163 104 patients; 2 arms (<i>rozanolixizumab</i> vs. placebo); time from randomization to first independently centrally adjudicated relapse during the double-blind treatment period



Inspired by patients.
Driven by science.

¹IgG: Immunoglobulin G; ²seizure freedom is defined by 28 consecutive days of no seizures maintained until the end of the Treatment Period; rozanolixizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. Rozanolixizumab requires additional studies before any conclusions for safety and efficacy can be made.

Zilucoplan: A Peptide Inhibitor in Tissue-Based C5-Mediated Diseases



Zilucoplan is designed to inhibit MAC formation by a dual mechanism and allow for normal ACh signaling

- *Zilucoplan* is a 15-amino acid macrocyclic peptide inhibitor designed to rapidly bind and inhibit C5 cleavage (C5a and C5b)



C5-mediated diseases affect many patients living with chronic conditions

- Chronic diseases with unpredictable fluctuations and high treatment-associated burden
- Chronic, rapidly-progressing, fatal disease

	Proof of concept	Phase 3
Generalized myasthenia gravis (gMG)	 Data published here	 positive topline results published in Feb. 2022
Amyotrophic lateral sclerosis (ALS)	Phase 2/3 platform trial Investigator-led study by the Healey Foundation	

Potential to provide a patient-focused treatment with a quick home subcutaneous infusion delivery

Zilucoplan* Clinical Development Programs

generalized myasthenia gravis (gMG)

Phase 3

Positive topline results
published Feb. 2022

RAISE / NCT04115293

174 patients

2 arms (*zilucoplan* vs placebo)

MG-ADL Score @ week 12

- Positive topline results show the Phase 3 RAISE zilucoplan trial met primary and all key secondary endpoints in adults with gMG
- The results show a favorable safety profile and good tolerability
- UCB plans to proceed with zilucoplan regulatory submissions later this year
- Results follow recent positive topline data from the Phase 3 MycarinG study investigating rozanolixizumab, a monoclonal antibody also being developed by UCB in the same indication
- These results are the latest in a series of positive phase 3 data announcements by the company across its product pipeline

Amyotrophic lateral sclerosis (ALS)

Phase 2/3 platform trial
investigator-led study by the Healey
Foundation

UCB does not comment on investigator-led studies. Please direct your questions to the Healey Foundation.

Systemic Lupus Erythematosus (SLE)

GLOBAL BURDEN OF LUPUS

Lupus is a chronic (long-term) disease that can cause inflammation and pain in any part of your body. As an autoimmune disease (meaning that your immune system attacks healthy tissue) instead, lupus most commonly affects: Skin, Joints, and Internal organs, like your kidneys and heart

(Source: Lupus Foundation of America)

COMMON SYMPTOMS



Pain or swelling in the joints



Extreme fatigue (feeling tired all the time)



Sensitivity to sun light or fluorescent light



Chest pain when breathing deeply



Low grade fevers

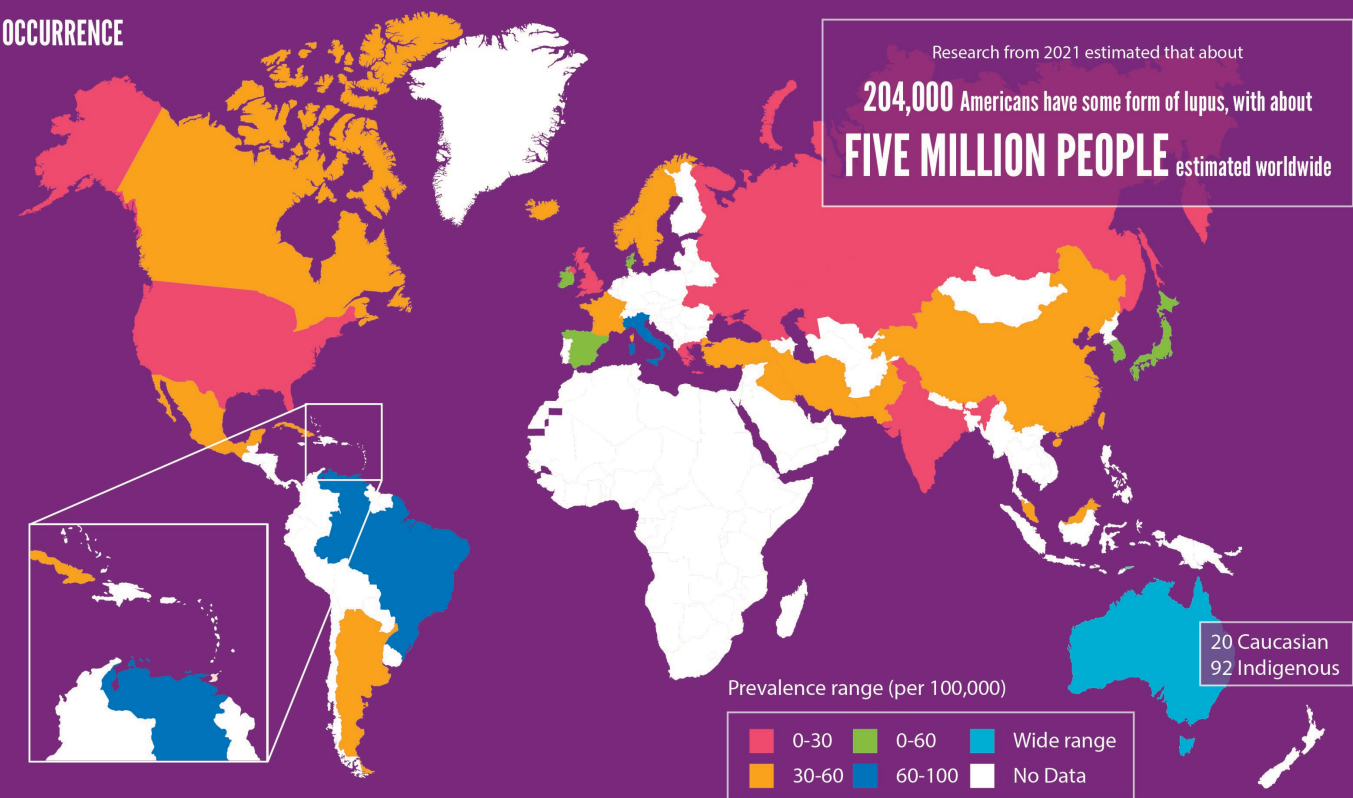


Swelling in the hands, feet, or around the eyes



Headaches

OCCURRENCE



Systemic Lupus Erythematosus (SLE)

Inflammation in many organ systems simultaneously or sequentially

EPIDEMIOLOGY

Anyone can develop lupus. But certain people are at higher risk for lupus, including:

9 out of 10

people with lupus are women.

Women Ages 15 to 44

CERTAIN RACIAL OR ETHNIC GROUPS – INCLUDING PEOPLE WHO ARE

African American | Asian American | Hispanic/Latino | Native American | Pacific Islander

1 IN 3 LUPUS PATIENTS

have another autoimmune disease

People who have an immediate family member (such as parents or siblings) with lupus or another autoimmune disease

LIFE EXPECTANCY

It is believed that between **10-15% OF PEOPLE WITH LUPUS** will die prematurely due to direct or indirect effects of the disease and its treatment.

However, due to improved diagnosis and disease management, most people with the disease will go on to live a normal life span.

(Source: Lupus Foundation of America)

CELEBRITIES

According to Wonderwall, celebrities with lupus include:

LADY GAGA


SELENA GOMEZ

SEAL


More about lupus on <https://www.ucb.com/disease-areas/Lupus>;

¹Source: <https://www.lupus.org/resources/what-is-lupus> accessed 19 November 2020; ²African American, Hispanic and Native American. Women; *dapirolizumab pegol* is an investigational product and is not approved for any indication by any regulatory authority in the world. *dapirolizumab pegol* requires additional studies before any conclusions for safety and efficacy can be made.


Systemic Lupus Erythematosus (SLE) is a disease of flares and remissions, with symptoms that can include:



Facial or other rashes



Joint pain, stiffness and swelling




Headaches, confusion, memory loss

Symptoms vary by individual

Range from fatigue, joint pain, butterfly shaped skin rash across the face, fever, weight/ hair loss, and photosensitivity

Systemic Lupus Erythematosus (SLE) affects more than 5 million people globally,



the majority of whom are women of child-bearing age.

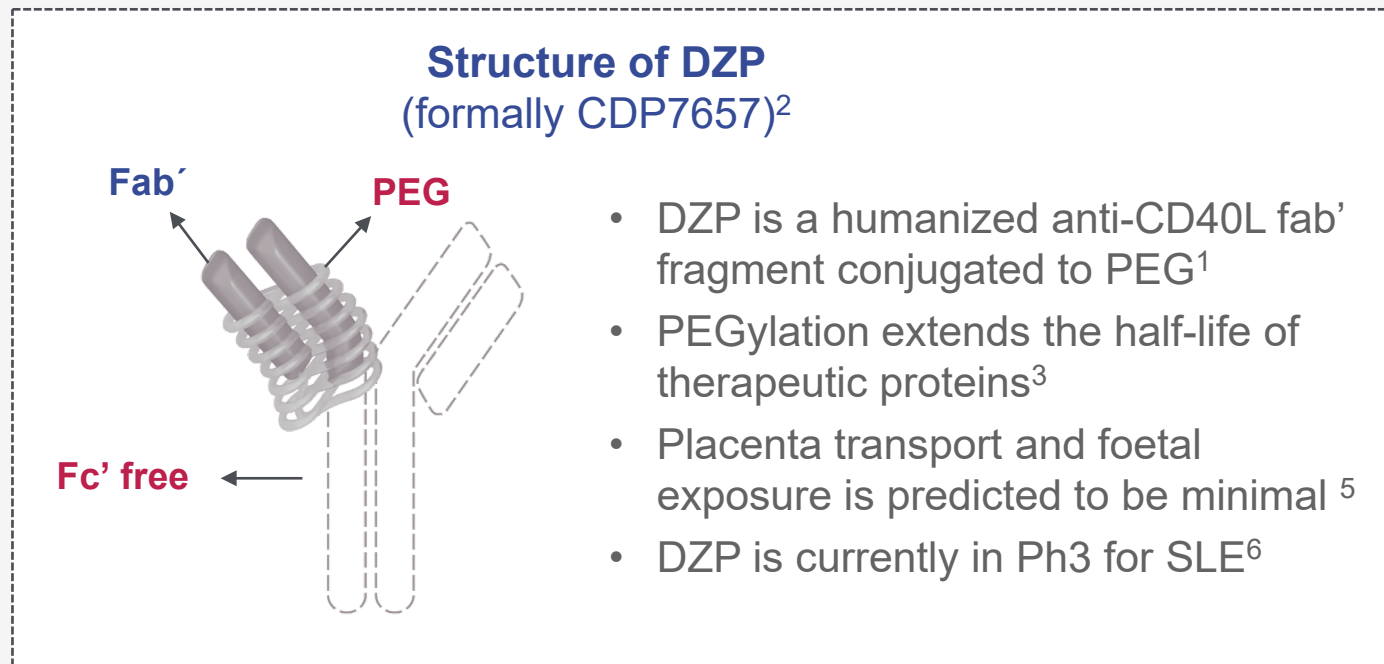
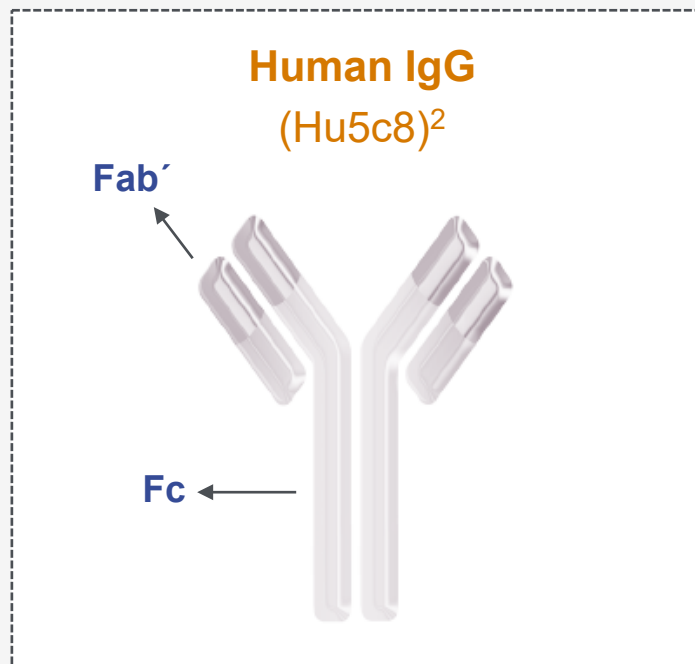
Lupus predominantly affects women¹

- 80-90% of cases between 15 – 45
- Disproportionately affects women of colour²

Opportunity to focus on the underserved patient population

- minorities who often have more severe disease
- underrepresented in clinical research
- may experience unique challenges accessing health care

Dapirolizumab Pegol (DZP) Is a Humanized Anti-CD40L Fab' Fragment Conjugated to PEG¹



The functional Fc region, present on intact Hu5c8 (an anti-human CD40L intact IgG₁ mAb), has been associated with thromboembolic events in clinical investigations in monkeys.⁴ The Fc region is **absent** from the DZP molecule.

¹Chamberlain C et al. Ann Rheum Dis 2017;76:1837–44.

²Vugler A et al. Ann Rheum Dis. 2011;70(Suppl 3):523.

³Harris JM & Chess RB. Nature Reviews Drug Discovery. 2003;2:214–221.

⁴Wakefield I et al. Arthritis Rheum. 2010;62(Suppl 10):1243.

⁵Mariette X, et al. Rheum Dis 2018; 77:228-233

⁶ClinicalTrials.gov Identifier: [NCT04294667](https://clinicaltrials.gov/ct2/show/study/NCT04294667)

Dapirolizumab Pegol Phase 3 Clinical Development Program

50/50 partnership with Biogen; topline results H1'24

PHOENICS GO (SL0043)
[NCT04294667](#)
450 patients
1 dosing regimen (dose not disclosed) vs. placebo



Primary endpoint: BICLA response @ week 48
To evaluate the ability of DZP as an add-on treatment to SOC medication to achieve Clinically relevant long-term improvement of moderate to severe disease activity.

Partnership With Novartis Leverages UCB Sciences

Sharing high-risk, high-reward, and investments needed for disease-modifying therapies in **Parkinson's disease**

10m people are living with Parkinson's Disease (PD) worldwide¹

UCB0599

Potential first-in-class, small molecule, alpha-synuclein, misfolding inhibitor

Partnered with Novartis
(December 2021)

High unmet need given lack of disease-modifying therapies

UCB and Novartis have entered into an agreement²

FOR... **UCB0599**

(alpha-synuclein misfolding inhibitor, in Phase 2)

WITH... **opt-in for UCB7853**

(anti-alpha-synuclein antibody, in Phase 1)

Co-development and co-commercialization partnership:

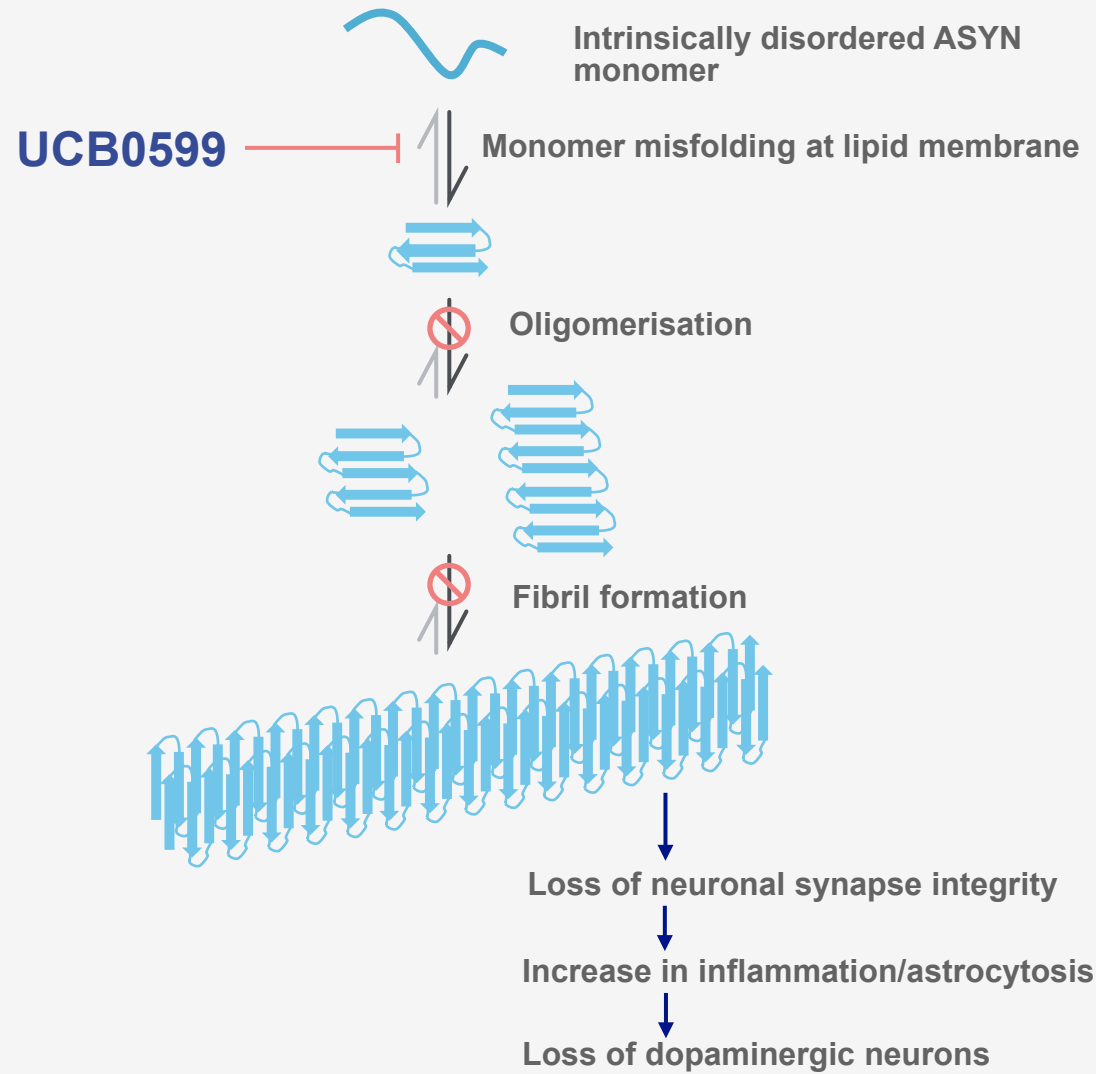
- UCB received upfront payment (US\$150m) and is eligible to receive further potential payments with a total consideration approaching US\$1.5 bn³
- If approved, commercial responsibilities will be split, with UCB being the marketing authorization holder and commercial lead in Europe and Japan, and Novartis in the U.S. and all other territories



Inspired by **patients.**
Driven by **science.**

1. Parkinson's Foundation. Parkinson's Disease Statistics. <https://www.parkinson.org/Understanding-Parkinsons/Statistics>.
2. Closing of the transaction remains subject to obtaining antitrust clearances
3. upon receipt of certain regulatory approvals and satisfying certain development and sales related milestones

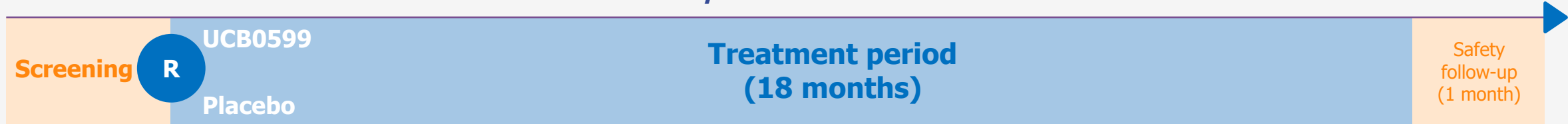
UCB0599 is an Oral Small Molecule Inhibitor of ASYN Misfolding



- UCB0599 is an oral small molecule that binds to ASYN early in the pathological aggregation process^{1,2}
- UCB0599 is thought to prevent the initial misfolding of ASYN that leads to fibril formation and consequent progression of PD^{1–5}
- A Phase 2 study is underway to evaluate the efficacy of UCB0599 in slowing disease progression in patients with early-stage Parkinson's disease (ORCHESTRA study; PD0053; NCT04658186)^{6–8}

A Phase 2, Proof-Of-Concept Study of UCB0599 in Early Parkinson's Disease (The Orchestra Study; PD0053) is Underway

NCT04658186¹ / EudraCT 2020-003265-19²



Patients¹

- Adults (aged 40–75 years) with confirmed PD within 2 years of baseline visit
- Bradykinesia plus muscular rigidity and/or resting tremor
- No clear family history, or confirmation, autosomal-dominant PD
- Modified Hoehn and Yahr stage ≤ 2 at screening
- No prior medication for PD motor symptoms or likely need for symptomatic treatment within 6 months
- Has not previously participated in disease-modifying treatment studies for neurodegenerative diseases



Primary endpoint¹

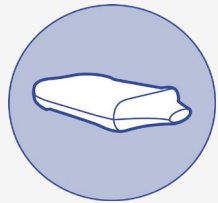
- MDS-UPDRS Parts I-III sum score (BL–18 months)

Secondary endpoints¹

- Clinical symptoms
 - Individual MDS-UPDRS subscale scores (BL–18 months)
 - Time to worsening of disease on MDS-UPDRS Part III scale (BL–18 months)
 - Change in MoCA (screening–18 months)
 - Time to start symptomatic treatment (BL–18 months)
 - Number of patients receiving symptomatic treatment (BL–18 months)
- Neurodegeneration
 - Change in DaT-SPECT mean striatum SBR (screening–18 months)
- Safety: Incidence of TEAEs and SAEs; TEAEs leading to withdrawal (BL–19 months)

Developing STACCATO® *alprazolam* for Rapid Cessation of an Ongoing Seizure in Patients With Stereotypical Prolonged Seizures

STACCATO® *alprazolam* is a drug-device combination for inhalation of alprazolam, administered by a patient or care giver in an out-patient setting, to rapidly terminate (within 90 seconds) an ongoing seizure.



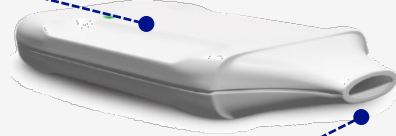
STACCATO® delivery technology:
FDA- and EMA-approved^{1,2}



***alprazolam*:**
a well-known benzodiazepine³



Delivers *alprazolam*
with a single, normal breath, to potentially terminate an ongoing seizure in <90 seconds²



- Potential to deliver on-demand, rapid seizure termination for **20 - 30% of people** living with epilepsy
- The STACCATO® system rapidly vaporizes alprazolam to form an aerosol, with particle size designed for deep lung delivery to produce a rapid, systemic effect.
- Phase 2b clinical trial completed (end 2019); **Phase 3 started Q4 2021; topline results in H1 2024**
- UCB to perform further clinical development, regulatory filings, launch and commercialization

STACCATO® *alprazolam* is an investigational product and is not approved for any indication by any regulatory authority in the world. STACCATO® *alprazolam* requires additional studies before any conclusions for safety and efficacy can be made.

Image is for illustrative purposes only.

EMA, European Medicines Agency; FDA Food and Drug Administration.

1. Alexza Pharmaceuticals. Staccato® One Breath Technology. Available at: <http://staccatoobt.com> (accessed November 2020); 2. UCB. Data on file. Engage Therapeutics.

It's About Time: Finding The Power to Terminate Epileptic Seizures. April 2020. Confidential Overview; 3. French JA, et al. *Epilepsia* 2019;60:1602–609.

STACCATO[®] *alprazolam* Phase 3 Clinical Development Program

STACCATO[®] *alprazolam* is an orally inhaled investigational therapy with the potential to rapidly terminate an ongoing seizure. Topline results expected during H1 2024.

EP0162 / NCT05077904

*A Study to Test the Efficacy and Safety of STACCATO[®] *alprazolam* in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures*

Maximum of 250 participants randomized to a single dose of STACCATO[®] *alprazolam* or placebo

Primary outcome measures:

- 1. Treatment success for the treated seizure within 90 seconds after investigational medicinal product administration
- 2. Treatment success for the treated seizure with no recurrence after 2 hours

EP0165 / NCT05076617

*A Study to Test the Safety and Tolerability of STACCATO[®] *alprazolam* in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures*

Approximately 250 participants will be treated with STACCATO[®] *alprazolam*

Primary Safety objective:

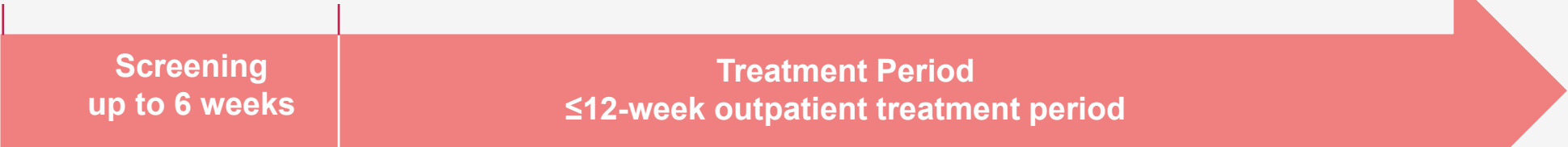
Frequency of adverse events (all adverse events, serious and those leading to discontinuation)

EP0162 Study Periods:

Screening Visit

Randomization

End-of-Study Visit



Bepranemab (UCB0107, Anti-Tau Antibody)

Rationale for development

- In July 2020, UCB entered a worldwide, exclusive license agreement with Roche and Genentech (a member of the Roche group) for the global development and commercialisation of *bepranemab* in Alzheimer's disease (AD)
- UCB will fund and perform a proof-of-concept study in AD and upon availability of the results Genentech will progress with the development of *bepranemab* or return full rights back to UCB



In AD, amyloid β peptides form plaques and **pathological tau** proteins misfold and form intracellular aggregates, which accumulate within the brain leading to neurodegeneration.^{1,2} Clinical progression is closely linked to the **progressive spread of tau pathology** throughout the brain.¹



Pathological **tau aggregates or 'seeds'** can spread between neurons propagating disease^{3,4}



Bepranemab is a fully humanised, full-length IgG4 **monoclonal anti-tau antibody**⁵ that is currently under investigation for the treatment of AD⁶



Bepranemab aims to **reduce the progression of disease** by binding extracellular pathological tau and **slowing down or halting the spread of tau neuropathology**^{1,3,5}



Together (AH0003): Overview and Study Design

A Phase 2 study in people living with AD



Objective

To evaluate the efficacy, safety, and tolerability of *bepranemab* in people with prodromal and mild AD¹

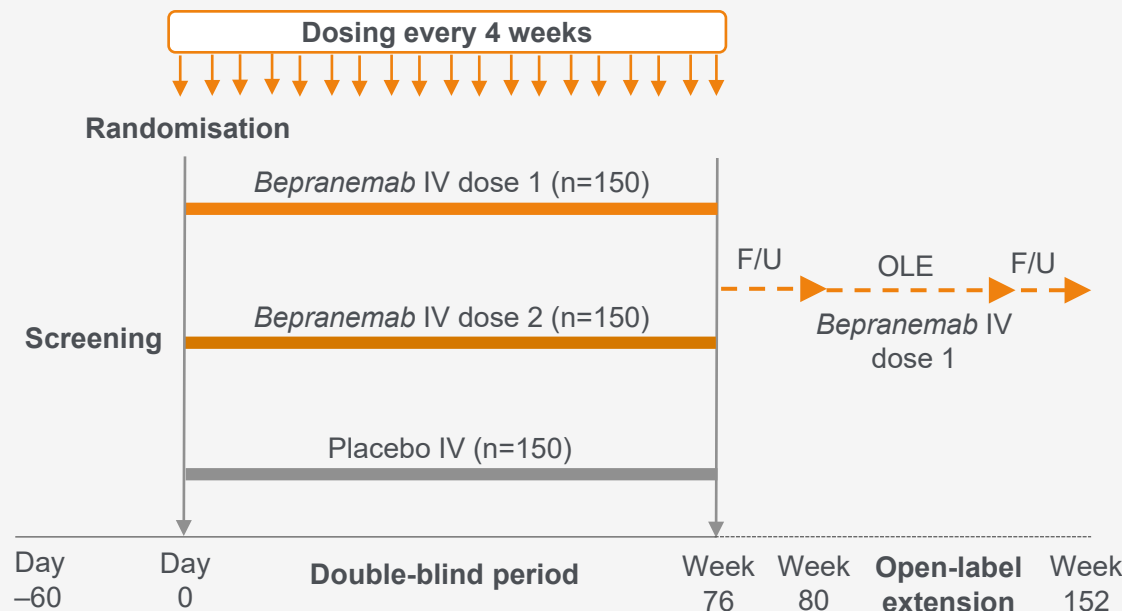


Inclusion criteria

- Prodromal or mild AD*
- MMSE score ≥ 20 to ≤ 30
- A β biomarker-positive (CSF or PET)
- If receiving an AD symptomatic treatment, must be stable for at least 3 months prior to screening



Design



Endpoints

Primary:

- Change from baseline in CDR-SB at Week 80

Key secondary:

- Safety and tolerability of *bepranemab*
- Effect on tau PET imaging at Wk 56 and Wk 80
- Change from baseline in cognitive clinical measures
- Pharmacokinetics

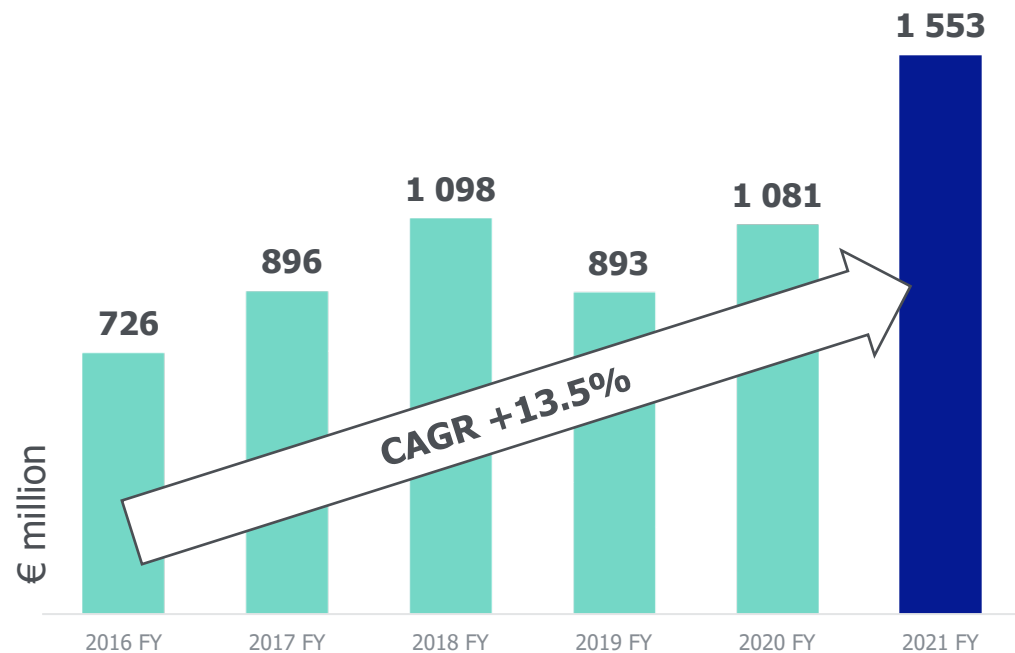


Inspired by patients.
Driven by science.

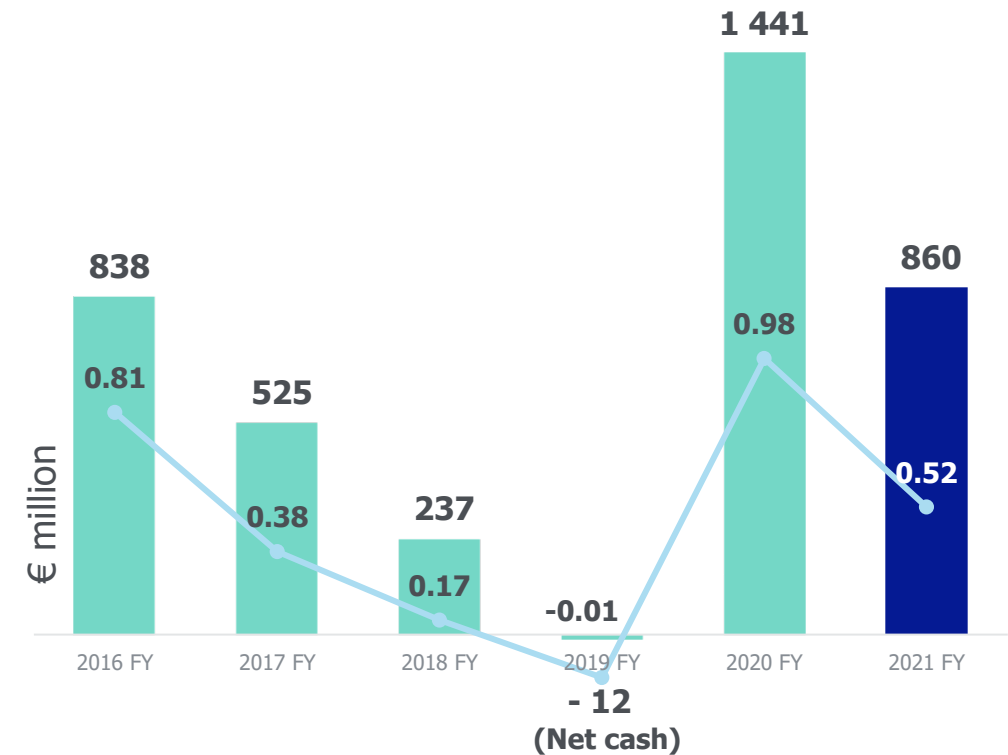
*Anticipated enrolled population will be approximately 40% with prodromal/MCI due to AD (n=180), and 60% with mild AD (n=270). A β , amyloid beta; AD, Alzheimer's disease; CDR-SB, Clinical Dementia Rating scale Sum of Boxes; CSF, cerebrospinal fluid; F/U, follow-up; MCI, mild cognitive impairment; MMSE, Mini Mental State Examination; OLE, open-label extension; PET, positron emission tomography. 1. NCT04867616. Available at: <https://clinicaltrials.gov/ct2/show/NCT04867616> (Accessed September 2021); 2. UCB. Data on file. Protocol AH0003, 2020.

Solid Cash Flow

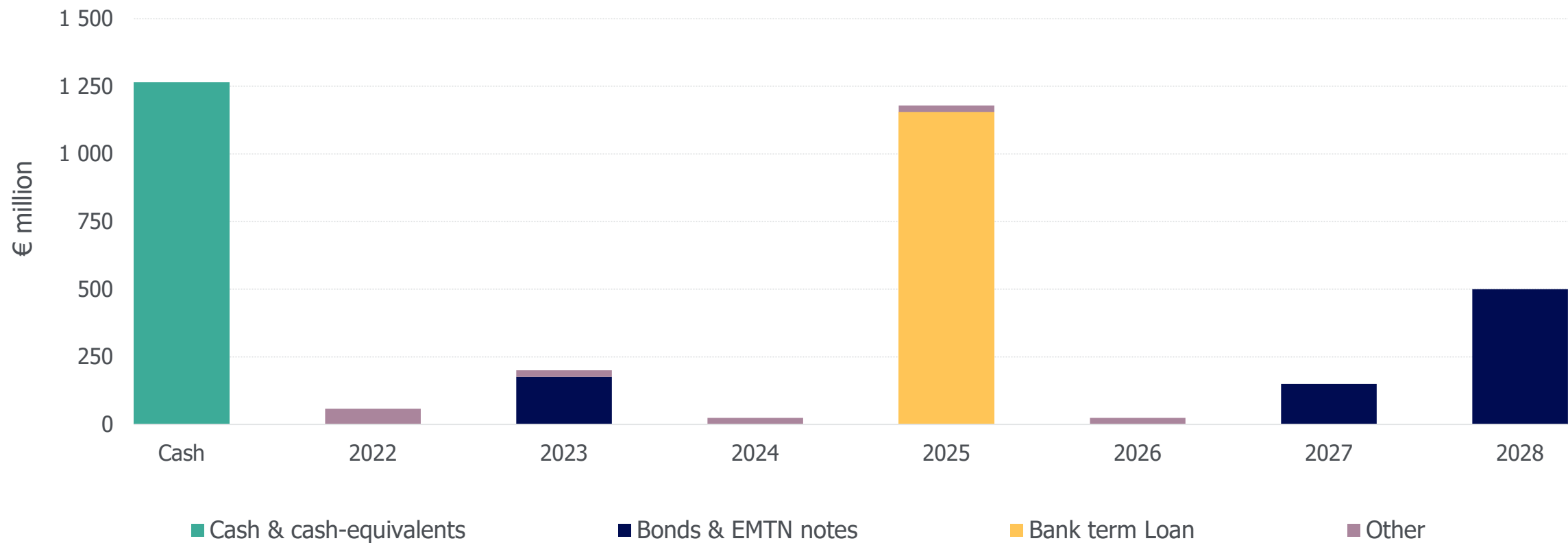
Cash flow from continuing operations



Net debt / adjusted EBITDA ratio

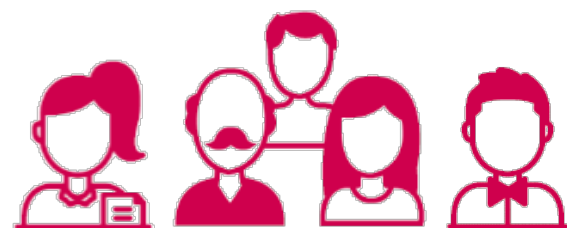


Debt Maturity Schedule (@ 31 December 2021, € million)

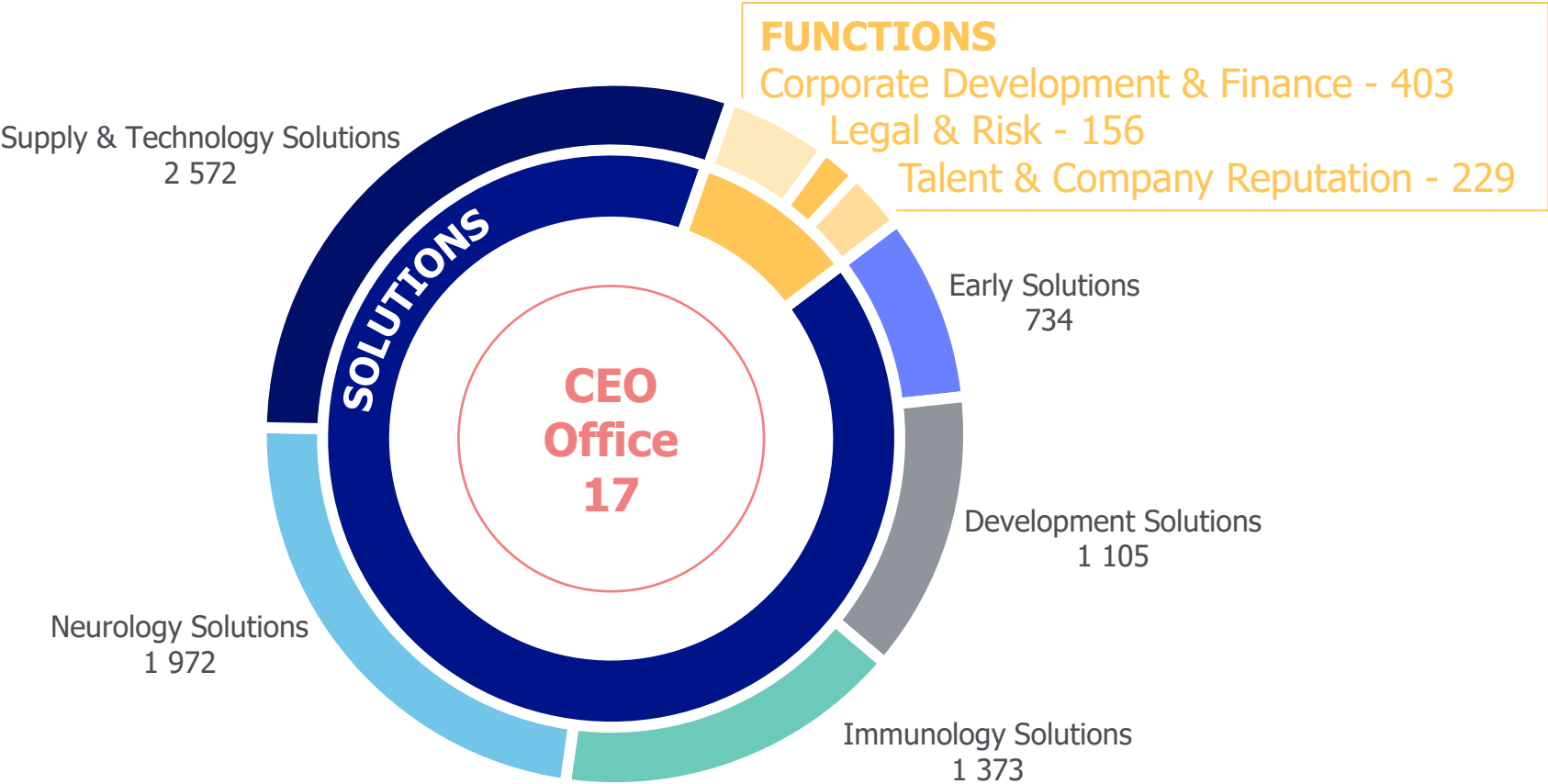


UCB's Organization

Our people are key to deliver on our ambition

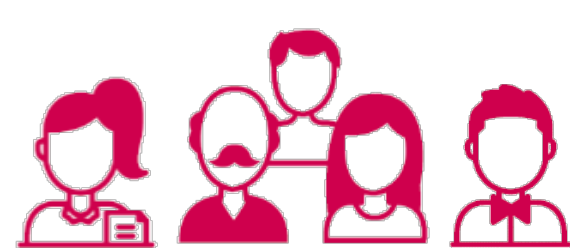


~8 600*
employees worldwide



UCB Today: A Global Player

Presence in 36 countries complemented by a robust network of partners



~8 600*
employees worldwide



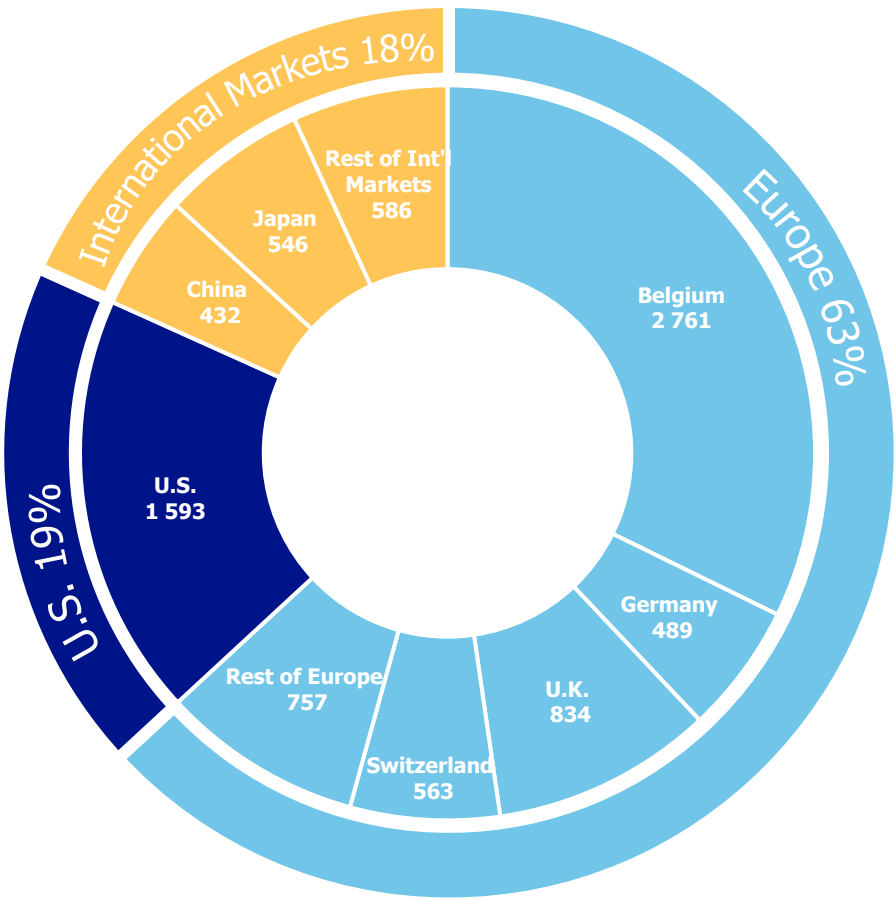
50/50
Women / Men



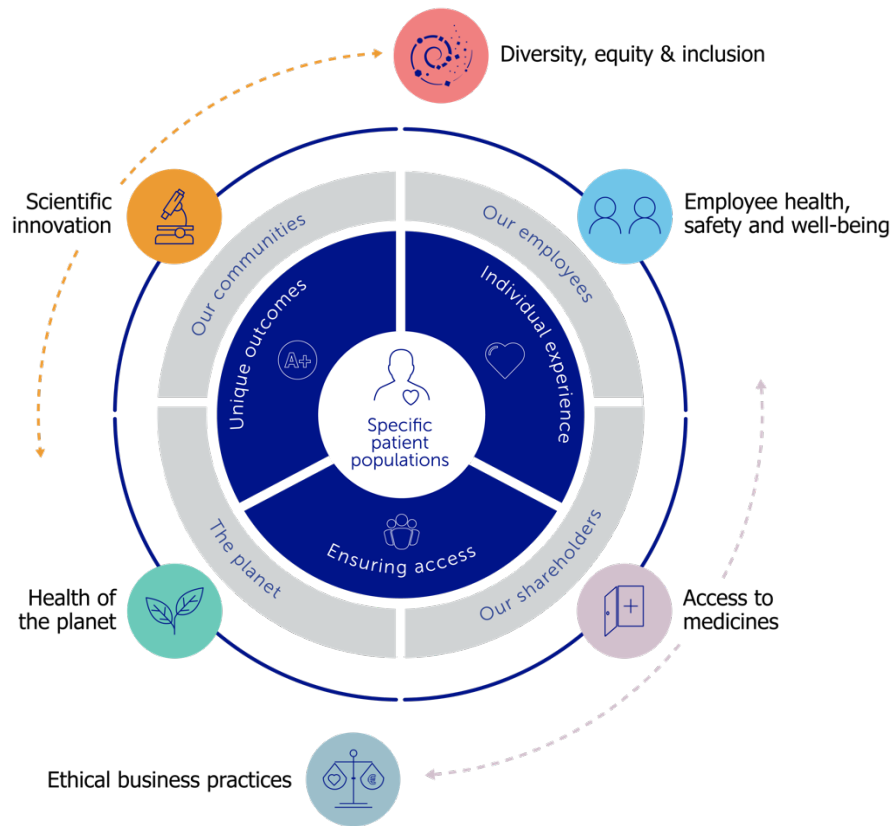
1 147
New colleagues



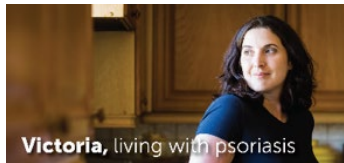
11.7%
Employee turnover



We See Sustainability as an Approach for Business Growth and Societal Impact



Our goals



Value for patients

We aim to bring to patients **differentiated solutions with higher predictability of response and in 2030, all patients who need these solutions shall have access to them in a way which is viable for patients, society and UCB.**



Value for people at UCB and our communities

We are creating the right conditions for **all UCB employees to thrive.**

We support **vulnerable populations** in the countries where we operate.



Value the planet

By 2030, we will be carbon neutral and we will have reduced our water consumption and waste production by respectively 20% and 25%.



Value for shareholders


By 2025, we will lead in 5 specific patient populations

Our revenue are expected to reach of **at least € 6 billion** and our **adj. EBITDA margin to be in the low to mid-thirties.**

We will have **improved significantly our ESG rating performance.**

...Continuing to Advance on Our Sustainable Growth Journey

Long Term Objectives




Victoria, living with psoriasis

Value for patients

>3.7 million patients in 2021

31% reimbursement for all within regulatory labels

55% reimbursement for some but not all within regulatory labels




Véronique, UCB

Value for people at UCB and our communities

1 359 jobs created


81.9% for our Health, Safety and Wellbeing Index



Value the planet

-62% CO2 emissions we directly control vs. 2015

23% emissions by our suppliers with Science-Based-Targets alike



Value for shareholders

€ 5.78 billion revenues

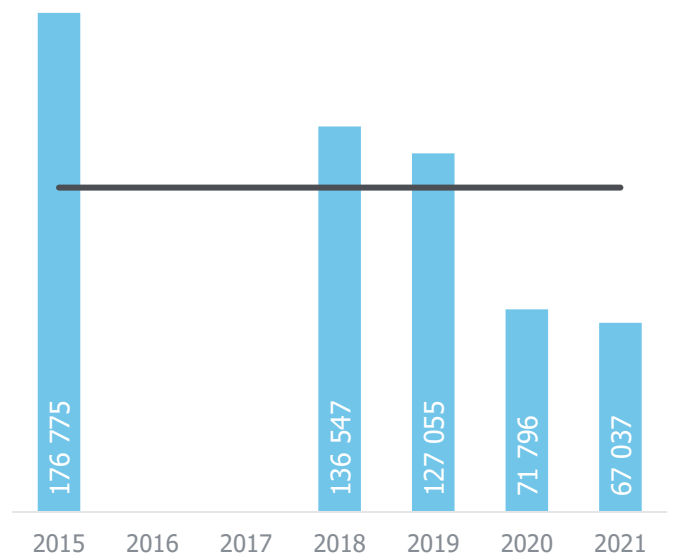
€ 1.64 billion adj. EBITDA

16.8 as Sustainalytics rating (low risk)

UCB Green Strategy

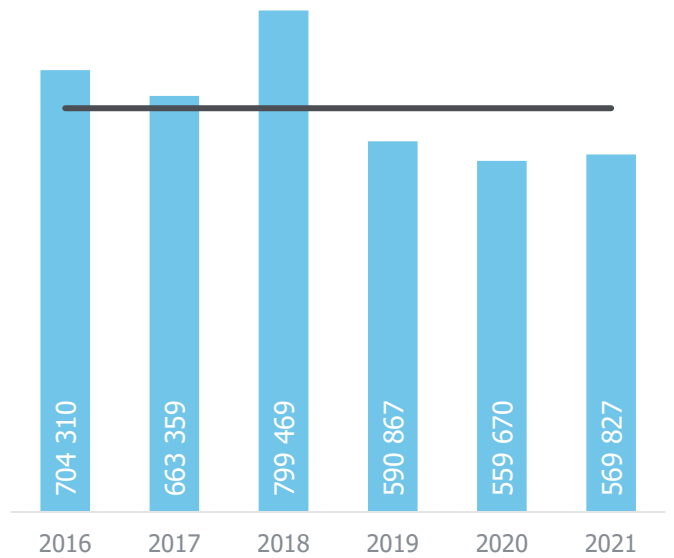
Our environmental targets by 2030

CO₂ emissions
- 62% since 2015



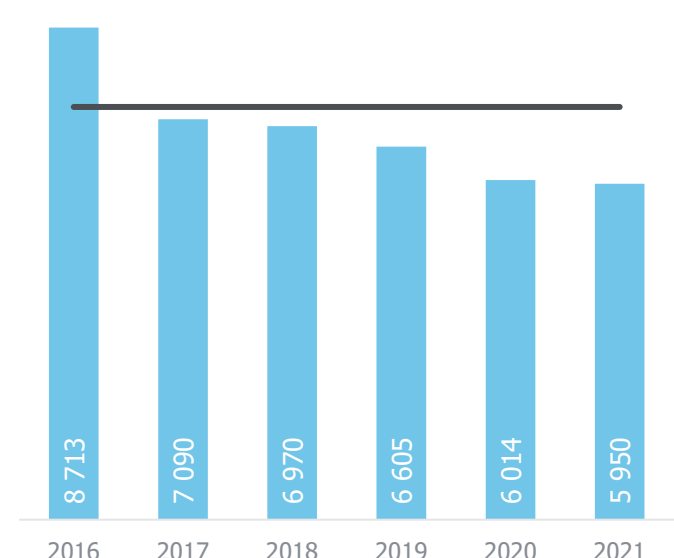
CO2e emissions (tons)
2030 Objective -35%

Water consumption
- 29% since 2015



Water consumption (m³)
2030 Objective -20%

Waste production
- 39% since 2015

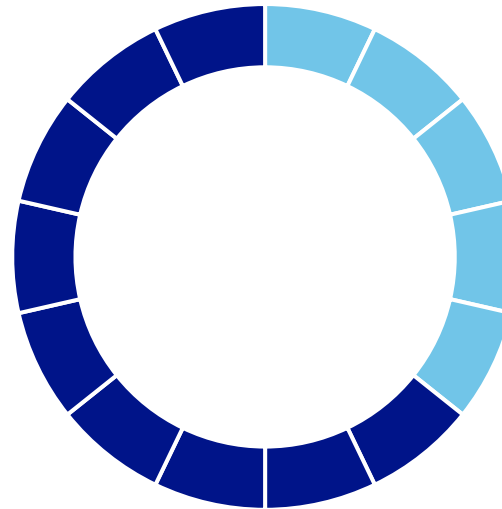


Waste production (tons)
2030 Objective -25%

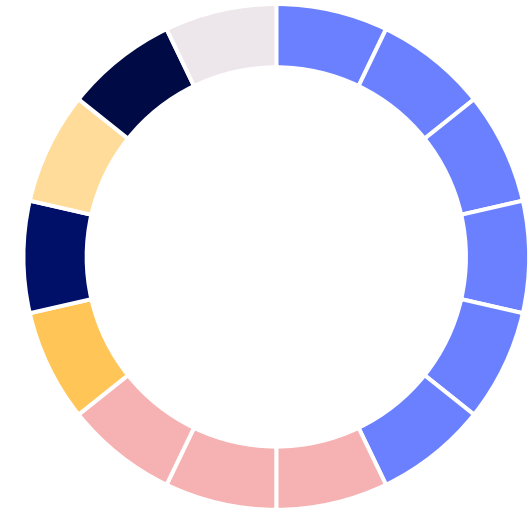
Corporate Governance

Board of directors

- **14 members**
 - Mandate: 4 year
 - Age limit: 70
- **5 women (36%)**
- **9 independent directors (64%)**
- **7 nationalities**



● Women ● Men

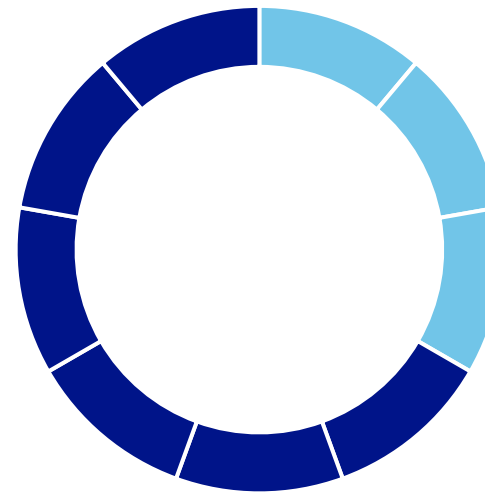


● Belgium ● France
● U.K. ● U.S.
● Denmark / Sweden
● Swiss ● Germany

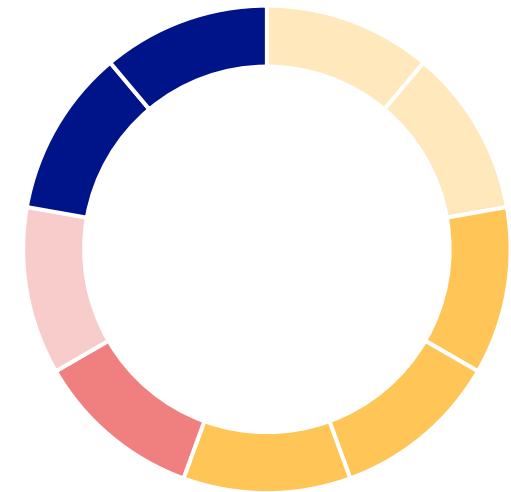
Corporate Governance

Executive committee

- **9 members**
 - Jean-Christophe Tellier, CEO since 2015
- **3 women (33%)**
- **5 nationalities**



● Women ● Men



● Belgium ● France
● Germany ● U.K. / South Africa
● U.S.

Corporate Governance

Executive committee headed by Jean-Christoph Tellier

- **9 members**
- **3 women (33%)**
- **5 nationalities**



JL Fleurial,
CHRO



S. Dufour,
CFO



B. Silbey,
General Counsel



E. Caeymaex,
Immunology Solutions &
Head of U.S



JC Tellier,
CEO



D. Patel,
CSO



I. Löw-Friedrich,
CMO



K. Lund-Jurgensen,
Supply & Technology
Solutions



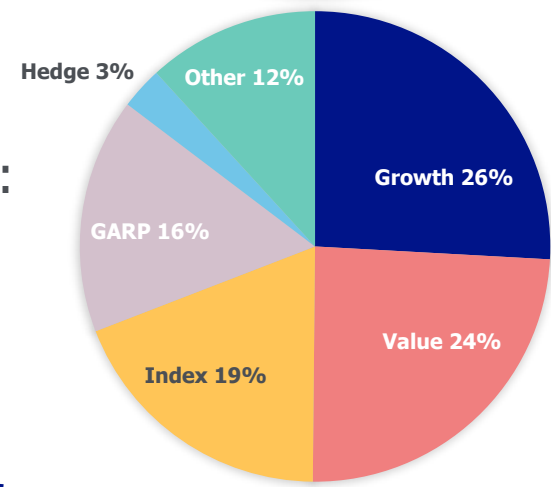
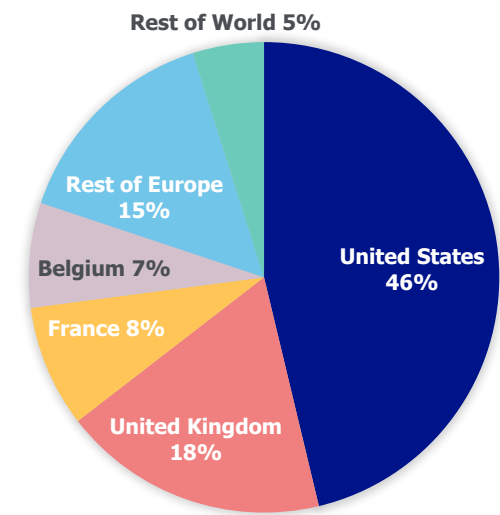
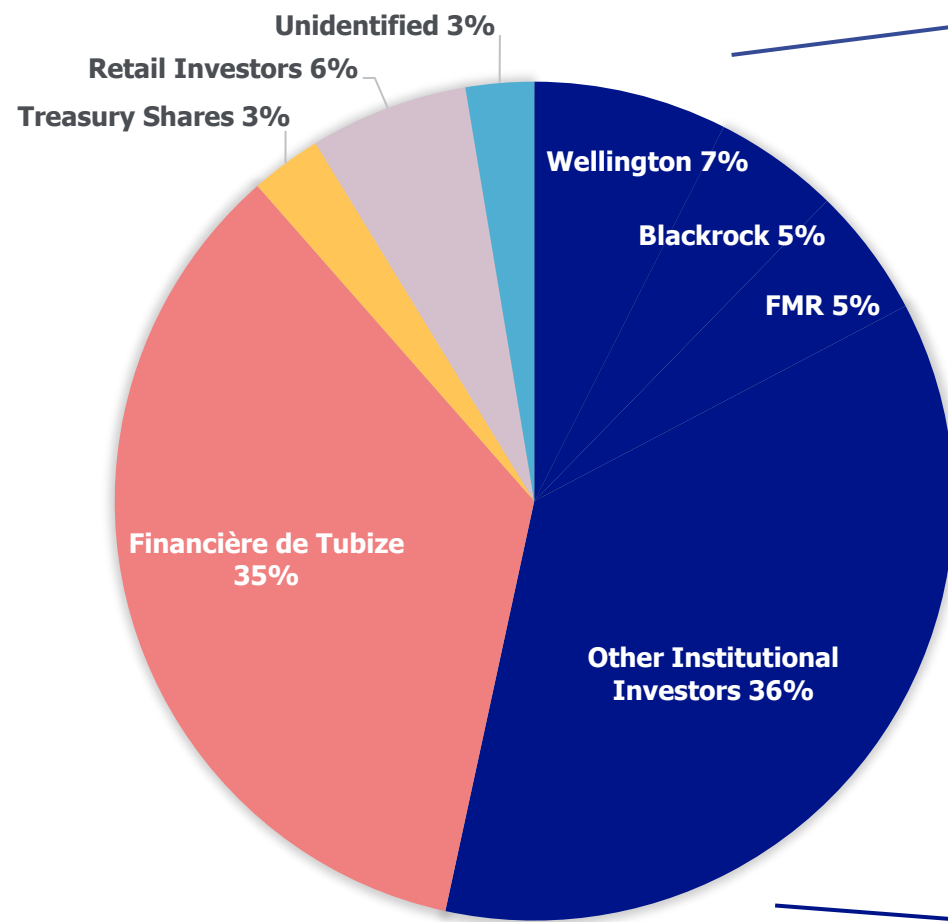
C. van Zyl,
Neurology Solutions &
Head of EU / International

Shareholder Distribution

By firm, geography and style

Institutional investors:
geographic distribution

Institutional investors:
investment style



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Check out our IR App &
connect to UCB wherever you go!

