UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

November 14, 2017
Date of Report (Date of earliest event reported)

Chimerix, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-35867**	**33-0903395**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

2505 Meridian Parkway, Suite 100 **Durham, NC** (Address of principal executive offices)	**27713** (Zip Code)

Registrant's telephone number, including area code: (919) 806-1074

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligations of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

Attached hereto as Exhibit 99.1 and incorporated herein by reference is a corporate update presentation to be utilized by Chimerix, Inc. in connection with a fireside chat at the Stifel 2017 Healthcare Conference on Tuesday, November 14, 2017 in New York.

The information in this Item 7.01 and the attached Exhibit 99.1 is being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities and Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section. The information in this Item 7.01 and the attached Exhibit 99.1 shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act of 1933, as amended.

Forward-Looking Statements

Statements contained in, or incorporated by reference into, this Current Report on Form 8-K regarding matters that are not historical facts are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Risks are described more fully in our filings with the Securities and Exchange Commission, including without limitation our most recent Quarterly Report on Form 10-Q and other documents subsequently filed with or furnished to the Securities and Exchange Commission. All forward-looking statements contained in this Current Report on Form 8-K speak only as of the date on which they were made. We undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate update presentation of Chimerix, Inc.

SIGNATURES

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

Chimerix, Inc.

Dated: November 14, 2017

By: /s/ Timothy W. Trost
Timothy W. Trost
Senior Vice President, Chief Financial Officer and Corporate Secretary

Exhibit 99.1

CHIMERIX

INVESTOR UPDATE
NOVEMBER 2017

Forward-Looking Statements

These slides and the accompanying oral presentation contain forward-looking statements and information within the meaning of the Private Securities Litigation Reform Act of 1995 that are subject to risks, uncertainties and other factors, including the possibility that there may not be a viable continued development path for brincidofovir, that any clinical trials we may conduct will not demonstrate adequate efficacy and safety of brincidofovir, that the FDA and other regulatory authorities may not approve brincidofovir or brincidofovir-based regimens, and that marketing approvals, if granted, may have significant limitations on their use. As a result, brincidofovir may never be successfully commercialized. In addition, Chimerix may be unable to file for regulatory approval for brincidofovir with other regulatory authorities. These risks, uncertainties and other factors could cause actual results to differ materially from those referred to in the forward-looking statements. The reader is cautioned not to rely on these forward-looking statements. These and other risks are described in detail in Chimerix's Quarterly Report on Form 10-Q for the quarter ended September 30, 2017 and other documents subsequently filed with or furnished to the U.S. Securities and Exchange Commission. All forward-looking statements are based on information currently available to Chimerix, and Chimerix assumes no obligation to update any such forward-looking statements.

ORAL BCV

CMRX: Developing Solutions for Immunocompromised Patients

- Mature management team with significant antiviral drug development and first-in-indication commercial experience
- Lead compound brincidofovir has broad spectrum antiviral activity
  - In late-stage development for treatment of smallpox and adenovirus
  - New IV BCV formulation for prevention of serious viral infections in transplant recipients and in the growing immunocompromised patient population
- Lipid conjugate technology has led to two clinical-stage compounds:
  - Brincidofovir (CMX001, BCV) and CMX157 (licensed to ContraVir)
- Newest investigational compound is CMX521 for norovirus treatment and prevention
  - From CMRX chemical library
  - In clinic by end 2017

CHIMERIX

BCV: The Only Broad Spectrum Antiviral in Development

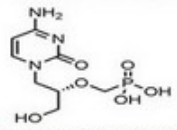
Viral Family	Virus	BCV	Cidofovir	Maribavir	Letermovir	Ganciclovir*	Foscarnet	Acyclovir
Herpes	Cytomegalovirus	0.001	0.4	0.31	0.005	3.8	50-800	>200
	Epstein-Barr Virus	0.03	65.6	0.63	>10	0.9	<500	6.2
	Human Herpesvirus 6	0.003	2.7	Inactive	>10	5.8	16	10
	Human Herpesvirus 8	0.02	2.6	Inactive	—	8.9	177	>100
	Herpes Simplex Virus 1	0.01	3.0	Inactive	>10	0.7	92-95	3.8
	Herpes Simplex Virus 2	0.02	6.5	Inactive	>10	2.5	91-96	4.4
	Varicella Zoster Virus	0.0004	0.5	Inactive	>10	1.3	39.8	3.6
Adenovirus	Adenovirus (AdV-B7)	0.02	1.3	—	>10	4.5-33	Inactive	>100
Polyoma	BK Virus (BKV)	0.13	115	—	—	>200	Inactive	>200
	JC Virus (JCV)	0.045	>0.1	—	—	—	Inactive	—
Papilloma	Human Papillomavirus	17	716	—	—	Inactive	—	Inactive
Pox	Variola	0.1	27	—	—	—	—	—
	Vaccinia	0.8	46	—	—	>392	Inactive	>144

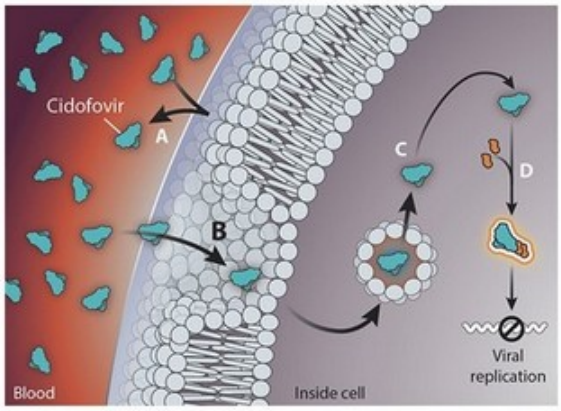
Potency expressed as EC_{50} = concentration in μM required to reduce viral replication by 50% *in vitro*; "—" indicates no data.
*Valganciclovir is rapidly converted to ganciclovir *in vivo*; ganciclovir is the relevant compound for cell activity studies.
Source: Data are compiled from multiple sources and include multiple materials and methodologies.

CHIMERIX

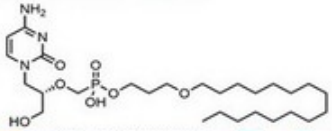
Brincidofovir Concentrates the Active Antiviral in the Cell

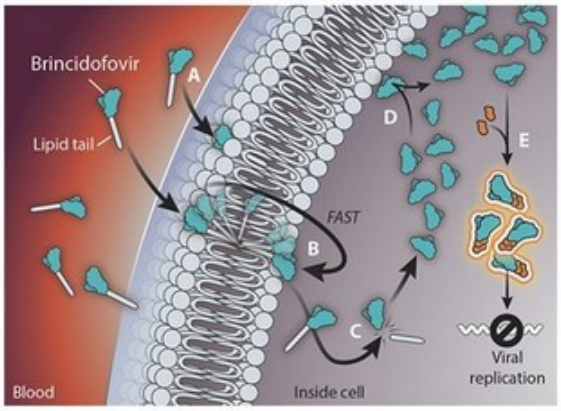
Cidofovir





Brincidofovir

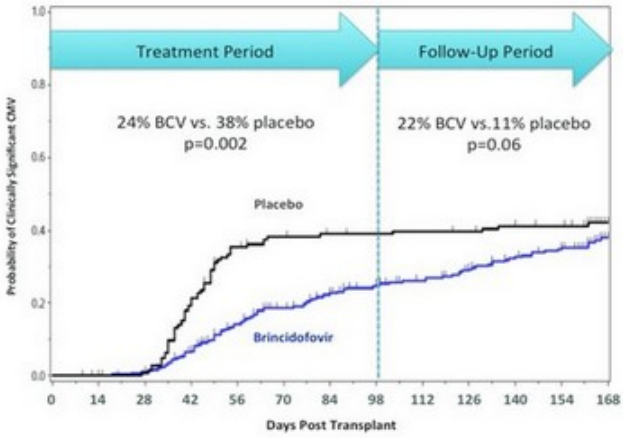




KEY: Inactive Drug; Active Antiviral (CDV-PP)

CHIMERIX

SUPPRESS for CMV Prevention in High-Risk Allo-HCT: Brincidofovir Efficacy Was Confounded by GI Toxicity



Subjects on brincidofovir:

- **Demonstrated a statistically-significant reduction in CMV reactivation** while on therapy
- **Had drug-related diarrhea** erroneously diagnosed as gut GVHD
- Gut biopsies showed BCV-related injury is a histologic mimic of GVHD
- **8X higher exposure to steroids and increased use of biologics** increased risk of late CMV and other opportunistic infections

Marty FM, et al. Biol Blood Marrow Transplantation (BBMT), February 2016

CHIMERIX

Oral Brincidofovir for Treatment of AdV: Development and Approval Timelines

- AdAPT was designed with EU regulators to provide a small comparative study of oral BCV for short-course treatment of AdV
- AdAPT should provide data sufficient for a conditional or full approval in Europe
- Data from AdAPT will be considered for a potential accelerated approval in US
- AdAPT will be conducted in both EU and US pediatric transplant centers

All timelines are estimated

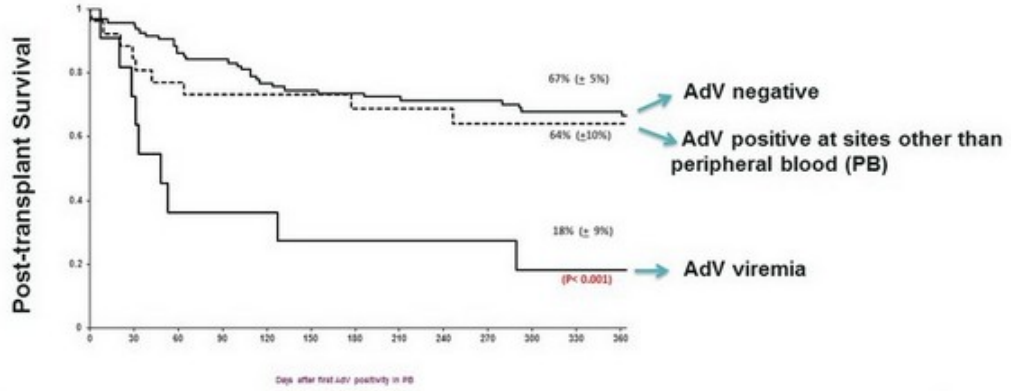
CHIMERIX

Short-course Oral BCV for Adenovirus: Maximizing the Probability of Success for AdAPT

- Rapid identification and treatment of AdV viremia is key:
  - Screening must be conducted at least weekly at centers participating in the trial
  - Intervention with oral brinci as quickly as possible after confirmed viremia enables rapid clearance of AdV from plasma
  - Rapid AdV clearance (week 4) was associated with improved survival in AdVise
- UK cohort: BCV had greater virologic effect than cidofovir
  - Robust virologic responses more common with BCV, particularly in first 100 days after HCT
  - BCV was more likely to clear AdV from plasma in patients without immune reconstitution
- Brinci has not been associated with bone marrow suppression or hematologic toxicities in the early transplant period and avoids cidofovir-like nephrotoxicity

CHIMERIX

Adenovirus Detected in Peripheral Blood Is Associated With High Transplant-Related Mortality



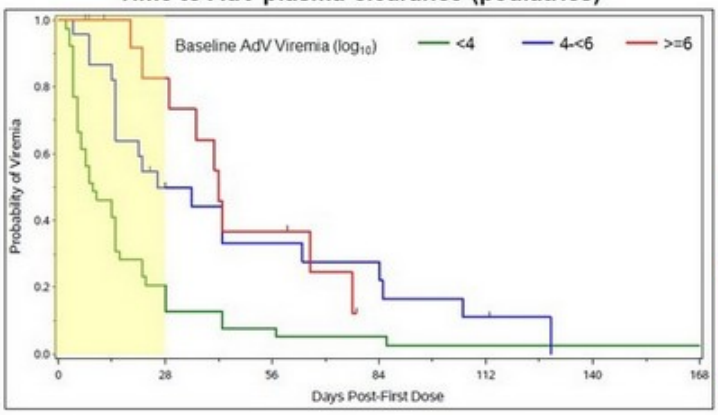
AdV positivity in Peripheral Blood ⟷ Transplant Related Mortality
(p<0.001)

Lion et al. Blood 2003; Hiwarkar et al. Bone Marrow Transplant 2013

CHIMERIX

AdVise: BCV Begun When AdV Viral Loads Are Lower (<6 log_{10} c/mL) Results in Undetectable AdV Within 4 Weeks

Time to AdV plasma clearance (pediatrics)



- Pediatric pts with lower AdV viral loads at baseline (<10,000 or 4 log_{10} c/mL) cleared in a median 8 days of oral BCV
- Pediatric pts with AdV <5 log_{10} c/mL (<100,000): 72% cleared within 4 wks
- AdAPT will enroll at transplant centers that screen for AdV, who are likely to detect and treat AdV viremia while viral loads are ~5 log_{10} or lower

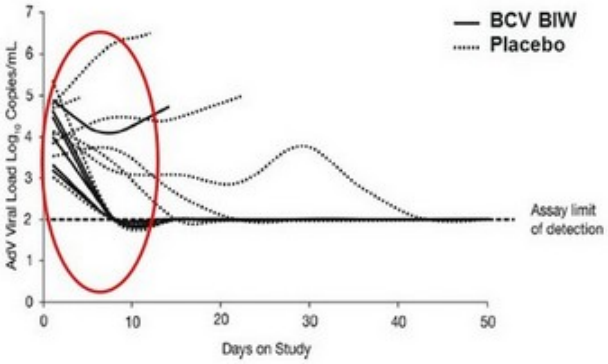
Short-course Oral BCV should result in clearance of AdV in majority of patients

Prasad V et al. BMT Tandem, Orlando FL, February 2017

CHIMERIX

Phase 2 in Asymptomatic AdV: Oral BCV BIW Cleared Plasma in 1 Week if AdV >1000 c/mL

- Study 202: allo-HCT recipients with asymptomatic AdV viremia were randomized to oral BCV twice weekly, oral BCV once weekly, or placebo (n=48)
- Learnings:
  - Low risk patients including recipients of T-cell replete matched sibling allografts, with AdV < 1000 c/mL ,cleared AdV spontaneously
  - Oral BCV twice weekly better than weekly
    - Consistent and more rapid clearance
    - Trend toward improved mortality (vs. QW and PBO)
- AdAPT will enroll high-risk subjects with AdV viremia > 1000 c/mL



Grimley M et al. BBMT 2017;23:512-21

CHIMERIX

Early Treatment of AdV Correlated with Higher Survival in AdVise

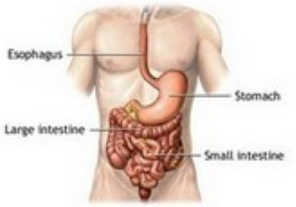
- Because AdVise began as an outgrowth from our expanded access program, patients enrolled at the beginning of the trial had high AdV viral loads, extensive prior cidofovir use, and the longest period from diagnosis to first dose of brincidofovir

- In the final quartile of enrollment:
  - Patients received oral BCV more quickly after AdV diagnosis
  - Patients had a lower AdV viral load in plasma and thus cleared virus more quickly
    - 72% pts with AdV <100,000 c/mL cleared within 4 weeks
  - **~80% survived at Week 36**

At Initiation of Oral BCV	First Quartile (n=15)	Fourth Quartile (n=14)
>2 prior doses IV cidofovir	11 (73%)	2 (14%)
Days from AdV diagnosis (median, IQR)	22 (12, 44)	6.5 (4, 9)
AdV VL (median, IQR in log_{10} c/mL)	5.4 (3.1, 6.1)	3.6 (2.3, 5.8)

CHIMERIX

AdV Reactivation from the Gut Drives Disease After HCT



Detection of AdV in stool and viremia

Lion et al. Leukemia 2010, 24(4):706-14

37% have AdV in stool

- lower AdV load ≤ $1x10^6$/g
- no/slow replication kinetics

No viremia

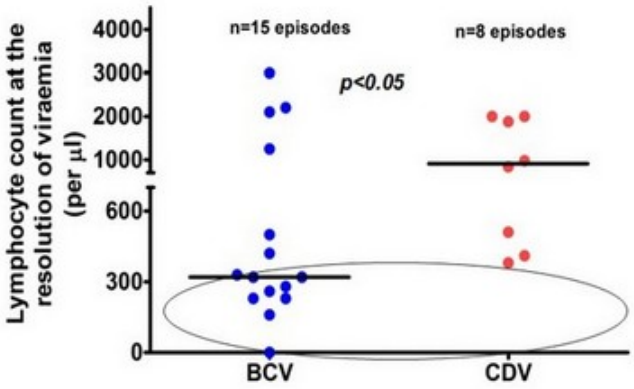
(p<0.001)

- high AdV load $5x10^6$-10^{11}/g
- rapid replication kinetics

>70% viremia

CHIMERIX

BCV Clears AdV from Plasma With or Without Immune Function, While Cidofovir Requires Immune Assistance



- Immune reconstitution: absolute lymphocyte count >300 cells/uL
- Allo-HCT pts that receive T-cell depleted transplants have delayed immune reconstitution ~ day 60 or beyond

Patients on oral BCV were able to clear AdV viremia even with lower lymphocyte counts

Hiwarkar P et al. Blood 2017; 129(14):2033-2037

CHIMERIX

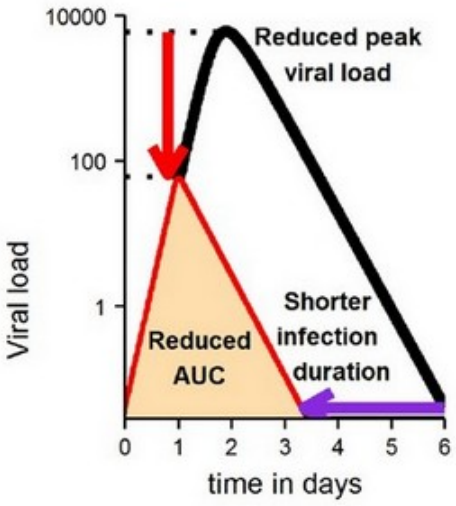
AdAPT: Adenovirus after Allogeneic Pediatric Transplantation

- **Open label, comparative study** of oral BCV vs. standard of care (SoC)
  - Pediatric T-cell depleted allo-HCT recipients in 1st 100 days of HCT with AdV ≥1000 copies/mL
- **Short course therapy**: "Treat-to-clear" paradigm
  - BCV (or SoC) administered until AdV cleared from plasma and confirmed
- **Primary endpoint: AdV viral burden (average viral load over 16 weeks)**
  - Previously proportion of patients who clear AdV from plasma at Week 4
- **Study size: N=141 (2:1 randomization)**

If successful, AdAPT would support a full or conditional MAA for this orphan condition

CHIMERIX

Adenovirus Area Under the Curve (AUC)



- Measuring Antiviral Activity
- Antivirals for acute infections have two major impacts:
  - Decrease peak viral load
  - Shorten time to viral clearance
- Both parameters are captured when measuring viral area under curve (AUC)
- Impact is highest when applied early in the disease course (before peak viral load)
- Assessing viral load over time is most sensitive way to discriminate efficacy between two antivirals

Vegvari C et al. PLoS ONE 11(7): e0158237

CHIMERIX

Quantifying Viral Burden: Time-Averaged Area Under the Curve

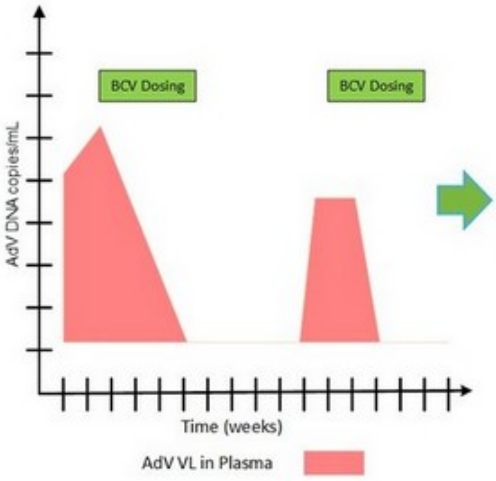
- Advantages of AAUC endpoint
- Precedent: use of AUC was established with HIV antiretrovirals
- Comprehensive:
  - Sum of viremia over time at risk as opposed to clearance at specified timepoint
  - Allows capture of viral recurrences
  - Dividing AUC by follow-up time facilitates analysis of early deaths
- Clinically relevant: "As AdV replication causes lysis of infected cells, the level of AdV replication …is directly related to the severity of organ pathology." 1

- An analysis of the correlation of AdV AUC with clinical outcome including mortality in AdAPT is planned

1Heim A. Expert Rev Anti Infect Ther 2011 Nov; 9(11):943-5

CHIMERIX

Quantifying Viral Burden: Time-Averaged Area Under the Curve



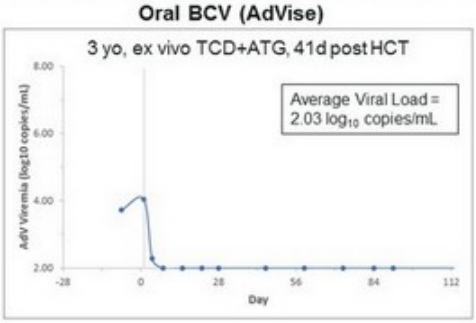
AAUC = Average AdV viral load over 16 weeks

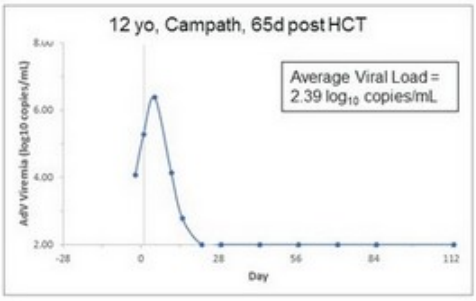
$$\frac{\text{AdV DNA}_{\text{baseline}} + \text{AdV DNA}_{\text{Wk1}} + \text{AdV DNA}_{\text{Wk2}} + \ldots \text{AdV DNA}_{\text{Wk16}}}{\text{16 Weeks}}$$

CHIMERIX

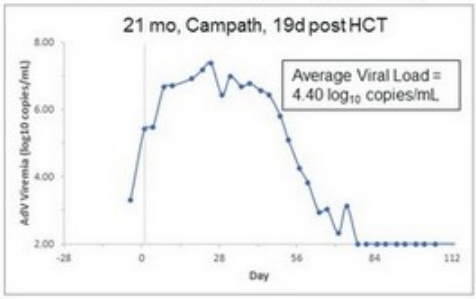
Rapid Antiviral Effect of Oral BCV vs SoC

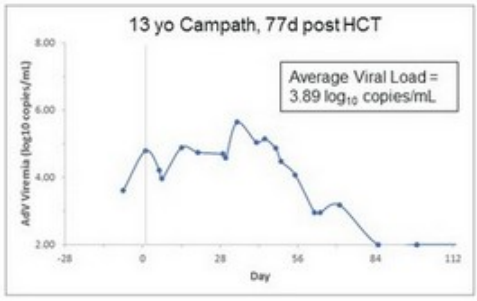
Oral BCV (AdVise)





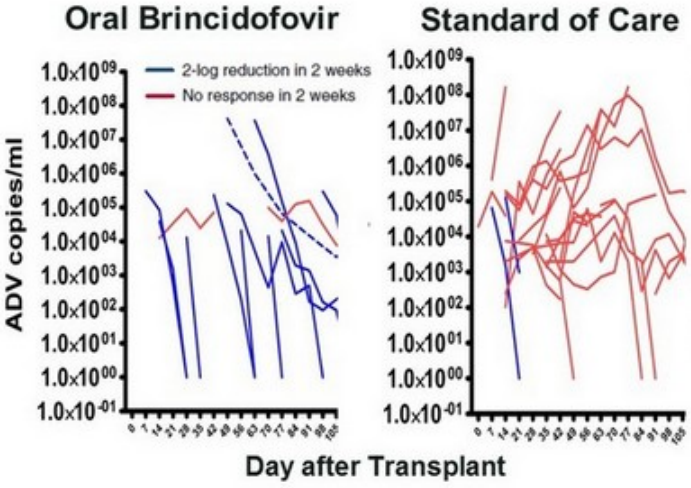
Standard of Care (SoC) (AdVance)





CHIMERIX

Based on Independent UK Consortium Data, Oral BCV Expected to Deliver Lower Average AdV Viral Loads in AdAPT



UK consortium: Oral BCV decreased peak viral load and shortened time to viral clearance when compared to SoC1

AdAPT has >90% power to demonstrate superiority of BCV vs. SoC if the true difference in average AdV viral load between the two arms is >0.6 log10 copies/mL

1Hiwarkar et al. Blood. 2017 Apr 6;129(14):2033-7

CHIMERIX

Viral Load Matters:
Lower AdV Burden Correlates with Lower Week 16 Mortality

- The AdVance study captured practice patterns and outcomes in EU allo-HCT recipients with AdV infection treated with current SoC
- AdV AAUC in pediatric HCT recipients in UK, France, and Spain with plasma AdV ≥1000 copies/mL was calculated
  - N = 51 with 10 deaths (20%)
- Survivors had a significantly lower average AdV viral load (mean 3.2 log) compared to non-survivors (mean 4.4 log) p=0.007

CHIMERIX

Summary: AdAPT Design is Finalized

- Adenovirus viral burden is an optimized endpoint for AdAPT
- We will use average viral load over 16 weeks as our measurement
  - EU CHMP and US FDA have agreed to primary endpoint for AdAPT
  - Average viral load has been used in prior pivotal studies
  - Viral burden correlates with organ damage
  - Higher average viral load over 16 weeks is associated with mortality
- Prior studies show high probability for oral BCV to be superior to SoC
- Positive data from AdAPT would support a full or conditional MAA for orphan condition

CHIMERIX

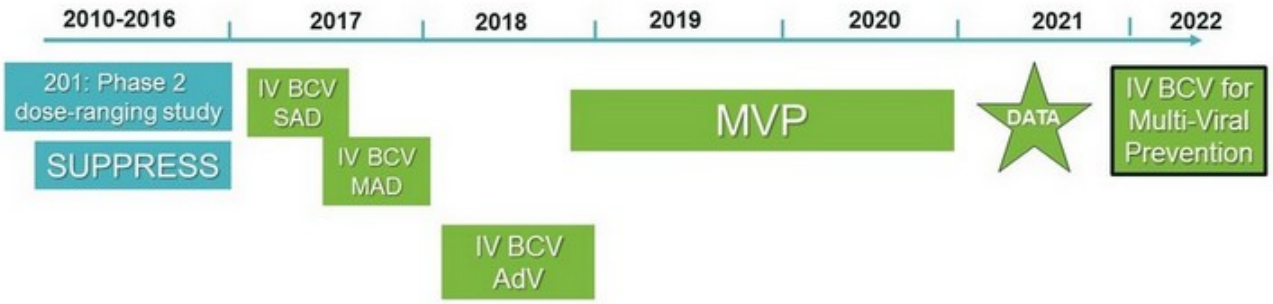
What is different about AdAPT vs AdVise and SUPPRESS?

	AdAPT	AdVise	SUPPRESS
Controlled	✔		✔
Open-label vs blinded	Open-label	Open-label	Blinded
Treatment initiation	Pre-emptive	Treatment	Prevention
Treatment initiated during 1st 100 days post-transplant	✔		✔
Treatment initiated within 3 weeks of Adeno diagnosis	✔		
Treatment Duration	Treat to clear (~3-6 weeks)	12-14 weeks	12-14 weeks

CHIMERIX

IV BCV

IV Brincidofovir for Multi-Viral Prevention in HCT Recipients: Development and Approval Timelines



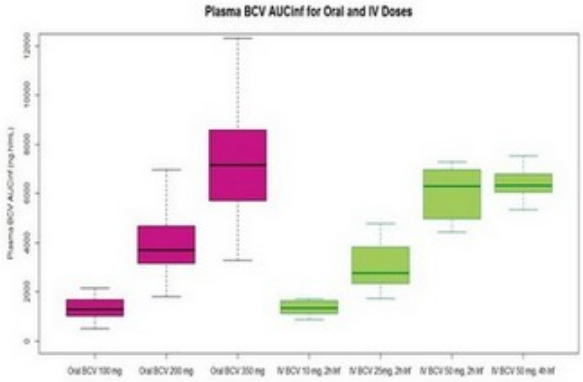
- MVP may provide the opportunity to demonstrate the importance of preventing multiple DNA viral infections in a placebo-controlled pivotal study in a high-risk population

All timelines are estimated

CHIMERIX

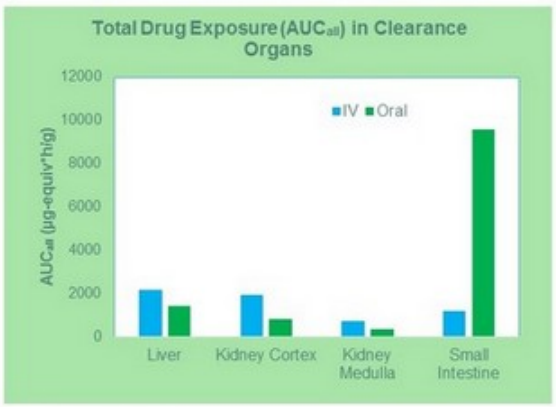
IV BCV May Avoid GI Side Effects, Allow Longer-term Dosing

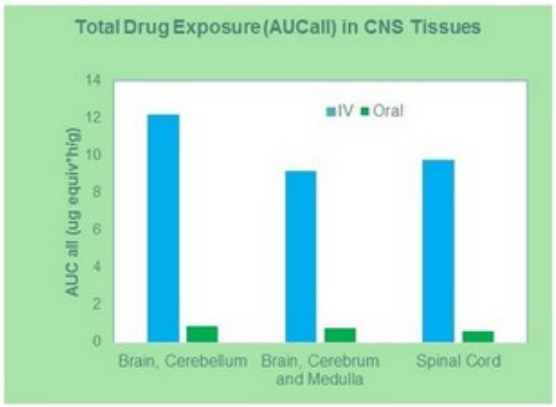
- IV BCV 10 mg provided equivalent plasma drug levels as oral BCV 100 mg which provided antiviral activity in prior studies
- IV BCV 10 mg and 25 mg were very well tolerated
  - No GI AEs reported
  - No other significant AEs or lab changes
- IV BCV 50 mg infused over 2 hours was well tolerated
  - Only 1 subject reported loose stools
  - 50 mg over 4 hours resulted in higher rate of adverse events and ALT increases



CHIMERIX

New IV Formulation of BCV May Result in Improved Tolerability





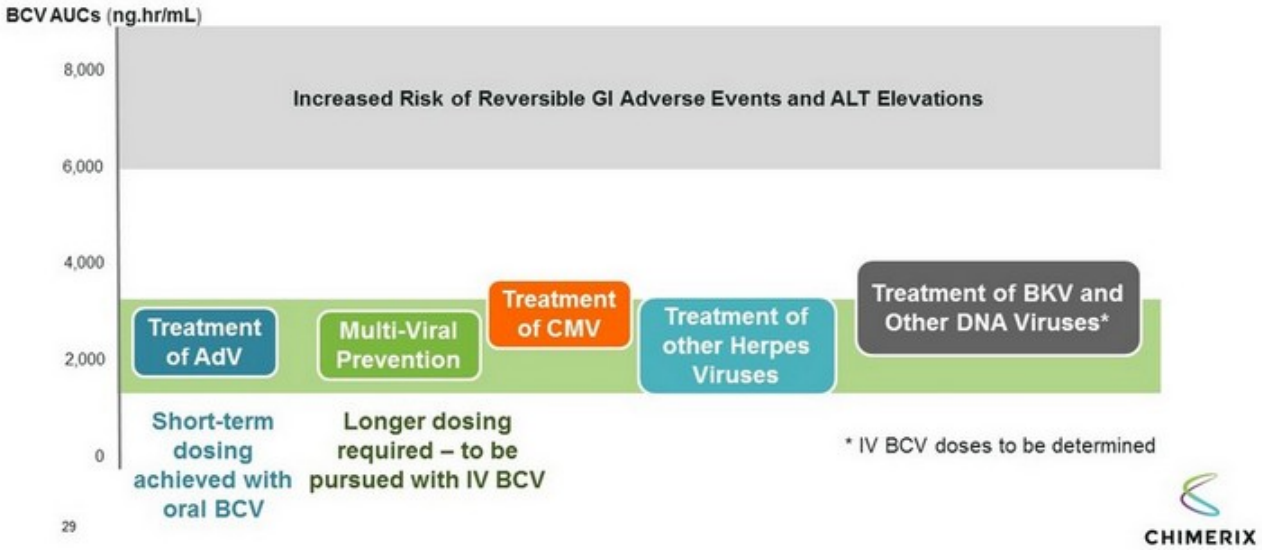
In rats, IV BCV:

- delivered more uniform drug exposure levels to the small intestine, liver and kidney
- resulted in higher central nervous system concentrations, which may support testing of this formulation in viral infections in the brain

***Note different y-axis for these figures*

CHIMERIX

IV BCV May Allow Treatment & Prevention of Multiple DNA Viruses



Adult and Pediatric HCT Recipients Face Risks Beyond CMV

- Of the HCT recipients who reactivated CMV, **>75% had at least one other DNA virus identified** and were at increased risk of mortality

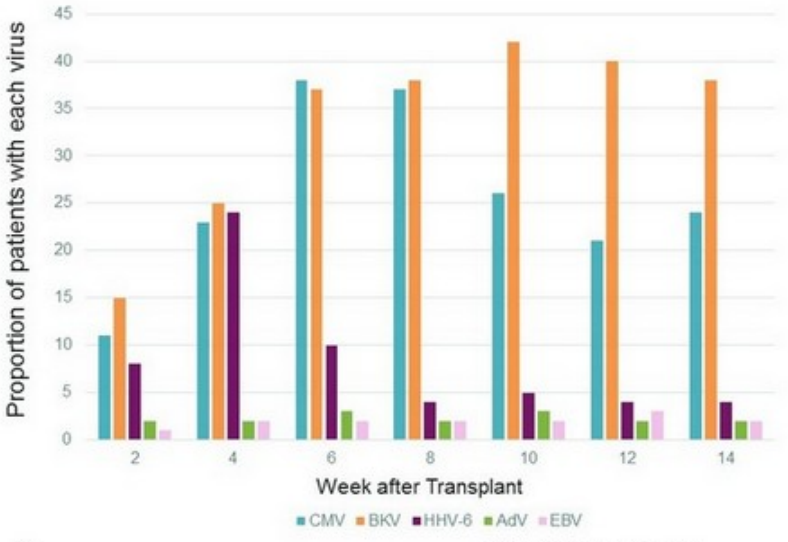
- 1 in 3 HCT recipients had ≥3 DNA viral infections detected
- Pediatric Allo-HCT recipients commonly reactivate AdV, BKV, HHV-6 early after transplant

More DNA viruses reactivating = higher risk of death

Hill JA et al. Blood. 2017 Feb 16. pii: blood-2016-10-748426. doi: 10.1182/blood-2016-10-748426. [Epub ahead of print] 400+ HCT Recipients at Fred Hutchison Cancer Research Center

CHIMERIX

Following Transplant, Viruses Reactivate Early and Persist



Hill et al, BMT Tandem meeting 2016

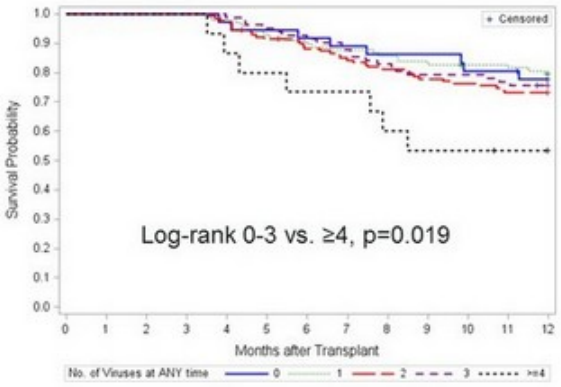
Cumulative Incidence First 100 Days Post-HCT:

CMV	64%
BKV	54%
HHV-6	47%
AdV	10%
EBV	9%

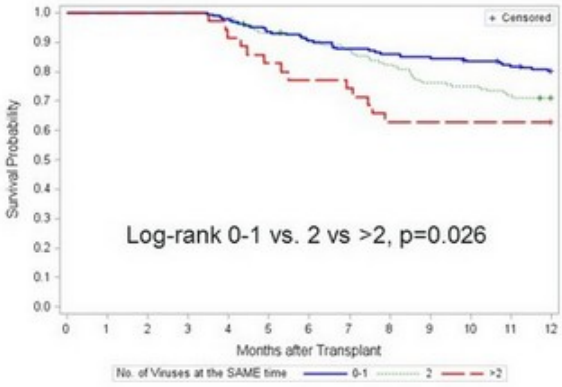
CHIMERIX

More DNA Viruses Reactivating = Higher Mortality

Number of DNA viruses at any time



Number of DNA viruses at the same time



Cumulative viral load AUC was associated with mortality, after adjusting for immune reconstitution

Hill et al, Blood 2017

CHIMERIX

IV Brinci May Prevent Life-threatening DNA Viral Infections: Multi-Viral Prevention

- The lower risk of GI side-effects with IV BCV may allow longer duration of dosing needed for patients throughout the period of highest risk (first 100 days post-transplant)
- All patients undergoing allo-HCT are at high risk for multiple DNA virus infections, with adenovirus-related mortality a particular concern in children
- Proposal: **placebo-controlled trial of IV BCV in pediatric allogeneic HCT recipients**
  - Primary endpoint of prevention of adenovirus allows placebo control
  - Secondary endpoint of prevention of CMV, as high-risk pediatric HCT recipients tend to reactivate AdV earlier than CMV
  - Other secondary endpoints to include other DNA virus prevention and health outcomes
- How about adults?
  - A head-to-head trial for prevention of CMV vs letermovir could demonstrate the importance of brinci's broad-spectrum activity in preventing other serious DNA viral infections

CHIMERIX

Multi-Viral Prevention Peds:
IV BCV for Prevention of AdV and other DNA Viruses After HCT

- Randomized, double-blind trial of IV BCV vs. placebo
  - Population: pediatric allo-HCT with >10^6 log_{10} c/g AdV DNA in stool, <100 days from HCT
- **Primary endpoint: proportion with AdV disease** through week 16 after transplant
  - N~270 (2:1, 85% power) for reduction in AdV disease from 36% to 18%
- **Secondary endpoint: CMV reactivation** requiring preemptive therapy (SUPPRESS endpoint) and reactivation of other DNA viruses

CHIMERIX

Potential for IV BCV in Other DNA Virus Infections: BK Virus

- Both SOT and HCT recipients are at risk for BKV infections
  - HCT: hemorrhagic cystitis requiring hospitalization for pain control
  - Kidney transplant recipients: BKV associated nephropathy with risk of graft loss and a return to dialysis or wait-list for re-transplant
- No approved therapy for treatment or prevention
- Reported incidence:
  - 16% of Allo-HCT recipients develop BKV hemorrhagic cystitis
  - 16% of kidney transplant recipients develop BKV viremia in the first year post-transplant
- Key area of clinical development for IV BCV program

Epi rates: Hirsch et al. Am J Transplantation 2013; Rorije et al. ASBMT 2014;

BCV Market Potential:
Global Opportunities in Transplant and Malignancies




TRANSPLANTS PER YEAR	US	European Union (28)	ROW	TOTAL
HCT				
Allogeneic	8,500	16,400	8,500	33,400
Autologous	14,000	21,700	12,000	47,700
HCT TOTALS	22,500	38,100	20,500	81,100
SOT				
Kidney	18,600	20,000	40,700	79,300
Liver	7,100	7,400	10,500	25,000
Other SOT	5,200	4,500	1,400	13,800
SOT TOTALS	30,900	31,900	52,600	118,100
TOTAL TRANSPLANT	53,400	70,000	73,100	199,200
CANCER				
Hematological Malignancies	138,000	232,000	112,000	614,000

US HCT: 2014 figures from CIBMTR. Auto-HCT are increased by 20% to account for under-reporting to CIBMTR. US SOT: 2015 figures from Organ Procurement and Transplantation Network (OPTN). EU HCT: JR Passweg, et al., HSCT in Europe 2014, nature.com/bmt, 2016. ROW HCT: 2013 figures from EBMT Activity Office (Bone Marrow Transplantation 2015 (50):476-482). TOTAL HCT: US + EU + ROW. EU & TOTAL SOT: Newsletter Transplant – International Figures On Donation And Transplantation 2014; EDQM, volume 20, 2015. ROW SOT: Total - EU - US

CHIMERIX

Opportunities in the Growing Transplant Market

TRANSPLANTS PER YEAR	US	EU
HCT :		
Allogeneic	**8,500 (38%)**	**16,000 (42%)**
• *Adults*	*7,000 (82%)*	*12,800 (80%)*
• *Peds*	*1,500 (18%)*	*3,200 (20%)*
Autologous	**13,700 (62%)**	**22,100 (58%)**
• *Adults*	*12,700 (92%)*	*21,000 (95%)*
• *Peds*	*1,000 (8%)*	*1,100 (5%)*
HCT TOTALS	**22,200**	**38,100**
SOT :		
Kidney	**18,600**	**20,000**
Liver	**7,100**	**7,400**
Other SOT	**5,200**	**4,500**
SOT TOTALS	**30,900**	**31,900**
GRAND TOTALS	**53,100**	**70,000**

- US HCT: 2014 figures from CIBMTR. Auto transplants are increased by 20% to account for under-reporting to CIBMTR.
- US SOT: 2015 figures from Organ Procurement and Transplantation Network (OPTN).
- EU HCT: JR Passweg, et al., HSCT in Europe 2014, nature.com/bmt, 2016. Analysis included a total of 49 countries, data from 9 non-EU countries has been removed. Adult vs ped HCT break-out is estimated based on data available in the paper.
- EU SOT: Newsletter Transplant – International Figures On Donation And Transplantation 2014; EDQM, volume 20, 2015. includes 28 EU countries, pediatric patients <15 years of age

CHIMERIX

AdVance: Incidence and Outcomes Associated with the Management of AdV Infections in Allo-HCT Recipients

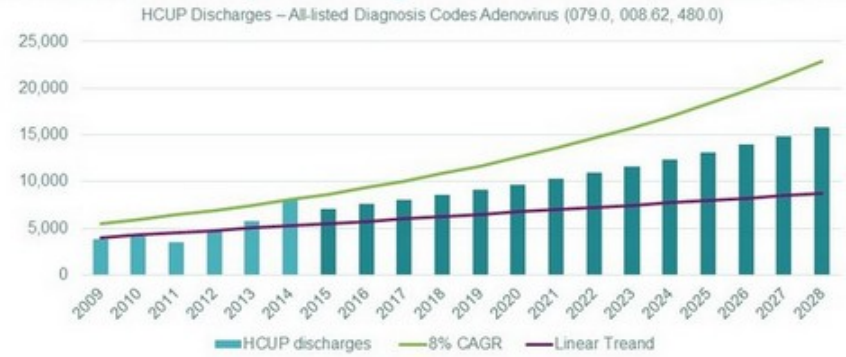
- Three components of the AdVance study:
  1. What are the European practice patterns associated with AdV infection in allo-HCT population (i.e., diagnosis, screening, treatment)?
  2. What is the incidence of AdV infection among adult and pediatric allo-HCT recipients?
  3. What are the clinical outcomes of AdV infection in allo-HCT recipients?
- Complete study with additional data from Italy, Germany, Netherlands and Czech Republic anticipated by January 2018
- Interim data analysis to be submitted for European BMT conference in March 2018

CHIMERIX

BCV: Opportunities For Treatment of AdV Beyond Transplant

Nearly 8000 Hospitalizations Annually

U.S. AdV-Related Hospital Discharges: 2009-2014 Actual, Trended From 2015

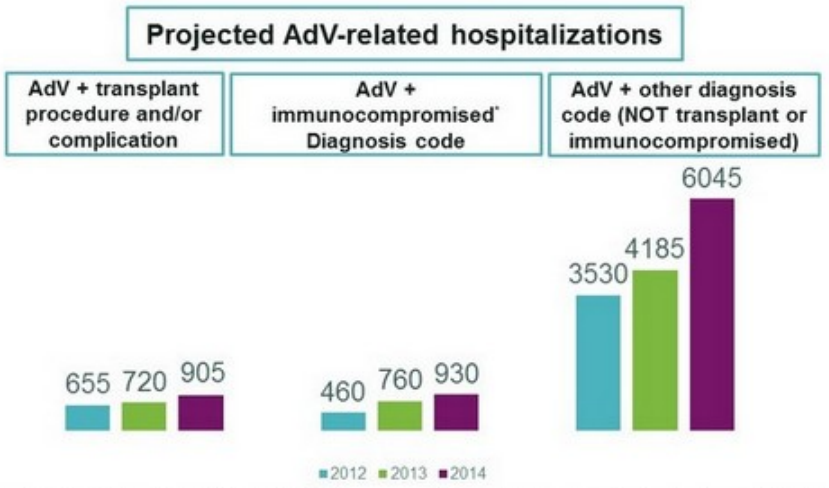


- In addition to stem cell and organ transplant recipients, other at-risk populations include newborns with severe combined immunodeficiency (SCID), individuals on chemotherapy or biologics for autoimmune diseases, and other immune deficiencies

Source: HCUP database (4-19-17) – historical CAGR (1993-2014) is ~8%, linear trend is ~5%, trended HCUP discharges are ~6% (average of CAGR + linear trend)

CHIMERIX

Most U.S. AdV-Related Hospitalizations are NOT in Transplant Recipients or Immunocompromised Patients

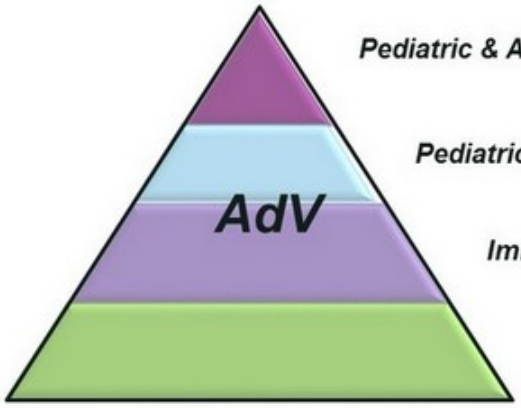


*AdV+immunocompromised excludes those hospitalizations with discharge diagnoses of "transplant" or "post-transplant complication"

NIS sample is 20%, projected numbers have been multiplied by 5

CHIMERIX

Building Full Potential Value for Oral and IV BCV – "Land"
Utilize Get-to-Market Regulatory Strategy in Adenovirus Population



Pediatric & Adult Allo-HCT Recipients Treatment & Prevention

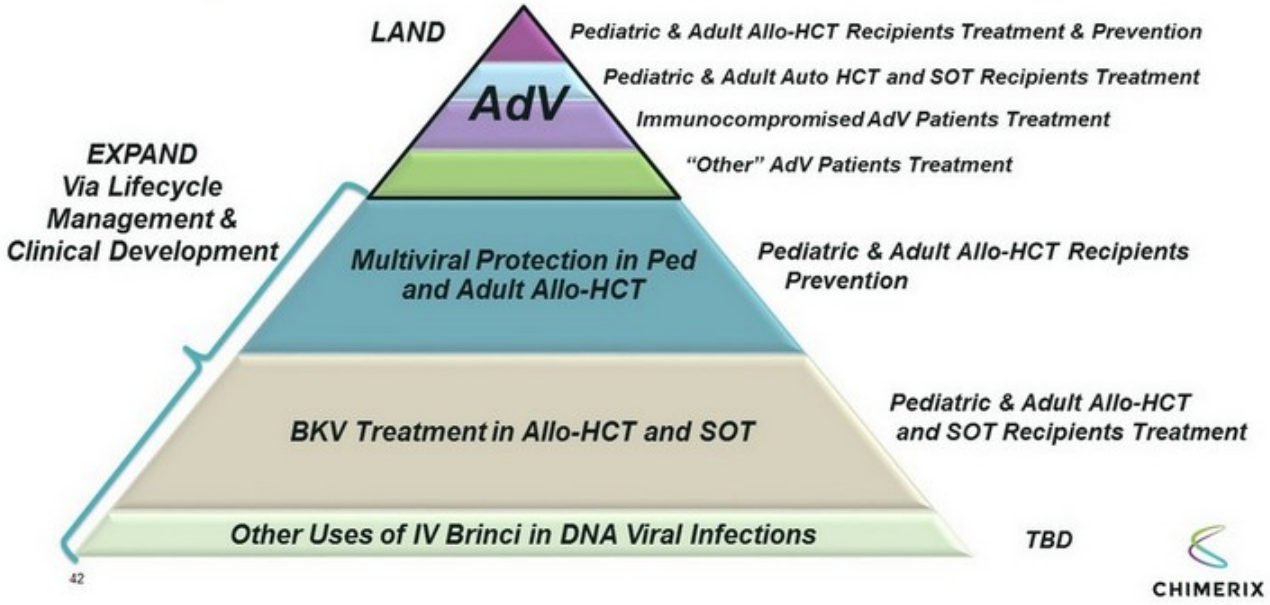
Pediatric & Adult Auto HCT and SOT Recipients Treatment

Immunocompromised AdV Patients Treatment

"Other" AdV Patients Treatment

CHIMERIX

Building Full Potential Value for Oral and IV BCV – "Expand"



CHIMERIX

"Land and Expand" Strategy

- **Land**: Establish the beach-head in pediatric Allo-HCT recipients with AdV in AdAPT
  - Expand understanding of AdV infections in non-transplant patients
- **Expand:** Demonstrate Multi-Viral Prevention with IV BCV in pediatric patients in MVP-Peds
  - Educate HCPs and payers on the impact and costs of multiple viral infections in at-risk patient populations
- **Expand:** Conduct label-informing and indication studies in CMV and BKV treatment
  - HCT and Solid Organ Transplant Recipients

GOAL: Establish oral and IV brincidofovir as the potential single solution for multiple viral infections through robust clinical development and commercialization programs

CHIMERIX

Oral BCV for Smallpox

Progress Toward Regulatory Approvals & Government Procurements

- Efficacy to be demonstrated via two animal model studies under FDA's Animal Rule
  - **Pivotal Rabbitpox Efficacy Study demonstrated 100% survival** in animals treated immediately with BCV at the time of confirmed infection
  - Pivotal Mouse Pox (ectromelia) study to be conducted to complete efficacy assessment
  - Human safety summary of short-course exposure to oral brincidofovir submitted to FDA, manuscript published in *Antiviral Research*[1]
- Potential for US Procurement to the Strategic National Stockpile – await FY18 budget
- Given recent interest from European governments, we are seeking formal scientific advice from the EMA for guidance on potential acceptance of the pivotal rabbitpox model and current mousepox data (~50 studies to date), supported by clinical data

1. Chittick et al, Antiviral Research 2017; 143:269-277

CHIMERIX

Smallpox Threat

- Population is largely unvaccinated
- Undeclared stocks of variola virus
  - Official stocks are at CDC in Atlanta and Vector Labs in Novosibirsk, Russia
  - High likelihood of undeclared stocks
  - 2014 incident - live variola virus stocks found at NIH Bethesda campus

CDC: Smallpox found in NIH storage room is alive

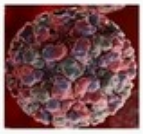
- "Old" virus: Thawing Permafrost
- Anthrax outbreak example
- Is smallpox next?

The Siberian Times

Experts warn of threat of born-again smallpox from old Siberian graveyards

CHIMERIX

Norovirus: New Clinical Candidate CMX521 On Track



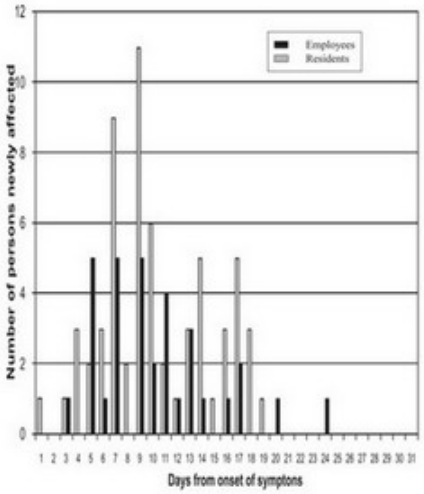
- Significant Unmet Need/Opportunity
  - Acute prophylaxis: ~ 20 million cases/year in the US; most reported outbreaks (>60%) are in health care facilities[1]
  - Treatment: chronic norovirus infection is associated with chronic, severe diarrhea & graft rejection, may occur in 15-20% of HCT and SOT[2]

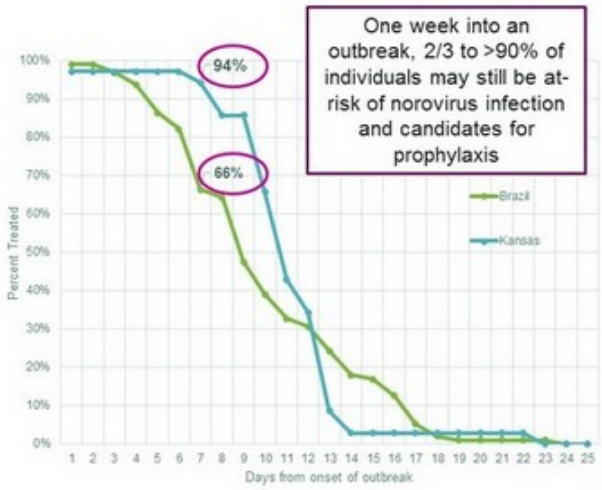
- CMX521 – first potential antiviral for Norovirus treatment and prevention
  - FTIH on-track for 4Q 2017
  - Clinical development plan including challenge study (POC) and field trials in outbreaks
  - Current and planned market research and commercial analysis/preparations

1. Hall et al, Emerging Infectious Disease 2013, CDC
2. Bok et all, New England Journal of Medicine 2012

CHIMERIX

Norovirus Outbreaks Occur Over a Number of Days, Allowing for Intervention

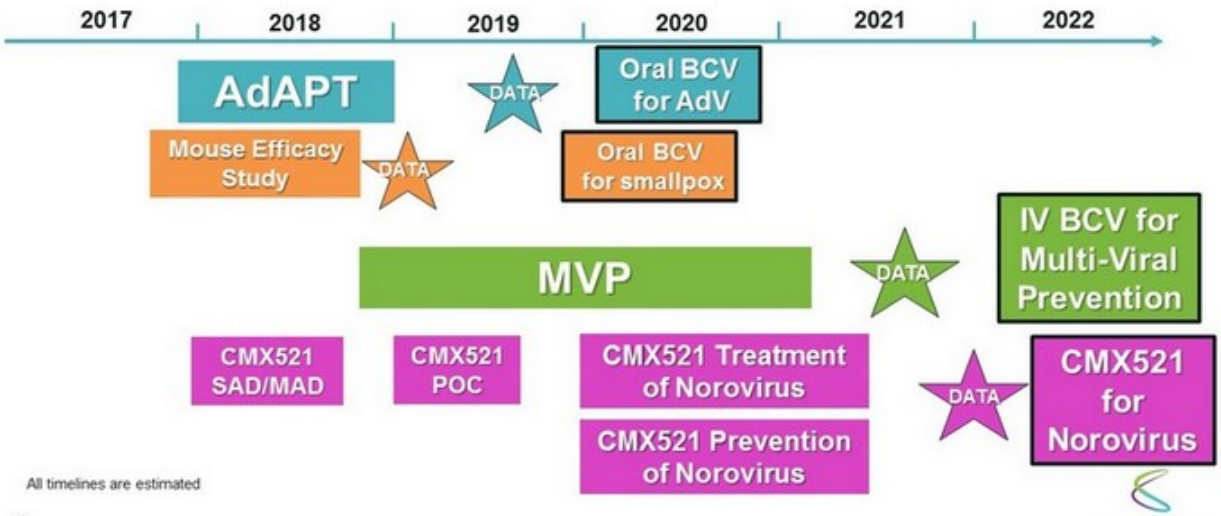




Menezes et al. 2010, CDC MMWR JULY 3, Wu et al. 2005, Rayberm et al. 2014

CHIMERIX

Chimerix Continues to Build A Pipeline of Solutions for Patients at Risk of Serious Viral Infections



All timelines are estimated

CHIMERIX

Clinical Pipeline

Program	Indication	Pre-clinical	Phase 1	Phase 2	Phase 3	Status	Anticipated Approval
Short-course Oral BCV	AdV Treatment					Plan to start AdAPT 4Q17	2020
	Smallpox					Animal rule model in process	2020
IV BCV	Multi-viral Prevention					MAD Data expected year end 2017	2022
	Treatment of CMV/BK						
CMX521	Norovirus					FTIH planned 4Q17	2023
CMX157*	HBV Treatment					Licensed to ContraVir	

All timelines are estimated
* Development per ContraVir's website

CHIMERIX

CMRX: Progressing Solutions for Immunocompromised Patients

- Oral brincidofovir: AdAPT trial in US and EU for pediatric transplant recipients with adenovirus infection by year end 2017
- IV brincidofovir: progressing towards a pivotal study planned for initiation in 2018 for prevention of multiple viruses in allo-HCT recipients
- Brincidofovir for smallpox: to be assessed in a pivotal mouse animal study
- CMX521 for norovirus: anticipated to be in the clinic by end of 2017

- Chimerix remains well-capitalized to achieve the planned milestones with $241M at the end of 3Q 2017
- Patent protection into 2034 (brinci) and 2036 (CMX521)

CHIMERIX