Q322 Resource Book

October 2022

FOR INVESTOR USE ONLY; NOT FOR PROMOTIONAL USE.

GILEAD
Creating Possible

Gilead's Mission

To discover, develop and deliver innovative therapeutics for people with life-threatening diseases.

Our Ambitions

Bring 10+ transformative therapies to patients by 2030

Be the biotech employer and partner of choice

Deliver shareholder value in a sustainable, responsible manner

Welcome to our Gilead Investor Resource Book. This book is a collection of materials intended to streamline the reader's initial review of Gilead materials. Of course, there is no substitute for our SEC filings, and our most recent disclosures may be found on our Investor Relations page at http://investors.gilead.com. As a supplement, however, we have pulled together materials designed to help you get up to speed on Gilead's products, strategy, team and performance to date. Any financial data included is available in Microsoft Excel, on request.

As you get to know Gilead, please reach out to the Investor Relations team if you have questions or feedback. In the meantime, and on behalf of the management team, thank you for your interest in Gilead.

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About Gilead

Gilead was founded in 1987 as a biopharmaceutical company focused on viral diseases, cardiovascular disease and cancer. The company was named after a Middle Eastern medication known as the balm of Gilead, which founder Michael Riordan considered the world's first pharmaceutical product.

By 2001, Gilead received its first HIV therapy approval. Following the acquisition of Triangle Pharmaceuticals in 2003, the combination of emtricitabine with internally developed clinical candidates ultimately delivered many firsts in HIV. Additional milestones in virology included the development of treatments for chronic viral hepatitis B, the first single tablet regimen for HIV and a transformational cure for HCV.

Leadership in HIV and HCV fueled growth from 2012 to 2015. While growth in HIV has continued since then, the sharp decline in HCV revenue associated with the curative nature of our HCV treatment (resulting in fewer new patients) as well as generics and competitive products have masked that growth.

Today, Gilead continues to innovate in virology. In 2020, FDA approved Veklury (remdesivir) as the first treatment for hospitalized patients with COVID-19. In HIV, we believe the right long-acting regimens could continue our leadership in HIV treatment and catalyze the prevention market. Additionally, the company has been an active acquirer and partner in recent years, with the goal of building a diversified portfolio extending beyond virology, and into oncology and inflammation. The assets added over the last few years are varied across indications, mechanism of action and clinical stage.

In summary, Gilead is a company in the midst of transformation, building on our established track record in HIV and HCV, and extending into a more diversified and impactful portfolio to reach more patients across virology, oncology and inflammation.

1987
Gilead is founded

1992
Gilead completes its IPO

1996
John Martin appointed CEO

Focus on Virology

2001
Viread for HIV approved by FDA

2003
Gilead acquires Triangle Pharmaceuticals, adding emtricitabine to HIV portfolio

2006
Atripla, first single tablet regimen for HIV, approved by FDA

2012
Gilead acquires Pharmasset, adding three clinical stage HCV candidates

2013
Sovaldi, first HCV cure in tablet form, approved by FDA

2016
John Milligan appointed CEO

Leadership in HIV and HCV

Building a Diversified Portfolio

2017
Gilead acquires Kite, adding cell therapy: Yescarta approved by FDA

2018
Biktarvy, market leading daily pill regimen for HIV, approved by FDA

2019
Daniel O'Day appointed Chairman and CEO

2020
First FDA approval for Veklury treatment of patients with COVID-19 requiring hospitalization

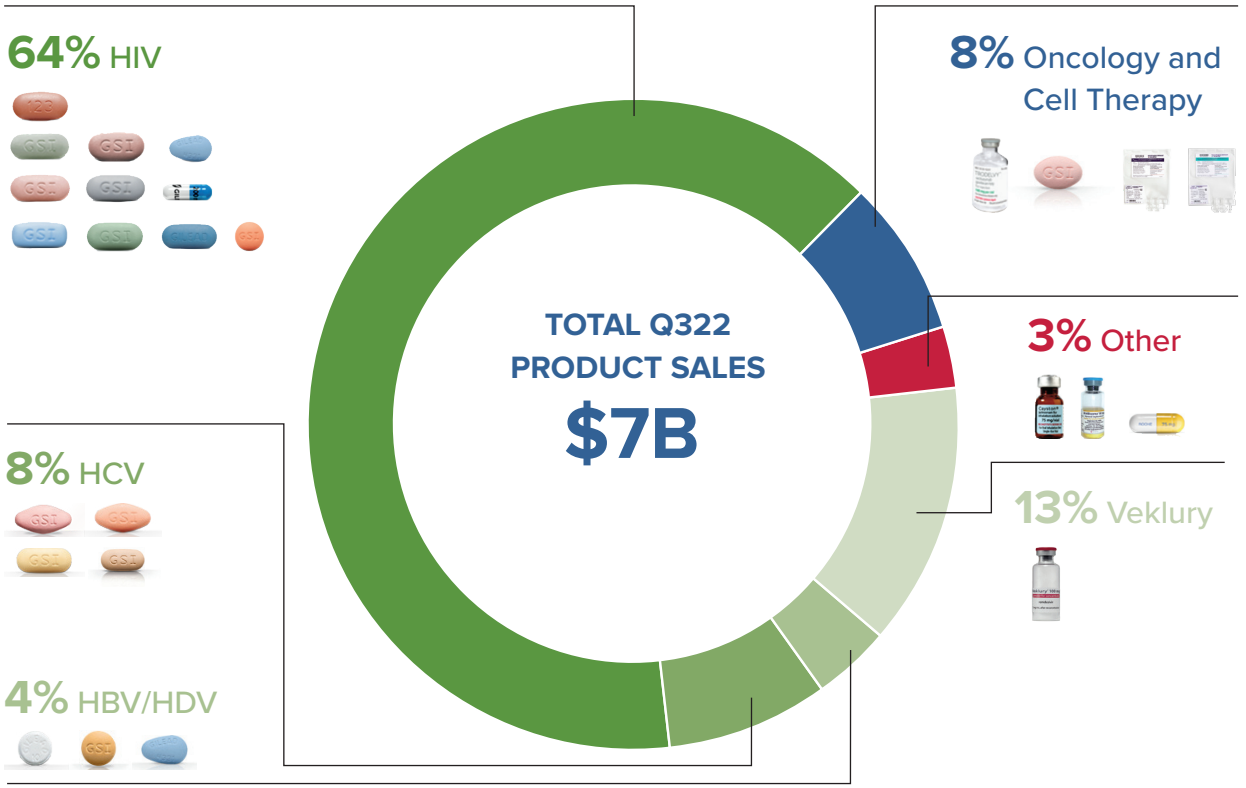
Gilead acquires Immunomedics & Forty Seven to strengthen oncology pipeline

2021
Trodelvy receives full FDA approval for 2L mTNBC

2022
Sunlenca (lenacapavir) receives European MAA and UK's MHRA authorizations

Our Business

Gilead is best known for pioneering therapies in HIV and HCV, which delivered peak revenues of $19B in 2015. Over the last several years, we have extended our reach into new therapeutic areas through strategic partnerships and acquisitions to create the foundation for a more sustainable and diversified business. As a result, our financial results now include modest, but growing contributions from oncology and our cell therapy business.



Virology

HIV Q322 Revenue of $4,487M, +7% YoY
Representing the bulk of Gilead's revenue. Q322 sales were up 7% year-over-year, primarily driven by channel mix leading to higher average realized price in addition to higher Biktarvy demand. Excluding the impact of both foreign currency impact and the LOE, HIV revenue grew 10% year-over-year.

HCV Q322 Revenue of $524M, +22% YoY
Primarily due to favorable net price in the U.S. as well as pricing adjustments in Europe that are not expected to repeat, offset in part by fewer patient starts in both regions.

HBV/HDV Q322 Revenue of $264M, +7% YoY
Driven by favorable inventory dynamics.

Veklury Q322 Revenue of $925M, -52% YoY
Sales of Veklury generally track patients hospitalized with COVID-19. Sequentially in Q3, Veklury sales were up 108%, driven by increased hospitalizations in the U.S. and Japan.

Oncology

In Q322, Gilead oncology revenue was $578M, +79% YoY and now represents an annual run rate of more than $2B.

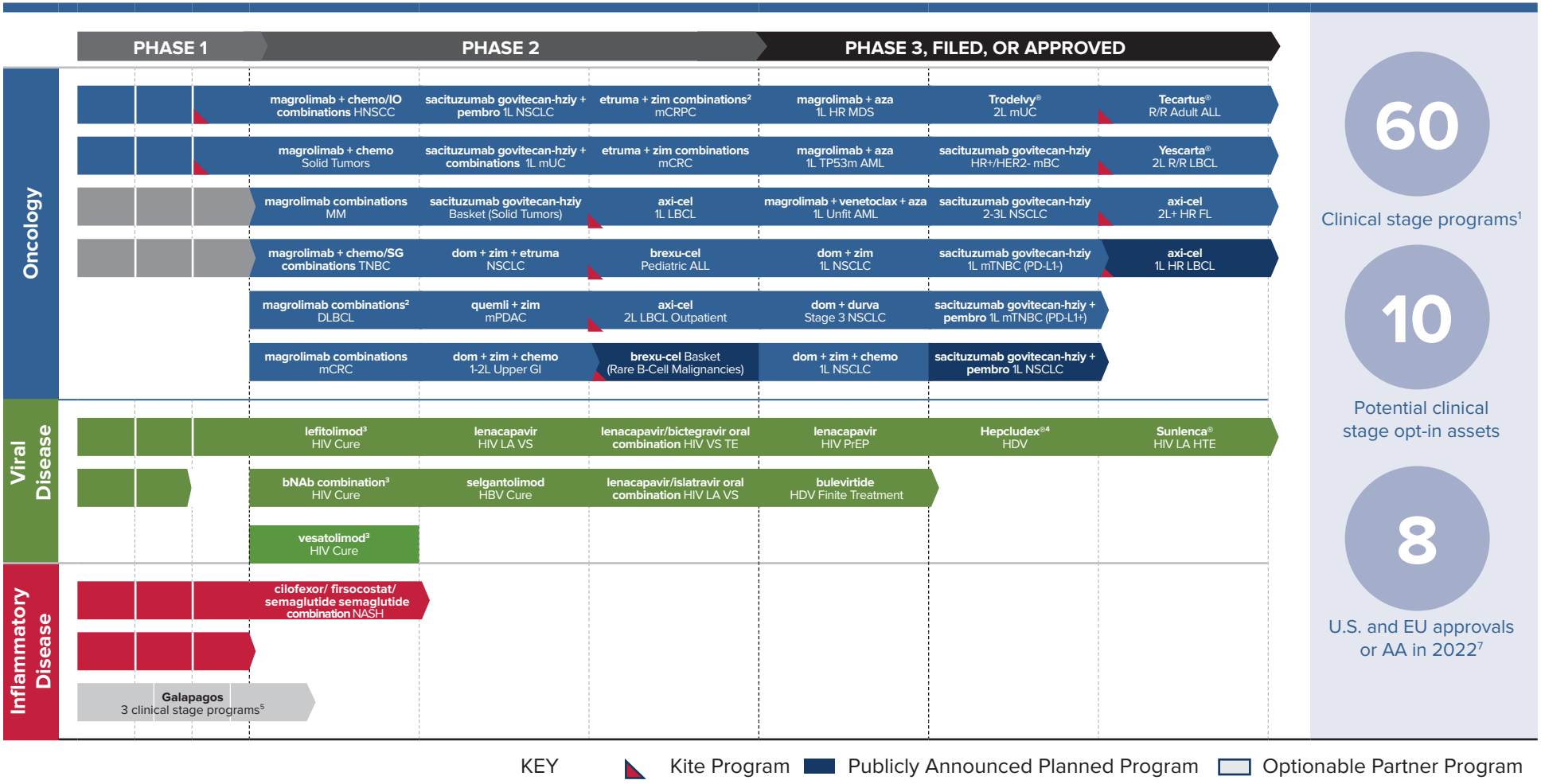
Cell Therapy Q322 Revenue of $398M, +79% YoY
Reflects growth following 2L approval in LBCL in Q222, and growing adoption of cell therapy as a class.

Trodelvy Q322 Revenue of $180M, +78% YoY
Reflects growing awareness of 2L mTNBC indication in the U.S. and continuing progress in broadening access in Europe.

Other

Other Q322 Revenue of $200M, -18% YoY
Reflects sales from Gilead's cardiopulmonary portfolio, AmBisome and other revenues.

Building a Sustainable and Diversified Gilead



FDA approved medicines shown: Trodelvy® for 2L mUC (accelerated approval), Yescarta® for 2L LBCL, Tecartus® for R/R adult ALL. [1]Program count does not include potential partner opt-in programs, publicly announced planned programs or programs that have received both FDA and EC approval. [2]Phase 1b/2 trials. [3]Non-Gilead sponsored trial(s) ongoing. [4]Conditionally authorized by the European Medicines Agency (EMA) for the treatment of chronic HDV infection in adults with compensated liver disease in July 2020. [5]Includes two Phase 1 clinical stage programs and one Phase 2 clinical stage program. ALL - acute lymphocytic leukemia. AML - acute myeloid leukemia. axi-cel - axicabtagene ciloleucel. aza – azacitidine. bNAb - broadly neutralizing antibody. brexu-cel - brexucabtagene autoleucel. chemo – chemotherapy. DLBCL - diffuse large B cell lymphoma. dom - domvanalimab. durva - durvalumab. etruma - etrumadenant. FL - follicular lymphoma. GI – gastrointestinal. HBV – hepatitis B virus. HDV – hepatitis delta virus. HIV - human immunodeficiency virus. HNSCC – head and neck squamous cell carcinoma. HR – high risk. HR+/HER2-mBC - hormone receptor positive, human epidermal growth factor receptor 2 negative metastatic breast cancer. HTE – heavily treatment-experienced. IO – immuno-oncology. LA – long acting. LBCL - large B cell lymphoma. mCRC – metastatic colorectal cancer. mCRPC – metastatic castrate-resistant prostate cancer. MDS – myelodysplastic syndrome. MM – multiple myeloma. mPDAC - metastatic pancreatic ductal adenocarcinoma. mTNBC – metastatic triple-negative breast cancer. mUC - metastatic urothelial carcinoma. NASH – nonalcoholic steatohepatitis. NSCLC – non small cell lung cancer. PD-L1 - programmed death-ligand 1. pembro – pembrolizumab. PrEP - pre-exposure prophylaxis. quemli – quemliclustat. R/R - relapsed / refractory. SG - sacituzumab govitecan-hziy. TE - treatment experienced. TNBC - triple-negative breast cancer. TP53m – tumor protein 53 mutation. VS – virologically suppressed. zim – zimberelimab.

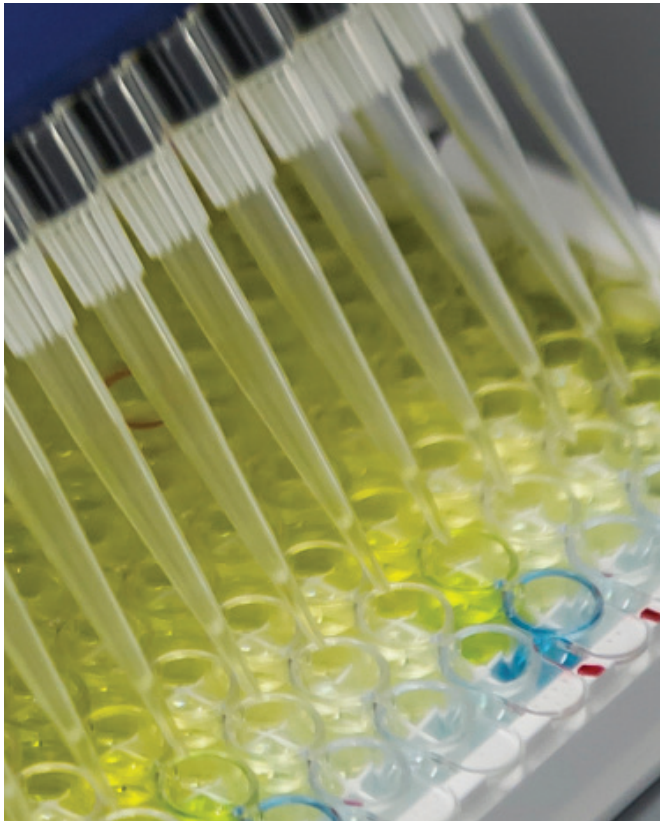
Our Therapeutic Areas of Focus

The next section of this Resource Book will address our therapeutic focus areas in more detail. Throughout the Resource Book, investigational products and programs that are part of Gilead's pipeline are discussed. Please note that these investigational products or uses are not approved by the FDA, and their safety and efficacy have not been established.

Virology

Oncology

Inflammation & Other



Addressing HIV Prevention, Treatment and Cure

Gilead has been a pioneer in HIV prevention and treatment, and remains committed to bringing the most innovative products to market to support people living with HIV (PLWH) and those who could benefit from HIV prevention. After delivering the first single tablet regimen (STR) and the first prevention therapy, the next frontier in innovation will be longer-acting therapies: for example, prevention therapy that can be administered once every six months, or treatment regimens like a pill once per week or an injection every three months or longer. Additionally, Gilead continues to explore an HIV cure, although this work remains in the earlier stages.

Our Portfolio of HIV Treatment and Prevention Therapies

Product	Launched	Description	Treatment	Prevention	% Q322 Revenue[1]	Patent Expiry[2] U.S.	Patent Expiry[2] EU
Sunlenca® (lenacapavir) injection 463.5 mg/1.5 mL	2022	First twice yearly subcutaneous treatment for heavily treatment experienced PLWH (approved in EU)	✔		0%	2037	
BIKTARVY® bictegravir 50mg/emtricitabine 200mg/ tenofovir alafenamide 25mg tablets	2018	#1 prescribed STR for HIV treatment in the United States	✔		46%	2033	
Descovy® emtricitabine 200mg/ tenofovir alafenamide 25mg tablets	2016	TAF-based HIV treatment backbone (2016) and prevention regimen (2019)	✔	✔	8%	'31	'26
Odefsey® emtricitabine 200mg/rilpivirine 25mg/ tenofovir alafenamide 25mg tablets	2016	Smallest tablet size STR at launch	✔		6%	'32	'26
Genvoya® elvitegravir 150mg/cobicistat 150mg/emtricitabine 200mg/tenofovir alafenamide 10mg tablets	2015	First approved TAF-based STR	✔		10%	'29	'28
STRIBILD® elvitegravir 150mg/ cobicistat 150mg/ emtricitabine 200mg/ tenofovir disoproxil fumarate 300mg tablets	2012	First STR with an integrase inhibitor	✔		1%	'29	'28
COMPLERA® emtricitabine 200mg/rilpivirine 25mg/ tenofovir disoproxil fumarate 300mg tablets	2011	STR with improved safety profile	✔		1%	'25	'26
ATRIPLA® efavirenz 600 mg/emtricitabine 200 mg/ tenofovir disoproxil fumarate 300 mg Tablets	2006	First approved STR	✔		0%[3]	Expired	
Truvada® emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg tablets for PrEP pre-exposure prophylaxis	2004	Combination treatment backbone approved (2004) and first medication approved for prevention (2012)	✔	✔	0%[3]	Expired	

[1] Total Product Sales excluding Veklury

[2] FDA Orange Book: https://www.accessdata.fda.gov/scripts/cder/ob/index.cfm

[3] Atripla and Truvada revenue in Q322 was minimal, and rounds down to 0%.

Our Strategic Focus in HIV

Treatment

Develop options to meet the diverse treatment needs and preferences of people living with HIV

Prevention

Develop options to meet the needs of all individuals who could benefit from PrEP

Cure

Drive scientific innovation towards functional cure

TDF ▸ TAF

Gilead's early HIV therapies, including Truvada and Atripla, contained a tenofovir disoproxil fumarate (TDF) backbone. From Genvoya in 2015 to Biktarvy in 2018 and Descovy for PrEP in 2019, our HIV approvals had a tenofovir alafenamide (TAF) backbone. TAF can be delivered more efficiently and can be effective in smaller doses.

TAF PATENT LITIGATION RESOLVED

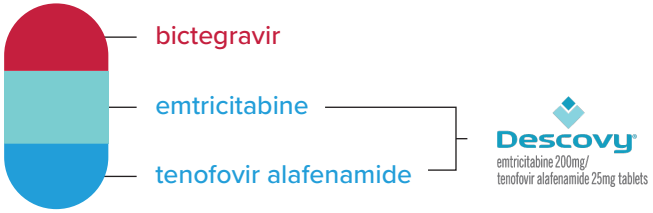
Gilead is pleased to confirm that it has resolved the patent litigation related to its TAF patents against generic manufacturers seeking to market generic versions of Descovy®, Vemlidy®, and Odefsey®. Under the agreements, the generic manufacturers have a license to sell in the U.S. generic versions of Descovy and Vemlidy beginning on October 31, 2031 and generic versions of Odefsey beginning on January 31, 2032. We are pleased with this outcome for patients and the company. We believe in the innovativeness of our products and the strength of our intellectual property.

Biktarvy: the #1 Prescribed HIV Treatment Therapy

BIKTARVY®
bictegravir 50mg/emtricitabine 200mg
tenofovir alafenamide 25mg tablets

Overview

Biktarvy was launched in the U.S. in 2018. Biktarvy is approved as a complete single tablet regimen for the treatment of HIV-1 infection in adults and pediatric patients weighing at least 25 kg who are new to antiretroviral therapy or who are virologically suppressed on a stable regimen with no history of treatment failure and no known resistance to the components of Biktarvy. In October 2021, a low-dose tablet formulation of Biktarvy (bictegravir 30 mg/ emtricitabine 120 mg/tenofovir alafenamide 15 mg) was approved for pediatric patients weighing at least 14 kg to less than 25 kg.



Why Biktarvy?

- The data continue to demonstrate Biktarvy's consistent durable efficacy and high barrier to resistance across a diverse group of PLWH over time regardless of age, sex, race, viral load or CD4 T-cell count.
- In 5-year studies, less than 1% of adults new to treatment stopped taking Biktarvy due to related side effects[3].

FAST FACT

Biktarvy's patent will expire in the U.S. and in Europe in 2033[3].

[1] Weekly IQVIA NPA MD
[2] Source: IQVIA LAAD
[3] FDA Orange Book: https://www.accessdata.fda.gov/scripts/cder/ob/index.cfm
[4] https://www.biktarvy.com/important-safety-information/possible-side-effects

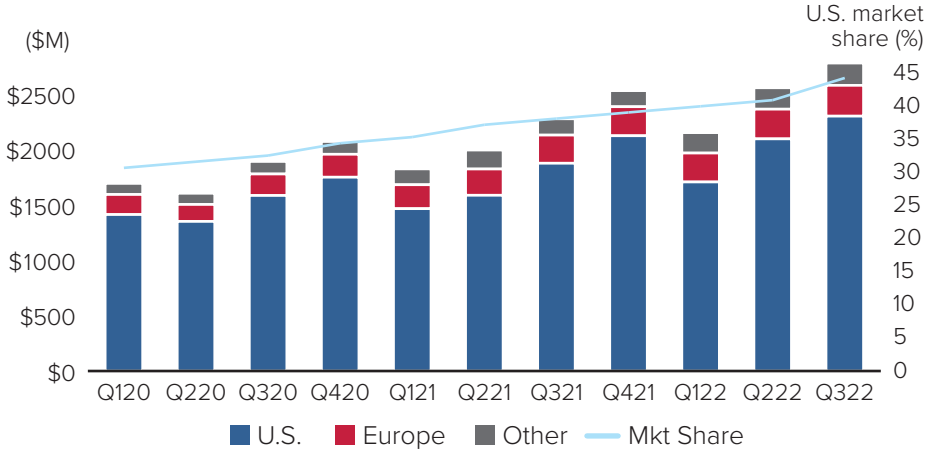
Q322 Biktarvy Highlights

#1 Prescribed in new and switch prescriptions in U.S.[1]

45% Highest market share for any regimen in the U.S.[2]

$2.8B Sales grew 8% from Q222 and 22% from Q321

Biktarvy Quarterly Sales and U.S. Share

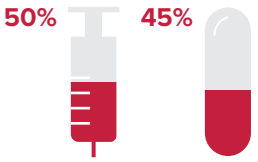


HIV sales typically reflect a seasonal dynamic from Q4 to Q1 each year. This is associated with stocking in Q4 that is usually followed by a drawdown in Q1, in addition to first quarter dynamics associated with public payers and many insurance programs.

Accelerating the Path to Long-Acting HIV Treatments

Since they first became available, HIV treatment therapies have seen dramatic improvements in both effectiveness and safety. One of the most significant remaining unmet needs for PLWH is less frequent dosing: to move from a daily tablet to a weekly one, or potentially to monthly, quarterly or even twice-yearly injections.

A 2019 Gilead study[1] found that **50%** of PLWH would choose a sub-cutaneous injection every 3 months, if available, and **45%** would choose a weekly oral.



Long-acting regimens offer greater freedom from daily dosing

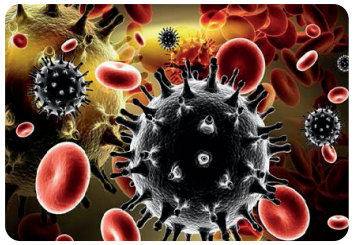
Long-acting regimens could increase patient privacy, lower anxiety about missing doses, and remove the daily reminder of HIV status.

What is Lenacapavir?

Lenacapavir is an investigational, first-in-class, long-acting HIV-1 capsid inhibitor in development for the treatment and prevention of HIV-1 infection. Lenacapavir's multi-stage mechanism of action is distinguishable from currently approved classes of antiviral agents and is designed to provide a new approach for the development of long-acting options. In clinical studies, lenacapavir for HIV treatment is targeted as an injection every six months in combination with other antiretroviral medicines and has the potential to be developed as both a long-acting injectable and oral regimen.

How it works?

While most antivirals act on just one stage of viral replication, lenacapavir is designed to inhibit HIV-1 at multiple stages of its lifecycle and has no known cross resistance to other existing drug classes.



FAST FACT

In August 2022, Sunlenca (lenacapavir) received its first regulatory approval in the EU for adults with multidrug resistant HIV-1 infection marking it the only twice-yearly, subcutaneous HIV treatment regimen.

Lenacapavir Pipeline

Indication	Formulation	Trial Name	Stage	Latest Update
HTE	Q6M subQ	CAPELLA	Phase 2/3[1]	MAA approved. NDA decision expected in U.S. by end 2022
Naïve[2]	Q6M subQ	CALIBRATE	Phase 2	Ongoing

In Combination with Lenacapavir[3]

Indication	Formulation	Combination Agent	Stage	Latest Update
VS	Daily Oral	Bictegravir	Phase 2/3	
LA VS	Weekly Oral	Islatravir	Phase 2	Trial resuming
LA VS	Q3M subQ	GS-6212	Phase 1	
LA VS	Q6M subQ	GS-2872 GS-5423	Phase 1b	Data expected in 2023

HTE - Heavily treatment-experienced; LA - Long-acting; VS - Viral suppressed;
Q3M – Every 3 months; Q6M – Every 6 months; subQ - subcutaneous

1 Registrational
2 Intended to support the ongoing evaluation and further development of lenacapavir in combination with other antiretroviral agents for the treatment of HIV-1 infection in support of Gilead's long-acting oral and injectable development program.
3 Additional Pre-IND, exploration and discovery programs not listed

HIV Pre-Exposure Prophylaxis (PrEP)

What is PrEP?

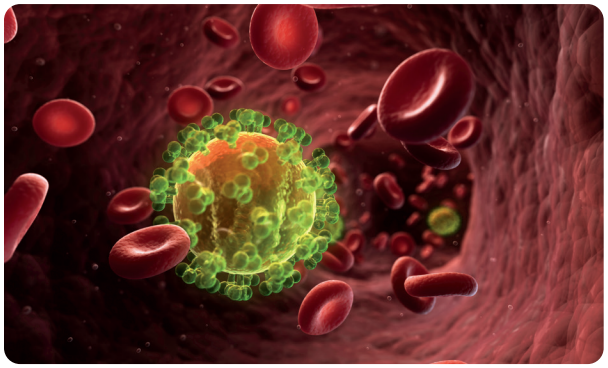
Pre-exposure prophylaxis, or PrEP, is the use of antiretroviral medication by HIV-negative individuals to stay uninfected. According to the CDC, people at risk for HIV who could benefit from PrEP can reduce their risk of getting HIV from sex by about 99%[1].

How does PrEP work?

PrEP is not a vaccine for HIV, rather a strategy where antiretroviral medications are taken prior to exposure to prevent HIV from infecting CD4 cells.

Who Can Benefit from PrEP?

HIV is now treatable but has no cure and significant health consequences, so all individuals at risk of sexually acquired HIV could potentially benefit from PrEP. While it's difficult to accurately size the at risk population, UNAIDS estimates that between one and two million people globally became newly infected with HIV in 2020[2]. The CDC reports that ~37,000 people in the U.S. were diagnosed with HIV in 2019[3].



WHAT GILEAD PRODUCTS ARE AVAILABLE FOR PREP?

- In July 2012, Truvada was the first antiretroviral to be approved for HIV prevention in the U.S. Truvada is indicated for at-risk adults & adolescents to reduce the risk of sexually acquired HIV-1 infection.
- In October 2019, Descovy was approved for PrEP in the U.S. to reduce the risk of sexually acquired HIV-1 in uninfected adults and adolescents, excluding individuals at-risk from receptive vaginal sex. Results from the DISCOVER trial showed Descovy has a 99.7% efficacy in preventing new HIV infections[4].

Addressing the Unmet Needs for People Who Can Benefit From PrEP

- Current commercially-available PrEP regimens often require a daily pill; this can be a challenge for some.
- Longer-acting agents and less frequent dosing can potentially improve compliance.
- Longer-acting intervals in between treatments could also help with patient privacy and pill burden.
- As a result, Gilead and other companies are exploring longer-acting PrEP solutions that will enable longer intervals between treatments, potentially as long as every six months.

Lenacapavir Pipeline

The pipeline is evaluating lenacapavir for HIV prevention in multiple groups. We are targeting a first filing decision in ~2025.

Indication	Formulation	Trial Name	Stage	Latest Update
Adolescent girls and young women	Q6M subQ	PURPOSE 1	Phase 3[5]	Ongoing
Cisgender men, transgender women and men & gender non-binary persons who have sex with men	Q6M subQ	PURPOSE 2	Phase 3[5]	Ongoing
U.S. women	Q6M subQ	PURPOSE 3	Phase 2	Planned
Persons who inject drugs	Q6M subQ	PURPOSE 4	Phase 2	Planned

FAST FACT

Gilead 2021 U.S. PrEP sales exceeded $1 billion with U.S. PrEP market growth of ~20% compared to 2020

1 https://www.cdc.gov/hiv/risk/prep/
2 https://www.unaids.org/en/resources/fact-sheet
3 https://www.cdc.gov/hiv/basics/statistics.html
4 https://www.descovyhcp.com/discover-clinical-trial
5 Registrational

Gilead's Role in HCV Cure

Gilead is a leader in HCV innovation, delivering a curative treatment to more than 5 million patients.

Gilead acquired Pharmasset in 2012, adding sofosbuvir which was further developed by Gilead and ultimately approved by the U.S. FDA in late 2013 to bring Sovaldi to the market for the treatment of chronic HCV.

Before Sovaldi, HCV treatment was historically difficult and ineffective, and we continued to build on Sovaldi's success to bring the first single tablet regimen (STR) for HCV to market with Harvoni in 2014, with a cure rate greater than 95% for many patients.

Gilead's HCV Portfolio

Product	U.S. Launch	Description	% Q322 Revenue[2]	Patent Expiry[3]	
			%	U.S.	EU
VOSEVI sofosbuvir | velpatasvir | voxilaprevir 400 mg | 100 mg | 100 mg tablets	2017	First pan-GT regimen following direct acting antiviral failure	1%	'34	'33
EPCLUSA sofosbuvir/velpatasvir 400 mg/100 mg tablets	2016	First HCV STR to treat all genotypes	5%	'33	'32
HARVONI ledipasvir/sofosbuvir 90 mg/400 mg tablets	2014	First HCV STR for genotypes 1, 4, 5, or 6	0%	'30	'30
SOVALDI SOFOSBUVIR	2013	Backbone of all Gilead HCV therapies enabling cure	0%	'29	'28

Gilead's HCV revenue peaked in 2015 and declined thereafter mostly due to competition. In 2018, Gilead introduced authorized generic versions of two HCV products through Asegua Therapeutics to improve competitiveness and broaden access for patients living with HCV.

In 2021, HCV revenues were $1.9B, or 7% of total product sales. HCV sales are primarily driven by the number of patient starts which generally continue to trend downwards due to a cure market. The number of patients treated with SOF-based regimens has been flat from 2020 to now. Unfortunately, the downward trend has been partially moderated by increasing numbers of HCV from persons suffering from opioid use disorder.

[1] https://www.who.int/news-room/fact-sheets/detail/hepatitis-c

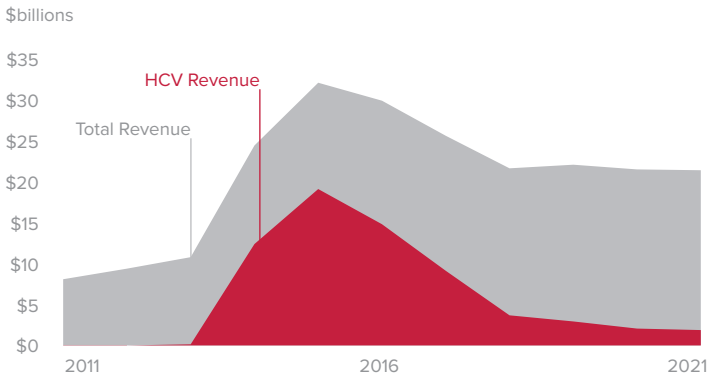
[2] Total Product Sales excluding Veklury

[3] See pages 7 - 8 of our 2021 Form 10-K for more information.

ABOUT HCV

HCV is a viral liver infection that can lead to serious and life-threatening liver damage, including liver cirrhosis, liver cancer and the need for liver transplantation. Since launch, ~5 million people have been treated with Gilead medications, but it is estimated that more than 58 million people[1] are living with chronic HCV infection globally. About 30% of people infected will clear the virus without any treatment, but the remainder will likely develop chronic HCV infection. There are still almost 300,000[1] deaths from HCV-related complications including cirrhosis and liver cancer each year.

HCV Contribution to Total Revenue[2]



FAST FACT

HCV Q322 market share is more than 50% in both the U.S. and Europe, and third quarter share increased on a year-over-year basis.

Hepcludex (bulevirtide): Adding HDV Treatment to Gilead Portfolio

In March 2021, Gilead acquired MYR GmbH for approximately €1.3B. The acquisition added Hepcludex, a first-in-class entry inhibitor, to our portfolio, as Gilead's first approved product for the treatment of chronic HDV in Europe.

How does Hepcludex work and is it effective?

Hepcludex (bulevirtide) is an entry inhibitor that binds to NTCP, an essential HBV and HDV receptor, blocking the ability of HDV to enter the chief functional cells of the liver, the hepatocytes.

For treatment, data from MYR301 highlighted the safety and efficacy profile of bulevirtide 2 mg once daily by subcutaneous injection for the treatment of chronic HDV. After 48 weeks, 45% of participants receiving 2mg daily achieved virological and biochemical response, compared to 48% for those receiving 10mg daily, and 2% for those receiving no antiviral treatment.

Indication	Trial Name (Size)	Stage	Latest Update
HDV Treatment	MYR301 (150)	Phase 3[3]	In Oct 2022, FDA issued CRL (see below)
HDV Cure	MYR204 (175)	Phase 2	Ongoing. Interim data shared at ILC 2021

LATEST UPDATES

- In October 2022, FDA issued a complete response letter (CRL) following our BLA filing from Q421. In the CRL, the FDA cited concerns regarding the manufacture and delivery of bulevirtide. No new studies to evaluate the safety and efficacy of bulevirtide have been requested. There are currently no approved products for the treatment of HDV in the U.S. Gilead remains confident in bulevirtide and the potential benefits it can bring to people living with HDV.
- Hepcludex is conditionally approved in Europe, and contributed $37M in 2021 and $12M in Q322.

Hepcludex (bulevirtide) is conditionally authorized by the European Commission for treatment of chronic HDV. Its safety and efficacy have not been established in the United States or in other regions where it has not received regulatory approval.

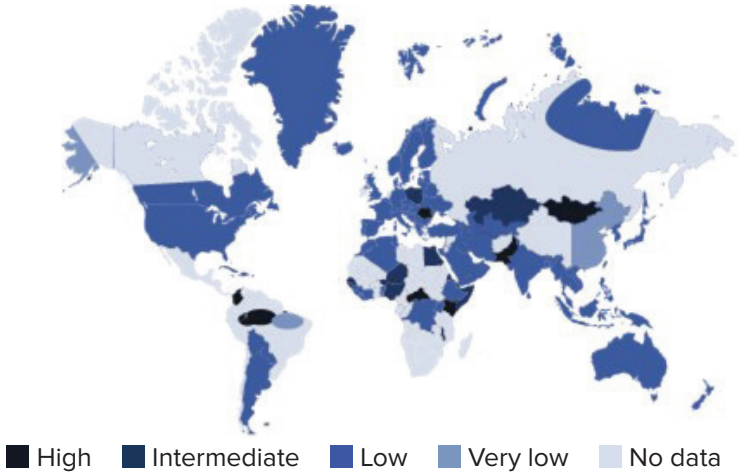
1 https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html
2 Miao Z, et al. J Infect Dis 2020; 221:1677-87. Stockdale AJ, et al. J Hepatol 2020; 73:523-3.
3 Registrational

ABOUT HDV

HDV is the most severe form of viral hepatitis and can have mortality rates as high as 50% within 5 years in cirrhotic patients[1]. Given the historical lack of effective treatments as well as inadequate diagnostic approaches, HDV is thought to be under-diagnosed.

HDV occurs as a co-infection in individuals who have hepatitis B virus, and significantly increases the risk of poor outcomes compared to infection with HBV alone. For example, co-infected patients are 3.9x more likely to develop cirrhosis, and 2.1x more likely to die[1]. It is estimated that more than 12M people worldwide are infected. In the United States and Europe, it's estimated that there are more than 230,000 people living with HDV, of whom less than 20% have been diagnosed[2].

Global Prevalence of HDV



Gilead Has Played a Leading Role in the COVID-19 Pandemic

Gilead started examining the potential of our antiviral, remdesivir, in the earliest days of the pandemic. Remdesivir had previously shown potential utility against other coronaviruses in laboratory and preclinical experiments. Gilead continues to produce nonclinical data showing that remdesivir has activity against the known SARS-CoV-2 variants, including Omicron BA.4 and BA.5.

Even before clinical trials demonstrated remdesivir efficacy in patients with COVID-19, we accelerated our production capacity and assembled an international group of pharmaceutical and chemical manufacturers to help with global supply needs. To further expand supply, Gilead also signed non-exclusive, voluntary licensing agreements with generic drugmakers in India, Egypt and Pakistan. Today, we continue to maintain a robust supply of Veklury (remdesivir) in preparation and anticipation of future surges.

May 2020
Granted emergency use authorization by the FDA

July 2020
EC grants CMA[4] for treatment of adults and adolescents with pneumonia requiring supplemental oxygen

October 2020
First FDA approval for Veklury treatment of patients with COVID-19 requiring hospitalization

December 2021
EMA expands indication to include adults not on supplemental oxygen at increased risk of disease progression
NIH Guidelines expand recommendations for VKY use in high-risk, non-hospitalized patients with mild to moderate COVID-19

January 2022
FDA approval for use of Veklury in the non-hospitalized setting

April 2022
FDA approval for the use of Veklury for the treatment of pediatric patients[1]

World Health Organization conditional recommends VKY for high-risk non-severe COVID-19 patients

August 2022
NIH Guidelines expand recommendations for VKY use in high-risk, hospitalized patients not on supplemental oxygen

September 2022
CHMP adopts a positive opinion to extend indication to treatment of pediatric patients

World Health Organization conditionally recommends Veklury for patients with severe COVID-19

~2M Remdesivir vials donated globally

127 Countries with distribution access from voluntary licenses

~12M Veklury and generic remdesivir have been made available to approximately 12 million patients[2]

6 in 10 Veklury share of treated hospitalized patients in U.S.[3]

Remdesivir Donations Help Address Surges

- In April 2021, Gilead donated ~450,000 vials of remdesivir to help address the immediate needs of patients in India.
- In October 2021, Gilead donated 100,000 vials to Indonesia and 3,000 vials to Armenia.

Novel Oral Nucleoside in Development for COVID-19

In October 2022, FDA granted Fast Track Designation for GS-5245, our investigational novel oral nucleoside in development for the treatment of COVID-19. We continue to be in active discussions with the FDA and other global regulators on potential clinical pathways including a Phase 3 study that we expect to start within the next several months, either globally or outside the U.S.

Asset	Indication	Stage	Latest Update
GS-5245	COVID-19	Ph 1 FPI in Q122	FDA granted Fast Track Designation

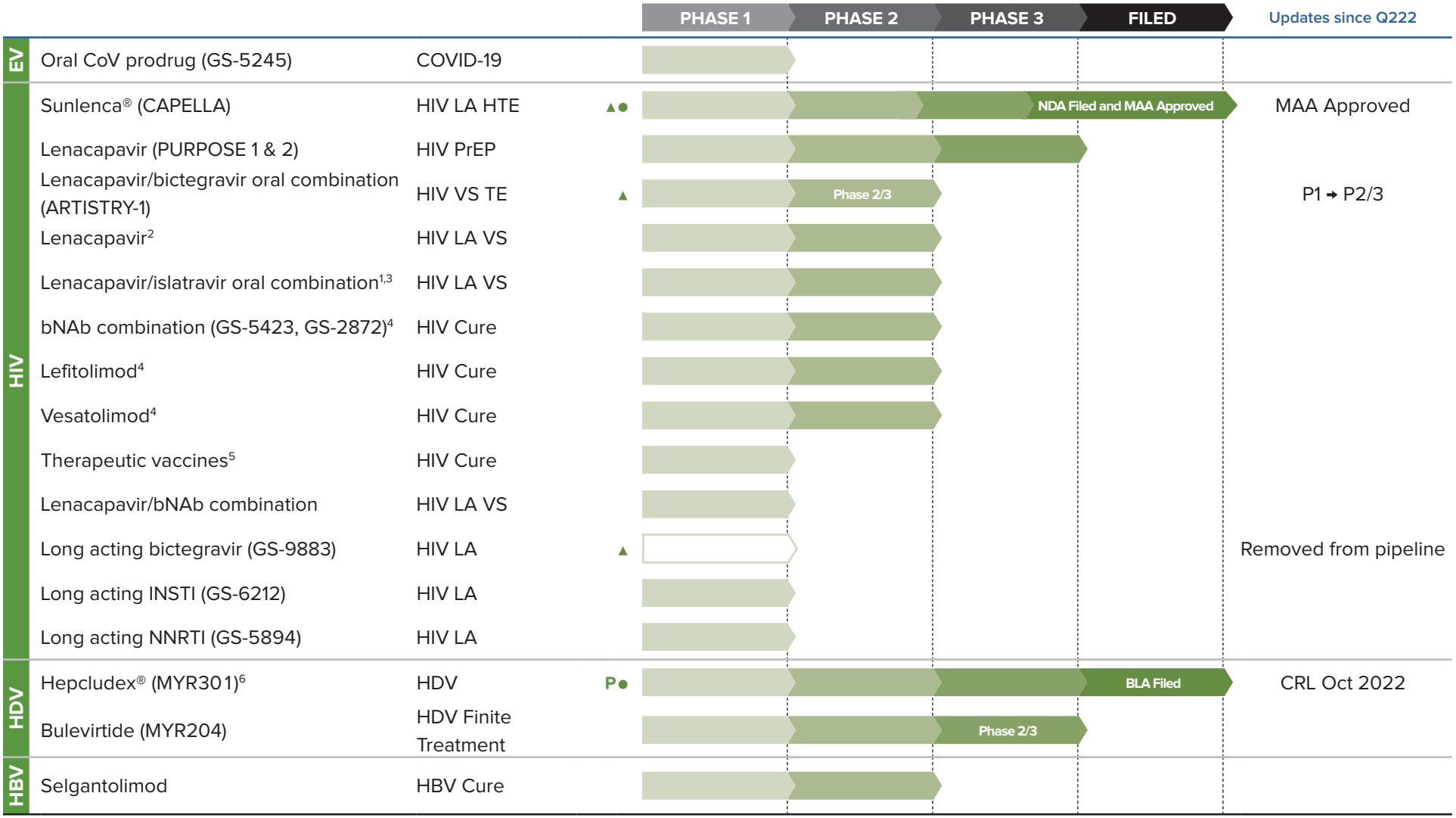
[1] Pediatric patients older than 28 days, weigh at least 3 kg, and are either hospitalized with COVID-19 or have mild-to- moderate COVID-19 and at high risk for progression to severe COVID-19.

[2] To date, Veklury and generic remdesivir have been made available to approximately 12 million patients around the world, including 7.5 million people in 127 middle- and low-income countries through our voluntary licensing program. Estimates are based on global Veklury, global remdesivir, and licensed generic remdesivir volume donated and shipped for distribution. Assumptions for 2022 average treatment course: 5 vials/patient in the US, 5.5 vials/patient in ACE, 6.25 vials/patient in ICR, JP, and RoW (i.e., voluntary licensing countries).

[3] Actuals based on HealthVerity Hospital Chargemaster + Premier Hospital Data. Premier data is used over Health Verity when hospitals exist in both datasets. More recent months are subject to change as data becomes more complete. Data from chargemaster is captured 14 days after patient is discharged and thus skews toward less severe patients initially.

[4] CMA: conditional marketing authorization

Viral Diseases Pipeline



★ New listing since Q222 ▲ Change since Q222 P PRIME Designation ● Breakthrough Therapy Designation

[1] Trial resuming. [2] Phase 2 study being conducted in treatment naïve patients to support virologically suppressed indication. [3] Subject to Gilead and Merck co-development and co-commercialization agreement. [4] Non-Gilead sponsored trial(s) ongoing. [5] Clinical collaboration with Gritstone. [6] Conditionally authorized by the European Medicines Agency (EMA) for the treatment of chronic HDV infection in adults with compensated liver disease in July 2020. bNAb - broadly neutralizing antibody. CoV – covid. EV – emerging viruses. HBV – hepatitis B virus. HDV – hepatitis delta virus. HIV- human immunodeficiency virus. HTE – heavily treatment-experienced. INSTI - Integrase strand transfer inhibitor. LA - long acting. NNRTI - Non-Nucleoside Reverse Transcriptase Inhibitor. PrEP - pre-exposure prophylaxis. TE - treatment experienced. VS – virologically suppressed.

Gilead and Kite's Oncology Strategy

Gilead has driven scientific advances that dramatically improved outcomes for people facing life-threatening illnesses like HIV and HCV. We are now building on this legacy with the goal of delivering transformational medicines to people with cancer.

Gilead has made significant investments in building a world-class team and portfolio for the Gilead and Kite Oncology franchise. Our oncology strategy targets pathways and leverages modalities that cover a broad range of tumor types.

Our transformative science is focused on three core areas to grow our pipeline and explore optimal combination regimens:

- Therapies that ***trigger tumor-intrinsic cell death*** by targeting key pathways within tumor cells to induce cell death, ideally resulting in potentiation of an immunogenic response (e.g. Trodelvy).
- Therapies that ***promote immune-mediated tumor killing*** through enhancing expansion, differentiation, and activation of T cells, Natural Killer (NK) cells, and macrophages resulting in robust tumor cell killing and release of pro-inflammatory factors (e.g. Yescarta, Tecartus, and magrolimab).
- Therapies that ***remodel the tumor-permissive microenvironment*** through modulation of immunosuppressive and tumor-permissive cell types and pathways to promote immune responses and inhibit tumor growth (e.g. etrumadenant).

Our portfolio includes three approved medicines and a robust internal pipeline of investigational compounds, which is complemented by partnerships that allow us to also access promising external sources of innovation.

TRODELVY® sacituzumab govitecan

FDA-approved as a 2L treatment for metastatic triple-negative breast cancer (TNBC) based on the Phase 3 ASCENT study, and received accelerated U.S. approval for 2L metastatic urothelial cancer (mUC). Trodelvy is currently in priority review with FDA for the treatment of pre-treated HR+/HER2- metastatic breast cancer, and is also in clinical development for other potential indications including metastatic non-small cell lung cancer.

YESCARTA® (axicabtagene ciloleucel)

TECARTUS® (brexucabtagene autoleucel)

Our CAR T-cell therapies are approved across five indications: Yescarta is approved for both 2L and 3L relapsed or refractory (R/R) Large B-cell lymphoma (LBCL), and received accelerated approval for 3L R/R follicular lymphoma. Tecartus is approved to treat R/R adult acute lymphoblastic leukemia and received accelerated approval in R/R mantle cell lymphoma.

Our Approach to Oncology

Leverage innovative approaches to maximize speed to patients, while maintaining the highest standards of scientific rigor and patient safety. We combine the resources of a global company with the agility of a small one to be as effective and efficient as possible.

- Use *novel regulatory pathways* to accelerate approvals and bring our therapies to patients quickly. Our therapies have received Breakthrough Therapy, PRIME and Orphan Drug designations. And Trodelvy secured a number of regulatory approvals through Project Orbis.
- A global network of the world's leading hospitals serve as authorized treatment centers to deliver Kite's CAR T-cell therapies in over 20 countries. Kite's dedicated, in-house manufacturing network has served over 11,000 patients delivering best-in-class speed, reliability, and manufacturing success rate.

Forge partnerships to ensure our medicines and programs meet patient and physician needs.

- Expand our industry partnerships with 13 tailored transactions including Immunomedics, Forty-Seven, Arcus, Shoreline, Appia Bio, Refuge, and Fosun-Kite.
- Collaborate with oncologists at major academic institutions and in the community to shape and execute clinical development plans that meet real patient and physician needs.
- Develop new types of partnerships with patient advocacy groups to better understand and reflect the voices of the people living with cancer in our discovery, development and delivery of our therapies.

Broad Range of Oncology Programs

Gilead has leveraged internal development, M&A and partnerships to build a broad pipeline of oncology programs that include diverse targets and mechanisms of action.

Trigger Tumor-Intrinsic Cell Death
Target key pathways within tumor cells to induce cell death, resulting in potentiation of an immunogenic response.

Promote Immune-Mediated Tumor Killing
Drive expansion, differentiation, and activation of T cells, Natural Killer (NK) cells, and macrophages resulting in robust tumor cell killing and release of pro-inflammatory factors.

Remodel Tumor-Permissive Microenvironment
Modulate immunosuppressive and tumor-permissive cell types and pathways to promote immune responses and inhibit tumor growth.

Approach	Target and Mechanism of Action		Program	Lead
Trigger Tumor-Intrinsic Cell Death	TROP-2	Delivers & releases SN-38 following hydrolysis of linker	Trodelvy	Gilead M&A Immunomedics
	MCL1	Inhibits anti-apoptosis functions to induce cell-death	GS-9716	Gilead
	CD19/CD20	Delivers inflammatory cytokines/chemokines to eliminate tumor cells	KITE-363	Kite, A Gilead Company
	CLL1	Targets CLL1 on myeloid cells to drive cell lysis	KITE-222	Kite, A Gilead Company
	FLT3R	Promotes T-cell mediated anti-tumor activity	GS-3583	Gilead
Promote Immune-Mediated Tumor Killing	TIGIT	Blocks tumor immunosuppression	domvanalimab /AB308	Arcus Biosciences
	PD-1	Allows T-cells to target tumor cells (inhibits PD-1 to PD-L1)	zimberelimab	Gilead
	HLA-G	Blocks induced immunosuppression on certain cells	TTX-080	Tizona Therapeutics
	CD137 (4-1BB)	Upregulates T cell and NK cell activity	AGEN2373	agenus
	CD47	Targets CD47 on tumor cells to inhibit the “do not eat me” signal	magrolimab	Gilead M&A Forty Seven
Remodel Tumor-Permissive Microenvironment	TREM1	Activates TREM1 signal to reprogram immunosuppresive myeloid cells	PY159	Pionyr Immunotherapeutics
	TREM2	Targets tumor-promoting M2 macrophages	PY314	Pionyr Immunotherapeutics
	CCR8	Depletion via antibody dependent cellular cytotoxicity	GS-1811	Jounce Therapeutics
	CD73	Inhibits CD73 activity, preventing formation of adenosine	quemliclustat	Arcus Biosciences
	A2a/A2b	Inhibits adenosine receptors to reverse immunosuppression	etrumadenant	Arcus Biosciences

Cell Therapy with Kite

Kite joined the Gilead family in 2017 and is currently the largest cell therapy company in the world by sales volume, and has the largest in-house dedicated cell therapy manufacturing network to support both clinical and commercial expansion.

What is Cell Therapy?

Cell therapy is a unique and potentially curative therapeutic platform where a patient's own cells are the starting point to create the treatment. Cell therapy modifies a patient's own immune cells to target their cancer. Today, Kite has two globally marketed cell therapies available to treat five different types and stages of blood cancer.

Unlike most cancer treatments, CAR T-cell therapy is a one-time treatment, available through authorized treatment centers (ATCs), or hospitals, that have experience with CAR T-cell therapy. Kite therapies are available at over 315 ATCs around the world, including more than 120 leading cancer hospitals in the U.S.

WHAT ARE TYPES OF DIFFERENT CELL THERAPIES?

CAR T: engineering T-cells.
CAR NK: engineering natural killer cells.
iPSC: induced pluripotent stem cells-based cell therapies.
TCR Therapy: modifying T-cells with engineered T-cell receptors.
TIL Therapy: extracting and expanding tumor-infiltrating lymphocytes.

Kite
A GILEAD Company

To maximize the potential of cell therapy on a global scale requires a highly specialized and coordinated team that stretches from R&D to authorized treatment hospitals to custom manufacturing and supply chain, and back to the bedside-all while maintaining the chain-of-custody needed for a 'living' product.

OUR T CELL THERAPY PROCESS IN ACTION

1 A patient's white blood cells are collected through an IV line at an Authorized Treatment Center (ATC).

2 Next, the T cells are isolated from the white blood cells and sent to a Kite manufacturing site.

3 Kite will add the CAR gene to the T cells to enable the cells to target the cancer.

4 Kite will grow the new CAR T-cells to create enough to fight the cancerous cells. This can take up to 2 weeks.

5 Last, the new engineered CAR T-cells will be transferred back to the ATC to be infused into the patient's bloodstream through an IV line.

Q322 Revenue
$398M
up 79% from Q321

Source: Wang, Z., Wu, Z., Liu, Y., & Han, W. (2017). New development in CAR-T cell therapy. Journal of hematology & oncology, 10(1), 53. https://doi.org/10.1186/s13045-017-0423-1

* ACE = Australia, Canada, and EU5

Kite's Marketed Cell Therapy Products

Kite's CAR T-Cell Therapy Effectiveness

CAR T-cell therapy has been very effective in many patients. Yescarta is the only CAR-T cell therapy with 5 year overall survival data in 3L+ R/R LBCL, demonstrating the durability of efficacy over time. Yescarta was the first CAR-T cell therapy in 2L R/R LBCL to improve upon the standard of care that has been in place for nearly 30 years. In ZUMA-7, the largest Phase 3 trial for patients with 2L R/R LBCL, patients treated with Yescarta were 2.5x more likely to be alive at two years without cancer progression or need for additional cancer treatment than patients treated with standard therapy.

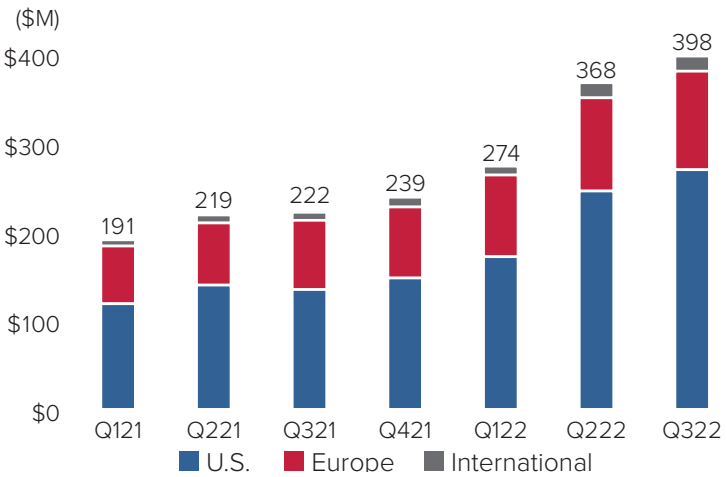
KITE IS CHANGING THE WAY CANCER IS TREATED

- The global leader in cell therapy
- Advancing multi-modality next-generation pipeline
- Manufacturing innovation and reliability
- Advancing science through Kite research and external collaborations

Our Cell Therapy Approvals To Date

Therapy	Indication	Trial(s)	U.S. Approval	EU Approval
YESCARTA (axicabtagene ciloleucel)	2L Large B Cell Lymphoma (LBCL)	ZUMA-7	Apr-22	Oct-22
YESCARTA (axicabtagene ciloleucel)	3L+ LBCL	ZUMA-1	Oct-17	Aug-18
YESCARTA (axicabtagene ciloleucel)	3L R/R Follicular Lymphoma (FL)	ZUMA-5	Accelerated Mar-21	Jun-22
TECARTUS (brexucabtagene autoleucel)	R/R Mantle Cell Lymphoma (MCL)	ZUMA-2	Accelerated Jul-20	Conditional Dec-20
TECARTUS (brexucabtagene autoleucel)	R/R Acute Lymphoblastic Leukemia	ZUMA-3	Oct-21	Sep-22

Kite Revenue Growth



5
Approved Indications In CAR T-Cell Therapy

850,000
Square Feet of Cell Therapy Manufacturing & R&D Space

4,000+
Employees

2
Global Commercial Products on Market

20+
Countries with Reimbursed Product

11,000+
Patients Served

Global In-House Cell-Therapy Manufacturing Network

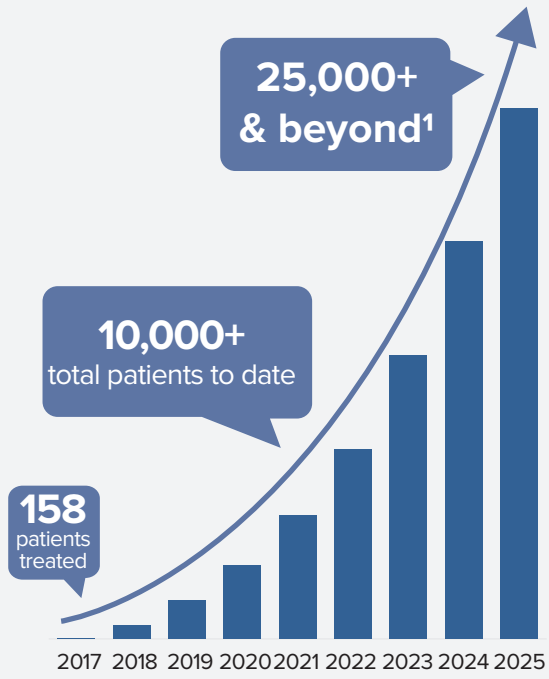
Kite is 100% dedicated to cell therapy and has critical functions vertically integrated to focus on this highly specialized treatment.

Our Cell-Therapy Manufacturing Network is the Largest in the World

Autologous cell therapies are made to order for individual patients, and take approximately 16 days on average from the initial blood draw to the time the engineered CAR T-cells are ready to ship back to the hospital for infusion into the patient. In addition to manufacturing, this includes required quality testing and transportation. As an industry leader with the shortest turnaround time in cell therapy manufacturing, Kite is committed to rapid, reliable manufacturing and availability on demand when patients and their physicians need us.

Kite's in-house manufacturing facilities in Maryland, Southern California and Amsterdam form the largest, dedicated in-house cell therapy manufacturing network in the world, spanning process development, vector manufacturing, clinical trial production and commercial product manufacturing. The new Maryland site was FDA approved and began production of commercial product in June 2022. Located near major international airports for rapid global transport from our manufacturing labs to hospitals all over the U.S. and internationally, Kite's global CAR T-cell therapy manufacturing network has increased capacity rapidly to ensure timely access to our products, enabling more patients to be served now and in the future. Scalable and adaptable facilities also provide flexibility for future cell therapy innovation including rapid support for clinical trials and research partnerships.

[1] Anticipated



Global Cumulative Patient Deliveries (Clinical & Commercial Patients)

LATEST UPDATE

In October 2022, Kite received FDA approval for commercial retroviral vector production at Oceanside, CA. This makes Kite the first cell therapy company to have in-house vector manufacturing capabilities to support both commercial products and clinical trials.

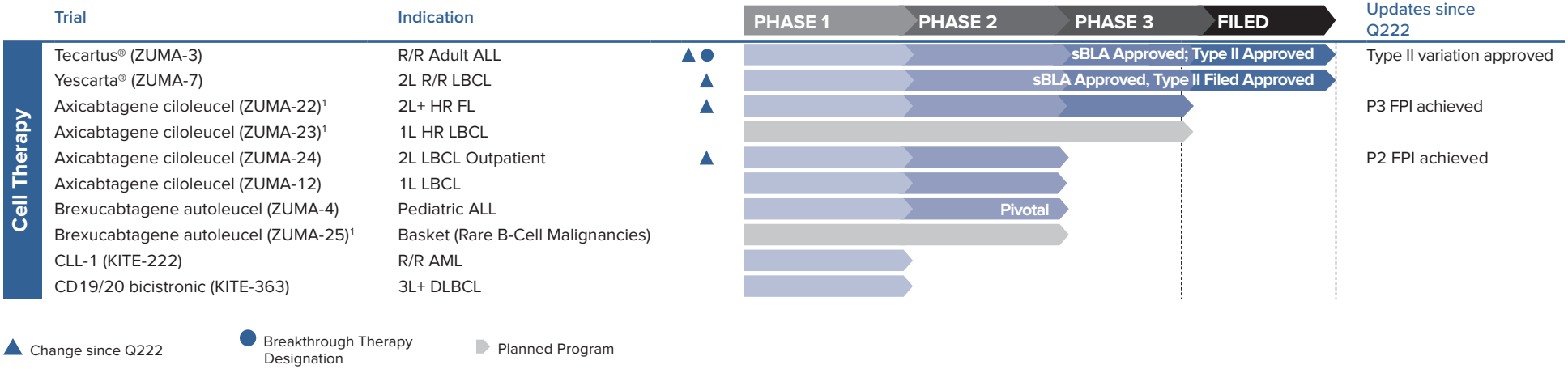
Kite's Cell Therapy Strategy & Pipeline

Kite is singularly focused on cell therapies which we believe have the potential to change the way cancer – and potentially other diseases - are treated. To be successful in this complex business requires innovation on three fronts: research and development, manufacturing, and care delivery to get the innovations to patients.

We are exploring additional ways to expand the use of our current products to earlier lines of treatment and additional indications, as well as moving into new geographies to support more patients. From a research perspective, we have multiple internal programs in preclinical and phase 1 advancing next-generation products in addition to robust external partnership programs.

Kite works with a number of smaller companies with pre-clinical and very early stage clinical work underway. We are using a variety of vehicles including investments, partnership and collaborations to have the optionality for the future including where the cell therapy area is evolving in solid tumors and outside of cancers. We remain focused on the development of potential cures and have a high bar for unmet need and patient benefit.

Kite Pipeline is Diversified to Drive Future Growth



[1] Publicly announced planned program (non-exhaustive). ALL - acute lymphocytic leukemia. AML - acute myeloid leukemia. DLBCL – diffuse large B cell lymphoma. FL - follicular lymphoma. FPI – first patient in (patient screening + consent). HR – high risk. LBCL - large B cell lymphoma. R/R - relapsed / refractory.

EARLY STAGE DEVELOPMENT

In addition to the programs listed above, Kite has a broad range of research programs exploring next generation CD19 and Dual targeting CAR T, synthetic biology, and multiple allogeneic programs spanning CD19/CD20, NK, iNKT, macrophage and other approaches.

How We Will Advance Our Strategy

- Focus on growing CAR T-cell therapy adoption of current treatments as standard of care through education, adding to the increasingly robust body of long-term survival data, and working with health care systems to ease care delivery, navigation and access for patients.
- Continue to expand Kite's industry leading global in-house manufacturing network to meet market demand and advance manufacturing innovations at scale.
- Expand earlier use and new indications and geographies for current products.
- Foster the development internally and through partnerships in the next generation of cell therapy.

Trodelvy: an Innovative Therapy in Solid Tumors

Gilead acquired Trodelvy (sacitizumab govitecan-hziy), a first-in-class TROP-2 directed ADC, as part of the Immunomedics acquisition in October 2020. Following early approvals for certain breast and bladder cancer patients with very high unmet needs, we continue to evaluate Trodelvy as a single agent or in combination, as well as investigating Trodelvy in earlier lines of treatment.

What is an ADC?

ADCs, or antibody-drug conjugates, are highly potent biological drugs built by attaching an anti-cancer drug to an antibody via a linker. The antibody is designed to target a specific receptor that is overexpressed on cancer cells in order to deliver the anti-cancer drug directly to the cancer cell.

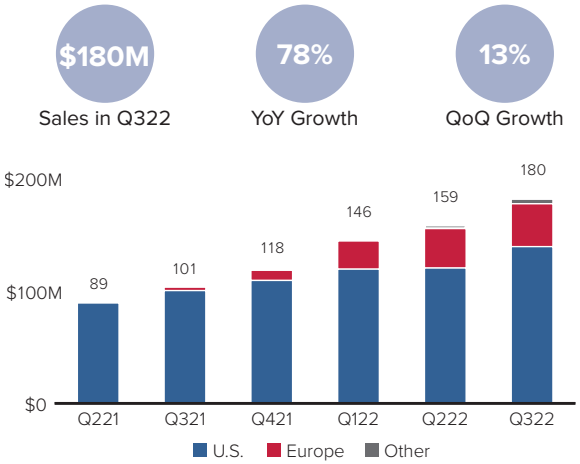
How Does Trodelvy Work?

Trodelvy targets TROP-2 (trophoblast cell-surface antigen 2), which is an epithelial antigen overexpressed on many solid cancer cells that promotes tumor cell growth and metastasis.

TROP-2 Expression

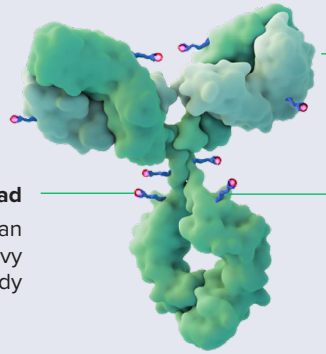
	Frequency	Trodelvy Status
	• Ovarian (92%)[1] • Endometrial (96%)[2]	--
	• Non-Small Cell Lung (92%)[3]	Phase 3
	• Breast (>85%)[4]	Approved[7]
	• Urothelial (≤83%)[5]	Accelerated Approval[8]
	• Oral and squamous cell (63%)[6] • Nasopharyngeal (64%)[2]	--

Trodelvy's Revenue Growth



DID YOU KNOW?

Trodelvy is designed to deliver potent anti-cancer medicine into the cancer cells



TROP-2 Antibody
targets protein highly expressed on cancer cells

SN-38 payload
is 1000x more potent tumor killing than the chemotherapy, irinotecan; Trodelvy has 8 SN-38s per Sacituzumab antibody

Hydrolyzable Linker
selectively releases SN-38 payload into the cancer cell microenvironment

Disclaimer: The mechanism of action is based on preclinical data, which may not correlate with clinical outcomes

GROWTH DRIVERS

- **Broadening Awareness** with Phase 3 ASCENT (for mTNBC) data published in NEJM and updated NCCN Breast Cancer and ESMO Clinical Practice Guidelines.
- **Pursuing Regulatory Filings** for Trodelvy in HR+/HER2- mBC based on the positive results from the Phase 3 TROPiCS-02 study.
- **Expanding Global Reach** of Trodelvy including in Asia region, where rights were recently acquired by Gilead from Everest Medicines (including commercial launch of Trodelvy in Q4 2022/Q1 2023 in China).

1 Bignotti E, et al. European Journal of Cancer. 2010;46(5):944-53.
2 Bignotti E, et al. Int J Gynecol Cancer. 2011;21(9):1613-21.
3 Heist RS, et al. JCO. 2017; 35 (24):2790-7.
4 Zhao W, et al. Oncol Rep. 2018;40(2):759-66.
5 Faltas B, et al. Clinical Genitourinary Cancer. 2016; 14(1):e75-e79.
6 Tang G, et al. Pathol Res Pract. 2018;214(10):1606-12.
7 US and EU Approval in 2L+ mTNBC
8 US Accelerated Approval in mUC

Trodelvy: Survival Elevated in 2L+ mTNBC

In April 2021, FDA granted Trodelvy full approval for 2L metastatic triple negative breast cancer (mTNBC) based on the Phase 3 ASCENT study. In November 2021, the European Commission granted marketing authorization for Trodelvy in 2L mTNBC. Trodelvy is the first and only ADC approved for the treatment of patients with 2L+ mTNBC in both the US and European markets.

ABOUT BREAST CANCER

There is a 1 in 8 chance a woman develops breast cancer in her lifetime. In the United States alone, it is estimated 276k women will be diagnosed with breast cancer each year. Breast cancer can be broken up into several subtypes based on the presence of hormone or HER2 receptors. Treatment for patients with breast cancer varies based on the specific subtype of breast cancer the patient is diagnosed with. Prior to the availability of Trodelvy, there were limited targeted options for patients with mTNBC.

Considerations for Treatment

Is the cancer hormone receptor positive? If one or both estrogen or progesterone receptors are present (HR+), treatment might include endocrine therapies to block hormones. If negative (HR-), it means the hormone receptors are absent and endocrine therapies are not likely to be effective. Approximately 78% of breast cancers are HR+.

Is the cancer HER2 positive? HER2 is a growth promoting receptor on the outside of breast cells. Higher levels of HER2 than normal are considered HER2+ and can be treated with therapies targeting HER2. Approximately 15% of breast cancers are HER2+.

What if the patient's tumor is HR and HER2 negative? TNBC is when the tumor does not, or has limited expression, of estrogen and progesterone and do not overexpress HER2. As a result, patients with mTNBC do not respond to hormone or HER2 therapies. TNBC makes up approximately 12% of all breast cancers. For metastatic disease, these patients may be eligible for Trodelvy.

Fully Approved in mTNBC Based on the Phase 3 ASCENT Study

1 Trodelvy is now a category 1 preferred treatment option as early as 2L for mTNBC[7].

3X Longer median progression-free survival (PFS) vs single-agent chemotherapy in patients without brain metastases.

52% Reduction in the risk of death vs single-agent chemotherapy in patients without brain metastases.

	Trodelvy (n=235)	TPC[6] (n=267)
Median PFS[2], months	5.6	1.7
HR (95% CI)	0.41 (0.32-0.52), P<0.001	
Median OS[3], months	12.1	6.7
HR (95% CI)	0.48 (0.38-0.59), P<0.001	
ORR[4], n (%)	82 (35)	11 (5)
Median DOR[5], months **(95% CI)**	6.3 (5.5-9.0)	3.6 (2.8-NE)

Data represents patients without brain metastases

mTNBC Clinical and Commercial Opportunity

Line of Therapy	Trial Name (Treatment)	Stage	Latest Update	Addressable Population
2L+	ASCENT	Phase 3	US and Global Approval	26K
1L	ASCENT-03	Phase 3	In Progress	24K
	ASCENT-04 (with pembrolizumab)[1]			
Adjuvant	—	Phase 3	Pivotal Trial in Development	40K
Neoadjuvant	NeoSTAR (with pembrolizumab)[8]	Phase 2	In Progress	10K

Note: Patient segment size estimates reflect 2030 incidence rates in breast cancer. Source: Custom Epi Model by Equinox

1 In collaboration with Merck
2 PFS - Progression Free Survival
3 OS - Overall Survival
4 ORR - Overall Response Rate
5 DOR - Duration of Response
6 TPC - Treatment of Physician's Choice
7 As per the National Comprehensive Cancer Network (NCCN) Guidelines in Oncology
8 Investigator-sponsored study, supported by Merck and funding provided by Gilead

Trodelvy: Potential Treatment for HR+/HER2- mBC

At ESMO 2022, Gilead presented statistically significant and clinically meaningful mOS data from its Phase 3 TROPiCS-02 study in hormone receptor positive, HER2 negative metastatic breast cancer (HR+/HER2- mBC). In October 2022, FDA granted Trodelvy priority review for pre-treated HR+/HER2- breast cancer, with PDUFA date currently set for February 2023.

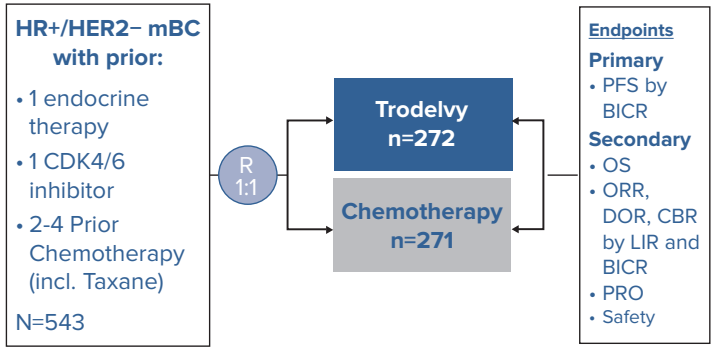
Considerations for Treatment

What are hormone (or endocrine) therapies? The standard of care for patients with HR+/HER2- breast cancers is endocrine-based therapy with or without CDK4/6 inhibitors. Eventually endocrine therapies and CDK4/6 inhibitors will stop working for all patients. Patients who are no longer responsive to endocrine therapies have few treatment options remaining.

What does HER2-negative mean? Patients who are HER2-negative do not overexpress HER2. Approximately 65% of HR+/HER2-negative patients can be identified as HER2-low and the remaining HER2-negative patients have HER2 IHC-0 expression.

Trodelvy has been studied in both patients with HER2-low and HER2 IHC-0 expression in its Phase 3 TROPiCS-02 and Phase 3 ASCENT studies. Trodelvy demonstrated efficacy regardless of HER2 IHC expression in post-hoc analyses of ASCENT and TROPiCS-02 presented at the European Society of Medical Oncology (ESMO) Breast Cancer 2022 conference and ESMO 2022 conference, respectively. As such, Trodelvy is the only guidelines recommended ADC for the treatment of patients with HER2- breast cancer, regardless of IHC expression.[1]

Under Priority Review for HR+/HER2- mBC Based on the Phase 3 TROPiCS-02 study



	Trodelvy (n=272)	TPC[6] (n=271)
Median PFS[2], months	5.5	4.0
HR (95% CI)	0.66 (0.53-0.83), P=0.0003	
Median OS[3], months	14.4	11.2
HR (95% CI)	0.79 (0.65-0.96), P=0.02	
ORR[4], n (%)	57 (21)	38 (14)
Odds Ratio (9.5% CI)	1.63 (1.03-2.56), P=0.03	
Median DOR[5], months **(95% CI)**	8.1 (6.7-9.1)	5.6 (3.8-7.9)

DID YOU KNOW

Trodelvy improved overall survival by 3.2 months in a difficult to treat HR+/HER2- mBC patient population and is now a category 2A preferred treatment option for HR+/HER2- mBC[1].

HR+/HER2- mBC Clinical and Commercial Opportunity

Line of Therapy	Trial Name (Treatment)	Stage	Latest Update	Addressable Population
3L+	TROPiCS-02	Phase 3	• Under Priority Review	107K
1L	–	Phase 3	• Pivotal Trial in Development	210K
Neoadjuvant / Adjuvant	–	–	• Under Evaluation	153K

Note: Patient segment size estimates reflect 2030 incidence rates in breast cancer. Source: Custom Epi Model by Equinox

1 As per the National Comprehensive Cancer Network (NCCN) Guidelines in Oncology. Trodelvy is a category 1 recommendation in 2L+ mTNBC and category 2a recommendation in later line HR+/HER2- mBC.
2 PFS - Progression Free Survival
3 OS - Overall Survival
4 ORR - Overall Response Rate
5 DOR - Duration of Response
6 TPC - Treatment of Physician's Choice
7 As per the National Comprehensive Cancer Network (NCCN) Guidelines in Oncology

Disclaimer: Trodelvy is not approved for the treatment of HR+/HER2- breast cancer, and its safety and efficacy have not been established for this indication.

Trodelvy: U.S. Accelerated Approval in Bladder Cancer

Trodelvy was granted an accelerated approval in metastatic urothelial cancer (mUC) by the U.S. FDA in April 2021, based on data from the TROPHY study. This accelerated approval allows Trodelvy to be marketed in the US based on a surrogate or lowercase intermediate clinical endpoint. Full approval is contingent upon verification of its clinical benefit from the Phase 3 TROPiCS-04 confirmatory study, which is open and enrolling.

ABOUT BLADDER CANCER

Urothelial carcinoma (UC) is the most common type of bladder cancer and occurs when the urothelial cells that line the bladder and other parts of the urinary tract grow unusually or uncontrollably. An estimated 83,000 Americans will be diagnosed with bladder cancer in 2021, and almost 90% of those diagnoses will be UC.

Considerations for Treatment

Cis-Eligible

What does cisplatin (cis)-eligible mean? Platinum-based chemotherapy (e.g. cisplatin) is the preferred initial systemic therapy in patients with mUC. 63% of all UC patients are cis-eligible.

Cis-Ineligible

What if the patient is cis-ineligible? If the patient is cis-ineligible, the patient is a candidate for checkpoint inhibitor immunotherapy with a programmed cell death ligand 1 (PD-L1) inhibitor. 37% of all UC patients are cis-ineligible.

What happens after a patient has received cisplatin-based chemotherapy and/or a PD-L1 inhibitor? Trodelvy is indicated in both cis-eligible and cis-ineligible patients who have previously had the appropriate prior cisplatin-based chemotherapy and/or immunotherapy.

Accelerated Approval in the US for mUC Based on the Phase 2 TROPHY U-01

27.7% Patients saw their tumors shrink or disappear

7.2 Months median duration of response in those patients who responded

	Trodelvy (n=113)
Median PFS[1]**,** months	5.4
Median OS[2]**,** months	10.9
ORR[3]**, n (%)**	31 (27%)
Median DOR[4]**,** months **(95% CI)**	5.9 (4.7-8.6)

mUC Clinical and Commercial Opportunity

Line of Therapy	Trial Name (Treatment)	Stage	Latest Update	Addressable Population
2L	TROPHY U-01 (Cohorts 1-3)	Phase 2	U.S. Acc. Approval	24K
2L	TROPiCS-04	Phase 3	Phase 3 Planned	24K
1L	TROPHY U-01 (Cohorts 4-6)	Phase 2	Cohorts 4-6 to Initiate in 2022 Phase 3 Planned	46K
MIBC	—	Under Evaluation		41K

Note: Patient segment size estimates reflect 2030 incidence rates in bladder cancer. Source: Custom Epi Model by Equinox

[1] PFS – Progression Free Survival
[2] OS – Overall Survival
[3] ORR – Overall Response Rate
[4] DOR – Duration of response

Trodelvy: Potential in Front Line Lung Cancer

In January 2022 Gilead announced a two clinical trial collaboration and supply agreement with Merck to evaluate Trodelvy in combination with pembrolizumab in first-line (1L) metastatic non-small cell lung cancer (NSCLC).

ABOUT LUNG CANCER

Lung cancer is the second most common cancer with an estimated 240,000 new cases of lung cancer in the United States in 2022. Lung cancer is the cause of an estimated 25% of all cancer deaths and is the leading cause of cancer death.

Considerations for Treatment

What is NSCLC versus Small Cell Lung Cancer (SCLC)?
Up to 85% of lung cancers are NSCLC and 10-15% are SCLC. NSCLC tends to grow and spread slower than SCLC, but is still an aggressive disease with poor prognosis. There is still a major unmet need for patients with only 25% of patients surviving NSCLC beyond five years. Trodelvy is in clinical development for both SCLC (Phase 2 TROPiCS-03) and NSCLC (Phase 3 EVOKE-01 and EVOKE-03, Phase 2 EVOKE-02 and TROPiCS-03).

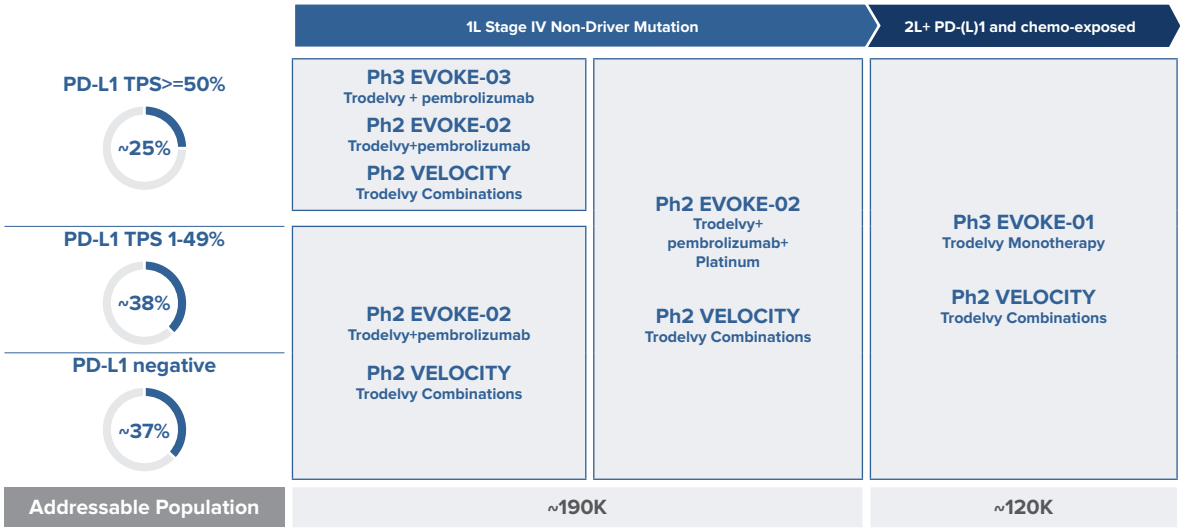
What are driver mutations in NSCLC? Driver mutations are specific molecular pathways, which can be targeted by new oral therapies. The most common driver mutations are EGFR mutation-positive (20-30% of all NSCLC) and ALK fusion oncogene-positive (10-20% of all NSCLC).

What are immunotherapies and when do you utilize them?
The presence of a high level of programmed cell death ligand 1 (PD-L1) expression can help tumor cells evade the immune system. PD-(L)1 inhibitors are commonly utilized as the 1L treatment for patients with NSCLC without driver mutations as either a single agent or in combination with chemotherapy. Gilead is exploring the use of Trodelvy in combination with PD-(L)1 inhibitors for patients with 1L NSCLC without driver mutations (Phase 2 EVOKE-02) and Trodelvy monotherapy for patients with 2L+ NSCLC (Phase 3 EVOKE-01).

Phase 1 Basket Study Supports Clinical Development in Lung Cancer

IMMU-132-01 Clinical Outcomes	Evaluable patients (N=47)	Prior CPI[4] (n=14)
Response Outcome		
Overall Response Rate, n (%)	9 (19)	2 (14)
Complete Response, n (%)	0	0
Partial Response, n (%)	9 (19)	2 (14)
Median DOR[1], months (95% CI)	6.0 (4.8 - 8.3)	N/R
Survival Outcome		
Median PFS[2], months (95% CI)	5.2 (3.2 - 7.1)	5.2 (2.0 - 5.5)
Median OS[3], months (95% CI)	9.5 (5.9 -16.7)	14.6 (5.9 -14.6)

NSCLC Clinical and Commercial Opportunity



Combinations with pembrolizumab are in partnership with Merck
Note: Patient segment size estimates reflect 2030 incidence rates in lung cancer. Source: Custom Epi Model by Equinox

[1] DOR – Duration of Response
[2] PFS – Progression Free Survival
[3] OS – Overall Survival
[4] CPI - Checkpoint Inhibitor

Disclaimer: Trodelvy is not approved for the treatment of lung cancer, and its safety and efficacy have not been established for this indication

Trodelvy: Backbone for Potential New Combinations

Gilead is exploring several regimens with Trodelvy as a backbone therapy in combination with either an internal asset (e.g. magrolimab and GS-9716) or in collaboration with another company's asset (e.g. Arcus, Merck, and AstraZeneca).

Why combination therapies?

Combination therapy may offer several advantages over monotherapy approaches, including:

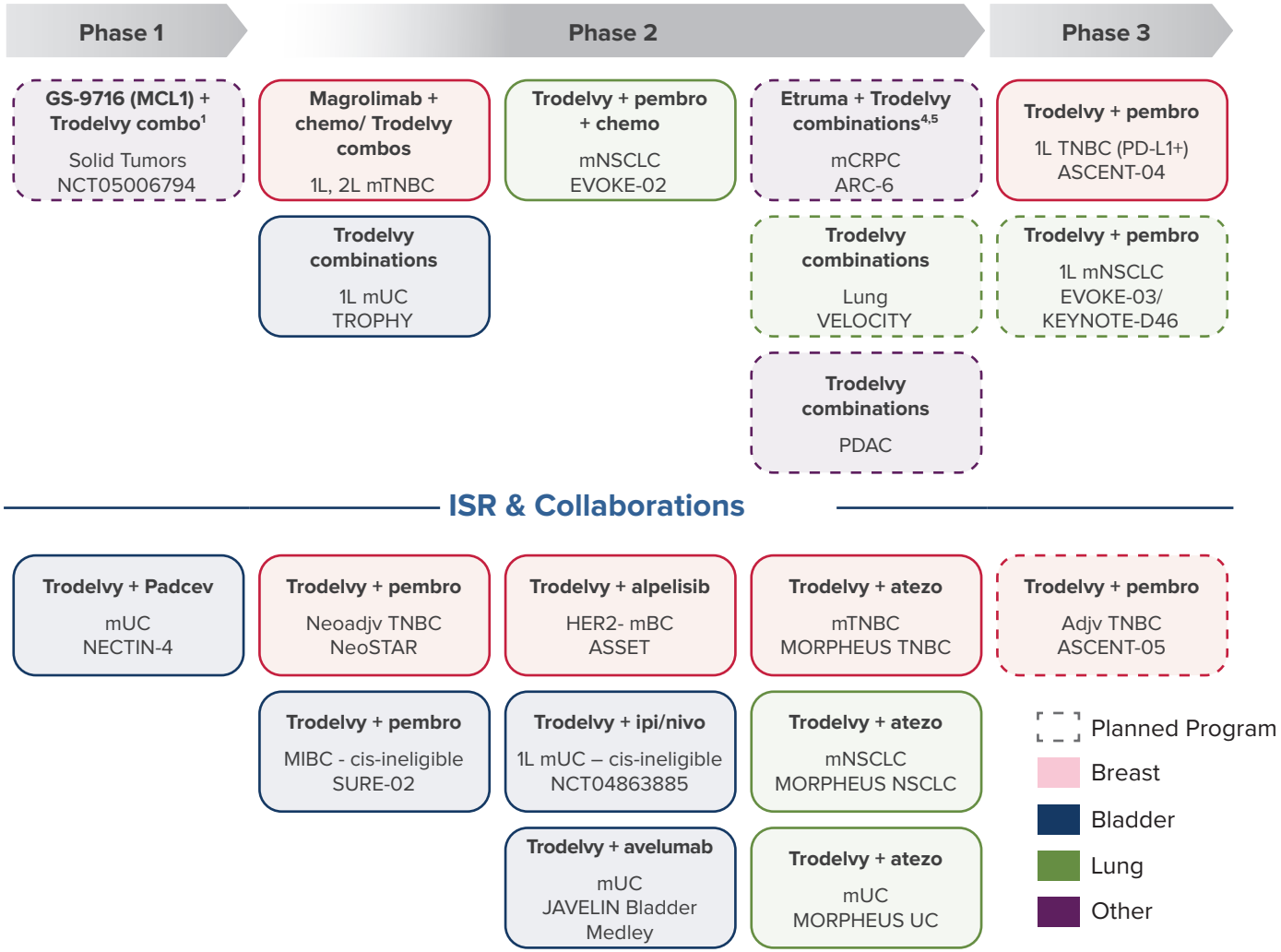
- Reduced or delayed resistance to therapy as the cancer cells are less likely to simultaneously develop resistance to multiple treatments.
- Potentially synergistic cancer cell killing through targeting different mechanisms.

Why is Trodelvy a well-suited backbone for a combination strategy?

Trodelvy is the only approved TROP-2 directed ADC, with a unique mechanism of action that has the potential to offer either additive or synergistic efficacy in combination with other cytotoxic agents, targeted therapies and immunotherapies. Additionally, in clinical trials Trodelvy has been shown to have a well characterized safety profile.

SUMMARY OF CLINICAL PROGRAM

There are currently 19 clinical trials planned or in progress exploring combinations with Trodelvy across multiple solid tumors, including breast, lung, bladder and prostate cancer.



Arcus Collaboration Further Extends Oncology Portfolio

Adds a portfolio of investigational molecules spanning some of the highest potential immuno-oncology approaches.

Arcus Biosciences (NYSE: RCUS) is a clinical-stage, global biopharmaceutical company based in Hayward, CA. The company was founded in 2015 with a focus on developing novel, biology-driven combinations that have the potential to help people with cancer live longer.

In May 2020, Gilead and Arcus announced a 10-year partnership that gave Gilead the right to opt-in to most of Arcus' clinical and preclinical pipeline, with $375M funding from Gilead. Gilead gained access to zimberelimab in July 2020, and Gilead exercised its opt-in rights for domvanalimab, AB308, etrumadenant and quemliclustat in Q421. Gilead continues to have opt-in rights to other Arcus clinical candidates upon payment of an opt-in fee of $150M for candidates that emerge prior to 2030.

Programs Gilead has opted into include:

- **Domvanalimab and AB308**: anti-TIGIT monoclonal antibodies that bind to TIGIT, blocking tumor immunosuppression and increasing immune activity. Both antibodies have the potential to be backbone therapies for oncology combinations.
- **Zimberelimab**: anti-PD-1 monoclonal antibody that binds to PD-1 with the potential to restore T cell antitumor activity.
- **Etrumadenant**: the first dual adenosine receptor antagonist targeting A2a and A2b that helps mediate the immunosuppressive effects of adenosine in the tumor microenvironment. Etrumadenant is an orally bioavailable small molecule being explored as part of a combination in at least four clinical trials.
- **Quemliclustat**: a small molecule CD73 inhibitor that helps restrict the immunosuppressive effects of adenosine in the tumor microenvironment. High CD73 expression has been associated with significantly poorer prognosis in several tumor types.

UPCOMING MILESTONES

- ARC-7 interim readout for 1L NSCLC in 1H 2023.
- ARC-9 interim Phase 2 data for mCRC in 2023.
- ARC-6 Phase 2 interim data in-house in Q422.

Trial Name (Size)	Indication	Stage	Latest Update	Study Design
ARC-6 (140)	Prostate cancer	Phase 2	2L CRPC data expected in Q422	Etruma + Zim + Doce (2L+); Etruma + Zim ± Quemli (2L+)
ARC-7 (150)	NSCLC (PD-L1+)	Phase 2	Topline readout in Q422	Zim vs. Zim + Dom vs. Zim + Dom + Etruma
ARC-8 (150)	Pancreatic cancer	Phase 1/1b	1L PDAC PFS data shared in 2H22	Quemli + Gemcitabine/ Nab-paclitaxel ± Zim
ARC-9 (250)	Colorectal cancer	Phase 2	Now recruiting	Etruma + Zim + FOLFOX ± Beva vs. FOLFOX or vs. Rego; Etruma + Zim + Quemli
ARC-10 (625)	NSCLC (PD-L1+)	Phase 3 Reg.	Now recruiting	Zim vs. Zim + Dom vs. Chemo
ARC-12 (154)	Advanced malignancies	Phase 1/1b	Data in 2022	AB308 + Zim
ARC-21 (120)	Upper GI	Phase 2	FPI achieved	Dom + Zim + FOLFOX
PACIFIC-8	Stage 3 NSCLC	Phase 3 Reg.	Achieved FPI in Q122	Durva vs. Durva + Dom
STAR-121 (720)	NSCLC (PD-L1 All Comers)	FPI Q422	Zim + Dom + Chemo; Pembro + Chemo;	Zim + Chemo
STAR-221 (920)	Upper GI	Phase 3	-	-
EDGE-Lung (200)	NSCLC	Phase 2	-	-
VELOCITY	NSCLC	Phase 2	-	-

Magrolimab: Potential First-in-Class Anti-CD47 Antibody

Gilead acquired California-based Forty Seven for $4.9 billion in April 2020. The company was founded in 2015 by a group of Stanford scientists who discovered that blocking CD47 renders tumors susceptible to destruction by macrophages.

Magrolimab is designed to block CD47 (a key signaling molecule that is overexpressed on cancer cells) to turn off the "do not eat me" signal.

Magrolimab differentiation

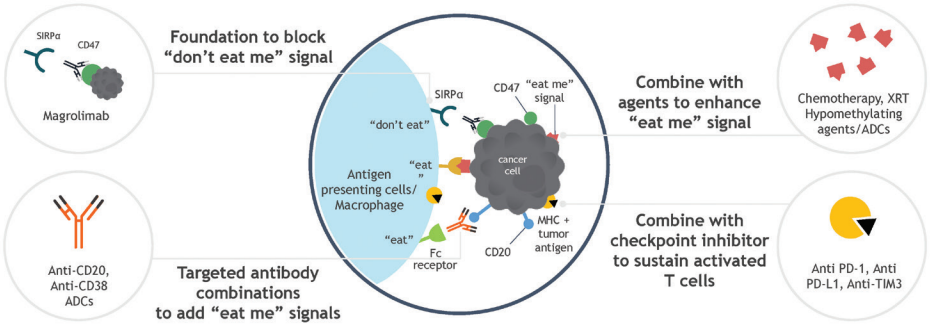
- Our clinical data. Magrolimab plus azacitidine is associated with higher, more durable responses overall among patients with higher-risk MDS compared with azacitidine alone, according to study results presented at ASCO this year. The Phase 1b data demonstrated a CR of 33% which, compared to historical CR rates of 10-17% with azacitidine alone, supports magrolimab's potential to treat MDS.
- Potential for Combinations. Magrolimab has great potential as a backbone cancer therapy given its unique mechanism of action and synergy with other agents (see Pathway Development Goals).
- Our safety profile. In clinical trials, the magrolimab safety profile is well characterized. Anemia is an on-target pharmacodynamic effect due to CD47 blocking, and magrolimab's patented priming and maintenance dosing is designed to help healthcare providers to manage this effect.

ALL STUDIES OPEN FOR PATIENT ENROLLMENT

Following a comprehensive review of the safety data from our clinical development program, and recommendations from the IDMC for our leading pivotal study, the clinical hold from early 2022 was removed without further modification of our safety language or additional changes to study protocols.

The totality of the magrolimab data, across more than 800 patients, supports our confidence in magrolimab's safety profile and that it has potential as an effective treatment, addressing an important unmet medical need in patients with difficult-to-treat cancers.

CD47 Pathway Development Goals



Magrolimab is an investigational product that has not been approved anywhere globally, and its safety and efficacy have not been established. It is being evaluated in a number of clinical trials for myelodysplastic syndrome (MDS), acute myeloid leukemia (AML), and a number of solid tumors.

Indication	Trial Name (Size)	Stage	Latest Update
MDS and AML	NCT03248479 (287)	Phase 1b	Read-out June 2022
1L higher risk MDS	ENHANCE (539)	Phase 3	Update early 2023
1L TP53m AML	ENHANCE-02 (346)	Phase 3	Interim readout 2H24
1L unfit AML	ENHANCE-03 (432)	Phase 3	FPI Q3 2022, recruiting
Myeloid malignancies	NCT04778410 (164)	Phase 2	Recruiting
Multiple Myeloma	NCT04892446 (153)	Phase 2	Recruiting
Lymphoma Various (incl. DLBCL)	NCT02953509 (178)	Phase 1b/2	Complete, submitted to Q4 22 conference
Head & Neck	NCT04854499 (233)	Phase 2	FPI Q3 2021
mTNBC	NCT04958785 (144)	Phase 2	FPI Q1 2022
Solid Tumor	NCT04827576 (128)	Phase 2	FPI Q4 2021
CRC	NCT05330429 (215)	Phase 2	FPI Q4 2022

Magrolimab: Multiple Pivotal Trials Underway

Potential to be first new treatment in 1L HR MDS in 15 Years. In AML, we have a bold development strategy to establish magrolimab as backbone for AML therapy.

Acute Myeloid Leukemia

Over time, about 1/3 of all MDS cases evolve into AML, which occurs when more than 20% of bone marrow cells are blast, or immature, cells which interfere with the number and function of healthy blood cells.

1L Unfit AML

Unmet Need: Despite the recent advance in treatment with venetoclax, the CR rate is less than 40%. Non-intensive treatments are still largely considered incurable without bone marrow transplant, and vast majority of these patients don't tolerate bone marrow transplantation.

Competitive Context: Potential first-in-class CD47 targeted agent; only all comer AML treatment in Phase 3 in U.S.

Addressable Patient Population[1]:
14K patients

DIFFERENTIATION

Potential to add significant benefit to venetoclax, the most recent advance in this disease, without significant overlapping toxicities

Myelodysplastic Syndrome

MDS is a group of blood cancers where the bone marrow fails to produce healthy blood cells.

1L High Risk MDS

Unmet Need: No new class of therapies in nearly 15 years, challenging disease area for drug development. Low response rates which are not durable with standard of care treatment options. Currently, higher risk MDS patients have a median survival of 1 to 2 yrs.

Competitive Context: Potential first in class: no in-class competitors in Ph3 trials in the U.S.

Addressable Patient Population[1]:
13K patients

DIFFERENTIATION

Potential to be best-in-disease with expected benefit-risk profile vs. other novel combinations

HR-MDS Phase 1b Shows Promising Efficacy

	Magrolimab + Azacitidine (N=95)	Azacitidine historical[2]
ORR%[3]	74.7%	30-50%
CR[4], % (95% CI)	32.6% (23.4, 43.0)	10-17%
DOR[5] median (95% CI), months	9.8 (8.8, 12.9)	5-12 months
PFS[6] median (95% CI), months	11.6 (9.0, 14.0)	Not available

DEEP PIPELINE OF SOLID TUMOR TARGETS

Our initial focus has been evaluating magrolimab in certain hematological cancers including MDS and AML. CD47 is also overexpressed in many solid tumors and we are enrolling patients in multiple Phase 2 trials, including: head and neck squamous cell carcinoma; metastatic triple-negative breast cancer (in combination with Trodelvy); metastatic non-small cell lung cancer; metastatic urothelial cancer; metastatic small cell lung cancer; and metastatic colorectal cancer.

Our confidence in the development program of magrolimab for solid tumors is multi-faceted, including:

- CD47 is overexpressed in many solid and hematological cancers, its level positively correlates with tumor invasion and metastasis;
- Strong pre-clinical and internal translational data;
- Learnings from our initial solid tumor studies on the optimal combinations to use in solid tumors.

Note: Magrolimab is an investigational product that has not been approved anywhere globally, and its safety and efficacy have not been established.

1 US & EU5 2030; Addressable patients is drug treated patients and does not necessarily represent patients eligible based on the trial design.

2 Performance against azacitidine was not directly compared in this Phase 1b study.

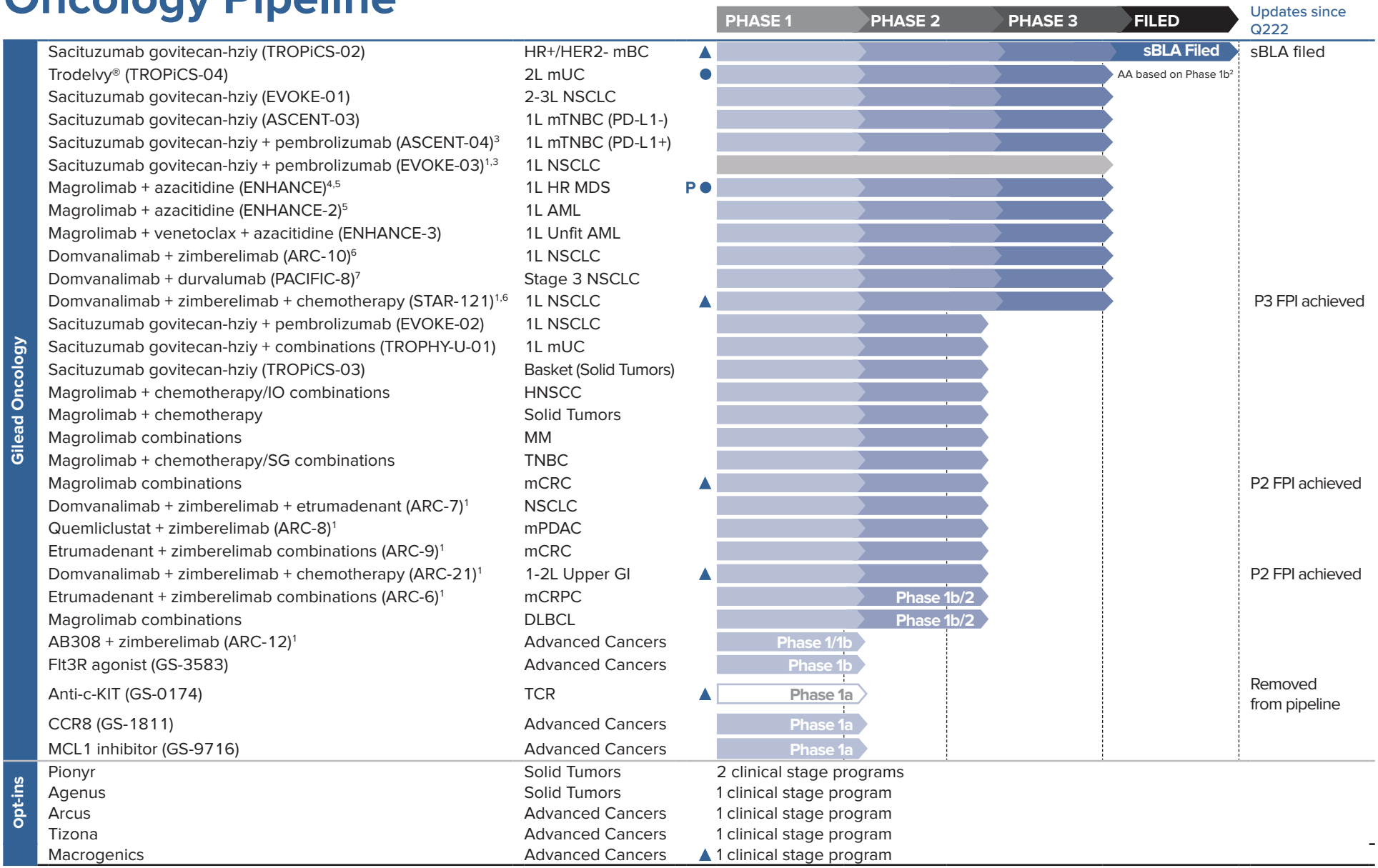
3 ORR – overall response rate

4 CR – complete response

5 DOR – duration of response

6 PFS – progression free survival

Oncology Pipeline



★ New listing since Q222 ▲ Change since Q222 P PRIME Designation ● Breakthrough Therapy Designation Planned program

[1]Publicly announced planned program (non-exhaustive). [2] The FDA granted accelerated approval for Trodelvy® in 2L mUC Apr 2021 based on TROPHY-U-01 Phase 1b trial. [3] In collaboration with Merck. [4] Breakthrough and PRIME designation and Promising Innovative Medicine from MHRA. [5] Additional MDS and AML cohorts within other ongoing Phase 1b study. [6] In collaboration with Arcus Biosciences. [7] In collaboration with Arcus Biosciences and AstraZeneca. AA – accelerated approval. AML - acute myeloid leukemia. CCR8 – chemokine Receptor 8. DLBCL - diffuse large B cell lymphoma. FPI – first patient in (patient screening + consent). GI - gastrointestinal. HNSCC – head and neck squamous cell carcinoma. HR – high risk. HR+/HER2-mBC - hormone receptor positive, human epidermal growth factor receptor 2 negative metastatic breast cancer. IO – immuno-oncology. MCL1 – myeloid cell leukemia-1. mCRC – metastatic colorectal cancer. mCRPC – metastatic castrate-resistant prostate cancer. MDS – myelodysplastic syndrome. MM – multiple myeloma. mPDAC - metastatic pancreatic ductal adenocarcinoma. mTNBC – metastatic triple-negative breast cancer. mUC - metastatic urothelial carcinoma. NSCLC – non small cell lung cancer. PD-L1 - programmed death-ligand 1. SG - sacituzumab govitecan-hziy. TCR - transplant conditioning regimen. TNBC - triple-negative breast cancer.

Inflammation Overview

Gilead is committed to investing in the development of therapies for inflammatory and fibrotic diseases through both internal programs and collaborations with external partners, including Galapagos and Novo Nordisk. Our programs span a range of mechanisms of action (MoAs) and we are excited to advance our understanding in this field of high unmet need to bring transformative therapies to market.

Why Inflammation?

WIDESPREAD

1 in 20 people
have an immune-mediated inflammatory disease[4], 5x more prevalent than HIV

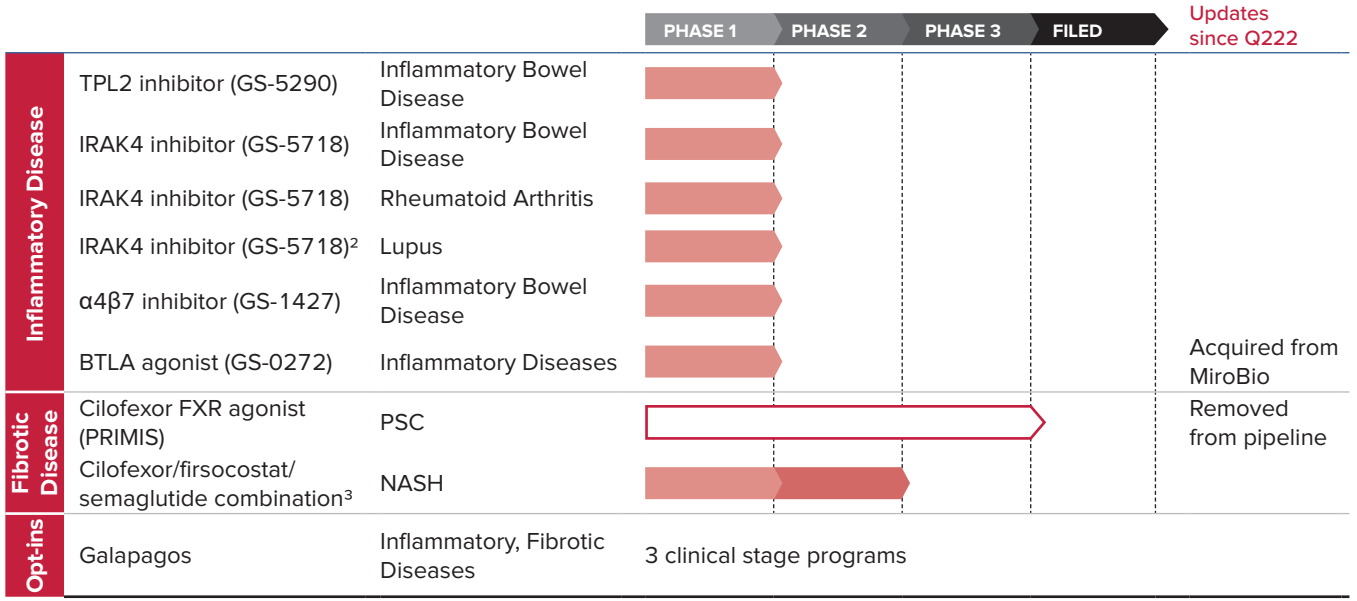
HIGH UNMET NEED

6 month ACR70 <30% in RA[5]
despite multiple MoAs available; significant need remains even in RA and IBD

HIGH COST TO SYSTEM

$80B+ annual direct costs
to U.S. healthcare on top of lower productivity[6]

10[1] Programs in the Pipeline



Gilead Acquires MiroBio

In September 2022, Gilead completed the acquisition of MiroBio for approximately $414M in cash, adding their proprietary discovery platform and immune inhibitory receptor agonists to our portfolio. The acquisition provides Gilead with MiroBio's pipeline of Immune Checkpoint Agonists and Proprietary Discovery Platform further diversifying its inflammation pipeline.

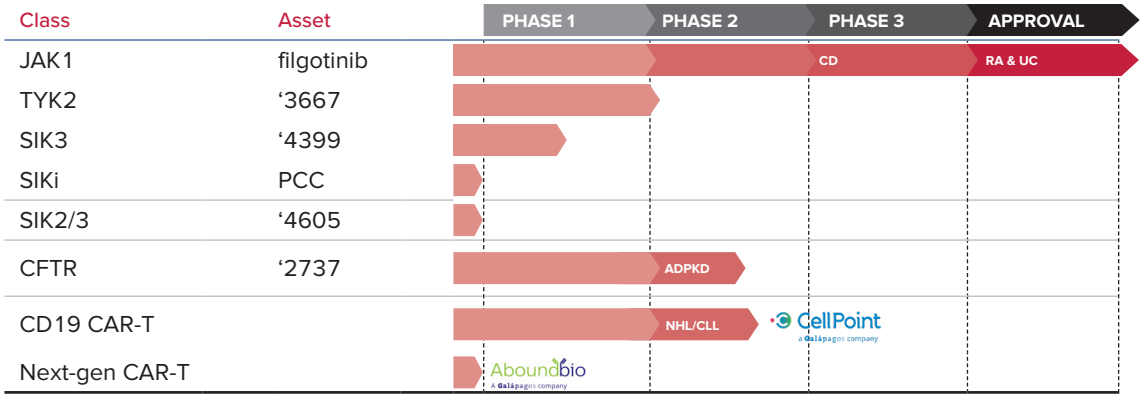
1 Includes Galapagos collaboration assets
2 Screening/enrollment paused pending evaluation of preliminary preclinical findings.
3 Clinical collaboration with Novo Nordisk.
4 El-Gabalawy, H., Guenther, L. C., & Bernstein, C. N. (2010). The Journal of rheumatology Supplement.
5 ACR score is a scale to measure change in rheumatoid arthritis symptoms. Source: FDA labels; Company websites; Clinicaltrials.gov
6 Total direct healthcare costs for eight conditions: rheumatoid arthritis, ulcerative colitis, Crohn's disease, ankylosing spondylitis, psoriasis, lupus nephritis, and acute GVHD. Does not account for many additional inflammatory conditions

Galapagos Partnership Focuses on Research & Discovery

Galapagos (Nasdaq: GLPG) was founded in 1999 with a focus on the discovery and development of small molecule medicines with novel modes of action for diseases including rheumatoid arthritis, inflammatory bowel disease, fibrosis, and more recently, Oncology. The company is headquartered in Belgium.

Galapagos Pipeline

Gilead continues to be excited about Galapagos' discovery engine, including the SIK (Toledo) program and TYK2 inhibitor potentially targeting a range of inflammatory indications. In Q222, Galapagos acquired CellPoint and AboundBio adding a clinical CAR-T pipeline to its portfolio with the aim to bring 3 additional CAR-T therapies to the clinic in the next 3 years, further diversifying its portfolio.



As part of an effort to refocus resources, '555, '3121, '4716 & '4586 were discontinued.

Collaboration Agreement

- Galapagos to assume sole responsibility in Europe for Jyseleca in RA and Ulcerative Colitis (UC) plus future indications; Gilead to receive royalties on European sales starting in 2024.
- For other programs, after the completion of a qualifying Phase 2 study, Gilead will have the option to acquire an expanded license to the compound. If the option is exercised, Gilead and Galapagos will co-develop the compound and share costs equally.
- Gilead can make a $150 million opt-in payment per program for ex-Europe rights. Galapagos will receive tiered royalties ranging from 20-24% on net sales of all Galapagos products licensed by Gilead as part of the agreement.

GILEAD EQUITY INVESTMENT

Gilead has made a series of equity investments in GLPG with a lock up period after August 2024
As of September 2022, Gilead ownership is approximately 25%.

Galapagos Collaboration Milestones

Galápagos
Pioneering for patients

December 2015
Galapagos and Gilead announced a global partnership to develop and commercialize the JAK1-selective inhibitor filgotinib for rheumatoid arthritis (RA) and other inflammatory diseases.

July 2019
Collaboration expanded to include access to Galapagos' Differentiated Drug Discovery Platform and current and future pipeline outside of Europe. Gilead made a $3.95B upfront payment and a $1.1B equity investment for ~22% shareholding

December 2019
The parties discontinued efforts on the RA indication in the U.S. following a Complete Response Letter from the FDA. In August 2020, all rights were transferred to Galapagos to commercialize filgotinib in Europe.

September 2020
approval Jyseleca (filgotinib) RA in EU & JP

October 2020
'1972 to treat osteoarthritis discontinued

February 2021
'1690 to treat idiopathic pulmonary fibrosis (IPF) discontinued

November 2021
approval filgotinib UC in EU

March 2022
approval filgotinib UC in JP

Key Corporate Transactions and Partnerships

	Name	Date	Detail
M&A	MiroBio	Aug-22	Acquired MiroBio for $414M, adding investigational inflammation therapies to the Gilead portfolio
	MYR	Mar-21	Acquired MYR for €1.3B, adding Hepcludex (bulevirtide), for certain HDV infections
	Immunomedics	Oct-20	Acquired Immunomedics for ~$21B, adding the antibody-drug conjugate Trodelvy and other assets to the Gilead portfolio
	Forty Seven	Apr-20	Acquired Forty Seven for $4.7B, adding investigational immuno-oncology therapies including magrolimab to the Gilead portfolio
	Kite	Aug-17	Acquired Kite for $11.9B, adding CAR T therapies to the Gilead portfolio
COLLABORATIONS AND/ OR LICENSES	Refuge	Oct-22	Exclusive License Agreement for Investigational Gene Expression Platform for Blood Cancers
	MacroGenics	Oct-22	Strategic collaboration to develop bispecific antibodies to treat various cancers
	Everest	Aug-22	Acquisition of remaining worldwide rights of Trodelvy
	Dragonfly	May-22	Strategic Research Collaboration to Develop Natural Killer Cell Engagers in Oncology and Inflammation
	Merck	Jan-22	Collaboration to evaluate combination of Trodelvy with Keytruda for treatment of 1L NSCLC
	Arcus	Nov-21	Exercised options to three Arcus clinical-stage portfolio and added research collaboration. Closed in December 2021.
	Merck	Oct-21	Collaboration to evaluate combination of Trodelvy with Keytruda for treatment of 1L mTNBC
	Appia Bio	Aug-21	Entered into partnership to research and develop allogeneic cell therapies
	Shoreline	Jun-21	Entered into partnership to develop allogeneic off-the-shelf cell therapies across a variety of cancer targets
	Merck	Mar-21	Agreed to co-develop and co-commercialize long-acting treatments in HIV
	Novo Nordisk	Mar-21	Expanded June 2019 clinical collaboration in NASH
	Gritstone	Feb-21	Collaboration, option and license agreement to research and develop a curative vaccine-based immunotherapy for HIV infection
	Vir	Jan-21	Clinical collaboration to evaluate novel therapeutic combination strategies aimed at developing a functional cure for chronic HBV
	Oxford Bio	Jan-21	Entered into a research collaboration to evaluate five novel targets for a number of hematologic and solid tumor indications
	Jounce	Sep-20	Established exclusive license for JTX-1811 immunotherapy program
	Tango	Aug-20	Expanded collaboration to discover, develop and commercialize targeted immune evasion therapies for cancer patients
	Tizona	Jul-20	Acquired a 49.9% equity interest for $300M, with an option to acquire the remainder. Tizona's TTX-080 targets HLA-G, an immune checkpoint expressed across multiple tumor types
	Pionyr	Jun-20	Acquired a 49.9% equity interest for $275M, with an option to acquire the remainder. Pionyr has developed a Myeloid Tuning technology for solid tumors
	Arcus	May-20	Established a 10-year partnership to co-develop and co-commercialize next-generation immunotherapies
	Rockefeller	Jan-20	Licensed The Rockefeller University's portfolio of broadly neutralizing antibodies against HIV, including two clinical-stage agents
	Galapagos	Jul-19	Entered into a 10-year, broad research and development collaboration in inflammation
	Novartis	Jul-19	Licensed 3 preclinical antiviral programs with the potential to treat human rhinovirus, influenza and herpes viruses
	Renown	Jul-19	Strategic collaboration to collect and analyze genetic and electronic health data for NASH

Corporate Responsibility

At Gilead, we are committed to creating a future of responsible and resilient growth, factoring the health of people, communities and the environment into everything we do.

Broadening Access

Gilead recognizes that innovation alone is not enough to ensure our therapies reach individuals who need them, regardless of location or economic status. We work with partners to tackle political, social, geographic and economic barriers.

COMPASS INITIATIVE™

We launched our 10-year COMPASS Initiative in 2018 to support partners fighting HIV in the southern U.S. with a $100M commitment.

RADIAN

We co-launched RADIAN in 2019 with the Elton John AIDS Foundation to tackle the alarming rate of HIV infections and deaths from AIDS-related illnesses in Eastern Europe and Central Asia, where HIV is still on the rise.

HIV AGE POSITIVELY™

We committed more than $17M to 30 grantees to address the emerging challenges of people living and aging with HIV.

Advancing Health Equity

Gilead is committed to having a positive and durable impact on communities around the world. This includes our employees in more than 35 countries and their families, the local communities in which we operate, and the patients, physicians and communities we serve.

$344M

Cash donations in 2021 to organizations addressing community needs. Gilead is the #1 Philanthropic Funder of HIV-related programs as recognized by Funders Concerned About AIDS.

TRANScend

Since launching TRANScend in 2019, Gilead has awarded nearly $15M to support Trans-led organizations working to improve the safety, health and wellness of the Transgender community.

GILEAD Foundation Creating Possible Fund

Endowed the Gilead Foundation with a $212M donation in 2021, followed by an additional $85M contribution in 2022.

We launched the Creating Possible Fund, Advancing Health Prosperity through Education Equity - and plan to allocate up to $30M over the next three years to support systemic or scaled impact to advance equity in education and improve the physical and mental health and wellness of adolescent and transitional-age youth in the U.S.

Building Sustainability

While delivering our innovative medicines, we are committed to doing what is right for people and the planet: reducing our greenhouse gas (GHG) emissions, minimizing waste generation and working towards resource efficiency.

NET ZERO

Committing to net-zero GHG emissions across Scope 1 (direct) and Scope 2 (indirect) by 2030.

100%

Kite has achieved 100% renewable electricity at their sites globally.

Our CR Committee is responsible for embedding and integrating climate change and energy, among other ESG considerations, into our overall business strategy and operations.

Our "2021 Year in Review" includes a comprehensive discussion of Gilead's CR and ESG programs. It is available on the News and Press section of www.gilead.com, under Annual Reports.

Our People

Our vision is to create a healthier world for all people by delivering innovative medicines that aim to prevent and cure life-threatening diseases. Our employees are dedicated to our work – and to our vision of making the world a healthier place. We are guided by our Core Values – Accountability, Excellence, Inclusion, Integrity and Teamwork.

Our Leadership Commitments emphasize that the way we do our work is as important as the work itself.

Core Values

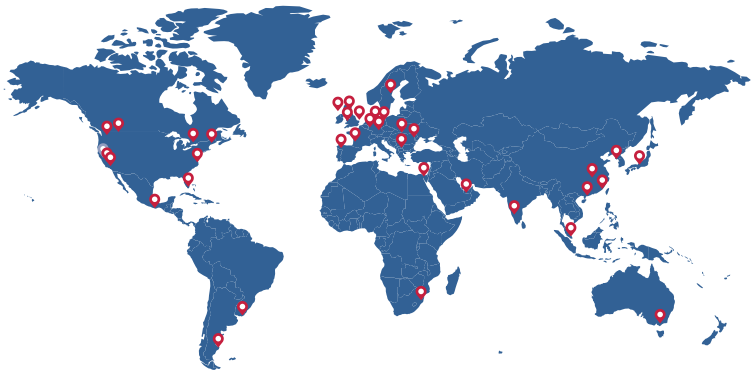
Leadership Commitments

Gilead's Global Workforce

35+ countries

14,400+ full time employees

6 continents



Note: Data as of December 31, 2021.

We are committed to creating an inclusive culture that enables people to do their best work and reflects the diversity of the people, patients and communities we serve. As part of our commitment to racial equity and social justice, we have:

- Increased our focus on attracting, developing and retaining people of diverse backgrounds, including creating specialized development experiences for our diverse employees and joining the OneTen coalition
- Deepened the impact of our Employee Resource Groups, which are open to employees worldwide and foster a sense of belonging that can spark innovation and accelerate employee development
- Expanded our commitment to supporting diverse suppliers
- Undertaken a systemic approach to incorporating representative and underserved patient populations into our clinical trials and studies through community outreach, education, patient advocacy and study design

Awards and Recognitions

HACR 2021 CORPORATE INCLUSION INDEX FIVE-STARS GOVERNANCE

BEST PLACES TO WORK 2021 for LGBTQ Equality 100% CORPORATE EQUALITY INDEX

Forbes 2022 THE BEST EMPLOYERS FOR DIVERSITY POWERED BY STATISTA

Access to Our Medicines Around the World

Gilead is committed to help address challenges in accessing medicines in low- and middle-income countries to create sustainable value for our stakeholders.

Our Approach

Gilead partners with governments and communities to reduce the disproportionate disease burden in low- and middle-income countries (LMICs) and to strengthen the building blocks of health systems and drive private sector engagement. We believe that sustainable business models and a holistic approach are critical to achieving lasting impact on a large scale.

- **Tiered pricing and specific access pricing,** with discounts on medicines based on disease burden and/or national per-capita income.
- **Responsible licensing of generic versions of our products** including voluntary licensing agreements and our partnership with Medicines Patent Pool to enable high-quality, low-cost versions of our HIV and viral hepatitis medicines in low- and middle-income countries.
- **Private-Public Partnerships** that maximize patient reach and prevent new and serious illnesses and help destigmatize diseases.
- **Strengthening health systems** to bolster diagnostic, linkage to care, treatment and surveillance capacity.
- **Collaborative research** that targets innovative therapies, informs drug delivery and helps countries map disease burdens.

[1] Includes generic and branded medicines.

[2] TAF-based products are licensed in 116 countries, HCV products in 105 countries, and remdesivir in 127 countries.

>22M

Gilead's innovative medicines[1] were made available to over 22 million people in LMICs in 2021

Up to **127** countries[2]

with access to generic licenses for HIV, HCV, HBV and COVID-19 drugs

Commitment to HIV education, prevention and linkage to care

Global efforts are focused on improving prevention, testing, linkage to and retention in care through an HIV test & treat program that maximizes the reach of the health workforce. For example, in rural villages in Tanzania, more than 335K people have been screened for HIV and +95% of those who tested positive were linked to care.

Commitment to address cryptococcal meningitis

In 2018, working in partnership with Unitaid, Gilead expanded its access initiative to include AmBisome to address the urgent need for treatment of cryptococcal meningitis in 116 low- and middle-income countries.

Commitment to hepatitis C elimination

Gilead has been working towards WHO's target of eliminating hepatitis C by 2030 and has projects ongoing in Georgia, Pakistan, India, Dominican Republic, Mauritius, Mongolia, and Rwanda.

Commitment to address Visceral Leishmaniasis

Gilead has worked to control visceral leishmaniasis through its decades-long partnership with the WHO. Gilead has provided its antifungal therapy at a non-profit price, donated more than 800,000 vials and contributed more than $20 million in funding for these efforts.

Gilead has also recently signed onto the Kigali declaration on neglected tropical diseases.

Press Releases: Corporate & Earnings

This page highlights the most recent corporate press releases from Gilead. A more complete list of business development activities is included on page 35 and product data announcements are included on page 40.

20-Oct-22	Kite Exclusive License Agreement with Refuge For Blood Cancers
17-Oct-22	Yescarta Receives European Marketing Approval for DLBCL
17-Oct-22	MacroGenics Collaboration to Develop Oncology Bispecifics
11-Oct-22	U.S. FDA Accepts for Priority Review sBLA for Trodelvy in HR+/HER2- mBC
03-Oct-22	Kite Receives U.S. FDA Approval of Viral Vector Manufacturing Facility
30-Sep-22	Gilead Completes Acquisition of MiroBio
16-Sep-22	Yescarta Receives Positive CHMP Opinion for 2L Diffuse LBCL
16-Sep-22	Veklury Receives Positive CHMP Opinion for Pediatric COVID-19 Patients
15-Sep-22	WHO Expands Recommendation for Veklury in Latest Guidelines
06-Sep-22	Tecartus Granted European MAA for R/R ALL
22-Aug-22	First Global Regulatory Approval of Sunlenca (Lenacapavir) in Europe
15-Aug-22	Acquisition of Remaining Worldwide Rights of Trodelvy
04-Aug-22	Acquisition of MiroBio, Expanding Gilead's Inflammation Pipeline
22-Jul-22	Tecartus Receives Positive CHMP Opinion for R/R ALL
22-Jul-22	Veklury Receives Positive CHMP Opinion for COVID-19 Full MAA
20-Jul-22	Endows Foundation with $85 Million to advance health equity
19-Jul-22	Veklury JPA Agreement Signed with European Commission
12-Jul-22	Appoints Deborah Telman as EVP, Corporate Affairs and General Counsel
28-Jun-22	Yescarta Receives European MAA for R/R Follicular Lymphoma
27-Jun-22	Resubmission of NDA for Lenacapavir to U.S. FDA
24-Jun-22	Lenacapavir Receives Positive CHMP Opinion for Multi-Drug Resistant HIV
02-Jun-22	Appoints Stacey Ma as EVP, PDM
02-May-22	Collaborates with Dragonfly on Natural Killer Cell Engagers
25-Apr-22	Veklury Approved for Pediatric Patients Under 12 with COVID-19
19-Apr-22	Kite Maryland CAR T-Cell Manufacturing Facility Approved by U.S. FDA
01-Apr-22	Yescarta Receives FDA Approval for R/R LBCL
31-Jan-22	U.S. FDA Approves New Label Update for Yescarta
21-Jan-22	U.S. FDA Approves sNDA filing of Veklury in the Outpatient Setting
10-Jan-22	Collaboration with Merck to Evaluate Combination for 1L NSCLC
21-Dec-21	Completes Closing of Option Exercise for Arcus' Clinical Programs
16-Dec-21	Daiichi Authorizes First Yescarta Treatment Site to Open in Japan
23-Nov-21	Trodelvy Granted MAA for 2L mTNBC
19-Nov-21	Submits sBLA to U.S. FDA for Bulevirtide to Treat Chronic HDV
18-Nov-21	Exercises Options to Arcus' Three Clinical Programs
28-Oct-21	Collaboration with Merck to Evaluate Combination for 1L mTNBC

Quarterly Announcement Releases

27-Oct-22	Announces Q3 2022 Results
02-Aug-22	Announces Q2 2022 Results
28-Apr-22	Announces Q1 2022 Results
01-Feb-22	Announces Q4 & FY 2021 Results
28-Oct-21	Announces Q3 2021 Results
29-Jul-21	Announces Q2 2021 Results
29-Apr-21	Announces Q1 2021 Results
04-Feb-21	Announces Q4 & FY 2020 Results

ALL – acute lymphocytic leukemia. AML – acute myeloid leukemia. CHMP - Committee for Medicinal Products for Human Use. COVID-19 – SARS-CoV-2. CRL - complete response letter. CROI – Conference on Retroviruses and Opportunistic Infections. EC – European Commission. ECCMID - European congress of Clinical Microbiology and Infectious Diseases. EFS – event-free survival. EMA - European Medicines Agency. EVP - Executive Vice President. HR+/HER2-mBC – hormone receptor positive, human epidermal growth factor receptor 2 negative metastatic breast cancer. FDA – Food and Drug Administration. HDV – hepatitis delta virus. HIV – human immunodeficiency virus. iNHL – indolent non-Hodgkin lymphoma. JPA - joint procurement agreement. LBCL – large B-cell lymphoma. MAA - Marketing Authorization Approval (European Commission). mBC – metastatic breast cancer. MDS - myelodysplastic syndrome. mTNBC – metastatic triple-negative breast cancer. NDA – new drug application. NEJM – New England Journal of Medicine. NSCLC - non-small cell lung cancer. OS - overall survival. PDM - Pharmaceutical Development and Manufacturing. PFS - progression free survival. R/R – relapsed / refractory. SABCS – San Antonio Breast Cancer Symposium. SOC – standard of care. sBLA – supplemental biologics license application. SG – sacituzumab govitecan. sNDA – supplemental new drug application.

Press Releases: Data Updates

For a comprehensive list of all data update press releases, visit gilead.com/news-and-press/press-room/press-releases

27-Oct-22	Gilead Receives CRL from U.S. FDA for Hepcludex Due to Manufacturing and Delivery Concerns
24-Oct-22	Gilead Presents Real-World Evidence Reinforcing the Use of Biktarvy® for the Treatment of People Living With HIV With a Range of Comorbidities
07-Sep-22	Trodelvy's TROPiCS-02 Shows Significantly Improved Overall Survival in Pre-Treated HR+/HER2- mBC Patients
04-Sep-22	TROPiCS-02 Data Shows PFS Benefit of Trodelvy in HR+/HER2- mBC Patients Regardless of HER2 Status
28-Jul-22	Biktarvy Demonstrates High Efficacy for a Broad Range of People Initiating Treatment for HIV
21-Jul-22	Innovation and Collaboration Highlighted at AIDS 2022 as Gilead Extends Leadership Toward Ending the HIV Epidemic
23-Jun-22	Hepcludex® (Bulevirtide) Meets Primary Endpoint and Achieves Significant Response in Chronic HDV at 48 Weeks
06-Jun-22	Final Data From Phase 3 ASCENT Study Demonstrates Trodelvy Extends Overall Survival in 2L mTNBC
04-Jun-22	Tecartus Demonstrates Strong OS Rates and Continued Durable Responses in Long-Term Follow-Up of Two Pivotal Studies
04-Jun-22	Sub-analyses of ZUMA-7 Trial Reinforce Yescarta Superiority Over SOC as Initial Treatment for Patients With R/R LBCL
04-Jun-22	Trodelvy Improved PFS by 34% in Heavily Pre-Treated HR+/HER2- mBC Patients
03-Jun-22	Yescarta Demonstrates Consistent Survival Outcomes and Safety in Real-World Setting Regardless of Race and Ethnicity
16-May-22	FDA Lifts Clinical Hold on Investigational Lenacapavir for the Treatment and Prevention of HIV
24-Apr-22	Several New Studies Presented at ECCMID 2022 Confirm Veklury (Remdesivir) Activity in Treating COVID-19
11-Apr-22	U.S. FDA Lifts Partial Clinical Hold on MDS and AML Magrolimab Studies, Pivotal Studies Restart Enrollment
07-Mar-22	Phase 3 TROPiCS-02 Trodelvy Study Met the Primary Endpoint of PFS in Late-Line HR+/HER2- mBC
01-Mar-22	Gilead Receives CRL From U.S. FDA for Investigational Lenacapavir Due to Vial Compatibility Issues
16-Feb-22	New Phase 2/3 Clinical Data Support the Sustained Efficacy of Long-acting Lenacapavir
11-Feb-22	Phase 2/3 Interim Data of Veklury (Remdesivir) in Pediatric Patients With COVID-19 Presented at CROI 2022
11-Feb-22	In Vitro Studies Show Veklury (Remdesivir) Retains Antiviral Activity Against Omicron, Delta and Other Emergent SARS-CoV-2 Variants
25-Jan-22	Gilead Announces Partial Clinical Hold for Studies Evaluating Magrolimab in Combination With Azacitidine
22-Dec-21	Full Results Published in NEJM Expand Clinical Benefits of Veklury (Remdesivir) to Treat High-Risk Patients with COVID-19
21-Dec-21	EC Expands Veklury (Remdesivir) Indication for Adults Not on Supplemental Oxygen and HR for COVID-19 Disease Progression
21-Dec-21	Announces Clinical Hold on Injectable Lenacapavir Studies Due Vial Compatibility Concerns
13-Dec-21	Announced data for Yescarta ZUMA-12 Study for HR-LBCL
11-Dec-21	Yescarta Reports Five-Year Survival Data From ZUMA-1 Study Showing Durable Long-Term Survival for LBCL
11-Dec-21	Yescarta Demonstrates Durable Two-Year Clinical Benefit in Adults with R/R iNHL in ZUMA-5
11-Dec-21	Yescarta Quadruples Median EFS Duration Over SOC in ZUMA-7 Trial
10-Dec-21	Trodelvy Demonstrates Clinical Benefit for Black Patients with mTNBC in Phase 3 ASCENT Study
29-Nov-21	New Data on Phase 3 ASCENT Study of Trodelvy for mTNBC at SABCS
10-Nov-21	Everest and Gilead Presents Phase 2b EVER-132-001 Study of Sacituzumab Govitecan for Patients in China with mTNBC
29-Oct-21	Clinical and Patient-Reported Outcomes in People Living with HIV on Biktarvy in Observational BICSTaR Study Demonstrate Consistent Efficacy Profile in Real-World Setting
22-Sep-21	Veklury (Remdesivir) Data Show Significantly Reduced Risk of Hospitalization in High-Risk Patients with COVID-19
16-Sep-21	Trodelvy Shows Survival Benefit in mTNBC Patients Regardless of Initial HR/HER2 Status

Our Leadership Team

Daniel O'Day,
Chairman and Chief Executive Officer

Daniel O'Day joined Gilead Sciences in March 2019 as Chairman of the Board of Directors and Chief Executive Officer.

Prior to Gilead, Daniel served as the Chief Executive Officer of Roche Pharmaceuticals. His career at Roche spanned more than three decades, during which he held a number of executive positions in the company's pharmaceutical and diagnostics divisions in North America, Europe and Asia. He served as a member of Roche's Corporate Executive Committee, as well as on a number of public and private boards, including Genentech, Flatiron Health and Foundation Medicine.

Daniel O'Day holds a bachelor's degree in biology from Georgetown University and an MBA from Columbia University in New York. He currently serves on the board of directors for the Pharmaceutical Research and Manufacturers of America organization and Galapagos NV.

Andrew Dickinson,
Chief Financial Officer

Andrew Dickinson serves as Gilead's Chief Financial Officer, responsible for the oversight of the company's global finance, corporate development, information technology, operations and strategy organizations. Andy joined Gilead in 2016 and prior to his current role served as head of the company's corporate development and strategy group. In that role, Andy drove all of Gilead's licensing, partnership and acquisition transactions and guided investments into new areas.

Prior to his tenure at Gilead, Andy was the global Co-Head of Healthcare Investment Banking at Lazard. Earlier in his career, he served as General Counsel and Vice President of Corporate Development at Myogen, Inc., which was acquired by Gilead in 2006. Andy received his bachelor's degree in molecular, cellular and developmental biology from the University of Colorado at Boulder and his law degree from Loyola University of Chicago.

Flavius Martin, MD,
EVP, Research

Flavius Martin is the Executive Vice President of Research at Gilead, overseeing the company's innovative research and preclinical programs across all therapeutic areas. His organization is responsible for internal discovery research and for identifying important external opportunities for Gilead.

Flavius joined Gilead in 2021, after nearly 20 years in the biopharmaceutical industry. Immediately prior to Gilead, he served as Vice President, Research Biology at Amgen, leading Oncology, Inflammation and Cardiometabolic Research. He was also the site head for Amgen South San Francisco. Prior to Amgen, he worked as a scientist and leader at Genentech. Flavius received his MD degree from the University of Medicine and Pharmacy Timisoara, Romania. He completed his postdoctoral studies at the University of Alabama at Birmingham in the Division of Developmental and Clinical Immunology.

Our Leadership Team

Jyoti Mehra,
EVP, Human Resources

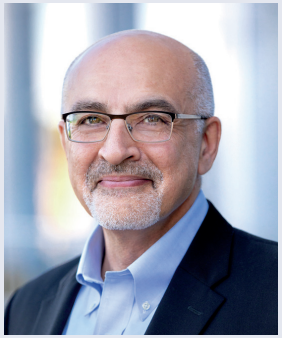
Jyoti Mehra, Gilead's Executive Vice President of Human Resources, is responsible for leading people strategy and, together with the Gilead Leadership Team, building an inclusive and collaborative culture. In her role, she has responsibility for elevating team performance and developing a cohesive approach to attracting, developing and retaining employees.

Jyoti brings extensive experience in business partnership and organizational design to her current position. Prior to joining Gilead in 2017, Jyoti held senior leadership positions with Novartis Corp. in the United States, Europe and China, bringing a broad international perspective to her work. Jyoti received her bachelor's degree in political science from Delhi University and her master's degree in international studies from Jawaharlal Nehru University.

She currently serves on the board of directors of Lam Research and California Conference for Women.

Johanna Mercier,
Chief Commercial Officer

Johanna Mercier serves as Gilead's Chief Commercial Officer, with responsibility for the global commercialization of all the company's medicines throughout the product lifecycle. Under her leadership, Gilead works to ensure that patients around the world have access to the company's transformational medicines. Johanna joined Gilead in 2019 after 25 years at Bristol Myers Squibb, where she served in a number of executive leadership positions, gaining broad experience across geographies and in all aspects of the commercial business. In her time there, she successfully evolved the culture and drove strong commercial execution with double-digit growth and multiple launches that changed the standard of care in melanoma and renal cancers. Johanna holds a bachelor's degree in biology from the University of Montreal and an MBA from Concordia University. She currently serves on the board of directors of Neurocrine Biosciences, Inc. and the University of Southern California's Leonard D. Schaeffer Center for Health Policy and Economics.



Merdad Parsey, MD, PhD,
Chief Medical Officer

Merdad Parsey, MD, PhD is Gilead's Chief Medical Officer, responsible for overseeing the company's global clinical development and medical affairs organizations. In his role, Merdad supervises all clinical trials and development operations. Merdad joined Gilead in 2019, after serving as Senior Vice President of Early Clinical Development at Genentech, where he led clinical development for areas including inflammation, oncology and infectious diseases. Prior to Genentech, Merdad served as President and CEO of 3-V Biosciences (now Sagimet BioSciences), held development roles at Sepracor, Regeneron and Merck and was Assistant Professor of Medicine and Director of Critical Care Medicine at the New York University School of Medicine. He completed his MD and PhD at the University of Maryland, Baltimore, his residency in Internal Medicine at Stanford University and his fellowship in Pulmonary and Critical Care Medicine at the University of Colorado. Merdad currently serves on the Board of Directors for Sagimet BioSciences.

Our Leadership Team

Deborah H. Telman,
EVP, Corporate Affairs and General Counsel

Deborah H. Telman serves as Executive Vice President of Corporate Affairs and General Counsel, with responsibility for Gilead's Government Affairs and Policy, Public Affairs, Legal, and Compliance functions.

Deb joined Gilead in 2022 and prior to her current role, she served as Executive Vice President, General Counsel and Corporate Secretary at Organon, a women's healthcare company, building out the Legal, Ethics and Compliance, and Environmental Health and Safety organizations following the company's separation from Merck.

She received her Juris Doctor degree from Boston University School of Law and a bachelor's degree in mathematics from the University of Pennsylvania.

Deb is a member of the Board of Directors of AtriCure, Inc., a medical tech company focused on the treatment of atrial fibrillation and related conditions, as well as a Board Member of City Colleges of Chicago and Chicago Humanities Festival.

Christi Shaw,
Chief Executive Officer of Kite

Christi Shaw serves as Chief Executive Officer of Kite, Gilead's cell therapy company. Based in Santa Monica, California, Kite is pursuing the ambitious goal of a cure for cancer with industry-leading pipeline and manufacturing capabilities. In her role, Christi is responsible for all cell therapy operations around the world.

Before joining Gilead in 2019, Christi held senior executive positions at Eli Lilly & Co. and Novartis Corp. Her leadership has spanned a broad range of therapeutic areas, including oncology. Christi holds a bachelor's degree in business administration from Iowa State University and an MBA from the University of Wisconsin.

In 2016, she founded the More Moments More Memories Foundation, which assists patients with cancer and their families. Christi currently serves on the board of directors of the Biotechnology Innovation Organization, Avantor and the Healthcare Businesswomen's Association.

Stacey Ma,
EVP, Pharmaceutical Development and Manufacturing

Stacey Ma, PhD, serves as Executive Vice President of Pharmaceutical Development and Manufacturing, with responsibility for all the company's investigational compounds and marketed products.

Stacey joined Gilead in 2022 after more than two decades in the biopharmaceutical industry. Prior to Gilead, she served as Executive Vice President of Technical Operations at Sana Biotechnology and as Global Head of Innovation, Manufacturing Science and Technology at Genentech/Roche.

She has a PhD in chemical engineering from Yale University and master's and bachelor's degrees in chemical engineering from Yale and the University of Minnesota, respectively.

Stacey currently serves on the Board of Directors for Atreca, Inc., a biotechnology company.

Overview of the Board of Directors

We believe that effective oversight comes from a Board of Directors that represents a diverse range of experience and perspectives that provides the necessary skills, qualifications, backgrounds and experiences necessary for sound governance.

Our Board and Committee composition is as follows:

Kevin Lofton
Lead Independent Director
Director Since **2009**

Chair, **Compensation & Talent Committee**
Member, **Audit Committee, Nominating & Corporate Governance Committee**

Jacqueline Barton, PhD
Independent Director
Director Since **2018**

Member, **Compensation & Talent Committee, Science Committee**

Jeffrey Bluestone, PhD
Independent Director
Director Since **2020**

Member, **Science Committee**

Sandra Horning, MD
Independent Director
Director Since **2020**

Chair, **Science Committee**
Member, **Nominating & Corporate Governance Committee**

Kelly Kramer
Independent Director
Director Since **2016**

Chair, **Audit Committee**
Member, **Compensation & Talent Committee**

Harish Manwani
Independent Director
Director Since **2018**

Member, **Compensation & Talent Committee, Nominating & Corporate Governance Committee**

Daniel O'Day
Chief Executive Officer
Director Since **2019**

Chairman

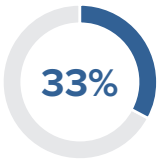
Javier Rodriguez
Independent Director
Director Since **2020**

Member, **Audit Committee**

Anthony Welters
Independent Director
Director Since **2020**

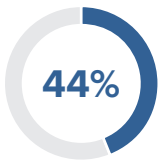
Chair, **Nominating & Corporate Governance Committee**
Member, **Compensation & Talent Committee**

Gender Diversity



Independence

Ethnic Diversity



Other Public Directorships (Currently Held)

1.2*

In 2021, we proactively amended our Board Guidelines and our Nominating and Corporate Governance Committee charter to formalize our historical practice of adopting the "Rooney Rule" in new director searches.

* Average number as of September 2022

Our Board of Directors

Daniel P. O'Day,

Chairman and Chief Executive Officer

Daniel O'Day joined Gilead Sciences in March 2019 as Chairman of the Board of Directors and Chief Executive Officer.

Prior to Gilead, Daniel served as the Chief Executive Officer of Roche Pharmaceuticals. His career at Roche spanned more than three decades, during which he held a number of executive positions in the company's pharmaceutical and diagnostics divisions in North America, Europe and Asia. He served as a member of Roche's Corporate Executive Committee, as well as on a number of public and private boards, including Genentech, Flatiron Health and Foundation Medicine.

Daniel O'Day holds a bachelor's degree in biology from Georgetown University and an MBA from Columbia University in New York. He currently serves on the board of directors for the Pharmaceutical Research and Manufacturers of America organization and Galapagos NV.

Kevin E. Lofton,

Lead Independent Director

Kevin E. Lofton joined our Board in 2009 and was appointed Lead Independent Director in May 2020. In June 2020, Mr. Lofton retired as the Chief Executive Officer of Common Spirit Health (CSH). Prior to leading CSH, he served as the Chief Executive Officer of CHI from 2003 to 2019. Mr. Lofton also served as Chief Executive Officer of the University of Alabama Hospital in Birmingham and Howard University Hospital. In 2016, he received an honorary Doctor of Humanities in Medicine degree from the Baylor College of Medicine, and in 2014, he received the Healthcare Financial Management Association's Richard L. Clarke Board of Directors Award. He is recognized for his extensive work in the area of heath care management, eliminating health disparities and creating healthier communities. Mr. Lofton was the chairman of the American Hospital Association in 2007. He also currently serves on the board of directors of Medtronic plc and previously served on the board of directors of Rite Aid Corporation from 2013 to 2022.

Jacqueline K. Barton, PhD,

Director

Jacqueline K. Barton, PhD, joined our Board in January 2018. Dr. Barton is the John G. Kirkwood and Arthur A. Noyes Professor of Chemistry in the Division of Chemistry and Chemical Engineering at the California Institute of Technology. She previously served on the Boards of Directors for both Dow Inc. and The Dow Chemical Company, and was a member of the Board and Materials Advisory Committee of DowDupont Inc. Dr. Barton also founded and served on the board of directors of GeneOhm Sciences Inc., and was a member of Gilead's Scientific Advisory Board from 1989 to 2007. She is a member of the National Academy of Sciences, the National Academy of Medicine, and the American Philosophical Society. In 2021, Dr. Barton was elected as a Vice President of the American Philosophical Society. Dr. Barton received the 2010 National Medal of Science for her discovery of new chemistry of the DNA helix and the 2015 Priestley Medal, the highest award of the American Chemical Society.

Our Board of Directors

Jeffrey A. Bluestone, PhD,
Director

Jeffrey A. Bluestone, PhD, joined our Board in December 2020. Since 2019, Dr. Bluestone has been the President and Chief Executive Officer of Sonoma Biotherapeutics, Inc. He is an international leader in the field of immunotherapy and has published more than 500 papers over nearly four decades focused on understanding the basic processes that control T-cell activation and immune tolerance in autoimmunity, organ transplantation and cancer. His research has led to the development of multiple immunotherapies, including the first medicine approved by the U.S. Food and Drug Administration (FDA) targeting T-cell co-stimulation to treat autoimmunity and the first FDA-approved checkpoint inhibitor for the treatment of metastatic melanoma. Since 2019, he has served as a member of the board of directors of Provention Bio, Inc.

Sandra J. Horning, MD,
Director

Sandra J. Horning, MD, joined our Board in January 2020. Dr. Horning was the Chief Medical Officer and Global Head of Product Development of Roche, Inc., until her retirement in 2019. During her 10-year career at Roche and Genentech, she helped bring 15 new medicines to patients in disease areas including cancer, multiple sclerosis, influenza and blindness. Prior to her career at Roche, Dr. Horning spent 25 years as a practicing oncologist, investigator and tenured professor at Stanford University School of Medicine, where she remains a professor of medicine emerita. From 2005 to 2006, she served as President of the American Society of Clinical Oncology. Dr. Horning was recognized as the 2020 Healthcare Businesswomen's Association Woman of the Year. She currently serves on the board of directors of Moderna, Inc., Olema Pharmaceuticals, Inc. and EQRx, Inc.

Kelly A. Kramer,
Director

Kelly A. Kramer joined Gilead's Board of Directors in August 2016. Ms. Kramer was Executive Vice President and Chief Financial Officer of Cisco Systems, Inc., a worldwide technology leader, from 2015 until her retirement in 2020. Prior to that, she was Senior Vice President of Corporate Finance at Cisco. She previously served as Vice President and Chief Financial Officer of GE Healthcare Systems and Chief Financial Officer of GE Healthcare Biosciences. Ms. Kramer has also worked in GE's Corporate Headquarters, Transportation Systems and Aerospace divisions. She currently serves as a member of the boards of directors of Snowflake Inc. and Coinbase, Inc.

Our Board of Directors

Harish Manwani,
Director

Harish Manwani joined our Board in May 2018. Mr. Manwani is a Senior Operating Partner for Blackstone Inc., a global investment firm, and has advised select Blackstone portfolio companies since 2015.

He previously was Chief Operating Officer of the Unilever Group from 2011 until his retirement in 2014. Mr. Manwani joined Unilever in 1976 as a management trainee in India and held senior management roles around the world, including North America, Latin America, Asia and Africa. Mr. Manwani is an honors graduate from Bombay University. He holds a master's degree in Management Studies, and he attended the Advanced Management Program at Harvard Business School. Mr. Manwani currently serves on the board of directors of Whirlpool Corporation, EDBI Pte Ltd. and Tata Sons Private Limited, and is the Chairman of the Board of the Indian School of Business. He previously served as the non-executive Chairman of Hindustan Unilever Limited from 2005 to 2018, on the board of directors of Pearson plc from 2013 to 2018, Nielsen Holdings plc from 2015 to 2021 and Qualcomm Incorporated from 2014 through March 2022.

Javier J. Rodriguez,
Director

Javier J. Rodriguez joined our Board in June 2020. Since 2019, Mr. Rodriguez has been the Chief Executive Officer of DaVita Inc., a Fortune 500 company providing healthcare services to kidney disease patients throughout the United States and internationally. From 2014 to 2019, he was the CEO of DaVita Kidney Care, the company's business unit that treats patients with kidney failure and end-stage renal disease. Mr. Rodriguez has spent more than 20 years in various executive roles at DaVita, driving the company's transformation for how kidney care is delivered. In 2019, Mr. Rodriguez was ranked No. 40 on the Modern Healthcare list of 100 Most Influential People in Healthcare and in 2015 was named one of the Top 10 Leaders by Hispanic Executive magazine. He currently serves on the board of directors of DaVita.

Anthony Welters,
Director

Mr. Welters is Founder, Chairman and Chief Executive Officer of CINQ Care Inc., a physician-led, community-based ambulatory care delivery system that delivers whole person care in the home, whenever possible, to Black and Brown communities. He is also Executive Chairman of the BlackIvy Group, an organization focused on building and growing commercial enterprises in Sub- Saharan Africa, and Chairman of Somatus, Inc., a value-based kidney care company.
Mr. Welters founded AmeriChoice in 1989 and upon acquisition by UnitedHealth Group (UHG) in 2002, joined UHG as Senior Adviser to the Office of the Chief Executive Officer, Executive Vice President and Member of the Office of the Chief Executive Officer, until retiring in 2016.
He currently serves on the board of directors of Loews Corporation and the Carlyle Group.

Analyst Coverage and Largest Investors

Sell-side Coverage*

Firm	Analyst
Atlantic Equities	Steve Chesney
Baird	Brian Skorney, CFA
Bank of America	Geoff Meacham, PhD
Barclays	Carter Gould
BMO	Evan Seigerman
Cantor Fitzgerald	Olivia Brayer
Cowen	Tyler Van Buren
Evercore ISI	Umer Raffat
Goldman Sachs	Salveen Richter, CFA
Jefferies	Michael Yee
JPMorgan	Chris Schott, CFA
Maxim Group	Jason McCarthy, PhD
Mizuho	Salim Syed
Morgan Stanley	Matthew Harrison
Morningstar	Karen Andersen, CFA
Needham	Joseph Stringer, PhD
Oppenheimer and Co.	Hartaj Singh
Piper Sandler	Do Kim
Raymond James	Steven Seedhouse, PhD
RBC	Brian Abrahams, MD
Redburn	Simon Baker, PhD
SVB Securities	David Risinger, CFA
Truist	Robyn Karnauskas, PhD
UBS	Colin Bristow, MD
Wells Fargo	Mohit Bansal
Wolfe Research	Tim Anderson, MD

Largest Investors

The following list reflects Gilead's top investors as of the most recently available filings (6/30/22).

	Firm name	6/30/22 Holding	Style
1	The Vanguard Group	110,396,077	Index
2	BlackRock Institutional Trust Co.	83,536,656	Index
3	State Street Global Advisors (US)	57,946,936	Index
4	Capital Research Global Investors	55,975,980	Growth
5	Capital World Investors	52,859,468	Growth
6	Dodge & Cox	36,966,627	Deep Value
7	Geode Capital Management	23,172,575	Index
8	Arrowstreet Capital	15,668,185	Hedge Fund
9	Renaissance Technologies	13,409,616	Hedge Fund
10	BlackRock Asset Management Ireland	13,347,644	Index
11	Norges Bank Investment Management	13,174,527	Core Value
12	Parnassus Investments	11,720,556	Deep Value
13	Morgan Stanley Smith Barney	10,614,237	Core Growth
14	BlackRock Investment Management (UK)	9,727,581	Core Growth
15	Northern Trust Investments	9,643,996	Index
16	CA Public Employ. Ret. Syst. (CALPERS)	9,203,953	Index
17	Dimensional Fund Advisors	8,808,586	Deep Value
18	Two Sigma Investments	8,730,538	Hedge Fund
19	Mellon Investments Corporation	8,591,170	Index
20	Goldman Sachs Asset Management	7,889,080	Core Growth

* Please note that any opinions, estimates or forecasts regarding Gilead's performance made by these analysts are theirs alone and do not represent opinions, forecasts or predictions of Gilead or its management. Gilead does not, by its reference above or distribution, imply its endorsement of or concurrence with such information, conclusions or recommendations.

Capital Allocation Balances Investment & Shareholder Return

In the first three quarters of 2022, Gilead has returned ~$3.4B to shareholders, bringing the 2016 - 2022 total to $40B+

Internal Investment

- Continue to invest in our business and R&D pipeline while managing expenses

R&D Spend

- Full-year non-GAAP[1] R&D as a percentage of total revenue ranged between 16% and 19% in 2020 and 2021.

BD Activity

- ~$30B spent in M&A, collaborations and partnerships in 2020-2022 YTD

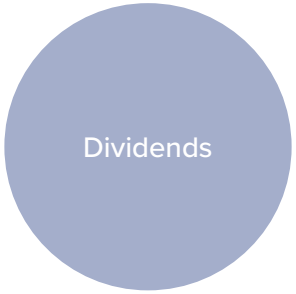
Recent acquisitions over $1B include:

- $20.6B Immunomedics
- $4.7B Forty-Seven
- €1.3B MYR

Commitment to debt reduction after Immunomedics acquisition

Repaid $1.5B in debt in 2022, and $4.75B in 2021

- Gilead has returned to the same debt levels held prior to the Immunomedics acquisition in October 2020
- As of September 30, 2022, total adjusted debt was $24.3B[2]



Seven annual dividend increases since initiation in 2015

- YTD, Gilead has paid $2.8B in dividends

Share Repurchases

- Repurchase shares to offset dilution and opportunistically reduce share count
- As of September 30, 2022, the remaining repurchase authorization is $5.7B

Recent repurchase activity includes:

Quarter	Repurchase Amount
Q322	$180M
Q222	$72M
Q122	$352M
Q421	$49M
Q321	$145M
Q221	$43M
Q121	$309M
Q420	$0

[1] Please refer to the reconciliation of non-GAAP measures to GAAP measures on pages 56 - 59.

[2] Total adjusted debt represents outstanding senior unsecured notes. Excludes a funding agreement with RPI Finance Trust that was assumed as part of our acquisition of Immunomedics under which Immunomedics received cash in exchange for perpetual, tiered royalty payments on worldwide sales of Trodelvy. This funding agreement is classified as debt. Adjusted Debt excludes future tax payments related to remaining obligations for the deemed one-time repatriation transition tax from the Tax Cuts and Jobs Act, totaling $3.5 billion as of September 30, 2022. These future tax payments are expected to be $0.9 billion in 2023, $1.2 billion in 2024 and $1.5 billion in 2025.

Debt and Credit Facilities

As of Q322, Gilead had $24.25B of total adjusted debt[1]. Repaid $1.5B in debt in 2022, and $4.75B in 2021.

Senior Unsecured Notes

Maturity		Interest Rate	Principal Amount (M)
2023	September	2.5%	$ 750
	September	0.75%	$ 1,500
2024	April	3.7%	$ 1,750
2025	February	3.5%	$ 1,750
2026	March	3.65%	$ 2,750
2027	March	2.95%	$ 1,250
	October	1.2%	$ 750
2030	October	1.65%	$ 1,000
2031+		Varies	$12,750
		Total	$24,250

Public Debt (Senior Notes)	Q322
Total Adjusted Debt[1]	$24.3B
WAC (%)	3.55%
WAM (years)	~12.8 years

Credit Ratings

Moody's	**A3**
S&P	**BBB+**

	Q321	Q421	Q122	Q222	Q322
Total Adjusted Debt[1]	$26.8B	$25.8B	$25.3B	$25.3B	$24.3B
Adjusted EBITDA[2,3]	$14.2B	$13.8B	$13.8B	$13.8B	$13.2B
Adjusted Debt to Adjusted EBITDA ratio[2,3,4]	1.9x	1.9x	1.8x	1.8x	1.8x

[1] Total adjusted debt represents outstanding senior unsecured notes. Excludes a funding agreement with RPI Finance Trust that was assumed as part of our acquisition of Immunomedics under which Immunomedics received cash in exchange for perpetual, tiered royalty payments on worldwide sales of Trodelvy. This funding agreement is classified as debt. Adjusted Debt excludes future tax payments related to remaining obligations for the deemed one-time repatriation transition tax from the Tax Cuts and Jobs Act, totaling $3.5 billion as of September 30, 2022. These future tax payments are expected to be $0.9 billion in 2023, $1.2 billion in 2024 and $1.5 billion in 2025.

[2] A reconciliation between GAAP and non-GAAP financial information is provided in the Q3 22 Earnings Presentation, available at investors.gilead.com

[3] Represents the last twelve months of adjusted EBITDA.

[4] Adjusted EBITDA and Adjusted Debt to Adjusted EBITDA ratio are non-GAAP performance measures used by our investors and analysts to assess the overall operating performance in the context of financial leverage.

Financials FAQ

(in millions, except percentages and per share amounts)	Q322
Revenues:	
Product Sales	$6,978
Royalty, contract and other revenues	$ 64
Total revenues	$7,042
Non-GAAP:	
Cost of goods sold	$ 923
Product gross margin	86.8%
Research and development expenses	$1,173
Research and development expenses as a % of revenues	16.7%
Acquired in-process research and development expenses	$ 448
Selling, general and administrative expenses	$1,212
Selling, general and administrative expenses as a % of revenues	17.2%
Operating income	$3,286
Operating margin	46.7%
Other income (expense), net	$ 20
Net income attributable to Gilead	$2,391
Diluted EPS	$ 1.90
Effective tax rate	22.4%

Q What is included in Revenues?

Revenues reflect both "Product Sales" and "Royalty, Contract and Other Revenues."

- **Product Sales** is the total sales from our medicines sold in the U.S., Europe, and in all other geographies, net of rebates, chargebacks, discounts and other adjustments.
- **Royalty, Contract and Other Revenues** reflect sales or royalties earned from sales by our partners such as Japan Tobacco, our partner for elvitegravir in Japan. In this line item, we also recognize royalties from Tamiflu.

Q Which programs did Gilead invest in most in 2022?

Oncology R&D will comprise the majority of the full-year R&D investment followed by Virology R&D.

Q How has the Acquired IPR&D reporting change impacted Gilead?

Beginning in the first quarter of 2022, expenses related to development milestones and other collaboration payments made prior to regulatory approval of a developed product were reclassified from R&D expenses to Acquired IPR&D expenses.

Q What is in "Other Income (expense), net"?

On a non-GAAP basis, this line item reflects interest income, foreign exchange gains/losses, and gains/losses from sales of debt securities.

Q How would a change in the U.S. corporate tax rate impact Gilead?

Our effective tax rate has generally aligned with the U.S. corporate tax rate.

Non-GAAP financial information generally excludes acquisition-related expenses including amortization of acquired intangible assets and inventory step-up charges, and other items that are considered unusual or not representative of underlying trends of Gilead's business, fair value adjustments of equity securities and discrete and related tax charges or benefits associated with changes in tax related laws and guidelines. A reconciliation between GAAP and non-GAAP financial information is provided in the tables on pages 56-59.

Financials

Condensed Consolidated Balance Sheets (unaudited)

	2020				2021				2022		
(in millions)	Mar 31	Jun 30	Sep 30	Dec 31	Mar 31	Jun 30	Sep 30	Dec 31	Mar 31	Jun 30	Sep 30
Assets											
Cash, cash equivalents and marketable securities	$24,314	$21,190	$26,049	$ 7,910	$ 6,245	$ 7,361	$ 6,837	$ 7,829	$ 6,752	$ 7,000	$ 6,942
Accounts receivable, net	3,907	3,194	3,913	4,892	3,925	4,149	4,566	4,493	3,787	4,118	4,354
Inventories	2,021	1,967	1,953	3,014	2,996	2,988	2,797	2,734	2,675	2,587	2,602
Property, plant and equipment, net	4,564	4,653	4,810	4,967	4,990	4,996	5,037	5,121	5,253	5,299	5,349
Intangible assets, net	13,502	13,225	12,939	33,126	34,781	34,341	33,900	33,455	30,331	29,885	29,440
Goodwill	4,117	4,117	4,117	8,108	8,334	8,334	8,332	8,332	8,314	8,314	8,314
Other assets	7,316	7,588	7,097	6,390	6,221	5,815	5,629	5,988	5,968	5,667	5,556
Total assets	$59,741	$55,934	$60,878	$68,407	$67,492	$67,984	$67,098	$67,952	$63,080	$62,870	$62,557
Liabilities and Stockholders' Equity											
Current liabilities	$ 8,879	$10,564	$ 9,509	$11,397	$ 9,705	$10,214	$10,245	$11,610	$ 8,558	$ 9,220	$10,423
Long-term liabilities	28,683	27,228	33,898	38,789	38,823	38,060	35,382	35,278	34,607	33,435	31,077
Stockholders' equity	22,179	18,142	17,471	18,221	18,964	19,710	21,471	21,064	19,915	20,215	21,057
Total liabilities and stockholders' equity	$59,741	$55,934	$60,878	$68,407	$67,492	$67,984	$67,098	$67,952	$63,080	$62,870	$62,557

Certain amounts and percentages may not sum or recalculate due to rounding.

Condensed Consolidated Statements of Operations - GAAP (unaudited)

	2020					2021					2022		
(in millions, except percentages and per share amounts)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Revenues:													
Product sales	$5,467	$ 5,067	$6,493	$7,328	$24,355	$6,340	$6,152	$7,356	$7,160	$27,008	$ 6,534	$6,138	$6,978
Royalty, contract and other revenues	81	76	84	93	334	83	65	65	84	297	56	122	64
Total revenues	5,548	5,143	6,577	7,421	24,689	6,423	6,217	7,421	7,244	27,305	6,590	6,260	7,042
Costs and expenses:													
Cost of goods sold	969	1,064	1,141	1,398	4,572	1,361	1,390	1,223	2,627	6,601	1,424	1,442	1,395
Research and development expenses	994	1,290	1,153	1,490	4,927	1,050	1,092	1,101	1,358	4,601	1,178	1,102	1,149
Acquired in-process research and development expenses	107	4,533	1,176	152	5,968	67	138	65	669	939	8	330	448
In-process research and development impairment	—	—	—	—	—	—	—	—	—	—	2,700	—	—
Selling, general and administrative expenses	1,076	1,239	1,106	1,730	5,151	1,055	1,351	1,190	1,650	5,246	1,083	1,357	1,213
Total costs and expenses	3,146	8,126	4,576	4,770	20,618	3,533	3,971	3,579	6,304	17,387	6,393	4,231	4,205
Income (loss) from operations	2,402	(2,983)	2,001	2,651	4,071	2,890	2,246	3,842	940	9,918	197	2,029	2,837
Interest expense	(241)	(240)	(236)	(267)	(984)	(257)	(256)	(250)	(238)	(1,001)	(238)	(242)	(229)
Other income (expense), net	(158)	250	(940)	(570)	(1,418)	(369)	(173)	(154)	57	(639)	(111)	(284)	(176)
Income (loss) before income taxes	2,003	(2,973)	825	1,814	1,669	2,264	1,817	3,438	759	8,278	(152)	1,503	2,432
Income tax (expense) benefit	(465)	(373)	(472)	(270)	(1,580)	(542)	(300)	(852)	(383)	(2,077)	164	(368)	(646)
Net income (loss)	1,538	(3,346)	353	1,544	89	1,722	1,517	2,586	376	6,201	12	1,135	1,786
Net loss attributable to noncontrolling interest	13	7	7	7	34	7	5	6	6	24	7	9	3
Net income (loss) attributable to Gilead	$1,551	$(3,339)	$ 360	$1,551	$ 123	$1,729	$1,522	$2,592	$ 382	$ 6,225	$ 19	$1,144	$1,789
Net income (loss) per share attributable to Gilead common stockholders - basic	$ 1.23	$ (2.66)	$ 0.29	$ 1.24	$ 0.10	$ 1.38	$ 1.21	$ 2.06	$ 0.30	$ 4.96	$ 0.02	$ 0.91	$ 1.43
Shares used in per share calculation - basic	1,262	1,255	1,255	1,255	1,257	1,256	1,255	1,256	1,256	1,256	1,255	1,256	1,255
Net income (loss) per share attributable to Gilead common stockholders - diluted	$ 1.22	$ (2.66)	$ 0.29	$ 1.23	$ 0.10	$ 1.37	$ 1.21	$ 2.05	$ 0.30	$ 4.93	$ 0.02	$ 0.91	$ 1.42
Shares used in per share calculation - diluted	1,270	1,255	1,261	1,259	1,263	1,262	1,260	1,262	1,262	1,262	1,262	1,260	1,261
Cash dividends declared per share	$ 0.68	$ 0.68	$ 0.68	$ 0.68	$ 2.72	$ 0.71	$ 0.71	$ 0.71	$ 0.71	$ 2.84	$ 0.73	$ 0.73	$ 0.73
Product gross margin	82.3%	79.0%	82.4%	80.9%	81.2%	78.5%	77.4%	83.4%	63.3%	75.6%	78.2%	76.5%	80.0%
Research and development expenses as a % of revenues	17.9%	25.1%	17.5%	20.1%	20.0%	16.3%	17.6%	14.8%	18.7%	16.9%	17.9%	17.6%	16.3%
Selling, general and administrative expenses as a % of revenues	19.4%	24.1%	16.8%	23.3%	20.9%	16.4%	21.7%	16.0%	22.8%	19.2%	16.4%	21.7%	17.2%
Operating margin	43.3%	(58.0)%	30.4%	35.7%	16.5%	45.0%	36.1%	51.8%	13.0%	36.3%	3.0%	32.4%	40.3%
Effective tax rate	23.2%	(12.5)%	57.2%	14.9%	94.7%	23.9%	16.5%	24.8%	50.5%	25.1%	107.9%	24.5%	26.6%

Certain amounts and percentages may not sum or recalculate due to rounding.

Selected Cash Flow Information (unaudited)

	2020					2021					2022		
(in millions)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Net cash provided by operating activities	$ 1,436	$ 2,566	$ 2,250	$ 1,916	$ 8,168	$ 2,610	$2,316	$ 3,253	$ 3,205	$11,384	$ 1,840	$ 1,802	$ 2,863
Net cash used in investing activities	(344)	(5,023)	(271)	(8,977)	(14,615)	(2,042)	(577)	(234)	(278)	(3,131)	(1,070)	(308)	(713)
Net cash provided by (used in) financing activities	(2,611)	(874)	4,124	131	770	(2,477)	(931)	(3,527)	(1,942)	(8,877)	(1,794)	(1,003)	(2,118)
Effect of exchange rate changes on cash and cash equivalents	(61)	26	37	41	43	(23)	20	(23)	(9)	(35)	(18)	(48)	(72)
Net change in cash and cash equivalents	(1,580)	(3,305)	6,140	(6,889)	(5,634)	(1,932)	828	(531)	976	(659)	(1,042)	443	(40)
Cash and cash equivalents, beginning of period	11,631	10,051	6,746	12,886	11,631	5,997	4,065	4,893	4,362	5,997	5,338	4,296	4,739
Cash and cash equivalents, end of period	$10,051	$ 6,746	$12,886	$ 5,997	$ 5,997	$ 4,065	$4,893	$ 4,362	$ 5,338	$ 5,338	$ 4,296	$ 4,739	$ 4,699

	2020					2021					2022		
(in millions)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Net cash provided by operating activities	$ 1,436	$ 2,566	$ 2,250	$ 1,916	$ 8,168	$ 2,610	$2,316	$ 3,253	$ 3,205	$11,384	$ 1,840	$ 1,802	$ 2,863
Capital expenditures	(171)	(143)	(155)	(181)	(650)	(165)	(119)	(139)	(156)	(579)	(247)	(143)	(157)
Free cash flow[1]	$ 1,265	$ 2,423	$ 2,095	$ 1,735	$ 7,518	$ 2,445	$2,197	$ 3,114	$ 3,049	$10,805	$ 1,593	$ 1,659	$ 2,706

Certain amounts and percentages may not sum or recalculate due to rounding.

(1) Free cash flow is a non-GAAP liquidity measure. Please refer to our disclosures in the Non-GAAP Financial Information section on Page 66.

Non-GAAP Financial Information[1] (unaudited)

(in millions, except percentages and per share amounts)	2020					2021					2022		
	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Non-GAAP:													
Cost of goods sold	$ 703	$ 798	$ 875	$ 918	$3,294	$ 855	$ 836	$ 736	$2,111	$4,538	$ 825	$ 886	$ 923
Research and development expenses	$ 994	$1,177	$1,150	$1,424	$4,745	$1,044	$1,042	$1,063	$1,315	$4,464	$1,150	$1,102	$1,173
Acquired in-process research and development expenses	$ 107	$4,533	$1,176	$ 152	$5,968	$ 67	$ 138	$ 65	$ 669	$ 939	$ 8	$ 330	$ 448
Selling, general and administrative expenses	$1,076	$1,164	$1,095	$1,499	$4,834	$1,033	$1,121	$1,178	$1,642	$4,974	$1,083	$1,272	$1,212
Other income (expense), net	$ 125	$ 49	$ 29	$ 46	$ 249	$ (18)	$ 1	$ (12)	$ —	$ (29)	$ (15)	$ 20	$ 20
Diluted EPS	$ 1.63	$ (2.48)	$ 1.29	$ 2.15	$ 2.59	$ 2.04	$ 1.81	$ 2.65	$ 0.69	$ 7.18	$ 2.12	$ 1.58	$ 1.90
Product gross margin	87.1%	84.3%	86.5%	87.5%	86.5%	86.5%	86.4%	90.0%	70.5%	83.2%	87.4%	85.6%	86.8%
Research and development expenses as a % of revenues	17.9%	22.9%	17.5%	19.2%	19.2%	16.3%	16.8%	14.3%	18.2%	16.3%	17.5%	17.6%	16.7%
Selling, general and administrative expenses as a % of revenues	19.4%	22.6%	16.6%	20.2%	19.6%	16.1%	18.0%	15.9%	22.7%	18.2%	16.4%	20.3%	17.2%
Operating margin	48.1%	(49.2)%	34.7%	46.2%	23.7%	53.3%	49.5%	59.0%	20.8%	45.4%	53.5%	42.7%	46.7%
Effective tax rate	19.6%	(14.7)%	22.1%	15.7%	36.4%	18.4%	19.5%	18.9%	32.2%	20.4%	18.4%	19.3%	22.4%

Certain amounts and percentages may not sum or recalculate due to rounding.

[1] Please refer to our disclosures in the Non-GAAP Financial Information page 66. A reconciliation between GAAP and non-GAAP financial information is provided in the tables on pages 56-59. Beginning in the first quarter of 2022, consistent with recent industry communications from the U.S. Securities and Exchange Commission, the Company no longer excludes acquired IPR&D expenses from its non-GAAP financial measures. Prior period non-GAAP financial measures are revised to conform to the new presentation.

Reconciliation of GAAP to Non-GAAP Financial Information (unaudited)

(in millions, except percentages and per share amounts)	2020 Q1	2020 Q2	2020 Q3	2020 Q4	FY20	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3
Cost of goods sold reconciliation:													
GAAP cost of goods sold	$ 969	$ 1,064	$1,141	$1,398	$ 4,572	$1,361	$1,390	$1,223	$2,627	$ 6,601	$ 1,424	$1,442	$1,395
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	(266)	(266)	(266)	(417)	(1,215)	(506)	(554)	(487)	(516)	(2,063)	(557)	(556)	(472)
Acquisition-related – other costs[1]	—	—	—	(63)	(63)	—	—	—	—	—	—	—	—
Other[2]	—	—	—	—	—	—	—	—	—	—	(42)	0	(0)
Non-GAAP cost of goods sold	$ 703	$ 798	$ 875	$ 918	$ 3,294	$ 855	$ 836	$ 736	$2,111	$ 4,538	$ 825	$ 886	$ 923
Product gross margin reconciliation:													
GAAP product gross margin	82.3%	79.0%	82.4%	80.9%	81.2%	78.5%	77.4%	83.4%	63.3%	75.6%	78.2%	76.5%	80.0%
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	4.9%	5.2%	4.1%	5.7%	5.0%	8.0%	9.0%	6.6%	7.2%	7.6%	8.5%	9.1%	6.8%
Acquisition-related – other costs[1]	—%	—%	—%	0.9%	0.3%	—%	—%	—%	—%	—%	—%	—%	—%
Other[2]	—%	—%	—%	—%	—%	—%	—%	—%	—%	—%	0.6%	—%	—%
Non-GAAP product gross margin	87.1%	84.3%	86.5%	87.5%	86.5%	86.5%	86.4%	90.0%	70.5%	83.2%	87.4%	85.6%	86.8%
Research and development expenses reconciliation:													
GAAP research and development expenses	$ 994	$ 1,290	$1,153	$1,490	$ 4,927	$1,050	$1,092	$1,101	$1,358	$ 4,601	$ 1,178	$1,102	$1,149
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	—	—	—	—	—	—	—	(67)	(42)	(109)	—	—	—
Acquisition-related – other costs[1]	—	(113)	(3)	(66)	(182)	(6)	(6)	(2)	—	(14)	(10)	—	24
Other[2]	—	—	—	—	—	—	(44)	31	(1)	(14)	(18)	—	(0)
Non-GAAP research and development expenses	$ 994	$ 1,177	$1,150	$1,424	$ 4,745	$1,044	$1,042	$1,063	$1,315	$ 4,464	$ 1,150	$1,102	$1,173
IPR&D impairment reconciliation:													
GAAP IPR&D impairment	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ 2,700	$ —	$ —
IPR&D impairment	—	—	—	—	—	—	—	—	—	—	(2,700)	—	—
Non-GAAP IPR&D impairment	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —
Selling, general and administrative expenses reconciliation:													
GAAP selling, general and administrative expenses	$1,076	$ 1,239	$1,106	$1,730	$ 5,151	$1,055	$1,351	$1,190	$1,650	$ 5,246	$ 1,083	$1,357	$1,213
Acquisition-related – other costs[1]	—	(77)	(12)	(230)	(319)	(22)	(10)	(10)	(3)	(45)	—	—	(2)
Other[2]	—	2	1	(1)	2	—	(220)	(2)	(5)	(227)	—	(85)	1
Non-GAAP selling, general and administrative expenses	$1,076	$ 1,164	$1,095	$1,499	$ 4,834	$1,033	$1,121	$1,178	$1,642	$ 4,974	$ 1,083	$1,272	$1,212

Please refer to Page 59 for footnotes.

Reconciliation of GAAP to Non-GAAP Financial Information (unaudited) continued

(in millions, except percentages and per share amounts)	2020 Q1	2020 Q2	2020 Q3	2020 Q4	FY20	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3
Income (loss) from operations reconciliation:													
GAAP income (loss) from operations	$2,402	$(2,983)	$2,001	$2,651	$ 4,071	$2,890	$2,246	$3,842	$ 940	$ 9,918	$ 197	$2,029	$2,836
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	266	266	266	417	1,215	506	554	554	558	2,172	557	556	472
Acquisition-related – other costs[1]	—	190	15	359	564	28	16	12	3	59	10	—	(22)
IPR&D impairment	—	—	—	—	—	—	—	—	—	—	2,700	—	—
Other[2]	—	(2)	(1)	1	(2)	—	264	(29)	6	241	60	85	(1)
Non-GAAP income (loss) from operations	$2,668	$(2,529)	$ 2,281	$3,428	$ 5,848	$3,424	$3,080	$4,379	$ 1,507	$12,390	$ 3,524	$2,670	$3,286
Operating margin reconciliation:													
GAAP operating margin	43.3%	(58.0)%	30.4%	35.7%	16.5%	45.0%	36.1%	51.8%	13.0%	36.3%	3.0%	32.4%	40.3%
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	4.8%	5.2%	4.0%	5.6%	4.9%	7.9%	8.9%	7.5%	7.7%	8.0%	8.5%	8.9%	6.7%
Acquisition-related – other costs[1]	—%	3.7%	0.2%	4.8%	2.3%	0.4%	0.3%	0.2%	0.1%	0.2%	0.2%	—%	(0.3)%
IPR&D impairment	—%	—%	—%	—%	—%	—%	—%	—%	—%	—%	41.0%	—%	—%
Other[2]	—%	—%	—%	—%	—%	—%	4.2%	(0.4)%	—%	0.9%	0.9%	1.4%	—%
Non-GAAP operating margin	48.1%	(49.2)%	34.7%	46.2%	23.7%	53.3%	49.5%	59.0%	20.8%	45.4%	53.5%	42.7%	46.7%
Other income (expense), net reconciliation:													
GAAP other income (expense), net	$ (158)	$ 250	$ (940)	$ (570)	$(1,418)	$ (369)	$ (173)	$ (154)	$ 57	$ (639)	$ (111)	$ (284)	$ (176)
Loss (gain) from equity securities, net	283	(201)	969	616	1,667	351	174	142	(57)	610	96	303	197
Non-GAAP other income (expense), net	$ 125	$ 49	$ 29	$ 46	$ 249	$ (18)	$ 1	$ (12)	$ —	$ (29)	$ (15)	$ 20	$ 20
Effective tax rate reconciliation:													
GAAP effective tax rate	23.2%	(12.5)%	57.2%	14.9%	94.7%	23.9%	16.5%	24.8%	50.5%	25.1%	107.9%	24.5%	26.6%
Income tax effect of above non-GAAP adjustments and discrete and related tax adjustments[3]	(3.6)%	(2.2)%	(35.1)%	0.8%	(58.3)%	(5.6)%	3.0%	(5.9)%	(18.3)%	(4.7)%	(89.5)%	(5.2)%	(4.1)%
Non-GAAP effective tax rate	19.6%	(14.7)%	22.1%	15.7%	36.4%	18.4%	19.5%	18.9%	32.2%	20.4%	18.4%	19.3%	22.4%
Net income (loss) attributable to Gilead reconciliation:													
GAAP net income (loss) attributable to Gilead	$1,551	$(3,339)	$ 360	$1,551	$ 123	$1,729	$1,522	$2,592	$ 382	$ 6,225	$ 19	$1,144	$1,789
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	224	224	225	329	1,002	409	446	446	449	1,750	443	442	379
Acquisition-related – other costs[1]	—	148	11	286	445	22	15	9	—	46	10	—	(23)
IPR&D impairment	—	—	—	—	—	—	—	—	—	—	2,057	—	—
Other[2]	—	(2)	—	—	(2)	—	166	(23)	3	146	45	59	—

Please refer to Page 59 for footnotes.

Reconciliation of GAAP to Non-GAAP Financial Information (unaudited) continued

(in millions, except percentages and per share amounts)	2020 Q1	2020 Q2	2020 Q3	2020 Q4	FY20	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3
Net income (loss) attributable to Gilead reconciliation:													
Loss (gain) from equity securities, net	256	(149)	983	628	1,718	364	169	154	(56)	631	64	308	198
Discrete and related tax charges[3]	33	4	45	(82)	—	54	(40)	165	88	267	38	31	49
Non-GAAP net income (loss) attributable to Gilead	$2,064	$(3,114)	$1,624	$2,721	$ 3,286	$2,578	$2,278	$3,343	$ 866	$ 9,065	$ 2,676	$1,985	$2,391
Diluted earnings (loss) per share reconciliation:													
GAAP diluted earnings (loss) per share	$ 1.22	$ (2.66)	$ 0.29	$ 1.23	$ 0.10	$ 1.37	$ 1.21	$ 2.05	$ 0.30	$ 4.93	$ 0.02	$ 0.91	$ 1.42
Acquisition-related – amortization of acquired intangibles and inventory step-up charges	0.18	0.18	0.18	0.26	0.79	0.32	0.35	0.35	0.36	1.39	0.35	0.35	0.30
Acquisition-related – other costs[1]	—	0.12	0.01	0.23	0.35	0.02	0.01	0.01	—	0.04	0.01	—	(0.02)
IPR&D impairment	—	—	—	—	—	—	—	—	—	—	1.63	—	—
Other[2]	—	—	—	—	—	—	0.13	(0.01)	—	0.11	0.04	0.05	—
Loss (gain) from equity securities, net	0.20	(0.12)	0.78	0.50	1.36	0.29	0.13	0.12	(0.04)	0.50	0.05	0.24	0.16
Discrete and related tax charges[3]	0.03	—	0.04	(0.07)	—	0.04	(0.03)	0.13	0.07	0.21	0.03	0.02	0.04
Non-GAAP diluted earnings (loss) per share	$ 1.63	$ (2.48)	$ 1.29	$ 2.15	$ 2.59	$ 2.04	$ 1.81	$ 2.65	$ 0.69	$ 7.18	$ 2.12	$ 1.58	$ 1.90
Non-GAAP adjustment summary:													
Cost of goods sold adjustments	$ 266	$ 266	$ 266	$ 480	$ 1,278	$ 506	$ 554	$ 487	$ 516	$ 2,063	$ 599	$ 556	$ 472
Research and development expenses adjustments	—	113	3	66	182	6	50	38	43	137	28	—	(24)
IPR&D impairment adjustments	—	—	—	—	—	—	—	—	—	—	2,700	—	—
Selling, general and administrative expenses adjustments	—	75	11	231	317	22	230	12	8	272	—	85	1
Total non-GAAP adjustments before other income (expense), net, and income taxes	$ 266	$ 454	$ 280	$ 777	$ 1,777	$ 534	$ 834	$ 537	$ 567	$ 2,472	$ 3,327	$ 641	$ 450

Please refer to Page 59 for footnotes.

Reconciliation of GAAP to Non-GAAP Financial Information (unaudited) continued

	2020					2021					2022		
(in millions, except percentages and per share amounts)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Other income (expense), net, adjustments	283	(201)	969	616	1,667	351	174	142	(57)	610	96	303	197
Total non-GAAP adjustments before income taxes	549	253	1,249	1,393	3,444	885	1,008	679	510	3,082	3,423	945	646
Income tax effect of non-GAAP adjustments above	(69)	(32)	(30)	(150)	(281)	(90)	(212)	(93)	(114)	(509)	(803)	(135)	(93)
Discrete and related tax charges[3]	33	4	45	(82)	—	54	(40)	165	88	267	38	31	49
Total non-GAAP adjustments after tax	$ 513	$ 225	$1,264	$1,161	$ 3,163	$ 849	$ 756	$ 751	$ 484	$ 2,840	$ 2,657	$ 841	$ 602

Certain amounts and percentages may not sum or recalculate due to rounding.

(1) Primarily includes employee-related expenses, contingent consideration fair value adjustments and other expenses associated with Gilead's acquisitions of Immunomedics, Inc., Forty Seven, Inc., MYR GmbH and MiroBio, Ltd.

(2) Primarily includes (i) various restructuring expenses and (ii) expenses related to donations of equity securities to the Gilead Foundation, a California nonprofit organization.

(3) Includes discrete and related deferred tax charges or benefits primarily associated with acquired intangible assets and transfers of intangible assets from a foreign subsidiary to Ireland and the United States.

Total Revenue Summary (unaudited)

	2020					2021					2022		
(in millions)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Product sales[1]:													
HIV	$4,134	$4,000	$4,547	$4,257	$16,938	$3,650	$3,938	$4,189	$4,538	$16,315	$3,707	$4,228	$4,487
HCV	729	448	464	423	2,064	510	549	429	393	1,881	399	448	524
HBV/HDV	186	219	211	244	860	220	237	247	265	969	235	234	264
Cell therapy	140	157	147	163	607	191	219	222	239	871	274	368	398
Trodelvy	—	—	—	49	49	72	89	101	118	380	146	159	180
Other	278	243	251	254	1,026	241	291	245	250	1,027	236	256	200
Total product sales excluding Veklury	$5,467	$5,067	5,620	5,390	21,544	4,884	5,323	5,433	5,803	21,443	4,998	5,693	6,053
Veklury	—	—	873	1,938	2,811	1,456	829	1,923	1,357	5,565	1,535	445	925
Total product sales	$5,467	$5,067	6,493	7,328	24,355	6,340	6,152	7,356	7,160	27,008	6,534	6,138	6,978
Royalty, contract and other revenues	81	76	84	93	334	83	65	65	84	297	56	122	64
Total revenues	$5,548	$5,143	$6,577	$7,421	$24,689	$6,423	$6,217	$7,421	$7,244	$27,305	$6,590	$6,260	$7,042

Certain amounts and percentages may not sum or recalculate due to rounding.

[1] See Product Sales Summary on pages 61-65 for more details.

Product Sales Summary (unaudited)

	2020					2021					2022		
(in millions)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
HIV													
Biktarvy – U.S.	1,412	1,350	1,584	1,749	6,095	1,465	1,586	1,875	2,123	7,049	1,706	2,095	2,286
Biktarvy – Europe	181	153	194	207	735	216	237	254	262	969	261	268	278
Biktarvy – Other Intl	100	101	113	115	429	143	171	147	145	606	184	193	201
	1,693	1,604	1,891	2,071	7,259	1,824	1,994	2,276	2,530	8,624	2,151	2,556	2,766
Complera/Eviplera – U.S.	24	27	26	12	89	25	20	28	29	102	17	20	20
Complera/Eviplera – Europe	47	42	35	35	159	34	39	31	38	142	24	31	21
Complera/Eviplera – Other Intl	5	3	9	4	21	4	3	5	2	14	4	3	3
	76	72	70	51	269	63	62	64	69	258	44	54	43
Descovy – U.S.	363	337	424	402	1,526	282	357	355	403	1,397	311	397	444
Descovy – Europe	61	46	49	41	197	42	44	42	36	164	32	32	28
Descovy – Other Intl	34	34	35	35	138	35	34	36	34	139	31	32	28
	458	417	508	478	1,861	359	435	433	473	1,700	374	460	500
Genvoya – U.S.	612	646	669	678	2,605	506	551	576	634	2,267	457	482	502
Genvoya – Europe	151	109	116	114	490	106	100	100	85	391	77	72	71
Genvoya – Other Intl	61	61	61	60	243	61	55	68	37	221	48	29	27
	824	816	846	852	3,338	673	706	744	756	2,879	582	582	600
Odefsey – U.S.	269	273	309	321	1,172	240	258	275	303	1,076	232	255	276
Odefsey – Europe	127	98	116	109	450	113	111	112	104	440	96	97	86
Odefsey – Other Intl	13	11	12	14	50	14	13	12	13	52	11	12	12
	409	382	437	444	1,672	367	382	399	420	1,568	339	364	374
Stribild – U.S.	34	39	27	25	125	31	35	28	38	132	22	24	22
Stribild – Europe	17	12	13	12	54	11	11	11	10	43	8	8	7
Stribild – Other Intl	2	8	2	5	17	4	5	3	2	14	3	2	3
	53	59	42	42	196	46	51	42	50	189	32	33	32
Truvada – U.S.	383	370	492	131	1,376	119	94	55	46	314	28	24	24
Truvada – Europe	8	6	6	7	27	7	6	5	4	22	4	5	3
Truvada – Other Intl	15	11	11	8	45	9	8	7	11	35	6	5	2
	406	387	509	146	1,448	135	108	67	61	371	38	34	30

Product Sales Summary (unaudited) continued

(in millions)	2020 Q1	2020 Q2	2020 Q3	2020 Q4	FY20	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3
Revenue share – Symtuza[1] – U.S.	72	90	82	87	331	89	86	86	94	355	86	80	85
Revenue share – Symtuza[1] – Europe	38	40	34	37	149	44	40	41	40	165	44	42	40
Revenue share – Symtuza[1] – Other Intl	2	2	2	2	8	2	3	3	3	11	3	4	4
	112	132	118	126	488	135	129	130	137	531	132	126	130
Other HIV[2] – U.S.	84	106	109	33	332	29	57	24	26	136	5	5	1
Other HIV[2] – Europe	9	6	6	5	26	5	8	6	11	30	4	9	6
Other HIV[2] – Other Intl	10	19	11	9	49	14	6	4	5	29	5	4	5
	103	131	126	47	407	48	71	34	42	195	14	18	12
Total HIV – U.S.	3,253	3,238	3,722	3,438	13,651	2,786	3,044	3,302	3,696	12,828	2,862	3,383	3,661
Total HIV – Europe	639	512	569	567	2,287	578	596	602	590	2,366	550	562	541
Total HIV – Other Intl	242	250	256	252	1,000	286	298	285	252	1,121	295	282	285
	4,134	4,000	4,547	4,257	16,938	3,650	3,938	4,189	4,538	16,315	3,707	4,228	4,487
Veklury													
Veklury – U.S.	—	—	785	1,241	2,026	820	416	1,527	877	3,640	801	41	336
Veklury – Europe	—	—	60	547	607	388	264	109	334	1,095	304	126	130
Veklury – Other Intl	—	—	28	150	178	248	149	287	146	830	430	278	458
	—	—	873	1,938	2,811	1,456	829	1,923	1,357	5,565	1,535	445	925
HCV													
Ledipasvir/Sofosbuvir[3] – U.S.	53	24	36	(21)	92	19	30	14	21	84	13	6	8
Ledipasvir/Sofosbuvir[3] – Europe	11	4	11	3	29	16	3	5	7	31	4	4	5
Ledipasvir/Sofosbuvir[3] – Other Intl	48	39	37	27	151	21	29	26	21	97	18	13	12
	112	67	84	9	272	56	62	45	49	212	35	23	25

Certain amounts and percentages may not sum or recalculate due to rounding.

(1) Represents Gilead's revenue from cobicistat ("C"), emtricitabine ("FTC") and tenofovir alafenamide ("TAF") in Symtuza (darunavir/C/FTC/TAF), a fixed dose combination product commercialized by Janssen Sciences Ireland Unlimited Company.

(2) Includes Atripla, Emtriva and Tybost.

(3) Amounts consist of sales of Harvoni and the authorized generic version of Harvoni sold by Gilead's separate subsidiary, Asegua Therapeutics LLC.

Product Sales Summary (unaudited) continued

(in millions)	2020 Q1	2020 Q2	2020 Q3	2020 Q4	FY20	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3
Sofosbuvir/Velpatasvir[4] – U.S.	311	165	170	218	864	214	262	173	166	815	162	227	241
Sofosbuvir/Velpatasvir[4] – Europe	122	57	74	84	337	75	82	77	82	316	83	75	131
Sofosbuvir/Velpatasvir[4] – Other Intl	131	113	86	68	398	92	98	82	59	331	85	74	84
	564	335	330	370	1,599	381	442	332	307	1,462	330	376	455
Other HCV[5] – U.S.	34	31	35	32	132	25	35	37	22	119	24	30	34
Other HCV[5] – Europe	15	9	13	11	48	44	8	12	10	74	8	16	7
Other HCV[5] – Other Intl	4	6	2	1	13	4	2	3	5	14	2	3	2
	53	46	50	44	193	73	45	52	37	207	34	49	44
Total HCV – U.S.	398	220	241	229	1,088	258	327	224	209	1,018	199	263	283
Total HCV – Europe	148	70	98	98	414	135	93	94	99	421	95	94	143
Total HCV – Other Intl	183	158	125	96	562	117	129	111	85	442	105	91	98
	729	448	464	423	2,064	510	549	429	393	1,881	399	448	524
HBV/HDV													
Vemlidy – U.S.	73	76	99	108	356	77	86	103	118	384	80	97	129
Vemlidy – Europe	7	7	8	7	29	8	8	9	9	34	9	9	9
Vemlidy – Other Intl	56	68	70	78	272	96	106	96	98	396	111	89	90
	136	151	177	193	657	181	200	208	225	814	200	195	228
Viread – U.S.	4	3	3	4	14	4	3	1	3	11	—	3	2
Viread – Europe	11	8	8	7	34	7	8	7	6	28	6	6	5
Viread – Other Intl	25	54	21	37	137	20	17	18	17	72	17	15	15
	40	65	32	48	185	31	28	26	26	111	23	24	22
Other HBV/HDV[6] – U.S.	8	1	—	1	10	—	1	—	1	2	—	—	—
Other HBV/HDV[6] – Europe	2	2	2	2	8	8	8	13	13	42	13	15	13
	10	3	2	3	18	8	9	13	14	44	13	16	14

Certain amounts and percentages may not sum or recalculate due to rounding.

[4] Amounts consist of sales of Epclusa and the authorized generic version of Epclusa sold by Gilead's separate subsidiary, Asegua Therapeutics LLC.

[5] Includes Vosevi and Sovaldi.

[6] Includes Hepcludex and Hepsera.

Product Sales Summary (unaudited) continued

	2020					2021					2022		
(in millions)	Q1	Q2	Q3	Q4	FY20	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3
Total HBV/HDV – U.S.	85	80	102	113	380	81	90	104	122	397	80	100	131
Total HBV/HDV – Europe	20	17	18	16	71	23	24	29	28	104	28	30	28
Total HBV/HDV – Other Intl	81	122	91	115	409	116	123	114	115	468	128	104	106
	186	219	211	244	860	220	237	247	265	969	235	234	264
Cell therapy													
Tecartus – U.S.	—	—	5	29	34	27	32	35	42	136	47	53	60
Tecartus – Europe	—	1	4	5	10	4	9	12	15	40	15	20	20
Tecartus – Other International	—	—	—	—	—	—	—	—	—	—	1	—	1
	—	1	9	34	44	31	41	47	57	176	63	73	81
Yescarta – U.S.	103	95	85	79	362	92	108	100	106	406	125	193	210
Yescarta – Europe	37	56	51	47	191	61	61	66	65	253	77	85	91
Yescarta – Other Intl	—	5	2	3	10	7	9	9	11	36	9	17	16
	140	156	138	129	563	160	178	175	182	695	211	295	317
Total cell therapy – U.S.	103	95	90	108	396	119	140	135	148	542	172	246	270
Total cell therapy – Europe	37	57	55	52	201	65	70	78	80	293	92	105	111
Total cell therapy – Other Intl	—	5	2	3	10	7	9	9	11	36	10	17	17
	140	157	147	163	607	191	219	222	239	871	274	368	398
Trodelvy													
Trodelvy[7] – US	—	—	—	49	49	72	89	100	109	370	119	120	139
Trodelvy[7] – Europe	—	—	—	—	—	—	—	1	9	10	25	35	38
Trodelvy[7] – Other International	—	—	—	—	—	—	—	—	—	—	2	3	3
	—	—	—	49	49	72	89	101	118	380	146	159	180

Certain amounts and percentages may not sum or recalculate due to rounding.

[7] Trodelvy sales for the fourth quarter and full year 2020, including the period prior to the completion of Gilead's acquisition of Immunomedics, were $64 million and $137 million, respectively.

Product Sales Summary (unaudited) continued

(in millions)	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2020 FY20	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2021 FY21	2022 Q1	2022 Q2	2022 Q3
Other													
AmBisome – U.S.	18	10	18	15	61	12	13	7	7	39	25	15	9
AmBisome – Europe	59	49	58	64	230	66	69	67	72	274	66	63	63
AmBisome – Other Intl	42	36	35	32	145	43	74	69	41	227	53	54	33
	119	95	111	111	436	121	156	143	120	540	144	132	105
Letairis – U.S.	83	80	78	73	314	54	57	46	49	206	43	49	43
Other[8] – U.S.	49	47	40	40	176	38	37	34	27	136	26	37	28
Other[8] – Europe	24	19	19	22	84	20	31	17	47	115	15	26	11
Other[8] – Other Intl	3	2	3	8	16	8	10	5	7	30	9	13	13
	76	68	62	70	276	66	78	56	81	281	50	76	52
Total other – U.S.	150	137	136	128	551	104	107	87	83	381	94	101	80
Total other – Europe	83	68	77	86	314	86	100	84	119	389	81	88	75
Total other – Other Intl	45	38	38	40	161	51	84	74	48	257	62	67	46
	278	243	251	254	1,026	241	291	245	250	1,027	236	256	200
Total product sales – U.S.	3,989	3,770	5,076	5,306	18,141	4,240	4,213	5,479	5,244	19,176	4,329	4,254	4,900
Total product sales – Europe	927	724	877	1,366	3,894	1,275	1,147	997	1,259	4,678	1,174	1,042	1,064
Total product sales – Other Intl	551	573	540	656	2,320	825	792	880	657	3,154	1,031	842	1,013
	$5,467	$5,067	$6,493	$7,328	$24,355	$6,340	$6,152	$7,356	$7,160	$27,008	$6,534	$6,138	$6,978

Certain amounts and percentages may not sum or recalculate due to rounding.

[8] Includes Cayston, Jyseleca, Ranexa and Zydelig.

Non-GAAP Financial Information

The financial information presented in this document has been prepared in accordance with U.S. generally accepted accounting principles ("GAAP"), unless otherwise noted as non-GAAP. Management believes non-GAAP information is useful for investors, when considered in conjunction with Gilead's GAAP financial information, because management uses such information internally for its operating, budgeting and financial planning purposes. Non-GAAP information is not prepared under a comprehensive set of accounting rules and should only be used to supplement an understanding of Gilead's operating results as reported under GAAP. Non-GAAP financial information generally excludes acquisition-related expenses including amortization of acquired intangible assets and inventory step-up charges, and other items that are considered unusual or not representative of underlying trends of Gilead's business, fair value adjustments of equity securities and discrete and related tax charges or benefits associated with changes in tax related laws and guidelines. Although Gilead consistently excludes the amortization of acquired intangible assets from the non-GAAP financial information, management believes that it is important for investors to understand that such intangible assets were recorded as part of acquisitions and contribute to ongoing revenue generation. Non-GAAP measures may be defined and calculated differently by other companies in the same industry. Reconciliations of the non-GAAP financial measures to the most directly comparable GAAP financial measures are provided, including pages 54 and 56-59, as well as those for Total Adjusted Debt, Adjusted EBITDA and Adjusted Debt to Adjusted EBITDA ratio provided in the Q322 Earnings Presentation, available at investors.gilead.com.

Beginning in the first quarter of 2022, consistent with recent industry communications from the U.S. Securities and Exchange Commission ("SEC"), Gilead no longer excludes the initial costs of acquired IPR&D projects from its non-GAAP financial measures. Prior period non-GAAP financial measures are revised to conform to the new presentation.

Forward-Looking Statements

Statements included in this document that are not historical in nature are forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Gilead cautions readers that forward-looking statements are subject to certain risks and uncertainties that could cause actual results to differ materially. These risks and uncertainties include those relating to: the impact of the COVID-19 pandemic on Gilead's business, financial condition and results of operations; the development, manufacturing and distribution of Veklury as a treatment for COVID-19, including the uncertainty of the amount and timing of future Veklury sales and Gilead's ability to effectively manage the global supply and distribution of Veklury; Gilead's ability to achieve its anticipated full year 2022 financial results, including as a result of potential adverse revenue impacts from COVID-19 and potential revenues from Veklury; Gilead's ability to make progress on any of its long-term ambitions or strategic priorities laid out in its corporate strategy; Gilead's ability to accelerate or sustain revenues for its virology, oncology and other programs; Gilead's ability to realize the potential benefits of acquisitions, collaborations or licensing arrangements; patent protection and estimated loss of exclusivity for our products and product candidates; Gilead's ability to initiate, progress or complete clinical trials within currently anticipated timeframes or at all, the possibility of unfavorable results from ongoing and additional clinical trials, and the risk that safety and efficacy data from clinical trials may not warrant further development of Gilead's product candidates or the product candidates of Gilead's strategic partners; Gilead's ability to submit new drug applications for new product candidates or expanded indications in the currently anticipated timelines; Gilead's ability to receive regulatory approvals in a timely manner or at all, and the risk that any such approvals, if granted, may be subject to significant limitations on use; Gilead's ability to successfully commercialize its products; the risk of potential disruptions to the manufacturing and supply chain of Gilead's products, including the risk that Kite may be unable to increase its manufacturing capacity, timely manufacture and deliver its products or produce an amount of supply sufficient to satisfy demand for such products; pricing and reimbursement pressures from government agencies and other third parties, including required rebates and other discounts; a larger than anticipated shift in payer mix to more highly discounted payer segments; market share and price erosion caused by the introduction of generic versions of Gilead products; the risk that physicians and patients may not see advantages of these products over other therapies and may therefore be reluctant to prescribe the products, and other risks identified from time to time in Gilead's reports filed with the SEC, including annual reports on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. In addition, Gilead makes estimates and judgments that affect the reported amounts of assets, liabilities, revenues and expenses and related disclosures. Gilead bases its estimates on historical experience and on various other market specific and other relevant assumptions that it believes to be reasonable under the circumstances, the results of which form the basis for making judgments about the carrying values of assets and liabilities that are not readily apparent from other sources. There may be other factors of which Gilead is not currently aware that may affect matters discussed in the forward-looking statements and may also cause actual results to differ significantly from these estimates. Further, results for the quarter ended September 30, 2022 are not necessarily indicative of operating results for any future periods. Gilead directs readers to its press releases, annual reports on Form 10-K, quarterly reports on Form 10-Q and other subsequent disclosure documents filed with the SEC. Gilead claims the protection of the Safe Harbor contained in the Private Securities Litigation Reform Act of 1995 for forward-looking statements.

The reader is cautioned that forward-looking statements are not guarantees of future performance and is cautioned not to place undue reliance on these forward-looking statements. All forward-looking statements are based on information currently available to Gilead and Gilead assumes no obligation to update or supplement any such forward-looking statements other than as required by law. Any forward-looking statements speak only as of the date hereof or as of the dates indicated in the statements.