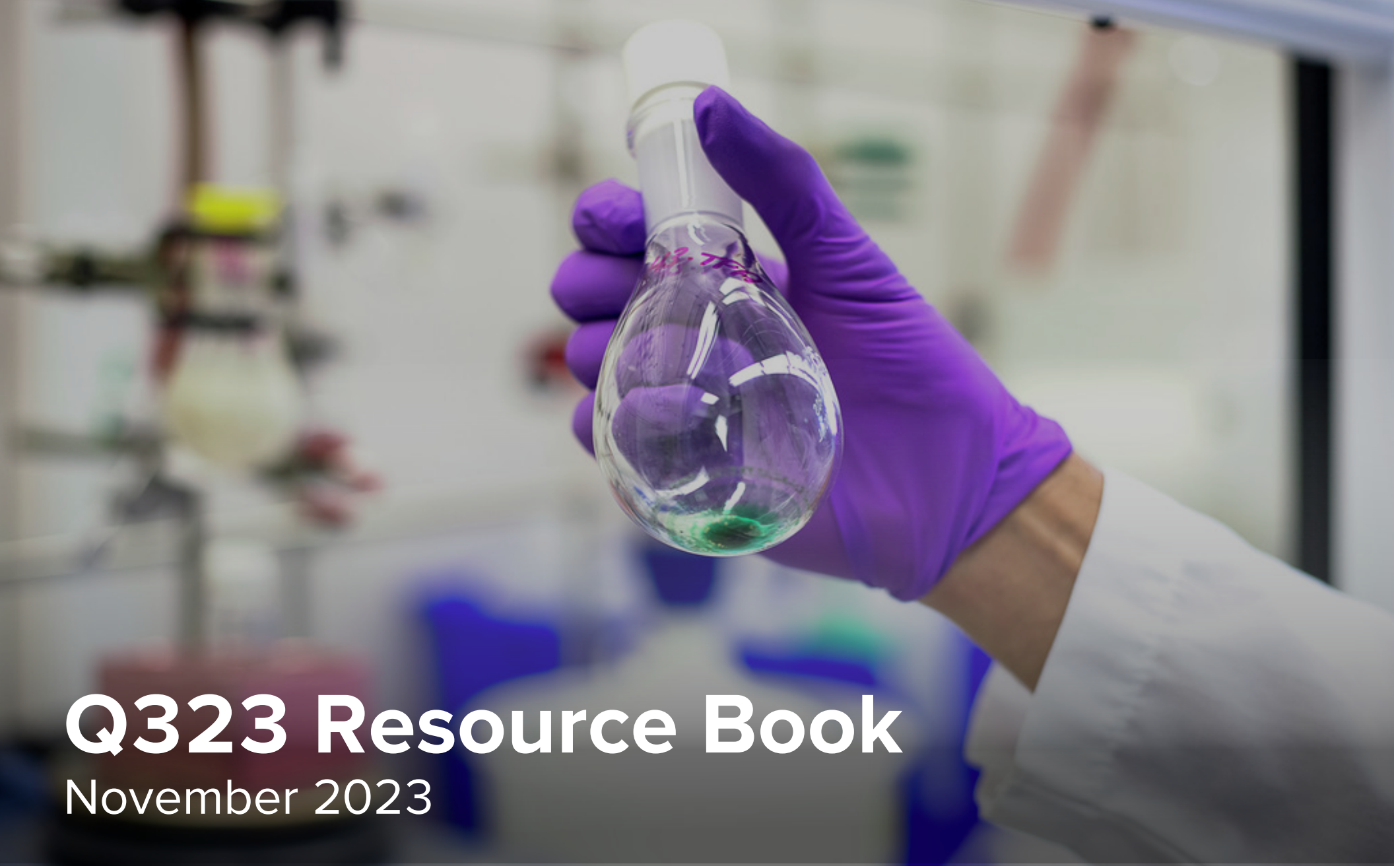

Q323 Resource Book

November 2023

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

Strategic Priorities for 2023+

Maximize near-term revenue growth

Maximize impact of long-acting HIV therapies

Expand and deliver on oncology programs

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 bring you 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.

Jacquie Ross, CFA
Vice President, Investor Relations and Corporate Strategic Finance
Email: investor_relations@gilead.com

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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 HBV, 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 masked that growth.

Since the acquisition of Kite in 2017, Gilead has focused on further diversifying its portfolio into oncology, supported by the acquisitions of Immunomedics and Forty Seven, as well as other collaborations across indications, mechanisms of action, and clinical stages. More recently, Gilead has also begun developing and collaborating on a number of early stage assets in inflammation.

Today, Gilead continues to innovate in virology. In 2020, FDA approved Veklury (remdesivir) as the first treatment for hospitalized patients with COVID-19, and in 2022, we received approvals for Sunlenca (lenacapavir) for heavily treatment experienced people living with HIV. Indeed, we believe the right long-acting regimens could continue our leadership in HIV treatment, with the potential to catalyze the prevention market.

In summary, Gilead is building on our established track record in HIV and HCV, and extending into a more diversified and impactful portfolio, including delivering 11% of product sales from oncology in Q323 up from just 2% in Q320.

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 oral combination HCV cure, 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 U.S. FDA and European MAA authorizations

Progress on Gilead's Transformation

Chief Executive Officer and Chairman Daniel O'Day joined Gilead in March 2019, and announced a new strategic direction in January 2020. In the almost four years since, Gilead has made strong progress on achieving its strategic clinical and commercial goals, as well as diversifying and strengthening of the early pipeline through internal and external innovation and collaboration.

New Products with 10[1] Approved Indications, including 7 in Oncology

TRODELVY® sacituzumab govitecan

Veklury® remdesivir 100 MG FOR INJECTION

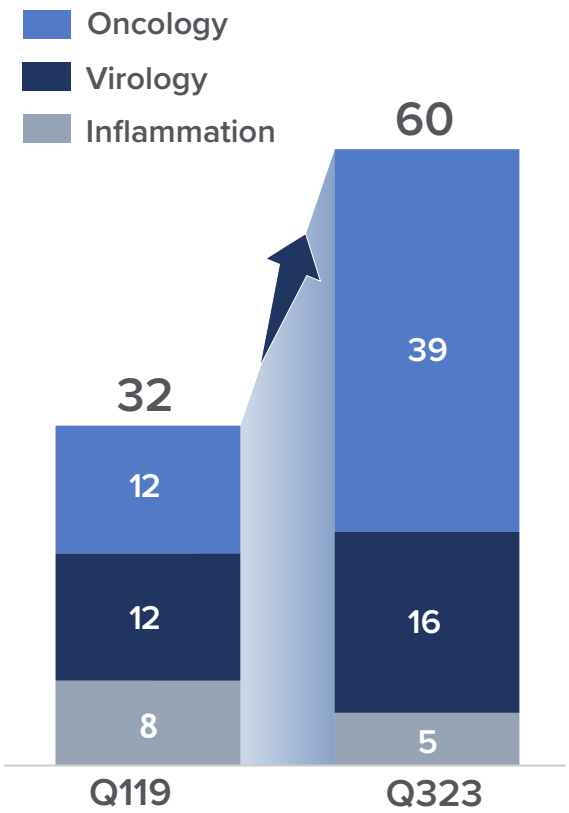
HEPCLUDEX® bulevirtide 2mg

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Sunlenca® (lenacapavir) injection 463.5 mg/1.5 mL

88% Increase in Pipeline Portfolio[2]



Pipeline Bolstered with M&A and Partnerships

Immunomedics

assemblybio

mirobio

TMUNITY

ARCELLX

ARCUS BIOSCIENCES

Dragonfly THERAPEUTICS

Galápagos

EVOQ THERAPEUTICS

FORTY SEVEN

MYR

MACROGENICS

MERCK

XinThera

nurix

TANGO therapeutics

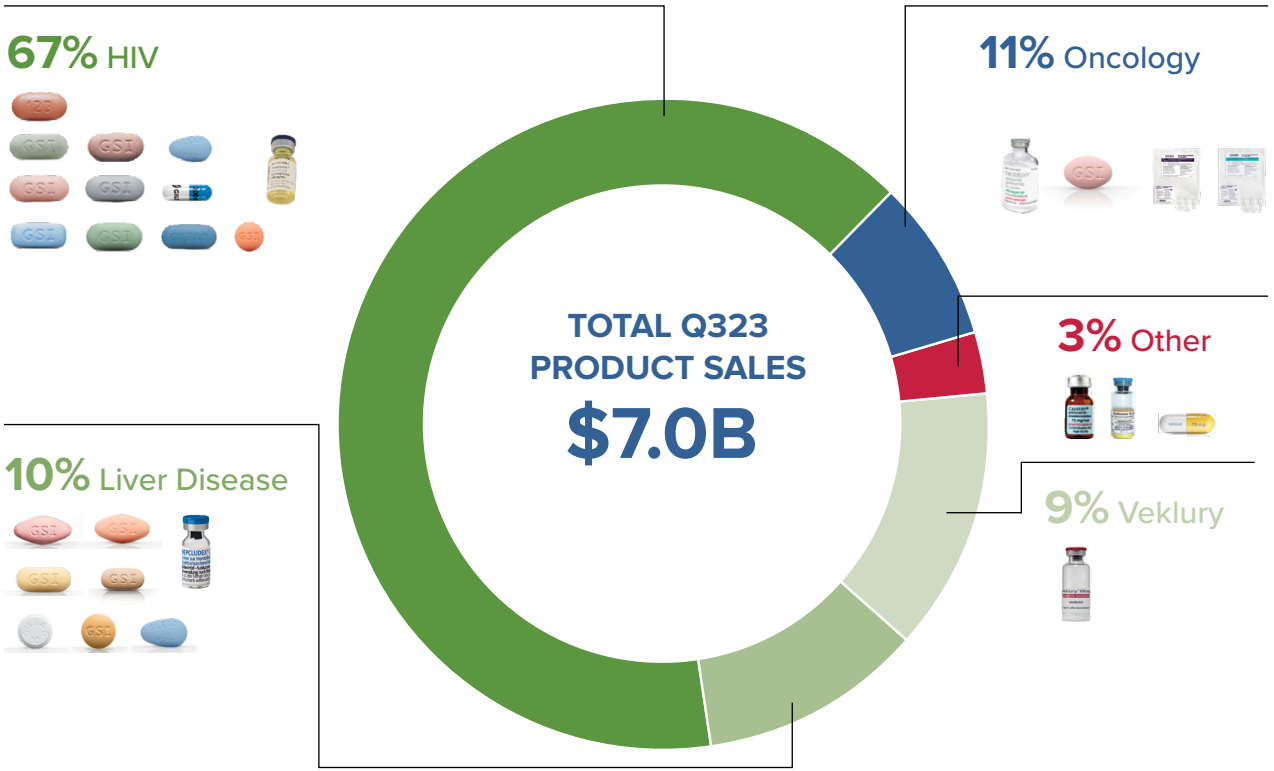
TENTARIX BIOTHERAPEUTICS

epic bio

1. Since Q1 2019. Approved indications reflects first approval in a major market or new indications: Trodelvy in metastatic urothelial carcinoma (2021, accelerated), metastatic triple-negative breast cancer (2021), and HR+/HER2- metastatic breast cancer (2023); Yescarta in follicular lymphoma (2021), and large B-cell lymphoma (2022); Veklury in COVID-19 (2020); Tecartus in mantle cell lymphoma (2020, accelerated), and acute lymphoblastic leukemia (2021); Hepcludex in hepatitis Delta virus (2020 Europe, not approved in U.S.); and Sunlenca in heavily treatment-experienced HIV (2022). Does not include line extensions (e.g., expanded pediatric label). 2. Since Q1 2019. Program count does not include potential partner opt-in programs or programs that have received both FDA and EC approval.

Our Business

Gilead is best known for pioneering therapies in HIV and HCV, with the latter delivering 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 – all to create the foundation for a more sustainable and diversified business. As a result, our financial results now include growing contributions from our Oncology businesses, driven by both Cell Therapy and Trodelvy.



Virology

HIV Q323 Revenue of $4.7B, +4% YoY
Q323 sales increased 4% year-over-year, largely due to growth in Biktarvy ($3.1B, +12% YoY). Biktarvy's increase was primarily driven by higher demand, as well as favorable channel inventory.

Liver Disease Q323 Revenue of $706M, -10% YoY
Q323 sales for the Liver Disease portfolio, which includes HCV, HBV, and HDV, decreased 10% year-over-year, as higher HCV patient starts were more than offset by unfavorable pricing dynamics, primarily due to an HCV rebate claim resolution in Q322.

Veklury Q323 Revenue of $636M, -31% YoY
Q323 Veklury sales decreased 31% year-over-year, driven by lower rates of COVID-19 related hospitalizations in all regions.

Oncology

In Q323, Gilead Oncology revenue was $769M, +33% YoY.

Cell Therapy Q323 Revenue of $486M, +22% YoY
Q323 sales increased 22% year-over-year, driven by strong underlying demand in 2L and 3L R/R LBCL for Yescarta, as well as increased demand for Tecartus in MCL and ALL.

Trodelvy Q323 Revenue of $283M, +58% YoY
Q323 sales increased 58% year-over-year, driven by higher demand in both the U.S. and Europe.

Other

Other Q323 Revenue of $216M, +8% YoY
Reflects sales from Gilead's cardiopulmonary portfolio, AmBisome and other revenues.

Note: Certain amounts and percentages may not sum or recalculate due to rounding. Sales of Veklury generally track patients hospitalized with COVID-19. ALL – acute lymphoblastic leukemia; HBV – chronic hepatitis B virus; HCV – chronic hepatitis C virus; HDV – chronic hepatitis Delta virus; MCL – mantle cell lymphoma; R/R LBCL – relapsed or refractory large B-cell lymphoma.

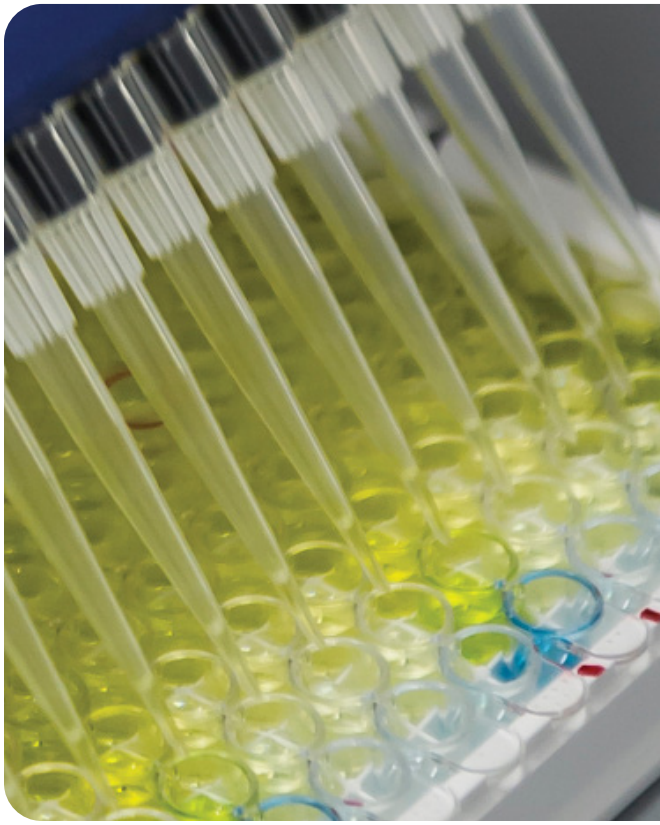
Our Therapeutic Areas of Focus

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 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 Treatment, Prevention, and Cure

Gilead is a pioneer in HIV prevention and treatment, and remains committed to bringing the most innovative therapeutics to market to support people with HIV (PWH) and people who could benefit from HIV prevention (PWBP). After delivering the first single-tablet regimen (STR) and the first prevention therapy, we believe the next frontier in innovation will be longer-acting therapies. 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	Description	Launched		% Q323 Revenue[1]	Patent Expiry[2]	
		Treatment	Prevention		U.S.	EU
Sunlenca (lenacapavir) injection 463.5 mg/1.5 mL	First twice yearly subcutaneous treatment for HTE PWH	2022	-	0%	2037	
BIKTARVY bictegravir 50mg/emtricitabine 200mg/ tenofovir alafenamide 25mg tablets	Most prescribed HIV treatment in the United States[3]	2018	-	49%	2033	
Descovy emtricitabine 200mg/ tenofovir alafenamide 25mg tablets	TAF-based HIV prevention option and HIV treatment backbone	2016	2019	8%	2031[4]	2026
Odefsey emtricitabine 200mg/rilpivirine 25mg/ tenofovir alafenamide 25mg tablets	Smallest tablet size STR when launched	2016	-	5%	2032[4]	2026
Genvoya elvitegravir 150mg/cobicistat 150mg/emtricitabine 200mg/tenofovir alafenamide 10mg tablets	First approved TAF-based STR	2015	-	8%	2029[4]	2028
STRIBILD elvitegravir 150mg/ cobicistat 150mg/ emtricitabine 200mg/ tenofovir disoproxil fumarate 300mg tablets	First STR with an integrase inhibitor	2012	-	0%	2029[4]	2028
COMPLERA emtricitabine 200mg/rilpivirine 25mg/ tenofovir disoproxil fumarate 300mg tablets	TAF-based STR	2011	-	1%	2025[4]	2026
ATRIPLA (efavirenz 600 mg/emtricitabine 200 mg/ tenofovir disoproxil fumarate 300 mg) Tablets	First approved STR	2006	-	0%	2020	2017
Truvada emtricitabine 200 mg/ tenofovir disoproxil fumarate 300 mg tablets for PrEP pre-exposure prophylaxis	TDF-based treatment backbone; first medication approved for prevention	2004	2012	0%	2020	2017

1. Total Product Sales excluding Veklury. 2. As of 2022 10-K filing. See Page 66 for a summary of the methodologies and assumptions underlying estimated patent expiry dates presented. 3. As of Q323, see Page 10 for further details. 4. Reflects settlement/license agreements with generic manufacturers. HTE - heavily treatment experienced.

Our Strategic Focus in HIV

Treatment

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

Prevention

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

Cure

Drive scientific innovation towards functional cure

FROM TDF BACKBONE TO TAF BACKBONE

Gilead's early HIV therapies, including Truvada and Atripla, contained a tenofovir disoproxil fumarate (TDF) backbone. Tenofovir alafenamide (TAF) has been used as a backbone in Genvoya (2015), Odefsy (2016), Biktarvy (2018), and Descovy (treatment 2016; PrEP 2019).

TAF PATENT LITIGATION RESOLVED IN U.S.

The U.S. patent litigation related to Gilead's TAF patents and filed against generic manufacturers seeking to market generic versions of Descovy, Vemlidy, and Odefsey was resolved in 2022. Under the agreements, the generic manufacturers have a license to sell in the U.S. generic versions of Descovy and Vemlidy from October 31, 2031, and generic versions of Odefsey from January 31, 2032.

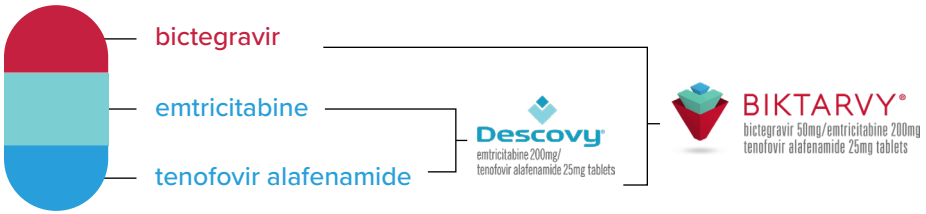
Biktarvy: Most Prescribed HIV Treatment Therapy in the U.S.

Biktarvy Overview

Biktarvy is a complete, single pill, once-a-day prescription medicine originally approved by FDA and the European Commission in 2018 to treat HIV-1 in adults and children[1]. More recently, a low-dose tablet formulation of Biktarvy was approved by FDA and the European Commission for pediatric patients[2].

Biktarvy can be taken any time of the day, fitting into a variety of daily routines. It can either be used in people who have never taken HIV-1 medicines before (treatment-naïve), or people who are replacing their current HIV-1 medicines (switch). As Gilead continues to innovate in HIV therapies, and looks to address unmet needs in HIV across a broad range of preferences, we expect that daily orals will continue to be used by a significant number of people, and Biktavy will remain critical in meeting those needs.

Three Powerful Medicines Work Together to Fight the Virus



FAST FACTS

- At the end of 2022, there were almost 1 million people around the world managing their HIV with Biktarvy.
- In the U.S., Biktarvy is the most prescribed HIV treatment as well as the fastest growing regimen. Q323 represents the 21st consecutive quarter of U.S. share gains for Biktarvy.[3]

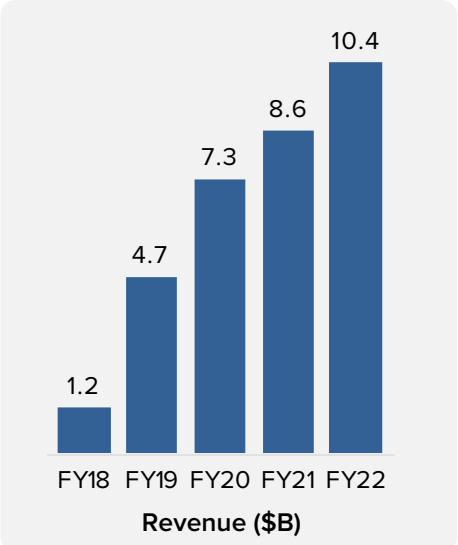
Studies Show Biktarvy Demonstrated High Efficacy and Durable Viral Suppression at Five Years[4]

In two Phase 3 studies, ≥98% of participants who initiated treatment with Biktarvy and remained in the study for all 240 weeks achieved and maintained an undetectable viral load (HIV-1 RNA <50 copies/mL) through five years of follow-up.

Zero cases of treatment failure due to emergent resistance were detected among the final resistance analysis population of both studies, further demonstrating the efficacy and tolerability profile of Biktarvy for the treatment of HIV-1 in treatment-naïve adults.

These efficacy and tolerability data support long-term use of Biktarvy. Please refer to the article for full discussion of efficacy and safety information.

Biktarvy is the HIV Treatment Market Leader



#1 Naïve & switch in U.S.[3]

#1 Naïve in all G9 markets[3]

#1 Switch in 5 of G9 markets[3,5,6]

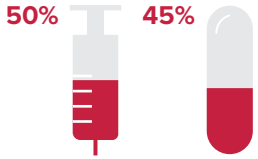
>47% Highest U.S. market share[3]

$3.1B Q323 Revenue, +12%YoY

1. Children who weigh at least 25 kg. 2. Pediatric patients weighing at least 14 kg to less than 25 kg. 3. Source: IQVIA LAAD. 4. Sax P.E., et al. j.eclinm. 2023; 59 (doi.org/10.1016/j.eclinm.2023.101991).
5. Source: Ipsos HIV Scope Q323. 6. U.S., Canada, China, Germany, and Japan.

Accelerating the Path to Long-Acting HIV Treatments

Over the past several decades, the optimization of antiretroviral therapy has dramatically improved both treatment and prevention outcomes globally. Despite this progress, one of the most significant unmet preferences for PWH is less frequent dosing: to offer more options beyond a daily pill, to include a weekly pill, or a quarterly or twice-yearly injection.



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

What is Lenacapavir?

Lenacapavir is a 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 a weekly pill, or quarterly or twice-yearly injection in combination with other antiretroviral medicines, and has the potential to be developed as both a long-acting injectable and oral regimen.

How does it work?

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

Lenacapavir is being evaluated as a long-acting option in multiple ongoing and planned early and late-stage clinical studies in Gilead's HIV prevention and treatment research program. These uses are investigational and the safety and efficacy of lenacapavir for these uses have not been established. Sunlenca (lenacapavir) is approved in Australia, Canada, the European Union, Israel, Japan, Switzerland, the United Arab Emirates, the United Kingdom and the United States for the treatment of people with multi-drug resistant HIV in combination with other antiretroviral(s).

LONG-ACTING REGIMENS OFFER GREATER FREEDOM FROM DAILY DOSING

While we anticipate a significant number of people will continue to prefer daily oral regimens, long-acting regimens could increase privacy, lower anxiety about missing doses, reduce pill burden, and remove the daily reminder of HIV status.

Lenacapavir Treatment Pipeline

We continue to make strong progress on evaluating nine candidate partners for lenacapavir, where six candidates are already in Phase 1 or 2 trials. We expect to share updates on at least four of these combinations in 2024.

Indication	Formulation	Combination Agent	Class	Stage	Status
VS TE	Daily Oral	Bictegravir	INSTI	Phase 2/3	Data 1H24
LA VS	Weekly Oral	GS-1720	INSTI	Phase 1	Data 1H24
LA VS	Weekly Oral	Islatravir	NRTI	Phase 2	Ongoing
LA VS	Weekly Oral	GS-4182[1]	Capsid	Phase 1	FPI Q123
LA VS	Q3M Injection	GS-6212	INSTI	Phase 1	FPI Q222
LA VS	Q3M Injection	GS-1614	NRTI	Pre-IND	
LA VS	Q6M Injection	TAB/ZAB	bNAb	Phase 2	Update 2024
LA VS	Q6M Injection	GS-1219	INSTI	Pre-IND	Added Q422
LA VS	Q6M Injection	GS-3242	INSTI	Pre-IND	Added Q422

In February 2023, Gilead presented positive proof-of-concept Phase 1b data at CROI for the investigational combination regimen of lenacapavir with bNAbs teropavimab and zinlirvimab, as a potential long-acting treatment regimen with twice-yearly dosing.

Additional pre-IND, exploration and discovery programs not listed. 1. Not a combination trial. GS-4182 is a pro-drug of lenacapavir. FPI – first patient in (screening + consent); HTE – heavily treatment-experienced; LA – long-acting; INSTI – integrase strand transfer inhibitor; NNRTI – non-nucleoside reverse transcriptase inhibitor; NRTI – nucleoside reverse transcriptase inhibitor. TAB – teropavimab; VS TE – virally suppressed treatment experienced individuals who are on a complex, multitablet regimen; Q3M – every 3 months; Q6M – every 6 months; ZAB – zinlirvimab.

Making a Difference with 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 who could benefit from PrEP (PWBP) can reduce their risk of getting HIV from sex by about 99%[1].

How does PrEP work?

PrEP is 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 individuals with potential for exposure to sexually acquired HIV could potentially benefit from PrEP[2]. While it's difficult to accurately size the population of people who can benefit from PrEP, UNAIDS estimates that between one and two million people globally became newly infected with HIV in 2020[3].

The PrEP Market Today

The CDC estimates that while there were 1.2M PWBP in the U.S. in 2022, only 36% were benefitting from PrEP[4]. Further, PrEP uptake remains uneven, with only 13% of Black/African American and 24% of Hispanic/Latino PWBP having been prescribed PrEP in 2022[4]. As part of our ongoing efforts to help end the HIV epidemic for everyone, everywhere, Gilead is committed to continued innovation to address the diverse needs of people impacted by HIV and PWBP.

GILEAD HISTORY OF PREP INNOVATION

- In July 2012, Truvada was the first regimen to be approved for HIV prevention in the U.S. Truvada is indicated for appropriate 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 adults and adolescents, excluding individuals at-risk from receptive vaginal sex. Results from the DISCOVER trial showed Descovy has 99.7% efficacy in preventing new HIV infections[5].

Commercial Update: in Q323, the U.S. PrEP market grew 15% compared to the same period in 2022, with Descovy for PrEP maintaining share of over 40%. Prevention typically represents most of Descovy sales.

Addressing the Unmet Needs of People Who Can Benefit From PrEP

Person-centric options that fit well into people's lives are necessary to expand the number of people benefiting from PrEP, and longer-acting agents are an important innovation. While some prefer taking a once-daily oral that fits with their routine, others will prefer longer-acting PrEP options, given:

- Longer-acting agents and less frequent dosing can potentially improve adherence.
- Longer-acting intervals in between treatments could also help with patient privacy and pill burden.

As a result, Gilead is exploring longer-acting PrEP solutions, and we believe lenacapavir as a single agent has the potential to be the first every 6-month dosing option for HIV prevention.

Lenacapavir for PrEP Pipeline

We are evaluating lenacapavir for HIV prevention in multiple groups in two Phase 3 trials, with potentially our first filing decision in ~2025, and plan to initiate three Phase 2 trials by 1H24. We also continue to invest in Descovy in the PURPOSE 1 trial, by investigating Descovy's use in cisgender women.

Indication	Formulation	Trial Name	Stage	Status
Adolescent girls and young women	Q6M Injection	PURPOSE 1	Phase 3	Data Late '24 / Early '25
Cisgender men, transgender women, men & gender non-binary persons who have sex with men	Q6M Injection	PURPOSE 2	Phase 3	Data Late '24 / Early '25
Women in the U.S.	Q6M Injection	PURPOSE 3	Phase 2	Expected FPI 2H23
Persons who inject drugs	Q6M Injection	PURPOSE 4	Phase 2	Expected FPI 2H23
PWBP in Europe	Q6M Injection	PURPOSE 5	Phase 2	Initiating 1H24

1. https://www.cdc.gov/hiv/risk/prep/. 2. https://www.cdc.gov/hiv/clinicians/prevention/index.html 3. https://www.unaids.org/en/resources/fact-sheet. 4. https://www.cdc.gov/nchhstp/atlas/index.htm. 5. https://www.gilead.com/~/media/Files/pdfs/medicines/hiv/descovy/descovy_pi.pdf#page=33. FPI - first patient in (screening + consent).

Liver Disease: Leading Advancements in Viral Hepatitis Innovation

For decades, Gilead has pioneered the way forward to help improve the lives of people living with liver disease around the world.

About Viral Hepatitis

Chronic infection with HBV, HCV, or HDV can lead to serious and life-threatening liver damage, including liver cirrhosis (scarring), liver cancer, and the need for liver transplantation. Gilead's innovative medicines have transformed the lives of those living with viral hepatitis. We have also made significant investments in testing and linkage to care to support governments around the world in reaching the World Health Organization's goal to eliminate viral hepatitis as a public health threat by 2030.

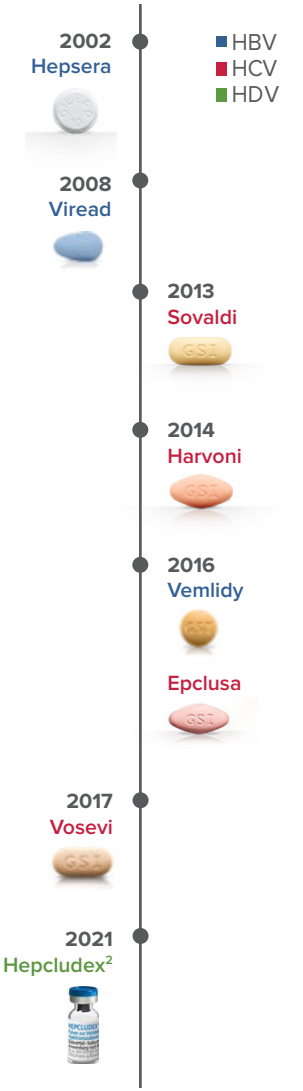
History of Patient-Centric Innovation

Beginning with our first approval in HBV in 2002, through approval of our first HCV cure in 2013, and most recently, the first approved HDV treatment in Europe in 2021, Gilead has continued to deliver new therapies to help patients with liver disease.

Commitment to Addressing Unmet Needs: Cure and Eradication

Despite helping to transform HBV into a manageable condition and developing cures for HCV, Gilead is not stopping there. Our commitment and ambition in liver disease includes working towards a functional cure for HBV and HDV, and the elimination of HCV.

Regulatory Approvals[1]



1. First global approval. 2. Hepcludex (bulevirtide) is 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.

At Gilead, we understand that making the world a healthier place for all people means going beyond the medicine to help remedy health inequities and other barriers to care. Below are two examples of ways Gilead is working to improve the lives of those with viral hepatitis.

Relink **$8M IN GRANTS**

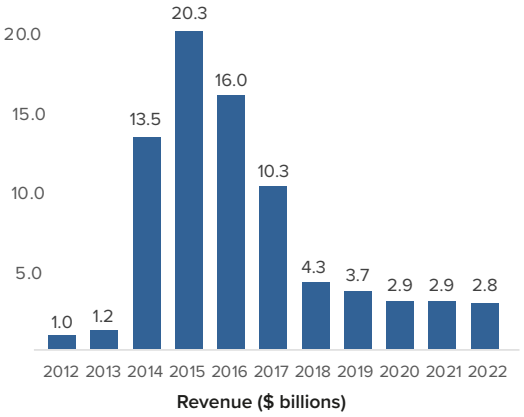
Initiative to link diagnosed but untreated HCV positive individuals in the United States to care during 2023 and 2024. In partnership with the CDA Foundation.

HEPCONNECT **$15M IN GRANTS; 5K OVERDOSE REVERSALS**

Initiative to help address the increase in HCV driven by injection drug use, and support community partnerships in Indiana, Kentucky, North Carolina, Tennessee, and West Virginia.

Stabilizing Revenue Profile

A large number of patients were treated using a Gilead-based curative HCV regimen between 2014 and 2017. After this initial bolus of patients was functionally cured, the number of patient starts has trended down over time and has broadly stabilized since 2021.



$706M Q323 Revenue

-10% Q323 YoY Revenue Decline

-1% Q323 QoQ Revenue Decline

Gilead's Role in HCV Cure

As a leader in liver disease innovation, Gilead has delivered curative treatment to ~5 million HCV patients globally.

Gilead acquired Pharmasset in 2012, adding sofosbuvir which was further developed by Gilead and approved by FDA in 2013 as Sovaldi for the treatment of chronic HCV.

Before Sovaldi, HCV treatment was historically difficult and ineffective, and Gilead continued to build on Sovaldi's success with Harvoni, the first single tablet regimen (STR) for HCV with a cure rate of more than 95%. Epclusa, the first STR to treat all genotypes, followed in 2016.

Gilead's HCV Portfolio

Product	U.S. Launch	Description	Q323[1] %	Patent Expiry[2] U.S.	Patent Expiry[2] EU
VOSEVI (sofosbuvir | velpatasvir | voxilaprevir 400 mg | 100 mg | 100 mg tablets)	2017	First pan-genotypic regimen following direct acting antiviral failure	1%	2034	2033
EPCLUSA (sofosbuvir/velpatasvir 400 mg/100 mg tablets)	2016	First HCV STR to treat all genotypes	6%[3]	2033	2032
HARVONI (ledipasvir/sofosbuvir 90 mg/400 mg tablets)	2014	First HCV STR for genotypes 1, 4, 5, or 6	0%[4]	2030	2030
SOVALDI (SOFOSBUVIR)	2013	Backbone of all Gilead HCV therapies enabling cure	0%	2029	2028

Since HCV therapies are curative, and given the large number of patients treated using a Gilead-based regimen between 2014 and 2017, the number of patient starts has trended down over time. Since 2021, the number of patients treated with direct-acting antivirals (including sofosbuvir-based regimens) has stabilized. In 2022, HCV revenues were $1.8B, or 8% of total revenues[1], compared to a peak of 50 - 60% of revenues between 2014 and 2016.

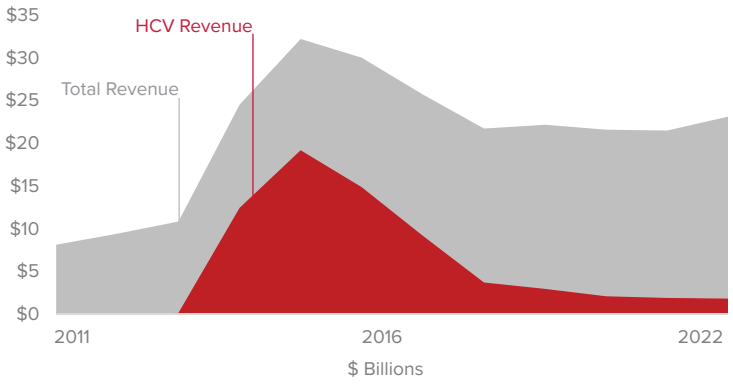
Despite a World Health Organization goal to eliminate HCV by 2030, few countries remain on track to do so, with estimates that overall HCV elimination in the U.S. will only be reached by 2037[5], and 60% of high-income countries are off-track by at least 20 years[6]. As such, there is an ongoing need for curative HCV therapies as well as screening and linkage to care.

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 HCV medications, but it is estimated that more than 58 million people[7] 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[7] deaths from HCV-related complications including cirrhosis and liver cancer each year.

HCV Contribution to Total Revenue[1]



1. Total Product Sales excluding Veklury. 2. As of 2022 10-K filing. See Page 66 for a summary of the methodologies and assumptions underlying estimated patent expiry dates presented. 3. Amounts consist of sales of Epclusa and the authorized generic version of Epclusa sold by Gilead's subsidiary, Asegua. 4. Amounts consist of sales of Harvoni and the authorized generic version of Harvoni sold by Gilead's subsidiary, Asegua. 5. Sulkowski M *et al,* Adv Ther. 2021;38(1):423-440. doi:10.1007/s12325-020-01535-3. 6. Gamkrelidze I, *et al,* Liver Int. 2021;41(3):456-463. doi:10.1111/liv.14779 7. https://www.who.int/news-room/fact-sheets/detail/hepatitis-c.

HBV and HDV: Advancing Healthier Futures

We've been advancing the science of HBV for more than three decades, helping transform how chronic HBV is treated for millions of people around the world. In March 2021, Gilead acquired MYR GmbH for approximately €1.3B, adding Hepcludex, a first-in-class entry inhibitor, as Gilead's first approved product for the treatment of chronic HDV in Europe.

Extensive History in HBV Innovation

Gilead therapies have helped transform chronic HBV into a long-term manageable condition. Vemlidy (tenofovir alafenamide) was originally approved by the FDA in 2016 as a once-daily treatment for chronic HBV infection in adults with compensated liver disease. In 2022, the FDA expanded its approval for Vemlidy as a once-daily treatment for HBV infection in pediatric patients 12 years and older with compensated liver disease. However, we are not stopping here – we are pursuing a functional cure for HBV, working with our partners to evaluate a range of targets and approaches.

SPOTLIGHT ON COMMITMENT TO PATIENT ACCESS: HAIVN

As one example of Gilead's commitment to patient acces, Gilead is part of a four-year public-private academic institution collaboration initiative with the Partnership for Health Advancement in Vietnam (HAIVN) to address barriers that limit viral hepatitis diagnosis and care at primary healthcare facilities in two countries with high burdens of HBV and HCV.

In Vietnam, nearly 7.8 million people have HBV and 900,000 have HCV, and in the Philippines, over 10 million people have HBV and 450,000 have HCV.

About HDV

HDV is the most severe form of viral hepatitis, and is thought to be under-diagnosed. It occurs as a co-infection in individuals who have HBV, and significantly increases the risk of poor outcomes compared to infection with HBV alone.

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.

Data from the Phase 3 MYR301 trial demonstrated that after 48 weeks, 45% of participants receiving 2mg Hepcludex daily achieved virological and biochemical response, compared to 48% for those receiving 10mg daily, and 2% for those receiving no antiviral treatment. The combined response rates continued to increase through Week 96, with response rates of 55% and 56% with 2 mg and 10 mg bulevirtide, respectively.

In July 2023, Gilead received full marketing authorization from the European Commission for Hepcludex in the treatment of HDV[3]. There are currently no approved products for the treatment of HDV in the U.S.

Gilead's HBV and HDV Clinical Pipeline

Indication	Program	Trial Name	Stage	Partner	Status
HBV Cure	selgantolimod + VIR-2218[1]	NCT04891770	Phase 2	VIR	Fully enrolled
HBV Vaccine	GS-2829; GS-6779	NCT05770895	Phase 1	Hookipa	FPI Q223
HDV Treatment	Hepcludex	MYR301	Phase 3	-	EU approved, FDA CRL[2]
HDV Finite	Bulevirtide	MYR204	Phase 2b	-	Update expected Q423

ASSEMBLY BIOSCIENCES COLLABORATION

In October 2023, Gilead announced a new partnership with Assembly Biosciences to develop innovative antiviral therapeutics, including pipeline candidates in HBV and HDV.

Hepcludex (bulevirtide) is 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. Combination trial of selgantolimod, VIR-2218, and Anti-PD1. 2. In Q322, FDA issued a CRL in relation to Hepcludex, which cited concerns regarding the manufacture and delivery of bulevirtide. No new studies to evaluate the safety and efficacy of bulevirtide have been requested. 3. Hepcludex is launched in Germany, France, Austria, Greece, Italy, Sweden, the UK and Ireland. CRL - complete response letter. FPI - first patient in (screening + consent).

Continuing to Play a Leading Role in the COVID-19 Pandemic

VEKLURY (remdesivir) is the antiviral standard-of-care for patients hospitalized with COVID-19, including patients with severe renal and hepatic impairment, with demonstrated efficacy across a broad range of patients[1,2]

Gilead started examining the potential of remdesivir in the earliest days of the pandemic, given previously shown potential utility against other coronaviruses in laboratory and preclinical experiments. Data recently presented at IDWeek 2023 demonstrated that Veklury has a high barrier to resistance, durability of antiviral response across variant periods, and low potential for drug-drug interactions.

Remdesivir Patient Impact

- **~2M** — Remdesivir vials donated globally[3]
- **127** — Countries with distribution access from voluntary licenses[3]
- **>13M** — Veklury and generic remdesivir have been made available to over 13 million patients[3]
- **>50%** — Veklury share of treated hospitalized patients in U.S.[4]

Real World Evidence

Real world data analyses show that Veklury reduces risk of mortality and hospital readmissions in hospitalized patients across all key variants of concern, including Omicron. This data has also been observed in imunocompromised patients[5].

Clinical Studies

Double blind randomized placebo controlled studies showed that remdesivir reduces hospitalizations of outpatients, shortens time to recovery, and reduces disease progression of hospitalized patients. The primary outcome of the ACTT-1 trial was 5 day shorter time of recovery.

Obeldesivir: Investigational Oral Nucleoside for COVID-19

In October 2022, FDA granted Fast Track Designation for obeldesivir (GS-5245), our investigational oral nucleoside that targets the COVID-19 viral polymerase to inhibit the virus from replicating. The Phase 3 trial follows Phase 1 results demonstrating a generally well tolerated safety profile. COVID-19 continues to cause high rates of infection and visits to clinicians. There is still a major need for novel oral drugs that are safe & effective for a broader population in the outpatient setting.

OakTree

Standard-Risk

~55% Diagnosed COVID patients[6]

Phase 3 Study (n=~1,900)

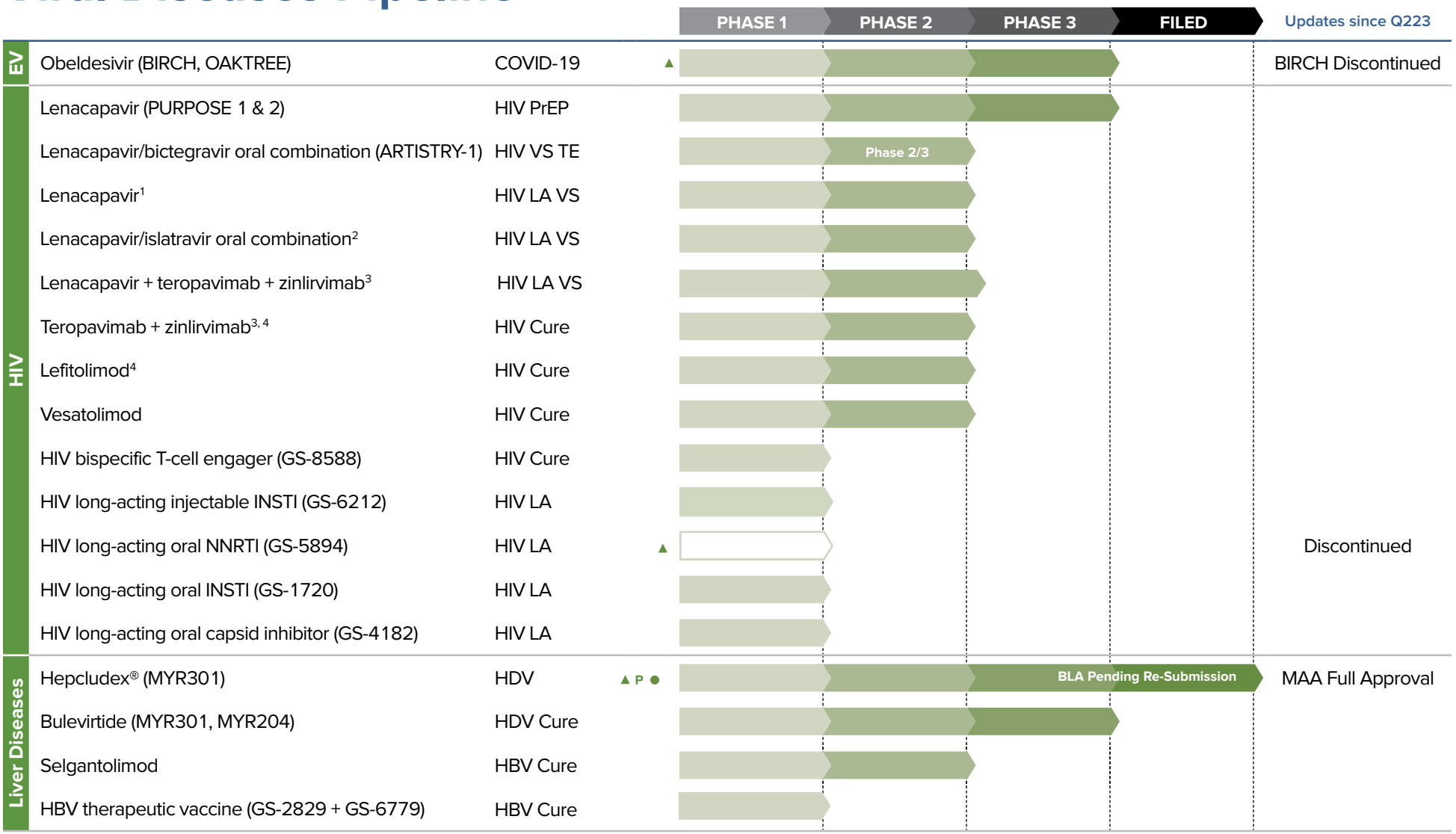
- Placebo-controlled
- Enrolling non-hospitalized patients without risk factors for progression to severe disease[7]
- Primary Endpoint: time to symptom alleviation by Day 29
- Enrollment completed in October 2023
- Study dosage: Obeldesivir one tablet, twice-daily for 5 days[8]

LATEST UPDATE

September 2023: BIRCH (Phase 3 study in non-hospitalized participants at high-risk[9] for severe COVID-19) was discontinued. The decision was based on lower-than-expected COVID-19 incidence rates and related hospitalizations or all-cause death by Day 29 (the study primary endpoints). The closing of BIRCH did not reflect any safety or efficacy concerns.

1. https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy. 2. Veklury. Prescribing Information. Gilead Sciences, Inc.; 2022. 3. Based on global Veklury, global remdesivir, and licensed generic remdesivir volume donated and shipped for distribution. 4. Actuals based on HealthVerity Hospital Chargemaster + Premier Hospital Data. 5. Real world analyses of Veklury from other sources are ongoing and may vary in their results or conclusions. Reduced mortatlity did not reach statistical significance in the ACTT-1 trial. 6. Estimated prevalence in the U.S. and EUCAN6; Source: Gilead Market Research, Komodo Claims Data (May-July 2022). 7. Defined as patients without underlying medical conditions associated with higher risk for severe COVID-19 per CDC guidelines. 8. 350mg tablet twice-daily, no booster required. 9. Defined as patients with 1+ (if unvaccinated) or 2+ (if vaccinated) risk factors, such as >50 years of age, cardiovascular disease, and chronic lung disease.

Viral Diseases Pipeline



★ New listing since Q223 ▲ Change since Q223 P PRIME Designation ● Breakthrough Therapy Designation

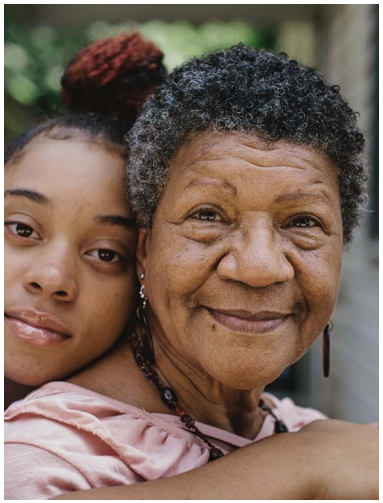
Pipeline shown above as of end of Q323. 1. Phase 2 study being conducted in treatment naïve patients to support virologically suppressed indication. 2. Subject to Gilead and Merck co-development and co-commercialization agreement. 3. Teropavimab and zinlirvimab are broadly neutralizing antibody (bNABs). 4. Non-Gilead sponsored trial(s) ongoing. BLA – biologics license application, HBV – hepatitis B virus, HDV – hepatitis delta virus, HIV – human immunodeficiency virus, INSTI – integrase strand transfer inhibitor, LA – long-acting, NNRTI – non-nucleoside reverse transcriptase inhibitor, PrEP – pre-exposure prophylaxis, VS TE – virally suppressed treatment experienced individuals who are on a complex, multitablet regimen; 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.

Well Positioned to be an Oncology Leader

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 to address a broad range of tumor types.



500K+
target for patient lives positively impacted by 2030[1]

1/3
target share of total Gilead product revenues generated by oncology by 2030

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
YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion
TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

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 biotech 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. Trodelvy secured a number of regulatory approvals through Project Orbis[2].
- A global network of leading hospitals serve as Authorized Treatment Centers to deliver Kite's CAR T-cell therapies in over 25 countries. Kite's dedicated, in-house manufacturing network has served more than 17,700 patients –delivering best-in-class speed, reliability, and flexibility.

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

- Expand our industry partnerships with tailored transactions including Immunomedics, Forty Seven, Arcus, Shoreline, Appia Bio, Arcellx, XinThera, and Tentarix.
- Collaborate with oncologists at major academic institutions and in the community setting to shape and execute clinical development plans that meet real patient and physician needs.
- Develop 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.

1. Assessed as the cummulative number of patients treated. 2. Project Orbis is an initiative of the FDA Oncology Center of Excellence that provides a framework for concurrent submission and review of oncology products among international partners. https://www.fda.gov/about-fda/oncology-center-excellence/project-orbis

Broad Range of Oncology Programs

Gilead has leveraged internal development, M&A, and partnerships to build a broad pipeline of oncology programs that include an array of targets and mechanisms of action, further diversified by clinical phase.

Approach	Select Targets and Mechanism of Actions		Program	Lead / Partner
TRIGGER TUMOR-INTRINSIC CELL DEATH Target key pathways within tumor cells to induce cell death, resulting in potentiation of an immunogenic response.	TROP-2	Delivers & releases SN-38 following hydrolysis of linker	Trodelvy	GILEAD
	MCL1	Inhibits anti-apoptosis functions to induce cell-death	GS-9716	
	PARP1	Blocks cells from repairing its damaged DNA, leading to cancer cell death	GS-0201	
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.	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	
	BCMA	Engineered T-cells that target tumor cells expressing BCMA	CART-ddBMCA	ARCELLX
	TIGIT	Allows T-cells to target tumor cells	domvanalimab	ARCUS BIOSCIENCES
	PD-1	Allows T-cells to target tumor cells (inhibits PD-1 to PD-L1)	zimberelimab	
	DGKa	Enhances cytotoxic T-cell activity	GS-9911	GILEAD
	CD47	Targets CD47 on tumor cells to inhibit the “do not eat me” signal	magrolimab	
	CD137 (4-1BB)	Upregulates T-cell and NK cell activity	AGEN2373	agenus
REMODEL TUMOR-PERMISSIVE MICROENVIRONMENT Modulate immunosuppressive and tumor-permissive cell types and pathways to promote immune responses and inhibit tumor growth.	CCR8	Regulatory T-cell depletion via ADCC activity	GS-1811	GILEAD
	CD73	Inhibits CD73 activity, preventing formation of adenosine	quemliclustat	ARCUS BIOSCIENCES
	A2a/A2b	Inhibits adenosine receptors to reverse immunosuppression	etrumadenant	

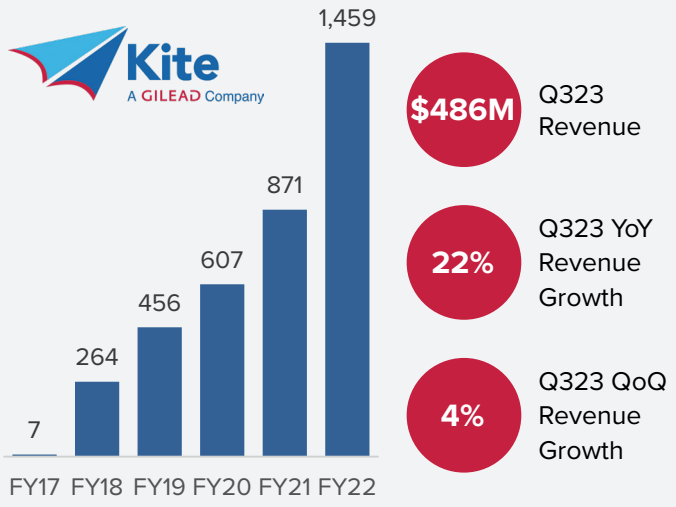
Cell Therapy with Kite: Transformational Cancer Treatment

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 ~390 ATCs around the world, including more than 135 leading cancer hospitals in the U.S.



Kite's CAR T-cell Therapy Effectiveness

- **2L R/R LBCL** - In ZUMA-7, Yescarta is the first and only therapy of any kind to show a statistically significant overall survival benefit versus standard of care in almost 30 years. With a median follow-up of 4 years, a one-time treatment with Yescarta demonstrated significantly longer overall survival compared to standard of care, with a 27.4% reduction in risk of death, corresponding to a 38% relative improvement in overall survival.
- **3L R/R LBCL** - Yescarta is the only CAR T-cell therapy with 5 year overall survival data in this patient population, demonstrating the durability of efficacy over time.
- **R/R B-ALL** - In a 3 year follow-up of ZUMA-3, analysis showed that patients treated with Tecartus achieved a median overall survival of 26 months, and an overall survival rate at 36 months of 47%, demonstrating durable responses with Tecartus treatment.

~390
Authorized Treatment Centers Globally

5
Approved Indications In CAR T-cell Therapy

40+
Regulatory Approvals Globally

Our Cell Therapy Approvals To Date

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

B-ALL - B-cell acute lymphoblastic leukemia; FL - follicular lymphoma; LBCL - large B-cell lymphoma; MCL - mantle cell lymphoma; R/R - relapsed or refractory.

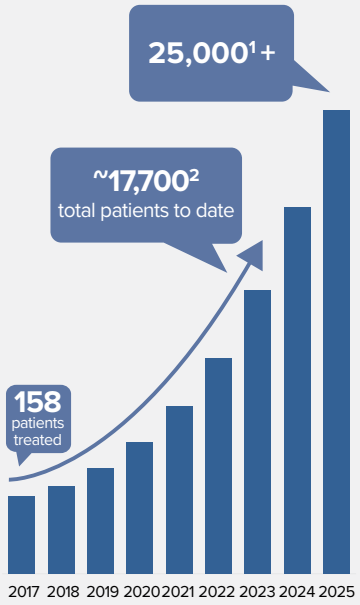
Largest Cell Therapy Manufacturing Network in the World

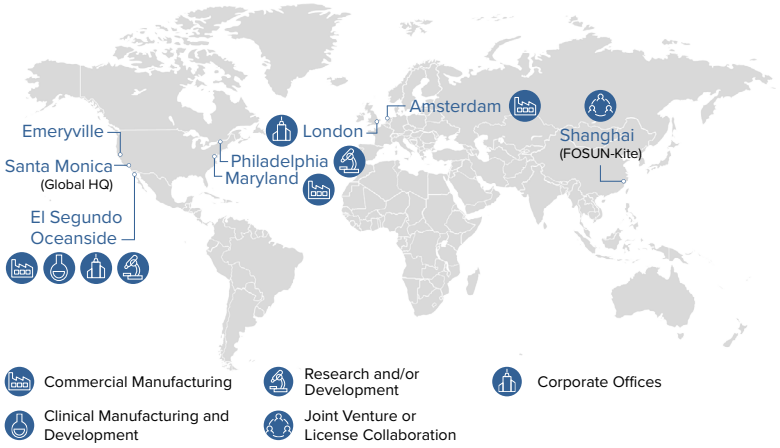
To maximize the potential of cell therapy on a global scale, it requires a highly specialized and coordinated team that includes Kite's research and development, custom manufacturing and supply chain, in addition to our Authorized Treatment Center (generally hospital) partners – all while maintaining both chain-of-custody and chain-of-identity needed for a "living" product.

Kite is committed to rapid and reliable manufacturing to enable on-demand availability. Autologous cell therapies are made to order for individual patients, and Kite has the shortest turnaround time in the industry at approximately 16 days in the U.S. 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.

Kite's in-house manufacturing facilities in Maryland, California, and Amsterdam form the largest, dedicated in-house cell therapy manufacturing network in the world, spanning process development, vector manufacturing, clinical trial supply production and commercial product manufacturing. Located near major international airports for rapid global transport from our manufacturing labs to hospitals all over the U.S. and internationally, Kite's manufacturing network has increased capacity rapidly to ensure timely access to our products, enabling more patients to be served.

Global Cumulative Patient Deliveries (Clinical & Commercial Patients)





96%
Manufacturing Reliability

16 Days
Avg. U.S. Turnaround Time

1M + Square Feet
Cell Therapy Manufacturing and R&D Space

RETROVIRAL VECTOR (RVV) MANUFACTURING

Viral vectors are used to insert the CAR gene into patient-derived T-cells, enabling the T-cells to recognize and destroy cancer cells with a specified target, offering a personalized approach to cancer treatment. In October 2022, FDA approved Kite's 100,000 square foot RVV manufacturing facility in Oceanside, California for commercial production, enabling Kite to have both in-house viral vector commercial and clinical trial manufacturing capabilities. Kite will also produce lentiviral vectors in-house, allowing for vertical integration for certain next-generation programs.

OUR T-CELL THERAPY PROCESS IN ACTION

1 A patient's white blood cells are collected through an IV line at an ATC.

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

3 Kite adds the CAR gene to the T-cells to enable the cells to target the cancer.

4 Kite grows the new CAR T-cells to create enough to fight the cancerous cells.

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

1. Projected. 2. At September 30, 2023.

Kite's Cell Therapy Strategy & Pipeline

Our Strategy

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 requires innovation on three fronts: research & development, manufacturing, and care delivery to patients. To advance our strategy, we will:

- Further **drive adoption** of CAR T-cell treatments as SoC through physician and patient education, adding to the robust body of long-term survival data, and working with health systems to ease care delivery, navigation, and access for patients.
- Working closely with key stakeholders to establish more **Authorized Treatment Centers** (ATCs) that bring cell therapy access closer to patients in existing and new geographies.
- Continue to expand Kite's industry leading **in-house manufacturing** network to meet market demand and advance manufacturing innovation at scale.
- Expand **earlier use** and **new indications** for current commercial products, Yescarta and Tecartus.
- Foster development in the **next generation** of cell therapies through internal research and external partnerships.

Leveraging Acquisitions and Collaborations

ARCELLX

January 2023

- Collaboration
- BCMA-targeting multiple myeloma

TMUNITY

December 2022

- Acquisition
- Manufacturing technologies
- Pre-clinical & clinical programs

APPIA BIO

August 2021

- Collaboration
- Allogeneic invariant NK T cells

SHORELINE biosciences

June 2021

- Collaboration
- Allogeneic NK cell therapy

Kite Pipeline is Diversified to Drive Future Growth

Indication	Trial Name[1]	Stage	Status
2L+ HR FL	ZUMA-22	Phase 3	FPI Q322
1L HR LBCL	ZUMA-23	Phase 3	FPI Q123
2L LBCL Outpatient	ZUMA-24	Phase 2	Update expected 1H24
Rare B-Cell Malignancies	ZUMA-25	Phase 2	FPI Q123
Pediatric ALL / NHL	ZUMA-4	Phase 2	Recruiting
Multiple Myeloma (with Arcellx)	iMMagine-1 (CART-ddBCMA)	Phase 2	Recruiting
R/R AML	CLL-1 (Kite-222)	Phase 1	FPI Q321
3L+ DLBCL	CD19/20 (KITE-363/-753)	Phase 1a/b	FPI Q421

Spotlight on Promoting Immune-Mediated Tumor-Killing

CD19/20 BICISTRONIC

Delivers inflammatory cytokines/ chemokines to eliminate tumor cells.

Dual-targeting CARs can potentially overcome resistance mechanisms in R/R LBCL, where 10-20% of patients who relapse lose expression of CD19. Loss of either antigen on tumor cells can be compensated for by the other CAR. This approach has high anti-lymphoma potential as the CD19 arm is based on Yescarta.

CART-DDBCMA (WITH ARCELLX)

Engineered T-cells that target tumor cells expressing BCMA.

Uses D-Domain (DD), which is designed to improve target specificity while enhancing binding affinity, in lieu of a scFv antigen recognition motif. DD is a small, stable, fully synthetic binding agent with a hydrophobic core, and can potentially enable higher transduction efficiency, high cell surface expression, and low tonic signaling.

PRE-CLINICAL PIPELINE

Kite has a robust pre-clinical pipeline exploring next generation cell therapies in hematology and solid tumors. These include both autologous and allogenic CARs, sourcing cells from both healthy donor and iPSC, as well as iNKT and NK constructs. Additionally Kite continues to invest in manufacturing innovations to shorten vein-to-vein time for patients.

1. Includes Kite-sponsored or partnered trials, does not included investigator sponsored trials. ALL - acute lymphoblastic leukemia, AML - acutre myeloid leukemia, BCMA - B-cell maturation antigen, (D)LBCL - (diffuse) large B-cell lymphoma, FL - follicular lymphoma, HR - higher-risk, iNKT - invariant natural killer T cells, iPSC - induced pluripotent stem cells, NHL - non-Hodgkin's lymphoma; NK - natural killer.

Trodelvy: First and Only Approved TROP2-Directed ADC

Gilead acquired Trodelvy (sacitizumab govitecan-hziy), a first-in-class TROP-2 directed ADC, as part of the Immunomedics acquisition in October 2020. Over 20,000 people across multiple cancers have been treated with Trodelvy worldwide between Gilead's clinical development program and post-approval.

What is an ADC?

Antibody-drug conjugates (ADCs) are biological drugs built using a novel platform that attaches a potent anti-cancer drug to an antibody via a linker. The antibody is designed to target a specific receptor that is expressed on cancer cells in order to deliver the anti-cancer drug directly to the cells.

How Does Trodelvy Work?

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

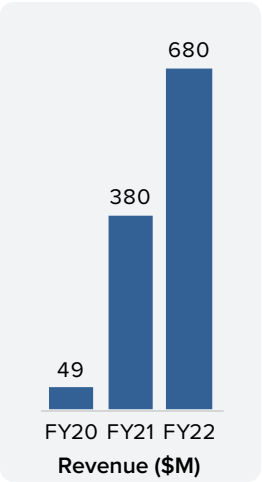
TROP-2 Is Highly Expressed In Many Tumors

Tumor Type	TROP-2 Expression	Phase 3 Trials	U.S. Approval	EU Approval
mTNBC	~85%[1]	ASCENT	2021	2021
		ASCENT-03	-	-
		ASCENT-04	-	-
		ASCENT-05	-	-
HR+/HER2- mBC	~95%[2]	TROPiCS-02	2023	2023
		ASCENT-07	-	-
Urothelial	~80%[3]	TROPiCS-04	AA 2021	-
NSCLC	~90%[4]	EVOKE-01	-	-
		EVOKE-03	-	-

>30 Active or Planned Clinical Trials by the End of 2023

8 Tumor Types in Clinical Trials by the End of 2023

Trodelvy's Revenue Growth



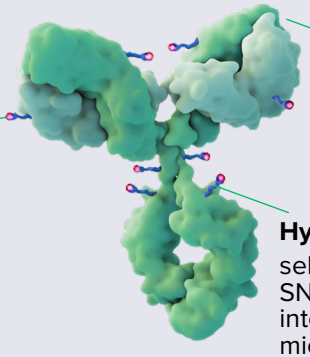
$283M Q323 Revenue

58% Q323 YoY Revenue Growth

9% Q323 QoQ 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 7-8 SN-38s per sacituzumab antibody

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

POTENTIAL GROWTH DRIVERS

- Global launch of Trodelvy in the pre-treated HR+/HER2- mBC indication, where it is currently approved in 7 major markets.
- Broadening awareness of Trodelvy's recommendation in guidelines in the U.S. and EU and overall survival benefit in the Phase 3 ASCENT (mTNBC) and Phase 3 TROPiCS-02 (pre-treated HR+/HER2- mBC) studies.
- Expanding access to Trodelvy in mTNBC, where it is now approved in ~50 markets, including the U.S., most major European markets, and China.
- Exploring the potential of Trodelvy to displace chemo in 1L mTNBC as well as its curative protential in the adjuvant TNBC setting in ASCENT-05.
- Exploring the pan-tumor potential of Trodelvy into indications such as NSCLC, head & neck, SCLC and endometrial cancer.

Note: The mechanism of action is based on preclinical data, which may not correlate with clinical outcomes. 1. Bardia A, *et al. J Clin Oncol*. 2017;35:2141-2148; 2. Rugo HS, et al. Presented at SABCS 2022 (GS1-11). 3. Trerotola M, *et al. Oncogene* 2013; 32(2):222-233; 4. Heist RS, *et al. J Clin Oncol.* 2017; 35 (24):2790-7. AA - accelerated approval; mBC - metastatic breast cancer; mTNBC - metastatic triple-negative breast cancer; NSCLC - non-small cell lung cancer; SCLC - small cell lung cancer.

Trodelvy: Improved Overall Survival in 2L mTNBC

In April 2021, FDA granted Trodelvy approval for 2L metastatic triple negative breast cancer (mTNBC) based on the Phase 3 ASCENT study, followed by European Commission marketing authorization in November 2021. Trodelvy is the first and only TROP-2 directed ADC approved for the treatment of patients with 2L mTNBC in more than 50 countries.

ABOUT BREAST CANCER

There is a 1 in 8 chance a woman develops breast cancer in her lifetime. 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 the patient is diagnosed with. Prior to the availability of Trodelvy, there were limited targeted options for patients with mTNBC, where it is disproprtionately diagnosed in younger women[1].

Considerations for Treatment

Is the cancer hormone receptor positive?

If estrogen and/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. ~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 HER2-targeted therapies. HER2+ is defined by ASCO/CAP guidelines as HER2 IHC 3+ or HER2 IHC2/ISH+. HER2 IHC 0, 1, or 2/ISH- is considered HER2-negative by the ASCO/CAP guidelines. ~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 receptors and does not overexpress HER2. As a result, these patients do not respond to endocrine or anti-HER2 therapies, but may be eligible for Trodelvy for metastatic disease. TNBC makes up ~15% of all breast cancers.

Note: Addressable population reflects an estimate of 2030 incidence rates in the U.S., EU4, and UK. Based on a Custom Epi Model by Equinox. 1. Breast Cancer. Org https://www.breastcancer.org/types/triple-negative 2. Bardia A, et al. *New England Journal of Medicine*. 2021. DoR – duration of response; FPI - first patient in (screening + consent); ORR – overall response rate; OS – overall survival; PFS – progression-free survival; TPC – treatment of physician's choice.

Phase 3 ASCENT[2] Study in 2L mTNBC

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

~ 1 Year median overall survival.

3X Longer mPFS vs single-agent chemotherapy.

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

Data represents patients without brain metastases. The most frequent Grade ≥3 treatment-related adverse events were diarrhea (11%), neutropenia (52%), anemia (8%), and febrile neutropenia (6%). One (<0.5%) patient treated with Trodelvy developed Grade 3 pneumonitis and no other cases of interstitial lung disease were observed.

mTNBC Clinical Opportunity and Potential Patient Reach

Line of Therapy	Addressable Population	Trial Name	Stage	Status
Neoadjuvant	~10K	NeoSTAR (DCFI collaboration)	Phase 2	In Progress
Adjuvant	~40K	ASCENT-05 SASCIA (GBG collaboration)	Phase 3 Phase 3	FPI in 1Q23 -
1L	~25K	ASCENT-03 ASCENT-04 (Merck collaboration) ELEVATE TNBC (with magrolimab)	Phase 3 Phase 3 Phase 2	Update 2024 - -
2L 3L+	~25K	ASCENT ELEVATE TNBC (with magrolimab)	FDA/EMA Approved Phase 2	- -

Trodelvy: Now Approved in Pre-treated HR+/HER2- mBC

In 2023, FDA and the European Commission approved Trodelvy for adult patients with pretreated HR+/HER2- mBC[1], based on the Phase 3 TROPiCS-02 study which demonstrated statistically significant and clinically meaningful median overall survival.

About HR+/HER2- mBC

HR+/HER2- breast cancer is the most common type of breast cancer accounting for approximately 70% of breast cancers. Nearly 100,000 people globally are diagnosed with HR+/HER2- mBC every year[2], and it has a 5-year survival rate of 34%[3].

Considerations for Treatment

What are hormone (or endocrine) therapies?

The standard of care for patients with HR+/HER2- mBC is endocrine-based therapy with or without CDK4/6 inhibitors. Eventually endocrine-based therapies and CDK4/6 inhibitors will stop working for all patients. There is no clearly defined treatment sequence after patients are no longer responsive to endocrine therapies[4], though historically it has often been followed by chemotherapies. These patients have historically poor survival and quality of life becomes a key consideration, where later-line chemotherapy is associated with substantial toxicity and poor quality of life. Recently, the approval of antibody-drug conjugates (ADCs) have added an alternative treatment option for these patients.

What does HER2-negative mean?

Patients who are HER2-negative do not overexpress HER2. HER2-negative is defined per ASCO/CAP guidelines as IHC 0, IHC 1 or IHC 2/ISH-. ~65% of HR+/HER2- patients can be identified as HER2-low (IHC 1 or IHC 2/ISH-) and the remaining ~35% of HER2-negative patients have HER2 IHC 0 expression[5]. There are currently no HER2 directed therapies approved for patients with HER2 IHC 0 expression.

Patients with HER2 IHC 0, 1, or 2/ISH- expression may be eligible for Trodelvy. Trodelvy has shown a statistically significant and clinically meaningful OS and PFS benefit versus standard of care chemotherapy in HER2-negative patients in its Phase 3 TROPiCS-02 and Phase 3 ASCENT studies.

TROPiCS-02[6] Study in HR+/HER2- mBC

	Trodelvy (n=272)	TPC (n=271)
Median PFS, months	5.5	4.0
HR (95% CI)	0.65 (0.53-0.81), P=0.0001	
Median OS, months	14.5	11.2
HR (95% CI)	0.79 (0.65-0.95), P=0.01	
ORR, n (%)	58 (21)	38 (14)
Odds Ratio (95% CI)	1.66 (1.06-2.61), P=0.03	
Median DoR, months **(95% CI)**	8.1 (6.7-8.9)	5.6 (3.8-7.9)

3X More patients remained progression free and alive at 12 months

3.3 More months of overall survival versus chemotherapy

21% Reduction in the risk of death compared to TPC

The most frequent Grade ≥3 treatment-related adverse events were neutropenia (52%), diarrhea (10%), and anemia (7%).

HR+/HER2- mBC Opportunity and Potential Patient Reach

Line of Therapy	Addressable Population	Trial Name	Stage	Status
Neoadjuvant	~45K	NeoSTAR (DCFI Collab)	Phase 2	In Progress
Adjuvant	~280K	SASCIA (GBG Collab)	Phase 3	In Progress
Chemo-Naïve	~160K	ASCENT-07	Phase 3	FPI Q223
2+ Prior Chemo	~20K	TROPiCS-02	Phase 3	FDA Approved

Addressable population reflects an estimate of 2030 incidence rates in the U.S., EU4, and UK. Based on a Custom Epi Model by Equinox. 1. Adult patients with HR+/HER2- mBC who have received endocrine based therapy and at least 2 additional systemic therapies in the metastatic setting 2. SEER https://seer.cancer.gov/statfacts/html/breast-subtypes.html. 3. SEER-Medicare data 2012-2016. J Clin Onc 40, no. 16_suppl (June 01, 2022) 1039-1039. 4. Moy B, *et al. J Clin Oncol* 2021;39(35):3938-3958. 5. Miglietta F. *Nature* 2021. 6. Tolaney S, et al. *Journal of Clinical Oncology*. 2023. DoR – duration of response; FPI – first patient in (screening + consent); ORR – overall response rate; OS – overall survival; PFS – progression-free survival; TPC – treatment of physician's choice of chemotherapy.

Trodelvy: U.S. Accelerated Approval in Bladder Cancer

Trodelvy was granted an accelerated approval in metastatic urothelial carcinoma (mUC) by the FDA in April 2021, based on data from the Phase 2 TROPHY U-01 study, with endpoints of overall response rate and duration of response. Continued approval may be contingent upon verification of its clinical benefit from the Phase 3 TROPiCS-04 confirmatory study, which is ongoing.

ABOUT BLADDER CANCER

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 were diagnosed with bladder cancer in 2021, and almost 90% of those diagnoses will be UC.

Considerations for Treatment

Platinum Eligible

What does platinum eligible mean?

Platinum-based chemotherapy (e.g. cisplatin, carboplatin) is the preferred initial systemic therapy in patients with mUC. ~87% of all mUC patients are platinum-eligible.

Platinum Ineligible

What if the patient is platinum ineligible?

If the patient is platinum ineligible, the patient is a candidate for checkpoint inhibitor immunotherapy with a PD-(L)1 inhibitor. ~13% of all UC patients are platinum ineligible.

What happens after a patient has received platinum-based chemotherapy and/or a PD-(L)1 inhibitor?

Trodelvy is indicated in patients who have previously had the appropriate prior platinum-containing chemotherapy and immunotherapy.

Phase 2 TROPHY U-01 Key Findings[1]

Cohort (size)	Treatment	Inclusion Criteria	ORR	Median PFS	Median OS
Cohort 1[2] (n=113)	Trodelvy	Patients with mUC who progressed after platinum-based chemotherapy and CPI therapy	28%	5.4 months	10.9 months
Cohort 2[3] (n=38)	Trodelvy	Platinum-ineligible patients with mUC who progressed after CPI therapy[4]	32%	5.6 months	13.5 months
Cohort 3[5] (n=41)	Trodelvy + Pembro	Patients with rapidly progressing mUC who progressed after platinum-based chemotherapy[2]	41%	5.3 months	12.8 months

Across the three cohorts, the most frequent Grade ≥3 treatment-related adverse events were neutropenia (34-37%), leukopenia (18-20%), anemia (14-21%), diarrhea (10-20%), and febrile neutropenia (10%). One participant in Cohort 2 developed Grade 3 pneumonitis.

Bladder Cancer Clinical Opportunity and Potential Patient Reach

Line of Therapy	Addressable Population	Trial Name	Stage	Status
MIBC	~40K	–	–	Under Evaluation
1L	~45K	TROPHY-U-01 (Cohorts 4-6)	Phase 2	In Progress
2L+	~25K	TROPHY U-01 (Cohorts 1-3) TROPiCS-04	Phase 2 Phase 3	Accelerated Approval FDA Filing 2024

Note: Addressable population reflects an estimate of 2030 incidence rates in the U.S., EU4, and UK. Based on a Custom Epi Model by Equinox. 1. Presented at the ASCO Genitourinary Cancers Symposium 2023. 2. Tagawa S, et al. *ASCO GU* 2023. 3. Petrylak DP, et al, *ASCO GU* 2023. 4. Trodelvy is not indicated for this patient population. 5. Grivas P, et al. *ASCO GU* 2023. CPI - check point inhibitor; MIBC – minimally invasive bladder cancer; Pembro - pembrolizumab; PFS – progression-free survival; ORR – overall response rate; OS – overall survival. PD-(L)1 - programmed cell death (ligand) 1.

Comprehensive NSCLC Strategy

Lung cancer is the second most common cancer with 2.2M annual new lung cancer diagnoses globally[1], and is the leading cause of cancer death with 1.8M annual deaths[2]. 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, with major unmet need for patients.

Considerations for Treatment

What's the difference between chemotherapy and ADCs?

Chemotherapy kills fast-growing cancer cells, but can also damage all dividing healthy cells throughout the body. ADCs are receptor-directed therapies, which target specific receptors (a type of protein) that are overexpressed on cancer cells, to bring potent toxins to the area of the targeted cells.

What are immune therapies and when do you utilize them? What do patients receive after immune therapy?

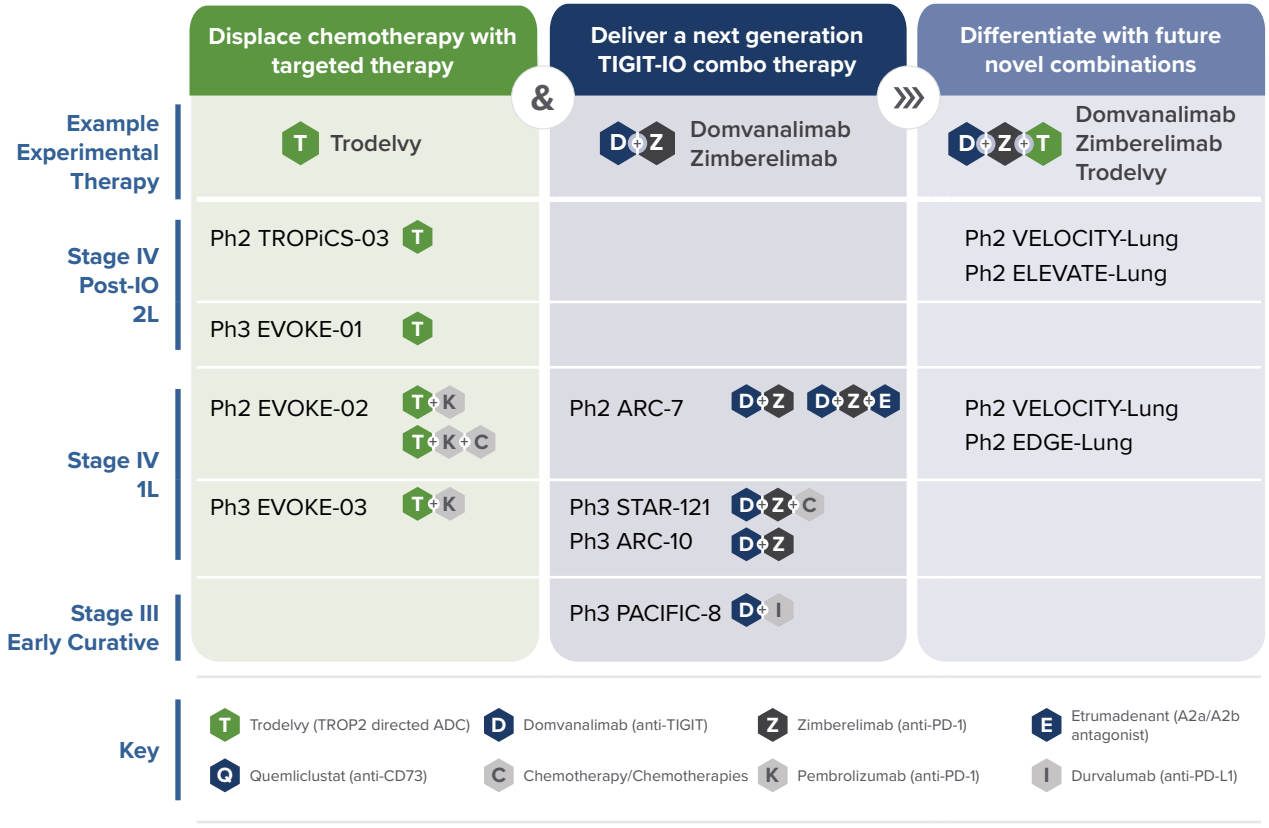
Immune therapies enhance the immune systems ability to destroy cancer cells. PD-(L)1 inhibitors are the largest class of immune therapies in oncology and are commonly used in the 1L setting for NSCLC patients without driver mutations. Following PD-(L)1 inhibitors, patients are often limited to chemotherapy.

Where does Gilead's pipeline fit?

Gilead has both an ADC (Trodelvy) and immune therapy (domvanalimab, zimberelimab) in Phase 3 development across 1L, post-IO and the early curative setting. These are further reinforced by a robust early pipeline to serve as an engine for innovation and include: a dual adenosine receptor antagonist, PARP-1 inhibitor, anti-CCR8, MCL1 inhibitor, anti-CD47, and anti-CD73.

Strategy to Transform Standard of Care in NSCLC

Gilead has developed a comprehensive strategy designed to address three key goals: displace chemotherapy with a targeted ADC, deliver a more effective immune therapy in the near-term, and to continue to provide longer-term opportunities through novel combinations.



Note: The use of the products shown for the treatment of NSCLC is investigational; they are not approved for this use and the efficacy and safety for this use have not been established. 1. Sung H et al. CA Cancer J Clin. 2021;71:209-49. 2. NCI SEER Cancer Stat Facts: Lung and Bronchus Cancer. Available at https://seer.cancer.gov/statfacts/html/lungb.html. Access May 30, 2023. ADC - antibody-drug conjugate. IO - Immunotherapy. NSCLC - non-small cell lung cancer. PD-L1 - programmed cell death ligand 1. SCLC - small cell lung cancer.

Trodelvy: Potential in Advanced Lung Cancer

Gilead's comprehensive clinical development program across NSCLC includes ongoing Phase 3 registrational studies for Trodelvy in both the first-line (1L) and post-IO setting. Additionally, the Phase 2 VELOCITY Lung platform trial achieved FPI in Q123 and will explore the potential clinical efficacy of multiple new combinations with Trodelvy.

Considerations for Treatment

What does Trodelvy's efficacy and safety data look like in NSCLC?

Trodelvy first established proof-of-concept in late-line NSCLC based on the Phase 1 basket trial, IMMU-132-01. In a subset of 47 patients with NSCLC, Trodelvy demonstrated a signal for efficacy, which Gilead believes shows future potential to displace standard of care chemotherapy, docetaxel.

Recently, at the World Conference on Lung Cancer (WCLC) Gilead presented preliminary data from the Phase 2 EVOKE-02 study reinforcing Trodelvy's combination potential with PD-1 inhibitors in 1L NSCLC.

What is interstitial lung disease (ILD) and why is it a concern in NSCLC?

ILD is a group of disorders characterized by inflammation and fibrosis of the lung, which can lead to progressive lung stiffness and difficulty breathing, with potential life-threatening consequences. ILD and NSCLC share many risk factors such as smoking and age, making their co-occurrence more likely. Management of ILD can complicate treatment of NSCLC.

DOES TREATMENT WITH TRODELVY CAUSE ILD?

Trodelvy has a well-characterized safety profile and no causal relationship has been seen to date for ILD/pneumonitis. Of note, there is no increased monitoring for ILD/pneumonitis in Trodelvy's label[1].

Phase 2 EVOKE-02[2] - Establishing Proof-of-Concept

					First Interim Analysis		
Cohort (Target Size)	Histology	PD-L1 Status	Treatment	N	ORR	DCR	6-month DoR Rate
Combined A + B	Nsq or Sq	All-comers	Trodelvy + Pembro	61	56%	82%	87%
Cohort A (n=30)	Nsq or Sq	TPS ≥ 50%	Trodelvy + Pembro	29	69%	86%	88%
Cohort B (n=60)	Nsq or Sq	TPS < 50%	Trodelvy + Pembro	32	44%	78%	88%
Cohort C (n=40)	Nsq only	All-comers	Trodelvy + Pembro + Chemo		-	-	-
Cohort D (n=40)	Sq only	All-comers	Trodelvy + Pembro + Chemo		-	-	-

The preliminary results from Cohorts A and B establish proof-of-concept for Trodelvy in 1L NSCLC across PD-L1 subgroups. In Cohort A, the combination of Trodelvy plus pembro resulted in deep and durable responses in PD-L1 TPS>50% 1L NSCLC patients, which compares favorably to the current treatment options in 1L NSCLC (based on their historical Phase 3 clinical trials[3]). EVOKE-02 continues to recruit patients for Cohorts B, C, and D. Further updates in 2024.

The most frequent Grade ≥3 treatment-related adverse events were neutropenia (18%), anemia (6%), respiratory tract infection (5%), and dyspnea (5%). There were two Grade 3 pneumonitis events.

NSCLC Clinical Opportunity and Potential Patient Reach

Line of Therapy	Addressable Population	Trial Name	Stage	Status
1L Stage IV (All-comers)	~190K[4]	EVOKE-02 VELOCITY Lung	Phase 2 Phase 2	Data Q323 FPI Q123
1L Stage IV (PD-L1≥50%)	~35K	EVOKE-03	Phase 3	FPI Q123
2L+ Stage IV (IO/Chemo exposed)	~120K	EVOKE-01 TROPiCS-03 VELOCITY Lung	Phase 3 Phase 2 Phase 2	Data Expected 2024 - FPI Q123

Combinations with pembrolizumab are in partnership with Merck. Note: Addressable population reflects an estimate of 2030 incidence rates in the U.S., EU4, and UK. Based on a Custom Epi Model by Equinox Trodelvy is not approved for the treatment of lung cancer, and its safety and efficacy have not been established for the treatment of lung cancer. 1. Per FDA U.S. Prescribing Information and EMA Summary of Product Characteristics. 2. Cho B, et al. presented at the *World Conference on Lung Cancer* 2023. EVOKE-02 has a primary endpoint of ORR. 3. KEYNOTE-189, KEYNOTE-407 4. All-comer includes PD-L1≥ 50% population. DCR – disease control rate; DoR – duration of response; FPI - first patient in (screening + consent); m – median; Nsq – non-squamous; ORR – objective response rate; OS – overall survival; PD-L1 – programmed death-ligand 1; PFS – progression-free survival; Sq – squamous.

Trodelvy: Backbone for Potential Novel Combinations

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

Why combination therapies?

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

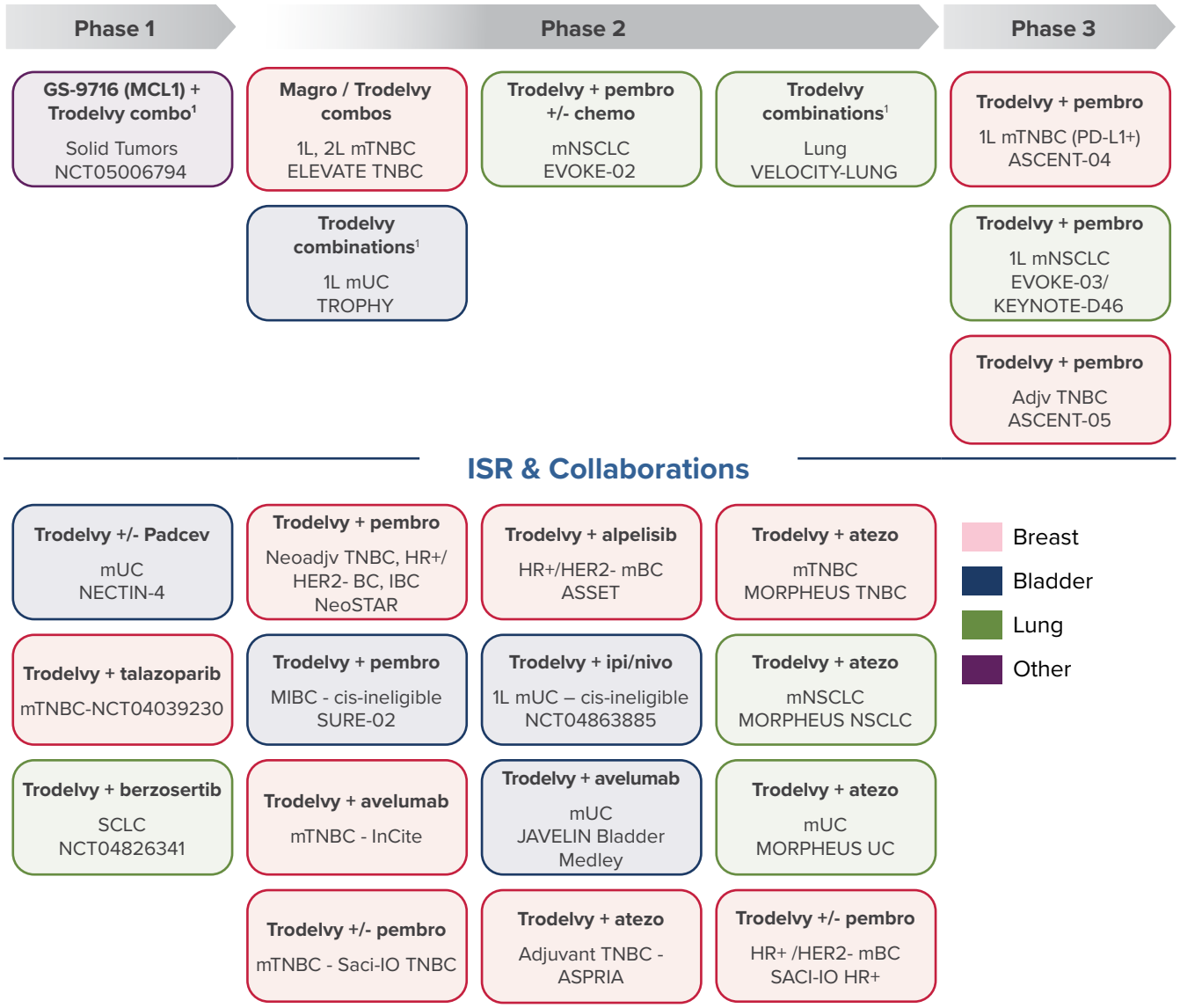
- Reduced or delayed resistance to therapy as the cancer cells are less likely to simultaneously develop resistance to multiple treatments.
- Potentially synergistic cancer cell killing through targeting different mechanisms.

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. Although Trodelvy is a targeted treatment, TROP-2 is highly expressed on most cancers and Trodelvy has demonstrated efficacy across a broad range of TROP-2 expression. In clinical trials, Trodelvy has been shown to have a well-characterized safety profile.

23 CLINICAL TRIALS

Planned or in progress exploring Trodelvy combinations across solid tumors, including breast, lung, bladder and prostate cancer.



1. Includes Trodelvy, zimberelimab and domvanalimab. Adj – adjuvant; atezo – atezolizumab; cis – cisplatin; IBC – inflammatory breast cancer; ipi – ipilimumab; mCRPC – metastatic castration-resistant prostate cancer; MIBC – minimally invasive bladder cancer; mUC – metastatic urothelial carcinoma; neoadjv – neoadjuvant; nivo – nivolumab; NSCLC – non-small cell lung cancer; pembro – pembrolizumab;

Arcus Collaboration Further Extends Oncology Pipeline

Adds a portfolio of investigational molecules spanning some of the leading potential immuno-oncology approaches. We now have more than 10 joint clinical trials, including four Phase 3 studies exploring indications in lung and upper GI cancers.

Arcus Biosciences (NYSE: RCUS) is a clinical-stage biopharmaceutical company based in Hayward, California. 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. Gilead and Arcus have been in collaboration since 2020.

Collaboration Milestones

ARCUS BIOSCIENCES

May 2020
Partnership announced giving Gilead the right to opt-in to most of Arcus' clinical and preclinical pipeline, with $375M funding from Gilead.

July 2020
Gilead gains access to Arcus' zimberelimab.

November 2021
Gilead exercises opt-in rights for dom, etruma and quemli for $725M in option payments.

May 2023
Partnership extended to include research programs in inflammation.

June 2023
Updated analysis of ARC-7 showed the addition of dom resulted in consistent clinically meaningful improvement in mPFS versus zim monotherapy in 1L mNSCLC.

November 2023
Initial data from the EDGE-Gastric study showed proof-of-concept for dom + zim in upper GI cancers.

Joint Programs

- **Domvanalimab ("dom"):** anti-TIGIT monoclonal antibodiy that binds to TIGIT, blocking tumor immunosuppression and increasing immune activity. Has the potential to be a backbone therapy for oncology combinations.
- **Zimberelimab ("zim"):** anti-PD-1 monoclonal antibody that binds to PD-1 with the potential to restore T-cell antitumor activity.
- **Etrumadenant ("etruma"):** the first dual adenosine receptor antagonist targeting A2a and A2b that helps mediate the immunosuppressive effects of adenosine in the tumor microenvironment. Etruma is an orally bioavailable small molecule being explored as part of a combination in at least four clinical trials.
- **Quemliclustat ("quemli"):** a small molecule CD73 inhibitor that helps restrict the immunosuppressive effects of adenosine in the tumor microenvironment.

Terms of Collaboration

- For programs where Gilead has opted in (included in "Joint Programs" above), Arcus and Gilead will co-develop and share costs equally. In the U.S. there will be co-commercialization and equal profit sharing. Outside of the U.S. (excluding prior Arcus collaboration partners e.g. Taiho in Japan), Gilead holds exclusive rights, and will pay mid-teen to low-20s royalties to Arcus.
- For future programs where Gilead has not opted in, the collaboration agreement is for ten years (to May 2030). Gilead has opt-in rights to other Arcus clinical candidates upon payment of a $150M opt-in fee.

GILEAD EQUITY INVESTMENT

Gilead has made a series of equity investments in Arcus, and Gilead ownership is approximately 20%[1], and holds two seats on the Board of Directors.

TIGIT: WHAT IS FC STATUS?

TIGIT antibodies block the TIGIT receptor on immune cells, reversing TIGIT-induced immune suppression in cells. Fc-enabled TIGIT antibodies also tag certain immune cells bearing TIGIT on their surface for destruction, which could have negative consequences. In contrast, Fc-silenced TIGITs (including domvanalimab, the first late-stage development Fc-slient TIGIT) are more targeted, which potentially optimizes TIGIT antibodies' ability to fully leverage the fundamental mechanism of action.

1. Based on Schedule 13D filed with the SEC on July 6, 2023, excluding Option Shares, as defined therein.

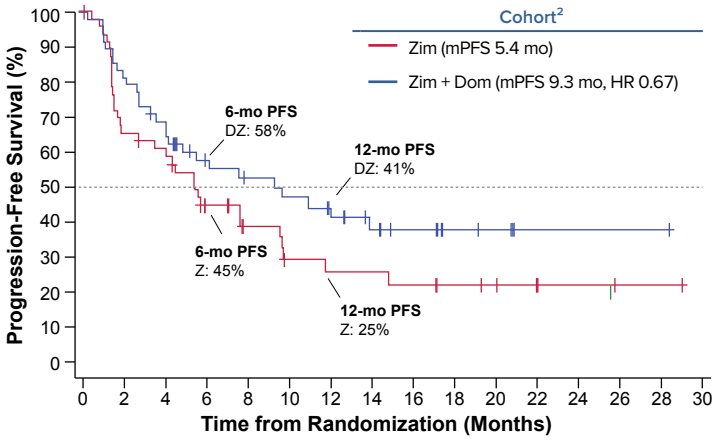
Extensive Joint Pipeline with Promising Initial Data

Joint Programs

Trial Name (Size)	Indication	Stage	Status	Study Design
ARC-10 (625)	NSCLC (PD-L1≥50%)	Phase 3	Now recruiting	Dom + Zim vs. Pembro
PACIFIC-8	Stage 3 NSCLC	Phase 3	Now recruiting	Dom + Durva vs. Durva
STAR-121 (720)	NSCLC (PD-L1 All Comers)	Phase 3	Now recruiting	Dom + Zim + Chemo vs. Zim + Chemo vs. Pembro + Chemo
STAR-221 (970)	Upper GI	Phase 3	Now recruiting	Dom + Zim + Chemo vs. Nivo + Chemo
ARC-7 (150)	NSCLC (PD-L1≥50%)	Phase 2	Data shared at ASCO 2023	Dom + Zim + Etruma vs. Dom + Zim vs. Zim
EDGE-Lung (200)	NSCLC	Phase 2	Now recruiting	Dom +/- Zim +/- Quemli +/- Chemo
VELOCITY (320)	NSCLC	Phase 2	Now recruiting	Dom +/- Zim +/- Etruma +/- Trodelvy or Other Combos
EDGE-Gastric (120)	Upper GI	Phase 2	Data shared November 2023	Dom + Zim + FOLFOX
ARC-9 (250)	Colorectal cancer	Phase 2	Interim update 1H24	Etruma + Zim + FOLFOX ± Beva vs. FOLFOX or vs. Rego;
ARC-8 (150)	Pancreatic cancer	Phase 1/1b	1L PDAC OS data 2H23	Zim ± Quemli + Gemcitabine/Nab-paclitaxel

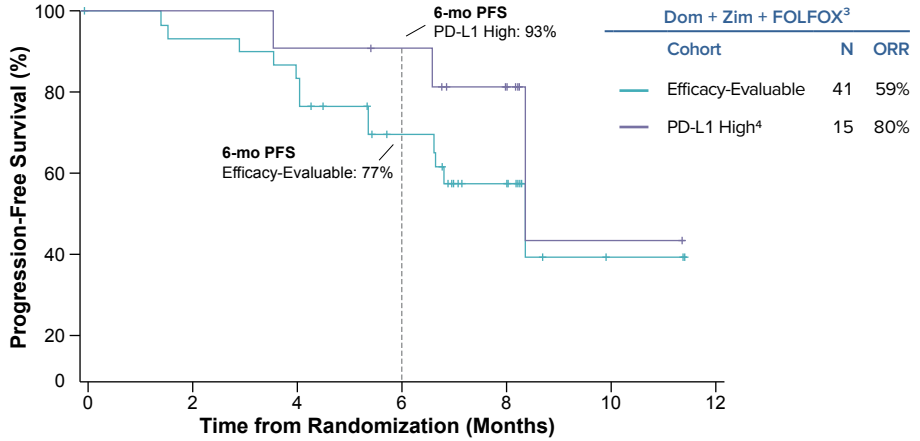
Positive ARC-7 Data in 1L mNSCLC

Data from the fifth interim analysis of ARC-7 (Phase 2 study evaluating dom + zim + etruma in 1L mNSCLC) demonstrated that the addition of dom to zim resulted in 33% reduction in risk of progression or death as compared to zimberelimab alone[1]. The readout supports our ongoing Phase 3 ARC-10 and STAR-121 studies for 1L NSCLC that are already underway.



Proof-of-Concept EDGE-Gastric Data in Upper GI

Initial data from the Phase 2 EDGE-Gastric study (evaluating dom + zim + FOLFOX in 1L metastatic upper GI cancers) demonstrated encouraging ORR and 6-month landmark PFS rate, particularly in patients with PD-L1-high tumors. The readout further establishes proof-of-concept for our ongoing Phase 3 STAR-221 trial in 1L metastatic upper GI cancers.



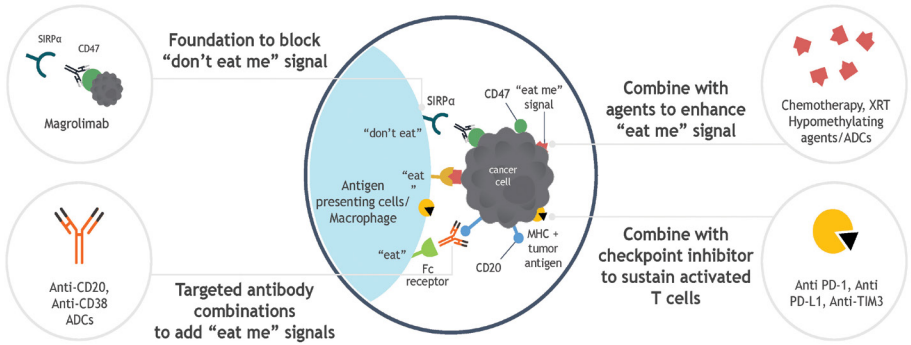
1. Includes confirmed and pending responses. 2. Not shown: Zim + Dom + Etruma cohort; mPFS 9.9 months, 6-month PFS 62%, 12-month PFS 44%. 3. Not shown: PD-L1 Low (TAP<5%) cohort: n=24, ORR 46%, 6-month PFS 68% . 4. TAP≥ 5%. TAP - tumor area positivity.

Magrolimab: Anti-CD47 With Potential in Heme & Solid Tumors

Gilead is exploring magrolimab as a backbone therapy across a range of hematologic and solid tumors, including in combination with other therapies. Gilead acquired California-based Forty Seven for $4.7 billion in April 2020.

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. It is being evaluated in a number of clinical trials with studies in nine potential indications currently underway, including four trials in solid tumors.

CD47 Pathway Development Goals



Broad Clinical Program

	Indication	Trial Name (Size)	Stage	Status
Hematological	1L higher risk MDS	ENHANCE (520)	Phase 3	Discontinued
	1L TP53m AML	ENHANCE-02 (346)	Phase 3	Discontinued Q323
	1L unfit AML	ENHANCE-03 (432)	Phase 3	Partial clinical hold Q323
	1L unfit AML; R/R AML	NCT04778410 (59)	Phase 2	Fully enrolled[1]
	Multiple Myeloma	NCT04892446 (90)	Phase 2	-
	3L DLBCL; iNHL	NCT02953509 (178)	Phase 1b/2	Final data 2023
	MDS and R/R AML	NCT03248479 (258)	Phase 1b	Discontinued Q323
Solid	1L; 2L Head & Neck	ELEVATE HNSCC	Phase 2	FPI Q3 2021
	1L; 2L mTNBC	ELEVATE TNBC (144)	Phase 2	FPI Q1 2022
	2L NSCLC; 2L SCLC; 3L mUC	ELEVATE Lung & UC	Phase 2	FPI Q4 2021
	2L mCRC	ELEVATE CRC (135)	Phase 2	FPI Q4 2022

Magrolimab Thesis

- CD47 is overexpressed in many solid and hematological cancers; its level positively correlates with tumor invasion and metastasis.
- Magrolimab could be used as a backbone for combination cancer therapies given its unique mechanism of action and synergy with other agents (see Pathway Development Goals).
- The safety profile for magrolimab has been consistent across studies. Anemia is an on-target effect due to CD47 blocking, and magrolimab's patented[2] priming and maintenance dosing is designed to help HCPs to manage this effect.
- ENHANCE-3 is evaluating a different patient population and treatment regimen from ENHANCE and ENHANCE-2, making it difficult to extrapolate results from one study to another. Given these differences, we will continue to assess the benefit-risk profile for ENHANCE-3.

LATEST UPDATE

ENHANCE and ENHANCE-2 were discontinued in Q323 based on analyses that showed magrolimab is unlikely to demonstrate a survival benefit in these indications compared to standard of care. For both of these trials, the safety data seen was consistent with the known magrolimab profile and adverse events that are typical in this patient population.

In Q323, the FDA placed a partial clinical hold on magrolimab's AML studies, including ENHANCE-3, though patients already enrolled can continue to receive study medication. The Phase 2 solid tumor studies are not impacted by these events and continue to enroll patients.

Note: magrolimab is an investigational product that has not been approved anywhere globally, and its safety and efficacy have not been established. 1. Also subject to the FDA partial clinical hold pausing enrollment. 2. Granted in U.S., Australia, Japan, and Israel; pending in Europe, Canada, and China. AML – acute myeloid leukemia; DLBCL – diffuse large B-cell lymphoma; FPI first patient in (screening + consent); HCP – health care providers; HNSCC – head & neck squamous cell carcinoma; NHL – indolent non-Hodgkin's lymphoma; mCRC – metastatic colorectal cancer; MDS – myelodysplastic syndrome; mTNBC – metastatic triple negative breast cancer; mUC – metastatic urothelial carcinoma; NSCLC – non-small cell lung cancer; R/R – relapsed / refractory; SCLC – small-cell lung cancer.

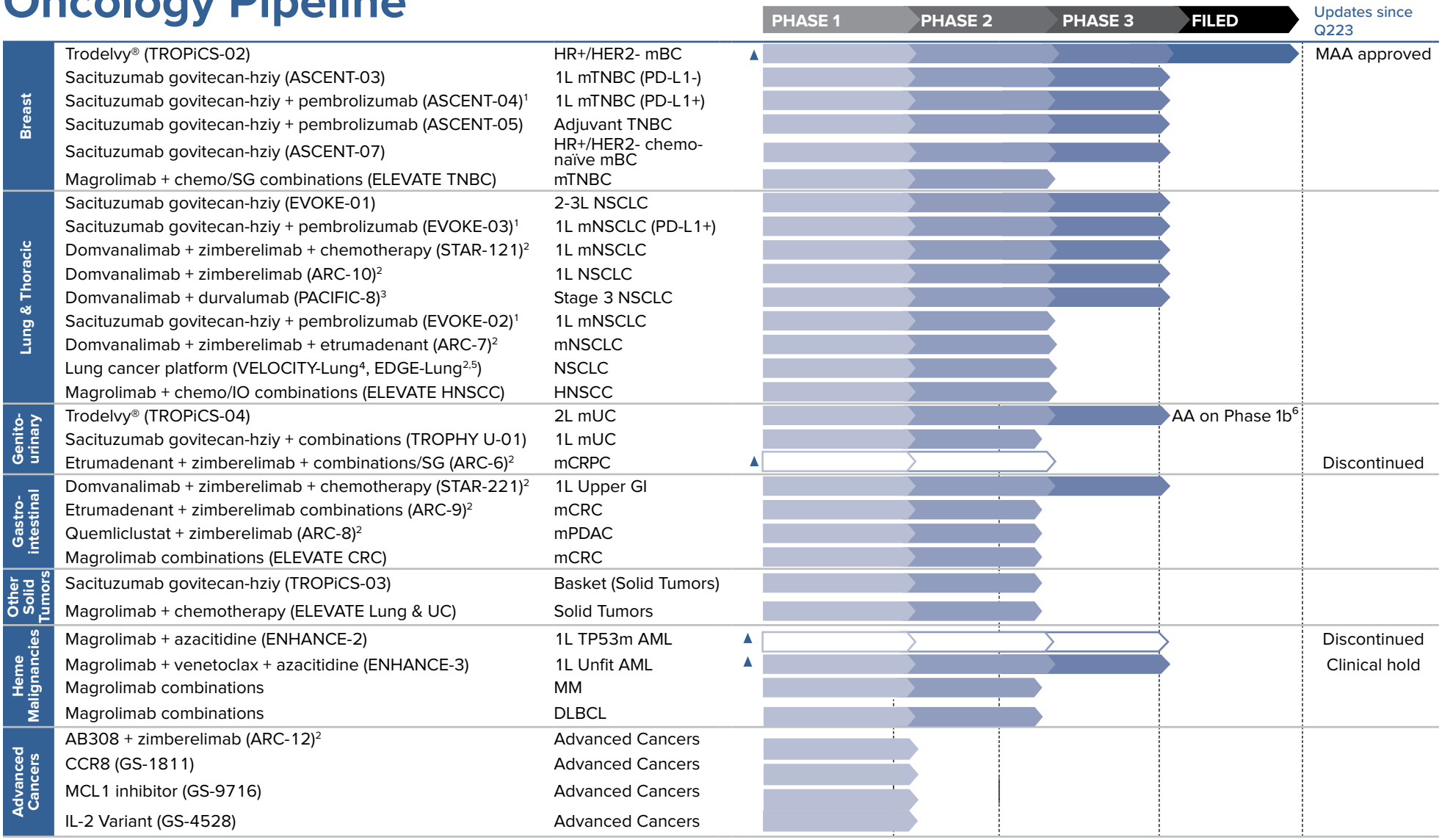
Spotlight on Early Oncology Pipeline Across Major Pathways

Gilead's oncology pipeline includes many potential first-in-class therapies across novel targets and pathways. With advanced assets, including Trodelvy and domvanalimab serving as potential key backbone assets, the earlier stage development pipeline includes assets with unique combination potential and broad applicability across tumor types. Below we highlight a few examples.

Approach	Trigger Tumor-Intrinsic Cell Death	Promote Immune-Mediated Tumor-Killing	Remodel Tumor-Permissive Microenvironment
Target	**PARP1** Acquired from XinThera in May 2023	**DGKa** Licensed from Carna in June 2019	**CCR8** Acquired from Jounce in December 2022
Program	GS-0201	GS-9911	GS-1811
Mechanism of Action	**Blocks cells from repairing its damaged DNA**	**Enhances cytotoxic T-cell activity**	**Regulatory T-cell depletion via ADCC activity**
Clinical Phase	Pre-IND	**Phase 1** Monotherapy and in combination with zimberelimab	**Phase 1** Monotherapy and in combination with zimberelimab
Pathway Opportunity	PARP1 selective inhibitors have the potential to mitigate the hematological toxicities seen in first-generation, dual PARP1/2 inhibitors. This enables combination with a wide variety of DNA-damaging agents, including both systemic chemotherapy and targeted agents such as Trodelvy.	Potent, highly selective, and oral inhibitor of DGKa, which results in enhanced CD8+ T cell activity. Has potential anti-tumor activity as a monotherapy or in combination with anti-PD-(L)1 therapies.	CCR8 is highly expressed on Tregs in a broad range of solid tumors, and may be an important mechanism of resistance to PD(L)1 checkpoint inhibitors, but is not on the majority of circulating Tregs. Depletion of Tregs in tumors could relieve immunosuppression and activate effector T cells.
Potential Combinations	• TROP2 (Trodelvy)	• PD-1 (zimberelimab) • CCR8 (GS-1811) • PD-1 (zim) + TROP2 (Trodelvy) • PD-1 (zim) + TIGIT (domvanalimab)	• PD-1 (zimberelimab) • DGKa (GS-9911) • TROP2 (Trodelvy) • SoC chemotherapy

ADCC - antibody-dependent cellular cytotoxicity; CCR8 - chemokine Receptor 8; DGKa - diacylglyceral kinase alpha; PARP - poly ADP ribose polymerase; PD-L1 - programmed death-ligand 1; SoC - standard of care; Tregs - regulatory T cells.

Oncology Pipeline



★ New listing since Q223 ▲ Change since Q223 Planned program

Pipeline shown above as of end of Q323. 1. In collaboration with Merck. 2. In collaboration with Arcus Biosciences. 3. In collaboration with Arcus Biosciences and AstraZeneca. 4. VELOCITY-Lung includes combinations of domvanalimab, etrumadenant, zimberelimab, and sacituzumab govitecan-hziy. 5. EDGE-Lung includes immunotherapy-based combinations of quemliclustat, domvanalimab, and zimberelimab. 6. The FDA granted accelerated approval for Trodelvy® in 2L mUC Apr 2021 based on TROPHY U-01 Phase 1b trial. AA - accelerated approval, HNSCC - head and neck squamous cell carcinoma, HR+/HER2-mBC - hormone receptor positive, human epidermal growth factor receptor 2 negative metastatic breast cancer, mCRPC - metastatic castrate-resistant prostate cancer, 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.

Inflammation: Investing In Early Stage Pipeline

Gilead is developing therapies for inflammatory and fibrotic diseases through both internal programs and collaborations with external partners. Our pipeline spans a range of mechanisms of action (MoAs), and we are excited to advance our understanding in this field of high unmet need to potentially bring transformative therapies to market.

INFLAMMATION: PRIMED FOR THERAPEUTIC INNOVATION

Inflammatory disease is widepread, with high unmet needs. We believe that inflammation represents the next horizon of precision medicine and real-world value demonstration, two critical trends enabling the reshaping of medical innovation.

The pathway biology of inflammation is complex and our scientific framework includes a broad array of approaches. The science and technology to address and understand underlying drivers of disease is maturing rapidly, positioning the market to see breakthroughs over the next two decades.

Leveraging Acquisitions and Collaborations:

MiroBio Acquisition (August 2022): Provides Gilead with MiroBio's proprietary discovery platform and portfolio of immune inhibitory receptor agonists.

EVOQ Collaboration (December 2022): A research collaboration with an option to license EVOQ's NanoDisc technology to develop and commercialize products for RA and SLE.

Nurix's IRAK4 License (March 2023): Exclusive license to Nurix's investigational targeted protein degrader molecule NX 0479, now designated as GS-6791.

XinThera Acquisition (May 2023): Rights to an investigational PARP1 inhibitor for oncology and MK2 for inflammatory diseases, trials potentially initiating in 2023.

Arcus Partnership Expansion (May 2023): A research collaboration with options to exclusively license candidates on up to four undisclosed inflammatory disease targets.

Tentarix Collaboration (August 2023): A research collaboration with equity investment and options for up to three programs co-developed using Tentarix's proprietary Tentacles platform.

Growing Pipeline of Inflammation Assets

Approach	Selected Targets & Mechanism of Action		Program	Indication	Stage
Block Immune Activation, Infiltration, and Cytokines	α4β7	Blocks α4β7 integrin to prevent certain immune cells from entering the gut	GS-1427	IBD	Phase 1
	IRAK4i	Blocks IRAK4 signaling to prevent inflammatory cytokine production from TLRs and IL-1R	Edecesertib	SLE	Phase 2
	TPL2	Blocks TPL2 signaling to regulate inflammatory cascade from innate immune cells	Tilpisertib fosmecarbil	IBD	Phase 1
	MK2	Blocks MK2 signaling to prevent inflammatory cytokine expression (e.g. TNF, IL-1B, IL-6)	GS-0525	RA	--
Tolerize Immune Response	BTLA	Enhances BTLA activity to suppress T cells, B cells, and dendritic cells	GS-0272	SLE/RA	Phase 1b
Restore Function and Promote Regeneration	FXR	Decreasing bile acid production, increasing its elimination from the liver	Cilofexor	NASH	Phase 2[1]
	ACC	Blocking production of new fatty acids, increasing its breakdown into energy	Firsocostat	NASH	Phase 2[1]

1. Combined cilofexor / firsocostat trial including GLP-1 semaglutide, in collaboration with Novo Nordisk. ACC - acetyl-CoA carboxylase; CLE - cutaneous lupus erythematosus; GLP-1 - glucagon like peptide-1; IBD - inflammatory bowel disease; NASH - nonalcoholic steatohepatitis; RA - rheumatoid arthritis; SLE - systemic lupus erythematosus; UC - ulcerative colitis.

Galapagos Partnership Focuses on Research & Discovery

Galapagos (Nasdaq: GLPG) was founded in 1999 with a focus on the discovery and development of various drug modalities, including small molecules and biologicals for inflammatory diseases, as well as cell therapy development for oncology and immune-mediated diseases more recently.

Galápagos
Pioneering for patients

R&D Collaboration Scope

- In July 2019, Gilead and Galapagos expanded their collaboration to include exclusive access to Galapagos' R&D portfolio until 2029. Gilead made a $3.95B upfront payment and a $1.1B equity investment for ~22% shareholding.
- After the completion of a qualifying Phase 2 study, Gilead can exercise an option to any program by making a $150 million opt-in payment per program for ex-Europe rights.
- After option exercise, parties will co-develop the compound and share costs equally. Galapagos will also 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 until August 2024. At September 30, 2023, Gilead ownership is ~25%, and holds two seats on the Board of Directors.

Galapagos Portfolio

Galapagos' pipeline ranges from discovery through to late-stage assets in immunology and oncology, across various drug modalities, including a clinical CAR T pipeline in Point-of-Care setting.

Class	Asset	Indication	Stage	Therapeutic Area	Status
TYK2	3667	DM	Phase 2	Immunology	-
		SLE	Phase 2	Immunology	-
Multiple Targets	-	-	Pre-Clinical	Immunology	-
CD19 CAR T	5101	SLE	Pre-Clinical	Immunology	-
		NHL	Phase 1/2	Oncology	Data at ASH 2023
CD19 CAR T	5201	CLL	Phase 1/2	Oncology	Data at ASH 2023
BCMA CAR T	5301	MM	Pre-Clinical	Oncology	-

Filgotinib Collaboration Milestones

December 2015
Galapagos and Gilead announced a global partnership to develop and commercialize the JAK1 preferential inhibitor filgotinib for 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. Expanded agreement spans 10 years.

September 2020
Filgotinib approved for RA in EU, UK, & Japan.

August 2020
All rights transferred to Galapagos to commercialize filgotinib in Europe.

December 2020
The parties discontinued efforts on the RA indication in the U.S.

November 2021
Filgotinib approved for UC in EU.

January 2022
Filgotinib approved for UC in UK.

March 2022
Filgotinib approved for UC in Japan.

October 2023
Galapagos announced intended sale of Jyseleca business to Alfasigma. Gilead and Galapagos discontinued agreement for development cost-share and European royalties due to Gilead.

CLL - chronic lymphocytic leukemia; DM - dermatomyositis; MM - multiple myeloma; NHL - non-Hodgkin's lymphoma; RA - rheumatoid arthritis; rSLE - refractory systemic lupus erythematosus; UC - ulcerative colitis.

Key Corporate Transactions and Partnerships

	Name	Date	Detail
M&A	XinThera	May-23	Acquisition to add early pipeline in oncology and inflammation, including PARP1 asset (~$200M)
	Tmunity	Dec-22	Acquisition to pursue next generation CAR T-cell therapy advancements in cancer (closed February 2023) (~$300M)
	MiroBio	Aug-22	Acquisition adding investigational inflammation therapies to the Gilead portfolio ($414M)
	MYR	Mar-21	Acquisiton to add Hepcludex (bulevirtide), for certain HDV infections (€1.3B)
	Immunomedics	Oct-20	Acquisition adding the antibody-drug conjugate Trodelvy and other assets to the Gilead portfolio (~$21B)
	Forty Seven	Apr-20	Acquisition to add investigational immuno-oncology therapies including magrolimab to the Gilead portfolio ($4.7B)
	Kite	Oct-17	Acquisition adding oncology cell therapy to the Gilead portfolio (~$11B)
SELECT COLLABORATIONS AND/ OR LICENSES	Epic Bio	Oct-23	Collaboration and license agreement for Epic Bio's gene regulation platform to develop next-generation oncology cell therapies
	Galapagos	Oct-23	Amended collaboration agreement in relation to the development cost sharing and tiered royalities on Jyseleca sales in Europe
	Assembly Bio	Oct-23	Collaboration for research and development of novel antiviral therapies, including in herpesviruses, HBV, and HDV ($100M)
	Tentarix	Aug-23	Collaboration to discover and develop novel therapies across cancer and inflammation ($66M)
	Arcus	May-23	Expansion of existing partnership to include research programs in inflammation ($35M)
	Nurix	Mar-23	Exercised option to license IRAK4 targeted protein degrader for inflammation
	EVOQ	Dec-22	Collaboration to advance immunotherapies in treatment of RA and lupus
	Jounce	Dec-22	Acquisition of all remaining rights to potential first-in-class immunotherapy GS-1811 ($67M)
	Arcellx	Dec-22	Strategic collaboration to co-develop and co-commercialize late-stage clinical CART-ddBCMA in multiple myeloma ($327M)
	Daiichi Sankyo	Dec-22	Announced changes to Yescarta CAR T-cell therapy licensing agreement in Japan
	Refuge[1]	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 ($60M)
	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 ($300M)
	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) ($625M)
	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

Note: amounts listed represent equity and upfront payments, and may not reflect amounts charged as acquired IPR&D. Future milestones and other contingent payments are not included.

1. The Champalimaud Foundation acquired the patent portfolio of Refuge Biotechnologies in October 2023, who continues to license the platform to Kite.

ESG At Gilead: Innovating for Unmet Needs

Gilead's approach to ESG stems from its unique role within the healthcare industry. Through decades of developing groundbreaking therapies to meet the needs of underserved individuals at risk of or living with HIV, viral hepatitis and cancer, Gilead has demonstrated our commitment to ESG by advancing health equity for all. We will continue to advance health prosperity for decades to come.

Scientific Innovation

Making the world a healthier place for all people starts with delivering innovative therapies. Our ambitions have led to a cure for the HCV, and we are leading the charge to help end the HIV epidemic for everyone, everywhere, by helping to transform treatment and prevention of HIV.

The burden of disease disproportionately impacts some communities and populations due to social determinants of health, disparities in healthcare access, comorbidities, and differences in disease biology.

At Gilead, we have pioneered therapies and dosing options that can make a dramatic difference in the lives of these individuals through prevention, treatment and, in some cases, even cure.

We want to ensure that the voices and participation of Black, Hispanic or Latino people, people of color, women and LGBTQ+ individuals are shaping our clinical research, and nowhere is this more important than in the design and execution of our clinical trials.

Health Equity

At Gilead, we understand that making the world a healthier place for all people means going beyond the medicine to help remedy health inequities and other barriers to care.

We support and work with organizations across the globe that address stigma, discrimination, and other barriers to wellbeing. Together, we have created unique programs to improve access to healthcare, raise awareness of the ongoing HIV and HCV epidemics, and innovate in oncology.

Advancing Health Equity

1.3M Educational touch points with healthcare providers in 2022

17M HIV and viral hepatitis tests conducted through focus program since 2010

10 Diversity in Clinical Trial Investigator Pathway Program awards funded in 2022

Access and Affordability

Gilead is committed to broad patient reach through pioneering access programs that touch all parts of the healthcare ecosystem. We have decades of experience navigating the complex access issues faced by the most vulnerable populations impacted by disease in every region.

We have developed and supported programs for patients and healthcare providers, as well as addressing affordability through pricing structures and licensing agreements.

Voluntary Licensing Access

8M Individuals treated with remdesivir through voluntary licensing

2.5M Sofosbuvir-based HCV treatments made available through voluntary licensing

20M HIV treatments based on Gilead's innovation made available in 2022

2022 Milestones and Achievements

RANKED #1
Overall philanthropic funder of HIV-related programs

PERFECT SCORE
On Human Rights Campaign Corporate Equality Index for five consecutive years

PATENT FOR HUMANITY
Award received from U.S. Patent and Trademark Office for our COVID-19 efforts

$14M
Committed to Robert A. Winn Diversity in Clinical Trails Award program

For full information about Gilead's ESG initiatives or to review our 2022 ESG Report, please visit https://www.gilead.com/purpose/esg

ESG At Gilead: Empowering People and Communities

Solving the world's health challenges requires people who care deeply about making a positive impact in the world, reflect the diversity of the communities we serve and are empowered to contribute their unique perspectives. Our success as a company is indeed made possible by our unique culture and more than 17,000 employees.

17,000+ Gilead Employees Across Six Continents

THE GILEAD FOUNDATION

Funded entirely by Gilead, the Gilead Foundation is a 501(c)(3) organization, that was endowed with $285 million between 2021 and 2022. Its goal is to help create impact in the community and society by encouraging a culture of giving, engaging in local communities and exploring innovative approaches to addressing complex social issues.

2022 IMPACT

- **$19.6M** donations globally
- **2.9K** causes supported, across **29** countries
- **3.2K** employee donors, **690** employee volunteers

CREATING POSSIBLE

Founded in 2022 to support high-impact strategies that advance health through education equity, with a main focus on building a pipeline of Black healthcare leaders.

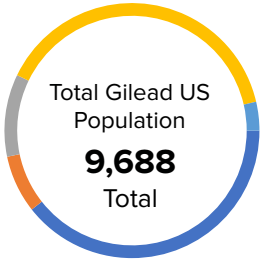
Forging an Inclusive Supply Chain

$445M

Invested in minority suppliers in 2022

We are committed to creating and fostering an inclusive and high-performing supplier base by engaging with businesses owned by women, minorities, U.S. veterans, people with disabilities and members of the LGBTQ+ community, among other elements of responsible sourcing. We have set Board-level objectives for supplier diversity spend, created inclusion targets for our supply chain, increased spend with existing diverse suppliers and challenged ourselves to increase overall spend with diverse suppliers. We are committed to spending $1 billion with diverse suppliers from 2021 through 2025, prioritizing partnerships with Black-owned businesses.

Gilead's Diverse Workforce[1]



4,608 Male

5,080 Female

- **39.4%** White
- **7.3%** Black/African American
- **10.5%** Hispanic/Latino
- **39.2%** Asian
- **3.6%** Other

In 2022, Gilead's salary ratio for women to men globally was 99.92:100.

Nearly **60%** of our employees belong to at least one of these 6 ERGs:

For full information about Gilead's ESG initiatives or to review our 2022 ESG Report, please visit https://www.gilead.com/purpose/esg 1. U.S. workforce only. Data based on U.S. definitions/ demographics as of 2023 EEO-filing (based on December 21, 2022) data and includes Kite. Other category includes two or more races, Native Hawiian or Pacific Islander and American Indian or Alaskan Native categories. Gilead's total U.S. workforce in 2022 was 10,707. 9,688 are at the professional, managerial and executive levels. ERG - employee resource group.

ESG At Gilead: Sustaining Our Shared Planet

The health of our planet and its people are inextricably linked. Our strategy is to set ambitious environmental targets and put programs in place to address the four focus areas that guide our comprehensive approach to sustainability: Carbon, Water, Waste and Product.

Renewable Energy & Efficiency

Going into 2022, four solar installations at Gilead's owned facilities had the capacity to generate up to 9.5 million kWh per year of renewable energy.

In 2022, we completed energy and water assessments across the enterprise and acted upon the results by implementing a variety of efficiency initiatives around the world. We focused primarily on optimizing our HVAC systems, our largest source of electricity and natural gas consumption.

Green Buildings

In the past seven years, the number of facilities with green-building certifications achieved by Gilead has increased from zero to 20, with 18 projects certified in the last three years.

Through sustainable design, construction and operations, buildings with LEED certification are designed to have lower carbon, energy, water and waste footprints; prioritize safer and more locally sourced materials; and deliver lower exposure to toxins than equivalent standard buildings.

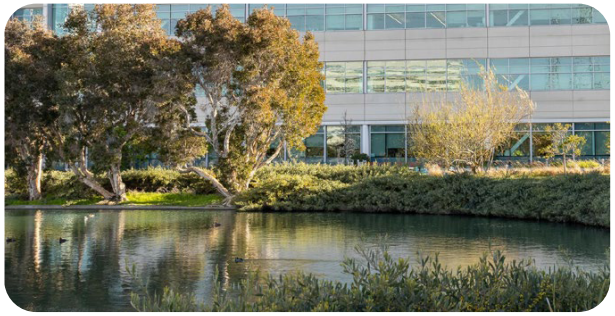
Waste Reduction & Landfill Diversion

In 2022, 47% of the targeted single-use plastics were eliminated from Gilead sites (excluding manufacturing and R&D operations) to support our commitment to achieve 100% elimination of targeted single-use plastics by 2025.

We are also exploring ways to reduce the amount of single-use plastics used to contain and ship our pharmaceutical products. This is particularly challenging in the pharmaceutical/biopharmaceutical industry, as single-use plastics help product quality demands and reduce the risk of contamination.

Water Conservation

Developing and manufacturing pharmaceutical products requires a significant amount of water. Gilead's approach is to first reduce the amount of water we use in facilities that have high consumption, and then pursue ways to recycle and reuse it. In relation to our water consumption that takes place in water-stressed regions, we have set a target to achieve water neutrality by 2030.



Sustainability Beyond Gilead

The vast majority of the emissions footprint associated with our company falls outside of our operational control. As such, we have made our suppliers a central component of attaining our emissions goals.

2022 Milestones & Achievements

17.9M KWH
Of energy saved/avoided through efficiency measures

LEED PLATINUM
Certification achieved for Employee Wellbeing Center and LEED Silver at 2 addtional U.S. sites

DJSI WORLD
Admitted to Dow Jones Sustainability World Index for 2nd consecutive year

47%
Of in-scope plastics eliminated

RANKED #1
Most Sustainable Biotech Worldwide by Corporate Knights

CDP LEADER
Named CDP Supplier Engagement Leader for actions reuding supply chain climate risk

For full information about Gilead's ESG initiatives or to review our 2022 ESG Report, please visit https://www.gilead.com/purpose/esg

ESG At Gilead: Setting Ambitious Sustainability Targets

We have set bold science-based greenhouse gas emissions reduction targets for our own operations and for our value chain.

Sustainability Goals for a Healthier World

At Gilead, we believe there's a sustainable way to execute every business practice, and that mindset motivates all our actions. Climate change and poor air quality resulting from burning fossil fuels can adversely impact human health. Given Gilead's vision to make the world a healthier place for all people, we feel an obligation to be part of the solution.

Gilead's efforts also reach beyond the impacts associated with our company, including collaborating with universities, industry associations, and local communities to advance sustainability. At Gilead, we believe in sharing our knowledge of sustainability with others that can benefit. We aim to embed sustainability into our culture so that it is integral to everything we do. If we do this well, we will achieve our mission to deliver innovative medicines while doing what is right for people and the planet.

To realize our vision of a low-carbon future, hold ourselves accountable and track our progress along the way, we set ambitious science-based emissions reduction targets in 2021 for our own operations (Scope 1 and Scope 2) and for our supply chain (Scope 3). After a comprehensive review process, we received validation for these targets from the Science Based Targets initiative (SBTi). With our SBTi-validated goals, we have taken our place alongside leading companies in the fight against climate change.

For an overview of our current performance, please visit https://www.gilead.com/purpose/sustainability/performance.

CARBON

- Reduce Scope 1 and 2 GHG emissions by 46%[1] and Scope 3 GHG by 15%[1]
- Transition 100% of fleet vehicles to electric or low emissions, and increase charging infrastructure
- 100% renewable electricity in operations by 2025 (RE100)
- Achieve carbon net-zero operational GHG emissions

WATER

- Achieve water neutrality in water-stressed regions. This entails reducing our water usage, as well as investing in projects that increase supplies of fresh water to offset the water that we use.
- Reduce potable water use at owned facilities by 30%[1]

WASTE

- Reduce total waste generation by 20%[1]
- Achieve zero waste to landfill status at owned facilities; Foster City to achieve by 2025
- Eliminate single-use plastics by 2025 (excludes manufacturing and R&D operations) and exploring ways to reduce the amount of single-use plastics used to contain and ship our pharmaceutical products.

PRODUCT

- 100% product packaging widely recyclable or reusable, including elimination of all unnecessary plastics[2, 3]
- Use 30% post-consumer recycled content in all plastic packaging by 2025[2, 3]
- Use 70% recycled content paper from sustainability managed forests by 2025[2, 3]

1. Compared to 2019 baseline. 2. Excudes primary packaging. 3. Where quality and safety permit.

Press Releases: Corporate & Regulatory

This page highlights select recent corporate and regulatory press releases from Gilead. For a comprehensive list of all press releases, visit gilead.com/news-and-press/press-room/press-releases and https://www.gilead.com/news-and-press/company-statements.

24-Aug-23	FDA Approves Veklury for COVID-19 Patients with Hepatic Impairment
27-Jul-23	Trodelvy Receives EC Approval for Pre-treated HR+/HER2- mBC
19-Jul-23	Hepcludex Receives Full EC Approval for HDV
14-Jul-23	Veklury Receives FDA Approval for Renal-impaired COVID-19 Patients
13-Jul-23	New Pediatric HIV Partnership with CHAI and Penta
22-Jun-23	Completed Transfer of Japan Yescarta Authorization from Daiichi Sankyo
26-May-23	Positive Vekluy CHMP Opinion for Renal-impaired COVID-19 Patients
16-May-23	Appoints Cindy Perettie as EVP, Kite
04-Apr-23	UK's NICE Recommends Expanded and Earlier Use of Cell Therapies
02-Feb-23	FDA Approves Trodelvy in Pre-treated HR+/HER2- mBC
10-Jan-23	Kite Expands Cell Therapy Manufacturing Operations in Maryland
03-Jan-23	EMA Validates MAA For Trodelvy For Pre-treated HR+/HER2- mBC
22-Dec-22	Yescarta Now Approved in Japan for Initial Treatment of R/R LBCL
22-Dec-22	FDA Approves Sunlenca for People with HTE HIV
12-Dec-22	Named to Dow Jones Sustainability World Index
29-Nov-22	EC Grants Expanded MAA for Biktarvy for HIV in Pediatric Populations
07-Nov-22	Supreme Court Denied Juno's Appeal Request in Juno vs. Kite Case
02-Nov-22	FDA Approves Vemlidy for Treatment of HBV Pediatric Patients
17-Oct-22	Yescarta Receives European Marketing Approval for Diffuse LBCL
11-Oct-22	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
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
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 $85M 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
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	FDA Approves New Label Update for Yescarta
21-Jan-22	FDA Approves sNDA filing of Veklury in the Outpatient Setting
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

Quarterly Announcement Releases

07-Nov-23	Announces Q3 2023 Results
03-Aug-23	Announces Q2 2023 Results
27-Apr-23	Announces Q1 2023 Results
02-Feb-23	Announces Q4 & FY 2022 Results
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

ALL – acute lymphocytic leukemia; bNAb – broadly neutralizing antibody; CHMP – Committee for Medicinal Products for Human Use; CIMBTR – Center for International Blood and Marrow Transplant Research; COVID-19 – SARS-CoV-2; CRL – complete response letter; EC – European Commission; ECCMID – European Congress of Clinical Microbiology and Infectious Diseases; EMA – European Medicines Agency; EVP – Executive Vice President; HBC – hepatitis B virus; HCV – hepatitis C virus; HDV – hepatitis delta virus; HTE – heavily treatment-experienced; JPA – joint procurement agreement; LBCL – large B-cell lymphoma; MAA – Marketing Authorization Approval (European Commission); mBC – metastatic breast cancer; mTNBC – metastatic triple-negative breast cancer; mUC –metastatic urothelial carcinoma; NDA – new drug application; NSCLC – non-small cell lung cancer; OS – overall survival; PDM – Pharmaceutical Development and Manufacturing; PFS – progression-free survival; PWH –people with HIV; PoC – proof-of-concept; R/R – relapsed / refractory; SOC – standard of care; sBLA – supplemental biologics license application; sNDA – supplemental new drug application; WHO – World Health Organization.

Press Releases: Recent Data Updates

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

	Date	Product	
HIV	20-Oct-23	Lenacapavir	Analyses from the Phase 2/3 CAPELLA Study of Lenacapavir in People with Multi-Drug Resistant HIV
	19-Oct-23	Biktarvy	3-Year Outcomes from Real-World BICSTaR Study of Biktarvy in People with HIV who have a High Burden of Co-Morbidities
	18-Oct-23	Lenacapavir	Announced PURPOSE 5, a New Phase 2 study Evaluating Lenacapavir for PrEP in Europe
	03-Oct-23	Lenacapavir	2-Year Outcomes from the Phase 2/3 CAPELLA Study of Lenacapavir for Treatment of HIV
	03-Oct-23	Biktarvy	Long-Term Outcomes from the Real-World BICSTaR Study of Biktarvy in People with HIV who have Pre-Existing Drug Resistance
	23-Jul-23	Lenacapavir	New Patient-Reported Outcomes on Sustained Impact on Health-Related Quality of Life from Twice-Yearly Lenacapavir
	23-Jul-23	Biktarvy	New Data Demonstrates Further Efficacy and Safety Profile in Range of People, Including Virologically Supressed Pregnant Women
	22-Feb-23	Lenacapavir	Positive Phase 1b PoC Data for Investigational Combination of Lenacapavir with bNAbs Teropavimab and Zinlirvimab
HDV	22-Jun-23	Hepcludex	Demonstrates Sustained Efficacy and Safety Profile in People With Chronic Hepatitis Delta Virus at 96 Weeks
COVID-19	3-Oct-23	Obeldesivir	Drug-Drug Interaction Data and In Vitro Data Showing Activity Against Recent COVID Subvariants
	3-Oct-23	Veklury	In Vitro Data Showing Activity Against Recent COVID Subvariants and Safety Data in Populations with Kidney and Liver Impairment
	28-Sep-23	Obeldesivir	Discontinued Phase 3 BIRCH trial in Higher-Risk Patients Due to Lower Than Expected Incidence Rates and Related Hospitalizations
	16-Apr-23	Veklury	Demonstrates Efficacy and Safety Profile in People with Moderate to Severe Renal Impairment
	21-Feb-23	Veklury	Real World Study of More than 500,000 Hospitalized Patients Shows Veklury Reduced Mortality Risk
Cell Therapy	2-Nov-23	CART-ddBCMA	22-Month Follow-Up Data from the Phase 1 Trial Evaluating CART-ddBCMA in Mulitple Myeloma
	16-Oct-23	Yescarta	Comparative Analysis, Adjusted for Trial Differences, on Yescarta Relative to Bispecific Antibodies in 3L+ R/R LBCL
	18-Sep-23	Yescarta	Demonstrates High Response Rate And Durable Remission In ALYCANTE Study For Transplant Ineligible Patients with R/R LBCL
	6-Jun-23	Tecartus	Real-World Evidence Shows Tecartus Demonstrates 78% CR Rate and 90% ORR in R/R Mantle Cell Lymphoma
	5-Jun-23	Yescarta	Zuma-7 Study Shows Yescarta Demonstrates Significantly Longer Overall Survival Versus Standard of Care in LBCL
	21-Mar-23	Yescarta	Demonstrates a Statistically Significant Improvement in OS for Initial Treatment of R/R LBCL
Oncology	7-Nov-23	Domvanalimab	Proof-of-Concept Phase 2 Data for Dom + Zim + FOLFOX in 1L Upper GI Cancers
	16-Oct-23	Trodelvy	Phase 2 Basket Study Proof-of-Concept Data for Trodelvy in HNSCC and ES-SCLC
	26-Sep-23	Magrolimab	Phase 3 ENHANCE-2 Study in TP53m AML Discontinued Due to Futility
	10-Sep-23	Trodelvy	Phase 2 EVOKE-02 Study on Trodelvy in Combination with Keytruda in 1L NSCLC Shows Promising Clinical Activity
	21-Aug-23	Magrolimab	FDA Places a Partial Clinical Hold on Magrolimab Studies in AML
	21-Jul-23	Magrolimab	Phase 3 ENHANCE Study in HR-MDS Discontinued Due to Futility
	5-Jun-23	Trodelvy	TROPiCS-02 Continues to Show Durable Overall Survival Advantage in Pre-Treated HR+/HER2- mBC
	3-Jun-23	Domvanalimab	Anti-TIGIT Arms Continue to Demonstrate Consistent Improvement in Progression-Free Survival in Phase 2 ARC-7 NSCLC Study

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, Galapagos NV, and Georgetown University.

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.

Stacey Ma, PhD,
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.

Additional biographical information regarding our directors and officers is available on gilead.com.

Our Leadership Team

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.

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.

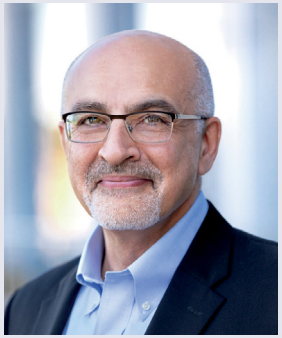
She currently serves on the board of directors of Lam Research and California Conference for Women.

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.

Additional biographical information regarding our directors and officers is available on gilead.com.

Our Leadership Team



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.

Cindy Perettie,
EVP, Kite

Cindy Perettie serves as Executive Vice President of Kite, and is responsible for overseeing the cell therapy business.

Cindy joined Kite in 2023 with more than 20 years of scientific and commercial leadership experience in global biopharmaceutical organizations. Most recently, she served as Head of Roche Molecular Lab Solutions where she oversaw the PCR (polymerase chain reaction) and Sequencing Business. Prior to that, she was Chief Executive Officer at Foundation Medicine. Before joining Foundation Medicine, Cindy was Head of Global Oncology Strategy at Roche's Oncology Unit. In 2012, Cindy joined Sarah Cannon Research Institute as President of Global Development Innovations, where she gained invaluable insights into the day-to-day care of people living with cancer. She started her career at Johns Hopkins University as a senior research associate.

She holds an MBA from Saint Mary's College of California and a bachelor's degree in biology with a minor in chemistry from The State University of New York at Potsdam.

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.

Additional biographical information regarding our directors and officers is available on gilead.com.

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

33%

3 out of 9
are women

Independence

89%

8 out of 9
are independent

Ethnic Diversity

44%

4 out of 9
are ethnically diverse

Public Directorships

1.2*

Average held at
September, 30 2023

Board of Directors Tenure

33%

0 - 3 Years
as Board Member

44%

3 - 6 Years
as Board Member

22%

> 6 Years
as Board Member

* Excluding Gilead.

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, Galapagos NV, and Georgetown University.

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.

Additional biographical information regarding our directors and officers is available on gilead.com.

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.

Additional biographical information regarding our directors and officers is available on gilead.com.

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. 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

Anthony Welters joined our Board in October 2020. Mr. Welters is the 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, LLC, an organization focused on building and growing commercial enterprises in Sub-Saharan Africa. Mr. Welters also serves as Co-Founder and Chairman of Somatus, Inc., a leading provider of value-based kidney solutions to payors, health systems, and other organizations seeking alternatives to traditional fee for service dialysis. An industry veteran for over four decades, Mr. Welters founded AmeriChoice in 1989, and upon acquisition by UnitedHealth Group (UHG) in 2002, Mr. Welters joined UHG serving as Senior Adviser to the Office of the CEO, Executive Vice President and Member of the Office of the CEO, until retiring in 2016. He also led UHG's Public and Senior Markets Group. Mr. Welters currently serves on the board of directors of The Carlyle Group and Loews Corporation.

Additional biographical information regarding our directors and officers is available on gilead.com.

Analyst Coverage and Largest Investors

Sell-Side Coverage

Firm	Analyst
Baird	Brian Skorney, CFA
Bank of America	Geoff Meacham, PhD
Barclays	Carter Gould
BMO	Evan Seigerman
Cantor Fitzgerald	Olivia Brayer
Evercore ISI	Umer Raffat
Goldman Sachs	Salveen Richter, CFA
HSBC	Morten Herholdt
Jefferies	Michael Yee
JPMorgan	Chris Schott, CFA
Leerink	Daina Graybosch, PhD
Maxim Group	Jason McCarthy, PhD
Mizuho	Salim Syed
Morgan Stanley	Terrence Flynn, PhD
Morningstar	Karen Andersen, CFA
Needham	Joseph Stringer, PhD
Oppenheimer and Co.	Hartaj Singh
Piper Sandler	Joseph Catanzaro, PhD
Raymond James	Steven Seedhouse, PhD
RBC	Brian Abrahams, MD
Redburn Atlantic	Simon Baker, PhD
TD Cowen	Tyler Van Buren
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 largest investors as of the most recently available filings at the time of publication.

	Firm	6/30/23	Style
1	The Vanguard Group	112,792,948	Index
2	BlackRock Institutional Trust	81,027,234	Index
3	Capital World Investors	80,929,316	Growth
4	State Street Global Advisors (U.S.)	59,317,162	Index
5	Capital Research Global Investments	57,899,669	Growth
6	Dodge & Cox	33,979,757	Deep Value
7	Geode Capital Management	24,212,636	Index
8	Fidelity Management & Research	18,614,419	GARP
9	Wellington Management Co.	16,641,502	Value
10	BlackRock Asset Management Ireland	13,519,463	Index
11	Norges Bank Investment Management	12,989,939	Core Value
12	Parnassus Investments	12,115,066	Deep Value
13	Legal & General Investment Management	10,819,081	Index
14	BlackRock Investment Management (UK)	10,340,775	Core Growth
15	Amundi Asset Management	10,303,929	GARP
16	Dimensional Fund Advisors	9,081,737	Deep Value
17	Northern Trust Investments	9,055,303	Index
18	Arrowstreet Capital	8,887,110	Hedge Fnd
19	Nuveen	8,601,405	GARP
20	Mellon Investments Corporation	8,316,915	Index

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

Investments

R&D Internal Investment

- Continue to invest in our business and R&D pipeline while managing expenses
- Full-year non-GAAP[1] R&D as a percentage of total revenue ranged between 16% and 19% in 2020 - 2022

Corporate Development Activity

- Over $31B spent in M&A, collaborations and partnerships in 2020-2023 YTD[2]
- Acquisitons over $1B include:
  - $11.2B Kite (2017)
  - $20.6B Immunomedics (2020)
  - $4.7B Forty Seven (2020)
  - €1.3B MYR (2021)

2022 - 2023 Business Development Includes:

assemblybio, ARCUS BIOSCIENCES, nurix, ARCELLX, EVOQ THERAPEUTICS, TENAYA THERAPEUTICS, XinThera, TMUNITY, epic bio

Shareholder return

$953M Q323 Dividend

$300M Q323 Share Repurchase

4% Q323 Dividend yield[3]

Gilead returned $46B to shareholders between 2016 - 2023 YTD

Dividends

Recent dividend activity includes:

Quarter	Dividend Amount
Q323	$953M
Q223	$944M
Q123	$969M
Q422	$916M
Q322	$928M
Q222	$921M

- ~4.0% average dividend yield[3] 2019-2022
- ~$2.9B in dividends paid 2023 YTD

Share Repurchases

Recent repurchase activity includes:

Quarter	Repurchase Amount
Q323	$300M
Q223	$150M
Q123	$400M
Q422	$791M
Q322	$180M
Q222	$72M

- Opportunistically reduce share count/offset dilution
- Remaining repurchase authorization is $4.0B[4]

1. A reconciliation between GAAP and non-GAAP financial information is provided on pages 58 - 60. 2. Inclusive of acquisitions, including in-process research and development, net of cash acquired, and purchases of equity securities. 3. Dividend yield is the annual per-share dividend divided by the year-end share price. Q3 2023 dividend yield is based on September 29th, 2023 ending share price. 4. At September 30, 2023.

Debt and Credit Facility

As of September 30, 2023, Gilead had $24B of total adjusted debt[1,2]. Gilead repaid $1.5B in debt in 2022, and $4.75B in 2021.

In September, Gilead issued $2B of senior notes to repay $2.25B of senior notes that were maturing in September 2023. This reduced debt by $250M to reach a total adjusted debt[1] of $24B. As of September 30, 2023, there were no amounts outstanding under Gilead's $2.5B revolving credit facility maturing in June 2025.

Senior Unsecured Notes

Maturity		Interest Rate	Principal Amount (M)
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	$ 14,750
		Total	$ 24,000

Public Debt (Senior Notes)	Q323
Total Adjusted Debt[1,2]	$24B
Weighted Average Coupon (%)	3.91%
Weighted Average Maturity (years)	~13.6 years

	Q322	Q422	Q123	Q223	Q323
Total Adjusted Debt[1,2]	$24.3B	$24.3B	$24.3B	$24.3B	$24.0B
Adjusted EBITDA[2,3,4]	$13.2B	$13.3B	$12.6B	$12.7B	$12.2B
Adjusted Debt to Adjusted EBITDA ratio[2,3,4]	1.8x	1.8x	1.9x	1.9x	2.0x

SOLID INVESTMENT GRADE CREDIT PROFILE

Our solid investment grade credit rating, and a suitable liquidity position provides both short-term and long-term flexibility for ongoing operations, growth, and business development opportunities. Gilead is now below the debt levels held prior to the ~$21B Immunomedics acquisition in October 2020.

Credit Ratings

In Q223, S&P changed their outlook for Gilead from stable to positive.

Moody's	A3	S&P	BBB+

1. Total adjusted debt represents par value of 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 $3.3B as of September 30, 2023. These future tax payments are expected to be $1.2B in 2024 and $1.3B in 2025. 2. A reconciliation between GAAP and non-GAAP adjusted debt information is provided in the Q323 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

Condensed Consolidated Balance Sheets (unaudited)

(in millions)	2021 Mar 31	2021 Jun 30	2021 Sep 30	2021 Dec 31	2022 Mar 31	2022 Jun 30	2022 Sep 30	2022 Dec 31	2023 Mar 31	2023 Jun 30	2023 Sep 30
Assets											
Cash, cash equivalents and marketable debt securities	$ 6,245	$ 7,361	$ 6,837	$ 7,829	$ 6,752	$ 7,000	$ 6,942	$ 7,630	$ 7,200	$ 8,001	$ 8,021
Accounts receivable, net	3,925	4,149	4,566	4,493	3,787	4,118	4,354	4,777	4,162	4,229	4,790
Inventories	2,996	2,988	2,797	2,734	2,675	2,587	2,602	2,820	3,010	3,181	3,202
Property, plant and equipment, net	4,990	4,996	5,037	5,121	5,253	5,299	5,349	5,475	5,479	5,540	5,572
Intangible assets, net	34,781	34,341	33,900	33,455	30,331	29,885	29,440	28,894	28,348	27,750	27,152
Goodwill	8,334	8,334	8,332	8,332	8,314	8,314	8,314	8,314	8,314	8,314	8,314
Other assets	6,221	5,815	5,629	5,988	5,968	5,667	5,556	5,261	5,364	5,322	5,323
Total assets	$ 67,492	$ 67,984	$ 67,098	$ 67,952	$ 63,080	$ 62,870	$ 62,557	$ 63,171	$ 61,876	$ 62,337	$ 62,373
Liabilities and Stockholders' Equity											
Current liabilities	$ 9,705	$ 10,214	$ 10,245	$ 11,610	$ 8,558	$ 9,220	$ 10,423	$ 11,237	$ 10,528	$ 13,964	$ 11,945
Long-term liabilities	38,823	38,060	35,382	35,278	34,607	33,435	31,077	30,725	30,409	27,279	28,186
Stockholders' equity	18,964	19,710	21,471	21,064	19,915	20,215	21,057	21,209	20,939	21,094	22,242
Total liabilities and stockholders' equity	$ 67,492	$ 67,984	$ 67,098	$ 67,952	$ 63,080	$ 62,870	$ 62,557	$ 63,171	$ 61,876	$ 62,337	$ 62,373

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

Condensed Consolidated Statements of Operations – GAAP (unaudited)

(in millions, except percentages and per share amounts)	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3	2022 Q4	FY22	2023 Q1	2023 Q2	2023 Q3
Revenues:													
Product sales	$ 6,340	$ 6,152	$ 7,356	$ 7,160	$ 27,008	$ 6,534	$ 6,138	$ 6,978	$ 7,333	$ 26,982	$ 6,306	$ 6,564	$ 6,994
Royalty, contract and other revenues	83	65	65	84	297	56	122	64	56	299	46	35	56
Total revenues	6,423	6,217	7,421	7,244	27,305	6,590	6,260	7,042	7,389	27,281	6,352	6,599	7,051
Costs and expenses:													
Cost of goods sold	1,361	1,390	1,223	2,627	6,601	1,424	1,442	1,395	1,396	5,657	1,401	1,442	1,565
R&D expenses	1,050	1,092	1,101	1,358	4,601	1,178	1,102	1,149	1,548	4,977	1,447	1,407	1,457
Acquired IPR&D expenses	67	138	65	669	939	8	330	448	158	944	481	236	91
IPR&D impairment	—	—	—	—	—	2,700	—	—	—	2,700	—	—	—
SG&A expenses	1,055	1,351	1,190	1,650	5,246	1,083	1,357	1,213	2,020	5,673	1,319	1,849	1,315
Total costs and expenses	3,533	3,971	3,579	6,304	17,387	6,393	4,231	4,205	5,122	19,951	4,647	4,934	4,428
Operating income	2,890	2,246	3,842	940	9,918	197	2,029	2,837	2,267	7,330	1,705	1,665	2,623
Interest expense	(257)	(256)	(250)	(238)	(1,001)	(238)	(242)	(229)	(227)	(935)	(230)	(230)	(232)
Other income (expense), net	(369)	(173)	(154)	57	(639)	(111)	(284)	(176)	(9)	(581)	(174)	152	(72)
Income (loss) before income taxes	2,264	1,817	3,438	759	8,278	(152)	1,503	2,432	2,031	5,814	1,300	1,588	2,318
Income tax (expense) benefit	(542)	(300)	(852)	(383)	(2,077)	164	(368)	(646)	(398)	(1,248)	(316)	(549)	(146)
Net income	1,722	1,517	2,586	376	6,201	12	1,135	1,786	1,633	4,566	985	1,039	2,172
Net loss attributable to noncontrolling interest	7	5	6	6	24	7	9	3	7	26	26	6	8
Net income attributable to Gilead	$ 1,729	$ 1,522	$ 2,592	$ 382	$ 6,225	$ 19	$ 1,144	$ 1,789	$ 1,640	$ 4,592	$ 1,010	$ 1,045	$ 2,180
Basic EPS attributable to Gilead	$ 1.38	$ 1.21	$ 2.06	$ 0.30	$ 4.96	$ 0.02	$ 0.91	$ 1.43	$ 1.31	$ 3.66	$ 0.81	$ 0.84	$ 1.75
Shares used in basic EPS attributable to Gilead calculation	1,256	1,255	1,256	1,256	1,256	1,255	1,256	1,255	1,252	1,255	1,248	1,249	1,248
Diluted EPS attributable to Gilead	$ 1.37	$ 1.21	$ 2.05	$ 0.30	$ 4.93	$ 0.02	$ 0.91	$ 1.42	$ 1.30	$ 3.64	$ 0.80	$ 0.83	$ 1.73
Shares used in diluted EPS attributable to Gilead calculation	1,262	1,260	1,262	1,262	1,262	1,262	1,260	1,261	1,264	1,262	1,261	1,258	1,257
Cash dividends declared per share	$ 0.71	$ 0.71	$ 0.71	$ 0.71	$ 2.84	$ 0.73	$ 0.73	$ 0.73	$ 0.73	$ 2.92	$ 0.75	$ 0.75	$ 0.75
Product gross margin	78.5%	77.4%	83.4%	63.3%	75.6%	78.2%	76.5%	80.0%	81.0%	79.0%	77.8%	78.0%	77.6%
R&D expenses as a % of revenues	16.3%	17.6%	14.8%	18.7%	16.9%	17.9%	17.6%	16.3%	20.9%	18.2%	22.8%	21.3%	20.7%
SG&A expenses as a % of revenues	16.4%	21.7%	16.0%	22.8%	19.2%	16.4%	21.7%	17.2%	27.3%	20.8%	20.8%	28.0%	18.6%
Operating margin	45.0%	36.1%	51.8%	13.0%	36.3%	3.0%	32.4%	40.3%	30.7%	26.9%	26.8%	25.2%	37.2%
Effective tax rate	23.9%	16.5%	24.8%	50.5%	25.1%	107.9%	24.5%	26.6%	19.6%	21.5%	24.3%	34.6%	6.3%

Certain amounts and percentages may not sum or recalculate due to rounding. EPS - earnings per share; IPR&D - in-process research and development; R&D - research and development; SG&A - selling, general and administrative.

Selected Cash Flow Information (unaudited)

	2021					2022					2023		
(in millions)	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3	Q4	FY22	Q1	Q2	Q3
Net cash provided by operating activities	$ 2,610	$ 2,316	$ 3,253	$ 3,205	$ 11,384	$ 1,840	$ 1,802	$ 2,863	$ 2,566	$ 9,072	$ 1,744	$ 2,337	$ 1,756
Net cash used in investing activities	(2,042)	(577)	(234)	(278)	(3,131)	(1,070)	(308)	(713)	(374)	(2,466)	(826)	(483)	(229)
Net cash used in financing activities	(2,477)	(931)	(3,527)	(1,942)	(8,877)	(1,794)	(1,003)	(2,118)	(1,554)	(6,469)	(1,406)	(1,101)	(1,518)
Effect of exchange rate changes on cash and cash equivalents	(23)	20	(23)	(9)	(35)	(18)	(48)	(72)	75	(63)	13	14	(7)
Net change in cash and cash equivalents	(1,932)	828	(531)	976	(659)	(1,042)	443	(40)	713	74	(476)	768	1
Cash and cash equivalents, beginning of period	5,997	4,065	4,893	4,362	5,997	5,338	4,296	4,739	4,699	5,338	5,412	4,936	5,704
Cash and cash equivalents, end of period	$ 4,065	$ 4,893	$ 4,362	$ 5,338	$ 5,338	$ 4,296	$ 4,739	$ 4,699	$ 5,412	$ 5,412	$ 4,936	$ 5,704	$ 5,705

	2021					2022					2023		
(in millions)	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3	Q4	FY22	Q1	Q2	Q3
Net cash provided by operating activities	$ 2,610	$ 2,316	$ 3,253	$ 3,205	$ 11,384	$ 1,840	$ 1,802	$ 2,863	$ 2,566	$ 9,072	$ 1,744	$ 2,337	$ 1,756
Capital expenditures	(165)	(119)	(139)	(156)	(579)	(247)	(143)	(157)	(181)	(728)	(109)	(139)	(122)
Free cash flow[1]	$ 2,445	$ 2,197	$ 3,114	$ 3,049	$ 10,805	$ 1,593	$ 1,659	$ 2,706	$ 2,386	$ 8,344	$ 1,635	$ 2,199	$ 1,633

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)	2021					2022					2023		
	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3	Q4	FY22	Q1	Q2	Q3
Non-GAAP:													
Cost of goods sold	$ 855	$ 836	$ 736	$ 2,111	$ 4,538	$ 825	$ 886	$ 923	$ 968	$ 3,602	$ 871	$ 861	$ 985
R&D expenses	$ 1,044	$ 1,042	$ 1,063	$ 1,315	$ 4,464	$ 1,150	$ 1,102	$ 1,173	$ 1,544	$ 4,968	$ 1,439	$ 1,377	$ 1,453
Acquired IPR&D expenses	$ 67	$ 138	$ 65	$ 669	$ 939	$ 8	$ 330	$ 448	$ 158	$ 944	$ 481	$ 236	$ 91
SG&A expenses	$ 1,033	$ 1,121	$ 1,178	$ 1,642	$ 4,974	$ 1,083	$ 1,272	$ 1,212	$ 2,020	$ 5,587	$ 1,318	$ 1,848	$ 1,298
Other income (expense), net	$ (18)	$ 1	$ (12)	$ —	$ (29)	$ (15)	$ 20	$ 20	$ 52	$ 77	$ 82	$ 83	$ 96
Diluted EPS	$ 2.04	$ 1.81	$ 2.65	$ 0.69	$ 7.18	$ 2.12	$ 1.58	$ 1.90	$ 1.67	$ 7.26	$ 1.37	$ 1.34	$ 2.29
Product gross margin	86.5%	86.4%	90.0%	70.5%	83.2%	87.4%	85.6%	86.8%	86.8%	86.6%	86.2%	86.9%	85.9%
R&D expenses as a % of revenues	16.3%	16.8%	14.3%	18.2%	16.3%	17.5%	17.6%	16.7%	20.9%	18.2%	22.6%	20.9%	20.6%
SG&A expenses as a % of revenues	16.1%	18.0%	15.9%	22.7%	18.2%	16.4%	20.3%	17.2%	27.3%	20.5%	20.7%	28.0%	18.4%
Operating margin	53.3%	49.5%	59.0%	20.8%	45.4%	53.5%	42.7%	46.7%	36.5%	44.6%	35.3%	34.5%	45.7%
Effective tax rate	18.4%	19.5%	18.9%	32.2%	20.4%	18.4%	19.3%	22.4%	16.8%	19.3%	18.9%	21.0%	7.0%

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 58-60. EPS - earnings per share; IPR&D - in-process research and development; R&D - research and development; SG&A - selling, general and administrative.

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

(in millions, except percentages and per share amounts)	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3	2022 Q4	FY22	2023 Q1	2023 Q2	2023 Q3
Cost of goods sold reconciliation:													
GAAP cost of goods sold	$ 1,361	$ 1,390	$ 1,223	$ 2,627	$ 6,601	$ 1,424	$ 1,442	$ 1,395	$ 1,396	$ 5,657	$ 1,401	$ 1,442	$ 1,565
Acquisition-related – amortization[1]	(506)	(554)	(487)	(516)	(2,063)	(557)	(556)	(472)	(428)	(2,013)	(530)	(581)	(581)
Other[2]	—	—	—	—	—	(42)	—	—	—	(42)	—	—	—
Non-GAAP cost of goods sold	$ 855	$ 836	$ 736	$ 2,111	$ 4,538	$ 825	$ 886	$ 923	$ 968	$ 3,602	$ 871	$ 861	$ 985
Product gross margin reconciliation:													
GAAP product gross margin	78.5%	77.4%	83.4%	63.3%	75.6%	78.2%	76.5%	80.0%	81.0%	79.0%	77.8%	78.0%	77.6%
Acquisition-related – amortization[1]	8.0%	9.0%	6.6%	7.2%	7.6%	8.5%	9.1%	6.8%	5.8%	7.5%	8.4%	8.8%	8.3%
Other[2]	—%	—%	—%	—%	—%	0.6%	—%	—%	—%	0.2%	—%	—%	—%
Non-GAAP product gross margin	86.5%	86.4%	90.0%	70.5%	83.2%	87.4%	85.6%	86.8%	86.8%	86.6%	86.2%	86.9%	85.9%
R&D expenses reconciliation:													
GAAP R&D expenses	$ 1,050	$ 1,092	$ 1,101	$ 1,358	$ 4,601	$ 1,178	$ 1,102	$ 1,149	$ 1,548	$ 4,977	$ 1,447	$ 1,407	$ 1,457
Acquisition-related – amortization[1]	—	—	(67)	(42)	(109)	—	—	—	—	—	—	—	—
Acquisition-related –other costs[3]	(6)	(6)	(2)	—	(14)	(10)	—	24	(1)	13	(8)	(30)	1
Other[2]	—	(44)	31	(1)	(14)	(18)	—	—	(4)	(22)	—	—	(5)
Non-GAAP R&D expenses	$ 1,044	$ 1,042	$ 1,063	$ 1,315	$ 4,464	$ 1,150	$ 1,102	$ 1,173	$ 1,544	$ 4,968	$ 1,439	$ 1,377	$ 1,453
IPR&D impairment reconciliation:													
GAAP IPR&D impairment	$ —	$ —	$ —	$ —	$ —	$ 2,700	$ —	$ —	$ —	$ 2,700	$ —	$ —	$ —
IPR&D impairment	—	—	—	—	—	(2,700)	—	—	—	(2,700)	—	—	—
Non-GAAP IPR&D impairment	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ —
SG&A expenses reconciliation:													
GAAP SG&A expenses	$ 1,055	$ 1,351	$ 1,190	$ 1,650	$ 5,246	$ 1,083	$ 1,357	$ 1,213	$ 2,020	$ 5,673	$ 1,319	$ 1,849	$ 1,315
Acquisition-related – other costs[3]	(22)	(10)	(10)	(3)	(45)	—	—	(2)	(1)	(3)	(1)	(1)	—
Other[2]	—	(220)	(2)	(5)	(227)	—	(85)	1	1	(83)	—	—	(17)
Non-GAAP SG&A expenses	$ 1,033	$ 1,121	$ 1,178	$ 1,642	$ 4,974	$ 1,083	$ 1,272	$ 1,212	$ 2,020	$ 5,587	$ 1,318	$ 1,848	$ 1,298
Operating income reconciliation													
GAAP operating income	$ 2,890	$ 2,246	$ 3,842	$ 940	$ 9,918	$ 197	$ 2,029	$ 2,837	$ 2,267	$ 7,330	$ 1,705	$ 1,665	$ 2,623
Acquisition-related – amortization[1]	506	554	554	558	2,172	557	556	472	428	2,013	530	581	581
Acquisition-related – other costs[3]	28	16	12	3	59	10	—	(22)	2	(10)	9	31	(1)
IPR&D impairment	—	—	—	—	—	2,700	—	—	—	2,700	—	—	—
Other[2]	—	264	(29)	6	241	60	85	(1)	2	147	—	—	22
Non-GAAP operating income	$ 3,424	$ 3,080	$ 4,379	$ 1,507	$12,390	$ 3,524	$ 2,670	$ 3,286	$ 2,699	$ 12,180	$ 2,243	$ 2,277	$ 3,224

Please refer to Page 60 for footnotes.

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

(in millions, except percentages and per share amounts)	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2021 FY21	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2022 FY22	2023 Q1	2023 Q2	2023 Q3
Operating margin reconciliation:													
GAAP operating margin	45.0%	36.1%	51.8%	13.0%	36.3%	3.0%	32.4%	40.3%	30.7%	26.9%	26.8%	25.2%	37.2%
Acquisition-related – amortization[1]	7.9%	8.9%	7.5%	7.7%	8.0%	8.5%	8.9%	6.7%	5.8%	7.4%	8.3%	8.8%	8.2%
Acquisition-related – other costs[3]	0.4%	0.3%	0.2%	0.1%	0.2%	0.2%	—%	(0.3)%	—%	—%	0.1%	0.5%	—%
IPR&D impairment	—%	—%	—%	—%	—%	41.0%	—%	—%	—%	9.9%	—%	—%	—%
Other[2]	—%	4.2%	(0.4)%	—%	0.9%	0.9%	1.4%	—%	—%	0.5%	—%	—%	0.3%
Non-GAAP operating margin	53.3%	49.5%	59.0%	20.8%	45.4%	53.5%	42.7%	46.7%	36.5%	44.6%	35.3%	34.5%	45.7%
Other income (expense), net reconciliation:													
GAAP other income (expense), net	$ (369)	$ (173)	$ (154)	$ 57	$ (639)	$ (111)	$ (284)	$ (176)	$ (9)	$ (581)	$ (174)	$ 152	$ (72)
Loss (gain) from equity securities, net	351	174	142	(57)	610	96	303	197	61	657	256	(69)	168
Non-GAAP other income (expense), net	$ (18)	$ 1	$ (12)	$ —	$ (29)	$ (15)	$ 20	$ 20	$ 52	$ 77	$ 82	$ 83	$ 96
Effective tax rate reconciliation:													
GAAP effective tax rate	23.9%	16.5%	24.8%	50.5%	25.1%	107.9%	24.5%	26.6%	19.6%	21.5%	24.3%	34.6%	6.3%
Income tax effect of above non-GAAP adjustments and discrete and related tax adjustments[4]	(5.6)%	3.0%	(5.9)%	(18.3)%	(4.7)%	(89.5)%	(5.2)%	(4.1)%	(2.8)%	(2.1)%	(5.4)%	(13.5)%	0.7%
Non-GAAP effective tax rate	18.4%	19.5%	18.9%	32.2%	20.4%	18.4%	19.3%	22.4%	16.8%	19.3%	18.9%	21.0%	7.0%
Net income attributable to Gilead reconciliation:													
GAAP net income attributable to Gilead	$ 1,729	$ 1,522	$ 2,592	$ 382	$ 6,225	$ 19	$ 1,144	$ 1,789	$ 1,640	$ 4,592	$ 1,010	$ 1,045	$ 2,180
Acquisition-related – amortization[1]	409	446	446	449	1,750	443	442	379	346	1,610	422	461	461
Acquisition-related – other costs[3]	22	15	9	—	46	10	—	(23)	1	(12)	6	26	(1)
IPR&D impairment	—	—	—	—	—	2,057	—	—	—	2,057	—	—	—
Loss (gain) from equity securities, net	364	169	154	(56)	631	64	308	198	60	630	257	(70)	164
Discrete and related tax charges[4]	54	(40)	165	88	267	38	31	49	57	175	29	227	58
Other[2]	—	166	(23)	3	146	45	59	—	2	106	—	—	17
Non-GAAP net income attributable to Gilead	$ 2,578	$ 2,278	$ 3,343	$ 866	$ 9,065	$ 2,676	$ 1,985	$ 2,391	$ 2,106	$ 9,158	$ 1,725	$ 1,688	$ 2,879

Please refer to Page 60 for footnotes.

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

(in millions, except percentages and per share amounts)	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2021 FY21	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2022 FY22	2023 Q1	2023 Q2	2023 Q3
Diluted EPS reconciliation:													
GAAP diluted EPS	$ 1.37	$ 1.21	$ 2.05	$ 0.30	$ 4.93	$ 0.02	$ 0.91	$ 1.42	$ 1.30	$ 3.64	$ 0.80	$ 0.83	$ 1.73
Acquisition-related – amortization[1]	0.32	0.35	0.35	0.36	1.39	0.35	0.35	0.30	0.27	1.28	0.33	0.37	0.37
Acquisition-related – other costs[3]	0.02	0.01	0.01	—	0.04	0.01	—	(0.02)	—	(0.01)	0.01	0.02	—
IPR&D impairment	—	—	—	—	—	1.63	—	—	—	1.63	—	—	—
Loss (gain) from equity securities, net	0.29	0.13	0.12	(0.04)	0.50	0.05	0.24	0.16	0.05	0.50	0.20	(0.06)	0.13
Discrete and related tax charges[4]	0.04	(0.03)	0.13	0.07	0.21	0.03	0.02	0.04	0.05	0.14	0.02	0.18	0.05
Other[2]	—	0.13	(0.01)	—	0.11	0.04	0.05	—	—	0.08	—	—	0.01
Non-GAAP diluted EPS	$ 2.04	$ 1.81	$ 2.65	$ 0.69	$ 7.18	$ 2.12	$ 1.58	$ 1.90	$ 1.67	$ 7.26	$ 1.37	$ 1.34	$ 2.29
Non-GAAP adjustment summary:													
Cost of goods sold adjustments	$ 506	$ 554	$ 487	$ 516	$ 2,063	$ 599	$ 556	$ 472	$ 428	$ 2,055	$ 530	$ 581	$ 581
R&D expenses adjustments	6	50	38	43	137	28	—	(24)	4	9	8	30	4
IPR&D impairment adjustments	—	—	—	—	—	2,700	—	—	—	2,700	—	—	—
SG&A expenses adjustments	22	230	12	8	272	—	85	1	—	86	1	1	17
Total non-GAAP adjustments to costs and expenses	534	834	537	567	2,472	3,327	641	450	432	4,850	539	612	602
Other income (expense), net, adjustments	351	174	142	(57)	610	96	303	197	61	657	256	(69)	168
Total non-GAAP adjustments before income taxes	885	1,008	679	510	3,082	3,423	945	646	493	5,507	795	543	770
Income tax effect of non-GAAP adjustments above	(90)	(212)	(93)	(114)	(509)	(803)	(135)	(93)	(84)	(1,116)	(109)	(126)	(129)
Discrete and related tax charges[4]	54	(40)	165	88	267	38	31	49	57	175	29	227	58
Total non-GAAP adjustments after tax	$ 849	$ 756	$ 751	$ 484	$ 2,840	$ 2,657	$ 841	$ 602	$ 466	$ 4,566	$ 715	$ 644	$ 699

Certain amounts and percentages may not sum or recalculate due to rounding. 1. Relates to amortization of acquired intangibles and inventory step-up charges 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. Primarily includes employee-related expenses, contingent consideration fair value adjustments and other expenses associated with Gilead's acquisitions of Forty Seven, Inc., Immunomedics, Inc., MYR GmbH, MiroBio, Ltd., Tmunity Therapeutics, Inc., and XinThera, Inc. 4. 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. EPS - earnings per share; IPR&D - in-process research and development; R&D - research and development; SG&A - selling, general and administrative.

Total Revenue Summary (unaudited)

	2021					2022					2023		
(in millions)	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3	Q4	FY22	Q1	Q2	Q3
Product sales[1]:													
HIV	$ 3,650	$ 3,938	$ 4,189	$ 4,538	$ 16,315	$ 3,707	$ 4,228	$ 4,487	$ 4,772	$ 17,194	$ 4,190	$ 4,626	$ 4,667
Oncology	263	308	323	357	1,251	420	527	578	614	2,139	670	728	769
Liver Disease	730	786	676	658	2,850	635	682	788	694	2,798	675	711	706
Other	241	291	245	250	1,027	236	256	200	252	946	199	243	216
Total product sales excluding Veklury	4,884	5,323	5,433	5,803	21,443	4,998	5,693	6,053	6,333	23,077	5,733	6,308	6,358
Veklury	1,456	829	1,923	1,357	5,565	1,535	445	925	1,000	3,905	573	256	636
Total product sales	6,340	6,152	7,356	7,160	27,008	6,534	6,138	6,978	7,333	26,982	6,306	6,564	6,994
Royalty, contract and other revenues	83	65	65	84	297	56	122	64	56	299	46	35	56
Total revenues	$ 6,423	$ 6,217	$ 7,421	$ 7,244	$ 27,305	$ 6,590	$ 6,260	$ 7,042	$ 7,389	$ 27,281	$ 6,352	$ 6,599	$ 7,051

Certain amounts and percentages may not sum or recalculate due to rounding, including on pages 62-65. 1. See Product Sales Summary on pages 62-65 for more details.

Product Sales Summary (unaudited)

(in millions)	2021 Q1	2021 Q2	2021 Q3	2021 Q4	FY21	2022 Q1	2022 Q2	2022 Q3	2022 Q4	FY22	2023 Q1	2023 Q2	2023 Q3
HIV													
Biktarvy – U.S.	$1,465	$1,586	$1,875	$2,123	$7,049	$1,706	$2,095	$2,286	$2,423	$8,510	$2,161	$2,439	$2,504
Biktarvy – Europe	216	237	254	262	969	261	268	278	295	1,103	304	302	313
Biktarvy – Other Intl	143	171	147	145	606	184	193	201	200	777	212	237	268
	1,824	1,994	2,276	2,530	8,624	2,151	2,556	2,766	2,918	10,390	2,677	2,979	3,085
Complera/Eviplera – U.S.	25	20	28	29	102	17	20	20	17	74	14	13	13
Complera/Eviplera – Europe	34	39	31	38	142	24	31	21	37	113	22	16	18
Complera/Eviplera – Other Intl	4	3	5	2	14	4	3	3	3	13	3	3	3
	63	62	64	69	258	44	54	43	58	200	39	32	34
Descovy – U.S.	282	357	355	403	1,397	311	397	444	479	1,631	395	460	460
Descovy – Europe	42	44	42	36	164	32	32	28	26	118	25	25	25
Descovy – Other Intl	35	34	36	34	139	31	32	28	31	123	29	31	26
	359	435	433	473	1,700	374	460	500	537	1,872	449	516	511
Genvoya – U.S.	506	551	576	634	2,267	457	482	502	543	1,983	417	455	433
Genvoya – Europe	106	100	100	85	391	77	72	71	64	284	55	56	47
Genvoya – Other Intl	61	55	68	37	221	48	29	27	33	136	29	29	23
	673	706	744	756	2,879	582	582	600	640	2,404	501	540	503
Odefsey – U.S.	240	258	275	303	1,076	232	255	276	295	1,058	230	267	257
Odefsey – Europe	113	111	112	104	440	96	97	86	85	364	76	74	74
Odefsey – Other Intl	14	13	12	13	52	11	12	12	11	47	11	11	11
	367	382	399	420	1,568	339	364	374	392	1,469	317	351	343
Stribild – U.S.	31	35	28	38	132	22	24	22	20	88	20	19	18
Stribild – Europe	11	11	11	10	43	8	8	7	7	29	6	5	5
Stribild – Other Intl	4	5	3	2	14	3	2	3	3	10	2	2	2
	46	51	42	50	189	32	33	32	29	127	28	26	25
Truvada – U.S.	119	94	55	46	314	28	24	24	37	113	23	32	15
Truvada – Europe	7	6	5	4	22	4	5	3	3	15	3	3	3
Truvada – Other Intl	9	8	7	11	35	6	5	2	5	18	5	7	4
	135	108	67	61	371	38	34	30	45	147	32	42	22
Revenue Share – Symtuza[1] – U.S.	89	86	86	94	355	86	80	85	97	348	98	84	96
Revenue Share – Symtuza[1] – Europe	44	40	41	40	165	44	42	40	42	168	36	33	32
Revenue Share – Symtuza[1] – Other Intl	2	3	3	3	11	3	4	4	3	14	4	3	3
	135	129	130	137	531	132	126	130	142	530	138	120	131
Other HIV[2] – U.S.	29	57	24	26	136	5	5	1	4	15	4	10	10
Other HIV[2] – Europe	5	8	6	11	30	4	9	6	5	24	1	7	3
Other HIV[2] – Other Intl	14	6	4	5	29	5	4	5	3	17	3	3	—
	$48	$71	$34	$42	$195	$14	$18	$12	$12	$57	$9	$20	$13

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, Sunlenca and Tybost.

Product Sales Summary (unaudited) continued

(in millions)	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2021 FY21	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2022 FY22	2023 Q1	2023 Q2	2023 Q3
Total HIV – U.S.	$2,786	$3,044	$3,302	$3,696	$12,828	$2,862	$3,383	$3,661	$3,914	$13,820	$3,364	$3,778	$3,807
Total HIV – Europe	578	596	602	590	2,366	550	562	541	566	2,219	528	521	519
Total HIV – Other Intl	286	298	285	252	1,121	295	282	285	293	1,155	298	326	341
	3,650	3,938	4,189	4,538	16,315	3,707	4,228	4,487	4,772	17,194	4,190	4,626	4,667
Oncology													
Cell Therapy													
Tecartus – U.S.	27	32	35	42	136	47	53	60	61	221	59	56	64
Tecartus – Europe	4	9	12	15	40	15	20	20	19	75	27	29	27
Tecartus – Other Intl	—	—	—	—	—	1	—	1	1	3	3	4	4
	31	41	47	57	176	63	73	81	82	299	89	88	96
Yescarta – U.S.	92	108	100	106	406	125	193	210	219	747	210	217	197
Yescarta – Europe	61	61	66	65	253	77	85	91	103	355	121	133	154
Yescarta – Other Intl	7	9	9	11	36	9	17	16	15	57	28	30	40
	160	178	175	182	695	211	295	317	337	1,160	359	380	391
Total Cell Therapy – U.S.	119	140	135	148	542	172	246	270	281	968	269	272	261
Total Cell Therapy – Europe	65	70	78	80	293	92	105	111	122	430	148	162	181
Total Cell Therapy – Other Intl	7	9	9	11	36	10	17	17	17	60	31	34	45
	191	219	222	239	871	274	368	398	419	1,459	448	469	486
Trodelvy													
Trodelvy – US	72	89	100	109	370	119	120	139	146	525	162	189	201
Trodelvy – Europe	—	—	1	9	10	25	35	38	44	143	54	53	62
Trodelvy – Other Intl	—	—	—	—	—	2	3	3	4	12	6	17	21
	72	89	101	118	380	146	159	180	195	680	222	260	283
Total Oncology – US	191	229	235	257	912	292	366	409	427	1,494	431	462	462
Total Oncology – Europe	65	70	79	89	303	117	140	149	166	573	202	215	243
Total Oncology – Other Intl	7	9	9	11	36	11	20	20	21	73	37	51	65
	263	308	323	357	1,251	420	527	578	614	2,139	670	728	769
Liver Disease													
HCV													
Ledipasvir/Sofosbuvir[1] – U.S.	19	30	14	21	84	13	6	8	19	46	3	8	17
Ledipasvir/Sofosbuvir[1] – Europe	16	3	5	7	31	4	4	5	4	17	7	2	2
Ledipasvir/Sofosbuvir[1] – Other Intl	21	29	26	21	97	18	13	12	8	51	5	5	4
	56	62	45	49	212	35	23	25	31	115	15	15	23
Sofosbuvir/Velpatasvir[2] – U.S.	214	262	173	166	815	162	227	241	214	844	204	223	215
Sofosbuvir/Velpatasvir[2] – Europe	75	82	77	82	316	83	75	131	67	355	90	84	76
Sofosbuvir/Velpatasvir[2] – Other Intl	92	98	82	59	331	85	74	84	87	331	90	90	85
	$381	$442	$332	$307	$1,462	$330	$376	$455	$369	$1,530	$385	$397	$377

1. Amounts consist of sales of Harvoni and the authorized generic version of Harvoni sold by Gilead's separate subsidiary, Asegua Therapeutics LLC. 2. Amounts consist of sales of Epclusa and the authorized generic version of Epclusa sold by Gilead's separate subsidiary, Asegua Therapeutics LLC.

Product Sales Summary (unaudited) continued

	2021					2022					2023		
(in millions)	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3	Q4	FY22	Q1	Q2	Q3
Other HCV[1] – U.S.	$25	$35	$37	$22	$119	$24	$30	$34	$27	$115	$24	$ 28	$28
Other HCV[1] – Europe	44	8	12	10	74	8	16	7	9	40	18	9	7
Other HCV[1] – Other Intl	4	2	3	5	14	2	3	2	3	10	4	3	3
	73	45	52	37	207	34	49	44	39	166	45	40	38
Total HCV – U.S.	258	327	224	209	1,018	199	263	283	260	1,005	232	259	260
Total HCV – Europe	135	93	94	99	421	95	94	143	80	413	114	95	85
Total HCV – Other Intl	117	129	111	85	442	105	91	98	98	392	99	98	93
	510	549	429	393	1,881	399	448	524	439	1,810	445	452	438
HBV/HDV													
Vemlidy – U.S.	77	86	103	118	384	80	97	129	123	429	87	96	112
Vemlidy – Europe	8	8	9	9	34	9	9	9	8	35	9	10	9
Vemlidy – Other Intl	96	106	96	98	396	111	89	90	89	379	103	113	106
	181	200	208	225	814	200	195	228	220	842	199	219	228
Viread – U.S.	4	3	1	3	11	—	3	2	2	6	(1)	1	4
Viread – Europe	7	8	7	6	28	6	6	5	6	23	6	6	5
Viread – Other Intl	20	17	18	17	72	17	15	15	14	62	14	14	12
	31	28	26	26	111	23	24	22	22	91	19	21	21
Other HBV/HDV[2] – U.S.	—	1	—	1	2	—	—	—	(1)	—	11	—	—
Other HBV/HDV[2] – Europe	8	8	13	13	42	13	15	13	14	55	—	20	19
	8	9	13	14	44	13	16	14	13	55	11	20	20
Total HBV/HDV – U.S.	81	90	104	122	397	80	100	131	124	435	86	97	116
Total HBV/HDV – Europe	23	24	29	28	104	28	30	28	28	112	26	35	34
Total HBV/HDV – Other Intl	116	123	114	115	468	128	104	106	103	441	117	127	119
	220	237	247	265	969	235	234	264	255	988	230	259	269
Total Liver Disease – U.S.	339	417	328	331	1,415	279	363	413	384	1,440	318	356	376
Total Liver Disease – Europe	158	117	123	127	525	123	124	170	108	525	140	131	119
Total Liver Disease – Other Intl	233	252	225	200	910	233	195	204	202	833	217	225	211
	730	786	676	658	2,850	635	682	788	694	2,798	675	711	706
Veklury													
Veklury – U.S.	820	416	1,527	877	3,640	801	41	336	395	1,575	252	97	258
Veklury – Europe	388	264	109	334	1,095	304	126	130	142	702	111	52	65
Veklury – Other Intl	248	149	287	146	830	430	278	458	462	1,628	209	107	313
	1,456	829	1,923	1,357	5,565	1,535	445	925	1,000	3,905	573	256	636
Other													
AmBisome – U.S.	12	13	7	7	39	25	15	9	9	57	6	20	12
AmBisome – Europe	66	69	67	72	274	66	63	63	66	258	60	69	63
AmBisome – Other Intl	43	74	69	41	227	53	54	33	42	182	49	61	39
	$121	$156	$143	$120	$540	$144	$132	$105	$117	$497	$116	$ 151	$115

1. Includes Vosevi and Sovaldi. 2. Includes Hepcludex and Hepsera.

Product Sales Summary (unaudited) continued

	2021					2022					2023		
(in millions)	Q1	Q2	Q3	Q4	FY21	Q1	Q2	Q3	Q4	FY22	Q1	Q2	Q3
Letairis – U.S.	$54	$57	$46	$49	$206	$43	$49	$43	$60	$196	$32	$39	$36
Other[1] – U.S.	38	37	34	27	136	26	37	28	44	135	30	26	34
Other[1] – Europe	20	31	17	47	115	15	26	11	13	65	12	10	9
Other[1] – Other Intl	8	10	5	7	30	9	13	13	18	53	9	17	23
	66	78	56	81	281	50	76	52	75	253	51	53	65
Total Other – U.S.	104	107	87	83	381	94	101	80	113	388	69	85	82
Total Other – Europe	86	100	84	119	389	81	88	75	79	323	72	80	72
Total Other – Other Intl	51	84	74	48	257	62	67	46	61	235	58	78	62
	241	291	245	250	1,027	236	256	200	252	946	199	243	216
Total product sales – U.S.	4,240	4,213	5,479	5,244	19,176	4,329	4,254	4,900	5,234	18,716	4,434	4,777	4,985
Total product sales – Europe	1,275	1,147	997	1,259	4,678	1,174	1,042	1,064	1,061	4,342	1,053	999	1,017
Total product sales – Other Intl	825	792	880	657	3,154	1,031	842	1,013	1,037	3,924	819	788	992
	$6,340	$6,152	$7,356	$7,160	$27,008	$6,534	$6,138	$6,978	$7,333	$26,982	$6,306	$6,564	$6,994

Certain amounts and percentages may not sum or recalculate due to rounding 1. 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 56 and 58-60, as well as those for Total Adjusted Debt, Adjusted EBITDA and Adjusted Debt to Adjusted EBITDA ratio provided in the Q323 Earnings Presentation, available at investors.gilead.com.

U.S. and European Patent Expiration Disclaimer

The patent expiration dates presented in this book reflect estimated expiration dates (including patent term extensions, supplementary protection certificates and/or pediatric exclusivity where granted) in the United States and the European Union for the primary (typically compound) patents for identified products or product candidates, as applicable. For our product and product candidates that are fixed-dose combinations of single-tablet regimens, the estimated patent expiration date provided corresponds to the latest expiring compound patent for one of the active ingredients in the single-tablet regimen. In some cases, we hold later-expiring patents and additional exclusivities relating to particular forms or compositions, formulations, methods of manufacture or uses that extend exclusivity beyond the dates presented in this book, which may or may not protect our product from generic or biosimilar competition after the expiration of the primary patents. Where applicable, settlement/license agreements with generic manufacturers relating to the patents that protect our principal products are presented. The nature and timing of loss of exclusivity of our products depends upon a multitude of factors, and loss of exclusivity may be earlier under certain circumstances. Please see our most recent Annual Report on Form 10-K filed with the SEC for additional details regarding the patent expiration of our products and product candidates.

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: Gilead's ability to achieve its anticipated full year 2023 financial results, including as a result of the uncertainty of the amount and timing of Veklury sales; 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, including Gilead's ability to identify suitable transactions as part of its business strategy and the risk that Gilead may not be able to complete any such transaction in a timely manner or at all, including the possibility that a governmental entity or regulatory body may delay or refuse to grant approval for the consummation of the transaction; 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; 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, 2023 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.