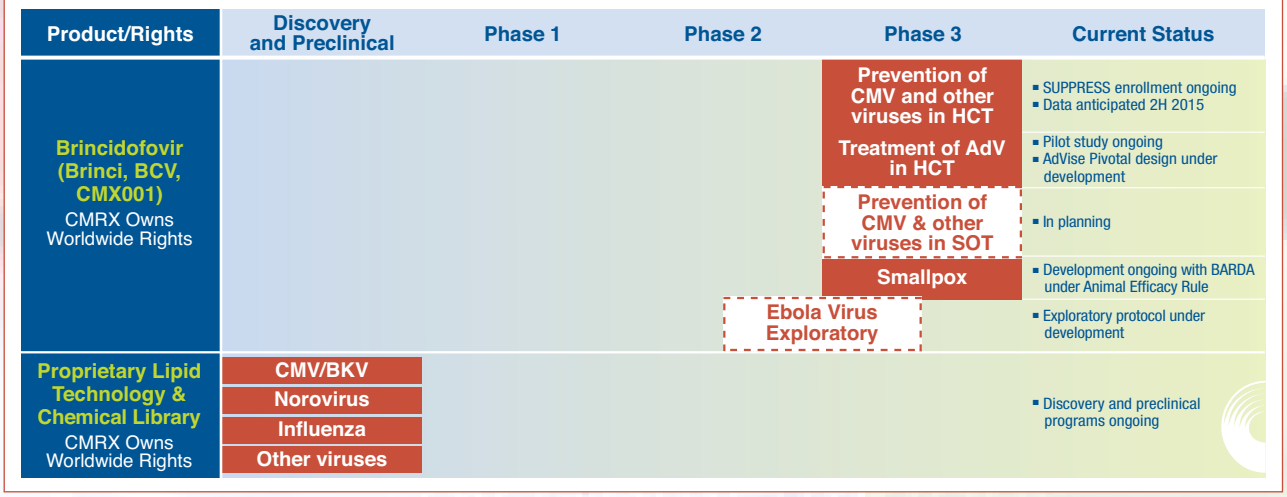
CHIMERIX, INC.

Dedicated to Preventing and Treating Life-Threatening Viral Infections

FACT SHEET

Chimerix is a biopharmaceutical company dedicated to discovering, developing and commercializing novel, oral antivirals in areas of high unmet medical need. Chimerix's proprietary technology has produced brincidofovir (CMX001), a clinical-stage nucleotide analog lipid-conjugate, which has the potential to demonstrate potent antiviral activity and safety in convenient, orally administered dosing regimens. In addition to the proprietary lipid technology, the Company has a chemical library of unique compounds and an active discovery program focusing on viral diseases that have a significant impact on global health.

Chimerix Product Pipeline



ABOUT BRINCIDOFOVIR (BRINCI, CMX001)

Chimerix's lead product candidate, brincidofovir, has the potential to be the first broad-spectrum antiviral for the prevention and treatment of life-threatening viral infections caused by DNA viruses. Brincidofovir is an oral nucleotide analog that has shown in vitro antiviral activity against all five families of DNA viruses that affect humans, including cytomegalovirus (CMV), adenovirus (AdV), BK virus and herpes simplex viruses.

- Building on the positive data from Chimerix's Phase 2 trial of brincidofovir in the prevention of CMV in recipients of hematopoietic cell transplants (HCT), also known as bone marrow transplants, the Company is currently enrolling patients in the Phase 3 SUPPRESS trial. The data, if positive, will be used to support Chimerix's initial regulatory submission for the Accelerated Approval of brincidofovir for prevention of CMV infection in adult HCT recipients.
- Chimerix is enrolling the pilot portion of a Phase 3 study of brincidofovir for treatment of life-threatening disseminated adenovirus (AdV) infection. AdV causes upper respiratory infections including the common cold in individuals with intact immune systems, but is often rapidly fatal in patients with compromised immune responses. AdV is most common during the post-transplant period when the immune system is weak. No therapies are approved for the treatment of AdV.
- Chimerix is also working with the Biomedical Advanced Research and Development Authority (BARDA) to develop brincidofovir as a medical countermeasure against smallpox due to a threat of bioterror and bioerror.

Executive Team

M. Michelle Berrey, MD, MPH
President, Chief Executive Officer

W. Garrett Nichols, MD, MS
Chief Medical Officer

Linda M. Richardson
Chief Commercial Officer

Michael D. Rogers, PhD
Chief Development Officer

Timothy W. Trost, CPA
Senior Vice President, Chief Financial Officer and Corporate Secretary

Hervé Mommeja-Marin, MD
Vice President, Clinical Research

Michael A. Alrutz, JD, PhD
Corporate Counsel

BRINCIDOFOVIR HAS THE POTENTIAL TO MAKE A MEANINGFUL DIFFERENCE IN THE LIVES OF TRANSPLANT PATIENTS

Morbidity and mortality are associated with CMV and other viral infections in the first year post transplant. Currently, there are no antivirals approved to prevent CMV infections in HCT recipients, due to the bone marrow and kidney toxicity of available antivirals. There is a mortality rate of approximately 1 in 5 patients during the first year following HCT that is independent of mortality from relapse of an underlying disease. This 20% non-relapse death rate is caused by post-transplant complications including viral infections, in particular CMV, as well as bacterial and fungal infections, and graft failure.

There are approximately 20,000 hematopoietic transplants annually in the United States and a similar number in Europe.

ABOUT THE PHASE 3 SUPPRESS TRIAL

SUPPRESS

SUPPRESS is designed to demonstrate the efficacy and safety of brincidofovir for the prevention of CMV infection versus a placebo control, as no therapy is currently approved for the prevention of CMV in HCT recipients. The primary endpoint for SUPPRESS is the rate of clinically significant CMV infection through the first 24 weeks post-transplant. The trial is powered to detect a relative 50% decrease in clinically significant CMV infection in subjects receiving brincidofovir versus those receiving placebo. Secondary endpoints in the SUPPRESS trial include clinical and virologic evidence of DNA viral infections, including AdV, BKV and other herpes viruses such as HHV-6 and varicella zoster virus that contribute to morbidity and mortality in the first year following HCT.

SUPPRESS is anticipated to enroll approximately 450 HCT recipients who are at increased risk of CMV infection, with approximately 300 subjects receiving 100 mg twice weekly brincidofovir and 150 receiving placebo (2:1). Approximately 40 transplant centers will participate in SUPPRESS. Initiation of dosing will not require evidence of stem cell "engraftment" (evidence of production of blood cells by the new transplant). This safety precaution was incorporated into previous brincidofovir trials of investigational antivirals for CMV prevention, but dosing in SUPPRESS can begin as soon after transplant as a subject can swallow oral medication. Enrolled subjects will receive brincidofovir or placebo through Week 14 post-transplant, the period of highest risk for viral reactivation, and will continue to be monitored for evidence of CMV and other DNA viral infections through Week 24 post-transplant.

Data from SUPPRESS are anticipated in mid-2015 and, if positive, would be used to support Accelerated Approval of brincidofovir for the prevention of CMV infection.

ABOUT DNA VIRUSES

Double-stranded DNA (dsDNA) viruses – which include herpesviruses (CMV, HHV-6, and VZV), polyomaviruses (BKV), and adenoviruses – are commonly transmitted in childhood, establish latency, and generally remain dormant in individuals with a functioning immune system. Although a healthy immune system protects an individual against reactivation of dsDNA viruses, the virus in not cleared or "cured". In patients with weakened immune systems, such as HCT or solid organ transplant recipients, CMV and other latent viral infections may reactivate during the post-transplant period when the immune system is rebuilding itself. In these immunocompromised patients, reactivation of the viruses causes significant morbidity, mortality, graft rejection and co-infection with other opportunistic pathogens. CMV infection, for example, can result in life-threatening pneumonia or other organ involvement, particularly in the first 100 days following transplant when the immune system is most vulnerable. CMV is the most common infectious pathogen in transplant recipients. CMV itself can cause immune and suppression and can predispose a patient to opportunistic viral infections in addition to fungal, bacterial and protocol infections.

Recent Company Highlights

- *September 2014:* Chimerix Announces Brincidofovir has *In Vitro* Activity Against Ebola
- *September 2014:* Chimerix Announces Continued Partnership with BARDA in the Development of Brincidofovir for Smallpox
- *September 2014:* W. Garrett Nichols, MD, MS Appointed Chief Medical Officer
- *May 2014:* Completion of Public Offering of Common Stock (Gross proceeds of $119.4 million)
- *April 2014:* Appointment of M. Michelle Berrey, MD, MPH as CEO
- *March 2014:* Initiated Pilot Trial of Brincidofovir for the Treatment of Adenovirus Infections

Selected Financial Information

(in millions)	As of June 30, 2014
Cash,cash equivalents and short-term investments	$200.6
Total assets	$204.7
Current liabilities	$ 12.2
Loan Payable	$ 7.1

Common Stock

Chimerix's common stock is traded on the Nasdaq Global Market under the symbol CMRX. The company had 35.4 million shares outstanding as of June 30, 2014.

For additional information, contact
Joseph T. Schepers
Executive Director, Investor Relations and Corporate Communications
ir@chimerix.com
919-287-4125

CHIMERIX, INC.

Chimerix, Inc.
2505 Meridian Parkway, Suite 340
Durham, NC 27713
Tel: (919) 806-1074
Fax: (919) 806-1146
www.chimerix.com