BRYAN, GARNIER & CO

INDEPENDENT RESEARCH UPDATE

11th July 2017

DBV Technologies

Before it was cool

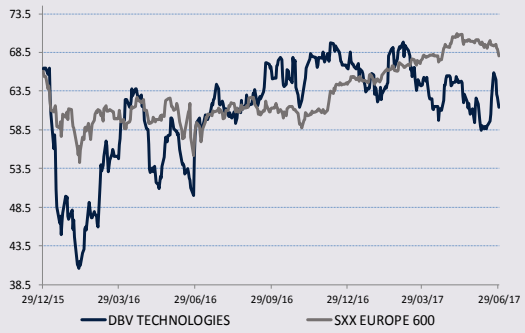
Healthcare

Fair Value EUR105 vs. EUR100 (price EUR64.90) **BUY-Top Picks**

Finalised on 10th July 2017

Bloomberg	DBV FP
Reuters	DBV.PA
12-month High / Low (EUR)	69.9 / 58.5
Market capitalisation (EURm)	1,564
Enterprise Value (BG estimates EURm)	1,474
Avg. 6m daily volume ('000 shares)	33.80
Free Float	55.3%

YE December	12/16	12/17e	12/18e	12/19e
Revenue (EURm)	9.08	7.49	8.12	46.82
EBIT (EURm)	-116.03	-154.20	-205.02	-217.22
Basic EPS (EUR)	-4.68	-6.31	-8.38	-8.88
Diluted EPS (EUR)	-4.68	-6.31	-8.38	-8.88



DBV Technologies is at an inflection point with the readout of the phase III trial for its lead product, Viaskin Peanut, in the upcoming months. We believe this late-stage trial has been significantly de-risked and we expect positive results to trigger a significant re-rating of the stock, primarily stemming from: 1/ the company's business model to transition from a biotech into an integrated biopharma within the next 18 months and 2/ more emphasis to be put on the application of the EPIT platform beyond peanuts and even beyond food allergies. Our new Fair Value is EUR105, implying over 60% upside to the current share price.

- The PEPITES phase III trial is de-risked. On top of the positive phase IIa and IIb results, we consider: 1/ the post-hoc analysis from the VIPES trial, 2/ the inclusion a lower age to 3 years (vs. 6 years in the phase IIb), 3/ an upsized study, and 4/ consistent data generated in the CoFAR6 trail conducted independently (NIAID), as all reassuring in our view. We see USD800m peak sales priced at current levels vs. BGe USD1.5bn.

- **Beyond positive phase III results and approval, the label will be key.** In the light of its strong and yet unrivalled safety profile, we believe that Viaskin Peanut could benefit from an unrestricted label. This should prove to be the competitive edge, especially to OIT when targeting paediatric populations.

- **Final de-risking not for peanuts**. While the primary focus of DBV is to de-risk the EPIT platform in food allergies, we do not rule out that positive phase III results from the PEPITES study will prompt DBV to accelerate clinical developments in other clinical fields (diseases induced by allergies, autoimmune and inflammatory diseases), be it on a standalone basis or through partnership agreements/licensing deals with pharma companies.

- **FV up from EUR100 to EUR105** mainly as a result of shorter timeframe for Viaskin Peanut to reach USD700m in the US (5y vs. 6y) and on increased peak sales of USD550m for Viaskin Milk. BUY reiterated.

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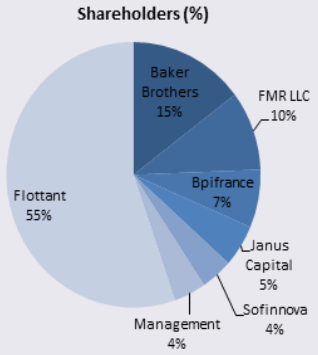


Company description

DBV Technologies SA is a French biotech focused on the development of products for the diagnosis and treatment of food allergies. The company's products are designed to deliver allergens on intact skin against food allergies and for allergy diagnosis. The antigens (allergens) are delivered to the skin using DBV Technologies' system, Viaskin, a non-invasive delivery system that utilises electrostatic forces to present and deliver active compounds to the immune system by targeting the antigen-presenting cells present in skin, without breaking the basement membrane (blood-skin barrier). Its product portfolio for allergy treatments consists of Viaskin Peanut, Viaskin Milk and could potentially find application in any type of food allergies as well as other therapeutic indications.

Simplified Profit & Loss Account (EURm)	**2014**	**2015**	**2016**	**2017e**	**2018e**	**2019e**	**2020e**
Revenues	4.8	6.2	9.1	7.5	8.1	46.8	298
Change (%)	*24.5%*	*29.5%*	*47.3%*	*-17.6%*	*8.5%*	*476%*	*537%*
Adjusted EBITDA	(24.1)	(44.5)	(115)	(153)	(204)	(217)	39.6
EBIT	(24.6)	(45.5)	(116)	(154)	(205)	(217)	35.2
Change (%)	*-23.4%*	*-85.0%*	*-155%*	*-32.9%*	*-33.0%*	*-6.0%*	*-%*
Financial results	0.62	0.87	1.5	0.0	0.0	0.0	0.0
Pre-Tax profits	(24.0)	(44.7)	(115)	(154)	(205)	(217)	35.2
Exceptionals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tax	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net profit	(24.0)	(44.7)	(115)	(154)	(205)	(217)	35.2
Restated net profit	(24.0)	(44.7)	(115)	(154)	(205)	(217)	35.2
Change (%)	*-24.4%*	*-86.0%*	*-156%*	*-34.6%*	*-33.0%*	*-6.0%*	*-%*
Cash Flow Statement (€m)							
Operating cash flows	(20.6)	(26.8)	(59.5)	(151)	(204)	(217)	34.5
Change in working capital	(1.8)	6.0	19.0	2.0	(0.03)	(0.93)	(5.3)
Capex, net	(0.94)	(4.4)	(8.0)	(9.6)	(11.5)	(13.8)	(16.6)
Financial investments, net	(1.1)	(5.3)	(8.3)	(9.9)	(11.8)	(14.1)	(16.9)
Dividends	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	NM	NM	NM	NM	NM	NM	NM
Net debt	(110)	(319)	(252)	(90.8)	(175)	56.3	38.7
Free Cash flow	(23.3)	(25.1)	(48.5)	(159)	(215)	(232)	12.6
Balance Sheet (€m)							
Tangible fixed assets	2.2	5.6	12.5	22.1	33.6	47.4	64.0
Intangibles assets	0.03	0.09	0.10	(0.69)	(1.5)	(2.0)	(6.2)
Cash & equivalents	115	323	256	95.5	180	(51.6)	(34.1)
current assets	7.0	11.5	15.7	0.07	0.14	2.9	18.9
Other assets	1.6	2.7	2.7	2.7	2.7	2.7	2.7
Total assets	125	343	288	120	215	(0.54)	45.3
L & ST Debt	6.5	15.4	19.2	5.5	5.6	7.4	18.1
Others liabilities	3.4	5.8	25.4	25.4	25.4	25.4	25.4
Shareholders' funds	115	322	243	88.7	184	(33.6)	1.6
Total Liabilities	10.0	21.2	44.7	31.0	31.0	32.9	43.5
Capital employed	NM	NM	NM	NM	NM	NM	NM
Ratios							
Operating margin	(517)	(739)	(1,277)	(2,060)	(2,524)	(464)	11.80
Tax rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net margin	(504)	(725)	(1,261)	(2,060)	(2,524)	(464)	11.80
ROE (after tax)	(20.80)	(13.87)	(47.16)	(174)	(112)	647	2,222
ROCE (after tax)	NM	NM	NM	NM	NM	NM	NM
Gearing	(95.68)	(98.90)	(104)	(102)	(95.37)	(168)	2,446
Pay-out ratio	0.0	0.0	0.0	100	200	300	400
Number of shares, diluted	16.09	21.52	24.45	24.45	24.45	24.45	24.45
Data per Share (€)							
EPS	(1.49)	(2.08)	(4.68)	(6.31)	(8.38)	(8.88)	1.44
Restated EPS	(1.49)	(2.08)	(4.68)	(6.31)	(8.38)	(8.88)	1.44
% change	*-5.2%*	*-39.1%*	*-126%*	*-34.6%*	*-33.0%*	*-6.0%*	*-%*
BVPS	0.62	0.99	1.83	1.27	1.27	1.34	1.78
Operating cash flows	(1.45)	(1.17)	(1.98)	(6.49)	(8.81)	(9.49)	0.51
FCF	(1.45)	(1.17)	(1.98)	(6.49)	(8.81)	(9.49)	0.51
Net dividend	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: Company Data; Bryan, Garnier & Co ests.

1. Fasten your seatbelt!

1.1. A look ahead at the phase III results

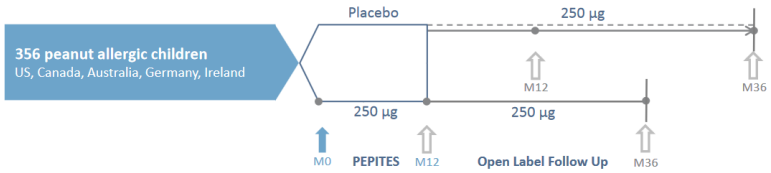
PEPITES phase III results in H2 2017

In late June 2016, DBV completed the recruitment of the PEPITES phase III trial which is expected to readout in the coming months (H2 2017). 356 patients highly allergic to peanuts (reactive dose ≤300mg or ~1 peanut) and aged 4 to 11 years have been enrolled in this pivotal trial which is expected to be the basis of the BLA filing to the FDA in H1 2018.

Primary endpoint is responder rate at 12 months vs. placebo

The primary endpoint at 12 months (M12) is the number of patients responding to Viaskin Peanut 250µg (responder rate) vs. placebo as measured by a double-blind placebo-controlled food challenge (DBPCFC). A patient will be qualified as a responder if he reaches a peanut protein's eliciting dose (EC) of 1/ ≥300mg or 2/ ≥1,000mg depending on whether he had an EC at baseline below or over 10mg respectively.

Fig. 1: Design of the PEPITES phase III trial



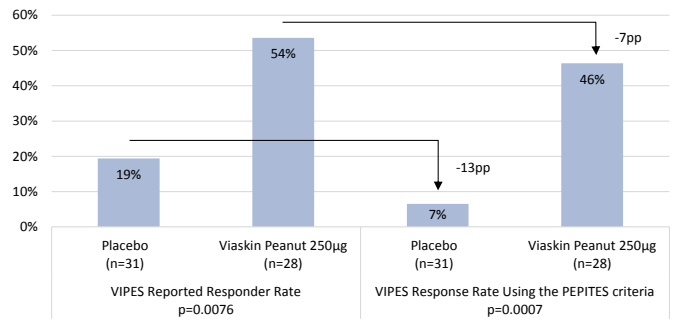
Source: Company Data.

We expect the results to be positive and to show a statistical significance in favour of Viaskin Peanut vs. placebo at M12 and believe that the following elements help to build-up confidence in a positive readout from the PEPITES trial.

Reassuring post-hoc analysis from the VIPES phase IIb trial

- **VIPES post-hoc analysis decreased placebo rates and increased treatment magnitude**. As a reminder, the primary endpoint at 12M in the VIPES phase IIb trial was the responder rate as measured by a DBPCFC. A responder in this study was defined as a patient with an EC at: 1/ ≥1,000mg or 2/ a ≥10x increase in the EC at 12M. In the latter endpoint, the ≥10x increase in the EC at 12M was not stringent enough and patients with a very low EC at baseline drove the high placebo rate. However, we observe that applying the more stringent criteria from the PEPITES phase III trial significantly lowers the placebo rate without affecting the active arm group's responder rate to the same extent.

Fig. 2: VIPES' post-hoc analysis (4-11yo group)



Source: Company Data.

More stringent criteria from the PEPITES trial emphasises Viaskin Peanuts' efficacy

Indeed, criteria from the PEPITES trial implies that patients with an EC of ≤10mg at baseline have an EC at 12M increasing by at least 30-times and highlights the efficacy of Viaskin in this group. While results in patients with an EC ≥10mg only implies an increase in the EC ranging from 3x (≤300mg) to 100x (≥10mg) with the lower end appearing as "easier" to achieve, the amount of peanut protein it represents makes the immune system more sensitive to variations, hence the efficacy of Viaskin could be viewed as the only reason why the results from the active group are less affected by the change in criteria, in our view.

Lower inclusion age supportive for increased efficacy

- **Lowering the inclusion age from 6 to 3 years old might bolster the results.** The VIPES phase IIb results showed that responder rates were higher in the lower age groups. Indeed, the response rate was 53.6% in children compared to 38.9% in adolescents. We believe that having lowered the inclusion age limit in the PEPITES trial from 6 to 3 years old might turn out to be in favour of the active arm group.

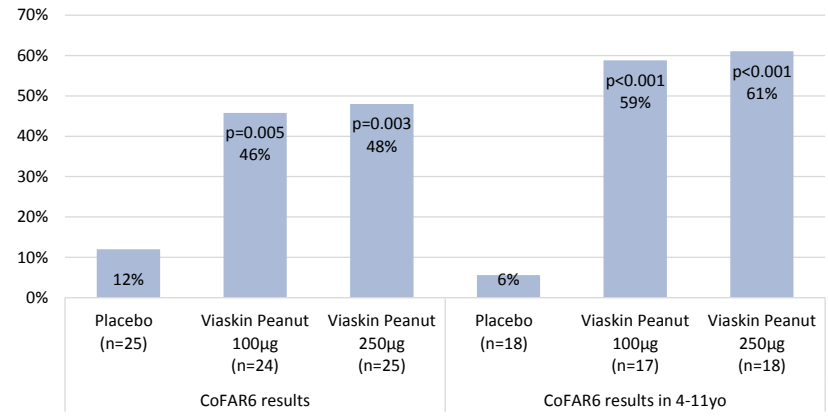
Increased statistical significance from upsized trial

- **Upsized phase III trial bodes well for increased statistical power**. Recruitment for the PEPITES trial was completed ahead of schedule but, above all, one should not overlook the size of the trial which was raised upwards from 330 to 356, due to patients' demand. Not only does this highlight the interest by patients in a new treatment paradigm for peanut allergy but this enabled DBV to increase the statistical power of the trial.

Independent trial from the NIAID confirms phase IIb results

- Importantly, we should mention the **CoFAR 6 (COnsortium of Food Allergy Research) trial conducted independently by the NIAID**. Albeit conducted on a small number of patients (n=75), data from the 4-11 years old group (n=53) confirmed the results from the VIPES phase IIb trial. No serious adverse events nor any epinephrine use was linked to Viaskin Peanut. Moreover, a third of children treated with the 250µg dose were able to tolerate ≥1,000mg of peanut protein (equivalent to 4 peanuts) after 52 weeks of treatment. These results have been published in the *Journal of Allergy and Clinical Immunology* in October 2016.

Fig. 3: CoFAR6 results (NIH trial; NCT01904604)



Source: Company Data.

Consistent safety/efficacy data across all studies de-risk the phase III trial

DBV has gathered a large amount of data which have been consistent across all the clinical trials already conducted and supportive of further development. While the use of probability of success helps us mitigate the risk of a poor outcome of a trial in our valuation model, we see DBV's PEPITES phase III significantly de-risked. We would expect the responder rate to stand in the 45% to 55% range with the placebo rate below or at around 10%.

Please see the section headed "Important information" on the back page of this report.

Note that with the FDA having asked for a safety database of over 600 patients, DBV initiated the REALISE phase III trial which aims at further demonstrating the safety of DBV's lead product candidate over a 6-month treatment course. The readout from this trial is expected in H2 2017, after the results from the PEPITES trial.

1.2. Beyond approval: aiming at an unrestricted label

Aiming for a BLA filling towards mid-2018

Approval in early 2019 with a Priority Review

We expect DBV to file for approval in children aged 4 to 11 years old around mid-2018, once all the data from the PEPITES and REALISE phase III trials will have been collected. With Viaskin Peanut benefiting from both the Breakthrough Therapy and Fast Track designations, it is likely that the FDA will grant a Priority Review to the product candidate, in our view. We have integrated this into our estimates as we expect an FDA approval between end of 2018 and early 2019 at the latest. An advisory committee is likely (AdCom). As regulatory approval through a Priority Review does not exist in Europe, we have modelled an approval and first sales in mid-2019.

In the light of: 1/ the data generated so far and 2/ positive phase III results that we anticipate, the likelihood of an FDA approval is high in our view. This is reflected via 90% probability of success (PoS) we have applied to the project.

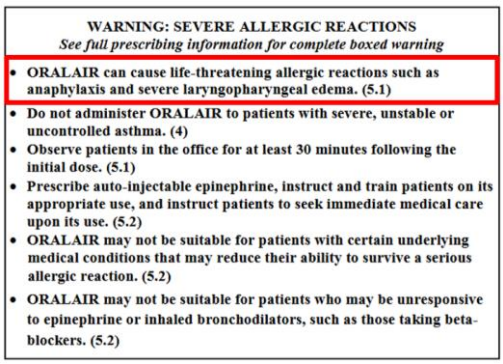
Viaskin's strong safety bodes well for an unrestricted label

Beyond the approval, it is important to consider the potential label that the product would benefit from to determine whether it could achieve blockbuster status. In the case of Viaskin Peanut, we would remind that no epinephrine use nor any Serious Adverse Events (SAEs) have been linked to the use of the product which bodes well for an unrestricted label without a black box warning. This could prove to be a competitive edge to most of the products currently sold in the treatment of allergies, all the more that, despite conclusive efficacy results, what we consider being a poor safety profile for Aimmune Therapeutics' AR-101 (Oral Immunotherapy in peanut allergy) should benefit DBV.

Fig. 4: Example of a Black Box Warning

Sublingual Immunotherapy (SLIT), and Subcutaneous Immunotherapy (SCIT) products often have a Black Box warning on the risk of anaphylactic shock to could arise from their use

e.g. Stallergenes' Oralair (SLIT) indicated in Grass pollen-induced allergic rhinitis



WARNING: SEVERE ALLERGIC REACTIONS

See full prescribing information for complete boxed warning

- **ORALAIR can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal edema. (5.1)**
- **Do not administer ORALAIR to patients with severe, unstable or uncontrolled asthma. (4)**
- **Observe patients in the office for at least 30 minutes following the initial dose. (5.1)**
- **Prescribe auto-injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use. (5.2)**
- **ORALAIR may not be suitable for patients with certain underlying medical conditions that may reduce their ability to survive a serious allergic reaction. (5.2)**
- **ORALAIR may not be suitable for patients who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers. (5.2)**

Source: Stallergenes Oralair's FDA prescribing information.

Black box warnings are a limitation for, SLIT and SCIT products…likely to be one for OIT

Lastly, the FDA's Allergenic product Advisory Committee held a panel discussion last year on the clinical development and licensing of food allergy immunotherapies. In the briefing documents (link here), the FDA clearly favoured DBV's EPIT approach, in our view, as it highlighted the increased safety profile of EPIT compared to other immunotherapies either oral (OIT), sublingual (SLIT) or subcutaneous (SCIT). For OIT which is the administration route studied by Aimmune Therapeutics, the FDA highlighted the high rate of adverse events (oral and GI side effects), the development of EoE which might be induced by the administration of milk protein and, more importantly, the risk of this approach in paediatric populations, as they might not be able to communicate about early symptoms.

1.3. USD800m peak sales priced at current levels vs. BGe USD1.5bn

Current share price implies conservative peak sales of USD800m

We believe that Viaskin Peanut's future developments and pathway to approval carries a low risk if any. Assuming a 90% probability of success, the current share price implies peak sales of USD800m, which could be viewed as conservative (BGe peak sales USD1.5bn). As such, we view the current levels as a floor with a risk-reward skewed to the upside.

BGe peak sales of USD1.5bn

Our peak sales estimates of USD1.5bn (BGe), of which USD1bn in the US alone, assumes a price of USD16 per patch, equivalent to a treatment price of USD5,760 per year, at the low end of the range communicated by the company (i.e. USD5,000 to USD10,000). Based on a survey carried out by DBV among insurers, a price per treatment in the USD5,000-10,000 range might give access to most Tier 1 and Tier 2 coverage while a newly-approved drug not yet proven to be safe is usually placed in Tier 3 and Tier 4. This would translate into a manageable and absorbable co-pay for the patients in order to limit reluctance in using Viaskin that could affect its penetration.

BGe USD5,760 price/y gives access to Tier 1 and Tier 2 formulary coverage

Fig. 5: Tier formulary structure

Drug Tier	Type of drugs included	Patient's cost
Tier 1	Most generic drugs	Lowest co-pay
Tier 2	Most common brand name drugs Preferred brand name drugs Some high-cost generic drugs	Medium co-pay
Tier 3	Non-preferred brand name drugs	Highest co-pay
Tier 4	Unique or very high-cost drugs	Percentage of total drug cost, called "coinsurance"

Source: Medicare.

No prior authorisation:
1/ single dose
2/ large safety database
3/ no black-box warning

Moreover, we believe bringing to the market a product that: 1/ is available in a single dose, 2/ has the benefits of a large safety database (REALISE phase III trial) and hindsight on over 3-years of treatment (VIPES 2-year follow-up data), and 3/ no black-box warning, it would not require prior authorisation, further easing the penetration and ramp-up of the drug.

1.4. Upside to current estimates

Treatment period might extend well beyond 12 months

- **While the primary endpoint of the trials designed by DBV are at 12 months, we do not rule out that patients will take Viaskin for at least two years**, which is the treatment period that we have integrated in our estimates. This has been driven by the results from the 1-year follow-up of the VIPES trial (OLFUS VIPES) showing an 80% responder rate after 24 months of treatment compared to 57.1% at the baseline of the OLFUS VIPES trial. These results should be supportive for a treatment period of at least 24 months. We do not rule out, however, that the treatment period might extend beyond 24 months. Indeed, the 2-year follow-up from the VIPES trial showed a sustained responder rate, further maintained after 3 months off-treatment, with Viaskin thought to have modulated the immune system (memory effect). Considering the practicality of the treatment (high roll-over rate in follow-up trials), some patients might decide to take Viaskin for 36 months in order to maximise their chance of potentially being definitively desensitised to peanut.

2-year follow-up from VIPES showed sustained response and is thought to induce modulation of the immune system

Awareness and DTC campaign to increase referral

- **Awareness and DTC campaign to increase referral**. To increase patients' awareness, DBV could launch an awareness campaign followed by a DTC campaign as soon as the product is approved to increase the referral rate to allergologists.

2. Final de-risking not for peanuts

2.1. No longer be afraid of undeclared allergens

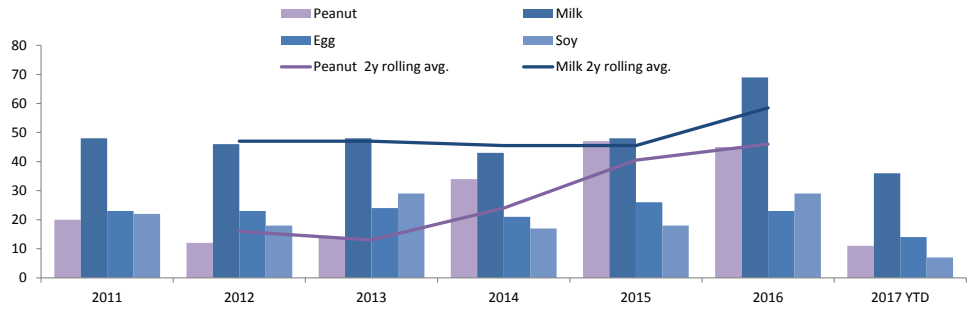
FDA recalls for undeclared peanut allergen up 125% since 2011

The number of recalls issued by the FDA directed towards undeclared milk and peanuts allergens, have surged by 44% and 125% since 2011 respectively, despite increased scrutiny from health authorities. Beyond the strong prevalence of these two types of food allergies, the frequency of recalls is building a strong case for the development of a platform able to prevent anaphylactic shocks which could arise from accidental exposure to an allergen.

The EPIT platform could potentially prevent an anaphylactic shock triggered by accidental exposure to any type of food allergen

We see Viaskin's blockbuster status in peanuts as being duplicated in other food allergies. In milk allergy, which is the allergen responsible for most food recalls issued by the FDA (followed by peanut, egg and soy, respectively), DBV is conducting a phase IIb trial which should readout in H1 2018. We derive peak sales of EUR550m in this indication as, despite being a prevalent food allergy (2.5% of children aged 2 to 5 years old) representing a strategic opportunity for the company, most infants outgrow their milk allergy by the age of five, limiting the duration of the treatment.

Fig. 6: Number of FDA recalls by allergen type



Source: https://www.fda.gov/Safety/Recalls.

2.2. Versatility of the platform

Broadening the application of the platform following de-risking in food allergies

While the primary focus of the company is to de-risk the EPIT platform in food allergies, we do not rule out that positive phase III results from the PEPITES study will prompt DBV to accelerate clinical developments in other clinical fields such as: 1/ diseases induced by allergies and prevention of the allergic march, and 2/ both inflammatory and autoimmune diseases.

Results from a phase IIa study of Viaskin Milk in EoE in H1 2018

As soon as H1 2018, we would expect the results from a double-blind placebo-controlled randomised PoC phase IIa trial led by Dr Spergel at the Children's Hospital of Philadelphia and evaluating the safety and efficacy of Viaskin Milk in Eosinophilic Esophagitis (EoE), an allergy inflammatory disease characterised by swelling of the oesophagus, the prevalence of which has increased to 1:2000 in the last decade. Viaskin Milk could be an attractive therapeutic option to treat EoE as cow's milk allergy (CMA) is involved in approx. 70% of cases in children and a CMA free diet could reduce EoE symptoms.

Developments in other clinical fields through partnership/licensing deals with pharma cos

It is our understanding that pharmaceutical companies are showing increasing interest in DBV's EPIT platform which could find applications beyond food allergies. Once the results from the PEPITES trial are readout, we would not rule out some partnership agreements and/or licensing deals to be inked by DBV to validate the application of the EPIT platform outside food allergies *stricto sensu*.

3. Valuation and Newsflow

3.1. FV up from EUR100 to EUR105, implying 60% upside

We reiterate our BUY rating on DBV and increase our Fair Value from EUR100 to EUR105 per share having made the following changes to our estimates.

Viaskin Peanut peak sales of EUR1.3bn

- Viaskin Peanut: we anticipate a slightly faster ramp-up from Viaskin Peanuts in the US with total sales from the product reaching USD700m (or EUR632m) five years after launch vs. six previously. Conversely, we have delayed by 6 months the launch of the product in Europe to take into account a longer regulatory review. In all, this translates into total sales reaching USD1bn (EUR895m) in 2023, growing to USD1.5bn towards 2030.

Viaskin Milk peak sales of EUR550m

- Viaskin Milk: The increased recognition of the safety of DBV's EPIT platform should translate into higher sales in paediatric populations, notably in infants suffering from milk allergy. As a result, we have increased our peak sales for Viaskin Milk from EUR450m to EUR550m.

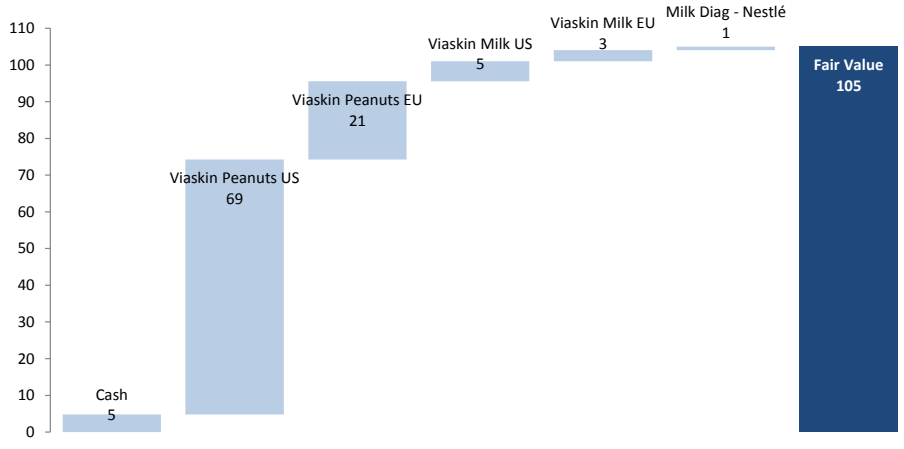
- Lastly, we have rolled over our DCF to July 11th and take into account the company's cash position by the end of the year (BGe EUR118m).

Fig. 7: BGe valuation

Product	Probability of Success	Valuation/share*	% of FV
Viaskin Peanuts US	90%	69	66%
Viaskin Peanuts EU	90%	21	20%
Viaskin Milk US	20%	5	5%
Viaskin Milk EU	20%	3	3%
Milk Diag - Nestlé	100%	1	1%
Cash position YE 2017	100%	5	5%
Fair Value		**105**	
Share Price as of 06/07/2017		65.1	
Upside/(Downside)		**61%**	

**may not foot due to rounding*

60% upside on current share price of EUR65.5



Source: Bryan, Garnier & Co ests.

Transition from a biotech into an integrated biopharma should decrease the Beta

DBV's business model is set to evolve from a pure biotech to a biopharma one as the commercialisation stage should be reached within the next 18 months and this should: 1/ mechanically translate into a decrease in the company's Beta, and 2/ attract a new investor base which had been averse to the binary aspect of a biotech business model, although de-risked for DBV at this stage, in our view.

Fig. 8: Sensitivity (WACC/long-term growth rate)

		WACC								
		8,1%	9,1%	10,1%	11,1%	**12,1%**	13,1%	14,1%	15,1%	16,1%
g	4,0%	222	179	150	127	110	96	85	76	68
	3,5%	211	173	146	125	**108**	95	84	75	67
	3,0%	202	168	142	122	**107**	94	83	74	67
	2,5%	195	163	**139**	**120**	**105**	**93**	**82**	74	66
	2,0%	189	159	136	118	**104**	92	82	73	66
	1,5%	184	156	134	116	**102**	91	81	72	65
	1,0%	179	152	132	115	101	90	80	72	65

Source: Bryan, Garnier & Co ests.

3.2. Newsflow

DBV's next clinical milestone is expected in the upcoming months with the results from the PEPITES phase III trial. We would expect these results to be positive and enable the company move away from a one-product biotech company in the eyes of investors to a fully de-risked biopharma company.

Dense newsflow over the next 18 months

Fig. 9: DBV's Newsflow

Year		Product	Event Type	Details	Condition	Pop.	NCT
Q3	2017	Viaskin Peanut	Clinical	EPITOPE Phase III start	Peanut Allergy	1-3yo	-
H2	2017	Viaskin Peanut	Clinical	PEPITES Phase III results	Peanut Allergy	4-11yo	NCT02636699
H2	2017	Viaskin Peanut	Clinical	REALISE Phase III results	Peanut Allergy	4-11yo	NCT02916446
H1	2018	AAAAI	Congress	March 2-5 (Orlando, FL)	-	-	-
H1	2018	Viaskin Milk	Clinical	MILES Phase IIb results	Cow's Milk Allergy	2-5yo	NCT02223182
H1	2018	Viaskin Milk	Clinical	SMILEE Phase IIa results	EoE	4-17yo	NCT02579876
Mid-	2018	Viaskin Peanut	Regulatory	BLA filing	Peanut Allergy	-	-
H2	2018	Viaskin Peanut	Clinical	PEPITES Phase III 1y follow-up	Peanut Allergy	4-11yo	NCT03013517

Source: Company Data; Bryan, Garnier & Co ests; clinicaltrials.gov.

Price Chart and Rating History

DBV Technologies

Ratings		
Date	**Ratings**	**Price**
19/05/14	BUY	EUR17.3

Target Price	
Date	**Target price**
05/01/17	EUR100
31/05/16	EUR91
06/04/16	EUR89
05/01/16	EUR92
05/10/15	EUR83
23/06/15	EUR75
04/05/15	EUR65
09/04/15	EUR58
25/03/15	EUR48
17/11/14	EUR47
23/09/14	EUR40
19/05/14	EUR27

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Stock rating

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NEUTRAL — Opinion recommending not to trade in a stock short-term, neither as a BUYER or a SELLER, due to a specific set of factors. This view is intended to be temporary. It may reflect different situations, but in particular those where a fair value shows no significant potential or where an upcoming binary event constitutes a high-risk that is difficult to quantify. Every subsequent published update on the stock will feature an introduction outlining the key reasons behind the opinion.

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