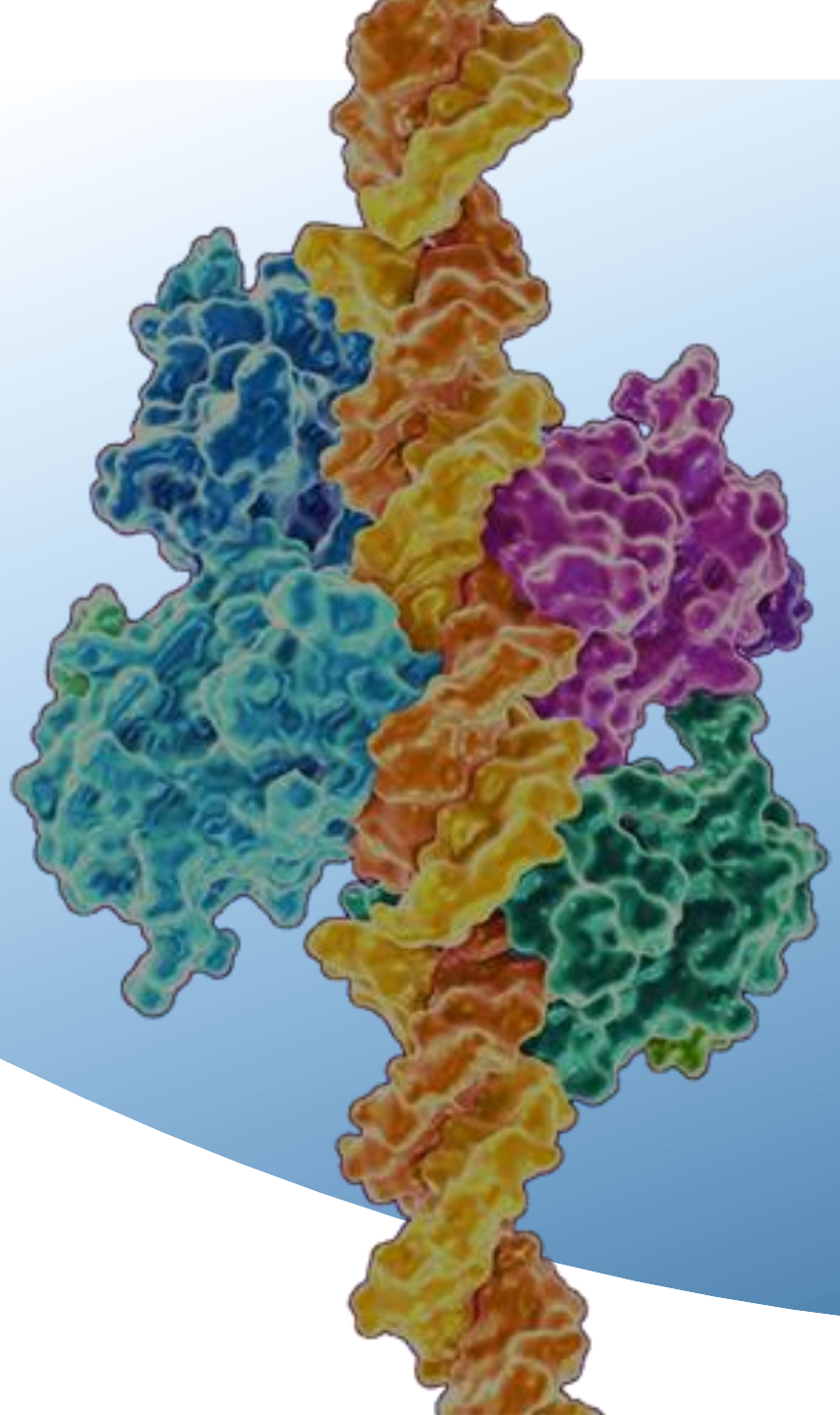


PMV Pharmaceuticals

September 2026

PMVPharma

Forward-Looking Statements

This presentation contains forward looking statements. Such statements include, but are not limited to, statements regarding our research, preclinical and clinical development activities, plans and projected timelines for rezatapopt, including the timing of disclosures regarding clinical data updates of its current clinical trial for rezatapopt, expected therapeutic benefits of rezatapopt including potential efficacy and tolerability profile, plans regarding regulatory filings and approvals, including targeted dates for our NDA submission and initial FDA approval for platinum-resistant or refractory ovarian indication, ongoing safety and response rate of participants in our PYNNACLE study, as well as the overall timing and success of our current and future clinical trials for rezatapopt, and the adequacy of the data to support its regulatory approval, and our expectations regarding the therapeutic, addressable patient populations, timing for approval and commercial potential of rezatapopt, as well as our cash runway forecast. The words “believe,” “may,” “should,” “will,” “estimate,” “promise,” “plan”, “continue,” “anticipate,” “intend,” “expect,” “potential” and similar expressions (including the negative thereof), are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Risks that contribute to the uncertain nature of the forward-looking statements include: our preclinical studies and clinical trials may not be successful; the U.S. Food and Drug Administration (FDA) may not agree with our study design, statistical analysis plan, or interpretation of the data from clinical trials of our product candidates; we may decide, or the FDA may require us, to conduct additional clinical trials or to modify our ongoing clinical trials, which could result in enrollment or other delays to our anticipated timelines; we may experience delays in the commencement, enrollment, completion or analysis of clinical testing for our product candidates, or significant issues regarding the adequacy of our clinical trial designs or the execution of our clinical trials may arise, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; the commencement, enrollment and completion of clinical trials and the reporting of data; a global pandemic, other public health emergencies or geopolitical tensions or conflicts may disrupt our business and that of the third parties on which we depend, including delaying or otherwise disrupting our clinical trials and preclinical studies, manufacturing and supply chain, or impairing employee productivity; our product candidates may not receive regulatory approval or be successfully commercialized; unexpected adverse side effects or inadequate therapeutic efficacy of our product candidates could delay or prevent regulatory approval or commercialization; we may not be able to obtain additional financing on terms acceptable to us or at all; as well as those risks and uncertainties set forth in the sections entitled “Risk Factors” and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in the Company’s Annual Report on Form 10-K, filed with the Securities and Exchange Commission (the “SEC”) on March 6, 2026, the Company's Quarterly Report on Form 10-Q for the three months ended June 30, 2026, filed with the SEC on August 14, 2026, and its other filings filed with the SEC. Additional risks and uncertainties may emerge from time to time, and it is not possible for PMV Pharma’s management to predict all risk factors and uncertainties.

All forward-looking statements contained in this presentation speak only as of the date on which they were made. We undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

PMV Pharma is Harnessing the Power of p53 to Treat Cancer



The Science

Rezatapopt, our lead candidate, is a first-in-class, investigational p53 Y220C reactivator, a previously undruggable target found in 3.2% of ovarian cancers and 1% of all solid tumors



Clinical Validation

Phase 1 PYNNACLE achieved proof-of-concept for rezatapopt published in The New England Journal of Medicine

Pivotal Phase 2 interim data show favorable efficacy and safety profile across multiple tumor types



Path to Market

FDA feedback supports an initial registrational opportunity in platinum-resistant or refractory ovarian cancer (PROC) with NDA submission planned in 1Q2027



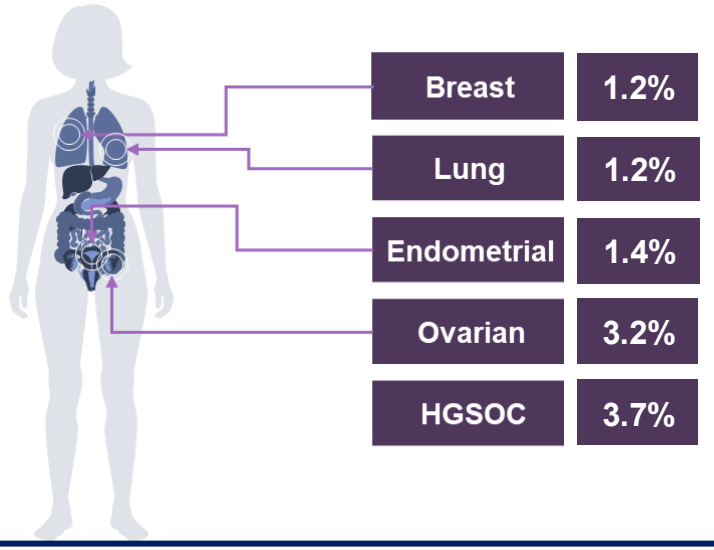
Cash Balance

$79.4M as of June 30, 2026; recently completed $50M equity financing extends cash runway into 1Q2028

Rezatapopt Targets TP53 Y220C Hotspot Mutation Detected Across Solid Tumors

- *TP53* mutations are the most common genomic alterations across all human cancers[1]
- Most *TP53* mutations occur in the central DNA-binding domain and ten of them are referred to as 'hot-spot' mutations, accounting for ~30% of the *TP53* mutations observed in human cancer[1–2]
- p53 Y220C is a key hot-spot *TP53* missense mutation that destabilizes p53[1-2]
- **p53 Y220C present in ~1% of solid tumors[3]**
- **Addressable 2L+ U.S. & EU4/UK patients ~14K[4]**

Frequency of the *TP53* Y220C mutation varies across solid tumors[3]



The prevalence of *TP53* and *TP53 Y220C* mutations were assessed in a cancer tumor cohort of 820,607 US-based, consented-for-research patients using FoundationInsights™ (FoundationCore® Q1-2026)[3]

Deoxyribonucleic acid, HGSOC, high-grade serous ovarian cancer.

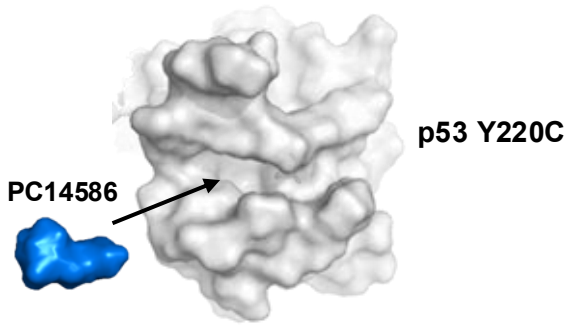
[1] Baugh EH, et al. Cell Death Differ. 2018;25,154–160. [2] Hassin O, et al. Nat Rev Drug Discov. 2023;22:127–144. [3] FoundationInsights™. A proprietary database (FoundationCore® Q1-2026) used under license with review and approval from Foundation Medicine®. Available at: https://www.foundationmedicine.com/service/genomic-data-solutions. Deduplicated data accessed May 2026. [4] DRG Epidemiology Estimates 2028

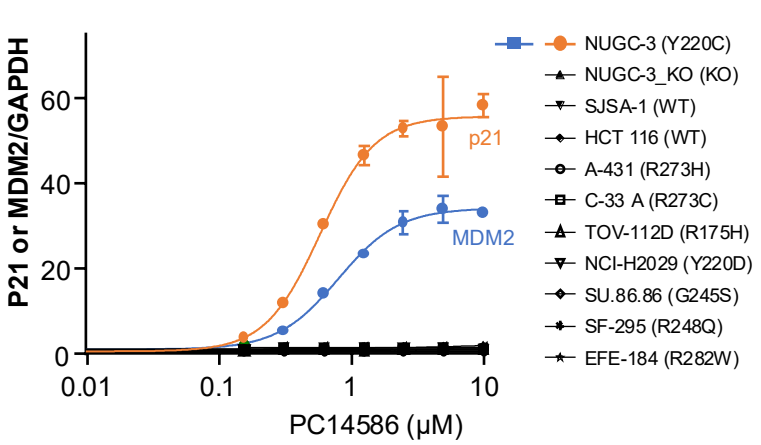
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Rezatapopt is a p53 Y220C-Selective First-in-Class p53 Reactivator

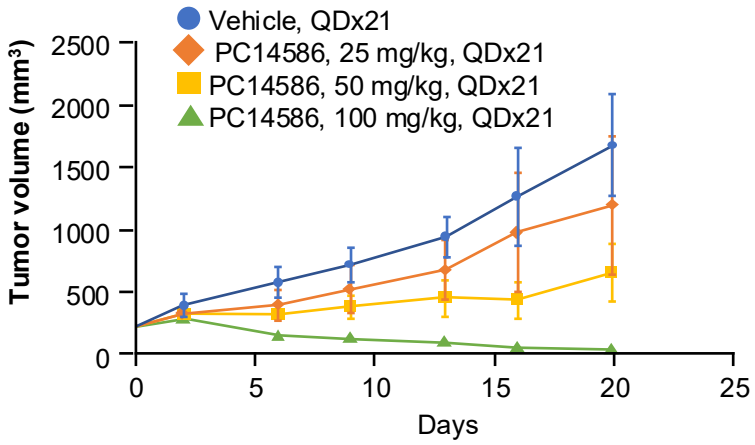
- Orally available small molecule designed to selectively bind to the pocket contained in the p53 Y220C mutant protein[1]
- Stabilizes the p53 Y220C mutant protein in the wild-type p53 conformation, thereby restoring transcription and tumor-suppressor function[1]
- Inhibits proliferation across all Y220C-expressing cell lines

Stabilizes p53 Y220C mutant in the WT p53 conformation → **p53 transcriptional activity restored** → **Tumor regression *in vivo***





PC14586 = rezatapopt



NUGC-3 model

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MDM2, mouse double minute 2 homolog; KO, knockout; WT, wild-type. [1]Dumble M, et al. *Cancer Res*. 2021;81(13_Suppl):Abstract LB006.
NUGC-3: gastric cancer cell line

Compelling Rezatapopt Monotherapy Phase 2 Interim Data

Across All Cohorts:

- Encouraging efficacy profile in heavily pre-treated patients with a *TP53* Y220C mutation with poor prognoses[1]
- Promising rate of tumor responses observed across multiple tumor types
  - ORR: 34%
  - Median duration of response: 7.6 months
- Differentiated safety and tolerability profile compared to standard of care

Ovarian Cancer:

- Significant unmet medical need
- Strong response rate and benefit (updated data)
  - ORR: 46%
  - Median duration of response: 10 months[2]
- Initial registrational opportunity in platinum-resistant or refractory ovarian cancer (PROC) supported by recent FDA feedback

- *TP53* Y220C mutation leads to a worse prognosis[1]
- Emerging clinical data supports rezatapopt as an efficacious, well-tolerated, oral option
- Opportunity to deliver a novel, biomarker-selected chemo-alternative

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[1] Natural history study (PMV data on file); ORR, overall response rate
[2] Duration of Response is based on confirmed responses

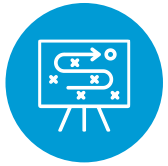
Overview of PYNNACLE Phase 2 Interim Data



Overall results across all cohorts



Updated Ovarian cohort results



NDA submission strategy



Looking ahead

PYNNACLE Phase 2 Study Design

Ongoing Phase 2 study actively enrolling patients across ~70 sites globally

Patient Population

- Aged ≥ 12 years
- Locally advanced or metastatic solid tumors, excluding primary CNS tumors
- Documented *TP53* Y220C and no *KRAS* SNV mutations
- Prior standard therapy or ineligible for appropriate standard of care therapy

Basket
N = ~200

Rezatapopt at 2000mg QD with food

Cohorts

- Cohort 1: Ovarian cancer
- Cohort 2: Lung cancer
- Cohort 3: Breast cancer
- Cohort 4: Endometrial cancer
- Cohort 5: All other solid tumors

Endpoints

Primary: ORR per BICR
- Ovarian cancer cohort
- Across all cohorts

Key secondary:
- ORR per investigator
- TTR
- DoR
- DCR
- PFS per BICR and investigator
- OS
- Safety

Accelerating development in key tumor types via a streamlined single-arm pivotal study design

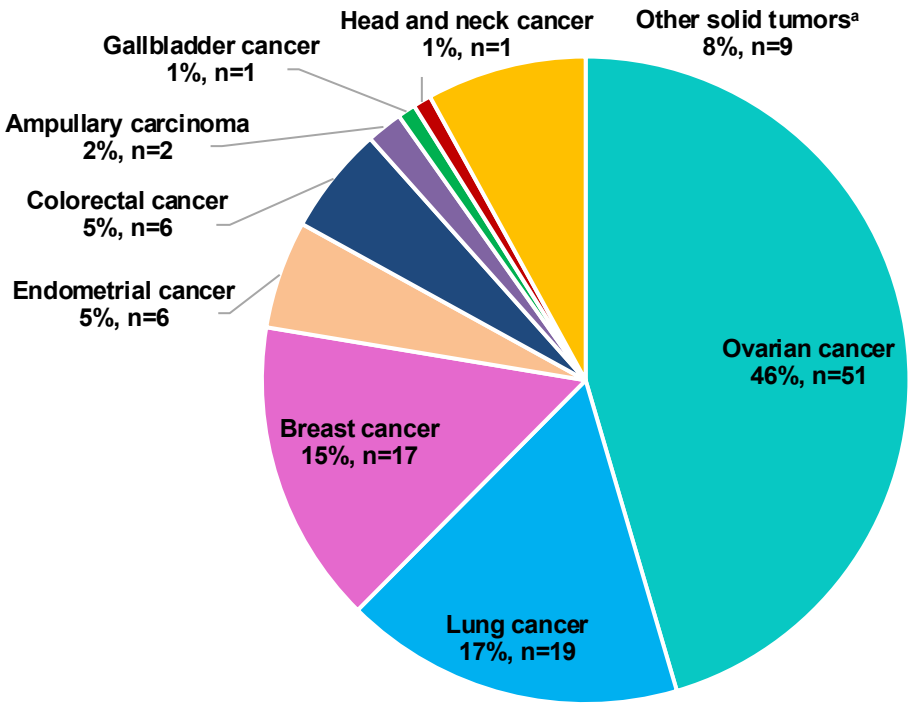
BICR, blinded independent central review; CNS, central nervous system; DCR, disease control rate; DoR, duration of response; *KRAS*, Kirsten rat sarcoma virus; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; QD, once daily; SNV, single nucleotide variant; TTR, time to response.

Demographics and Baseline Characteristics (All Cohorts)

Heavily pre-treated patients across broad spectrum of tumor types

	Total N=112
Age (years)	Median 65
Sex	Female 73%, Male 27%
ECOG PS	0: 44%, 1: 56%
Prior line of systemic therapy	Median of 3 prior lines (range 1-10) 3 or more prior lines 64%
TP53 Y220C mutation status	100%
KRAS status	Wild type 100%

Cancer Type



[a] Includes 2 gastric cancer, 2 sarcoma, 1 small intestine cancer, 1 HCC, 1 pancreatic cancer, 1 thymic carcinoma and 1 esophagus carcinoma; ECOG PS, Eastern Cooperative Oncology Group Performance Status

Data Cutoff 04Sep2025

Responses Observed Across All Cohorts in Eight Tumor Types

TP53 Y220C / KRAS WT Efficacy Population [a] (n=103)

Across All Cohorts	ORR n (%)
ORR per Investigator assessment	**35 (34%)**
Confirmed Complete Response (CR)	1
Confirmed Partial Response (PR)	29
Unconfirmed Partial Response (uPR)	5

Post-data cutoff:

- **Across all cohorts:** All 5 uPR patients converted to confirmed PRs, including 1 lung cancer and 4 ovarian cancer patients.

By Cohort	ORR n (%)
Ovarian	22/48 (46%)
Breast	2/12 (17%)
Lung	4/19 (21%)
Endometrial	3/5 (60%)
Other Solid Tumors	4/19 (21%)

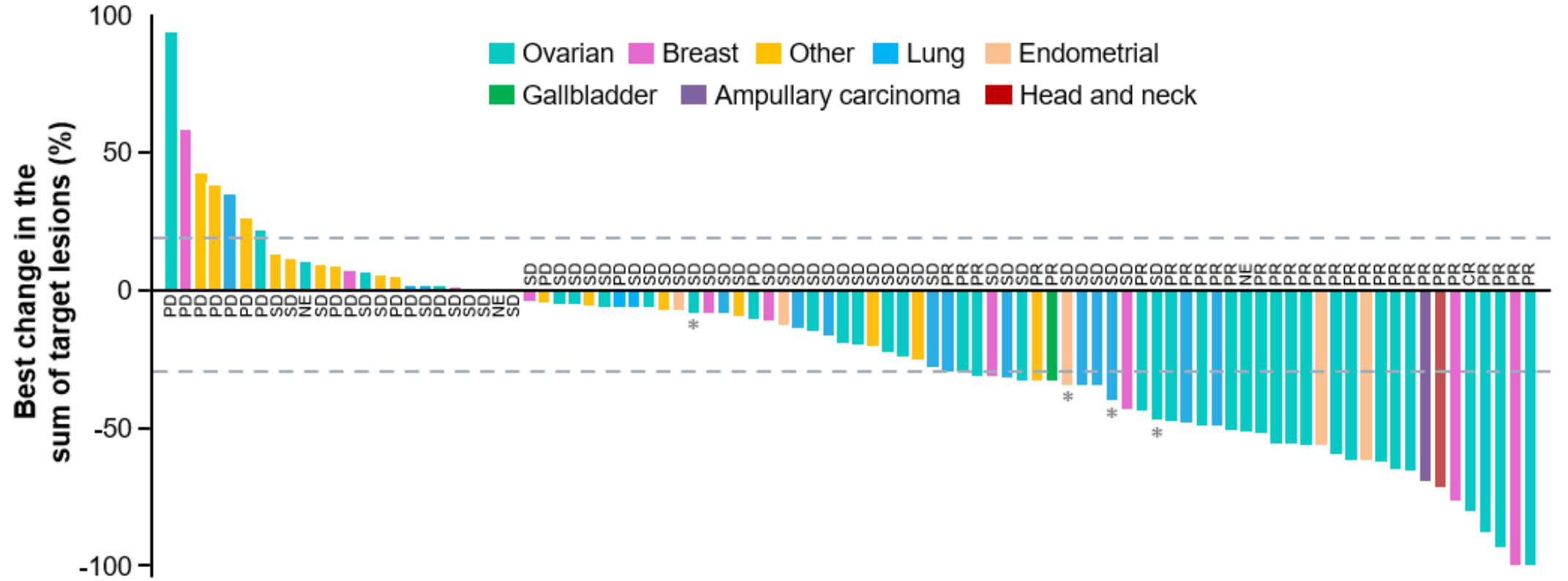
Data Cutoff 04Sep2025

Overall
34% Overall ORR
7.6 months median Duration of Response [b]

[a] Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy population.
[b] Duration of Response is based on confirmed responses.

ORR, overall response rate; WT, wild type

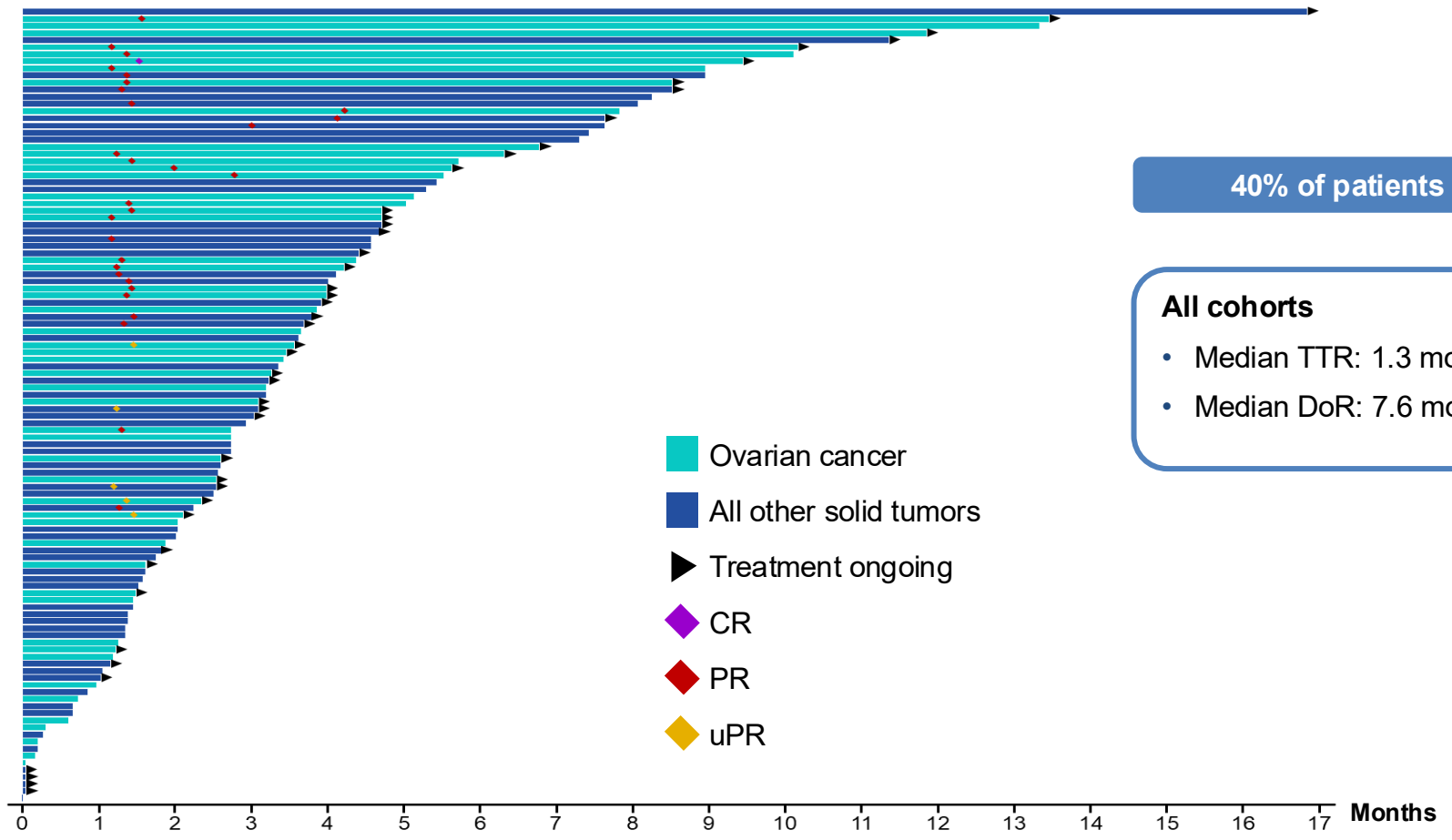
Target Lesion Reduction Observed in the Majority of Patients



Including patients (n=92) with a post-baseline tumor assessment. Best overall responses are noted in the figure (* = uPR).
At the time of data cut, an additional uPR was recorded without tumor measurements reported yet.
CR, complete response; NE, non-evaluable; PD, progressive disease; PR, partial response; SD, stable disease; uPR, unconfirmed partial response.

Data Cutoff 04Sep2025

Rapid Time to Response and Long Duration of Treatment



40% of patients remain on treatment

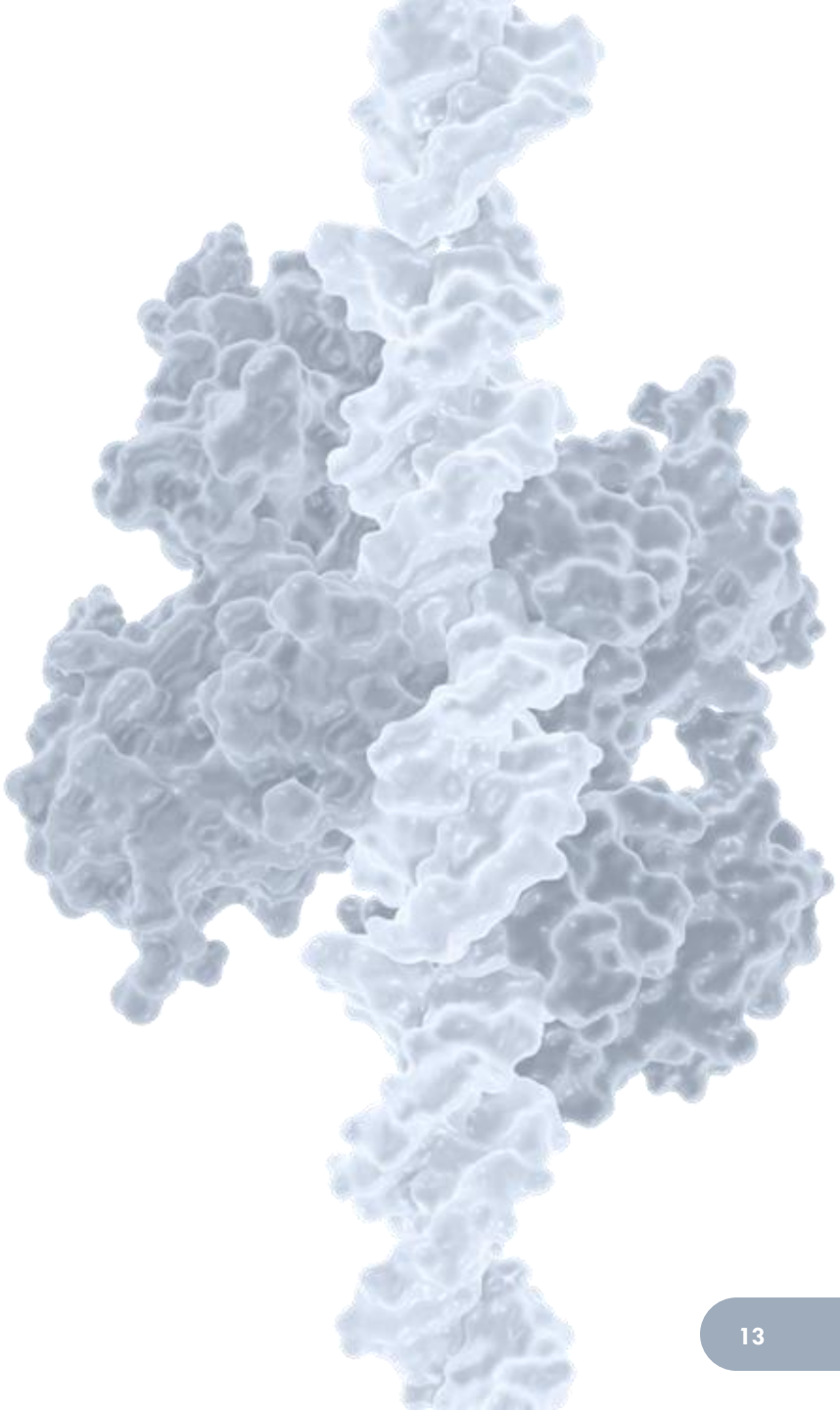
All cohorts

- Median TTR: 1.3 months
- Median DoR: 7.6 months

Data Cutoff 04Sep2025

CR, complete response; DoR, duration of response; PR, partial response; TTR, time to response; uPR, unconfirmed partial response

Updated Ovarian Cancer Data

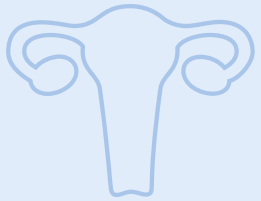


Demographics and Baseline Characteristics

Heavily pre-treated population with poor prognostic features

	Ovarian cancer cohort, n=76
Median age, years (min–max)	66 (46–91)
ECOG performance status, n (%)	
0 / 1	36 (47) / 40 (53)
Prior lines of systemic therapy, n (%)	
1 / 2	3 (4) / 14 (18)
3	16 (21)
≥4	43 (57)
Median (min–max)	4 (1–10)
Prior therapies, n (%)	
Bevacizumab	61 (80)
Platinum status, n (%)	
Sensitive	3 (4)
Resistant	46 (61)
Refractory	27 (36)
Primary platinum refractory	10 (13)
Histology, n (%)	
High grade serous	74 (97)
FRα status, n (%)	n=63
Positive / Negative	30 (48) / 33 (52)
***BRCA* mutation, n (%)**	7 (9)
Somatic *BRCA* 1/2 mutation	3 (4)
Germline *BRCA* 1/2 mutation	4 (5)
HRD status, n (%)	n=67
Positive / Negative	27 (40) / 40 (60)

Heavily pre-treated patients:



- **96%** platinum-resistant or refractory
- **80%** received prior bevacizumab
- **78%** with three or more prior lines of therapy

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ECOG, Eastern Cooperative Oncology Group

Data Cutoff 29Mar2026

Rezatapopt Demonstrates Consistent ~42-53% ORR Across Key Ovarian Subgroups

	Ovarian cancer cohort n=72[a]	Platinum resistant n=44	Platinum refractory[b] n=25	Prior bevacizumab n=57	Prior PARPi n=38	FRα positive[c] n=30	FRα negative[d] n=31
ORR[e] %	**44**	**45**	**44[f]**	**44**	**53**	**50**	**42**
CR	1 (1.4)	0 (0.0)	0 (0.0)	1 (1.8)	1 (2.6)	0 (0.0)	0 (0.0)
PR	31 (43.1)[g]	20 (45.5)	11 (44.0)	24 (42.1)	19 (50.0)	15 (50.0)	13 (41.9)

Data Cutoff 29Mar2026

Post 29Mar2026 data cutoff: Ovarian cancer population: ORR reached 46% (34/74) following 2 additional patients experiencing unconfirmed PRs. This includes 4 CRs due to three patients with a confirmed PR at the data cutoff subsequently converting to a confirmed CR.

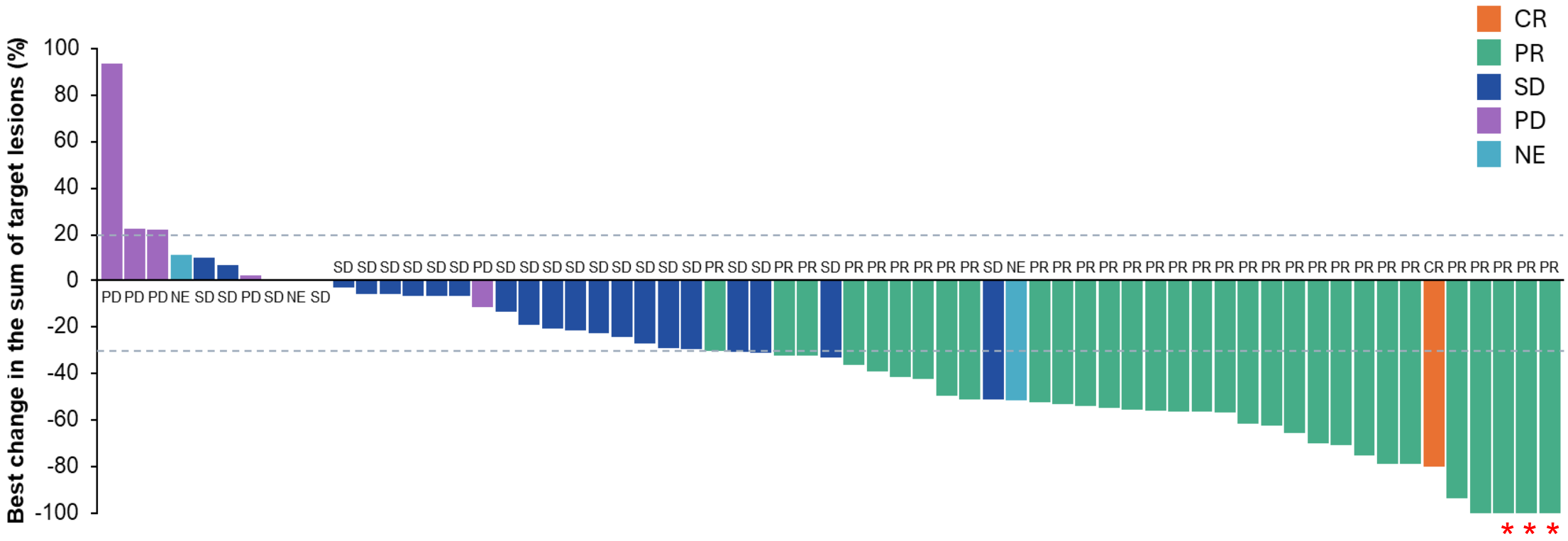
- **44% ORR (95% CI: 33%-57%) in ovarian cancer cohort exceeding ORR for single agent non-platinum based chemotherapy**
- **Compelling efficacy observed regardless of prior treatment received in a heavily pretreated population**

a Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy-evaluable population.
b Platinum refractory: defined as relapse during platinum therapy or within 1 month of the last dose of a platinum agent.
c,d FRα positive: FRα expression in ≥75% of viable tumor cells and FRα negative: FRα expression in <75% of viable tumor cells.
e ORR is calculated from confirmed CR and confirmed PR.
f As of 29Mar2026, in the primary platinum-refractory population (n=10), 3 patients experienced a confirmed PR.
g Post-data cutoff, 3 patients with a confirmed PR subsequently converted to a confirmed CR.

CI, confidence interval; CR, complete response; PR, partial response; FRα, folate receptor alpha; NE, non-evaluable; ORR, overall response rate; PARPi, poly (ADP-ribose) polymerase inhibitor

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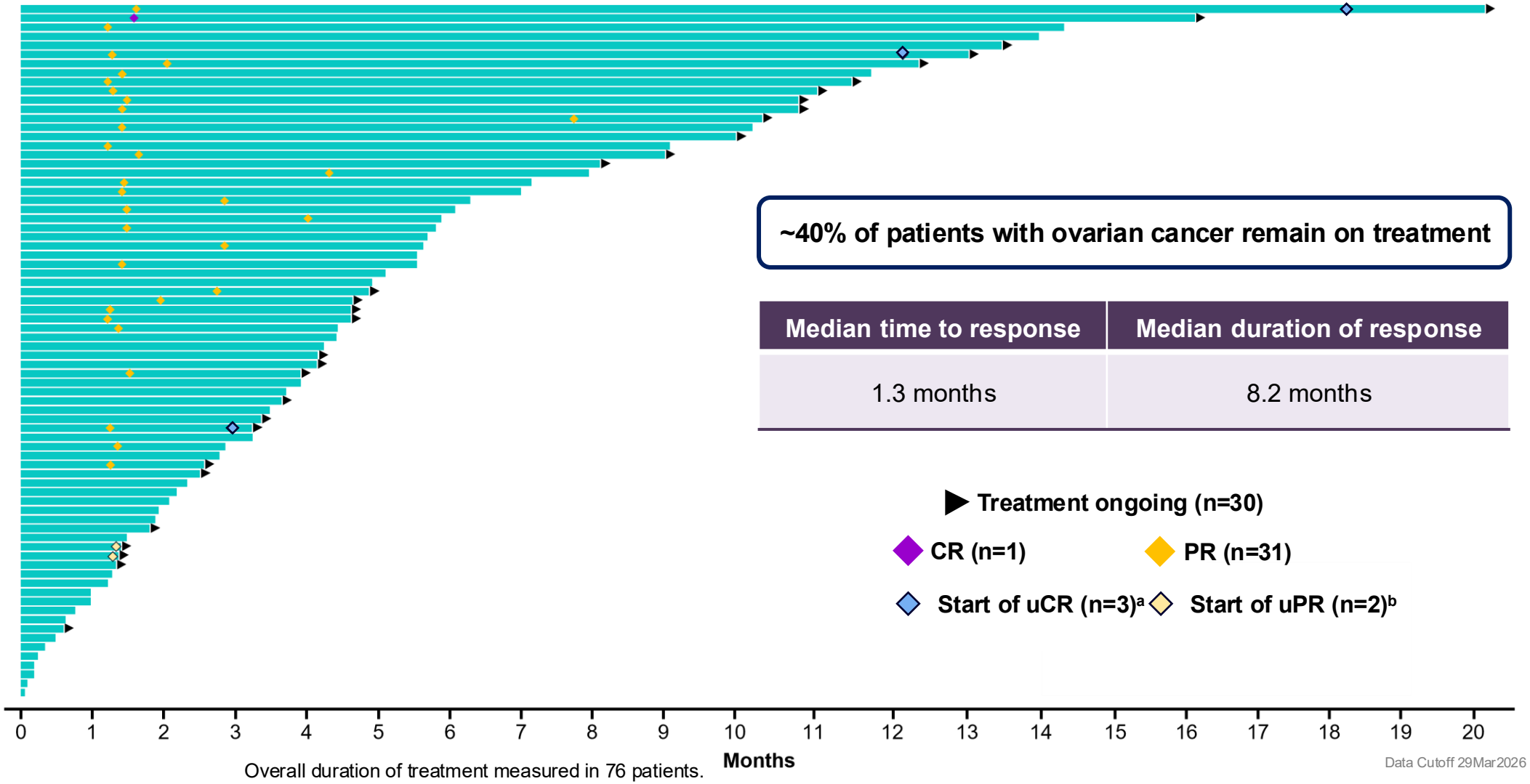
Rezatapopt Demonstrates Deep Tumor Shrinkage in Ovarian Cancer



Data Cutoff 29Mar2026

Dotted line shows RECIST v1.1 criteria for PD (20%) and PR (–30%).
Includes ovarian cancer patients with a post-baseline target tumor measurement (n=63). Best overall responses are noted in the figure.
* Post data cutoff, 3 patients with a confirmed PR subsequently converted to a confirmed CR.
Two unconfirmed PRs occurred after the data cutoff.
CR, complete response; NE, non-evaluable; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Rapid and Durable Responses Were Observed in Ovarian Cancer



~40% of patients with ovarian cancer remain on treatment

Median time to response	Median duration of response
1.3 months	8.2 months

Data Cutoff 29Mar2026

Overall duration of treatment measured in 76 patients.

[a] Post data cutoff, all 3 patients with a uCR subsequently converted to a confirmed CR.

[b] Two unconfirmed PRs occurred after the data cutoff.

CR, complete response; PR, partial response; uCR, unconfirmed complete response; uPR, unconfirmed partial response.

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Rezatapopt Displays Favorable Safety and Tolerability Profile in the Overall Population

All TRAEs (≥ 5% of Patients) Total safety population (N=141) Patients, n (%)		Maximum CTCAE grade[a]			
Preferred term	**Any grade**	**1**	**2**	**3**	**4**
Nausea	59 (41.8)	41 (29.1)	18 (12.8)	-	-
Fatigue	36 (25.5)	15 (10.6)	20 (14.2)	1 (0.7)	-
Blood creatinine increased	31 (22.0)	10 (7.1)	19 (13.5)	2 (1.4)	-
ALT increased	26 (18.4)	11 (7.8)	5 (3.5)	8 (5.7)	2 (1.4)
Anemia	26 (18.4)	7 (5.0)	11 (7.8)	8 (5.7)	-
AST increased	26 (18.4)	12 (8.5)	5 (3.5)	8 (5.7)	1 (0.7)
Vomiting	24 (17.0)	16 (11.3)	8 (5.7)	-	-
Decreased appetite	18 (12.8)	12 (8.5)	6 (4.3)	-	-
Diarrhea	16 (11.3)	14 (9.9)	1 (0.7)	1 (0.7)	-
Pruritus	15 (10.6)	10 (7.1)	5 (3.5)	-	-
Asthenia	13 (9.2)	6 (4.3)	7 (5.0)	-	-
Constipation	10 (7.1)	9 (6.4)	1 (0.7)	-	-
Platelet count decreased	10 (7.1)	4 (2.8)	2 (1.4)	2 (1.4)	2 (1.4)
Headache	8 (5.7)	5 (3.5)	2 (1.4)	1 (0.7)	-
Rash maculopapular	8 (5.7)	1 (0.7)	3 (2.1)	4 (2.8)	-

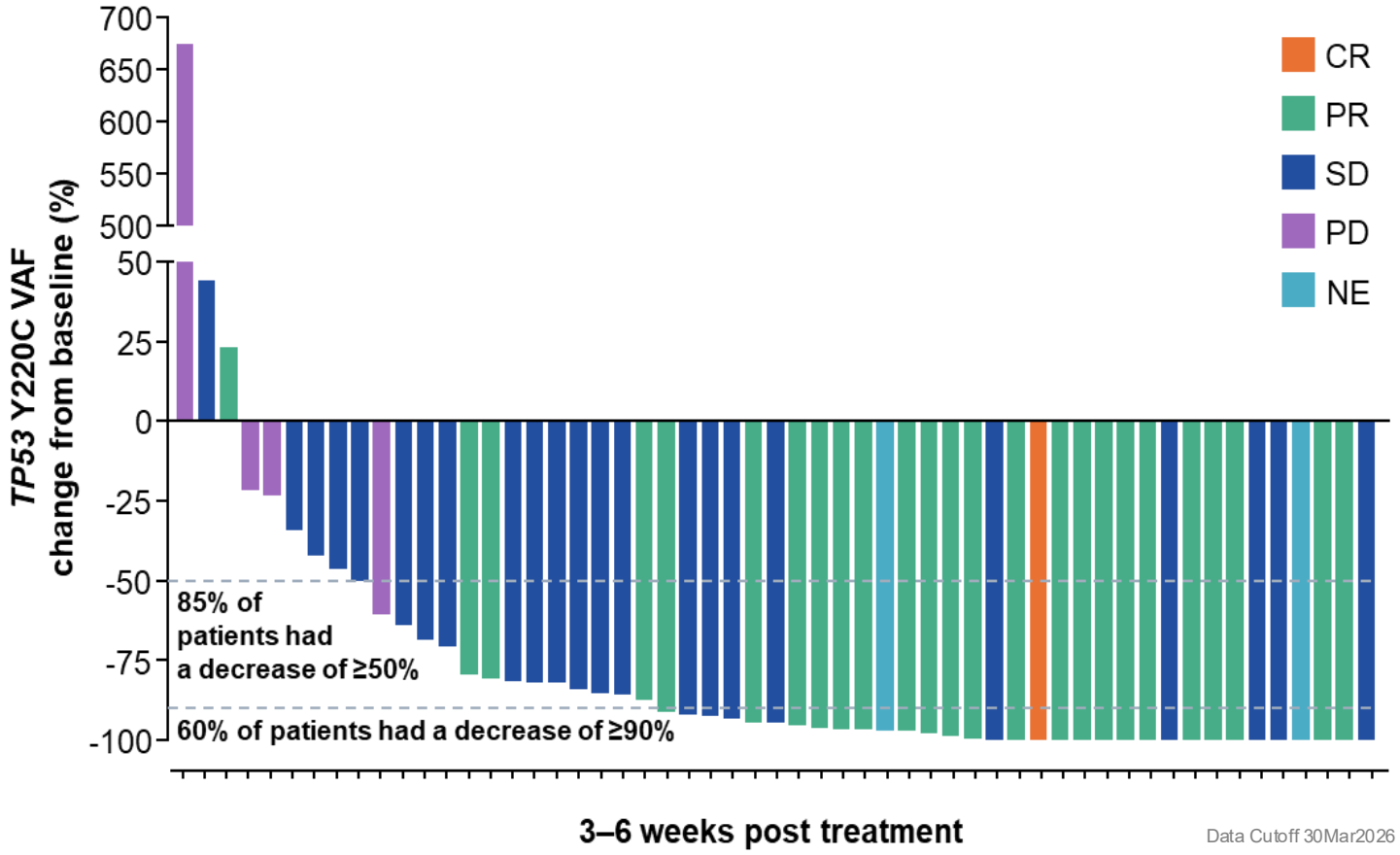
- TRAEs were mostly Grade 1 or 2
- Most frequent TRAEs: Nausea, fatigue, and blood creatinine increased
- Laboratory abnormalities were manageable / monitorable
  - Most cases were transient and reversible
- A similar safety profile was observed in patients with ovarian cancer
- 7/141 patients (5.0%) discontinued treatment due to TRAEs, including 4/76 patients (5.3%) with ovarian cancer

Data Cutoff 29Mar2026

[a] No Grade 5 treatment-related adverse events were observed.
ALT, alanine aminotransferase; AST, aspartate aminotransferase; CTCAE, Common Terminology Criteria for Adverse Events; TRAE, treatment-related adverse event.

Rezatapopt On-target Activity Supported by Decreases in ctDNA TP53 Y220C VAF in Ovarian Cancer Patients

Reduction in *TP53* Y220C VAF was seen in most patients with ovarian cancer who had available data (n=55)



Data Cutoff 30Mar2026

- 55 patients had ctDNA *TP53* Y220C VAF data available at baseline and on treatment (3–6 weeks)
- Nearly all patients experiencing a response had a reduction in *TP53* Y220C VAF
- 52 patients (95%) had a reduction in *TP53* Y220C VAF
  - 85% had a reduction of ≥50%

ctDNA is collected on the first day of Cycles 2, 3, 5, 7, 9 and then every 9 weeks.
CR, complete response; ctDNA, circulating tumor DNA; NE, non-evaluable; PD, progressive disease; PR, partial response; SD, stable disease; VAF, variant allele frequency.

Rezatapopt Maintains Durable, Consistent Efficacy Across Data Cuts with Deepening Responses

- Consistent compelling ORR across data cuts demonstrating sustained clinical benefit
- Emerging complete responses, including PR to CR conversions, highlight deepening efficacy over time
- Median DoR continues to improve, reinforcing the durability of responses
- Safety profile continues to remain favorable and consistent

14May2026 data cutoff N=76[a]	
ORR[b] % [95% CI]	**46% [34.5-57.9]**
CR	4 (5.3)
PR	29 (38.2)
uPR	2 (2.6)
Median DoR[c], months	10.0

[a] Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy-evaluable population.
[b] ORR is calculated from confirmed and unconfirmed CR and PR.
[c] Duration of Response is based on confirmed responses.
CR, complete response; PR, partial response; uPR, unconfirmed partial response

Ovarian Cancer Registration Strategy Supported by FDA

Targeting 1Q2027 NDA submission seeking accelerated approval

Orphan Drug Designation granted for rezatapopt in TP53 Y220C ovarian cancer

Ovarian cohort enrollment progressing as planned

PROC primary analysis enrollment completed

2Q2026

Ovarian cohort primary analysis data

4Q2026

Ovarian cohort planned NDA submission

FDA feedback supports single arm confirmatory trial

1Q2027

Potential U.S. Launch in 2027

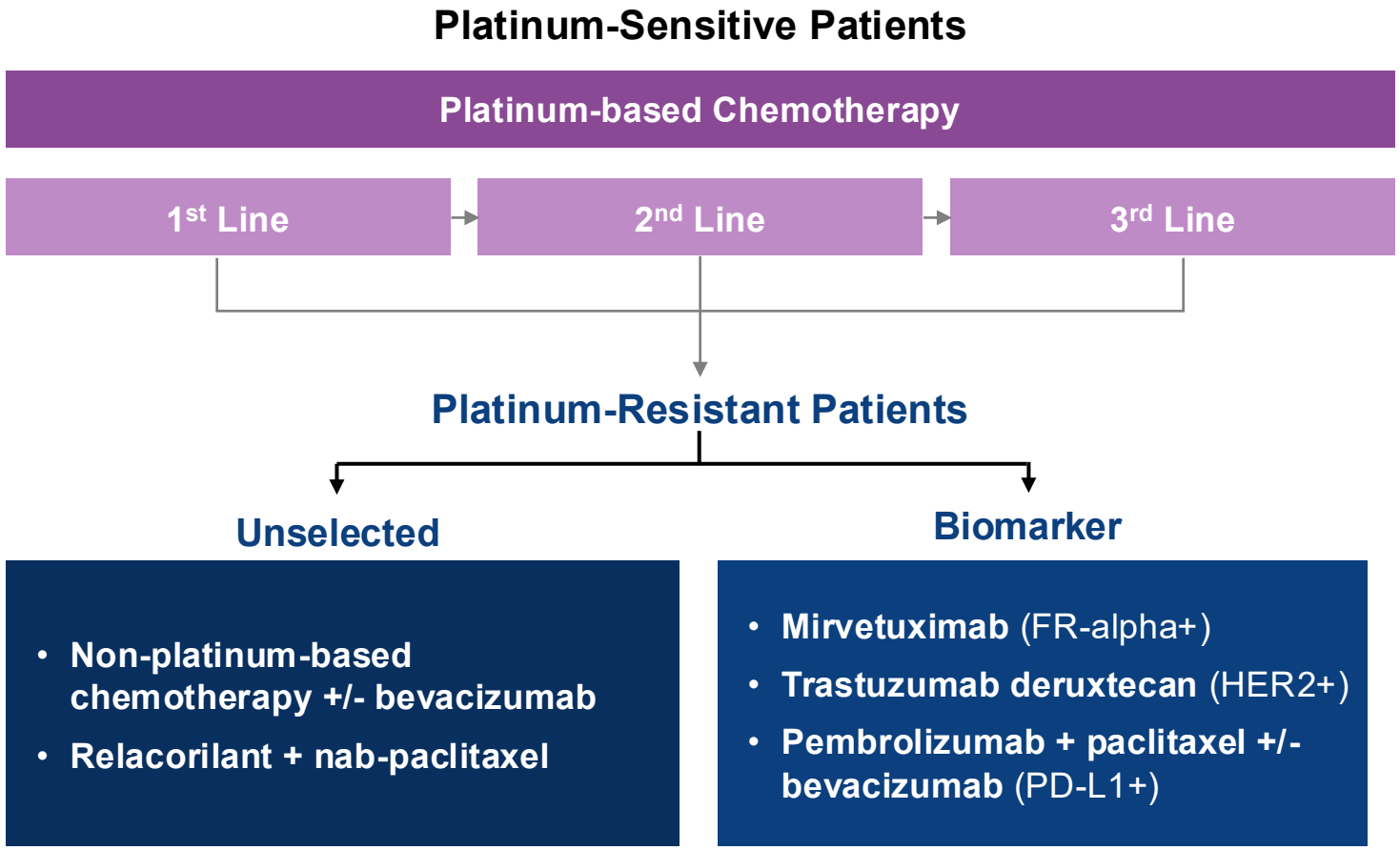
Rezatapopt Offers Compelling Commercial Opportunity

Commercial Opportunity:

- De-risked opportunity in PROC as lead indication with projected 2027 launch
- Clear value proposition for rezatapopt relative to existing and emerging treatments
- *TP53* Y220C mutation broadly identifiable
- Potential to expand label beyond PROC



Rezatapopt Well-Positioned for Success in Ovarian Cancer



Limitation of approved options:

- Chemotherapy offers limited efficacy
- Inconvenient IV administration
- AEs requiring invasive monitoring
- Potential for cumulative toxicities

Rezatapopt offers:

- Biomarker-directed approach
- Competitive and differentiated profile vs. other emerging therapies
- Convenient oral monotherapy administration
- Common AEs have been manageable

As PROC treatment landscape evolves, multiple lines of paclitaxel may become less attractive due to cumulative peripheral neurotoxicity, myelosuppression, alopecia and potential development of taxane resistance

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AEs, adverse events

TP53 Y220C Mutation is Broadly Identifiable on Existing NGS Panels

Established partnership with Foundation Medicine to develop a CDx for rezatapopt

PMVPharma  FOUNDATION MEDICINE

- *TP53* Y220C mutation is broadly identifiable across tissue and liquid biopsy assays
- Molecular testing is recommended by NCCN and ESMO across many cancer types including ovarian, breast, lung, endometrial and beyond
- Reimbursement of NGS testing is widely covered by Medicare and private insurance for qualifying patients

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NGS, next-generation sequencing; NCCN, National Comprehensive Cancer Network; ESMO, European Society for Medical Oncology; CDx, Companion Diagnostic

TP53 Y220C 2L+ Ovarian Cancer Offers Meaningful Market Potential

Total 2L+ *TP53* Y220C Ovarian Cancer



~1,900

Addressable 2L+
U.S. & EU4/UK Patients[1]



~$550 - 700M

U.S. Market
Potential[2]



~$850M – 1B

Global Market
Potential[3]

- **Rezatapopt is a potential first-in-class therapy targeting *TP53* Y220C, a biomarker-defined population with high unmet medical need**
- **Median DoR continues to improve, reinforcing the durability of responses**
- **Payer research supports higher premium pricing potential, driven by rezatapopt's unique MoA, robust clinical profile and targeted patient population**

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[1] Addressable patients estimated based on DRG drug-treated patients 2028. [2] Assumes net monthly pricing with 15% net discount, illustrative price range of $65 - $80K per month supported by payer research.[3] Assume 1.5X U.S. potential; NDA, New Drug Application

Future Opportunities to Grow Rezatapopt Beyond Ovarian Cancer

Monotherapy

Endometrial

- Monotherapy data continues to be generated in Phase 2 PYNNACLE
- 2L+ endometrial cancer has the potential to add ~400 patients in U.S. and EU4/UK

Breast

- Monotherapy data continues to be generated in Phase 2 PYNNACLE
- 2L+ Breast cancer has the potential to add ~2,300 patients in U.S. and EU4/UK

Combination

Solid Tumors

- Bevacizumab (PSOC)
- KRAS inhibitors (NSCLC, Pancreatic, CRC)

Hematologic

- R/R AML/MDS in combination with azacitidine (ongoing IIT)
- Newly diagnosed AML/MDS in combination with azacitidine and venetoclax

NSCLC, non-small cell lung cancer; CRC, colorectal cancer; PSOC, platinum-sensitive ovarian cancer; AML, acute myeloid leukemia; MDS, myelodysplastic syndrome; IIT, investigator-initiated trial

Compelling Efficacy Profile and Defined Registrational Path for Rezatapopt

In the Phase 2 PYNNACLE trial interim data, rezatapopt demonstrated an ORR of 46% in ovarian cancer with a median DoR of 10 months[1]

FDA feedback supports an initial registrational opportunity in platinum-resistant or refractory ovarian cancer (PROC) with NDA submission planned in 1Q2027

$79.4M cash balance as of June 30, 2026; recently completed $50M equity financing extends cash runway into 1Q2028

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[1] Duration of Response is based on confirmed responses