EXHIBIT 4

Goldman Sachs Virtual 41st Annual Global Healthcare Conference

Company Participants

- Albert Bourla, Chairman and Chief Executive Officer

Other Participants

- Terence Flynn, Analyst

Presentation

Terence Flynn {BIO 15030404 <GO>}

Great. Good afternoon, everybody. Thank you for joining us. I'm Terence Flynn, the Biopharma Analyst at Goldman Sachs. I'm very pleased to welcome Pfizer for this session. Joining us from the Company is Chairman and CEO, Albert Bourla.

Albert, thank you very much for joining us today. Really appreciate your time, and thank you for everything that the company is doing with respect to COVID-19 on both the vaccine and treatment front. I know it's a tremendous effort, and we appreciate everything you doing.

Albert Bourla {BIO 18495385 <GO>}

Thank you very much, Terence. And again, it's a great privilege and a great responsibility in these days to work on a solution.

Terence Flynn {BIO 15030404 <GO>}

Great. Maybe to get started, COVID-19 is obviously going to have near and long ranging impacts on the system, company's business models from delivery of care, clinical trial conducts, supply chain. Any preliminary perspective that you can share from kind of where you sit in terms of how this is going to change or evolve both the business and your strategy as you approach step forward?

Albert Bourla {BIO 18495385 <GO>}

Actually, I was reading earlier today, a report that you circulate about the, your assessment about how that could change the industry, and pretty much I agree with everything that you said. I think there are lot of trends that are emerging as a result of COVID. I think the fundamental that will impact our industry, it is the fact that right now the hopes of billions of people, hundreds of millions of businesses, hundreds of governments are on this

industry to find the solution. And that brings, obviously, the value proposition in the forefront of society, and that was not the case before, because there were a lot of lack popularity, and not very good reputation, and now is a great opportunity to -- of course to reset all this.

I won't declare any victory here, because I think the reputation comes in drops, but you can lose it in buckets. So it's going to be much slower to gain back and a mistake can also throw it out there, but I'm very optimistic with the way that the see the industry is moving. That said aside of the reputation of the industry, I think that brings also a lot of changes, some would be a very positive, some would be more or less on the negative side. I think local governments will likely value much more innovation, I can see I think much more premium based on the innovation right now.

On the other hand, I think there will be some fear that will drive more nationalization or in-sourcing, on-sourcing type of supply chains, that's a mistake. I think it's a very complicated supply chains, highly sophisticated. And by the way they were not on the -- they didn't present any issues, that's why, I think they were tested very well right now. I think on the -- perhaps it was a question of many people were asking me. I certainly see that there's a change shift right now particularly in the US. And I can see that both from people that they were very big fan of the innovations, I mean politicians or public servants that they were in front of -- in favor of the innovation but they were tempering their speech, now they are much more outspoken there because they see the value on the population, also I see it in people who were very strict critics of us, and they were criticizing a lot of the industry, I think they are slowing down.

They agree this is now and all of that is to do with the fact that there is a -- that the reputation, so as I said and the popularity is going up in the eyes of the positive sides. I can see structural changes might think in the way that we do research, I think with digital, pretty sure the question why only COVID will come, if we can make vaccines, if we prove that we can make vaccine in less than a year, okay, why can't we develop with other medicines with cancer medicines. And I think there is a -- I think that will give a very big boost in way about of life cycles of the productivity R&D will enhance and I can go on.

I think the post-COVID world will be different and hopefully get better.

Terence Flynn {BIO 15030404 <GO>}

Great. Well, that's a great place to start. I guess the other we're into June, a lot of states are starting to reopen, other countries are reopening. You guys have a big global presence, obviously you gave, you reiterated your expectations for guidance on your first quarter call.

Now that we're into June, can you just share a little bit about what you're seeing in some states and countries are reopening across the globe?

Albert Bourla {BIO 18495385 <GO>}

Yes. Everything we see, and that includes not only let's say the things that everybody is seeing, but also we are watching on our performance in the market month after month, et cetera, it's in line with what we were expecting at when we reiterated our guidance including absorbing significant amount for foreign exchange. And no exchange, I think we had a very, very good quarter in the first one, and we said the second is the one that will be the bottom of the crisis.

And I think, that will be the case, but still is holding very nicely, I think.

And then we hope that third and fourth will come back. The leading indicators, which is visits to physicians, new patient script, et cetera, et cetera already started to show a positive trend. And we are still in the second quarter, right. So the impact of that I think and also there is a lot of absorptions of inventories that maybe hospitals or others organizations, we never had stopped built in the first quarter at the wholesale is where control -- nothing, it was very, very small. So the performance was nothing to do with inventory that are control but, I suspect that may be hospitals or end-users, they were building some more, which I think will go away from the second quarter and then we'll have the full impact in third and fourth.

Terence Flynn {BIO 15030404 <GO>}

Okay, great. Maybe then the last COVID topic is just on the vaccine front. You've been partnered with BioNTech making a lot of progress. Maybe just remind us at a high level, the approach that you guys are taking and how it differs from some of the other companies? And then just any update in terms of when we might see the initial Phase 1 data? I know a lot of focus on that front as well.

Albert Bourla {BIO 18495385 <GO>}

Yeah, thank you. There are several efforts right now for vaccines as you know, what I know in the clinic, at least in the US, Europe, though there are three companies -- for and there are two different technologies. We are using an mRNA, modified RNA technology. I know that there is, but Moderna also is using the same technology. We are using four different approaches, that include the two different antigens, one antigen that we're using it is the entire spike protein, which is I think the same like the Moderna is using. And then we are using also the want we call the RBD, which is the head of the spike, the antigen. So we are using both just in case.

And then also, we are using three different constructs. We are using modified RNA, we are using unmodified enhanced RNA, and we are using several application. So not everything works the same, I can tell you that as we are in the clinic. So I think were -- it doesn't matter, the technology, I think you can have good or better results with the same technology. And we are well into humans now, and we are testing all of that and we will continue about to pick two of the four, so that we can continue. We are working also on the dose. I want -- as regards data, we keep seeing data both from pre-clinical data and clinical data from the humans.

I will not make any comments on the data what we see right now. We made a pledge that we will not speak publicly about how good or bad the vaccine is without the same day -- publishing date on Permagus [ph].

Terence Flynn {BIO 15030404 <GO>}

Okay.

Albert Bourla {BIO 18495385 <GO>}

But we do have plans to publish data. So once we publish the first data, we will speak about them, then I'll comment now about the vaccine and indeed, as I said at the end of June, we will have very good visibility of a lot of data. I want to reiterate again everything what I have said so far publicly for this vaccine. I just said that there are four -- there are going to be two. We are planning and we are in very good collaboration with FDA to run large scale trials July, August, if things go well, and it is so far, but you never know until the end. It's a very complicated process but if things goes well, we think that we will have enough data that will make us feel comfortable about the safety and efficacy.

And as a result, we'll submit to FDA, so that they can see if they feel comfortable with efficacy and safety in the October timeframe. So I think we can submit earlier to the FDA. So if that's the case so and FDA or EMA or others and ourselves I repeat because we are a very big organization, we're very careful of all these things, we feel good about safety and efficacy. We will have manufactured doses in lockdown [ph]. So we will be able in case we get either accelerate approval or emergency use approval and basically good, we could provide millions of doses this year and hundreds of millions of doses next year.

Again, I don't say how many exactly because I know others have spoken, because a lot depends what would be the dose. We are taking dose variations that 1 to 10. If we take 10 is less than if we take the one. We are trying to see if we can use multi-dose vials if that could be acceptable. For example, by US or different countries irrespective with them so that will -- they will define the quantities but definitely in the hundreds of millions in the worst case scenario.

Terence Flynn {BIO 15030404 <GO>}

Yeah. And just a follow-up on that, in terms of the amount of data, it sounds like the discussions are real time with regulators here, obviously safety is the most important. First thing to check. But in terms of efficacy, do you have any preliminary sense of kind of what they're looking for? Is this going to be tighter level data like immunogenicity or are they looking to see actual kind of infection rates from a study maybe somewhere in between?

Albert Bourla {BIO 18495385 <GO>}

I can't talk about for them. Right. I think they are independent and frankly, I think what they will do as always, they will have a holistic view of the situation. They will see how much efficacy data has, how much in primates, how much in humans. What is the titles. I think they will see everything and they will make decision themselves. I don't want to

speak about them. We are ready to go all the way to prove the -- say the efficacy in large scale trials if that is required. And this is what we are going to run.

Terence Flynn {BIO 15030404 <GO>}

Okay. And would you -- you mentioned that taking two of the four would then there be another choice where you choose one of those two to ramp up commercially if everything goes well, or do you think, you could ultimately maybe have two vaccines because obviously there is great demand across the board or what do you focus all of your efforts on one of those given scale.

Albert Bourla {BIO 18495385 <GO>}

I think, let me comment. I think would be likely huge demand and no matter how many companies will be able to cross the line still the demand will be higher than they offer that's my assessment right now, particularly for the first 12 months, let's say 21. The second is slightly will be big one of the two early enough and this is the one that we will push in our clinical trials and that we will do because I think two or one is the same in terms of manufacturing right. So I think we will exhaust our manufacturing capacity relevant if we do one or two, but we are going to work on the next generation but already started right now, but will not be the first wave, a much better hopefully but likely, we will come later in the game, let's say in '21 late, but right now, the things that we're speaking, we are speaking about likely one, but we will run into a very big clinical trial after doing all of this experiments and selecting different variations, but will give us safety and efficacy data.

Terence Flynn {BIO 15030404 <GO>}

Okay. And maybe the last one before we go on to another topic is just how do you think about, obviously there is a huge focus on treatments and vaccines in terms of the public health et cetera implications. How do you think about any longer term commercial opportunity here beyond the initial needs as you think about the kind of puts and takes on the commercial side of the equation?

Albert Bourla {BIO 18495385 <GO>}

Yes. One to start is that from day one, we said this is not business as usual. So our decision to go into the vaccine or not, was not driven at all by a return on investment. And I made it very clear to everyone. Okay it is a return on effort so what we are going to invest in it is things that we believe the effort could bring results, be relevant if we are going to get our money back or not. And actually, one of the reasons why we're the only company that didn't take any money from government, the US government and they were planned, available as you can read billions here and there or any other government per se, it is because we felt that we can move much faster if we are alone because when you take money, of course, you have to discuss how you spend it. How you progressed. How you do this How you do that And given that the goal was for return on effort, so we didn't factor in that we are going to take money or not.

Now as a result, the efforts -- the focus of me was always, let's bring a vaccine and then we speak later. So I was only been thinking about commercialization and if it commercial about now or later. But everybody is asking me. So I start thinking about it and again what I can tell it is that I do not think that, when the vaccine is available, if the vaccine is available and when. And by the way, I do feel that it's more a question of when rather than if but I say both to be on the safe side if and when. Likely the demand will be so big and likely, the value that the vaccine can bring, if we try to calculate the value of the vaccine for the pricing like any other vaccine we have, we can (inaudible) because obviously, you are having here now close economy or open economy right but if we were to implement three open market principles in pricing the product, we could go to huge surprises and sell everything we can manufacture, but would be unethical. We will not do it, right because that really taking advantage of a situation, people will not forget if you do that.

So I'm more into -- I think I would price, we will price the vaccine if it is available in the price of all the other vaccines that already exist in the market without taking into consideration the huge needs or the huge demand and offer, so that we will not have any type of this rumor. Still if you make the calculation, that's a huge commercial opportunity.

Terence Flynn {BIO 15030404 <GO>}

Okay, great. Appreciate the perspective and best of luck over the next several months. Then obviously other big picture topic, which is fairly relevant now is there is the pricing setback for Ibrance in adjuvant setting about a week ago and you reiterated your expectations for 6% top-line growth through 2025. I recognize, that's a risk adjusted figure so there is some puts and takes on either side. But how much pressure, does that really put on the other franchises that you guys have and maybe also on the other side of it on the inorganic side, how much pressure does it put on the M&A side, business development side of the equation as you think about reaching that 6% target.

Albert Bourla {BIO 18495385 <GO>}

Again I want to be very transparent and speak let's say, so first of all, I was surprised that PALLAS didn't make it in the interim result. I wasn't certain because it's a Phase III study, so you never if it works or not but is on everything that you had preclinically and in the mode of action, I never thought that will stop at the interim analysis for futility, so that's the trade of signs, but what it does into our overall portfolio and our growth trajectory, I had already said that is not I did the most to focus the company into science because I felt very good about, one, our R&D productivity. Again, the work of my predecessor and myself and Mikael Dolsten but it was under Ian that that was accomplished and because of the portfolio that we have right, it is very deepened. It has a lot of, it's very broad portfolio.

So on a risk adjusted basis is difficult to miss the 6% because if something fails, something items succeeds. So you take down the probability of that fails and you take up the probability of the one that is success. PALLAS for example because many peoples are asking, we had 50% probability of success in our models. And frankly, I don't do that often, but because of the importance we had $2 billion of big sales for PALLAS in addition

to the Ibrance and then risk adjusted one. And again, why we had all of that in our models was because the PALLAS could almost double the population which is addressable.

So that's one element, but also we temper that opportunity by the fact that the CDK penetration in a population that has very different risk profile, people were not dying or it was at best is having an adjuvant treatment, it's not taking something for someone who has a death sentence, right. So that was going to be much less, we're expecting that if we are successful competition will be successful on that and status were coming not far away one from another, unlike the first indication that it came years back. And also as we are very sophisticated in building our models, we knew that in the beginning we have a bulk of sales because there is a bonus but then the basis are recycle. If you treat them before, then you have less to treat when they -- that as well. With all of that in mind, that was the number what we had. So basically, for the 6% we had to absorb 1 billion right now. What happens of the time that we said the 6%. Many other things happened also on the positive side, we didn't have the Pneumococcal adult pivotal studies. As I said, if it is not pivotal, you have very low probabilities. So I mean if it's -- you can have 50% or whatever. When you go to a pivotal study positive and the probabilities are going much higher. In pediatric 20, by the way 20 adult we are going to fight this year. Right. So it's like we are the first to start.

Pediatric, we had pivotal, not -- we had proof of concept successful and we started pivotal already. We had the data, proof of concepts from Pneumococcal 20-Valent that we didn't have. We had proof of concept for RSV. We didn't have, we are starting pivotal studies allover. We had positive pivotal studies for abrocitinib, which is actually not one, more. So when we do that, so we took Ibrance from 50 to 0 in the pilot. And then we increased appropriately. The others into are still very good say for 6%.

Terence Flynn {BIO 15030404 <GO>}

Okay. And do you think are those the key opportunities that you think maybe investors are under-appreciating because I think consensus had probably, I would assume like higher Ibrance numbers. And so as a result, probably lower numbers than some of these other franchises. So as you look at those numbers, I know you're not giving product level guidance, but do you think that's kind of the key variable between, where the Street shaking out. And maybe where you guys are as you're optimistic about some of these other pipeline assets?

Albert Bourla {BIO 18495385 <GO>}

I'm optimistic, and I know there are many more. But I think right now, I have seen so far very little in the modeling. Prevnar for example I spoke, I think they have all model. So Prevnar 20 and adults and pediatric, they are all having it in their models, but I don't think anyone has Clostridium difficile, which is for a disease that doesn't have a vaccine, 30,000 people are dying every year from this disease.

Hence in the US only and we are expecting pivotal data this year, I don't think anyone has anything for pentavalent meningococcal, the first and only meningococcal vaccine that is in development right now and we have very strong Phase II data. Now, as I said in Phase

III. I don't think that anyone had any for RSV. Again, it is very strong. I don't think anyone is factoring and for the valent vaccine that we just licensed. In general, we have right now 7 vaccines, that they do not have another vaccine so they are first-in-class, all 7 in the clinic. Let me go to immuno-oncology. I think that everybody is factoring and modeling something on abrocitinib. I think everybody is missing the point. But right now, we have five different molecules in 10 different indications in immuno inflammation. Just to clarify and I will say it once more, we a very, very different strategy than anybody else who is jumping on JAKs right now because it's an attractive area, (inaudible) I would say, area. Everybody is having a strategy that they test molecules, they are picking a winner and then they develop this winner for all indications that's more or less the strategy or the other. We followed years back very different strategy. We are picking a single winner for an indication and for another indication another winner. And for the third, another winner because we have seen very big difference, very big difference when it comes to skin or when it comes to arthritis or when it comes to the gout et cetera.

So we believe, we're going to have best-in-class in all of that because of this approach. I don't think that everybody is again planning thafametis [ph] in the arthritis portfolio that we have. But no one is doing anything for Mofulia A [ph] and Mofulia B [ph] in terms of gene therapy or to say muscle dystrophin instead of gene therapy, maybe the same muscle dystrophy because there is a lot of debate, not because of us because what that means to the biotech that has a competing product and the whole block which has to begin. But this is why, some has debated, nobody is factoring anything on that. I can go on and on. Next week for example, we will release data and we will present and we will have also a big -- a quick let's say Investors Analyst review for internal medicine or GLP-1. So it's a lot of things that happened in oncology tremendous portfolio. So that's why, I think these are tangible assets. This is not things I have good vaccines portfolio. I have seven in clinical trials most of them in Phase III.

Yeah. So when they are first in class I think, that means something. I don't think still the Street is going into that detail. And I hope our Investor Day will make people see that, and I hope people will see earlier and the one-off missing opportunity.

Terence Flynn {BIO 15030404 <GO>}

Yeah. Great. Yeah, no, I think that will be a great opportunity to walk through a lot of this in September. I know you guys have prepared a lot for that and had to push it out obviously because of COVID -- to September, but really looking forward to the Investor Day in September. I guess the corollary, so it sounds, you're extremely confident in -- everything in the pipeline. So then what's the approach going to be on the business development front, obviously, you've done, you did the Array deal for bolt-on and brought in some revenues in cancer, also brings in some discovery engine, but what's the approach to M&A, here again, it sounds like you don't really feel like you need to do anything because of the depth of the pipeline. So how are you approaching the need for additional BD M&A?

Albert Bourla {BIO 18495385 <GO>}

Yeah, excellent question and it's exactly the same thing that I have said before, and let me reiterate because I want to be also realistic. I don't say that I feel extremely confident for everything in our pipeline, but I feel extremely confident for the pipeline as a whole because it has robust science multiple assets and appropriate risk adjusted. So I feel that statistics will work and we could have an upside, but I think statistics will work. Now what does this mean for our strategy in terms of business development, business development is not a strategy, it's a tool. So I want to start with all investors. It would be not to the interest of our shareholders if I say I'm excluding this or that. Everything, we never say never to anything. But also I want to be fair with also at investing and share my thoughts, my strategic thinking, how I see the growth in the business development. And it is what I say, I think, organically. I feel very confident right now, that we can go all the way to 26 with 6% growth.

Anything in business development that adds growth now is going to be just to make it higher, and this is, I don't think what or really we need right now, of course, we will do things, but it's not what we need. I think there is a lot of discussion what if this growth post 26 is sustainable and because products will start losing patent again. And I'm replying to them, I feel confident. First of all, it's normal the product we start losing. We're going to lose some, there are something altogether but it's all four, five years, four, five years period of time that those will happen. It's one every year, right. It's very normal to lose one patent every year.

Our internal pipeline, the way that we are planning it is that post 26 still we will have growth. But I think that to sustain that high level of growth, we are going to do business development, but includes Phase II, Phase III early assets, programs, research programs that will give us made this is potentially 23, 24, 25, 26 et cetera, so that they can propel the growth at this time.

Terence Flynn {BIO 15030404 <GO>}

Yeah, okay. And the core therapeutic areas you guys have talked about this at all. So I'm assuming no change on that front. And what -- the size of the deals, it sounds like more clinical stage is kind of really the core focus here as opposed to later stage commercial or larger deals, it sounds like that's again, given everything you've said that's completely off the table.

Albert Bourla {BIO 18495385 <GO>}

Yes, I think if you are speaking, as I said, nothing is over the table. I never say never, is not going to be interest of anyone to corner myself right, but I understand that people want to see what is a strategic thinking and you're right, it could be some, but they are on the later stage and likely will be more expensive, but the bulk of them will be on the Phase II, Phase III and yes. And now on the therapeutic areas. Again, I don't expect to have a significant changes in the therapeutic area, and there is one, yes, because, when we invest a lot on earlier science, you need to make sure that we invest in areas that you know your -- what you're doing.

I don't buy a product, but it's already done, so that I can only sell it and I'm confident on my commercial. In oncology vaccines, immune inflammation, rare disease, including gene therapy, internal medicines, metabolic diseases. Those are the five core areas. There are areas that will make -- we will make our scientist fewer mistakes and so letting the right assets and we will make way fewer mistakes in developing them because the development participant important than the potential of the molecule. So these are the areas I think that we will have the best return on investment right now.

We can do some here and there, but the major focus is -- is the areas that I just said.

Terence Flynn {BIO 15030404 <GO>}

Yeah, maybe a big picture kind of on the commercial side. In terms of your therapeutic areas. So you talked -- investors are fairly familiar with cancer, immunology in terms of how to think about these markets and the size of the potential market opportunity. Vaccines, I'd argue now, we as a society are probably going to be putting higher values on vaccines, given everything we've seen from COVID and it sounds like that's another big effort at Pfizer. Gene therapy is the one where I think there is maybe more of a debate in terms of understanding, kind of the commercial model, especially maybe if you're a second to market or third to market.

So how do you think about that commercial model evolving in gene therapy, obviously, it's another big important area for you. You're moving into Phase III for DMD and hemophilia as you mentioned. So how do you see the commercial model evolving? And how important is it to be first versus maybe the second with a better -- a better therapy.

Albert Bourla {BIO 18495385 <GO>}

Yeah, I think that the commercial model is still one of the unknowns. And there is -- one is because gene therapies are coming with a significant sticker shock. The tag price is very high. The value is very good, when you try to amortize but the fact that you have to pay it all upfront. It is going to create potential issue with payer not now because we have one or two. But if let's say, very big wave of them are coming. So I think this is something that everybody is recognizing and we are all trying to work on creative models, how the pricing could work and what happens if you can do in installments, if you can do it, going to be resolved, et cetera. Despite the fact that there is a little bit of uncertainty on the -- how the model will be developed. Myself, I have very high certainty, but it will develop and the reason is because the results of gene therapy are transformational. I don't know any other technology right now in development that gives the promise of such transformational therapeutic impact than the gene therapy. People that are living for years with hemophilia for example and particularly those are there in the high-risk groups, they have to do weekly injections right. Suddenly, these kids, they are getting one injection and they are in the fifth year and they are -- they are having 98% reduction of bleedings without going every week. Okay. That premium you can put to that. So when you have that or you are saying muscle dystrophy, kids that -- they have very prognosis and after the second decade of their lives, unfortunately, therefore they die most of them and they have very poor quality of life, we can't move, they can't eat, and when you have a product that with one injection improves dramatically that. I am sure that when the virus is there

society will find a way to pay for it. Now, is it going to be the first or the best that they will get everything, I really don't know. I think will be a lot of things that will be on play, your ability to manufacture, I think it's much more of a good question to ask right now in gene therapy because that seems to be bottleneck for everything, particularly when you came to muscle which requires significant volume. Gene therapies at the beginning work for eye only and that required very small quantity, you can do it in a lab.

Then you went to hemophilia, you speak much bigger quantity, because you need to target the liver. When you go to Duchenne or other, you go to much bigger volumes because you are talking about muscles. We have invested and right now, we have, I believe the largest manufacturing capacity under construction in North Carolina in the world for gene therapy and that not only will allow us to be in this area to provide for supply for our own products but makes us a partner of choice for smaller biotech that would like a partner, a middle partner, so that they can advance their position. And money everybody can give, manufacturing capacity, only those that they have, they can give. So I think that's also another advantage.

Terence Flynn {BIO 15030404 <GO>}

Great. Maybe in the last few minutes, we would just be curious and kind of as you think about the outlook for margins under kind of the new Pfizer, the biopharma business. How should we think about that evolving? Obviously, there are a number of puts and takes. It sounds like, you're going to do some additional streamlining, you've got new products coming on board. But then kind of back half of the decade. There are some other products coming off patent, do you feel pretty comfortable about being able to at least have flat margins kind of over that period. Maybe just at a high level, you could kind of talk about some of the puts and takes?

Albert Bourla {BIO 18495385 <GO>}

No, I didn't say that we will have flat. I think our margins will grow, will expand it. I think when your top-line, irrelevant what you do with your expenses, which set aside that for a moment. Okay. But in this business, in pharma, if your top-line grows 6%, there's only one name for bottom line, leverage, right. You need really to screw [ph] it big time, in the way you manage your P&L not to have lever. Now in addition to that and the fact that not only our 6 -- the top line is growing, but also the gross margin, because these are very innovative products and what we are going.

So the 6% is very innovative growth. So they have very high gross margins. Also we are going to attack, as we said, always the indirect SG&A expenses. And we have a very big program that we are trying to -- we are coming to a conclusion now that speaks about the enabling functions for a corporation like us. We have three core functions, every pharma company. We have a research engine function, makes all the products. We have a manufacturing, that produce them and then we have a commercial, make sure that there it's the patients.

But then we have in our case $4.5 billion annual expense in HR, legal, digital facilities, you name it. And this is the area that we try to make ourselves much more productive, not just

by cutting costs. But by imply -- by implementing simplification initiatives that will allow us to do -- to be much more effective and that will have also in addition to what I said about the top-line grow and will leverage on the bottom, that will be an additional boost to the bottom line.

Terence Flynn {BIO 15030404 <GO>}

Great. Great. Maybe just the last one, you mentioned your JAK portfolio and the confidence there and the differentiated approach, you're taking. Again, it is a fairly competitive area. But you do have a big presence with Celgene, you have a very deep pipeline. What's the kind of key differentiated feature as you see it? And how do you think about the competitive landscape from both other JAK inhibitors kind of these next gens, but also some of the biologics, like a drug like Dupixent, which you did a head to head study against?

Albert Bourla {BIO 18495385 <GO>}

Yeah. No. I think the best-in-class is what will win in this. That's why we took the strategy that we took at that time. And best-in-class is a combination of efficacy and safety profile. So and the more efficacious your molecule is typically the lower dose you have, so the less side effects, you will have to achieve the therapeutic effect. So by ourselves, this was the bet that we took by saying that let me find in preclinical and then proof of concepts which molecule work best for atopic dermatitis and by staying with that. And then I pick another one to do psoriasis even in the skin, right. We are using two different molecules. We do that because we see that in another one. We could have better as you guys have for psoriasis, which means that I can maintain the dose at a lower level. So to achieve the clinical results that are required without exposing let's say the safety. So I think given that will be a lot of -- there is a lot of research for that the best-in-class is what will make a very big difference.

Terence Flynn {BIO 15030404 <GO>}

Yeah. Great. And maybe just one email question, I got is, just as we think about the M&A environment, how do you think about valuations on kind of the biotech side now, things have come back, but any -- just high-level comments on biotech M&A?

Albert Bourla {BIO 18495385 <GO>}

I think they are very high and they -- as you said, a lot of them when the BARC [ph] went down and then some of them, I think they are coming back, but we need to understand that it's a very different story what is the market cap and what is the Board's perception of variable value, and although prices went down, what didn't follow it is the Board's let's say of different biotechs. They are still, I think some of them in denial. Okay, no, no it's much higher, but still so this a very expensive environment. We do have the means to play in this expensive environment but I want to be very careful how we spend the money. If we have to do -- to pay something that I think is on the edge of the variation because it really brings what we need. We will do it right, but I'm not going to -- to go to levels that I have

seen for the billions of dollars that were spent one molecule or maybe were negative, I don't like them.

Terence Flynn {BIO 15030404 <GO>}

Yeah. Okay, great. Well, I think we're up on time, Albert. But thank you so much for your comments. Really appreciate your time today. And again, thank you for everything you're doing on the COVID front and best of luck over the coming months and years.

Albert Bourla {BIO 18495385 <GO>}

No, Thank you very much and I will, finish with that. I hope all the companies are there working solutions right now, vaccines for example or the vials would be successful because it's much more likely than not but the demand will be so big that the offer cannot be coped, even if we are all approved.

Terence Flynn {BIO 15030404 <GO>}

Great, thank you. Thank you. Albert. Thank you, everybody.

Albert Bourla {BIO 18495385 <GO>}

Thank you, Terence.