UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): July 14, 2021

Arbutus Biopharma Corporation
(Exact name of registrant as specified in charter)

British Columbia, Canada	**001-34949**	**98-0597776**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

701 Veterans Circle Warminster, Pennsylvania	**18974**
(Address of principal executive offices)	(Zip Code)

(267) 469-0914
Registrant's telephone number, including area code

(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Shares, without par value	ABUS	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01. Other Events.

On July 14, 2021, Arbutus Biopharma Corporation posted an updated corporate presentation on its website at www.arbutusbio.com. A copy of the presentation is filed herewith as Exhibit 99.1 and is incorporated by reference herein.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Corporate Presentation dated July 2021
104	Cover page interactive data file (formatted as inline XBRL).

SIGNATURE

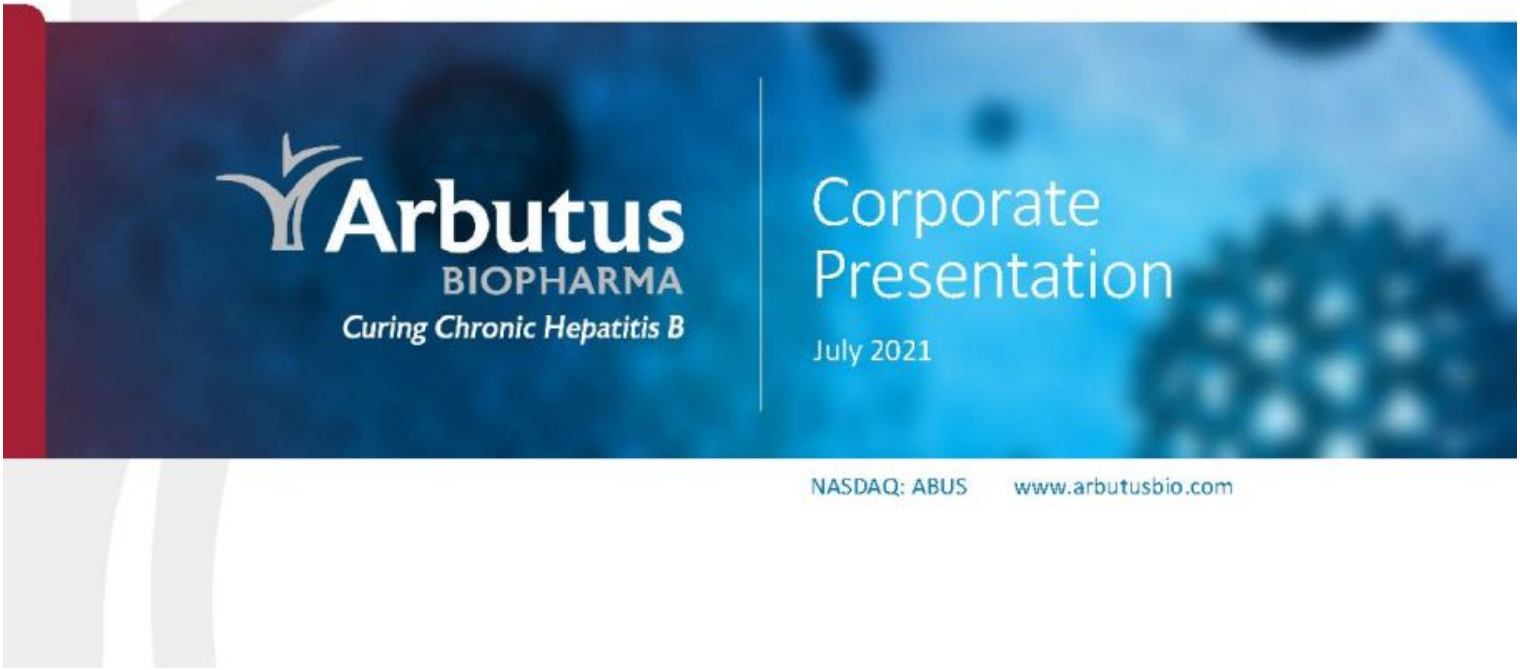
Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Arbutus Biopharma Corporation

Date: July 14, 2021

By: /s/ David C. Hastings
Name: David C. Hastings
Title: Chief Financial Officer

Exhibit 99.1


Arbutus
BIOPHARMA
Curing Chronic Hepatitis B
Corporate Presentation
July 2021
NASDAQ: ABUS
www.arbutusbio.com

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act of 1995 and Canadian securities laws. All statements that are not historical facts are hereby identified as forward-looking statements for this purpose and include, among others, statements relating to: the potential market opportunity for HBV; Arbutus' ability to meet a significant unmet medical need; the sufficiency of Arbutus' cash and cash equivalents to extend through the third quarter of 2022; the potential for AB-729 to be a well-tolerated low dose treatment for HBV with a minimum of injections; the potential for AB-836 to be low dose with a greater therapeutic window and to address known capsid resistant variants T33N and I105T; the potential for AB-836 to be once daily dosing; Arbutus' expectations regarding the timing and clinical development of Arbutus' product candidates including its 2021 key clinical objectives with respect to AB-729 and AB-836 and its clinical collaborations with Assembly Biosciences, Antios Therapeutics and Vaccitech; the timeline to a combination cure for HBV; Arbutus' coronavirus strategy; Arbutus' expectations regarding its technology licensed to Genevant; and other statements relating to our future operations, future financial performance, future financial condition, prospects or other future events.

With respect to the forward-looking statements contained in this presentation, Arbutus has made numerous assumptions regarding, among other things: the timely receipt of expected payments; the effectiveness and timeliness of preclinical studies and clinical trials, and the usefulness of the data; the timeliness of regulatory approvals; the continued demand for Arbutus' assets; and the stability of economic and market conditions. While Arbutus considers these assumptions to be reasonable, these assumptions are inherently subject to significant business, economic, competitive, market and social uncertainties and contingencies including uncertainties and contingencies related to the ongoing COVID-19 pandemic. Forward-looking statements herein involve known and unknown risks, uncertainties and other factors that may cause the actual results, events or developments to be materially different from any future results, events or developments expressed or implied by such forward-looking statements. Such factors include, among others: anticipated pre-clinical and clinical trials may be more costly or take longer to complete than anticipated, and may never be initiated or completed, or may not generate results that warrant future development of the tested drug candidate; changes in Arbutus' strategy regarding its product candidates and clinical development activities; Arbutus may not receive the necessary regulatory approvals for the clinical development of Arbutus' products; economic and market conditions may worsen; market shifts may require a change in strategic focus; the parties may never realize the expected benefits of the collaborations; and the ongoing COVID-19 pandemic could significantly disrupt our clinical development programs. A more complete discussion of the risks and uncertainties facing Arbutus appears in Arbutus' Annual Report on Form 10-K, Quarterly Report on Form 10-Q and Arbutus' periodic disclosure filings which are available at www.sec.gov and at www.sedar.com. All forward-looking statements herein are qualified in their entirety by this cautionary statement, and Arbutus disclaims any obligation to revise or update any such forward-looking statements or to publicly announce the result of any revisions to any of the forward-looking statements contained herein to reflect future results, events or developments, except as required by law.

Investment Highlights

Therapeutic focus – curing chronic Hepatitis B Virus (HBV) Infection

Significant Unmet Medical Need in HBV

Global HBV prevalence double that of HCV, potential for larger market opportunity

Goal of HBV Functional Cure

Undetectable HBV DNA and HBsAg delivered through finite duration treatment with a combination of drugs with different modes of action

Broad HBV Portfolio

HBV assets include:

- RNAi
- Capsid Inhibitors
- PD-L1
- HBV RNA Destabilizers

Coronavirus Research Initiative

Focused on direct acting antivirals targeting the viral polymerase and protease

Team with Antiviral Expertise & Proven Track Record

Applying knowledge gained from HIV and HCV success to HBV and Coronaviruses

16 % Ownership in Genevant

Rights to potential future royalties and sublicense revenues for LNP Technology

Proven Leadership Team

Successful track records in the discovery, development, and commercialization of multiple antivirals including sofosbuvir, etravirine, rilpivirine, telaprevir and simeprevir

William H. Collier

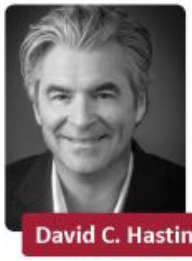
President and CEO

Michael J. Sofia, PhD

Chief Scientific Officer

Gaston Picchio, PhD

Chief Development Officer



David C. Hastings

Chief Financial Officer

Elizabeth Howard, PhD, JD

EVP, General Counsel and Chief Compliance Officer

Michael J. McElhaugh

Chief Business Officer

HBV Presents a Significant Unmet Medical Need

>257M
people are chronically infected with HBV, globally.

~900k
people die every year as a consequence despite the availability of effective vaccines and antivirals.

Sources: Global Hepatitis Report and Hepatitis B Fact Sheet, WHO (2017) http://www.who.int/mediacentre/factsheets/fs204/en/
Kowdley et al. Hepatology (2012) Prevalence of Chronic Hepatitis B Among Foreign-Born Persons Living in the US by Country of Origin

Significant Opportunity to Improve HBV Cure Rates

HBV cures are achievable with today's SOC in **<5% of patients**. **Sustained** HBsAg and HBV DNA loss after end-of-treatment* is rare.

*undetectable HBsAg and HBV DNA 6 months after end-of-treatment accepted as a functional cure.

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STANDARD OF CARE THERAPIES FOR CHRONIC HBV

	PegIFN	Entecavir	Tenofovir
Dosing Duration	48-weeks	Chronic	Chronic
HBV DNA Undetectable *(<60-80 IU/ml)*	7-19%	67-90%	76-93%
HBsAg Loss	~3-7%	~1-2%	~1-3%

New HBV Therapies

rate of **Undetectable HBV DNA**

\+

rate of **HBsAg Loss**

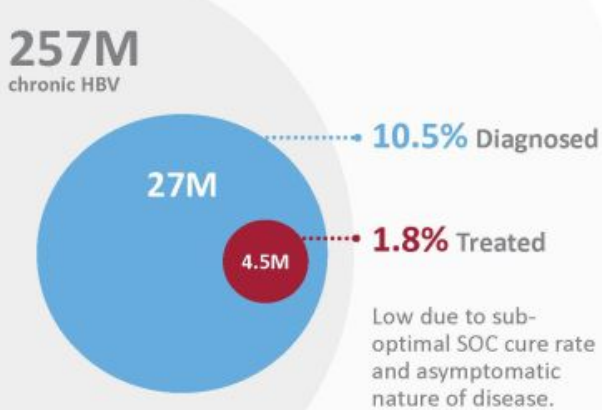
=

HIGHER **CURES RATES**

Achievable **HBV Cure Rates** with Current SOC

SOC: Standard Of Care | **HBsAg:** HBV Surface Antigen | **PegIFN:** Pegylated Interferon
Source: EASL HBV Clinical Practice Guidelines, 2017 - Pegasys, PEG-Intron, Baraclude and Viread Package Inserts

Compelling Growth Opportunity in the **HBV Market**



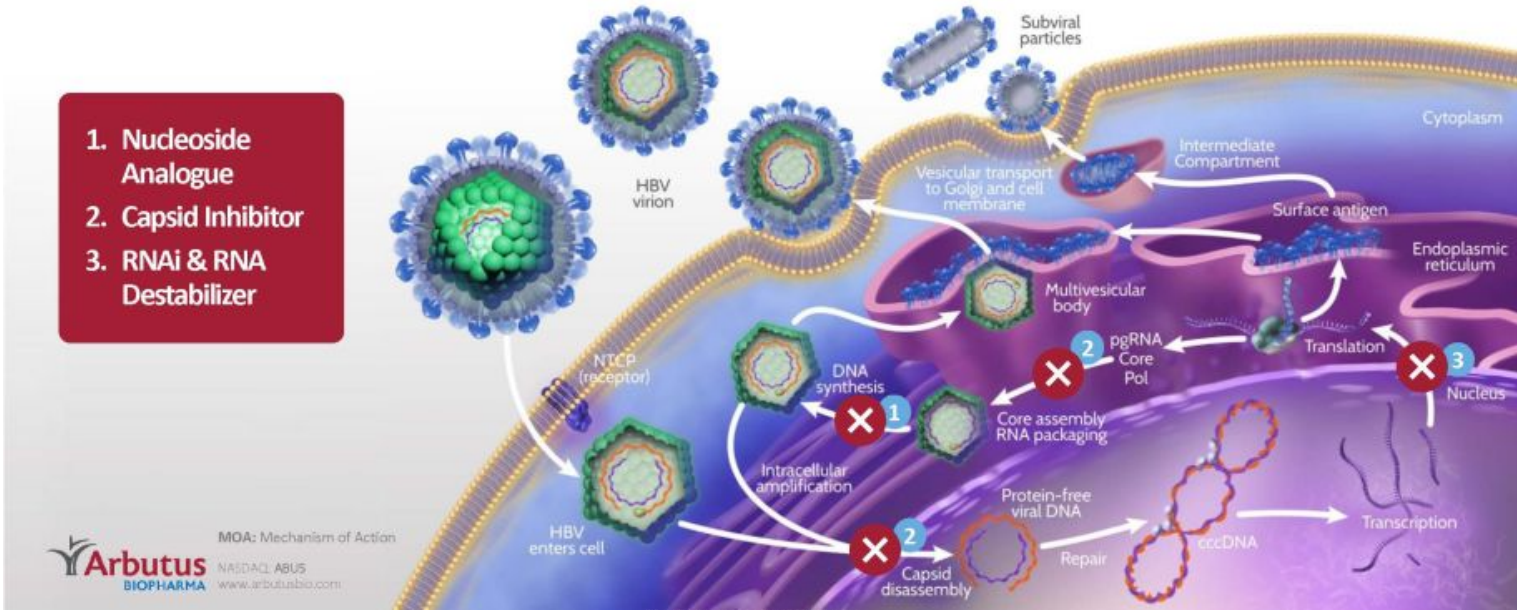
An HBV curative regimen

would substantially increase **diagnosis** and **treatment** rates to unlock significant **market growth opportunities.**

SOC: Standard Of Care
Source: Global Hepatitis Report and Hepatitis B Fact Sheet, WHO (2017) http://www.who.int/mediacentre/factsheets/fs204/en/

HBV Lifecycle Illustrates Key Points for Intervention

A combination of agents with complementary MOA **is needed to cure HBV**

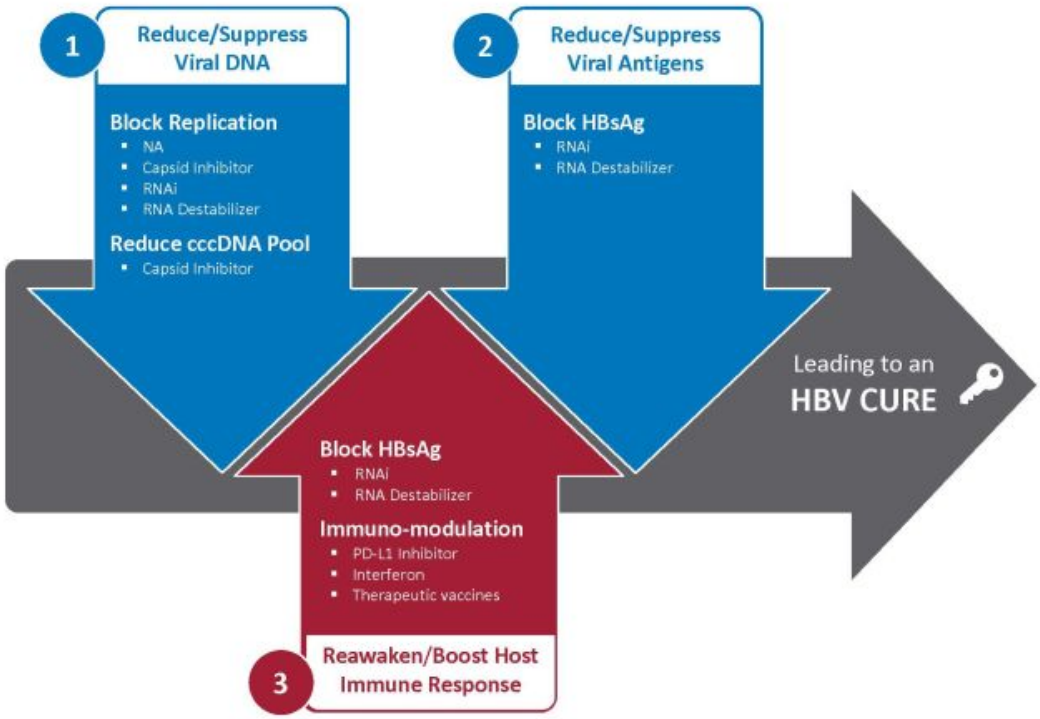


Keys to Therapeutic Success

Suppress HBV DNA and viral antigens

Reawaken host immune response

Therapeutic success will **require a combination of agents** with complementary MOAs



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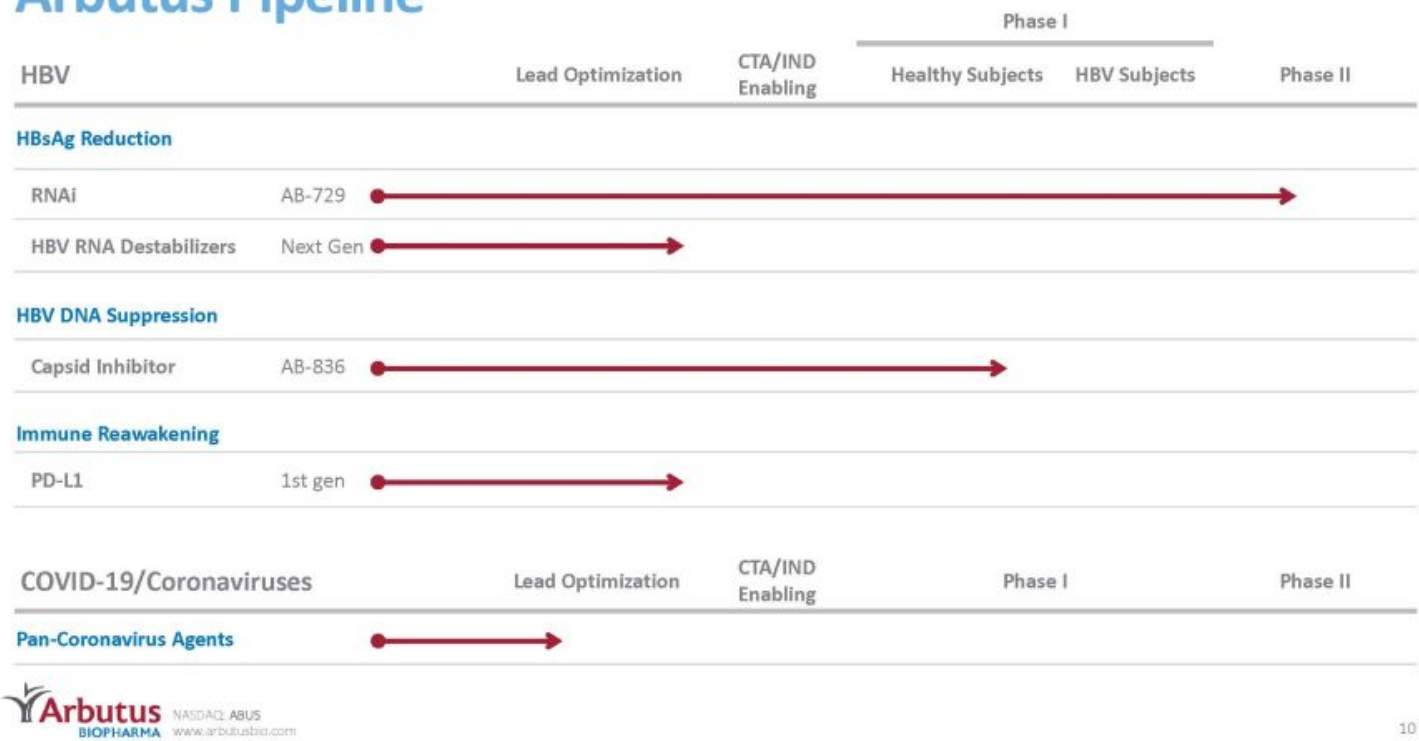
MOA: Mechanism of Action | **NA:** Nucleoside Analogue | **HBsAg:** HBV Surface Antigen

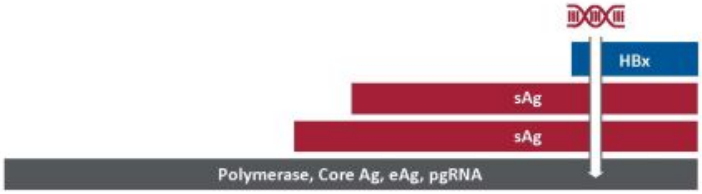
Arbutus Pipeline



AB-729
RNAi Therapeutic

Proprietary GalNAc-conjugate delivery technology provides liver targeting and enables **subcutaneous dosing**

- Single trigger RNAi agent targeting all HBV transcripts
- Inhibits HBV replication and lowers all HBV antigens
- Pan-genotypic activity across HBV genotypes
- Demonstrated complementarity with capsid inhibitors
- Actively targets the liver
- Active against cccDNA derived and integrated HBsAg transcripts
- Clean profile in long term preclinical safety studies



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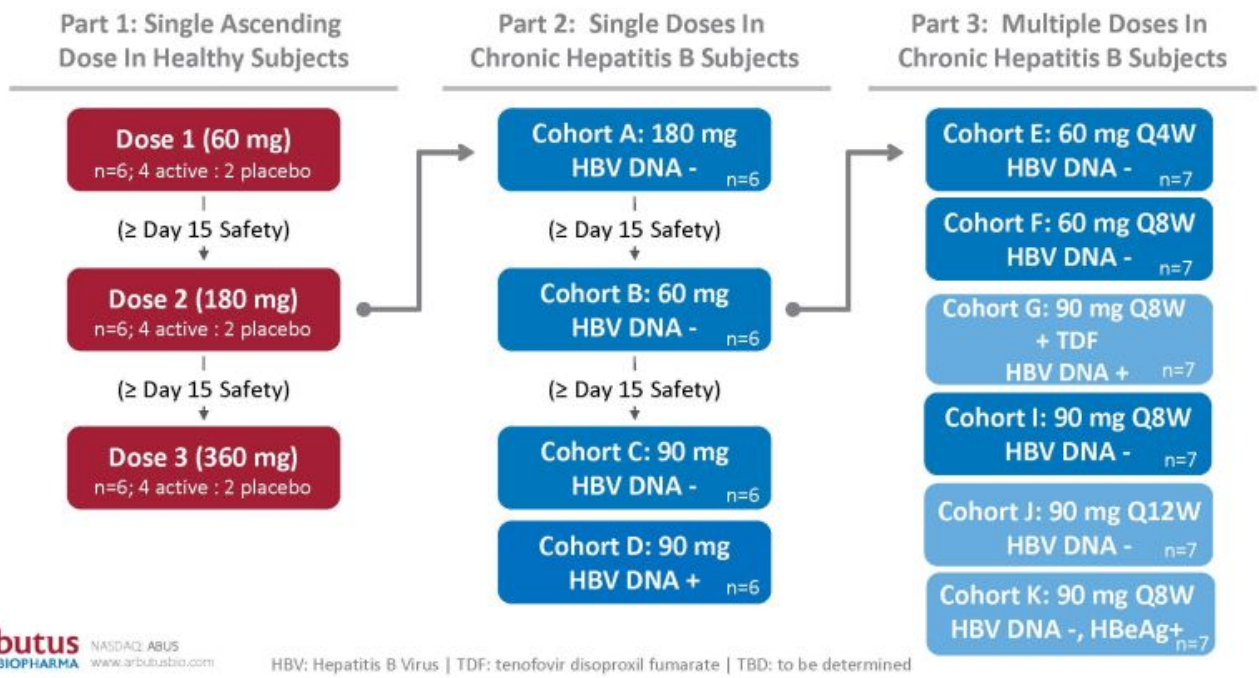
AB-729-001 Study



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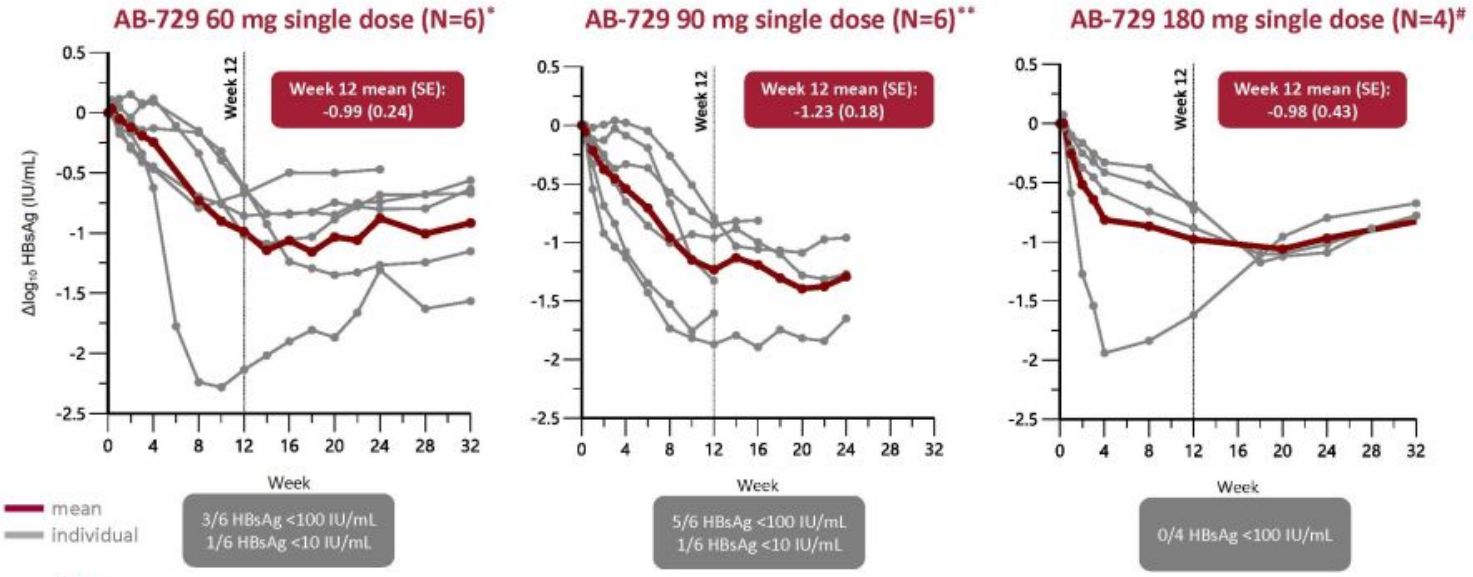
HBV: Hepatitis B Virus | TDF: tenofovir disoproxil fumarate | TBD: to be determined

Single Doses of AB-729 Result in Comparable Mean HBsAg Declines at Week 12 Followed by a Sustained Plateau Phase



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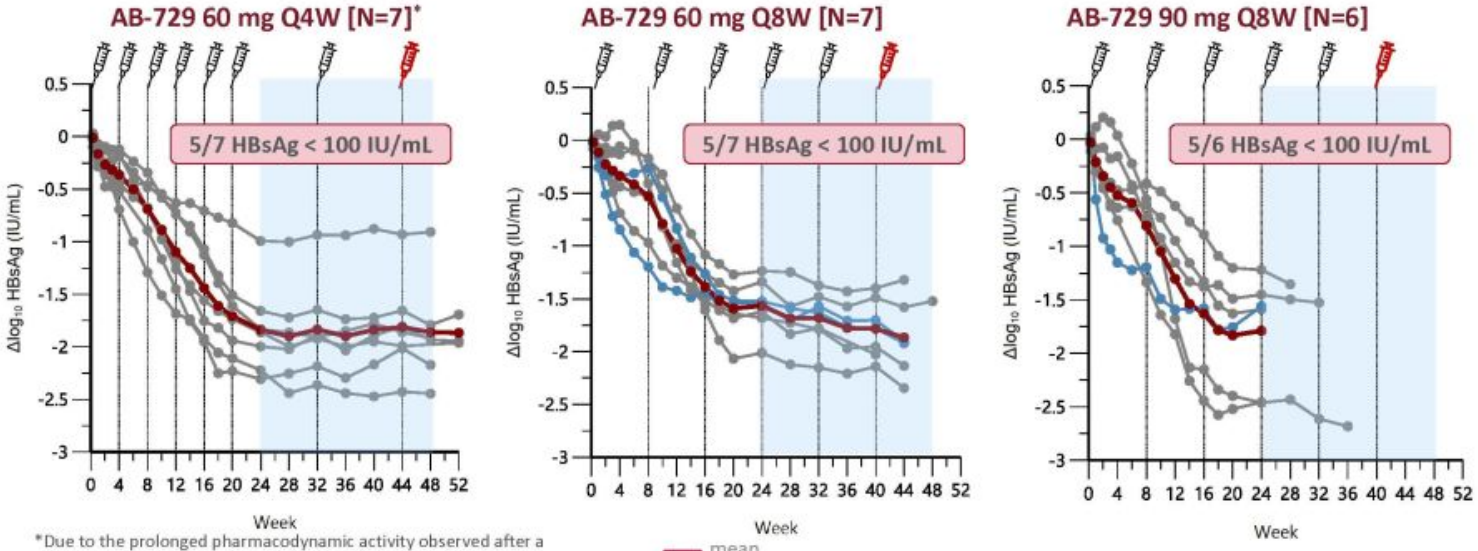
*N=5 at Week 10, 14, 18, 22, 28, and 32
**N=4 at Week 14 and 16; N=3 at Weeks 18 – 24
#N=3 after Week 12; nominal visits ± 7 days

Repeat dosing of AB-729 60 mg and 90 mg results in comparable HBsAg decline profiles with 75 percent of subjects reaching <100 IU/mL

Plateau in response observed around Week 20, regardless of dose or dosing interval



*Due to the prolonged pharmacodynamic activity observed after a single dose of AB-729 (Yuen, AASLD 2020), subjects switched to AB-729 60 mg Q12W after Week 20

mean
individual HBeAg-
individual HBeAg+ (including HBeAg borderline in Cohort F)
final dose of AB-729
shaded areas: optional 6 month treatment extension

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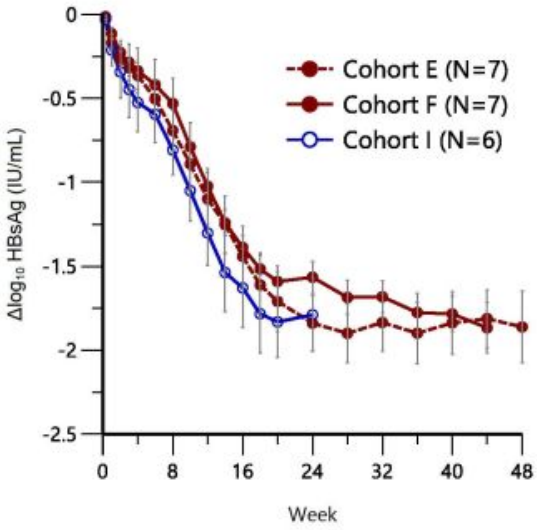
There are no significant differences in mean HBsAg response between AB-729 doses and dosing intervals to date



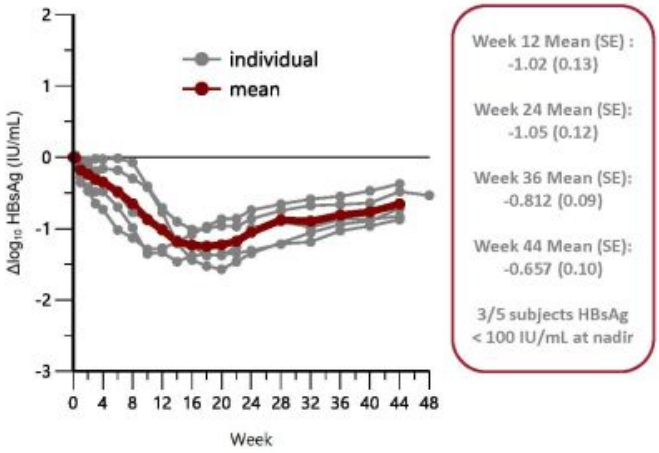
Mean (range) ΔHBsAg with repeat dosing of AB-729

Visit	Cohort E AB-729 60 mg Q4W[‡]	Cohort F AB-729 60 mg Q8W	Cohort I AB-729 90 mg Q8W	*p* value between Cohorts
Week 16	**-1.44** (-0.71 to -1.95)	**-1.39** (-1.61 to -1.08)	**-1.63** (-0.89 to -2.44)	$p \geq 0.4$
Week 24	**-1.84** (-0.99 to -2.31)	**-1.57** (-1.24 to -2.01)	**-1.79** (-1.22 to -2.46)	$p \geq 0.2$
Week 32	**-1.84** (-0.94 to -2.36)	**-1.68** (-1.37 to -2.15)	---	$p = 0.5$
Week 40	**-1.84** (-0.88 to -2.47)	**-1.78*** (-1.40 to -2.14)	---	$p = 0.7$
Week 44	**-1.81*** (-0.93 to -2.43)	**-1.87*** (-1.32 to -2.34) [N=6]	---	$p = 0.8$
Week 48	**-1.89*** (-0.91 to -2.44)	---	---	---

[‡] subjects switched to AB-729 60 mg Q12W after Week 20 dose
*Data updated since EASL 2021 ILC

AB-729 90 mg Single Dose Reduces HBsAg and HBV DNA in HBV DNA Positive CHB subjects

Figure 1. Individual and mean change from baseline HBsAg following a single dose of AB-729 90 mg in HBV DNA+ subjects



Week 12 Mean (SE) : -1.02 (0.13)

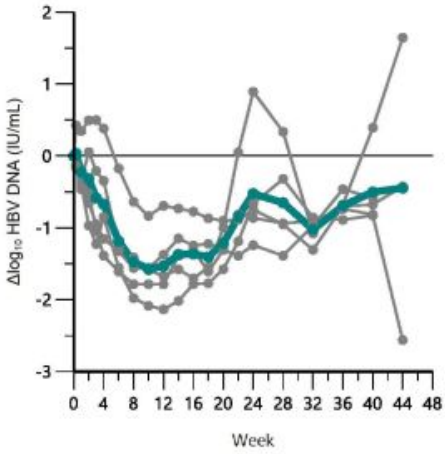
Week 24 Mean (SE): -1.05 (0.12)

Week 36 Mean (SE): -0.812 (0.09)

Week 44 Mean (SE): -0.657 (0.10)

3/5 subjects HBsAg < 100 IU/mL at nadir

Figure 2. Individual and mean change from baseline HBV DNA following a single dose of AB-729 90 mg in HBV DNA+ subjects



Week 12 Mean (SE) : -1.53 (0.24)

Week 24 Mean (SE): -0.525 (0.37)

Week 36 Mean (SE): -0.693 (0.07)

individual

mean

AB-729 Was Safe and Well Tolerated After Single and Repeat Doses

- No SAEs or discontinuations due to AEs
- No treatment-related Grade 3 or 4 AEs*
- No Grade 3 or 4 laboratory abnormalities*
  - Grade 1 and Grade 2 ALT elevations have decreased with continued treatment
- Injection site TEAEs were mild (erythema, pain, pruritis, bruising) or moderate (pain) and transient
- No clinically meaningful changes in ECGs or vital signs
- All subjects in cohort E and F consented to an additional 6 months of dosing

* 1 subject (Cohort A) with rapid decline in HBsAg of ~2.0 log10 IU/mL had an unrelated Gr 2 AE of food poisoning resulting in unrelated transient Grade 3 AEs of ALT/AST elevation (without bilirubin changes)

Takeaways

- Clinical data supports our view that AB-729 60 mg every 8 weeks is an appropriate and convenient dose to explore in Phase 2a combination trials
- Long-term dosing with AB-729 resulted in 75 percent of subjects reaching <100 IU/mL of HBsAg, a clinically relevant threshold informing when to stop all therapies
- Preliminary data suggest that long-term suppression of HBsAg with AB-729 results in increased HBV-specific immune response
- AB-729 was safe and well tolerated through 48 weeks of dosing
- Based on these findings, we have announced and expect to initiate several proof-of-concept Phase 2a combination trials using AB-729 as the cornerstone agent in 2H/2021

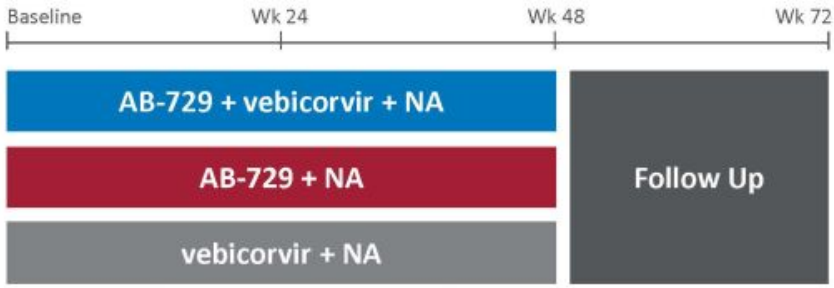
Three Clinical Collaborations Executed and IND Authorized to Leverage AB-729 in Key Proof-Of-Concept Phase 2a Trials

- **Accomplished key strategic initiative by announcing three Phase 2a proof-of-concept clinical collaborations to accelerate key combination data read-outs**
  - Assembly Biosciences, Inc. - Phase 2a initiated in the first half of 2021
  - Antios Therapeutics, Inc. - collaboration announced in June 2021, clinical trial expected to initiate in the second half of 2021
  - Vaccitech plc - collaboration announced in July 2021, clinical trial expected to initiate in the second half of 2021
- **In addition to these collaborations, the AB-729 IND was authorized to initiate a Phase 2a trial in combination with ongoing NA therapy and short courses of Peg-IFNα-2a in chronic hepatitis B subjects**

AB-729 Clinical Collaboration

assemblybio

Provides accelerated AB-729 combination proof-of-concept (POC) with Assembly's capsid inhibitor and a NA



Initiated Phase 2 Clinical Trial Feb 2021

~60 virologically-suppressed subjects with chronic HBV infection

Equal sharing of expertise and costs for this POC open-label trial

No financial requirements or restrictions and no business requirements or restrictions

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NA: Nucleoside Analogue | **HBeAg:** HBV e Antigen

AB-729 Clinical Collaboration

vaccitech

POC Phase 2a clinical trial
Evaluating AB-729 in combination with Vaccitech's immunotherapeutic, VTP-300, and a NA

Clinical trial will evaluate the safety, pharmacokinetics, immunogenicity and anti-viral activity of the triple combination of AB-729, VTP-300 and an NA compared to the double combinations of AB-729 with an NA and VTP-300 with an NA

Expected to initiate in the second half of 2021

Full rights retained by the Companies of their respective product candidates and all costs will be split equally

Assuming positive results parties intend to undertake a larger Phase 2b clinical trial

AB-729 Clinical Collaboration

ANTIOS THERAPEUTICS

POC Phase 2a clinical trial

AB-729 in combination with Antios' proprietary active site polymerase inhibitor nucleotide (ASPIN), ATI-2173, and a NA

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Clinical trial will evaluate AB-729, ATI-2173 and a NA in a single cohort in the ongoing Antios Phase 2a ANTT201 clinical trial

Expected to initiate in the second half of 2021

Antios will be responsible for the costs and Arbutus will be responsible for supply of AB-729

Trial cohort will include 10 subjects with chronic HBV assigned 8:2 to active drug or matching placebos; in combination with an NA

IND Authorized for a Phase 2a POC clinical trial

AB-729 in combination with **ongoing NA therapy and short courses of Peg-IFNα-** in CHB subjects

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The trial is expected to enroll 40 stably NA-suppressed, HBeAg negative, non-cirrhotic CHB subjects*

After a 24-week dosing period of AB-729 (60 mg every 8 weeks (Q8W)), subjects will be randomized into one of 4 groups:

- A1: AB-729 + NA + weekly Peg-IFNα-2a for 24 weeks (N = 12)
- A2: NA + weekly Peg-IFNα-2a for 24 weeks (N = 12)
- B1: AB-729 + NA + weekly Peg-IFNα-2a for 12 weeks (N = 8)
- B2: NA + weekly Peg-IFNα-2a for 12 weeks (N = 8)

After completion of the assigned Peg-IFNα-2a treatment period, all subjects will remain on NA therapy for the initial 24-week follow up period, and then will discontinue NA treatment if treatment stopping criteria are met

Expected to initiate in the third quarter of 2021

* Pending protocol finalization

AB-836
Capsid Inhibitor

In March 2021, received regulatory approval to initiate Phase 1a/1b clinical trial

Potential for increased efficacy and enhanced resistance profile relative to earlier generation capsid inhibitors

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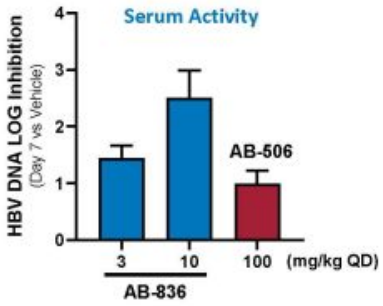
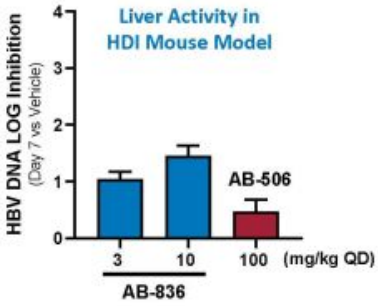
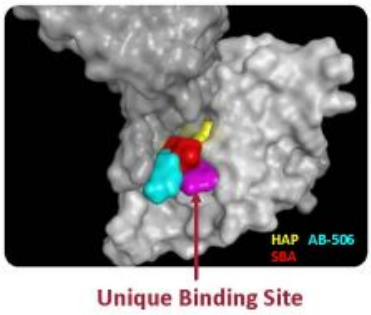
- Novel chemical series differentiated from AB-506 and other competitor compounds in the Class II capsid inhibitor space
- Leverages a novel binding site within the core protein dimer-dimer interface
- Improved intrinsic potency with EC50 $\leq$ 10 nM
- Active against NA resistant variants
- Potential to address known capsid resistant variants T33N and I105T
- Provides the potential for low dose and wide therapeutic window
- Demonstrates high liver concentrations in multiple species
- Projected to be once daily dosing
- Pangenotypic
- Combinable with other MOA agents

AB-836: A Next Generation Capsid Inhibitor

	HBV DNA / 1° Mechanism				cccDNA Formation / 2° Mechanism	Human Serum Shift
Compound	HepDE19 (EC_{50} µM)	HBV infected PHH (EC_{50} µM)	HBV infected HepG2-NTCP-C4 (EC_{50} µM)	Core I105T Mutation (EC_{50} µM)	HBV infected HepG2-NTCP-C4 (HBsAg EC_{50} µM)	(FC in EC_{50} in 40% Human Serum)
AB-506	0.077	0.032	0.101	1.26	1.430	6x
AB-836	0.010	0.002	0.012	0.118	0.196	2x

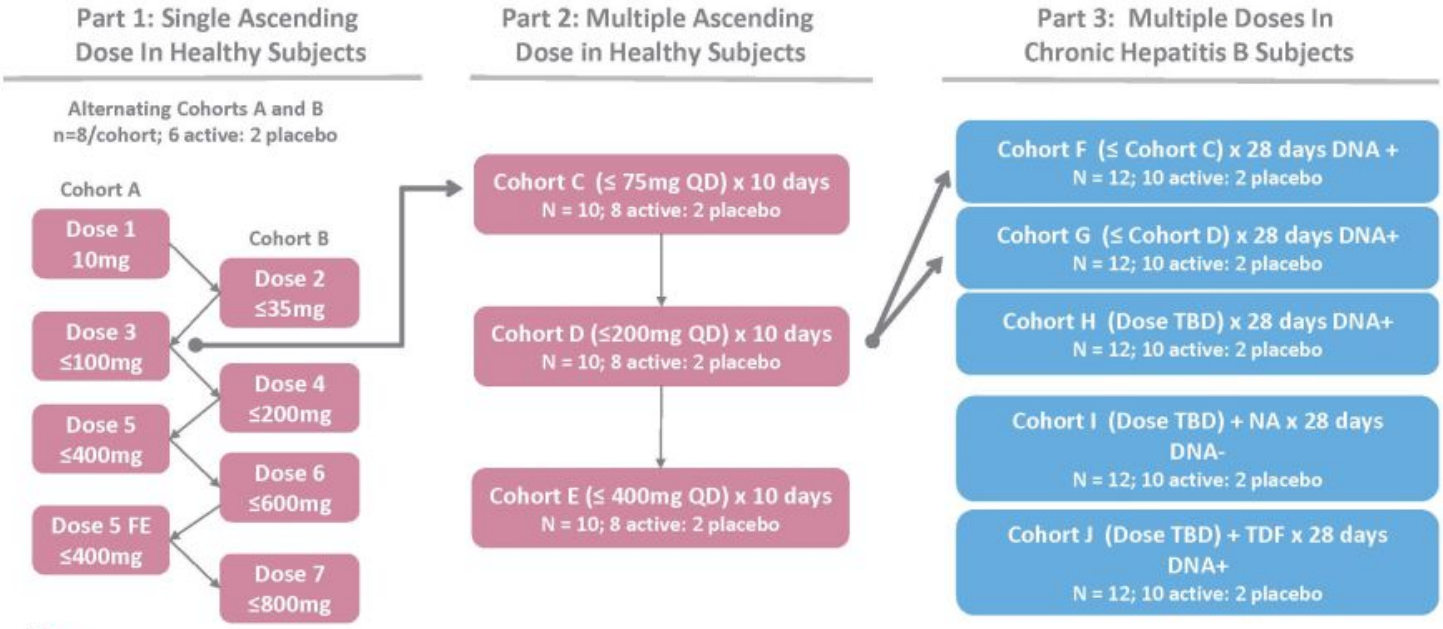






HAP: Heteroaryldihydropyrimidine | **SBA:** Sulfamoylbenzamide **I PHH:** Primary Human Hepatocytes

AB-836-001 Study



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Next Gen RNA Destabilizer Program

Offers a novel mechanism of action to reduce HBsAg and other viral proteins and viral RNA

Continuing active research and development of a next generation small molecule

We believe this approach offers potential for an oral HBsAg reducing agent and all oral combination therapy

PD-L1 Inhibitor Program for HBV Immune Reactivation

Rationale

- PD-L1 expressed by liver parenchymal and non-parenchymal cells
- PD-L1 upregulated during viral hepatitis
- PD-1 upregulated on HBV-specific T- and B-cells
- Inhibition in combination with other DAAs leads to sustained viral suppression in preclinical models of HBV

Small-Molecule Inhibitor Approach

- Allows controlled checkpoint blockade
- Enables oral dosing
- Designed to reduce systemic safety issues seen with Abs

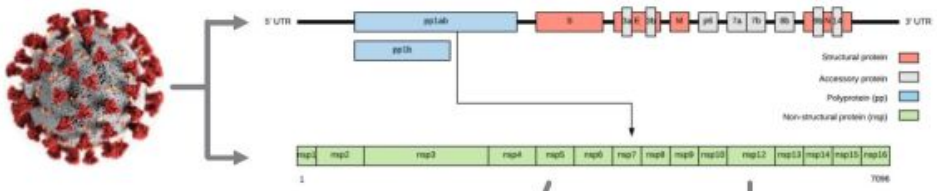
Current Lead Candidates

- Block PD-L1/PD1 interaction at sub-nM concentrations
- Activate HBV-specific immune responses in T-cells from CHB patients *in vitro*
- Novel MOA identified
- Demonstrate a robust checkpoint mediated *in vivo* effect

PD-L1: Programmed death-ligand 1 | **PD-1:** Programmed death ligand protein
DAAs: Direct acting antivirals | **Abs:** Antibodies | **MOA:** Mechanism of action

Coronavirus Strategy

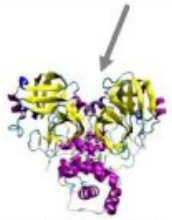
Leveraging our proven expertise and capabilities in antiviral drug discovery and development



+RNA Virus

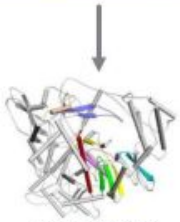
31 kb Genome

nsp5 protease & nsp12 polymerase essential enzymes for replication



COVID-19 Virus nsp5 / 3CLpro

Viral Protease



COVID-19 Virus nsp12

Viral Polymerase

Long term commitment

Pan-coronavirus focused

Small Molecule Direct-Acting Antivirals

Directed Effort

- nsp12 Viral Polymerase - nucleos(t)ides
- nsp5 Main Viral Protease - de novo design

X-Chem/Proteros

- Proprietary DEL library screening and structural biology for M^{PRO} inhibitor discovery

2021 Key Objectives

Cash balance of ~ $132M as of March 31, 2021, cash runway through 3Q 2022

Objective	Anticipated Timing 2021
Additional data from AB-729 90 mg single-dose in HBV DNA positive subjects	1H ✓
Initiate a Phase 2 combination clinical trial to evaluate AB-729 in combination with Assembly Biosciences' lead core/capsid inhibitor candidate vebicorvir (VBR) and an NrtI	1H ✓
Initiate a Phase 1a/1b clinical trial of AB-836, our next-generation oral capsid inhibitor	1H ✓
Additional data from AB-729 60 mg multi-dose (4 wk / 8 wk dosing intervals)	1H / 1H ✓
Initial data from AB-729 90 mg multi-dose (8 wk / 12 wk dosing intervals)	1H ✓ / 2H
Initial data from AB-729 90 mg multi-dose (8 wk dosing interval) in HBV DNA positive subjects	2H
Initiate two Phase 2a combination clinical trials in HBV subjects; both including AB-729, with one or more approved or investigational agents	2H
Initial Phase 1a/1b data for AB-836	2H