Form Approved: OMB No. 0910 - 0297 Expiration Date: March 31, 2022. See instructions for OMB Statement, below.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	PRESCRIPTION DRUG USER FEE COVERSHEET FY 2021

A completed form must be signed and accompany each new drug or biologic product application. If payment is sent by U.S. mail or courier, please include a copy of this completed form with payment. Payment instructions and fee rates can be found on FDA's website:
http://www.fda.gov/ForIndustry/UserFees/PrescriptionDrugUserFee/ucm119184.htm

1. APPLICANT'S NAME AND ADDRESS	4. BLA SUBMISSION TRACKING NUMBER (STN) / NDA NUMBER
BioNTech Manufacturing GmbH An der Goldgrube 12 55131 Mainz Germany	125742

2. NAME AND TELEPHONE NUMBER OF REPRESENTATIVE	5. DOES THIS APPLICATION REQUIRE CLINICAL DATA FOR APPROVAL?
Neda Aghajani Memar 212-733-2613	[X] YES [ ] NO
	IF YOUR RESPONSE IS "NO", STOP HERE AND SIGN THIS FORM. IF RESPONSE IS "YES", CHECK THE APPROPRIATE RESPONSE BELOW:
	[X] THE REQUIRED CLINICAL DATA ARE CONTAINED IN THE APPLICATION
	[ ] THE REQUIRED CLINICAL DATA ARE SUBMITTED BY REFERENCE TO:

3. PRODUCT NAME	6. USER FEE I.D. NUMBER
COMIRNATY (COVID-19 mRNA Vaccine (nucleoside modified))	PD3017966

7. ARE YOU REDEEMING A PRIORITY REVIEW VOUCHER FOR THE TREATMENT OF TROPICAL DISEASES? [ ] YES [X] NO

PRIORITY REVIEW VOUCHER NUMBER:

8. ARE YOU REDEEMING A PRIORITY REVIEW VOUCHER FOR MEDICAL COUNTER MEASURES? [ ] YES [X] NO

PRIORITY REVIEW VOUCHER NUMBER:

9. IS THIS APPLICATION COVERED BY ANY OF THE FOLLOWING USER FEE EXCEPTIONS? IF SO, CHECK THE APPLICABLE EXCEPTION.
[ ] THE APPLICATION QUALIFIES FOR THE ORPHAN EXCEPTION UNDER SECTION 736(a)(1)(F) of the Federal Food,Drug, and Cosmetic Act

[ ] THE APPLICATION IS SUBMITTED BY A STATE OR FEDERAL GOVERNMENT ENTITY FOR A DRUG THAT IS NOT DISTRIBUTED COMMERCIALLY

10. HAS A WAIVER OF AN APPLICATION FEE BEEN GRANTED FOR THIS APPLICATION?
[ ] YES [X] NO
If a waiver has been granted, include a copy of the official FDA notification with your submission.

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PRINTED NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE	DATE
Neda Aghajani Memar Digitally signed by Neda Aghajani Memar DN: cn=Neda Aghajani Memar, o, ou, email=neda aghajanimemar@pfizer com, c=US Reason: I attest to the accuracy and integrity of this document Date: 2021.04.20 09:40:33 -04'00'	Director, Global Regulatory Affairs	4/20/2021

11. USER FEE PAYMENT AMOUNT FOR THIS APPLICATION
$2,875,842.00

Form FDA 3397 (04/19)