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): January 12, 2026

VOR BIOPHARMA INC.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-39979**	**81-1591163**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

500 Boylston Street, Suite 1350 **Boston, Massachusetts** **(Address of Principal Executive Offices)**	**02116** **(Zip Code)**

Registrant's Telephone Number, Including Area Code: 617 655-6580

(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 communications 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 communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications 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 Stock, $0.0001 par value per share	VOR	Nasdaq Global Select Market

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 2.02 Results of Operations and Financial Condition.

On January 12, 2026, Vor Biopharma Inc. (the "Company") released the Presentation (as defined below), which includes the following selected preliminary financial information for the fiscal year ended December 31, 2025: As of December 31, 2025, the Company's cash, cash equivalents and short-term investments were approximately $450 million.

The cash, cash equivalents and short-term investments information above and in the Presentation is preliminary, has not been audited and is subject to change upon completion of the Company's audited financial statements for the year ended December 31, 2025. Additional information and disclosures would be required for a more complete understanding of the Company's financial position and results of operations as of December 31, 2025. The Company's independent registered public accounting firm has not conducted an audit or review of, and does not express an opinion or any other form of assurance with respect to, this preliminary estimate. A copy of the Presentation is filed as Exhibit 99.1 hereto.

The information furnished under this Item 2.02, including Exhibit 99.1, is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") or subject to the liability of that section, nor shall it be deemed incorporated by reference in any of the Company's filings under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such a filing, except as expressly set forth by specific reference in such a filing.

Item 7.01 Regulation FD Disclosure.

As previously announced, the Company will be presenting and hosting one-on-one investor meetings at the 44th Annual J.P. Morgan Healthcare Conference in San Francisco, CA.

Presentation: Tuesday, January 13, 2026 at 10:30am – 11:10 am PT
Location: The Westin St. Francis, Georgian Room

A copy of the presentation (the "Presentation") is available on the Company's website and is attached as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference.

The information furnished under this Item 7.01, including Exhibit 99.1, is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act or subject to the liability of that section, nor shall it be deemed incorporated by reference in any of the Company's filings under the Securities Act or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such a filing, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate Presentation, dated January 2026.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

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.

Vor Biopharma Inc.

Date: 1/12/2026

By: /s/ Jean-Paul Kress
Jean-Paul Kress

Global Science.
One Purpose.

44th Annual J.P. Morgan Healthcare Conference

January 2026

VOR

Forward Looking Statement

This presentation (the “Presentation”) contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 about Vor Biopharma Inc. (“Vor,” “Vor Bio” or the “Company”). The words “aim,” “anticipate,” “believe,” “can,” “could,” “design,” “enable” “estimate,” “expect,” “intend,” “may,” “ongoing,” “plan,” “potential,” “project,” “should,” “target,” “towards,” “will,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Forward-looking statements in this Presentation include those regarding Vor Bio's plans for development and commercialization of telitacicept, including expected milestones such as trial initiation and data readout; the potential of telitacicept in various indications including generalized myasthenia gravis (gMG) and primary Sjögren's disease; the Company’s ambition to transform the approach to B cell-driven autoimmune disease; the potential of telitacicept to be a best- and first-in-class BAFF/APRIL inhibitor; the expected safety profile of telitacicept; the market opportunities for telitacicept; the addressable patient populations in the indications Vor Bio intends to treat; Vor Bio's cash runway; and other statements that are not historical fact.

Vor Bio may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements as a result of various factors, including: uncertainties inherent in the initiation, completion of, and availability and timing of results from, clinical trials; whether preclinical data or interim results from a clinical trial will be predictive of the final results of the trial or the results of future trials; the uncertainty of regulatory approvals to conduct trials or to market products; Vor Bio's reliance on third parties over which it may not always have full control; and the availability of funding sufficient for Vor Bio's foreseeable and unforeseeable operating expenses and capital expenditure requirements. These and other risks are described in greater detail under the caption “Risk Factors” included in Vor Bio's most recent annual or quarterly report and in other reports it has filed or may file with the Securities and Exchange Commission. Any forward-looking statements contained in this Presentation speak only as of the date of this Presentation, and Vor Bio expressly disclaims any obligation to update any forward-looking statements, whether because of new information, future events or otherwise, except as may be required by law.

Certain information contained in this Presentation relates to or is based on studies, publications, surveys and other data obtained from third party sources and Vor Bio's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this Presentation, the Company has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third party sources. In addition, there can be no guarantee as to the accuracy or reliability of any assumptions or limitations that may be included in such third-party information. While the Company believes its own internal research is reliable, such research has not been verified by any independent source. All brand names or trademarks appearing in this Presentation are the property of their respective owners.

Immune Remodulation Through BAFF/APRIL Inhibition

OUR AMBITION

To Transform the Approach to B cell-Driven Autoimmune Disease

TELITACICEPT

- Selective BAFF/APRIL inhibitor designed to reduce pathogenic B cells and antibodies while preserving immune protection
- Clinically validated in 8+ autoimmune indications in China
- Manageable safety and tolerability in tens of thousands of patients

LEAD AUTOIMMUNE PROGRAMS

- *Myasthenia Gravis*: Global Phase 3 topline data in 1H27
- *Sjögren's Disease*: Global Phase 3 to initiate in 1H26

NEAR-TERM EXPANSION OPPORTUNITIES

- Broad applicability across B cell-mediated autoimmune diseases

$450M WITH RUNWAY INTO MID-2028*, FUNDED THROUGH ALL KEY CATALYSTS

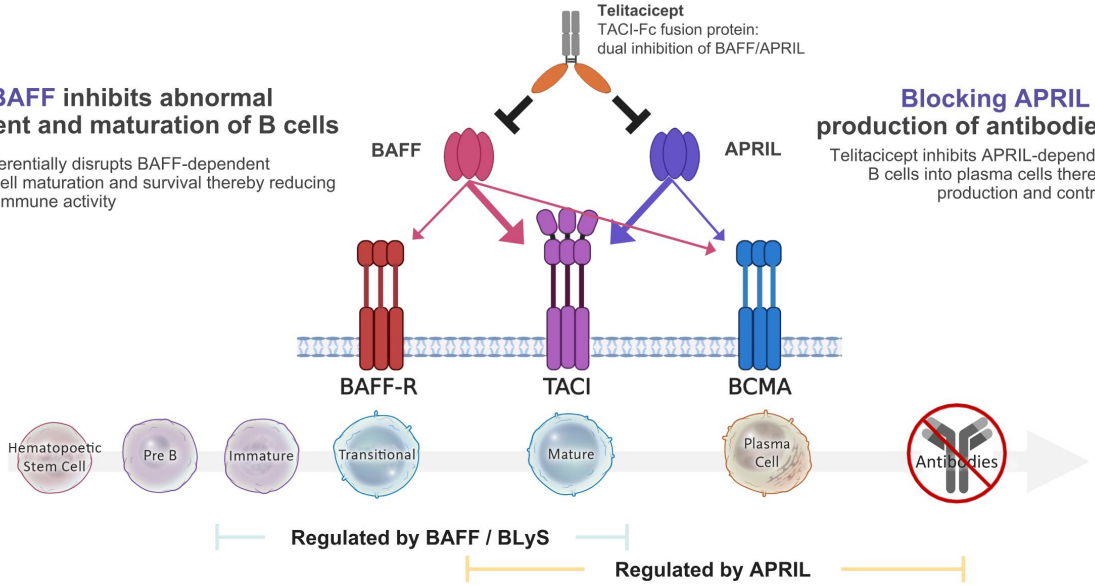
*Pro forma cash, cash equivalents, and short-term investments as of December 2025

Dual BAFF/APRIL Inhibition Targets Autoreactive B Cells and Plasma Cells

Disease modification through upstream control of B cell survival and downstream antibody production

Blocking BAFF inhibits abnormal development and maturation of B cells

Telitacicept preferentially disrupts BAFF-dependent autoreactive B-cell maturation and survival thereby reducing disease-driving immune activity



Blocking APRIL inhibits abnormal production of antibodies by plasma cells

Telitacicept inhibits APRIL-dependent differentiation of mature B cells into plasma cells thereby minimizing autoantibody production and contributing to control of disease

doi.org/10.3390/cancers12041045

BAFF, B-cell activating factor; BLyS, B Lymphocyte Stimulator; APRIL, a proliferation inducing ligand

Established Efficacy in China Across Autoimmune Diseases

3

Commercial Approvals

Validated Commercial Therapy in China Across Diverse Autoimmune Diseases

2021 - Systemic Lupus Erythematosus (SLE)†

2024 - Rheumatoid Arthritis (RA)

2025 - Myasthenia Gravis (MG)

2

BLA Submissions

Poised to Further Expand Telitacicept Footprint in Large, Underserved Diseases in China

Filed 2025 – Sjögren's Disease (SD)

Filed 2025 – IgA Nephropathy (IgAN)*

3

Best-In-Disease

Unique Dual BAFF/APRIL Inhibition Drives Superior Clinical Benefit

Systemic Lupus Erythematosus

Myasthenia Gravis

Sjögren's Disease

†Conditional Approval, Full Approval in 2023; *Accelerated Approval in China

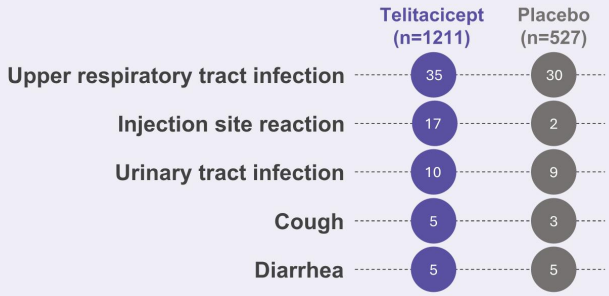
Favorable Safety At Scale

10s of Thousands Patients Treated Commercially in China

Favorable and Predictable Safety Profile Observed Among ~1,800* Patients Studied in Clinical Trials

- No Burdensome Vaccination Requirements
- No Signature B Cell Depletion Associated SAEs
- Mild to Moderate AEs

Frequency (%) of safety events reported in clinical trials



*From pooled safety analysis across all telitacicept trials.
AEs, adverse events; SAEs, serious adverse events.

Advancing the Leading BAFF/APRIL Inhibitor

Strong cash position of $450M with runway into mid-2028 expected to cover key milestones*

Vor Indications	Preclinical	Phase 1	Phase 2	Phase 3	Marketing Approval	Milestones
Myasthenia Gravis (MG)				Phase 3		Global Phase 3 Topline Data (1H27)
Sjögren's Disease (SD)				Phase 3 Ready		Global Phase 3 Trial Initiation (1H26)

RemeGen Indications	Preclinical	Phase 1	Phase 2	Phase 3	Marketing Approval	Milestones
Myasthenia Gravis (MG)					China Marketed	OLE 48-wk Data – AANEM (10.29.25)
Sjögren's Disease (SD)				BLA Accepted ★		LBA Poster Presentation – ACR (10.28.25)
IgA Nephropathy (IgAN)				BLA Submitted ★		LBA Oral Presentation – ASN (11.8.25)
Systemic Lupus Erythematosus (SLE)					China Marketed	NEJM Publication (10.16.25)
Rheumatoid Arthritis (RA)					China Marketed	
Neuromyelitis Optica Spectrum Disorder (NMSOD)				Phase 3		
Lupus Nephritis (LN)			Phase 2			
Membranous Nephritis (MN) and Other Indications			Phase 2			

Vor – Global Trial RemeGen – China Trial ★ Primary Endpoint Achieved

*cash and cash equivalents as of December 2025

Myasthenia Gravis

Moving Beyond IgG Therapies

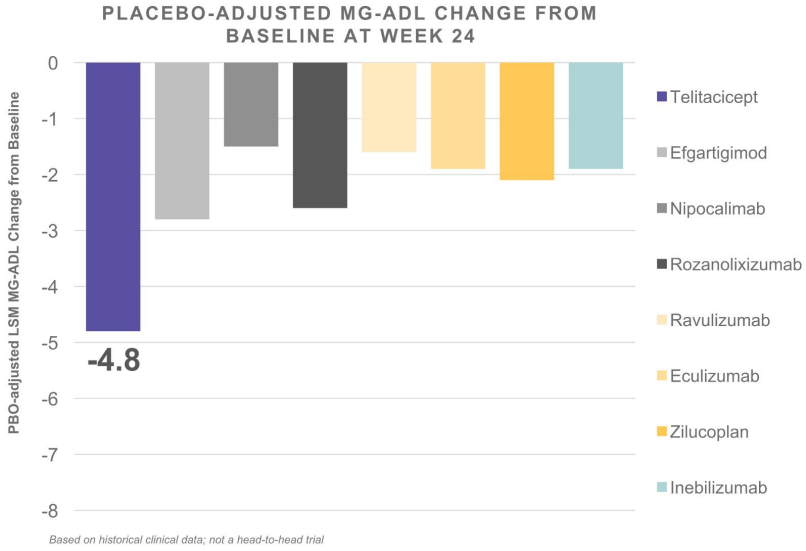
Myasthenia Gravis: The Beachhead Indication

Telitacicept demonstrated depth, durability, and a differentiated upstream mechanism

Across leading mechanisms, telitacicept demonstrates **largest placebo-adjusted MG-ADL improvement**

24- and 48-week data show continued improvement, suggesting patient benefit deepens over time

Upstream disease control with consistent safety and tolerability over one year of therapy

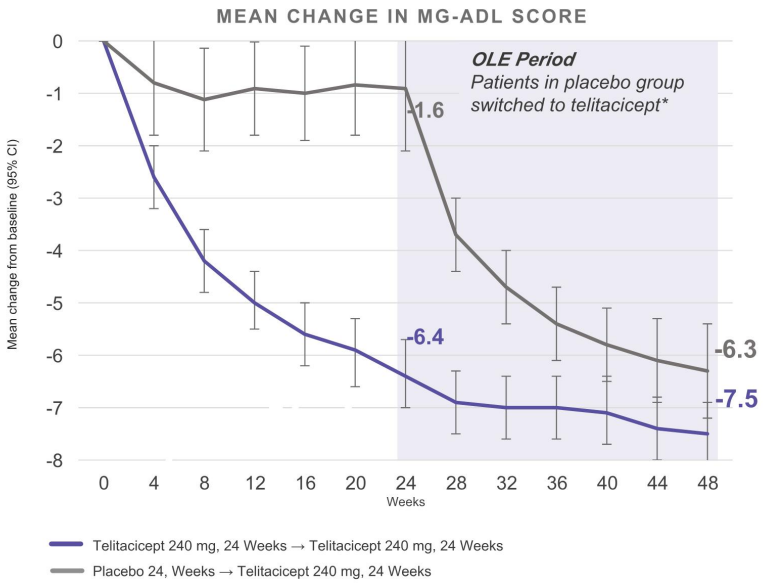


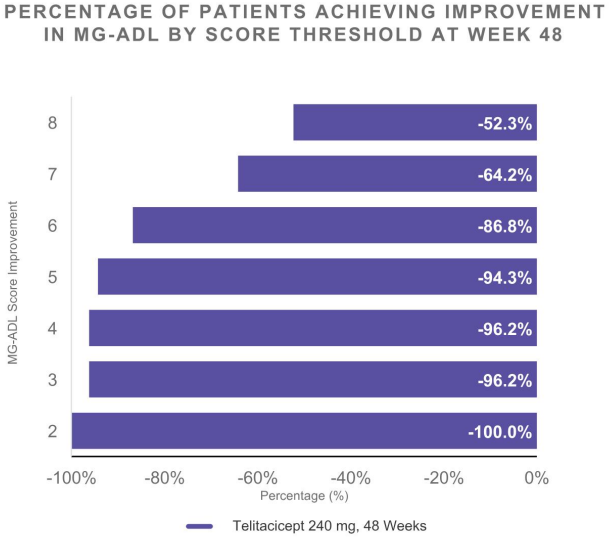
Based on historical clinical data; not a head-to-head trial

gMG, generalized myasthenia gravis; Efgartigimod - ADAPT; Nipocalimab - Vivacity-MG3; Rozanolixizumab – MycarinG; Ravulizumab – CHAMPION-MG; Eculizumab – REGAIN; Zilucoplan – RAISE; Inebilizumab - MINT RemeGen-sponsored trial

Telitacicept Demonstrated Durable MG-ADL Over Time

Sustained and deepening functional improvement through 48 weeks



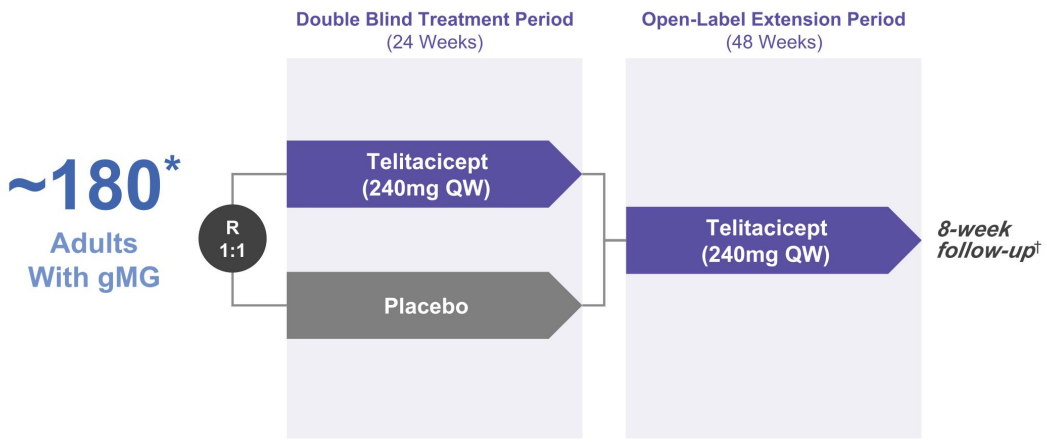


* Telitacicept arm continue with the same treatment, Placebo arm switched to Telitacicept during OLE period. The efficacy analysis was based on descriptive statistical analysis of the actual data in the full analysis set (FAS), and missing data were not filled.

RemeGen-sponsored trial

Ongoing Global Phase 3 in Generalized Myasthenia Gravis

Potential best- and first-in-class BAFF/APRIL inhibitor; randomized, double-blind, placebo-controlled study



Primary Endpoint

- Change from baseline in MG-related ADL at week 24

Secondary Endpoints

- Change from baseline in QMG and MG-QOL15r at week 24
- Number of patients with a ≥2 point decrease in MG-ADL at week 24
- Number of patients with ≥3 point decrease in QMG at week 24

Topline Global Phase 3 Data Anticipated in 1H27

MG-ADL, Myasthenia Gravis-Activities of Daily Living; QMG, Quantitative Myasthenia Gravis; QW, per week.*Estimated. †For patients who discontinue treatment before the open-label extension (OLE) period, end of treatment (EOT) and end of study (EOS) time points are at 24 and 32 weeks respectively. For those continuing with the OLE, EOT and EOS time points are at 72 and 80 weeks respectively. ClinicalTrials.gov. NCT05737160. Updated May 5, 2025. Accessed August 19, 2025. https://clinicaltrials.gov/study/NCT05737160

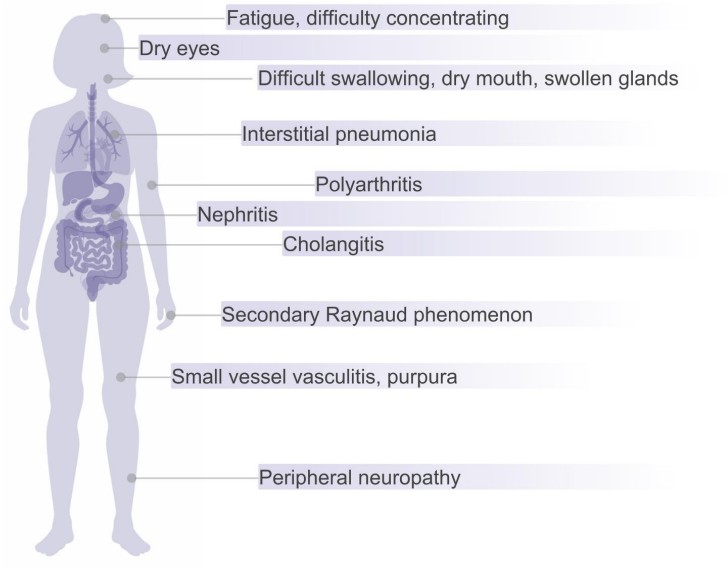
Sjögren's Disease

Moving Beyond Symptom Management

Sjögren's Disease: Significant Unmet Need, Limited Treatments

Targeting ~100,000[1] addressable patient US opportunity with a potential best-in-disease profile

1. **Symptom-Directed** — *ESSDAI 0*
   Local/topical therapies for dryness
2. **Mild-to-Moderate (No Major Organ Involvement)** — *ESSDAI 0-4*
   DMARDs (hydroxychloroquine, methotrexate)
3. **Moderate-to-Severe (Non–Life Threatening)** — *ESSDAI 5-13*
   Immunosuppressants (Methotrexate, azathioprine, or cyclosporine)
4. **Severe Disease (Major Organ Involvement)** — *ESSDAI ≥14*
   High potency immunosuppressants, biologics



1. Vor metanalysis and estimates

DMARDs, disease-modifying anti-rheumatic drugs; ESSDAI, EULAR Sjögren's syndrome disease activity index

Telitacicept: Potential Best-In-Disease Profile in Sjögren's Disease

48-week Phase 3 results from China redefine treatment landscape in SD

A True Signal, No Noise

- No DMARDs, no steroids

Clinically Meaningful, Statistically Clear

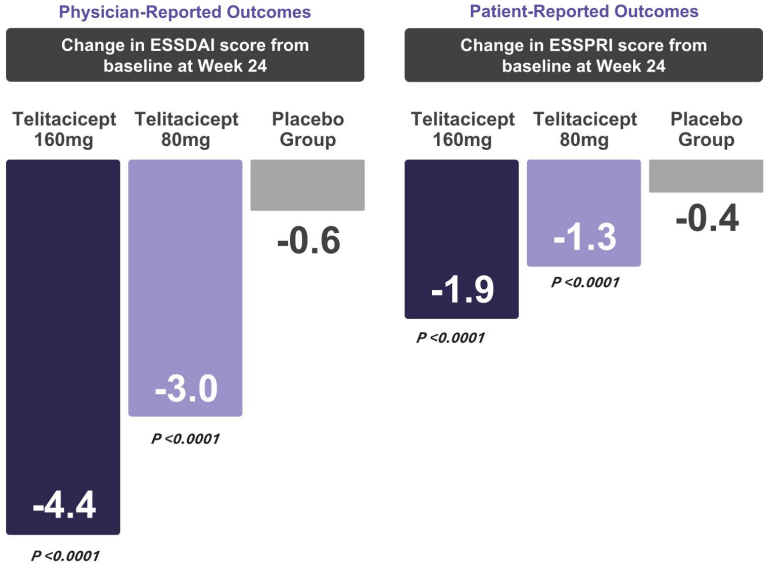
- Robust, dose-dependent improvements across physician- and patient-assessed outcomes

Depth and Durability Across Domains

- Improvement of systemic activity, symptoms, and function

Consistent Safety Profile

- No new safety signals. No opportunistic infection reported.

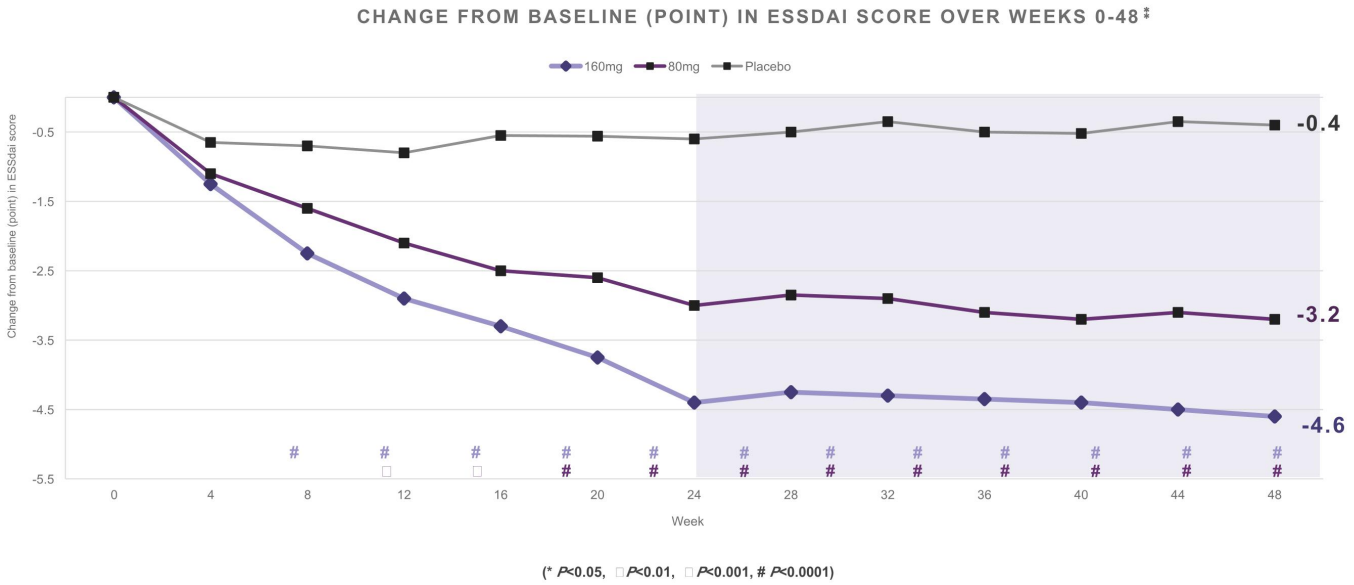


SD, Sjogren's disease; The analysis of change from baseline in ESSDAI and ESSPRI score over Weeks 0-24 was based on the estimate population (EP). The MMRM method was used and missing data were not imputed. The analysis of change from baseline in ESSDAI and ESSPRI score over Weeks 0-48 was based on the estimate population (EP). The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

RemeGen-sponsored trial

Telitacicept Demonstrated Durable ESSDAI Over Time

Sustained and deepening functional improvement through 48 weeks



(* *P*<0.05, □ *P*<0.01, □ *P*<0.001, # *P*<0.0001)

Placebo*: Participants randomized to the placebo group. ⁑The analysis of change from baseline in ESSDAI score over Weeks 0-24 was based on the estimate population (EP). The MMRM method was used and missing data were not imputed. ⁑The analysis of change from baseline in ESSDAI score over Weeks 0-48 was based on the estimate population (EP). The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

RemeGen-sponsored trial

Telitacicept Demonstrated the Strongest ESSDAI Improvement in SD

Largest placebo-adjusted ESSDAI reduction observed across Phase II and III datasets

Based on historical clinical data; not a head-to-head trial

Efgartigimod - RHO; Nipocalimab - Bowman 2022, Lancet; Ianalumab - St. Clair 2024, Nature and Grader-Beck 2025 ACR; Dazodalibep - Xu 2024 Rheumatology; Ianalumab Phase 3 – ACR 2025

SD, Sjogren's disease; ESSDAI, EULAR Sjögren's syndrome disease activity index

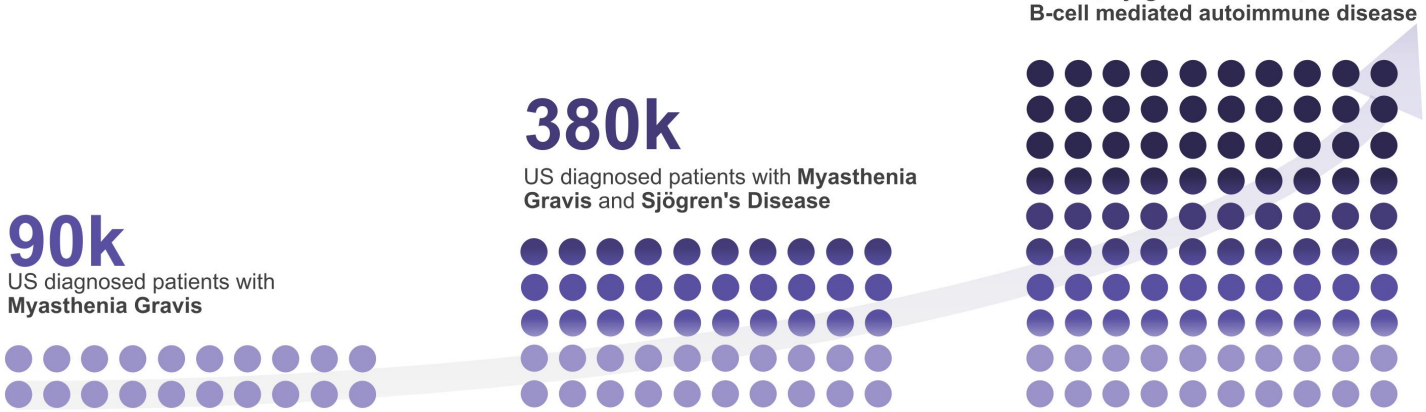
RemeGen-sponsored trial

Significant Near-Term Expansion Opportunities

90k
US diagnosed patients with **Myasthenia Gravis**

380k
US diagnosed patients with **Myasthenia Gravis** and **Sjögren's Disease**

>1M+
US diagnosed patients with **Myasthenia Gravis**, **Sjögren's Disease**, and **other B-cell mediated autoimmune disease**



Beachhead | **Follow-On** | **Expansion**

1. Vor metanalysis and estimates

2026:

Advancing The Leading BAFF/APRIL Inhibitor

~$450M

Runway into Mid-2028*

01 MYASTHENIA GRAVIS

Global Phase 3 Topline Data in 1H27
Best-in-Disease, Commercially Approved in China

02 SJÖGREN'S DISEASE

Global Phase 3 to Initiate in 1H26
Best-in-Disease, BLA Submission Accepted in China

03 EXPANSION OPPORTUNITIES

Broad Potential Across B Cell-Driven Immune Diseases
Indication Focus on High Unmet Need And Clinical Value

*Pro forma cash, cash equivalents, and short-term investments as of December 2025

Thank You.

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