Sangamo THERAPEUTICS

Corporate Presentation

March 2020

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the "safe harbor" provisions of United States securities law. These forward-looking statements include, but are not limited to, statements relating to the expected effectiveness of, and the anticipated benefits to Sangamo of, the recently announced collaboration with Biogen; the therapeutic potential of Sangamo's product candidates; the design of clinical trials and expected timing for milestones, such as enrollment and presentation of data, the expected timing of release of additional data, plans to initiate additional studies for product candidates and timing and design of these studies; Sangamo's projected pipeline progress in 2020; the expected benefits of Sangamo's other collaborations and Sangamo's collaboration strategy; the anticipated capabilities of Sangamo's technologies; the research and development of novel gene-based therapies and the application of Sangamo's ZFP technology platform to specific human diseases; successful manufacturing of Sangamo's product candidates; the potential of Sangamo's genome editing technology to safely treat genetic diseases; the potential for ZFNs to be effectively designed to treat diseases through genome editing; the potential for cell therapies to effectively treat diseases; Sangamo's 2020 financial guidance related to GAAP and non-GAAP total operating expenses; and other statements that are not historical fact. These statements are based upon Sangamo's current expectations and speak only as of the date hereof. Sangamo's actual results may differ materially and adversely from those expressed in any forward-looking statements. Factors that could cause actual results to differ include, but are not limited to, risks and uncertainties related to whether Sangamo's collaboration with Biogen will become effective and that the transaction will otherwise close, including the risk that the parties will be unable to clear HSR review or otherwise satisfy closing conditions; dependence on the success of clinical trials; the uncertain regulatory approval process; the costly and research and development process, including the uncertain timing of clinical trials; whether interim, preliminary or initial data from ongoing clinical trials will be representative of the final results from such clinical trials; whether the final results from ongoing clinical trials will validate and support the safety and efficacy of product candidates; the risk that clinical trial data are subject to differing interpretations by regulatory authorities; Sangamo's limited experience in conducting later stage clinical trials and the potential inability of Sangamo and its partners to advance product candidates into registrational studies; Sangamo's reliance on itself, partners and other third-parties to meet clinical and manufacturing obligations; Sangamo's ability to maintain strategic partnerships and collaborations; competing drugs and product candidates that may be superior to Sangamo's product candidates; the potential for technological developments by Sangamo's competitors that will obviate Sangamo's gene therapy technology; and Sangamo's future opportunities and plans, including the uncertainty of Sangamo's future capital requirements and its future financial performance and results. These risks and uncertainties are described more fully in Sangamo's Quarterly Report on Form 10-Q for the quarter ended September 30, 2019 as filed with the Securities and Exchange Commission and Sangamo's Annual Report on Form 10-K that it intends to file shortly. Forward-looking statements contained in this announcement are made as of this date, and Sangamo undertakes no duty to update such information except as required under applicable law. In addition, this presentation concerns investigational product candidates that are under preclinical and/or clinical investigation and which have not yet been approved for marketing by any regulatory agency. They are currently limited to investigational use, and no representations are made as to their safety or effectiveness for the purposes for which they are being investigated. Any discussions of safety or efficacy are only in reference to the specific results presented here and may not be indicative of an ultimate finding of safety or efficacy by regulatory agencies.

Sangamo THERAPEUTICS

We are committed to translating ground-breaking science into genomic medicines that transform patients' lives

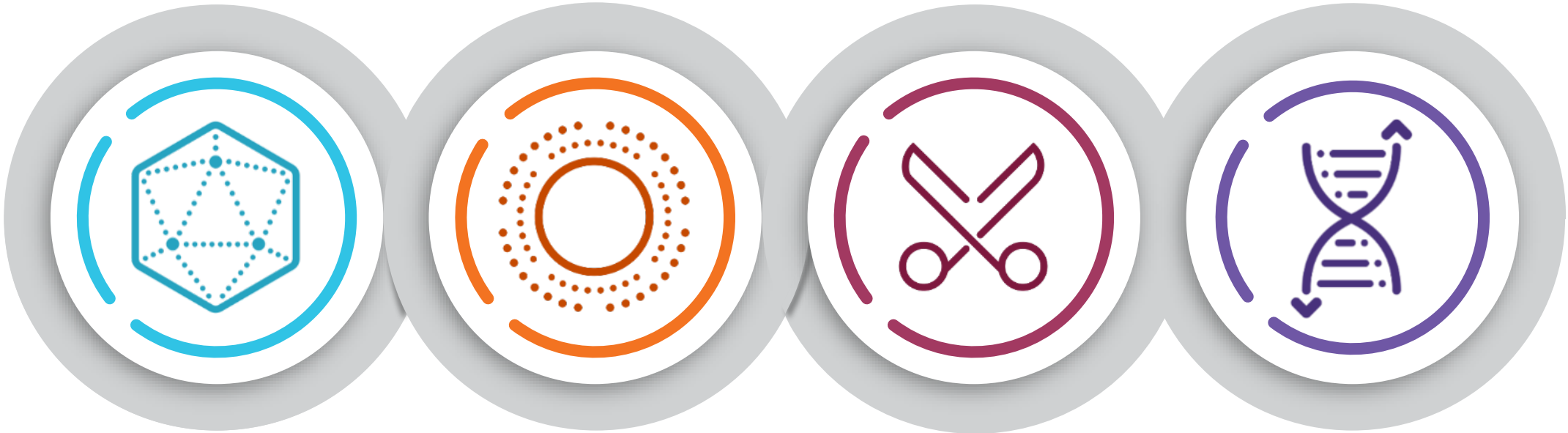
Our proprietary suite of genomic medicine technologies

Gene Therapy
AAV

Gene-Edited Cell Therapy
AAV; ZFN; LV

Genome Editing
AAV; ZFN

Genome Regulation
AAV; ZFP-TF

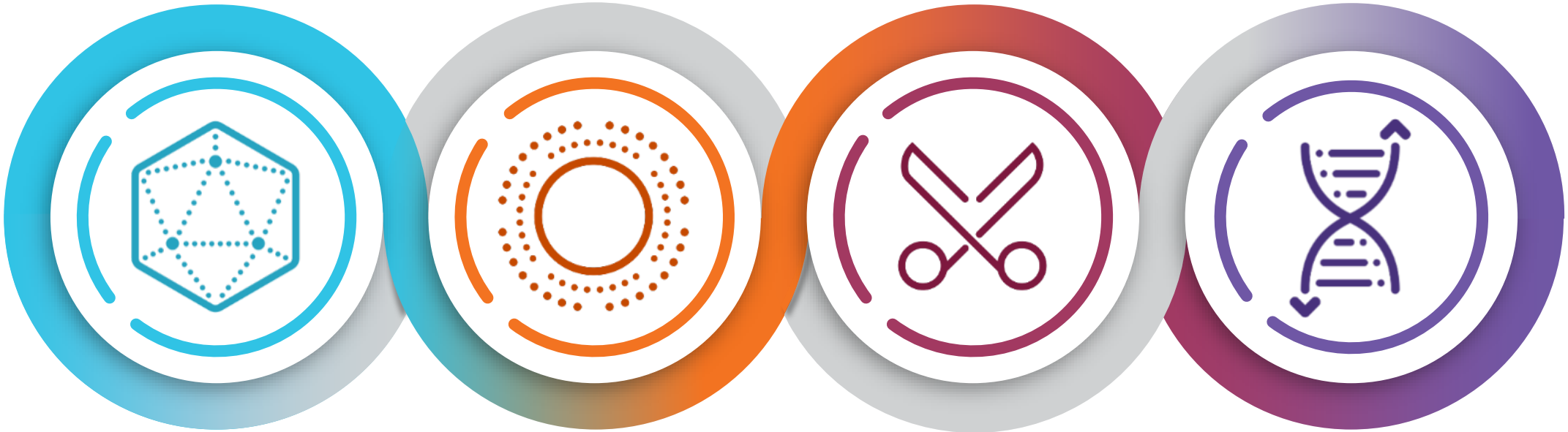


Gene therapy provides tractable, valuable near-term opportunities

Continue to advance *ex vivo* editing to create cell therapies

Sustain momentum toward the long-term goal with *in vivo* genome editing and genome regulation

Our capabilities allow us to design therapeutic approaches targeting the underlying genetic causes of disease



Gene Therapy
AAV

SB-525: Hemophilia A
ST-920: Fabry disease
ST-101: PKU

Gene-Edited Cell Therapy
AAV; ZFN; LV

ST-400: Beta thalassemia
BIVV003: Sickle cell disease
TX200: Solid organ transplant
KITE-037: Allo-CD19 CAR-T
Undisclosed targets

Genome Editing
AAV; ZFN

SB-913: MPS II

Genome Regulation
AAV; ZFP-TF

ST-501: Tauopathies
ST-502: α-synuclein
C9ORF72-linked ALS/FTLD
Huntington's disease
Prion diseases
Undisclosed targets

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Projected pipeline progress in 2020

Preclinical

- PKU (ST-101) — Sangamo
- IBD — Sangamo
- MS — Sangamo
- Oncology (Undisclosed) — PARTNER Kite
- α-Synuclein (ST-502) — PARTNER Biogen
- ALS/FTD — PARTNER Pfizer
- Huntington's Disease (TAK-686) — PARTNER Takeda
- Prion — Sangamo
- Tauopathies (ST-501) — PARTNER Biogen
- Neurology (Undisclosed) — PARTNER Biogen

Phase 1/2

- Fabry Disease (ST-920) — Sangamo
- Beta Thalassemia (ST-400) — PARTNER SANOFI
- Oncology (KITE-037) — PARTNER Kite
- Sickle Cell Disease (BIVV003) — PARTNER SANOFI
- Solid Organ Transplant (TX200) — Sangamo
- MPS II (SB-913) — Sangamo

Phase 3

- Hemophilia A (SB-525) — PARTNER Pfizer

(Pfizer initiated Ph3 lead-in study Oct. '19)

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Gene Therapy | *Ex Vivo* Gene-Edited Cell Therapy | *In Vivo* Genome Editing | *In Vivo* Genome Regulation

Increasing productivity and realizing value through pharmaceutical partnerships

	Biogen	GILEAD	Pfizer	Pfizer	SANOFI	Takeda
Target/ therapeutic area	Neurological including AD, PD	Oncology anti-CD19 CAR-T	C9ORF72 ALS	Hemophilia A	Beta thalassemia, Sickle Cell disease	Huntington's disease
Development phase	Preclinical	Preclinical	Preclinical	Phase 3	Phase 1/2	Preclinical
Technology	Genome regulation	Cell therapy	Genome regulation	Gene therapy	Cell therapy	Genome regulation
Royalties (% on net sales)	High-single to sub-teen double-digit	Single-digit	Mid- to high-single digit	Low teens to 20	Double-digit	Single-digit
Upfront & equity	$125M payment + $225M in equity purchase	$150M payment + $50M in equity purchase	$12M	$70M	$20M	$13M
Milestones	Up to $2.37B ($925M pre-commercial, and $1.445B for 1st sale and sales thresholds)	Up to $3.1B ($1.3B through 1st sale, and $1.8B sales thresholds)	Up to $150M preclinical and commercial	Up to $475M ($300M for SB-525 and $175M other)	Up to $276M for both programs	-

Cash through license fees, milestones, and equity: **~$700 million***
Future opportunity: **Royalties** on net product sales, as well as **$6.34 billion** in potential milestone payments

* Including Biogen collaboration

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Sangamo and Biogen Collaboration

Gene regulation therapies for devastating neurological diseases

Sangamo and Biogen collaboration

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+

Biogen

- Strategically partners Sangamo's Alzheimer's and Parkinson's programs with Biogen's world-class neuroscience expertise
- Biogen's access to Sangamo's gene regulation therapies complements its expanding efforts in gene therapy across diverse neurological diseases
- ZFP-TFs are ideally suited to neurological disorders due to ability to up or down regulate gene expression, targeting disease pathology at its genesis
- Sangamo's balance sheet significantly strengthened by Biogen's investment

Collaboration scope and responsibilities

- Exclusive global rights to 3 neurological targets: tau (Alzheimer's), alpha-synuclein (Parkinson's), and one neuromuscular target
- Option for exclusive rights for up to 9 additional targets over 5 years
- Access to Sangamo's zinc finger protein technology (ZFP-TFs and ZFNs) and novel AAV serotypes
- Sangamo to lead early research; Biogen responsible for global development and commercialization
- Sangamo responsible for GMP manufacturing activities for use in initial clinical trial for first 3 products*, leveraging in-house capacity and capabilities; Biogen responsible for subsequent GMP manufacturing activities

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* Reimbursed by Biogen

Collaboration financial summary

Upfront	$350M	$125M upfront payment* $225M purchase of ~24.4M Sangamo shares @ $9.21/share*
Milestones	$2.37B	$925M – precommercial activities $1.445B – 1st commercial sale and other sales-based milestones
Royalties	Net sales %	High single to sub-teen double digits
R&D	Funding	Cost sharing of early research; Biogen responsible for all costs thereafter

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*Upon Effectiveness. Effectiveness is contingent on completion of review under antitrust laws, including the Hart-Scott-Rodino (HSR) Antitrust Improvements Act of 1976 in the United States, and other customary closing conditions. The securities offered to Biogen will not be or have not been registered under the Securities Act of 1933, as amended, and may not be offered or sold in the United States absent registration or an applicable exemption from registration requirements.

Applying Sangamo's technology to neurological diseases

In vivo genome regulation for CNS diseases

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Sangamo ZFP technology: Multiple approaches to access 100s of genomic targets in CNS

ZFP-TF genome regulation		Example targets
Pan-Allele	ZFP-TFs for single gene repression	• Tauopathies • α-synuclein • Prion
Allele-Selective	ZFPs target disease allele repeats selectively	• Huntington's Disease • C9ORF72-linked ALS
Epigenetic editing	ZFP-Epi to demethylate select sites	• Rett Syndrome • Fragile X

ZFN genome editing		Example targets
Inflammation	CAR-T_{REGS} for inhibition of neuroinflammation and remyelination	• Multiple Sclerosis • ALS
Mitochondrial	ZFNs for selective clearance of mutant mitochondrial genomes	• Cerebellar Ataxia • Leigh Syndrome

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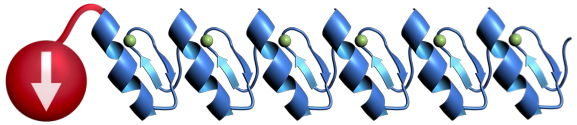
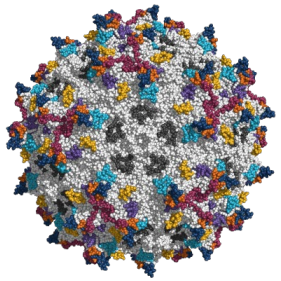
Zinc finger protein transcription factors (ZFP-TFs)

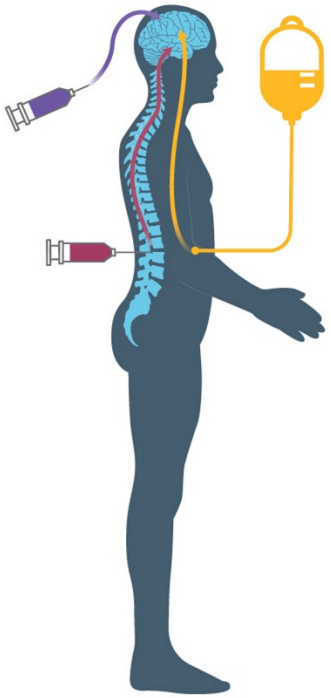
Single-administration therapy to regulate CNS targets at the DNA level

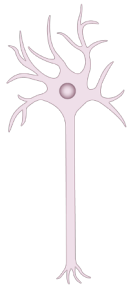
Zinc Finger Protein Transcription Factor (ZFP-TF)

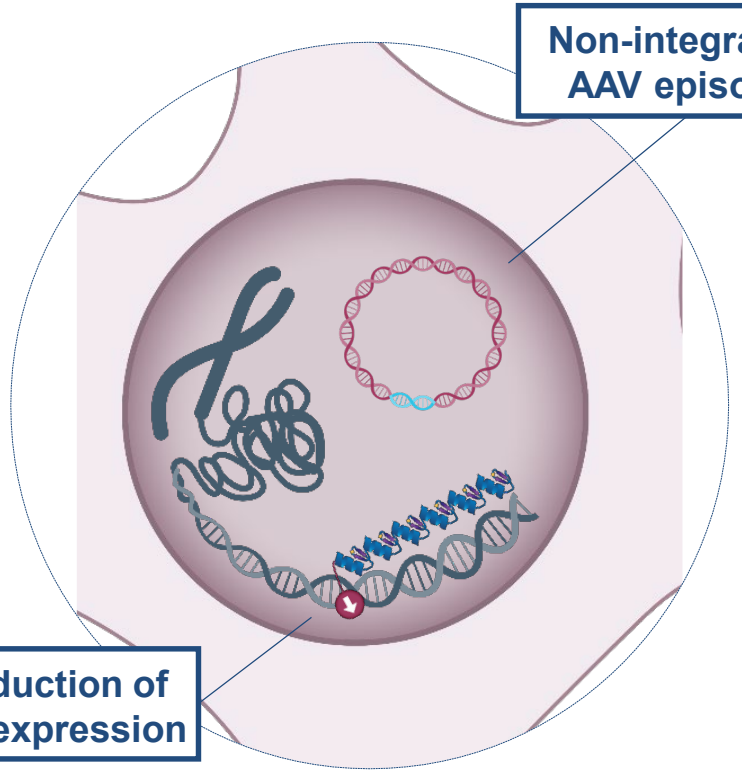




AAV Vector







1

ZFP-TF + AAV

2

Administration options: Parenchymal, CSF, IV

3

ZFP-TF reduces target gene expression

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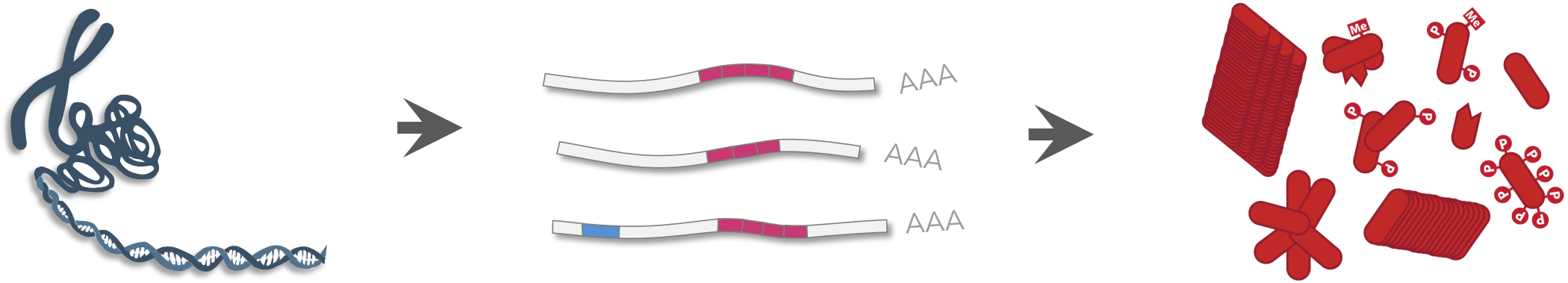
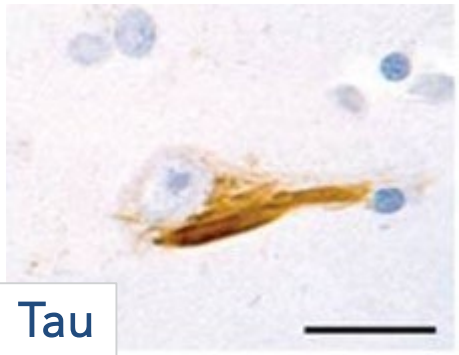
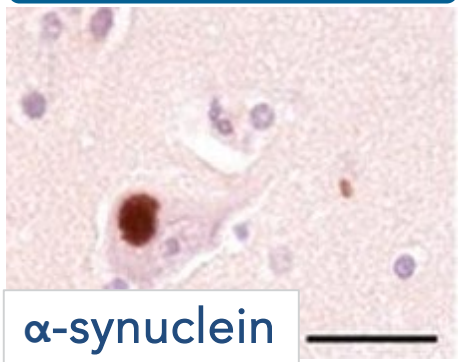
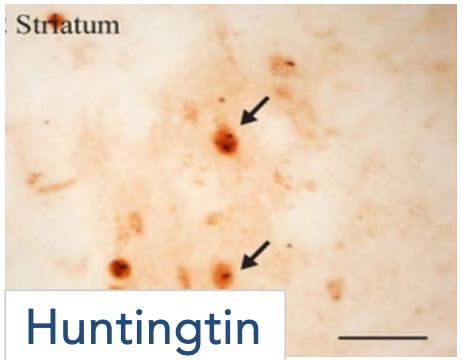
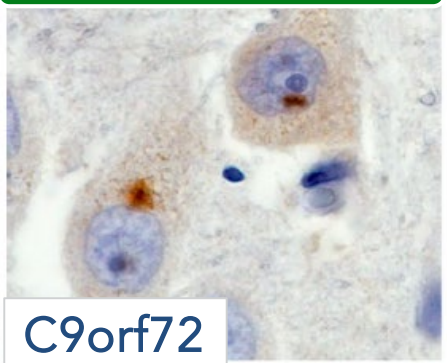
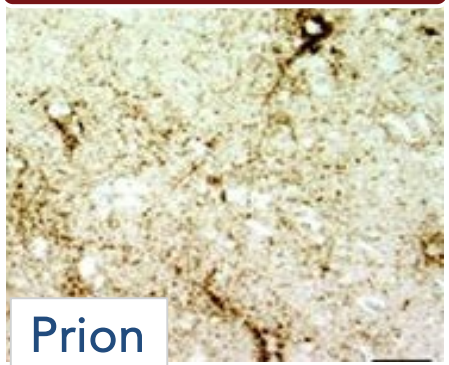
ZFP-TFs target upstream at the source of mutant DNA



DNA
1 mutant allele

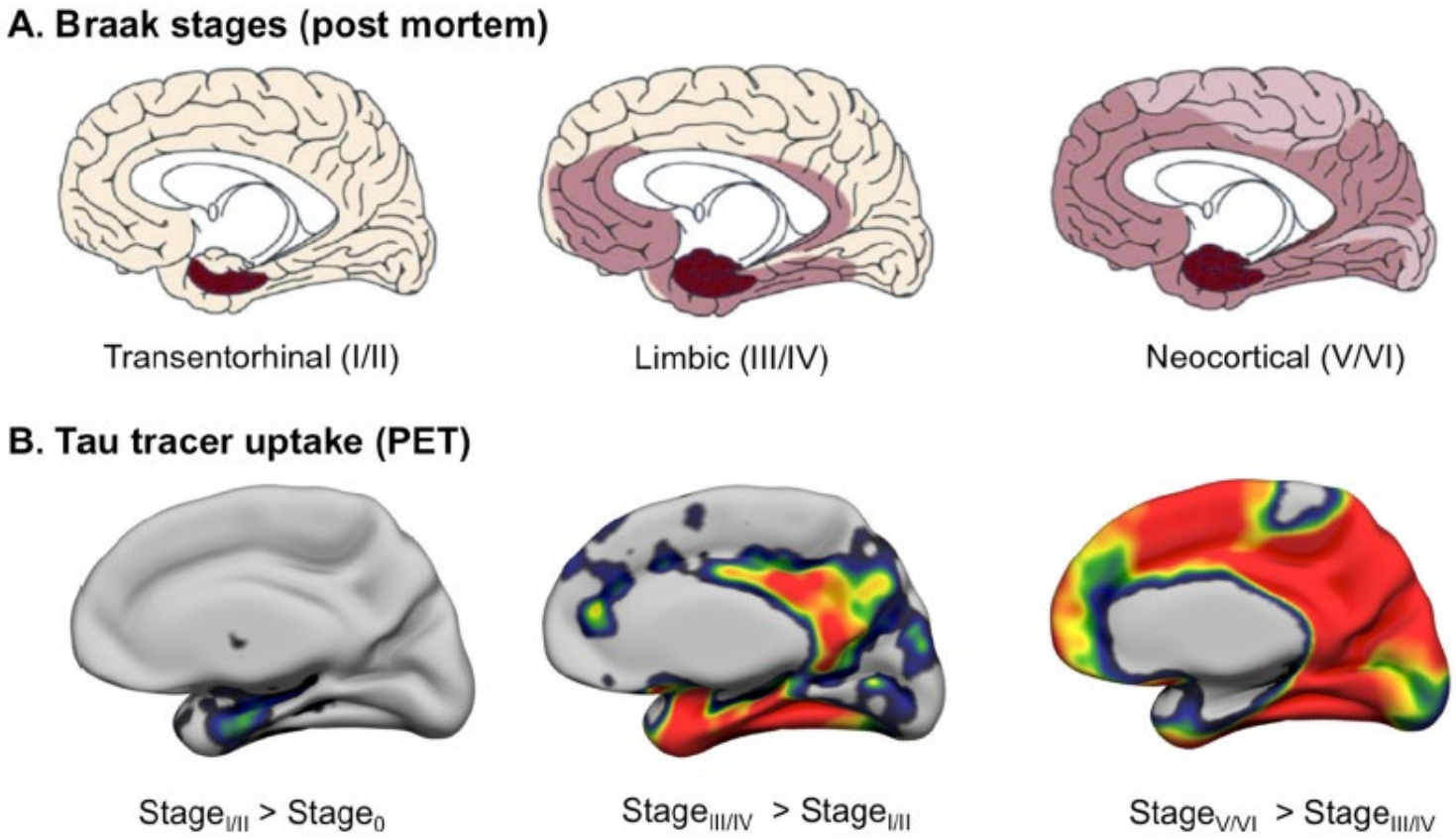
RNA
Sense, antisense, mis-spliced

Protein
Varied and complex

ALZHEIMER'S DISEASE	PARKINSON'S DISEASE	HUNTINGTON'S DISEASE	ALS	PRION DISEASE
				
Tau	α-synuclein	Huntingtin	C9orf72	Prion

Hill et al., 2003
Irwin et al., 2015
Jucker & Walker 2013
Waldvogel et al., 2014

Tau accumulation tracks closely with AD progression



Tau pathology is associated with several other diseases, including PSP, FTD, CTE and CBS

Progressive supranuclear palsy, Frontotemporal dementia, Chronic traumatic encephalopathy, Corticobasal syndrome

Figure: Schöll et al., 2018. Mol Cell Neurosci

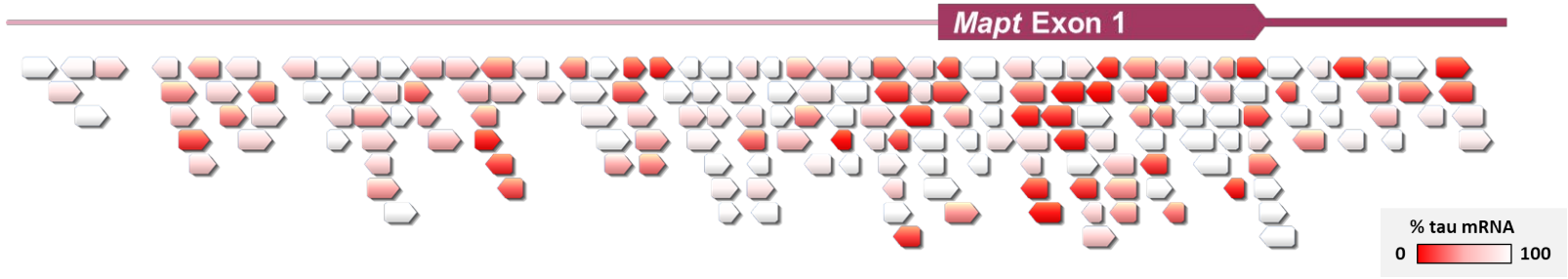
Potent, long-lasting, specific repression of tau by ZFP-TFs

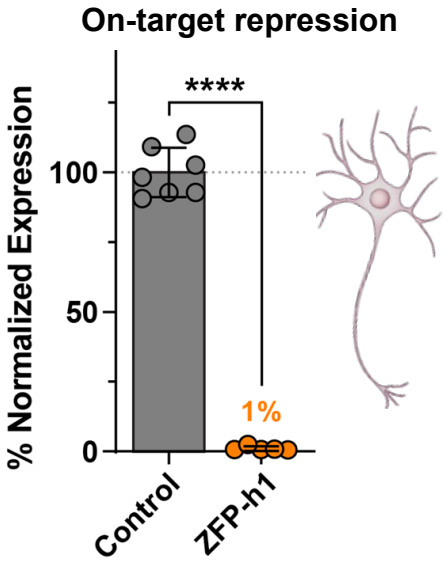
Pan-Allele

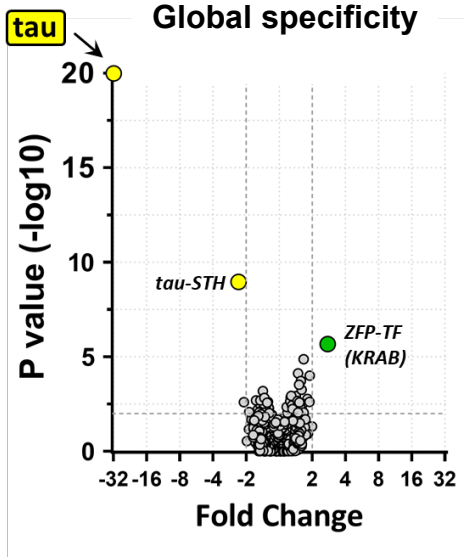
ST-501 – ALZHEIMER'S DISEASE AND OTHER TAUOPATHIES

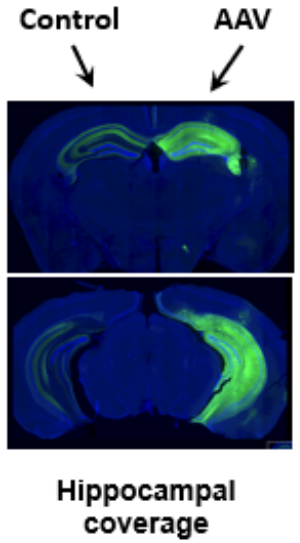
Abnormal tau is toxic to brain cells and leads to neurodegeneration in Alzheimer's disease

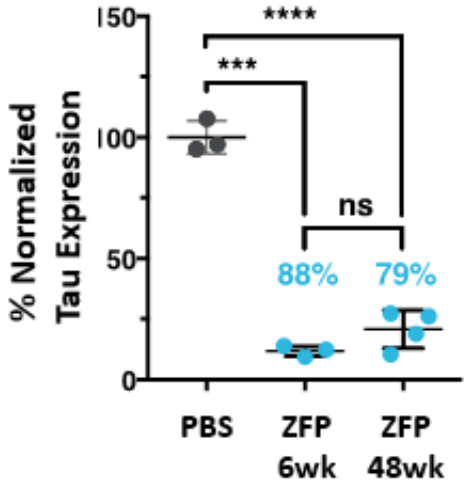
Tau reduction is a therapeutic strategy for targeting these diseases











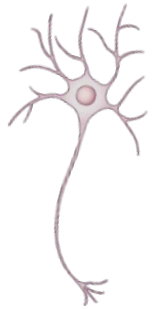
Tuning gene expression with ZFP-TFs to target disease pathology

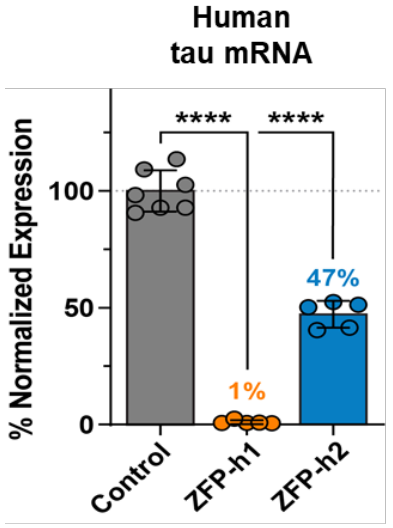
Pan-Allele

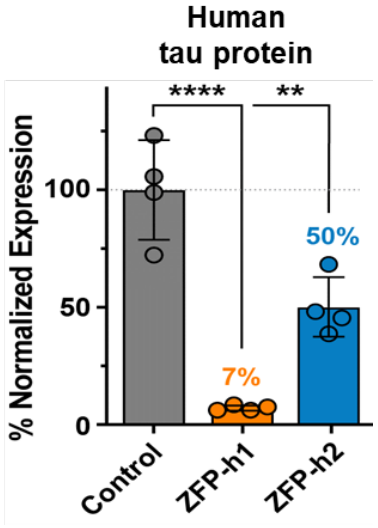
ST-501 – ALZHEIMER'S DISEASE AND OTHER TAUOPATHIES

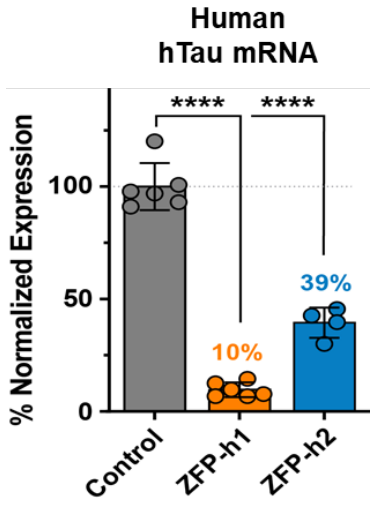
ZFP-TFs reduce expression of tau in a highly specific, tunable manner

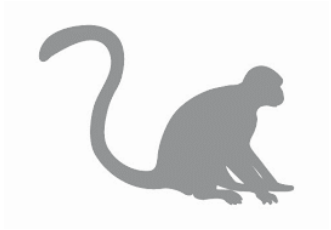
ZFP-TFs therefore represent a *novel therapeutic strategy for treating tauopathies*

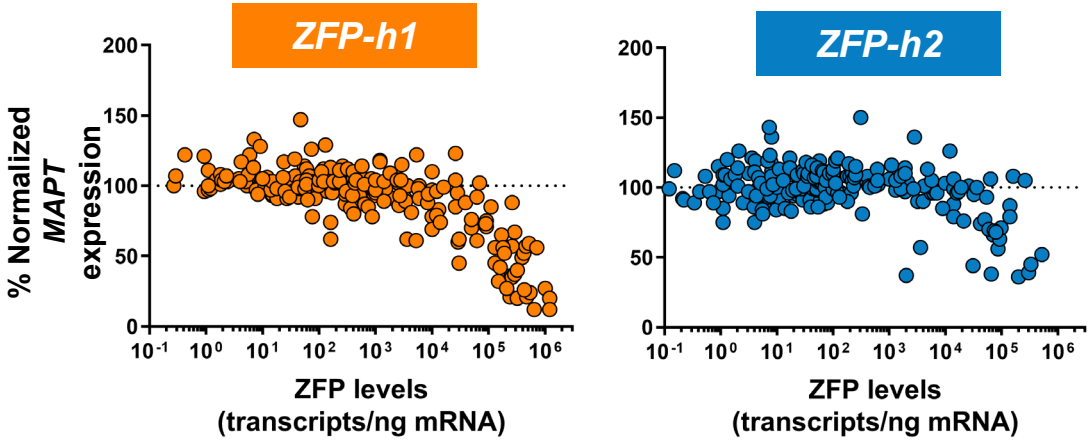












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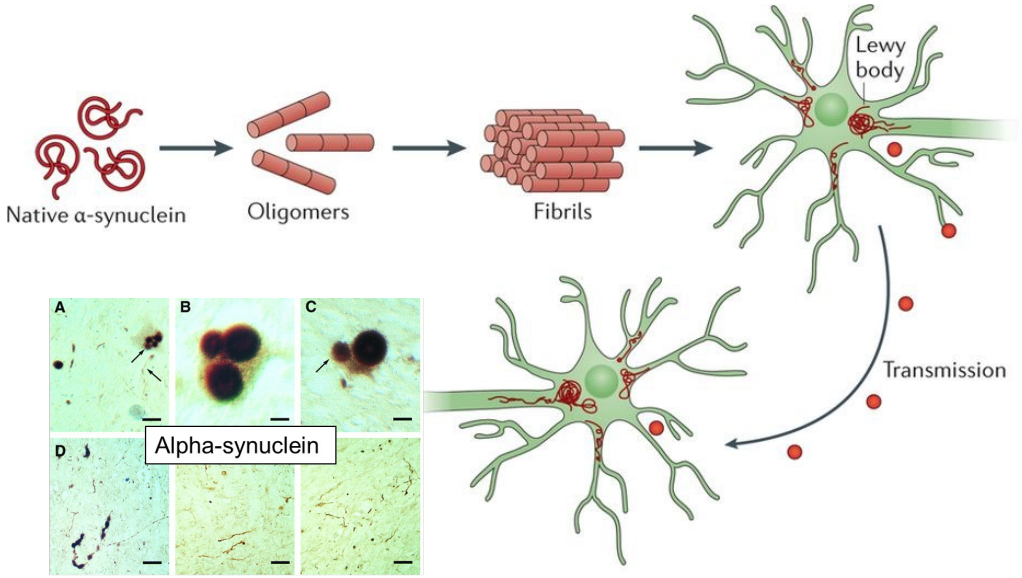
Reducing gene expression with ZFP-TFs to target disease pathology

Pan-Allele

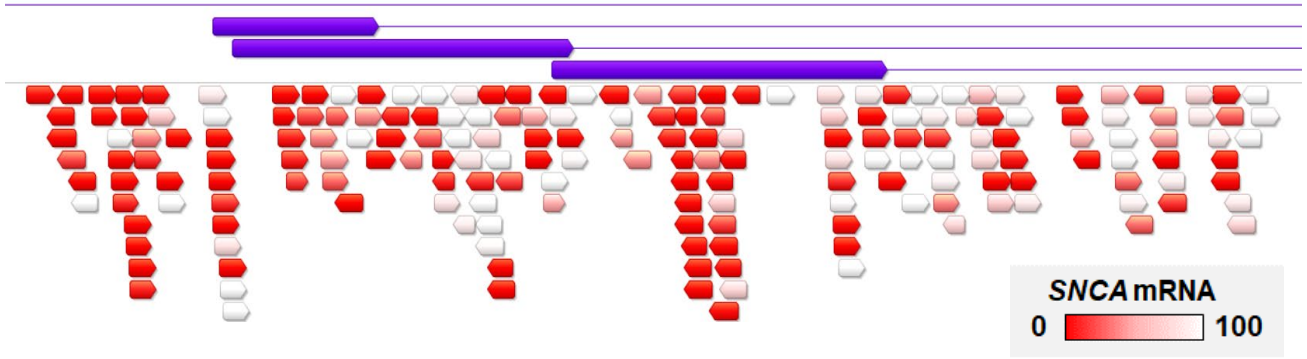
ST-502 – PARKINSON'S DISEASE

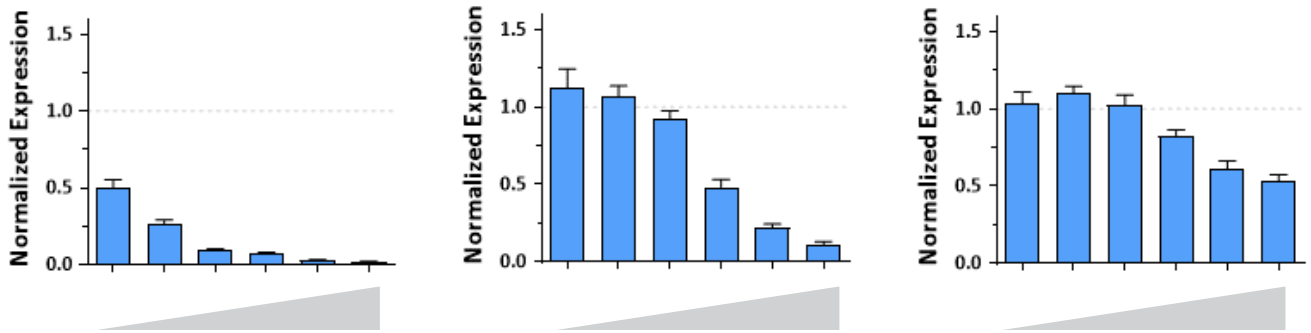
α-synuclein pathology tracks with disease progression in PD



Alpha-synuclein fibrils identified as major components of Lewy bodies and Lewy neurites (Goedert and Spillantini, 1998)

Kingwell 2017





55% of ZFP-TFs reduced total *SNCA* by ≥ 50%

3 / 10 / 30 / 100 / 300 / 1000
ng ZFP mRNA

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Clinical and preclinical pipeline

Gene Therapy
Cell Therapy
Genome Editing

Gene therapy in 2020: Building on strong hemophilia A data

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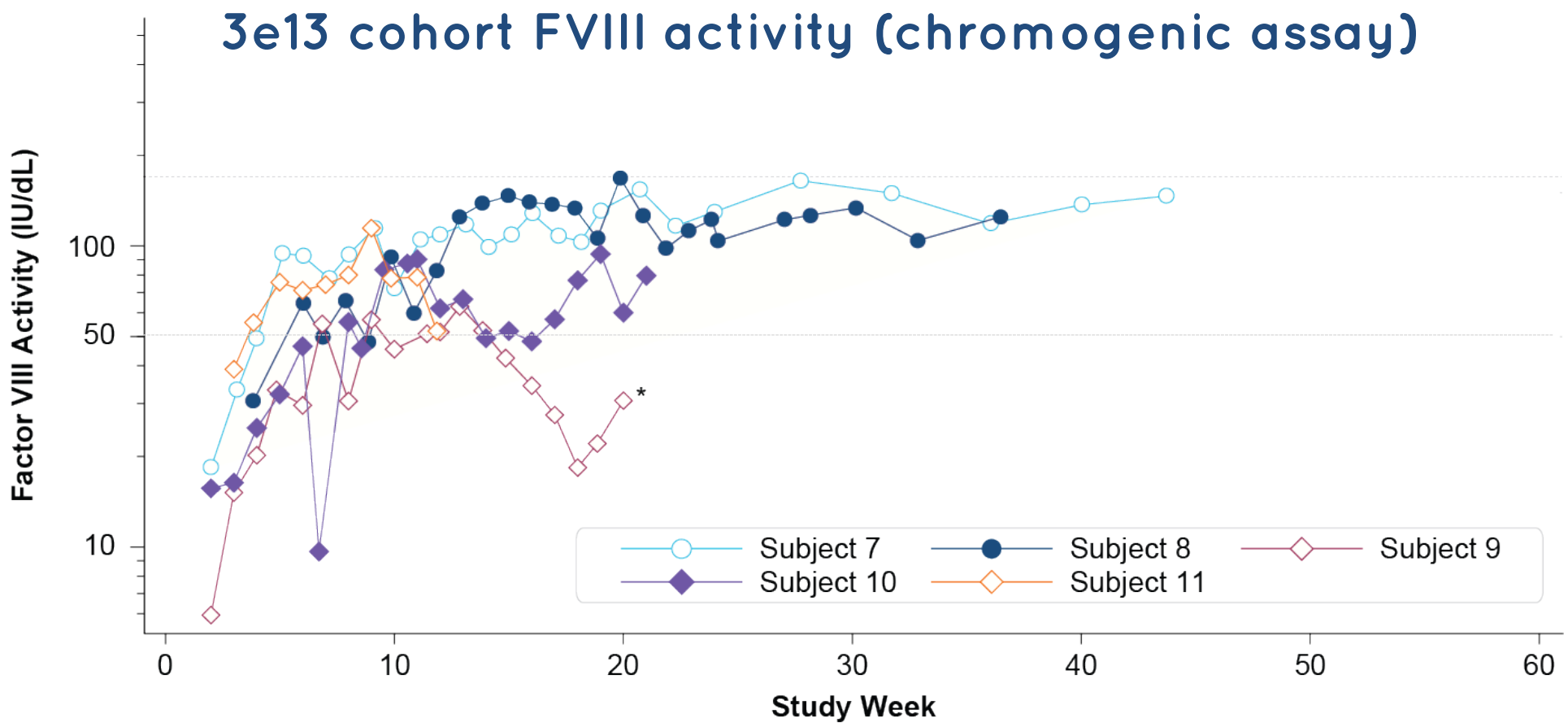
Presented at the 2019 American Society of Hematology Annual Meeting; Orlando, Florida; December 7, 2019

Updated Follow-up of the Alta Study, a Phase 1/2, Open Label, Adaptive, Dose-Ranging Study to Assess the Safety and Tolerability of SB-525 Gene Therapy in Adult Subjects With Hemophilia A

Barbara A. Konkle,[1] Kimo Stine,[2] Nathan Visweshwar,[3] Thomas Harrington,[4] Andrew D. Leavitt,[5] Adam Giermasz,[6] Steven Arkin,[7] Gregory Di Russo,[7] Ashley Snyder,[8] Adrian Woolfson,[8] and Didier Rouy[8]

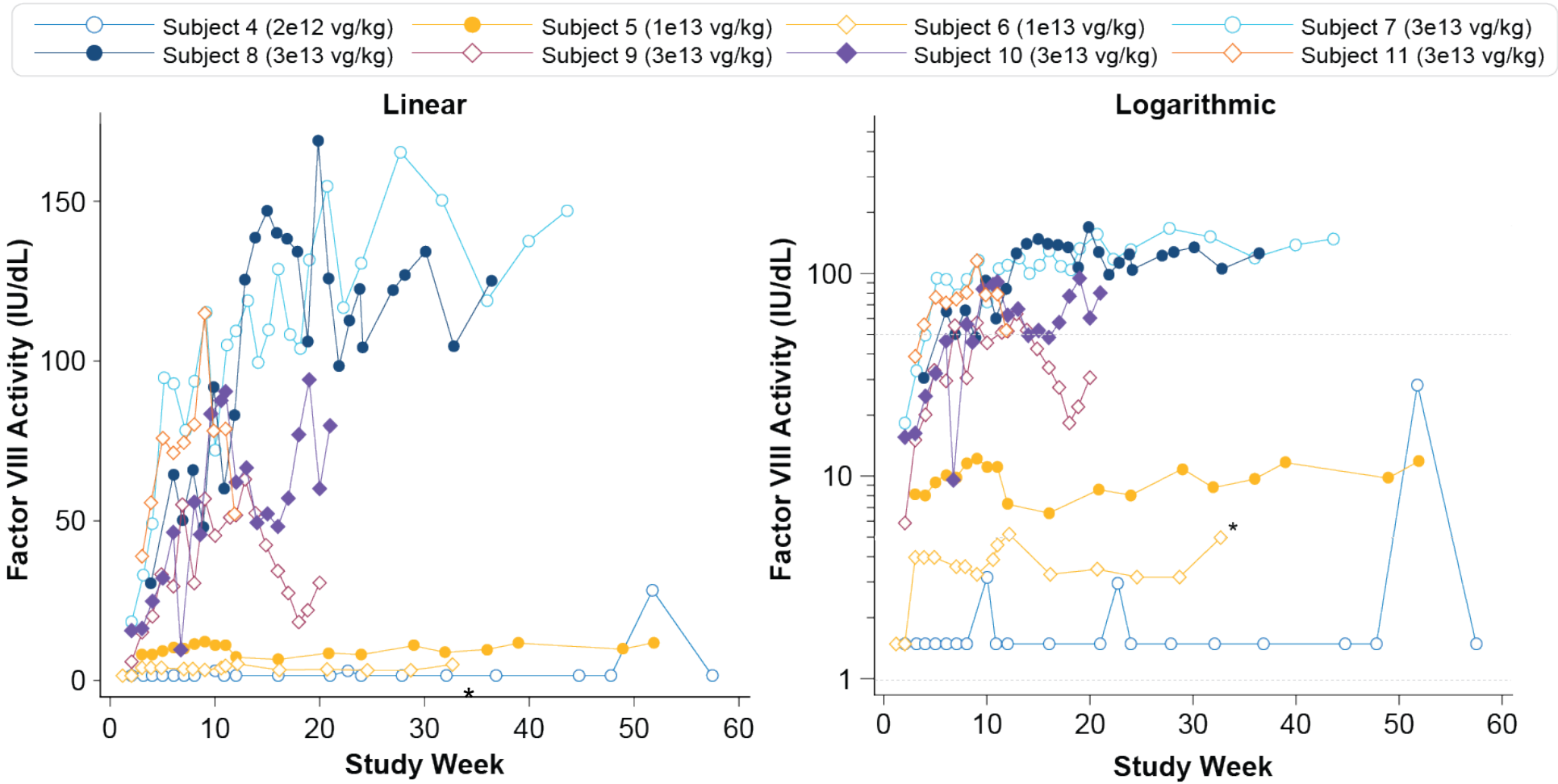
[1]Bloodworks Northwest and the University of Washington, Seattle, WA; [2]Arkansas Children's Hospital, Little Rock, AR; [3]Department of Internal Medicine, Division of Hematology and Medical Oncology, University of South Florida, Tampa, FL; [4]University of Miami Miller School of Medicine, Miami, FL; [5]Department of Laboratory Medicine and Department of Medicine, University of California, San Francisco, CA; [6]University of California, Davis, CA; [7]Pfizer Inc., Cambridge, MA.; [8]Sangamo Therapeutics, Brisbane, CA

High dose cohort FVIII durability up to 11 months



*von Willebrand factor levels for that subject dropped from 118% at week 1 to 48% at week 16
FVIII values with sample dates prior to treatment and up to 1 week after the treatment date or with sample dates within 3 days after an FVIII infusion are excluded.
Data cutoff date: October 17, 2019.

FVIII activity shows dose response between cohorts



Chromogenic Assay. FVIII values with sample dates prior to treatment and up to 1 week after the treatment date or with sample dates within 3 days after a Factor VIII infusion are excluded.
Data cutoff date: October 17, 2019.
*Subject missed follow-up visits and is no longer in contact with the site.

Zero bleeding events in high dose cohort

Dose Cohort (dose vg/kg)	Subject	Follow-up (weeks)	Bleeding Episodes ≥3 Weeks Post Treatment
9e11	1	112	7
9e11	2	103	5
2e12	3	93	8
2e12	4	86	5
1e13	5	70	10
1e13	6	61	0
3e13	7	44	0
3e13	8	37	0
3e13	9	24	0
3e13	10	22	0
3e13	11	12	0

Bleeding episodes are being counted 21 days post dosing.
Days post dosing = October 17, 2019 - dosing day.

Eliminated FVIII replacement use in high dose cohort

Factor VIII Replacement Usage

Dose Cohort (dose vg/kg)	Subject	Follow-up (weeks)	Factor VIII Prophylactic Regimen Prior to Dosing	Factor VIII Infusions ≥3 Weeks Following SB-525 Treatment
9e11	1	112	2/week	115
9e11	2	103	2/week	26
2e12	3	93	2/week	13
2e12	4	86	3/week	9
1e13	5	70	Every other day	17
1e13	6	61	Every other day	0
3e13	7	44	Every 4 days	0
3e13	8	37	Every other day	1*
3e13	9	24	Every 3 days	0
3e13	10	22	Every 3 days	0
3e13	11	12	2/week	0

*Prophylactic coverage stopped 3 weeks and 2 days after SB-525 administration.
Factor VIII infusions are being counted 21 days post dosing.
Days post dosing = October 17, 2019 - dosing day.

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Safety Summary: SB-525 was generally well tolerated

Treatment-Related Adverse Event Summary

MedDRA Preferred Term	Cohort 1 9e11 vg/kg (N=2) n (%) [T]	Cohort 2 2e12 vg/kg (N=2) n (%) [T]	Cohort 3 1e13 vg/kg (N=2) n (%) [T]	Cohort 4 3e13 vg/kg (N=5) n (%) [T]	All Subjects (N=11) n (%) [T]
Any treatment-related event	0	2 (100) [4]	0	4 (80.0) [12]	6 (54.5) [16]
Alanine aminotransferase increased	0	2 (100) [3]	0	2 (40.0) [3]	4 (36.4) [6]
Pyrexia	0	0	0	3 (60.0) [3]	3 (27.3) [3]
Aspartate aminotransferase increased	0	1 (50) [1]	0	1 (20.0) [1]	2 (18.2) [2]
Tachycardia	0	0	0	2 (40.0) [2]	2 (18.2) [2]
Fatigue	0	0	0	1 (20.0) [1]	1 (9.1) [1]
Hypotension	0	0	0	1 (20.0) [1]	1 (9.1) [1]
Myalgia	0	0	0	1 (20.0) [1]	1 (9.1) [1]

N=Total number of subjects in each treatment group, n=number of subjects in each system organ class (SOC), [T]=total number of treatment-related adverse events. Each subject is counted only once for each applicable specific adverse event. A subject with multiple adverse events within a system organ class is counted only once for that system organ class.
Table is sorted in descending order. Data cutoff date: October 17, 2019.

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SB-525 (PF-07055480) program transitioned to Pfizer for Phase 3 development

- Pfizer advancing SB-525 to Phase 3 in 2020
- Enrollment in Pfizer's Phase 3 lead-in study commenced in October
  - Objective: To establish ≥ 6 months of prospective efficacy data of current FVIII prophylaxis replacement therapy in the usual care setting of hemophilia A subjects, who are negative for nAb to SB-525 capsid (AAV6), prior to the Phase 3 gene therapy study

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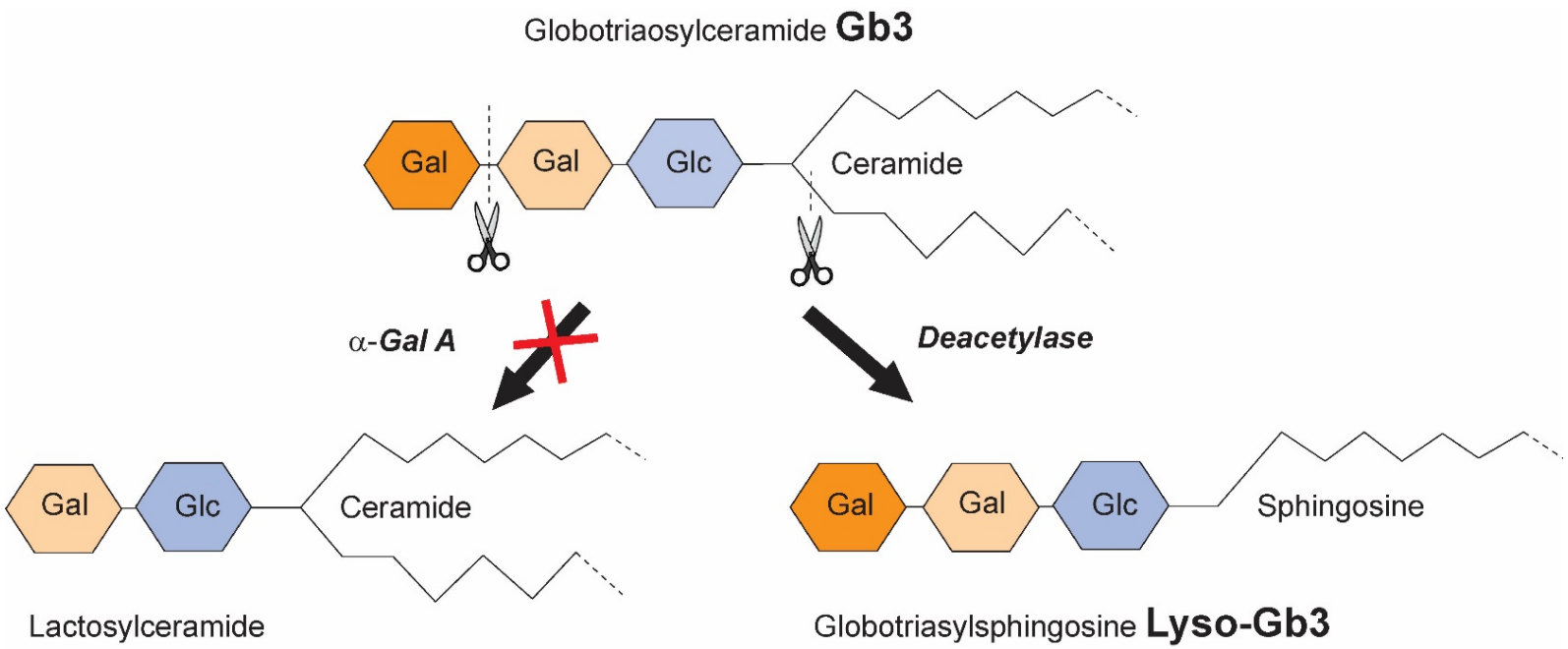
+

Pfizer

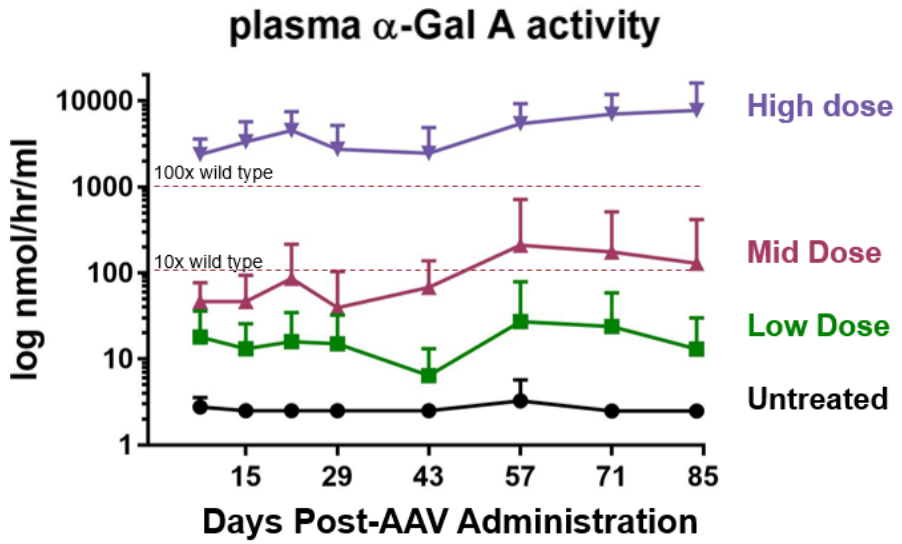
Fabry disease: A lysosomal storage disorder

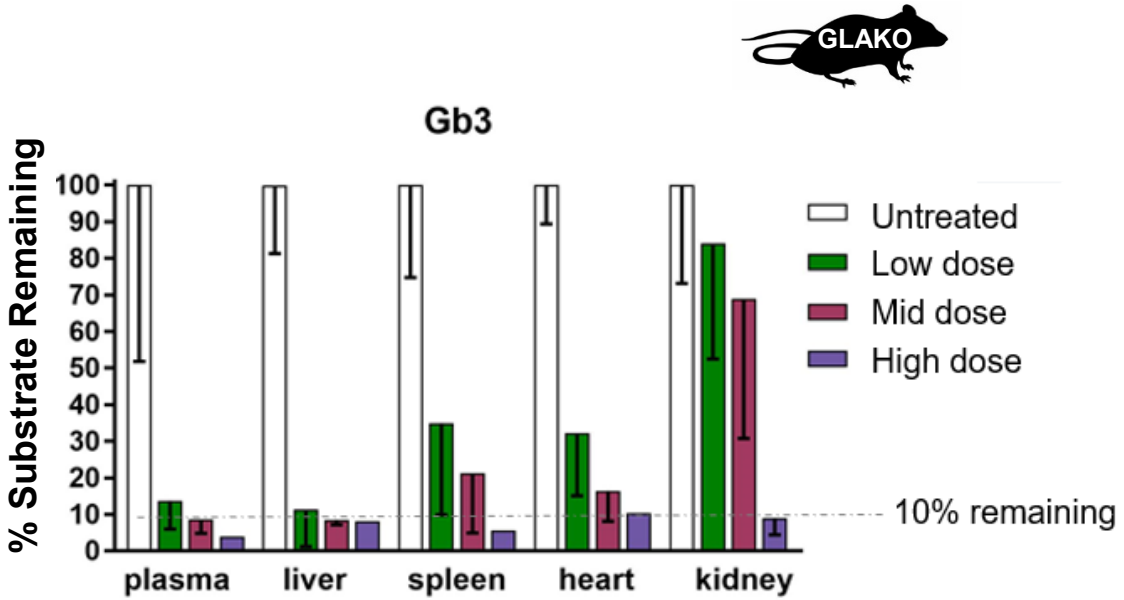


- Fabry disease is an **X-linked** monogenic disease caused by mutations in GLA gene encoding the enzyme alpha-galactosidase A **(α-Gal A**)
- **α-Gal A** plays a role in degradation of glycolipids in the lysosome
- The lack of functioning enzyme results in the accumulation of **Gb3** and its soluble form **lyso-Gb3**.

ST-920 preclinical models indicate promising potential

- ✓ US FDA and EMA orphan drug designation granted; UK approval granted for CTA
- ✓ AAV produced using clinical scale manufacturing methods





Sangamo's gene therapy demonstrated strong expression of α-Gal A and Gb3 substrate reduction across tissue types in GLAKO murine model

Phase 1/2 study evaluating ST-920

Primary Objective

- Assess safety & tolerability of ST-920

Secondary Objectives

- Assess the pharmacodynamics of α-Gal A and the presence of its substrates in plasma over time
- Assess impact of ST-920 on ERT administration required for subjects on ERT
- Assess the impact of ST-920 on renal function
- Evaluate AAV2/6 vector DNA shedding over time

Patient Population

- Male subjects ≥ 18 years of age with classic Fabry disease
- On ERT regimen; or ERT-naïve; or ERT-pseudo-naïve and has not received ERT treatment in the prior 6 months

The goal is to abrogate the need for ERT with a recombinant AAV2/6 vector encoding cDNA for human α-Gal A, resulting in long-term expression of α-Gal A

ST-920 offers a potentially differentiated treatment for Fabry

- In a single IV infusion, ST-920 may provide continuous, potentially life-long expression of endogenously expressed α-Gal A
- No preconditioning regimen
- Potential to deliver efficacy with preserved renal function and reduced cardiac morbidity
- FDA draft guidance may considerably shorten time to approval and allow ST-920 to be among the first gene therapy treatments on the market

Ex vivo gene-edited cell therapy in 2020

Preclinical				Phase 1/2			Phase 3
PKU (ST-101)	IBD	MS	Oncology (Undisclosed)	Fabry Disease (ST-920)	Beta Thalassemia (ST-400)	Oncology (KITE-037)	Hemophilia A (SB-525)
Sangamo	Sangamo	Sangamo	PARTNER Kite	Sangamo	PARTNER SANOFI	PARTNER Kite	PARTNER Pfizer
α-Synuclein (ST-502)	ALS/FTD	Huntington's Disease (TAK-686)	Prion	Sickle Cell Disease (BIVV003)	Solid Organ Transplant (TX200)	MPS II (SB-913)	(Pfizer initiated Ph3 lead-in study Oct. '19)
PARTNER Biogen	PARTNER Pfizer	PARTNER Takeda	Sangamo	PARTNER SANOFI	Sangamo	Sangamo	
Tauopathies (ST-501)	Neurology (Undisclosed)						
PARTNER Biogen	PARTNER Biogen						

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Gene Therapy | *Ex Vivo* Gene-Edited Cell Therapy | *In Vivo* Genome Editing | *In Vivo* Genome Regulation

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Presented at the 2019 American Society of Hematology Annual Meeting; Orlando, Florida; December 9, 2019

Preliminary Results of a Phase 1/2 Clinical Study of Zinc Finger Nuclease-Mediated Editing of *BCL11A* in Autologous Hematopoietic Stem Cells for Transfusion-Dependent β-Thalassemia

Angela R. Smith, MD, MS[1]; Gary J. Schiller, MD[2]; Gregory M Vercellotti, MD[3]; Janet L. Kwiatkowski, MD, MSCE[4]; Lakshmanan Krishnamurti, MD[5]; Erica B. Esrick, MD[6]; David A. Williams, MD[7]; Weston P. Miller, MD[8]; Adrian Woolfson, MD, PhD[8] and Mark C. Walters, MD[9]

[1]Pediatric Blood and Marrow Transplantation, University of Minnesota, Minneapolis, MN; [2]Division of Hematology and Oncology, Department of Medicine, David Geffen School of Medicine at University of California Los Angeles, Los Angeles, CA; [3]Division of Hematology, Oncology and Transplantation, Department of Medicine, University of Minnesota Medical School, Minneapolis, MN; [4]The Children's Hospital of Philadelphia, Philadelphia, PA; [5]Aflac Cancer and Blood Disorders Center, Department of Pediatrics, Children's Healthcare of Atlanta, Emory University, Atlanta, GA; [6]Dana-Farber/Boston Children's Cancer and Blood Disorders Center, Harvard Medical School, Boston, MA; [7]Boston Children's Hospital, Harvard Medical School, Boston, MA; [8]Sangamo Therapeutics, Brisbane, CA; [9]USCF Benioff Children's Hospital Oakland, Oakland, CA

ST-400: Patient demographics and disease characteristics

Patient	Age at Consent (Years)	Genotype	Annualized PRBC Events Pre-Enrollment	Most Recent Study Visit
1	36	β^0 β^0	27	39 weeks
2	30	β^+ (severe IVS-I-5: G>C) β^+ (severe IVS-I-5: G>C)	18	26 weeks
3	23	β^0 β^+ (severe IVS-II-654 C>T)	15	12 weeks
4	18	β^{WT} ($\alpha\alpha$) β^0 ($\alpha\alpha\alpha\alpha$)	13	Recently Dosed
5	35	β^0 β^+ (severe IVS-I-110 G>A)	15	Recently Dosed

- β^0, absence of β–globin production; β^+, decreased β–globin production; β^{WT}, wild type (normal β–globin production); PRBC events, packed red blood cell transfusion

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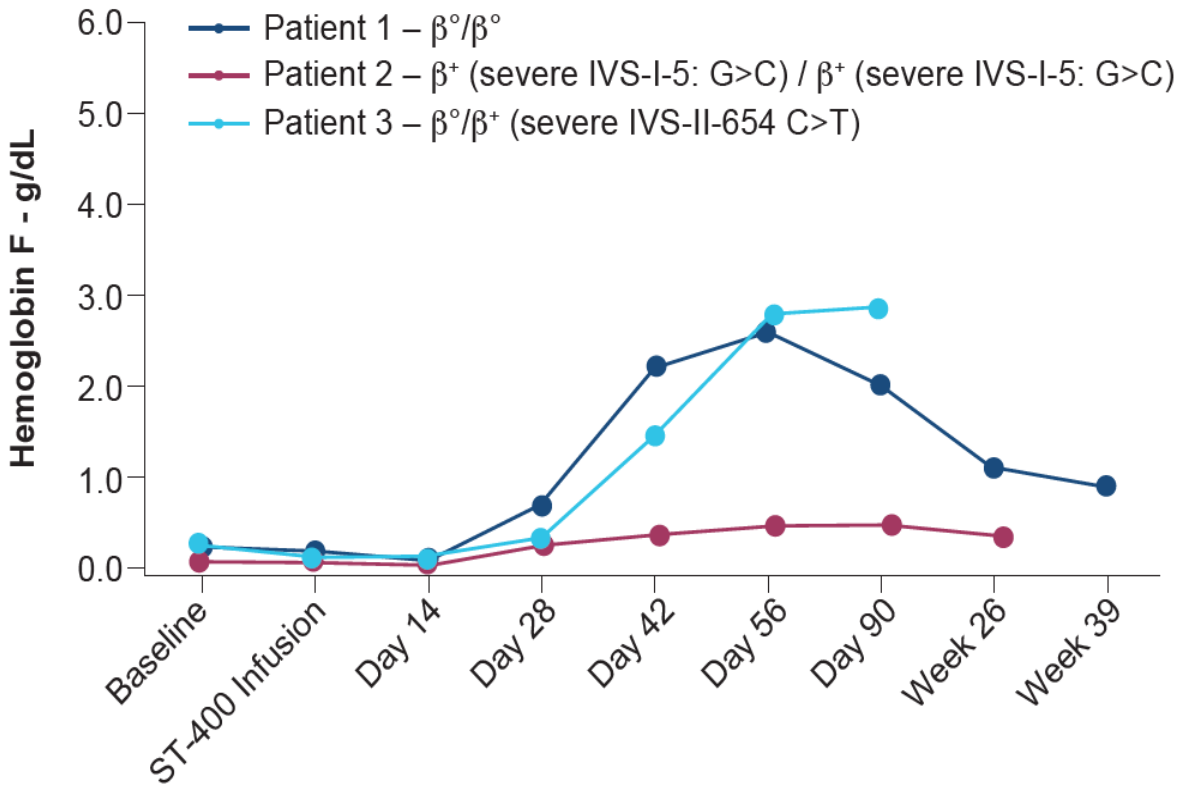
Data cuts: clinical, October 10, 2019; laboratory, November 8, 2019

ST-400: Fetal hemoglobin response

HSC Transplant Variable	Patients				
	1	2	3	4	5
Cell Dose	◑	○	●	◔	◕
Lot Potency	◔	○	●	◑	◕
Editing	○	◑	◔	●	◕
BThal Genotype	○	◔	◑	●	◑
Age (Youth)	○	◑	◕	●	◔

○ ◔ ◑ ◕ ●

Potentially more favorable



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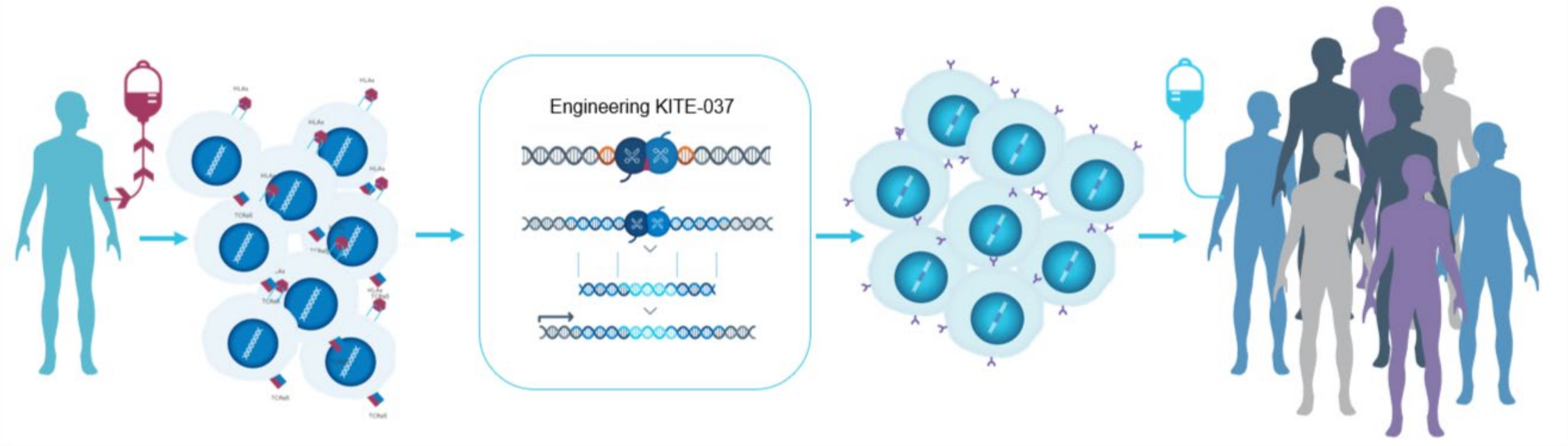
Data cuts: clinical, October 10, 2019; laboratory, November 8, 2019

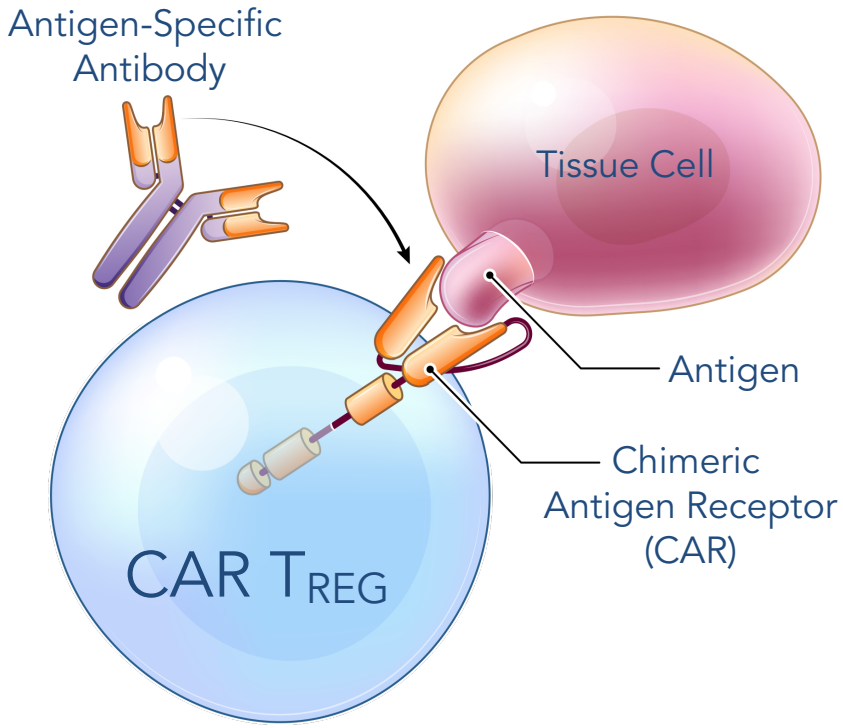
KITE-037, the first product candidate of the Kite collaboration



- KITE-037 is an allogeneic anti-CD19 CAR-T product candidate
- Kite is planning to initiate a clinical study evaluating KITE-037 in 2020

Harnessing T_{REG} Function with CAR-T_{REG} Therapy

CAR-T_{REGS} overcome limitations of polyclonal T_{REG} Therapy

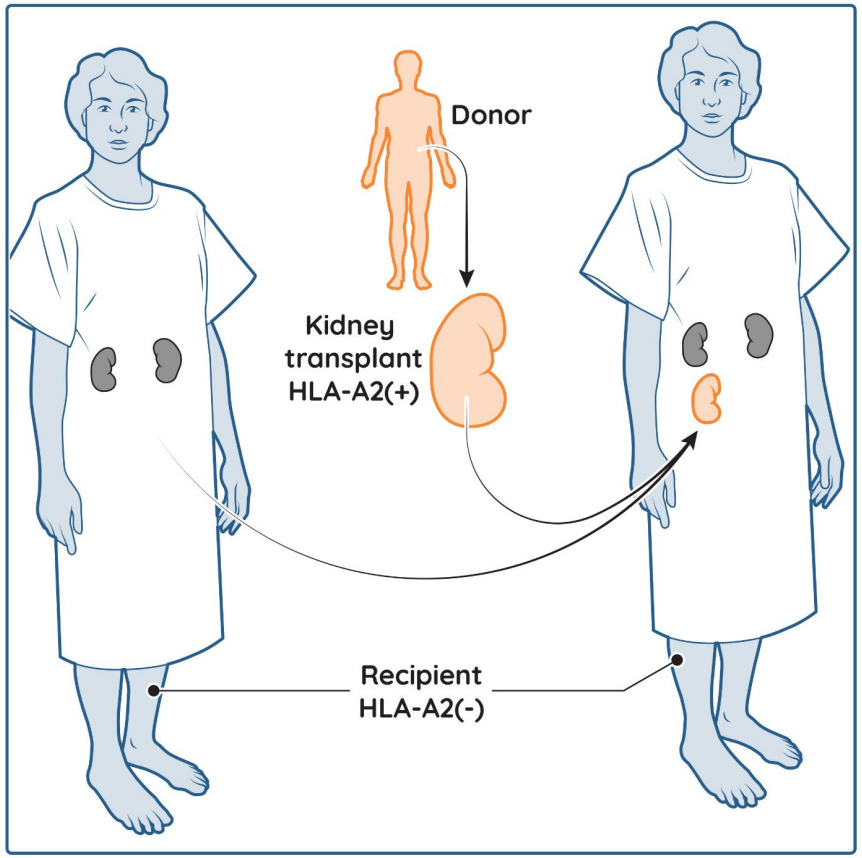


- *Ex vivo* engineered and expanded
- Tissue targeted
- Antigen activated & expanded
- Multiple mechanisms of immune regulation

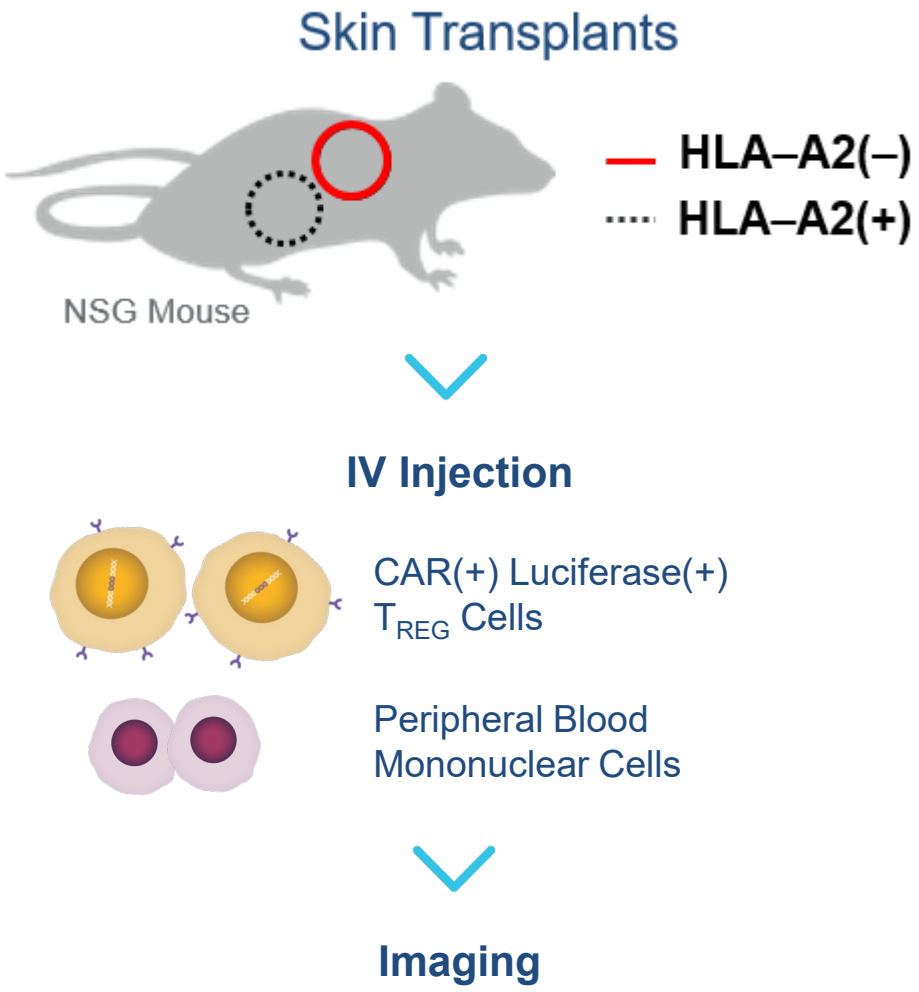
Sangamo is pioneering this new frontier with TX200 for solid organ transplantation

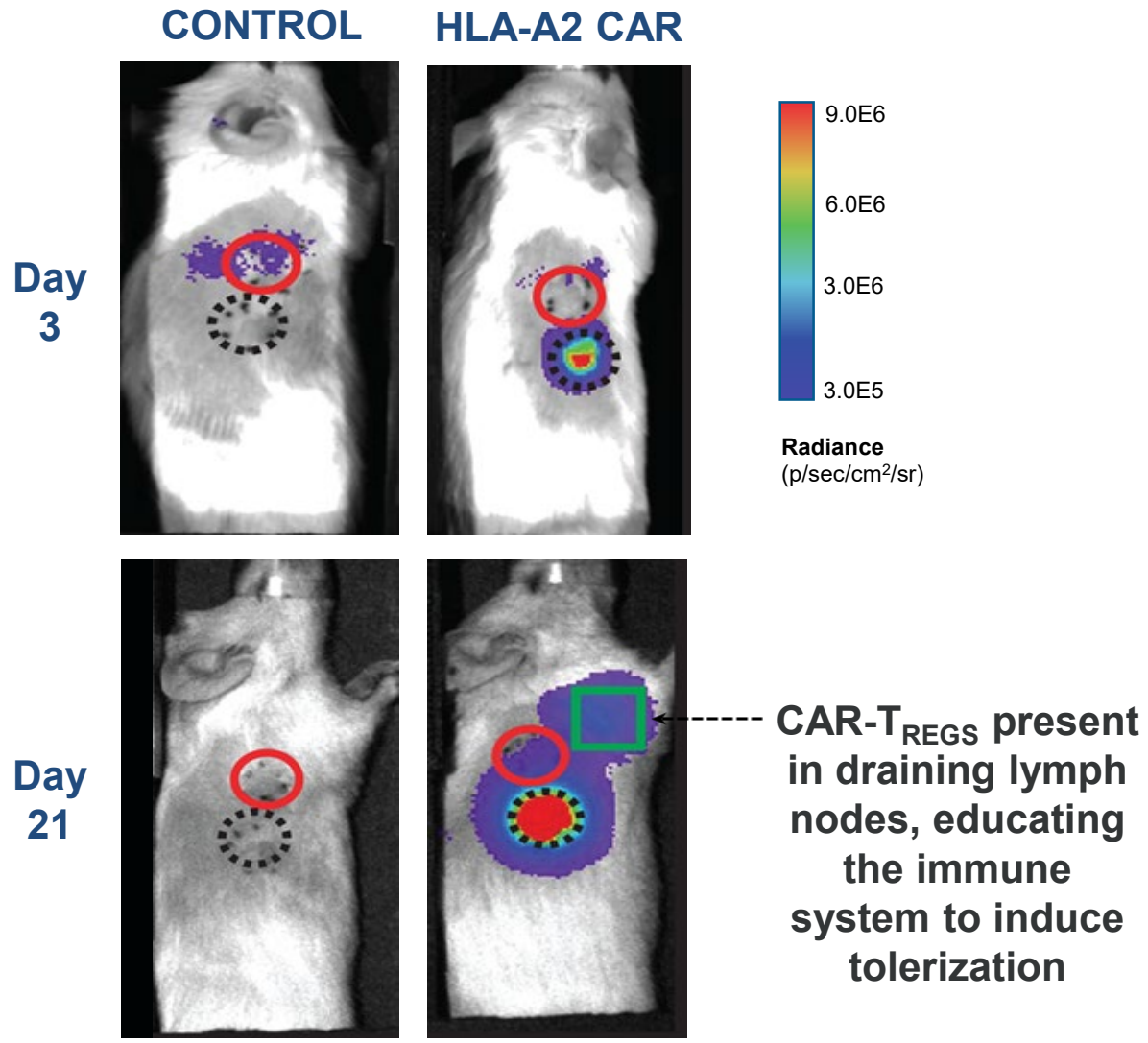
Autologous HLA-A2 specific CAR-T_{REG} cell therapy

- Initial target indication: Prevention of immune mediated rejection in living donor renal transplantation
  - The STEADFAST Study will evaluate the safety and mechanism of action of TX200 in renal transplant recipients
  - 80,000 renal transplantations per year (US and EU)
  - 20-25% of transplanted organs are HLA-A2 mismatched
- Therapeutic hypothesis and goals
  - Regulate the immune system in a targeted manner
  - Promote immunological tolerance to the renal transplant
  - Help preserve graft function and reduce graft loss



HLA-A2 CAR-T_{REGS} achieve precise and durable targeting of skin graft in a mouse model





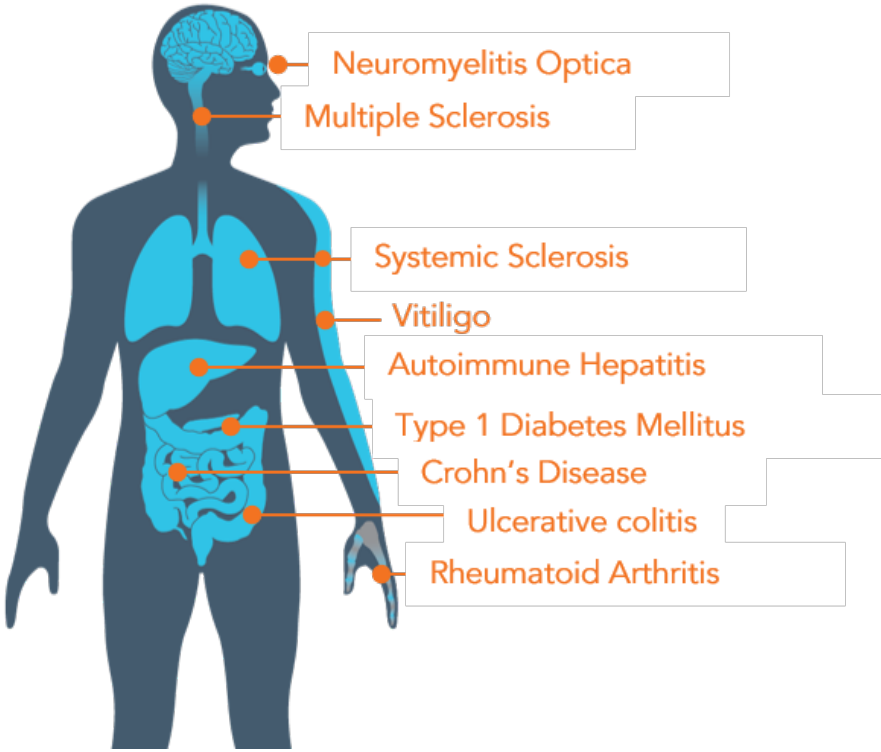
CAR-T_{REGS} present in draining lymph nodes, educating the immune system to induce tolerization

Dawson NA, Lamarche C et al. JCI Insight 2019;4(6):e123672.

TX200: Gateway to major autoimmune indications

Key outcomes from TX200 CAR-T_{REG} program

- Provides data on safety and proof of concept
- Answers critical questions on CAR-T_{REG} pharmacology and biology in patients
- Establishes CAR-T_{REG} cell therapy process development know how and manufacturing infrastructure
- Gateway to multiple autoimmune indications with large patient populations and high unmet need



In-house cGMP facility and dedicated external manufacturing capacity

Ensuring control of quality, cost, IP and timelines

In-house Phase 1/2 cGMP Facilities

Brisbane, USA (late 2020/early 2021)
- Cell therapy
- Gene therapy

Valbonne, France (late 2021)
- Cell therapy

CDMO Thermo Fisher – dedicated access to AAV capacity up to 2000-L bioreactor scale

- Leveraging Thermo Fisher AAV manufacturing know-how
- Enables seamless transition from early to late-stage development
- Provides late-stage clinical and large-scale commercial grade supply

ThermoFisher SCIENTIFIC

Conclusions

Key takeaways

- Genomic medicine company building value with gene therapy, ex vivo gene-edited cell therapy, in vivo genome editing and genome regulation
- Precise, efficient and specific genomic medicine technology (ZFPs) backed by a robust patent estate
- Broad portfolio of rare and large indications across inherited metabolic diseases, immunology, CNS, hematology and oncology
- In-house cGMP facility and dedicated CDMO capacity provide manufacturing scale for clinical and commercial supply
- Strong balance sheet, five validating biopharma partnerships (Biogen, Kite, Pfizer, Sanofi, Takeda)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