Sangamo THERAPEUTICS

Pioneering and Delivering the Future of Genomic Medicines

August 2023

Forward-Looking Statements

This presentation contains forward-looking statements regarding our current expectations. These forward-looking statements include, without limitation, statements relating to our focus on key strategic priorities, the potential to develop, obtain regulatory approvals for and commercialize durable, safe and effective therapies to treat certain diseases and the timing, availability and costs of such therapies, the potential to use ZF, ZF-TR, CAR-Treg, SIFTER and other technologies to develop durable, safe and effective therapies, the potential for us to benefit and earn milestone and royalty payments from our collaborations and the timing of any such benefits and payments, our cell therapy strategy, including expansion to additional indications, plans and timing regarding our financial resources, including the sufficiency thereof and plans to reduce our operating expenses, the impact of our announced restructuring, anticipated plans and timelines for us and our collaborators to enroll patients in and conduct clinical trials, dose and screen patients, present clinical data and make regulatory submissions, the anticipated advancement of our product candidates to late-stage development, including potential future Phase 3 trials, execution of our corporate strategy, our pipeline, the identification of additional targets, and the advancement of preclinical programs to the clinic, key milestones and catalysts, and other statements that are not historical fact. These statements are not guarantees of future performance and are subject to certain risks and uncertainties that are difficult to predict. Our actual results may differ materially and adversely from those expressed. Factors that could cause actual results to differ include, without limitation, risks and uncertainties related to the effects of the COVID-19 pandemic and the impacts of the pandemic and other macroeconomic factors, including as a result of the ongoing conflict between Russia and Ukraine, disruptions in access to bank deposits and lending commitments due to bank failure, on the global business environment, healthcare systems and business and operations of us and our collaborators, including the initiation and operation of clinical trials; the research and development process; the uncertain timing and unpredictable results of clinical trials, including whether preliminary or initial clinical trial data will be representative of final clinical trial data and whether final clinical trial data will validate the safety, efficacy and durability of product candidates; the impacts of clinical trial delays, pauses and holds on clinical trial timelines and commercialization of product candidates; the unpredictable regulatory approval process for product candidates across multiple regulatory authorities; the manufacturing of products and product candidates; the commercialization of approved products; the potential for technological developments that obviate technologies used by us and our collaborators; the potential for us or our collaborators to breach or terminate collaboration agreements; the potential for us to fail to realize our expected benefits of our collaborations; and the uncertainty of our future capital requirements, financial performance and results. There can be no assurance that we and our collaborators will be able to develop commercially viable products. These risks and uncertainties are described more fully in our Annual Report on Form 10-K for the fiscal year ended December 31, 2022, as supplemented by our Quarterly Report on Form 10-Q for the quarter ended June 30, 2023 to be filed with the Securities and Exchange Commission, or SEC, and future reports filed with the SEC. Forward-looking statements contained in this presentation speak only as of the date hereof, and we undertake no duty to update such information except as required under applicable law. 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 efficacy 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.

We are a genomic medicines company dedicated to translating ground-breaking science into medicines that transform the lives of patients and families afflicted with serious disease

First wave of value-driving programs advancing to/through late-stage development

Second wave of potentially transformative neurology and autoimmune programs advancing into the clinic

Powerful research platform continually innovates to support value creation, including in delivery

Demonstrated track record of partnerships results in non dilutive funding, expands the portfolio, and offsets cost

2023 VALUE THESIS

2Q23
Key Takeaways

Clinical Momentum Continues

Strong clinical momentum continues in **Phase 1/2 STAAR study in Fabry disease** with 22 patients dosed in total. Received Fast Track Designation from the FDA. Received productive written FDA feedback on proposed Phase 3 trial strategy. Expect to submit a Phase 3 protocol to the FDA as early as YE2023.

Safety Monitoring Committee endorsed advancing to cohort two of **Phase 1/2 CAR-Treg STEADFAST study for TX200** in HLA A2 mismatched kidney transplantation. Completed manufacturing of dose for first patient in second cohort, and dosing expected in 3Q23. Protocol amendment to accelerate dose escalation has been submitted to regulatory authorities, with first full country approval received.

Presented first preclinical data from **Nav1.7 program for chronic neuropathic pain**, demonstrating potent and specific repression of Nav1.7 expression. IND submission is expected in 2024.

2Q23 Key Takeaways

Business development to drive value

Announced **three strategic partnerships** which create additional value, validate our own technology, and help advance our pipeline.

Prevail Therapeutics

Evaluation and option agreement with **Prevail Therapeutics** granting rights to evaluate **Sangamo's novel engineered CSF-administered AAV capsids** with enhanced nervous system delivery.

Chroma Medicine

Evaluation and option agreement with **Chroma Medicine** granting rights to evaluate Sangamo's **zinc finger proteins** for epigenetic editing in targets outside of the central nervous system (CNS).

Voyager Therapeutics

License agreement with **Voyager Therapeutics** for access to Voyager's **IV-administered AAV capsid** with specific CNS coverage required for our **prion disease program.**

Financial Highlights

- Approximately **$182 million in cash, cash equivalents, and marketable securities** as of June 30, 2023 which, in combination with other potential cost reductions, we believe will be sufficient to fund planned operations for at least the next 12 months.
- Reiterated expected 2023 **non-GAAP operating expense range** of **$240-260 million for 2023.**
- Continue to assess ways to raise additional capital and further focus our annual operating expenses consistent with the prioritized objectives and progress of the company.

Sharpened Strategic Focus

Neurology Epigenetic Regulation

- Led by Nav1.7 and Prion programs.
- Innovative zinc finger epigenetic regulation technology, underpinned by strong capsid delivery capabilities.
- Expected to deliver one IND submission in 2024 and one in 2025.

Advancing Fabry to Potential Phase 3 Trial

- First-in-class and best-in-class Fabry gene therapy candidate.
- Favorable safety profile and evidence of clinical benefit in Phase1/2 study.
- Potential to dramatically reduce the reliance on ERT.
- Expect to submit a Ph3 protocol to the FDA as early as YE23.

Progressing Phase 1/2 Study of TX200

- Leader in CAR-Treg cell therapy development.
- Advancing TX200 in renal transplant through Phase 1/2 study. Protocol amendment to accelerate dose escalation submitted to regulatory authorities.
- Advanced Treg research and development capabilities in follow-on indications.

Hemophilia A in Phase 3 with Pfizer progresses with up to $220m in potential milestones

Capsid discovery platform SIFTER is addressing the challenge of delivery, with proven partnership value

Prioritized Pipeline and Delivery Platform

WHOLLY OWNED PROGRAMS

Indication	Technology	Preclinical	Phase 1/2	Pivotal
Fabry Disease (*Isaralgagene civaparvovec*)	Gene Therapy	*Expect to submit a Ph3 protocol as early as YE23*		
Renal Transplant (*TX200; Auto*)	Treg Cell Therapy	*First three patients dosed in Phase 1/2 study*		
Chronic Neuropathic Pain (*Nav1.7*)	ZF Genome Engineering	*Data presented at ASGCT*		
Prion	ZF Genome Engineering	*Data presented at ASGCT*		
Neurology (*undisclosed*)	ZF Genome Engineering			
Inflammatory Bowel Disease	Treg Cell Therapy			
Multiple Sclerosis	Treg Cell Therapy			

PARTNERED PROGRAMS

Indication	Technology	Preclinical	Phase 1/2	Pivotal
Hemophilia A (Giroctogene fitelparvovec)	Gene Therapy			Pfizer
Oncology (Kite-037)	Cell Therapy	Kite		
Oncology (Undisclosed)	Cell Therapy	Kite		
ALS/FTD	ZF Genome Engineering	Pfizer		
Huntington's Disease	ZF Genome Engineering	Takeda		

Recent business updates

Business Development	• Announced evaluation and option agreement with Prevail Therapeutics to evaluate Sangamo's novel engineered capsids with enhanced nervous system delivery. • Announced evaluation and option agreement with Chroma Medicine to evaluate Sangamo's zinc finger proteins for epigenetic editing for specified targets outside of the CNS.
Fabry Disease	• Dosed an additional 2 patients in Phase 1/2 study to achieve a total of 22 patients dosed. • Received US FDA Fast Track Designation, intended to expedite the development and review of new therapeutics. • Received productive written FDA feedback on proposed Ph3 trial design. Requesting additional clarifications before finalizing and submitting a proposed Ph3 protocol to the FDA.
CAR-Treg Immune Regulation	• Safety Monitoring Committee endorsed advancing to cohort two of Phase 1/2 study. • Product candidate continues to be generally well tolerated in all three patients dosed. • Manufacturing is complete for the first patient in the second cohort, with dosing expected in 3Q23. • Protocol amendment to accelerate dose escalation submitted to regulatory authorities, with initial approvals received.
Neurology Epigenetic Regulation	• Presented first preclinical data from Nav1.7 program for chronic neuropathic pain, demonstrating potent and specific repression of Nav1.7 expression. • Entered into license agreement with Voyager Therapeutics to access their delivery capsid for the epigenetic regulation of prion disease.
Hemophilia A (Pfizer)	• Phase 3 AFFINE trial continues to progress following the completion of dosing to support primary analysis. • Pivotal data read-out expected in mid-2024. • BLA and MAA submissions anticipated in second half of 2024.

Looking Ahead: Anticipated Milestones

Fabry Disease

- Seek specific regulatory clarifications on proposed Phase 3 trial strategy in 3Q23.
- Expect to submit a proposed Phase 3 protocol to the U.S. FDA as early as YE2023.
- Anticipate additional Phase 1/2 data in early 2024.

CAR-Treg in Immune Regulation

- Dosing of fourth patient expected in 3Q23.
- Provide update on TX200 accelerated dose escalation protocol.
- Intend to share initial data by YE2023.
- In vivo studies in MS and Inflammatory Bowel Disease.

Neurology Epigenetic Regulation Programs

- IND submission for Nav1.7 expected in 2024.
- IND submission for prion disease program anticipated in 2025.

Hemophilia A (Pfizer)

- Pivotal data readout estimated mid-2024.
- BLA and MAA submissions anticipated in 2H 2024.

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Our current financial resources are focused on pipeline progression and value creation

Key Financial Metrics

~$182m
Cash and Marketable Securities Balance as of 6/30/23

$817m
Cash Received from Partners to date

Up to $2bn
In potential future milestones and exercise fees assuming exercise of all options and targets

Additional Potential Royalties

2023 Financial Guidance

$6.8m
Revenues – Q2 2023

$72.3m*
Non-GAAP OpEx - Q2 2023

$240 – $260m
Reiterated Non-GAAP OpEx Guidance excludes certain non-cash charges as noted below**

Our resources are tightly allocated in line with our business priorities

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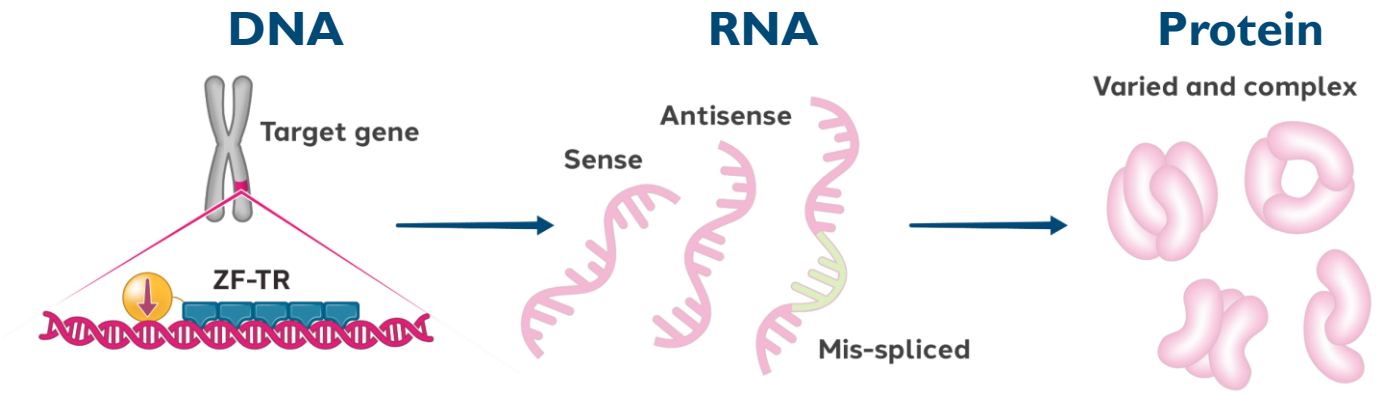
* Non-GAAP opex of $72.3 million excludes impairment of in-process research and development asset of $51.3 million, and stock-based compensation expense of $6.8 million
** On a GAAP basis we expect our 2023 operating expenses to be in the range of $378 - $398 million, including non-cash charges consisting of impairment of goodwill of $38.1 million, impairment of in-process research and development asset of $51.3 million, impairment of long-lived assets of $20.4 million, and stock-based compensation expense of $28 million.

Zinc Finger Genomic Engineering for Neurology

Led by Nav1.7 and Prion

ZF transcriptional regulators target upstream at the source of mutant protein isoforms and complexes, offering advantages over today's symptomatic approaches



NEUROPATHIC PAIN	PRION DISEASE	NEUROLOGY	ALS	HUNTINGTON'S
Nav1.7	Prion	*Undisclosed*	C9orf72	Huntington
Sangamo Therapeutics	Sangamo Therapeutics	Sangamo Therapeutics	Pfizer	Takeda

ZF transcriptional regulators in neurology

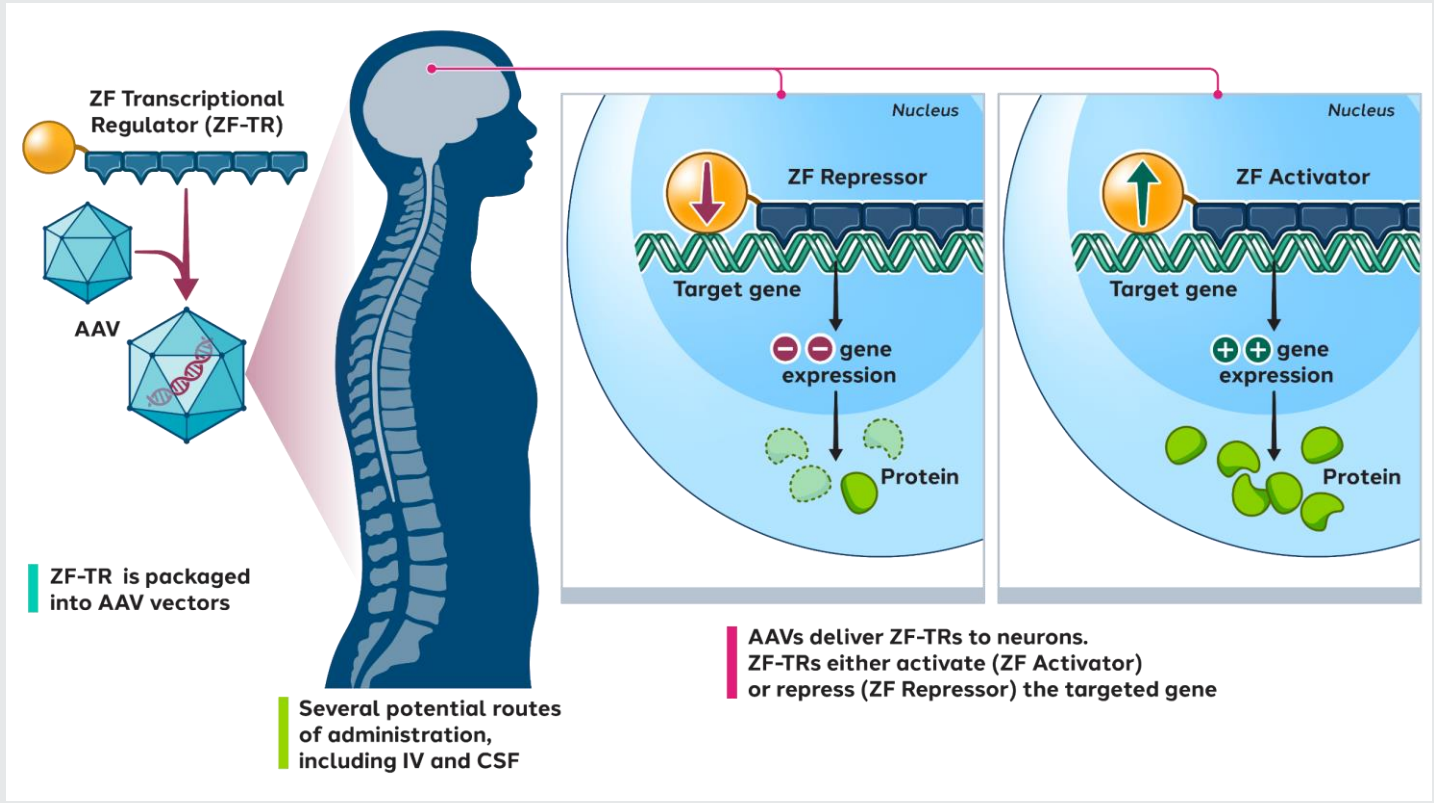
ZF transcriptional regulators can be designed to:

ZF repressors

- Reduce the expression of a pathogenic gene
- Selectively repress expression of a mutant allele while allowing for the expression of the healthy allele

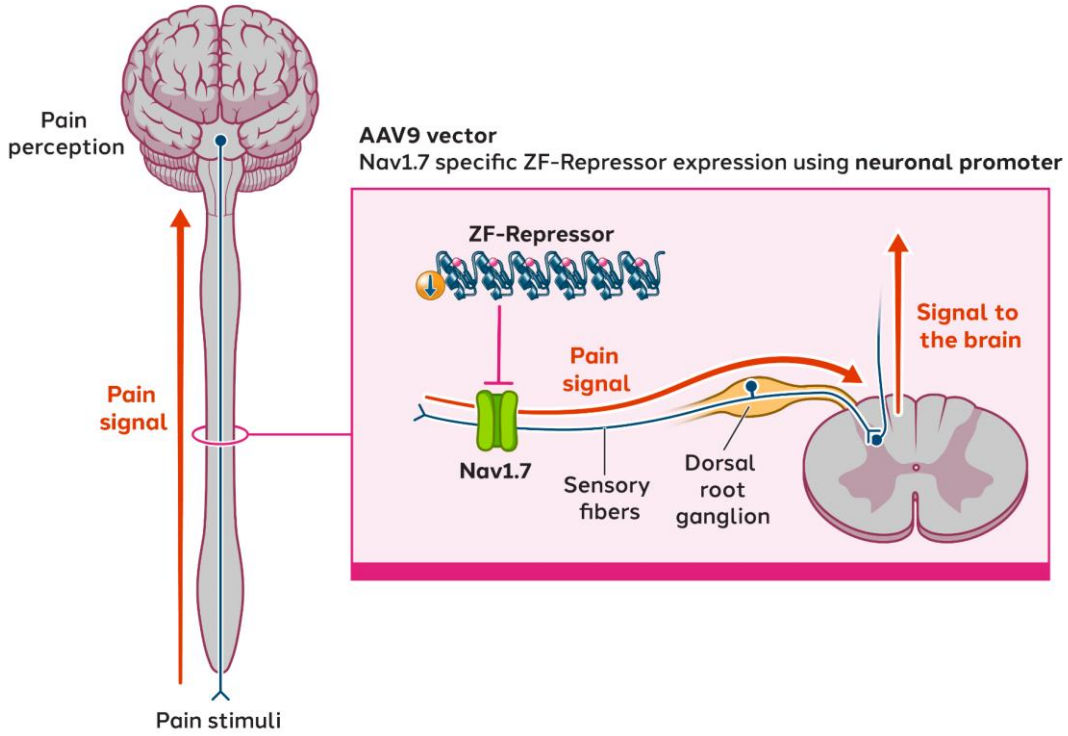
ZF activators

- Activate the expression of genes that are inadequately expressed



Nav1.7 specific Zinc Finger repressor to treat neuropathic pain

Given the high unmet need and lack of effective treatments, there is an urgent need to develop novel therapeutics for the treatment of chronic neuropathic pain



- Nav1.7 is a voltage gated sodium channel expressed in the Dorsal Root Ganglion (DRG)
- Alterations in Nav1.7 activity **directly regulate pain levels** in several genetic disorders
- Blocking Nav1.7 in the DRG is expected to prevent the **transmission of nociceptive pain signals** to the brain
- This allows us to target multiple **neuropathic pain indications**, regardless of the cause of the pain
- Reducing pain by inhibiting Nav1.7 is not predicted to be associated with **any neurological side effects**

Zinc finger repressors potently reduce Nav1.7 in human neurons with exquisite specificity

iPSC-derived neurons

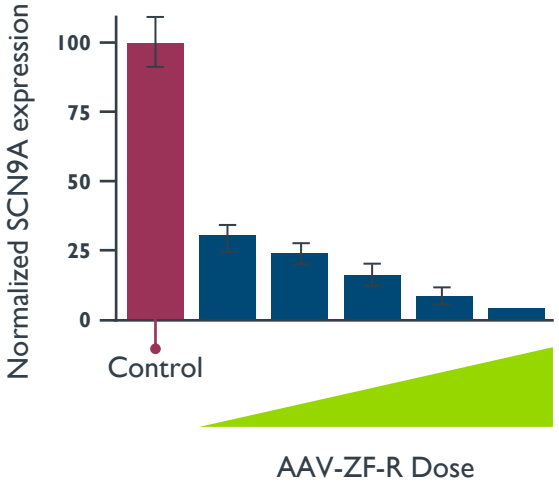
+

AAV + ZF-R

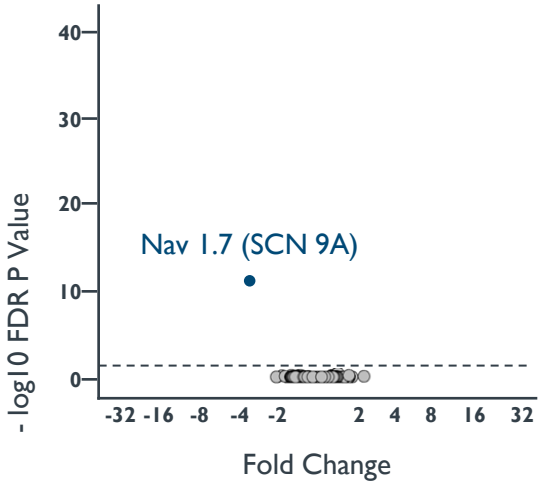
↓ 30d

Nav1.7 expression,
Off-target assessment

Nav1.7 (SCN9A) expression



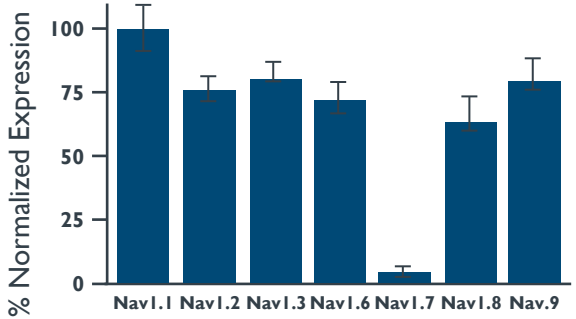
Global genomic analysis



Differential expression of 20,000 genes was evaluated

- Genes down-regulated
- Genes up-regulated
- SCN9A

ZF repressors (ZF-Rs) specifically repress human Nav1.7 without impacting other sodium channels



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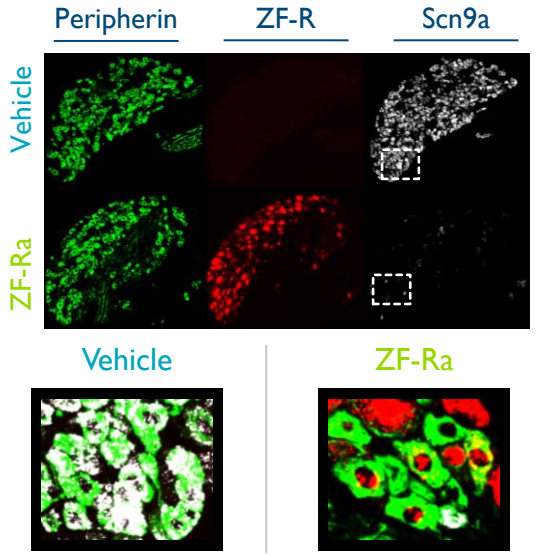
(Data presented at ASGCT 2023)

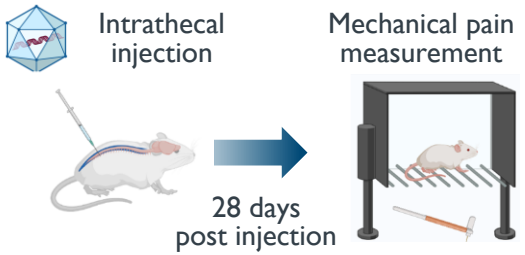
Reversal of neuropathic pain by Nav1.7 zinc finger repression in preclinical models

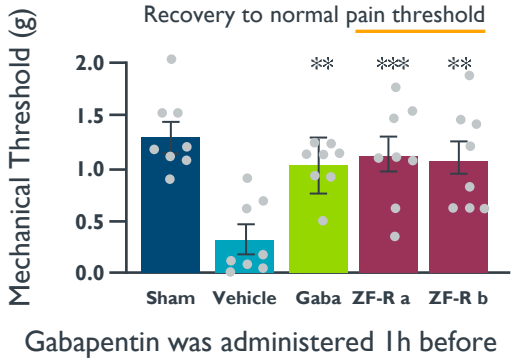
Potent Scn9a mRNA repression in mouse DRG neurons

Intrathecal injection,
4 weeks



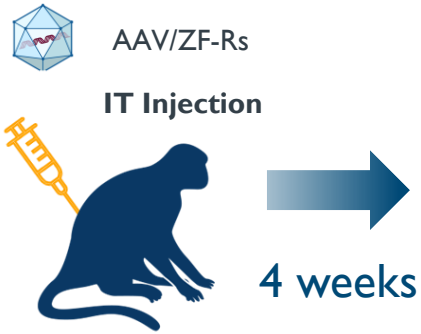
Full restoration of healthy sensitivity to mechanical pain

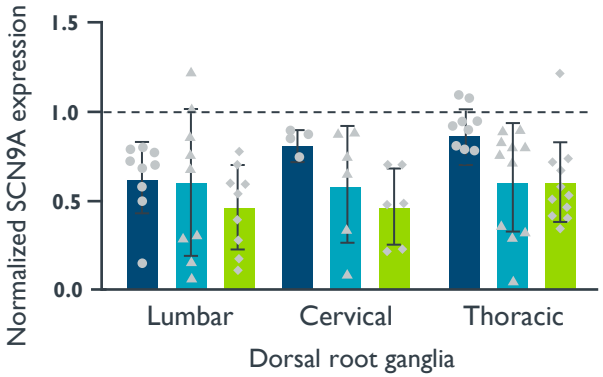




Gabapentin was administered 1h before

ZF-Rs were well tolerated in nonhuman primates



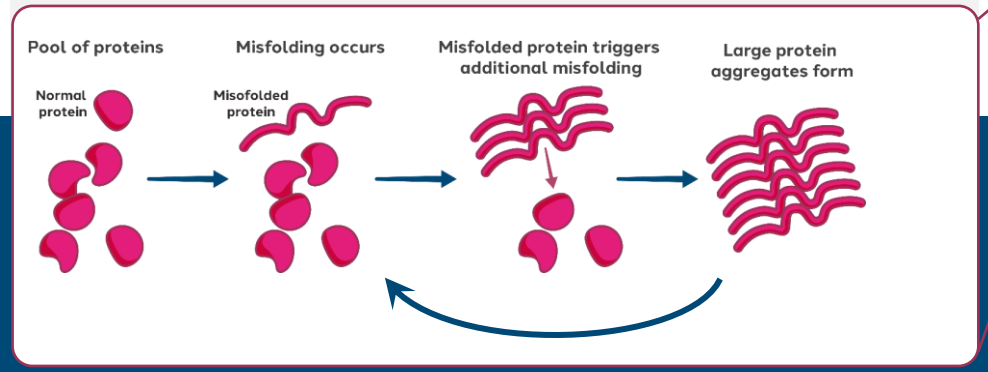


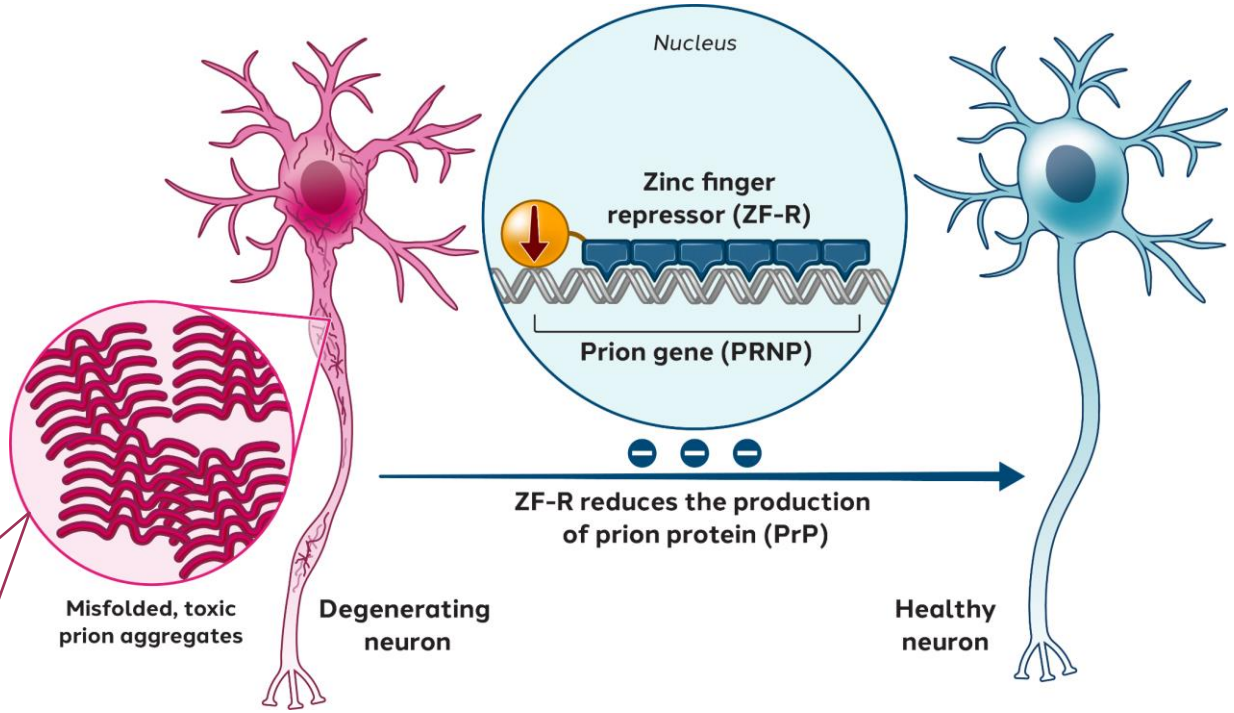
- ZF-Rs were well tolerated across a 100x dose range
- No clinical signs of toxicity
- No adverse macroscopic or microscopic findings

Results support initiation of IND-enabling GLP Toxicology study

Zinc finger-mediated gene repression for prion disease

- Progressive, with no disease modifying therapy
- Sporadic, inherited and acquired forms
- Spectrum of symptoms can include cognitive, psychiatric, and motor deficits
- Excellent fit for a ZF-TR repression approach
  - Prion knockout animals do not get disease
  - Prion reduction can delay or prevent disease
  - Neuronal PrP reduction prevents disease



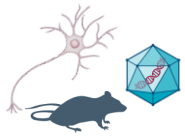


Repression of prion expression in the brain may slow or halt disease progression and neurodegeneration

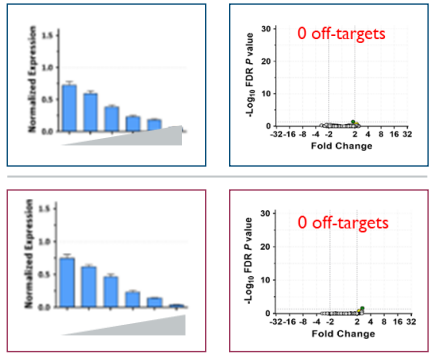
Maddox et al, 2020
Mead et al, 2022
Bueler et al., 1993
Fischer et al., 1996
Mallucci et al., 2003
Safar et al., 2005

Zinc finger repressors extend survival in an aggressive mouse model of prion disease

Potent and specific ZF-Rs

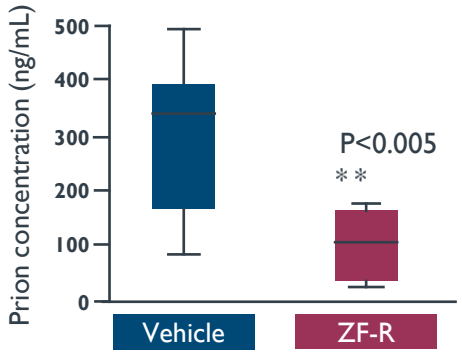


Primary neurons



Reduction of CSF biomarker

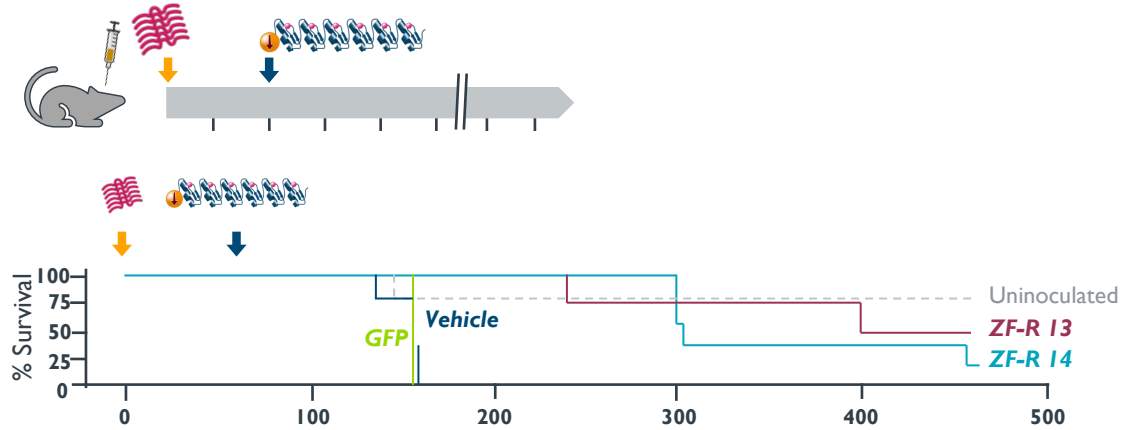
CSF



Remarkable in vivo efficacy

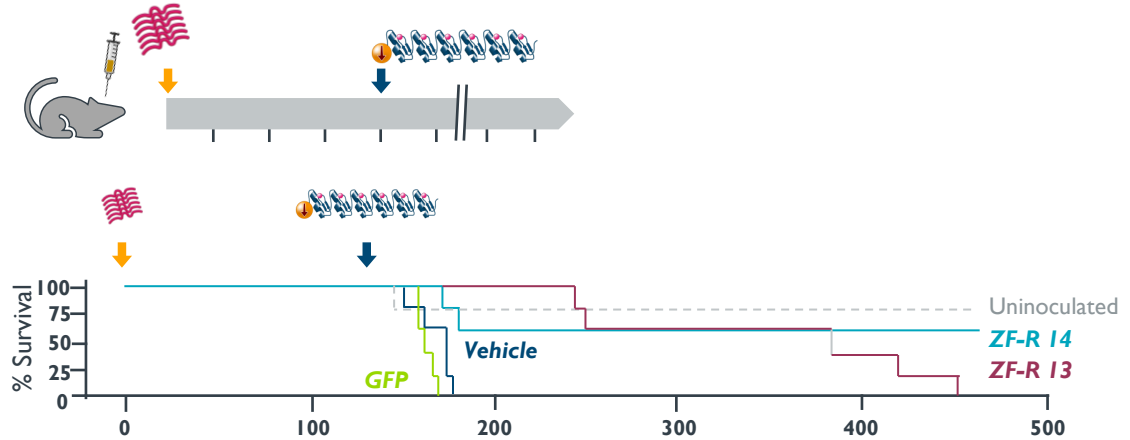
ZF-R @ 60dpi

ZF-R
60 dpi



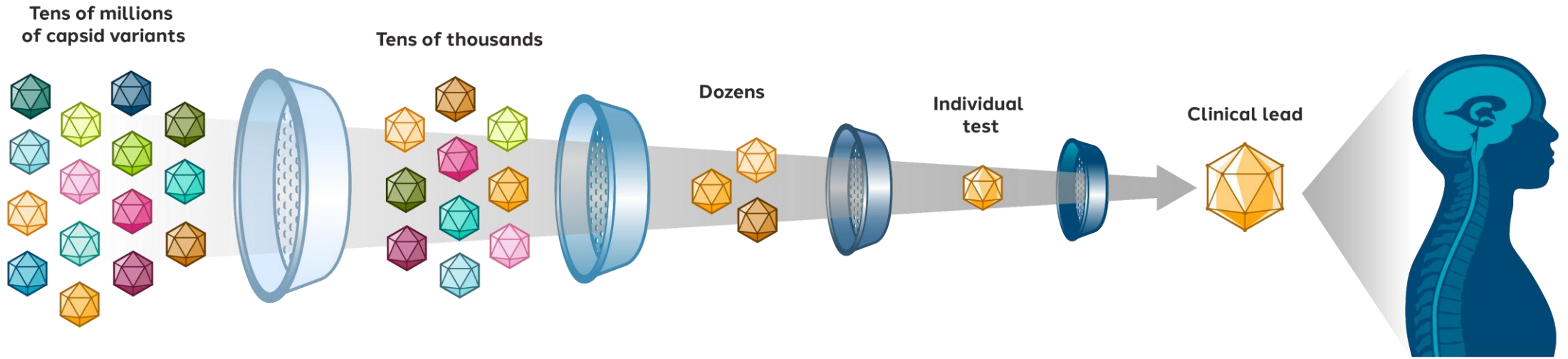
ZF-R @ 122dpi

ZF-R
122 dpi



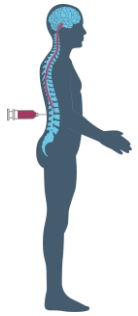
(Data presented at ASGCT 2023)

Our SIFTER platform enables selection of CNS-tropic AAV capsids to advance our innovative preclinical programs to the clinic



The Sangamo SIFTER platform is delivering high value neurotropic AAV capsids

Engineered capsids for cerebrospinal fluid delivery



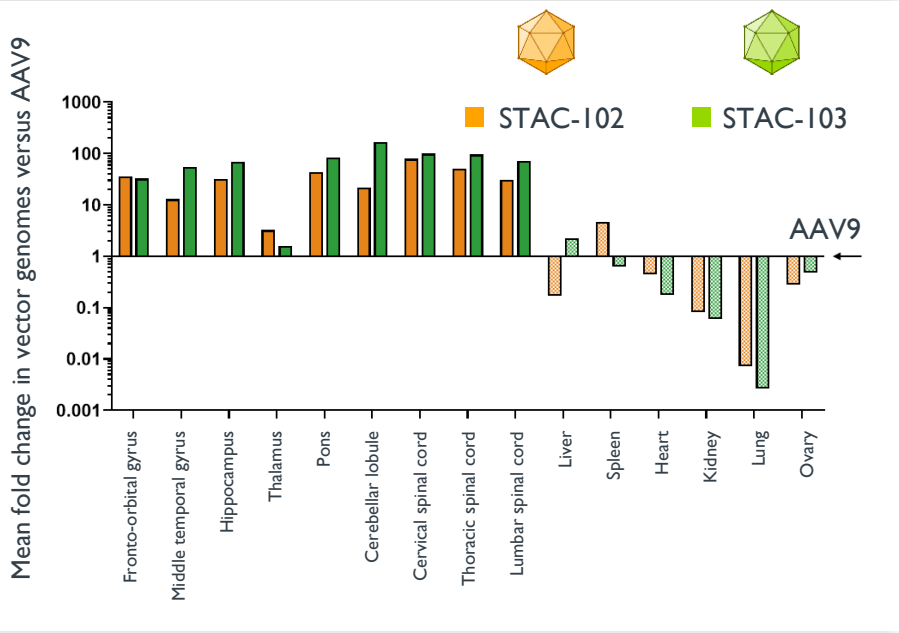
Lead capsids characterized in non-human primates

10-100x higher neuronal transgene expression compared to AAV9

Assessed manufacturing scale-up and critical quality attributes

10-100x higher CNS vector genome delivery than AAV9 and decreased peripheral distribution

Demonstrated on-target pharmacology with minimal safety signal



Engineered capsids for intravenous delivery

Lead capsid assessments ongoing

Multiple library screening campaigns are in progress utilizing a diverse panel of AAV libraries

Bioinformatic analysis of library data suggests capsids with high CNS enrichment relative to AAV9

Individual capsid assessment in non-human primates

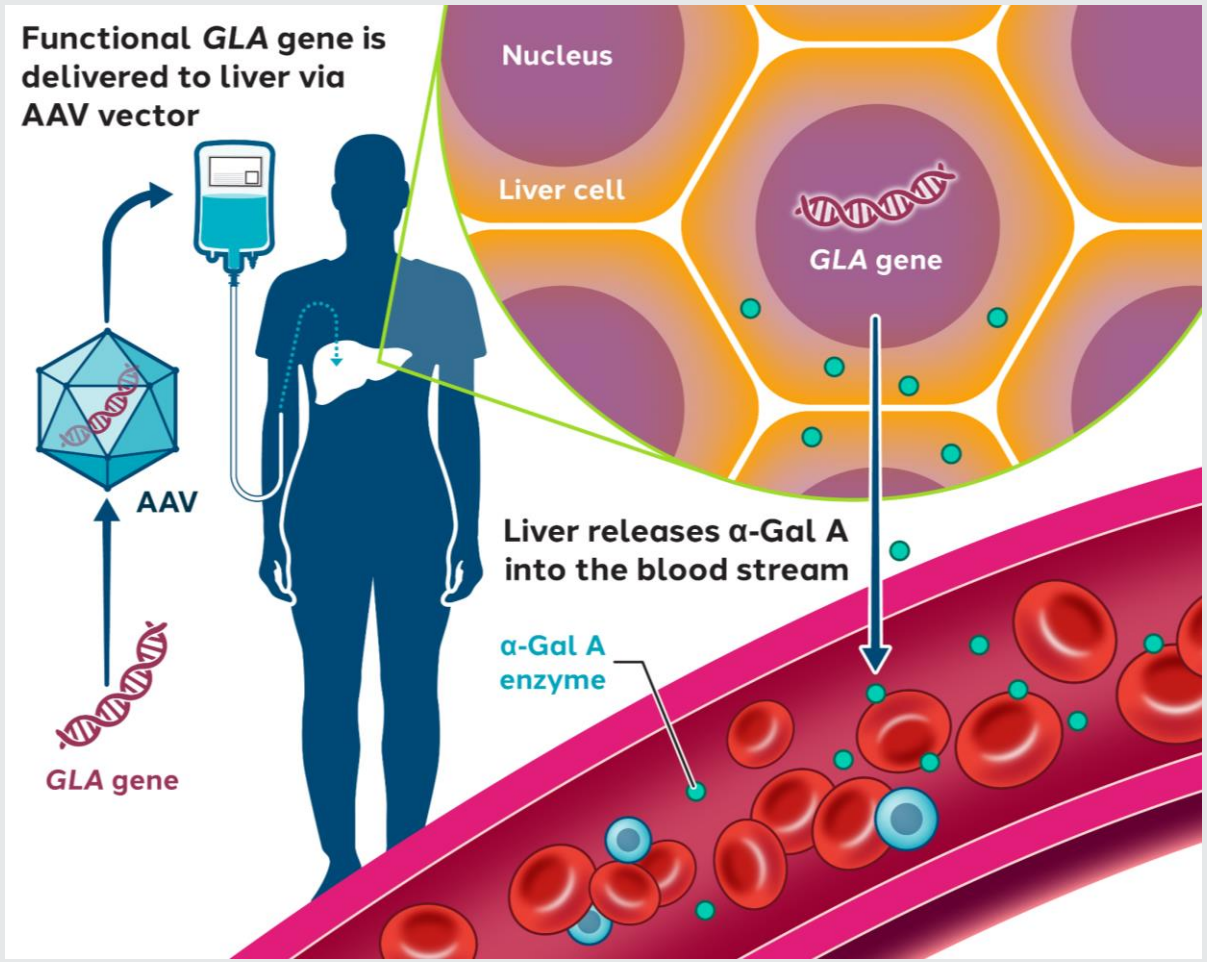
STAC = **S**angamo **T**herapeutics **A**AV **C**apsid

(Data presented at ASGCT 2023)

Fabry Disease

(isaralgagene civaparvovec or ST-920)

Isaralgagene civaparvovec (ST-920): one-time, liver-directed gene therapy candidate for the treatment of Fabry disease currently in Phase 1/2



The patient promise:

Our goals for ST-920

- Safe, one-time administration
- Full physiologic enzyme replacement
- Eliminate ERT infusions
- Durable efficacy
- Low immunogenicity
- No prophylaxis with steroids or other immunomodulating agents

Isaralgagene civaparvovec (ST-920) in Fabry disease previously presented at WORLDSymposium 2023, February 2023

Evidence of clinical effect in Fabry disease

- Sustained expression of **α-Galactosidase A** (α-Gal A) activity in **13 patients for over 2 years** for the longest treated patient.
- Clearance or stabilization of **renal Gb3 inclusions** along with reductions in **urine podocyte loss** suggests a favorable impact on progression of Fabry nephropathy and tissue absorption.
- All participants in the Dose Escalation phase who commenced the study on ERT have been **successfully withdrawn**.
- 40-65% plasma **Lyso-Gb3 reduction** in naïve/pseudo-naïve participants with high plasma Lyso-Gb3.
- Clinically meaningful and statistically significant increase in **SF-36 mean general health scores**.

Favorable safety profile to date

- Generally **well tolerated** at all dose levels ($0.5x10^{13}$ - $5x10^{13}$ vg/kg).
- **No requirement for prophylactic corticosteroids** or other immune modulating agents.

Progress since WORLD 2023

- Strong clinical momentum continues in Phase 1/2 STAAR study in Fabry disease with 22 patients dosed in total.
- Received Fast Track Designation from the FDA.
- Received productive written FDA feedback on proposed Phase 3 trial strategy.
- Expect to submit a Phase 3 protocol to the FDA as early as YE2023.

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Data cutoff date: October 20, 2022 and November 15, 2022 (α-Gal A data only). SF-36: Short-form 36.

ST-920 is generally well tolerated with a favorable safety profile: Overall summary of treatment-emergent AEs

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Oct 20, 2022.

	Dose Escalation Cohorts											
	Cohort 1 0.5×10^{13} vg/kg N = 2		Cohort 2 1×10^{13} vg/kg N = 2		Cohort 3 3×10^{13} vg/kg N = 3		Cohort 4 5×10^{13} vg/kg N = 2		Expansion Groups 5×10^{13} vg/kg N = 4		Total N = 13	
	N	Events	N	Events	N	Events	N	Events	N	Events	N (%)	Events
Adverse Events	2	30	2	20	3	29	2	10	4	18	13 (100%)	107
Treatment Related Adverse Events	1	3	2	3	1	6	2	6	4	12	10 (77%)	30
Serious Adverse Events (Unrelated)	0	0	0	0	1	1	0	0	0	0	1 (7.7%)	1

Most Common Treatment Related Adverse Events (All Grade 1 or Grade 2)

- Pyrexia, headache, chills
- Fabry disease (increased pain)

Serious Adverse Events (Unrelated)

- Unrelated Sepsis (Cohort 3, 1 participant)

No Treatment Related Adverse Events greater than a Grade 2 as of the cut-off date

- **Hepatic Enzymes**
  No administration of corticosteroids for transaminase elevations
- **Platelets**
  No clinically significant decreases in platelets observed
- **Cardiac Events**
  Not observed
- **Allergic reaction**
  One expansion phase participant experienced a Grade 1 allergic reaction treated with diphenhydramine

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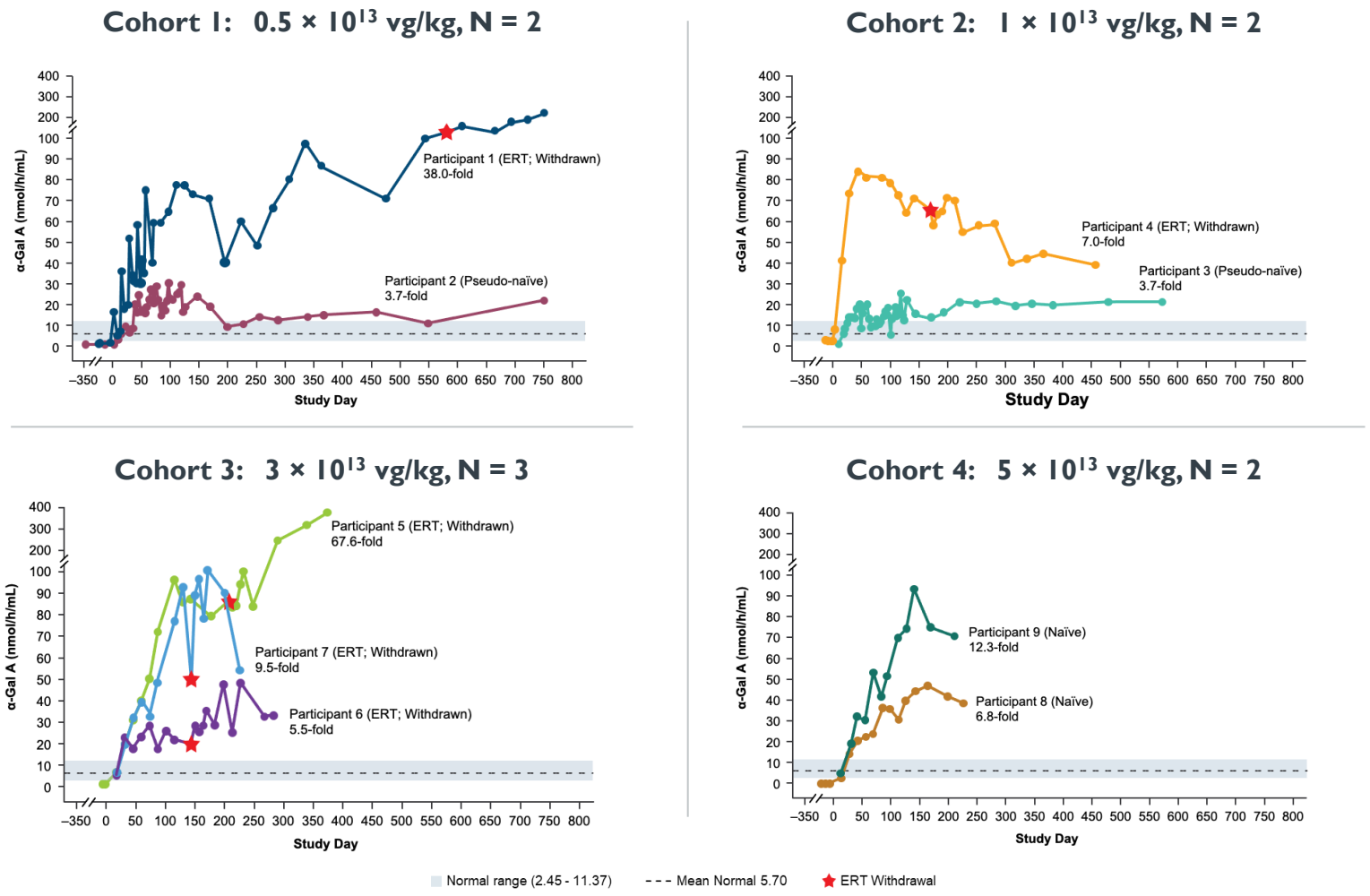
Medical Dictionary for Regulatory Activities (MedDRA) Preferred Terms used for adverse event terminology.
Data cut-off date: October 20, 2022. Length of follow-up ranged from 2 weeks to 26 months. vg/kg, vector genomes per kilogram of total body weight

Rapid, predictable and stable expression of α-Gal A activity occurred in all Dose Escalation cohorts

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Nov 15, 2022.

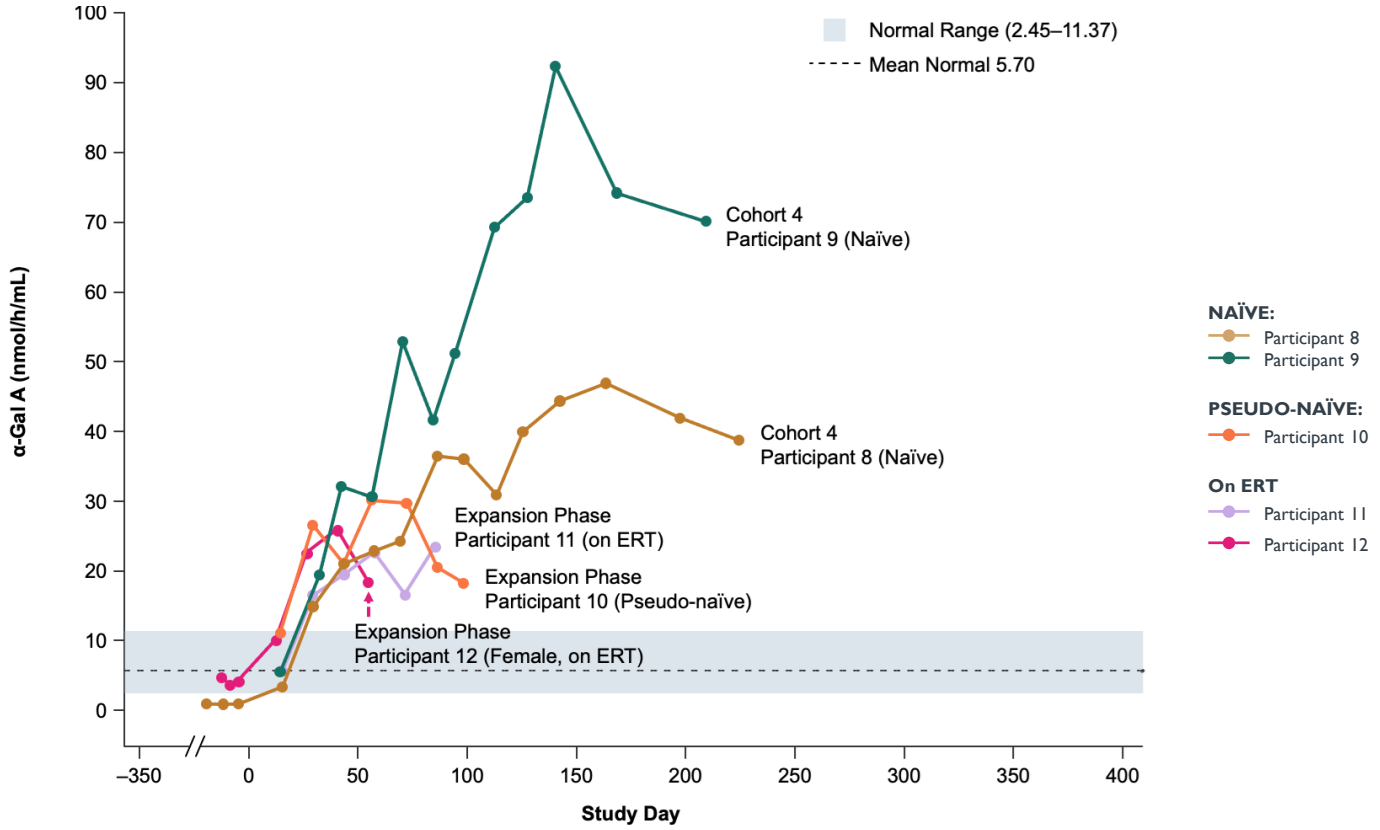


- Rapid and predictable increase in α-Gal A activity observed in all participants 4-8 weeks after dosing
- Supraphysiological α-Gal A activity maintained in all participants
- ERT withdrawal completed for all 5 participants – with continued supraphysiological activity following withdrawal
- ST-920 expression observed was durable, with α-Gal A activity at supraphysiological levels maintained in all participants, up to 2+ years

α-Gal A activity measured using 3-hour reaction time. Normal range determined in healthy males. Fold change from normal mean was calculated at last measured time point. Long Term Follow-up Data: Data points > Study Day 365. α-Gal A, alpha-galactosidase A; ERT, enzyme replacement therapy

The proposed Phase 3 clinical trial dose (5×10^{13} vg/kg) produced rapid, sustained increases in α-Gal A activity in Dose Escalation (Cohort 4) and Expansion Phase participants

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Nov 15, 2022.

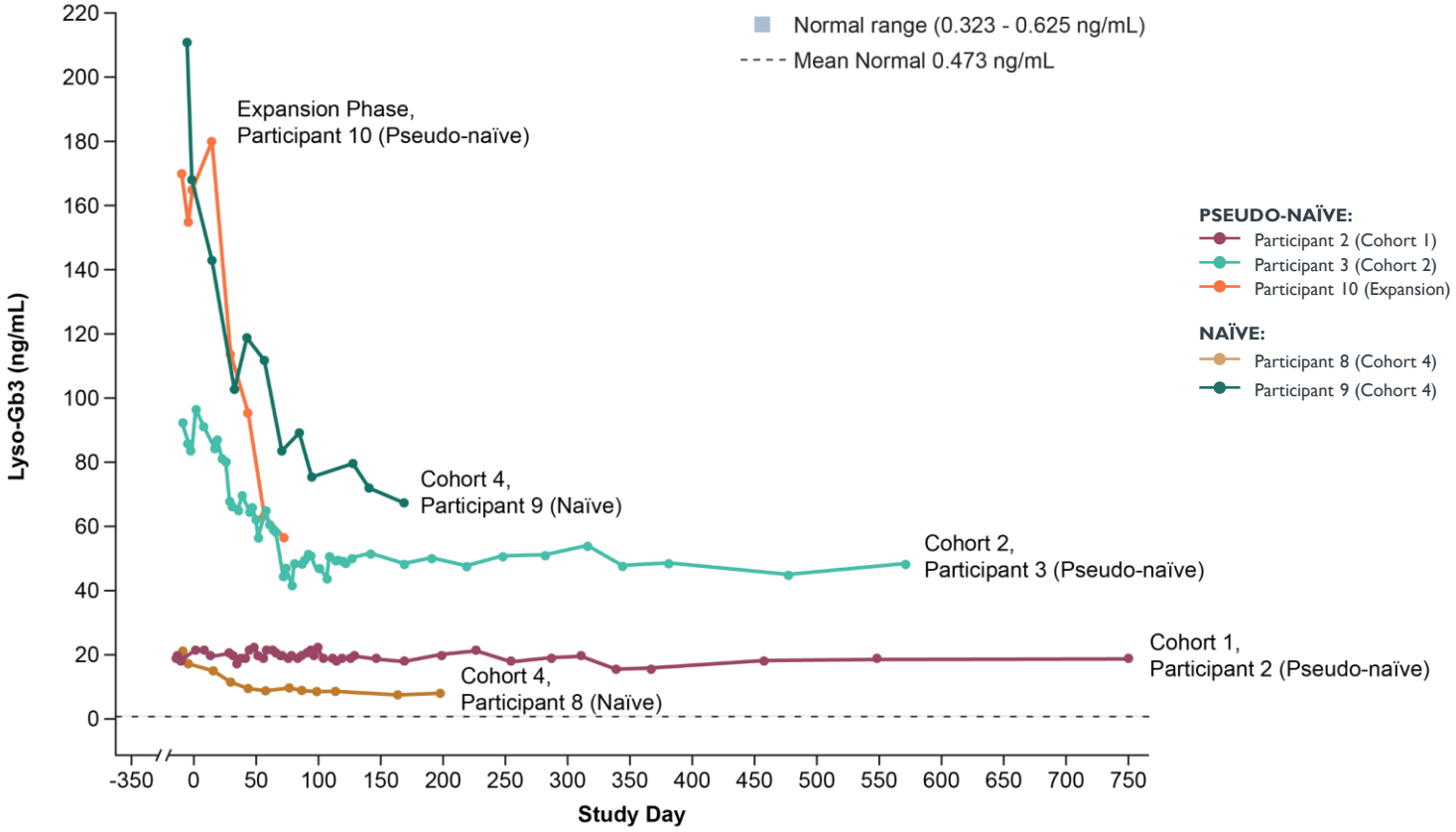


- The highest dose (5×10^{13} vg/kg) produced rapid, predictable and durable increases in plasma α-Gal A activity across all participants as of the data cut-off
- The female participant has demonstrated a similar response profile to males as of the data cut-off

Participant 13: Week 6: 3.97 nmol/h/mL. α-Gal A activity measured using 3-hour reaction time. Normal range determined in healthy males. Long Term Follow-up Data: Data points > Study Day 365 α-Gal A, alpha-galactosidase A; ERT, enzyme replacement therapy

ST-920 effectively lowered plasma Lyso-Gb3 in naïve and pseudo-naïve participants across Dose Escalation and Expansion Phases

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Oct 20, 2022.

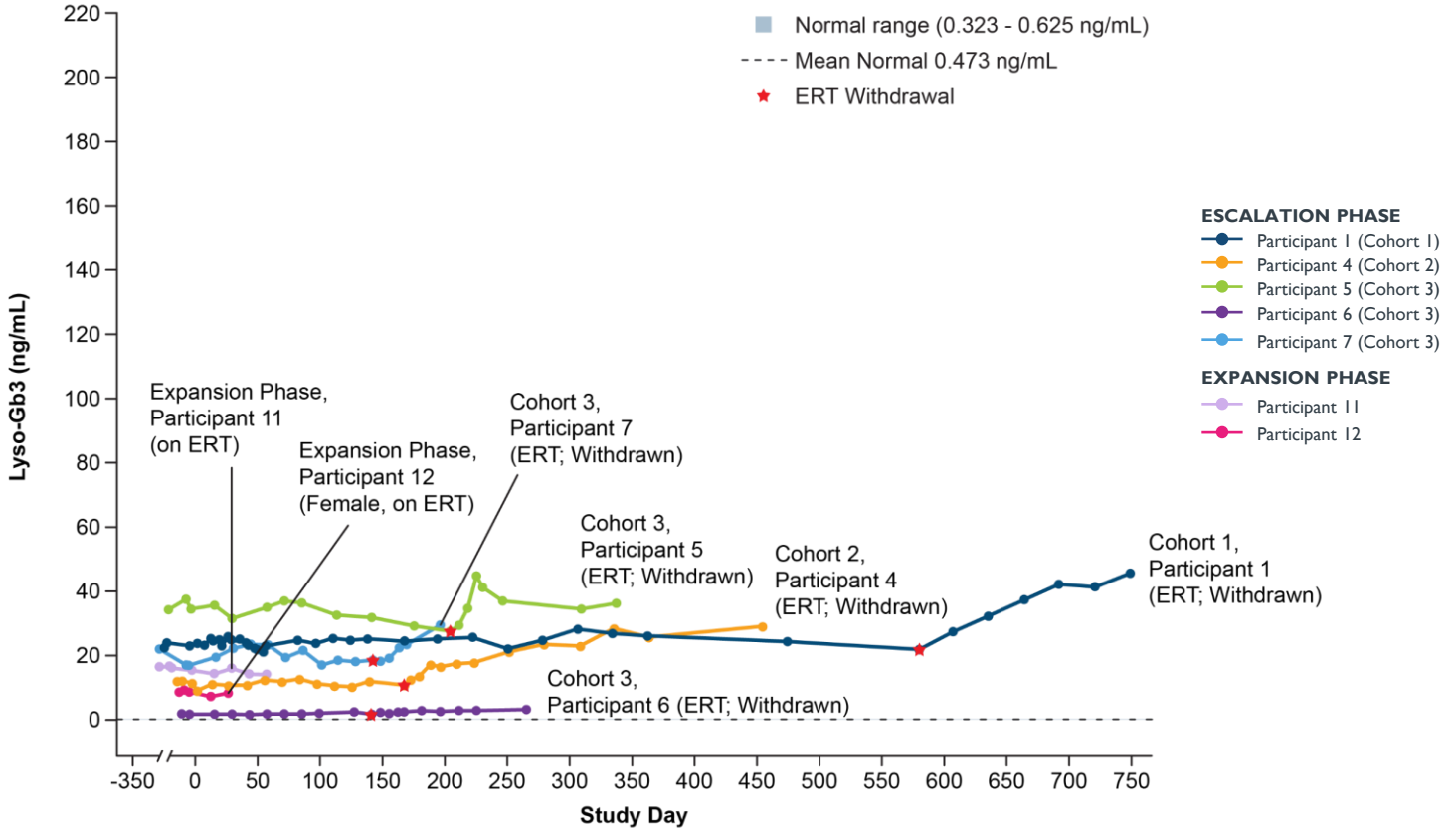


- Where baseline levels of Lyso-Gb3 started high (>80 ng/mL), participants experienced a 40% to 65% reduction in plasma levels
- For the first time, at the high dose, we observed a further reduction (54%) in Lyso-Gb3 where baseline plasma levels started lower (<25 ng/mL)
- Plasma Lyso-Gb3 continued to decrease in two participants
- Plasma Lyso-Gb3 levels were stable up to 25 months

Lyso-Gb3 normal range determined in healthy males and females. Normal range for males and females combined 0.32 to 0.63 ng/mL Long Term Follow-up Data: Data points > Study Day 365 Lyso-Gb3, globotriaosylsphingosine

Plasma Lyso-Gb3 in ERT-treated dose escalation and expansion phase participants

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Oct 20, 2022.



Dose Escalation Phase

- ERT withdrawal was successful in all ERT-treated participants
- Lyso-Gb3 levels following ERT withdrawal remained within the range of levels and variability normally observed in participants treated with ERT[1, 2, 3]
- In these participants, α-Gal A activity remained elevated, and no participant has experienced symptoms requiring the resumption of ERT
- Expansion Phase
- At this data cut, ERT withdrawal had not yet been initiated for any participant

1. Arends, M., M et al. 2018. J Med Genet, 55: 351-58.
2. Nowak, A., F. et al. 2022. J Med Genet, 59: 287-93.
3. Kramer, J., M. et al. 2018. Nephrol Dial Transplant, 33: 1362-72.

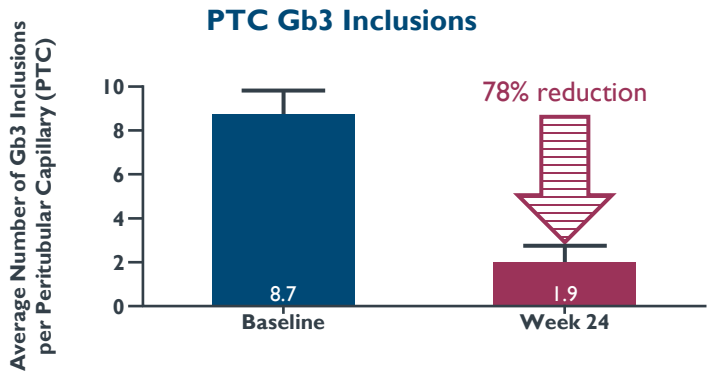
Participant 13: Week 2 34.5 ng/mL Lyso-Gb3 normal range determined in healthy males and females. Normal range for males and females combined 0.32 to 0.63 ng/mL Long Term Follow-up Data: Data points > Study Day 365. Lyso-Gb3, globotriaosylsphingosine; ERT, enzyme replacement therapy.

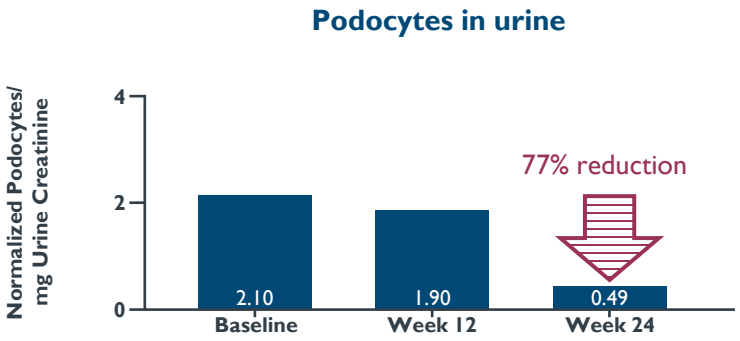
Sangamo THERAPEUTICS

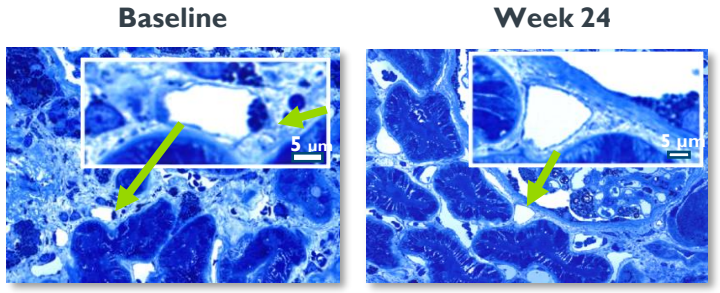
Participant 9: biomarkers of nephropathy significantly improved. Reduced renal Gb3 inclusions and podocyturia

Cohort 4 (5 × 10^{13} vg/kg) - high number of Gb3 inclusions and lyso-Gb3 at baseline

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Oct 20, 2022.







Representative PTC Images

	Baseline	Week 24	Change
Plasma α-Gal A activity (nmol/h/mL)	Below LOQ	74.2	13 × Mean Normal
Plasma lyso-Gb3 (ng/mL)	167	66.8	60% ↓

- ST-920 cleared 78% of Gb3 inclusions from peritubular capillaries
- ST-920 also reduced urinary podocyte loss by 77%
- This participant exhibited significant increase in a-Gal A activity and reduction in lyso-Gb3 after dosing with ST-920
- The significant decrease in renal Gb3 inclusions and the reduction in urine podocyte loss support a potential favorable impact on progression of Fabry nephropathy

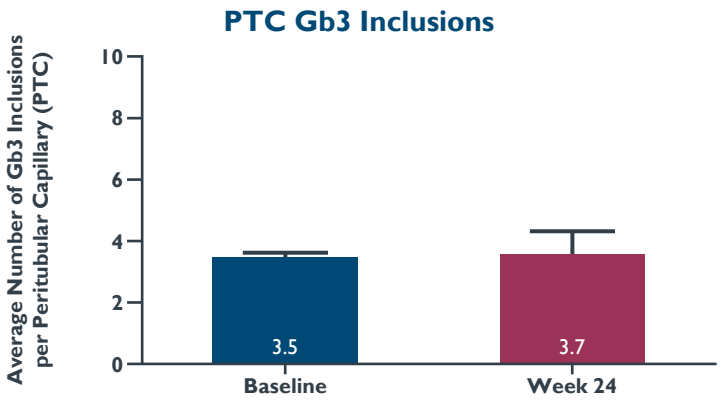
Podocyte quantification was performed via immunofluorescence with urine creatinine normalization. The Barisoni Lipid Inclusion Scoring System (BLISS) was used in a blinded manner by 3 independent pathologists to quantify PTC Gb3 inclusions. Lines above the bars indicate standard deviation. α-Gal A, alpha-galactosidase A; ERT, enzyme replacement therapy; PTC, peritubular capillary; lyso-Gb3, globotriaosylsphingosine; Gb3, globotriaosylceramide.

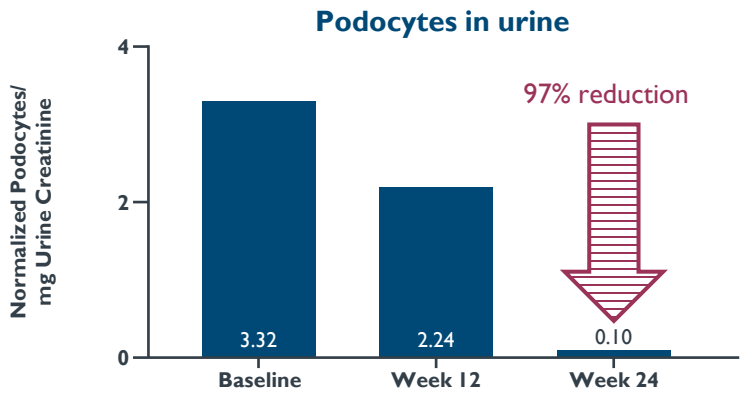
Sangamo THERAPEUTICS

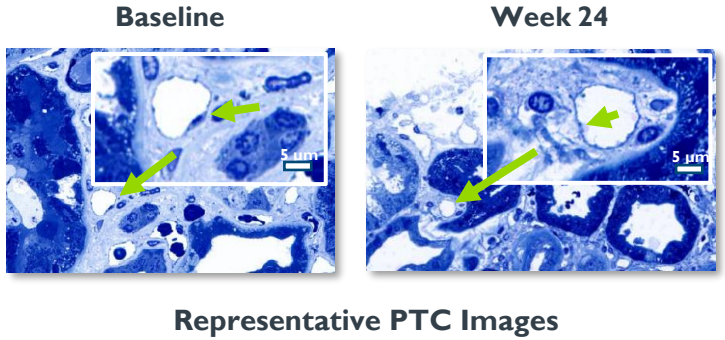
Participant 8: stable renal Gb3 inclusions and reduced podocyturia

Cohort 4 (5 × 10^{13} vg/kg) - lower number of Gb3 inclusions and lyso-Gb3 at baseline

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Oct 20, 2022.







Representative PTC Images

	Baseline	Week 24	Change
Plasma α-Gal A activity (nmol/h/mL)	0.96	46.89	8 × mean normal
Plasma lyso-Gb3 (ng/mL)	16.9	7.24	57% ↓

- Peritubular capillary (PTC) renal Gb3 inclusions were stable in this participant
- ST-920 reduced urinary podocyte loss by 97%
- This participant exhibited significant increases in a-Gal A activity and reductions in lyso-Gb3 after dosing with ST-920
- These data provide additional evidence of a potentially favorable effect on Fabry nephropathy

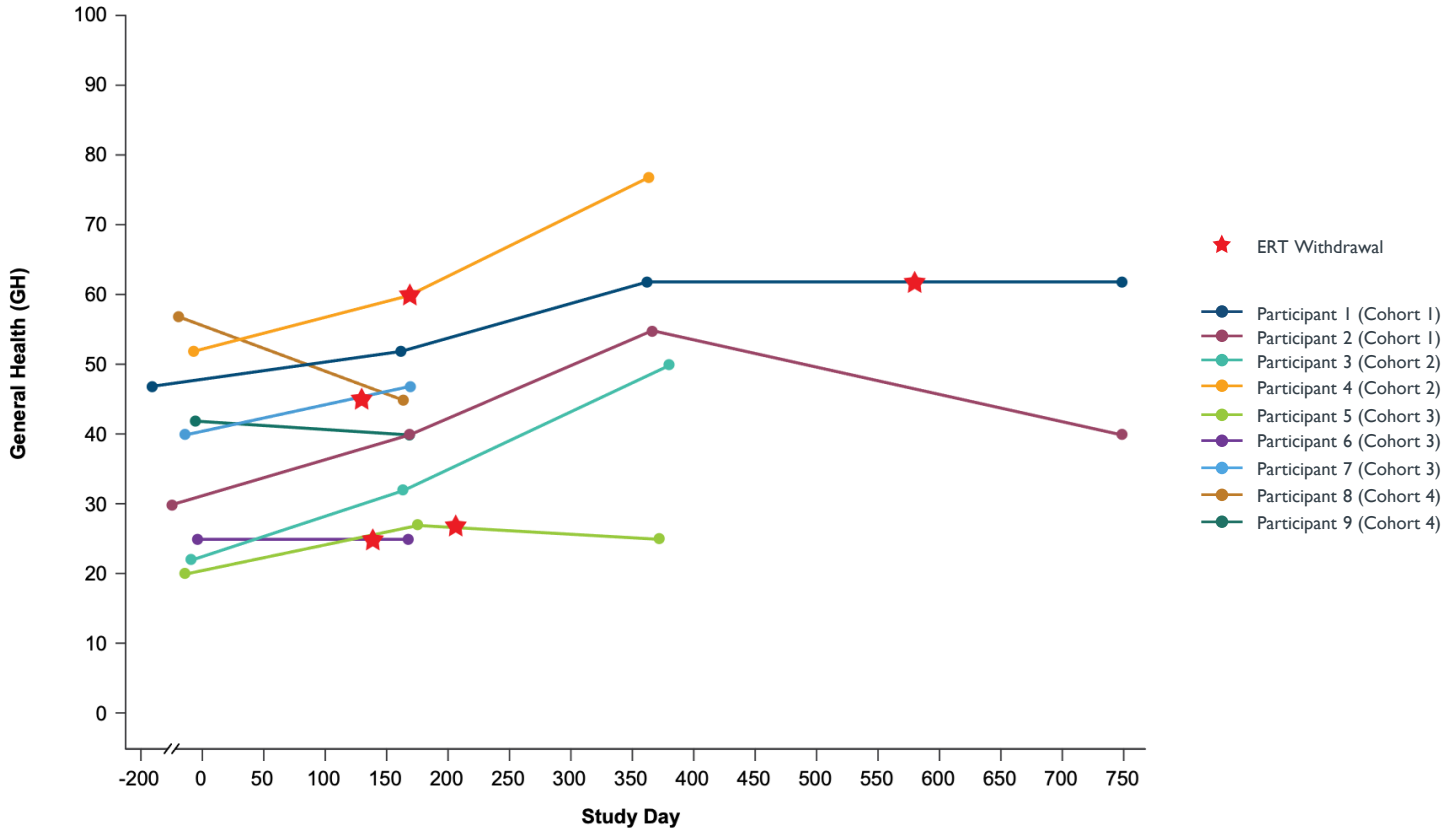
In this participant chronic kidney disease may be multifactorial with possible contributions from hypertension and type 2 diabetes

Podocyte quantification was performed via immunofluorescence with urine creatinine normalization. The Barisoni Lipid Inclusion Scoring System (BLISS) was used in a blinded manner by 3 independent pathologists to quantify PTC Gb3 inclusions. Lines above the bars indicate standard deviation. α-Gal A, alpha-galactosidase A; ERT, enzyme replacement therapy; PTC, peritubular capillary; lyso-Gb3, globotriaosylsphingosine; Gb3, globotriaosylceramide.

Sangamo THERAPEUTICS

Dose escalation phase: clinically meaningful and statistically significant increase in mean SF-36 general health scores

Ph 1/2 STAAR data, WORLDSymposium, February 2023. Cut-off Oct 20, 2022.



General Health Score Dose Escalation Phase

Study Week	Change from Baseline Mean ± SE, 95% CL
Baseline	- - -
Week 24 (n=8)	2.9±2.57 [-3.2, 8.9] p=0.2996
Week 52 (n=5)	**19.6±4.26 [7.8, 31.4] p=0.010**

Reference: ADQS, Listing 16.2.14, Table 14.3.4.5a
Data points from the LTFU (Day 750) are not included
CL: Confidence limit; SE, standard error

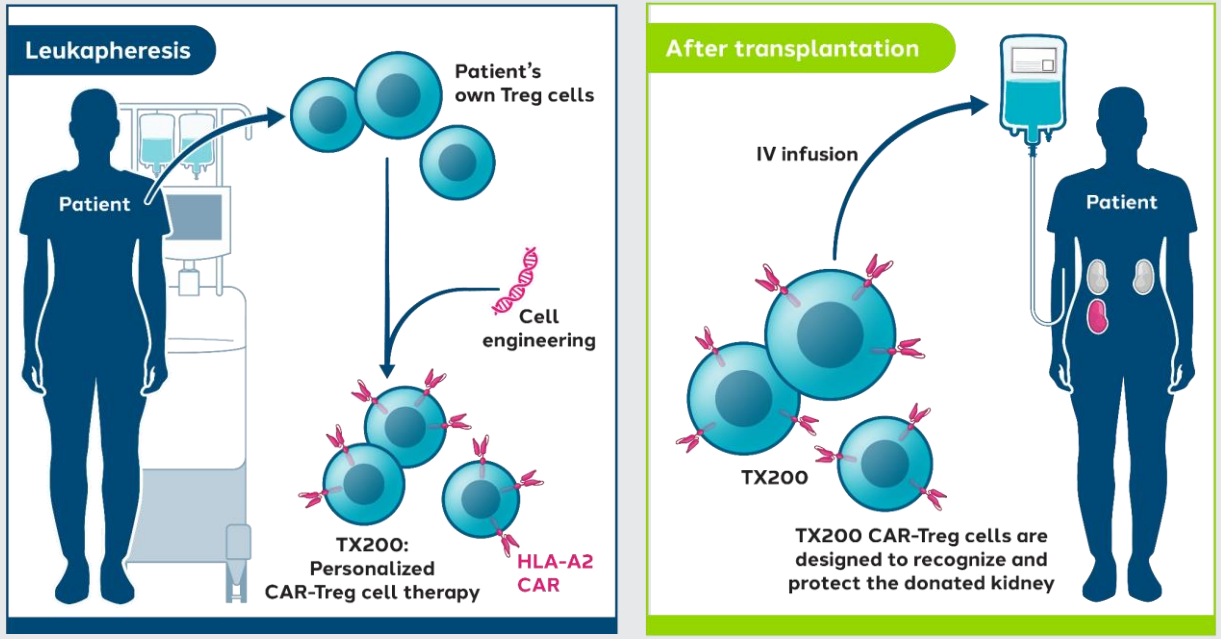
- Change from baseline at Week 52 is statistically significant with mean=9.6, 95% CL: [7.8, 31.4], p=0.010 (paired t-test)
- A 3-to-5-point change on any SF-36 score is the minimally clinically important difference (MCID)[1]

1. Arends, M., C. E. Hollak, and M. Biegstraaten. 2015. *Orphanet J Rare Dis*, 10: 77.

Long Term Follow-up Data: Data points > Study Day 365. SF-36, Short Form-36

CAR-Treg Cell Therapy in Immune Regulation

TX200 (autologous): CAR-Tregs treatment in development for the prevention of immune-mediated rejection in HLA-A2 mismatched kidney transplantation from living donor currently in Phase 1/2



The patient promise:

Our goals for TX200

- Administration of a one-time infusion of the patient's own Treg cells that have been engineered to express a CAR designed to recognize the HLA-A2 protein present on a transplanted kidney
- Protect the graft from immune-mediated rejection
- Reduce or eliminate the need for lifelong treatment with immunosuppressants

HLA-A2 Mismatched Renal Transplant

44,000 renal transplantations per annum (US + EU)[1]

21-26% of transplanted organs are estimated to be HLA-A2 mismatched[2]

IROdat: https://www.irodat.org
Barocci et al. 2007; Marrari et al., 2010; Middleton et al., 1985; Schnitzler et al. 1997

Phase 1/2 study evaluating TX200 in renal transplantation

The product candidate continues to be generally well tolerated in the three patients dosed to-date. Six study sites are now open across four countries.

Received endorsement from Safety Monitoring Committee to progress to cohort two. Dosing of next patient (cohort two) expected in 3Q23.

Received first full country approval on protocol amendment for accelerated dose escalation. Plan to share initial data by YE2023.

TX200 is designed to help the recipient accept their donated kidney and prevent their immune system from rejecting it, thereby reducing the need for systemic immunosuppressive therapy

Entry Criteria

Male or female subjects aged 18-70 years, diagnosed with End Stage Renal Disease (ESRD) and waiting for a new kidney from an identified living donor.

HLA-A2 mismatch between kidney donor and kidney recipient.

Primary Objective

Assess safety and tolerability of TX200.

Secondary Objectives

Assess incidence of acute graft rejection (confirmed by biopsy) and chronic graft rejection.

Assess ability of TX200 to reduce need for immunosuppressive therapy up to 84 weeks.

Assess localization of TX200 cells in the transplanted kidney.

Assess impact of TX200 on chronic graft-related outcomes.

Pioneering TX200 program establishes manufacturing and Treg engineering experience for potential future expansion into major autoimmune indications

Clinical CAR-Treg	Preclinical CAR-Treg	Potential future autoimmune indications for expansion	
Autologous Renal Transplant	Multiple Sclerosis	Autoimmune Hepatitis	Systemic Sclerosis
	Inflammatory Bowel Disease	Crohn's Disease	Type 1 Diabetes Mellitus
		Neuromyelitis Optica	Ulcerative Colitis
		Rheumatoid Arthritis	

Cell Therapy Strategy

CURRENT

- Seeks to provide potential proof-of-concept for CAR-Treg cell therapy
- Aims to establish key manufacturing and QC processes

FUTURE

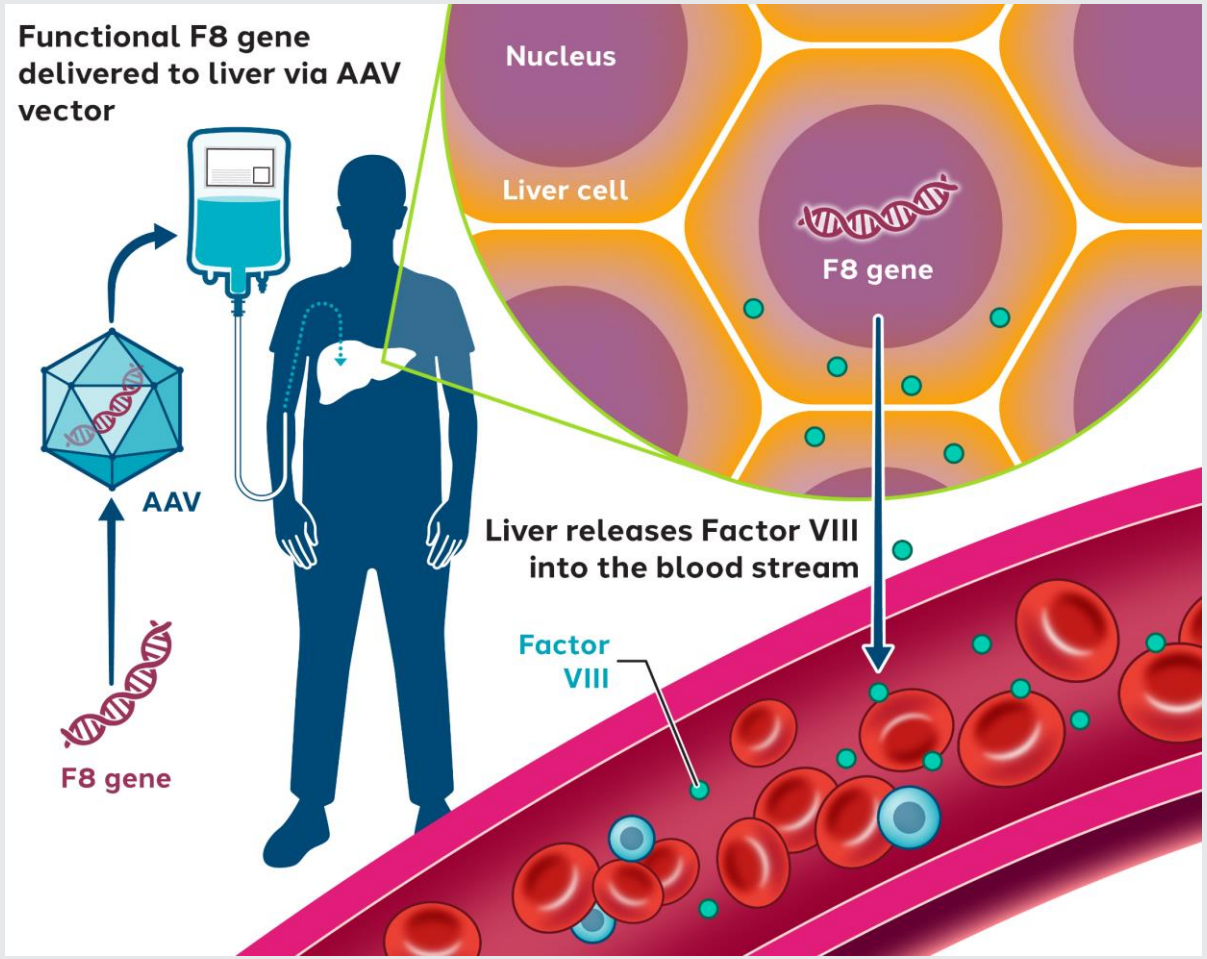
- Leverage ZF genome engineering knowledge to potentially advance allogeneic and functionally-enhanced CAR-Tregs
- Foundation upon which to potentially expand the addressable market

Hemophilia A

(giroctocogene fitelparvovec)

Sangamo THERAPEUTICS + Pfizer

Giroctocogene fitelparvovec: one-time, liver directed gene therapy for treatment of Hemophilia A, currently in Phase 3



The patient promise:

Our goals for giroctocogene fitelparvovec

- Administration of one-time infusion of liver-tropic rAAV6 vector carrying Beta domain deleted F8 gene
- Delivery of a working copy of the F8 gene to the liver so liver cells can start producing functional FVIII clotting factor

Phase 3 AFFINE study in Hemophilia A

Program transitioned to Pfizer for phase 3 development

1. Open label, global, single-arm study of giroctocogene fitelparvovec gene therapy.

2. Primary endpoint is impact on annual bleed rate, or ABR, through 12 months following treatment. This will be compared to Factor VIII replacement therapy collected in the Phase 3 lead-in study, which will provide a baseline for Phase 3 study participants.

3. Participants will be analyzed throughout the 5-year study period following the single infusion to further assess safety, durability and efficacy.

Dosing to support primary analysis of AFFINE is complete

A pivotal readout is expected in mid-2024.
BLA and MAA submissions anticipated in 2H 2024.

Potential to generate up to $220 million in remaining milestone payments*, and 14-20% royalties on future product sales if approved**

Sangamo THERAPEUTICS

*beginning in 2024
**subject to customary reductions

Sangamo's differentiated ZF genomic engineering platform

Versatile, modular, customizable
Flexible configuration and multiple functionalities

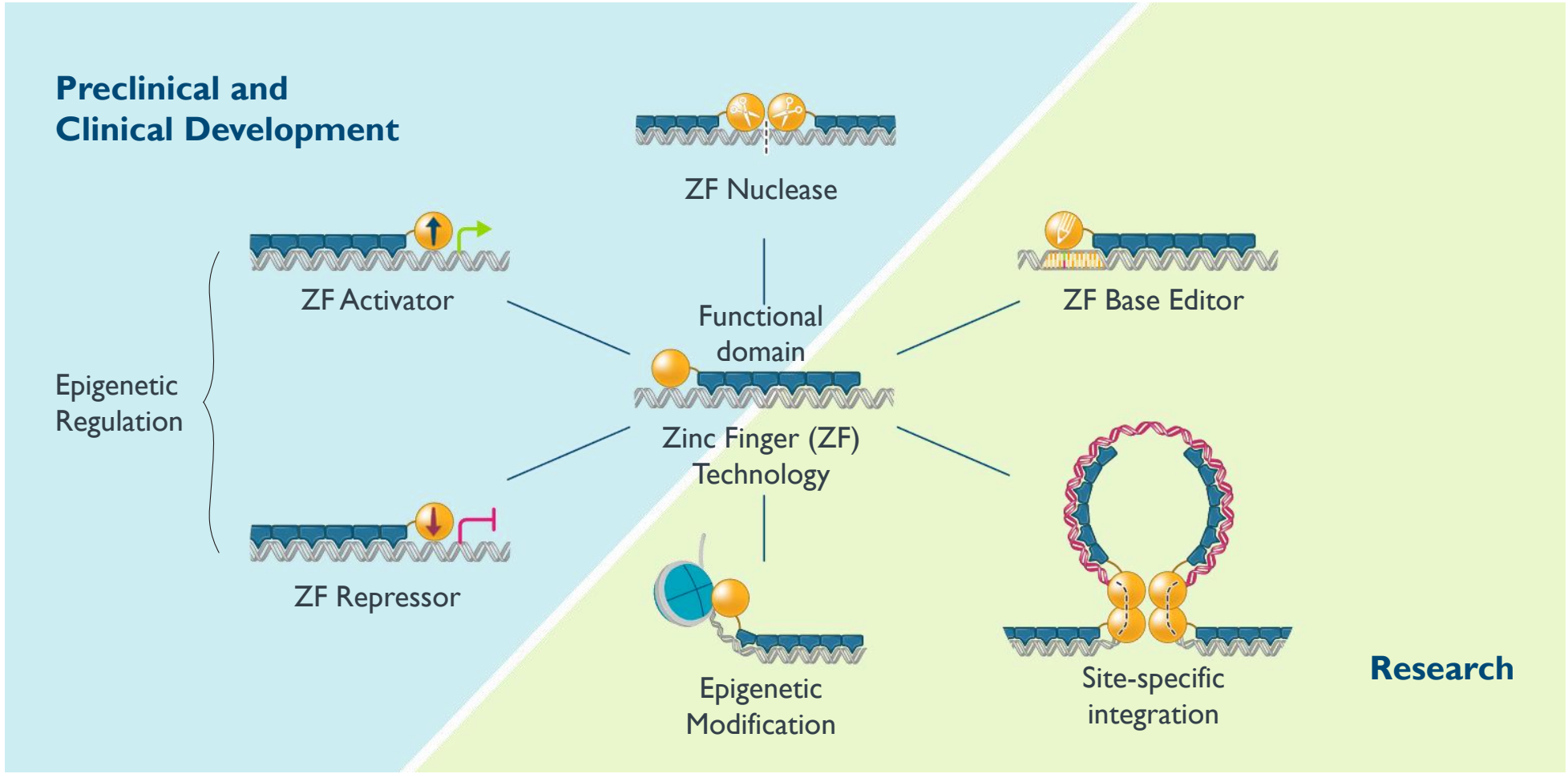
High activity and specificity
Tunable and optimizable DNA:protein interface

High-resolution targeting
Genome-wide coverage, no restrictions

Compact
Improved delivery vector compatibility and genome accessibility

Sangamo THERAPEUTICS

A diverse set of functional domains can be appended to the ZF platform



Our ESG commitment

Sangamo strives to mitigate the environmental impact of our operations, promote diversity and inclusion in our workforce and govern our company responsibly and transparently

Environment

- Sangamo's headquarters in Brisbane is LEED certified, meaning it meets the requirements of a green building set by the U.S. Green Building Council

Social

- Diversity, Equity and Inclusion (DEI) working group continues to advance internal initiatives
- Instituted DEI metrics to better track diversity initiatives and results
- Focus on DEI in recruitment and retention

Governance

- Majority independent Board oversees risk and strategy
- Separate Chair and CEO
- Three new independent directors added in the last three years
- Board is 44% female and 11% from underrepresented communities

Multiple biopharma collaborations demonstrate the platform's potential and provide significant economics for Sangamo

Gene Therapy

Pfizer

Cell Therapy

Kite, A GILEAD Company

Genome Engineering

Pfizer

CHROMA MEDICINE

Takeda

Prevail THERAPEUTICS

$817m
cash received from partners to date

Up to $2b
in potential future milestones and exercise fees assuming exercise of all options and targets

Additional potential royalties

Numerous Benefits of Partnerships:

Large Pharma buy-in validates the potential of wave two mechanistic approach

Provides non-dilutive capital to advance pipeline

Leverages partner domain expertise

Promotes optimal resource allocation to advance late-stage clinical development