Sangamo THERAPEUTICS

Pioneering the Future of Genomic Medicines

August 2022

Forward-Looking Statements

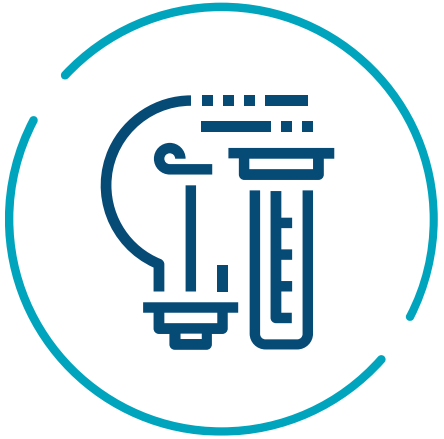
This presentation contains forward-looking statements regarding our current expectations. These forward-looking statements include, without limitation, statements relating to the potential to develop, obtain regulatory approvals for and commercialize durable, safe and effective therapies to treat certain diseases and the timing, availability and costs of such therapies, the potential to use ZFP, ZFP-TF, CAR-Treg 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 the expected resumption of dosing of patients in the Phase 3 AFFINE trial and the presentation of data from such trial, our financial resources, including the sufficiency thereof, and expectations, our 2022 financial guidance, anticipated plans and timelines for us and our collaborators to enroll patients in and conduct clinical trials, dose and screen patients, and present clinical data, the anticipated advancement of our product candidates to late-stage development, including potential future Phase 3 trials, execution of our corporate strategy, our pipeline 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 evolving 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, 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, including the risk that any necessary conditions to resume dosing of patients in the Phase 3 AFFINE trial of giroctocogene fitelparvovec are not met in a timely manner, or at all, including the risk that protocol amendments for the Phase 3 AFFINE trial of giroctocogene fitelparvovec may not be accepted by the relevant review bodies in a timely manner, or at all, which could further delay or preclude further patient dosing in this trial; 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, 2021, as supplemented by our Quarterly Report on Form 10-Q for the quarter ended June 30, 2022. 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. To supplement our financial results and guidance presented in accordance with GAAP, we present non-GAAP total operating expenses, which exclude stock-based compensation expense from GAAP total operating expenses. We believe that this non-GAAP financial measure, when considered together with our financial information prepared in accordance with GAAP, can enhance investors' and analysts' ability to meaningfully compare our results from period to period and to our forward-looking guidance, and to identify operating trends in our business. We have excluded stock-based compensation expense because it is a non-cash expense that may vary significantly from period to period as a result of changes not directly or immediately related to the operational performance for the periods presented. This non-GAAP financial measure is in addition to, not a substitute for, or superior to, measures of financial performance prepared in accordance with GAAP. We encourage investors to carefully consider our results under GAAP, as well as our supplemental non-GAAP financial information, to more fully understand our business.

Leading Genomic Candidates into the Clinic

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

Pioneer in Genomic Medicines

Multiple Clinical-stage Programs



Advanced Scientific Toolkit

In-house Manufacturing

Building a Genomic Medicines Company

Early Learnings with Breakthrough Technologies

1st to edit endogenous human genes

1st to treat patients with gene-edited T-cells

1st to treat patients with *in vivo* genome editing

1st to treat a patient with engineered CAR-Tregs

Culture and Track Record of Innovation

Advancing Differentiated Genomic Medicines through the Clinic

Leverage robust toolkit and expertise to advance pipeline

Focus on Hemophilia A, Fabry Disease, and Sickle Cell Disease

Pipeline of First-Generation Genomic Medicine Clinical Candidates

Pioneering the Future of Genomic Medicine

Expand utility of broad genomic engineering platform enabled by expertise in zinc fingers and CAR-Tregs

Deep pipeline of second-generation assets, focusing on autoimmune and neurology

Preclinical Pipeline Expansion Utilizing Second-Generation Genomic Engineering Platform

Value Thesis

01

First-generation product candidates for Fabry Disease, Sickle Cell Disease and Hemophilia A **in or advancing into late-stage clinical development;** provide insights for second-generation programs

02

Innovative second-generation candidates applying **differentiated genomic medicine capabilities** in cell therapy and genome engineering, with a focus in autoimmunity and neurology

03

Expansive R&D discovery engine supported by long history of innovation

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04

Five technology-validating blue chip biopharma partners offer domain expertise, up-front payments and a pathway to potential milestone payments

05

In-house cGMP manufacturing facilities provide control over quality, supply, timelines, cost and IP

06

Strong financial position to **take us through our key upcoming catalysts**

Robust Pipeline with Thoughtful Balance of Partnered and Wholly Owned Programs

Wholly Owned Programs

INDICATION	TECHNOLOGY	PRECLINICAL	PHASE 1/2	PIVOTAL
Fabry Disease *(Isaralgagene civaparvovec)*	*Gene Therapy*	*Updated clinical data expected in 2H 2022*		
Sickle Cell Disease *(BIVV003*)*	*Cell Therapy*	*Updated clinical data expected in 2H 2022*		
Renal Transplant *(TX200; Auto)*	*T_{REG} Cell Therapy*	*First patient dosed. Second planned in Q3 2022.*		
Renal Transplant *(Allogeneic)*	*T_{REG} Cell Therapy*			
Inflammatory Bowel Disease	*T_{REG} Cell Therapy*			
Multiple Sclerosis	*T_{REG} Cell Therapy*			
Prion	*ZF Genome Engineering*			
Neurology *(3 Undisclosed)*	*ZF Genome Engineering*			

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		
Neurodevelopmental Disorders	*ZF Genome Engineering*	NOVARTIS		
ALS/FTD	*ZF Genome Engineering*	Pfizer		
Huntington's Disease	*ZF Genome Engineering*	Takeda		
a-Synuclein *(ST-502)*	*ZF Genome Engineering*	Biogen		
Tauopathies *(ST-501)*	*ZF Genome Engineering*	Biogen		
Neurology *(DMI)*	*ZF Genome Engineering*	Biogen		
Neurology *(3 Undisclosed)*	*ZF Genome Engineering*	Biogen		

FIRST-GENERATION SECOND-GENERATION

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* *Formerly known as SAR445136*

First-Generation Programs

Compelling Proof-of-Concept Clinical Data

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Sangamo's First-Generation Programs

First-Gen programs capitalize on our expertise in gene therapy and cell therapy in an effort **to bring potentially transformative genomic medicines to patients with rare disease**

Fabry Disease
(isaralgagene civaparvovec, or ST-920)

Phase 1/2

Preliminary Ph 1/2 data presented at WORLD 2022; nine patients dosed across 4 Cohorts; expansion phase commenced at 5e13vg/kg dose

Ph 3 planning initiated

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Sickle Cell Disease
(BIVV003*)

Phase 1/2

Preliminary Ph 1/2 data presented at ASH 2021; five patients dosed; transition of program from Sanofi back to Sangamo complete

Ph 3 enabling activities in progress

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Hemophilia A
(giroctocogene fitelparvovec)

Phase 3

Provided Ph 1/2 2-year follow-up data at ASH 2021

Ph 3 trial is over 50% enrolled; Pfizer expects to resume dosing in Q3 2022

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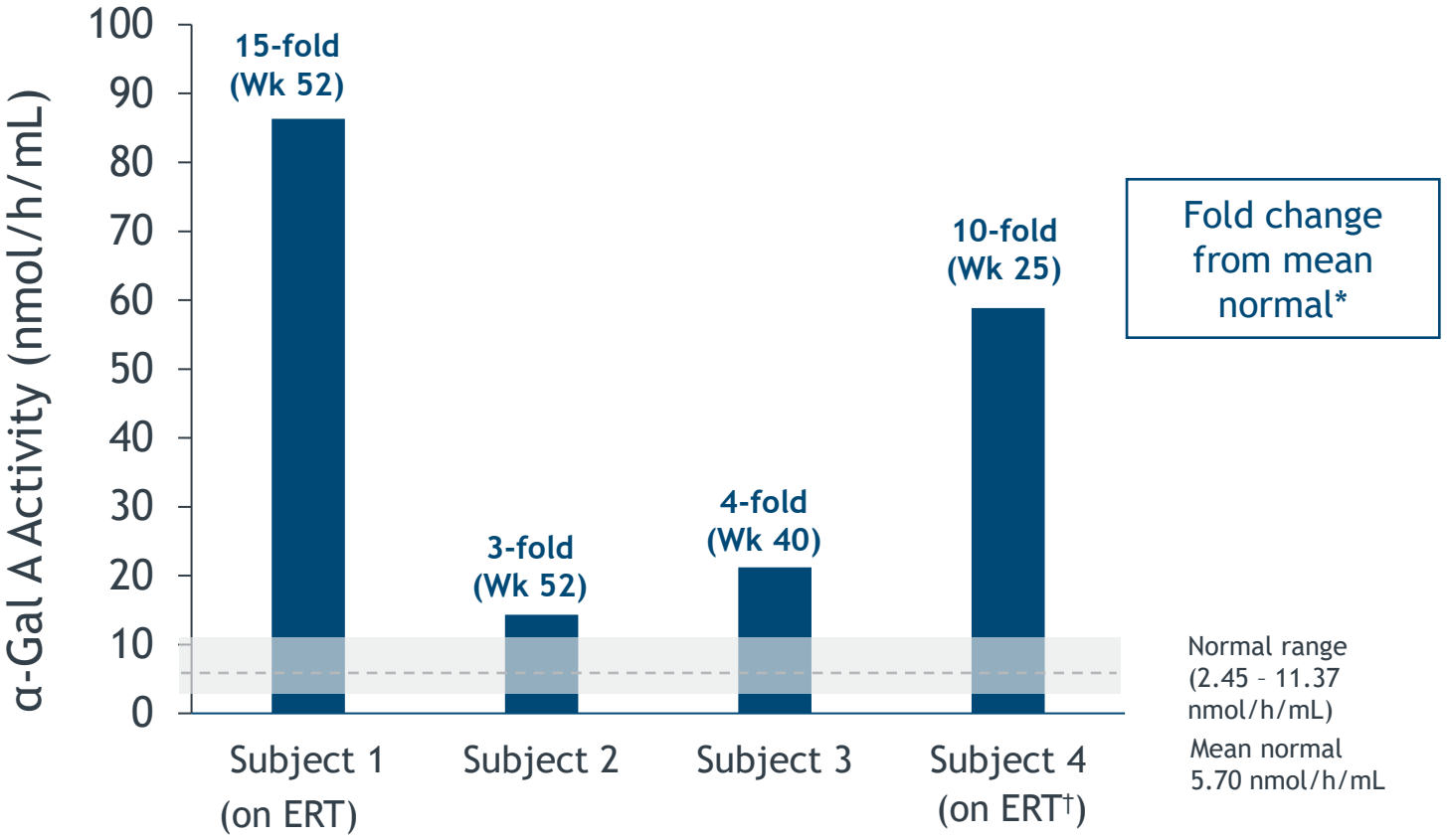
** Formerly known as SAR445136*

Fabry Disease
(isaralgagene civaparvovec or ST-920)

Fabry disease: ST-920 Efficacy Data

STAAR data, WORLD, February 8, 2022 (Abstract #LB-20). Cut-off Nov 9, 2021.



Biomarker results were evaluated from the 4 subjects in dose cohorts 1 and 2 (0.5e13 vg/kg and 1.0e13 vg/kg) as of the cut-off date of November 9, 2021.

*Fold change was calculated at last measured time point. α-Gal A activity was measured using a 3-hour reaction time and is presented in nmol/h/mL. For Subjects 1 and 4, this was sampled at ERT trough. Normal range and mean were determined based on healthy male individuals.

†Subject was withdrawn from ERT at week 24.

ERT, enzyme replacement therapy; vg/kg, vector genomes per kilogram of body weight.

Wholly owned gene therapy designed to offer a convenient one-time infusion compared to regular ERT infusions.

Preliminary clinical data demonstrated robust increases in α-Gal A, with compelling safety and tolerability profile.

Since WORLD 2022:

Nine patients dosed across four dose Cohorts. Dose escalation complete. Progressing to expansion phase.

Four patients successfully withdrawn from ERT. No indication to date that resumption of ERT is required.

Updated data expected in 2H 2022, including at SSIEM, August 30-September 2, 2022.

Fabry disease: ST-920 Safety and Tolerability

STAAR data, WORLD, February 8, 2022 (Abstract #LB-20). Cut-off Nov 9, 2021.

MedDRA Preferred Term	Cohort 1 (0.5e13 vg/kg) (n=2)		Cohort 2 (1.0e13 vg/kg) (n=2)		Cohort 3 (3.0e13 vg/kg) (n=1)		Overall (N=5)	
	n	Events	n	Events	n	Events	n	Events
Treatment-related adverse events (total)	**1**	**3**	**1**	**2**	**1**	**6**	**3**	**11**
Hemoglobin decreased	1	1	0	0	0	0	1	1
Platelet count increased	1	1	0	0	0	0	1	1
Rash	1	1	0	0	0	0	1	1
Pyrexia	0	0	1	2	1	1	2	3
Headache	0	0	0	0	1	1	1	1
Myalgia	0	0	0	0	1	1	1	1
Fatigue	0	0	0	0	1	1	1	1
Abdominal pain	0	0	0	0	1	1	1	1
Frequent bowel movements	0	0	0	0	1	1	1	1

As of the cut-off date of November 9, 2021, safety data were evaluated from the 5 subjects in dose cohorts 1-3 (0.5e13 vg/kg, 1.0e13 vg/kg, and 3.0e13 vg/kg); length of follow-up ranged from 3-52 weeks (Subjects 1 and 2, 52 weeks; Subject 3, 40 weeks; Subject 4, 25 weeks; Subject 5, 3 weeks).
MedDRA, Medical Dictionary for Regulatory Activities; vg/kg, vector genomes per kilogram of body weight.

Isaralgagene civaparvovec (ST-920) was generally well tolerated as of the cut-off date

No liver enzyme elevations requiring steroid treatment

No treatment-related serious adverse events were reported

All treatment-related adverse events were Grade 1 (mild)

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Fabry disease: STAAR Study Baseline Subject Characteristics

	Cohort 1 (n=2) 0.5e13 vg/kg		Cohort 2 (n=2) 1.0e13 vg/kg		Cohort 3 (n=3) 3.0e13 vg/kg			Cohort 4 (n=2) 5.0e13 vg/kg	
	Subject 1	Subject 2	Subject 3	Subject 4	Subject 5	Subject 6	Subject 7	Subject 8	Subject 9
Age (years)	48	25	42	22	39	42	51	49	40
On ERT	Yes (withdrawn March 2022)	No; pseudo-naïve	No; pseudo-naïve	Yes (withdrawn Nov 2021)	Yes (withdrawn May 2022)	Yes (withdrawn June 2022)	Yes	No (Naive)	No (Naive)
Primary disease signs and symptoms	• Hypohidrosis • Tinnitus and vertigo • Left ventricular hypertrophy • Palpitations • Anemia • Leg edema	• Anhidrosis • Tinnitus • Acropares-thesia† • Sinus bradycardia • Left ventricular hypertrophy	• Hypohidrosis • Tinnitus and vertigo • Acropares-thesia† • ECG sinus arrhythmia	• Hypohidrosis • Neuropathic pain • Aortic root dilation	• Tinnitus • High frequency hearing loss • Acropares-thesia • Sinus bradycardia	• Hypohidrosis • Tinnitus • Neuropathic pain • Acropares-thesia	• Depression • Ventricular tachycardia • Hearing loss • Neuropathic pain	• Tinnitus • Mild ventricular hypertrophy • Acropares-thesia	• Mild ventricular wall thickness
Mutation	G261D	T141I	W340R	S297Y	Q283X	D215S	IVS5/ c.801+3A>G	P362L	T141I

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Subject has withdrawn from ERT

Sickle Cell Disease (BIVV003*)

** Formerly known as SAR445136*

Sickle Cell Disease: BIVV003* Efficacy

PRECIZN-1 data presented at ASH on December 12, 2021 (Abstract #2930)

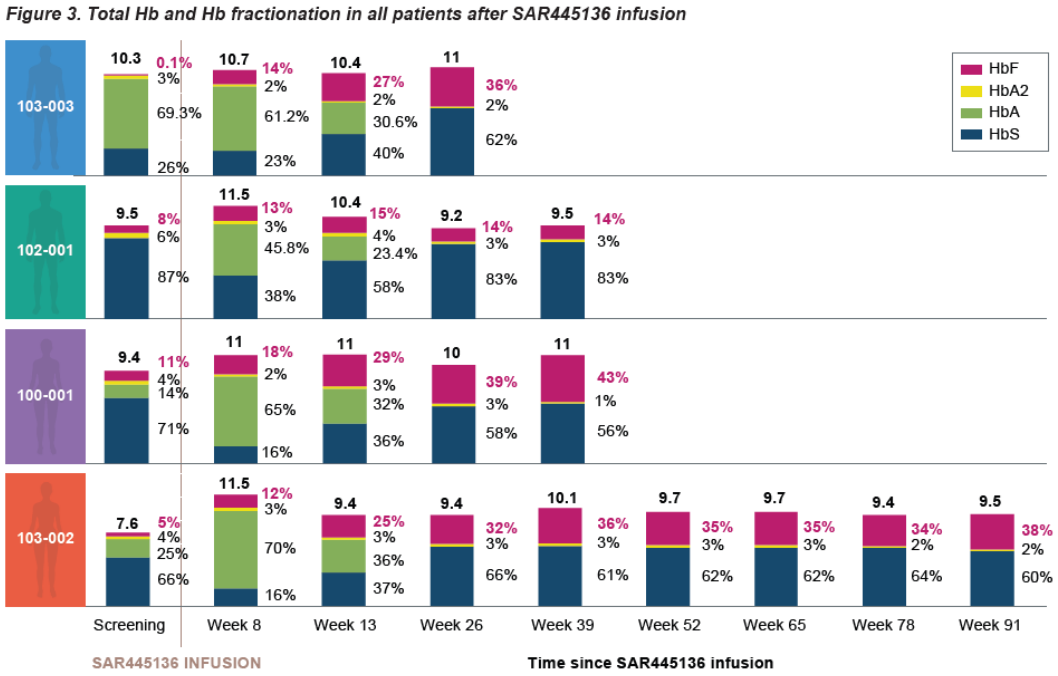
Preliminary proof-of-concept Phase 1/2 data demonstrate therapeutic potential of BIVV003 in sickle cell disease

Data from the PRECIZN-1 study presented at ASH 2021. As of the September 22, 2021, cutoff date:

None of the 4 treated patients required blood transfusions post engraftment

All 4 treated patients experienced increases in total hemoglobin (Hb), fetal hemoglobin (HbF) and percent F cells

Total Hb and Hb Fractionation in all Patients After BIVV003 Infusion



Total Hb: Stabilized by Week 26 in all 4 patients

Percent HbF levels increased:

- Screening: 0.1-11%
- Week 26: 14-39%
- Week 91: 38% in the longest-treated patient

Percent F cells increased:

Week 26: Increased to 48-94% in all four infused patients, persisting at 99% in the patient with 91 weeks of follow-up

Presented at ASH on December 12, 2021 (Abstract #2930)

* *Formerly known as SAR445136*

Sickle Cell Disease: BIVV003 Safety Data

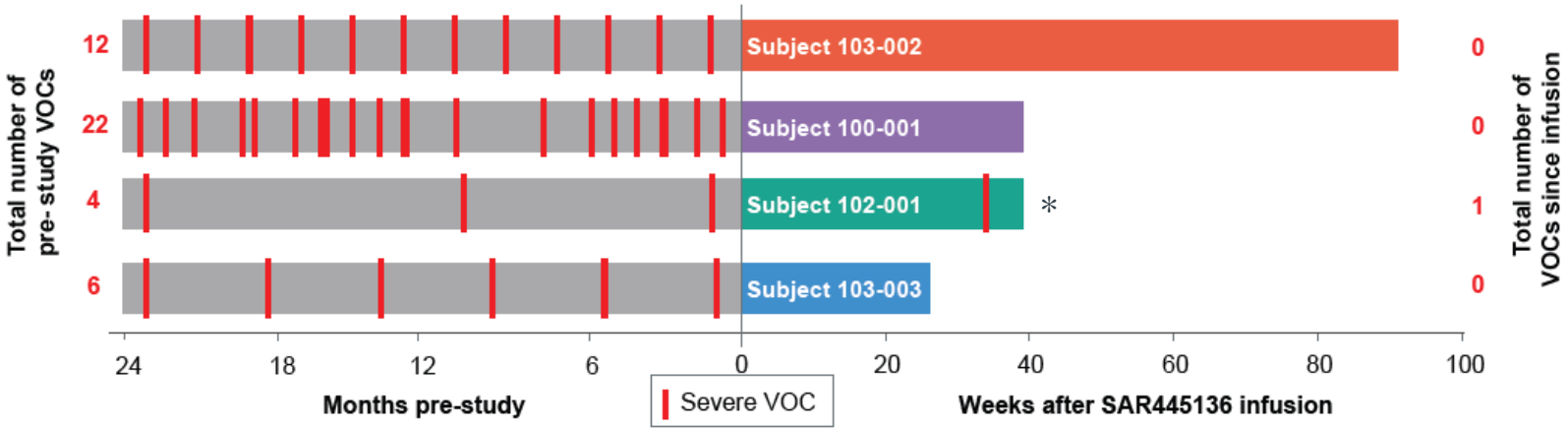
PRECIZN-1 data presented at ASH on December 12, 2021 (Abstract #2930)

Baseline Characteristics and Clinical History

Subject	103-002	100-001	102-001	103-003
Genotype	HbSB0	HbSS	HbSS	HbSS
Gender	Female	Female	Male	Male
Race	African American	African American	African American	African American
Age at consent, years	35	20	18	25
Pain crises, #events/2 years	10	22	0	6
Disease modifying medications, Y/N	N	Y*	Y*	N
Chronic RBC transfusion therapy, Y/N	N	Y	Y	Y

*Hydroxyurea RBC, RED blood cell

Number of VOCs Reported Pre- and Post-BIVV003 Infusion



VOC, vaso-occlusive crisis

As of September 22, 2021 cutoff date

** Patient subsequently experienced 2nd VOC, approx. 16 months post treatment*

As at September 22, 2021 cutoff:

No adverse events (AEs) assessed as related to BIVV003 through 91 weeks of follow-up for the longest treated patient

One serious AE of sickle cell anemia with crisis (vaso-occlusive crisis or VOC) was reported ~9 months after treatment in 1 patient

No other SCD-related events were reported in the 4 patients post-infusion

Since ASH 2021

Fifth patient dosed, using product candidate manufactured with improved process

Second VOC reported in the same patient that had achieved lowest levels of fetal hemoglobin (~16 months after treatment)

Hemophilia A
(giroctocogene fitelparvovec)

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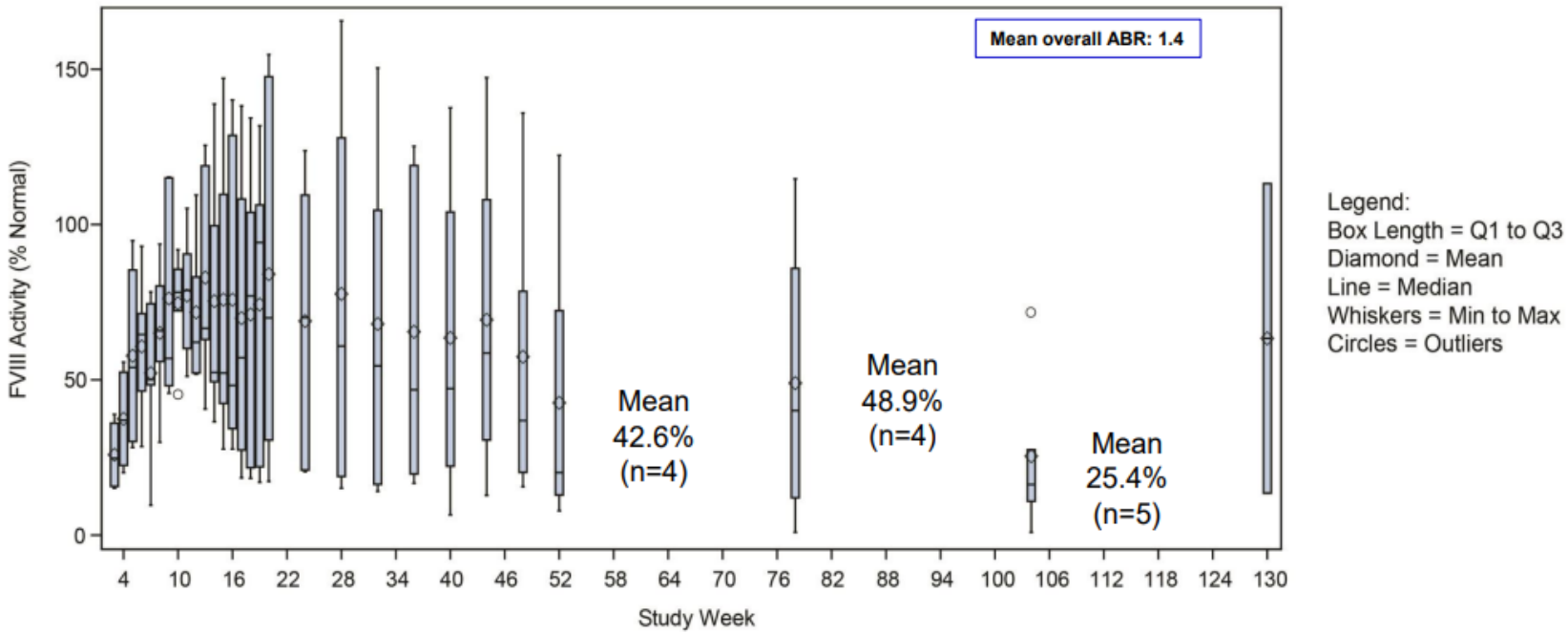
Hemophilia A: Efficacy Data (Highest Dose Cohort)

Phase 1/2 ALTA data presented at ASH on December 12, 2021 (Abstract #564)

Factor VIII Activity Levels as Measured by Chromogenic Assay for the Highest Dose Cohort



- 0 bleeding events occurred in the first year post-infusion
- Mean overall ABR = 1.4 (n=5 participants with ≥2 years of follow-up)

As of the October 1, 2021, cutoff date:

At 104 weeks, the 5 patients in the highest dose 3e13 vg/kg cohort had mean factor VIII (FVIII) activity of 25.4% via chromogenic clotting assay

In this cohort, mean annualized bleeding rate (ABR) was 0.0 in the first-year post-infusion and was 1.4 throughout the total duration of follow-up

All bleeding events occurred after week 69 post-infusion. 2 patients experienced bleeding events necessitating treatment with exogenous FVIII

No participants in the highest dose cohort have resumed FVIII prophylaxis

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Hemophilia A: Safety Data

Phase 1/2 ALTA data presented at ASH on December 12, 2021 (Abstract #564)

As of the October 1, 2021, cutoff date:

Among the 5 patients in the highest dose cohort, 4 received corticosteroids for liver enzyme (ALT/AST) elevations. All elevations fully resolved with oral corticosteroids

As previously reported, 1 patient in the highest dose cohort had a treatment-related serious adverse event (AE) of hypotension (grade 3) and fever (grade 2), with symptoms of headache and tachycardia, which occurred 6 hours post-infusion with giroctocogene fitelparvovec and resolved ~12 hours post-infusion

No other treatment-related serious AEs were reported as of the cutoff date

Giroctocogene fitelparvovec was generally well tolerated

No confirmed FVIII inhibitor development

No thrombotic events reported

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Phase 3 AFFINE Study in Hemophilia A

Program transitioned to Pfizer for phase 3 development

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

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

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

AFFINE is more than 50% enrolled

Pfizer has confirmed that it anticipates resuming dosing in the third quarter of 2022, with a pivotal data readout estimated in late 2023 or early 2024.

This trial was previously paused when some patients experienced FVIII expression greater than 150% following treatment.

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Second-Generation Programs

Autoimmune & Neurology Programs Capitalize on Advancements in Cell Therapy and Zinc Finger Genome Engineering Platform

Sangamo's Second-Generation Programs

Trailblazer CAR-T_{REG} program leverages expertise in *ex vivo* cellular engineering, manufacturing, and T_{REG} biology to establish a leading position in T_{REG} development

Neurology portfolio leverages knowledge of zinc finger genome engineering and domain expertise of partners to assemble a strong pipeline of CNS-targeted clinical candidates

CAR-T_{REG} Cell Therapy Platform

Auto Renal Transplant (TX200)
Phase 1/2
FIRST PATIENT DOSED IN PROOF-OF-CONCEPT STUDY

Allo Renal Transplant
Preclinical

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Inflammatory Bowel Disease
Preclinical

Multiple Sclerosis
Preclinical

Neurology Genome Engineering Platform

Prion
Preclinical
Sangamo

Neurology (3 Undisclosed)
Preclinical
Sangamo

ALS / FTD
Preclinical
Sangamo | Pfizer

Huntington's Disease
Preclinical
Sangamo | Takeda

Neuro-developmental Disorders
Preclinical
Sangamo | NOVARTIS

Tauopathies, Synucleinopathies, DM1, Undisclosed
Preclinical
Sangamo | Biogen

WHOLLY OWNED

CAR-T_{REG} Cell Therapy in Autoimmunity

CAR-T_{REG} Cell Therapy in the Clinic: TX200 for Renal Transplantation

TX200

Single infusion

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

Therapeutic hypothesis and goals:

Promote immunological tolerance to renal graft

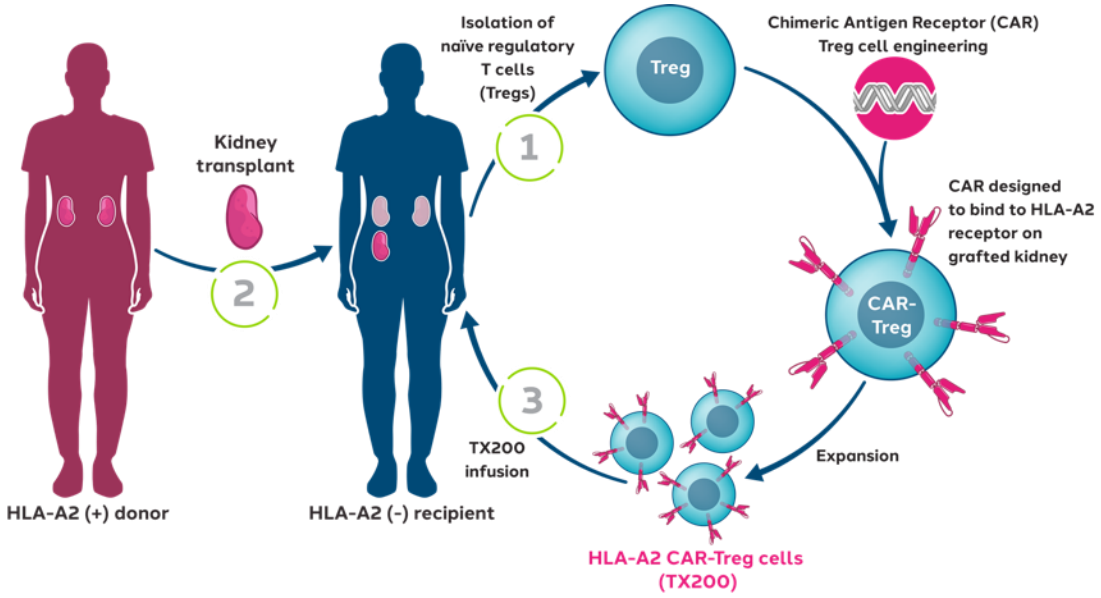
Help preserve graft function and reduce graft loss

Reduce need for systemic immunosuppressive therapy

HLA-A2 Mismatched Renal Transplant

~46,000 renal transplantations expected in 2021 (US + EU)[1]

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



TX200 administration to take place following transplantation; the time from pre-transplant through TX200 administration may be several months

1. IRODat: https://www.irodat.org
2. 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

STEADFAST

First patient dosed in March 2022

Second patient has received kidney transplant. Anticipate dosing in Q3, and Cohort 1 dosed by end of 2022.

Site openings and patient screenings ongoing

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

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

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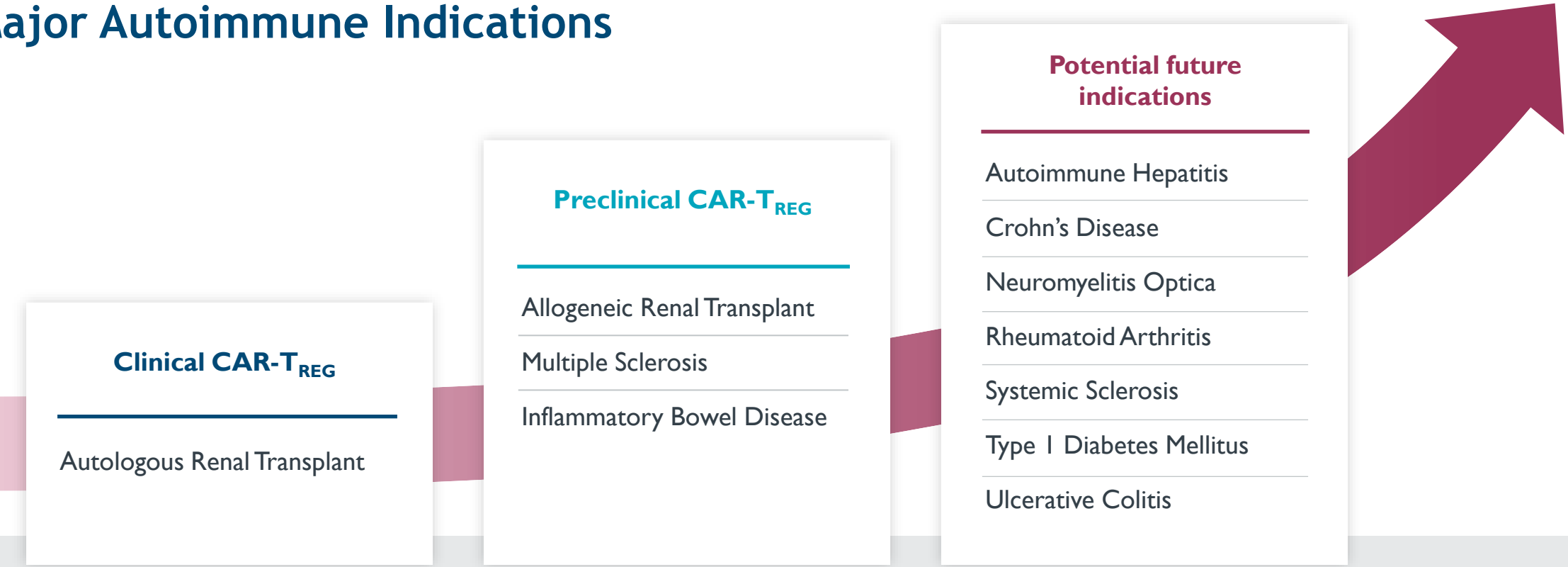
Pioneering TX200 Program Establishes Manufacturing and T_{REG} Engineering Expertise for Potential Future Expansion into Major Autoimmune Indications



Cell Therapy Strategy

CURRENT

Seeks to provide potential proof-of-concept for CAR-T_{REG} cell therapy

Aims to establish key manufacturing & QC processes

FUTURE

Leverage ZF genome engineering expertise to potentially advance allogeneic and functionally-enhanced CAR-T_{REGS}

Foundation upon which to potentially expand the addressable market

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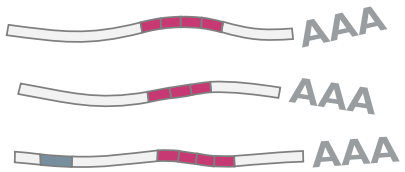
Zinc Finger Genomic Engineering for Neurology

ZFP-TFs Target Upstream at the Source of Mutant Protein Isoforms and Complexes Offering Advantages over Today's Symptomatic Approaches

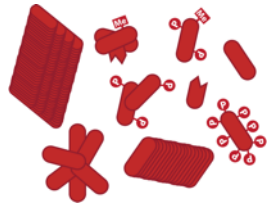
DNA

Mutant allele



RNA

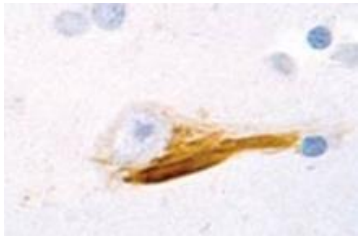
Sense, antisense, mis-spliced



Protein

Varied and complex

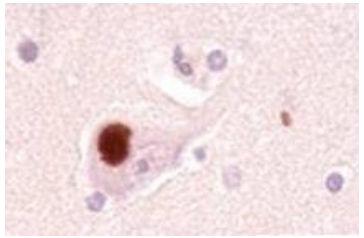
TAUOPATHIES



Tau

Biogen

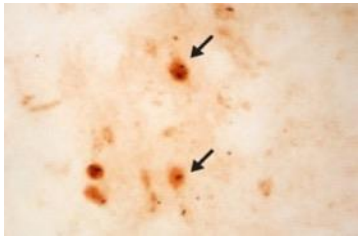
PARKINSON'S DISEASE



α-Synuclein

Biogen

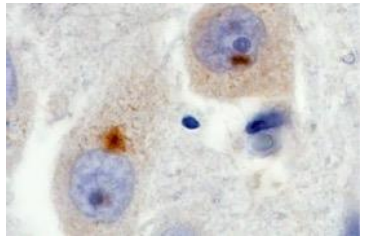
HUNTINGTON'S DISEASE



Huntingtin

Takeda

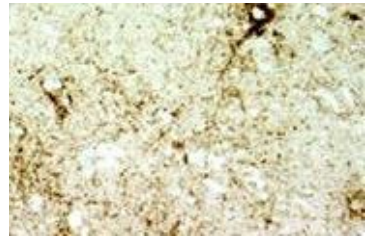
ALS



C9orf72

Pfizer

PRION DISEASE



Prion

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

Sangamo Genomic Medicine Platform

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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

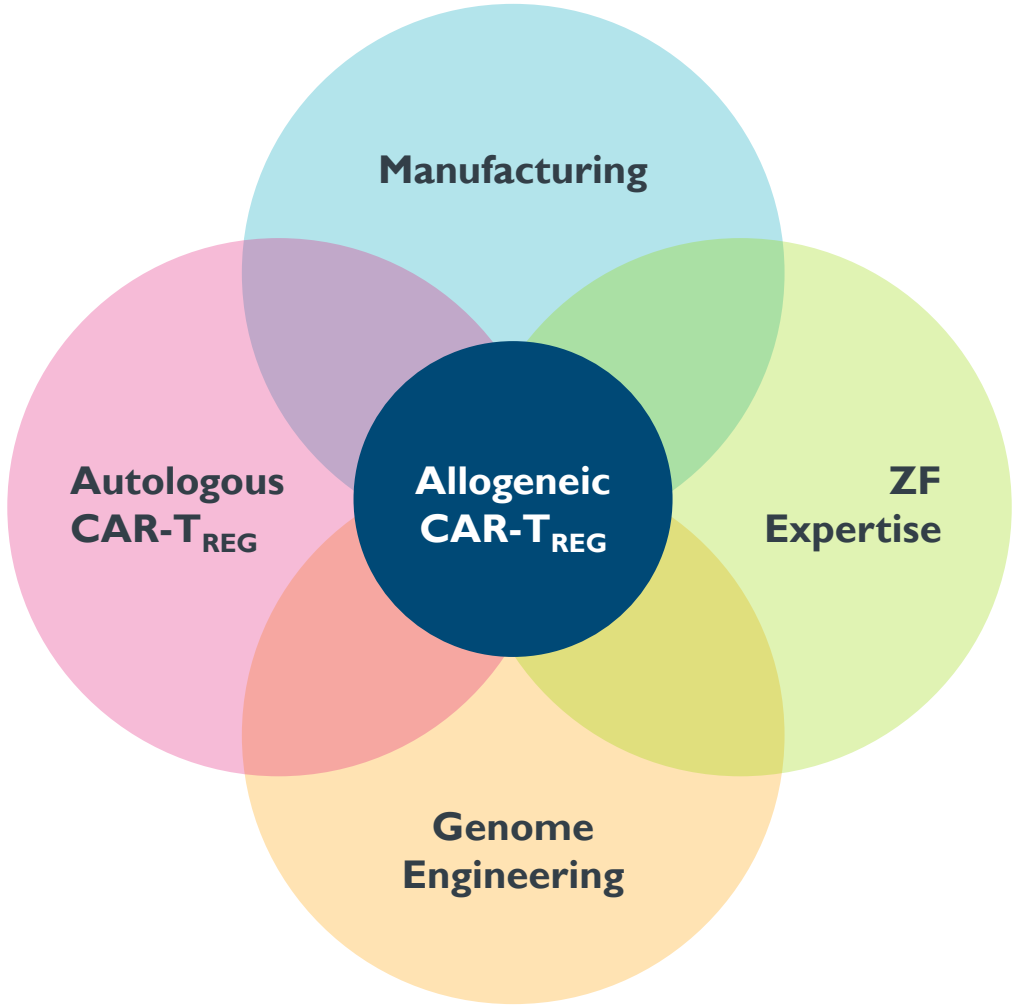
Compact

Improved delivery vector compatibility and genome accessibility

Synergies among Multiple Technology Platforms Support a Potentially Leading Foundation for Allogeneic CAR-T_{REG}

IN-HOUSE INFRASTRUCTURE DESIGNED TO SUPPORT RAPID SCALABILITY

SEEKS TO ESTABLISH CELL THERAPY PROTOCOLS AND KNOW-HOW



ADVANCED BIOLOGICAL KNOWLEDGE

INSTITUTIONAL KNOWLEDGE SUPPORTED BY TOP SCIENTISTS

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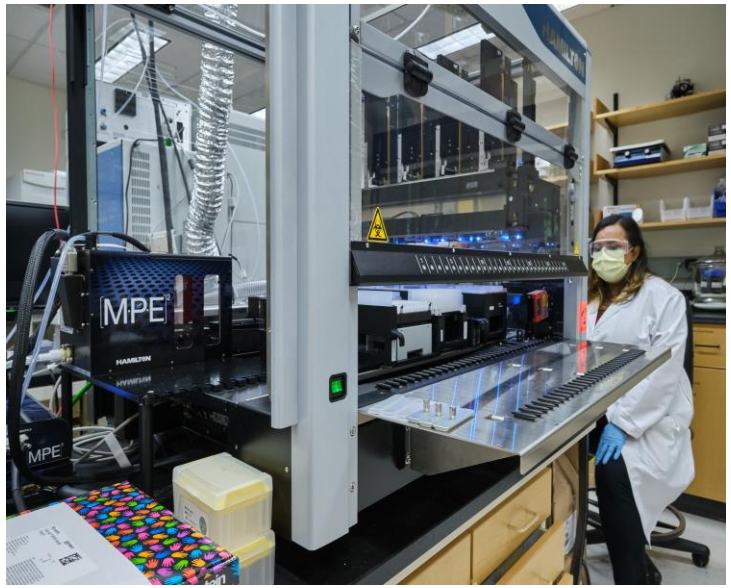
In-House Cell Therapy and AAV Manufacturing GMP Facilities & Deep Manufacturing Expertise Provide the Infrastructure to Execute on Our Clinical Strategy

AAV and Cell Therapy manufacturing capabilities in-house

Opened new state-of-the-art GMP facilities in 2021



Dedicated access to AAV capacity up to 2000-L bioreactor scale with CDMO partners provides flexibility in manufacturing scale

In-house capabilities in US and France, and line of sight across manufacturing operations from procurement to release enables greater control over quality, supply, cost, timeline and IP.

Key Highlights of Sangamo's Manufacturing Capabilities

Flexibility and control
High degree of quality control for vector and cell therapy applications

Capacity to support R&D needs
Balanced infrastructure designed to support achievement of critical milestones

Process expertise
Supported by highly experienced technical operations team

Geographic diversification
US and EU sites provide supply chain resiliency

Deep intellectual property portfolio
Proprietary archive of ZFP modules, ~200 patent families, and trade secrets / know-how

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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 29% female and 14% from underrepresented communities

Platform Validating Partnerships

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Multiple Biopharma Collaborations Validate the Platform's Capabilities and Provide Significant Economics for Sangamo

GENE THERAPY	CELL THERAPY	GENOME ENGINEERING
Pfizer	Kite, A GILEAD Company	Biogen
		Pfizer
		Takeda
		NOVARTIS

~$815M
received in cash

$6.7B
in potential milestones

Potential royalty payments

Numerous Benefits of Partnerships:

- Large Pharma buy-in validates second-gen mechanistic approach
- Provides non-dilutive capital to advance pipeline
- Leverages partner domain expertise
- Promotes optimal resource allocation to advance late-stage clinical development

Upcoming Milestones and Financial Overview

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Looking Ahead to Expected Continued Momentum

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Fabry Disease	• Dosing in Phase 1/2 expansion phase • Updated Ph 1/2 data in 2H 2022, including at SSIEM, August 30-September 2, 2022 • Ph 3 planning
Renal Transplant (TX200)	• Patient 2 dosing later in Q3 • Completion of dosing of Cohort 1 by end of 2022
Sickle Cell Disease	• Patient 6 dosing later in Q3 • Ph 1/2 follow-up data in 2H 2022
Hemophilia A Pfizer	• Pfizer anticipates resuming dosing in Q3 2022 • Pivotal data readout estimated late 2023 or early 2024

Strong Financial Position Supports Progression of Pipeline Towards Value Inflection Points

Key Financial Metrics

$363.7m

Cash and Marketable Securities Balance as of 06/30/22

$815m

Cash Received from Partners to date

$6.7bn

Potential Payments from Milestones…

Potential Upside

… from royalty payments

Q2 2022 Financial Performance / Financial Guidance for 2022

$29.4m

Revenues - Q2 2022

$67.2m

Non-GAAP OpEx* - Q2 2022

$280–$310m

Non-GAAP OpEx Guidance** - FY 2022

** GAAP total operating expenses were $75.1 million for Q2 2022, compared to $76.6 million for Q2 2021 and included stock-based compensation expense ("SBC") of $7.9 million and $9.5 million, respectively.*

*** On a GAAP basis we expect our 2022 operating expenses to be in the range of $320 - $350 million including anticipated SBC of approximately $40 million.*

Value Thesis

01

First-generation product candidates for Fabry Disease, Sickle Cell Disease and Hemophilia A **in or advancing into late-stage clinical development;** provide insights for second-generation programs

02

Innovative second-generation candidates applying **differentiated genomic medicine capabilities** in cell therapy and genome engineering, with a focus in autoimmunity and neurology

03

Expansive R&D discovery engine supported by long history of innovation

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04

Five technology-validating blue chip biopharma partners offer domain expertise, up-front payments and a pathway to potential milestone payments

05

In-house cGMP manufacturing facilities provide control over quality, supply, timelines, cost and IP

06

Strong financial position to **take us through our key upcoming catalysts**