



CRISPR Corporate Update

Q3 Corporate Update

August 3rd, 2026

Forward-Looking Statements



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This presentation also contains information regarding our industry, our business and the markets for certain of our product candidates, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions. Unless otherwise expressly stated, we obtained this industry, business, market and other data from market research firms and other third parties, including medical publications, government data and similar sources. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information.

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Executing Our Vision Across Four Therapeutic Franchises



Our vision is to develop cures for people suffering from serious diseases through transformative gene-based medicines

	Heme	In Vivo	CAR-T	Regen Med
Commercial / Clinical Assets	• CASGEVY®, with multi-billion peak revenue potential (40% share for CRISPR) • Addressable population: pediatric expansion and gentler conditioning agents	• CTX310 Phase Ia update at ESC in August • Best-in-class siRNA (CTX611) targeting FXI achieved >93% peak reduction in FXI activity with Q6M dosing • CTX340 Phase I initiated • CTX460 Phase I initiated	• Best-in-class allogeneic CAR-T with zugo-cel • Encouraging data in autoimmune indications, including SLE, SSc and IM • Over 15 patients dosed to date across SLE, SSc and IM • 70% CR rate in DLBCL	• Allogeneic beta-cell replacement therapy for diabetes • Proof-of-concept clinical data with CTX211
Preclinical Assets / Platform	• Industry leading NHP results for in vivo HSC editing	• Additional clinical candidates for Lp(a) • Expansion into rare diseases with SyNTase editing and leading LNP platform	• Robust B-cell depletion demonstrated in NHPs with proprietary in vivo transient CAR-T; also advancing in vivo integrated CAR-T	• Advancing CTX213 as potential one-time islet cell therapy for Type 1 diabetes

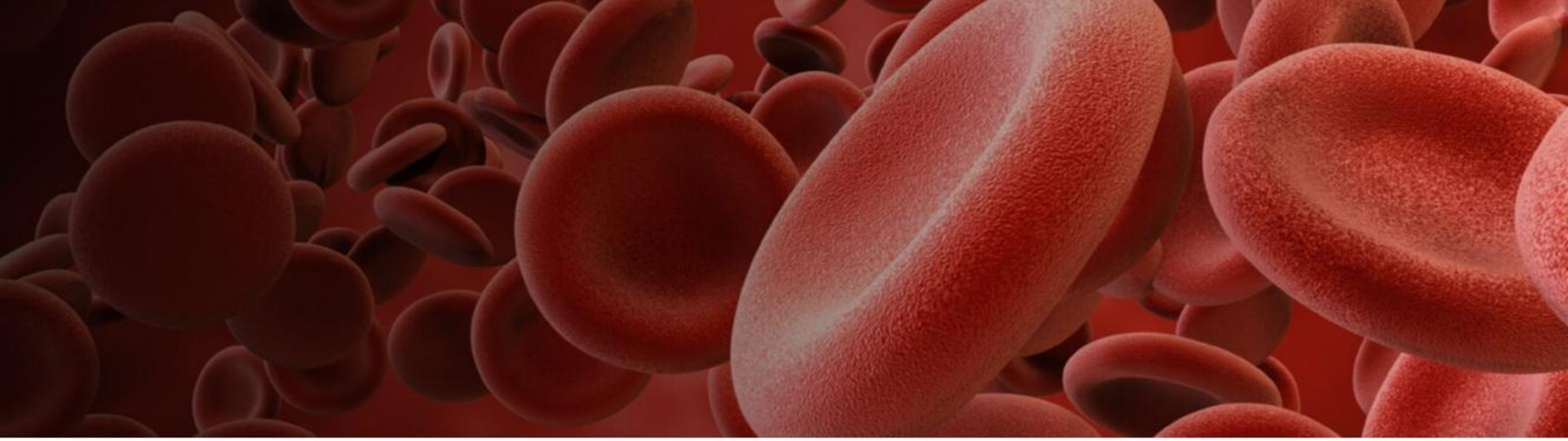
CV: Cardiovascular; Lp(a): Lipoprotein a; AGT: Angiotensinogen; Zugo-cel: Zugocabtagene geleucel; DLBCL: Diffuse Large B Cell Lymphoma; SLE: Systemic Lupus Erythematosus; SSc: Systemic Sclerosis; IM: Inflammatory Myositis; Regen Med: Regenerative Medicine

Broad & Diversified Pipeline



	Program	Disease(s)	Research	IND-Enabling	Clinical	Approved	Partner
Heme	CASGEVY ¹	SCD and TDT	●	●	●	●	VERTEX
	<i>In vivo</i> HSC editing ²	SCD, TDT, and others	●	●	●	●	
CAR-T I/O & Autoimmune	Zugocabtagene geleucel Anti-CD19 allogeneic CAR-T	Autoimmune: SLE, SSc, IIM, ITP, WAIHA Oncology: B cell malignancies	●	●	●	●	
	<i>In vivo</i> CAR-T	Autoimmune and Oncology indications	●	●	●	●	
In Vivo Cardiovascular & Rare Diseases	CTX310: ANGPTL3	sHTG, HeFH, HoFH, Mixed dyslipidemias	●	●	●	●	Sirius THERAPEUTICS
	CTX611: FXI	Thromboembolic conditions	●	●	●	●	
	CTX321: LPA	ASCVD with elevated Lp(a)	●	●	●	●	
	CTX340: AGT	Refractory hypertension	●	●	●	●	
	CTX460: SERPINA1	Alpha-1 Antitrypsin Deficiency	●	●	●	●	
Regen Med	CTX213	Type I Diabetes Mellitus	●	●	●	●	
Other Disclo- sed	Licensed Programs: DMD, DM1, CF		●	●	●	●	VERTEX

SCD: Severe sickle cell disease; TDT: Transfusion-dependent β -thalassemia; HeFH: Heterozygous familial hypercholesterolemia; HoFH: Homozygous familial hypercholesterolemia; sHTG: Severe hypertriglyceridemia; SLE: Systemic lupus erythematosus; IIM: Idiopathic inflammatory myopathies; ITP: Immune Thrombocytopenic Purpura; WAIHA: Warm Autoimmune Hemolytic Anemia; DMD: Duchenne muscular dystrophy; DM1: Myotonic dystrophy type I; CF: Cystic Fibrosis; SSc: Systemic sclerosis; RegenMed: Regenerative Medicine



Hemoglobinopathies

CASGEVY: Acceleration Towards Multi-\$B Potential

2Q2026 CASGEVY revenue: **\$76M**



Regulatory expansion:

- Approval for ages 2 to <12 years in U.S.
- Regulatory submissions for 5 to <12 complete in KSA and U.K.



Strong trends in Germany following access agreement in SCD and TDT patients 12 years and older



CASGEVY generated second quarter 2026 revenue of **\$76 million**, representing 78% growth quarter-over-quarter and 151% growth year-over-year.

Continue to Build on the Momentum for CASGEVY in 2026

Potential expansion into pediatric severe SCD and TDT patients

Data presented at ASH 25, from pivotal studies in children ages 5-11, demonstrated the transformative potential of the therapy in younger patients:

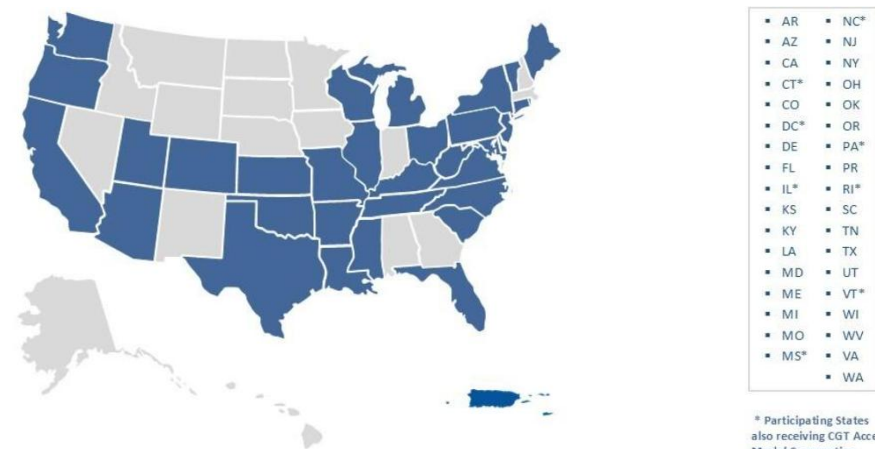
100% (4/4) SCD children with sufficient follow-up achieved the primary endpoint of being free from vaso-occlusive crises (VOCs) for at least 12 consecutive months (VF12)

100% (6/6) patients with sufficient follow-up achieved the primary endpoint of transfusion independence for at least 12 consecutive months while maintaining a weighted average hemoglobin (Hb) of at least 9 g/dL (TI12)

CASGEVY included on list of programs eligible for FDA's CNPV program

FDA NEWS RELEASE FDA Awards Second Batch of National Priority Vouchers

CMMI pilot program to include 84% of Medicaid beneficiaries with SCD

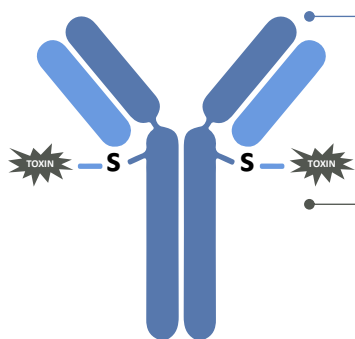


Received U.S. regulatory approval of CASGEVY¹ in children ages 2 to <12 years old with SCD or TDT

Serial Innovation in Enabling Technologies Will Broaden Access

Targeted Conditioning

Antibody–drug conjugate (ADC) for specific depletion of hematopoietic stem cells (HSCs) with no off-target or bystander toxicity



Proprietary **GMP monoclonal antibody** with **short half-life** to enable rapid infusion of edited cells

Validated **GMP toxin** with HSC activity and **reduced hydrophobicity** to limit non-target cell toxicity

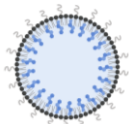
Studies in non-human primates (NHP) ongoing



150k+ addressable patients worldwide

In vivo Editing of HSCs

Delivery



Creating optimized system for *In Vivo* HSC editing with ideal characteristics

Editing



Tolerable doses with no off-target toxicities

Editing of LT-HSCs for durable effect vs. HSPCs only

Potential for redosing for enhanced editing

Core research focus in 2026



400k+ addressable patients worldwide

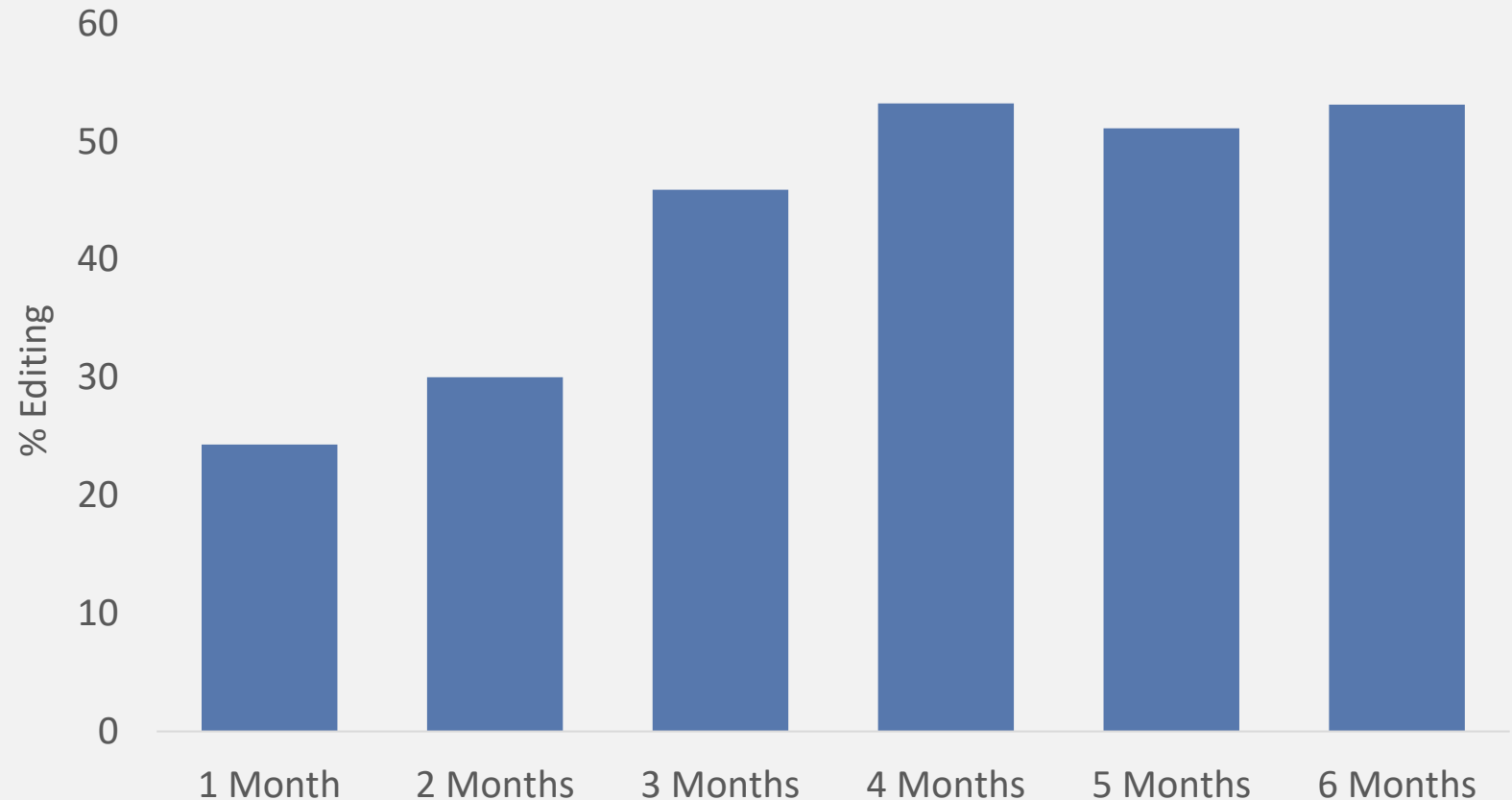
In vivo Editing: Achieved >50% Editing in HSCs, Durable >6 months After a Single Dose in NHPs

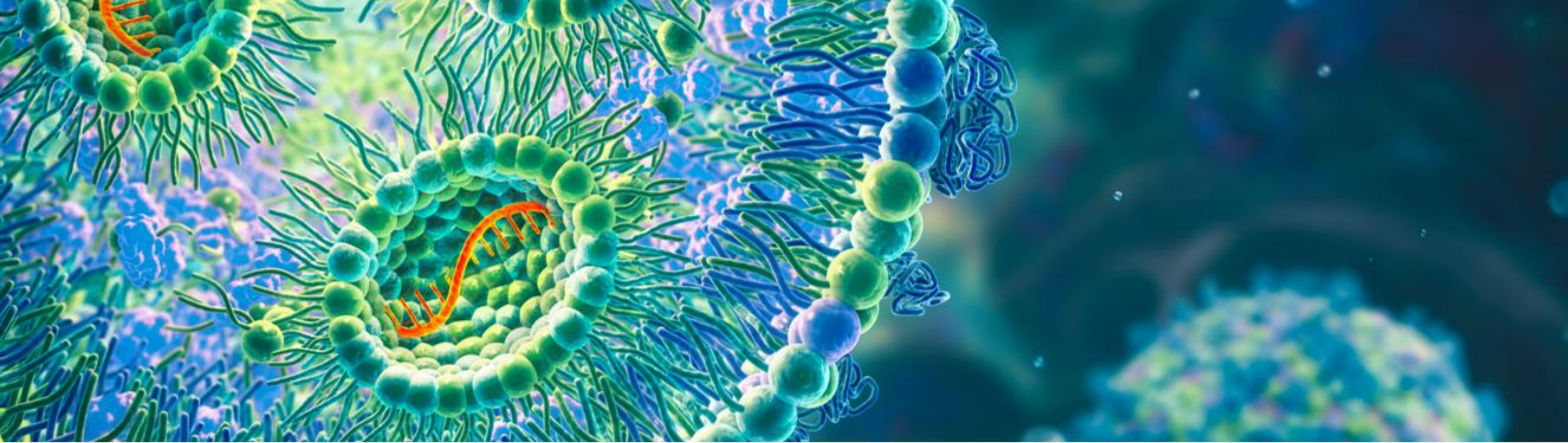
In Vivo HSC Editing Platform

- Proprietary antibody-conjugated LNP delivery systems for *in vivo* HSC editing
- NHP studies provide platform validation
- Potential applications in hematologic disorders - a core focus for 2026



Editing in HSCs¹ following a single IV dose of LNP-mRNA





In Vivo

Transformative Data with Our First *In Vivo* Program – CTX310



~50% mean LDL and ~55% mean triglyceride reductions with well-tolerated safety profile in Phase I basket study for CTX310 targeting ANGPTL3



The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

Phase 1 Trial of CRISPR-Cas9 Gene Editing Targeting ANGPTL3

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Harmful cholesterol levels cut in half with one-time gene editing drug in early trial

One dose of an experimental drug cover offer lifetime treatment for people with high cholesterol, but its long-term safety is uncertain.

HEALTH



CRISPR gene-editing works to reduce high cholesterol in a new study

NOVEMBER 8, 2025 · 9:58 AM ET

ENDPOINTS
NEWS

CRISPR Therapeutics' gene editing therapy halves cholesterol and triglycerides in early trial

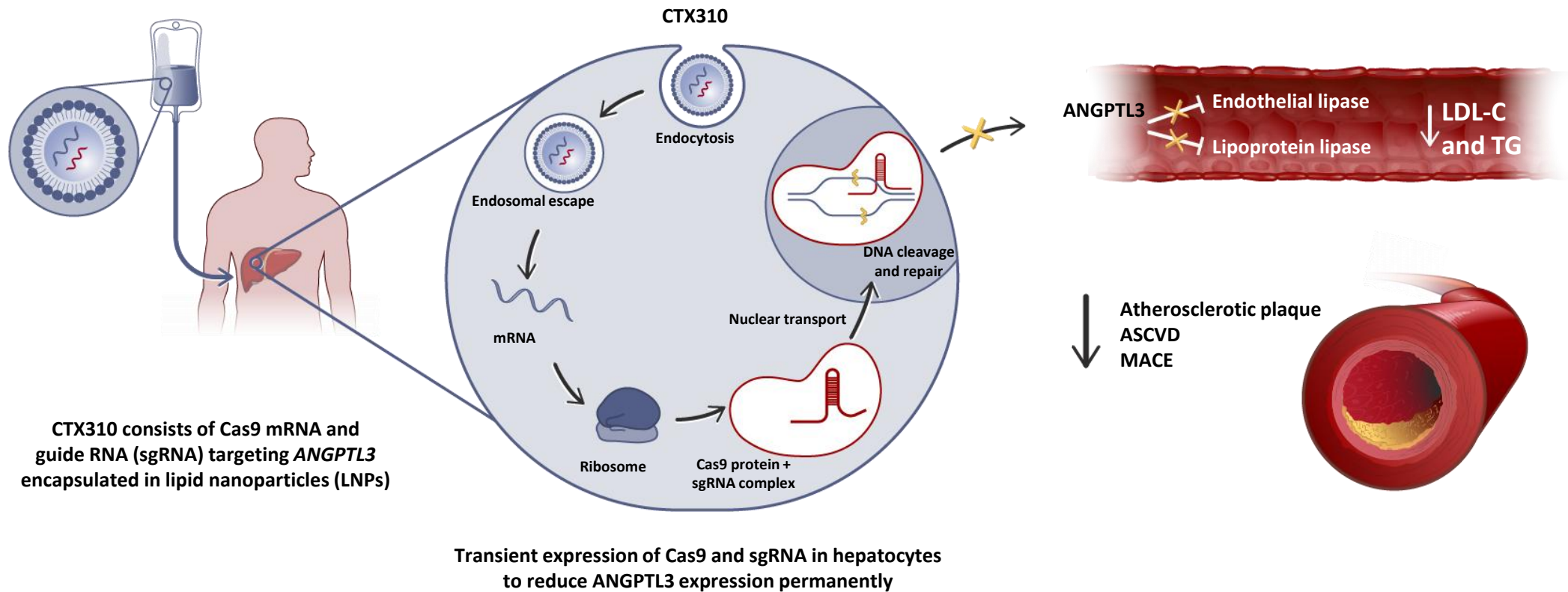
CRISPR to provide late-breaking update on CTX310 clinical trial at ESC Congress in August 2026

CTX310: CRISPR-Cas9 Editing of ANGPTL3

Intravenous delivery
targeting the liver

CRISPR/Cas9-based editing of *ANGPTL3*

Reduced atherogenic
lipoprotein concentrations



ANGPTL3 Associated with Low Lipids and Low CV Risk

Human Genetic Proof-Of-Concept Demonstrating Protective Effect of ANGPTL3 Loss-of-Function Variants

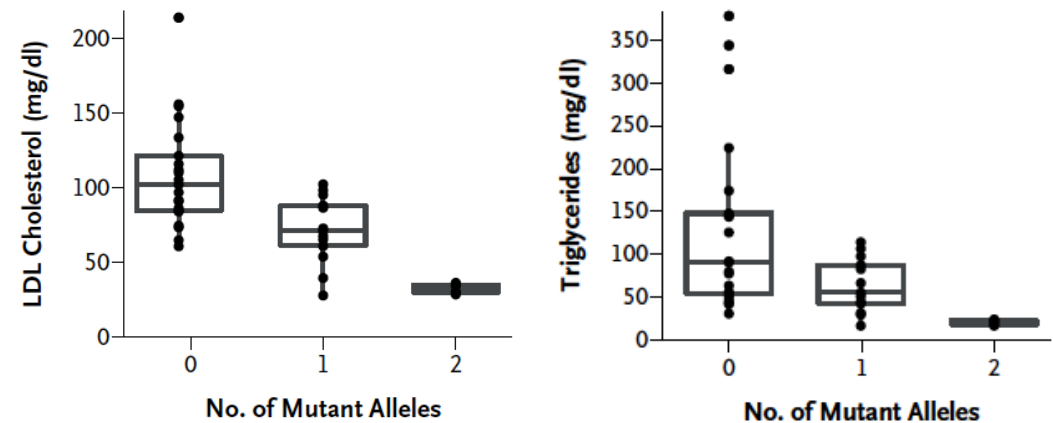
Study 1: “The Long-Lived Village”

- Residents of Campodimele, Italy are generally known to live past 90 years, prompting exploratory genetic studies
- A significant proportion of people living in Campodimele demonstrated **reduction of serum lipoproteins**, stemming from LoF ANGPTL3 variants¹



Study 2: Familial Hypolipidemia

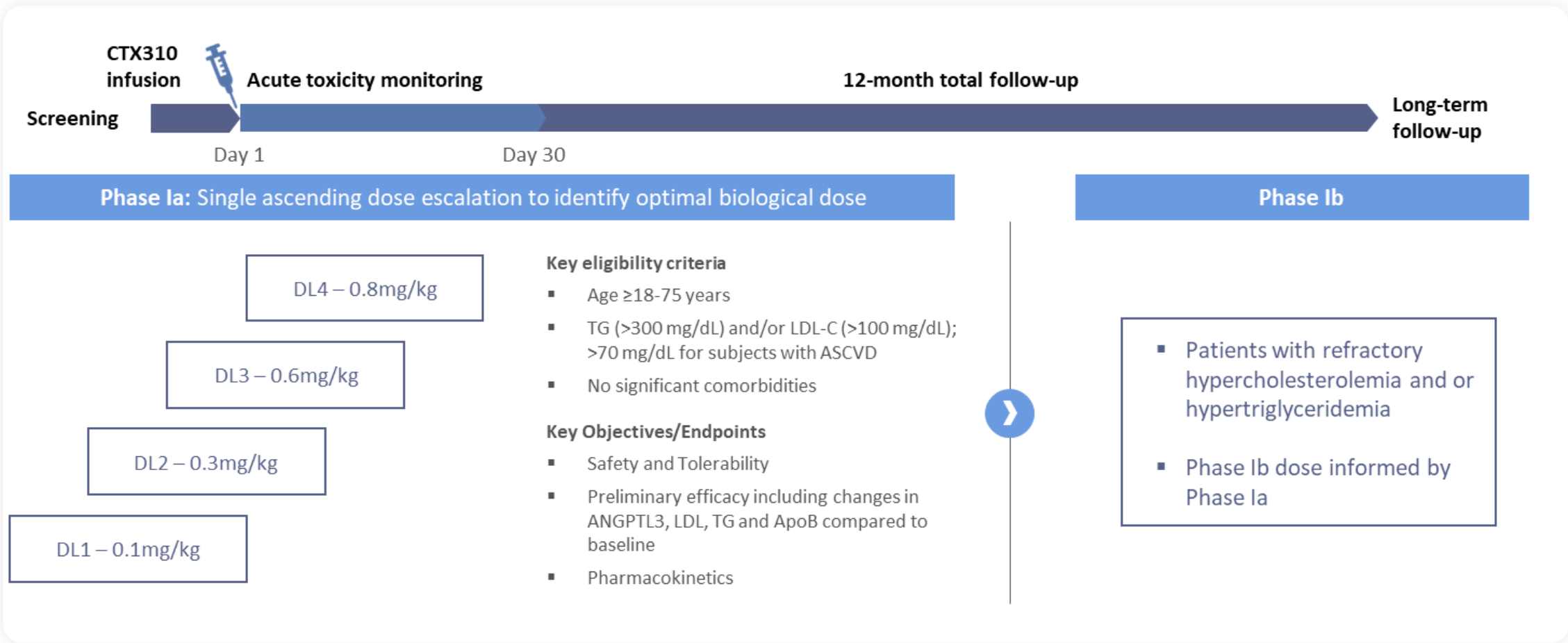
- Nonsense mutations in ANGPTL3 gene shown to reduce LDL and TG in separate study²
- LoF in both alleles result in greater reduction of LDL and TG compared to mutations in single allele



Phase I Study Evaluating the Safety and Efficacy of CTX310



Open-label, multicenter, Phase Ia/Ib study evaluating the safety and efficacy of CTX310 in homozygous familial hypercholesterolemia (HoFH), heterozygous familial hypercholesterolemia (HeFH), severe hypertriglyceridemia (sHTG), or mixed dyslipidemias



Received U.S. FDA clearance of IND application, supporting expansion of the ongoing trial into the U.S.

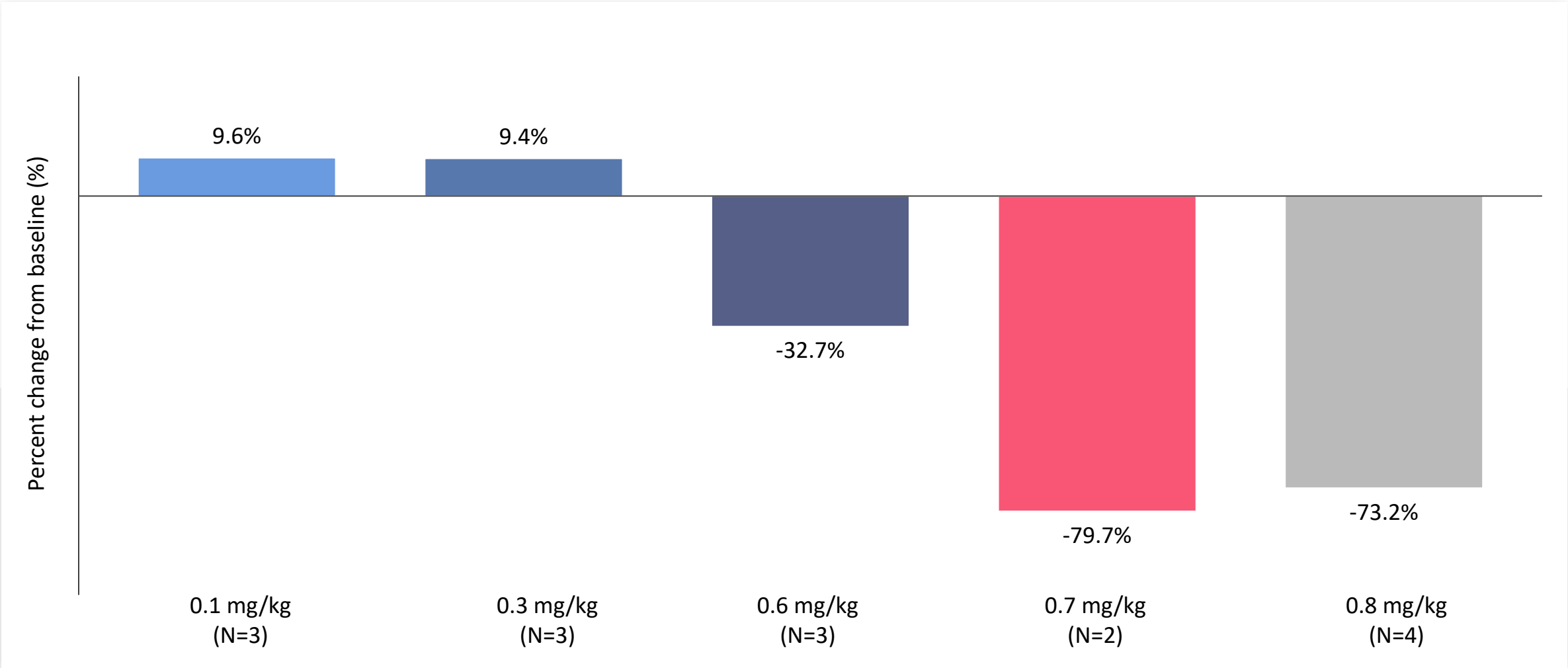
CTX310 Baseline Participant Characteristics



	All participants (n=15)
Median Age	53 years
Male	87%
Clinical ASCVD	40%
Familial hypercholesterolemia	40%
Severe hypertriglyceridemia	13%
Mixed dyslipidemia	40%
Mean LDL-C	155 mg/dL
Median triglycerides	192 mg/dL

CTX310: Mean Percent Change from Baseline in ANGPTL3

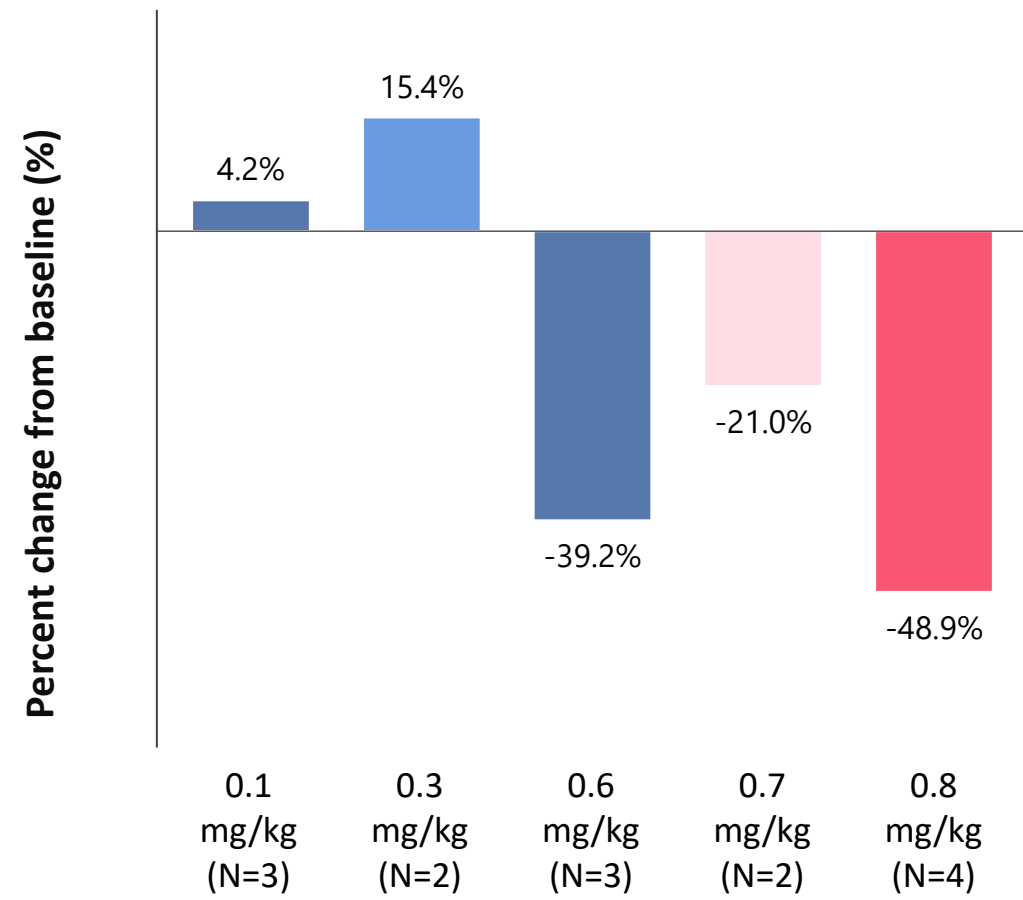
N = 15 patients



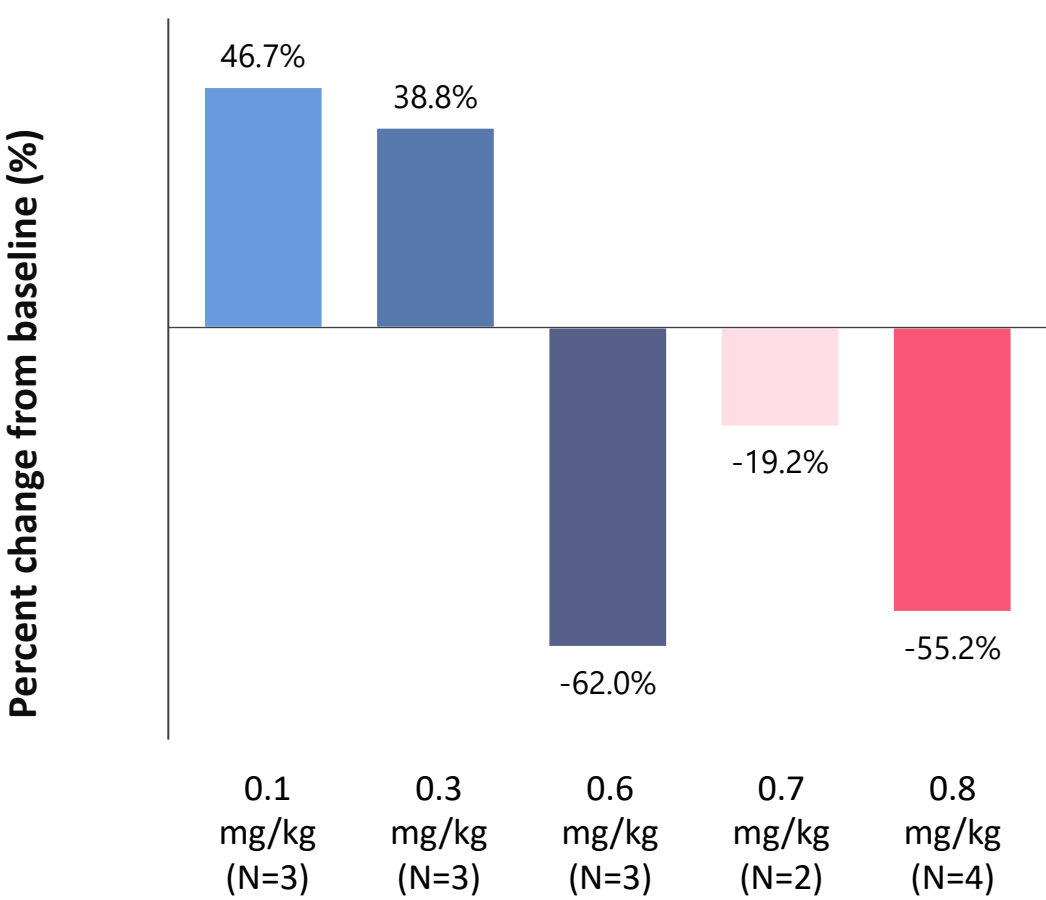
Data presented at American Heart Association Meeting in Nov 2025
Note: Mean percent change from baseline are reported at 30 days for all subjects.

CTX310: Mean Percent Change from Baseline in LDL-C and Triglycerides

LDL Cholesterol



Triglycerides



Mean percent change from baseline are reported at 90 days following 0.1, 0.3, 0.6 mg/kg CTX310 doses and at 60 days following 0.7 and 0.8 mg/kg CTX310 doses.

CTX310: Adverse Events & Safety Findings



	N (%)
Any serious adverse events	2 (13)
Serious adverse events related to CTX310	0 (0)
Participants with any investigator-reported adverse event	14 (93)
Adverse event deemed related to CTX310	7 (47)
Adverse event of special interest	4 (27)
• Allergic or localized reaction	1 (7)
• Infusion-related reaction	3 (20)
• Elevation in AST or ALT ²	1 (7)
Death ¹	1 (7)

No clinically significant changes in AST / ALT across patients

1 participant at dose level 4 (0.8mg/kg) with elevated baseline aminotransferases experienced a transient aminotransferase elevation without concurrent bilirubin elevation between 3 and 5 times their baseline peaking on day 4 and returning to baseline by day 14

Data presented at American Heart Association Meeting in Nov 2025

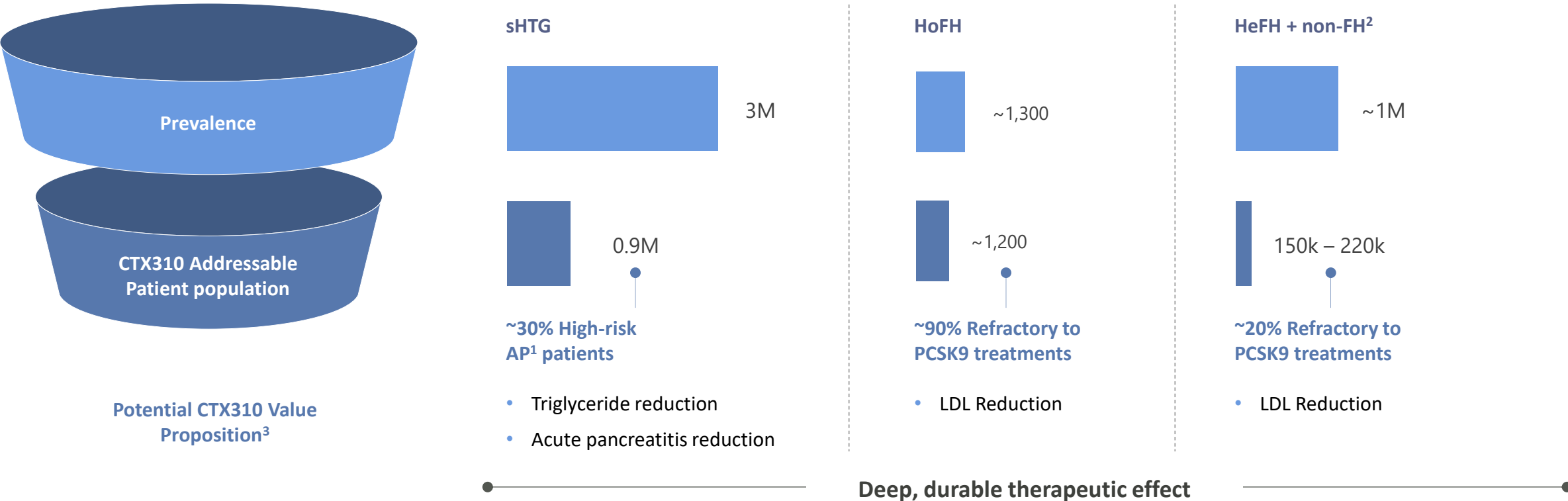
1. Occurred in a participant 179 days after treatment with the 0.1 mg/kg dose, deemed unrelated to CTX310

2. Transient elevation in ALT; peaked at Day 4 and resolved with no increases in bilirubin or ALP

CTX310 Has Multi-Billion Commercial Opportunity



Addressable US Patient Populations Across sHTG, HoFH, HeFH, and non-FH



CTX310 has >1M addressable patient population in US, representing a potential multi-billion commercial opportunity

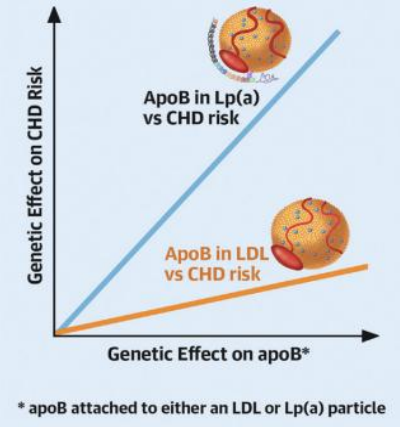
sHTG: Severe Hypertriglyceridemia; HoFH: Homozygous Familial Hypercholesterolemia; HeFH: Heterozygous Familial Hypercholesterolemia; FH: Familial Hypercholesterolemia

1. High AP risk defined as patients with TG >880 mg/dL or TG of 500-880 mg/dL with history of AP; 2. Non-FH patients defined as those refractory to SoC therapies on LDL control; 3. Only considering biomarkers-based clinical endpoints; CV outcomes endpoints could further expand the market

Lp(a) Gene Editing Program is a Key Focus for the Company

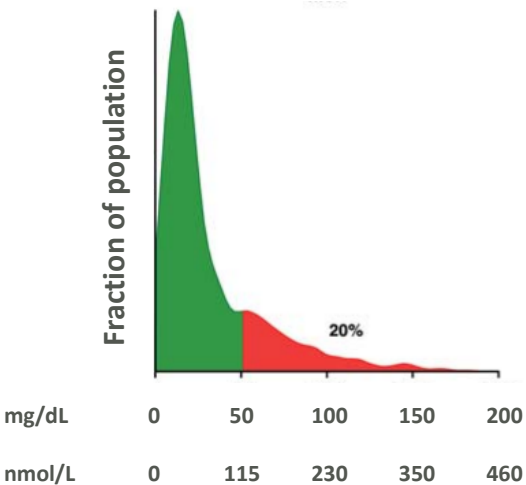
Lp(a) is an independent risk factor for atherosclerotic cardiovascular disease (ASCVD), affecting ~ one-fifth of global population

Elevated LP(a) is high risk for ASCVD¹



* apoB attached to either an LDL or Lp(a) particle

Lp(a) levels in general population⁴



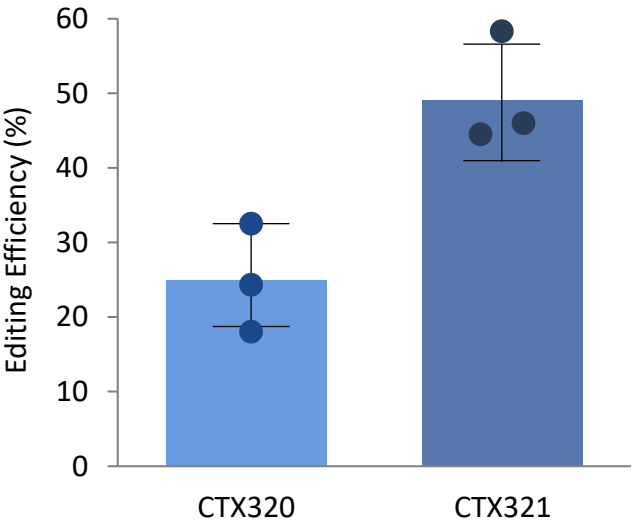
CTX321: New Lp(a) gRNA has potency on par with CTX310

CTX320 demonstrated up to 73% reduction in Lp(a), in dose escalation phase of the clinical trial

CTX310 clinical results provide benchmarks for target potency in humans

The new Lp(a) gRNA is approximately twofold more potent than the current CTX320 guide and is comparable to CTX310 using the same LNP

hLPA mice
Low-dose LNP



- Epidemiologic, Mendelian randomization, and genome-wide association studies have shown that elevated Lp(a) levels increase ASCVD risk^{1,2,3}
- Approximately one-fifth of the global population have elevated Lp(a) levels ~3x greater lifetime risk for most elevated Lp(a) population⁴

CTX321 is in IND-enabling studies, with an Lp(a) program update expected in 2026

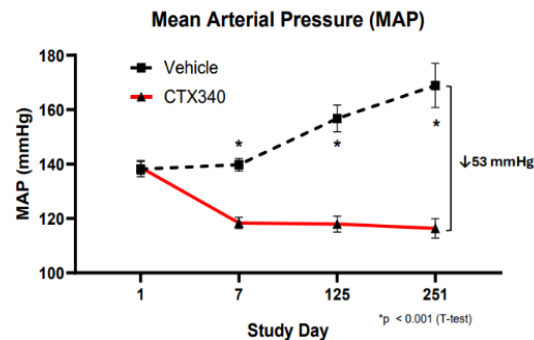
1. Enas et al. 2019; 2. Gurdasani et al. 2012; 3. Laschkolnig et al. 2014; 4. Nordestgaard et al. 2010

Additional *In Vivo* Programs have entered Phase I Clinical Trials

CTX340 Targeting AGT For Refractory Hypertension (rHTN)

- Hypertension is the leading cause of cardiovascular morbidity and mortality worldwide and adherence is a major limitation¹
- AGT is upstream of typical therapeutic approaches aiming to significantly impact hypertension and reduce dependence on other antihypertensives

CTX340 Administration Leads to Persistent Pharmacological Benefit in SHR Model

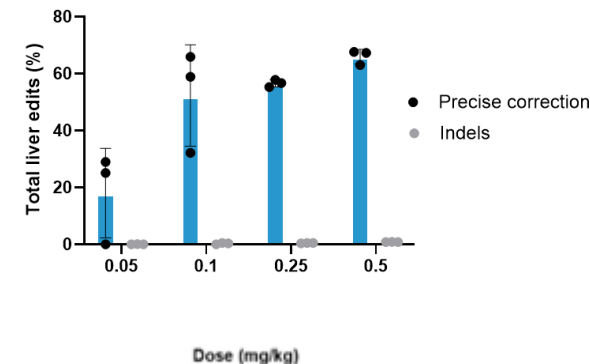


CTX340 durably reduced MAP by Day 7, sustained through the study (~8.5 months)

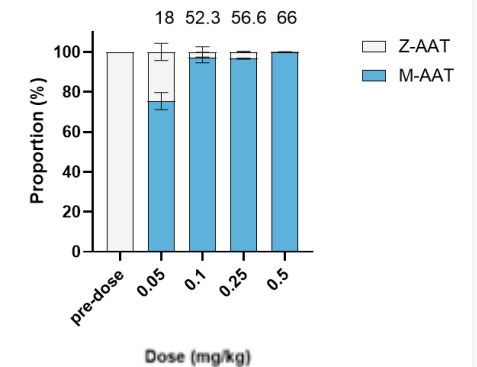
CTX460 Targeting SERPINA1 for AATD

- Alpha-1 antitrypsin deficiency (AATD) is caused by mutations in the SERPINA1 gene which encodes for alpha-1 antitrypsin (AAT)
- The goal of AATD therapy is to normalize levels of AAT
- CTX460, comprising novel SyNTase editing payload, enables highly efficient, durable, and specific SERPINA1-E342K gene correction, without bystander edits

Precise and efficient correction of SERPINA1-E342K (Day 7 post-injection)



Durable, high proportion corrected serum M-AAT (Day 7)



Phase I clinical trial initiated for CTX340 and CTX460

CTX611 is a Factor XI siRNA with Best-in-Class Potential

FXI: Interrupting thrombosis while maintaining hemostatic clotting

Traditional clotting factors

(e.g., FXa / thrombin)

Extrinsic & Intrinsic Pathway Targeting

Pathological clotting
Less thrombus propagation



Hemostatic clotting
Wound sealing also reduced



Consequence:
Bleeding risk increases

Factor XI

(e.g., FXI / FXIa)

Intrinsic Pathway Targeting

Pathological clotting
Less thrombus propagation



Hemostatic clotting
Largely preserved



Consequence:
Lower bleeding potential

Emerging evidence^{1,2,3} suggests Factor XI is important for thrombosis but has a minor role in hemostasis, with potential for FXI targeting anticoagulants to be safer than currently available agents

Unmet Need

- Current anti-coagulation market is ~\$20B per year
- Patients with bleeding risk or certain conditions, such as renal impairment or cancer associated thrombosis, continue to have significant unmet needs
- Factor XI targeting agents with potential lower bleeding risk¹ could have attractive profile in multiple indications^{2,3}: AFib, Stroke, CAT, VTE, DVT

Best-in-Class Potential

- In clinical data to date, CTX611 has been well tolerated and demonstrated strong, sustained PD effects, including reductions of >93% in FXI activity, along with >2x increase in aPTT relative to baseline, with potential for Q6M dosing
- CTX611 offers potential for reversibility unique to siRNA platform

AFib: Atrial Fibrillation; CAT: Cancer Associated Thrombosis; VTE: Venous Thromboembolism; DVT: Deep Vein Thrombosis; aPTT: Activated Partial Thromboplastin Time

Note: CTX611 is a collaboration and co-development program with Sirius Therapeutics

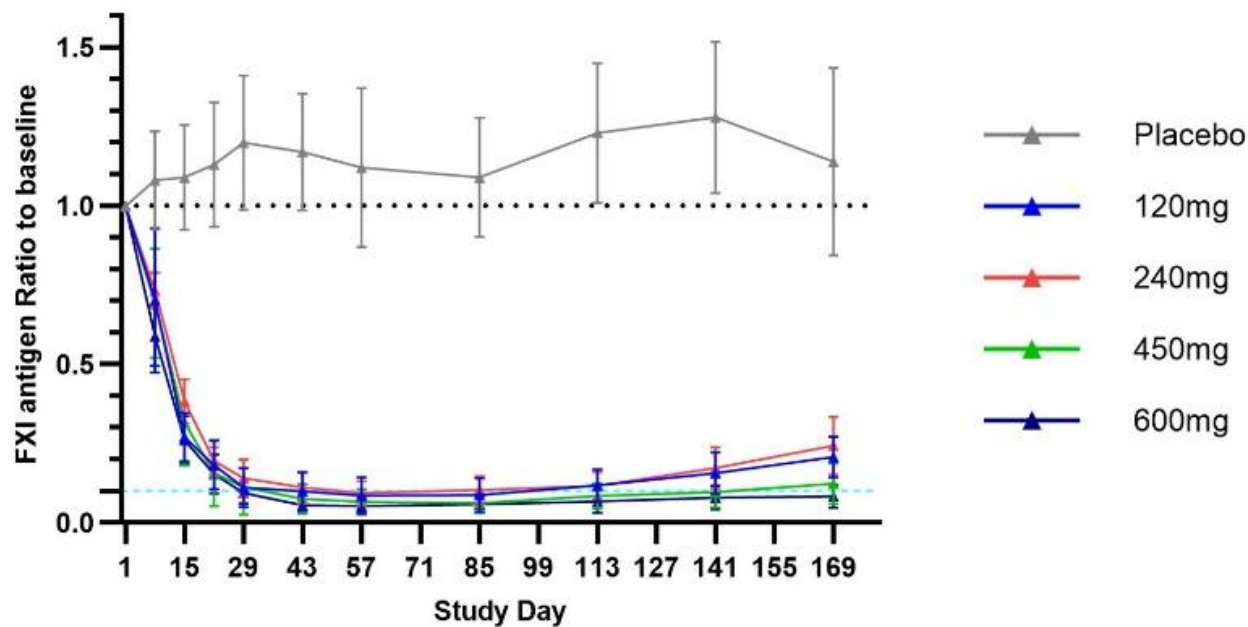
1. Lowenberg et al. Journal of Thrombosis and Hemostasis (2010); 2. Salomon et al. Blood (2003); 3. Salomon et al. Journal of Thrombosis and Haemostasis (2011)

CTX611 Phase 1 Data: Shows Deep, Durable Reductions in FXI Activity



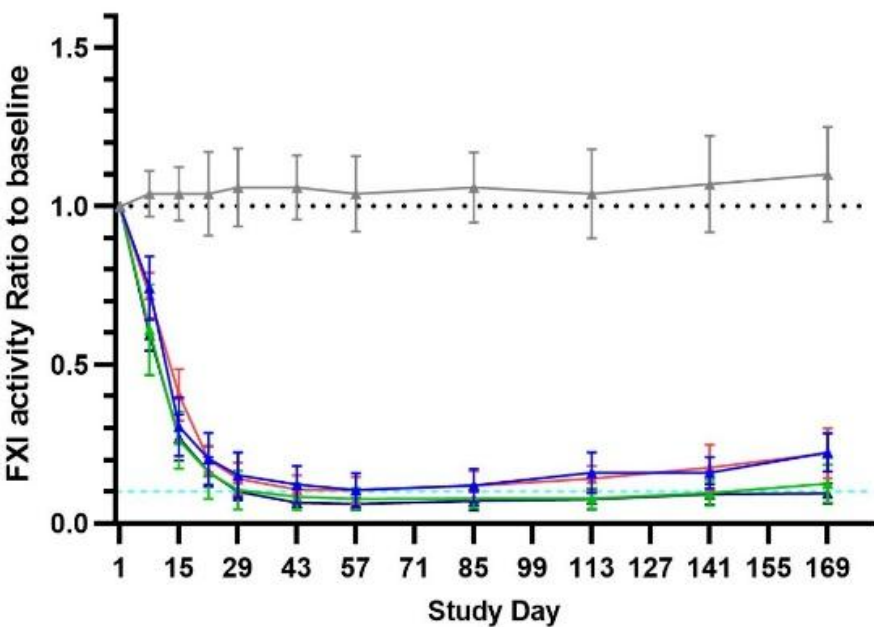
CTX611 Phase I Clinical Results: Dose-dependent pharmacodynamic response to therapy sustained through Month 6

FXI Antigen



95.0% peak reduction in FXI antigen

FXI Activity

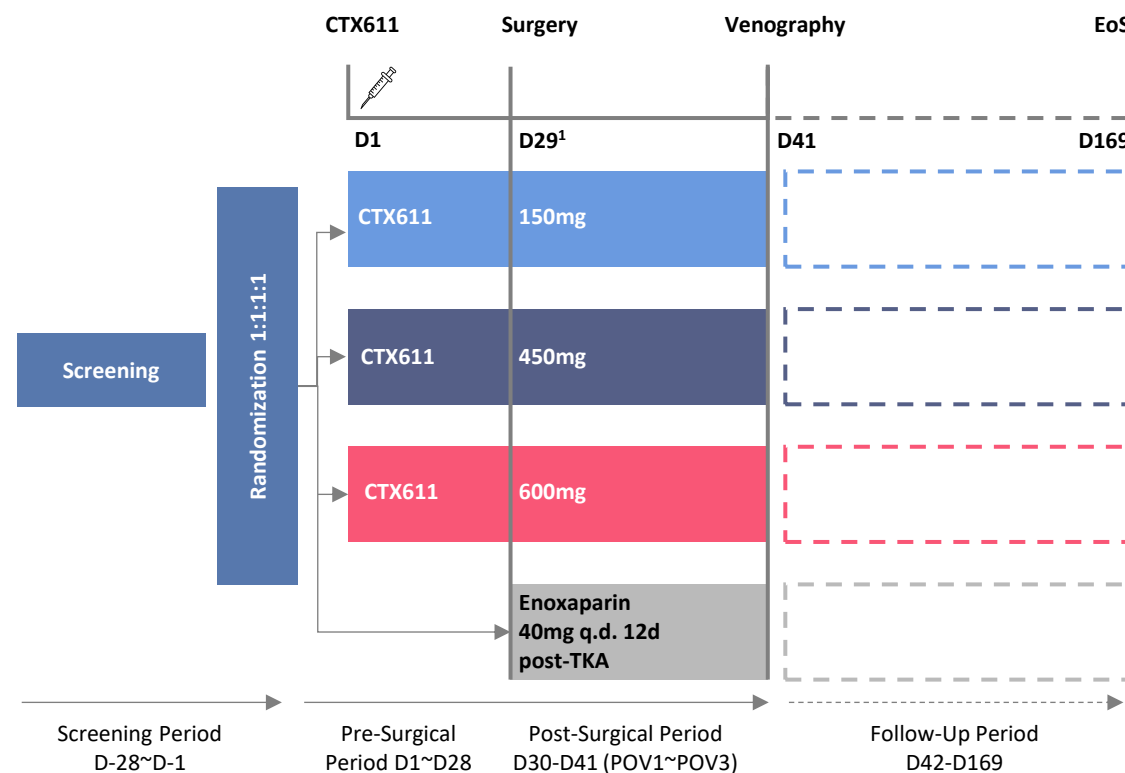


93.9% peak reduction in FXI activity

CTX611 Phase II Trials: TKA Top-Line Data Expected in 2H 2026

CTX611-201 Phase II Clinical Program: TKA Top-line Data Expected in 2H 2026

Objective: Establish PoC efficacy in TKA-VTE participant population



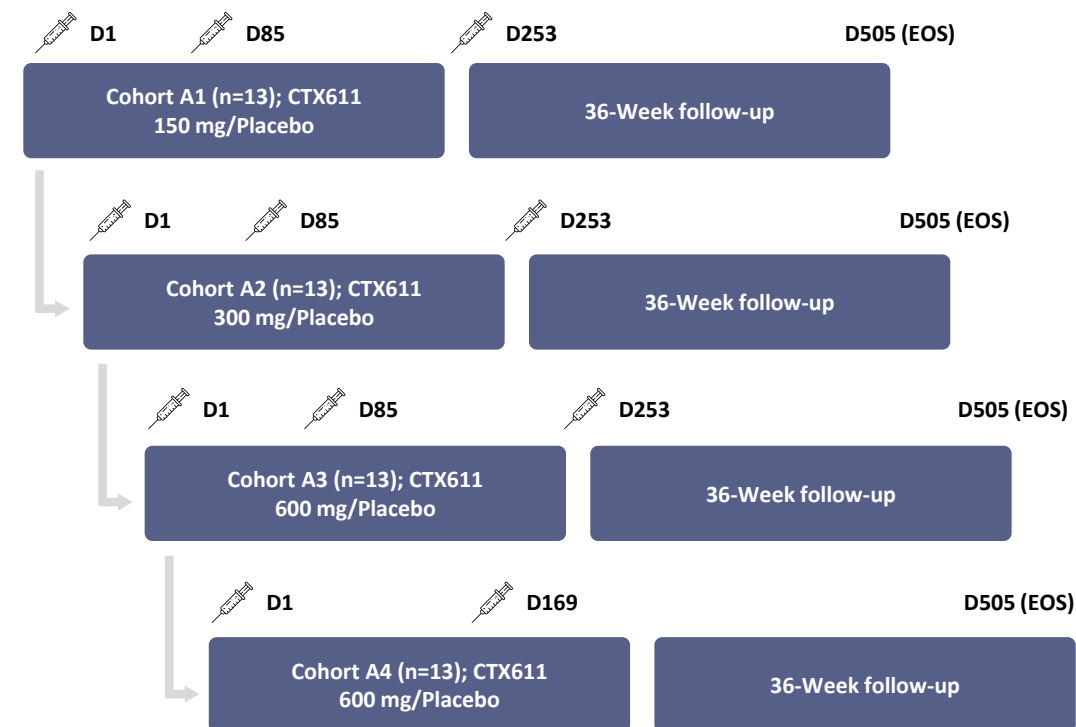
Key Endpoints

- Safety, including bleeding events
- VTE rates post TKA
- PD profile of CTX611

1 TKA surgery will occur on Day 29 (+14 days). Irrespective of the actual study day, the surgery day (POV0) will be regarded as Day 29
TKA: Total Knee Arthroplasty; VTE: Venous Thromboembolism; ASA: Acetylsalicylic Acid

CTX611-202 Phase II CV Study Design

Objective: Establish PK-PD in chronic “arterial” population; evaluate PD profile of CTX611 with ASA



Primary Endpoint

- PD profile of multidose CTX611 with ASA

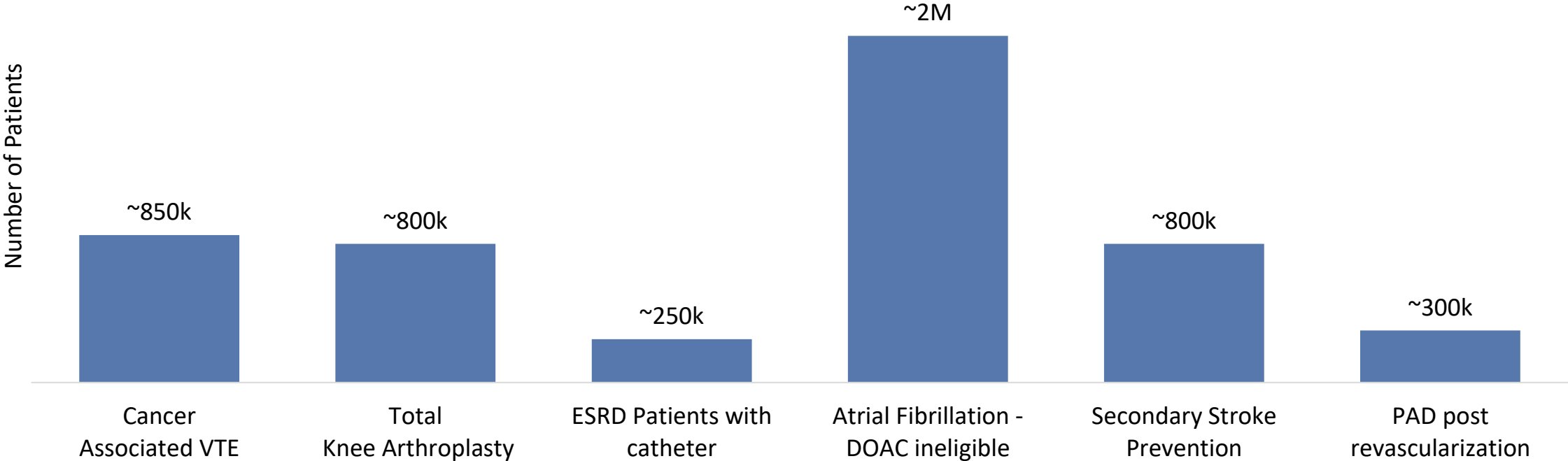
Secondary Endpoints

- Safety, including bleeding events
- PK profile of CTX611 with ASA

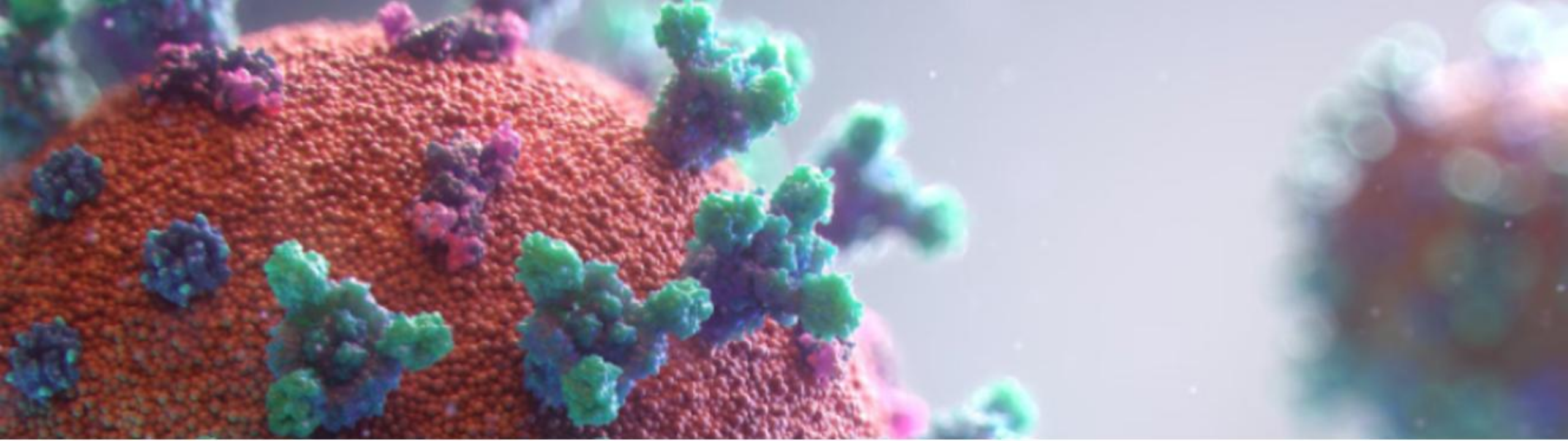
CTX611 Has Significant Potential Across Multiple Indications



US Potential Market Opportunity for FXI Anticoagulation Agent



CRISPR leads Phase III global development of CTX611



CAR-T

CAR-T Landscape

Ex vivo

Autologous

Allogeneic
(Healthy donor)

Allogeneic
(iPSC derived)

CRISPR *Ex Vivo* Cell Therapy Focus

- CRISPR built **allogeneic cell therapy platform on healthy donor-derived T cells**, to potentially offer autologous-like efficacy with improved cost and accessibility
- CRISPR's allogeneic CAR-Ts have **potentially best-in-class therapeutic profile** with mAbs-like COGS

In vivo

In vivo
(Viral)

In vivo
(Non-viral)

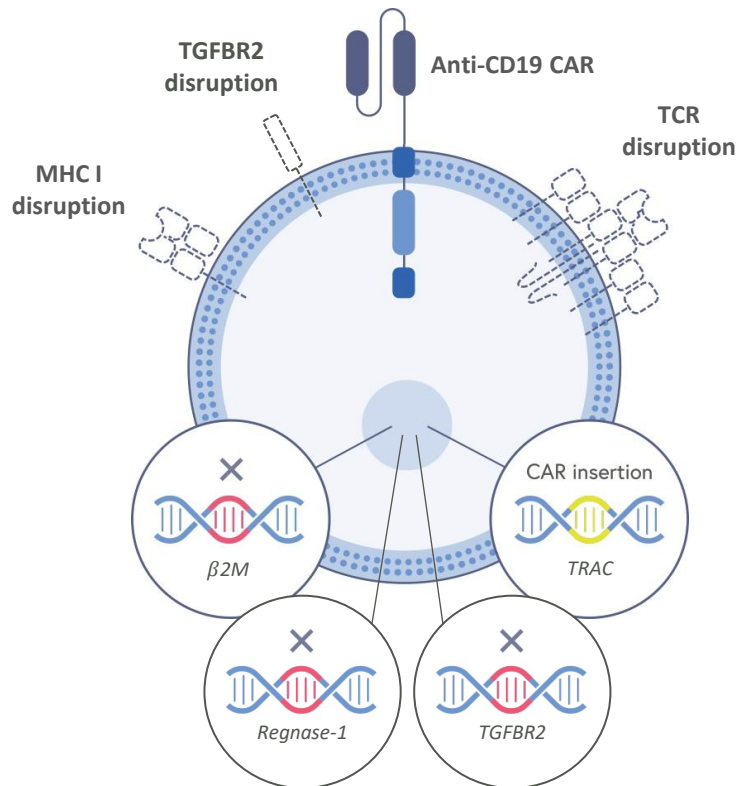
CRISPR *In Vivo* Cell Therapy Focus

- CRISPR developing **non-viral *in vivo* CAR-T**, given potential safety concerns associated with viral delivery
- Developing both transient (e.g., mRNA-based) and integrating (e.g., all RNA-based insertion) approaches

CRISPR has potential best-in-class allogeneic CAR-T, plus non-viral *in vivo* CAR-T in preclinical development

Zugo-cel is an Allogeneic CAR-T Optimized for Potency

Zugo-cel Novel Potency Edits (TGFB2, Regnase-1)



Regnase-1 and TGFB2 edits synergistically increase CAR-T potency

Several Competitive Advantages

-  Ability to multiplex gene edits precisely and efficiently
-  Comprehensive and FDA-validated genomic analysis
-  Scalability and low COGS to enable global expansion
-  In-house manufacturing enables direct control over process and timelines

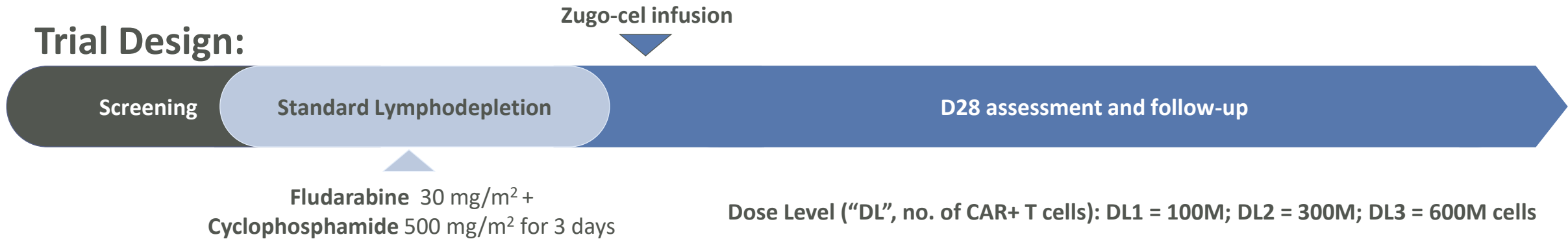
COGS projected to be <\$10k per patient

Zugo-cel Phase I Autoimmune Basket Clinical Trial Ongoing



Open-label, Phase 1 clinical trial evaluating the safety and efficacy of zugo-cel in adult subjects with refractory autoimmune disease

Trial Design:



Benefits of Allogeneic CAR T:

- Site specific CAR insertion
- Concomitant therapy stays until shortly before LD chemo
- No apheresis
- On-site availability of CAR T cell product

Key eligibility criteria:

- Age ≥ 18 years and ≤ 70 years
- Participant population: Adult subjects with active SLE (with or without renal involvement), systemic sclerosis (SSc), or idiopathic inflammatory myopathy (IIM) despite use of standard therapies
- No prior anti-CD19 therapy or any gene therapy or genetically modified cell therapy
- No prior solid organ or hematopoietic cell transplant
- Adequate organ function

Primary endpoint

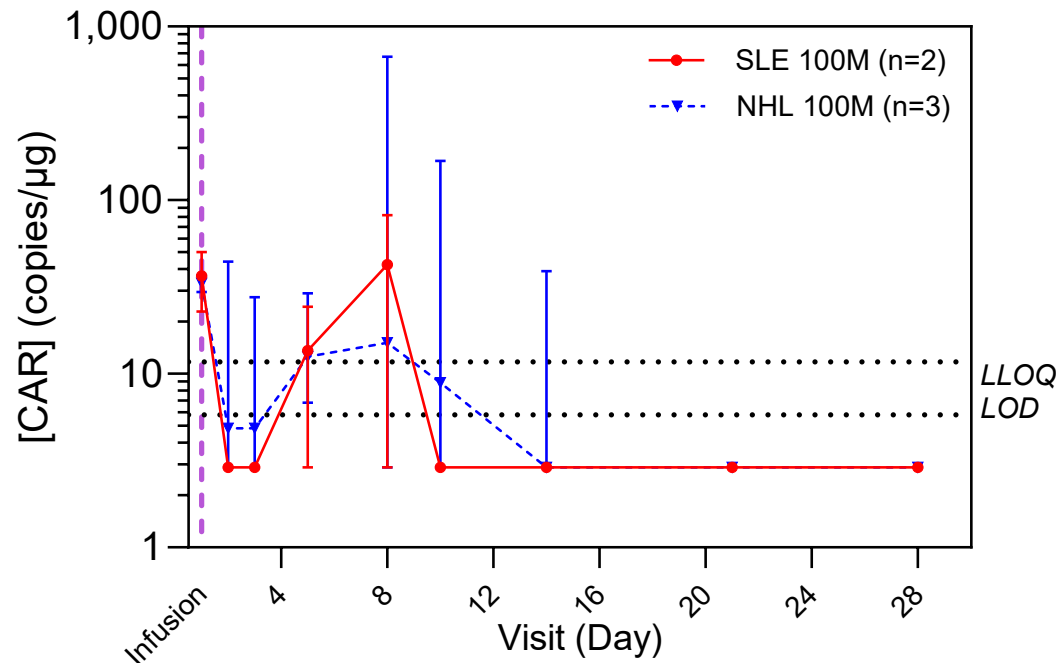
- Incidence of Adverse Events, defined as Dose-limiting toxicities

Secondary endpoints

- Pharmacodynamic (PD) response to zugo-cel (e.g. disease specific autoantibodies, B cell levels)
- Zugo-cel Pharmacokinetics (PK)
- Preliminary efficacy based on disease-specific criteria and assessments

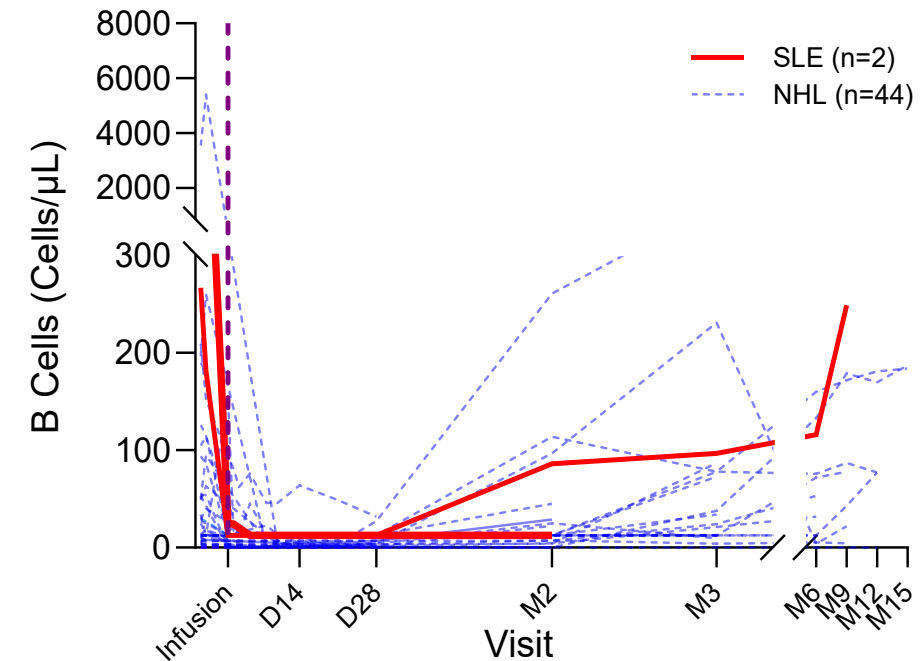
Zugo-cel Clinical Data Shows Comparable PK and PD in AID and NHL

Cell Expansion Summary¹



Zugo-cel expansion profile in SLE subjects
comparable to NHL

B Cell² Depletion



~90 day median (range 60 - 360) time to B cell reconstitution

Zugo-cel shows complete B cell depletion in AID patients 28 days post-dosing, in line with NHL profile

1. Data shown as mean + SEM; 2. B cells defined as CD3-CD19+; LLOQ for lymphocytes varies by site, here plotted as ½ <LOQ
AID: Autoimmune Diseases; NHL: Non-Hodgkin's Lymphoma Data Cutoff 07 Jan 2026

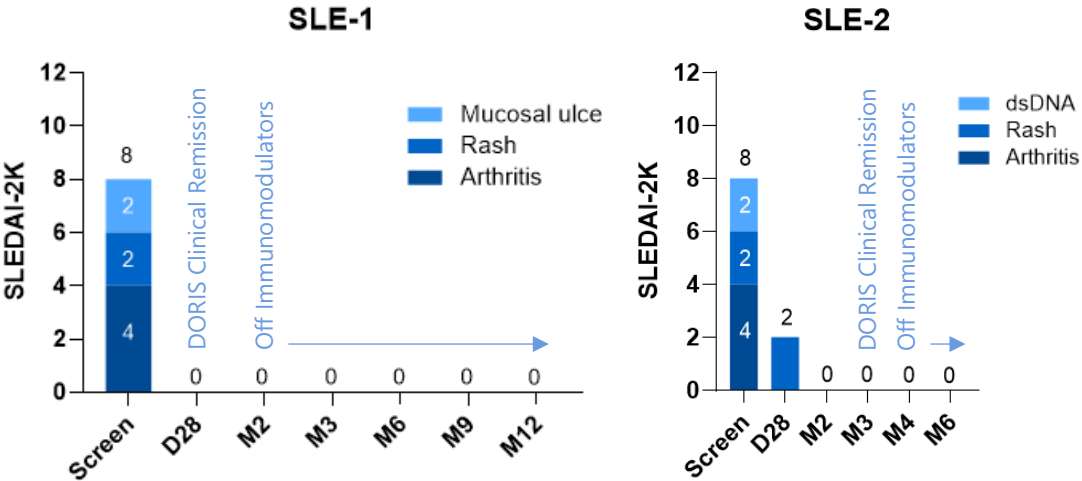
Case Study of SLE Patients Treated with Zugo-cel



2 SLE patients treated and have discontinued treatment with immunomodulators

Baseline Characteristics	SLE-1	SLE-2
Dose	DL1 (100M cells)	DL1 (100M cells)
Age/Sex	33 yo F	30 yo F
Disease Duration (years)	10	11
Organ Involvement	Skin, mucosal ulcers, joints, pleurisy	Skin, alopecia, joints, pleurisy, Raynaud's
Autoantibodies	ANA	ANA, dsDNA
SLEDAI-2K	8 (rash, oral ulcers, arthritis)	8 (rash, arthritis, dsDNA)
# Prior Therapies	8	10
Most Recent Regimen	HCQ, MTX	HCQ, MMF
Corticosteroid Dose	As needed for flares	As needed for flares

Clinical Efficacy Results



Safety: No CRS, ICANS, or serious infections

Zugo-cel Autoimmune Program Expansion

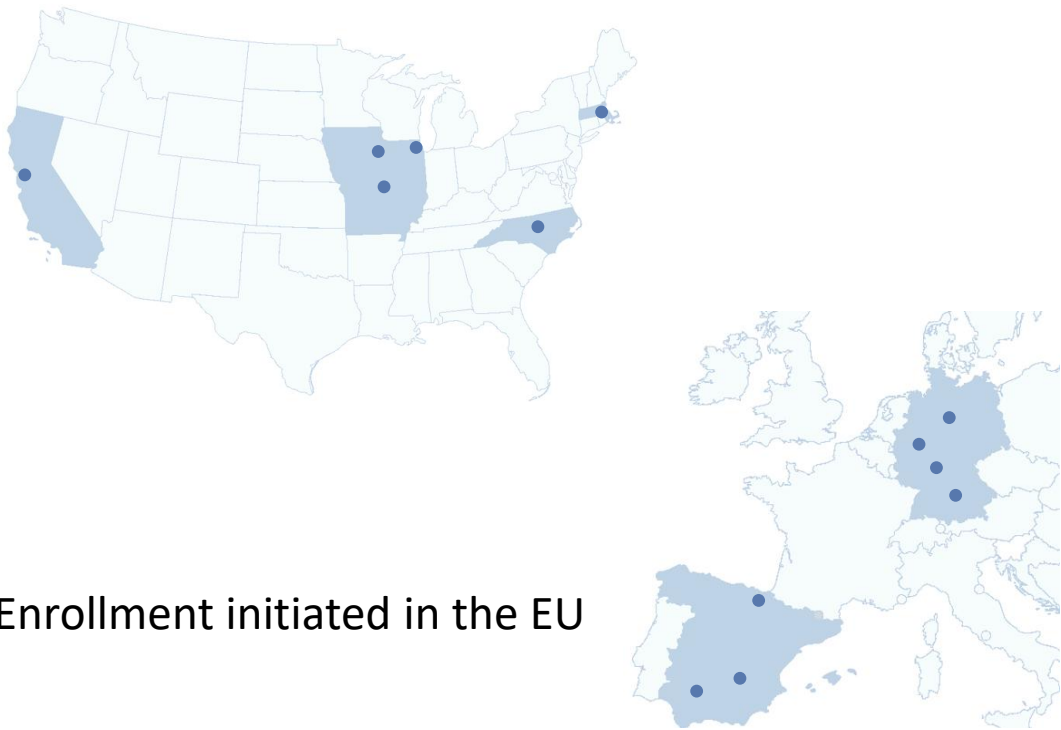


Indication Expansion Summary

	Heme AID expansion	CNS AID expansion
Scleroderma	ITP	PPMS
Myositis	WAIHA	NMOSD
Lupus		MOGAD
		NMDAR / LGI1 AIE
		SPS

Cleared IND application for Phase I trial in several autoimmune neurological disorders

Geographic Expansion Summary



Enrollment initiated in the EU

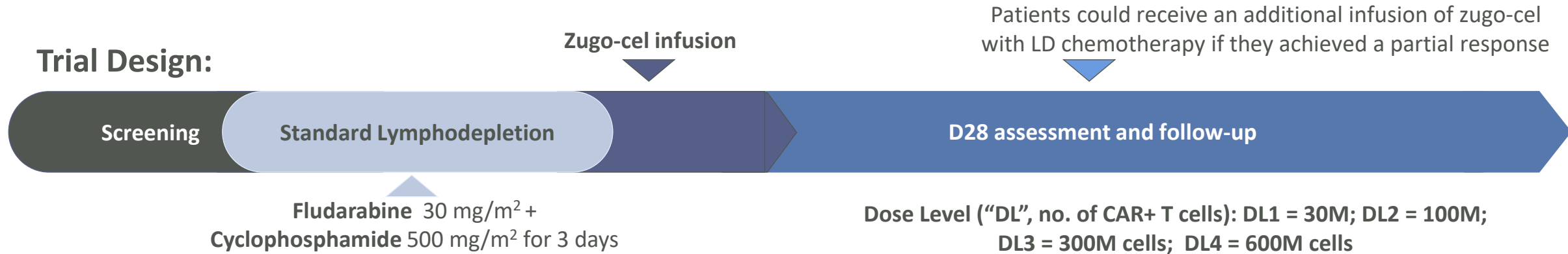
Zugo-cel clinical update from rheumatology study and topline update from hematological AID study in 2H 2026

ITP: immune thrombocytopenic purpura; WAIHA: warm autoimmune hemolytic anemia; PPMS: primary progressive multiple sclerosis; NMOSD: neuromyelitis optica spectrum disorder; MOGAD: myelin oligodendrocyte glycoprotein antibody-associated disease; NMDAR: N-methyl-D-aspartate receptor; LGI1: leucine-rich glioma-inactivated protein 1; AIE: autoimmune encephalitis; SPS: stiff person syndrome

Zugo-cel Phase I Immuno-Oncology Clinical Trial Design



Open-label, multicenter, Phase I/II study evaluating the safety and efficacy of zugo-cel in relapsed or refractory B-cell malignancies



Benefits of Allogeneic CAR T:

- Short screening timeframe
- No apheresis
- No bridging chemotherapy
- On-site availability of CAR T cell product

Key eligibility criteria:

- Age ≥18 years
- Patient population: R/R FL grade 1-3a, MZL, MCL, DLBCL NOS, DLBCL/high- grade lymphoma with MYC and BCL-2 rearrangement, grade 3b FL, DLBCL arising from FL or MZL or LBCL with prior CAR T
- No prior allogeneic SCT and no history of CNS lymphoma involvement
- Adequate organ function

Primary endpoint

- Incidence of AEs, defined as DLTs
- ORR (per Lugano 2014 criteria or iwCLL 2018 guidelines for CLL/SLL)

Secondary endpoints

- Complete Response rate (CR)
- Duration of response (DOR)
- Progression-free survival (PFS)
- Overall survival (OS)

Zugo-cel Baseline Characteristics (LBCL N=10, DL4)



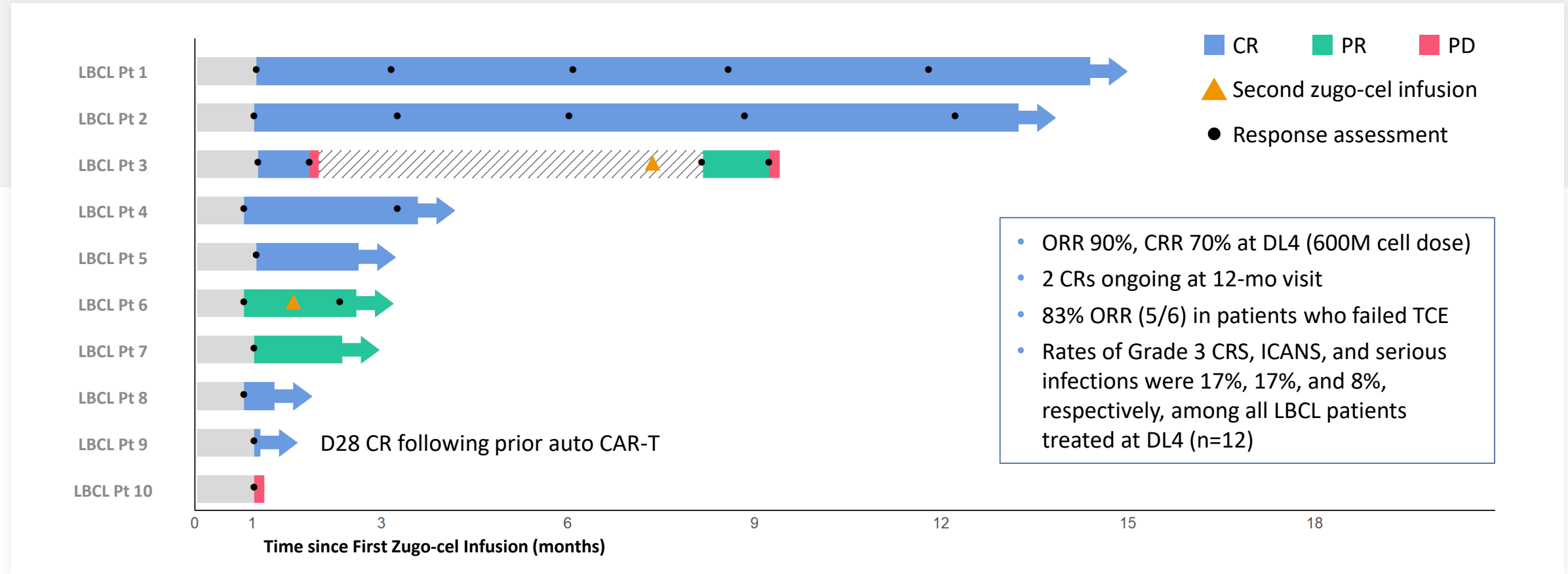
Baseline Characteristics	Total N = 10
Age ≥ 65, n (%)	7 (70)
Sex (Female), n (%)	6 (60)
Prognostic Score at Baseline ³	
• Intermediate or High Risk, n (%)	7 (70)
LBCL Subtype, n (%)	
• DLBCL NOS	4 (40)
• Transformed Follicular Lymphoma	3 (30)
• Transformed Marginal Zone Lymphoma	2 (20)
• Follicular Lymphoma 3b	1 (10)
Disease Stage (per Lugano 2014²)	
• Stage III / IV	6 (60)
Tumor Burden	
• Median SPD (Min-Max)	2011 (561-10492)
• SPD > 2000 mm ² , n (%)	5 (50)
Prior Therapies	
• Median, n (range)	2 (1-5)
• > 3 prior therapies, n (%)	3 (30)
• Prior ASCT / auto-CAR-T / TCE	5 (50)
Primary Refractory Disease ¹ , n (%)	5 (50)
Early Relapse to Frontline Therapy ² , n (%)	7 (70)

Data cut off 20NOV2025

1. Primary refractory defined as absence of CR after first line of NHL treatment; 2. Early relapse for LBCL defined as progression <12M from end of 1L chemoimmunotherapy; 3. IPI Scoring: Low = 0-1, Intermediate = 2-3, High = 4-5

Zugo-cel Ph1 Data Suggest Durability in LBCL at RP2D (600M)

(N=10 with D28 response assessment¹)



Additional Phase 1 clinical data update expected in 2H 2026

RP2D: Recommended Phase 2 Dose; TCE: T-cell engagers

1. 006-233-015 (DL4, LBCL) passed away before D28; subject with PTLD (DL4) excluded from analysis; Data cutoff Nov 20, 2025

Collaboration to Study Zugo-cel Combined with Pirtobrutinib



Zugo-cel
(allogeneic CD19 CAR-T)



Pirtobrutinib
(non-covalent BTKi)



Potential for deep, durable responses with an off-the-shelf therapy for aggressive B-cell lymphomas

- Zugo-cel has demonstrated overall and complete response rates comparable to autologous CAR-T therapies in LBCL patients with poor prognostic features
- Zugo-cel cell clearance and hematopoietic recovery typically occur within 28 days
- **A study of autologous CD19 CAR-T combined with a BTK inhibitor¹ showed a 93% overall response rate and an 81% complete response rate, with 12-month durability of response of 66%**
- Consolidation or maintenance with an oral, non-covalent BTK inhibitor could deepen responses and improve durability while enabling potential outpatient use in community settings

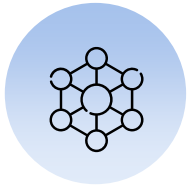
CRISPR's *in vivo* CAR-T Platform Overview



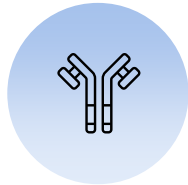
Best-in-class Platform for Transient and Integrated *in vivo* CAR-Ts

Targeted Delivery

T cell specific delivery and liver de-targeting with proprietary LNP formulation and conjugation chemistry



Lipid Nanoparticles (LNPs)



Proprietary Binders

Extended Durability

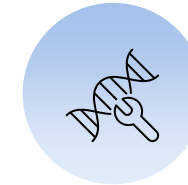
Proprietary mRNA optimization for best-in-class protein half-life, increased translation; siRNA / shRNA approaches for enhanced potency



Proprietary mRNA modifications

Permanent CAR approaches

Non-viral delivery, site-specific HDR-based integration, and retrotransposons



HDR-based integrations



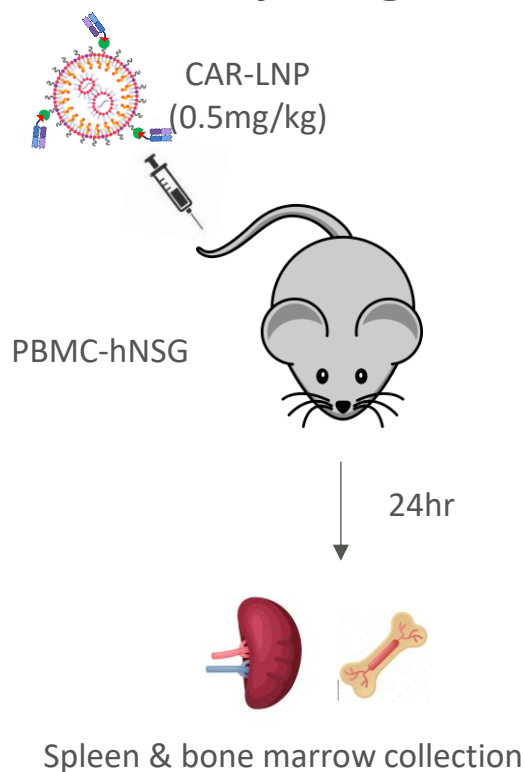
Retro-transposons

CRISPR's platform enables development of *in vivo* CAR-T therapies with best-in-class durability, precise targeting and payload options (e.g., transient, permanent) to address biology and complexities of different diseases

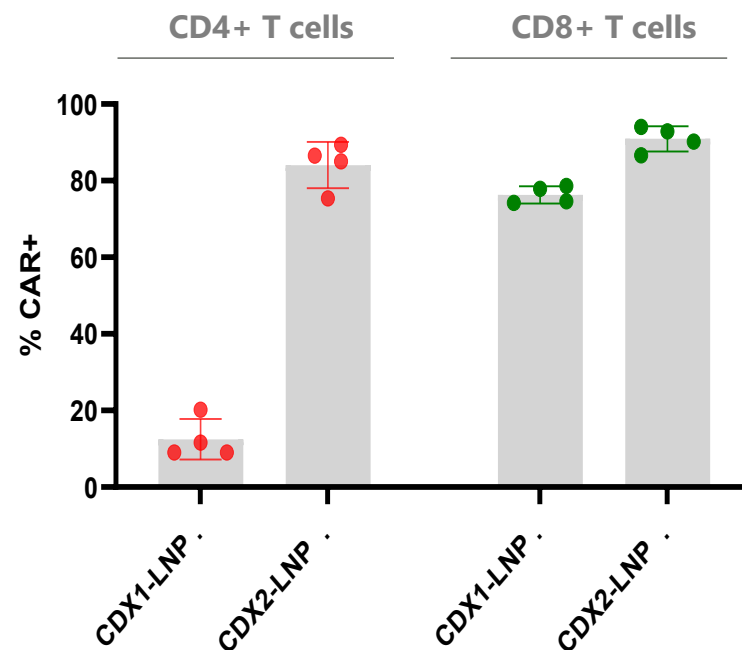
CRISPR's mRNA-LNPs Generate CAR+ T Cells *In Vivo*

CDX1 binder delivers to primarily CD8+ T cells and CDX2 binder delivers both CD4+ and CD8+ T cells

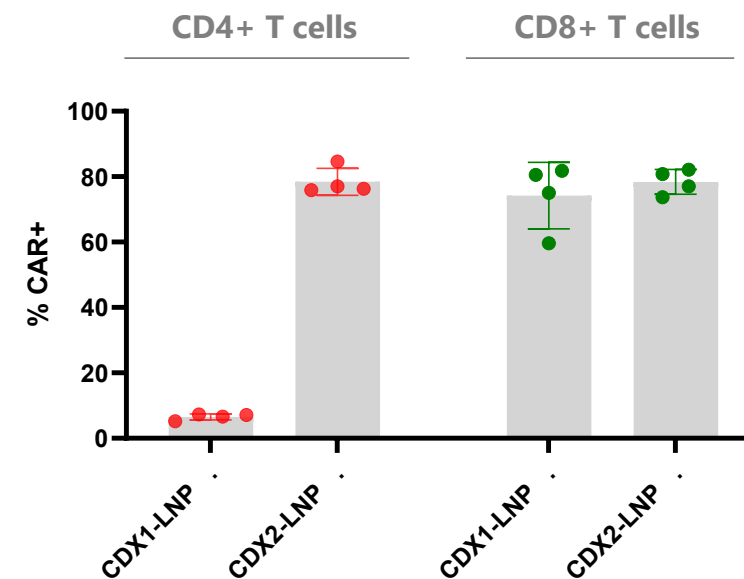
Study design



Spleen



Bone marrow



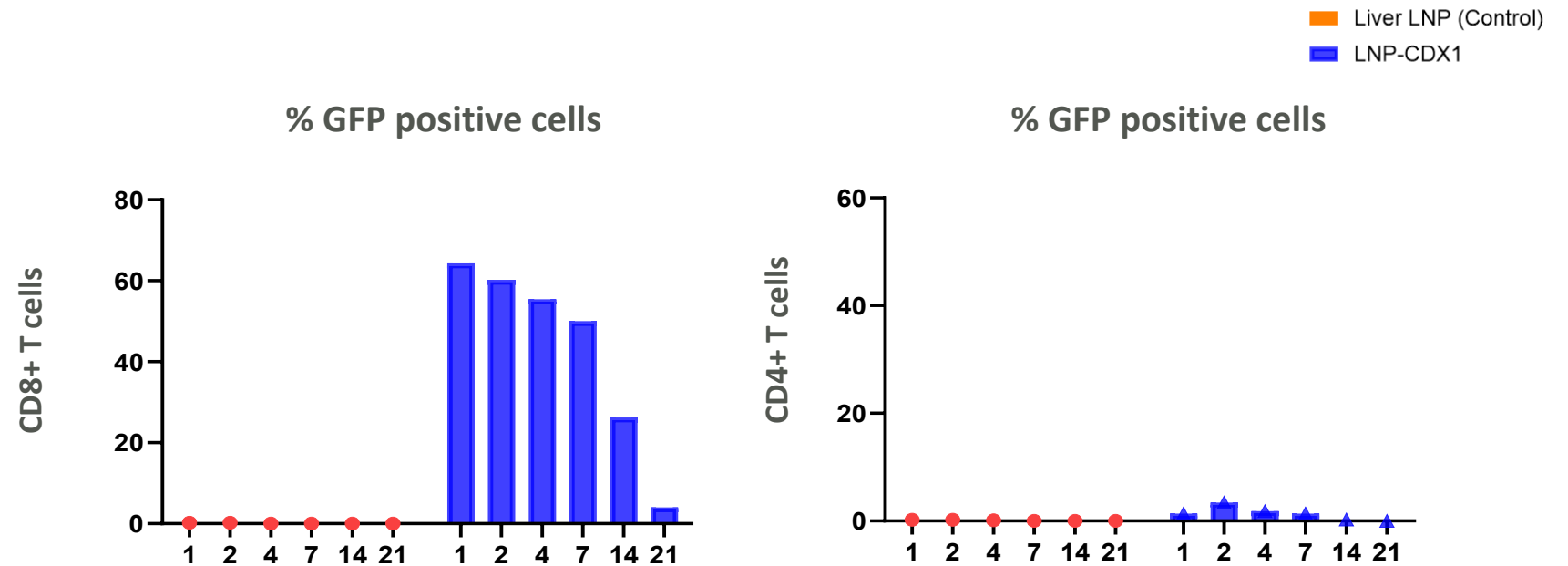
CRISPR's CDX1-Targeted eGFP mRNA-LNPs Showed Robust Delivery to CD8 T cells with Durable Expression up to 14 days

CDX1 Targeted eGFP mRNA-LNP study in Cynomolgus Monkey, Peripheral Blood readout
(0.5mg/kg eGFP mRNA-LNP, mRNA Format v1)

Study Design

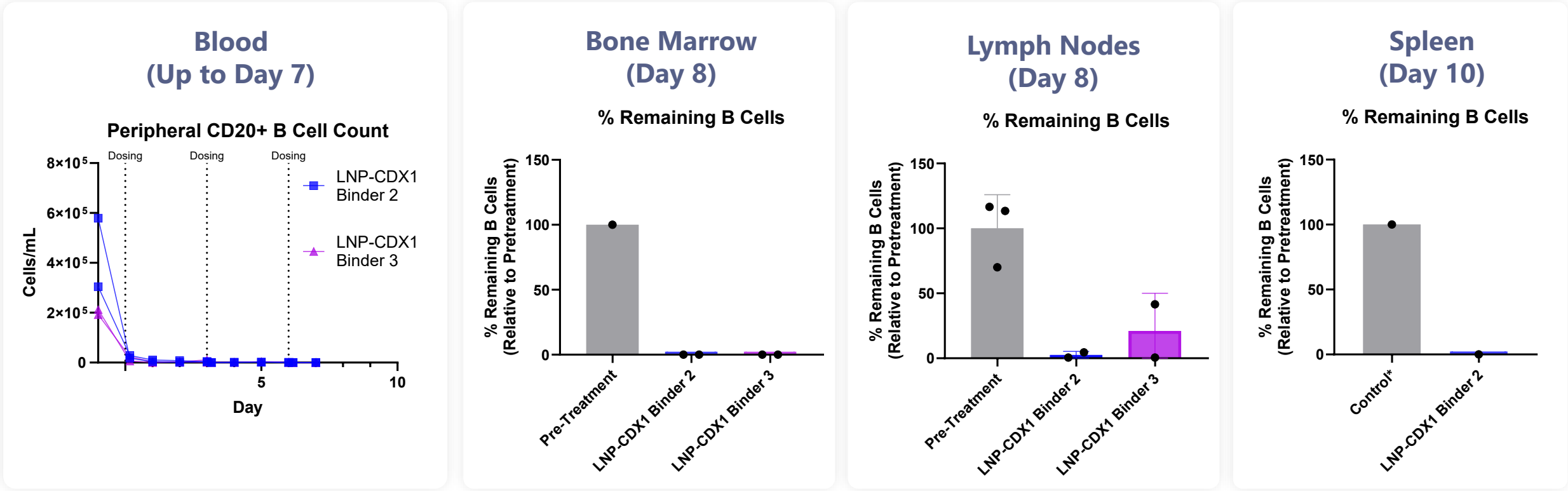


Blood collection:
Days 1, 2, 4, 7, 14, 21



CRISPR's T-cell targeted mRNA-LNPs have extended circulation half-life, enable durable expression

Multi Dose of 0.5 mg/kg LNP-CDX1 Binder 2 and Binder 3 Led to Deep B-cell depletion in Blood, Bone Marrow, Lymph Nodes and Spleen



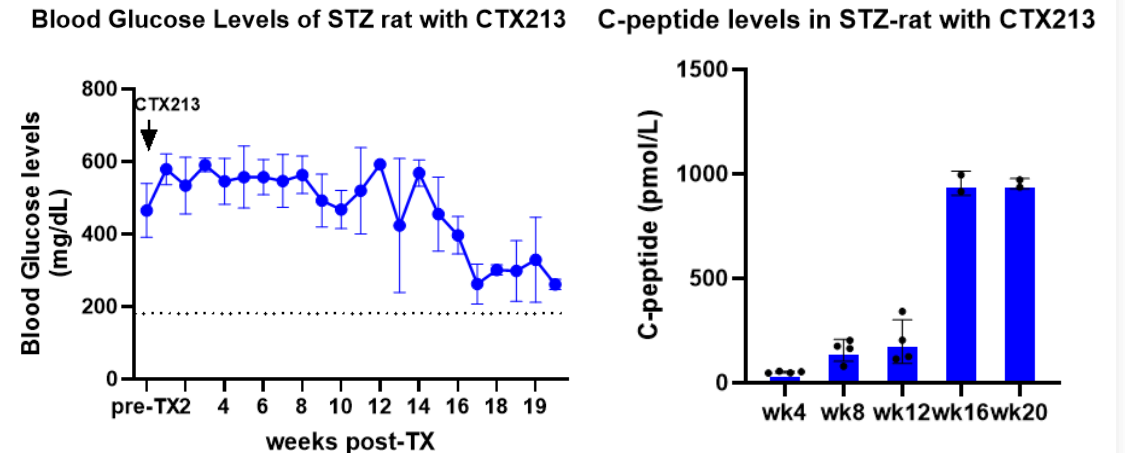
Robust B cell depletion observed across blood, bone marrow, lymph node and spleen with LNP-CDX1 Binder 2

CTX213: Deviceless Hypoimmune Islet Cell Therapy for T1D

CTX211, a gene-edited, stem cell–derived encapsulated cell product for the treatment of type 1 diabetes

- Ph1 completed in n=5 patients
- Well-tolerated with no SAEs or AESIs
- Sustained c-peptide production observed 12 months post-implantation
- Histology confirmed survival of transplanted insulin-producing islet cells, despite the fibrosis of encapsulation device and infiltration of immune cells

CTX213, an unencapsulated iPSC-derived islet cell product utilizing the same edits as CTX211



Direct administration of CTX213 leads to improved glycemic control and C-peptide production in STZ rat model

Clinical data validate the hypoimmune edits; CTX213 shows encouraging pre-clinical efficacy, advancing toward the clinic

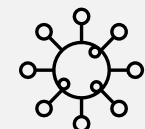
Anticipated Key Milestones in 2026



Heme



In Vivo



CAR-T

Program	Timing	Details
	☒ Quarterly	Commercial launch updates
<i>In vivo</i> HSC	2H 2026	Preclinical data update
CTX310	2H 2026	Phase Ia CV trial clinical data
CTX611	2H 2026	Phase II TKA study top-line data
CTX340	☒ 1H 2026	Phase I rHTN trial initiated
CTX460	☒ Mid 2026	Phase I AATD trial initiated
Lp(a) program	2026	Program update
Zugo-cel AID	2H 2026	Phase I Rheumatology trial clinical data
Zugo-cel AID	2H 2026	Phase I ITP/wAIHA trial top-line data
Zugo-cel ONC	2H 2026	Phase I Heme malignancies clinical data
<i>In Vivo</i> CAR-T	☒ 1H 2026	Preclinical data update



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