



CRISPR Therapeutics

Creating transformative gene-based medicines for serious diseases

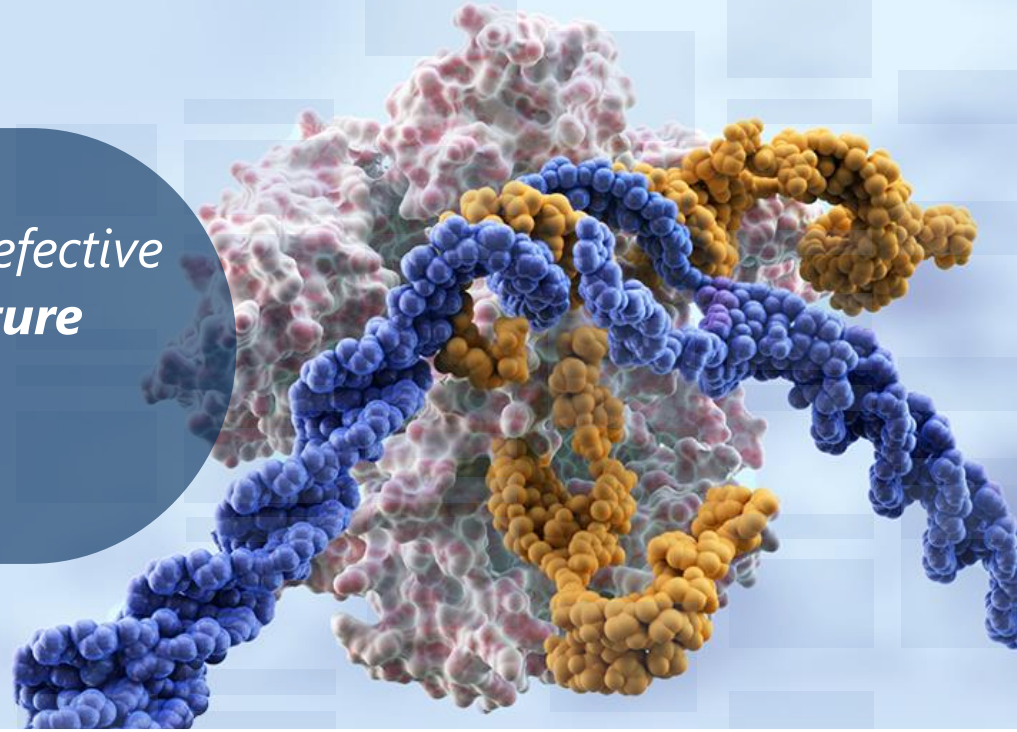
Corporate Overview
February 2018



This presentation and other related materials contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, but not limited to, statements concerning: the timing of filing of clinical trial applications and INDs and timing of commencement of clinical trials, the timing, therapeutic value, development, and commercial potential of CRISPR/Cas-9 gene editing technologies and therapies, the sufficiency of CRISPR's cash resources and the intellectual property coverage and positions of CRISPR, its licensors and third parties. All statements, other than statements of historical facts, included or incorporated by reference in this presentation and other related materials, including statements regarding CRISPR's strategy, future operations, future financial position, future revenue, projected costs, prospects, plans, and objectives of management, are forward-looking statements. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "target," "should," "would," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. CRISPR may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements as a result of various factors, including: uncertainties regarding the intellectual property protection for CRISPR's technology and intellectual property belonging to third parties; uncertainties inherent in the initiation and completion of preclinical studies for CRISPR's product candidates; availability and timing of results from preclinical studies; whether results from a preclinical trial will be predictive of future results of the future trials; expectations for regulatory approvals to conduct trials or to market products; and those risks and uncertainties described under the heading "Risk Factors" in CRISPR's most recent annual report on Form 10-K, and in other filings that CRISPR has made or may make with the U.S. Securities and Exchange Commission.

In addition, the forward-looking statements included in this presentation and other related materials represent CRISPR's views as of the date of the presentation. CRISPR anticipates that subsequent events and developments will cause its views to change. However, while CRISPR may elect to update these forward-looking statements at some point in the future, CRISPR specifically disclaims any obligation to do so. These forward-looking statements should not be relied upon as representing CRISPR's views as of any date subsequent to the date of the presentation. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date they are made.

“A new technology for ‘editing’ defective genes has raised hopes for a **future generation of medicines**”
THE WALL STREET JOURNAL.

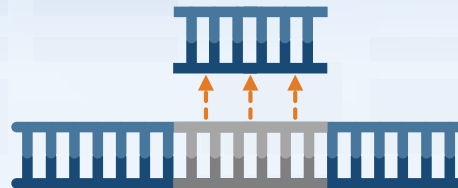


Specific, efficient, and versatile platform

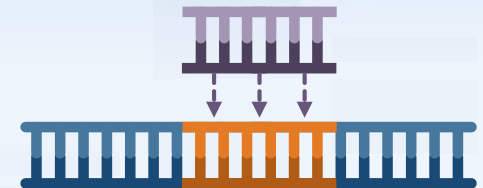
► DISRUPTION



► DELETION



► CORRECTION



CRISPR Therapeutics Highlights



LEADING GENE-EDITING COMPANY

Rapidly translating revolutionary CRISPR/Cas9 technology into transformative therapies



PIONEERING CRISPR IN THE CLINIC

Filed first company-sponsored CTA for a CRISPR-based therapeutic; CTX001 on track to enter trials in 2018 in hemoglobinopathies



NEXT-GENERATION I/O PLATFORM

Advancing wholly owned, potentially best-in-class gene-edited allogeneic CAR-T products toward the clinic



ADVANCING *IN VIVO* APPLICATIONS

Pursuing select *in vivo* indications enabled by in-licensed technologies, platform improvement, and strategic partners



UNIQUE CASEBIA JOINT VENTURE

50% ownership of Casebia broadens our pipeline and supports our platform improvement efforts; funded by ~\$265M from Bayer



STRONG IP & FINANCIAL POSITION

Strong IP position, experienced leadership, 100+ people, >\$250M cash position as of Q3 2017

Program	Editing approach	Research	IND-enabling	Ph I/II	Partner	Structure
Ex vivo: Hematopoietic						
CTX001: β -thalassemia	Disruption			CTA filed Q4 2017	VERTEX	Collaboration
CTX001: Sickle cell disease (SCD)	Disruption			IND filing 1H 2018	VERTEX	Collaboration
Hurler syndrome (MPS-1)	Correction					Wholly-owned
Severe combined immunodeficiency (SCID)	Correction				CASEBIA	Joint venture
Ex vivo: Immuno-oncology						
CTX101: CD19-positive malignancies	Various			IND filing Q4 2018		Wholly-owned
Anti-BCMA Allogeneic CAR-T	Various					Wholly-owned
Anti-CD70 Allogeneic CAR-T	Various					Wholly-owned
In vivo: Liver						
Glycogen storage disease Ia (GSD Ia)	Correction					Wholly-owned
Hemophilia	Correction				CASEBIA	Joint venture
In vivo: Other organs						
Duchenne muscular dystrophy (DMD)	Disruption					Wholly-owned
Cystic fibrosis (CF)	Correction				VERTEX	License option



Hemoglobinopathies

Ex vivo lead candidate in genetically-defined disease



Immuno-oncology

Expand cell therapy platform with allo CAR-T pipeline

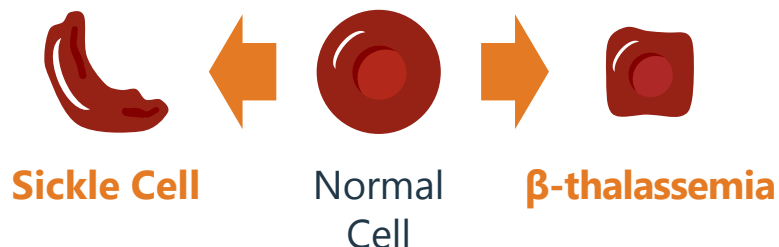


In vivo

Enable in vivo applications through platform advancements

SICKLE CELL DISEASE (SCD) AND β -THALASSEMIA

Blood disorders caused by *mutations* in the β -globin gene



Significant worldwide burden

300,000 Annual births
in SCD and β -
thalassemia,
respectively

60,000

High morbidity and mortality



Anemia



Pain



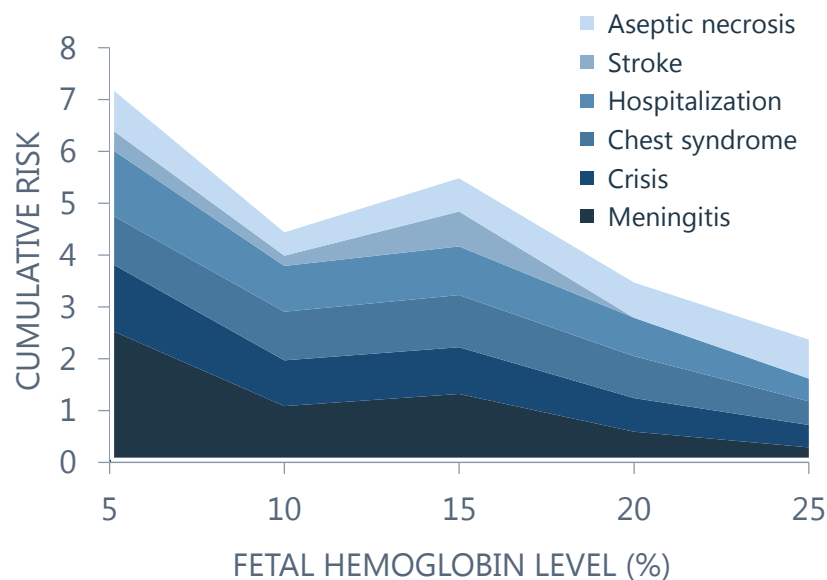
Early death

Heavy burden of patient care

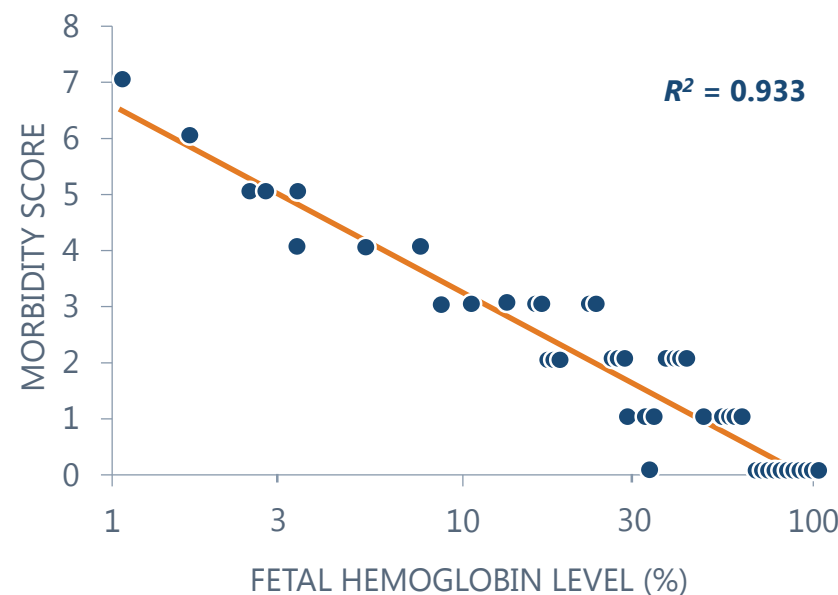


Frequent
**transfusions &
hospitalizations**

REDUCED RISK OF EVENTS IN SICKLE CELL DISEASE¹



REDUCED SYMPTOMS IN β -THALASSEMIA²

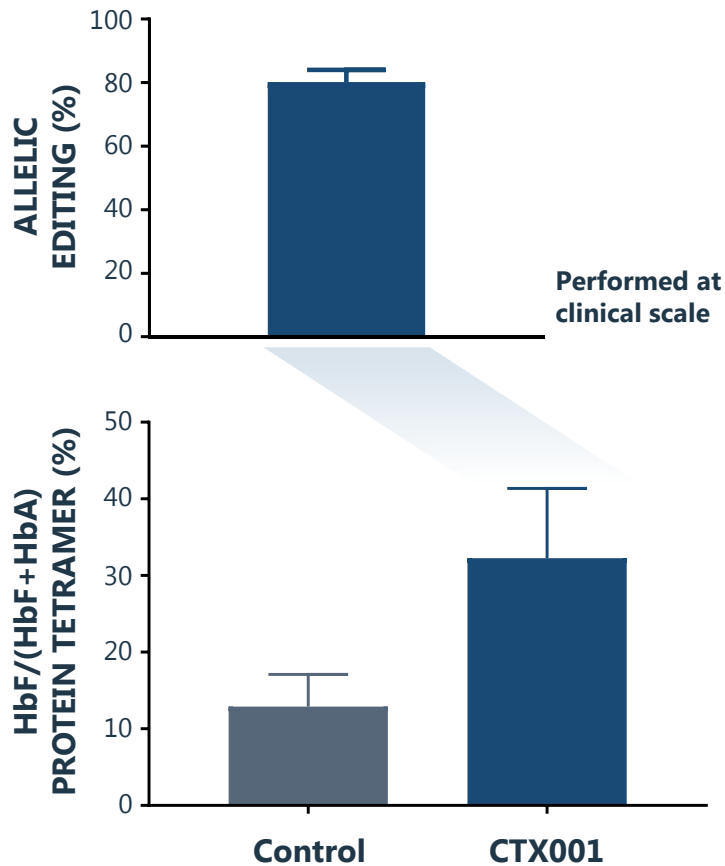


- › **Naturally occurring genetic variants** cause **hereditary persistence of fetal hemoglobin** (HPFH), and **lead to reduced symptoms** in patients with sickle cell disease and β -thalassemia
- › Our gene editing strategy aims to **recreate these variants** in symptomatic patients — an approach **supported by well-understood genetics**

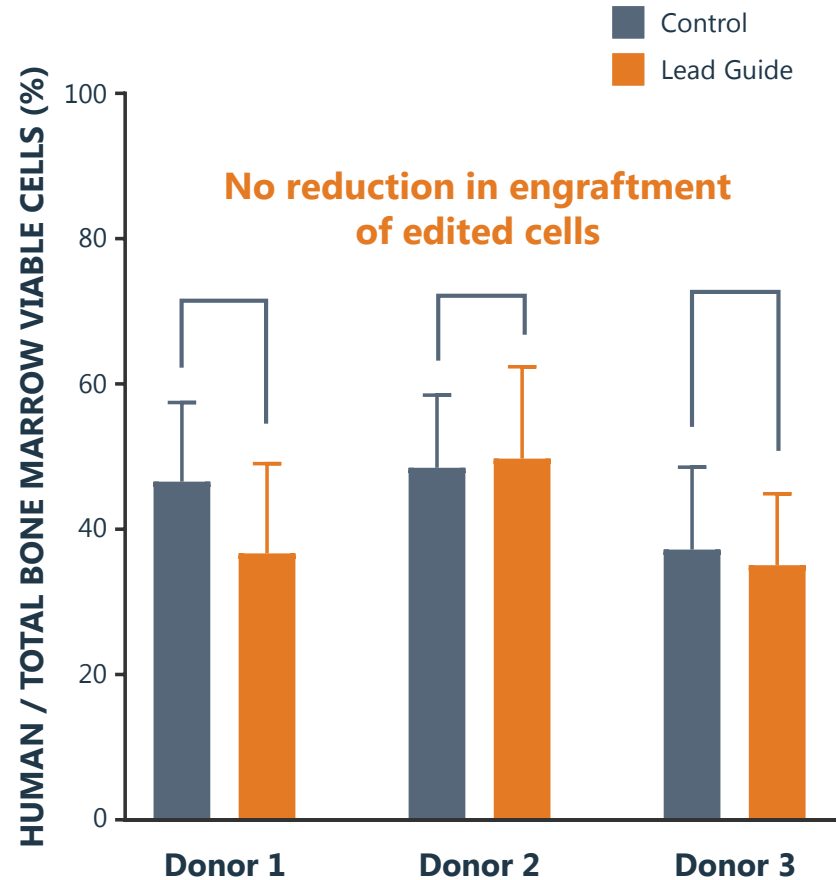
1. Powars, *et al.* Blood 1984; 2. Musallam, *et al.* Blood 2012

CTX001 Upregulates Fetal Hemoglobin and Engrafts in Mice

HIGH EDITING RATES LEAD TO ROBUST HbF INDUCTION¹



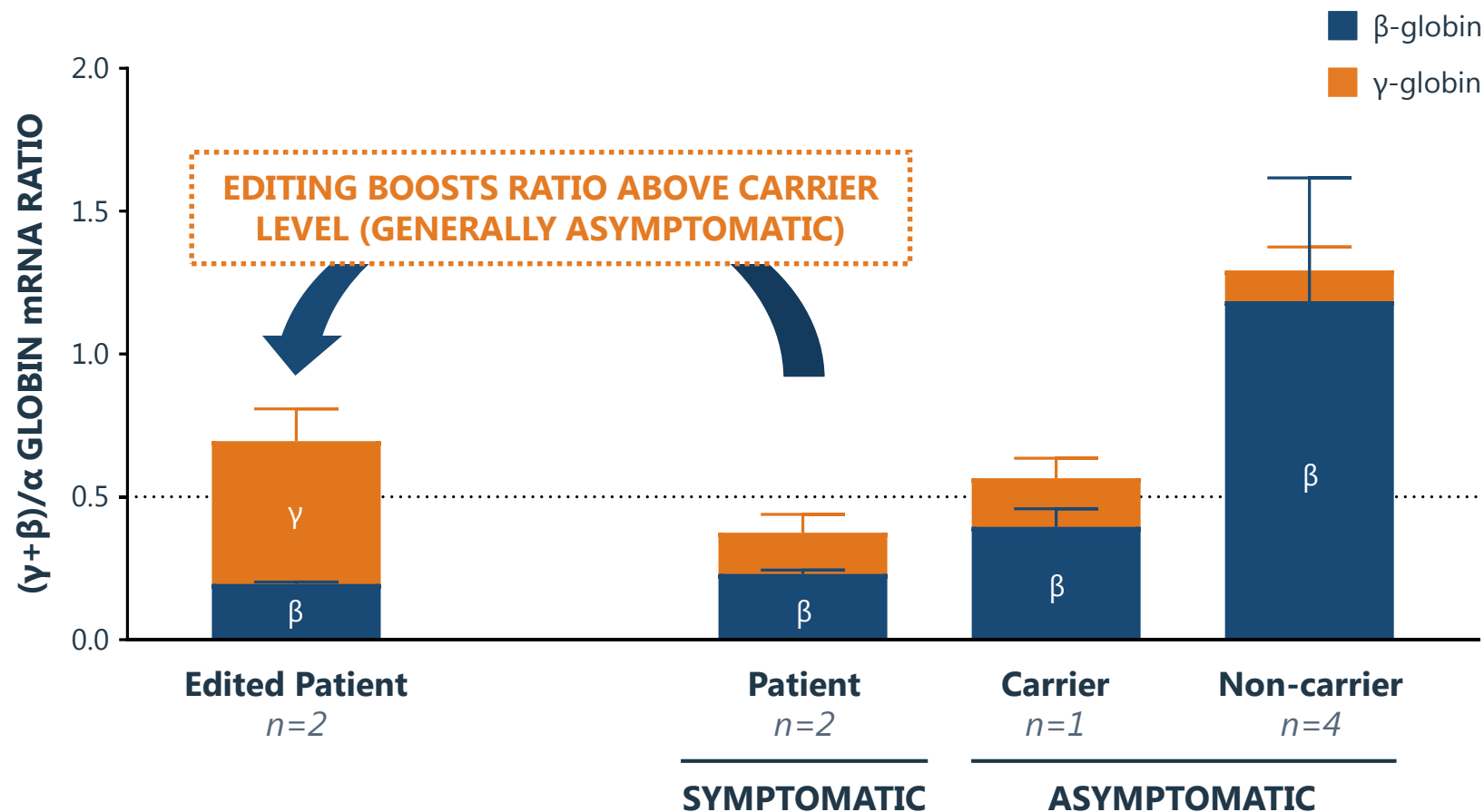
CTX001 ENGRAFTS *IN VIVO* IN MICE²



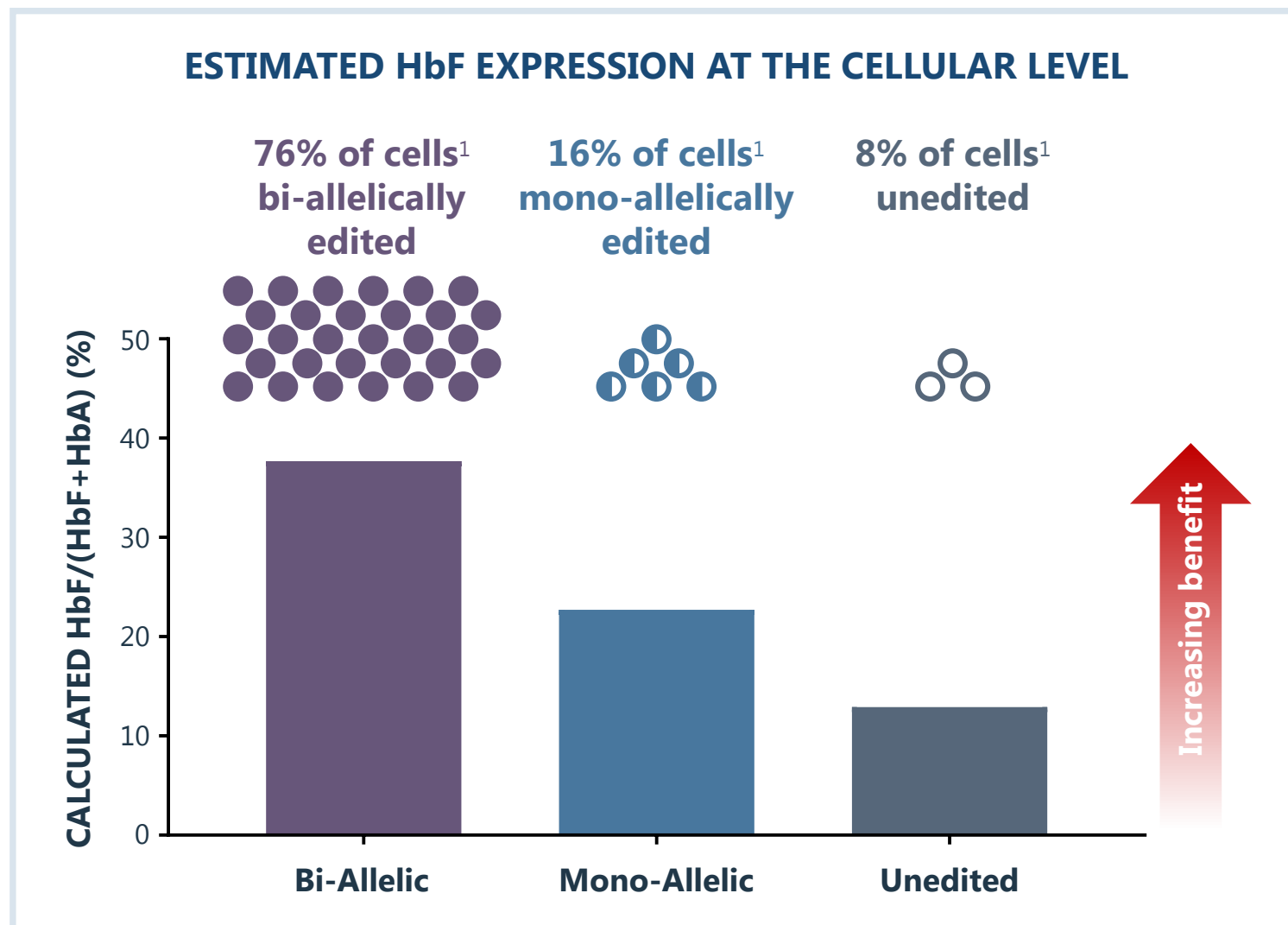
1. n=6 healthy donors; 2. 16-week engraftment data

β -thal: Editing Increases Globin Expression to Carrier Levels

GLOBIN mRNA RATIO AFTER GENE EDITING OF β -THAL PATIENT SAMPLES



SCD: Bi-Allelic Editing Leads to High HbF Protein Levels



1. n=163 single erythroid colonies derived from edited CD34⁺ cells from healthy donors

CTX001-111

A single arm Phase 1/2 study to assess the safety and efficacy of CTX001 in patients with β -thalassemia



Patients

Up to 30 adult
transfusion-dependent
patients



Sites

Sites with extensive
transplant experience in E.U.
countries with significant
disease burden



Endpoints

HbF levels and transfusion
requirements are clinically
relevant and easily
measurable

Potential to expand into a registrational trial, as well as to additional
genotype and age cohorts, if supported by safety and efficacy

Autologous CAR-T is Transformative, but has Limitations

CAR-T has generated **tremendous excitement** . . .

“*The first-ever treatment that genetically alters a patient’s own cells to fight cancer, a milestone that is **expected to transform treatment in the coming years***”

The New York Times

. . . But there are still **significant limitations** to autologous CAR-T

Patients progress or die while waiting

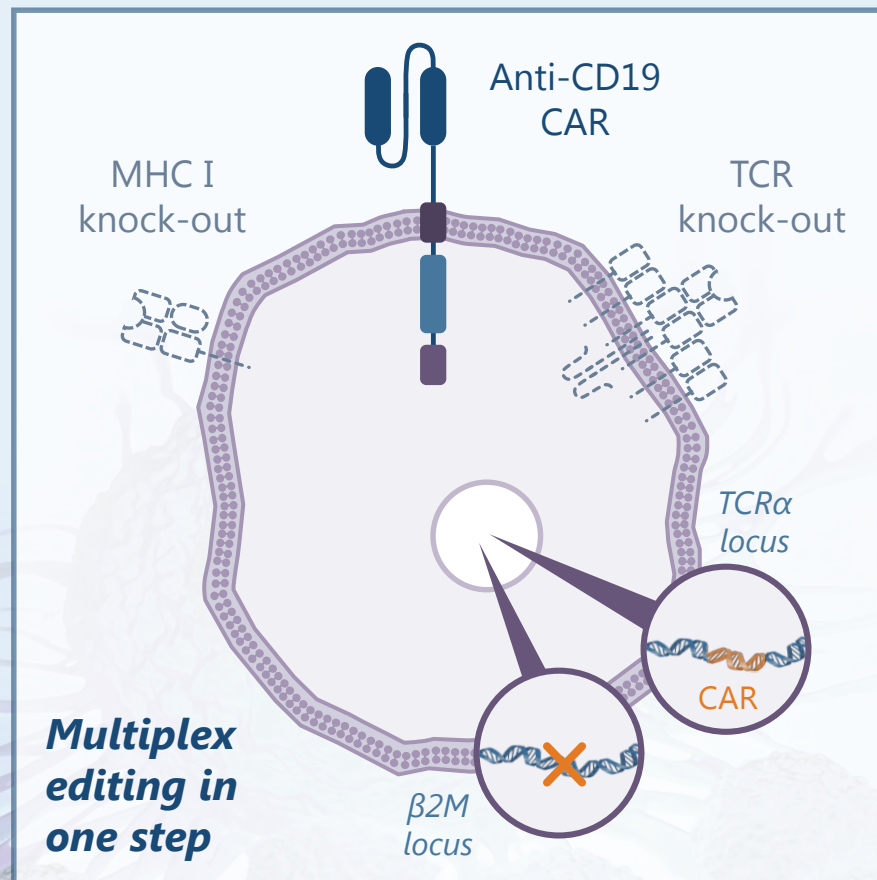
Patient-to-patient variability

Costly, complicated manufacturing

Commercial challenges of bespoke therapy

Our Approach: Gene-Edited Allogeneic CD19 CAR-T

CTX101 – our initial immuno-oncology product candidate



CRISPR enables an allogeneic approach that **remedies issues with autologous CAR-T**

Product available immediately

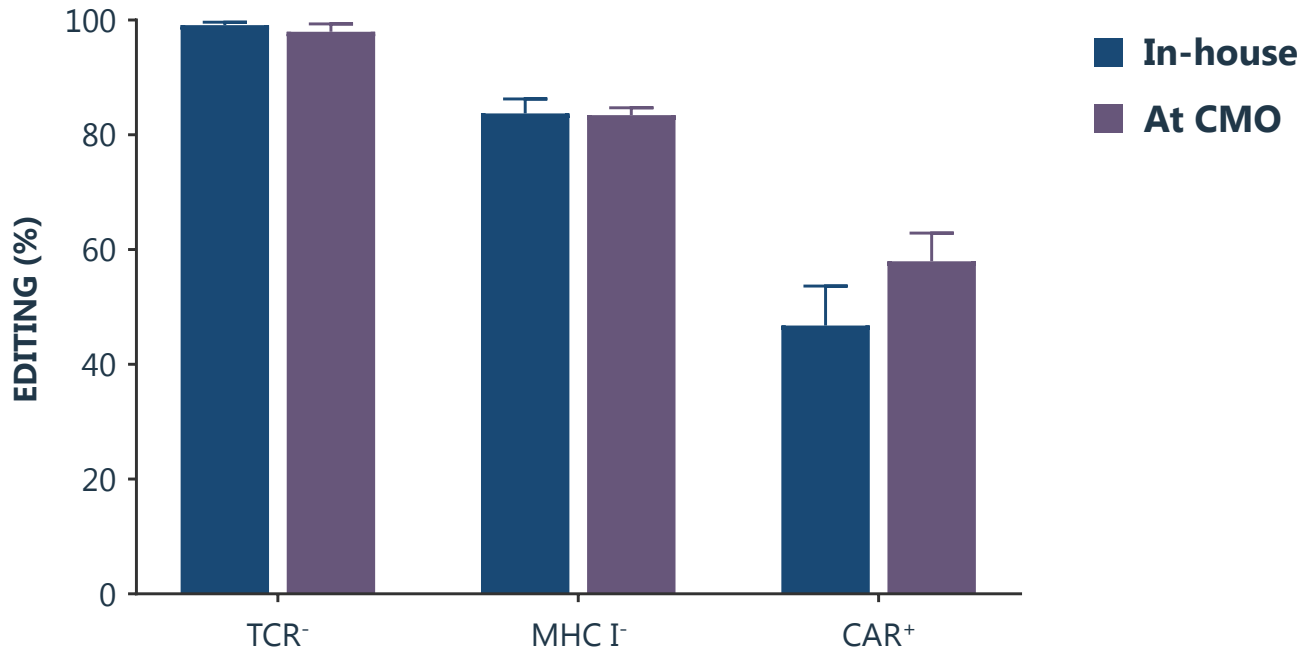
Consistent healthy-donor lymphocytes

Low COGs and simpler manufacturing

Off-the-shelf product – broader access

Equal or Better Editing Rates Achieved After Tech Transfer

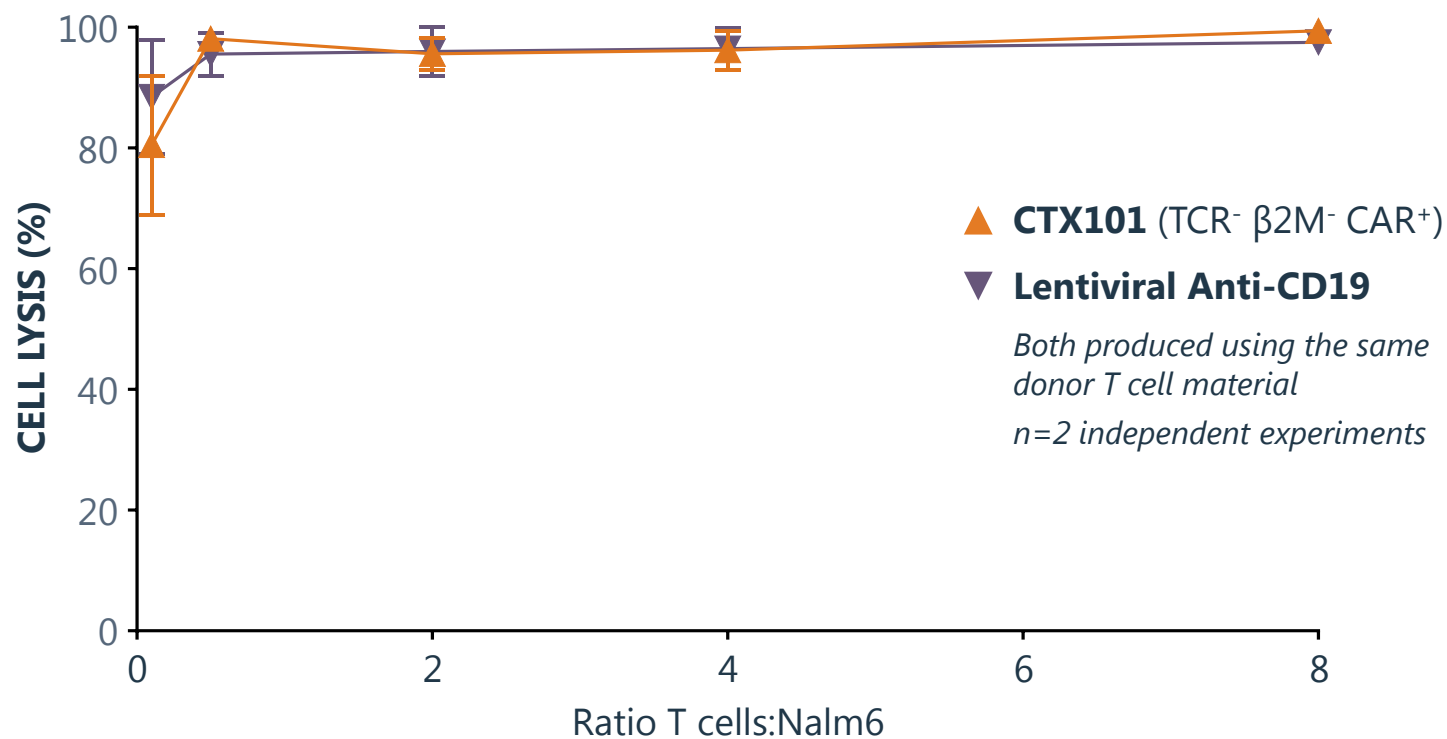
EDITING RATES ACROSS MULTIPLE DONORS



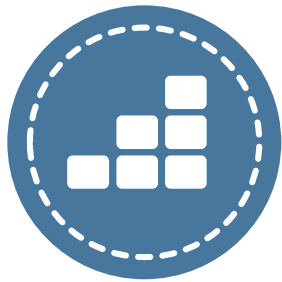
**Process development and manufacturing initiated for CTX101 –
commencing IND-enabling studies**

CTX101 Eliminates CD19-Expressing Tumor Cells *In Vitro*

CTX101 COMPARES FAVORABLY TO LENTIVIRAL "AUTOLOGOUS" CAR-T



Numerous Opportunities Beyond CTX101



Make rapid entry using validated tumor targets

Healthy-donor allo approach
in well-validated tumor targets

CD19, BCMA



Expand into solid with novel targets and advanced editing

Precise edits to make CAR-T
effective in solid tumors

***CD70, resistance to tumor
microenvironment***



Unlock the full potential of CRISPR

Multiplex editing to enable
more complex products

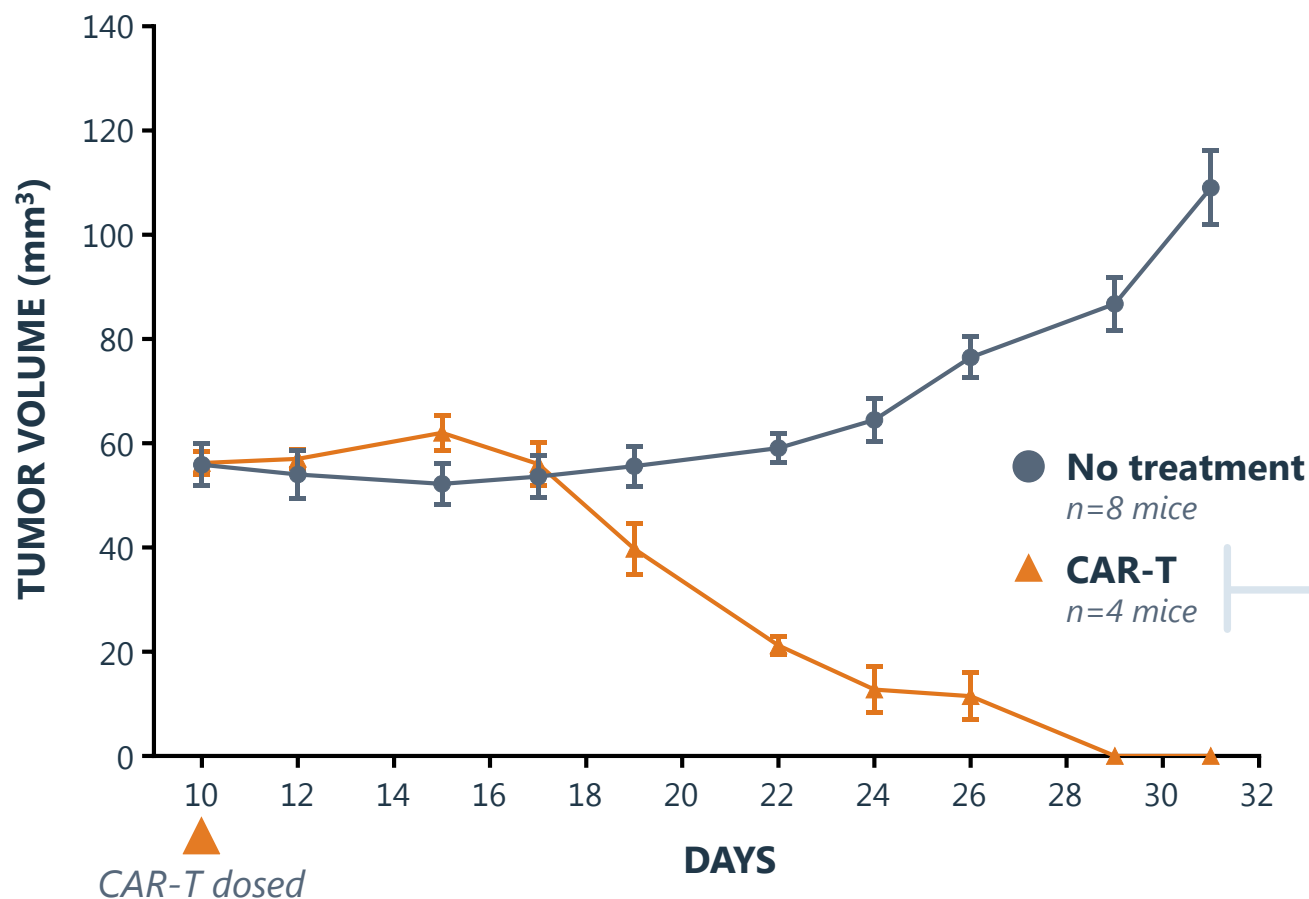
***Switches, neoantigens,
bispecifics***



**Collaborations with Neon and MGH
to identify and exploit new targets**

Gene-Edited Allo CAR-T Targeting CD70

SUBCUTANEOUS A498 RENAL CELL CARCINOMA MODEL COMPLETELY ELIMINATED



- › **>85% CAR⁺**
using a
proprietary
single chain
made in-house
- › **>99% TCR
knock-out**
even before
purification

Delivering CRISPR/Cas9 to Unlock *In Vivo* Applications

NON-VIRAL

Lipid Nanoparticles (LNPs)

- › Increased potency
- › Expansion beyond liver delivery
- › Improved tolerability



Messenger RNA (mRNA)

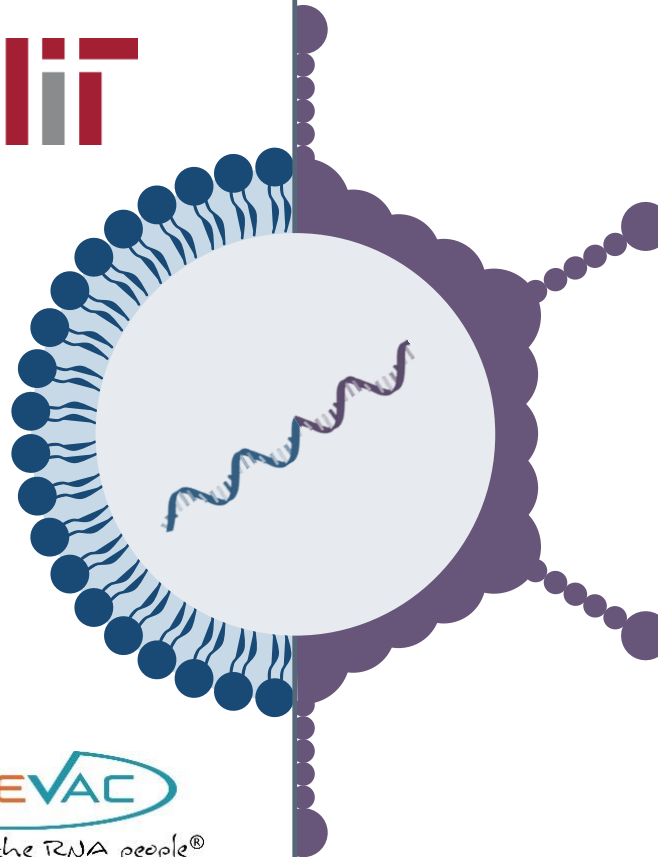
- › Controlled duration of expression
- › Tissue specificity
- › Increased potency



VIRAL

Adeno-Associated Virus (AAV)

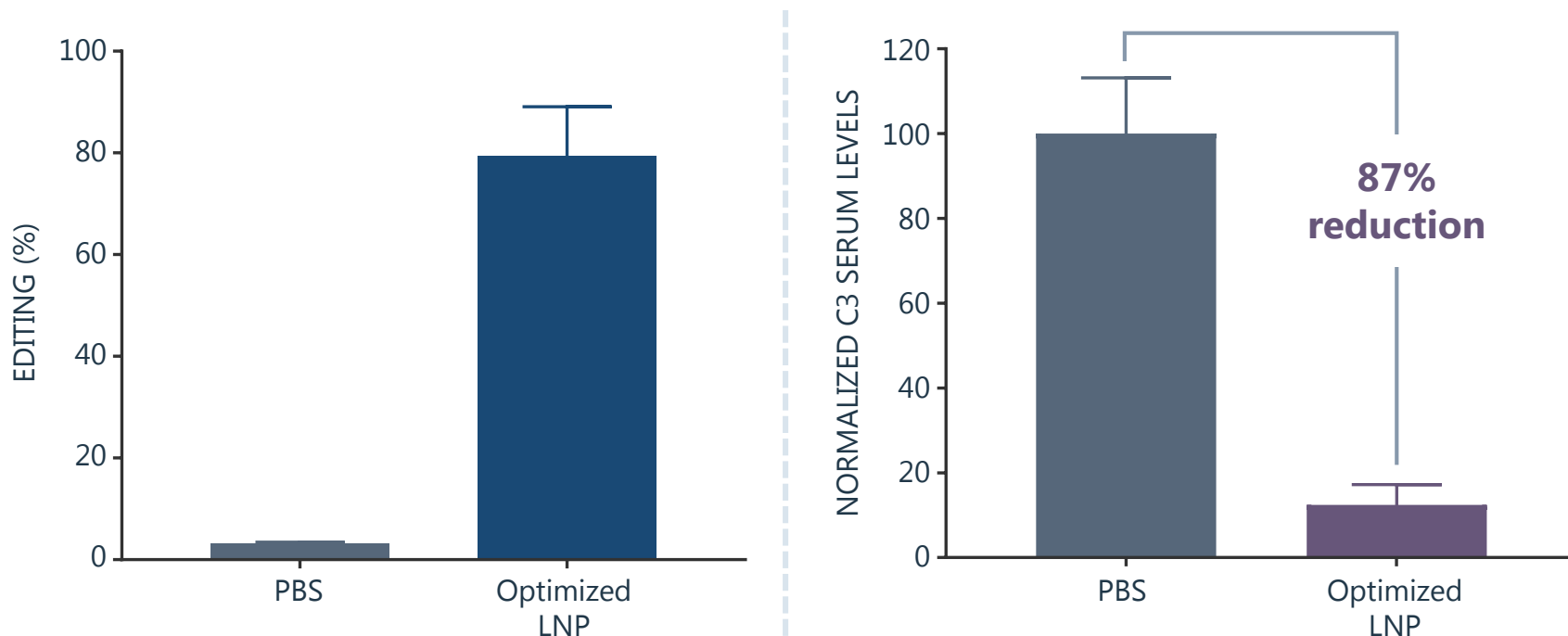
- › Improved tissue specificity
- › Reduced immunogenicity
- › Self-inactivation



Potent Liver Editing Using Proprietary LNP Technology

SIGNIFICANT DECREASE IN SERUM C3 LEVELS AFTER EDITING *IN VIVO*

Editing and serum protein quantified in five mice following intravenous LNP dose



~80% editing in mouse livers and 87% reduction in serum C3 protein using just 1 mg/kg total RNA: ~3X higher potency than other published data

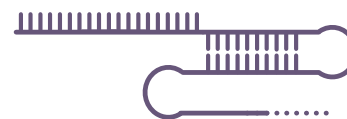
NUCLEASE ENGINEERING

Enhance CRISPR/Cas9 system through protein engineering

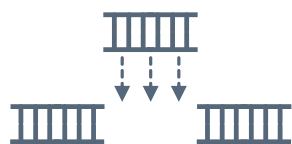


GUIDE RNA OPTIMIZATION

Identify optimal guide RNA formats and sequences for therapeutic editing



PLATFORM ENHANCEMENT



ADVANCED EDITING

Improve efficiency of gene correction and multiplexing



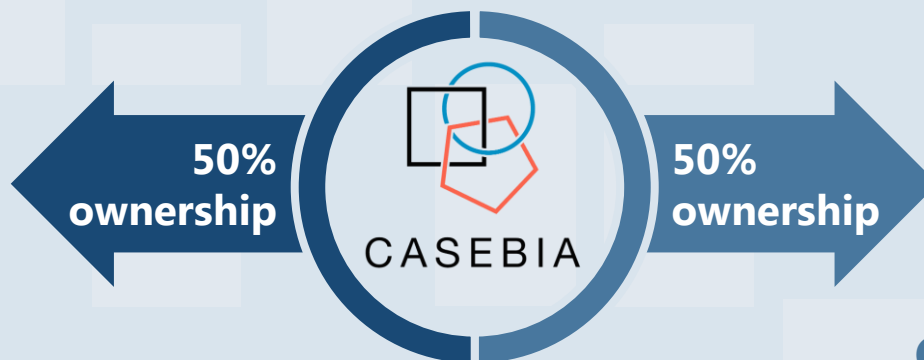
STEM CELL ENGINEERING

Expand applications of gene-edited stem cells to treat disease

Fifty-Percent Ownership of Casebia Therapeutics



Committed IP
for select indications



Committed \$370M
*\$265M to Casebia and
\$105M to CRISPR*

THERAPEUTIC FOCUS AREAS



Hematology



Cardiology



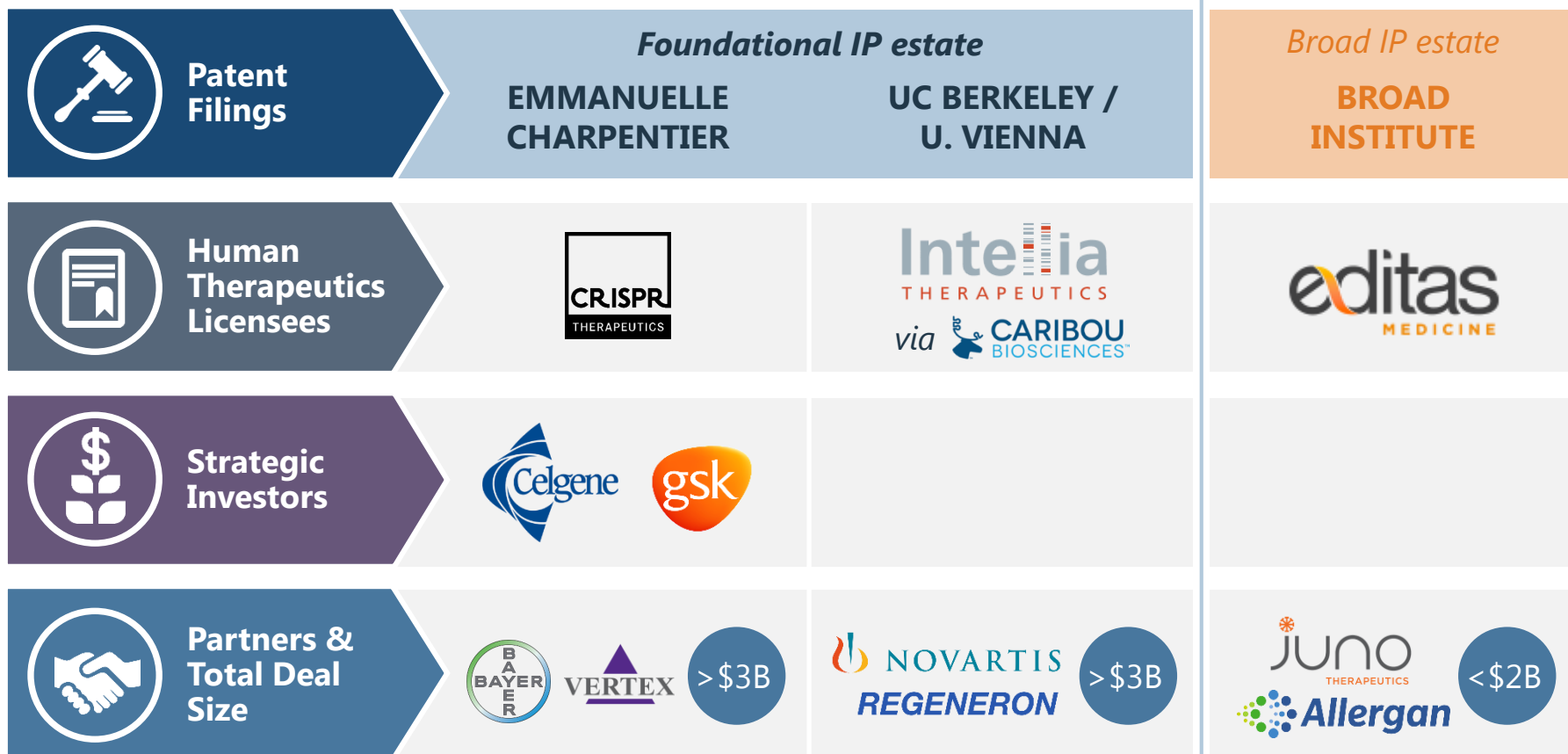
Ophthalmology

**Joint research on
platform technology**
– protein engineering,
delivery, etc.



**CRISPR has full access
at no cost to *all new* IP**
for use within the field of
human therapeutics

Foundational Intellectual Property Landscape



- › Direct license to foundational IP covering all human therapeutic fields; term through 2033
- › Four large pharma partnerships indicate strength of the Charpentier / Berkeley foundational IP estate
- › Access to Vilnius IP estate through invention management agreement

Strong US and Global Foundational IP Position

UNITED STATES

First-to-invent

UC-CRISPR appealing interference decision in Federal Appeals Court

- › Appeal ongoing to overturn Feb 2017 PTAB decision to end the first interference on technical grounds



Next steps

- › Appeal expected to take ~12 months
- › Multiple patent applications moving forward in parallel – both narrow and broad claims

EUROPE AND GLOBAL

First-to-file

UC-CRISPR granted foundational patents, including use in eukaryotes

- › 3 patents granted between E.U. and U.K. include single-guide RNA & uses in all settings
- › Patents of broad scope granted in China, Australia, New Zealand, Singapore, Mexico



Next steps

- › Advancing applications globally in ~80 jurisdictions worldwide based on arguments developed in Europe

Experienced Management Team

SAM KULKARNI, PHD

Chief Executive Officer
Partner, McKinsey & Company

RODGER NOVAK, MD

President & Director
Head of Anti-Infectives R&D, Sanofi

TONY HO, MD

Head of Research & Development
Head of Oncology Innovation, AstraZeneca

BILL LUNDBERG, MD

Chief Scientific Officer
Head of Translational Medicine, Alexion

MIKE TOMSICEK, MBA

Chief Financial Officer
Chief Financial Officer, Abiomed

KALA SUBRAMANIAN, PHD

SVP, Strategic Development & Operations
Global Head of Program Management, Novartis

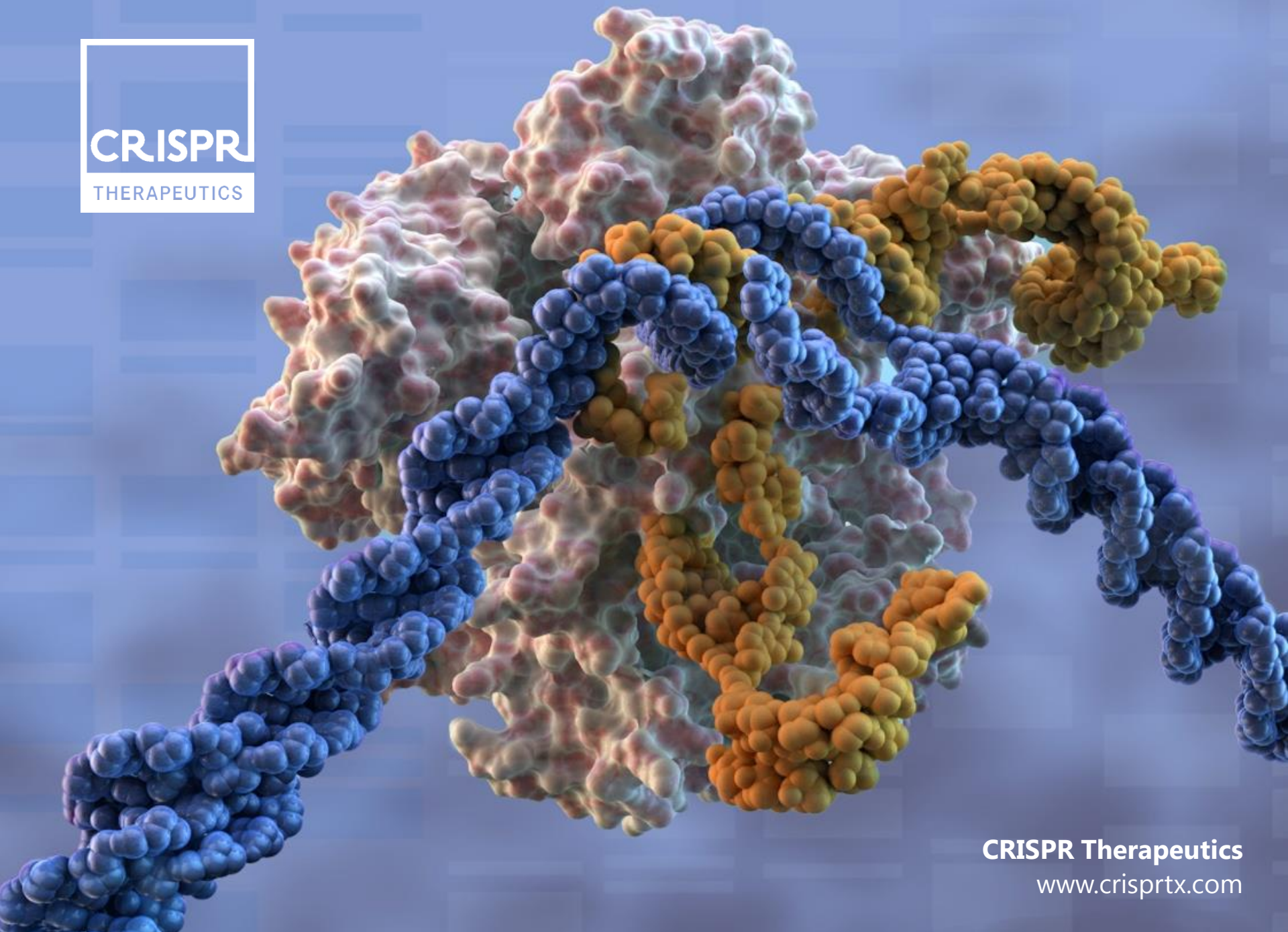
TYLER DYLAN-HYDE, PHD

Chief Legal Officer
Partner, Morrison & Foerster

JIM KASINGER, JD

General Counsel & Corporate Secretary
General Counsel, Moderna





CRISPR Therapeutics
www.crisprtx.com