UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): October 12, 2021

CRISPR THERAPEUTICS AG
(Exact name of Registrant as Specified in Its Charter)

Switzerland	**001-37923**	**Not Applicable**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

Baarerstrasse 14 **6300 Zug, Switzerland** **(Address of Principal Executive Offices)**	**Not Applicable** **(Zip Code)**

Registrant's Telephone Number, Including Area Code: +41 (0)41 561 32 77

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Shares, nominal value CHF 0.03	**CRSP**	**The NASDAQ Global Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

On October 12, 2021, CRISPR Therapeutics AG (the "Company") issued a press release announcing new clinical data from its ongoing Phase 1 CARBON trial assessing the safety and efficacy of CTX110™, its wholly-owned allogeneic chimeric antigen receptor T cell investigational therapy targeting CD19, for the treatment of relapsed or refractory B-cell malignancies. A copy of the press release is attached hereto as Exhibit 99.1.

The information in this Item 7.01 of Form 8-K, including the accompanying Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act"), or otherwise subject to the liability of such section, nor shall such information be deemed incorporated by reference in any filing under the Securities Act of 1933 or the Exchange Act, regardless of the general incorporation language of such filing, except as shall be expressly set forth by specific reference in such filing.

Item 8.01. Other Events

On October 12, 2021, new clinical data from the Company's ongoing Phase 1 CARBON trial assessing the safety and efficacy of CTX110 was presented at a virtual event. Selected slides from the presentation are attached hereto as Exhibit 99.2 and are incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit Number	Description
99.1	Press release issued by CRISPR Therapeutics AG, dated October 12, 2021
99.2	Selected Slides from Presentation: Updated Results from the Phase 1 CARBON Trial of CTX110™, dated October 12, 2021
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CRISPR THERAPEUTICS AG

Date: October 12, 2021

By: /s/ Samarth Kulkarni
Samarth Kulkarni, Ph.D.
Chief Executive Officer

CRISPR Therapeutics Reports Positive Results from its Phase 1 CARBON Trial of CTX110™ in Relapsed or Refractory CD19+ B-cell malignancies

-58% overall response rate (ORR) and 38% complete response (CR) rate in large B-cell lymphoma (LBCL) with a single dose of CTX110 at Dose Level 2 (DL2) and above on an intent-to-treat (ITT) basis-

-Durable responses in LBCL achieved with six-month CR rate of 21% and longest response on-going at over 18 months after initial infusion-

-Response rates and durability are similar to approved autologous CD19 CAR-T therapies on an ITT basis-

-Positively differentiated safety profile; no Grade 3 or higher cytokine release syndrome (CRS) and low rates of infection and Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS)-

-Expanding CARBON into a potentially registrational trial in 1Q 2022-

-Management to host webcast and conference call today at 4:30 PM ET-

ZUG, Switzerland and CAMBRIDGE, Mass., October 12, 2021 — CRISPR Therapeutics (Nasdaq: CRSP), a biopharmaceutical company focused on creating transformative gene-based medicines for serious diseases, today announced updated results from the Company's ongoing Phase 1 CARBON trial evaluating the safety and efficacy of CTX110™, its wholly-owned allogeneic CAR-T cell therapy targeting CD19+ B-cell malignancies.

"We are excited to share positive data from our CARBON trial, which show that CTX110 could offer patients with large B-cell lymphomas an immediately available 'off-the-shelf' therapy with efficacy similar to autologous CAR-T and a differentiated safety profile," said Samarth Kulkarni, Ph.D., Chief Executive Officer of CRISPR Therapeutics. "Furthermore, we have the potential to improve upon already observed efficacy with a consolidation dosing strategy. Based on these encouraging results, we are planning to expand CARBON into a potentially registrational trial in the first quarter of 2022."

CARBON Trial Overview

The Phase 1 CARBON trial is an open-label, multicenter clinical trial evaluating the safety and efficacy of CTX110 in adult patients with relapsed or refractory B-cell CD19+ malignancies who have received at least two prior lines of therapy. To date, enrollment has been focused on patients with the most aggressive disease presentations, including diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS), high-grade double- or triple-hit lymphomas, and transformed follicular lymphoma. The majority of patients had Stage IV lymphoma and were refractory to their last line of therapy before entering the trial. Nine patients received prior autologous stem cell transplant. Patients who received prior autologous CAR-T therapy were not eligible.

As of the August 26, 2021 data cutoff, 30 patients with large B-cell lymphoma (LBCL) had been enrolled, of which 26 patients had received CTX110 with at least 28 days of follow-up and are included in the analysis. Only one enrolled patient did not receive CTX110. Three patients at the time of the data cut had less than 28 days of follow-up and were not evaluable for this analysis.

Patients were infused with a single CTX110 infusion following three days of a standard lymphodepletion regimen consisting of fludarabine (30mg/m^2/day) and cyclophosphamide (500mg/m^2/day). Patients could

be re-dosed with CTX110 following disease progression. The primary endpoints include safety as measured by the incidence of dose limiting toxicities (DLTs) and overall response rate (ORR). Key secondary endpoints include complete response (CR) rate, duration of response and overall survival.

Additional details may be found at clinicaltrials.gov, using identifier: NCT04035434.

Safety

CTX110 was well tolerated across all dose levels. The adverse events of interest for all evaluable patients are shown in the table below.

- There were no cases of Graft versus Host Disease (GvHD) and no infusion reactions to either lymphodepleting chemotherapy or CTX110.
- All cases of cytokine release syndrome (CRS) were Grade 1 or 2 per the American Society for Transplantation and Cellular Therapy (ASTCT) criteria and either required no specific intervention or resolved following standard CRS management. Neither the frequency nor severity of CRS has increased in patients who were re-dosed with CTX110.
- The only case of Grade 3 or higher immune effector cell-associated neurotoxicity syndrome (ICANS) was in the patient with concurrent HHV-6 encephalitis who was previously disclosed. There have been no cases of ICANS in any other patients treated at Dose Level (DL3) through Dose Level (DL4).
- Only two patients experienced Grade 3 or higher infections: the previously discussed patient with HHV-6 encephalitis, and one patient who developed pseudomonal sepsis that resolved in four days.

Adverse events of interest N (%)

	DL1 (N=3)		DL2 (N=3)		DL3 (N=6)		DL3.5 (N=6)		DL4 (N=8)		DL2+ (N=23)	
	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+
CRS	1 (33)	-	2 (67)	-	2 (33)	-	3 (50)	-	6 (75)	-	13 (57)	-
ICANS	-	-	1 (33)	-	-	-	-	-	-	1 (13)	1 (4)	1 (4)
GvHD	-	-	-	-	-	-	-	-	-	-	-	-
Infusion reactions	-	-	-	-	-	-	-	-	-	-	-	-
Infections[1]	-	1 (33)	-	-	1 (17)	1 (17)	1 (17)	-	1 (13)	1 (13)	3 (13)	2 (9)

CRS and ICANS graded per ASTCT criteria; other adverse events graded per CTCAE; (1) All infections (bacterial, fungal, and viral) included

The emerging safety profile of CTX110 is positively differentiated from autologous CAR-T therapies that show high frequencies of severe CRS and ICANS, and from other allogeneic CAR-T therapies that require more toxic lymphodepletion regimens and can result in prolonged immunosuppression and increased risk of serious infections.

Clinical Activity

Data are shown below for the 26 patients that received CTX110 and had at least 28 days of follow-up. The ORR and CR rates for patients treated at DL2 and above are shown both on an intent-to-treat (ITT) and modified ITT (mITT) basis. ITT includes all enrolled patients (n=24 at DL2 and above) whereas mITT includes only those patients who received an infusion of CTX110 (n=23 at DL2 and above). Dose-dependent responses and durable complete responses were seen with CTX110. Disease assessment was performed by investigator review according to the 2014 Lugano response criteria.

Cell dose (CAR+ T cells)	DL1 $30x10^6$ *N=3*	DL2 $100x10^6$ *N=3*	DL3 $300x10^6$ *N=6*	DL3.5 $450x10^6$ *N=6*	DL4 $600x10^6$ *N=8*	DL2+ mITT *N=23*	DL2+ ITT *N=24*
Overall response rate (ORR), N (%)	0 (0%)	1 (33%)	3 (50%)	4 (67%)	6 (75%)	14 (61%)	14 (58%)
Complete response (CR) rate, N (%)	0 (0%)	1 (33%)	2 (33%)	3 (50%)	3 (38%)	9 (39%)	9 (38%)

- A single dose of CTX110 at DL2 and above resulted in a 58% ORR and 38% CR rate on an ITT basis.
- Responses were seen in a variety of patients, including patients who had refractory disease, bulky disease, or who had progressed after prior autologous stem cell transplant.
- The data demonstrate the potential for CTX110 to produce durable remissions, as evidenced by a 21% six-month CR rate (4 of the 9 patients who achieved CR at Day 28, remained in CR at 6 months; 5 patients had not reached their 6-month evaluation point), which is in the range of durable remissions observed with approved autologous CAR-T therapies on an ITT basis.
- The data provide a strong rationale that consolidation dosing can improve on an already competitive profile for CTX110.

Based on this safety and efficacy profile, the Company plans to expand into a potential registrational trial that incorporates consolidation dosing in Q1 2022. In parallel, the Company continues to advance the rest of its immuno-oncology portfolio and scale its manufacturing capabilities in its new state-of-the-art manufacturing facility in Framingham, Massachusetts.

Conference Call and Webcast

To access the conference call, please dial +1 (866) 952-8559 (domestic) or +1 (785) 424-1743 (international) and reference the conference ID “CRISPR.”

A live webcast of the event will be available on the “Events & Presentations” page in the Investors section of the Company’s website at https://crisprtx.gcs-web.com/events. A webcast replay will be available on the CRISPR Therapeutics website after the event and will be archived for 14 days.

About CTX110

CTX110, a wholly owned program of CRISPR Therapeutics, is a healthy donor-derived gene-edited allogeneic CAR-T investigational therapy targeting Cluster of Differentiation 19, or CD19. CTX110 is being investigated in the ongoing CARBON trial.

About CARBON

The ongoing Phase 1 single-arm, multi-center, open label clinical trial, CARBON, is designed to assess the safety and efficacy of several dose levels of CTX110 for the treatment of relapsed or refractory B-cell malignancies.

About CRISPR Therapeutics

CRISPR Therapeutics is a leading gene editing company focused on developing transformative gene-based medicines for serious diseases using its proprietary CRISPR/Cas9 platform. CRISPR/Cas9 is a revolutionary gene editing technology that allows for precise, directed changes to genomic DNA. CRISPR Therapeutics has established a portfolio of therapeutic programs across a broad range of disease areas including hemoglobinopathies, oncology, regenerative medicine and rare diseases. To accelerate and expand its efforts, CRISPR Therapeutics has established strategic partnerships with leading companies including Bayer, Vertex Pharmaceuticals and ViaCyte, Inc. CRISPR Therapeutics AG is headquartered in Zug, Switzerland, with its wholly-owned U.S. subsidiary, CRISPR Therapeutics, Inc., and R&D operations based in Cambridge, Massachusetts, and business offices in San Francisco, California and London, United Kingdom. For more information, please visit www.crisprtx.com.

CRISPR Forward-Looking Statement

This press release may contain a number of "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including statements made by Dr. Kulkarni in this press release, as well as regarding CRISPR Therapeutics' expectations about any or all of the following: (i) the safety, efficacy and clinical progress of our various clinical programs including our CTX110 program; (ii) the status of clinical trials (including, without limitation, activities at clinical trial sites) and expectations regarding the data that is being presented from our CARBON clinical trial; (iii) the data that will be generated by ongoing and planned clinical trials, and the ability to use that data for the design and initiation of further clinical trials; and (iv) the therapeutic value, development, and commercial potential of CRISPR/Cas9 gene editing technologies and therapies, including as compared to other therapies. Without limiting the foregoing, the words "believes," "anticipates," "plans," "expects" and similar expressions are intended to identify forward-looking statements. You are cautioned that forward-looking statements are inherently uncertain. Although CRISPR Therapeutics believes that such statements are based on reasonable assumptions within the bounds of its knowledge of its business and operations, forward-looking statements are neither promises nor guarantees and they are necessarily subject to a high degree of uncertainty and risk. Actual performance and results may differ materially from those projected or suggested in the forward-looking statements due to various risks and uncertainties. These risks and uncertainties include, among others: the potential for initial and preliminary data from any clinical trial and initial data from a limited number of patients not to be indicative of final trial results; the potential that clinical trial results may not be favorable; potential impacts due to the coronavirus pandemic, such as the timing and progress of clinical trials; that future competitive or other market factors may adversely

affect the commercial potential for CRISPR Therapeutics' product candidates; uncertainties regarding the intellectual property protection for CRISPR Therapeutics' technology and intellectual property belonging to third parties, and the outcome of proceedings (such as an interference, an opposition or a similar proceeding) involving all or any portion of such intellectual property; and those risks and uncertainties described under the heading "Risk Factors" in CRISPR Therapeutics' most recent annual report on Form 10-K, quarterly report on Form 10-Q and in any other subsequent filings made by CRISPR Therapeutics with the U.S. Securities and Exchange Commission, which are available on the SEC's website at www.sec.gov. 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. CRISPR Therapeutics disclaims any obligation or undertaking to update or revise any forward-looking statements contained in this press release, other than to the extent required by law.

Investor Contact:
Susan Kim
+1-617-307-7503
susan.kim@crisprtx.com

Media Contact:
Rachel Eides
+1-617-315-4167
rachel.eides@crisprtx.com

Exhibit 99.2

Updated Results from the Phase 1 CARBON Trial of CTX110™

October 12, 2021

Forward-looking Statements

The presentation and other related materials may contain a number of "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including statements regarding CRISPR Therapeutics' expectations about any or all of the following: (i) the safety, efficacy and clinical progress of our various clinical programs, including our CTX110 program; (ii) the status of clinical trials (including, without limitation, the expected timing of data releases, announcement of additional programs and activities at clinical trial sites) and expectations regarding the data that is being presented from our CARBON clinical trial; (iii) the data that will be generated by ongoing and planned clinical trials, and the ability to use that data for the design and initiation of further clinical trials; and (iv) the therapeutic value, development, and commercial potential of CRISPR/Cas9 gene editing technologies and therapies, including as compared to other therapies. Without limiting the foregoing, the words "believes," "anticipates," "plans," "expects" and similar expressions are intended to identify forward-looking statements. You are cautioned that forward-looking statements are inherently uncertain. Although CRISPR Therapeutics believes that such statements are based on reasonable assumptions within the bounds of its knowledge of its business and operations, forward-looking statements are neither promises nor guarantees and they are necessarily subject to a high degree of uncertainty and risk. Actual performance and results may differ materially from those projected or suggested in the forward-looking statements due to various risks and uncertainties. These risks and uncertainties include, among others: the potential for initial and preliminary data from any clinical trial and initial data from a limited number of patients not to be indicative of final trial results; the potential that clinical trial results may not be favorable; potential impacts due to the coronavirus pandemic, such as the timing and progress of clinical trials; that future competitive or other market factors may adversely affect the commercial potential for CRISPR Therapeutics' product candidates; uncertainties regarding the intellectual property protection for CRISPR Therapeutics' technology and intellectual property belonging to third parties, and the outcome of proceedings (such as an interference, an opposition or a similar proceeding) involving all or any portion of such intellectual property; and those risks and uncertainties described under the heading "Risk Factors" in CRISPR Therapeutics' most recent annual report on Form 10-K, quarterly report on Form 10-Q and in any other subsequent filings made by CRISPR Therapeutics with the U.S. Securities and Exchange Commission, which are available on the SEC's website at www.sec.gov. 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. CRISPR Therapeutics disclaims any obligation or undertaking to update or revise any forward-looking statements contained in this presentation, other than to the extent required by law.

Caution should be exercised when interpreting results from separate trials involving separate product candidates. There are differences in the clinical trial design, patient populations, and the product candidates themselves, and the results from the clinical trials of autologous products may have no interpretative value on our existing or future results.

Presenters on Today's Call

Samarth Kulkarni, PhD
Chief Executive Officer

Ewelina Morawa, MD
Vice President, Clinical Development

Tony Ho, MD
Executive Vice President, Head of Research & Development

Building the Leading CRISPR Company

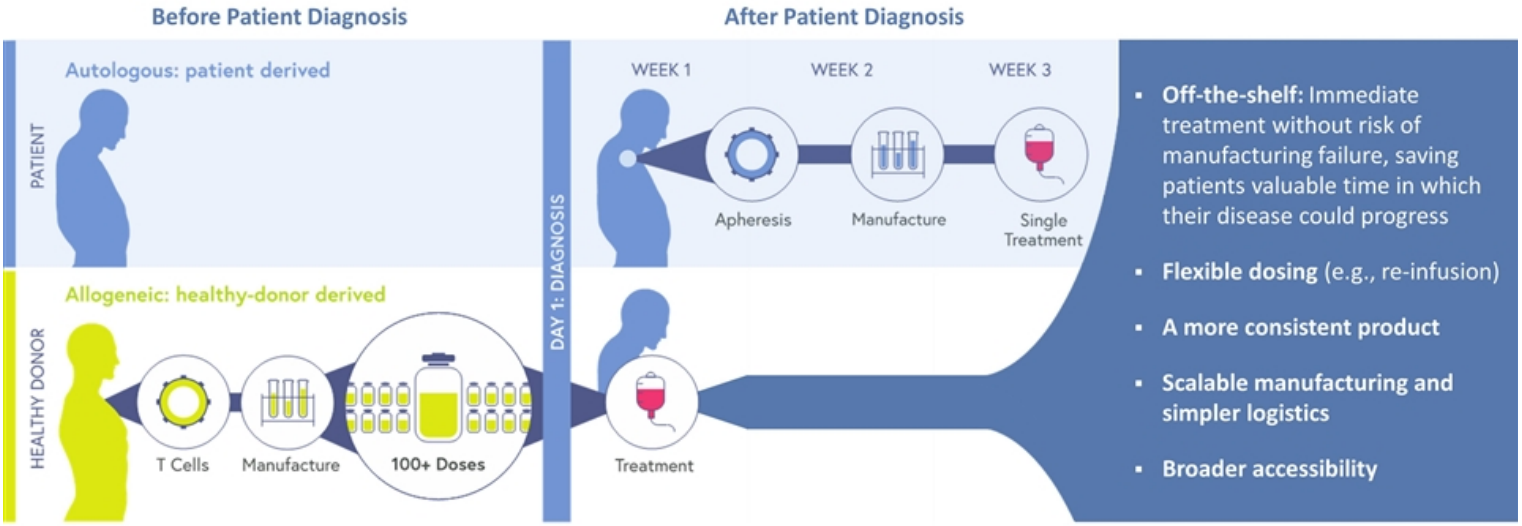
- 4 clinical programs; >450 employees; ~$2.5B cash balance

- Over 50 sickle cell and beta-thalassemia patients treated with CTX001™ showing a consistent, functionally curative profile
- Regulatory filings possible in the next 18-24 months with 30,000+ patients suitable for treatment in the U.S. and Europe if approved

- Proof of concept achieved with CTX110, paving the way for our CAR-T pipeline
- Expect to complete construction of state-of-the-art internal manufacturing facility in 2021 and bring facility on-line in 2022

- On track to initiate clinical trial of our allogeneic stem cell-derived therapy for T1D in 2021 with our partner ViaCyte
- Expect to move multiple programs utilizing *in vivo* approaches into the clinic in the next 18-24 months

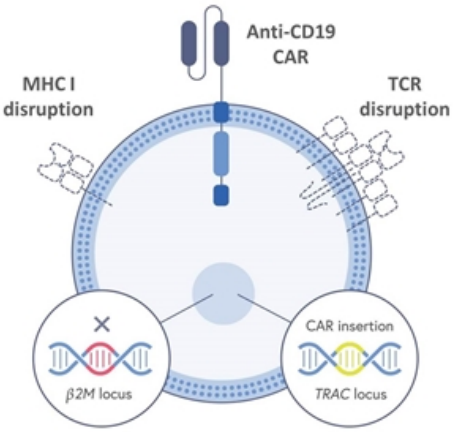
Allogeneic CAR-T Therapy Has Transformative Potential



*Specificity, efficiency, and versatility of **CRISPR gene editing** facilitates consistent, multiplex editing to produce allogeneic cell therapies and enhance immune cell performance*

CTX110: Differentiated CRISPR-edited Allogeneic CAR-T Design

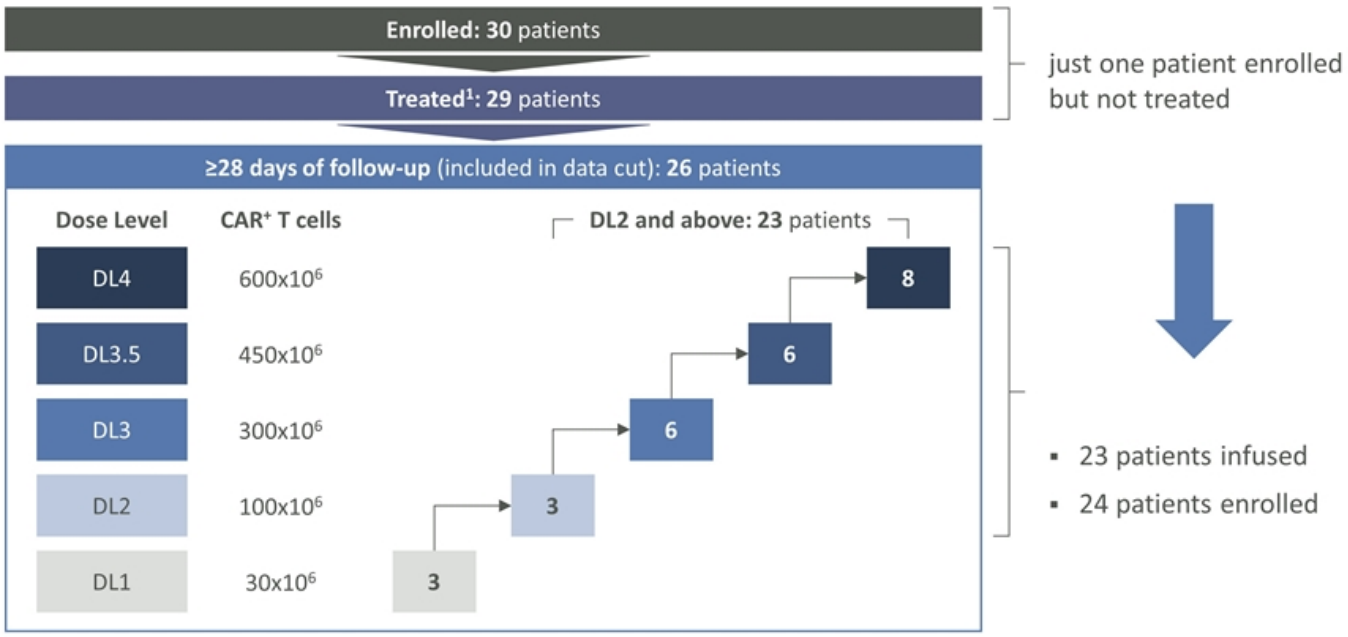
- **Improve persistence in the allo setting** via β2M knock-out to eliminate MHC I expression
- **Avoid need** for more toxic lymphodepletion regimens



- **Prevent GvHD** via TCR disruption
- **Improve consistency and safety by precise insertion** of CAR construct into *TRAC* locus without using lentivirus or retrovirus

*CTX120™ and CTX130™ utilize the **same CRISPR-edited allogeneic T cell design**, but with different CAR targets, as well as additional editing in the case of CTX130*

CARBON: Patient Flow



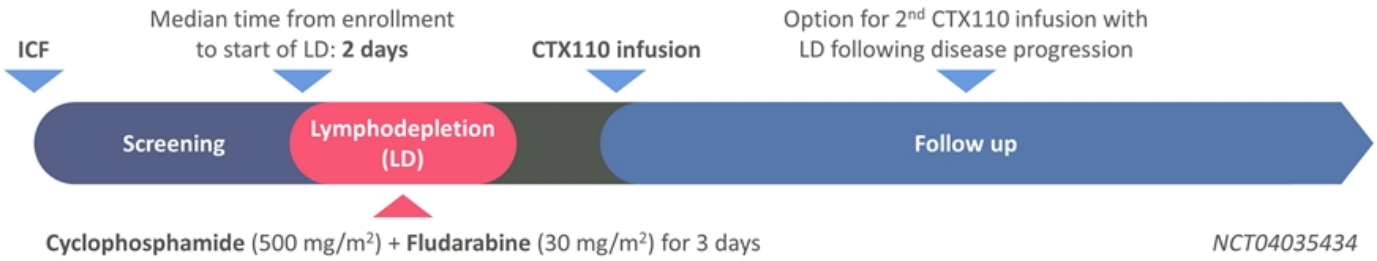
(1) Includes patients in the process of being treated as of the cutoff date

Data as of August 26, 2021

CARBON: Trial Design

Allogeneic CAR-T enables simplified trial design:

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



Cyclophosphamide (500 mg/m^2) + **Fludarabine** (30 mg/m^2) for 3 days

NCT04035434

Key eligibility criteria

- Age ≥18 years
- Relapsed/refractory non-Hodgkin lymphoma, as evidenced by 2+ lines of prior therapy
- ECOG performance status 0 or 1
- Adequate renal, liver, cardiac, and pulmonary organ function
- No prior allogeneic SCT or treatment with CAR-T therapy

Primary endpoints

- Incidence of adverse events, defined as DLTs
- ORR

Key secondary endpoints

- CR rate, DoR, and OS

CARBON Only Enrolled Patients with Aggressive Disease

- including DLBCL NOS, high-grade lymphoma (e.g., triple hit), and transformed follicular lymphoma
- with significant baseline tumor volume
- Both relapsed and refractory patients, including
- – 31% of patients had progressed through 2 or more lines of therapy and received CTX110 within 9 months of their first lymphoma treatment

CARBON: Baseline Patient Characteristics

Cell dose (CAR+ T cells)	DL1 $30x10^6$ *N=3*	DL2 $100x10^6$ *N=3*	DL3 $300x10^6$ *N=6*	DL3.5 $450x10^6$ *N=6*	DL4 $600x10^6$ *N=8*
Median age, years (range)	52 (50-61)	64 (58-74)	69 (62-74)	67.5 (25-74)	65.5 (55-75)
Female	1 (33)	1 (33)	4 (67)	2 (33)	2 (25)
Lymphoma subtypes					
Large B-cell lymphoma (LBCL)[1]	3 (100)	3 (100)	6 (100)	6 (100)	8 (100)
Current disease stage (per Lugano 2014)					
Stage IV	2 (67)	2 (67)	2 (33)	5 (83)	4 (50)
Prior treatments					
Median number (range)	2 (2-8)	3 (2-3)	2 (2-4)	2.5 (2-10)	3 (2-10)
Hematopoietic stem cell transplant	0	0	3 (50)	4 (67)	2 (25)
Refractory to last therapy	3 (100)	3 (100)	2 (33)	1 (17)	5 (63)

(1) Including DLBCL NOS, high grade lymphoma (e.g., triple hit), transformed follicular lymphoma (tFL)

Data as of August 26, 2021

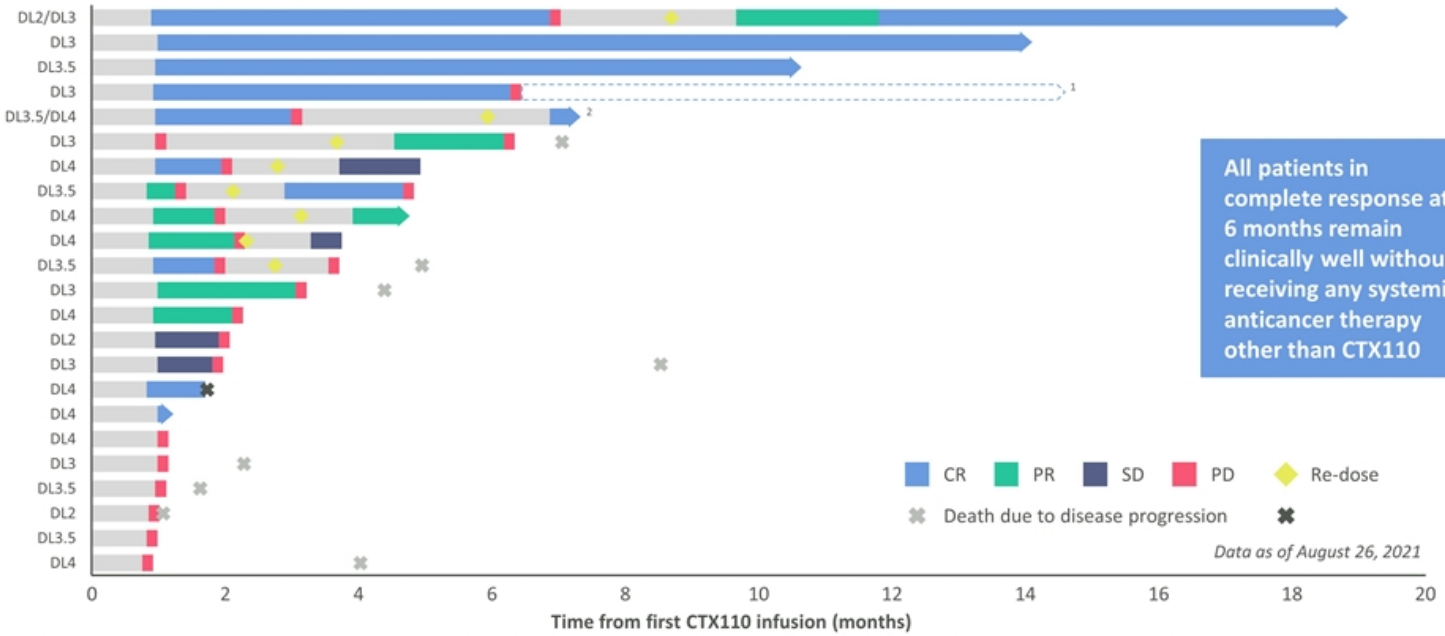
Dose-Dependent Responses with CTX110

Cell dose (CAR+ T cells)	DL1 $30x10^6$ *N=3*	DL2 $100x10^6$ *N=3*	DL3 $300x10^6$ *N=6*	DL3.5 $450x10^6$ *N=6*	DL4 $600x10^6$ *N=8*	DL2+ mITT *N=23*	DL2+ ITT *N=24*
Overall response rate (ORR), N (%)	0 (0%)	1 (33%)	3 (50%)	4 (67%)	6 (75%)	14 (61%)	14 (58%)
Complete response (CR) rate, N (%)	0 (0%)	1 (33%)	2 (33%)	3 (50%)	3 (38%)	9 (39%)	9 (38%)

(1) Cheson, *et al. J Clin Oncol*. (2014)

Data as of August 26, 2021

Durable Responses Observed with CTX110



All patients in complete response at 6 months remain clinically well without receiving any systemic anticancer therapy other than CTX110

Dose level of re-dose indicated if different from initial dose level; Imaging per protocol occurs at M1, M3, and M6; CR: complete response; PR: partial response; SD: stable disease; PD: progressive disease
(1) Patient had a localized tumor recurrence that was excised and is clinically well having received no additional anticancer therapy; (2) Unaudited data as of Oct. 7 after the data cut; (3) As disclosed in Oct. 2020

CTX110 Was Well Tolerated Across All Dose Levels

N (%)

	DL1 (N=3)		DL2 (N=3)		DL3 (N=6)		DL3.5 (N=6)		DL4 (N=8)		DL2+ (N=23)	
	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+	Gr 1-2	Gr 3+
CRS[1]	1 (33)	-	2 (67)	-	2 (33)	-	3 (50)	-	6 (75)	-	13 (57)	-
ICANS[2]	-	-	1 (33)	-	-	-	-	-	-	1 (13)	1 (4)	1 (4)
GvHD	-	-	-	-	-	-	-	-	-	-	-	-
Infusion reactions	-	-	-	-	-	-	-	-	-	-	-	-
Infections[3]	-	1 (33)	-	-	1 (17)	1 (17)	1 (17)	-	1 (13)	1 (13)	3 (13)	2 (9)

- **No CRS one case of ICANS above Grade 2[4]**
- **No GvHD**
- HHV-6[4] and pseudomonal sepsis that resolved in 4 days

One treatment-emergent death without disease progression: ICANS/HHV-6 encephalitis[4]

CRS and ICANS graded per ASTCT criteria; other adverse events graded per CTCAE; (1) Cytokine Release Syndrome; (2) Immune Effector Cell-associated Neurotoxicity Syndrome; (3) All infections (bacterial, fungal, and viral) included; (4) As disclosed in October 2020

Data as of August 26, 2021

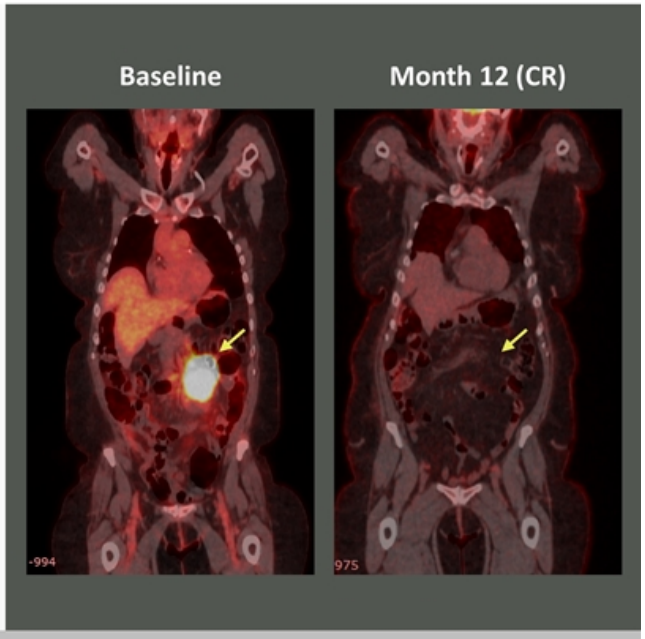
CTX110 Case Study: On-going Complete Response 12 Months After Single Infusion

Patient characteristics

- 62-year-old female diagnosed with DLBCL
- Relapsed following 2 prior lines of therapy, including autologous SCT
- Treated with CTX110 at DL3 ($300x10^6$ CAR^+ T cells)

Safety and efficacy data

- CR at Day 28 after a single dose with no tumor visible
- No CRS, ICANS, or infections
- **CR on-going at 12+ months**



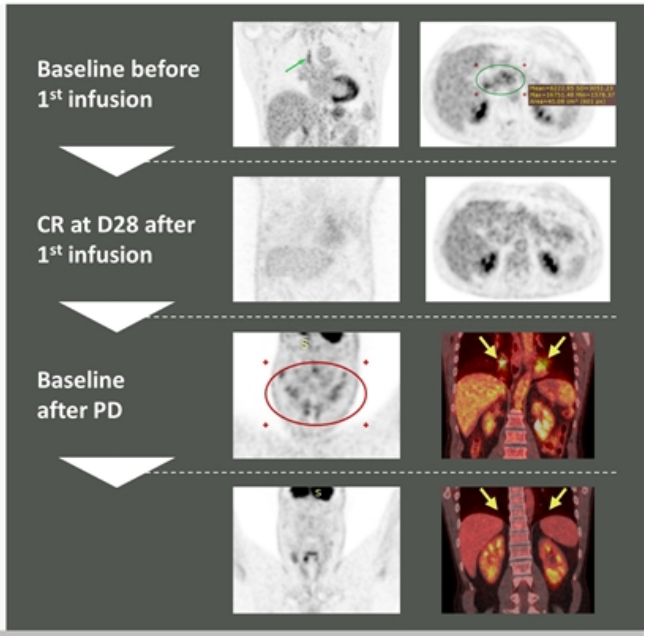
CTX110 Case Study: 18+ Months of Clinical Benefit After 2 Infusions in a Primary Refractory Patient

Patient characteristics

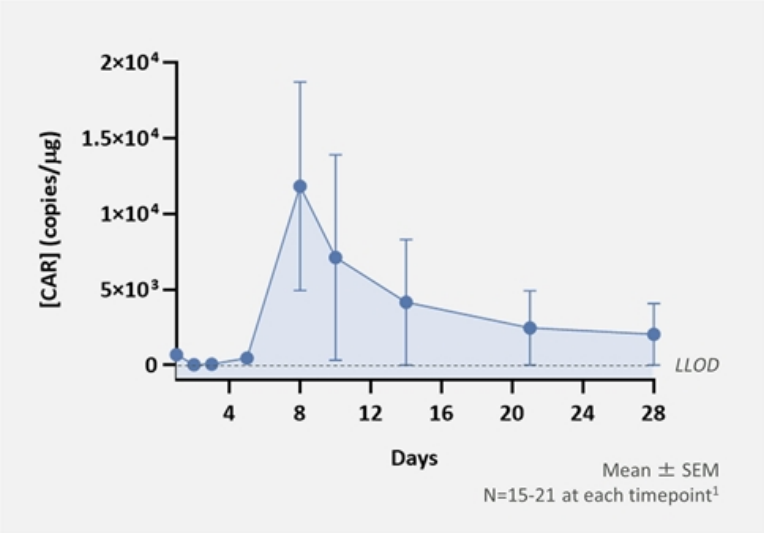
- 58-year-old male with Stage IV DLBCL (NOS)
- Refractory to both prior lines of therapy (R-CHOP, R-GDP)

Safety and efficacy data

- **1st infusion of CTX110:** DL2 ($100x10^6$ CAR^+ T cells)
  - Achieved CR at Day 28, but progressed at ~7 months
- **2nd infusion of CTX110:** DL3 ($300x10^6$ CAR^+ T cells)
  - Achieved CR at Month 3 and remains in complete response
- **On-going clinical benefit for >18 months after initial infusion**
- No CRS, ICANS, or other adverse events of special interest to either infusion



Pharmacokinetic Profile Supports Consolidation Dose at 1 Month

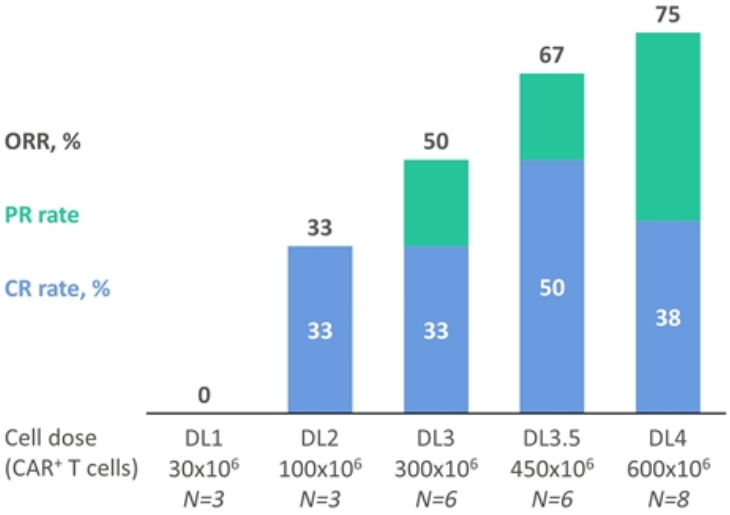


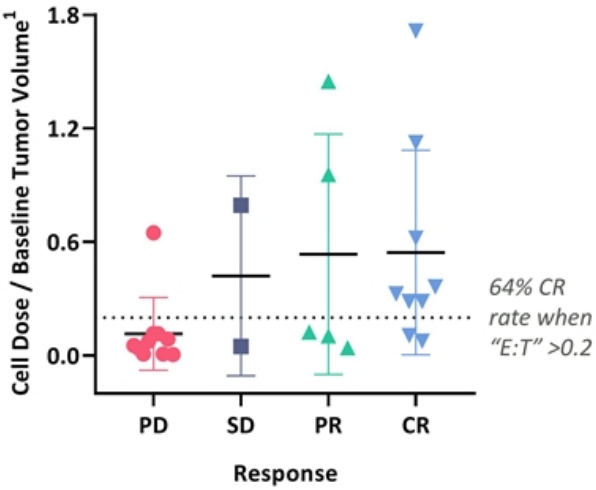
- in the peripheral blood aroundpost infusion
- with no evidence of accelerated clearance from anti-drug or anti-HLA antibodies
- In many patients, CTX110 levels in the peripheral blood drop

(1) Samples not collected for all patients at every timepoint

Data as of August 26, 2021

Strong Rationale for Consolidation Dose of CTX110





Consolidation has the potential to create a 2nd round of antitumor activity with favorable "E:T" ratio to increase deep and durable responses

(1) CAR+ T cells (millions) divided by baseline sum of perpendicular diameters (mm^2)

Data as of August 26, 2021

Conclusions

CTX110 is a potentially best-in-class allogeneic cell therapy in r/r LBCL with a profile that can compete with approved autologous CAR-T therapies

- with approved autologous CAR-T therapies
- Ability to achieve
- Positively
- Potential to

- Expand CARBON into a in Q1 2022
- Broaden into
- Further scale manufacturing in our
- by advancing additional gene-edited allogeneic CAR-T programs to the clinic, including novel edits for increased potency

Thank You to Patients and Their Families

CTX110 sites

Thank you to and their families, investigators, and site staff

United States

- **Emory University** *Atlanta, GA*
- **Mayo Clinic** *Jacksonville, FL*
- **Oregon Health and Science University** *Portland, OR*
- **Sarah Cannon Research Institute** *Nashville, TN*
- **Texas Transplant Institute** *San Antonio, TX*
- **University of Minnesota** *Minneapolis, MN*
- **University of Chicago** *Chicago, IL*
- **University of Kansas** *Westwood, KS*
- **UT Southwestern Medical Center** *Dallas, TX*
- **Washington University** *St. Louis, MO*

Europe

- **Clínica Universidad de Navarra** *Navarra, Spain*
- **University of Hamburg** *Hamburg, Germany*

Australia

- **Peter MacCallum Cancer Centre** *Melbourne*
- **Royal Prince Alfred Hospital** *Sydney*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